

Dossier zur Nutzenbewertung gemäß § 35a SGB V

Finerenon (KERENDIA®)

Bayer Vital GmbH

Modul 4B, Anhang 4-I

*Erwachsene mit chronischer Nierenerkrankung
(Stadium 1 und 2 mit Albuminurie) und Diabetes
mellitus Typ II*

**Medizinischer Nutzen und
medizinischer Zusatznutzen,
Patientengruppen mit therapeutisch
bedeutsamem Zusatznutzen**

Inhaltsverzeichnis

Anhang 4-I: Zusatzanalysen – RCT

Anhang 4-I1: Studie FIDELIO-DKD

Anhang 4-I1.1: Patientencharakteristika

Anhang 4-I1.2: Mortalität und Morbidität

Anhang 4-I1.3: Gesundheitsbezogene Lebensqualität

Anhang 4-I1.4: Unerwünschte Ereignisse

Anhang 4-I2: Studie FIGARO-DKD

Anhang 4-I2.1: Patientencharakteristika

Anhang 4-I2.2: Mortalität und Morbidität

Anhang 4-I2.3: Gesundheitsbezogene Lebensqualität

Anhang 4-I2.4: Unerwünschte Ereignisse

Anhang 4-I3: IPD-Meta-Analyse

Anhang 4-I3.1: Patientencharakteristika

Anhang 4-I3.2: Mortalität und Morbidität

Anhang 4-I3.3: Gesundheitsbezogene Lebensqualität

Anhang 4-I3.4: Unerwünschte Ereignisse

Anhang 4-I4: Präspezifizierte IPD-Meta-Analyse FIDELITY

Anhang 4-I4.1: Patientencharakteristika

Anhang 4-I4.2: Mortalität und Morbidität

Anhang 4-I4.3: Gesundheitsbezogene Lebensqualität

Anhang 4-I4.4: Unerwünschte Ereignisse

Table of contents

| | |
|---|----|
| 4.2 Disposition..... | 2 |
| Table 4.2 / 1: Subject disposition (all enrolled Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 3 |
| Table 4.2 / 2: Disposition: End of treatment (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 4 |
| 4.3 Demographic characteristics..... | 5 |
| Table 4.3 / 1: Demographics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 6 |
| 4.4 Baseline characteristics..... | 11 |
| Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 12 |
| 4.5 Medical History | 21 |
| Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 22 |
| 4.6 Concomitant medication | 43 |
| Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 44 |
| Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 45 |



4.2 Disposition

Table 4.2 / 1: Subject disposition (all enrolled Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Disposition | BAY 94-8862 | Placebo | Total |
|-------------------------------|--------------|--------------|--------------|
| Number of subjects | | | |
| Enrolled | | | 13911 |
| Screening failures | | | 8177 |
| Randomized | 217 | 223 | 440 |
| GCP VIOLATIONS | 6 | 2 | 8 |
| Full analysis set | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Study drug never administered | 1 (0.5%) | 0 | 1 (0.2%) |
| Treated | 210 (99.5%) | 221 (100.0%) | 431 (99.8%) |
| Did not complete study | 0 | 1 (0.5%) | 1 (0.2%) |
| WITHDRAWN CONSENT | 0 | 1 (0.5%) | 1 (0.2%) |
| LOST TO FOLLOW-UP | 0 | 0 | 0 |
| Completed study | 211 (100.0%) | 220 (99.5%) | 431 (99.8%) |

Number of subjects enrolled is the number of subjects who signed informed consent, including subjects who switched from study 16244 to study 17530.

The subject is considered as having completed the study if there is a contact with the subject after the EOS notification or if the subject died. Contact with the subject can be actual visits, phone contacts, or information available from public records, etc.

Lost to follow-up includes all study non-completers who have not withdrawn consent. This definition does not necessarily meet the reasons for non-completion of the specified study epochs.

Number of enrolled subjects and screen failures refer to the full study population.

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Table 4.2 / 2: Disposition: End of treatment (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--------------------------------|-----------------------------|-------------------------|-----------------------|
| Completed epoch | 164 (77.7%) | 169 (76.5%) | 333 (77.1%) |
| Not completed | 47 (22.3%) | 52 (23.5%) | 99 (22.9%) |
| Primary reason | | | |
| ADVERSE EVENT | 16 (7.6%) | 18 (8.1%) | 34 (7.9%) |
| DEATH | 12 (5.7%) | 8 (3.6%) | 20 (4.6%) |
| WITHDRAWAL BY SUBJECT | 12 (5.7%) | 13 (5.9%) | 25 (5.8%) |
| LOST TO FOLLOW-UP | 0 | 1 (0.5%) | 1 (0.2%) |
| NON-COMPLIANCE WITH STUDY DRUG | 0 | 1 (0.5%) | 1 (0.2%) |
| PHYSICIAN DECISION | 2 (0.9%) | 7 (3.2%) | 9 (2.1%) |
| TECHNICAL PROBLEMS | 3 (1.4%) | 3 (1.4%) | 6 (1.4%) |
| PROTOCOL DEVIATION | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| OTHER | 1 (0.5%) | 0 | 1 (0.2%) |

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4.3 Demographic characteristics

Table 4.3 / 1: Demographics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Race (N) | | | |
| WHITE | 140 (66.4%) | 152 (68.8%) | 292 (67.6%) |
| BLACK OR AFRICAN AMERICAN | 10 (4.7%) | 9 (4.1%) | 19 (4.4%) |
| ASIAN | 39 (18.5%) | 44 (19.9%) | 83 (19.2%) |
| AMERICAN INDIAN OR ALASKA NATIVE | 11 (5.2%) | 12 (5.4%) | 23 (5.3%) |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 2 (0.9%) | 0 | 2 (0.5%) |
| NOT REPORTED | 0 | 1 (0.5%) | 1 (0.2%) |
| MULTIPLE | 9 (4.3%) | 3 (1.4%) | 12 (2.8%) |
| Sex (N) | | | |
| Male | 153 (72.5%) | 154 (69.7%) | 307 (71.1%) |
| Female | 58 (27.5%) | 67 (30.3%) | 125 (28.9%) |
| Age (YEARS) | | | |
| n | 211 | 221 | 432 |
| Mean | 63.85 | 64.09 | 63.97 |
| SD | 7.86 | 9.88 | 8.94 |
| Min | 40.0 | 28.0 | 28.0 |
| Q1 | 59.00 | 58.00 | 59.00 |
| Median | 65.00 | 65.00 | 65.00 |
| Q3 | 69.00 | 71.00 | 70.00 |
| Max | 82.0 | 86.0 | 86.0 |
| Run-in age group (years) category (N) | | | |
| 18 - 44 years | 5 (2.4%) | 9 (4.1%) | 14 (3.2%) |
| 45 - 64 years | 94 (44.5%) | 87 (39.4%) | 181 (41.9%) |
| 65 - 74 years | 101 (47.9%) | 96 (43.4%) | 197 (45.6%) |
| \geq 75 years | 11 (5.2%) | 29 (13.1%) | 40 (9.3%) |
| Age group (years) category 3 (N) | | | |
| < 65 years | 99 (46.9%) | 96 (43.4%) | 195 (45.1%) |
| \geq 65 years | 112 (53.1%) | 125 (56.6%) | 237 (54.9%) |
| Ethnicity (N) | | | |
| NOT HISPANIC OR LATINO | 179 (84.8%) | 184 (83.3%) | 363 (84.0%) |
| HISPANIC OR LATINO | 30 (14.2%) | 37 (16.7%) | 67 (15.5%) |
| NOT REPORTED | 2 (0.9%) | 0 | 2 (0.5%) |

Table 4.3 / 1: Demographics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|-----------------------------------|-----------------------------|-------------------------|-----------------------|
| Region (N) | | | |
| Europe | 104 (49.3%) | 112 (50.7%) | 216 (50.0%) |
| North America | 42 (19.9%) | 40 (18.1%) | 82 (19.0%) |
| Asia | 39 (18.5%) | 41 (18.6%) | 80 (18.5%) |
| Latin America | 21 (10.0%) | 24 (10.9%) | 45 (10.4%) |
| Others | 5 (2.4%) | 4 (1.8%) | 9 (2.1%) |
| Baseline Weight (kg) | | | |
| n | 210 | 221 | 431 |
| Mean | 88.14 | 88.55 | 88.35 |
| SD | 19.37 | 20.52 | 19.94 |
| Min | 52.5 | 50.0 | 50.0 |
| Q1 | 75.10 | 74.10 | 74.90 |
| Median | 86.25 | 85.40 | 85.70 |
| Q3 | 97.20 | 99.80 | 98.50 |
| Max | 163.3 | 156.0 | 163.3 |
| Baseline weight (kg) category (N) | | | |
| missing | 1 (0.5%) | 0 | 1 (0.2%) |
| < 60 kg | 10 (4.7%) | 12 (5.4%) | 22 (5.1%) |
| 60 - < 90 kg | 114 (54.0%) | 116 (52.5%) | 230 (53.2%) |
| \geq 90 kg | 86 (40.8%) | 93 (42.1%) | 179 (41.4%) |
| Baseline Height (cm) | | | |
| n | 211 | 221 | 432 |
| Mean | 167.90 | 168.49 | 168.20 |
| SD | 9.65 | 10.49 | 10.08 |
| Min | 143.0 | 141.0 | 141.0 |
| Q1 | 161.00 | 161.30 | 161.15 |
| Median | 169.00 | 169.00 | 169.00 |
| Q3 | 175.10 | 176.00 | 175.65 |
| Max | 189.0 | 193.0 | 193.0 |

Table 4.3 / 1: Demographics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Baseline Body Mass Index (kg/m ²) | | | |
| n | 210 | 221 | 431 |
| Mean | 31.18 | 30.99 | 31.08 |
| SD | 5.77 | 5.55 | 5.65 |
| Min | 21.5 | 19.7 | 19.7 |
| Q1 | 27.10 | 27.20 | 27.10 |
| Median | 30.30 | 30.50 | 30.40 |
| Q3 | 34.00 | 34.20 | 34.10 |
| Max | 55.6 | 51.3 | 55.6 |
| Baseline BMI (kg/m ²) category 2 (N) | | | |
| missing | 1 (0.5%) | 0 | 1 (0.2%) |
| < 30 kg/m ² | 95 (45.0%) | 98 (44.3%) | 193 (44.7%) |
| \geq 30 kg/m ² | 115 (54.5%) | 123 (55.7%) | 238 (55.1%) |
| Baseline BMI (kg/m ²) category 3 (N) | | | |
| missing | 1 (0.5%) | 0 | 1 (0.2%) |
| < 20 kg/m ² | 0 | 2 (0.9%) | 2 (0.5%) |
| 20 - < 25 kg/m ² | 21 (10.0%) | 26 (11.8%) | 47 (10.9%) |
| 25 - < 30 kg/m ² | 74 (35.1%) | 70 (31.7%) | 144 (33.3%) |
| 30 - < 35 kg/m ² | 71 (33.6%) | 76 (34.4%) | 147 (34.0%) |
| \geq 35 kg/m ² | 44 (20.9%) | 47 (21.3%) | 91 (21.1%) |
| Baseline Hip Circumference (cm) | | | |
| n | 211 | 220 | 431 |
| Mean | 106.83 | 106.78 | 106.81 |
| SD | 13.74 | 13.22 | 13.46 |
| Min | 50.0 | 53.5 | 50.0 |
| Q1 | 99.00 | 99.00 | 99.00 |
| Median | 104.00 | 105.20 | 105.00 |
| Q3 | 113.50 | 115.05 | 114.00 |
| Max | 164.0 | 156.0 | 164.0 |

Table 4.3 / 1: Demographics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Baseline waist circumference (cm) | | | |
| n | 211 | 220 | 431 |
| Mean | 106.53 | 106.96 | 106.75 |
| SD | 14.61 | 14.63 | 14.61 |
| Min | 51.0 | 76.4 | 51.0 |
| Q1 | 97.00 | 96.00 | 96.50 |
| Median | 105.00 | 106.45 | 106.00 |
| Q3 | 114.00 | 116.00 | 115.00 |
| Max | 157.5 | 154.0 | 157.5 |
| Baseline waist circumf. (cm) cat. (N) | | | |
| missing | 0 | 1 (0.5%) | 1 (0.2%) |
| normal | 19 (9.0%) | 26 (11.8%) | 45 (10.4%) |
| increased | 49 (23.2%) | 42 (19.0%) | 91 (21.1%) |
| substantially increased | 143 (67.8%) | 152 (68.8%) | 295 (68.3%) |
| Baseline waist-hip ratio (N) | | | |
| n | 211 | 220 | 431 |
| Mean | 1.00 | 1.01 | 1.00 |
| SD | 0.12 | 0.12 | 0.12 |
| Min | 0.7 | 0.7 | 0.7 |
| Q1 | 0.94 | 0.94 | 0.94 |
| Median | 1.00 | 1.00 | 1.00 |
| Q3 | 1.04 | 1.05 | 1.05 |
| Max | 2.1 | 2.1 | 2.1 |
| Smoking History (N) | | | |
| NEVER | 100 (47.4%) | 105 (47.5%) | 205 (47.5%) |
| FORMER | 74 (35.1%) | 84 (38.0%) | 158 (36.6%) |
| CURRENT | 37 (17.5%) | 32 (14.5%) | 69 (16.0%) |

Table 4.3 / 1: Demographics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|-----------------|-----------------------------|-------------------------|-----------------------|
| Alcohol Use (N) | | | |
| ABSTINENT | 126 (59.7%) | 120 (54.3%) | 246 (56.9%) |
| LIGHT | 76 (36.0%) | 85 (38.5%) | 161 (37.3%) |
| MODERATE | 8 (3.8%) | 14 (6.3%) | 22 (5.1%) |
| HEAVY | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |

Baseline waist circumference (normal [men <94cm, women <80cm], increased [men 94-102cm, women 80-88cm], substantially increased [men >102cm, women > 88cm])

Region 'Others': New Zealand, South Africa, Australia

Multiple: Subjects who reported that they belong to more than one race.

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4.4 Baseline characteristics

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Baseline potassium (mmol/L) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 4.34 | 4.32 | 4.33 |
| Arithm. SD | 0.45 | 0.45 | 0.45 |
| Min | 3.0 | 3.0 | 3.0 |
| Q1 | 4.00 | 4.00 | 4.00 |
| Median | 4.30 | 4.30 | 4.30 |
| Q3 | 4.60 | 4.60 | 4.60 |
| Max | 5.7 | 5.9 | 5.9 |
| Baseline ser. potassium (mmol/L) cat.(N) | | | |
| \leq 4.5 mmol/L | 144 (68.2%) | 158 (71.5%) | 302 (69.9%) |
| $>$ 4.5 mmol/L | 67 (31.8%) | 63 (28.5%) | 130 (30.1%) |
| Base. ser. potassium (mmol/L) cat.10 (N) | | | |
| \leq 4.8 mmol/L | 187 (88.6%) | 201 (91.0%) | 388 (89.8%) |
| $>$ 4.8 to \leq 5.0 mmol/L | 13 (6.2%) | 8 (3.6%) | 21 (4.9%) |
| $>$ 5.0 mmol/L | 11 (5.2%) | 12 (5.4%) | 23 (5.3%) |
| Basel. potass (mmol/L) median FAS (N) | | | |
| \leq 4.30 mmol/L (median in FAS) | 106 (50.2%) | 118 (53.4%) | 224 (51.9%) |
| $>$ 4.30 mmol/L (median in FAS) | 105 (49.8%) | 103 (46.6%) | 208 (48.1%) |
| Basel. potass (mmol/L) quartiles FAS (N) | | | |
| \leq 4.1 mmol/L (\leq Q1 in FAS) | 71 (33.6%) | 81 (36.7%) | 152 (35.2%) |
| $>$ 4.1 and \leq 4.3 mmol/L ($>$ Q1 and \leq Q2 in FAS) | 35 (16.6%) | 37 (16.7%) | 72 (16.7%) |
| $>$ 4.3 and \leq 4.6 mmol/L ($>$ Q2 and \leq Q3 in FAS) | 53 (25.1%) | 57 (25.8%) | 110 (25.5%) |
| $>$ 4.6 mmol/L ($>$ Q3 in FAS) | 52 (24.6%) | 46 (20.8%) | 98 (22.7%) |
| Baseline Systolic Blood Pressure (mmHg) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 137.28 | 139.44 | 138.38 |
| Arithm. SD | 13.74 | 13.41 | 13.60 |
| Min | 92.0 | 93.3 | 92.0 |
| Q1 | 128.33 | 130.00 | 129.17 |
| Median | 138.00 | 139.00 | 138.50 |
| Q3 | 146.33 | 148.00 | 147.50 |
| Max | 185.3 | 188.0 | 188.0 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Baseline SBP (mmHg) category (N) | | | |
| < 130 mmHg | 64 (30.3%) | 54 (24.4%) | 118 (27.3%) |
| 130 - < 160 mmHg | 138 (65.4%) | 156 (70.6%) | 294 (68.1%) |
| \geq 160 mmHg | 9 (4.3%) | 11 (5.0%) | 20 (4.6%) |
| Baseline SBP (mmHg) median for FAS (N) | | | |
| \leq 137.00 mmHg (median in FAS) | 99 (46.9%) | 95 (43.0%) | 194 (44.9%) |
| > 137.00 mmHg (median in FAS) | 112 (53.1%) | 126 (57.0%) | 238 (55.1%) |
| Baseline Diastolic Blood Pressure (mmHg) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 77.52 | 77.75 | 77.64 |
| Arithm. SD | 9.70 | 9.48 | 9.57 |
| Min | 39.7 | 54.0 | 39.7 |
| Q1 | 71.67 | 70.67 | 71.00 |
| Median | 78.33 | 78.00 | 78.17 |
| Q3 | 83.33 | 84.67 | 84.00 |
| Max | 103.3 | 102.7 | 103.3 |
| Baseline Heart Rate (BEATS/MIN) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 72.31 | 72.50 | 72.41 |
| Arithm. SD | 11.02 | 10.20 | 10.60 |
| Min | 44.7 | 49.7 | 44.7 |
| Q1 | 64.33 | 65.00 | 65.00 |
| Median | 73.00 | 72.00 | 72.50 |
| Q3 | 80.00 | 78.67 | 79.67 |
| Max | 102.3 | 104.3 | 104.3 |
| Baseline eGFR (mL/min/1.73m ²) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 65.15 | 64.72 | 64.93 |
| Arithm. SD | 9.57 | 9.75 | 9.65 |
| Min | 29.0 | 29.3 | 29.0 |
| Q1 | 59.30 | 59.60 | 59.50 |
| Median | 65.70 | 64.40 | 65.00 |
| Q3 | 70.30 | 70.40 | 70.35 |
| Max | 91.9 | 104.2 | 104.2 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Baseline eGFR (mL/min/1.73m ²) cat.(N) | | | |
| 25 - < 45 mL/min/1.73m ² | 4 (1.9%) | 5 (2.3%) | 9 (2.1%) |
| 45 - < 60 mL/min/1.73m ² | 57 (27.0%) | 57 (25.8%) | 114 (26.4%) |
| \geq 60 mL/min/1.73m ² | 150 (71.1%) | 159 (71.9%) | 309 (71.5%) |
| Baseline eGFR (mL/min/1.73m ²) cat. 4(N) | | | |
| < 30 mL/min/1.73m ² | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| 30 - < 60 mL/min/1.73m ² | 59 (28.0%) | 61 (27.6%) | 120 (27.8%) |
| 60 - < 90 mL/min/1.73m ² | 149 (70.6%) | 157 (71.0%) | 306 (70.8%) |
| \geq 90 mL/min/1.73m ² | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Screening eGFR (mL/min/1.73m ²) | | | |
| n | 210 | 221 | 431 |
| Arithm. Mean | 66.59 | 66.54 | 66.56 |
| Arithm. SD | 4.43 | 4.99 | 4.72 |
| Min | 60.1 | 60.0 | 60.0 |
| Q1 | 62.80 | 62.40 | 62.60 |
| Median | 66.15 | 65.90 | 66.00 |
| Q3 | 70.10 | 69.50 | 69.70 |
| Max | 80.8 | 100.8 | 100.8 |
| Screening eGFR (mL/min/1.73m ²) cat.(N) | | | |
| missing | 1 (0.5%) | 0 | 1 (0.2%) |
| \geq 60 mL/min/1.73m ² | 210 (99.5%) | 221 (100.0%) | 431 (99.8%) |
| Screening eGFR (mL/min/1.73m ²) cat. 2 | | | |
| missing | 1 (0.5%) | 0 | 1 (0.2%) |
| 60 - < 90 mL/min/1.73m ² | 210 (99.5%) | 220 (99.5%) | 430 (99.5%) |
| \geq 90 mL/min/1.73m ² | 0 | 1 (0.5%) | 1 (0.2%) |
| Baseline UACR (mg/g) | | | |
| n | 211 | 221 | 432 |
| Geom. Mean | 812.71 | 814.90 | 813.83 |
| Geom. SD | 2.26 | 2.15 | 2.20 |
| Min | 50.1 | 51.3 | 50.1 |
| Q1 | 464.64 | 470.85 | 468.42 |
| Median | 798.00 | 758.37 | 781.61 |
| Q3 | 1406.73 | 1388.84 | 1396.24 |
| Max | 4902.9 | 5924.9 | 5924.9 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Baseline albuminuria (mg/g) cat. (N) | | | |
| High albuminuria (30 mg/g - < 300 mg/g) | 19 (9.0%) | 12 (5.4%) | 31 (7.2%) |
| Very high albuminuria (\geq 300 mg/g) | 192 (91.0%) | 209 (94.6%) | 401 (92.8%) |
| Baseline UACR (mg/g) cat. median fas (N) | | | |
| \leq 514.7 mg/g (median in FAS) | 63 (29.9%) | 70 (31.7%) | 133 (30.8%) |
| $>$ 514.7 mg/g (median in FAS) | 148 (70.1%) | 151 (68.3%) | 299 (69.2%) |
| Base eGFR (25-<45) + potass. $>$ 4.5 (N) | | | |
| NO | 210 (99.5%) | 218 (98.6%) | 428 (99.1%) |
| YES | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Baseline Creatinine (mg/dL) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 1.12 | 1.12 | 1.12 |
| Arithm. SD | 0.21 | 0.21 | 0.21 |
| Min | 0.7 | 0.6 | 0.6 |
| Q1 | 1.00 | 0.99 | 0.99 |
| Median | 1.12 | 1.14 | 1.13 |
| Q3 | 1.23 | 1.23 | 1.23 |
| Max | 2.1 | 2.2 | 2.2 |
| Baseline Albumin (g/dL) in Serum | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 4.16 | 4.17 | 4.17 |
| Arithm. SD | 0.33 | 0.36 | 0.34 |
| Min | 2.9 | 2.0 | 2.0 |
| Q1 | 4.00 | 4.00 | 4.00 |
| Median | 4.20 | 4.20 | 4.20 |
| Q3 | 4.40 | 4.40 | 4.40 |
| Max | 5.0 | 5.3 | 5.3 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Baseline Hemoglobin (g/dL) in Blood | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 13.55 | 13.64 | 13.60 |
| Arithm. SD | 1.57 | 1.47 | 1.52 |
| Min | 6.6 | 9.4 | 6.6 |
| Q1 | 12.60 | 12.60 | 12.60 |
| Median | 13.60 | 13.60 | 13.60 |
| Q3 | 14.60 | 14.70 | 14.60 |
| Max | 18.0 | 17.1 | 18.0 |
| Baseline Hemoglobin A1C (%) | | | |
| n | 211 | 221 | 432 |
| Arithm. Mean | 7.76 | 7.76 | 7.76 |
| Arithm. SD | 1.38 | 1.29 | 1.33 |
| Min | 4.9 | 5.2 | 4.9 |
| Q1 | 6.70 | 6.80 | 6.75 |
| Median | 7.60 | 7.60 | 7.60 |
| Q3 | 8.70 | 8.60 | 8.70 |
| Max | 12.2 | 10.6 | 12.2 |
| Basel. Hemoglobin A1C % cat. 2 (N) | | | |
| \leq 7.5% | 104 (49.3%) | 110 (49.8%) | 214 (49.5%) |
| $>$ 7.5% | 107 (50.7%) | 111 (50.2%) | 218 (50.5%) |
| Basel. HBA1C (%) quartiles FAS (N) | | | |
| \leq 6.7 % (\leq Q1 in FAS) | 53 (25.1%) | 55 (24.9%) | 108 (25.0%) |
| $>$ 6.7 and \leq 7.5 % ($>$ Q1 and \leq Q2 in FAS) | 51 (24.2%) | 55 (24.9%) | 106 (24.5%) |
| $>$ 7.5 and \leq 8.5 % ($>$ Q2 and \leq Q3 in FAS) | 47 (22.3%) | 54 (24.4%) | 101 (23.4%) |
| $>$ 8.5 % ($>$ Q3 in FAS) | 60 (28.4%) | 57 (25.8%) | 117 (27.1%) |
| Baseline C Reactive Protein (mg/L) | | | |
| n | 210 | 220 | 430 |
| Arithm. Mean | 4.23 | 4.98 | 4.61 |
| Arithm. SD | 8.34 | 13.14 | 11.05 |
| Min | 0.1 | 0.1 | 0.1 |
| Q1 | 0.96 | 0.98 | 0.97 |
| Median | 2.09 | 1.87 | 1.99 |
| Q3 | 5.05 | 4.27 | 4.72 |
| Max | 106.0 | 163.0 | 163.0 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Basel. C Reactive Protein Quartiles (N) | | | |
| missing | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| ≤ 0.95 % (\leq Q1 in FAS) | 51 (24.2%) | 53 (24.0%) | 104 (24.1%) |
| >0.95 and ≤ 2.21 % ($>$ Q1 and \leq Q2 in FAS) | 58 (27.5%) | 66 (29.9%) | 124 (28.7%) |
| >2.21 and ≤ 5.13 % ($>$ Q2 and \leq Q3 in FAS) | 50 (23.7%) | 58 (26.2%) | 108 (25.0%) |
| >5.13 % ($>$ Q3 in FAS) | 51 (24.2%) | 43 (19.5%) | 94 (21.8%) |
| Stratification factor 3 (N) | | | |
| CVD present | 88 (41.7%) | 89 (40.3%) | 177 (41.0%) |
| CVD absent | 123 (58.3%) | 132 (59.7%) | 255 (59.0%) |
| Hyperkalemia (based on MLG) in MH (N) | | | |
| NO | 210 (99.5%) | 220 (99.5%) | 430 (99.5%) |
| YES | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hepatic impairment in medical history(N) | | | |
| NO | 180 (85.3%) | 186 (84.2%) | 366 (84.7%) |
| YES | 31 (14.7%) | 35 (15.8%) | 66 (15.3%) |
| Child Pugh (N) | | | |
| likely Child Pugh A | 204 (96.7%) | 211 (95.5%) | 415 (96.1%) |
| likely Child Pugh B | 7 (3.3%) | 9 (4.1%) | 16 (3.7%) |
| certain Child Pugh B | 0 | 1 (0.5%) | 1 (0.2%) |
| Duration of diabetes (in years) (N) | | | |
| n | 211 | 220 | 431 |
| Arithm. Mean | 15.33 | 15.56 | 15.45 |
| Arithm. SD | 7.88 | 8.34 | 8.11 |
| Min | 0.4 | 0.3 | 0.3 |
| Q1 | 9.33 | 10.00 | 9.91 |
| Median | 14.29 | 15.22 | 15.13 |
| Q3 | 20.30 | 20.70 | 20.30 |
| Max | 41.1 | 41.1 | 41.1 |
| ACEI use (N) | | | |
| NO | 125 (59.2%) | 129 (58.4%) | 254 (58.8%) |
| YES | 86 (40.8%) | 92 (41.6%) | 178 (41.2%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| ARB use (N) | | | |
| NO | 86 (40.8%) | 92 (41.6%) | 178 (41.2%) |
| YES | 125 (59.2%) | 129 (58.4%) | 254 (58.8%) |
| Beta blocker use at baseline (N) | | | |
| NO | 114 (54.0%) | 114 (51.6%) | 228 (52.8%) |
| YES | 97 (46.0%) | 107 (48.4%) | 204 (47.2%) |
| Diuretic use at baseline (N) | | | |
| NO | 108 (51.2%) | 105 (47.5%) | 213 (49.3%) |
| YES | 103 (48.8%) | 116 (52.5%) | 219 (50.7%) |
| Statins use at baseline (N) | | | |
| NO | 68 (32.2%) | 67 (30.3%) | 135 (31.3%) |
| YES | 143 (67.8%) | 154 (69.7%) | 297 (68.8%) |
| Anti-diabetic use at baseline (N) | | | |
| NO | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| YES | 209 (99.1%) | 220 (99.5%) | 429 (99.3%) |
| Insul. and analo. use at baseline (N) | | | |
| NO | 78 (37.0%) | 91 (41.2%) | 169 (39.1%) |
| YES | 133 (63.0%) | 130 (58.8%) | 263 (60.9%) |
| Dip pep 4 inhibitors use at baseline (N) | | | |
| NO | 165 (78.2%) | 172 (77.8%) | 337 (78.0%) |
| YES | 46 (21.8%) | 49 (22.2%) | 95 (22.0%) |
| GLP1 agonists use at baseline (N) | | | |
| NO | 192 (91.0%) | 202 (91.4%) | 394 (91.2%) |
| YES | 19 (9.0%) | 19 (8.6%) | 38 (8.8%) |
| SGLT-2 inhib. use at baseline (N) | | | |
| NO | 190 (90.0%) | 203 (91.9%) | 393 (91.0%) |
| YES | 21 (10.0%) | 18 (8.1%) | 39 (9.0%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Biguanides use at baseline (N) | | | |
| NO | 67 (31.8%) | 53 (24.0%) | 120 (27.8%) |
| YES | 144 (68.2%) | 168 (76.0%) | 312 (72.2%) |
| Sulfonamides use at baseline (N) | | | |
| NO | 156 (73.9%) | 167 (75.6%) | 323 (74.8%) |
| YES | 55 (26.1%) | 54 (24.4%) | 109 (25.2%) |
| Alpha gluc. inhib. use at baseline (N) | | | |
| NO | 198 (93.8%) | 212 (95.9%) | 410 (94.9%) |
| YES | 13 (6.2%) | 9 (4.1%) | 22 (5.1%) |
| Meglitinides use at baseline (N) | | | |
| NO | 201 (95.3%) | 215 (97.3%) | 416 (96.3%) |
| YES | 10 (4.7%) | 6 (2.7%) | 16 (3.7%) |
| Thiazolidinediones use at baseline (N) | | | |
| NO | 199 (94.3%) | 213 (96.4%) | 412 (95.4%) |
| YES | 12 (5.7%) | 8 (3.6%) | 20 (4.6%) |
| Potassium supplement use at baseline (N) | | | |
| NO | 208 (98.6%) | 214 (96.8%) | 422 (97.7%) |
| YES | 3 (1.4%) | 7 (3.2%) | 10 (2.3%) |
| Potassium lowering use at baseline (N) | | | |
| NO | 210 (99.5%) | 221 (100.0%) | 431 (99.8%) |
| YES | 1 (0.5%) | 0 | 1 (0.2%) |
| Potency CYP3A4 inhibitor at baseline (N) | | | |
| strong | 0 | 4 (1.8%) | 4 (0.9%) |
| unclassified | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| moderate | 8 (3.8%) | 3 (1.4%) | 11 (2.5%) |
| weak | 119 (56.4%) | 132 (59.7%) | 251 (58.1%) |
| none | 82 (38.9%) | 78 (35.3%) | 160 (37.0%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Potency CYP3A4 inducer at baseline (N) | | | |
| strong | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| weak | 9 (4.3%) | 9 (4.1%) | 18 (4.2%) |
| none | 201 (95.3%) | 210 (95.0%) | 411 (95.1%) |

For classification of intake of CYP3A4 inhibitors/inducers into categories in case of multiple potencies the maximum potency will be used with the following order: strong, unclassified, moderate, weak, none.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 26JAN2023 15:25

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4.5 Medical History

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|--------------|--------------|--------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Number (%) of subjects with at least one medical history finding | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Blood and lymphatic system disorders | | | |
| Anaemia | 15 (7.1%) | 19 (8.6%) | 34 (7.9%) |
| Anaemia macrocytic | 8 (3.8%) | 12 (5.4%) | 20 (4.6%) |
| Anaemia vitamin B12 deficiency | 0 | 1 (0.5%) | 1 (0.2%) |
| Iron deficiency anaemia | 1 (0.5%) | 0 | 1 (0.2%) |
| Nephrogenic anaemia | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Normochromic normocytic anaemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Polycythaemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Splenomegaly | 0 | 1 (0.5%) | 1 (0.2%) |
| Thrombocytopenia | 3 (1.4%) | 0 | 3 (0.7%) |
| Thrombocytopenia | 1 (0.5%) | 0 | 1 (0.2%) |
| Cardiac disorders | | | |
| Acute myocardial infarction | 95 (45.0%) | 95 (43.0%) | 190 (44.0%) |
| Angina pectoris | 0 | 1 (0.5%) | 1 (0.2%) |
| Angina unstable | 8 (3.8%) | 5 (2.3%) | 13 (3.0%) |
| Aortic valve disease | 0 | 3 (1.4%) | 3 (0.7%) |
| Aortic valve incompetence | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Aortic valve stenosis | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Arrhythmia | 1 (0.5%) | 0 | 1 (0.2%) |
| Arrhythmia supraventricular | 0 | 2 (0.9%) | 2 (0.5%) |
| Arteriosclerosis coronary artery | 0 | 1 (0.5%) | 1 (0.2%) |
| Atrial fibrillation | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Atrial flutter | 17 (8.1%) | 15 (6.8%) | 32 (7.4%) |
| Atrial thrombosis | 0 | 2 (0.9%) | 2 (0.5%) |
| Atrioventricular block complete | 0 | 1 (0.5%) | 1 (0.2%) |
| Atrioventricular block first degree | 3 (1.4%) | 3 (1.4%) | 6 (1.4%) |
| Atrioventricular block second degree | 0 | 2 (0.9%) | 2 (0.5%) |
| Bundle branch block left | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Bundle branch block right | 6 (2.8%) | 2 (0.9%) | 8 (1.9%) |
| Cardiac disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Cardiac failure | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Cardiac failure chronic | 4 (1.9%) | 5 (2.3%) | 9 (2.1%) |
| Cardiac failure congestive | 4 (1.9%) | 0 | 4 (0.9%) |
| Cardiac valve disease | 0 | 1 (0.5%) | 1 (0.2%) |
| Cardiomyopathy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Coronary artery disease | 59 (28.0%) | 61 (27.6%) | 120 (27.8%) |
| Defect conduction intraventricular | 0 | 1 (0.5%) | 1 (0.2%) |
| Diastolic dysfunction | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Extrasystoles | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypertensive heart disease | 4 (1.9%) | 3 (1.4%) | 7 (1.6%) |
| Ischaemic cardiomyopathy | 1 (0.5%) | 0 | 1 (0.2%) |
| Left atrial enlargement | 0 | 1 (0.5%) | 1 (0.2%) |
| Left ventricular dysfunction | 0 | 1 (0.5%) | 1 (0.2%) |
| Left ventricular hypertrophy | 3 (1.4%) | 6 (2.7%) | 9 (2.1%) |
| Mitral valve disease | 0 | 2 (0.9%) | 2 (0.5%) |
| Mitral valve incompetence | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Mitral valve prolapse | 0 | 1 (0.5%) | 1 (0.2%) |
| Myocardial infarction | 26 (12.3%) | 25 (11.3%) | 51 (11.8%) |
| Myocardial ischaemia | 10 (4.7%) | 8 (3.6%) | 18 (4.2%) |
| Palpitations | 0 | 1 (0.5%) | 1 (0.2%) |
| Prinzmetal angina | 0 | 1 (0.5%) | 1 (0.2%) |
| Right atrial enlargement | 0 | 1 (0.5%) | 1 (0.2%) |
| Sinus bradycardia | 3 (1.4%) | 0 | 3 (0.7%) |
| Sinus node dysfunction | 0 | 1 (0.5%) | 1 (0.2%) |
| Sinus tachycardia | 1 (0.5%) | 0 | 1 (0.2%) |
| Supraventricular extrasystoles | 0 | 1 (0.5%) | 1 (0.2%) |
| Tachyarrhythmia | 1 (0.5%) | 0 | 1 (0.2%) |
| Tachycardia | 0 | 1 (0.5%) | 1 (0.2%) |
| Tricuspid valve disease | 0 | 1 (0.5%) | 1 (0.2%) |
| Tricuspid valve incompetence | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Ventricular extrasystoles | 3 (1.4%) | 0 | 3 (0.7%) |
| Congenital, familial and genetic disorders | 11 (5.2%) | 9 (4.1%) | 20 (4.6%) |
| Adenomatous polyposis coli | 1 (0.5%) | 0 | 1 (0.2%) |
| Congenital myopia | 0 | 1 (0.5%) | 1 (0.2%) |
| Congenital renal cyst | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Corneal dystrophy | 0 | 1 (0.5%) | 1 (0.2%) |
| Hydrocele | 1 (0.5%) | 0 | 1 (0.2%) |
| Myocardial bridging | 0 | 1 (0.5%) | 1 (0.2%) |
| Phimosis | 2 (0.9%) | 0 | 2 (0.5%) |
| Renal aplasia | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Sickle cell trait | 0 | 1 (0.5%) | 1 (0.2%) |
| Type IIa hyperlipidaemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Type V hyperlipidaemia | 5 (2.4%) | 3 (1.4%) | 8 (1.9%) |
| Ear and labyrinth disorders | 7 (3.3%) | 9 (4.1%) | 16 (3.7%) |
| Auditory disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Cerumen impaction | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--------------------------------------|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Deafness | 4 (1.9%) | 2 (0.9%) | 6 (1.4%) |
| Deafness bilateral | 0 | 1 (0.5%) | 1 (0.2%) |
| Deafness neurosensory | 2 (0.9%) | 0 | 2 (0.5%) |
| Deafness unilateral | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypacusis | 0 | 1 (0.5%) | 1 (0.2%) |
| Tinnitus | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Vertigo | 0 | 3 (1.4%) | 3 (0.7%) |
| Vertigo positional | 1 (0.5%) | 0 | 1 (0.2%) |
| Vestibular ataxia | 0 | 1 (0.5%) | 1 (0.2%) |
| Endocrine disorders | 37 (17.5%) | 38 (17.2%) | 75 (17.4%) |
| Autoimmune hypothyroidism | 1 (0.5%) | 0 | 1 (0.2%) |
| Autoimmune thyroiditis | 3 (1.4%) | 2 (0.9%) | 5 (1.2%) |
| Basedow's disease | 3 (1.4%) | 0 | 3 (0.7%) |
| Goitre | 5 (2.4%) | 7 (3.2%) | 12 (2.8%) |
| Hyperparathyroidism secondary | 1 (0.5%) | 0 | 1 (0.2%) |
| Hyperthyroidism | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Hypogonadism | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hypogonadism male | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypopituitarism | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypothyroidism | 21 (10.0%) | 17 (7.7%) | 38 (8.8%) |
| Primary hypothyroidism | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Thyroid mass | 2 (0.9%) | 7 (3.2%) | 9 (2.1%) |
| Thyroiditis | 0 | 1 (0.5%) | 1 (0.2%) |
| Thyroiditis chronic | 1 (0.5%) | 0 | 1 (0.2%) |
| Toxic nodular goitre | 0 | 1 (0.5%) | 1 (0.2%) |
| Eye disorders | 104 (49.3%) | 124 (56.1%) | 228 (52.8%) |
| Arteriosclerotic retinopathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Astigmatism | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Blepharitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Blindness unilateral | 2 (0.9%) | 0 | 2 (0.5%) |
| Borderline glaucoma | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Cataract | 27 (12.8%) | 31 (14.0%) | 58 (13.4%) |
| Cataract cortical | 1 (0.5%) | 0 | 1 (0.2%) |
| Cataract nuclear | 1 (0.5%) | 0 | 1 (0.2%) |
| Conjunctivitis allergic | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Diabetic retinal oedema | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Diabetic retinopathy | 79 (37.4%) | 96 (43.4%) | 175 (40.5%) |
| Dry age-related macular degeneration | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|--------------|--------------|--------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Dry eye | 2 (0.9%) | 6 (2.7%) | 8 (1.9%) |
| Eye disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Eye pruritus | 1 (0.5%) | 0 | 1 (0.2%) |
| Glaucoma | 9 (4.3%) | 16 (7.2%) | 25 (5.8%) |
| Heerfordt's syndrome | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypermetropia | 0 | 1 (0.5%) | 1 (0.2%) |
| Keratitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Macular degeneration | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Macular oedema | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Maculopathy | 0 | 3 (1.4%) | 3 (0.7%) |
| Myopia | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Neovascular age-related macular degeneration | 0 | 1 (0.5%) | 1 (0.2%) |
| Ocular hypertension | 0 | 1 (0.5%) | 1 (0.2%) |
| Optic ischaemic neuropathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Posterior capsule opacification | 0 | 1 (0.5%) | 1 (0.2%) |
| Presbyopia | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Pterygium | 1 (0.5%) | 0 | 1 (0.2%) |
| Refraction disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Retinal artery embolism | 1 (0.5%) | 0 | 1 (0.2%) |
| Retinal artery occlusion | 1 (0.5%) | 0 | 1 (0.2%) |
| Retinal degeneration | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Retinal detachment | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Retinal disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Retinal haemorrhage | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Retinal vascular disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Retinal vascular thrombosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Retinal vein occlusion | 0 | 1 (0.5%) | 1 (0.2%) |
| Retinopathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Retinopathy hypertensive | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Strabismus | 0 | 1 (0.5%) | 1 (0.2%) |
| Visual acuity reduced | 2 (0.9%) | 0 | 2 (0.5%) |
| Visual impairment | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Vitreous haemorrhage | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Vitreous opacities | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastrointestinal disorders | 61 (28.9%) | 75 (33.9%) | 136 (31.5%) |
| Abdominal distension | 1 (0.5%) | 0 | 1 (0.2%) |
| Abdominal hernia | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Abdominal pain upper | 0 | 1 (0.5%) | 1 (0.2%) |
| Change of bowel habit | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Chronic gastritis | 7 (3.3%) | 9 (4.1%) | 16 (3.7%) |
| Colitis | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Constipation | 3 (1.4%) | 9 (4.1%) | 12 (2.8%) |
| Dental caries | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Diarrhoea | 3 (1.4%) | 6 (2.7%) | 9 (2.1%) |
| Diverticulum | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Diverticulum intestinal | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Dry mouth | 1 (0.5%) | 0 | 1 (0.2%) |
| Duodenal ulcer | 3 (1.4%) | 4 (1.8%) | 7 (1.6%) |
| Duodenitis | 2 (0.9%) | 0 | 2 (0.5%) |
| Duodenogastric reflux | 0 | 1 (0.5%) | 1 (0.2%) |
| Dyspepsia | 1 (0.5%) | 4 (1.8%) | 5 (1.2%) |
| Dysphagia | 0 | 1 (0.5%) | 1 (0.2%) |
| Erosive duodenitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastric disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Gastric ulcer | 4 (1.9%) | 0 | 4 (0.9%) |
| Gastritis | 7 (3.3%) | 8 (3.6%) | 15 (3.5%) |
| Gastritis erosive | 1 (0.5%) | 5 (2.3%) | 6 (1.4%) |
| Gastroduodenal ulcer | 2 (0.9%) | 0 | 2 (0.5%) |
| Gastrointestinal motility disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Gastrointestinal polyp | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastrointestinal scarring | 0 | 2 (0.9%) | 2 (0.5%) |
| Gastroesophageal reflux disease | 17 (8.1%) | 21 (9.5%) | 38 (8.8%) |
| Haematochezia | 0 | 1 (0.5%) | 1 (0.2%) |
| Haemorrhoids | 5 (2.4%) | 3 (1.4%) | 8 (1.9%) |
| Hiatus hernia | 3 (1.4%) | 2 (0.9%) | 5 (1.2%) |
| Impaired gastric emptying | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Inguinal hernia | 2 (0.9%) | 0 | 2 (0.5%) |
| Intestinal obstruction | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Intestinal polyp | 0 | 2 (0.9%) | 2 (0.5%) |
| Irritable bowel syndrome | 3 (1.4%) | 5 (2.3%) | 8 (1.9%) |
| Large intestinal obstruction | 0 | 1 (0.5%) | 1 (0.2%) |
| Large intestine polyp | 2 (0.9%) | 5 (2.3%) | 7 (1.6%) |
| Mouth ulceration | 0 | 1 (0.5%) | 1 (0.2%) |
| Nausea | 0 | 2 (0.9%) | 2 (0.5%) |
| Pancreatitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Pancreatitis acute | 1 (0.5%) | 0 | 1 (0.2%) |
| Pancreatitis chronic | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Peptic ulcer | 0 | 3 (1.4%) | 3 (0.7%) |
| Periodontal disease | 3 (1.4%) | 10 (4.5%) | 13 (3.0%) |
| Toothache | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Umbilical hernia | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Vomiting | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| General disorders and administration site conditions | 13 (6.2%) | 26 (11.8%) | 39 (9.0%) |
| Asthenia | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Chest discomfort | 1 (0.5%) | 0 | 1 (0.2%) |
| Chills | 0 | 1 (0.5%) | 1 (0.2%) |
| Cyst | 0 | 1 (0.5%) | 1 (0.2%) |
| Drug intolerance | 0 | 3 (1.4%) | 3 (0.7%) |
| Fatigue | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Generalised oedema | 0 | 1 (0.5%) | 1 (0.2%) |
| Hernia | 1 (0.5%) | 0 | 1 (0.2%) |
| Oedema | 4 (1.9%) | 4 (1.8%) | 8 (1.9%) |
| Oedema peripheral | 5 (2.4%) | 16 (7.2%) | 21 (4.9%) |
| Pain | 1 (0.5%) | 0 | 1 (0.2%) |
| Peripheral swelling | 0 | 1 (0.5%) | 1 (0.2%) |
| Temperature intolerance | 1 (0.5%) | 0 | 1 (0.2%) |
| Xerosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Hepatobiliary disorders | 33 (15.6%) | 38 (17.2%) | 71 (16.4%) |
| Biliary dyskinesia | 0 | 1 (0.5%) | 1 (0.2%) |
| Cholecystitis | 3 (1.4%) | 3 (1.4%) | 6 (1.4%) |
| Cholecystitis acute | 1 (0.5%) | 0 | 1 (0.2%) |
| Cholecystitis chronic | 2 (0.9%) | 0 | 2 (0.5%) |
| Cholelithiasis | 11 (5.2%) | 7 (3.2%) | 18 (4.2%) |
| Chronic hepatitis | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Gallbladder cholesterosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Gallbladder polyp | 0 | 3 (1.4%) | 3 (0.7%) |
| Hepatic cyst | 0 | 2 (0.9%) | 2 (0.5%) |
| Hepatic steatosis | 20 (9.5%) | 28 (12.7%) | 48 (11.1%) |
| Hepatitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Liver disorder | 2 (0.9%) | 0 | 2 (0.5%) |
| Non-alcoholic steatohepatitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Nonalcoholic fatty liver disease | 0 | 1 (0.5%) | 1 (0.2%) |
| Primary biliary cholangitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Steatohepatitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Immune system disorders | 10 (4.7%) | 16 (7.2%) | 26 (6.0%) |
| Allergy to vaccine | 0 | 1 (0.5%) | 1 (0.2%) |
| Anaphylactic shock | 1 (0.5%) | 0 | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--------------------------------|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Contrast media reaction | 0 | 1 (0.5%) | 1 (0.2%) |
| Drug hypersensitivity | 4 (1.9%) | 6 (2.7%) | 10 (2.3%) |
| Dust allergy | 0 | 1 (0.5%) | 1 (0.2%) |
| Food allergy | 1 (0.5%) | 0 | 1 (0.2%) |
| Hypersensitivity | 0 | 1 (0.5%) | 1 (0.2%) |
| Iodine allergy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Multiple allergies | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Reaction to food additive | 0 | 1 (0.5%) | 1 (0.2%) |
| Rubber sensitivity | 0 | 1 (0.5%) | 1 (0.2%) |
| Seasonal allergy | 2 (0.9%) | 11 (5.0%) | 13 (3.0%) |
| Selective IgA immunodeficiency | 0 | 1 (0.5%) | 1 (0.2%) |
| Infections and infestations | 37 (17.5%) | 53 (24.0%) | 90 (20.8%) |
| Abscess limb | 1 (0.5%) | 0 | 1 (0.2%) |
| Acarodermatitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Appendicitis | 0 | 4 (1.8%) | 4 (0.9%) |
| Arthritis bacterial | 0 | 1 (0.5%) | 1 (0.2%) |
| Aspergilloma | 1 (0.5%) | 0 | 1 (0.2%) |
| Bacteraemia | 1 (0.5%) | 0 | 1 (0.2%) |
| Body tinea | 0 | 1 (0.5%) | 1 (0.2%) |
| Bronchitis | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Candida infection | 1 (0.5%) | 0 | 1 (0.2%) |
| Cellulitis | 0 | 2 (0.9%) | 2 (0.5%) |
| Chronic hepatitis B | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Chronic sinusitis | 0 | 2 (0.9%) | 2 (0.5%) |
| Conjunctivitis | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Cystitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Dermatophytosis of nail | 0 | 1 (0.5%) | 1 (0.2%) |
| Diabetic gangrene | 1 (0.5%) | 0 | 1 (0.2%) |
| Diverticulitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Echinococcosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Erysipelas | 0 | 1 (0.5%) | 1 (0.2%) |
| Fungal skin infection | 0 | 1 (0.5%) | 1 (0.2%) |
| Gangrene | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastroenteritis | 0 | 1 (0.5%) | 1 (0.2%) |
| Genital herpes | 0 | 1 (0.5%) | 1 (0.2%) |
| HIV infection | 1 (0.5%) | 0 | 1 (0.2%) |
| Helicobacter infection | 0 | 1 (0.5%) | 1 (0.2%) |
| Hepatitis B | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Hepatitis C | 4 (1.9%) | 0 | 4 (0.9%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Herpes simplex | 0 | 1 (0.5%) | 1 (0.2%) |
| Herpes zoster | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Influenza | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Localised infection | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Malaria | 1 (0.5%) | 0 | 1 (0.2%) |
| Nasopharyngitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Onychomycosis | 3 (1.4%) | 3 (1.4%) | 6 (1.4%) |
| Orchitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Osteomyelitis | 4 (1.9%) | 1 (0.5%) | 5 (1.2%) |
| Otitis externa | 1 (0.5%) | 0 | 1 (0.2%) |
| Pilonidal cyst | 0 | 1 (0.5%) | 1 (0.2%) |
| Pneumonia | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Pulmonary tuberculosis | 0 | 3 (1.4%) | 3 (0.7%) |
| Pyelonephritis | 0 | 1 (0.5%) | 1 (0.2%) |
| Pyelonephritis chronic | 0 | 5 (2.3%) | 5 (1.2%) |
| Pyuria | 0 | 1 (0.5%) | 1 (0.2%) |
| Rhinitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Salpingo-oophoritis | 0 | 1 (0.5%) | 1 (0.2%) |
| Sepsis | 0 | 1 (0.5%) | 1 (0.2%) |
| Sinusitis | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Skin infection | 1 (0.5%) | 0 | 1 (0.2%) |
| Tinea infection | 0 | 1 (0.5%) | 1 (0.2%) |
| Tinea pedis | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Tinea versicolour | 0 | 1 (0.5%) | 1 (0.2%) |
| Tonsillitis | 2 (0.9%) | 0 | 2 (0.5%) |
| Upper respiratory tract infection | 1 (0.5%) | 6 (2.7%) | 7 (1.6%) |
| Urinary tract infection | 3 (1.4%) | 6 (2.7%) | 9 (2.1%) |
| Urosepsis | 0 | 1 (0.5%) | 1 (0.2%) |
| Viral hepatitis carrier | 0 | 1 (0.5%) | 1 (0.2%) |
| Vulvovaginal mycotic infection | 0 | 1 (0.5%) | 1 (0.2%) |
| Injury, poisoning and procedural complications | 12 (5.7%) | 15 (6.8%) | 27 (6.3%) |
| Airway burns | 0 | 1 (0.5%) | 1 (0.2%) |
| Ankle fracture | 0 | 1 (0.5%) | 1 (0.2%) |
| Cartilage injury | 0 | 1 (0.5%) | 1 (0.2%) |
| Cervical vertebral fracture | 0 | 1 (0.5%) | 1 (0.2%) |
| Clavicle fracture | 0 | 1 (0.5%) | 1 (0.2%) |
| Concussion | 0 | 1 (0.5%) | 1 (0.2%) |
| Epicondylitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Exposure to communicable disease | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Eye injury | 1 (0.5%) | 0 | 1 (0.2%) |
| Face injury | 0 | 1 (0.5%) | 1 (0.2%) |
| Foot fracture | 1 (0.5%) | 0 | 1 (0.2%) |
| Foreign body in eye | 1 (0.5%) | 0 | 1 (0.2%) |
| Intervertebral disc injury | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Joint injury | 0 | 1 (0.5%) | 1 (0.2%) |
| Ligament sprain | 0 | 1 (0.5%) | 1 (0.2%) |
| Limb injury | 0 | 1 (0.5%) | 1 (0.2%) |
| Meniscus injury | 2 (0.9%) | 0 | 2 (0.5%) |
| Penetrating abdominal trauma | 0 | 1 (0.5%) | 1 (0.2%) |
| Post procedural hypothyroidism | 0 | 1 (0.5%) | 1 (0.2%) |
| Post-traumatic pain | 1 (0.5%) | 0 | 1 (0.2%) |
| Rib fracture | 1 (0.5%) | 0 | 1 (0.2%) |
| Snake bite | 0 | 1 (0.5%) | 1 (0.2%) |
| Stab wound | 0 | 1 (0.5%) | 1 (0.2%) |
| Testicular injury | 0 | 1 (0.5%) | 1 (0.2%) |
| Thermal burn | 1 (0.5%) | 0 | 1 (0.2%) |
| Upper limb fracture | 2 (0.9%) | 0 | 2 (0.5%) |
| Wrist fracture | 0 | 2 (0.9%) | 2 (0.5%) |
| Investigations | 21 (10.0%) | 25 (11.3%) | 46 (10.6%) |
| Alanine aminotransferase increased | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Angiocardiogram | 0 | 1 (0.5%) | 1 (0.2%) |
| Arthroscopy | 0 | 1 (0.5%) | 1 (0.2%) |
| Aspartate aminotransferase increased | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Biopsy breast | 0 | 1 (0.5%) | 1 (0.2%) |
| Blood cholesterol increased | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Blood creatine phosphokinase increased | 5 (2.4%) | 2 (0.9%) | 7 (1.6%) |
| Blood creatinine increased | 1 (0.5%) | 0 | 1 (0.2%) |
| Blood magnesium decreased | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Blood pressure increased | 2 (0.9%) | 0 | 2 (0.5%) |
| Blood sodium decreased | 0 | 1 (0.5%) | 1 (0.2%) |
| Blood testosterone decreased | 0 | 1 (0.5%) | 1 (0.2%) |
| Blood triglycerides increased | 0 | 2 (0.9%) | 2 (0.5%) |
| Blood uric acid increased | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Body mass index increased | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Bone density decreased | 0 | 1 (0.5%) | 1 (0.2%) |
| Catheterisation cardiac | 0 | 1 (0.5%) | 1 (0.2%) |
| ECG signs of myocardial infarction | 1 (0.5%) | 0 | 1 (0.2%) |
| Electrocardiogram ST-T change | 1 (0.5%) | 0 | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Electrocardiogram ST-T segment abnormal | 0 | 1 (0.5%) | 1 (0.2%) |
| Electrocardiogram T wave abnormal | 1 (0.5%) | 0 | 1 (0.2%) |
| Electrocardiogram T wave amplitude decreased | 1 (0.5%) | 0 | 1 (0.2%) |
| Electrocardiogram T wave inversion | 1 (0.5%) | 0 | 1 (0.2%) |
| Electrocardiogram abnormal | 1 (0.5%) | 0 | 1 (0.2%) |
| Electrocardiogram repolarisation abnormality | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Gamma-glutamyltransferase increased | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Heart sounds abnormal | 0 | 1 (0.5%) | 1 (0.2%) |
| Muscle enzyme increased | 1 (0.5%) | 0 | 1 (0.2%) |
| Myocardial strain | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral pulse decreased | 0 | 1 (0.5%) | 1 (0.2%) |
| QRS axis abnormal | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Transaminases increased | 1 (0.5%) | 0 | 1 (0.2%) |
| Metabolism and nutrition disorders | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Central obesity | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Dyslipidaemia | 53 (25.1%) | 65 (29.4%) | 118 (27.3%) |
| Gout | 12 (5.7%) | 13 (5.9%) | 25 (5.8%) |
| Haemochromatosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Hypercalcaemia | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hypercholesterolaemia | 24 (11.4%) | 35 (15.8%) | 59 (13.7%) |
| Hyperglycaemia | 1 (0.5%) | 0 | 1 (0.2%) |
| Hyperkalaemia | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hyperlipidaemia | 67 (31.8%) | 58 (26.2%) | 125 (28.9%) |
| Hyperphosphataemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypertriglyceridaemia | 5 (2.4%) | 4 (1.8%) | 9 (2.1%) |
| Hyperuricaemia | 29 (13.7%) | 30 (13.6%) | 59 (13.7%) |
| Hypoalbuminaemia | 1 (0.5%) | 0 | 1 (0.2%) |
| Hypocholesterolaemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Hypokalaemia | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Hypomagnesaemia | 1 (0.5%) | 0 | 1 (0.2%) |
| Hyponatraemia | 1 (0.5%) | 0 | 1 (0.2%) |
| Iron deficiency | 0 | 1 (0.5%) | 1 (0.2%) |
| Lipid metabolism disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Magnesium deficiency | 0 | 1 (0.5%) | 1 (0.2%) |
| Metabolic acidosis | 0 | 2 (0.9%) | 2 (0.5%) |
| Metabolic syndrome | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Obesity | 71 (33.6%) | 91 (41.2%) | 162 (37.5%) |
| Overweight | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Type 2 diabetes mellitus | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|--------------------|--------------------|---------------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Vitamin B12 deficiency | 1 (0.5%) | 6 (2.7%) | 7 (1.6%) |
| Vitamin C deficiency | 1 (0.5%) | 0 | 1 (0.2%) |
| Vitamin D deficiency | 15 (7.1%) | 16 (7.2%) | 31 (7.2%) |
| Musculoskeletal and connective tissue disorders | 79 (37.4%) | 68 (30.8%) | 147 (34.0%) |
| Arthralgia | 9 (4.3%) | 7 (3.2%) | 16 (3.7%) |
| Arthritis | 4 (1.9%) | 1 (0.5%) | 5 (1.2%) |
| Back disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Back pain | 18 (8.5%) | 8 (3.6%) | 26 (6.0%) |
| Bone metabolism disorder | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Bursitis | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Cervical spinal stenosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Chondrocalcinosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Chronic kidney disease-mineral and bone disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Diastasis recti abdominis | 0 | 1 (0.5%) | 1 (0.2%) |
| Enthesopathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Exostosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Fibromyalgia | 0 | 1 (0.5%) | 1 (0.2%) |
| Flank pain | 1 (0.5%) | 0 | 1 (0.2%) |
| Foot deformity | 1 (0.5%) | 4 (1.8%) | 5 (1.2%) |
| Gouty arthritis | 1 (0.5%) | 0 | 1 (0.2%) |
| Intervertebral disc degeneration | 0 | 1 (0.5%) | 1 (0.2%) |
| Intervertebral disc disorder | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Intervertebral disc protrusion | 6 (2.8%) | 3 (1.4%) | 9 (2.1%) |
| Lumbar spinal stenosis | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Muscle spasms | 9 (4.3%) | 5 (2.3%) | 14 (3.2%) |
| Musculoskeletal stiffness | 1 (0.5%) | 0 | 1 (0.2%) |
| Myalgia | 3 (1.4%) | 2 (0.9%) | 5 (1.2%) |
| Neck pain | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Neuropathic arthropathy | 3 (1.4%) | 0 | 3 (0.7%) |
| Osteoarthritis | 23 (10.9%) | 30 (13.6%) | 53 (12.3%) |
| Osteochondrosis | 4 (1.9%) | 3 (1.4%) | 7 (1.6%) |
| Osteopenia | 0 | 2 (0.9%) | 2 (0.5%) |
| Osteoporosis | 2 (0.9%) | 6 (2.7%) | 8 (1.9%) |
| Pain in extremity | 3 (1.4%) | 2 (0.9%) | 5 (1.2%) |
| Periarthritis | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Plantar fascial fibromatosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Plantar fasciitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Psoriatic arthropathy | 0 | 2 (0.9%) | 2 (0.5%) |
| Rhabdomyolysis | 1 (0.5%) | 0 | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Rheumatic fever | 1 (0.5%) | 0 | 1 (0.2%) |
| Rheumatoid arthritis | 1 (0.5%) | 4 (1.8%) | 5 (1.2%) |
| Rotator cuff syndrome | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Scoliosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Sjogren's syndrome | 0 | 2 (0.9%) | 2 (0.5%) |
| Spinal osteoarthritis | 6 (2.8%) | 6 (2.7%) | 12 (2.8%) |
| Spinal pain | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Spinal stenosis | 0 | 2 (0.9%) | 2 (0.5%) |
| Spondylitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Spondylolisthesis | 2 (0.9%) | 0 | 2 (0.5%) |
| Synovial cyst | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Systemic lupus erythematosus | 0 | 1 (0.5%) | 1 (0.2%) |
| Tenosynovitis stenosans | 0 | 1 (0.5%) | 1 (0.2%) |
| Torticollis | 0 | 1 (0.5%) | 1 (0.2%) |
| Trigger finger | 2 (0.9%) | 0 | 2 (0.5%) |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | 23 (10.9%) | 14 (6.3%) | 37 (8.6%) |
| Acrochordon | 2 (0.9%) | 0 | 2 (0.5%) |
| B-cell lymphoma | 1 (0.5%) | 0 | 1 (0.2%) |
| Basal cell carcinoma | 3 (1.4%) | 0 | 3 (0.7%) |
| Benign lung neoplasm | 1 (0.5%) | 0 | 1 (0.2%) |
| Benign neoplasm of skin | 0 | 1 (0.5%) | 1 (0.2%) |
| Benign neoplasm of thyroid gland | 1 (0.5%) | 0 | 1 (0.2%) |
| Bladder cancer | 1 (0.5%) | 0 | 1 (0.2%) |
| Bladder neoplasm | 1 (0.5%) | 0 | 1 (0.2%) |
| Bladder papilloma | 2 (0.9%) | 0 | 2 (0.5%) |
| Bone neoplasm | 1 (0.5%) | 0 | 1 (0.2%) |
| Breast cancer | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Colon adenoma | 0 | 1 (0.5%) | 1 (0.2%) |
| Colon cancer | 1 (0.5%) | 0 | 1 (0.2%) |
| Colon cancer stage I | 1 (0.5%) | 0 | 1 (0.2%) |
| Enchondromatosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Extragenadal primary non-seminoma | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastric cancer | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastrointestinal tract adenoma | 1 (0.5%) | 0 | 1 (0.2%) |
| Langerhans' cell histiocytosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Large intestine benign neoplasm | 0 | 1 (0.5%) | 1 (0.2%) |
| Lipoma | 1 (0.5%) | 0 | 1 (0.2%) |
| Liposarcoma | 1 (0.5%) | 0 | 1 (0.2%) |
| Myelodysplastic syndrome | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|--|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Prostate cancer | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Prostatic adenoma | 1 (0.5%) | 0 | 1 (0.2%) |
| Renal neoplasm | 1 (0.5%) | 0 | 1 (0.2%) |
| Seborrhoeic keratosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Squamous cell carcinoma | 2 (0.9%) | 0 | 2 (0.5%) |
| Squamous cell carcinoma of skin | 1 (0.5%) | 0 | 1 (0.2%) |
| Thyroid cancer | 0 | 2 (0.9%) | 2 (0.5%) |
| Uterine leiomyoma | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Waldenstrom's macroglobulinaemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Nervous system disorders | 99 (46.9%) | 114 (51.6%) | 213 (49.3%) |
| Amnesia | 1 (0.5%) | 0 | 1 (0.2%) |
| Areflexia | 0 | 1 (0.5%) | 1 (0.2%) |
| Balance disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Carotid arteriosclerosis | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Carotid artery disease | 0 | 1 (0.5%) | 1 (0.2%) |
| Carotid artery stenosis | 3 (1.4%) | 4 (1.8%) | 7 (1.6%) |
| Carpal tunnel syndrome | 3 (1.4%) | 3 (1.4%) | 6 (1.4%) |
| Central nervous system vasculitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Cerebral arteriosclerosis | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Cerebral atrophy | 0 | 2 (0.9%) | 2 (0.5%) |
| Cerebral infarction | 2 (0.9%) | 0 | 2 (0.5%) |
| Cerebral ischaemia | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Cerebrospinal fluid circulation disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Cerebrovascular accident | 1 (0.5%) | 4 (1.8%) | 5 (1.2%) |
| Cerebrovascular disorder | 5 (2.4%) | 3 (1.4%) | 8 (1.9%) |
| Cervicobrachial syndrome | 0 | 1 (0.5%) | 1 (0.2%) |
| Cognitive disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Dementia | 0 | 1 (0.5%) | 1 (0.2%) |
| Diabetic encephalopathy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Diabetic mononeuropathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Diabetic neuropathy | 60 (28.4%) | 67 (30.3%) | 127 (29.4%) |
| Dizziness | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Dysarthria | 0 | 1 (0.5%) | 1 (0.2%) |
| Epilepsy | 0 | 1 (0.5%) | 1 (0.2%) |
| Facial paralysis | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Haemorrhagic stroke | 0 | 1 (0.5%) | 1 (0.2%) |
| Headache | 3 (1.4%) | 0 | 3 (0.7%) |
| Hydrocephalus | 1 (0.5%) | 0 | 1 (0.2%) |
| Hypertensive encephalopathy | 0 | 2 (0.9%) | 2 (0.5%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---------------------------------------|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hypoaesthesia | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Irrd nerve paralysis | 1 (0.5%) | 0 | 1 (0.2%) |
| Ischaemic stroke | 19 (9.0%) | 23 (10.4%) | 42 (9.7%) |
| Lacunar infarction | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Lumbar radiculopathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Lumbosacral radiculopathy | 1 (0.5%) | 0 | 1 (0.2%) |
| Migraine | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Neuralgia | 1 (0.5%) | 0 | 1 (0.2%) |
| Neuromuscular pain | 1 (0.5%) | 0 | 1 (0.2%) |
| Neuropathy peripheral | 10 (4.7%) | 12 (5.4%) | 22 (5.1%) |
| Normal pressure hydrocephalus | 0 | 1 (0.5%) | 1 (0.2%) |
| Orthostatic intolerance | 1 (0.5%) | 0 | 1 (0.2%) |
| Paraesthesia | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Parkinson's disease | 1 (0.5%) | 0 | 1 (0.2%) |
| Parosmia | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral nerve paresthesia | 0 | 1 (0.5%) | 1 (0.2%) |
| Peroneal nerve palsy | 1 (0.5%) | 0 | 1 (0.2%) |
| Polyneuropathy | 5 (2.4%) | 4 (1.8%) | 9 (2.1%) |
| Post herpetic neuralgia | 1 (0.5%) | 0 | 1 (0.2%) |
| Radiculopathy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Restless legs syndrome | 2 (0.9%) | 0 | 2 (0.5%) |
| Sciatica | 3 (1.4%) | 3 (1.4%) | 6 (1.4%) |
| Seizure | 1 (0.5%) | 0 | 1 (0.2%) |
| Sleep deficit | 1 (0.5%) | 0 | 1 (0.2%) |
| Syncope | 2 (0.9%) | 0 | 2 (0.5%) |
| Transient ischaemic attack | 1 (0.5%) | 5 (2.3%) | 6 (1.4%) |
| Trigeminal neuralgia | 0 | 1 (0.5%) | 1 (0.2%) |
| Vascular encephalopathy | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Psychiatric disorders | 28 (13.3%) | 36 (16.3%) | 64 (14.8%) |
| Alcohol use disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Alcoholism | 1 (0.5%) | 0 | 1 (0.2%) |
| Anxiety | 4 (1.9%) | 4 (1.8%) | 8 (1.9%) |
| Anxiety disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Bipolar disorder | 0 | 1 (0.5%) | 1 (0.2%) |
| Depression | 12 (5.7%) | 13 (5.9%) | 25 (5.8%) |
| Drug abuse | 2 (0.9%) | 0 | 2 (0.5%) |
| Insomnia | 10 (4.7%) | 17 (7.7%) | 27 (6.3%) |
| Major depression | 1 (0.5%) | 0 | 1 (0.2%) |
| Mixed anxiety and depressive disorder | 0 | 2 (0.9%) | 2 (0.5%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|------------------------------------|---------------------|---------------------|---------------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Neurosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Persistent depressive disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Sleep disorder | 2 (0.9%) | 0 | 2 (0.5%) |
| Tobacco abuse | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Renal and urinary disorders | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Albuminuria | 7 (3.3%) | 17 (7.7%) | 24 (5.6%) |
| Bladder spasm | 0 | 1 (0.5%) | 1 (0.2%) |
| Bladder ulcer | 0 | 1 (0.5%) | 1 (0.2%) |
| Calculus urinary | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Chronic kidney disease | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Diabetic nephropathy | 19 (9.0%) | 24 (10.9%) | 43 (10.0%) |
| Dysuria | 0 | 1 (0.5%) | 1 (0.2%) |
| Glomerulonephritis chronic | 0 | 1 (0.5%) | 1 (0.2%) |
| Glomerulonephritis membranous | 0 | 1 (0.5%) | 1 (0.2%) |
| Haematuria | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hydronephrosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Hypertensive nephropathy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hypertonic bladder | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| IgA nephropathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Kidney enlargement | 1 (0.5%) | 0 | 1 (0.2%) |
| Microalbuminuria | 1 (0.5%) | 6 (2.7%) | 7 (1.6%) |
| Micturition urgency | 1 (0.5%) | 0 | 1 (0.2%) |
| Nephritic syndrome | 0 | 1 (0.5%) | 1 (0.2%) |
| Nephritis | 1 (0.5%) | 0 | 1 (0.2%) |
| Nephroangiosclerosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Nephrolithiasis | 12 (5.7%) | 10 (4.5%) | 22 (5.1%) |
| Oedematous kidney | 1 (0.5%) | 0 | 1 (0.2%) |
| Oliguria | 1 (0.5%) | 0 | 1 (0.2%) |
| Pollakiuria | 2 (0.9%) | 0 | 2 (0.5%) |
| Polyuria | 1 (0.5%) | 0 | 1 (0.2%) |
| Proteinuria | 16 (7.6%) | 21 (9.5%) | 37 (8.6%) |
| Renal artery stenosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Renal atrophy | 1 (0.5%) | 0 | 1 (0.2%) |
| Renal colic | 4 (1.9%) | 0 | 4 (0.9%) |
| Renal cyst | 9 (4.3%) | 7 (3.2%) | 16 (3.7%) |
| Stress urinary incontinence | 0 | 1 (0.5%) | 1 (0.2%) |
| Ureterolithiasis | 1 (0.5%) | 0 | 1 (0.2%) |
| Urethral stenosis | 0 | 2 (0.9%) | 2 (0.5%) |
| Urinary hesitation | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---|--------------|--------------|--------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Urinary incontinence | 4 (1.9%) | 3 (1.4%) | 7 (1.6%) |
| Reproductive system and breast disorders | 41 (19.4%) | 43 (19.5%) | 84 (19.4%) |
| Balanoposthitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Benign prostatic hyperplasia | 25 (11.8%) | 21 (9.5%) | 46 (10.6%) |
| Colpocele | 1 (0.5%) | 0 | 1 (0.2%) |
| Cystocele | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Erectile dysfunction | 11 (5.2%) | 17 (7.7%) | 28 (6.5%) |
| Menopausal symptoms | 0 | 1 (0.5%) | 1 (0.2%) |
| Organic erectile dysfunction | 0 | 1 (0.5%) | 1 (0.2%) |
| Ovarian cyst ruptured | 1 (0.5%) | 0 | 1 (0.2%) |
| Polycystic ovaries | 0 | 2 (0.9%) | 2 (0.5%) |
| Prostatic calcification | 0 | 1 (0.5%) | 1 (0.2%) |
| Prostatic disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Prostatism | 0 | 1 (0.5%) | 1 (0.2%) |
| Prostatitis | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Prostatomegaly | 0 | 2 (0.9%) | 2 (0.5%) |
| Uterine haemorrhage | 0 | 1 (0.5%) | 1 (0.2%) |
| Uterine polyp | 0 | 1 (0.5%) | 1 (0.2%) |
| Vaginal prolapse | 0 | 1 (0.5%) | 1 (0.2%) |
| Respiratory, thoracic and mediastinal disorders | 32 (15.2%) | 46 (20.8%) | 78 (18.1%) |
| Adenoidal hypertrophy | 0 | 1 (0.5%) | 1 (0.2%) |
| Asthma | 5 (2.4%) | 8 (3.6%) | 13 (3.0%) |
| Atelectasis | 1 (0.5%) | 0 | 1 (0.2%) |
| Bronchiectasis | 0 | 1 (0.5%) | 1 (0.2%) |
| Bronchitis chronic | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Catarrh | 0 | 1 (0.5%) | 1 (0.2%) |
| Chronic obstructive pulmonary disease | 6 (2.8%) | 11 (5.0%) | 17 (3.9%) |
| Chronic respiratory disease | 0 | 1 (0.5%) | 1 (0.2%) |
| Cough | 2 (0.9%) | 3 (1.4%) | 5 (1.2%) |
| Dyspnoea | 4 (1.9%) | 1 (0.5%) | 5 (1.2%) |
| Dyspnoea exertional | 1 (0.5%) | 0 | 1 (0.2%) |
| Emphysema | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Hypoxia | 0 | 1 (0.5%) | 1 (0.2%) |
| Obstructive airways disorder | 1 (0.5%) | 0 | 1 (0.2%) |
| Pleural effusion | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Pneumonitis | 1 (0.5%) | 0 | 1 (0.2%) |
| Pulmonary embolism | 0 | 1 (0.5%) | 1 (0.2%) |
| Pulmonary fibrosis | 0 | 1 (0.5%) | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Pulmonary mass | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Pulmonary oedema | 1 (0.5%) | 0 | 1 (0.2%) |
| Respiratory alkalosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Rhinitis allergic | 1 (0.5%) | 8 (3.6%) | 9 (2.1%) |
| Rhinorrhoea | 0 | 1 (0.5%) | 1 (0.2%) |
| Sinus congestion | 0 | 1 (0.5%) | 1 (0.2%) |
| Sleep apnoea syndrome | 11 (5.2%) | 10 (4.5%) | 21 (4.9%) |
| Vocal cord polyp | 0 | 1 (0.5%) | 1 (0.2%) |
| Wheezing | 0 | 1 (0.5%) | 1 (0.2%) |
| Skin and subcutaneous tissue disorders | 22 (10.4%) | 27 (12.2%) | 49 (11.3%) |
| Acne | 0 | 1 (0.5%) | 1 (0.2%) |
| Actinic keratosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Decubitus ulcer | 0 | 1 (0.5%) | 1 (0.2%) |
| Dermal cyst | 0 | 1 (0.5%) | 1 (0.2%) |
| Dermatitis | 3 (1.4%) | 0 | 3 (0.7%) |
| Dermatitis allergic | 0 | 2 (0.9%) | 2 (0.5%) |
| Dermatitis atopic | 0 | 2 (0.9%) | 2 (0.5%) |
| Dermatitis contact | 0 | 1 (0.5%) | 1 (0.2%) |
| Diabetic foot | 4 (1.9%) | 4 (1.8%) | 8 (1.9%) |
| Dry skin | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Eczema | 4 (1.9%) | 4 (1.8%) | 8 (1.9%) |
| Hirsutism | 0 | 1 (0.5%) | 1 (0.2%) |
| Hyperkeratosis | 0 | 3 (1.4%) | 3 (0.7%) |
| Leukoderma | 0 | 1 (0.5%) | 1 (0.2%) |
| Onychalgia | 1 (0.5%) | 0 | 1 (0.2%) |
| Pityriasis rosea | 0 | 1 (0.5%) | 1 (0.2%) |
| Pruritus | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Psoriasis | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Rosacea | 2 (0.9%) | 0 | 2 (0.5%) |
| Skin dystrophy | 0 | 1 (0.5%) | 1 (0.2%) |
| Skin ulcer | 4 (1.9%) | 2 (0.9%) | 6 (1.4%) |
| Solar dermatitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Stasis dermatitis | 0 | 1 (0.5%) | 1 (0.2%) |
| Urticaria | 1 (0.5%) | 0 | 1 (0.2%) |
| Vitiligo | 1 (0.5%) | 0 | 1 (0.2%) |
| Social circumstances | 11 (5.2%) | 18 (8.1%) | 29 (6.7%) |
| Caffeine consumption | 1 (0.5%) | 0 | 1 (0.2%) |
| Menopause | 7 (3.3%) | 10 (4.5%) | 17 (3.9%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|-----------------------------------|-----------------------------|-------------------------|-----------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Postmenopause | 3 (1.4%) | 7 (3.2%) | 10 (2.3%) |
| Tobacco user | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Surgical and medical procedures | 74 (35.1%) | 87 (39.4%) | 161 (37.3%) |
| Abdominal hernia repair | 0 | 1 (0.5%) | 1 (0.2%) |
| Abscess drainage | 1 (0.5%) | 0 | 1 (0.2%) |
| Angioplasty | 1 (0.5%) | 0 | 1 (0.2%) |
| Ankle operation | 1 (0.5%) | 0 | 1 (0.2%) |
| Aortic aneurysm repair | 0 | 1 (0.5%) | 1 (0.2%) |
| Aortic bypass | 0 | 1 (0.5%) | 1 (0.2%) |
| Aortic valve replacement | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Appendectomy | 7 (3.3%) | 11 (5.0%) | 18 (4.2%) |
| Arthrodesis | 0 | 1 (0.5%) | 1 (0.2%) |
| Bladder catheter temporary | 1 (0.5%) | 0 | 1 (0.2%) |
| Caesarean section | 0 | 2 (0.9%) | 2 (0.5%) |
| Cardiac pacemaker insertion | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Cardiopulmonary bypass | 1 (0.5%) | 0 | 1 (0.2%) |
| Cardioversion | 0 | 1 (0.5%) | 1 (0.2%) |
| Carotid endarterectomy | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Carpal tunnel decompression | 0 | 2 (0.9%) | 2 (0.5%) |
| Cataract operation | 3 (1.4%) | 13 (5.9%) | 16 (3.7%) |
| Cholecystectomy | 13 (6.2%) | 12 (5.4%) | 25 (5.8%) |
| Cholesteatoma removal | 0 | 1 (0.5%) | 1 (0.2%) |
| Circumcision | 0 | 1 (0.5%) | 1 (0.2%) |
| Colectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Coronary angioplasty | 0 | 3 (1.4%) | 3 (0.7%) |
| Coronary arterial stent insertion | 9 (4.3%) | 4 (1.8%) | 13 (3.0%) |
| Coronary artery bypass | 5 (2.4%) | 11 (5.0%) | 16 (3.7%) |
| Cox-Maze procedure | 0 | 1 (0.5%) | 1 (0.2%) |
| Female sterilisation | 0 | 1 (0.5%) | 1 (0.2%) |
| Foot amputation | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Gastrectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Gastric banding | 1 (0.5%) | 0 | 1 (0.2%) |
| Glaucoma surgery | 1 (0.5%) | 0 | 1 (0.2%) |
| Haemorrhoid operation | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Heart valve replacement | 1 (0.5%) | 0 | 1 (0.2%) |
| Hernia repair | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Hip arthroplasty | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Hysterectomy | 6 (2.8%) | 6 (2.7%) | 12 (2.8%) |
| Hysterosalpingo-oophorectomy | 1 (0.5%) | 0 | 1 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Implantable defibrillator insertion | 0 | 1 (0.5%) | 1 (0.2%) |
| Inguinal hernia repair | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Intervertebral disc operation | 1 (0.5%) | 0 | 1 (0.2%) |
| Intestinal polypectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Intraocular lens implant | 0 | 5 (2.3%) | 5 (1.2%) |
| Knee arthroplasty | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Knee operation | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Large intestinal polypectomy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Large intestine anastomosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Leg amputation | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |
| Lithotripsy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Lung lobectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Lymphadenectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Mass excision | 0 | 1 (0.5%) | 1 (0.2%) |
| Mitral valve repair | 0 | 1 (0.5%) | 1 (0.2%) |
| Muscle operation | 1 (0.5%) | 0 | 1 (0.2%) |
| Nephrectomy | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Ovarian cystectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Percutaneous coronary intervention | 0 | 2 (0.9%) | 2 (0.5%) |
| Perineoplasty | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral artery angioplasty | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Peripheral artery bypass | 3 (1.4%) | 2 (0.9%) | 5 (1.2%) |
| Peripheral artery stent insertion | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral endarterectomy | 1 (0.5%) | 0 | 1 (0.2%) |
| Peripheral revascularisation | 0 | 1 (0.5%) | 1 (0.2%) |
| Phlebectomy | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Photocoagulation | 0 | 1 (0.5%) | 1 (0.2%) |
| Pituitary tumour removal | 0 | 1 (0.5%) | 1 (0.2%) |
| Prostatectomy | 1 (0.5%) | 0 | 1 (0.2%) |
| Prosthesis implantation | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Pterygium operation | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Renal artery stent placement | 0 | 1 (0.5%) | 1 (0.2%) |
| Renal stone removal | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Retinal laser coagulation | 0 | 4 (1.8%) | 4 (0.9%) |
| Retinal operation | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Salpingo-oophorectomy bilateral | 0 | 1 (0.5%) | 1 (0.2%) |
| Sinus operation | 0 | 1 (0.5%) | 1 (0.2%) |
| Small intestinal anastomosis | 0 | 1 (0.5%) | 1 (0.2%) |
| Spinal decompression | 1 (0.5%) | 0 | 1 (0.2%) |
| Spinal fusion surgery | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Spinal operation | 1 (0.5%) | 2 (0.9%) | 3 (0.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---------------------------------------|---------------------|---------------------|---------------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Stent placement | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Synovial cyst removal | 0 | 1 (0.5%) | 1 (0.2%) |
| Tenoplasty | 0 | 1 (0.5%) | 1 (0.2%) |
| Thyroid adenoma removal | 0 | 1 (0.5%) | 1 (0.2%) |
| Thyroidectomy | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Toe amputation | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Tonsillectomy | 4 (1.9%) | 6 (2.7%) | 10 (2.3%) |
| Tooth extraction | 0 | 1 (0.5%) | 1 (0.2%) |
| Transurethral bladder resection | 1 (0.5%) | 0 | 1 (0.2%) |
| Transurethral prostatectomy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Tricuspid valve repair | 0 | 1 (0.5%) | 1 (0.2%) |
| Umbilical hernia repair | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Ureterolithotomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Urinary bladder suspension | 0 | 1 (0.5%) | 1 (0.2%) |
| Uterine polypectomy | 0 | 1 (0.5%) | 1 (0.2%) |
| Varicose vein operation | 0 | 2 (0.9%) | 2 (0.5%) |
| Vasectomy | 0 | 3 (1.4%) | 3 (0.7%) |
| Ventriculo-peritoneal shunt | 0 | 1 (0.5%) | 1 (0.2%) |
| Vitrectomy | 1 (0.5%) | 4 (1.8%) | 5 (1.2%) |
| Vocal cord polypectomy | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Wisdom teeth removal | 0 | 1 (0.5%) | 1 (0.2%) |
| Vascular disorders | 203 (96.2%) | 217 (98.2%) | 420 (97.2%) |
| Aortic aneurysm | 2 (0.9%) | 0 | 2 (0.5%) |
| Aortic arteriosclerosis | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Aortic dilatation | 0 | 1 (0.5%) | 1 (0.2%) |
| Aortic stenosis | 3 (1.4%) | 1 (0.5%) | 4 (0.9%) |
| Arteriosclerosis | 1 (0.5%) | 6 (2.7%) | 7 (1.6%) |
| Arteritis | 0 | 1 (0.5%) | 1 (0.2%) |
| Deep vein thrombosis | 0 | 3 (1.4%) | 3 (0.7%) |
| Diabetic microangiopathy | 1 (0.5%) | 0 | 1 (0.2%) |
| Diabetic vascular disorder | 6 (2.8%) | 1 (0.5%) | 7 (1.6%) |
| Essential hypertension | 8 (3.8%) | 7 (3.2%) | 15 (3.5%) |
| Extremity necrosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Hypertension | 191 (90.5%) | 208 (94.1%) | 399 (92.4%) |
| Hypertensive angiopathy | 2 (0.9%) | 1 (0.5%) | 3 (0.7%) |
| Intermittent claudication | 2 (0.9%) | 4 (1.8%) | 6 (1.4%) |
| Lymphoedema | 0 | 1 (0.5%) | 1 (0.2%) |
| Microangiopathy | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral arterial occlusive disease | 34 (16.1%) | 29 (13.1%) | 63 (14.6%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|------------------------------|--------------|--------------|--------------|
| Preferred term | N=211 (100%) | N=221 (100%) | N=432 (100%) |
| MedDRA version 23.1 | | | |
| Peripheral artery aneurysm | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral artery stenosis | 0 | 2 (0.9%) | 2 (0.5%) |
| Peripheral ischaemia | 0 | 1 (0.5%) | 1 (0.2%) |
| Peripheral vascular disorder | 4 (1.9%) | 0 | 4 (0.9%) |
| Peripheral venous disease | 4 (1.9%) | 5 (2.3%) | 9 (2.1%) |
| Thrombophlebitis | 1 (0.5%) | 1 (0.5%) | 2 (0.5%) |
| Thrombosis | 1 (0.5%) | 0 | 1 (0.2%) |
| Varicose vein | 5 (2.4%) | 11 (5.0%) | 16 (3.7%) |
| White coat hypertension | 0 | 1 (0.5%) | 1 (0.2%) |

Medical history findings are sorted in alphabetical order by primary SOC and preferred term.

A subject is counted only once within each preferred term or any primary SOC.

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4.6 Concomitant medication

Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Drug grouping | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 157 (74.4%) | 167 (75.6%) | 324 (75.0%) |
| ACEI | 32 (15.2%) | 26 (11.8%) | 58 (13.4%) |
| ARB | 48 (22.7%) | 51 (23.1%) | 99 (22.9%) |
| RAS-inhibitors | 72 (34.1%) | 71 (32.1%) | 143 (33.1%) |
| Beta-blocker | 52 (24.6%) | 55 (24.9%) | 107 (24.8%) |
| Diuretics | 68 (32.2%) | 79 (35.7%) | 147 (34.0%) |
| Loop diuretics | 38 (18.0%) | 55 (24.9%) | 93 (21.5%) |
| Thiazide diuretics | 27 (12.8%) | 28 (12.7%) | 55 (12.7%) |
| Potassium supplements | 10 (4.7%) | 13 (5.9%) | 23 (5.3%) |
| Potassium lowering agents (including binders) | 14 (6.6%) | 3 (1.4%) | 17 (3.9%) |
| Alpha blocking agents | 56 (26.5%) | 60 (27.1%) | 116 (26.9%) |
| Calcium channel blockers | 60 (28.4%) | 68 (30.8%) | 128 (29.6%) |
| Centrally acting antihypertensives | 11 (5.2%) | 14 (6.3%) | 25 (5.8%) |
| Strong CYP3A4 inhibitors | 12 (5.7%) | 12 (5.4%) | 24 (5.6%) |
| Moderate CYP3A4 inhibitors | 25 (11.8%) | 27 (12.2%) | 52 (12.0%) |
| Weak CYP3A4 inhibitors | 75 (35.5%) | 81 (36.7%) | 156 (36.1%) |
| Unclassified CYP3A4 inhibitors | 12 (5.7%) | 6 (2.7%) | 18 (4.2%) |
| Strong CYP3A4 inducers | 1 (0.5%) | 3 (1.4%) | 4 (0.9%) |
| Moderate CYP3A4 inducers | 15 (7.1%) | 13 (5.9%) | 28 (6.5%) |
| Weak CYP3A4 inducers | 9 (4.3%) | 8 (3.6%) | 17 (3.9%) |
| Unclassified CYP3A4 inducers | 6 (2.8%) | 7 (3.2%) | 13 (3.0%) |
| Oral anticoagulants | 17 (8.1%) | 14 (6.3%) | 31 (7.2%) |
| Acetylsalicylic acid and its salts | 35 (16.6%) | 39 (17.6%) | 74 (17.1%) |
| Statins | 58 (27.5%) | 65 (29.4%) | 123 (28.5%) |
| Erythropoietin stimulating agents | 2 (0.9%) | 7 (3.2%) | 9 (2.1%) |
| NSAIDs (excluding acetylsalicylic acid) | 43 (20.4%) | 58 (26.2%) | 101 (23.4%) |
| ARNIs | 2 (0.9%) | 2 (0.9%) | 4 (0.9%) |
| Potassium-sparing diuretics | 16 (7.6%) | 17 (7.7%) | 33 (7.6%) |
| Platelet aggregation inhibitors (excluding heparin) | 47 (22.3%) | 56 (25.3%) | 103 (23.8%) |
| Trimethoprim and derivatives | 6 (2.8%) | 7 (3.2%) | 13 (3.0%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Drug grouping | BAY 94-8862 N=211 (100%) | Placebo N=221 (100%) | Total N=432 (100%) |
|---|-----------------------------|-------------------------|-----------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 123 (58.3%) | 133 (60.2%) | 256 (59.3%) |
| Insulins and analogues | 88 (41.7%) | 94 (42.5%) | 182 (42.1%) |
| Dipeptidyl peptidase 4 inhibitors | 30 (14.2%) | 24 (10.9%) | 54 (12.5%) |
| Glucagon-like peptide-1(GLP1) agonists | 21 (10.0%) | 23 (10.4%) | 44 (10.2%) |
| SGLT-2 inhibitors | 25 (11.8%) | 27 (12.2%) | 52 (12.0%) |
| Biguanides | 56 (26.5%) | 52 (23.5%) | 108 (25.0%) |
| Sulfonylureas | 29 (13.7%) | 23 (10.4%) | 52 (12.0%) |
| Alpha glucosidase inhibitors | 8 (3.8%) | 10 (4.5%) | 18 (4.2%) |
| Meglitinides | 9 (4.3%) | 5 (2.3%) | 14 (3.2%) |
| Thiazolidinediones | 4 (1.9%) | 5 (2.3%) | 9 (2.1%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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End of table

Table of contents

| | |
|--|----|
| 1.2.1 Study duration..... | 5 |
| Table 1.2.1 / 1: Study duration (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 6 |
| 1.2.2 Time-to-event analyses..... | 7 |
| Table 1.2.2 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 8 |
| Table 1.2.2 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 9 |
| Table 1.2.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 10 |
| Table 1.2.2 / 4: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 11 |
| Table 1.2.2 / 5: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 12 |
| Table 1.2.2 / 6: Time to onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 13 |
| Table 1.2.2 / 7: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 14 |
| Table 1.2.2 / 8: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 15 |
| Table 1.2.2 / 9: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 16 |
| Table 1.2.2 / 10: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 17 |
| Table 1.2.2 / 11: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 18 |
| Table 1.2.2 / 12: Time to onset of eGFR decrease of \geq 57% sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio | |

| | |
|---|----|
| (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 19 |
| Table 1.2.2 / 13: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 20 |
| Table 1.2.2 / 14: Time to onset of eGFR decrease to less than 30 mL/min and baseline \geq 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 21 |
| Table 1.2.2 / 15: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 22 |
| Table 1.2.2 / 16: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 23 |
| Table 1.2.2 / 17: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 24 |
| Table 1.2.2 / 18: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 25 |
| Table 1.2.2 / 19: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 26 |
| Table 1.2.2 / 20: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 27 |
| Table 1.2.2 / 21: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 28 |
| Table 1.2.2 / 22: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 29 |
| Table 1.2.2 / 23: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 30 |
| Table 1.2.2 / 24: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 31 |
| Table 1.2.2 / 25: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 32 |

| | |
|---|----|
| Table 1.2.2 / 26: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 33 |
| Table 1.2.2 / 27: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 34 |
| Table 1.2.2 / 28: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 35 |
| Table 1.2.2 / 29: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 36 |
| Table 1.2.2 / 30: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 37 |
| Table 1.2.2 / 31: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 38 |
| Table 1.2.2 / 32: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 39 |
| Table 1.2.2 / 33: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 40 |
| Table 1.2.2 / 34: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 41 |
| Figure 1.2.2 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 42 |
| Figure 1.2.2 / 2: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 43 |
| Figure 1.2.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 44 |
| Figure 1.2.2 / 4: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 45 |
| Figure 1.2.2 / 5: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 46 |
| Figure 1.2.2 / 6: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 47 |
| Figure 1.2.2 / 7: Time to onset of eGFR decrease of \geq 57% sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 48 |

| | |
|--|----|
| Figure 1.2.2 / 8: Time to renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 49 |
| Figure 1.2.2 / 9: Time to onset of eGFR decrease to less than 30 mL/min and baseline \geq 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 50 |
| Figure 1.2.2 / 10: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 51 |
| Figure 1.2.2 / 11: Time to CV death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 52 |
| Figure 1.2.2 / 12: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 53 |
| Figure 1.2.2 / 13: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 54 |
| Figure 1.2.2 / 14: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 55 |
| Figure 1.2.2 / 15: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 56 |
| Figure 1.2.2 / 16: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 57 |
| Figure 1.2.2 / 17: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 58 |
| Figure 1.2.2 / 18: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 59 |

1.2.1 Study duration

Table 1.2.1 / 1: Study duration (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| | | BAY 94-8862 (N=211) | Placebo (N=221) | Total (N=432) |
|-------------------------|--------|------------------------|--------------------|------------------|
| Study duration (months) | n | 211 | 221 | 432 |
| | Nmiss | 0 | 0 | 0 |
| | Mean | 35.960 | 35.684 | 35.819 |
| | SD | 8.394 | 9.190 | 8.801 |
| | Min | 1.35 | 1.48 | 1.35 |
| | Median | 35.680 | 35.975 | 35.696 |
| | Max | 50.37 | 49.54 | 50.37 |

Study duration is defined as time from randomization to the EOS visit (or to last contact date if no EOS visit took place).

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1.2.2 Time-to-event analyses

Table 1.2.2 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 17 (8.1%) | 14 (6.3%) |
| Number (%) of subjects censored | 194 (91.9%) | 207 (93.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.28 [0.63; 2.60] | |
| two-sided p-value from stratified logrank test | 0.4902 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 17 (8.1%) | 14 (6.3%) |
| Number (%) of subjects censored | 194 (91.9%) | 207 (93.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.27 [0.62; 2.57] | |
| two-sided p-value from unstratified logrank test | 0.5102 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 34 (16.1%) | 36 (16.3%) |
| Number (%) of subjects censored | 177 (83.9%) | 185 (83.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.98 [0.61; 1.56] | |
| two-sided p-value from stratified logrank test | 0.9187 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 4: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 7 (3.3%) | 16 (7.2%) |
| Number (%) of subjects censored | 204 (96.7%) | 205 (92.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.43 [0.18; 1.05] | |
| two-sided p-value from stratified logrank test | 0.0564 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 5: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 7 (3.3%) | 16 (7.2%) |
| Number (%) of subjects censored | 204 (96.7%) | 205 (92.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.44 [0.18; 1.07] | |
| two-sided p-value from unstratified logrank test | 0.0638 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 6: Time to onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 7 (3.3%) | 11 (5.0%) |
| Number (%) of subjects censored | 204 (96.7%) | 210 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.61 [0.24; 1.57] | |
| two-sided p-value from stratified logrank test | 0.3008 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 7: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 2 (0.9%) | 8 (3.6%) |
| Number (%) of subjects censored | 209 (99.1%) | 213 (96.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.25 [0.05; 1.20] | |
| two-sided p-value from stratified logrank test | 0.0621 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 8: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 2 (0.9%) | 8 (3.6%) |
| Number (%) of subjects censored | 209 (99.1%) | 213 (96.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.25 [0.05; 1.18] | |
| two-sided p-value from unstratified logrank test | 0.0575 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 9: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 2 (0.9%) | 2 (0.9%) |
| Number (%) of subjects censored | 209 (99.1%) | 219 (99.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.13; 6.70] | |
| two-sided p-value from stratified logrank test | 0.9541 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 10: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 1 (0.5%) | 5 (2.3%) |
| Number (%) of subjects censored | 210 (99.5%) | 216 (97.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.21 [0.02; 1.81] | |
| two-sided p-value from stratified logrank test | 0.1176 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 11: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 1 (0.5%) | 6 (2.7%) |
| Number (%) of subjects censored | 210 (99.5%) | 215 (97.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.17 [0.02; 1.43] | |
| two-sided p-value from stratified logrank test | 0.0641 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 12: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 6 (2.8%) | 16 (7.2%) |
| Number (%) of subjects censored | 205 (97.2%) | 205 (92.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.37 [0.14; 0.95] | |
| two-sided p-value from stratified logrank test | 0.0309 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 13: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|--------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects censored | 211 (100.0%) | 221 (100.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | [;] | |
| two-sided p-value from stratified logrank test | | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 14: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 11 (5.2%) | 18 (8.1%) |
| Number (%) of subjects censored | 200 (94.8%) | 203 (91.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.62 [0.29; 1.31] | |
| two-sided p-value from stratified logrank test | 0.2039 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 15: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 34 (16.1%) | 33 (14.9%) |
| Number (%) of subjects censored | 177 (83.9%) | 188 (85.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.08 [0.67; 1.75] | |
| two-sided p-value from stratified logrank test | 0.7397 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 16: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 34 (16.1%) | 33 (14.9%) |
| Number (%) of subjects censored | 177 (83.9%) | 188 (85.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.08 [0.67; 1.74] | |
| two-sided p-value from unstratified logrank test | 0.7547 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 17: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 32 (15.2%) | 26 (11.8%) |
| Number (%) of subjects censored | 179 (84.8%) | 195 (88.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.24 [0.74; 2.08] | |
| two-sided p-value from stratified logrank test | 0.4135 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 18: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 13 (6.2%) | 12 (5.4%) |
| Number (%) of subjects censored | 198 (93.8%) | 209 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.15 [0.52; 2.52] | |
| two-sided p-value from stratified logrank test | 0.7286 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 19: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 8 (3.8%) | 9 (4.1%) |
| Number (%) of subjects censored | 203 (96.2%) | 212 (95.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.36; 2.41] | |
| two-sided p-value from stratified logrank test | 0.8758 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 20: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 8 (3.8%) | 11 (5.0%) |
| Number (%) of subjects censored | 203 (96.2%) | 210 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.31; 1.91] | |
| two-sided p-value from stratified logrank test | 0.5721 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 21: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 9 (4.3%) | 13 (5.9%) |
| Number (%) of subjects censored | 202 (95.7%) | 208 (94.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.72 [0.31; 1.68] | |
| two-sided p-value from stratified logrank test | 0.4423 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 22: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 9 (4.3%) | 10 (4.5%) |
| Number (%) of subjects censored | 202 (95.7%) | 211 (95.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.38; 2.33] | |
| two-sided p-value from stratified logrank test | 0.8999 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 23: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 9 (4.3%) | 10 (4.5%) |
| Number (%) of subjects censored | 202 (95.7%) | 211 (95.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.39; 2.34] | |
| two-sided p-value from unstratified logrank test | 0.9140 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 24: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 7 (3.3%) | 9 (4.1%) |
| Number (%) of subjects censored | 204 (96.7%) | 212 (95.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.78 [0.29; 2.10] | |
| two-sided p-value from stratified logrank test | 0.6255 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 25: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 12 (5.7%) | 12 (5.4%) |
| Number (%) of subjects censored | 199 (94.3%) | 209 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.06 [0.47; 2.35] | |
| two-sided p-value from stratified logrank test | 0.8952 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 26: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 12 (5.7%) | 12 (5.4%) |
| Number (%) of subjects censored | 199 (94.3%) | 209 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.04 [0.47; 2.31] | |
| two-sided p-value from unstratified logrank test | 0.9269 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 27: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 11 (5.2%) | 10 (4.5%) |
| Number (%) of subjects censored | 200 (94.8%) | 211 (95.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.12 [0.47; 2.63] | |
| two-sided p-value from stratified logrank test | 0.8026 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 28: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 9 (4.3%) | 13 (5.9%) |
| Number (%) of subjects censored | 202 (95.7%) | 208 (94.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.72 [0.31; 1.68] | |
| two-sided p-value from stratified logrank test | 0.4423 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 29: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 9 (4.3%) | 13 (5.9%) |
| Number (%) of subjects censored | 202 (95.7%) | 208 (94.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.71 [0.30; 1.66] | |
| two-sided p-value from unstratified logrank test | 0.4273 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 30: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 8 (3.8%) | 8 (3.6%) |
| Number (%) of subjects censored | 203 (96.2%) | 213 (96.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.00 [0.37; 2.66] | |
| two-sided p-value from stratified logrank test | 0.9952 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 31: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 87 (41.2%) | 94 (42.5%) |
| Number (%) of subjects censored | 124 (58.8%) | 127 (57.5%) |
| Median Time to event (month) [95 % CI] | 47.433 [n.c.] | 45.833 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.70; 1.26] | |
| two-sided p-value from stratified logrank test | 0.6623 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 32: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 87 (41.2%) | 94 (42.5%) |
| Number (%) of subjects censored | 124 (58.8%) | 127 (57.5%) |
| Median Time to event (month) [95 % CI] | 47.433 [n.c.] | 45.833 [n.c.] |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.71; 1.28] | |
| two-sided p-value from unstratified logrank test | 0.7533 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

End of table

Table 1.2.2 / 33: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 211 (100.0%) | 221 (100.0%) |
| Number (%) of subjects with event | 82 (38.9%) | 89 (40.3%) |
| Number (%) of subjects censored | 129 (61.1%) | 132 (59.7%) |
| Median Time to event (month) [95 % CI] | 47.433 [n.c.] | 45.000 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.92 [0.68; 1.24] | |
| two-sided p-value from stratified logrank test | 0.5624 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fid_s2.sas 06FEB2023 15:10

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Table 1.2.2 / 34: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistic | Value |
|---|-------------------|
| Rate ratio from stratified Andersen-Gill model with robust estimation of standard errors (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.73; 1.39] |
| two-sided p-value from stratified Andersen-Gill model with robust estimation of standard errors | 0.9567 |

Andersen-Gill model accounting for recurrent events.

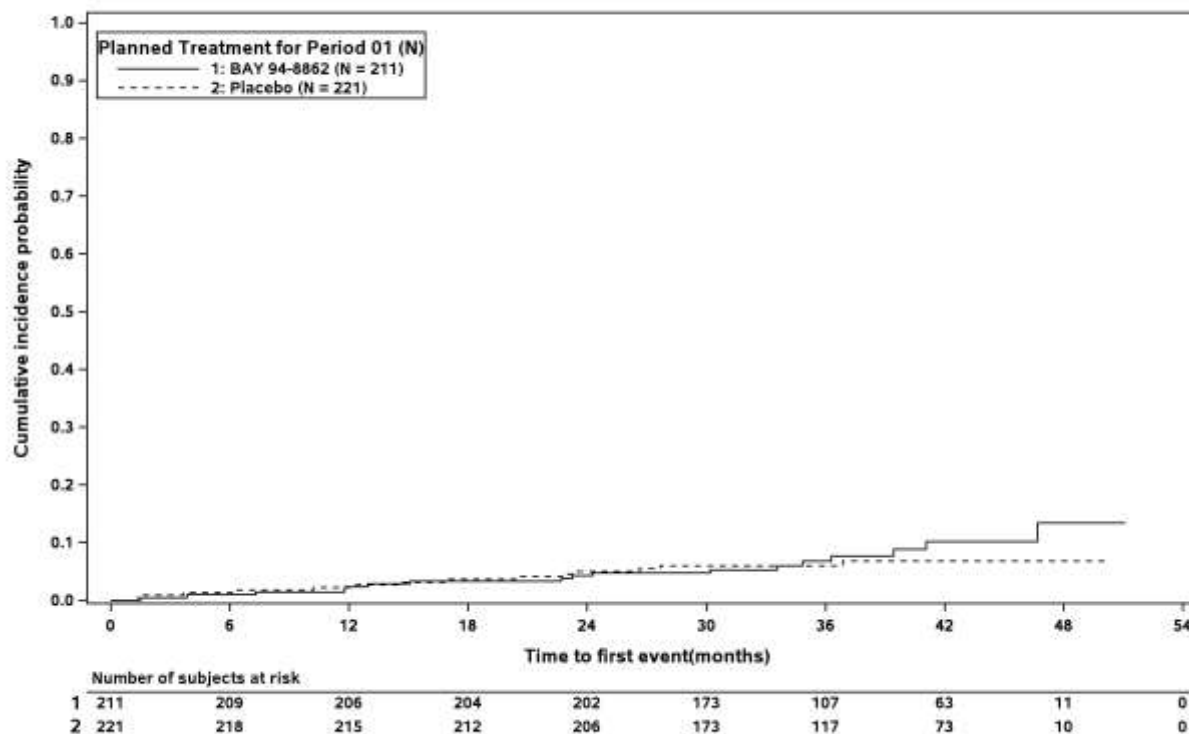
If multiple events occurred on the same day, only a single event is counted for the analysis.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_sens3_s.sas 06FEB2023 15:14

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Figure 1.2.2 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

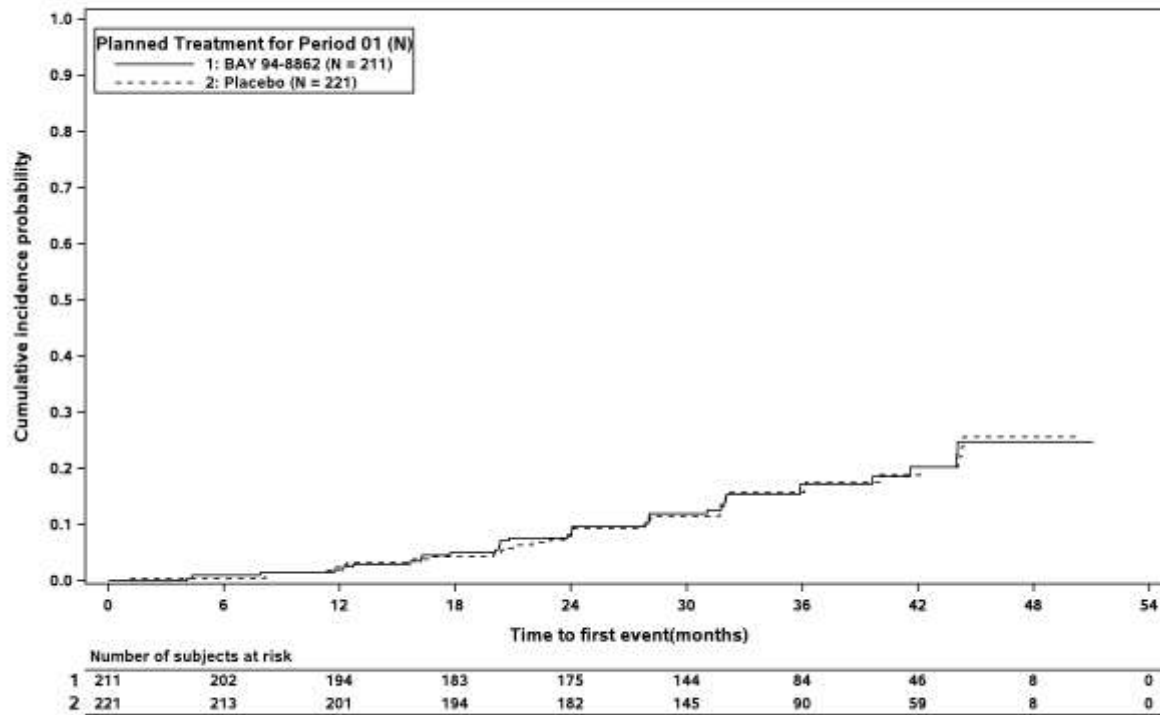


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 2: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

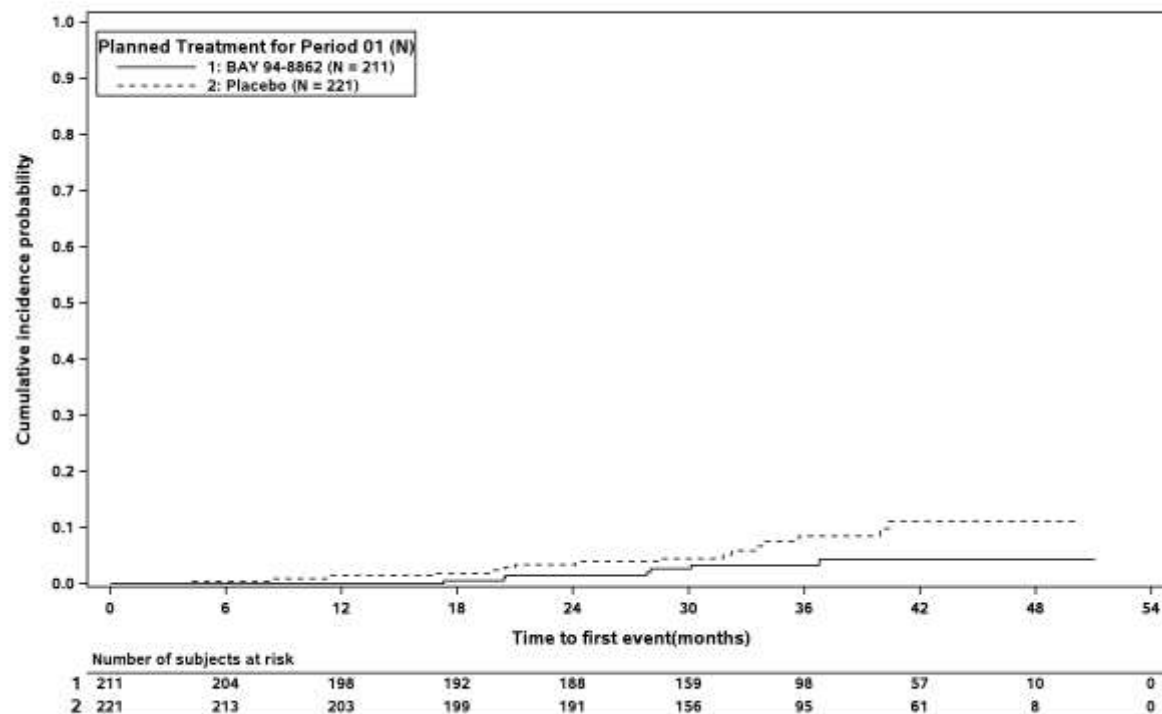


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

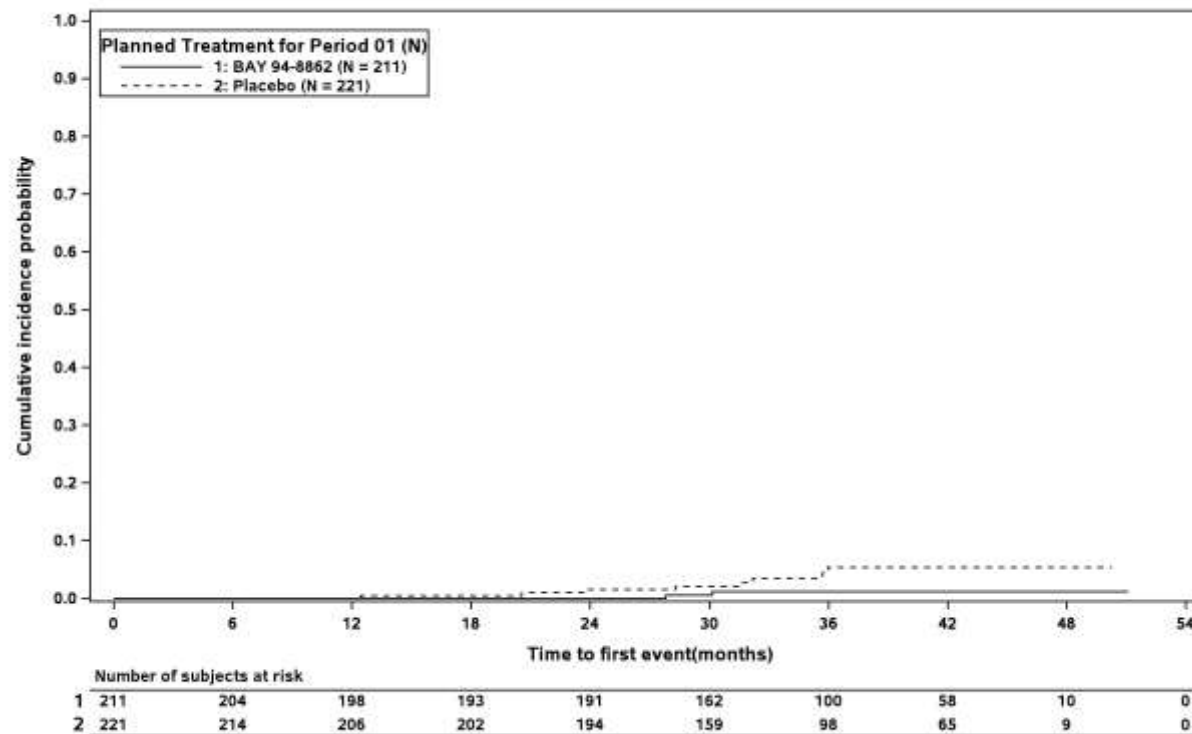


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 4: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

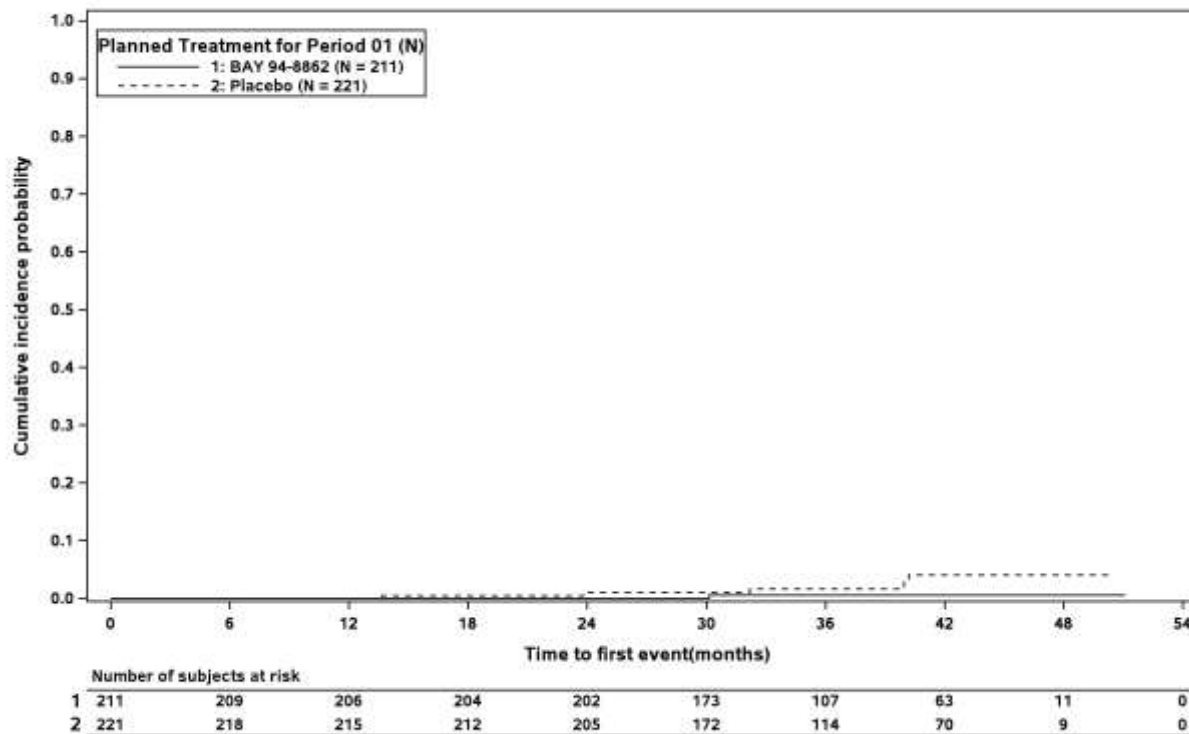


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 5: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

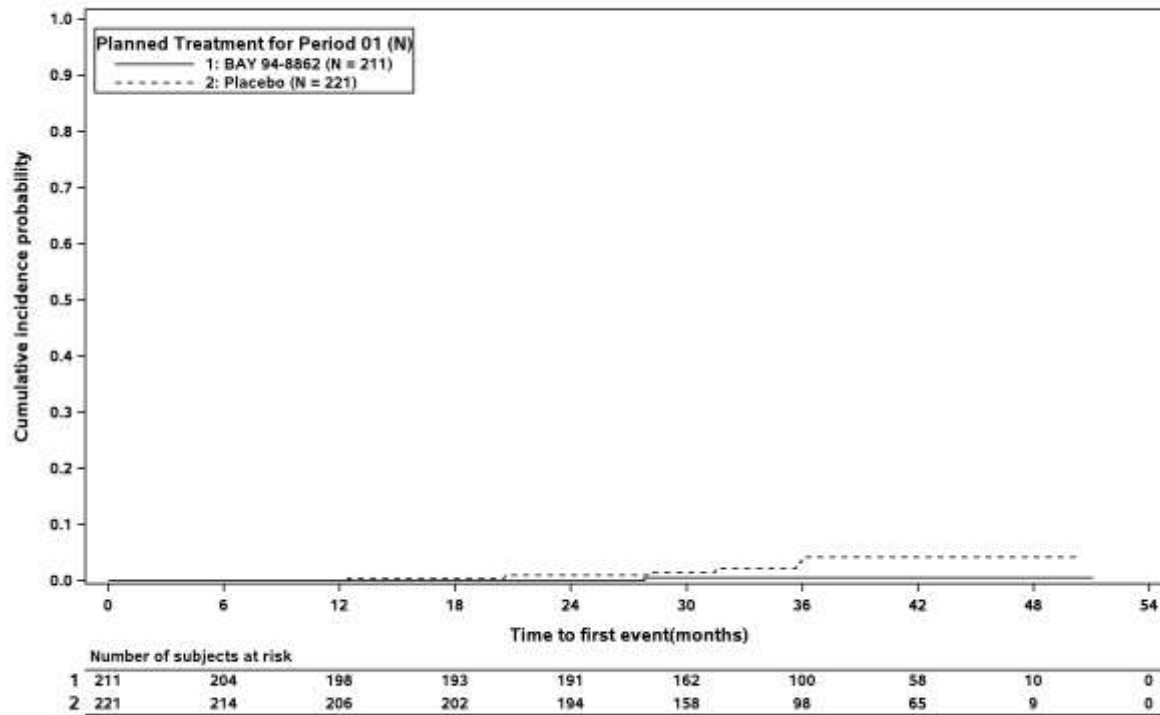


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 6: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

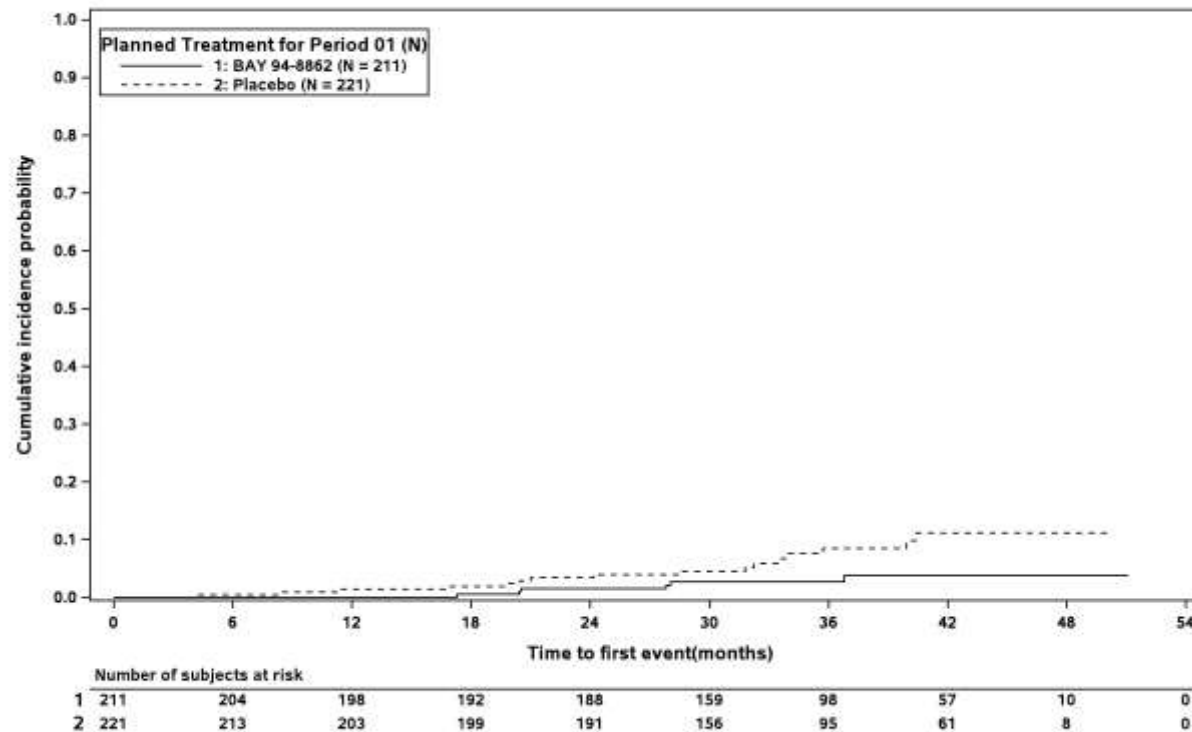


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 7: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

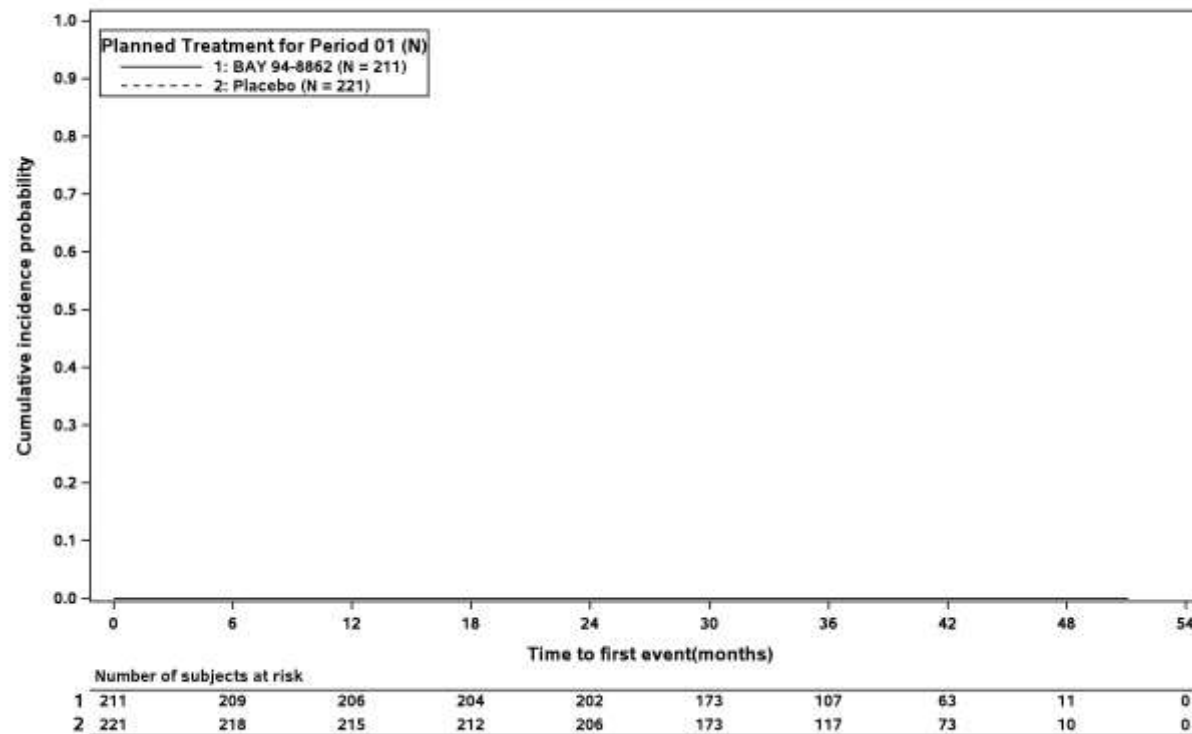


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 8: Time to renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to renal death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

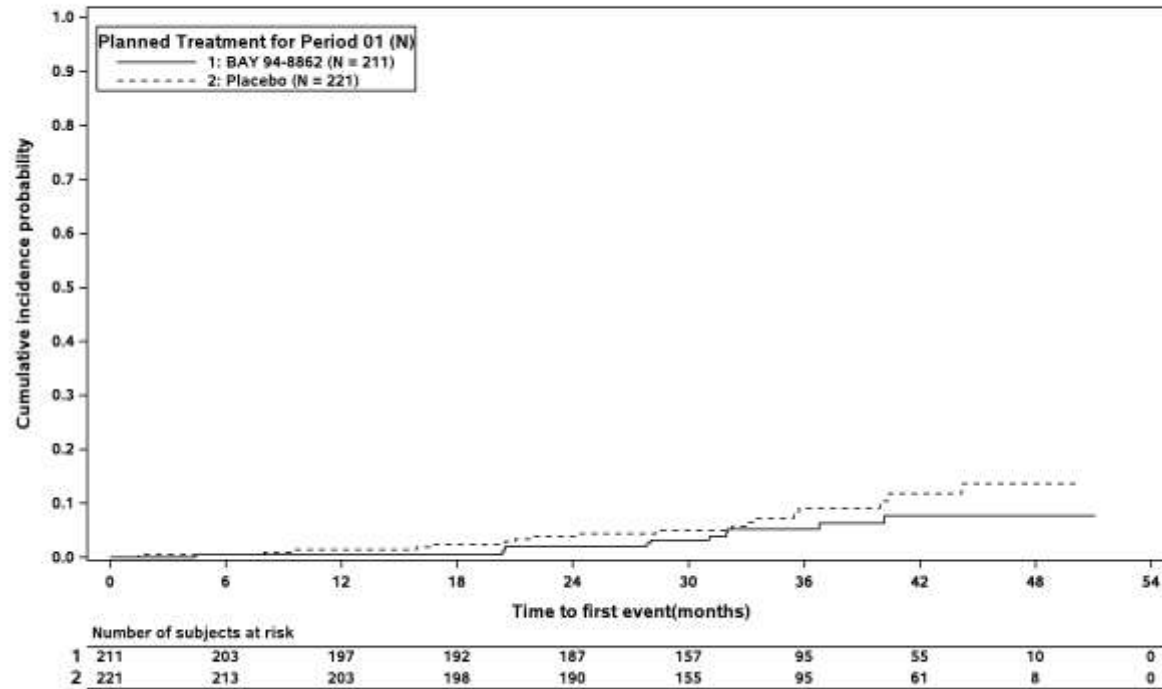


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 9: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

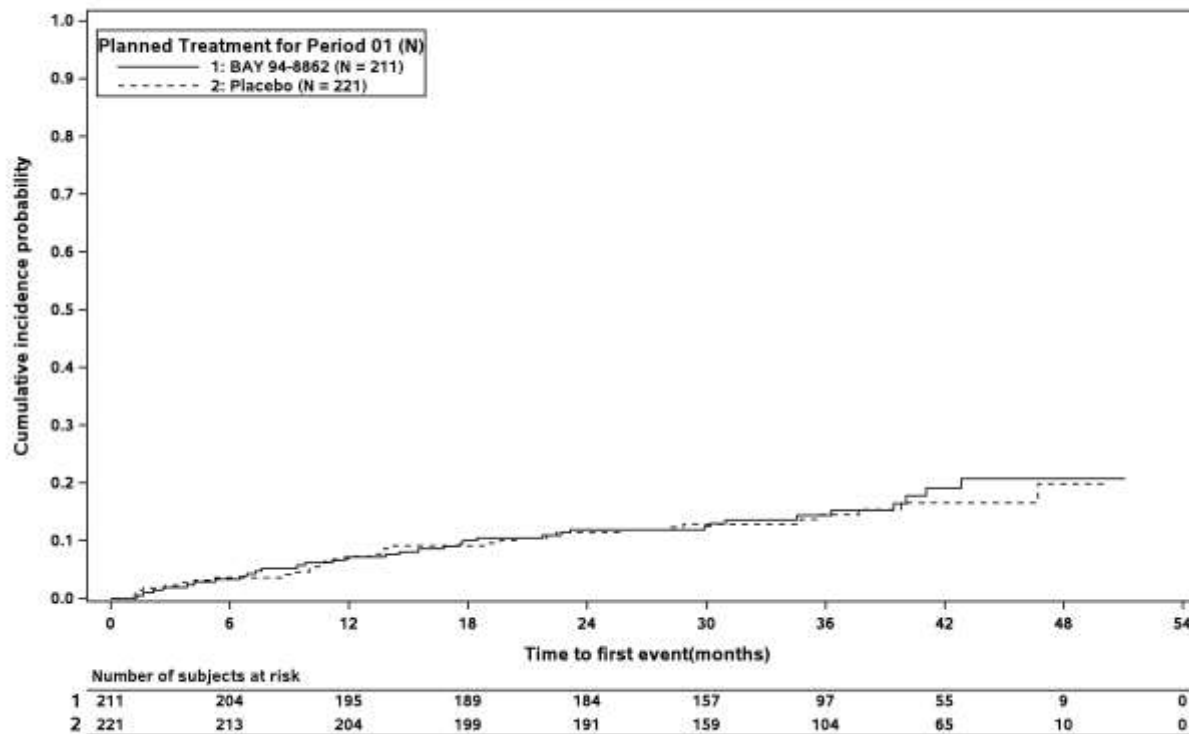


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 10: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

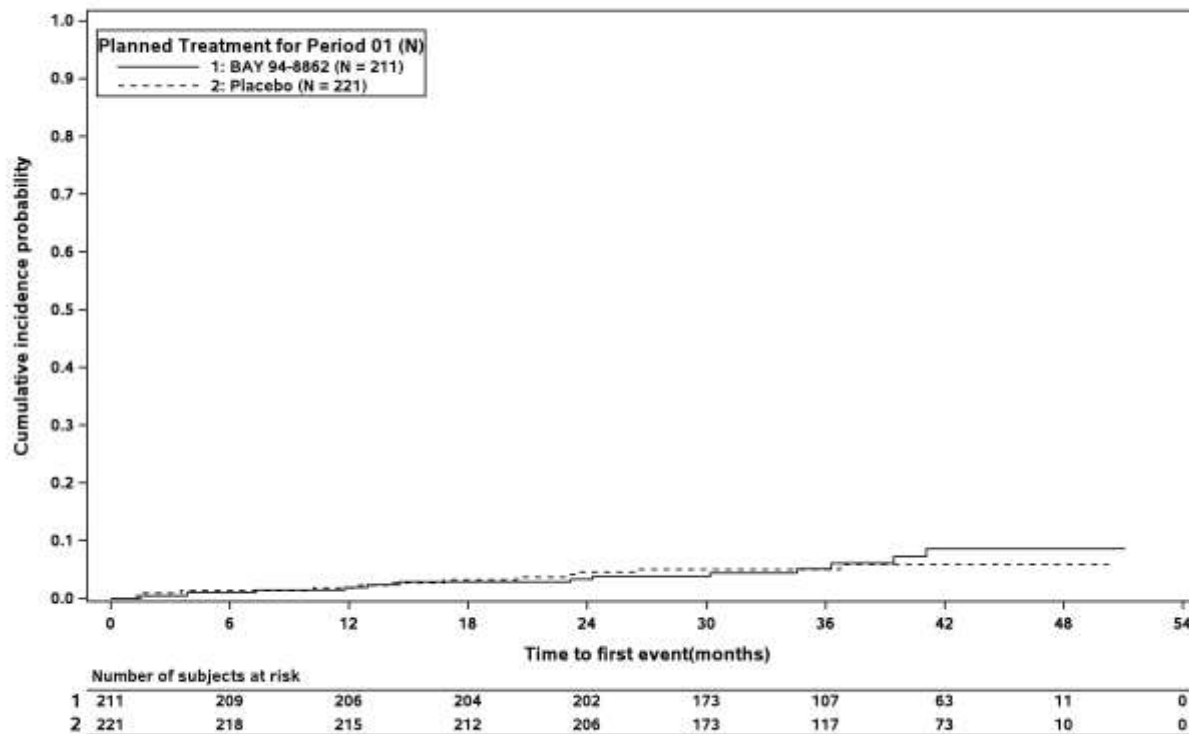


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 11: Time to CV death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to CV death (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

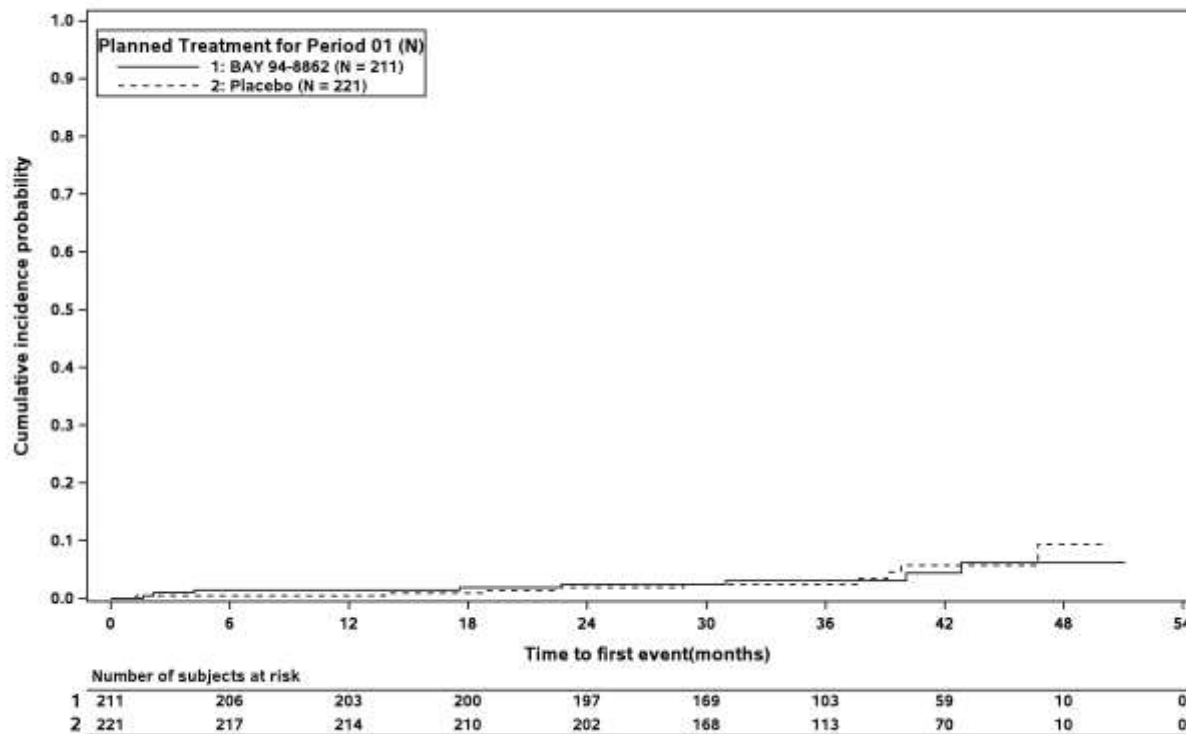


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 12: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

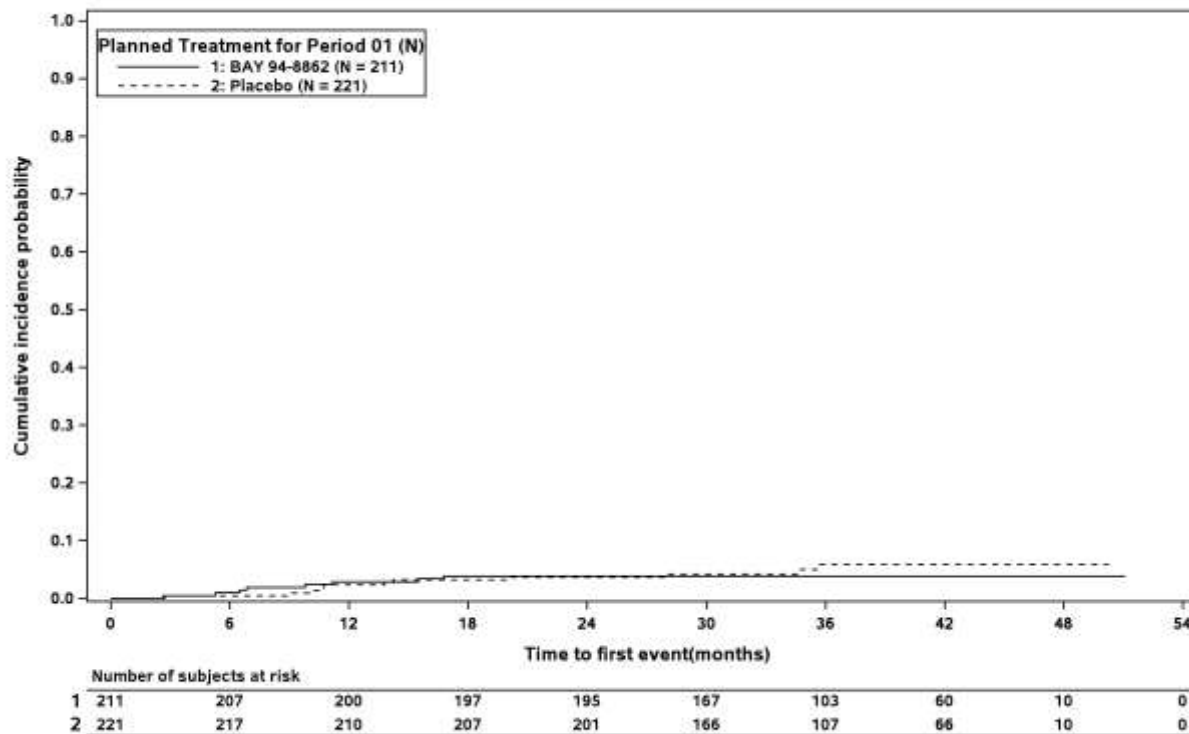


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 13: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

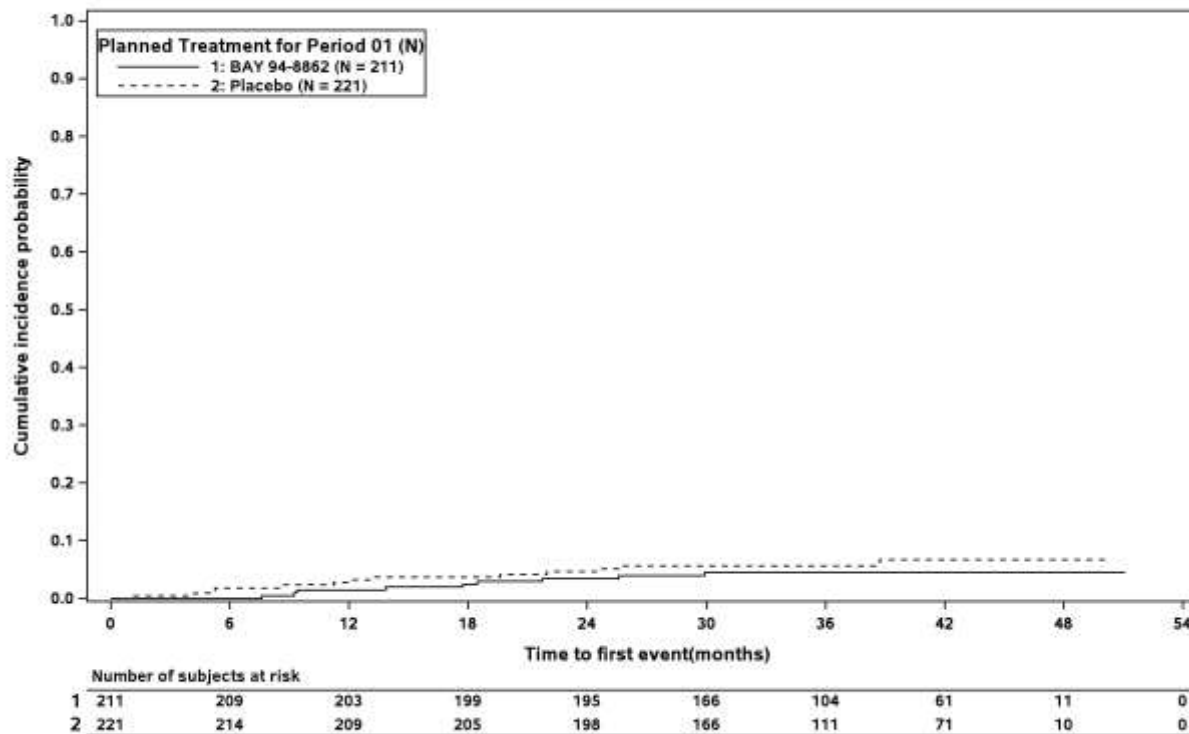


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 14: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

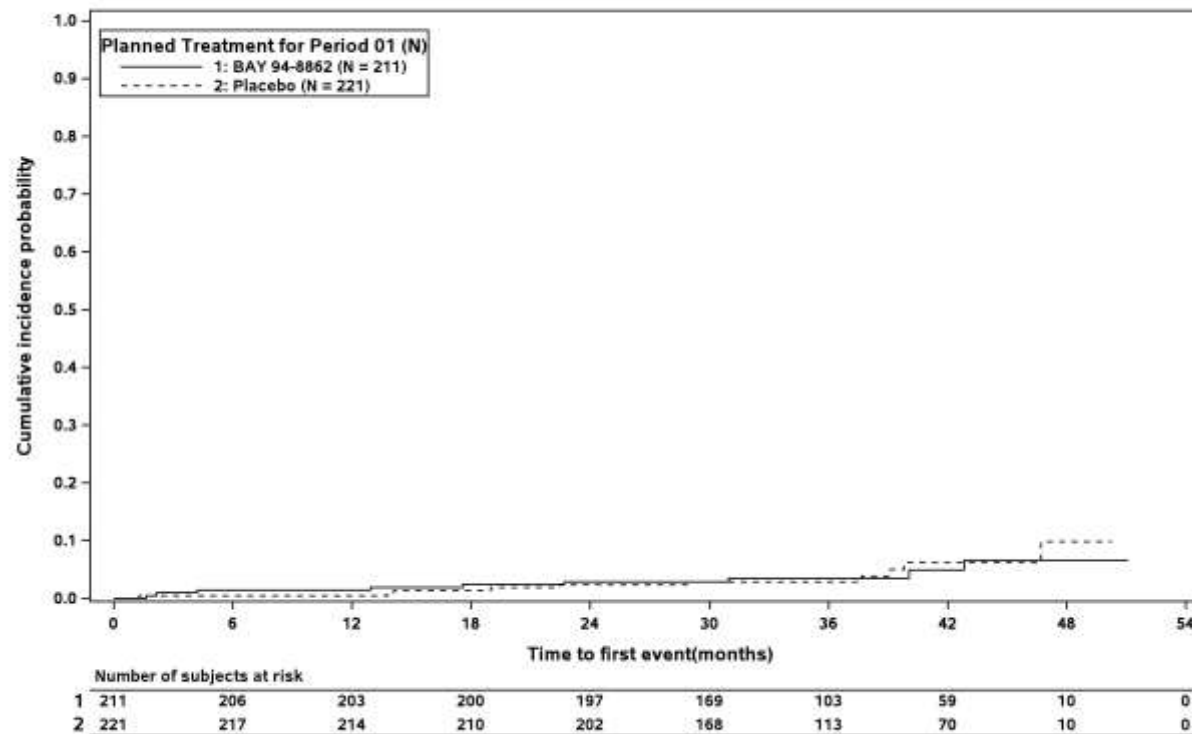


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 15: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

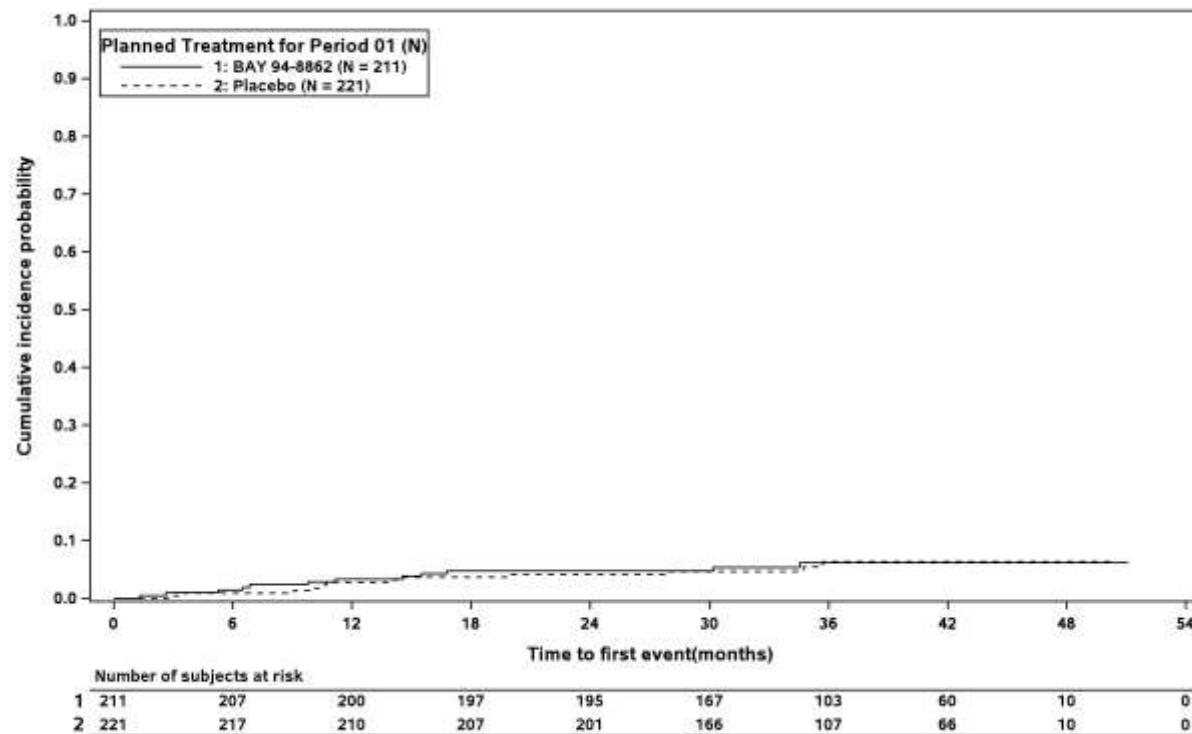


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 16: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

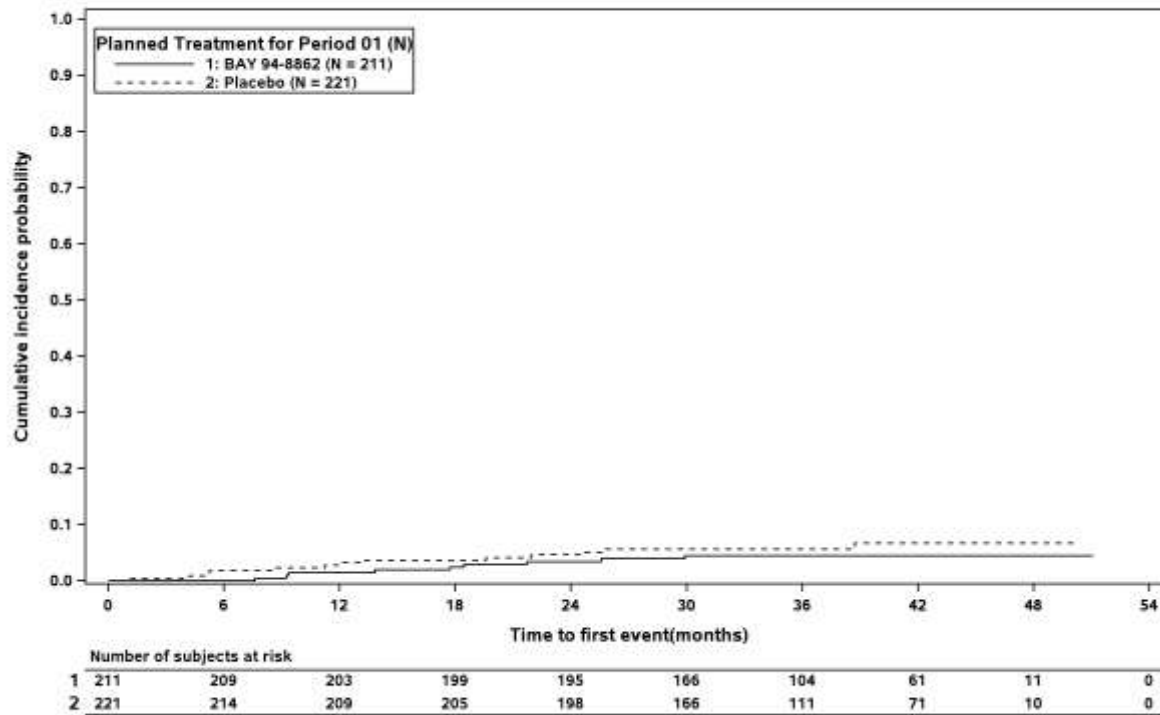


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 17: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

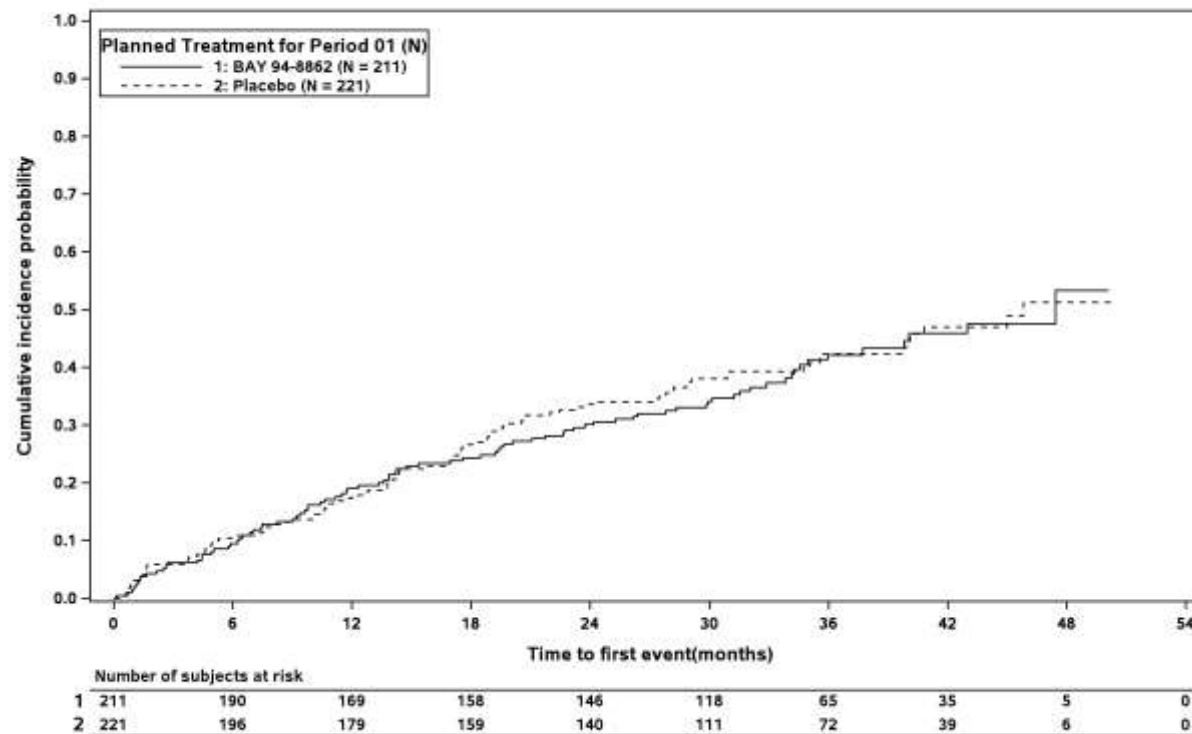


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

Figure 1.2.2 / 18: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Fidelio - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fid_s2.sas 06FEB2023 15:14

| | |
|---------------|--|
| Table B3.1.1 | EQ-5D VAS - Return Rate - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.2 | KDQoL-36 - Return Rate of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.3 | KDQoL-36 - Return Rate of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.4 | KDQoL-36 - Return Rate of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.5 | KDQoL-36 - Return Rate of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.6 | KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.7 | EQ-5D VAS - Return Rate (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.8 | KDQoL-36 - Return Rate of Physical Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.9 | KDQoL-36 - Return Rate of Mental Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.10 | KDQoL-36 - Return Rate of Burden of Kidney Disease (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.11 | KDQoL-36 - Return Rate of Symptoms and Problems (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.12 | KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.1 | EQ-5D VAS - Observed Means and Change from Baseline - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.1 | EQ-5D VAS - Time Profile Curve - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.2 | KDQoL-36 - Observed Means and Change from Baseline of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.2 | KDQoL-36 - Time Profile Curve of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.3 | KDQoL-36 - Observed Means and Change from Baseline of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.3 | KDQoL-36 - Time Profile Curve of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.4 | KDQoL-36 - Observed Means and Change from Baseline of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.4 | KDQoL-36 - Time Profile Curve of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.5 | KDQoL-36 - Observed Means and Change from Baseline of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.5 | KDQoL-36 - Time Profile Curve of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.6 | KDQoL-36 - Observed Means and Change from Baseline of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.6 | KDQoL-36 - Time Profile Curve of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.3.1 | EQ-5D VAS - Summary and MMRM of Change from Baseline |
| Table B3.3.2 | KDQoL-36 - Summary and MMRM of Change from Baseline of Physical Component Summary |
| Table B3.3.3 | KDQoL-36 - Summary and MMRM of Change from Baseline of Mental Component Summary |
| Table B3.3.4 | KDQoL-36 - Summary and MMRM of Change from Baseline of Burden of Kidney Disease |
| Table B3.3.5 | KDQoL-36 - Summary and MMRM of Change from Baseline of Symptoms and Problems |
| Table B3.3.6 | KDQoL-36 - Summary and MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life |
| Table B3.4.1 | EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Worsening of at least MID=15 |
| Table B3.4.2 | EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Improvement of at least MID=15 |
| Table B3.4.3 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 |
| Table B3.4.4 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 |
| Table B3.4.5 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 |
| Table B3.4.6 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 |
| Table B3.4.7 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 |
| Table B3.4.8 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 |
| Table B3.4.9 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 |
| Table B3.4.10 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 |
| Table B3.4.11 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 |
| Table B3.4.12 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 |

Table B3.1.1: EQ-5D VAS - Return Rate - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 207 | 211 | 98.1% | 221 | 221 | 100.0% | 428 | 432 | 99.1% |
| Baseline | 207 | 211 | 98.1% | 221 | 221 | 100.0% | 428 | 432 | 99.1% |
| Visit 5 | 193 | 211 | 91.5% | 205 | 221 | 92.8% | 398 | 432 | 92.1% |
| Visit 8 | 187 | 211 | 88.6% | 191 | 221 | 86.4% | 378 | 432 | 87.5% |
| Visit 11 | 90 | 211 | 42.7% | 91 | 221 | 41.2% | 181 | 432 | 41.9% |
| Visit 14 | 6 | 211 | 2.8% | 8 | 221 | 3.6% | 14 | 432 | 3.2% |
| Last on-treatment | 189 | 211 | 89.6% | 195 | 221 | 88.2% | 384 | 432 | 88.9% |
| Premature discontinuation | 8 | 211 | 3.8% | 12 | 221 | 5.4% | 20 | 432 | 4.6% |
| End of Study Visit | 167 | 211 | 79.1% | 174 | 221 | 78.7% | 341 | 432 | 78.9% |

Abbreviations: eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, VAS=Visual analog scale.

Table B3.1.2: KDQoL-36 - Return Rate of Physical Component Summary - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 205 | 211 | 97.2% | 219 | 221 | 99.1% | 424 | 432 | 98.1% |
| Baseline | 205 | 211 | 97.2% | 219 | 221 | 99.1% | 424 | 432 | 98.1% |
| Visit 5 | 192 | 211 | 91.0% | 203 | 221 | 91.9% | 395 | 432 | 91.4% |
| Visit 8 | 187 | 211 | 88.6% | 188 | 221 | 85.1% | 375 | 432 | 86.8% |
| Visit 11 | 90 | 211 | 42.7% | 89 | 221 | 40.3% | 179 | 432 | 41.4% |
| Visit 14 | 6 | 211 | 2.8% | 8 | 221 | 3.6% | 14 | 432 | 3.2% |
| Last on-treatment | 189 | 211 | 89.6% | 194 | 221 | 87.8% | 383 | 432 | 88.7% |
| Premature discontinuation | 8 | 211 | 3.8% | 12 | 221 | 5.4% | 20 | 432 | 4.6% |
| End of Study Visit | 167 | 211 | 79.1% | 172 | 221 | 77.8% | 339 | 432 | 78.5% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: The Physical Component Summary uses items 1 to 12 of the KDQoL-36.

Table B3.1.3: KDQoL-36 - Return Rate of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 205 | 211 | 97.2% | 219 | 221 | 99.1% | 424 | 432 | 98.1% |
| Baseline | 205 | 211 | 97.2% | 219 | 221 | 99.1% | 424 | 432 | 98.1% |
| Visit 5 | 192 | 211 | 91.0% | 203 | 221 | 91.9% | 395 | 432 | 91.4% |
| Visit 8 | 187 | 211 | 88.6% | 188 | 221 | 85.1% | 375 | 432 | 86.8% |
| Visit 11 | 90 | 211 | 42.7% | 89 | 221 | 40.3% | 179 | 432 | 41.4% |
| Visit 14 | 6 | 211 | 2.8% | 8 | 221 | 3.6% | 14 | 432 | 3.2% |
| Last on-treatment | 189 | 211 | 89.6% | 194 | 221 | 87.8% | 383 | 432 | 88.7% |
| Premature discontinuation | 8 | 211 | 3.8% | 12 | 221 | 5.4% | 20 | 432 | 4.6% |
| End of Study Visit | 167 | 211 | 79.1% | 172 | 221 | 77.8% | 339 | 432 | 78.5% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.
Note: The Mental Component Summary uses items 1 to 12 of the KDQoL-36.

Table B3.1.4: KDQoL-36 - Return Rate of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 208 | 211 | 98.6% | 221 | 221 | 100.0% | 429 | 432 | 99.3% |
| Baseline | 208 | 211 | 98.6% | 221 | 221 | 100.0% | 429 | 432 | 99.3% |
| Visit 5 | 193 | 211 | 91.5% | 205 | 221 | 92.8% | 398 | 432 | 92.1% |
| Visit 8 | 187 | 211 | 88.6% | 189 | 221 | 85.5% | 376 | 432 | 87.0% |
| Visit 11 | 90 | 211 | 42.7% | 91 | 221 | 41.2% | 181 | 432 | 41.9% |
| Visit 14 | 6 | 211 | 2.8% | 8 | 221 | 3.6% | 14 | 432 | 3.2% |
| Last on-treatment | 189 | 211 | 89.6% | 195 | 221 | 88.2% | 384 | 432 | 88.9% |
| Premature discontinuation | 7 | 211 | 3.3% | 12 | 221 | 5.4% | 19 | 432 | 4.4% |
| End of Study Visit | 168 | 211 | 79.6% | 173 | 221 | 78.3% | 341 | 432 | 78.9% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Burden of Kidney Disease uses items 13 to 16 of the KDQoL-36.

Table B3.1.5: KDQoL-36 - Return Rate of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 208 | 211 | 98.6% | 221 | 221 | 100.0% | 429 | 432 | 99.3% |
| Baseline | 208 | 211 | 98.6% | 221 | 221 | 100.0% | 429 | 432 | 99.3% |
| Visit 5 | 193 | 211 | 91.5% | 205 | 221 | 92.8% | 398 | 432 | 92.1% |
| Visit 8 | 187 | 211 | 88.6% | 190 | 221 | 86.0% | 377 | 432 | 87.3% |
| Visit 11 | 90 | 211 | 42.7% | 91 | 221 | 41.2% | 181 | 432 | 41.9% |
| Visit 14 | 6 | 211 | 2.8% | 8 | 221 | 3.6% | 14 | 432 | 3.2% |
| Last on-treatment | 189 | 211 | 89.6% | 195 | 221 | 88.2% | 384 | 432 | 88.9% |
| Premature discontinuation | 7 | 211 | 3.3% | 12 | 221 | 5.4% | 19 | 432 | 4.4% |
| End of Study Visit | 168 | 211 | 79.6% | 173 | 221 | 78.3% | 341 | 432 | 78.9% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Symptoms and Problems uses items 17 to 28 b of the KDQoL-36.

Table B3.1.6: KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 207 | 211 | 98.1% | 221 | 221 | 100.0% | 428 | 432 | 99.1% |
| Baseline | 207 | 211 | 98.1% | 221 | 221 | 100.0% | 428 | 432 | 99.1% |
| Visit 5 | 192 | 211 | 91.0% | 204 | 221 | 92.3% | 396 | 432 | 91.7% |
| Visit 8 | 187 | 211 | 88.6% | 190 | 221 | 86.0% | 377 | 432 | 87.3% |
| Visit 11 | 89 | 211 | 42.2% | 91 | 221 | 41.2% | 180 | 432 | 41.7% |
| Visit 14 | 6 | 211 | 2.8% | 8 | 221 | 3.6% | 14 | 432 | 3.2% |
| Last on-treatment | 189 | 211 | 89.6% | 195 | 221 | 88.2% | 384 | 432 | 88.9% |
| Premature discontinuation | 8 | 211 | 3.8% | 12 | 221 | 5.4% | 20 | 432 | 4.6% |
| End of Study Visit | 168 | 211 | 79.6% | 173 | 221 | 78.3% | 341 | 432 | 78.9% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQoL-36.

Table B3.1.7: EQ-5D VAS - Return Rate (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 207 | 211 | 98.1% | 221 | 221 | 100.0% | 428 | 432 | 99.1% |
| Visit 5 | 193 | 199 | 97.0% | 205 | 211 | 97.2% | 398 | 410 | 97.1% |
| Visit 8 | 187 | 194 | 96.4% | 191 | 201 | 95.0% | 378 | 395 | 95.7% |
| Visit 11 | 90 | 95 | 94.7% | 91 | 101 | 90.1% | 181 | 196 | 92.3% |
| Visit 14 | 6 | 6 | 100.0% | 8 | 8 | 100.0% | 14 | 14 | 100.0% |
| Premature discontinuation | 8 | 12 | 66.7% | 12 | 14 | 85.7% | 20 | 26 | 76.9% |
| End of Study Visit | 167 | 187 | 89.3% | 174 | 199 | 87.4% | 341 | 386 | 88.3% |

Abbreviations: eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, VAS=Visual analog scale.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.8: KDQoL-36 - Return Rate of Physical Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 205 | 211 | 97.2% | 219 | 221 | 99.1% | 424 | 432 | 98.1% |
| Visit 5 | 192 | 199 | 96.5% | 203 | 211 | 96.2% | 395 | 410 | 96.3% |
| Visit 8 | 187 | 194 | 96.4% | 188 | 201 | 93.5% | 375 | 395 | 94.9% |
| Visit 11 | 90 | 95 | 94.7% | 89 | 101 | 88.1% | 179 | 196 | 91.3% |
| Visit 14 | 6 | 6 | 100.0% | 8 | 8 | 100.0% | 14 | 14 | 100.0% |
| Premature discontinuation | 8 | 12 | 66.7% | 12 | 14 | 85.7% | 20 | 26 | 76.9% |
| End of Study Visit | 167 | 187 | 89.3% | 172 | 199 | 86.4% | 339 | 386 | 87.8% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: The Physical Component Summary uses items 1 to 12 of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.9: KDQoL-36 - Return Rate of Mental Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 205 | 211 | 97.2% | 219 | 221 | 99.1% | 424 | 432 | 98.1% |
| Visit 5 | 192 | 199 | 96.5% | 203 | 211 | 96.2% | 395 | 410 | 96.3% |
| Visit 8 | 187 | 194 | 96.4% | 188 | 201 | 93.5% | 375 | 395 | 94.9% |
| Visit 11 | 90 | 95 | 94.7% | 89 | 101 | 88.1% | 179 | 196 | 91.3% |
| Visit 14 | 6 | 6 | 100.0% | 8 | 8 | 100.0% | 14 | 14 | 100.0% |
| Premature discontinuation | 8 | 12 | 66.7% | 12 | 14 | 85.7% | 20 | 26 | 76.9% |
| End of Study Visit | 167 | 187 | 89.3% | 172 | 199 | 86.4% | 339 | 386 | 87.8% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: The Mental Component Summary uses items 1 to 12 of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.10: KDQoL-36 - Return Rate of Burden of Kidney Disease (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 208 | 211 | 98.6% | 221 | 221 | 100.0% | 429 | 432 | 99.3% |
| Visit 5 | 193 | 199 | 97.0% | 205 | 211 | 97.2% | 398 | 410 | 97.1% |
| Visit 8 | 187 | 194 | 96.4% | 189 | 201 | 94.0% | 376 | 395 | 95.2% |
| Visit 11 | 90 | 95 | 94.7% | 91 | 101 | 90.1% | 181 | 196 | 92.3% |
| Visit 14 | 6 | 6 | 100.0% | 8 | 8 | 100.0% | 14 | 14 | 100.0% |
| Premature discontinuation | 7 | 12 | 58.3% | 12 | 14 | 85.7% | 19 | 26 | 73.1% |
| End of Study Visit | 168 | 187 | 89.8% | 173 | 199 | 86.9% | 341 | 386 | 88.3% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Burden of Kidney Disease uses items 13 to 16 of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.11: KDQoL-36 - Return Rate of Symptoms and Problems (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 208 | 211 | 98.6% | 221 | 221 | 100.0% | 429 | 432 | 99.3% |
| Visit 5 | 193 | 199 | 97.0% | 205 | 211 | 97.2% | 398 | 410 | 97.1% |
| Visit 8 | 187 | 194 | 96.4% | 190 | 201 | 94.5% | 377 | 395 | 95.4% |
| Visit 11 | 90 | 95 | 94.7% | 91 | 101 | 90.1% | 181 | 196 | 92.3% |
| Visit 14 | 6 | 6 | 100.0% | 8 | 8 | 100.0% | 14 | 14 | 100.0% |
| Premature discontinuation | 7 | 12 | 58.3% | 12 | 14 | 85.7% | 19 | 26 | 73.1% |
| End of Study Visit | 168 | 187 | 89.8% | 173 | 199 | 86.9% | 341 | 386 | 88.3% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Symptoms and Problems uses items 17 to 28 b of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.12: KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 207 | 211 | 98.1% | 221 | 221 | 100.0% | 428 | 432 | 99.1% |
| Visit 5 | 192 | 199 | 96.5% | 204 | 211 | 96.7% | 396 | 410 | 96.6% |
| Visit 8 | 187 | 194 | 96.4% | 190 | 201 | 94.5% | 377 | 395 | 95.4% |
| Visit 11 | 89 | 95 | 93.7% | 91 | 101 | 90.1% | 180 | 196 | 91.8% |
| Visit 14 | 6 | 6 | 100.0% | 8 | 8 | 100.0% | 14 | 14 | 100.0% |
| Premature discontinuation | 8 | 12 | 66.7% | 12 | 14 | 85.7% | 20 | 26 | 76.9% |
| End of Study Visit | 168 | 187 | 89.8% | 173 | 199 | 86.9% | 341 | 386 | 88.3% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQoL-36.

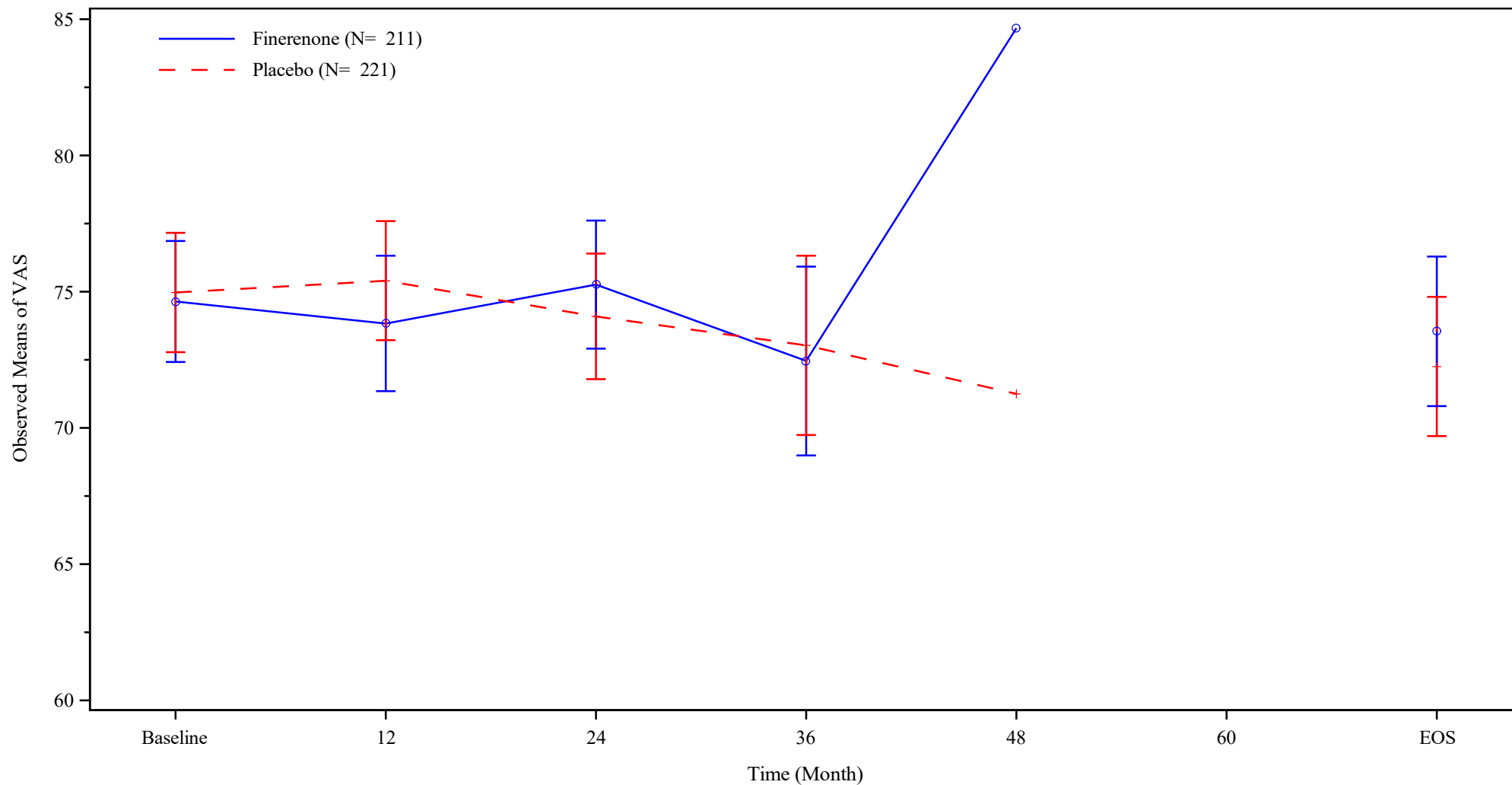
Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.2.1: EQ-5D VAS - Observed Means and Change from Baseline - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=211) | | | | | Placebo (N=221) | | | | | | | | |
|------------------------------|--------------------|----------------|-----------|--------|----------------------|-----------------|----------|--------|----------------|----------------------|--------|-------|----------|--------|
| | n | Mean(SD) | 95% CI | | Median (Min, Max) | n | Mean(SD) | 95% CI | | Median (Min, Max) | | | | |
| Observed Value | | | | | | | | | | | | | | |
| Visit 1 | 207 | 74.64 (16.19) | (72.42, | 76.86) | 80.00 | (20.0, | 100.0) | 221 | 74.97 (16.50) | (72.78, | 77.16) | 80.00 | (20.0, | 100.0) |
| Baseline | 207 | 74.64 (16.19) | (72.42, | 76.86) | 80.00 | (20.0, | 100.0) | 221 | 74.97 (16.50) | (72.78, | 77.16) | 80.00 | (20.0, | 100.0) |
| Visit 5 | 193 | 73.83 (17.51) | (71.35, | 76.32) | 80.00 | (10.0, | 100.0) | 205 | 75.40 (15.87) | (73.22, | 77.59) | 80.00 | (5.0, | 100.0) |
| Visit 8 | 187 | 75.26 (16.27) | (72.91, | 77.61) | 80.00 | (20.0, | 100.0) | 191 | 74.09 (16.15) | (71.79, | 76.40) | 75.00 | (30.0, | 100.0) |
| Visit 11 | 90 | 72.46 (16.56) | (68.99, | 75.92) | 72.50 | (20.0, | 100.0) | 91 | 73.03 (15.80) | (69.74, | 76.32) | 75.00 | (35.0, | 100.0) |
| Visit 14 | 6 | 84.67 (7.92) | (76.36, | 92.97) | 85.00 | (70.0, | 93.0) | 8 | 71.25 (12.46) | (60.83, | 81.67) | 72.50 | (55.0, | 90.0) |
| Last On-Treatment | 189 | 74.01 (16.47) | (71.65, | 76.37) | 75.00 | (20.0, | 100.0) | 195 | 73.47 (17.25) | (71.04, | 75.91) | 75.00 | (5.0, | 100.0) |
| Premature Discontinuation | 8 | 76.25 (12.17) | (66.07, | 86.43) | 80.00 | (50.0, | 90.0) | 12 | 74.58 (19.94) | (61.92, | 87.25) | 77.50 | (30.0, | 100.0) |
| End Of Study Visit | 167 | 73.54 (17.97) | (70.80, | 76.29) | 80.00 | (10.0, | 100.0) | 174 | 72.25 (17.09) | (69.70, | 74.81) | 75.00 | (20.0, | 100.0) |
| Change from Baseline | | | | | | | | | | | | | | |
| Visit 5 | 191 | -1.86 (16.39) | (-4.20, | 0.48) | 0.00 | (-90.0, | 40.0) | 205 | 0.27 (13.83) | (-1.64, | 2.17) | 0.00 | (-40.0, | 40.0) |
| Visit 8 | 185 | -0.60 (16.84) | (-3.04, | 1.84) | 0.00 | (-70.0, | 70.0) | 191 | -1.45 (14.07) | (-3.45, | 0.56) | 0.00 | (-45.0, | 40.0) |
| Visit 11 | 90 | -4.41 (15.41) | (-7.64, | -1.18) | -4.00 | (-55.0, | 35.0) | 91 | -2.82 (15.54) | (-6.06, | 0.41) | 0.00 | (-45.0, | 50.0) |
| Visit 14 | 6 | 3.33 (14.02) | (-11.38, | 18.05) | 0.00 | (-10.0, | 30.0) | 8 | -3.75 (12.17) | (-13.93, | 6.43) | -2.50 | (-20.0, | 15.0) |
| Last On-Treatment | 187 | -1.67 (16.68) | (-4.07, | 0.74) | 0.00 | (-55.0, | 50.0) | 195 | -1.97 (15.55) | (-4.17, | 0.23) | 0.00 | (-55.0, | 40.0) |
| Premature Discontinuation | 8 | -5.00 (17.53) | (-19.65, | 9.65) | -5.00 | (-35.0, | 20.0) | 12 | 5.00 (18.59) | (-6.81, | 16.81) | 0.00 | (-15.0, | 50.0) |
| End Of Study Visit | 165 | -1.58 (18.05) | (-4.35, | 1.20) | 0.00 | (-70.0, | 50.0) | 174 | -2.36 (15.51) | (-4.68, | -0.04) | 0.00 | (-65.0, | 40.0) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation, VAS=Visual analog scale.

Figure B3.2.1: EQ-5D VAS - Time Profile Curve
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, EQ-5D=EuroQOL group 5-dimension, N=number of patients, VAS=Visual analog scale.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

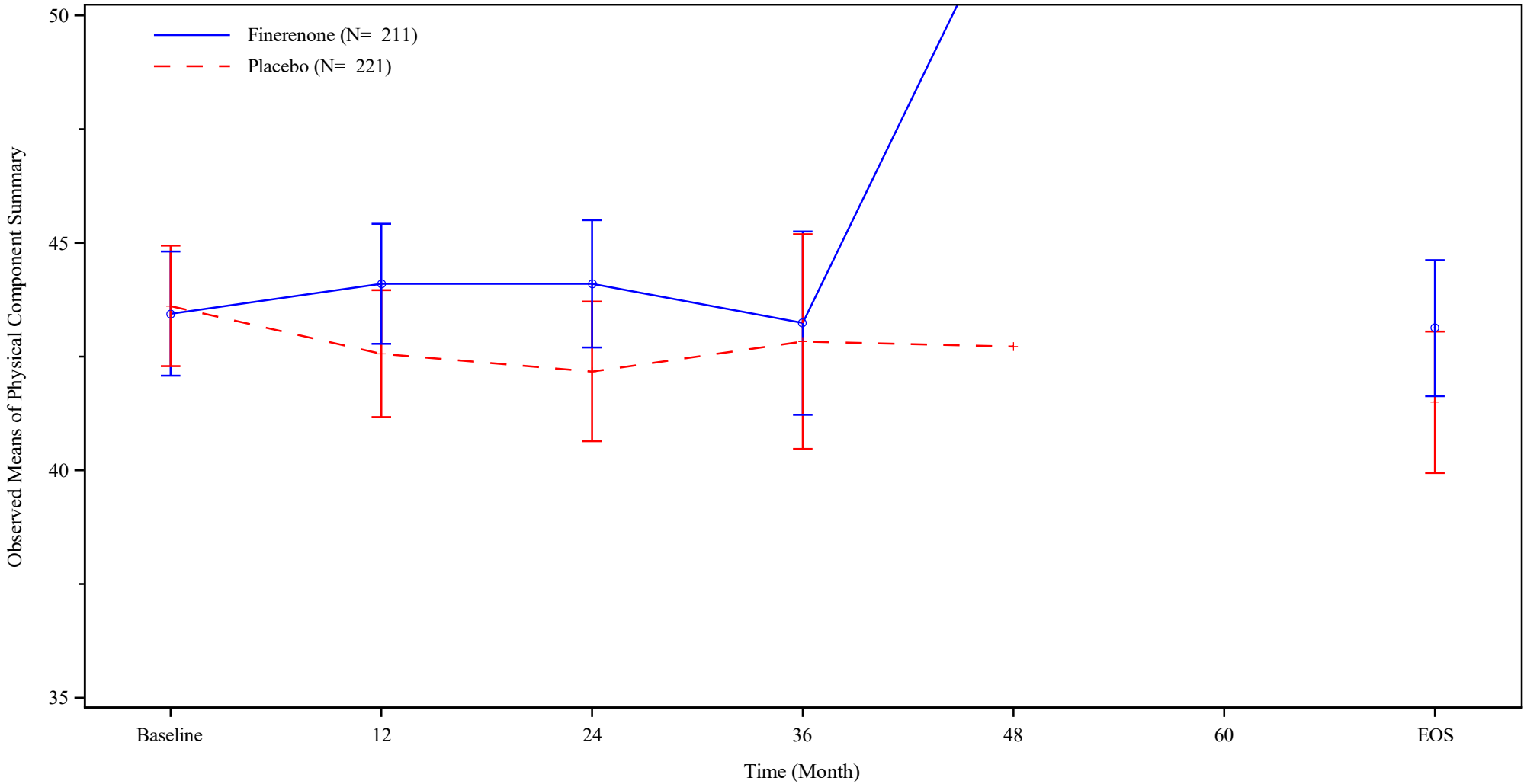
Table B3.2.2: KDQoL-36 - Observed Means and Change from Baseline of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=211) | | | | | Placebo (N=221) | | | | |
|---------------------------|--------------------|---------------|------------------|--------|----------------|-----------------|---------------|-----------------|--------|----------------|
| | n | Mean(SD) | 95% CI | Median | (Min, Max) | n | Mean(SD) | 95% CI | Median | (Min, Max) |
| Observed Value | | | | | | | | | | |
| Visit 1 | 205 | 43.44(9.92) | (42.08, 44.81) | 45.37 | (12.1, 60.9) | 219 | 43.61(9.94) | (42.29, 44.94) | 45.84 | (14.0, 60.8) |
| Baseline | 205 | 43.44(9.92) | (42.08, 44.81) | 45.37 | (12.1, 60.9) | 219 | 43.61(9.94) | (42.29, 44.94) | 45.84 | (14.0, 60.8) |
| Visit 5 | 192 | 44.10(9.26) | (42.78, 45.42) | 45.03 | (12.7, 58.9) | 203 | 42.56(10.08) | (41.17, 43.96) | 44.13 | (19.9, 64.5) |
| Visit 8 | 187 | 44.10(9.69) | (42.70, 45.50) | 44.70 | (17.4, 60.7) | 188 | 42.17(10.65) | (40.64, 43.71) | 42.69 | (18.9, 61.2) |
| Visit 11 | 90 | 43.24(9.62) | (41.22, 45.25) | 44.19 | (15.1, 59.9) | 89 | 42.83(11.20) | (40.47, 45.19) | 46.52 | (14.1, 57.8) |
| Visit 14 | 6 | 52.77(3.11) | (49.50, 56.04) | 52.83 | (48.5, 56.9) | 8 | 42.72(9.32) | (34.92, 50.51) | 44.65 | (25.5, 52.7) |
| Last On-Treatment | 189 | 43.75(9.69) | (42.36, 45.14) | 43.80 | (18.2, 62.3) | 194 | 42.21(10.43) | (40.73, 43.68) | 43.64 | (11.7, 61.2) |
| Premature Discontinuation | 8 | 41.98(11.15) | (32.66, 51.30) | 39.98 | (23.0, 58.9) | 12 | 40.24(11.67) | (32.83, 47.66) | 41.18 | (21.9, 55.7) |
| End Of Study Visit | 167 | 43.13(9.77) | (41.63, 44.62) | 42.33 | (20.5, 62.3) | 172 | 41.50(10.34) | (39.94, 43.05) | 42.26 | (11.7, 60.3) |
| Change from Baseline | | | | | | | | | | |
| Visit 5 | 189 | 0.28(7.91) | (-0.85, 1.42) | 0.00 | (-26.8, 25.8) | 201 | -1.17(7.84) | (-2.26, -0.07) | -0.65 | (-23.4, 25.5) |
| Visit 8 | 184 | 0.04(9.13) | (-1.29, 1.37) | 0.50 | (-29.8, 24.2) | 186 | -1.86(9.23) | (-3.19, -0.52) | -0.64 | (-28.1, 20.4) |
| Visit 11 | 89 | -2.42(9.74) | (-4.48, -0.37) | -1.48 | (-34.6, 17.4) | 88 | -2.01(10.72) | (-4.28, 0.26) | -0.25 | (-31.4, 20.7) |
| Visit 14 | 6 | 7.30(8.64) | (-1.76, 16.37) | 5.00 | (-0.5, 22.2) | 8 | -3.42(8.25) | (-10.32, 3.48) | -1.55 | (-16.0, 7.8) |
| Last On-Treatment | 186 | -0.21(9.49) | (-1.58, 1.16) | 0.15 | (-34.6, 25.8) | 192 | -1.72(9.74) | (-3.11, -0.34) | -0.59 | (-35.4, 20.8) |
| Premature Discontinuation | 7 | -2.96(14.02) | (-15.93, 10.00) | 0.94 | (-34.0, 7.7) | 12 | -3.16(4.67) | (-6.13, -0.19) | -1.54 | (-15.1, 1.3) |
| End Of Study Visit | 165 | -0.71(10.31) | (-2.29, 0.88) | -0.05 | (-32.3, 31.2) | 170 | -2.05(10.10) | (-3.58, -0.52) | -0.72 | (-35.4, 20.8) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: The Physical Component Summary uses items 1 to 12 of the KDQoL-36.

Figure B3.2.2: KDQoL-36 - Time Profile Curve of Physical Component Summary
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

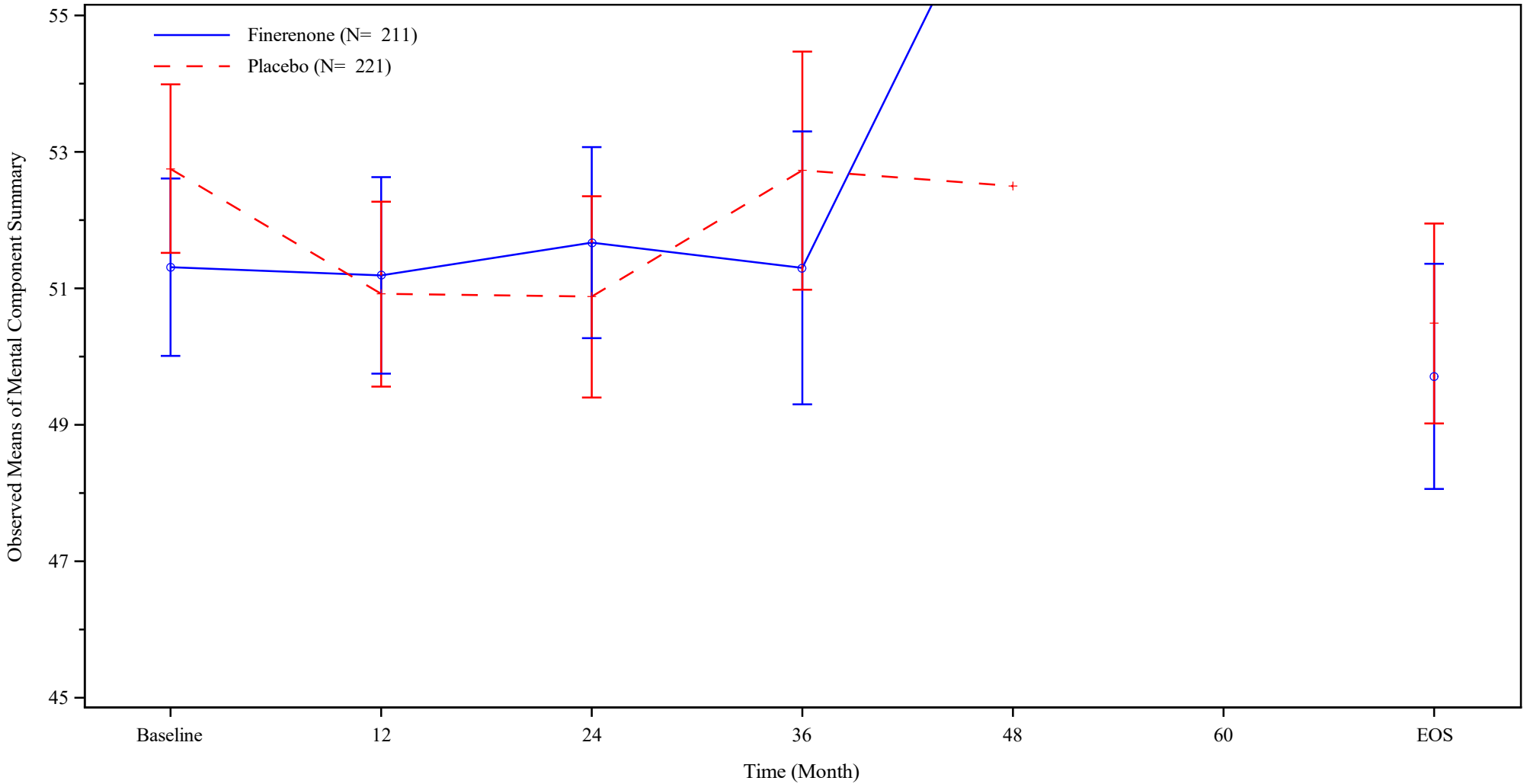
Table B3.2.3: KDQoL-36 - Observed Means and Change from Baseline of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=211) | | | | | Placebo (N=221) | | | | |
|---------------------------|--------------------|---------------|-----------------|--------|----------------|-----------------|---------------|-----------------|--------|----------------|
| | n | Mean(SD) | 95% CI | Median | (Min, Max) | n | Mean(SD) | 95% CI | Median | (Min, Max) |
| Observed Value | | | | | | | | | | |
| Visit 1 | 205 | 51.31(9.44) | (50.01, 52.61) | 54.33 | (16.1, 65.2) | 219 | 52.75(9.26) | (51.52, 53.99) | 55.04 | (18.0, 67.0) |
| Baseline | 205 | 51.31(9.44) | (50.01, 52.61) | 54.33 | (16.1, 65.2) | 219 | 52.75(9.26) | (51.52, 53.99) | 55.04 | (18.0, 67.0) |
| Visit 5 | 192 | 51.19(10.12) | (49.75, 52.63) | 53.87 | (22.8, 65.8) | 203 | 50.92(9.80) | (49.56, 52.27) | 54.08 | (25.0, 67.3) |
| Visit 8 | 187 | 51.67(9.68) | (50.27, 53.07) | 54.77 | (25.9, 70.4) | 188 | 50.88(10.26) | (49.40, 52.35) | 54.16 | (19.1, 68.5) |
| Visit 11 | 90 | 51.30(9.55) | (49.30, 53.30) | 54.48 | (24.4, 64.1) | 89 | 52.73(8.28) | (50.98, 54.47) | 54.65 | (25.0, 65.2) |
| Visit 14 | 6 | 57.57(4.41) | (52.93, 62.20) | 59.66 | (51.1, 61.2) | 8 | 52.50(10.78) | (43.48, 61.51) | 53.44 | (31.5, 63.8) |
| Last On-Treatment | 189 | 50.12(10.61) | (48.60, 51.64) | 53.73 | (25.8, 68.1) | 194 | 50.57(9.54) | (49.22, 51.92) | 52.92 | (21.3, 67.2) |
| Premature Discontinuation | 8 | 48.82(7.34) | (42.68, 54.96) | 45.84 | (40.5, 58.9) | 12 | 46.01(9.52) | (39.96, 52.06) | 48.34 | (29.7, 58.5) |
| End Of Study Visit | 167 | 49.71(10.79) | (48.06, 51.36) | 52.40 | (25.4, 68.1) | 172 | 50.49(9.72) | (49.02, 51.95) | 52.79 | (24.1, 70.5) |
| Change from Baseline | | | | | | | | | | |
| Visit 5 | 189 | -0.21(10.04) | (-1.65, 1.23) | 0.00 | (-32.5, 28.0) | 201 | -2.13(8.96) | (-3.38, -0.89) | -0.56 | (-36.1, 19.6) |
| Visit 8 | 184 | 0.25(9.47) | (-1.13, 1.63) | -0.08 | (-26.8, 39.9) | 186 | -2.24(9.59) | (-3.63, -0.85) | -1.52 | (-32.0, 29.2) |
| Visit 11 | 89 | -0.32(11.27) | (-2.69, 2.06) | 0.00 | (-33.3, 32.8) | 88 | -1.50(8.47) | (-3.29, 0.30) | -0.16 | (-23.6, 18.6) |
| Visit 14 | 6 | -1.59(6.04) | (-7.92, 4.75) | -2.83 | (-8.8, 9.2) | 8 | -0.15(8.84) | (-7.54, 7.24) | 1.04 | (-13.3, 12.9) |
| Last On-Treatment | 186 | -1.46(11.03) | (-3.06, 0.13) | -0.05 | (-31.0, 37.7) | 192 | -2.38(9.47) | (-3.73, -1.03) | -1.68 | (-34.8, 28.7) |
| Premature Discontinuation | 7 | -1.16(5.87) | (-6.59, 4.26) | -1.82 | (-8.2, 8.3) | 12 | -2.61(10.93) | (-9.55, 4.34) | -1.99 | (-24.7, 19.6) |
| End Of Study Visit | 165 | -1.98(11.95) | (-3.81, -0.14) | -0.26 | (-31.0, 37.7) | 170 | -2.40(9.75) | (-3.88, -0.93) | -1.57 | (-28.9, 28.7) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: The Mental Component Summary uses items 1 to 12 of the KDQoL-36.

Figure B3.2.3: KDQoL-36 - Time Profile Curve of Mental Component Summary
Full Analysis Set - Screening eGFR ≥ 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

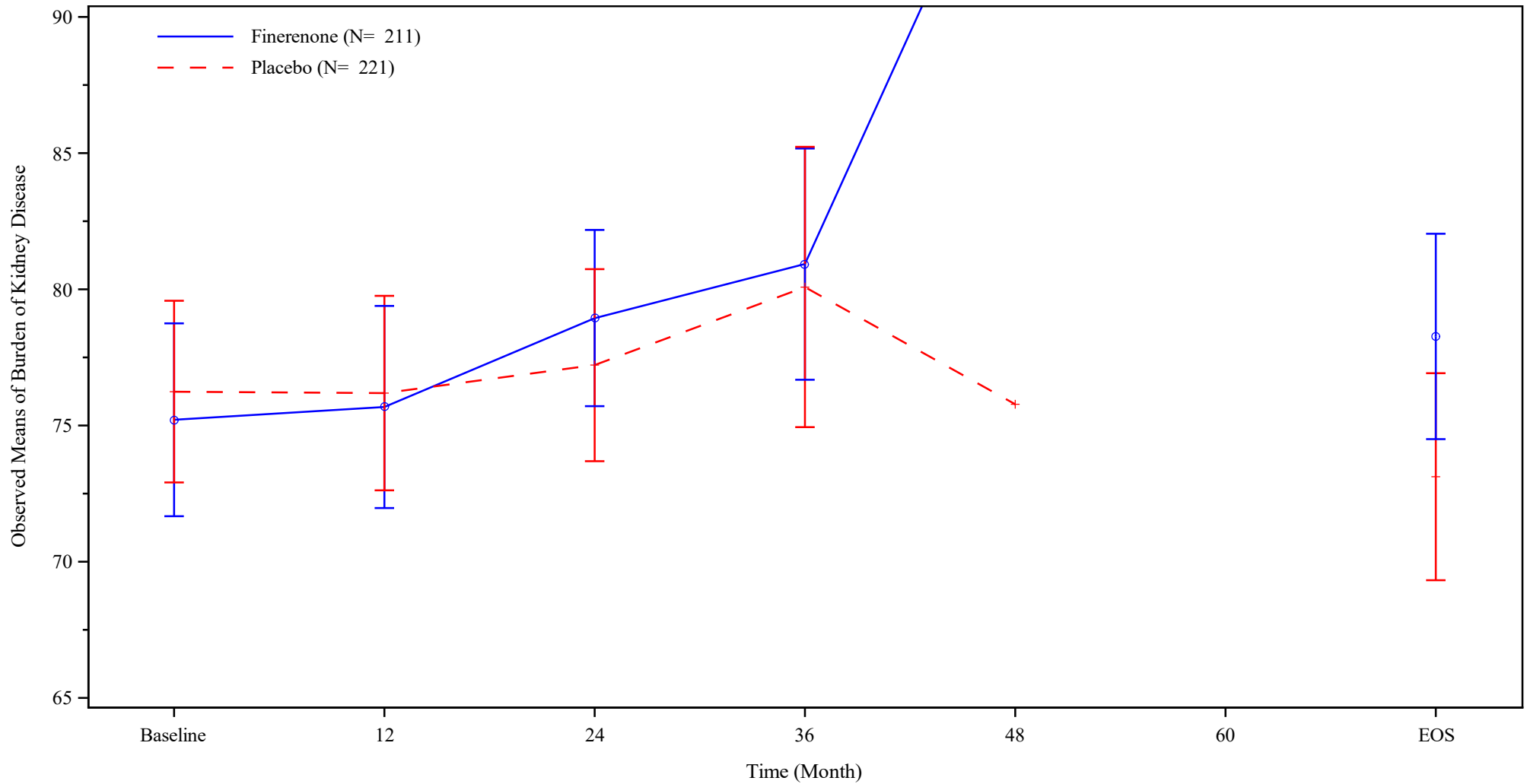
Table B3.2.4: KDQoL-36 - Observed Means and Change from Baseline of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=211) | | | | | Placebo (N=221) | | | | | | | | |
|------------------------------|--------------------|----------------|-----------|---------|----------------------|-----------------|----------|--------|----------------|----------------------|--------|-------|----------|--------|
| | n | Mean(SD) | 95% CI | | Median (Min, Max) | n | Mean(SD) | 95% CI | | Median (Min, Max) | | | | |
| Observed Value | | | | | | | | | | | | | | |
| Visit 1 | 208 | 75.21(25.87) | (71.67, | 78.75) | 81.25 | (6.3, | 100.0) | 221 | 76.24(25.13) | (72.91, | 79.58) | 81.25 | (0.0, | 100.0) |
| Baseline | 208 | 75.21(25.87) | (71.67, | 78.75) | 81.25 | (6.3, | 100.0) | 221 | 76.24(25.13) | (72.91, | 79.58) | 81.25 | (0.0, | 100.0) |
| Visit 5 | 193 | 75.68(26.16) | (71.97, | 79.39) | 81.25 | (0.0, | 100.0) | 205 | 76.19(25.92) | (72.62, | 79.76) | 81.25 | (0.0, | 100.0) |
| Visit 8 | 187 | 78.94(22.45) | (75.71, | 82.18) | 87.50 | (12.5, | 100.0) | 189 | 77.22(24.58) | (73.69, | 80.74) | 87.50 | (0.0, | 100.0) |
| Visit 11 | 90 | 80.93(20.29) | (76.68, | 85.17) | 84.38 | (25.0, | 100.0) | 91 | 80.08(24.70) | (74.94, | 85.23) | 87.50 | (0.0, | 100.0) |
| Visit 14 | 6 | 97.92(5.10) | (92.56, | 103.27) | 100.00 | (87.5, | 100.0) | 8 | 75.78(21.51) | (57.80, | 93.76) | 84.38 | (37.5, | 100.0) |
| Last On-Treatment | 189 | 76.59(26.23) | (72.82, | 80.35) | 87.50 | (6.3, | 100.0) | 195 | 73.72(25.89) | (70.06, | 77.38) | 75.00 | (0.0, | 100.0) |
| Premature Discontinuation | 7 | 67.86(24.85) | (44.87, | 90.84) | 75.00 | (18.8, | 93.8) | 12 | 60.42(26.96) | (43.29, | 77.55) | 56.25 | (25.0, | 100.0) |
| End Of Study Visit | 168 | 78.27(24.76) | (74.50, | 82.04) | 87.50 | (6.3, | 100.0) | 173 | 73.12(25.34) | (69.32, | 76.92) | 75.00 | (0.0, | 100.0) |
| Change from Baseline | | | | | | | | | | | | | | |
| Visit 5 | 191 | 0.46(22.78) | (-2.79, | 3.71) | 0.00 | (-100.0, | 75.0) | 205 | -0.06(22.81) | (-3.20, | 3.08) | 0.00 | (-75.0, | 68.8) |
| Visit 8 | 185 | 3.61(22.78) | (0.31, | 6.92) | 0.00 | (-50.0, | 87.5) | 189 | 1.26(25.50) | (-2.40, | 4.91) | 0.00 | (-75.0, | 81.3) |
| Visit 11 | 90 | 1.34(28.42) | (-4.61, | 7.29) | 0.00 | (-75.0, | 87.5) | 91 | 0.96(23.53) | (-3.94, | 5.86) | 0.00 | (-81.3, | 68.8) |
| Visit 14 | 6 | 19.79(34.10) | (-15.99, | 55.58) | 6.25 | (0.0, | 87.5) | 8 | 0.78(13.95) | (-10.88, | 12.44) | 0.00 | (-18.8, | 25.0) |
| Last On-Treatment | 187 | 1.34(26.59) | (-2.50, | 5.17) | 0.00 | (-93.8, | 87.5) | 195 | -2.98(25.17) | (-6.54, | 0.57) | 0.00 | (-100.0, | 75.0) |
| Premature Discontinuation | 7 | -10.71(10.65) | (-20.57, | -0.86) | -6.25 | (-25.0, | 0.0) | 12 | -10.94(23.86) | (-26.09, | 4.22) | -6.25 | (-56.3, | 18.8) |
| End Of Study Visit | 166 | 2.45(28.44) | (-1.91, | 6.81) | 0.00 | (-93.8, | 93.8) | 173 | -4.34(25.05) | (-8.09, | -0.58) | 0.00 | (-100.0, | 68.8) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: Burden of Kidney Disease uses items 13 to 16 of the KDQoL-36.

Figure B3.2.4: KDQoL-36 - Time Profile Curve of Burden of Kidney Disease
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

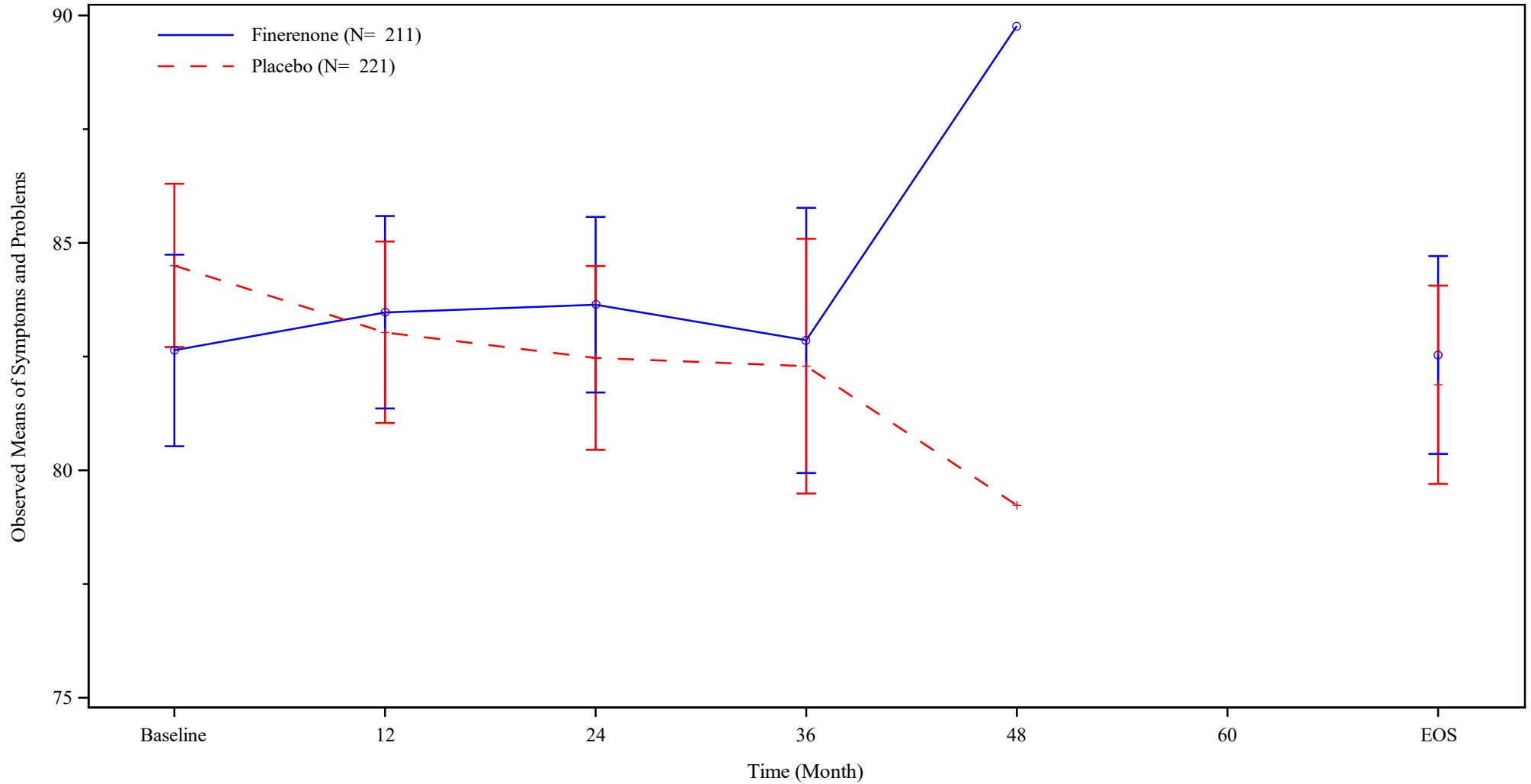
Table B3.2.5: KDQoL-36 - Observed Means and Change from Baseline of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=211) | | | | | Placebo (N=221) | | | | | | | | |
|------------------------------|--------------------|----------------|-----------|---------|----------------------|-----------------|----------|--------|----------------|----------------------|--------|-------|----------|--------|
| | n | Mean(SD) | 95% CI | | Median (Min, Max) | n | Mean(SD) | 95% CI | | Median (Min, Max) | | | | |
| Observed Value | | | | | | | | | | | | | | |
| Visit 1 | 208 | 82.64 (15.40) | (80.53, | 84.74) | 86.36 | (11.4, | 100.0) | 221 | 84.50 (13.57) | (82.71, | 86.30) | 88.64 | (36.4, | 100.0) |
| Baseline | 208 | 82.64 (15.40) | (80.53, | 84.74) | 86.36 | (11.4, | 100.0) | 221 | 84.50 (13.57) | (82.71, | 86.30) | 88.64 | (36.4, | 100.0) |
| Visit 5 | 193 | 83.47 (14.90) | (81.36, | 85.59) | 86.36 | (9.1, | 100.0) | 205 | 83.03 (14.47) | (81.04, | 85.03) | 86.36 | (13.6, | 100.0) |
| Visit 8 | 187 | 83.64 (13.39) | (81.71, | 85.57) | 86.36 | (34.1, | 100.0) | 190 | 82.47 (14.13) | (80.45, | 84.49) | 86.36 | (29.5, | 100.0) |
| Visit 11 | 90 | 82.86 (13.91) | (79.94, | 85.77) | 85.23 | (25.0, | 100.0) | 91 | 82.29 (13.44) | (79.49, | 85.09) | 84.09 | (38.6, | 100.0) |
| Visit 14 | 6 | 89.77 (9.93) | (79.35, | 100.20) | 93.18 | (72.7, | 100.0) | 8 | 79.23 (14.21) | (67.35, | 91.11) | 84.09 | (47.5, | 90.9) |
| Last On-Treatment | 189 | 83.52 (14.31) | (81.46, | 85.57) | 86.36 | (34.1, | 100.0) | 195 | 82.44 (13.74) | (80.50, | 84.38) | 84.09 | (29.5, | 100.0) |
| Premature Discontinuation | 7 | 84.09 (10.41) | (74.46, | 93.72) | 88.64 | (68.2, | 95.5) | 12 | 80.68 (9.95) | (74.36, | 87.01) | 82.95 | (61.4, | 95.5) |
| End Of Study Visit | 168 | 82.54 (14.27) | (80.36, | 84.71) | 84.09 | (38.6, | 100.0) | 173 | 81.88 (14.53) | (79.70, | 84.06) | 84.09 | (29.5, | 100.0) |
| Change from Baseline | | | | | | | | | | | | | | |
| Visit 5 | 191 | 0.48 (9.27) | (-0.84, | 1.80) | 0.00 | (-29.5, | 40.9) | 205 | -1.19 (12.24) | (-2.88, | 0.49) | 0.00 | (-86.4, | 36.4) |
| Visit 8 | 185 | 0.88 (12.06) | (-0.87, | 2.63) | 0.00 | (-31.8, | 70.5) | 190 | -1.89 (11.66) | (-3.56, | -0.22) | 0.00 | (-65.9, | 29.5) |
| Visit 11 | 90 | -1.64 (14.76) | (-4.73, | 1.45) | -2.27 | (-36.4, | 65.9) | 91 | -3.18 (11.16) | (-5.50, | -0.85) | -2.27 | (-29.5, | 29.5) |
| Visit 14 | 6 | 2.65 (8.31) | (-6.07, | 11.37) | 2.27 | (-6.8, | 15.9) | 8 | -6.85 (12.02) | (-16.90, | 3.20) | -4.55 | (-27.5, | 9.1) |
| Last On-Treatment | 187 | 0.53 (14.03) | (-1.50, | 2.55) | 0.00 | (-36.4, | 70.5) | 195 | -2.16 (11.98) | (-3.85, | -0.47) | 0.00 | (-45.5, | 36.4) |
| Premature Discontinuation | 7 | -4.22 (10.28) | (-13.73, | 5.29) | -2.27 | (-22.7, | 11.4) | 12 | 0.57 (15.75) | (-9.44, | 10.58) | -2.27 | (-15.9, | 36.4) |
| End Of Study Visit | 166 | 0.03 (15.22) | (-2.30, | 2.36) | 0.00 | (-36.4, | 65.9) | 173 | -2.45 (13.04) | (-4.41, | -0.50) | 0.00 | (-45.5, | 47.7) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: Symptoms and Problems uses items 17 to 28 b of the KDQoL-36.

Figure B3.2.5: KDQoL-36 - Time Profile Curve of Symptoms and Problems
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

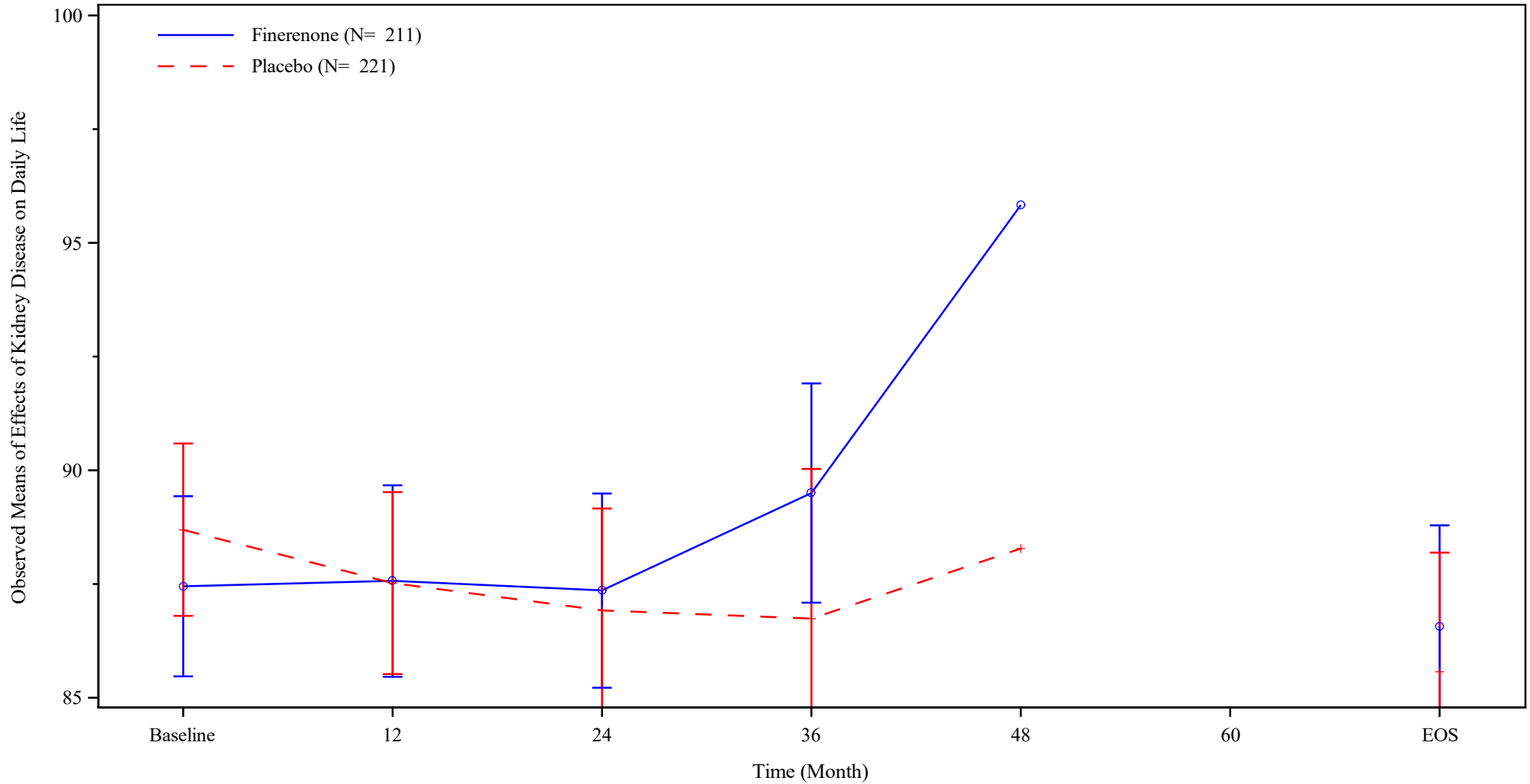
Table B3.2.6: KDQoL-36 - Observed Means and Change from Baseline of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=211) | | | | | Placebo (N=221) | | | | |
|---------------------------|--------------------|---------------|------------------|--------|----------------|-----------------|---------------|-----------------|--------|----------------|
| | n | Mean(SD) | 95% CI | Median | (Min, Max) | n | Mean(SD) | 95% CI | Median | (Min, Max) |
| Observed Value | | | | | | | | | | |
| Visit 1 | 207 | 87.45(14.47) | (85.47, 89.43) | 93.75 | (3.1, 100.0) | 221 | 88.69(14.31) | (86.80, 90.59) | 93.75 | (31.3, 100.0) |
| Baseline | 207 | 87.45(14.47) | (85.47, 89.43) | 93.75 | (3.1, 100.0) | 221 | 88.69(14.31) | (86.80, 90.59) | 93.75 | (31.3, 100.0) |
| Visit 5 | 192 | 87.57(14.79) | (85.46, 89.67) | 93.75 | (34.4, 100.0) | 204 | 87.52(14.51) | (85.52, 89.52) | 93.75 | (37.5, 100.0) |
| Visit 8 | 187 | 87.36(14.78) | (85.22, 89.49) | 93.75 | (25.0, 100.0) | 190 | 86.92(15.66) | (84.68, 89.16) | 93.75 | (0.0, 100.0) |
| Visit 11 | 89 | 89.50(11.44) | (87.09, 91.91) | 93.75 | (46.9, 100.0) | 91 | 86.74(15.76) | (83.46, 90.03) | 93.75 | (28.1, 100.0) |
| Visit 14 | 6 | 95.83(5.10) | (90.48, 101.19) | 96.88 | (87.5, 100.0) | 8 | 88.28(11.78) | (78.43, 98.13) | 90.63 | (75.0, 100.0) |
| Last On-Treatment | 189 | 86.45(15.09) | (84.28, 88.61) | 90.63 | (37.5, 100.0) | 195 | 85.50(16.21) | (83.21, 87.79) | 90.63 | (34.4, 100.0) |
| Premature Discontinuation | 8 | 92.58(11.07) | (83.32, 101.83) | 96.88 | (68.8, 100.0) | 12 | 84.11(19.01) | (72.04, 96.19) | 89.06 | (40.6, 100.0) |
| End Of Study Visit | 168 | 86.56(14.68) | (84.32, 88.79) | 90.63 | (43.8, 100.0) | 173 | 85.57(17.47) | (82.95, 88.19) | 90.63 | (0.0, 100.0) |
| Change from Baseline | | | | | | | | | | |
| Visit 5 | 190 | 0.07(10.74) | (-1.47, 1.60) | 0.00 | (-46.9, 43.8) | 204 | -1.37(11.74) | (-2.99, 0.25) | 0.00 | (-46.9, 46.9) |
| Visit 8 | 185 | -0.31(13.21) | (-2.22, 1.61) | 0.00 | (-68.8, 75.0) | 190 | -2.21(12.63) | (-4.02, -0.40) | 0.00 | (-59.4, 37.5) |
| Visit 11 | 89 | -0.37(11.65) | (-2.83, 2.08) | 0.00 | (-34.4, 37.5) | 91 | -4.57(12.94) | (-7.26, -1.87) | 0.00 | (-65.6, 25.0) |
| Visit 14 | 6 | 0.52(4.15) | (-3.84, 4.88) | 0.00 | (-6.3, 6.3) | 8 | -5.08(13.77) | (-16.59, 6.43) | -3.13 | (-21.9, 12.5) |
| Last On-Treatment | 187 | -0.91(13.30) | (-2.83, 1.01) | 0.00 | (-37.5, 75.0) | 195 | -3.57(13.66) | (-5.50, -1.64) | 0.00 | (-50.0, 37.5) |
| Premature Discontinuation | 8 | -1.56(3.34) | (-4.36, 1.23) | 0.00 | (-9.4, 0.0) | 12 | -4.17(13.01) | (-12.43, 4.10) | -4.69 | (-28.1, 28.1) |
| End Of Study Visit | 166 | -1.34(13.49) | (-3.41, 0.73) | 0.00 | (-37.5, 40.6) | 173 | -3.90(14.21) | (-6.03, -1.77) | 0.00 | (-75.0, 37.5) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQoL-36.

Figure B3.2.6: KDQoL-36 - Time Profile Curve of Effects of Kidney Disease on Daily Life
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

Table B3.3.1: EQ-5D VAS - Summary and MMRM of Change from Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=211) | | | Placebo (N=221) | | | Finerenone-Placebo | | p-value |
|-----------|--------------------|----------|---------------------------|-----------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | |
| Visit 5 | 191 | -1.82 | [-3.95 , 0.31] | 205 | 0.27 | [-1.43 , 1.96] | -2.09 | [-4.80 , 0.62] | 0.1306 |
| Visit 8 | 185 | -0.35 | [-2.42 , 1.72] | 191 | -1.62 | [-3.42 , 0.19] | 1.27 | [-1.47 , 4.01] | 0.3631 |
| Visit 11 | 90 | -3.56 | [-6.27 , -0.84] | 91 | -3.98 | [-6.75 , -1.22] | 0.43 | [-3.41 , 4.26] | 0.8265 |
| Overall | 194 | 0.12 | [-2.22 , 2.45] | 205 | 0.04 | [-2.10 , 2.19] | 0.07 | [-2.28 , 2.43] | 0.9516 |
| Hedges' g | | | | | | | 0.00 | [-0.19 , 0.20] | 0.9640 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects, VAS=Visual Analogue Scale.

Note: MIXED Model with factors treatment group, region, time, treatment*time, baseline value and baseline value*time as covariate.
Separate unstructured covariance patterns are estimated for each treatment group.

Table B3.3.2: KDQoL-36 - Summary and MMRM of Change from Baseline of Physical Component Summary
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=211) | | | Placebo (N=221) | | | Finerenone-Placebo | | p-value |
|-----------|--------------------|----------|---------------------------|-----------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | |
| Visit 5 | 189 | 0.30 | [-0.73 , 1.33] | 201 | -1.20 | [-2.22 , -0.18] | 1.49 | [0.05 , 2.94] | 0.0427 |
| Visit 8 | 184 | 0.07 | [-1.09 , 1.23] | 186 | -1.83 | [-3.04 , -0.62] | 1.90 | [0.22 , 3.57] | 0.0264 |
| Visit 11 | 89 | -2.18 | [-3.79 , -0.58] | 88 | -3.29 | [-5.11 , -1.46] | 1.11 | [-1.30 , 3.51] | 0.3663 |
| Overall | 193 | -0.44 | [-1.68 , 0.81] | 202 | -2.24 | [-3.59 , -0.89] | 1.80 | [0.37 , 3.24] | 0.0140 |
| Hedges' g | | | | | | | 0.19 | [0.00 , 0.39] | 0.0559 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, time, treatment*time, baseline value and baseline value*time as covariate. Separate unstructured covariance patterns are estimated for each treatment group. The Physical Component Summary uses items 1 to 12 of the KDQOL-36.

Table B3.3.3: KDQoL-36 - Summary and MMRM of Change from Baseline of Mental Component Summary
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=211) | | | Placebo (N=221) | | | Finerenone-Placebo | | |
|-----------|--------------------|----------|---------------------------|-----------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 189 | -0.17 | [-1.45 , 1.12] | 201 | -2.13 | [-3.28 , -0.99] | 1.97 | [0.25 , 3.68] | 0.0249 |
| Visit 8 | 184 | 0.26 | [-0.97 , 1.49] | 186 | -2.24 | [-3.50 , -0.97] | 2.50 | [0.74 , 4.25] | 0.0055 |
| Visit 11 | 89 | -0.80 | [-2.56 , 0.96] | 88 | -2.69 | [-4.15 , -1.23] | 1.89 | [-0.37 , 4.15] | 0.1013 |
| Overall | 193 | -0.28 | [-1.67 , 1.12] | 202 | -1.37 | [-2.72 , -0.01] | 1.09 | [-0.36 , 2.55] | 0.1405 |
| Hedges' g | | | | | | | 0.11 | [-0.09 , 0.31] | 0.2706 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, time, treatment*time, baseline value and baseline value*time as covariate. Separate unstructured covariance patterns are estimated for each treatment group. The Mental Component Summary uses items 1 to 12 of the KDQOL-36.

Table B3.3.4: KDQoL-36 - Summary and MMRM of Change from Baseline of Burden of Kidney Disease
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=211) | | | Placebo (N=221) | | | Finerenone-Placebo | | p-value |
|-----------|--------------------|----------|---------------------------|-----------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | |
| Visit 5 | 191 | 0.45 | [-2.47 , 3.37] | 205 | -0.06 | [-2.91 , 2.79] | 0.51 | [-3.55 , 4.57] | 0.8052 |
| Visit 8 | 185 | 3.50 | [0.85 , 6.16] | 189 | 0.52 | [-2.62 , 3.65] | 2.99 | [-1.11 , 7.08] | 0.1524 |
| Visit 11 | 90 | 0.70 | [-3.35 , 4.76] | 91 | -0.94 | [-5.49 , 3.61] | 1.65 | [-4.40 , 7.69] | 0.5918 |
| Overall | 194 | 4.24 | [1.11 , 7.37] | 205 | 2.88 | [-0.49 , 6.24] | 1.37 | [-2.05 , 4.78] | 0.4322 |
| Hedges' g | | | | | | | 0.06 | [-0.14 , 0.26] | 0.5610 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, time, treatment*time, baseline value and baseline value*time as covariate.
Separate unstructured covariance patterns are estimated for each treatment group.
Burden of Kidney Disease uses items 13 to 16 of the KDQOL-36.

Table B3.3.5: KDQoL-36 - Summary and MMRM of Change from Baseline of Symptoms and Problems
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=211) | | | Placebo (N=221) | | | Finerenone-Placebo | | |
|-----------|--------------------|----------|---------------------------|-----------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 191 | 0.52 | [-0.74 , 1.77] | 205 | -1.19 | [-2.76 , 0.38] | 1.71 | [-0.29 , 3.71] | 0.0939 |
| Visit 8 | 185 | 0.96 | [-0.51 , 2.42] | 190 | -1.91 | [-3.45 , -0.37] | 2.87 | [0.75 , 4.99] | 0.0082 |
| Visit 11 | 90 | -1.06 | [-3.55 , 1.42] | 91 | -4.06 | [-6.14 , -1.99] | 3.00 | [-0.21 , 6.21] | 0.0664 |
| Overall | 194 | -0.19 | [-1.82 , 1.45] | 205 | -2.25 | [-3.97 , -0.53] | 2.06 | [0.24 , 3.88] | 0.0266 |
| Hedges' g | | | | | | | 0.17 | [-0.03 , 0.37] | 0.0900 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, time, treatment*time, baseline value and baseline value*time as covariate. Separate unstructured covariance patterns are estimated for each treatment group. Symptoms and Problems uses items 17 to 28 b of the KDQOL-36.

Table B3.3.6: KDQoL-36 - Summary and MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=211) | | | Placebo (N=221) | | | Finerenone-Placebo | | |
|-----------|--------------------|----------|---------------------------|-----------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 190 | 0.11 | [-1.35 , 1.57] | 204 | -1.43 | [-2.91 , 0.06] | 1.54 | [-0.54 , 3.61] | 0.1469 |
| Visit 8 | 185 | -0.19 | [-1.93 , 1.54] | 190 | -2.38 | [-4.11 , -0.65] | 2.19 | [-0.26 , 4.63] | 0.0795 |
| Visit 11 | 89 | -0.94 | [-3.08 , 1.20] | 91 | -5.99 | [-8.57 , -3.41] | 5.05 | [1.74 , 8.36] | 0.0030 |
| Overall | 194 | 0.62 | [-1.11 , 2.34] | 205 | -1.72 | [-3.62 , 0.18] | 2.34 | [0.36 , 4.31] | 0.0205 |
| Hedges' g | | | | | | | 0.18 | [-0.02 , 0.38] | 0.0755 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.
Note: MIXED Model with factors treatment group, region, time, treatment*time, baseline value and baseline value*time as covariate.
Separate unstructured covariance patterns are estimated for each treatment group.
Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQOL-36.

Table B3.4.1: EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Worsening of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 67 (31.8%) | 82 (37.1%) | 149 (34.5%) |
| Number of subjects without events | | 144 (68.2%) | 139 (62.9%) | 283 (65.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.786 [0.526, 1.174] | | | |
| p-value | 0.2393 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.860 [0.663, 1.115] | | | |
| p-value | 0.2540 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.055 [-0.143, 0.034] | | | |
| p-value | 0.2255 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, VAS=Visual Analogue Scale.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.2: EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Improvement of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 50 (23.7%) | 44 (19.9%) | 94 (21.8%) |
| Number of subjects without events | | 161 (76.3%) | 177 (80.1%) | 338 (78.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.261 [0.796, 1.996] | | | |
| p-value | 0.3230 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.203 [0.841, 1.720] | | | |
| p-value | 0.3119 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.041 [-0.038, 0.120] | | | |
| p-value | 0.3130 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, VAS=Visual Analogue Scale.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.3: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 68 (32.2%) | 82 (37.1%) | 150 (34.7%) |
| Number of subjects without events | | 143 (67.8%) | 139 (62.9%) | 282 (65.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.802 [0.538, 1.196] | | | |
| p-value | 0.2788 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.856 [0.661, 1.110] | | | |
| p-value | 0.2418 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.047 [-0.137, 0.042] | | | |
| p-value | 0.2975 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.4: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 64 (30.3%) | 79 (35.7%) | 143 (33.1%) |
| Number of subjects without events | | 147 (69.7%) | 142 (64.3%) | 289 (66.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.783 [0.523, 1.173] | | | |
| p-value | 0.2355 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.835 [0.638, 1.094] | | | |
| p-value | 0.1911 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.050 [-0.138, 0.039] | | | |
| p-value | 0.2697 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.5: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 69 (32.7%) | 91 (41.2%) | 160 (37.0%) |
| Number of subjects without events | | 142 (67.3%) | 130 (58.8%) | 272 (63.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.696 [0.470, 1.032] | | | |
| p-value | 0.0715 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.795 [0.618, 1.022] | | | |
| p-value | 0.0737 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.085 [-0.176, 0.006] | | | |
| p-value | 0.0673 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.6: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 37 (17.5%) | 53 (24.0%) | 90 (20.8%) |
| Number of subjects without events | | 174 (82.5%) | 168 (76.0%) | 342 (79.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.673 [0.420, 1.077] | | | |
| p-value | 0.0988 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.727 [0.500, 1.059] | | | |
| p-value | 0.0967 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.064 [-0.141, 0.013] | | | |
| p-value | 0.1024 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.7: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 48 (22.7%) | 61 (27.6%) | 109 (25.2%) |
| Number of subjects without events | | 163 (77.3%) | 160 (72.4%) | 323 (74.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.769 [0.494, 1.197] | | | |
| p-value | 0.2447 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.826 [0.598, 1.140] | | | |
| p-value | 0.2450 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.043 [-0.127, 0.041]* | | | |
| p-value | 0.3188 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.8: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 54 (25.6%) | 39 (17.6%) | 93 (21.5%) |
| Number of subjects without events | | 157 (74.4%) | 182 (82.4%) | 339 (78.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.642 [1.022, 2.640] | | | |
| p-value | 0.0405 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.499 [1.050, 2.140] | | | |
| p-value | 0.0257 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.064 [-0.017, 0.146]* | | | |
| p-value | 0.1202 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.9: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 54 (25.6%) | 34 (15.4%) | 88 (20.4%) |
| Number of subjects without events | | 157 (74.4%) | 187 (84.6%) | 344 (79.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.910 [1.181, 3.091] | | | |
| p-value | 0.0084 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.678 [1.143, 2.462] | | | |
| p-value | 0.0082 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.099 [0.023, 0.174] | | | |
| p-value | 0.0109 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.10: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 68 (32.2%) | 66 (29.9%) | 134 (31.0%) |
| Number of subjects without events | | 143 (67.8%) | 155 (70.1%) | 298 (69.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.112 [0.735, 1.682] | | | |
| p-value | 0.6152 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.109 [0.842, 1.461] | | | |
| p-value | 0.4618 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.014 [-0.072, 0.099] | | | |
| p-value | 0.7573 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.11: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 31 (14.7%) | 25 (11.3%) | 56 (13.0%) |
| Number of subjects without events | | 180 (85.3%) | 196 (88.7%) | 376 (87.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.366 [0.770, 2.423] | | | |
| p-value | 0.2863 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.340 [0.825, 2.175] | | | |
| p-value | 0.2365 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.023 [-0.048, 0.095]* | | | |
| p-value | 0.5208 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.12: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=211) | Placebo (N=221) | Total (N=432) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 211 (100.0%) | 221 (100.0%) | 432 (100.0%) |
| Number of subjects with events | | 30 (14.2%) | 23 (10.4%) | 53 (12.3%) |
| Number of subjects without events | | 181 (85.8%) | 198 (89.6%) | 379 (87.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.428 [0.796, 2.561] | | | |
| p-value | 0.2324 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.391 [0.838, 2.307] | | | |
| p-value | 0.2016 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.026 [-0.035, 0.087] | | | |
| p-value | 0.4003 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group and region.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

| | | |
|---------------|--|----|
| Table B2.0.1 | Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 2 |
| Table B2.0.2 | Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 17 |
| Table B2.0.3 | Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 21 |
| Table B2.0.4 | Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 24 |
| Table B2.0.5 | Summary of Treatment Duration - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 25 |
| Table B2.1.1 | Effect Measures of Proportion of Subjects with TEAEs | 26 |
| Table B2.1.2 | Effect Measures of Proportion of Subjects with TEAEs Excluding Progression-Related Events | 27 |
| Table B2.1.3 | Effect Measures of Proportion of Subjects with TESAEs | 28 |
| Table B2.1.4 | Effect Measures of Proportion of Subjects with TESAEs Excluding Progression-Related Events | 29 |
| Table B2.1.5 | Effect Measures of Proportion of Subjects with Severe TEAEs | 30 |
| Table B2.1.6 | Effect Measures of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events | 31 |
| Table B2.1.7 | Effect Measures of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug | 32 |
| Table B2.1.8 | Effect Measures of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) | 33 |
| Table B2.1.9 | Effect Measures of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) | 34 |
| Table B2.1.10 | Effect Measures of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 35 |
| Table B2.1.11 | Effect Measures of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) | 36 |
| Table B2.1.12 | Effect Measures of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) | 37 |
| Table B2.1.13 | Effect Measures of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 38 |
| Table B2.1.14 | Effect Measures of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) | 39 |
| Table B2.1.15 | Effect Measures of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 40 |
| Table B2.1.16 | Effect Measures of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) | 41 |
| Table B2.1.17 | Effect Measures of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 42 |
| Table B2.1.18 | Effect Measures of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 43 |
| Table B2.1.19 | Effect Measures of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) | 44 |
| Table B2.1.20 | Effect Measures of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) | 45 |
| Table B2.1.21 | Effect Measures of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) | 46 |
| Table B2.1.22 | Effect Measures of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) | 47 |
| Table B2.1.23 | Effect Measures of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) | 48 |
| Table B2.1.24 | Effect Measures of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 49 |
| Table B2.1.25 | Effect Measures of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) | 50 |
| Table B2.1.26 | Effect Measures of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) | 51 |
| Table B2.1.27 | Effect Measures of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 52 |
| Table B2.1.28 | Effect Measures of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) | 53 |
| Table B2.1.29 | Effect Measures of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) | 54 |
| Table B2.1.30 | Effect Measures of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) | 55 |
| Table B2.1.31 | Effect Measures of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 56 |
| Table B2.1.32 | Effect Measures of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) | 57 |
| Table B2.1.33 | Effect Measures of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) | 58 |
| Table B2.1.34 | Effect Measures of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 59 |
| Table B2.1.35 | Effect Measures of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 60 |
| Table B2.1.36 | Effect Measures of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 61 |
| Table B2.1.37 | Effect Measures of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) | 62 |
| Table B2.1.38 | Effect Measures of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 63 |
| Table B2.1.39 | Effect Measures of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) | 64 |
| Table B2.1.40 | Effect Measures of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 65 |
| Table B2.1.41 | Effect Measures of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 66 |
| Table B2.1.42 | Effect Measures of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 67 |
| Table B2.1.43 | Effect Measures of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) | 68 |
| Table B2.1.44 | Effect Measures of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) | 69 |
| Table B2.1.45 | Effect Measures of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) | 70 |
| Table B2.1.46 | Effect Measures of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 71 |
| Table B2.1.47 | Effect Measures of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 72 |

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|-----------------------------------|------------------------|---------------------|
| Any TEAE | 181 (86.2%) | 178 (80.5%) |
| Infections And Infestations | 88 (41.9%) | 90 (40.7%) |
| Nasopharyngitis | 14 (6.7%) | 18 (8.1%) |
| Urinary tract infection | 14 (6.7%) | 15 (6.8%) |
| Upper respiratory tract infection | 11 (5.2%) | 18 (8.1%) |
| Influenza | 11 (5.2%) | 10 (4.5%) |
| Pneumonia | 10 (4.8%) | 6 (2.7%) |
| Bronchitis | 5 (2.4%) | 8 (3.6%) |
| Sinusitis | 5 (2.4%) | 4 (1.8%) |
| Periodontitis | 4 (1.9%) | 4 (1.8%) |
| Cellulitis | 4 (1.9%) | 3 (1.4%) |
| Respiratory tract infection | 4 (1.9%) | 3 (1.4%) |
| Viral infection | 3 (1.4%) | 2 (0.9%) |
| Diverticulitis | 3 (1.4%) | 0 |
| Gastroenteritis | 2 (1.0%) | 5 (2.3%) |
| Conjunctivitis | 2 (1.0%) | 4 (1.8%) |
| Pharyngitis | 2 (1.0%) | 4 (1.8%) |
| Herpes zoster | 2 (1.0%) | 3 (1.4%) |
| Osteomyelitis | 2 (1.0%) | 3 (1.4%) |
| Ear infection | 2 (1.0%) | 1 (0.5%) |
| Helicobacter gastritis | 2 (1.0%) | 1 (0.5%) |
| Otitis media | 2 (1.0%) | 1 (0.5%) |
| Candida infection | 2 (1.0%) | 0 |
| Infected skin ulcer | 2 (1.0%) | 0 |
| Rhinitis | 2 (1.0%) | 0 |
| Fungal skin infection | 1 (0.5%) | 3 (1.4%) |
| Tooth infection | 1 (0.5%) | 3 (1.4%) |
| Sepsis | 1 (0.5%) | 2 (0.9%) |
| Skin infection | 1 (0.5%) | 2 (0.9%) |
| Alveolar osteitis | 1 (0.5%) | 1 (0.5%) |
| Cystitis | 1 (0.5%) | 1 (0.5%) |
| Tooth abscess | 1 (0.5%) | 1 (0.5%) |
| Tracheitis | 1 (0.5%) | 1 (0.5%) |
| Urosepsis | 1 (0.5%) | 1 (0.5%) |
| Acute sinusitis | 1 (0.5%) | 0 |
| Chest wall abscess | 1 (0.5%) | 0 |
| Encephalitis viral | 1 (0.5%) | 0 |
| Endophthalmitis | 1 (0.5%) | 0 |
| Febrile infection | 1 (0.5%) | 0 |
| Folliculitis | 1 (0.5%) | 0 |
| Gastroenteritis viral | 1 (0.5%) | 0 |
| Gastrointestinal viral infection | 1 (0.5%) | 0 |
| Genitourinary tract infection | 1 (0.5%) | 0 |
| Helicobacter infection | 1 (0.5%) | 0 |
| Infection | 1 (0.5%) | 0 |
| Laryngitis | 1 (0.5%) | 0 |
| Lower respiratory tract infection | 1 (0.5%) | 0 |
| Orchitis | 1 (0.5%) | 0 |
| Penile infection | 1 (0.5%) | 0 |
| Purulent discharge | 1 (0.5%) | 0 |
| Pyelonephritis | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Soft tissue infection | 1 (0.5%) | 0 |
| Tracheobronchitis | 1 (0.5%) | 0 |
| Tuberculosis | 1 (0.5%) | 0 |
| Vulval abscess | 1 (0.5%) | 0 |
| Erysipelas | 0 | 4 (1.8%) |
| Otitis externa | 0 | 3 (1.4%) |
| Respiratory tract infection viral | 0 | 3 (1.4%) |
| Pyelonephritis acute | 0 | 2 (0.9%) |
| Vulvovaginal mycotic infection | 0 | 2 (0.9%) |
| Abscess limb | 0 | 1 (0.5%) |
| Acarodermatitis | 0 | 1 (0.5%) |
| Bacteraemia | 0 | 1 (0.5%) |
| Diabetic foot infection | 0 | 1 (0.5%) |
| Eczema impetiginous | 0 | 1 (0.5%) |
| Gingivitis | 0 | 1 (0.5%) |
| Hepatitis A | 0 | 1 (0.5%) |
| Hepatitis viral | 0 | 1 (0.5%) |
| Herpes simplex | 0 | 1 (0.5%) |
| Hordeolum | 0 | 1 (0.5%) |
| Infected bite | 0 | 1 (0.5%) |
| Infective exacerbation of bronchiectasis | 0 | 1 (0.5%) |
| Localised infection | 0 | 1 (0.5%) |
| Mastoiditis | 0 | 1 (0.5%) |
| Mycoplasma infection | 0 | 1 (0.5%) |
| Paronychia | 0 | 1 (0.5%) |
| Pharyngotonsillitis | 0 | 1 (0.5%) |
| Pneumonia bacterial | 0 | 1 (0.5%) |
| Root canal infection | 0 | 1 (0.5%) |
| Tinea cruris | 0 | 1 (0.5%) |
| Tinea pedis | 0 | 1 (0.5%) |
| Tonsillitis | 0 | 1 (0.5%) |
| Urethritis | 0 | 1 (0.5%) |
| Viral pharyngitis | 0 | 1 (0.5%) |
| Viral upper respiratory tract infection | 0 | 1 (0.5%) |
| Wound infection | 0 | 1 (0.5%) |
| Metabolism And Nutrition Disorders | 74 (35.2%) | 64 (29.0%) |
| Hyperkalaemia | 18 (8.6%) | 13 (5.9%) |
| Hyperuricaemia | 14 (6.7%) | 8 (3.6%) |
| Hyperlipidaemia | 9 (4.3%) | 3 (1.4%) |
| Hypoglycaemia | 8 (3.8%) | 17 (7.7%) |
| Diabetes mellitus | 7 (3.3%) | 5 (2.3%) |
| Hyperglycaemia | 7 (3.3%) | 5 (2.3%) |
| Type 2 diabetes mellitus | 5 (2.4%) | 4 (1.8%) |
| Dehydration | 5 (2.4%) | 2 (0.9%) |
| Iron deficiency | 5 (2.4%) | 2 (0.9%) |
| Vitamin D deficiency | 4 (1.9%) | 5 (2.3%) |
| Gout | 4 (1.9%) | 3 (1.4%) |
| Dyslipidaemia | 4 (1.9%) | 2 (0.9%) |
| Diabetes mellitus inadequate control | 3 (1.4%) | 9 (4.1%) |
| Diabetic metabolic decompensation | 3 (1.4%) | 3 (1.4%) |
| Hypertriglyceridaemia | 2 (1.0%) | 3 (1.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|----------------------------------|------------------------|---------------------|
| Hypokalaemia | 2 (1.0%) | 3 (1.4%) |
| Fluid overload | 2 (1.0%) | 0 |
| Hyponatraemia | 2 (1.0%) | 0 |
| Hypomagnesaemia | 1 (0.5%) | 2 (0.9%) |
| Obesity | 1 (0.5%) | 2 (0.9%) |
| Abnormal loss of weight | 1 (0.5%) | 0 |
| Decreased appetite | 1 (0.5%) | 0 |
| Folate deficiency | 1 (0.5%) | 0 |
| Food aversion | 1 (0.5%) | 0 |
| Hypovolaemia | 1 (0.5%) | 0 |
| Metabolic acidosis | 1 (0.5%) | 0 |
| Hypercholesterolaemia | 0 | 2 (0.9%) |
| Magnesium deficiency | 0 | 1 (0.5%) |
| Malnutrition | 0 | 1 (0.5%) |
| Gastrointestinal Disorders | 54 (25.7%) | 45 (20.4%) |
| Diarrhoea | 14 (6.7%) | 8 (3.6%) |
| Constipation | 7 (3.3%) | 7 (3.2%) |
| Nausea | 7 (3.3%) | 4 (1.8%) |
| Abdominal pain upper | 6 (2.9%) | 1 (0.5%) |
| Vomiting | 4 (1.9%) | 6 (2.7%) |
| Gastritis | 4 (1.9%) | 3 (1.4%) |
| Dyspepsia | 4 (1.9%) | 2 (0.9%) |
| Gastrointestinal haemorrhage | 4 (1.9%) | 1 (0.5%) |
| Gastric ulcer | 4 (1.9%) | 0 |
| Abdominal pain | 3 (1.4%) | 3 (1.4%) |
| Oesophagitis | 3 (1.4%) | 3 (1.4%) |
| Chronic gastritis | 2 (1.0%) | 2 (0.9%) |
| Dysphagia | 2 (1.0%) | 1 (0.5%) |
| Hiatus hernia | 2 (1.0%) | 1 (0.5%) |
| Inguinal hernia | 2 (1.0%) | 1 (0.5%) |
| Large intestine polyp | 2 (1.0%) | 1 (0.5%) |
| Diverticulum intestinal | 2 (1.0%) | 0 |
| Gastrooesophageal reflux disease | 1 (0.5%) | 4 (1.8%) |
| Abdominal discomfort | 1 (0.5%) | 2 (0.9%) |
| Toothache | 1 (0.5%) | 2 (0.9%) |
| Duodenitis | 1 (0.5%) | 1 (0.5%) |
| Flatulence | 1 (0.5%) | 1 (0.5%) |
| Gastritis erosive | 1 (0.5%) | 1 (0.5%) |
| Pancreatitis chronic | 1 (0.5%) | 1 (0.5%) |
| Rectal polyp | 1 (0.5%) | 1 (0.5%) |
| Abdominal pain lower | 1 (0.5%) | 0 |
| Colitis ischaemic | 1 (0.5%) | 0 |
| Dental caries | 1 (0.5%) | 0 |
| Diverticulum | 1 (0.5%) | 0 |
| Dry mouth | 1 (0.5%) | 0 |
| Duodenal polyp | 1 (0.5%) | 0 |
| Enteritis | 1 (0.5%) | 0 |
| Gastric polyps | 1 (0.5%) | 0 |
| Haemorrhoids | 1 (0.5%) | 0 |
| Pancreatitis acute | 1 (0.5%) | 0 |
| Tooth loss | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Varices oesophageal | 1 (0.5%) | 0 |
| Abdominal distension | 0 | 2 (0.9%) |
| Anal fissure | 0 | 1 (0.5%) |
| Anal rash | 0 | 1 (0.5%) |
| Bowel movement irregularity | 0 | 1 (0.5%) |
| Cheilitis | 0 | 1 (0.5%) |
| Colitis | 0 | 1 (0.5%) |
| Gingival pain | 0 | 1 (0.5%) |
| Haematochezia | 0 | 1 (0.5%) |
| Hypoaesthesia oral | 0 | 1 (0.5%) |
| Intestinal metaplasia | 0 | 1 (0.5%) |
| Lip oedema | 0 | 1 (0.5%) |
| Melaena | 0 | 1 (0.5%) |
| Mesenteric panniculitis | 0 | 1 (0.5%) |
| Noninfective gingivitis | 0 | 1 (0.5%) |
| Oesophageal ulcer | 0 | 1 (0.5%) |
| Small intestinal obstruction | 0 | 1 (0.5%) |
| Musculoskeletal And Connective Tissue Disorders | 53 (25.2%) | 51 (23.1%) |
| Back pain | 15 (7.1%) | 12 (5.4%) |
| Arthralgia | 12 (5.7%) | 11 (5.0%) |
| Osteoarthritis | 6 (2.9%) | 8 (3.6%) |
| Muscle spasms | 6 (2.9%) | 5 (2.3%) |
| Pain in extremity | 4 (1.9%) | 5 (2.3%) |
| Myalgia | 4 (1.9%) | 3 (1.4%) |
| Periarthritis | 4 (1.9%) | 0 |
| Muscular weakness | 3 (1.4%) | 0 |
| Musculoskeletal chest pain | 3 (1.4%) | 0 |
| Osteopenia | 3 (1.4%) | 0 |
| Lumbar spinal stenosis | 2 (1.0%) | 1 (0.5%) |
| Neck pain | 2 (1.0%) | 1 (0.5%) |
| Rotator cuff syndrome | 2 (1.0%) | 1 (0.5%) |
| Spinal pain | 2 (1.0%) | 0 |
| Bursitis | 1 (0.5%) | 3 (1.4%) |
| Spinal osteoarthritis | 1 (0.5%) | 3 (1.4%) |
| Joint swelling | 1 (0.5%) | 2 (0.9%) |
| Musculoskeletal pain | 1 (0.5%) | 2 (0.9%) |
| Chondropathy | 1 (0.5%) | 1 (0.5%) |
| Osteoporosis | 1 (0.5%) | 1 (0.5%) |
| Limb mass | 1 (0.5%) | 0 |
| Muscle atrophy | 1 (0.5%) | 0 |
| Muscle rigidity | 1 (0.5%) | 0 |
| Musculoskeletal stiffness | 1 (0.5%) | 0 |
| Osteolysis | 1 (0.5%) | 0 |
| Synovial cyst | 1 (0.5%) | 0 |
| Arthritis | 0 | 3 (1.4%) |
| Costochondritis | 0 | 2 (0.9%) |
| Intervertebral disc protrusion | 0 | 2 (0.9%) |
| Chest wall cyst | 0 | 1 (0.5%) |
| Chondrocalcinosis | 0 | 1 (0.5%) |
| Exostosis | 0 | 1 (0.5%) |
| Fibromyalgia | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Flank pain | 0 | 1 (0.5%) |
| Gouty arthritis | 0 | 1 (0.5%) |
| Intervertebral disc disorder | 0 | 1 (0.5%) |
| Muscle tightness | 0 | 1 (0.5%) |
| Osteitis | 0 | 1 (0.5%) |
| Osteochondrosis | 0 | 1 (0.5%) |
| Plantar fasciitis | 0 | 1 (0.5%) |
| Polymyalgia rheumatica | 0 | 1 (0.5%) |
| Psoriatic arthropathy | 0 | 1 (0.5%) |
| Spondylitis | 0 | 1 (0.5%) |
| Spondyloarthropathy | 0 | 1 (0.5%) |
| Trigger finger | 0 | 1 (0.5%) |
| Vascular Disorders | 52 (24.8%) | 45 (20.4%) |
| Hypertension | 18 (8.6%) | 24 (10.9%) |
| Hypotension | 13 (6.2%) | 2 (0.9%) |
| Peripheral arterial occlusive disease | 4 (1.9%) | 7 (3.2%) |
| Intermittent claudication | 4 (1.9%) | 1 (0.5%) |
| Aortic arteriosclerosis | 2 (1.0%) | 2 (0.9%) |
| Hypertensive crisis | 2 (1.0%) | 2 (0.9%) |
| Orthostatic hypotension | 2 (1.0%) | 2 (0.9%) |
| Haematoma | 2 (1.0%) | 1 (0.5%) |
| Peripheral artery stenosis | 2 (1.0%) | 1 (0.5%) |
| Deep vein thrombosis | 2 (1.0%) | 0 |
| Aortic aneurysm | 1 (0.5%) | 1 (0.5%) |
| Arteriosclerosis | 1 (0.5%) | 1 (0.5%) |
| Peripheral vascular disorder | 1 (0.5%) | 1 (0.5%) |
| Aortic dissection | 1 (0.5%) | 0 |
| Aortic stenosis | 1 (0.5%) | 0 |
| Arterial disorder | 1 (0.5%) | 0 |
| Collateral circulation | 1 (0.5%) | 0 |
| Hypertensive emergency | 1 (0.5%) | 0 |
| Internal haemorrhage | 1 (0.5%) | 0 |
| Labile hypertension | 1 (0.5%) | 0 |
| Lymphoedema | 1 (0.5%) | 0 |
| Phlebitis | 1 (0.5%) | 0 |
| Thrombosis | 1 (0.5%) | 0 |
| Varicose vein | 1 (0.5%) | 0 |
| Circulatory collapse | 0 | 1 (0.5%) |
| Giant cell arteritis | 0 | 1 (0.5%) |
| Hypovolaemic shock | 0 | 1 (0.5%) |
| Microangiopathy | 0 | 1 (0.5%) |
| Peripheral coldness | 0 | 1 (0.5%) |
| Peripheral venous disease | 0 | 1 (0.5%) |
| Investigations | 51 (24.3%) | 52 (23.5%) |
| Glomerular filtration rate decreased | 12 (5.7%) | 7 (3.2%) |
| Blood potassium increased | 9 (4.3%) | 3 (1.4%) |
| Blood creatine phosphokinase increased | 8 (3.8%) | 8 (3.6%) |
| Blood creatinine increased | 4 (1.9%) | 5 (2.3%) |
| C-reactive protein increased | 4 (1.9%) | 5 (2.3%) |
| Gamma-glutamyltransferase increased | 2 (1.0%) | 4 (1.8%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Glycosylated haemoglobin increased | 2 (1.0%) | 3 (1.4%) |
| Weight increased | 2 (1.0%) | 3 (1.4%) |
| Blood glucose increased | 2 (1.0%) | 2 (0.9%) |
| Blood pressure increased | 2 (1.0%) | 2 (0.9%) |
| Blood triglycerides increased | 2 (1.0%) | 1 (0.5%) |
| Weight decreased | 2 (1.0%) | 1 (0.5%) |
| Blood uric acid increased | 2 (1.0%) | 0 |
| Protein urine present | 1 (0.5%) | 1 (0.5%) |
| Transaminases increased | 1 (0.5%) | 1 (0.5%) |
| Alanine aminotransferase increased | 1 (0.5%) | 0 |
| Angiocardiogram | 1 (0.5%) | 0 |
| Aspartate aminotransferase increased | 1 (0.5%) | 0 |
| Biopsy liver | 1 (0.5%) | 0 |
| Blood potassium decreased | 1 (0.5%) | 0 |
| Bone density decreased | 1 (0.5%) | 0 |
| Brain natriuretic peptide increased | 1 (0.5%) | 0 |
| Carcinoembryonic antigen increased | 1 (0.5%) | 0 |
| Colonoscopy | 1 (0.5%) | 0 |
| Electrocardiogram PR prolongation | 1 (0.5%) | 0 |
| Electrocardiogram ST segment depression | 1 (0.5%) | 0 |
| Liver function test increased | 1 (0.5%) | 0 |
| Red blood cell count decreased | 1 (0.5%) | 0 |
| Rheumatoid factor increased | 1 (0.5%) | 0 |
| Vitamin D decreased | 1 (0.5%) | 0 |
| White blood cell count increased | 1 (0.5%) | 0 |
| Haemoglobin decreased | 0 | 3 (1.4%) |
| Hepatic enzyme increased | 0 | 2 (0.9%) |
| Alpha 1 foetoprotein increased | 0 | 1 (0.5%) |
| Biopsy | 0 | 1 (0.5%) |
| Biopsy kidney | 0 | 1 (0.5%) |
| Blood alkaline phosphatase increased | 0 | 1 (0.5%) |
| Blood calcium increased | 0 | 1 (0.5%) |
| Blood creatine phosphokinase MB increased | 0 | 1 (0.5%) |
| Blood creatine phosphokinase abnormal | 0 | 1 (0.5%) |
| Blood pressure decreased | 0 | 1 (0.5%) |
| Blood thyroid stimulating hormone decreased | 0 | 1 (0.5%) |
| Carbohydrate antigen 19-9 increased | 0 | 1 (0.5%) |
| Cardiac murmur | 0 | 1 (0.5%) |
| Gastrin-releasing peptide precursor increased | 0 | 1 (0.5%) |
| Haematocrit abnormal | 0 | 1 (0.5%) |
| Haemoglobin abnormal | 0 | 1 (0.5%) |
| Heart rate decreased | 0 | 1 (0.5%) |
| Influenza B virus test positive | 0 | 1 (0.5%) |
| Laboratory test abnormal | 0 | 1 (0.5%) |
| Prostatic specific antigen increased | 0 | 1 (0.5%) |
| QRS axis abnormal | 0 | 1 (0.5%) |
| Reticulocyte count increased | 0 | 1 (0.5%) |
| Transferrin saturation decreased | 0 | 1 (0.5%) |
| Urinary occult blood positive | 0 | 1 (0.5%) |
| Urine albumin/creatinine ratio increased | 0 | 1 (0.5%) |
| Urine protein/creatinine ratio increased | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Nervous System Disorders | 41 (19.5%) | 33 (14.9%) |
| Dizziness | 9 (4.3%) | 4 (1.8%) |
| Diabetic neuropathy | 7 (3.3%) | 5 (2.3%) |
| Headache | 3 (1.4%) | 7 (3.2%) |
| Syncope | 3 (1.4%) | 5 (2.3%) |
| Carpal tunnel syndrome | 3 (1.4%) | 1 (0.5%) |
| Balance disorder | 2 (1.0%) | 1 (0.5%) |
| Carotid arteriosclerosis | 2 (1.0%) | 1 (0.5%) |
| Hypoaesthesia | 2 (1.0%) | 1 (0.5%) |
| Sciatica | 2 (1.0%) | 1 (0.5%) |
| Tremor | 2 (1.0%) | 1 (0.5%) |
| Cerebral ischaemia | 2 (1.0%) | 0 |
| Neuropathy peripheral | 2 (1.0%) | 0 |
| Carotid artery stenosis | 1 (0.5%) | 3 (1.4%) |
| Cognitive disorder | 1 (0.5%) | 2 (0.9%) |
| Head discomfort | 1 (0.5%) | 1 (0.5%) |
| Paraesthesia | 1 (0.5%) | 1 (0.5%) |
| Allodynia | 1 (0.5%) | 0 |
| Brain oedema | 1 (0.5%) | 0 |
| Cerebral infarction | 1 (0.5%) | 0 |
| Cubital tunnel syndrome | 1 (0.5%) | 0 |
| Migraine without aura | 1 (0.5%) | 0 |
| Orthostatic intolerance | 1 (0.5%) | 0 |
| Parkinson's disease | 1 (0.5%) | 0 |
| Polyneuropathy | 1 (0.5%) | 0 |
| Poor quality sleep | 1 (0.5%) | 0 |
| Vertebral artery occlusion | 1 (0.5%) | 0 |
| Anosmia | 0 | 1 (0.5%) |
| Arachnoid cyst | 0 | 1 (0.5%) |
| Carotid artery occlusion | 0 | 1 (0.5%) |
| Cerebral arteriosclerosis | 0 | 1 (0.5%) |
| Cerebral artery stenosis | 0 | 1 (0.5%) |
| Cerebral atrophy | 0 | 1 (0.5%) |
| Cerebral vascular occlusion | 0 | 1 (0.5%) |
| Dementia Alzheimer's type | 0 | 1 (0.5%) |
| Facial paralysis | 0 | 1 (0.5%) |
| Hemiparesis | 0 | 1 (0.5%) |
| Lethargy | 0 | 1 (0.5%) |
| Parkinsonism | 0 | 1 (0.5%) |
| Vascular dementia | 0 | 1 (0.5%) |
| General Disorders And Administration Site Conditions | 31 (14.8%) | 36 (16.3%) |
| Oedema peripheral | 11 (5.2%) | 16 (7.2%) |
| Pyrexia | 6 (2.9%) | 4 (1.8%) |
| Fatigue | 5 (2.4%) | 5 (2.3%) |
| Chest pain | 5 (2.4%) | 2 (0.9%) |
| Asthenia | 4 (1.9%) | 2 (0.9%) |
| Gait disturbance | 2 (1.0%) | 1 (0.5%) |
| Influenza like illness | 2 (1.0%) | 0 |
| Oedema | 1 (0.5%) | 4 (1.8%) |
| Malaise | 1 (0.5%) | 1 (0.5%) |
| Hernia | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Inflammation | 1 (0.5%) | 0 |
| Medical device pain | 1 (0.5%) | 0 |
| Peripheral swelling | 0 | 2 (0.9%) |
| Chest discomfort | 0 | 1 (0.5%) |
| Generalised oedema | 0 | 1 (0.5%) |
| Impaired healing | 0 | 1 (0.5%) |
| Medical device site pain | 0 | 1 (0.5%) |
| Non-cardiac chest pain | 0 | 1 (0.5%) |
| Sensation of foreign body | 0 | 1 (0.5%) |
| Respiratory, Thoracic And Mediastinal Disorders | 30 (14.3%) | 39 (17.6%) |
| Cough | 8 (3.8%) | 12 (5.4%) |
| Chronic obstructive pulmonary disease | 5 (2.4%) | 2 (0.9%) |
| Asthma | 3 (1.4%) | 1 (0.5%) |
| Pulmonary embolism | 3 (1.4%) | 0 |
| Dyspnoea | 2 (1.0%) | 5 (2.3%) |
| Nasal congestion | 2 (1.0%) | 3 (1.4%) |
| Sleep apnoea syndrome | 2 (1.0%) | 1 (0.5%) |
| Respiratory disorder | 2 (1.0%) | 0 |
| Rhinitis allergic | 1 (0.5%) | 4 (1.8%) |
| Acute respiratory failure | 1 (0.5%) | 1 (0.5%) |
| Epistaxis | 1 (0.5%) | 1 (0.5%) |
| Respiratory failure | 1 (0.5%) | 1 (0.5%) |
| Dyspnoea exertional | 1 (0.5%) | 0 |
| Pneumonia aspiration | 1 (0.5%) | 0 |
| Small airways disease | 1 (0.5%) | 0 |
| Pleural effusion | 0 | 3 (1.4%) |
| Dysphonia | 0 | 2 (0.9%) |
| Pulmonary mass | 0 | 2 (0.9%) |
| Sinus pain | 0 | 2 (0.9%) |
| Atelectasis | 0 | 1 (0.5%) |
| Catarrh | 0 | 1 (0.5%) |
| Increased bronchial secretion | 0 | 1 (0.5%) |
| Oropharyngeal pain | 0 | 1 (0.5%) |
| Productive cough | 0 | 1 (0.5%) |
| Pulmonary hypertension | 0 | 1 (0.5%) |
| Reflux laryngitis | 0 | 1 (0.5%) |
| Rhinorrhoea | 0 | 1 (0.5%) |
| Rhonchi | 0 | 1 (0.5%) |
| Injury, Poisoning And Procedural Complications | 30 (14.3%) | 30 (13.6%) |
| Limb injury | 4 (1.9%) | 4 (1.8%) |
| Ligament sprain | 3 (1.4%) | 2 (0.9%) |
| Lumbar vertebral fracture | 3 (1.4%) | 0 |
| Contusion | 2 (1.0%) | 2 (0.9%) |
| Meniscus injury | 2 (1.0%) | 1 (0.5%) |
| Radius fracture | 2 (1.0%) | 1 (0.5%) |
| Rib fracture | 2 (1.0%) | 1 (0.5%) |
| Head injury | 2 (1.0%) | 0 |
| Procedural pain | 2 (1.0%) | 0 |
| Fall | 1 (0.5%) | 4 (1.8%) |
| Muscle strain | 1 (0.5%) | 4 (1.8%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|----------------------------------|------------------------|---------------------|
| Skin abrasion | 1 (0.5%) | 2 (0.9%) |
| Ankle fracture | 1 (0.5%) | 1 (0.5%) |
| Arthropod bite | 1 (0.5%) | 1 (0.5%) |
| Burns second degree | 1 (0.5%) | 1 (0.5%) |
| Accident | 1 (0.5%) | 0 |
| Bone contusion | 1 (0.5%) | 0 |
| Chest injury | 1 (0.5%) | 0 |
| Foreign body in throat | 1 (0.5%) | 0 |
| Humerus fracture | 1 (0.5%) | 0 |
| Inflammation of wound | 1 (0.5%) | 0 |
| Joint injury | 1 (0.5%) | 0 |
| Reactive gastropathy | 1 (0.5%) | 0 |
| Seroma | 1 (0.5%) | 0 |
| Skin wound | 1 (0.5%) | 0 |
| Vaccination complication | 1 (0.5%) | 0 |
| Road traffic accident | 0 | 3 (1.4%) |
| Epicondylitis | 0 | 2 (0.9%) |
| Tendon rupture | 0 | 2 (0.9%) |
| Thoracic vertebral fracture | 0 | 2 (0.9%) |
| Cranio-cerebral injury | 0 | 1 (0.5%) |
| Exposure to communicable disease | 0 | 1 (0.5%) |
| Facial bones fracture | 0 | 1 (0.5%) |
| Ligament rupture | 0 | 1 (0.5%) |
| Mouth injury | 0 | 1 (0.5%) |
| Nail avulsion | 0 | 1 (0.5%) |
| Neck injury | 0 | 1 (0.5%) |
| Post-traumatic pain | 0 | 1 (0.5%) |
| Procedural hypertension | 0 | 1 (0.5%) |
| Spinal fracture | 0 | 1 (0.5%) |
| Thermal burn | 0 | 1 (0.5%) |
| Tongue injury | 0 | 1 (0.5%) |
| Wound haemorrhage | 0 | 1 (0.5%) |
| Renal And Urinary Disorders | 30 (14.3%) | 29 (13.1%) |
| Renal impairment | 7 (3.3%) | 3 (1.4%) |
| Acute kidney injury | 6 (2.9%) | 5 (2.3%) |
| Dysuria | 3 (1.4%) | 4 (1.8%) |
| Urinary retention | 3 (1.4%) | 2 (0.9%) |
| Pollakiuria | 2 (1.0%) | 2 (0.9%) |
| Nephrolithiasis | 2 (1.0%) | 1 (0.5%) |
| Nocturia | 2 (1.0%) | 1 (0.5%) |
| Urinary incontinence | 2 (1.0%) | 0 |
| Haematuria | 1 (0.5%) | 4 (1.8%) |
| Renal cyst | 1 (0.5%) | 4 (1.8%) |
| Urethral stenosis | 1 (0.5%) | 1 (0.5%) |
| Bladder dilatation | 1 (0.5%) | 0 |
| Chronic kidney disease | 1 (0.5%) | 0 |
| End stage renal disease | 1 (0.5%) | 0 |
| Micturition disorder | 1 (0.5%) | 0 |
| Nephropathy toxic | 1 (0.5%) | 0 |
| Renal failure | 1 (0.5%) | 0 |
| Renal infarct | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Renal injury | 1 (0.5%) | 0 |
| Urinary tract obstruction | 1 (0.5%) | 0 |
| Proteinuria | 0 | 2 (0.9%) |
| Calculus urinary | 0 | 1 (0.5%) |
| Diabetic nephropathy | 0 | 1 (0.5%) |
| Glomerulonephritis chronic | 0 | 1 (0.5%) |
| Hypertonic bladder | 0 | 1 (0.5%) |
| Lower urinary tract symptoms | 0 | 1 (0.5%) |
| Polyuria | 0 | 1 (0.5%) |
| Pyelocaliectasis | 0 | 1 (0.5%) |
| Subcapsular renal haematoma | 0 | 1 (0.5%) |
| Tubulointerstitial nephritis | 0 | 1 (0.5%) |
| Ureterolithiasis | 0 | 1 (0.5%) |
| Urine odour abnormal | 0 | 1 (0.5%) |
| Skin And Subcutaneous Tissue Disorders | 28 (13.3%) | 33 (14.9%) |
| Rash | 7 (3.3%) | 0 |
| Skin ulcer | 6 (2.9%) | 7 (3.2%) |
| Pruritus | 3 (1.4%) | 4 (1.8%) |
| Diabetic foot | 2 (1.0%) | 3 (1.4%) |
| Decubitus ulcer | 2 (1.0%) | 1 (0.5%) |
| EczeMa | 1 (0.5%) | 2 (0.9%) |
| Urticaria | 1 (0.5%) | 1 (0.5%) |
| Blister | 1 (0.5%) | 0 |
| Dermal cyst | 1 (0.5%) | 0 |
| Ecchymosis | 1 (0.5%) | 0 |
| EczeMa nummular | 1 (0.5%) | 0 |
| Hyperhidrosis | 1 (0.5%) | 0 |
| Hyperkeratosis | 1 (0.5%) | 0 |
| Nail dystrophy | 1 (0.5%) | 0 |
| Night sweats | 1 (0.5%) | 0 |
| Pigmentation disorder | 1 (0.5%) | 0 |
| Rosacea | 1 (0.5%) | 0 |
| Skin hypertrophy | 1 (0.5%) | 0 |
| Actinic keratosis | 0 | 3 (1.4%) |
| Dermatitis | 0 | 3 (1.4%) |
| Dermatitis allergic | 0 | 2 (0.9%) |
| Dermatitis contact | 0 | 2 (0.9%) |
| Psoriasis | 0 | 2 (0.9%) |
| Skin discolouration | 0 | 2 (0.9%) |
| Alopecia | 0 | 1 (0.5%) |
| Diabetic ulcer | 0 | 1 (0.5%) |
| Dry skin | 0 | 1 (0.5%) |
| Erythema | 0 | 1 (0.5%) |
| Hand dermatitis | 0 | 1 (0.5%) |
| Lipodystrophy acquired | 0 | 1 (0.5%) |
| Lipohypertrophy | 0 | 1 (0.5%) |
| Rash macular | 0 | 1 (0.5%) |
| Rash pruritic | 0 | 1 (0.5%) |
| Stasis dermatitis | 0 | 1 (0.5%) |
| Cardiac Disorders | 26 (12.4%) | 20 (9.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--------------------------------------|------------------------|---------------------|
| Coronary artery disease | 4 (1.9%) | 2 (0.9%) |
| Left ventricular hypertrophy | 3 (1.4%) | 0 |
| Cardiac failure | 2 (1.0%) | 3 (1.4%) |
| Arteriosclerosis coronary artery | 2 (1.0%) | 1 (0.5%) |
| Atrioventricular block first degree | 2 (1.0%) | 1 (0.5%) |
| Atrioventricular block second degree | 2 (1.0%) | 0 |
| Palpitations | 2 (1.0%) | 0 |
| Bradycardia | 1 (0.5%) | 2 (0.9%) |
| Ventricular extrasystoles | 1 (0.5%) | 2 (0.9%) |
| Atrial flutter | 1 (0.5%) | 1 (0.5%) |
| Extrasystoles | 1 (0.5%) | 1 (0.5%) |
| Left ventricular dysfunction | 1 (0.5%) | 1 (0.5%) |
| Sinus tachycardia | 1 (0.5%) | 1 (0.5%) |
| Tachycardia | 1 (0.5%) | 1 (0.5%) |
| Tricuspid valve incompetence | 1 (0.5%) | 1 (0.5%) |
| Aortic valve calcification | 1 (0.5%) | 0 |
| Aortic valve stenosis | 1 (0.5%) | 0 |
| Atrial fibrillation | 1 (0.5%) | 0 |
| Bundle branch block left | 1 (0.5%) | 0 |
| Coronary artery occlusion | 1 (0.5%) | 0 |
| Diabetic cardiomyopathy | 1 (0.5%) | 0 |
| Left atrial dilatation | 1 (0.5%) | 0 |
| Left atrial enlargement | 1 (0.5%) | 0 |
| Left ventricular failure | 1 (0.5%) | 0 |
| Mitral valve calcification | 1 (0.5%) | 0 |
| Mitral valve disease | 1 (0.5%) | 0 |
| Mitral valve incompetence | 1 (0.5%) | 0 |
| Mitral valve stenosis | 1 (0.5%) | 0 |
| Sinus bradycardia | 1 (0.5%) | 0 |
| Ventricular hypertrophy | 1 (0.5%) | 0 |
| Cardiac failure chronic | 0 | 3 (1.4%) |
| Angina pectoris | 0 | 2 (0.9%) |
| Acute left ventricular failure | 0 | 1 (0.5%) |
| Atrial tachycardia | 0 | 1 (0.5%) |
| Cardiac septal hypertrophy | 0 | 1 (0.5%) |
| Cardiogenic shock | 0 | 1 (0.5%) |
| Conduction disorder | 0 | 1 (0.5%) |
| Congestive cardiomyopathy | 0 | 1 (0.5%) |
| Coronary artery insufficiency | 0 | 1 (0.5%) |
| Diastolic dysfunction | 0 | 1 (0.5%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.5%) |
| Mitral valve prolapse | 0 | 1 (0.5%) |
| Nodal rhythm | 0 | 1 (0.5%) |
| Supraventricular extrasystoles | 0 | 1 (0.5%) |
| Ventricular tachycardia | 0 | 1 (0.5%) |
| Eye Disorders | 23 (11.0%) | 33 (14.9%) |
| Cataract | 10 (4.8%) | 10 (4.5%) |
| Diabetic retinopathy | 5 (2.4%) | 9 (4.1%) |
| Retinal detachment | 2 (1.0%) | 1 (0.5%) |
| Glaucoma | 2 (1.0%) | 0 |
| Visual impairment | 1 (0.5%) | 2 (0.9%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Vitreous haemorrhage | 1 (0.5%) | 1 (0.5%) |
| Dry eye | 1 (0.5%) | 0 |
| Eye pain | 1 (0.5%) | 0 |
| Macular degeneration | 1 (0.5%) | 0 |
| Macular fibrosis | 1 (0.5%) | 0 |
| Periorbital swelling | 1 (0.5%) | 0 |
| Pupils unequal | 1 (0.5%) | 0 |
| Retinopathy | 1 (0.5%) | 0 |
| Vision blurred | 1 (0.5%) | 0 |
| Vitreoretinal traction syndrome | 1 (0.5%) | 0 |
| Diplopia | 0 | 2 (0.9%) |
| Macular oedema | 0 | 2 (0.9%) |
| Retinal haemorrhage | 0 | 2 (0.9%) |
| Blepharitis | 0 | 1 (0.5%) |
| Conjunctivitis allergic | 0 | 1 (0.5%) |
| Eye pruritus | 0 | 1 (0.5%) |
| Halo vision | 0 | 1 (0.5%) |
| Ocular hyperaemia | 0 | 1 (0.5%) |
| Retinal artery occlusion | 0 | 1 (0.5%) |
| Retinoschisis | 0 | 1 (0.5%) |
| Visual acuity reduced | 0 | 1 (0.5%) |
| Vitreous detachment | 0 | 1 (0.5%) |
| Vitreous floaters | 0 | 1 (0.5%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 17 (8.1%) | 15 (6.8%) |
| Prostate cancer | 3 (1.4%) | 0 |
| Basal cell carcinoma | 1 (0.5%) | 3 (1.4%) |
| Adenocarcinoma of colon | 1 (0.5%) | 1 (0.5%) |
| Melanocytic naevus | 1 (0.5%) | 1 (0.5%) |
| Adrenal adenoma | 1 (0.5%) | 0 |
| Benign neoplasm of thyroid gland | 1 (0.5%) | 0 |
| Bladder cancer recurrent | 1 (0.5%) | 0 |
| Colorectal cancer | 1 (0.5%) | 0 |
| Gastrointestinal stromal tumour | 1 (0.5%) | 0 |
| Hepatocellular carcinoma | 1 (0.5%) | 0 |
| Lipoma | 1 (0.5%) | 0 |
| Rectal adenocarcinoma | 1 (0.5%) | 0 |
| Rectal cancer metastatic | 1 (0.5%) | 0 |
| Renal neoplasm | 1 (0.5%) | 0 |
| Sarcoma | 1 (0.5%) | 0 |
| Seborrhoeic keratosis | 1 (0.5%) | 0 |
| Skin papilloma | 1 (0.5%) | 0 |
| Tonsil cancer | 1 (0.5%) | 0 |
| Bowen's disease | 0 | 2 (0.9%) |
| Cholesteatoma | 0 | 2 (0.9%) |
| Squamous cell carcinoma of skin | 0 | 2 (0.9%) |
| Benign lung neoplasm | 0 | 1 (0.5%) |
| Colon adenoma | 0 | 1 (0.5%) |
| Lentigo maligna | 0 | 1 (0.5%) |
| Lung neoplasm | 0 | 1 (0.5%) |
| Lung neoplasm malignant | 0 | 1 (0.5%) |
| Monoclonal gammopathy | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Neoplasm | 0 | 1(0.5%) |
| Oropharyngeal cancer | 0 | 1(0.5%) |
| Pancreatic neoplasm | 0 | 1(0.5%) |
| Blood And Lymphatic System Disorders | 16(7.6%) | 18(8.1%) |
| Anaemia | 9(4.3%) | 10(4.5%) |
| Iron deficiency anaemia | 2(1.0%) | 2(0.9%) |
| Nephrogenic anaemia | 1(0.5%) | 2(0.9%) |
| Lymphadenopathy mediastinal | 1(0.5%) | 1(0.5%) |
| Microcytic anaemia | 1(0.5%) | 1(0.5%) |
| Immune thrombocytopenia | 1(0.5%) | 0 |
| Leukocytosis | 1(0.5%) | 0 |
| Lymphadenopathy | 1(0.5%) | 0 |
| Normochromic normocytic anaemia | 1(0.5%) | 0 |
| Polycythaemia | 0 | 1(0.5%) |
| Thrombocytopenia | 0 | 1(0.5%) |
| Reproductive System And Breast Disorders | 13(6.2%) | 16(7.2%) |
| Benign prostatic hyperplasia | 8(3.8%) | 9(4.1%) |
| Erectile dysfunction | 3(1.4%) | 2(0.9%) |
| Atrophic vulvovaginitis | 1(0.5%) | 0 |
| Postmenopausal haemorrhage | 1(0.5%) | 0 |
| Prostatic calcification | 1(0.5%) | 0 |
| Prostatism | 1(0.5%) | 0 |
| Genital lesion | 0 | 1(0.5%) |
| Gynaecomastia | 0 | 1(0.5%) |
| Pelvic cyst | 0 | 1(0.5%) |
| Prostatitis | 0 | 1(0.5%) |
| Prostatomegaly | 0 | 1(0.5%) |
| Hepatobiliary Disorders | 12(5.7%) | 11(5.0%) |
| Cholelithiasis | 4(1.9%) | 3(1.4%) |
| Hepatic cirrhosis | 3(1.4%) | 0 |
| Hepatic steatosis | 2(1.0%) | 1(0.5%) |
| Hepatic function abnormal | 1(0.5%) | 2(0.9%) |
| Cholecystitis chronic | 1(0.5%) | 1(0.5%) |
| Hepatic lesion | 1(0.5%) | 1(0.5%) |
| Gallbladder polyp | 0 | 2(0.9%) |
| Cholecystitis acute | 0 | 1(0.5%) |
| Nonalcoholic fatty liver disease | 0 | 1(0.5%) |
| Steatohepatitis | 0 | 1(0.5%) |
| Surgical And Medical Procedures | 9(4.3%) | 11(5.0%) |
| Cataract operation | 4(1.9%) | 2(0.9%) |
| Acrochordon excision | 1(0.5%) | 0 |
| Lymphadenectomy | 1(0.5%) | 0 |
| Mole excision | 1(0.5%) | 0 |
| Retinal laser coagulation | 1(0.5%) | 0 |
| Spinal decompression | 1(0.5%) | 0 |
| Cardiac ablation | 0 | 1(0.5%) |
| Cardiac pacemaker insertion | 0 | 1(0.5%) |
| Cardiac rehabilitation therapy | 0 | 1(0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Cholecystectomy | 0 | 1 (0.5%) |
| Dental implantation | 0 | 1 (0.5%) |
| Foot amputation | 0 | 1 (0.5%) |
| Insertion of ambulatory peritoneal catheter | 0 | 1 (0.5%) |
| Tooth extraction | 0 | 1 (0.5%) |
| Varicose vein operation | 0 | 1 (0.5%) |
| Psychiatric Disorders | 9 (4.3%) | 9 (4.1%) |
| Depression | 4 (1.9%) | 2 (0.9%) |
| Anxiety | 1 (0.5%) | 3 (1.4%) |
| Insomnia | 1 (0.5%) | 3 (1.4%) |
| Delirium | 1 (0.5%) | 0 |
| Middle insomnia | 1 (0.5%) | 0 |
| Nervousness | 1 (0.5%) | 0 |
| Restlessness | 1 (0.5%) | 0 |
| Sleep disorder | 1 (0.5%) | 0 |
| Depressed mood | 0 | 1 (0.5%) |
| Generalised anxiety disorder | 0 | 1 (0.5%) |
| Ear And Labyrinth Disorders | 9 (4.3%) | 8 (3.6%) |
| Vertigo | 6 (2.9%) | 4 (1.8%) |
| Tinnitus | 1 (0.5%) | 2 (0.9%) |
| Ear pruritus | 1 (0.5%) | 0 |
| Excessive cerumen production | 1 (0.5%) | 0 |
| Ear pain | 0 | 2 (0.9%) |
| Ear discomfort | 0 | 1 (0.5%) |
| Hypoacusis | 0 | 1 (0.5%) |
| Mixed deafness | 0 | 1 (0.5%) |
| Sudden hearing loss | 0 | 1 (0.5%) |
| Endocrine Disorders | 5 (2.4%) | 9 (4.1%) |
| Hypothyroidism | 1 (0.5%) | 2 (0.9%) |
| Thyroid mass | 1 (0.5%) | 1 (0.5%) |
| Basedow's disease | 1 (0.5%) | 0 |
| Goitre | 1 (0.5%) | 0 |
| Hyperthyroidism | 1 (0.5%) | 0 |
| Hyperparathyroidism secondary | 0 | 2 (0.9%) |
| Hypogonadism | 0 | 2 (0.9%) |
| Hyperparathyroidism | 0 | 1 (0.5%) |
| Hyperplasia adrenal | 0 | 1 (0.5%) |
| Testicular failure | 0 | 1 (0.5%) |
| Immune System Disorders | 5 (2.4%) | 2 (0.9%) |
| Drug hypersensitivity | 2 (1.0%) | 0 |
| Hypersensitivity | 1 (0.5%) | 1 (0.5%) |
| Seasonal allergy | 1 (0.5%) | 1 (0.5%) |
| Sarcoidosis | 1 (0.5%) | 0 |
| Congenital, Familial And Genetic Disorders | 4 (1.9%) | 2 (0.9%) |
| Phimosis | 2 (1.0%) | 1 (0.5%) |
| Adenomatous polyposis coli | 1 (0.5%) | 0 |
| Hypertrophic cardiomyopathy | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|----------------|-------------------|------------------------|---------------------|
| Tornwaldt cyst | | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Any TEAE | 65 (31.0%) | 67 (30.3%) |
| Infections And Infestations | 16 (7.6%) | 15 (6.8%) |
| Pneumonia | 5 (2.4%) | 2 (0.9%) |
| Urinary tract infection | 3 (1.4%) | 1 (0.5%) |
| Osteomyelitis | 2 (1.0%) | 3 (1.4%) |
| Diverticulitis | 2 (1.0%) | 0 |
| Infected skin ulcer | 2 (1.0%) | 0 |
| Urosepsis | 1 (0.5%) | 1 (0.5%) |
| Chest wall abscess | 1 (0.5%) | 0 |
| Endophthalmitis | 1 (0.5%) | 0 |
| Febrile infection | 1 (0.5%) | 0 |
| Lower respiratory tract infection | 1 (0.5%) | 0 |
| Pyelonephritis | 1 (0.5%) | 0 |
| Erysipelas | 0 | 3 (1.4%) |
| Cellulitis | 0 | 1 (0.5%) |
| Hepatitis viral | 0 | 1 (0.5%) |
| Infective exacerbation of bronchiectasis | 0 | 1 (0.5%) |
| Pyelonephritis acute | 0 | 1 (0.5%) |
| Sepsis | 0 | 1 (0.5%) |
| Upper respiratory tract infection | 0 | 1 (0.5%) |
| Wound infection | 0 | 1 (0.5%) |
| Metabolism And Nutrition Disorders | 13 (6.2%) | 8 (3.6%) |
| Diabetes mellitus | 3 (1.4%) | 2 (0.9%) |
| Type 2 diabetes mellitus | 3 (1.4%) | 2 (0.9%) |
| Hyperkalaemia | 2 (1.0%) | 0 |
| Diabetes mellitus inadequate control | 1 (0.5%) | 3 (1.4%) |
| Diabetic metabolic decompensation | 1 (0.5%) | 2 (0.9%) |
| Dehydration | 1 (0.5%) | 0 |
| Fluid overload | 1 (0.5%) | 0 |
| Hypoglycaemia | 1 (0.5%) | 0 |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 11 (5.2%) | 7 (3.2%) |
| Prostate cancer | 3 (1.4%) | 0 |
| Adenocarcinoma of colon | 1 (0.5%) | 1 (0.5%) |
| Colorectal cancer | 1 (0.5%) | 0 |
| Gastrointestinal stromal tumour | 1 (0.5%) | 0 |
| Hepatocellular carcinoma | 1 (0.5%) | 0 |
| Lipoma | 1 (0.5%) | 0 |
| Rectal adenocarcinoma | 1 (0.5%) | 0 |
| Rectal cancer metastatic | 1 (0.5%) | 0 |
| Sarcoma | 1 (0.5%) | 0 |
| Tonsil cancer | 1 (0.5%) | 0 |
| Basal cell carcinoma | 0 | 1 (0.5%) |
| Bowen's disease | 0 | 1 (0.5%) |
| Lentigo maligna | 0 | 1 (0.5%) |
| Lung neoplasm | 0 | 1 (0.5%) |
| Lung neoplasm malignant | 0 | 1 (0.5%) |
| Neoplasm | 0 | 1 (0.5%) |
| Oropharyngeal cancer | 0 | 1 (0.5%) |
| Pancreatic neoplasm | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Squamous cell carcinoma of skin | 0 | 1 (0.5%) |
| Renal And Urinary Disorders | 8 (3.8%) | 5 (2.3%) |
| Acute kidney injury | 3 (1.4%) | 1 (0.5%) |
| Urinary retention | 1 (0.5%) | 1 (0.5%) |
| End stage renal disease | 1 (0.5%) | 0 |
| Renal impairment | 1 (0.5%) | 0 |
| Urethral stenosis | 1 (0.5%) | 0 |
| Urinary incontinence | 1 (0.5%) | 0 |
| Dysuria | 0 | 1 (0.5%) |
| Haematuria | 0 | 1 (0.5%) |
| Proteinuria | 0 | 1 (0.5%) |
| Tubulointerstitial nephritis | 0 | 1 (0.5%) |
| Vascular Disorders | 7 (3.3%) | 5 (2.3%) |
| Hypotension | 1 (0.5%) | 1 (0.5%) |
| Aortic dissection | 1 (0.5%) | 0 |
| Hypertension | 1 (0.5%) | 0 |
| Hypertensive emergency | 1 (0.5%) | 0 |
| Intermittent claudication | 1 (0.5%) | 0 |
| Peripheral vascular disorder | 1 (0.5%) | 0 |
| Thrombosis | 1 (0.5%) | 0 |
| Giant cell arteritis | 0 | 1 (0.5%) |
| Hypertensive crisis | 0 | 1 (0.5%) |
| Hypovolaemic shock | 0 | 1 (0.5%) |
| Peripheral arterial occlusive disease | 0 | 1 (0.5%) |
| Gastrointestinal Disorders | 7 (3.3%) | 4 (1.8%) |
| Gastrointestinal haemorrhage | 3 (1.4%) | 0 |
| Large intestine polyp | 2 (1.0%) | 1 (0.5%) |
| Duodenal polyp | 1 (0.5%) | 0 |
| Gastric polyps | 1 (0.5%) | 0 |
| Pancreatitis acute | 1 (0.5%) | 0 |
| Varices oesophageal | 1 (0.5%) | 0 |
| Inguinal hernia | 0 | 1 (0.5%) |
| Melaena | 0 | 1 (0.5%) |
| Small intestinal obstruction | 0 | 1 (0.5%) |
| General Disorders And Administration Site Conditions | 6 (2.9%) | 2 (0.9%) |
| Oedema peripheral | 2 (1.0%) | 1 (0.5%) |
| Chest pain | 2 (1.0%) | 0 |
| Asthenia | 1 (0.5%) | 0 |
| Fatigue | 1 (0.5%) | 0 |
| Gait disturbance | 1 (0.5%) | 0 |
| Generalised oedema | 0 | 1 (0.5%) |
| Eye Disorders | 5 (2.4%) | 6 (2.7%) |
| Retinal detachment | 2 (1.0%) | 0 |
| Cataract | 1 (0.5%) | 2 (0.9%) |
| Vitreous haemorrhage | 1 (0.5%) | 1 (0.5%) |
| Macular fibrosis | 1 (0.5%) | 0 |
| Diabetic retinopathy | 0 | 3 (1.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Retinal artery occlusion | 0 | 1 (0.5%) |
| Nervous System Disorders | 5 (2.4%) | 4 (1.8%) |
| Syncope | 1 (0.5%) | 1 (0.5%) |
| Balance disorder | 1 (0.5%) | 0 |
| Brain oedema | 1 (0.5%) | 0 |
| Carotid artery stenosis | 1 (0.5%) | 0 |
| Vertebral artery occlusion | 1 (0.5%) | 0 |
| Cerebral vascular occlusion | 0 | 1 (0.5%) |
| Dizziness | 0 | 1 (0.5%) |
| Hemiparesis | 0 | 1 (0.5%) |
| Hepatobiliary Disorders | 4 (1.9%) | 1 (0.5%) |
| Cholelithiasis | 3 (1.4%) | 0 |
| Hepatic lesion | 1 (0.5%) | 0 |
| Cholecystitis acute | 0 | 1 (0.5%) |
| Injury, Poisoning And Procedural Complications | 3 (1.4%) | 4 (1.8%) |
| Ankle fracture | 1 (0.5%) | 1 (0.5%) |
| Chest injury | 1 (0.5%) | 0 |
| Head injury | 1 (0.5%) | 0 |
| Lumbar vertebral fracture | 1 (0.5%) | 0 |
| Rib fracture | 1 (0.5%) | 0 |
| Craniocerebral injury | 0 | 1 (0.5%) |
| Spinal fracture | 0 | 1 (0.5%) |
| Thoracic vertebral fracture | 0 | 1 (0.5%) |
| Surgical And Medical Procedures | 3 (1.4%) | 3 (1.4%) |
| Cataract operation | 1 (0.5%) | 0 |
| Lymphadenectomy | 1 (0.5%) | 0 |
| Spinal decompression | 1 (0.5%) | 0 |
| Cardiac rehabilitation therapy | 0 | 1 (0.5%) |
| Cholecystectomy | 0 | 1 (0.5%) |
| Foot amputation | 0 | 1 (0.5%) |
| Blood And Lymphatic System Disorders | 3 (1.4%) | 2 (0.9%) |
| Anaemia | 2 (1.0%) | 1 (0.5%) |
| Lymphadenopathy | 1 (0.5%) | 0 |
| Iron deficiency anaemia | 0 | 1 (0.5%) |
| Respiratory, Thoracic And Mediastinal Disorders | 3 (1.4%) | 2 (0.9%) |
| Pulmonary embolism | 2 (1.0%) | 0 |
| Chronic obstructive pulmonary disease | 1 (0.5%) | 1 (0.5%) |
| Acute respiratory failure | 0 | 1 (0.5%) |
| Musculoskeletal And Connective Tissue Disorders | 2 (1.0%) | 9 (4.1%) |
| Lumbar spinal stenosis | 1 (0.5%) | 1 (0.5%) |
| Osteoarthritis | 1 (0.5%) | 0 |
| Costochondritis | 0 | 2 (0.9%) |
| Arthritis | 0 | 1 (0.5%) |
| Back pain | 0 | 1 (0.5%) |
| Bursitis | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Intervertebral disc protrusion | 0 | 1 (0.5%) |
| Pain in extremity | 0 | 1 (0.5%) |
| Polymyalgia rheumatica | 0 | 1 (0.5%) |
| Investigations | 2 (1.0%) | 5 (2.3%) |
| Blood potassium increased | 1 (0.5%) | 0 |
| Colonoscopy | 1 (0.5%) | 0 |
| Biopsy kidney | 0 | 1 (0.5%) |
| Blood creatine phosphokinase MB increased | 0 | 1 (0.5%) |
| Blood creatinine increased | 0 | 1 (0.5%) |
| Glomerular filtration rate decreased | 0 | 1 (0.5%) |
| Protein urine present | 0 | 1 (0.5%) |
| Cardiac Disorders | 2 (1.0%) | 1 (0.5%) |
| Atrial flutter | 1 (0.5%) | 0 |
| Mitral valve disease | 1 (0.5%) | 0 |
| Ischaemic mitral regurgitation | 0 | 1 (0.5%) |
| Skin And Subcutaneous Tissue Disorders | 1 (0.5%) | 3 (1.4%) |
| Skin ulcer | 1 (0.5%) | 0 |
| Diabetic foot | 0 | 2 (0.9%) |
| Actinic keratosis | 0 | 1 (0.5%) |
| Ear And Labyrinth Disorders | 1 (0.5%) | 1 (0.5%) |
| Vertigo | 1 (0.5%) | 1 (0.5%) |
| Reproductive System And Breast Disorders | 1 (0.5%) | 1 (0.5%) |
| Benign prostatic hyperplasia | 1 (0.5%) | 1 (0.5%) |
| Congenital, Familial And Genetic Disorders | 1 (0.5%) | 0 |
| Phimosis | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Any TEAE | 35 (16.7%) | 38 (17.2%) |
| Infections And Infestations | 8 (3.8%) | 6 (2.7%) |
| Pneumonia | 2 (1.0%) | 1 (0.5%) |
| Osteomyelitis | 1 (0.5%) | 1 (0.5%) |
| Bronchitis | 1 (0.5%) | 0 |
| Chest wall abscess | 1 (0.5%) | 0 |
| Diverticulitis | 1 (0.5%) | 0 |
| Encephalitis viral | 1 (0.5%) | 0 |
| Infected skin ulcer | 1 (0.5%) | 0 |
| Urinary tract infection | 1 (0.5%) | 0 |
| Erysipelas | 0 | 2 (0.9%) |
| Cellulitis | 0 | 1 (0.5%) |
| Urosepsis | 0 | 1 (0.5%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 7 (3.3%) | 6 (2.7%) |
| Prostate cancer | 3 (1.4%) | 0 |
| Adenocarcinoma of colon | 1 (0.5%) | 1 (0.5%) |
| Rectal adenocarcinoma | 1 (0.5%) | 0 |
| Sarcoma | 1 (0.5%) | 0 |
| Tonsil cancer | 1 (0.5%) | 0 |
| Basal cell carcinoma | 0 | 1 (0.5%) |
| Bowen's disease | 0 | 1 (0.5%) |
| Lentigo maligna | 0 | 1 (0.5%) |
| Lung neoplasm | 0 | 1 (0.5%) |
| Lung neoplasm malignant | 0 | 1 (0.5%) |
| Oropharyngeal cancer | 0 | 1 (0.5%) |
| Squamous cell carcinoma of skin | 0 | 1 (0.5%) |
| Renal And Urinary Disorders | 5 (2.4%) | 3 (1.4%) |
| Acute kidney injury | 2 (1.0%) | 1 (0.5%) |
| Renal impairment | 1 (0.5%) | 1 (0.5%) |
| End stage renal disease | 1 (0.5%) | 0 |
| Urinary retention | 1 (0.5%) | 0 |
| Hypertonic bladder | 0 | 1 (0.5%) |
| Gastrointestinal Disorders | 4 (1.9%) | 2 (0.9%) |
| Gastrointestinal haemorrhage | 2 (1.0%) | 0 |
| Duodenal polyp | 1 (0.5%) | 0 |
| Pancreatitis acute | 1 (0.5%) | 0 |
| Large intestine polyp | 0 | 1 (0.5%) |
| Small intestinal obstruction | 0 | 1 (0.5%) |
| Metabolism And Nutrition Disorders | 4 (1.9%) | 0 |
| Hyperkalaemia | 2 (1.0%) | 0 |
| Dehydration | 1 (0.5%) | 0 |
| Diabetes mellitus | 1 (0.5%) | 0 |
| Vascular Disorders | 3 (1.4%) | 7 (3.2%) |
| Hypertension | 1 (0.5%) | 3 (1.4%) |
| Aortic dissection | 1 (0.5%) | 0 |
| Hypertensive emergency | 1 (0.5%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Arteriosclerosis | 0 | 1 (0.5%) |
| Giant cell arteritis | 0 | 1 (0.5%) |
| Hypertensive crisis | 0 | 1 (0.5%) |
| Hypovolaemic shock | 0 | 1 (0.5%) |
| Peripheral arterial occlusive disease | 0 | 1 (0.5%) |
| Cardiac Disorders | 3 (1.4%) | 2 (0.9%) |
| Aortic valve stenosis | 1 (0.5%) | 0 |
| Coronary artery disease | 1 (0.5%) | 0 |
| Mitral valve calcification | 1 (0.5%) | 0 |
| Mitral valve disease | 1 (0.5%) | 0 |
| Conduction disorder | 0 | 1 (0.5%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.5%) |
| Mitral valve prolapse | 0 | 1 (0.5%) |
| Respiratory, Thoracic And Mediastinal Disorders | 3 (1.4%) | 1 (0.5%) |
| Pulmonary embolism | 2 (1.0%) | 0 |
| Chronic obstructive pulmonary disease | 1 (0.5%) | 0 |
| Acute respiratory failure | 0 | 1 (0.5%) |
| General Disorders And Administration Site Conditions | 3 (1.4%) | 0 |
| Chest pain | 2 (1.0%) | 0 |
| Oedema peripheral | 1 (0.5%) | 0 |
| Nervous System Disorders | 2 (1.0%) | 3 (1.4%) |
| Brain oedema | 1 (0.5%) | 0 |
| Diabetic neuropathy | 1 (0.5%) | 0 |
| Carpal tunnel syndrome | 0 | 1 (0.5%) |
| Dizziness | 0 | 1 (0.5%) |
| Hemiparesis | 0 | 1 (0.5%) |
| Surgical And Medical Procedures | 2 (1.0%) | 1 (0.5%) |
| Cataract operation | 1 (0.5%) | 0 |
| Lymphadenectomy | 1 (0.5%) | 0 |
| Foot amputation | 0 | 1 (0.5%) |
| Eye Disorders | 2 (1.0%) | 0 |
| Cataract | 1 (0.5%) | 0 |
| Retinal detachment | 1 (0.5%) | 0 |
| Hepatobiliary Disorders | 1 (0.5%) | 2 (0.9%) |
| Cholelithiasis | 1 (0.5%) | 0 |
| Cholecystitis acute | 0 | 1 (0.5%) |
| Hepatic lesion | 0 | 1 (0.5%) |
| Blood And Lymphatic System Disorders | 0 | 3 (1.4%) |
| Anaemia | 0 | 2 (0.9%) |
| Iron deficiency anaemia | 0 | 1 (0.5%) |
| Musculoskeletal And Connective Tissue Disorders | 0 | 3 (1.4%) |
| Costochondritis | 0 | 1 (0.5%) |
| Osteoarthritis | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|--|------------------------|---------------------|
| Polymyalgia rheumatica | 0 | 1 (0.5%) |
| Injury, Poisoning And Procedural Complications | 0 | 2 (0.9%) |
| Cranio-cerebral injury | 0 | 1 (0.5%) |
| Spinal fracture | 0 | 1 (0.5%) |
| Investigations | 0 | 2 (0.9%) |
| Blood triglycerides increased | 0 | 1 (0.5%) |
| Glomerular filtration rate decreased | 0 | 1 (0.5%) |
| Skin And Subcutaneous Tissue Disorders | 0 | 2 (0.9%) |
| Actinic keratosis | 0 | 1 (0.5%) |
| Diabetic foot | 0 | 1 (0.5%) |
| Psychiatric Disorders | 0 | 1 (0.5%) |
| Depression | 0 | 1 (0.5%) |
| Reproductive System And Breast Disorders | 0 | 1 (0.5%) |
| Benign prostatic hyperplasia | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N= 210) | Placebo (N= 221) |
|---|------------------------|---------------------|
| Any TEAE | 10 (4.8%) | 11 (5.0%) |
| Investigations | 3 (1.4%) | 1 (0.5%) |
| Blood potassium increased | 2 (1.0%) | 0 |
| Glomerular filtration rate decreased | 1 (0.5%) | 1 (0.5%) |
| Metabolism And Nutrition Disorders | 2 (1.0%) | 2 (0.9%) |
| Hyperkalaemia | 2 (1.0%) | 2 (0.9%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 1 (0.5%) | 3 (1.4%) |
| Renal neoplasm | 1 (0.5%) | 0 |
| Adenocarcinoma of colon | 0 | 1 (0.5%) |
| Lung neoplasm | 0 | 1 (0.5%) |
| Pancreatic neoplasm | 0 | 1 (0.5%) |
| General Disorders And Administration Site Conditions | 1 (0.5%) | 1 (0.5%) |
| Asthenia | 1 (0.5%) | 0 |
| Malaise | 0 | 1 (0.5%) |
| Renal And Urinary Disorders | 1 (0.5%) | 1 (0.5%) |
| Urinary retention | 1 (0.5%) | 0 |
| Tubulointerstitial nephritis | 0 | 1 (0.5%) |
| Vascular Disorders | 1 (0.5%) | 1 (0.5%) |
| Hypertension | 1 (0.5%) | 0 |
| Peripheral arterial occlusive disease | 0 | 1 (0.5%) |
| Hepatobiliary Disorders | 1 (0.5%) | 0 |
| Hepatic cirrhosis | 1 (0.5%) | 0 |
| Gastrointestinal Disorders | 0 | 1 (0.5%) |
| Diarrhoea | 0 | 1 (0.5%) |
| Musculoskeletal And Connective Tissue Disorders | 0 | 1 (0.5%) |
| Fibromyalgia | 0 | 1 (0.5%) |
| Nervous System Disorders | 0 | 1 (0.5%) |
| Paraesthesia | 0 | 1 (0.5%) |
| Skin And Subcutaneous Tissue Disorders | 0 | 1 (0.5%) |
| Dermatitis allergic | 0 | 1 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.5: Summary of Treatment Duration - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone (N= 210) | Placebo (N= 221) | Total (N= 431) |
|-----------------------------|------------------------|---------------------|-------------------|
| Treatment duration (months) | | | |
| n | 210 | 221 | 431 |
| Mean | 32.6 | 31.0 | 31.8 |
| SD | 11.42 | 12.66 | 12.08 |
| Median | 34.3 | 32.8 | 33.2 |
| Q1-Q3 | 28.3 - 40.7 | 26.8 - 40.2 | 27.6 - 40.7 |
| Range | 0.33 - 50.37 | 0.59 - 49.54 | 0.33 - 50.37 |

Abbreviations: eGFR=estimated glomerular filtration rate, N=number of subjects, n=number of subjects with non-missing values in category, Q1=first quartile, Q3=third quartile, SD=standard deviation.

Note: Treatment duration is defined as the time from start of study drug to permanent stop of study drug (in months).

Table B2.1.1: Effect Measures of Proportion of Subjects with TEAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 181 (86.2%) | 178 (80.5%) | 359 (83.3%) |
| Number of subjects without events | | 29 (13.8%) | 43 (19.5%) | 72 (16.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.508 [0.901, 2.522] | | | |
| p-value | 0.1177 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.070 [0.983, 1.164] | | | |
| p-value | 0.1157 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.056 [-0.014, 0.126] | | | |
| p-value | 0.1139 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.2: Effect Measures of Proportion of Subjects with TEAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 176 (83.8%) | 177 (80.1%) | 353 (81.9%) |
| Number of subjects without events | | 34 (16.2%) | 44 (19.9%) | 78 (18.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.287 [0.785, 2.108] | | | |
| p-value | 0.3169 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.046 [0.958, 1.143] | | | |
| p-value | 0.3155 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.037 [-0.035, 0.110] | | | |
| p-value | 0.3146 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.3: Effect Measures of Proportion of Subjects with TESAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 65 (31.0%) | 67 (30.3%) | 132 (30.6%) |
| Number of subjects without events | | 145 (69.0%) | 154 (69.7%) | 299 (69.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.030 [0.684, 1.552] | | | |
| p-value | 0.8862 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.021 [0.768, 1.357] | | | |
| p-value | 0.8862 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.081, 0.093] | | | |
| p-value | 0.8862 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.4: Effect Measures of Proportion of Subjects with TESAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 64 (30.5%) | 65 (29.4%) | 129 (29.9%) |
| Number of subjects without events | | 146 (69.5%) | 156 (70.6%) | 302 (70.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.052 [0.697, 1.589] | | | |
| p-value | 0.8094 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.036 [0.776, 1.383] | | | |
| p-value | 0.8094 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.011 [-0.076, 0.097] | | | |
| p-value | 0.8094 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.5: Effect Measures of Proportion of Subjects with Severe TEAEs
 Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 35 (16.7%) | 38 (17.2%) | 73 (16.9%) |
| Number of subjects without events | | 175 (83.3%) | 183 (82.8%) | 358 (83.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.963 [0.582, 1.594] | | | |
| p-value | 0.8839 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.969 [0.638, 1.473] | | | |
| p-value | 0.8839 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.076, 0.066] | | | |
| p-value | 0.8838 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.6: Effect Measures of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 35 (16.7%) | 37 (16.7%) | 72 (16.7%) |
| Number of subjects without events | | 175 (83.3%) | 184 (83.3%) | 359 (83.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.995 [0.599, 1.650] | | | |
| p-value | 0.9833 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.995 [0.653, 1.518] | | | |
| p-value | 0.9833 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.071, 0.070] | | | |
| p-value | 0.9833 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.7: Effect Measures of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 10 (4.8%) | 11 (5.0%) | 21 (4.9%) |
| Number of subjects without events | | 200 (95.2%) | 210 (95.0%) | 410 (95.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.955 [0.397, 2.297] | | | |
| p-value | 0.9173 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.957 [0.415, 2.206] | | | |
| p-value | 0.9173 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.043, 0.038] | | | |
| p-value | 0.9172 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.8: Effect Measures of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 16 (7.6%) | 18 (8.1%) | 34 (7.9%) |
| Number of subjects without events | | 194 (92.4%) | 203 (91.9%) | 397 (92.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.930 [0.461, 1.876] | | | |
| p-value | 0.8396 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.935 [0.490, 1.785] | | | |
| p-value | 0.8397 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.056, 0.046] | | | |
| p-value | 0.8395 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.9: Effect Measures of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 9 (4.3%) | 10 (4.5%) | 19 (4.4%) |
| Number of subjects without events | | 201 (95.7%) | 211 (95.5%) | 412 (95.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.945 [0.376, 2.373] | | | |
| p-value | 0.9038 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.947 [0.393, 2.285] | | | |
| p-value | 0.9038 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.041, 0.036] | | | |
| p-value | 0.9037 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.10: Effect Measures of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 26 (12.4%) | 20 (9.0%) | 46 (10.7%) |
| Number of subjects without events | | 184 (87.6%) | 201 (91.0%) | 385 (89.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.420 [0.767, 2.630] | | | |
| p-value | 0.2647 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.368 [0.788, 2.375] | | | |
| p-value | 0.2653 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.033 [-0.025, 0.092] | | | |
| p-value | 0.2639 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.11: Effect Measures of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 23 (11.0%) | 33 (14.9%) | 56 (13.0%) |
| Number of subjects without events | | 187 (89.0%) | 188 (85.1%) | 375 (87.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.701 [0.396, 1.238] | | | |
| p-value | 0.2210 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.733 [0.446, 1.207] | | | |
| p-value | 0.2223 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.040 [-0.103, 0.023] | | | |
| p-value | 0.2170 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.12: Effect Measures of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 10 (4.8%) | 10 (4.5%) | 20 (4.6%) |
| Number of subjects without events | | 200 (95.2%) | 211 (95.5%) | 411 (95.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.055 [0.430, 2.589] | | | |
| p-value | 0.9069 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.052 [0.447, 2.477] | | | |
| p-value | 0.9069 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.037, 0.042] | | | |
| p-value | 0.9070 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.13: Effect Measures of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 54 (25.7%) | 45 (20.4%) | 99 (23.0%) |
| Number of subjects without events | | 156 (74.3%) | 176 (79.6%) | 332 (77.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.354 [0.863, 2.124] | | | |
| p-value | 0.1875 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.263 [0.892, 1.788] | | | |
| p-value | 0.1882 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.054 [-0.026, 0.133] | | | |
| p-value | 0.1867 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.14: Effect Measures of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 14 (6.7%) | 8 (3.6%) | 22 (5.1%) |
| Number of subjects without events | | 196 (93.3%) | 213 (96.4%) | 409 (94.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.902 [0.781, 4.631] | | | |
| p-value | 0.1569 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.842 [0.789, 4.300] | | | |
| p-value | 0.1581 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.030 [-0.011, 0.072] | | | |
| p-value | 0.1528 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.15: Effect Measures of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 31 (14.8%) | 36 (16.3%) | 67 (15.5%) |
| Number of subjects without events | | 179 (85.2%) | 185 (83.7%) | 364 (84.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.890 [0.528, 1.500] | | | |
| p-value | 0.6618 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.906 [0.583, 1.409] | | | |
| p-value | 0.6620 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.015 [-0.084, 0.053] | | | |
| p-value | 0.6613 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.16: Effect Measures of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 11 (5.2%) | 16 (7.2%) | 27 (6.3%) |
| Number of subjects without events | | 199 (94.8%) | 205 (92.8%) | 404 (93.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.708 [0.321, 1.564] | | | |
| p-value | 0.3933 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.724 [0.344, 1.523] | | | |
| p-value | 0.3939 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.020 [-0.066, 0.026] | | | |
| p-value | 0.3891 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.17: Effect Measures of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 12 (5.7%) | 11 (5.0%) | 23 (5.3%) |
| Number of subjects without events | | 198 (94.3%) | 210 (95.0%) | 408 (94.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.157 [0.499, 2.682] | | | |
| p-value | 0.7339 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.148 [0.518, 2.545] | | | |
| p-value | 0.7339 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.007 [-0.035, 0.050] | | | |
| p-value | 0.7341 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.18: Effect Measures of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 88 (41.9%) | 90 (40.7%) | 178 (41.3%) |
| Number of subjects without events | | 122 (58.1%) | 131 (59.3%) | 253 (58.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.050 [0.715, 1.541] | | | |
| p-value | 0.8035 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.029 [0.822, 1.289] | | | |
| p-value | 0.8034 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.012 [-0.081, 0.105] | | | |
| p-value | 0.8035 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.19: Effect Measures of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 11 (5.2%) | 10 (4.5%) | 21 (4.9%) |
| Number of subjects without events | | 199 (94.8%) | 211 (95.5%) | 410 (95.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.166 [0.485, 2.806] | | | |
| p-value | 0.7312 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.158 [0.502, 2.669] | | | |
| p-value | 0.7313 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.007 [-0.034, 0.048] | | | |
| p-value | 0.7314 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.20: Effect Measures of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 14 (6.7%) | 18 (8.1%) | 32 (7.4%) |
| Number of subjects without events | | 196 (93.3%) | 203 (91.9%) | 399 (92.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.806 [0.390, 1.664] | | | |
| p-value | 0.5591 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.819 [0.418, 1.603] | | | |
| p-value | 0.5594 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.015 [-0.064, 0.035] | | | |
| p-value | 0.5574 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.21: Effect Measures of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 10 (4.8%) | 6 (2.7%) | 16 (3.7%) |
| Number of subjects without events | | 200 (95.2%) | 215 (97.3%) | 415 (96.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.792 [0.639, 5.020] | | | |
| p-value | 0.2673 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.754 [0.649, 4.741] | | | |
| p-value | 0.2681 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.020 [-0.015, 0.056] | | | |
| p-value | 0.2637 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.22: Effect Measures of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 11 (5.2%) | 18 (8.1%) | 29 (6.7%) |
| Number of subjects without events | | 199 (94.8%) | 203 (91.9%) | 402 (93.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.623 [0.287, 1.353] | | | |
| p-value | 0.2321 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.643 [0.311, 1.329] | | | |
| p-value | 0.2333 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.029 [-0.076, 0.018] | | | |
| p-value | 0.2254 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.23: Effect Measures of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 14 (6.7%) | 15 (6.8%) | 29 (6.7%) |
| Number of subjects without events | | 196 (93.3%) | 206 (93.2%) | 402 (93.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.981 [0.461, 2.085] | | | |
| p-value | 0.9601 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.982 [0.486, 1.985] | | | |
| p-value | 0.9601 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.049, 0.046] | | | |
| p-value | 0.9601 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.24: Effect Measures of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 30 (14.3%) | 30 (13.6%) | 60 (13.9%) |
| Number of subjects without events | | 180 (85.7%) | 191 (86.4%) | 371 (86.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.061 [0.615, 1.831] | | | |
| p-value | 0.8312 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.052 [0.658, 1.683] | | | |
| p-value | 0.8312 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.007 [-0.058, 0.073] | | | |
| p-value | 0.8313 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.25: Effect Measures of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 51 (24.3%) | 52 (23.5%) | 103 (23.9%) |
| Number of subjects without events | | 159 (75.7%) | 169 (76.5%) | 328 (76.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.042 [0.669, 1.623] | | | |
| p-value | 0.8540 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.032 [0.737, 1.446] | | | |
| p-value | 0.8540 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.008 [-0.073, 0.088] | | | |
| p-value | 0.8540 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.26: Effect Measures of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 12 (5.7%) | 7 (3.2%) | 19 (4.4%) |
| Number of subjects without events | | 198 (94.3%) | 214 (96.8%) | 412 (95.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.853 [0.715, 4.800] | | | |
| p-value | 0.2042 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.804 [0.724, 4.495] | | | |
| p-value | 0.2052 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.025 [-0.014, 0.064] | | | |
| p-value | 0.2002 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.27: Effect Measures of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 74 (35.2%) | 64 (29.0%) | 138 (32.0%) |
| Number of subjects without events | | 136 (64.8%) | 157 (71.0%) | 293 (68.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.335 [0.890, 2.003] | | | |
| p-value | 0.1631 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.217 [0.923, 1.604] | | | |
| p-value | 0.1637 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.063 [-0.025, 0.151] | | | |
| p-value | 0.1622 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.28: Effect Measures of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 18 (8.6%) | 13 (5.9%) | 31 (7.2%) |
| Number of subjects without events | | 192 (91.4%) | 208 (94.1%) | 400 (92.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.500 [0.716, 3.143] | | | |
| p-value | 0.2828 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.457 [0.732, 2.899] | | | |
| p-value | 0.2834 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.027 [-0.022, 0.076] | | | |
| p-value | 0.2816 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.29: Effect Measures of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 14 (6.7%) | 8 (3.6%) | 22 (5.1%) |
| Number of subjects without events | | 196 (93.3%) | 213 (96.4%) | 409 (94.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.902 [0.781, 4.631] | | | |
| p-value | 0.1569 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.842 [0.789, 4.300] | | | |
| p-value | 0.1581 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.030 [-0.011, 0.072] | | | |
| p-value | 0.1528 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.30: Effect Measures of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 8 (3.8%) | 17 (7.7%) | 25 (5.8%) |
| Number of subjects without events | | 202 (96.2%) | 204 (92.3%) | 406 (94.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.475 [0.201, 1.126] | | | |
| p-value | 0.0910 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.495 [0.218, 1.123] | | | |
| p-value | 0.0926 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.039 [-0.082, 0.005] | | | |
| p-value | 0.0812 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.31: Effect Measures of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 53 (25.2%) | 51 (23.1%) | 104 (24.1%) |
| Number of subjects without events | | 157 (74.8%) | 170 (76.9%) | 327 (75.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.125 [0.724, 1.750] | | | |
| p-value | 0.6003 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.094 [0.782, 1.529] | | | |
| p-value | 0.6003 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.022 [-0.059, 0.102] | | | |
| p-value | 0.6004 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.32: Effect Measures of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 12 (5.7%) | 11 (5.0%) | 23 (5.3%) |
| Number of subjects without events | | 198 (94.3%) | 210 (95.0%) | 408 (94.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.157 [0.499, 2.682] | | | |
| p-value | 0.7339 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.148 [0.518, 2.545] | | | |
| p-value | 0.7339 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.007 [-0.035, 0.050] | | | |
| p-value | 0.7341 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.33: Effect Measures of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 15 (7.1%) | 12 (5.4%) | 27 (6.3%) |
| Number of subjects without events | | 195 (92.9%) | 209 (94.6%) | 404 (93.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.340 [0.612, 2.934] | | | |
| p-value | 0.4645 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.315 [0.631, 2.744] | | | |
| p-value | 0.4648 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.017 [-0.029, 0.063] | | | |
| p-value | 0.4644 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.34: Effect Measures of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 17 (8.1%) | 15 (6.8%) | 32 (7.4%) |
| Number of subjects without events | | 193 (91.9%) | 206 (93.2%) | 399 (92.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.210 [0.588, 2.489] | | | |
| p-value | 0.6051 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.193 [0.611, 2.326] | | | |
| p-value | 0.6052 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.013 [-0.037, 0.063] | | | |
| p-value | 0.6053 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.35: Effect Measures of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 41 (19.5%) | 33 (14.9%) | 74 (17.2%) |
| Number of subjects without events | | 169 (80.5%) | 188 (85.1%) | 357 (82.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.382 [0.836, 2.286] | | | |
| p-value | 0.2076 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.308 [0.861, 1.985] | | | |
| p-value | 0.2083 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.046 [-0.025, 0.117] | | | |
| p-value | 0.2068 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.36: Effect Measures of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 30 (14.3%) | 29 (13.1%) | 59 (13.7%) |
| Number of subjects without events | | 180 (85.7%) | 192 (86.9%) | 372 (86.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.103 [0.637, 1.911] | | | |
| p-value | 0.7255 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.089 [0.678, 1.749] | | | |
| p-value | 0.7255 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.012 [-0.053, 0.077] | | | |
| p-value | 0.7256 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.37: Effect Measures of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 13 (6.2%) | 16 (7.2%) | 29 (6.7%) |
| Number of subjects without events | | 197 (93.8%) | 205 (92.8%) | 402 (93.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.845 [0.396, 1.803] | | | |
| p-value | 0.6641 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.855 [0.422, 1.734] | | | |
| p-value | 0.6642 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.010 [-0.058, 0.037] | | | |
| p-value | 0.6632 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.38: Effect Measures of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 30 (14.3%) | 39 (17.6%) | 69 (16.0%) |
| Number of subjects without events | | 180 (85.7%) | 182 (82.4%) | 362 (84.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.778 [0.463, 1.306] | | | |
| p-value | 0.3423 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.810 [0.523, 1.253] | | | |
| p-value | 0.3431 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.034 [-0.103, 0.035] | | | |
| p-value | 0.3399 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.39: Effect Measures of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 8 (3.8%) | 12 (5.4%) | 20 (4.6%) |
| Number of subjects without events | | 202 (96.2%) | 209 (94.6%) | 411 (95.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.690 [0.276, 1.723] | | | |
| p-value | 0.4264 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.702 [0.293, 1.682] | | | |
| p-value | 0.4270 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.016 [-0.056, 0.023] | | | |
| p-value | 0.4218 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.40: Effect Measures of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 28 (13.3%) | 33 (14.9%) | 61 (14.2%) |
| Number of subjects without events | | 182 (86.7%) | 188 (85.1%) | 370 (85.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.876 [0.509, 1.509] | | | |
| p-value | 0.6343 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.893 [0.560, 1.424] | | | |
| p-value | 0.6345 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.016 [-0.082, 0.050] | | | |
| p-value | 0.6336 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.41: Effect Measures of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 9 (4.3%) | 11 (5.0%) | 20 (4.6%) |
| Number of subjects without events | | 201 (95.7%) | 210 (95.0%) | 411 (95.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.855 [0.347, 2.107] | | | |
| p-value | 0.7332 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.861 [0.364, 2.036] | | | |
| p-value | 0.7333 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.007 [-0.047, 0.033] | | | |
| p-value | 0.7325 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.42: Effect Measures of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 52 (24.8%) | 45 (20.4%) | 97 (22.5%) |
| Number of subjects without events | | 158 (75.2%) | 176 (79.6%) | 334 (77.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.287 [0.818, 2.025] | | | |
| p-value | 0.2749 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.216 [0.856, 1.728] | | | |
| p-value | 0.2754 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.044 [-0.035, 0.123] | | | |
| p-value | 0.2745 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.43: Effect Measures of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 18 (8.6%) | 24 (10.9%) | 42 (9.7%) |
| Number of subjects without events | | 192 (91.4%) | 197 (89.1%) | 389 (90.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.770 [0.405, 1.463] | | | |
| p-value | 0.4243 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.789 [0.441, 1.411] | | | |
| p-value | 0.4249 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.023 [-0.079, 0.033] | | | |
| p-value | 0.4217 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.44: Effect Measures of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 13 (6.2%) | 2 (0.9%) | 15 (3.5%) |
| Number of subjects without events | | 197 (93.8%) | 219 (99.1%) | 416 (96.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 7.226 [1.611, 32.419] | | | |
| p-value | 0.0098 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 6.840 [1.562, 29.950] | | | |
| p-value | 0.0107 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.053 [0.018, 0.088] | | | |
| p-value | 0.0030 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.45: Effect Measures of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 16 (7.6%) | 15 (6.8%) | 31 (7.2%) |
| Number of subjects without events | | 194 (92.4%) | 206 (93.2%) | 400 (92.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.133 [0.545, 2.353] | | | |
| p-value | 0.7385 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.123 [0.569, 2.213] | | | |
| p-value | 0.7385 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.008 [-0.041, 0.057] | | | |
| p-value | 0.7387 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.46: Effect Measures of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 13 (6.2%) | 8 (3.6%) | 21 (4.9%) |
| Number of subjects without events | | 197 (93.8%) | 213 (96.4%) | 410 (95.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.757 [0.713, 4.329] | | | |
| p-value | 0.2206 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.710 [0.723, 4.042] | | | |
| p-value | 0.2215 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.026 [-0.015, 0.067] | | | |
| p-value | 0.2174 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.47: Effect Measures of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=210) | Placebo (N=221) | Total (N=431) |
|-----------------------------------|---------------------------|-----------------------|--------------------|------------------|
| Number of subjects at risk | | 210 (100.0%) | 221 (100.0%) | 431 (100.0%) |
| Number of subjects with events | | 11 (5.2%) | 7 (3.2%) | 18 (4.2%) |
| Number of subjects without events | | 199 (94.8%) | 214 (96.8%) | 413 (95.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.690 [0.642, 4.445] | | | |
| p-value | 0.2876 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.654 [0.653, 4.186] | | | |
| p-value | 0.2884 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.021 [-0.017, 0.059] | | | |
| p-value | 0.2850 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table of contents

| | |
|--|----|
| 4.2 Disposition..... | 2 |
| Table 4.2 / 1: Subject disposition (all enrolled Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 3 |
| Table 4.2 / 2: Disposition: End of treatment (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 4 |
| 4.3 Demographic characteristics..... | 5 |
| Table 4.3 / 1: Demographics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 6 |
| 4.4 Baseline characteristics..... | 11 |
| Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 12 |
| 4.5 Medical History | 21 |
| Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 22 |
| 4.6 Concomitant medication | 88 |
| Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 89 |
| Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 90 |

4.2 Disposition

Table 4.2 / 1: Subject disposition (all enrolled Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Disposition | BAY 94-8862 | Placebo | Total |
|---|---------------|---------------|---------------|
| Number of subjects | | | |
| Enrolled | | | 19381 |
| Screening failures | | | 11944 |
| Randomized | 2346 | 2333 | 4679 |
| GCP VIOLATIONS | 19 | 29 | 48 |
| Full analysis set | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Study drug never administered | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Treated | 2326 (>99.9%) | 2302 (>99.9%) | 4628 (>99.9%) |
| Did not complete treatment due COVID-19 | 17 (0.7%) | 23 (1.0%) | 40 (0.9%) |
| Subject decision: COVID-19 pandemic related | 13 (0.6%) | 14 (0.6%) | 27 (0.6%) |
| Physician decision: COVID-19 pandemic related | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Logistical reason: COVID-19 pandemic related | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| Did not complete study | 3 (0.1%) | 6 (0.3%) | 9 (0.2%) |
| WITHDRAWN CONSENT | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| LOST TO FOLLOW-UP | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Completed study | 2324 (99.9%) | 2298 (99.7%) | 4622 (99.8%) |

Number of subjects enrolled is the number of subjects who signed informed consent, including subjects who switched from study 16244 to study 17530.

The subject is considered as having completed the study if there is a contact with the subject after the EOS notification or if the subject died. Contact with the subject can be actual visits, phone contacts, or information available from public records, etc.

Lost to follow-up includes all study non-completers who have not withdrawn consent. This definition does not necessarily meet the reasons for non-completion of the specified study epochs.

Number of enrolled subjects and screen failures refer to the full study population.

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Table 4.2 / 2: Disposition: End of treatment (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Completed epoch | 1773 (76.2%) | 1714 (74.4%) | 3487 (75.3%) |
| Not completed | 554 (23.8%) | 590 (25.6%) | 1144 (24.7%) |
| Primary reason | | | |
| ADVERSE EVENT | 129 (5.5%) | 144 (6.3%) | 273 (5.9%) |
| DEATH | 111 (4.8%) | 156 (6.8%) | 267 (5.8%) |
| WITHDRAWAL BY SUBJECT | 157 (6.7%) | 127 (5.5%) | 284 (6.1%) |
| LOST TO FOLLOW-UP | 1 (<0.1%) | 0 | 1 (<0.1%) |
| NON-COMPLIANCE WITH STUDY DRUG | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| PHYSICIAN DECISION | 76 (3.3%) | 75 (3.3%) | 151 (3.3%) |
| TECHNICAL PROBLEMS | 34 (1.5%) | 37 (1.6%) | 71 (1.5%) |
| DETERIORATION OF GENERAL CONDITIONS | 0 | 1 (<0.1%) | 1 (<0.1%) |
| PROTOCOL DEVIATION | 9 (0.4%) | 11 (0.5%) | 20 (0.4%) |
| SITE TERMINATED BY SPONSOR | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| SUBJECT DECISION | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| SUBJECT DECISION: COVID-19 PANDEMIC RELATED | 13 (0.6%) | 14 (0.6%) | 27 (0.6%) |
| PHYSICIAN DECISION: COVID-19 PANDEMIC RELATED | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| LOGISTICAL REASON: COVID-19 PANDEMIC RELATED | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| OTHER | 8 (0.3%) | 5 (0.2%) | 13 (0.3%) |

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4.3 Demographic characteristics

Table 4.3 / 1: Demographics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Race (N) | | | |
| WHITE | 1659 (71.3%) | 1613 (70.0%) | 3272 (70.7%) |
| BLACK OR AFRICAN AMERICAN | 70 (3.0%) | 74 (3.2%) | 144 (3.1%) |
| ASIAN | 464 (19.9%) | 486 (21.1%) | 950 (20.5%) |
| AMERICAN INDIAN OR ALASKA NATIVE | 58 (2.5%) | 58 (2.5%) | 116 (2.5%) |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 14 (0.6%) | 8 (0.3%) | 22 (0.5%) |
| NOT REPORTED | 6 (0.3%) | 3 (0.1%) | 9 (0.2%) |
| MULTIPLE | 56 (2.4%) | 62 (2.7%) | 118 (2.5%) |
| Sex (N) | | | |
| Male | 1611 (69.2%) | 1640 (71.2%) | 3251 (70.2%) |
| Female | 716 (30.8%) | 664 (28.8%) | 1380 (29.8%) |
| Age (YEARS) | | | |
| n | 2327 | 2304 | 4631 |
| Mean | 61.19 | 60.92 | 61.05 |
| SD | 9.45 | 9.73 | 9.59 |
| Min | 27.0 | 23.0 | 23.0 |
| Q1 | 55.00 | 54.00 | 55.00 |
| Median | 62.00 | 62.00 | 62.00 |
| Q3 | 68.00 | 68.00 | 68.00 |
| Max | 88.0 | 86.0 | 88.0 |
| Run-in age group (years) category (N) | | | |
| 18 - 44 years | 121 (5.2%) | 117 (5.1%) | 238 (5.1%) |
| 45 - 64 years | 1295 (55.7%) | 1304 (56.6%) | 2599 (56.1%) |
| 65 - 74 years | 755 (32.4%) | 724 (31.4%) | 1479 (31.9%) |
| \geq 75 years | 156 (6.7%) | 159 (6.9%) | 315 (6.8%) |
| Age group (years) category 3 (N) | | | |
| < 65 years | 1416 (60.9%) | 1421 (61.7%) | 2837 (61.3%) |
| \geq 65 years | 911 (39.1%) | 883 (38.3%) | 1794 (38.7%) |
| Ethnicity (N) | | | |
| NOT HISPANIC OR LATINO | 1860 (79.9%) | 1854 (80.5%) | 3714 (80.2%) |
| HISPANIC OR LATINO | 459 (19.7%) | 449 (19.5%) | 908 (19.6%) |
| NOT REPORTED | 8 (0.3%) | 1 (<0.1%) | 9 (0.2%) |

Table 4.3 / 1: Demographics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Region (N) | | | |
| Europe | 1114 (47.9%) | 1111 (48.2%) | 2225 (48.0%) |
| North America | 292 (12.5%) | 277 (12.0%) | 569 (12.3%) |
| Asia | 522 (22.4%) | 523 (22.7%) | 1045 (22.6%) |
| Latin America | 322 (13.8%) | 316 (13.7%) | 638 (13.8%) |
| Others | 77 (3.3%) | 77 (3.3%) | 154 (3.3%) |
| Baseline Weight (kg) | | | |
| n | 2323 | 2300 | 4623 |
| Mean | 89.49 | 89.47 | 89.48 |
| SD | 20.67 | 20.14 | 20.41 |
| Min | 35.5 | 37.3 | 35.5 |
| Q1 | 74.30 | 75.60 | 75.00 |
| Median | 87.00 | 87.50 | 87.30 |
| Q3 | 102.00 | 101.00 | 101.60 |
| Max | 190.4 | 172.7 | 190.4 |
| Baseline weight (kg) category (N) | | | |
| missing | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| < 60 kg | 108 (4.6%) | 110 (4.8%) | 218 (4.7%) |
| 60 - < 90 kg | 1182 (50.8%) | 1145 (49.7%) | 2327 (50.2%) |
| \geq 90 kg | 1033 (44.4%) | 1045 (45.4%) | 2078 (44.9%) |
| Baseline Height (cm) | | | |
| n | 2325 | 2301 | 4626 |
| Mean | 167.95 | 168.24 | 168.09 |
| SD | 9.98 | 9.59 | 9.79 |
| Min | 118.0 | 121.0 | 118.0 |
| Q1 | 161.00 | 162.00 | 162.00 |
| Median | 168.00 | 169.00 | 168.65 |
| Q3 | 175.00 | 175.00 | 175.00 |
| Max | 198.0 | 206.0 | 206.0 |

Table 4.3 / 1: Demographics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline Body Mass Index (kg/m ²) | | | |
| n | 2321 | 2299 | 4620 |
| Mean | 31.59 | 31.49 | 31.54 |
| SD | 6.22 | 6.06 | 6.14 |
| Min | 16.7 | 15.9 | 15.9 |
| Q1 | 27.20 | 27.20 | 27.20 |
| Median | 30.80 | 30.70 | 30.80 |
| Q3 | 35.00 | 34.70 | 34.80 |
| Max | 83.9 | 56.3 | 83.9 |
| Baseline BMI (kg/m ²) category 2 (N) | | | |
| missing | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| < 30 kg/m ² | 1012 (43.5%) | 1026 (44.5%) | 2038 (44.0%) |
| \geq 30 kg/m ² | 1309 (56.3%) | 1273 (55.3%) | 2582 (55.8%) |
| Baseline BMI (kg/m ²) category 3 (N) | | | |
| missing | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| < 20 kg/m ² | 14 (0.6%) | 21 (0.9%) | 35 (0.8%) |
| 20 - < 25 kg/m ² | 256 (11.0%) | 247 (10.7%) | 503 (10.9%) |
| 25 - < 30 kg/m ² | 742 (31.9%) | 758 (32.9%) | 1500 (32.4%) |
| 30 - < 35 kg/m ² | 728 (31.3%) | 721 (31.3%) | 1449 (31.3%) |
| \geq 35 kg/m ² | 581 (25.0%) | 552 (24.0%) | 1133 (24.5%) |
| Baseline Hip Circumference (cm) | | | |
| n | 2318 | 2300 | 4618 |
| Mean | 107.56 | 107.41 | 107.49 |
| SD | 14.17 | 13.83 | 14.00 |
| Min | 48.4 | 40.6 | 40.6 |
| Q1 | 98.80 | 99.00 | 99.00 |
| Median | 106.00 | 106.00 | 106.00 |
| Q3 | 115.00 | 115.00 | 115.00 |
| Max | 199.0 | 161.0 | 199.0 |

Table 4.3 / 1: Demographics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline waist circumference (cm) | | | |
| n | 2319 | 2300 | 4619 |
| Mean | 107.14 | 106.96 | 107.05 |
| SD | 15.38 | 14.93 | 15.16 |
| Min | 57.0 | 51.0 | 51.0 |
| Q1 | 96.50 | 97.00 | 97.00 |
| Median | 106.00 | 106.00 | 106.00 |
| Q3 | 117.00 | 116.00 | 116.80 |
| Max | 240.0 | 166.0 | 240.0 |
| Baseline waist circumf. (cm) cat. (N) | | | |
| missing | 8 (0.3%) | 4 (0.2%) | 12 (0.3%) |
| normal | 288 (12.4%) | 263 (11.4%) | 551 (11.9%) |
| increased | 406 (17.4%) | 424 (18.4%) | 830 (17.9%) |
| substantially increased | 1625 (69.8%) | 1613 (70.0%) | 3238 (69.9%) |
| Baseline waist-hip ratio (N) | | | |
| n | 2318 | 2298 | 4616 |
| Mean | 1.00 | 1.00 | 1.00 |
| SD | 0.11 | 0.12 | 0.11 |
| Min | 0.6 | 0.4 | 0.4 |
| Q1 | 0.94 | 0.94 | 0.94 |
| Median | 0.99 | 0.99 | 0.99 |
| Q3 | 1.05 | 1.05 | 1.05 |
| Max | 2.7 | 2.3 | 2.7 |
| Smoking History (N) | | | |
| NEVER | 1109 (47.7%) | 1020 (44.3%) | 2129 (46.0%) |
| FORMER | 714 (30.7%) | 763 (33.1%) | 1477 (31.9%) |
| CURRENT | 504 (21.7%) | 521 (22.6%) | 1025 (22.1%) |

Table 4.3 / 1: Demographics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|-----------------|------------------------------|--------------------------|------------------------|
| Alcohol Use (N) | | | |
| missing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| ABSTINENT | 1372 (59.0%) | 1337 (58.0%) | 2709 (58.5%) |
| LIGHT | 792 (34.0%) | 796 (34.5%) | 1588 (34.3%) |
| MODERATE | 150 (6.4%) | 159 (6.9%) | 309 (6.7%) |
| HEAVY | 11 (0.5%) | 12 (0.5%) | 23 (0.5%) |

Baseline waist circumference (normal [men <94cm, women <80cm], increased [men 94-102cm, women 80-88cm], substantially increased [men >102cm, women > 88cm])

Region 'Others': New Zealand, South Africa, Australia

Multiple: Subjects who reported that they belong to more than one race.

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4.4 Baseline characteristics

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline potassium (mmol/L) | | | |
| n | 2327 | 2303 | 4630 |
| Arithm. Mean | 4.31 | 4.31 | 4.31 |
| Arithm. SD | 0.42 | 0.43 | 0.42 |
| Min | 2.8 | 2.6 | 2.6 |
| Q1 | 4.10 | 4.00 | 4.00 |
| Median | 4.30 | 4.30 | 4.30 |
| Q3 | 4.60 | 4.60 | 4.60 |
| Max | 6.0 | 5.9 | 6.0 |
| Baseline ser. potassium (mmol/L) cat.(N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| \leq 4.5 mmol/L | 1719 (73.9%) | 1680 (72.9%) | 3399 (73.4%) |
| > 4.5 mmol/L | 608 (26.1%) | 623 (27.0%) | 1231 (26.6%) |
| Base. ser. potassium (mmol/L) cat.10 (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| \leq 4.8 mmol/L | 2120 (91.1%) | 2091 (90.8%) | 4211 (90.9%) |
| >4.8 to \leq 5.0 mmol/L | 119 (5.1%) | 118 (5.1%) | 237 (5.1%) |
| >5.0 mmol/L | 88 (3.8%) | 94 (4.1%) | 182 (3.9%) |
| Basel. potass (mmol/L) median FAS (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| \leq 4.30 mmol/L (median in FAS) | 1278 (54.9%) | 1251 (54.3%) | 2529 (54.6%) |
| > 4.30 mmol/L (median in FAS) | 1049 (45.1%) | 1052 (45.7%) | 2101 (45.4%) |
| Basel. potass (mmol/L) quartiles FAS (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| \leq 4.1 mmol/L (\leq Q1 in FAS) | 800 (34.4%) | 797 (34.6%) | 1597 (34.5%) |
| >4.1 and \leq 4.3 mmol/L (>Q1 and \leq Q2 in FAS) | 478 (20.5%) | 454 (19.7%) | 932 (20.1%) |
| >4.3 and \leq 4.6 mmol/L (>Q2 and \leq Q3 in FAS) | 600 (25.8%) | 598 (26.0%) | 1198 (25.9%) |
| >4.6 mmol/L (>Q3 in FAS) | 449 (19.3%) | 454 (19.7%) | 903 (19.5%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline Systolic Blood Pressure (mmHg) | | | |
| n | 2327 | 2304 | 4631 |
| Arithm. Mean | 136.62 | 136.41 | 136.51 |
| Arithm. SD | 13.52 | 13.72 | 13.62 |
| Min | 82.7 | 94.7 | 82.7 |
| Q1 | 127.67 | 127.33 | 127.67 |
| Median | 136.67 | 136.67 | 136.67 |
| Q3 | 145.67 | 146.00 | 146.00 |
| Max | 208.0 | 200.0 | 208.0 |
| Baseline SBP (mmHg) category (N) | | | |
| < 130 mmHg | 693 (29.8%) | 700 (30.4%) | 1393 (30.1%) |
| 130 - < 160 mmHg | 1561 (67.1%) | 1525 (66.2%) | 3086 (66.6%) |
| \geq 160 mmHg | 73 (3.1%) | 79 (3.4%) | 152 (3.3%) |
| Baseline SBP (mmHg) median for FAS (N) | | | |
| \leq 137.00 mmHg (median in FAS) | 1209 (52.0%) | 1202 (52.2%) | 2411 (52.1%) |
| > 137.00 mmHg (median in FAS) | 1118 (48.0%) | 1102 (47.8%) | 2220 (47.9%) |
| Baseline Diastolic Blood Pressure (mmHg) | | | |
| n | 2327 | 2304 | 4631 |
| Arithm. Mean | 78.36 | 78.68 | 78.52 |
| Arithm. SD | 8.94 | 8.95 | 8.95 |
| Min | 45.3 | 47.7 | 45.3 |
| Q1 | 72.33 | 73.00 | 72.67 |
| Median | 79.00 | 79.33 | 79.33 |
| Q3 | 84.67 | 84.33 | 84.33 |
| Max | 112.3 | 108.0 | 112.3 |
| Baseline Heart Rate (BEATS/MIN) | | | |
| n | 2327 | 2304 | 4631 |
| Arithm. Mean | 75.34 | 75.14 | 75.24 |
| Arithm. SD | 10.82 | 11.29 | 11.05 |
| Min | 37.0 | 41.7 | 37.0 |
| Q1 | 68.00 | 67.00 | 67.67 |
| Median | 75.00 | 74.67 | 75.00 |
| Q3 | 82.00 | 82.33 | 82.33 |
| Max | 115.7 | 144.0 | 144.0 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline eGFR (mL/min/1.73m ²) | | | |
| n | 2327 | 2304 | 4631 |
| Arithm. Mean | 80.14 | 80.74 | 80.44 |
| Arithm. SD | 15.54 | 15.47 | 15.50 |
| Min | 24.7 | 29.9 | 24.7 |
| Q1 | 68.40 | 69.10 | 68.70 |
| Median | 79.00 | 79.70 | 79.50 |
| Q3 | 91.70 | 91.90 | 91.80 |
| Max | 137.1 | 131.5 | 137.1 |
| Baseline eGFR (mL/min/1.73m ²) cat.(N) | | | |
| < 25 mL/min/1.73m ² | 1 (<0.1%) | 0 | 1 (<0.1%) |
| 25 - < 45 mL/min/1.73m ² | 23 (1.0%) | 10 (0.4%) | 33 (0.7%) |
| 45 - < 60 mL/min/1.73m ² | 170 (7.3%) | 175 (7.6%) | 345 (7.4%) |
| \geq 60 mL/min/1.73m ² | 2133 (91.7%) | 2119 (92.0%) | 4252 (91.8%) |
| Baseline eGFR (mL/min/1.73m ²) cat. 4(N) | | | |
| < 30 mL/min/1.73m ² | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| 30 - < 60 mL/min/1.73m ² | 192 (8.3%) | 184 (8.0%) | 376 (8.1%) |
| 60 - < 90 mL/min/1.73m ² | 1481 (63.6%) | 1467 (63.7%) | 2948 (63.7%) |
| \geq 90 mL/min/1.73m ² | 652 (28.0%) | 652 (28.3%) | 1304 (28.2%) |
| Screening eGFR (mL/min/1.73m ²) | | | |
| n | 2325 | 2301 | 4626 |
| Arithm. Mean | 81.56 | 81.70 | 81.63 |
| Arithm. SD | 14.10 | 14.31 | 14.20 |
| Min | 40.3 | 45.4 | 40.3 |
| Q1 | 70.20 | 70.00 | 70.10 |
| Median | 79.50 | 79.90 | 79.70 |
| Q3 | 91.40 | 91.80 | 91.60 |
| Max | 147.0 | 135.0 | 147.0 |
| Screening eGFR (mL/min/1.73m ²) cat.(N) | | | |
| missing | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| 25 - < 45 mL/min/1.73m ² | 2 (<0.1%) | 0 | 2 (<0.1%) |
| 45 - < 60 mL/min/1.73m ² | 8 (0.3%) | 9 (0.4%) | 17 (0.4%) |
| \geq 60 mL/min/1.73m ² | 2315 (99.5%) | 2292 (99.5%) | 4607 (99.5%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Screening eGFR (mL/min/1.73m ²) cat. 2 | | | |
| missing | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| 30 - < 60 mL/min/1.73m ² | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| 60 - < 90 mL/min/1.73m ² | 1678 (72.1%) | 1649 (71.6%) | 3327 (71.8%) |
| \geq 90 mL/min/1.73m ² | 637 (27.4%) | 643 (27.9%) | 1280 (27.6%) |
| Baseline UACR (mg/g) | | | |
| n | 2327 | 2302 | 4629 |
| Geom. Mean | 524.44 | 525.59 | 525.01 |
| Geom. SD | 2.93 | 2.98 | 2.95 |
| Min | 6.2 | 1.8 | 1.8 |
| Q1 | 303.36 | 320.47 | 311.41 |
| Median | 567.29 | 563.75 | 565.52 |
| Q3 | 1102.71 | 1112.35 | 1106.15 |
| Max | 7630.5 | 5642.5 | 7630.5 |
| Baseline albuminuria (mg/g) cat. (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Normalalbuminuria (UACR < 30 mg/g) | 22 (0.9%) | 26 (1.1%) | 48 (1.0%) |
| High albuminuria (30 mg/g - < 300 mg/g) | 548 (23.5%) | 504 (21.9%) | 1052 (22.7%) |
| Very high albuminuria (\geq 300 mg/g) | 1757 (75.5%) | 1772 (76.9%) | 3529 (76.2%) |
| Baseline UACR (mg/g) cat. median fas (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| \leq 514.7 mg/g (median in FAS) | 1068 (45.9%) | 1072 (46.5%) | 2140 (46.2%) |
| > 514.7 mg/g (median in FAS) | 1259 (54.1%) | 1230 (53.4%) | 2489 (53.7%) |
| Base eGFR (25-< 45) + potass. > 4.5 (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| NO | 2316 (99.5%) | 2298 (99.7%) | 4614 (99.6%) |
| YES | 11 (0.5%) | 5 (0.2%) | 16 (0.3%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline Creatinine (mg/dL) | | | |
| n | 2327 | 2304 | 4631 |
| Arithm. Mean | 0.94 | 0.94 | 0.94 |
| Arithm. SD | 0.22 | 0.21 | 0.21 |
| Min | 0.4 | 0.4 | 0.4 |
| Q1 | 0.79 | 0.79 | 0.79 |
| Median | 0.93 | 0.93 | 0.93 |
| Q3 | 1.07 | 1.07 | 1.07 |
| Max | 2.5 | 2.2 | 2.5 |
| Baseline Albumin (g/dL) in Serum | | | |
| n | 2326 | 2303 | 4629 |
| Arithm. Mean | 4.24 | 4.22 | 4.23 |
| Arithm. SD | 0.32 | 0.33 | 0.33 |
| Min | 2.4 | 2.4 | 2.4 |
| Q1 | 4.10 | 4.00 | 4.00 |
| Median | 4.30 | 4.20 | 4.30 |
| Q3 | 4.50 | 4.50 | 4.50 |
| Max | 5.3 | 5.4 | 5.4 |
| Baseline Hemoglobin (g/dL) in Blood | | | |
| n | 2321 | 2302 | 4623 |
| Arithm. Mean | 13.88 | 13.87 | 13.87 |
| Arithm. SD | 1.63 | 1.63 | 1.63 |
| Min | 8.3 | 5.8 | 5.8 |
| Q1 | 12.80 | 12.90 | 12.90 |
| Median | 13.90 | 13.90 | 13.90 |
| Q3 | 15.00 | 14.90 | 15.00 |
| Max | 19.4 | 19.6 | 19.6 |
| Baseline Hemoglobin A1C (%) | | | |
| n | 2325 | 2301 | 4626 |
| Arithm. Mean | 7.83 | 7.83 | 7.83 |
| Arithm. SD | 1.43 | 1.43 | 1.43 |
| Min | 4.7 | 4.5 | 4.5 |
| Q1 | 6.80 | 6.70 | 6.80 |
| Median | 7.60 | 7.60 | 7.60 |
| Q3 | 8.70 | 8.80 | 8.70 |
| Max | 14.5 | 12.6 | 14.5 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Basel. Hemoglobin A1C % cat. 2 (N) | | | |
| missing | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| \leq 7.5% | 1123 (48.3%) | 1115 (48.4%) | 2238 (48.3%) |
| $>$ 7.5% | 1202 (51.7%) | 1186 (51.5%) | 2388 (51.6%) |
| Basel. HBA1C (%) quartiles FAS (N) | | | |
| missing | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| \leq 6.7 % (\leq Q1 in FAS) | 555 (23.9%) | 581 (25.2%) | 1136 (24.5%) |
| $>$ 6.7 and \leq 7.5 % ($>$ Q1 and \leq Q2 in FAS) | 568 (24.4%) | 534 (23.2%) | 1102 (23.8%) |
| $>$ 7.5 and \leq 8.5 % ($>$ Q2 and \leq Q3 in FAS) | 551 (23.7%) | 527 (22.9%) | 1078 (23.3%) |
| $>$ 8.5 % ($>$ Q3 in FAS) | 651 (28.0%) | 659 (28.6%) | 1310 (28.3%) |
| Baseline C Reactive Protein (mg/L) | | | |
| n | 2327 | 2301 | 4628 |
| Arithm. Mean | 5.01 | 4.63 | 4.82 |
| Arithm. SD | 12.19 | 9.46 | 10.92 |
| Min | 0.1 | 0.1 | 0.1 |
| Q1 | 0.95 | 0.96 | 0.95 |
| Median | 2.14 | 2.23 | 2.18 |
| Q3 | 4.96 | 5.09 | 5.04 |
| Max | 311.0 | 212.0 | 311.0 |
| Basel. C Reactive Protein Quartiles (N) | | | |
| missing | 0 | 3 (0.1%) | 3 (<0.1%) |
| \leq 0.95 % (\leq Q1 in FAS) | 587 (25.2%) | 574 (24.9%) | 1161 (25.1%) |
| $>$ 0.95 and \leq 2.21 % ($>$ Q1 and \leq Q2 in FAS) | 608 (26.1%) | 572 (24.8%) | 1180 (25.5%) |
| $>$ 2.21 and \leq 5.13 % ($>$ Q2 and \leq Q3 in FAS) | 571 (24.5%) | 586 (25.4%) | 1157 (25.0%) |
| $>$ 5.13 % ($>$ Q3 in FAS) | 561 (24.1%) | 569 (24.7%) | 1130 (24.4%) |
| Stratification factor 3 (N) | | | |
| CVD present | 811 (34.9%) | 803 (34.9%) | 1614 (34.9%) |
| CVD absent | 1516 (65.1%) | 1501 (65.1%) | 3017 (65.1%) |
| Hyperkalemia (based on MLG) in MH (N) | | | |
| NO | 2314 (99.4%) | 2292 (99.5%) | 4606 (99.5%) |
| YES | 13 (0.6%) | 12 (0.5%) | 25 (0.5%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Hepatic impairment in medical history(N) | | | |
| NO | 1911 (82.1%) | 1865 (80.9%) | 3776 (81.5%) |
| YES | 416 (17.9%) | 439 (19.1%) | 855 (18.5%) |
| Child Pugh (N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| likely Child Pugh A | 2263 (97.2%) | 2231 (96.8%) | 4494 (97.0%) |
| likely Child Pugh B | 62 (2.7%) | 70 (3.0%) | 132 (2.9%) |
| certain Child Pugh B | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Duration of diabetes (in years) (N) | | | |
| n | 2325 | 2301 | 4626 |
| Arithm. Mean | 13.65 | 13.48 | 13.56 |
| Arithm. SD | 7.93 | 7.81 | 7.87 |
| Min | 0.2 | 0.2 | 0.2 |
| Q1 | 7.61 | 7.73 | 7.70 |
| Median | 12.30 | 12.41 | 12.32 |
| Q3 | 18.20 | 18.13 | 18.16 |
| Max | 52.1 | 47.7 | 52.1 |
| ACEI use (N) | | | |
| NO | 1307 (56.2%) | 1290 (56.0%) | 2597 (56.1%) |
| YES | 1020 (43.8%) | 1014 (44.0%) | 2034 (43.9%) |
| ARB use (N) | | | |
| NO | 1021 (43.9%) | 1016 (44.1%) | 2037 (44.0%) |
| YES | 1306 (56.1%) | 1288 (55.9%) | 2594 (56.0%) |
| Beta blocker use at baseline (N) | | | |
| NO | 1343 (57.7%) | 1307 (56.7%) | 2650 (57.2%) |
| YES | 984 (42.3%) | 997 (43.3%) | 1981 (42.8%) |
| Diuretic use at baseline (N) | | | |
| NO | 1357 (58.3%) | 1335 (57.9%) | 2692 (58.1%) |
| YES | 970 (41.7%) | 969 (42.1%) | 1939 (41.9%) |
| Statins use at baseline (N) | | | |
| NO | 826 (35.5%) | 743 (32.2%) | 1569 (33.9%) |
| YES | 1501 (64.5%) | 1561 (67.8%) | 3062 (66.1%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Anti-diabetic use at baseline (N) | | | |
| NO | 30 (1.3%) | 28 (1.2%) | 58 (1.3%) |
| YES | 2297 (98.7%) | 2276 (98.8%) | 4573 (98.7%) |
| Insul. and analo. use at baseline (N) | | | |
| NO | 1042 (44.8%) | 1049 (45.5%) | 2091 (45.2%) |
| YES | 1285 (55.2%) | 1255 (54.5%) | 2540 (54.8%) |
| Dip pep 4 inhibitors use at baseline (N) | | | |
| NO | 1808 (77.7%) | 1827 (79.3%) | 3635 (78.5%) |
| YES | 519 (22.3%) | 477 (20.7%) | 996 (21.5%) |
| GLP1 agonists use at baseline (N) | | | |
| NO | 2136 (91.8%) | 2150 (93.3%) | 4286 (92.6%) |
| YES | 191 (8.2%) | 154 (6.7%) | 345 (7.4%) |
| SGLT-2 inhib. use at baseline (N) | | | |
| NO | 2096 (90.1%) | 2080 (90.3%) | 4176 (90.2%) |
| YES | 231 (9.9%) | 224 (9.7%) | 455 (9.8%) |
| Biguanides use at baseline (N) | | | |
| NO | 482 (20.7%) | 531 (23.0%) | 1013 (21.9%) |
| YES | 1845 (79.3%) | 1773 (77.0%) | 3618 (78.1%) |
| Sulfonamides use at baseline (N) | | | |
| NO | 1687 (72.5%) | 1636 (71.0%) | 3323 (71.8%) |
| YES | 640 (27.5%) | 668 (29.0%) | 1308 (28.2%) |
| Alpha gluc. inhib. use at baseline (N) | | | |
| NO | 2217 (95.3%) | 2187 (94.9%) | 4404 (95.1%) |
| YES | 110 (4.7%) | 117 (5.1%) | 227 (4.9%) |
| Meglitinides use at baseline (N) | | | |
| NO | 2270 (97.6%) | 2255 (97.9%) | 4525 (97.7%) |
| YES | 57 (2.4%) | 49 (2.1%) | 106 (2.3%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Thiazolidinediones use at baseline (N) | | | |
| NO | 2244 (96.4%) | 2225 (96.6%) | 4469 (96.5%) |
| YES | 83 (3.6%) | 79 (3.4%) | 162 (3.5%) |
| Potassium supplement use at baseline (N) | | | |
| NO | 2274 (97.7%) | 2254 (97.8%) | 4528 (97.8%) |
| YES | 53 (2.3%) | 50 (2.2%) | 103 (2.2%) |
| Potassium lowering use at baseline (N) | | | |
| NO | 2315 (99.5%) | 2293 (99.5%) | 4608 (99.5%) |
| YES | 12 (0.5%) | 11 (0.5%) | 23 (0.5%) |
| Potency CYP3A4 inhibitor at baseline (N) | | | |
| strong | 18 (0.8%) | 19 (0.8%) | 37 (0.8%) |
| unclassified | 26 (1.1%) | 39 (1.7%) | 65 (1.4%) |
| moderate | 43 (1.8%) | 43 (1.9%) | 86 (1.9%) |
| weak | 1247 (53.6%) | 1244 (54.0%) | 2491 (53.8%) |
| none | 993 (42.7%) | 959 (41.6%) | 1952 (42.2%) |
| Potency CYP3A4 inducer at baseline (N) | | | |
| strong | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| unclassified | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| moderate | 2 (<0.1%) | 6 (0.3%) | 8 (0.2%) |
| weak | 77 (3.3%) | 72 (3.1%) | 149 (3.2%) |
| none | 2240 (96.3%) | 2215 (96.1%) | 4455 (96.2%) |

For classification of intake of CYP3A4 inhibitors/inducers into categories in case of multiple potencies the maximum potency will be used with the following order: strong, unclassified, moderate, weak, none.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 26JAN2023 15:15

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4.5 Medical History

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Number (%) of subjects with at least one medical history finding | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Blood and lymphatic system disorders | 199 (8.6%) | 193 (8.4%) | 392 (8.5%) |
| Anaemia | 110 (4.7%) | 118 (5.1%) | 228 (4.9%) |
| Anaemia megaloblastic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anaemia of chronic disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Aplasia pure red cell | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood loss anaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coagulopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Deficiency anaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eosinophilia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemorrhagic diathesis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercoagulation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hyperfibrinogenaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypergammaglobulinaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypochromic anaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Immune thrombocytopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Increased tendency to bruise | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iron deficiency anaemia | 25 (1.1%) | 25 (1.1%) | 50 (1.1%) |
| Leukocytosis | 11 (0.5%) | 8 (0.3%) | 19 (0.4%) |
| Leukopenia | 0 | 4 (0.2%) | 4 (<0.1%) |
| Lymphadenitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphadenopathy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Lymphadenopathy mediastinal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphatic insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macrocytosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Microcytic anaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Microcytosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nephrogenic anaemia | 8 (0.3%) | 4 (0.2%) | 12 (0.3%) |
| Normochromic normocytic anaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Normocytic anaemia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pancytopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pernicious anaemia | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Polycythaemia | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Spleen disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenic infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splinitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenomegaly | 9 (0.4%) | 6 (0.3%) | 15 (0.3%) |
| Thrombocytopenia | 11 (0.5%) | 13 (0.6%) | 24 (0.5%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Thrombocytosis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Cardiac disorders | 1006 (43.2%) | 984 (42.7%) | 1990 (43.0%) |
| Acute coronary syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acute myocardial infarction | 7 (0.3%) | 5 (0.2%) | 12 (0.3%) |
| Angina pectoris | 116 (5.0%) | 116 (5.0%) | 232 (5.0%) |
| Angina unstable | 21 (0.9%) | 20 (0.9%) | 41 (0.9%) |
| Aortic valve calcification | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Aortic valve disease | 0 | 3 (0.1%) | 3 (<0.1%) |
| Aortic valve incompetence | 14 (0.6%) | 9 (0.4%) | 23 (0.5%) |
| Aortic valve sclerosis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Aortic valve stenosis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Aortic valve thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arrhythmia | 18 (0.8%) | 21 (0.9%) | 39 (0.8%) |
| Arrhythmia supraventricular | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Arteriosclerosis coronary artery | 41 (1.8%) | 36 (1.6%) | 77 (1.7%) |
| Atrial conduction time prolongation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Atrial enlargement | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Atrial fibrillation | 139 (6.0%) | 148 (6.4%) | 287 (6.2%) |
| Atrial flutter | 19 (0.8%) | 11 (0.5%) | 30 (0.6%) |
| Atrial tachycardia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrioventricular block | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Atrioventricular block complete | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Atrioventricular block first degree | 18 (0.8%) | 34 (1.5%) | 52 (1.1%) |
| Atrioventricular block second degree | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Bradycardia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bradycardia | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Bundle branch block bilateral | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bundle branch block left | 23 (1.0%) | 41 (1.8%) | 64 (1.4%) |
| Bundle branch block right | 45 (1.9%) | 44 (1.9%) | 89 (1.9%) |
| Cardiac aneurysm | 3 (0.1%) | 0 | 3 (<0.1%) |
| Cardiac arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac asthma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac dysfunction | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardiac failure | 35 (1.5%) | 36 (1.6%) | 71 (1.5%) |
| Cardiac failure acute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac failure chronic | 100 (4.3%) | 80 (3.5%) | 180 (3.9%) |
| Cardiac failure congestive | 15 (0.6%) | 16 (0.7%) | 31 (0.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Cardiac hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardiac septal hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac valve disease | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Cardiac valve sclerosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cardiac ventricular thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardio-respiratory arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiomegaly | 8 (0.3%) | 9 (0.4%) | 17 (0.4%) |
| Cardiomyopathy | 14 (0.6%) | 7 (0.3%) | 21 (0.5%) |
| Cardiovascular disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardiovascular insufficiency | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Chronic left ventricular failure | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Congestive cardiomyopathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Cor pulmonale | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cor pulmonale chronic | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Coronary artery aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary artery disease | 566 (24.3%) | 531 (23.0%) | 1097 (23.7%) |
| Coronary artery insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coronary artery occlusion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Coronary artery stenosis | 2 (<0.1%) | 7 (0.3%) | 9 (0.2%) |
| Coronary artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Defect conduction intraventricular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Degenerative aortic valve disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diastolic dysfunction | 8 (0.3%) | 10 (0.4%) | 18 (0.4%) |
| Dilatation atrial | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dressler's syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Extrasystoles | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Heart valve calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve incompetence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypertensive cardiomyopathy | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Hypertensive heart disease | 20 (0.9%) | 28 (1.2%) | 48 (1.0%) |
| Ischaemic cardiomyopathy | 6 (0.3%) | 7 (0.3%) | 13 (0.3%) |
| Left atrial dilatation | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Left atrial enlargement | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Left atrial hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Left ventricular dysfunction | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Left ventricular enlargement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Left ventricular failure | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Left ventricular hypertrophy | 53 (2.3%) | 62 (2.7%) | 115 (2.5%) |
| Low cardiac output syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Malignant hypertensive heart disease | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|------------------------------------|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Metabolic cardiomyopathy | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Mitral valve calcification | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Mitral valve disease | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Mitral valve incompetence | 29 (1.2%) | 22 (1.0%) | 51 (1.1%) |
| Mitral valve sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mitral valve stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Myocardial fibrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Myocardial infarction | 315 (13.5%) | 299 (13.0%) | 614 (13.3%) |
| Myocardial ischaemia | 103 (4.4%) | 94 (4.1%) | 197 (4.3%) |
| Myocardial necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myocarditis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nodal rhythm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palpitations | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |
| Pericardial cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pericardial effusion | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Pericarditis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Pericarditis constrictive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prinzmetal angina | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pulmonary valve incompetence | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rheumatic heart disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right ventricular dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right ventricular dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Right ventricular hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Silent myocardial infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinus arrhythmia | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Sinus bradycardia | 9 (0.4%) | 21 (0.9%) | 30 (0.6%) |
| Sinus node dysfunction | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Sinus tachycardia | 5 (0.2%) | 9 (0.4%) | 14 (0.3%) |
| Supraventricular extrasystoles | 17 (0.7%) | 11 (0.5%) | 28 (0.6%) |
| Supraventricular tachycardia | 9 (0.4%) | 4 (0.2%) | 13 (0.3%) |
| Systolic dysfunction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tachyarrhythmia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tachycardia | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Tachycardia induced cardiomyopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tachycardia paroxysmal | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Tricuspid valve disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tricuspid valve incompetence | 21 (0.9%) | 16 (0.7%) | 37 (0.8%) |
| Tricuspid valve sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trifascicular block | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ventricular arrhythmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular extrasystoles | 15 (0.6%) | 17 (0.7%) | 32 (0.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Ventricular fibrillation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ventricular hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ventricular hypokinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular remodelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular tachycardia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Wolff-Parkinson-White syndrome | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Congenital, familial and genetic disorders | 107 (4.6%) | 91 (3.9%) | 198 (4.3%) |
| Accessory spleen | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adenomatous polyposis coli | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Albinism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arnold-Chiari malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial septal defect | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cone dystrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital cystic kidney disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital ectopic pancreas | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hearing disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital hydronephrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital musculoskeletal anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital myopia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital nose malformation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital renal cyst | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Congenital spinal fusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital ureteric anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corneal dystrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Craniofacial deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cryptorchism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermoid cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Developmental hip dysplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dolichocolon | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ectopic kidney | 5 (0.2%) | 0 | 5 (0.1%) |
| Exomphalos | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial hypertriglyceridaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial mediterranean fever | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fibrous dysplasia of bone | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gilbert's syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gitelman's syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose-6-phosphate dehydrogenase deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Haemoglobinopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart disease congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic hamartoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hereditary motor and sensory neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Homocystinaemia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Homocystinuria | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hydrocele | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Hypertrophic cardiomyopathy | 4 (0.2%) | 8 (0.3%) | 12 (0.3%) |
| Kidney duplex | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Kimmerle's anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Klinefelter's syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Klippel-Feil syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple endocrine neoplasia Type 1 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscular dystrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myotonic dystrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Patent ductus arteriosus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Phimosis | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Protein C deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyloric stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal aplasia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Renal fusion anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinopathy congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sickle cell trait | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal muscular atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Strabismus congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synostosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thalassaemia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Thalassaemia alpha | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Thalassaemia beta | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Thalassaemia minor | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Thyroglossal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Type IIa hyperlipidaemia | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Type IIb hyperlipidaemia | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Type V hyperlipidaemia | 29 (1.2%) | 23 (1.0%) | 52 (1.1%) |
| Ventricular septal defect | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ear and labyrinth disorders | 124 (5.3%) | 105 (4.6%) | 229 (4.9%) |
| Allergic otitis media | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Auditory disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Aural polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Conductive deafness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Deafness | 19 (0.8%) | 15 (0.7%) | 34 (0.7%) |
| Deafness bilateral | 7 (0.3%) | 8 (0.3%) | 15 (0.3%) |
| Deafness neurosensory | 12 (0.5%) | 6 (0.3%) | 18 (0.4%) |
| Deafness unilateral | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Ear discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear pain | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Eustachian tube disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eustachian tube dysfunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eustachian tube stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Excessive cerumen production | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Exostosis of external ear canal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoacusis | 15 (0.6%) | 11 (0.5%) | 26 (0.6%) |
| Labyrinthine fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meniere's disease | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Middle ear disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Middle ear inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurosensory hypoacusis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Otolithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Otorrhoea | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Otosclerosis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Presbycusis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sudden hearing loss | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tinnitus | 23 (1.0%) | 12 (0.5%) | 35 (0.8%) |
| Tympanic membrane perforation | 0 | 4 (0.2%) | 4 (<0.1%) |
| Vertigo | 26 (1.1%) | 29 (1.3%) | 55 (1.2%) |
| Vertigo positional | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Vestibular ataxia | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Vestibular disorder | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Endocrine disorders | 315 (13.5%) | 296 (12.8%) | 611 (13.2%) |
| Acromegaly | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adrenal cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adrenal mass | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Androgen deficiency | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Autoimmune hypothyroidism | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Autoimmune thyroid disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoimmune thyroiditis | 21 (0.9%) | 19 (0.8%) | 40 (0.9%) |
| Basedow's disease | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Cushing's syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Diabetes insipidus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocrine disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Goitre | 85 (3.7%) | 68 (3.0%) | 153 (3.3%) |
| Hyperaldosteronism | 0 | 4 (0.2%) | 4 (<0.1%) |
| Hyperparathyroidism | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Hyperparathyroidism primary | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Hyperparathyroidism secondary | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hyperplasia adrenal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyperprolactinaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hyperthyroidism | 12 (0.5%) | 14 (0.6%) | 26 (0.6%) |
| Hypogonadism | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| Hypogonadism male | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypopituitarism | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hypothalamo-pituitary disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypothyroidism | 152 (6.5%) | 148 (6.4%) | 300 (6.5%) |
| Inappropriate antidiuretic hormone secretion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myxoedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oestrogen deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Primary hyperaldosteronism | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Primary hypothyroidism | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Secondary hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Testicular failure | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Thyroid calcification | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thyroid cyst | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Thyroid disorder | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Thyroid mass | 34 (1.5%) | 23 (1.0%) | 57 (1.2%) |
| Thyroiditis chronic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroiditis subacute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic goitre | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Toxic nodular goitre | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Eye disorders | 1088 (46.8%) | 1053 (45.7%) | 2141 (46.2%) |
| Age-related macular degeneration | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Amaurosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Amaurosis fugax | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Amblyopia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Amblyopia strabismic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Angle closure glaucoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arcus lipoides | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriosclerotic retinopathy | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Asthenopia | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Astigmatism | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Atrophy of globe | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blepharitis | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Blepharitis allergic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blepharochalasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blindness | 6 (0.3%) | 1 (<0.1%) | 7 (0.2%) |
| Blindness unilateral | 9 (0.4%) | 6 (0.3%) | 15 (0.3%) |
| Borderline glaucoma | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Cataract | 288 (12.4%) | 282 (12.2%) | 570 (12.3%) |
| Cataract cortical | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cataract diabetic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cataract nuclear | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Cataract subcapsular | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chorioretinal atrophy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Choroidal neovascularisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Conjunctival haemorrhage | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Conjunctival hyperaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Conjunctivitis allergic | 12 (0.5%) | 6 (0.3%) | 18 (0.4%) |
| Corneal degeneration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corneal erosion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Corneal leukoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dacryolith | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dacryostenosis acquired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatochalasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic eye disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic retinal oedema | 14 (0.6%) | 6 (0.3%) | 20 (0.4%) |
| Diabetic retinopathy | 806 (34.6%) | 734 (31.9%) | 1540 (33.3%) |
| Diplopia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Dry age-related macular degeneration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dry eye | 18 (0.8%) | 22 (1.0%) | 40 (0.9%) |
| Eales' disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectropion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eczema eyelids | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endocrine ophthalmopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Exophthalmos | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye allergy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Eye inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye opacity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eyelid oedema | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Eyelid pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eyelid ptosis | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Eyelid skin dryness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flat anterior chamber of eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glaucoma | 99 (4.3%) | 104 (4.5%) | 203 (4.4%) |
| Hypermetropia | 15 (0.6%) | 20 (0.9%) | 35 (0.8%) |
| Idiopathic orbital inflammation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iridocyclitis | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Iris adhesions | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Keratoconus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Keratomalacia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lacrimal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lacrimation decreased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Lacrimation increased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lenticular opacities | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular degeneration | 13 (0.6%) | 12 (0.5%) | 25 (0.5%) |
| Macular fibrosis | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Macular hole | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macular oedema | 16 (0.7%) | 15 (0.7%) | 31 (0.7%) |
| Macular scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Maculopathy | 9 (0.4%) | 5 (0.2%) | 14 (0.3%) |
| Meibomianitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metamorphopsia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myopia | 34 (1.5%) | 32 (1.4%) | 66 (1.4%) |
| Myopic chorioretinal degeneration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-proliferative retinopathy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Normal tension glaucoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ocular discomfort | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ocular hyperaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ocular hypertension | 4 (0.2%) | 8 (0.3%) | 12 (0.3%) |
| Open angle glaucoma | 7 (0.3%) | 5 (0.2%) | 12 (0.3%) |
| Ophthalmoplegia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Optic atrophy | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Optic disc haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Optic ischaemic neuropathy | 0 | 4 (0.2%) | 4 (<0.1%) |
| Optic neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pathologic myopia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Periorbital fat herniation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Posterior capsule opacification | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Presbyopia | 29 (1.2%) | 38 (1.6%) | 67 (1.4%) |
| Pseudopapilloedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pterygium | 5 (0.2%) | 13 (0.6%) | 18 (0.4%) |
| Punctate keratitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Refraction disorder | 6 (0.3%) | 7 (0.3%) | 13 (0.3%) |
| Retinal aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal artery spasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal degeneration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal detachment | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Retinal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal drusen | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Retinal dystrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal haemorrhage | 6 (0.3%) | 9 (0.4%) | 15 (0.3%) |
| Retinal oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal pigment epitheliopathy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinal scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal tear | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal vascular disorder | 10 (0.4%) | 13 (0.6%) | 23 (0.5%) |
| Retinal vascular thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal vein occlusion | 7 (0.3%) | 0 | 7 (0.2%) |
| Retinal vein thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinopathy | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Retinopathy hypertensive | 25 (1.1%) | 34 (1.5%) | 59 (1.3%) |
| Retinopathy proliferative | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinoschisis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scintillating scotoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scleritis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Strabismus | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Swelling of eyelid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Trichiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ulcerative keratitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uveitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vision blurred | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Visual acuity reduced | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Visual impairment | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Vitreoretinal traction syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous degeneration | 5 (0.2%) | 0 | 5 (0.1%) |
| Vitreous detachment | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Vitreous fibrin | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous floaters | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vitreous haemorrhage | 20 (0.9%) | 10 (0.4%) | 30 (0.6%) |
| Vitreous opacities | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vogt-Koyanagi-Harada disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Xanthopsia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Xerophthalmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal disorders | 727 (31.2%) | 737 (32.0%) | 1464 (31.6%) |
| Abdominal discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abdominal distension | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Abdominal hernia | 6 (0.3%) | 8 (0.3%) | 14 (0.3%) |
| Abdominal pain | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Abdominal pain lower | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Abdominal pain upper | 6 (0.3%) | 11 (0.5%) | 17 (0.4%) |
| Abnormal faeces | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acid peptic disease | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Acquired oesophageal web | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aerophagia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcoholic pancreatitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anal fissure | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Anal fistula | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Anal haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal incontinence | 3 (0.1%) | 0 | 3 (<0.1%) |
| Anal polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal pruritus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal skin tags | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aphthous ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Appendicitis noninfective | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aptyalism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ascites | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Barrett's oesophagus | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| Cardiospasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic gastritis | 67 (2.9%) | 87 (3.8%) | 154 (3.3%) |
| Coeliac disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Colitis | 9 (0.4%) | 8 (0.3%) | 17 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Colitis ulcerative | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Colon dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Constipation | 80 (3.4%) | 55 (2.4%) | 135 (2.9%) |
| Crohn's disease | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Dental caries | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Dental cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic enteropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic gastroparesis | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Diabetic gastropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diaphragmatic hernia | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Diarrhoea | 26 (1.1%) | 32 (1.4%) | 58 (1.3%) |
| Diverticulum | 11 (0.5%) | 22 (1.0%) | 33 (0.7%) |
| Diverticulum intestinal | 24 (1.0%) | 11 (0.5%) | 35 (0.8%) |
| Dry mouth | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Duodenal polyp | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Duodenal ulcer | 13 (0.6%) | 14 (0.6%) | 27 (0.6%) |
| Duodenal ulcer haemorrhage | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Duodenitis | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Duodenogastric reflux | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Dyspepsia | 34 (1.5%) | 37 (1.6%) | 71 (1.5%) |
| Dysphagia | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Ectopic gastric mucosa | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enteritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Enterocolitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enterovesical fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epigastric discomfort | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Erosive duodenitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Erosive oesophagitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Fistula of small intestine | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Flatulence | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Food poisoning | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Functional gastrointestinal disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gallstone ileus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric disorder | 3 (0.1%) | 0 | 3 (<0.1%) |
| Gastric haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric mucosa erythema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastric mucosal lesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric polyps | 9 (0.4%) | 9 (0.4%) | 18 (0.4%) |
| Gastric ulcer | 23 (1.0%) | 27 (1.2%) | 50 (1.1%) |
| Gastric ulcer haemorrhage | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Gastric ulcer perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastritis | 76 (3.3%) | 66 (2.9%) | 142 (3.1%) |
| Gastritis erosive | 11 (0.5%) | 6 (0.3%) | 17 (0.4%) |
| Gastritis haemorrhagic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastroduodenal ulcer | 0 | 3 (0.1%) | 3 (<0.1%) |
| Gastrointestinal angiectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal angiodysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal disorder | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Gastrointestinal dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal haemorrhage | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Gastrointestinal hypomotility | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal motility disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal mucosal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal polyp haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal scarring | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastroesophageal reflux disease | 176 (7.6%) | 179 (7.8%) | 355 (7.7%) |
| Gingival bleeding | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gingival hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gingival pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Haematochezia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Haemorrhagic erosive gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhoidal haemorrhage | 3 (0.1%) | 0 | 3 (<0.1%) |
| Haemorrhoids | 42 (1.8%) | 49 (2.1%) | 91 (2.0%) |
| Hernial eventration | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hiatus hernia | 24 (1.0%) | 29 (1.3%) | 53 (1.1%) |
| Ileus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Impaired gastric emptying | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Incarcerated umbilical hernia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inflammatory bowel disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Inguinal hernia | 10 (0.4%) | 30 (1.3%) | 40 (0.9%) |
| Internal hernia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal ischaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Intestinal metaplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal obstruction | 0 | 4 (0.2%) | 4 (<0.1%) |
| Intestinal perforation | 3 (0.1%) | 0 | 3 (<0.1%) |
| Intestinal polyp | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Irritable bowel syndrome | 14 (0.6%) | 21 (0.9%) | 35 (0.8%) |
| Large intestinal haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Large intestinal stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestine polyp | 25 (1.1%) | 35 (1.5%) | 60 (1.3%) |
| Leukoplakia oral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lip disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lip swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lower gastrointestinal haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lumbar hernia | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Melaena | 0 | 3 (0.1%) | 3 (<0.1%) |
| Mouth cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mouth ulceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nausea | 10 (0.4%) | 13 (0.6%) | 23 (0.5%) |
| Odynophagia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal dilatation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Oesophagitis | 1 (<0.1%) | 7 (0.3%) | 8 (0.2%) |
| Oesophagitis ulcerative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic cyst | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Pancreatic failure | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pancreatic necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic pseudocyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatic steatosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pancreatitis | 12 (0.5%) | 9 (0.4%) | 21 (0.5%) |
| Pancreatitis acute | 13 (0.6%) | 9 (0.4%) | 22 (0.5%) |
| Pancreatitis chronic | 32 (1.4%) | 37 (1.6%) | 69 (1.5%) |
| Pancreatitis necrotising | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatitis relapsing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatolithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paraesthesia oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peptic ulcer | 15 (0.6%) | 12 (0.5%) | 27 (0.6%) |
| Periodontal disease | 123 (5.3%) | 112 (4.9%) | 235 (5.1%) |
| Peristalsis visible | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Poor dental condition | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Presbyoesophagus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proctitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectal fissure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rectal haemorrhage | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Rectal polyp | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Rectal prolapse | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salivary gland disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Short-bowel syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spigelian hernia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic artery aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stomatitis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Tongue dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tongue oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tooth loss | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Toothache | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Ulcerative gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Umbilical hernia | 23 (1.0%) | 33 (1.4%) | 56 (1.2%) |
| Upper gastrointestinal haemorrhage | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varices oesophageal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vomiting | 3 (0.1%) | 6 (0.3%) | 9 (0.2%) |
| General disorders and administration site conditions | 197 (8.5%) | 166 (7.2%) | 363 (7.8%) |
| Asthenia | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| Axillary pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calcinosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest discomfort | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Chest pain | 18 (0.8%) | 14 (0.6%) | 32 (0.7%) |
| Chronic fatigue syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cyst | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| Disease susceptibility | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug ineffective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug intolerance | 8 (0.3%) | 6 (0.3%) | 14 (0.3%) |
| Face oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facial discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Facial pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fatigue | 13 (0.6%) | 12 (0.5%) | 25 (0.5%) |
| Feeling cold | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gait disturbance | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Generalised oedema | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gravitational oedema | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Hernia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Illness | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Impaired healing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Inflammation | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|----------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Influenza like illness | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Injection site pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malaise | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nodule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-cardiac chest pain | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Oedema | 20 (0.9%) | 14 (0.6%) | 34 (0.7%) |
| Oedema peripheral | 89 (3.8%) | 81 (3.5%) | 170 (3.7%) |
| Pain | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Peripheral swelling | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Polyp | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Pyrexia | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Secretion discharge | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Suprapubic pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Temperature intolerance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tissue infiltration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Treatment noncompliance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Unevaluable event | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Xerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatobiliary disorders | 482 (20.7%) | 487 (21.1%) | 969 (20.9%) |
| Acute hepatic failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcoholic liver disease | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Autoimmune hepatitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bile duct stone | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Biliary colic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Biliary dilatation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Biliary dyskinesia | 5 (0.2%) | 0 | 5 (0.1%) |
| Cholangitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis acute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis chronic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis sclerosing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cholecystitis | 15 (0.6%) | 15 (0.7%) | 30 (0.6%) |
| Cholecystitis acute | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cholecystitis chronic | 21 (0.9%) | 29 (1.3%) | 50 (1.1%) |
| Cholelithiasis | 108 (4.6%) | 98 (4.3%) | 206 (4.4%) |
| Cholestasis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Chronic hepatitis | 8 (0.3%) | 6 (0.3%) | 14 (0.3%) |
| Cirrhosis alcoholic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic hepatopathy | 11 (0.5%) | 5 (0.2%) | 16 (0.3%) |
| Drug-induced liver injury | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Fatty liver alcoholic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gallbladder cholesterolosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder disorder | 4 (0.2%) | 0 | 4 (<0.1%) |
| Gallbladder enlargement | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gallbladder hypofunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder polyp | 10 (0.4%) | 18 (0.8%) | 28 (0.6%) |
| Granulomatous liver disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic calcification | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatic cirrhosis | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Hepatic cyst | 7 (0.3%) | 11 (0.5%) | 18 (0.4%) |
| Hepatic fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic function abnormal | 6 (0.3%) | 10 (0.4%) | 16 (0.3%) |
| Hepatic lesion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatic mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic steatosis | 300 (12.9%) | 326 (14.1%) | 626 (13.5%) |
| Hepatitis | 3 (0.1%) | 10 (0.4%) | 13 (0.3%) |
| Hepatitis acute | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis alcoholic | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Hepatocellular injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatomegaly | 11 (0.5%) | 8 (0.3%) | 19 (0.4%) |
| Hepatotoxicity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hydrocholecystis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperbilirubinaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperplastic cholecystopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypertransaminasaemia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Jaundice | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Liver disorder | 11 (0.5%) | 17 (0.7%) | 28 (0.6%) |
| Liver injury | 3 (0.1%) | 0 | 3 (<0.1%) |
| Non-alcoholic steatohepatitis | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |
| Nonalcoholic fatty liver disease | 28 (1.2%) | 18 (0.8%) | 46 (1.0%) |
| Post cholecystectomy syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Sphincter of Oddi dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Steatohepatitis | 6 (0.3%) | 8 (0.3%) | 14 (0.3%) |
| Immune system disorders | 96 (4.1%) | 105 (4.6%) | 201 (4.3%) |
| Allergy to animal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Allergy to arthropod sting | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Allergy to chemicals | 3 (0.1%) | 0 | 3 (<0.1%) |
| Allergy to metals | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Alloimmunisation | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Anaphylactic reaction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anaphylactic shock | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Autoimmune disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Contrast media allergy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cryofibrinogaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug hypersensitivity | 32 (1.4%) | 45 (2.0%) | 77 (1.7%) |
| Dust allergy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Food allergy | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Graft versus host disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypersensitivity | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Hypogammaglobulinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Immune system disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine allergy | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Mite allergy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Multiple allergies | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Perfume sensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reaction to food additive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rubber sensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sarcoidosis | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Seasonal allergy | 42 (1.8%) | 41 (1.8%) | 83 (1.8%) |
| Infections and infestations | 528 (22.7%) | 496 (21.5%) | 1024 (22.1%) |
| Abdominal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abdominal wall abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess limb | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Abscess neck | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acute sinusitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| American trypanosomiasis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Anal abscess | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Antibiotic associated colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Appendicitis | 11 (0.5%) | 9 (0.4%) | 20 (0.4%) |
| Appendicitis perforated | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthritis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthritis infective | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aspergillus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asymptomatic bacteriuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atypical mycobacterial pneumonia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atypical pneumonia | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Bacteraemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacterial disease carrier | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacterial infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bacterial sepsis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Balanitis candida | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Balanoposthitis infective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Body tinea | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bone tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Borrelia infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchiolitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchitis | 20 (0.9%) | 32 (1.4%) | 52 (1.1%) |
| Bronchitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brucellosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Campylobacter colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Candida infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carbuncle | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cellulitis | 26 (1.1%) | 16 (0.7%) | 42 (0.9%) |
| Cellulitis of male external genital organ | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chancroid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chikungunya virus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholecystitis infective | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chorioretinitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic hepatitis B | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Chronic hepatitis C | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Chronic sinusitis | 19 (0.8%) | 11 (0.5%) | 30 (0.6%) |
| Chronic tonsillitis | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Conjunctivitis | 20 (0.9%) | 10 (0.4%) | 30 (0.6%) |
| Conjunctivitis viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystitis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Dacryocystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dengue fever | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatophytosis | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Dermatophytosis of nail | 6 (0.3%) | 11 (0.5%) | 17 (0.4%) |
| Diabetic foot infection | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Diabetic gangrene | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Diarrhoea infectious | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Disseminated tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Disseminated varicella zoster virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diverticulitis | 10 (0.4%) | 13 (0.6%) | 23 (0.5%) |
| Ear infection | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Eczema impetiginous | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Eczema infected | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Emphysematous cystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocarditis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Endocarditis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epididymitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Epiglottitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epstein-Barr virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Erysipelas | 11 (0.5%) | 7 (0.3%) | 18 (0.4%) |
| Eye infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye infection toxoplasma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Folliculitis | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Fournier's gangrene | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fungal infection | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Fungal skin infection | 11 (0.5%) | 2 (<0.1%) | 13 (0.3%) |
| Furuncle | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Gallbladder abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gangrene | 2 (<0.1%) | 8 (0.3%) | 10 (0.2%) |
| Gastroenteritis | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Gastroenteritis viral | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Genital herpes | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Genital infection fungal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gingivitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Groin abscess | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| HIV infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Helicobacter gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Helicobacter infection | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Hepatic echinococcosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis A | 10 (0.4%) | 3 (0.1%) | 13 (0.3%) |
| Hepatitis B | 16 (0.7%) | 10 (0.4%) | 26 (0.6%) |
| Hepatitis C | 7 (0.3%) | 15 (0.7%) | 22 (0.5%) |
| Herpes dermatitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes ophthalmic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Herpes simplex | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes zoster | 13 (0.6%) | 6 (0.3%) | 19 (0.4%) |
| Human T-cell lymphocytic virus type II infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Human T-cell lymphotropic virus type I infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infected bite | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infected skin ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infectious pleural effusion | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Infective spondylitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Influenza | 12 (0.5%) | 10 (0.4%) | 22 (0.5%) |
| Intervertebral discitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Klebsiella bacteraemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Labyrinthitis | 5 (0.2%) | 0 | 5 (0.1%) |
| Laryngitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Latent tuberculosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Legionella infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leprosy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Liver abscess | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Localised infection | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Lower respiratory tract infection | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Lower respiratory tract infection viral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung abscess | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Lyme disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphangitis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Mastoiditis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mediastinal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mediastinitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical device site infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meningitis | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Meningitis tuberculous | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myringitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail candida | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasopharyngitis | 15 (0.6%) | 17 (0.7%) | 32 (0.7%) |
| Necrotising fasciitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oesophageal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Onychomycosis | 37 (1.6%) | 26 (1.1%) | 63 (1.4%) |
| Oophoritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Opisthorchiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral candidiasis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oral fungal infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral herpes | 0 | 3 (0.1%) | 3 (<0.1%) |
| Osteomyelitis | 10 (0.4%) | 14 (0.6%) | 24 (0.5%) |
| Osteomyelitis chronic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Otitis externa | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Otitis media | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Otitis media chronic | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Otosalpingitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreas infection | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Pancreatic abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paronychia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Parotitis | 4 (0.2%) | 0 | 4 (<0.1%) |
| Penile infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Periodontitis | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Perirectal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peritonitis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Peritonsillar abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngeal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngitis | 4 (0.2%) | 9 (0.4%) | 13 (0.3%) |
| Pharyngotonsillitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pilonidal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia | 28 (1.2%) | 24 (1.0%) | 52 (1.1%) |
| Pneumonia bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumonia legionella | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pneumonia pseudomonal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Poliomyelitis | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Post procedural infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postoperative wound infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pulmonary tuberculoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary tuberculosis | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Pulpitis dental | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pustule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyelonephritis | 6 (0.3%) | 11 (0.5%) | 17 (0.4%) |
| Pyelonephritis acute | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Pyelonephritis chronic | 42 (1.8%) | 35 (1.5%) | 77 (1.7%) |
| Pyoderma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pyuria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Respiratory tract infection | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Respiratory tract infection viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retroperitoneal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis | 9 (0.4%) | 10 (0.4%) | 19 (0.4%) |
| Scrotal infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sepsis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Septic arthritis staphylococcal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Septic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sialoadenitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinusitis | 12 (0.5%) | 18 (0.8%) | 30 (0.6%) |
| Skin candida | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Skin infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Staphylococcal infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Staphylococcal sepsis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Streptococcal endocarditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous abscess | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Syphilis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Systemic candida | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tinea capitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tinea cruris | 6 (0.3%) | 2 (<0.1%) | 8 (0.2%) |
| Tinea infection | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Tinea pedis | 18 (0.8%) | 28 (1.2%) | 46 (1.0%) |
| Tinea versicolour | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tonsillitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tonsillitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth abscess | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tooth infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tracheitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Tuberculosis | 9 (0.4%) | 8 (0.3%) | 17 (0.4%) |
| Tuberculous pleurisy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tubo-ovarian abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Upper respiratory tract infection | 27 (1.2%) | 21 (0.9%) | 48 (1.0%) |
| Urethritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary tract infection | 29 (1.2%) | 40 (1.7%) | 69 (1.5%) |
| Urinary tract infection bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urosepsis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vaginal infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varicella | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vascular device infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vestibular neuronitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Viral hepatitis carrier | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Viral infection | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Viral upper respiratory tract infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vulvitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vulvovaginal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wound infection | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Zika virus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Injury, poisoning and procedural complications | 201 (8.6%) | 179 (7.8%) | 380 (8.2%) |
| Abdominal injury | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Accident | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Anastomotic ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Animal bite | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ankle fracture | 13 (0.6%) | 8 (0.3%) | 21 (0.5%) |
| Aortic injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthropod sting | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asbestosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blindness traumatic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bone contusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burns second degree | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burns third degree | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cartilage injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Chest injury | 0 | 4 (0.2%) | 4 (<0.1%) |
| Chillblains | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Clavicle fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Concussion | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Contusion | 6 (0.3%) | 1 (<0.1%) | 7 (0.2%) |
| Corneal abrasion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Coronary bypass stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Craniocerebral injury | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Electric injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endotracheal intubation complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epicondylitis | 11 (0.5%) | 5 (0.2%) | 16 (0.3%) |
| Exposure to toxic agent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye injury | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye laser scar | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eyeball avulsion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Face injury | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Facial bones fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fall | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Femoral neck fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Femur fracture | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Fibula fracture | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Foot fracture | 7 (0.3%) | 1 (<0.1%) | 8 (0.2%) |
| Forearm fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Foreign body | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Foreign body in eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fracture of penis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Fractured coccyx | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gastrointestinal anastomotic leak | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gun shot wound | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hand fracture | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Head injury | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Hip fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Humerus fracture | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Iliotibial band syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Incisional hernia | 6 (0.3%) | 7 (0.3%) | 13 (0.3%) |
| Injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Injury corneal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Intentional overdose | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc injury | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Iris injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Joint dislocation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Joint injury | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Ligament injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ligament rupture | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Ligament sprain | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| Limb injury | 11 (0.5%) | 11 (0.5%) | 22 (0.5%) |
| Limb traumatic amputation | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Lower limb fracture | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Lumbar vertebral fracture | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Median nerve injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meniscus injury | 15 (0.6%) | 9 (0.4%) | 24 (0.5%) |
| Multiple fractures | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple injuries | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Muscle rupture | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Muscle strain | 4 (0.2%) | 0 | 4 (<0.1%) |
| Patella fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pelvic bone injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Penetrating abdominal trauma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Persistent corneal epithelial defect | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumoconiosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Post concussion syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post laminectomy syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Post procedural complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural hypothyroidism | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Post procedural swelling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post-traumatic neck syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Post-traumatic pain | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Postoperative adhesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Procedural intestinal perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Procedural pain | 0 | 3 (0.1%) | 3 (<0.1%) |
| Radiation skin injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radius fracture | 6 (0.3%) | 3 (0.1%) | 9 (0.2%) |
| Rib fracture | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Road traffic accident | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Scar | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Silicosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin abrasion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin laceration | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Skin wound | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skull fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Soft tissue injury | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal column injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Spinal compression fracture | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Spinal cord injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal cord injury thoracic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal fracture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Spleen contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic rupture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Stoma site irritation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stomal hernia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subdural haematoma | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Synovial rupture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tendon injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Tendon rupture | 6 (0.3%) | 2 (<0.1%) | 8 (0.2%) |
| Thermal burn | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Thermal burns of eye | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracic vertebral fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tibia fracture | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Tobacco poisoning | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tooth fracture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Toxicity to various agents | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic arthritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic arthrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Traumatic fracture | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Traumatic haemothorax | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Traumatic renal injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Traumatic ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ulna fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Upper limb fracture | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Wound dehiscence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wound necrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Wrist fracture | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Investigations | 242 (10.4%) | 249 (10.8%) | 491 (10.6%) |
| Alanine aminotransferase increased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Albumin urine present | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angiocardiogram | 21 (0.9%) | 15 (0.7%) | 36 (0.8%) |
| Angiogram | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Angiogram cerebral | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Angiogram retina | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Antinuclear antibody positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aortic bruit | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arthroscopy | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |
| Aspartate aminotransferase increased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aspiration pleural cavity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoantibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy kidney | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Biopsy prostate | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy thyroid gland | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood alkaline phosphatase increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood bicarbonate decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood calcium increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood cholesterol increased | 32 (1.4%) | 47 (2.0%) | 79 (1.7%) |
| Blood creatine phosphokinase abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood creatine phosphokinase increased | 30 (1.3%) | 40 (1.7%) | 70 (1.5%) |
| Blood creatinine increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Blood folate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood lactate dehydrogenase increased | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Blood magnesium decreased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blood potassium decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood potassium increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood pressure increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Blood sodium decreased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Blood testosterone decreased | 3 (0.1%) | 0 | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Blood thyroid stimulating hormone normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood triglycerides increased | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Blood uric acid abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood uric acid increased | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Body mass index increased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bone density decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Borrelia test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breath sounds abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| C-reactive protein increased | 14 (0.6%) | 7 (0.3%) | 21 (0.5%) |
| Carcinoembryonic antigen increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac function test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac murmur | 14 (0.6%) | 9 (0.4%) | 23 (0.5%) |
| Cardiac stress test normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Carotid bruit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid intima-media thickness increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Catheterisation cardiac | 9 (0.4%) | 6 (0.3%) | 15 (0.3%) |
| Catheterisation cardiac normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colonoscopy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cystoscopy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| ECG electrically inactive area | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ejection fraction decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ejection fraction normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram P wave abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram PR prolongation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram PR shortened | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram Q wave abnormal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram Q waves | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram QRS complex abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Electrocardiogram QT interval abnormal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Electrocardiogram QT prolonged | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram ST segment abnormal | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram ST segment depression | 0 | 3 (0.1%) | 3 (<0.1%) |
| Electrocardiogram ST segment elevation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram ST-T change | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram ST-T segment abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram T wave abnormal | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Electrocardiogram T wave amplitude decreased | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Electrocardiogram T wave inversion | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Electrocardiogram abnormal | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Electrocardiogram repolarisation abnormality | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| False positive investigation result | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Forced expiratory volume decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gamma-glutamyltransferase increased | 14 (0.6%) | 13 (0.6%) | 27 (0.6%) |
| Gastric pH decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Glycosylated haemoglobin increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoglobin decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoglobin increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Heart rate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart sounds abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Helicobacter test positive | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Hepatic enzyme abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatic enzyme increased | 7 (0.3%) | 5 (0.2%) | 12 (0.3%) |
| Hepatitis B antigen positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B core antibody positive | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis B surface antibody positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatitis B surface antigen positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B virus test positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hepatitis C antibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Human papilloma virus test negative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hysteroscopy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intraocular pressure increased | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Laparoscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Left ventricular end-diastolic pressure increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipids abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipoprotein (a) increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lipoprotein abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver function test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver function test increased | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Liver scan abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Low density lipoprotein increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mean cell volume increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle enzyme increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Occult blood positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Oxygen consumption increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arteriogram | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Physical examination | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Platelet count decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic specific antigen increased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Protein urine present | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pulmonary imaging procedure abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pulse absent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| QRS axis abnormal | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Red blood cell sedimentation rate increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scan myocardial perfusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid function test abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid function test normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transaminases increased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Treponema test positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Troponin T increased | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Troponin increased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ultrasound Doppler abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ultrasound kidney abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteroscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary occult blood positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urine albumin/creatinine ratio increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urogram | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitamin B12 decreased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vitamin D decreased | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Vitamin E decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Weight decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Weight increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| White blood cell count increased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Metabolism and nutrition disorders | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Abnormal loss of weight | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acquired mixed hyperlipidaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Calcium deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Central obesity | 13 (0.6%) | 18 (0.8%) | 31 (0.7%) |
| Decreased appetite | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Dehydration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetes mellitus | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Diabetes mellitus inadequate control | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Diabetic dyslipidaemia | 0 | 3 (0.1%) | 3 (<0.1%) |
| Diabetic ketoacidosis | 0 | 5 (0.2%) | 5 (0.1%) |
| Diabetic ketosis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Dyslipidaemia | 778 (33.4%) | 796 (34.5%) | 1574 (34.0%) |
| Fluid retention | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Folate deficiency | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Fructose intolerance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose tolerance impaired | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gout | 107 (4.6%) | 124 (5.4%) | 231 (5.0%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---------------------------------|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Haemochromatosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hyper HDL cholesterolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercalcaemia | 7 (0.3%) | 5 (0.2%) | 12 (0.3%) |
| Hypercholesterolaemia | 264 (11.3%) | 258 (11.2%) | 522 (11.3%) |
| Hyperferritinaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hyperglycaemia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyperhomocysteinaemia | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Hyperinsulinaemic hypoglycaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperkalaemia | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Hyperlipidaemia | 532 (22.9%) | 549 (23.8%) | 1081 (23.3%) |
| Hyperphosphataemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypertriglyceridaemia | 63 (2.7%) | 56 (2.4%) | 119 (2.6%) |
| Hyperuricaemia | 200 (8.6%) | 182 (7.9%) | 382 (8.2%) |
| Hypervolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypo HDL cholesterolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypoalbuminaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypocalcaemia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Hypoglycaemia | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Hypokalaemia | 23 (1.0%) | 18 (0.8%) | 41 (0.9%) |
| Hypomagnesaemia | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Hyponatraemia | 10 (0.4%) | 6 (0.3%) | 16 (0.3%) |
| Hypoproteinaemia | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Hypovitaminosis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Hypovolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Impaired fasting glucose | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Insulin resistance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iron deficiency | 15 (0.6%) | 14 (0.6%) | 29 (0.6%) |
| Iron overload | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ketosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lactose intolerance | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipid metabolism disorder | 7 (0.3%) | 6 (0.3%) | 13 (0.3%) |
| Lipomatosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lipoprotein deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Magnesium deficiency | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Metabolic acidosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolic alkalosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metabolic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Metabolic syndrome | 20 (0.9%) | 19 (0.8%) | 39 (0.8%) |
| Obesity | 1012 (43.5%) | 1015 (44.1%) | 2027 (43.8%) |
| Overweight | 20 (0.9%) | 22 (1.0%) | 42 (0.9%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Purine metabolism disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Type 2 diabetes mellitus | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Vitamin B complex deficiency | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Vitamin B12 deficiency | 28 (1.2%) | 19 (0.8%) | 47 (1.0%) |
| Vitamin D deficiency | 119 (5.1%) | 98 (4.3%) | 217 (4.7%) |
| Musculoskeletal and connective tissue disorders | 753 (32.4%) | 764 (33.2%) | 1517 (32.8%) |
| Acquired claw toe | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ankylosing spondylitis | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| Arthralgia | 79 (3.4%) | 95 (4.1%) | 174 (3.8%) |
| Arthritis | 28 (1.2%) | 25 (1.1%) | 53 (1.1%) |
| Arthritis reactive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthropathy | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Autoimmune arthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Back disorder | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |
| Back pain | 120 (5.2%) | 151 (6.6%) | 271 (5.9%) |
| Bone cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone loss | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone metabolism disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bursitis | 12 (0.5%) | 9 (0.4%) | 21 (0.5%) |
| Cervical spinal stenosis | 5 (0.2%) | 7 (0.3%) | 12 (0.3%) |
| Chondrocalcinosis pyrophosphate | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chondromalacia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Chondropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic kidney disease-mineral and bone disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Clubbing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coccydynia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Collagen disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Compartment syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Connective tissue inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Costochondritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Crowned dens syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Crystal arthropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dactylitis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Diastasis recti abdominis | 1 (<0.1%) | 6 (0.3%) | 7 (0.2%) |
| Diffuse idiopathic skeletal hyperostosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dupuytren's contracture | 10 (0.4%) | 4 (0.2%) | 14 (0.3%) |
| Enthesopathy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Exostosis | 7 (0.3%) | 8 (0.3%) | 15 (0.3%) |
| Facet joint syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Fasciitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fibromyalgia | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Finger deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flank pain | 3 (0.1%) | 0 | 3 (<0.1%) |
| Foot deformity | 13 (0.6%) | 12 (0.5%) | 25 (0.5%) |
| Gouty arthritis | 13 (0.6%) | 7 (0.3%) | 20 (0.4%) |
| Groin pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemarthrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Inclusion body myositis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc compression | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intervertebral disc degeneration | 23 (1.0%) | 21 (0.9%) | 44 (1.0%) |
| Intervertebral disc disorder | 27 (1.2%) | 19 (0.8%) | 46 (1.0%) |
| Intervertebral disc displacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc protrusion | 56 (2.4%) | 72 (3.1%) | 128 (2.8%) |
| Jaw cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint deposit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint effusion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Joint range of motion decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint stiffness | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Joint swelling | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Knee deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kyphosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Limb asymmetry | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Limb deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Limb discomfort | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lumbar spinal stenosis | 16 (0.7%) | 11 (0.5%) | 27 (0.6%) |
| Metatarsalgia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle contracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Muscle fatigue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle spasms | 41 (1.8%) | 43 (1.9%) | 84 (1.8%) |
| Muscle tightness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle twitching | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscular weakness | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Musculoskeletal chest pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Musculoskeletal discomfort | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Musculoskeletal pain | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Musculoskeletal stiffness | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Myalgia | 29 (1.2%) | 26 (1.1%) | 55 (1.2%) |
| Myofascial pain syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Myopathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Myositis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neck mass | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neck pain | 20 (0.9%) | 19 (0.8%) | 39 (0.8%) |
| Neuropathic arthropathy | 9 (0.4%) | 11 (0.5%) | 20 (0.4%) |
| Oligoarthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Osteoarthritis | 240 (10.3%) | 246 (10.7%) | 486 (10.5%) |
| Osteoarthropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Osteochondritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondrosis | 31 (1.3%) | 35 (1.5%) | 66 (1.4%) |
| Osteomalacia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteonecrosis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Osteopenia | 20 (0.9%) | 13 (0.6%) | 33 (0.7%) |
| Osteoporosis | 50 (2.1%) | 44 (1.9%) | 94 (2.0%) |
| Osteoporosis postmenopausal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Osteosclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pain in extremity | 30 (1.3%) | 28 (1.2%) | 58 (1.3%) |
| Patellofemoral pain syndrome | 0 | 3 (0.1%) | 3 (<0.1%) |
| Pathological fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Periarthritis | 25 (1.1%) | 9 (0.4%) | 34 (0.7%) |
| Perthes disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Plantar fascial fibromatosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Plantar fasciitis | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Polyarthritis | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Polymyalgia rheumatica | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Psoriatic arthropathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Rhabdomyolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rheumatic disorder | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Rheumatic fever | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Rheumatoid arthritis | 19 (0.8%) | 12 (0.5%) | 31 (0.7%) |
| Rotator cuff syndrome | 24 (1.0%) | 27 (1.2%) | 51 (1.1%) |
| Sacroiliitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Scleroderma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scoliosis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Sjogren's syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Soft tissue disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal deformity | 3 (0.1%) | 0 | 3 (<0.1%) |
| Spinal disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Spinal fusion acquired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal instability | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal ligament ossification | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Spinal osteoarthritis | 91 (3.9%) | 89 (3.9%) | 180 (3.9%) |
| Spinal pain | 14 (0.6%) | 12 (0.5%) | 26 (0.6%) |
| Spinal retrolisthesis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal stenosis | 13 (0.6%) | 9 (0.4%) | 22 (0.5%) |
| Spondylitis | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Spondyloarthropathy | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Spondylolisthesis | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Sympathetic posterior cervical syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Synovial cyst | 9 (0.4%) | 2 (<0.1%) | 11 (0.2%) |
| Synovitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Systemic lupus erythematosus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Temporomandibular joint syndrome | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Tendon calcification | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tendon disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tendonitis | 12 (0.5%) | 6 (0.3%) | 18 (0.4%) |
| Tenosynovitis | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Tenosynovitis stenans | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Trigger finger | 5 (0.2%) | 9 (0.4%) | 14 (0.3%) |
| Vertebral foraminal stenosis | 0 | 4 (0.2%) | 4 (<0.1%) |
| Vertebral lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral osteophyte | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | 225 (9.7%) | 223 (9.7%) | 448 (9.7%) |
| Acoustic neuroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acrochordon | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Acute myeloid leukaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adenocarcinoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Adenocarcinoma of colon | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Adenoma benign | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Adrenal adenoma | 6 (0.3%) | 9 (0.4%) | 15 (0.3%) |
| Adrenal neoplasm | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Angiolipoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiomyolipoma | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Basal cell carcinoma | 11 (0.5%) | 9 (0.4%) | 20 (0.4%) |
| Basosquamous carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign abdominal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign breast neoplasm | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Benign duodenal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign gastric neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Benign hepatobiliary neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign lung neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Benign neoplasm of adrenal gland | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Benign neoplasm of bladder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of cornea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign neoplasm of eyelid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of skin | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign neoplasm of thyroid gland | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Benign ovarian tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign pancreatic neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign uterine neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder cancer | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Bladder neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder papilloma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bladder transitional cell carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bowen's disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Brain neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast cancer | 9 (0.4%) | 9 (0.4%) | 18 (0.4%) |
| Breast cancer metastatic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast fibroma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Carcinoid tumour of the stomach | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellopontine angle tumour | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral haemangioma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervix carcinoma | 0 | 3 (0.1%) | 3 (<0.1%) |
| Chronic lymphocytic leukaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Clear cell renal cell carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon adenoma | 7 (0.3%) | 6 (0.3%) | 13 (0.3%) |
| Colon cancer | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Colon cancer stage 0 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Colorectal cancer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cutaneous lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Duodenal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Endometrial cancer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Epiglottic cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Erythroplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Essential thrombocythaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye naevus | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fibroma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fibrous histiocytoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Focal nodular hyperplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder adenoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gallbladder cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric cancer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Gastrointestinal carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal submucosal tumour | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Haemangioma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Haemangioma of bone | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemangioma of liver | 5 (0.2%) | 9 (0.4%) | 14 (0.3%) |
| Haemangioma of spleen | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatocellular carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypergammaglobulinaemia benign monoclonal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraductal papillary mucinous neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iris neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Large intestine benign neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laryngeal cancer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Laryngeal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal papilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leiomyosarcoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipoma | 11 (0.5%) | 8 (0.3%) | 19 (0.4%) |
| Lipoma of breast | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Malignant melanoma | 6 (0.3%) | 2 (<0.1%) | 8 (0.2%) |
| Malignant neoplasm of conjunctiva | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant neoplasm of eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant palate neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Melanocytic naevus | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Meningioma | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Meningioma benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metastases to lymph nodes | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Monoclonal gammopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Myelodysplastic syndrome | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Nasopharyngeal neoplasm benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neoplasm | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Neoplasm prostate | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neoplasm skin | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-Hodgkin's lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-secretory adenoma of pituitary | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ocular lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ovarian adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian cancer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Paget's disease of nipple | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic neuroendocrine tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Papillary cystadenoma lymphomatosum | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Papillary thyroid cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Parathyroid tumour benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pituitary tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pituitary tumour benign | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Pleomorphic adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polycythaemia vera | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Primary myelofibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prolactin-producing pituitary tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostate cancer | 15 (0.6%) | 14 (0.6%) | 29 (0.6%) |
| Prostatic adenoma | 7 (0.3%) | 10 (0.4%) | 17 (0.4%) |
| Rectal adenocarcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectal cancer | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Rectal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal cancer | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal cell carcinoma | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Renal hamartoma | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Renal neoplasm | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal oncocytoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland cancer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salivary gland neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Schwannoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoeic keratosis | 7 (0.3%) | 8 (0.3%) | 15 (0.3%) |
| Seminoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Skin papilloma | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Small cell lung cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal meningioma benign | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Squamous cell carcinoma | 0 | 5 (0.2%) | 5 (0.1%) |
| Squamous cell carcinoma of skin | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Squamous cell carcinoma of the tongue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Teratoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testis cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Thyroid adenoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Thyroid cancer | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Tongue neoplasm malignant stage unspecified | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tonsil cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transitional cell cancer of the renal pelvis and ureter | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transitional cell carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urinary bladder adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine cancer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Uterine leiomyoma | 27 (1.2%) | 26 (1.1%) | 53 (1.1%) |
| Vulvovaginal warts | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Waldenstrom's macroglobulinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nervous system disorders | 1195 (51.4%) | 1145 (49.7%) | 2340 (50.5%) |
| Acoustic neuritis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Akinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Amnesia | 6 (0.3%) | 3 (0.1%) | 9 (0.2%) |
| Anaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anosmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arachnoid cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Areflexia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ataxia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Autonomic nervous system imbalance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Autonomic neuropathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Axonal neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Balance disorder | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Basal ganglia infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Basilar artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Brain stem infarction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Burning sensation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac autonomic neuropathy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Carotid arteriosclerosis | 52 (2.2%) | 47 (2.0%) | 99 (2.1%) |
| Carotid artery aneurysm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Carotid artery disease | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Carotid artery occlusion | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Carotid artery stenosis | 28 (1.2%) | 31 (1.3%) | 59 (1.3%) |
| Carotid artery thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Carpal tunnel syndrome | 41 (1.8%) | 29 (1.3%) | 70 (1.5%) |
| Central nervous system lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellar stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellar syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral arteriosclerosis | 27 (1.2%) | 32 (1.4%) | 59 (1.3%) |
| Cerebral artery occlusion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral artery stenosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cerebral artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral atrophy | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| Cerebral circulatory failure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral haemorrhage | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Cerebral infarction | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Cerebral ischaemia | 26 (1.1%) | 25 (1.1%) | 51 (1.1%) |
| Cerebral microangiopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral small vessel ischaemic disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral ventricle dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebrovascular accident | 5 (0.2%) | 9 (0.4%) | 14 (0.3%) |
| Cerebrovascular disorder | 39 (1.7%) | 31 (1.3%) | 70 (1.5%) |
| Cerebrovascular insufficiency | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cerebrovascular stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervical radiculopathy | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Cervicobrachial syndrome | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Cervicogenic headache | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cluster headache | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cognitive disorder | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Coma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Complex regional pain syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cubital tunnel syndrome | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Decreased vibratory sense | 3 (0.1%) | 0 | 3 (<0.1%) |
| Dementia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dementia Alzheimer's type | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Demyelination | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic autonomic neuropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic coma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic encephalopathy | 7 (0.3%) | 10 (0.4%) | 17 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|----------------------------------|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Diabetic mononeuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic neuropathy | 714 (30.7%) | 666 (28.9%) | 1380 (29.8%) |
| Disturbance in attention | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dizziness | 22 (0.9%) | 17 (0.7%) | 39 (0.8%) |
| Dizziness postural | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Dural arteriovenous fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysaesthesia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dysarthria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Dyskinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Encephalopathy | 26 (1.1%) | 17 (0.7%) | 43 (0.9%) |
| Epilepsy | 10 (0.4%) | 8 (0.3%) | 18 (0.4%) |
| Essential tremor | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Facial paralysis | 15 (0.6%) | 16 (0.7%) | 31 (0.7%) |
| Facial paresis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Focal dyscognitive seizures | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Generalised tonic-clonic seizure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glossopharyngeal neuralgia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Guillain-Barre syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemorrhagic stroke | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Headache | 34 (1.5%) | 22 (1.0%) | 56 (1.2%) |
| Hemianaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hemianopia homonymous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hemiparaesthesia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hemiparesis | 9 (0.4%) | 12 (0.5%) | 21 (0.5%) |
| Hemiplegia | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Hippocampal sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypersomnia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypertensive encephalopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypertonia | 24 (1.0%) | 18 (0.8%) | 42 (0.9%) |
| Hypoaesthesia | 10 (0.4%) | 15 (0.7%) | 25 (0.5%) |
| Hyporeflexia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intention tremor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intercostal neuralgia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Internal capsule infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intracranial aneurysm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ischaemic stroke | 212 (9.1%) | 213 (9.2%) | 425 (9.2%) |
| Lacunar infarction | 13 (0.6%) | 7 (0.3%) | 20 (0.4%) |
| Lacunar stroke | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lethargy | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Leukoencephalopathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Loss of consciousness | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lumbar radiculopathy | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Lumbosacral plexus lesion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lumbosacral radiculopathy | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Memory impairment | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Meralgia paraesthetica | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolic encephalopathy | 3 (0.1%) | 8 (0.3%) | 11 (0.2%) |
| Migraine | 11 (0.5%) | 17 (0.7%) | 28 (0.6%) |
| Migraine with aura | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mononeuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mononeuropathy multiplex | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Monoparesis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Monoplegia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Multiple sclerosis | 0 | 4 (0.2%) | 4 (<0.1%) |
| Myasthenia gravis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Myelopathy | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Myotonia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nerve compression | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Nervous system disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neuralgia | 12 (0.5%) | 8 (0.3%) | 20 (0.4%) |
| Neuralgic amyotrophy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neuritis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neuritis cranial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurodegenerative disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Neuropathy peripheral | 98 (4.2%) | 82 (3.6%) | 180 (3.9%) |
| Normal pressure hydrocephalus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Optic neuritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Orthostatic intolerance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paraesthesia | 7 (0.3%) | 15 (0.7%) | 22 (0.5%) |
| Paralysis recurrent laryngeal nerve | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Parkinson's disease | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Parkinsonism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parosmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Partial seizures | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Perineurial cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Periodic limb movement disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral nerve lesion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Peripheral nerve paresis | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Peripheral sensorimotor neuropathy | 4 (0.2%) | 6 (0.3%) | 10 (0.2%) |
| Peripheral sensory neuropathy | 8 (0.3%) | 10 (0.4%) | 18 (0.4%) |
| Peroneal nerve palsy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Petit mal epilepsy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Phantom limb syndrome | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Pineal gland cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polyneuropathy | 30 (1.3%) | 38 (1.6%) | 68 (1.5%) |
| Polyneuropathy chronic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post herpetic neuralgia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Post polio syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Posterior cortical atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Precerebral arteriosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Presyncope | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Quadrantanopia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radicular pain | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Radiculopathy | 8 (0.3%) | 6 (0.3%) | 14 (0.3%) |
| Resting tremor | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Restless legs syndrome | 10 (0.4%) | 11 (0.5%) | 21 (0.5%) |
| Right hemisphere deficit syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sacral radiculopathy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sciatic nerve neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sciatica | 20 (0.9%) | 34 (1.5%) | 54 (1.2%) |
| Seizure | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Sensorimotor disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sensory disturbance | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Simple partial seizures | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Somnolence | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Spinal claudication | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal cord disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal cord herniation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subarachnoid haemorrhage | 0 | 3 (0.1%) | 3 (<0.1%) |
| Syncope | 7 (0.3%) | 6 (0.3%) | 13 (0.3%) |
| Taste disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tension headache | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Thalamic infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thoracic outlet syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tongue biting | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic encephalopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transient ischaemic attack | 43 (1.8%) | 25 (1.1%) | 68 (1.5%) |
| Transverse sinus thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tremor | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Trigeminal neuralgia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Vlth nerve disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vlth nerve paralysis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vascular dementia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular encephalopathy | 31 (1.3%) | 27 (1.2%) | 58 (1.3%) |
| Vertebral artery arteriosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vertebral artery occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral artery stenosis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Vertebrobasilar insufficiency | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Vertigo CNS origin | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Visual field defect | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vocal cord paralysis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| White matter lesion | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pregnancy, puerperium and perinatal conditions | 6 (0.3%) | 9 (0.4%) | 15 (0.3%) |
| Abortion spontaneous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Delivery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectopic pregnancy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Gestational diabetes | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pre-eclampsia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Previous caesarean section | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Product issues | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thrombosis in device | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psychiatric disorders | 307 (13.2%) | 326 (14.1%) | 633 (13.7%) |
| Adjustment disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Adjustment disorder with depressed mood | 0 | 3 (0.1%) | 3 (<0.1%) |
| Adjustment disorder with mixed anxiety and depressed mood | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Affective disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Agoraphobia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcohol abuse | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Alcohol use disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Alcoholism | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Anxiety | 61 (2.6%) | 76 (3.3%) | 137 (3.0%) |
| Anxiety disorder | 18 (0.8%) | 13 (0.6%) | 31 (0.7%) |
| Attention deficit hyperactivity disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bipolar disorder | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Borderline personality disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Breathing-related sleep disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Claustrophobia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Depressed mood | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Depression | 133 (5.7%) | 148 (6.4%) | 281 (6.1%) |
| Disorientation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug abuse | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug dependence | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dyssomnia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enuresis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Generalised anxiety disorder | 8 (0.3%) | 4 (0.2%) | 12 (0.3%) |
| Hallucination | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Insomnia | 104 (4.5%) | 86 (3.7%) | 190 (4.1%) |
| Libido decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Major depression | 12 (0.5%) | 14 (0.6%) | 26 (0.6%) |
| Mental disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Mixed anxiety and depressive disorder | 6 (0.3%) | 3 (0.1%) | 9 (0.2%) |
| Neurosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nicotine dependence | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Nightmare | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Obsessive-compulsive disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Panic attack | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Panic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Persistent depressive disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Personality disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Polydipsia psychogenic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post-traumatic stress disorder | 7 (0.3%) | 9 (0.4%) | 16 (0.3%) |
| Premature ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Schizophrenia | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Schizophreniform disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sleep disorder | 15 (0.6%) | 18 (0.8%) | 33 (0.7%) |
| Social anxiety disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Somatic symptom disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stress | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Substance abuse | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Suicide attempt | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tobacco abuse | 8 (0.3%) | 6 (0.3%) | 14 (0.3%) |
| Renal and urinary disorders | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Acquired cystic kidney disease | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Acute kidney injury | 9 (0.4%) | 8 (0.3%) | 17 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Albuminuria | 129 (5.5%) | 129 (5.6%) | 258 (5.6%) |
| Azotaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bladder discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder prolapse | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Calculus urinary | 27 (1.2%) | 21 (0.9%) | 48 (1.0%) |
| Chronic kidney disease | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Cystitis interstitial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Detrusor sphincter dyssynergia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic nephropathy | 137 (5.9%) | 161 (7.0%) | 298 (6.4%) |
| Dysuria | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| End stage renal disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Focal segmental glomerulosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Follicular cystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis acute | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis chronic | 6 (0.3%) | 5 (0.2%) | 11 (0.2%) |
| Glomerulonephritis membranous | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glomerulonephritis proliferative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glycosuria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haematuria | 12 (0.5%) | 15 (0.7%) | 27 (0.6%) |
| Hydronephrosis | 15 (0.6%) | 6 (0.3%) | 21 (0.5%) |
| Hypercalciuria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypertensive nephropathy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hypertonic bladder | 10 (0.4%) | 11 (0.5%) | 21 (0.5%) |
| Hyperuricosuria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypocitraturia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intercapillary glomerulosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ketonuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Kidney congestion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney small | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lower urinary tract symptoms | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Mesangioproliferative glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Microalbuminuria | 70 (3.0%) | 81 (3.5%) | 151 (3.3%) |
| Micturition urgency | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Nephritic syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nephritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nephroangiosclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nephrolithiasis | 120 (5.2%) | 120 (5.2%) | 240 (5.2%) |
| Nephropathy | 11 (0.5%) | 5 (0.2%) | 16 (0.3%) |
| Nephropathy toxic | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Nephroptosis | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Nephrosclerosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nephrotic syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Neurogenic bladder | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Nocturia | 15 (0.6%) | 10 (0.4%) | 25 (0.5%) |
| Obstructive nephropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pollakiuria | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Polyuria | 0 | 5 (0.2%) | 5 (0.1%) |
| Post streptococcal glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Proteinuria | 86 (3.7%) | 95 (4.1%) | 181 (3.9%) |
| Pyelocaliectasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reduced bladder capacity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal artery arteriosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery stenosis | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Renal atrophy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Renal colic | 11 (0.5%) | 14 (0.6%) | 25 (0.5%) |
| Renal cyst | 81 (3.5%) | 75 (3.3%) | 156 (3.4%) |
| Renal disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renal failure | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Renal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal impairment | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Renal injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Single functional kidney | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stress urinary incontinence | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Tubulointerstitial nephritis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ureteric stenosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ureterocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureterolithiasis | 15 (0.6%) | 3 (0.1%) | 18 (0.4%) |
| Urethral disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urethral stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Urge incontinence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary bladder polyp | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary bladder varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary hesitation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary incontinence | 18 (0.8%) | 16 (0.7%) | 34 (0.7%) |
| Urinary retention | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Urinary tract disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Urinary tract obstruction | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Urine abnormality | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Reproductive system and breast disorders | 407 (17.5%) | 389 (16.9%) | 796 (17.2%) |
| Acquired phimosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adenomyosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adnexa uteri cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Amenorrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Artificial menopause | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atrophic vulvovaginitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Azoospermia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Balanoposthitis | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Benign prostatic hyperplasia | 235 (10.1%) | 218 (9.5%) | 453 (9.8%) |
| Breast calcifications | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast cyst | 3 (0.1%) | 0 | 3 (<0.1%) |
| Breast disorder | 4 (0.2%) | 0 | 4 (<0.1%) |
| Breast enlargement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast fibrosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast hyperplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast mass | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Breast pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calculus prostatic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cervical dysplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cervical polyp | 3 (0.1%) | 0 | 3 (<0.1%) |
| Cystocele | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Dysmenorrhoea | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Endometrial atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endometrial hyperplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Endometriosis | 5 (0.2%) | 6 (0.3%) | 11 (0.2%) |
| Epididymal cyst | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Erectile dysfunction | 103 (4.4%) | 123 (5.3%) | 226 (4.9%) |
| Female genital tract fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Genital prolapse | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gynaecomastia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hydrosalpinx | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Infertility | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Infertility male | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Male reproductive tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopausal symptoms | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Menorrhagia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Menstruation irregular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Metrorrhagia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Organic erectile dysfunction | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Ovarian cyst | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Ovarian hyperfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic adhesions | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pelvic pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Penile oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Perineal pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peyronie's disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Polycystic ovaries | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Postmenopausal haemorrhage | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Premature menopause | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic calcification | 8 (0.3%) | 4 (0.2%) | 12 (0.3%) |
| Prostatic cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Prostatic disorder | 0 | 3 (0.1%) | 3 (<0.1%) |
| Prostatic mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatic obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatism | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Prostatitis | 11 (0.5%) | 9 (0.4%) | 20 (0.4%) |
| Prostatomegaly | 13 (0.6%) | 11 (0.5%) | 24 (0.5%) |
| Rectocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reproductive tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retrograde ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal swelling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sexual dysfunction | 6 (0.3%) | 3 (0.1%) | 9 (0.2%) |
| Spermatocoele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular swelling | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uterine disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine haemorrhage | 4 (0.2%) | 0 | 4 (<0.1%) |
| Uterine mass | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Uterine polyp | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Uterine prolapse | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vaginal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vaginal prolapse | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Varicocele | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vulval disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulval polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginal dryness | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Vulvovaginal pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory, thoracic and mediastinal disorders | 513 (22.0%) | 480 (20.8%) | 993 (21.4%) |
| Acquired diaphragmatic eventration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Acute interstitial pneumonitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acute pulmonary oedema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acute respiratory failure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adenoidal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Allergic bronchitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergic cough | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Allergic sinusitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Apnoea | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aspirin-exacerbated respiratory disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Asthma | 95 (4.1%) | 107 (4.6%) | 202 (4.4%) |
| Atelectasis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Atrophic pharyngitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchial disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchial dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchial hyperreactivity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchiectasis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Bronchitis chronic | 36 (1.5%) | 27 (1.2%) | 63 (1.4%) |
| Bronchopneumopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchospasm | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Childhood asthma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic obstructive pulmonary disease | 128 (5.5%) | 139 (6.0%) | 267 (5.8%) |
| Chronic respiratory failure | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Cough | 33 (1.4%) | 14 (0.6%) | 47 (1.0%) |
| Cough variant asthma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cystic lung disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dysphonia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dyspnoea | 18 (0.8%) | 15 (0.7%) | 33 (0.7%) |
| Dyspnoea exertional | 11 (0.5%) | 7 (0.3%) | 18 (0.4%) |
| Emphysema | 10 (0.4%) | 13 (0.6%) | 23 (0.5%) |
| Epiglottic cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epistaxis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Fibrinous bronchitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoptysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hiccups | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercapnia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperventilation | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hypoventilation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypoxia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Increased upper airway secretion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Interstitial lung disease | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Laryngeal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Laryngeal polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung disorder | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Lung hyperinflation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal congestion | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Nasal inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal polyps | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Nasal pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal septum deviation | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Nasal turbinate hypertrophy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Obstructive airways disorder | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Oropharyngeal pain | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Orthopnoea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paranasal cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Paranasal sinus hypersecretion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Paranasal sinus inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pharyngeal fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngeal polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural effusion | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Pleural fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleurisy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Pneumonitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pneumothorax | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pneumothorax spontaneous | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Productive cough | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary arterial hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary congestion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary embolism | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Pulmonary fibrosis | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Pulmonary hypertension | 11 (0.5%) | 5 (0.2%) | 16 (0.3%) |
| Pulmonary mass | 15 (0.6%) | 12 (0.5%) | 27 (0.6%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Pulmonary oedema | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Respiratory disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory failure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Restrictive pulmonary disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis allergic | 42 (1.8%) | 48 (2.1%) | 90 (1.9%) |
| Rhinitis hypertrophic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis perennial | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Rhinorrhoea | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sinus congestion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sinus disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Sleep apnoea syndrome | 163 (7.0%) | 165 (7.2%) | 328 (7.1%) |
| Snoring | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Tonsillar hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Upper-airway cough syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasomotor rhinitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vocal cord leukoplakia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vocal cord polyp | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vocal cord thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wheezing | 3 (0.1%) | 0 | 3 (<0.1%) |
| Skin and subcutaneous tissue disorders | 297 (12.8%) | 258 (11.2%) | 555 (12.0%) |
| Acanthosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acanthosis nigricans | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Acne | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Acquired digital fibrokeratoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Actinic keratosis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Alopecia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Alopecia areata | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Androgenetic alopecia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angioedema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Asteatosis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Blister | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Brow ptosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chloasma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic pigmented purpura | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cutaneous amyloidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cutaneous lupus erythematosus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Decubitus ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermal cyst | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Dermatitis | 13 (0.6%) | 10 (0.4%) | 23 (0.5%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Dermatitis allergic | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Dermatitis atopic | 8 (0.3%) | 4 (0.2%) | 12 (0.3%) |
| Dermatitis bullous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatitis contact | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Dermatitis exfoliative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatitis psoriasiform | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic dermopathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diabetic foot | 54 (2.3%) | 53 (2.3%) | 107 (2.3%) |
| Diabetic ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug eruption | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug reaction with eosinophilia and systemic symptoms | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dry skin | 13 (0.6%) | 23 (1.0%) | 36 (0.8%) |
| Dyshidrotic eczema | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Eczema | 31 (1.3%) | 21 (0.9%) | 52 (1.1%) |
| Eczema asteatotic | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Eczema nummular | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Erythema | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Excessive skin | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hair disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hidradenitis | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Hirsutism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperhidrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyperkeratosis | 10 (0.4%) | 7 (0.3%) | 17 (0.4%) |
| Ingrowing nail | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Intertrigo | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ischaemic skin ulcer | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Keratosis pilaris | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Leukoderma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Lichen planus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lichen sclerosus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lichenoid keratosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Linear IgA disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipodystrophy acquired | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipohypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Miliaria | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nail disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail hypertrophy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nail pigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neurodermatitis | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Night sweats | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Onychogryphosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Palmoplantar keratoderma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Palmoplantar pustulosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Papule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parapsoriasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Photosensitivity reaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prurigo | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pruritus | 19 (0.8%) | 16 (0.7%) | 35 (0.8%) |
| Psoriasis | 34 (1.5%) | 37 (1.6%) | 71 (1.5%) |
| Pyoderma gangrenosum | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rash | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Rash papular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rash pruritic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rosacea | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Sebaceous hyperplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoea | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Seborrhoeic dermatitis | 14 (0.6%) | 8 (0.3%) | 22 (0.5%) |
| Segmented hyalinising vasculitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Senile xerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin discolouration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin exfoliation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin hyperpigmentation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Skin hypopigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin lesion | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Skin maceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin plaque | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin striae | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin ulcer | 25 (1.1%) | 20 (0.9%) | 45 (1.0%) |
| Skin warm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Solar dermatitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Solar lentigo | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stasis dermatitis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Telangiectasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urticaria | 8 (0.3%) | 6 (0.3%) | 14 (0.3%) |
| Urticaria chronic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vascular skin disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitiligo | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Xanthelasma | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Xeroderma | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Social circumstances | 133 (5.7%) | 115 (5.0%) | 248 (5.4%) |
| Alcohol use | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corrective lens user | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Disease risk factor | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug abuser | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Edentulous | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ex-alcoholic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ex-tobacco user | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Exercise lack of | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial risk factor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopause | 93 (4.0%) | 80 (3.5%) | 173 (3.7%) |
| Parity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postmenopause | 22 (0.9%) | 23 (1.0%) | 45 (1.0%) |
| Tobacco user | 9 (0.4%) | 10 (0.4%) | 19 (0.4%) |
| Surgical and medical procedures | 801 (34.4%) | 770 (33.4%) | 1571 (33.9%) |
| Abdominal hernia repair | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Abdominal wall operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abdominoplasty | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Abscess drainage | 1 (<0.1%) | 4 (0.2%) | 5 (0.1%) |
| Adenoidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Adenotonsillectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adrenalectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Amputation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anal fissure excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal fistula repair | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anal sphincterotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Androgen replacement therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angioplasty | 16 (0.7%) | 12 (0.5%) | 28 (0.6%) |
| Ankle arthroplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ankle operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anorectal operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Antibiotic therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aorta coarctation repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic aneurysm repair | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Aortic bypass | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Aortic valve repair | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Aortic valve replacement | 10 (0.4%) | 7 (0.3%) | 17 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Appendicectomy | 75 (3.2%) | 99 (4.3%) | 174 (3.8%) |
| Arterial repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arterial stent insertion | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Arteriovenous fistula operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthrodesis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Benign breast lump removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder calculus removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder catheter permanent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blepharoplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bone graft | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone marrow transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Brachytherapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast conserving surgery | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Breast cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast reconstruction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bunion operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Caesarean section | 18 (0.8%) | 11 (0.5%) | 29 (0.6%) |
| Cancer surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac ablation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac pacemaker insertion | 12 (0.5%) | 15 (0.7%) | 27 (0.6%) |
| Cardiac pacemaker replacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardioversion | 3 (0.1%) | 0 | 3 (<0.1%) |
| Carotid angioplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid endarterectomy | 20 (0.9%) | 22 (1.0%) | 42 (0.9%) |
| Carpal tunnel decompression | 16 (0.7%) | 6 (0.3%) | 22 (0.5%) |
| Cataract operation | 65 (2.8%) | 89 (3.9%) | 154 (3.3%) |
| Catheter placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chemonucleolysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest wall operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cholecystectomy | 118 (5.1%) | 114 (4.9%) | 232 (5.0%) |
| Cholelithotomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Circumcision | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Colectomy | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Colectomy total | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Colorectostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colostomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Colostomy closure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colporrhaphy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Corneal operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary angioplasty | 26 (1.1%) | 29 (1.3%) | 55 (1.2%) |
| Coronary arterial stent insertion | 72 (3.1%) | 52 (2.3%) | 124 (2.7%) |
| Coronary artery bypass | 58 (2.5%) | 60 (2.6%) | 118 (2.5%) |
| Coronary revascularisation | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cranial operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cyst removal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Cystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Debridement | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Dental prosthesis placement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetes mellitus management | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dialysis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Duodenal ulcer repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Duodeno-jejunal bypass sleeve therapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dupuytren's contracture operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Elbow operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endarterectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endarterectomy of aorta | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endocarditis prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endovenous ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epidermoid cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eventration repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Explorative laparotomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye laser surgery | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| Eye operation | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Eye prosthesis insertion | 3 (0.1%) | 0 | 3 (<0.1%) |
| Eyelid operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Facetectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fallopian tube operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fasciotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Female sterilisation | 23 (1.0%) | 18 (0.8%) | 41 (0.9%) |
| Finger amputation | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Finger repair operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fistula repair | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Foot amputation | 8 (0.3%) | 6 (0.3%) | 14 (0.3%) |
| Foot operation | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Gallbladder operation | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Gastrectomy | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Gastric banding | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Gastric bypass | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Gastric electrical stimulation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric stapling | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastric ulcer surgery | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal endoscopic therapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glaucoma surgery | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Haemorrhoid operation | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Haemostasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hand amputation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hand repair operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hearing aid therapy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Heart transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart valve replacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B immunisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia hiatus repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia repair | 6 (0.3%) | 11 (0.5%) | 17 (0.4%) |
| High frequency ablation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hip arthroplasty | 17 (0.7%) | 14 (0.6%) | 31 (0.7%) |
| Hip surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hydrocele operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hysterectomy | 61 (2.6%) | 55 (2.4%) | 116 (2.5%) |
| Hysterosalpingo-oophorectomy | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Ileocolostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileojunal bypass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ileostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Implantable cardiac monitor insertion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Implantable defibrillator insertion | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Incisional drainage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Incisional hernia repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Inguinal hernia repair | 22 (0.9%) | 23 (1.0%) | 45 (1.0%) |
| Internal fixation of fracture | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Internal fixation of spine | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Internal limiting membrane peeling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc operation | 15 (0.6%) | 10 (0.4%) | 25 (0.5%) |
| Intestinal resection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intra-cerebral aneurysm operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intra-ocular injection | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Intra-uterine contraceptive device insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Intraocular lens implant | 17 (0.7%) | 11 (0.5%) | 28 (0.6%) |
| Intravitreal implant | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint arthroplasty | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Knee arthroplasty | 26 (1.1%) | 25 (1.1%) | 51 (1.1%) |
| Knee operation | 8 (0.3%) | 10 (0.4%) | 18 (0.4%) |
| Lacrimal duct procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laparotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Large intestinal polypectomy | 9 (0.4%) | 9 (0.4%) | 18 (0.4%) |
| Laryngectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laser therapy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Leg amputation | 18 (0.8%) | 18 (0.8%) | 36 (0.8%) |
| Lens extraction | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Lenticular operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ligament operation | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Limb operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipectomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lipoma excision | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Liposuction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lithotripsy | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Lung lobectomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lymphadenectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Manual lymphatic drainage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mass excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mastectomy | 7 (0.3%) | 3 (0.1%) | 10 (0.2%) |
| Mastoidectomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Maxillary antrum operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical device removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meningioma surgery | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Meniscus operation | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Meniscus removal | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Metabolic surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metatarsal excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mitral valve repair | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Mole excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple drug therapy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Muscle operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myomectomy | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Nail operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal polypectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nasal septal operation | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Nephrectomy | 11 (0.5%) | 10 (0.4%) | 21 (0.5%) |
| Nephrostomy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Nerve block | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurolysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal dilation procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophagogastric fundoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Omentectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oophorectomy | 6 (0.3%) | 2 (<0.1%) | 8 (0.2%) |
| Oophorectomy bilateral | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Ophthalmic fluid-air exchange procedure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Orchidectomy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Ostectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian cystectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ovarian operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palatoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatectomy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Pancreatic cyst drainage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic stent placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Papilloma excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Parathyroidectomy | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Parotidectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile prosthesis insertion | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Percutaneous coronary intervention | 18 (0.8%) | 19 (0.8%) | 37 (0.8%) |
| Perineoplasty | 4 (0.2%) | 1 (<0.1%) | 5 (0.1%) |
| Peripheral artery angioplasty | 10 (0.4%) | 11 (0.5%) | 21 (0.5%) |
| Peripheral artery bypass | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Peripheral artery stent insertion | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Peripheral endarterectomy | 7 (0.3%) | 1 (<0.1%) | 8 (0.2%) |
| Peripheral nerve decompression | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Peripheral revascularisation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Permanent cosmetic dermapigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Phlebectomy | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Photorefractive keratectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pilonidal sinus repair | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Polypectomy | 6 (0.3%) | 6 (0.3%) | 12 (0.3%) |
| Proctectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Profundaplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prolapse repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatectomy | 7 (0.3%) | 6 (0.3%) | 13 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Prostatic operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prosthesis implantation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prosthetic vessel implantation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pulmonary resection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Radical hysterectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radical prostatectomy | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Radiotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radiotherapy to pharynx | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rectal polypectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal replacement therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal stone removal | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Renal surgery | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal sympathetic nerve ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal cryoablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal laser coagulation | 10 (0.4%) | 11 (0.5%) | 21 (0.5%) |
| Retinal operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retinopexy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retro-pubic prostatectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Revascularisation procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rotator cuff repair | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Roux loop conversion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salivary gland resection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salpingectomy | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Salpingo-oophorectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salpingo-oophorectomy bilateral | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salpingo-oophorectomy unilateral | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Scar excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sclerotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sebaceous cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Shoulder arthroplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Shoulder operation | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Sigmoidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sinuplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinus operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Skin cyst excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin graft | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Skin neoplasm excision | 7 (0.3%) | 6 (0.3%) | 13 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Skin operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal decompression | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Spinal fusion surgery | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Spinal laminectomy | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Spinal operation | 6 (0.3%) | 3 (0.1%) | 9 (0.2%) |
| Spinal rod insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenectomy | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Stent placement | 9 (0.4%) | 17 (0.7%) | 26 (0.6%) |
| Stent removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sterilisation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Strabismus correction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subdural haematoma evacuation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sympathectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tendon sheath incision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tenoplasty | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Testicular operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Testicular prosthesis insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thrombectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thromboembolectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thrombolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thrombosis prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thymectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid nodule removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thyroidectomy | 16 (0.7%) | 21 (0.9%) | 37 (0.8%) |
| Toe amputation | 42 (1.8%) | 23 (1.0%) | 65 (1.4%) |
| Toe operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tonsillectomy | 24 (1.0%) | 24 (1.0%) | 48 (1.0%) |
| Tooth extraction | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Trabeculectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Transfusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transurethral bladder resection | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Transurethral prostatectomy | 9 (0.4%) | 8 (0.3%) | 17 (0.4%) |
| Turbinectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Turbinoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tympanoplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Umbilical hernia repair | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Ureteral stent insertion | 5 (0.2%) | 2 (<0.1%) | 7 (0.2%) |
| Ureteric calculus removal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|--------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Ureterocelelectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteroneocystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urethral operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary bladder suspension | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary tract operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urostomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Uterine cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine dilation and curettage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine polypectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vaginal cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Varicocele repair | 0 | 3 (0.1%) | 3 (<0.1%) |
| Varicose vein operation | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Vascular graft | 8 (0.3%) | 4 (0.2%) | 12 (0.3%) |
| Vascular operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vascular stent insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasectomy | 11 (0.5%) | 9 (0.4%) | 20 (0.4%) |
| Vasodilation procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous angioplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventriculo-peritoneal shunt | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vertebroplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vision correction operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitamin supplementation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitrectomy | 17 (0.7%) | 13 (0.6%) | 30 (0.6%) |
| Vocal cord operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vocal cord polypectomy | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Wisdom teeth removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wound treatment | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wrist surgery | 3 (0.1%) | 0 | 3 (<0.1%) |
| Vascular disorders | 2241 (96.3%) | 2212 (96.0%) | 4453 (96.2%) |
| Aneurysm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiopathy | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Angiosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic aneurysm | 5 (0.2%) | 14 (0.6%) | 19 (0.4%) |
| Aortic arteriosclerosis | 46 (2.0%) | 41 (1.8%) | 87 (1.9%) |
| Aortic dilatation | 2 (<0.1%) | 5 (0.2%) | 7 (0.2%) |
| Aortic disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic dissection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aortic stenosis | 19 (0.8%) | 15 (0.7%) | 34 (0.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Aortic thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arterial disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Arterial insufficiency | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Arterial occlusive disease | 3 (0.1%) | 2 (<0.1%) | 5 (0.1%) |
| Arterial stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Arterial wall hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arteriosclerosis | 46 (2.0%) | 37 (1.6%) | 83 (1.8%) |
| Arteriosclerosis Moenckeberg-type | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriovenous fistula | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arteritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Brachiocephalic arteriosclerosis | 2 (<0.1%) | 8 (0.3%) | 10 (0.2%) |
| Deep vein thrombosis | 12 (0.5%) | 20 (0.9%) | 32 (0.7%) |
| Diabetic macroangiopathy | 6 (0.3%) | 8 (0.3%) | 14 (0.3%) |
| Diabetic microangiopathy | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Diabetic vascular disorder | 84 (3.6%) | 80 (3.5%) | 164 (3.5%) |
| Dry gangrene | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Embolism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Essential hypertension | 57 (2.4%) | 71 (3.1%) | 128 (2.8%) |
| Extremity necrosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Haematoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemorrhagic vasculitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hot flush | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypertension | 2161 (92.9%) | 2118 (91.9%) | 4279 (92.4%) |
| Hypertensive angiopathy | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Hypertensive crisis | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Hypertensive emergency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypotension | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypovolaemic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iliac artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iliac artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intermittent claudication | 21 (0.9%) | 21 (0.9%) | 42 (0.9%) |
| Lymphangiectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphoedema | 4 (0.2%) | 3 (0.1%) | 7 (0.2%) |
| Macroangiopathy | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Microangiopathy | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Orthostatic hypotension | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Pelvic venous thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arterial occlusive disease | 305 (13.1%) | 295 (12.8%) | 600 (13.0%) |
| Peripheral artery aneurysm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Peripheral artery occlusion | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|------------------------------|---------------|---------------|---------------|
| Preferred term | N=2327 (100%) | N=2304 (100%) | N=4631 (100%) |
| MedDRA version 23.1 | | | |
| Peripheral artery stenosis | 2 (<0.1%) | 3 (0.1%) | 5 (0.1%) |
| Peripheral artery thrombosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Peripheral ischaemia | 6 (0.3%) | 4 (0.2%) | 10 (0.2%) |
| Peripheral vascular disorder | 25 (1.1%) | 19 (0.8%) | 44 (1.0%) |
| Peripheral venous disease | 49 (2.1%) | 34 (1.5%) | 83 (1.8%) |
| Phlebitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post thrombotic syndrome | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Raynaud's phenomenon | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subclavian artery occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subclavian artery stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subgaleal haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Supra-aortic trunk sclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Systolic hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Takayasu's arteritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thrombophlebitis | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Thrombosis | 3 (0.1%) | 4 (0.2%) | 7 (0.2%) |
| Varicophlebitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varicose ulceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Varicose vein | 72 (3.1%) | 71 (3.1%) | 143 (3.1%) |
| Vasoconstriction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasodilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vein disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Venous occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous thrombosis limb | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| White coat hypertension | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |

Medical history findings are sorted in alphabetical order by primary SOC and preferred term.

A subject is counted only once within each preferred term or any primary SOC.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_admh.sas 26JAN2023 15:16

End of table

4.6 Concomitant medication

Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Drug grouping | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 1693 (72.8%) | 1720 (74.7%) | 3413 (73.7%) |
| ACEI | 321 (13.8%) | 342 (14.8%) | 663 (14.3%) |
| ARB | 501 (21.5%) | 523 (22.7%) | 1024 (22.1%) |
| RAS-inhibitors | 744 (32.0%) | 765 (33.2%) | 1509 (32.6%) |
| Beta-blocker | 500 (21.5%) | 513 (22.3%) | 1013 (21.9%) |
| Diuretics | 705 (30.3%) | 749 (32.5%) | 1454 (31.4%) |
| Loop diuretics | 409 (17.6%) | 458 (19.9%) | 867 (18.7%) |
| Thiazide diuretics | 229 (9.8%) | 265 (11.5%) | 494 (10.7%) |
| Potassium supplements | 147 (6.3%) | 175 (7.6%) | 322 (7.0%) |
| Potassium lowering agents (including binders) | 69 (3.0%) | 45 (2.0%) | 114 (2.5%) |
| Alpha blocking agents | 532 (22.9%) | 547 (23.7%) | 1079 (23.3%) |
| Calcium channel blockers | 623 (26.8%) | 687 (29.8%) | 1310 (28.3%) |
| Centrally acting antihypertensives | 86 (3.7%) | 105 (4.6%) | 191 (4.1%) |
| Strong CYP3A4 inhibitors | 106 (4.6%) | 116 (5.0%) | 222 (4.8%) |
| Moderate CYP3A4 inhibitors | 281 (12.1%) | 305 (13.2%) | 586 (12.7%) |
| Weak CYP3A4 inhibitors | 830 (35.7%) | 821 (35.6%) | 1651 (35.7%) |
| Unclassified CYP3A4 inhibitors | 92 (4.0%) | 106 (4.6%) | 198 (4.3%) |
| Strong CYP3A4 inducers | 29 (1.2%) | 30 (1.3%) | 59 (1.3%) |
| Moderate CYP3A4 inducers | 166 (7.1%) | 167 (7.2%) | 333 (7.2%) |
| Weak CYP3A4 inducers | 134 (5.8%) | 126 (5.5%) | 260 (5.6%) |
| Unclassified CYP3A4 inducers | 80 (3.4%) | 86 (3.7%) | 166 (3.6%) |
| Oral anticoagulants | 161 (6.9%) | 161 (7.0%) | 322 (7.0%) |
| Acetylsalicylic acid and its salts | 347 (14.9%) | 339 (14.7%) | 686 (14.8%) |
| Statins | 665 (28.6%) | 597 (25.9%) | 1262 (27.3%) |
| Erythropoietin stimulating agents | 28 (1.2%) | 31 (1.3%) | 59 (1.3%) |
| NSAIDs (excluding acetylsalicylic acid) | 686 (29.5%) | 699 (30.3%) | 1385 (29.9%) |
| ARNIs | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Potassium-sparing diuretics | 122 (5.2%) | 144 (6.3%) | 266 (5.7%) |
| Platelet aggregation inhibitors (excluding heparin) | 513 (22.0%) | 507 (22.0%) | 1020 (22.0%) |
| Trimethoprim and derivatives | 57 (2.4%) | 63 (2.7%) | 120 (2.6%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Drug grouping | BAY 94-8862 N=2327 (100%) | Placebo N=2304 (100%) | Total N=4631 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 1375 (59.1%) | 1427 (61.9%) | 2802 (60.5%) |
| Insulins and analogues | 911 (39.1%) | 924 (40.1%) | 1835 (39.6%) |
| Dipeptidyl peptidase 4 inhibitors | 356 (15.3%) | 335 (14.5%) | 691 (14.9%) |
| Glucagon-like peptide-1 (GLP1) agonists | 254 (10.9%) | 242 (10.5%) | 496 (10.7%) |
| SGLT-2 inhibitors | 407 (17.5%) | 424 (18.4%) | 831 (17.9%) |
| Biguanides | 657 (28.2%) | 638 (27.7%) | 1295 (28.0%) |
| Sulfonylureas | 290 (12.5%) | 304 (13.2%) | 594 (12.8%) |
| Alpha glucosidase inhibitors | 95 (4.1%) | 87 (3.8%) | 182 (3.9%) |
| Meglitinides | 52 (2.2%) | 41 (1.8%) | 93 (2.0%) |
| Thiazolidinediones | 73 (3.1%) | 65 (2.8%) | 138 (3.0%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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End of table

Table of contents

| | |
|---|----|
| 1.1.1 Study duration..... | 5 |
| Table 1.1.1 / 1: Study duration (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 6 |
| 1.1.2 Time-to-event analyses..... | 7 |
| Table 1.1.2 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 8 |
| Table 1.1.2 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 9 |
| Table 1.1.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 10 |
| Table 1.1.2 / 4: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 11 |
| Table 1.1.2 / 5: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 12 |
| Table 1.1.2 / 6: Time to onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 13 |
| Table 1.1.2 / 7: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 14 |
| Table 1.1.2 / 8: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 15 |
| Table 1.1.2 / 9: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 16 |
| Table 1.1.2 / 10: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 17 |
| Table 1.1.2 / 11: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 18 |
| Table 1.1.2 / 12: Time to onset of eGFR decrease of \geq 57% sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio | |

| | |
|--|----|
| (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 19 |
| Table 1.1.2 / 13: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 20 |
| Table 1.1.2 / 14: Time to onset of eGFR decrease to less than 30 mL/min and baseline \geq 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 21 |
| Table 1.1.2 / 15: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 22 |
| Table 1.1.2 / 16: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 23 |
| Table 1.1.2 / 17: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 24 |
| Table 1.1.2 / 18: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 25 |
| Table 1.1.2 / 19: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 26 |
| Table 1.1.2 / 20: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 27 |
| Table 1.1.2 / 21: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 28 |
| Table 1.1.2 / 22: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 29 |
| Table 1.1.2 / 23: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 30 |
| Table 1.1.2 / 24: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 31 |
| Table 1.1.2 / 25: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 32 |

| | |
|--|----|
| Table 1.1.2 / 26: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 33 |
| Table 1.1.2 / 27: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 34 |
| Table 1.1.2 / 28: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 35 |
| Table 1.1.2 / 29: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 36 |
| Table 1.1.2 / 30: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 37 |
| Table 1.1.2 / 31: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 38 |
| Table 1.1.2 / 32: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 39 |
| Table 1.1.2 / 33: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 40 |
| Table 1.1.2 / 34: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 41 |
| Figure 1.1.2 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 42 |
| Figure 1.1.2 / 2: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 43 |
| Figure 1.1.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 44 |
| Figure 1.1.2 / 4: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 45 |
| Figure 1.1.2 / 5: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 46 |
| Figure 1.1.2 / 6: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 47 |
| Figure 1.1.2 / 7: Time to onset of eGFR decrease of \geq 57% sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 48 |

| | |
|---|----|
| Figure 1.1.2 / 8: Time to renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 49 |
| Figure 1.1.2 / 9: Time to onset of eGFR decrease to less than 30 mL/min and baseline \geq 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 50 |
| Figure 1.1.2 / 10: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 51 |
| Figure 1.1.2 / 11: Time to CV death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 52 |
| Figure 1.1.2 / 12: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 53 |
| Figure 1.1.2 / 13: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 54 |
| Figure 1.1.2 / 14: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 55 |
| Figure 1.1.2 / 15: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 56 |
| Figure 1.1.2 / 16: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 57 |
| Figure 1.1.2 / 17: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²)..... | 58 |
| Figure 1.1.2 / 18: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 59 |

1.1.1 Study duration

Table 1.1.1 / 1: Study duration (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| | | BAY 94-8862 (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-------------------------|--------|-------------------------|---------------------|-------------------|
| Study duration (months) | n | 2327 | 2304 | 4631 |
| | Nmiss | 0 | 0 | 0 |
| | Mean | 39.984 | 39.683 | 39.834 |
| | SD | 11.792 | 11.984 | 11.888 |
| | Min | 0.95 | 0.03 | 0.03 |
| | Median | 39.786 | 39.425 | 39.622 |
| | Max | 61.01 | 61.63 | 61.63 |

Study duration is defined as time from randomization to the EOS visit (or to last contact date if no EOS visit took place).

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1.1.2 Time-to-event analyses

Table 1.1.2 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 166 (7.1%) | 211 (9.2%) |
| Number (%) of subjects censored | 2161 (92.9%) | 2093 (90.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.63; 0.95] | |
| two-sided p-value from stratified logrank test | 0.0134 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 166 (7.1%) | 211 (9.2%) |
| Number (%) of subjects censored | 2161 (92.9%) | 2093 (90.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.63; 0.94] | |
| two-sided p-value from unstratified logrank test | 0.0115 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.1.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 217 (9.3%) | 281 (12.2%) |
| Number (%) of subjects censored | 2110 (90.7%) | 2023 (87.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.63; 0.90] | |
| two-sided p-value from stratified logrank test | 0.0017 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 4: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 73 (3.1%) | 108 (4.7%) |
| Number (%) of subjects censored | 2254 (96.9%) | 2196 (95.3%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.66 [0.49; 0.89] | |
| two-sided p-value from stratified logrank test | 0.0063 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 5: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 73 (3.1%) | 108 (4.7%) |
| Number (%) of subjects censored | 2254 (96.9%) | 2196 (95.3%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.67 [0.49; 0.90] | |
| two-sided p-value from unstratified logrank test | 0.0069 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 6: Time to onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 48 (2.1%) | 78 (3.4%) |
| Number (%) of subjects censored | 2279 (97.9%) | 2226 (96.6%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.60 [0.42; 0.86] | |
| two-sided p-value from stratified logrank test | 0.0051 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 7: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 22 (0.9%) | 38 (1.6%) |
| Number (%) of subjects censored | 2305 (99.1%) | 2266 (98.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.57 [0.34; 0.96] | |
| two-sided p-value from stratified logrank test | 0.0319 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 8: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 22 (0.9%) | 38 (1.6%) |
| Number (%) of subjects censored | 2305 (99.1%) | 2266 (98.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.57 [0.34; 0.96] | |
| two-sided p-value from unstratified logrank test | 0.0337 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.1.2 / 9: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 5 (0.2%) | 19 (0.8%) |
| Number (%) of subjects censored | 2322 (99.8%) | 2285 (99.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.26 [0.10; 0.71] | |
| two-sided p-value from stratified logrank test | 0.0043 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 10: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 17 (0.7%) | 34 (1.5%) |
| Number (%) of subjects censored | 2310 (99.3%) | 2270 (98.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.49 [0.27; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0131 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 11: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 12 (0.5%) | 21 (0.9%) |
| Number (%) of subjects censored | 2315 (99.5%) | 2283 (99.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.56 [0.27; 1.13] | |
| two-sided p-value from stratified logrank test | 0.1021 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 12: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 69 (3.0%) | 97 (4.2%) |
| Number (%) of subjects censored | 2258 (97.0%) | 2207 (95.8%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.70 [0.51; 0.95] | |
| two-sided p-value from stratified logrank test | 0.0210 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 13: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|---------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 0 | 1 (<0.1%) |
| Number (%) of subjects censored | 2327 (100.0%) | 2303 (>99.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.00 [0.00;] | |
| two-sided p-value from stratified logrank test | 0.3653 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 14: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 56 (2.4%) | 79 (3.4%) |
| Number (%) of subjects censored | 2271 (97.6%) | 2225 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.69 [0.49; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0309 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 15: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 263 (11.3%) | 291 (12.6%) |
| Number (%) of subjects censored | 2064 (88.7%) | 2013 (87.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.75; 1.05] | |
| two-sided p-value from stratified logrank test | 0.1694 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 16: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 263 (11.3%) | 291 (12.6%) |
| Number (%) of subjects censored | 2064 (88.7%) | 2013 (87.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.75; 1.05] | |
| two-sided p-value from unstratified logrank test | 0.1534 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.1.2 / 17: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 212 (9.1%) | 243 (10.5%) |
| Number (%) of subjects censored | 2115 (90.9%) | 2061 (89.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.72; 1.04] | |
| two-sided p-value from stratified logrank test | 0.1165 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 18: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 105 (4.5%) | 124 (5.4%) |
| Number (%) of subjects censored | 2222 (95.5%) | 2180 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.64; 1.08] | |
| two-sided p-value from stratified logrank test | 0.1663 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 19: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 55 (2.4%) | 49 (2.1%) |
| Number (%) of subjects censored | 2272 (97.6%) | 2255 (97.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.11 [0.75; 1.63] | |
| two-sided p-value from stratified logrank test | 0.5992 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 20: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 76 (3.3%) | 65 (2.8%) |
| Number (%) of subjects censored | 2251 (96.7%) | 2239 (97.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.15 [0.83; 1.61] | |
| two-sided p-value from stratified logrank test | 0.4001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 21: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 59 (2.5%) | 91 (3.9%) |
| Number (%) of subjects censored | 2268 (97.5%) | 2213 (96.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.46; 0.89] | |
| two-sided p-value from stratified logrank test | 0.0076 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 22: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 65 (2.8%) | 53 (2.3%) |
| Number (%) of subjects censored | 2262 (97.2%) | 2251 (97.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.21 [0.84; 1.74] | |
| two-sided p-value from stratified logrank test | 0.3050 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 23: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 65 (2.8%) | 53 (2.3%) |
| Number (%) of subjects censored | 2262 (97.2%) | 2251 (97.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.21 [0.84; 1.74] | |
| two-sided p-value from unstratified logrank test | 0.3078 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 24: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 55 (2.4%) | 44 (1.9%) |
| Number (%) of subjects censored | 2272 (97.6%) | 2260 (98.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.21 [0.82; 1.81] | |
| two-sided p-value from stratified logrank test | 0.3383 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 25: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 81 (3.5%) | 75 (3.3%) |
| Number (%) of subjects censored | 2246 (96.5%) | 2229 (96.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.06 [0.78; 1.45] | |
| two-sided p-value from stratified logrank test | 0.7068 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 26: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 81 (3.5%) | 75 (3.3%) |
| Number (%) of subjects censored | 2246 (96.5%) | 2229 (96.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.06 [0.78; 1.45] | |
| two-sided p-value from unstratified logrank test | 0.7089 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 27: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 64 (2.8%) | 63 (2.7%) |
| Number (%) of subjects censored | 2263 (97.2%) | 2241 (97.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.03 [0.72; 1.45] | |
| two-sided p-value from stratified logrank test | 0.8881 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 28: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 62 (2.7%) | 97 (4.2%) |
| Number (%) of subjects censored | 2265 (97.3%) | 2207 (95.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.46; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0044 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

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Table 1.1.2 / 29: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 62 (2.7%) | 97 (4.2%) |
| Number (%) of subjects censored | 2265 (97.3%) | 2207 (95.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.46; 0.86] | |
| two-sided p-value from unstratified logrank test | 0.0036 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 30: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 48 (2.1%) | 78 (3.4%) |
| Number (%) of subjects censored | 2279 (97.9%) | 2226 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.61 [0.43; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0064 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 31: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|---|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 903 (38.8%) | 918 (39.8%) |
| Number (%) of subjects censored | 1424 (61.2%) | 1386 (60.2%) |
| Median Time to event (month) [95 % CI] | n.c. | 57.100 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.88; 1.06] | |
| two-sided p-value from stratified logrank test | 0.5056 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 32: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 903 (38.8%) | 918 (39.8%) |
| Number (%) of subjects censored | 1424 (61.2%) | 1386 (60.2%) |
| Median Time to event (month) [95 % CI] | n.c. | 57.100 [n.c.] |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.88; 1.06] | |
| two-sided p-value from unstratified logrank test | 0.4157 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

End of table

Table 1.1.2 / 33: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2327 (100.0%) | 2304 (100.0%) |
| Number (%) of subjects with event | 833 (35.8%) | 852 (37.0%) |
| Number (%) of subjects censored | 1494 (64.2%) | 1452 (63.0%) |
| Median Time to event (month) [95 % CI] | n.c. | 59.533 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.88; 1.07] | |
| two-sided p-value from stratified logrank test | 0.5576 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_fig_s2.sas 06FEB2023 16:30

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Table 1.1.2 / 34: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistic | Value |
|---|-------------------|
| Rate ratio from stratified Andersen-Gill model with robust estimation of standard errors (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.84; 1.03] |
| two-sided p-value from stratified Andersen-Gill model with robust estimation of standard errors | 0.1517 |

Andersen-Gill model accounting for recurrent events.

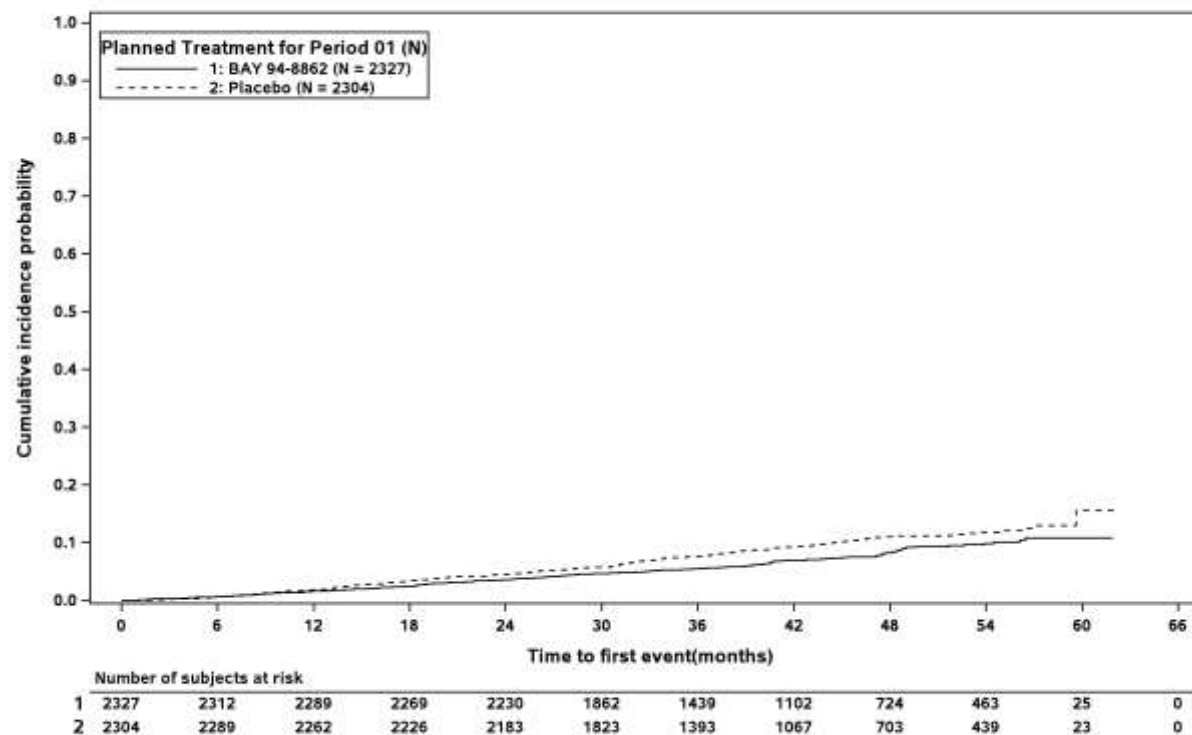
If multiple events occurred on the same day, only a single event is counted for the analysis.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_sens3_s.sas 06FEB2023 16:36

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Figure 1.1.2 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

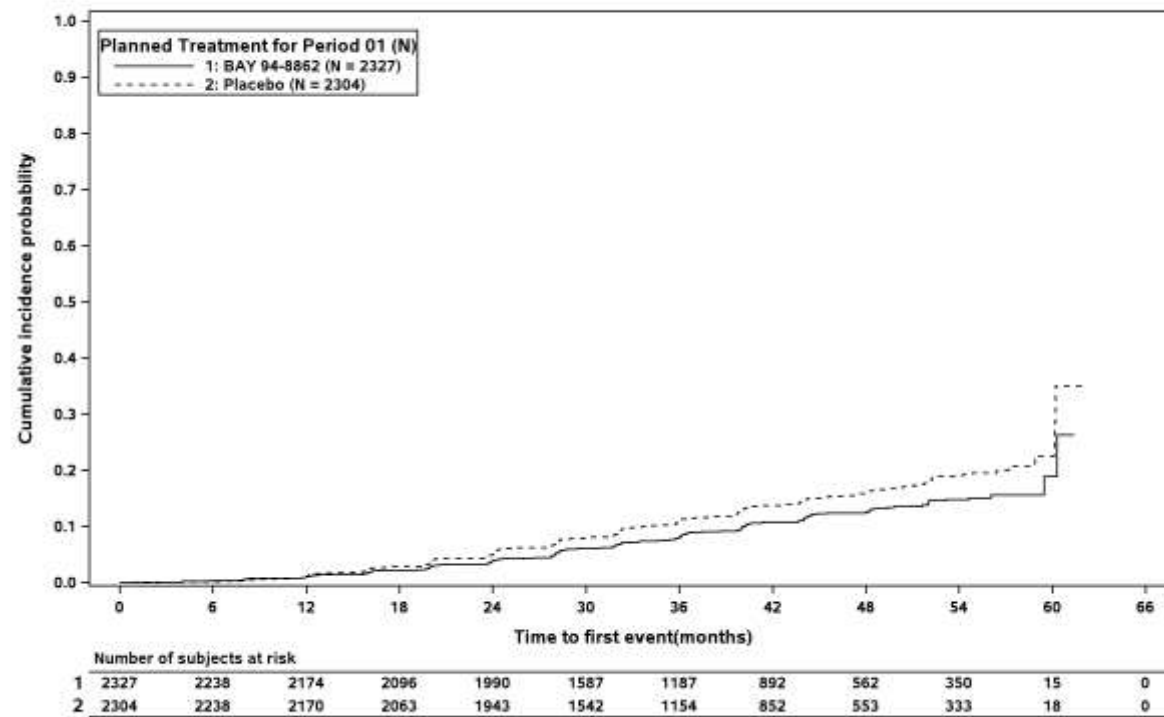


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 2: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

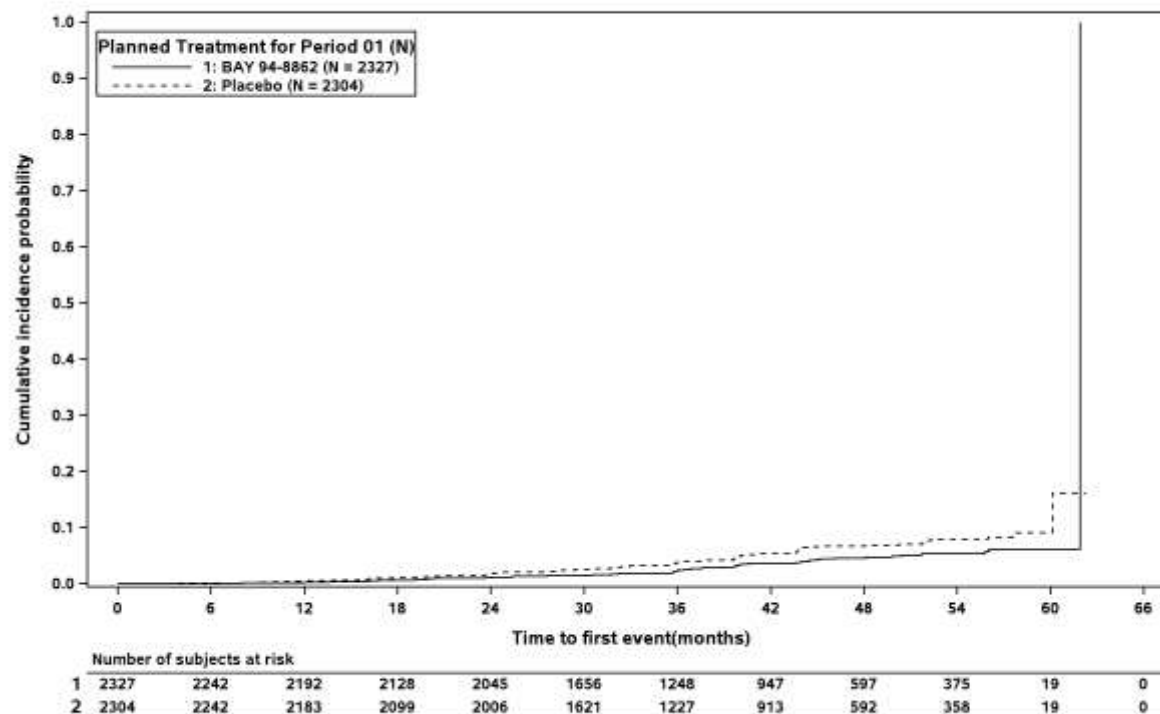


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 3: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

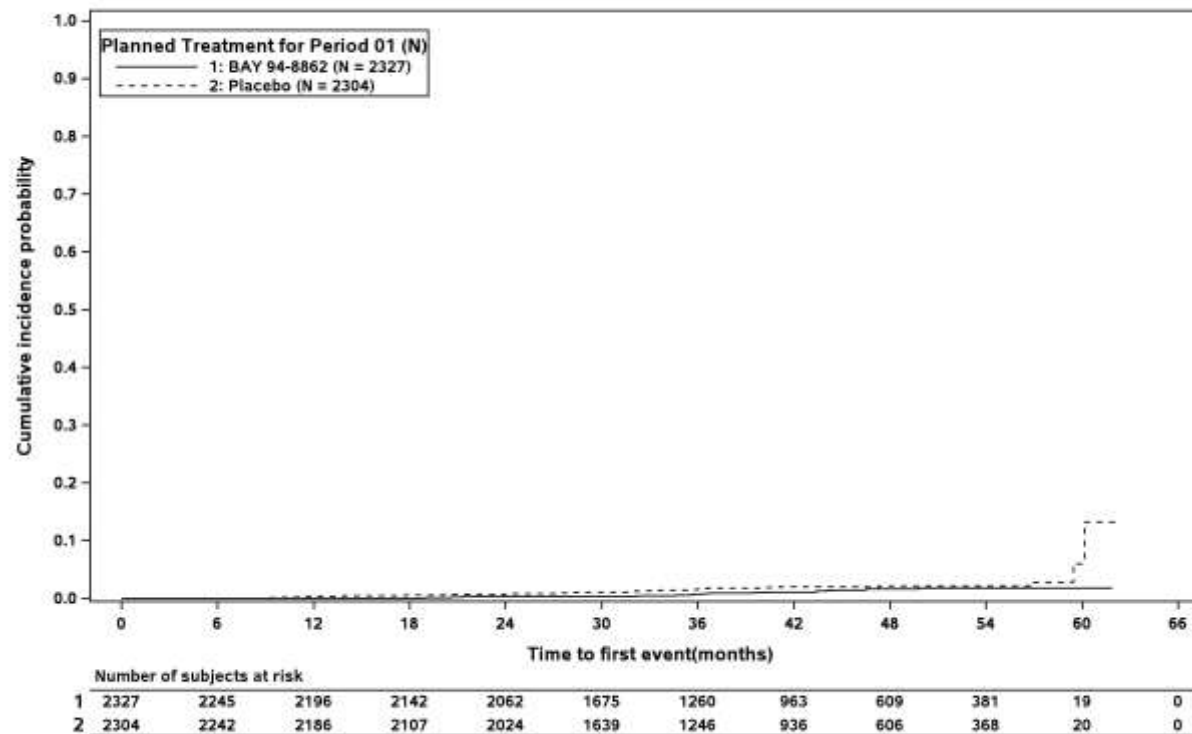


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 4: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

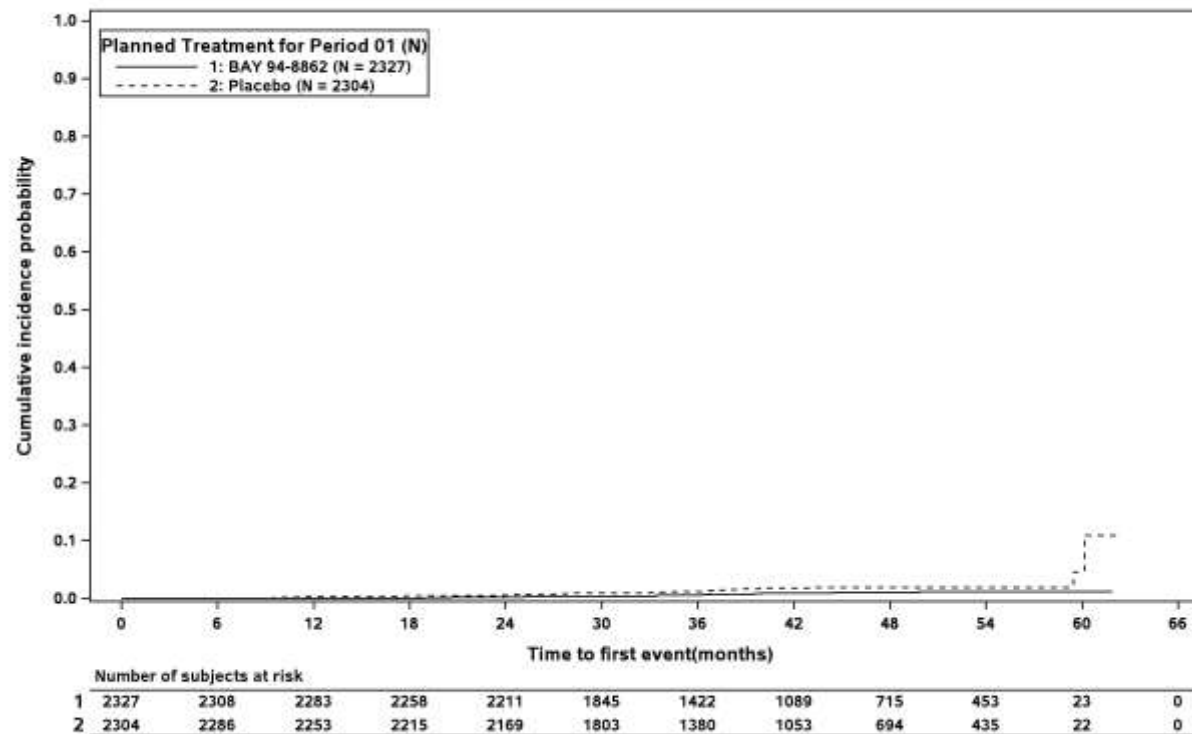


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 5: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

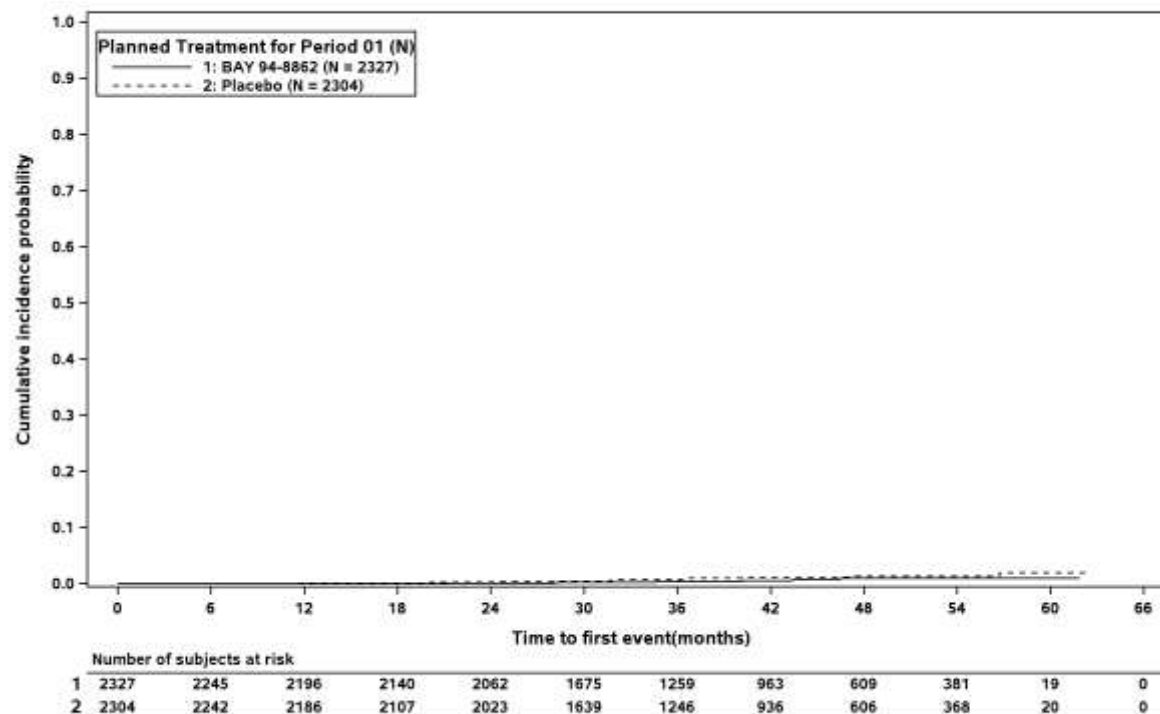


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 6: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

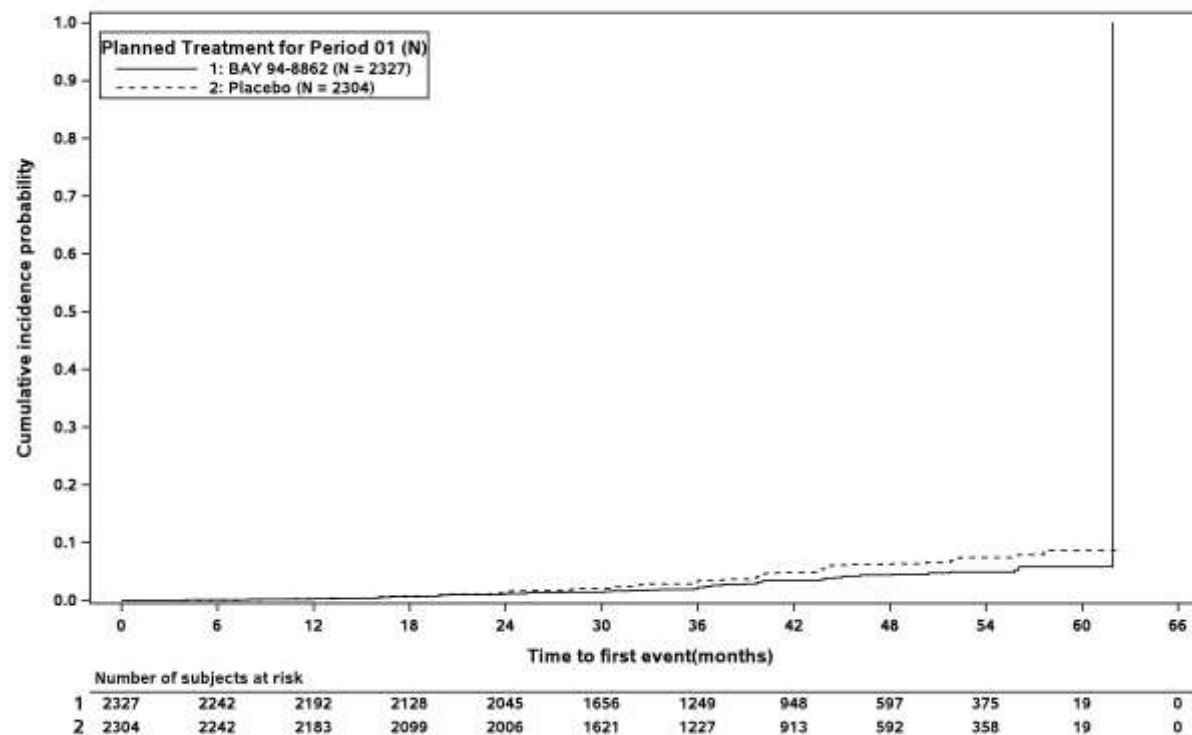


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 7: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

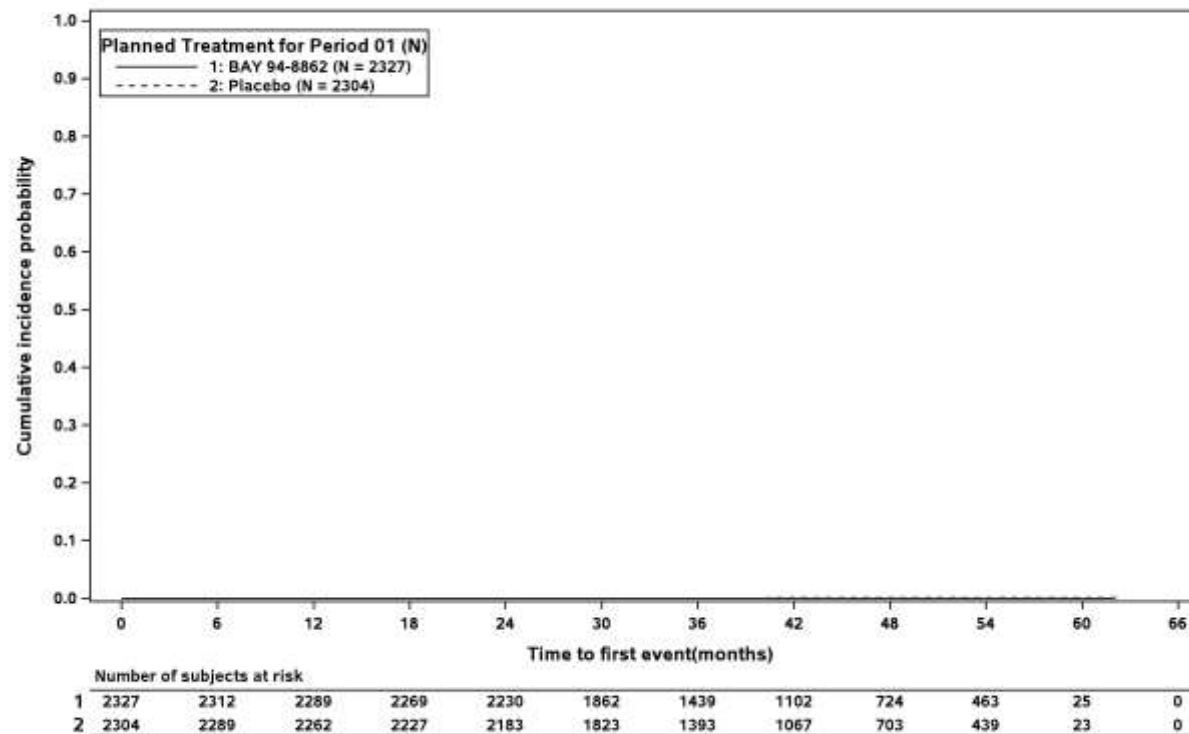


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 8: Time to renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to renal death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

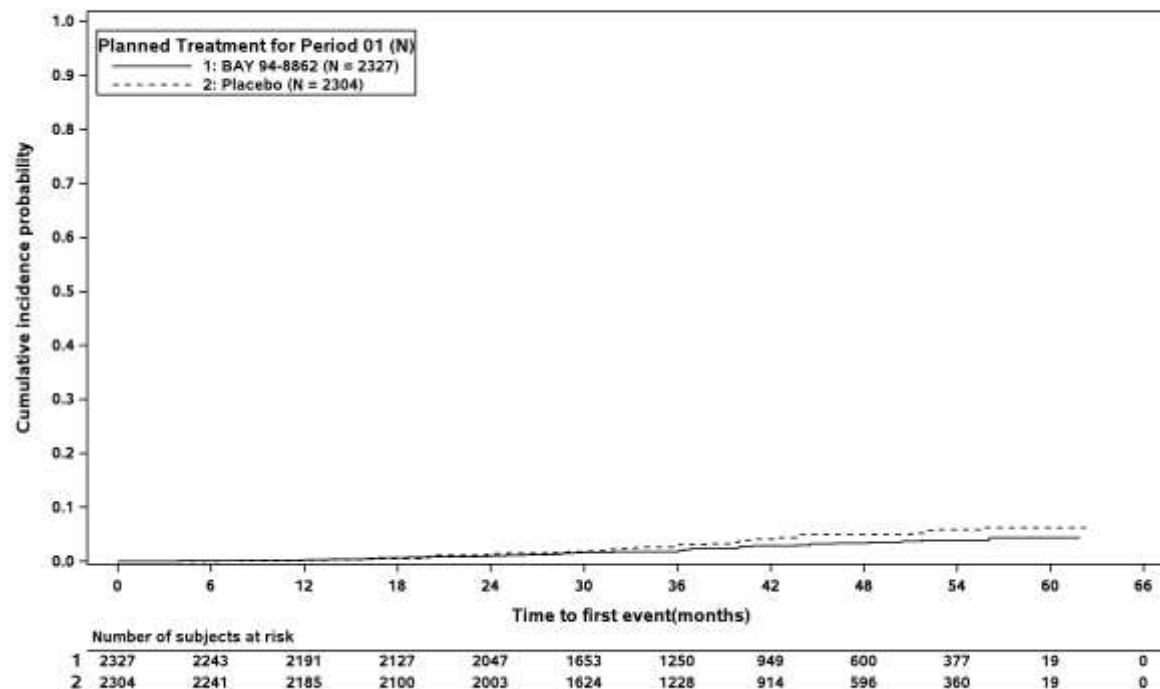


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 9: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

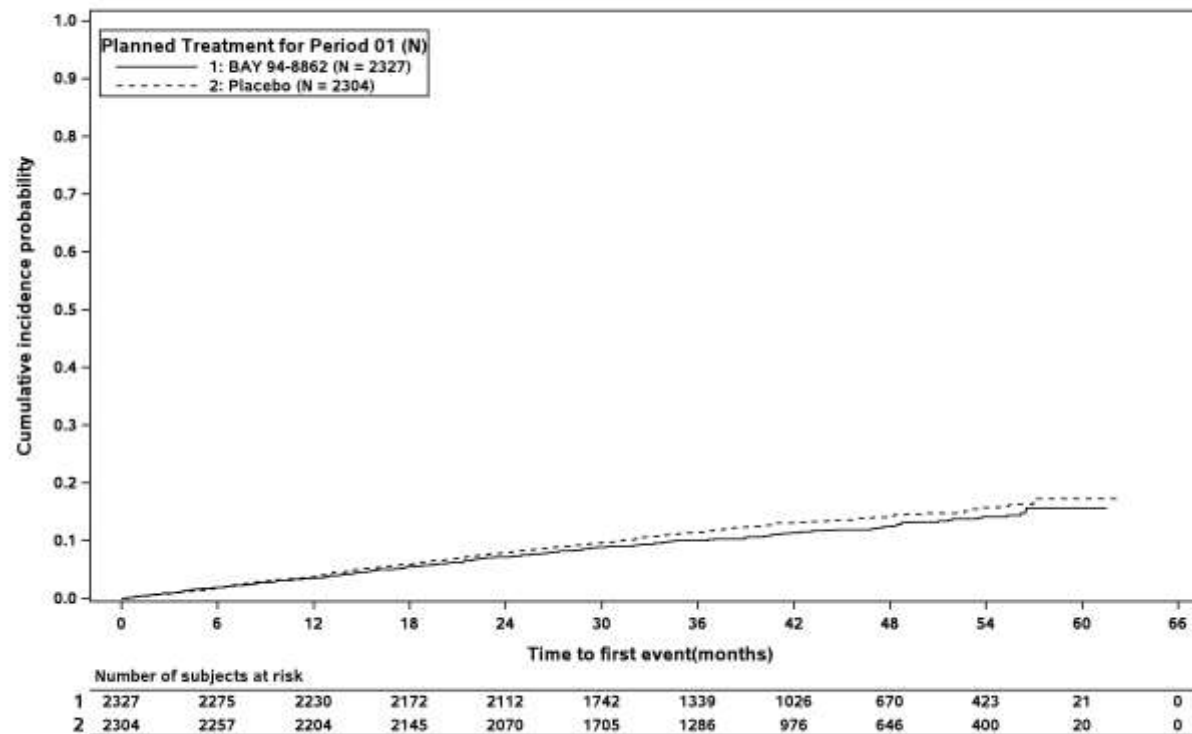


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 10: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

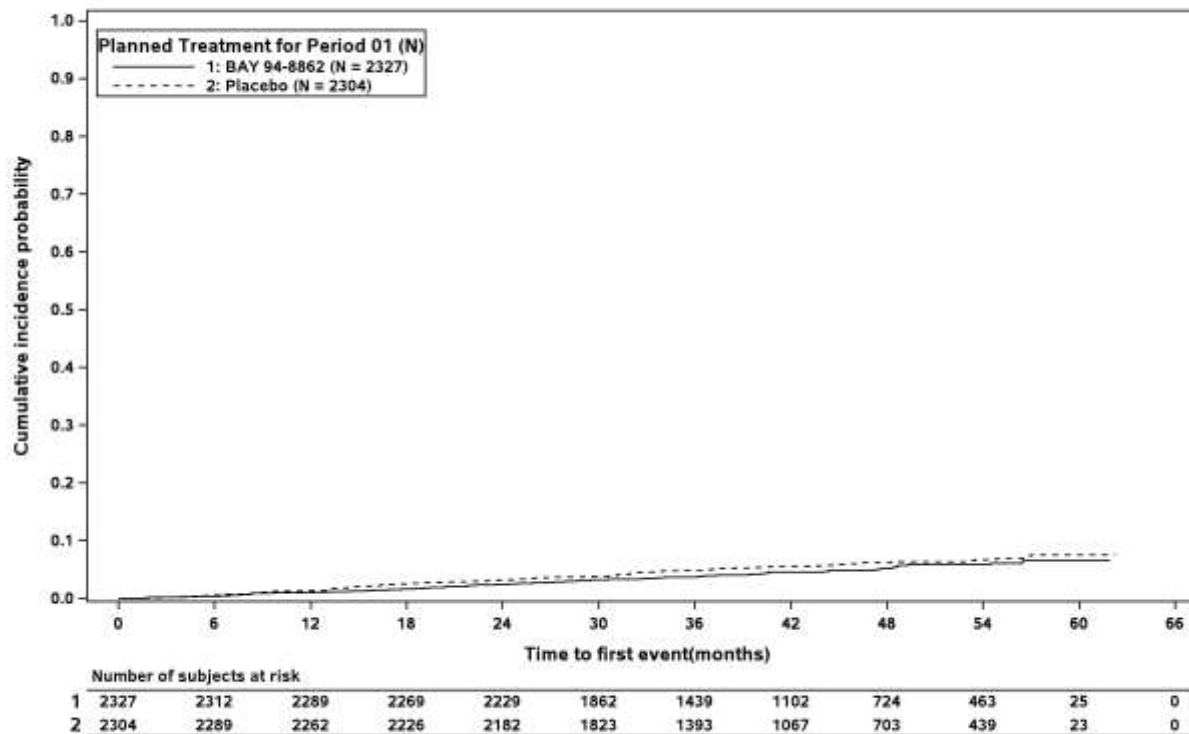


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 11: Time to CV death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to CV death (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

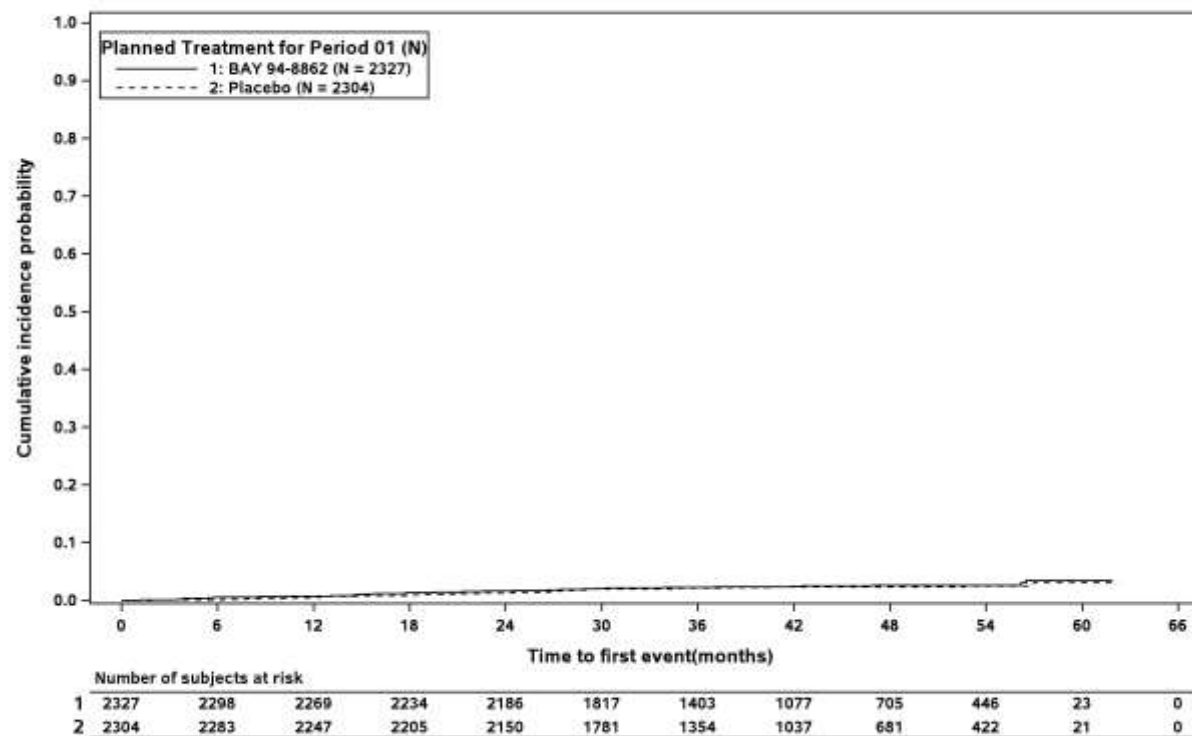


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 12: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

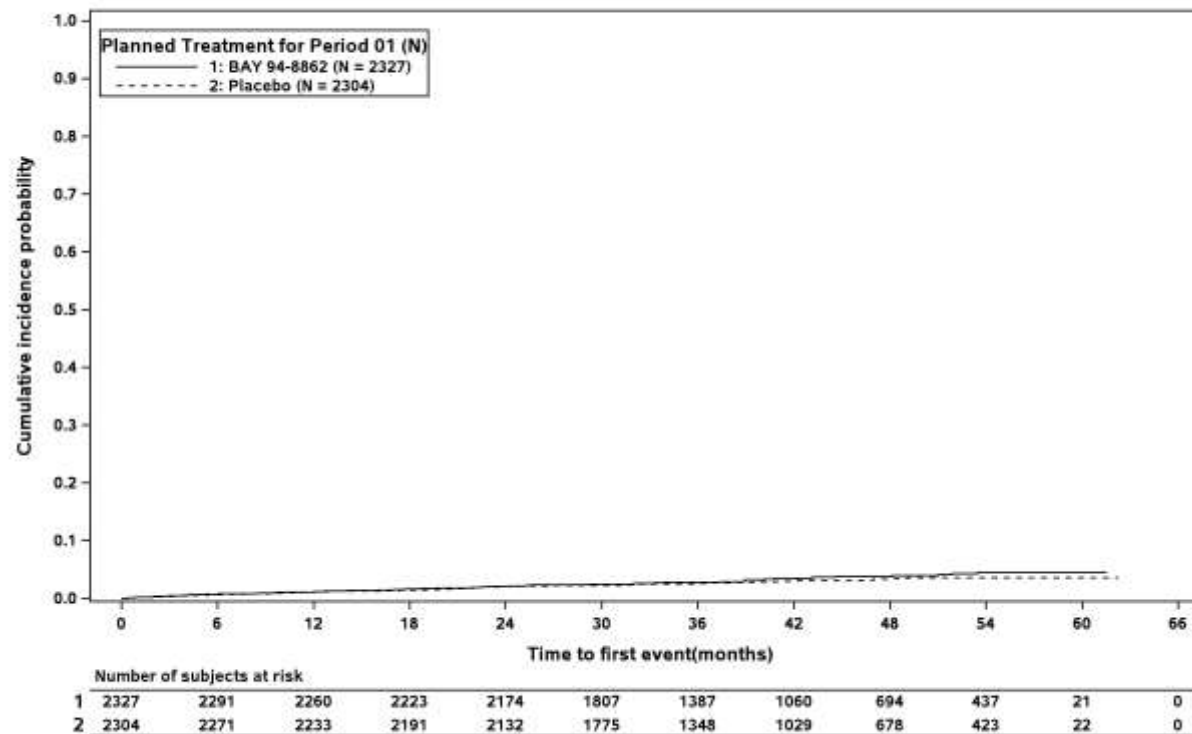


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 13: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

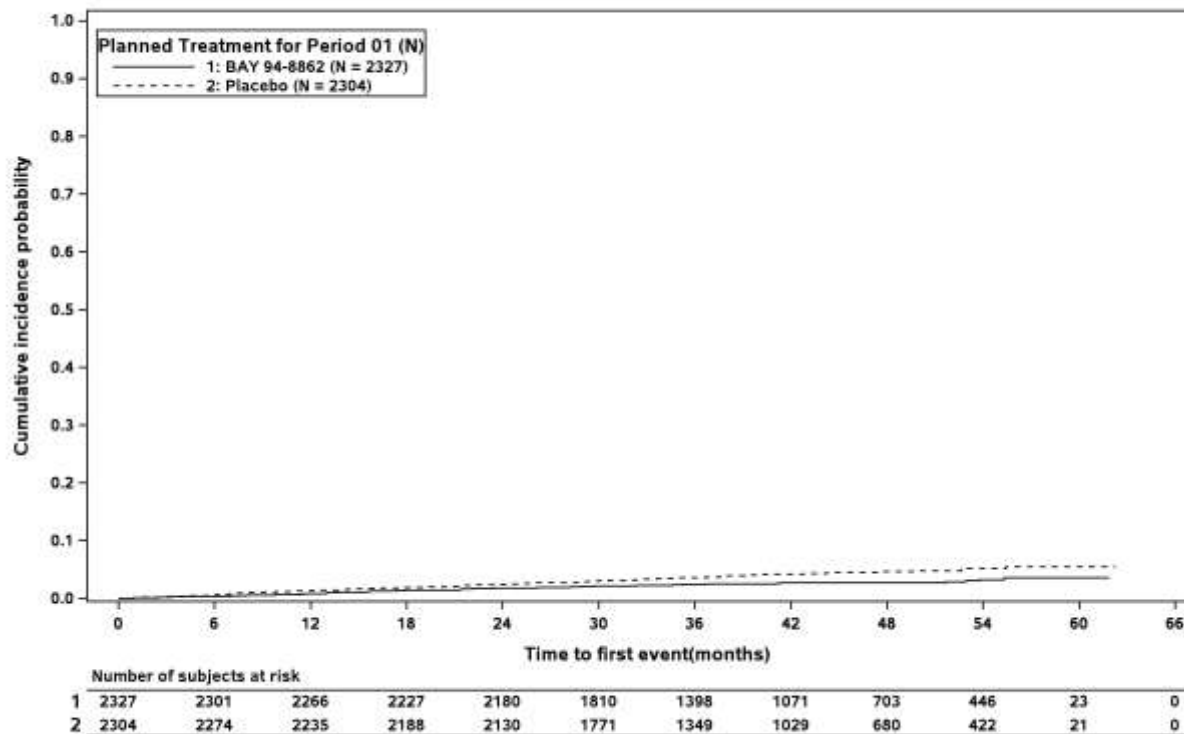


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 14: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

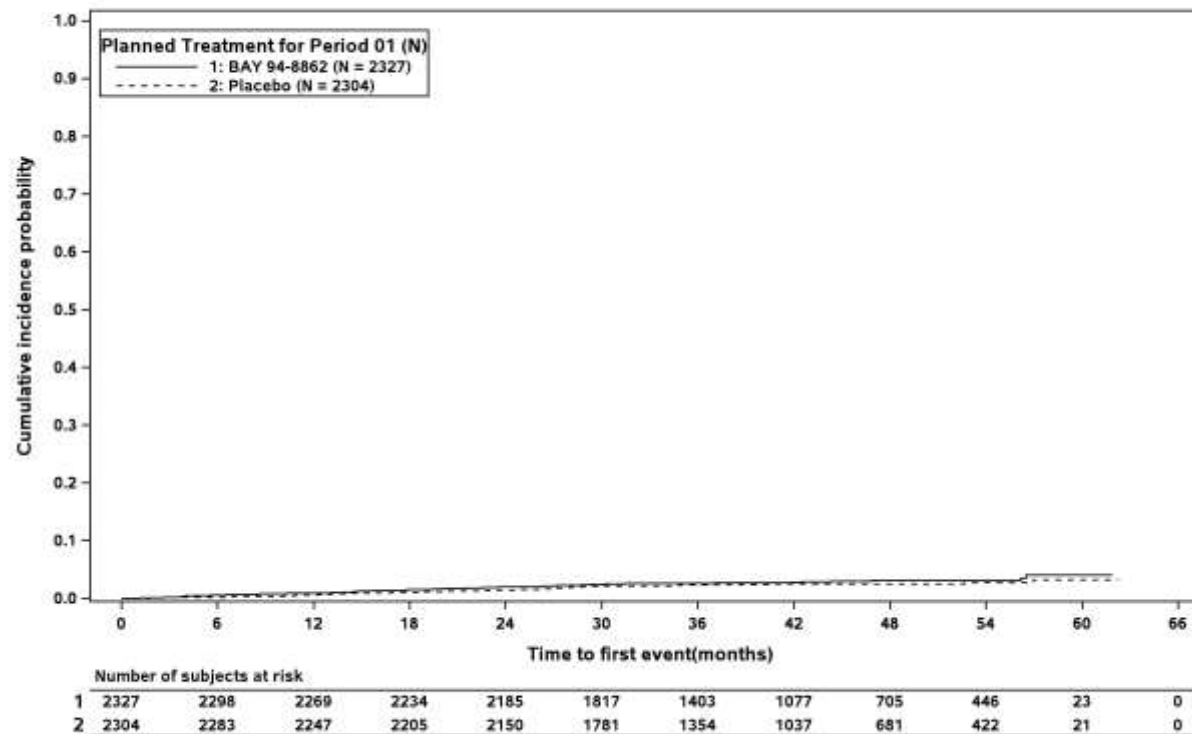


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 15: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

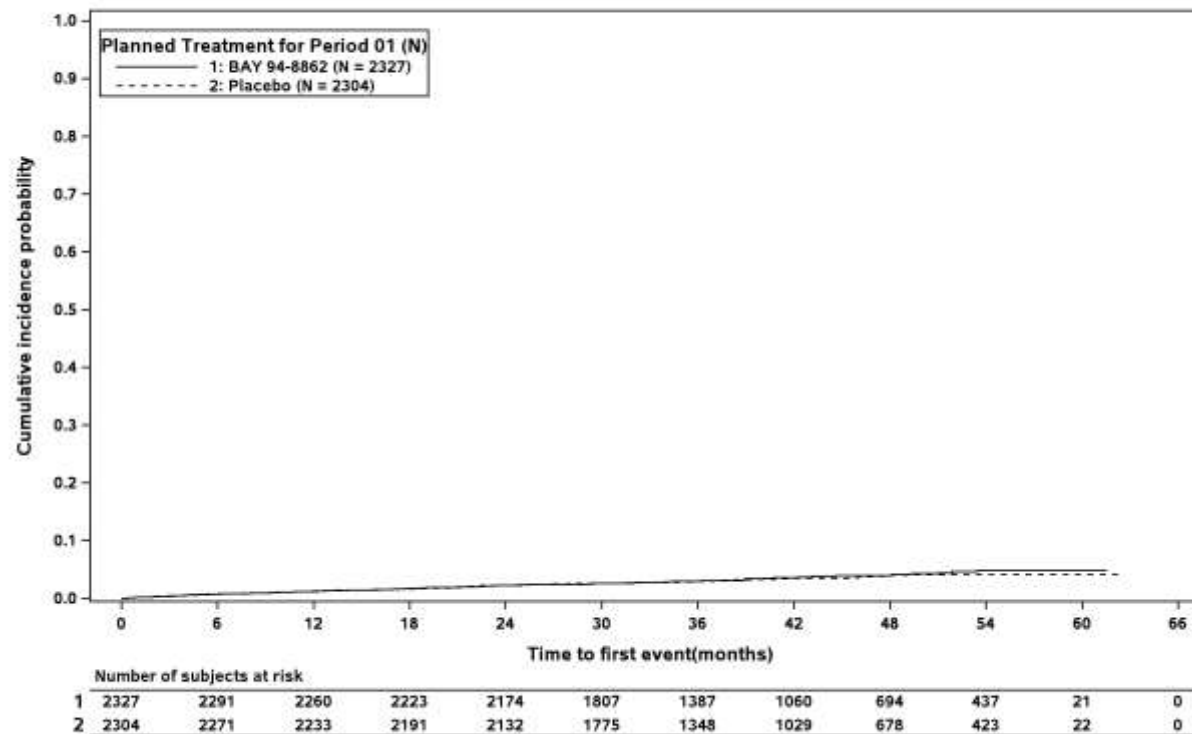


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 16: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

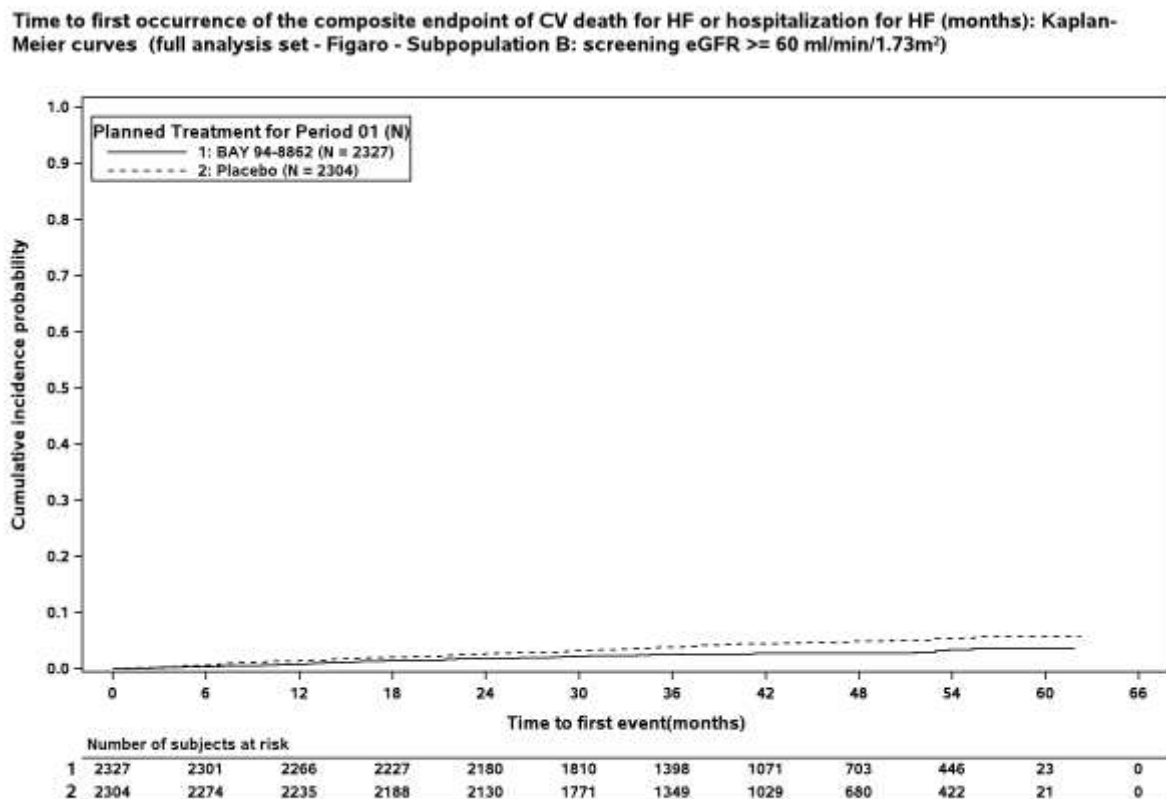
Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 17: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

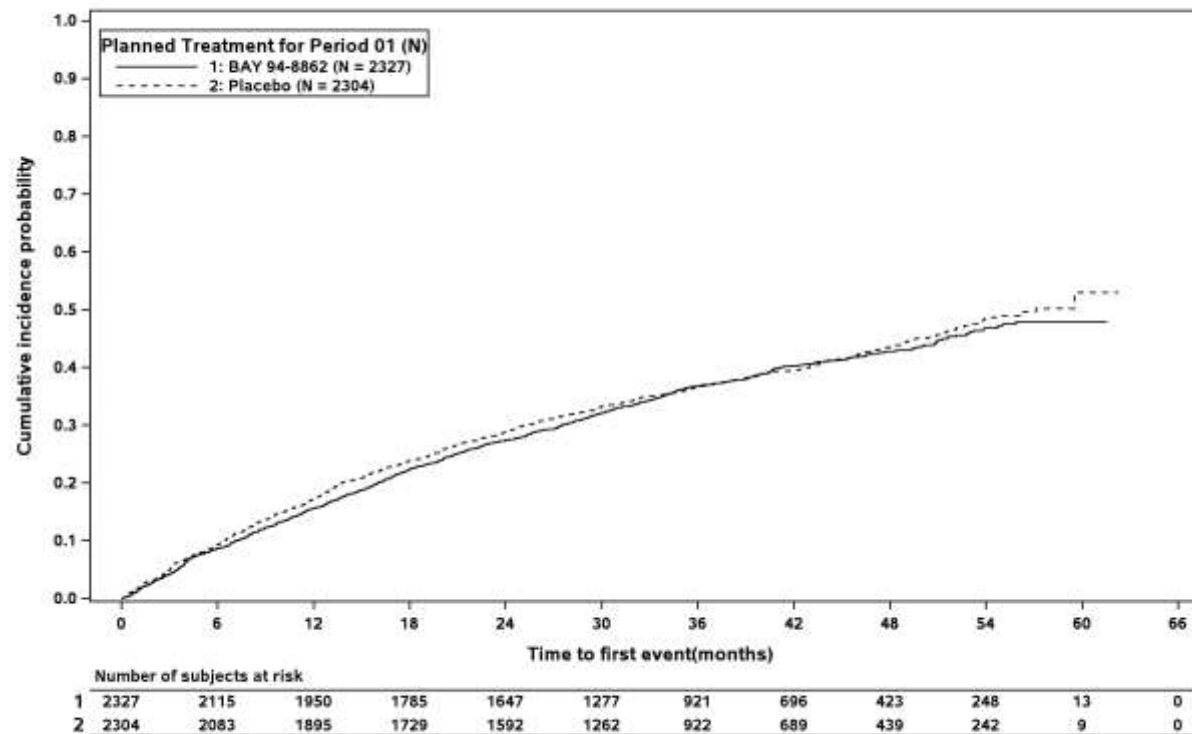


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

Figure 1.1.2 / 18: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Figaro - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_fig_s2.sas 06FEB2023 16:36

| | |
|---------------|--|
| Table B3.1.1 | EQ-5D VAS - Return Rate - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.2 | KDQoL-36 - Return Rate of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.3 | KDQoL-36 - Return Rate of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.4 | KDQoL-36 - Return Rate of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.5 | KDQoL-36 - Return Rate of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.6 | KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.7 | EQ-5D VAS - Return Rate (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.8 | KDQoL-36 - Return Rate of Physical Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.9 | KDQoL-36 - Return Rate of Mental Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.10 | KDQoL-36 - Return Rate of Burden of Kidney Disease (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.11 | KDQoL-36 - Return Rate of Symptoms and Problems (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.1.12 | KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.1 | EQ-5D VAS - Observed Means and Change from Baseline - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.1 | EQ-5D VAS - Time Profile Curve - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.2 | KDQoL-36 - Observed Means and Change from Baseline of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.2 | KDQoL-36 - Time Profile Curve of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.3 | KDQoL-36 - Observed Means and Change from Baseline of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.3 | KDQoL-36 - Time Profile Curve of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.4 | KDQoL-36 - Observed Means and Change from Baseline of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.4 | KDQoL-36 - Time Profile Curve of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.5 | KDQoL-36 - Observed Means and Change from Baseline of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.5 | KDQoL-36 - Time Profile Curve of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.2.6 | KDQoL-36 - Observed Means and Change from Baseline of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Figure B3.2.6 | KDQoL-36 - Time Profile Curve of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 |
| Table B3.3.1 | EQ-5D VAS - Summary and MMRM of Change from Baseline |
| Table B3.3.2 | KDQoL-36 - Summary and MMRM of Change from Baseline of Physical Component Summary |
| Table B3.3.3 | KDQoL-36 - Summary and MMRM of Change from Baseline of Mental Component Summary |
| Table B3.3.4 | KDQoL-36 - Summary and MMRM of Change from Baseline of Burden of Kidney Disease |
| Table B3.3.5 | KDQoL-36 - Summary and MMRM of Change from Baseline of Symptoms and Problems |
| Table B3.3.6 | KDQoL-36 - Summary and MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life |
| Table B3.4.1 | EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Worsening of at least MID=15 |
| Table B3.4.2 | EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Improvement of at least MID=15 |
| Table B3.4.3 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 |
| Table B3.4.4 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 |
| Table B3.4.5 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 |
| Table B3.4.6 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 |
| Table B3.4.7 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 |
| Table B3.4.8 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 |
| Table B3.4.9 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 |
| Table B3.4.10 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 |
| Table B3.4.11 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 |
| Table B3.4.12 | KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 |

Table B3.1.1: EQ-5D VAS - Return Rate - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 2302 | 2327 | 98.9% | 2260 | 2304 | 98.1% | 4562 | 4631 | 98.5% |
| Baseline | 2302 | 2327 | 98.9% | 2260 | 2304 | 98.1% | 4562 | 4631 | 98.5% |
| Visit 5 | 2139 | 2327 | 91.9% | 2132 | 2304 | 92.5% | 4271 | 4631 | 92.2% |
| Visit 8 | 1934 | 2327 | 83.1% | 1894 | 2304 | 82.2% | 3828 | 4631 | 82.7% |
| Visit 11 | 1172 | 2327 | 50.4% | 1161 | 2304 | 50.4% | 2333 | 4631 | 50.4% |
| Visit 14 | 525 | 2327 | 22.6% | 518 | 2304 | 22.5% | 1043 | 4631 | 22.5% |
| Visit 17 | 8 | 2327 | 0.3% | 6 | 2304 | 0.3% | 14 | 4631 | 0.3% |
| Last on-treatment | 2116 | 2327 | 90.9% | 2107 | 2304 | 91.4% | 4223 | 4631 | 91.2% |
| Premature discontinuation | 72 | 2327 | 3.1% | 83 | 2304 | 3.6% | 155 | 4631 | 3.3% |
| End of Study Visit | 1834 | 2327 | 78.8% | 1785 | 2304 | 77.5% | 3619 | 4631 | 78.1% |

Abbreviations: eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, VAS=Visual analog scale.

Table B3.1.2: KDQoL-36 - Return Rate of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 2290 | 2327 | 98.4% | 2249 | 2304 | 97.6% | 4539 | 4631 | 98.0% |
| Baseline | 2290 | 2327 | 98.4% | 2249 | 2304 | 97.6% | 4539 | 4631 | 98.0% |
| Visit 5 | 2130 | 2327 | 91.5% | 2127 | 2304 | 92.3% | 4257 | 4631 | 91.9% |
| Visit 8 | 1925 | 2327 | 82.7% | 1885 | 2304 | 81.8% | 3810 | 4631 | 82.3% |
| Visit 11 | 1163 | 2327 | 50.0% | 1154 | 2304 | 50.1% | 2317 | 4631 | 50.0% |
| Visit 14 | 521 | 2327 | 22.4% | 514 | 2304 | 22.3% | 1035 | 4631 | 22.3% |
| Visit 17 | 8 | 2327 | 0.3% | 6 | 2304 | 0.3% | 14 | 4631 | 0.3% |
| Last on-treatment | 2115 | 2327 | 90.9% | 2103 | 2304 | 91.3% | 4218 | 4631 | 91.1% |
| Premature discontinuation | 72 | 2327 | 3.1% | 83 | 2304 | 3.6% | 155 | 4631 | 3.3% |
| End of Study Visit | 1830 | 2327 | 78.6% | 1777 | 2304 | 77.1% | 3607 | 4631 | 77.9% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: The Physical Component Summary uses items 1 to 12 of the KDQoL-36.

Table B3.1.3: KDQoL-36 - Return Rate of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 2290 | 2327 | 98.4% | 2249 | 2304 | 97.6% | 4539 | 4631 | 98.0% |
| Baseline | 2290 | 2327 | 98.4% | 2249 | 2304 | 97.6% | 4539 | 4631 | 98.0% |
| Visit 5 | 2130 | 2327 | 91.5% | 2127 | 2304 | 92.3% | 4257 | 4631 | 91.9% |
| Visit 8 | 1925 | 2327 | 82.7% | 1885 | 2304 | 81.8% | 3810 | 4631 | 82.3% |
| Visit 11 | 1163 | 2327 | 50.0% | 1154 | 2304 | 50.1% | 2317 | 4631 | 50.0% |
| Visit 14 | 521 | 2327 | 22.4% | 514 | 2304 | 22.3% | 1035 | 4631 | 22.3% |
| Visit 17 | 8 | 2327 | 0.3% | 6 | 2304 | 0.3% | 14 | 4631 | 0.3% |
| Last on-treatment | 2115 | 2327 | 90.9% | 2103 | 2304 | 91.3% | 4218 | 4631 | 91.1% |
| Premature discontinuation | 72 | 2327 | 3.1% | 83 | 2304 | 3.6% | 155 | 4631 | 3.3% |
| End of Study Visit | 1830 | 2327 | 78.6% | 1777 | 2304 | 77.1% | 3607 | 4631 | 77.9% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.
Note: The Mental Component Summary uses items 1 to 12 of the KDQoL-36.

Table B3.1.4: KDQoL-36 - Return Rate of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 2300 | 2327 | 98.8% | 2255 | 2304 | 97.9% | 4555 | 4631 | 98.4% |
| Baseline | 2300 | 2327 | 98.8% | 2255 | 2304 | 97.9% | 4555 | 4631 | 98.4% |
| Visit 5 | 2137 | 2327 | 91.8% | 2128 | 2304 | 92.4% | 4265 | 4631 | 92.1% |
| Visit 8 | 1931 | 2327 | 83.0% | 1892 | 2304 | 82.1% | 3823 | 4631 | 82.6% |
| Visit 11 | 1172 | 2327 | 50.4% | 1161 | 2304 | 50.4% | 2333 | 4631 | 50.4% |
| Visit 14 | 525 | 2327 | 22.6% | 517 | 2304 | 22.4% | 1042 | 4631 | 22.5% |
| Visit 17 | 8 | 2327 | 0.3% | 6 | 2304 | 0.3% | 14 | 4631 | 0.3% |
| Last on-treatment | 2115 | 2327 | 90.9% | 2105 | 2304 | 91.4% | 4220 | 4631 | 91.1% |
| Premature discontinuation | 72 | 2327 | 3.1% | 83 | 2304 | 3.6% | 155 | 4631 | 3.3% |
| End of Study Visit | 1835 | 2327 | 78.9% | 1784 | 2304 | 77.4% | 3619 | 4631 | 78.1% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Burden of Kidney Disease uses items 13 to 16 of the KDQoL-36.

Table B3.1.5: KDQoL-36 - Return Rate of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 2303 | 2327 | 99.0% | 2261 | 2304 | 98.1% | 4564 | 4631 | 98.6% |
| Baseline | 2303 | 2327 | 99.0% | 2261 | 2304 | 98.1% | 4564 | 4631 | 98.6% |
| Visit 5 | 2138 | 2327 | 91.9% | 2130 | 2304 | 92.4% | 4268 | 4631 | 92.2% |
| Visit 8 | 1934 | 2327 | 83.1% | 1895 | 2304 | 82.2% | 3829 | 4631 | 82.7% |
| Visit 11 | 1174 | 2327 | 50.5% | 1163 | 2304 | 50.5% | 2337 | 4631 | 50.5% |
| Visit 14 | 524 | 2327 | 22.5% | 518 | 2304 | 22.5% | 1042 | 4631 | 22.5% |
| Visit 17 | 8 | 2327 | 0.3% | 6 | 2304 | 0.3% | 14 | 4631 | 0.3% |
| Last on-treatment | 2115 | 2327 | 90.9% | 2106 | 2304 | 91.4% | 4221 | 4631 | 91.1% |
| Premature discontinuation | 72 | 2327 | 3.1% | 83 | 2304 | 3.6% | 155 | 4631 | 3.3% |
| End of Study Visit | 1836 | 2327 | 78.9% | 1787 | 2304 | 77.6% | 3623 | 4631 | 78.2% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Symptoms and Problems uses items 17 to 28 b of the KDQoL-36.

Table B3.1.6: KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|------------------------------------|---------------------------|-----------------|
| | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) | Subjects with assessment available | Subjects in subset of FAS | Return rate (%) |
| Visit 1 | 2294 | 2327 | 98.6% | 2256 | 2304 | 97.9% | 4550 | 4631 | 98.3% |
| Baseline | 2294 | 2327 | 98.6% | 2256 | 2304 | 97.9% | 4550 | 4631 | 98.3% |
| Visit 5 | 2135 | 2327 | 91.7% | 2132 | 2304 | 92.5% | 4267 | 4631 | 92.1% |
| Visit 8 | 1933 | 2327 | 83.1% | 1890 | 2304 | 82.0% | 3823 | 4631 | 82.6% |
| Visit 11 | 1173 | 2327 | 50.4% | 1159 | 2304 | 50.3% | 2332 | 4631 | 50.4% |
| Visit 14 | 525 | 2327 | 22.6% | 516 | 2304 | 22.4% | 1041 | 4631 | 22.5% |
| Visit 17 | 8 | 2327 | 0.3% | 6 | 2304 | 0.3% | 14 | 4631 | 0.3% |
| Last on-treatment | 2114 | 2327 | 90.8% | 2105 | 2304 | 91.4% | 4219 | 4631 | 91.1% |
| Premature discontinuation | 72 | 2327 | 3.1% | 83 | 2304 | 3.6% | 155 | 4631 | 3.3% |
| End of Study Visit | 1834 | 2327 | 78.8% | 1781 | 2304 | 77.3% | 3615 | 4631 | 78.1% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQoL-36.

Table B3.1.7: EQ-5D VAS - Return Rate (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 2302 | 2327 | 98.9% | 2260 | 2304 | 98.1% | 4562 | 4631 | 98.5% |
| Visit 5 | 2139 | 2242 | 95.4% | 2132 | 2218 | 96.1% | 4271 | 4460 | 95.8% |
| Visit 8 | 1934 | 2134 | 90.6% | 1894 | 2107 | 89.9% | 3828 | 4241 | 90.3% |
| Visit 11 | 1172 | 1334 | 87.9% | 1161 | 1306 | 88.9% | 2333 | 2640 | 88.4% |
| Visit 14 | 525 | 651 | 80.6% | 518 | 637 | 81.3% | 1043 | 1288 | 81.0% |
| Visit 17 | 8 | 9 | 88.9% | 6 | 6 | 100.0% | 14 | 15 | 93.3% |
| Premature discontinuation | 72 | 83 | 86.7% | 83 | 98 | 84.7% | 155 | 181 | 85.6% |
| End of Study Visit | 1834 | 2059 | 89.1% | 1785 | 2031 | 87.9% | 3619 | 4090 | 88.5% |

Abbreviations: eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, VAS=Visual analog scale.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.8: KDQoL-36 - Return Rate of Physical Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 2290 | 2327 | 98.4% | 2249 | 2304 | 97.6% | 4539 | 4631 | 98.0% |
| Visit 5 | 2130 | 2242 | 95.0% | 2127 | 2218 | 95.9% | 4257 | 4460 | 95.4% |
| Visit 8 | 1925 | 2134 | 90.2% | 1885 | 2107 | 89.5% | 3810 | 4241 | 89.8% |
| Visit 11 | 1163 | 1334 | 87.2% | 1154 | 1306 | 88.4% | 2317 | 2640 | 87.8% |
| Visit 14 | 521 | 651 | 80.0% | 514 | 637 | 80.7% | 1035 | 1288 | 80.4% |
| Visit 17 | 8 | 9 | 88.9% | 6 | 6 | 100.0% | 14 | 15 | 93.3% |
| Premature discontinuation | 72 | 83 | 86.7% | 83 | 98 | 84.7% | 155 | 181 | 85.6% |
| End of Study Visit | 1830 | 2059 | 88.9% | 1777 | 2031 | 87.5% | 3607 | 4090 | 88.2% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: The Physical Component Summary uses items 1 to 12 of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.9: KDQoL-36 - Return Rate of Mental Component Summary (based on subject visits) - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 2290 | 2327 | 98.4% | 2249 | 2304 | 97.6% | 4539 | 4631 | 98.0% |
| Visit 5 | 2130 | 2242 | 95.0% | 2127 | 2218 | 95.9% | 4257 | 4460 | 95.4% |
| Visit 8 | 1925 | 2134 | 90.2% | 1885 | 2107 | 89.5% | 3810 | 4241 | 89.8% |
| Visit 11 | 1163 | 1334 | 87.2% | 1154 | 1306 | 88.4% | 2317 | 2640 | 87.8% |
| Visit 14 | 521 | 651 | 80.0% | 514 | 637 | 80.7% | 1035 | 1288 | 80.4% |
| Visit 17 | 8 | 9 | 88.9% | 6 | 6 | 100.0% | 14 | 15 | 93.3% |
| Premature discontinuation | 72 | 83 | 86.7% | 83 | 98 | 84.7% | 155 | 181 | 85.6% |
| End of Study Visit | 1830 | 2059 | 88.9% | 1777 | 2031 | 87.5% | 3607 | 4090 | 88.2% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: The Mental Component Summary uses items 1 to 12 of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.10: KDQoL-36 - Return Rate of Burden of Kidney Disease (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 2300 | 2327 | 98.8% | 2255 | 2304 | 97.9% | 4555 | 4631 | 98.4% |
| Visit 5 | 2137 | 2242 | 95.3% | 2128 | 2218 | 95.9% | 4265 | 4460 | 95.6% |
| Visit 8 | 1931 | 2134 | 90.5% | 1892 | 2107 | 89.8% | 3823 | 4241 | 90.1% |
| Visit 11 | 1172 | 1334 | 87.9% | 1161 | 1306 | 88.9% | 2333 | 2640 | 88.4% |
| Visit 14 | 525 | 651 | 80.6% | 517 | 637 | 81.2% | 1042 | 1288 | 80.9% |
| Visit 17 | 8 | 9 | 88.9% | 6 | 6 | 100.0% | 14 | 15 | 93.3% |
| Premature discontinuation | 72 | 83 | 86.7% | 83 | 98 | 84.7% | 155 | 181 | 85.6% |
| End of Study Visit | 1835 | 2059 | 89.1% | 1784 | 2031 | 87.8% | 3619 | 4090 | 88.5% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Burden of Kidney Disease uses items 13 to 16 of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.11: KDQoL-36 - Return Rate of Symptoms and Problems (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 2303 | 2327 | 99.0% | 2261 | 2304 | 98.1% | 4564 | 4631 | 98.6% |
| Visit 5 | 2138 | 2242 | 95.4% | 2130 | 2218 | 96.0% | 4268 | 4460 | 95.7% |
| Visit 8 | 1934 | 2134 | 90.6% | 1895 | 2107 | 89.9% | 3829 | 4241 | 90.3% |
| Visit 11 | 1174 | 1334 | 88.0% | 1163 | 1306 | 89.1% | 2337 | 2640 | 88.5% |
| Visit 14 | 524 | 651 | 80.5% | 518 | 637 | 81.3% | 1042 | 1288 | 80.9% |
| Visit 17 | 8 | 9 | 88.9% | 6 | 6 | 100.0% | 14 | 15 | 93.3% |
| Premature discontinuation | 72 | 83 | 86.7% | 83 | 98 | 84.7% | 155 | 181 | 85.6% |
| End of Study Visit | 1836 | 2059 | 89.2% | 1787 | 2031 | 88.0% | 3623 | 4090 | 88.6% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Symptoms and Problems uses items 17 to 28 b of the KDQoL-36.

Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.1.12: KDQoL-36 - Return Rate of Effects of Kidney Disease on Daily Life (based on subject visits) - Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone | | | Placebo | | | Total | | |
|---------------------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|-----------------|
| | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) | Subjects with assessment available | Subjects with available visit | Return rate (%) |
| Visit 1 | 2294 | 2327 | 98.6% | 2256 | 2304 | 97.9% | 4550 | 4631 | 98.3% |
| Visit 5 | 2135 | 2242 | 95.2% | 2132 | 2218 | 96.1% | 4267 | 4460 | 95.7% |
| Visit 8 | 1933 | 2134 | 90.6% | 1890 | 2107 | 89.7% | 3823 | 4241 | 90.1% |
| Visit 11 | 1173 | 1334 | 87.9% | 1159 | 1306 | 88.7% | 2332 | 2640 | 88.3% |
| Visit 14 | 525 | 651 | 80.6% | 516 | 637 | 81.0% | 1041 | 1288 | 80.8% |
| Visit 17 | 8 | 9 | 88.9% | 6 | 6 | 100.0% | 14 | 15 | 93.3% |
| Premature discontinuation | 72 | 83 | 86.7% | 83 | 98 | 84.7% | 155 | 181 | 85.6% |
| End of Study Visit | 1834 | 2059 | 89.1% | 1781 | 2031 | 87.7% | 3615 | 4090 | 88.4% |

Abbreviations: eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life.

Note: Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQoL-36.

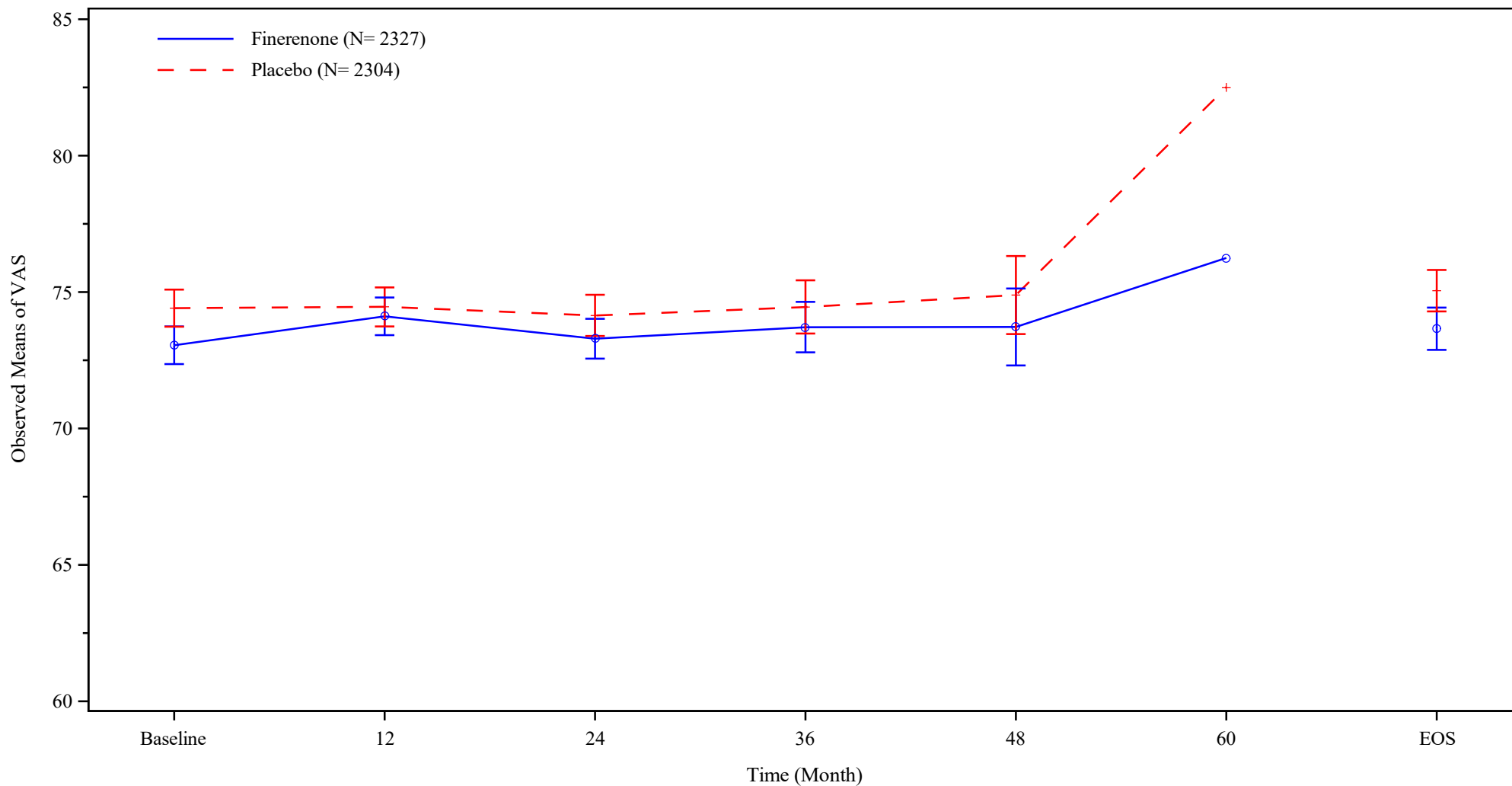
Note: Only planned visits - no derived visits such as "Baseline" - are included in this table.

Table B3.2.1: EQ-5D VAS - Observed Means and Change from Baseline - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=2327) | | | | | Placebo (N=2304) | | | | | | | | |
|----------------------|---------------------|----------------|-----------|--------|----------------------|------------------|----------|--------|----------------|----------------------|--------|-------|----------|--------|
| | n | Mean(SD) | 95% CI | | Median (Min, Max) | n | Mean(SD) | 95% CI | | Median (Min, Max) | | | | |
| Observed Value | | | | | | | | | | | | | | |
| Visit 1 | 2302 | 73.05 (16.91) | (72.36, | 73.74) | 75.00 | (0.0, | 100.0) | 2260 | 74.41 (16.47) | (73.73, | 75.09) | 80.00 | (0.0, | 100.0) |
| Baseline | 2302 | 73.05 (16.91) | (72.36, | 73.74) | 75.00 | (0.0, | 100.0) | 2260 | 74.41 (16.47) | (73.73, | 75.09) | 80.00 | (0.0, | 100.0) |
| Visit 5 | 2139 | 74.11 (16.26) | (73.42, | 74.80) | 75.00 | (10.0, | 100.0) | 2132 | 74.46 (16.83) | (73.74, | 75.17) | 80.00 | (0.0, | 100.0) |
| Visit 8 | 1934 | 73.29 (16.46) | (72.56, | 74.02) | 75.00 | (10.0, | 100.0) | 1894 | 74.14 (16.65) | (73.39, | 74.90) | 80.00 | (0.0, | 100.0) |
| Visit 11 | 1172 | 73.71 (16.15) | (72.79, | 74.64) | 75.00 | (10.0, | 100.0) | 1161 | 74.45 (16.96) | (73.48, | 75.43) | 80.00 | (0.0, | 100.0) |
| Visit 14 | 525 | 73.72 (16.46) | (72.31, | 75.13) | 80.00 | (5.0, | 100.0) | 518 | 74.89 (16.53) | (73.46, | 76.32) | 80.00 | (20.0, | 100.0) |
| Visit 17 | 8 | 76.25 (16.64) | (62.34, | 90.16) | 77.50 | (50.0, | 100.0) | 6 | 82.50 (10.84) | (71.12, | 93.88) | 80.00 | (70.0, | 100.0) |
| Last On-Treatment | 2116 | 73.20 (16.80) | (72.49, | 73.92) | 75.00 | (4.0, | 100.0) | 2107 | 74.13 (17.10) | (73.40, | 74.86) | 80.00 | (0.0, | 100.0) |
| Premature | 72 | 70.64 (19.50) | (66.06, | 75.22) | 77.50 | (10.0, | 100.0) | 83 | 69.43 (20.29) | (65.00, | 73.86) | 70.00 | (0.0, | 100.0) |
| Discontinuation | | | | | | | | | | | | | | |
| End Of Study Visit | 1834 | 73.65 (16.87) | (72.88, | 74.43) | 75.00 | (4.0, | 100.0) | 1785 | 75.05 (16.38) | (74.29, | 75.81) | 80.00 | (4.0, | 100.0) |
| Change from Baseline | | | | | | | | | | | | | | |
| Visit 5 | 2127 | 0.75 (15.11) | (0.10, | 1.39) | 0.00 | (-80.0, | 70.0) | 2108 | -0.27 (15.17) | (-0.92, | 0.38) | 0.00 | (-70.0, | 80.0) |
| Visit 8 | 1919 | 0.20 (15.30) | (-0.48, | 0.89) | 0.00 | (-70.0, | 70.0) | 1872 | -0.80 (15.87) | (-1.52, | -0.08) | 0.00 | (-70.0, | 80.0) |
| Visit 11 | 1160 | -0.17 (16.24) | (-1.10, | 0.77) | 0.00 | (-62.0, | 65.0) | 1146 | -0.78 (15.47) | (-1.67, | 0.12) | 0.00 | (-68.0, | 70.0) |
| Visit 14 | 521 | -0.95 (16.00) | (-2.32, | 0.43) | 0.00 | (-55.0, | 60.0) | 511 | -2.41 (16.28) | (-3.82, | -0.99) | 0.00 | (-60.0, | 65.0) |
| Visit 17 | 8 | -6.88 (14.13) | (-18.68, | 4.93) | -5.00 | (-30.0, | 10.0) | 6 | 6.67 (17.80) | (-12.01, | 25.34) | 7.50 | (-20.0, | 35.0) |
| Last On-Treatment | 2099 | -0.10 (16.48) | (-0.80, | 0.61) | 0.00 | (-80.0, | 70.0) | 2079 | -0.69 (16.67) | (-1.41, | 0.03) | 0.00 | (-68.0, | 80.0) |
| Premature | 71 | -6.30 (16.73) | (-10.25, | -2.34) | -5.00 | (-62.0, | 30.0) | 82 | -8.34 (19.59) | (-12.65, | -4.04) | -5.00 | (-70.0, | 39.0) |
| Discontinuation | | | | | | | | | | | | | | |
| End Of Study Visit | 1821 | -0.05 (16.84) | (-0.82, | 0.73) | 0.00 | (-75.0, | 90.0) | 1762 | -0.06 (16.13) | (-0.81, | 0.70) | 0.00 | (-60.0, | 75.0) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation, VAS=Visual analog scale.

Figure B3.2.1: EQ-5D VAS - Time Profile Curve
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, EQ-5D=EuroQOL group 5-dimension, N=number of patients, VAS=Visual analog scale.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

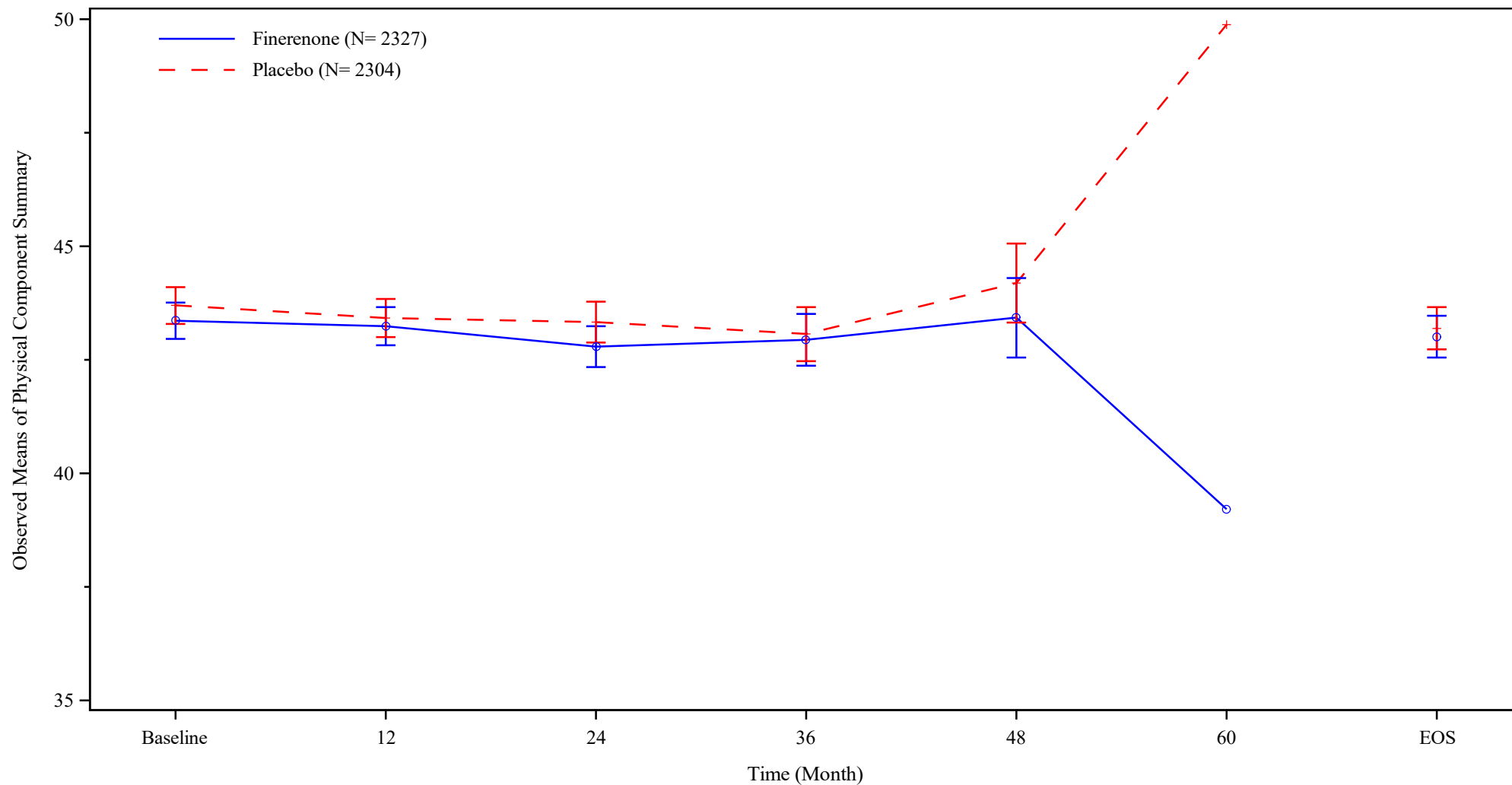
Table B3.2.2: KDQoL-36 - Observed Means and Change from Baseline of Physical Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=2327) | | | | | Placebo (N=2304) | | | | |
|----------------------|---------------------|---------------|-----------------|--------|----------------|------------------|---------------|-----------------|--------|----------------|
| | n | Mean(SD) | 95% CI | Median | (Min, Max) | n | Mean(SD) | 95% CI | Median | (Min, Max) |
| Observed Value | | | | | | | | | | |
| Visit 1 | 2290 | 43.36(9.80) | (42.96, 43.76) | 44.84 | (12.6, 65.8) | 2249 | 43.70(9.84) | (43.29, 44.10) | 45.07 | (12.3, 61.3) |
| Baseline | 2290 | 43.36(9.80) | (42.96, 43.76) | 44.84 | (12.6, 65.8) | 2249 | 43.70(9.84) | (43.29, 44.10) | 45.07 | (12.3, 61.3) |
| Visit 5 | 2130 | 43.24(9.85) | (42.82, 43.66) | 44.50 | (14.3, 62.6) | 2127 | 43.42(9.92) | (43.00, 43.84) | 44.51 | (14.2, 61.3) |
| Visit 8 | 1925 | 42.79(10.05) | (42.34, 43.24) | 43.79 | (12.8, 63.5) | 1885 | 43.33(9.99) | (42.88, 43.78) | 44.88 | (12.0, 63.1) |
| Visit 11 | 1163 | 42.94(9.95) | (42.37, 43.51) | 44.36 | (12.6, 61.3) | 1154 | 43.07(10.27) | (42.47, 43.66) | 44.58 | (13.0, 62.6) |
| Visit 14 | 521 | 43.43(10.19) | (42.55, 44.30) | 46.03 | (13.6, 59.9) | 514 | 44.19(10.03) | (43.32, 45.06) | 46.76 | (16.6, 61.2) |
| Visit 17 | 8 | 39.21(10.77) | (30.21, 48.21) | 34.65 | (28.3, 56.6) | 6 | 49.88(8.24) | (41.24, 58.53) | 51.66 | (38.9, 58.7) |
| Last On-Treatment | 2115 | 42.54(10.00) | (42.11, 42.96) | 43.50 | (14.2, 64.3) | 2103 | 42.76(10.15) | (42.32, 43.19) | 44.00 | (13.0, 63.1) |
| Premature | 72 | 39.33(11.76) | (36.57, 42.09) | 39.87 | (15.8, 60.7) | 83 | 40.97(10.59) | (38.65, 43.28) | 40.37 | (20.3, 63.0) |
| Discontinuation | | | | | | | | | | |
| End Of Study Visit | 1830 | 43.01(9.94) | (42.55, 43.47) | 44.20 | (13.7, 64.3) | 1777 | 43.19(10.00) | (42.73, 43.66) | 44.58 | (13.9, 64.4) |
| Change from Baseline | | | | | | | | | | |
| Visit 5 | 2107 | -0.21(8.38) | (-0.57, 0.15) | 0.00 | (-38.8, 32.3) | 2095 | -0.41(8.20) | (-0.76, -0.06) | 0.00 | (-29.2, 31.7) |
| Visit 8 | 1903 | -0.78(8.88) | (-1.18, -0.38) | -0.18 | (-34.2, 29.4) | 1857 | -0.64(8.66) | (-1.04, -0.25) | -0.11 | (-36.2, 31.7) |
| Visit 11 | 1148 | -1.14(9.05) | (-1.66, -0.62) | -0.32 | (-33.5, 33.6) | 1137 | -1.80(9.03) | (-2.33, -1.28) | -1.04 | (-33.5, 31.5) |
| Visit 14 | 516 | -1.51(9.01) | (-2.29, -0.73) | -0.47 | (-29.5, 35.2) | 509 | -2.26(8.97) | (-3.05, -1.48) | -0.78 | (-28.7, 29.7) |
| Visit 17 | 8 | -4.80(8.70) | (-12.07, 2.48) | -1.53 | (-16.7, 6.9) | 6 | 4.42(7.57) | (-3.52, 12.36) | 3.38 | (-2.3, 16.0) |
| Last On-Treatment | 2086 | -0.98(9.03) | (-1.37, -0.60) | -0.27 | (-33.5, 31.6) | 2067 | -1.20(9.06) | (-1.59, -0.81) | -0.57 | (-35.1, 34.9) |
| Premature | 71 | -3.31(9.61) | (-5.58, -1.03) | -2.02 | (-24.7, 26.8) | 81 | -3.88(10.53) | (-6.21, -1.55) | -1.73 | (-29.8, 26.0) |
| Discontinuation | | | | | | | | | | |
| End Of Study Visit | 1809 | -0.79(9.25) | (-1.22, -0.37) | -0.27 | (-33.5, 32.1) | 1746 | -0.98(9.21) | (-1.41, -0.55) | -0.52 | (-35.1, 34.9) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: The Physical Component Summary uses items 1 to 12 of the KDQoL-36.

Figure B3.2.2: KDQoL-36 - Time Profile Curve of Physical Component Summary
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

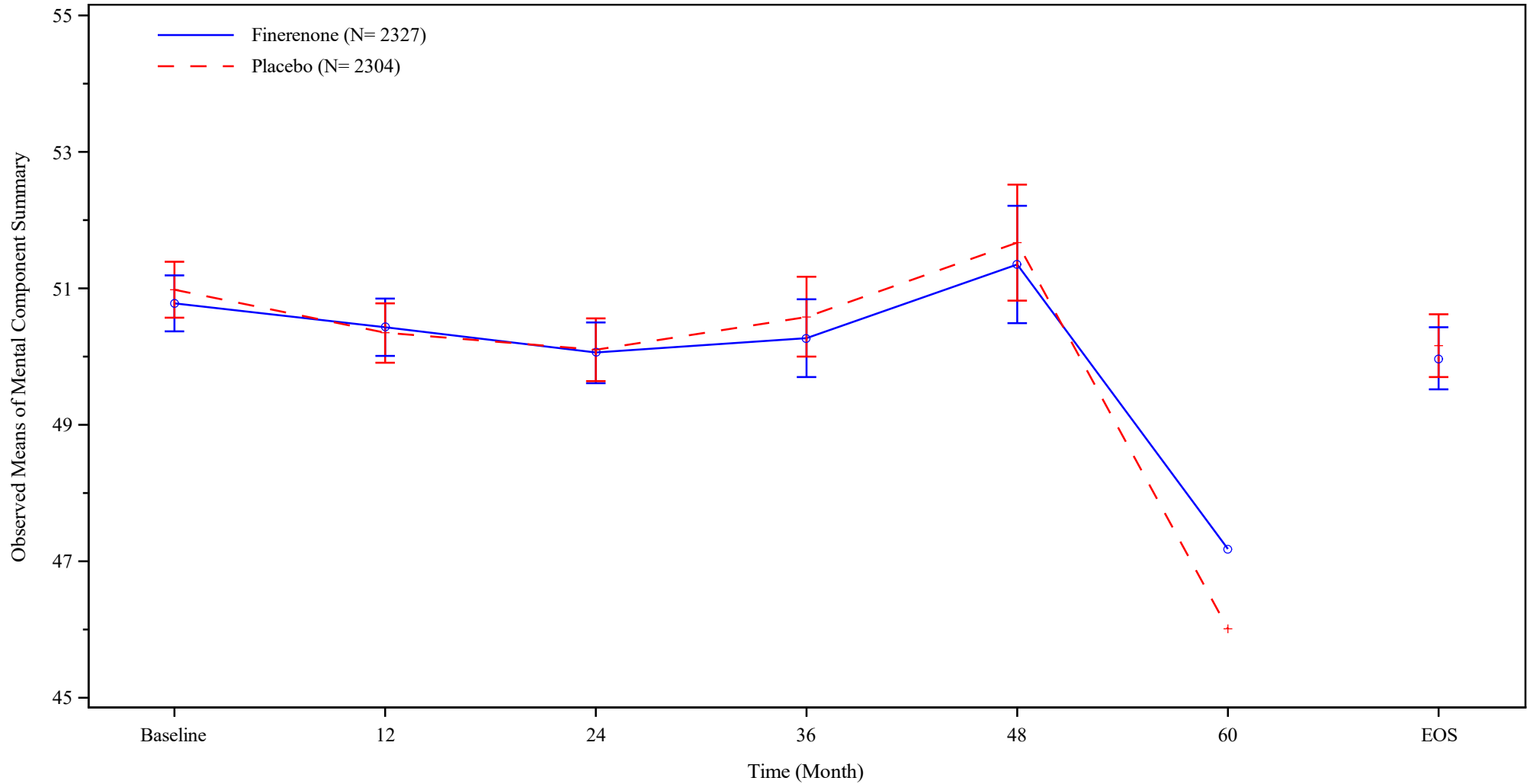
Table B3.2.3: KDQoL-36 - Observed Means and Change from Baseline of Mental Component Summary - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=2327) | | | | | Placebo (N=2304) | | | | |
|----------------------|---------------------|---------------|-----------------|--------|----------------|------------------|---------------|------------------|--------|----------------|
| | n | Mean(SD) | 95% CI | Median | (Min, Max) | n | Mean(SD) | 95% CI | Median | (Min, Max) |
| Observed Value | | | | | | | | | | |
| Visit 1 | 2290 | 50.78 (9.96) | (50.37, 51.19) | 53.51 | (16.1, 70.5) | 2249 | 50.98 (9.83) | (50.57, 51.39) | 54.03 | (12.7, 69.6) |
| Baseline | 2290 | 50.78 (9.96) | (50.37, 51.19) | 53.51 | (16.1, 70.5) | 2249 | 50.98 (9.83) | (50.57, 51.39) | 54.03 | (12.7, 69.6) |
| Visit 5 | 2130 | 50.43 (9.87) | (50.01, 50.85) | 52.85 | (16.6, 68.9) | 2127 | 50.35 (10.20) | (49.91, 50.78) | 53.13 | (15.9, 69.8) |
| Visit 8 | 1925 | 50.06 (9.99) | (49.61, 50.50) | 52.51 | (19.0, 69.0) | 1885 | 50.10 (10.18) | (49.64, 50.56) | 53.13 | (18.2, 68.7) |
| Visit 11 | 1163 | 50.27 (9.90) | (49.70, 50.84) | 52.76 | (17.0, 71.1) | 1154 | 50.58 (10.08) | (50.00, 51.17) | 53.38 | (15.7, 67.3) |
| Visit 14 | 521 | 51.35 (9.94) | (50.49, 52.21) | 54.10 | (17.8, 67.7) | 514 | 51.67 (9.79) | (50.82, 52.52) | 55.04 | (20.3, 70.4) |
| Visit 17 | 8 | 47.18 (10.90) | (38.06, 56.29) | 48.58 | (29.2, 64.4) | 6 | 46.01 (16.43) | (28.77, 63.24) | 48.35 | (24.8, 62.7) |
| Last On-Treatment | 2115 | 50.06 (10.09) | (49.63, 50.49) | 52.40 | (16.6, 68.9) | 2103 | 50.11 (10.08) | (49.68, 50.54) | 52.78 | (15.8, 68.9) |
| Premature | 72 | 50.01 (10.68) | (47.50, 52.52) | 53.15 | (22.1, 66.9) | 83 | 46.19 (10.37) | (43.93, 48.46) | 46.65 | (19.6, 63.6) |
| Discontinuation | | | | | | | | | | |
| End Of Study Visit | 1830 | 49.97 (9.94) | (49.52, 50.43) | 52.10 | (18.8, 68.7) | 1777 | 50.16 (9.87) | (49.70, 50.62) | 52.32 | (15.8, 68.9) |
| Change from Baseline | | | | | | | | | | |
| Visit 5 | 2107 | -0.41 (9.41) | (-0.81, -0.01) | 0.00 | (-47.6, 40.7) | 2095 | -0.62 (9.82) | (-1.04, -0.20) | 0.00 | (-42.7, 45.7) |
| Visit 8 | 1903 | -0.81 (10.04) | (-1.26, -0.35) | 0.00 | (-42.1, 39.1) | 1857 | -0.99 (10.36) | (-1.46, -0.51) | -0.22 | (-46.2, 39.7) |
| Visit 11 | 1148 | -1.28 (9.86) | (-1.85, -0.71) | -0.23 | (-39.2, 32.9) | 1137 | -0.83 (10.02) | (-1.41, -0.24) | -0.06 | (-33.8, 38.2) |
| Visit 14 | 516 | -0.63 (9.62) | (-1.46, 0.20) | -0.41 | (-34.4, 38.2) | 509 | -0.98 (9.44) | (-1.80, -0.15) | -0.39 | (-33.9, 38.5) |
| Visit 17 | 8 | -6.10 (12.23) | (-16.32, 4.13) | -4.02 | (-30.2, 7.1) | 6 | -5.90 (18.12) | (-24.91, 13.11) | -7.17 | (-30.3, 20.6) |
| Last On-Treatment | 2086 | -0.79 (10.41) | (-1.24, -0.35) | -0.08 | (-47.6, 38.3) | 2067 | -0.94 (10.52) | (-1.39, -0.48) | -0.43 | (-42.7, 45.9) |
| Premature | 71 | -2.29 (11.35) | (-4.97, 0.40) | -0.64 | (-30.5, 22.3) | 81 | -5.29 (11.96) | (-7.94, -2.65) | -2.90 | (-40.2, 18.7) |
| Discontinuation | | | | | | | | | | |
| End Of Study Visit | 1809 | -0.90 (10.29) | (-1.37, -0.42) | -0.16 | (-37.4, 36.2) | 1746 | -0.90 (10.29) | (-1.38, -0.41) | -0.49 | (-37.5, 45.9) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: The Mental Component Summary uses items 1 to 12 of the KDQoL-36.

Figure B3.2.3: KDQoL-36 - Time Profile Curve of Mental Component Summary
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

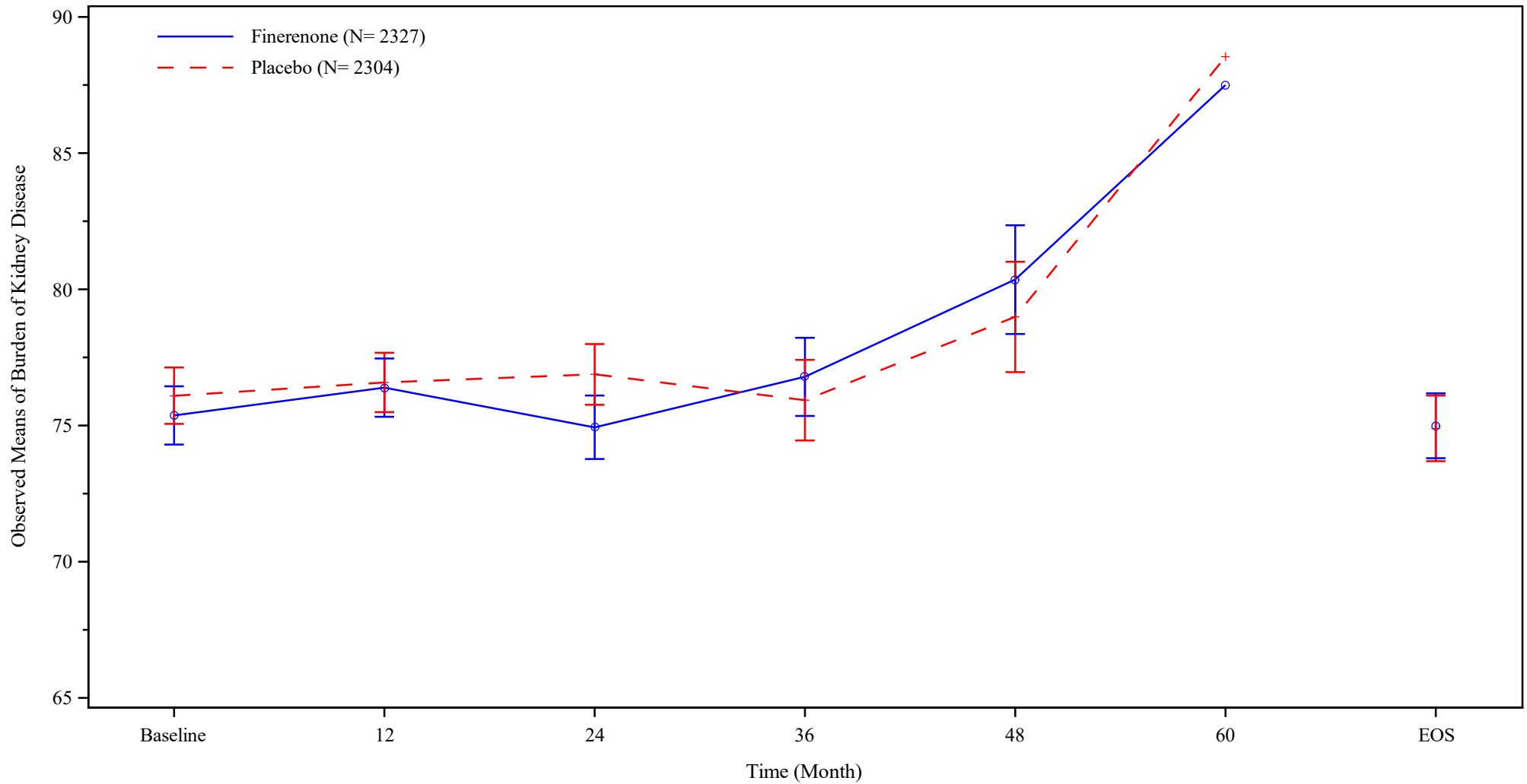
Table B3.2.4: KDQoL-36 - Observed Means and Change from Baseline of Burden of Kidney Disease - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=2327) | | | | | Placebo (N=2304) | | | | | | | | |
|----------------------|---------------------|----------------|-----------|--------|----------------------|------------------|----------|--------|----------------|----------------------|---------|-------|----------|--------|
| | n | Mean(SD) | 95% CI | | Median (Min, Max) | n | Mean(SD) | 95% CI | | Median (Min, Max) | | | | |
| Observed Value | | | | | | | | | | | | | | |
| Visit 1 | 2300 | 75.37 (26.22) | (74.30, | 76.44) | 81.25 | (0.0, | 100.0) | 2255 | 76.09(25.10) | (75.06, | 77.13) | 81.25 | (0.0, | 100.0) |
| Baseline | 2300 | 75.37 (26.22) | (74.30, | 76.44) | 81.25 | (0.0, | 100.0) | 2255 | 76.09 (25.10) | (75.06, | 77.13) | 81.25 | (0.0, | 100.0) |
| Visit 5 | 2137 | 76.39 (25.22) | (75.32, | 77.46) | 81.25 | (0.0, | 100.0) | 2128 | 76.58 (25.67) | (75.49, | 77.67) | 81.25 | (0.0, | 100.0) |
| Visit 8 | 1931 | 74.93 (26.07) | (73.77, | 76.10) | 81.25 | (0.0, | 100.0) | 1892 | 76.88 (24.70) | (75.76, | 77.99) | 81.25 | (0.0, | 100.0) |
| Visit 11 | 1172 | 76.79 (25.10) | (75.35, | 78.22) | 81.25 | (0.0, | 100.0) | 1161 | 75.93 (25.70) | (74.45, | 77.41) | 81.25 | (0.0, | 100.0) |
| Visit 14 | 525 | 80.36 (23.27) | (78.36, | 82.35) | 87.50 | (0.0, | 100.0) | 517 | 78.99 (23.46) | (76.96, | 81.01) | 87.50 | (0.0, | 100.0) |
| Visit 17 | 8 | 87.50 (12.50) | (77.05, | 97.95) | 87.50 | (68.8, | 100.0) | 6 | 88.54 (15.01) | (72.79, | 104.29) | 93.75 | (62.5, | 100.0) |
| Last On-Treatment | 2115 | 75.17 (25.75) | (74.07, | 76.27) | 81.25 | (0.0, | 100.0) | 2105 | 75.68 (25.45) | (74.59, | 76.77) | 81.25 | (0.0, | 100.0) |
| Premature | 72 | 72.57 (27.49) | (66.11, | 79.03) | 78.13 | (0.0, | 100.0) | 83 | 71.69 (28.06) | (65.56, | 77.81) | 81.25 | (0.0, | 100.0) |
| Discontinuation | | | | | | | | | | | | | | |
| End Of Study Visit | 1835 | 74.99 (26.01) | (73.80, | 76.18) | 81.25 | (0.0, | 100.0) | 1784 | 74.89 (26.03) | (73.69, | 76.10) | 81.25 | (0.0, | 100.0) |
| Change from Baseline | | | | | | | | | | | | | | |
| Visit 5 | 2122 | 1.15 (23.50) | (0.15, | 2.15) | 0.00 | (-100.0, | 100.0) | 2100 | 0.23 (23.33) | (-0.77, | 1.23) | 0.00 | (-100.0, | 100.0) |
| Visit 8 | 1915 | -0.37 (25.83) | (-1.53, | 0.79) | 0.00 | (-100.0, | 100.0) | 1869 | 0.29 (24.27) | (-0.81, | 1.39) | 0.00 | (-100.0, | 100.0) |
| Visit 11 | 1158 | -0.83 (24.86) | (-2.26, | 0.61) | 0.00 | (-100.0, | 100.0) | 1147 | -2.07 (26.49) | (-3.60, | -0.53) | 0.00 | (-100.0, | 100.0) |
| Visit 14 | 521 | -1.18 (24.07) | (-3.26, | 0.89) | 0.00 | (-100.0, | 75.0) | 511 | -4.08 (24.67) | (-6.22, | -1.93) | 0.00 | (-93.8, | 100.0) |
| Visit 17 | 8 | -1.56 (17.60) | (-16.28, | 13.15) | -3.13 | (-25.0, | 31.3) | 6 | -4.17 (19.23) | (-24.35, | 16.01) | 0.00 | (-37.5, | 18.8) |
| Last On-Treatment | 2096 | -0.16 (26.44) | (-1.30, | 0.97) | 0.00 | (-100.0, | 100.0) | 2074 | -0.69 (26.58) | (-1.83, | 0.46) | 0.00 | (-100.0, | 100.0) |
| Premature | 71 | -8.89 (24.77) | (-14.75, | -3.03) | 0.00 | (-75.0, | 56.3) | 82 | -8.61 (25.90) | (-14.30, | -2.92) | 0.00 | (-75.0, | 50.0) |
| Discontinuation | | | | | | | | | | | | | | |
| End Of Study Visit | 1819 | -0.43 (26.29) | (-1.64, | 0.78) | 0.00 | (-100.0, | 100.0) | 1758 | -1.44 (27.35) | (-2.72, | -0.16) | 0.00 | (-100.0, | 100.0) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: Burden of Kidney Disease uses items 13 to 16 of the KDQoL-36.

Figure B3.2.4: KDQoL-36 - Time Profile Curve of Burden of Kidney Disease
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

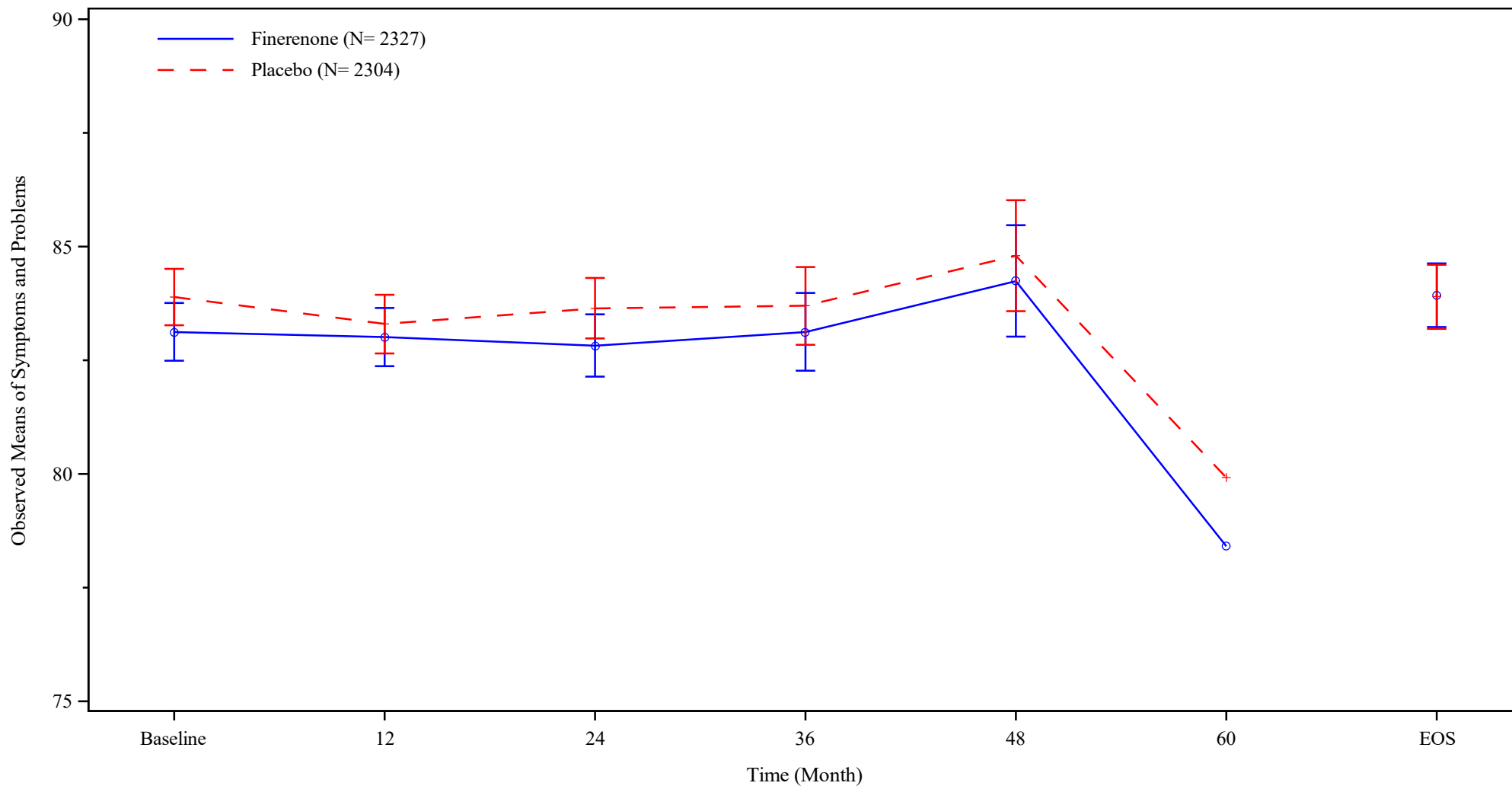
Table B3.2.5: KDQoL-36 - Observed Means and Change from Baseline of Symptoms and Problems - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=2327) | | | | | Placebo (N=2304) | | | | | | | | |
|----------------------|---------------------|----------------|-----------|--------|----------------------|------------------|----------|--------|----------------|----------------------|--------|-------|----------|--------|
| | n | Mean(SD) | 95% CI | | Median (Min, Max) | n | Mean(SD) | 95% CI | | Median (Min, Max) | | | | |
| Observed Value | | | | | | | | | | | | | | |
| Visit 1 | 2303 | 83.12 (15.55) | (82.49, | 83.76) | 86.36 | (0.0, | 100.0) | 2261 | 83.89(15.03) | (83.27, | 84.51) | 88.64 | (18.2, | 100.0) |
| Baseline | 2303 | 83.12 (15.55) | (82.49, | 83.76) | 86.36 | (0.0, | 100.0) | 2261 | 83.89 (15.03) | (83.27, | 84.51) | 88.64 | (18.2, | 100.0) |
| Visit 5 | 2138 | 83.01 (15.11) | (82.37, | 83.65) | 86.36 | (0.0, | 100.0) | 2130 | 83.30 (15.18) | (82.65, | 83.94) | 86.36 | (6.8, | 100.0) |
| Visit 8 | 1934 | 82.82 (15.33) | (82.14, | 83.51) | 86.36 | (9.1, | 100.0) | 1895 | 83.64 (14.71) | (82.98, | 84.31) | 86.36 | (0.0, | 100.0) |
| Visit 11 | 1174 | 83.12 (14.95) | (82.27, | 83.98) | 86.36 | (4.5, | 100.0) | 1163 | 83.70 (14.87) | (82.84, | 84.55) | 86.36 | (0.0, | 100.0) |
| Visit 14 | 524 | 84.24 (14.27) | (83.02, | 85.47) | 88.64 | (25.0, | 100.0) | 518 | 84.80 (14.17) | (83.58, | 86.02) | 88.64 | (27.3, | 100.0) |
| Visit 17 | 8 | 78.41 (21.63) | (60.33, | 96.49) | 81.82 | (36.4, | 100.0) | 6 | 79.92 (16.42) | (62.70, | 97.15) | 82.95 | (54.5, | 100.0) |
| Last On-Treatment | 2115 | 83.38 (15.25) | (82.73, | 84.03) | 88.64 | (0.0, | 100.0) | 2106 | 83.57 (15.28) | (82.92, | 84.22) | 86.36 | (0.0, | 100.0) |
| Premature | 72 | 80.81 (15.71) | (77.12, | 84.51) | 84.09 | (31.8, | 100.0) | 83 | 79.08 (16.30) | (75.52, | 82.64) | 81.82 | (25.0, | 100.0) |
| Discontinuation | | | | | | | | | | | | | | |
| End Of Study Visit | 1836 | 83.93 (15.29) | (83.23, | 84.63) | 88.64 | (0.0, | 100.0) | 1787 | 83.90 (15.24) | (83.19, | 84.60) | 88.64 | (0.0, | 100.0) |
| Change from Baseline | | | | | | | | | | | | | | |
| Visit 5 | 2126 | -0.20 (11.98) | (-0.71, | 0.31) | 0.00 | (-77.3, | 70.5) | 2106 | -0.74 (11.78) | (-1.24, | -0.24) | 0.00 | (-81.8, | 72.7) |
| Visit 8 | 1920 | -0.50 (13.52) | (-1.10, | 0.11) | 0.00 | (-72.7, | 77.3) | 1875 | -0.47 (12.72) | (-1.05, | 0.11) | 0.00 | (-79.5, | 61.4) |
| Visit 11 | 1162 | -1.04 (13.54) | (-1.82, | -0.26) | 0.00 | (-84.1, | 70.5) | 1150 | -1.35 (13.25) | (-2.12, | -0.59) | 0.00 | (-95.5, | 72.7) |
| Visit 14 | 522 | -1.26 (12.74) | (-2.35, | -0.16) | 0.00 | (-59.1, | 61.4) | 513 | -2.19 (11.77) | (-3.21, | -1.17) | 0.00 | (-65.9, | 47.7) |
| Visit 17 | 8 | -7.10 (12.36) | (-17.43, | 3.23) | -3.41 | (-34.1, | 2.3) | 6 | -6.82 (6.27) | (-13.39, | -0.24) | -4.55 | (-18.2, | 0.0) |
| Last On-Treatment | 2099 | 0.12 (14.10) | (-0.48, | 0.73) | 0.00 | (-84.1, | 84.1) | 2079 | -0.62 (13.66) | (-1.21, | -0.04) | 0.00 | (-77.3, | 72.7) |
| Premature | 71 | -4.06 (15.16) | (-7.65, | -0.47) | -4.55 | (-45.5, | 79.5) | 82 | -5.36 (11.42) | (-7.87, | -2.85) | -2.27 | (-34.1, | 20.5) |
| Discontinuation | | | | | | | | | | | | | | |
| End Of Study Visit | 1824 | 0.38 (14.15) | (-0.27, | 1.03) | 0.00 | (-84.1, | 77.3) | 1764 | -0.26 (14.02) | (-0.92, | 0.39) | 0.00 | (-77.3, | 59.1) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: Symptoms and Problems uses items 17 to 28 b of the KDQoL-36.

Figure B3.2.5: KDQoL-36 - Time Profile Curve of Symptoms and Problems
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

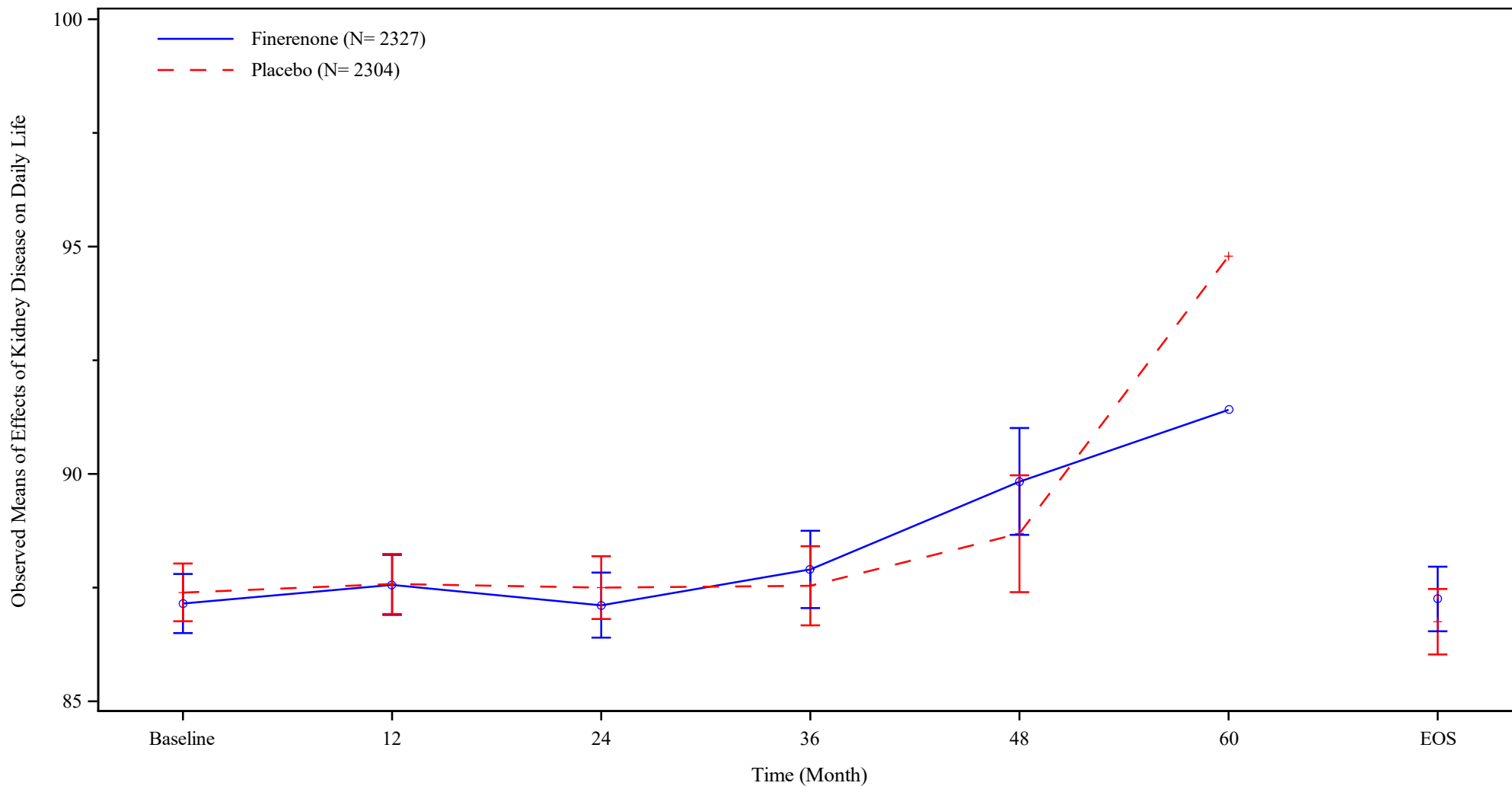
Table B3.2.6: KDQoL-36 - Observed Means and Change from Baseline of Effects of Kidney Disease on Daily Life - Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Analysis Visit | Finerenone (N=2327) | | | | | Placebo (N=2304) | | | | |
|----------------------|---------------------|----------------|------------------|--------|----------------|------------------|----------------|------------------|--------|----------------|
| | n | Mean(SD) | 95% CI | Median | (Min, Max) | n | Mean(SD) | 95% CI | Median | (Min, Max) |
| Observed Value | | | | | | | | | | |
| Visit 1 | 2294 | 87.15 (15.86) | (86.50, 87.80) | 93.75 | (0.0, 100.0) | 2256 | 87.39 (15.40) | (86.76, 88.03) | 93.75 | (0.0, 100.0) |
| Baseline | 2294 | 87.15 (15.86) | (86.50, 87.80) | 93.75 | (0.0, 100.0) | 2256 | 87.39 (15.40) | (86.76, 88.03) | 93.75 | (0.0, 100.0) |
| Visit 5 | 2135 | 87.56 (15.60) | (86.90, 88.22) | 93.75 | (0.0, 100.0) | 2132 | 87.58 (15.53) | (86.92, 88.24) | 93.75 | (0.0, 100.0) |
| Visit 8 | 1933 | 87.11 (16.06) | (86.40, 87.83) | 93.75 | (0.0, 100.0) | 1890 | 87.50 (15.24) | (86.81, 88.19) | 93.75 | (0.0, 100.0) |
| Visit 11 | 1173 | 87.90 (14.84) | (87.05, 88.75) | 93.75 | (0.0, 100.0) | 1159 | 87.54 (15.06) | (86.67, 88.41) | 93.75 | (9.4, 100.0) |
| Visit 14 | 525 | 89.83 (13.70) | (88.66, 91.01) | 96.88 | (3.1, 100.0) | 516 | 88.69 (14.88) | (87.40, 89.97) | 93.75 | (6.3, 100.0) |
| Visit 17 | 8 | 91.41 (13.44) | (80.17, 102.64) | 98.44 | (65.6, 100.0) | 6 | 94.79 (7.57) | (86.85, 102.73) | 98.44 | (81.3, 100.0) |
| Last On-Treatment | 2114 | 87.31 (15.30) | (86.66, 87.96) | 93.75 | (0.0, 100.0) | 2105 | 86.68 (15.77) | (86.01, 87.36) | 93.75 | (0.0, 100.0) |
| Premature | 72 | 83.94 (18.60) | (79.57, 88.31) | 93.75 | (25.0, 100.0) | 83 | 85.39 (18.86) | (81.27, 89.51) | 93.75 | (3.1, 100.0) |
| Discontinuation | | | | | | | | | | |
| End Of Study Visit | 1834 | 87.25 (15.40) | (86.54, 87.96) | 93.75 | (3.1, 100.0) | 1781 | 86.75 (15.47) | (86.03, 87.47) | 93.75 | (0.0, 100.0) |
| Change from Baseline | | | | | | | | | | |
| Visit 5 | 2116 | 0.26 (14.22) | (-0.34, 0.87) | 0.00 | (-100.0, 96.9) | 2104 | 0.03 (13.51) | (-0.55, 0.61) | 0.00 | (-87.5, 87.5) |
| Visit 8 | 1911 | -0.12 (15.22) | (-0.80, 0.57) | 0.00 | (-100.0, 90.6) | 1866 | -0.17 (14.19) | (-0.81, 0.47) | 0.00 | (-100.0, 87.5) |
| Visit 11 | 1158 | -0.20 (13.90) | (-1.00, 0.60) | 0.00 | (-81.3, 93.8) | 1145 | -1.10 (15.24) | (-1.99, -0.22) | 0.00 | (-81.3, 87.5) |
| Visit 14 | 520 | -0.87 (14.16) | (-2.09, 0.35) | 0.00 | (-93.8, 59.4) | 510 | -2.18 (13.71) | (-3.37, -0.99) | 0.00 | (-68.8, 46.9) |
| Visit 17 | 8 | 5.08 (34.80) | (-24.01, 34.17) | 0.00 | (-25.0, 87.5) | 6 | 0.00 (9.48) | (-9.95, 9.95) | 0.00 | (-15.6, 12.5) |
| Last On-Treatment | 2091 | 0.00 (15.01) | (-0.64, 0.65) | 0.00 | (-96.9, 87.5) | 2074 | -0.95 (15.68) | (-1.62, -0.27) | 0.00 | (-100.0, 87.5) |
| Premature | 71 | -6.03 (14.65) | (-9.50, -2.56) | 0.00 | (-53.1, 21.9) | 82 | -3.87 (16.70) | (-7.54, -0.20) | 0.00 | (-78.1, 25.0) |
| Discontinuation | | | | | | | | | | |
| End Of Study Visit | 1814 | -0.29 (15.17) | (-0.99, 0.41) | 0.00 | (-96.9, 87.5) | 1754 | -0.91 (15.53) | (-1.63, -0.18) | 0.00 | (-100.0, 78.1) |

Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, Max=Maximum, Min=Minimum, N=number of patients, n=number of patients with non-missing values at specified time point, SD=standard deviation.

Note: Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQoL-36.

Figure B3.2.6: KDQoL-36 - Time Profile Curve of Effects of Kidney Disease on Daily Life
 Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: eGFR=estimated glomerular filtration rate, EOS=End of Study, KDQoL=Kidney Disease Quality of Life, N=number of patients.
 Note: Mean and 95% confidence interval limits are shown. Confidence limits are only shown for timepoints with n>10 per treatment group.

Table B3.3.1: EQ-5D VAS - Summary and MMRM of Change from Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=2327) | | | Placebo (N=2304) | | | Finerenone-Placebo | | |
|-----------|---------------------|----------|---------------------------|------------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 2127 | 0.71 | [0.15 , 1.26] | 2108 | -0.29 | [-0.87 , 0.28] | 1.00 | [0.20 , 1.80] | 0.0143 |
| Visit 8 | 1919 | -0.02 | [-0.61 , 0.57] | 1872 | -0.93 | [-1.56 , -0.31] | 0.91 | [0.05 , 1.77] | 0.0381 |
| Visit 11 | 1160 | -0.37 | [-1.14 , 0.39] | 1146 | -1.06 | [-1.82 , -0.29] | 0.68 | [-0.39 , 1.76] | 0.2140 |
| Visit 14 | 521 | -1.42 | [-2.53 , -0.31] | 511 | -2.54 | [-3.63 , -1.45] | 1.12 | [-0.42 , 2.66] | 0.1541 |
| Overall | 2151 | 0.43 | [-0.26 , 1.12] | 2133 | 0.41 | [-0.30 , 1.12] | 0.02 | [-0.72 , 0.77] | 0.9555 |
| Hedges' g | | | | | | | 0.00 | [-0.06 , 0.06] | 0.9665 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects, VAS=Visual Analogue Scale.
Note: MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate. Separate unstructured covariance patterns are estimated for each treatment group.

Table B3.3.2: KDQoL-36 - Summary and MMRM of Change from Baseline of Physical Component Summary
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=2327) | | | Placebo (N=2304) | | | Finerenone-Placebo | | |
|-----------|---------------------|----------|---------------------------|------------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 2107 | -0.23 | [-0.55, 0.09] | 2095 | -0.44 | [-0.76, -0.12] | 0.21 | [-0.24, 0.67] | 0.3573 |
| Visit 8 | 1903 | -0.85 | [-1.20, -0.49] | 1857 | -0.74 | [-1.09, -0.38] | -0.11 | [-0.61, 0.39] | 0.6622 |
| Visit 11 | 1148 | -1.26 | [-1.70, -0.81] | 1137 | -1.84 | [-2.29, -1.39] | 0.58 | [-0.05, 1.21] | 0.0707 |
| Visit 14 | 516 | -1.81 | [-2.44, -1.17] | 509 | -2.47 | [-3.10, -1.83] | 0.66 | [-0.23, 1.54] | 0.1463 |
| Overall | 2137 | -1.25 | [-1.66, -0.84] | 2122 | -1.24 | [-1.66, -0.82] | -0.01 | [-0.45, 0.43] | 0.9636 |
| Hedges' g | | | | | | | 0.00 | [-0.06, 0.06] | 0.9725 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate. Separate unstructured covariance patterns are estimated for each treatment group. The Physical Component Summary uses items 1 to 12 of the KDQOL-36.

Table B3.3.3: KDQoL-36 - Summary and MMRM of Change from Baseline of Mental Component Summary
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=2327) | | | Placebo (N=2304) | | | Finerenone-Placebo | | |
|-----------|---------------------|----------|---------------------------|------------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 2107 | -0.42 | [-0.78 , -0.07] | 2095 | -0.63 | [-1.00 , -0.25] | 0.20 | [-0.31 , 0.71] | 0.4417 |
| Visit 8 | 1903 | -0.84 | [-1.23 , -0.45] | 1857 | -1.03 | [-1.44 , -0.62] | 0.19 | [-0.38 , 0.75] | 0.5144 |
| Visit 11 | 1148 | -1.39 | [-1.87 , -0.91] | 1137 | -0.98 | [-1.47 , -0.49] | -0.41 | [-1.09 , 0.27] | 0.2361 |
| Visit 14 | 516 | -0.99 | [-1.67 , -0.31] | 509 | -1.35 | [-2.00 , -0.69] | 0.36 | [-0.58 , 1.29] | 0.4529 |
| Overall | 2137 | -0.37 | [-0.81 , 0.06] | 2122 | -0.32 | [-0.76 , 0.13] | -0.06 | [-0.53 , 0.41] | 0.8038 |
| Hedges' g | | | | | | | -0.01 | [-0.07 , 0.05] | 0.8524 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.
Separate unstructured covariance patterns are estimated for each treatment group.
The Mental Component Summary uses items 1 to 12 of the KDQOL-36.

Table B3.3.4: KDQoL-36 - Summary and MMRM of Change from Baseline of Burden of Kidney Disease
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=2327) | | | Placebo (N=2304) | | | Finerenone-Placebo | | |
|-----------|---------------------|----------|---------------------------|------------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 2122 | 1.13 | [0.23 , 2.04] | 2100 | 0.22 | [-0.70 , 1.13] | 0.92 | [-0.37 , 2.21] | 0.1631 |
| Visit 8 | 1915 | -0.39 | [-1.34 , 0.55] | 1869 | 0.20 | [-0.76 , 1.16] | -0.59 | [-1.94 , 0.76] | 0.3900 |
| Visit 11 | 1158 | -0.85 | [-2.02 , 0.31] | 1147 | -2.12 | [-3.30 , -0.94] | 1.27 | [-0.38 , 2.92] | 0.1314 |
| Visit 14 | 521 | -1.62 | [-3.29 , 0.06] | 511 | -4.55 | [-6.26 , -2.84] | 2.94 | [0.56 , 5.31] | 0.0153 |
| Overall | 2148 | 1.47 | [0.38 , 2.55] | 2128 | 0.95 | [-0.15 , 2.05] | 0.51 | [-0.63 , 1.66] | 0.3810 |
| Hedges' g | | | | | | | 0.02 | [-0.04 , 0.08] | 0.5150 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.
Separate Toeplitz covariance patterns are estimated for each treatment group.
Burden of Kidney Disease uses items 13 to 16 of the KDQOL-36.

Table B3.3.5: KDQoL-36 - Summary and MMRM of Change from Baseline of Symptoms and Problems
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=2327) | | | Placebo (N=2304) | | | Finerenone-Placebo | | |
|-----------|---------------------|----------|---------------------------|------------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 2126 | -0.22 | [-0.69 , 0.24] | 2106 | -0.76 | [-1.23 , -0.30] | 0.54 | [-0.12 , 1.20] | 0.1090 |
| Visit 8 | 1920 | -0.57 | [-1.11 , -0.04] | 1875 | -0.56 | [-1.08 , -0.05] | -0.01 | [-0.75 , 0.73] | 0.9782 |
| Visit 11 | 1162 | -1.08 | [-1.75 , -0.40] | 1150 | -1.41 | [-2.06 , -0.76] | 0.33 | [-0.60 , 1.27] | 0.4815 |
| Visit 14 | 522 | -1.26 | [-2.16 , -0.35] | 513 | -2.05 | [-2.87 , -1.23] | 0.80 | [-0.41 , 2.00] | 0.1956 |
| Overall | 2151 | -1.01 | [-1.61 , -0.42] | 2133 | -1.04 | [-1.63 , -0.44] | 0.02 | [-0.61 , 0.65] | 0.9440 |
| Hedges' g | | | | | | | 0.00 | [-0.06 , 0.06] | 0.9580 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate. Separate unstructured covariance patterns are estimated for each treatment group. Symptoms and Problems uses items 17 to 28 b of the KDQOL-36.

Table B3.3.6: KDQoL-36 - Summary and MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| Visit | Finerenone (N=2327) | | | Placebo (N=2304) | | | Finerenone-Placebo | | |
|-----------|---------------------|----------|---------------------------|------------------|----------|---------------------------|------------------------------|-----------------------------|---------|
| | N | LS-Means | 95% CI for LS-Means | N | LS-Means | 95% CI for LS-Means | Difference of LS-Means | 95% CI for Difference | p-value |
| Visit 5 | 2116 | 0.27 | [-0.26 , 0.81] | 2104 | 0.01 | [-0.52 , 0.53] | 0.27 | [-0.48 , 1.01] | 0.4837 |
| Visit 8 | 1911 | -0.22 | [-0.82 , 0.37] | 1866 | -0.29 | [-0.85 , 0.27] | 0.07 | [-0.75 , 0.89] | 0.8697 |
| Visit 11 | 1158 | -0.40 | [-1.07 , 0.26] | 1145 | -1.27 | [-2.01 , -0.54] | 0.87 | [-0.11 , 1.85] | 0.0828 |
| Visit 14 | 520 | -1.16 | [-2.13 , -0.20] | 510 | -2.98 | [-3.95 , -2.01] | 1.81 | [0.46 , 3.17] | 0.0086 |
| Overall | 2143 | 0.46 | [-0.18 , 1.10] | 2128 | -0.05 | [-0.72 , 0.61] | 0.52 | [-0.17 , 1.20] | 0.1394 |
| Hedges' g | | | | | | | 0.03 | [-0.03 , 0.09] | 0.2710 |

Convergence Status of MMRM:
Convergence criteria met.

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LS=least squares, MMRM=Mixed Model Repeated Measures, N=number of subjects.

Note: MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.
Separate unstructured covariance patterns are estimated for each treatment group.
Effects of Kidney Disease on Daily Life uses items 29 to 36 of the KDQOL-36.

Table B3.4.1: EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Worsening of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 707 (30.4%) | 704 (30.6%) | 1411 (30.5%) |
| Number of subjects without events | | 1620 (69.6%) | 1600 (69.4%) | 3220 (69.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.991 [0.875, 1.124] | | | |
| p-value | 0.8933 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.994 [0.911, 1.084] | | | |
| p-value | 0.8903 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.028, 0.025] | | | |
| p-value | 0.8996 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, VAS=Visual Analogue Scale.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.2: EQ-5D VAS - Effect Measures of Proportion of Subjects with at least one Improvement of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 607 (26.1%) | 584 (25.3%) | 1191 (25.7%) |
| Number of subjects without events | | 1720 (73.9%) | 1720 (74.7%) | 3440 (74.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.037 [0.909, 1.183] | | | |
| p-value | 0.5878 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.026 [0.931, 1.132] | | | |
| p-value | 0.6017 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.007 [-0.018, 0.033] | | | |
| p-value | 0.5599 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, VAS=Visual Analogue Scale.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.3: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 786 (33.8%) | 753 (32.7%) | 1539 (33.2%) |
| Number of subjects without events | | 1541 (66.2%) | 1551 (67.3%) | 3092 (66.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.049 [0.928, 1.186] | | | |
| p-value | 0.4441 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.033 [0.952, 1.120] | | | |
| p-value | 0.4381 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.010 [-0.017, 0.037] | | | |
| p-value | 0.4778 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.4: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 758 (32.6%) | 782 (33.9%) | 1540 (33.3%) |
| Number of subjects without events | | 1569 (67.4%) | 1522 (66.1%) | 3091 (66.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.939 [0.831, 1.062] | | | |
| p-value | 0.3171 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.958 [0.883, 1.039] | | | |
| p-value | 0.3004 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.013 [-0.040, 0.014] | | | |
| p-value | 0.3414 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.5: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 861 (37.0%) | 861 (37.4%) | 1722 (37.2%) |
| Number of subjects without events | | 1466 (63.0%) | 1443 (62.6%) | 2909 (62.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.984 [0.873, 1.109] | | | |
| p-value | 0.7885 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.989 [0.918, 1.065] | | | |
| p-value | 0.7643 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.032, 0.024] | | | |
| p-value | 0.7861 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.6: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 479 (20.6%) | 449 (19.5%) | 928 (20.0%) |
| Number of subjects without events | | 1848 (79.4%) | 1855 (80.5%) | 3703 (80.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.069 [0.925, 1.235] | | | |
| p-value | 0.3677 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.053 [0.939, 1.181] | | | |
| p-value | 0.3804 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.011 [-0.012, 0.034] | | | |
| p-value | 0.3466 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.7: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 514 (22.1%) | 577 (25.0%) | 1091 (23.6%) |
| Number of subjects without events | | 1813 (77.9%) | 1727 (75.0%) | 3540 (76.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.847 [0.739, 0.970] | | | |
| p-value | 0.0168 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.880 [0.793, 0.976] | | | |
| p-value | 0.0155 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.029 [-0.053, -0.005] | | | |
| p-value | 0.0201 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.8: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 560 (24.1%) | 513 (22.3%) | 1073 (23.2%) |
| Number of subjects without events | | 1767 (75.9%) | 1791 (77.7%) | 3558 (76.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.106 [0.964, 1.268] | | | |
| p-value | 0.1498 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.078 [0.971, 1.197] | | | |
| p-value | 0.1596 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.019 [-0.006, 0.043] | | | |
| p-value | 0.1337 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.9: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 510 (21.9%) | 488 (21.2%) | 998 (21.6%) |
| Number of subjects without events | | 1817 (78.1%) | 1816 (78.8%) | 3633 (78.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.046 [0.909, 1.203] | | | |
| p-value | 0.5323 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.038 [0.930, 1.158] | | | |
| p-value | 0.5074 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.017, 0.030] | | | |
| p-value | 0.5920 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.10: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 698 (30.0%) | 693 (30.1%) | 1391 (30.0%) |
| Number of subjects without events | | 1629 (70.0%) | 1611 (69.9%) | 3240 (70.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.998 [0.880, 1.132] | | | |
| p-value | 0.9779 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.997 [0.913, 1.088] | | | |
| p-value | 0.9427 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.026, 0.027] | | | |
| p-value | 0.9757 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.11: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 346 (14.9%) | 285 (12.4%) | 631 (13.6%) |
| Number of subjects without events | | 1981 (85.1%) | 2019 (87.6%) | 4000 (86.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.239 [1.047, 1.468] | | | |
| p-value | 0.0128 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.205 [1.042, 1.393] | | | |
| p-value | 0.0121 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.024 [0.005, 0.044] | | | |
| p-value | 0.0140 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

Table B3.4.12: KDQoL-36 - Effect Measures of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2327) | Placebo (N=2304) | Total (N=4631) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2327 (100.0%) | 2304 (100.0%) | 4631 (100.0%) |
| Number of subjects with events | | 380 (16.3%) | 367 (15.9%) | 747 (16.1%) |
| Number of subjects without events | | 1947 (83.7%) | 1937 (84.1%) | 3884 (83.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.032 [0.882, 1.208] | | | |
| p-value | 0.6920 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.028 [0.902, 1.172] | | | |
| p-value | 0.6742 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.004 [-0.017, 0.025] | | | |
| p-value | 0.7031 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk.

Note: Results shown in the second column based on GLMs with factors treatment group, region, type of albuminuria at screening, CVD history.

The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented. * = model had convergence issues.

Analysis is based on all post-baseline assessments available for this parameter.

| | | |
|---------------|--|-----|
| Table B2.0.1 | Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 4 |
| Table B2.0.2 | Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 52 |
| Table B2.0.3 | Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 69 |
| Table B2.0.4 | Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 81 |
| Table B2.0.5 | Summary of Treatment Duration - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2 | 85 |
| Table B2.1.1 | Effect Measures of Proportion of Subjects with TEAEs | 86 |
| Table B2.1.2 | Effect Measures of Proportion of Subjects with TEAEs Excluding Progression-Related Events | 87 |
| Table B2.1.3 | Effect Measures of Proportion of Subjects with TESAEs | 88 |
| Table B2.1.4 | Effect Measures of Proportion of Subjects with TESAEs Excluding Progression-Related Events | 89 |
| Table B2.1.5 | Effect Measures of Proportion of Subjects with Severe TEAEs | 90 |
| Table B2.1.6 | Effect Measures of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events | 91 |
| Table B2.1.7 | Effect Measures of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug | 92 |
| Table B2.1.8 | Effect Measures of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) | 93 |
| Table B2.1.9 | Effect Measures of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) | 94 |
| Table B2.1.10 | Effect Measures of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 95 |
| Table B2.1.11 | Effect Measures of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) | 96 |
| Table B2.1.12 | Effect Measures of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) | 97 |
| Table B2.1.13 | Effect Measures of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) | 98 |
| Table B2.1.14 | Effect Measures of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) | 99 |
| Table B2.1.15 | Effect Measures of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) | 100 |
| Table B2.1.16 | Effect Measures of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) | 101 |
| Table B2.1.17 | Effect Measures of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) | 102 |
| Table B2.1.18 | Effect Measures of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) | 103 |
| Table B2.1.19 | Effect Measures of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) | 104 |
| Table B2.1.20 | Effect Measures of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) | 105 |
| Table B2.1.21 | Effect Measures of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) | 106 |
| Table B2.1.22 | Effect Measures of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 107 |
| Table B2.1.23 | Effect Measures of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) | 108 |
| Table B2.1.24 | Effect Measures of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) | 109 |
| Table B2.1.25 | Effect Measures of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) | 110 |
| Table B2.1.26 | Effect Measures of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) | 111 |
| Table B2.1.27 | Effect Measures of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) | 112 |
| Table B2.1.28 | Effect Measures of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) | 113 |
| Table B2.1.29 | Effect Measures of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) | 114 |
| Table B2.1.30 | Effect Measures of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) | 115 |
| Table B2.1.31 | Effect Measures of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) | 116 |
| Table B2.1.32 | Effect Measures of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) | 117 |
| Table B2.1.33 | Effect Measures of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) | 118 |
| Table B2.1.34 | Effect Measures of Proportion of Subjects with TEAEs - Toothache (PT with Incidence >=1%) | 119 |
| Table B2.1.35 | Effect Measures of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) | 120 |
| Table B2.1.36 | Effect Measures of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 121 |
| Table B2.1.37 | Effect Measures of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) | 122 |
| Table B2.1.38 | Effect Measures of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) | 123 |
| Table B2.1.39 | Effect Measures of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) | 124 |
| Table B2.1.40 | Effect Measures of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) | 125 |
| Table B2.1.41 | Effect Measures of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) | 126 |
| Table B2.1.42 | Effect Measures of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) | 127 |
| Table B2.1.43 | Effect Measures of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 128 |
| Table B2.1.44 | Effect Measures of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) | 129 |
| Table B2.1.45 | Effect Measures of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) | 130 |
| Table B2.1.46 | Effect Measures of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) | 131 |
| Table B2.1.47 | Effect Measures of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 132 |
| Table B2.1.48 | Effect Measures of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) | 133 |
| Table B2.1.49 | Effect Measures of Proportion of Subjects with TEAEs - COVID-19 (PT with Incidence >=1%) | 134 |
| Table B2.1.50 | Effect Measures of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) | 135 |
| Table B2.1.51 | Effect Measures of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) | 136 |
| Table B2.1.52 | Effect Measures of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) | 137 |
| Table B2.1.53 | Effect Measures of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) | 138 |
| Table B2.1.54 | Effect Measures of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) | 139 |
| Table B2.1.55 | Effect Measures of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) | 140 |
| Table B2.1.56 | Effect Measures of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) | 141 |
| Table B2.1.57 | Effect Measures of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) | 142 |
| Table B2.1.58 | Effect Measures of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) | 143 |
| Table B2.1.59 | Effect Measures of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) | 144 |
| Table B2.1.60 | Effect Measures of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) | 145 |
| Table B2.1.61 | Effect Measures of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) | 146 |

| | | | |
|----------------|--|---|-----|
| Table B2.1.62 | Effect Measures of Proportion of Subjects with TEAEs | - Urinary tract infection (PT with Incidence >=1%) | 147 |
| Table B2.1.63 | Effect Measures of Proportion of Subjects with TEAEs | - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 148 |
| Table B2.1.64 | Effect Measures of Proportion of Subjects with TEAEs | - Contusion (PT with Incidence >=1%) | 149 |
| Table B2.1.65 | Effect Measures of Proportion of Subjects with TEAEs | - Fall (PT with Incidence >=1%) | 150 |
| Table B2.1.66 | Effect Measures of Proportion of Subjects with TEAEs | - Ligament sprain (PT with Incidence >=1%) | 151 |
| Table B2.1.67 | Effect Measures of Proportion of Subjects with TEAEs | - Limb injury (PT with Incidence >=1%) | 152 |
| Table B2.1.68 | Effect Measures of Proportion of Subjects with TEAEs | - Investigations (SOC with Incidence >=1%) | 153 |
| Table B2.1.69 | Effect Measures of Proportion of Subjects with TEAEs | - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 154 |
| Table B2.1.70 | Effect Measures of Proportion of Subjects with TEAEs | - Blood creatinine increased (PT with Incidence >=1%) | 155 |
| Table B2.1.71 | Effect Measures of Proportion of Subjects with TEAEs | - Blood potassium increased (PT with Incidence >=1%) | 156 |
| Table B2.1.72 | Effect Measures of Proportion of Subjects with TEAEs | - Blood pressure increased (PT with Incidence >=1%) | 157 |
| Table B2.1.73 | Effect Measures of Proportion of Subjects with TEAEs | - C-reactive protein increased (PT with Incidence >=1%) | 158 |
| Table B2.1.74 | Effect Measures of Proportion of Subjects with TEAEs | - Gamma-glutamyltransferase increased (PT with Incidence >=1%) | 159 |
| Table B2.1.75 | Effect Measures of Proportion of Subjects with TEAEs | - Glomerular filtration rate decreased (PT with Incidence >=1%) | 160 |
| Table B2.1.76 | Effect Measures of Proportion of Subjects with TEAEs | - Glycosylated haemoglobin increased (PT with Incidence >=1%) | 161 |
| Table B2.1.77 | Effect Measures of Proportion of Subjects with TEAEs | - Weight decreased (PT with Incidence >=1%) | 162 |
| Table B2.1.78 | Effect Measures of Proportion of Subjects with TEAEs | - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 163 |
| Table B2.1.79 | Effect Measures of Proportion of Subjects with TEAEs | - Diabetes mellitus (PT with Incidence >=1%) | 164 |
| Table B2.1.80 | Effect Measures of Proportion of Subjects with TEAEs | - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 165 |
| Table B2.1.81 | Effect Measures of Proportion of Subjects with TEAEs | - Diabetic metabolic decompensation (PT with Incidence >=1%) | 166 |
| Table B2.1.82 | Effect Measures of Proportion of Subjects with TEAEs | - Dyslipidaemia (PT with Incidence >=1%) | 167 |
| Table B2.1.83 | Effect Measures of Proportion of Subjects with TEAEs | - Gout (PT with Incidence >=1%) | 168 |
| Table B2.1.84 | Effect Measures of Proportion of Subjects with TEAEs | - Hyperglycaemia (PT with Incidence >=1%) | 169 |
| Table B2.1.85 | Effect Measures of Proportion of Subjects with TEAEs | - Hyperkalaemia (PT with Incidence >=1%) | 170 |
| Table B2.1.86 | Effect Measures of Proportion of Subjects with TEAEs | - Hyperlipidaemia (PT with Incidence >=1%) | 171 |
| Table B2.1.87 | Effect Measures of Proportion of Subjects with TEAEs | - Hypertriglyceridaemia (PT with Incidence >=1%) | 172 |
| Table B2.1.88 | Effect Measures of Proportion of Subjects with TEAEs | - Hyperuricaemia (PT with Incidence >=1%) | 173 |
| Table B2.1.89 | Effect Measures of Proportion of Subjects with TEAEs | - Hypoglycaemia (PT with Incidence >=1%) | 174 |
| Table B2.1.90 | Effect Measures of Proportion of Subjects with TEAEs | - Hypokalaemia (PT with Incidence >=1%) | 175 |
| Table B2.1.91 | Effect Measures of Proportion of Subjects with TEAEs | - Hyponatraemia (PT with Incidence >=1%) | 176 |
| Table B2.1.92 | Effect Measures of Proportion of Subjects with TEAEs | - Type 2 diabetes mellitus (PT with Incidence >=1%) | 177 |
| Table B2.1.93 | Effect Measures of Proportion of Subjects with TEAEs | - Vitamin D deficiency (PT with Incidence >=1%) | 178 |
| Table B2.1.94 | Effect Measures of Proportion of Subjects with TEAEs | - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 179 |
| Table B2.1.95 | Effect Measures of Proportion of Subjects with TEAEs | - Arthralgia (PT with Incidence >=1%) | 180 |
| Table B2.1.96 | Effect Measures of Proportion of Subjects with TEAEs | - Arthritis (PT with Incidence >=1%) | 181 |
| Table B2.1.97 | Effect Measures of Proportion of Subjects with TEAEs | - Back pain (PT with Incidence >=1%) | 182 |
| Table B2.1.98 | Effect Measures of Proportion of Subjects with TEAEs | - Intervertebral disc protrusion (PT with Incidence >=1%) | 183 |
| Table B2.1.99 | Effect Measures of Proportion of Subjects with TEAEs | - Muscle spasms (PT with Incidence >=1%) | 184 |
| Table B2.1.100 | Effect Measures of Proportion of Subjects with TEAEs | - Myalgia (PT with Incidence >=1%) | 185 |
| Table B2.1.101 | Effect Measures of Proportion of Subjects with TEAEs | - Neck pain (PT with Incidence >=1%) | 186 |
| Table B2.1.102 | Effect Measures of Proportion of Subjects with TEAEs | - Osteoarthritis (PT with Incidence >=1%) | 187 |
| Table B2.1.103 | Effect Measures of Proportion of Subjects with TEAEs | - Pain in extremity (PT with Incidence >=1%) | 188 |
| Table B2.1.104 | Effect Measures of Proportion of Subjects with TEAEs | - Rotator cuff syndrome (PT with Incidence >=1%) | 189 |
| Table B2.1.105 | Effect Measures of Proportion of Subjects with TEAEs | - Spinal osteoarthritis (PT with Incidence >=1%) | 190 |
| Table B2.1.106 | Effect Measures of Proportion of Subjects with TEAEs | - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 191 |
| Table B2.1.107 | Effect Measures of Proportion of Subjects with TEAEs | - Nervous System Disorders (SOC with Incidence >=1%) | 192 |
| Table B2.1.108 | Effect Measures of Proportion of Subjects with TEAEs | - Diabetic neuropathy (PT with Incidence >=1%) | 193 |
| Table B2.1.109 | Effect Measures of Proportion of Subjects with TEAEs | - Dizziness (PT with Incidence >=1%) | 194 |
| Table B2.1.110 | Effect Measures of Proportion of Subjects with TEAEs | - Headache (PT with Incidence >=1%) | 195 |
| Table B2.1.111 | Effect Measures of Proportion of Subjects with TEAEs | - Hypoaesthesia (PT with Incidence >=1%) | 196 |
| Table B2.1.112 | Effect Measures of Proportion of Subjects with TEAEs | - Sciatica (PT with Incidence >=1%) | 197 |
| Table B2.1.113 | Effect Measures of Proportion of Subjects with TEAEs | - Psychiatric Disorders (SOC with Incidence >=1%) | 198 |
| Table B2.1.114 | Effect Measures of Proportion of Subjects with TEAEs | - Anxiety (PT with Incidence >=1%) | 199 |
| Table B2.1.115 | Effect Measures of Proportion of Subjects with TEAEs | - Depression (PT with Incidence >=1%) | 200 |
| Table B2.1.116 | Effect Measures of Proportion of Subjects with TEAEs | - Insomnia (PT with Incidence >=1%) | 201 |
| Table B2.1.117 | Effect Measures of Proportion of Subjects with TEAEs | - Renal And Urinary Disorders (SOC with Incidence >=1%) | 202 |
| Table B2.1.118 | Effect Measures of Proportion of Subjects with TEAEs | - Acute kidney injury (PT with Incidence >=1%) | 203 |
| Table B2.1.119 | Effect Measures of Proportion of Subjects with TEAEs | - Diabetic nephropathy (PT with Incidence >=1%) | 204 |
| Table B2.1.120 | Effect Measures of Proportion of Subjects with TEAEs | - Dysuria (PT with Incidence >=1%) | 205 |
| Table B2.1.121 | Effect Measures of Proportion of Subjects with TEAEs | - Haematuria (PT with Incidence >=1%) | 206 |
| Table B2.1.122 | Effect Measures of Proportion of Subjects with TEAEs | - Nephrolithiasis (PT with Incidence >=1%) | 207 |
| Table B2.1.123 | Effect Measures of Proportion of Subjects with TEAEs | - Renal cyst (PT with Incidence >=1%) | 208 |
| Table B2.1.124 | Effect Measures of Proportion of Subjects with TEAEs | - Renal impairment (PT with Incidence >=1%) | 209 |
| Table B2.1.125 | Effect Measures of Proportion of Subjects with TEAEs | - Reproductive System And Breast Disorders (SOC with Incidence >=1%) | 210 |
| Table B2.1.126 | Effect Measures of Proportion of Subjects with TEAEs | - Benign prostatic hyperplasia (PT with Incidence >=1%) | 211 |
| Table B2.1.127 | Effect Measures of Proportion of Subjects with TEAEs | - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 212 |
| Table B2.1.128 | Effect Measures of Proportion of Subjects with TEAEs | - Chronic obstructive pulmonary disease (PT with Incidence >=1%) | 213 |

| | | |
|----------------|---|-----|
| Table B2.1.129 | Effect Measures of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) | 214 |
| Table B2.1.130 | Effect Measures of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) | 215 |
| Table B2.1.131 | Effect Measures of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) | 216 |
| Table B2.1.132 | Effect Measures of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) | 217 |
| Table B2.1.133 | Effect Measures of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 218 |
| Table B2.1.134 | Effect Measures of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) | 219 |
| Table B2.1.135 | Effect Measures of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) | 220 |
| Table B2.1.136 | Effect Measures of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) | 221 |
| Table B2.1.137 | Effect Measures of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) | 222 |
| Table B2.1.138 | Effect Measures of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) | 223 |
| Table B2.1.139 | Effect Measures of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 224 |
| Table B2.1.140 | Effect Measures of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) | 225 |
| Table B2.1.141 | Effect Measures of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 226 |
| Table B2.1.142 | Effect Measures of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) | 227 |
| Table B2.1.143 | Effect Measures of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) | 228 |
| Table B2.1.144 | Effect Measures of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) | 229 |
| Table B2.1.145 | Effect Measures of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) | 230 |
| Table B2.1.146 | Effect Measures of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) | 231 |
| Table B2.1.147 | Effect Measures of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 232 |
| Table B2.1.148 | Effect Measures of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 233 |
| Table B2.1.149 | Effect Measures of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) | 234 |
| Table B2.1.150 | Effect Measures of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) | 235 |
| Table B2.1.151 | Effect Measures of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 236 |
| Table B2.1.152 | Effect Measures of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) | 237 |
| Table B2.1.153 | Effect Measures of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 238 |
| Table B2.1.154 | Effect Measures of Proportion of Subjects with TESAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 239 |
| Table B2.1.155 | Effect Measures of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 240 |
| Table B2.1.156 | Effect Measures of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 241 |
| Table B2.1.157 | Effect Measures of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) | 242 |
| Table B2.1.158 | Effect Measures of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 243 |
| Table B2.1.159 | Effect Measures of Proportion of Subjects with TESAEs - Diabetic nephropathy (PT with Incidence >=1%) | 244 |
| Table B2.1.160 | Effect Measures of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 245 |
| Table B2.1.161 | Effect Measures of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 246 |
| Table B2.1.162 | Effect Measures of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 247 |
| Table B2.1.163 | Effect Measures of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) | 248 |
| Table B2.1.164 | Effect Measures of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 249 |
| Table B2.1.165 | Effect Measures of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 250 |
| Table B2.1.166 | Effect Measures of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 251 |
| Table B2.1.167 | Effect Measures of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) | 252 |
| Table B2.1.168 | Effect Measures of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 253 |
| Table B2.1.169 | Effect Measures of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 254 |
| Table B2.1.170 | Effect Measures of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 255 |
| Table B2.1.171 | Effect Measures of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 256 |
| Table B2.1.172 | Effect Measures of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 257 |
| Table B2.1.173 | Effect Measures of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 258 |
| Table B2.1.174 | Effect Measures of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 259 |

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-----------------------------------|------------------------|---------------------|
| Any TEAE | 1939 (83.4%) | 1937 (84.1%) |
| Infections And Infestations | 973 (41.8%) | 1005 (43.7%) |
| Nasopharyngitis | 179 (7.7%) | 201 (8.7%) |
| Urinary tract infection | 143 (6.1%) | 131 (5.7%) |
| Upper respiratory tract infection | 133 (5.7%) | 132 (5.7%) |
| Bronchitis | 117 (5.0%) | 119 (5.2%) |
| Influenza | 89 (3.8%) | 103 (4.5%) |
| Pneumonia | 85 (3.7%) | 129 (5.6%) |
| Cellulitis | 58 (2.5%) | 53 (2.3%) |
| Gastroenteritis | 49 (2.1%) | 55 (2.4%) |
| Respiratory tract infection | 43 (1.8%) | 30 (1.3%) |
| Conjunctivitis | 32 (1.4%) | 41 (1.8%) |
| Pharyngitis | 29 (1.2%) | 28 (1.2%) |
| Herpes zoster | 28 (1.2%) | 30 (1.3%) |
| Sinusitis | 23 (1.0%) | 27 (1.2%) |
| Localised infection | 22 (0.9%) | 15 (0.7%) |
| Periodontitis | 21 (0.9%) | 12 (0.5%) |
| Cystitis | 20 (0.9%) | 18 (0.8%) |
| Abscess limb | 18 (0.8%) | 11 (0.5%) |
| COVID-19 | 17 (0.7%) | 33 (1.4%) |
| Otitis externa | 17 (0.7%) | 9 (0.4%) |
| Tooth abscess | 16 (0.7%) | 7 (0.3%) |
| Erysipelas | 14 (0.6%) | 27 (1.2%) |
| Viral infection | 14 (0.6%) | 19 (0.8%) |
| Tonsillitis | 14 (0.6%) | 16 (0.7%) |
| Respiratory tract infection viral | 13 (0.6%) | 19 (0.8%) |
| Onychomycosis | 13 (0.6%) | 11 (0.5%) |
| Subcutaneous abscess | 13 (0.6%) | 6 (0.3%) |
| Osteomyelitis | 12 (0.5%) | 17 (0.7%) |
| Wound infection | 12 (0.5%) | 11 (0.5%) |
| Sepsis | 12 (0.5%) | 10 (0.4%) |
| Lower respiratory tract infection | 11 (0.5%) | 9 (0.4%) |
| Helicobacter infection | 11 (0.5%) | 6 (0.3%) |
| Pulpitis dental | 11 (0.5%) | 4 (0.2%) |
| Ear infection | 10 (0.4%) | 10 (0.4%) |
| Skin infection | 10 (0.4%) | 10 (0.4%) |
| Tooth infection | 10 (0.4%) | 10 (0.4%) |
| Otitis media | 10 (0.4%) | 8 (0.3%) |
| Fungal skin infection | 10 (0.4%) | 5 (0.2%) |
| Rhinitis | 9 (0.4%) | 14 (0.6%) |
| Laryngitis | 9 (0.4%) | 5 (0.2%) |
| Postoperative wound infection | 9 (0.4%) | 3 (0.1%) |
| Oral herpes | 8 (0.3%) | 4 (0.2%) |
| Tinea pedis | 7 (0.3%) | 14 (0.6%) |
| Acute sinusitis | 7 (0.3%) | 6 (0.3%) |
| Diabetic foot infection | 7 (0.3%) | 5 (0.2%) |
| Urosepsis | 6 (0.3%) | 10 (0.4%) |
| COVID-19 pneumonia | 6 (0.3%) | 9 (0.4%) |
| Diverticulitis | 6 (0.3%) | 7 (0.3%) |
| Gastroenteritis viral | 6 (0.3%) | 6 (0.3%) |
| Pyelonephritis chronic | 6 (0.3%) | 5 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Appendicitis | 6 (0.3%) | 3 (0.1%) |
| Infected bite | 6 (0.3%) | 3 (0.1%) |
| Pyelonephritis | 6 (0.3%) | 2 (0.1%) |
| Dermatophytosis of nail | 6 (0.3%) | 1 (0.0%) |
| Gingivitis | 5 (0.2%) | 12 (0.5%) |
| Folliculitis | 5 (0.2%) | 5 (0.2%) |
| Pyelonephritis acute | 5 (0.2%) | 4 (0.2%) |
| Chronic sinusitis | 5 (0.2%) | 2 (0.1%) |
| Orchitis | 5 (0.2%) | 2 (0.1%) |
| Infected dermal cyst | 5 (0.2%) | 1 (0.0%) |
| Fungal infection | 4 (0.2%) | 5 (0.2%) |
| Labyrinthitis | 4 (0.2%) | 5 (0.2%) |
| Eye infection | 4 (0.2%) | 4 (0.2%) |
| Abscess | 4 (0.2%) | 3 (0.1%) |
| Asymptomatic bacteriuria | 4 (0.2%) | 3 (0.1%) |
| Pharyngotonsillitis | 4 (0.2%) | 2 (0.1%) |
| Septic shock | 4 (0.2%) | 2 (0.1%) |
| Oral fungal infection | 4 (0.2%) | 1 (0.0%) |
| Tinea cruris | 4 (0.2%) | 1 (0.0%) |
| Tracheitis | 4 (0.2%) | 1 (0.0%) |
| Vaginal infection | 4 (0.2%) | 1 (0.0%) |
| Paronychia | 3 (0.1%) | 10 (0.4%) |
| Acarodermatitis | 3 (0.1%) | 8 (0.3%) |
| Furuncle | 3 (0.1%) | 8 (0.3%) |
| Gangrene | 3 (0.1%) | 7 (0.3%) |
| Pneumonia bacterial | 3 (0.1%) | 7 (0.3%) |
| Hordeolum | 3 (0.1%) | 4 (0.2%) |
| Infected skin ulcer | 3 (0.1%) | 4 (0.2%) |
| Suspected COVID-19 | 3 (0.1%) | 3 (0.1%) |
| Tracheobronchitis | 3 (0.1%) | 3 (0.1%) |
| Gingival abscess | 3 (0.1%) | 2 (0.1%) |
| Osteomyelitis chronic | 3 (0.1%) | 2 (0.1%) |
| Viral rhinitis | 3 (0.1%) | 2 (0.1%) |
| Bacterial infection | 3 (0.1%) | 1 (0.0%) |
| Enteritis infectious | 3 (0.1%) | 1 (0.0%) |
| Genital candidiasis | 3 (0.1%) | 1 (0.0%) |
| Herpes simplex | 3 (0.1%) | 1 (0.0%) |
| Pustule | 3 (0.1%) | 1 (0.0%) |
| Vulvovaginal mycotic infection | 3 (0.1%) | 1 (0.0%) |
| Bronchitis bacterial | 3 (0.1%) | 0 |
| Dengue fever | 3 (0.1%) | 0 |
| Febrile infection | 3 (0.1%) | 0 |
| Herpes dermatitis | 3 (0.1%) | 0 |
| Viral upper respiratory tract infection | 2 (0.1%) | 8 (0.3%) |
| Vulvovaginal candidiasis | 2 (0.1%) | 4 (0.2%) |
| Anal abscess | 2 (0.1%) | 3 (0.1%) |
| Body tinea | 2 (0.1%) | 3 (0.1%) |
| Conjunctivitis bacterial | 2 (0.1%) | 3 (0.1%) |
| Pneumonia viral | 2 (0.1%) | 3 (0.1%) |
| Pulmonary tuberculosis | 2 (0.1%) | 3 (0.1%) |
| Carbuncle | 2 (0.1%) | 2 (0.1%) |
| Gastrointestinal viral infection | 2 (0.1%) | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Hepatitis C | 2 (0.1%) | 2 (0.1%) |
| Epididymitis | 2 (0.1%) | 1 (0.0%) |
| Genitourinary tract infection | 2 (0.1%) | 1 (0.0%) |
| Intervertebral discitis | 2 (0.1%) | 1 (0.0%) |
| Otitis media chronic | 2 (0.1%) | 1 (0.0%) |
| Post procedural infection | 2 (0.1%) | 1 (0.0%) |
| Staphylococcal bacteraemia | 2 (0.1%) | 1 (0.0%) |
| Tinea infection | 2 (0.1%) | 1 (0.0%) |
| Enterocolitis viral | 2 (0.1%) | 0 |
| Gastrointestinal infection | 2 (0.1%) | 0 |
| Herpes virus infection | 2 (0.1%) | 0 |
| Infected cyst | 2 (0.1%) | 0 |
| Liver abscess | 2 (0.1%) | 0 |
| Mastoiditis | 2 (0.1%) | 0 |
| Scrotal abscess | 2 (0.1%) | 0 |
| Infection | 1 (0.0%) | 6 (0.3%) |
| Soft tissue infection | 1 (0.0%) | 6 (0.3%) |
| Genital infection fungal | 1 (0.0%) | 5 (0.2%) |
| Oral candidiasis | 1 (0.0%) | 5 (0.2%) |
| Herpes ophthalmic | 1 (0.0%) | 4 (0.2%) |
| Genital infection | 1 (0.0%) | 3 (0.1%) |
| Groin infection | 1 (0.0%) | 3 (0.1%) |
| Oesophageal candidiasis | 1 (0.0%) | 3 (0.1%) |
| Penile infection | 1 (0.0%) | 3 (0.1%) |
| Urethritis | 1 (0.0%) | 3 (0.1%) |
| Urinary tract infection bacterial | 1 (0.0%) | 3 (0.1%) |
| Arthritis infective | 1 (0.0%) | 2 (0.1%) |
| Cholecystitis infective | 1 (0.0%) | 2 (0.1%) |
| Dacryocystitis | 1 (0.0%) | 2 (0.1%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 2 (0.1%) |
| Meningitis | 1 (0.0%) | 2 (0.1%) |
| Abscess oral | 1 (0.0%) | 1 (0.0%) |
| Asymptomatic COVID-19 | 1 (0.0%) | 1 (0.0%) |
| Bacterial vaginosis | 1 (0.0%) | 1 (0.0%) |
| Device related infection | 1 (0.0%) | 1 (0.0%) |
| Diabetic gangrene | 1 (0.0%) | 1 (0.0%) |
| Ear infection fungal | 1 (0.0%) | 1 (0.0%) |
| Genital herpes | 1 (0.0%) | 1 (0.0%) |
| Groin abscess | 1 (0.0%) | 1 (0.0%) |
| Infective exacerbation of bronchiectasis | 1 (0.0%) | 1 (0.0%) |
| Nail infection | 1 (0.0%) | 1 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis acute | 1 (0.0%) | 1 (0.0%) |
| Otitis media acute | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Pharyngitis bacterial | 1 (0.0%) | 1 (0.0%) |
| Pneumonia influenzal | 1 (0.0%) | 1 (0.0%) |
| Pyoderma | 1 (0.0%) | 1 (0.0%) |
| Sialoadenitis | 1 (0.0%) | 1 (0.0%) |
| Staphylococcal infection | 1 (0.0%) | 1 (0.0%) |
| Tinea versicolour | 1 (0.0%) | 1 (0.0%) |
| Urogenital infection fungal | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Varicella zoster virus infection | 1 (0.0%) | 1 (0.0%) |
| Viral diarrhoea | 1 (0.0%) | 1 (0.0%) |
| Abdominal abscess | 1 (0.0%) | 0 |
| Abdominal infection | 1 (0.0%) | 0 |
| Abdominal wall abscess | 1 (0.0%) | 0 |
| Ascariasis | 1 (0.0%) | 0 |
| Bacterial disease carrier | 1 (0.0%) | 0 |
| Blister infected | 1 (0.0%) | 0 |
| Borrelia infection | 1 (0.0%) | 0 |
| Burn infection | 1 (0.0%) | 0 |
| Cervicitis | 1 (0.0%) | 0 |
| Conjunctivitis viral | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Dacryocanaliculitis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Ear infection staphylococcal | 1 (0.0%) | 0 |
| Endocarditis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Erythema migrans | 1 (0.0%) | 0 |
| Escherichia bacteraemia | 1 (0.0%) | 0 |
| Eye infection viral | 1 (0.0%) | 0 |
| Eyelid infection | 1 (0.0%) | 0 |
| Fascioliasis | 1 (0.0%) | 0 |
| Fungal pharyngitis | 1 (0.0%) | 0 |
| Gastroenteritis rotavirus | 1 (0.0%) | 0 |
| Gastrointestinal candidiasis | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Hand-foot-and-mouth disease | 1 (0.0%) | 0 |
| Hepatitis B | 1 (0.0%) | 0 |
| Hepatitis E | 1 (0.0%) | 0 |
| Herpangina | 1 (0.0%) | 0 |
| Impetigo | 1 (0.0%) | 0 |
| Injection site cellulitis | 1 (0.0%) | 0 |
| Intestinal sepsis | 1 (0.0%) | 0 |
| Lower respiratory tract infection viral | 1 (0.0%) | 0 |
| Lymphadenitis bacterial | 1 (0.0%) | 0 |
| Mastitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Oral infection | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Otitis externa fungal | 1 (0.0%) | 0 |
| Otosalpingitis | 1 (0.0%) | 0 |
| Pharyngitis streptococcal | 1 (0.0%) | 0 |
| Pneumococcal infection | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia streptococcal | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Pyuria | 1 (0.0%) | 0 |
| Q fever | 1 (0.0%) | 0 |
| Respiratory tract infection bacterial | 1 (0.0%) | 0 |
| Sinusitis bacterial | 1 (0.0%) | 0 |
| Spinal cord abscess | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------------------|------------------------|---------------------|
| Staphylococcal sepsis | 1 (0.0%) | 0 |
| Stoma site infection | 1 (0.0%) | 0 |
| Tinea blanca | 1 (0.0%) | 0 |
| Tongue fungal infection | 1 (0.0%) | 0 |
| Urinary tract infection enterococcal | 1 (0.0%) | 0 |
| Viral sinusitis | 1 (0.0%) | 0 |
| Vulvovaginitis | 1 (0.0%) | 0 |
| Helicobacter gastritis | 0 | 4 (0.2%) |
| Atypical pneumonia | 0 | 3 (0.1%) |
| Chronic hepatitis C | 0 | 3 (0.1%) |
| Diarrhoea infectious | 0 | 3 (0.1%) |
| Tonsillitis bacterial | 0 | 3 (0.1%) |
| Bacteriuria | 0 | 2 (0.1%) |
| Balanitis candida | 0 | 2 (0.1%) |
| Bronchiolitis | 0 | 2 (0.1%) |
| Haematoma infection | 0 | 2 (0.1%) |
| Salmonellosis | 0 | 2 (0.1%) |
| Vestibular neuronitis | 0 | 2 (0.1%) |
| Abdominal sepsis | 0 | 1 (0.0%) |
| Abscess jaw | 0 | 1 (0.0%) |
| Abscess of eyelid | 0 | 1 (0.0%) |
| Abscess soft tissue | 0 | 1 (0.0%) |
| Adenoviral conjunctivitis | 0 | 1 (0.0%) |
| Anal fistula infection | 0 | 1 (0.0%) |
| Anorectal cellulitis | 0 | 1 (0.0%) |
| Arthritis bacterial | 0 | 1 (0.0%) |
| Arthropod-borne disease | 0 | 1 (0.0%) |
| Bacteraemia | 0 | 1 (0.0%) |
| Bacterial vulvovaginitis | 0 | 1 (0.0%) |
| Balanoposthitis infective | 0 | 1 (0.0%) |
| Bronchitis viral | 0 | 1 (0.0%) |
| Bullous erysipelas | 0 | 1 (0.0%) |
| Catheter site infection | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chest wall abscess | 0 | 1 (0.0%) |
| Chikungunya virus infection | 0 | 1 (0.0%) |
| Chronic hepatitis B | 0 | 1 (0.0%) |
| Chronic tonsillitis | 0 | 1 (0.0%) |
| Clostridium colitis | 0 | 1 (0.0%) |
| Clostridium difficile infection | 0 | 1 (0.0%) |
| Dermatophytosis | 0 | 1 (0.0%) |
| Dysentery | 0 | 1 (0.0%) |
| Eczeema infected | 0 | 1 (0.0%) |
| Enterococcal bacteraemia | 0 | 1 (0.0%) |
| Epstein-Barr virus infection | 0 | 1 (0.0%) |
| Fungal balanitis | 0 | 1 (0.0%) |
| Gastroenteritis norovirus | 0 | 1 (0.0%) |
| Gastrointestinal fungal infection | 0 | 1 (0.0%) |
| Herpes zoster infection neurological | 0 | 1 (0.0%) |
| Herpes zoster meningoencephalitis | 0 | 1 (0.0%) |
| Herpes zoster oticus | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------------------|------------------------|---------------------|
| Infected varicose vein | 0 | 1 (0.0%) |
| Injection site infection | 0 | 1 (0.0%) |
| Kidney infection | 0 | 1 (0.0%) |
| Large intestine infection | 0 | 1 (0.0%) |
| Leprosy | 0 | 1 (0.0%) |
| Lymphangitis | 0 | 1 (0.0%) |
| Medical device site abscess | 0 | 1 (0.0%) |
| Muscle abscess | 0 | 1 (0.0%) |
| Ophthalmic herpes simplex | 0 | 1 (0.0%) |
| Parotitis | 0 | 1 (0.0%) |
| Pelvic inflammatory disease | 0 | 1 (0.0%) |
| Perineal abscess | 0 | 1 (0.0%) |
| Perirectal abscess | 0 | 1 (0.0%) |
| Peritonsillar abscess | 0 | 1 (0.0%) |
| Pneumonia haemophilus | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Pneumonia pneumococcal | 0 | 1 (0.0%) |
| Pseudomonas infection | 0 | 1 (0.0%) |
| Pulmonary sepsis | 0 | 1 (0.0%) |
| Pyelitis | 0 | 1 (0.0%) |
| Rash pustular | 0 | 1 (0.0%) |
| Retroperitoneal abscess | 0 | 1 (0.0%) |
| Rocky mountain spotted fever | 0 | 1 (0.0%) |
| Root canal infection | 0 | 1 (0.0%) |
| Salpingitis | 0 | 1 (0.0%) |
| Sinobronchitis | 0 | 1 (0.0%) |
| Skin candida | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Testicular abscess | 0 | 1 (0.0%) |
| Tinea manuum | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Trichomoniasis | 0 | 1 (0.0%) |
| Urinary tract candidiasis | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Vulvovaginitis trichomonal | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 686 (29.5%) | 623 (27.1%) |
| Hyperkalaemia | 149 (6.4%) | 77 (3.3%) |
| Hyperuricaemia | 104 (4.5%) | 69 (3.0%) |
| Hypoglycaemia | 100 (4.3%) | 91 (4.0%) |
| Diabetes mellitus inadequate control | 67 (2.9%) | 49 (2.1%) |
| Diabetes mellitus | 64 (2.8%) | 85 (3.7%) |
| Hyperglycaemia | 59 (2.5%) | 52 (2.3%) |
| Type 2 diabetes mellitus | 53 (2.3%) | 53 (2.3%) |
| Hypertriglyceridaemia | 47 (2.0%) | 32 (1.4%) |
| Vitamin D deficiency | 44 (1.9%) | 38 (1.7%) |
| Gout | 41 (1.8%) | 33 (1.4%) |
| Dyslipidaemia | 37 (1.6%) | 30 (1.3%) |
| Diabetic metabolic decompensation | 32 (1.4%) | 22 (1.0%) |
| Hypokalaemia | 25 (1.1%) | 51 (2.2%) |
| Hyponatraemia | 25 (1.1%) | 10 (0.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------|------------------------|---------------------|
| Hyperlipidaemia | 24 (1.0%) | 28 (1.2%) |
| Decreased appetite | 13 (0.6%) | 21 (0.9%) |
| Hypomagnesaemia | 13 (0.6%) | 11 (0.5%) |
| Dehydration | 12 (0.5%) | 14 (0.6%) |
| Vitamin B12 deficiency | 12 (0.5%) | 7 (0.3%) |
| Iron deficiency | 11 (0.5%) | 9 (0.4%) |
| Hypercholesterolaemia | 11 (0.5%) | 4 (0.2%) |
| Hypoproteinaemia | 9 (0.4%) | 9 (0.4%) |
| Obesity | 8 (0.3%) | 9 (0.4%) |
| Metabolic acidosis | 7 (0.3%) | 4 (0.2%) |
| Hypocalcaemia | 5 (0.2%) | 9 (0.4%) |
| Folate deficiency | 4 (0.2%) | 9 (0.4%) |
| Hypercalcaemia | 4 (0.2%) | 5 (0.2%) |
| Diabetic ketoacidosis | 4 (0.2%) | 2 (0.1%) |
| Metabolic disorder | 3 (0.1%) | 10 (0.4%) |
| Hypoalbuminaemia | 3 (0.1%) | 4 (0.2%) |
| Hyperphosphataemia | 3 (0.1%) | 2 (0.1%) |
| Hypochloraemia | 2 (0.1%) | 2 (0.1%) |
| Lipid metabolism disorder | 2 (0.1%) | 1 (0.0%) |
| Malnutrition | 2 (0.1%) | 0 |
| Metabolic syndrome | 2 (0.1%) | 0 |
| Overweight | 2 (0.1%) | 0 |
| Electrolyte imbalance | 1 (0.0%) | 3 (0.1%) |
| Hyperhomocysteinaemia | 1 (0.0%) | 2 (0.1%) |
| Hypervolaemia | 1 (0.0%) | 2 (0.1%) |
| Increased appetite | 1 (0.0%) | 2 (0.1%) |
| Abnormal loss of weight | 1 (0.0%) | 1 (0.0%) |
| Fluid overload | 1 (0.0%) | 1 (0.0%) |
| Hypophosphataemia | 1 (0.0%) | 1 (0.0%) |
| Magnesium deficiency | 1 (0.0%) | 1 (0.0%) |
| Alkalosis | 1 (0.0%) | 0 |
| Diabetic ketosis | 1 (0.0%) | 0 |
| Hypocholesterolaemia | 1 (0.0%) | 0 |
| Ketoacidosis | 1 (0.0%) | 0 |
| Lactic acidosis | 1 (0.0%) | 0 |
| Cachexia | 0 | 3 (0.1%) |
| Hypernatraemia | 0 | 3 (0.1%) |
| Diabetic complication | 0 | 2 (0.1%) |
| Hyperchloraemia | 0 | 2 (0.1%) |
| Abnormal weight gain | 0 | 1 (0.0%) |
| Fluid retention | 0 | 1 (0.0%) |
| Hyperlactacidaemia | 0 | 1 (0.0%) |
| Hypoglycaemia unawareness | 0 | 1 (0.0%) |
| Hypovitaminosis | 0 | 1 (0.0%) |
| Hypovolaemia | 0 | 1 (0.0%) |
| Hypozaemia | 0 | 1 (0.0%) |
| Lactose intolerance | 0 | 1 (0.0%) |
| Metabolic alkalosis | 0 | 1 (0.0%) |
| Mineral metabolism disorder | 0 | 1 (0.0%) |
| Periarthritis calcarea | 0 | 1 (0.0%) |
| Polydipsia | 0 | 1 (0.0%) |
| Vitamin B complex deficiency | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Musculoskeletal And Connective Tissue Disorders | 615 (26.4%) | 607 (26.4%) |
| Arthralgia | 176 (7.6%) | 154 (6.7%) |
| Back pain | 147 (6.3%) | 135 (5.9%) |
| Pain in extremity | 86 (3.7%) | 76 (3.3%) |
| Muscle spasms | 60 (2.6%) | 74 (3.2%) |
| Osteoarthritis | 55 (2.4%) | 59 (2.6%) |
| Myalgia | 41 (1.8%) | 47 (2.0%) |
| Intervertebral disc protrusion | 30 (1.3%) | 29 (1.3%) |
| Spinal osteoarthritis | 27 (1.2%) | 31 (1.3%) |
| Neck pain | 25 (1.1%) | 25 (1.1%) |
| Arthritis | 23 (1.0%) | 19 (0.8%) |
| Rotator cuff syndrome | 21 (0.9%) | 27 (1.2%) |
| Periarthritis | 18 (0.8%) | 16 (0.7%) |
| Flank pain | 11 (0.5%) | 7 (0.3%) |
| Bursitis | 10 (0.4%) | 14 (0.6%) |
| Musculoskeletal chest pain | 10 (0.4%) | 11 (0.5%) |
| Joint swelling | 10 (0.4%) | 9 (0.4%) |
| Trigger finger | 10 (0.4%) | 9 (0.4%) |
| Tenosynovitis | 9 (0.4%) | 6 (0.3%) |
| Lumbar spinal stenosis | 9 (0.4%) | 5 (0.2%) |
| Osteoporosis | 8 (0.3%) | 7 (0.3%) |
| Spinal stenosis | 8 (0.3%) | 4 (0.2%) |
| Gouty arthritis | 8 (0.3%) | 3 (0.1%) |
| Plantar fasciitis | 7 (0.3%) | 14 (0.6%) |
| Tendon disorder | 7 (0.3%) | 8 (0.3%) |
| Muscular weakness | 7 (0.3%) | 6 (0.3%) |
| Tendonitis | 6 (0.3%) | 7 (0.3%) |
| Musculoskeletal stiffness | 6 (0.3%) | 6 (0.3%) |
| Neuropathic arthropathy | 6 (0.3%) | 6 (0.3%) |
| Intervertebral disc degeneration | 6 (0.3%) | 5 (0.2%) |
| Osteochondrosis | 6 (0.3%) | 5 (0.2%) |
| Synovial cyst | 6 (0.3%) | 5 (0.2%) |
| Spinal pain | 6 (0.3%) | 2 (0.1%) |
| Intervertebral disc disorder | 5 (0.2%) | 6 (0.3%) |
| Rheumatoid arthritis | 5 (0.2%) | 3 (0.1%) |
| Foot deformity | 5 (0.2%) | 1 (0.0%) |
| Exostosis | 4 (0.2%) | 5 (0.2%) |
| Synovitis | 4 (0.2%) | 1 (0.0%) |
| Musculoskeletal pain | 3 (0.1%) | 8 (0.3%) |
| Osteopenia | 3 (0.1%) | 4 (0.2%) |
| Tenosynovitis stenisans | 3 (0.1%) | 1 (0.0%) |
| Rhabdomyolysis | 3 (0.1%) | 0 |
| Dupuytren's contracture | 2 (0.1%) | 5 (0.2%) |
| Myositis | 2 (0.1%) | 5 (0.2%) |
| Limb discomfort | 2 (0.1%) | 3 (0.1%) |
| Scoliosis | 2 (0.1%) | 3 (0.1%) |
| Spondylolisthesis | 2 (0.1%) | 3 (0.1%) |
| Joint effusion | 2 (0.1%) | 2 (0.1%) |
| Osteitis | 2 (0.1%) | 2 (0.1%) |
| Muscle contracture | 2 (0.1%) | 1 (0.0%) |
| Muscle twitching | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|----------------------------------|------------------------|---------------------|
| Myopathy | 2 (0.1%) | 1 (0.0%) |
| Polymyalgia rheumatica | 2 (0.1%) | 1 (0.0%) |
| Chondropathy | 2 (0.1%) | 0 |
| Muscle atrophy | 2 (0.1%) | 0 |
| Sacroiliitis | 2 (0.1%) | 0 |
| Costochondritis | 1 (0.0%) | 3 (0.1%) |
| Polyarthritits | 1 (0.0%) | 3 (0.1%) |
| Diastasis recti abdominis | 1 (0.0%) | 2 (0.1%) |
| Metatarsalgia | 1 (0.0%) | 2 (0.1%) |
| Coccydynia | 1 (0.0%) | 1 (0.0%) |
| Degenerative bone disease | 1 (0.0%) | 1 (0.0%) |
| Fasciitis | 1 (0.0%) | 1 (0.0%) |
| Fibromyalgia | 1 (0.0%) | 1 (0.0%) |
| Haematoma muscle | 1 (0.0%) | 1 (0.0%) |
| Joint range of motion decreased | 1 (0.0%) | 1 (0.0%) |
| Musculoskeletal disorder | 1 (0.0%) | 1 (0.0%) |
| Spinal ligament ossification | 1 (0.0%) | 1 (0.0%) |
| Vertebral foraminal stenosis | 1 (0.0%) | 1 (0.0%) |
| Enostosis | 1 (0.0%) | 0 |
| Enthesopathy | 1 (0.0%) | 0 |
| Exostosis of jaw | 1 (0.0%) | 0 |
| Femoroacetabular impingement | 1 (0.0%) | 0 |
| Fracture nonunion | 1 (0.0%) | 0 |
| Groin pain | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Joint stiffness | 1 (0.0%) | 0 |
| Knee deformity | 1 (0.0%) | 0 |
| Mobility decreased | 1 (0.0%) | 0 |
| Muscle disorder | 1 (0.0%) | 0 |
| Osteonecrosis | 1 (0.0%) | 0 |
| Polymyositis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Soft tissue swelling | 1 (0.0%) | 0 |
| Spinal deformity | 1 (0.0%) | 0 |
| Spinal disorder | 1 (0.0%) | 0 |
| Spinal synovial cyst | 1 (0.0%) | 0 |
| Spondylitis | 1 (0.0%) | 0 |
| Temporomandibular joint syndrome | 1 (0.0%) | 0 |
| Tendon discomfort | 1 (0.0%) | 0 |
| Tendon pain | 1 (0.0%) | 0 |
| Muscle fatigue | 0 | 4 (0.2%) |
| Arthropathy | 0 | 3 (0.1%) |
| Bone pain | 0 | 3 (0.1%) |
| Cervical spinal stenosis | 0 | 2 (0.1%) |
| Chondromalacia | 0 | 2 (0.1%) |
| Haemarthrosis | 0 | 2 (0.1%) |
| Musculoskeletal discomfort | 0 | 2 (0.1%) |
| Pain in jaw | 0 | 2 (0.1%) |
| Patellofemoral pain syndrome | 0 | 2 (0.1%) |
| Ankylosing spondylitis | 0 | 1 (0.0%) |
| Arthritis reactive | 0 | 1 (0.0%) |
| Back disorder | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Bone formation increased | 0 | 1 (0.0%) |
| Chest wall haematoma | 0 | 1 (0.0%) |
| Chondrocalcinosis pyrophosphate | 0 | 1 (0.0%) |
| Joint contracture | 0 | 1 (0.0%) |
| Kyphoscoliosis | 0 | 1 (0.0%) |
| Loose body in joint | 0 | 1 (0.0%) |
| Muscle rigidity | 0 | 1 (0.0%) |
| Neck mass | 0 | 1 (0.0%) |
| Osteoarthropathy | 0 | 1 (0.0%) |
| Osteochondritis | 0 | 1 (0.0%) |
| Osteoporotic fracture | 0 | 1 (0.0%) |
| Osteosclerosis | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Plantar fascial fibromatosis | 0 | 1 (0.0%) |
| Psoriatic arthropathy | 0 | 1 (0.0%) |
| Sjogren's syndrome | 0 | 1 (0.0%) |
| Soft tissue disorder | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Spondyloarthropathy | 0 | 1 (0.0%) |
| Tendon calcification | 0 | 1 (0.0%) |
| Undifferentiated connective tissue disease | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 600 (25.8%) | 548 (23.8%) |
| Diarrhoea | 141 (6.1%) | 125 (5.4%) |
| Constipation | 98 (4.2%) | 93 (4.0%) |
| Nausea | 52 (2.2%) | 40 (1.7%) |
| Abdominal pain | 47 (2.0%) | 45 (2.0%) |
| Gastrooesophageal reflux disease | 39 (1.7%) | 49 (2.1%) |
| Gastritis | 39 (1.7%) | 33 (1.4%) |
| Abdominal pain upper | 39 (1.7%) | 31 (1.3%) |
| Dyspepsia | 39 (1.7%) | 25 (1.1%) |
| Vomiting | 36 (1.5%) | 37 (1.6%) |
| Chronic gastritis | 33 (1.4%) | 27 (1.2%) |
| Haemorrhoids | 27 (1.2%) | 23 (1.0%) |
| Large intestine polyp | 23 (1.0%) | 41 (1.8%) |
| Toothache | 22 (0.9%) | 22 (1.0%) |
| Gastritis erosive | 14 (0.6%) | 15 (0.7%) |
| Abdominal discomfort | 14 (0.6%) | 7 (0.3%) |
| Abdominal distension | 13 (0.6%) | 13 (0.6%) |
| Dental caries | 12 (0.5%) | 12 (0.5%) |
| Diverticulum intestinal | 12 (0.5%) | 12 (0.5%) |
| Duodenal ulcer | 11 (0.5%) | 4 (0.2%) |
| Umbilical hernia | 9 (0.4%) | 7 (0.3%) |
| Pancreatitis acute | 9 (0.4%) | 2 (0.1%) |
| Flatulence | 8 (0.3%) | 12 (0.5%) |
| Hiatus hernia | 8 (0.3%) | 12 (0.5%) |
| Inguinal hernia | 8 (0.3%) | 10 (0.4%) |
| Gastric ulcer | 7 (0.3%) | 10 (0.4%) |
| Pancreatitis chronic | 7 (0.3%) | 9 (0.4%) |
| Gastric polyps | 5 (0.2%) | 6 (0.3%) |
| Colitis | 5 (0.2%) | 5 (0.2%) |
| Dysphagia | 5 (0.2%) | 5 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------------------|------------------------|---------------------|
| Gastrointestinal disorder | 5 (0.2%) | 5 (0.2%) |
| Abdominal pain lower | 5 (0.2%) | 4 (0.2%) |
| Irritable bowel syndrome | 5 (0.2%) | 3 (0.1%) |
| Melaena | 5 (0.2%) | 3 (0.1%) |
| Periodontal disease | 5 (0.2%) | 3 (0.1%) |
| Rectal polyp | 5 (0.2%) | 3 (0.1%) |
| Haematochezia | 4 (0.2%) | 8 (0.3%) |
| Food poisoning | 4 (0.2%) | 4 (0.2%) |
| Duodenitis | 4 (0.2%) | 3 (0.1%) |
| Pancreatitis | 4 (0.2%) | 2 (0.1%) |
| Gastrointestinal motility disorder | 4 (0.2%) | 0 |
| Gastrointestinal haemorrhage | 3 (0.1%) | 5 (0.2%) |
| Ascites | 3 (0.1%) | 4 (0.2%) |
| Haemorrhoidal haemorrhage | 3 (0.1%) | 3 (0.1%) |
| Abdominal hernia | 3 (0.1%) | 2 (0.1%) |
| Enterocolitis | 3 (0.1%) | 1 (0.0%) |
| Gastritis haemorrhagic | 3 (0.1%) | 1 (0.0%) |
| Peptic ulcer | 3 (0.1%) | 1 (0.0%) |
| Varices oesophageal | 3 (0.1%) | 1 (0.0%) |
| Gastric disorder | 3 (0.1%) | 0 |
| Gingival bleeding | 3 (0.1%) | 0 |
| Oesophagitis | 2 (0.1%) | 8 (0.3%) |
| Diverticulum | 2 (0.1%) | 4 (0.2%) |
| Dry mouth | 2 (0.1%) | 4 (0.2%) |
| Enteritis | 2 (0.1%) | 4 (0.2%) |
| Stomatitis | 2 (0.1%) | 4 (0.2%) |
| Upper gastrointestinal haemorrhage | 2 (0.1%) | 4 (0.2%) |
| Gastrointestinal angiodysplasia | 2 (0.1%) | 3 (0.1%) |
| Rectal haemorrhage | 2 (0.1%) | 2 (0.1%) |
| Abnormal faeces | 2 (0.1%) | 1 (0.0%) |
| Faeces soft | 2 (0.1%) | 1 (0.0%) |
| Gastric haemorrhage | 2 (0.1%) | 1 (0.0%) |
| Haematemesis | 2 (0.1%) | 1 (0.0%) |
| Loose tooth | 2 (0.1%) | 1 (0.0%) |
| Mouth ulceration | 2 (0.1%) | 1 (0.0%) |
| Pancreatic cyst | 2 (0.1%) | 1 (0.0%) |
| Pancreatic steatosis | 2 (0.1%) | 1 (0.0%) |
| Portal hypertensive gastropathy | 2 (0.1%) | 1 (0.0%) |
| Angular cheilitis | 2 (0.1%) | 0 |
| Aphthous ulcer | 2 (0.1%) | 0 |
| Duodenogastric reflux | 2 (0.1%) | 0 |
| Intestinal haemorrhage | 2 (0.1%) | 0 |
| Tongue ulceration | 2 (0.1%) | 0 |
| Erosive duodenitis | 1 (0.0%) | 3 (0.1%) |
| Eructation | 1 (0.0%) | 3 (0.1%) |
| Small intestinal obstruction | 1 (0.0%) | 3 (0.1%) |
| Tooth disorder | 1 (0.0%) | 3 (0.1%) |
| Gastric ulcer haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Ileus | 1 (0.0%) | 2 (0.1%) |
| Anal fissure | 1 (0.0%) | 1 (0.0%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Functional gastrointestinal disorder | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------------|------------------------|---------------------|
| Gastrointestinal hypermotility | 1 (0.0%) | 1 (0.0%) |
| Gingival swelling | 1 (0.0%) | 1 (0.0%) |
| Intestinal metaplasia | 1 (0.0%) | 1 (0.0%) |
| Intestinal polyp | 1 (0.0%) | 1 (0.0%) |
| Lower gastrointestinal haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 1 (0.0%) | 1 (0.0%) |
| Oesophageal polyp | 1 (0.0%) | 1 (0.0%) |
| Oesophageal varices haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Parotid gland enlargement | 1 (0.0%) | 1 (0.0%) |
| Proctitis | 1 (0.0%) | 1 (0.0%) |
| Subileus | 1 (0.0%) | 1 (0.0%) |
| Tooth loss | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Acid peptic disease | 1 (0.0%) | 0 |
| Anal polyp | 1 (0.0%) | 0 |
| Bile acid malabsorption | 1 (0.0%) | 0 |
| Change of bowel habit | 1 (0.0%) | 0 |
| Coeliac artery stenosis | 1 (0.0%) | 0 |
| Colitis ischaemic | 1 (0.0%) | 0 |
| Dysbiosis | 1 (0.0%) | 0 |
| Dyschezia | 1 (0.0%) | 0 |
| Epulis | 1 (0.0%) | 0 |
| Faeces discoloured | 1 (0.0%) | 0 |
| Faeces hard | 1 (0.0%) | 0 |
| Gastric mucosa erythema | 1 (0.0%) | 0 |
| Gastric mucosal lesion | 1 (0.0%) | 0 |
| Gastrointestinal oedema | 1 (0.0%) | 0 |
| Gastrointestinal polyp | 1 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 1 (0.0%) | 0 |
| Large intestinal ulcer | 1 (0.0%) | 0 |
| Lip disorder | 1 (0.0%) | 0 |
| Lip pain | 1 (0.0%) | 0 |
| Lip swelling | 1 (0.0%) | 0 |
| Lumbar hernia | 1 (0.0%) | 0 |
| Mesenteric panniculitis | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Noninfective gingivitis | 1 (0.0%) | 0 |
| Oedematous pancreatitis | 1 (0.0%) | 0 |
| Oesophageal haemorrhage | 1 (0.0%) | 0 |
| Oesophageal mass | 1 (0.0%) | 0 |
| Oesophageal obstruction | 1 (0.0%) | 0 |
| Oesophageal pain | 1 (0.0%) | 0 |
| Oesophageal ulcer | 1 (0.0%) | 0 |
| Oral discomfort | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Stress ulcer | 1 (0.0%) | 0 |
| Submaxillary gland enlargement | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Tooth ankylosis | 1 (0.0%) | 0 |
| Tooth development disorder | 1 (0.0%) | 0 |
| Tooth impacted | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-------------------------------|------------------------|---------------------|
| Ulcerative duodenitis | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Intestinal obstruction | 0 | 5 (0.2%) |
| Frequent bowel movements | 0 | 4 (0.2%) |
| Impaired gastric emptying | 0 | 4 (0.2%) |
| Anal incontinence | 0 | 3 (0.1%) |
| Abdominal adhesions | 0 | 2 (0.1%) |
| Anal fistula | 0 | 2 (0.1%) |
| Barrett's oesophagus | 0 | 2 (0.1%) |
| Breath odour | 0 | 2 (0.1%) |
| Coeliac disease | 0 | 2 (0.1%) |
| Colitis ulcerative | 0 | 2 (0.1%) |
| Diaphragmatic hernia | 0 | 2 (0.1%) |
| Gastrointestinal inflammation | 0 | 2 (0.1%) |
| Glossodynia | 0 | 2 (0.1%) |
| Intestinal mass | 0 | 2 (0.1%) |
| Oral pain | 0 | 2 (0.1%) |
| Reflux gastritis | 0 | 2 (0.1%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Anal haemorrhage | 0 | 1 (0.0%) |
| Anal inflammation | 0 | 1 (0.0%) |
| Anal skin tags | 0 | 1 (0.0%) |
| Brunner's gland hyperplasia | 0 | 1 (0.0%) |
| Crohn's disease | 0 | 1 (0.0%) |
| Diabetic gastroparesis | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Ectopic gastric mucosa | 0 | 1 (0.0%) |
| Enterovesical fistula | 0 | 1 (0.0%) |
| Erosive oesophagitis | 0 | 1 (0.0%) |
| Faecaloma | 0 | 1 (0.0%) |
| Gastric varices haemorrhage | 0 | 1 (0.0%) |
| Gastrointestinal scarring | 0 | 1 (0.0%) |
| Gingival hypertrophy | 0 | 1 (0.0%) |
| Gingival pain | 0 | 1 (0.0%) |
| Glycogenic acanthosis | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Internal hernia | 0 | 1 (0.0%) |
| Lip oedema | 0 | 1 (0.0%) |
| Lymphangiectasia intestinal | 0 | 1 (0.0%) |
| Odynophagia | 0 | 1 (0.0%) |
| Oesophageal disorder | 0 | 1 (0.0%) |
| Oesophageal dysplasia | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Oral mucosa erosion | 0 | 1 (0.0%) |
| Palatal disorder | 0 | 1 (0.0%) |
| Pancreatitis relapsing | 0 | 1 (0.0%) |
| Peptic ulcer haemorrhage | 0 | 1 (0.0%) |
| Peritoneal adhesions | 0 | 1 (0.0%) |
| Rectal discharge | 0 | 1 (0.0%) |
| Rectal ulcer haemorrhage | 0 | 1 (0.0%) |
| Retroperitoneal haematoma | 0 | 1 (0.0%) |
| Salivary gland calculus | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Salivary gland disorder | 0 | 1 (0.0%) |
| Small intestine ulcer | 0 | 1 (0.0%) |
| Steatorrhoea | 0 | 1 (0.0%) |
| Investigations | 504 (21.7%) | 502 (21.8%) |
| Glomerular filtration rate decreased | 103 (4.4%) | 92 (4.0%) |
| C-reactive protein increased | 79 (3.4%) | 74 (3.2%) |
| Blood creatine phosphokinase increased | 69 (3.0%) | 93 (4.0%) |
| Blood pressure increased | 36 (1.5%) | 42 (1.8%) |
| Glycosylated haemoglobin increased | 33 (1.4%) | 31 (1.3%) |
| Weight decreased | 30 (1.3%) | 26 (1.1%) |
| Blood creatinine increased | 28 (1.2%) | 31 (1.3%) |
| Blood potassium increased | 27 (1.2%) | 14 (0.6%) |
| Gamma-glutamyltransferase increased | 26 (1.1%) | 31 (1.3%) |
| Blood triglycerides increased | 16 (0.7%) | 8 (0.3%) |
| Alanine aminotransferase increased | 14 (0.6%) | 17 (0.7%) |
| Blood glucose increased | 13 (0.6%) | 18 (0.8%) |
| Aspartate aminotransferase increased | 13 (0.6%) | 12 (0.5%) |
| Blood uric acid increased | 12 (0.5%) | 8 (0.3%) |
| Weight increased | 10 (0.4%) | 13 (0.6%) |
| Hepatic enzyme increased | 9 (0.4%) | 6 (0.3%) |
| Liver function test increased | 8 (0.3%) | 8 (0.3%) |
| Haemoglobin decreased | 6 (0.3%) | 10 (0.4%) |
| Cardiac murmur | 6 (0.3%) | 6 (0.3%) |
| Blood potassium decreased | 5 (0.2%) | 6 (0.3%) |
| Blood lactate dehydrogenase increased | 5 (0.2%) | 4 (0.2%) |
| Helicobacter test positive | 4 (0.2%) | 8 (0.3%) |
| Blood alkaline phosphatase increased | 4 (0.2%) | 4 (0.2%) |
| White blood cell count increased | 4 (0.2%) | 4 (0.2%) |
| Blood pressure decreased | 4 (0.2%) | 3 (0.1%) |
| Polymerase chain reaction positive | 4 (0.2%) | 2 (0.1%) |
| Transaminases increased | 4 (0.2%) | 2 (0.1%) |
| Heart rate increased | 3 (0.1%) | 4 (0.2%) |
| Electrocardiogram T wave inversion | 3 (0.1%) | 3 (0.1%) |
| Haemoglobin increased | 3 (0.1%) | 3 (0.1%) |
| Ejection fraction decreased | 3 (0.1%) | 1 (0.0%) |
| Blood sodium decreased | 3 (0.1%) | 0 |
| Blood urine present | 3 (0.1%) | 0 |
| Electrocardiogram T wave amplitude decreased | 3 (0.1%) | 0 |
| Troponin T increased | 3 (0.1%) | 0 |
| Vitamin D decreased | 3 (0.1%) | 0 |
| Prostatic specific antigen increased | 2 (0.1%) | 10 (0.4%) |
| Occult blood positive | 2 (0.1%) | 4 (0.2%) |
| Blood urea increased | 2 (0.1%) | 3 (0.1%) |
| Liver function test abnormal | 2 (0.1%) | 3 (0.1%) |
| Blood magnesium decreased | 2 (0.1%) | 2 (0.1%) |
| Colonoscopy | 2 (0.1%) | 2 (0.1%) |
| High density lipoprotein decreased | 2 (0.1%) | 2 (0.1%) |
| N-terminal prohormone brain natriuretic peptide increased | 2 (0.1%) | 2 (0.1%) |
| SARS-CoV-2 test positive | 2 (0.1%) | 2 (0.1%) |
| Urine albumin/creatinine ratio increased | 2 (0.1%) | 2 (0.1%) |
| Electrocardiogram T wave abnormal | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Blood glucose decreased | 2 (0.1%) | 0 |
| Carcinoembryonic antigen increased | 2 (0.1%) | 0 |
| Electrocardiogram change | 2 (0.1%) | 0 |
| Escherichia test positive | 2 (0.1%) | 0 |
| Lipids increased | 2 (0.1%) | 0 |
| Electrocardiogram ST segment depression | 1 (0.0%) | 5 (0.2%) |
| Electrocardiogram abnormal | 1 (0.0%) | 4 (0.2%) |
| Intraocular pressure increased | 1 (0.0%) | 4 (0.2%) |
| Angiocardiogram | 1 (0.0%) | 3 (0.1%) |
| Blood bicarbonate decreased | 1 (0.0%) | 3 (0.1%) |
| Blood cholesterol increased | 1 (0.0%) | 3 (0.1%) |
| QRS axis abnormal | 1 (0.0%) | 3 (0.1%) |
| Troponin increased | 1 (0.0%) | 3 (0.1%) |
| Electrocardiogram QT prolonged | 1 (0.0%) | 2 (0.1%) |
| Haematocrit increased | 1 (0.0%) | 2 (0.1%) |
| Platelet count decreased | 1 (0.0%) | 2 (0.1%) |
| Vitamin B12 decreased | 1 (0.0%) | 2 (0.1%) |
| Arthroscopy | 1 (0.0%) | 1 (0.0%) |
| Biopsy liver | 1 (0.0%) | 1 (0.0%) |
| Blood calcium increased | 1 (0.0%) | 1 (0.0%) |
| Blood folate decreased | 1 (0.0%) | 1 (0.0%) |
| Blood phosphorus increased | 1 (0.0%) | 1 (0.0%) |
| Blood sodium increased | 1 (0.0%) | 1 (0.0%) |
| Blood testosterone decreased | 1 (0.0%) | 1 (0.0%) |
| Chest X-ray abnormal | 1 (0.0%) | 1 (0.0%) |
| ECG signs of myocardial ischaemia | 1 (0.0%) | 1 (0.0%) |
| Electrocardiogram Q wave abnormal | 1 (0.0%) | 1 (0.0%) |
| Electrocardiogram ST segment elevation | 1 (0.0%) | 1 (0.0%) |
| Fibrin D dimer increased | 1 (0.0%) | 1 (0.0%) |
| Inflammatory marker increased | 1 (0.0%) | 1 (0.0%) |
| Low density lipoprotein decreased | 1 (0.0%) | 1 (0.0%) |
| Protein urine present | 1 (0.0%) | 1 (0.0%) |
| Respiratory syncytial virus test positive | 1 (0.0%) | 1 (0.0%) |
| White blood cells urine positive | 1 (0.0%) | 1 (0.0%) |
| Amylase increased | 1 (0.0%) | 0 |
| Angiogram | 1 (0.0%) | 0 |
| Angiogram retina | 1 (0.0%) | 0 |
| Arteriogram carotid abnormal | 1 (0.0%) | 0 |
| Aspiration joint | 1 (0.0%) | 0 |
| Biopsy kidney | 1 (0.0%) | 0 |
| Blood bilirubin increased | 1 (0.0%) | 0 |
| Blood chloride decreased | 1 (0.0%) | 0 |
| Blood cholesterol decreased | 1 (0.0%) | 0 |
| Blood lactic acid increased | 1 (0.0%) | 0 |
| Blood pressure abnormal | 1 (0.0%) | 0 |
| Blood pressure diastolic increased | 1 (0.0%) | 0 |
| Blood thyroid stimulating hormone increased | 1 (0.0%) | 0 |
| Bone density decreased | 1 (0.0%) | 0 |
| Brucella test positive | 1 (0.0%) | 0 |
| Cardiac imaging procedure abnormal | 1 (0.0%) | 0 |
| Catheterisation cardiac | 1 (0.0%) | 0 |
| Colonoscopy abnormal | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Computerised tomogram | 1 (0.0%) | 0 |
| Electrocardiogram QRS complex abnormal | 1 (0.0%) | 0 |
| Endoscopy upper gastrointestinal tract | 1 (0.0%) | 0 |
| False positive investigation result | 1 (0.0%) | 0 |
| Haematocrit decreased | 1 (0.0%) | 0 |
| Hepatic enzyme abnormal | 1 (0.0%) | 0 |
| Hepatitis B core antibody positive | 1 (0.0%) | 0 |
| Hepatitis B surface antibody positive | 1 (0.0%) | 0 |
| Imaging procedure abnormal | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Intracardiac pressure increased | 1 (0.0%) | 0 |
| Investigation | 1 (0.0%) | 0 |
| Lipase increased | 1 (0.0%) | 0 |
| Low density lipoprotein increased | 1 (0.0%) | 0 |
| Neurone-specific enolase increased | 1 (0.0%) | 0 |
| Proteus test positive | 1 (0.0%) | 0 |
| Pulse absent | 1 (0.0%) | 0 |
| Renal function test abnormal | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Transaminases abnormal | 1 (0.0%) | 0 |
| Urine alcohol test positive | 1 (0.0%) | 0 |
| Vascular resistance systemic increased | 1 (0.0%) | 0 |
| Influenza A virus test positive | 0 | 5 (0.2%) |
| Biopsy prostate | 0 | 3 (0.1%) |
| Platelet count increased | 0 | 3 (0.1%) |
| Body temperature increased | 0 | 2 (0.1%) |
| Carotid bruit | 0 | 2 (0.1%) |
| Electrocardiogram ST segment abnormal | 0 | 2 (0.1%) |
| Neutrophil count increased | 0 | 2 (0.1%) |
| Urinary occult blood positive | 0 | 2 (0.1%) |
| Angiogram cerebral | 0 | 1 (0.0%) |
| Aspiration pleural cavity | 0 | 1 (0.0%) |
| Biopsy thyroid gland | 0 | 1 (0.0%) |
| Blood chromium decreased | 0 | 1 (0.0%) |
| Blood creatine phosphokinase MB increased | 0 | 1 (0.0%) |
| Blood iron decreased | 0 | 1 (0.0%) |
| Blood magnesium increased | 0 | 1 (0.0%) |
| Electrocardiogram QRS complex prolonged | 0 | 1 (0.0%) |
| Electrocardiogram QT interval abnormal | 0 | 1 (0.0%) |
| Endobronchial ultrasound | 0 | 1 (0.0%) |
| Endoscopy small intestine | 0 | 1 (0.0%) |
| Eosinophil count increased | 0 | 1 (0.0%) |
| Gastric pH decreased | 0 | 1 (0.0%) |
| Gastrointestinal stoma output increased | 0 | 1 (0.0%) |
| Glomerular filtration rate increased | 0 | 1 (0.0%) |
| Heart rate decreased | 0 | 1 (0.0%) |
| Hepatitis C virus test positive | 0 | 1 (0.0%) |
| Left ventricular end-diastolic pressure increased | 0 | 1 (0.0%) |
| Light chain analysis increased | 0 | 1 (0.0%) |
| Muscle enzyme increased | 0 | 1 (0.0%) |
| Mycobacterium tuberculosis complex test positive | 0 | 1 (0.0%) |
| Myocardial necrosis marker increased | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Oxygen consumption increased | 0 | 1 (0.0%) |
| Oxygen saturation decreased | 0 | 1 (0.0%) |
| Protein total decreased | 0 | 1 (0.0%) |
| Pulmonary function test decreased | 0 | 1 (0.0%) |
| Pulmonary imaging procedure abnormal | 0 | 1 (0.0%) |
| Red blood cell count decreased | 0 | 1 (0.0%) |
| Red blood cell count increased | 0 | 1 (0.0%) |
| Red blood cell sedimentation rate increased | 0 | 1 (0.0%) |
| SARS-CoV-2 test negative | 0 | 1 (0.0%) |
| Scan myocardial perfusion abnormal | 0 | 1 (0.0%) |
| Staphylococcus test positive | 0 | 1 (0.0%) |
| Stool analysis abnormal | 0 | 1 (0.0%) |
| Transferrin saturation decreased | 0 | 1 (0.0%) |
| Troponin I increased | 0 | 1 (0.0%) |
| Ultrasound kidney abnormal | 0 | 1 (0.0%) |
| Ultrasound liver abnormal | 0 | 1 (0.0%) |
| White blood cell count decreased | 0 | 1 (0.0%) |
| Nervous System Disorders | 470 (20.2%) | 433 (18.8%) |
| Dizziness | 100 (4.3%) | 79 (3.4%) |
| Headache | 85 (3.7%) | 73 (3.2%) |
| Diabetic neuropathy | 55 (2.4%) | 61 (2.6%) |
| Hypoaesthesia | 21 (0.9%) | 26 (1.1%) |
| Syncope | 19 (0.8%) | 21 (0.9%) |
| Sciatica | 18 (0.8%) | 28 (1.2%) |
| Neuropathy peripheral | 18 (0.8%) | 16 (0.7%) |
| Paraesthesia | 17 (0.7%) | 14 (0.6%) |
| Carotid artery stenosis | 15 (0.6%) | 14 (0.6%) |
| Carpal tunnel syndrome | 15 (0.6%) | 14 (0.6%) |
| Carotid arteriosclerosis | 13 (0.6%) | 20 (0.9%) |
| Lacunar infarction | 11 (0.5%) | 4 (0.2%) |
| Dizziness postural | 10 (0.4%) | 3 (0.1%) |
| Cerebral ischaemia | 8 (0.3%) | 5 (0.2%) |
| Facial paralysis | 8 (0.3%) | 3 (0.1%) |
| Presyncope | 8 (0.3%) | 3 (0.1%) |
| Neuralgia | 7 (0.3%) | 7 (0.3%) |
| Memory impairment | 7 (0.3%) | 1 (0.0%) |
| Somnolence | 6 (0.3%) | 4 (0.2%) |
| Cognitive disorder | 6 (0.3%) | 3 (0.1%) |
| Hemiparesis | 6 (0.3%) | 3 (0.1%) |
| Parkinson's disease | 5 (0.2%) | 9 (0.4%) |
| Tremor | 5 (0.2%) | 5 (0.2%) |
| Vascular encephalopathy | 5 (0.2%) | 1 (0.0%) |
| Dementia | 4 (0.2%) | 5 (0.2%) |
| Lumbar radiculopathy | 4 (0.2%) | 4 (0.2%) |
| Cerebrovascular disorder | 4 (0.2%) | 3 (0.1%) |
| Tension headache | 4 (0.2%) | 2 (0.1%) |
| Transient ischaemic attack | 3 (0.1%) | 6 (0.3%) |
| Polyneuropathy | 3 (0.1%) | 5 (0.2%) |
| Cerebral arteriosclerosis | 3 (0.1%) | 4 (0.2%) |
| Cerebral infarction | 3 (0.1%) | 4 (0.2%) |
| Cervicobrachial syndrome | 3 (0.1%) | 4 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Post herpetic neuralgia | 3 (0.1%) | 3 (0.1%) |
| Amnesia | 3 (0.1%) | 2 (0.1%) |
| Dysaesthesia | 3 (0.1%) | 2 (0.1%) |
| Radiculopathy | 3 (0.1%) | 2 (0.1%) |
| Subarachnoid haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Carotid artery occlusion | 3 (0.1%) | 1 (0.0%) |
| Epilepsy | 3 (0.1%) | 1 (0.0%) |
| Poor quality sleep | 3 (0.1%) | 1 (0.0%) |
| Lumbosacral radiculopathy | 3 (0.1%) | 0 |
| Metabolic encephalopathy | 3 (0.1%) | 0 |
| Cervical radiculopathy | 2 (0.1%) | 6 (0.3%) |
| Balance disorder | 2 (0.1%) | 5 (0.2%) |
| Loss of consciousness | 2 (0.1%) | 4 (0.2%) |
| Burning sensation | 2 (0.1%) | 3 (0.1%) |
| Dementia Alzheimer's type | 2 (0.1%) | 3 (0.1%) |
| Dysarthria | 2 (0.1%) | 3 (0.1%) |
| Cerebral microangiopathy | 2 (0.1%) | 2 (0.1%) |
| Phantom limb syndrome | 2 (0.1%) | 2 (0.1%) |
| Carotid artery disease | 2 (0.1%) | 1 (0.0%) |
| Cerebral artery stenosis | 2 (0.1%) | 1 (0.0%) |
| Cerebral atrophy | 2 (0.1%) | 1 (0.0%) |
| Cerebrovascular accident | 2 (0.1%) | 1 (0.0%) |
| Demyelination | 2 (0.1%) | 1 (0.0%) |
| Dysgeusia | 2 (0.1%) | 1 (0.0%) |
| Essential tremor | 2 (0.1%) | 1 (0.0%) |
| Hemianaesthesia | 2 (0.1%) | 1 (0.0%) |
| Intercostal neuralgia | 2 (0.1%) | 1 (0.0%) |
| Myelopathy | 2 (0.1%) | 1 (0.0%) |
| Peripheral sensorimotor neuropathy | 2 (0.1%) | 1 (0.0%) |
| Restless legs syndrome | 2 (0.1%) | 1 (0.0%) |
| Cerebral circulatory failure | 2 (0.1%) | 0 |
| Coordination abnormal | 2 (0.1%) | 0 |
| Leukoencephalopathy | 2 (0.1%) | 0 |
| Nerve compression | 2 (0.1%) | 0 |
| Normal pressure hydrocephalus | 2 (0.1%) | 0 |
| Orthostatic intolerance | 2 (0.1%) | 0 |
| Seizure | 2 (0.1%) | 0 |
| Transient global amnesia | 2 (0.1%) | 0 |
| Vertebral artery occlusion | 2 (0.1%) | 0 |
| Vocal cord paresis | 2 (0.1%) | 0 |
| Encephalopathy | 1 (0.0%) | 3 (0.1%) |
| Sensory disturbance | 1 (0.0%) | 3 (0.1%) |
| Facial paresis | 1 (0.0%) | 2 (0.1%) |
| Hemiparaesthesia | 1 (0.0%) | 2 (0.1%) |
| IIIrd nerve paralysis | 1 (0.0%) | 2 (0.1%) |
| Monoparesis | 1 (0.0%) | 2 (0.1%) |
| Parkinsonism | 1 (0.0%) | 2 (0.1%) |
| Ataxia | 1 (0.0%) | 1 (0.0%) |
| Cerebral calcification | 1 (0.0%) | 1 (0.0%) |
| Cerebral small vessel ischaemic disease | 1 (0.0%) | 1 (0.0%) |
| Decreased vibratory sense | 1 (0.0%) | 1 (0.0%) |
| Lethargy | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-----------------------------------|------------------------|---------------------|
| Meralgia paraesthetica | 1 (0.0%) | 1 (0.0%) |
| Paraparesis | 1 (0.0%) | 1 (0.0%) |
| Vertebral artery stenosis | 1 (0.0%) | 1 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 0 |
| Amputation stump pain | 1 (0.0%) | 0 |
| Brachial plexopathy | 1 (0.0%) | 0 |
| Brain injury | 1 (0.0%) | 0 |
| Central nervous system lesion | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebellar stroke | 1 (0.0%) | 0 |
| Cerebral artery occlusion | 1 (0.0%) | 0 |
| Cerebrovascular insufficiency | 1 (0.0%) | 0 |
| Complex regional pain syndrome | 1 (0.0%) | 0 |
| Cubital tunnel syndrome | 1 (0.0%) | 0 |
| Demyelinating polyneuropathy | 1 (0.0%) | 0 |
| Dyskinesia | 1 (0.0%) | 0 |
| Facial nerve disorder | 1 (0.0%) | 0 |
| Head discomfort | 1 (0.0%) | 0 |
| Hemianopia | 1 (0.0%) | 0 |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 0 |
| IVth nerve paralysis | 1 (0.0%) | 0 |
| Intracranial aneurysm | 1 (0.0%) | 0 |
| Intracranial hypotension | 1 (0.0%) | 0 |
| Ischaemic stroke | 1 (0.0%) | 0 |
| Lacunar stroke | 1 (0.0%) | 0 |
| Mononeuropathy | 1 (0.0%) | 0 |
| Motor dysfunction | 1 (0.0%) | 0 |
| Moyamoya disease | 1 (0.0%) | 0 |
| Neurodegenerative disorder | 1 (0.0%) | 0 |
| Peripheral sensory neuropathy | 1 (0.0%) | 0 |
| Sinus headache | 1 (0.0%) | 0 |
| Sleep deficit | 1 (0.0%) | 0 |
| Spinal claudication | 1 (0.0%) | 0 |
| Spinal cord compression | 1 (0.0%) | 0 |
| Trigeminal neuralgia | 1 (0.0%) | 0 |
| Ulnar neuritis | 1 (0.0%) | 0 |
| VIIIth nerve paralysis | 1 (0.0%) | 0 |
| Vascular dementia | 1 (0.0%) | 0 |
| Vertebrobasilar dolichoectasia | 1 (0.0%) | 0 |
| Migraine | 0 | 8 (0.3%) |
| Hypoglycaemic coma | 0 | 2 (0.1%) |
| Radicular pain | 0 | 2 (0.1%) |
| Vertigo CNS origin | 0 | 2 (0.1%) |
| Visual field defect | 0 | 2 (0.1%) |
| Ageusia | 0 | 1 (0.0%) |
| Anaesthesia | 0 | 1 (0.0%) |
| Anosmia | 0 | 1 (0.0%) |
| Brain oedema | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Carotid artery aneurysm | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebellar atrophy | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Cerebral haemorrhage | 0 | 1 (0.0%) |
| Cervicogenic headache | 0 | 1 (0.0%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 1 (0.0%) |
| Clonus | 0 | 1 (0.0%) |
| Coma | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Dysstasia | 0 | 1 (0.0%) |
| Generalised tonic-clonic seizure | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hyporeflexia | 0 | 1 (0.0%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (0.0%) |
| IVth nerve paresis | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Ischaemic neuropathy | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Multiple sclerosis | 0 | 1 (0.0%) |
| Muscle contractions involuntary | 0 | 1 (0.0%) |
| Myelitis transverse | 0 | 1 (0.0%) |
| Myoclonus | 0 | 1 (0.0%) |
| Neuralgic amyotrophy | 0 | 1 (0.0%) |
| Neuromyopathy | 0 | 1 (0.0%) |
| Parosmia | 0 | 1 (0.0%) |
| Sacral radiculopathy | 0 | 1 (0.0%) |
| Spondylitic myelopathy | 0 | 1 (0.0%) |
| Toxic neuropathy | 0 | 1 (0.0%) |
| Transverse sinus thrombosis | 0 | 1 (0.0%) |
| Ulnar nerve palsy | 0 | 1 (0.0%) |
| Ulnar tunnel syndrome | 0 | 1 (0.0%) |
| Vith nerve paresis | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 374 (16.1%) | 391 (17.0%) |
| Cough | 97 (4.2%) | 101 (4.4%) |
| Dyspnoea | 47 (2.0%) | 71 (3.1%) |
| Chronic obstructive pulmonary disease | 34 (1.5%) | 36 (1.6%) |
| Oropharyngeal pain | 27 (1.2%) | 26 (1.1%) |
| Sleep apnoea syndrome | 24 (1.0%) | 25 (1.1%) |
| Dyspnoea exertional | 21 (0.9%) | 17 (0.7%) |
| Rhinitis allergic | 17 (0.7%) | 12 (0.5%) |
| Asthma | 16 (0.7%) | 21 (0.9%) |
| Pulmonary mass | 16 (0.7%) | 11 (0.5%) |
| Bronchitis chronic | 15 (0.6%) | 5 (0.2%) |
| Epistaxis | 14 (0.6%) | 16 (0.7%) |
| Respiratory disorder | 12 (0.5%) | 6 (0.3%) |
| Acute respiratory failure | 10 (0.4%) | 6 (0.3%) |
| Pleural effusion | 9 (0.4%) | 15 (0.7%) |
| Rhinorrhoea | 9 (0.4%) | 10 (0.4%) |
| Upper respiratory tract inflammation | 8 (0.3%) | 3 (0.1%) |
| Catarrh | 6 (0.3%) | 4 (0.2%) |
| Productive cough | 5 (0.2%) | 14 (0.6%) |
| Respiratory failure | 5 (0.2%) | 11 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------|------------------------|---------------------|
| Emphysema | 5 (0.2%) | 4 (0.2%) |
| Atelectasis | 5 (0.2%) | 2 (0.1%) |
| Pulmonary embolism | 4 (0.2%) | 8 (0.3%) |
| Pulmonary hypertension | 4 (0.2%) | 8 (0.3%) |
| Hypoxia | 4 (0.2%) | 6 (0.3%) |
| Pulmonary fibrosis | 4 (0.2%) | 5 (0.2%) |
| Haemoptysis | 4 (0.2%) | 4 (0.2%) |
| Pulmonary oedema | 3 (0.1%) | 6 (0.3%) |
| Acute pulmonary oedema | 3 (0.1%) | 5 (0.2%) |
| Interstitial lung disease | 3 (0.1%) | 5 (0.2%) |
| Restrictive pulmonary disease | 3 (0.1%) | 1 (0.0%) |
| Upper-airway cough syndrome | 3 (0.1%) | 1 (0.0%) |
| Obstructive airways disorder | 3 (0.1%) | 0 |
| Pleurisy | 3 (0.1%) | 0 |
| Sinus congestion | 3 (0.1%) | 0 |
| Bronchospasm | 2 (0.1%) | 3 (0.1%) |
| Nasal congestion | 2 (0.1%) | 3 (0.1%) |
| Pulmonary congestion | 2 (0.1%) | 3 (0.1%) |
| Aphonia | 2 (0.1%) | 2 (0.1%) |
| Cystic lung disease | 2 (0.1%) | 2 (0.1%) |
| Lung disorder | 2 (0.1%) | 2 (0.1%) |
| Bronchiectasis | 2 (0.1%) | 1 (0.0%) |
| Dyspnoea paroxysmal nocturnal | 2 (0.1%) | 1 (0.0%) |
| Orthopnoea | 2 (0.1%) | 1 (0.0%) |
| Choking sensation | 2 (0.1%) | 0 |
| Hyperventilation | 2 (0.1%) | 0 |
| Lung infiltration | 2 (0.1%) | 0 |
| Nasal obstruction | 2 (0.1%) | 0 |
| Cough variant asthma | 1 (0.0%) | 4 (0.2%) |
| Hiccups | 1 (0.0%) | 3 (0.1%) |
| Wheezing | 1 (0.0%) | 3 (0.1%) |
| Pneumonitis | 1 (0.0%) | 2 (0.1%) |
| Chronic respiratory failure | 1 (0.0%) | 1 (0.0%) |
| Dysphonia | 1 (0.0%) | 1 (0.0%) |
| Nasal septum deviation | 1 (0.0%) | 1 (0.0%) |
| Paranasal cyst | 1 (0.0%) | 1 (0.0%) |
| Pneumonia aspiration | 1 (0.0%) | 1 (0.0%) |
| Pulmonary arterial hypertension | 1 (0.0%) | 1 (0.0%) |
| Respiratory acidosis | 1 (0.0%) | 1 (0.0%) |
| Sneezing | 1 (0.0%) | 1 (0.0%) |
| Asphyxia | 1 (0.0%) | 0 |
| Hypercapnia | 1 (0.0%) | 0 |
| Idiopathic pulmonary fibrosis | 1 (0.0%) | 0 |
| Increased bronchial secretion | 1 (0.0%) | 0 |
| Laryngeal cyst | 1 (0.0%) | 0 |
| Laryngeal polyp | 1 (0.0%) | 0 |
| Laryngitis allergic | 1 (0.0%) | 0 |
| Lung consolidation | 1 (0.0%) | 0 |
| Lung hyperinflation | 1 (0.0%) | 0 |
| Nasal dryness | 1 (0.0%) | 0 |
| Nasal mucosal erosion | 1 (0.0%) | 0 |
| Nasal polyps | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Nasal turbinate hypertrophy | 1 (0.0%) | 0 |
| Oropharyngeal discomfort | 1 (0.0%) | 0 |
| Paranasal sinus inflammation | 1 (0.0%) | 0 |
| Pharyngeal erythema | 1 (0.0%) | 0 |
| Pharyngeal mass | 1 (0.0%) | 0 |
| Pleuritic pain | 1 (0.0%) | 0 |
| Pneumothorax | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |
| Respiratory tract inflammation | 1 (0.0%) | 0 |
| Rhinitis hypertrophic | 1 (0.0%) | 0 |
| Rhonchi | 1 (0.0%) | 0 |
| Stridor | 1 (0.0%) | 0 |
| Tonsillar cyst | 1 (0.0%) | 0 |
| Tracheal squamous cell metaplasia | 1 (0.0%) | 0 |
| Tracheal stenosis | 1 (0.0%) | 0 |
| Vocal cord inflammation | 1 (0.0%) | 0 |
| Dyspnoea at rest | 0 | 2 (0.1%) |
| Hydrothorax | 0 | 2 (0.1%) |
| Sinus disorder | 0 | 2 (0.1%) |
| Upper respiratory tract congestion | 0 | 2 (0.1%) |
| Acute respiratory distress syndrome | 0 | 1 (0.0%) |
| Allergic respiratory disease | 0 | 1 (0.0%) |
| Apnoea | 0 | 1 (0.0%) |
| Bronchial secretion retention | 0 | 1 (0.0%) |
| Chronic respiratory disease | 0 | 1 (0.0%) |
| Diaphragmatic abnormal relaxation | 0 | 1 (0.0%) |
| Dry throat | 0 | 1 (0.0%) |
| Laryngeal mass | 0 | 1 (0.0%) |
| Lung cyst | 0 | 1 (0.0%) |
| Lung hypoinflation | 0 | 1 (0.0%) |
| Nocturnal dyspnoea | 0 | 1 (0.0%) |
| Paranasal sinus hypersecretion | 0 | 1 (0.0%) |
| Paranasal sinus mucosal hypertrophy | 0 | 1 (0.0%) |
| Pharyngeal inflammation | 0 | 1 (0.0%) |
| Pickwickian syndrome | 0 | 1 (0.0%) |
| Rales | 0 | 1 (0.0%) |
| Reflux laryngitis | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Sinus polyp | 0 | 1 (0.0%) |
| Snoring | 0 | 1 (0.0%) |
| Sputum increased | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 368 (15.8%) | 334 (14.5%) |
| Limb injury | 50 (2.1%) | 58 (2.5%) |
| Contusion | 39 (1.7%) | 38 (1.7%) |
| Ligament sprain | 29 (1.2%) | 21 (0.9%) |
| Fall | 27 (1.2%) | 35 (1.5%) |
| Skin abrasion | 15 (0.6%) | 11 (0.5%) |
| Thermal burn | 13 (0.6%) | 13 (0.6%) |
| Rib fracture | 13 (0.6%) | 12 (0.5%) |
| Foot fracture | 13 (0.6%) | 11 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|----------------------------|------------------------|---------------------|
| Head injury | 12 (0.5%) | 11 (0.5%) |
| Meniscus injury | 11 (0.5%) | 5 (0.2%) |
| Muscle strain | 9 (0.4%) | 11 (0.5%) |
| Joint injury | 9 (0.4%) | 9 (0.4%) |
| Procedural pain | 9 (0.4%) | 8 (0.3%) |
| Ankle fracture | 9 (0.4%) | 7 (0.3%) |
| Post-traumatic pain | 9 (0.4%) | 6 (0.3%) |
| Heat illness | 8 (0.3%) | 4 (0.2%) |
| Bone contusion | 7 (0.3%) | 6 (0.3%) |
| Epicondylitis | 7 (0.3%) | 5 (0.2%) |
| Arthropod bite | 7 (0.3%) | 4 (0.2%) |
| Upper limb fracture | 7 (0.3%) | 3 (0.1%) |
| Tibia fracture | 7 (0.3%) | 1 (0.0%) |
| Tendon rupture | 6 (0.3%) | 5 (0.2%) |
| Hand fracture | 6 (0.3%) | 2 (0.1%) |
| Skin laceration | 5 (0.2%) | 10 (0.4%) |
| Skin wound | 5 (0.2%) | 5 (0.2%) |
| Animal bite | 5 (0.2%) | 4 (0.2%) |
| Face injury | 5 (0.2%) | 4 (0.2%) |
| Lower limb fracture | 5 (0.2%) | 3 (0.1%) |
| Foreign body in eye | 5 (0.2%) | 1 (0.0%) |
| Accident | 4 (0.2%) | 5 (0.2%) |
| Femur fracture | 4 (0.2%) | 4 (0.2%) |
| Tooth fracture | 4 (0.2%) | 2 (0.1%) |
| Arthropod sting | 4 (0.2%) | 1 (0.0%) |
| Chest injury | 4 (0.2%) | 1 (0.0%) |
| Muscle injury | 4 (0.2%) | 0 |
| Scratch | 4 (0.2%) | 0 |
| Lumbar vertebral fracture | 3 (0.1%) | 6 (0.3%) |
| Fibula fracture | 3 (0.1%) | 4 (0.2%) |
| Joint dislocation | 3 (0.1%) | 3 (0.1%) |
| Radius fracture | 3 (0.1%) | 3 (0.1%) |
| Fractured coccyx | 3 (0.1%) | 2 (0.1%) |
| Injury | 3 (0.1%) | 1 (0.0%) |
| Ligament injury | 3 (0.1%) | 1 (0.0%) |
| Road traffic accident | 3 (0.1%) | 1 (0.0%) |
| Traumatic haematoma | 3 (0.1%) | 1 (0.0%) |
| Burns second degree | 3 (0.1%) | 0 |
| Hip fracture | 3 (0.1%) | 0 |
| Ligament rupture | 3 (0.1%) | 0 |
| Humerus fracture | 2 (0.1%) | 6 (0.3%) |
| Facial bones fracture | 2 (0.1%) | 4 (0.2%) |
| Subdural haematoma | 2 (0.1%) | 4 (0.2%) |
| Craniocerebral injury | 2 (0.1%) | 3 (0.1%) |
| Clavicle fracture | 2 (0.1%) | 2 (0.1%) |
| Eye injury | 2 (0.1%) | 1 (0.0%) |
| Heat stroke | 2 (0.1%) | 1 (0.0%) |
| Limb crushing injury | 2 (0.1%) | 1 (0.0%) |
| Multiple fractures | 2 (0.1%) | 1 (0.0%) |
| Nerve injury | 2 (0.1%) | 1 (0.0%) |
| Soft tissue injury | 2 (0.1%) | 1 (0.0%) |
| Toxicity to various agents | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|----------------------------------|------------------------|---------------------|
| Back injury | 2 (0.1%) | 0 |
| Foreign body | 2 (0.1%) | 0 |
| Nail avulsion | 2 (0.1%) | 0 |
| Poisoning | 2 (0.1%) | 0 |
| Vascular injury | 2 (0.1%) | 0 |
| Wound | 2 (0.1%) | 0 |
| Spinal compression fracture | 1 (0.0%) | 4 (0.2%) |
| Subcutaneous haematoma | 1 (0.0%) | 4 (0.2%) |
| Eye contusion | 1 (0.0%) | 3 (0.1%) |
| Cartilage injury | 1 (0.0%) | 2 (0.1%) |
| Muscle rupture | 1 (0.0%) | 2 (0.1%) |
| Post procedural complication | 1 (0.0%) | 2 (0.1%) |
| Spinal column injury | 1 (0.0%) | 2 (0.1%) |
| Subdural haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Abdominal injury | 1 (0.0%) | 1 (0.0%) |
| Fracture | 1 (0.0%) | 1 (0.0%) |
| Injury corneal | 1 (0.0%) | 1 (0.0%) |
| Lip injury | 1 (0.0%) | 1 (0.0%) |
| Mallet finger | 1 (0.0%) | 1 (0.0%) |
| Nasal injury | 1 (0.0%) | 1 (0.0%) |
| Postoperative wound complication | 1 (0.0%) | 1 (0.0%) |
| Stomal hernia | 1 (0.0%) | 1 (0.0%) |
| Traumatic fracture | 1 (0.0%) | 1 (0.0%) |
| Wound dehiscence | 1 (0.0%) | 1 (0.0%) |
| Alcohol poisoning | 1 (0.0%) | 0 |
| Arterial bypass occlusion | 1 (0.0%) | 0 |
| Arterial bypass stenosis | 1 (0.0%) | 0 |
| Burns third degree | 1 (0.0%) | 0 |
| Buttock injury | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Cerebral hyperperfusion syndrome | 1 (0.0%) | 0 |
| Chillblains | 1 (0.0%) | 0 |
| Concussion | 1 (0.0%) | 0 |
| Corneal abrasion | 1 (0.0%) | 0 |
| Device placement issue | 1 (0.0%) | 0 |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Foreign body in throat | 1 (0.0%) | 0 |
| Inflammation of wound | 1 (0.0%) | 0 |
| Intervertebral disc injury | 1 (0.0%) | 0 |
| Limb traumatic amputation | 1 (0.0%) | 0 |
| Mouth injury | 1 (0.0%) | 0 |
| Multiple injuries | 1 (0.0%) | 0 |
| Ocular procedural complication | 1 (0.0%) | 0 |
| Patella fracture | 1 (0.0%) | 0 |
| Post procedural discomfort | 1 (0.0%) | 0 |
| Post procedural hypotension | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Radiation proctitis | 1 (0.0%) | 0 |
| Scapula fracture | 1 (0.0%) | 0 |
| Scar | 1 (0.0%) | 0 |
| Sciatic nerve injury | 1 (0.0%) | 0 |
| Skin injury | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------|------------------------|---------------------|
| Splenic rupture | 1 (0.0%) | 0 |
| Tendon injury | 1 (0.0%) | 0 |
| Tongue injury | 1 (0.0%) | 0 |
| Traumatic arthritis | 1 (0.0%) | 0 |
| Traumatic haemorrhage | 1 (0.0%) | 0 |
| Ulna fracture | 1 (0.0%) | 0 |
| Vascular access site haematoma | 1 (0.0%) | 0 |
| Vascular access site thrombosis | 1 (0.0%) | 0 |
| Vascular pseudoaneurysm | 1 (0.0%) | 0 |
| Wound complication | 1 (0.0%) | 0 |
| Wound contamination | 1 (0.0%) | 0 |
| Wound necrosis | 1 (0.0%) | 0 |
| Wrist fracture | 0 | 7 (0.3%) |
| Traumatic ulcer | 0 | 5 (0.2%) |
| Burns first degree | 0 | 3 (0.1%) |
| Hyphaema | 0 | 3 (0.1%) |
| Sunburn | 0 | 3 (0.1%) |
| Anaemia postoperative | 0 | 2 (0.1%) |
| Brain contusion | 0 | 2 (0.1%) |
| Nail injury | 0 | 2 (0.1%) |
| Procedural nausea | 0 | 2 (0.1%) |
| Thoracic vertebral fracture | 0 | 2 (0.1%) |
| Accidental overdose | 0 | 1 (0.0%) |
| Auricular haematoma | 0 | 1 (0.0%) |
| Bone fissure | 0 | 1 (0.0%) |
| Burn oral cavity | 0 | 1 (0.0%) |
| Cataract operation complication | 0 | 1 (0.0%) |
| Cervical vertebral fracture | 0 | 1 (0.0%) |
| Chemical burns of eye | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Dental restoration failure | 0 | 1 (0.0%) |
| Ear canal injury | 0 | 1 (0.0%) |
| Exposure to SARS-CoV-2 | 0 | 1 (0.0%) |
| Extra-axial haemorrhage | 0 | 1 (0.0%) |
| Eyelid injury | 0 | 1 (0.0%) |
| Incision site pain | 0 | 1 (0.0%) |
| Muscle contusion | 0 | 1 (0.0%) |
| Overdose | 0 | 1 (0.0%) |
| Peripheral nerve injury | 0 | 1 (0.0%) |
| Pneumocephalus | 0 | 1 (0.0%) |
| Post procedural constipation | 0 | 1 (0.0%) |
| Post procedural fever | 0 | 1 (0.0%) |
| Post procedural hypothyroidism | 0 | 1 (0.0%) |
| Post-traumatic neck syndrome | 0 | 1 (0.0%) |
| Postoperative ileus | 0 | 1 (0.0%) |
| Procedural vomiting | 0 | 1 (0.0%) |
| Radiation associated pain | 0 | 1 (0.0%) |
| Radiation skin injury | 0 | 1 (0.0%) |
| Reactive gastropathy | 0 | 1 (0.0%) |
| Retinal injury | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Superficial injury of eye | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Synovial rupture | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Trunk injury | 0 | 1 (0.0%) |
| Ulnar nerve injury | 0 | 1 (0.0%) |
| Urethral injury | 0 | 1 (0.0%) |
| Vascular graft occlusion | 0 | 1 (0.0%) |
| Vascular Disorders | 347 (14.9%) | 398 (17.3%) |
| Hypertension | 141 (6.1%) | 202 (8.8%) |
| Hypotension | 69 (3.0%) | 36 (1.6%) |
| Peripheral arterial occlusive disease | 28 (1.2%) | 39 (1.7%) |
| Peripheral venous disease | 12 (0.5%) | 11 (0.5%) |
| Arteriosclerosis | 12 (0.5%) | 7 (0.3%) |
| Aortic stenosis | 10 (0.4%) | 11 (0.5%) |
| Hypertensive crisis | 9 (0.4%) | 13 (0.6%) |
| Orthostatic hypotension | 9 (0.4%) | 10 (0.4%) |
| Varicose vein | 9 (0.4%) | 9 (0.4%) |
| Deep vein thrombosis | 9 (0.4%) | 8 (0.3%) |
| Aortic arteriosclerosis | 8 (0.3%) | 16 (0.7%) |
| Intermittent claudication | 8 (0.3%) | 8 (0.3%) |
| Peripheral artery occlusion | 7 (0.3%) | 3 (0.1%) |
| Peripheral ischaemia | 7 (0.3%) | 1 (0.0%) |
| Peripheral artery stenosis | 6 (0.3%) | 8 (0.3%) |
| Blood pressure inadequately controlled | 5 (0.2%) | 11 (0.5%) |
| Peripheral vascular disorder | 4 (0.2%) | 8 (0.3%) |
| Diabetic vascular disorder | 3 (0.1%) | 6 (0.3%) |
| Hot flush | 3 (0.1%) | 3 (0.1%) |
| Hypertensive urgency | 3 (0.1%) | 3 (0.1%) |
| Phlebitis | 3 (0.1%) | 3 (0.1%) |
| Hypertensive emergency | 3 (0.1%) | 2 (0.1%) |
| Lymphoedema | 3 (0.1%) | 1 (0.0%) |
| Haematoma | 2 (0.1%) | 6 (0.3%) |
| Aortic aneurysm | 2 (0.1%) | 5 (0.2%) |
| Peripheral artery thrombosis | 2 (0.1%) | 2 (0.1%) |
| Peripheral coldness | 2 (0.1%) | 2 (0.1%) |
| Thrombophlebitis | 2 (0.1%) | 2 (0.1%) |
| Iliac artery stenosis | 2 (0.1%) | 1 (0.0%) |
| Macroangiopathy | 2 (0.1%) | 1 (0.0%) |
| Giant cell arteritis | 2 (0.1%) | 0 |
| Peripheral embolism | 2 (0.1%) | 0 |
| Phlebitis superficial | 2 (0.1%) | 0 |
| Thrombophlebitis superficial | 2 (0.1%) | 0 |
| Aortic dilatation | 1 (0.0%) | 3 (0.1%) |
| Essential hypertension | 1 (0.0%) | 3 (0.1%) |
| Circulatory collapse | 1 (0.0%) | 2 (0.1%) |
| Dry gangrene | 1 (0.0%) | 1 (0.0%) |
| Extremity necrosis | 1 (0.0%) | 1 (0.0%) |
| Poor peripheral circulation | 1 (0.0%) | 1 (0.0%) |
| Subclavian steal syndrome | 1 (0.0%) | 1 (0.0%) |
| Aortitis | 1 (0.0%) | 0 |
| Arterial disorder | 1 (0.0%) | 0 |
| Arterial occlusive disease | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Brachiocephalic arteriosclerosis | 1 (0.0%) | 0 |
| Diastolic hypotension | 1 (0.0%) | 0 |
| Embolism venous | 1 (0.0%) | 0 |
| Haematocoele | 1 (0.0%) | 0 |
| Labile hypertension | 1 (0.0%) | 0 |
| Lymphorrhoea | 1 (0.0%) | 0 |
| Neovascularisation | 1 (0.0%) | 0 |
| Phlebosclerosis | 1 (0.0%) | 0 |
| Raynaud's phenomenon | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Vasodilatation | 1 (0.0%) | 0 |
| Vein rupture | 1 (0.0%) | 0 |
| White coat hypertension | 1 (0.0%) | 0 |
| Flushing | 0 | 3 (0.1%) |
| Peripheral artery aneurysm | 0 | 3 (0.1%) |
| Accelerated hypertension | 0 | 2 (0.1%) |
| Diabetic macroangiopathy | 0 | 2 (0.1%) |
| Systolic hypertension | 0 | 2 (0.1%) |
| Venous thrombosis limb | 0 | 2 (0.1%) |
| Angiopathy | 0 | 1 (0.0%) |
| Angiosclerosis | 0 | 1 (0.0%) |
| Aortic aneurysm rupture | 0 | 1 (0.0%) |
| Aortic disorder | 0 | 1 (0.0%) |
| Hypovolaemic shock | 0 | 1 (0.0%) |
| Leriche syndrome | 0 | 1 (0.0%) |
| Microangiopathy | 0 | 1 (0.0%) |
| Phlebolith | 0 | 1 (0.0%) |
| Post thrombotic syndrome | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Supra-aortic trunk stenosis | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 337 (14.5%) | 387 (16.8%) |
| Oedema peripheral | 110 (4.7%) | 168 (7.3%) |
| Chest pain | 53 (2.3%) | 60 (2.6%) |
| Fatigue | 33 (1.4%) | 36 (1.6%) |
| Pyrexia | 32 (1.4%) | 35 (1.5%) |
| Asthenia | 30 (1.3%) | 28 (1.2%) |
| Peripheral swelling | 18 (0.8%) | 22 (1.0%) |
| Influenza like illness | 16 (0.7%) | 13 (0.6%) |
| Chest discomfort | 14 (0.6%) | 10 (0.4%) |
| Oedema | 13 (0.6%) | 20 (0.9%) |
| Malaise | 9 (0.4%) | 9 (0.4%) |
| Pain | 8 (0.3%) | 8 (0.3%) |
| Death | 6 (0.3%) | 2 (0.1%) |
| General physical health deterioration | 4 (0.2%) | 4 (0.2%) |
| Generalised oedema | 4 (0.2%) | 4 (0.2%) |
| Chills | 4 (0.2%) | 3 (0.1%) |
| Cyst | 4 (0.2%) | 3 (0.1%) |
| Hyperthermia | 4 (0.2%) | 0 |
| Impaired healing | 4 (0.2%) | 0 |
| Inflammation | 3 (0.1%) | 8 (0.3%) |
| Non-cardiac chest pain | 3 (0.1%) | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Exercise tolerance decreased | 3 (0.1%) | 0 |
| Gait disturbance | 2 (0.1%) | 4 (0.2%) |
| Mass | 2 (0.1%) | 3 (0.1%) |
| Polyp | 2 (0.1%) | 3 (0.1%) |
| Multiple organ dysfunction syndrome | 2 (0.1%) | 2 (0.1%) |
| Nodule | 2 (0.1%) | 1 (0.0%) |
| Hernia | 2 (0.1%) | 0 |
| Oedema due to renal disease | 2 (0.1%) | 0 |
| Drug intolerance | 1 (0.0%) | 3 (0.1%) |
| Illness | 1 (0.0%) | 3 (0.1%) |
| Thirst | 1 (0.0%) | 3 (0.1%) |
| Gravitational oedema | 1 (0.0%) | 2 (0.1%) |
| Swelling face | 1 (0.0%) | 2 (0.1%) |
| Granuloma | 1 (0.0%) | 1 (0.0%) |
| Axillary pain | 1 (0.0%) | 0 |
| Catheter site pain | 1 (0.0%) | 0 |
| Feeling abnormal | 1 (0.0%) | 0 |
| Feeling cold | 1 (0.0%) | 0 |
| Hanging | 1 (0.0%) | 0 |
| Injection site atrophy | 1 (0.0%) | 0 |
| Physical deconditioning | 1 (0.0%) | 0 |
| Pseudocyst | 1 (0.0%) | 0 |
| Puncture site swelling | 1 (0.0%) | 0 |
| Soft tissue inflammation | 1 (0.0%) | 0 |
| Suprapubic pain | 1 (0.0%) | 0 |
| Vascular stent stenosis | 1 (0.0%) | 0 |
| Face oedema | 0 | 2 (0.1%) |
| Secretion discharge | 0 | 2 (0.1%) |
| Catheter site erythema | 0 | 1 (0.0%) |
| Facial pain | 0 | 1 (0.0%) |
| Haemorrhagic cyst | 0 | 1 (0.0%) |
| Hunger | 0 | 1 (0.0%) |
| Induration | 0 | 1 (0.0%) |
| Localised oedema | 0 | 1 (0.0%) |
| Pacemaker generated arrhythmia | 0 | 1 (0.0%) |
| Puncture site pain | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Swelling | 0 | 1 (0.0%) |
| Temperature intolerance | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 334 (14.4%) | 325 (14.1%) |
| Skin ulcer | 50 (2.1%) | 57 (2.5%) |
| Pruritus | 41 (1.8%) | 40 (1.7%) |
| Diabetic foot | 36 (1.5%) | 30 (1.3%) |
| Eczema | 35 (1.5%) | 32 (1.4%) |
| Rash | 30 (1.3%) | 34 (1.5%) |
| Urticaria | 16 (0.7%) | 11 (0.5%) |
| Dermatitis | 14 (0.6%) | 15 (0.7%) |
| Dermatitis allergic | 14 (0.6%) | 4 (0.2%) |
| Hyperkeratosis | 11 (0.5%) | 5 (0.2%) |
| Dry skin | 10 (0.4%) | 14 (0.6%) |
| Erythema | 9 (0.4%) | 11 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------|------------------------|---------------------|
| Blister | 8 (0.3%) | 9 (0.4%) |
| Dermatitis contact | 8 (0.3%) | 8 (0.3%) |
| Skin lesion | 8 (0.3%) | 7 (0.3%) |
| Hyperhidrosis | 8 (0.3%) | 5 (0.2%) |
| Psoriasis | 7 (0.3%) | 6 (0.3%) |
| Skin disorder | 6 (0.3%) | 0 |
| Dermatitis atopic | 5 (0.2%) | 4 (0.2%) |
| Eczema asteatotic | 5 (0.2%) | 1 (0.0%) |
| Ingrowing nail | 4 (0.2%) | 8 (0.3%) |
| Alopecia | 4 (0.2%) | 7 (0.3%) |
| Seborrheic dermatitis | 4 (0.2%) | 4 (0.2%) |
| Stasis dermatitis | 4 (0.2%) | 4 (0.2%) |
| Decubitus ulcer | 4 (0.2%) | 2 (0.1%) |
| Hidradenitis | 4 (0.2%) | 2 (0.1%) |
| Angioedema | 4 (0.2%) | 1 (0.0%) |
| Neurodermatitis | 4 (0.2%) | 0 |
| Actinic keratosis | 3 (0.1%) | 5 (0.2%) |
| Skin discolouration | 3 (0.1%) | 3 (0.1%) |
| Skin exfoliation | 3 (0.1%) | 3 (0.1%) |
| Dyshidrotic eczema | 3 (0.1%) | 0 |
| Dermal cyst | 2 (0.1%) | 7 (0.3%) |
| Hand dermatitis | 2 (0.1%) | 3 (0.1%) |
| Miliaria | 2 (0.1%) | 2 (0.1%) |
| Palmoplantar keratoderma | 2 (0.1%) | 2 (0.1%) |
| Xeroderma | 2 (0.1%) | 2 (0.1%) |
| Asteatosis | 2 (0.1%) | 1 (0.0%) |
| Drug eruption | 2 (0.1%) | 1 (0.0%) |
| Diabetic bullosis | 2 (0.1%) | 0 |
| Exfoliative rash | 2 (0.1%) | 0 |
| Onycholysis | 2 (0.1%) | 0 |
| Prurigo | 2 (0.1%) | 0 |
| Skin reaction | 2 (0.1%) | 0 |
| Rash pruritic | 1 (0.0%) | 3 (0.1%) |
| Ecchymosis | 1 (0.0%) | 2 (0.1%) |
| Eczema nummular | 1 (0.0%) | 2 (0.1%) |
| Skin fissures | 1 (0.0%) | 2 (0.1%) |
| Alopecia areata | 1 (0.0%) | 1 (0.0%) |
| Dermatitis bullous | 1 (0.0%) | 1 (0.0%) |
| Dermatitis psoriasiform | 1 (0.0%) | 1 (0.0%) |
| Haemorrhage subcutaneous | 1 (0.0%) | 1 (0.0%) |
| Itching scar | 1 (0.0%) | 1 (0.0%) |
| Nail dystrophy | 1 (0.0%) | 1 (0.0%) |
| Papule | 1 (0.0%) | 1 (0.0%) |
| Rosacea | 1 (0.0%) | 1 (0.0%) |
| Scab | 1 (0.0%) | 1 (0.0%) |
| Skin irritation | 1 (0.0%) | 1 (0.0%) |
| Skin necrosis | 1 (0.0%) | 1 (0.0%) |
| Angiodermatitis | 1 (0.0%) | 0 |
| Angiokeratoma | 1 (0.0%) | 0 |
| Autoimmune dermatitis | 1 (0.0%) | 0 |
| Brow ptosis | 1 (0.0%) | 0 |
| Cold sweat | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|----------------------------------|------------------------|---------------------|
| Diffuse alopecia | 1 (0.0%) | 0 |
| Erythema ab igne | 1 (0.0%) | 0 |
| Fixed eruption | 1 (0.0%) | 0 |
| Intertrigo | 1 (0.0%) | 0 |
| Nail fold inflammation | 1 (0.0%) | 0 |
| Nail hypertrophy | 1 (0.0%) | 0 |
| Neuropathic ulcer | 1 (0.0%) | 0 |
| Pemphigoid | 1 (0.0%) | 0 |
| Pigmentation disorder | 1 (0.0%) | 0 |
| Purpura | 1 (0.0%) | 0 |
| Pustular psoriasis | 1 (0.0%) | 0 |
| Rash macular | 1 (0.0%) | 0 |
| Rash papular | 1 (0.0%) | 0 |
| Rhinophyma | 1 (0.0%) | 0 |
| Scar pain | 1 (0.0%) | 0 |
| Sebaceous adenitis | 1 (0.0%) | 0 |
| Seborrhoea | 1 (0.0%) | 0 |
| Senile xerosis | 1 (0.0%) | 0 |
| Skin burning sensation | 1 (0.0%) | 0 |
| Skin erosion | 1 (0.0%) | 0 |
| Solar lentigo | 1 (0.0%) | 0 |
| Toxic skin eruption | 1 (0.0%) | 0 |
| Urticaria chronic | 1 (0.0%) | 0 |
| Urticarial dermatitis | 1 (0.0%) | 0 |
| Diabetic ulcer | 0 | 3 (0.1%) |
| Lipohypertrophy | 0 | 3 (0.1%) |
| Nail discolouration | 0 | 2 (0.1%) |
| Rash maculo-papular | 0 | 2 (0.1%) |
| Skin induration | 0 | 2 (0.1%) |
| Skin mass | 0 | 2 (0.1%) |
| Vitiligo | 0 | 2 (0.1%) |
| Acne | 0 | 1 (0.0%) |
| Dandruff | 0 | 1 (0.0%) |
| Erythema annulare | 0 | 1 (0.0%) |
| Excessive skin | 0 | 1 (0.0%) |
| Hypersensitivity vasculitis | 0 | 1 (0.0%) |
| Ischaemic skin ulcer | 0 | 1 (0.0%) |
| Lichen sclerosus | 0 | 1 (0.0%) |
| Nail bed bleeding | 0 | 1 (0.0%) |
| Nail bed inflammation | 0 | 1 (0.0%) |
| Nail disorder | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Night sweats | 0 | 1 (0.0%) |
| Onychoclasia | 0 | 1 (0.0%) |
| Palmoplantar pustulosis | 0 | 1 (0.0%) |
| Parapsoriasis | 0 | 1 (0.0%) |
| Pityriasis rosea | 0 | 1 (0.0%) |
| Pruritus allergic | 0 | 1 (0.0%) |
| Rash erythematous | 0 | 1 (0.0%) |
| Skin depigmentation | 0 | 1 (0.0%) |
| Skin hyperpigmentation | 0 | 1 (0.0%) |
| Skin hypertrophy | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|----------------------------------|------------------------|---------------------|
| Eye Disorders | 285 (12.3%) | 287 (12.5%) |
| Cataract | 93 (4.0%) | 86 (3.7%) |
| Diabetic retinopathy | 69 (3.0%) | 72 (3.1%) |
| Vitreous haemorrhage | 32 (1.4%) | 18 (0.8%) |
| Retinal haemorrhage | 15 (0.6%) | 14 (0.6%) |
| Macular oedema | 15 (0.6%) | 13 (0.6%) |
| Dry eye | 15 (0.6%) | 12 (0.5%) |
| Glaucoma | 12 (0.5%) | 12 (0.5%) |
| Vision blurred | 12 (0.5%) | 9 (0.4%) |
| Blepharitis | 8 (0.3%) | 8 (0.3%) |
| Retinal detachment | 8 (0.3%) | 1 (0.0%) |
| Diabetic retinal oedema | 7 (0.3%) | 7 (0.3%) |
| Visual impairment | 5 (0.2%) | 12 (0.5%) |
| Conjunctivitis allergic | 5 (0.2%) | 7 (0.3%) |
| Retinopathy hypertensive | 4 (0.2%) | 6 (0.3%) |
| Macular fibrosis | 4 (0.2%) | 5 (0.2%) |
| Retinopathy | 4 (0.2%) | 4 (0.2%) |
| Visual acuity reduced | 4 (0.2%) | 2 (0.1%) |
| Asthenopia | 4 (0.2%) | 1 (0.0%) |
| Blindness unilateral | 4 (0.2%) | 1 (0.0%) |
| Vitreous floaters | 4 (0.2%) | 1 (0.0%) |
| Eye pain | 3 (0.1%) | 3 (0.1%) |
| Lacrimation increased | 3 (0.1%) | 3 (0.1%) |
| Macular degeneration | 3 (0.1%) | 3 (0.1%) |
| Ocular hypertension | 3 (0.1%) | 3 (0.1%) |
| Conjunctival haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Ulcerative keratitis | 3 (0.1%) | 2 (0.1%) |
| Eye haemorrhage | 3 (0.1%) | 1 (0.0%) |
| Tractional retinal detachment | 3 (0.1%) | 1 (0.0%) |
| Posterior capsule opacification | 2 (0.1%) | 5 (0.2%) |
| Retinopathy proliferative | 2 (0.1%) | 2 (0.1%) |
| Vitreous opacities | 2 (0.1%) | 2 (0.1%) |
| Chalazion | 2 (0.1%) | 1 (0.0%) |
| Diplopia | 2 (0.1%) | 1 (0.0%) |
| Maculopathy | 2 (0.1%) | 1 (0.0%) |
| Optic atrophy | 2 (0.1%) | 1 (0.0%) |
| Retinal tear | 2 (0.1%) | 1 (0.0%) |
| Astigmatism | 2 (0.1%) | 0 |
| Blindness | 2 (0.1%) | 0 |
| Conjunctival hyperaemia | 2 (0.1%) | 0 |
| Diabetic eye disease | 2 (0.1%) | 0 |
| Entropion | 2 (0.1%) | 0 |
| Ocular hyperaemia | 2 (0.1%) | 0 |
| Pterygium | 2 (0.1%) | 0 |
| Sudden visual loss | 2 (0.1%) | 0 |
| Eye pruritus | 1 (0.0%) | 5 (0.2%) |
| Age-related macular degeneration | 1 (0.0%) | 3 (0.1%) |
| Keratitis | 1 (0.0%) | 3 (0.1%) |
| Eyelid oedema | 1 (0.0%) | 2 (0.1%) |
| Retinal degeneration | 1 (0.0%) | 2 (0.1%) |
| Vitreous detachment | 1 (0.0%) | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-----------------------------------|------------------------|---------------------|
| Cataract diabetic | 1 (0.0%) | 1 (0.0%) |
| Choroidal neovascularisation | 1 (0.0%) | 1 (0.0%) |
| Dermatochalasis | 1 (0.0%) | 1 (0.0%) |
| Eczema eyelids | 1 (0.0%) | 1 (0.0%) |
| Eye allergy | 1 (0.0%) | 1 (0.0%) |
| Eye inflammation | 1 (0.0%) | 1 (0.0%) |
| Eye irritation | 1 (0.0%) | 1 (0.0%) |
| Macular cyst | 1 (0.0%) | 1 (0.0%) |
| Myopia | 1 (0.0%) | 1 (0.0%) |
| Ocular discomfort | 1 (0.0%) | 1 (0.0%) |
| Punctate keratitis | 1 (0.0%) | 1 (0.0%) |
| Refraction disorder | 1 (0.0%) | 1 (0.0%) |
| Retinal aneurysm | 1 (0.0%) | 1 (0.0%) |
| Retinal oedema | 1 (0.0%) | 1 (0.0%) |
| Retinal vascular disorder | 1 (0.0%) | 1 (0.0%) |
| Retinal vein thrombosis | 1 (0.0%) | 1 (0.0%) |
| Swelling of eyelid | 1 (0.0%) | 1 (0.0%) |
| Vitreoretinal traction syndrome | 1 (0.0%) | 1 (0.0%) |
| Amaurosis | 1 (0.0%) | 0 |
| Blepharochalasis | 1 (0.0%) | 0 |
| Corneal oedema | 1 (0.0%) | 0 |
| Deformity of orbit | 1 (0.0%) | 0 |
| Exposure keratitis | 1 (0.0%) | 0 |
| Extraocular muscle paresis | 1 (0.0%) | 0 |
| Eye discharge | 1 (0.0%) | 0 |
| Eye disorder | 1 (0.0%) | 0 |
| Eye ulcer | 1 (0.0%) | 0 |
| Hypermetropia | 1 (0.0%) | 0 |
| Iritis | 1 (0.0%) | 0 |
| Lens dislocation | 1 (0.0%) | 0 |
| Noninfective retinitis | 1 (0.0%) | 0 |
| Ocular ischaemic syndrome | 1 (0.0%) | 0 |
| Ocular myasthenia | 1 (0.0%) | 0 |
| Orbit atrophy | 1 (0.0%) | 0 |
| Papilloedema | 1 (0.0%) | 0 |
| Pathologic myopia | 1 (0.0%) | 0 |
| Photophobia | 1 (0.0%) | 0 |
| Photopsia | 1 (0.0%) | 0 |
| Retinal artery spasm | 1 (0.0%) | 0 |
| Retinal neovascularisation | 1 (0.0%) | 0 |
| Rhegmatogenous retinal detachment | 1 (0.0%) | 0 |
| Uveitis | 0 | 4 (0.2%) |
| Cataract cortical | 0 | 3 (0.1%) |
| Corneal erosion | 0 | 3 (0.1%) |
| Dacryostenosis acquired | 0 | 3 (0.1%) |
| Eyelid ptosis | 0 | 3 (0.1%) |
| Retinal vein occlusion | 0 | 3 (0.1%) |
| Xerophthalmia | 0 | 3 (0.1%) |
| Arteriosclerotic retinopathy | 0 | 2 (0.1%) |
| Cataract nuclear | 0 | 2 (0.1%) |
| Eye swelling | 0 | 2 (0.1%) |
| Eyelid cyst | 0 | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------------------|------------------------|---------------------|
| Non-proliferative retinopathy | 0 | 2 (0.1%) |
| Blepharitis allergic | 0 | 1 (0.0%) |
| Cataract subcapsular | 0 | 1 (0.0%) |
| Cholesterolosis bulbi | 0 | 1 (0.0%) |
| Corneal infiltrates | 0 | 1 (0.0%) |
| Corneal leukoma | 0 | 1 (0.0%) |
| Cystoid macular oedema | 0 | 1 (0.0%) |
| Dry age-related macular degeneration | 0 | 1 (0.0%) |
| Ectropion | 0 | 1 (0.0%) |
| Episcleritis | 0 | 1 (0.0%) |
| Foreign body sensation in eyes | 0 | 1 (0.0%) |
| Hyalosis asteroid | 0 | 1 (0.0%) |
| Keratoconus | 0 | 1 (0.0%) |
| Lacrimal disorder | 0 | 1 (0.0%) |
| Lacrimal passage granuloma | 0 | 1 (0.0%) |
| Lenticular opacities | 0 | 1 (0.0%) |
| Open angle glaucoma | 0 | 1 (0.0%) |
| Ophthalmoplegia | 0 | 1 (0.0%) |
| Optic ischaemic neuropathy | 0 | 1 (0.0%) |
| Periorbital oedema | 0 | 1 (0.0%) |
| Periorbital swelling | 0 | 1 (0.0%) |
| Presbyopia | 0 | 1 (0.0%) |
| Retinal pigmentation | 0 | 1 (0.0%) |
| Scleritis | 0 | 1 (0.0%) |
| Vitreous prolapse | 0 | 1 (0.0%) |
| Cardiac Disorders | 258 (11.1%) | 301 (13.1%) |
| Cardiac failure | 22 (0.9%) | 39 (1.7%) |
| Angina pectoris | 21 (0.9%) | 29 (1.3%) |
| Myocardial ischaemia | 20 (0.9%) | 25 (1.1%) |
| Atrial fibrillation | 20 (0.9%) | 14 (0.6%) |
| Palpitations | 20 (0.9%) | 14 (0.6%) |
| Coronary artery disease | 18 (0.8%) | 26 (1.1%) |
| Cardiac failure chronic | 17 (0.7%) | 17 (0.7%) |
| Ventricular extrasystoles | 14 (0.6%) | 12 (0.5%) |
| Left ventricular hypertrophy | 13 (0.6%) | 11 (0.5%) |
| Mitral valve incompetence | 12 (0.5%) | 17 (0.7%) |
| Bundle branch block right | 12 (0.5%) | 9 (0.4%) |
| Bundle branch block left | 10 (0.4%) | 14 (0.6%) |
| Arteriosclerosis coronary artery | 10 (0.4%) | 7 (0.3%) |
| Sinus bradycardia | 10 (0.4%) | 6 (0.3%) |
| Atrioventricular block first degree | 9 (0.4%) | 10 (0.4%) |
| Cardiac failure congestive | 8 (0.3%) | 14 (0.6%) |
| Bradycardia | 7 (0.3%) | 16 (0.7%) |
| Tricuspid valve incompetence | 7 (0.3%) | 10 (0.4%) |
| Aortic valve incompetence | 7 (0.3%) | 3 (0.1%) |
| Tachycardia | 6 (0.3%) | 11 (0.5%) |
| Supraventricular extrasystoles | 6 (0.3%) | 5 (0.2%) |
| Atrioventricular block second degree | 6 (0.3%) | 2 (0.1%) |
| Coronary artery stenosis | 5 (0.2%) | 8 (0.3%) |
| Aortic valve stenosis | 4 (0.2%) | 14 (0.6%) |
| Sinus tachycardia | 4 (0.2%) | 9 (0.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------------|------------------------|---------------------|
| Angina unstable | 4 (0.2%) | 6 (0.3%) |
| Ventricular tachycardia | 4 (0.2%) | 4 (0.2%) |
| Atrial flutter | 4 (0.2%) | 2 (0.1%) |
| Ischaemic cardiomyopathy | 4 (0.2%) | 2 (0.1%) |
| Left atrial enlargement | 4 (0.2%) | 2 (0.1%) |
| Left ventricular dysfunction | 4 (0.2%) | 1 (0.0%) |
| Arrhythmia | 3 (0.1%) | 9 (0.4%) |
| Supraventricular tachycardia | 3 (0.1%) | 6 (0.3%) |
| Sinus arrhythmia | 3 (0.1%) | 4 (0.2%) |
| Cardiomegaly | 3 (0.1%) | 3 (0.1%) |
| Diastolic dysfunction | 3 (0.1%) | 3 (0.1%) |
| Left ventricular failure | 3 (0.1%) | 3 (0.1%) |
| Pericardial effusion | 3 (0.1%) | 3 (0.1%) |
| Acute coronary syndrome | 2 (0.1%) | 2 (0.1%) |
| Extrasystoles | 2 (0.1%) | 2 (0.1%) |
| Hypertensive heart disease | 2 (0.1%) | 2 (0.1%) |
| Aortic valve disease mixed | 2 (0.1%) | 1 (0.0%) |
| Cardiac failure acute | 2 (0.1%) | 1 (0.0%) |
| Cardiomyopathy | 2 (0.1%) | 1 (0.0%) |
| Pulmonary valve incompetence | 2 (0.1%) | 1 (0.0%) |
| Ventricular hypokinesia | 2 (0.1%) | 1 (0.0%) |
| Defect conduction intraventricular | 2 (0.1%) | 0 |
| Ventricular fibrillation | 2 (0.1%) | 0 |
| Aortic valve sclerosis | 1 (0.0%) | 4 (0.2%) |
| Left atrial dilatation | 1 (0.0%) | 4 (0.2%) |
| Aortic valve calcification | 1 (0.0%) | 3 (0.1%) |
| Atrioventricular block | 1 (0.0%) | 2 (0.1%) |
| Conduction disorder | 1 (0.0%) | 2 (0.1%) |
| Mitral valve sclerosis | 1 (0.0%) | 2 (0.1%) |
| Cardiac valve disease | 1 (0.0%) | 1 (0.0%) |
| Congestive cardiomyopathy | 1 (0.0%) | 1 (0.0%) |
| Left ventricular dilatation | 1 (0.0%) | 1 (0.0%) |
| Myocardial fibrosis | 1 (0.0%) | 1 (0.0%) |
| Atrial thrombosis | 1 (0.0%) | 0 |
| Cardiac disorder | 1 (0.0%) | 0 |
| Cardiac hypertrophy | 1 (0.0%) | 0 |
| Cardiovascular insufficiency | 1 (0.0%) | 0 |
| Chronic left ventricular failure | 1 (0.0%) | 0 |
| Degenerative multivalvular disease | 1 (0.0%) | 0 |
| Dilatation atrial | 1 (0.0%) | 0 |
| Paroxysmal atrioventricular block | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis | 1 (0.0%) | 0 |
| Rheumatic heart disease | 1 (0.0%) | 0 |
| Sigmoid-shaped ventricular septum | 1 (0.0%) | 0 |
| Sinus node dysfunction | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular hypertrophy | 1 (0.0%) | 0 |
| Atrioventricular block complete | 0 | 3 (0.1%) |
| Acute myocardial infarction | 0 | 2 (0.1%) |
| Cardiogenic shock | 0 | 2 (0.1%) |
| Cor pulmonale chronic | 0 | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-------------------------------|------------------------|---------------------|
| Ventricular arrhythmia | 0 | 2 (0.1%) |
| Aortic valve disease | 0 | 1 (0.0%) |
| Bifascicular block | 0 | 1 (0.0%) |
| Bradyarrhythmia | 0 | 1 (0.0%) |
| Cardiac aneurysm | 0 | 1 (0.0%) |
| Cardiac arrest | 0 | 1 (0.0%) |
| Cardiac asthma | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cardiovascular disorder | 0 | 1 (0.0%) |
| Coronary artery insufficiency | 0 | 1 (0.0%) |
| Heart valve incompetence | 0 | 1 (0.0%) |
| Long QT syndrome | 0 | 1 (0.0%) |
| Mitral valve calcification | 0 | 1 (0.0%) |
| Nodal arrhythmia | 0 | 1 (0.0%) |
| Prinzmetal angina | 0 | 1 (0.0%) |
| Right atrial enlargement | 0 | 1 (0.0%) |
| Right ventricular dilatation | 0 | 1 (0.0%) |
| Sinoatrial block | 0 | 1 (0.0%) |
| Systolic dysfunction | 0 | 1 (0.0%) |
| Ventricular dysfunction | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 241 (10.4%) | 307 (13.3%) |
| Acute kidney injury | 33 (1.4%) | 33 (1.4%) |
| Renal impairment | 32 (1.4%) | 29 (1.3%) |
| Nephrolithiasis | 31 (1.3%) | 34 (1.5%) |
| Renal cyst | 26 (1.1%) | 32 (1.4%) |
| Haematuria | 19 (0.8%) | 33 (1.4%) |
| Diabetic nephropathy | 11 (0.5%) | 29 (1.3%) |
| Dysuria | 11 (0.5%) | 23 (1.0%) |
| Urinary incontinence | 11 (0.5%) | 11 (0.5%) |
| Pollakiuria | 7 (0.3%) | 15 (0.7%) |
| Urinary retention | 7 (0.3%) | 15 (0.7%) |
| Nocturia | 7 (0.3%) | 14 (0.6%) |
| Ureterolithiasis | 7 (0.3%) | 3 (0.1%) |
| Chronic kidney disease | 6 (0.3%) | 17 (0.7%) |
| Hydronephrosis | 6 (0.3%) | 8 (0.3%) |
| Polyuria | 6 (0.3%) | 4 (0.2%) |
| Renal colic | 5 (0.2%) | 10 (0.4%) |
| Proteinuria | 5 (0.2%) | 8 (0.3%) |
| Renal failure | 4 (0.2%) | 8 (0.3%) |
| Nephropathy | 4 (0.2%) | 5 (0.2%) |
| Urethral stenosis | 4 (0.2%) | 3 (0.1%) |
| Albuminuria | 3 (0.1%) | 6 (0.3%) |
| Calculus urinary | 3 (0.1%) | 4 (0.2%) |
| Neurogenic bladder | 3 (0.1%) | 2 (0.1%) |
| Nephrotic syndrome | 2 (0.1%) | 8 (0.3%) |
| Calculus bladder | 2 (0.1%) | 4 (0.2%) |
| Micturition urgency | 2 (0.1%) | 4 (0.2%) |
| Bladder spasm | 2 (0.1%) | 2 (0.1%) |
| Lower urinary tract symptoms | 2 (0.1%) | 2 (0.1%) |
| Renal atrophy | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------------|------------------------|---------------------|
| Urinary hesitation | 2 (0.1%) | 1 (0.0%) |
| Subacute kidney injury | 2 (0.1%) | 0 |
| Hypertonic bladder | 1 (0.0%) | 9 (0.4%) |
| Nephrosclerosis | 1 (0.0%) | 3 (0.1%) |
| Bladder diverticulum | 1 (0.0%) | 2 (0.1%) |
| Renal disorder | 1 (0.0%) | 2 (0.1%) |
| Acquired cystic kidney disease | 1 (0.0%) | 1 (0.0%) |
| Haemorrhage urinary tract | 1 (0.0%) | 1 (0.0%) |
| Hydroureter | 1 (0.0%) | 1 (0.0%) |
| Oliguria | 1 (0.0%) | 1 (0.0%) |
| Renal artery stenosis | 1 (0.0%) | 1 (0.0%) |
| Strangury | 1 (0.0%) | 1 (0.0%) |
| Urinary bladder polyp | 1 (0.0%) | 1 (0.0%) |
| Urinary tract disorder | 1 (0.0%) | 1 (0.0%) |
| Urinary tract obstruction | 1 (0.0%) | 1 (0.0%) |
| Urine odour abnormal | 1 (0.0%) | 1 (0.0%) |
| Bladder dysfunction | 1 (0.0%) | 0 |
| Bladder hyperaemia | 1 (0.0%) | 0 |
| Bladder irritation | 1 (0.0%) | 0 |
| Bladder neck sclerosis | 1 (0.0%) | 0 |
| Bladder pain | 1 (0.0%) | 0 |
| Focal segmental glomerulosclerosis | 1 (0.0%) | 0 |
| Hypocitraturia | 1 (0.0%) | 0 |
| Hyponatriuria | 1 (0.0%) | 0 |
| Incontinence | 1 (0.0%) | 0 |
| Microalbuminuria | 1 (0.0%) | 0 |
| Nephrocalcinosis | 1 (0.0%) | 0 |
| Nephroptosis | 1 (0.0%) | 0 |
| Perinephritis | 1 (0.0%) | 0 |
| Renal cyst haemorrhage | 1 (0.0%) | 0 |
| Renal tubular necrosis | 1 (0.0%) | 0 |
| Vesicoureteric reflux | 1 (0.0%) | 0 |
| Renal mass | 0 | 4 (0.2%) |
| Azotaemia | 0 | 2 (0.1%) |
| Bladder hypertrophy | 0 | 2 (0.1%) |
| Glomerulonephritis membranous | 0 | 2 (0.1%) |
| Renal pain | 0 | 2 (0.1%) |
| Stress urinary incontinence | 0 | 2 (0.1%) |
| Tubulointerstitial nephritis | 0 | 2 (0.1%) |
| Anuria | 0 | 1 (0.0%) |
| Chromaturia | 0 | 1 (0.0%) |
| End stage renal disease | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Hypertensive nephropathy | 0 | 1 (0.0%) |
| Hyperuricosuria | 0 | 1 (0.0%) |
| Intercapillary glomerulosclerosis | 0 | 1 (0.0%) |
| Kidney enlargement | 0 | 1 (0.0%) |
| Micturition disorder | 0 | 1 (0.0%) |
| Nephritic syndrome | 0 | 1 (0.0%) |
| Nephritis | 0 | 1 (0.0%) |
| Nephroangiosclerosis | 0 | 1 (0.0%) |
| Post micturition dribble | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Prerenal failure | 0 | 1 (0.0%) |
| Renal hypertrophy | 0 | 1 (0.0%) |
| Urethral meatus stenosis | 0 | 1 (0.0%) |
| Urine abnormality | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 189 (8.1%) | 182 (7.9%) |
| Anaemia | 126 (5.4%) | 109 (4.7%) |
| Iron deficiency anaemia | 20 (0.9%) | 18 (0.8%) |
| Thrombocytopenia | 14 (0.6%) | 10 (0.4%) |
| Leukocytosis | 6 (0.3%) | 8 (0.3%) |
| Polycythaemia | 6 (0.3%) | 2 (0.1%) |
| Leukopenia | 5 (0.2%) | 3 (0.1%) |
| Splenomegaly | 4 (0.2%) | 7 (0.3%) |
| Blood loss anaemia | 4 (0.2%) | 5 (0.2%) |
| Lymphadenopathy | 3 (0.1%) | 10 (0.4%) |
| Nephrogenic anaemia | 3 (0.1%) | 3 (0.1%) |
| Normocytic anaemia | 3 (0.1%) | 3 (0.1%) |
| Microcytic anaemia | 2 (0.1%) | 3 (0.1%) |
| Normochromic normocytic anaemia | 1 (0.0%) | 3 (0.1%) |
| Lymphadenopathy mediastinal | 1 (0.0%) | 1 (0.0%) |
| Macrocytosis | 1 (0.0%) | 1 (0.0%) |
| Anaemia vitamin B12 deficiency | 1 (0.0%) | 0 |
| Bone marrow failure | 1 (0.0%) | 0 |
| Coagulopathy | 1 (0.0%) | 0 |
| Hypochromic anaemia | 1 (0.0%) | 0 |
| Lymph node calcification | 1 (0.0%) | 0 |
| Lymphocytosis | 1 (0.0%) | 0 |
| Neutrophilia | 1 (0.0%) | 0 |
| Pseudolymphoma | 1 (0.0%) | 0 |
| Abdominal lymphadenopathy | 0 | 3 (0.1%) |
| Lymphadenitis | 0 | 2 (0.1%) |
| Thrombocytosis | 0 | 2 (0.1%) |
| Antiphospholipid syndrome | 0 | 1 (0.0%) |
| Eosinophilia | 0 | 1 (0.0%) |
| Febrile neutropenia | 0 | 1 (0.0%) |
| Haemorrhagic diathesis | 0 | 1 (0.0%) |
| Hypercoagulation | 0 | 1 (0.0%) |
| Neutropenia | 0 | 1 (0.0%) |
| Pancytopenia | 0 | 1 (0.0%) |
| Splenic calcification | 0 | 1 (0.0%) |
| Splenic lesion | 0 | 1 (0.0%) |
| Splenic vein thrombosis | 0 | 1 (0.0%) |
| White blood cell disorder | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 155 (6.7%) | 171 (7.4%) |
| Prostate cancer | 11 (0.5%) | 17 (0.7%) |
| Colon cancer | 9 (0.4%) | 5 (0.2%) |
| Basal cell carcinoma | 7 (0.3%) | 10 (0.4%) |
| Skin papilloma | 6 (0.3%) | 10 (0.4%) |
| Lipoma | 6 (0.3%) | 6 (0.3%) |
| Bladder cancer | 6 (0.3%) | 1 (0.0%) |
| Renal neoplasm | 5 (0.2%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Uterine leiomyoma | 5 (0.2%) | 1 (0.0%) |
| Seborrhoeic keratosis | 3 (0.1%) | 7 (0.3%) |
| Adrenal adenoma | 3 (0.1%) | 5 (0.2%) |
| Lung neoplasm malignant | 3 (0.1%) | 4 (0.2%) |
| Hepatic cancer | 3 (0.1%) | 2 (0.1%) |
| Hepatocellular carcinoma | 3 (0.1%) | 2 (0.1%) |
| Neoplasm | 3 (0.1%) | 1 (0.0%) |
| Transitional cell carcinoma | 3 (0.1%) | 1 (0.0%) |
| Colon adenoma | 2 (0.1%) | 5 (0.2%) |
| Pancreatic carcinoma | 2 (0.1%) | 5 (0.2%) |
| Adrenal neoplasm | 2 (0.1%) | 2 (0.1%) |
| Gastric cancer | 2 (0.1%) | 2 (0.1%) |
| Meningioma | 2 (0.1%) | 2 (0.1%) |
| Acrochordon | 2 (0.1%) | 1 (0.0%) |
| Large intestine benign neoplasm | 2 (0.1%) | 1 (0.0%) |
| Lung adenocarcinoma | 2 (0.1%) | 1 (0.0%) |
| Neoplasm skin | 2 (0.1%) | 1 (0.0%) |
| Pancreatic carcinoma metastatic | 2 (0.1%) | 1 (0.0%) |
| Plasma cell myeloma | 2 (0.1%) | 1 (0.0%) |
| Prostate cancer recurrent | 2 (0.1%) | 1 (0.0%) |
| Prostatic adenoma | 2 (0.1%) | 1 (0.0%) |
| Squamous cell carcinoma | 2 (0.1%) | 1 (0.0%) |
| Squamous cell carcinoma of skin | 2 (0.1%) | 1 (0.0%) |
| Benign breast neoplasm | 2 (0.1%) | 0 |
| Bladder cancer recurrent | 2 (0.1%) | 0 |
| Chronic lymphocytic leukaemia | 2 (0.1%) | 0 |
| Endometrial cancer | 2 (0.1%) | 0 |
| Melanocytic naevus | 1 (0.0%) | 5 (0.2%) |
| Renal cancer | 1 (0.0%) | 4 (0.2%) |
| Breast cancer | 1 (0.0%) | 3 (0.1%) |
| Hypergammaglobulinaemia benign monoclonal | 1 (0.0%) | 3 (0.1%) |
| Adenoma benign | 1 (0.0%) | 2 (0.1%) |
| B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Haemangioma of liver | 1 (0.0%) | 2 (0.1%) |
| Lung neoplasm | 1 (0.0%) | 2 (0.1%) |
| Oesophageal carcinoma | 1 (0.0%) | 2 (0.1%) |
| Papillary thyroid cancer | 1 (0.0%) | 2 (0.1%) |
| Squamous cell carcinoma of lung | 1 (0.0%) | 2 (0.1%) |
| Adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| Benign hepatic neoplasm | 1 (0.0%) | 1 (0.0%) |
| Bladder transitional cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Metastases to lung | 1 (0.0%) | 1 (0.0%) |
| Metastases to lymph nodes | 1 (0.0%) | 1 (0.0%) |
| Metastatic malignant melanoma | 1 (0.0%) | 1 (0.0%) |
| Monoclonal gammopathy | 1 (0.0%) | 1 (0.0%) |
| Papillary renal cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Pituitary tumour benign | 1 (0.0%) | 1 (0.0%) |
| Rectal adenoma | 1 (0.0%) | 1 (0.0%) |
| Rectal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 1 (0.0%) |

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Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Anogenital warts | 1 (0.0%) | 0 |
| Benign bone neoplasm | 1 (0.0%) | 0 |
| Benign mediastinal neoplasm | 1 (0.0%) | 0 |
| Benign neoplasm | 1 (0.0%) | 0 |
| Benign neoplasm of skin | 1 (0.0%) | 0 |
| Benign ovarian tumour | 1 (0.0%) | 0 |
| Benign renal neoplasm | 1 (0.0%) | 0 |
| Bowen's disease | 1 (0.0%) | 0 |
| Cerebral haemangioma | 1 (0.0%) | 0 |
| Choroid neoplasm | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Female reproductive neoplasm | 1 (0.0%) | 0 |
| Fibroadenoma of breast | 1 (0.0%) | 0 |
| Fibroma | 1 (0.0%) | 0 |
| Gastric adenoma | 1 (0.0%) | 0 |
| Gastrointestinal submucosal tumour | 1 (0.0%) | 0 |
| Haemangioma of spleen | 1 (0.0%) | 0 |
| Hypopharyngeal cancer | 1 (0.0%) | 0 |
| Intraductal papillary mucinous neoplasm | 1 (0.0%) | 0 |
| Invasive ductal breast carcinoma | 1 (0.0%) | 0 |
| Langerhans' cell histiocytosis | 1 (0.0%) | 0 |
| Lung cancer metastatic | 1 (0.0%) | 0 |
| Lymphoma | 1 (0.0%) | 0 |
| Metastases to liver | 1 (0.0%) | 0 |
| Neoplasm malignant | 1 (0.0%) | 0 |
| Nervous system neoplasm benign | 1 (0.0%) | 0 |
| Neuroendocrine tumour | 1 (0.0%) | 0 |
| Ocular neoplasm | 1 (0.0%) | 0 |
| Oral neoplasm | 1 (0.0%) | 0 |
| Pancreatic neuroendocrine tumour | 1 (0.0%) | 0 |
| Pharyngeal neoplasm | 1 (0.0%) | 0 |
| Renal cell carcinoma | 1 (0.0%) | 0 |
| Respiratory papilloma | 1 (0.0%) | 0 |
| Retroperitoneal neoplasm | 1 (0.0%) | 0 |
| Schwannoma | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| Thyroid adenoma | 1 (0.0%) | 0 |
| Tumour invasion | 1 (0.0%) | 0 |
| Tumour ulceration | 1 (0.0%) | 0 |
| Eye naevus | 0 | 3 (0.1%) |
| Adenocarcinoma of colon | 0 | 2 (0.1%) |
| Enchondromatosis | 0 | 2 (0.1%) |
| Malignant melanoma | 0 | 2 (0.1%) |
| Papillary cystadenoma lymphomatosum | 0 | 2 (0.1%) |
| Skin cancer | 0 | 2 (0.1%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Anal cancer | 0 | 1 (0.0%) |
| Benign lung neoplasm | 0 | 1 (0.0%) |
| Benign neoplasm of eyelid | 0 | 1 (0.0%) |
| Benign neoplasm of thyroid gland | 0 | 1 (0.0%) |
| Bladder neoplasm | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Cholesteatoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Colorectal cancer | 0 | 1 (0.0%) |
| Ear neoplasm malignant | 0 | 1 (0.0%) |
| Endometrial adenocarcinoma | 0 | 1 (0.0%) |
| Epithelioid mesothelioma | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Haemangioma | 0 | 1 (0.0%) |
| Haemangioma of bone | 0 | 1 (0.0%) |
| Intraductal papilloma of breast | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Laryngeal squamous cell carcinoma | 0 | 1 (0.0%) |
| Lip squamous cell carcinoma | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Mesenteric neoplasm | 0 | 1 (0.0%) |
| Metastases to bone | 0 | 1 (0.0%) |
| Neoplasm prostate | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oral papilloma | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Pancreatic neoplasm | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Paraproteinaemia | 0 | 1 (0.0%) |
| Pituitary tumour | 0 | 1 (0.0%) |
| Prostate cancer metastatic | 0 | 1 (0.0%) |
| Pyogenic granuloma | 0 | 1 (0.0%) |
| Rectal adenocarcinoma | 0 | 1 (0.0%) |
| Renal hamartoma | 0 | 1 (0.0%) |
| Salivary gland adenoma | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Testis cancer | 0 | 1 (0.0%) |
| Thyroid neoplasm | 0 | 1 (0.0%) |
| Tonsil cancer | 0 | 1 (0.0%) |
| Triple negative breast cancer | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 150 (6.4%) | 142 (6.2%) |
| Benign prostatic hyperplasia | 66 (2.8%) | 65 (2.8%) |
| Erectile dysfunction | 22 (0.9%) | 20 (0.9%) |
| Prostatitis | 7 (0.3%) | 7 (0.3%) |
| Balanoposthitis | 5 (0.2%) | 6 (0.3%) |
| Prostatomegaly | 5 (0.2%) | 6 (0.3%) |
| Pruritus genital | 4 (0.2%) | 1 (0.0%) |
| Breast pain | 3 (0.1%) | 2 (0.1%) |
| Sexual dysfunction | 3 (0.1%) | 2 (0.1%) |
| Vulvovaginal pruritus | 3 (0.1%) | 1 (0.0%) |
| Ovarian cyst | 2 (0.1%) | 4 (0.2%) |
| Prostatic calcification | 2 (0.1%) | 4 (0.2%) |
| Pelvic pain | 2 (0.1%) | 1 (0.0%) |
| Atrophic vulvovaginitis | 2 (0.1%) | 0 |
| Prostatism | 1 (0.0%) | 2 (0.1%) |
| Testicular pain | 1 (0.0%) | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------|------------------------|---------------------|
| Uterine polyp | 1 (0.0%) | 2 (0.1%) |
| Vaginal haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Breast disorder | 1 (0.0%) | 1 (0.0%) |
| Breast mass | 1 (0.0%) | 1 (0.0%) |
| Cervical polyp | 1 (0.0%) | 1 (0.0%) |
| Menopausal symptoms | 1 (0.0%) | 1 (0.0%) |
| Metrorrhagia | 1 (0.0%) | 1 (0.0%) |
| Penile pain | 1 (0.0%) | 1 (0.0%) |
| Perineal pain | 1 (0.0%) | 1 (0.0%) |
| Prostatic disorder | 1 (0.0%) | 1 (0.0%) |
| Prostatic mass | 1 (0.0%) | 1 (0.0%) |
| Vaginal disorder | 1 (0.0%) | 1 (0.0%) |
| Breast calcifications | 1 (0.0%) | 0 |
| Breast dysplasia | 1 (0.0%) | 0 |
| Breast tenderness | 1 (0.0%) | 0 |
| Dysmenorrhoea | 1 (0.0%) | 0 |
| Endometriosis | 1 (0.0%) | 0 |
| Fallopian tube cyst | 1 (0.0%) | 0 |
| Genital lesion | 1 (0.0%) | 0 |
| Menstruation irregular | 1 (0.0%) | 0 |
| Ovarian mass | 1 (0.0%) | 0 |
| Pelvic adhesions | 1 (0.0%) | 0 |
| Penile erythema | 1 (0.0%) | 0 |
| Peyronie's disease | 1 (0.0%) | 0 |
| Scrotal disorder | 1 (0.0%) | 0 |
| Uterine haemorrhage | 1 (0.0%) | 0 |
| Vulvovaginal dryness | 1 (0.0%) | 0 |
| Gynaecomastia | 0 | 3 (0.1%) |
| Varicocele | 0 | 3 (0.1%) |
| Breast hyperplasia | 0 | 2 (0.1%) |
| Menorrhagia | 0 | 2 (0.1%) |
| Calculus prostatic | 0 | 1 (0.0%) |
| Cervical dysplasia | 0 | 1 (0.0%) |
| Ejaculation disorder | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Galactorrhoea | 0 | 1 (0.0%) |
| Genital atrophy | 0 | 1 (0.0%) |
| Genital discomfort | 0 | 1 (0.0%) |
| Haemospermia | 0 | 1 (0.0%) |
| Nipple pain | 0 | 1 (0.0%) |
| Ovarian failure | 0 | 1 (0.0%) |
| Prostatic cyst | 0 | 1 (0.0%) |
| Scrotal pain | 0 | 1 (0.0%) |
| Scrotal swelling | 0 | 1 (0.0%) |
| Testicular swelling | 0 | 1 (0.0%) |
| Uterine inflammation | 0 | 1 (0.0%) |
| Vulval eczema | 0 | 1 (0.0%) |
| Vulvovaginal pain | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 145 (6.2%) | 113 (4.9%) |
| Cataract operation | 21 (0.9%) | 22 (1.0%) |
| Tooth extraction | 14 (0.6%) | 8 (0.3%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------------|------------------------|---------------------|
| Knee arthroplasty | 5 (0.2%) | 5 (0.2%) |
| Dental implantation | 5 (0.2%) | 2 (0.1%) |
| Leg amputation | 4 (0.2%) | 4 (0.2%) |
| Intraocular lens implant | 4 (0.2%) | 2 (0.1%) |
| Skin lesion removal | 4 (0.2%) | 2 (0.1%) |
| Toe amputation | 3 (0.1%) | 5 (0.2%) |
| Vitrectomy | 3 (0.1%) | 3 (0.1%) |
| Hip arthroplasty | 3 (0.1%) | 2 (0.1%) |
| Gastric bypass | 3 (0.1%) | 1 (0.0%) |
| Roux loop conversion | 3 (0.1%) | 0 |
| Tendon sheath incision | 3 (0.1%) | 0 |
| Cholecystectomy | 2 (0.1%) | 5 (0.2%) |
| Polypectomy | 2 (0.1%) | 4 (0.2%) |
| Carpal tunnel decompression | 2 (0.1%) | 3 (0.1%) |
| Skin neoplasm excision | 2 (0.1%) | 2 (0.1%) |
| Foot amputation | 2 (0.1%) | 1 (0.0%) |
| Hysterectomy | 2 (0.1%) | 1 (0.0%) |
| Intervertebral disc operation | 2 (0.1%) | 1 (0.0%) |
| Retinal laser coagulation | 2 (0.1%) | 1 (0.0%) |
| Cardioversion | 2 (0.1%) | 0 |
| Circumcision | 2 (0.1%) | 0 |
| Diabetes mellitus management | 2 (0.1%) | 0 |
| Eye operation | 2 (0.1%) | 0 |
| Removal of internal fixation | 2 (0.1%) | 0 |
| Shoulder operation | 2 (0.1%) | 0 |
| Large intestinal polypectomy | 1 (0.0%) | 5 (0.2%) |
| Eye laser surgery | 1 (0.0%) | 4 (0.2%) |
| Lens extraction | 1 (0.0%) | 4 (0.2%) |
| Abscess drainage | 1 (0.0%) | 3 (0.1%) |
| Dupuytren's contracture operation | 1 (0.0%) | 2 (0.1%) |
| Coronary arterial stent insertion | 1 (0.0%) | 1 (0.0%) |
| Drug delivery device placement | 1 (0.0%) | 1 (0.0%) |
| Percutaneous coronary intervention | 1 (0.0%) | 1 (0.0%) |
| Umbilical hernia repair | 1 (0.0%) | 1 (0.0%) |
| Uterine polypectomy | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia repair | 1 (0.0%) | 0 |
| Ankle operation | 1 (0.0%) | 0 |
| Atrial appendage closure | 1 (0.0%) | 0 |
| Benign tumour excision | 1 (0.0%) | 0 |
| Blepharoplasty | 1 (0.0%) | 0 |
| Breast conserving surgery | 1 (0.0%) | 0 |
| Cardiac ablation | 1 (0.0%) | 0 |
| Central venous catheterisation | 1 (0.0%) | 0 |
| Chemotherapy | 1 (0.0%) | 0 |
| Colectomy | 1 (0.0%) | 0 |
| Coronary revascularisation | 1 (0.0%) | 0 |
| Dental care | 1 (0.0%) | 0 |
| Drug therapy | 1 (0.0%) | 0 |
| Endodontic procedure | 1 (0.0%) | 0 |
| Eyelid operation | 1 (0.0%) | 0 |
| Fasciotomy | 1 (0.0%) | 0 |
| Finger amputation | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------|------------------------|---------------------|
| Gastric polypectomy | 1 (0.0%) | 0 |
| Glaucoma surgery | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Joint injection | 1 (0.0%) | 0 |
| Large intestine operation | 1 (0.0%) | 0 |
| Laser therapy | 1 (0.0%) | 0 |
| Lithotripsy | 1 (0.0%) | 0 |
| Meniscus operation | 1 (0.0%) | 0 |
| Metabolic surgery | 1 (0.0%) | 0 |
| Metatarsal excision | 1 (0.0%) | 0 |
| Nail operation | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Ocular stem cell transplant | 1 (0.0%) | 0 |
| Ostectomy | 1 (0.0%) | 0 |
| Peripheral artery bypass | 1 (0.0%) | 0 |
| Peripheral nerve decompression | 1 (0.0%) | 0 |
| Platelet rich plasma therapy | 1 (0.0%) | 0 |
| Proctocolectomy | 1 (0.0%) | 0 |
| Ptosis repair | 1 (0.0%) | 0 |
| Renal stone removal | 1 (0.0%) | 0 |
| Scar excision | 1 (0.0%) | 0 |
| Sequestrectomy | 1 (0.0%) | 0 |
| Small intestinal polypectomy | 1 (0.0%) | 0 |
| Spinal decompression | 1 (0.0%) | 0 |
| Spinal fusion surgery | 1 (0.0%) | 0 |
| Spinal laminectomy | 1 (0.0%) | 0 |
| Spinal operation | 1 (0.0%) | 0 |
| Tooth repair | 1 (0.0%) | 0 |
| Transurethral bladder resection | 1 (0.0%) | 0 |
| Tumour excision | 1 (0.0%) | 0 |
| Vascular stent insertion | 1 (0.0%) | 0 |
| Vasectomy | 1 (0.0%) | 0 |
| Limb operation | 0 | 3 (0.1%) |
| Lipoma excision | 0 | 3 (0.1%) |
| Intra-ocular injection | 0 | 2 (0.1%) |
| Stent placement | 0 | 2 (0.1%) |
| Amputation | 0 | 1 (0.0%) |
| Aortic surgery | 0 | 1 (0.0%) |
| Aortic valve replacement | 0 | 1 (0.0%) |
| Bone operation | 0 | 1 (0.0%) |
| Bunion operation | 0 | 1 (0.0%) |
| Cardiac pacemaker insertion | 0 | 1 (0.0%) |
| Cardiac pacemaker removal | 0 | 1 (0.0%) |
| Cardiac pacemaker replacement | 0 | 1 (0.0%) |
| Coronary angioplasty | 0 | 1 (0.0%) |
| Coronary artery bypass | 0 | 1 (0.0%) |
| Cyst removal | 0 | 1 (0.0%) |
| Dental operation | 0 | 1 (0.0%) |
| Gastrectomy | 0 | 1 (0.0%) |
| Haemodialysis | 0 | 1 (0.0%) |
| Haemorrhoid operation | 0 | 1 (0.0%) |
| Hydrocele operation | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Implantable defibrillator insertion | 0 | 1 (0.0%) |
| Incisional hernia repair | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Intestinal polypectomy | 0 | 1 (0.0%) |
| Iridotomy | 0 | 1 (0.0%) |
| Keratomileusis | 0 | 1 (0.0%) |
| Knee operation | 0 | 1 (0.0%) |
| Ligament operation | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Mitral valve repair | 0 | 1 (0.0%) |
| Nasal operation | 0 | 1 (0.0%) |
| Parathyroidectomy | 0 | 1 (0.0%) |
| Peripheral nerve operation | 0 | 1 (0.0%) |
| Retinal operation | 0 | 1 (0.0%) |
| Retinopexy | 0 | 1 (0.0%) |
| Sinus operation | 0 | 1 (0.0%) |
| Skin ulcer excision | 0 | 1 (0.0%) |
| Thyroidectomy | 0 | 1 (0.0%) |
| Toe operation | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Varicose vein operation | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 143 (6.1%) | 130 (5.6%) |
| Hepatic steatosis | 55 (2.4%) | 46 (2.0%) |
| Cholelithiasis | 30 (1.3%) | 28 (1.2%) |
| Hepatic function abnormal | 16 (0.7%) | 10 (0.4%) |
| Gallbladder polyp | 12 (0.5%) | 6 (0.3%) |
| Hepatic cirrhosis | 7 (0.3%) | 8 (0.3%) |
| Cholecystitis | 6 (0.3%) | 4 (0.2%) |
| Hepatomegaly | 6 (0.3%) | 4 (0.2%) |
| Bile duct stone | 4 (0.2%) | 4 (0.2%) |
| Biliary colic | 3 (0.1%) | 3 (0.1%) |
| Cholecystitis chronic | 2 (0.1%) | 7 (0.3%) |
| Cholecystitis acute | 2 (0.1%) | 4 (0.2%) |
| Cholestasis | 2 (0.1%) | 4 (0.2%) |
| Hepatic cyst | 2 (0.1%) | 3 (0.1%) |
| Cholangitis | 2 (0.1%) | 2 (0.1%) |
| Hepatosplenomegaly | 2 (0.1%) | 2 (0.1%) |
| Nonalcoholic fatty liver disease | 2 (0.1%) | 2 (0.1%) |
| Hepatic calcification | 2 (0.1%) | 1 (0.0%) |
| Liver disorder | 2 (0.1%) | 1 (0.0%) |
| Biliary dyskinesia | 2 (0.1%) | 0 |
| Hepatic mass | 1 (0.0%) | 3 (0.1%) |
| Hepatocellular injury | 1 (0.0%) | 3 (0.1%) |
| Jaundice cholestatic | 1 (0.0%) | 2 (0.1%) |
| Biliary tract disorder | 1 (0.0%) | 1 (0.0%) |
| Hepatic failure | 1 (0.0%) | 1 (0.0%) |
| Hepatic lesion | 1 (0.0%) | 1 (0.0%) |
| Non-alcoholic steatohepatitis | 1 (0.0%) | 1 (0.0%) |
| Steatohepatitis | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Biliary dilatation | 1 (0.0%) | 0 |
| Cholangiectasis acquired | 1 (0.0%) | 0 |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Drug-induced liver injury | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatitis | 1 (0.0%) | 0 |
| Hepatitis acute | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Hepatotoxicity | 1 (0.0%) | 0 |
| Hyperplastic cholecystopathy | 1 (0.0%) | 0 |
| Hypertransaminasaemia | 1 (0.0%) | 0 |
| Ocular icterus | 1 (0.0%) | 0 |
| Cholangitis acute | 0 | 2 (0.1%) |
| Alcoholic liver disease | 0 | 1 (0.0%) |
| Biliary fistula | 0 | 1 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Gallbladder cholesterolosis | 0 | 1 (0.0%) |
| Hepatitis toxic | 0 | 1 (0.0%) |
| Hepatobiliary disease | 0 | 1 (0.0%) |
| Hydrocholecystis | 0 | 1 (0.0%) |
| Jaundice | 0 | 1 (0.0%) |
| Liver injury | 0 | 1 (0.0%) |
| Porcelain gallbladder | 0 | 1 (0.0%) |
| Portal hypertension | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Primary biliary cholangitis | 0 | 1 (0.0%) |
| Psychiatric Disorders | 134 (5.8%) | 131 (5.7%) |
| Insomnia | 49 (2.1%) | 42 (1.8%) |
| Depression | 36 (1.5%) | 41 (1.8%) |
| Anxiety | 18 (0.8%) | 23 (1.0%) |
| Sleep disorder | 11 (0.5%) | 7 (0.3%) |
| Depressed mood | 4 (0.2%) | 5 (0.2%) |
| Confusional state | 4 (0.2%) | 2 (0.1%) |
| Mixed anxiety and depressive disorder | 3 (0.1%) | 0 |
| Stress | 3 (0.1%) | 0 |
| Nervousness | 2 (0.1%) | 3 (0.1%) |
| Major depression | 2 (0.1%) | 1 (0.0%) |
| Nicotine dependence | 2 (0.1%) | 1 (0.0%) |
| Mental status changes | 2 (0.1%) | 0 |
| Anxiety disorder | 1 (0.0%) | 2 (0.1%) |
| Libido decreased | 1 (0.0%) | 2 (0.1%) |
| Abulia | 1 (0.0%) | 1 (0.0%) |
| Drug use disorder | 1 (0.0%) | 1 (0.0%) |
| Nightmare | 1 (0.0%) | 1 (0.0%) |
| Affective disorder | 1 (0.0%) | 0 |
| Aggression | 1 (0.0%) | 0 |
| Attention deficit hyperactivity disorder | 1 (0.0%) | 0 |
| Autism spectrum disorder | 1 (0.0%) | 0 |
| Bipolar disorder | 1 (0.0%) | 0 |
| Irritability | 1 (0.0%) | 0 |
| Panic attack | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Schizophreniform disorder | 1 (0.0%) | 0 |
| Tension | 1 (0.0%) | 0 |
| Adjustment disorder with depressed mood | 0 | 3 (0.1%) |
| Restlessness | 0 | 3 (0.1%) |
| Abnormal dreams | 0 | 1 (0.0%) |
| Adjustment disorder | 0 | 1 (0.0%) |
| Alcohol abuse | 0 | 1 (0.0%) |
| Apathy | 0 | 1 (0.0%) |
| Behaviour disorder | 0 | 1 (0.0%) |
| Delirium | 0 | 1 (0.0%) |
| Disorientation | 0 | 1 (0.0%) |
| Drug abuse | 0 | 1 (0.0%) |
| Grief reaction | 0 | 1 (0.0%) |
| Hallucination | 0 | 1 (0.0%) |
| Impulse-control disorder | 0 | 1 (0.0%) |
| Mental disorder due to a general medical condition | 0 | 1 (0.0%) |
| Panic disorder | 0 | 1 (0.0%) |
| Polydipsia psychogenic | 0 | 1 (0.0%) |
| Psychotic disorder | 0 | 1 (0.0%) |
| Substance-induced psychotic disorder | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Tearfulness | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 106 (4.6%) | 94 (4.1%) |
| Vertigo | 41 (1.8%) | 40 (1.7%) |
| Tinnitus | 12 (0.5%) | 11 (0.5%) |
| Ear pain | 9 (0.4%) | 7 (0.3%) |
| Vertigo positional | 9 (0.4%) | 5 (0.2%) |
| Hypoacusis | 7 (0.3%) | 3 (0.1%) |
| Deafness | 5 (0.2%) | 6 (0.3%) |
| Sudden hearing loss | 5 (0.2%) | 5 (0.2%) |
| Deafness neurosensory | 3 (0.1%) | 5 (0.2%) |
| Ear discomfort | 3 (0.1%) | 0 |
| Cerumen impaction | 2 (0.1%) | 6 (0.3%) |
| Ear pruritus | 2 (0.1%) | 2 (0.1%) |
| Meniere's disease | 2 (0.1%) | 0 |
| Excessive cerumen production | 1 (0.0%) | 3 (0.1%) |
| Auditory disorder | 1 (0.0%) | 1 (0.0%) |
| Deafness unilateral | 1 (0.0%) | 1 (0.0%) |
| Presbycusis | 1 (0.0%) | 1 (0.0%) |
| Auricular pseudocyst | 1 (0.0%) | 0 |
| Middle ear inflammation | 1 (0.0%) | 0 |
| Motion sickness | 1 (0.0%) | 0 |
| Otolithiasis | 1 (0.0%) | 0 |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Deafness bilateral | 0 | 4 (0.2%) |
| Vestibular disorder | 0 | 3 (0.1%) |
| Ear disorder | 0 | 1 (0.0%) |
| Ear swelling | 0 | 1 (0.0%) |
| External ear inflammation | 0 | 1 (0.0%) |
| Endocrine Disorders | 46 (2.0%) | 45 (2.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Hypothyroidism | 19 (0.8%) | 12 (0.5%) |
| Thyroid mass | 9 (0.4%) | 8 (0.3%) |
| Goitre | 6 (0.3%) | 5 (0.2%) |
| Hyperthyroidism | 3 (0.1%) | 4 (0.2%) |
| Hyperparathyroidism secondary | 3 (0.1%) | 3 (0.1%) |
| Adrenal mass | 2 (0.1%) | 1 (0.0%) |
| Autoimmune thyroiditis | 2 (0.1%) | 1 (0.0%) |
| Thyroid cyst | 1 (0.0%) | 1 (0.0%) |
| Autoimmune thyroid disorder | 1 (0.0%) | 0 |
| Empty sella syndrome | 1 (0.0%) | 0 |
| Hyperparathyroidism | 1 (0.0%) | 0 |
| Hyperprolactinaemia | 1 (0.0%) | 0 |
| Primary adrenal insufficiency | 1 (0.0%) | 0 |
| Primary hypothyroidism | 1 (0.0%) | 0 |
| Adrenal cyst | 0 | 3 (0.1%) |
| Adrenal disorder | 0 | 2 (0.1%) |
| Adrenal insufficiency | 0 | 1 (0.0%) |
| Basedow's disease | 0 | 1 (0.0%) |
| Hyperparathyroidism primary | 0 | 1 (0.0%) |
| Hypogonadism | 0 | 1 (0.0%) |
| Hypoparathyroidism | 0 | 1 (0.0%) |
| Primary hyperaldosteronism | 0 | 1 (0.0%) |
| Immune System Disorders | 25 (1.1%) | 20 (0.9%) |
| Seasonal allergy | 8 (0.3%) | 5 (0.2%) |
| Hypersensitivity | 6 (0.3%) | 7 (0.3%) |
| Drug hypersensitivity | 4 (0.2%) | 3 (0.1%) |
| Anaphylactic reaction | 2 (0.1%) | 2 (0.1%) |
| Allergy to arthropod bite | 2 (0.1%) | 0 |
| Anaphylactic shock | 1 (0.0%) | 2 (0.1%) |
| Allergy to animal | 1 (0.0%) | 0 |
| Amyloidosis | 1 (0.0%) | 0 |
| Sarcoidosis | 0 | 2 (0.1%) |
| Food allergy | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 11 (0.5%) | 17 (0.7%) |
| Phimosi | 2 (0.1%) | 4 (0.2%) |
| Hydrocele | 2 (0.1%) | 2 (0.1%) |
| Adenomatous polyposis coli | 1 (0.0%) | 1 (0.0%) |
| Congenital cystic kidney disease | 1 (0.0%) | 1 (0.0%) |
| Thalassaemia | 1 (0.0%) | 1 (0.0%) |
| Accessory spleen | 1 (0.0%) | 0 |
| Arnold-Chiari malformation | 1 (0.0%) | 0 |
| Arteriovenous malformation | 1 (0.0%) | 0 |
| Hypertrophic cardiomyopathy | 1 (0.0%) | 0 |
| Thalassaemia alpha | 1 (0.0%) | 0 |
| Anomaly of middle ear congenital | 0 | 1 (0.0%) |
| Atrial septal defect | 0 | 1 (0.0%) |
| Cone dystrophy | 0 | 1 (0.0%) |
| Congenital renal cyst | 0 | 1 (0.0%) |
| Ectrodactyly | 0 | 1 (0.0%) |
| Familial tremor | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|----------------------|------------------------|---------------------|
| Haemophilia | 0 | 1 (0.0%) |
| Kidney duplex | 0 | 1 (0.0%) |
| Rathke's cleft cyst | 0 | 1 (0.0%) |
| Product Issues | 2 (0.1%) | 5 (0.2%) |
| Device loosening | 1 (0.0%) | 1 (0.0%) |
| Device expulsion | 1 (0.0%) | 0 |
| Device breakage | 0 | 2 (0.1%) |
| Device dislocation | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |
| Social Circumstances | 0 | 1 (0.0%) |
| Menopause | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Any TEAE | 666 (28.6%) | 704 (30.6%) |
| Infections And Infestations | 202 (8.7%) | 236 (10.3%) |
| Pneumonia | 40 (1.7%) | 68 (3.0%) |
| Cellulitis | 22 (0.9%) | 17 (0.7%) |
| Urinary tract infection | 19 (0.8%) | 13 (0.6%) |
| Sepsis | 8 (0.3%) | 9 (0.4%) |
| Localised infection | 8 (0.3%) | 3 (0.1%) |
| Osteomyelitis | 7 (0.3%) | 10 (0.4%) |
| Abscess limb | 7 (0.3%) | 4 (0.2%) |
| COVID-19 | 6 (0.3%) | 16 (0.7%) |
| Urosepsis | 6 (0.3%) | 9 (0.4%) |
| Bronchitis | 6 (0.3%) | 7 (0.3%) |
| Gastroenteritis | 6 (0.3%) | 7 (0.3%) |
| Diabetic foot infection | 6 (0.3%) | 4 (0.2%) |
| COVID-19 pneumonia | 5 (0.2%) | 9 (0.4%) |
| Erysipelas | 5 (0.2%) | 9 (0.4%) |
| Appendicitis | 5 (0.2%) | 2 (0.1%) |
| Postoperative wound infection | 4 (0.2%) | 1 (0.0%) |
| Cystitis | 3 (0.1%) | 2 (0.1%) |
| Pyelonephritis acute | 3 (0.1%) | 2 (0.1%) |
| Pyelonephritis | 3 (0.1%) | 1 (0.0%) |
| Septic shock | 3 (0.1%) | 1 (0.0%) |
| Subcutaneous abscess | 3 (0.1%) | 0 |
| Gangrene | 2 (0.1%) | 5 (0.2%) |
| Diverticulitis | 2 (0.1%) | 4 (0.2%) |
| Pneumonia bacterial | 2 (0.1%) | 3 (0.1%) |
| Upper respiratory tract infection | 2 (0.1%) | 3 (0.1%) |
| Osteomyelitis chronic | 2 (0.1%) | 2 (0.1%) |
| Wound infection | 2 (0.1%) | 2 (0.1%) |
| Herpes zoster | 2 (0.1%) | 1 (0.0%) |
| Infected skin ulcer | 2 (0.1%) | 1 (0.0%) |
| Intervertebral discitis | 2 (0.1%) | 1 (0.0%) |
| Respiratory tract infection | 2 (0.1%) | 1 (0.0%) |
| Bacterial infection | 2 (0.1%) | 0 |
| Bronchitis bacterial | 2 (0.1%) | 0 |
| Anal abscess | 1 (0.0%) | 3 (0.1%) |
| Cholecystitis infective | 1 (0.0%) | 2 (0.1%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 2 (0.1%) |
| Influenza | 1 (0.0%) | 2 (0.1%) |
| Lower respiratory tract infection | 1 (0.0%) | 2 (0.1%) |
| Diabetic gangrene | 1 (0.0%) | 1 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia influenzal | 1 (0.0%) | 1 (0.0%) |
| Abdominal infection | 1 (0.0%) | 0 |
| Arthritis infective | 1 (0.0%) | 0 |
| Chronic sinusitis | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Dengue fever | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Endocarditis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Escherichia bacteraemia | 1 (0.0%) | 0 |
| Febrile infection | 1 (0.0%) | 0 |
| Gastroenteritis rotavirus | 1 (0.0%) | 0 |
| Gastroenteritis viral | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Intestinal sepsis | 1 (0.0%) | 0 |
| Lymphadenitis bacterial | 1 (0.0%) | 0 |
| Mastoiditis | 1 (0.0%) | 0 |
| Meningitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Osteomyelitis acute | 1 (0.0%) | 0 |
| Otitis externa | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Peritonitis | 1 (0.0%) | 0 |
| Pharyngitis | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia streptococcal | 1 (0.0%) | 0 |
| Pneumonia viral | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Pyelonephritis chronic | 1 (0.0%) | 0 |
| Spinal cord abscess | 1 (0.0%) | 0 |
| Staphylococcal sepsis | 1 (0.0%) | 0 |
| Infection | 0 | 4 (0.2%) |
| Soft tissue infection | 0 | 3 (0.1%) |
| Abscess | 0 | 2 (0.1%) |
| Skin infection | 0 | 2 (0.1%) |
| Vestibular neuronitis | 0 | 2 (0.1%) |
| Abdominal sepsis | 0 | 1 (0.0%) |
| Abscess soft tissue | 0 | 1 (0.0%) |
| Anorectal cellulitis | 0 | 1 (0.0%) |
| Arthritis bacterial | 0 | 1 (0.0%) |
| Atypical pneumonia | 0 | 1 (0.0%) |
| Catheter site infection | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chronic hepatitis C | 0 | 1 (0.0%) |
| Device related infection | 0 | 1 (0.0%) |
| Epididymitis | 0 | 1 (0.0%) |
| Furuncle | 0 | 1 (0.0%) |
| Herpes zoster meningoencephalitis | 0 | 1 (0.0%) |
| Infected bite | 0 | 1 (0.0%) |
| Infective exacerbation of bronchiectasis | 0 | 1 (0.0%) |
| Labyrinthitis | 0 | 1 (0.0%) |
| Large intestine infection | 0 | 1 (0.0%) |
| Paronychia | 0 | 1 (0.0%) |
| Pelvic inflammatory disease | 0 | 1 (0.0%) |
| Perirectal abscess | 0 | 1 (0.0%) |
| Peritonsillar abscess | 0 | 1 (0.0%) |
| Pneumonia haemophilus | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Pneumonia pneumococcal | 0 | 1 (0.0%) |
| Post procedural infection | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Pulmonary sepsis | 0 | 1 (0.0%) |
| Pulmonary tuberculosis | 0 | 1 (0.0%) |
| Pyelitis | 0 | 1 (0.0%) |
| Salpingitis | 0 | 1 (0.0%) |
| Sinobronchitis | 0 | 1 (0.0%) |
| Staphylococcal bacteraemia | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Tracheobronchitis | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 106 (4.6%) | 92 (4.0%) |
| Type 2 diabetes mellitus | 27 (1.2%) | 21 (0.9%) |
| Diabetes mellitus inadequate control | 20 (0.9%) | 10 (0.4%) |
| Diabetic metabolic decompensation | 15 (0.6%) | 9 (0.4%) |
| Diabetes mellitus | 12 (0.5%) | 19 (0.8%) |
| Hyperglycaemia | 9 (0.4%) | 6 (0.3%) |
| Hyperkalaemia | 9 (0.4%) | 2 (0.1%) |
| Hypoglycaemia | 7 (0.3%) | 12 (0.5%) |
| Hyponatraemia | 4 (0.2%) | 2 (0.1%) |
| Dehydration | 3 (0.1%) | 4 (0.2%) |
| Obesity | 3 (0.1%) | 2 (0.1%) |
| Diabetic ketoacidosis | 2 (0.1%) | 2 (0.1%) |
| Gout | 1 (0.0%) | 1 (0.0%) |
| Electrolyte imbalance | 1 (0.0%) | 0 |
| Hypercalcaemia | 1 (0.0%) | 0 |
| Hypomagnesaemia | 1 (0.0%) | 0 |
| Metabolic syndrome | 1 (0.0%) | 0 |
| Cachexia | 0 | 2 (0.1%) |
| Diabetic complication | 0 | 2 (0.1%) |
| Hypokalaemia | 0 | 2 (0.1%) |
| Metabolic acidosis | 0 | 1 (0.0%) |
| Metabolic disorder | 0 | 1 (0.0%) |
| Mineral metabolism disorder | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 78 (3.4%) | 90 (3.9%) |
| Colon cancer | 9 (0.4%) | 5 (0.2%) |
| Prostate cancer | 6 (0.3%) | 15 (0.7%) |
| Bladder cancer | 6 (0.3%) | 0 |
| Lung neoplasm malignant | 3 (0.1%) | 4 (0.2%) |
| Hepatic cancer | 3 (0.1%) | 2 (0.1%) |
| Renal neoplasm | 3 (0.1%) | 1 (0.0%) |
| Pancreatic carcinoma | 2 (0.1%) | 4 (0.2%) |
| Gastric cancer | 2 (0.1%) | 2 (0.1%) |
| Hepatocellular carcinoma | 2 (0.1%) | 1 (0.0%) |
| Lung adenocarcinoma | 2 (0.1%) | 1 (0.0%) |
| Pancreatic carcinoma metastatic | 2 (0.1%) | 1 (0.0%) |
| Plasma cell myeloma | 2 (0.1%) | 1 (0.0%) |
| Transitional cell carcinoma | 2 (0.1%) | 1 (0.0%) |
| Bladder cancer recurrent | 2 (0.1%) | 0 |
| Basal cell carcinoma | 1 (0.0%) | 3 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------------|------------------------|---------------------|
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Oesophageal carcinoma | 1 (0.0%) | 2 (0.1%) |
| Renal cancer | 1 (0.0%) | 2 (0.1%) |
| Squamous cell carcinoma of lung | 1 (0.0%) | 2 (0.1%) |
| Adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| B-cell lymphoma | 1 (0.0%) | 1 (0.0%) |
| Bladder transitional cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Metastases to lung | 1 (0.0%) | 1 (0.0%) |
| Metastases to lymph nodes | 1 (0.0%) | 1 (0.0%) |
| Papillary renal cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 1 (0.0%) |
| Choroid neoplasm | 1 (0.0%) | 0 |
| Chronic lymphocytic leukaemia | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Colon adenoma | 1 (0.0%) | 0 |
| Endometrial cancer | 1 (0.0%) | 0 |
| Female reproductive neoplasm | 1 (0.0%) | 0 |
| Haemangioma of spleen | 1 (0.0%) | 0 |
| Hypopharyngeal cancer | 1 (0.0%) | 0 |
| Lung cancer metastatic | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Metastases to liver | 1 (0.0%) | 0 |
| Metastatic malignant melanoma | 1 (0.0%) | 0 |
| Neoplasm | 1 (0.0%) | 0 |
| Prostatic adenoma | 1 (0.0%) | 0 |
| Rectal neoplasm | 1 (0.0%) | 0 |
| Renal cell carcinoma | 1 (0.0%) | 0 |
| Respiratory papilloma | 1 (0.0%) | 0 |
| Retroperitoneal neoplasm | 1 (0.0%) | 0 |
| Skin papilloma | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Squamous cell carcinoma | 1 (0.0%) | 0 |
| Squamous cell carcinoma of skin | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| Thyroid adenoma | 1 (0.0%) | 0 |
| Tumour invasion | 1 (0.0%) | 0 |
| Tumour ulceration | 1 (0.0%) | 0 |
| Uterine leiomyoma | 1 (0.0%) | 0 |
| Breast cancer | 0 | 3 (0.1%) |
| Adenocarcinoma of colon | 0 | 2 (0.1%) |
| Malignant melanoma | 0 | 2 (0.1%) |
| Papillary thyroid cancer | 0 | 2 (0.1%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Adrenal neoplasm | 0 | 1 (0.0%) |
| Anal cancer | 0 | 1 (0.0%) |
| Bladder neoplasm | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Colorectal cancer | 0 | 1 (0.0%) |
| Ear neoplasm malignant | 0 | 1 (0.0%) |
| Epithelioid mesothelioma | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Glioblastoma | 0 | 1 (0.0%) |
| Hypergammaglobulinaemia benign monoclonal | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Laryngeal squamous cell carcinoma | 0 | 1 (0.0%) |
| Lung neoplasm | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Metastases to bone | 0 | 1 (0.0%) |
| Neoplasm prostate | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Pancreatic neoplasm | 0 | 1 (0.0%) |
| Papillary cystadenoma lymphomatosum | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Pituitary tumour | 0 | 1 (0.0%) |
| Prostate cancer metastatic | 0 | 1 (0.0%) |
| Rectal adenocarcinoma | 0 | 1 (0.0%) |
| Salivary gland adenoma | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Testis cancer | 0 | 1 (0.0%) |
| Tonsil cancer | 0 | 1 (0.0%) |
| Triple negative breast cancer | 0 | 1 (0.0%) |
| Nervous System Disorders | 64 (2.8%) | 46 (2.0%) |
| Diabetic neuropathy | 8 (0.3%) | 4 (0.2%) |
| Dizziness | 5 (0.2%) | 4 (0.2%) |
| Syncope | 4 (0.2%) | 4 (0.2%) |
| Subarachnoid haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Facial paralysis | 3 (0.1%) | 1 (0.0%) |
| Cerebral ischaemia | 3 (0.1%) | 0 |
| Carotid artery stenosis | 2 (0.1%) | 3 (0.1%) |
| Epilepsy | 2 (0.1%) | 0 |
| Myelopathy | 2 (0.1%) | 0 |
| Presyncope | 2 (0.1%) | 0 |
| Cerebrovascular disorder | 1 (0.0%) | 1 (0.0%) |
| Hemiparesis | 1 (0.0%) | 1 (0.0%) |
| Lacunar infarction | 1 (0.0%) | 1 (0.0%) |
| Sensory disturbance | 1 (0.0%) | 1 (0.0%) |
| Transient ischaemic attack | 1 (0.0%) | 1 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 0 |
| Amputation stump pain | 1 (0.0%) | 0 |
| Balance disorder | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral infarction | 1 (0.0%) | 0 |
| Cervicobrachial syndrome | 1 (0.0%) | 0 |
| Dementia Alzheimer's type | 1 (0.0%) | 0 |
| Dizziness postural | 1 (0.0%) | 0 |
| Dysarthria | 1 (0.0%) | 0 |
| Dyskinesia | 1 (0.0%) | 0 |
| Hypoaesthesia | 1 (0.0%) | 0 |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 0 |
| IIIrd nerve paralysis | 1 (0.0%) | 0 |
| Ischaemic stroke | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Memory impairment | 1 (0.0%) | 0 |
| Metabolic encephalopathy | 1 (0.0%) | 0 |
| Mononeuropathy | 1 (0.0%) | 0 |
| Moyamoya disease | 1 (0.0%) | 0 |
| Normal pressure hydrocephalus | 1 (0.0%) | 0 |
| Radiculopathy | 1 (0.0%) | 0 |
| Sciatica | 1 (0.0%) | 0 |
| Seizure | 1 (0.0%) | 0 |
| Spinal cord compression | 1 (0.0%) | 0 |
| Tension headache | 1 (0.0%) | 0 |
| Ulnar neuritis | 1 (0.0%) | 0 |
| Vascular encephalopathy | 1 (0.0%) | 0 |
| Cervical radiculopathy | 0 | 3 (0.1%) |
| Encephalopathy | 0 | 2 (0.1%) |
| Facial paresis | 0 | 2 (0.1%) |
| Ataxia | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebral haemorrhage | 0 | 1 (0.0%) |
| Cerebrovascular accident | 0 | 1 (0.0%) |
| Coma | 0 | 1 (0.0%) |
| Dementia | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Dysstasia | 0 | 1 (0.0%) |
| Generalised tonic-clonic seizure | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hypoglycaemic coma | 0 | 1 (0.0%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Loss of consciousness | 0 | 1 (0.0%) |
| Lumbar radiculopathy | 0 | 1 (0.0%) |
| Meralgia paraesthetica | 0 | 1 (0.0%) |
| Migraine | 0 | 1 (0.0%) |
| Neuralgia | 0 | 1 (0.0%) |
| Parkinson's disease | 0 | 1 (0.0%) |
| Somnolence | 0 | 1 (0.0%) |
| Spondylitic myelopathy | 0 | 1 (0.0%) |
| Vertigo CNS origin | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 62 (2.7%) | 48 (2.1%) |
| Femur fracture | 4 (0.2%) | 4 (0.2%) |
| Ankle fracture | 4 (0.2%) | 3 (0.1%) |
| Rib fracture | 4 (0.2%) | 2 (0.1%) |
| Meniscus injury | 4 (0.2%) | 0 |
| Tendon rupture | 3 (0.1%) | 1 (0.0%) |
| Hip fracture | 3 (0.1%) | 0 |
| Subdural haematoma | 2 (0.1%) | 3 (0.1%) |
| Limb injury | 2 (0.1%) | 2 (0.1%) |
| Multiple fractures | 2 (0.1%) | 1 (0.0%) |
| Tibia fracture | 2 (0.1%) | 1 (0.0%) |
| Injury | 2 (0.1%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------------|------------------------|---------------------|
| Vascular injury | 2 (0.1%) | 0 |
| Radius fracture | 1 (0.0%) | 3 (0.1%) |
| Cranio-cerebral injury | 1 (0.0%) | 2 (0.1%) |
| Foot fracture | 1 (0.0%) | 2 (0.1%) |
| Lumbar vertebral fracture | 1 (0.0%) | 2 (0.1%) |
| Subdural haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Contusion | 1 (0.0%) | 1 (0.0%) |
| Head injury | 1 (0.0%) | 1 (0.0%) |
| Lower limb fracture | 1 (0.0%) | 1 (0.0%) |
| Thermal burn | 1 (0.0%) | 1 (0.0%) |
| Toxicity to various agents | 1 (0.0%) | 1 (0.0%) |
| Abdominal injury | 1 (0.0%) | 0 |
| Animal bite | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Cartilage injury | 1 (0.0%) | 0 |
| Cerebral hyperperfusion syndrome | 1 (0.0%) | 0 |
| Chest injury | 1 (0.0%) | 0 |
| Facial bones fracture | 1 (0.0%) | 0 |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Injury corneal | 1 (0.0%) | 0 |
| Intervertebral disc injury | 1 (0.0%) | 0 |
| Joint dislocation | 1 (0.0%) | 0 |
| Joint injury | 1 (0.0%) | 0 |
| Ocular procedural complication | 1 (0.0%) | 0 |
| Poisoning | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Postoperative wound complication | 1 (0.0%) | 0 |
| Radiation proctitis | 1 (0.0%) | 0 |
| Road traffic accident | 1 (0.0%) | 0 |
| Scapula fracture | 1 (0.0%) | 0 |
| Skin abrasion | 1 (0.0%) | 0 |
| Ulna fracture | 1 (0.0%) | 0 |
| Upper limb fracture | 1 (0.0%) | 0 |
| Wound contamination | 1 (0.0%) | 0 |
| Fall | 0 | 2 (0.1%) |
| Heat illness | 0 | 2 (0.1%) |
| Humerus fracture | 0 | 2 (0.1%) |
| Anaemia postoperative | 0 | 1 (0.0%) |
| Brain contusion | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Dental restoration failure | 0 | 1 (0.0%) |
| Eye contusion | 0 | 1 (0.0%) |
| Fibula fracture | 0 | 1 (0.0%) |
| Hand fracture | 0 | 1 (0.0%) |
| Overdose | 0 | 1 (0.0%) |
| Skin laceration | 0 | 1 (0.0%) |
| Skin wound | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Spinal compression fracture | 0 | 1 (0.0%) |
| Stomal hernia | 0 | 1 (0.0%) |
| Traumatic fracture | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------------------|------------------------|---------------------|
| Traumatic ulcer | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 57 (2.5%) | 65 (2.8%) |
| Pancreatitis acute | 9 (0.4%) | 2 (0.1%) |
| Large intestine polyp | 5 (0.2%) | 4 (0.2%) |
| Abdominal pain | 4 (0.2%) | 3 (0.1%) |
| Vomiting | 3 (0.1%) | 1 (0.0%) |
| Haemorrhoids | 3 (0.1%) | 0 |
| Pancreatitis | 3 (0.1%) | 0 |
| Gastrointestinal haemorrhage | 2 (0.1%) | 4 (0.2%) |
| Abdominal pain upper | 2 (0.1%) | 2 (0.1%) |
| Chronic gastritis | 2 (0.1%) | 2 (0.1%) |
| Diarrhoea | 2 (0.1%) | 2 (0.1%) |
| Pancreatitis chronic | 2 (0.1%) | 2 (0.1%) |
| Duodenal ulcer | 2 (0.1%) | 1 (0.0%) |
| Gastritis haemorrhagic | 2 (0.1%) | 1 (0.0%) |
| Inguinal hernia | 1 (0.0%) | 6 (0.3%) |
| Small intestinal obstruction | 1 (0.0%) | 3 (0.1%) |
| Upper gastrointestinal haemorrhage | 1 (0.0%) | 3 (0.1%) |
| Gastric ulcer haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 1 (0.0%) | 1 (0.0%) |
| Oesophageal varices haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Umbilical hernia | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Colitis ischaemic | 1 (0.0%) | 0 |
| Food poisoning | 1 (0.0%) | 0 |
| Functional gastrointestinal disorder | 1 (0.0%) | 0 |
| Gastric haemorrhage | 1 (0.0%) | 0 |
| Gastric mucosal lesion | 1 (0.0%) | 0 |
| Gastrointestinal oedema | 1 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 1 (0.0%) | 0 |
| Melaena | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Oedematous pancreatitis | 1 (0.0%) | 0 |
| Oesophageal haemorrhage | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Subileus | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Intestinal obstruction | 0 | 4 (0.2%) |
| Ascites | 0 | 3 (0.1%) |
| Gastritis erosive | 0 | 2 (0.1%) |
| Gastrooesophageal reflux disease | 0 | 2 (0.1%) |
| Abdominal adhesions | 0 | 1 (0.0%) |
| Abdominal hernia | 0 | 1 (0.0%) |
| Abdominal pain lower | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Anal haemorrhage | 0 | 1 (0.0%) |
| Barrett's oesophagus | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|------------------------------------|------------------------|---------------------|
| Dyspepsia | 0 | 1 (0.0%) |
| Gastric varices haemorrhage | 0 | 1 (0.0%) |
| Gastritis | 0 | 1 (0.0%) |
| Gastrointestinal inflammation | 0 | 1 (0.0%) |
| Haematochezia | 0 | 1 (0.0%) |
| Ileus | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Impaired gastric emptying | 0 | 1 (0.0%) |
| Internal hernia | 0 | 1 (0.0%) |
| Nausea | 0 | 1 (0.0%) |
| Oesophagitis | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Pancreatitis relapsing | 0 | 1 (0.0%) |
| Peptic ulcer haemorrhage | 0 | 1 (0.0%) |
| Rectal discharge | 0 | 1 (0.0%) |
| Rectal haemorrhage | 0 | 1 (0.0%) |
| Reflux gastritis | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 56 (2.4%) | 43 (1.9%) |
| Knee arthroplasty | 4 (0.2%) | 4 (0.2%) |
| Leg amputation | 3 (0.1%) | 4 (0.2%) |
| Cataract operation | 3 (0.1%) | 2 (0.1%) |
| Hip arthroplasty | 3 (0.1%) | 2 (0.1%) |
| Toe amputation | 3 (0.1%) | 2 (0.1%) |
| Vitrectomy | 3 (0.1%) | 2 (0.1%) |
| Gastric bypass | 3 (0.1%) | 1 (0.0%) |
| Roux loop conversion | 3 (0.1%) | 0 |
| Cholecystectomy | 2 (0.1%) | 4 (0.2%) |
| Hysterectomy | 2 (0.1%) | 1 (0.0%) |
| Intervertebral disc operation | 2 (0.1%) | 1 (0.0%) |
| Diabetes mellitus management | 2 (0.1%) | 0 |
| Removal of internal fixation | 2 (0.1%) | 0 |
| Polypectomy | 1 (0.0%) | 3 (0.1%) |
| Atrial appendage closure | 1 (0.0%) | 0 |
| Breast conserving surgery | 1 (0.0%) | 0 |
| Cardiac ablation | 1 (0.0%) | 0 |
| Chemotherapy | 1 (0.0%) | 0 |
| Colectomy | 1 (0.0%) | 0 |
| Drug therapy | 1 (0.0%) | 0 |
| Eye operation | 1 (0.0%) | 0 |
| Eyelid operation | 1 (0.0%) | 0 |
| Finger amputation | 1 (0.0%) | 0 |
| Foot amputation | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Intraocular lens implant | 1 (0.0%) | 0 |
| Metabolic surgery | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Ocular stem cell transplant | 1 (0.0%) | 0 |
| Percutaneous coronary intervention | 1 (0.0%) | 0 |
| Peripheral artery bypass | 1 (0.0%) | 0 |
| Peripheral nerve decompression | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Proctocolectomy | 1 (0.0%) | 0 |
| Renal stone removal | 1 (0.0%) | 0 |
| Scar excision | 1 (0.0%) | 0 |
| Spinal decompression | 1 (0.0%) | 0 |
| Spinal laminectomy | 1 (0.0%) | 0 |
| Spinal operation | 1 (0.0%) | 0 |
| Transurethral bladder resection | 1 (0.0%) | 0 |
| Vascular stent insertion | 1 (0.0%) | 0 |
| Abscess drainage | 0 | 3 (0.1%) |
| Aortic surgery | 0 | 1 (0.0%) |
| Aortic valve replacement | 0 | 1 (0.0%) |
| Bone operation | 0 | 1 (0.0%) |
| Drug delivery device placement | 0 | 1 (0.0%) |
| Gastrectomy | 0 | 1 (0.0%) |
| Implantable defibrillator insertion | 0 | 1 (0.0%) |
| Incisional hernia repair | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Large intestinal polypectomy | 0 | 1 (0.0%) |
| Limb operation | 0 | 1 (0.0%) |
| Lipoma excision | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Parathyroidectomy | 0 | 1 (0.0%) |
| Thyroidectomy | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Umbilical hernia repair | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Uterine polypectomy | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 51 (2.2%) | 61 (2.6%) |
| Acute kidney injury | 14 (0.6%) | 13 (0.6%) |
| Nephrolithiasis | 9 (0.4%) | 5 (0.2%) |
| Diabetic nephropathy | 7 (0.3%) | 22 (1.0%) |
| Haematuria | 3 (0.1%) | 3 (0.1%) |
| Ureterolithiasis | 3 (0.1%) | 2 (0.1%) |
| Nephropathy | 2 (0.1%) | 2 (0.1%) |
| Urinary retention | 2 (0.1%) | 2 (0.1%) |
| Hydronephrosis | 2 (0.1%) | 1 (0.0%) |
| Renal failure | 1 (0.0%) | 2 (0.1%) |
| Calculus bladder | 1 (0.0%) | 1 (0.0%) |
| Renal colic | 1 (0.0%) | 1 (0.0%) |
| Renal impairment | 1 (0.0%) | 1 (0.0%) |
| Urinary tract obstruction | 1 (0.0%) | 1 (0.0%) |
| Albuminuria | 1 (0.0%) | 0 |
| Bladder neck sclerosis | 1 (0.0%) | 0 |
| Subacute kidney injury | 1 (0.0%) | 0 |
| Urethral stenosis | 1 (0.0%) | 0 |
| Urinary hesitation | 1 (0.0%) | 0 |
| Urinary incontinence | 1 (0.0%) | 0 |
| Vesicoureteric reflux | 1 (0.0%) | 0 |
| Calculus urinary | 0 | 2 (0.1%) |
| Chronic kidney disease | 0 | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Nephrotic syndrome | 0 | 2 (0.1%) |
| Azotaemia | 0 | 1 (0.0%) |
| End stage renal disease | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Glomerulonephritis membranous | 0 | 1 (0.0%) |
| Proteinuria | 0 | 1 (0.0%) |
| Stress urinary incontinence | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 44 (1.9%) | 43 (1.9%) |
| Osteoarthritis | 12 (0.5%) | 4 (0.2%) |
| Intervertebral disc protrusion | 7 (0.3%) | 7 (0.3%) |
| Back pain | 4 (0.2%) | 2 (0.1%) |
| Spinal osteoarthritis | 4 (0.2%) | 2 (0.1%) |
| Spinal stenosis | 2 (0.1%) | 2 (0.1%) |
| Lumbar spinal stenosis | 2 (0.1%) | 0 |
| Rotator cuff syndrome | 1 (0.0%) | 4 (0.2%) |
| Periarthritis | 1 (0.0%) | 2 (0.1%) |
| Vertebral foraminal stenosis | 1 (0.0%) | 1 (0.0%) |
| Arthralgia | 1 (0.0%) | 0 |
| Dupuytren's contracture | 1 (0.0%) | 0 |
| Fasciitis | 1 (0.0%) | 0 |
| Groin pain | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Muscle spasms | 1 (0.0%) | 0 |
| Myositis | 1 (0.0%) | 0 |
| Osteitis | 1 (0.0%) | 0 |
| Osteonecrosis | 1 (0.0%) | 0 |
| Osteoporosis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Rhabdomyolysis | 1 (0.0%) | 0 |
| Spondylolisthesis | 1 (0.0%) | 0 |
| Tendon discomfort | 1 (0.0%) | 0 |
| Tenosynovitis stenosans | 1 (0.0%) | 0 |
| Arthritis | 0 | 2 (0.1%) |
| Pain in extremity | 0 | 2 (0.1%) |
| Ankylosing spondylitis | 0 | 1 (0.0%) |
| Arthritis reactive | 0 | 1 (0.0%) |
| Arthropathy | 0 | 1 (0.0%) |
| Bursitis | 0 | 1 (0.0%) |
| Cervical spinal stenosis | 0 | 1 (0.0%) |
| Chondromalacia | 0 | 1 (0.0%) |
| Costochondritis | 0 | 1 (0.0%) |
| Diastasis recti abdominis | 0 | 1 (0.0%) |
| Haemarthrosis | 0 | 1 (0.0%) |
| Intervertebral disc degeneration | 0 | 1 (0.0%) |
| Muscular weakness | 0 | 1 (0.0%) |
| Musculoskeletal discomfort | 0 | 1 (0.0%) |
| Neuropathic arthropathy | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Plantar fascial fibromatosis | 0 | 1 (0.0%) |
| Psoriatic arthropathy | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Spondyloarthropathy | 0 | 1 (0.0%) |
| Synovial cyst | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 42 (1.8%) | 56 (2.4%) |
| Chronic obstructive pulmonary disease | 12 (0.5%) | 12 (0.5%) |
| Acute respiratory failure | 8 (0.3%) | 4 (0.2%) |
| Pulmonary embolism | 4 (0.2%) | 6 (0.3%) |
| Asthma | 3 (0.1%) | 2 (0.1%) |
| Respiratory failure | 2 (0.1%) | 7 (0.3%) |
| Epistaxis | 2 (0.1%) | 2 (0.1%) |
| Sleep apnoea syndrome | 2 (0.1%) | 2 (0.1%) |
| Dyspnoea exertional | 2 (0.1%) | 1 (0.0%) |
| Pulmonary mass | 2 (0.1%) | 0 |
| Dyspnoea | 1 (0.0%) | 6 (0.3%) |
| Acute pulmonary oedema | 1 (0.0%) | 3 (0.1%) |
| Pulmonary oedema | 1 (0.0%) | 3 (0.1%) |
| Hypoxia | 1 (0.0%) | 1 (0.0%) |
| Asphyxia | 1 (0.0%) | 0 |
| Lung disorder | 1 (0.0%) | 0 |
| Pharyngeal mass | 1 (0.0%) | 0 |
| Pneumonia aspiration | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |
| Pleural effusion | 0 | 6 (0.3%) |
| Bronchospasm | 0 | 2 (0.1%) |
| Interstitial lung disease | 0 | 2 (0.1%) |
| Bronchiectasis | 0 | 1 (0.0%) |
| Bronchitis chronic | 0 | 1 (0.0%) |
| Chronic respiratory failure | 0 | 1 (0.0%) |
| Haemoptysis | 0 | 1 (0.0%) |
| Hiccups | 0 | 1 (0.0%) |
| Nasal septum deviation | 0 | 1 (0.0%) |
| Pulmonary congestion | 0 | 1 (0.0%) |
| Respiratory acidosis | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Respiratory disorder | 0 | 1 (0.0%) |
| Eye Disorders | 40 (1.7%) | 30 (1.3%) |
| Vitreous haemorrhage | 13 (0.6%) | 6 (0.3%) |
| Cataract | 9 (0.4%) | 7 (0.3%) |
| Diabetic retinopathy | 9 (0.4%) | 7 (0.3%) |
| Glaucoma | 3 (0.1%) | 3 (0.1%) |
| Retinal detachment | 2 (0.1%) | 1 (0.0%) |
| Macular fibrosis | 1 (0.0%) | 2 (0.1%) |
| Macular oedema | 1 (0.0%) | 2 (0.1%) |
| Retinal haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Cataract diabetic | 1 (0.0%) | 1 (0.0%) |
| Eye haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Diabetic eye disease | 1 (0.0%) | 0 |
| Diplopia | 1 (0.0%) | 0 |
| Extraocular muscle paresis | 1 (0.0%) | 0 |
| Ocular ischaemic syndrome | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------------|------------------------|---------------------|
| Ulcerative keratitis | 1 (0.0%) | 0 |
| Vision blurred | 1 (0.0%) | 0 |
| Cataract nuclear | 0 | 2 (0.1%) |
| Dermatochalasis | 0 | 1 (0.0%) |
| Eyelid cyst | 0 | 1 (0.0%) |
| Ophthalmoplegia | 0 | 1 (0.0%) |
| Retinopathy proliferative | 0 | 1 (0.0%) |
| Vascular Disorders | 33 (1.4%) | 37 (1.6%) |
| Hypertension | 8 (0.3%) | 11 (0.5%) |
| Deep vein thrombosis | 3 (0.1%) | 2 (0.1%) |
| Peripheral artery occlusion | 2 (0.1%) | 1 (0.0%) |
| Aortic aneurysm | 2 (0.1%) | 0 |
| Peripheral arterial occlusive disease | 1 (0.0%) | 5 (0.2%) |
| Aortic stenosis | 1 (0.0%) | 2 (0.1%) |
| Hypertensive emergency | 1 (0.0%) | 2 (0.1%) |
| Hypotension | 1 (0.0%) | 2 (0.1%) |
| Dry gangrene | 1 (0.0%) | 1 (0.0%) |
| Peripheral artery thrombosis | 1 (0.0%) | 1 (0.0%) |
| Peripheral ischaemia | 1 (0.0%) | 1 (0.0%) |
| Aortitis | 1 (0.0%) | 0 |
| Circulatory collapse | 1 (0.0%) | 0 |
| Diabetic vascular disorder | 1 (0.0%) | 0 |
| Extremity necrosis | 1 (0.0%) | 0 |
| Giant cell arteritis | 1 (0.0%) | 0 |
| Haematoma | 1 (0.0%) | 0 |
| Orthostatic hypotension | 1 (0.0%) | 0 |
| Peripheral artery stenosis | 1 (0.0%) | 0 |
| Peripheral embolism | 1 (0.0%) | 0 |
| Phlebitis | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Hypertensive crisis | 0 | 3 (0.1%) |
| Essential hypertension | 0 | 2 (0.1%) |
| Hypertensive urgency | 0 | 2 (0.1%) |
| Peripheral vascular disorder | 0 | 2 (0.1%) |
| Peripheral artery aneurysm | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Subclavian steal syndrome | 0 | 1 (0.0%) |
| Cardiac Disorders | 32 (1.4%) | 32 (1.4%) |
| Coronary artery disease | 4 (0.2%) | 6 (0.3%) |
| Cardiac failure | 3 (0.1%) | 4 (0.2%) |
| Arteriosclerosis coronary artery | 3 (0.1%) | 0 |
| Aortic valve stenosis | 2 (0.1%) | 2 (0.1%) |
| Angina unstable | 2 (0.1%) | 1 (0.0%) |
| Myocardial ischaemia | 2 (0.1%) | 1 (0.0%) |
| Aortic valve disease mixed | 2 (0.1%) | 0 |
| Cardiac failure acute | 2 (0.1%) | 0 |
| Ventricular fibrillation | 2 (0.1%) | 0 |
| Bradycardia | 1 (0.0%) | 2 (0.1%) |
| Coronary artery stenosis | 1 (0.0%) | 2 (0.1%) |
| Acute coronary syndrome | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Atrial fibrillation | 1 (0.0%) | 1 (0.0%) |
| Cardiac failure chronic | 1 (0.0%) | 1 (0.0%) |
| Palpitations | 1 (0.0%) | 1 (0.0%) |
| Angina pectoris | 1 (0.0%) | 0 |
| Arrhythmia | 1 (0.0%) | 0 |
| Atrioventricular block second degree | 1 (0.0%) | 0 |
| Cardiomyopathy | 1 (0.0%) | 0 |
| Extrasystoles | 1 (0.0%) | 0 |
| Paroxysmal atrioventricular block | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis | 1 (0.0%) | 0 |
| Sinus node dysfunction | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular tachycardia | 1 (0.0%) | 0 |
| Acute myocardial infarction | 0 | 2 (0.1%) |
| Atrial flutter | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Bundle branch block left | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac failure congestive | 0 | 1 (0.0%) |
| Cardiac valve disease | 0 | 1 (0.0%) |
| Cardiogenic shock | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cor pulmonale chronic | 0 | 1 (0.0%) |
| Supraventricular tachycardia | 0 | 1 (0.0%) |
| Tachycardia | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 28 (1.2%) | 34 (1.5%) |
| Chest pain | 8 (0.3%) | 8 (0.3%) |
| Death | 6 (0.3%) | 2 (0.1%) |
| Pyrexia | 4 (0.2%) | 5 (0.2%) |
| Multiple organ dysfunction syndrome | 2 (0.1%) | 1 (0.0%) |
| Oedema | 2 (0.1%) | 1 (0.0%) |
| Peripheral swelling | 2 (0.1%) | 1 (0.0%) |
| Oedema peripheral | 1 (0.0%) | 7 (0.3%) |
| General physical health deterioration | 1 (0.0%) | 3 (0.1%) |
| Asthenia | 1 (0.0%) | 1 (0.0%) |
| Hanging | 1 (0.0%) | 0 |
| Impaired healing | 1 (0.0%) | 0 |
| Polyp | 1 (0.0%) | 0 |
| Generalised oedema | 0 | 1 (0.0%) |
| Haemorrhagic cyst | 0 | 1 (0.0%) |
| Malaise | 0 | 1 (0.0%) |
| Non-cardiac chest pain | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 27 (1.2%) | 31 (1.3%) |
| Diabetic foot | 15 (0.6%) | 16 (0.7%) |
| Skin ulcer | 5 (0.2%) | 11 (0.5%) |
| Angioedema | 2 (0.1%) | 1 (0.0%) |
| Rash | 1 (0.0%) | 1 (0.0%) |
| Angiokeratoma | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Blister | 1 (0.0%) | 0 |
| Dermatitis | 1 (0.0%) | 0 |
| Hidradenitis | 1 (0.0%) | 0 |
| Neuropathic ulcer | 1 (0.0%) | 0 |
| Skin necrosis | 1 (0.0%) | 0 |
| Decubitus ulcer | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 21 (0.9%) | 17 (0.7%) |
| Cholecystitis | 5 (0.2%) | 1 (0.0%) |
| Bile duct stone | 3 (0.1%) | 1 (0.0%) |
| Cholecystitis acute | 2 (0.1%) | 3 (0.1%) |
| Cholelithiasis | 2 (0.1%) | 3 (0.1%) |
| Cholangitis | 2 (0.1%) | 2 (0.1%) |
| Biliary dyskinesia | 2 (0.1%) | 0 |
| Jaundice cholestatic | 1 (0.0%) | 2 (0.1%) |
| Hepatic cirrhosis | 1 (0.0%) | 1 (0.0%) |
| Biliary colic | 1 (0.0%) | 0 |
| Cholecystitis chronic | 1 (0.0%) | 0 |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatitis acute | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Liver disorder | 1 (0.0%) | 0 |
| Biliary fistula | 0 | 1 (0.0%) |
| Cholangitis acute | 0 | 1 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Gallbladder polyp | 0 | 1 (0.0%) |
| Hepatic failure | 0 | 1 (0.0%) |
| Jaundice | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Primary biliary cholangitis | 0 | 1 (0.0%) |
| Investigations | 16 (0.7%) | 23 (1.0%) |
| Colonoscopy | 2 (0.1%) | 1 (0.0%) |
| Blood glucose increased | 1 (0.0%) | 4 (0.2%) |
| Blood pressure increased | 1 (0.0%) | 2 (0.1%) |
| Blood creatinine increased | 1 (0.0%) | 1 (0.0%) |
| Glycosylated haemoglobin increased | 1 (0.0%) | 1 (0.0%) |
| Weight decreased | 1 (0.0%) | 1 (0.0%) |
| Angiocardiogram | 1 (0.0%) | 0 |
| Angiogram | 1 (0.0%) | 0 |
| Blood potassium decreased | 1 (0.0%) | 0 |
| Blood potassium increased | 1 (0.0%) | 0 |
| Computerised tomogram | 1 (0.0%) | 0 |
| Glomerular filtration rate decreased | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Investigation | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Influenza A virus test positive | 0 | 2 (0.1%) |
| Angiogram cerebral | 0 | 1 (0.0%) |
| Arthroscopy | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Biopsy liver | 0 | 1 (0.0%) |
| Biopsy prostate | 0 | 1 (0.0%) |
| Electrocardiogram abnormal | 0 | 1 (0.0%) |
| Endobronchial ultrasound | 0 | 1 (0.0%) |
| Gastrointestinal stoma output increased | 0 | 1 (0.0%) |
| Liver function test increased | 0 | 1 (0.0%) |
| Respiratory syncytial virus test positive | 0 | 1 (0.0%) |
| SARS-CoV-2 test negative | 0 | 1 (0.0%) |
| SARS-CoV-2 test positive | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 13 (0.6%) | 15 (0.7%) |
| Benign prostatic hyperplasia | 7 (0.3%) | 8 (0.3%) |
| Prostatitis | 1 (0.0%) | 2 (0.1%) |
| Prostatomegaly | 1 (0.0%) | 2 (0.1%) |
| Ovarian cyst | 1 (0.0%) | 1 (0.0%) |
| Breast mass | 1 (0.0%) | 0 |
| Prostatic disorder | 1 (0.0%) | 0 |
| Prostatism | 1 (0.0%) | 0 |
| Erectile dysfunction | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 11 (0.5%) | 5 (0.2%) |
| Anaemia | 7 (0.3%) | 2 (0.1%) |
| Blood loss anaemia | 2 (0.1%) | 1 (0.0%) |
| Coagulopathy | 1 (0.0%) | 0 |
| Iron deficiency anaemia | 1 (0.0%) | 0 |
| Febrile neutropenia | 0 | 1 (0.0%) |
| Neutropenia | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 7 (0.3%) | 4 (0.2%) |
| Vertigo | 3 (0.1%) | 0 |
| Sudden hearing loss | 2 (0.1%) | 2 (0.1%) |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Vertigo positional | 1 (0.0%) | 0 |
| Deafness | 0 | 1 (0.0%) |
| Vestibular disorder | 0 | 1 (0.0%) |
| Psychiatric Disorders | 5 (0.2%) | 3 (0.1%) |
| Depression | 2 (0.1%) | 1 (0.0%) |
| Mental status changes | 2 (0.1%) | 0 |
| Confusional state | 1 (0.0%) | 0 |
| Major depression | 1 (0.0%) | 0 |
| Drug abuse | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 2 (0.1%) | 1 (0.0%) |
| Adenomatous polyposis coli | 1 (0.0%) | 0 |
| Arnold-Chiari malformation | 1 (0.0%) | 0 |
| Anomaly of middle ear congenital | 0 | 1 (0.0%) |
| Endocrine Disorders | 2 (0.1%) | 0 |
| Goitre | 2 (0.1%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-------------------------|------------------------|---------------------|
| Immune System Disorders | 1 (0.0%) | 1 (0.0%) |
| Anaphylactic shock | 1 (0.0%) | 1 (0.0%) |
| Anaphylactic reaction | 0 | 1 (0.0%) |
| Product Issues | 0 | 2 (0.1%) |
| Device loosening | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Any TEAE | 349 (15.0%) | 410 (17.8%) |
| Infections And Infestations | 96 (4.1%) | 117 (5.1%) |
| Pneumonia | 14 (0.6%) | 27 (1.2%) |
| Cellulitis | 7 (0.3%) | 8 (0.3%) |
| Localised infection | 7 (0.3%) | 3 (0.1%) |
| Sepsis | 6 (0.3%) | 10 (0.4%) |
| COVID-19 | 4 (0.2%) | 11 (0.5%) |
| Osteomyelitis | 4 (0.2%) | 6 (0.3%) |
| Urosepsis | 4 (0.2%) | 6 (0.3%) |
| Influenza | 3 (0.1%) | 3 (0.1%) |
| Urinary tract infection | 3 (0.1%) | 3 (0.1%) |
| Septic shock | 3 (0.1%) | 2 (0.1%) |
| Abscess limb | 3 (0.1%) | 1 (0.0%) |
| Postoperative wound infection | 3 (0.1%) | 0 |
| COVID-19 pneumonia | 2 (0.1%) | 6 (0.3%) |
| Erysipelas | 2 (0.1%) | 2 (0.1%) |
| Herpes zoster | 2 (0.1%) | 2 (0.1%) |
| Pyelonephritis acute | 2 (0.1%) | 2 (0.1%) |
| Bronchitis | 2 (0.1%) | 1 (0.0%) |
| Intervertebral discitis | 2 (0.1%) | 1 (0.0%) |
| Infected skin ulcer | 2 (0.1%) | 0 |
| Gastroenteritis | 1 (0.0%) | 3 (0.1%) |
| Diabetic foot infection | 1 (0.0%) | 2 (0.1%) |
| Lower respiratory tract infection | 1 (0.0%) | 2 (0.1%) |
| Wound infection | 1 (0.0%) | 2 (0.1%) |
| Appendicitis | 1 (0.0%) | 1 (0.0%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 1 (0.0%) |
| Meningitis | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis chronic | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia viral | 1 (0.0%) | 1 (0.0%) |
| Pyelonephritis | 1 (0.0%) | 1 (0.0%) |
| Staphylococcal bacteraemia | 1 (0.0%) | 1 (0.0%) |
| Abdominal infection | 1 (0.0%) | 0 |
| Arthritis infective | 1 (0.0%) | 0 |
| Bacterial infection | 1 (0.0%) | 0 |
| Cholecystitis infective | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Cystitis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Endocarditis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Genital candidiasis | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Liver abscess | 1 (0.0%) | 0 |
| Necrotising fasciitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Osteomyelitis acute | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Pharyngitis | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Pneumonia bacterial | 1 (0.0%) | 0 |
| Pneumonia influenzal | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Respiratory tract infection | 1 (0.0%) | 0 |
| Subcutaneous abscess | 1 (0.0%) | 0 |
| Vulvovaginitis | 1 (0.0%) | 0 |
| Gangrene | 0 | 4 (0.2%) |
| Infection | 0 | 3 (0.1%) |
| Skin infection | 0 | 3 (0.1%) |
| Anal abscess | 0 | 2 (0.1%) |
| Soft tissue infection | 0 | 2 (0.1%) |
| Arthritis bacterial | 0 | 1 (0.0%) |
| Atypical pneumonia | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chronic hepatitis C | 0 | 1 (0.0%) |
| Conjunctivitis | 0 | 1 (0.0%) |
| Diabetic gangrene | 0 | 1 (0.0%) |
| Diverticulitis | 0 | 1 (0.0%) |
| Enterococcal bacteraemia | 0 | 1 (0.0%) |
| Gastroenteritis norovirus | 0 | 1 (0.0%) |
| Medical device site abscess | 0 | 1 (0.0%) |
| Paronychia | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Post procedural infection | 0 | 1 (0.0%) |
| Pulmonary sepsis | 0 | 1 (0.0%) |
| Pulmonary tuberculosis | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Urinary tract infection bacterial | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 48 (2.1%) | 47 (2.0%) |
| Colon cancer | 5 (0.2%) | 2 (0.1%) |
| Renal neoplasm | 5 (0.2%) | 1 (0.0%) |
| Hepatic cancer | 3 (0.1%) | 2 (0.1%) |
| Transitional cell carcinoma | 3 (0.1%) | 0 |
| Prostate cancer | 2 (0.1%) | 6 (0.3%) |
| Pancreatic carcinoma | 2 (0.1%) | 4 (0.2%) |
| Pancreatic carcinoma metastatic | 2 (0.1%) | 1 (0.0%) |
| Bladder cancer | 2 (0.1%) | 0 |
| Endometrial cancer | 2 (0.1%) | 0 |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Lung neoplasm malignant | 1 (0.0%) | 2 (0.1%) |
| Bladder transitional cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Oesophageal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Plasma cell myeloma | 1 (0.0%) | 1 (0.0%) |
| Rectal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 1 (0.0%) |
| Adenocarcinoma | 1 (0.0%) | 0 |
| Bladder cancer recurrent | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---------------------------------------|------------------------|---------------------|
| Chronic lymphocytic leukaemia | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Colon adenoma | 1 (0.0%) | 0 |
| Hepatocellular carcinoma | 1 (0.0%) | 0 |
| Invasive ductal breast carcinoma | 1 (0.0%) | 0 |
| Lung cancer metastatic | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Metastases to liver | 1 (0.0%) | 0 |
| Metastases to lymph nodes | 1 (0.0%) | 0 |
| Metastatic malignant melanoma | 1 (0.0%) | 0 |
| Neoplasm malignant | 1 (0.0%) | 0 |
| Prostate cancer recurrent | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Squamous cell carcinoma of lung | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| B-cell lymphoma | 0 | 2 (0.1%) |
| Breast cancer | 0 | 2 (0.1%) |
| Adenocarcinoma of colon | 0 | 1 (0.0%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Epithelioid mesothelioma | 0 | 1 (0.0%) |
| Gastrointestinal carcinoma | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Lung neoplasm | 0 | 1 (0.0%) |
| Malignant melanoma | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Metastases to bone | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Pancreatic neoplasm | 0 | 1 (0.0%) |
| Papillary renal cell carcinoma | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Pituitary tumour benign | 0 | 1 (0.0%) |
| Prostate cancer metastatic | 0 | 1 (0.0%) |
| Renal cancer | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 46 (2.0%) | 44 (1.9%) |
| Hypoglycaemia | 11 (0.5%) | 10 (0.4%) |
| Hyperkalaemia | 7 (0.3%) | 3 (0.1%) |
| Diabetes mellitus | 4 (0.2%) | 6 (0.3%) |
| Hyponatraemia | 4 (0.2%) | 1 (0.0%) |
| Hyperglycaemia | 3 (0.1%) | 4 (0.2%) |
| Type 2 diabetes mellitus | 3 (0.1%) | 4 (0.2%) |
| Dehydration | 3 (0.1%) | 1 (0.0%) |
| Hypertriglyceridaemia | 2 (0.1%) | 1 (0.0%) |
| Vitamin D deficiency | 2 (0.1%) | 1 (0.0%) |
| Diabetes mellitus inadequate control | 1 (0.0%) | 7 (0.3%) |
| Gout | 1 (0.0%) | 3 (0.1%) |
| Diabetic ketoacidosis | 1 (0.0%) | 1 (0.0%) |
| Hypoproteinaemia | 1 (0.0%) | 1 (0.0%) |
| Metabolic acidosis | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Obesity | 1 (0.0%) | 1 (0.0%) |
| Diabetic metabolic decompensation | 1 (0.0%) | 0 |
| Lactic acidosis | 1 (0.0%) | 0 |
| Cachexia | 0 | 2 (0.1%) |
| Decreased appetite | 0 | 1 (0.0%) |
| Diabetic complication | 0 | 1 (0.0%) |
| Electrolyte imbalance | 0 | 1 (0.0%) |
| Hypokalaemia | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 36 (1.5%) | 38 (1.7%) |
| Acute respiratory failure | 7 (0.3%) | 6 (0.3%) |
| Chronic obstructive pulmonary disease | 6 (0.3%) | 6 (0.3%) |
| Dyspnoea | 5 (0.2%) | 4 (0.2%) |
| Acute pulmonary oedema | 3 (0.1%) | 3 (0.1%) |
| Pulmonary embolism | 3 (0.1%) | 3 (0.1%) |
| Respiratory failure | 2 (0.1%) | 5 (0.2%) |
| Sleep apnoea syndrome | 2 (0.1%) | 3 (0.1%) |
| Asthma | 2 (0.1%) | 1 (0.0%) |
| Hypoxia | 2 (0.1%) | 1 (0.0%) |
| Pulmonary hypertension | 2 (0.1%) | 0 |
| Pulmonary oedema | 1 (0.0%) | 3 (0.1%) |
| Pneumonia aspiration | 1 (0.0%) | 1 (0.0%) |
| Asphyxia | 1 (0.0%) | 0 |
| Hypercapnia | 1 (0.0%) | 0 |
| Obstructive airways disorder | 1 (0.0%) | 0 |
| Pneumothorax | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Pulmonary mass | 1 (0.0%) | 0 |
| Respiratory acidosis | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |
| Restrictive pulmonary disease | 1 (0.0%) | 0 |
| Pleural effusion | 0 | 3 (0.1%) |
| Apnoea | 0 | 1 (0.0%) |
| Bronchiectasis | 0 | 1 (0.0%) |
| Bronchospasm | 0 | 1 (0.0%) |
| Cough | 0 | 1 (0.0%) |
| Interstitial lung disease | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Respiratory disorder | 0 | 1 (0.0%) |
| Vascular Disorders | 33 (1.4%) | 32 (1.4%) |
| Hypertension | 7 (0.3%) | 10 (0.4%) |
| Hypotension | 4 (0.2%) | 0 |
| Peripheral arterial occlusive disease | 2 (0.1%) | 5 (0.2%) |
| Hypertensive emergency | 2 (0.1%) | 2 (0.1%) |
| Peripheral artery stenosis | 2 (0.1%) | 2 (0.1%) |
| Aortic stenosis | 2 (0.1%) | 1 (0.0%) |
| Peripheral artery occlusion | 2 (0.1%) | 1 (0.0%) |
| Peripheral ischaemia | 2 (0.1%) | 1 (0.0%) |
| Deep vein thrombosis | 2 (0.1%) | 0 |
| Hypertensive urgency | 1 (0.0%) | 1 (0.0%) |
| Aortitis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|-----------------------------------|------------------------|---------------------|
| Diabetic vascular disorder | 1 (0.0%) | 0 |
| Dry gangrene | 1 (0.0%) | 0 |
| Extremity necrosis | 1 (0.0%) | 0 |
| Giant cell arteritis | 1 (0.0%) | 0 |
| Haematoma | 1 (0.0%) | 0 |
| Intermittent claudication | 1 (0.0%) | 0 |
| Peripheral embolism | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Hypertensive crisis | 0 | 2 (0.1%) |
| Aortic aneurysm | 0 | 1 (0.0%) |
| Aortic aneurysm rupture | 0 | 1 (0.0%) |
| Hypovolaemic shock | 0 | 1 (0.0%) |
| Peripheral artery aneurysm | 0 | 1 (0.0%) |
| Peripheral vascular disorder | 0 | 1 (0.0%) |
| Peripheral venous disease | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Subclavian steal syndrome | 0 | 1 (0.0%) |
| Nervous System Disorders | 26 (1.1%) | 38 (1.7%) |
| Syncope | 2 (0.1%) | 3 (0.1%) |
| Dizziness | 2 (0.1%) | 1 (0.0%) |
| Hemiparesis | 2 (0.1%) | 1 (0.0%) |
| Subarachnoid haemorrhage | 2 (0.1%) | 1 (0.0%) |
| Carotid artery stenosis | 1 (0.0%) | 4 (0.2%) |
| Diabetic neuropathy | 1 (0.0%) | 2 (0.1%) |
| Cerebrovascular accident | 1 (0.0%) | 1 (0.0%) |
| Cerebrovascular disorder | 1 (0.0%) | 1 (0.0%) |
| Epilepsy | 1 (0.0%) | 1 (0.0%) |
| Loss of consciousness | 1 (0.0%) | 1 (0.0%) |
| Paraparesis | 1 (0.0%) | 1 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 0 |
| Brain injury | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral ischaemia | 1 (0.0%) | 0 |
| Dizziness postural | 1 (0.0%) | 0 |
| Facial paralysis | 1 (0.0%) | 0 |
| Headache | 1 (0.0%) | 0 |
| Hypoaesthesia | 1 (0.0%) | 0 |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 0 |
| IVth nerve paralysis | 1 (0.0%) | 0 |
| Myelopathy | 1 (0.0%) | 0 |
| Presyncope | 1 (0.0%) | 0 |
| Sciatica | 1 (0.0%) | 0 |
| Seizure | 1 (0.0%) | 0 |
| Vertebral artery occlusion | 1 (0.0%) | 0 |
| Cervical radiculopathy | 0 | 2 (0.1%) |
| Encephalopathy | 0 | 2 (0.1%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Carpal tunnel syndrome | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cognitive disorder | 0 | 1 (0.0%) |
| Coma | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Dementia | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Facial paresis | 0 | 1 (0.0%) |
| Generalised tonic-clonic seizure | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hypoglycaemic coma | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Myelitis transverse | 0 | 1 (0.0%) |
| Parkinson's disease | 0 | 1 (0.0%) |
| Spondylitic myelopathy | 0 | 1 (0.0%) |
| Transient ischaemic attack | 0 | 1 (0.0%) |
| Transverse sinus thrombosis | 0 | 1 (0.0%) |
| Vertebral artery stenosis | 0 | 1 (0.0%) |
| Vertigo CNS origin | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 26 (1.1%) | 26 (1.1%) |
| Osteoarthritis | 5 (0.2%) | 4 (0.2%) |
| Back pain | 5 (0.2%) | 2 (0.1%) |
| Arthralgia | 2 (0.1%) | 3 (0.1%) |
| Pain in extremity | 2 (0.1%) | 1 (0.0%) |
| Spinal osteoarthritis | 2 (0.1%) | 1 (0.0%) |
| Intervertebral disc protrusion | 1 (0.0%) | 3 (0.1%) |
| Intervertebral disc degeneration | 1 (0.0%) | 1 (0.0%) |
| Muscle spasms | 1 (0.0%) | 1 (0.0%) |
| Groin pain | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Lumbar spinal stenosis | 1 (0.0%) | 0 |
| Musculoskeletal pain | 1 (0.0%) | 0 |
| Myositis | 1 (0.0%) | 0 |
| Osteitis | 1 (0.0%) | 0 |
| Osteochondrosis | 1 (0.0%) | 0 |
| Osteoporosis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Rotator cuff syndrome | 1 (0.0%) | 0 |
| Spinal synovial cyst | 1 (0.0%) | 0 |
| Neuropathic arthropathy | 0 | 3 (0.1%) |
| Bursitis | 0 | 2 (0.1%) |
| Cervical spinal stenosis | 0 | 2 (0.1%) |
| Myalgia | 0 | 2 (0.1%) |
| Arthritis | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Cardiac Disorders | 24 (1.0%) | 36 (1.6%) |
| Coronary artery disease | 4 (0.2%) | 7 (0.3%) |
| Cardiac failure | 3 (0.1%) | 6 (0.3%) |
| Cardiac failure congestive | 2 (0.1%) | 2 (0.1%) |
| Angina unstable | 2 (0.1%) | 1 (0.0%) |
| Cardiac failure acute | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--------------------------------------|------------------------|---------------------|
| Acute coronary syndrome | 2 (0.1%) | 0 |
| Angina pectoris | 2 (0.1%) | 0 |
| Ventricular fibrillation | 2 (0.1%) | 0 |
| Aortic valve stenosis | 1 (0.0%) | 4 (0.2%) |
| Ischaemic cardiomyopathy | 1 (0.0%) | 2 (0.1%) |
| Aortic valve disease mixed | 1 (0.0%) | 1 (0.0%) |
| Aortic valve incompetence | 1 (0.0%) | 0 |
| Atrioventricular block | 1 (0.0%) | 0 |
| Cardiac disorder | 1 (0.0%) | 0 |
| Cardiovascular insufficiency | 1 (0.0%) | 0 |
| Mitral valve incompetence | 1 (0.0%) | 0 |
| Myocardial ischaemia | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular tachycardia | 1 (0.0%) | 0 |
| Bradycardia | 0 | 2 (0.1%) |
| Cardiogenic shock | 0 | 2 (0.1%) |
| Atrial fibrillation | 0 | 1 (0.0%) |
| Atrial flutter | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Atrioventricular block second degree | 0 | 1 (0.0%) |
| Bundle branch block left | 0 | 1 (0.0%) |
| Cardiac arrest | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac failure chronic | 0 | 1 (0.0%) |
| Cardiomegaly | 0 | 1 (0.0%) |
| Cardiomyopathy | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cor pulmonale chronic | 0 | 1 (0.0%) |
| Nodal arrhythmia | 0 | 1 (0.0%) |
| Supraventricular tachycardia | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 22 (0.9%) | 34 (1.5%) |
| Acute kidney injury | 9 (0.4%) | 10 (0.4%) |
| Nephrolithiasis | 4 (0.2%) | 2 (0.1%) |
| Renal failure | 2 (0.1%) | 3 (0.1%) |
| Renal impairment | 2 (0.1%) | 0 |
| Hydronephrosis | 1 (0.0%) | 2 (0.1%) |
| Urinary tract obstruction | 1 (0.0%) | 1 (0.0%) |
| Oliguria | 1 (0.0%) | 0 |
| Urethral stenosis | 1 (0.0%) | 0 |
| Urinary incontinence | 1 (0.0%) | 0 |
| Urinary retention | 1 (0.0%) | 0 |
| Diabetic nephropathy | 0 | 4 (0.2%) |
| Chronic kidney disease | 0 | 3 (0.1%) |
| Haematuria | 0 | 3 (0.1%) |
| Nephropathy | 0 | 2 (0.1%) |
| Calculus urinary | 0 | 1 (0.0%) |
| End stage renal disease | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Nephrotic syndrome | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Proteinuria | 0 | 1 (0.0%) |
| Ureterolithiasis | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 21 (0.9%) | 16 (0.7%) |
| Rib fracture | 3 (0.1%) | 1 (0.0%) |
| Hip fracture | 2 (0.1%) | 0 |
| Procedural pain | 2 (0.1%) | 0 |
| Foot fracture | 1 (0.0%) | 1 (0.0%) |
| Abdominal injury | 1 (0.0%) | 0 |
| Ankle fracture | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Chest injury | 1 (0.0%) | 0 |
| Contusion | 1 (0.0%) | 0 |
| Fall | 1 (0.0%) | 0 |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Femur fracture | 1 (0.0%) | 0 |
| Lower limb fracture | 1 (0.0%) | 0 |
| Poisoning | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Postoperative wound complication | 1 (0.0%) | 0 |
| Road traffic accident | 1 (0.0%) | 0 |
| Thermal burn | 1 (0.0%) | 0 |
| Toxicity to various agents | 1 (0.0%) | 0 |
| Traumatic haematoma | 1 (0.0%) | 0 |
| Upper limb fracture | 1 (0.0%) | 0 |
| Lumbar vertebral fracture | 0 | 2 (0.1%) |
| Subdural haematoma | 0 | 2 (0.1%) |
| Brain contusion | 0 | 1 (0.0%) |
| Craniocerebral injury | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Eye contusion | 0 | 1 (0.0%) |
| Heat illness | 0 | 1 (0.0%) |
| Hyphaema | 0 | 1 (0.0%) |
| Limb injury | 0 | 1 (0.0%) |
| Multiple fractures | 0 | 1 (0.0%) |
| Pneumocephalus | 0 | 1 (0.0%) |
| Radius fracture | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Subdural haemorrhage | 0 | 1 (0.0%) |
| Thoracic vertebral fracture | 0 | 1 (0.0%) |
| Traumatic fracture | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 19 (0.8%) | 31 (1.3%) |
| Pancreatitis acute | 2 (0.1%) | 1 (0.0%) |
| Gastrointestinal haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Abdominal pain | 1 (0.0%) | 1 (0.0%) |
| Abdominal pain upper | 1 (0.0%) | 1 (0.0%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Chronic gastritis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Functional gastrointestinal disorder | 1 (0.0%) | 0 |
| Gastric ulcer haemorrhage | 1 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 1 (0.0%) | 0 |
| Haemorrhoids | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Pancreatitis | 1 (0.0%) | 0 |
| Pancreatitis chronic | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Toothache | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Vomiting | 1 (0.0%) | 0 |
| Intestinal obstruction | 0 | 4 (0.2%) |
| Upper gastrointestinal haemorrhage | 0 | 3 (0.1%) |
| Ascites | 0 | 2 (0.1%) |
| Inguinal hernia | 0 | 2 (0.1%) |
| Nausea | 0 | 2 (0.1%) |
| Small intestinal obstruction | 0 | 2 (0.1%) |
| Abdominal adhesions | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Constipation | 0 | 1 (0.0%) |
| Diarrhoea | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Dyspepsia | 0 | 1 (0.0%) |
| Enteritis | 0 | 1 (0.0%) |
| Gastritis | 0 | 1 (0.0%) |
| Haematochezia | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Large intestine polyp | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Rectal haemorrhage | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 19 (0.8%) | 19 (0.8%) |
| Death | 6 (0.3%) | 2 (0.1%) |
| Chest pain | 2 (0.1%) | 5 (0.2%) |
| Multiple organ dysfunction syndrome | 2 (0.1%) | 2 (0.1%) |
| General physical health deterioration | 2 (0.1%) | 1 (0.0%) |
| Peripheral swelling | 2 (0.1%) | 1 (0.0%) |
| Oedema peripheral | 2 (0.1%) | 0 |
| Oedema | 1 (0.0%) | 1 (0.0%) |
| Hanging | 1 (0.0%) | 0 |
| Malaise | 1 (0.0%) | 0 |
| Pyrexia | 0 | 2 (0.1%) |
| Asthenia | 0 | 1 (0.0%) |
| Fatigue | 0 | 1 (0.0%) |
| Generalised oedema | 0 | 1 (0.0%) |
| Non-cardiac chest pain | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Investigations | 19 (0.8%) | 19 (0.8%) |
| Glomerular filtration rate decreased | 5 (0.2%) | 6 (0.3%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Blood creatinine increased | 2 (0.1%) | 2 (0.1%) |
| Weight decreased | 2 (0.1%) | 2 (0.1%) |
| Blood creatine phosphokinase increased | 1 (0.0%) | 3 (0.1%) |
| Blood pressure increased | 1 (0.0%) | 2 (0.1%) |
| Blood potassium increased | 1 (0.0%) | 0 |
| Blood sodium decreased | 1 (0.0%) | 0 |
| C-reactive protein increased | 1 (0.0%) | 0 |
| Glycosylated haemoglobin increased | 1 (0.0%) | 0 |
| Haemoglobin decreased | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Intracardiac pressure increased | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Biopsy prostate | 0 | 1 (0.0%) |
| Influenza A virus test positive | 0 | 1 (0.0%) |
| Protein total decreased | 0 | 1 (0.0%) |
| Respiratory syncytial virus test positive | 0 | 1 (0.0%) |
| White blood cell count increased | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 18 (0.8%) | 21 (0.9%) |
| Diabetic foot | 9 (0.4%) | 7 (0.3%) |
| Skin ulcer | 2 (0.1%) | 7 (0.3%) |
| Angioedema | 2 (0.1%) | 0 |
| Hidradenitis | 1 (0.0%) | 1 (0.0%) |
| Blister | 1 (0.0%) | 0 |
| Dermatitis allergic | 1 (0.0%) | 0 |
| Diabetic bullosis | 1 (0.0%) | 0 |
| Skin necrosis | 1 (0.0%) | 0 |
| Ingrowing nail | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Pruritus | 0 | 1 (0.0%) |
| Psoriasis | 0 | 1 (0.0%) |
| Rash | 0 | 1 (0.0%) |
| Rash pruritic | 0 | 1 (0.0%) |
| Eye Disorders | 15 (0.6%) | 19 (0.8%) |
| Diabetic retinopathy | 7 (0.3%) | 6 (0.3%) |
| Cataract | 3 (0.1%) | 1 (0.0%) |
| Vitreous haemorrhage | 2 (0.1%) | 5 (0.2%) |
| Sudden visual loss | 2 (0.1%) | 0 |
| Visual impairment | 1 (0.0%) | 2 (0.1%) |
| Glaucoma | 1 (0.0%) | 1 (0.0%) |
| Retinal detachment | 1 (0.0%) | 1 (0.0%) |
| Amaurosis | 1 (0.0%) | 0 |
| Blindness | 1 (0.0%) | 0 |
| Diabetic eye disease | 1 (0.0%) | 0 |
| Eye haemorrhage | 1 (0.0%) | 0 |
| Blindness unilateral | 0 | 1 (0.0%) |
| Dermatochalasis | 0 | 1 (0.0%) |
| Diabetic retinal oedema | 0 | 1 (0.0%) |
| Diplopia | 0 | 1 (0.0%) |
| Retinal vein occlusion | 0 | 1 (0.0%) |
| Retinopathy proliferative | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Surgical And Medical Procedures | 14 (0.6%) | 21 (0.9%) |
| Leg amputation | 2 (0.1%) | 3 (0.1%) |
| Gastric bypass | 2 (0.1%) | 1 (0.0%) |
| Toe amputation | 1 (0.0%) | 5 (0.2%) |
| Intervertebral disc operation | 1 (0.0%) | 1 (0.0%) |
| Finger amputation | 1 (0.0%) | 0 |
| Foot amputation | 1 (0.0%) | 0 |
| Hip arthroplasty | 1 (0.0%) | 0 |
| Hysterectomy | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Roux loop conversion | 1 (0.0%) | 0 |
| Vitrectomy | 1 (0.0%) | 0 |
| Cataract operation | 0 | 2 (0.1%) |
| Knee arthroplasty | 0 | 2 (0.1%) |
| Abscess drainage | 0 | 1 (0.0%) |
| Cardiac pacemaker insertion | 0 | 1 (0.0%) |
| Cardiac pacemaker removal | 0 | 1 (0.0%) |
| Cardiac pacemaker replacement | 0 | 1 (0.0%) |
| Cholecystectomy | 0 | 1 (0.0%) |
| Drug delivery device placement | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Lens extraction | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 8 (0.3%) | 6 (0.3%) |
| Anaemia | 5 (0.2%) | 4 (0.2%) |
| Blood loss anaemia | 2 (0.1%) | 0 |
| Coagulopathy | 1 (0.0%) | 0 |
| Febrile neutropenia | 0 | 1 (0.0%) |
| Iron deficiency anaemia | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 7 (0.3%) | 10 (0.4%) |
| Cholecystitis acute | 1 (0.0%) | 2 (0.1%) |
| Cholangitis | 1 (0.0%) | 1 (0.0%) |
| Cholecystitis | 1 (0.0%) | 1 (0.0%) |
| Cholelithiasis | 1 (0.0%) | 1 (0.0%) |
| Biliary colic | 1 (0.0%) | 0 |
| Biliary dyskinesia | 1 (0.0%) | 0 |
| Cholecystitis chronic | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Liver disorder | 1 (0.0%) | 0 |
| Jaundice cholestatic | 0 | 2 (0.1%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Hepatic cirrhosis | 0 | 1 (0.0%) |
| Hepatic failure | 0 | 1 (0.0%) |
| Hepatic mass | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Psychiatric Disorders | 4 (0.2%) | 6 (0.3%) |
| Depression | 1 (0.0%) | 2 (0.1%) |
| Anxiety | 1 (0.0%) | 0 |
| Major depression | 1 (0.0%) | 0 |
| Mental status changes | 1 (0.0%) | 0 |
| Depressed mood | 0 | 1 (0.0%) |
| Drug abuse | 0 | 1 (0.0%) |
| Hallucination | 0 | 1 (0.0%) |
| Substance-induced psychotic disorder | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 2 (0.1%) | 5 (0.2%) |
| Benign prostatic hyperplasia | 1 (0.0%) | 2 (0.1%) |
| Uterine haemorrhage | 1 (0.0%) | 0 |
| Vaginal haemorrhage | 1 (0.0%) | 0 |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Ovarian cyst | 0 | 1 (0.0%) |
| Prostatitis | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 2 (0.1%) | 1 (0.0%) |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Vertigo | 1 (0.0%) | 0 |
| Vestibular disorder | 0 | 1 (0.0%) |
| Immune System Disorders | 1 (0.0%) | 2 (0.1%) |
| Anaphylactic shock | 1 (0.0%) | 2 (0.1%) |
| Product Issues | 0 | 2 (0.1%) |
| Device loosening | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Any TEAE | 85 (3.7%) | 94 (4.1%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 13 (0.6%) | 20 (0.9%) |
| Colon cancer | 2 (0.1%) | 2 (0.1%) |
| Transitional cell carcinoma | 2 (0.1%) | 0 |
| Plasma cell myeloma | 1 (0.0%) | 1 (0.0%) |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 0 |
| Gastric cancer | 1 (0.0%) | 0 |
| Lymphoma | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Pancreatic carcinoma metastatic | 1 (0.0%) | 0 |
| Prostate cancer | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Breast cancer | 0 | 2 (0.1%) |
| Pancreatic carcinoma | 0 | 2 (0.1%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Colorectal cancer | 0 | 1 (0.0%) |
| Endometrial adenocarcinoma | 0 | 1 (0.0%) |
| Hepatic cancer | 0 | 1 (0.0%) |
| Hepatocellular carcinoma | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Lung neoplasm malignant | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Pancreatic neoplasm | 0 | 1 (0.0%) |
| Papillary renal cell carcinoma | 0 | 1 (0.0%) |
| Tonsil cancer | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 12 (0.5%) | 6 (0.3%) |
| Hyperkalaemia | 9 (0.4%) | 4 (0.2%) |
| Hyponatraemia | 3 (0.1%) | 0 |
| Cachexia | 0 | 1 (0.0%) |
| Hypokalaemia | 0 | 1 (0.0%) |
| Investigations | 11 (0.5%) | 6 (0.3%) |
| Glomerular filtration rate decreased | 6 (0.3%) | 2 (0.1%) |
| Blood potassium increased | 3 (0.1%) | 1 (0.0%) |
| Blood creatinine increased | 1 (0.0%) | 1 (0.0%) |
| Liver function test increased | 1 (0.0%) | 0 |
| Blood pressure increased | 0 | 1 (0.0%) |
| Hepatic enzyme increased | 0 | 1 (0.0%) |
| Nervous System Disorders | 9 (0.4%) | 15 (0.7%) |
| Dementia | 2 (0.1%) | 3 (0.1%) |
| Dizziness | 1 (0.0%) | 2 (0.1%) |
| Subarachnoid haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Syncope | 1 (0.0%) | 2 (0.1%) |
| Cognitive disorder | 1 (0.0%) | 1 (0.0%) |
| Somnolence | 1 (0.0%) | 1 (0.0%) |
| Hemiparesis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Presyncope | 1 (0.0%) | 0 |
| Cerebral atrophy | 0 | 1 (0.0%) |
| Dementia Alzheimer's type | 0 | 1 (0.0%) |
| Dizziness postural | 0 | 1 (0.0%) |
| Loss of consciousness | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 9 (0.4%) | 13 (0.6%) |
| Diarrhoea | 4 (0.2%) | 3 (0.1%) |
| Constipation | 1 (0.0%) | 3 (0.1%) |
| Vomiting | 1 (0.0%) | 1 (0.0%) |
| Abdominal pain | 1 (0.0%) | 0 |
| Chronic gastritis | 1 (0.0%) | 0 |
| Dyspepsia | 1 (0.0%) | 0 |
| Gastrointestinal motility disorder | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Ascites | 0 | 2 (0.1%) |
| Nausea | 0 | 2 (0.1%) |
| Gastrooesophageal reflux disease | 0 | 1 (0.0%) |
| Oesophageal varices haemorrhage | 0 | 1 (0.0%) |
| Oesophagitis | 0 | 1 (0.0%) |
| Cardiac Disorders | 4 (0.2%) | 7 (0.3%) |
| Palpitations | 1 (0.0%) | 1 (0.0%) |
| Atrioventricular block | 1 (0.0%) | 0 |
| Cardiac failure acute | 1 (0.0%) | 0 |
| Cardiac failure congestive | 1 (0.0%) | 0 |
| Cardiac failure | 0 | 2 (0.1%) |
| Aortic valve stenosis | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Myocardial ischaemia | 0 | 1 (0.0%) |
| Tachycardia | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 4 (0.2%) | 6 (0.3%) |
| Chest pain | 1 (0.0%) | 0 |
| General physical health deterioration | 1 (0.0%) | 0 |
| Malaise | 1 (0.0%) | 0 |
| Peripheral swelling | 1 (0.0%) | 0 |
| Asthenia | 0 | 1 (0.0%) |
| Fatigue | 0 | 1 (0.0%) |
| Multiple organ dysfunction syndrome | 0 | 1 (0.0%) |
| Oedema peripheral | 0 | 1 (0.0%) |
| Pain | 0 | 1 (0.0%) |
| Pyrexia | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 4 (0.2%) | 5 (0.2%) |
| Acute kidney injury | 3 (0.1%) | 2 (0.1%) |
| Subacute kidney injury | 1 (0.0%) | 0 |
| Glomerulonephritis membranous | 0 | 1 (0.0%) |
| Proteinuria | 0 | 1 (0.0%) |
| Renal failure | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|---|------------------------|---------------------|
| Renal pain | 0 | 1 (0.0%) |
| Tubulointerstitial nephritis | 0 | 1 (0.0%) |
| Infections And Infestations | 4 (0.2%) | 4 (0.2%) |
| Dengue fever | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Helicobacter infection | 1 (0.0%) | 0 |
| Necrotising fasciitis | 1 (0.0%) | 0 |
| COVID-19 | 0 | 1 (0.0%) |
| Diabetic foot infection | 0 | 1 (0.0%) |
| Pneumonia | 0 | 1 (0.0%) |
| Upper respiratory tract infection | 0 | 1 (0.0%) |
| Psychiatric Disorders | 4 (0.2%) | 3 (0.1%) |
| Anxiety | 1 (0.0%) | 0 |
| Bipolar disorder | 1 (0.0%) | 0 |
| Depression | 1 (0.0%) | 0 |
| Mental status changes | 1 (0.0%) | 0 |
| Behaviour disorder | 0 | 1 (0.0%) |
| Depressed mood | 0 | 1 (0.0%) |
| Nervousness | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 4 (0.2%) | 0 |
| Dyspnoea | 1 (0.0%) | 0 |
| Dyspnoea exertional | 1 (0.0%) | 0 |
| Lung disorder | 1 (0.0%) | 0 |
| Productive cough | 1 (0.0%) | 0 |
| Vascular Disorders | 3 (0.1%) | 1 (0.0%) |
| Deep vein thrombosis | 1 (0.0%) | 0 |
| Hypertension | 1 (0.0%) | 0 |
| Hypotension | 1 (0.0%) | 0 |
| Flushing | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 2 (0.1%) | 7 (0.3%) |
| Rash | 1 (0.0%) | 3 (0.1%) |
| Dermatitis allergic | 1 (0.0%) | 0 |
| Dermatitis psoriasiform | 0 | 1 (0.0%) |
| Hyperhidrosis | 0 | 1 (0.0%) |
| Hypersensitivity vasculitis | 0 | 1 (0.0%) |
| Pruritus | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 2 (0.1%) | 3 (0.1%) |
| Craniocerebral injury | 1 (0.0%) | 1 (0.0%) |
| Subdural haemorrhage | 1 (0.0%) | 0 |
| Brain contusion | 0 | 1 (0.0%) |
| Lumbar vertebral fracture | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Subdural haematoma | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 2 (0.1%) | 2 (0.1%) |
| Muscle spasms | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| MedDRA SOC and PT | Finerenone (N=2326) | Placebo (N=2302) |
|--|------------------------|---------------------|
| Myalgia | 1 (0.0%) | 0 |
| Intervertebral disc protrusion | 0 | 1 (0.0%) |
| Joint swelling | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 1 (0.0%) | 5 (0.2%) |
| Hepatic cirrhosis | 1 (0.0%) | 1 (0.0%) |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Hepatic function abnormal | 0 | 1 (0.0%) |
| Hepatic mass | 0 | 1 (0.0%) |
| Jaundice cholestatic | 0 | 1 (0.0%) |
| Liver injury | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 1 (0.0%) | 1 (0.0%) |
| Erectile dysfunction | 1 (0.0%) | 1 (0.0%) |
| Immune System Disorders | 1 (0.0%) | 0 |
| Hypersensitivity | 1 (0.0%) | 0 |
| Eye Disorders | 0 | 2 (0.1%) |
| Optic ischaemic neuropathy | 0 | 1 (0.0%) |
| Periorbital swelling | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 0 | 1 (0.0%) |
| Blood loss anaemia | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 0 | 1 (0.0%) |
| Vertigo | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA=Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.5: Summary of Treatment Duration - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------|------------------------|---------------------|-------------------|
| Treatment duration (months) | | | |
| n | 2326 | 2302 | 4628 |
| Mean | 35.7 | 35.4 | 35.6 |
| SD | 14.48 | 14.40 | 14.44 |
| Median | 35.8 | 35.6 | 35.7 |
| Q1-Q3 | 27.2 - 46.9 | 26.8 - 47.0 | 27.0 - 46.9 |
| Range | 0.03 - 61.01 | 0.20 - 61.37 | 0.03 - 61.37 |

Abbreviations: eGFR=estimated glomerular filtration rate, N=number of subjects, n=number of subjects with non-missing values in category, Q1=first quartile, Q3=third quartile, SD=standard deviation.

Note: Treatment duration is defined as the time from start of study drug to permanent stop of study drug (in months).

Table B2.1.1: Effect Measures of Proportion of Subjects with TEAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 1939 (83.4%) | 1937 (84.1%) | 3876 (83.8%) |
| Number of subjects without events | | 387 (16.6%) | 365 (15.9%) | 752 (16.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.944 [0.808, 1.104] | | | |
| p-value | 0.4708 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.991 [0.966, 1.016] | | | |
| p-value | 0.4707 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.008 [-0.029, 0.013] | | | |
| p-value | 0.4707 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.2: Effect Measures of Proportion of Subjects with TEAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 1926 (82.8%) | 1924 (83.6%) | 3850 (83.2%) |
| Number of subjects without events | | 400 (17.2%) | 378 (16.4%) | 778 (16.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.946 [0.811, 1.104] | | | |
| p-value | 0.4801 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.991 [0.965, 1.017] | | | |
| p-value | 0.4800 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.008 [-0.029, 0.014] | | | |
| p-value | 0.4800 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.3: Effect Measures of Proportion of Subjects with TESAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 666 (28.6%) | 704 (30.6%) | 1370 (29.6%) |
| Number of subjects without events | | 1660 (71.4%) | 1598 (69.4%) | 3258 (70.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.911 [0.803, 1.033] | | | |
| p-value | 0.1464 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.936 [0.857, 1.023] | | | |
| p-value | 0.1465 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.019 [-0.046, 0.007] | | | |
| p-value | 0.1463 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.4: Effect Measures of Proportion of Subjects with TESAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 661 (28.4%) | 696 (30.2%) | 1357 (29.3%) |
| Number of subjects without events | | 1665 (71.6%) | 1606 (69.8%) | 3271 (70.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.916 [0.807, 1.040] | | | |
| p-value | 0.1747 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.940 [0.859, 1.028] | | | |
| p-value | 0.1748 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.018 [-0.044, 0.008] | | | |
| p-value | 0.1746 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.5: Effect Measures of Proportion of Subjects with Severe TEAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 349 (15.0%) | 410 (17.8%) | 759 (16.4%) |
| Number of subjects without events | | 1977 (85.0%) | 1892 (82.2%) | 3869 (83.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.815 [0.697, 0.952] | | | |
| p-value | 0.0100 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.842 [0.739, 0.960] | | | |
| p-value | 0.0101 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.028 [-0.049, -0.007] | | | |
| p-value | 0.0099 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.6: Effect Measures of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 339 (14.6%) | 404 (17.5%) | 743 (16.1%) |
| Number of subjects without events | | 1987 (85.4%) | 1898 (82.5%) | 3885 (83.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.802 [0.685, 0.938] | | | |
| p-value | 0.0059 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.830 [0.727, 0.948] | | | |
| p-value | 0.0059 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.030 [-0.051, -0.009] | | | |
| p-value | 0.0058 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.7: Effect Measures of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 85 (3.7%) | 94 (4.1%) | 179 (3.9%) |
| Number of subjects without events | | 2241 (96.3%) | 2208 (95.9%) | 4449 (96.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.891 [0.661, 1.202] | | | |
| p-value | 0.4494 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.895 [0.671, 1.193] | | | |
| p-value | 0.4494 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.015, 0.007] | | | |
| p-value | 0.4492 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, RD=risk difference, RR=relative risk, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.8: Effect Measures of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 189 (8.1%) | 182 (7.9%) | 371 (8.0%) |
| Number of subjects without events | | 2137 (91.9%) | 2120 (92.1%) | 4257 (92.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.030 [0.833, 1.274] | | | |
| p-value | 0.7835 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.028 [0.845, 1.249] | | | |
| p-value | 0.7835 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.013, 0.018] | | | |
| p-value | 0.7835 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.9: Effect Measures of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 126 (5.4%) | 109 (4.7%) | 235 (5.1%) |
| Number of subjects without events | | 2200 (94.6%) | 2193 (95.3%) | 4393 (94.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.152 [0.886, 1.499] | | | |
| p-value | 0.2910 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.144 [0.891, 1.469] | | | |
| p-value | 0.2911 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.007 [-0.006, 0.019] | | | |
| p-value | 0.2905 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.10: Effect Measures of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 258 (11.1%) | 301 (13.1%) | 559 (12.1%) |
| Number of subjects without events | | 2068 (88.9%) | 2001 (86.9%) | 4069 (87.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.829 [0.695, 0.990] | | | |
| p-value | 0.0386 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.848 [0.726, 0.991] | | | |
| p-value | 0.0387 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.020 [-0.039, -0.001] | | | |
| p-value | 0.0384 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.11: Effect Measures of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 21 (0.9%) | 29 (1.3%) | 50 (1.1%) |
| Number of subjects without events | | 2305 (99.1%) | 2273 (98.7%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.714 [0.406, 1.256] | | | |
| p-value | 0.2424 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.717 [0.410, 1.253] | | | |
| p-value | 0.2425 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.010, 0.002] | | | |
| p-value | 0.2406 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.12: Effect Measures of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 22 (0.9%) | 39 (1.7%) | 61 (1.3%) |
| Number of subjects without events | | 2304 (99.1%) | 2263 (98.3%) | 4567 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.554 [0.327, 0.937] | | | |
| p-value | 0.0277 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.558 [0.332, 0.938] | | | |
| p-value | 0.0278 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.007 [-0.014, -0.001] | | | |
| p-value | 0.0258 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.13: Effect Measures of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 18 (0.8%) | 26 (1.1%) | 44 (1.0%) |
| Number of subjects without events | | 2308 (99.2%) | 2276 (98.9%) | 4584 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.683 [0.373, 1.249] | | | |
| p-value | 0.2153 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.685 [0.377, 1.246] | | | |
| p-value | 0.2154 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.009, 0.002] | | | |
| p-value | 0.2130 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.14: Effect Measures of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 20 (0.9%) | 25 (1.1%) | 45 (1.0%) |
| Number of subjects without events | | 2306 (99.1%) | 2277 (98.9%) | 4583 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.790 [0.438, 1.426] | | | |
| p-value | 0.4341 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.792 [0.441, 1.421] | | | |
| p-value | 0.4341 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.003] | | | |
| p-value | 0.4333 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.15: Effect Measures of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 106 (4.6%) | 94 (4.1%) | 200 (4.3%) |
| Number of subjects without events | | 2220 (95.4%) | 2208 (95.9%) | 4428 (95.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.122 [0.844, 1.490] | | | |
| p-value | 0.4283 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.116 [0.851, 1.464] | | | |
| p-value | 0.4283 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.007, 0.016] | | | |
| p-value | 0.4279 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.16: Effect Measures of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 41 (1.8%) | 40 (1.7%) | 81 (1.8%) |
| Number of subjects without events | | 2285 (98.2%) | 2262 (98.3%) | 4547 (98.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.015 [0.654, 1.575] | | | |
| p-value | 0.9482 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.014 [0.659, 1.562] | | | |
| p-value | 0.9482 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.007, 0.008] | | | |
| p-value | 0.9482 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.17: Effect Measures of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 46 (2.0%) | 45 (2.0%) | 91 (2.0%) |
| Number of subjects without events | | 2280 (98.0%) | 2257 (98.0%) | 4537 (98.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.012 [0.668, 1.532] | | | |
| p-value | 0.9554 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.012 [0.673, 1.520] | | | |
| p-value | 0.9554 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.008, 0.008] | | | |
| p-value | 0.9554 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.18: Effect Measures of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 285 (12.3%) | 287 (12.5%) | 572 (12.4%) |
| Number of subjects without events | | 2041 (87.7%) | 2015 (87.5%) | 4056 (87.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.980 [0.823, 1.168] | | | |
| p-value | 0.8245 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.983 [0.843, 1.146] | | | |
| p-value | 0.8245 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.021, 0.017] | | | |
| p-value | 0.8245 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.19: Effect Measures of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 93 (4.0%) | 86 (3.7%) | 179 (3.9%) |
| Number of subjects without events | | 2233 (96.0%) | 2216 (96.3%) | 4449 (96.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.073 [0.796, 1.447] | | | |
| p-value | 0.6435 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.070 [0.803, 1.427] | | | |
| p-value | 0.6435 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.008, 0.014] | | | |
| p-value | 0.6434 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.20: Effect Measures of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 69 (3.0%) | 72 (3.1%) | 141 (3.0%) |
| Number of subjects without events | | 2257 (97.0%) | 2230 (96.9%) | 4487 (97.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.947 [0.677, 1.324] | | | |
| p-value | 0.7497 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.948 [0.685, 1.313] | | | |
| p-value | 0.7497 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.012, 0.008] | | | |
| p-value | 0.7497 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.21: Effect Measures of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 32 (1.4%) | 18 (0.8%) | 50 (1.1%) |
| Number of subjects without events | | 2294 (98.6%) | 2284 (99.2%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.770 [0.991, 3.162] | | | |
| p-value | 0.0538 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.759 [0.990, 3.125] | | | |
| p-value | 0.0539 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [0.000, 0.012] | | | |
| p-value | 0.0503 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.22: Effect Measures of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 600 (25.8%) | 548 (23.8%) | 1148 (24.8%) |
| Number of subjects without events | | 1726 (74.2%) | 1754 (76.2%) | 3480 (75.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.113 [0.974, 1.272] | | | |
| p-value | 0.1171 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.084 [0.980, 1.198] | | | |
| p-value | 0.1173 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.020 [-0.005, 0.045] | | | |
| p-value | 0.1169 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.23: Effect Measures of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 47 (2.0%) | 45 (2.0%) | 92 (2.0%) |
| Number of subjects without events | | 2279 (98.0%) | 2257 (98.0%) | 4536 (98.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.034 [0.684, 1.563] | | | |
| p-value | 0.8726 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.034 [0.690, 1.549] | | | |
| p-value | 0.8726 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.007, 0.009] | | | |
| p-value | 0.8726 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.24: Effect Measures of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 39 (1.7%) | 31 (1.3%) | 70 (1.5%) |
| Number of subjects without events | | 2287 (98.3%) | 2271 (98.7%) | 4558 (98.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.249 [0.777, 2.009] | | | |
| p-value | 0.3586 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.245 [0.780, 1.988] | | | |
| p-value | 0.3587 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.004, 0.010] | | | |
| p-value | 0.3574 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.25: Effect Measures of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 33 (1.4%) | 27 (1.2%) | 60 (1.3%) |
| Number of subjects without events | | 2293 (98.6%) | 2275 (98.8%) | 4568 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.213 [0.727, 2.023] | | | |
| p-value | 0.4604 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.210 [0.730, 2.005] | | | |
| p-value | 0.4605 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.004, 0.009] | | | |
| p-value | 0.4595 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.26: Effect Measures of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 98 (4.2%) | 93 (4.0%) | 191 (4.1%) |
| Number of subjects without events | | 2228 (95.8%) | 2209 (96.0%) | 4437 (95.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.045 [0.782, 1.396] | | | |
| p-value | 0.7670 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.043 [0.790, 1.377] | | | |
| p-value | 0.7670 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.010, 0.013] | | | |
| p-value | 0.7670 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.27: Effect Measures of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 141 (6.1%) | 125 (5.4%) | 266 (5.7%) |
| Number of subjects without events | | 2185 (93.9%) | 2177 (94.6%) | 4362 (94.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.124 [0.877, 1.440] | | | |
| p-value | 0.3560 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.116 [0.884, 1.410] | | | |
| p-value | 0.3561 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.007, 0.020] | | | |
| p-value | 0.3556 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.28: Effect Measures of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 39 (1.7%) | 25 (1.1%) | 64 (1.4%) |
| Number of subjects without events | | 2287 (98.3%) | 2277 (98.9%) | 4564 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.553 [0.937, 2.575] | | | |
| p-value | 0.0878 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.544 [0.938, 2.543] | | | |
| p-value | 0.0879 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.001, 0.013] | | | |
| p-value | 0.0849 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.29: Effect Measures of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 39 (1.7%) | 33 (1.4%) | 72 (1.6%) |
| Number of subjects without events | | 2287 (98.3%) | 2269 (98.6%) | 4556 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.173 [0.735, 1.871] | | | |
| p-value | 0.5044 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.170 [0.738, 1.853] | | | |
| p-value | 0.5044 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.005, 0.010] | | | |
| p-value | 0.5037 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.30: Effect Measures of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 39 (1.7%) | 49 (2.1%) | 88 (1.9%) |
| Number of subjects without events | | 2287 (98.3%) | 2253 (97.9%) | 4540 (98.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.784 [0.513, 1.199] | | | |
| p-value | 0.2615 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.788 [0.519, 1.195] | | | |
| p-value | 0.2616 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.012, 0.003] | | | |
| p-value | 0.2606 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.31: Effect Measures of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 23 (1.0%) | 50 (1.1%) |
| Number of subjects without events | | 2299 (98.8%) | 2279 (99.0%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.164 [0.665, 2.036] | | | |
| p-value | 0.5951 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.162 [0.668, 2.020] | | | |
| p-value | 0.5952 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.004, 0.008] | | | |
| p-value | 0.5946 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.32: Effect Measures of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 23 (1.0%) | 41 (1.8%) | 64 (1.4%) |
| Number of subjects without events | | 2303 (99.0%) | 2261 (98.2%) | 4564 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.551 [0.329, 0.921] | | | |
| p-value | 0.0229 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.555 [0.334, 0.922] | | | |
| p-value | 0.0230 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.008 [-0.015, -0.001] | | | |
| p-value | 0.0211 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.33: Effect Measures of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 52 (2.2%) | 40 (1.7%) | 92 (2.0%) |
| Number of subjects without events | | 2274 (97.8%) | 2262 (98.3%) | 4536 (98.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.293 [0.853, 1.961] | | | |
| p-value | 0.2261 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.287 [0.855, 1.935] | | | |
| p-value | 0.2263 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.003, 0.013] | | | |
| p-value | 0.2246 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.34: Effect Measures of Proportion of Subjects with TEAEs - Toothache (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 22 (0.9%) | 22 (1.0%) | 44 (1.0%) |
| Number of subjects without events | | 2304 (99.1%) | 2280 (99.0%) | 4584 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.990 [0.546, 1.792] | | | |
| p-value | 0.9724 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.990 [0.550, 1.782] | | | |
| p-value | 0.9724 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.005] | | | |
| p-value | 0.9724 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.35: Effect Measures of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 36 (1.5%) | 37 (1.6%) | 73 (1.6%) |
| Number of subjects without events | | 2290 (98.5%) | 2265 (98.4%) | 4555 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.962 [0.606, 1.528] | | | |
| p-value | 0.8708 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.963 [0.611, 1.518] | | | |
| p-value | 0.8708 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.007] | | | |
| p-value | 0.8708 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.36: Effect Measures of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 337 (14.5%) | 387 (16.8%) | 724 (15.6%) |
| Number of subjects without events | | 1989 (85.5%) | 1915 (83.2%) | 3904 (84.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.838 [0.715, 0.983] | | | |
| p-value | 0.0297 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.862 [0.754, 0.986] | | | |
| p-value | 0.0298 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.023 [-0.044, -0.002] | | | |
| p-value | 0.0296 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.37: Effect Measures of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 30 (1.3%) | 28 (1.2%) | 58 (1.3%) |
| Number of subjects without events | | 2296 (98.7%) | 2274 (98.8%) | 4570 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.061 [0.632, 1.782] | | | |
| p-value | 0.8224 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.060 [0.636, 1.769] | | | |
| p-value | 0.8224 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.006, 0.007] | | | |
| p-value | 0.8223 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.38: Effect Measures of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 53 (2.3%) | 60 (2.6%) | 113 (2.4%) |
| Number of subjects without events | | 2273 (97.7%) | 2242 (97.4%) | 4515 (97.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.871 [0.599, 1.267] | | | |
| p-value | 0.4703 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.874 [0.607, 1.259] | | | |
| p-value | 0.4703 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.012, 0.006] | | | |
| p-value | 0.4701 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.39: Effect Measures of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 33 (1.4%) | 36 (1.6%) | 69 (1.5%) |
| Number of subjects without events | | 2293 (98.6%) | 2266 (98.4%) | 4559 (98.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.906 [0.563, 1.458] | | | |
| p-value | 0.6839 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.907 [0.568, 1.450] | | | |
| p-value | 0.6839 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.006] | | | |
| p-value | 0.6839 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.40: Effect Measures of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 110 (4.7%) | 168 (7.3%) | 278 (6.0%) |
| Number of subjects without events | | 2216 (95.3%) | 2134 (92.7%) | 4350 (94.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.631 [0.492, 0.808] | | | |
| p-value | 0.0003 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.648 [0.513, 0.818] | | | |
| p-value | 0.0003 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.026 [-0.039, -0.012] | | | |
| p-value | 0.0002 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.41: Effect Measures of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 18 (0.8%) | 22 (1.0%) | 40 (0.9%) |
| Number of subjects without events | | 2308 (99.2%) | 2280 (99.0%) | 4588 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.808 [0.432, 1.511] | | | |
| p-value | 0.5048 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.810 [0.435, 1.506] | | | |
| p-value | 0.5048 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.007, 0.004] | | | |
| p-value | 0.5042 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.42: Effect Measures of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 32 (1.4%) | 35 (1.5%) | 67 (1.4%) |
| Number of subjects without events | | 2294 (98.6%) | 2267 (98.5%) | 4561 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.904 [0.557, 1.464] | | | |
| p-value | 0.6805 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.905 [0.562, 1.456] | | | |
| p-value | 0.6805 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.005] | | | |
| p-value | 0.6804 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.43: Effect Measures of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 143 (6.1%) | 130 (5.6%) | 273 (5.9%) |
| Number of subjects without events | | 2183 (93.9%) | 2172 (94.4%) | 4355 (94.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.094 [0.857, 1.398] | | | |
| p-value | 0.4700 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.089 [0.865, 1.371] | | | |
| p-value | 0.4700 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.009, 0.019] | | | |
| p-value | 0.4697 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.44: Effect Measures of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 30 (1.3%) | 28 (1.2%) | 58 (1.3%) |
| Number of subjects without events | | 2296 (98.7%) | 2274 (98.8%) | 4570 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.061 [0.632, 1.782] | | | |
| p-value | 0.8224 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.060 [0.636, 1.769] | | | |
| p-value | 0.8224 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.006, 0.007] | | | |
| p-value | 0.8223 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.45: Effect Measures of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 55 (2.4%) | 46 (2.0%) | 101 (2.2%) |
| Number of subjects without events | | 2271 (97.6%) | 2256 (98.0%) | 4527 (97.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.188 [0.799, 1.765] | | | |
| p-value | 0.3943 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.183 [0.803, 1.743] | | | |
| p-value | 0.3944 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.004 [-0.005, 0.012] | | | |
| p-value | 0.3935 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.46: Effect Measures of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 25 (1.1%) | 20 (0.9%) | 45 (1.0%) |
| Number of subjects without events | | 2301 (98.9%) | 2282 (99.1%) | 4583 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.240 [0.687, 2.238] | | | |
| p-value | 0.4760 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.237 [0.689, 2.221] | | | |
| p-value | 0.4761 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.004, 0.008] | | | |
| p-value | 0.4749 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.47: Effect Measures of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 973 (41.8%) | 1005 (43.7%) | 1978 (42.7%) |
| Number of subjects without events | | 1353 (58.2%) | 1297 (56.3%) | 2650 (57.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.928 [0.826, 1.043] | | | |
| p-value | 0.2093 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.958 [0.896, 1.024] | | | |
| p-value | 0.2093 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.018 [-0.047, 0.010] | | | |
| p-value | 0.2092 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.48: Effect Measures of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 117 (5.0%) | 119 (5.2%) | 236 (5.1%) |
| Number of subjects without events | | 2209 (95.0%) | 2183 (94.8%) | 4392 (94.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.972 [0.748, 1.263] | | | |
| p-value | 0.8294 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.973 [0.759, 1.248] | | | |
| p-value | 0.8294 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.014, 0.011] | | | |
| p-value | 0.8294 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.49: Effect Measures of Proportion of Subjects with TEAEs - COVID-19 (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 17 (0.7%) | 33 (1.4%) | 50 (1.1%) |
| Number of subjects without events | | 2309 (99.3%) | 2269 (98.6%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.506 [0.281, 0.911] | | | |
| p-value | 0.0233 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.510 [0.285, 0.913] | | | |
| p-value | 0.0234 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.007 [-0.013, -0.001] | | | |
| p-value | 0.0209 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.50: Effect Measures of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 58 (2.5%) | 53 (2.3%) | 111 (2.4%) |
| Number of subjects without events | | 2268 (97.5%) | 2249 (97.7%) | 4517 (97.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.085 [0.744, 1.582] | | | |
| p-value | 0.6709 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.083 [0.750, 1.565] | | | |
| p-value | 0.6709 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.007, 0.011] | | | |
| p-value | 0.6707 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.51: Effect Measures of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 32 (1.4%) | 41 (1.8%) | 73 (1.6%) |
| Number of subjects without events | | 2294 (98.6%) | 2261 (98.2%) | 4555 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.769 [0.483, 1.226] | | | |
| p-value | 0.2698 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.772 [0.488, 1.222] | | | |
| p-value | 0.2699 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.011, 0.003] | | | |
| p-value | 0.2688 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.52: Effect Measures of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 14 (0.6%) | 27 (1.2%) | 41 (0.9%) |
| Number of subjects without events | | 2312 (99.4%) | 2275 (98.8%) | 4587 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.510 [0.267, 0.975] | | | |
| p-value | 0.0418 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.513 [0.270, 0.976] | | | |
| p-value | 0.0420 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.011, 0.000] | | | |
| p-value | 0.0384 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.53: Effect Measures of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 49 (2.1%) | 55 (2.4%) | 104 (2.2%) |
| Number of subjects without events | | 2277 (97.9%) | 2247 (97.6%) | 4524 (97.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.879 [0.596, 1.298] | | | |
| p-value | 0.5169 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.882 [0.603, 1.290] | | | |
| p-value | 0.5169 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.011, 0.006] | | | |
| p-value | 0.5167 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.54: Effect Measures of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 28 (1.2%) | 30 (1.3%) | 58 (1.3%) |
| Number of subjects without events | | 2298 (98.8%) | 2272 (98.7%) | 4570 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.923 [0.550, 1.549] | | | |
| p-value | 0.7612 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.924 [0.554, 1.541] | | | |
| p-value | 0.7612 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.007, 0.005] | | | |
| p-value | 0.7612 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.55: Effect Measures of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 89 (3.8%) | 103 (4.5%) | 192 (4.1%) |
| Number of subjects without events | | 2237 (96.2%) | 2199 (95.5%) | 4436 (95.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.849 [0.636, 1.135] | | | |
| p-value | 0.2695 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.855 [0.648, 1.129] | | | |
| p-value | 0.2695 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.018, 0.005] | | | |
| p-value | 0.2691 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.56: Effect Measures of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 179 (7.7%) | 201 (8.7%) | 380 (8.2%) |
| Number of subjects without events | | 2147 (92.3%) | 2101 (91.3%) | 4248 (91.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.871 [0.706, 1.075] | | | |
| p-value | 0.1996 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.881 [0.727, 1.069] | | | |
| p-value | 0.1997 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.010 [-0.026, 0.005] | | | |
| p-value | 0.1994 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.57: Effect Measures of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 29 (1.2%) | 28 (1.2%) | 57 (1.2%) |
| Number of subjects without events | | 2297 (98.8%) | 2274 (98.8%) | 4571 (98.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.025 [0.608, 1.729] | | | |
| p-value | 0.9252 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.025 [0.612, 1.717] | | | |
| p-value | 0.9252 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.007] | | | |
| p-value | 0.9252 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.58: Effect Measures of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 85 (3.7%) | 129 (5.6%) | 214 (4.6%) |
| Number of subjects without events | | 2241 (96.3%) | 2173 (94.4%) | 4414 (95.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.639 [0.483, 0.845] | | | |
| p-value | 0.0017 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.652 [0.499, 0.852] | | | |
| p-value | 0.0017 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.019 [-0.032, -0.007] | | | |
| p-value | 0.0016 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.59: Effect Measures of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 43 (1.8%) | 30 (1.3%) | 73 (1.6%) |
| Number of subjects without events | | 2283 (98.2%) | 2272 (98.7%) | 4555 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.426 [0.892, 2.282] | | | |
| p-value | 0.1384 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.419 [0.893, 2.253] | | | |
| p-value | 0.1386 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.002, 0.013] | | | |
| p-value | 0.1360 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.60: Effect Measures of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 23 (1.0%) | 27 (1.2%) | 50 (1.1%) |
| Number of subjects without events | | 2303 (99.0%) | 2275 (98.8%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.841 [0.481, 1.472] | | | |
| p-value | 0.5452 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.843 [0.485, 1.466] | | | |
| p-value | 0.5453 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.004] | | | |
| p-value | 0.5449 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.61: Effect Measures of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 133 (5.7%) | 132 (5.7%) | 265 (5.7%) |
| Number of subjects without events | | 2193 (94.3%) | 2170 (94.3%) | 4363 (94.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.997 [0.778, 1.278] | | | |
| p-value | 0.9811 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.997 [0.789, 1.260] | | | |
| p-value | 0.9811 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.014, 0.013] | | | |
| p-value | 0.9811 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.62: Effect Measures of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 143 (6.1%) | 131 (5.7%) | 274 (5.9%) |
| Number of subjects without events | | 2183 (93.9%) | 2171 (94.3%) | 4354 (94.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.086 [0.850, 1.386] | | | |
| p-value | 0.5100 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.080 [0.858, 1.360] | | | |
| p-value | 0.5101 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.009, 0.018] | | | |
| p-value | 0.5098 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.63: Effect Measures of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 368 (15.8%) | 334 (14.5%) | 702 (15.2%) |
| Number of subjects without events | | 1958 (84.2%) | 1968 (85.5%) | 3926 (84.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.107 [0.943, 1.301] | | | |
| p-value | 0.2136 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.090 [0.951, 1.250] | | | |
| p-value | 0.2137 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.013 [-0.008, 0.034] | | | |
| p-value | 0.2133 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.64: Effect Measures of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 39 (1.7%) | 38 (1.7%) | 77 (1.7%) |
| Number of subjects without events | | 2287 (98.3%) | 2264 (98.3%) | 4551 (98.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.016 [0.647, 1.594] | | | |
| p-value | 0.9450 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.016 [0.652, 1.582] | | | |
| p-value | 0.9450 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.007, 0.008] | | | |
| p-value | 0.9450 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.65: Effect Measures of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 35 (1.5%) | 62 (1.3%) |
| Number of subjects without events | | 2299 (98.8%) | 2267 (98.5%) | 4566 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.761 [0.459, 1.261] | | | |
| p-value | 0.2888 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.763 [0.464, 1.257] | | | |
| p-value | 0.2888 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.010, 0.003] | | | |
| p-value | 0.2876 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.66: Effect Measures of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 29 (1.2%) | 21 (0.9%) | 50 (1.1%) |
| Number of subjects without events | | 2297 (98.8%) | 2281 (99.1%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.371 [0.780, 2.412] | | | |
| p-value | 0.2730 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.367 [0.782, 2.389] | | | |
| p-value | 0.2731 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.003, 0.009] | | | |
| p-value | 0.2706 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.67: Effect Measures of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 50 (2.1%) | 58 (2.5%) | 108 (2.3%) |
| Number of subjects without events | | 2276 (97.9%) | 2244 (97.5%) | 4520 (97.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.850 [0.580, 1.246] | | | |
| p-value | 0.4051 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.853 [0.587, 1.240] | | | |
| p-value | 0.4051 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.012, 0.005] | | | |
| p-value | 0.4047 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.68: Effect Measures of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 504 (21.7%) | 502 (21.8%) | 1006 (21.7%) |
| Number of subjects without events | | 1822 (78.3%) | 1800 (78.2%) | 3622 (78.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.992 [0.863, 1.141] | | | |
| p-value | 0.9087 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.994 [0.891, 1.108] | | | |
| p-value | 0.9087 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.025, 0.022] | | | |
| p-value | 0.9087 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.69: Effect Measures of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 69 (3.0%) | 93 (4.0%) | 162 (3.5%) |
| Number of subjects without events | | 2257 (97.0%) | 2209 (96.0%) | 4466 (96.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.726 [0.529, 0.997] | | | |
| p-value | 0.0478 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.734 [0.541, 0.997] | | | |
| p-value | 0.0479 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.011 [-0.021, 0.000] | | | |
| p-value | 0.0470 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.70: Effect Measures of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 28 (1.2%) | 31 (1.3%) | 59 (1.3%) |
| Number of subjects without events | | 2298 (98.8%) | 2271 (98.7%) | 4569 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.893 [0.534, 1.493] | | | |
| p-value | 0.6650 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.894 [0.538, 1.485] | | | |
| p-value | 0.6651 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.005] | | | |
| p-value | 0.6650 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.71: Effect Measures of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 14 (0.6%) | 41 (0.9%) |
| Number of subjects without events | | 2299 (98.8%) | 2288 (99.4%) | 4587 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.919 [1.004, 3.670] | | | |
| p-value | 0.0486 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.909 [1.003, 3.630] | | | |
| p-value | 0.0488 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [0.000, 0.011] | | | |
| p-value | 0.0444 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.72: Effect Measures of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 36 (1.5%) | 42 (1.8%) | 78 (1.7%) |
| Number of subjects without events | | 2290 (98.5%) | 2260 (98.2%) | 4550 (98.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.846 [0.540, 1.325] | | | |
| p-value | 0.4651 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.848 [0.546, 1.319] | | | |
| p-value | 0.4651 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.010, 0.005] | | | |
| p-value | 0.4647 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.73: Effect Measures of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 79 (3.4%) | 74 (3.2%) | 153 (3.3%) |
| Number of subjects without events | | 2247 (96.6%) | 2228 (96.8%) | 4475 (96.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.059 [0.767, 1.461] | | | |
| p-value | 0.7295 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.057 [0.774, 1.443] | | | |
| p-value | 0.7295 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.008, 0.012] | | | |
| p-value | 0.7294 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.74: Effect Measures of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 26 (1.1%) | 31 (1.3%) | 57 (1.2%) |
| Number of subjects without events | | 2300 (98.9%) | 2271 (98.7%) | 4571 (98.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.828 [0.490, 1.399] | | | |
| p-value | 0.4809 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.830 [0.494, 1.393] | | | |
| p-value | 0.4810 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.009, 0.004] | | | |
| p-value | 0.4805 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.75: Effect Measures of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 103 (4.4%) | 92 (4.0%) | 195 (4.2%) |
| Number of subjects without events | | 2223 (95.6%) | 2210 (96.0%) | 4433 (95.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.113 [0.835, 1.483] | | | |
| p-value | 0.4650 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.108 [0.841, 1.459] | | | |
| p-value | 0.4651 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.004 [-0.007, 0.016] | | | |
| p-value | 0.4647 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.76: Effect Measures of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 33 (1.4%) | 31 (1.3%) | 64 (1.4%) |
| Number of subjects without events | | 2293 (98.6%) | 2271 (98.7%) | 4564 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.054 [0.644, 1.727] | | | |
| p-value | 0.8337 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.054 [0.647, 1.714] | | | |
| p-value | 0.8337 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.006, 0.007] | | | |
| p-value | 0.8337 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.77: Effect Measures of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 30 (1.3%) | 26 (1.1%) | 56 (1.2%) |
| Number of subjects without events | | 2296 (98.7%) | 2276 (98.9%) | 4572 (98.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.144 [0.674, 1.940] | | | |
| p-value | 0.6182 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.142 [0.678, 1.925] | | | |
| p-value | 0.6182 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.005, 0.008] | | | |
| p-value | 0.6178 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.78: Effect Measures of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 686 (29.5%) | 623 (27.1%) | 1309 (28.3%) |
| Number of subjects without events | | 1640 (70.5%) | 1679 (72.9%) | 3319 (71.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.127 [0.992, 1.281] | | | |
| p-value | 0.0666 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.090 [0.994, 1.195] | | | |
| p-value | 0.0668 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.024 [-0.002, 0.050] | | | |
| p-value | 0.0664 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.79: Effect Measures of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 64 (2.8%) | 85 (3.7%) | 149 (3.2%) |
| Number of subjects without events | | 2262 (97.2%) | 2217 (96.3%) | 4479 (96.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.738 [0.531, 1.026] | | | |
| p-value | 0.0708 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.745 [0.542, 1.025] | | | |
| p-value | 0.0709 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.009 [-0.020, 0.001] | | | |
| p-value | 0.0699 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.80: Effect Measures of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 67 (2.9%) | 49 (2.1%) | 116 (2.5%) |
| Number of subjects without events | | 2259 (97.1%) | 2253 (97.9%) | 4512 (97.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.364 [0.939, 1.980] | | | |
| p-value | 0.1031 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.353 [0.940, 1.947] | | | |
| p-value | 0.1032 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.008 [-0.001, 0.017] | | | |
| p-value | 0.1015 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.81: Effect Measures of Proportion of Subjects with TEAEs - Diabetic metabolic decompensation (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 32 (1.4%) | 22 (1.0%) | 54 (1.2%) |
| Number of subjects without events | | 2294 (98.6%) | 2280 (99.0%) | 4574 (98.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.446 [0.837, 2.495] | | | |
| p-value | 0.1857 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.440 [0.839, 2.470] | | | |
| p-value | 0.1859 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.004 [-0.002, 0.010] | | | |
| p-value | 0.1829 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.82: Effect Measures of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 37 (1.6%) | 30 (1.3%) | 67 (1.4%) |
| Number of subjects without events | | 2289 (98.4%) | 2272 (98.7%) | 4561 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.224 [0.754, 1.988] | | | |
| p-value | 0.4137 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.221 [0.757, 1.969] | | | |
| p-value | 0.4138 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.004, 0.010] | | | |
| p-value | 0.4127 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.83: Effect Measures of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 41 (1.8%) | 33 (1.4%) | 74 (1.6%) |
| Number of subjects without events | | 2285 (98.2%) | 2269 (98.6%) | 4554 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.234 [0.777, 1.958] | | | |
| p-value | 0.3729 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.230 [0.780, 1.938] | | | |
| p-value | 0.3730 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.004, 0.011] | | | |
| p-value | 0.3718 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.84: Effect Measures of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 59 (2.5%) | 52 (2.3%) | 111 (2.4%) |
| Number of subjects without events | | 2267 (97.5%) | 2250 (97.7%) | 4517 (97.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.126 [0.772, 1.642] | | | |
| p-value | 0.5373 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.123 [0.777, 1.623] | | | |
| p-value | 0.5373 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.006, 0.012] | | | |
| p-value | 0.5369 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.85: Effect Measures of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 149 (6.4%) | 77 (3.3%) | 226 (4.9%) |
| Number of subjects without events | | 2177 (93.6%) | 2225 (96.7%) | 4402 (95.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.978 [1.493, 2.620] | | | |
| p-value | 0.0000 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.915 [1.463, 2.506] | | | |
| p-value | 0.0000 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.031 [0.018, 0.043] | | | |
| p-value | 0.0000 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.86: Effect Measures of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 24 (1.0%) | 28 (1.2%) | 52 (1.1%) |
| Number of subjects without events | | 2302 (99.0%) | 2274 (98.8%) | 4576 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.847 [0.489, 1.465] | | | |
| p-value | 0.5520 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.848 [0.493, 1.459] | | | |
| p-value | 0.5520 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.004] | | | |
| p-value | 0.5517 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.87: Effect Measures of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 47 (2.0%) | 32 (1.4%) | 79 (1.7%) |
| Number of subjects without events | | 2279 (98.0%) | 2270 (98.6%) | 4549 (98.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.463 [0.930, 2.301] | | | |
| p-value | 0.0997 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.454 [0.931, 2.269] | | | |
| p-value | 0.0998 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.001, 0.014] | | | |
| p-value | 0.0974 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.88: Effect Measures of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 104 (4.5%) | 69 (3.0%) | 173 (3.7%) |
| Number of subjects without events | | 2222 (95.5%) | 2233 (97.0%) | 4455 (96.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.515 [1.111, 2.065] | | | |
| p-value | 0.0086 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.492 [1.106, 2.011] | | | |
| p-value | 0.0087 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.015 [0.004, 0.026] | | | |
| p-value | 0.0081 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.89: Effect Measures of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 100 (4.3%) | 91 (4.0%) | 191 (4.1%) |
| Number of subjects without events | | 2226 (95.7%) | 2211 (96.0%) | 4437 (95.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.091 [0.817, 1.459] | | | |
| p-value | 0.5540 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.088 [0.824, 1.436] | | | |
| p-value | 0.5541 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.008, 0.015] | | | |
| p-value | 0.5538 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.90: Effect Measures of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 25 (1.1%) | 51 (2.2%) | 76 (1.6%) |
| Number of subjects without events | | 2301 (98.9%) | 2251 (97.8%) | 4552 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.480 [0.296, 0.777] | | | |
| p-value | 0.0028 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.485 [0.302, 0.780] | | | |
| p-value | 0.0028 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.011 [-0.019, -0.004] | | | |
| p-value | 0.0023 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.91: Effect Measures of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 25 (1.1%) | 10 (0.4%) | 35 (0.8%) |
| Number of subjects without events | | 2301 (98.9%) | 2292 (99.6%) | 4593 (99.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 2.490 [1.193, 5.197] | | | |
| p-value | 0.0151 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 2.474 [1.191, 5.140] | | | |
| p-value | 0.0152 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [0.001, 0.011] | | | |
| p-value | 0.0117 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.92: Effect Measures of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 53 (2.3%) | 53 (2.3%) | 106 (2.3%) |
| Number of subjects without events | | 2273 (97.7%) | 2249 (97.7%) | 4522 (97.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.989 [0.673, 1.454] | | | |
| p-value | 0.9569 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.990 [0.679, 1.442] | | | |
| p-value | 0.9569 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.009, 0.008] | | | |
| p-value | 0.9569 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.93: Effect Measures of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 44 (1.9%) | 38 (1.7%) | 82 (1.8%) |
| Number of subjects without events | | 2282 (98.1%) | 2264 (98.3%) | 4546 (98.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.149 [0.741, 1.780] | | | |
| p-value | 0.5348 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.146 [0.745, 1.762] | | | |
| p-value | 0.5348 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.005, 0.010] | | | |
| p-value | 0.5343 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.94: Effect Measures of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 615 (26.4%) | 607 (26.4%) | 1222 (26.4%) |
| Number of subjects without events | | 1711 (73.6%) | 1695 (73.6%) | 3406 (73.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.004 [0.881, 1.144] | | | |
| p-value | 0.9558 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.003 [0.911, 1.104] | | | |
| p-value | 0.9558 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.025, 0.026] | | | |
| p-value | 0.9558 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.95: Effect Measures of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 176 (7.6%) | 154 (6.7%) | 330 (7.1%) |
| Number of subjects without events | | 2150 (92.4%) | 2148 (93.3%) | 4298 (92.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.142 [0.912, 1.429] | | | |
| p-value | 0.2468 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.131 [0.918, 1.393] | | | |
| p-value | 0.2469 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.009 [-0.006, 0.024] | | | |
| p-value | 0.2463 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.96: Effect Measures of Proportion of Subjects with TEAEs - Arthritis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 23 (1.0%) | 19 (0.8%) | 42 (0.9%) |
| Number of subjects without events | | 2303 (99.0%) | 2283 (99.2%) | 4586 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.200 [0.652, 2.209] | | | |
| p-value | 0.5582 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.198 [0.654, 2.194] | | | |
| p-value | 0.5582 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.004, 0.007] | | | |
| p-value | 0.5575 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.97: Effect Measures of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 147 (6.3%) | 135 (5.9%) | 282 (6.1%) |
| Number of subjects without events | | 2179 (93.7%) | 2167 (94.1%) | 4346 (93.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.083 [0.851, 1.378] | | | |
| p-value | 0.5174 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.078 [0.859, 1.351] | | | |
| p-value | 0.5174 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.009, 0.018] | | | |
| p-value | 0.5172 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.98: Effect Measures of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 30 (1.3%) | 29 (1.3%) | 59 (1.3%) |
| Number of subjects without events | | 2296 (98.7%) | 2273 (98.7%) | 4569 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.024 [0.613, 1.712] | | | |
| p-value | 0.9275 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.024 [0.617, 1.700] | | | |
| p-value | 0.9275 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.007] | | | |
| p-value | 0.9275 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.99: Effect Measures of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 60 (2.6%) | 74 (3.2%) | 134 (2.9%) |
| Number of subjects without events | | 2266 (97.4%) | 2228 (96.8%) | 4494 (97.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.797 [0.564, 1.126] | | | |
| p-value | 0.1985 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.802 [0.574, 1.122] | | | |
| p-value | 0.1986 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.016, 0.003] | | | |
| p-value | 0.1978 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.100: Effect Measures of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 41 (1.8%) | 47 (2.0%) | 88 (1.9%) |
| Number of subjects without events | | 2285 (98.2%) | 2255 (98.0%) | 4540 (98.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.861 [0.564, 1.314] | | | |
| p-value | 0.4875 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.863 [0.570, 1.307] | | | |
| p-value | 0.4875 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.011, 0.005] | | | |
| p-value | 0.4873 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.101: Effect Measures of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 25 (1.1%) | 25 (1.1%) | 50 (1.1%) |
| Number of subjects without events | | 2301 (98.9%) | 2277 (98.9%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.990 [0.567, 1.728] | | | |
| p-value | 0.9706 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.990 [0.570, 1.718] | | | |
| p-value | 0.9706 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.006] | | | |
| p-value | 0.9706 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.102: Effect Measures of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 55 (2.4%) | 59 (2.6%) | 114 (2.5%) |
| Number of subjects without events | | 2271 (97.6%) | 2243 (97.4%) | 4514 (97.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.921 [0.635, 1.336] | | | |
| p-value | 0.6634 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.923 [0.642, 1.326] | | | |
| p-value | 0.6634 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.011, 0.007] | | | |
| p-value | 0.6633 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.103: Effect Measures of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 86 (3.7%) | 76 (3.3%) | 162 (3.5%) |
| Number of subjects without events | | 2240 (96.3%) | 2226 (96.7%) | 4466 (96.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.125 [0.821, 1.539] | | | |
| p-value | 0.4640 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.120 [0.827, 1.516] | | | |
| p-value | 0.4641 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.004 [-0.007, 0.015] | | | |
| p-value | 0.4636 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.104: Effect Measures of Proportion of Subjects with TEAEs - Rotator cuff syndrome (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 21 (0.9%) | 27 (1.2%) | 48 (1.0%) |
| Number of subjects without events | | 2305 (99.1%) | 2275 (98.8%) | 4580 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.768 [0.433, 1.362] | | | |
| p-value | 0.3659 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.770 [0.436, 1.358] | | | |
| p-value | 0.3660 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.009, 0.003] | | | |
| p-value | 0.3649 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.105: Effect Measures of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 31 (1.3%) | 58 (1.3%) |
| Number of subjects without events | | 2299 (98.8%) | 2271 (98.7%) | 4570 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.860 [0.512, 1.446] | | | |
| p-value | 0.5702 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.862 [0.516, 1.439] | | | |
| p-value | 0.5702 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.005] | | | |
| p-value | 0.5700 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.106: Effect Measures of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 155 (6.7%) | 171 (7.4%) | 326 (7.0%) |
| Number of subjects without events | | 2171 (93.3%) | 2131 (92.6%) | 4302 (93.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.890 [0.710, 1.115] | | | |
| p-value | 0.3097 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.897 [0.727, 1.106] | | | |
| p-value | 0.3098 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.008 [-0.022, 0.007] | | | |
| p-value | 0.3096 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.107: Effect Measures of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 470 (20.2%) | 433 (18.8%) | 903 (19.5%) |
| Number of subjects without events | | 1856 (79.8%) | 1869 (81.2%) | 3725 (80.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.093 [0.945, 1.264] | | | |
| p-value | 0.2307 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.074 [0.955, 1.208] | | | |
| p-value | 0.2308 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.014 [-0.009, 0.037] | | | |
| p-value | 0.2305 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.108: Effect Measures of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 55 (2.4%) | 61 (2.6%) | 116 (2.5%) |
| Number of subjects without events | | 2271 (97.6%) | 2241 (97.4%) | 4512 (97.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.890 [0.615, 1.287] | | | |
| p-value | 0.5350 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.892 [0.623, 1.279] | | | |
| p-value | 0.5350 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.012, 0.006] | | | |
| p-value | 0.5348 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.109: Effect Measures of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 100 (4.3%) | 79 (3.4%) | 179 (3.9%) |
| Number of subjects without events | | 2226 (95.7%) | 2223 (96.6%) | 4449 (96.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.264 [0.936, 1.708] | | | |
| p-value | 0.1268 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.253 [0.938, 1.673] | | | |
| p-value | 0.1269 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.009 [-0.002, 0.020] | | | |
| p-value | 0.1257 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.110: Effect Measures of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 85 (3.7%) | 73 (3.2%) | 158 (3.4%) |
| Number of subjects without events | | 2241 (96.3%) | 2229 (96.8%) | 4470 (96.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.158 [0.843, 1.592] | | | |
| p-value | 0.3658 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.152 [0.847, 1.567] | | | |
| p-value | 0.3659 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.006, 0.015] | | | |
| p-value | 0.3652 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.111: Effect Measures of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 21 (0.9%) | 26 (1.1%) | 47 (1.0%) |
| Number of subjects without events | | 2305 (99.1%) | 2276 (98.9%) | 4581 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.798 [0.447, 1.422] | | | |
| p-value | 0.4430 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.799 [0.451, 1.417] | | | |
| p-value | 0.4430 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.004] | | | |
| p-value | 0.4422 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.112: Effect Measures of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 18 (0.8%) | 28 (1.2%) | 46 (1.0%) |
| Number of subjects without events | | 2308 (99.2%) | 2274 (98.8%) | 4582 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.633 [0.349, 1.148] | | | |
| p-value | 0.1325 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.636 [0.353, 1.147] | | | |
| p-value | 0.1326 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.010, 0.001] | | | |
| p-value | 0.1296 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.113: Effect Measures of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 134 (5.8%) | 131 (5.7%) | 265 (5.7%) |
| Number of subjects without events | | 2192 (94.2%) | 2171 (94.3%) | 4363 (94.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.013 [0.791, 1.298] | | | |
| p-value | 0.9181 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.012 [0.801, 1.279] | | | |
| p-value | 0.9181 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.013, 0.014] | | | |
| p-value | 0.9181 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.114: Effect Measures of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 18 (0.8%) | 23 (1.0%) | 41 (0.9%) |
| Number of subjects without events | | 2308 (99.2%) | 2279 (99.0%) | 4587 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.773 [0.416, 1.436] | | | |
| p-value | 0.4148 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.775 [0.419, 1.431] | | | |
| p-value | 0.4148 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.003] | | | |
| p-value | 0.4138 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.115: Effect Measures of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 36 (1.5%) | 41 (1.8%) | 77 (1.7%) |
| Number of subjects without events | | 2290 (98.5%) | 2261 (98.2%) | 4551 (98.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.867 [0.552, 1.362] | | | |
| p-value | 0.5353 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.869 [0.557, 1.355] | | | |
| p-value | 0.5353 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.010, 0.005] | | | |
| p-value | 0.5351 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.116: Effect Measures of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 49 (2.1%) | 42 (1.8%) | 91 (2.0%) |
| Number of subjects without events | | 2277 (97.9%) | 2260 (98.2%) | 4537 (98.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.158 [0.764, 1.756] | | | |
| p-value | 0.4898 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.155 [0.768, 1.737] | | | |
| p-value | 0.4899 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.005, 0.011] | | | |
| p-value | 0.4893 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.117: Effect Measures of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 241 (10.4%) | 307 (13.3%) | 548 (11.8%) |
| Number of subjects without events | | 2085 (89.6%) | 1995 (86.7%) | 4080 (88.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.751 [0.628, 0.899] | | | |
| p-value | 0.0018 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.777 [0.663, 0.910] | | | |
| p-value | 0.0018 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.030 [-0.048, -0.011] | | | |
| p-value | 0.0017 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.118: Effect Measures of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 33 (1.4%) | 33 (1.4%) | 66 (1.4%) |
| Number of subjects without events | | 2293 (98.6%) | 2269 (98.6%) | 4562 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.990 [0.609, 1.609] | | | |
| p-value | 0.9662 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.990 [0.613, 1.598] | | | |
| p-value | 0.9662 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.007, 0.007] | | | |
| p-value | 0.9662 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.119: Effect Measures of Proportion of Subjects with TEAEs - Diabetic nephropathy (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 11 (0.5%) | 29 (1.3%) | 40 (0.9%) |
| Number of subjects without events | | 2315 (99.5%) | 2273 (98.7%) | 4588 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.372 [0.186, 0.747] | | | |
| p-value | 0.0054 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.375 [0.188, 0.750] | | | |
| p-value | 0.0055 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.008 [-0.013, -0.003] | | | |
| p-value | 0.0039 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.120: Effect Measures of Proportion of Subjects with TEAEs - Dysuria (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 11 (0.5%) | 23 (1.0%) | 34 (0.7%) |
| Number of subjects without events | | 2315 (99.5%) | 2279 (99.0%) | 4594 (99.3%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.471 [0.229, 0.968] | | | |
| p-value | 0.0405 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.473 [0.231, 0.969] | | | |
| p-value | 0.0407 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.010, 0.000] | | | |
| p-value | 0.0363 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.121: Effect Measures of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 19 (0.8%) | 33 (1.4%) | 52 (1.1%) |
| Number of subjects without events | | 2307 (99.2%) | 2269 (98.6%) | 4576 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.566 [0.321, 0.999] | | | |
| p-value | 0.0495 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.570 [0.325, 0.999] | | | |
| p-value | 0.0496 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.012, 0.000] | | | |
| p-value | 0.0468 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.122: Effect Measures of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 31 (1.3%) | 34 (1.5%) | 65 (1.4%) |
| Number of subjects without events | | 2295 (98.7%) | 2268 (98.5%) | 4563 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.901 [0.552, 1.471] | | | |
| p-value | 0.6769 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.902 [0.557, 1.463] | | | |
| p-value | 0.6769 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.005] | | | |
| p-value | 0.6769 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.123: Effect Measures of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 26 (1.1%) | 32 (1.4%) | 58 (1.3%) |
| Number of subjects without events | | 2300 (98.9%) | 2270 (98.6%) | 4570 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.802 [0.476, 1.350] | | | |
| p-value | 0.4060 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.804 [0.481, 1.345] | | | |
| p-value | 0.4060 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.009, 0.004] | | | |
| p-value | 0.4053 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.124: Effect Measures of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 32 (1.4%) | 29 (1.3%) | 61 (1.3%) |
| Number of subjects without events | | 2294 (98.6%) | 2273 (98.7%) | 4567 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.093 [0.659, 1.813] | | | |
| p-value | 0.7295 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.092 [0.663, 1.799] | | | |
| p-value | 0.7295 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.005, 0.008] | | | |
| p-value | 0.7294 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.125: Effect Measures of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 150 (6.4%) | 142 (6.2%) | 292 (6.3%) |
| Number of subjects without events | | 2176 (93.6%) | 2160 (93.8%) | 4336 (93.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.049 [0.827, 1.329] | | | |
| p-value | 0.6950 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.045 [0.837, 1.305] | | | |
| p-value | 0.6950 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.003 [-0.011, 0.017] | | | |
| p-value | 0.6949 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.126: Effect Measures of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 66 (2.8%) | 65 (2.8%) | 131 (2.8%) |
| Number of subjects without events | | 2260 (97.2%) | 2237 (97.2%) | 4497 (97.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.005 [0.710, 1.423] | | | |
| p-value | 0.9773 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.005 [0.717, 1.408] | | | |
| p-value | 0.9773 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.009, 0.010] | | | |
| p-value | 0.9773 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.127: Effect Measures of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 374 (16.1%) | 391 (17.0%) | 765 (16.5%) |
| Number of subjects without events | | 1952 (83.9%) | 1911 (83.0%) | 3863 (83.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.936 [0.802, 1.094] | | | |
| p-value | 0.4067 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.947 [0.832, 1.078] | | | |
| p-value | 0.4068 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.009 [-0.030, 0.012] | | | |
| p-value | 0.4067 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.128: Effect Measures of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 34 (1.5%) | 36 (1.6%) | 70 (1.5%) |
| Number of subjects without events | | 2292 (98.5%) | 2266 (98.4%) | 4558 (98.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.934 [0.582, 1.497] | | | |
| p-value | 0.7760 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.935 [0.587, 1.488] | | | |
| p-value | 0.7760 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.006] | | | |
| p-value | 0.7760 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.129: Effect Measures of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 97 (4.2%) | 101 (4.4%) | 198 (4.3%) |
| Number of subjects without events | | 2229 (95.8%) | 2201 (95.6%) | 4430 (95.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.948 [0.713, 1.261] | | | |
| p-value | 0.7150 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.950 [0.724, 1.248] | | | |
| p-value | 0.7150 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.014, 0.009] | | | |
| p-value | 0.7150 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.130: Effect Measures of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 47 (2.0%) | 71 (3.1%) | 118 (2.5%) |
| Number of subjects without events | | 2279 (98.0%) | 2231 (96.9%) | 4510 (97.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.648 [0.446, 0.941] | | | |
| p-value | 0.0227 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.655 [0.455, 0.943] | | | |
| p-value | 0.0228 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.011 [-0.020, -0.002] | | | |
| p-value | 0.0218 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.131: Effect Measures of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 26 (1.1%) | 53 (1.1%) |
| Number of subjects without events | | 2299 (98.8%) | 2276 (98.9%) | 4575 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.028 [0.598, 1.767] | | | |
| p-value | 0.9202 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.028 [0.602, 1.756] | | | |
| p-value | 0.9202 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.006] | | | |
| p-value | 0.9202 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.132: Effect Measures of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 24 (1.0%) | 25 (1.1%) | 49 (1.1%) |
| Number of subjects without events | | 2302 (99.0%) | 2277 (98.9%) | 4579 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.950 [0.541, 1.668] | | | |
| p-value | 0.8571 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.950 [0.544, 1.659] | | | |
| p-value | 0.8571 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.006, 0.005] | | | |
| p-value | 0.8571 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.133: Effect Measures of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 334 (14.4%) | 325 (14.1%) | 659 (14.2%) |
| Number of subjects without events | | 1992 (85.6%) | 1977 (85.9%) | 3969 (85.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.020 [0.865, 1.203] | | | |
| p-value | 0.8143 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.017 [0.883, 1.172] | | | |
| p-value | 0.8143 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.018, 0.023] | | | |
| p-value | 0.8143 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.134: Effect Measures of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 36 (1.5%) | 30 (1.3%) | 66 (1.4%) |
| Number of subjects without events | | 2290 (98.5%) | 2272 (98.7%) | 4562 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.191 [0.731, 1.939] | | | |
| p-value | 0.4836 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.188 [0.734, 1.921] | | | |
| p-value | 0.4836 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.004, 0.009] | | | |
| p-value | 0.4828 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.135: Effect Measures of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 35 (1.5%) | 32 (1.4%) | 67 (1.4%) |
| Number of subjects without events | | 2291 (98.5%) | 2270 (98.6%) | 4561 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.084 [0.669, 1.756] | | | |
| p-value | 0.7442 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.082 [0.673, 1.742] | | | |
| p-value | 0.7442 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.006, 0.008] | | | |
| p-value | 0.7440 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.136: Effect Measures of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 41 (1.8%) | 40 (1.7%) | 81 (1.8%) |
| Number of subjects without events | | 2285 (98.2%) | 2262 (98.3%) | 4547 (98.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.015 [0.654, 1.575] | | | |
| p-value | 0.9482 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.014 [0.659, 1.562] | | | |
| p-value | 0.9482 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.007, 0.008] | | | |
| p-value | 0.9482 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.137: Effect Measures of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 30 (1.3%) | 34 (1.5%) | 64 (1.4%) |
| Number of subjects without events | | 2296 (98.7%) | 2268 (98.5%) | 4564 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.872 [0.532, 1.429] | | | |
| p-value | 0.5858 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.873 [0.536, 1.422] | | | |
| p-value | 0.5859 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.009, 0.005] | | | |
| p-value | 0.5857 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.138: Effect Measures of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 50 (2.1%) | 57 (2.5%) | 107 (2.3%) |
| Number of subjects without events | | 2276 (97.9%) | 2245 (97.5%) | 4521 (97.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.865 [0.589, 1.271] | | | |
| p-value | 0.4603 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.868 [0.596, 1.264] | | | |
| p-value | 0.4603 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.012, 0.005] | | | |
| p-value | 0.4601 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.139: Effect Measures of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 145 (6.2%) | 113 (4.9%) | 258 (5.6%) |
| Number of subjects without events | | 2181 (93.8%) | 2189 (95.1%) | 4370 (94.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.288 [1.000, 1.659] | | | |
| p-value | 0.0500 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.270 [1.000, 1.613] | | | |
| p-value | 0.0501 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.013 [0.000, 0.026] | | | |
| p-value | 0.0492 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.140: Effect Measures of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 21 (0.9%) | 22 (1.0%) | 43 (0.9%) |
| Number of subjects without events | | 2305 (99.1%) | 2280 (99.0%) | 4585 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.944 [0.518, 1.722] | | | |
| p-value | 0.8514 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.945 [0.521, 1.713] | | | |
| p-value | 0.8514 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.006, 0.005] | | | |
| p-value | 0.8514 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.141: Effect Measures of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 347 (14.9%) | 398 (17.3%) | 745 (16.1%) |
| Number of subjects without events | | 1979 (85.1%) | 1904 (82.7%) | 3883 (83.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.839 [0.717, 0.982] | | | |
| p-value | 0.0283 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.863 [0.756, 0.985] | | | |
| p-value | 0.0284 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.024 [-0.045, -0.003] | | | |
| p-value | 0.0282 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.142: Effect Measures of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 141 (6.1%) | 202 (8.8%) | 343 (7.4%) |
| Number of subjects without events | | 2185 (93.9%) | 2100 (91.2%) | 4285 (92.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.671 [0.537, 0.839] | | | |
| p-value | 0.0005 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.691 [0.562, 0.850] | | | |
| p-value | 0.0005 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.027 [-0.042, -0.012] | | | |
| p-value | 0.0004 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.143: Effect Measures of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 69 (3.0%) | 36 (1.6%) | 105 (2.3%) |
| Number of subjects without events | | 2257 (97.0%) | 2266 (98.4%) | 4523 (97.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.924 [1.281, 2.891] | | | |
| p-value | 0.0016 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.897 [1.273, 2.827] | | | |
| p-value | 0.0017 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.014 [0.005, 0.023] | | | |
| p-value | 0.0013 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.144: Effect Measures of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 28 (1.2%) | 39 (1.7%) | 67 (1.4%) |
| Number of subjects without events | | 2298 (98.8%) | 2263 (98.3%) | 4561 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.707 [0.434, 1.153] | | | |
| p-value | 0.1646 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.711 [0.439, 1.151] | | | |
| p-value | 0.1647 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.012, 0.002] | | | |
| p-value | 0.1628 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.145: Effect Measures of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 32 (1.4%) | 32 (1.4%) | 64 (1.4%) |
| Number of subjects without events | | 2294 (98.6%) | 2270 (98.6%) | 4564 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.990 [0.604, 1.621] | | | |
| p-value | 0.9667 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.990 [0.608, 1.610] | | | |
| p-value | 0.9667 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.007, 0.007] | | | |
| p-value | 0.9667 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.146: Effect Measures of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 40 (1.7%) | 30 (1.3%) | 70 (1.5%) |
| Number of subjects without events | | 2286 (98.3%) | 2272 (98.7%) | 4558 (98.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.325 [0.823, 2.135] | | | |
| p-value | 0.2473 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.320 [0.825, 2.111] | | | |
| p-value | 0.2474 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.004 [-0.003, 0.011] | | | |
| p-value | 0.2454 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.147: Effect Measures of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 57 (2.5%) | 65 (2.8%) | 122 (2.6%) |
| Number of subjects without events | | 2269 (97.5%) | 2237 (97.2%) | 4506 (97.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.865 [0.603, 1.240] | | | |
| p-value | 0.4287 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.868 [0.611, 1.233] | | | |
| p-value | 0.4287 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.004 [-0.013, 0.006] | | | |
| p-value | 0.4284 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.148: Effect Measures of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 28 (1.2%) | 34 (1.5%) | 62 (1.3%) |
| Number of subjects without events | | 2298 (98.8%) | 2268 (98.5%) | 4566 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.813 [0.491, 1.345] | | | |
| p-value | 0.4197 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.815 [0.496, 1.340] | | | |
| p-value | 0.4198 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.009, 0.004] | | | |
| p-value | 0.4191 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.149: Effect Measures of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 202 (8.7%) | 236 (10.3%) | 438 (9.5%) |
| Number of subjects without events | | 2124 (91.3%) | 2066 (89.7%) | 4190 (90.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.833 [0.683, 1.014] | | | |
| p-value | 0.0688 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.847 [0.708, 1.013] | | | |
| p-value | 0.0689 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.016 [-0.033, 0.001] | | | |
| p-value | 0.0685 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.150: Effect Measures of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 40 (1.7%) | 68 (3.0%) | 108 (2.3%) |
| Number of subjects without events | | 2286 (98.3%) | 2234 (97.0%) | 4520 (97.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.575 [0.387, 0.853] | | | |
| p-value | 0.0060 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.582 [0.396, 0.857] | | | |
| p-value | 0.0061 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.012 [-0.021, -0.004] | | | |
| p-value | 0.0054 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.151: Effect Measures of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 62 (2.7%) | 48 (2.1%) | 110 (2.4%) |
| Number of subjects without events | | 2264 (97.3%) | 2254 (97.9%) | 4518 (97.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.286 [0.878, 1.883] | | | |
| p-value | 0.1961 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.278 [0.881, 1.855] | | | |
| p-value | 0.1962 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.003, 0.015] | | | |
| p-value | 0.1946 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.152: Effect Measures of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 16 (0.7%) | 23 (1.0%) | 39 (0.8%) |
| Number of subjects without events | | 2310 (99.3%) | 2279 (99.0%) | 4589 (99.2%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.686 [0.362, 1.302] | | | |
| p-value | 0.2495 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.688 [0.365, 1.300] | | | |
| p-value | 0.2496 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.003 [-0.008, 0.002] | | | |
| p-value | 0.2472 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.153: Effect Measures of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 106 (4.6%) | 92 (4.0%) | 198 (4.3%) |
| Number of subjects without events | | 2220 (95.4%) | 2210 (96.0%) | 4430 (95.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.147 [0.862, 1.526] | | | |
| p-value | 0.3463 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.140 [0.868, 1.499] | | | |
| p-value | 0.3464 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.006 [-0.006, 0.017] | | | |
| p-value | 0.3458 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.154: Effect Measures of Proportion of Subjects with TESAEs - Type 2 diabetes mellitus (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 21 (0.9%) | 48 (1.0%) |
| Number of subjects without events | | 2299 (98.8%) | 2281 (99.1%) | 4580 (99.0%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.276 [0.719, 2.263] | | | |
| p-value | 0.4052 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.272 [0.722, 2.244] | | | |
| p-value | 0.4052 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.002 [-0.003, 0.008] | | | |
| p-value | 0.4037 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.155: Effect Measures of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 44 (1.9%) | 43 (1.9%) | 87 (1.9%) |
| Number of subjects without events | | 2282 (98.1%) | 2259 (98.1%) | 4541 (98.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.013 [0.663, 1.548] | | | |
| p-value | 0.9526 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.013 [0.668, 1.536] | | | |
| p-value | 0.9526 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.008, 0.008] | | | |
| p-value | 0.9526 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.156: Effect Measures of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 78 (3.4%) | 90 (3.9%) | 168 (3.6%) |
| Number of subjects without events | | 2248 (96.6%) | 2212 (96.1%) | 4460 (96.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.853 [0.626, 1.161] | | | |
| p-value | 0.3122 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.858 [0.637, 1.155] | | | |
| p-value | 0.3123 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.016, 0.005] | | | |
| p-value | 0.3119 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.157: Effect Measures of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 64 (2.8%) | 46 (2.0%) | 110 (2.4%) |
| Number of subjects without events | | 2262 (97.2%) | 2256 (98.0%) | 4518 (97.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.388 [0.946, 2.036] | | | |
| p-value | 0.0939 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.377 [0.947, 2.002] | | | |
| p-value | 0.0941 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.008 [-0.001, 0.016] | | | |
| p-value | 0.0922 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.158: Effect Measures of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 51 (2.2%) | 61 (2.6%) | 112 (2.4%) |
| Number of subjects without events | | 2275 (97.8%) | 2241 (97.4%) | 4516 (97.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.824 [0.565, 1.200] | | | |
| p-value | 0.3122 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.827 [0.573, 1.195] | | | |
| p-value | 0.3122 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.013, 0.004] | | | |
| p-value | 0.3117 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.159: Effect Measures of Proportion of Subjects with TESAEs - Diabetic nephropathy (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 7 (0.3%) | 22 (1.0%) | 29 (0.6%) |
| Number of subjects without events | | 2319 (99.7%) | 2280 (99.0%) | 4599 (99.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.313 [0.133, 0.734] | | | |
| p-value | 0.0075 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.315 [0.135, 0.736] | | | |
| p-value | 0.0076 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.007 [-0.011, -0.002] | | | |
| p-value | 0.0048 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.160: Effect Measures of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 42 (1.8%) | 56 (2.4%) | 98 (2.1%) |
| Number of subjects without events | | 2284 (98.2%) | 2246 (97.6%) | 4530 (97.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.738 [0.492, 1.105] | | | |
| p-value | 0.1399 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.742 [0.500, 1.103] | | | |
| p-value | 0.1401 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.015, 0.002] | | | |
| p-value | 0.1387 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.161: Effect Measures of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 27 (1.2%) | 31 (1.3%) | 58 (1.3%) |
| Number of subjects without events | | 2299 (98.8%) | 2271 (98.7%) | 4570 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.860 [0.512, 1.446] | | | |
| p-value | 0.5702 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.862 [0.516, 1.439] | | | |
| p-value | 0.5702 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.008, 0.005] | | | |
| p-value | 0.5700 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.162: Effect Measures of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 56 (2.4%) | 43 (1.9%) | 99 (2.1%) |
| Number of subjects without events | | 2270 (97.6%) | 2259 (98.1%) | 4529 (97.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.296 [0.867, 1.937] | | | |
| p-value | 0.2058 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.289 [0.870, 1.910] | | | |
| p-value | 0.2059 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.005 [-0.003, 0.014] | | | |
| p-value | 0.2042 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.163: Effect Measures of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 33 (1.4%) | 37 (1.6%) | 70 (1.5%) |
| Number of subjects without events | | 2293 (98.6%) | 2265 (98.4%) | 4558 (98.5%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.881 [0.549, 1.414] | | | |
| p-value | 0.5995 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.883 [0.554, 1.406] | | | |
| p-value | 0.5995 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.002 [-0.009, 0.005] | | | |
| p-value | 0.5994 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.164: Effect Measures of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 24 (1.0%) | 36 (1.6%) | 60 (1.3%) |
| Number of subjects without events | | 2302 (99.0%) | 2266 (98.4%) | 4568 (98.7%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.656 [0.390, 1.104] | | | |
| p-value | 0.1122 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.660 [0.395, 1.102] | | | |
| p-value | 0.1123 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.012, 0.001] | | | |
| p-value | 0.1099 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.165: Effect Measures of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 19 (0.8%) | 31 (1.3%) | 50 (1.1%) |
| Number of subjects without events | | 2307 (99.2%) | 2271 (98.7%) | 4578 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.603 [0.340, 1.071] | | | |
| p-value | 0.0845 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.607 [0.344, 1.071] | | | |
| p-value | 0.0846 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.011, 0.001] | | | |
| p-value | 0.0816 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.166: Effect Measures of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 96 (4.1%) | 117 (5.1%) | 213 (4.6%) |
| Number of subjects without events | | 2230 (95.9%) | 2185 (94.9%) | 4415 (95.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.804 [0.610, 1.060] | | | |
| p-value | 0.1216 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.812 [0.624, 1.057] | | | |
| p-value | 0.1217 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.010 [-0.022, 0.003] | | | |
| p-value | 0.1211 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.167: Effect Measures of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 14 (0.6%) | 27 (1.2%) | 41 (0.9%) |
| Number of subjects without events | | 2312 (99.4%) | 2275 (98.8%) | 4587 (99.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.510 [0.267, 0.975] | | | |
| p-value | 0.0418 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.513 [0.270, 0.976] | | | |
| p-value | 0.0420 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.006 [-0.011, 0.000] | | | |
| p-value | 0.0384 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.168: Effect Measures of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 46 (2.0%) | 44 (1.9%) | 90 (1.9%) |
| Number of subjects without events | | 2280 (98.0%) | 2258 (98.1%) | 4538 (98.1%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.035 [0.682, 1.572] | | | |
| p-value | 0.8704 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.035 [0.687, 1.558] | | | |
| p-value | 0.8704 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.001 [-0.007, 0.009] | | | |
| p-value | 0.8703 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.169: Effect Measures of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 26 (1.1%) | 26 (1.1%) | 52 (1.1%) |
| Number of subjects without events | | 2300 (98.9%) | 2276 (98.9%) | 4576 (98.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.990 [0.573, 1.709] | | | |
| p-value | 0.9700 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.990 [0.576, 1.699] | | | |
| p-value | 0.9700 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.006] | | | |
| p-value | 0.9700 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.170: Effect Measures of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 48 (2.1%) | 47 (2.0%) | 95 (2.1%) |
| Number of subjects without events | | 2278 (97.9%) | 2255 (98.0%) | 4533 (97.9%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.011 [0.673, 1.518] | | | |
| p-value | 0.9581 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.011 [0.679, 1.505] | | | |
| p-value | 0.9581 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.008, 0.008] | | | |
| p-value | 0.9581 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.171: Effect Measures of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 26 (1.1%) | 38 (1.7%) | 64 (1.4%) |
| Number of subjects without events | | 2300 (98.9%) | 2264 (98.3%) | 4564 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.674 [0.408, 1.113] | | | |
| p-value | 0.1229 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.677 [0.413, 1.111] | | | |
| p-value | 0.1230 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.012, 0.001] | | | |
| p-value | 0.1209 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.172: Effect Measures of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 22 (0.9%) | 34 (1.5%) | 56 (1.2%) |
| Number of subjects without events | | 2304 (99.1%) | 2268 (98.5%) | 4572 (98.8%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.637 [0.371, 1.092] | | | |
| p-value | 0.1012 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.640 [0.376, 1.091] | | | |
| p-value | 0.1013 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.005 [-0.012, 0.001] | | | |
| p-value | 0.0987 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.173: Effect Measures of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 36 (1.5%) | 38 (1.7%) | 74 (1.6%) |
| Number of subjects without events | | 2290 (98.5%) | 2264 (98.3%) | 4554 (98.4%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 0.937 [0.592, 1.483] | | | |
| p-value | 0.7800 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 0.938 [0.597, 1.474] | | | |
| p-value | 0.7800 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | -0.001 [-0.008, 0.006] | | | |
| p-value | 0.7800 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table B2.1.174: Effect Measures of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

| | Finerenone vs. Placebo | Finerenone (N=2326) | Placebo (N=2302) | Total (N=4628) |
|-----------------------------------|---------------------------|------------------------|---------------------|-------------------|
| Number of subjects at risk | | 2326 (100.0%) | 2302 (100.0%) | 4628 (100.0%) |
| Number of subjects with events | | 33 (1.4%) | 32 (1.4%) | 65 (1.4%) |
| Number of subjects without events | | 2293 (98.6%) | 2270 (98.6%) | 4563 (98.6%) |
| Odds Ratio [a] | | | | |
| OR, 95% CI | 1.021 [0.626, 1.666] | | | |
| p-value | 0.9340 | | | |
| Relative Risk [b] | | | | |
| RR, 95% CI | 1.021 [0.630, 1.654] | | | |
| p-value | 0.9340 | | | |
| Risk Difference [c] | | | | |
| RD, 95% CI | 0.000 [-0.006, 0.007] | | | |
| p-value | 0.9340 | | | |

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, OR=odds ratio, PT=preferred term, RD=risk difference, RR=relative risk, SOC=system organ class, TE(S)AE=treatment-emergent (serious) adverse event.

Note: Results shown in the second column based on GLMs with classification term for treatment. The GLMs were fitted by SAS PROC GENMOD with different link-functions and/or distributions.

[a] Estimated by a GLM with binomial distribution and logit as link function, [b] Estimated by a GLM with binomial distribution and log as link function.

[c] Estimated by a GLM with binomial distribution and identity as link function. RD = absolute risk of Finerenone - absolute risk of Placebo.

Wald chi-square p-values are presented.

* = model had convergence issues.

Table of contents

| | |
|---|----|
| 4.2 Disposition..... | 2 |
| Table 4.2 / 1: Subject disposition (all enrolled - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 3 |
| Table 4.2 / 2: Disposition: End of treatment (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 4 |
| 4.3 Demographic characteristics..... | 5 |
| Table 4.3 / 1: Demographics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 6 |
| 4.4 Baseline characteristics..... | 11 |
| Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 12 |
| 4.5 Medical History | 21 |
| Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 22 |
| 4.6 Concomitant medication | 90 |
| Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 91 |
| Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 92 |

4.2 Disposition

Table 4.2 / 1: Subject disposition (all enrolled - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Disposition | BAY 94-8862 | Placebo | Total |
|---|---------------|---------------|---------------|
| Number of subjects | | | |
| Enrolled | | | 33292 |
| Screening failures | | | 20121 |
| Randomized | 2563 | 2556 | 5119 |
| GCP VIOLATIONS | 25 | 31 | 56 |
| Full analysis set | 2538 (100.0%) | 2525 (100.0%) | 5063 (100.0%) |
| Study drug never administered | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Treated | 2536 (>99.9%) | 2523 (>99.9%) | 5059 (>99.9%) |
| Did not complete treatment due COVID-19 | 17 (0.7%) | 23 (0.9%) | 40 (0.8%) |
| Subject decision: COVID-19 pandemic related | 13 (0.5%) | 14 (0.6%) | 27 (0.5%) |
| Physician decision: COVID-19 pandemic related | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Logistical reason: COVID-19 pandemic related | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| Did not complete study | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| WITHDRAWN CONSENT | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| LOST TO FOLLOW-UP | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Completed study | 2535 (99.9%) | 2518 (99.7%) | 5053 (99.8%) |

Number of subjects enrolled is the number of subjects who signed informed consent, including subjects who switched from study 16244 to study 17530.

The subject is considered as having completed the study if there is a contact with the subject after the EOS notification or if the subject died. Contact with the subject can be actual visits, phone contacts, or information available from public records, etc.

Lost to follow-up includes all study non-completers who have not withdrawn consent. This definition does not necessarily meet the reasons for non-completion of the specified study epochs.

Number of enrolled subjects and screen failures refer to the full study population.

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Table 4.2 / 2: Disposition: End of treatment (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Completed epoch | 1937 (76.3%) | 1883 (74.6%) | 3820 (75.4%) |
| Not completed | 601 (23.7%) | 642 (25.4%) | 1243 (24.6%) |
| Primary reason | | | |
| ADVERSE EVENT | 145 (5.7%) | 162 (6.4%) | 307 (6.1%) |
| DEATH | 123 (4.8%) | 164 (6.5%) | 287 (5.7%) |
| WITHDRAWAL BY SUBJECT | 169 (6.7%) | 140 (5.5%) | 309 (6.1%) |
| LOST TO FOLLOW-UP | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| NON-COMPLIANCE WITH STUDY DRUG | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| PHYSICIAN DECISION | 78 (3.1%) | 82 (3.2%) | 160 (3.2%) |
| TECHNICAL PROBLEMS | 37 (1.5%) | 40 (1.6%) | 77 (1.5%) |
| DETERIORATION OF GENERAL CONDITIONS | 0 | 1 (<0.1%) | 1 (<0.1%) |
| PROTOCOL DEVIATION | 10 (0.4%) | 12 (0.5%) | 22 (0.4%) |
| SITE TERMINATED BY SPONSOR | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| SUBJECT DECISION | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| SUBJECT DECISION: COVID-19 PANDEMIC RELATED | 13 (0.5%) | 14 (0.6%) | 27 (0.5%) |
| PHYSICIAN DECISION: COVID-19 PANDEMIC RELATED | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| LOGISTICAL REASON: COVID-19 PANDEMIC RELATED | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| OTHER | 9 (0.4%) | 5 (0.2%) | 14 (0.3%) |

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4.3 Demographic characteristics

Table 4.3 / 1: Demographics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Race (N) | | | |
| WHITE | 1799 (70.9%) | 1765 (69.9%) | 3564 (70.4%) |
| BLACK OR AFRICAN AMERICAN | 80 (3.2%) | 83 (3.3%) | 163 (3.2%) |
| ASIAN | 503 (19.8%) | 530 (21.0%) | 1033 (20.4%) |
| AMERICAN INDIAN OR ALASKA NATIVE | 69 (2.7%) | 70 (2.8%) | 139 (2.7%) |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 16 (0.6%) | 8 (0.3%) | 24 (0.5%) |
| NOT REPORTED | 6 (0.2%) | 4 (0.2%) | 10 (0.2%) |
| MULTIPLE | 65 (2.6%) | 65 (2.6%) | 130 (2.6%) |
| Sex (N) | | | |
| Male | 1764 (69.5%) | 1794 (71.0%) | 3558 (70.3%) |
| Female | 774 (30.5%) | 731 (29.0%) | 1505 (29.7%) |
| Age (YEARS) | | | |
| n | 2538 | 2525 | 5063 |
| Mean | 61.41 | 61.20 | 61.30 |
| SD | 9.36 | 9.78 | 9.57 |
| Min | 27.0 | 23.0 | 23.0 |
| Q1 | 55.00 | 55.00 | 55.00 |
| Median | 62.00 | 62.00 | 62.00 |
| Q3 | 68.00 | 68.00 | 68.00 |
| Max | 88.0 | 86.0 | 88.0 |
| Run-in age group (years) category (N) | | | |
| 18 - 44 years | 126 (5.0%) | 126 (5.0%) | 252 (5.0%) |
| 45 - 64 years | 1389 (54.7%) | 1391 (55.1%) | 2780 (54.9%) |
| 65 - 74 years | 856 (33.7%) | 820 (32.5%) | 1676 (33.1%) |
| \geq 75 years | 167 (6.6%) | 188 (7.4%) | 355 (7.0%) |
| Age group (years) category 3 (N) | | | |
| < 65 years | 1515 (59.7%) | 1517 (60.1%) | 3032 (59.9%) |
| \geq 65 years | 1023 (40.3%) | 1008 (39.9%) | 2031 (40.1%) |
| Ethnicity (N) | | | |
| NOT HISPANIC OR LATINO | 2039 (80.3%) | 2038 (80.7%) | 4077 (80.5%) |
| HISPANIC OR LATINO | 489 (19.3%) | 486 (19.2%) | 975 (19.3%) |
| NOT REPORTED | 10 (0.4%) | 1 (<0.1%) | 11 (0.2%) |

Table 4.3 / 1: Demographics (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Region (N) | | | |
| Europe | 1218 (48.0%) | 1223 (48.4%) | 2441 (48.2%) |
| North America | 334 (13.2%) | 317 (12.6%) | 651 (12.9%) |
| Asia | 561 (22.1%) | 564 (22.3%) | 1125 (22.2%) |
| Latin America | 343 (13.5%) | 340 (13.5%) | 683 (13.5%) |
| Others | 82 (3.2%) | 81 (3.2%) | 163 (3.2%) |
| Baseline Weight (kg) | | | |
| n | 2533 | 2521 | 5054 |
| Mean | 89.37 | 89.39 | 89.38 |
| SD | 20.56 | 20.17 | 20.37 |
| Min | 35.5 | 37.3 | 35.5 |
| Q1 | 74.50 | 75.50 | 75.00 |
| Median | 87.00 | 87.50 | 87.20 |
| Q3 | 101.90 | 101.00 | 101.30 |
| Max | 190.4 | 172.7 | 190.4 |
| Baseline weight (kg) category (N) | | | |
| missing | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| < 60 kg | 118 (4.6%) | 122 (4.8%) | 240 (4.7%) |
| 60 - < 90 kg | 1296 (51.1%) | 1261 (49.9%) | 2557 (50.5%) |
| ≥ 90 kg | 1119 (44.1%) | 1138 (45.1%) | 2257 (44.6%) |
| Baseline Height (cm) | | | |
| n | 2536 | 2522 | 5058 |
| Mean | 167.95 | 168.26 | 168.10 |
| SD | 9.95 | 9.67 | 9.81 |
| Min | 118.0 | 121.0 | 118.0 |
| Q1 | 161.00 | 162.00 | 162.00 |
| Median | 168.00 | 169.00 | 169.00 |
| Q3 | 175.00 | 175.00 | 175.00 |
| Max | 198.0 | 206.0 | 206.0 |

Table 4.3 / 1: Demographics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline Body Mass Index (kg/m ²) | | | |
| n | 2531 | 2520 | 5051 |
| Mean | 31.55 | 31.44 | 31.50 |
| SD | 6.18 | 6.02 | 6.10 |
| Min | 16.7 | 15.9 | 15.9 |
| Q1 | 27.20 | 27.20 | 27.20 |
| Median | 30.70 | 30.70 | 30.70 |
| Q3 | 34.90 | 34.70 | 34.80 |
| Max | 83.9 | 56.3 | 83.9 |
| Baseline BMI (kg/m ²) category 2 (N) | | | |
| missing | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| < 30 kg/m ² | 1107 (43.6%) | 1124 (44.5%) | 2231 (44.1%) |
| \geq 30 kg/m ² | 1424 (56.1%) | 1396 (55.3%) | 2820 (55.7%) |
| Baseline BMI (kg/m ²) category 3 (N) | | | |
| missing | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| < 20 kg/m ² | 14 (0.6%) | 23 (0.9%) | 37 (0.7%) |
| 20 - < 25 kg/m ² | 277 (10.9%) | 273 (10.8%) | 550 (10.9%) |
| 25 - < 30 kg/m ² | 816 (32.2%) | 828 (32.8%) | 1644 (32.5%) |
| 30 - < 35 kg/m ² | 799 (31.5%) | 797 (31.6%) | 1596 (31.5%) |
| \geq 35 kg/m ² | 625 (24.6%) | 599 (23.7%) | 1224 (24.2%) |
| Baseline Hip Circumference (cm) | | | |
| n | 2529 | 2520 | 5049 |
| Mean | 107.50 | 107.35 | 107.43 |
| SD | 14.13 | 13.78 | 13.95 |
| Min | 48.4 | 40.6 | 40.6 |
| Q1 | 99.00 | 99.00 | 99.00 |
| Median | 106.00 | 106.00 | 106.00 |
| Q3 | 115.00 | 115.00 | 115.00 |
| Max | 199.0 | 161.0 | 199.0 |

Table 4.3 / 1: Demographics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline waist circumference (cm) | | | |
| n | 2530 | 2520 | 5050 |
| Mean | 107.09 | 106.96 | 107.03 |
| SD | 15.31 | 14.90 | 15.11 |
| Min | 51.0 | 51.0 | 51.0 |
| Q1 | 97.00 | 97.00 | 97.00 |
| Median | 106.00 | 106.00 | 106.00 |
| Q3 | 117.00 | 116.00 | 116.20 |
| Max | 240.0 | 166.0 | 240.0 |
| Baseline waist circumf. (cm) cat. (N) | | | |
| missing | 8 (0.3%) | 5 (0.2%) | 13 (0.3%) |
| normal | 307 (12.1%) | 289 (11.4%) | 596 (11.8%) |
| increased | 455 (17.9%) | 466 (18.5%) | 921 (18.2%) |
| substantially increased | 1768 (69.7%) | 1765 (69.9%) | 3533 (69.8%) |
| Baseline waist-hip ratio (N) | | | |
| n | 2529 | 2518 | 5047 |
| Mean | 1.00 | 1.00 | 1.00 |
| SD | 0.11 | 0.12 | 0.11 |
| Min | 0.6 | 0.4 | 0.4 |
| Q1 | 0.94 | 0.94 | 0.94 |
| Median | 0.99 | 0.99 | 0.99 |
| Q3 | 1.05 | 1.05 | 1.05 |
| Max | 2.7 | 2.3 | 2.7 |
| Smoking History (N) | | | |
| NEVER | 1209 (47.6%) | 1125 (44.6%) | 2334 (46.1%) |
| FORMER | 788 (31.0%) | 847 (33.5%) | 1635 (32.3%) |
| CURRENT | 541 (21.3%) | 553 (21.9%) | 1094 (21.6%) |

Table 4.3 / 1: Demographics (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| TEXT | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|-----------------|------------------------------|--------------------------|------------------------|
| Alcohol Use (N) | | | |
| missing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| ABSTINENT | 1498 (59.0%) | 1457 (57.7%) | 2955 (58.4%) |
| LIGHT | 868 (34.2%) | 881 (34.9%) | 1749 (34.5%) |
| MODERATE | 158 (6.2%) | 173 (6.9%) | 331 (6.5%) |
| HEAVY | 12 (0.5%) | 14 (0.6%) | 26 (0.5%) |

Baseline waist circumference (normal [men <94cm, women <80cm], increased [men 94-102cm, women 80-88cm], substantially increased [men >102cm, women > 88cm])

Region 'Others': New Zealand, South Africa, Australia

Multiple: Subjects who reported that they belong to more than one race.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 26JAN2023 15:35

End of table

4.4 Baseline characteristics

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline potassium (mmol/L) | | | |
| n | 2538 | 2524 | 5062 |
| Arithm. Mean | 4.31 | 4.31 | 4.31 |
| Arithm. SD | 0.42 | 0.43 | 0.43 |
| Min | 2.8 | 2.6 | 2.6 |
| Q1 | 4.10 | 4.00 | 4.00 |
| Median | 4.30 | 4.30 | 4.30 |
| Q3 | 4.60 | 4.60 | 4.60 |
| Max | 6.0 | 5.9 | 6.0 |
| Baseline ser. potassium (mmol/L) cat.(N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| ≤ 4.5 mmol/L | 1863 (73.4%) | 1838 (72.8%) | 3701 (73.1%) |
| > 4.5 mmol/L | 675 (26.6%) | 686 (27.2%) | 1361 (26.9%) |
| Base. ser. potassium (mmol/L) cat.10 (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| ≤ 4.8 mmol/L | 2307 (90.9%) | 2292 (90.8%) | 4599 (90.8%) |
| >4.8 to ≤ 5.0 mmol/L | 132 (5.2%) | 126 (5.0%) | 258 (5.1%) |
| >5.0 mmol/L | 99 (3.9%) | 106 (4.2%) | 205 (4.0%) |
| Basel. potass (mmol/L) median FAS (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| ≤ 4.30 mmol/L (median in FAS) | 1384 (54.5%) | 1369 (54.2%) | 2753 (54.4%) |
| > 4.30 mmol/L (median in FAS) | 1154 (45.5%) | 1155 (45.7%) | 2309 (45.6%) |
| Basel. potass (mmol/L) quartiles FAS (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| ≤ 4.1 mmol/L (\leq Q1 in FAS) | 871 (34.3%) | 878 (34.8%) | 1749 (34.5%) |
| >4.1 and ≤ 4.3 mmol/L ($>$ Q1 and \leq Q2 in FAS) | 513 (20.2%) | 491 (19.4%) | 1004 (19.8%) |
| >4.3 and ≤ 4.6 mmol/L ($>$ Q2 and \leq Q3 in FAS) | 653 (25.7%) | 655 (25.9%) | 1308 (25.8%) |
| >4.6 mmol/L ($>$ Q3 in FAS) | 501 (19.7%) | 500 (19.8%) | 1001 (19.8%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline Systolic Blood Pressure (mmHg) | | | |
| n | 2538 | 2525 | 5063 |
| Arithm. Mean | 136.67 | 136.67 | 136.67 |
| Arithm. SD | 13.54 | 13.71 | 13.63 |
| Min | 82.7 | 93.3 | 82.7 |
| Q1 | 127.67 | 127.67 | 127.67 |
| Median | 136.67 | 136.67 | 136.67 |
| Q3 | 145.67 | 146.33 | 146.00 |
| Max | 208.0 | 200.0 | 208.0 |
| Baseline SBP (mmHg) category (N) | | | |
| < 130 mmHg | 757 (29.8%) | 754 (29.9%) | 1511 (29.8%) |
| 130 - < 160 mmHg | 1699 (66.9%) | 1681 (66.6%) | 3380 (66.8%) |
| ≥ 160 mmHg | 82 (3.2%) | 90 (3.6%) | 172 (3.4%) |
| Baseline SBP (mmHg) median for FAS (N) | | | |
| ≤ 137.00 mmHg (median in FAS) | 1308 (51.5%) | 1297 (51.4%) | 2605 (51.5%) |
| > 137.00 mmHg (median in FAS) | 1230 (48.5%) | 1228 (48.6%) | 2458 (48.5%) |
| Baseline Diastolic Blood Pressure (mmHg) | | | |
| n | 2538 | 2525 | 5063 |
| Arithm. Mean | 78.29 | 78.60 | 78.45 |
| Arithm. SD | 9.01 | 9.00 | 9.00 |
| Min | 39.7 | 47.7 | 39.7 |
| Q1 | 72.00 | 72.67 | 72.33 |
| Median | 79.00 | 79.33 | 79.33 |
| Q3 | 84.33 | 84.33 | 84.33 |
| Max | 112.3 | 108.0 | 112.3 |
| Baseline Heart Rate (BEATS/MIN) | | | |
| n | 2538 | 2525 | 5063 |
| Arithm. Mean | 75.09 | 74.91 | 75.00 |
| Arithm. SD | 10.87 | 11.22 | 11.04 |
| Min | 37.0 | 41.7 | 37.0 |
| Q1 | 67.67 | 66.67 | 67.33 |
| Median | 74.67 | 74.67 | 74.67 |
| Q3 | 82.00 | 82.00 | 82.00 |
| Max | 115.7 | 144.0 | 144.0 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline eGFR (mL/min/1.73m ²) | | | |
| n | 2538 | 2525 | 5063 |
| Arithm. Mean | 78.89 | 79.34 | 79.11 |
| Arithm. SD | 15.69 | 15.72 | 15.70 |
| Min | 24.7 | 29.3 | 24.7 |
| Q1 | 66.90 | 67.60 | 67.30 |
| Median | 77.50 | 77.90 | 77.70 |
| Q3 | 90.40 | 90.60 | 90.40 |
| Max | 137.1 | 131.5 | 137.1 |
| Baseline eGFR (mL/min/1.73m ²) cat.(N) | | | |
| < 25 mL/min/1.73m ² | 1 (<0.1%) | 0 | 1 (<0.1%) |
| 25 - < 45 mL/min/1.73m ² | 27 (1.1%) | 15 (0.6%) | 42 (0.8%) |
| 45 - < 60 mL/min/1.73m ² | 227 (8.9%) | 232 (9.2%) | 459 (9.1%) |
| \geq 60 mL/min/1.73m ² | 2283 (90.0%) | 2278 (90.2%) | 4561 (90.1%) |
| Baseline eGFR (mL/min/1.73m ²) cat. 4(N) | | | |
| < 30 mL/min/1.73m ² | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| 30 - < 60 mL/min/1.73m ² | 251 (9.9%) | 245 (9.7%) | 496 (9.8%) |
| 60 - < 90 mL/min/1.73m ² | 1630 (64.2%) | 1624 (64.3%) | 3254 (64.3%) |
| \geq 90 mL/min/1.73m ² | 653 (25.7%) | 654 (25.9%) | 1307 (25.8%) |
| Screening eGFR (mL/min/1.73m ²) | | | |
| n | 2535 | 2522 | 5057 |
| Arithm. Mean | 80.32 | 80.37 | 80.34 |
| Arithm. SD | 14.18 | 14.40 | 14.29 |
| Min | 40.3 | 45.4 | 40.3 |
| Q1 | 68.80 | 68.30 | 68.60 |
| Median | 77.90 | 78.00 | 77.90 |
| Q3 | 90.00 | 90.40 | 90.20 |
| Max | 147.0 | 135.0 | 147.0 |
| Screening eGFR (mL/min/1.73m ²) cat.(N) | | | |
| missing | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| 25 - < 45 mL/min/1.73m ² | 2 (<0.1%) | 0 | 2 (<0.1%) |
| 45 - < 60 mL/min/1.73m ² | 8 (0.3%) | 9 (0.4%) | 17 (0.3%) |
| \geq 60 mL/min/1.73m ² | 2525 (99.5%) | 2513 (99.5%) | 5038 (99.5%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Screening eGFR (mL/min/1.73m ²) cat. 2 | | | |
| missing | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| 30 - < 60 mL/min/1.73m ² | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| 60 - < 90 mL/min/1.73m ² | 1888 (74.4%) | 1869 (74.0%) | 3757 (74.2%) |
| \geq 90 mL/min/1.73m ² | 637 (25.1%) | 644 (25.5%) | 1281 (25.3%) |
| Baseline UACR (mg/g) | | | |
| n | 2538 | 2523 | 5061 |
| Geom. Mean | 543.89 | 546.17 | 545.03 |
| Geom. SD | 2.89 | 2.93 | 2.91 |
| Min | 6.2 | 1.8 | 1.8 |
| Q1 | 317.47 | 335.42 | 327.76 |
| Median | 585.29 | 580.29 | 583.05 |
| Q3 | 1135.46 | 1141.59 | 1136.74 |
| Max | 7630.5 | 5924.9 | 7630.5 |
| Baseline albuminuria (mg/g) cat. (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Normalalbuminuria (UACR < 30 mg/g) | 22 (0.9%) | 26 (1.0%) | 48 (0.9%) |
| High albuminuria (30 mg/g - < 300 mg/g) | 567 (22.3%) | 516 (20.4%) | 1083 (21.4%) |
| Very high albuminuria (\geq 300 mg/g) | 1949 (76.8%) | 1981 (78.5%) | 3930 (77.6%) |
| Baseline UACR (mg/g) cat. median fas (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| \leq 514.7 mg/g (median in FAS) | 1131 (44.6%) | 1142 (45.2%) | 2273 (44.9%) |
| > 514.7 mg/g (median in FAS) | 1407 (55.4%) | 1381 (54.7%) | 2788 (55.1%) |
| Base eGFR (25-< 45) + potass. > 4.5 (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| NO | 2526 (99.5%) | 2516 (99.6%) | 5042 (99.6%) |
| YES | 12 (0.5%) | 8 (0.3%) | 20 (0.4%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline Creatinine (mg/dL) | | | |
| n | 2538 | 2525 | 5063 |
| Arithm. Mean | 0.96 | 0.96 | 0.96 |
| Arithm. SD | 0.22 | 0.21 | 0.22 |
| Min | 0.4 | 0.4 | 0.4 |
| Q1 | 0.80 | 0.80 | 0.80 |
| Median | 0.95 | 0.95 | 0.95 |
| Q3 | 1.09 | 1.09 | 1.09 |
| Max | 2.5 | 2.2 | 2.5 |
| Baseline Albumin (g/dL) in Serum | | | |
| n | 2537 | 2524 | 5061 |
| Arithm. Mean | 4.24 | 4.22 | 4.23 |
| Arithm. SD | 0.32 | 0.34 | 0.33 |
| Min | 2.4 | 2.0 | 2.0 |
| Q1 | 4.10 | 4.00 | 4.00 |
| Median | 4.30 | 4.20 | 4.20 |
| Q3 | 4.40 | 4.40 | 4.40 |
| Max | 5.3 | 5.4 | 5.4 |
| Baseline Hemoglobin (g/dL) in Blood | | | |
| n | 2532 | 2523 | 5055 |
| Arithm. Mean | 13.85 | 13.85 | 13.85 |
| Arithm. SD | 1.63 | 1.62 | 1.62 |
| Min | 6.6 | 5.8 | 5.8 |
| Q1 | 12.80 | 12.90 | 12.80 |
| Median | 13.90 | 13.80 | 13.90 |
| Q3 | 15.00 | 14.90 | 14.90 |
| Max | 19.4 | 19.6 | 19.6 |
| Baseline Hemoglobin A1C (%) | | | |
| n | 2536 | 2522 | 5058 |
| Arithm. Mean | 7.83 | 7.82 | 7.83 |
| Arithm. SD | 1.43 | 1.41 | 1.42 |
| Min | 4.7 | 4.5 | 4.5 |
| Q1 | 6.80 | 6.70 | 6.80 |
| Median | 7.60 | 7.60 | 7.60 |
| Q3 | 8.70 | 8.70 | 8.70 |
| Max | 14.5 | 12.6 | 14.5 |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Basel. Hemoglobin A1C % cat. 2 (N) | | | |
| missing | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| <= 7.5% | 1227 (48.3%) | 1225 (48.5%) | 2452 (48.4%) |
| > 7.5% | 1309 (51.6%) | 1297 (51.4%) | 2606 (51.5%) |
| Basel. HBA1C (%) quartiles FAS (N) | | | |
| missing | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| <=6.7 % (<= Q1 in FAS) | 608 (24.0%) | 636 (25.2%) | 1244 (24.6%) |
| >6.7 and <=7.5 % (>Q1 and <=Q2 in FAS) | 619 (24.4%) | 589 (23.3%) | 1208 (23.9%) |
| >7.5 and <=8.5 % (>Q2 and <=Q3 in FAS) | 598 (23.6%) | 581 (23.0%) | 1179 (23.3%) |
| >8.5 % (>Q3 in FAS) | 711 (28.0%) | 716 (28.4%) | 1427 (28.2%) |
| Baseline C Reactive Protein (mg/L) | | | |
| n | 2537 | 2521 | 5058 |
| Arithm. Mean | 4.95 | 4.66 | 4.80 |
| Arithm. SD | 11.92 | 9.83 | 10.93 |
| Min | 0.1 | 0.1 | 0.1 |
| Q1 | 0.95 | 0.96 | 0.95 |
| Median | 2.14 | 2.20 | 2.16 |
| Q3 | 4.99 | 5.03 | 5.00 |
| Max | 311.0 | 212.0 | 311.0 |
| Basel. C Reactive Protein Quartiles (N) | | | |
| missing | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| <=0.95 % (<= Q1 in FAS) | 638 (25.1%) | 627 (24.8%) | 1265 (25.0%) |
| >0.95 and <=2.21 % (>Q1 and <=Q2 in FAS) | 666 (26.2%) | 638 (25.3%) | 1304 (25.8%) |
| >2.21 and <=5.13 % (>Q2 and <=Q3 in FAS) | 621 (24.5%) | 644 (25.5%) | 1265 (25.0%) |
| >5.13 % (>Q3 in FAS) | 612 (24.1%) | 612 (24.2%) | 1224 (24.2%) |
| Stratification factor 3 (N) | | | |
| CVD present | 899 (35.4%) | 892 (35.3%) | 1791 (35.4%) |
| CVD absent | 1639 (64.6%) | 1633 (64.7%) | 3272 (64.6%) |
| Hyperkalemia (based on MLG) in MH (N) | | | |
| NO | 2524 (99.4%) | 2512 (99.5%) | 5036 (99.5%) |
| YES | 14 (0.6%) | 13 (0.5%) | 27 (0.5%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Hepatic impairment in medical history(N) | | | |
| NO | 2091 (82.4%) | 2051 (81.2%) | 4142 (81.8%) |
| YES | 447 (17.6%) | 474 (18.8%) | 921 (18.2%) |
| Child Pugh (N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| likely Child Pugh A | 2467 (97.2%) | 2442 (96.7%) | 4909 (97.0%) |
| likely Child Pugh B | 69 (2.7%) | 79 (3.1%) | 148 (2.9%) |
| certain Child Pugh B | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Duration of diabetes (in years) (N) | | | |
| n | 2536 | 2521 | 5057 |
| Arithm. Mean | 13.79 | 13.66 | 13.72 |
| Arithm. SD | 7.94 | 7.88 | 7.91 |
| Min | 0.2 | 0.2 | 0.2 |
| Q1 | 8.12 | 8.09 | 8.11 |
| Median | 12.36 | 13.11 | 13.01 |
| Q3 | 18.94 | 18.17 | 18.24 |
| Max | 52.1 | 47.7 | 52.1 |
| ACEI use (N) | | | |
| NO | 1432 (56.4%) | 1419 (56.2%) | 2851 (56.3%) |
| YES | 1106 (43.6%) | 1106 (43.8%) | 2212 (43.7%) |
| ARB use (N) | | | |
| NO | 1107 (43.6%) | 1108 (43.9%) | 2215 (43.7%) |
| YES | 1431 (56.4%) | 1417 (56.1%) | 2848 (56.3%) |
| Beta blocker use at baseline (N) | | | |
| NO | 1457 (57.4%) | 1421 (56.3%) | 2878 (56.8%) |
| YES | 1081 (42.6%) | 1104 (43.7%) | 2185 (43.2%) |
| Diuretic use at baseline (N) | | | |
| NO | 1465 (57.7%) | 1440 (57.0%) | 2905 (57.4%) |
| YES | 1073 (42.3%) | 1085 (43.0%) | 2158 (42.6%) |
| Statins use at baseline (N) | | | |
| NO | 894 (35.2%) | 810 (32.1%) | 1704 (33.7%) |
| YES | 1644 (64.8%) | 1715 (67.9%) | 3359 (66.3%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Anti-diabetic use at baseline (N) | | | |
| NO | 32 (1.3%) | 29 (1.1%) | 61 (1.2%) |
| YES | 2506 (98.7%) | 2496 (98.9%) | 5002 (98.8%) |
| Insul. and analo. use at baseline (N) | | | |
| NO | 1120 (44.1%) | 1140 (45.1%) | 2260 (44.6%) |
| YES | 1418 (55.9%) | 1385 (54.9%) | 2803 (55.4%) |
| Dip pep 4 inhibitors use at baseline (N) | | | |
| NO | 1973 (77.7%) | 1999 (79.2%) | 3972 (78.5%) |
| YES | 565 (22.3%) | 526 (20.8%) | 1091 (21.5%) |
| GLP1 agonists use at baseline (N) | | | |
| NO | 2328 (91.7%) | 2352 (93.1%) | 4680 (92.4%) |
| YES | 210 (8.3%) | 173 (6.9%) | 383 (7.6%) |
| SGLT-2 inhib. use at baseline (N) | | | |
| NO | 2286 (90.1%) | 2283 (90.4%) | 4569 (90.2%) |
| YES | 252 (9.9%) | 242 (9.6%) | 494 (9.8%) |
| Biguanides use at baseline (N) | | | |
| NO | 549 (21.6%) | 584 (23.1%) | 1133 (22.4%) |
| YES | 1989 (78.4%) | 1941 (76.9%) | 3930 (77.6%) |
| Sulfonamides use at baseline (N) | | | |
| NO | 1843 (72.6%) | 1803 (71.4%) | 3646 (72.0%) |
| YES | 695 (27.4%) | 722 (28.6%) | 1417 (28.0%) |
| Alpha gluc. inhib. use at baseline (N) | | | |
| NO | 2415 (95.2%) | 2399 (95.0%) | 4814 (95.1%) |
| YES | 123 (4.8%) | 126 (5.0%) | 249 (4.9%) |
| Meglitinides use at baseline (N) | | | |
| NO | 2471 (97.4%) | 2470 (97.8%) | 4941 (97.6%) |
| YES | 67 (2.6%) | 55 (2.2%) | 122 (2.4%) |

Table 4.4 / 1: Baseline characteristics (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Thiazolidinediones use at baseline (N) | | | |
| NO | 2443 (96.3%) | 2438 (96.6%) | 4881 (96.4%) |
| YES | 95 (3.7%) | 87 (3.4%) | 182 (3.6%) |
| Potassium supplement use at baseline (N) | | | |
| NO | 2482 (97.8%) | 2468 (97.7%) | 4950 (97.8%) |
| YES | 56 (2.2%) | 57 (2.3%) | 113 (2.2%) |
| Potassium lowering use at baseline (N) | | | |
| NO | 2525 (99.5%) | 2514 (99.6%) | 5039 (99.5%) |
| YES | 13 (0.5%) | 11 (0.4%) | 24 (0.5%) |
| Potency CYP3A4 inhibitor at baseline (N) | | | |
| strong | 18 (0.7%) | 23 (0.9%) | 41 (0.8%) |
| unclassified | 28 (1.1%) | 43 (1.7%) | 71 (1.4%) |
| moderate | 51 (2.0%) | 46 (1.8%) | 97 (1.9%) |
| weak | 1366 (53.8%) | 1376 (54.5%) | 2742 (54.2%) |
| none | 1075 (42.4%) | 1037 (41.1%) | 2112 (41.7%) |
| Potency CYP3A4 inducer at baseline (N) | | | |
| strong | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| unclassified | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| moderate | 2 (<0.1%) | 6 (0.2%) | 8 (0.2%) |
| weak | 86 (3.4%) | 81 (3.2%) | 167 (3.3%) |
| none | 2441 (96.2%) | 2425 (96.0%) | 4866 (96.1%) |

For classification of intake of CYP3A4 inhibitors/inducers into categories in case of multiple potencies the maximum potency will be used with the following order: strong, unclassified, moderate, weak, none.

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4.5 Medical History

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2538 (100%) | N=2525 (100%) | N=5063 (100%) |
| MedDRA version 23.1 | | | |
| Number (%) of subjects with at least one medical history finding | 2538 (100.0%) | 2525 (100.0%) | 5063 (100.0%) |
| Blood and lymphatic system disorders | 214 (8.4%) | 212 (8.4%) | 426 (8.4%) |
| Anaemia | 118 (4.6%) | 130 (5.1%) | 248 (4.9%) |
| Anaemia macrocytic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anaemia megaloblastic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anaemia of chronic disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Anaemia vitamin B12 deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aplasia pure red cell | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood loss anaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coagulopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Deficiency anaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eosinophilia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemorrhagic diathesis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercoagulation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hyperfibrinogenaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypergammaglobulinaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypochromic anaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Immune thrombocytopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Increased tendency to bruise | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iron deficiency anaemia | 27 (1.1%) | 28 (1.1%) | 55 (1.1%) |
| Leukocytosis | 11 (0.4%) | 8 (0.3%) | 19 (0.4%) |
| Leukopenia | 0 | 4 (0.2%) | 4 (<0.1%) |
| Lymphadenitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphadenopathy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Lymphadenopathy mediastinal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphatic insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macrocytosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Microcytic anaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Microcytosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nephrogenic anaemia | 8 (0.3%) | 5 (0.2%) | 13 (0.3%) |
| Normochromic normocytic anaemia | 0 | 3 (0.1%) | 3 (<0.1%) |
| Normocytic anaemia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pancytopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pernicious anaemia | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Polycythaemia | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Spleen disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenic infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenitis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Splenomegaly | 12 (0.5%) | 6 (0.2%) | 18 (0.4%) |
| Thrombocytopenia | 12 (0.5%) | 13 (0.5%) | 25 (0.5%) |
| Thrombocytosis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Cardiac disorders | 1101 (43.4%) | 1079 (42.7%) | 2180 (43.1%) |
| Acute coronary syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acute myocardial infarction | 7 (0.3%) | 6 (0.2%) | 13 (0.3%) |
| Angina pectoris | 124 (4.9%) | 121 (4.8%) | 245 (4.8%) |
| Angina unstable | 21 (0.8%) | 23 (0.9%) | 44 (0.9%) |
| Aortic valve calcification | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Aortic valve disease | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Aortic valve incompetence | 16 (0.6%) | 11 (0.4%) | 27 (0.5%) |
| Aortic valve sclerosis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Aortic valve stenosis | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Aortic valve thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arrhythmia | 18 (0.7%) | 23 (0.9%) | 41 (0.8%) |
| Arrhythmia supraventricular | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Arteriosclerosis coronary artery | 43 (1.7%) | 40 (1.6%) | 83 (1.6%) |
| Atrial conduction time prolongation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Atrial enlargement | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Atrial fibrillation | 156 (6.1%) | 163 (6.5%) | 319 (6.3%) |
| Atrial flutter | 19 (0.7%) | 13 (0.5%) | 32 (0.6%) |
| Atrial tachycardia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Atrioventricular block | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Atrioventricular block complete | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Atrioventricular block first degree | 21 (0.8%) | 37 (1.5%) | 58 (1.1%) |
| Atrioventricular block second degree | 2 (<0.1%) | 6 (0.2%) | 8 (0.2%) |
| Bradycardia | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Bundle branch block bilateral | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bundle branch block left | 25 (1.0%) | 45 (1.8%) | 70 (1.4%) |
| Bundle branch block right | 51 (2.0%) | 46 (1.8%) | 97 (1.9%) |
| Cardiac aneurysm | 3 (0.1%) | 0 | 3 (<0.1%) |
| Cardiac arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac asthma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiac dysfunction | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardiac failure | 37 (1.5%) | 38 (1.5%) | 75 (1.5%) |
| Cardiac failure acute | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cardiac failure chronic | 104 (4.1%) | 85 (3.4%) | 189 (3.7%) |
| Cardiac failure congestive | 19 (0.7%) | 16 (0.6%) | 35 (0.7%) |
| Cardiac hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardiac septal hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac valve disease | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Cardiac valve sclerosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cardiac ventricular thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardio-respiratory arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiomegaly | 8 (0.3%) | 9 (0.4%) | 17 (0.3%) |
| Cardiomyopathy | 15 (0.6%) | 8 (0.3%) | 23 (0.5%) |
| Cardiovascular disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardiovascular insufficiency | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Chronic left ventricular failure | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Congestive cardiomyopathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Cor pulmonale | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cor pulmonale chronic | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Coronary artery aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary artery disease | 625 (24.6%) | 592 (23.4%) | 1217 (24.0%) |
| Coronary artery insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coronary artery occlusion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Coronary artery stenosis | 2 (<0.1%) | 7 (0.3%) | 9 (0.2%) |
| Coronary artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Defect conduction intraventricular | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Degenerative aortic valve disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diastolic dysfunction | 8 (0.3%) | 11 (0.4%) | 19 (0.4%) |
| Dilatation atrial | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dressler's syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Extrasystoles | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Heart valve calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve incompetence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypertensive cardiomyopathy | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Hypertensive heart disease | 24 (0.9%) | 31 (1.2%) | 55 (1.1%) |
| Ischaemic cardiomyopathy | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |
| Left atrial dilatation | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Left atrial enlargement | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Left atrial hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Left ventricular dysfunction | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| Left ventricular enlargement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Left ventricular failure | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Left ventricular hypertrophy | 56 (2.2%) | 68 (2.7%) | 124 (2.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Low cardiac output syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Malignant hypertensive heart disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolic cardiomyopathy | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Mitral valve calcification | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Mitral valve disease | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Mitral valve incompetence | 32 (1.3%) | 23 (0.9%) | 55 (1.1%) |
| Mitral valve prolapse | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mitral valve sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mitral valve stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Myocardial fibrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Myocardial infarction | 341 (13.4%) | 324 (12.8%) | 665 (13.1%) |
| Myocardial ischaemia | 113 (4.5%) | 102 (4.0%) | 215 (4.2%) |
| Myocardial necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myocarditis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nodal rhythm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palpitations | 7 (0.3%) | 8 (0.3%) | 15 (0.3%) |
| Pericardial cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pericardial effusion | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Pericarditis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Pericarditis constrictive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prinzmetal angina | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Pulmonary valve incompetence | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rheumatic heart disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right atrial enlargement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Right ventricular dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right ventricular dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Right ventricular hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Silent myocardial infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinus arrhythmia | 6 (0.2%) | 4 (0.2%) | 10 (0.2%) |
| Sinus bradycardia | 12 (0.5%) | 21 (0.8%) | 33 (0.7%) |
| Sinus node dysfunction | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Sinus tachycardia | 6 (0.2%) | 9 (0.4%) | 15 (0.3%) |
| Supraventricular extrasystoles | 17 (0.7%) | 12 (0.5%) | 29 (0.6%) |
| Supraventricular tachycardia | 9 (0.4%) | 4 (0.2%) | 13 (0.3%) |
| Systolic dysfunction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tachyarrhythmia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tachycardia | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| Tachycardia induced cardiomyopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tachycardia paroxysmal | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Tricuspid valve disease | 0 | 3 (0.1%) | 3 (<0.1%) |
| Tricuspid valve incompetence | 22 (0.9%) | 17 (0.7%) | 39 (0.8%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tricuspid valve sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trifascicular block | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ventricular arrhythmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular extrasystoles | 18 (0.7%) | 17 (0.7%) | 35 (0.7%) |
| Ventricular fibrillation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ventricular hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ventricular hypokinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular remodelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular tachycardia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Wolff-Parkinson-White syndrome | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Congenital, familial and genetic disorders | 118 (4.6%) | 100 (4.0%) | 218 (4.3%) |
| Accessory spleen | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adenomatous polyposis coli | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Albinism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arnold-Chiari malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial septal defect | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cone dystrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital cystic kidney disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital ectopic pancreas | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hearing disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital hydronephrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital musculoskeletal anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital myopia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Congenital nose malformation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital renal cyst | 8 (0.3%) | 5 (0.2%) | 13 (0.3%) |
| Congenital spinal fusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital ureteric anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corneal dystrophy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Craniofacial deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cryptorchism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermoid cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Developmental hip dysplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dolichocolon | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ectopic kidney | 5 (0.2%) | 0 | 5 (<0.1%) |
| Exomphalos | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial hypertriglyceridaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial mediterranean fever | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Fibrous dysplasia of bone | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gilbert's syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gitelman's syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose-6-phosphate dehydrogenase deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoglobinopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart disease congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic hamartoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hereditary motor and sensory neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Homocystinaemia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Homocystinuria | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hydrocele | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Hypertrophic cardiomyopathy | 4 (0.2%) | 8 (0.3%) | 12 (0.2%) |
| Kidney duplex | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Kimmerle's anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Klinefelter's syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Klippel-Feil syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple endocrine neoplasia Type 1 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscular dystrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myocardial bridging | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myotonic dystrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Patent ductus arteriosus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Phimosis | 8 (0.3%) | 4 (0.2%) | 12 (0.2%) |
| Protein C deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyloric stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal aplasia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Renal fusion anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinopathy congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sickle cell trait | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Spinal muscular atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Strabismus congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synostosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thalassaemia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Thalassaemia alpha | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Thalassaemia beta | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Thalassaemia minor | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Thyroglossal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Type IIa hyperlipidaemia | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Type IIb hyperlipidaemia | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Type V hyperlipidaemia | 34 (1.3%) | 26 (1.0%) | 60 (1.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Ventricular septal defect | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ear and labyrinth disorders | 131 (5.2%) | 114 (4.5%) | 245 (4.8%) |
| Allergic otitis media | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Auditory disorder | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Aural polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerumen impaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Conductive deafness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Deafness | 23 (0.9%) | 17 (0.7%) | 40 (0.8%) |
| Deafness bilateral | 7 (0.3%) | 9 (0.4%) | 16 (0.3%) |
| Deafness neurosensory | 14 (0.6%) | 6 (0.2%) | 20 (0.4%) |
| Deafness unilateral | 4 (0.2%) | 8 (0.3%) | 12 (0.2%) |
| Ear discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear pain | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Eustachian tube disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eustachian tube dysfunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eustachian tube stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Excessive cerumen production | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Exostosis of external ear canal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoacusis | 15 (0.6%) | 12 (0.5%) | 27 (0.5%) |
| Labyrinthine fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meniere's disease | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Middle ear disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Middle ear inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurosensory hypoacusis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Otolithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Otorrhoea | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Otosclerosis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Presbycusis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sudden hearing loss | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tinnitus | 25 (1.0%) | 13 (0.5%) | 38 (0.8%) |
| Tympanic membrane perforation | 0 | 4 (0.2%) | 4 (<0.1%) |
| Vertigo | 26 (1.0%) | 32 (1.3%) | 58 (1.1%) |
| Vertigo positional | 7 (0.3%) | 6 (0.2%) | 13 (0.3%) |
| Vestibular ataxia | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Vestibular disorder | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Endocrine disorders | 352 (13.9%) | 334 (13.2%) | 686 (13.5%) |
| Acromegaly | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adrenal cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Adrenal mass | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Androgen deficiency | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Autoimmune hypothyroidism | 3 (0.1%) | 0 | 3 (<0.1%) |
| Autoimmune thyroid disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoimmune thyroiditis | 24 (0.9%) | 21 (0.8%) | 45 (0.9%) |
| Basedow's disease | 8 (0.3%) | 3 (0.1%) | 11 (0.2%) |
| Cushing's syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diabetes insipidus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocrine disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Goitre | 90 (3.5%) | 75 (3.0%) | 165 (3.3%) |
| Hyperaldosteronism | 0 | 4 (0.2%) | 4 (<0.1%) |
| Hyperparathyroidism | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Hyperparathyroidism primary | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Hyperparathyroidism secondary | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hyperplasia adrenal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyperprolactinaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hyperthyroidism | 14 (0.6%) | 17 (0.7%) | 31 (0.6%) |
| Hypogonadism | 7 (0.3%) | 6 (0.2%) | 13 (0.3%) |
| Hypogonadism male | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypopituitarism | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Hypothalamo-pituitary disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypothyroidism | 173 (6.8%) | 165 (6.5%) | 338 (6.7%) |
| Inappropriate antidiuretic hormone secretion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myxoedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oestrogen deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Primary hyperaldosteronism | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Primary hypothyroidism | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Secondary hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Testicular failure | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Thyroid calcification | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thyroid cyst | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Thyroid disorder | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Thyroid mass | 36 (1.4%) | 30 (1.2%) | 66 (1.3%) |
| Thyroiditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroiditis chronic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thyroiditis subacute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic goitre | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Toxic nodular goitre | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Eye disorders | 1192 (47.0%) | 1177 (46.6%) | 2369 (46.8%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Age-related macular degeneration | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Amaurosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Amaurosis fugax | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Amblyopia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Amblyopia strabismic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Angle closure glaucoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arcus lipoides | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriosclerotic retinopathy | 8 (0.3%) | 9 (0.4%) | 17 (0.3%) |
| Asthenopia | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Astigmatism | 13 (0.5%) | 13 (0.5%) | 26 (0.5%) |
| Atrophy of globe | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blepharitis | 6 (0.2%) | 2 (<0.1%) | 8 (0.2%) |
| Blepharitis allergic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blepharochalasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blindness | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Blindness unilateral | 11 (0.4%) | 6 (0.2%) | 17 (0.3%) |
| Borderline glaucoma | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |
| Cataract | 315 (12.4%) | 313 (12.4%) | 628 (12.4%) |
| Cataract cortical | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cataract diabetic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cataract nuclear | 10 (0.4%) | 7 (0.3%) | 17 (0.3%) |
| Cataract subcapsular | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chorioretinal atrophy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Choroidal neovascularisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Conjunctival haemorrhage | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Conjunctival hyperaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Conjunctivitis allergic | 13 (0.5%) | 7 (0.3%) | 20 (0.4%) |
| Corneal degeneration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corneal erosion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Corneal leukoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dacryolith | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dacryostenosis acquired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatochalasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic eye disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic retinal oedema | 15 (0.6%) | 7 (0.3%) | 22 (0.4%) |
| Diabetic retinopathy | 885 (34.9%) | 830 (32.9%) | 1715 (33.9%) |
| Diplopia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Dry age-related macular degeneration | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Dry eye | 20 (0.8%) | 28 (1.1%) | 48 (0.9%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Eales' disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectropion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eczema eyelids | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endocrine ophthalmopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Exophthalmos | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye allergy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Eye haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye opacity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eyelid oedema | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Eyelid pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eyelid ptosis | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Eyelid skin dryness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flat anterior chamber of eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glaucoma | 108 (4.3%) | 120 (4.8%) | 228 (4.5%) |
| Heerfordt's syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypermetropia | 15 (0.6%) | 21 (0.8%) | 36 (0.7%) |
| Idiopathic orbital inflammation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iridocyclitis | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Iris adhesions | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratitis | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Keratoconus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Keratomalacia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lacrimal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lacrimation decreased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Lacrimation increased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lenticular opacities | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular degeneration | 14 (0.6%) | 13 (0.5%) | 27 (0.5%) |
| Macular fibrosis | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Macular hole | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macular oedema | 17 (0.7%) | 16 (0.6%) | 33 (0.7%) |
| Macular scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Maculopathy | 9 (0.4%) | 8 (0.3%) | 17 (0.3%) |
| Meibomianitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metamorphopsia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myopia | 36 (1.4%) | 34 (1.3%) | 70 (1.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Myopic chorioretinal degeneration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neovascular age-related macular degeneration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-proliferative retinopathy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Normal tension glaucoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ocular discomfort | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ocular hyperaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ocular hypertension | 4 (0.2%) | 9 (0.4%) | 13 (0.3%) |
| Open angle glaucoma | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| Ophthalmoplegia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Optic atrophy | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Optic disc haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Optic ischaemic neuropathy | 0 | 5 (0.2%) | 5 (<0.1%) |
| Optic neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pathologic myopia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Periorbital fat herniation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Posterior capsule opacification | 0 | 3 (0.1%) | 3 (<0.1%) |
| Presbyopia | 31 (1.2%) | 40 (1.6%) | 71 (1.4%) |
| Pseudopapilloedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pterygium | 6 (0.2%) | 13 (0.5%) | 19 (0.4%) |
| Punctate keratitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Refraction disorder | 6 (0.2%) | 8 (0.3%) | 14 (0.3%) |
| Retinal aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal artery embolism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery spasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal degeneration | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Retinal detachment | 13 (0.5%) | 13 (0.5%) | 26 (0.5%) |
| Retinal disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal drusen | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Retinal dystrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal haemorrhage | 7 (0.3%) | 12 (0.5%) | 19 (0.4%) |
| Retinal oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal pigment epitheliopathy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinal scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal tear | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal vascular disorder | 11 (0.4%) | 13 (0.5%) | 24 (0.5%) |
| Retinal vascular thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal vein occlusion | 7 (0.3%) | 1 (<0.1%) | 8 (0.2%) |
| Retinal vein thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Retinopathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Retinopathy hypertensive | 27 (1.1%) | 36 (1.4%) | 63 (1.2%) |
| Retinopathy proliferative | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinoschisis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scintillating scotoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scleritis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Strabismus | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Swelling of eyelid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Trichiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ulcerative keratitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uveitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vision blurred | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Visual acuity reduced | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Visual impairment | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Vitreoretinal traction syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous degeneration | 5 (0.2%) | 0 | 5 (<0.1%) |
| Vitreous detachment | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Vitreous fibrin | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous floaters | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vitreous haemorrhage | 22 (0.9%) | 12 (0.5%) | 34 (0.7%) |
| Vitreous opacities | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vogt-Koyanagi-Harada disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Xanthopsia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Xerophthalmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal disorders | 788 (31.0%) | 812 (32.2%) | 1600 (31.6%) |
| Abdominal discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abdominal distension | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Abdominal hernia | 8 (0.3%) | 9 (0.4%) | 17 (0.3%) |
| Abdominal pain | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Abdominal pain lower | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Abdominal pain upper | 6 (0.2%) | 12 (0.5%) | 18 (0.4%) |
| Abnormal faeces | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acid peptic disease | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Acquired oesophageal web | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aerophagia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcoholic pancreatitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anal fissure | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Anal fistula | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Anal haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Anal incontinence | 3 (0.1%) | 0 | 3 (<0.1%) |
| Anal polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal pruritus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal skin tags | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aphthous ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Appendicitis noninfective | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aptyalism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ascites | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Barrett's oesophagus | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Cardiospasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Change of bowel habit | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic gastritis | 74 (2.9%) | 96 (3.8%) | 170 (3.4%) |
| Coeliac disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Colitis | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| Colitis ulcerative | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Colon dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Constipation | 83 (3.3%) | 64 (2.5%) | 147 (2.9%) |
| Crohn's disease | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Dental caries | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Dental cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic enteropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic gastroparesis | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Diabetic gastropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diaphragmatic hernia | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Diarrhoea | 29 (1.1%) | 38 (1.5%) | 67 (1.3%) |
| Diverticulum | 13 (0.5%) | 26 (1.0%) | 39 (0.8%) |
| Diverticulum intestinal | 26 (1.0%) | 12 (0.5%) | 38 (0.8%) |
| Dry mouth | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Duodenal polyp | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Duodenal ulcer | 16 (0.6%) | 18 (0.7%) | 34 (0.7%) |
| Duodenal ulcer haemorrhage | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Duodenitis | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Duodenogastric reflux | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Dyspepsia | 35 (1.4%) | 41 (1.6%) | 76 (1.5%) |
| Dysphagia | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Ectopic gastric mucosa | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enteritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Enterocolitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enterovesical fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epigastric discomfort | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Erosive duodenitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Erosive oesophagitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Fistula of small intestine | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Flatulence | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Food poisoning | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Functional gastrointestinal disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gallstone ileus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric disorder | 4 (0.2%) | 0 | 4 (<0.1%) |
| Gastric haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric mucosa erythema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastric mucosal lesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric polyps | 9 (0.4%) | 9 (0.4%) | 18 (0.4%) |
| Gastric ulcer | 27 (1.1%) | 27 (1.1%) | 54 (1.1%) |
| Gastric ulcer haemorrhage | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastric ulcer perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastritis | 83 (3.3%) | 74 (2.9%) | 157 (3.1%) |
| Gastritis erosive | 12 (0.5%) | 11 (0.4%) | 23 (0.5%) |
| Gastritis haemorrhagic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastroduodenal ulcer | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Gastrointestinal angiectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal angiodysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal disorder | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Gastrointestinal dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal haemorrhage | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Gastrointestinal hypomotility | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal motility disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal mucosal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal polyp | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal polyp haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal scarring | 0 | 3 (0.1%) | 3 (<0.1%) |
| Gastroesophageal reflux disease | 193 (7.6%) | 200 (7.9%) | 393 (7.8%) |
| Gingival bleeding | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gingival hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gingival pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Haematochezia | 0 | 3 (0.1%) | 3 (<0.1%) |
| Haemorrhagic erosive gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhoidal haemorrhage | 3 (0.1%) | 0 | 3 (<0.1%) |
| Haemorrhoids | 47 (1.9%) | 52 (2.1%) | 99 (2.0%) |
| Hernial eventration | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hiatus hernia | 27 (1.1%) | 31 (1.2%) | 58 (1.1%) |
| Ileus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Impaired gastric emptying | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Incarcerated umbilical hernia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inflammatory bowel disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Inguinal hernia | 12 (0.5%) | 30 (1.2%) | 42 (0.8%) |
| Internal hernia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal ischaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Intestinal metaplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal obstruction | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Intestinal perforation | 3 (0.1%) | 0 | 3 (<0.1%) |
| Intestinal polyp | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Irritable bowel syndrome | 17 (0.7%) | 26 (1.0%) | 43 (0.8%) |
| Large intestinal haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestinal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestinal stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestine polyp | 27 (1.1%) | 40 (1.6%) | 67 (1.3%) |
| Leukoplakia oral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lip disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lip swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lower gastrointestinal haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lumbar hernia | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Melaena | 0 | 3 (0.1%) | 3 (<0.1%) |
| Mouth cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mouth ulceration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nausea | 10 (0.4%) | 15 (0.6%) | 25 (0.5%) |
| Odynophagia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal dilatation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Oesophagitis | 1 (<0.1%) | 7 (0.3%) | 8 (0.2%) |
| Oesophagitis ulcerative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic cyst | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Pancreatic failure | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pancreatic necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic pseudocyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatic steatosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pancreatitis | 12 (0.5%) | 10 (0.4%) | 22 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Pancreatitis acute | 14 (0.6%) | 9 (0.4%) | 23 (0.5%) |
| Pancreatitis chronic | 35 (1.4%) | 38 (1.5%) | 73 (1.4%) |
| Pancreatitis necrotising | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatitis relapsing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatolithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paraesthesia oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peptic ulcer | 15 (0.6%) | 15 (0.6%) | 30 (0.6%) |
| Periodontal disease | 126 (5.0%) | 122 (4.8%) | 248 (4.9%) |
| Peristalsis visible | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Poor dental condition | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Presbyoesophagus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proctitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectal fissure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rectal haemorrhage | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Rectal polyp | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Rectal prolapse | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salivary gland disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Short-bowel syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spigelian hernia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic artery aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stomatitis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Tongue dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tongue oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tooth loss | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Toothache | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Ulcerative gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Umbilical hernia | 25 (1.0%) | 36 (1.4%) | 61 (1.2%) |
| Upper gastrointestinal haemorrhage | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varices oesophageal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vomiting | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| General disorders and administration site conditions | 210 (8.3%) | 192 (7.6%) | 402 (7.9%) |
| Asthenia | 4 (0.2%) | 8 (0.3%) | 12 (0.2%) |
| Axillary pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calcinosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest discomfort | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Chest pain | 18 (0.7%) | 14 (0.6%) | 32 (0.6%) |
| Chills | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic fatigue syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|----------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Cyst | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Disease susceptibility | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug ineffective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug intolerance | 8 (0.3%) | 9 (0.4%) | 17 (0.3%) |
| Face oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facial discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Facial pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fatigue | 14 (0.6%) | 15 (0.6%) | 29 (0.6%) |
| Feeling cold | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gait disturbance | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Generalised oedema | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gravitational oedema | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Hernia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Illness | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Impaired healing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Inflammation | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Influenza like illness | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Injection site pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malaise | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nodule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-cardiac chest pain | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Oedema | 24 (0.9%) | 18 (0.7%) | 42 (0.8%) |
| Oedema peripheral | 94 (3.7%) | 97 (3.8%) | 191 (3.8%) |
| Pain | 13 (0.5%) | 12 (0.5%) | 25 (0.5%) |
| Peripheral swelling | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Polyp | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Pyrexia | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Secretion discharge | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Suprapubic pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Temperature intolerance | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tissue infiltration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Treatment noncompliance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Unevaluable event | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Xerosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatobiliary disorders | 515 (20.3%) | 525 (20.8%) | 1040 (20.5%) |
| Acute hepatic failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcoholic liver disease | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Autoimmune hepatitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bile duct stone | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Biliary colic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Biliary dilatation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Biliary dyskinesia | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Cholangitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis acute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis chronic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis sclerosing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cholecystitis | 18 (0.7%) | 18 (0.7%) | 36 (0.7%) |
| Cholecystitis acute | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Cholecystitis chronic | 23 (0.9%) | 29 (1.1%) | 52 (1.0%) |
| Cholelithiasis | 119 (4.7%) | 105 (4.2%) | 224 (4.4%) |
| Cholestasis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Chronic hepatitis | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Cirrhosis alcoholic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic hepatopathy | 11 (0.4%) | 5 (0.2%) | 16 (0.3%) |
| Drug-induced liver injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fatty liver alcoholic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gallbladder cholesterosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gallbladder disorder | 4 (0.2%) | 0 | 4 (<0.1%) |
| Gallbladder enlargement | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gallbladder hypofunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder polyp | 10 (0.4%) | 21 (0.8%) | 31 (0.6%) |
| Granulomatous liver disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic calcification | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatic cirrhosis | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Hepatic cyst | 7 (0.3%) | 13 (0.5%) | 20 (0.4%) |
| Hepatic fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic function abnormal | 6 (0.2%) | 10 (0.4%) | 16 (0.3%) |
| Hepatic lesion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatic mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic steatosis | 320 (12.6%) | 354 (14.0%) | 674 (13.3%) |
| Hepatitis | 3 (0.1%) | 11 (0.4%) | 14 (0.3%) |
| Hepatitis acute | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis alcoholic | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Hepatocellular injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatomegaly | 11 (0.4%) | 8 (0.3%) | 19 (0.4%) |
| Hepatotoxicity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hydrocholecystis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperbilirubinaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperplastic cholecystopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypertransaminasaemia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Jaundice | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Liver disorder | 13 (0.5%) | 17 (0.7%) | 30 (0.6%) |
| Liver injury | 3 (0.1%) | 0 | 3 (<0.1%) |
| Non-alcoholic steatohepatitis | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Nonalcoholic fatty liver disease | 28 (1.1%) | 19 (0.8%) | 47 (0.9%) |
| Post cholecystectomy syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Primary biliary cholangitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sphincter of Oddi dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Steatohepatitis | 6 (0.2%) | 9 (0.4%) | 15 (0.3%) |
| Immune system disorders | 106 (4.2%) | 121 (4.8%) | 227 (4.5%) |
| Allergy to animal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Allergy to arthropod sting | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Allergy to chemicals | 3 (0.1%) | 0 | 3 (<0.1%) |
| Allergy to metals | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Allergy to vaccine | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Alloimmunisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anaphylactic reaction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anaphylactic shock | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Autoimmune disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Contrast media allergy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Contrast media reaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cryofibrinogenaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug hypersensitivity | 36 (1.4%) | 51 (2.0%) | 87 (1.7%) |
| Dust allergy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Food allergy | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Graft versus host disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypersensitivity | 2 (<0.1%) | 6 (0.2%) | 8 (0.2%) |
| Hypogammaglobulinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Immune system disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine allergy | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Mite allergy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Multiple allergies | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Perfume sensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reaction to food additive | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Rubber sensitivity | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sarcoidosis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Seasonal allergy | 44 (1.7%) | 52 (2.1%) | 96 (1.9%) |
| Selective IgA immunodeficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Infections and infestations | 565 (22.3%) | 549 (21.7%) | 1114 (22.0%) |
| Abdominal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abdominal wall abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess limb | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Abscess neck | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acarodermatitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acute sinusitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| American trypanosomiasis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Anal abscess | 7 (0.3%) | 2 (<0.1%) | 9 (0.2%) |
| Antibiotic associated colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Appendicitis | 11 (0.4%) | 13 (0.5%) | 24 (0.5%) |
| Appendicitis perforated | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthritis bacterial | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arthritis infective | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aspergilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aspergillus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asymptomatic bacteriuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atypical mycobacterial pneumonia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atypical pneumonia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacteraemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bacterial disease carrier | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacterial infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bacterial sepsis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Balanitis candida | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Balanoposthitis infective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Body tinea | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bone tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Borrelia infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchiolitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchitis | 22 (0.9%) | 33 (1.3%) | 55 (1.1%) |
| Bronchitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brucellosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Campylobacter colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Candida infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Carbuncle | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cellulitis | 26 (1.0%) | 18 (0.7%) | 44 (0.9%) |
| Cellulitis of male external genital organ | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chancroid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chikungunya virus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cholecystitis infective | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chorioretinitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic hepatitis B | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| Chronic hepatitis C | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Chronic sinusitis | 19 (0.7%) | 13 (0.5%) | 32 (0.6%) |
| Chronic tonsillitis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Conjunctivitis | 21 (0.8%) | 12 (0.5%) | 33 (0.7%) |
| Conjunctivitis viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystitis | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Dacryocystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dengue fever | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatophytosis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Dermatophytosis of nail | 6 (0.2%) | 12 (0.5%) | 18 (0.4%) |
| Diabetic foot infection | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Diabetic gangrene | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Diarrhoea infectious | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Disseminated tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Disseminated varicella zoster virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diverticulitis | 11 (0.4%) | 13 (0.5%) | 24 (0.5%) |
| Ear infection | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Echinococcosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eczema impetiginous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eczema infected | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Emphysematous cystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocarditis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Endocarditis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epididymitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Epiglottitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epstein-Barr virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Erysipelas | 11 (0.4%) | 8 (0.3%) | 19 (0.4%) |
| Eye infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye infection toxoplasma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Folliculitis | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Fournier's gangrene | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fungal infection | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Fungal skin infection | 11 (0.4%) | 3 (0.1%) | 14 (0.3%) |
| Furuncle | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Gallbladder abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gangrene | 2 (<0.1%) | 9 (0.4%) | 11 (0.2%) |
| Gastroenteritis | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Gastroenteritis viral | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Genital herpes | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Genital infection fungal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gingivitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Groin abscess | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| HIV infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Helicobacter gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Helicobacter infection | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Hepatic echinococcosiasis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis A | 10 (0.4%) | 3 (0.1%) | 13 (0.3%) |
| Hepatitis B | 18 (0.7%) | 11 (0.4%) | 29 (0.6%) |
| Hepatitis C | 11 (0.4%) | 15 (0.6%) | 26 (0.5%) |
| Herpes dermatitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes ophthalmic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Herpes simplex | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Herpes virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes zoster | 14 (0.6%) | 7 (0.3%) | 21 (0.4%) |
| Human T-cell lymphocytic virus type II infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Human T-cell lymphotropic virus type I infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infected bite | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infected skin ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infectious pleural effusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infective spondylitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Influenza | 14 (0.6%) | 13 (0.5%) | 27 (0.5%) |
| Intervertebral discitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Klebsiella bacteraemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Labyrinthitis | 5 (0.2%) | 0 | 5 (<0.1%) |
| Laryngitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Latent tuberculosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Legionella infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leprosy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Liver abscess | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Localised infection | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| Lower respiratory tract infection | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Lower respiratory tract infection viral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung abscess | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Lyme disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphangitis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Malaria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mastoiditis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mediastinal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Mediastinitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical device site infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meningitis | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Meningitis tuberculous | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myringitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail candida | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasopharyngitis | 15 (0.6%) | 18 (0.7%) | 33 (0.7%) |
| Necrotising fasciitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oesophageal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Onychomycosis | 40 (1.6%) | 29 (1.1%) | 69 (1.4%) |
| Oophoritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Opisthorchiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral candidiasis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oral fungal infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral herpes | 0 | 3 (0.1%) | 3 (<0.1%) |
| Orchitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteomyelitis | 14 (0.6%) | 15 (0.6%) | 29 (0.6%) |
| Osteomyelitis chronic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Otitis externa | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Otitis media | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Otitis media chronic | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Otosalpingitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreas infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paronychia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Parotitis | 4 (0.2%) | 0 | 4 (<0.1%) |
| Penile infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Periodontitis | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Perirectal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peritonitis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Peritonsillar abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngeal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngitis | 4 (0.2%) | 9 (0.4%) | 13 (0.3%) |
| Pharyngotonsillitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pilonidal cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pneumonia | 30 (1.2%) | 26 (1.0%) | 56 (1.1%) |
| Pneumonia bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumonia legionella | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pneumonia pseudomonal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia viral | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Poliomyelitis | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Post procedural infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postoperative wound infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pulmonary tuberculoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary tuberculosis | 8 (0.3%) | 10 (0.4%) | 18 (0.4%) |
| Pulpitis dental | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pustule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyelonephritis | 6 (0.2%) | 12 (0.5%) | 18 (0.4%) |
| Pyelonephritis acute | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Pyelonephritis chronic | 42 (1.7%) | 40 (1.6%) | 82 (1.6%) |
| Pyoderma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pyuria | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Respiratory tract infection | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Respiratory tract infection viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retroperitoneal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis | 9 (0.4%) | 11 (0.4%) | 20 (0.4%) |
| Salpingo-oophoritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scrotal infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sepsis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Septic arthritis staphylococcal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Septic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sialoadenitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinusitis | 13 (0.5%) | 19 (0.8%) | 32 (0.6%) |
| Skin candida | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Skin infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Staphylococcal infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Staphylococcal sepsis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Streptococcal endocarditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous abscess | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Syphilis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Systemic candida | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tinea capitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tinea cruris | 6 (0.2%) | 2 (<0.1%) | 8 (0.2%) |
| Tinea infection | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Tinea pedis | 19 (0.7%) | 30 (1.2%) | 49 (1.0%) |
| Tinea versicolour | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tonsillitis | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Tonsillitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth abscess | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tooth infection | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tracheitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Tuberculosis | 9 (0.4%) | 8 (0.3%) | 17 (0.3%) |
| Tuberculous pleurisy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tubo-ovarian abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Upper respiratory tract infection | 28 (1.1%) | 27 (1.1%) | 55 (1.1%) |
| Urethritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary tract infection | 32 (1.3%) | 46 (1.8%) | 78 (1.5%) |
| Urinary tract infection bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urosepsis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vaginal infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varicella | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vascular device infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vestibular neuronitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Viral hepatitis carrier | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Viral infection | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Viral upper respiratory tract infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vulvitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vulvovaginal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginal mycotic infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vulvovaginitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wound infection | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Zika virus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Injury, poisoning and procedural complications | 213 (8.4%) | 194 (7.7%) | 407 (8.0%) |
| Abdominal injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Accident | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Airway burns | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anastomotic ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Animal bite | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ankle fracture | 13 (0.5%) | 9 (0.4%) | 22 (0.4%) |
| Aortic injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthropod sting | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asbestosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blindness traumatic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bone contusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burns second degree | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burns third degree | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cartilage injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Cervical vertebral fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Chest injury | 0 | 4 (0.2%) | 4 (<0.1%) |
| Chillblains | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Clavicle fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Concussion | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Contusion | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Corneal abrasion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Coronary bypass stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Craniocerebral injury | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Electric injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endotracheal intubation complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epicondylitis | 12 (0.5%) | 5 (0.2%) | 17 (0.3%) |
| Exposure to communicable disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Exposure to toxic agent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Eye laser scar | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eyeball avulsion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Face injury | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Facial bones fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fall | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Femoral neck fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Femur fracture | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Fibula fracture | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Foot fracture | 8 (0.3%) | 1 (<0.1%) | 9 (0.2%) |
| Forearm fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Foreign body | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Foreign body in eye | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fracture of penis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fractured coccyx | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gastrointestinal anastomotic leak | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gun shot wound | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hand fracture | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Head injury | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Hip fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Humerus fracture | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Iliotibial band syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Incisional hernia | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| Injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Injury corneal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Intentional overdose | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Intervertebral disc injury | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Iris injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Joint dislocation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Joint injury | 2 (<0.1%) | 6 (0.2%) | 8 (0.2%) |
| Ligament injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ligament rupture | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Ligament sprain | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Limb injury | 11 (0.4%) | 12 (0.5%) | 23 (0.5%) |
| Limb traumatic amputation | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Lower limb fracture | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Lumbar vertebral fracture | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Median nerve injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meniscus injury | 17 (0.7%) | 9 (0.4%) | 26 (0.5%) |
| Multiple fractures | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple injuries | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Muscle rupture | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Muscle strain | 4 (0.2%) | 0 | 4 (<0.1%) |
| Patella fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pelvic bone injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Penetrating abdominal trauma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Persistent corneal epithelial defect | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumoconiosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Post concussion syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post laminectomy syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Post procedural complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural hypothyroidism | 7 (0.3%) | 8 (0.3%) | 15 (0.3%) |
| Post procedural swelling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post-traumatic neck syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Post-traumatic pain | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Postoperative adhesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Procedural intestinal perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Procedural pain | 0 | 3 (0.1%) | 3 (<0.1%) |
| Radiation skin injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radius fracture | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Rib fracture | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Road traffic accident | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Scar | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Silicosis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Skin abrasion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin laceration | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Skin wound | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skull fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Snake bite | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Soft tissue injury | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal column injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Spinal compression fracture | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Spinal cord injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal cord injury thoracic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal fracture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Spleen contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic rupture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Stab wound | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stoma site irritation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stomal hernia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subdural haematoma | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Synovial rupture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tendon injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Tendon rupture | 6 (0.2%) | 2 (<0.1%) | 8 (0.2%) |
| Testicular injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thermal burn | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Thermal burns of eye | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracic vertebral fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tibia fracture | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Tobacco poisoning | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tooth fracture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Toxicity to various agents | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic arthritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic arthrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Traumatic fracture | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Traumatic haemothorax | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Traumatic renal injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Traumatic ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ulna fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Upper limb fracture | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| Wound dehiscence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wound necrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2538 (100%) | N=2525 (100%) | N=5063 (100%) |
| MedDRA version 23.1 | | | |
| Wrist fracture | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Investigations | 263 (10.4%) | 274 (10.9%) | 537 (10.6%) |
| Alanine aminotransferase increased | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Albumin urine present | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angiocardiogram | 21 (0.8%) | 16 (0.6%) | 37 (0.7%) |
| Angiogram | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Angiogram cerebral | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Angiogram retina | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Antinuclear antibody positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aortic bruit | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arthroscopy | 5 (0.2%) | 11 (0.4%) | 16 (0.3%) |
| Aspartate aminotransferase increased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Aspiration pleural cavity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoantibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy breast | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy kidney | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Biopsy prostate | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy thyroid gland | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood alkaline phosphatase increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood bicarbonate decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood calcium increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood cholesterol increased | 34 (1.3%) | 51 (2.0%) | 85 (1.7%) |
| Blood creatine phosphokinase abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood creatine phosphokinase increased | 35 (1.4%) | 42 (1.7%) | 77 (1.5%) |
| Blood creatinine increased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Blood folate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood lactate dehydrogenase increased | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Blood magnesium decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Blood potassium decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood potassium increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood pressure increased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Blood sodium decreased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Blood testosterone decreased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Blood thyroid stimulating hormone normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood triglycerides increased | 6 (0.2%) | 8 (0.3%) | 14 (0.3%) |
| Blood uric acid abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood uric acid increased | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Body mass index increased | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Bone density decreased | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Borrelia test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breath sounds abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| C-reactive protein increased | 14 (0.6%) | 7 (0.3%) | 21 (0.4%) |
| Carcinoembryonic antigen increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac function test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac murmur | 14 (0.6%) | 9 (0.4%) | 23 (0.5%) |
| Cardiac stress test normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Carotid bruit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid intima-media thickness increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Catheterisation cardiac | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Catheterisation cardiac normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colonoscopy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cystoscopy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| ECG electrically inactive area | 2 (<0.1%) | 0 | 2 (<0.1%) |
| ECG signs of myocardial infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ejection fraction decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ejection fraction normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram P wave abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram PR prolongation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram PR shortened | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram Q wave abnormal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram Q waves | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram QRS complex abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Electrocardiogram QT interval abnormal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Electrocardiogram QT prolonged | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram ST segment abnormal | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram ST segment depression | 0 | 3 (0.1%) | 3 (<0.1%) |
| Electrocardiogram ST segment elevation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram ST-T change | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Electrocardiogram ST-T segment abnormal | 0 | 3 (0.1%) | 3 (<0.1%) |
| Electrocardiogram T wave abnormal | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Electrocardiogram T wave amplitude decreased | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Electrocardiogram T wave inversion | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Electrocardiogram abnormal | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Electrocardiogram repolarisation abnormality | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| False positive investigation result | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Forced expiratory volume decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gamma-glutamyltransferase increased | 15 (0.6%) | 16 (0.6%) | 31 (0.6%) |
| Gastric pH decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Glycosylated haemoglobin increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoglobin decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Haemoglobin increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Heart rate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart sounds abnormal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Helicobacter test positive | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Hepatic enzyme abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatic enzyme increased | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| Hepatitis B antigen positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B core antibody positive | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis B surface antibody positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatitis B surface antigen positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B virus test positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hepatitis C antibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Human papilloma virus test negative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hysteroscopy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intraocular pressure increased | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Laparoscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Left ventricular end-diastolic pressure increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipids abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipoprotein (a) increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lipoprotein abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver function test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver function test increased | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Liver scan abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Low density lipoprotein increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mean cell volume increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle enzyme increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Myocardial strain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Occult blood positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Oxygen consumption increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arteriogram | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Peripheral pulse decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Physical examination | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Platelet count decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic specific antigen increased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Protein urine present | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pulmonary imaging procedure abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pulse absent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| QRS axis abnormal | 14 (0.6%) | 15 (0.6%) | 29 (0.6%) |
| Red blood cell sedimentation rate increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scan myocardial perfusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid function test abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Thyroid function test normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transaminases increased | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Treponema test positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Troponin T increased | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Troponin increased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ultrasound Doppler abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ultrasound kidney abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteroscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary occult blood positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urine albumin/creatinine ratio increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urogram | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitamin B12 decreased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vitamin D decreased | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Vitamin E decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Weight decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Weight increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| White blood cell count increased | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Metabolism and nutrition disorders | 2538 (100.0%) | 2525 (100.0%) | 5063 (100.0%) |
| Abnormal loss of weight | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acquired mixed hyperlipidaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Calcium deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Central obesity | 14 (0.6%) | 20 (0.8%) | 34 (0.7%) |
| Decreased appetite | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Dehydration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetes mellitus | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Diabetes mellitus inadequate control | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Diabetic dyslipidaemia | 0 | 3 (0.1%) | 3 (<0.1%) |
| Diabetic ketoacidosis | 0 | 5 (0.2%) | 5 (<0.1%) |
| Diabetic ketosis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Dyslipidaemia | 831 (32.7%) | 861 (34.1%) | 1692 (33.4%) |
| Fluid retention | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Folate deficiency | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Fructose intolerance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose tolerance impaired | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gout | 119 (4.7%) | 137 (5.4%) | 256 (5.1%) |
| Haemochromatosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyper HDL cholesterolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercalcaemia | 8 (0.3%) | 6 (0.2%) | 14 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hypercholesterolaemia | 288 (11.3%) | 293 (11.6%) | 581 (11.5%) |
| Hyperferritinaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hyperglycaemia | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Hyperhomocysteinaemia | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Hyperinsulinaemic hypoglycaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperkalaemia | 13 (0.5%) | 13 (0.5%) | 26 (0.5%) |
| Hyperlipidaemia | 599 (23.6%) | 607 (24.0%) | 1206 (23.8%) |
| Hyperphosphataemia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypertriglyceridaemia | 68 (2.7%) | 60 (2.4%) | 128 (2.5%) |
| Hyperuricaemia | 229 (9.0%) | 212 (8.4%) | 441 (8.7%) |
| Hypervolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypo HDL cholesterolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypoalbuminaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypocalcaemia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Hypocholesterolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoglycaemia | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Hypokalaemia | 25 (1.0%) | 19 (0.8%) | 44 (0.9%) |
| Hypomagnesaemia | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Hyponatraemia | 11 (0.4%) | 6 (0.2%) | 17 (0.3%) |
| Hypoproteinaemia | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |
| Hypovitaminosis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Hypovolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Impaired fasting glucose | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Insulin resistance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iron deficiency | 15 (0.6%) | 15 (0.6%) | 30 (0.6%) |
| Iron overload | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ketosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lactose intolerance | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipid metabolism disorder | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |
| Lipomatosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lipoprotein deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Magnesium deficiency | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Metabolic acidosis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Metabolic alkalosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metabolic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Metabolic syndrome | 22 (0.9%) | 22 (0.9%) | 44 (0.9%) |
| Obesity | 1083 (42.7%) | 1106 (43.8%) | 2189 (43.2%) |
| Overweight | 22 (0.9%) | 25 (1.0%) | 47 (0.9%) |
| Purine metabolism disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Type 2 diabetes mellitus | 2538 (100.0%) | 2525 (100.0%) | 5063 (100.0%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Vitamin B complex deficiency | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |
| Vitamin B12 deficiency | 29 (1.1%) | 25 (1.0%) | 54 (1.1%) |
| Vitamin C deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitamin D deficiency | 134 (5.3%) | 114 (4.5%) | 248 (4.9%) |
| Musculoskeletal and connective tissue disorders | 832 (32.8%) | 832 (33.0%) | 1664 (32.9%) |
| Acquired claw toe | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ankylosing spondylitis | 3 (0.1%) | 7 (0.3%) | 10 (0.2%) |
| Arthralgia | 88 (3.5%) | 102 (4.0%) | 190 (3.8%) |
| Arthritis | 32 (1.3%) | 26 (1.0%) | 58 (1.1%) |
| Arthritis reactive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthropathy | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Autoimmune arthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Back disorder | 6 (0.2%) | 10 (0.4%) | 16 (0.3%) |
| Back pain | 138 (5.4%) | 159 (6.3%) | 297 (5.9%) |
| Bone cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone loss | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone metabolism disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bone pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bursitis | 13 (0.5%) | 10 (0.4%) | 23 (0.5%) |
| Cervical spinal stenosis | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| Chondrocalcinosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chondrocalcinosis pyrophosphate | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chondromalacia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Chondropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic kidney disease-mineral and bone disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Clubbing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coccydynia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Collagen disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Compartment syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Connective tissue inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Costochondritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Crowned dens syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Crystal arthropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dactylitis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Diastasis recti abdominis | 1 (<0.1%) | 7 (0.3%) | 8 (0.2%) |
| Diffuse idiopathic skeletal hyperostosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dupuytren's contracture | 10 (0.4%) | 4 (0.2%) | 14 (0.3%) |
| Enthesopathy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Exostosis | 7 (0.3%) | 9 (0.4%) | 16 (0.3%) |
| Facet joint syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Fasciitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fibromyalgia | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Finger deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flank pain | 4 (0.2%) | 0 | 4 (<0.1%) |
| Foot deformity | 14 (0.6%) | 16 (0.6%) | 30 (0.6%) |
| Gouty arthritis | 14 (0.6%) | 7 (0.3%) | 21 (0.4%) |
| Groin pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemarthrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Inclusion body myositis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc compression | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intervertebral disc degeneration | 23 (0.9%) | 22 (0.9%) | 45 (0.9%) |
| Intervertebral disc disorder | 28 (1.1%) | 20 (0.8%) | 48 (0.9%) |
| Intervertebral disc displacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc protrusion | 62 (2.4%) | 75 (3.0%) | 137 (2.7%) |
| Jaw cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint deposit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint effusion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Joint range of motion decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint stiffness | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Joint swelling | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Knee deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kyphosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Limb asymmetry | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Limb deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Limb discomfort | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lumbar spinal stenosis | 18 (0.7%) | 12 (0.5%) | 30 (0.6%) |
| Metatarsalgia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle contracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Muscle fatigue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle spasms | 50 (2.0%) | 48 (1.9%) | 98 (1.9%) |
| Muscle tightness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle twitching | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscular weakness | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Musculoskeletal chest pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Musculoskeletal discomfort | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Musculoskeletal pain | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Musculoskeletal stiffness | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Myalgia | 32 (1.3%) | 28 (1.1%) | 60 (1.2%) |
| Myofascial pain syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Myopathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Myositis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neck mass | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neck pain | 22 (0.9%) | 21 (0.8%) | 43 (0.8%) |
| Neuropathic arthropathy | 12 (0.5%) | 11 (0.4%) | 23 (0.5%) |
| Oligoarthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Osteoarthritis | 263 (10.4%) | 276 (10.9%) | 539 (10.6%) |
| Osteoarthropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Osteochondritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondrosis | 35 (1.4%) | 38 (1.5%) | 73 (1.4%) |
| Osteomalacia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteonecrosis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Osteopenia | 20 (0.8%) | 15 (0.6%) | 35 (0.7%) |
| Osteoporosis | 52 (2.0%) | 50 (2.0%) | 102 (2.0%) |
| Osteoporosis postmenopausal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Osteosclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pain in extremity | 33 (1.3%) | 30 (1.2%) | 63 (1.2%) |
| Patellofemoral pain syndrome | 0 | 3 (0.1%) | 3 (<0.1%) |
| Pathological fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Periarthritis | 26 (1.0%) | 12 (0.5%) | 38 (0.8%) |
| Perthes disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Plantar fascial fibromatosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Plantar fasciitis | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Polyarthritis | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Polymyalgia rheumatica | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Psoriatic arthropathy | 5 (0.2%) | 7 (0.3%) | 12 (0.2%) |
| Rhabdomyolysis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rheumatic disorder | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Rheumatic fever | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Rheumatoid arthritis | 20 (0.8%) | 16 (0.6%) | 36 (0.7%) |
| Rotator cuff syndrome | 25 (1.0%) | 30 (1.2%) | 55 (1.1%) |
| Sacroiliitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Scleroderma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scoliosis | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Sjogren's syndrome | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Soft tissue disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal deformity | 3 (0.1%) | 0 | 3 (<0.1%) |
| Spinal disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Spinal fusion acquired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal instability | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal ligament ossification | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Spinal osteoarthritis | 97 (3.8%) | 95 (3.8%) | 192 (3.8%) |
| Spinal pain | 15 (0.6%) | 13 (0.5%) | 28 (0.6%) |
| Spinal retrolisthesis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal stenosis | 13 (0.5%) | 11 (0.4%) | 24 (0.5%) |
| Spondylitis | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Spondyloarthropathy | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Spondylolisthesis | 8 (0.3%) | 6 (0.2%) | 14 (0.3%) |
| Sympathetic posterior cervical syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Synovial cyst | 10 (0.4%) | 4 (0.2%) | 14 (0.3%) |
| Synovitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Systemic lupus erythematosus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Temporomandibular joint syndrome | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Tendon calcification | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tendon disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tendonitis | 12 (0.5%) | 6 (0.2%) | 18 (0.4%) |
| Tenosynovitis | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Tenosynovitis stenosans | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Torticollis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Trigger finger | 7 (0.3%) | 9 (0.4%) | 16 (0.3%) |
| Vertebral foraminal stenosis | 0 | 4 (0.2%) | 4 (<0.1%) |
| Vertebral lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral osteophyte | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | 248 (9.8%) | 237 (9.4%) | 485 (9.6%) |
| Acoustic neuroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acrochordon | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Acute myeloid leukaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adenocarcinoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Adenocarcinoma of colon | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Adenoma benign | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Adrenal adenoma | 6 (0.2%) | 9 (0.4%) | 15 (0.3%) |
| Adrenal neoplasm | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Angiolipoma | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Angiomyolipoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| B-cell lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Basal cell carcinoma | 14 (0.6%) | 9 (0.4%) | 23 (0.5%) |
| Basosquamous carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign abdominal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign breast neoplasm | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Benign duodenal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign gastric neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Benign hepatobiliary neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign lung neoplasm | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Benign neoplasm of adrenal gland | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Benign neoplasm of bladder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of cornea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign neoplasm of eyelid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of skin | 0 | 3 (0.1%) | 3 (<0.1%) |
| Benign neoplasm of thyroid gland | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Benign ovarian tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign pancreatic neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign uterine neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder cancer | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Bladder neoplasm | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bladder papilloma | 4 (0.2%) | 0 | 4 (<0.1%) |
| Bladder transitional cell carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bone neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bowen's disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Brain neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast cancer | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Breast cancer metastatic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast fibroma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Carcinoid tumour of the stomach | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellopontine angle tumour | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral haemangioma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervix carcinoma | 0 | 3 (0.1%) | 3 (<0.1%) |
| Chronic lymphocytic leukaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Clear cell renal cell carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon adenoma | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |
| Colon cancer | 7 (0.3%) | 6 (0.2%) | 13 (0.3%) |
| Colon cancer stage 0 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon cancer stage I | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Colon neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Colorectal cancer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cutaneous lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Duodenal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enchondromatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endometrial cancer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Epiglottic cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Erythroplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Essential thrombocythaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Extragenital primary non-seminoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye naevus | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fibroma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fibrous histiocytoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Focal nodular hyperplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder adenoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gallbladder cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric cancer | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Gastrointestinal carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal submucosal tumour | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastrointestinal tract adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemangioma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Haemangioma of bone | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemangioma of liver | 5 (0.2%) | 9 (0.4%) | 14 (0.3%) |
| Haemangioma of spleen | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatocellular carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypergammaglobulinaemia benign monoclonal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraductal papillary mucinous neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iris neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Langerhans' cell histiocytosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestine benign neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Laryngeal cancer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Laryngeal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal papilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leiomyosarcoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipoma | 12 (0.5%) | 8 (0.3%) | 20 (0.4%) |
| Lipoma of breast | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Liposarcoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Malignant melanoma | 6 (0.2%) | 2 (<0.1%) | 8 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Malignant neoplasm of conjunctiva | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant neoplasm of eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant palate neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Melanocytic naevus | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |
| Meningioma | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Meningioma benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metastases to lymph nodes | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Monoclonal gammopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Myelodysplastic syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Nasopharyngeal neoplasm benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neoplasm | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Neoplasm prostate | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neoplasm skin | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-Hodgkin's lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-secretory adenoma of pituitary | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ocular lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ovarian adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian cancer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Paget's disease of nipple | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic neuroendocrine tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Papillary cystadenoma lymphomatosum | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Papillary thyroid cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Parathyroid tumour benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pituitary tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pituitary tumour benign | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Pleomorphic adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polycythaemia vera | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Primary myelofibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prolactin-producing pituitary tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostate cancer | 16 (0.6%) | 16 (0.6%) | 32 (0.6%) |
| Prostatic adenoma | 8 (0.3%) | 10 (0.4%) | 18 (0.4%) |
| Rectal adenocarcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectal cancer | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Rectal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal cancer | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal cell carcinoma | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Renal hamartoma | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Renal neoplasm | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Renal oncocytoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland cancer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salivary gland neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Schwannoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoeic keratosis | 7 (0.3%) | 9 (0.4%) | 16 (0.3%) |
| Seminoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Skin papilloma | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Small cell lung cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal meningioma benign | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Squamous cell carcinoma | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Squamous cell carcinoma of skin | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Squamous cell carcinoma of the tongue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Teratoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testis cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Thyroid adenoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Thyroid cancer | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Tongue neoplasm malignant stage unspecified | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tonsil cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transitional cell cancer of the renal pelvis and ureter | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transitional cell carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urinary bladder adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine cancer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Uterine leiomyoma | 29 (1.1%) | 27 (1.1%) | 56 (1.1%) |
| Vulvovaginal warts | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Waldenstrom's macroglobulinaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nervous system disorders | 1294 (51.0%) | 1259 (49.9%) | 2553 (50.4%) |
| Acoustic neuritis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Akinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Amnesia | 7 (0.3%) | 3 (0.1%) | 10 (0.2%) |
| Anaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anosmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arachnoid cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Areflexia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ataxia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Autonomic nervous system imbalance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Autonomic neuropathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Axonal neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Balance disorder | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Basal ganglia infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Basilar artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Brain stem infarction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Burning sensation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac autonomic neuropathy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Carotid arteriosclerosis | 53 (2.1%) | 48 (1.9%) | 101 (2.0%) |
| Carotid artery aneurysm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Carotid artery disease | 2 (<0.1%) | 6 (0.2%) | 8 (0.2%) |
| Carotid artery occlusion | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Carotid artery stenosis | 31 (1.2%) | 35 (1.4%) | 66 (1.3%) |
| Carotid artery thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Carpal tunnel syndrome | 44 (1.7%) | 32 (1.3%) | 76 (1.5%) |
| Central nervous system lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Central nervous system vasculitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebellar stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellar syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral arteriosclerosis | 28 (1.1%) | 34 (1.3%) | 62 (1.2%) |
| Cerebral artery occlusion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral artery stenosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cerebral artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral atrophy | 6 (0.2%) | 7 (0.3%) | 13 (0.3%) |
| Cerebral circulatory failure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral haemorrhage | 6 (0.2%) | 4 (0.2%) | 10 (0.2%) |
| Cerebral infarction | 14 (0.6%) | 12 (0.5%) | 26 (0.5%) |
| Cerebral ischaemia | 28 (1.1%) | 26 (1.0%) | 54 (1.1%) |
| Cerebral microangiopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral small vessel ischaemic disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral ventricle dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebrospinal fluid circulation disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebrovascular accident | 6 (0.2%) | 13 (0.5%) | 19 (0.4%) |
| Cerebrovascular disorder | 44 (1.7%) | 34 (1.3%) | 78 (1.5%) |
| Cerebrovascular insufficiency | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cerebrovascular stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervical radiculopathy | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Cervicobrachial syndrome | 5 (0.2%) | 7 (0.3%) | 12 (0.2%) |
| Cervicogenic headache | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cluster headache | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cognitive disorder | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Coma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Complex regional pain syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cubital tunnel syndrome | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Decreased vibratory sense | 3 (0.1%) | 0 | 3 (<0.1%) |
| Dementia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dementia Alzheimer's type | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Demyelination | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic autonomic neuropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic coma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic encephalopathy | 8 (0.3%) | 11 (0.4%) | 19 (0.4%) |
| Diabetic mononeuropathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Diabetic neuropathy | 774 (30.5%) | 733 (29.0%) | 1507 (29.8%) |
| Disturbance in attention | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dizziness | 24 (0.9%) | 20 (0.8%) | 44 (0.9%) |
| Dizziness postural | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Dural arteriovenous fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysaesthesia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dysarthria | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Dyskinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Encephalopathy | 26 (1.0%) | 17 (0.7%) | 43 (0.8%) |
| Epilepsy | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| Essential tremor | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Facial paralysis | 18 (0.7%) | 17 (0.7%) | 35 (0.7%) |
| Facial paresis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Focal dyscognitive seizures | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Generalised tonic-clonic seizure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glossopharyngeal neuralgia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Guillain-Barre syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemorrhagic stroke | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Headache | 37 (1.5%) | 22 (0.9%) | 59 (1.2%) |
| Hemianaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hemianopia homonymous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hemiparaesthesia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hemiparesis | 9 (0.4%) | 12 (0.5%) | 21 (0.4%) |
| Hemiplegia | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Hippocampal sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hydrocephalus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypersomnia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypertensive encephalopathy | 0 | 4 (0.2%) | 4 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|----------------------------------|---------------|---------------|---------------|
| Preferred term | N=2538 (100%) | N=2525 (100%) | N=5063 (100%) |
| MedDRA version 23.1 | | | |
| Hypertonia | 24 (0.9%) | 18 (0.7%) | 42 (0.8%) |
| Hypoaesthesia | 11 (0.4%) | 17 (0.7%) | 28 (0.6%) |
| Hyporeflexia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iliad nerve paralysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intention tremor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intercostal neuralgia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Internal capsule infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intracranial aneurysm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ischaemic stroke | 231 (9.1%) | 236 (9.3%) | 467 (9.2%) |
| Lacunar infarction | 14 (0.6%) | 8 (0.3%) | 22 (0.4%) |
| Lacunar stroke | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lethargy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leukoencephalopathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Loss of consciousness | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lumbar radiculopathy | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Lumbosacral plexus lesion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lumbosacral radiculopathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Memory impairment | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Meralgia paraesthetica | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolic encephalopathy | 3 (0.1%) | 8 (0.3%) | 11 (0.2%) |
| Migraine | 12 (0.5%) | 19 (0.8%) | 31 (0.6%) |
| Migraine with aura | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mononeuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mononeuropathy multiplex | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Monoparesis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Monoplegia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Multiple sclerosis | 0 | 4 (0.2%) | 4 (<0.1%) |
| Myasthenia gravis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Myelopathy | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Myotonia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nerve compression | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Nervous system disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neuralgia | 13 (0.5%) | 8 (0.3%) | 21 (0.4%) |
| Neuralgic amyotrophy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neuritis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neuritis cranial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurodegenerative disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Neuromuscular pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neuropathy peripheral | 108 (4.3%) | 94 (3.7%) | 202 (4.0%) |
| Normal pressure hydrocephalus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Optic neuritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Orthostatic intolerance | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Paraesthesia | 9 (0.4%) | 16 (0.6%) | 25 (0.5%) |
| Paralysis recurrent laryngeal nerve | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Parkinson's disease | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Parkinsonism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parosmia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Partial seizures | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Perineurial cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Periodic limb movement disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral nerve lesion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Peripheral nerve paresthesia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Peripheral sensorimotor neuropathy | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |
| Peripheral sensory neuropathy | 8 (0.3%) | 10 (0.4%) | 18 (0.4%) |
| Peroneal nerve palsy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Petit mal epilepsy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Phantom limb syndrome | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Pineal gland cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polyneuropathy | 35 (1.4%) | 42 (1.7%) | 77 (1.5%) |
| Polyneuropathy chronic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post herpetic neuralgia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Post polio syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Posterior cortical atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Precerebral arteriosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Presyncope | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Quadrantanopia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radicular pain | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Radiculopathy | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Resting tremor | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Restless legs syndrome | 12 (0.5%) | 11 (0.4%) | 23 (0.5%) |
| Right hemisphere deficit syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sacral radiculopathy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sciatic nerve neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sciatica | 23 (0.9%) | 37 (1.5%) | 60 (1.2%) |
| Seizure | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Sensorimotor disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sensory disturbance | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Simple partial seizures | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sleep deficit | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Somnolence | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Spinal claudication | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal cord disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal cord herniation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subarachnoid haemorrhage | 0 | 3 (0.1%) | 3 (<0.1%) |
| Syncope | 9 (0.4%) | 6 (0.2%) | 15 (0.3%) |
| Taste disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tension headache | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Thalamic infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thoracic outlet syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tongue biting | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic encephalopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transient ischaemic attack | 44 (1.7%) | 30 (1.2%) | 74 (1.5%) |
| Transverse sinus thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tremor | 7 (0.3%) | 4 (0.2%) | 11 (0.2%) |
| Trigeminal neuralgia | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Vlth nerve disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vlth nerve paralysis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vascular dementia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular encephalopathy | 33 (1.3%) | 29 (1.1%) | 62 (1.2%) |
| Vertebral artery arteriosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vertebral artery occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral artery stenosis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Vertebrobasilar insufficiency | 5 (0.2%) | 8 (0.3%) | 13 (0.3%) |
| Vertigo CNS origin | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Visual field defect | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vocal cord paralysis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| White matter lesion | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pregnancy, puerperium and perinatal conditions | 6 (0.2%) | 9 (0.4%) | 15 (0.3%) |
| Abortion spontaneous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Delivery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectopic pregnancy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Gestational diabetes | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pre-eclampsia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Previous caesarean section | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Product issues | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Thrombosis in device | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psychiatric disorders | 335 (13.2%) | 362 (14.3%) | 697 (13.8%) |
| Adjustment disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Adjustment disorder with depressed mood | 0 | 3 (0.1%) | 3 (<0.1%) |
| Adjustment disorder with mixed anxiety and depressed mood | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Affective disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Agoraphobia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcohol abuse | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Alcohol use disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Alcoholism | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Anxiety | 65 (2.6%) | 80 (3.2%) | 145 (2.9%) |
| Anxiety disorder | 18 (0.7%) | 14 (0.6%) | 32 (0.6%) |
| Attention deficit hyperactivity disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bipolar disorder | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Borderline personality disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breathing-related sleep disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Claustrophobia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Depressed mood | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Depression | 145 (5.7%) | 161 (6.4%) | 306 (6.0%) |
| Disorientation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug abuse | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Drug dependence | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dyssomnia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enuresis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Generalised anxiety disorder | 8 (0.3%) | 4 (0.2%) | 12 (0.2%) |
| Hallucination | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Insomnia | 114 (4.5%) | 103 (4.1%) | 217 (4.3%) |
| Libido decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Major depression | 13 (0.5%) | 14 (0.6%) | 27 (0.5%) |
| Mental disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Mixed anxiety and depressive disorder | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Neurosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Nicotine dependence | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Nightmare | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Obsessive-compulsive disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Panic attack | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Panic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Persistent depressive disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Personality disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Polydipsia psychogenic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post-traumatic stress disorder | 7 (0.3%) | 9 (0.4%) | 16 (0.3%) |
| Premature ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Schizophrenia | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Schizophreniform disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sleep disorder | 17 (0.7%) | 18 (0.7%) | 35 (0.7%) |
| Social anxiety disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Somatic symptom disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stress | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Substance abuse | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Suicide attempt | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tobacco abuse | 10 (0.4%) | 7 (0.3%) | 17 (0.3%) |
| Renal and urinary disorders | 2538 (100.0%) | 2525 (100.0%) | 5063 (100.0%) |
| Acquired cystic kidney disease | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Acute kidney injury | 9 (0.4%) | 8 (0.3%) | 17 (0.3%) |
| Albuminuria | 136 (5.4%) | 146 (5.8%) | 282 (5.6%) |
| Azotaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bladder discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder prolapse | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Bladder spasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Calculus urinary | 29 (1.1%) | 22 (0.9%) | 51 (1.0%) |
| Chronic kidney disease | 2538 (100.0%) | 2525 (100.0%) | 5063 (100.0%) |
| Cystitis interstitial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Detrusor sphincter dyssynergia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic nephropathy | 156 (6.1%) | 185 (7.3%) | 341 (6.7%) |
| Dysuria | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| End stage renal disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Focal segmental glomerulosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Follicular cystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis acute | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis chronic | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Glomerulonephritis membranous | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Glomerulonephritis proliferative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glycosuria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haematuria | 13 (0.5%) | 16 (0.6%) | 29 (0.6%) |
| Hydronephrosis | 16 (0.6%) | 6 (0.2%) | 22 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hypercalciuria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypertensive nephropathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Hypertonic bladder | 11 (0.4%) | 14 (0.6%) | 25 (0.5%) |
| Hyperuricosuria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypocitraturia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| IgA nephropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intercapillary glomerulosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ketonuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Kidney congestion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney enlargement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney small | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lower urinary tract symptoms | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Mesangioproliferative glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Microalbuminuria | 71 (2.8%) | 87 (3.4%) | 158 (3.1%) |
| Micturition urgency | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Nephritic syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Nephritis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nephroangiosclerosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nephrolithiasis | 132 (5.2%) | 130 (5.1%) | 262 (5.2%) |
| Nephropathy | 11 (0.4%) | 5 (0.2%) | 16 (0.3%) |
| Nephropathy toxic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nephroptosis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Nephrosclerosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nephrotic syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Neurogenic bladder | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Nocturia | 15 (0.6%) | 10 (0.4%) | 25 (0.5%) |
| Obstructive nephropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oedematous kidney | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oliguria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pollakiuria | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Polyuria | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Post streptococcal glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Proteinuria | 102 (4.0%) | 116 (4.6%) | 218 (4.3%) |
| Pyelocaliectasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reduced bladder capacity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal artery arteriosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery stenosis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Renal atrophy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Renal colic | 15 (0.6%) | 14 (0.6%) | 29 (0.6%) |
| Renal cyst | 90 (3.5%) | 82 (3.2%) | 172 (3.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Renal disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renal failure | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Renal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal impairment | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Renal injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Single functional kidney | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stress urinary incontinence | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Tubulointerstitial nephritis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ureteric stenosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ureterocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureterolithiasis | 16 (0.6%) | 3 (0.1%) | 19 (0.4%) |
| Urethral disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urethral stenosis | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Urge incontinence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary bladder polyp | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary bladder varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary hesitation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urinary incontinence | 22 (0.9%) | 19 (0.8%) | 41 (0.8%) |
| Urinary retention | 1 (<0.1%) | 4 (0.2%) | 5 (<0.1%) |
| Urinary tract disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Urinary tract obstruction | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Urine abnormality | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Reproductive system and breast disorders | 448 (17.7%) | 432 (17.1%) | 880 (17.4%) |
| Acquired phimosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adenomyosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adnexa uteri cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Amenorrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Artificial menopause | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atrophic vulvovaginitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Azoospermia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Balanoposthitis | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Benign prostatic hyperplasia | 260 (10.2%) | 239 (9.5%) | 499 (9.9%) |
| Breast calcifications | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast cyst | 3 (0.1%) | 0 | 3 (<0.1%) |
| Breast disorder | 4 (0.2%) | 0 | 4 (<0.1%) |
| Breast enlargement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast fibrosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast hyperplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Breast mass | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Breast pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calculus prostatic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cervical dysplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cervical polyp | 3 (0.1%) | 0 | 3 (<0.1%) |
| Colpocele | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystocele | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Dysmenorrhoea | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Endometrial atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endometrial hyperplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Endometriosis | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Epididymal cyst | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Erectile dysfunction | 114 (4.5%) | 140 (5.5%) | 254 (5.0%) |
| Female genital tract fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Genital prolapse | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gynaecomastia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hydrosalpinx | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Infertility | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Infertility male | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Male reproductive tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopausal symptoms | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Menorrhagia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Menstruation irregular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Metrorrhagia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Organic erectile dysfunction | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Ovarian cyst | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Ovarian cyst ruptured | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian hyperfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic adhesions | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pelvic pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Penile oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Perineal pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peyronie's disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Polycystic ovaries | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Postmenopausal haemorrhage | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Premature menopause | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic calcification | 8 (0.3%) | 5 (0.2%) | 13 (0.3%) |
| Prostatic cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Prostatic disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Prostatic mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatic obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Prostatism | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |
| Prostatitis | 14 (0.6%) | 10 (0.4%) | 24 (0.5%) |
| Prostatomegaly | 13 (0.5%) | 13 (0.5%) | 26 (0.5%) |
| Rectocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reproductive tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retrograde ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal swelling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sexual dysfunction | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Spermatocoele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular swelling | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uterine disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine haemorrhage | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Uterine mass | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Uterine polyp | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Uterine prolapse | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vaginal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vaginal prolapse | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Varicocele | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vulval disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulval polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginal dryness | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vulvovaginal pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory, thoracic and mediastinal disorders | 545 (21.5%) | 526 (20.8%) | 1071 (21.2%) |
| Acquired diaphragmatic eventration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Acute interstitial pneumonitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acute pulmonary oedema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acute respiratory failure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adenoidal hypertrophy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Allergic bronchitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergic cough | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Allergic sinusitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Apnoea | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aspirin-exacerbated respiratory disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Asthma | 100 (3.9%) | 115 (4.6%) | 215 (4.2%) |
| Atelectasis | 4 (0.2%) | 0 | 4 (<0.1%) |
| Atrophic pharyngitis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Bronchial disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchial dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchial hyperreactivity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchiectasis | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Bronchitis chronic | 38 (1.5%) | 30 (1.2%) | 68 (1.3%) |
| Bronchopneumopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchospasm | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Catarrh | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Childhood asthma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic obstructive pulmonary disease | 134 (5.3%) | 150 (5.9%) | 284 (5.6%) |
| Chronic respiratory disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic respiratory failure | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Cough | 35 (1.4%) | 17 (0.7%) | 52 (1.0%) |
| Cough variant asthma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cystic lung disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dysphonia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dyspnoea | 22 (0.9%) | 16 (0.6%) | 38 (0.8%) |
| Dyspnoea exertional | 12 (0.5%) | 7 (0.3%) | 19 (0.4%) |
| Emphysema | 11 (0.4%) | 14 (0.6%) | 25 (0.5%) |
| Epiglottic cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epistaxis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Fibrinous bronchitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoptysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hiccups | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercapnia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperventilation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypoventilation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypoxia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Increased upper airway secretion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Interstitial lung disease | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Laryngeal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Laryngeal polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung disorder | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Lung hyperinflation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal congestion | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Nasal inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal polyps | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Nasal pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Nasal septum deviation | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Nasal turbinate hypertrophy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Obstructive airways disorder | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Oropharyngeal pain | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Orthopnoea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paranasal cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Paranasal sinus hypersecretion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Paranasal sinus inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pharyngeal fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngeal polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural effusion | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Pleural fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleurisy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Pneumonitis | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Pneumothorax | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pneumothorax spontaneous | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Productive cough | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary arterial hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary congestion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary embolism | 9 (0.4%) | 8 (0.3%) | 17 (0.3%) |
| Pulmonary fibrosis | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Pulmonary hypertension | 11 (0.4%) | 5 (0.2%) | 16 (0.3%) |
| Pulmonary mass | 16 (0.6%) | 14 (0.6%) | 30 (0.6%) |
| Pulmonary oedema | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Respiratory alkalosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory failure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Restrictive pulmonary disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis allergic | 43 (1.7%) | 56 (2.2%) | 99 (2.0%) |
| Rhinitis hypertrophic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis perennial | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Rhinorrhoea | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Sinus congestion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sinus disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Sleep apnoea syndrome | 174 (6.9%) | 175 (6.9%) | 349 (6.9%) |
| Snoring | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Tonsillar hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Upper-airway cough syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Vasomotor rhinitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vocal cord leukoplakia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vocal cord polyp | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vocal cord thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wheezing | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Skin and subcutaneous tissue disorders | 319 (12.6%) | 285 (11.3%) | 604 (11.9%) |
| Acanthosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acanthosis nigricans | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Acne | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Acquired digital fibrokeratoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Actinic keratosis | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Alopecia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Alopecia areata | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Androgenetic alopecia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angioedema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Asteatosis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Blister | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Brow ptosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chloasma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic pigmented purpura | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cutaneous amyloidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cutaneous lupus erythematosus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Decubitus ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dermal cyst | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Dermatitis | 16 (0.6%) | 10 (0.4%) | 26 (0.5%) |
| Dermatitis allergic | 5 (0.2%) | 7 (0.3%) | 12 (0.2%) |
| Dermatitis atopic | 8 (0.3%) | 6 (0.2%) | 14 (0.3%) |
| Dermatitis bullous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatitis contact | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| Dermatitis exfoliative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatitis psoriasiform | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic dermopathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diabetic foot | 58 (2.3%) | 57 (2.3%) | 115 (2.3%) |
| Diabetic ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug eruption | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug reaction with eosinophilia and systemic symptoms | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dry skin | 14 (0.6%) | 24 (1.0%) | 38 (0.8%) |
| Dyshidrotic eczema | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Eczema | 35 (1.4%) | 25 (1.0%) | 60 (1.2%) |
| Eczema asteatotic | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Eczema nummular | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Erythema | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Excessive skin | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hair disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hidradenitis | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Hirsutism | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperhidrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyperkeratosis | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Ingrowing nail | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Intertrigo | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ischaemic skin ulcer | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Keratosis pilaris | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Leukoderma | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Lichen planus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lichen sclerosus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lichenoid keratosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Linear IgA disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipodystrophy acquired | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipohypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Miliaria | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nail disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail hypertrophy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nail pigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neurodermatitis | 6 (0.2%) | 4 (0.2%) | 10 (0.2%) |
| Night sweats | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Onychalgia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Onychogryphosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Palmoplantar keratoderma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Palmoplantar pustulosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Papule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parapsoriasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Photosensitivity reaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pityriasis rosea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prurigo | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pruritus | 21 (0.8%) | 17 (0.7%) | 38 (0.8%) |
| Psoriasis | 36 (1.4%) | 41 (1.6%) | 77 (1.5%) |
| Pyoderma gangrenosum | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rash | 8 (0.3%) | 7 (0.3%) | 15 (0.3%) |
| Rash papular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Rash pruritic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rosacea | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Sebaceous hyperplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoea | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Seborrhoeic dermatitis | 14 (0.6%) | 8 (0.3%) | 22 (0.4%) |
| Segmented hyalinising vasculitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Senile xerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin discolouration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin dystrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin exfoliation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin hyperpigmentation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Skin hypopigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin lesion | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Skin maceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin plaque | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin striae | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin ulcer | 29 (1.1%) | 22 (0.9%) | 51 (1.0%) |
| Skin warm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Solar dermatitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Solar lentigo | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stasis dermatitis | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Telangiectasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urticaria | 9 (0.4%) | 6 (0.2%) | 15 (0.3%) |
| Urticaria chronic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vascular skin disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitiligo | 6 (0.2%) | 2 (<0.1%) | 8 (0.2%) |
| Xanthelasma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Xeroderma | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Social circumstances | 144 (5.7%) | 133 (5.3%) | 277 (5.5%) |
| Alcohol use | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Caffeine consumption | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corrective lens user | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Disease risk factor | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug abuser | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Edentulous | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ex-alcoholic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ex-tobacco user | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Exercise lack of | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial risk factor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopause | 100 (3.9%) | 90 (3.6%) | 190 (3.8%) |
| Parity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postmenopause | 25 (1.0%) | 30 (1.2%) | 55 (1.1%) |
| Tobacco user | 10 (0.4%) | 11 (0.4%) | 21 (0.4%) |
| Surgical and medical procedures | 875 (34.5%) | 857 (33.9%) | 1732 (34.2%) |
| Abdominal hernia repair | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Abdominal wall operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abdominoplasty | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Abscess drainage | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Adenoidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Adenotonsillectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adrenalectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Amputation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anal fissure excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal fistula repair | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anal sphincterotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Androgen replacement therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angioplasty | 17 (0.7%) | 12 (0.5%) | 29 (0.6%) |
| Ankle arthroplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ankle operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anorectal operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Antibiotic therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aorta coarctation repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic aneurysm repair | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Aortic bypass | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Aortic valve repair | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Aortic valve replacement | 11 (0.4%) | 8 (0.3%) | 19 (0.4%) |
| Appendectomy | 82 (3.2%) | 110 (4.4%) | 192 (3.8%) |
| Arterial repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arterial stent insertion | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Arteriovenous fistula operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthrodesis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Benign breast lump removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder calculus removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder catheter permanent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder catheter temporary | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder repair | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Blepharoplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bone graft | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone marrow transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Brachytherapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast conserving surgery | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Breast cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast reconstruction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bunion operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Caesarean section | 18 (0.7%) | 13 (0.5%) | 31 (0.6%) |
| Cancer surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac ablation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac pacemaker insertion | 14 (0.6%) | 19 (0.8%) | 33 (0.7%) |
| Cardiac pacemaker replacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiopulmonary bypass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardioversion | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Carotid angioplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid endarterectomy | 21 (0.8%) | 24 (1.0%) | 45 (0.9%) |
| Carpal tunnel decompression | 16 (0.6%) | 8 (0.3%) | 24 (0.5%) |
| Cataract operation | 68 (2.7%) | 102 (4.0%) | 170 (3.4%) |
| Catheter placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chemoneurololysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest wall operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cholecystectomy | 131 (5.2%) | 126 (5.0%) | 257 (5.1%) |
| Cholelithotomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cholesteatoma removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Circumcision | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Colectomy | 7 (0.3%) | 3 (0.1%) | 10 (0.2%) |
| Colectomy total | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Colorectostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colostomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Colostomy closure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colporrhaphy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Corneal operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary angioplasty | 26 (1.0%) | 32 (1.3%) | 58 (1.1%) |
| Coronary arterial stent insertion | 81 (3.2%) | 56 (2.2%) | 137 (2.7%) |
| Coronary artery bypass | 63 (2.5%) | 71 (2.8%) | 134 (2.6%) |
| Coronary revascularisation | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cox-Maze procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cranial operation | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cyst removal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Cystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Debridement | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Dental prosthesis placement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetes mellitus management | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dialysis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Duodenal ulcer repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Duodeno-jejunal bypass sleeve therapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dupuytren's contracture operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Elbow operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endarterectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endarterectomy of aorta | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endocarditis prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endovenous ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epidermoid cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eventration repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Explorative laparotomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye laser surgery | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| Eye operation | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Eye prosthesis insertion | 3 (0.1%) | 0 | 3 (<0.1%) |
| Eyelid operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Facetectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fallopian tube operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fasciotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Female sterilisation | 23 (0.9%) | 19 (0.8%) | 42 (0.8%) |
| Finger amputation | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Finger repair operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fistula repair | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Foot amputation | 9 (0.4%) | 7 (0.3%) | 16 (0.3%) |
| Foot operation | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Gallbladder operation | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Gastrectomy | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Gastric banding | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Gastric bypass | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Gastric electrical stimulation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric stapling | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastric ulcer surgery | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal endoscopic therapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Glaucoma surgery | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Haemorrhoid operation | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Haemostasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hand amputation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hand repair operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hearing aid therapy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Heart transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart valve replacement | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hepatectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B immunisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia hiatus repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia repair | 7 (0.3%) | 13 (0.5%) | 20 (0.4%) |
| High frequency ablation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hip arthroplasty | 18 (0.7%) | 17 (0.7%) | 35 (0.7%) |
| Hip surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hydrocele operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hysterectomy | 67 (2.6%) | 61 (2.4%) | 128 (2.5%) |
| Hysterosalpingo-oophorectomy | 7 (0.3%) | 6 (0.2%) | 13 (0.3%) |
| Ileocolostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileojunal bypass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ileostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Implantable cardiac monitor insertion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Implantable defibrillator insertion | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Incisional drainage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Incisional hernia repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Inguinal hernia repair | 25 (1.0%) | 24 (1.0%) | 49 (1.0%) |
| Internal fixation of fracture | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Internal fixation of spine | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Internal limiting membrane peeling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc operation | 16 (0.6%) | 10 (0.4%) | 26 (0.5%) |
| Intestinal polypectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal resection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intra-cerebral aneurysm operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intra-ocular injection | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Intra-uterine contraceptive device insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraocular lens implant | 17 (0.7%) | 16 (0.6%) | 33 (0.7%) |
| Intravitreal implant | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint arthroplasty | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Knee arthroplasty | 28 (1.1%) | 27 (1.1%) | 55 (1.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Knee operation | 10 (0.4%) | 11 (0.4%) | 21 (0.4%) |
| Lacrimal duct procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laparotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Large intestinal polypectomy | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Large intestine anastomosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laser therapy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Leg amputation | 19 (0.7%) | 20 (0.8%) | 39 (0.8%) |
| Lens extraction | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Lenticular operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ligament operation | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Limb operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipectomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lipoma excision | 3 (0.1%) | 4 (0.2%) | 7 (0.1%) |
| Liposuction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lithotripsy | 8 (0.3%) | 3 (0.1%) | 11 (0.2%) |
| Lung lobectomy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Lymphadenectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Manual lymphatic drainage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mass excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Mastectomy | 7 (0.3%) | 3 (0.1%) | 10 (0.2%) |
| Mastoidectomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Maxillary antrum operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical device removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meningioma surgery | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Meniscus operation | 4 (0.2%) | 3 (0.1%) | 7 (0.1%) |
| Meniscus removal | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Metabolic surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metatarsal excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mitral valve repair | 0 | 3 (0.1%) | 3 (<0.1%) |
| Mole excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple drug therapy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Muscle operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Myomectomy | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Nail operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal polypectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nasal septal operation | 4 (0.2%) | 1 (<0.1%) | 5 (<0.1%) |
| Nephrectomy | 12 (0.5%) | 13 (0.5%) | 25 (0.5%) |
| Nephrostomy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Nerve block | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurolysis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Oesophageal dilation procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophagogastric fundoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Omentectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oophorectomy | 6 (0.2%) | 2 (<0.1%) | 8 (0.2%) |
| Oophorectomy bilateral | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Ophthalmic fluid-air exchange procedure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Orchidectomy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Ostectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian cystectomy | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Ovarian operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palatoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatectomy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Pancreatic cyst drainage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic stent placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Papilloma excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Parathyroidectomy | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Parotidectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile prosthesis insertion | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Percutaneous coronary intervention | 18 (0.7%) | 21 (0.8%) | 39 (0.8%) |
| Perineoplasty | 4 (0.2%) | 2 (<0.1%) | 6 (0.1%) |
| Peripheral artery angioplasty | 12 (0.5%) | 12 (0.5%) | 24 (0.5%) |
| Peripheral artery bypass | 13 (0.5%) | 12 (0.5%) | 25 (0.5%) |
| Peripheral artery stent insertion | 10 (0.4%) | 11 (0.4%) | 21 (0.4%) |
| Peripheral endarterectomy | 8 (0.3%) | 1 (<0.1%) | 9 (0.2%) |
| Peripheral nerve decompression | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Peripheral revascularisation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Permanent cosmetic dermapigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Phlebectomy | 11 (0.4%) | 8 (0.3%) | 19 (0.4%) |
| Photocoagulation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Photorefractive keratectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pilonidal sinus repair | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pituitary tumour removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polypectomy | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Proctectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Profundoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prolapse repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatectomy | 8 (0.3%) | 6 (0.2%) | 14 (0.3%) |
| Prostatic operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prosthesis implantation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Prosthetic vessel implantation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pterygium operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pulmonary resection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Radical hysterectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radical prostatectomy | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Radiotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radiotherapy to pharynx | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rectal polypectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal artery stent placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal replacement therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal stone removal | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| Renal surgery | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal sympathetic nerve ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal cryoablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal laser coagulation | 10 (0.4%) | 15 (0.6%) | 25 (0.5%) |
| Retinal operation | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Retinopexy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retro-pubic prostatectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Revascularisation procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rotator cuff repair | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Roux loop conversion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salivary gland resection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salpingectomy | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Salpingo-oophorectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salpingo-oophorectomy bilateral | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Salpingo-oophorectomy unilateral | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Scar excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sclerotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sebaceous cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Shoulder arthroplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Shoulder operation | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Sigmoidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sinuplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinus operation | 0 | 3 (0.1%) | 3 (<0.1%) |
| Skin cyst excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin graft | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Skin neoplasm excision | 7 (0.3%) | 6 (0.2%) | 13 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---------------------------------|---------------|---------------|---------------|
| Preferred term | N=2538 (100%) | N=2525 (100%) | N=5063 (100%) |
| MedDRA version 23.1 | | | |
| Skin operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Small intestinal anastomosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal decompression | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Spinal fusion surgery | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Spinal laminectomy | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Spinal operation | 7 (0.3%) | 5 (0.2%) | 12 (0.2%) |
| Spinal rod insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenectomy | 4 (0.2%) | 7 (0.3%) | 11 (0.2%) |
| Stent placement | 11 (0.4%) | 18 (0.7%) | 29 (0.6%) |
| Stent removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sterilisation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Strabismus correction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subdural haematoma evacuation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sympathectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synovial cyst removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tendon sheath incision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tenoplasty | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Testicular operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Testicular prosthesis insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thrombectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thromboembolectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thrombolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thrombosis prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thymectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid adenoma removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid nodule removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thyroidectomy | 19 (0.7%) | 22 (0.9%) | 41 (0.8%) |
| Toe amputation | 44 (1.7%) | 27 (1.1%) | 71 (1.4%) |
| Toe operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tonsillectomy | 28 (1.1%) | 30 (1.2%) | 58 (1.1%) |
| Tooth extraction | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Trabeculectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Transfusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transurethral bladder resection | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Transurethral prostatectomy | 10 (0.4%) | 9 (0.4%) | 19 (0.4%) |
| Tricuspid valve repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Turbinectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Turbinoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|--------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tympanoplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Umbilical hernia repair | 11 (0.4%) | 11 (0.4%) | 22 (0.4%) |
| Ureteral stent insertion | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Ureteric calculus removal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ureteroceleotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureterolithotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteroneocystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urethral operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary bladder suspension | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Urinary cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary tract operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urostomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Uterine cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine dilation and curettage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine polypectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vaginal cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Varicocele repair | 0 | 3 (0.1%) | 3 (<0.1%) |
| Varicose vein operation | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Vascular graft | 8 (0.3%) | 4 (0.2%) | 12 (0.2%) |
| Vascular operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vascular stent insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasectomy | 11 (0.4%) | 12 (0.5%) | 23 (0.5%) |
| Vasodilation procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous angioplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventriculo-peritoneal shunt | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vertebroplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vision correction operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitamin supplementation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitrectomy | 18 (0.7%) | 17 (0.7%) | 35 (0.7%) |
| Vocal cord operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vocal cord polypectomy | 2 (<0.1%) | 4 (0.2%) | 6 (0.1%) |
| Wisdom teeth removal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Wound treatment | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wrist surgery | 3 (0.1%) | 0 | 3 (<0.1%) |
| Vascular disorders | 2444 (96.3%) | 2429 (96.2%) | 4873 (96.2%) |
| Aneurysm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiopathy | 5 (0.2%) | 3 (0.1%) | 8 (0.2%) |
| Angiosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic aneurysm | 7 (0.3%) | 14 (0.6%) | 21 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Aortic arteriosclerosis | 49 (1.9%) | 42 (1.7%) | 91 (1.8%) |
| Aortic dilatation | 2 (<0.1%) | 6 (0.2%) | 8 (0.2%) |
| Aortic disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic dissection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aortic stenosis | 22 (0.9%) | 16 (0.6%) | 38 (0.8%) |
| Aortic thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arterial disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Arterial insufficiency | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Arterial occlusive disease | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Arterial stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Arterial wall hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arteriosclerosis | 47 (1.9%) | 43 (1.7%) | 90 (1.8%) |
| Arteriosclerosis Moenckeberg-type | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriovenous fistula | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arteritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Brachiocephalic arteriosclerosis | 2 (<0.1%) | 8 (0.3%) | 10 (0.2%) |
| Deep vein thrombosis | 12 (0.5%) | 23 (0.9%) | 35 (0.7%) |
| Diabetic macroangiopathy | 6 (0.2%) | 8 (0.3%) | 14 (0.3%) |
| Diabetic microangiopathy | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Diabetic vascular disorder | 90 (3.5%) | 81 (3.2%) | 171 (3.4%) |
| Dry gangrene | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Embolism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Essential hypertension | 65 (2.6%) | 78 (3.1%) | 143 (2.8%) |
| Extremity necrosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Haematoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemorrhagic vasculitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hot flush | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypertension | 2352 (92.7%) | 2326 (92.1%) | 4678 (92.4%) |
| Hypertensive angiopathy | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Hypertensive crisis | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Hypertensive emergency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypotension | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypovolaemic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iliac artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iliac artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intermittent claudication | 23 (0.9%) | 25 (1.0%) | 48 (0.9%) |
| Lymphangiectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphoedema | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Macroangiopathy | 4 (0.2%) | 5 (0.2%) | 9 (0.2%) |
| Microangiopathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---------------------------------------|---------------|---------------|---------------|
| Preferred term | N=2538 (100%) | N=2525 (100%) | N=5063 (100%) |
| MedDRA version 23.1 | | | |
| Orthostatic hypotension | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Pelvic venous thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arterial occlusive disease | 339 (13.4%) | 324 (12.8%) | 663 (13.1%) |
| Peripheral artery aneurysm | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Peripheral artery occlusion | 5 (0.2%) | 4 (0.2%) | 9 (0.2%) |
| Peripheral artery stenosis | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Peripheral artery thrombosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Peripheral ischaemia | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Peripheral vascular disorder | 29 (1.1%) | 19 (0.8%) | 48 (0.9%) |
| Peripheral venous disease | 53 (2.1%) | 39 (1.5%) | 92 (1.8%) |
| Phlebitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post thrombotic syndrome | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Raynaud's phenomenon | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subclavian artery occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subclavian artery stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subgaleal haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Supra-aortic trunk sclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Systolic hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Takayasu's arteritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thrombophlebitis | 3 (0.1%) | 5 (0.2%) | 8 (0.2%) |
| Thrombosis | 4 (0.2%) | 4 (0.2%) | 8 (0.2%) |
| Varicophlebitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varicose ulceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Varicose vein | 77 (3.0%) | 82 (3.2%) | 159 (3.1%) |
| Vasoconstriction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasodilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vein disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Venous occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous thrombosis limb | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| White coat hypertension | 4 (0.2%) | 6 (0.2%) | 10 (0.2%) |

Medical history findings are sorted in alphabetical order by primary SOC and preferred term.

A subject is counted only once within each preferred term or any primary SOC.

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4.6 Concomitant medication

Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Drug grouping | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 1850 (72.9%) | 1887 (74.7%) | 3737 (73.8%) |
| ACEI | 353 (13.9%) | 368 (14.6%) | 721 (14.2%) |
| ARB | 549 (21.6%) | 574 (22.7%) | 1123 (22.2%) |
| RAS-inhibitors | 816 (32.2%) | 836 (33.1%) | 1652 (32.6%) |
| Beta-blocker | 552 (21.7%) | 568 (22.5%) | 1120 (22.1%) |
| Diuretics | 773 (30.5%) | 828 (32.8%) | 1601 (31.6%) |
| Loop diuretics | 447 (17.6%) | 513 (20.3%) | 960 (19.0%) |
| Thiazide diuretics | 256 (10.1%) | 293 (11.6%) | 549 (10.8%) |
| Potassium supplements | 157 (6.2%) | 188 (7.4%) | 345 (6.8%) |
| Potassium lowering agents (including binders) | 83 (3.3%) | 48 (1.9%) | 131 (2.6%) |
| Alpha blocking agents | 588 (23.2%) | 607 (24.0%) | 1195 (23.6%) |
| Calcium channel blockers | 683 (26.9%) | 755 (29.9%) | 1438 (28.4%) |
| Centrally acting antihypertensives | 97 (3.8%) | 119 (4.7%) | 216 (4.3%) |
| Strong CYP3A4 inhibitors | 118 (4.6%) | 128 (5.1%) | 246 (4.9%) |
| Moderate CYP3A4 inhibitors | 306 (12.1%) | 332 (13.1%) | 638 (12.6%) |
| Weak CYP3A4 inhibitors | 905 (35.7%) | 902 (35.7%) | 1807 (35.7%) |
| Unclassified CYP3A4 inhibitors | 104 (4.1%) | 112 (4.4%) | 216 (4.3%) |
| Strong CYP3A4 inducers | 30 (1.2%) | 33 (1.3%) | 63 (1.2%) |
| Moderate CYP3A4 inducers | 181 (7.1%) | 180 (7.1%) | 361 (7.1%) |
| Weak CYP3A4 inducers | 143 (5.6%) | 134 (5.3%) | 277 (5.5%) |
| Unclassified CYP3A4 inducers | 86 (3.4%) | 93 (3.7%) | 179 (3.5%) |
| Oral anticoagulants | 178 (7.0%) | 175 (6.9%) | 353 (7.0%) |
| Acetylsalicylic acid and its salts | 382 (15.1%) | 378 (15.0%) | 760 (15.0%) |
| Statins | 723 (28.5%) | 662 (26.2%) | 1385 (27.4%) |
| Erythropoietin stimulating agents | 30 (1.2%) | 38 (1.5%) | 68 (1.3%) |
| NSAIDs (excluding acetylsalicylic acid) | 729 (28.7%) | 757 (30.0%) | 1486 (29.4%) |
| ARNIs | 7 (0.3%) | 7 (0.3%) | 14 (0.3%) |
| Potassium-sparing diuretics | 138 (5.4%) | 161 (6.4%) | 299 (5.9%) |
| Platelet aggregation inhibitors (excluding heparin) | 560 (22.1%) | 563 (22.3%) | 1123 (22.2%) |
| Trimethoprim and derivatives | 63 (2.5%) | 70 (2.8%) | 133 (2.6%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m²)

| Drug grouping | BAY 94-8862 N=2538 (100%) | Placebo N=2525 (100%) | Total N=5063 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 1498 (59.0%) | 1560 (61.8%) | 3058 (60.4%) |
| Insulins and analogues | 999 (39.4%) | 1018 (40.3%) | 2017 (39.8%) |
| Dipeptidyl peptidase 4 inhibitors | 386 (15.2%) | 359 (14.2%) | 745 (14.7%) |
| Glucagon-like peptide-1(GLP1) agonists | 275 (10.8%) | 265 (10.5%) | 540 (10.7%) |
| SGLT-2 inhibitors | 432 (17.0%) | 451 (17.9%) | 883 (17.4%) |
| Biguanides | 713 (28.1%) | 690 (27.3%) | 1403 (27.7%) |
| Sulfonylureas | 319 (12.6%) | 327 (13.0%) | 646 (12.8%) |
| Alpha glucosidase inhibitors | 103 (4.1%) | 97 (3.8%) | 200 (4.0%) |
| Meglitinides | 61 (2.4%) | 46 (1.8%) | 107 (2.1%) |
| Thiazolidinediones | 77 (3.0%) | 70 (2.8%) | 147 (2.9%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adcm.sas 26JAN2023 15:37

End of table

Table of contents

| | |
|---|----|
| 1.2.1 Time-to-event analyses | 24 |
| Table 1.2.1 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 25 |
| Table 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 26 |
| Table 1.2.1 / 3: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 31 |
| Table 1.2.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 32 |
| Table 1.2.1 / 5: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 34 |
| Table 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 35 |
| Table 1.2.1 / 7: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 37 |
| Table 1.2.1 / 8: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 38 |
| Table 1.2.1 / 9: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 40 |
| Table 1.2.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 41 |
| Table 1.2.1 / 11: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 44 |
| Table 1.2.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 45 |
| Table 1.2.1 / 13: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 49 |

| | |
|---|----|
| Table 1.2.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 50 |
| Table 1.2.1 / 15: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 52 |
| Table 1.2.1 / 16: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 53 |
| Table 1.2.1 / 17: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 55 |
| Table 1.2.1 / 18: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 56 |
| Table 1.2.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 57 |
| Table 1.2.1 / 20: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 58 |
| Table 1.2.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 59 |
| Table 1.2.1 / 22: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 64 |
| Table 1.2.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 65 |
| Table 1.2.1 / 24: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 67 |
| Table 1.2.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 68 |
| Table 1.2.1 / 26: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 70 |
| Table 1.2.1 / 27: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard | |

| | | |
|-------------------|---|----|
| | Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 71 |
| Table 1.2.1 / 28: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 73 |
| Table 1.2.1 / 29: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 74 |
| Table 1.2.1 / 30: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 77 |
| Table 1.2.1 / 31: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 78 |
| Table 1.2.1 / 32: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 82 |
| Table 1.2.1 / 33: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 83 |
| Table 1.2.1 / 34: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 85 |
| Table 1.2.1 / 35: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 86 |
| Table 1.2.1 / 36: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 88 |
| Table 1.2.1 / 37: | Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 89 |
| Table 1.2.1 / 38: | Time to onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 90 |
| Table 1.2.1 / 39: | Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 91 |

| | |
|---|-----|
| Table 1.2.1 / 40: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 92 |
| Table 1.2.1 / 41: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 97 |
| Table 1.2.1 / 42: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 98 |
| Table 1.2.1 / 43: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 100 |
| Table 1.2.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 101 |
| Table 1.2.1 / 45: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 103 |
| Table 1.2.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 104 |
| Table 1.2.1 / 47: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 106 |
| Table 1.2.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 107 |
| Table 1.2.1 / 49: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 110 |
| Table 1.2.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 111 |
| Table 1.2.1 / 51: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 115 |
| Table 1.2.1 / 52: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 116 |
| Table 1.2.1 / 53: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 118 |
| Table 1.2.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 119 |

| | |
|---|-----|
| Table 1.2.1 / 55: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 121 |
| Table 1.2.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 122 |
| Table 1.2.1 / 57: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 123 |
| Table 1.2.1 / 58: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 124 |
| Table 1.2.1 / 59: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 125 |
| Table 1.2.1 / 60: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 126 |
| Table 1.2.1 / 61: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 127 |
| Table 1.2.1 / 62: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 128 |
| Table 1.2.1 / 63: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 129 |
| Table 1.2.1 / 64: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 130 |
| Table 1.2.1 / 65: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 135 |
| Table 1.2.1 / 66: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 136 |
| Table 1.2.1 / 67: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 138 |
| Table 1.2.1 / 68: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 139 |
| Table 1.2.1 / 69: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup History of CVD | |

| | |
|--|-----|
| (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 141 |
| Table 1.2.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 142 |
| Table 1.2.1 / 71: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 144 |
| Table 1.2.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 145 |
| Table 1.2.1 / 73: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 148 |
| Table 1.2.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 149 |
| Table 1.2.1 / 75: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 153 |
| Table 1.2.1 / 76: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 154 |
| Table 1.2.1 / 77: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 156 |
| Table 1.2.1 / 78: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 157 |
| Table 1.2.1 / 79: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 159 |
| Table 1.2.1 / 80: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 160 |
| Table 1.2.1 / 81: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 161 |
| Table 1.2.1 / 82: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 162 |

| | |
|--|-----|
| Table 1.2.1 / 83: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 163 |
| Table 1.2.1 / 84: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 164 |
| Table 1.2.1 / 85: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 165 |
| Table 1.2.1 / 86: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 166 |
| Table 1.2.1 / 87: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 167 |
| Table 1.2.1 / 88: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 172 |
| Table 1.2.1 / 89: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 173 |
| Table 1.2.1 / 90: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 175 |
| Table 1.2.1 / 91: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 176 |
| Table 1.2.1 / 92: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 178 |
| Table 1.2.1 / 93: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 179 |
| Table 1.2.1 / 94: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 181 |
| Table 1.2.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 182 |
| Table 1.2.1 / 96: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure | |

| | |
|---|-----|
| (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 185 |
| Table 1.2.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 186 |
| Table 1.2.1 / 98: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 190 |
| Table 1.2.1 / 99: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 191 |
| Table 1.2.1 / 100: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 193 |
| Table 1.2.1 / 101: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 194 |
| Table 1.2.1 / 102: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 196 |
| Table 1.2.1 / 103: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 197 |
| Table 1.2.1 / 104: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 198 |
| Table 1.2.1 / 105: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 199 |
| Table 1.2.1 / 106: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 200 |
| Table 1.2.1 / 107: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 205 |
| Table 1.2.1 / 108: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 206 |
| Table 1.2.1 / 109: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 208 |
| Table 1.2.1 / 110: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 209 |

| | |
|--|-----|
| Table 1.2.1 / 111: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 211 |
| Table 1.2.1 / 112: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 212 |
| Table 1.2.1 / 113: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 214 |
| Table 1.2.1 / 114: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 215 |
| Table 1.2.1 / 115: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 218 |
| Table 1.2.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 219 |
| Table 1.2.1 / 117: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 223 |
| Table 1.2.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 224 |
| Table 1.2.1 / 119: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 226 |
| Table 1.2.1 / 120: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 227 |
| Table 1.2.1 / 121: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 229 |
| Table 1.2.1 / 122: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 230 |
| Table 1.2.1 / 123: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 231 |
| Table 1.2.1 / 124: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 232 |
| Table 1.2.1 / 125: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank | |

| | |
|---|-----|
| test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 233 |
| Table 1.2.1 / 126: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 238 |
| Table 1.2.1 / 127: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 239 |
| Table 1.2.1 / 128: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 241 |
| Table 1.2.1 / 129: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 242 |
| Table 1.2.1 / 130: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 244 |
| Table 1.2.1 / 131: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 245 |
| Table 1.2.1 / 132: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 247 |
| Table 1.2.1 / 133: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 248 |
| Table 1.2.1 / 134: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 251 |
| Table 1.2.1 / 135: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 252 |
| Table 1.2.1 / 136: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 256 |
| Table 1.2.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank | |

| | |
|--|-----|
| test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 257 |
| Table 1.2.1 / 138: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 259 |
| Table 1.2.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 260 |
| Table 1.2.1 / 140: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 262 |
| Table 1.2.1 / 141: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 263 |
| Table 1.2.1 / 142: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 264 |
| Table 1.2.1 / 143: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 265 |
| Table 1.2.1 / 144: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 266 |
| Table 1.2.1 / 145: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 271 |
| Table 1.2.1 / 146: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 272 |
| Table 1.2.1 / 147: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 274 |
| Table 1.2.1 / 148: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 275 |
| Table 1.2.1 / 149: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 277 |
| Table 1.2.1 / 150: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 278 |

| | |
|--|-----|
| Table 1.2.1 / 151: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 280 |
| Table 1.2.1 / 152: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 281 |
| Table 1.2.1 / 153: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 284 |
| Table 1.2.1 / 154: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 285 |
| Table 1.2.1 / 155: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 289 |
| Table 1.2.1 / 156: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 290 |
| Table 1.2.1 / 157: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 292 |
| Table 1.2.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 293 |
| Table 1.2.1 / 159: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 295 |
| Table 1.2.1 / 160: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 296 |
| Table 1.2.1 / 161: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 297 |
| Table 1.2.1 / 162: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 298 |
| Figure 1.2.1 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 299 |
| Figure 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 300 |
| Figure 1.2.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 305 |
| Figure 1.2.1 / 4: Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 307 |

| | |
|--|-----|
| Figure 1.2.1 / 5: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 309 |
| Figure 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 311 |
| Figure 1.2.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 314 |
| Figure 1.2.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 318 |
| Figure 1.2.1 / 9: Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 320 |
| Figure 1.2.1 / 10: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 322 |
| Figure 1.2.1 / 11: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 323 |
| Figure 1.2.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 324 |
| Figure 1.2.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 329 |
| Figure 1.2.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 331 |
| Figure 1.2.1 / 15: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 333 |
| Figure 1.2.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 335 |
| Figure 1.2.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 338 |
| Figure 1.2.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 342 |
| Figure 1.2.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 344 |

| | |
|---|-----|
| Figure 1.2.1 / 20: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 346 |
| Figure 1.2.1 / 21: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 347 |
| Figure 1.2.1 / 22: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 352 |
| Figure 1.2.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 354 |
| Figure 1.2.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 356 |
| Figure 1.2.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 358 |
| Figure 1.2.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 361 |
| Figure 1.2.1 / 27: Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 365 |
| Figure 1.2.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 367 |
| Figure 1.2.1 / 29: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 369 |
| Figure 1.2.1 / 30: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 370 |
| Figure 1.2.1 / 31: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 371 |
| Figure 1.2.1 / 32: Time to renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 372 |
| Figure 1.2.1 / 33: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 373 |
| Figure 1.2.1 / 34: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 374 |
| Figure 1.2.1 / 35: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 375 |
| Figure 1.2.1 / 36: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 380 |

| | |
|--|-----|
| Figure 1.2.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 382 |
| Figure 1.2.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 384 |
| Figure 1.2.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 386 |
| Figure 1.2.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 389 |
| Figure 1.2.1 / 41: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 393 |
| Figure 1.2.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 395 |
| Figure 1.2.1 / 43: Time to CV death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 397 |
| Figure 1.2.1 / 44: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 398 |
| Figure 1.2.1 / 45: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 399 |
| Figure 1.2.1 / 46: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 400 |
| Figure 1.2.1 / 47: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 401 |
| Figure 1.2.1 / 48: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR \geq 60 ml/min/1.73m ²) | 402 |
| Figure 1.2.1 / 49: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 407 |
| Figure 1.2.1 / 50: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 409 |
| Figure 1.2.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 411 |
| Figure 1.2.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 413 |
| Figure 1.2.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 416 |

| | |
|--|-----|
| Figure 1.2.1 / 54: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 420 |
| Figure 1.2.1 / 55: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 422 |
| Figure 1.2.1 / 56: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 424 |
| Figure 1.2.1 / 57: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 425 |
| Figure 1.2.1 / 58: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 430 |
| Figure 1.2.1 / 59: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 432 |
| Figure 1.2.1 / 60: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 434 |
| Figure 1.2.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 436 |
| Figure 1.2.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 439 |
| Figure 1.2.1 / 63: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 443 |
| Figure 1.2.1 / 64: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 445 |
| Figure 1.2.1 / 65: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 447 |
| Figure 1.2.1 / 66: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 448 |
| Figure 1.2.1 / 67: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 453 |
| Figure 1.2.1 / 68: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 455 |
| Figure 1.2.1 / 69: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)..... | 457 |

| | |
|---|-----|
| Figure 1.2.1 / 70: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 | 459 |
| Figure 1.2.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 462 |
| Figure 1.2.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 466 |
| Figure 1.2.1 / 73: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 468 |
| Figure 1.2.1 / 74: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 470 |
| Figure 1.2.1 / 75: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 471 |
| Figure 1.2.1 / 76: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 476 |
| Figure 1.2.1 / 77: Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 478 |
| Figure 1.2.1 / 78: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 480 |
| Figure 1.2.1 / 79: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 482 |
| Figure 1.2.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 485 |
| Figure 1.2.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 489 |
| Figure 1.2.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 491 |
| 1.2.2 Forest plots for time-to-event Analyses | 493 |
| Figure 1.2.2 / 1: Forest plot of all-cause mortality: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 494 |
| Figure 1.2.2 / 2: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 40\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 495 |
| Figure 1.2.2 / 3: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal | |

| | |
|--|-----|
| death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 496 |
| Figure 1.2.2 / 4: Forest plot of onset of kidney failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 497 |
| Figure 1.2.2 / 5: Forest plot of end-stage renal disease: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 498 |
| Figure 1.2.2 / 6: Forest plot of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 499 |
| Figure 1.2.2 / 7: Forest plot of a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 500 |
| Figure 1.2.2 / 8: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 501 |
| Figure 1.2.2 / 9: Forest plot of cardiovascular (CV) death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 502 |
| Figure 1.2.2 / 10: Forest plot of non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 503 |
| Figure 1.2.2 / 11: Forest plot of non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 504 |
| Figure 1.2.2 / 12: Forest plot of hospitalization due to heart failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 505 |
| Figure 1.2.2 / 13: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 506 |
| Figure 1.2.2 / 14: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 507 |
| Figure 1.2.2 / 15: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 508 |
| Figure 1.2.2 / 16: Forest plot of all-cause hospitalization: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 509 |
| Figure 1.2.2 / 17: Forest plot of Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 510 |
| Figure 1.2.2 / 18: Forest plot of all-cause mortality: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 511 |
| Figure 1.2.2 / 19: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal | |

| | |
|--|-----|
| death: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 512 |
| Figure 1.2.2 / 20: Forest plot of onset of kidney failure: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 513 |
| Figure 1.2.2 / 21: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 514 |
| Figure 1.2.2 / 22: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 515 |
| Figure 1.2.2 / 23: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 516 |
| Figure 1.2.2 / 24: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 517 |
| Figure 1.2.2 / 25: Forest plot of all-cause hospitalization: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 518 |
| Figure 1.2.2 / 26: Forest plot of all-cause mortality: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 519 |
| Figure 1.2.2 / 27: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 520 |
| Figure 1.2.2 / 28: Forest plot of onset of kidney failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 521 |
| Figure 1.2.2 / 29: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 522 |
| Figure 1.2.2 / 30: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 523 |
| Figure 1.2.2 / 31: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 524 |
| Figure 1.2.2 / 32: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 525 |
| Figure 1.2.2 / 33: Forest plot of all-cause hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 526 |

| | |
|---|-----|
| Figure 1.2.2 / 34: Forest plot of all-cause mortality: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 527 |
| Figure 1.2.2 / 35: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 528 |
| Figure 1.2.2 / 36: Forest plot of onset of kidney failure: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 529 |
| Figure 1.2.2 / 37: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 530 |
| Figure 1.2.2 / 38: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 531 |
| Figure 1.2.2 / 39: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 532 |
| Figure 1.2.2 / 40: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 533 |
| Figure 1.2.2 / 41: Forest plot of all-cause hospitalization: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 534 |
| Figure 1.2.2 / 42: Forest plot of all-cause mortality: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 535 |
| Figure 1.2.2 / 43: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 536 |
| Figure 1.2.2 / 44: Forest plot of onset of kidney failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 537 |
| Figure 1.2.2 / 45: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 538 |
| Figure 1.2.2 / 46: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 539 |
| Figure 1.2.2 / 47: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 540 |
| Figure 1.2.2 / 48: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 541 |

| | |
|---|-----|
| Figure 1.2.2 / 49: Forest plot of all-cause hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 542 |
| Figure 1.2.2 / 50: Forest plot of all-cause mortality: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 543 |
| Figure 1.2.2 / 51: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 544 |
| Figure 1.2.2 / 52: Forest plot of onset of kidney failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 545 |
| Figure 1.2.2 / 53: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 546 |
| Figure 1.2.2 / 54: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 547 |
| Figure 1.2.2 / 55: Forest plot of fatal or non-fatal stroke: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 548 |
| Figure 1.2.2 / 56: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 549 |
| Figure 1.2.2 / 57: Forest plot of all-cause hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 550 |
| Figure 1.2.2 / 58: Forest plot of all-cause mortality: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 551 |
| Figure 1.2.2 / 59: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 552 |
| Figure 1.2.2 / 60: Forest plot of onset of kidney failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 553 |
| Figure 1.2.2 / 61: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 554 |
| Figure 1.2.2 / 62: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 555 |

| | |
|---|-----|
| Figure 1.2.2 / 63: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 556 |
| Figure 1.2.2 / 64: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 557 |
| Figure 1.2.2 / 65: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 558 |
| Figure 1.2.2 / 66: Forest plot of all-cause mortality: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 559 |
| Figure 1.2.2 / 67: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 560 |
| Figure 1.2.2 / 68: Forest plot of onset of kidney failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 561 |
| Figure 1.2.2 / 69: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 562 |
| Figure 1.2.2 / 70: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 563 |
| Figure 1.2.2 / 71: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 564 |
| Figure 1.2.2 / 72: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 565 |
| Figure 1.2.2 / 73: Forest plot of all-cause hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²)..... | 566 |
| Figure 1.2.2 / 74: Forest plot of all-cause mortality: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 567 |
| Figure 1.2.2 / 75: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 568 |
| Figure 1.2.2 / 76: Forest plot of onset of kidney failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m ²) | 569 |

Figure 1.2.2 / 77: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) 570

Figure 1.2.2 / 78: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) 571

Figure 1.2.2 / 79: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) 572

Figure 1.2.2 / 80: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) 573

Figure 1.2.2 / 81: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) 574

1.2.1 Time-to-event analyses

Table 1.2.1 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 183 (7.2%) | 225 (8.9%) |
| Number (%) of subjects censored | 2355 (92.8%) | 2300 (91.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.66; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0278 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | | 104 (8.5%) | 119 (9.7%) |
| Number (%) of subjects censored | | 1114 (91.5%) | 1104 (90.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.87 [0.67; 1.13] | |
| two-sided p-value from stratified logrank test | | 0.2912 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 31 (9.3%) | 24 (7.6%) |
| Number (%) of subjects censored | 303 (90.7%) | 293 (92.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.29 [0.76; 2.21] | |
| two-sided p-value from stratified logrank test | 0.3421 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 21 (3.7%) | 27 (4.8%) |
| Number (%) of subjects censored | 540 (96.3%) | 537 (95.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.78 [0.44; 1.39] | |
| two-sided p-value from stratified logrank test | 0.3983 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 24 (7.0%) | 45 (13.2%) |
| Number (%) of subjects censored | 319 (93.0%) | 295 (86.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.52 [0.32; 0.85] | |
| two-sided p-value from stratified logrank test | 0.0081 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Region: Others | | | |
|--|------------|-------------------|-------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 3 (3.7%) | 10 (12.3%) |
| Number (%) of subjects censored | | 79 (96.3%) | 71 (87.7%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.26 [0.07; 0.95] | |
| two-sided p-value from stratified logrank test | | 0.0284 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 3: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.0535 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 31 (8.3%) | 38 (11.0%) |
| Number (%) of subjects censored | 342 (91.7%) | 306 (89.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.74 [0.46; 1.19] | |
| two-sided p-value from stratified logrank test | 0.2096 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 152 (7.0%) | 185 (8.5%) |
| Number (%) of subjects censored | 2009 (93.0%) | 1990 (91.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.82 [0.66; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0773 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 5: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.6847 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 98 (10.9%) | 112 (12.6%) |
| Number (%) of subjects censored | | 801 (89.1%) | 780 (87.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.87 [0.66; 1.14] | |
| two-sided p-value from stratified logrank test | | 0.3216 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 85 (5.2%) | 113 (6.9%) |
| Number (%) of subjects censored | | 1554 (94.8%) | 1520 (93.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.74 [0.56; 0.98] | |
| two-sided p-value from stratified logrank test | | 0.0325 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 7: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.3972 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 8: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 127 (6.8%) | 160 (8.7%) |
| Number (%) of subjects censored | 1736 (93.2%) | 1678 (91.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.78 [0.62; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0347 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 8: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 56 (8.3%) | 65 (9.5%) |
| Number (%) of subjects censored | 619 (91.7%) | 621 (90.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.63; 1.30] | |
| two-sided p-value from stratified logrank test | 0.5845 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 9: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.5772 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 49 (6.5%) | 55 (7.3%) |
| Number (%) of subjects censored | 708 (93.5%) | 699 (92.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.61; 1.32] | |
| two-sided p-value from stratified logrank test | 0.5799 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 125 (7.4%) | 163 (9.7%) |
| Number (%) of subjects censored | 1574 (92.6%) | 1518 (90.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.59; 0.94] | |
| two-sided p-value from stratified logrank test | 0.0145 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 9 (11.0%) | 7 (7.8%) |
| Number (%) of subjects censored | 73 (89.0%) | 83 (92.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.41 [0.49; 4.09] | |
| two-sided p-value from stratified logrank test | 0.5249 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 11: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.4038 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | | 145 (8.1%) | 176 (10.0%) |
| Number (%) of subjects censored | | 1654 (91.9%) | 1589 (90.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.81 [0.65; 1.01] | |
| two-sided p-value from stratified logrank test | | 0.0554 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 9 (11.3%) | 12 (14.5%) |
| Number (%) of subjects censored | 71 (88.8%) | 71 (85.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.37; 2.49] | |
| two-sided p-value from stratified logrank test | 0.9318 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | 19 (3.8%) | 20 (3.8%) |
| Number (%) of subjects censored | 484 (96.2%) | 510 (96.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.54; 1.90] | |
| two-sided p-value from stratified logrank test | 0.9735 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 10 (6.4%) | 17 (11.6%) |
| Number (%) of subjects censored | 146 (93.6%) | 130 (88.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.29; 1.40] | |
| two-sided p-value from stratified logrank test | 0.2531 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 13: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.7751 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | | 130 (7.4%) | 158 (8.8%) |
| Number (%) of subjects censored | | 1634 (92.6%) | 1636 (91.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.84 [0.67; 1.06] | |
| two-sided p-value from stratified logrank test | | 0.1388 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Sex: Female | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | | 53 (6.8%) | 67 (9.2%) |
| Number (%) of subjects censored | | 721 (93.2%) | 664 (90.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.74 [0.51; 1.06] | |
| two-sided p-value from stratified logrank test | | 0.1019 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 15: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.5215 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 16: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 88 (5.8%) | 107 (7.1%) |
| Number (%) of subjects censored | 1427 (94.2%) | 1410 (92.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.61; 1.08] | |
| two-sided p-value from stratified logrank test | 0.1506 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 16: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 95 (9.3%) | 118 (11.7%) |
| Number (%) of subjects censored | 928 (90.7%) | 890 (88.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.62; 1.06] | |
| two-sided p-value from stratified logrank test | 0.1234 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 17: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.9953 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 18: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 183 (7.2%) | 225 (8.9%) |
| Number (%) of subjects censored | 2355 (92.8%) | 2300 (91.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.66; 0.97] | |
| two-sided p-value from unstratified logrank test | 0.0246 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|---|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 251 (9.9%) | 317 (12.6%) |
| Number (%) of subjects censored | 2287 (90.1%) | 2208 (87.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.78 [0.66; 0.92] | |
| two-sided p-value from stratified logrank test | 0.0032 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 20: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 80 (3.2%) | 124 (4.9%) |
| Number (%) of subjects censored | 2458 (96.8%) | 2401 (95.1%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.48; 0.84] | |
| two-sided p-value from stratified logrank test | 0.0013 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | 29 (2.4%) | 40 (3.3%) |
| Number (%) of subjects censored | 1189 (97.6%) | 1183 (96.7%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.72 [0.45; 1.17] | |
| two-sided p-value from stratified logrank test | 0.1828 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 7 (2.1%) | 12 (3.8%) |
| Number (%) of subjects censored | 327 (97.9%) | 305 (96.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.57 [0.22; 1.46] | |
| two-sided p-value from stratified logrank test | 0.2333 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 23 (4.1%) | 52 (9.2%) |
| Number (%) of subjects censored | 538 (95.9%) | 512 (90.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.43 [0.26; 0.71] | |
| two-sided p-value from stratified logrank test | 0.0006 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 17 (5.0%) | 17 (5.0%) |
| Number (%) of subjects censored | 326 (95.0%) | 323 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.00 [0.51; 1.97] | |
| two-sided p-value from stratified logrank test | 0.9946 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | 4 (4.9%) | 3 (3.7%) |
| Number (%) of subjects censored | 78 (95.1%) | 78 (96.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.22; 4.51] | |
| two-sided p-value from stratified logrank test | 0.9884 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 22: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.3125 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 4 (1.1%) | 5 (1.5%) |
| Number (%) of subjects censored | 369 (98.9%) | 339 (98.5%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.76 [0.20; 2.84] | |
| two-sided p-value from stratified logrank test | 0.6841 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 76 (3.5%) | 119 (5.5%) |
| Number (%) of subjects censored | 2085 (96.5%) | 2056 (94.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.48; 0.85] | |
| two-sided p-value from stratified logrank test | 0.0022 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 24: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.8195 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 27 (3.0%) | 42 (4.7%) |
| Number (%) of subjects censored | | 872 (97.0%) | 850 (95.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.63 [0.39; 1.03] | |
| two-sided p-value from stratified logrank test | | 0.0646 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 53 (3.2%) | 82 (5.0%) |
| Number (%) of subjects censored | | 1586 (96.8%) | 1551 (95.0%) |
| Median Time to event (month) [95 % CI] | | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.63 [0.45; 0.89] | |
| two-sided p-value from stratified logrank test | | 0.0083 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 26: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.9843 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 27: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 57 (3.1%) | 93 (5.1%) |
| Number (%) of subjects censored | 1806 (96.9%) | 1745 (94.9%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.60 [0.43; 0.84] | |
| two-sided p-value from stratified logrank test | 0.0024 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 27: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 23 (3.4%) | 31 (4.5%) |
| Number (%) of subjects censored | 652 (96.6%) | 655 (95.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.46; 1.39] | |
| two-sided p-value from stratified logrank test | 0.4286 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 28: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.5508 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 29: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 13 (1.7%) | 22 (2.9%) |
| Number (%) of subjects censored | 744 (98.3%) | 732 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.59 [0.29; 1.19] | |
| two-sided p-value from stratified logrank test | 0.1354 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 29: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 60 (3.5%) | 92 (5.5%) |
| Number (%) of subjects censored | 1639 (96.5%) | 1589 (94.5%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.45; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0052 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 29: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 7 (8.5%) | 10 (11.1%) |
| Number (%) of subjects censored | 75 (91.5%) | 80 (88.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.31; 2.97] | |
| two-sided p-value from stratified logrank test | 0.9507 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 30: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.8331 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | 43 (2.4%) | 55 (3.1%) |
| Number (%) of subjects censored | 1756 (97.6%) | 1710 (96.9%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.50; 1.12] | |
| two-sided p-value from stratified logrank test | 0.1622 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 4 (5.0%) | 5 (6.0%) |
| Number (%) of subjects censored | 76 (95.0%) | 78 (94.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.22; 4.07] | |
| two-sided p-value from stratified logrank test | 0.9438 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | 23 (4.6%) | 52 (9.8%) |
| Number (%) of subjects censored | 480 (95.4%) | 478 (90.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.48 [0.29; 0.78] | |
| two-sided p-value from stratified logrank test | 0.0027 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 10 (6.4%) | 12 (8.2%) |
| Number (%) of subjects censored | 146 (93.6%) | 135 (91.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.34; 2.06] | |
| two-sided p-value from stratified logrank test | 0.6894 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 32: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.4022 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 33: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | 67 (3.8%) | 93 (5.2%) |
| Number (%) of subjects censored | 1697 (96.2%) | 1701 (94.8%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.71 [0.52; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0323 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 33: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 13 (1.7%) | 31 (4.2%) |
| Number (%) of subjects censored | 761 (98.3%) | 700 (95.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.41 [0.21; 0.79] | |
| two-sided p-value from stratified logrank test | 0.0062 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 34: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.1266 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 60 (4.0%) | 95 (6.3%) |
| Number (%) of subjects censored | 1455 (96.0%) | 1422 (93.7%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.65 [0.47; 0.90] | |
| two-sided p-value from stratified logrank test | 0.0085 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 20 (2.0%) | 29 (2.9%) |
| Number (%) of subjects censored | 1003 (98.0%) | 979 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.69 [0.39; 1.23] | |
| two-sided p-value from stratified logrank test | 0.2076 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 36: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.9905 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 37: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 80 (3.2%) | 124 (4.9%) |
| Number (%) of subjects censored | 2458 (96.8%) | 2401 (95.1%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.48; 0.84] | |
| two-sided p-value from unstratified logrank test | 0.0015 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 38: Time to onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 55 (2.2%) | 89 (3.5%) |
| Number (%) of subjects censored | 2483 (97.8%) | 2436 (96.5%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.60 [0.43; 0.84] | |
| two-sided p-value from stratified logrank test | 0.0026 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 39: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 24 (0.9%) | 46 (1.8%) |
| Number (%) of subjects censored | 2514 (99.1%) | 2479 (98.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.52 [0.32; 0.85] | |
| two-sided p-value from stratified logrank test | 0.0079 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 40: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | | 5 (0.4%) | 12 (1.0%) |
| Number (%) of subjects censored | | 1213 (99.6%) | 1211 (99.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.43 [0.15; 1.21] | |
| two-sided p-value from stratified logrank test | | 0.0996 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 40: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 2 (0.6%) | 4 (1.3%) |
| Number (%) of subjects censored | 332 (99.4%) | 313 (98.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.56 [0.10; 3.07] | |
| two-sided p-value from stratified logrank test | 0.4976 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 40: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 6 (1.1%) | 24 (4.3%) |
| Number (%) of subjects censored | 555 (98.9%) | 540 (95.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.25 [0.10; 0.60] | |
| two-sided p-value from stratified logrank test | 0.0009 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 40: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 9 (2.6%) | 6 (1.8%) |
| Number (%) of subjects censored | 334 (97.4%) | 334 (98.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.41 [0.50; 3.97] | |
| two-sided p-value from stratified logrank test | 0.5132 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 40: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Region: Others | | | |
|--|------------|----------------------|-------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 2 (2.4%) | 0 |
| Number (%) of subjects censored | | 80 (97.6%) | 81 (100.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 76835032.41 [0.00;] | |
| two-sided p-value from stratified logrank test | | 0.1710 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 41: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.1735 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 42: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|---------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 0 | 1 (0.3%) |
| Number (%) of subjects censored | 373 (100.0%) | 343 (99.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.00 [0.00;] | |
| two-sided p-value from stratified logrank test | 0.2953 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 42: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 24 (1.1%) | 45 (2.1%) |
| Number (%) of subjects censored | 2137 (98.9%) | 2130 (97.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.53 [0.32; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0109 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 43: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.9880 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 7 (0.8%) | 18 (2.0%) |
| Number (%) of subjects censored | | 892 (99.2%) | 874 (98.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.39 [0.16; 0.93] | |
| two-sided p-value from stratified logrank test | | 0.0270 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 17 (1.0%) | 28 (1.7%) |
| Number (%) of subjects censored | | 1622 (99.0%) | 1605 (98.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.60 [0.33; 1.10] | |
| two-sided p-value from stratified logrank test | | 0.0963 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 45: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.4127 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 13 (0.7%) | 31 (1.7%) |
| Number (%) of subjects censored | 1850 (99.3%) | 1807 (98.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.43 [0.23; 0.83] | |
| two-sided p-value from stratified logrank test | 0.0091 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 11 (1.6%) | 15 (2.2%) |
| Number (%) of subjects censored | 664 (98.4%) | 671 (97.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.34; 1.66] | |
| two-sided p-value from stratified logrank test | 0.4726 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 47: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.3205 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 6 (0.8%) | 6 (0.8%) |
| Number (%) of subjects censored | 751 (99.2%) | 748 (99.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.32; 3.09] | |
| two-sided p-value from stratified logrank test | 0.9886 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 15 (0.9%) | 37 (2.2%) |
| Number (%) of subjects censored | 1684 (99.1%) | 1644 (97.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.39 [0.21; 0.70] | |
| two-sided p-value from stratified logrank test | 0.0013 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 3 (3.7%) | 3 (3.3%) |
| Number (%) of subjects censored | 79 (96.3%) | 87 (96.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.17; 4.41] | |
| two-sided p-value from stratified logrank test | 0.8627 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 49: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.2182 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Race (4 categories): White | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | | 12 (0.7%) | 16 (0.9%) |
| Number (%) of subjects censored | | 1787 (99.3%) | 1749 (99.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.71 [0.33; 1.51] | |
| two-sided p-value from stratified logrank test | | 0.3701 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 3 (3.8%) | 2 (2.4%) |
| Number (%) of subjects censored | 77 (96.3%) | 81 (97.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.59 [0.26; 9.82] | |
| two-sided p-value from stratified logrank test | 0.6138 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | 6 (1.2%) | 26 (4.9%) |
| Number (%) of subjects censored | 497 (98.8%) | 504 (95.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.27 [0.11; 0.66] | |
| two-sided p-value from stratified logrank test | 0.0020 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 3 (1.9%) | 2 (1.4%) |
| Number (%) of subjects censored | 153 (98.1%) | 145 (98.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.40 [0.23; 8.42] | |
| two-sided p-value from stratified logrank test | 0.7112 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 51: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.1217 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 52: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | | 18 (1.0%) | 41 (2.3%) |
| Number (%) of subjects censored | | 1746 (99.0%) | 1753 (97.7%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.45 [0.26; 0.78] | |
| two-sided p-value from stratified logrank test | | 0.0037 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 52: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 6 (0.8%) | 5 (0.7%) |
| Number (%) of subjects censored | 768 (99.2%) | 726 (99.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.10 [0.33; 3.60] | |
| two-sided p-value from stratified logrank test | 0.8779 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 53: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.1647 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 19 (1.3%) | 36 (2.4%) |
| Number (%) of subjects censored | 1496 (98.7%) | 1481 (97.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.57 [0.32; <1.00] | |
| two-sided p-value from stratified logrank test | 0.0470 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 5 (0.5%) | 10 (1.0%) |
| Number (%) of subjects censored | 1018 (99.5%) | 998 (99.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.45 [0.15; 1.33] | |
| two-sided p-value from stratified logrank test | 0.1394 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 55: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.6485 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 24 (0.9%) | 46 (1.8%) |
| Number (%) of subjects censored | 2514 (99.1%) | 2479 (98.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.51 [0.31; 0.84] | |
| two-sided p-value from unstratified logrank test | 0.0073 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 57: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 7 (0.3%) | 21 (0.8%) |
| Number (%) of subjects censored | 2531 (99.7%) | 2504 (99.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.34 [0.14; 0.80] | |
| two-sided p-value from stratified logrank test | 0.0092 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 58: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 18 (0.7%) | 39 (1.5%) |
| Number (%) of subjects censored | 2520 (99.3%) | 2486 (98.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.46 [0.26; 0.80] | |
| two-sided p-value from stratified logrank test | 0.0049 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 59: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 13 (0.5%) | 27 (1.1%) |
| Number (%) of subjects censored | 2525 (99.5%) | 2498 (98.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.48 [0.25; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0260 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 60: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 75 (3.0%) | 113 (4.5%) |
| Number (%) of subjects censored | 2463 (97.0%) | 2412 (95.5%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.65 [0.48; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0035 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 61: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|---------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 0 | 1 (<0.1%) |
| Number (%) of subjects censored | 2538 (100.0%) | 2524 (>99.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.00 [0.00;] | |
| two-sided p-value from stratified logrank test | 0.3653 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 62: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 67 (2.6%) | 97 (3.8%) |
| Number (%) of subjects censored | 2471 (97.4%) | 2428 (96.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.67 [0.49; 0.91] | |
| two-sided p-value from stratified logrank test | 0.0110 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 63: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 297 (11.7%) | 324 (12.8%) |
| Number (%) of subjects censored | 2241 (88.3%) | 2201 (87.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.78; 1.06] | |
| two-sided p-value from stratified logrank test | 0.2381 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 64: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | | 154 (12.6%) | 160 (13.1%) |
| Number (%) of subjects censored | | 1064 (87.4%) | 1063 (86.9%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.95 [0.76; 1.19] | |
| two-sided p-value from stratified logrank test | | 0.6727 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 64: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 50 (15.0%) | 44 (13.9%) |
| Number (%) of subjects censored | 284 (85.0%) | 273 (86.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.12 [0.75; 1.69] | |
| two-sided p-value from stratified logrank test | 0.5726 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 64: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 51 (9.1%) | 65 (11.5%) |
| Number (%) of subjects censored | 510 (90.9%) | 499 (88.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.56; 1.16] | |
| two-sided p-value from stratified logrank test | 0.2419 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 64: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 31 (9.0%) | 42 (12.4%) |
| Number (%) of subjects censored | 312 (91.0%) | 298 (87.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.72 [0.45; 1.14] | |
| two-sided p-value from stratified logrank test | 0.1629 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 64: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Region: Others | | | |
|--|------------|-------------------|-------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 11 (13.4%) | 13 (16.0%) |
| Number (%) of subjects censored | | 71 (86.6%) | 68 (84.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.78 [0.35; 1.76] | |
| two-sided p-value from stratified logrank test | | 0.5541 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 65: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.5977 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 66: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 45 (12.1%) | 43 (12.5%) |
| Number (%) of subjects censored | 328 (87.9%) | 301 (87.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.98 [0.64; 1.51] | |
| two-sided p-value from stratified logrank test | 0.9406 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 66: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 252 (11.7%) | 280 (12.9%) |
| Number (%) of subjects censored | 1909 (88.3%) | 1895 (87.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.76; 1.08] | |
| two-sided p-value from stratified logrank test | 0.2608 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 67: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.7299 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 68: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 167 (18.6%) | 189 (21.2%) |
| Number (%) of subjects censored | | 732 (81.4%) | 703 (78.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.88 [0.71; 1.08] | |
| two-sided p-value from stratified logrank test | | 0.2224 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 68: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 130 (7.9%) | 135 (8.3%) |
| Number (%) of subjects censored | | 1509 (92.1%) | 1498 (91.7%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.95 [0.75; 1.21] | |
| two-sided p-value from stratified logrank test | | 0.6946 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 69: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.6166 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 210 (11.3%) | 231 (12.6%) |
| Number (%) of subjects censored | 1653 (88.7%) | 1607 (87.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.74; 1.07] | |
| two-sided p-value from stratified logrank test | 0.2203 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 87 (12.9%) | 93 (13.6%) |
| Number (%) of subjects censored | 588 (87.1%) | 593 (86.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.68; 1.23] | |
| two-sided p-value from stratified logrank test | 0.5488 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 71: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.8072 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table

Table 1.2.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 74 (9.8%) | 63 (8.4%) |
| Number (%) of subjects censored | 683 (90.2%) | 691 (91.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.17 [0.83; 1.64] | |
| two-sided p-value from stratified logrank test | 0.3623 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 208 (12.2%) | 242 (14.4%) |
| Number (%) of subjects censored | 1491 (87.8%) | 1439 (85.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.70; 1.01] | |
| two-sided p-value from stratified logrank test | 0.0640 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 15 (18.3%) | 19 (21.1%) |
| Number (%) of subjects censored | 67 (81.7%) | 71 (78.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.62 [0.29; 1.32] | |
| two-sided p-value from stratified logrank test | 0.2097 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 73: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.2280 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | 225 (12.5%) | 238 (13.5%) |
| Number (%) of subjects censored | 1574 (87.5%) | 1527 (86.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.76; 1.09] | |
| two-sided p-value from stratified logrank test | 0.3215 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 11 (13.8%) | 13 (15.7%) |
| Number (%) of subjects censored | 69 (86.3%) | 70 (84.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.37 [0.55; 3.45] | |
| two-sided p-value from stratified logrank test | 0.4994 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | | 44 (8.7%) | 51 (9.6%) |
| Number (%) of subjects censored | | 459 (91.3%) | 479 (90.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.99 [0.65; 1.49] | |
| two-sided p-value from stratified logrank test | | 0.9581 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 17 (10.9%) | 22 (15.0%) |
| Number (%) of subjects censored | 139 (89.1%) | 125 (85.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.33; 1.25] | |
| two-sided p-value from stratified logrank test | 0.1890 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 75: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.9160 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 76: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | 214 (12.1%) | 241 (13.4%) |
| Number (%) of subjects censored | 1550 (87.9%) | 1553 (86.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.75; 1.08] | |
| two-sided p-value from stratified logrank test | 0.2674 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 76: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 83 (10.7%) | 83 (11.4%) |
| Number (%) of subjects censored | 691 (89.3%) | 648 (88.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.70; 1.30] | |
| two-sided p-value from stratified logrank test | 0.7791 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 77: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.8173 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 78: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 162 (10.7%) | 175 (11.5%) |
| Number (%) of subjects censored | 1353 (89.3%) | 1342 (88.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.73; 1.13] | |
| two-sided p-value from stratified logrank test | 0.3830 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 78: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 135 (13.2%) | 149 (14.8%) |
| Number (%) of subjects censored | 888 (86.8%) | 859 (85.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.92 [0.72; 1.16] | |
| two-sided p-value from stratified logrank test | 0.4598 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 79: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.9089 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 80: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 297 (11.7%) | 324 (12.8%) |
| Number (%) of subjects censored | 2241 (88.3%) | 2201 (87.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.77; 1.06] | |
| two-sided p-value from unstratified logrank test | 0.2128 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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**Table 1.2.1 / 81: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS:
Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B:
screening eGFR ≥ 60 ml/min/1.73m²)**

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 244 (9.6%) | 269 (10.7%) |
| Number (%) of subjects censored | 2294 (90.4%) | 2256 (89.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.75; 1.06] | |
| two-sided p-value from stratified logrank test | 0.2021 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 82: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 118 (4.6%) | 136 (5.4%) |
| Number (%) of subjects censored | 2420 (95.4%) | 2389 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.67; 1.10] | |
| two-sided p-value from stratified logrank test | 0.2246 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 83: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 63 (2.5%) | 58 (2.3%) |
| Number (%) of subjects censored | 2475 (97.5%) | 2467 (97.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.10 [0.77; 1.57] | |
| two-sided p-value from stratified logrank test | 0.6077 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 84: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 84 (3.3%) | 76 (3.0%) |
| Number (%) of subjects censored | 2454 (96.7%) | 2449 (97.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.11 [0.81; 1.51] | |
| two-sided p-value from stratified logrank test | 0.5136 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 85: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 68 (2.7%) | 104 (4.1%) |
| Number (%) of subjects censored | 2470 (97.3%) | 2421 (95.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.65 [0.48; 0.88] | |
| two-sided p-value from stratified logrank test | 0.0053 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 86: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 74 (2.9%) | 63 (2.5%) |
| Number (%) of subjects censored | 2464 (97.1%) | 2462 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.18 [0.84; 1.66] | |
| two-sided p-value from stratified logrank test | 0.3291 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 87: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | | 36 (3.0%) | 32 (2.6%) |
| Number (%) of subjects censored | | 1182 (97.0%) | 1191 (97.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.11 [0.69; 1.79] | |
| two-sided p-value from stratified logrank test | | 0.6640 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 87: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 9 (2.7%) | 10 (3.2%) |
| Number (%) of subjects censored | 325 (97.3%) | 307 (96.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.88 [0.36; 2.17] | |
| two-sided p-value from stratified logrank test | 0.7838 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 87: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 16 (2.9%) | 13 (2.3%) |
| Number (%) of subjects censored | 545 (97.1%) | 551 (97.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.42 [0.66; 3.02] | |
| two-sided p-value from stratified logrank test | 0.3661 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 87: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 7 (2.0%) | 4 (1.2%) |
| Number (%) of subjects censored | 336 (98.0%) | 336 (98.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.72 [0.50; 5.87] | |
| two-sided p-value from stratified logrank test | 0.3829 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 87: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Region: Others | | | |
|--|------------|-------------------|-------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 6 (7.3%) | 4 (4.9%) |
| Number (%) of subjects censored | | 76 (92.7%) | 77 (95.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.32 [0.37; 4.68] | |
| two-sided p-value from stratified logrank test | | 0.6709 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 88: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.8988 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 89: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 9 (2.4%) | 9 (2.6%) |
| Number (%) of subjects censored | 364 (97.6%) | 335 (97.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.35; 2.24] | |
| two-sided p-value from stratified logrank test | 0.8015 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 89: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 65 (3.0%) | 54 (2.5%) |
| Number (%) of subjects censored | 2096 (97.0%) | 2121 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.23 [0.86; 1.78] | |
| two-sided p-value from stratified logrank test | 0.2556 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 90: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.6328 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 91: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 49 (5.5%) | 40 (4.5%) |
| Number (%) of subjects censored | | 850 (94.5%) | 852 (95.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.25 [0.82; 1.91] | |
| two-sided p-value from stratified logrank test | | 0.2920 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 91: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 25 (1.5%) | 23 (1.4%) |
| Number (%) of subjects censored | | 1614 (98.5%) | 1610 (98.6%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.06 [0.60; 1.88] | |
| two-sided p-value from stratified logrank test | | 0.8281 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 92: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.6495 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 93: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 55 (3.0%) | 44 (2.4%) |
| Number (%) of subjects censored | 1808 (97.0%) | 1794 (97.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.19 [0.79; 1.78] | |
| two-sided p-value from stratified logrank test | 0.3998 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 93: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 19 (2.8%) | 19 (2.8%) |
| Number (%) of subjects censored | 656 (97.2%) | 667 (97.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.04 [0.54; 1.99] | |
| two-sided p-value from stratified logrank test | 0.9056 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 94: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.7483 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 16 (2.1%) | 13 (1.7%) |
| Number (%) of subjects censored | 741 (97.9%) | 741 (98.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.25 [0.59; 2.62] | |
| two-sided p-value from stratified logrank test | 0.5587 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 57 (3.4%) | 46 (2.7%) |
| Number (%) of subjects censored | 1642 (96.6%) | 1635 (97.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.28 [0.86; 1.90] | |
| two-sided p-value from stratified logrank test | 0.2204 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 1 (1.2%) | 4 (4.4%) |
| Number (%) of subjects censored | 81 (98.8%) | 86 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.27 [0.03; 2.48] | |
| two-sided p-value from stratified logrank test | 0.2176 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 96: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.4458 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | | 59 (3.3%) | 50 (2.8%) |
| Number (%) of subjects censored | | 1740 (96.7%) | 1715 (97.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.13 [0.77; 1.64] | |
| two-sided p-value from stratified logrank test | | 0.5363 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|---------------|-------------|
| N | | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | | 0 | 2 (2.4%) |
| Number (%) of subjects censored | | 80 (100.0%) | 81 (97.6%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.00 [0.00;] | |
| two-sided p-value from stratified logrank test | | 0.4142 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | | 11 (2.2%) | 8 (1.5%) |
| Number (%) of subjects censored | | 492 (97.8%) | 522 (98.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 2.78 [0.89; 8.74] | |
| two-sided p-value from stratified logrank test | | 0.0672 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | | 4 (2.6%) | 3 (2.0%) |
| Number (%) of subjects censored | | 152 (97.4%) | 144 (98.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.10 [0.24; 5.03] | |
| two-sided p-value from stratified logrank test | | 0.8994 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 98: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.8817 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 99: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | 59 (3.3%) | 53 (3.0%) |
| Number (%) of subjects censored | 1705 (96.7%) | 1741 (97.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.13 [0.78; 1.64] | |
| two-sided p-value from stratified logrank test | 0.5147 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 99: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 15 (1.9%) | 10 (1.4%) |
| Number (%) of subjects censored | 759 (98.1%) | 721 (98.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.81 [0.76; 4.33] | |
| two-sided p-value from stratified logrank test | 0.1779 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 100: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.5383 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 101: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 40 (2.6%) | 33 (2.2%) |
| Number (%) of subjects censored | 1475 (97.4%) | 1484 (97.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.22 [0.76; 1.94] | |
| two-sided p-value from stratified logrank test | 0.4102 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 101: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 34 (3.3%) | 30 (3.0%) |
| Number (%) of subjects censored | 989 (96.7%) | 978 (97.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.20 [0.73; 1.99] | |
| two-sided p-value from stratified logrank test | 0.4750 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 102: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.9577 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 103: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 74 (2.9%) | 63 (2.5%) |
| Number (%) of subjects censored | 2464 (97.1%) | 2462 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.17 [0.83; 1.63] | |
| two-sided p-value from unstratified logrank test | 0.3647 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 104: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 62 (2.4%) | 53 (2.1%) |
| Number (%) of subjects censored | 2476 (97.6%) | 2472 (97.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.13 [0.78; 1.63] | |
| two-sided p-value from stratified logrank test | 0.5228 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 105: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 93 (3.7%) | 87 (3.4%) |
| Number (%) of subjects censored | 2445 (96.3%) | 2438 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.07 [0.80; 1.43] | |
| two-sided p-value from stratified logrank test | 0.6471 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 106: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | | 47 (3.9%) | 42 (3.4%) |
| Number (%) of subjects censored | | 1171 (96.1%) | 1181 (96.6%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.12 [0.74; 1.70] | |
| two-sided p-value from stratified logrank test | | 0.5865 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 106: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 11 (3.3%) | 8 (2.5%) |
| Number (%) of subjects censored | 323 (96.7%) | 309 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.40 [0.56; 3.48] | |
| two-sided p-value from stratified logrank test | 0.4687 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 106: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region
(full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 23 (4.1%) | 25 (4.4%) |
| Number (%) of subjects censored | 538 (95.9%) | 539 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.53; 1.66] | |
| two-sided p-value from stratified logrank test | 0.8391 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 106: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region
(full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 10 (2.9%) | 8 (2.4%) |
| Number (%) of subjects censored | 333 (97.1%) | 332 (97.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.17 [0.46; 2.98] | |
| two-sided p-value from stratified logrank test | 0.7353 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 106: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Region: Others | | | |
|--|------------|-------------------|-------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 2 (2.4%) | 4 (4.9%) |
| Number (%) of subjects censored | | 80 (97.6%) | 77 (95.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.47 [0.09; 2.57] | |
| two-sided p-value from stratified logrank test | | 0.3726 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 107: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.8247 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 108: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 18 (4.8%) | 12 (3.5%) |
| Number (%) of subjects censored | 355 (95.2%) | 332 (96.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.64 [0.76; 3.56] | |
| two-sided p-value from stratified logrank test | 0.2052 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 108: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 75 (3.5%) | 75 (3.4%) |
| Number (%) of subjects censored | 2086 (96.5%) | 2100 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.02 [0.74; 1.40] | |
| two-sided p-value from stratified logrank test | 0.9268 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 109: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.4301 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 110: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 48 (5.3%) | 54 (6.1%) |
| Number (%) of subjects censored | | 851 (94.7%) | 838 (93.9%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.90 [0.61; 1.33] | |
| two-sided p-value from stratified logrank test | | 0.5894 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 110: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 45 (2.7%) | 33 (2.0%) |
| Number (%) of subjects censored | | 1594 (97.3%) | 1600 (98.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.35 [0.86; 2.12] | |
| two-sided p-value from stratified logrank test | | 0.1898 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 111: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.1801 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 112: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 66 (3.5%) | 62 (3.4%) |
| Number (%) of subjects censored | 1797 (96.5%) | 1776 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.07 [0.75; 1.51] | |
| two-sided p-value from stratified logrank test | 0.7096 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 112: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 27 (4.0%) | 25 (3.6%) |
| Number (%) of subjects censored | 648 (96.0%) | 661 (96.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.14 [0.66; 1.97] | |
| two-sided p-value from stratified logrank test | 0.6404 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 113: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.9353 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 114: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 24 (3.2%) | 13 (1.7%) |
| Number (%) of subjects censored | 733 (96.8%) | 741 (98.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.85 [0.94; 3.66] | |
| two-sided p-value from stratified logrank test | 0.0727 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 114: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 64 (3.8%) | 67 (4.0%) |
| Number (%) of subjects censored | 1635 (96.2%) | 1614 (96.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.67; 1.33] | |
| two-sided p-value from stratified logrank test | 0.7224 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 114: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 5 (6.1%) | 7 (7.8%) |
| Number (%) of subjects censored | 77 (93.9%) | 83 (92.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.58 [0.16; 2.15] | |
| two-sided p-value from stratified logrank test | 0.4096 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 115: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.1911 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | 65 (3.6%) | 60 (3.4%) |
| Number (%) of subjects censored | 1734 (96.4%) | 1705 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.06 [0.75; 1.51] | |
| two-sided p-value from stratified logrank test | 0.7319 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 2 (2.5%) | 3 (3.6%) |
| Number (%) of subjects censored | 78 (97.5%) | 80 (96.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.05 [0.15; 7.48] | |
| two-sided p-value from stratified logrank test | 0.9631 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | 21 (4.2%) | 18 (3.4%) |
| Number (%) of subjects censored | 482 (95.8%) | 512 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.22 [0.65; 2.29] | |
| two-sided p-value from stratified logrank test | 0.5342 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 5 (3.2%) | 6 (4.1%) |
| Number (%) of subjects censored | 151 (96.8%) | 141 (95.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.74 [0.22; 2.46] | |
| two-sided p-value from stratified logrank test | 0.6210 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 117: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.8401 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | | 64 (3.6%) | 58 (3.2%) |
| Number (%) of subjects censored | | 1700 (96.4%) | 1736 (96.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.15 [0.81; 1.64] | |
| two-sided p-value from stratified logrank test | | 0.4385 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex
(full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 29 (3.7%) | 29 (4.0%) |
| Number (%) of subjects censored | 745 (96.3%) | 702 (96.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.54; 1.54] | |
| two-sided p-value from stratified logrank test | 0.7295 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table



Table 1.2.1 / 119: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.5029 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 120: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 45 (3.0%) | 48 (3.2%) |
| Number (%) of subjects censored | 1470 (97.0%) | 1469 (96.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.61; 1.38] | |
| two-sided p-value from stratified logrank test | 0.6667 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 120: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 48 (4.7%) | 39 (3.9%) |
| Number (%) of subjects censored | 975 (95.3%) | 969 (96.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.22 [0.80; 1.88] | |
| two-sided p-value from stratified logrank test | 0.3518 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 121: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.3069 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 122: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 93 (3.7%) | 87 (3.4%) |
| Number (%) of subjects censored | 2445 (96.3%) | 2438 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.06 [0.79; 1.42] | |
| two-sided p-value from unstratified logrank test | 0.7032 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 123: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 75 (3.0%) | 73 (2.9%) |
| Number (%) of subjects censored | 2463 (97.0%) | 2452 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.04 [0.76; 1.44] | |
| two-sided p-value from stratified logrank test | 0.7902 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 124: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 71 (2.8%) | 110 (4.4%) |
| Number (%) of subjects censored | 2467 (97.2%) | 2415 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.47; 0.86] | |
| two-sided p-value from stratified logrank test | 0.0032 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 125: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | 34 (2.8%) | 54 (4.4%) |
| Number (%) of subjects censored | 1184 (97.2%) | 1169 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.41; 0.96] | |
| two-sided p-value from stratified logrank test | 0.0305 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 125: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 18 (5.4%) | 20 (6.3%) |
| Number (%) of subjects censored | 316 (94.6%) | 297 (93.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.48; 1.72] | |
| two-sided p-value from stratified logrank test | 0.7679 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 125: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 8 (1.4%) | 20 (3.5%) |
| Number (%) of subjects censored | 553 (98.6%) | 544 (96.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.40 [0.18; 0.91] | |
| two-sided p-value from stratified logrank test | 0.0232 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 125: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 9 (2.6%) | 11 (3.2%) |
| Number (%) of subjects censored | 334 (97.4%) | 329 (96.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.34; 1.96] | |
| two-sided p-value from stratified logrank test | 0.6384 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 125: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|-------------|
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 2 (2.4%) | 5 (6.2%) |
| Number (%) of subjects censored | | 80 (97.6%) | 76 (93.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.35 [0.07; 1.80] | |
| two-sided p-value from stratified logrank test | | 0.1877 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 126: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.5201 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 127: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g) | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 6 (1.6%) | 11 (3.2%) |
| Number (%) of subjects censored | 367 (98.4%) | 333 (96.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.50 [0.18; 1.34] | |
| two-sided p-value from stratified logrank test | 0.1587 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 127: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 65 (3.0%) | 99 (4.6%) |
| Number (%) of subjects censored | 2096 (97.0%) | 2076 (95.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.67 [0.49; 0.91] | |
| two-sided p-value from stratified logrank test | 0.0104 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 128: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.5909 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 129: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | 42 (4.7%) | 67 (7.5%) |
| Number (%) of subjects censored | 857 (95.3%) | 825 (92.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.63 [0.43; 0.92] | |
| two-sided p-value from stratified logrank test | 0.0169 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 129: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | | 29 (1.8%) | 43 (2.6%) |
| Number (%) of subjects censored | | 1610 (98.2%) | 1590 (97.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.66 [0.41; 1.06] | |
| two-sided p-value from stratified logrank test | | 0.0816 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 130: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.8699 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 131: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 48 (2.6%) | 80 (4.4%) |
| Number (%) of subjects censored | 1815 (97.4%) | 1758 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.57 [0.40; 0.82] | |
| two-sided p-value from stratified logrank test | 0.0020 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 131: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 23 (3.4%) | 30 (4.4%) |
| Number (%) of subjects censored | 652 (96.6%) | 656 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.70 [0.40; 1.22] | |
| two-sided p-value from stratified logrank test | 0.2102 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 132: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.3493 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 133: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 16 (2.1%) | 19 (2.5%) |
| Number (%) of subjects censored | 741 (97.9%) | 735 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.41; 1.59] | |
| two-sided p-value from stratified logrank test | 0.5363 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 133: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 50 (2.9%) | 85 (5.1%) |
| Number (%) of subjects censored | 1649 (97.1%) | 1596 (94.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.58 [0.41; 0.82] | |
| two-sided p-value from stratified logrank test | 0.0020 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 133: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 5 (6.1%) | 6 (6.7%) |
| Number (%) of subjects censored | 77 (93.9%) | 84 (93.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.61 [0.15; 2.48] | |
| two-sided p-value from stratified logrank test | 0.4819 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 134: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.5023 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 135: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | | 55 (3.1%) | 80 (4.5%) |
| Number (%) of subjects censored | | 1744 (96.9%) | 1685 (95.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.67 [0.48; 0.95] | |
| two-sided p-value from stratified logrank test | | 0.0236 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 135: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|-------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 3 (3.8%) | 4 (4.8%) |
| Number (%) of subjects censored | 77 (96.3%) | 79 (95.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.24 [0.20; 7.63] | |
| two-sided p-value from stratified logrank test | 0.8143 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 135: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | 7 (1.4%) | 18 (3.4%) |
| Number (%) of subjects censored | 496 (98.6%) | 512 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.42 [0.17; 1.01] | |
| two-sided p-value from stratified logrank test | 0.0451 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 135: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 6 (3.8%) | 8 (5.4%) |
| Number (%) of subjects censored | 150 (96.2%) | 139 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.46 [0.14; 1.54] | |
| two-sided p-value from stratified logrank test | 0.1958 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 136: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.7575 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | 50 (2.8%) | 89 (5.0%) |
| Number (%) of subjects censored | 1714 (97.2%) | 1705 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.56 [0.40; 0.80] | |
| two-sided p-value from stratified logrank test | 0.0010 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 21 (2.7%) | 21 (2.9%) |
| Number (%) of subjects censored | 753 (97.3%) | 710 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.52; 1.76] | |
| two-sided p-value from stratified logrank test | 0.8907 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 138: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.1409 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 41 (2.7%) | 59 (3.9%) |
| Number (%) of subjects censored | 1474 (97.3%) | 1458 (96.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.70 [0.47; 1.04] | |
| two-sided p-value from stratified logrank test | 0.0744 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 30 (2.9%) | 51 (5.1%) |
| Number (%) of subjects censored | 993 (97.1%) | 957 (94.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.62 [0.39; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0351 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 140: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.6756 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 141: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 71 (2.8%) | 110 (4.4%) |
| Number (%) of subjects censored | 2467 (97.2%) | 2415 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.47; 0.86] | |
| two-sided p-value from unstratified logrank test | 0.0027 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 142: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 56 (2.2%) | 86 (3.4%) |
| Number (%) of subjects censored | 2482 (97.8%) | 2439 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.46; 0.90] | |
| two-sided p-value from stratified logrank test | 0.0096 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 143: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 990 (39.0%) | 1012 (40.1%) |
| Number (%) of subjects censored | 1548 (61.0%) | 1513 (59.9%) |
| Median Time to event (month) [95 % CI] | n.c. | 56.133 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.89; 1.06] | |
| two-sided p-value from stratified logrank test | 0.4526 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

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Table 1.2.1 / 144: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1218 (100.0%) | 1223 (100.0%) |
| Number (%) of subjects with event | | 482 (39.6%) | 477 (39.0%) |
| Number (%) of subjects censored | | 736 (60.4%) | 746 (61.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | 59.533 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.01 [0.89; 1.14] | |
| two-sided p-value from stratified logrank test | | 0.9202 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz_ipd_s2.sas 07FEB2023 9:24

Table 1.2.1 / 144: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 334 (100.0%) | 317 (100.0%) |
| Number (%) of subjects with event | 116 (34.7%) | 101 (31.9%) |
| Number (%) of subjects censored | 218 (65.3%) | 216 (68.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.13 [0.87; 1.48] | |
| two-sided p-value from stratified logrank test | 0.3636 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 144: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 561 (100.0%) | 564 (100.0%) |
| Number (%) of subjects with event | 277 (49.4%) | 284 (50.4%) |
| Number (%) of subjects censored | 284 (50.6%) | 280 (49.6%) |
| Median Time to event (month) [95 % CI] | 43.300 [34.567;50.900] | 44.933 [35.567;50.833] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.83; 1.16] | |
| two-sided p-value from stratified logrank test | 0.8633 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 144: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 343 (100.0%) | 340 (100.0%) |
| Number (%) of subjects with event | 77 (22.4%) | 107 (31.5%) |
| Number (%) of subjects censored | 266 (77.6%) | 233 (68.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.67 [0.50; 0.91] | |
| two-sided p-value from stratified logrank test | 0.0082 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 144: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

| Region: Others | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 82 (100.0%) | 81 (100.0%) |
| Number (%) of subjects with event | | 38 (46.3%) | 43 (53.1%) |
| Number (%) of subjects censored | | 44 (53.7%) | 38 (46.9%) |
| Median Time to event (month) [95 % CI] | | 53.233 [n.c.] | 31.733 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.78 [0.50; 1.21] | |
| two-sided p-value from stratified logrank test | | 0.2567 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 145: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.0751 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table

Table 1.2.1 / 146: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 373 (100.0%) | 344 (100.0%) |
| Number (%) of subjects with event | 175 (46.9%) | 162 (47.1%) |
| Number (%) of subjects censored | 198 (53.1%) | 182 (52.9%) |
| Median Time to event (month) [95 % CI] | 55.067 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.78; 1.20] | |
| two-sided p-value from stratified logrank test | 0.7581 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 146: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2161 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 814 (37.7%) | 848 (39.0%) |
| Number (%) of subjects censored | 1347 (62.3%) | 1327 (61.0%) |
| Median Time to event (month) [95 % CI] | n.c. | 56.100 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.88; 1.07] | |
| two-sided p-value from stratified logrank test | 0.5129 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table



Table 1.2.1 / 147: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.9388 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 148: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|------------------------|------------------------|
| N | | 899 (100.0%) | 892 (100.0%) |
| Number (%) of subjects with event | | 431 (47.9%) | 431 (48.3%) |
| Number (%) of subjects censored | | 468 (52.1%) | 461 (51.7%) |
| Median Time to event (month) [95 % CI] | | 41.367 [35.933;49.333] | 43.900 [36.300;48.067] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.98 [0.86; 1.13] | |
| two-sided p-value from stratified logrank test | | 0.8203 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 148: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1639 (100.0%) | 1633 (100.0%) |
| Number (%) of subjects with event | 559 (34.1%) | 581 (35.6%) |
| Number (%) of subjects censored | 1080 (65.9%) | 1052 (64.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.85; 1.07] | |
| two-sided p-value from stratified logrank test | 0.4256 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 149: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.7261 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table

Table 1.2.1 / 150: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1863 (100.0%) | 1838 (100.0%) |
| Number (%) of subjects with event | 733 (39.3%) | 741 (40.3%) |
| Number (%) of subjects censored | 1130 (60.7%) | 1097 (59.7%) |
| Median Time to event (month) [95 % CI] | n.c. | 56.133 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.98 [0.89; 1.09] | |
| two-sided p-value from stratified logrank test | 0.7468 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 150: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 675 (100.0%) | 686 (100.0%) |
| Number (%) of subjects with event | 257 (38.1%) | 271 (39.5%) |
| Number (%) of subjects censored | 418 (61.9%) | 415 (60.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.92 [0.77; 1.09] | |
| two-sided p-value from stratified logrank test | 0.3459 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table



Table 1.2.1 / 151: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.4951 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table

Table 1.2.1 / 152: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 757 (100.0%) | 754 (100.0%) |
| Number (%) of subjects with event | 261 (34.5%) | 257 (34.1%) |
| Number (%) of subjects censored | 496 (65.5%) | 497 (65.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.04 [0.87; 1.24] | |
| two-sided p-value from stratified logrank test | 0.6524 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 152: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1699 (100.0%) | 1681 (100.0%) |
| Number (%) of subjects with event | 690 (40.6%) | 710 (42.2%) |
| Number (%) of subjects censored | 1009 (59.4%) | 971 (57.8%) |
| Median Time to event (month) [95 % CI] | 55.867 [n.c.] | 52.633 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.85; 1.05] | |
| two-sided p-value from stratified logrank test | 0.2611 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 152: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 82 (100.0%) | 90 (100.0%) |
| Number (%) of subjects with event | 39 (47.6%) | 45 (50.0%) |
| Number (%) of subjects censored | 43 (52.4%) | 45 (50.0%) |
| Median Time to event (month) [95 % CI] | 50.833 [n.c.] | 41.000 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.21 [0.75; 1.96] | |
| two-sided p-value from stratified logrank test | 0.4330 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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End of table



Table 1.2.1 / 153: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.6814 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 154: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|---|-------------------|---------------|
| N | 1799 (100.0%) | 1765 (100.0%) |
| Number (%) of subjects with event | 687 (38.2%) | 673 (38.1%) |
| Number (%) of subjects censored | 1112 (61.8%) | 1092 (61.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.89; 1.10] | |
| two-sided p-value from stratified logrank test | 0.7997 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 154: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 80 (100.0%) | 83 (100.0%) |
| Number (%) of subjects with event | 23 (28.8%) | 26 (31.3%) |
| Number (%) of subjects censored | 57 (71.3%) | 57 (68.7%) |
| Median Time to event (month) [95 % CI] | n.c. | 53.933 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.03 [0.55; 1.92] | |
| two-sided p-value from stratified logrank test | 0.9344 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 154: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|------------------------|
| N | | 503 (100.0%) | 530 (100.0%) |
| Number (%) of subjects with event | | 231 (45.9%) | 259 (48.9%) |
| Number (%) of subjects censored | | 272 (54.1%) | 271 (51.1%) |
| Median Time to event (month) [95 % CI] | | 49.333 [n.c.] | 46.733 [40.400;53.733] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.80; 1.15] | |
| two-sided p-value from stratified logrank test | | 0.6580 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 154: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 156 (100.0%) | 147 (100.0%) |
| Number (%) of subjects with event | 49 (31.4%) | 54 (36.7%) |
| Number (%) of subjects censored | 107 (68.6%) | 93 (63.3%) |
| Median Time to event (month) [95 % CI] | n.c. | 50.700 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.54; 1.22] | |
| two-sided p-value from stratified logrank test | 0.3130 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 155: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.7094 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 156: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1764 (100.0%) | 1794 (100.0%) |
| Number (%) of subjects with event | | 729 (41.3%) | 760 (42.4%) |
| Number (%) of subjects censored | | 1035 (58.7%) | 1034 (57.6%) |
| Median Time to event (month) [95 % CI] | | 55.067 [n.c.] | 52.900 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.87; 1.07] | |
| two-sided p-value from stratified logrank test | | 0.4656 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 156: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex
(full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 774 (100.0%) | 731 (100.0%) |
| Number (%) of subjects with event | 261 (33.7%) | 252 (34.5%) |
| Number (%) of subjects censored | 513 (66.3%) | 479 (65.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.85; 1.20] | |
| two-sided p-value from stratified logrank test | 0.9203 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 157: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.7592 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1515 (100.0%) | 1517 (100.0%) |
| Number (%) of subjects with event | 541 (35.7%) | 568 (37.4%) |
| Number (%) of subjects censored | 974 (64.3%) | 949 (62.6%) |
| Median Time to event (month) [95 % CI] | n.c. | 59.533 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.84; 1.06] | |
| two-sided p-value from stratified logrank test | 0.3583 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years)
3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 1023 (100.0%) | 1008 (100.0%) |
| Number (%) of subjects with event | 449 (43.9%) | 444 (44.0%) |
| Number (%) of subjects censored | 574 (56.1%) | 564 (56.0%) |
| Median Time to event (month) [95 % CI] | 51.300 [46.467;55.067] | 49.533 [46.400;54.100] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.00 [0.88; 1.15] | |
| two-sided p-value from stratified logrank test | 0.9517 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 159: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.5390 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 160: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 990 (39.0%) | 1012 (40.1%) |
| Number (%) of subjects censored | 1548 (61.0%) | 1513 (59.9%) |
| Median Time to event (month) [95 % CI] | n.c. | 56.133 [n.c.] |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.88; 1.05] | |
| two-sided p-value from unstratified logrank test | 0.3839 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.2.1 / 161: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2538 (100.0%) | 2525 (100.0%) |
| Number (%) of subjects with event | 915 (36.1%) | 941 (37.3%) |
| Number (%) of subjects censored | 1623 (63.9%) | 1584 (62.7%) |
| Median Time to event (month) [95 % CI] | n.c. | 56.100 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.88; 1.06] | |
| two-sided p-value from stratified logrank test | 0.4579 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / type of albuminuria at screening / history of CV disease

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Table 1.2.1 / 162: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

| Statistic | Value |
|---|-------------------|
| Rate ratio from stratified Andersen-Gill model with robust estimation of standard errors (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.84; 1.03] |
| two-sided p-value from stratified Andersen-Gill model with robust estimation of standard errors | 0.1517 |

Andersen-Gill model accounting for recurrent events.

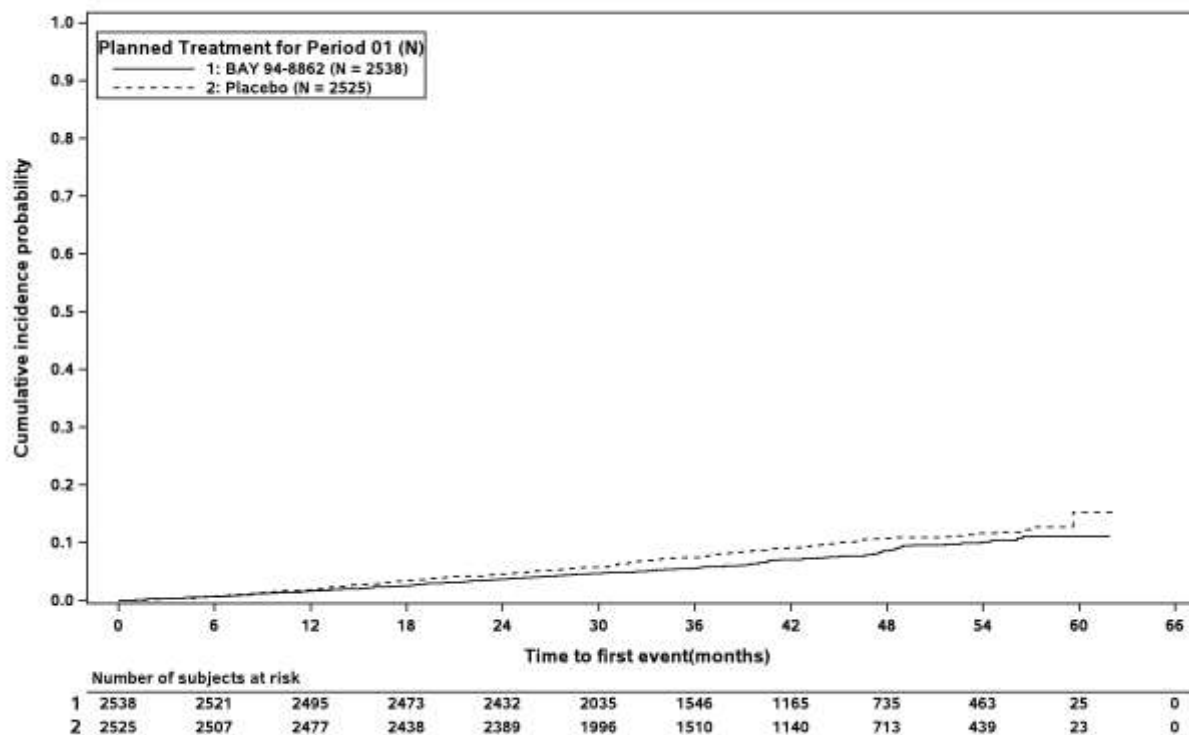
If multiple events occurred on the same day, only a single event is counted for the analysis.

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Figure 1.2.1 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



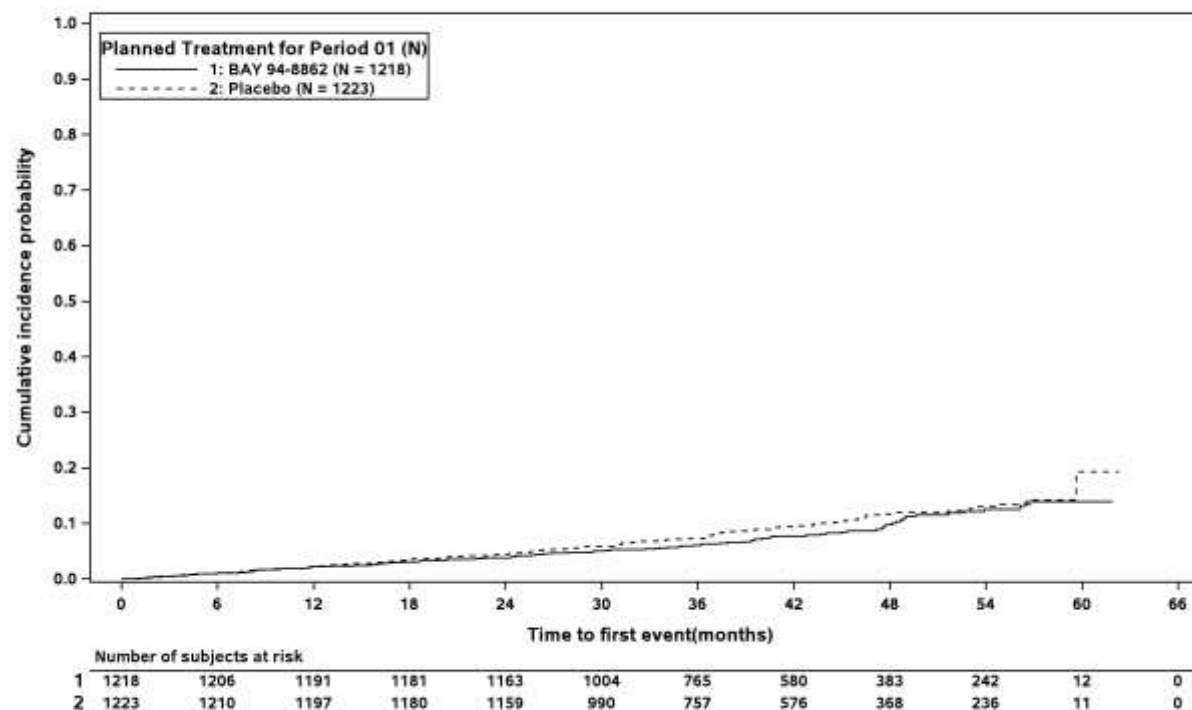
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



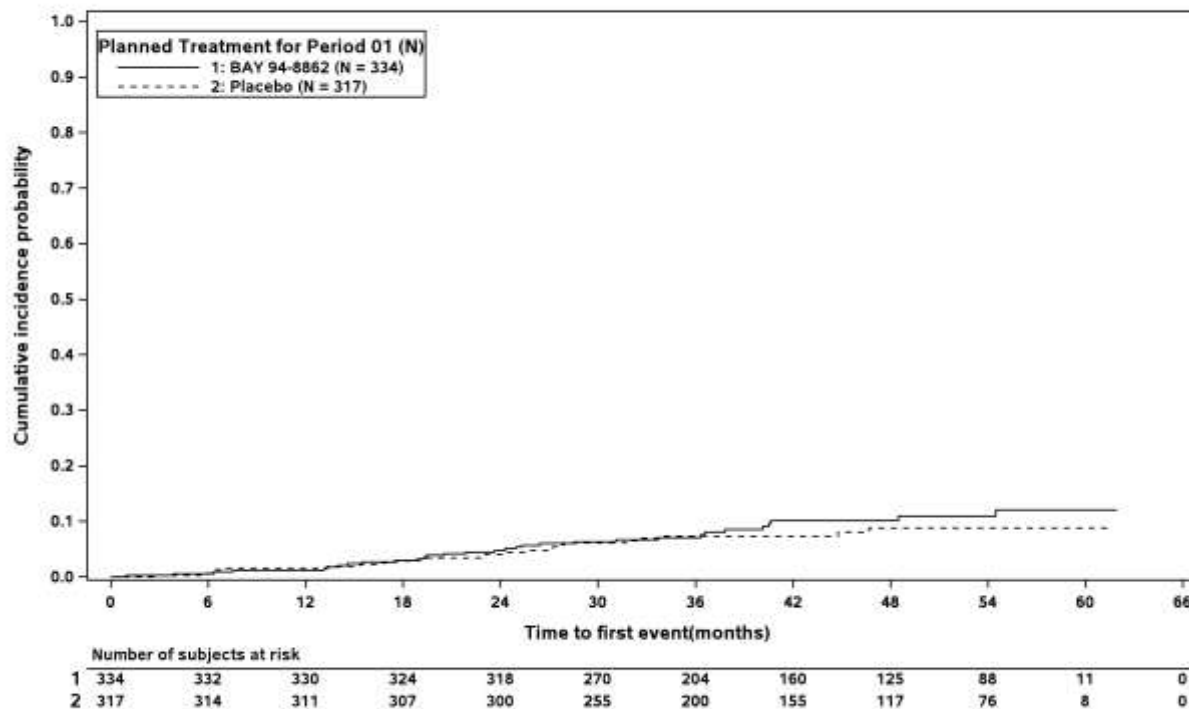
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



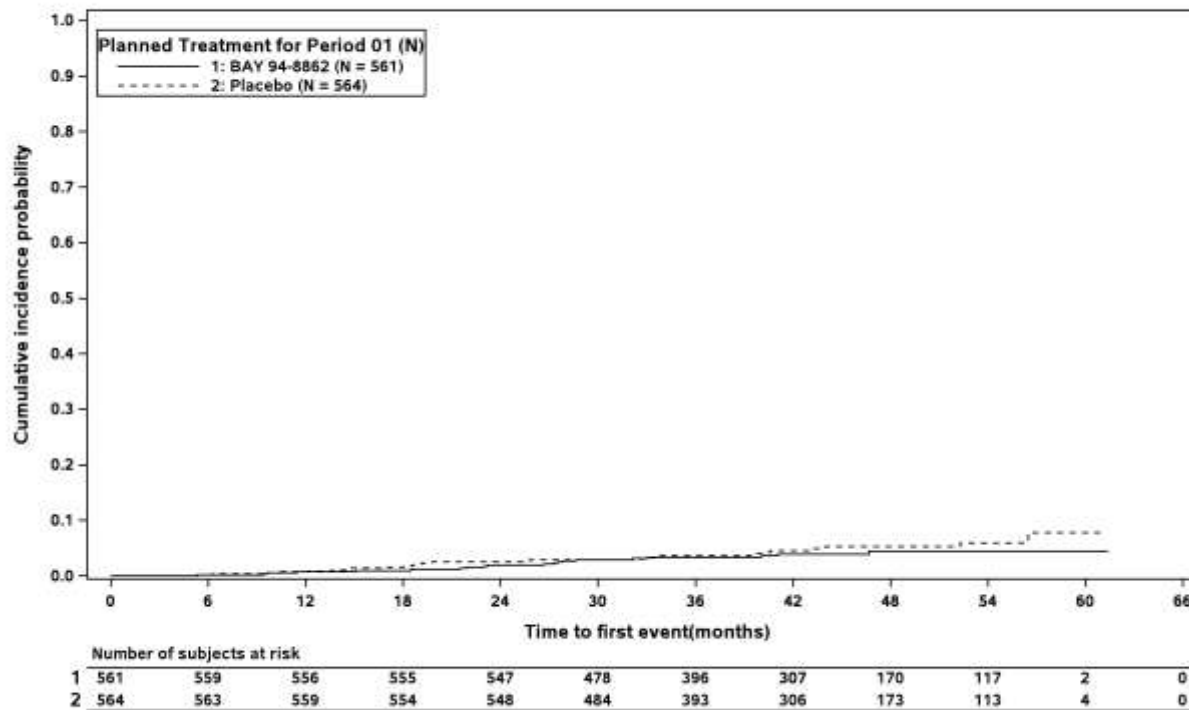
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



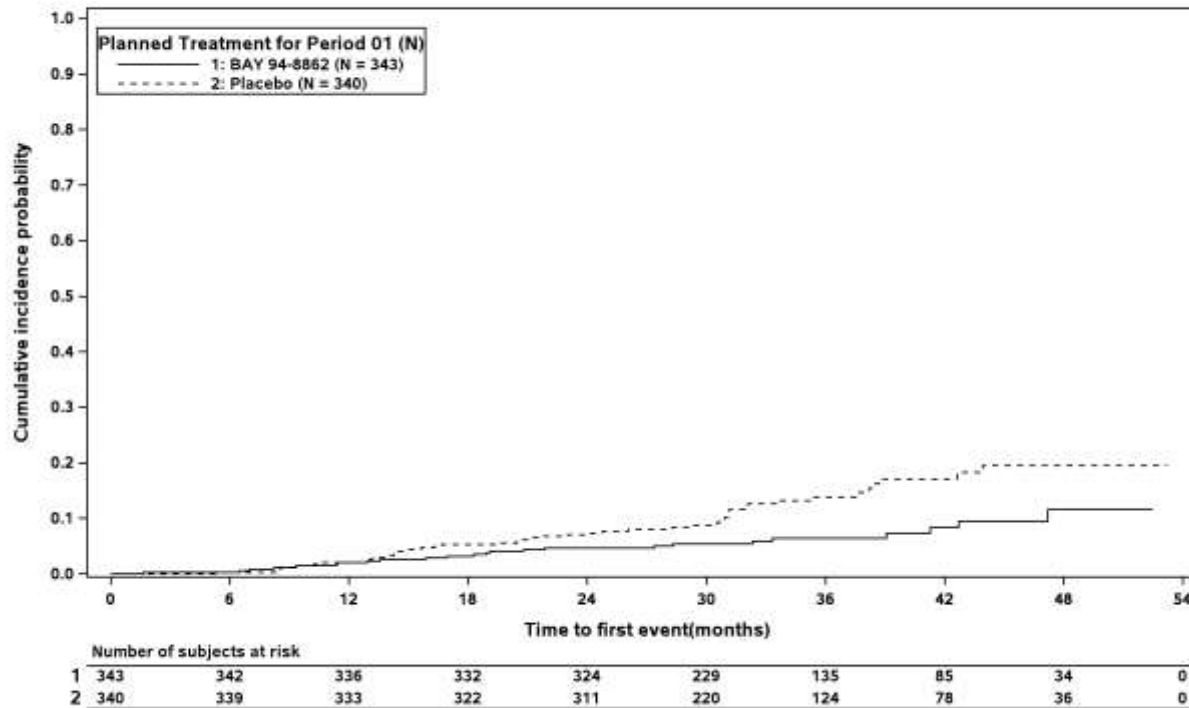
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Figure 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



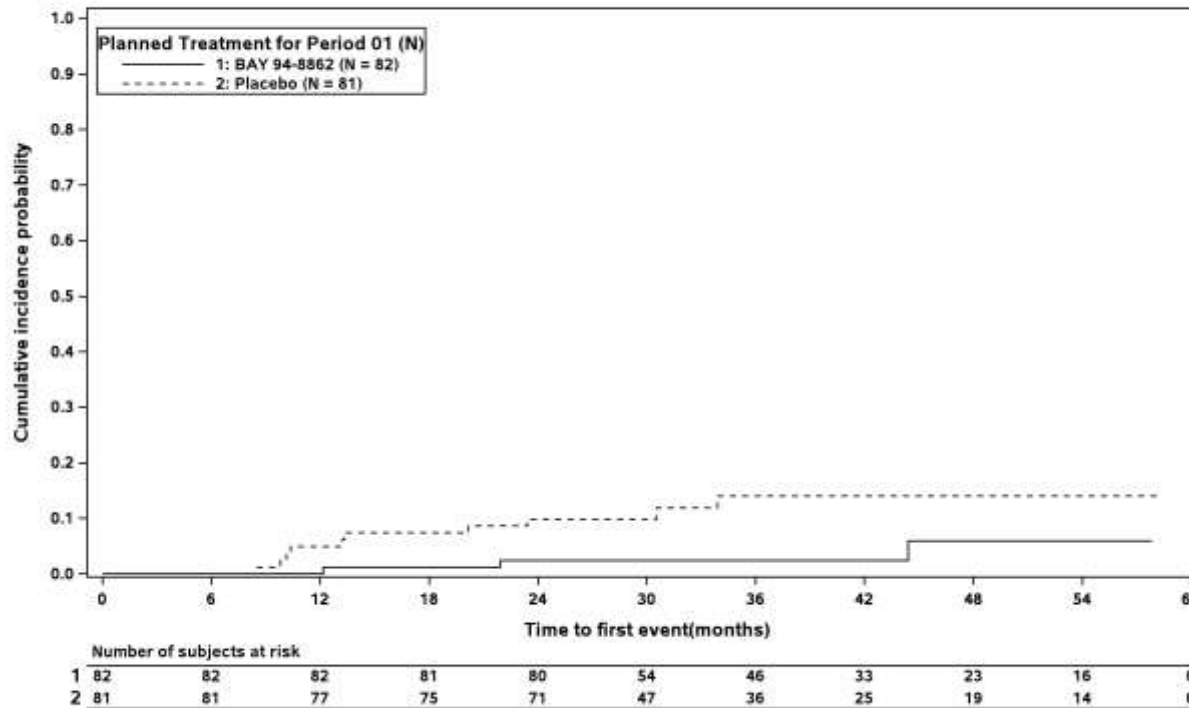
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others



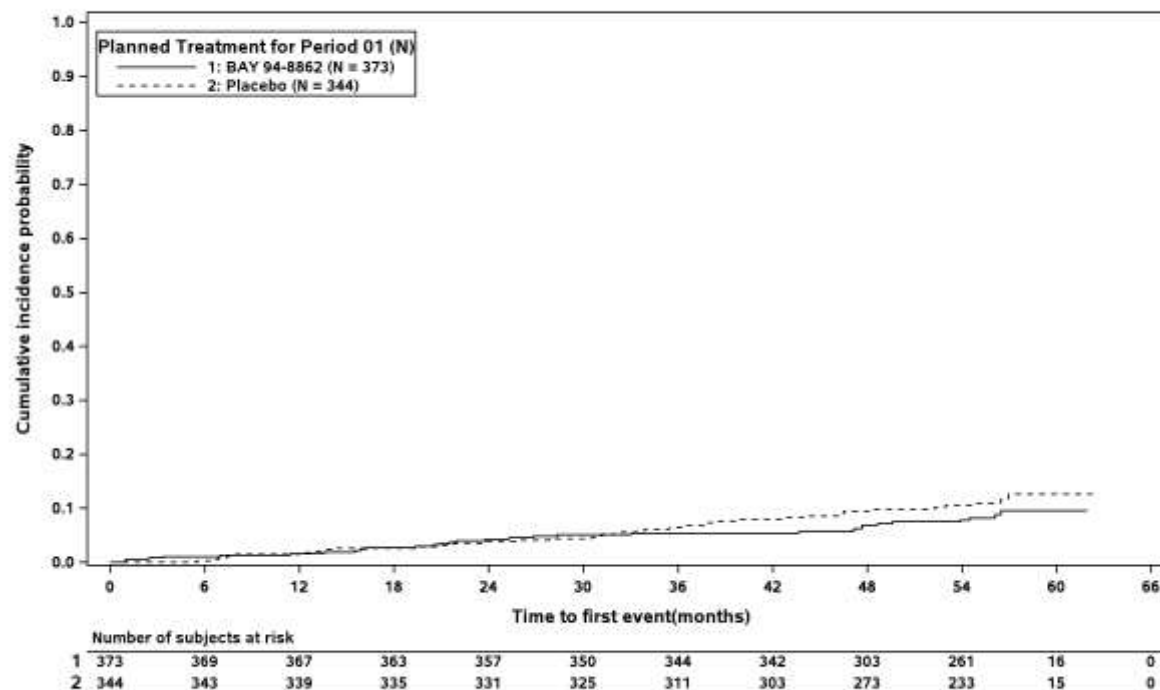
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



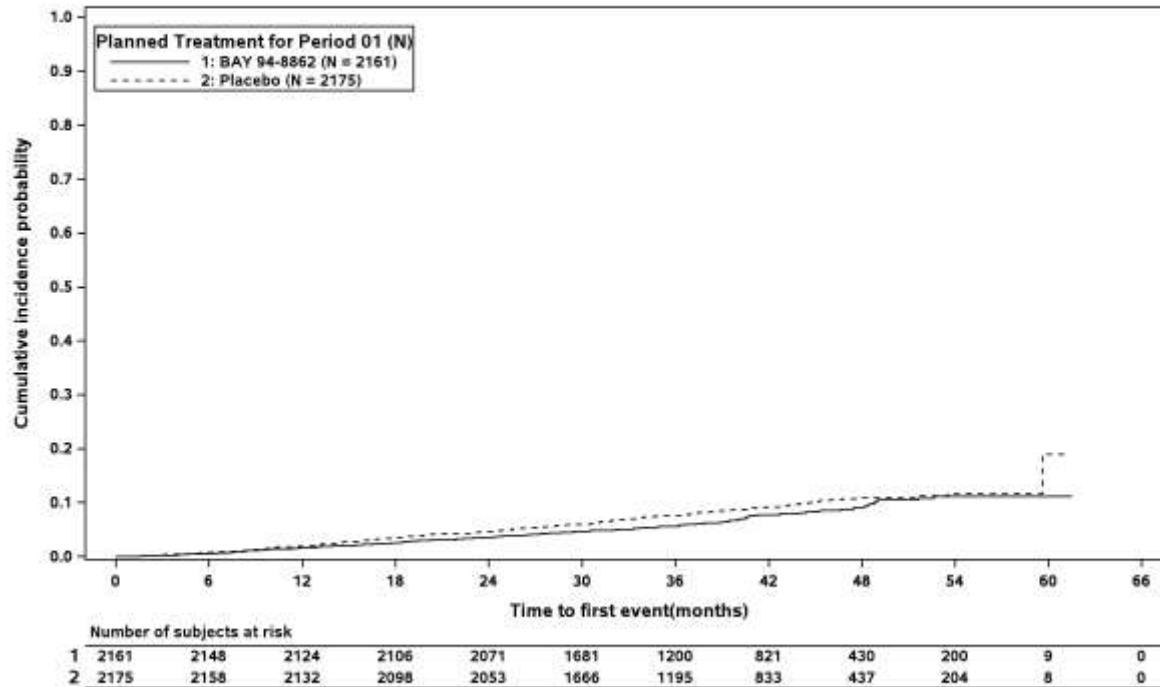
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



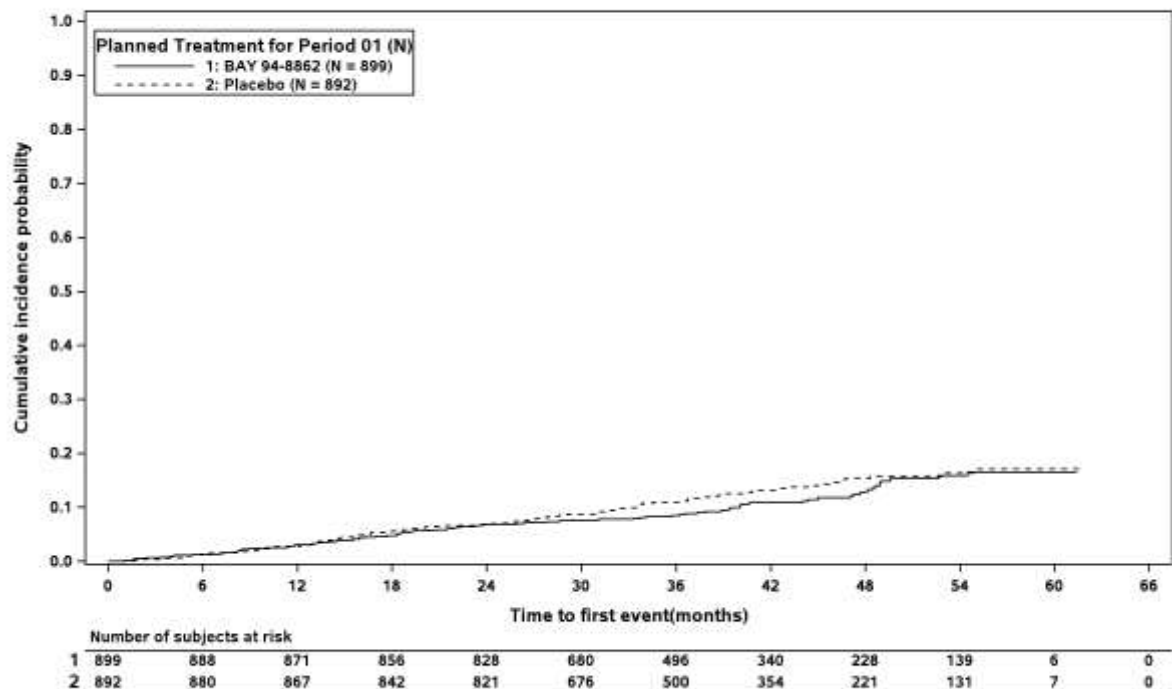
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 4: Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



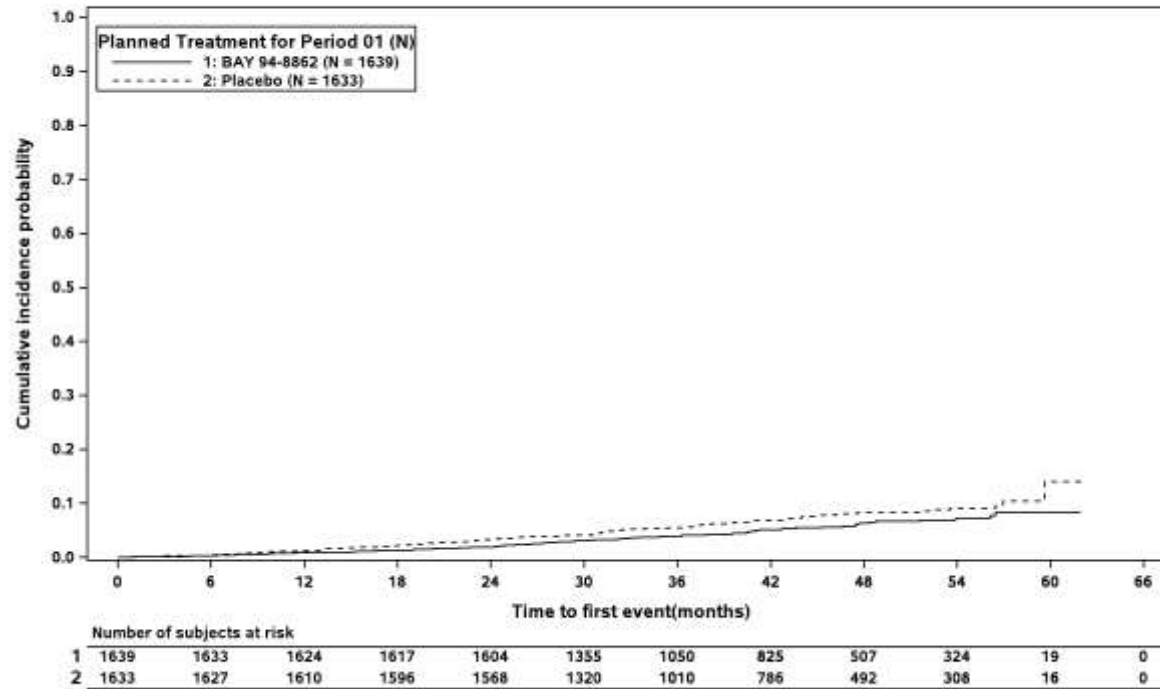
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 4: Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

**Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent**



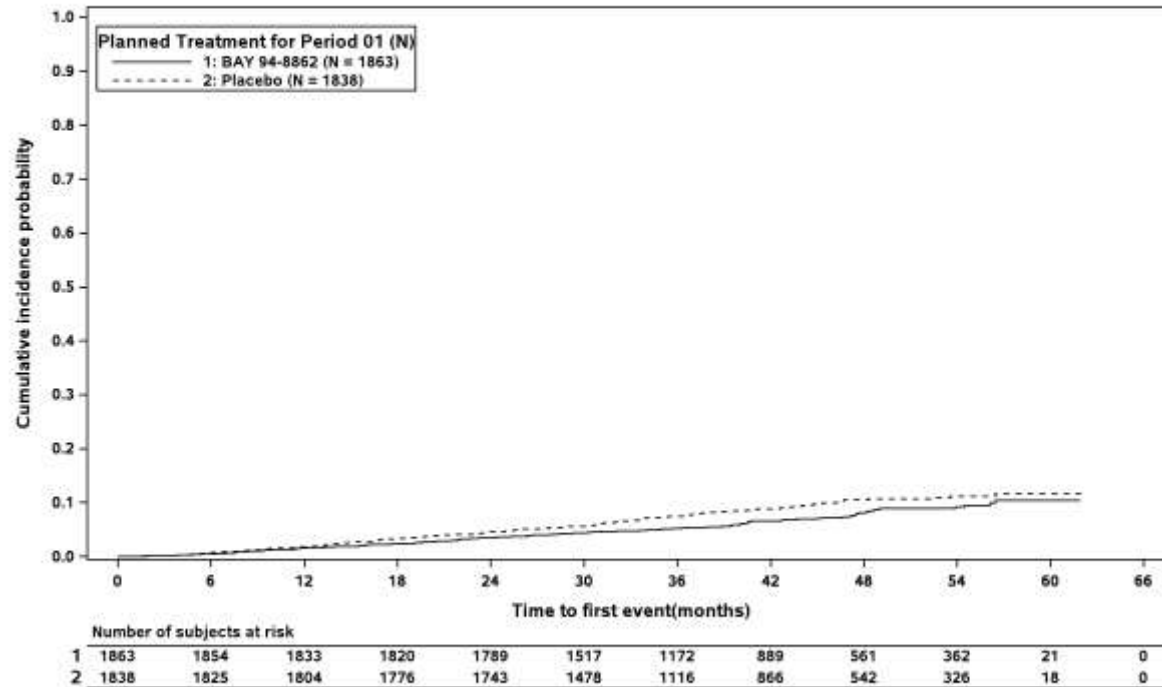
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 5: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



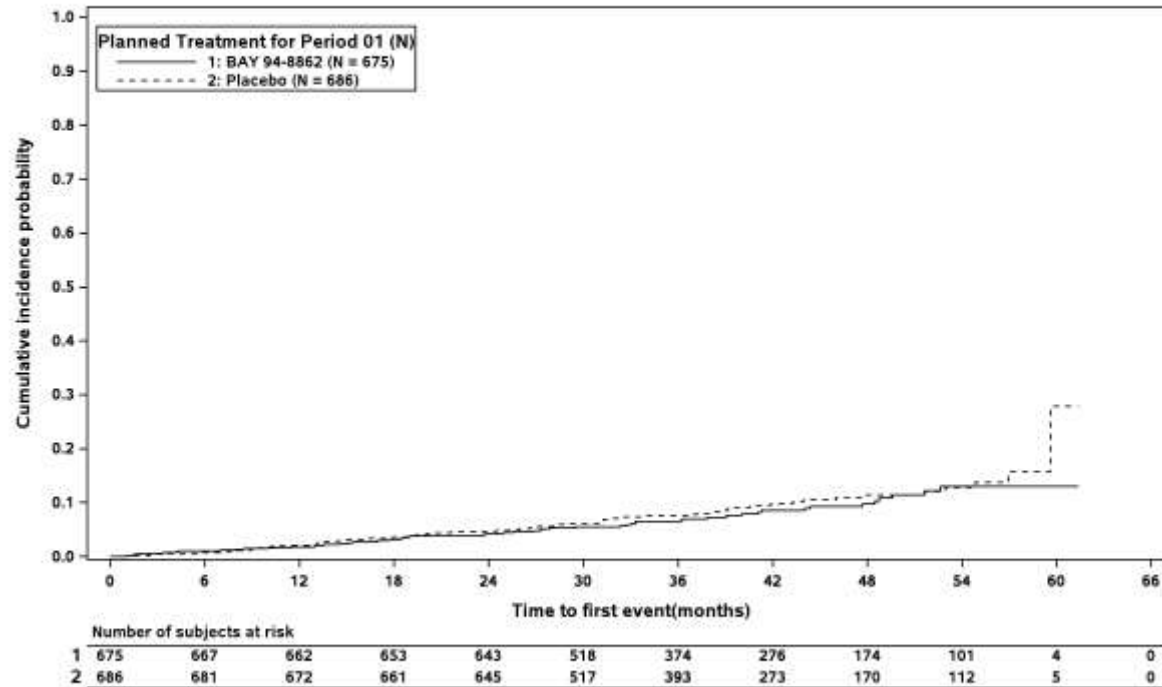
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 5: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



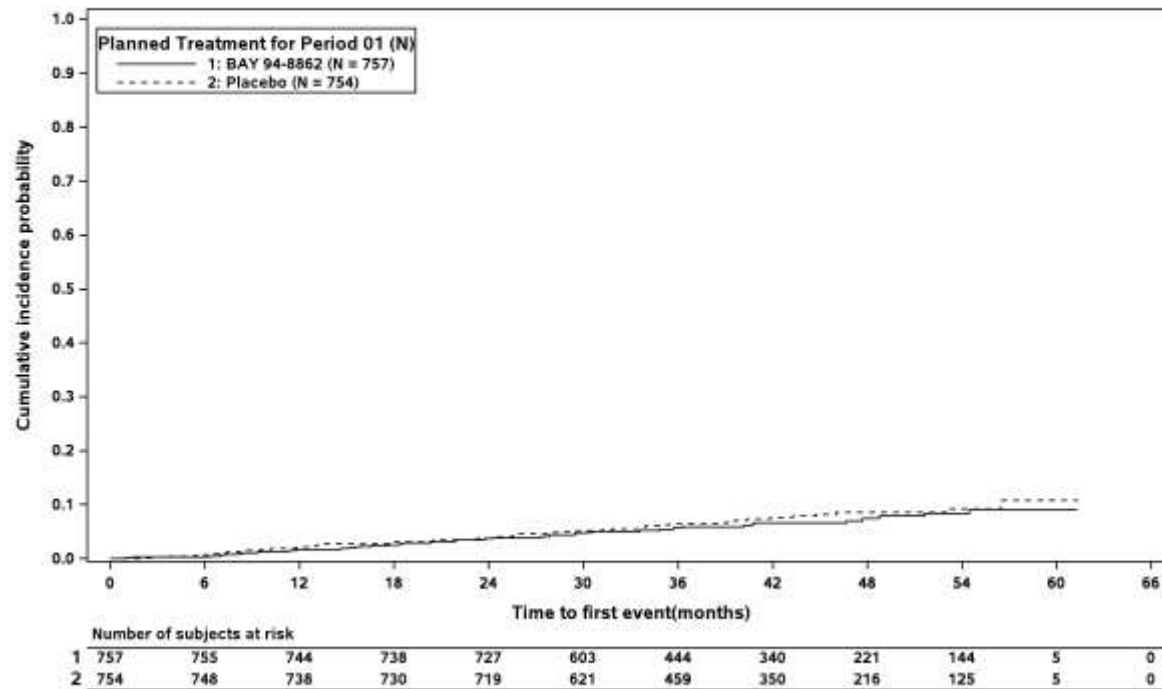
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



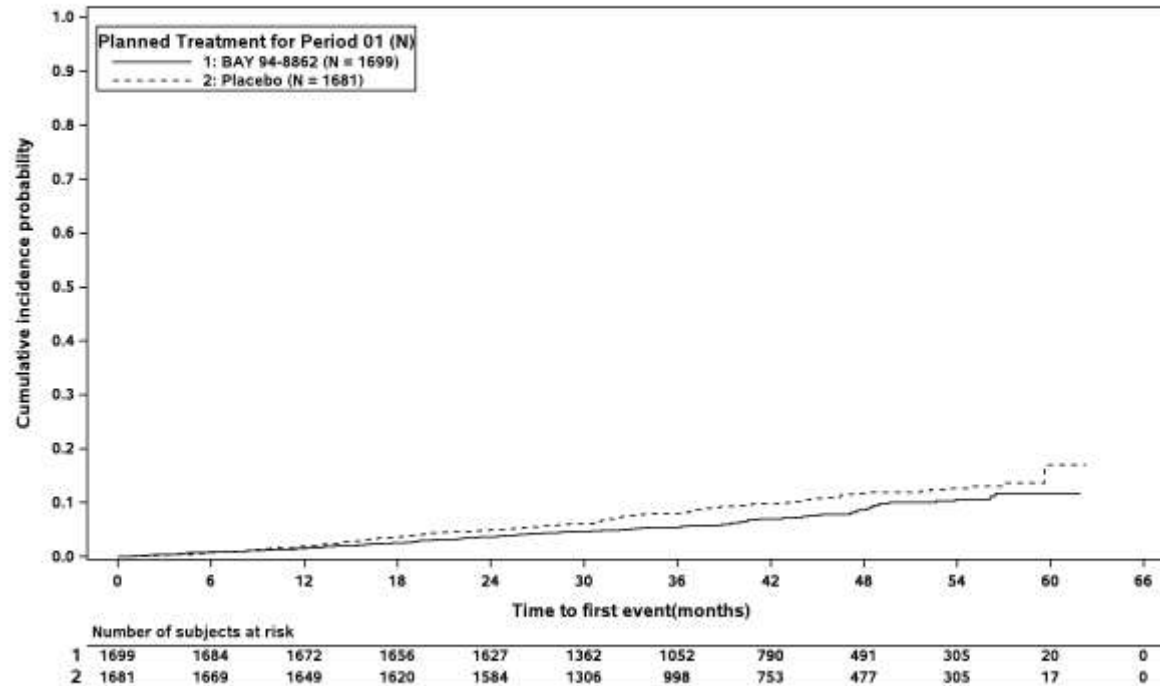
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



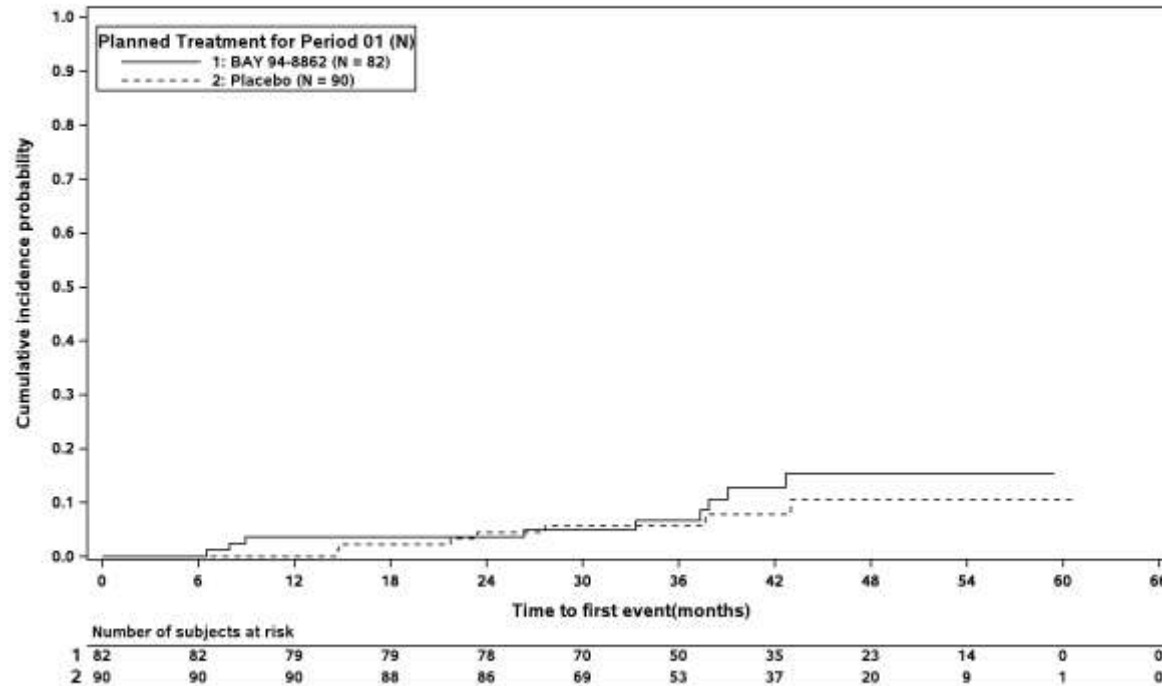
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



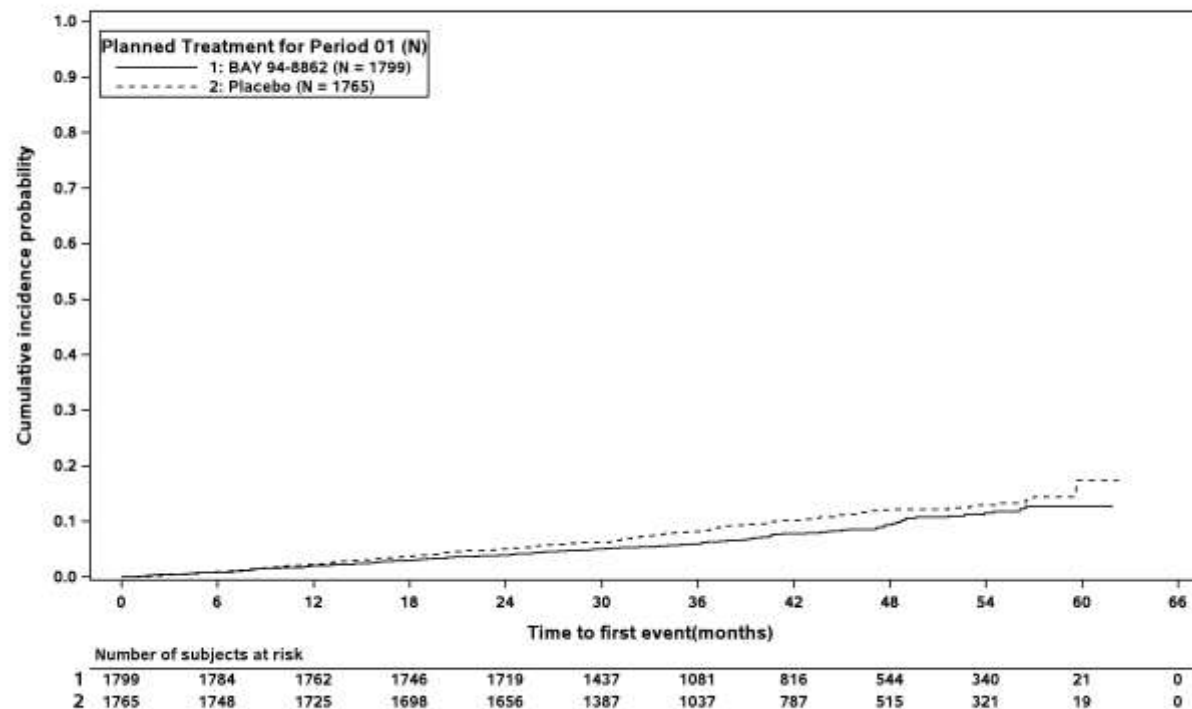
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



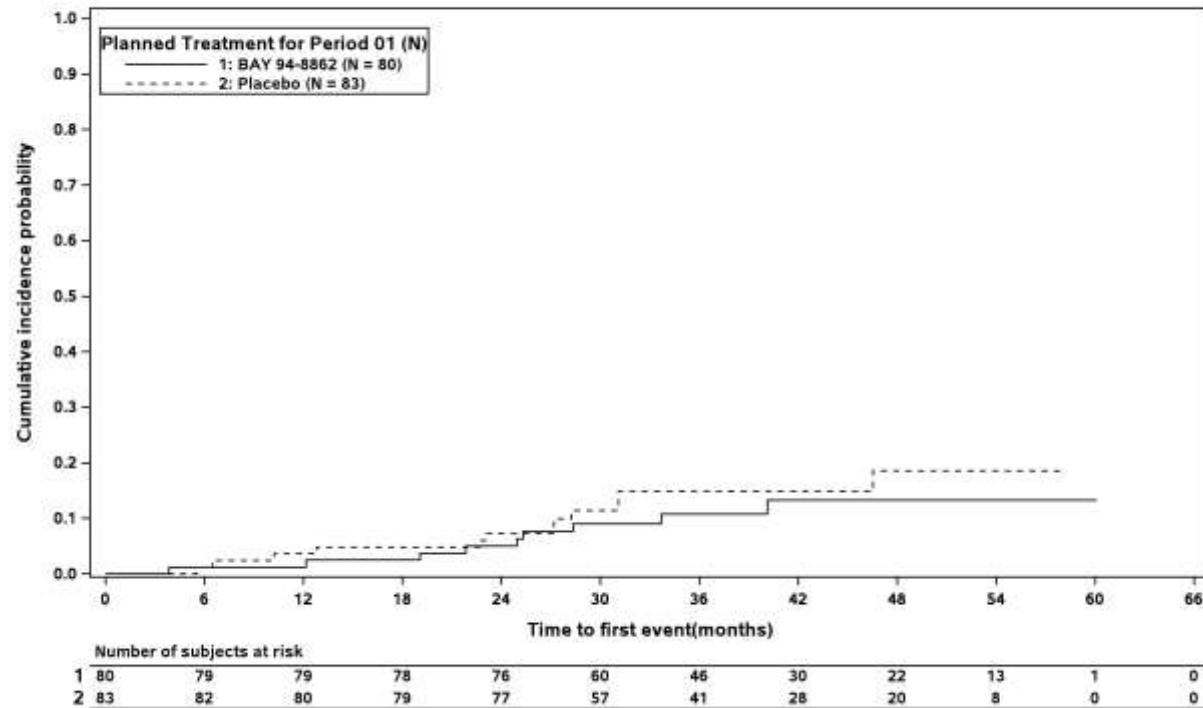
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black



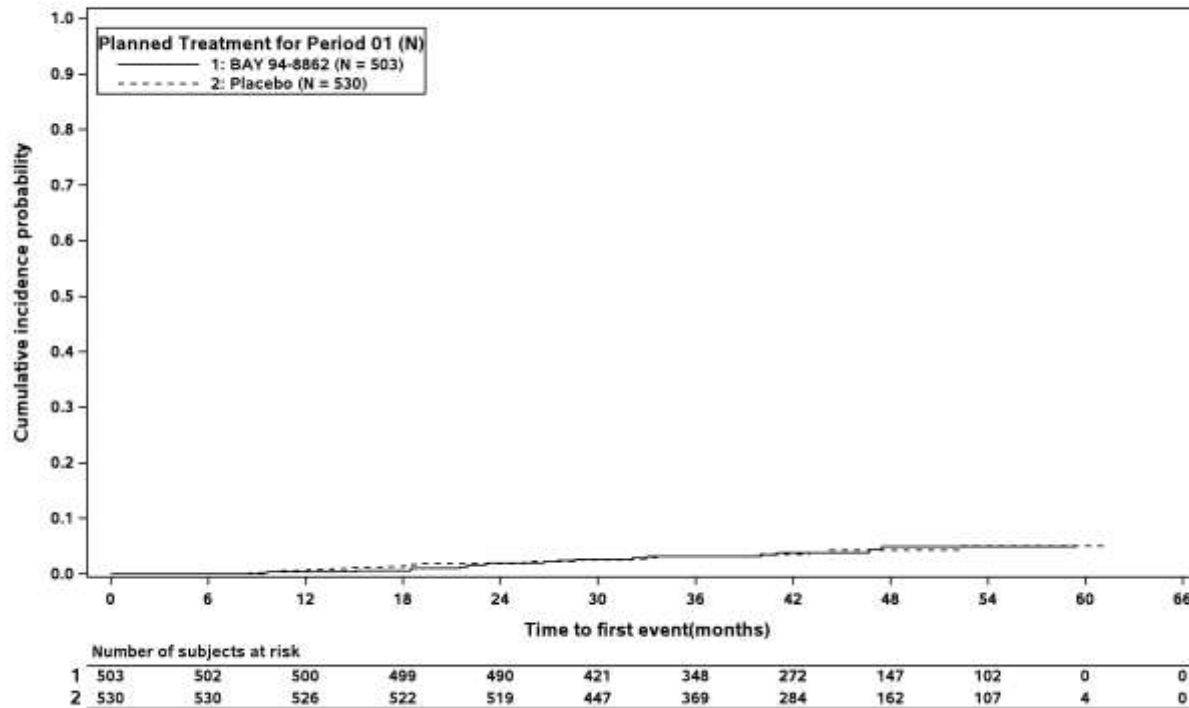
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian



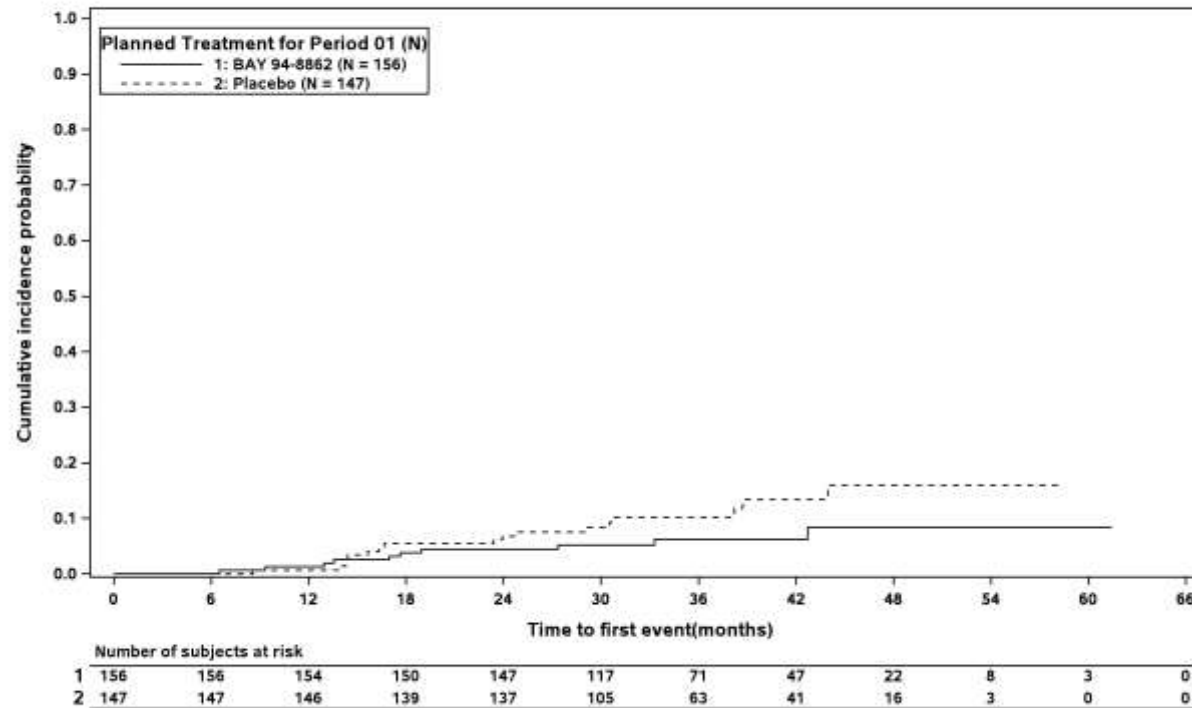
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other



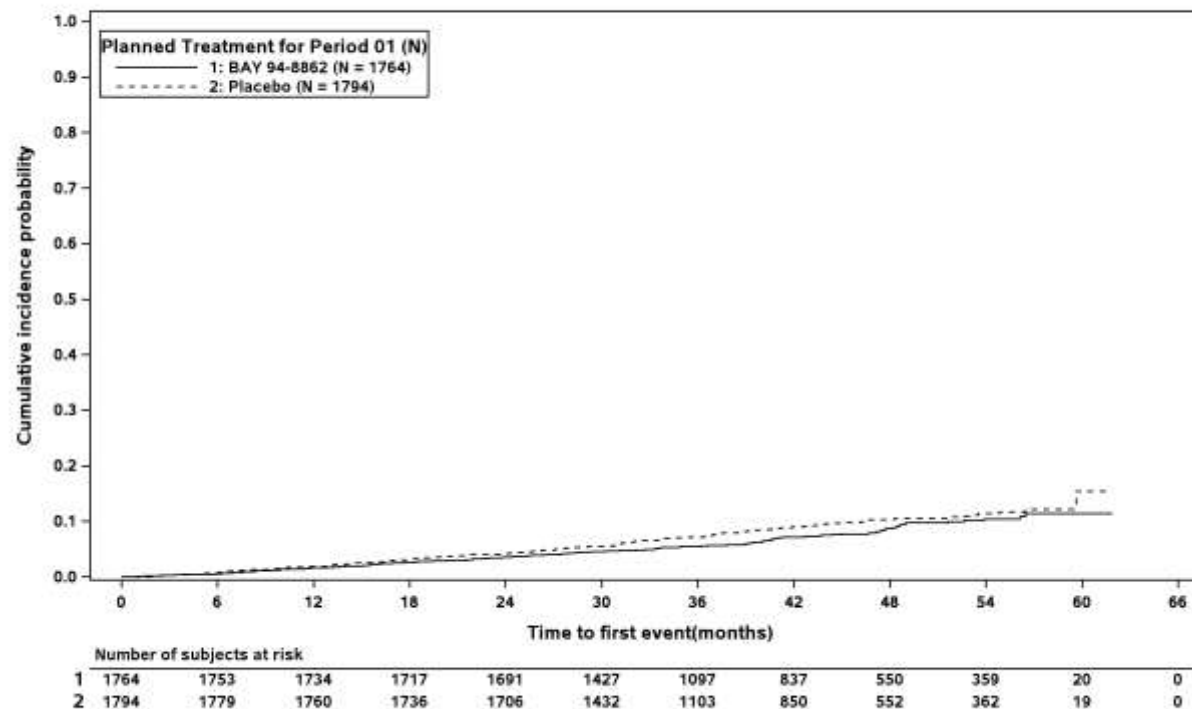
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Figure 1.2.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



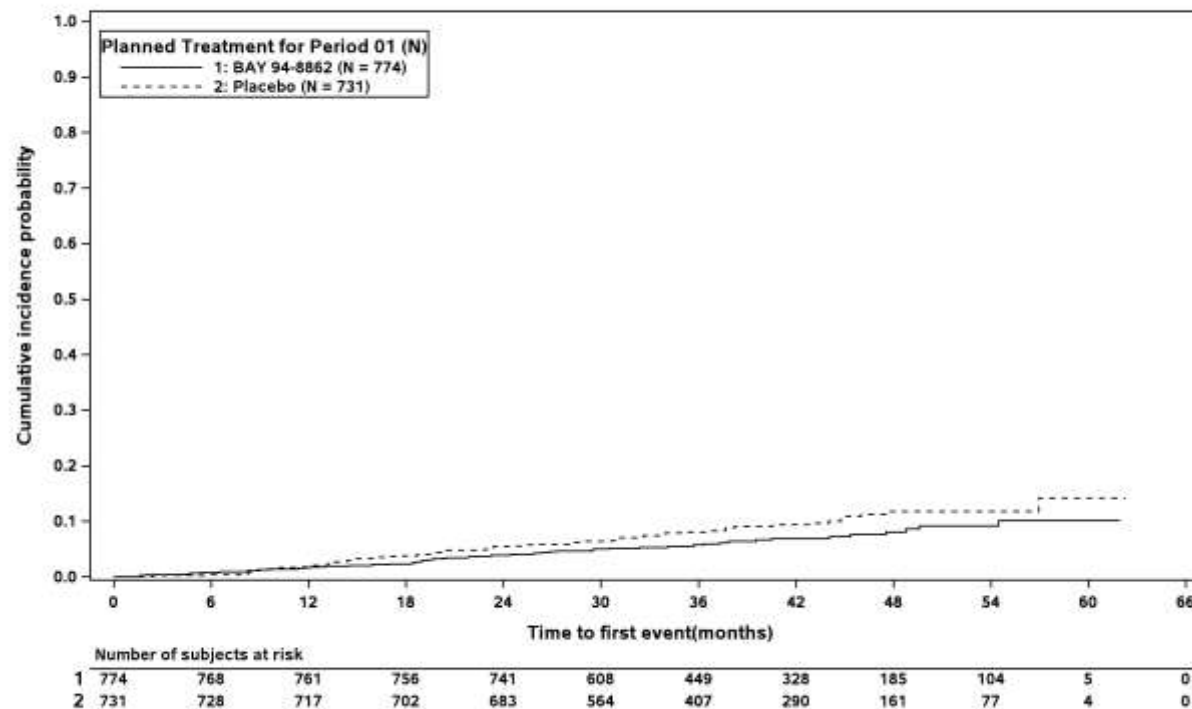
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



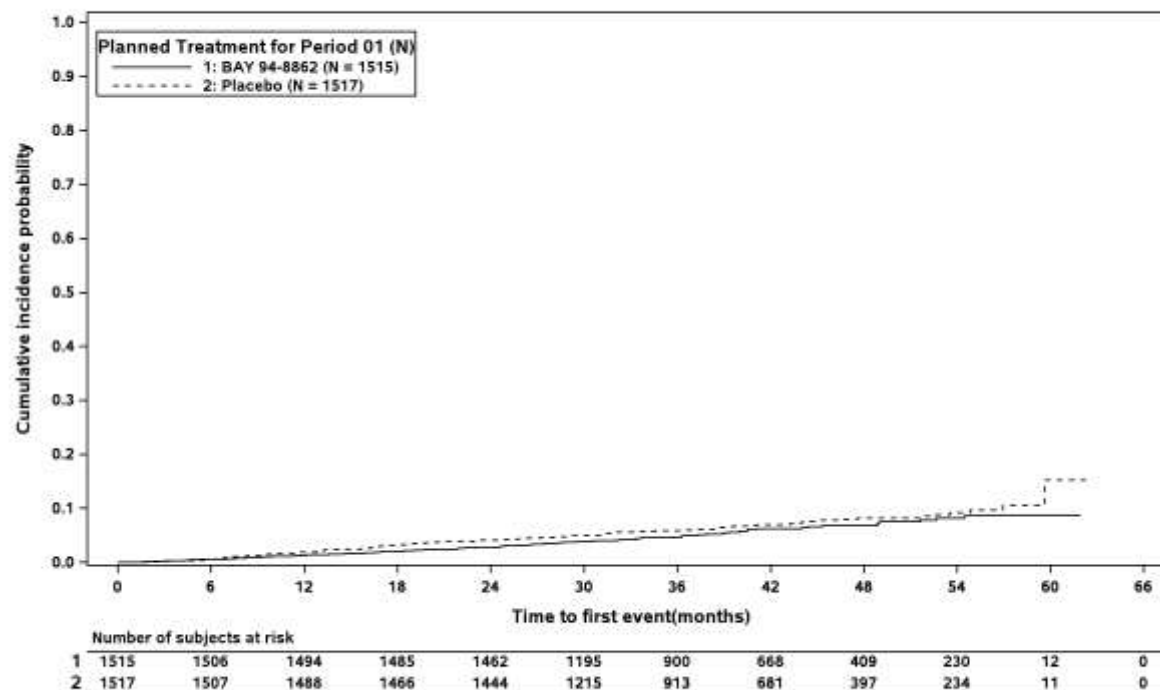
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 9: Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: < 65 years



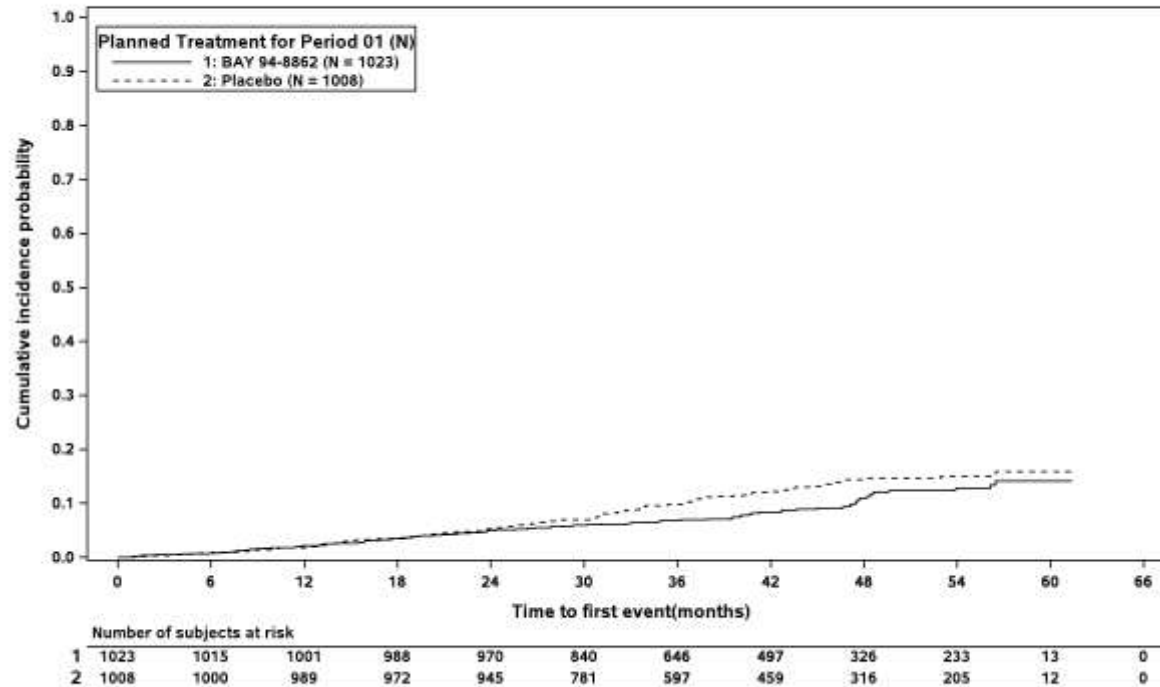
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 9: Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

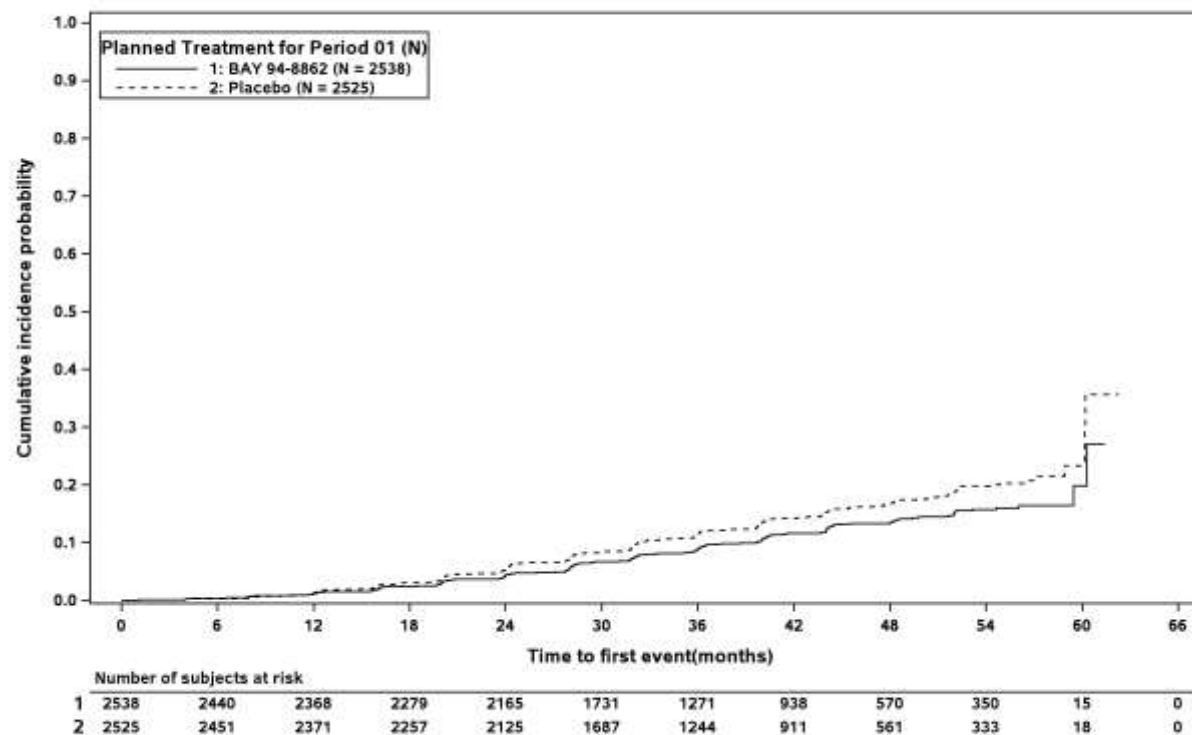


At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 10: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

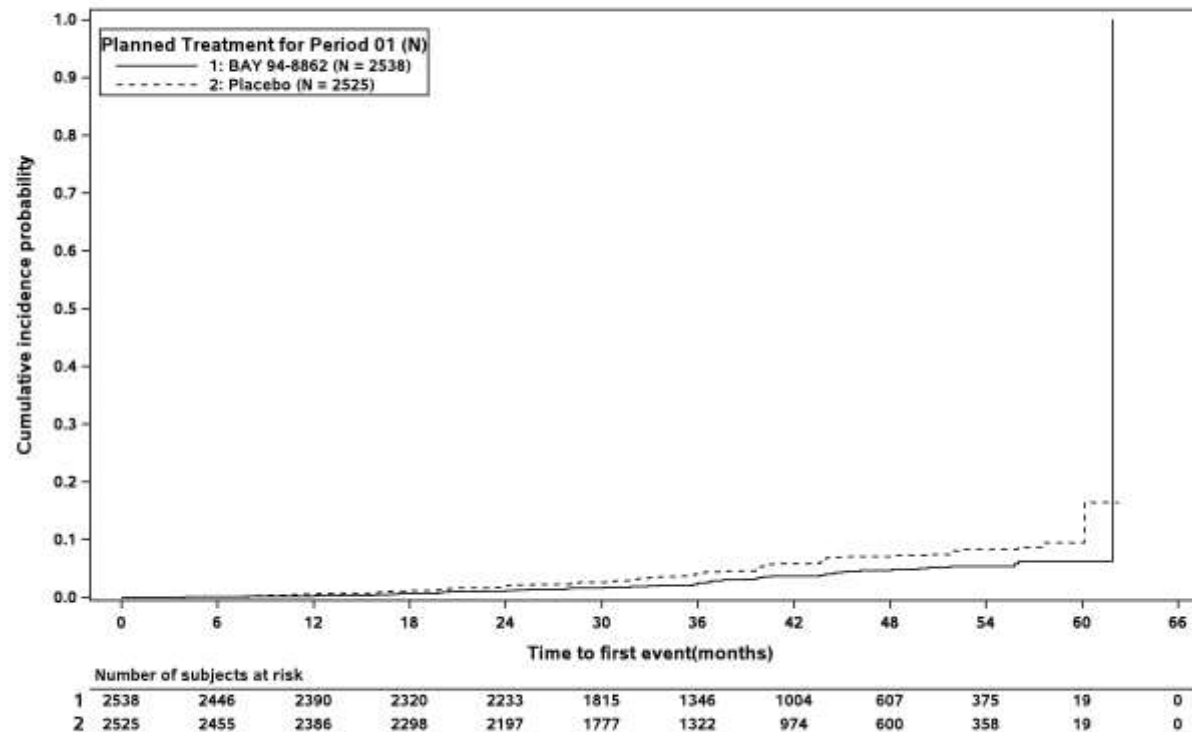


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Figure 1.2.1 / 11: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



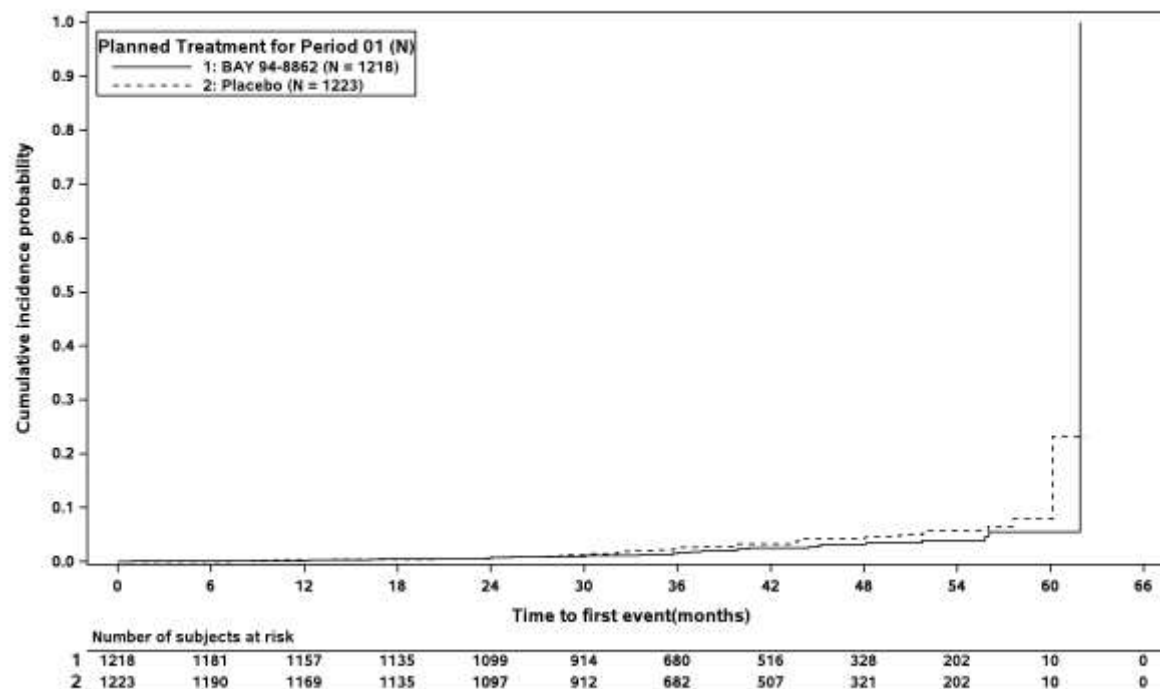
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Figure 1.2.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



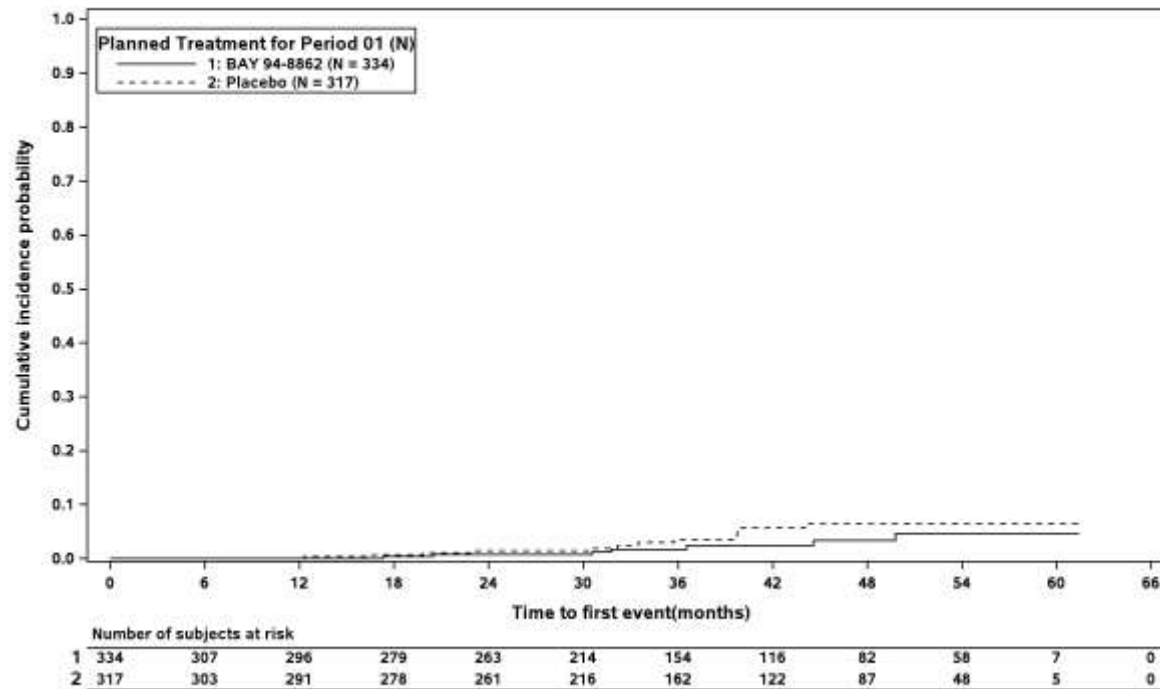
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Figure 1.2.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



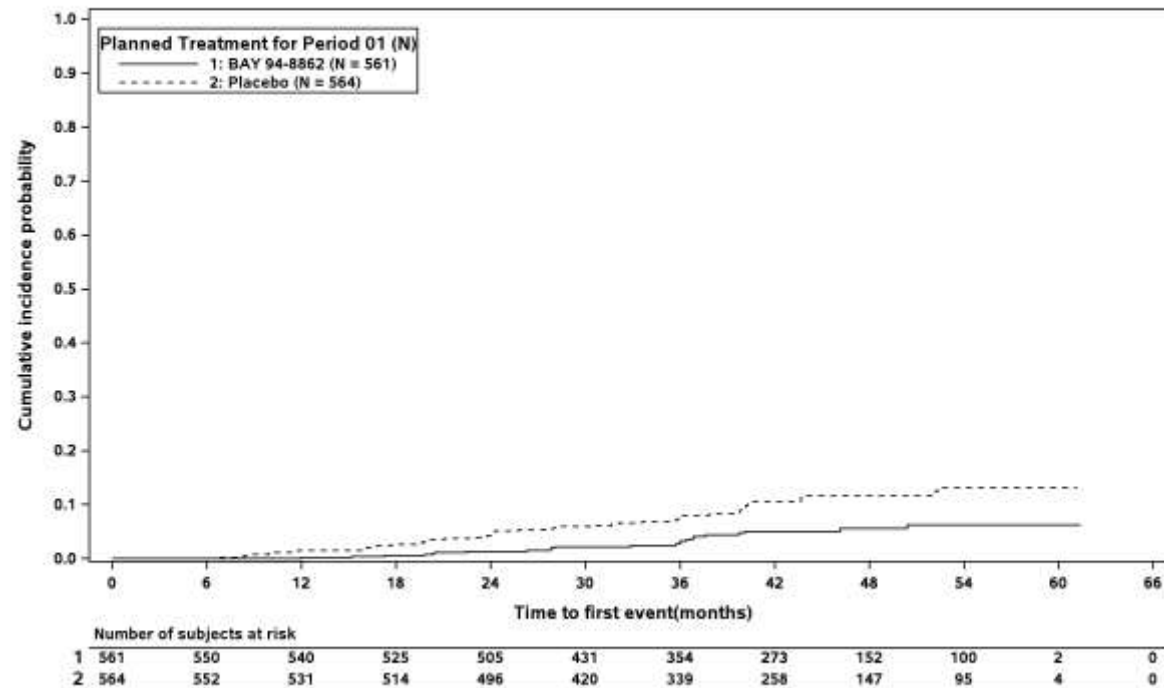
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Figure 1.2.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



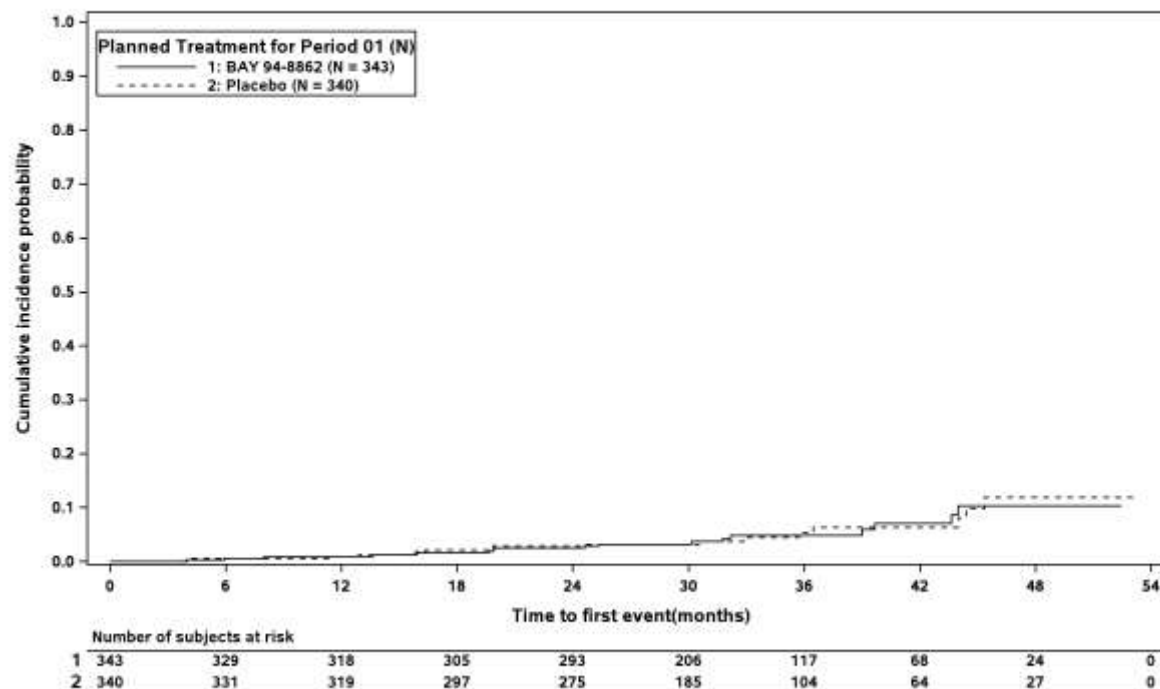
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Figure 1.2.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



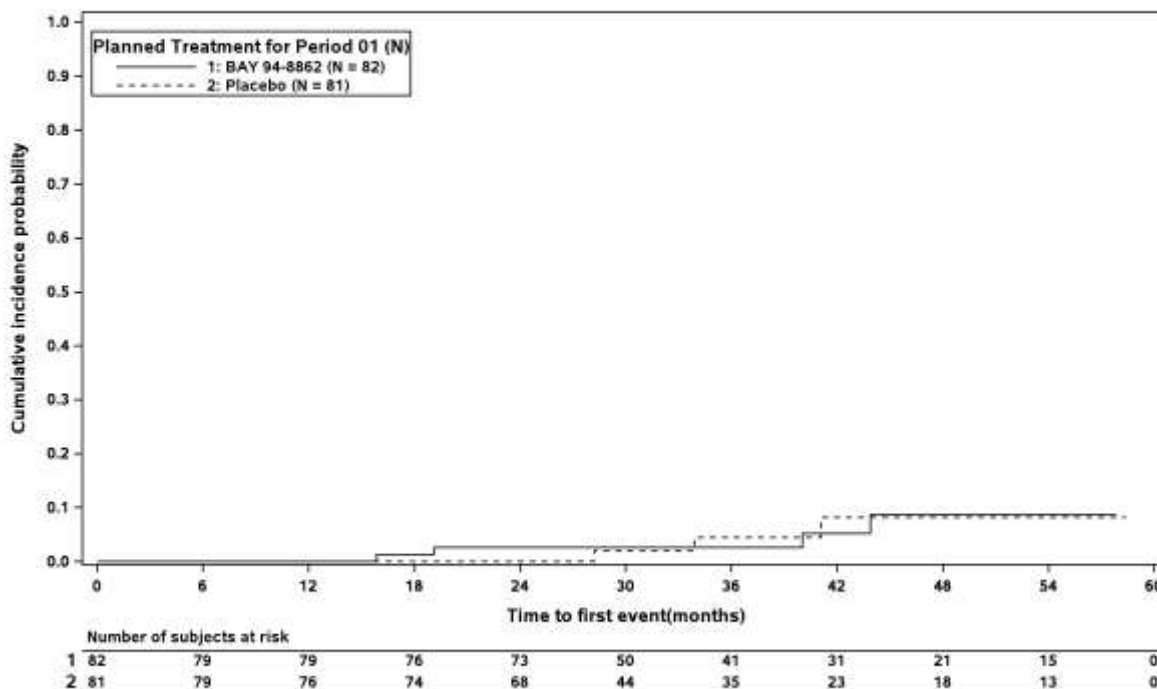
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Figure 1.2.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others



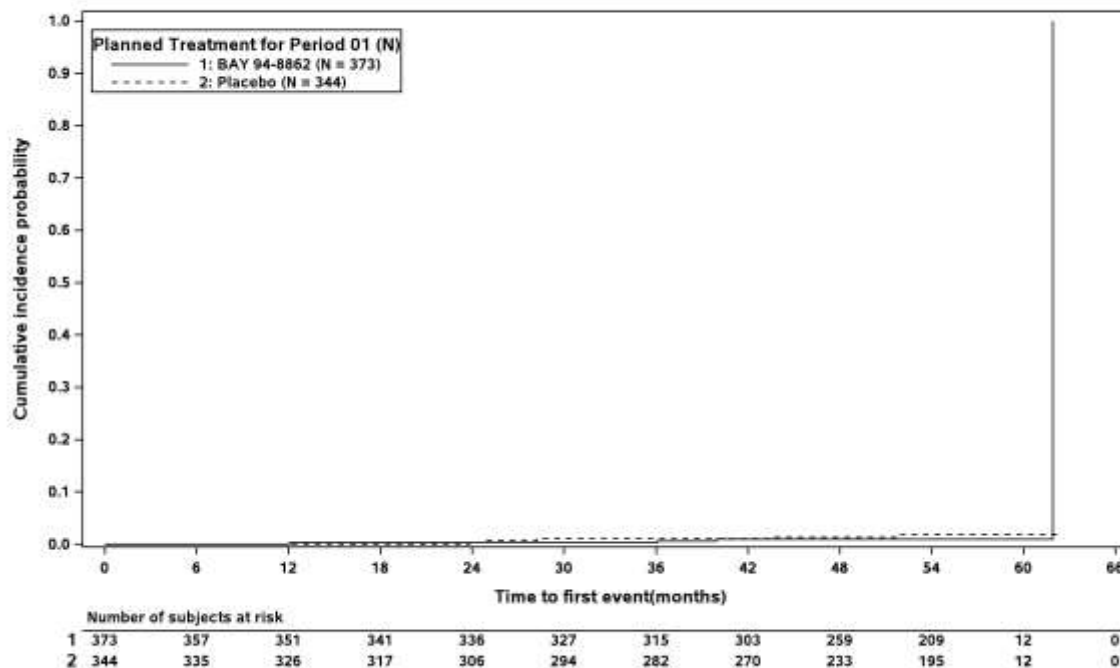
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Figure 1.2.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



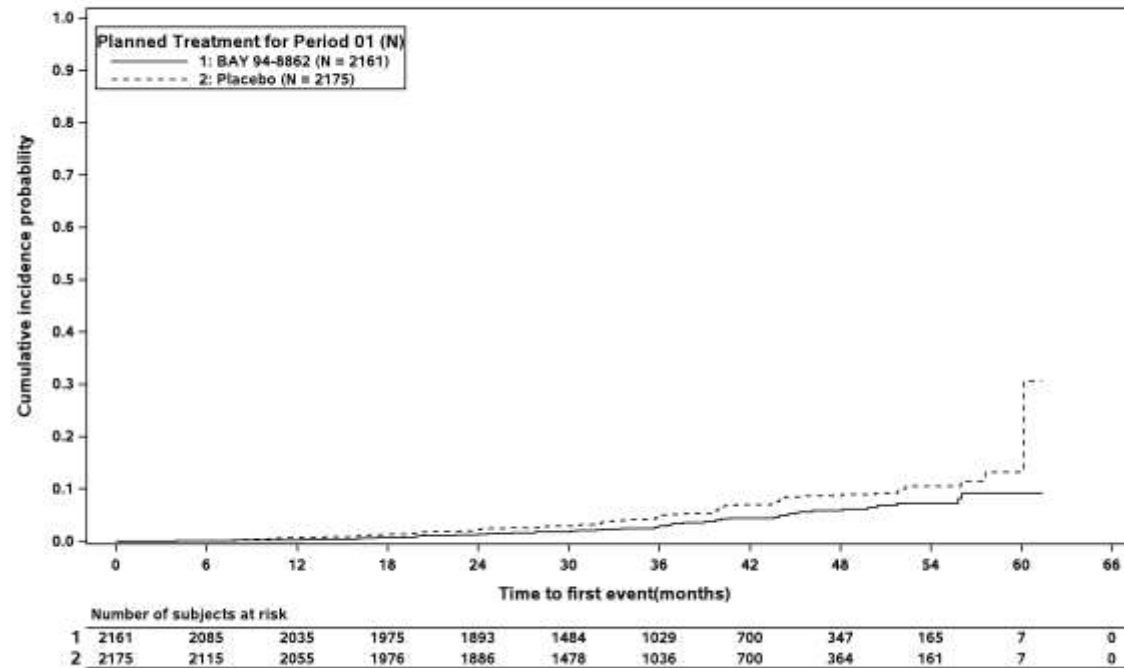
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Figure 1.2.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



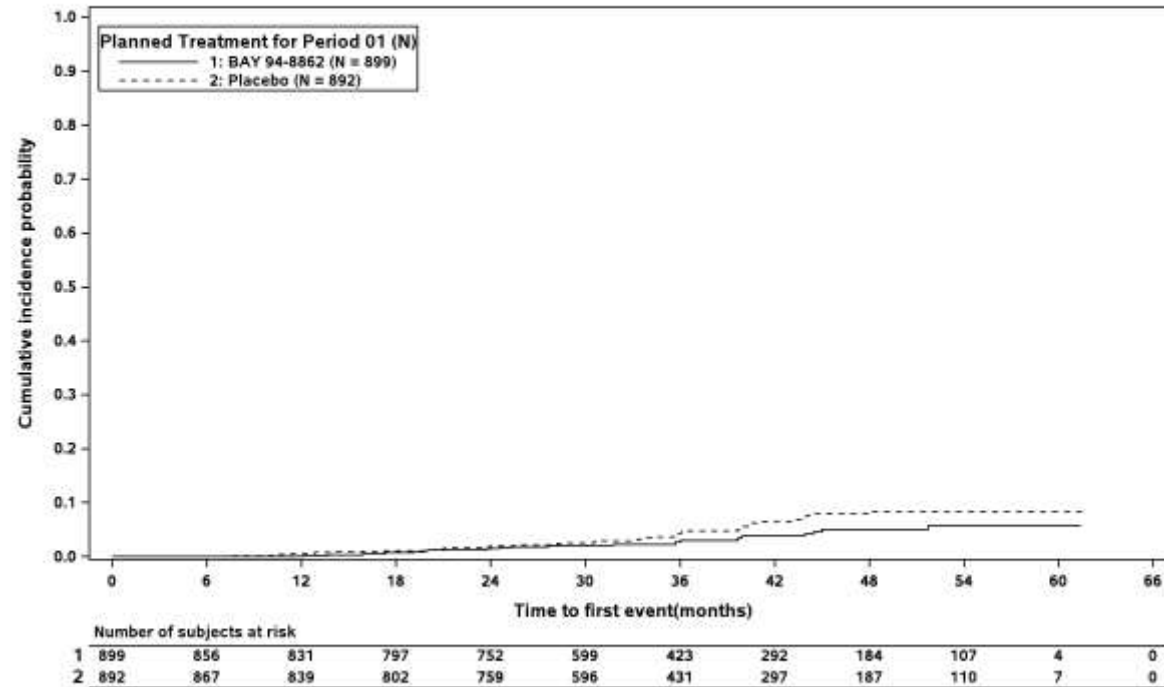
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Figure 1.2.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



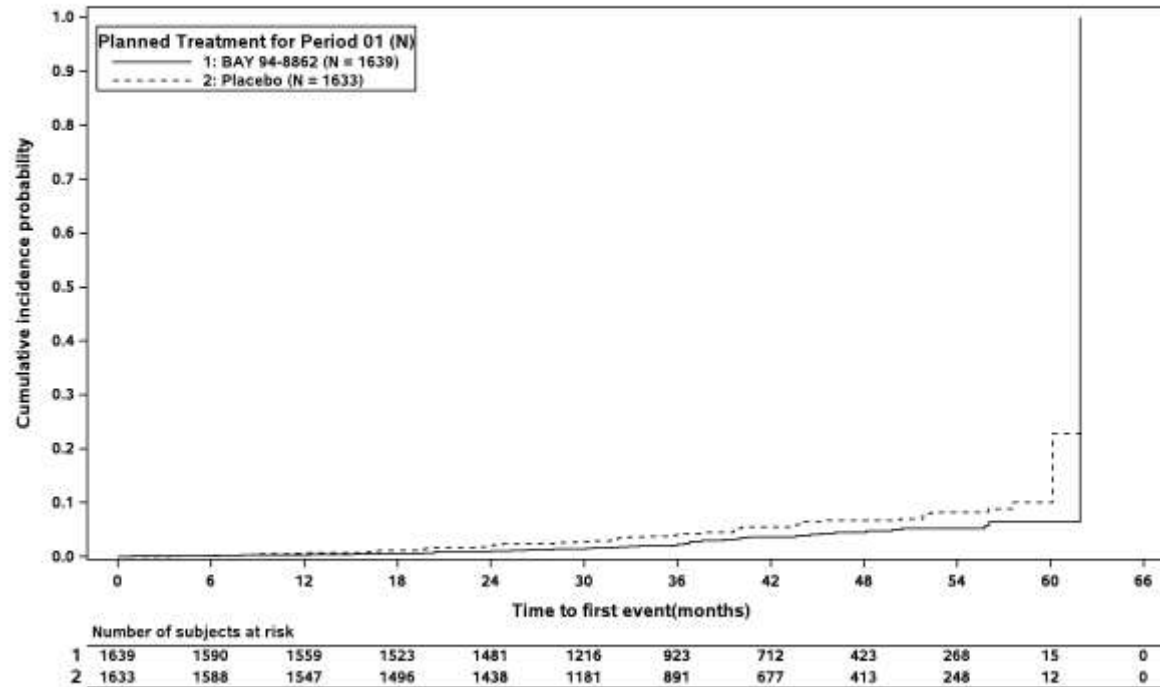
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Figure 1.2.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) History of CVD (Medical history): absent



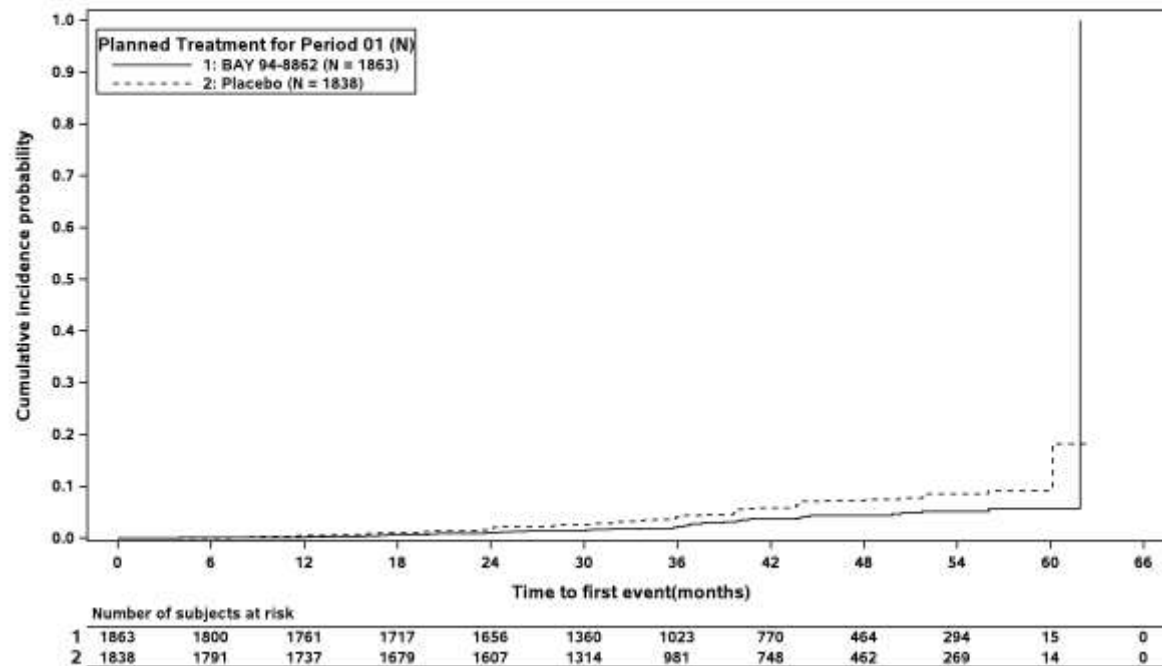
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Figure 1.2.1 / 15: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



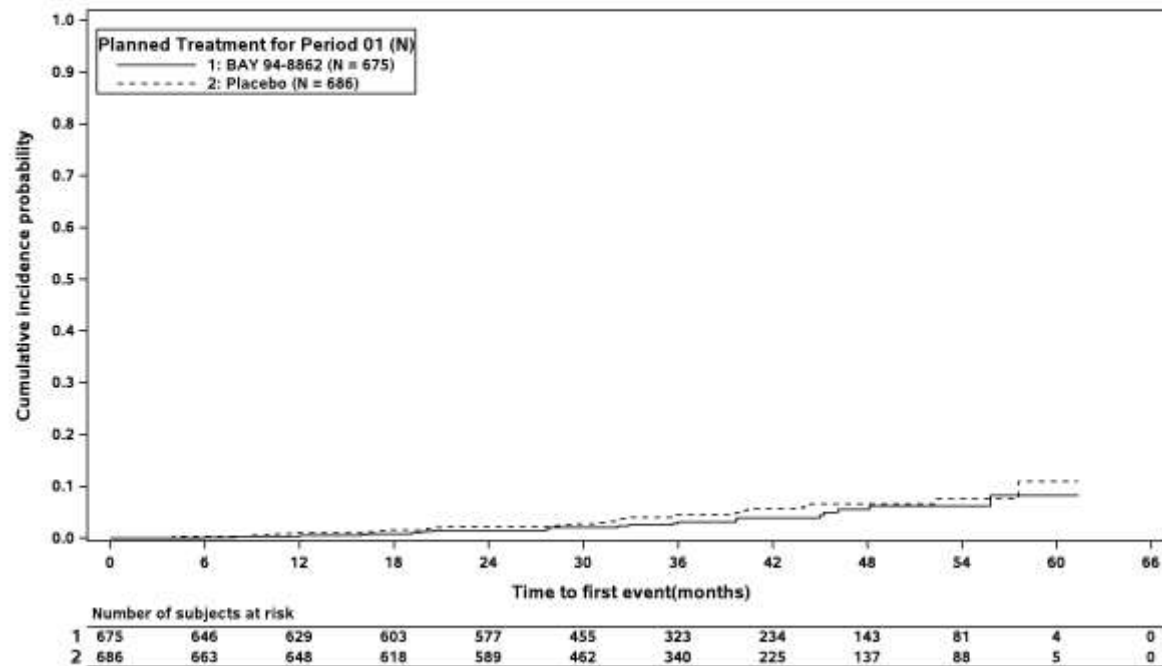
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Figure 1.2.1 / 15: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



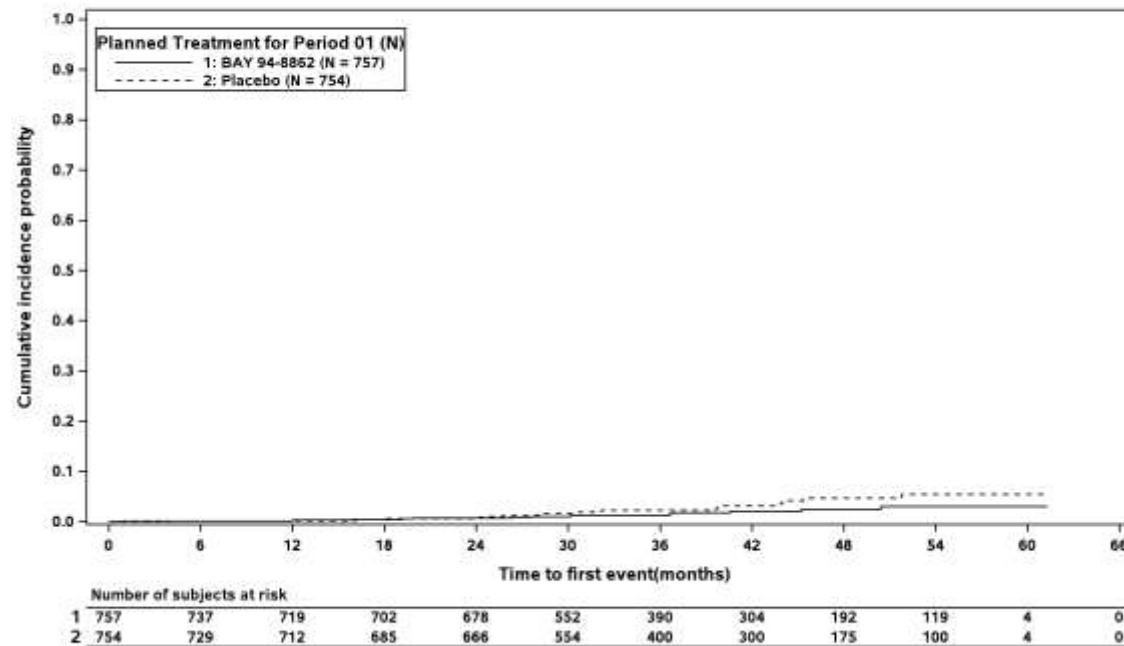
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Figure 1.2.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
 Baseline systolic blood pressure (mmHg) category: < 130 mmHg



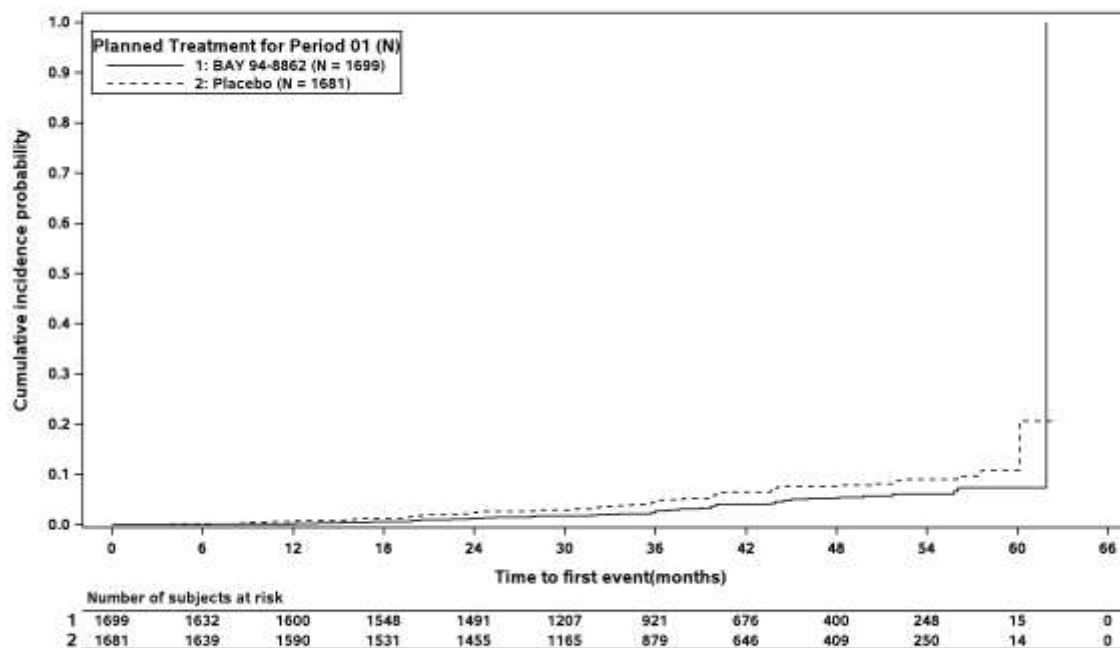
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Figure 1.2.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



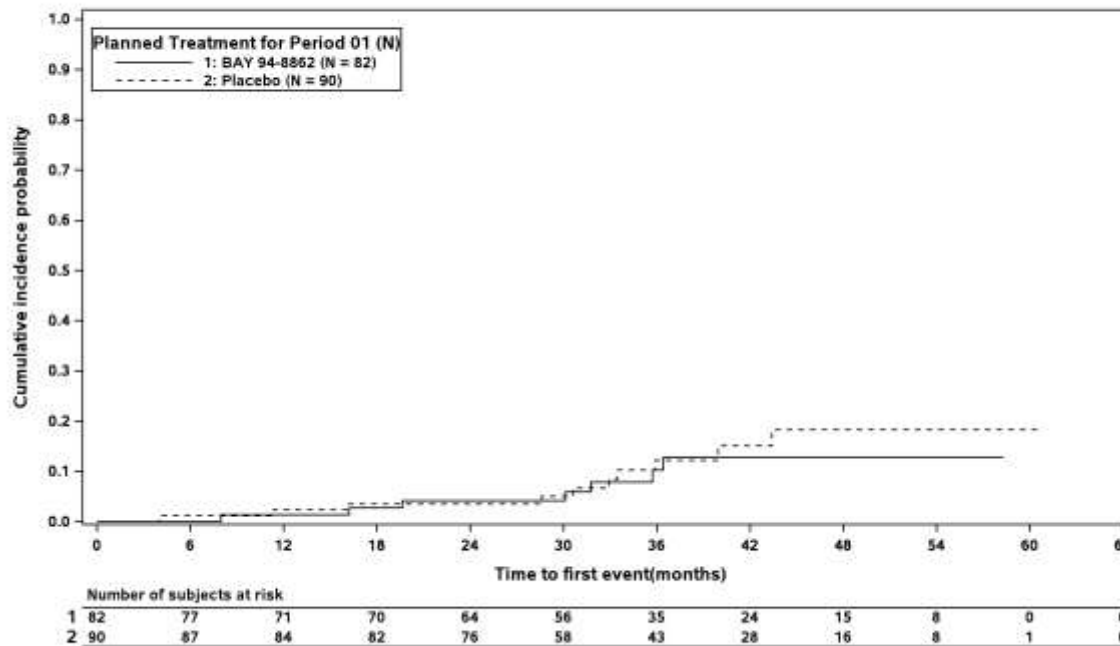
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Figure 1.2.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



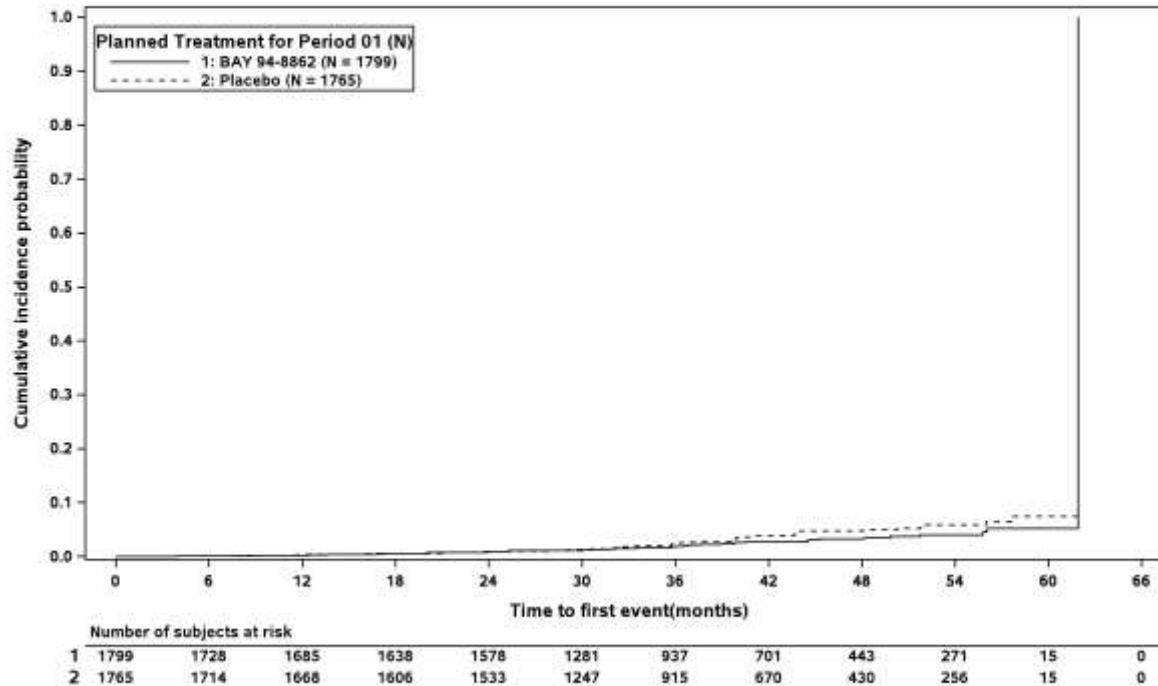
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Figure 1.2.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



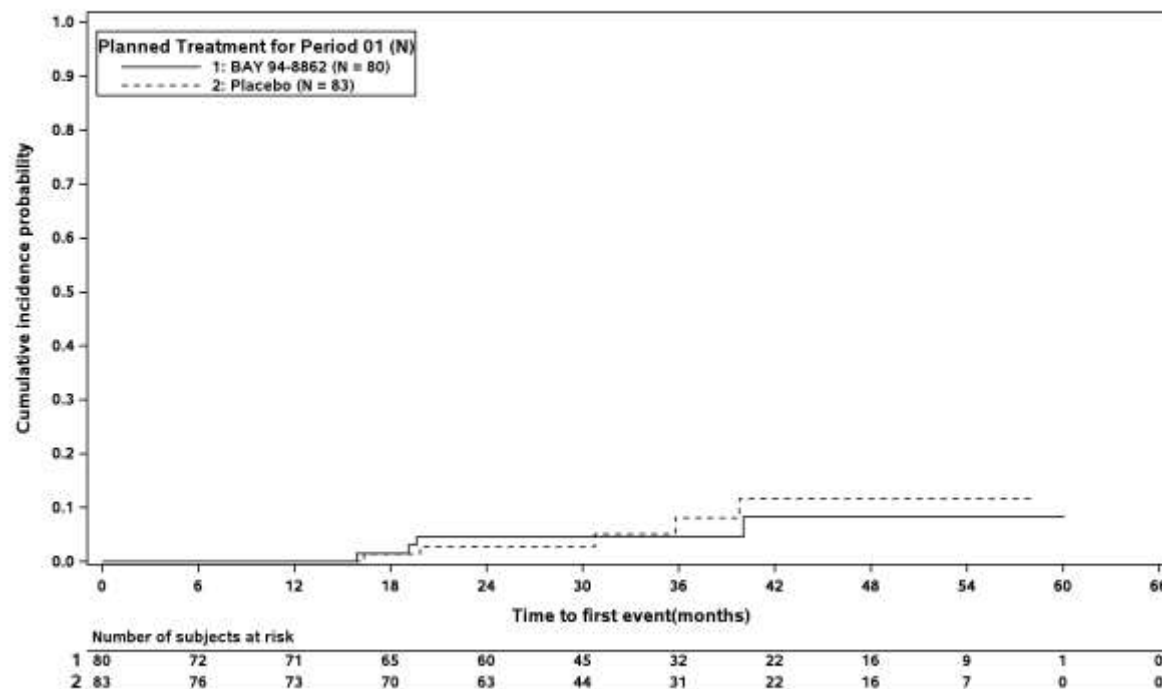
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Figure 1.2.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black



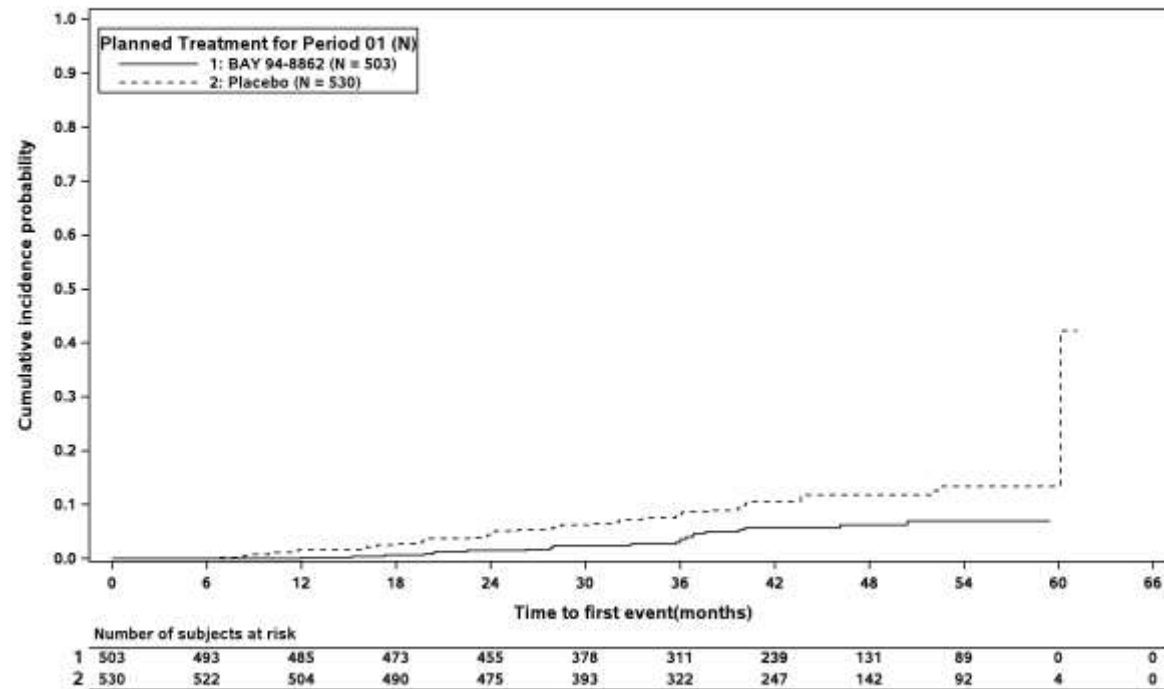
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Figure 1.2.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian



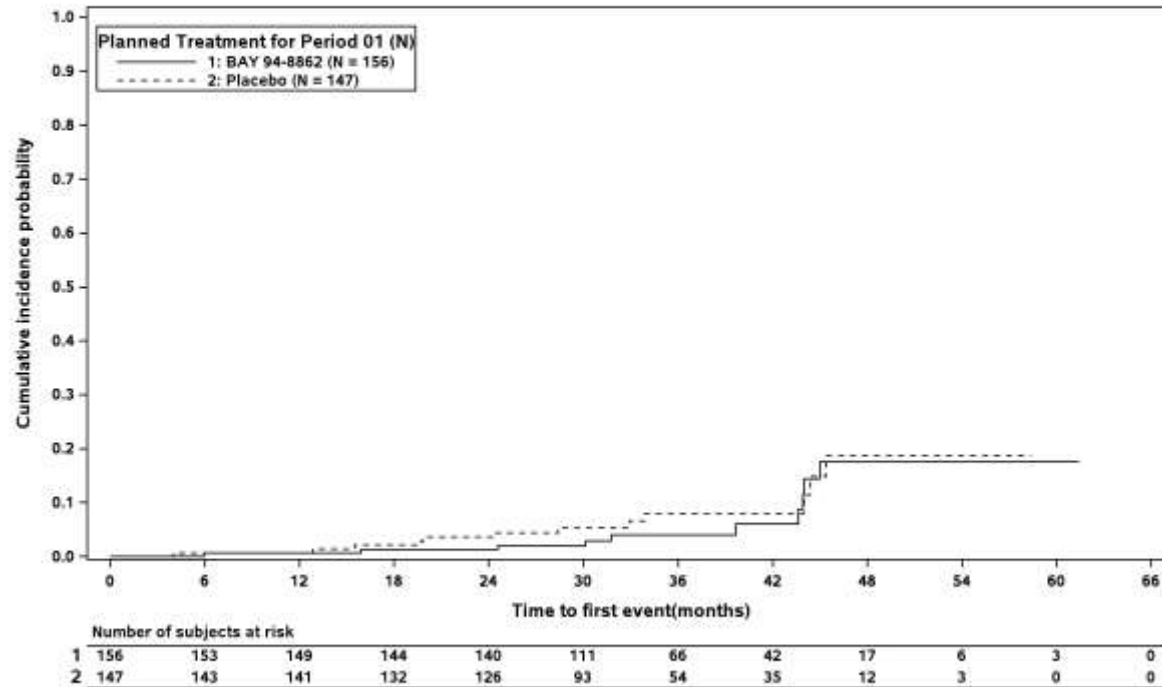
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Figure 1.2.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other



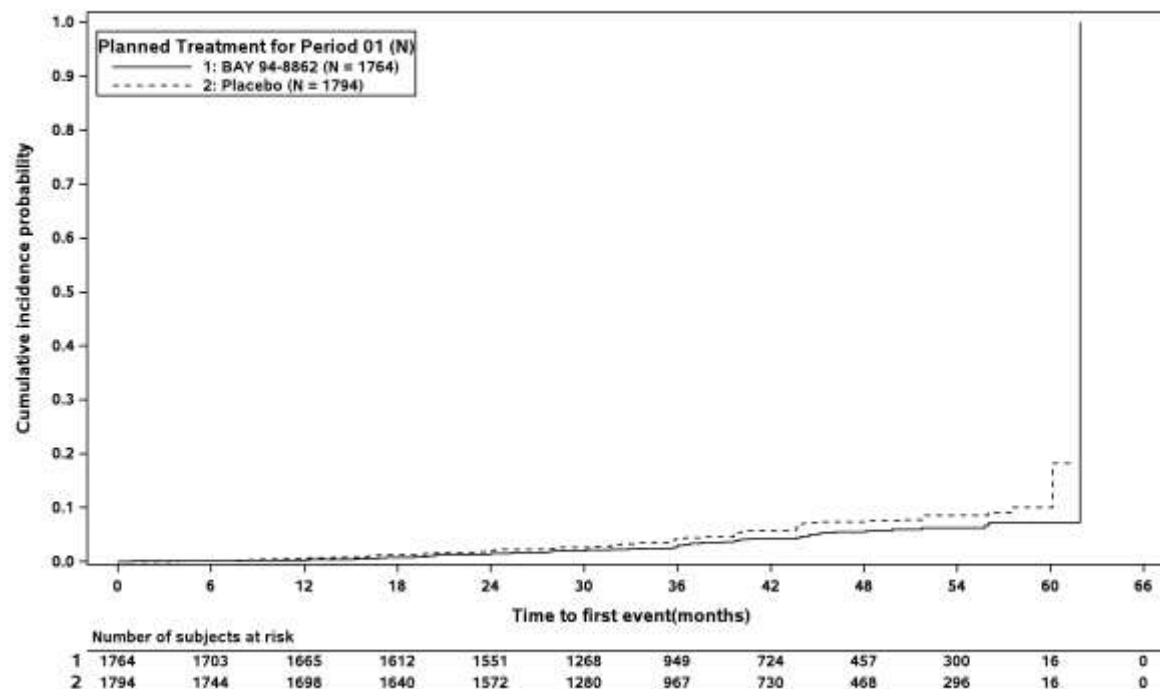
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Figure 1.2.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



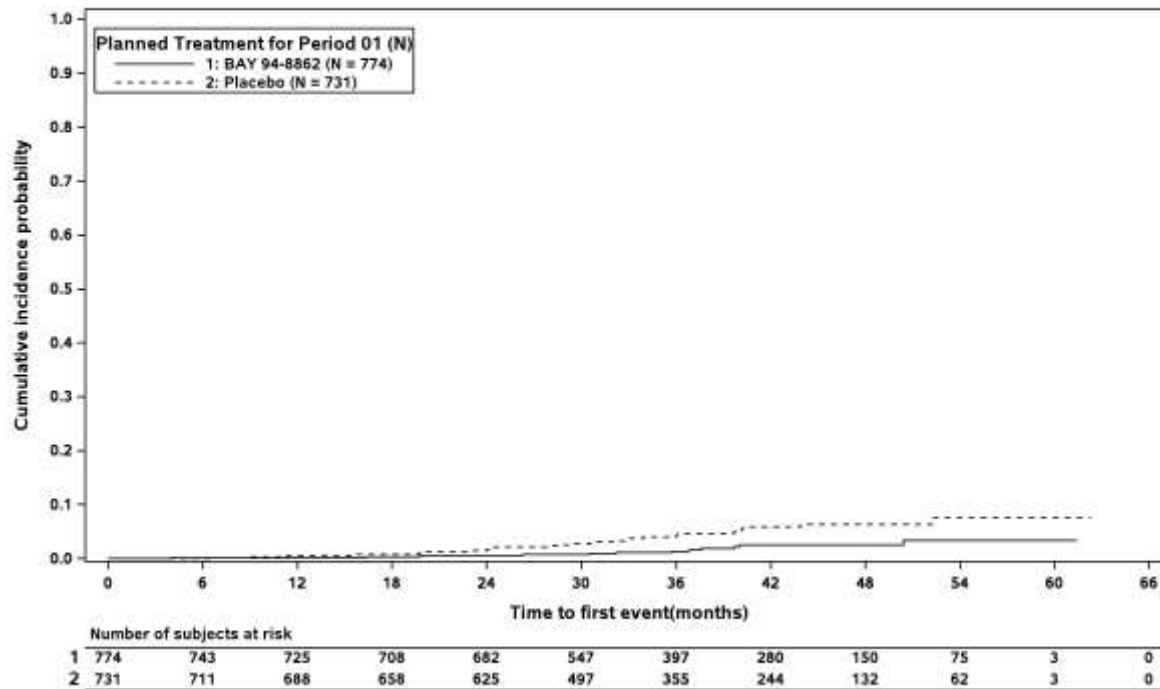
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Figure 1.2.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



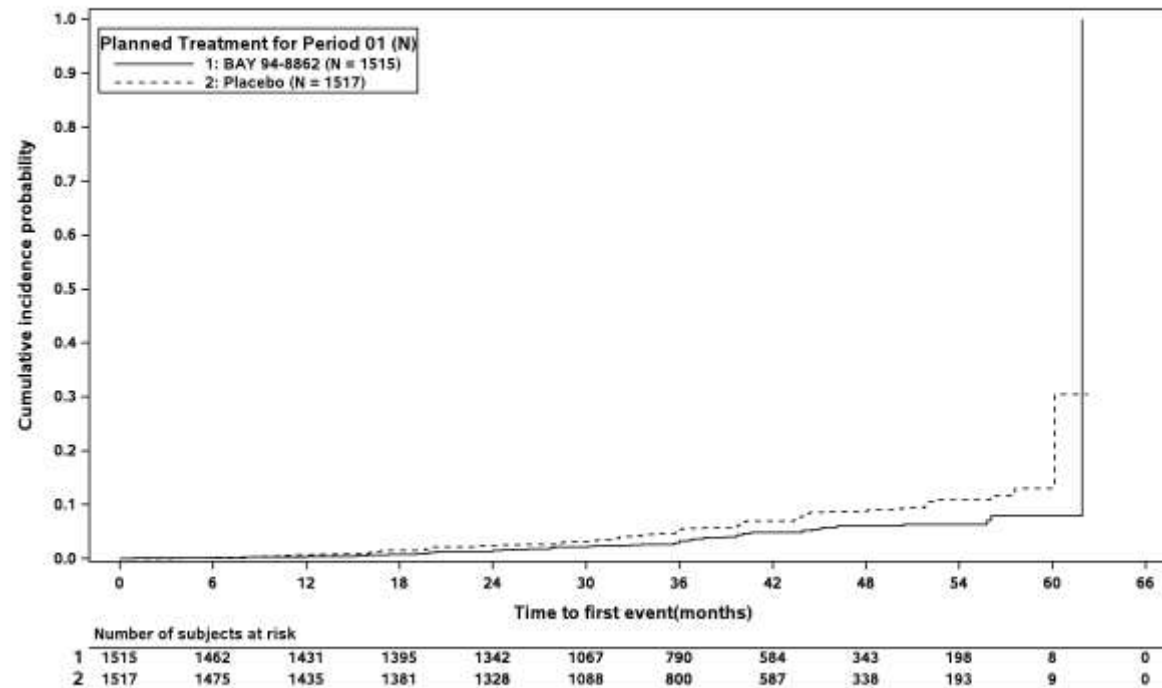
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Figure 1.2.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
 Age group (years) 3rd category: < 65 years



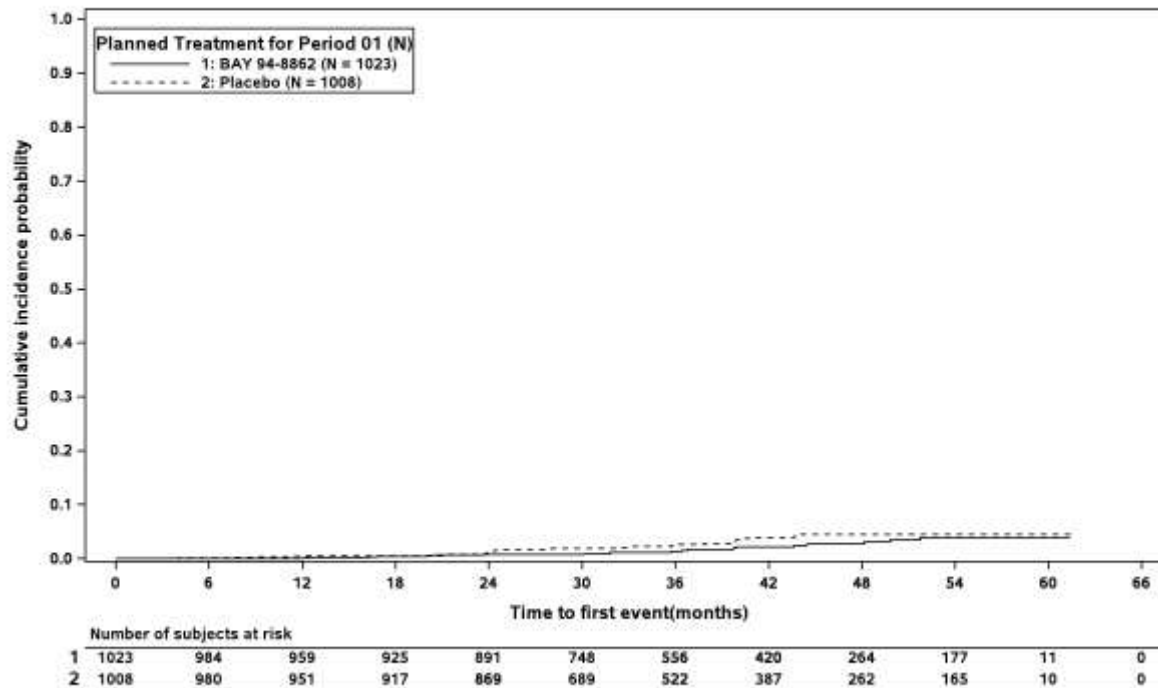
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Figure 1.2.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

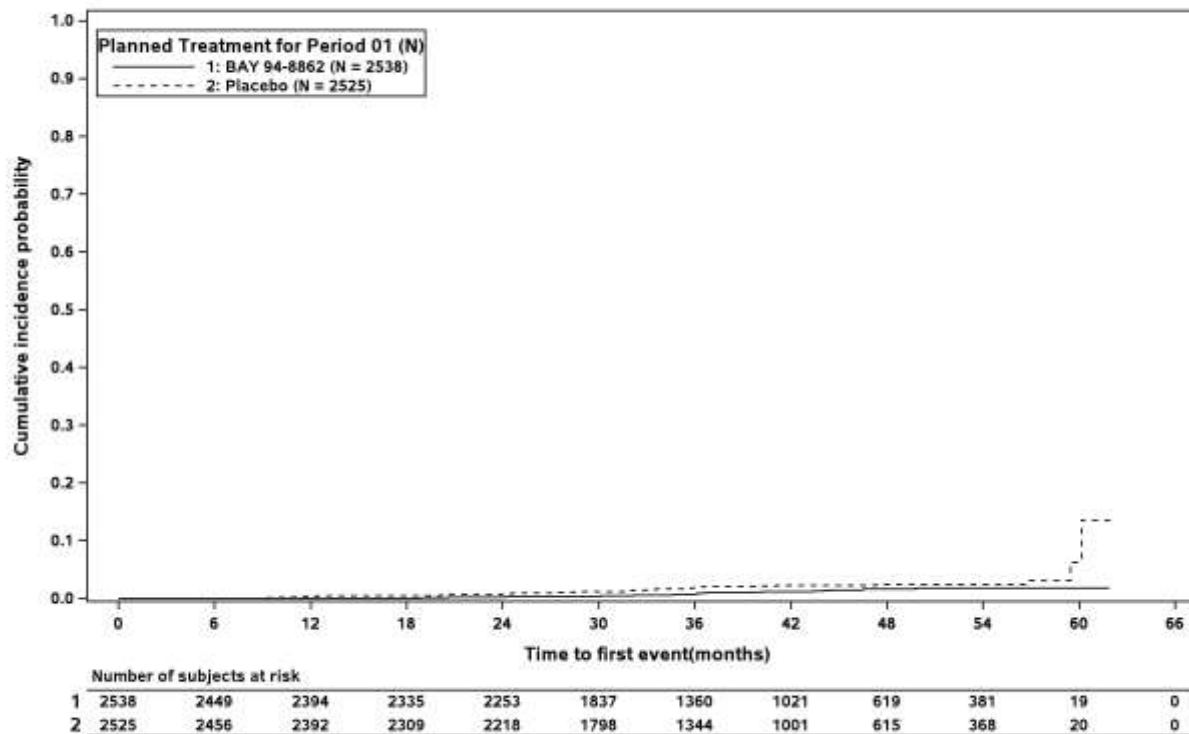


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Figure 1.2.1 / 20: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



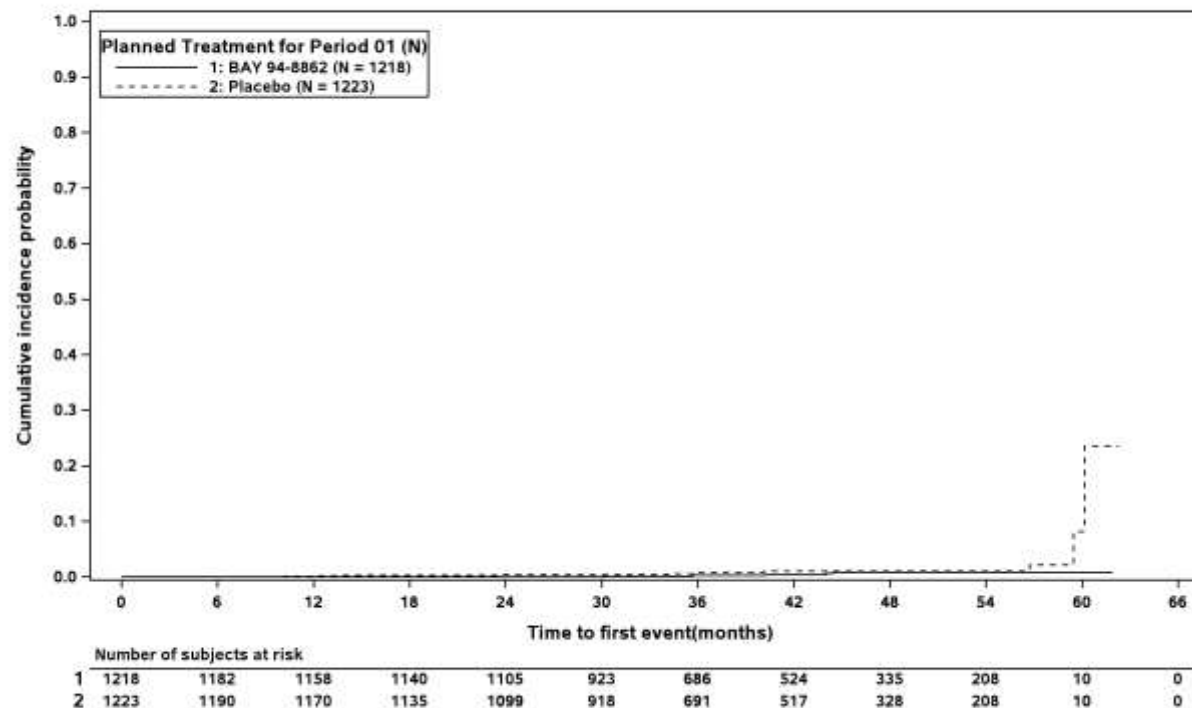
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Figure 1.2.1 / 21: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



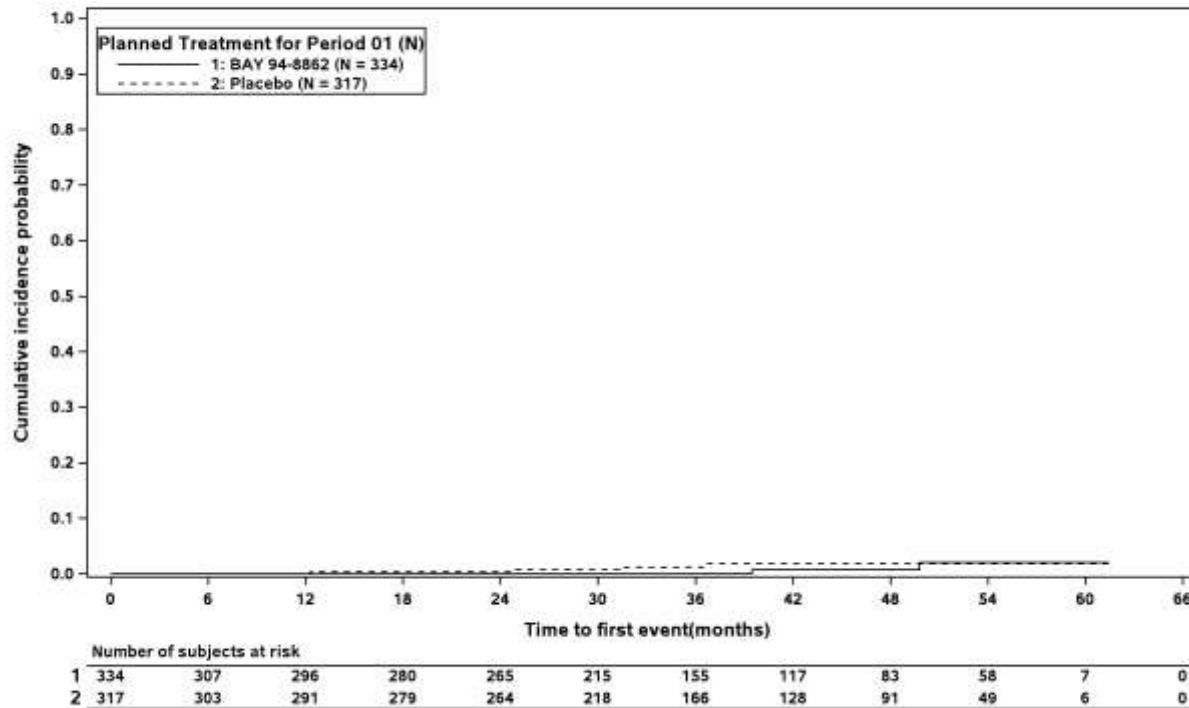
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 21: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



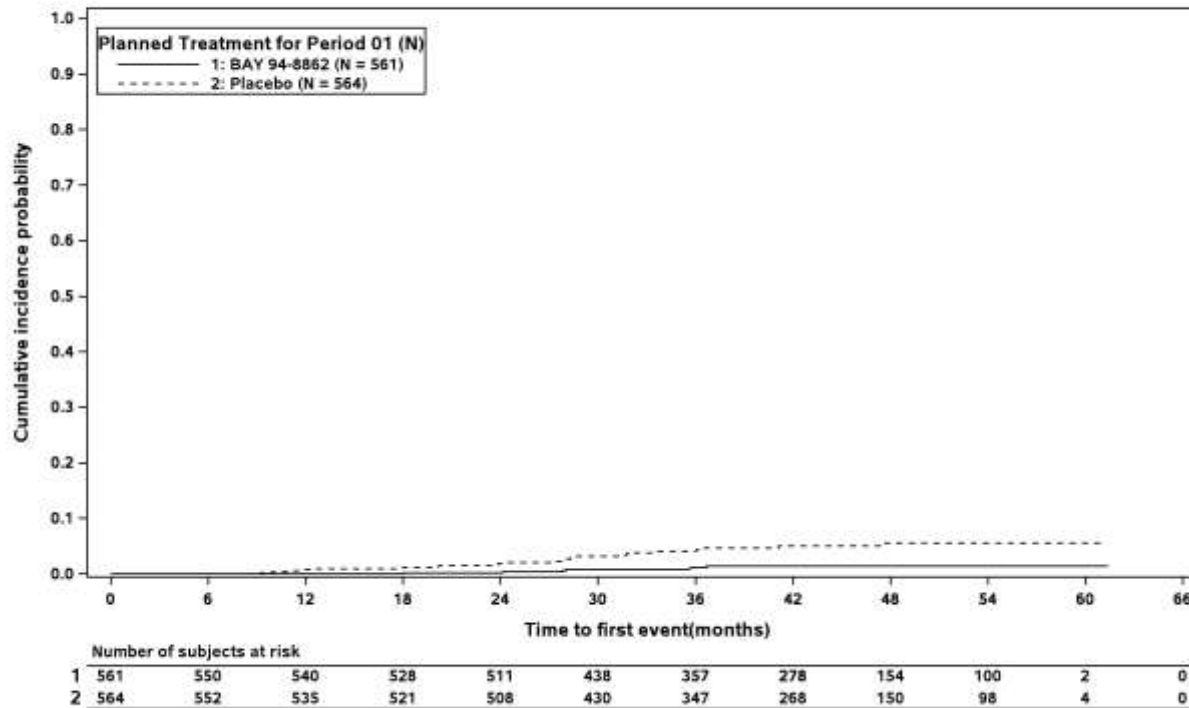
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 21: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



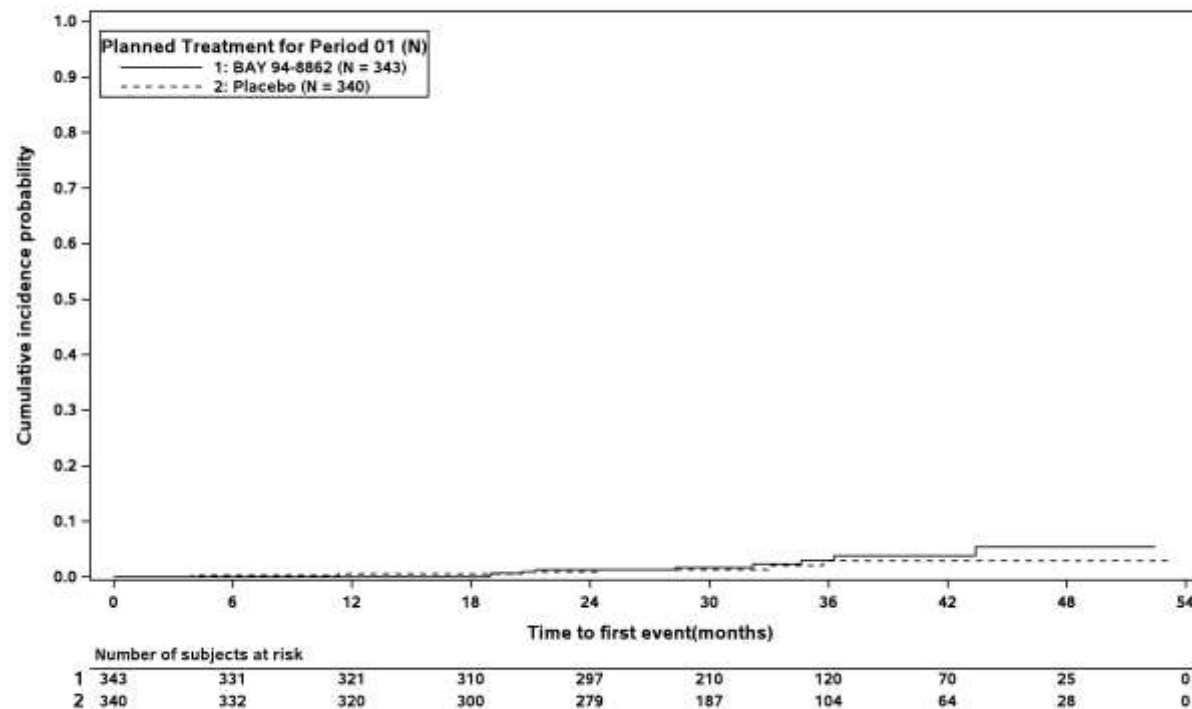
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 21: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



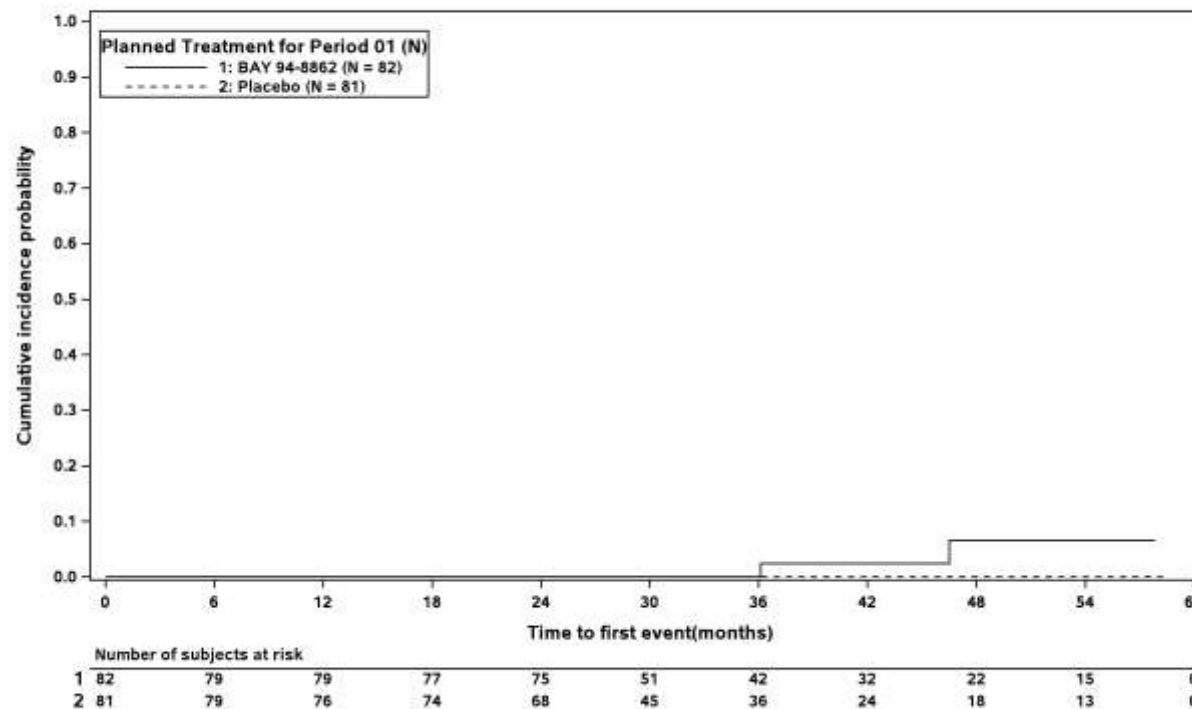
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 21: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

**Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others**



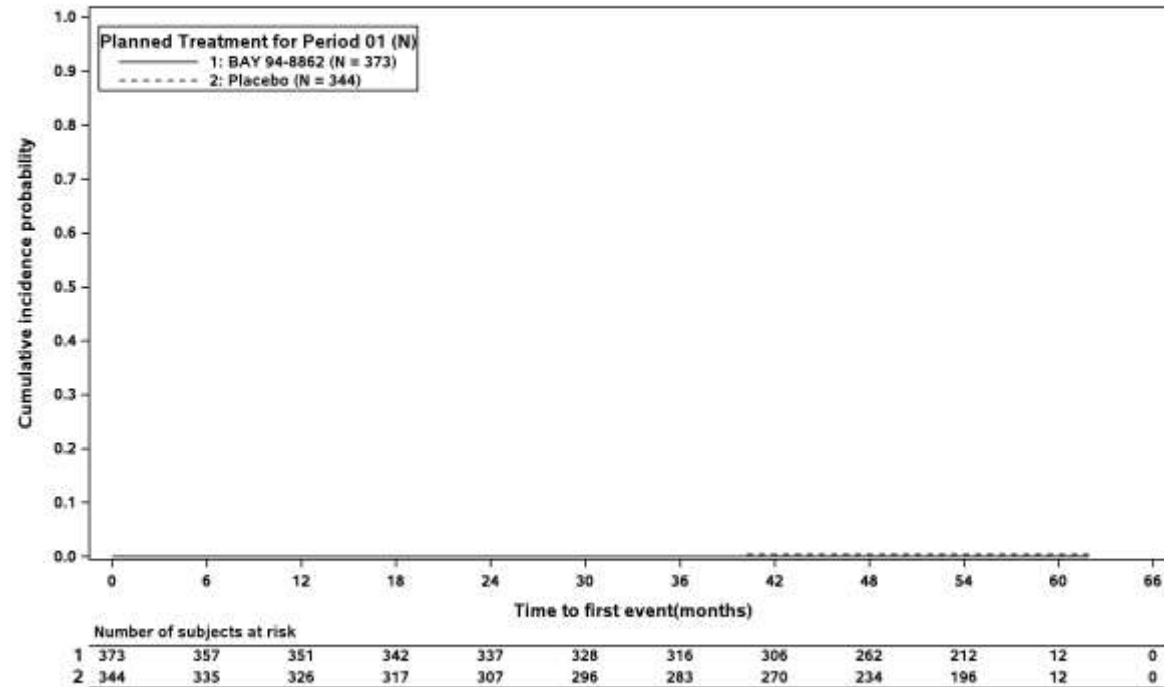
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 22: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



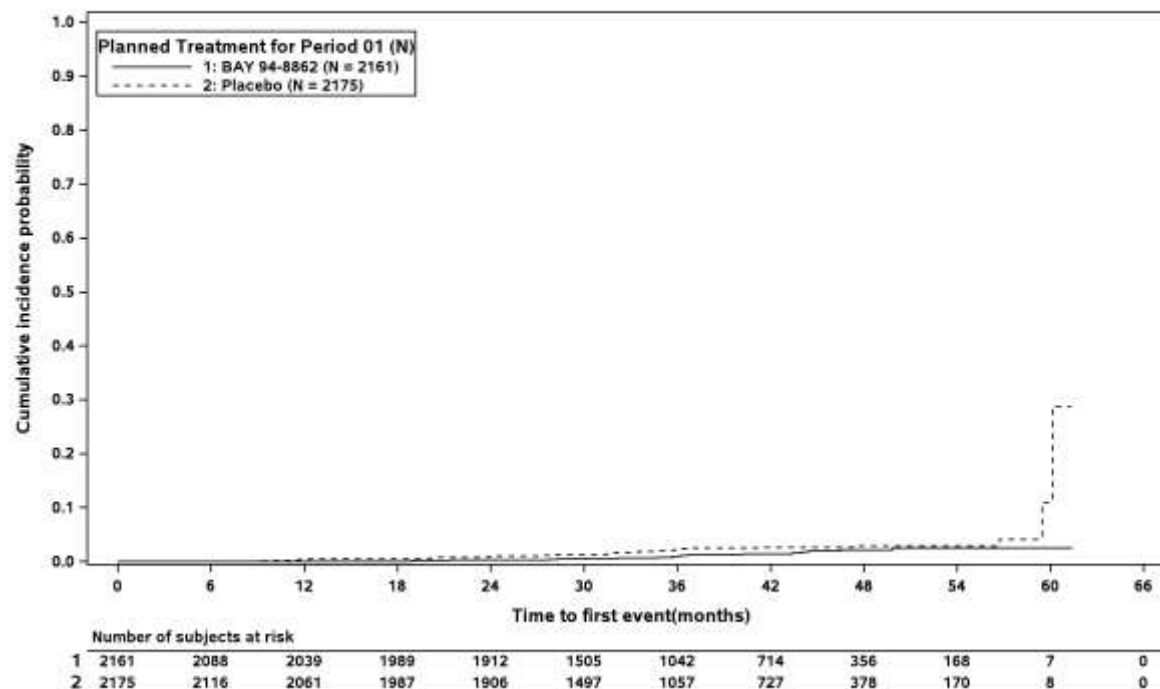
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 22: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



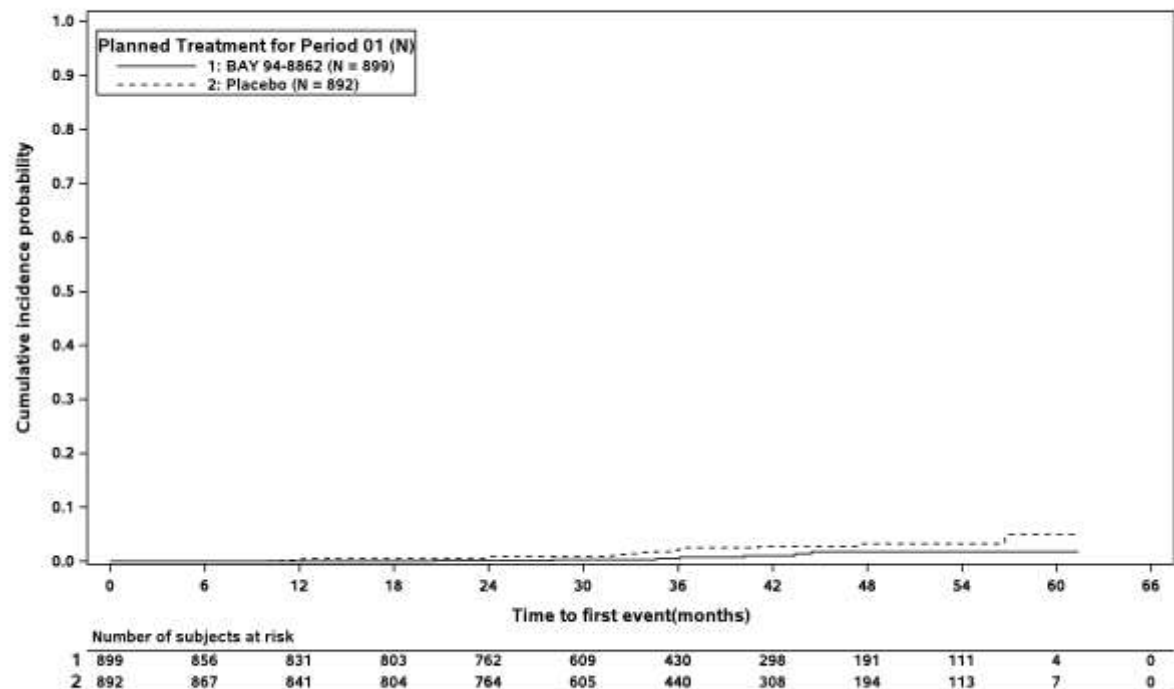
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



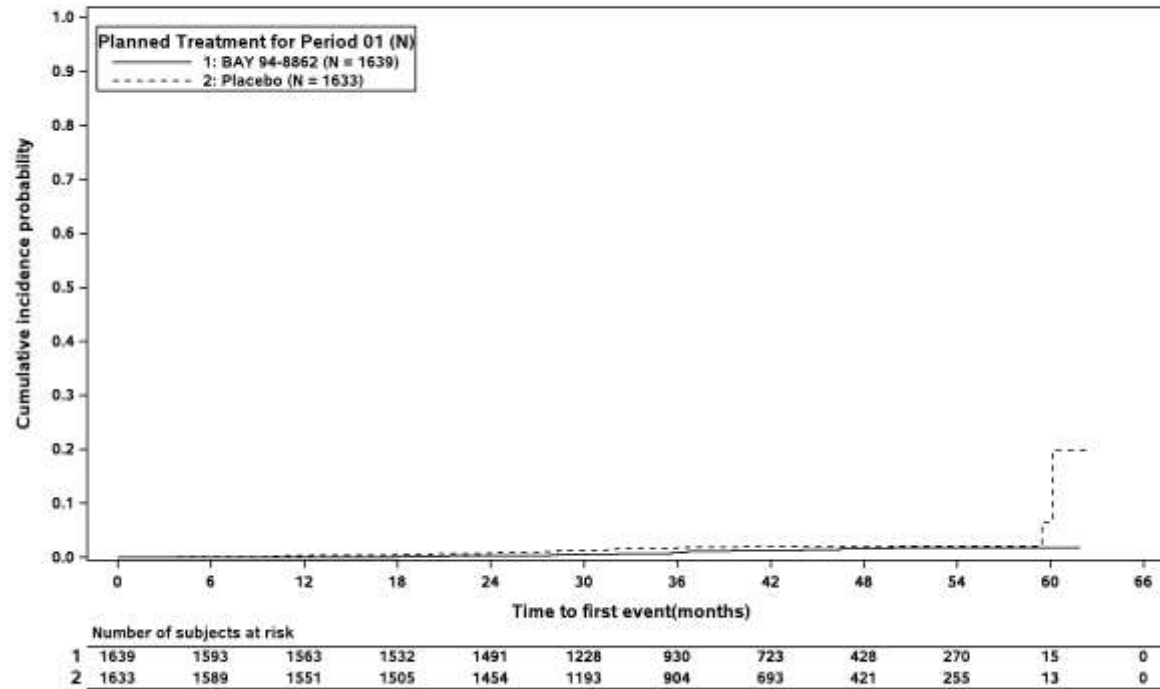
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

**Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent**



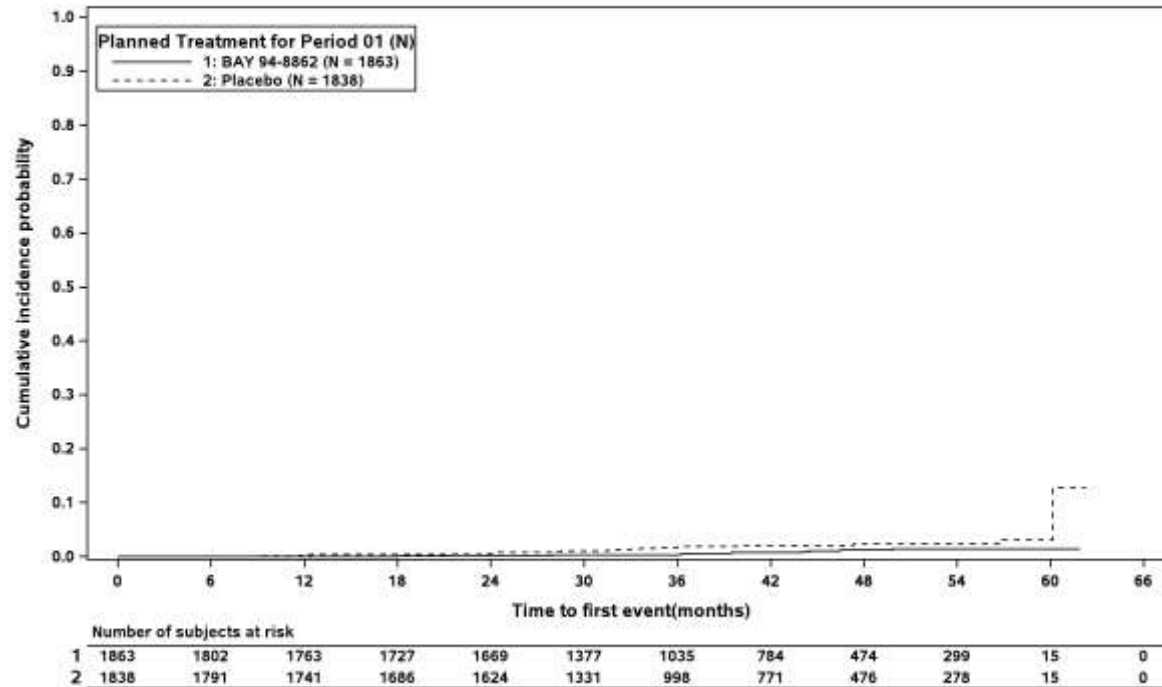
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



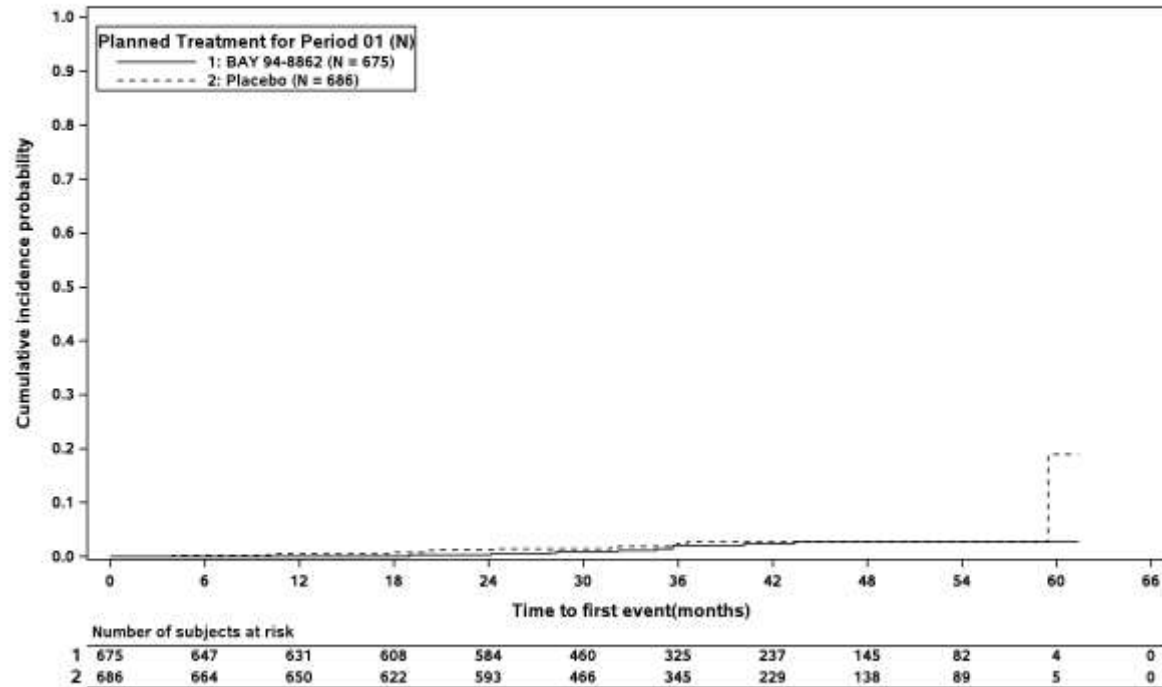
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



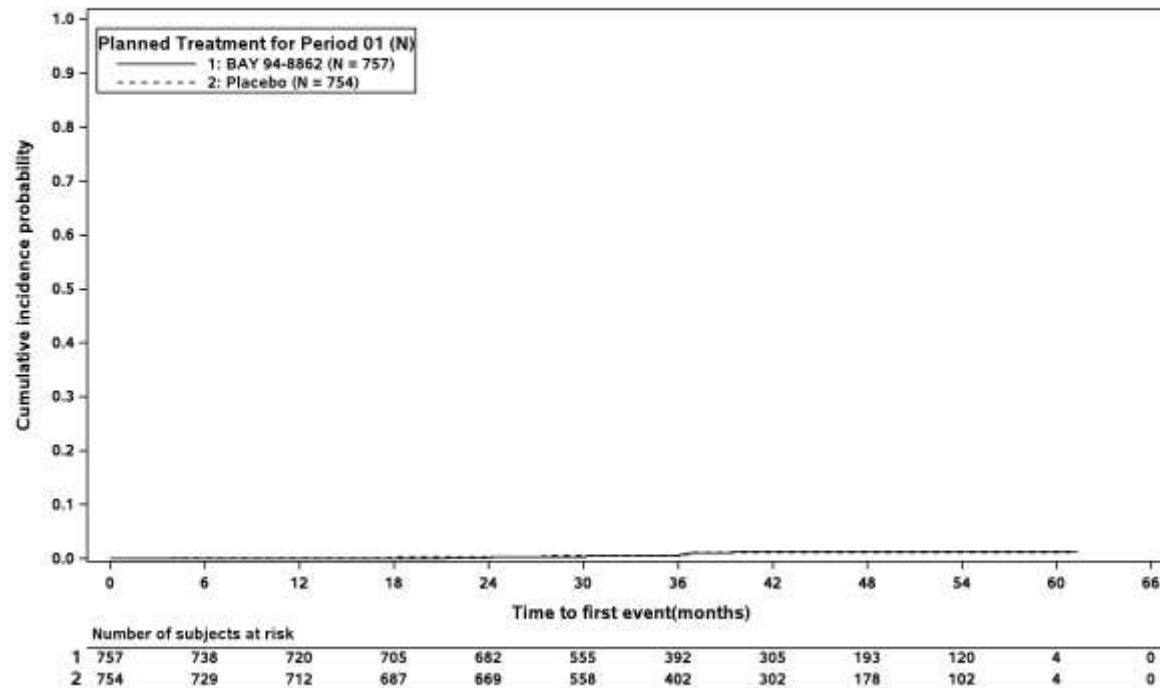
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



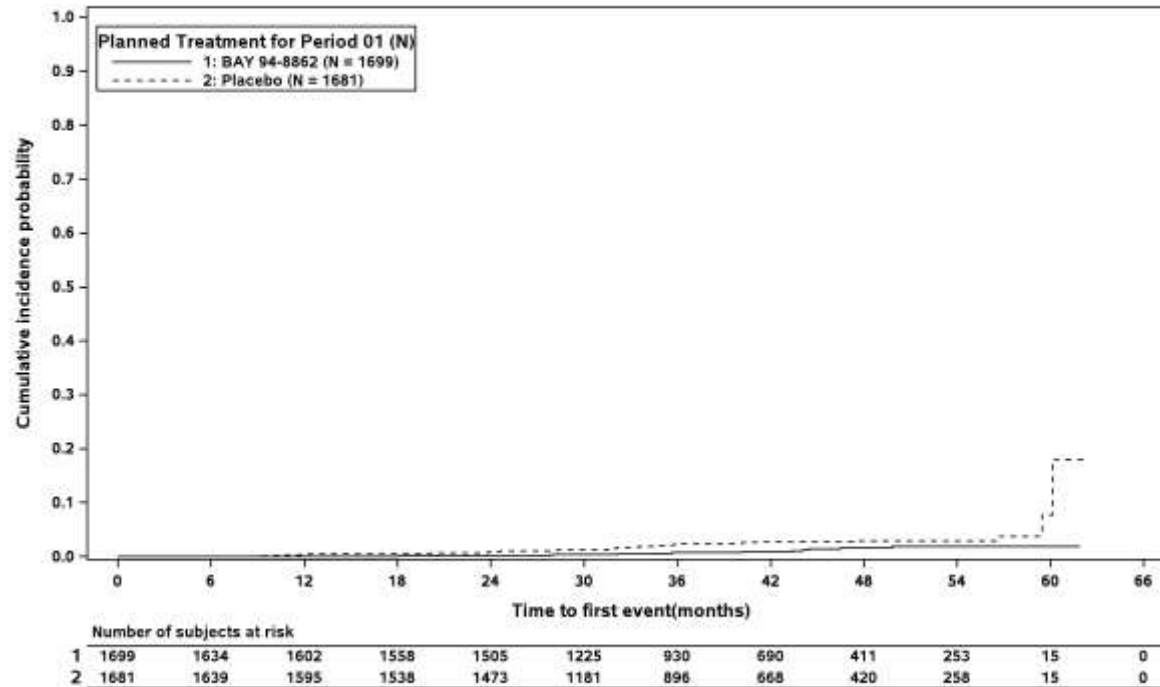
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



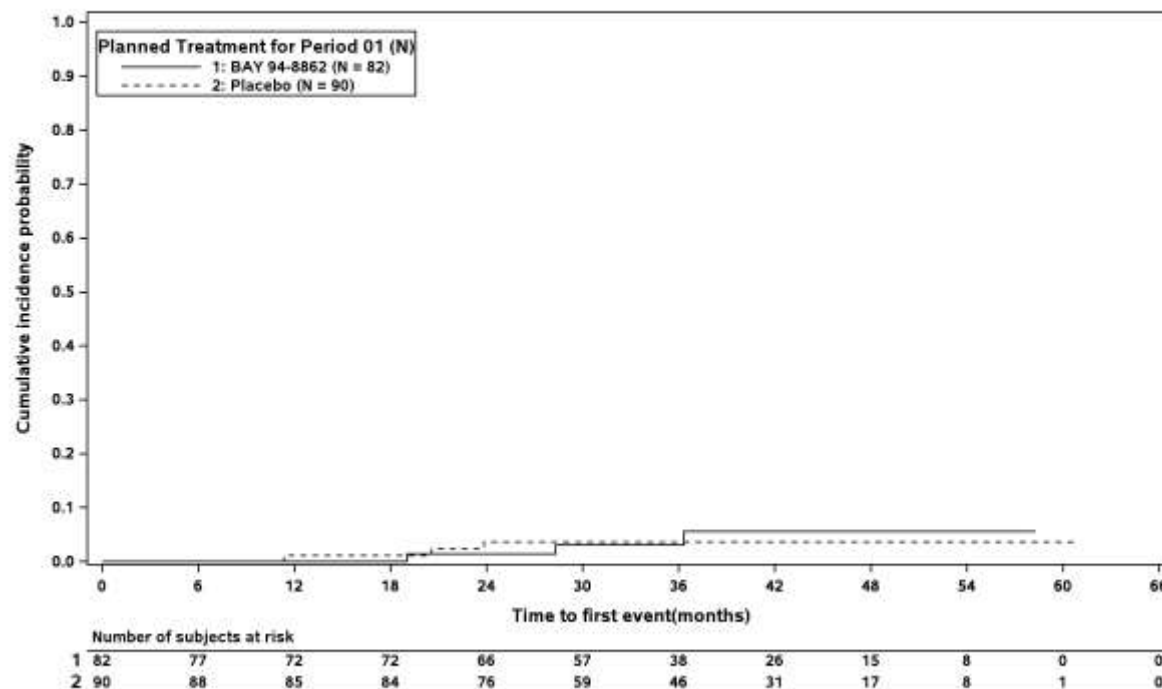
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



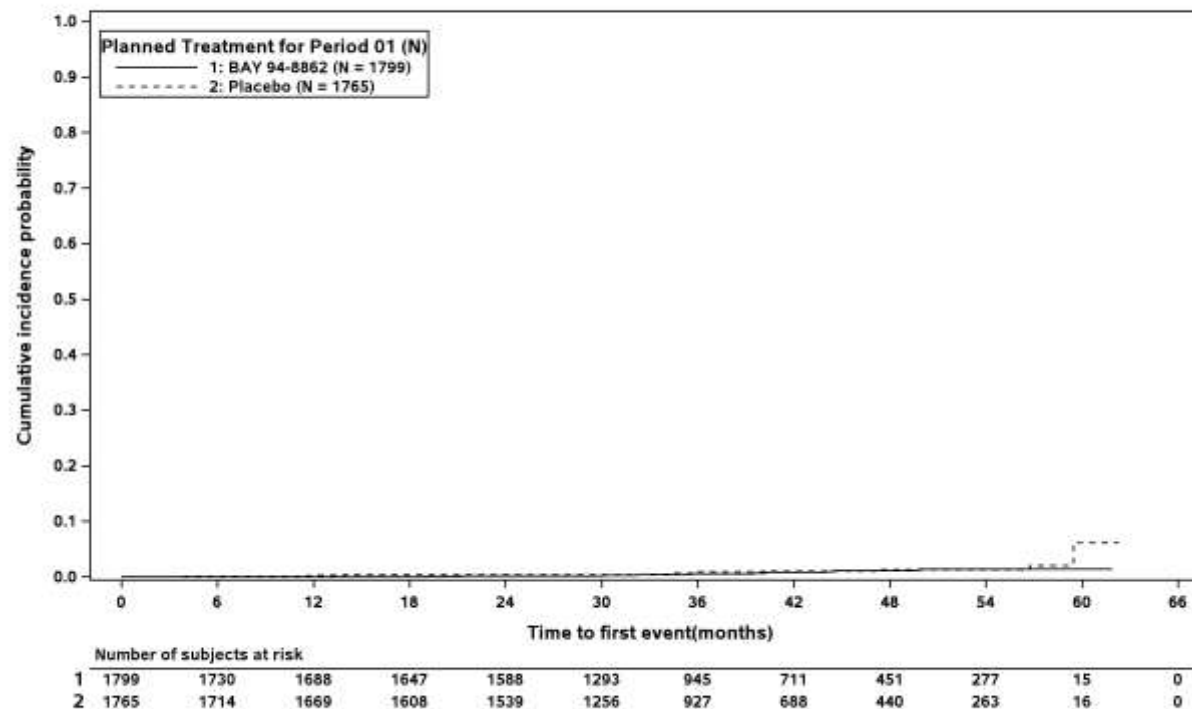
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Figure 1.2.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



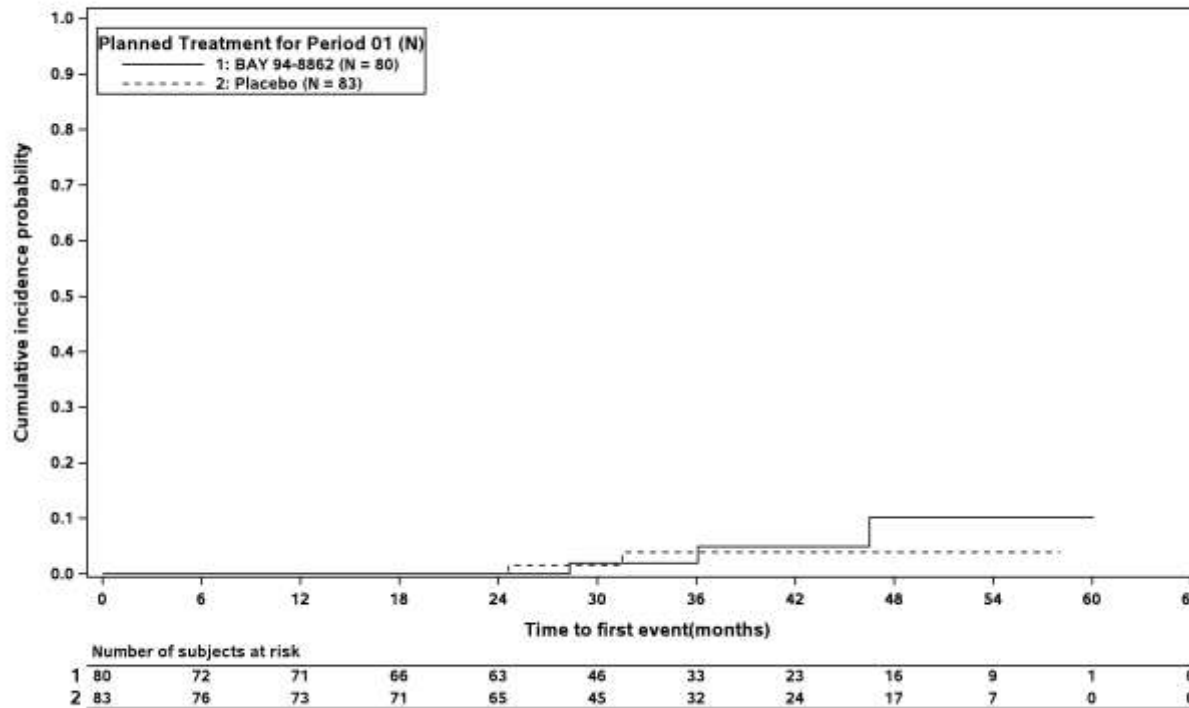
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

**Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black**



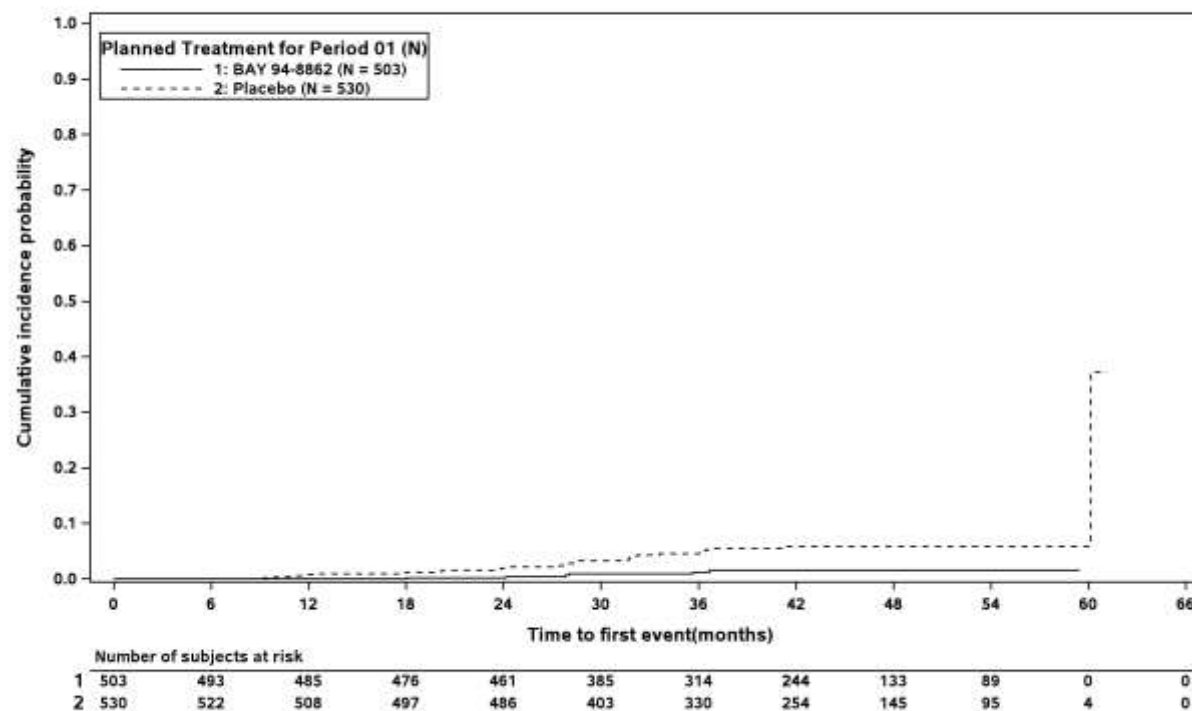
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

**Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian**



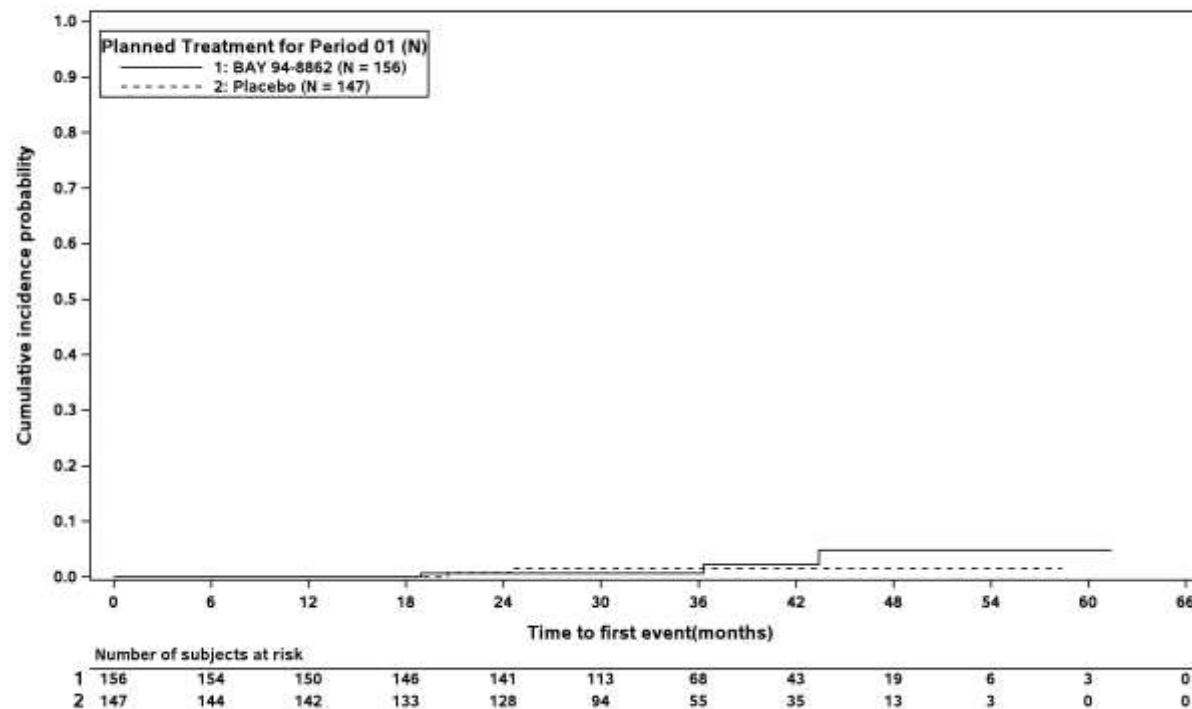
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

**Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other**



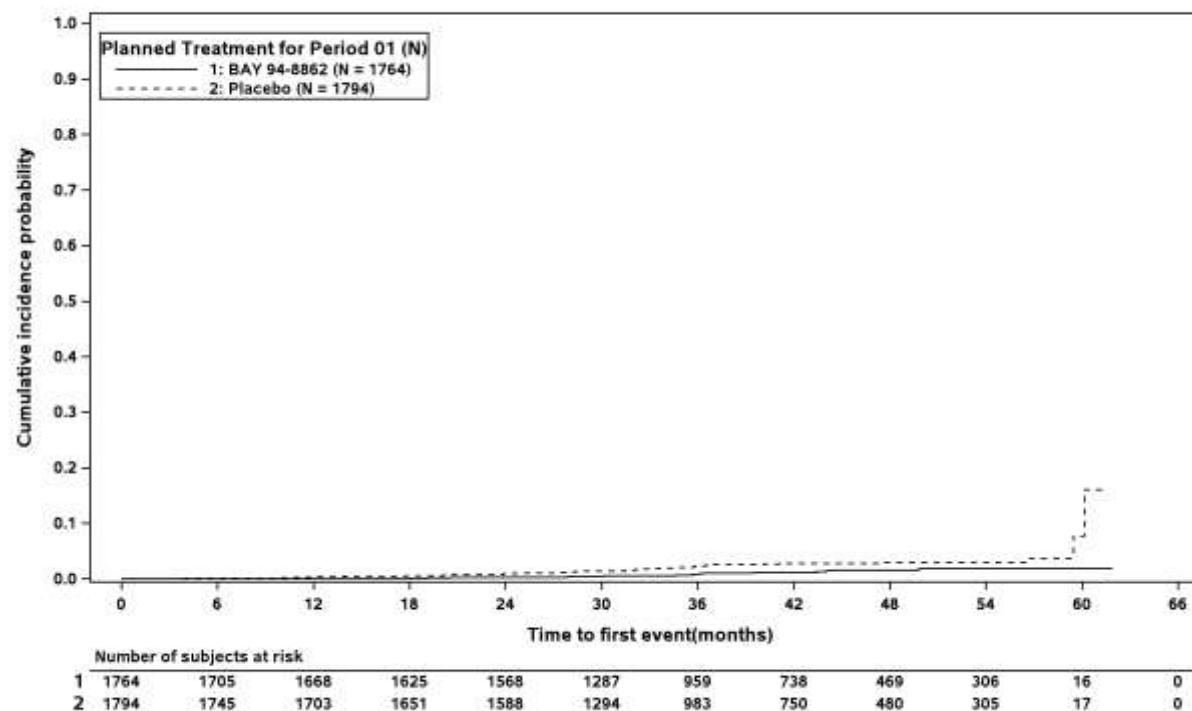
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 27: Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



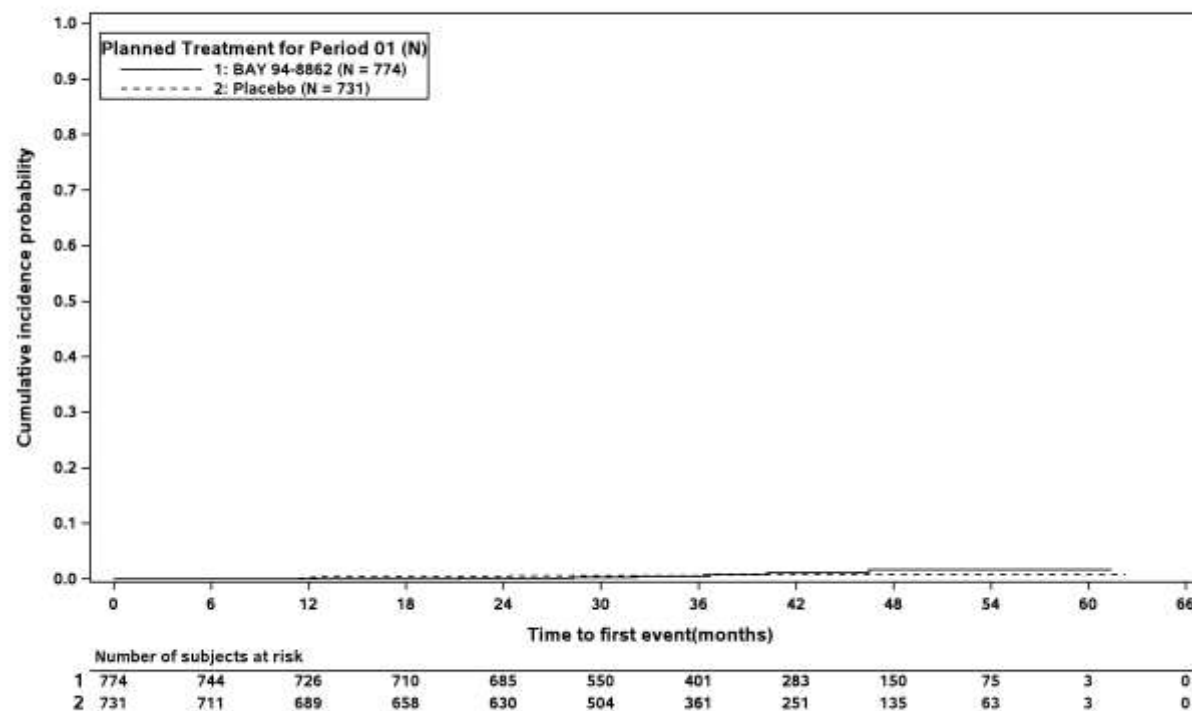
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 27: Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



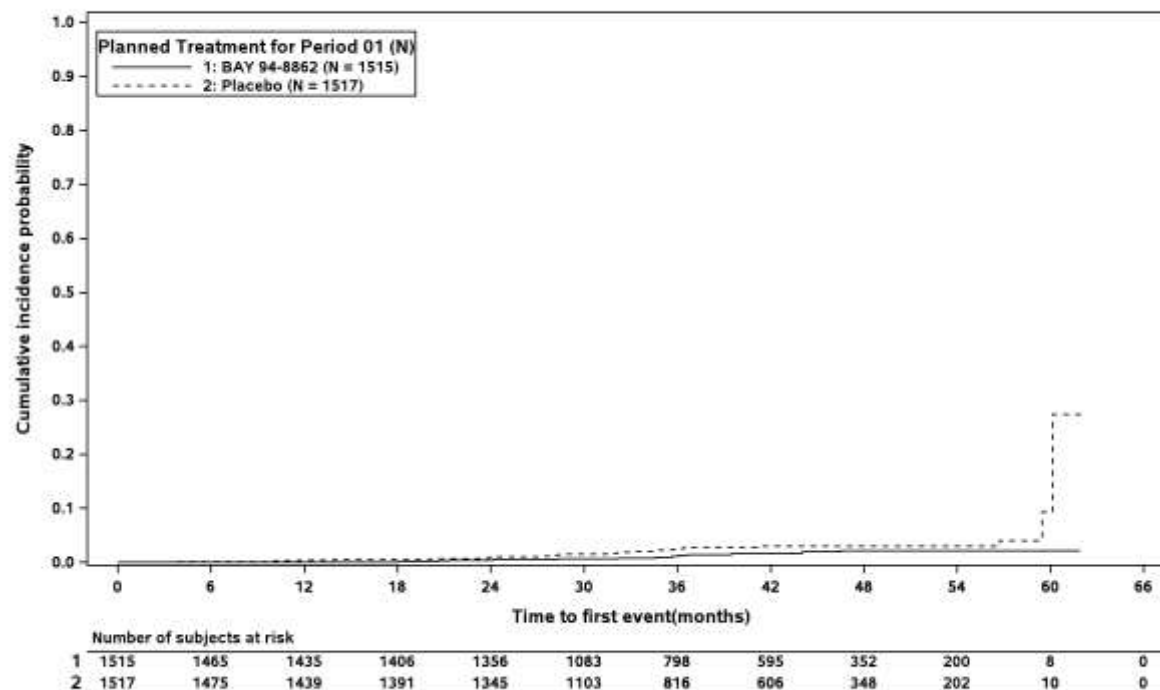
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: < 65 years



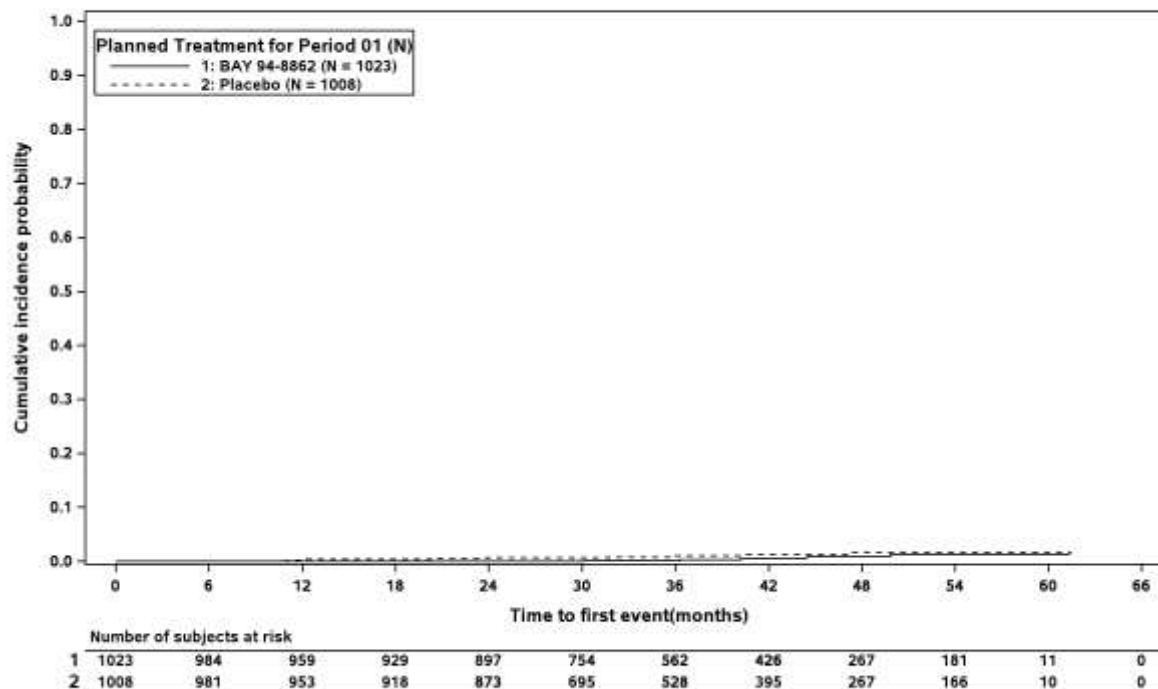
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

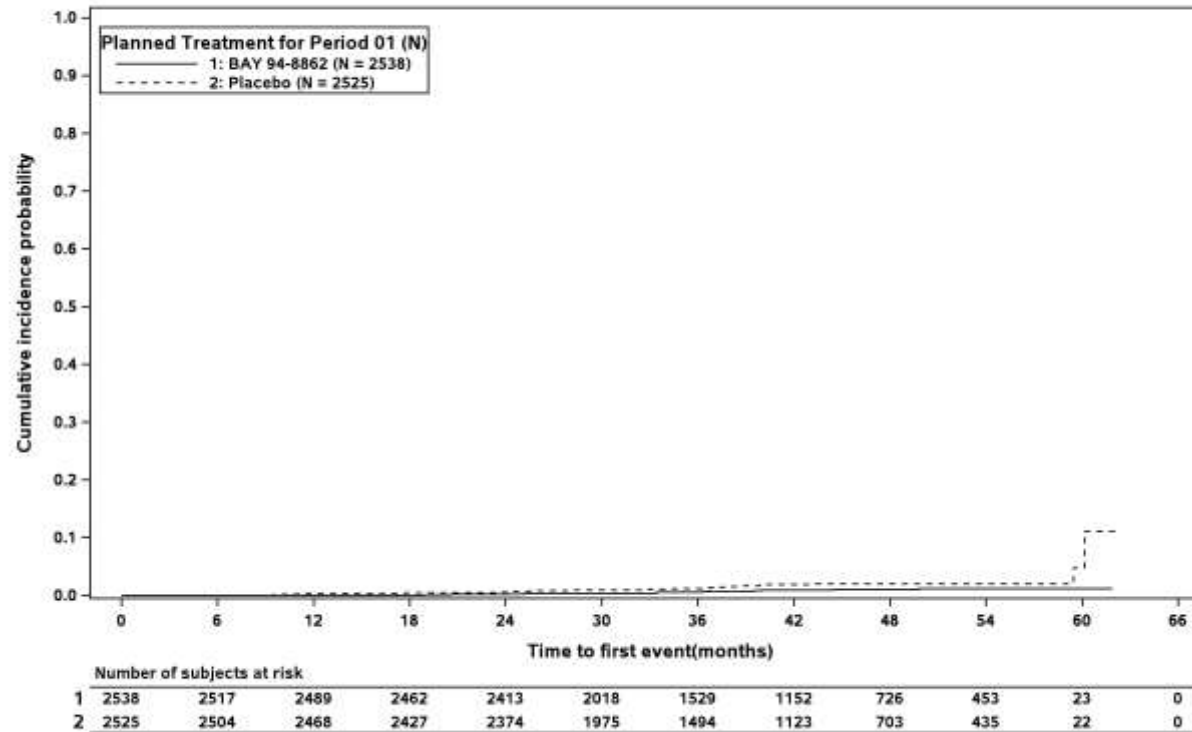


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 29: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

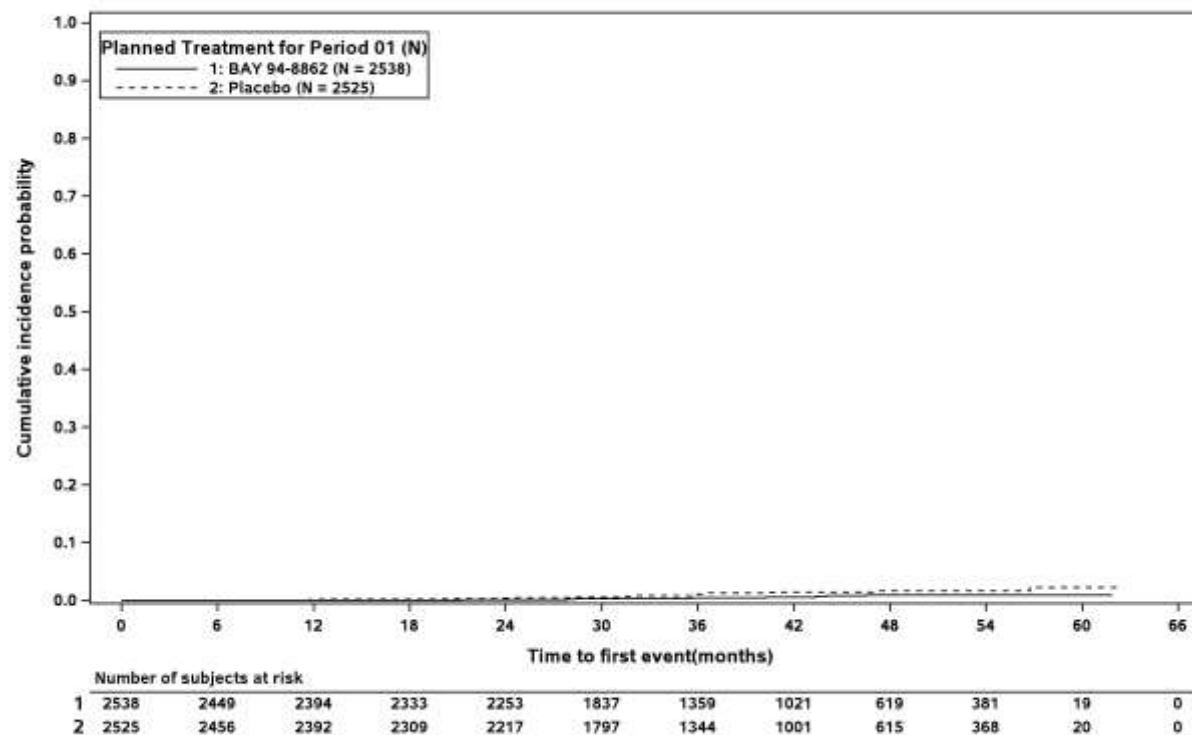


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 30: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

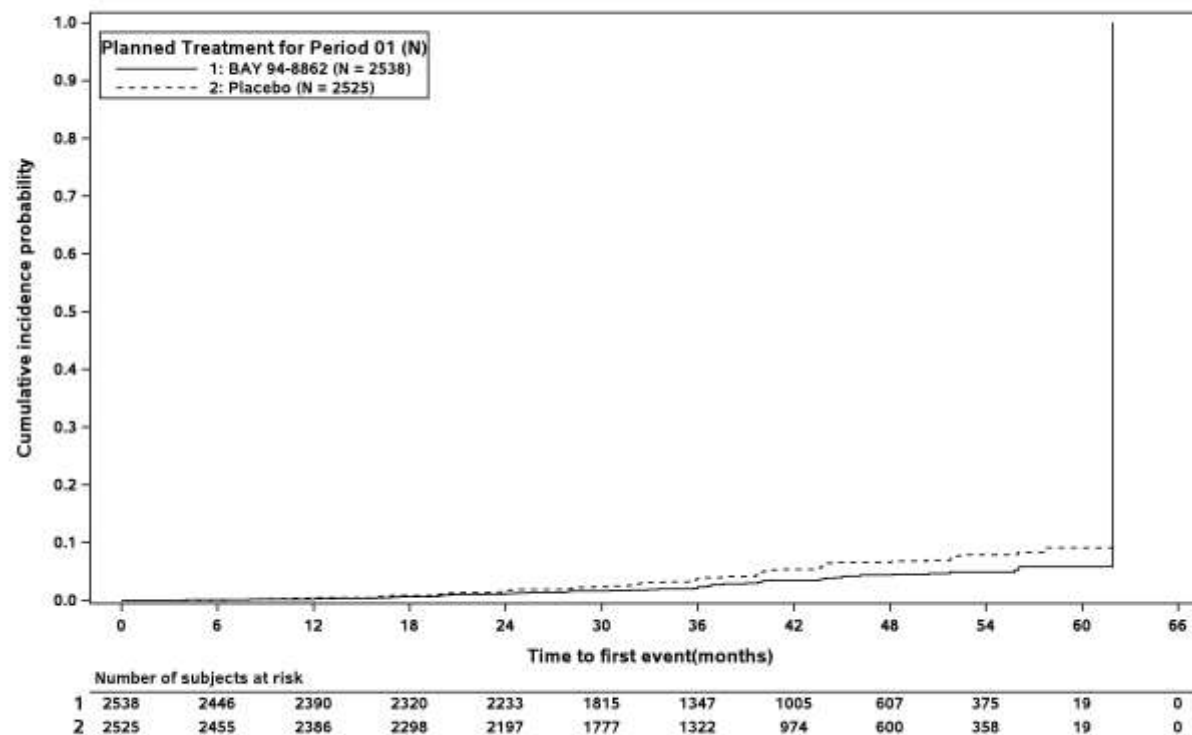


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 31: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

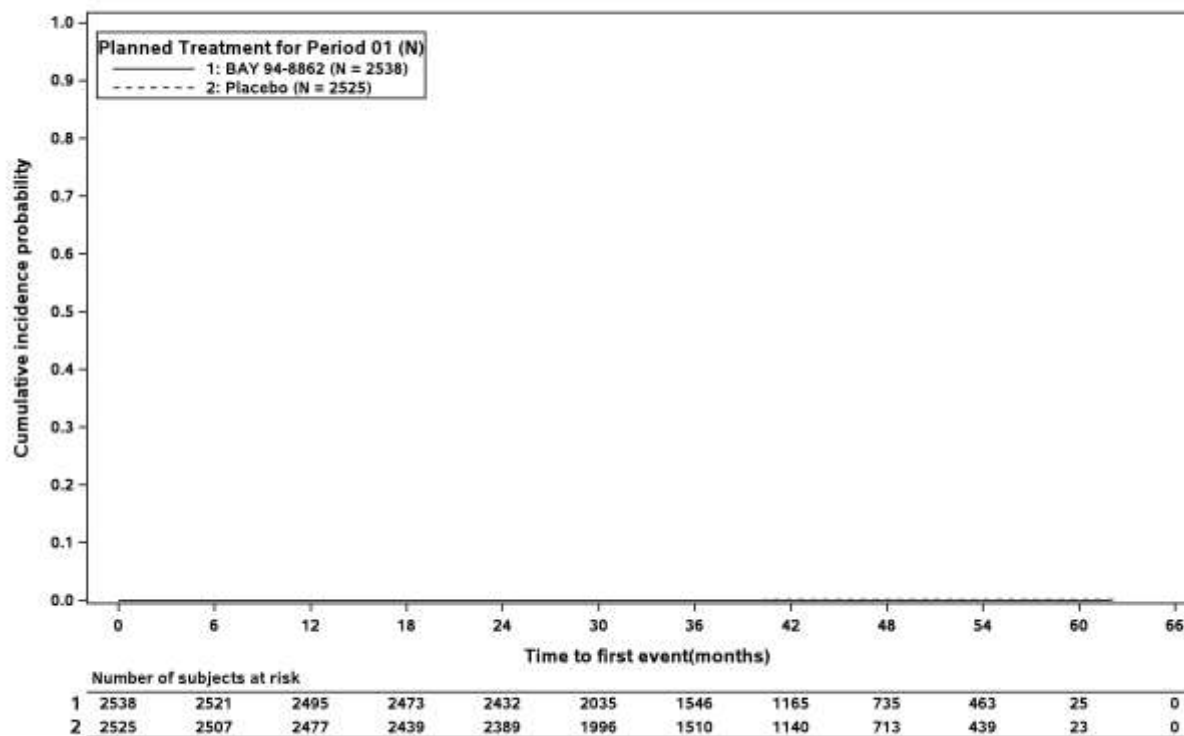


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 32: Time to renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to renal death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

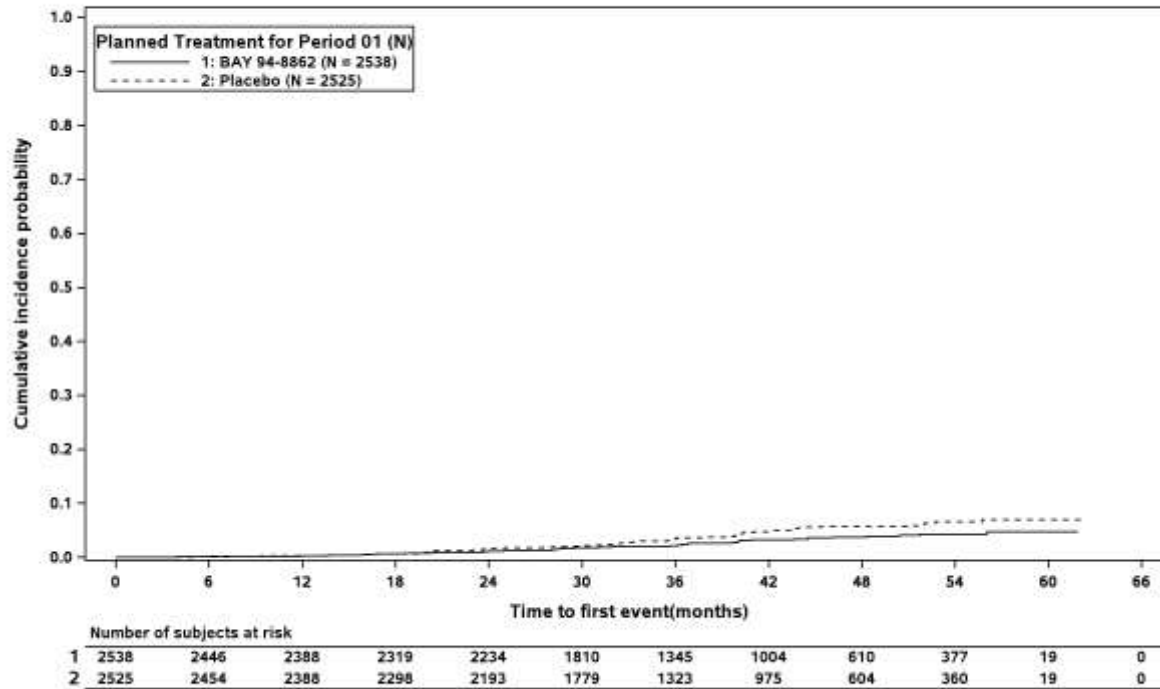


At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 33: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

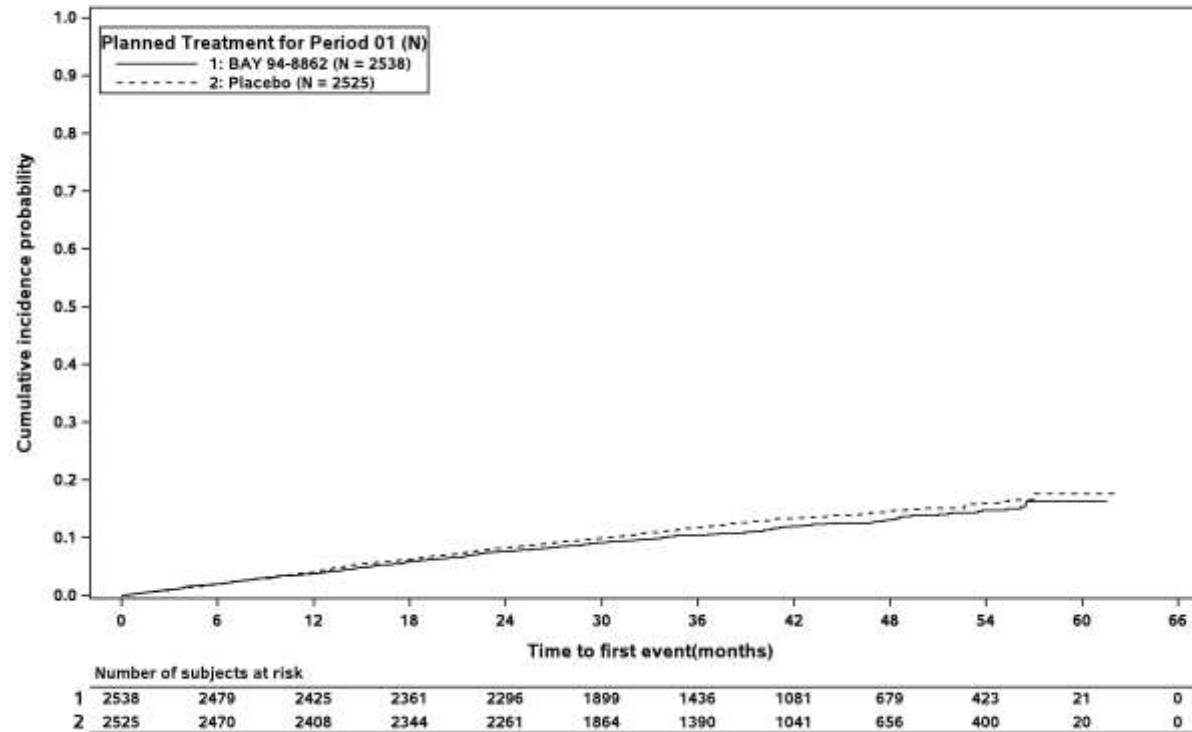


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 34: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



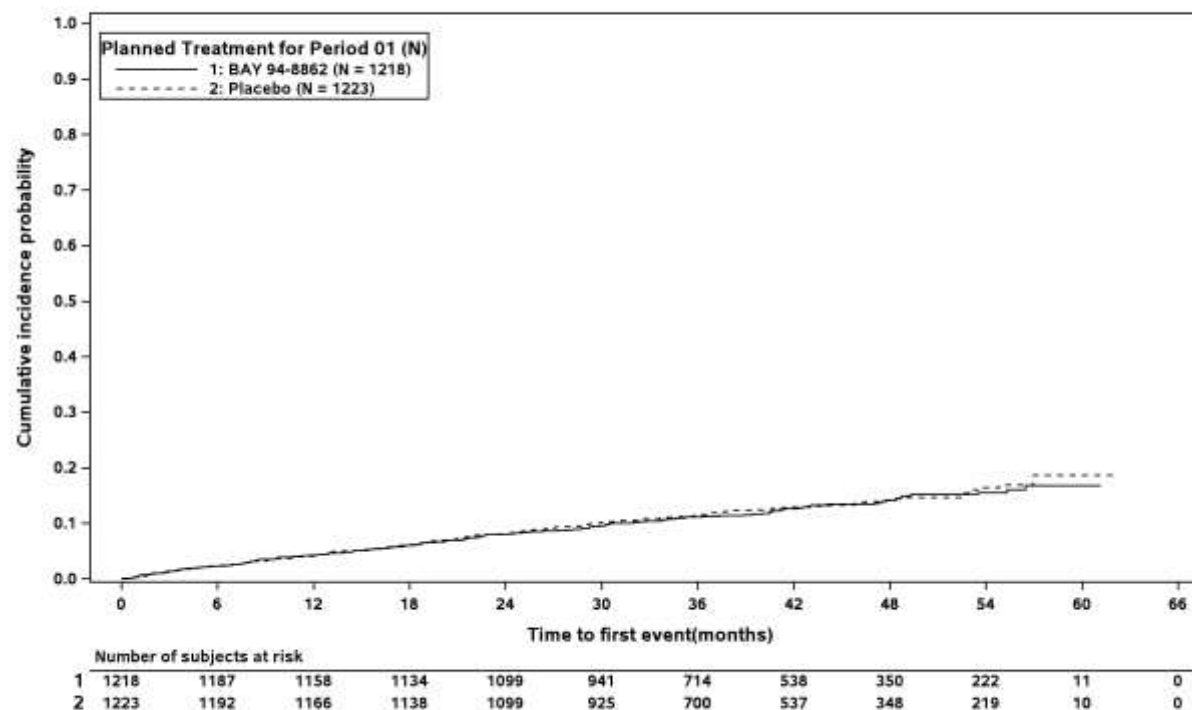
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 35: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



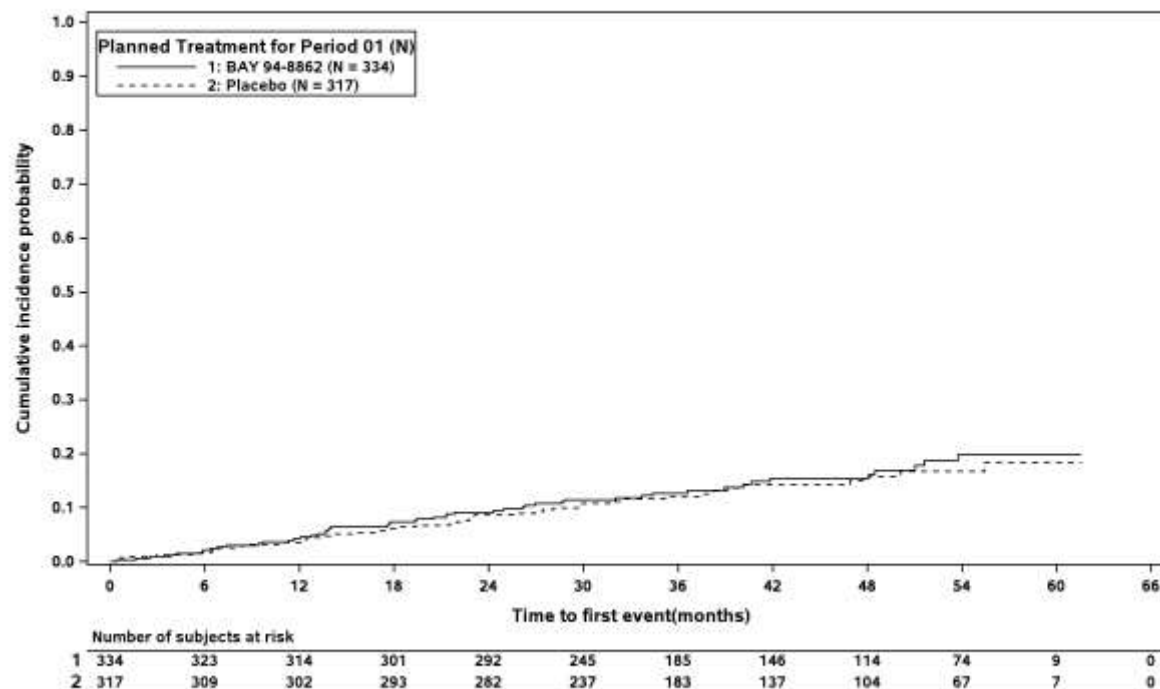
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 35: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



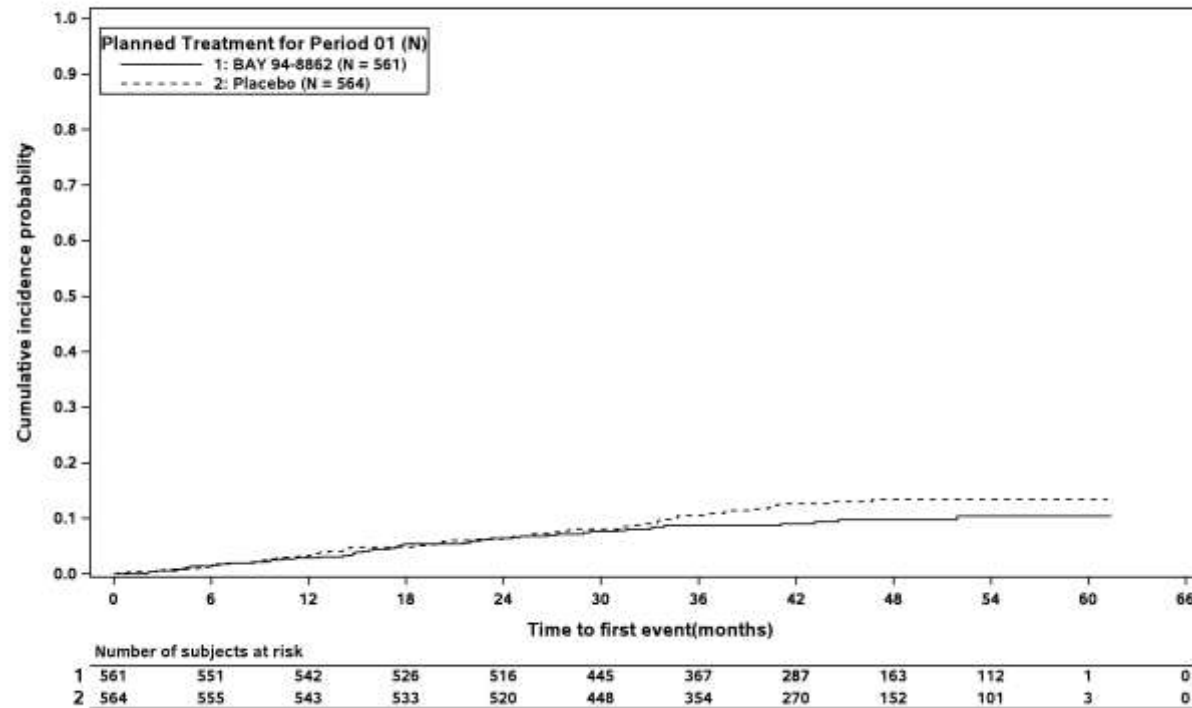
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 35: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



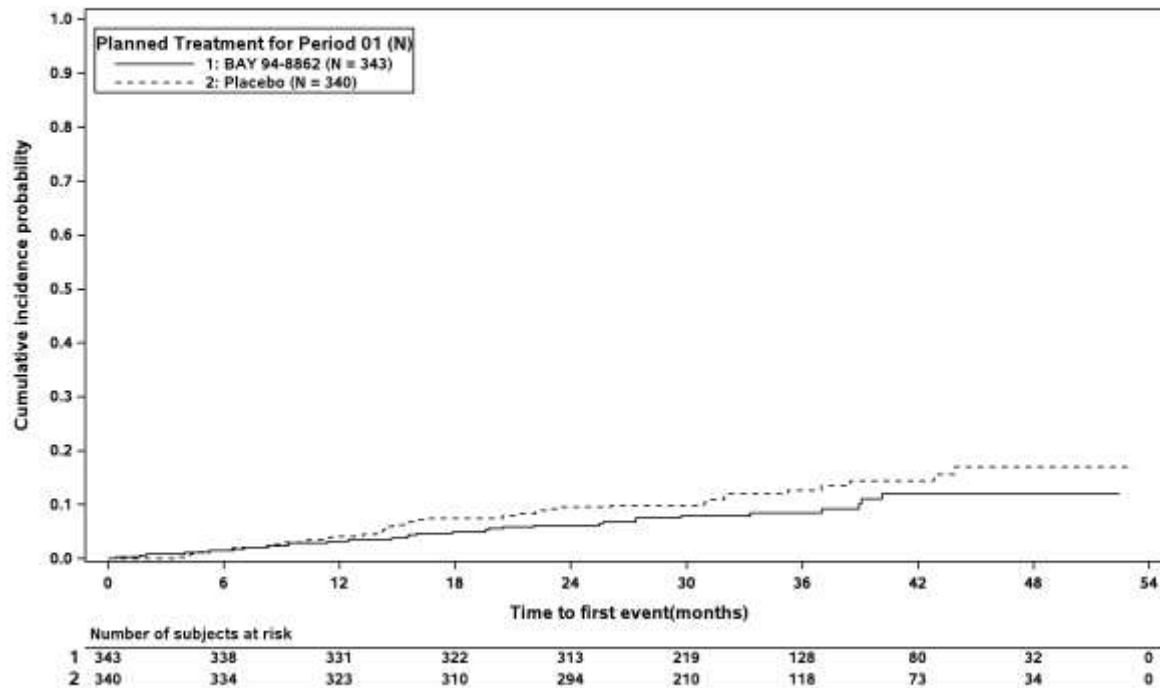
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 35: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



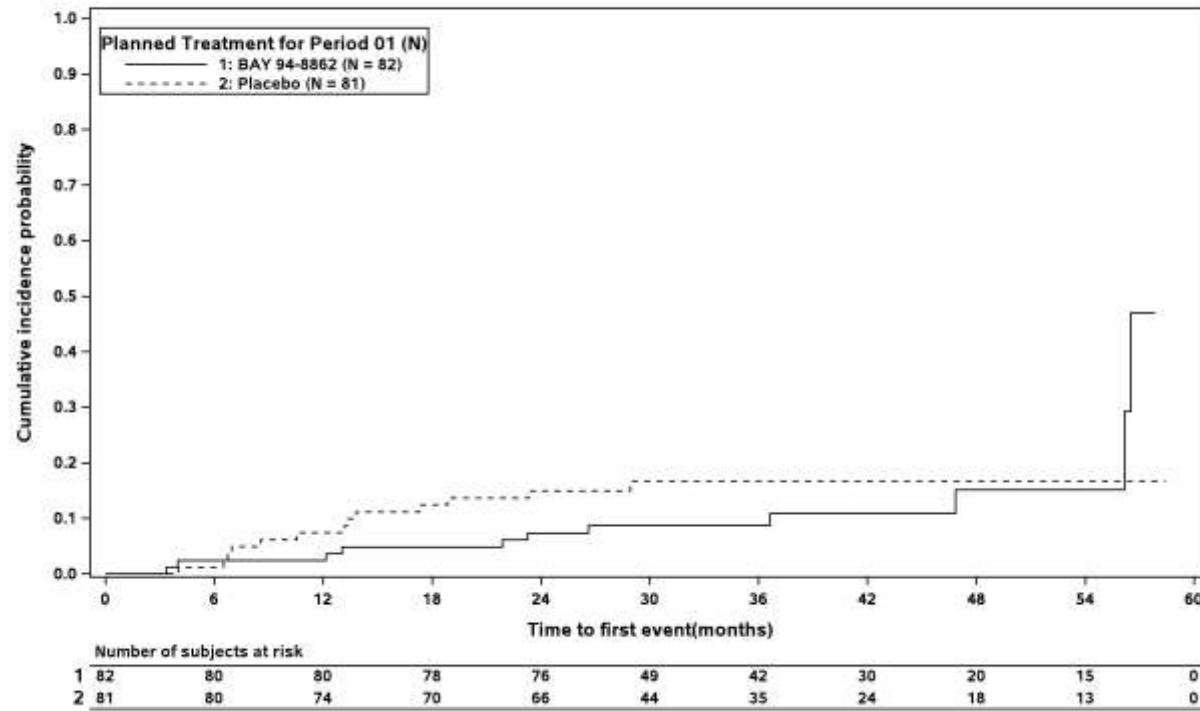
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Figure 1.2.1 / 35: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others



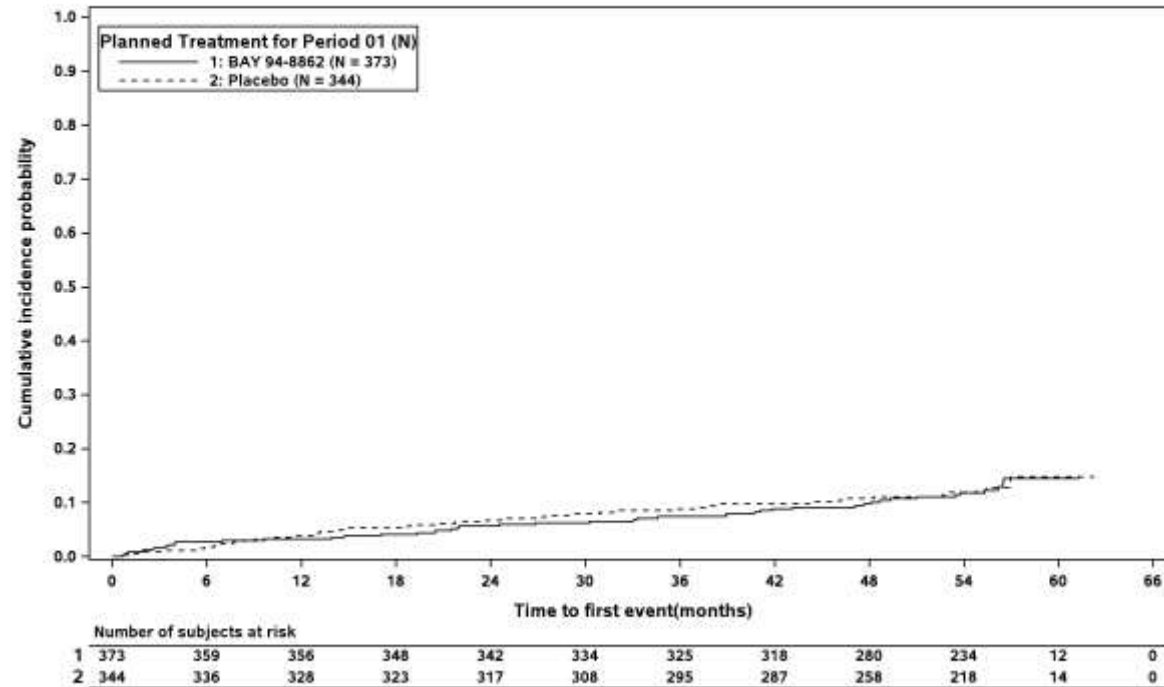
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Figure 1.2.1 / 36: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



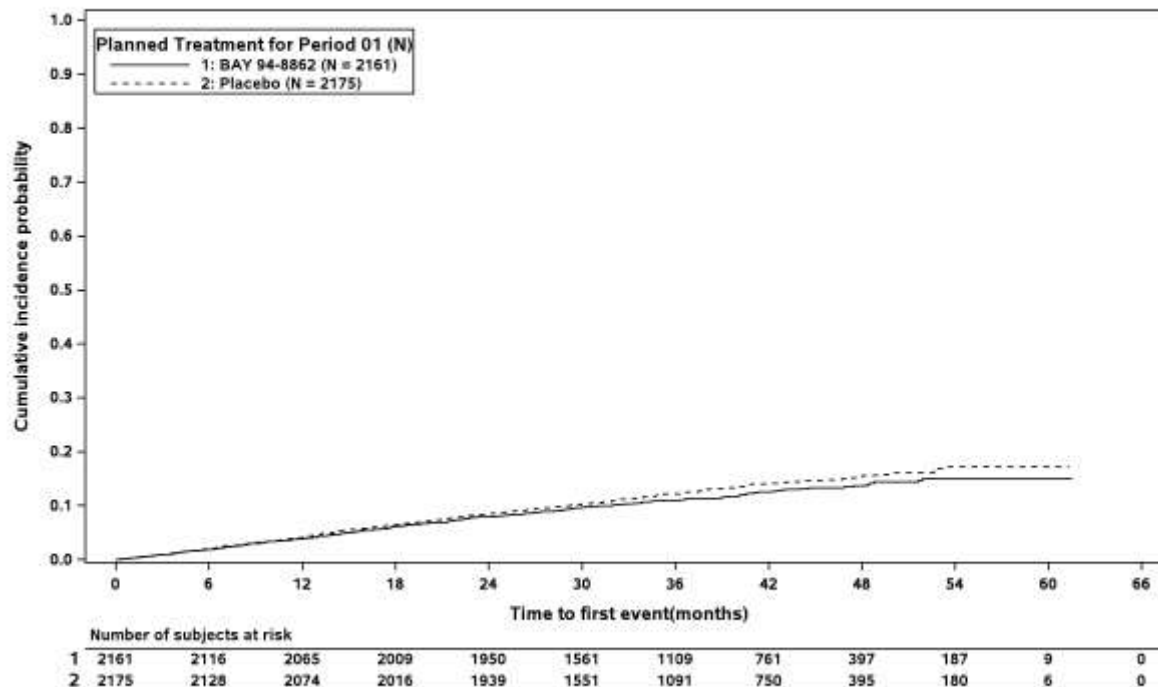
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 36: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



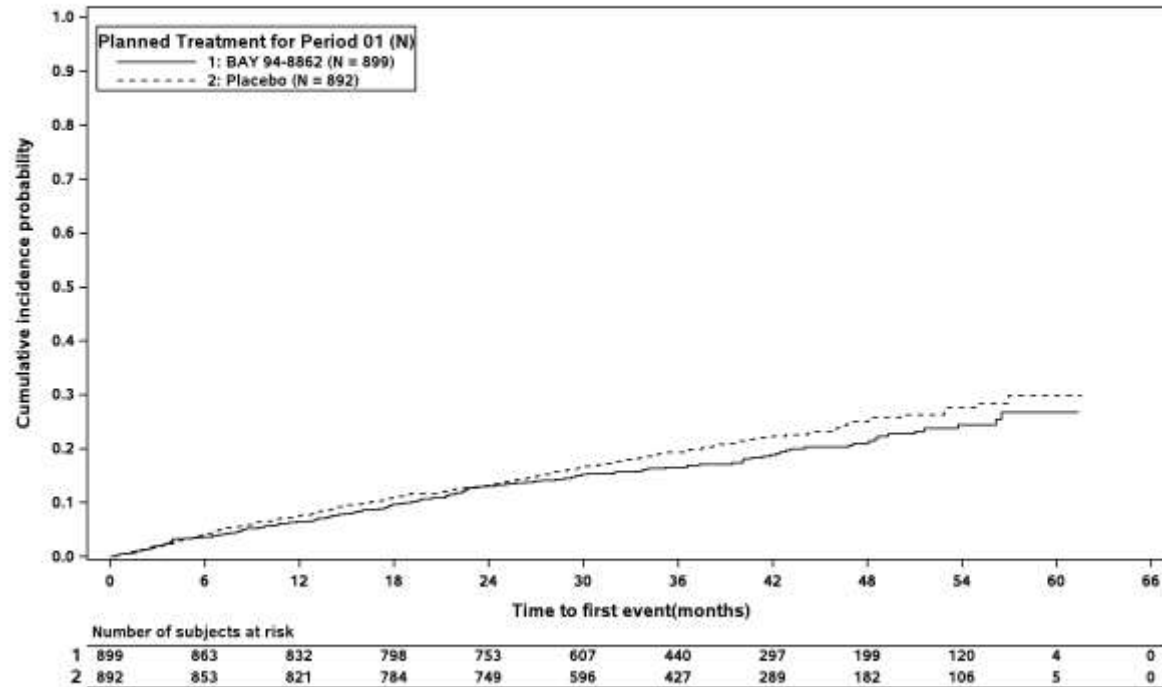
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



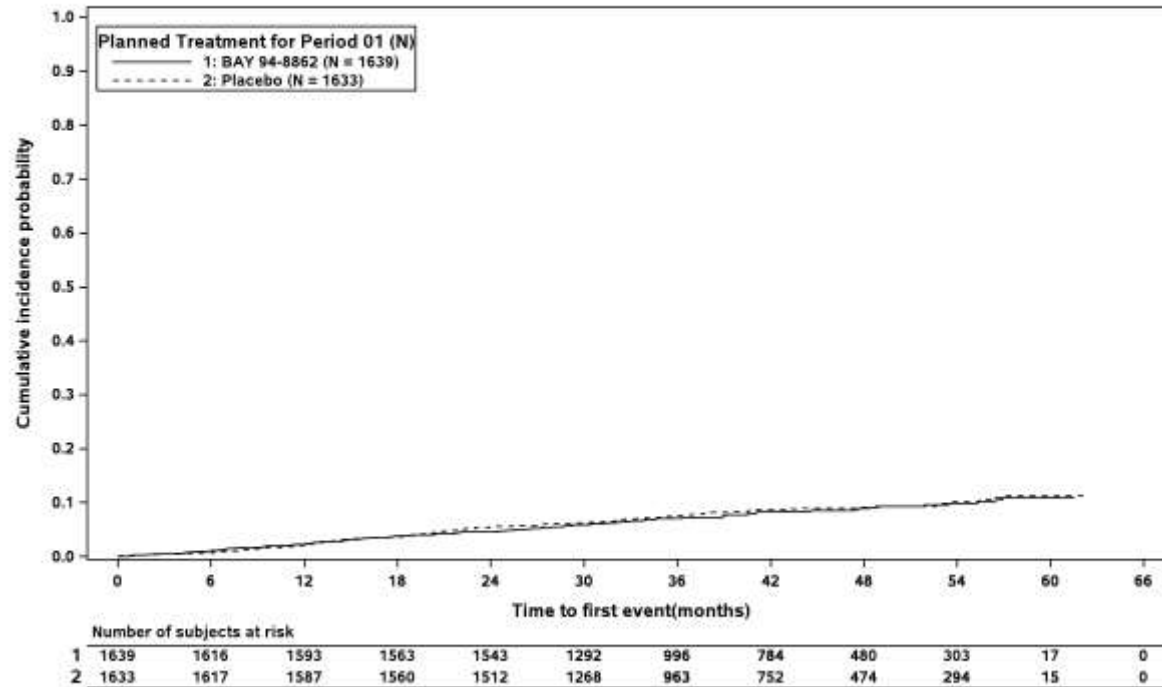
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Figure 1.2.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent



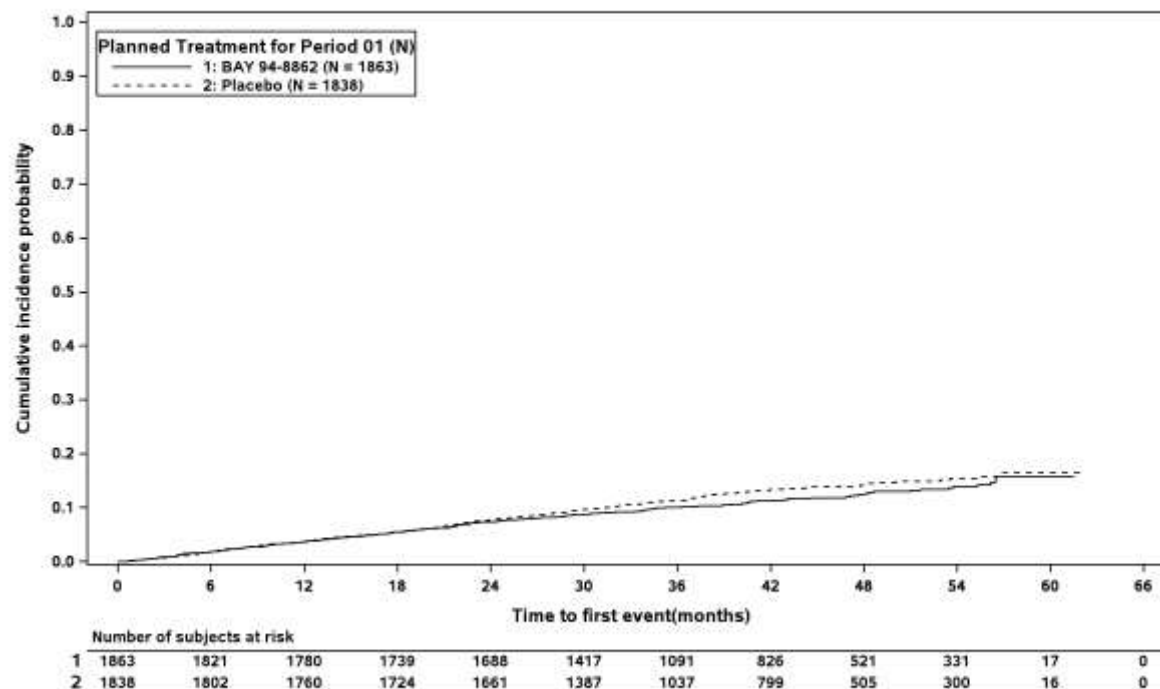
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Figure 1.2.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



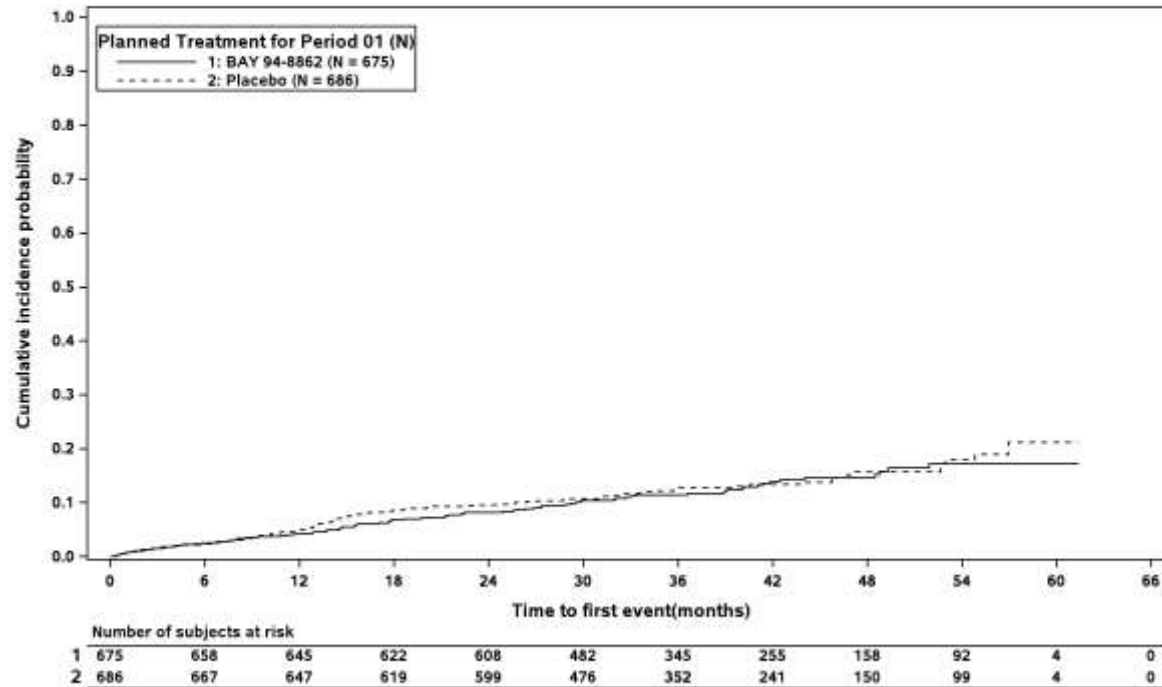
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Figure 1.2.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



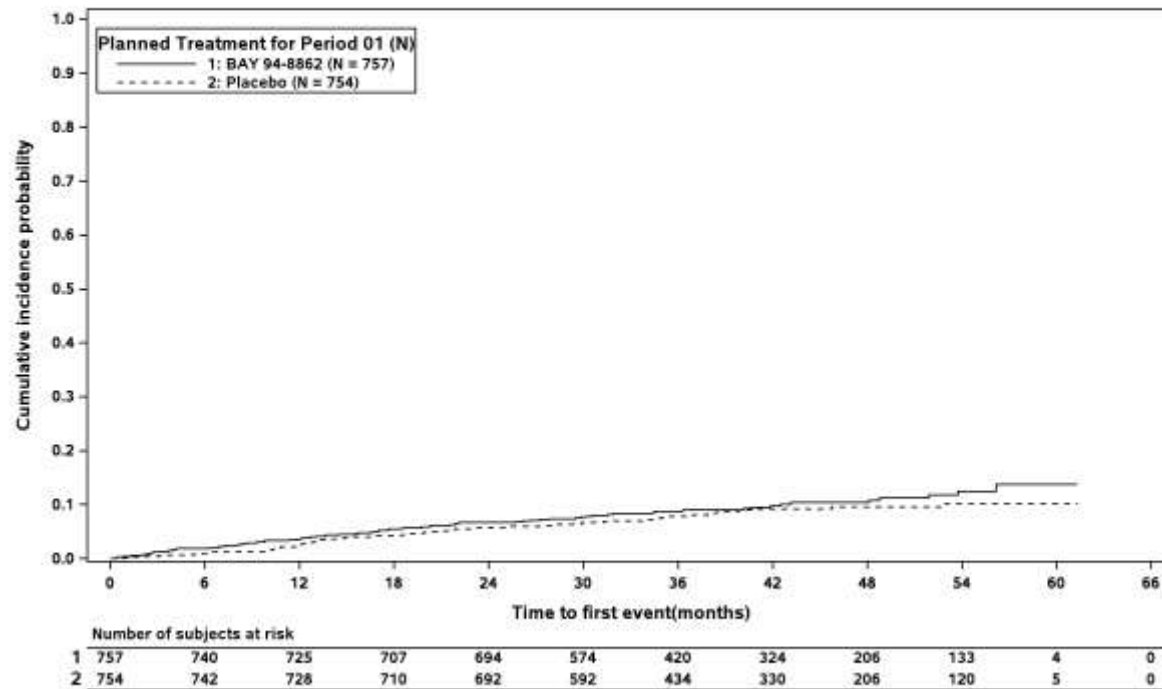
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Figure 1.2.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



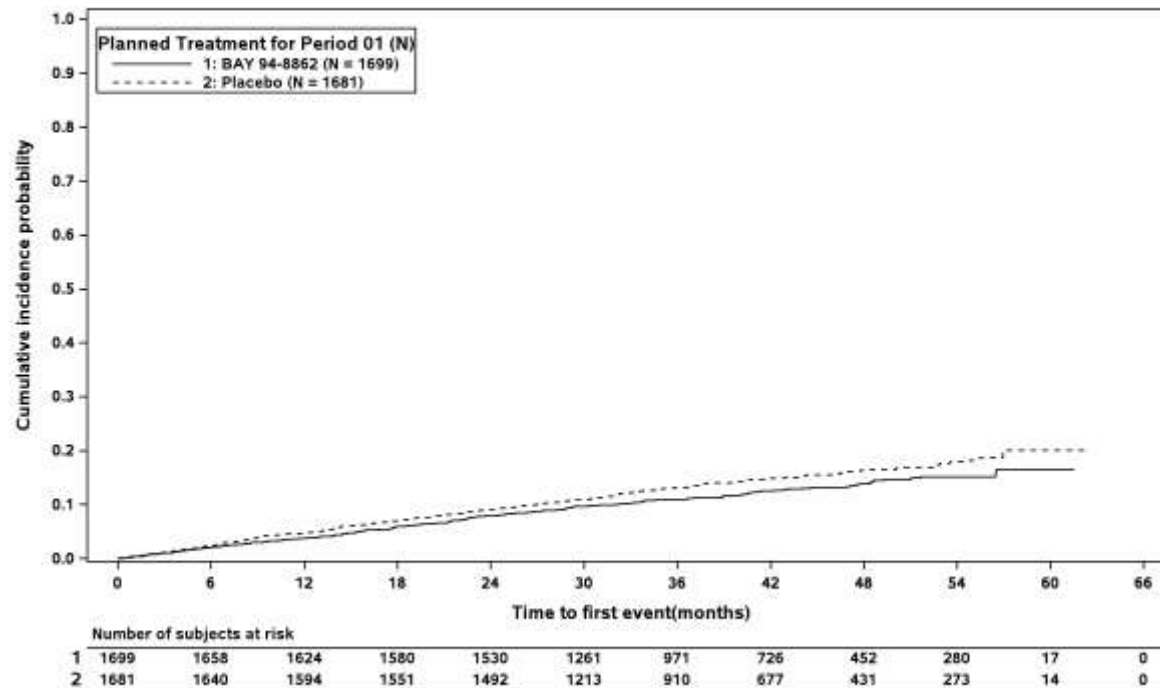
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Figure 1.2.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



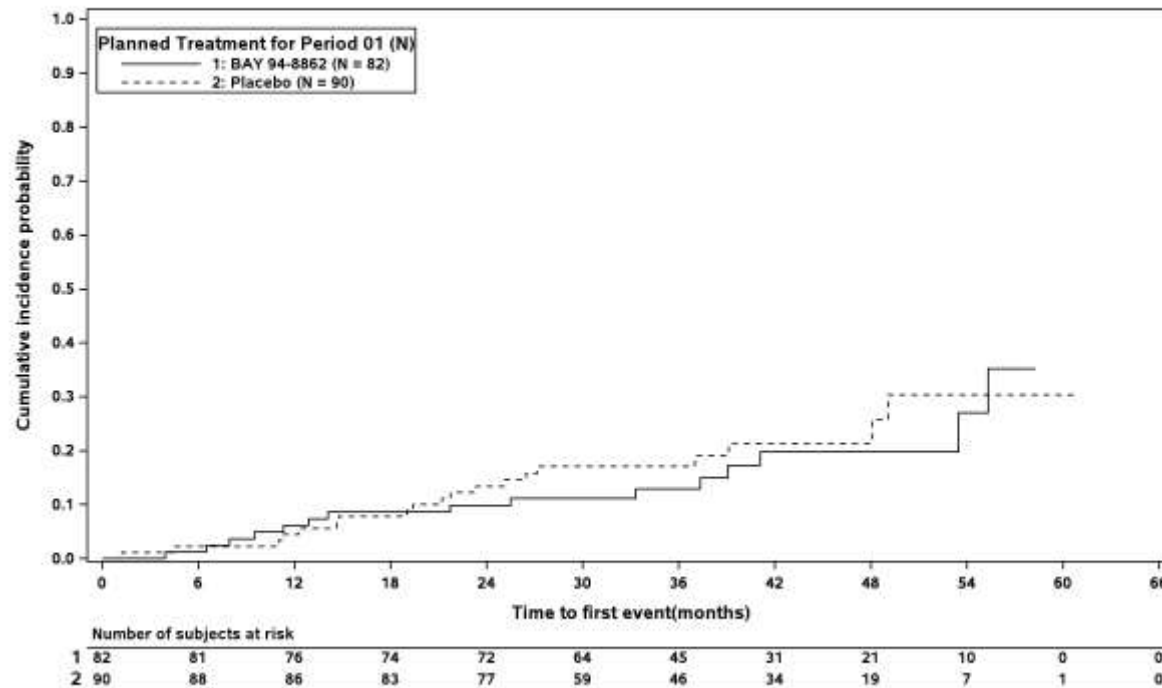
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Figure 1.2.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



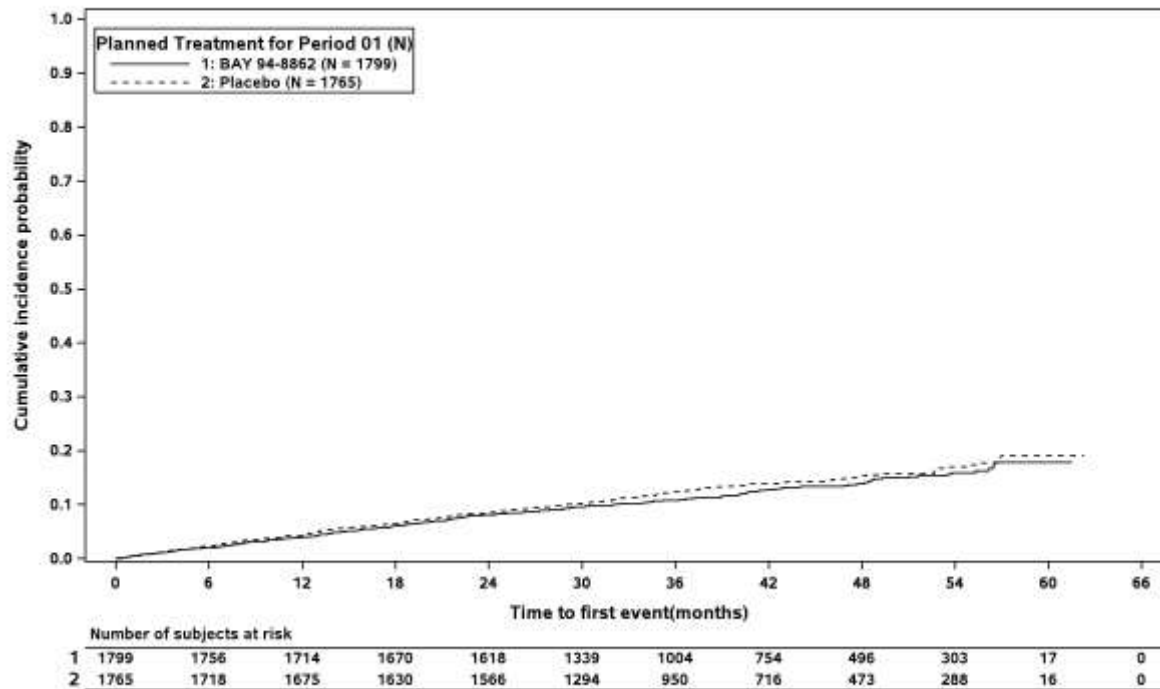
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Figure 1.2.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



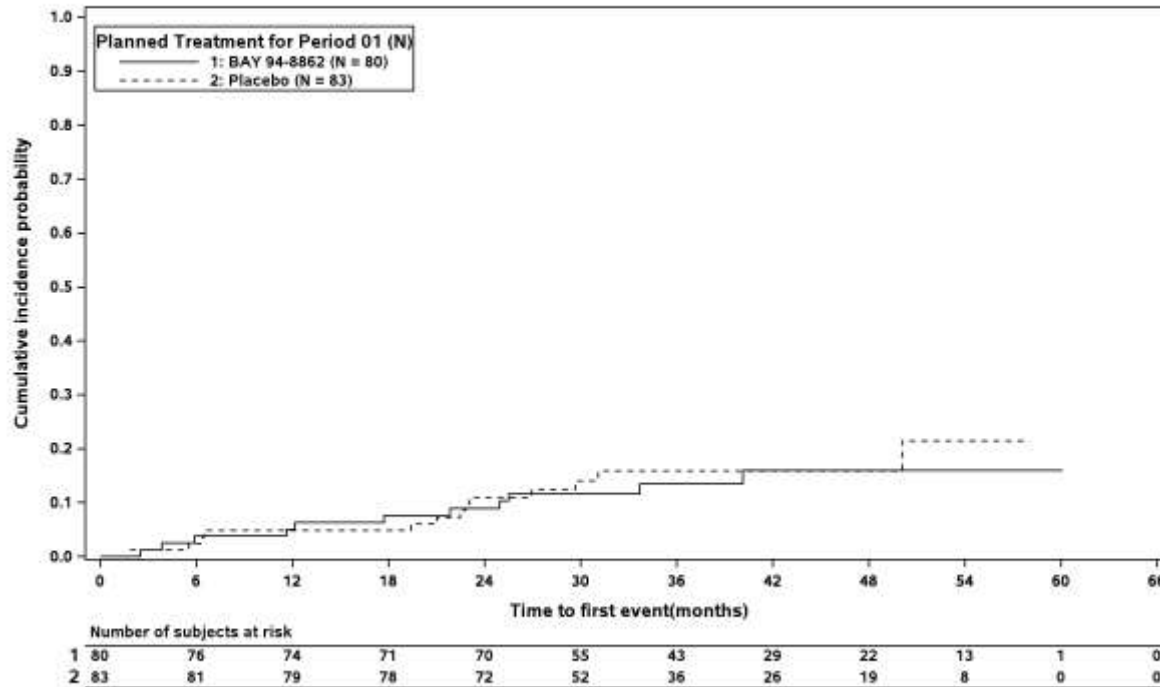
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Figure 1.2.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black



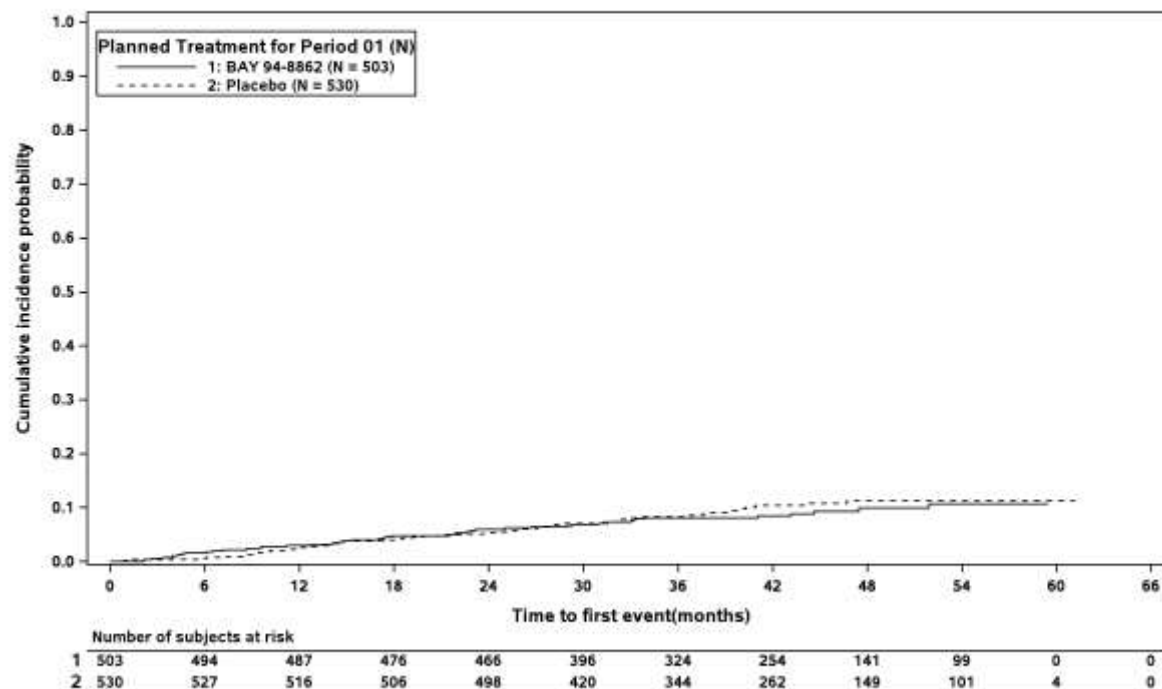
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Figure 1.2.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian



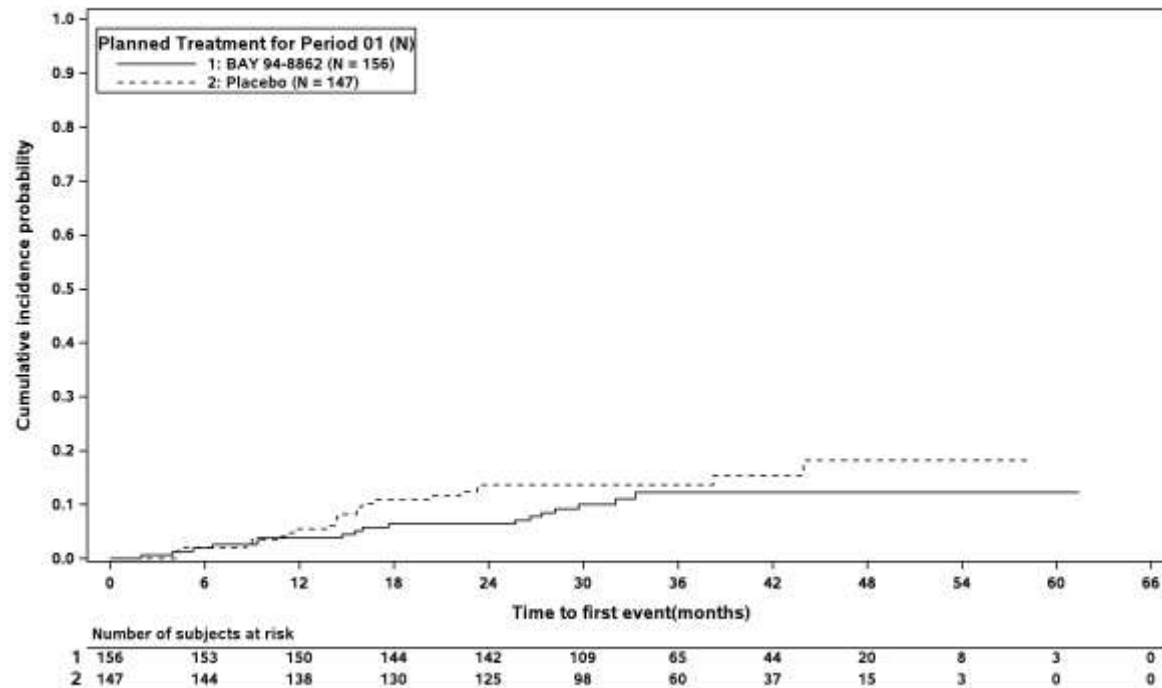
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Figure 1.2.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other



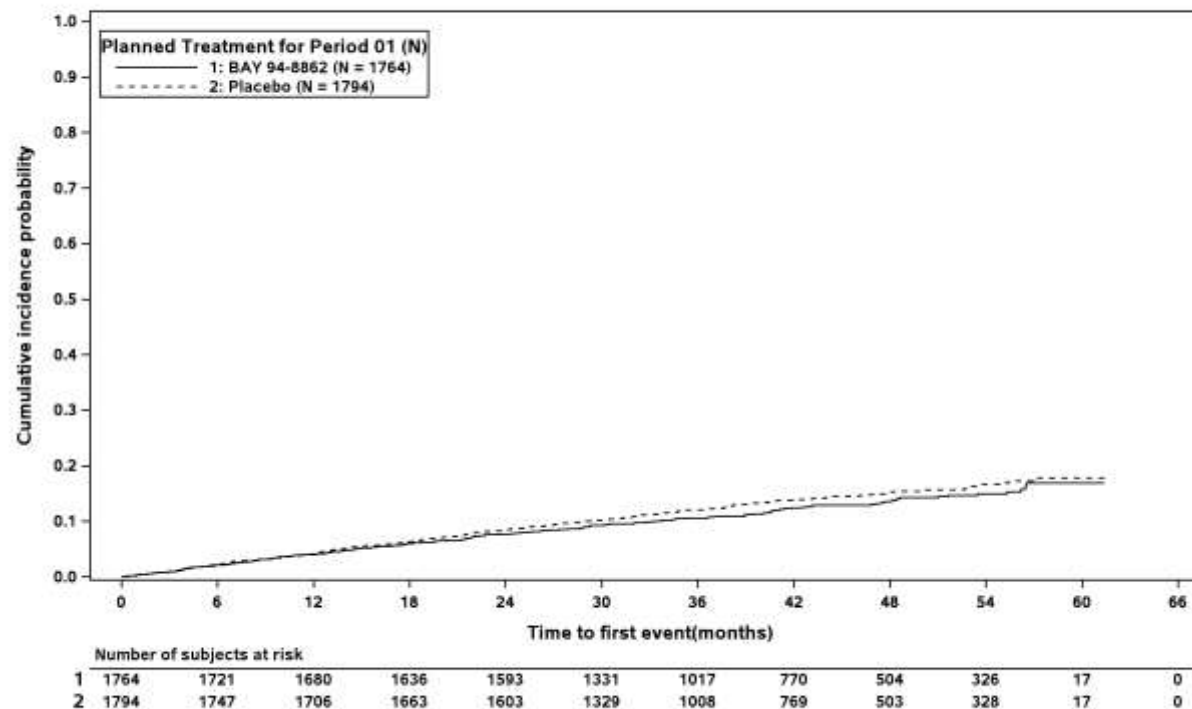
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 41: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



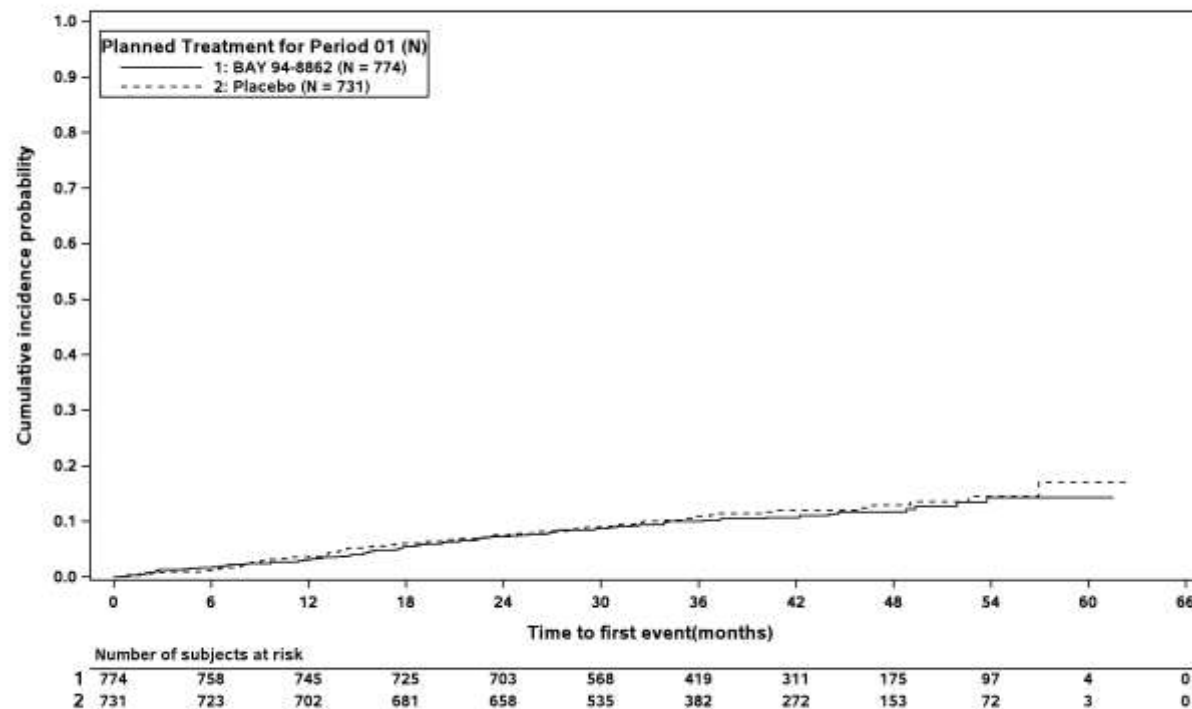
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 41: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



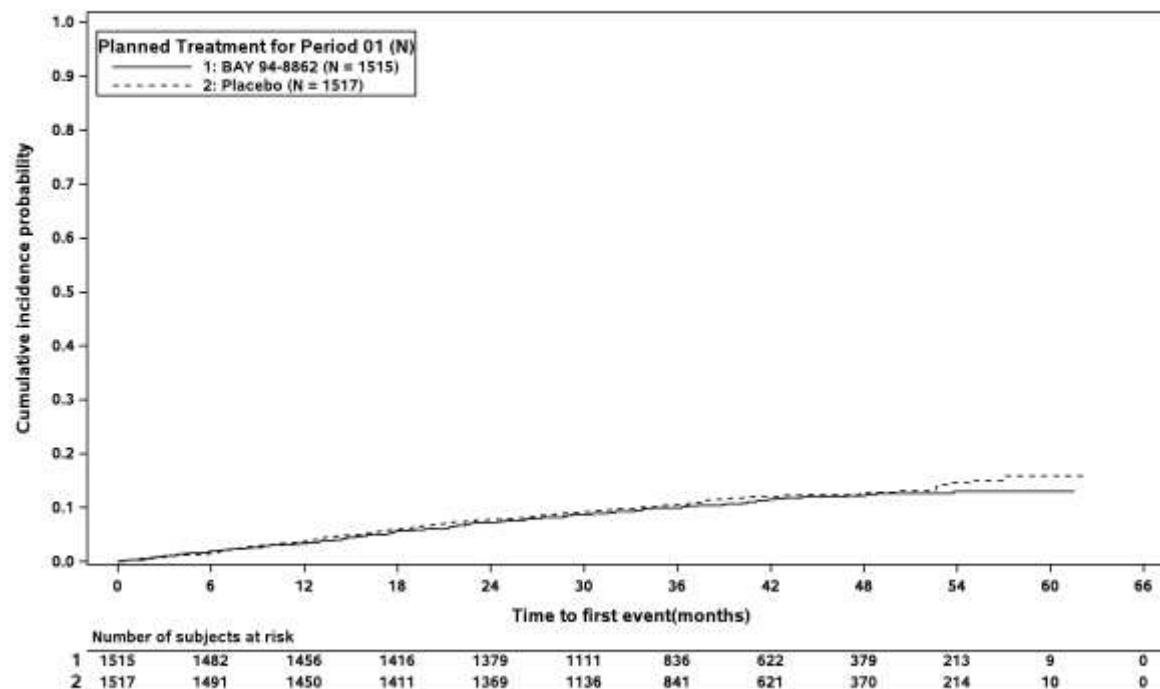
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: < 65 years



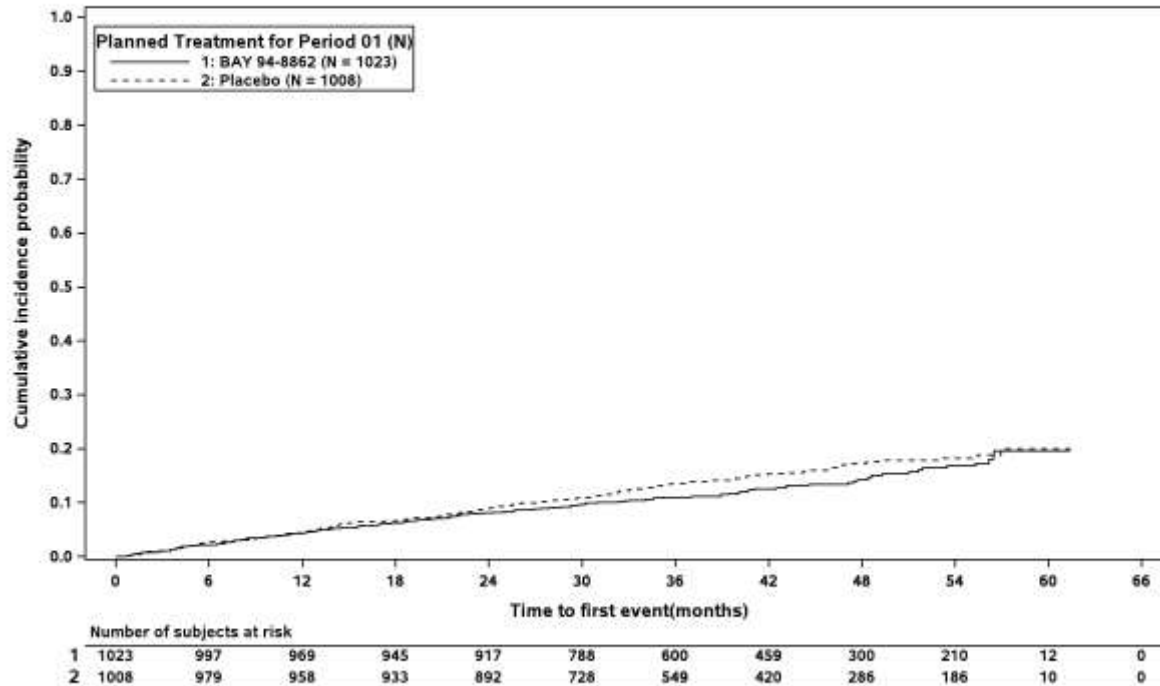
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Figure 1.2.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

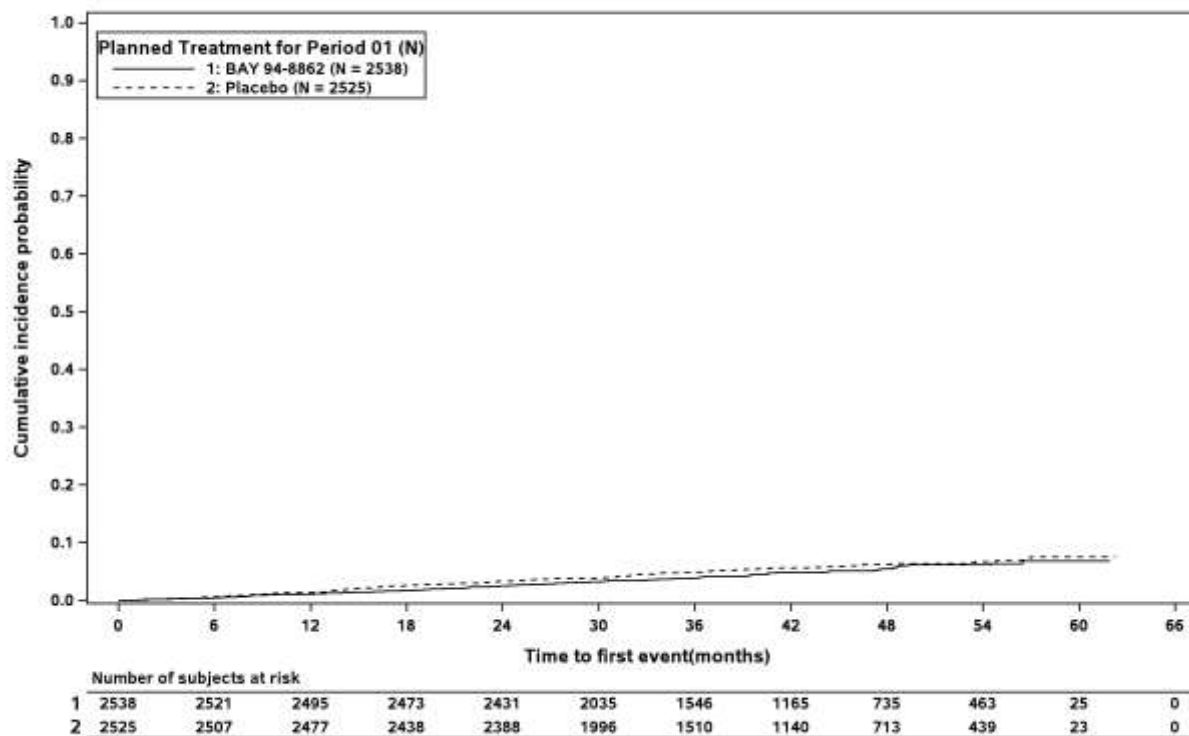


At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 43: Time to CV death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to CV death (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

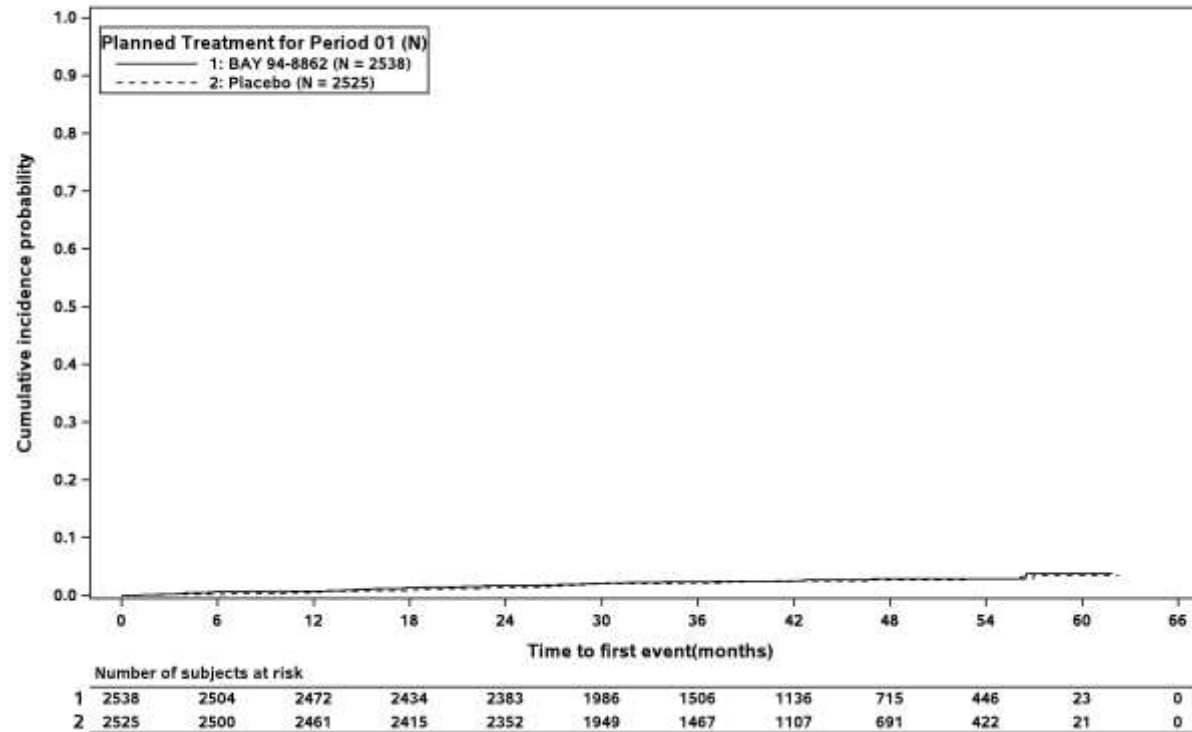


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 44: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

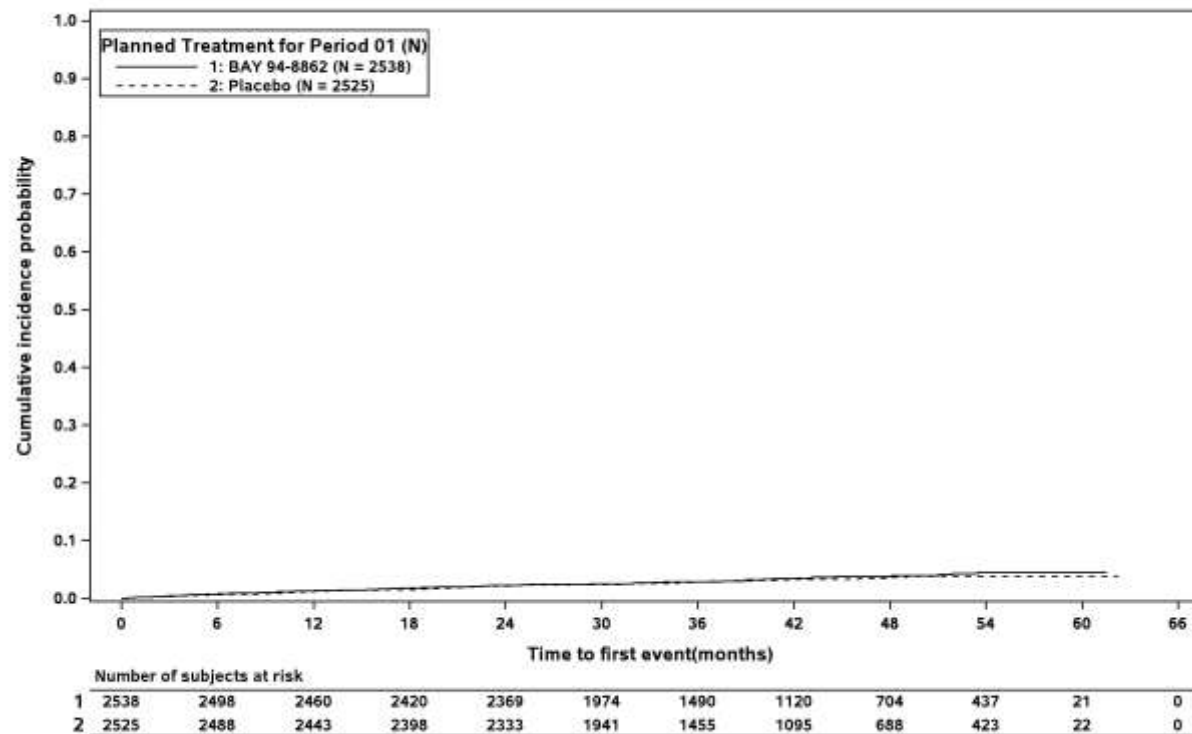


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 45: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

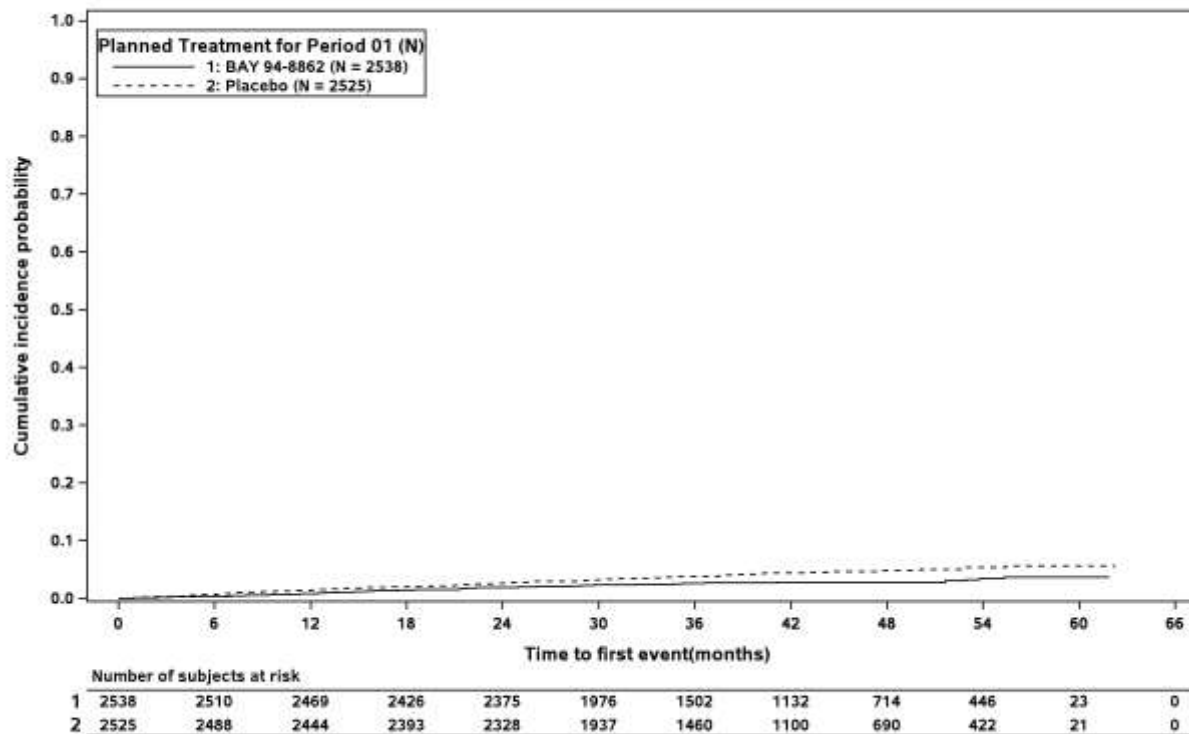


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 46: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

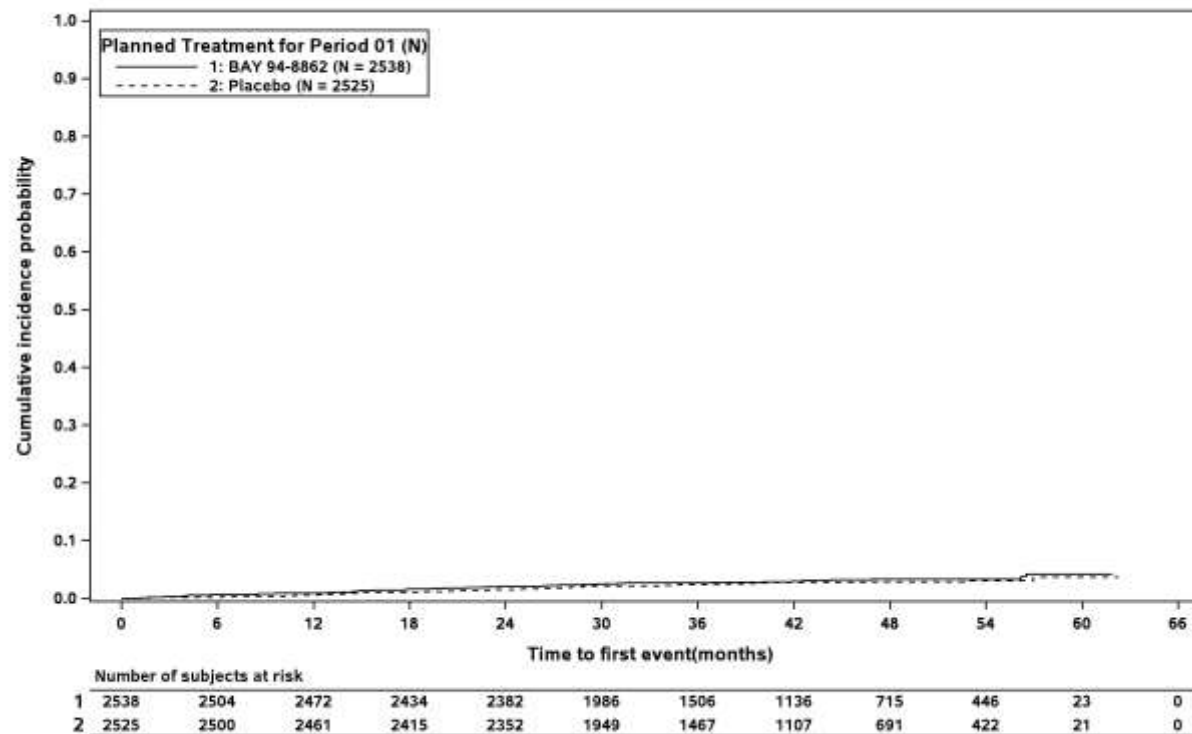


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 47: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



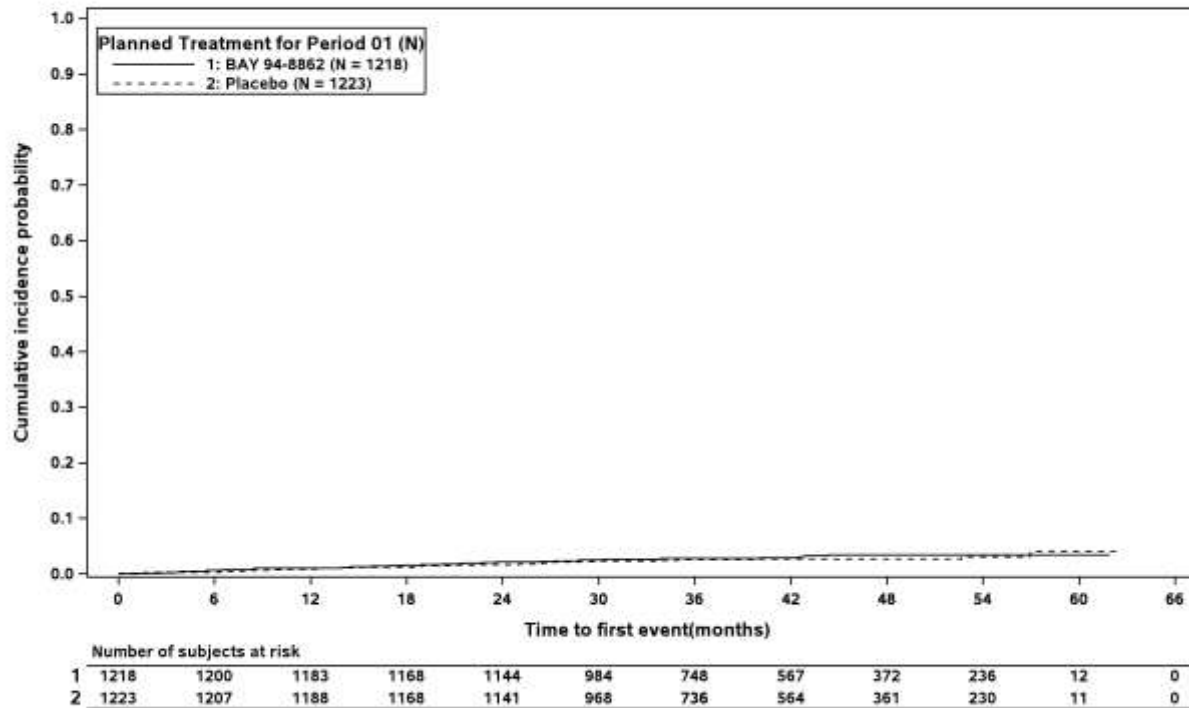
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 48: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



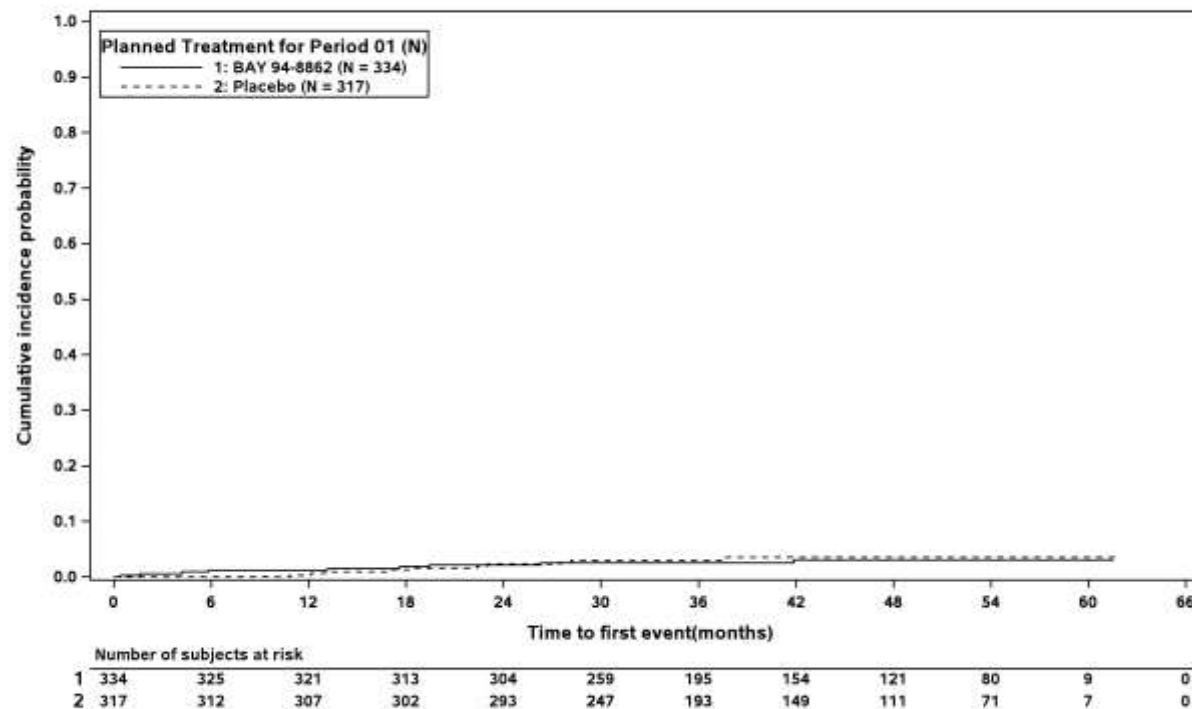
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 48: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

**Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America**



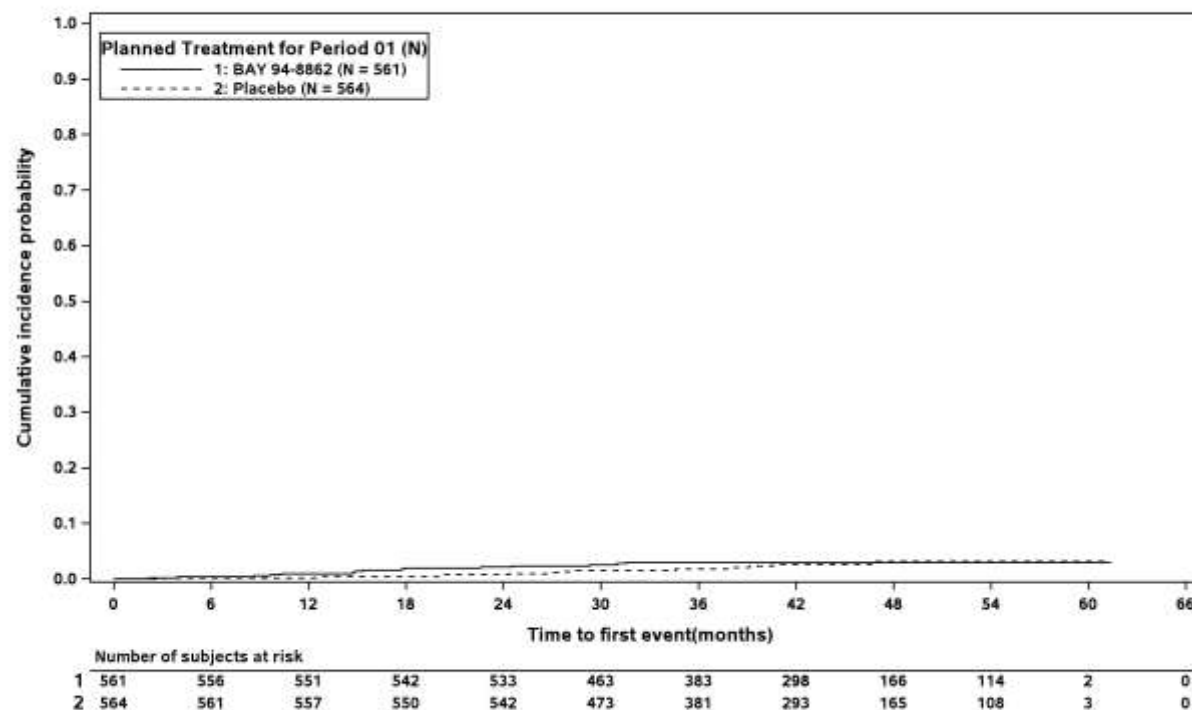
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Figure 1.2.1 / 48: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



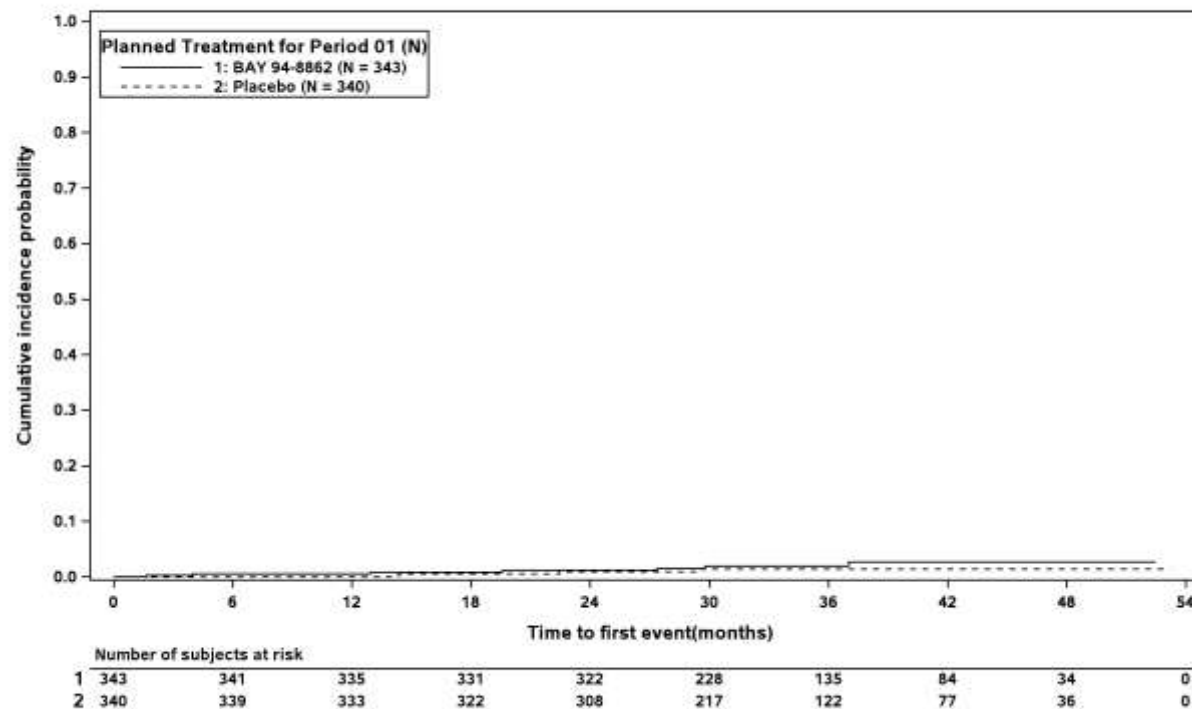
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Figure 1.2.1 / 48: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



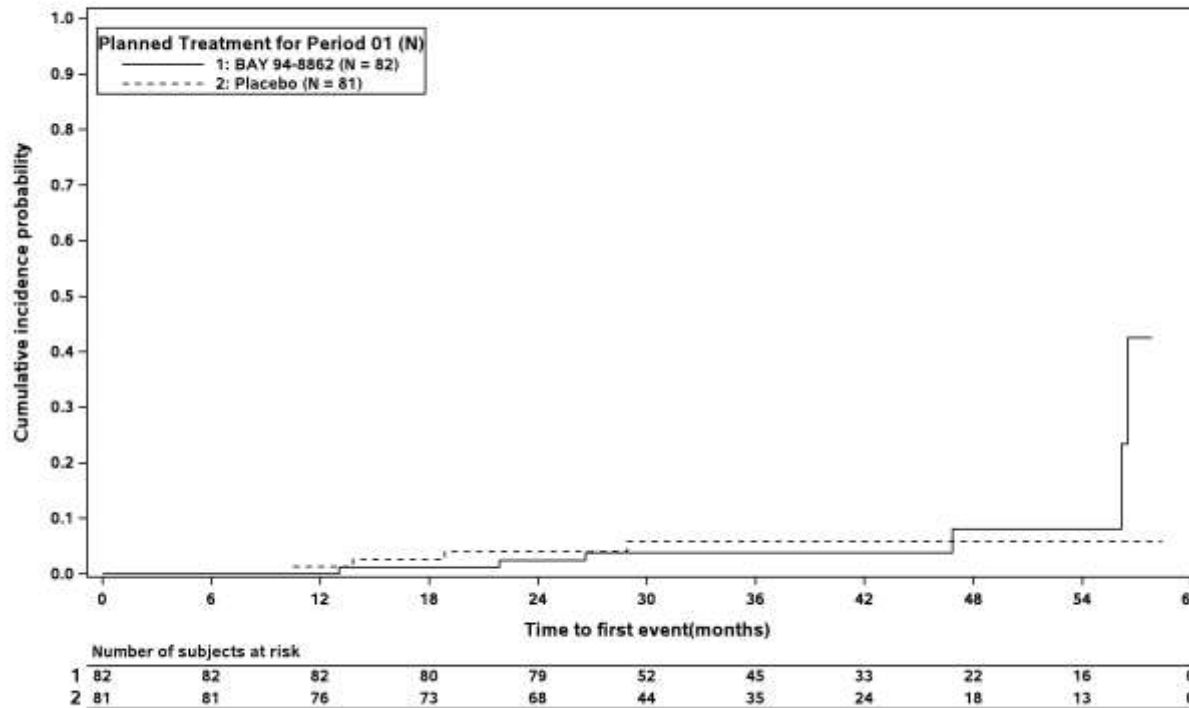
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 48: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

**Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others**



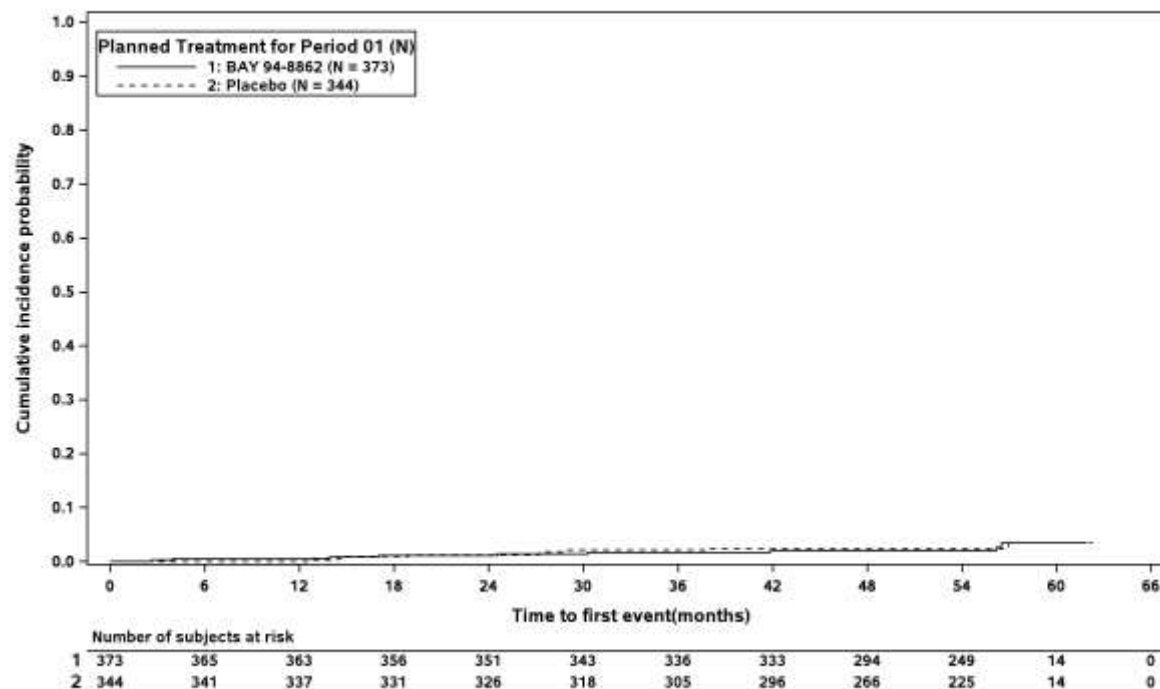
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 49: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



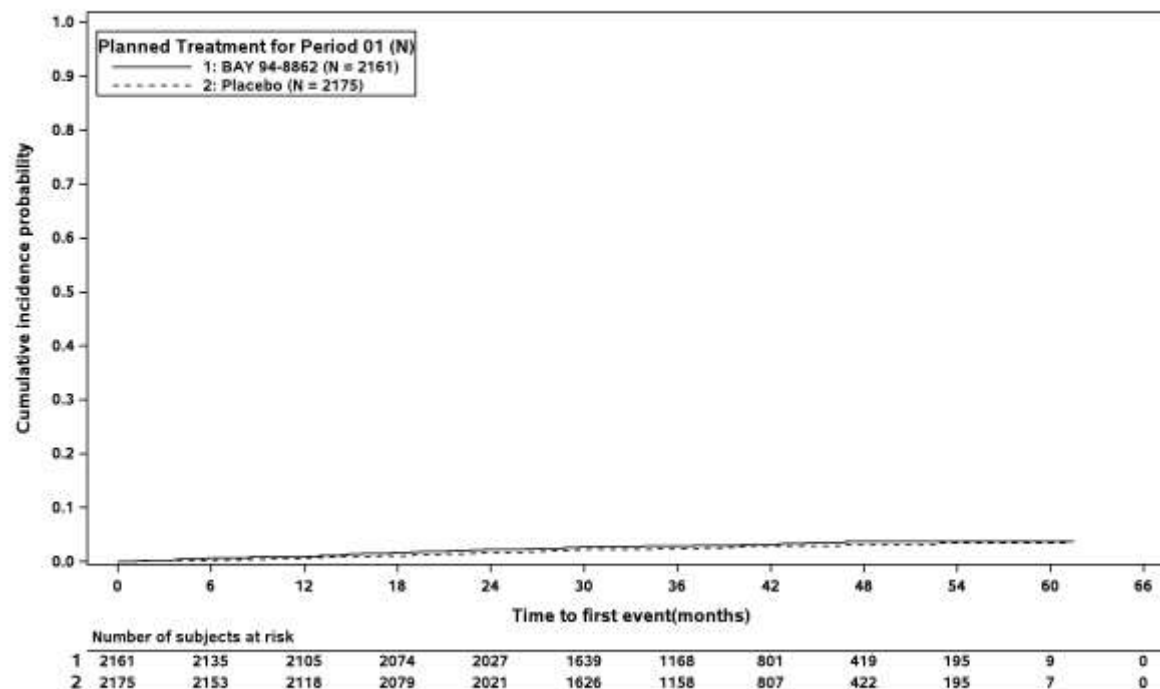
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Figure 1.2.1 / 49: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



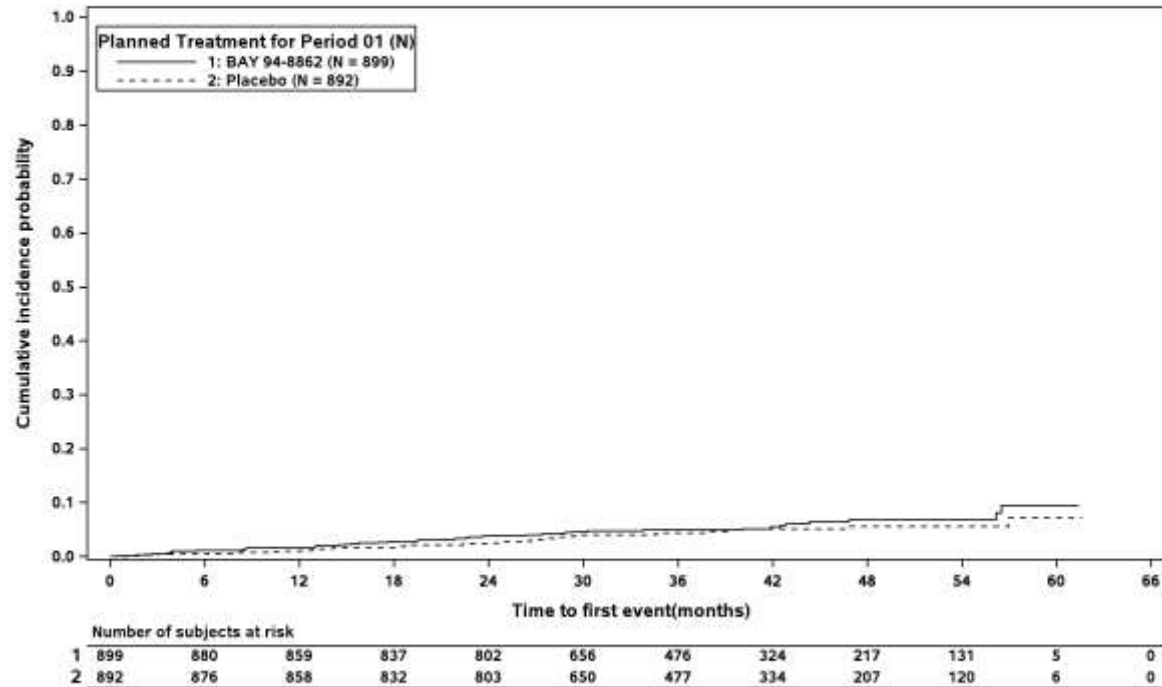
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Figure 1.2.1 / 50: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



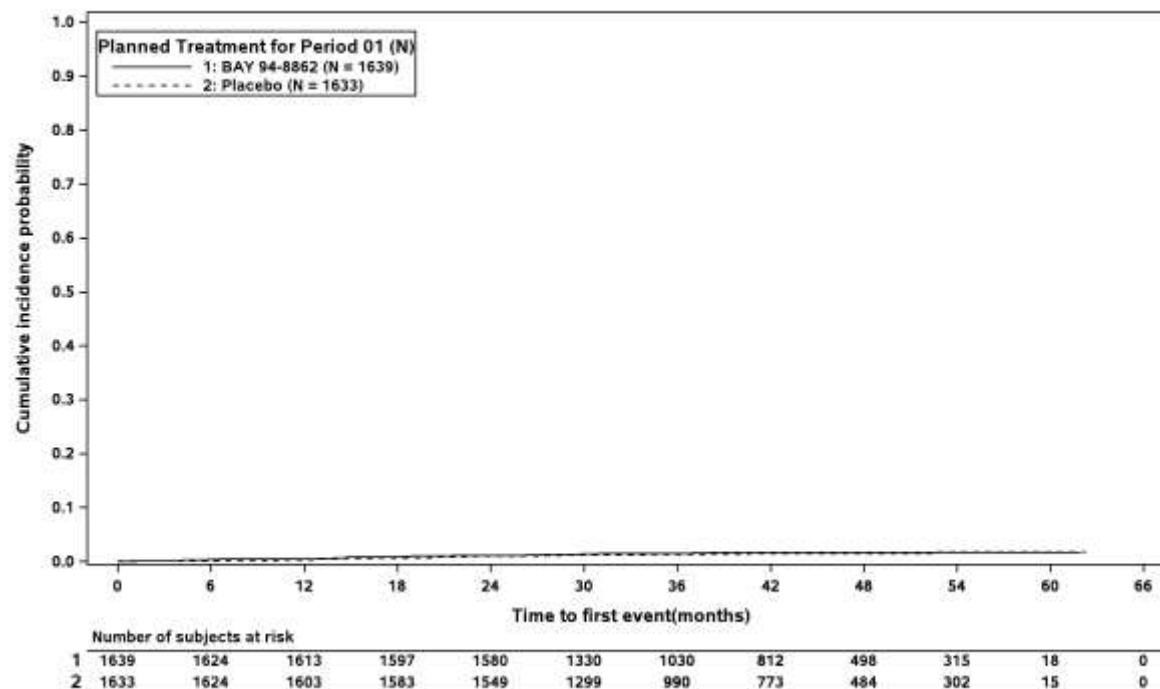
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Figure 1.2.1 / 50: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent



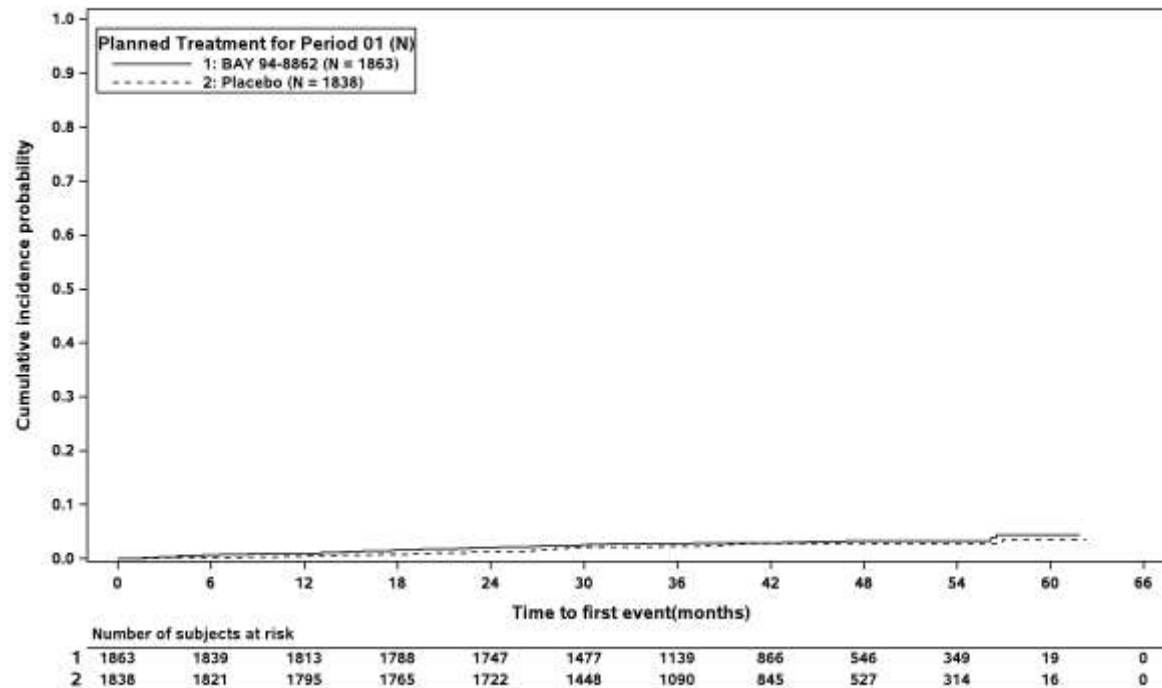
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Figure 1.2.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



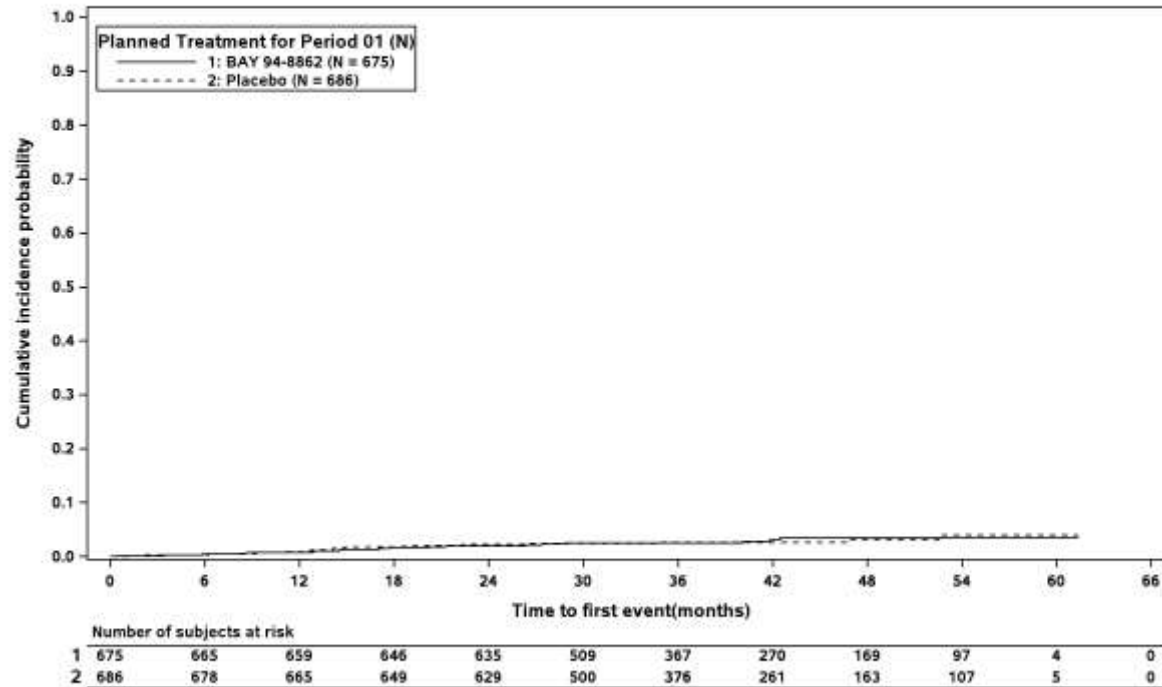
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Figure 1.2.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



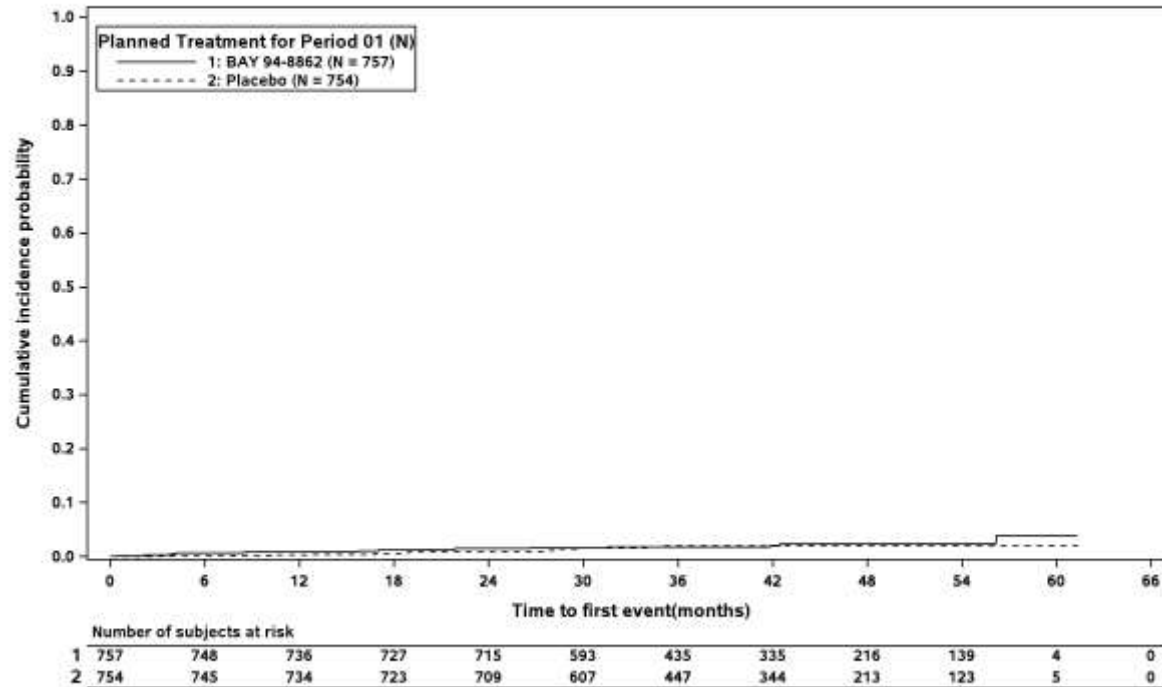
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Figure 1.2.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



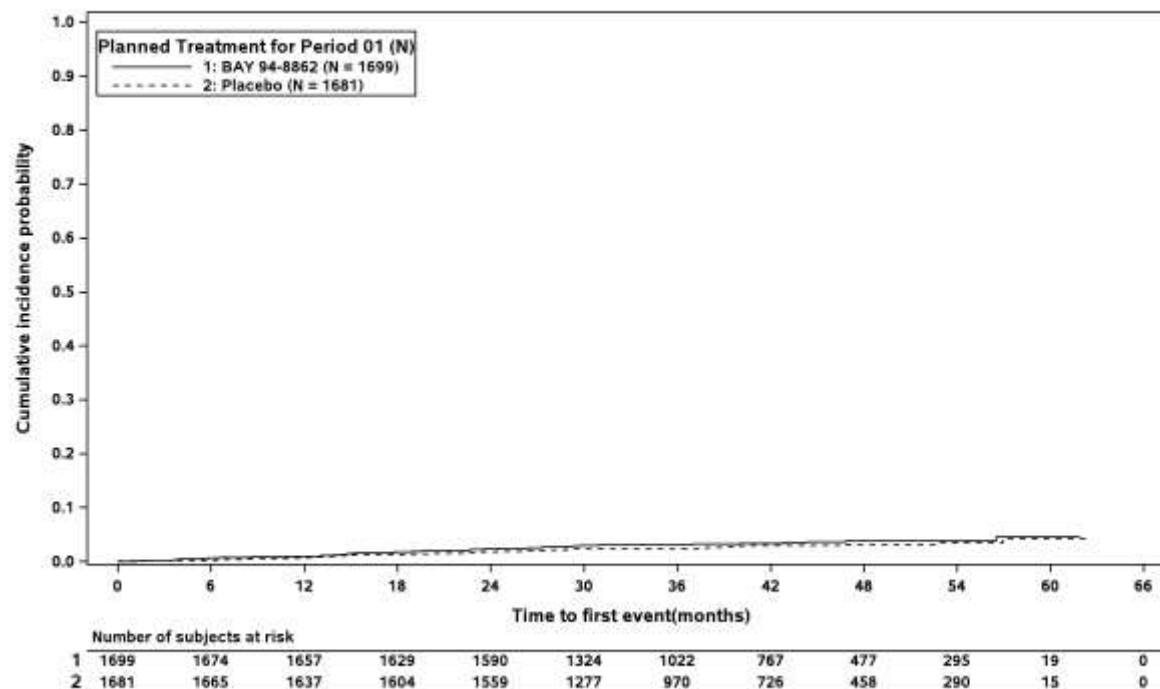
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



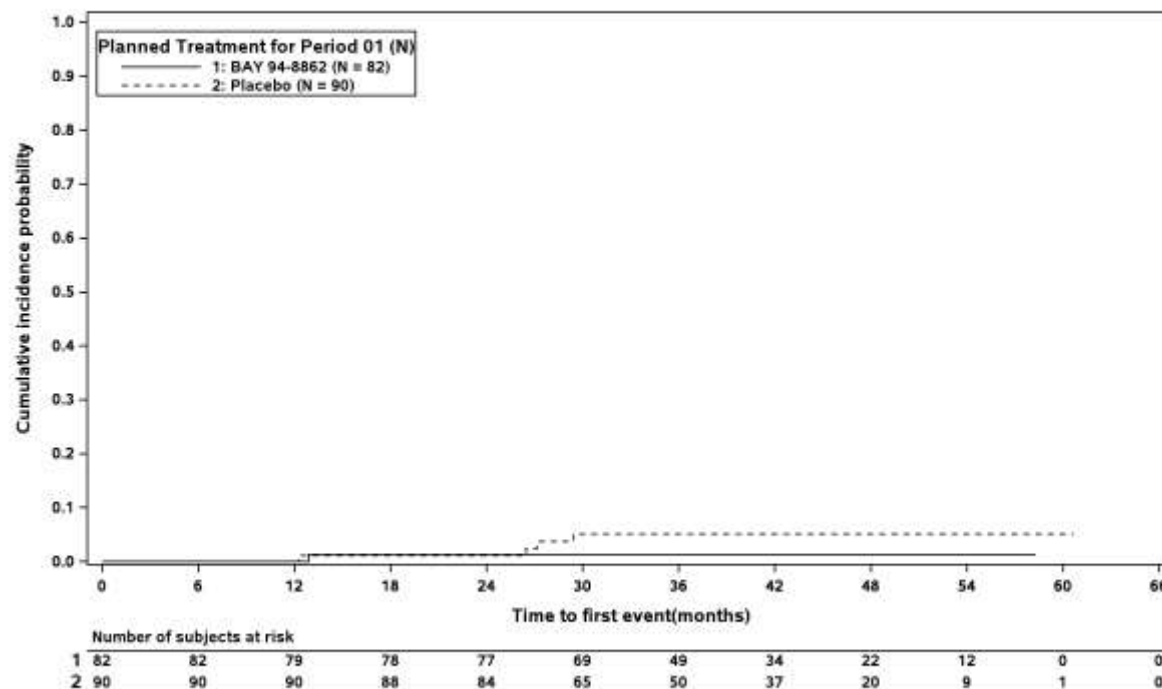
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Figure 1.2.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



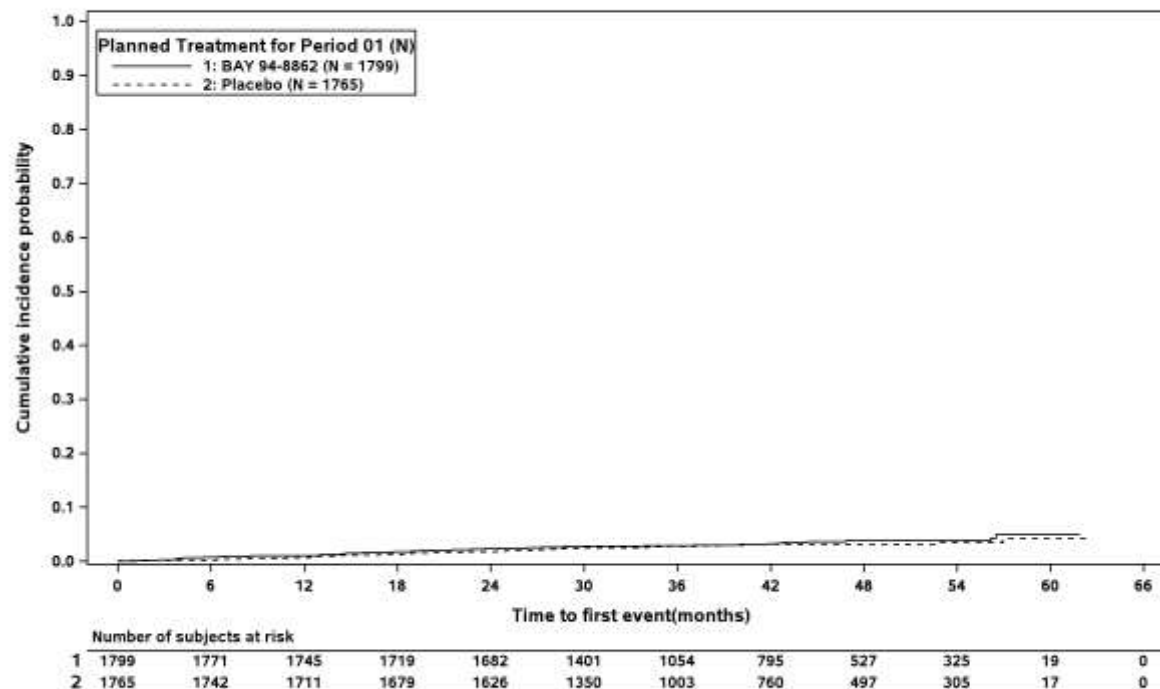
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Figure 1.2.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



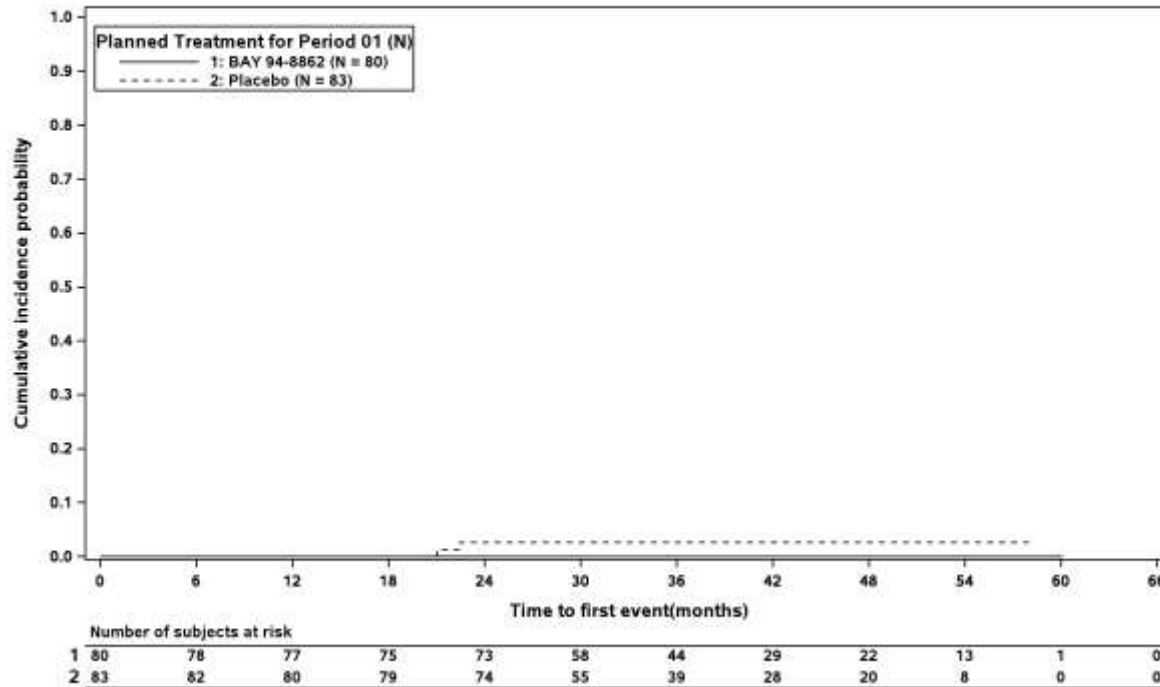
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Figure 1.2.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black



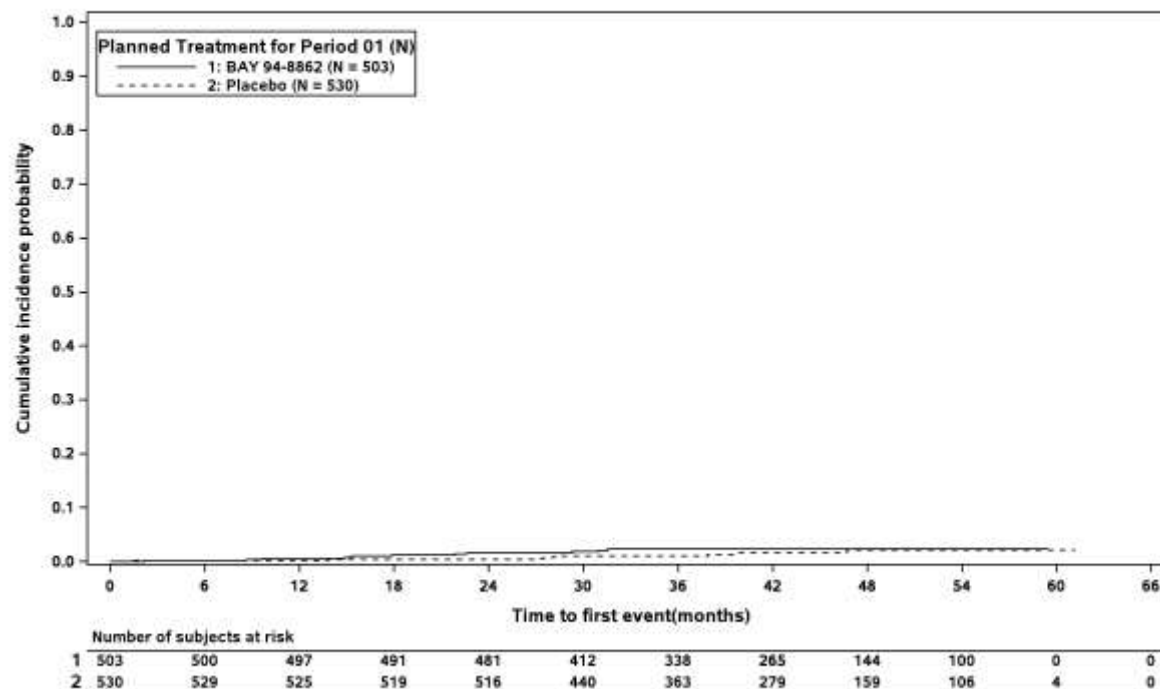
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Figure 1.2.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian



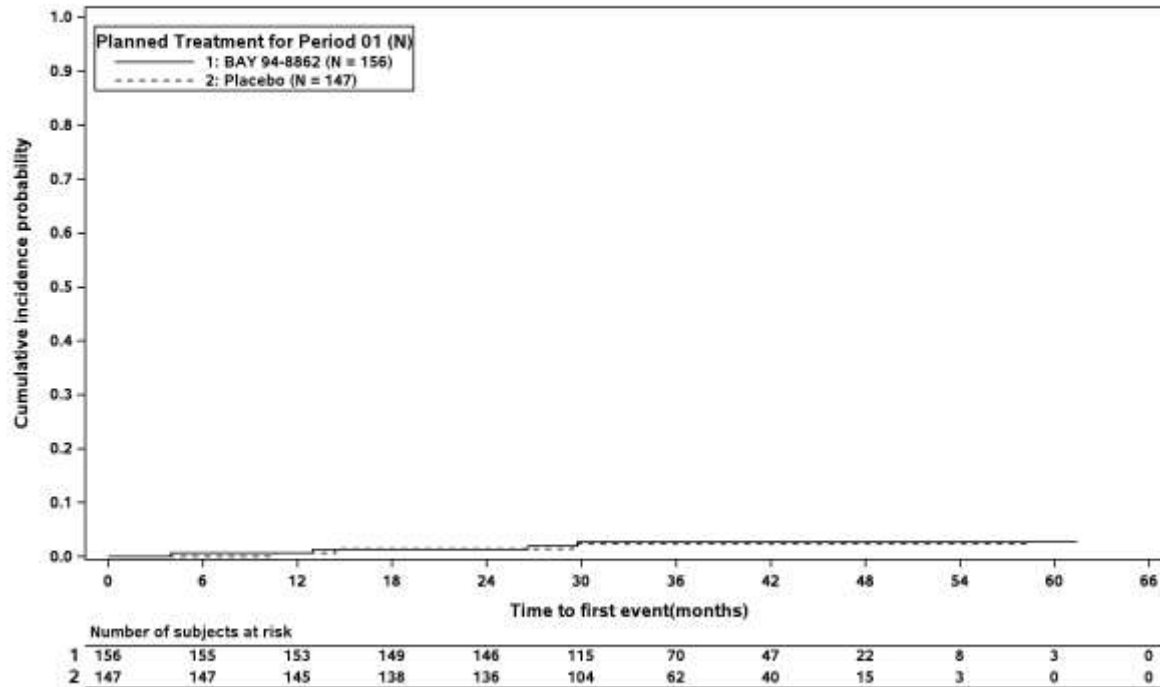
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Figure 1.2.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other



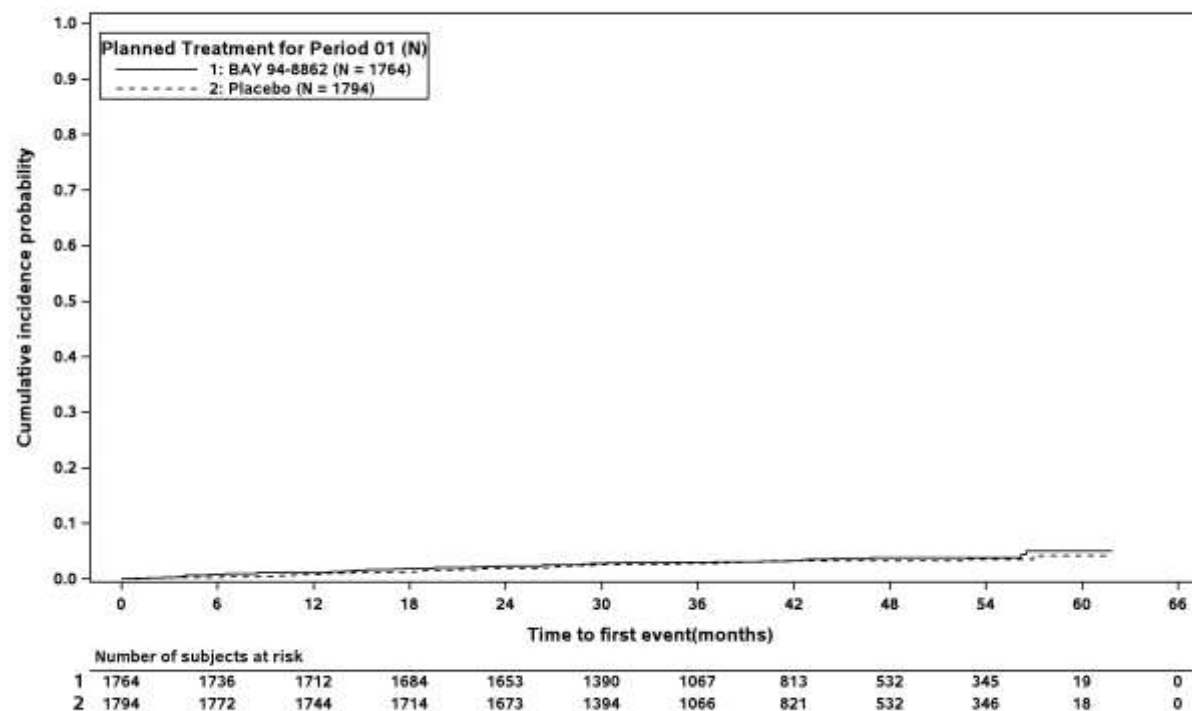
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Figure 1.2.1 / 54: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



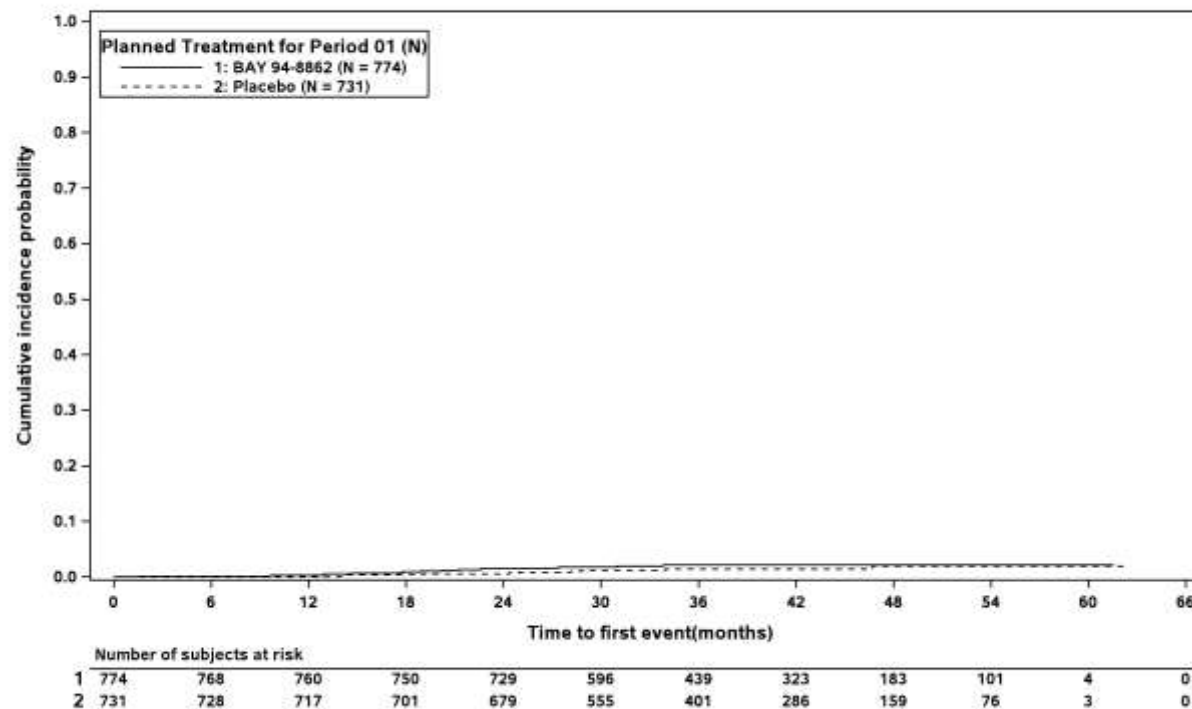
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 54: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



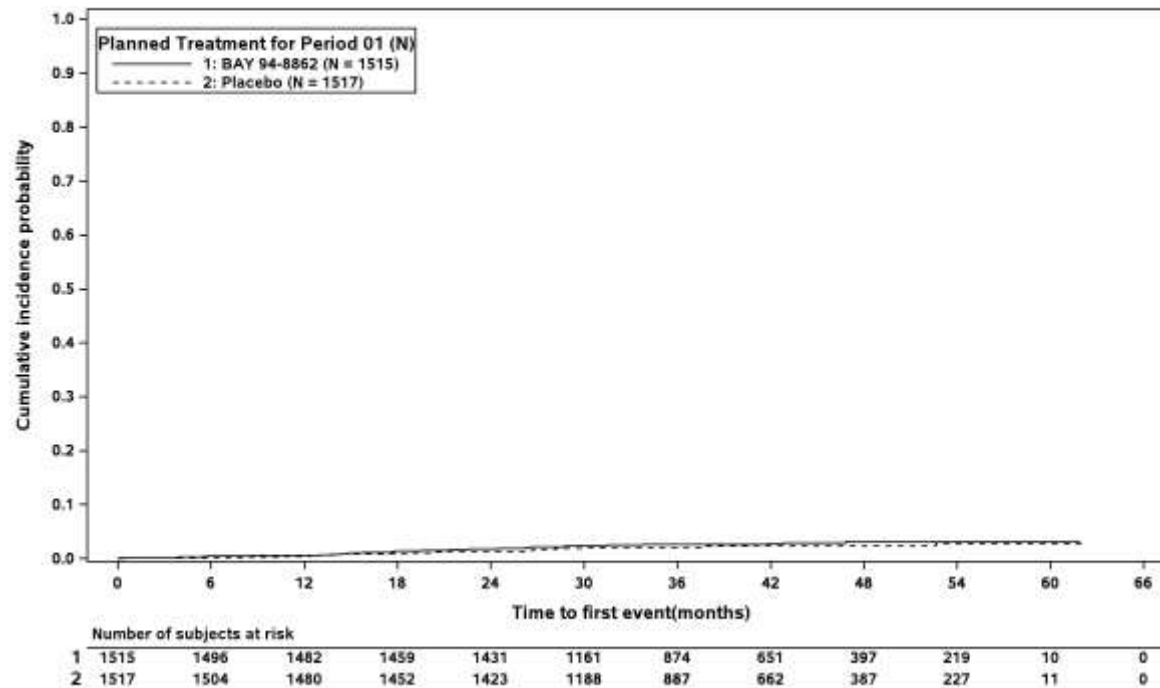
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 55: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: < 65 years



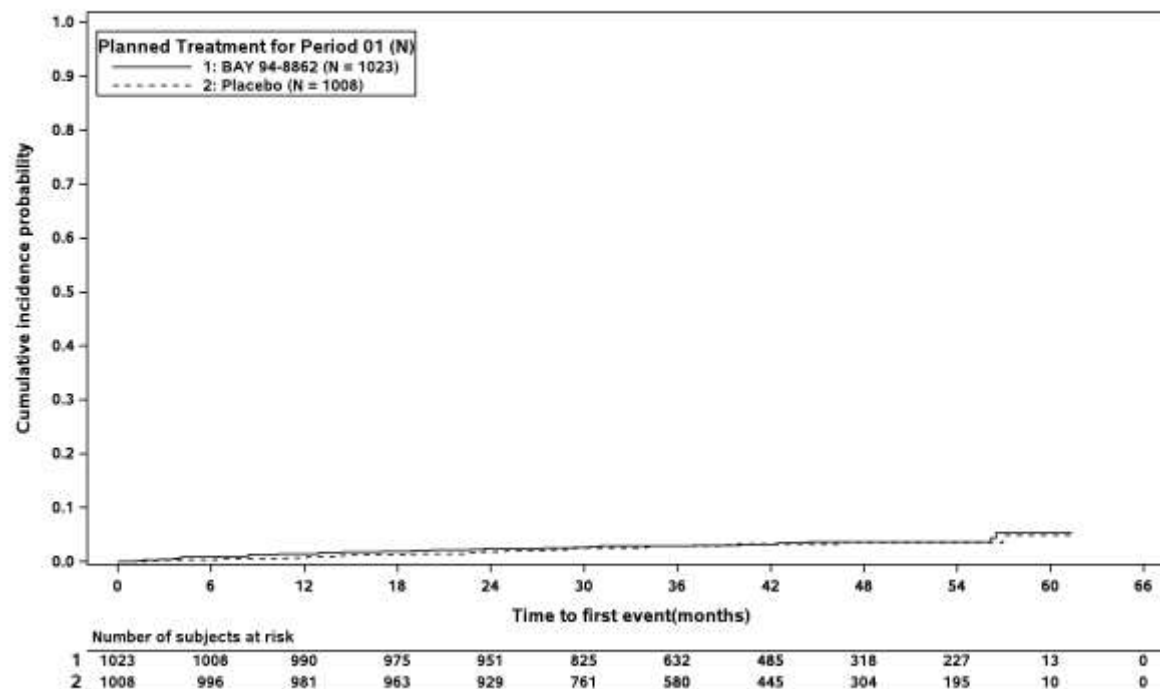
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Figure 1.2.1 / 55: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

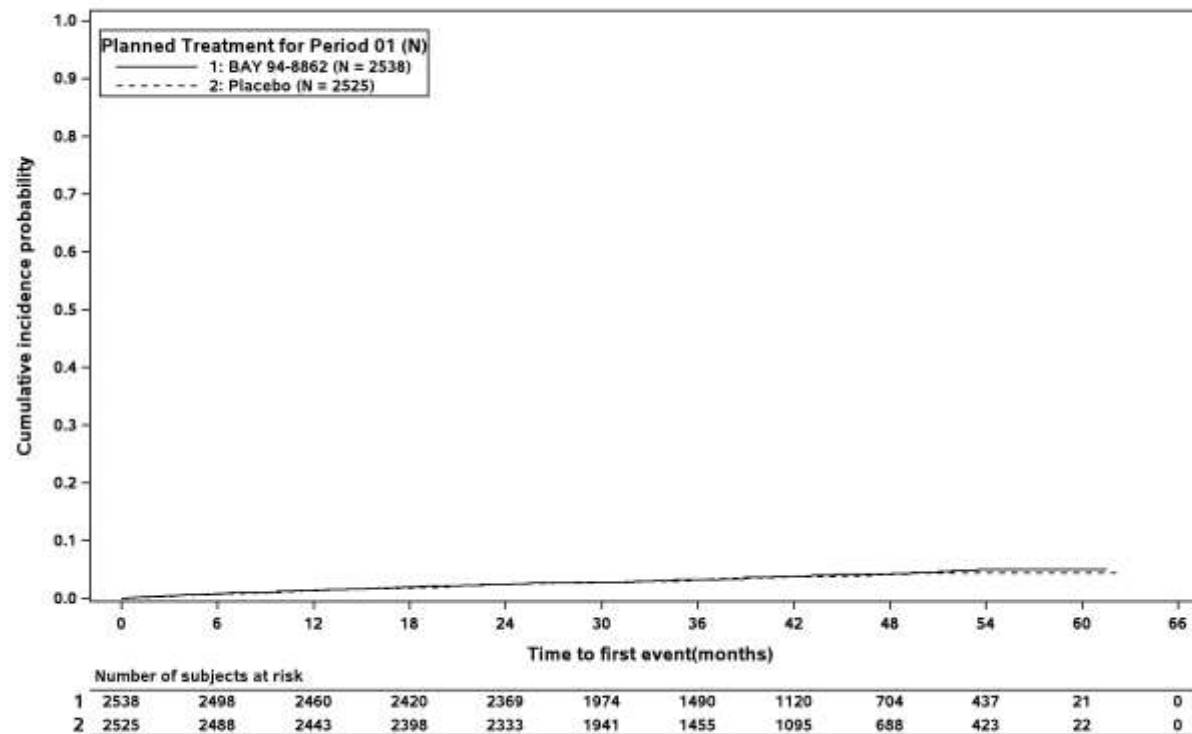


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 56: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



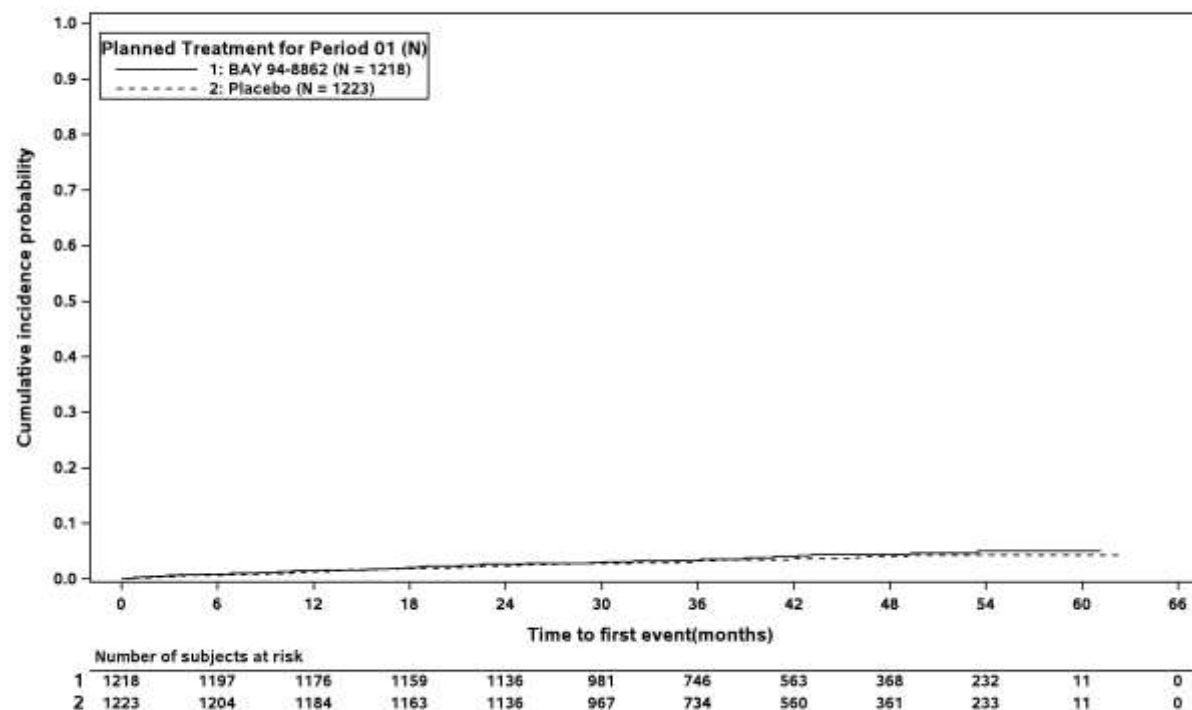
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 57: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



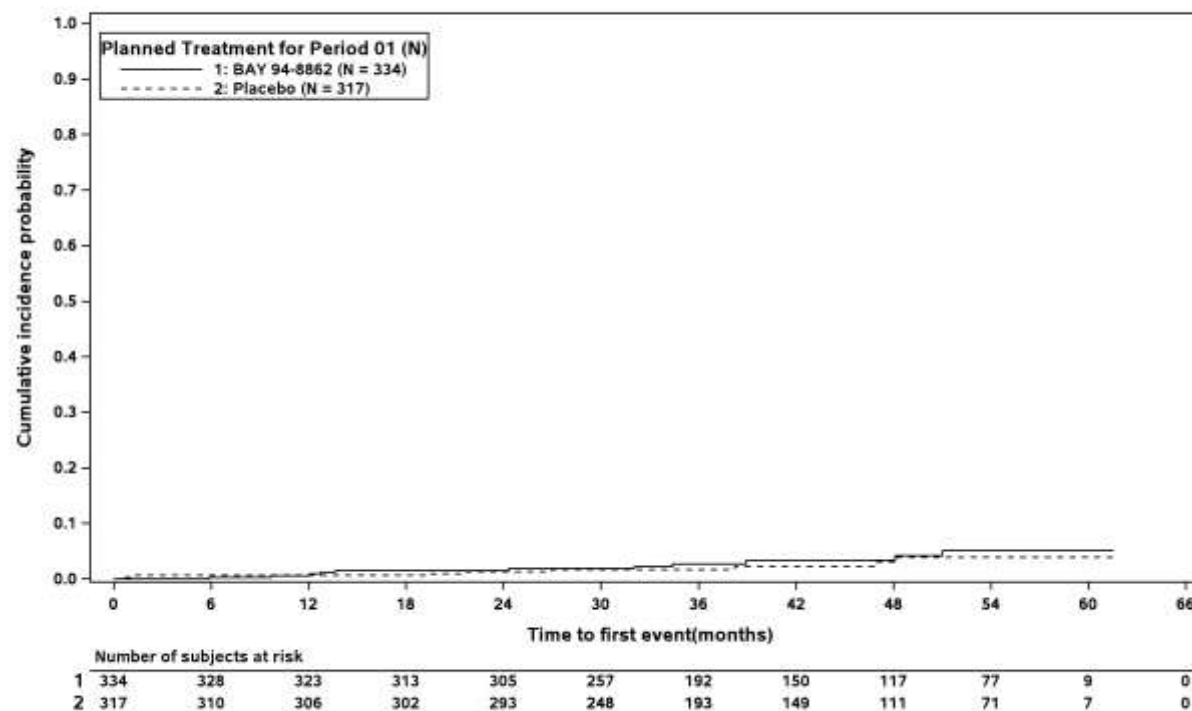
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Figure 1.2.1 / 57: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



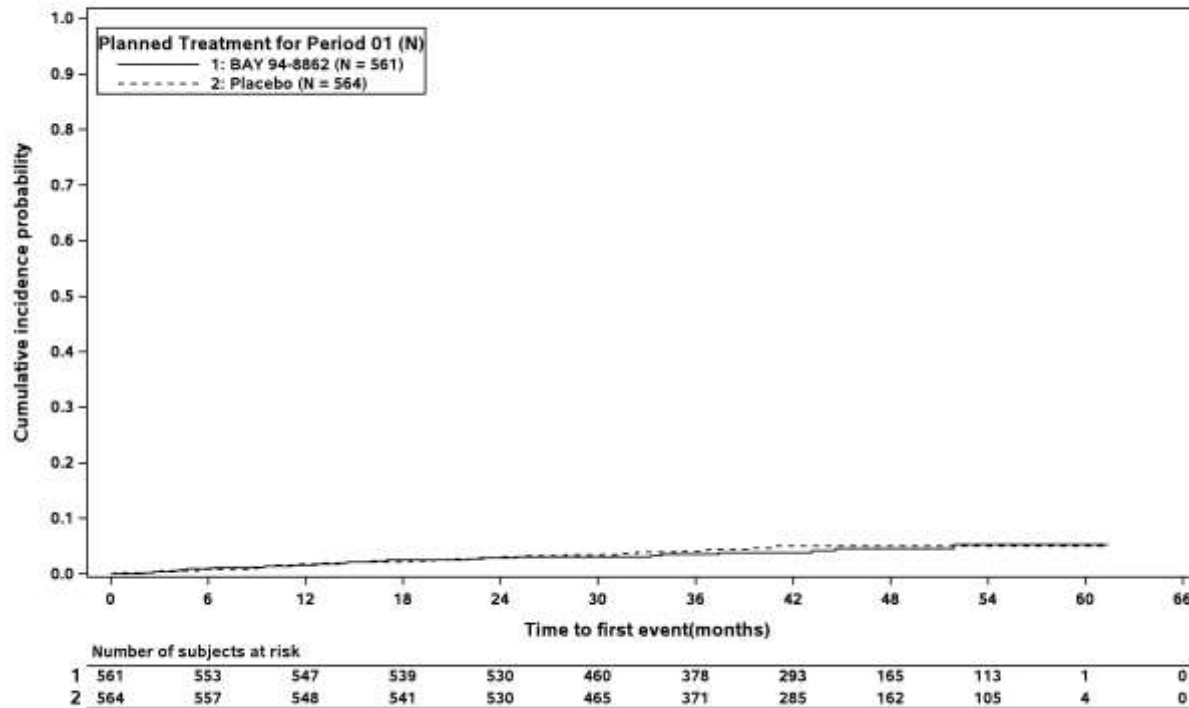
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 57: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



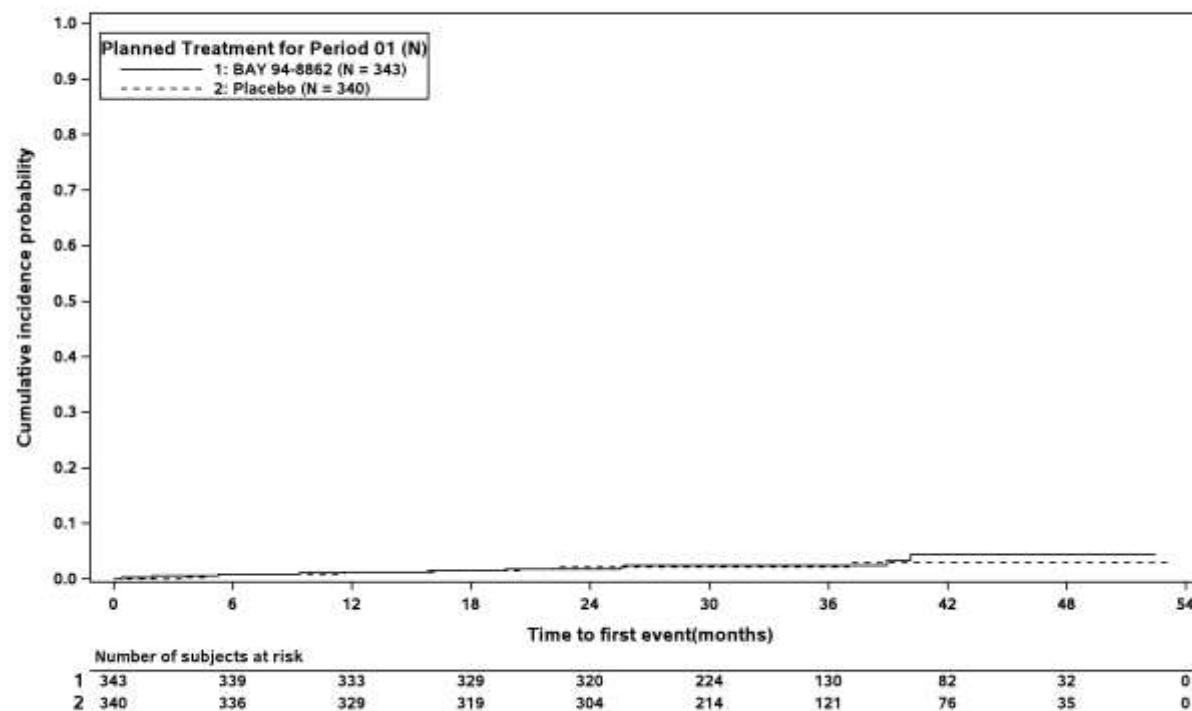
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Figure 1.2.1 / 57: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



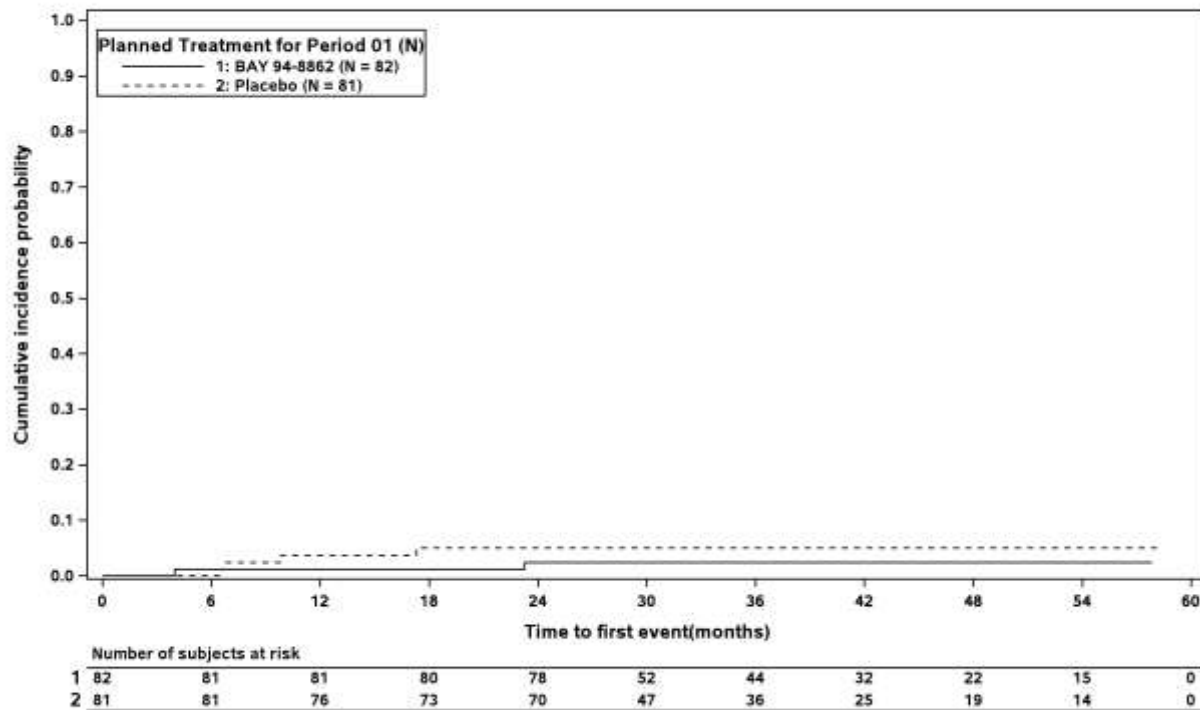
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Figure 1.2.1 / 57: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

**Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others**



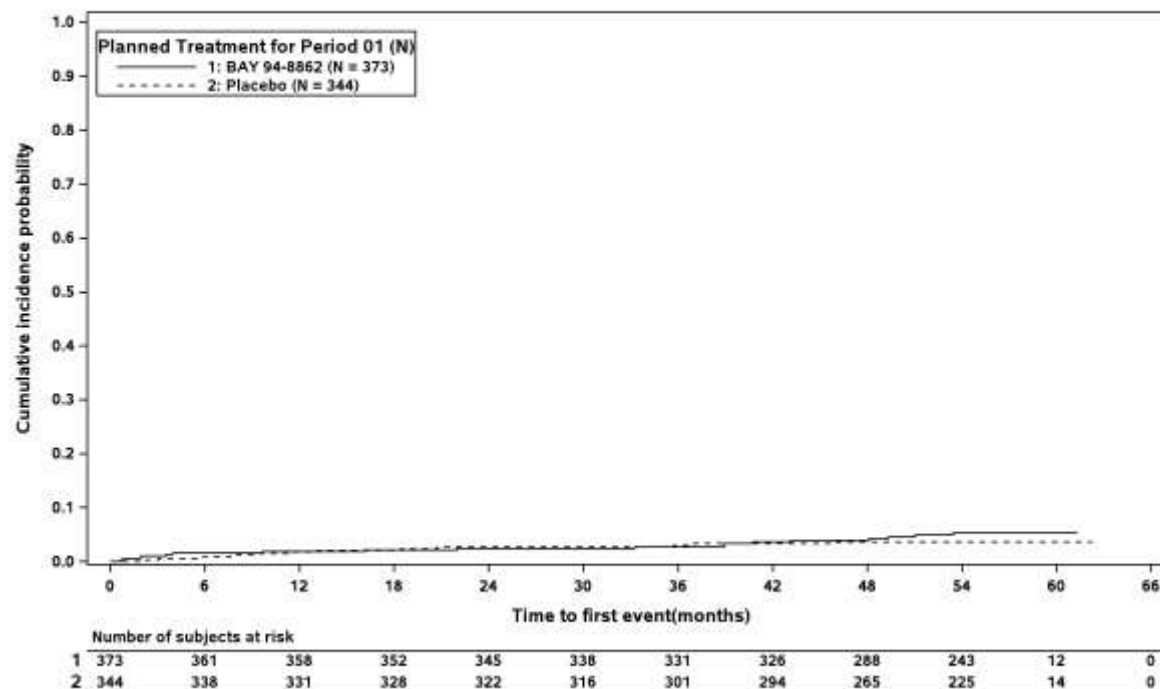
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Figure 1.2.1 / 58: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



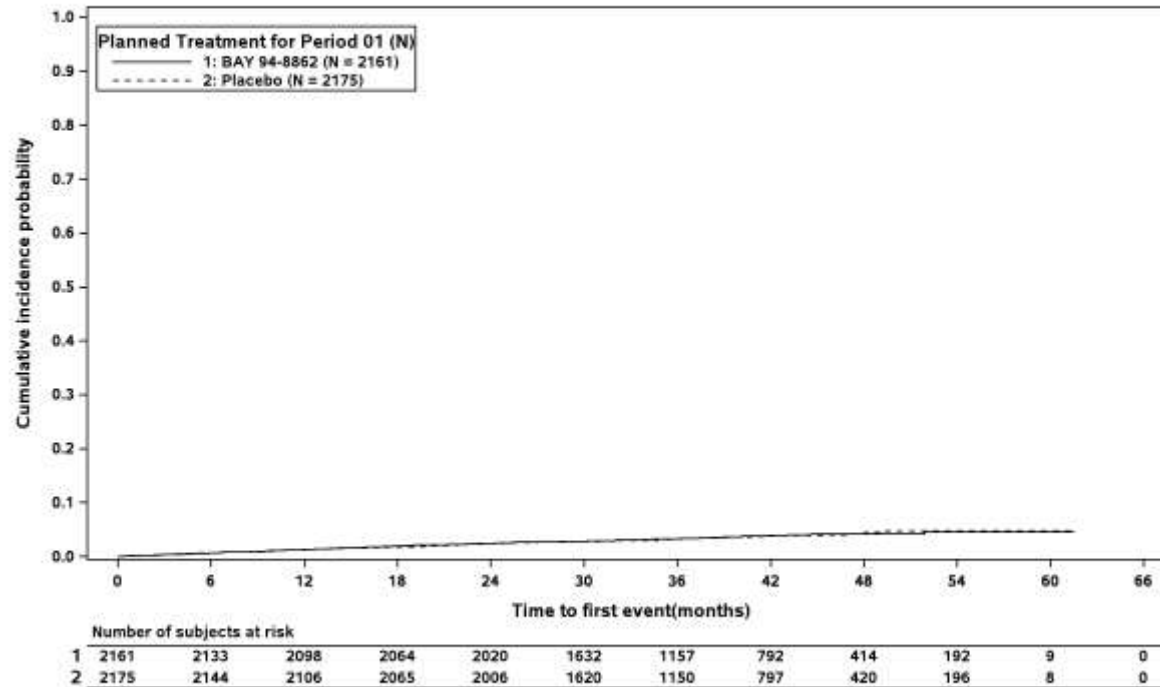
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Figure 1.2.1 / 58: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



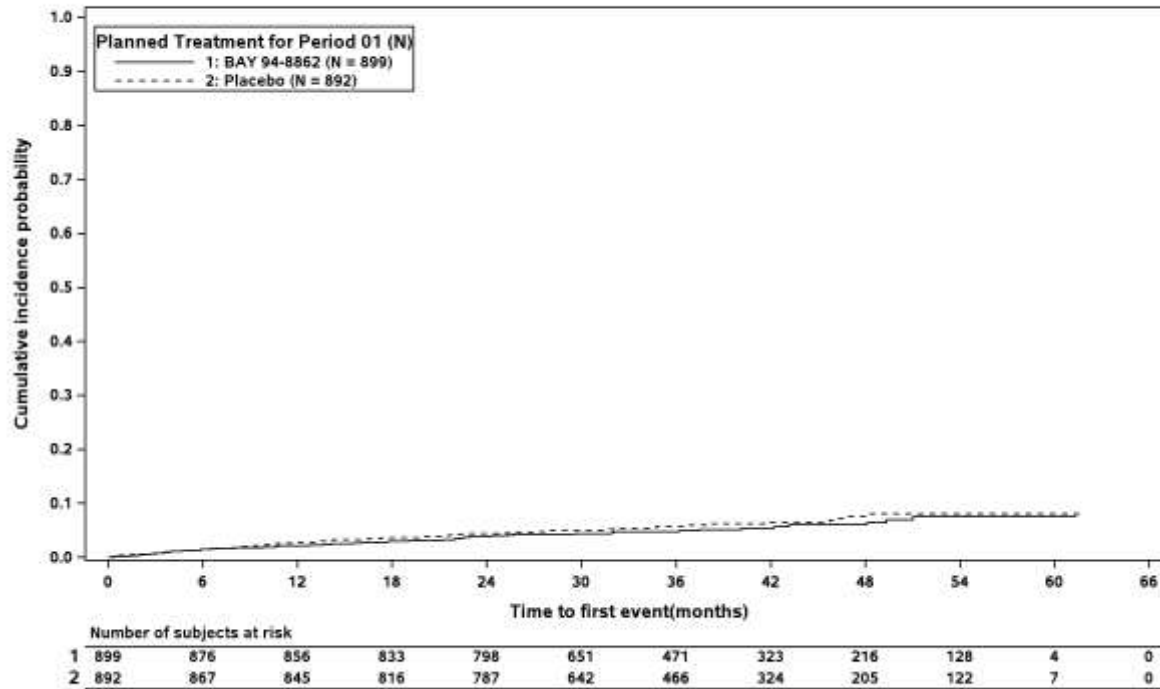
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Figure 1.2.1 / 59: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



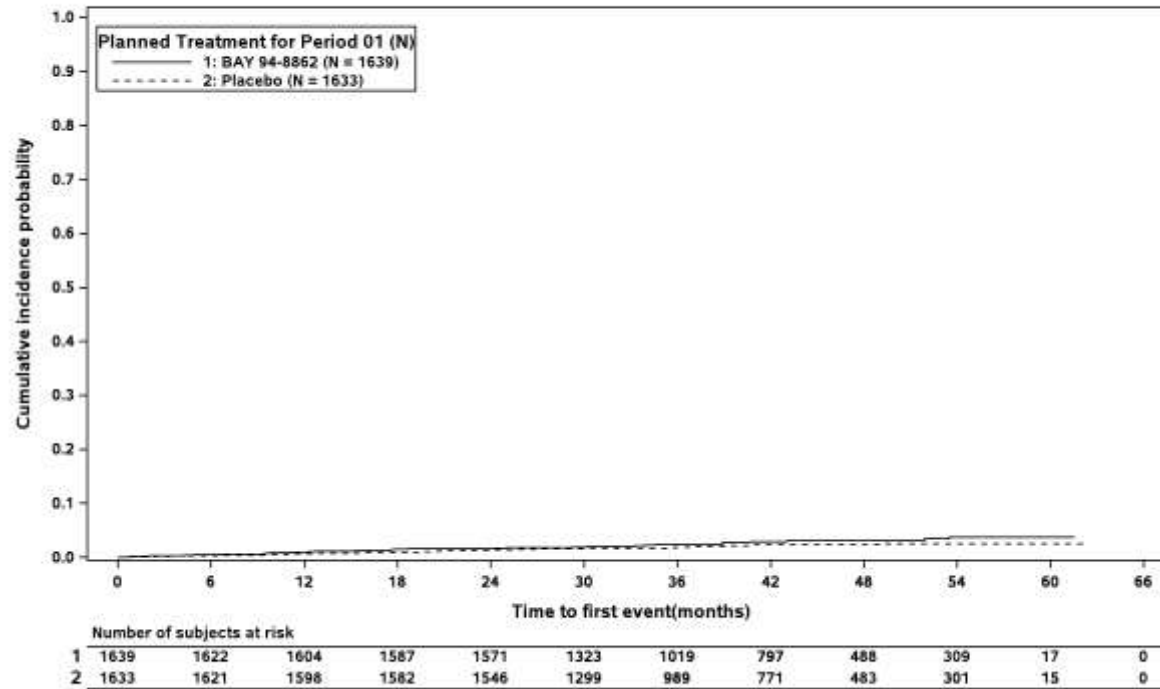
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Figure 1.2.1 / 59: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent



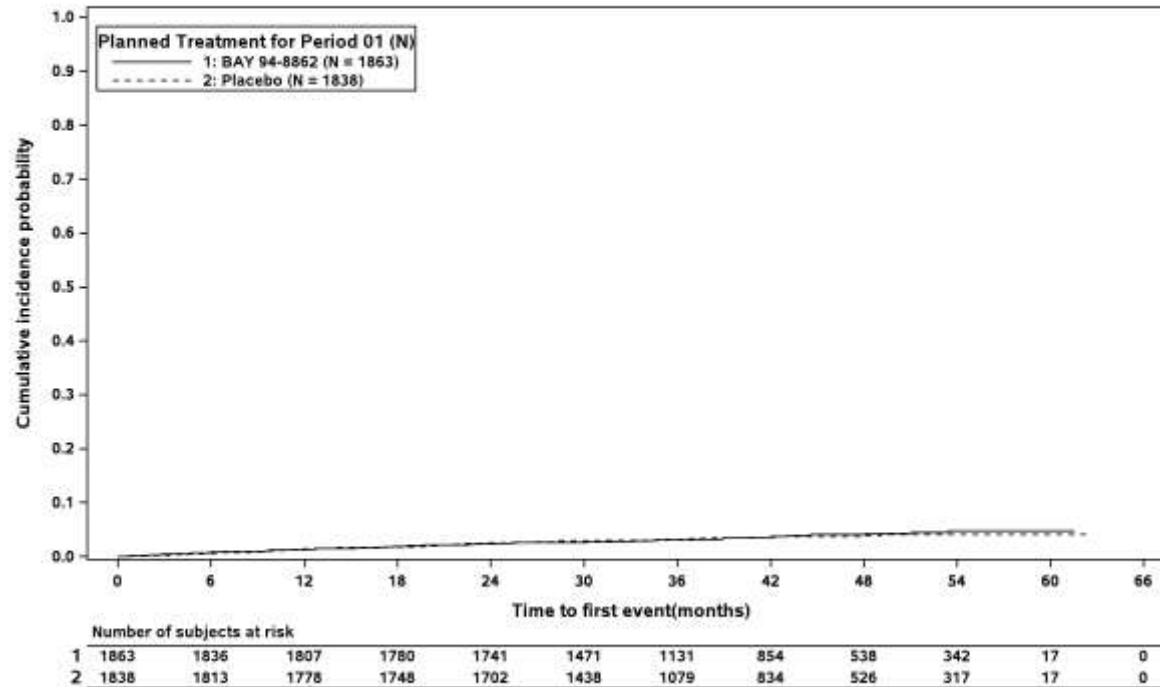
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Figure 1.2.1 / 60: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



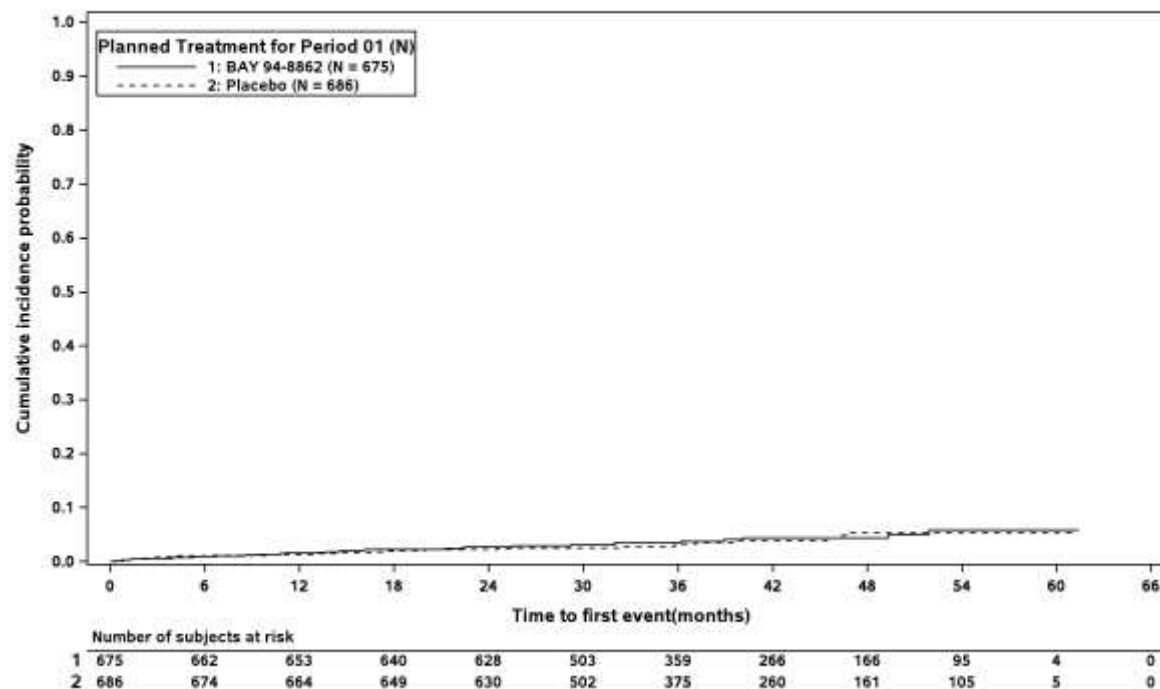
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 60: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



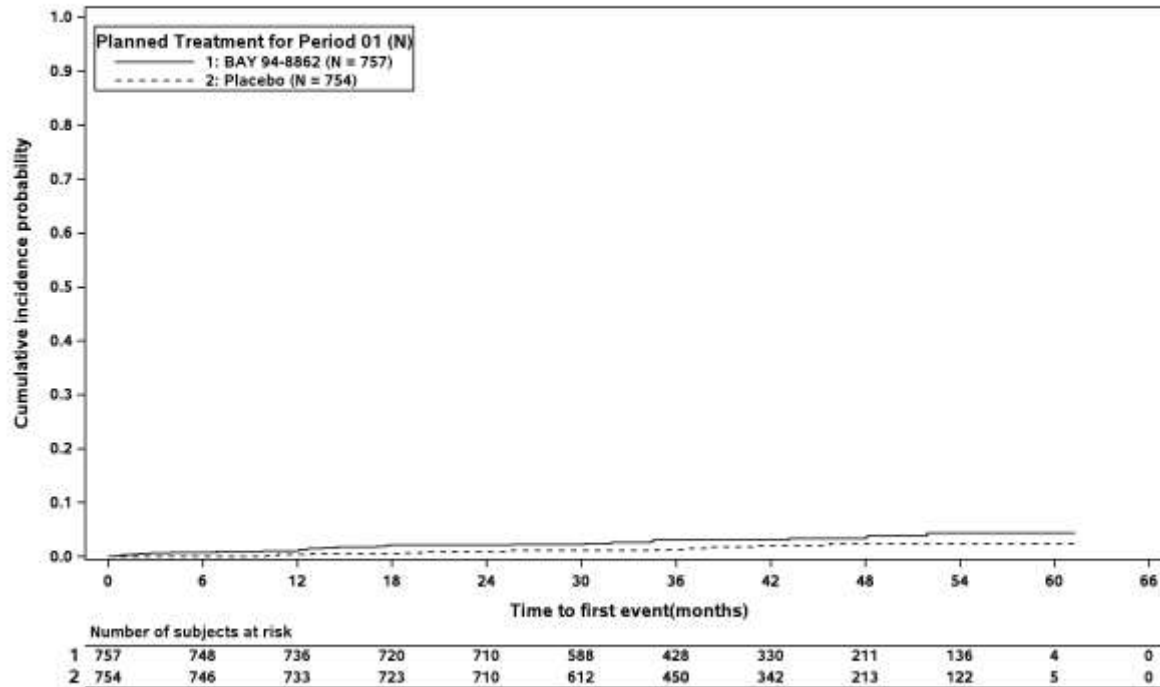
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



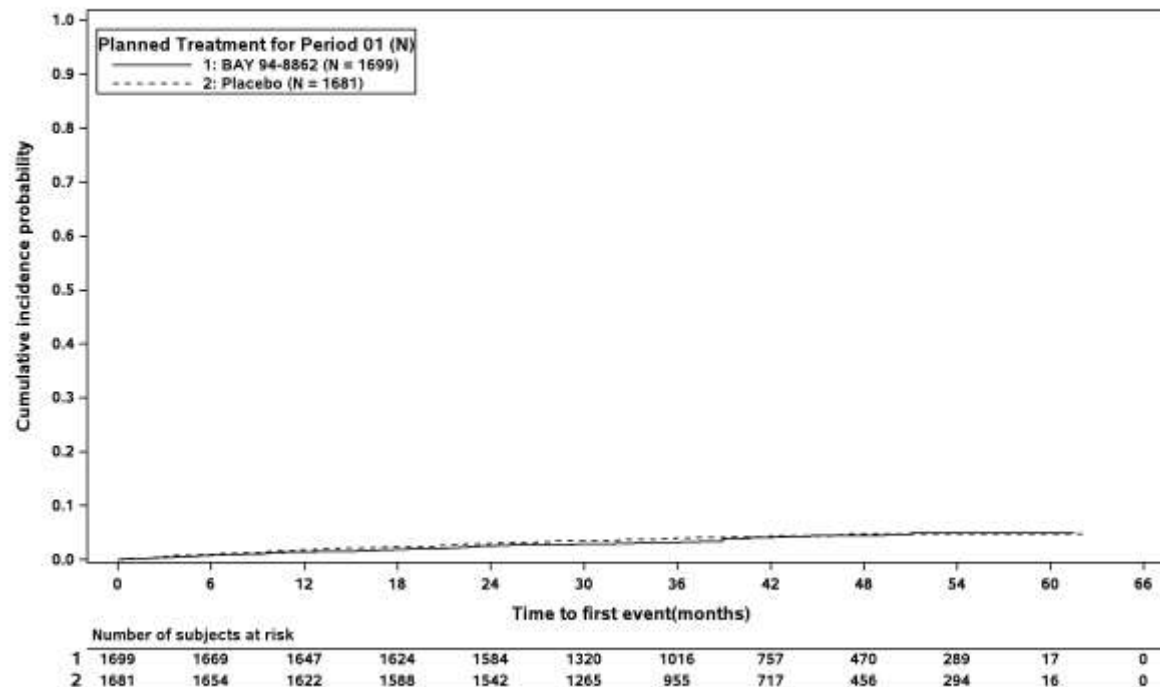
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Figure 1.2.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



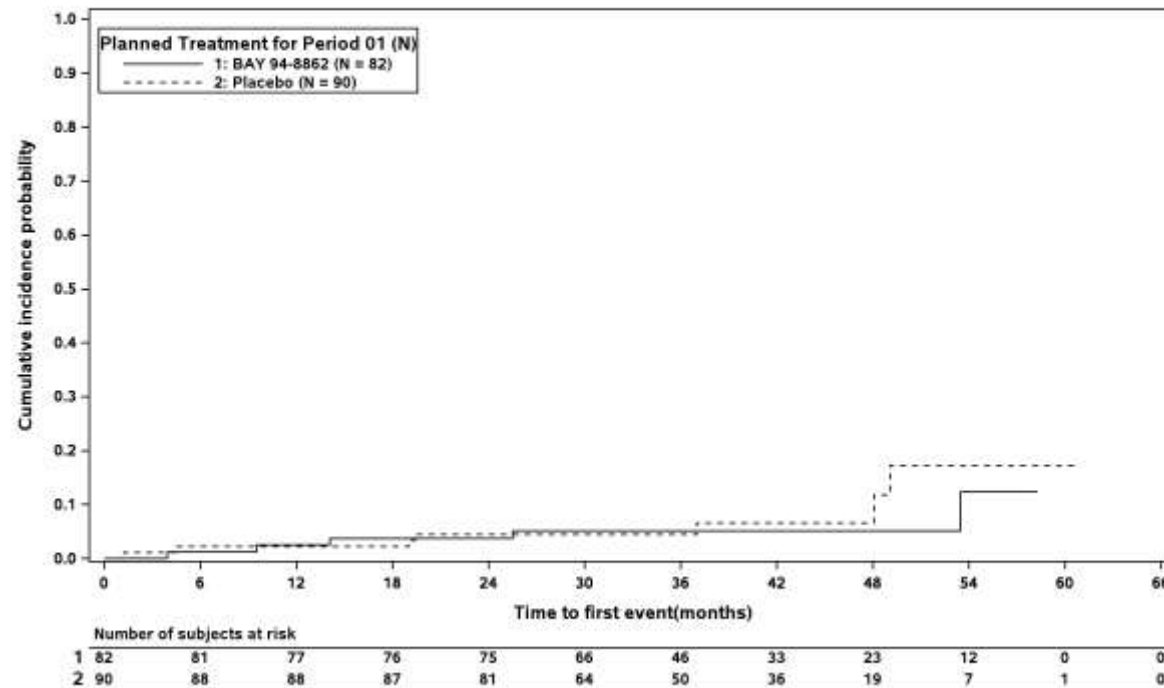
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Figure 1.2.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



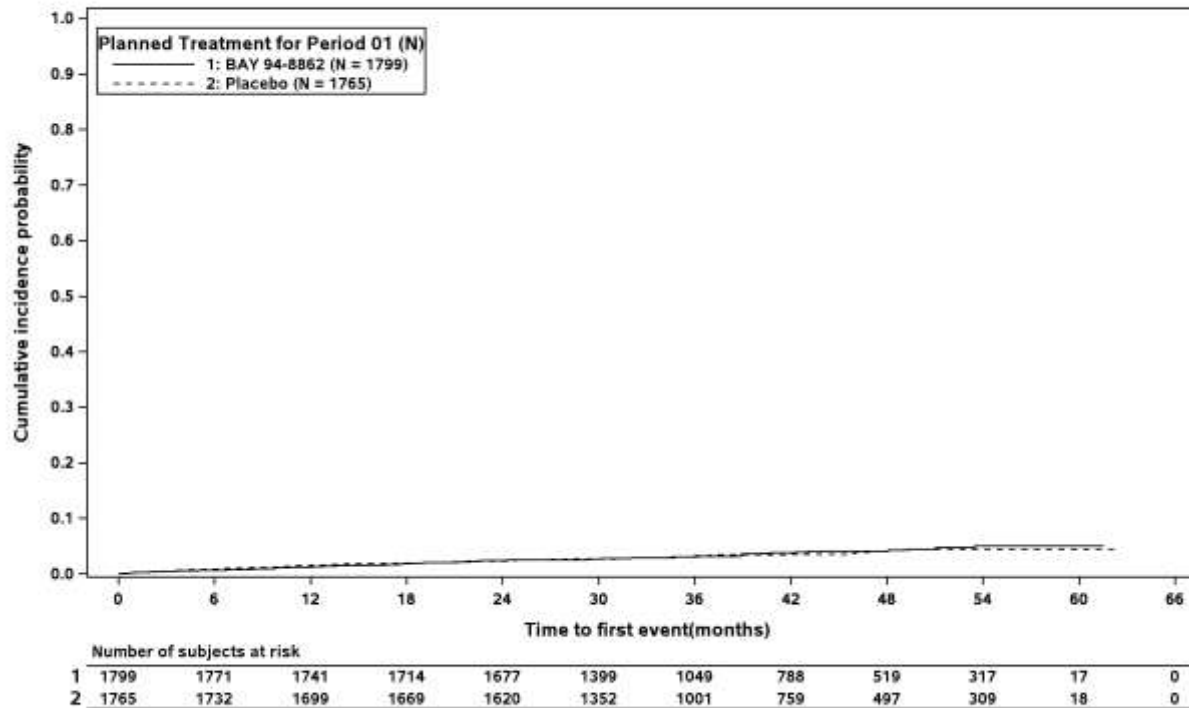
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Figure 1.2.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



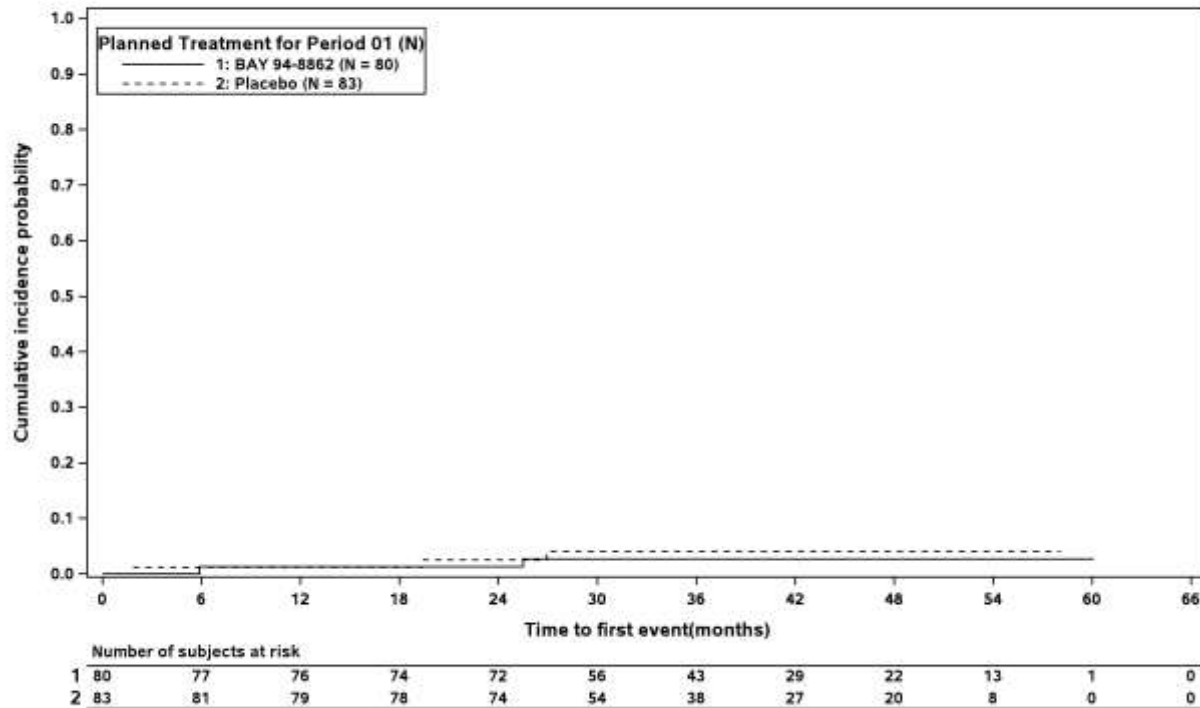
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

**Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black**



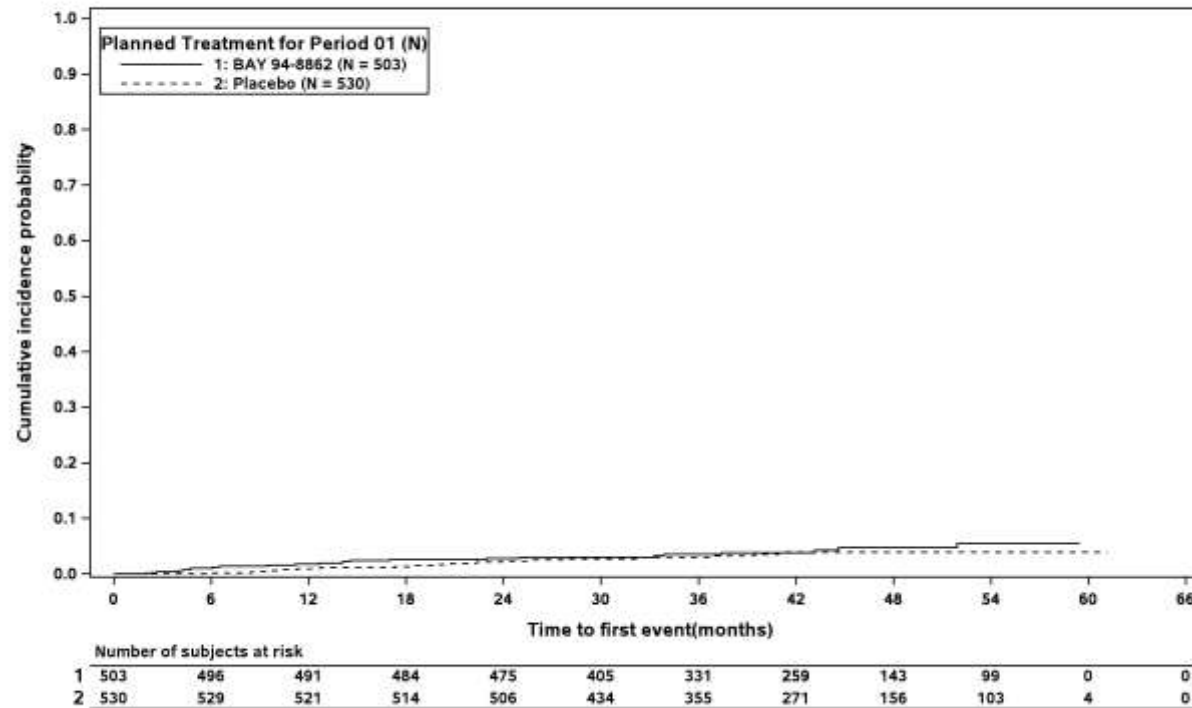
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Figure 1.2.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

**Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian**



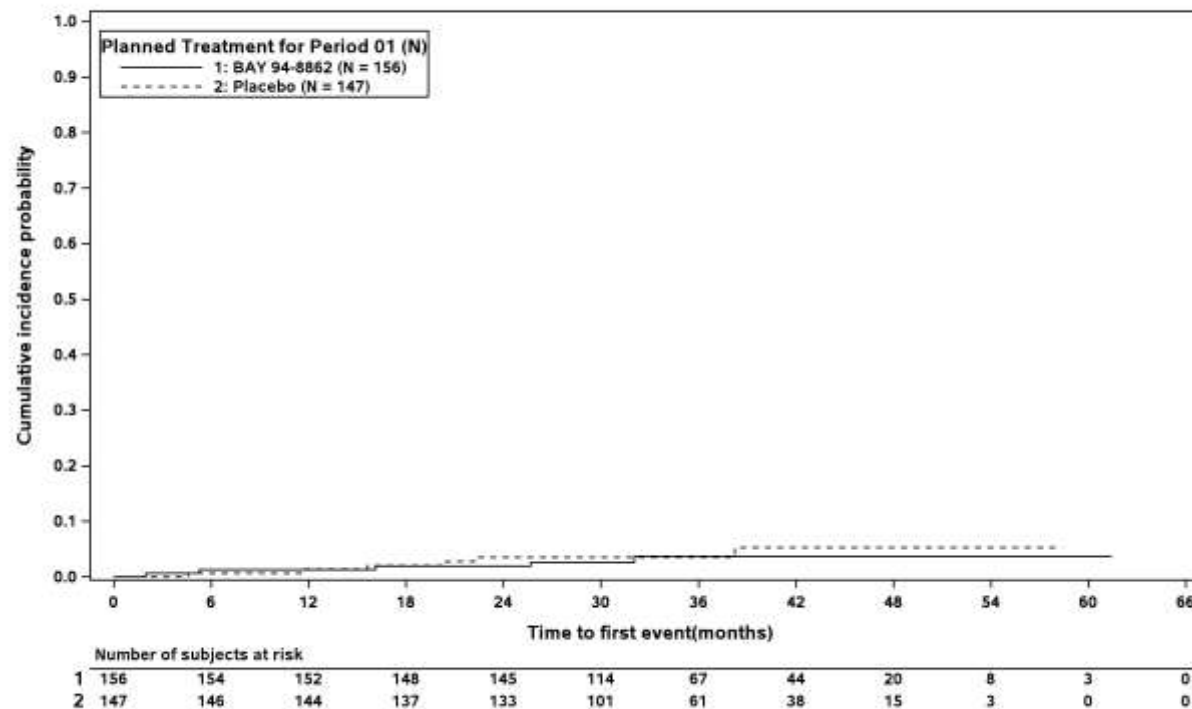
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Figure 1.2.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

**Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other**



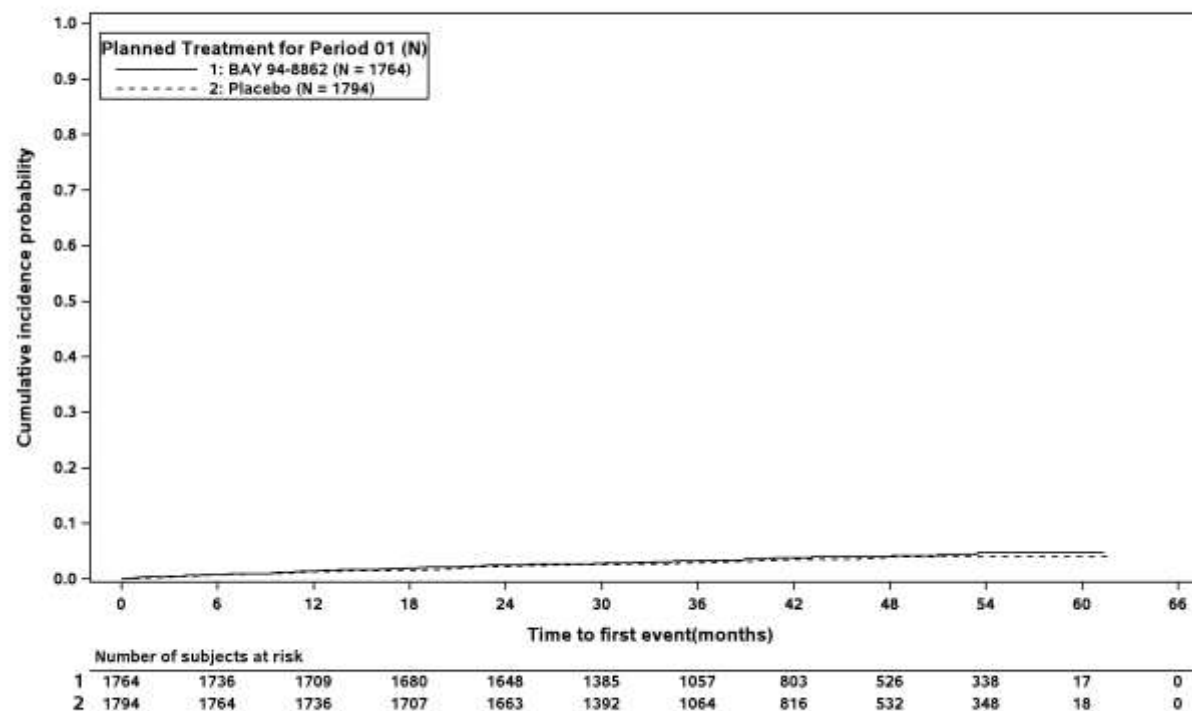
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Figure 1.2.1 / 63: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



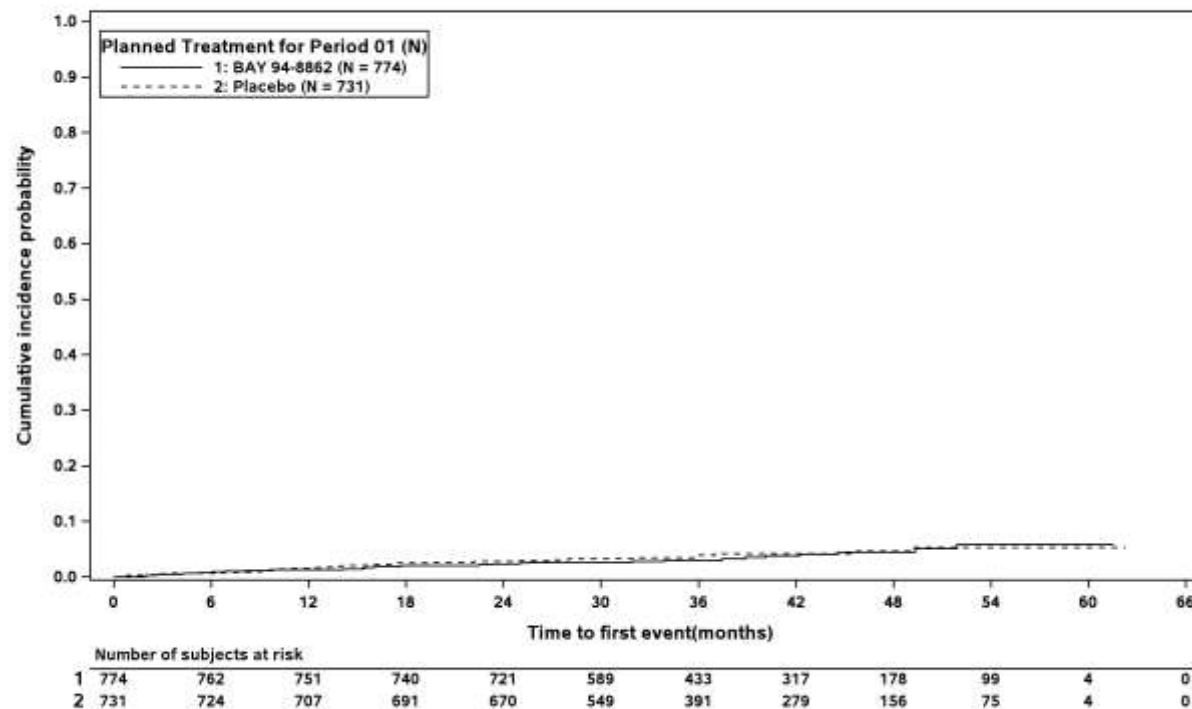
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Figure 1.2.1 / 63: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



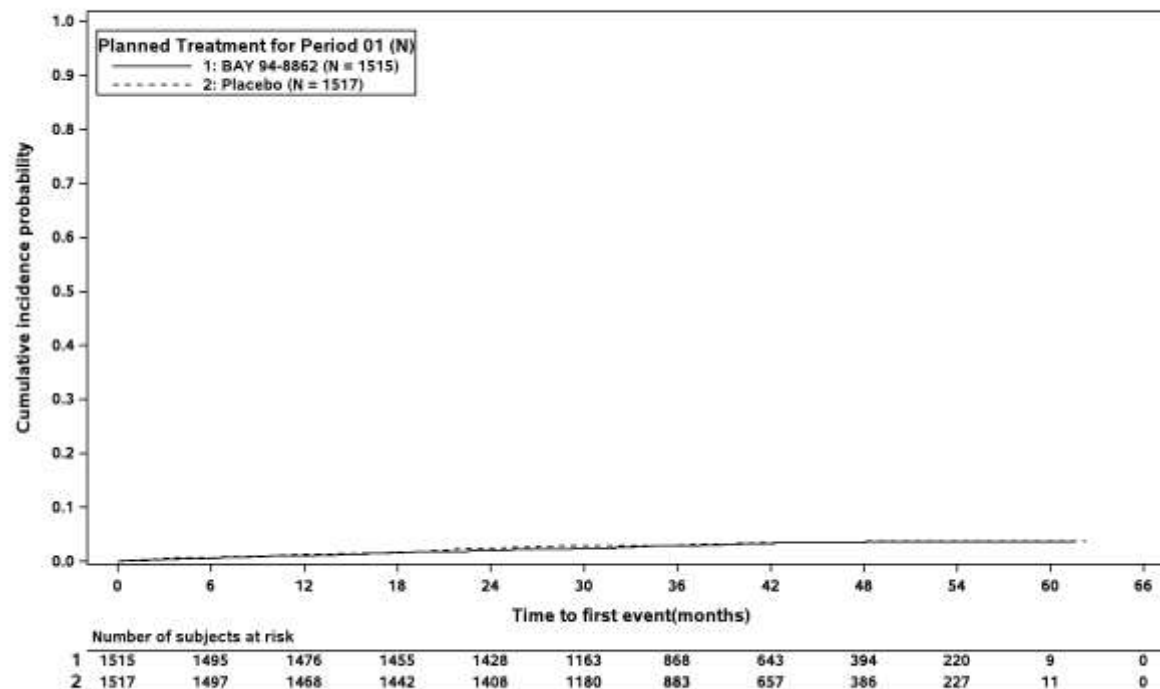
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 64: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: < 65 years



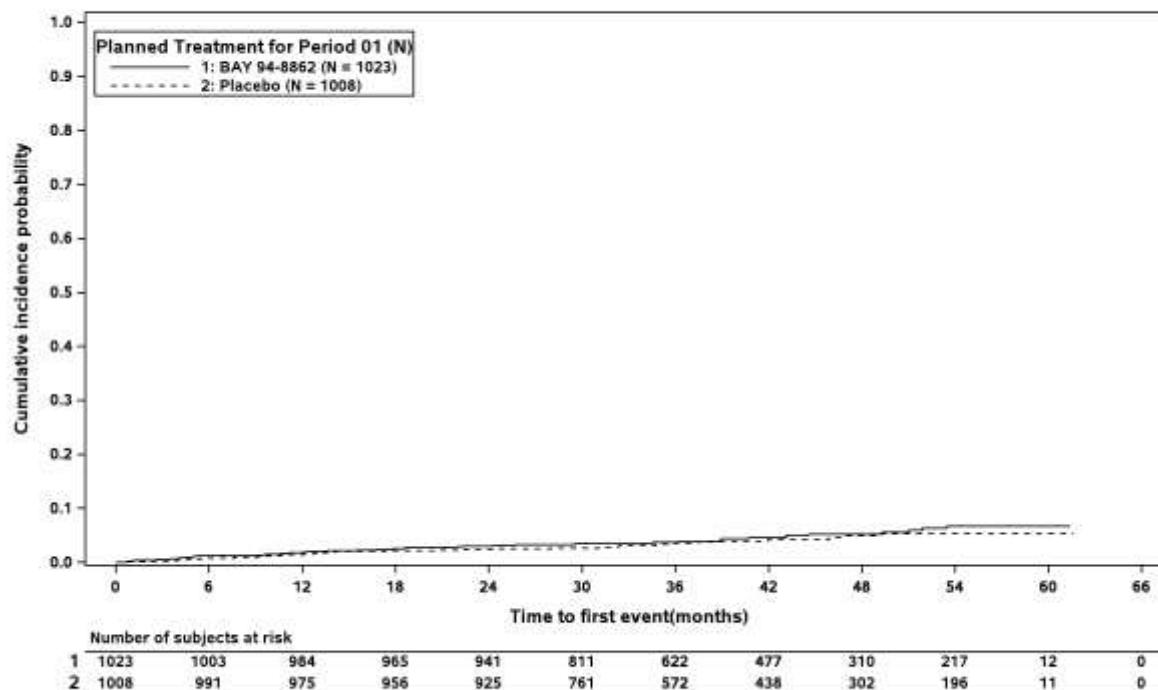
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 64: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

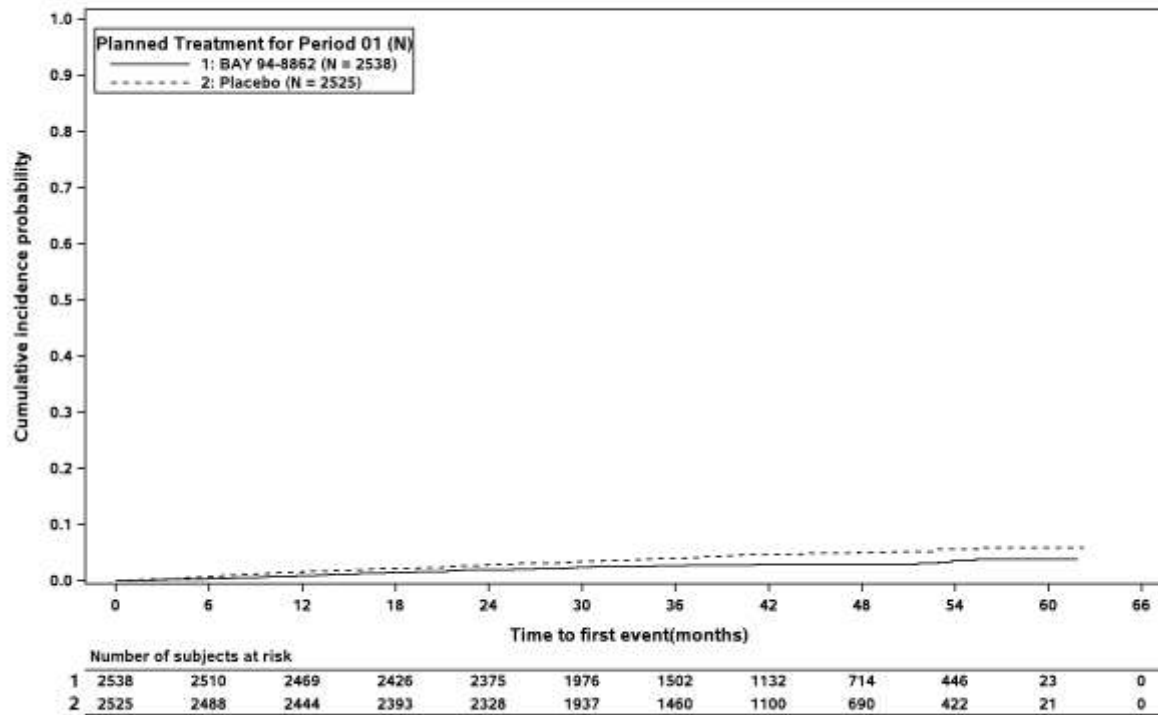


At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 65: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



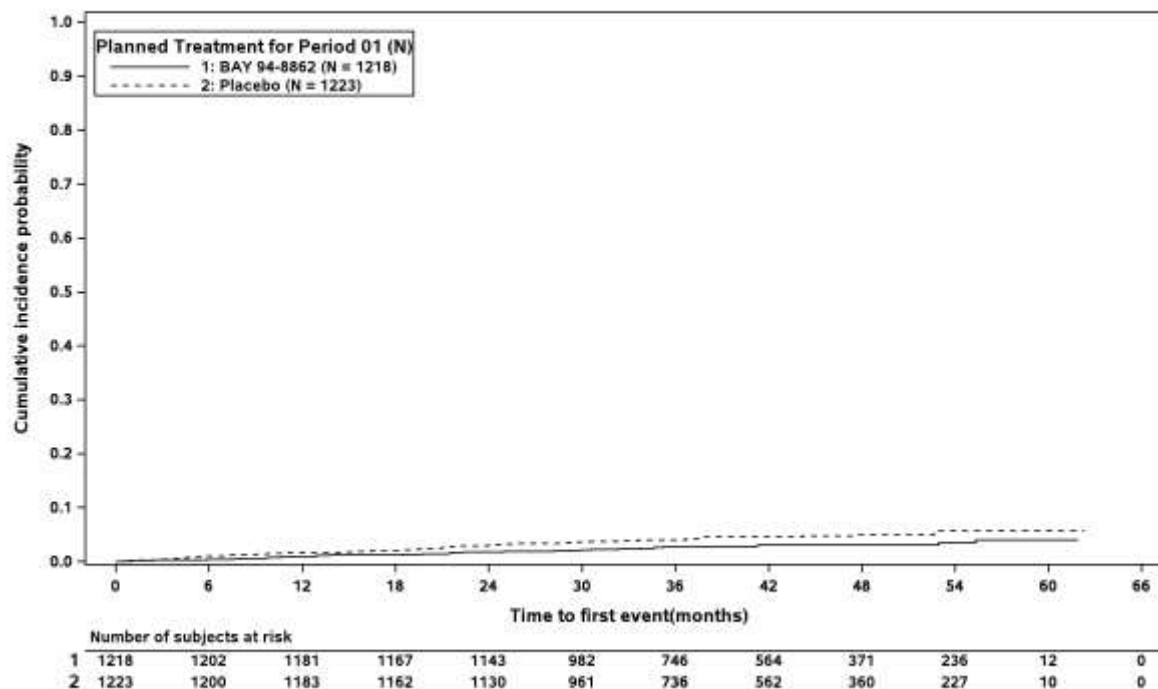
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Figure 1.2.1 / 66: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe



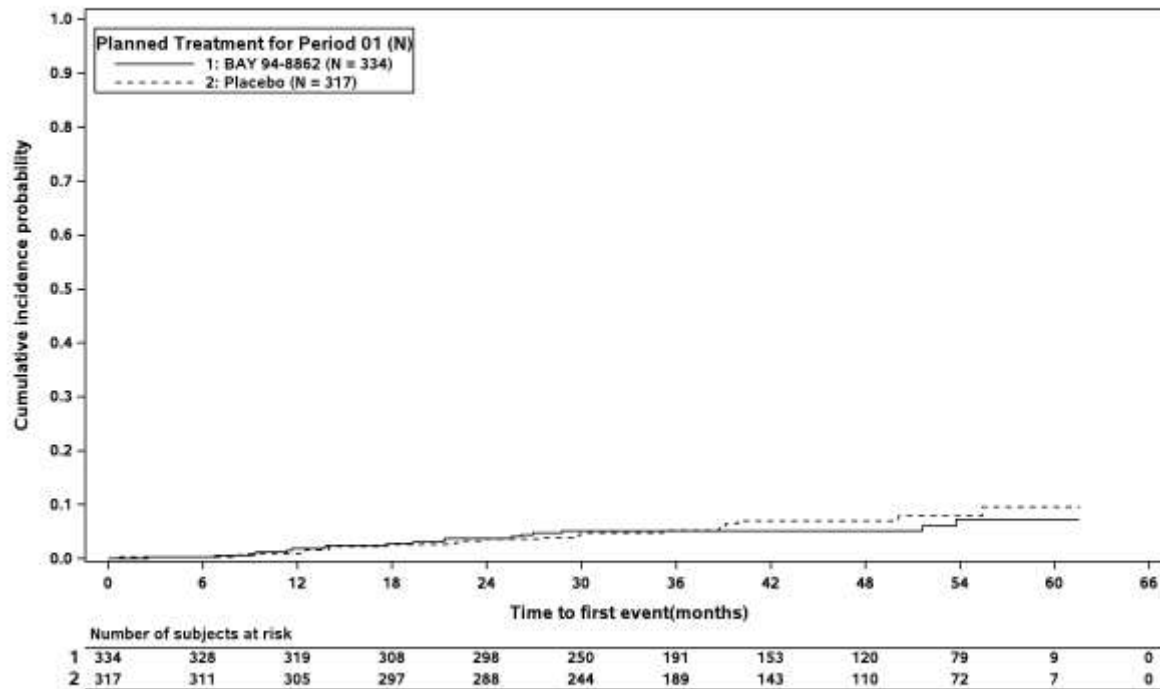
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Figure 1.2.1 / 66: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



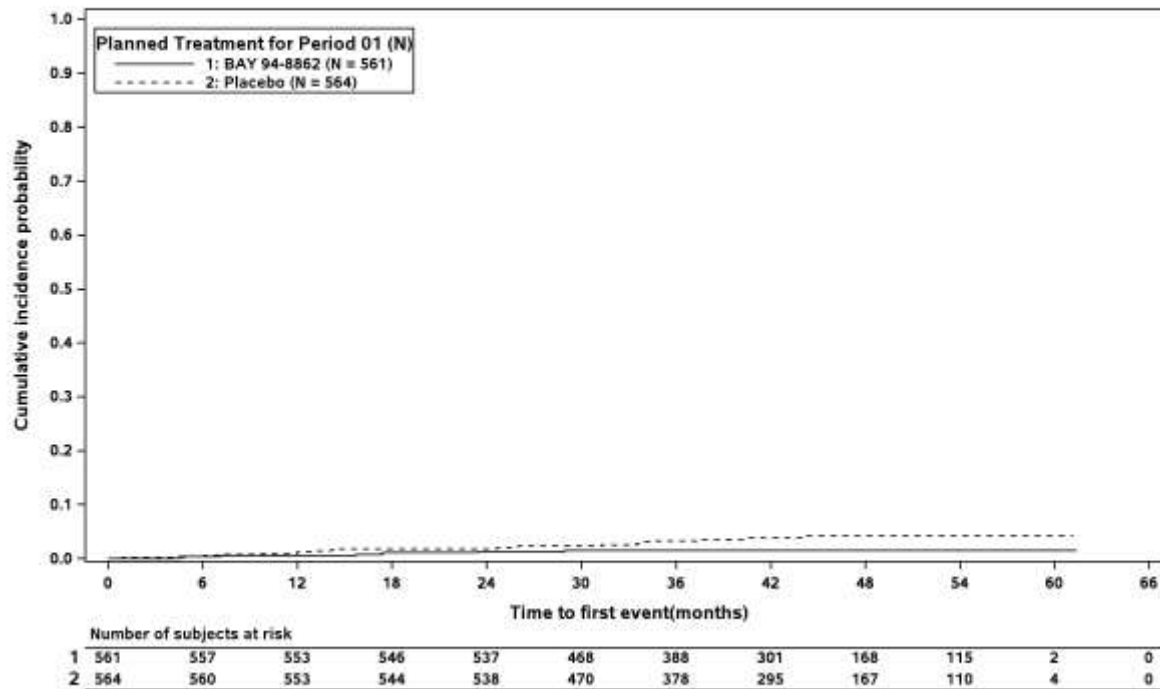
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Figure 1.2.1 / 66: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



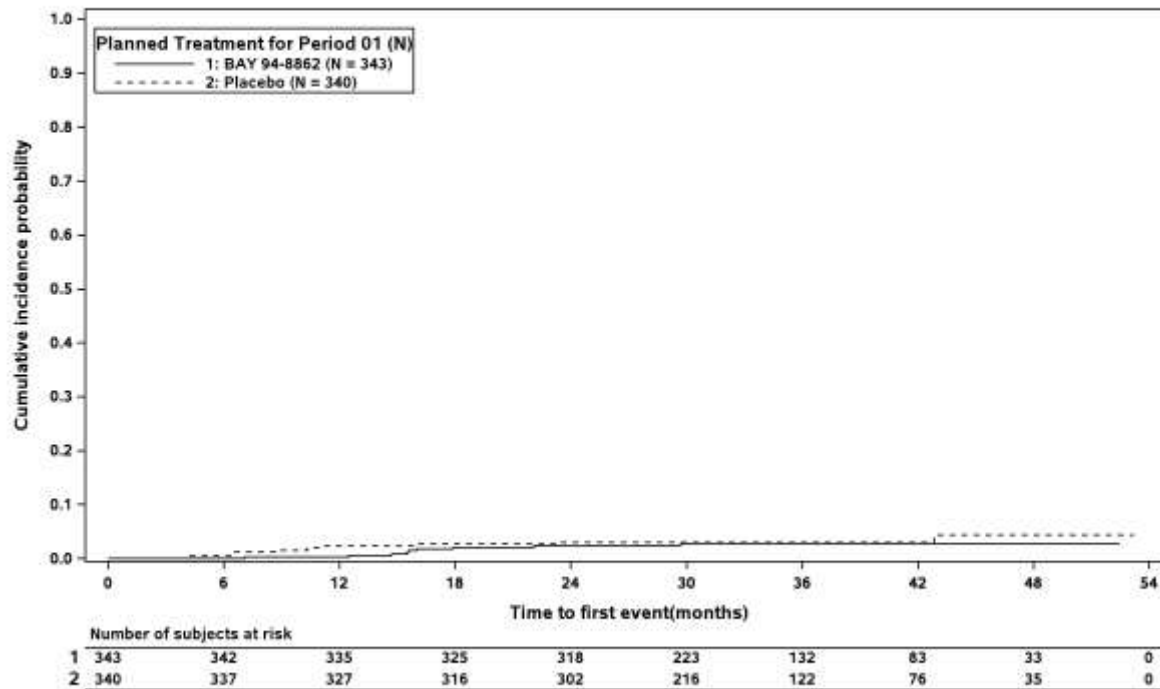
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 66: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



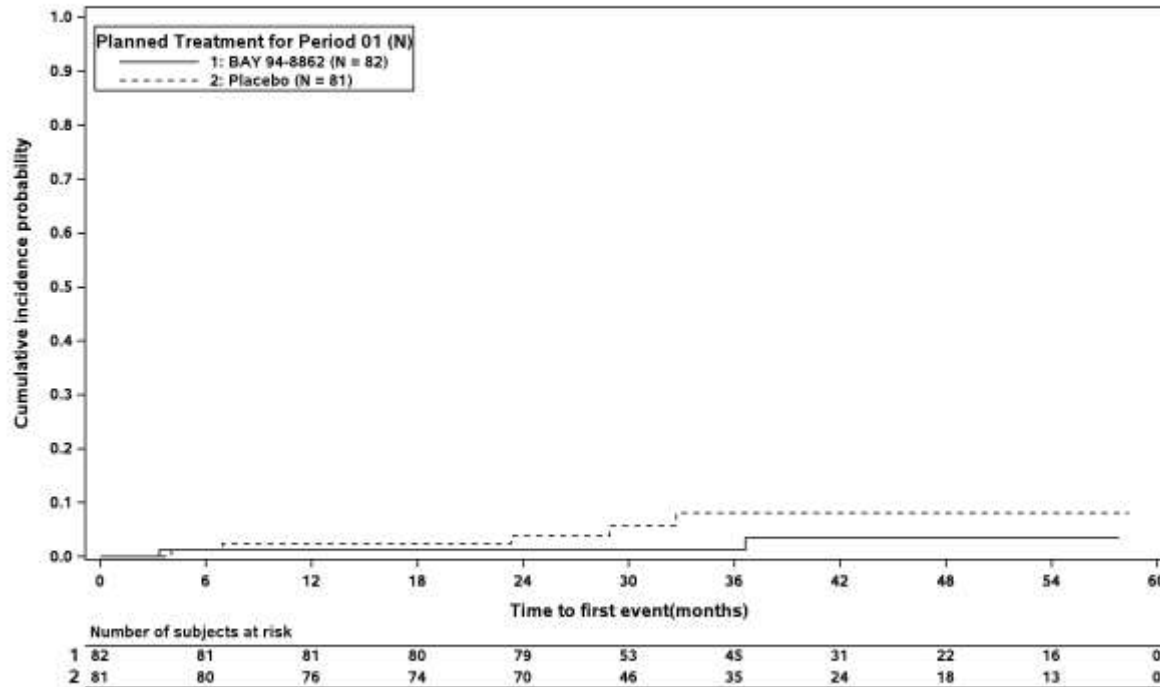
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Figure 1.2.1 / 66: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others



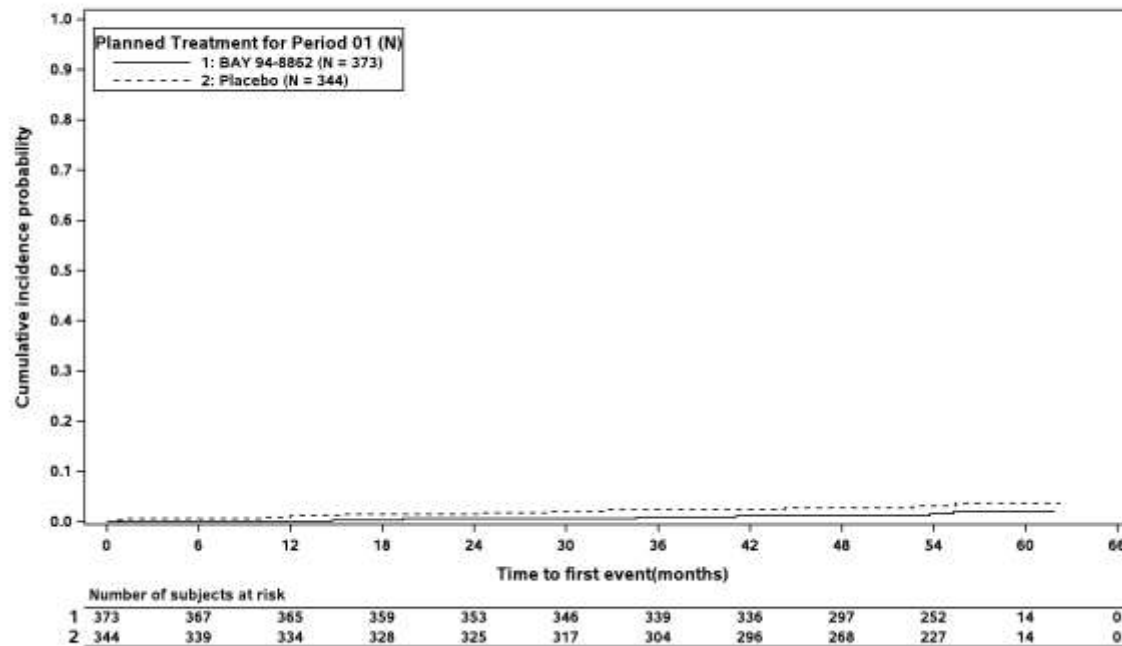
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Figure 1.2.1 / 67: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
 Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



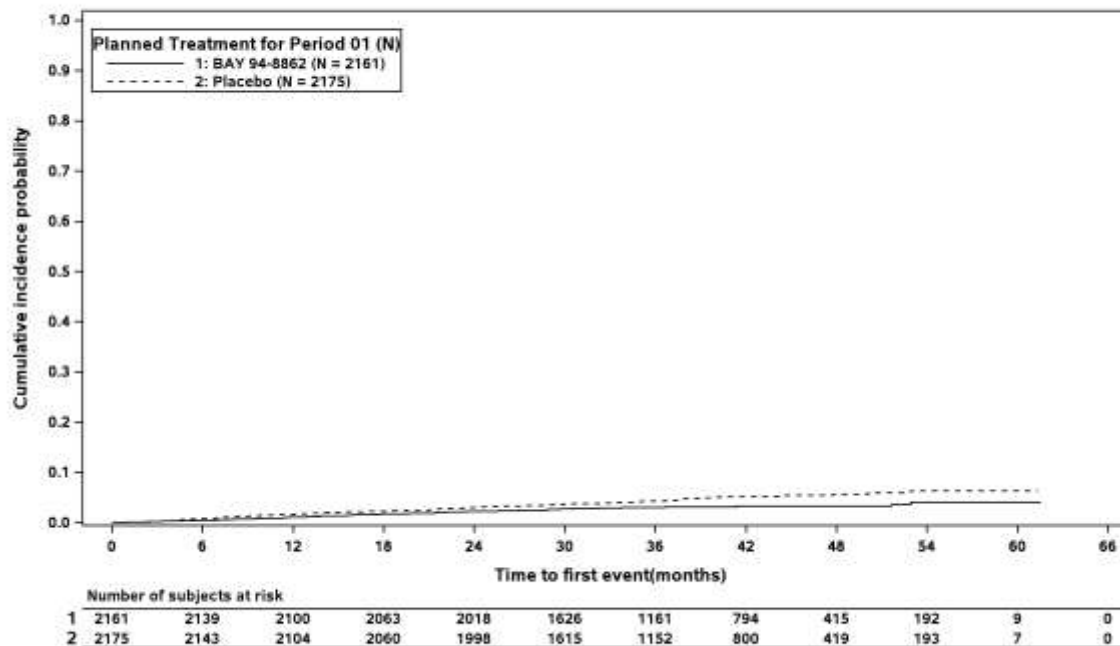
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 67: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



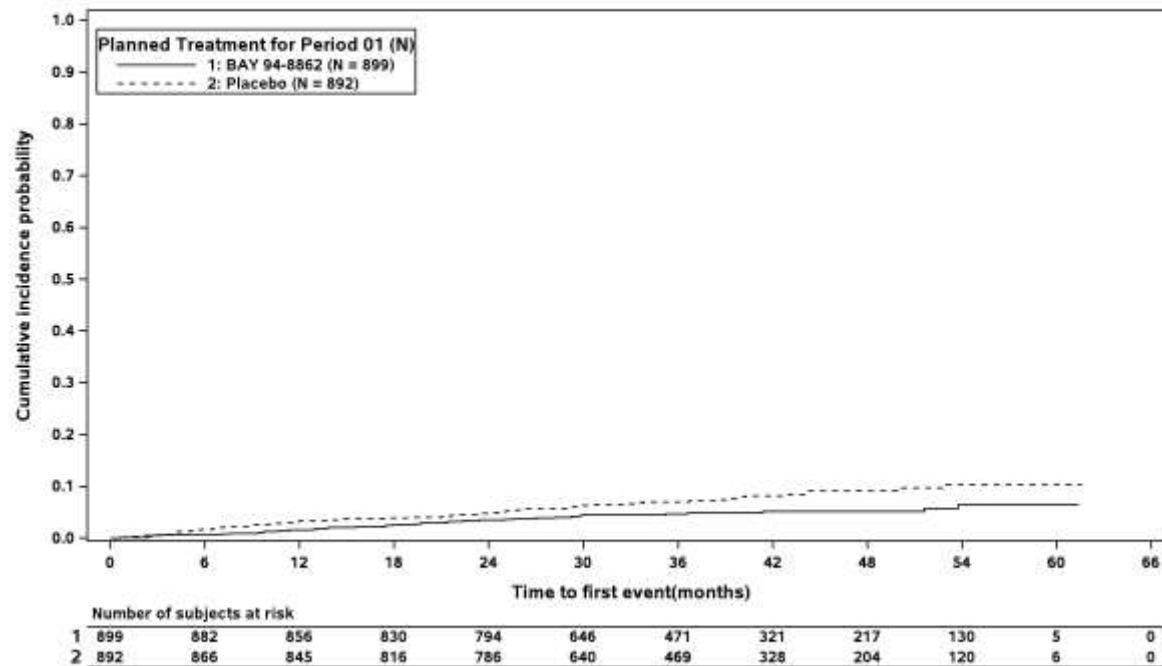
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 68: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



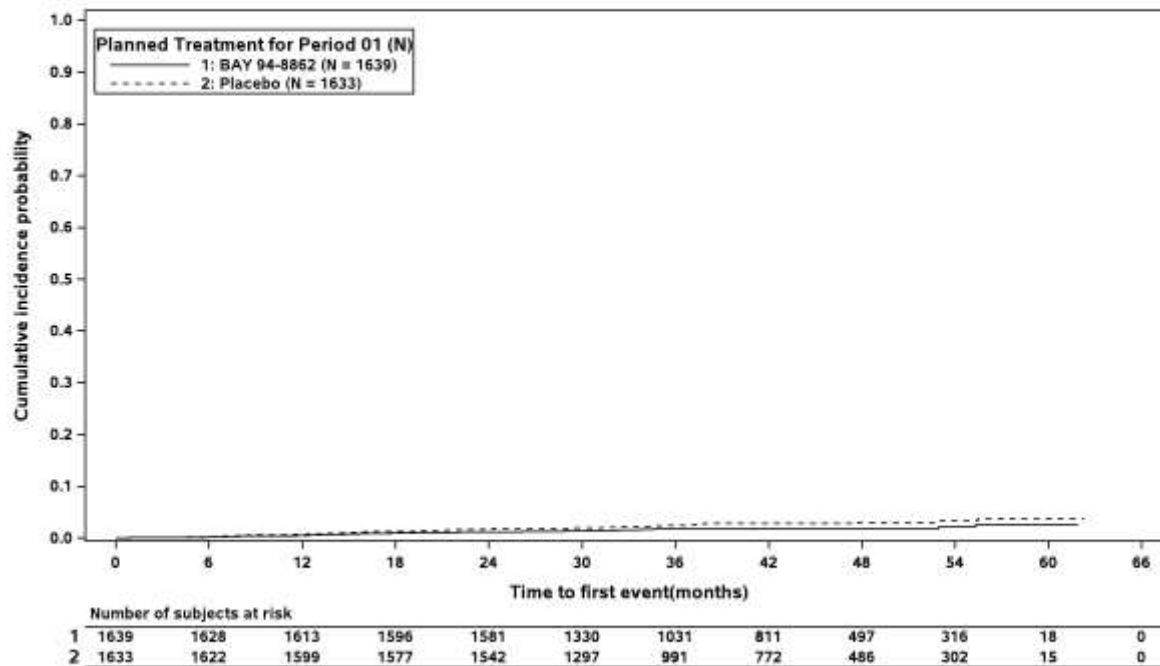
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 68: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent



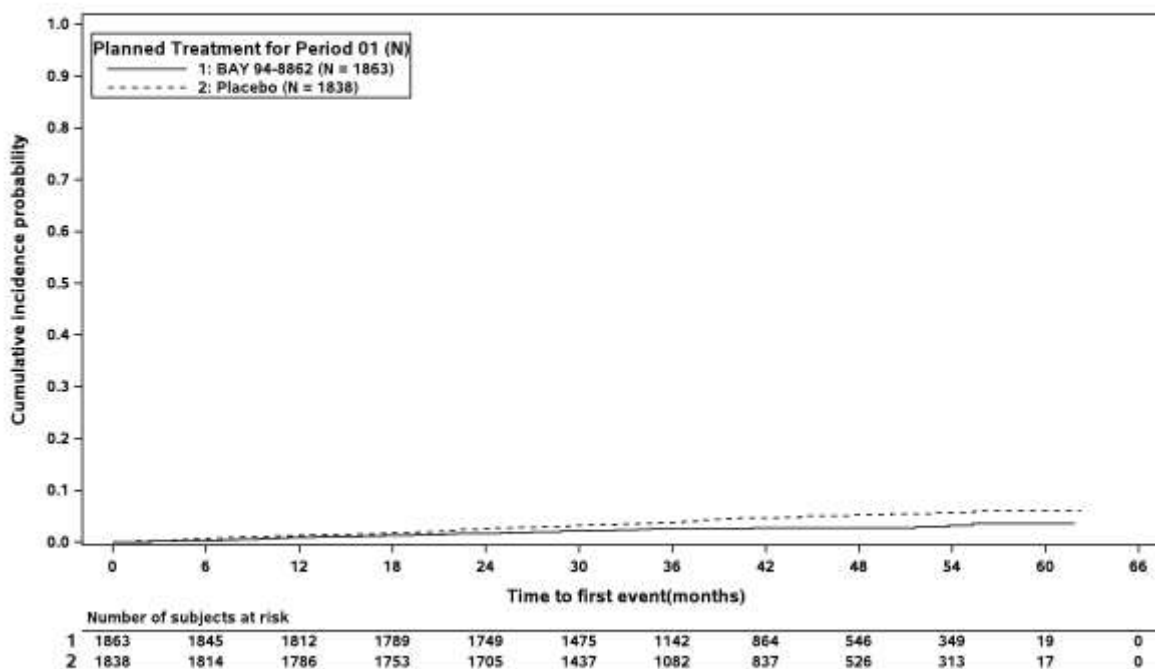
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 69: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



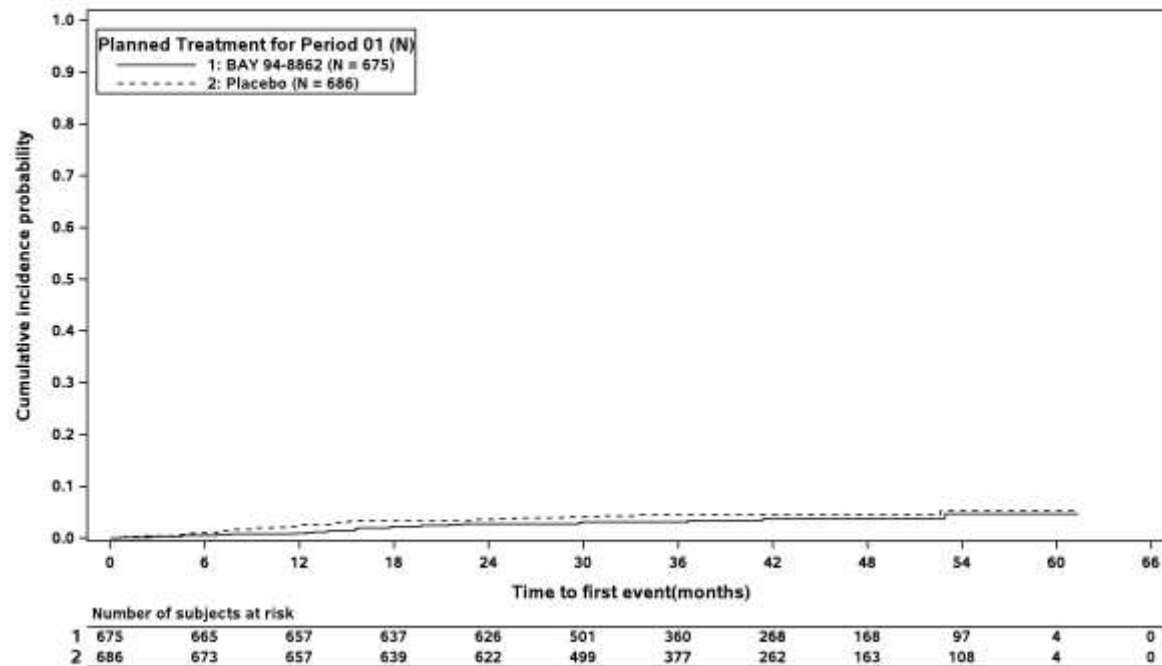
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 69: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 (cont.))

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



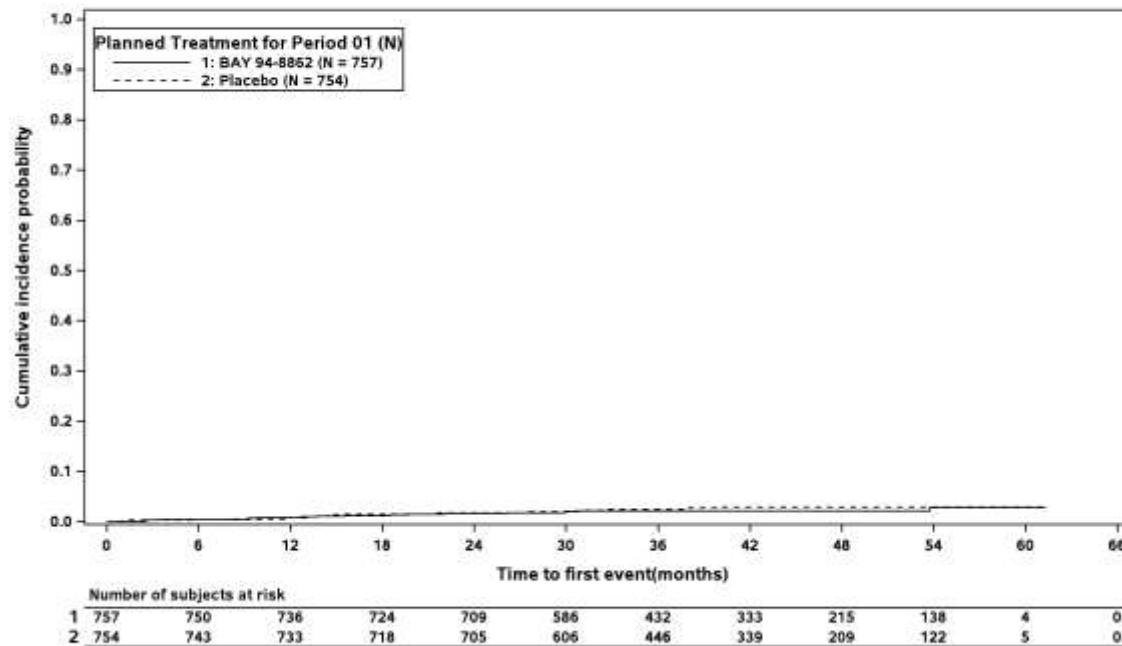
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Figure 1.2.1 / 70: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)
 Baseline systolic blood pressure (mmHg) category: < 130 mmHg



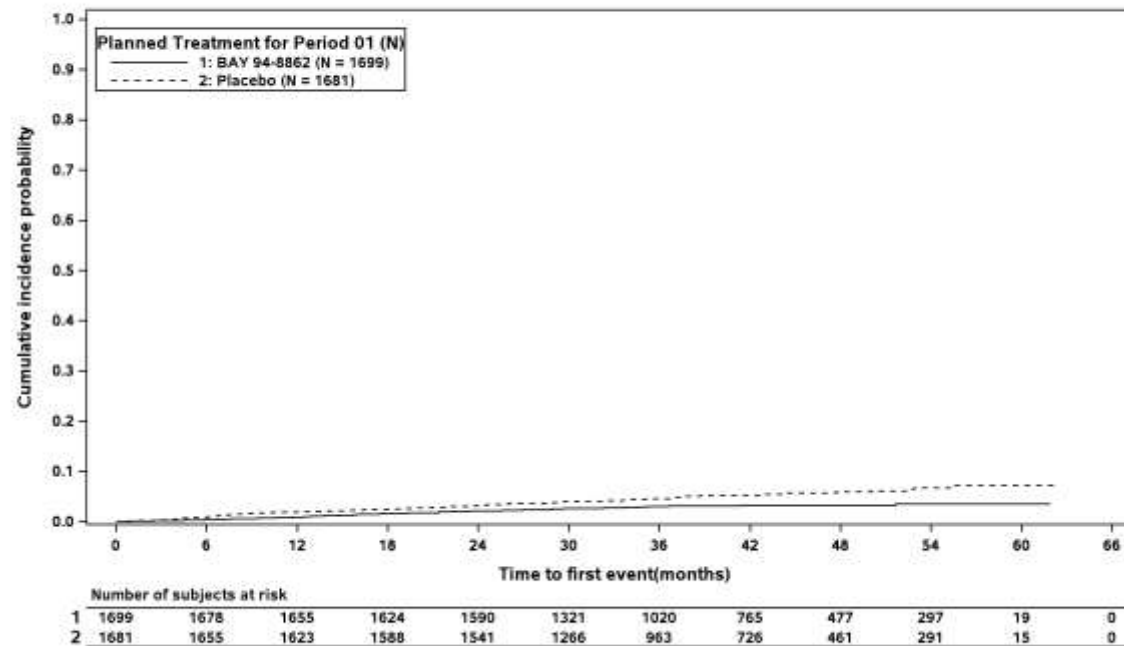
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 70: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 (cont.))

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



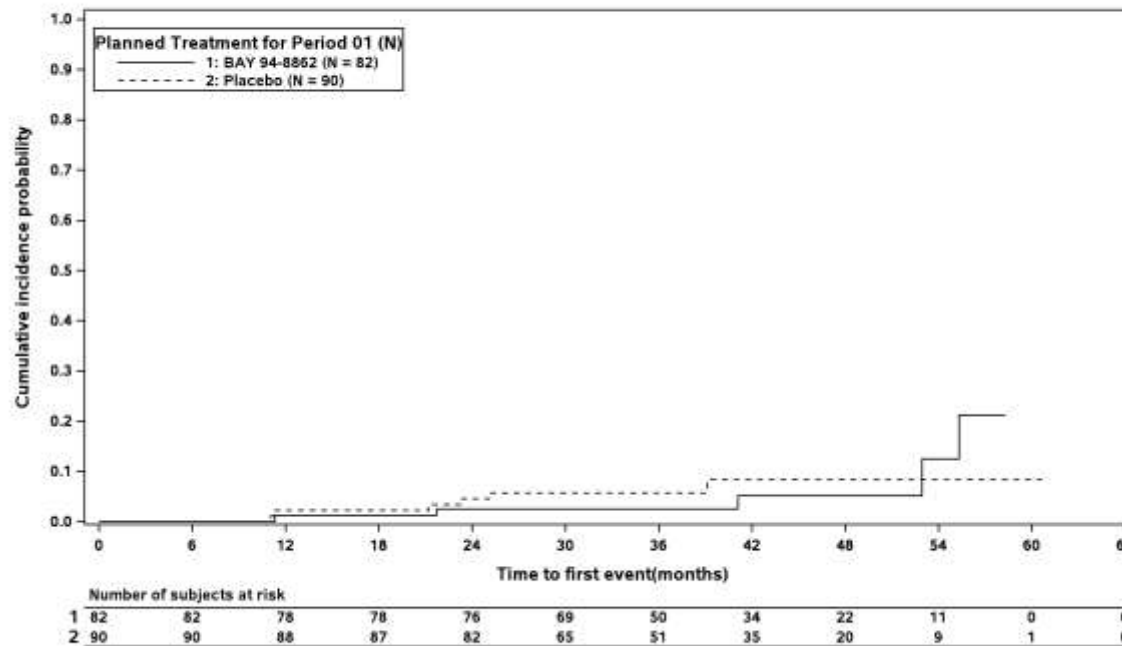
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 70: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 (cont.))

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



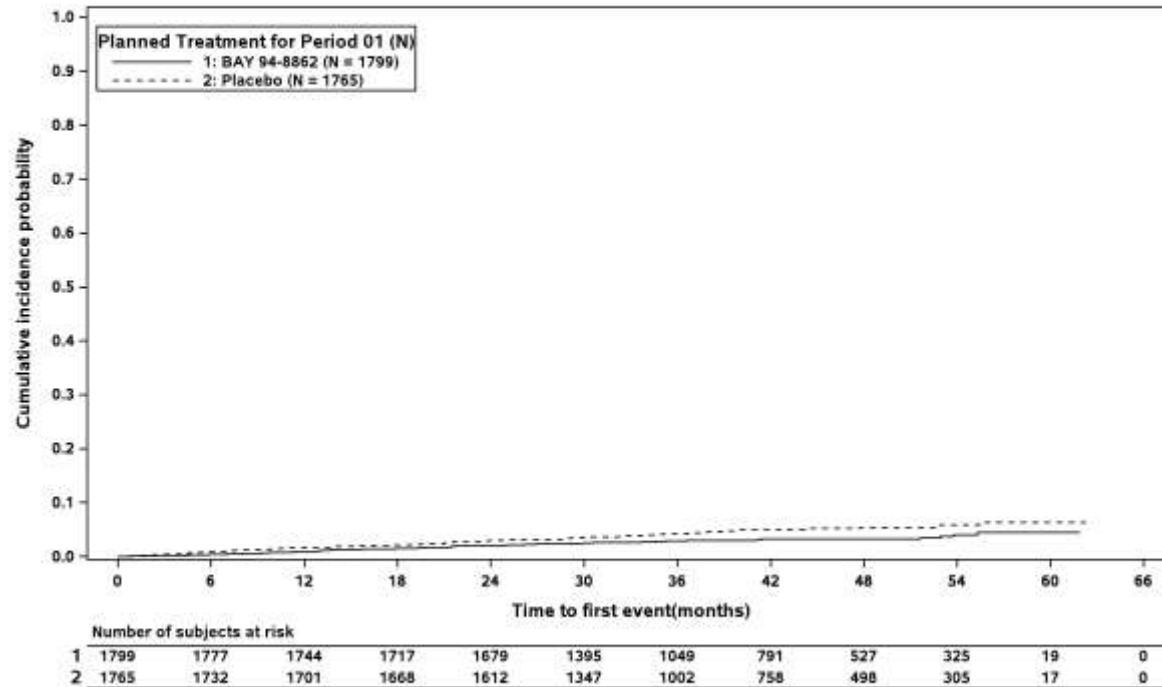
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



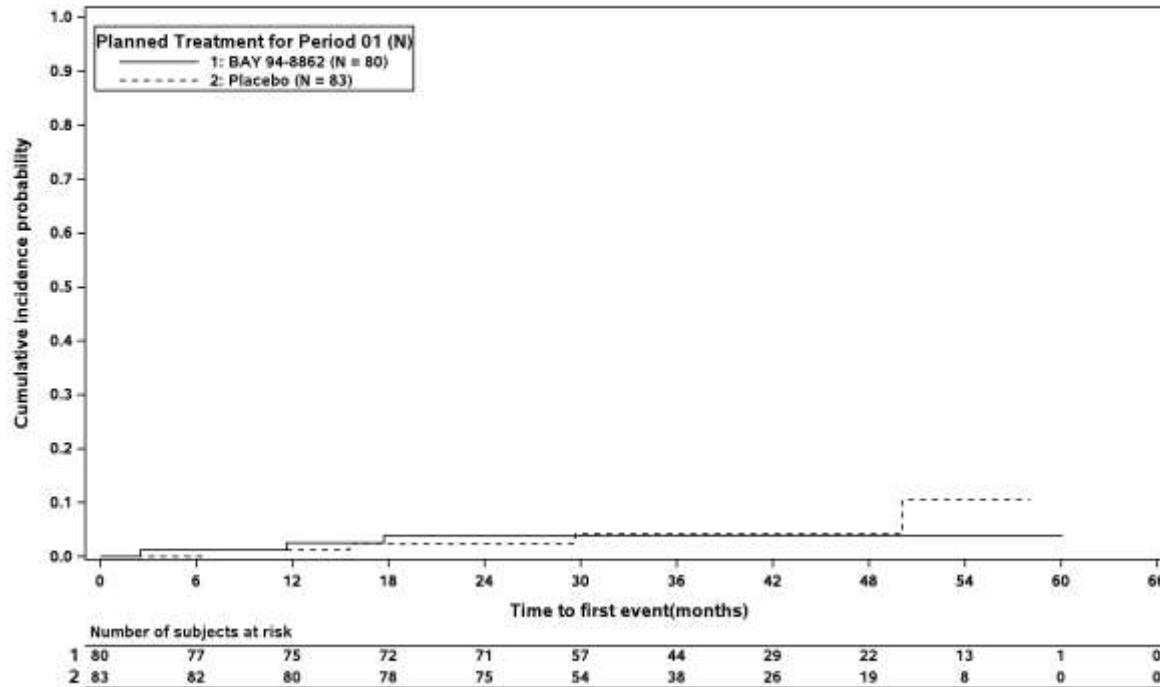
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black



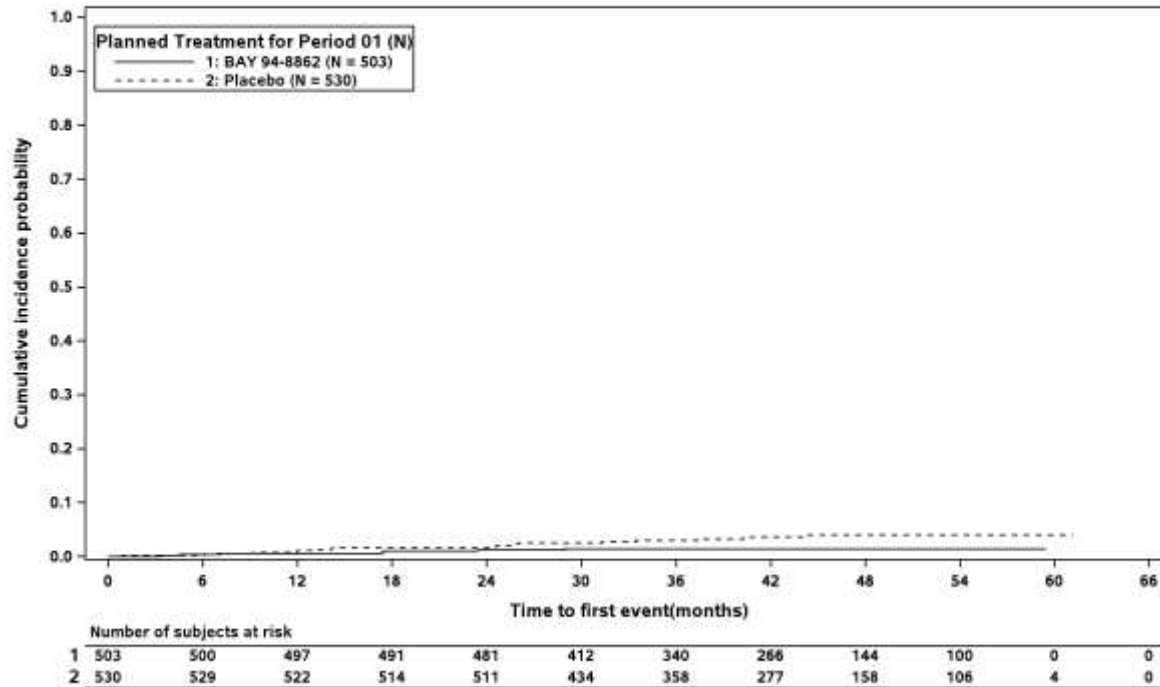
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Figure 1.2.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian



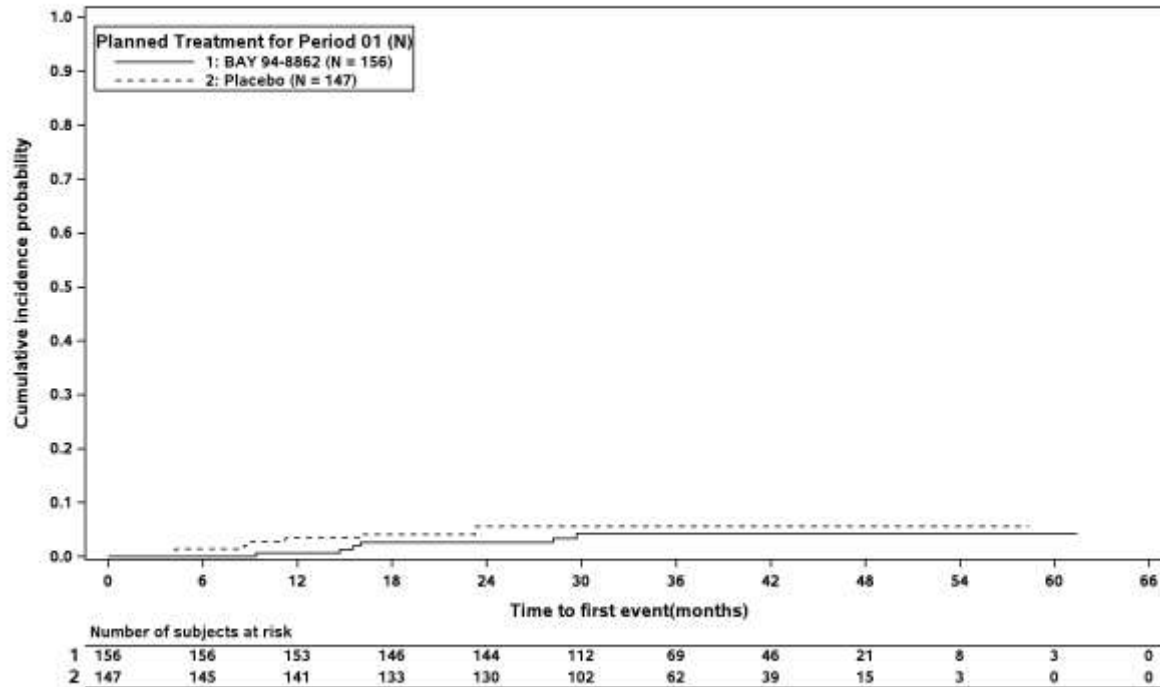
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Figure 1.2.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other



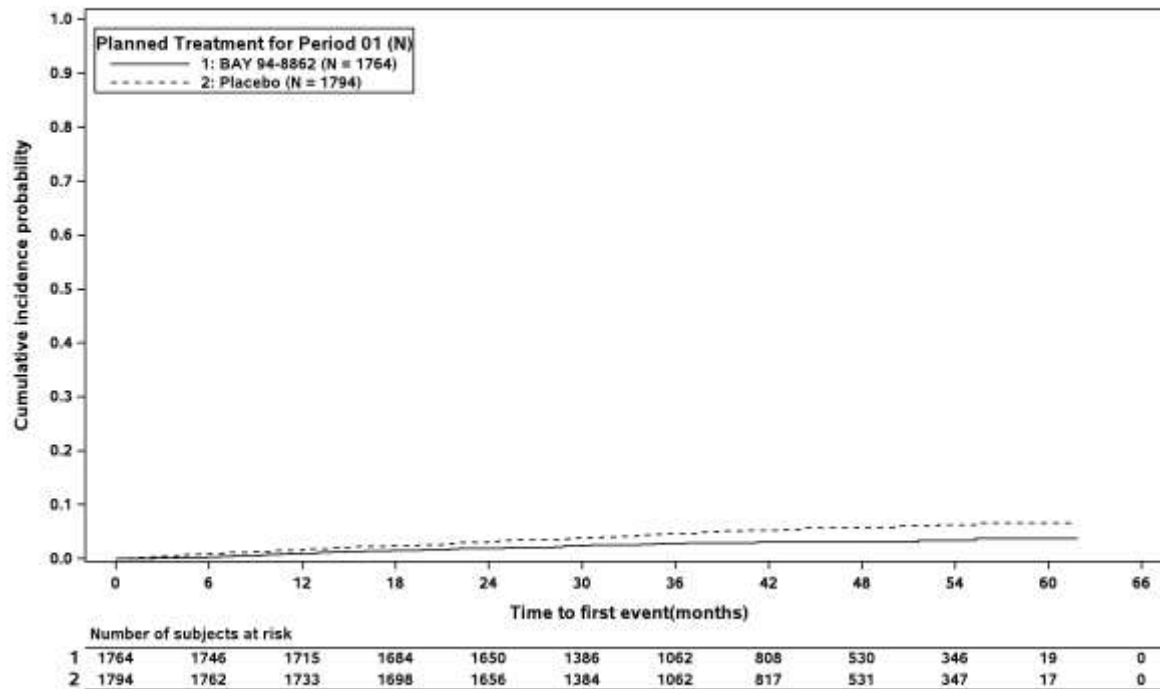
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Figure 1.2.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



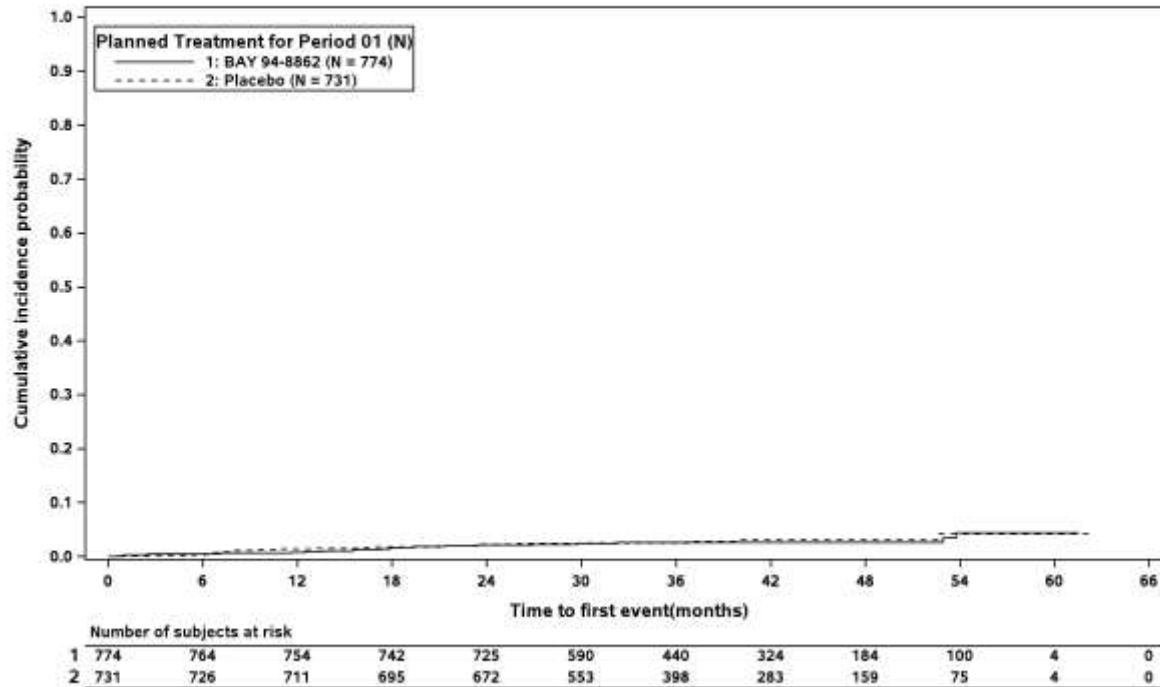
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Figure 1.2.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



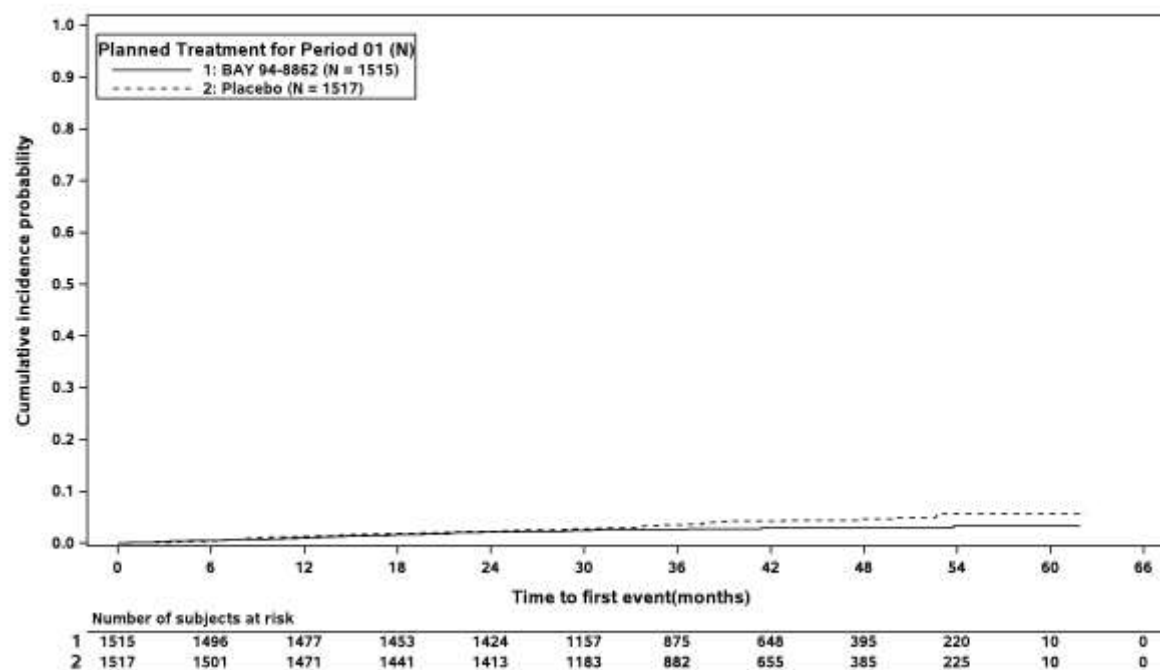
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Figure 1.2.1 / 73: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
 Age group (years) 3rd category: < 65 years



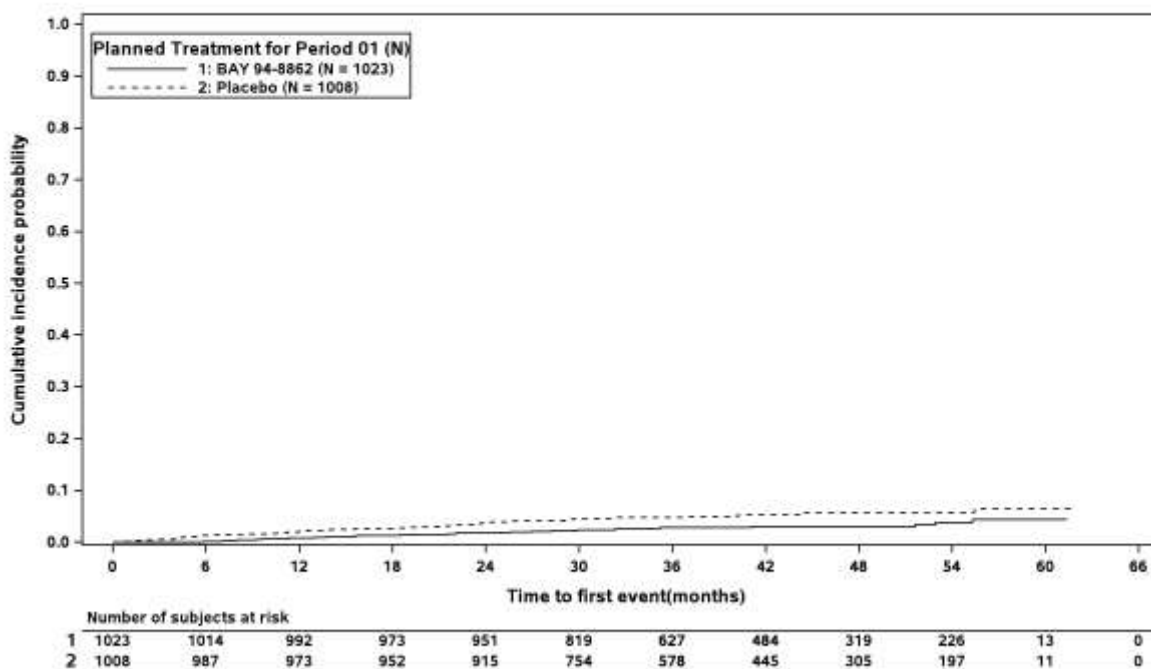
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Figure 1.2.1 / 73: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years

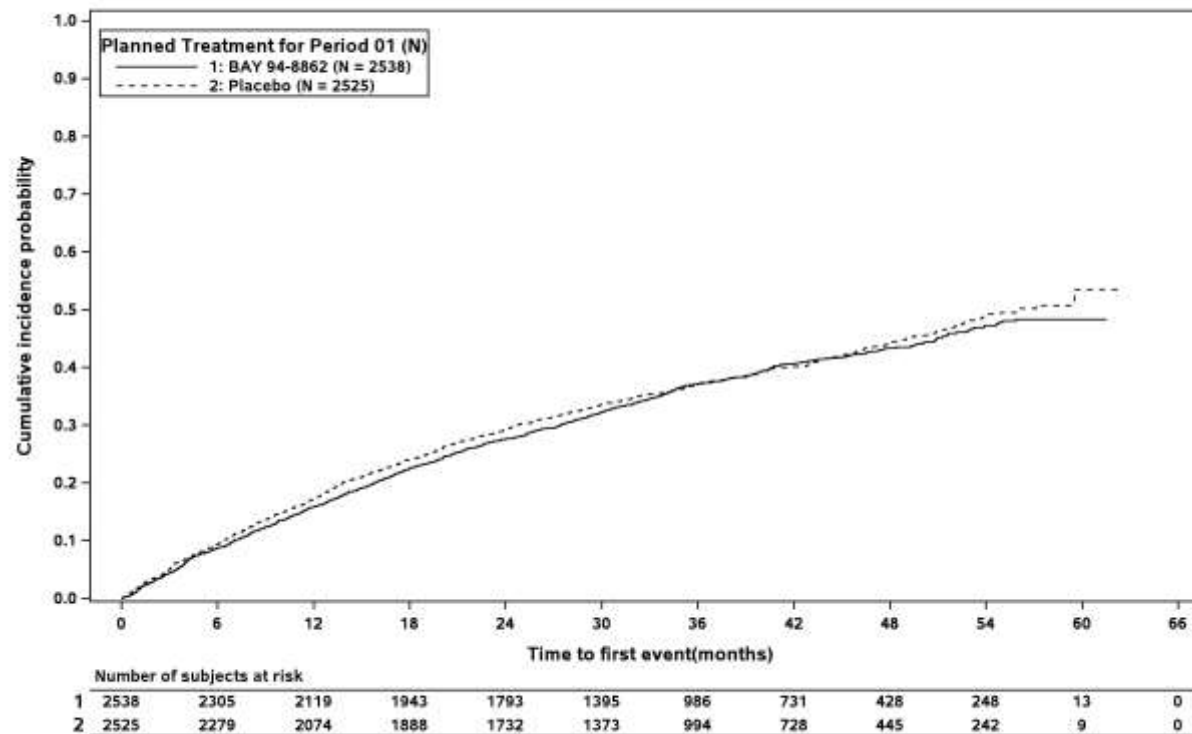


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Figure 1.2.1 / 74: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



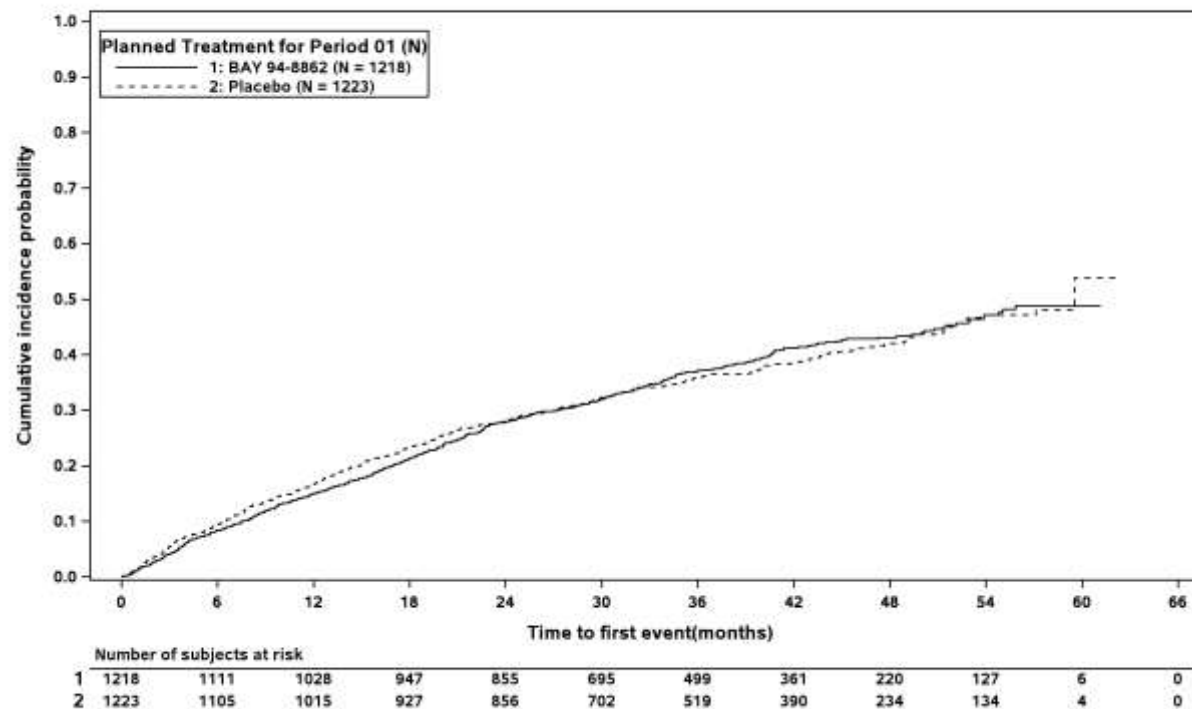
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Figure 1.2.1 / 75: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Region: Europe

**Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Europe**



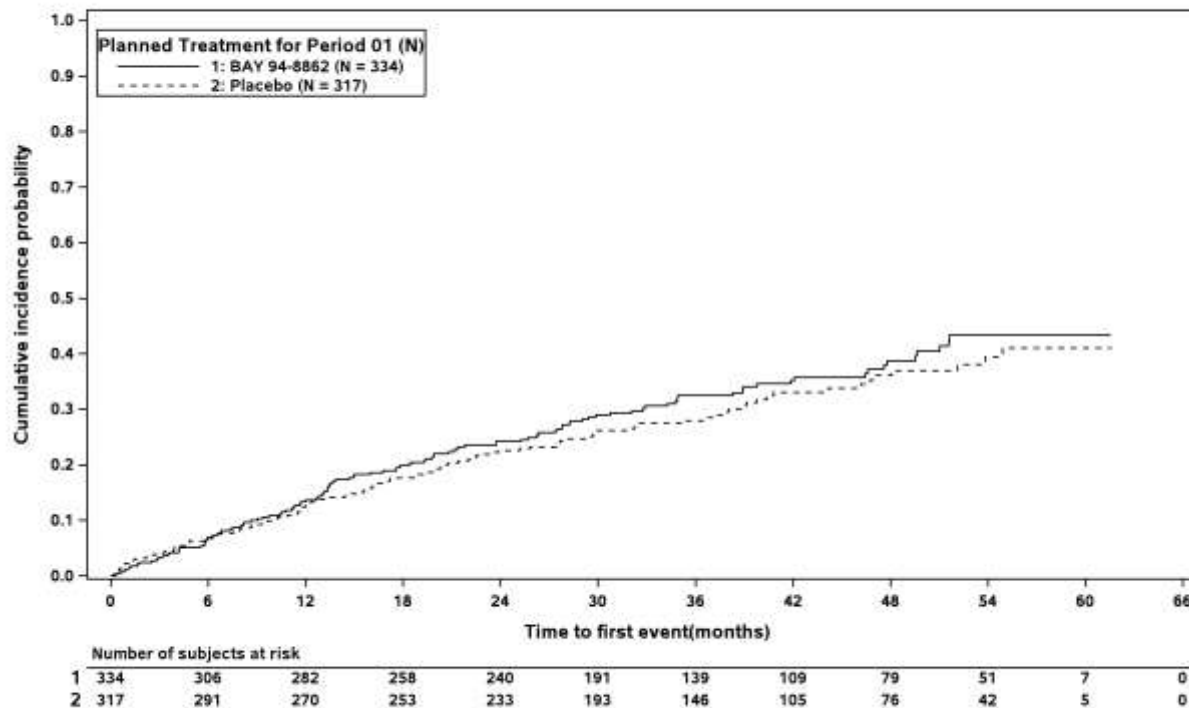
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Figure 1.2.1 / 75: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: North America

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: North America



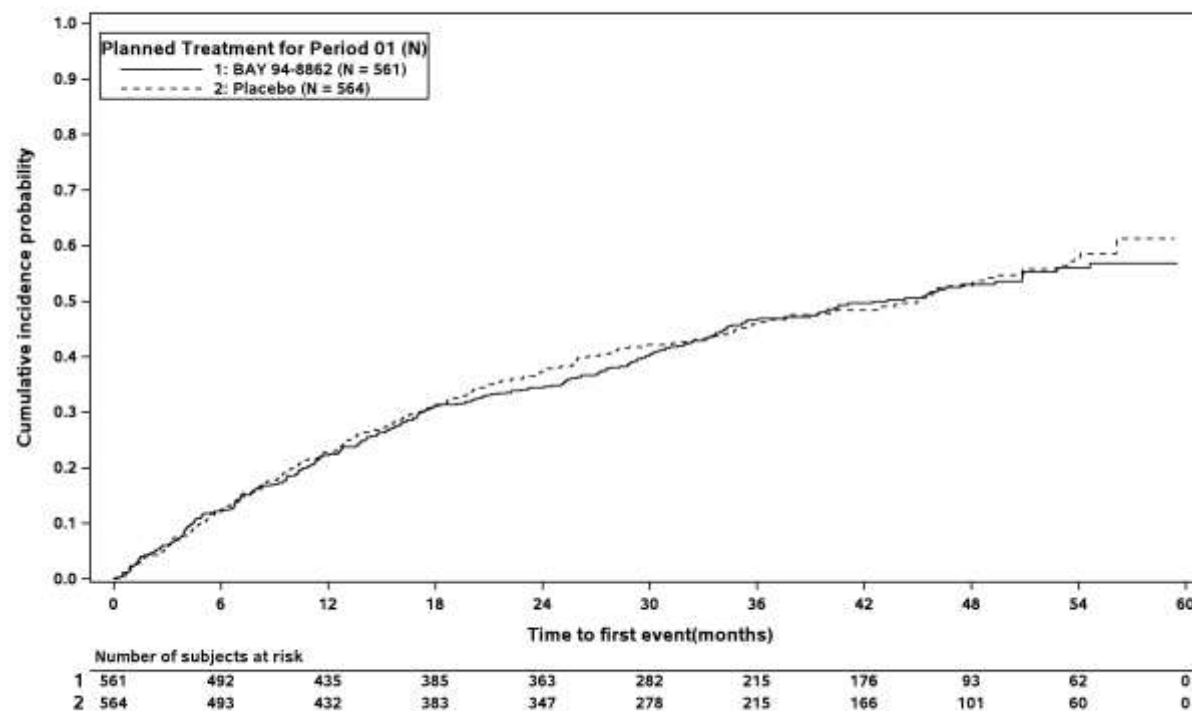
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Figure 1.2.1 / 75: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Asia

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Asia



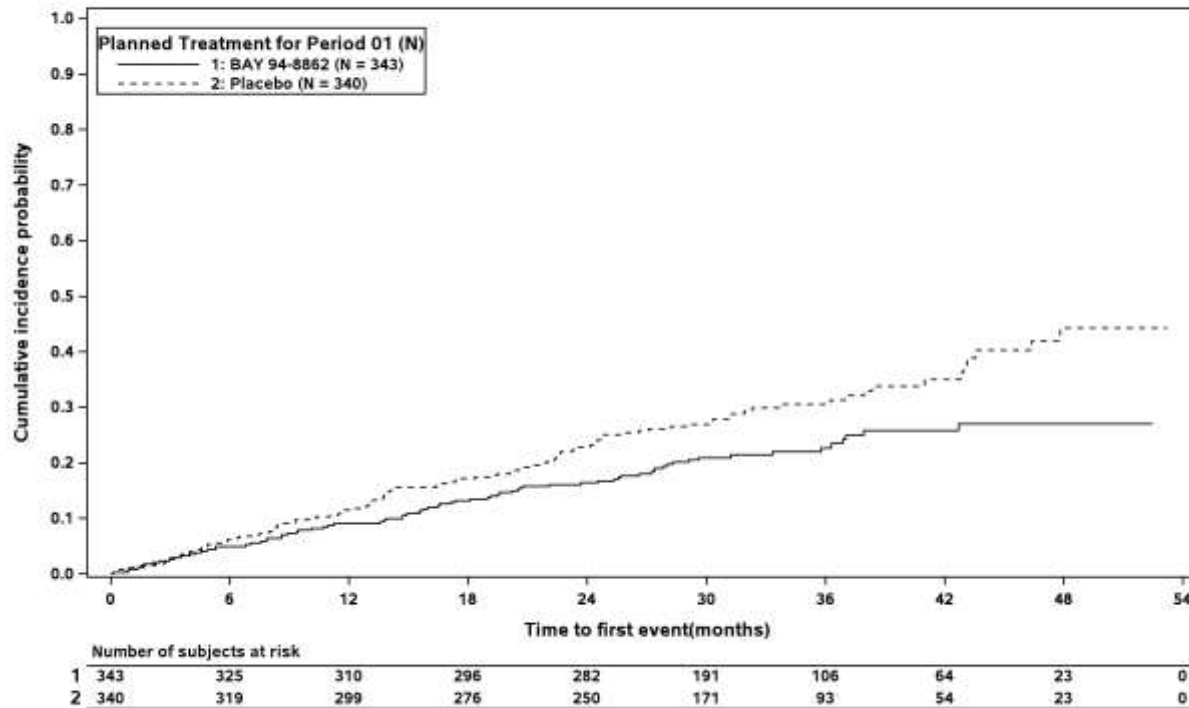
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Figure 1.2.1 / 75: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Latin America

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Latin America



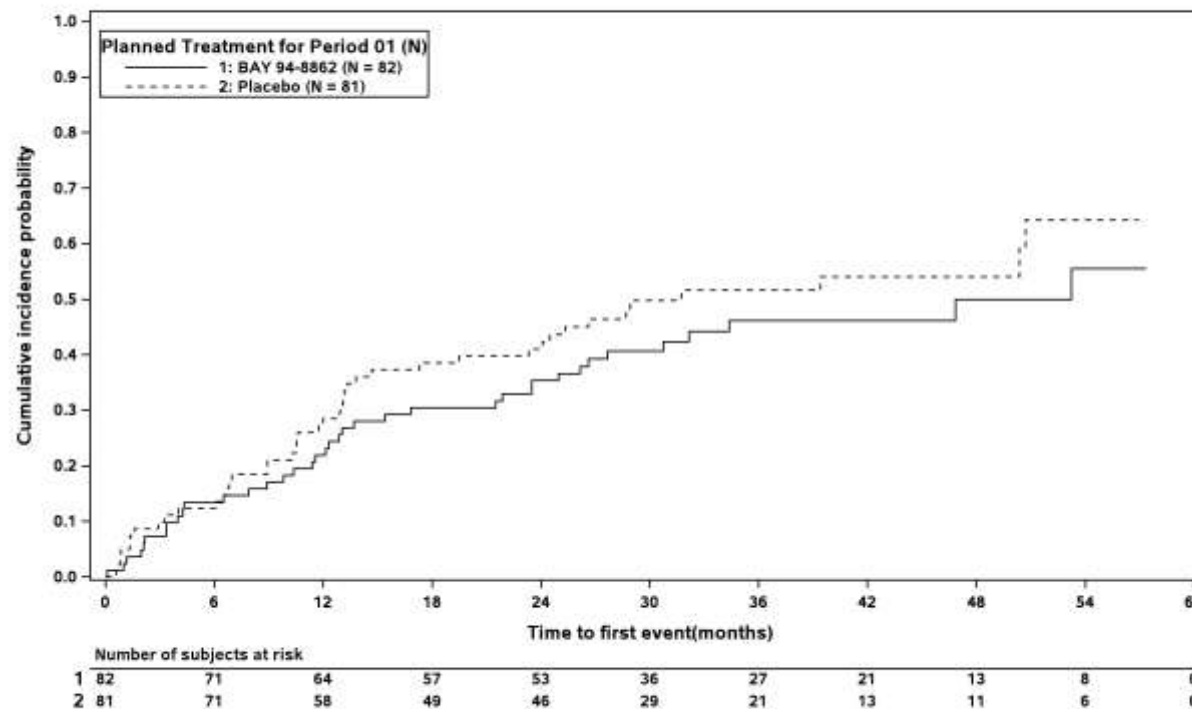
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Figure 1.2.1 / 75: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Region: Others

**Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Region: Others**



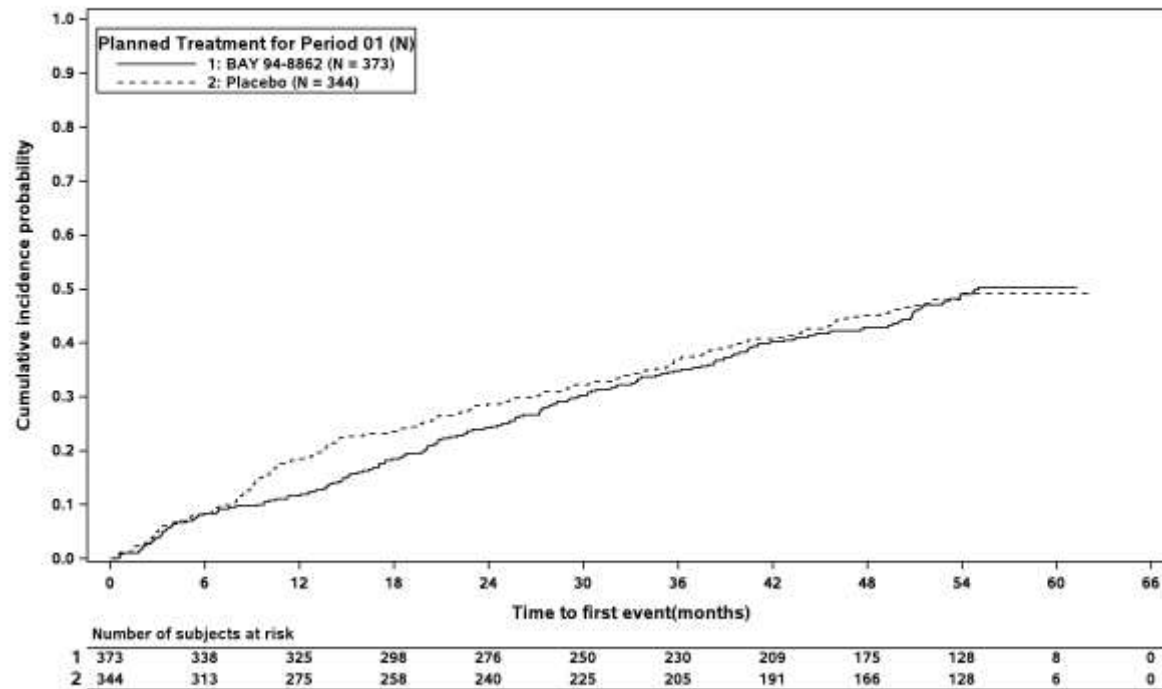
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Figure 1.2.1 / 76: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



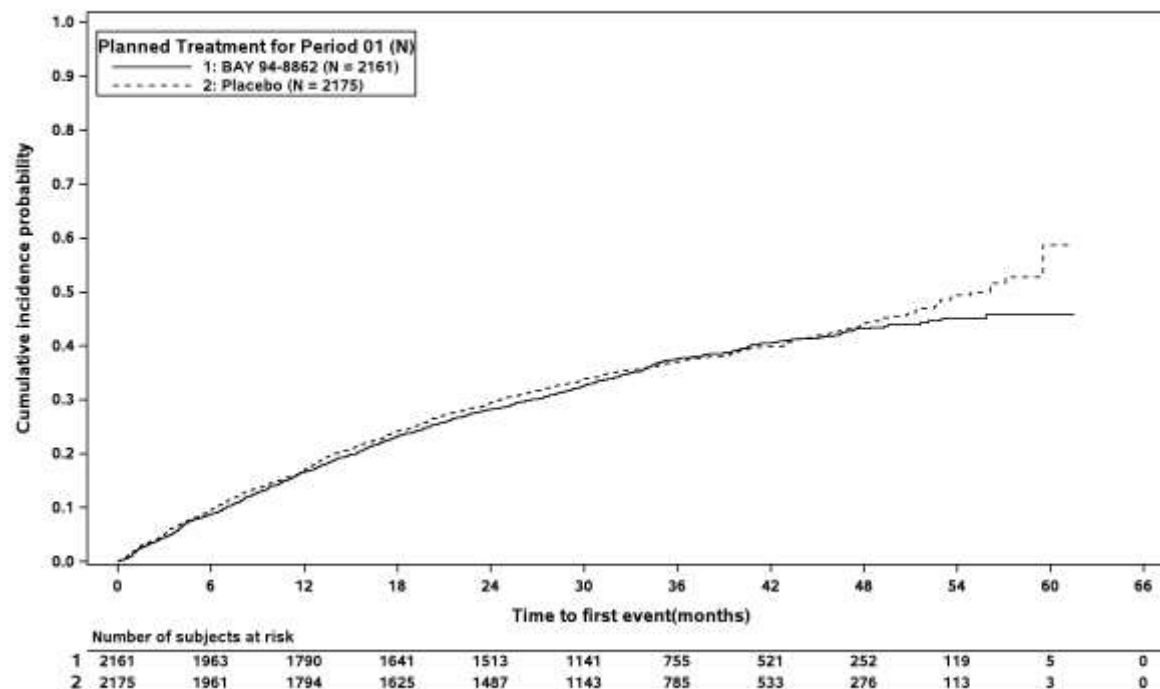
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 76: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



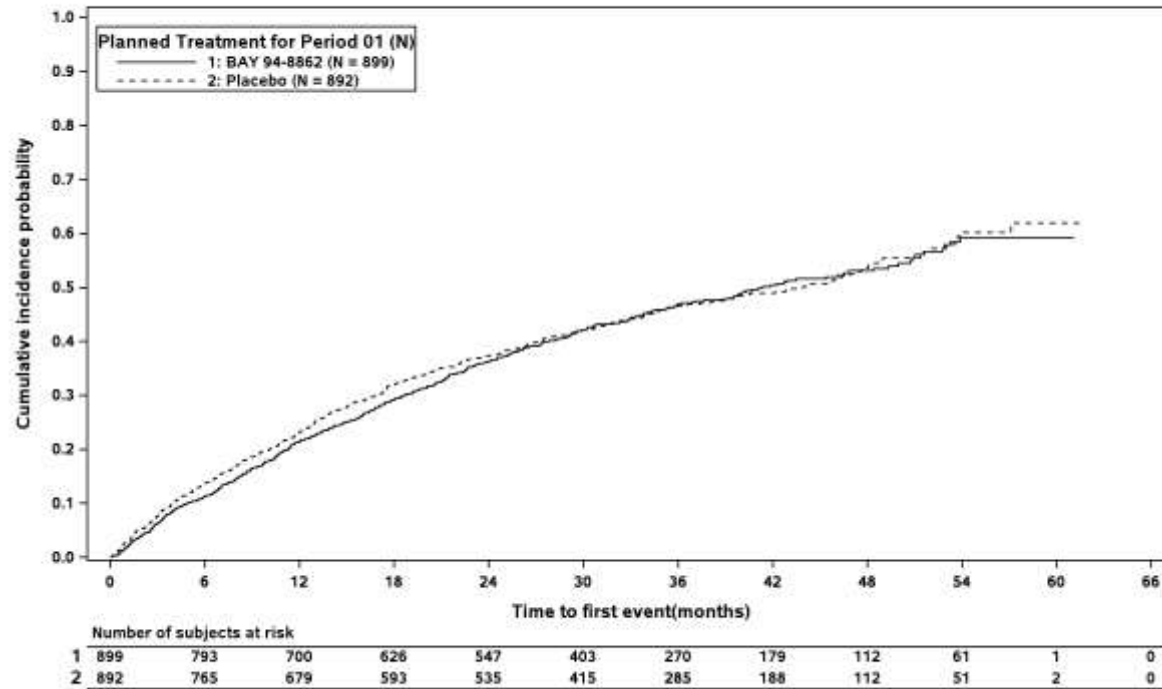
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Figure 1.2.1 / 77: Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

History of CVD (Medical history): present

Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): present



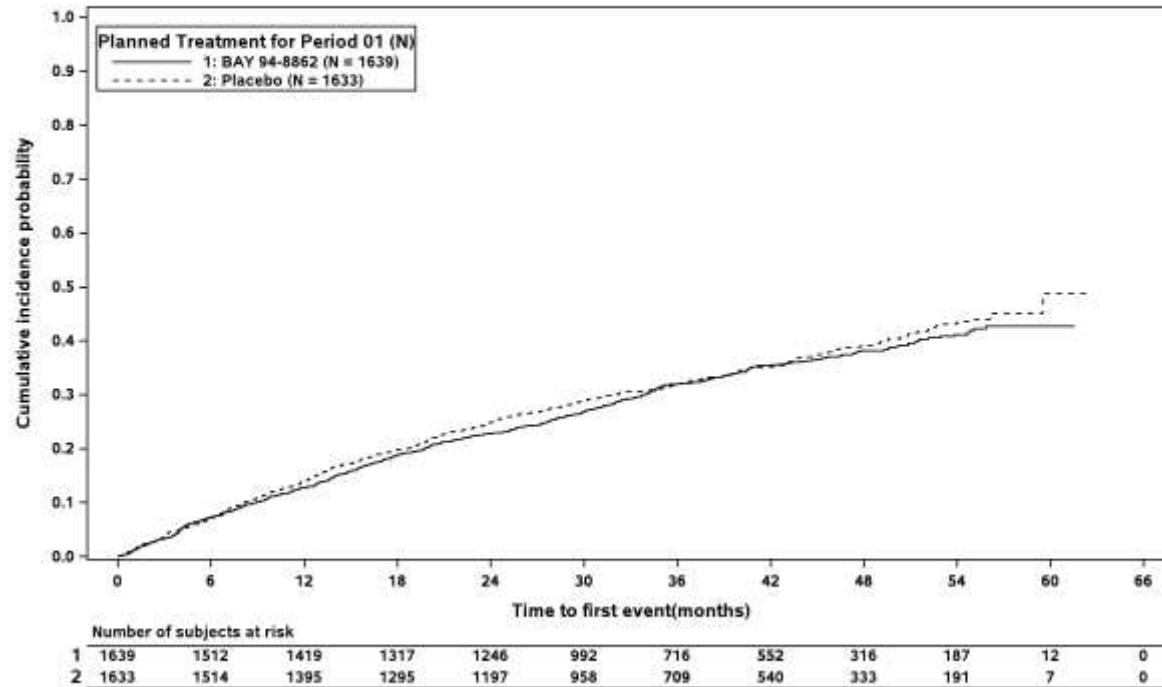
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 77: Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

History of CVD (Medical history): absent

Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
History of CVD (Medical history): absent



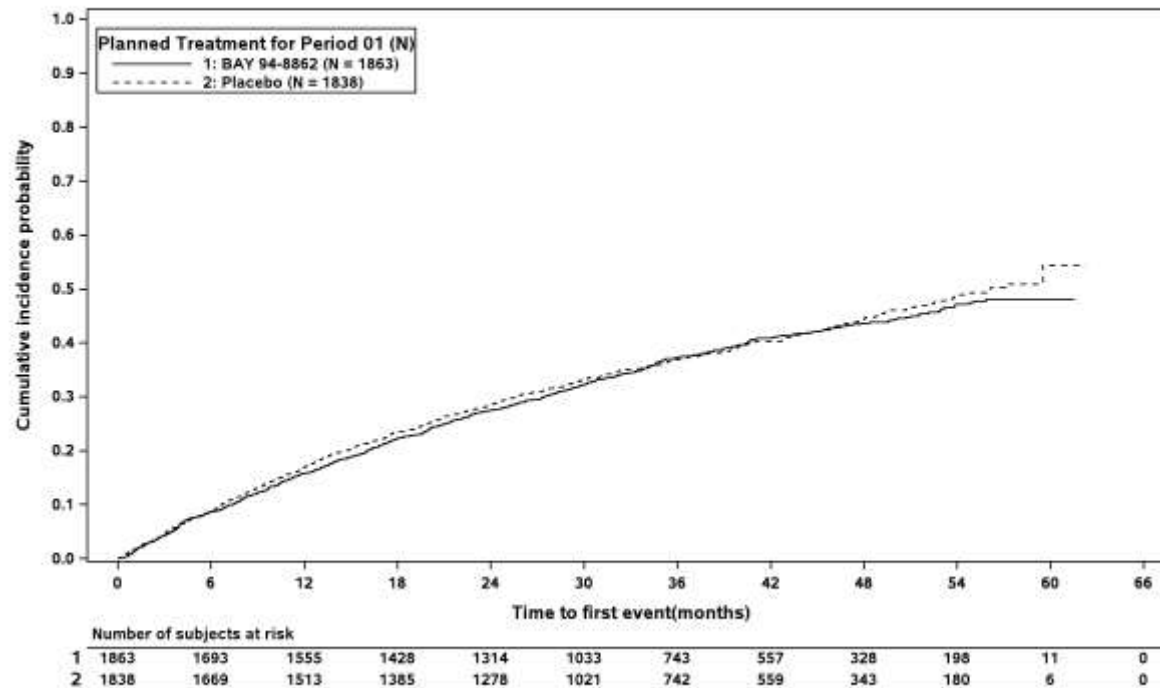
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Figure 1.2.1 / 78: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



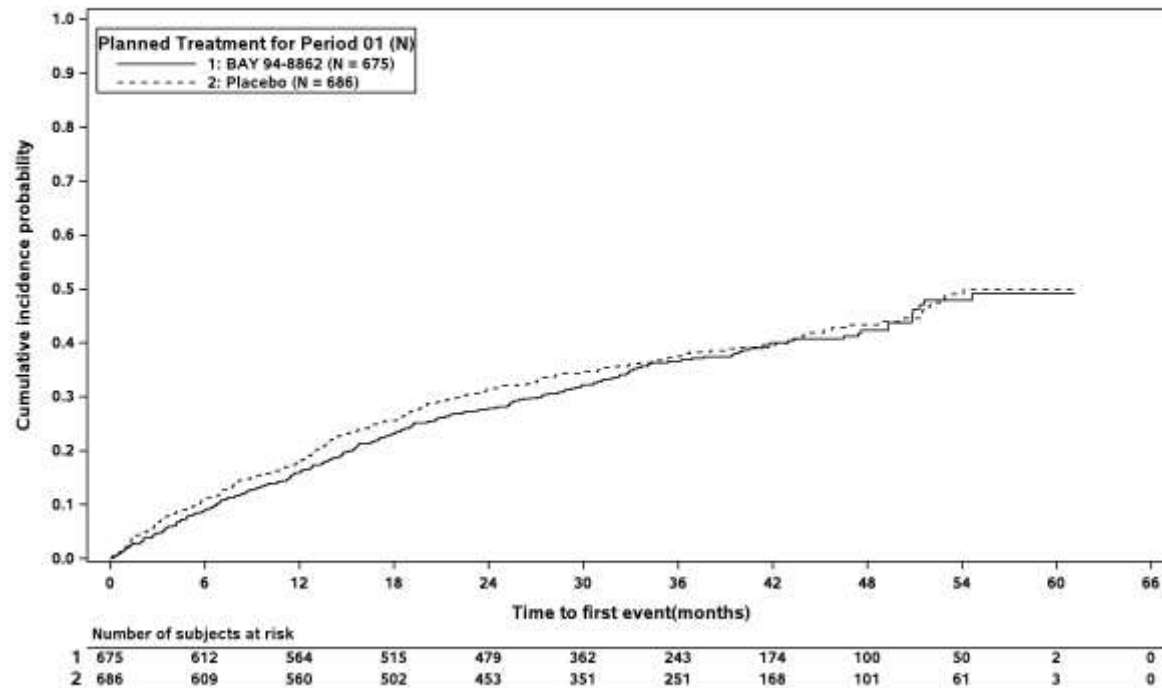
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Figure 1.2.1 / 78: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



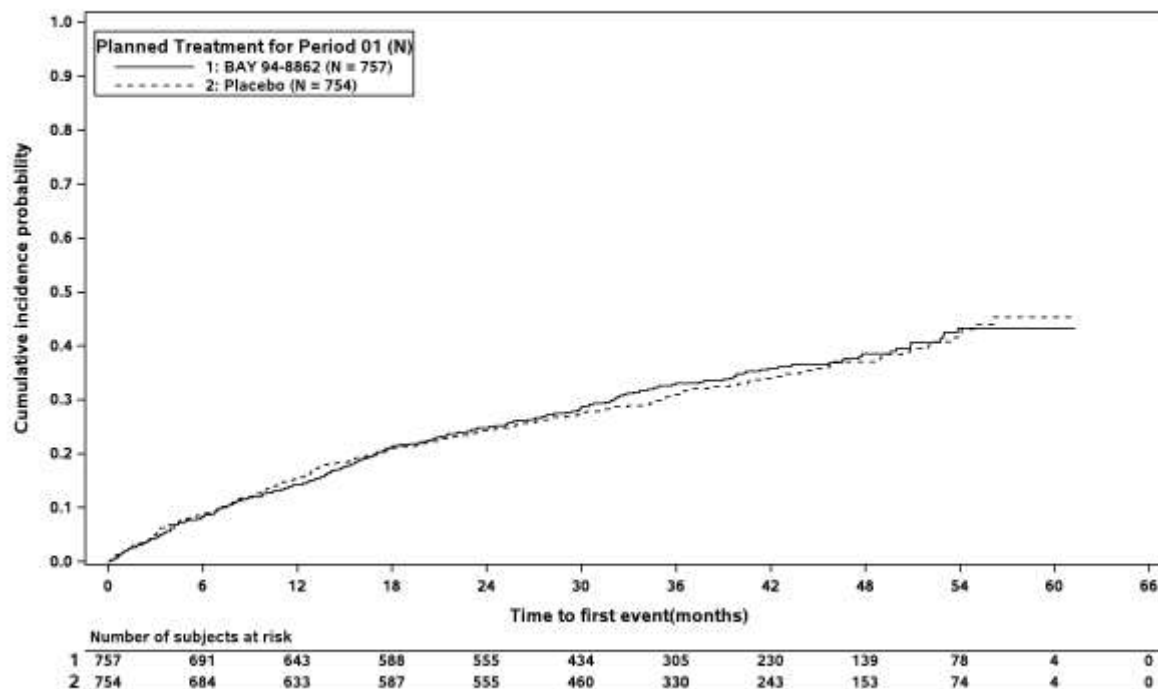
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Figure 1.2.1 / 79: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



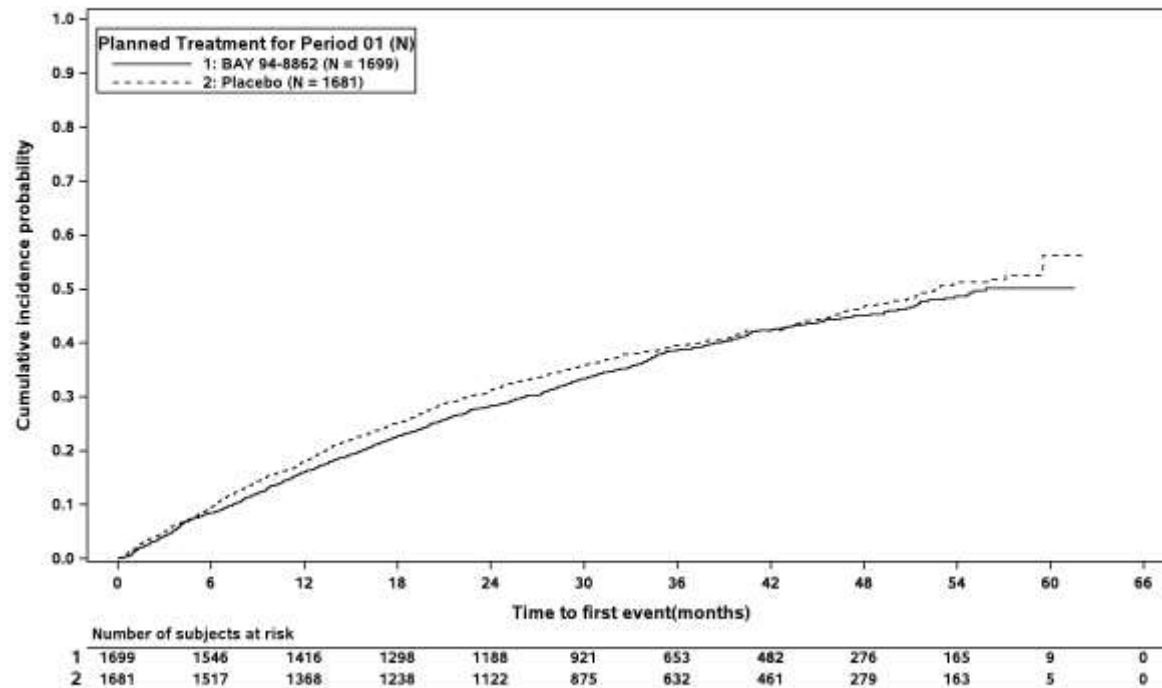
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Figure 1.2.1 / 79: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



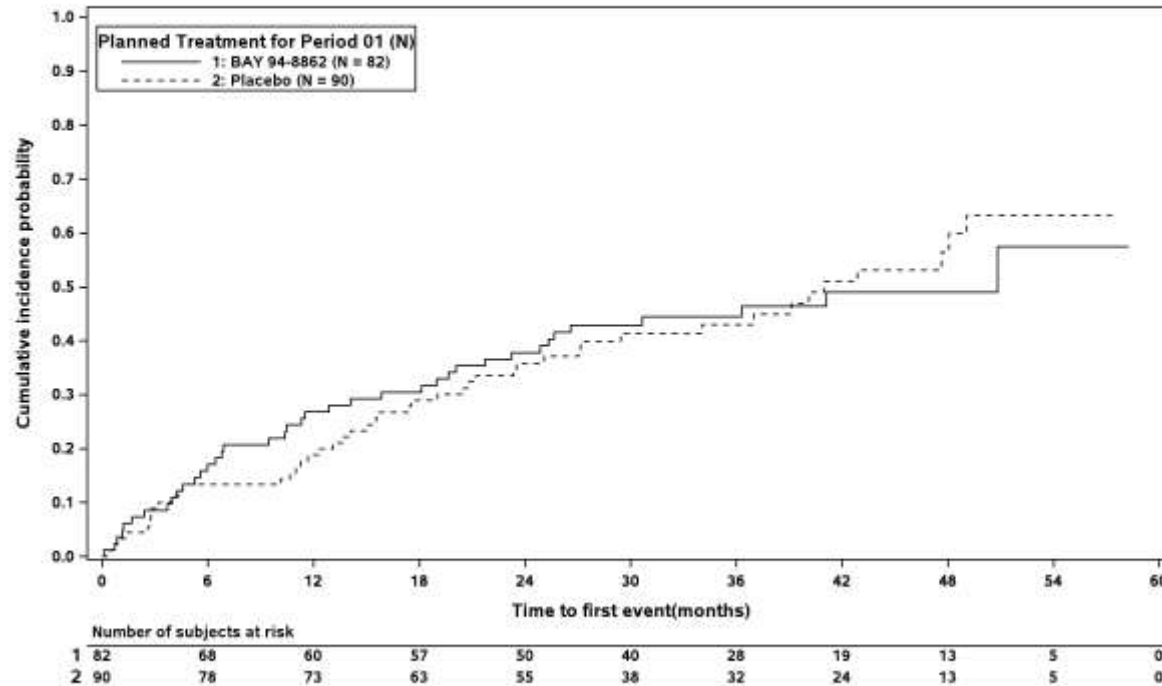
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Figure 1.2.1 / 79: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



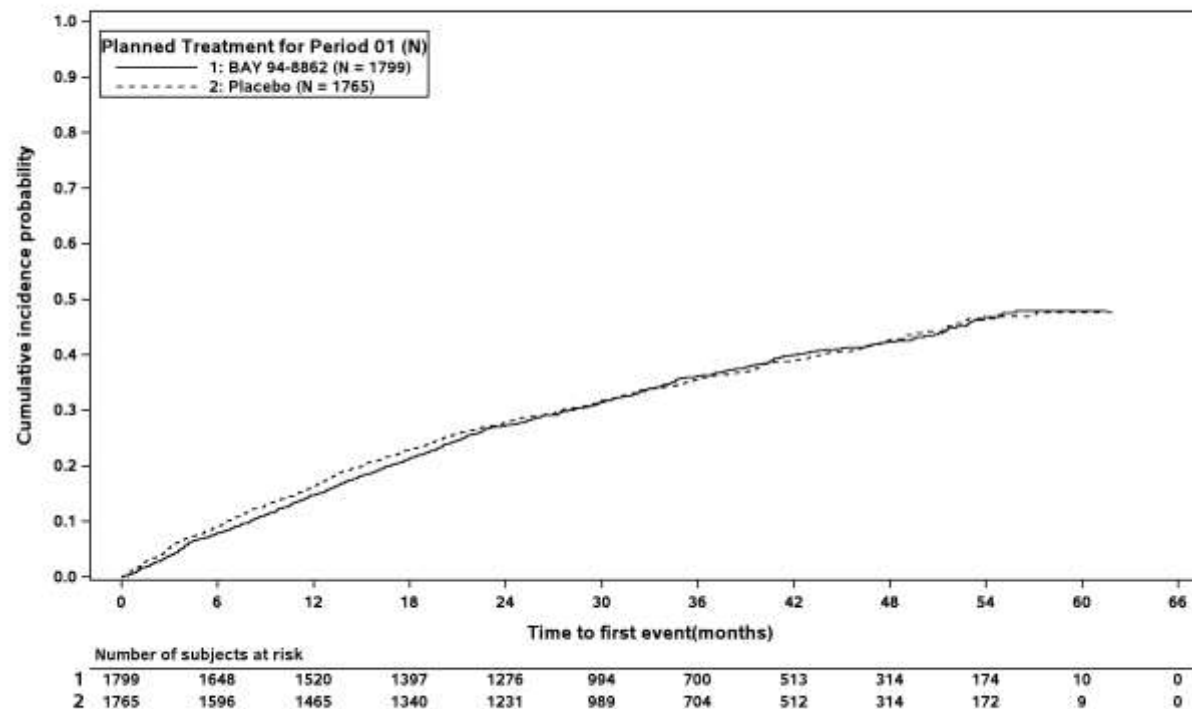
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Figure 1.2.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Race (4 categories): White

Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): White



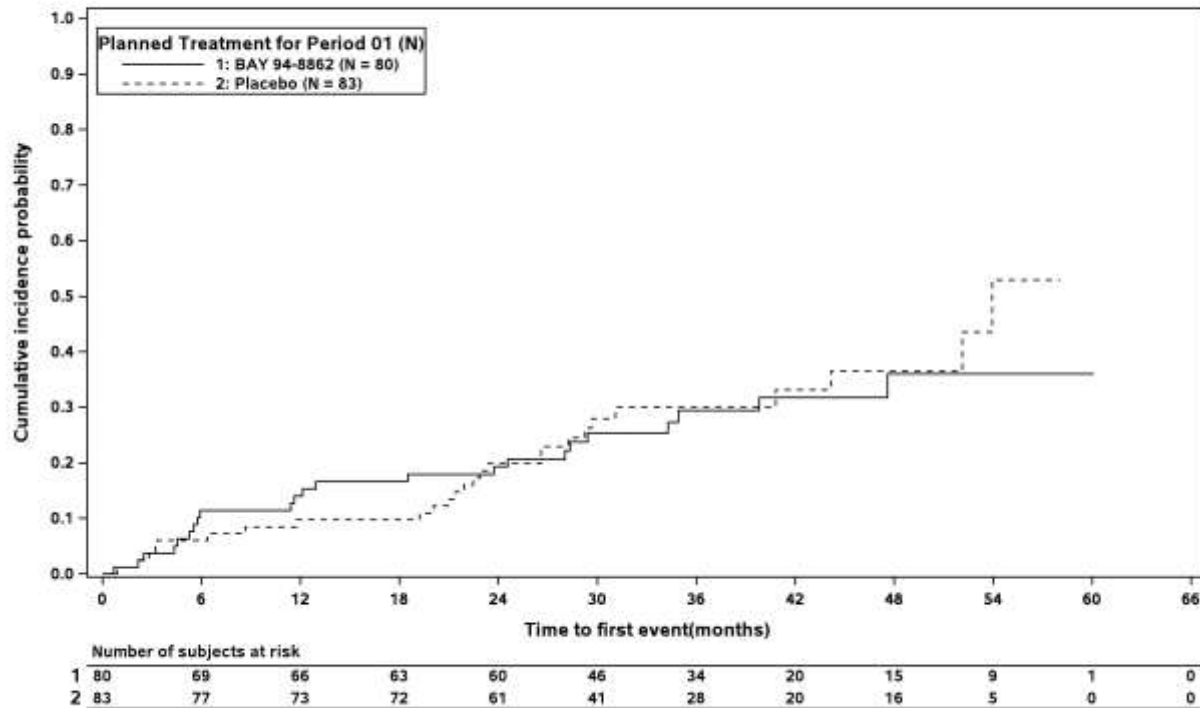
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Figure 1.2.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Black

**Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Black**



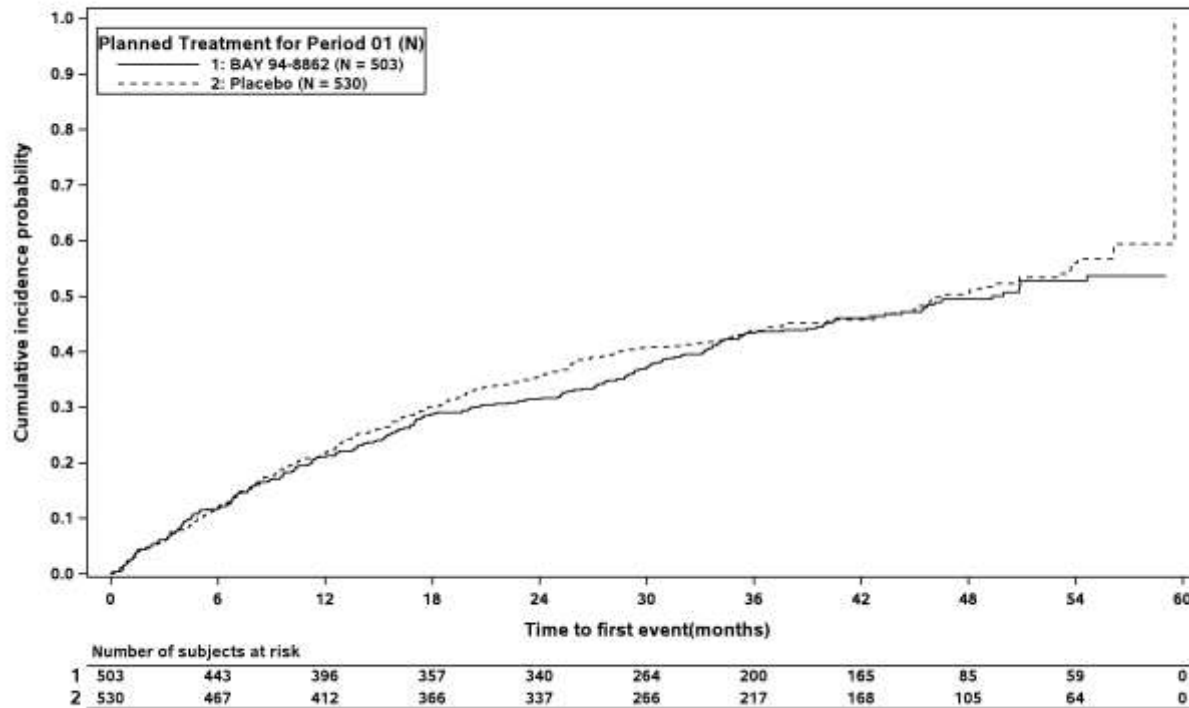
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Figure 1.2.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Asian

**Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Asian**



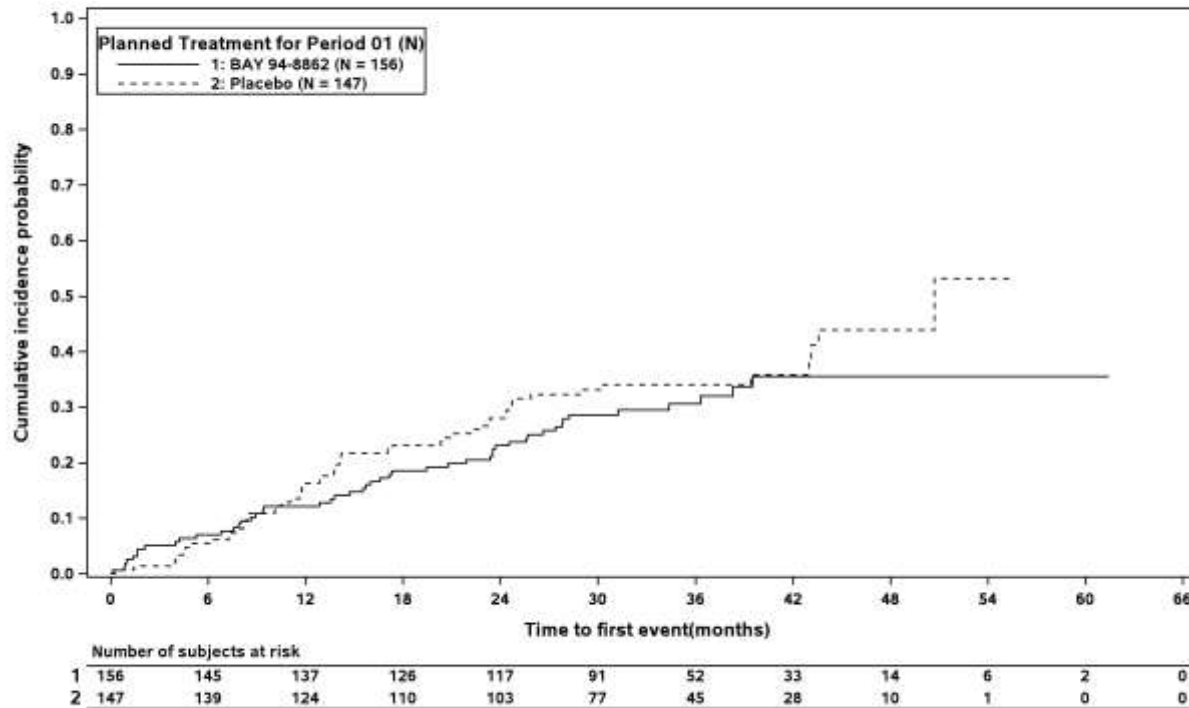
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Figure 1.2.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Race (4 categories): Other

**Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Race (4 categories): Other**



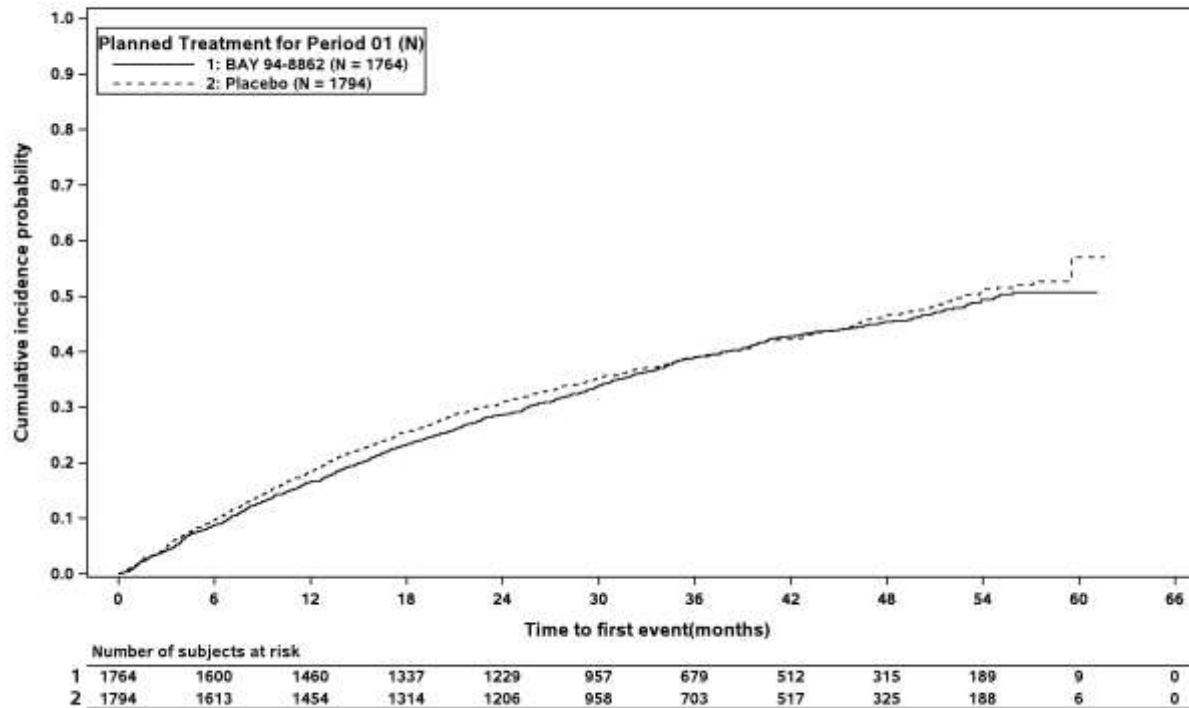
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Sex: Male

Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Male



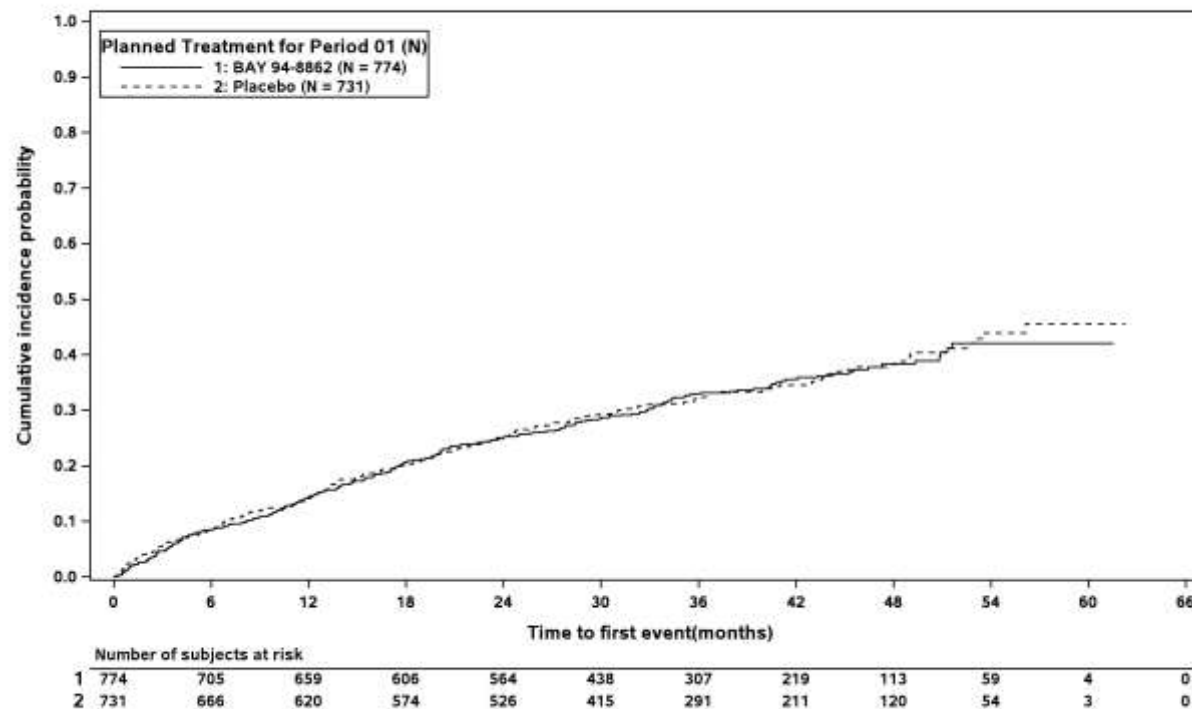
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Figure 1.2.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Sex: Female

Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Sex: Female



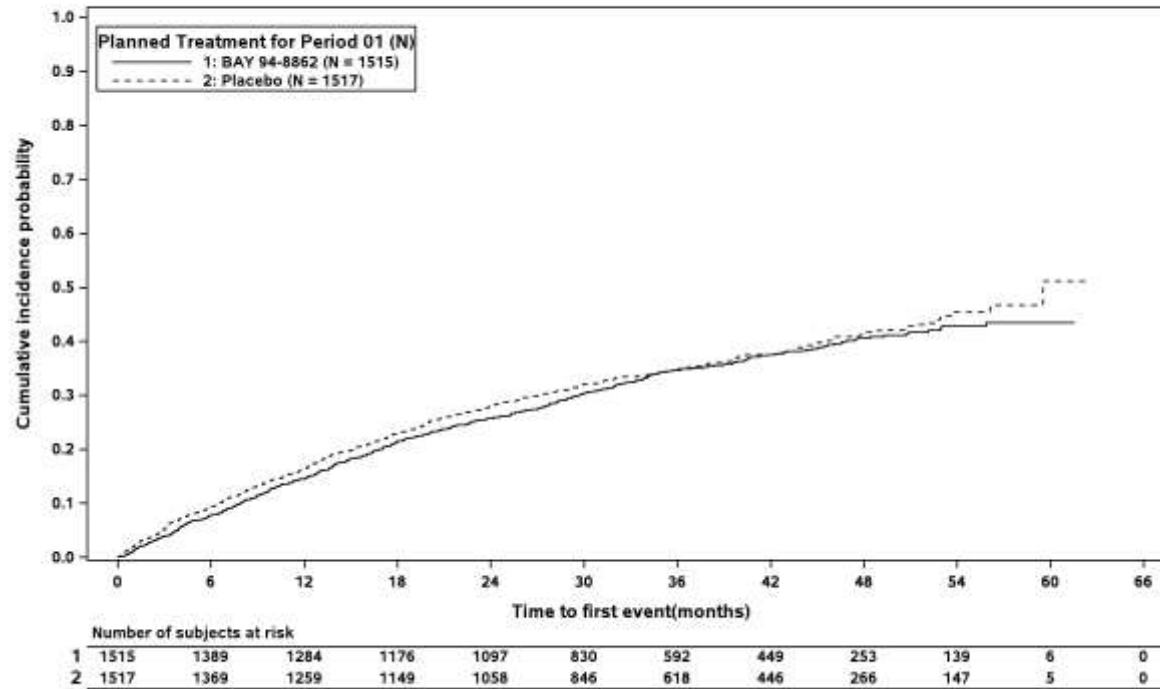
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km_ipd_s2.sas 07FEB2023 9:46

Figure 1.2.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Age group (years) 3rd category: < 65 years

Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: < 65 years



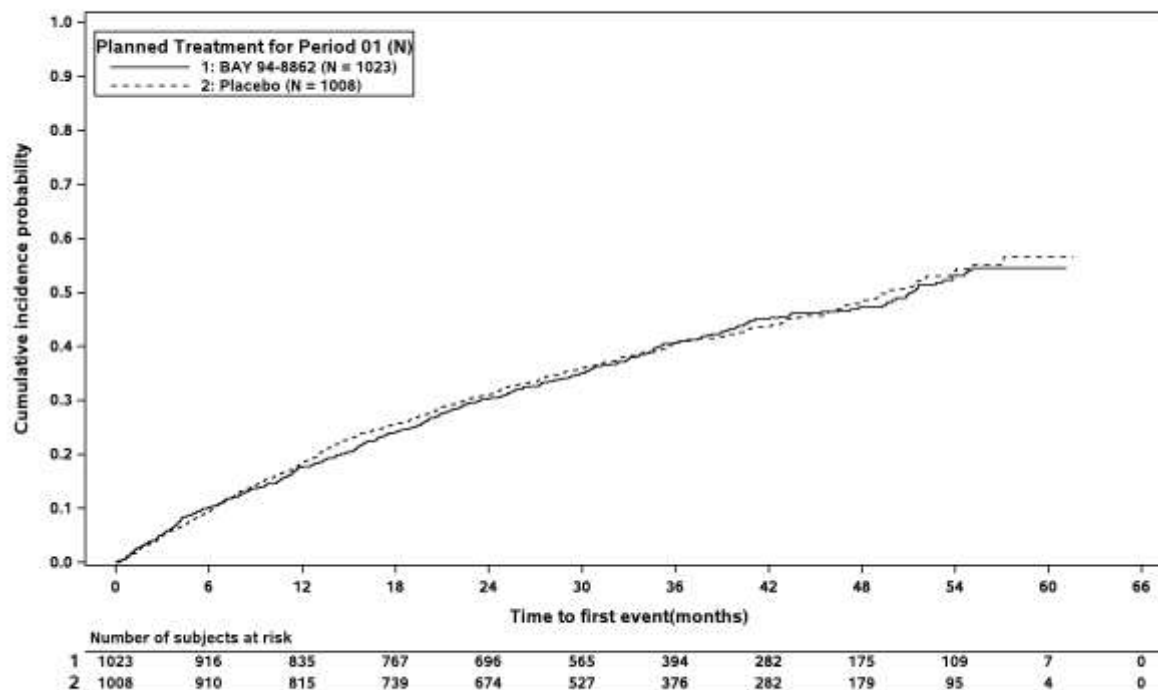
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.2.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²) (cont.)

Age group (years) 3rd category: ≥ 65 years

Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)
Age group (years) 3rd category: ≥ 65 years



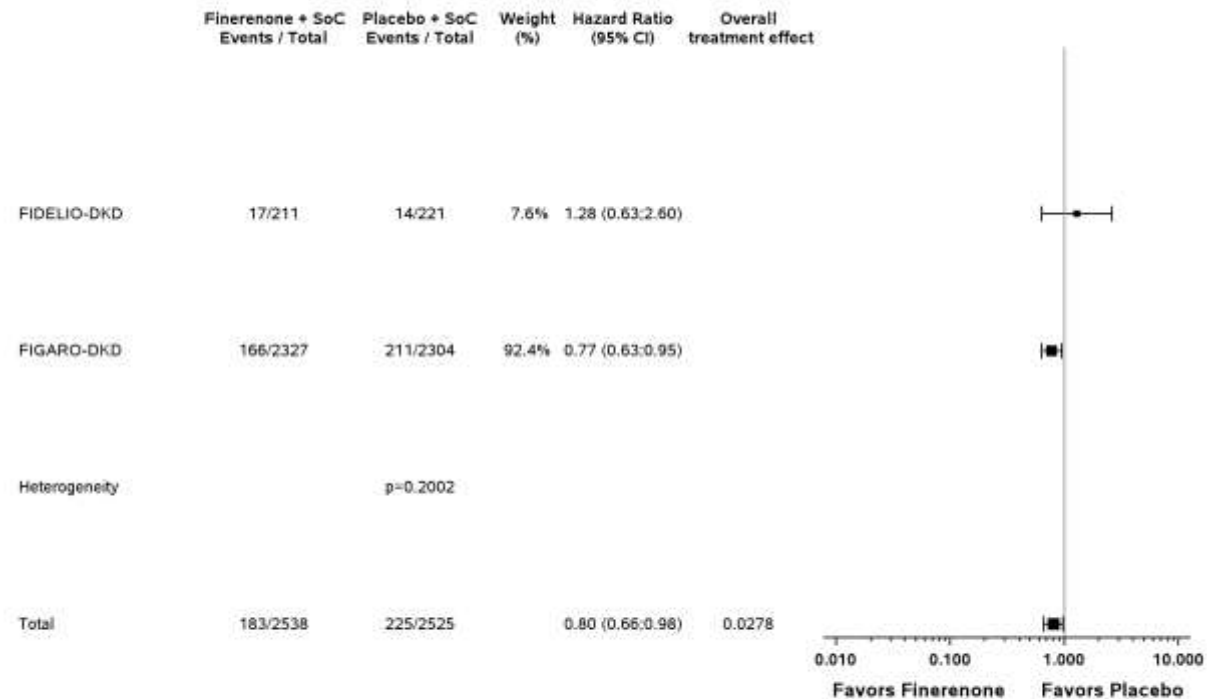
At-risk subject counts were calculated as at start of timepoint.

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1.2.2 Forest plots for time-to-event Analyses

Figure 1.2.2 / 1: Forest plot of all-cause mortality: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

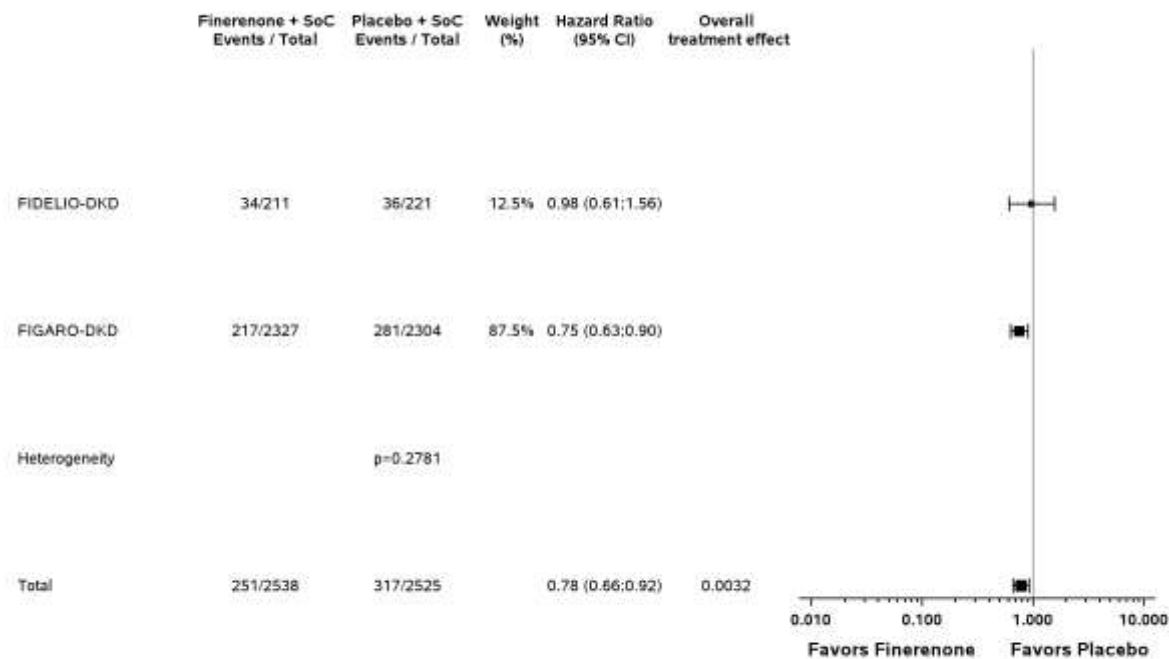


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 2: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 40\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 40\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

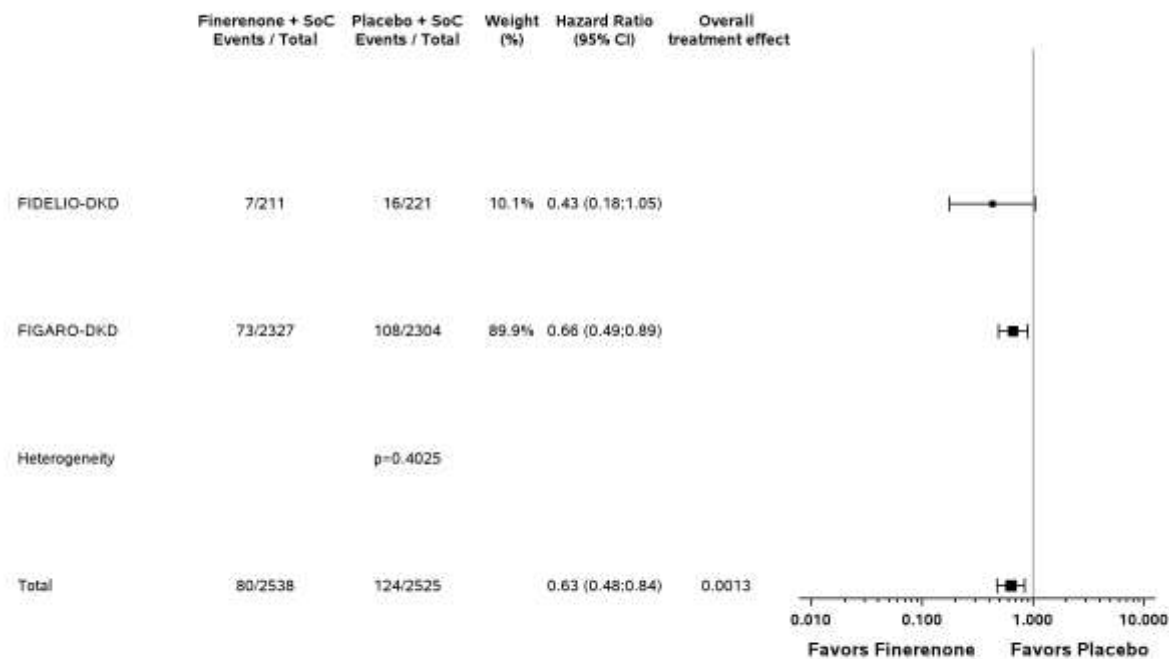


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 3: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

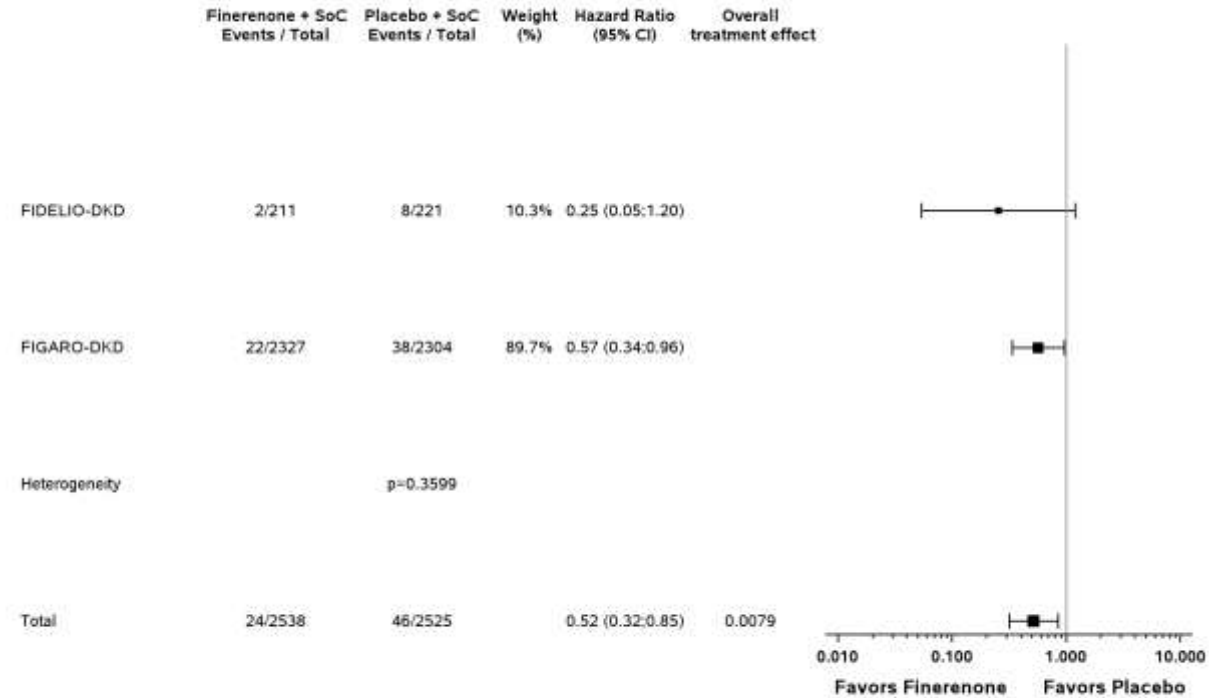


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 4: Forest plot of onset of kidney failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of onset of kidney failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

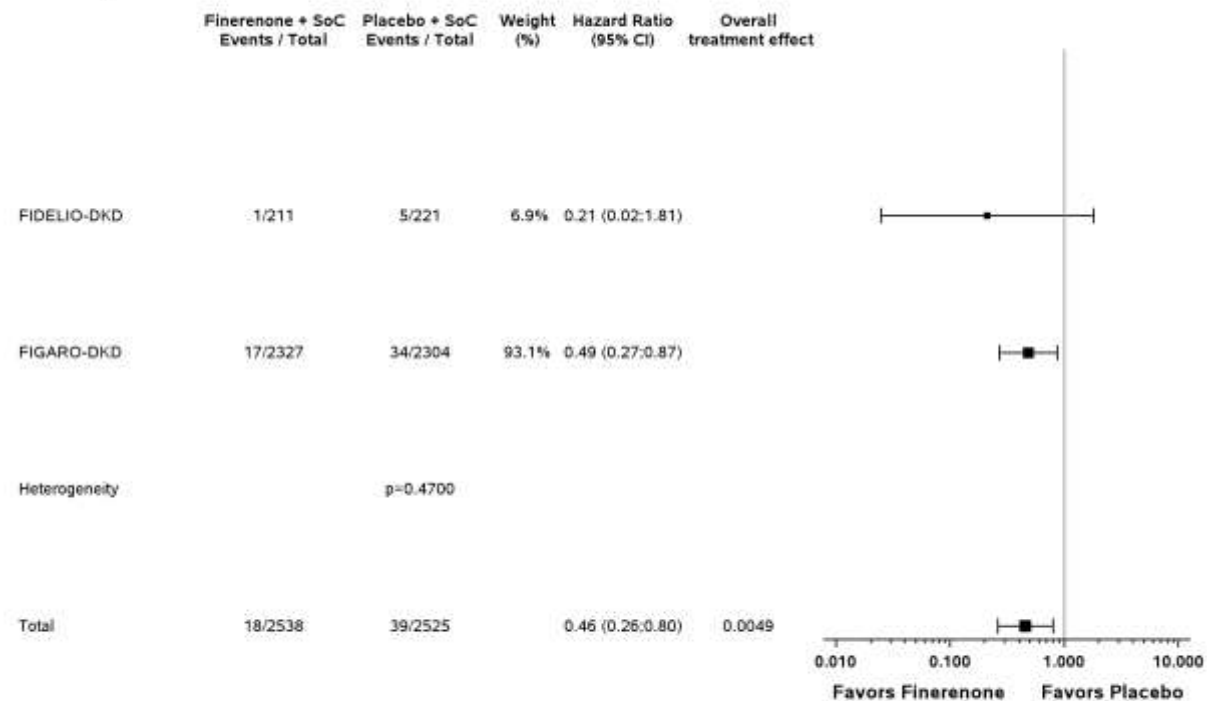


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 5: Forest plot of end-stage renal disease: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of end-stage renal disease: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

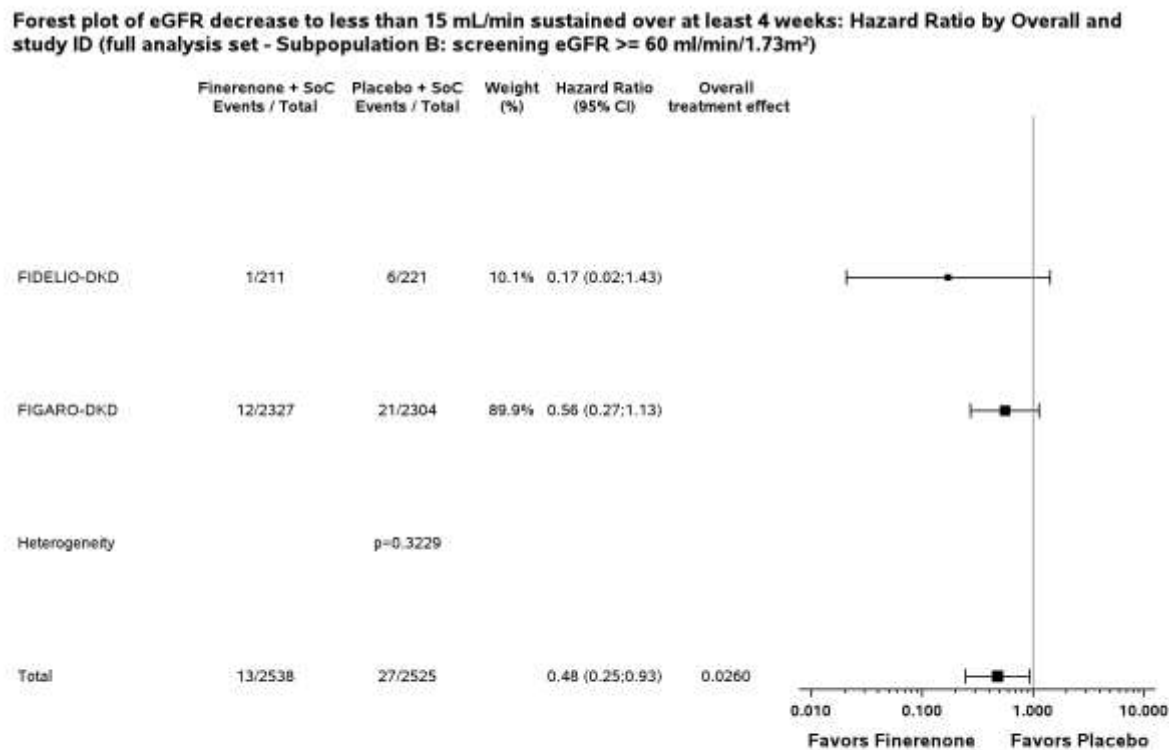


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36



Figure 1.2.2 / 6: Forest plot of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

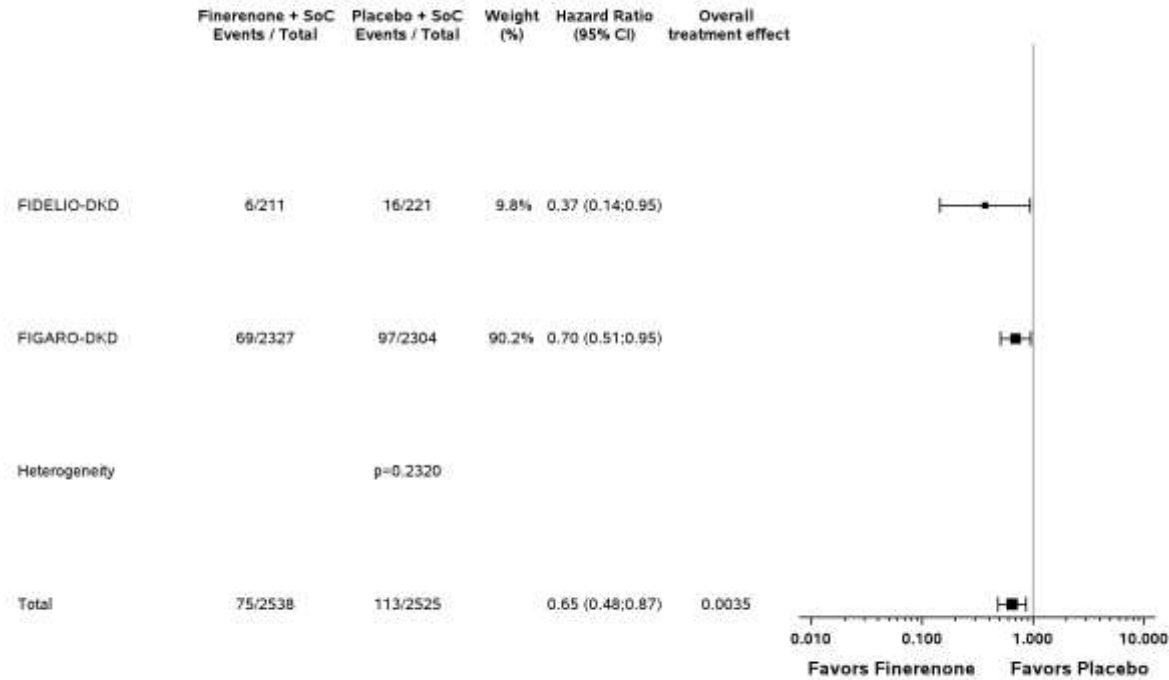


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 7: Forest plot of a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

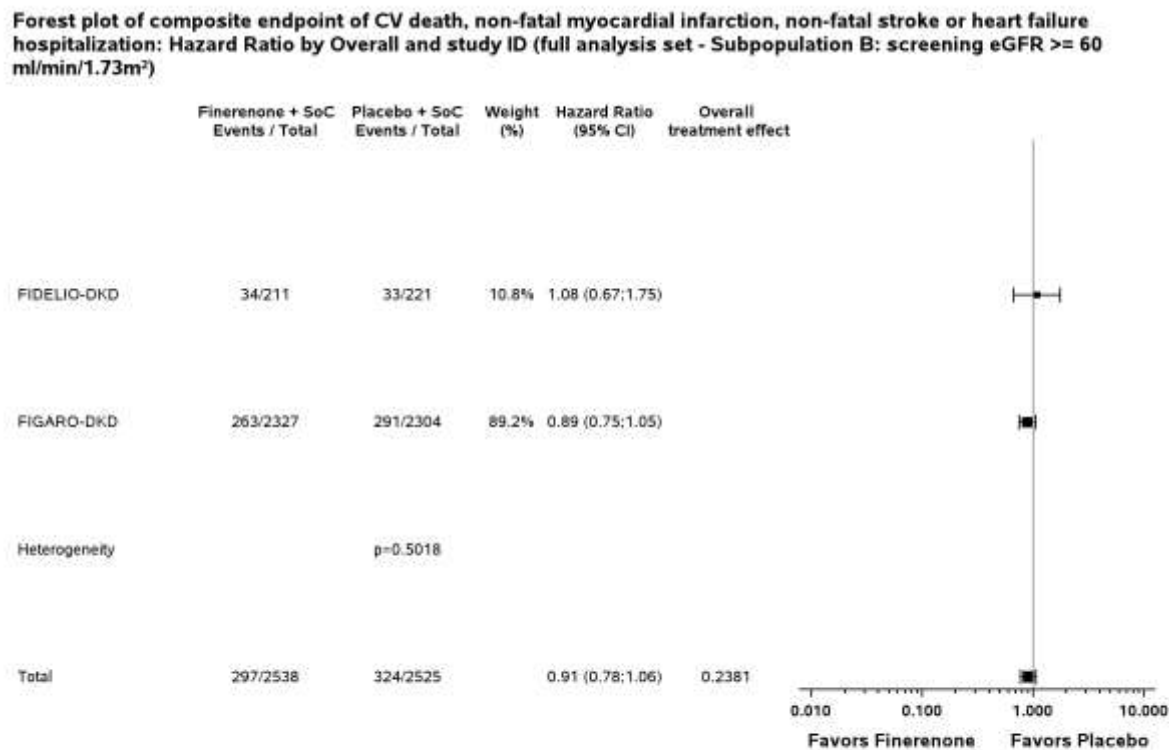
Forest plot of a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 8: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

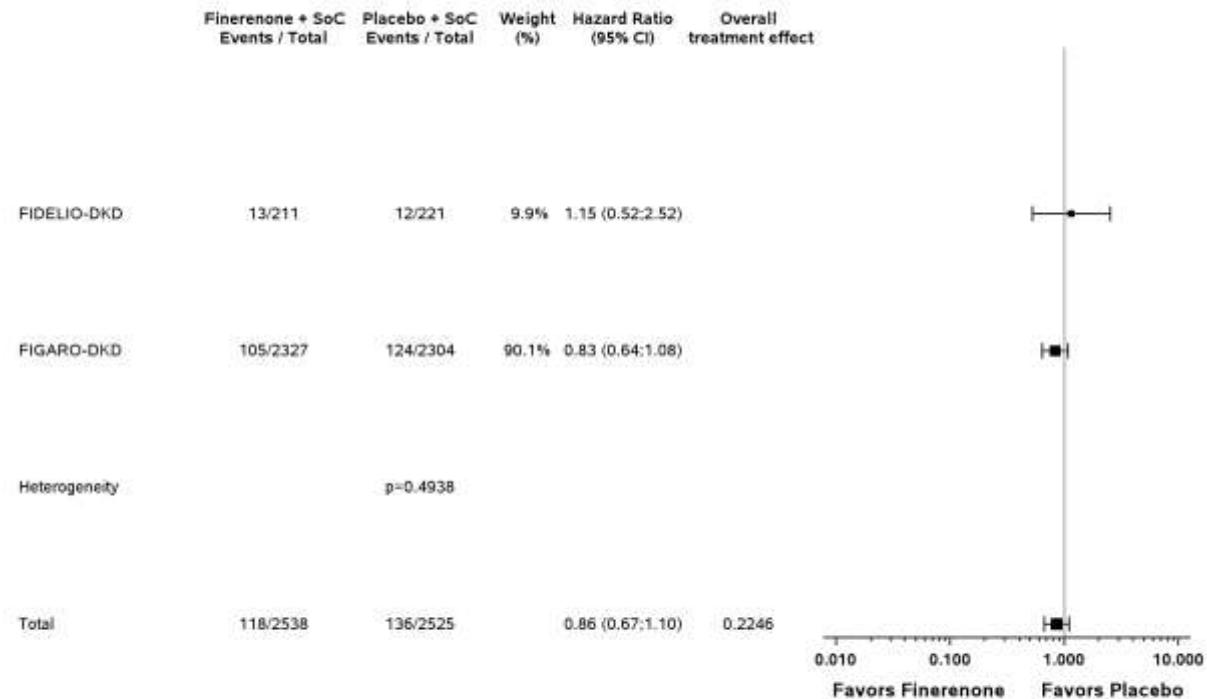


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
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Figure 1.2.2 / 9: Forest plot of cardiovascular (CV) death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of cardiovascular (CV) death: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

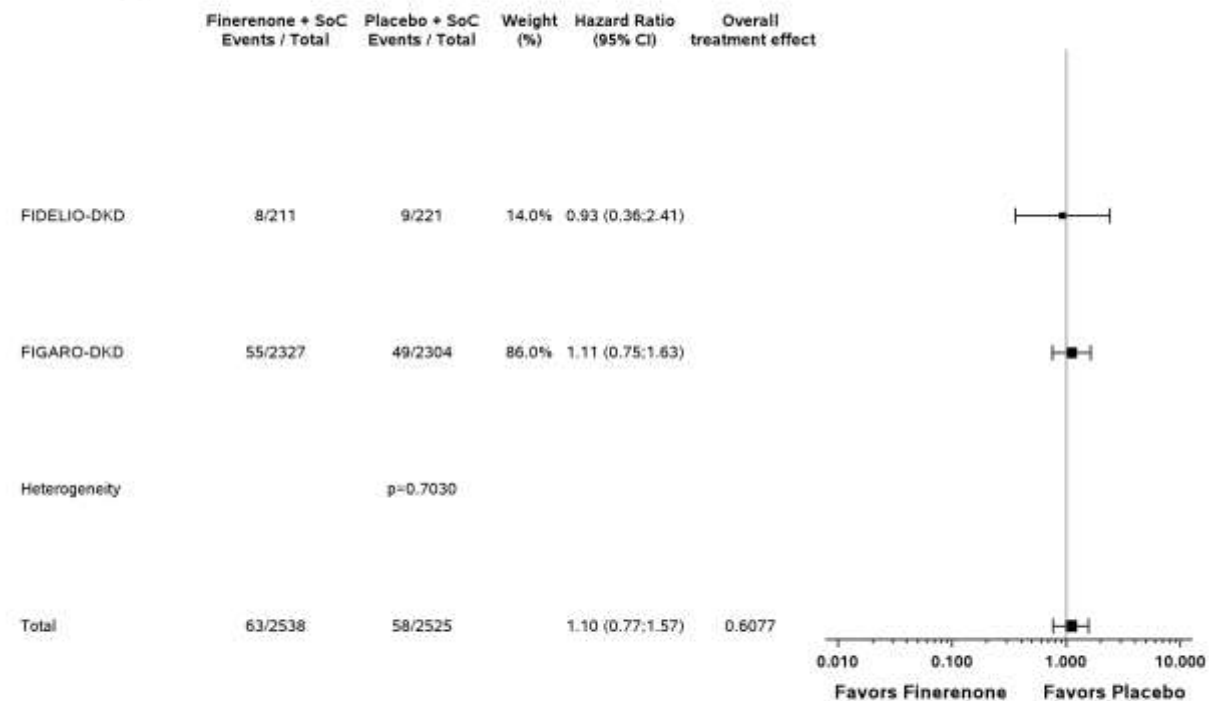


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 10: Forest plot of non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

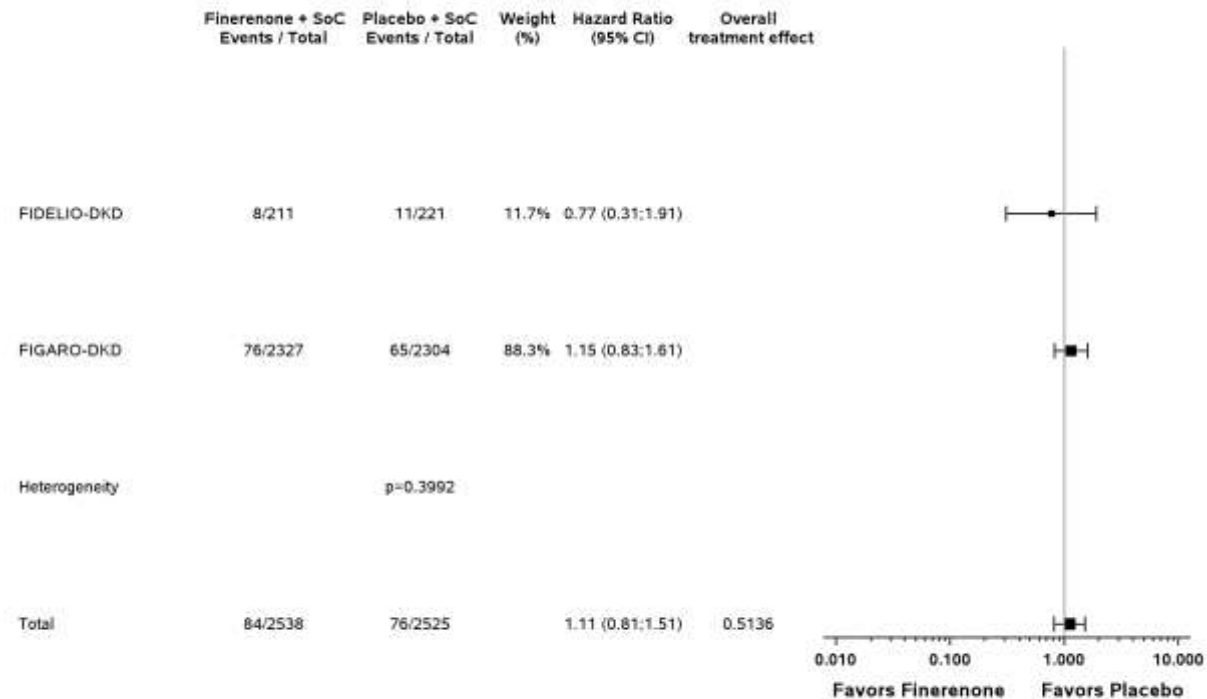


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

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Figure 1.2.2 / 11: Forest plot of non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

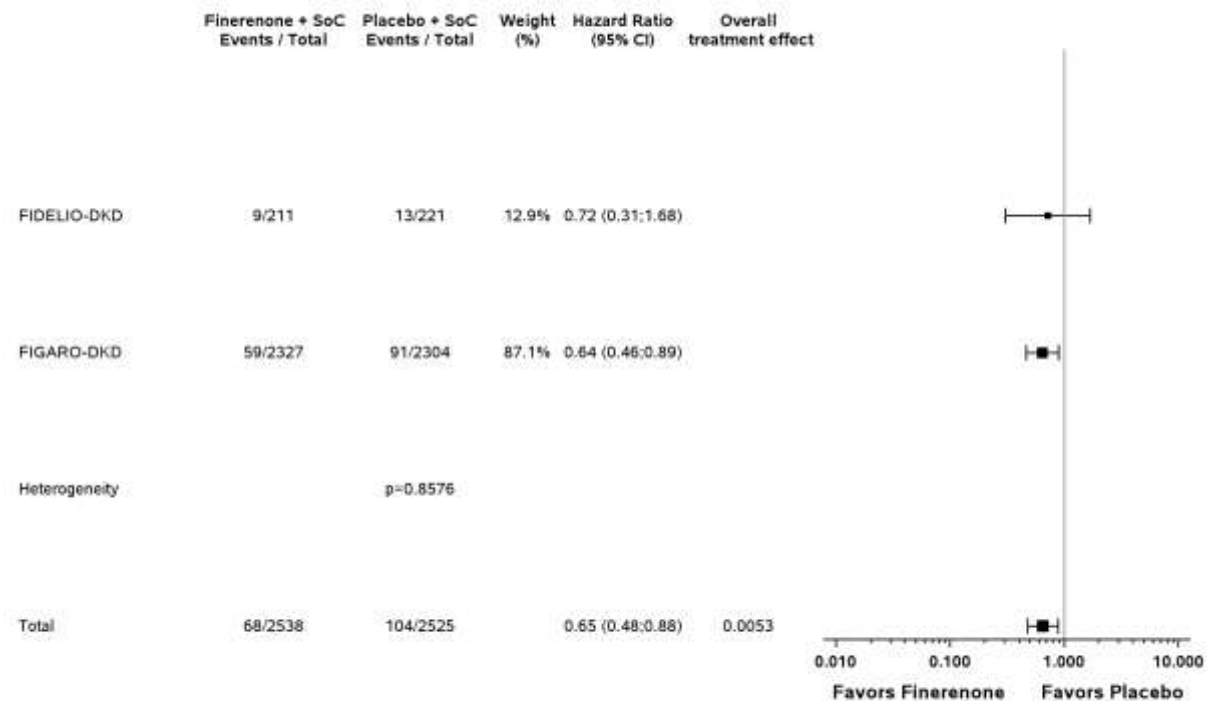


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 12: Forest plot of hospitalization due to heart failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of hospitalization due to heart failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

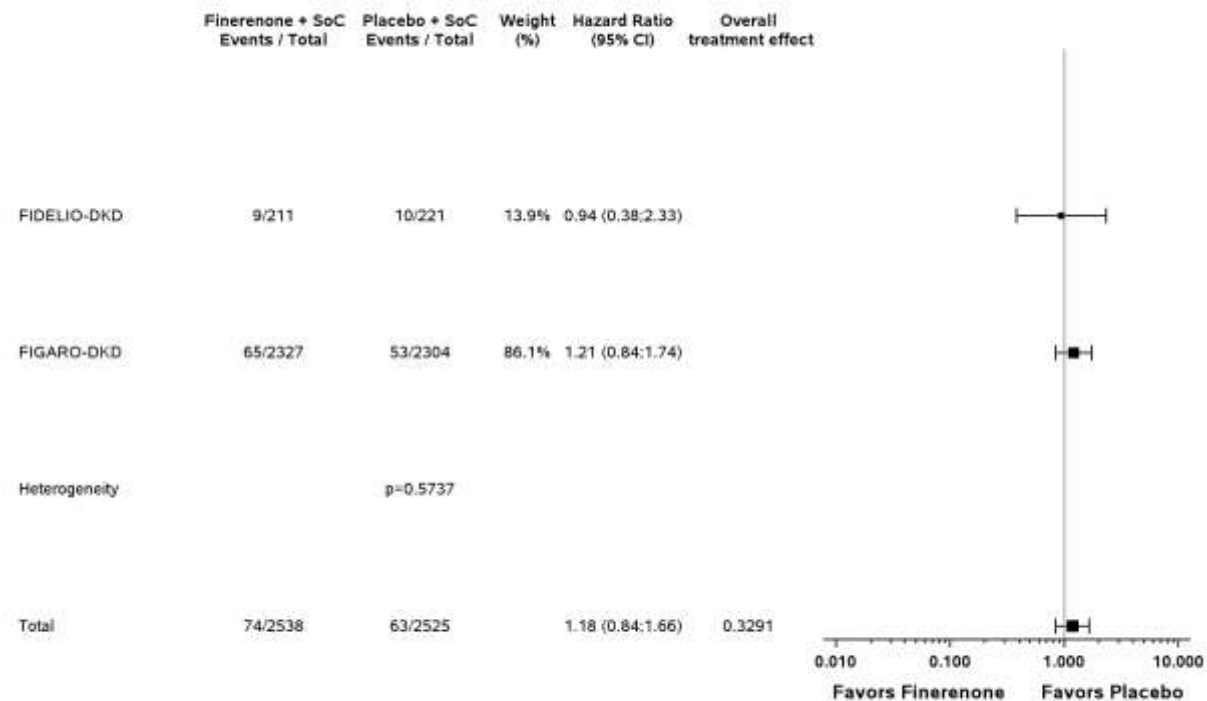


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 13: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

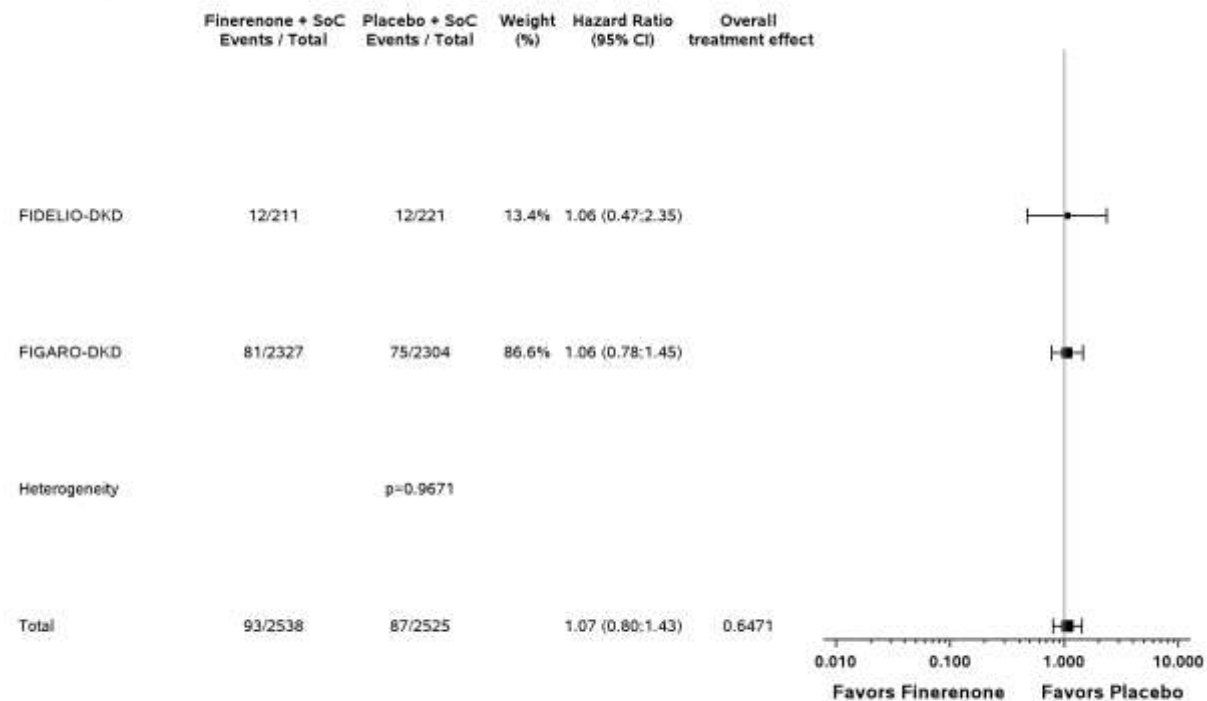


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 14: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



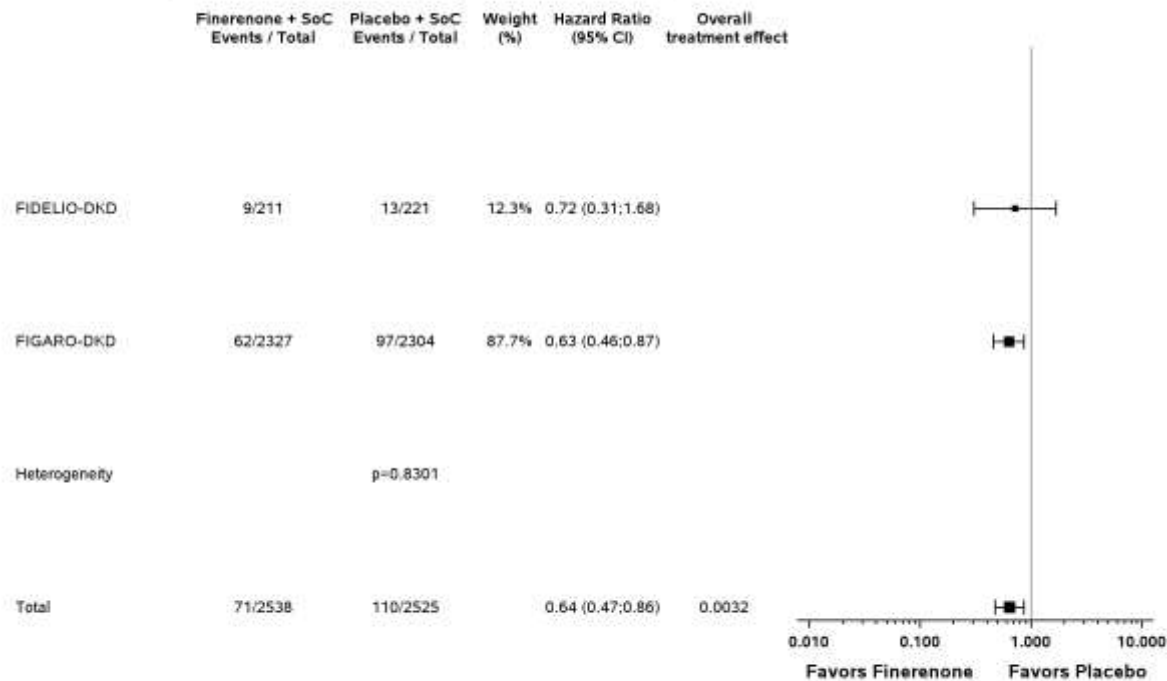
Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36



Figure 1.2.2 / 15: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

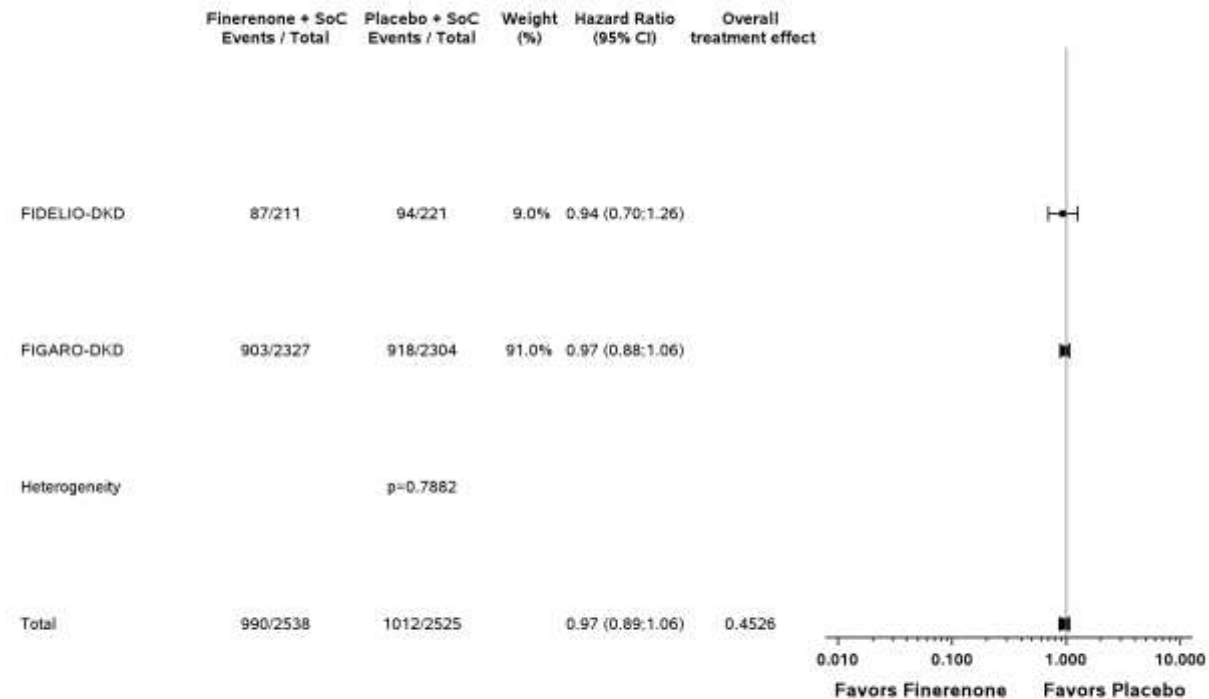


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

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Figure 1.2.2 / 16: Forest plot of all-cause hospitalization: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

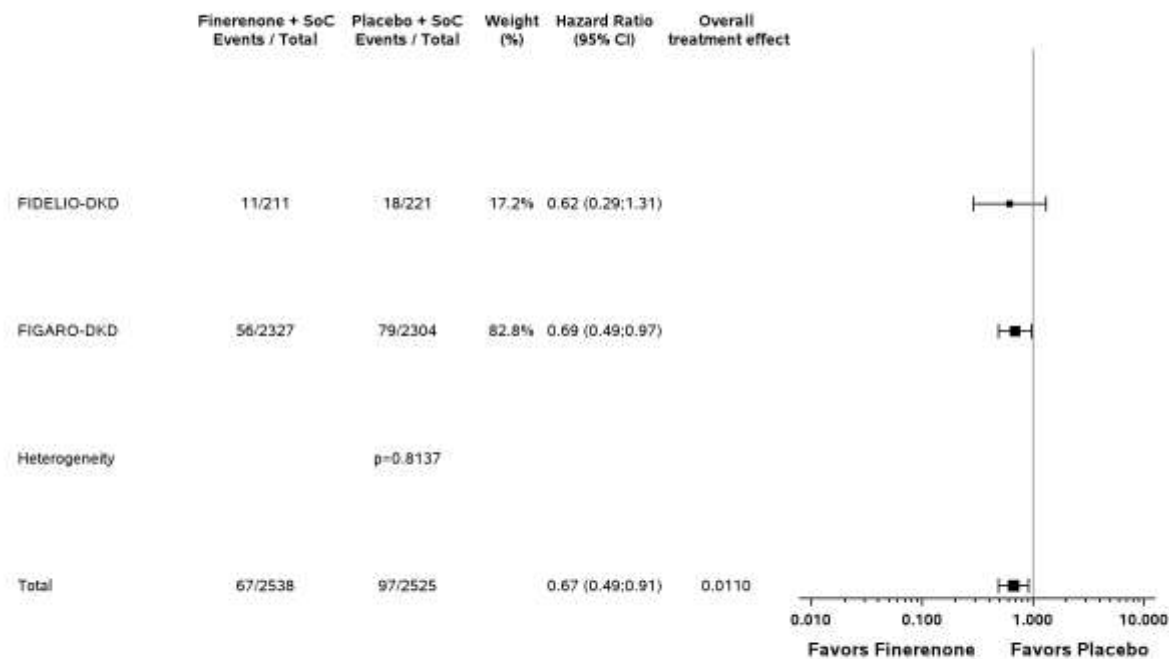


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

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Figure 1.2.2 / 17: Forest plot of Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively: Hazard Ratio by Overall and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

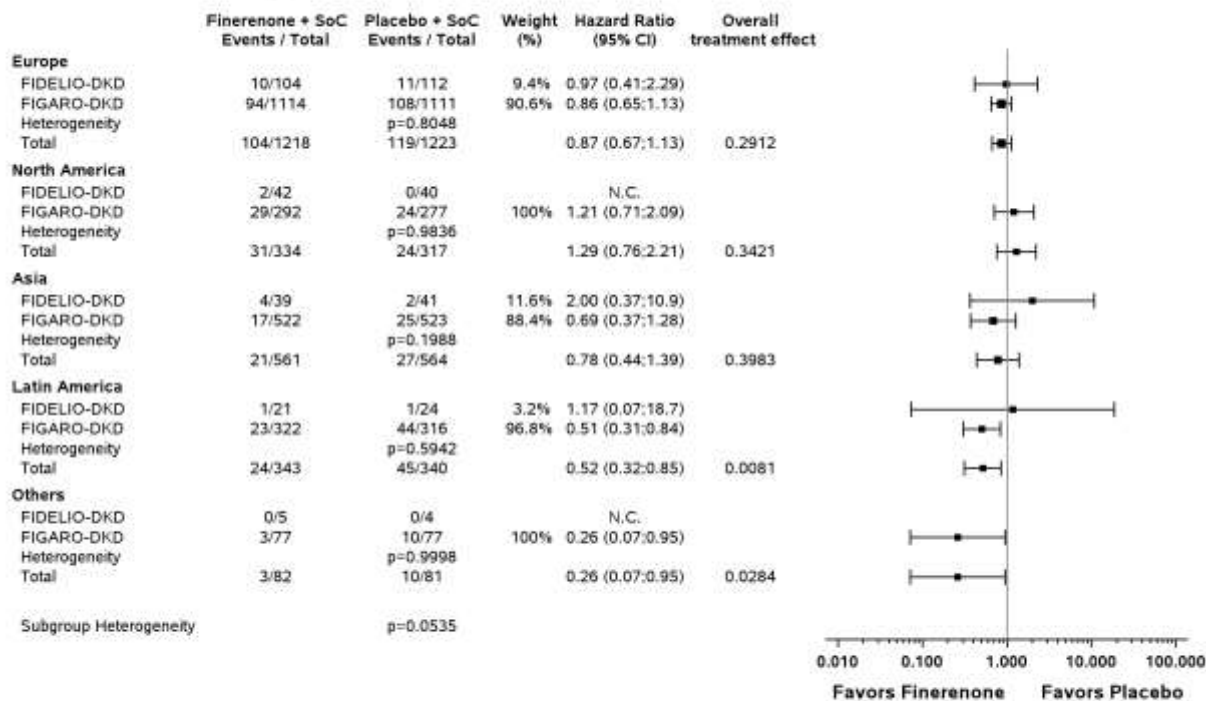


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_ipd_s2.sas 07FEB2023 9:36

Figure 1.2.2 / 18: Forest plot of all-cause mortality: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

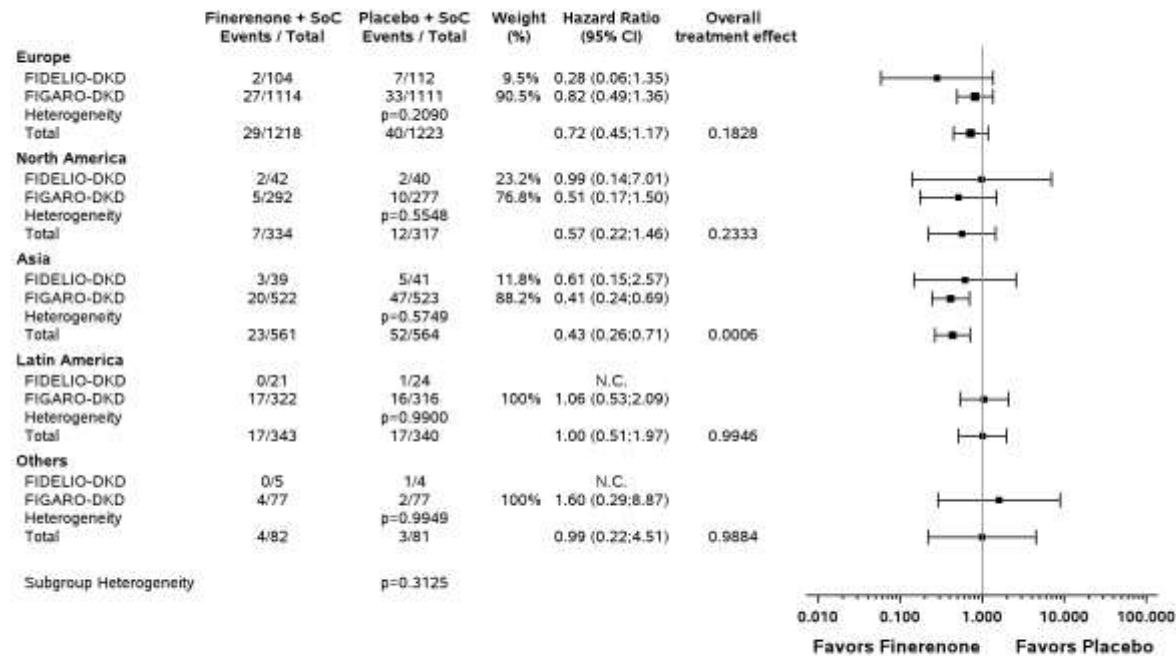


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 19: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

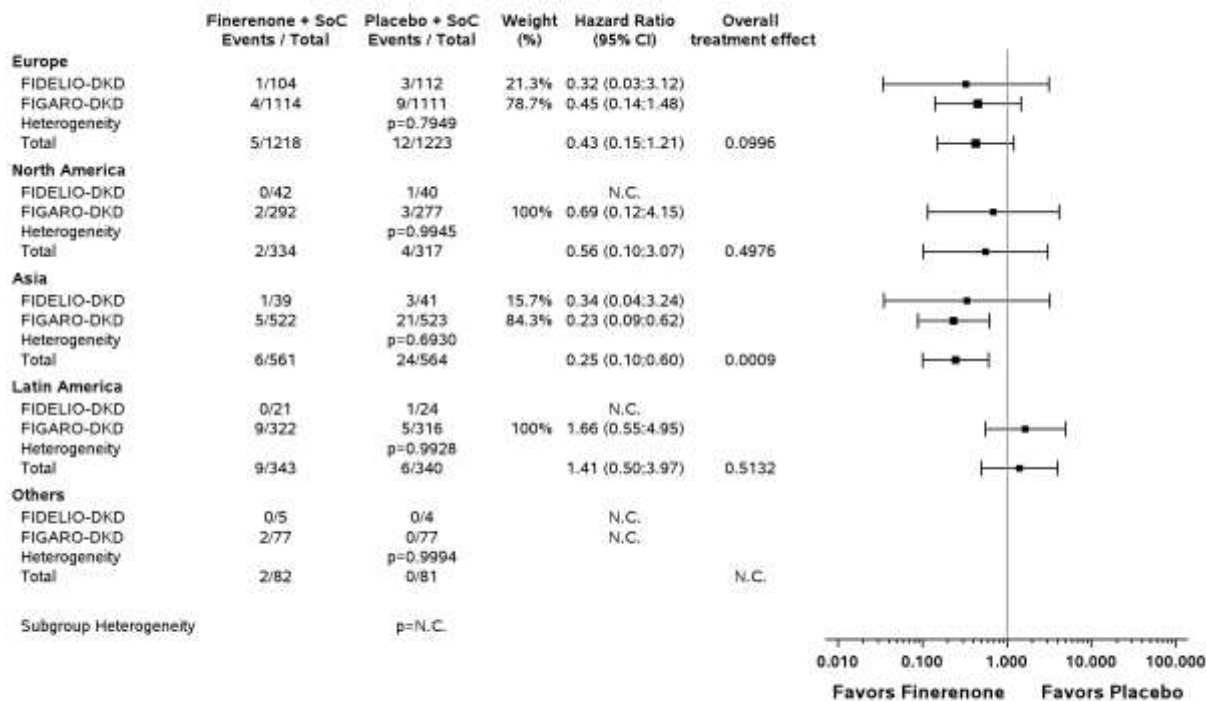


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 20: Forest plot of onset of kidney failure: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

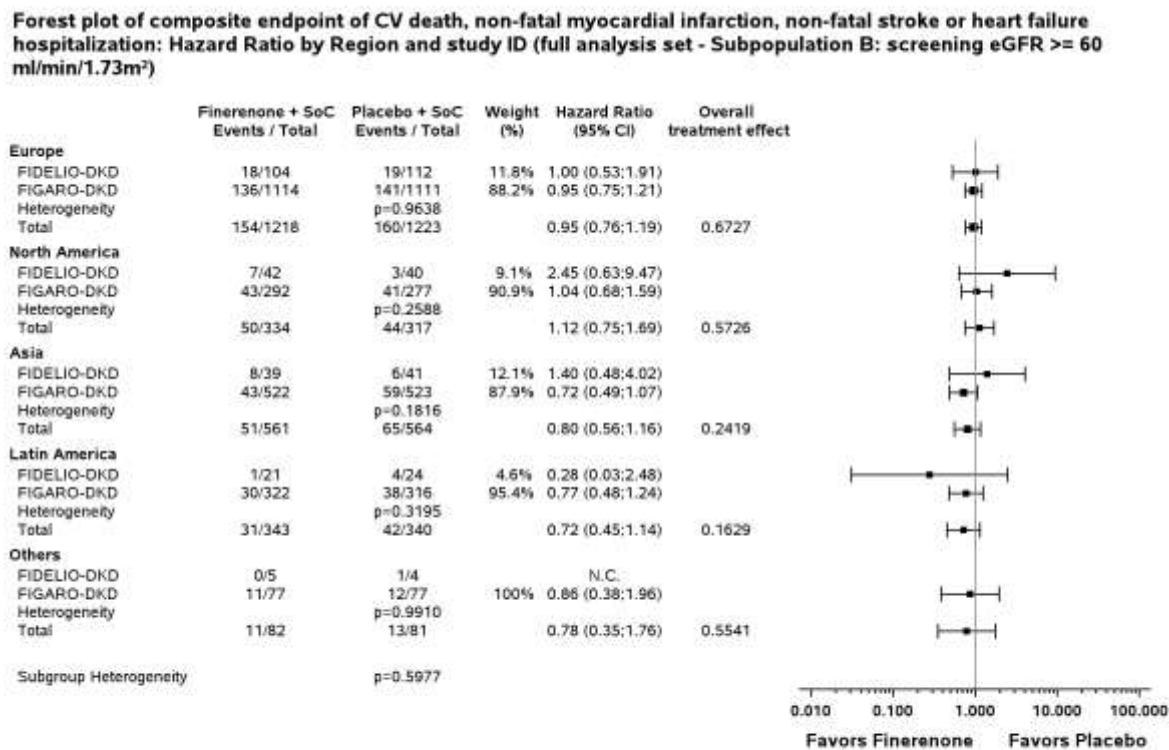
Forest plot of onset of kidney failure: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

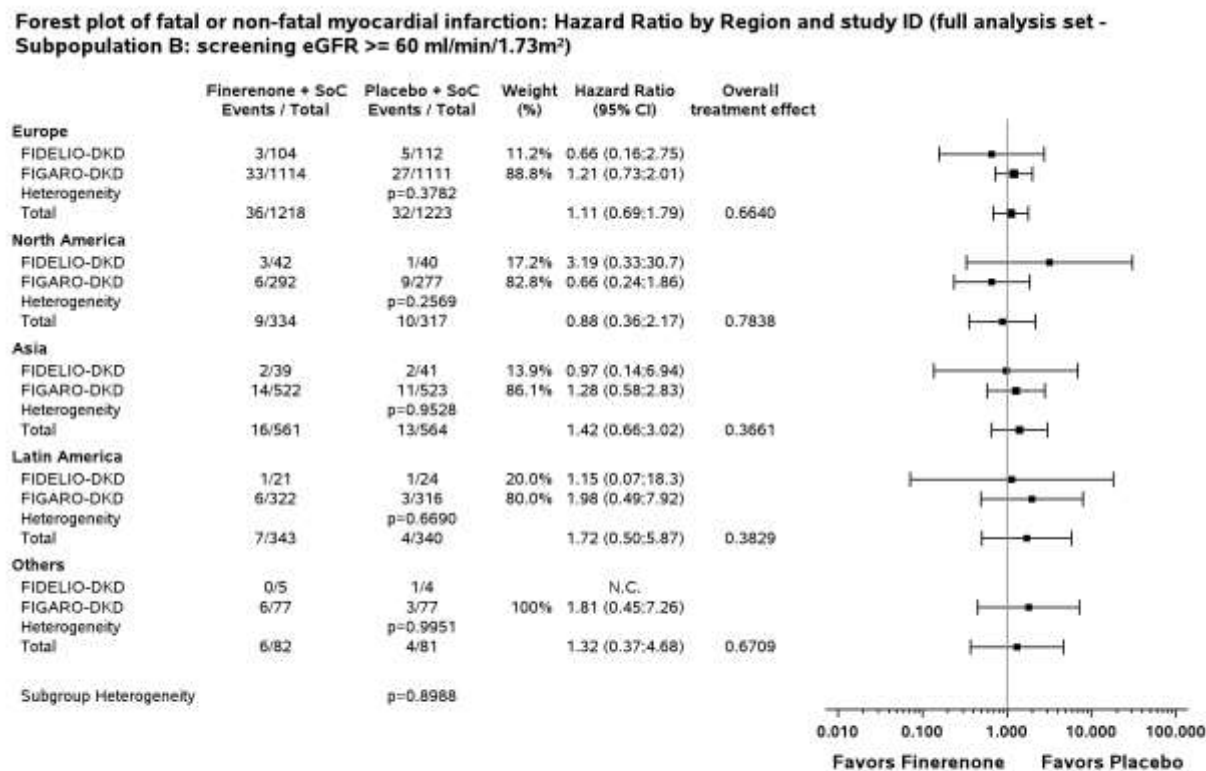
Figure 1.2.2 / 21: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 22: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

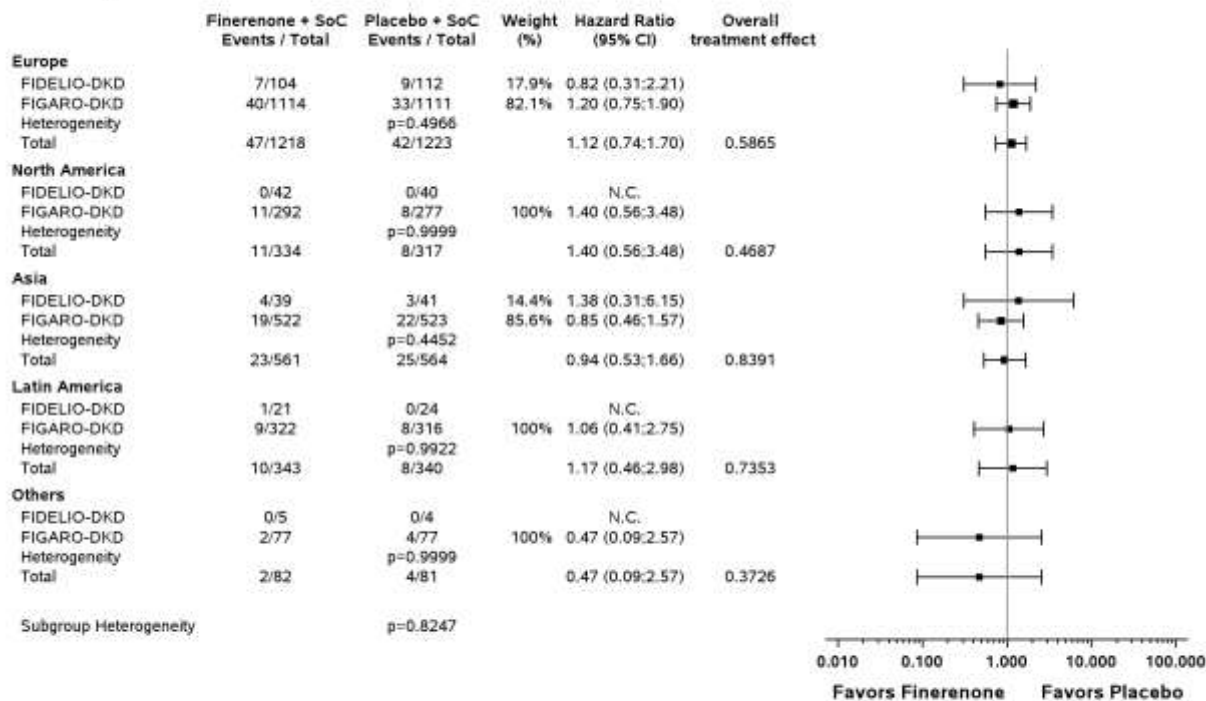


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 23: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

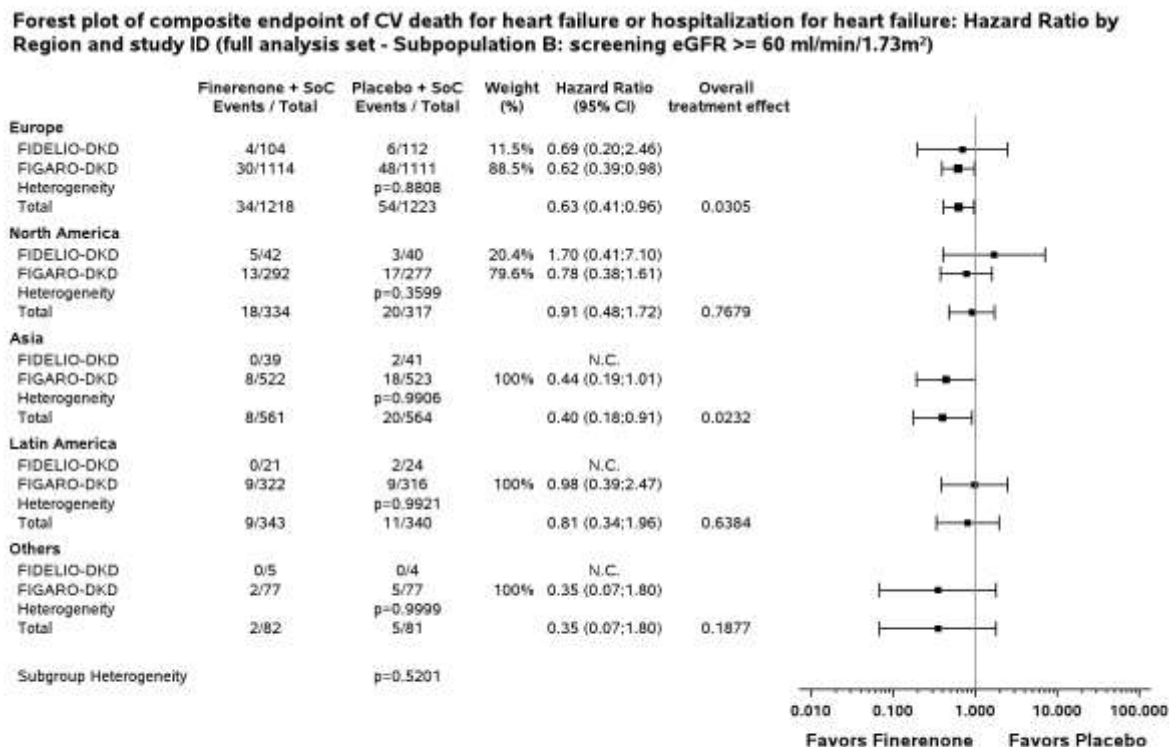
Forest plot of fatal or non-fatal stroke: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 24: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

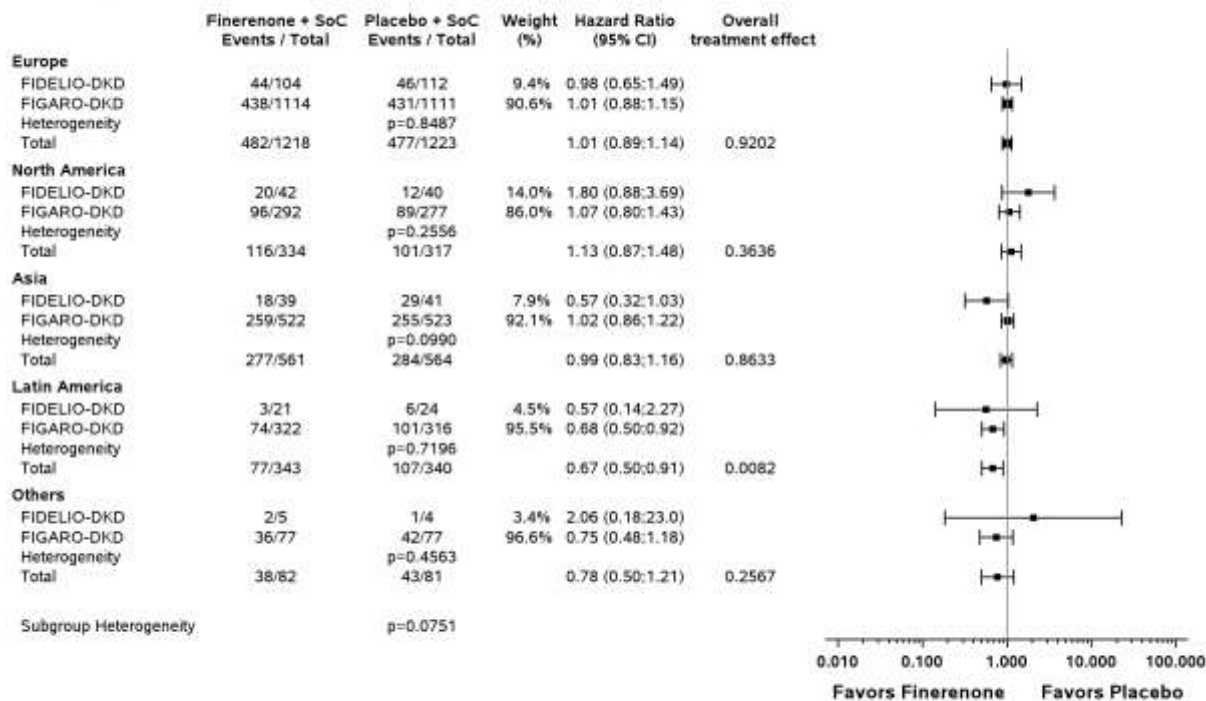


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 25: Forest plot of all-cause hospitalization: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Region and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

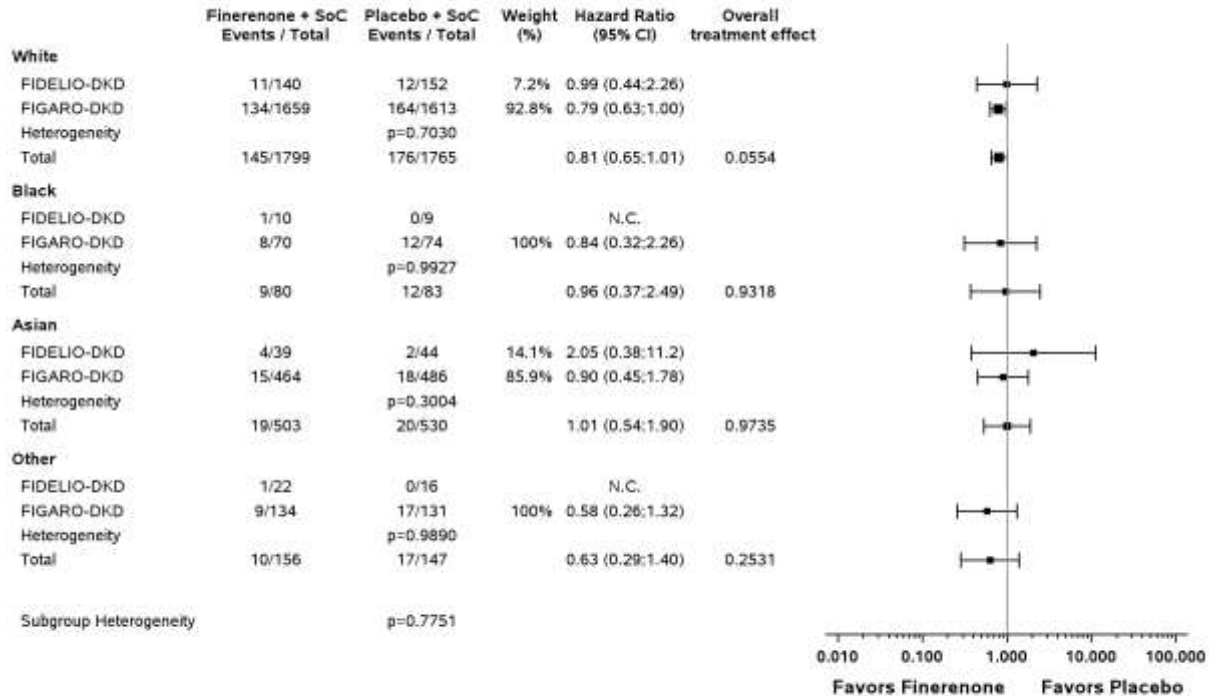


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 26: Forest plot of all-cause mortality: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

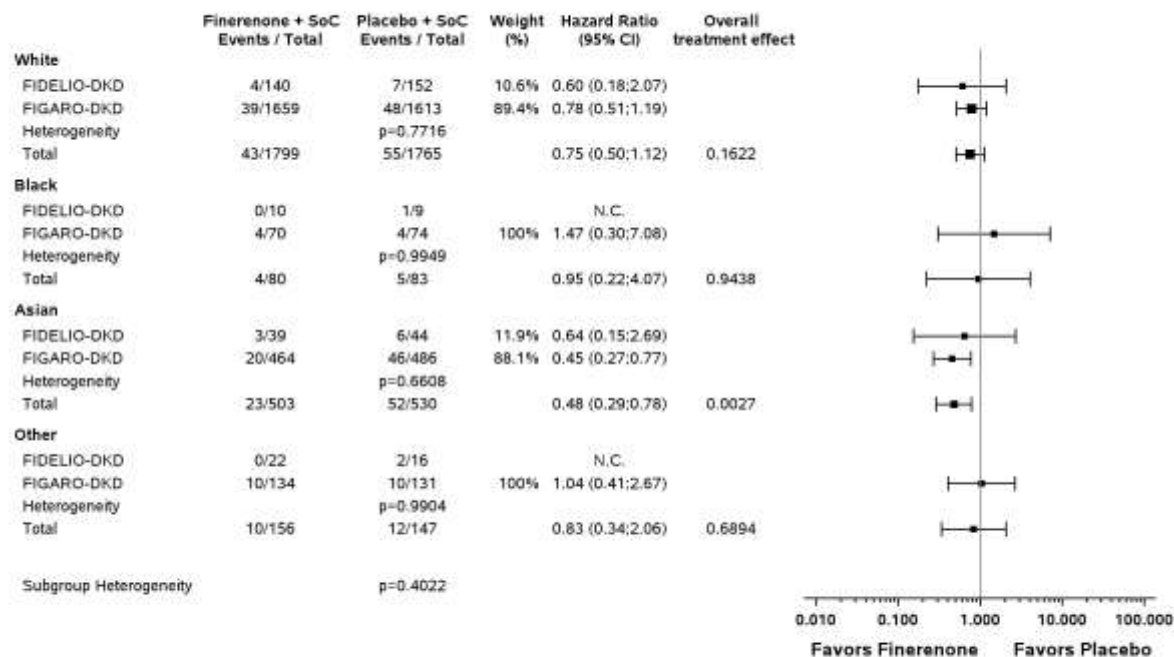


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 27: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

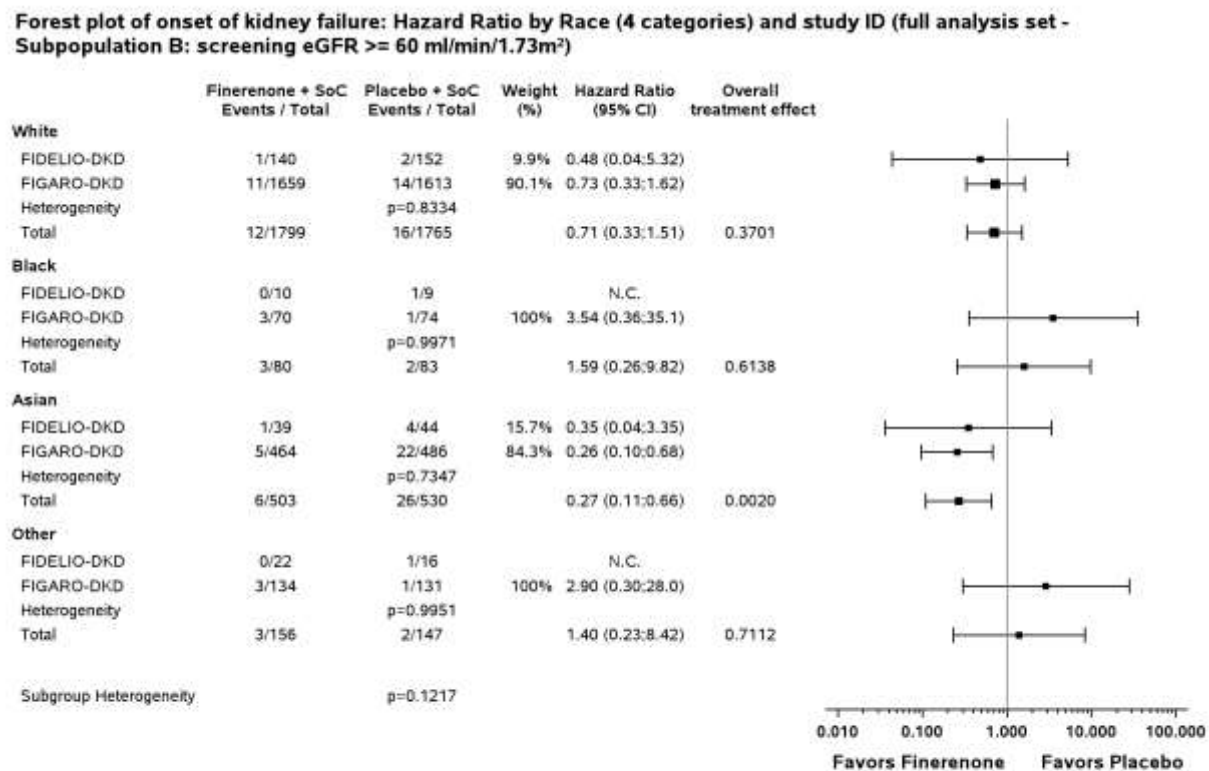
Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 28: Forest plot of onset of kidney failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

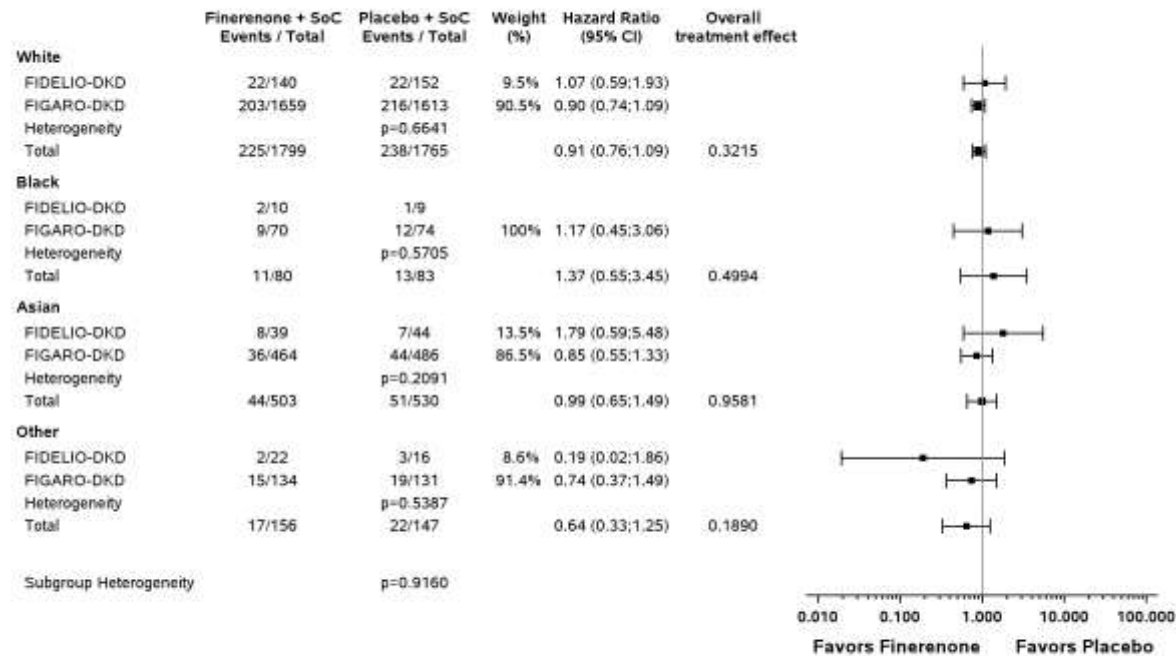


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 29: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

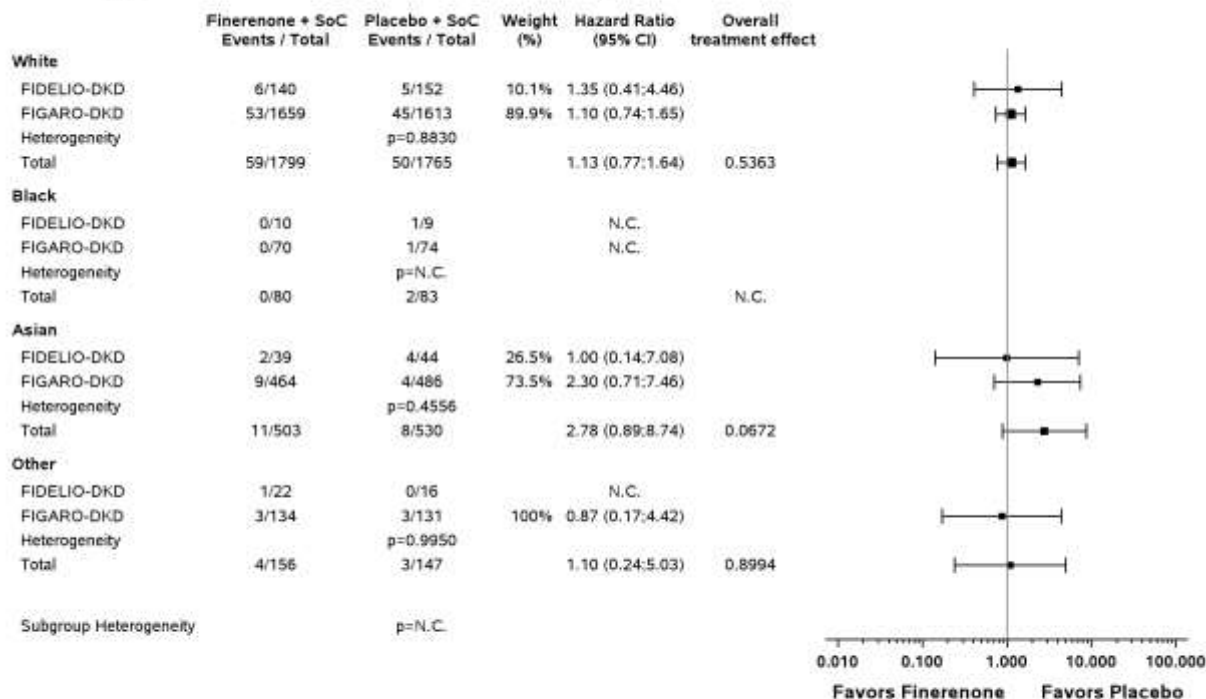


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ff_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 30: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

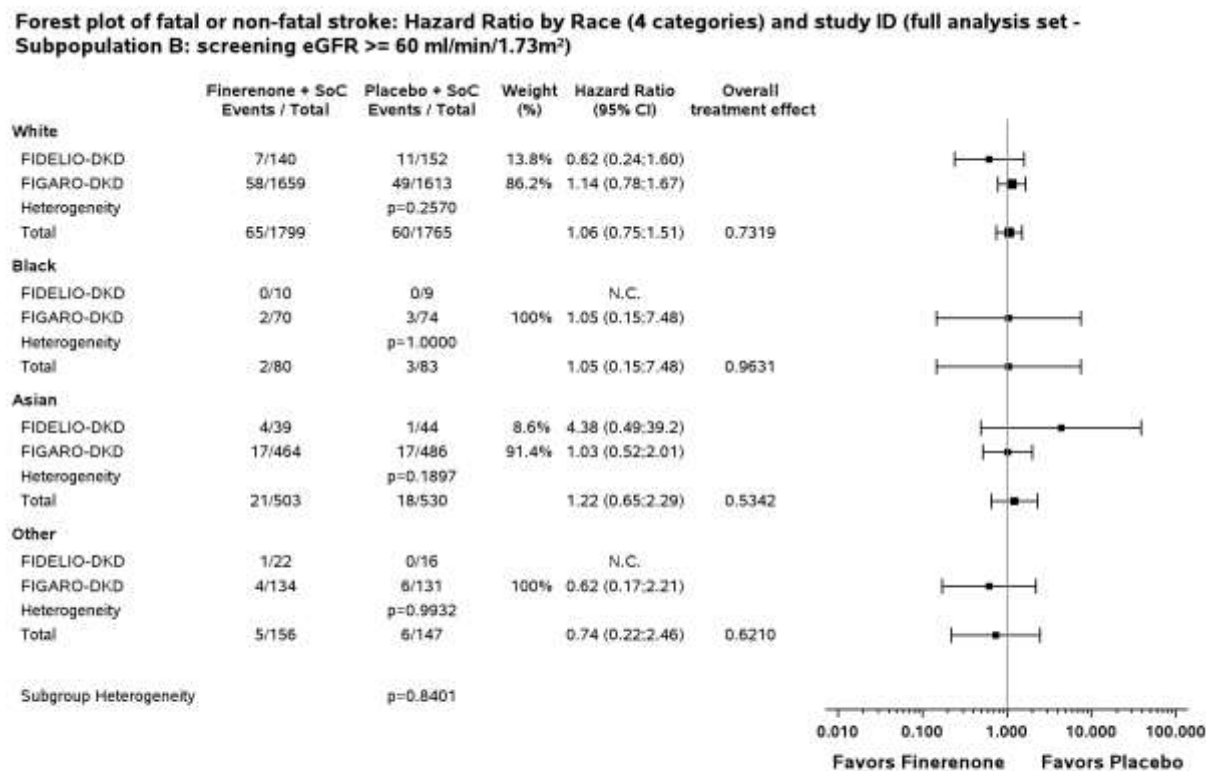
Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

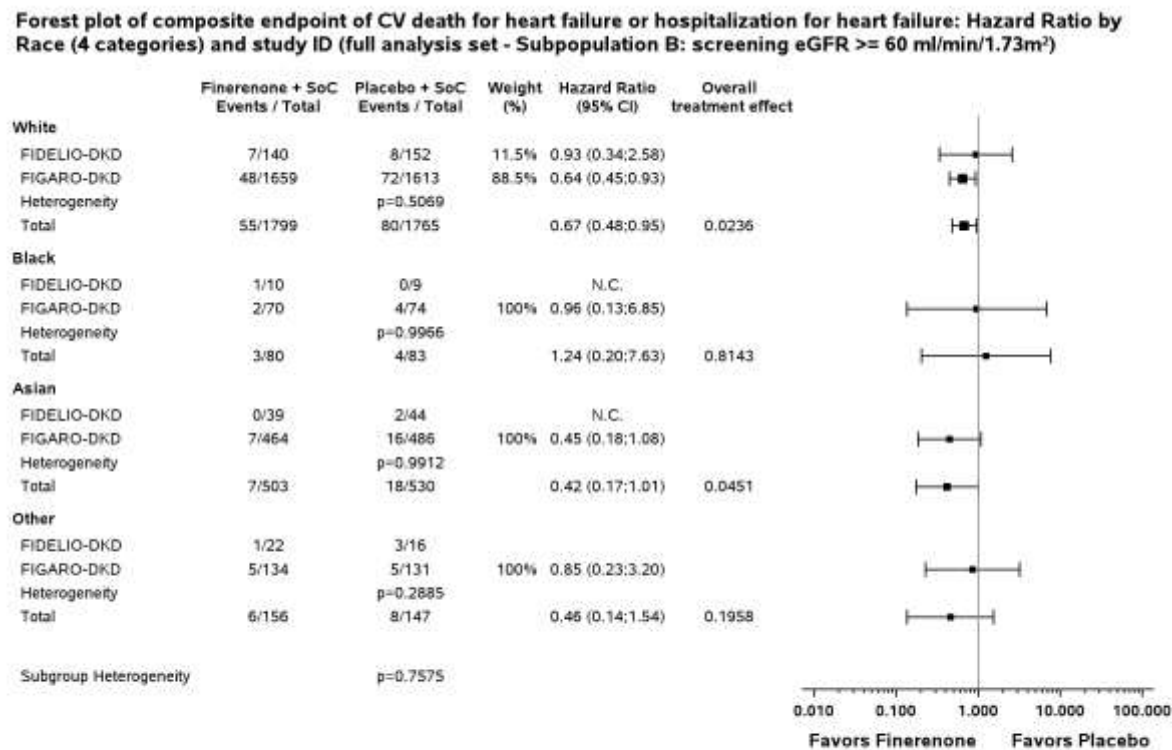
Figure 1.2.2 / 31: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 32: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

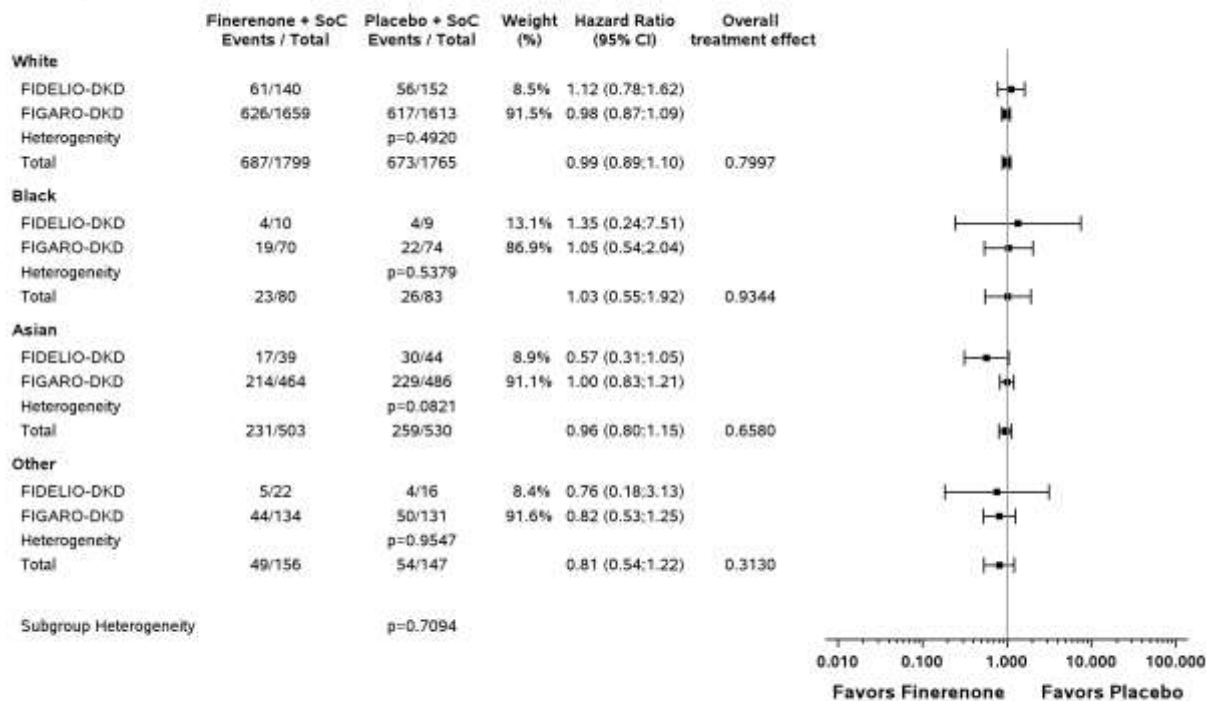


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 33: Forest plot of all-cause hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

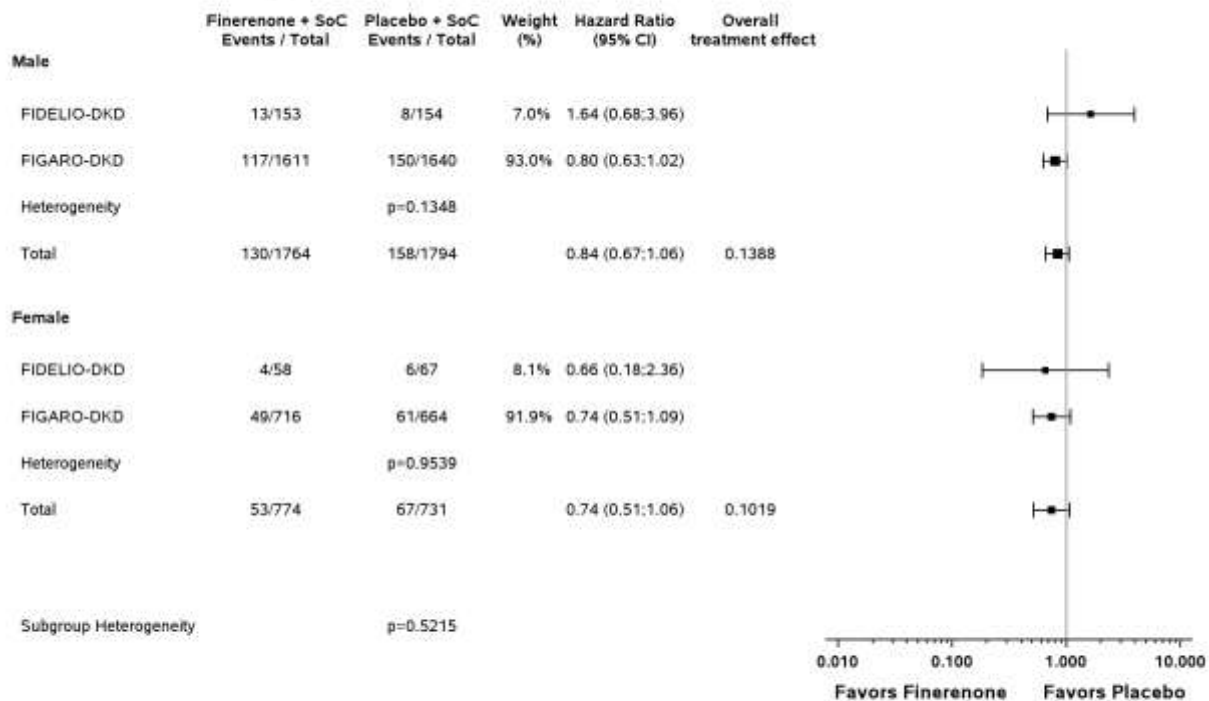


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 34: Forest plot of all-cause mortality: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

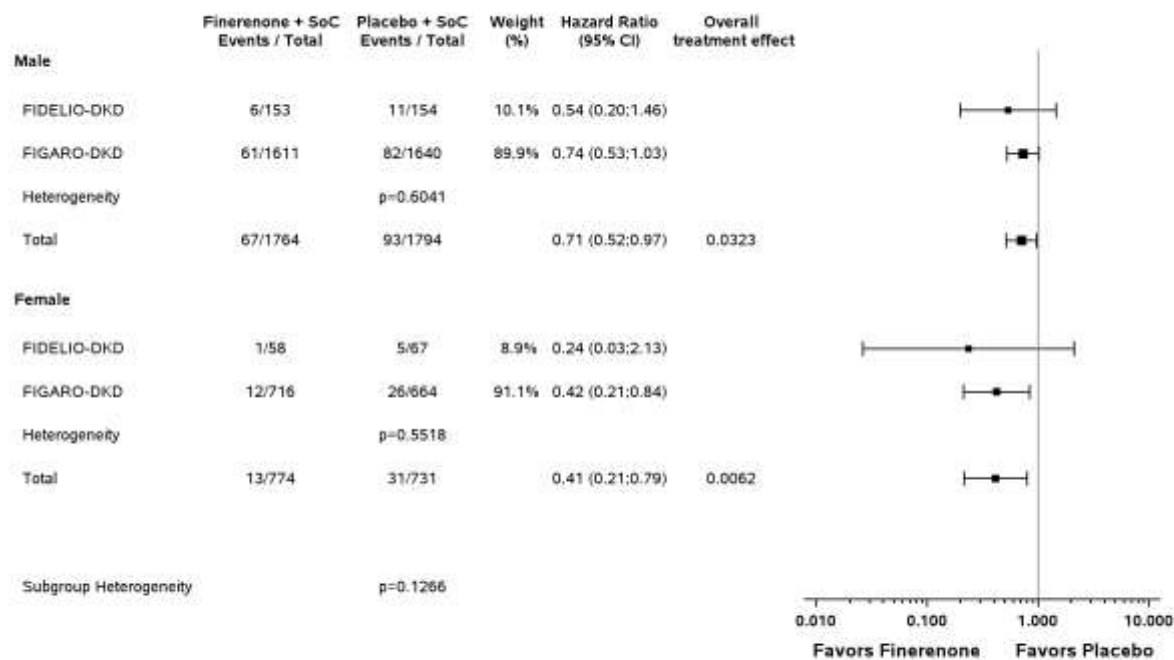


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 35: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

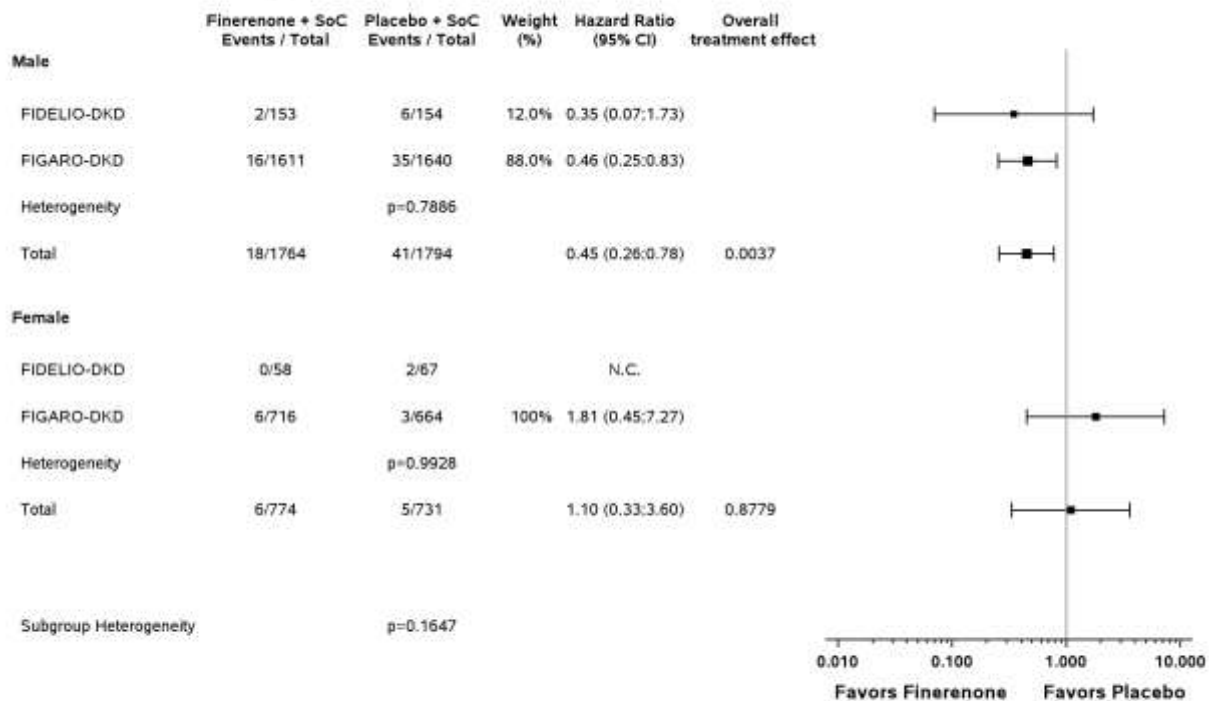


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 36: Forest plot of onset of kidney failure: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

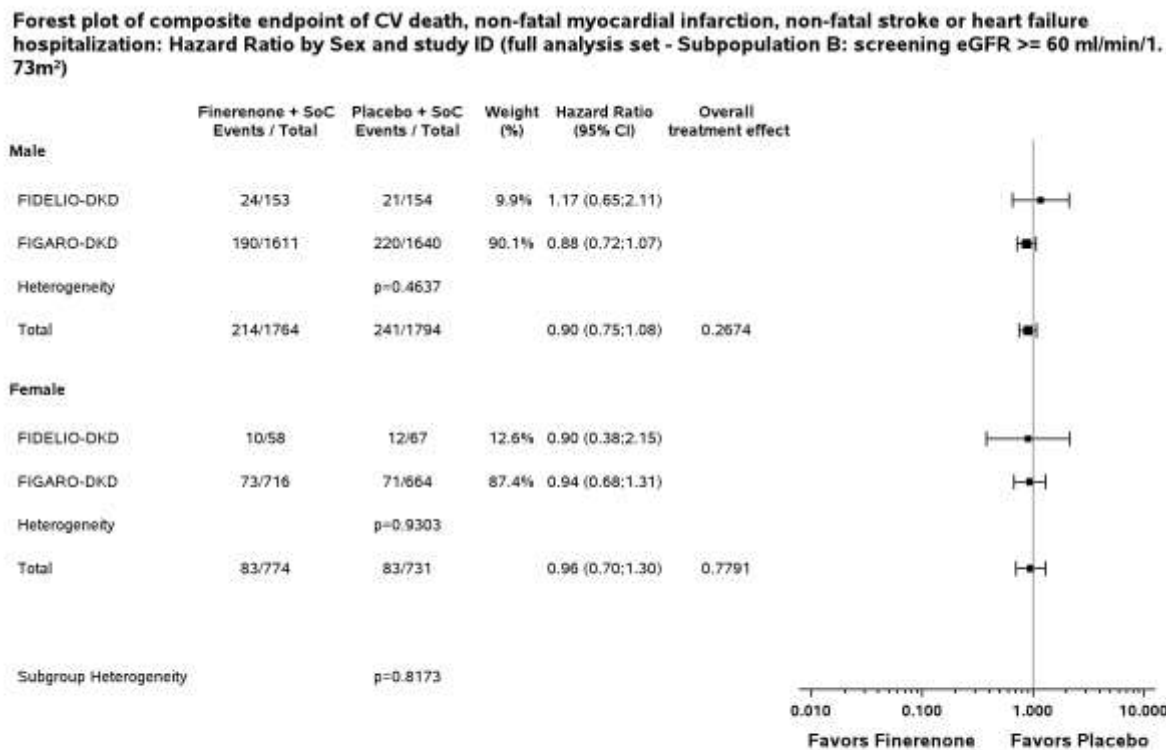
Forest plot of onset of kidney failure: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

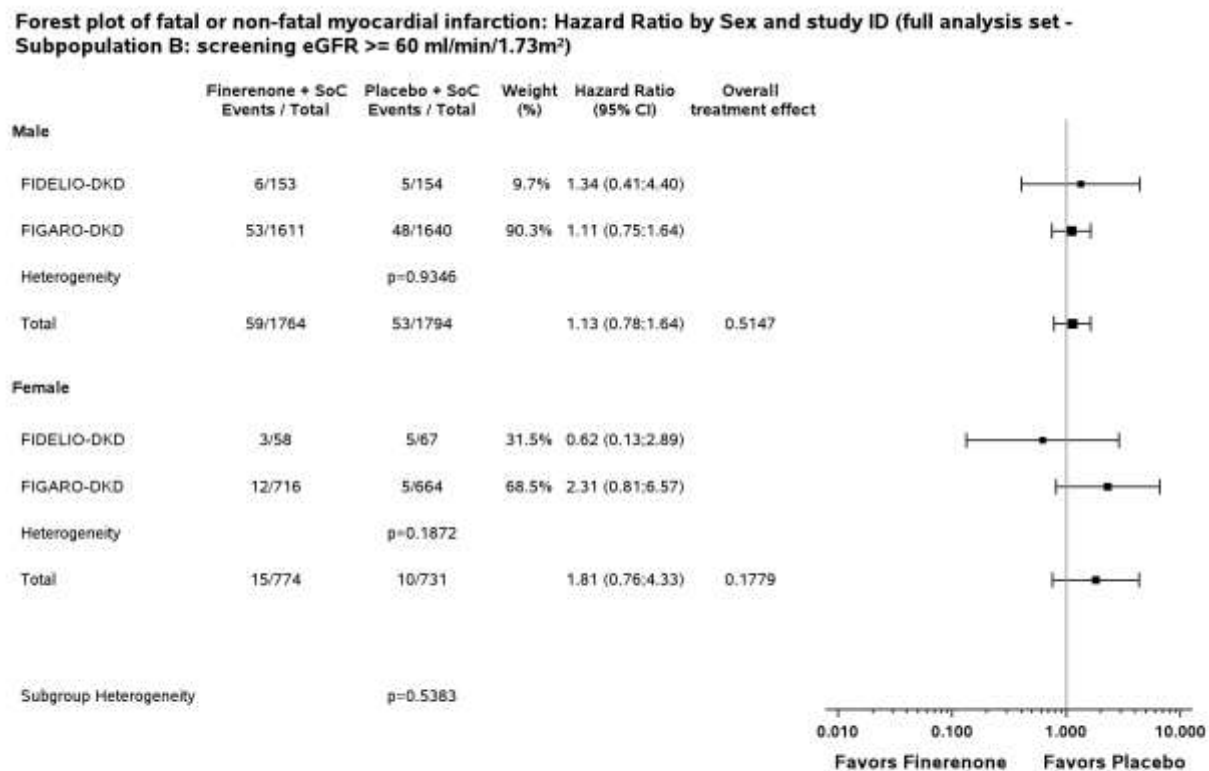
Figure 1.2.2 / 37: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

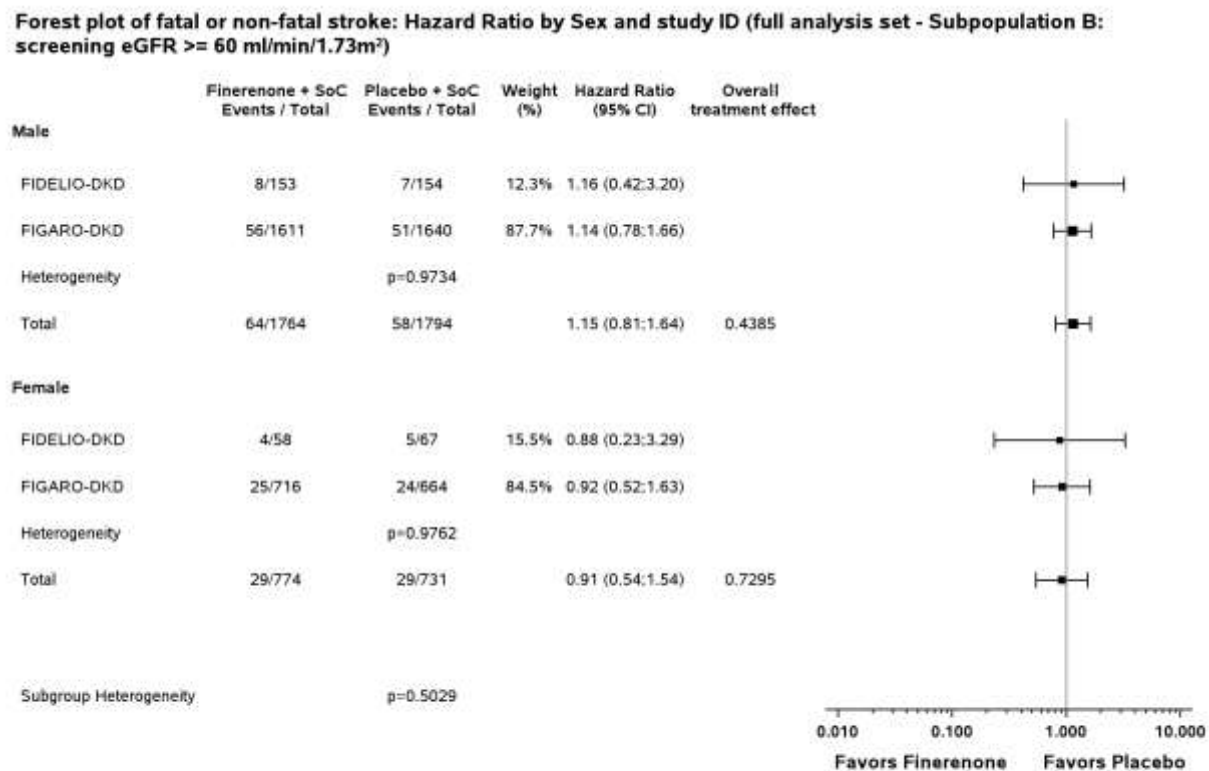
Figure 1.2.2 / 38: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

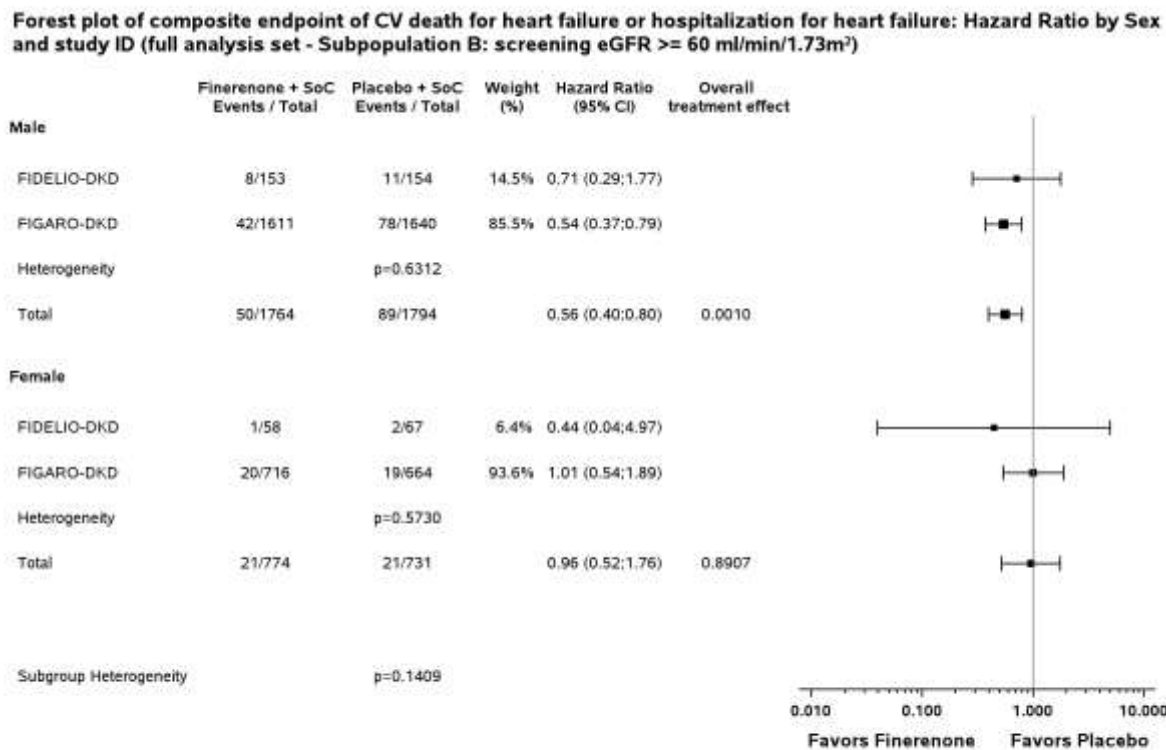
Figure 1.2.2 / 39: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 40: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

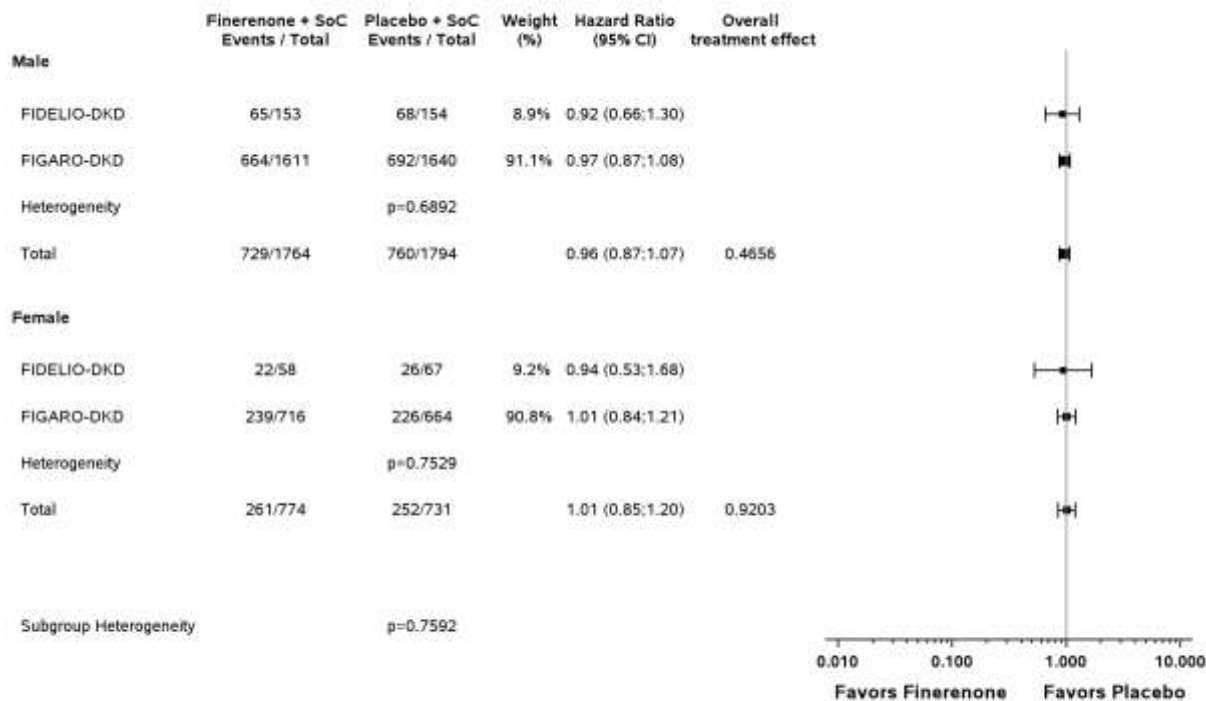


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 41: Forest plot of all-cause hospitalization: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Sex and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

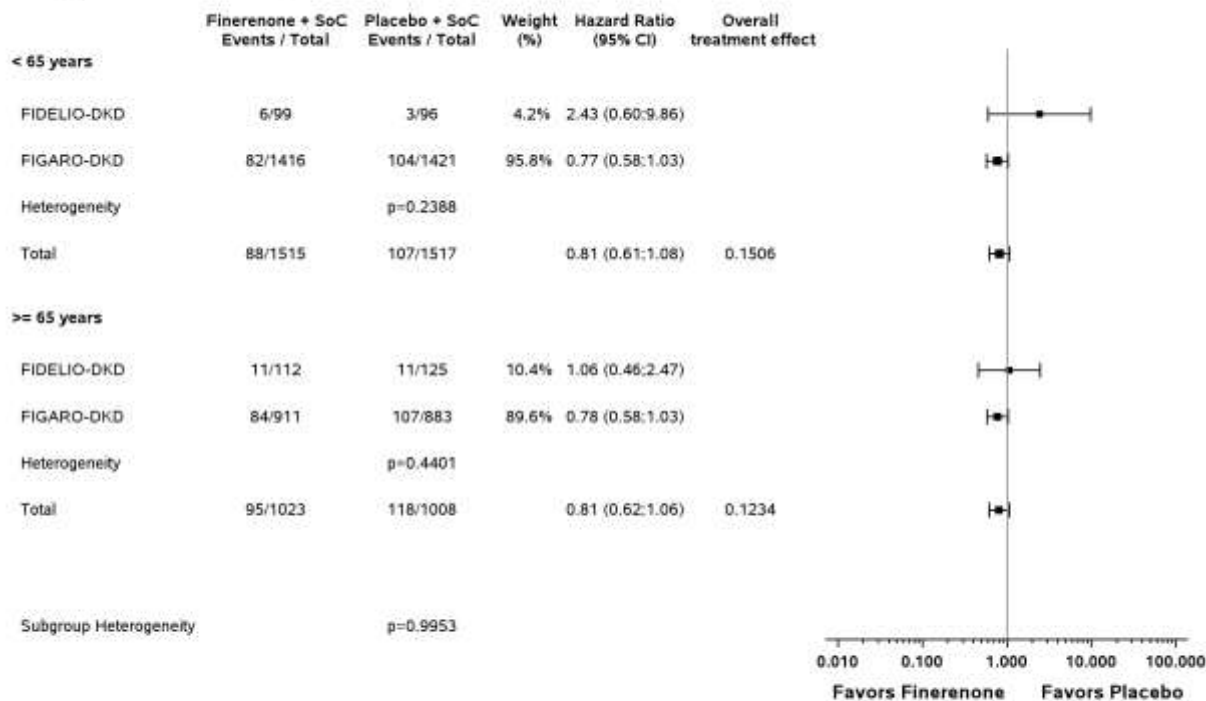


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 42: Forest plot of all-cause mortality: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

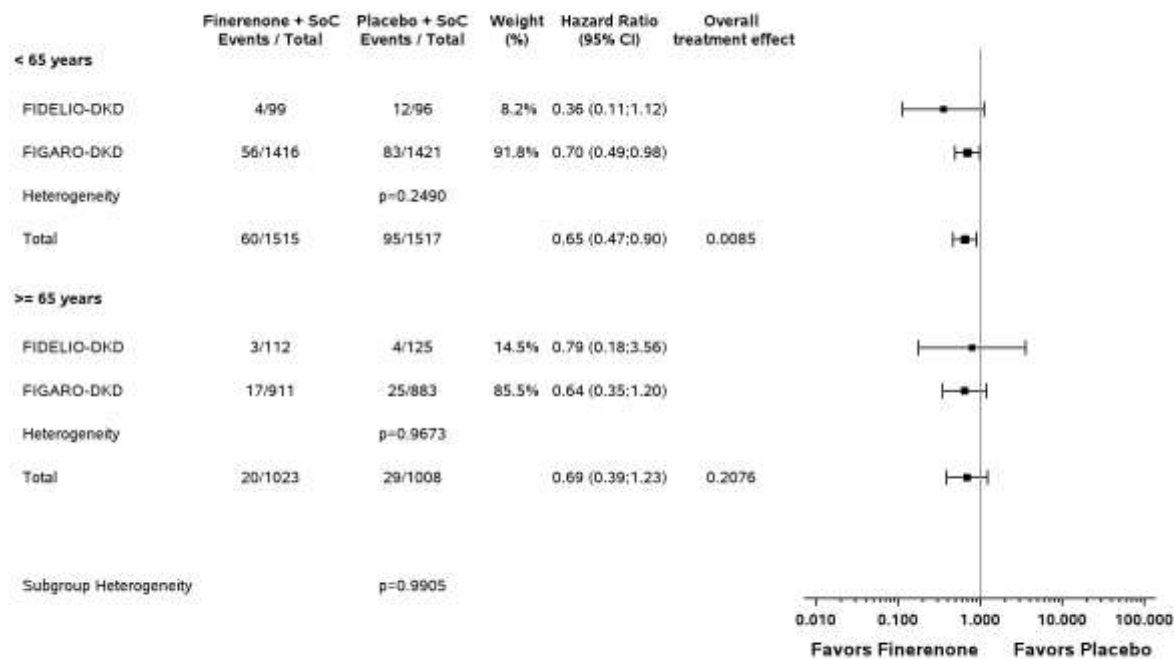


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 43: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

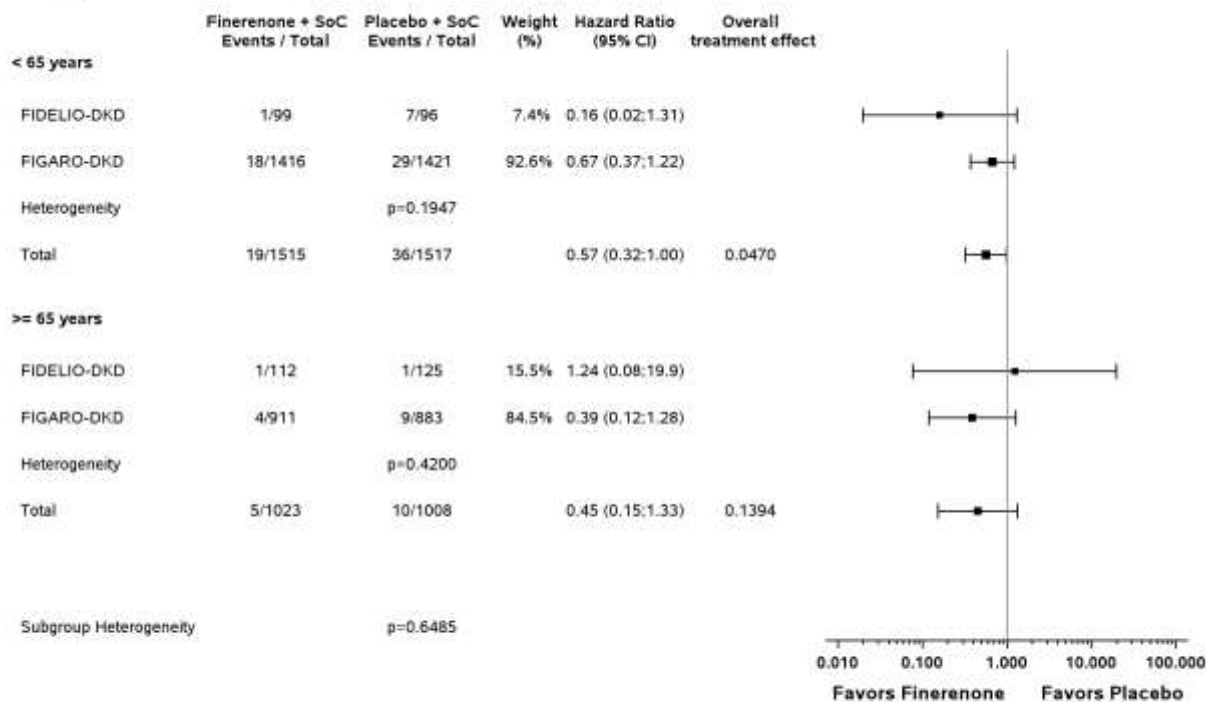


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 44: Forest plot of onset of kidney failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

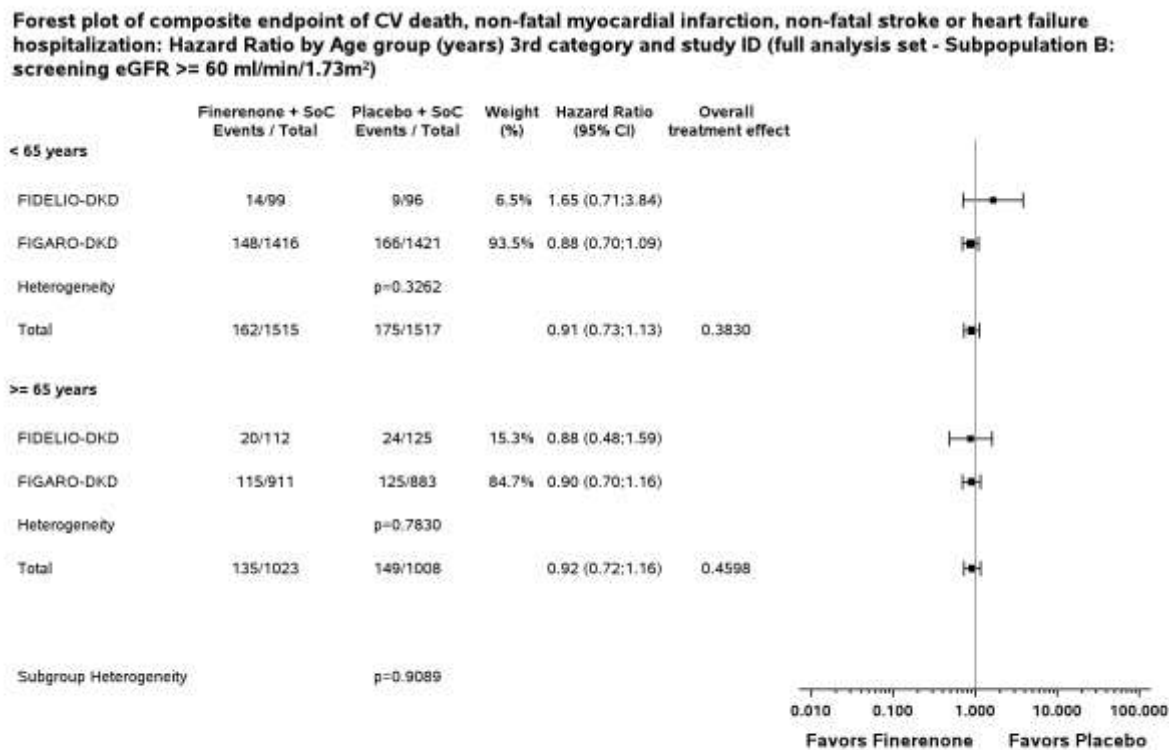
Forest plot of onset of kidney failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 45: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

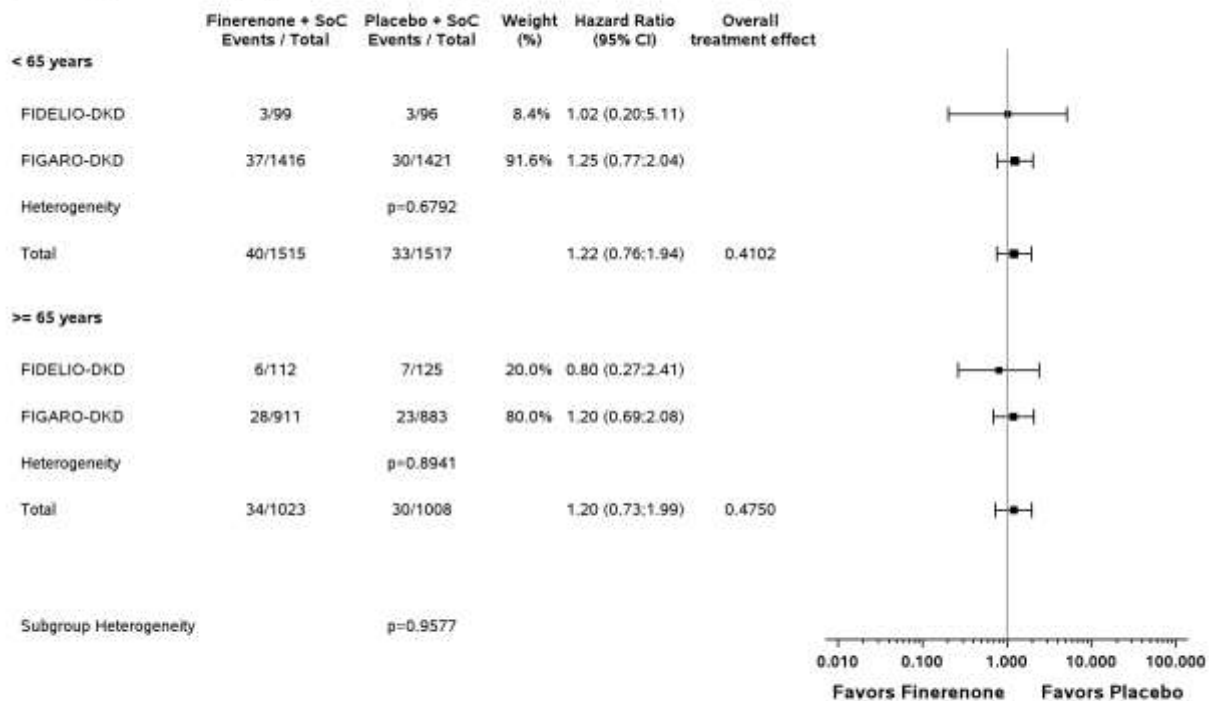


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 46: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

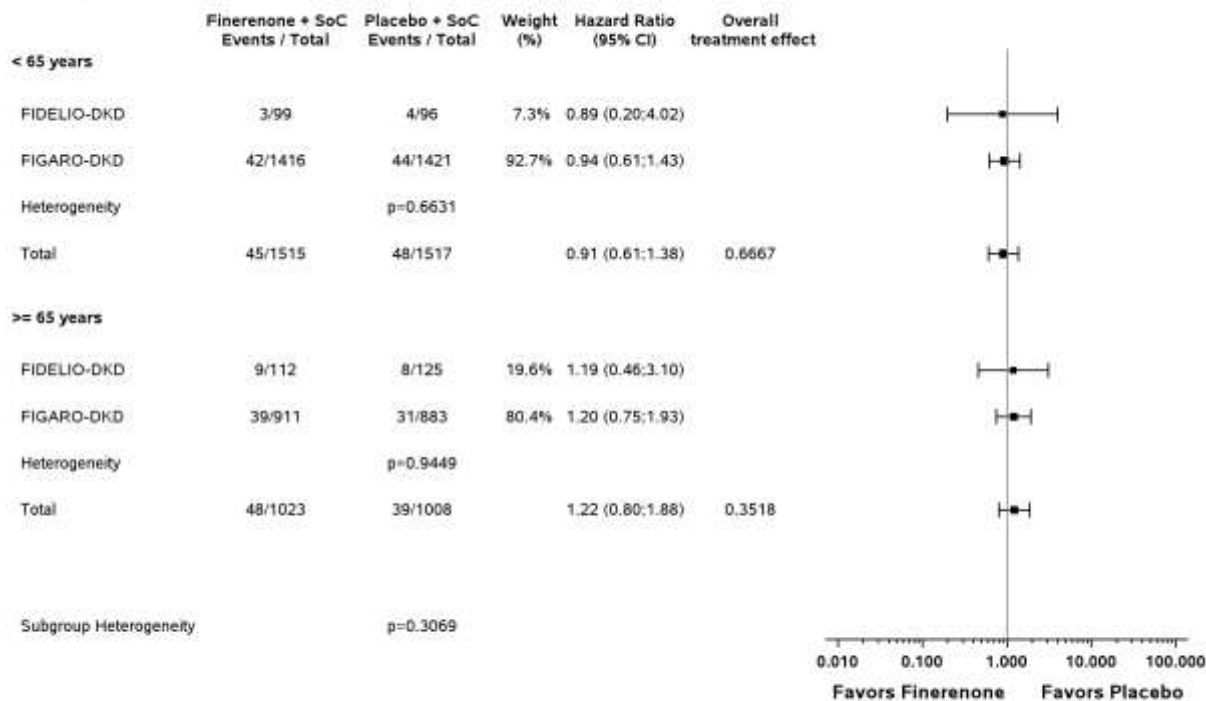


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 47: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

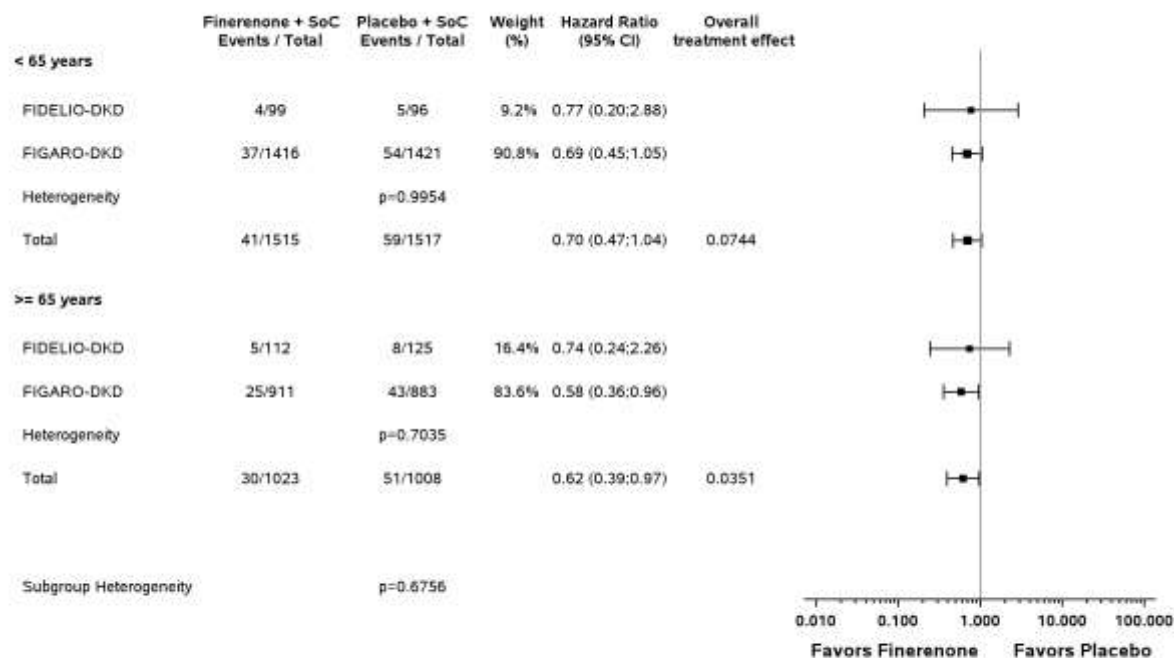


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 48: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

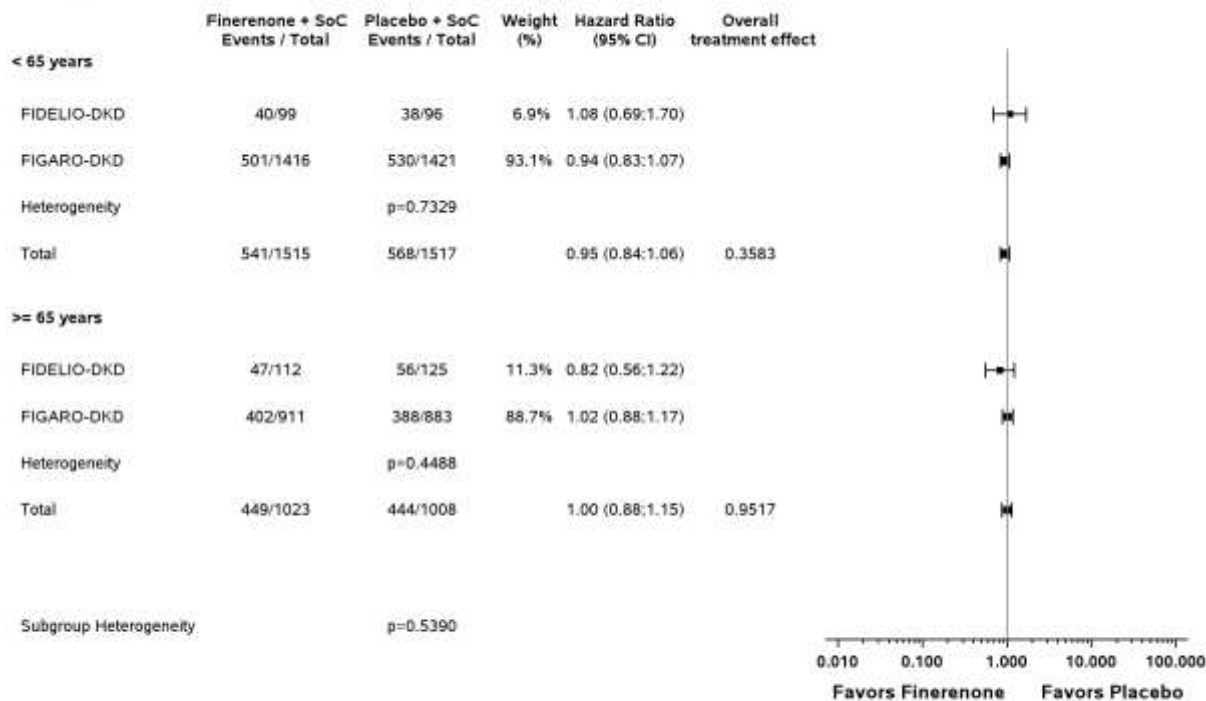


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 49: Forest plot of all-cause hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

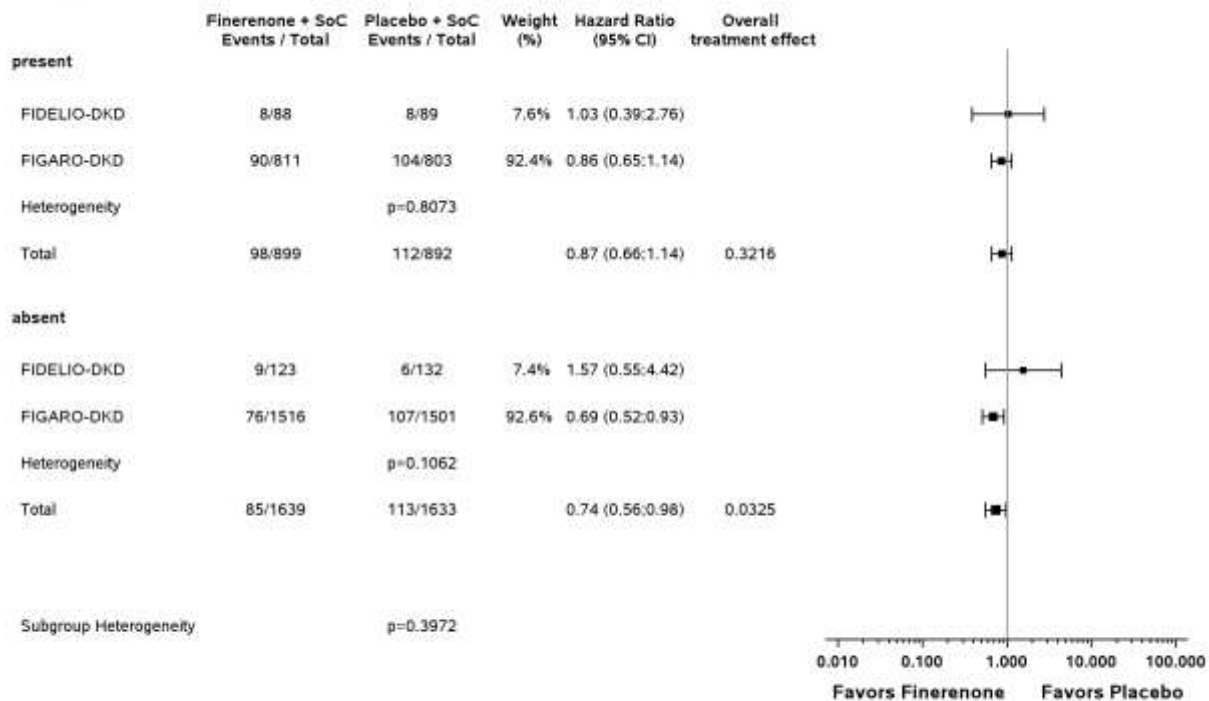


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 50: Forest plot of all-cause mortality: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

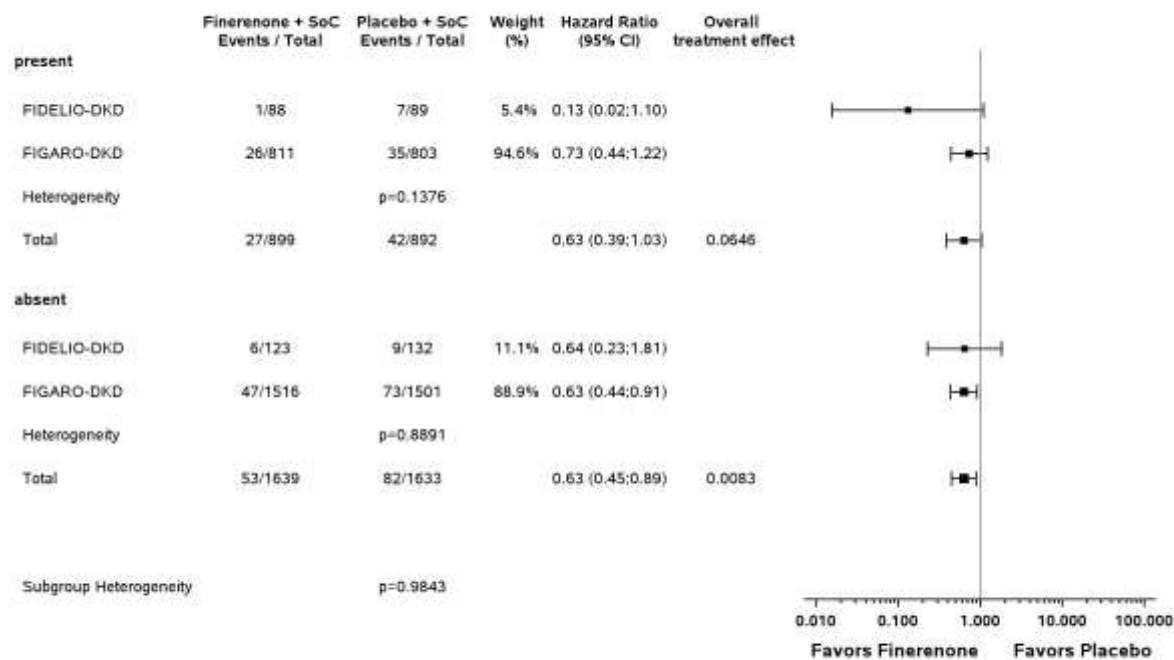


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 51: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

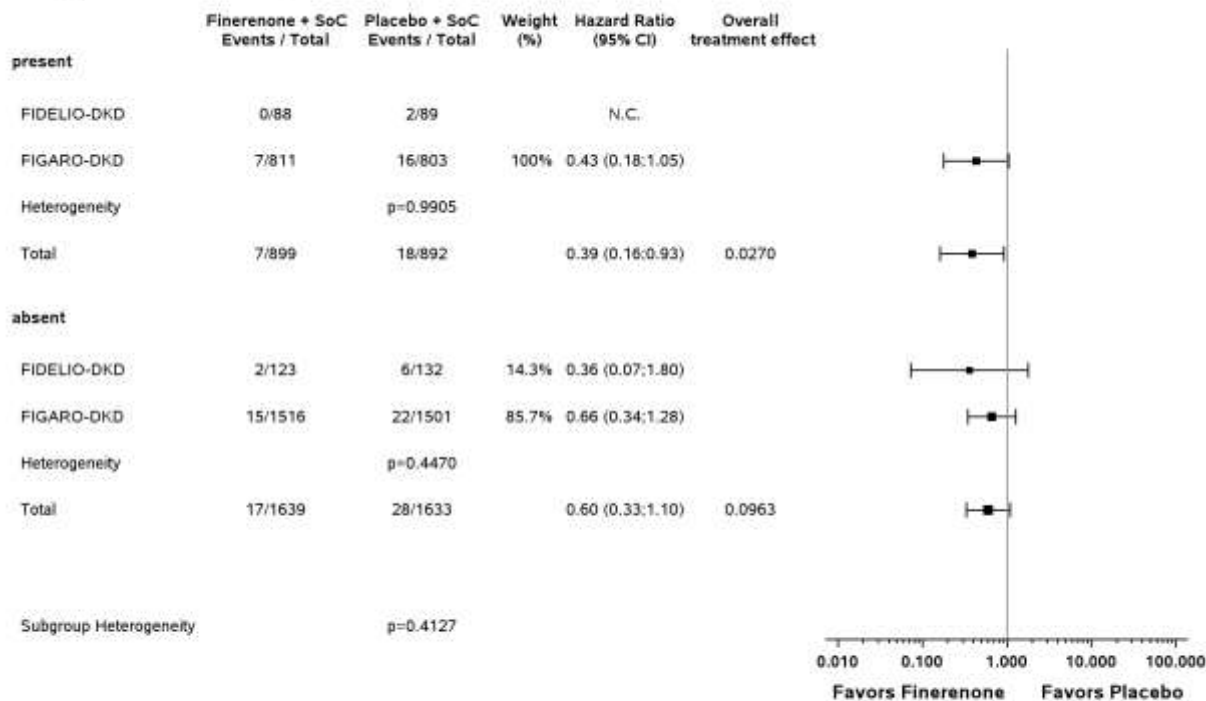


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 52: Forest plot of onset of kidney failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of onset of kidney failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

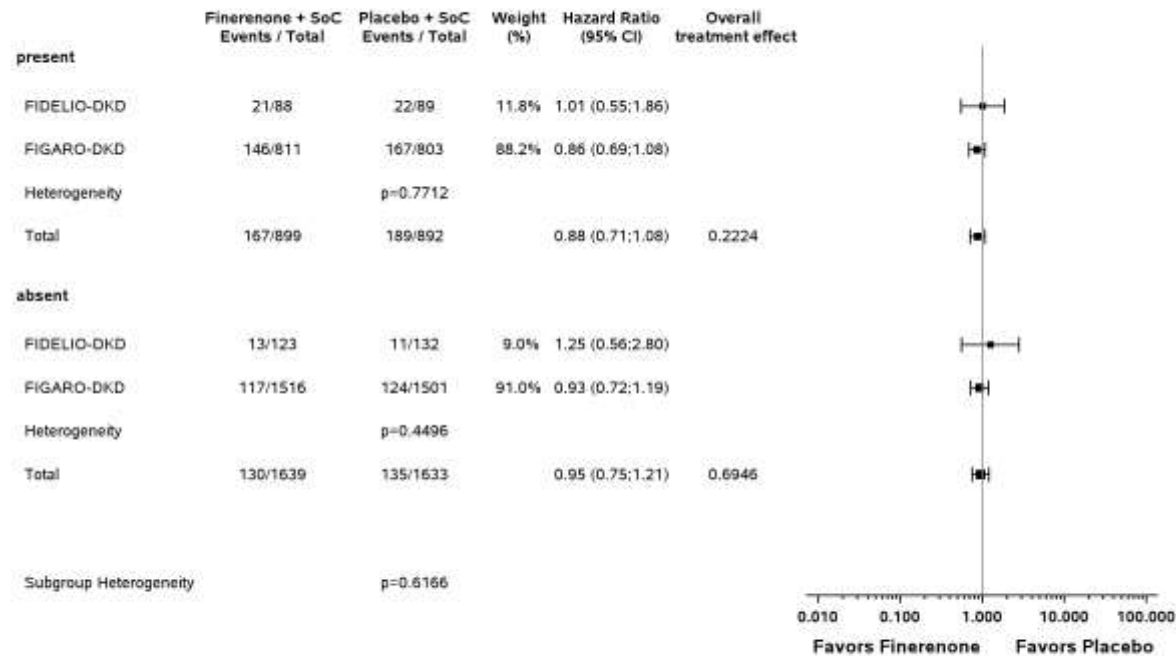


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 53: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

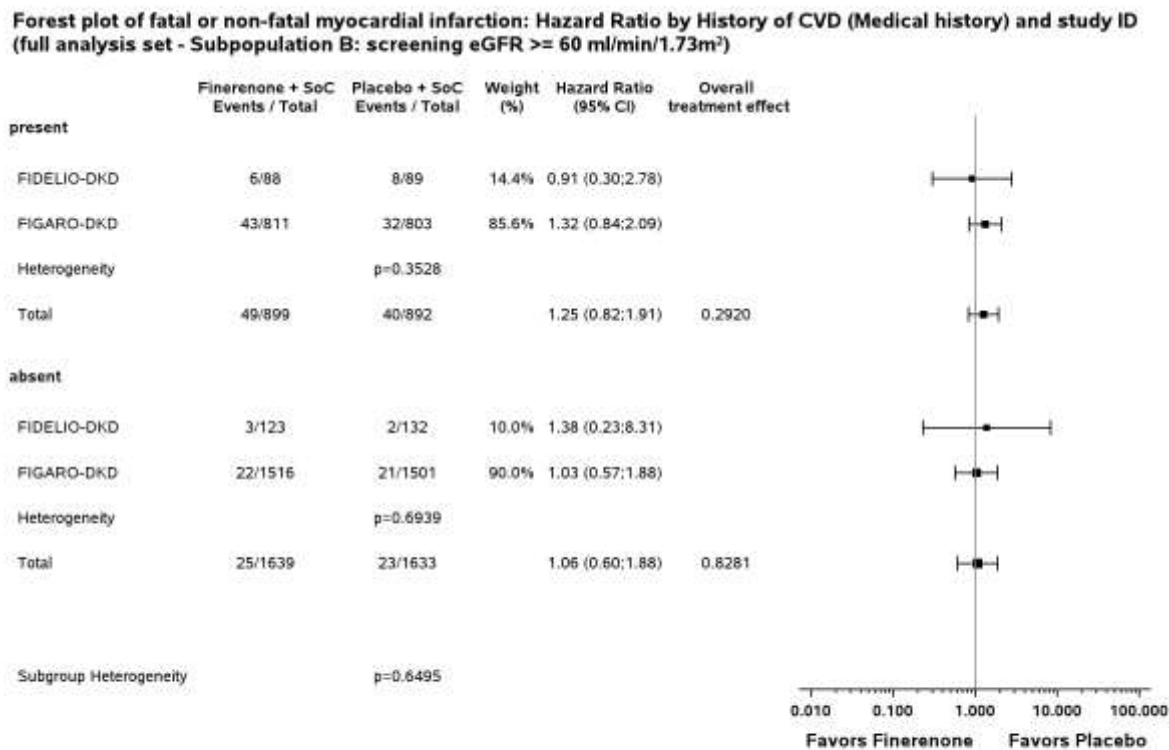
Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 54: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

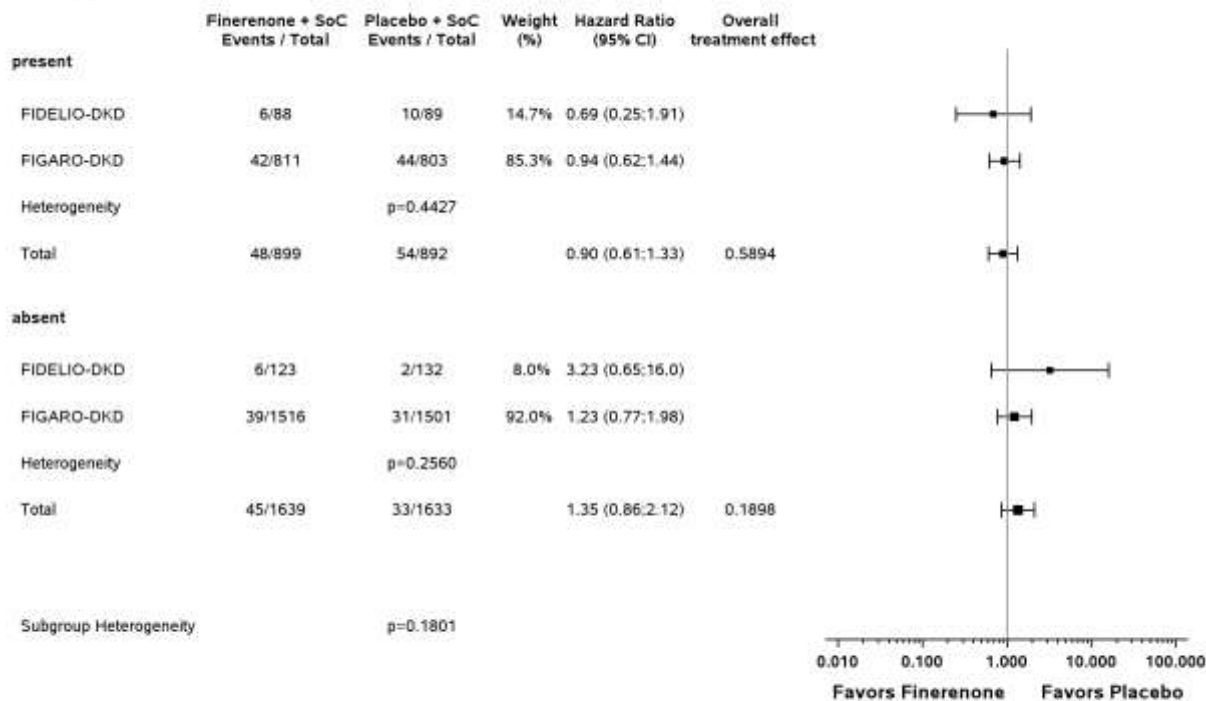


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ff_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 55: Forest plot of fatal or non-fatal stroke: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

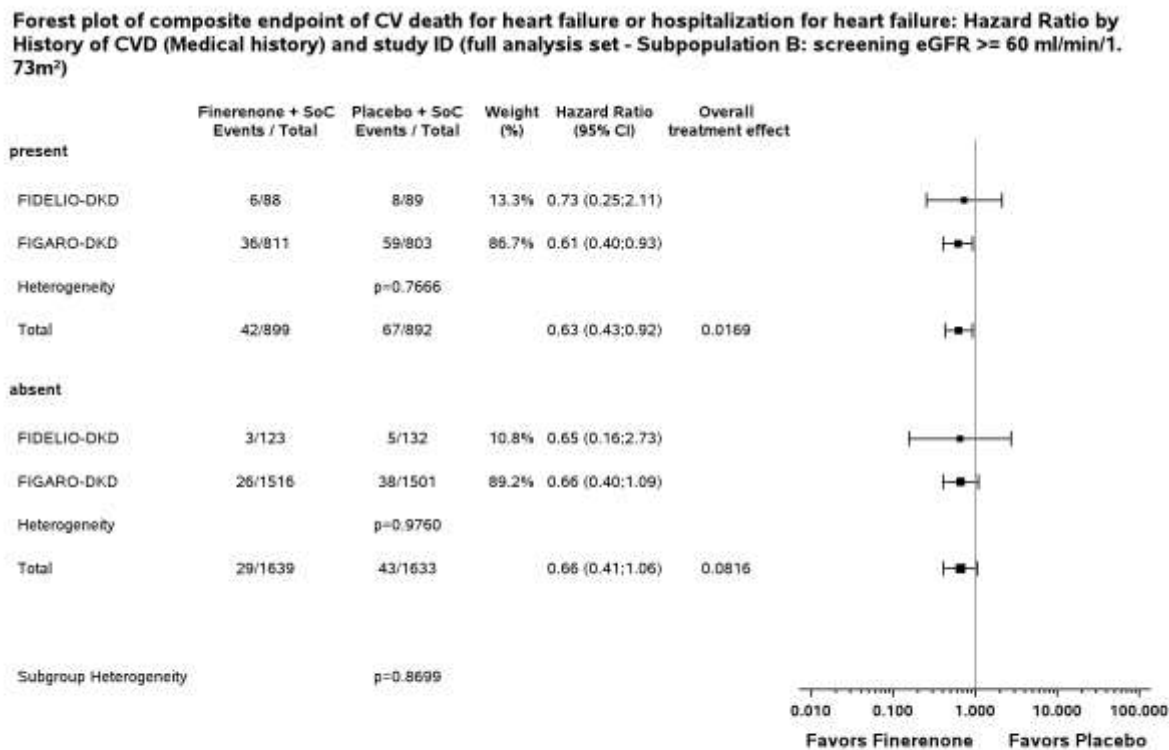
Forest plot of fatal or non-fatal stroke: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 56: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

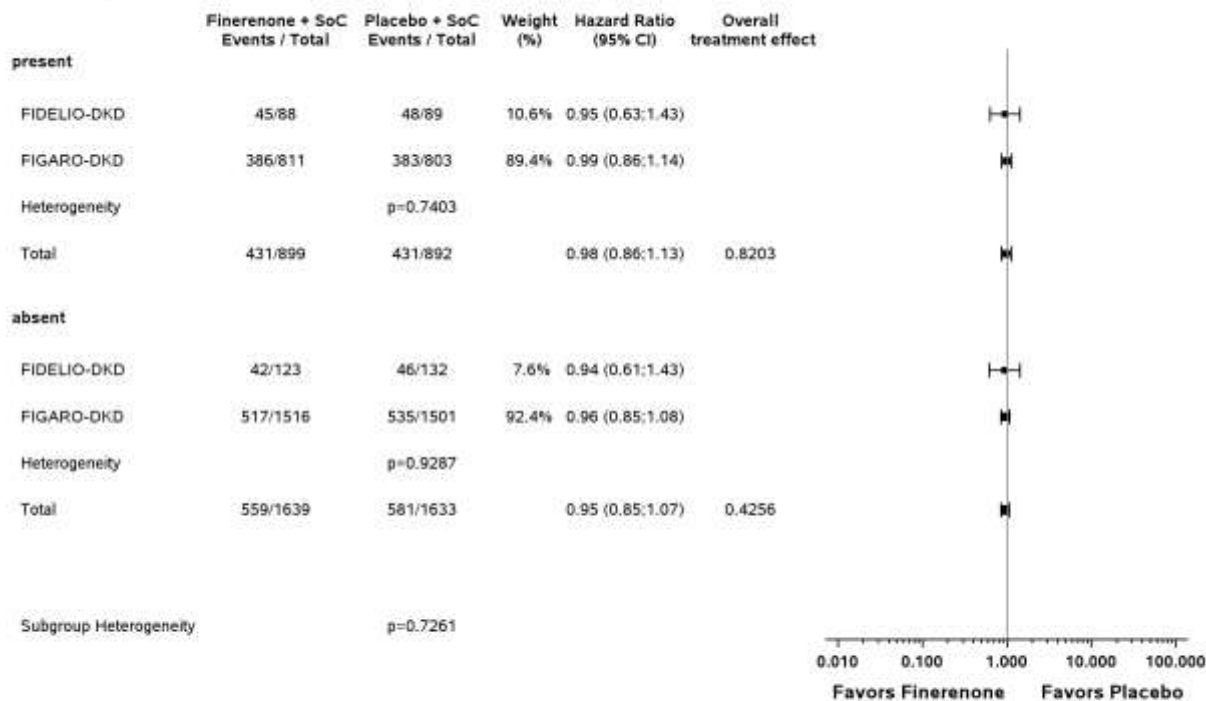


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 57: Forest plot of all-cause hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

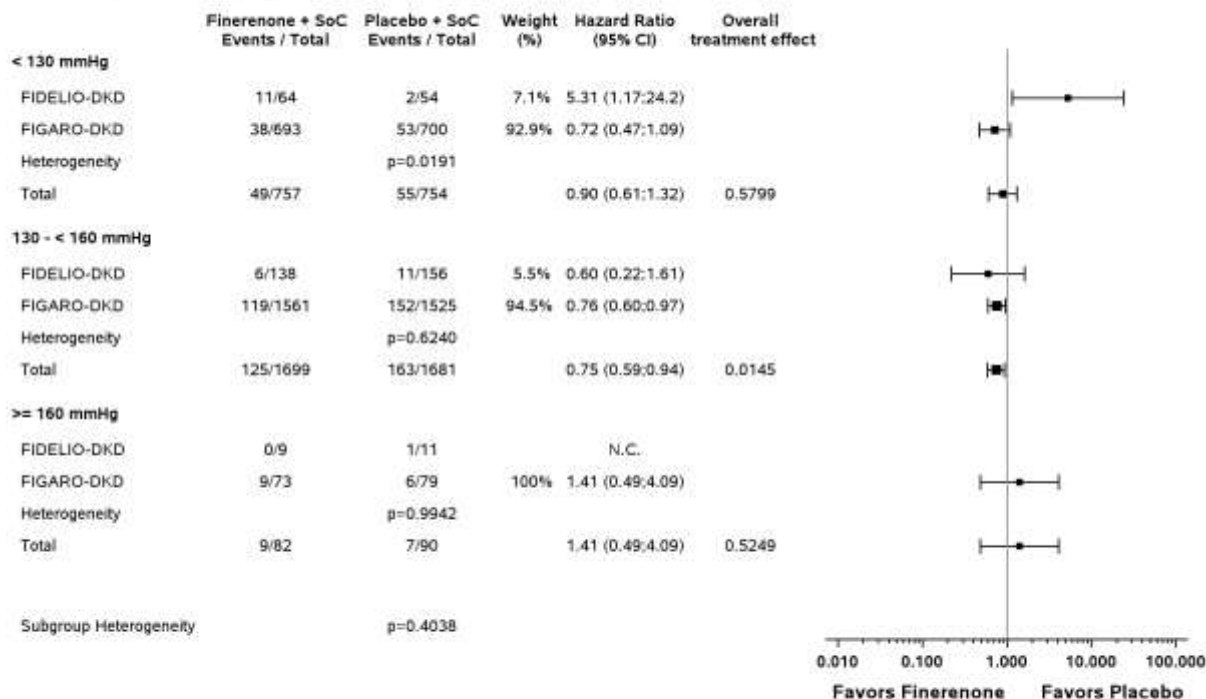


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 58: Forest plot of all-cause mortality: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

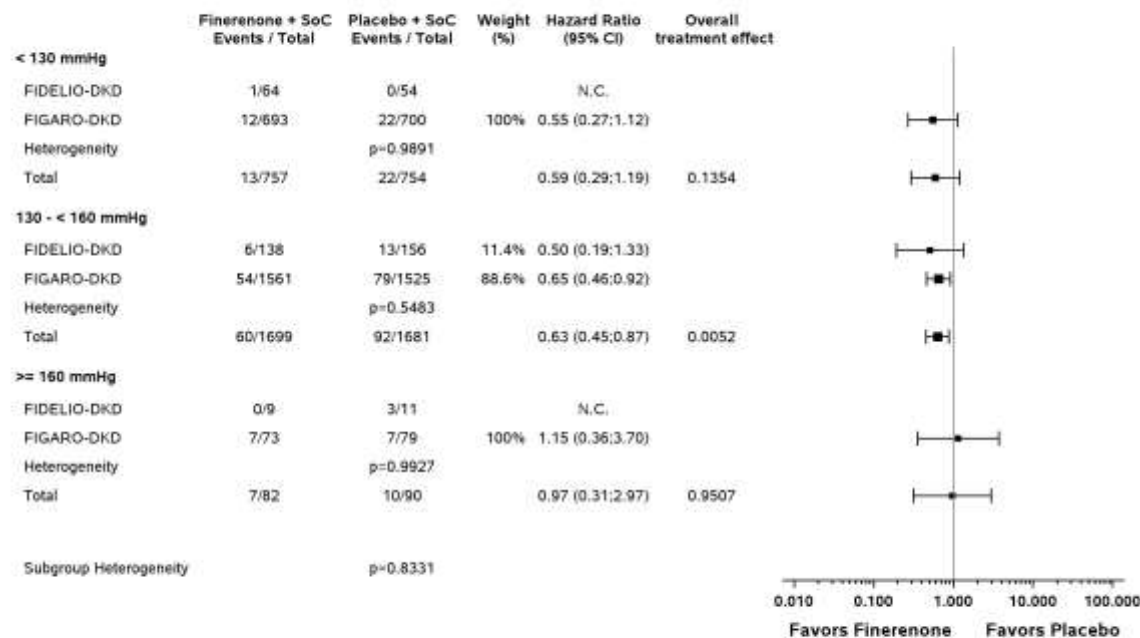


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 59: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

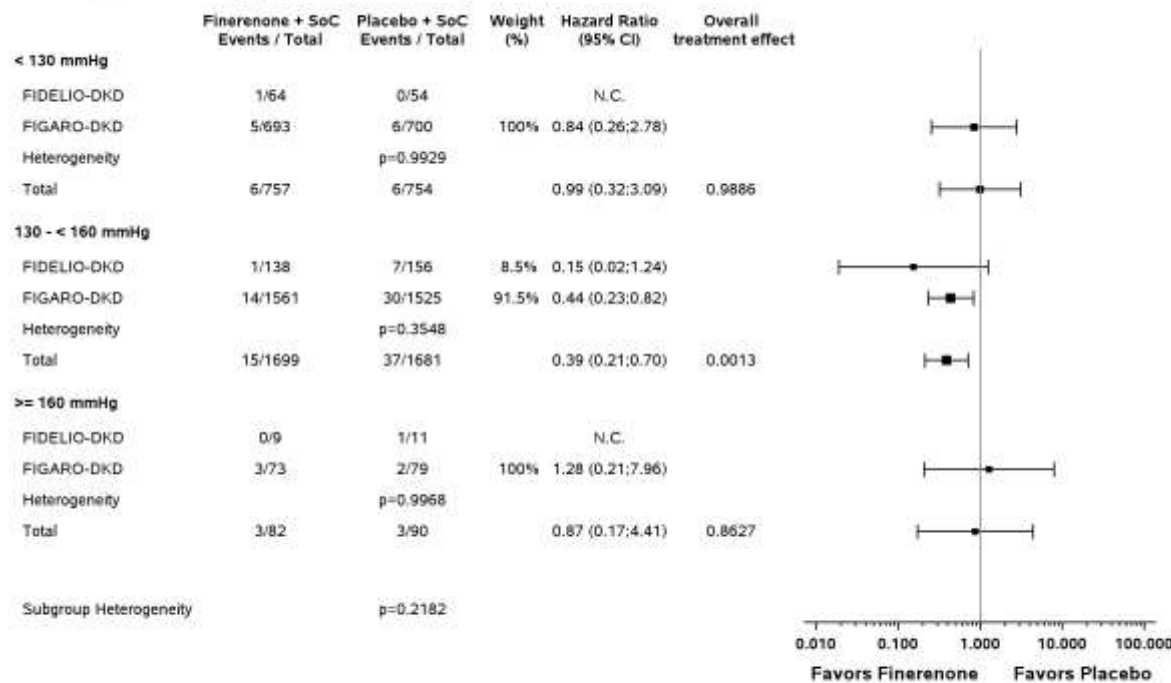


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ff_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 60: Forest plot of onset of kidney failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

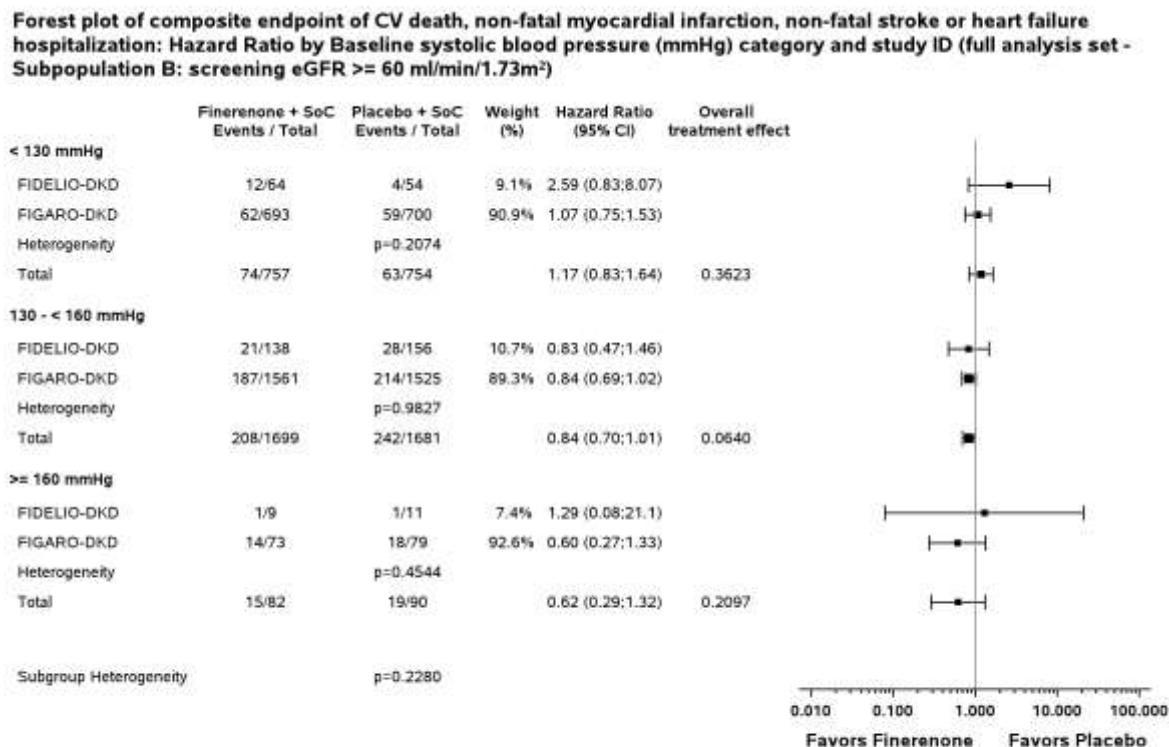
Forest plot of onset of kidney failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

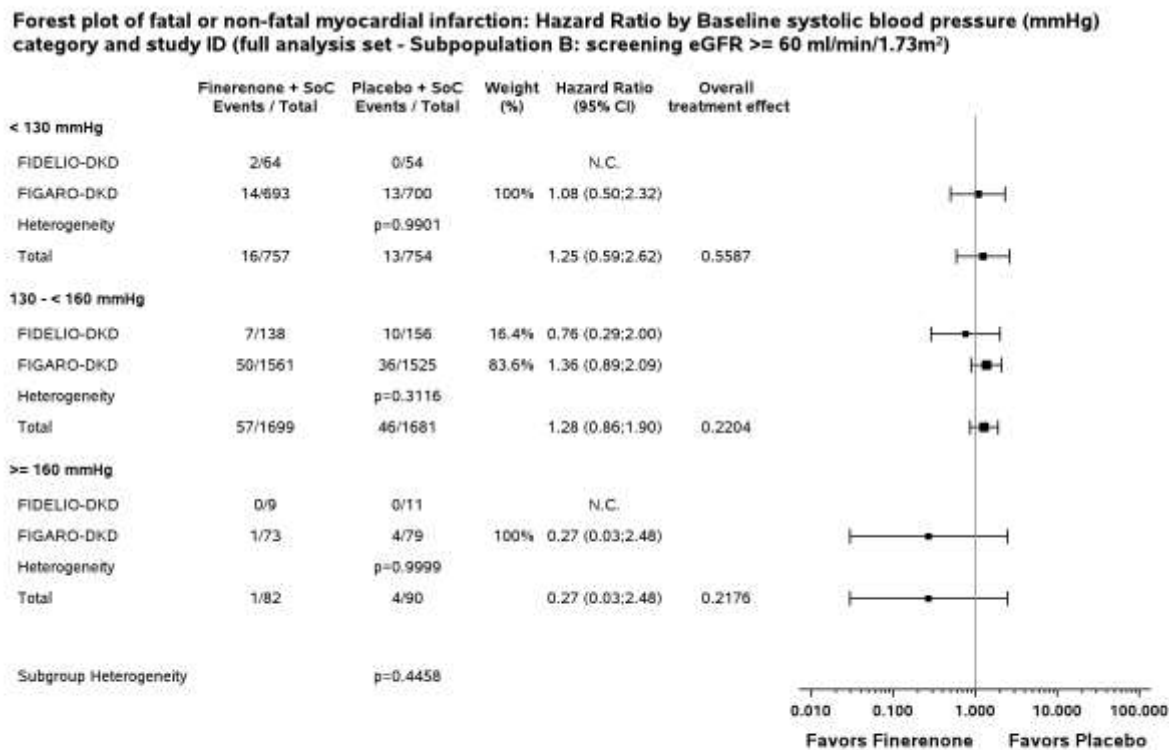
Figure 1.2.2 / 61: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

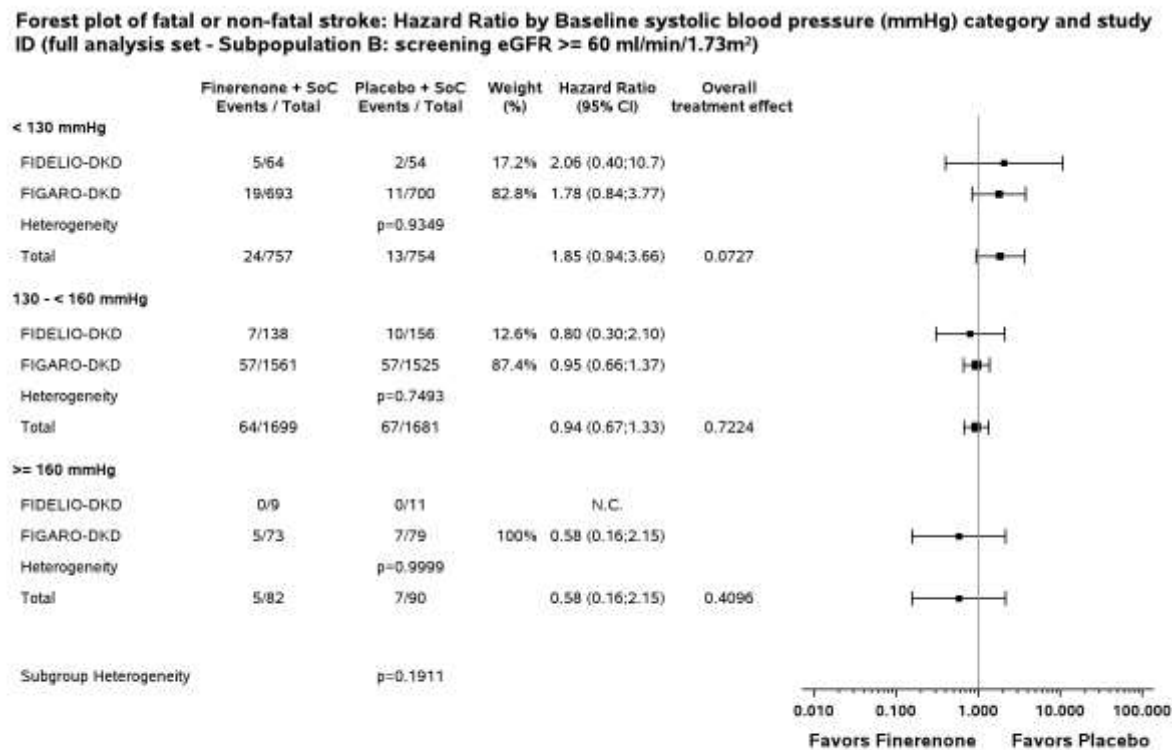
Figure 1.2.2 / 62: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 63: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

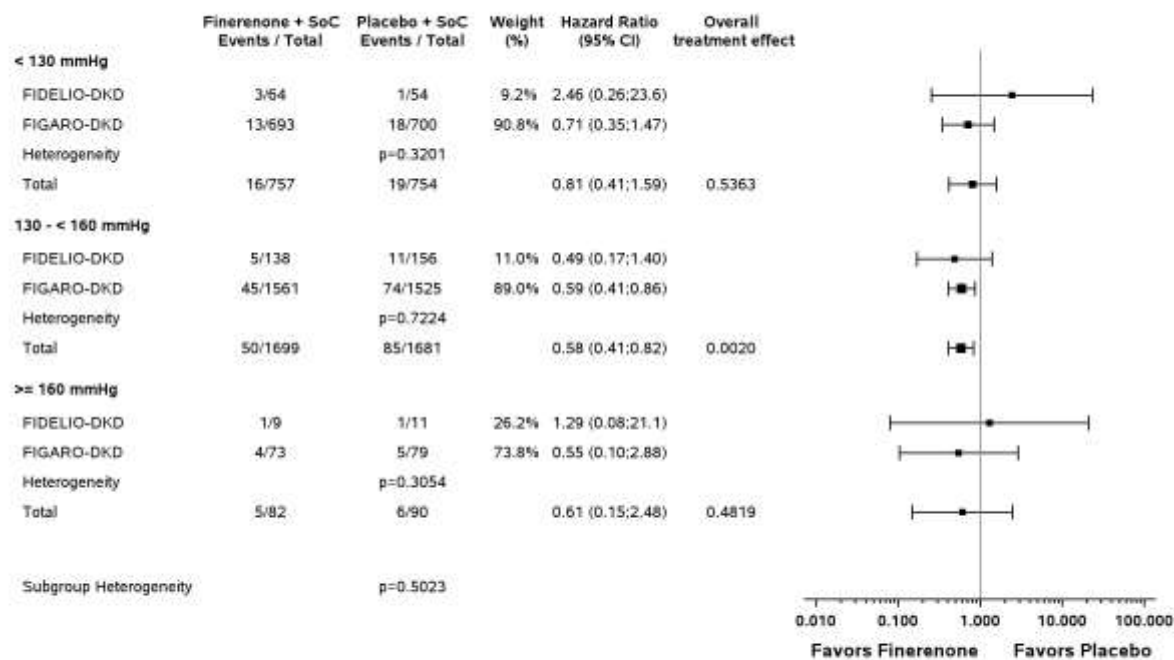


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 64: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

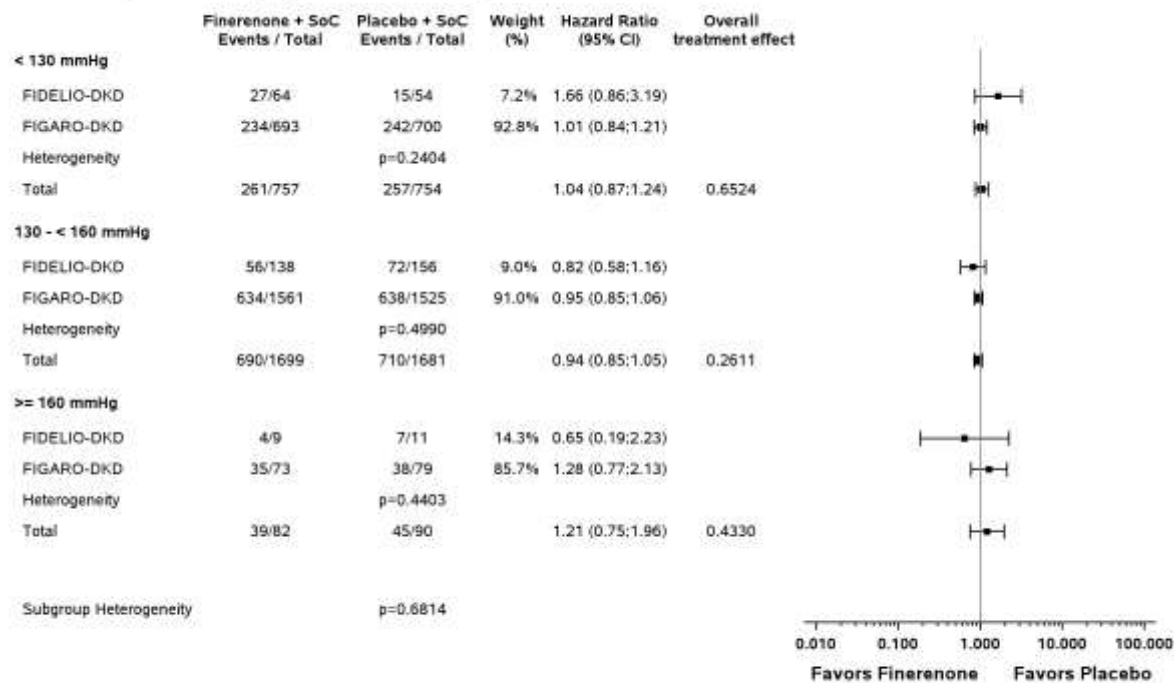


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 65: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

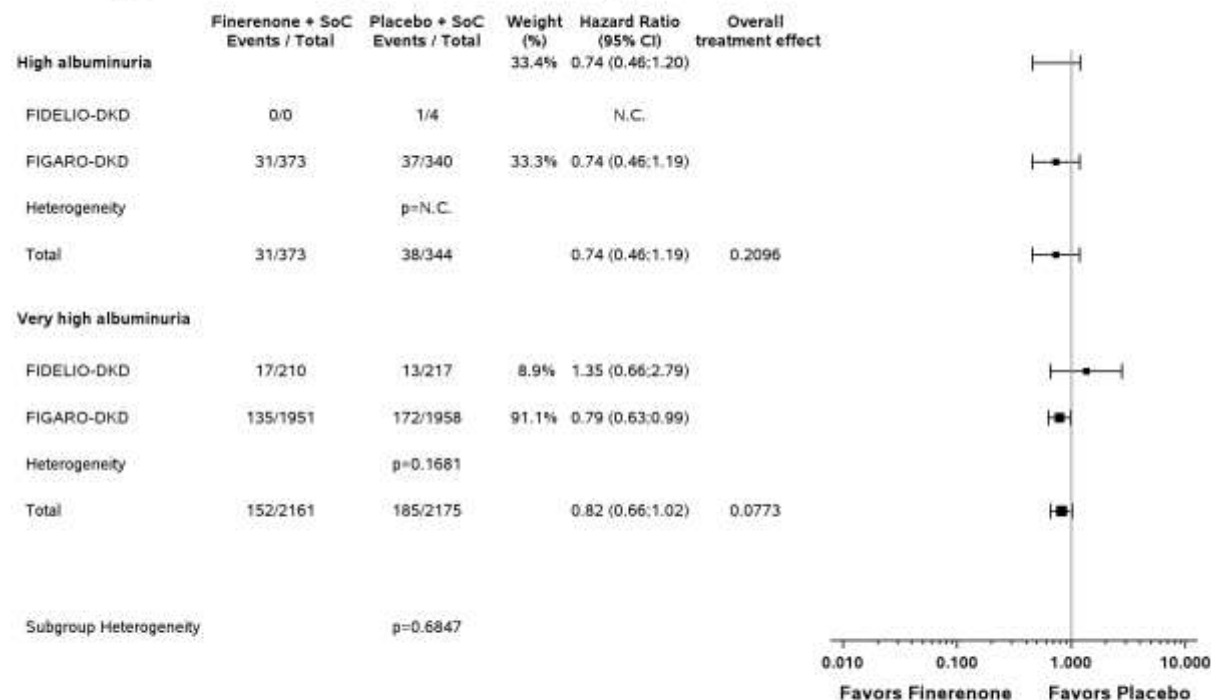


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 66: Forest plot of all-cause mortality: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

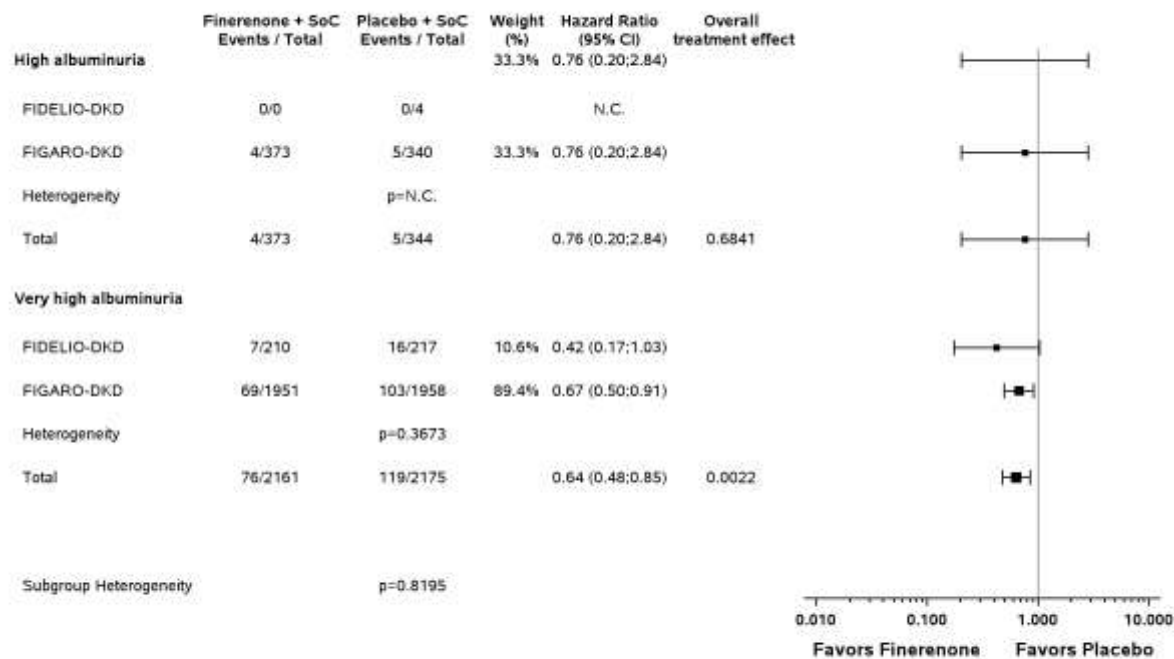


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 67: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

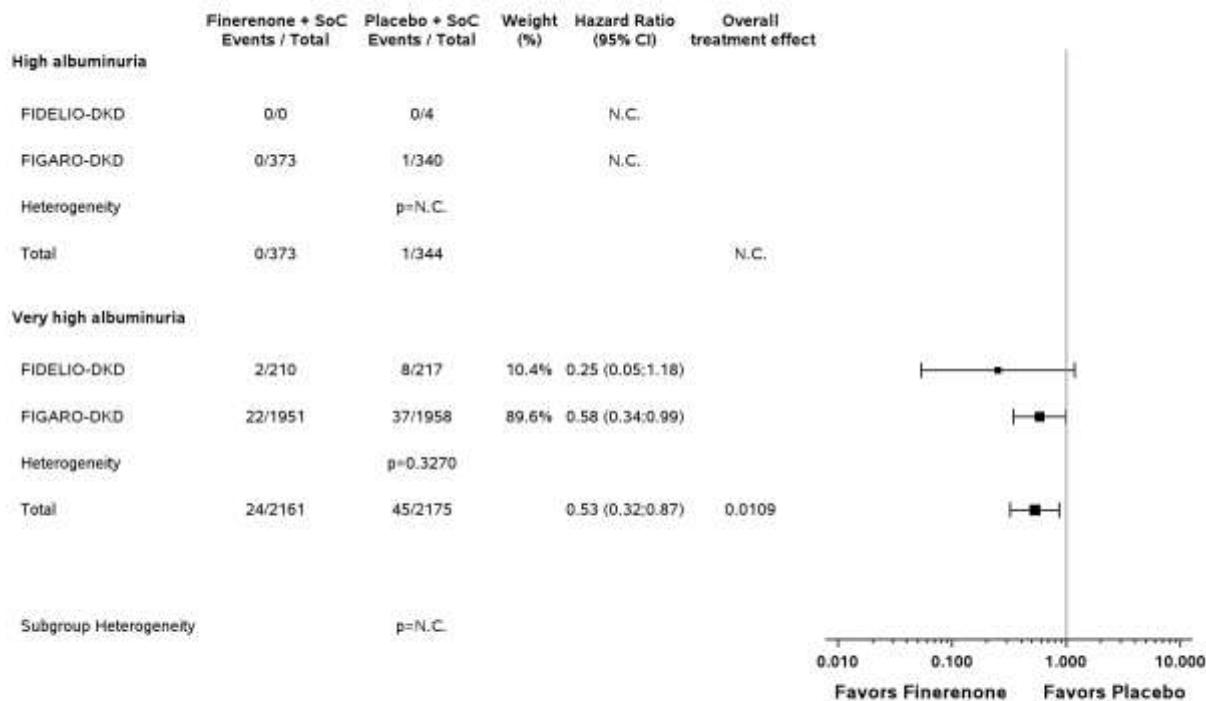


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 68: Forest plot of onset of kidney failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

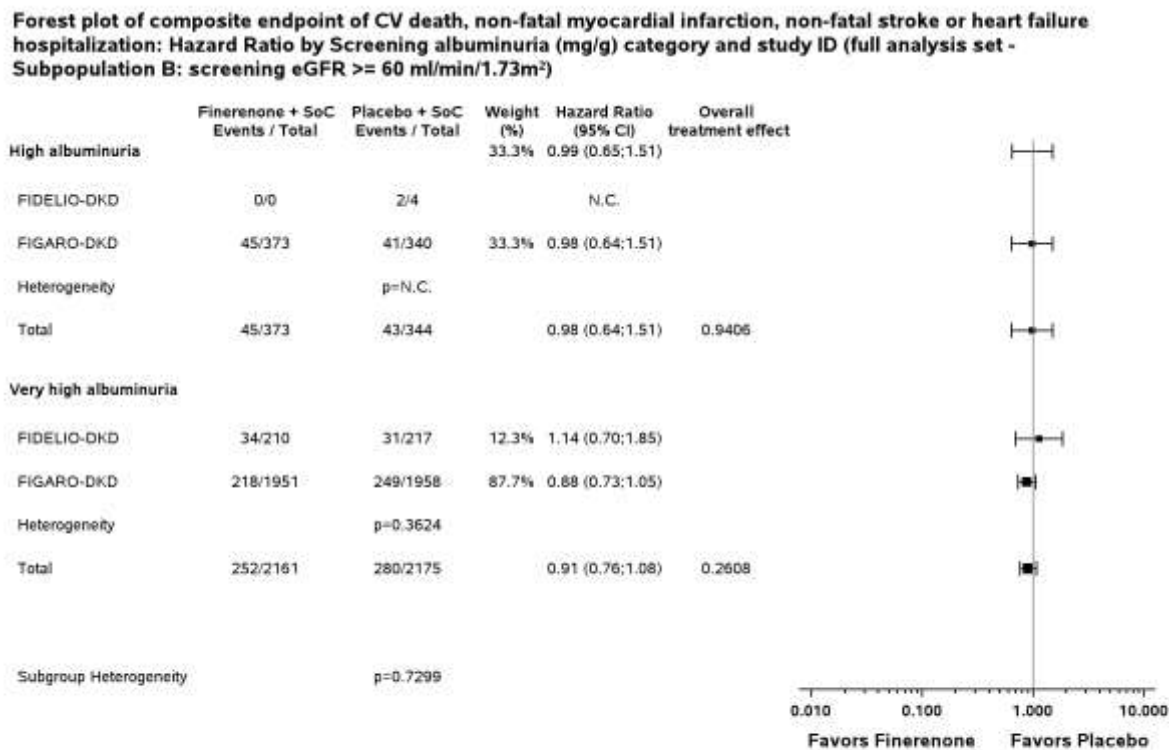
Forest plot of onset of kidney failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

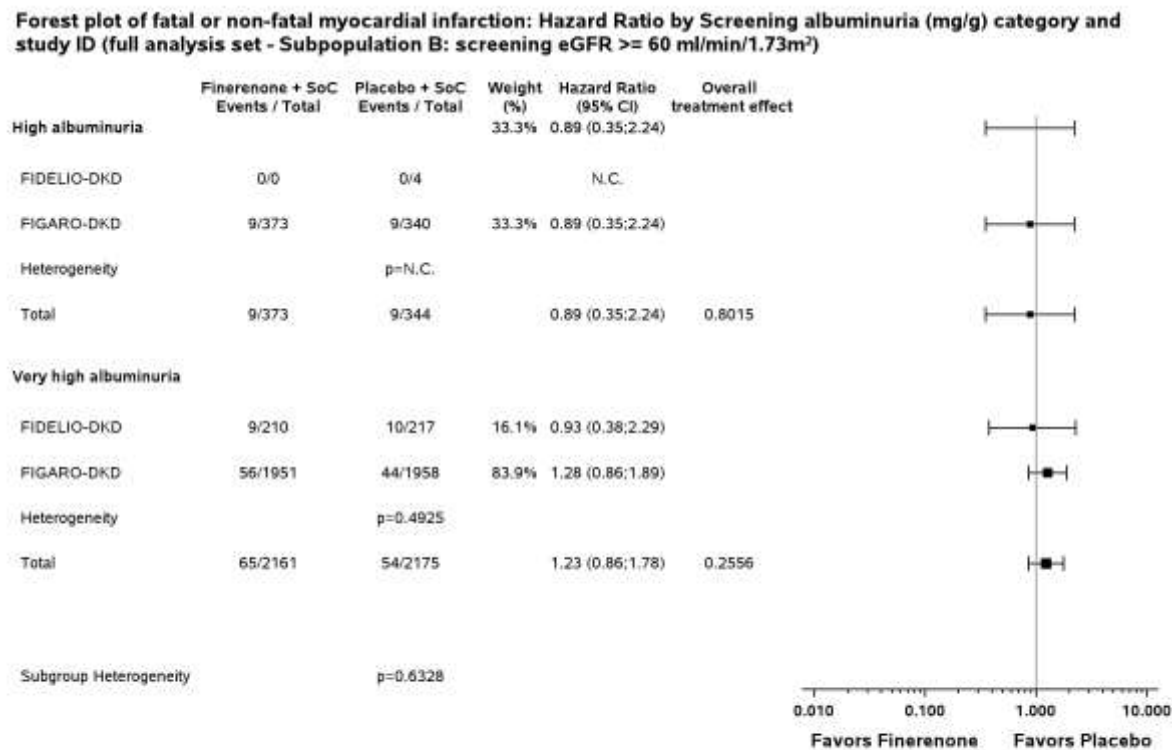
Figure 1.2.2 / 69: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 70: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

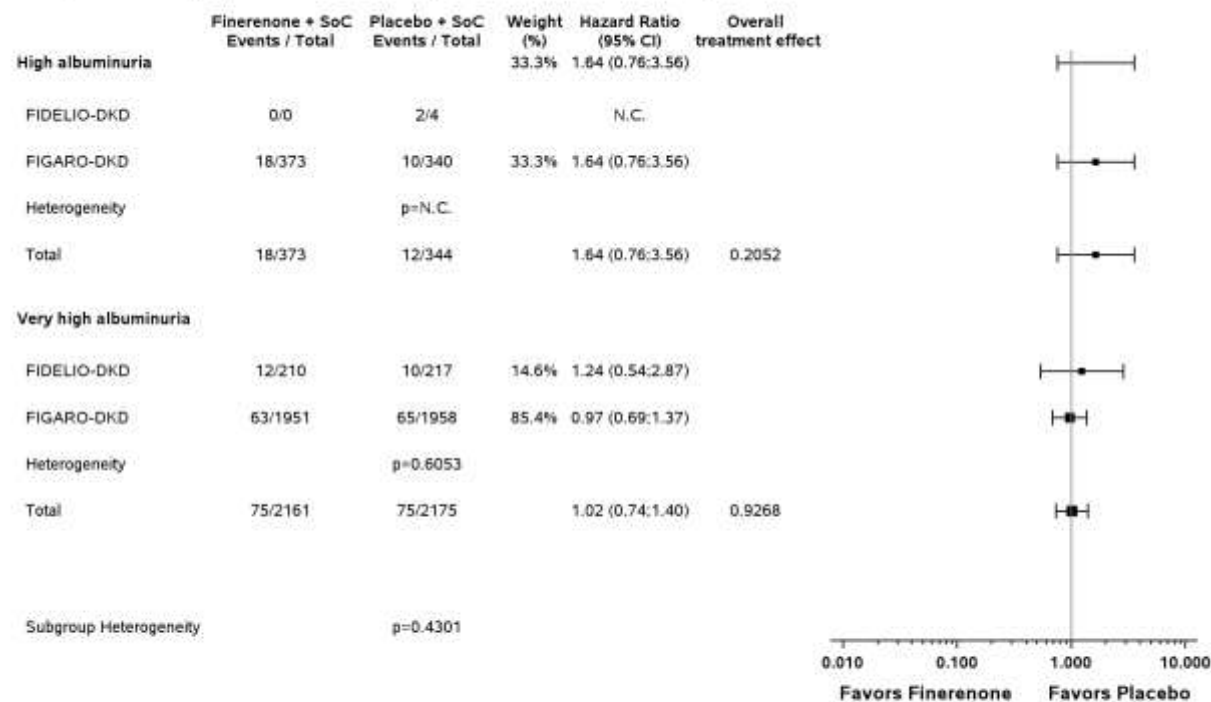


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 71: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

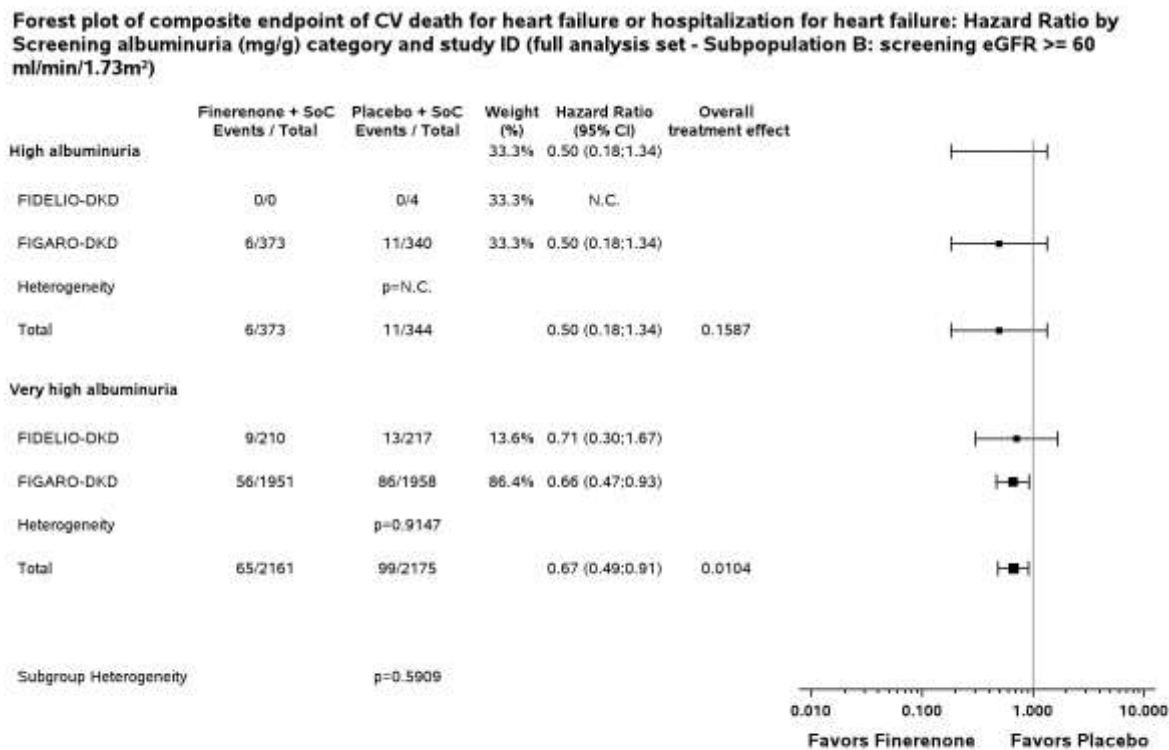
Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 72: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

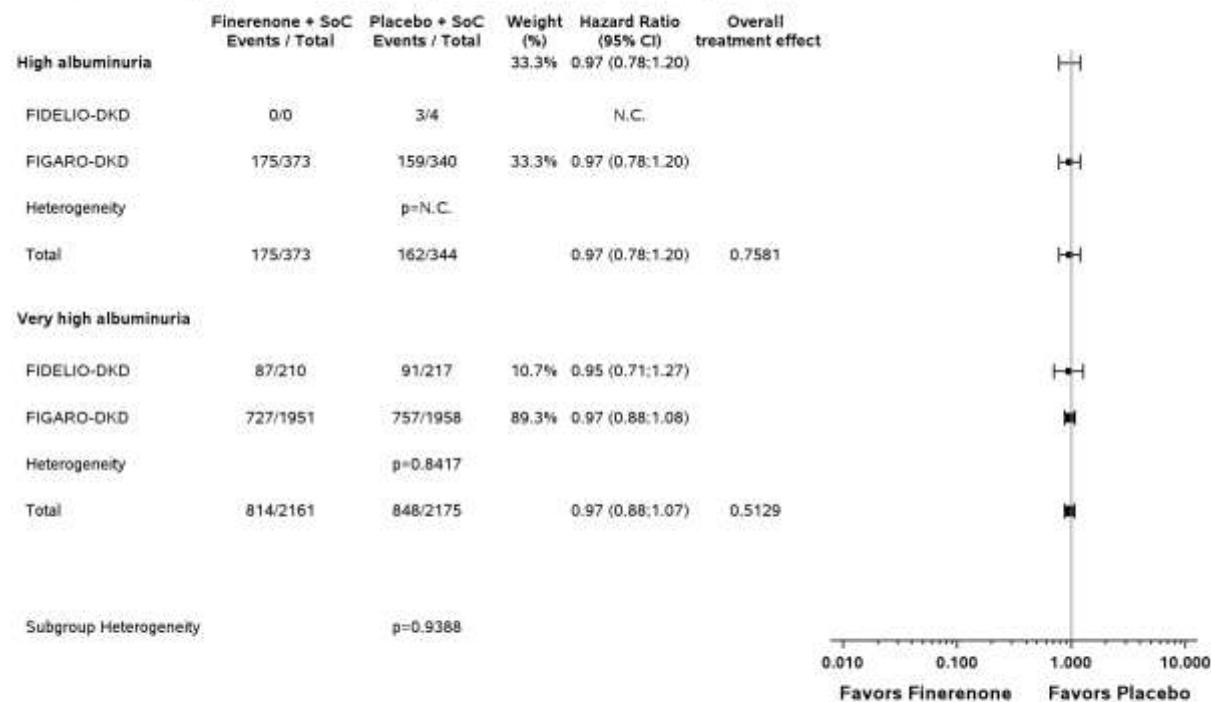


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 73: Forest plot of all-cause hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

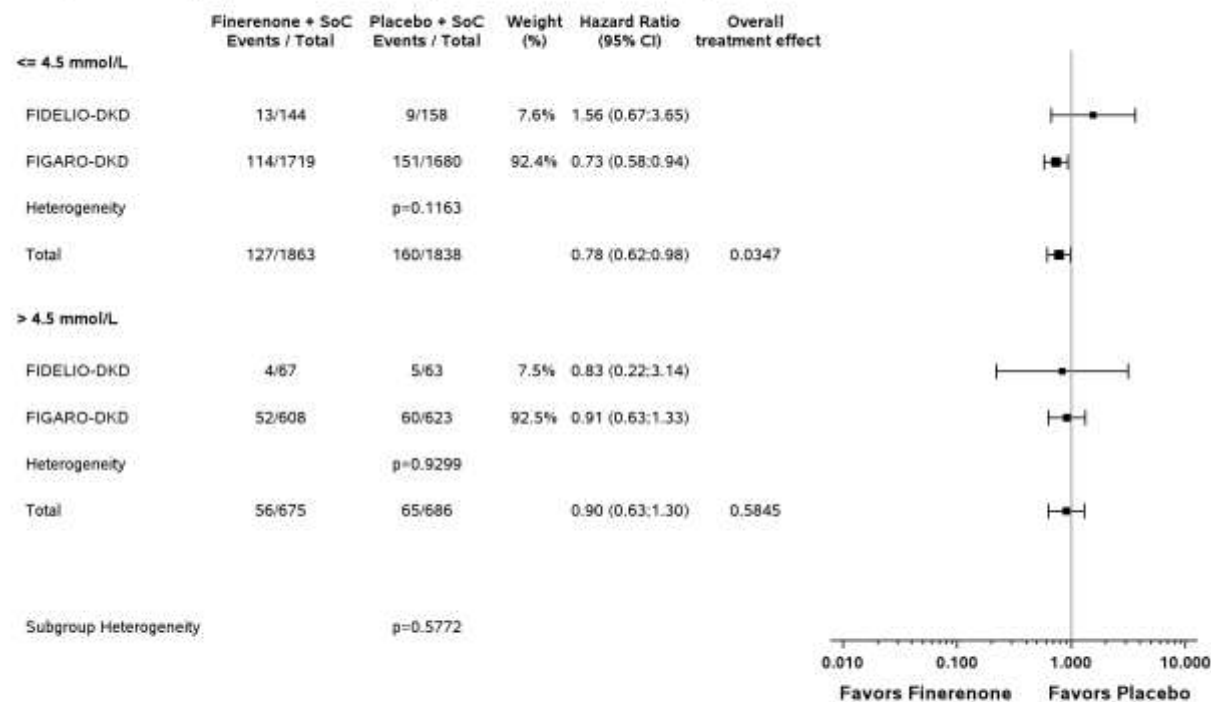


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 74: Forest plot of all-cause mortality: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause mortality: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

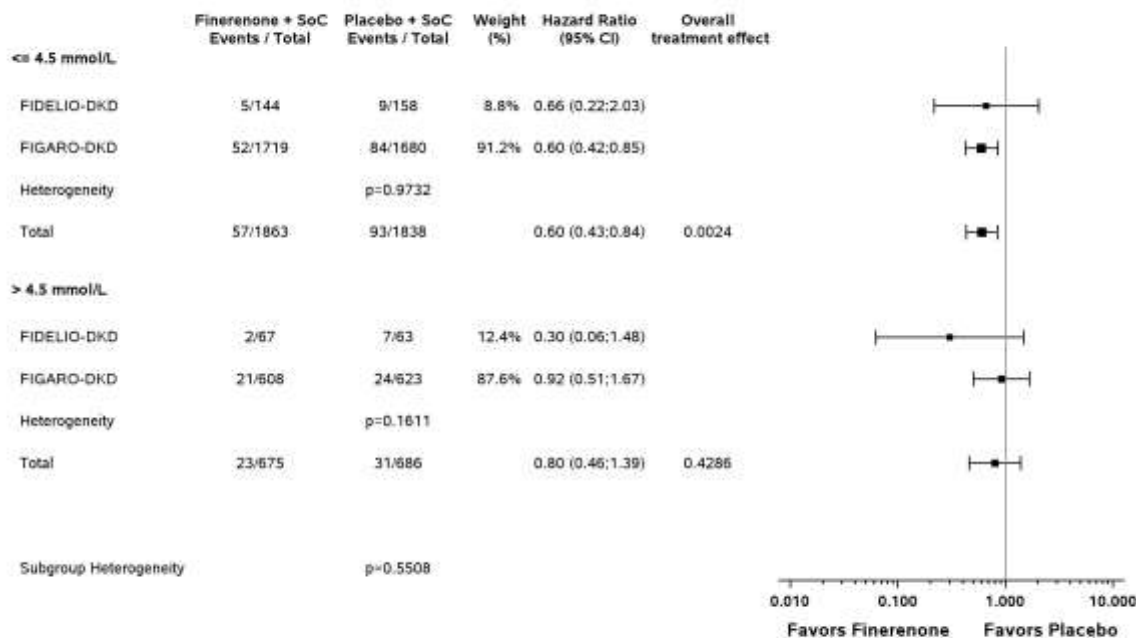


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 75: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

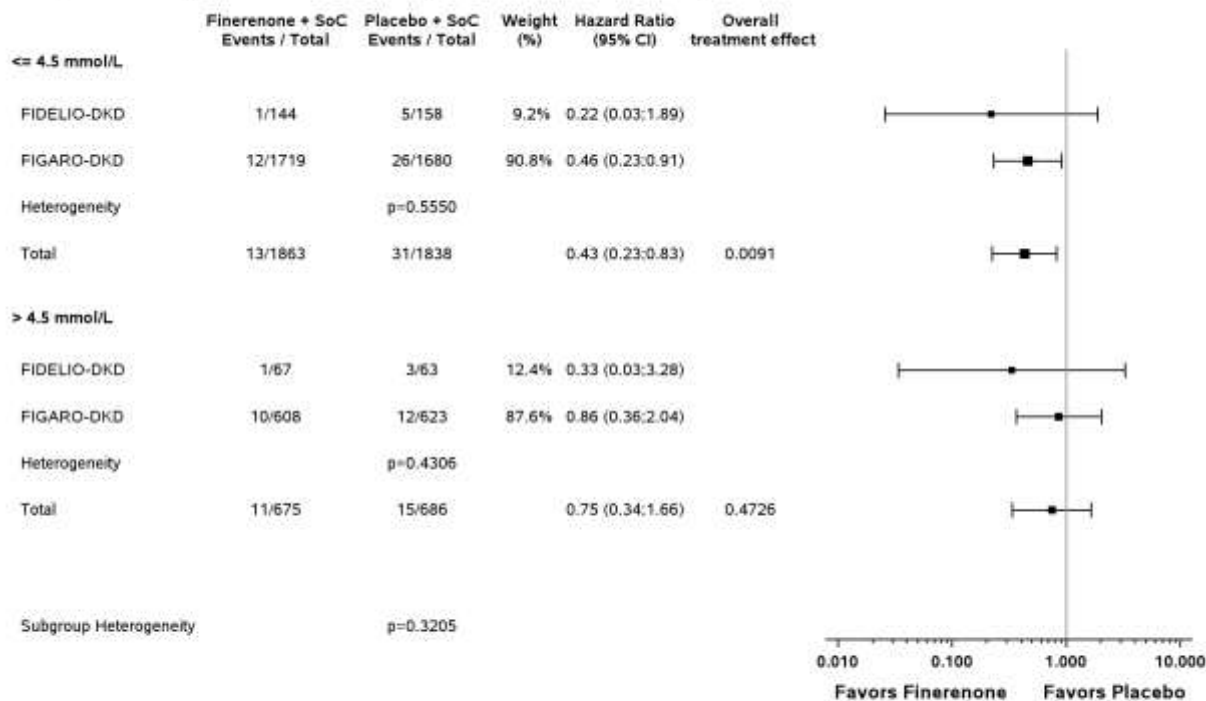


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ff_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 76: Forest plot of onset of kidney failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

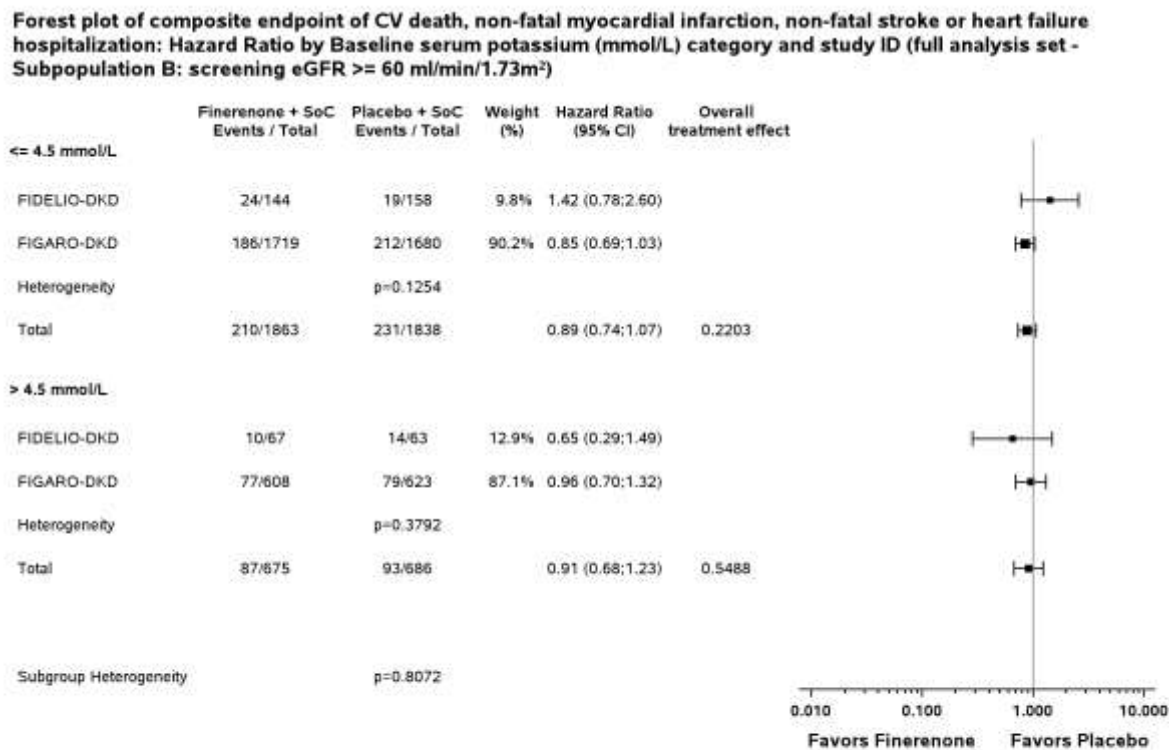
Forest plot of onset of kidney failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 77: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

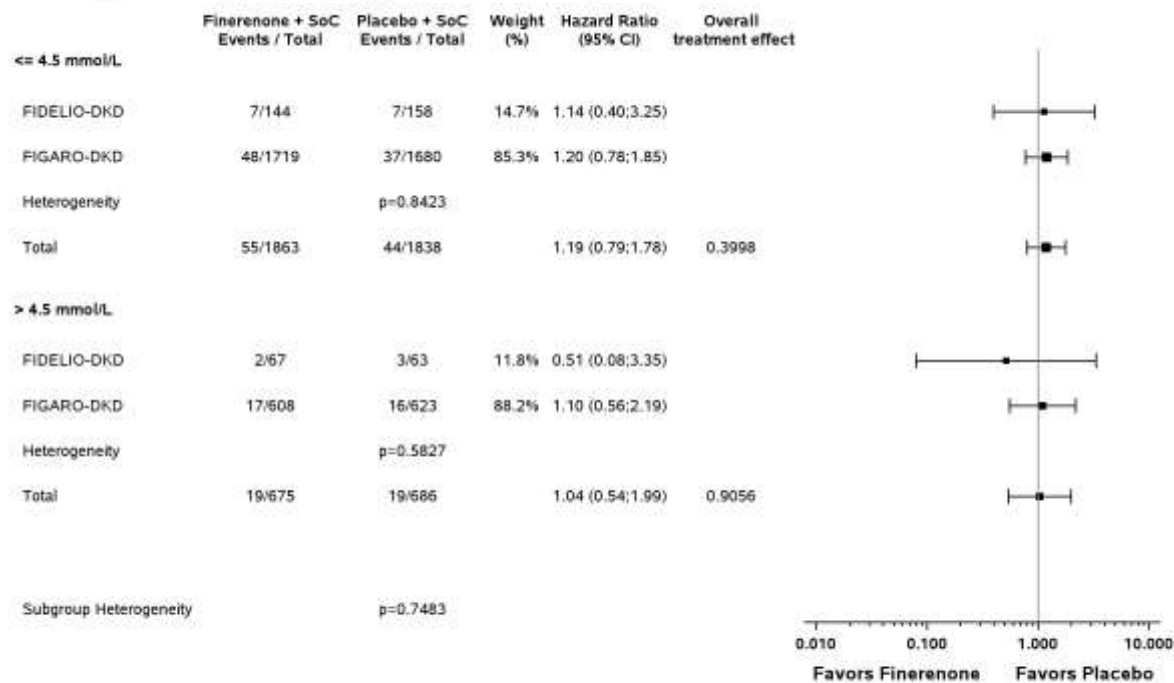


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 78: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

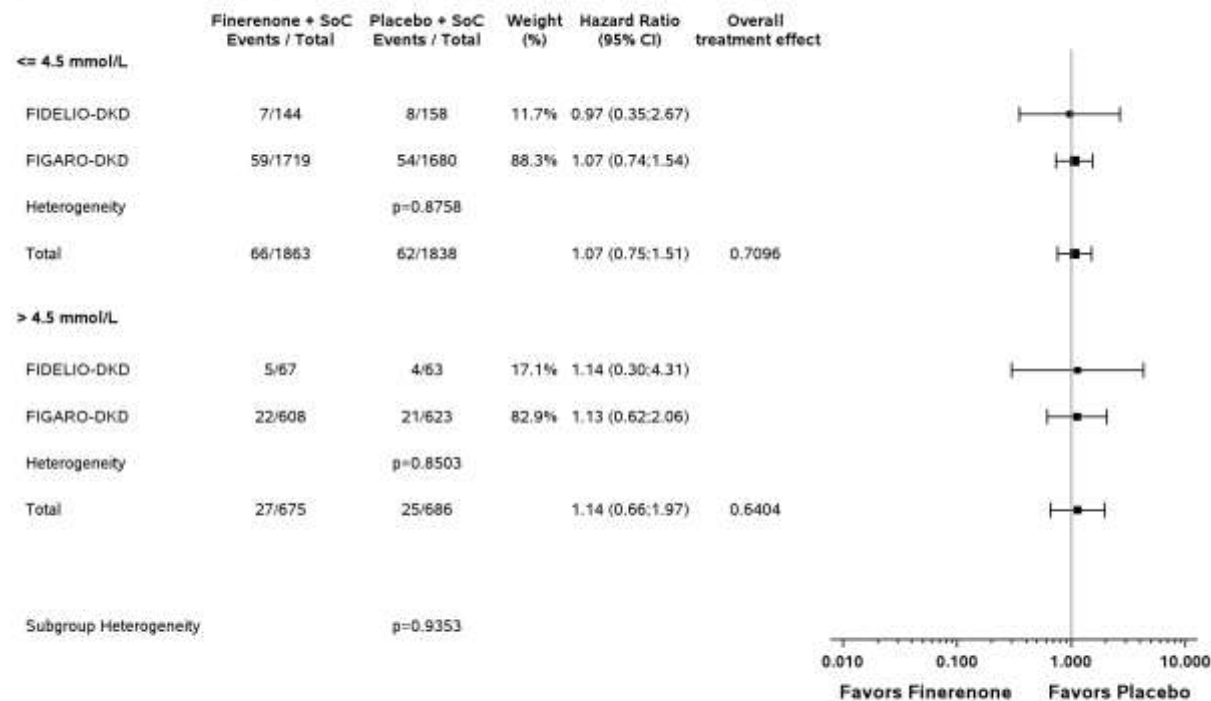


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 79: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

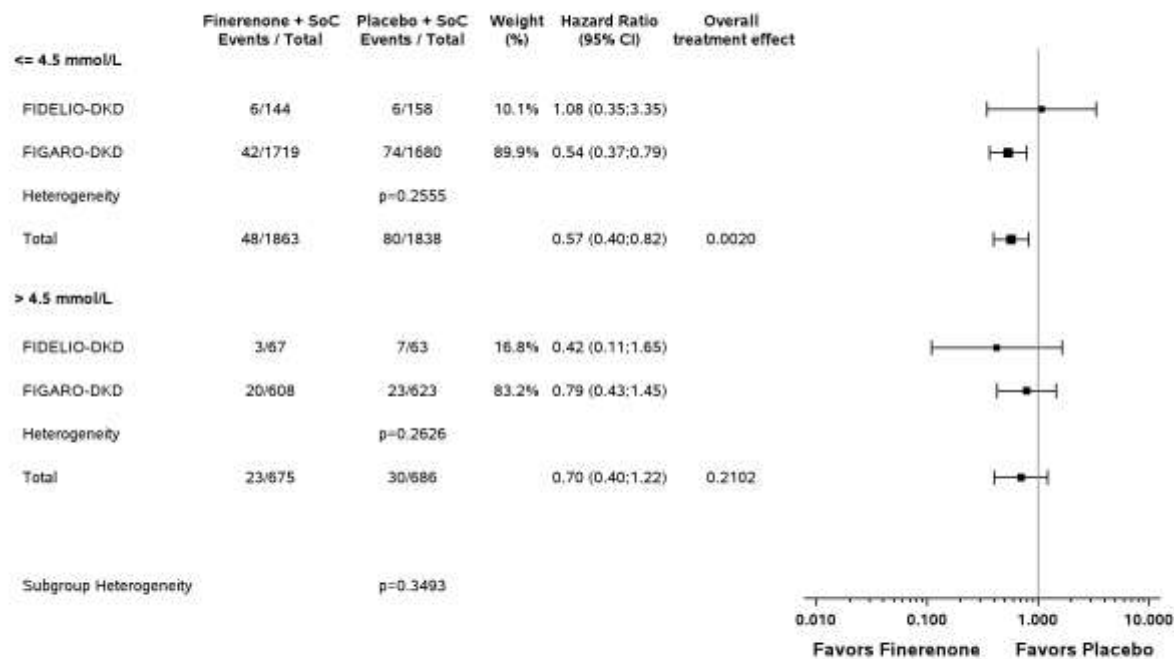


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 80: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

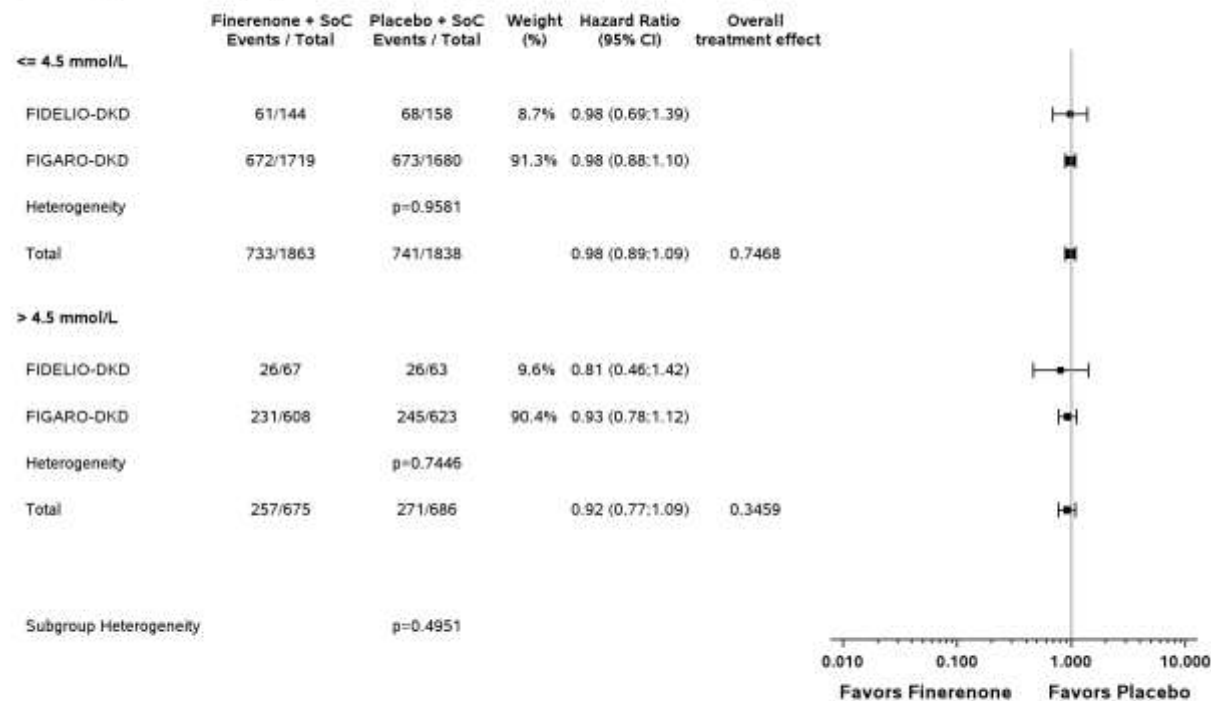


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

Figure 1.2.2 / 81: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)

Forest plot of all-cause hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set - Subpopulation B: screening eGFR ≥ 60 ml/min/1.73m²)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub_s2.sas 07FEB2023 9:39

| | | |
|-----------------|--|----|
| Figure B3.0.1 | EQ-5D VAS - Forest Plot for MMRM of Change from Baseline | 8 |
| Figure B3.0.2 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary | 9 |
| Figure B3.0.3 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary | 10 |
| Figure B3.0.4 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease | 11 |
| Figure B3.0.5 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems | 12 |
| Figure B3.0.6 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life | 13 |
| Figure B3.1.1 | EQ-5D VAS - Forest Plot for MMRM of Change from Baseline | 14 |
| Figure B3.1.2 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary | 15 |
| Figure B3.1.3 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary | 16 |
| Figure B3.1.4 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease | 17 |
| Figure B3.1.5 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems | 18 |
| Figure B3.1.6 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life | 19 |
| Figure B3.2.1 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 | 20 |
| Figure B3.2.1.1 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Region | 21 |
| Figure B3.2.1.2 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD | 22 |
| Figure B3.2.1.3 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 23 |
| Figure B3.2.1.4 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 24 |
| Figure B3.2.1.5 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Race | 25 |
| Figure B3.2.1.6 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex | 26 |
| Figure B3.2.1.7 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years) | 27 |
| Figure B3.2.1.8 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening | 28 |
| Figure B3.2.2 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 | 29 |
| Figure B3.2.2.1 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Region | 30 |
| Figure B3.2.2.2 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD | 31 |
| Figure B3.2.2.3 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 32 |
| Figure B3.2.2.4 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 33 |
| Figure B3.2.2.5 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Race | 34 |
| Figure B3.2.2.6 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex | 35 |
| Figure B3.2.2.7 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years) | 36 |
| Figure B3.2.2.8 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening | 37 |
| Figure B3.2.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 | 38 |
| Figure B3.2.3.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region | 39 |
| Figure B3.2.3.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD | 40 |
| Figure B3.2.3.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 41 |
| Figure B3.2.3.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 42 |
| Figure B3.2.3.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race | 43 |
| Figure B3.2.3.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex | 44 |
| Figure B3.2.3.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years) | 45 |
| Figure B3.2.3.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 46 |
| Figure B3.2.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 | 47 |
| Figure B3.2.4.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region | 48 |
| Figure B3.2.4.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD | 49 |
| Figure B3.2.4.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 50 |
| Figure B3.2.4.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 51 |
| Figure B3.2.4.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race | 52 |

| | | |
|-----------------|--|----|
| Figure B3.2.4.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex | 53 |
| Figure B3.2.4.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years) | 54 |
| Figure B3.2.4.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 55 |
| Figure B3.2.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 | 56 |
| Figure B3.2.5.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region | 57 |
| Figure B3.2.5.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD | 58 |
| Figure B3.2.5.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 59 |
| Figure B3.2.5.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 60 |
| Figure B3.2.5.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race | 61 |
| Figure B3.2.5.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex | 62 |
| Figure B3.2.5.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 63 |
| Figure B3.2.5.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 64 |
| Figure B3.2.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 | 65 |
| Figure B3.2.6.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region | 66 |
| Figure B3.2.6.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD | 67 |
| Figure B3.2.6.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 68 |
| Figure B3.2.6.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 69 |
| Figure B3.2.6.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race | 70 |
| Figure B3.2.6.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex | 71 |
| Figure B3.2.6.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years) | 72 |
| Figure B3.2.6.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 73 |
| Figure B3.2.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 | 74 |
| Figure B3.2.7.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 75 |
| Figure B3.2.7.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 76 |
| Figure B3.2.7.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 77 |
| Figure B3.2.7.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 78 |
| Figure B3.2.7.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 79 |
| Figure B3.2.7.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 80 |
| Figure B3.2.7.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 81 |
| Figure B3.2.7.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 82 |
| Figure B3.2.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 | 83 |
| Figure B3.2.8.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region | 84 |
| Figure B3.2.8.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD | 85 |

| | | |
|------------------|--|-----|
| Figure B3.2.8.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 86 |
| Figure B3.2.8.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 87 |
| Figure B3.2.8.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race | 88 |
| Figure B3.2.8.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex | 89 |
| Figure B3.2.8.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years) | 90 |
| Figure B3.2.8.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 91 |
| Figure B3.2.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 | 92 |
| Figure B3.2.9.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region | 93 |
| Figure B3.2.9.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD | 94 |
| Figure B3.2.9.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 95 |
| Figure B3.2.9.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 96 |
| Figure B3.2.9.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race | 97 |
| Figure B3.2.9.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex | 98 |
| Figure B3.2.9.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years) | 99 |
| Figure B3.2.9.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 100 |
| Figure B3.2.10 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 | 101 |
| Figure B3.2.10.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region | 102 |
| Figure B3.2.10.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD | 103 |
| Figure B3.2.10.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 104 |
| Figure B3.2.10.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 105 |
| Figure B3.2.10.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race | 106 |
| Figure B3.2.10.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex | 107 |
| Figure B3.2.10.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 108 |
| Figure B3.2.10.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 109 |
| Figure B3.2.11 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 | 110 |
| Figure B3.2.11.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region | 111 |
| Figure B3.2.11.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD | 112 |
| Figure B3.2.11.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 113 |
| Figure B3.2.11.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 114 |
| Figure B3.2.11.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race | 115 |
| Figure B3.2.11.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex | 116 |
| Figure B3.2.11.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years) | 117 |
| Figure B3.2.11.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 118 |

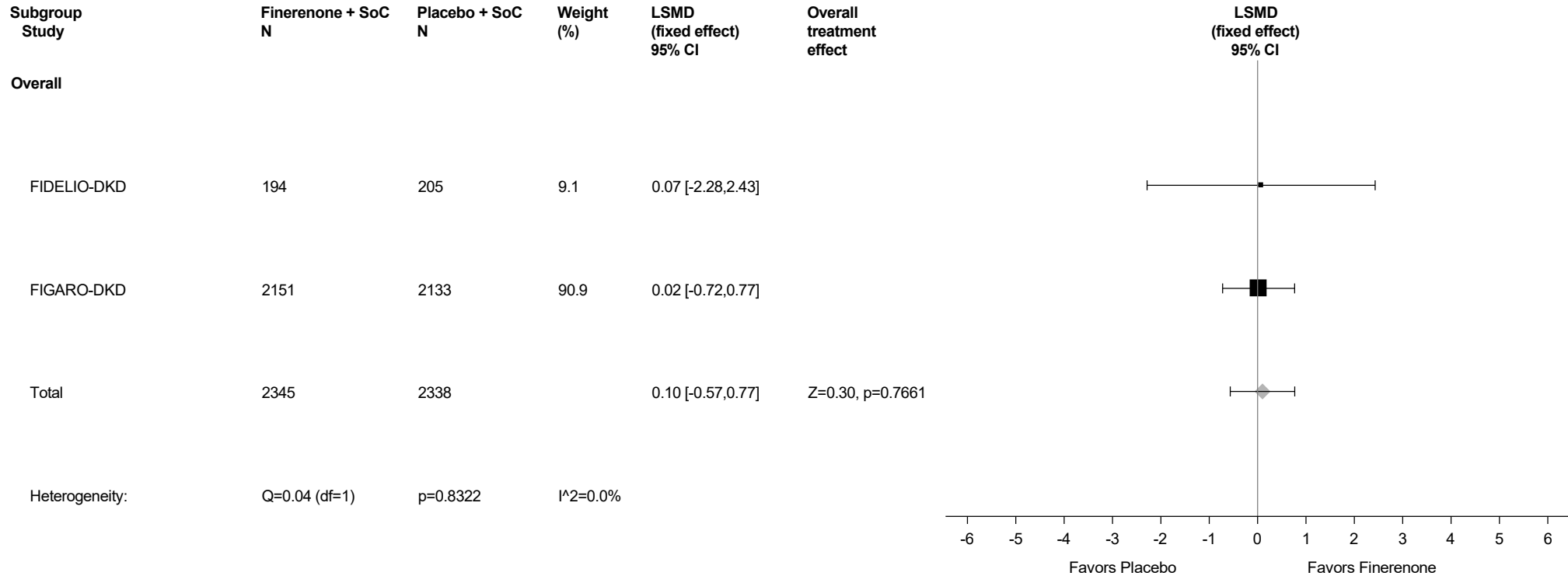
| | | |
|------------------|--|-----|
| Figure B3.2.12 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 | 119 |
| Figure B3.2.12.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 120 |
| Figure B3.2.12.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 121 |
| Figure B3.2.12.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 122 |
| Figure B3.2.12.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 123 |
| Figure B3.2.12.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 124 |
| Figure B3.2.12.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 125 |
| Figure B3.2.12.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 126 |
| Figure B3.2.12.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 127 |
| Figure B3.3.1 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 | 128 |
| Figure B3.3.1.1 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Region | 129 |
| Figure B3.3.1.2 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD | 130 |
| Figure B3.3.1.3 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 131 |
| Figure B3.3.1.4 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 132 |
| Figure B3.3.1.5 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Race | 133 |
| Figure B3.3.1.6 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex | 134 |
| Figure B3.3.1.7 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years) | 135 |
| Figure B3.3.1.8 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening | 136 |
| Figure B3.3.2 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 | 137 |
| Figure B3.3.2.1 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Region | 138 |
| Figure B3.3.2.2 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD | 139 |
| Figure B3.3.2.3 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 140 |
| Figure B3.3.2.4 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 141 |
| Figure B3.3.2.5 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Race | 142 |
| Figure B3.3.2.6 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex | 143 |
| Figure B3.3.2.7 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years) | 144 |
| Figure B3.3.2.8 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening | 145 |
| Figure B3.3.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 | 146 |
| Figure B3.3.3.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region | 147 |
| Figure B3.3.3.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD | 148 |
| Figure B3.3.3.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 149 |
| Figure B3.3.3.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 150 |
| Figure B3.3.3.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race | 151 |
| Figure B3.3.3.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex | 152 |
| Figure B3.3.3.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years) | 153 |
| Figure B3.3.3.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 154 |
| Figure B3.3.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 | 155 |
| Figure B3.3.4.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region | 156 |
| Figure B3.3.4.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD | 157 |
| Figure B3.3.4.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 158 |

| | | |
|-----------------|---|-----|
| Figure B3.3.4.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 159 |
| Figure B3.3.4.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race | 160 |
| Figure B3.3.4.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex | 161 |
| Figure B3.3.4.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years) | 162 |
| Figure B3.3.4.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 163 |
| Figure B3.3.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 | 164 |
| Figure B3.3.5.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region | 165 |
| Figure B3.3.5.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD | 166 |
| Figure B3.3.5.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 167 |
| Figure B3.3.5.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 168 |
| Figure B3.3.5.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race | 169 |
| Figure B3.3.5.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex | 170 |
| Figure B3.3.5.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 171 |
| Figure B3.3.5.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 172 |
| Figure B3.3.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 | 173 |
| Figure B3.3.6.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region | 174 |
| Figure B3.3.6.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD | 175 |
| Figure B3.3.6.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 176 |
| Figure B3.3.6.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 177 |
| Figure B3.3.6.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race | 178 |
| Figure B3.3.6.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex | 179 |
| Figure B3.3.6.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years) | 180 |
| Figure B3.3.6.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 181 |
| Figure B3.3.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 | 182 |
| Figure B3.3.7.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 183 |
| Figure B3.3.7.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 184 |
| Figure B3.3.7.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 185 |
| Figure B3.3.7.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 186 |
| Figure B3.3.7.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 187 |
| Figure B3.3.7.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 188 |
| Figure B3.3.7.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 189 |
| Figure B3.3.7.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 190 |
| Figure B3.3.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 | 191 |
| Figure B3.3.8.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region | 192 |

| | | |
|------------------|---|-----|
| Figure B3.3.8.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD | 193 |
| Figure B3.3.8.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 194 |
| Figure B3.3.8.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 195 |
| Figure B3.3.8.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race | 196 |
| Figure B3.3.8.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex | 197 |
| Figure B3.3.8.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years) | 198 |
| Figure B3.3.8.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 199 |
| Figure B3.3.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 | 200 |
| Figure B3.3.9.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region | 201 |
| Figure B3.3.9.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD | 202 |
| Figure B3.3.9.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 203 |
| Figure B3.3.9.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 204 |
| Figure B3.3.9.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race | 205 |
| Figure B3.3.9.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex | 206 |
| Figure B3.3.9.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years) | 207 |
| Figure B3.3.9.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 208 |
| Figure B3.3.10 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 | 209 |
| Figure B3.3.10.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region | 210 |
| Figure B3.3.10.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD | 211 |
| Figure B3.3.10.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 212 |
| Figure B3.3.10.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 213 |
| Figure B3.3.10.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race | 214 |
| Figure B3.3.10.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex | 215 |
| Figure B3.3.10.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 216 |
| Figure B3.3.10.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 217 |
| Figure B3.3.11 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 | 218 |
| Figure B3.3.11.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region | 219 |
| Figure B3.3.11.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD | 220 |
| Figure B3.3.11.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 221 |
| Figure B3.3.11.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 222 |
| Figure B3.3.11.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race | 223 |
| Figure B3.3.11.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex | 224 |
| Figure B3.3.11.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years) | 225 |
| Figure B3.3.11.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 226 |

| | | |
|------------------|---|-----|
| Figure B3.3.12 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 | 227 |
| Figure B3.3.12.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 228 |
| Figure B3.3.12.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 229 |
| Figure B3.3.12.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 230 |
| Figure B3.3.12.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 231 |
| Figure B3.3.12.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 232 |
| Figure B3.3.12.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 233 |
| Figure B3.3.12.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 234 |
| Figure B3.3.12.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 235 |

Figure B3.0.1: EQ-5D VAS - Forest Plot for MMRM of Change from Baseline Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



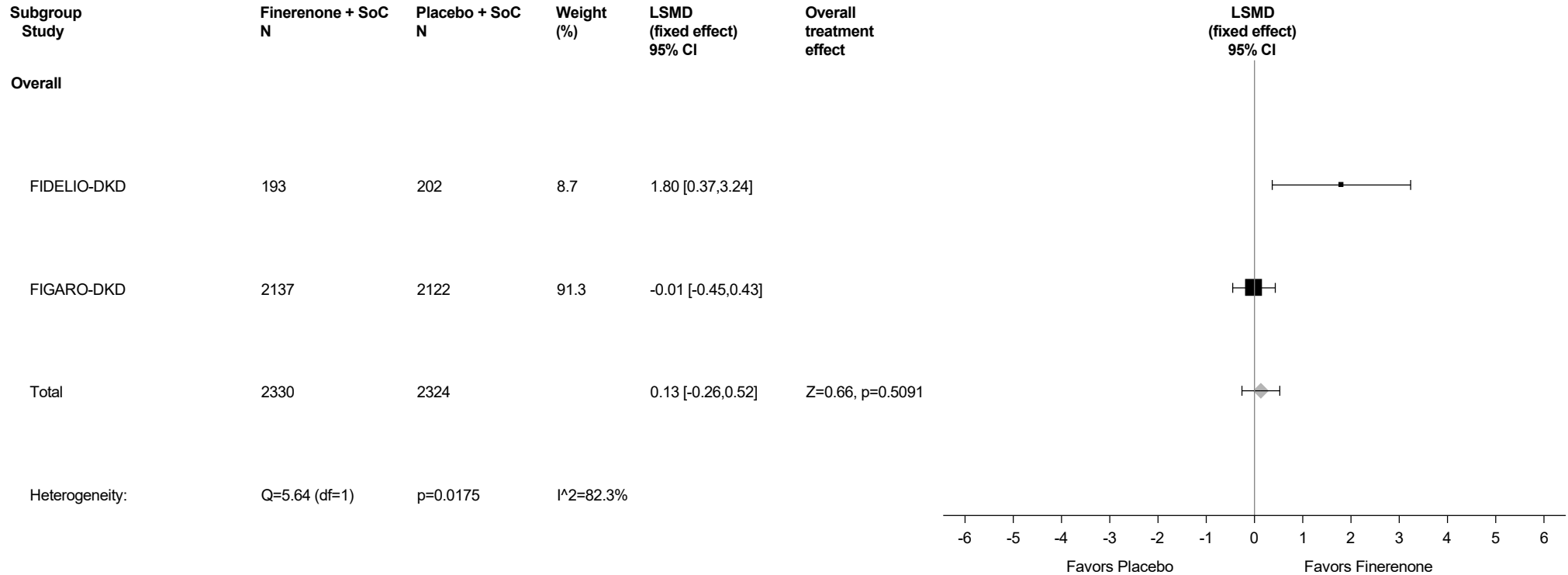
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the LSMD is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group.

For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

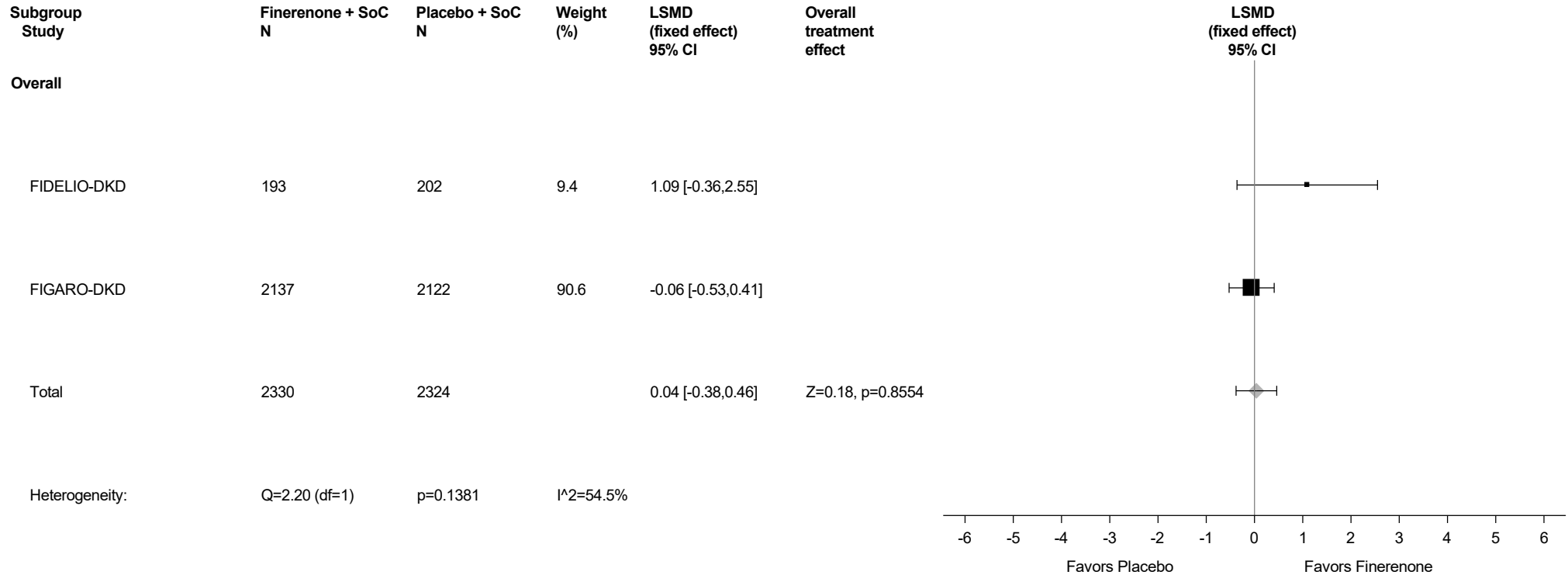
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.0.2: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



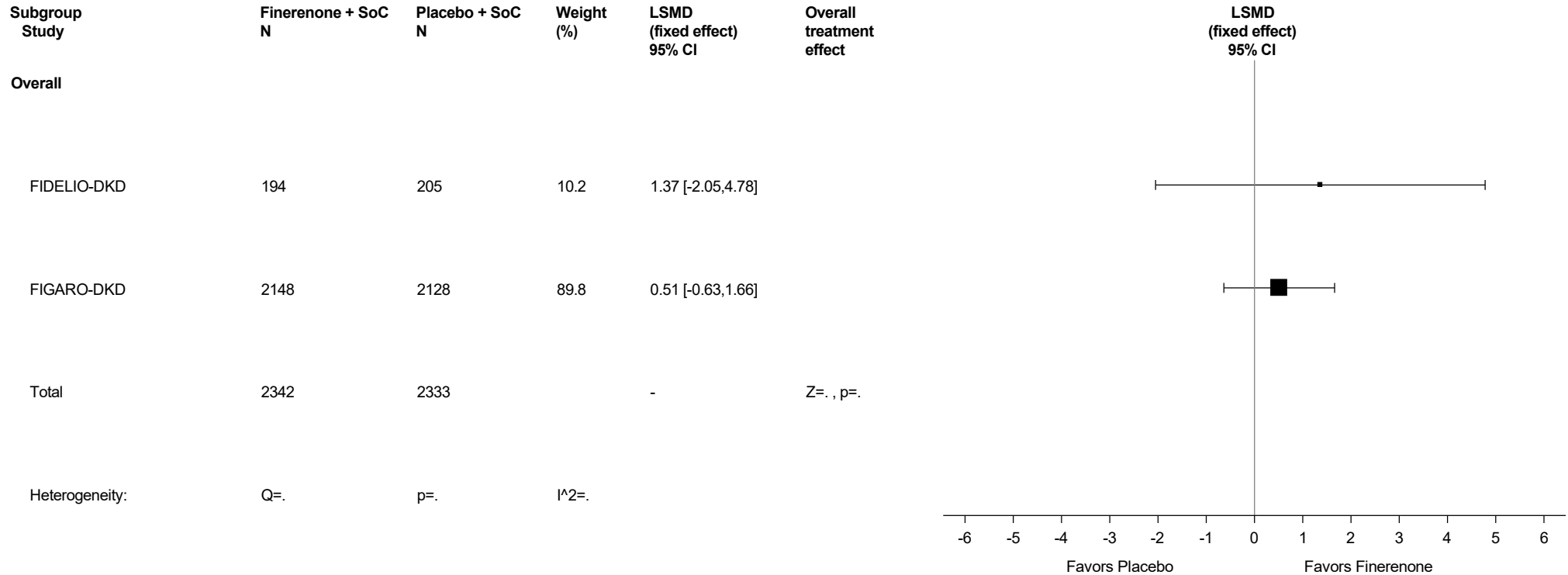
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care.
 Note: For 'Total' the LSMD is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group.
 For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.0.3: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



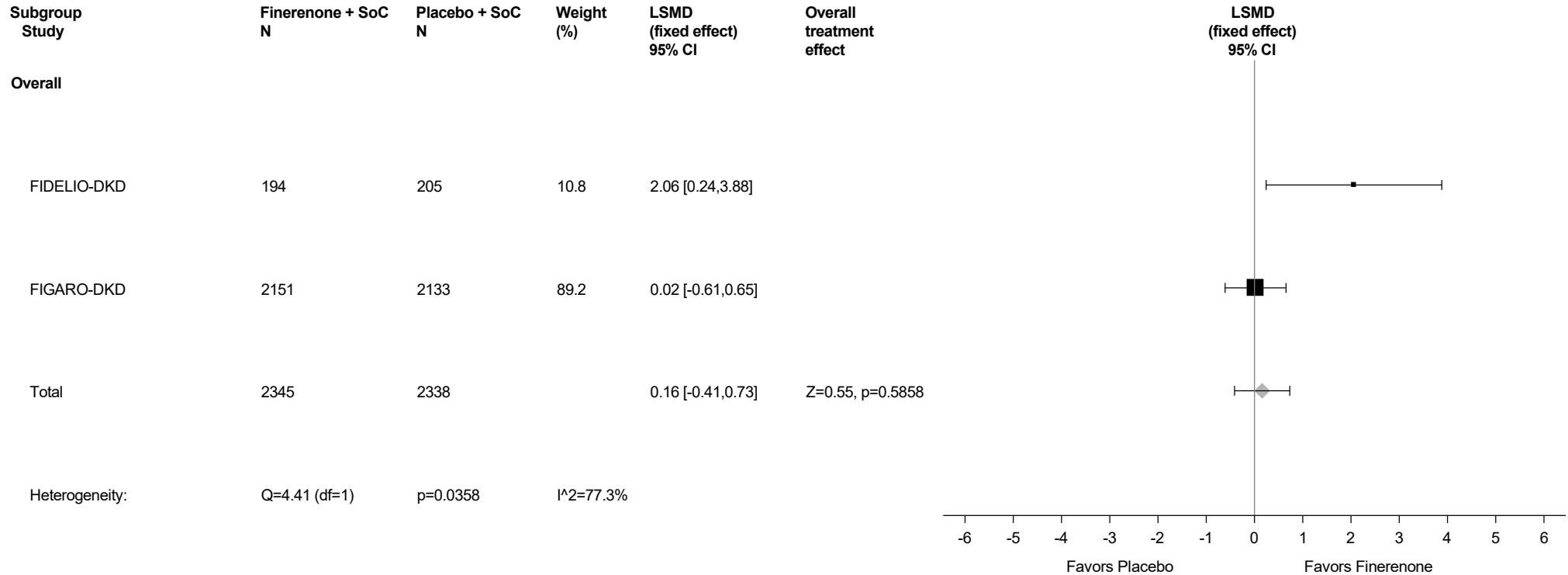
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care.
 Note: For 'Total' the LSMD is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group.
 For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.0.4: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



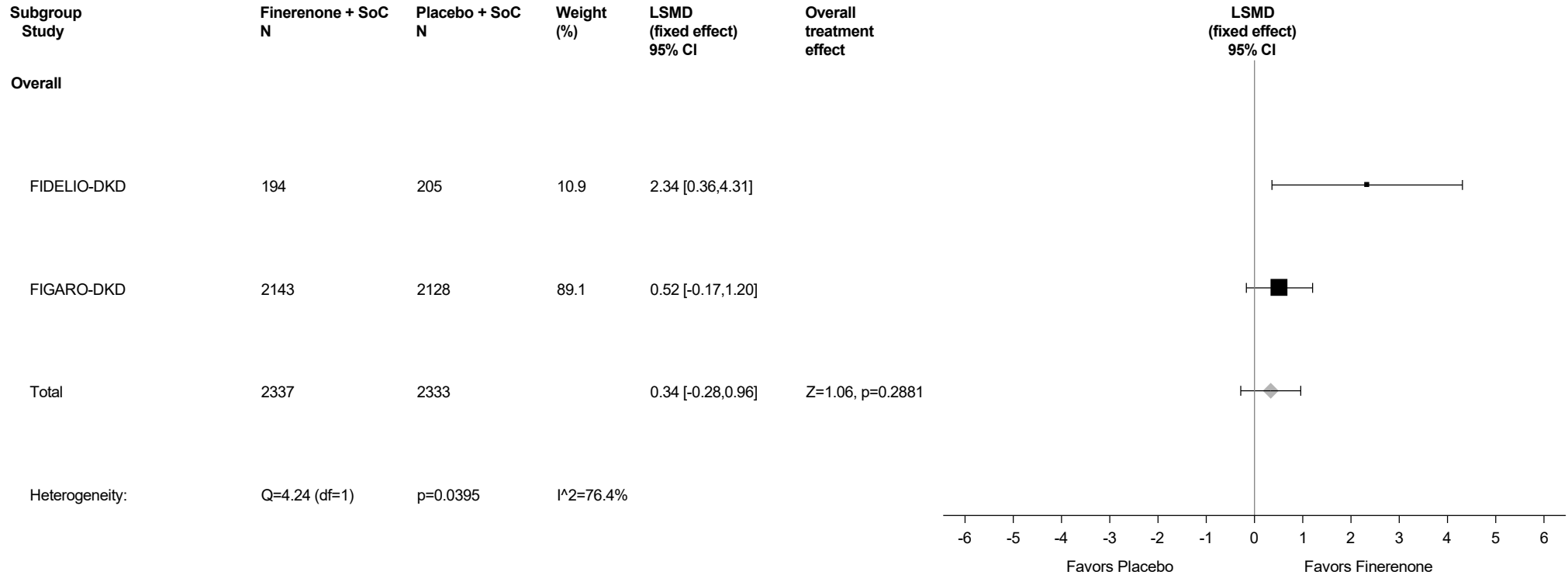
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care.
 Note: For 'Total' the LSMD is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group.
 For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.0.5: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



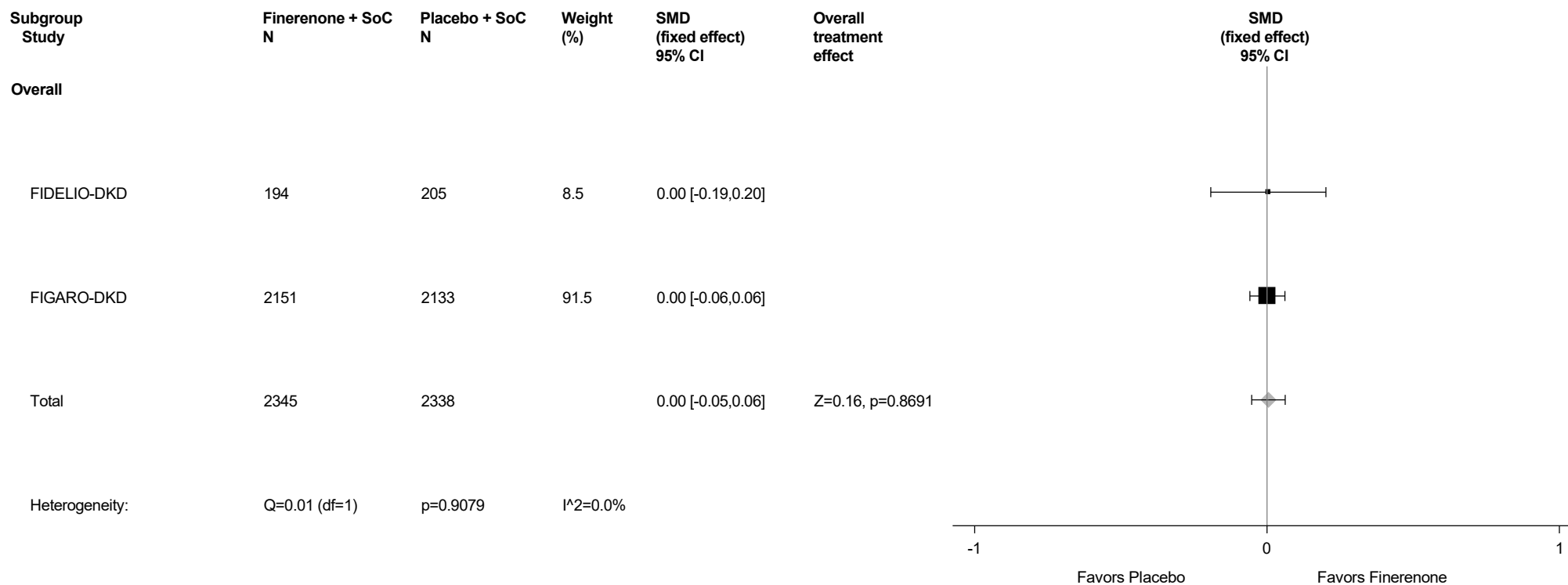
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care.
 Note: For 'Total' the LSMD is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group.
 For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.0.6: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



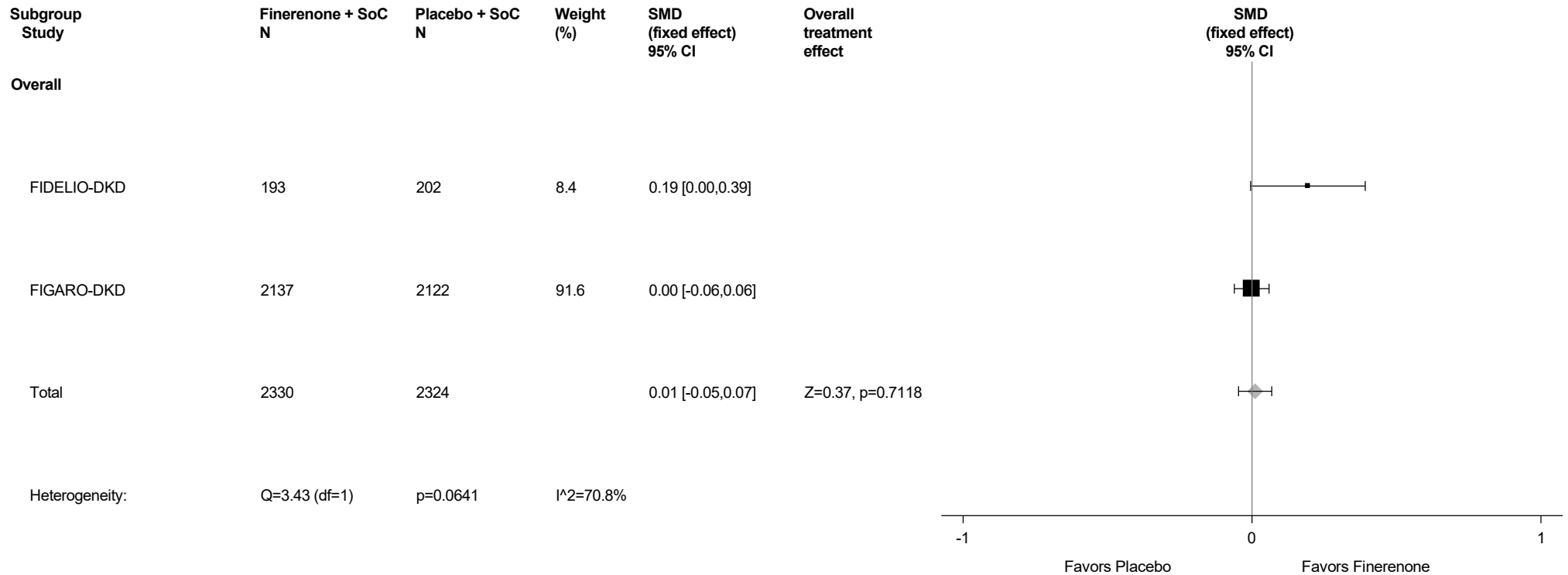
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care.
 Note: For 'Total' the LSMD is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group.
 For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.1.1: EQ-5D VAS - Forest Plot for MMRM of Change from Baseline Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



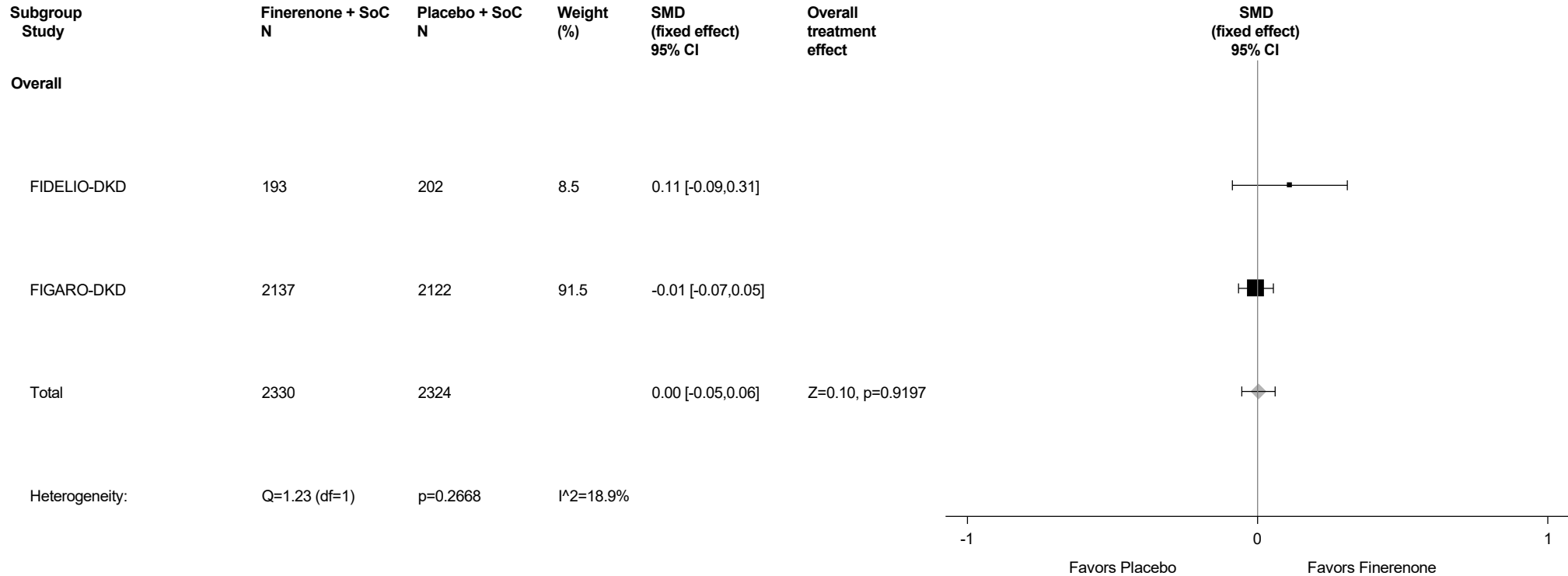
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care, VAS=Visual Analogue Scale.
 Note: SMD is estimated by Hedges g. For 'Total' this is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.1.2: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



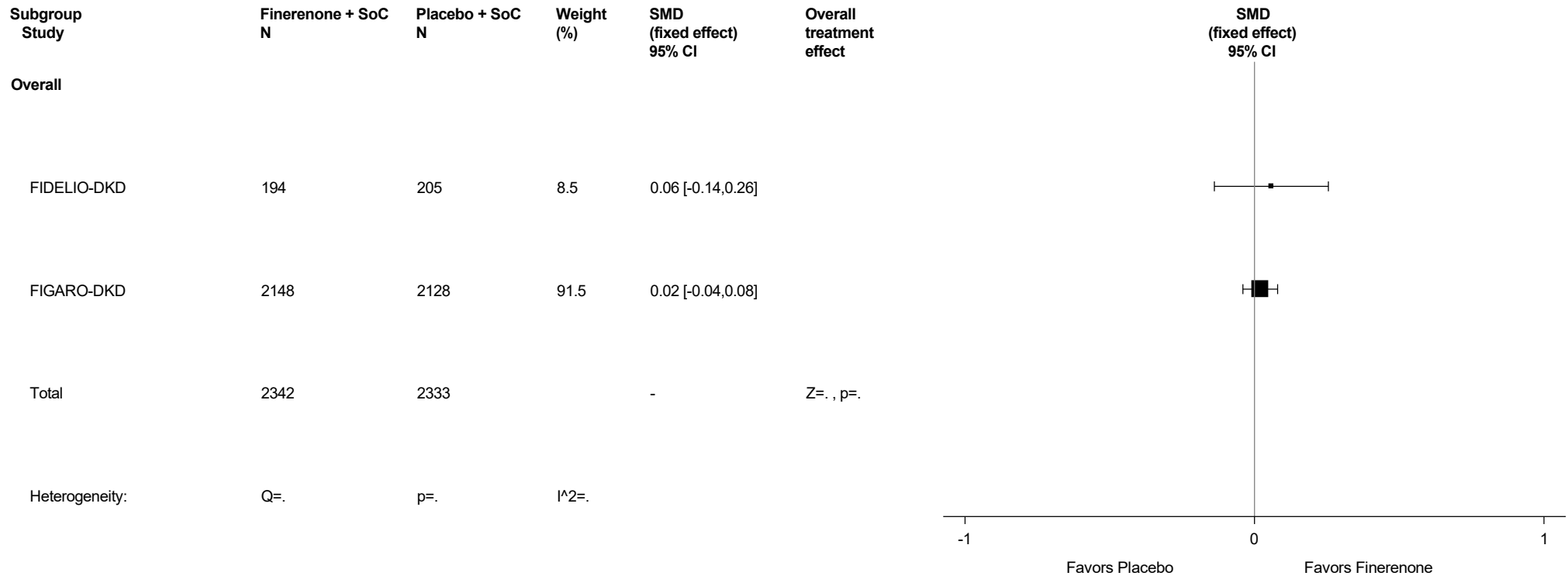
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.
 Note: SMD is estimated by Hedges g. For 'Total' this is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.1.3: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



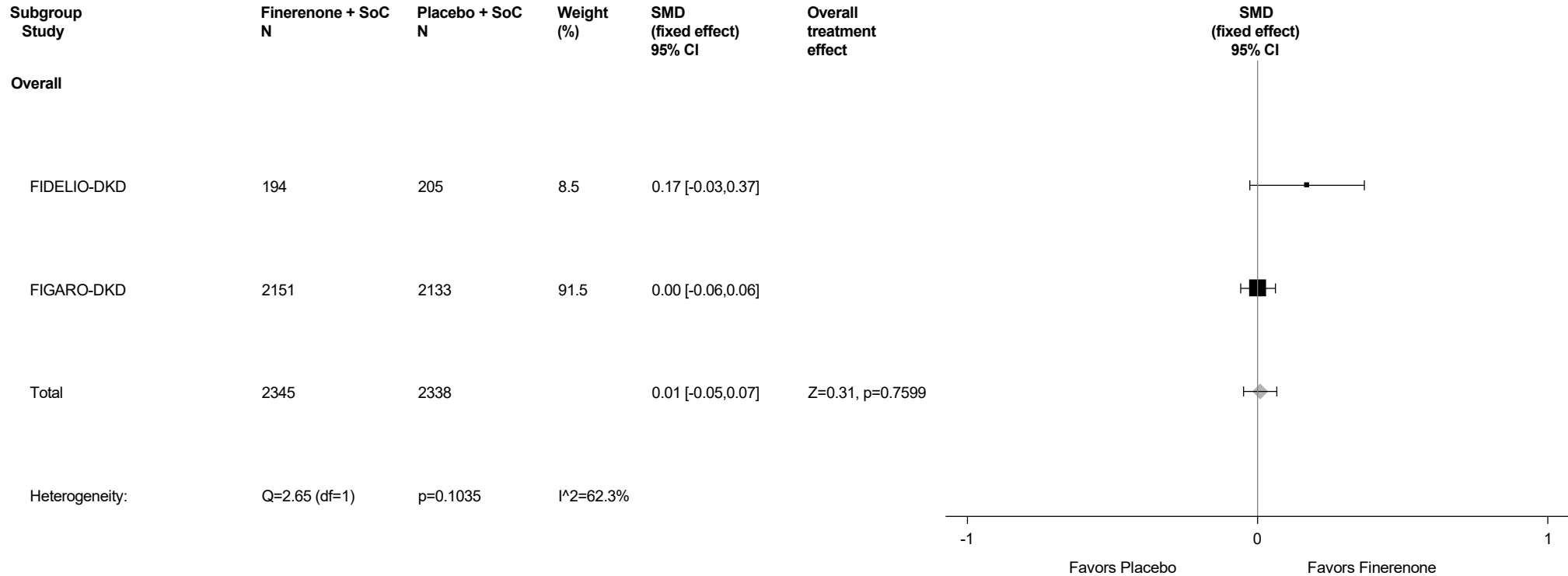
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.
 Note: SMD is estimated by Hedges g. For 'Total' this is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.1.4: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



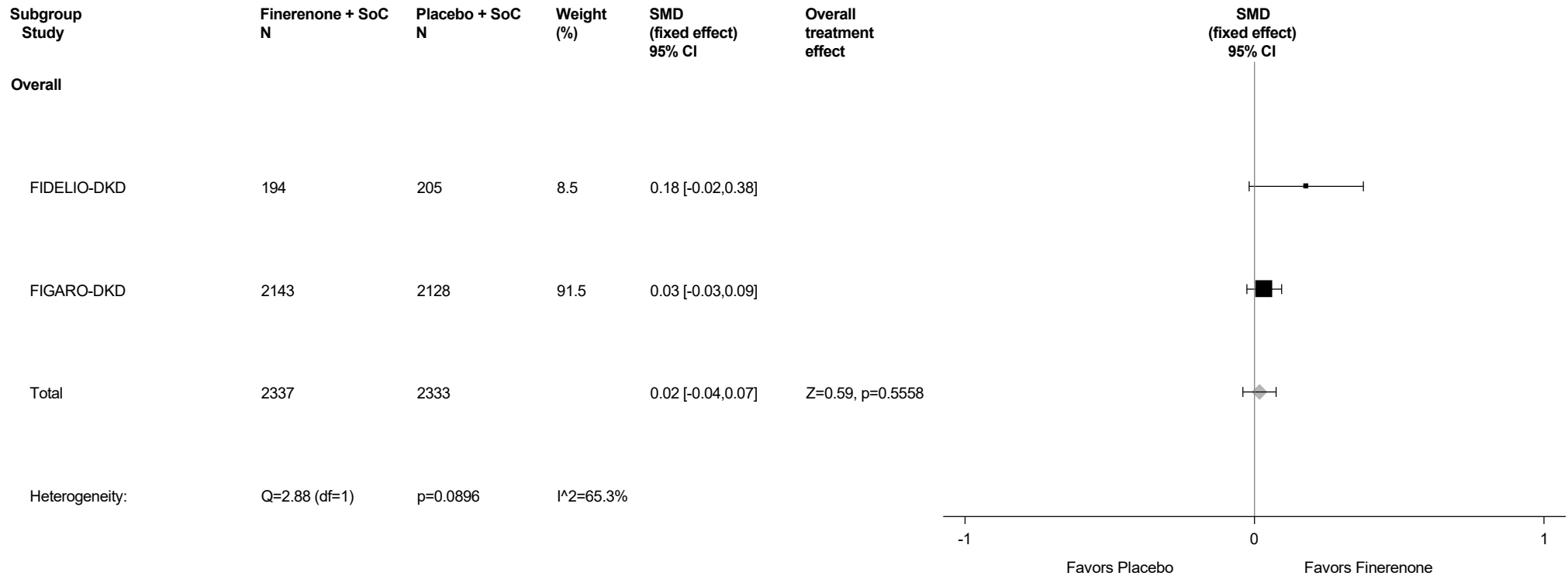
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.
 Note: SMD is estimated by Hedges g. For 'Total' this is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.1.5: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



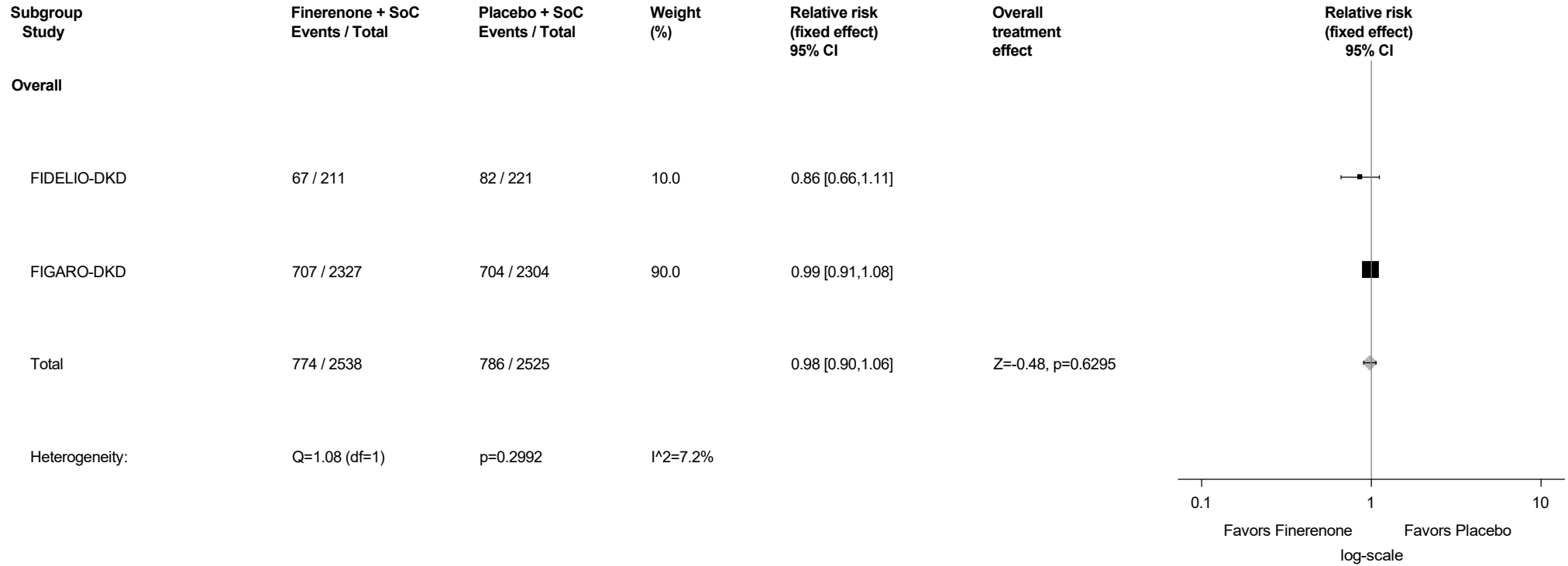
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.
 Note: SMD is estimated by Hedges g. For 'Total' this is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.1.6: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



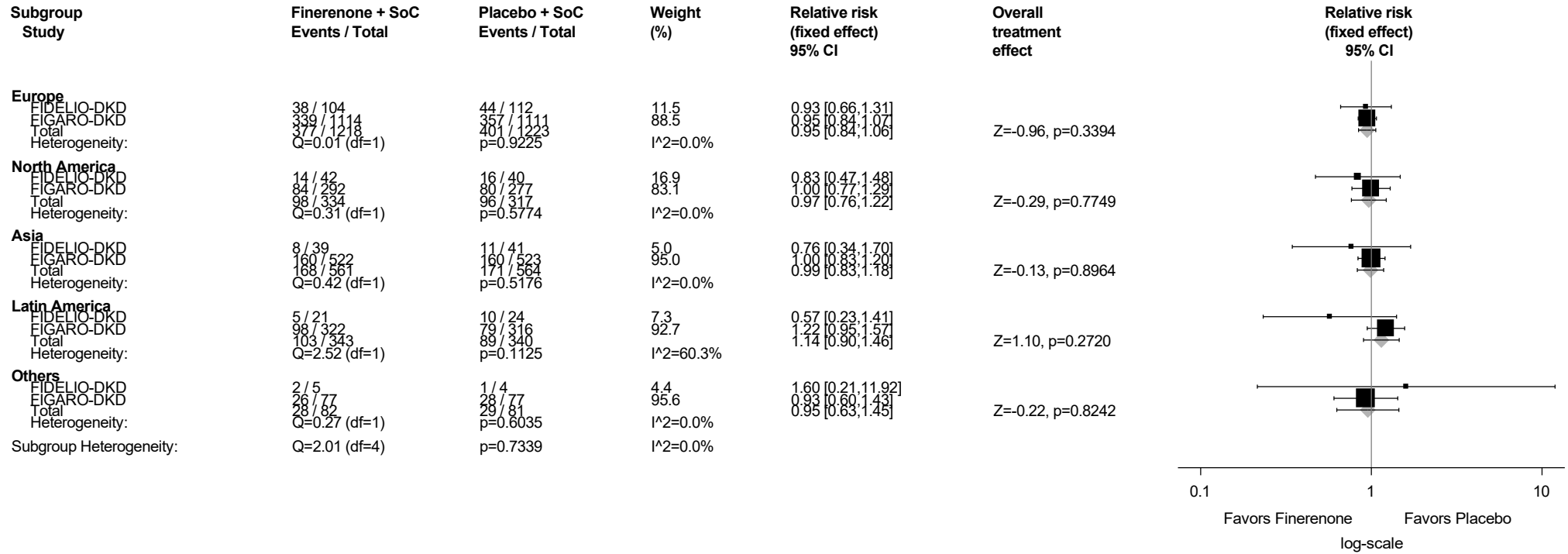
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.
 Note: SMD is estimated by Hedges g. For 'Total' this is estimated by a MIXED Model with factors treatment group, region, type of albuminuria at screening, CVD history, study, time, treatment*time, baseline value and baseline value*time as covariate using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.1: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.
 Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.
 Analysis is based on all post-baseline assessments available for this parameter.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.1.1: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



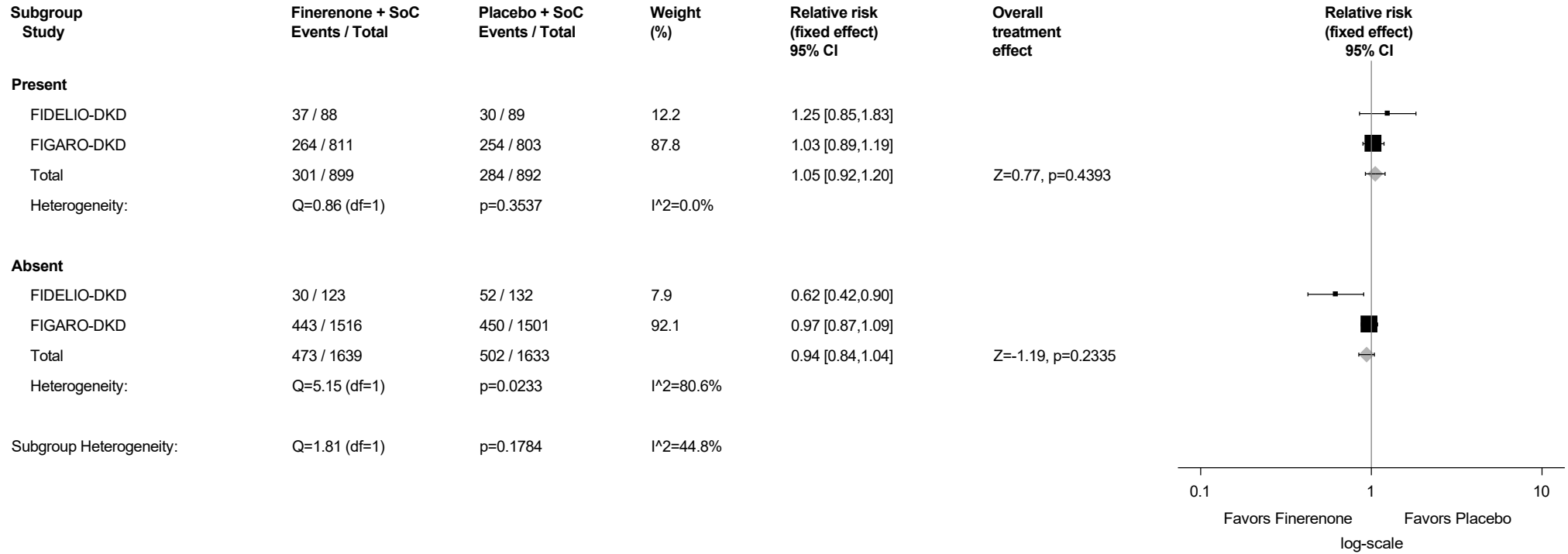
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.1.2: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



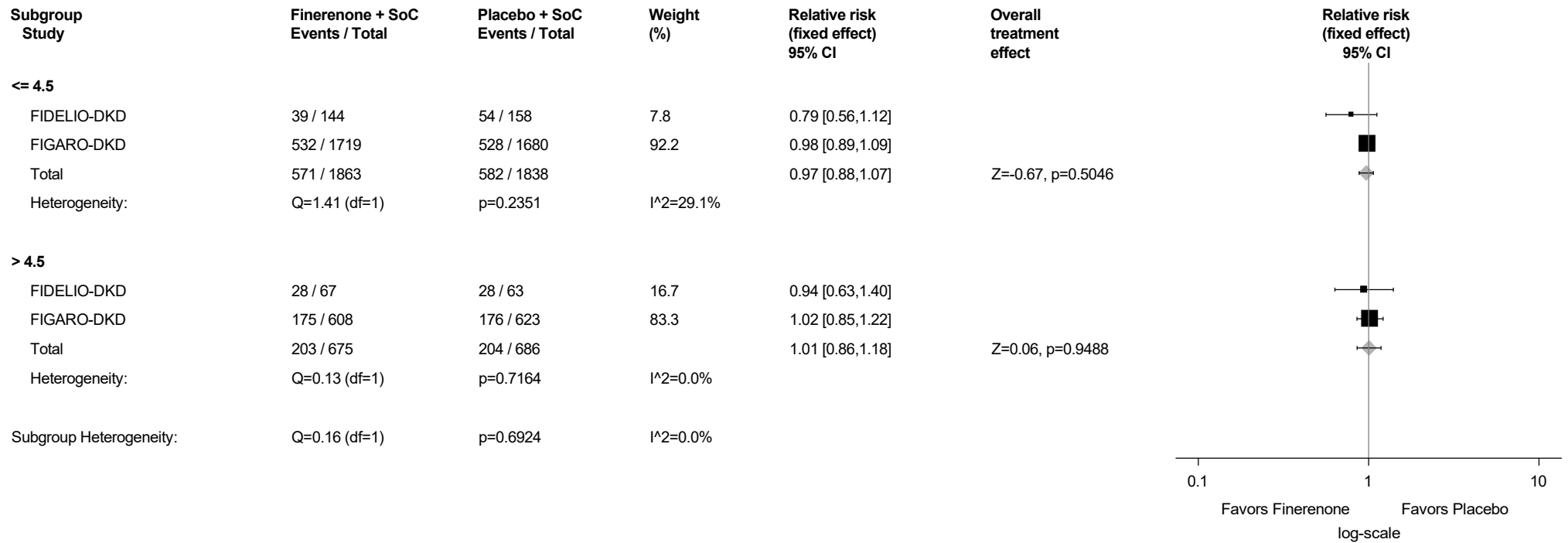
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.1.3: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline

Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

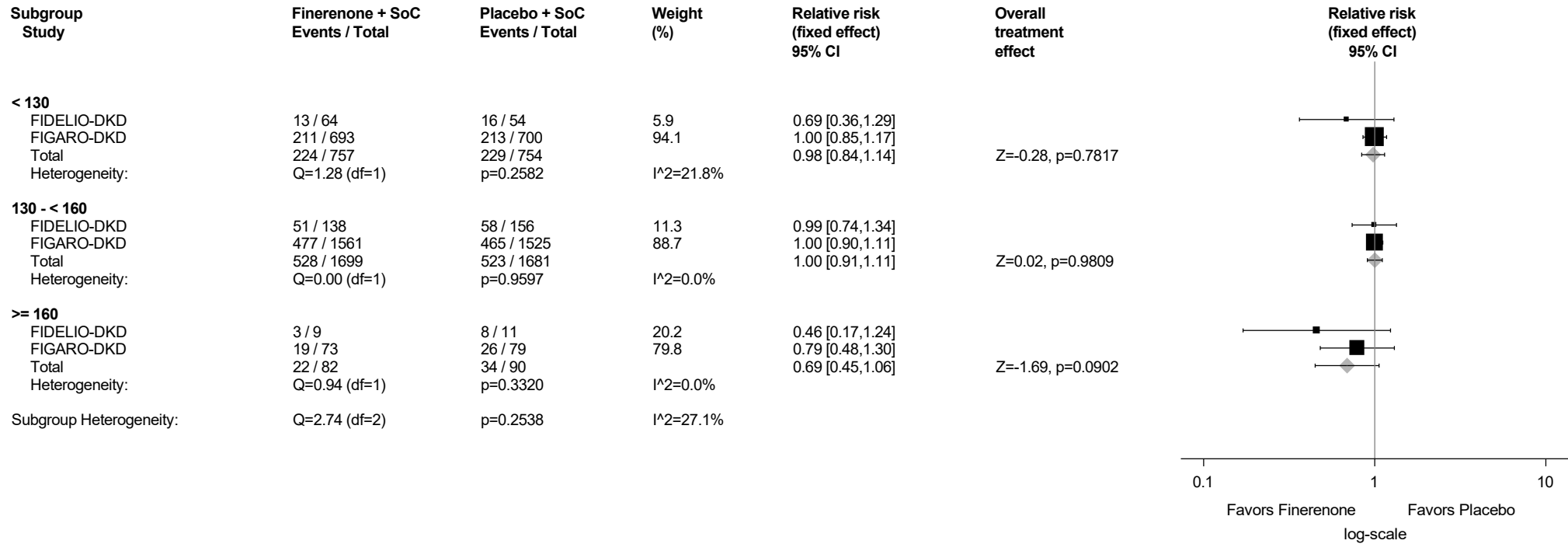
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.1.4: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



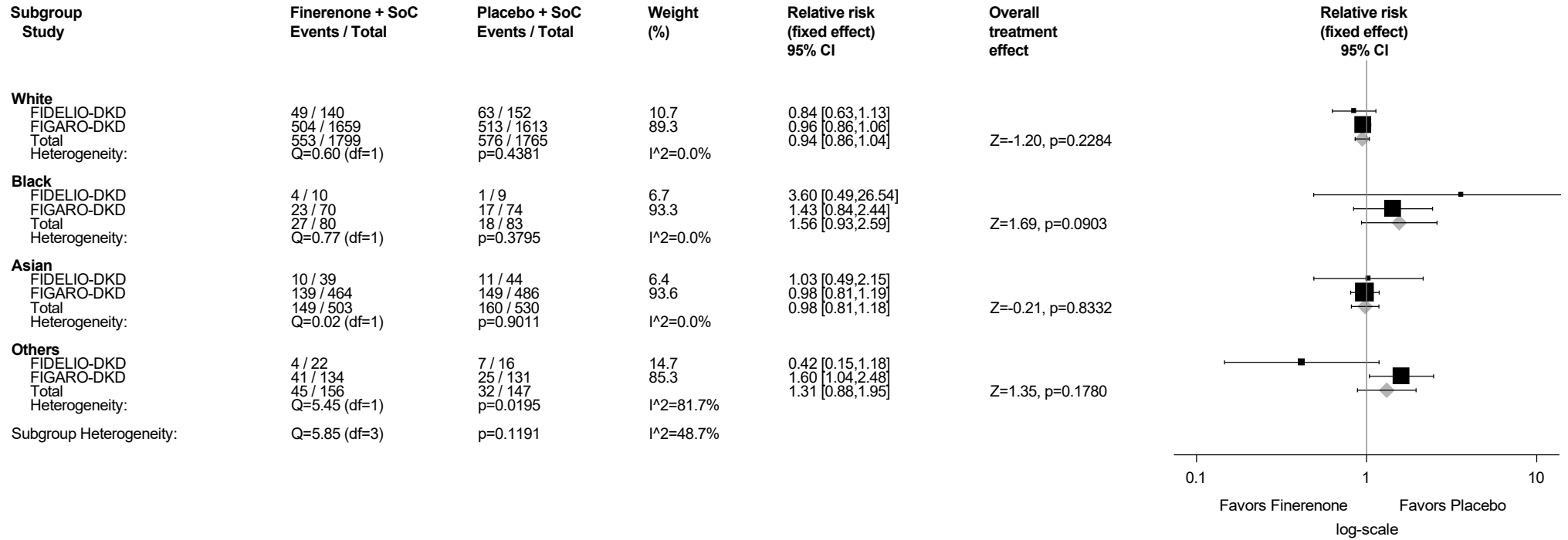
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.1.5: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Race
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

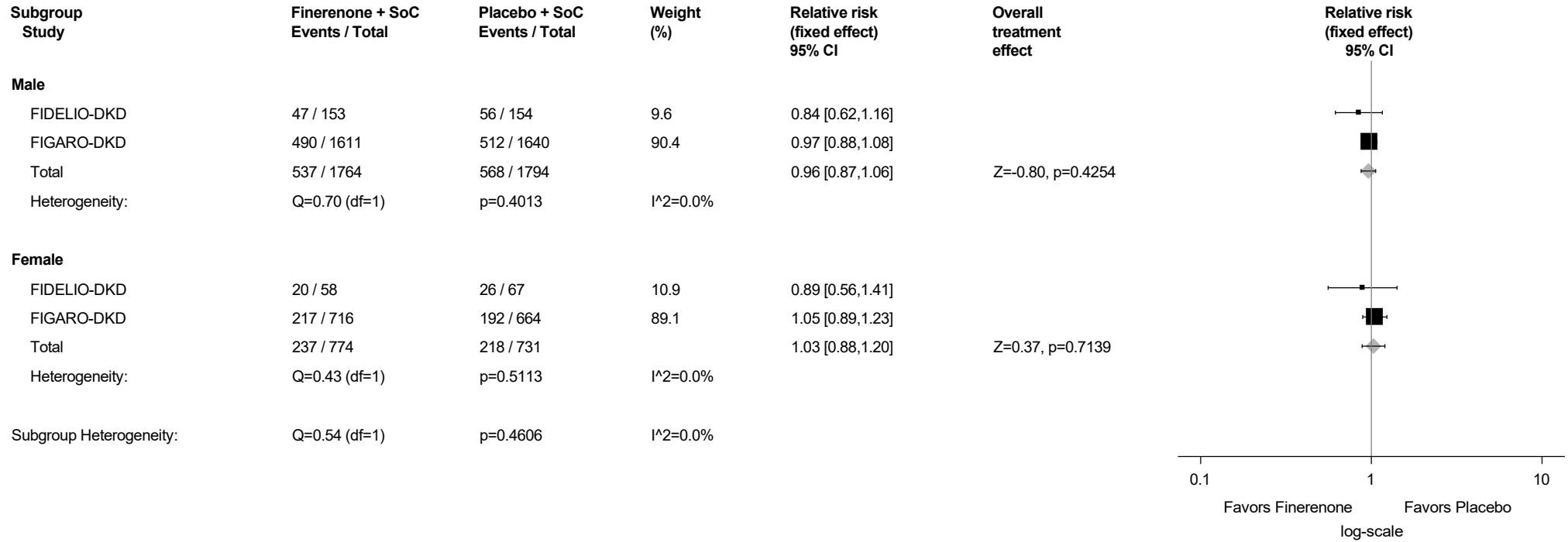
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.1.6: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

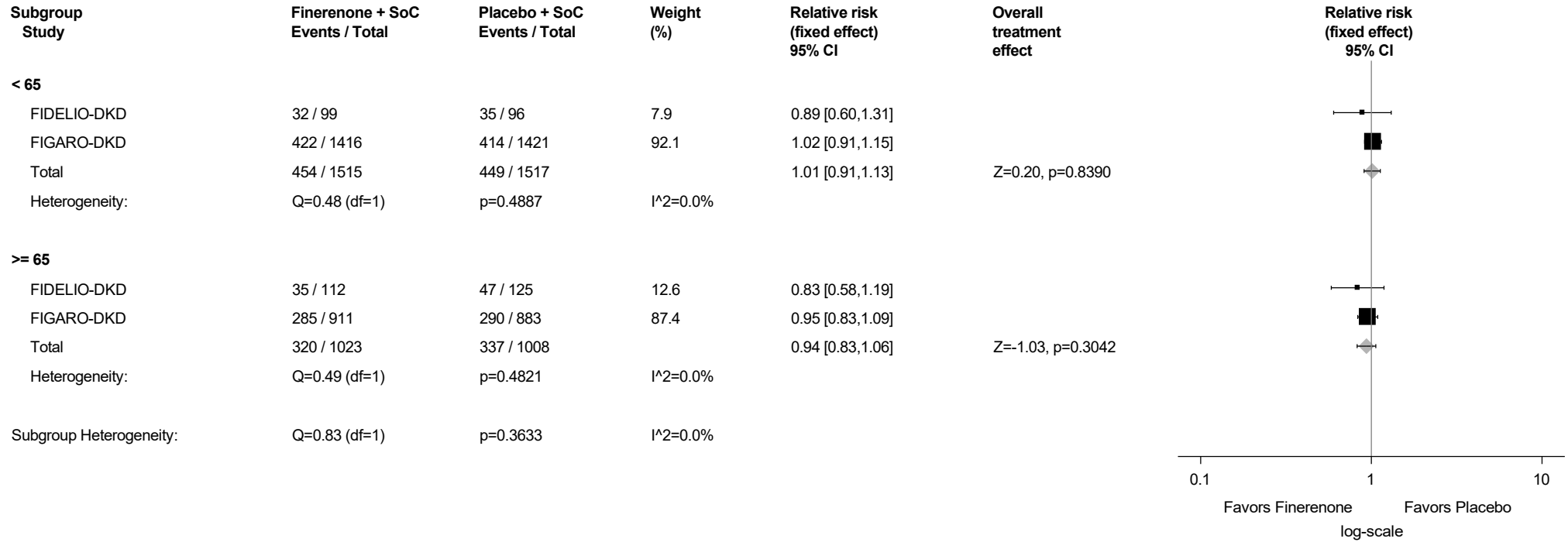
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.1.7: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

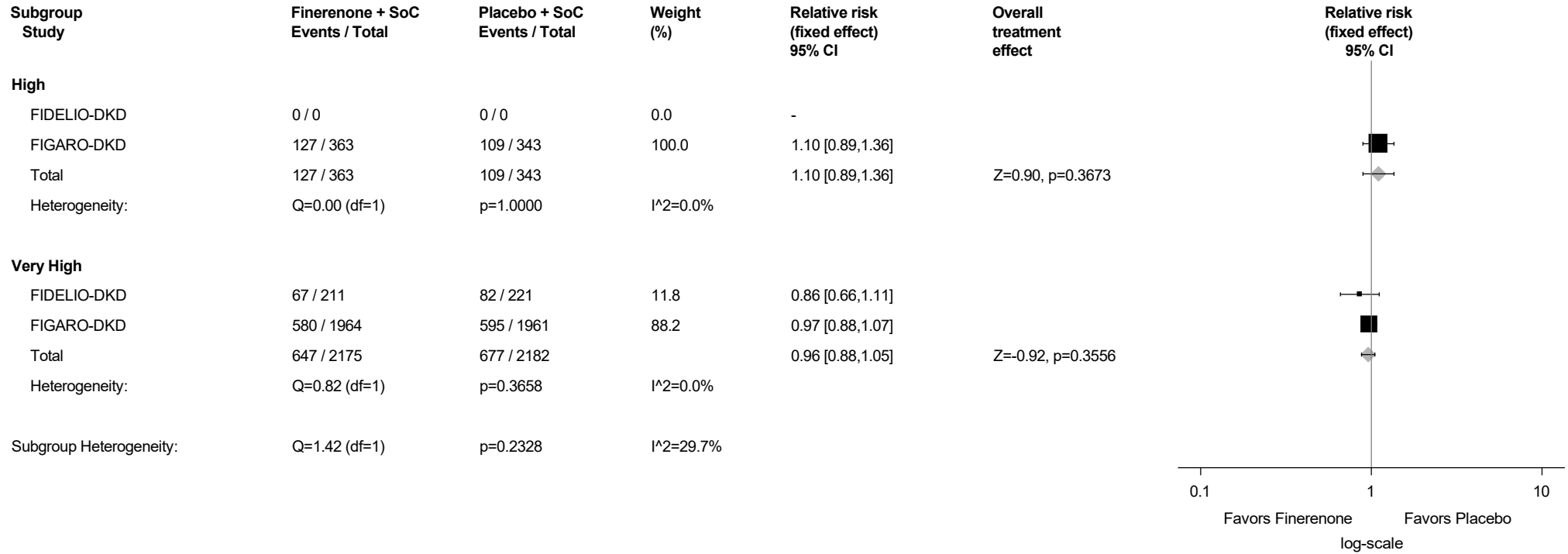
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.1.8: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



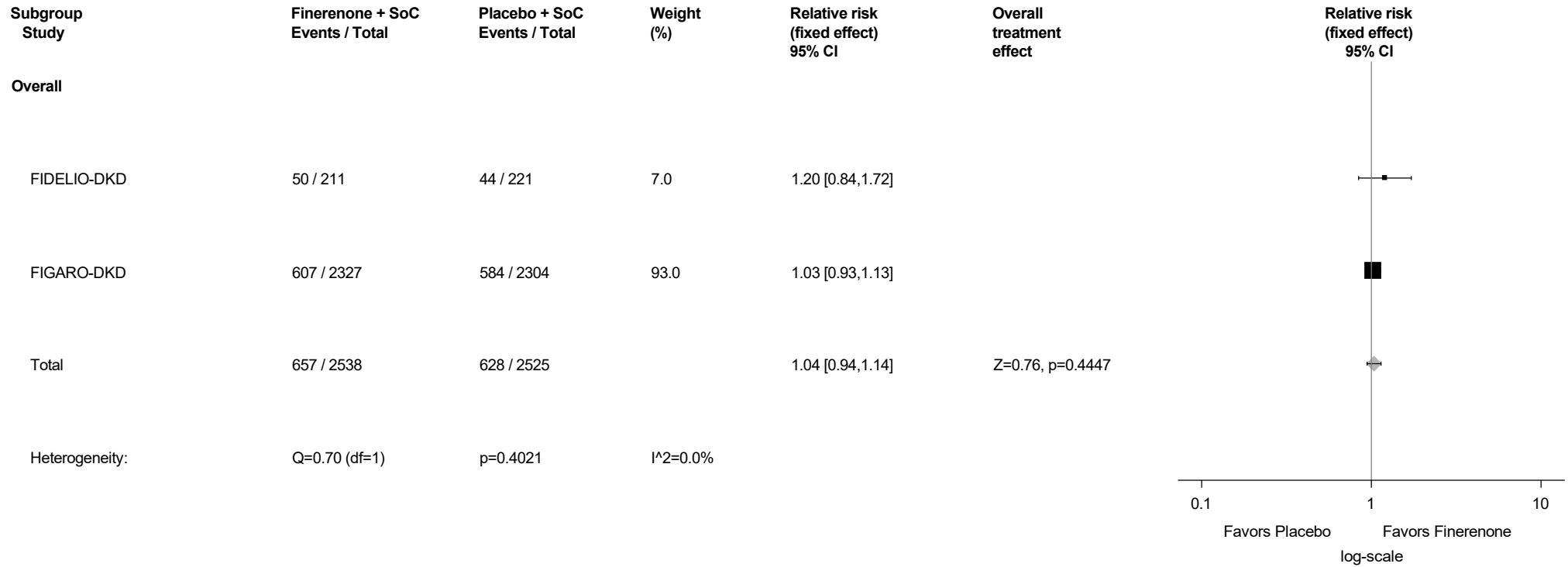
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.2: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



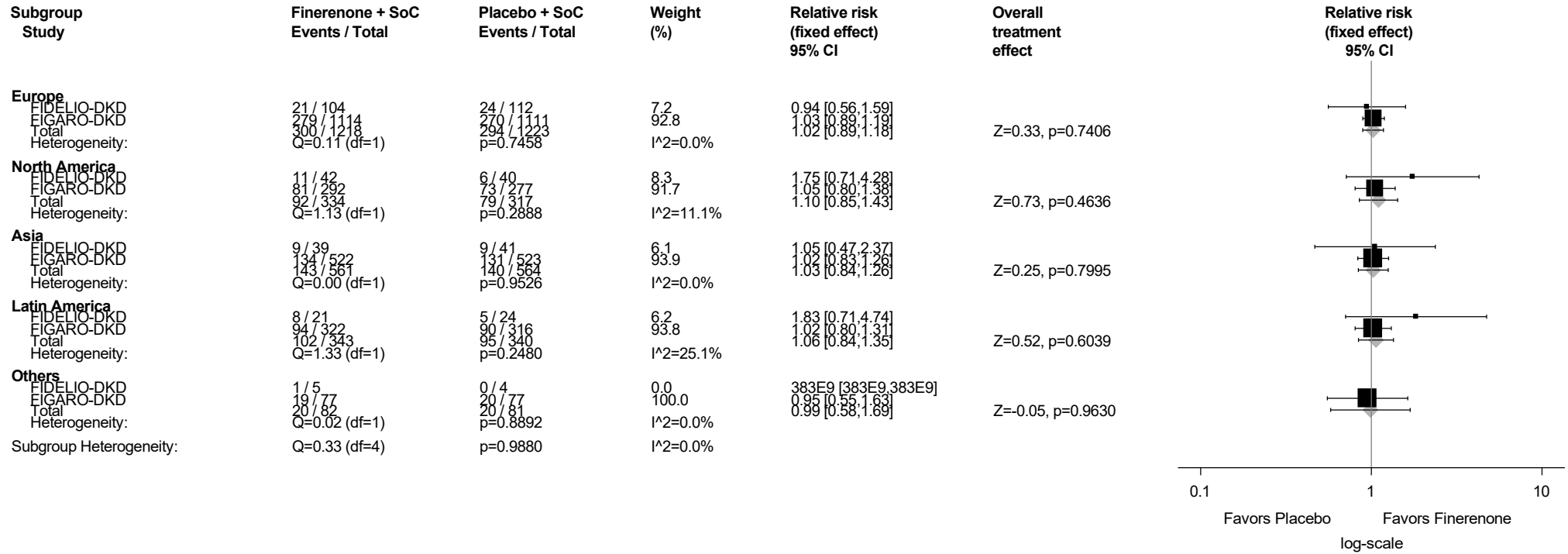
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.2.1: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



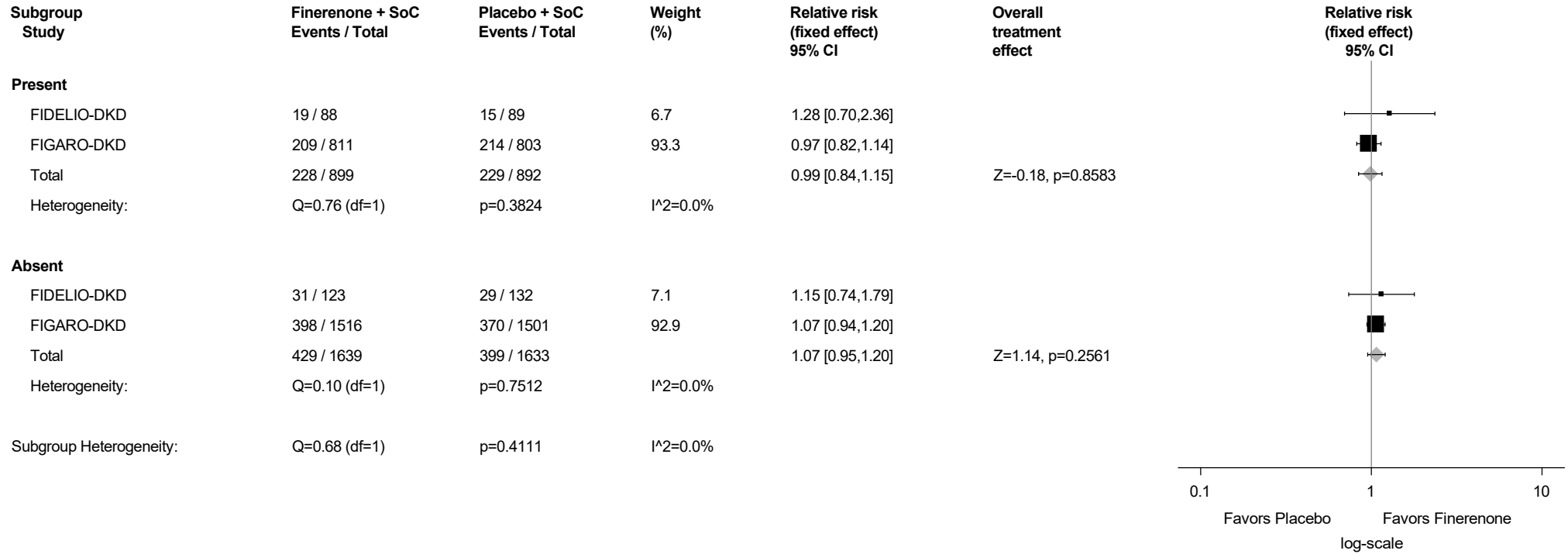
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.2.2: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



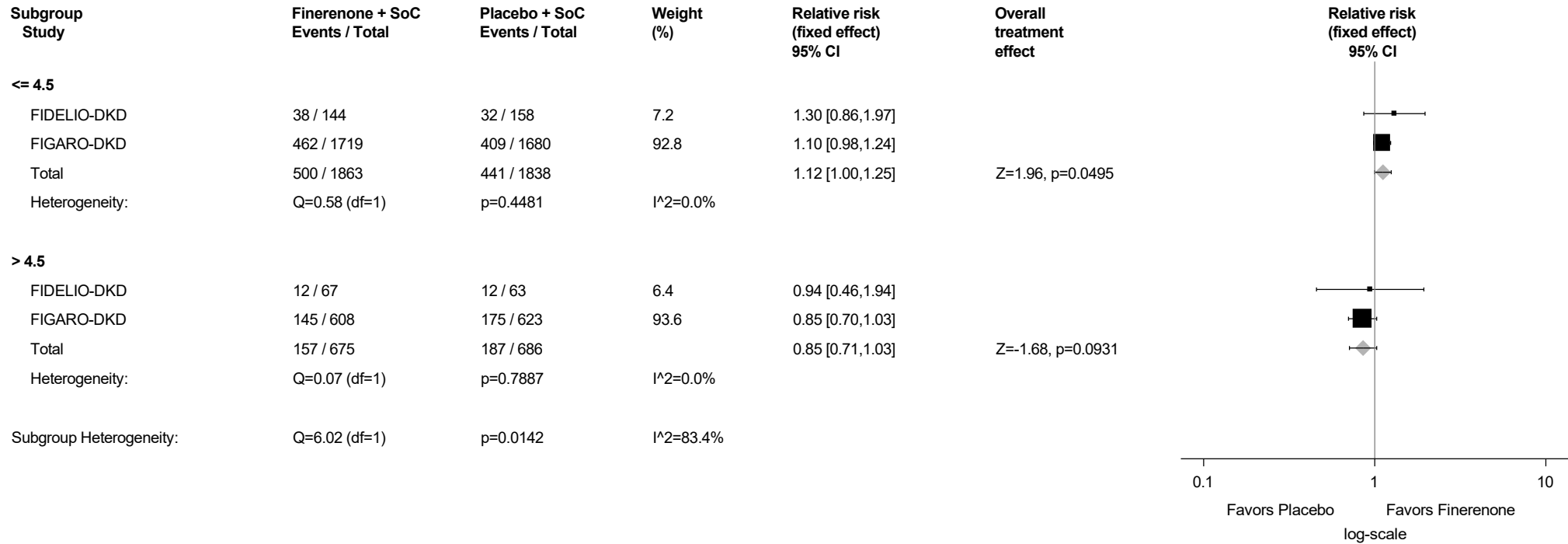
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.2.3: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



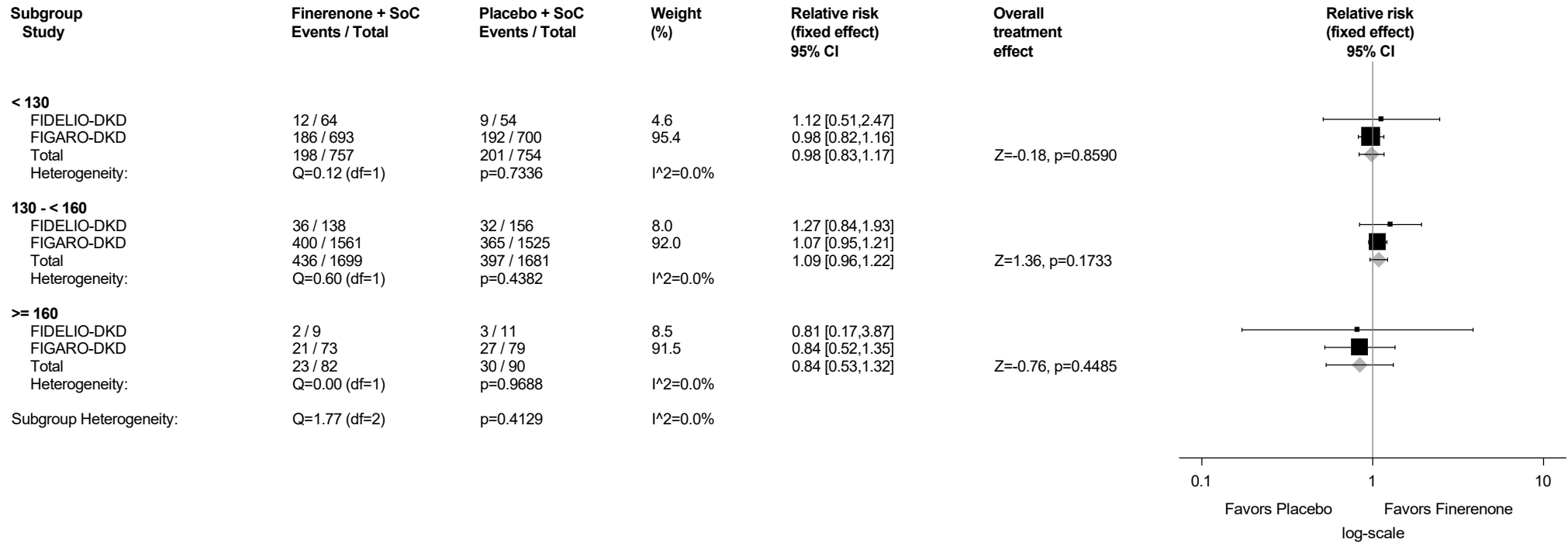
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.2.4: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



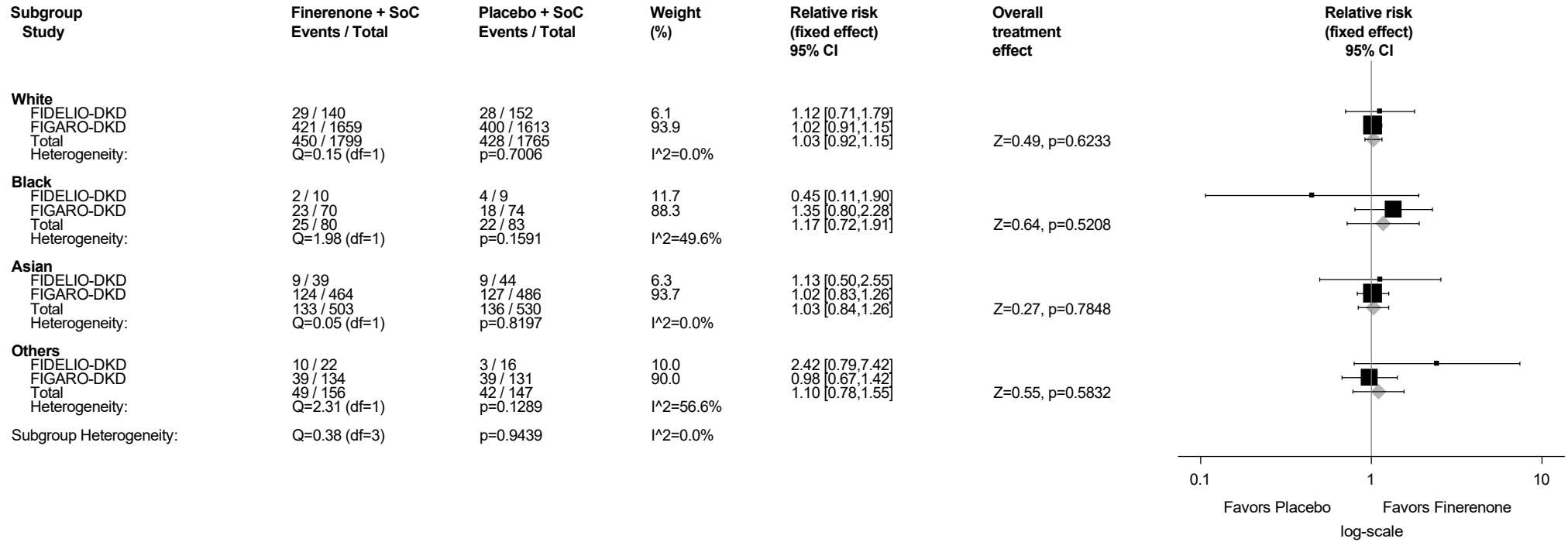
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.2.5: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Race
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

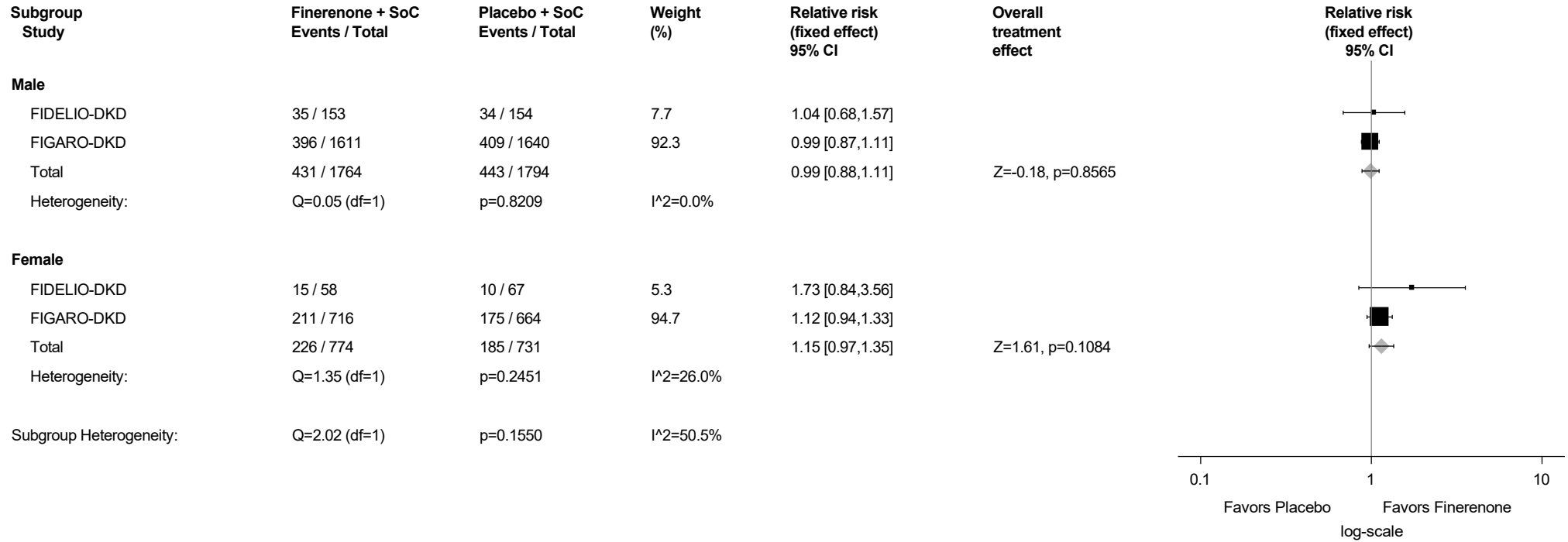
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.2.6: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

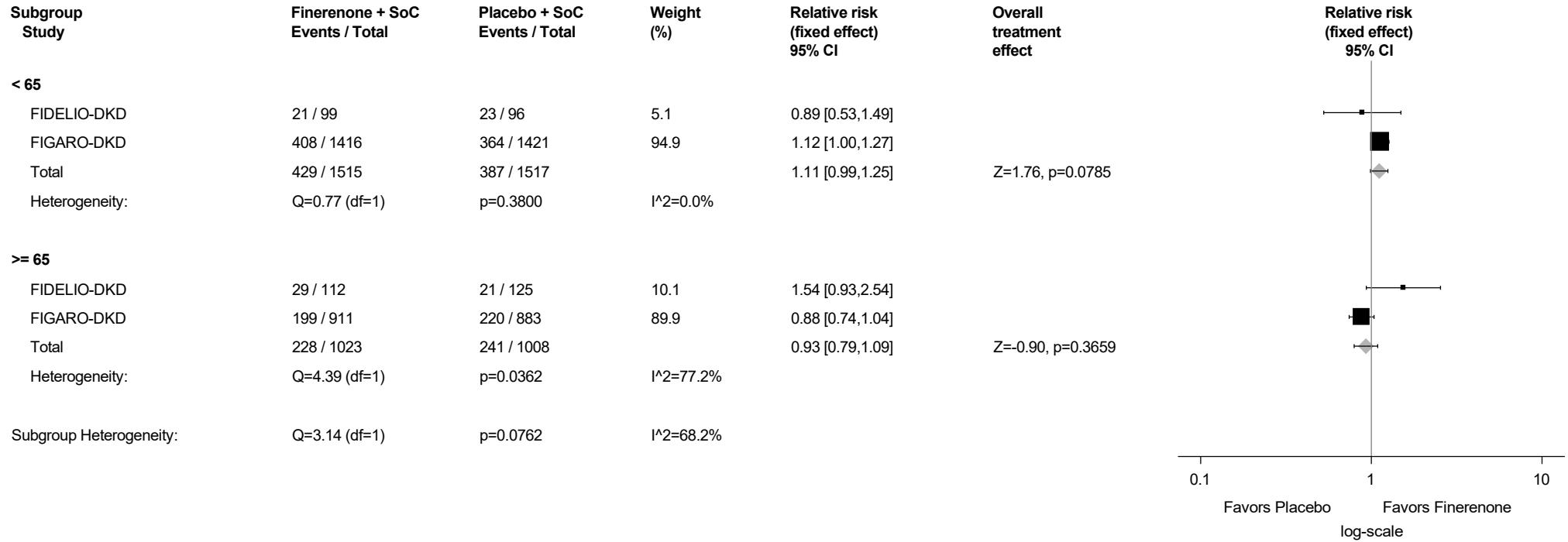
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.2.7: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

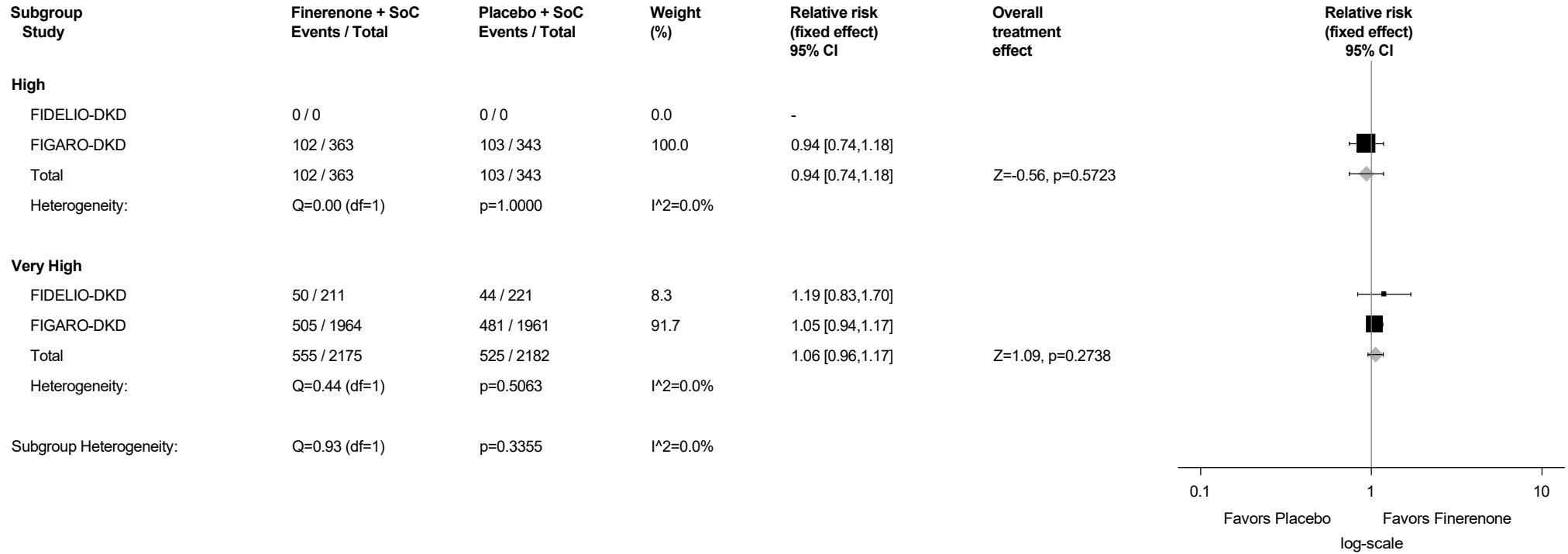
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.2.8: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



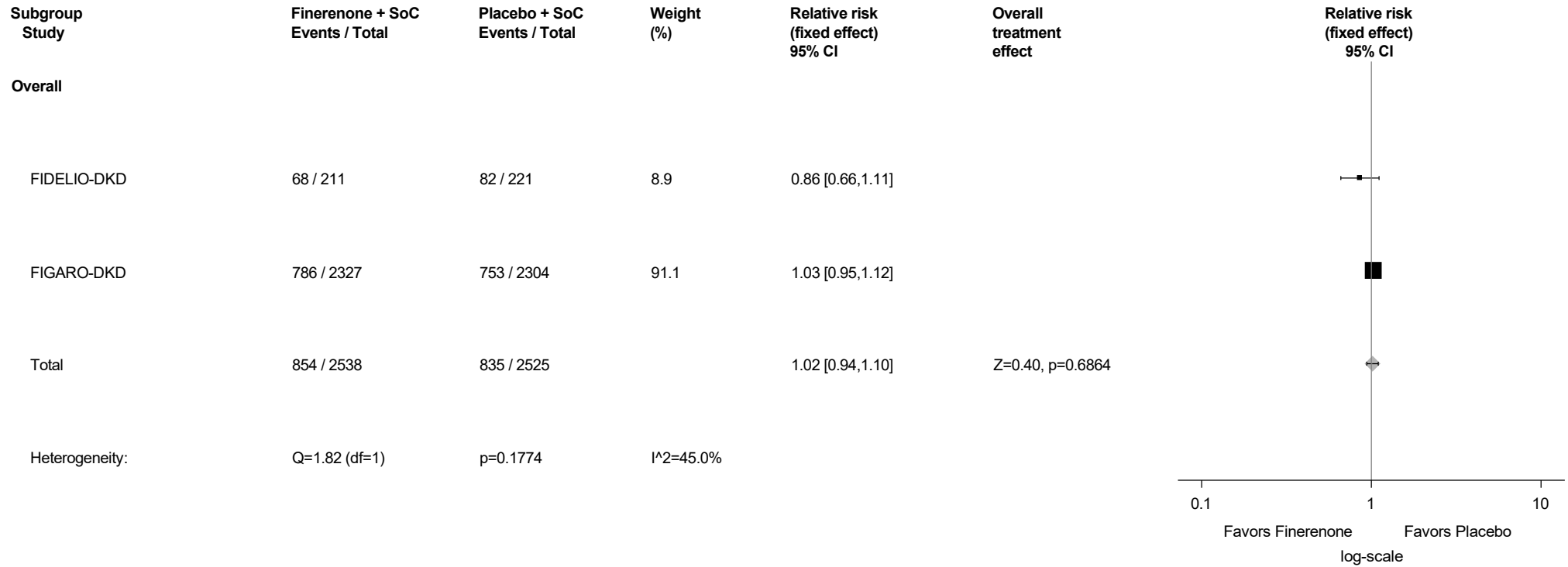
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



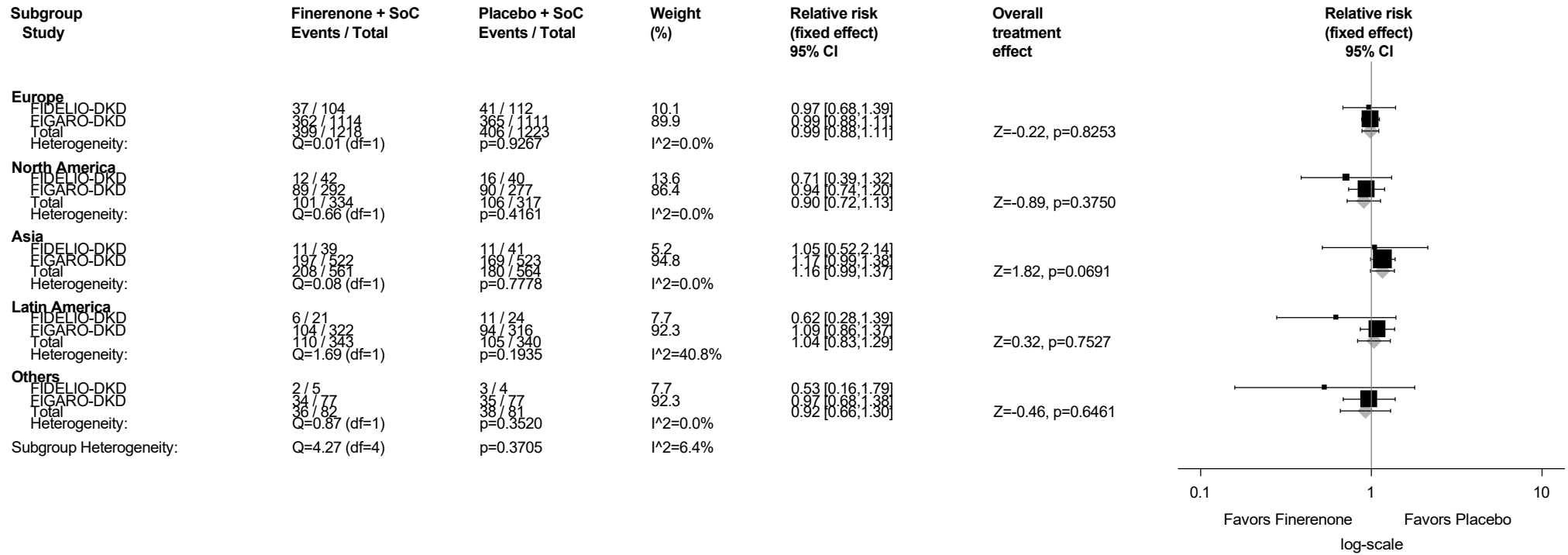
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.3.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



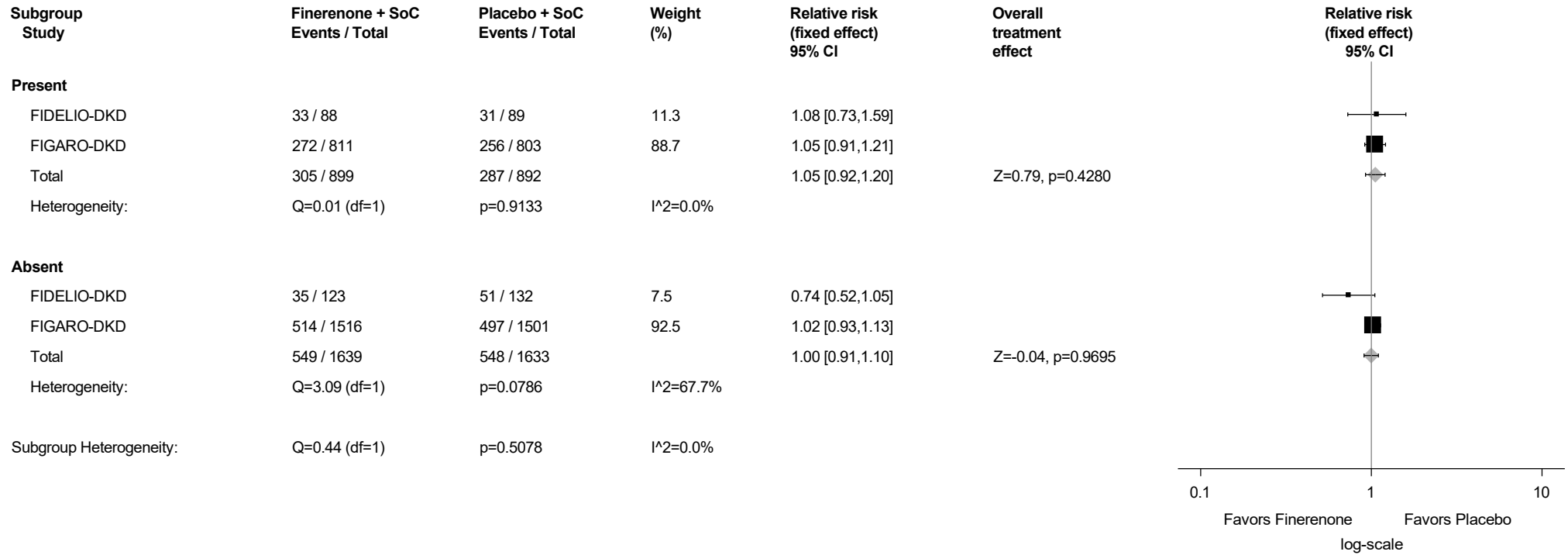
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.3.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



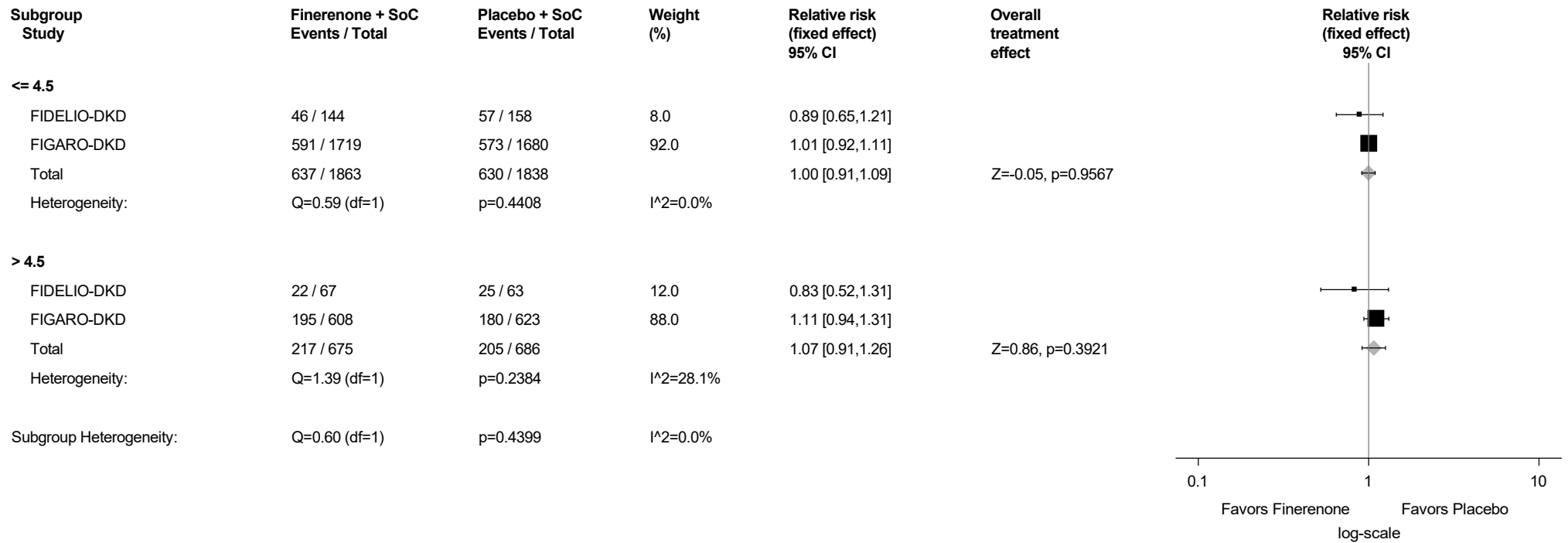
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.3.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



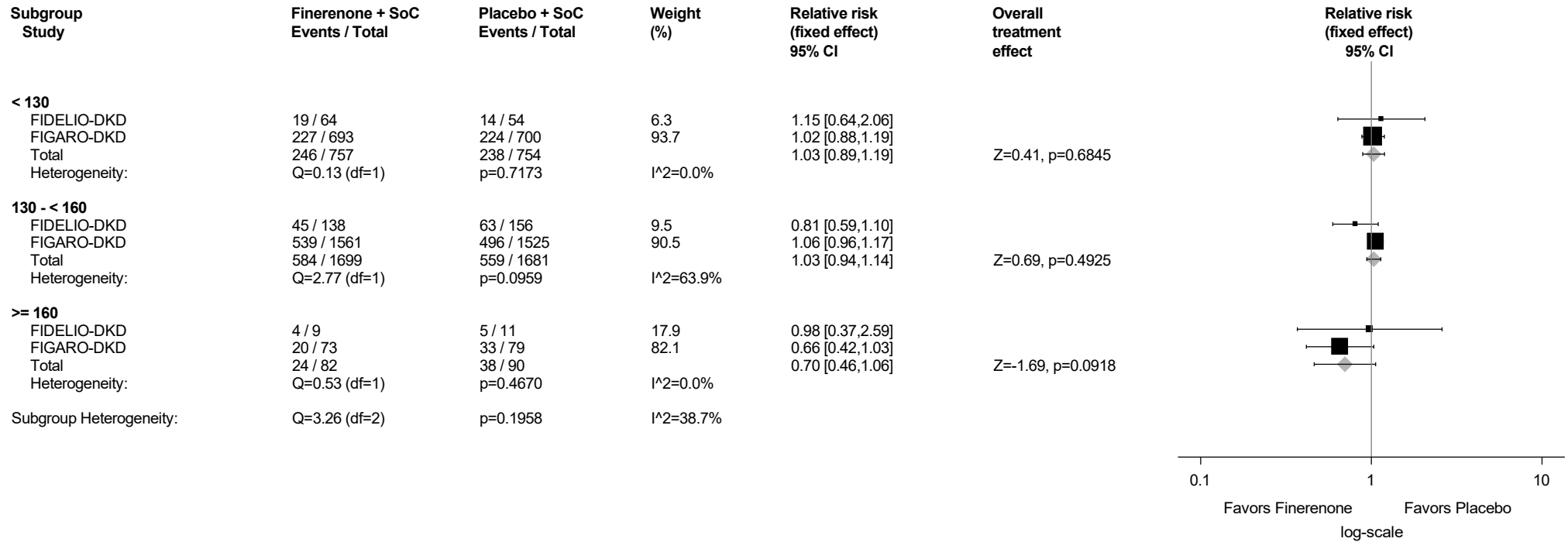
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.3.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



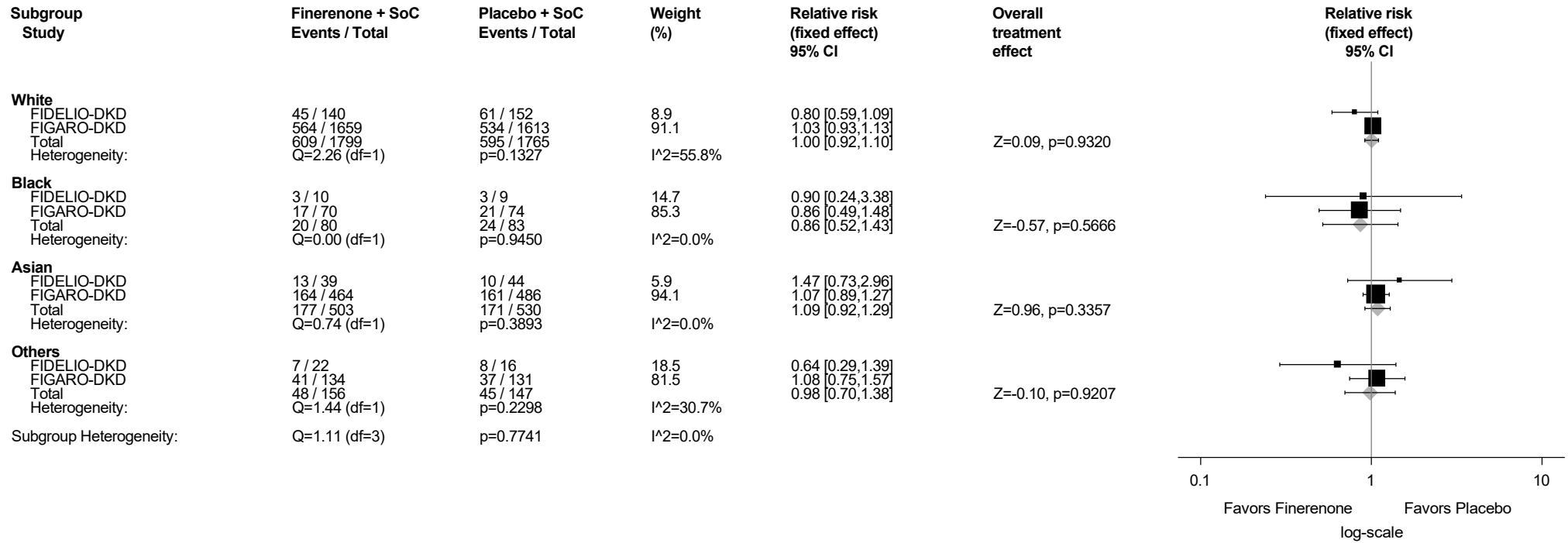
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.3.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

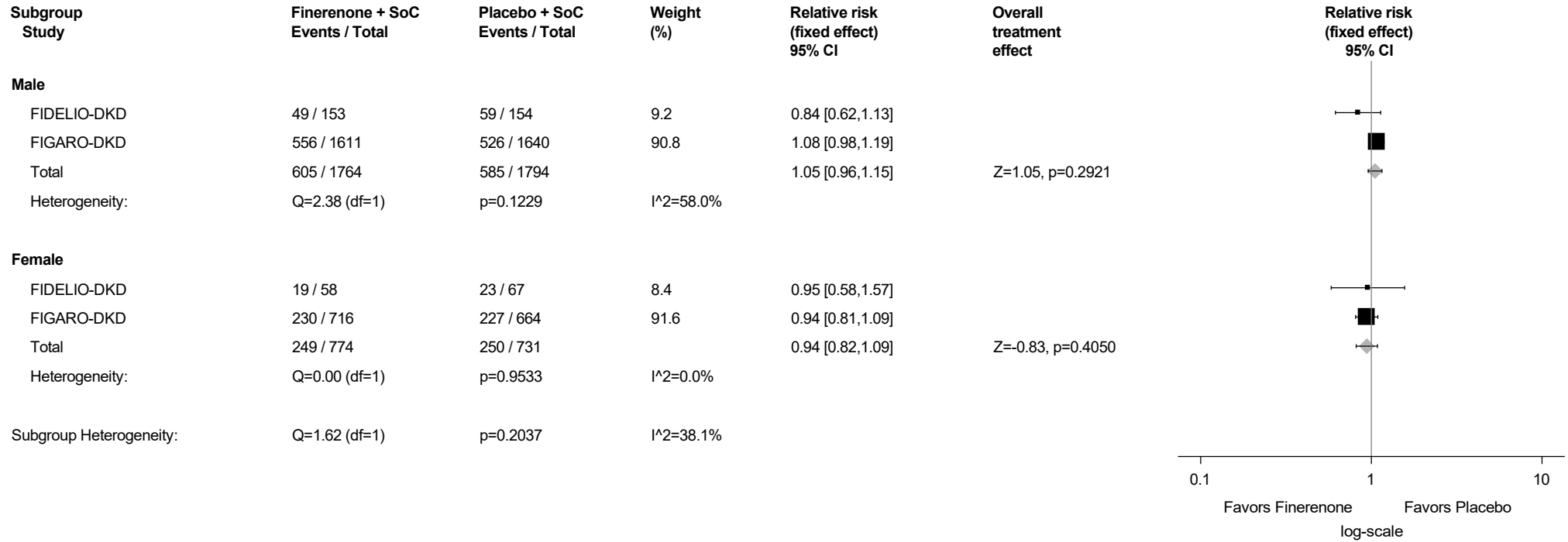
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.3.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

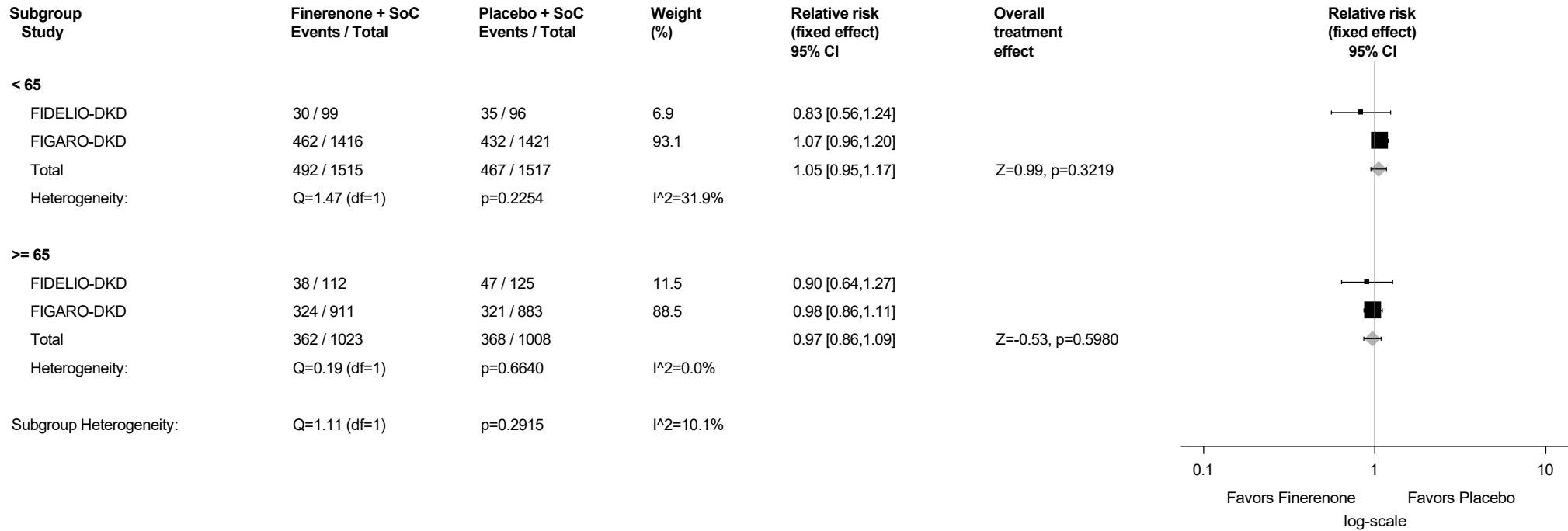
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.3.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

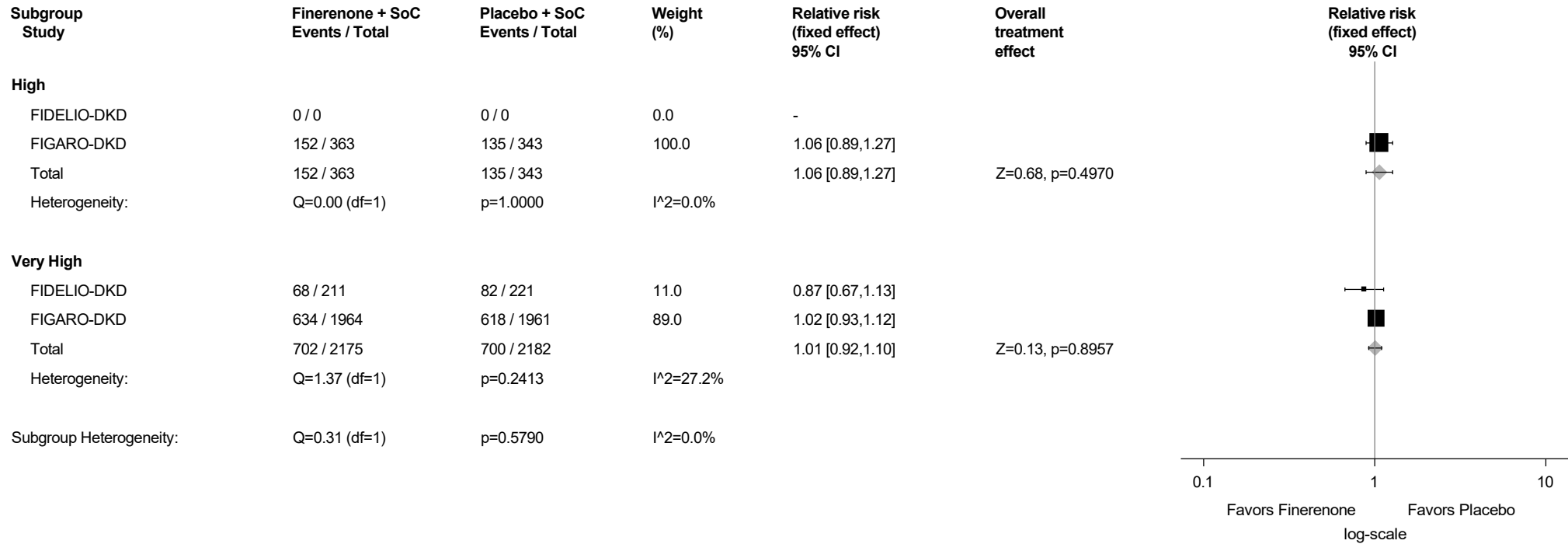
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.3.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



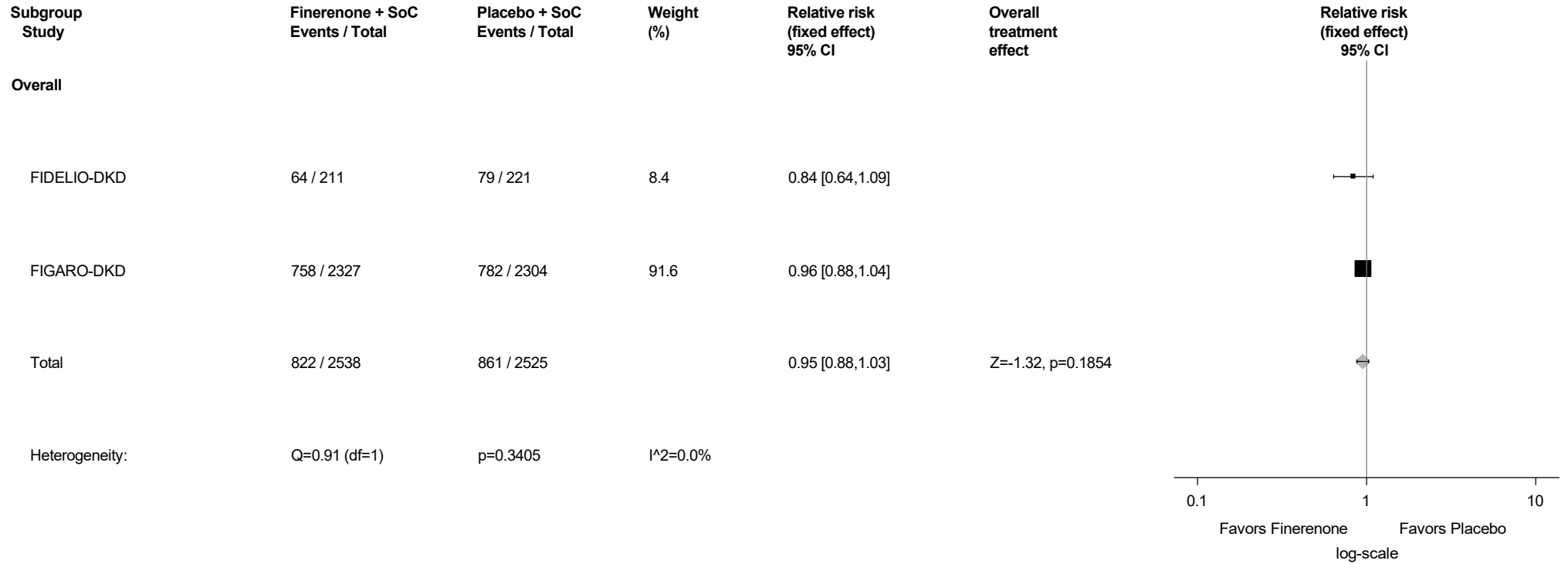
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



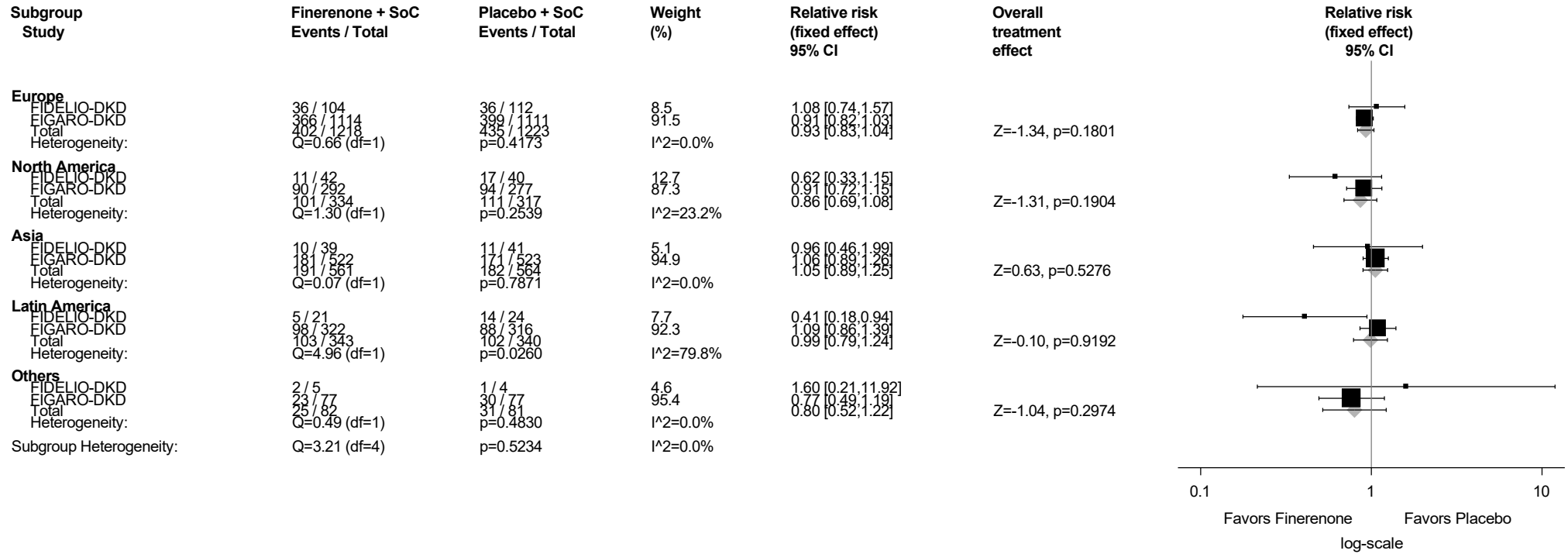
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.4.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



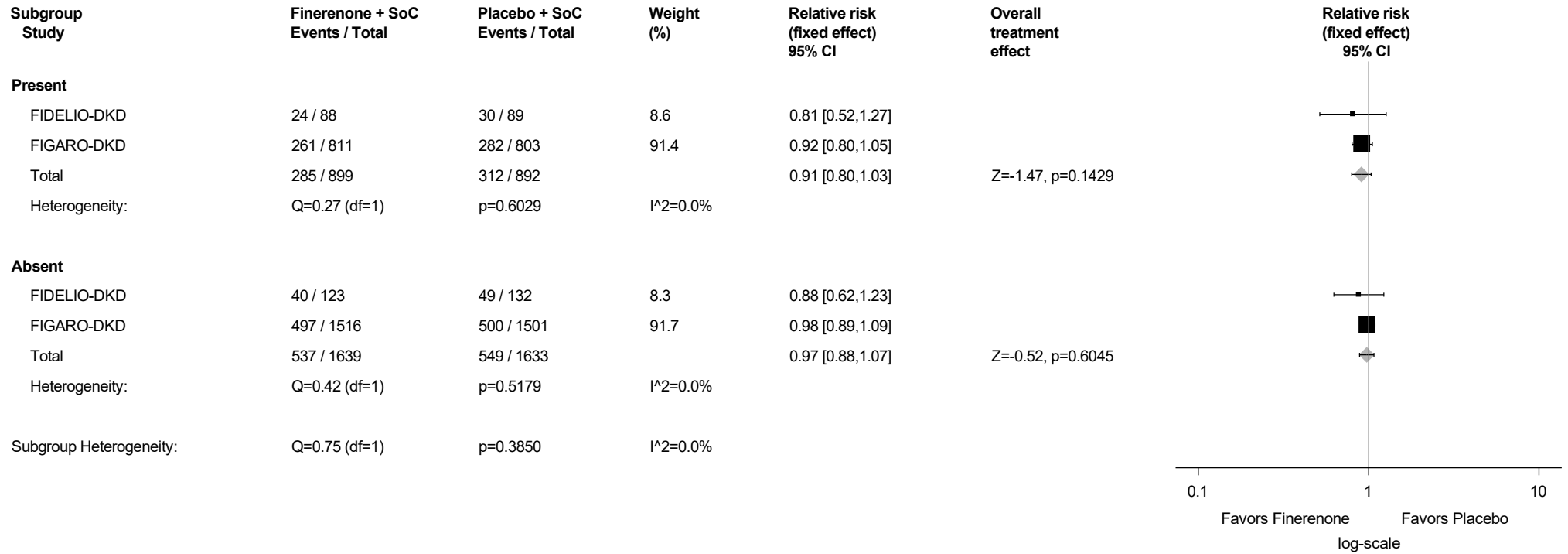
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.4.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



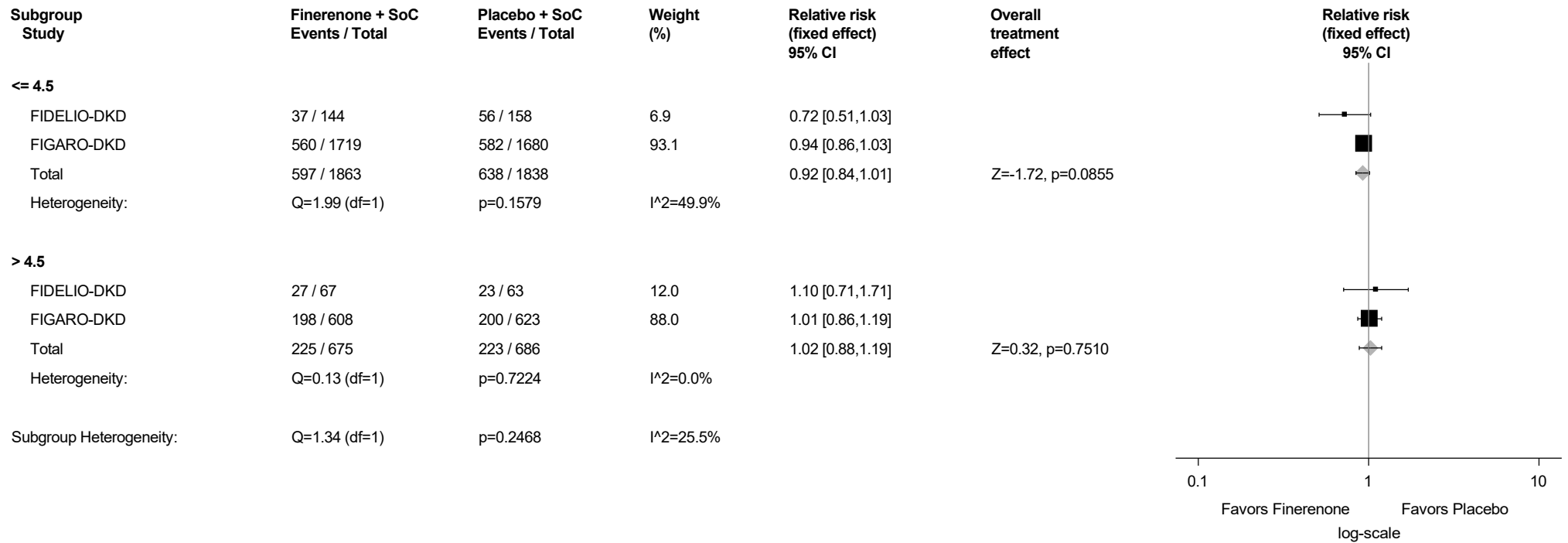
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.4.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



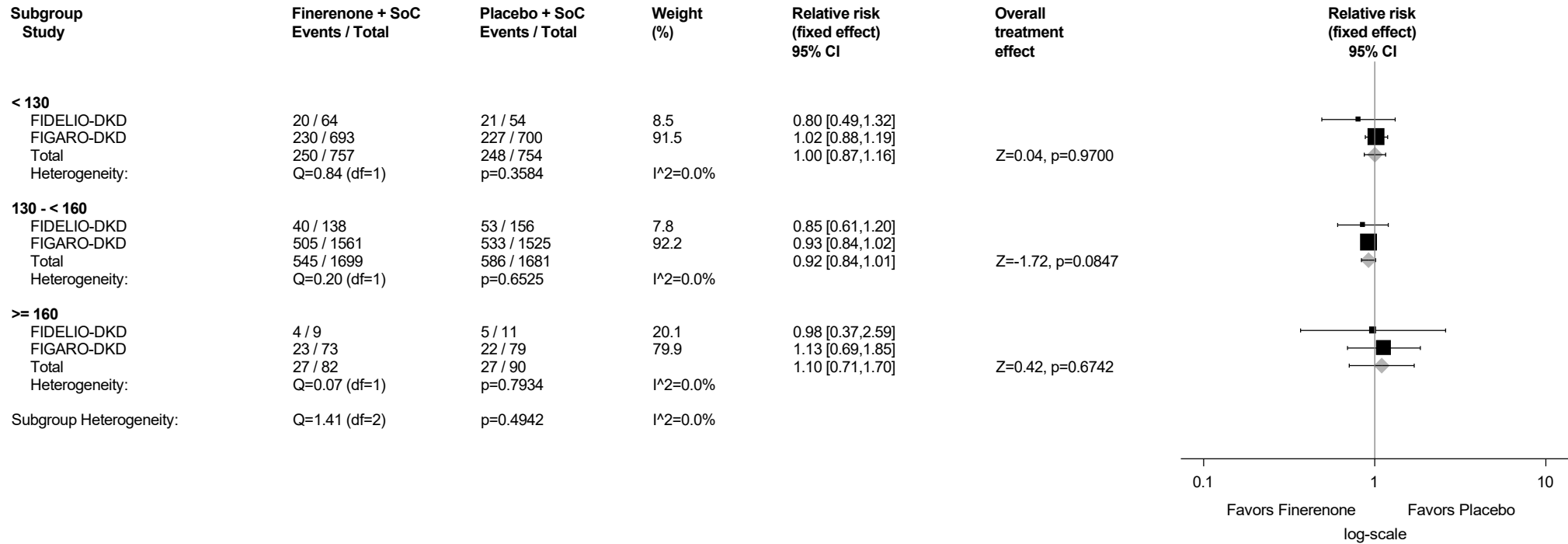
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.4.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



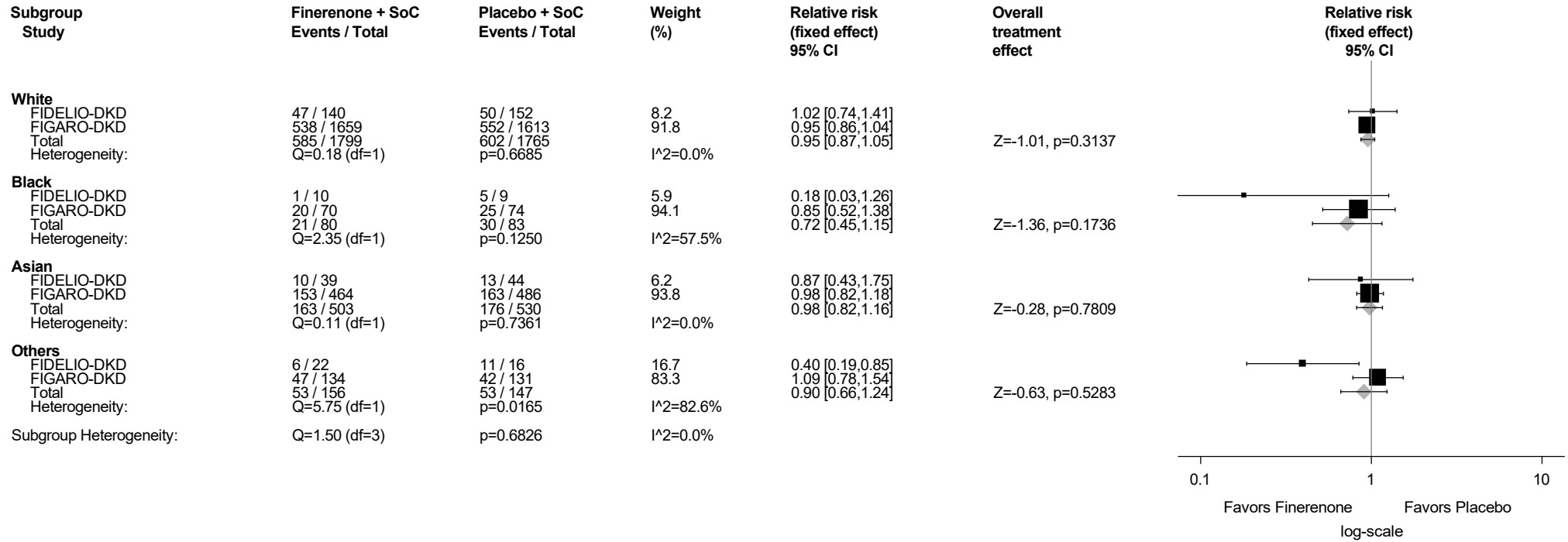
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.4.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

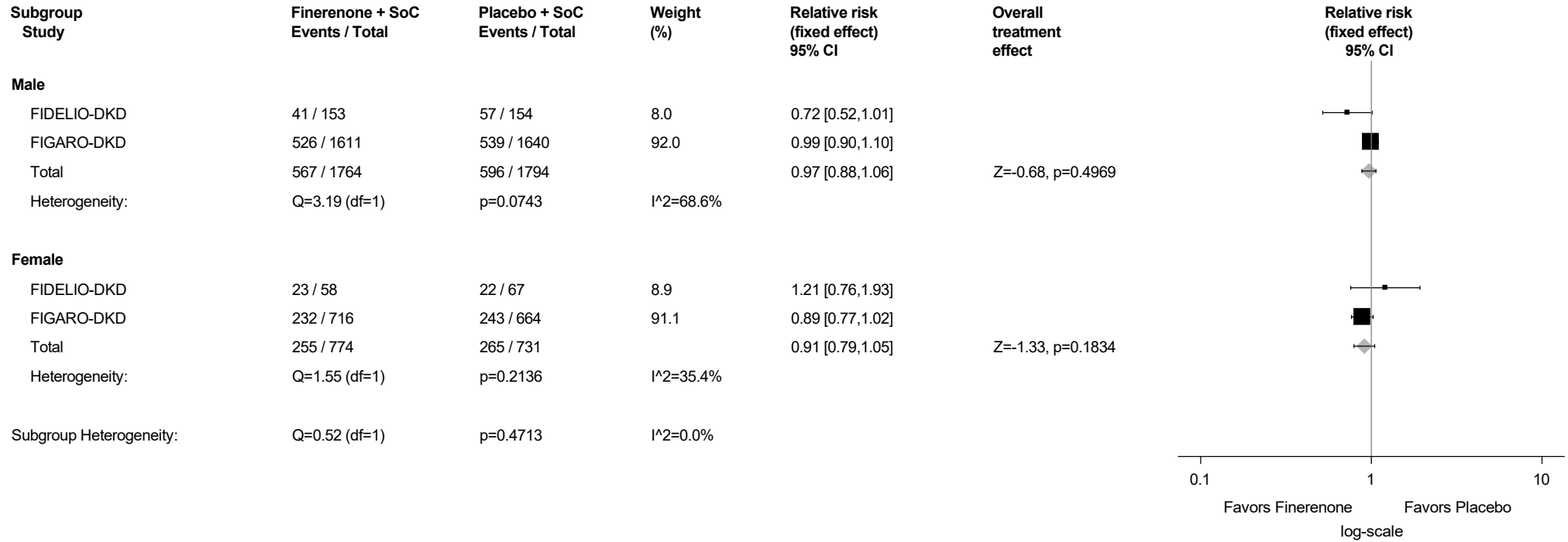
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.4.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

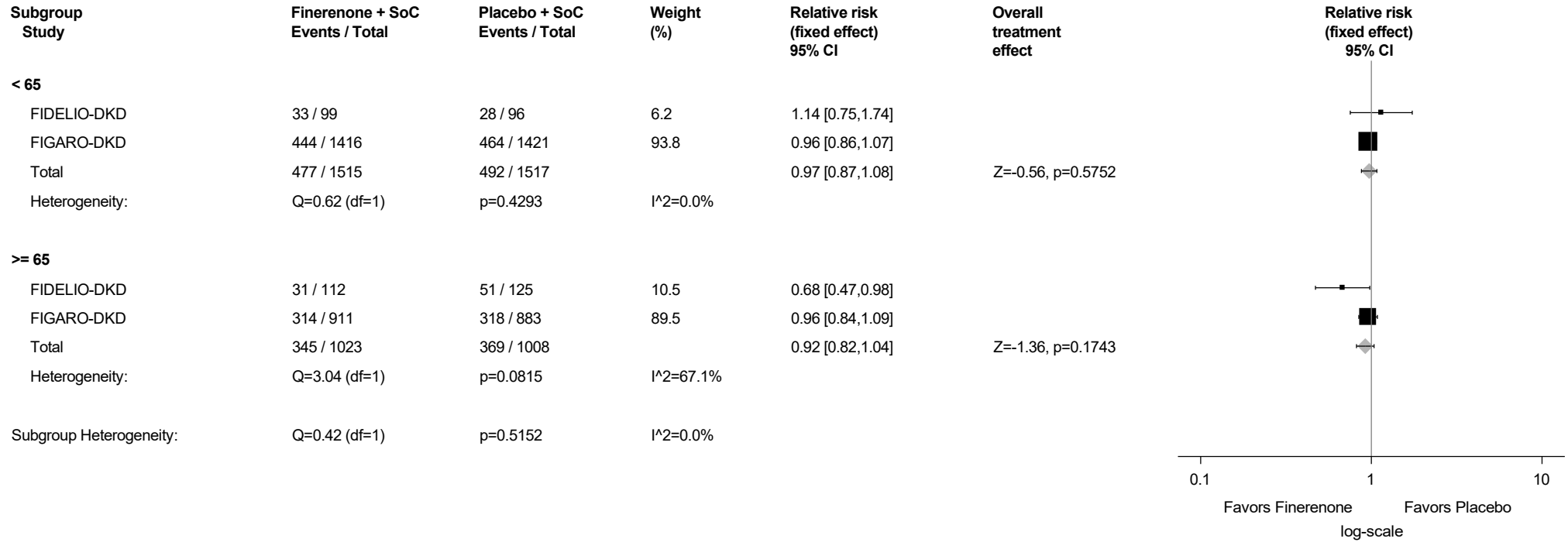
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.4.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

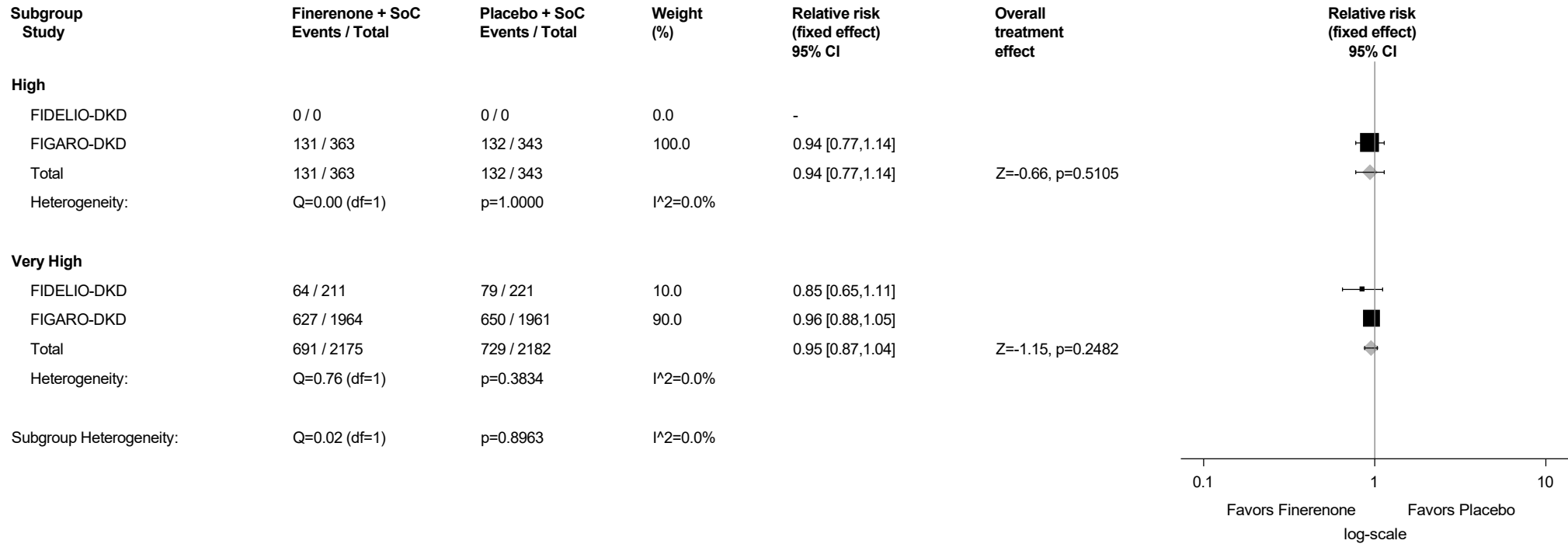
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.4.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



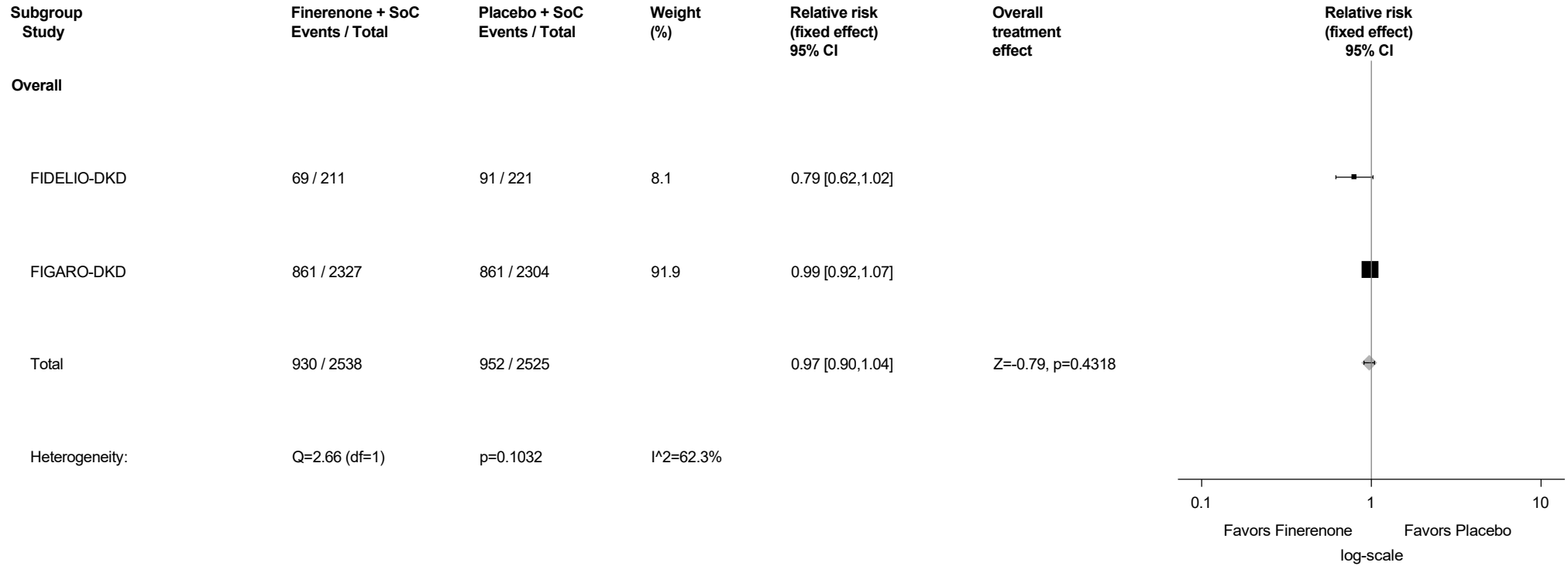
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



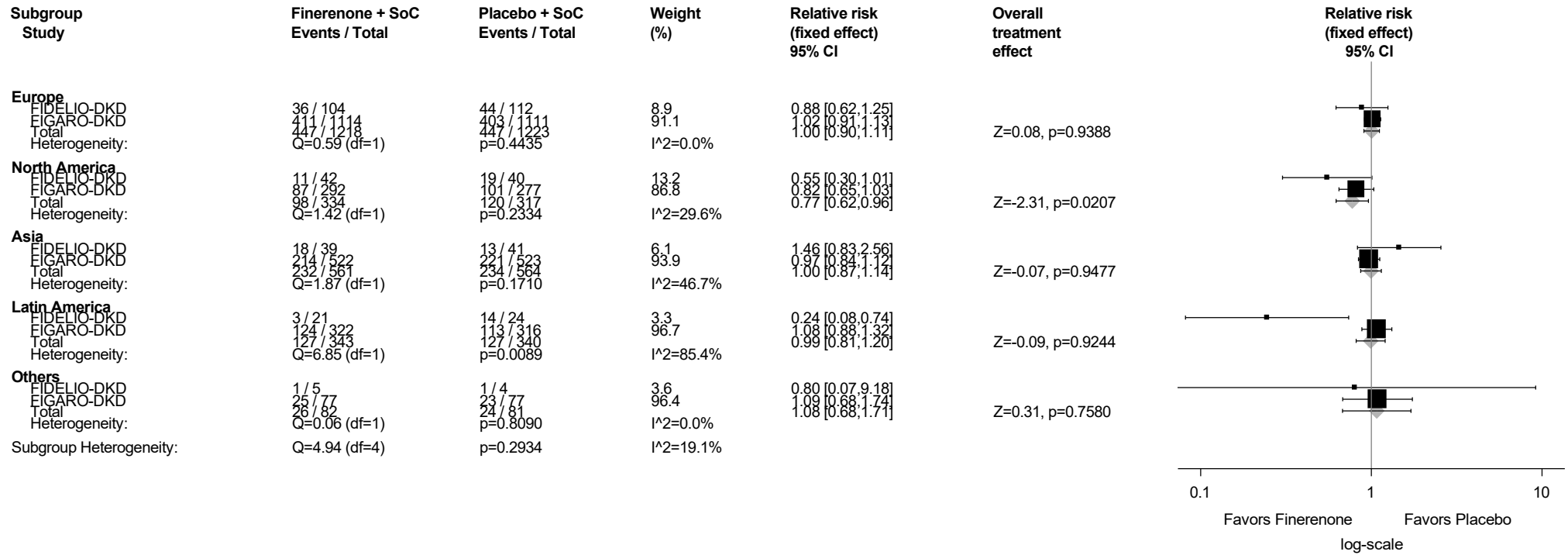
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.5.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



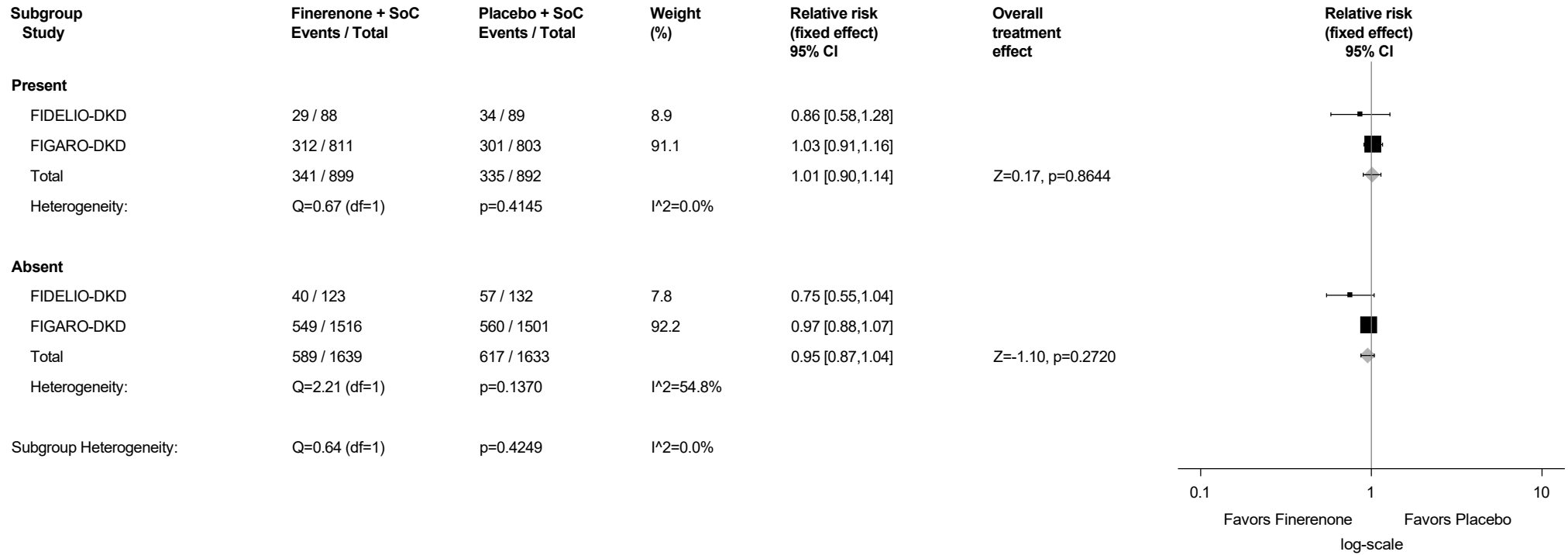
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.5.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

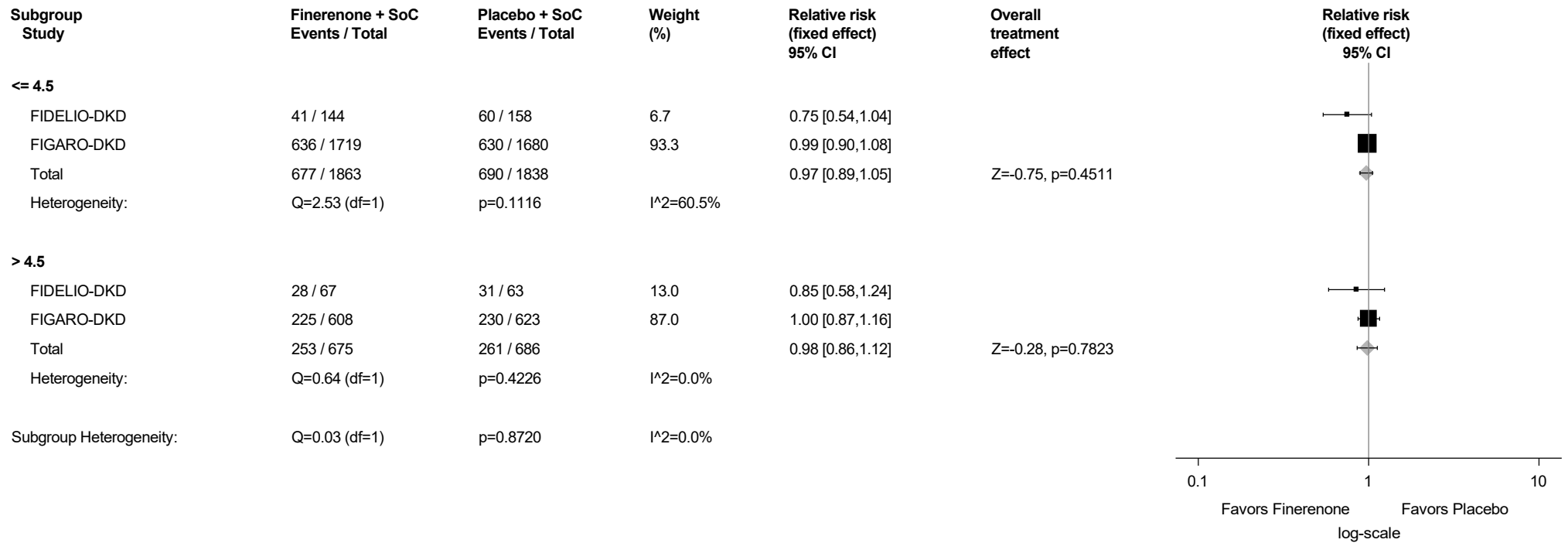
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.5.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline

Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



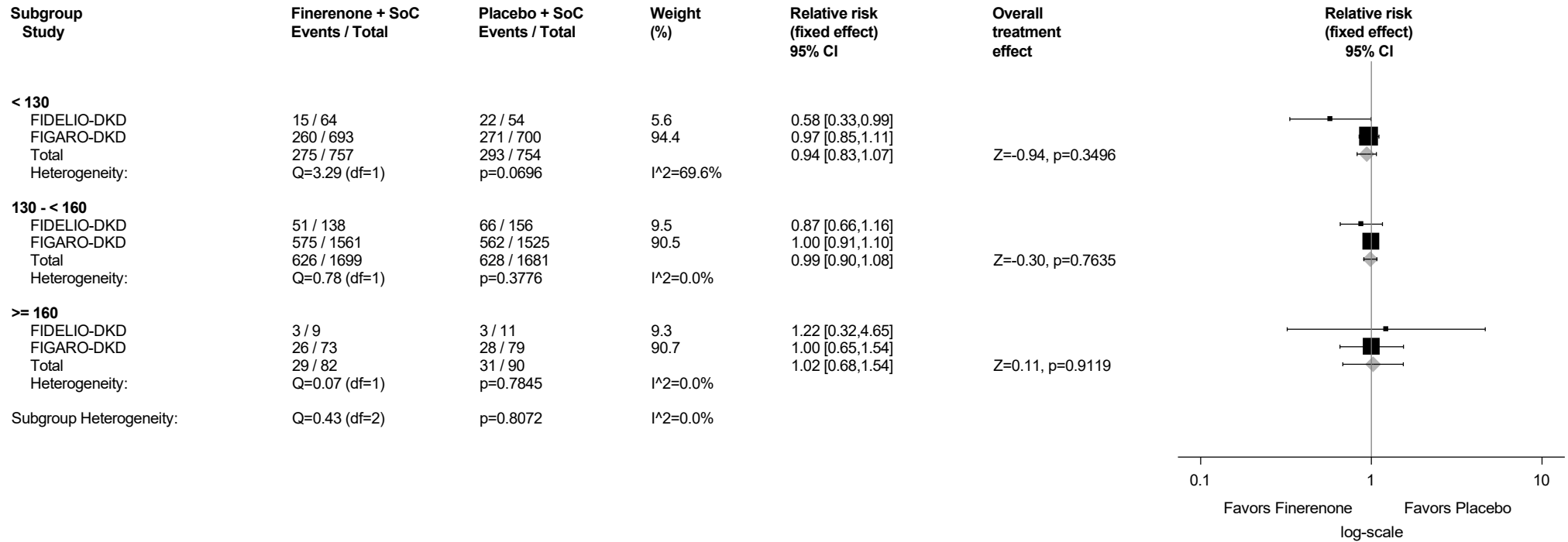
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.5.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



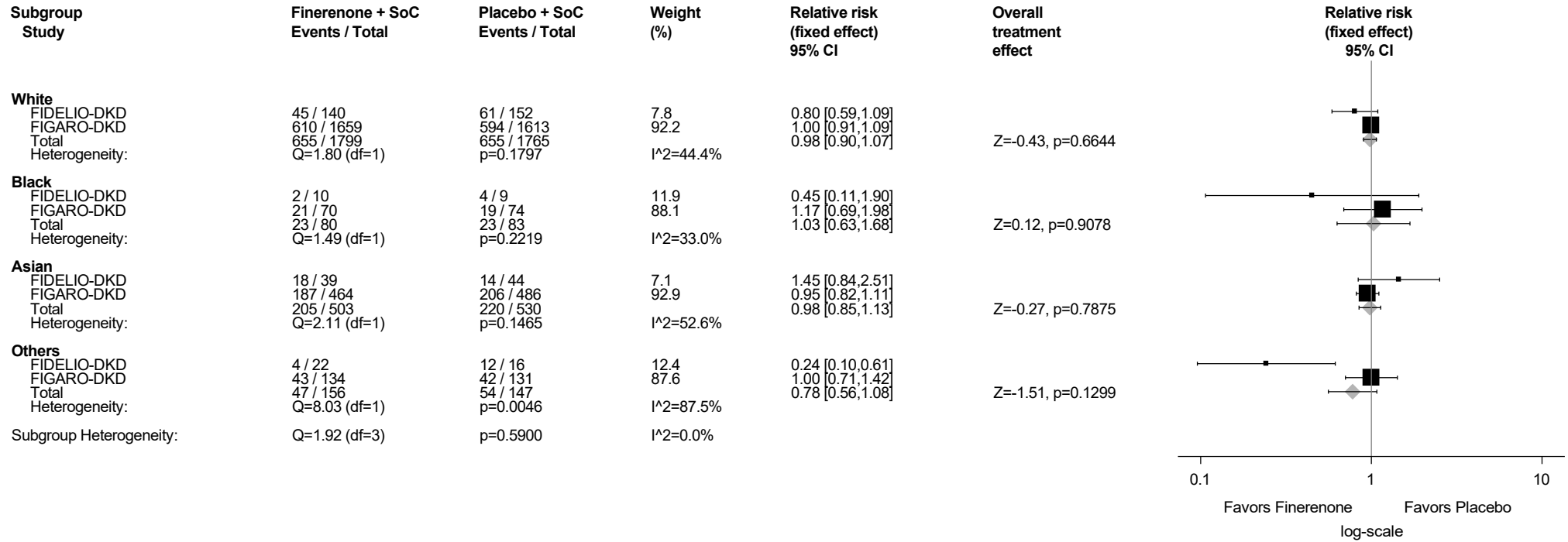
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.5.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

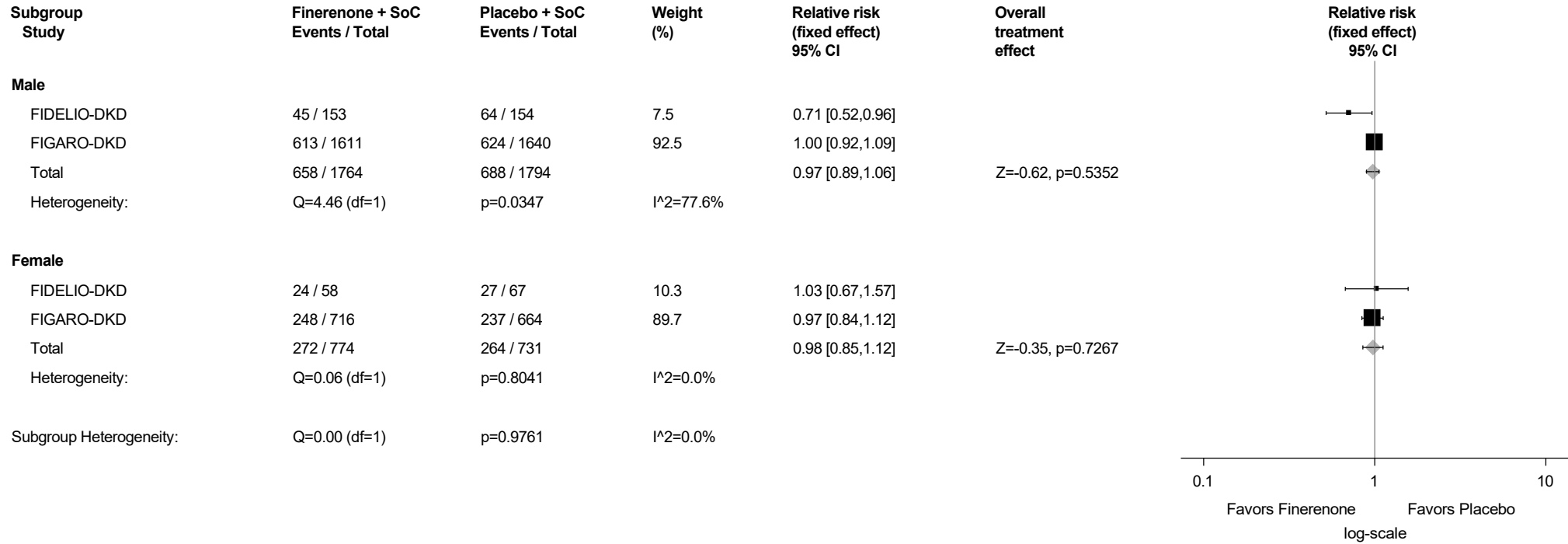
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.5.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

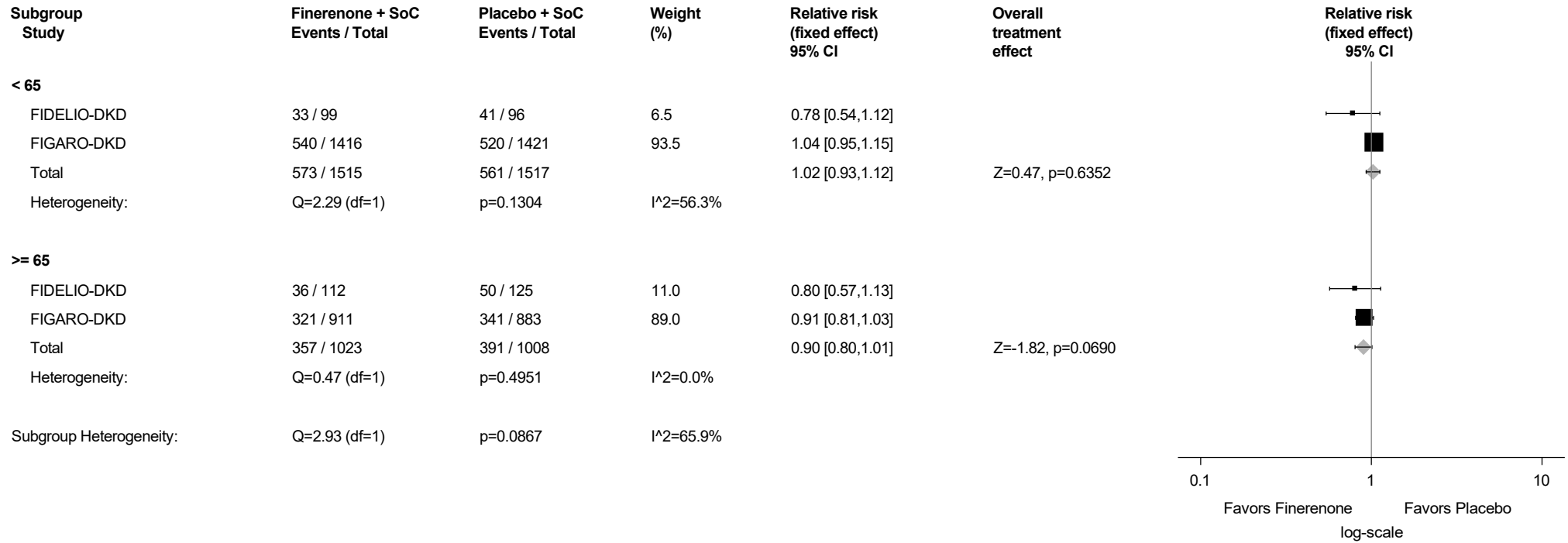
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.5.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

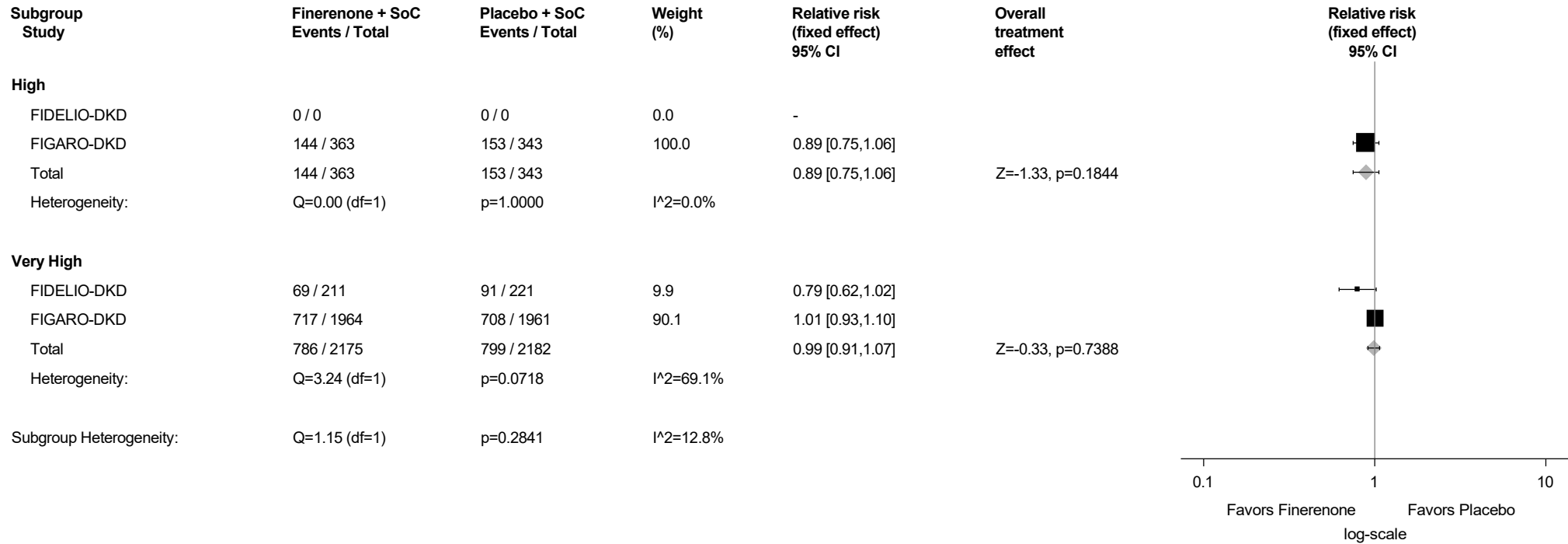
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.5.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



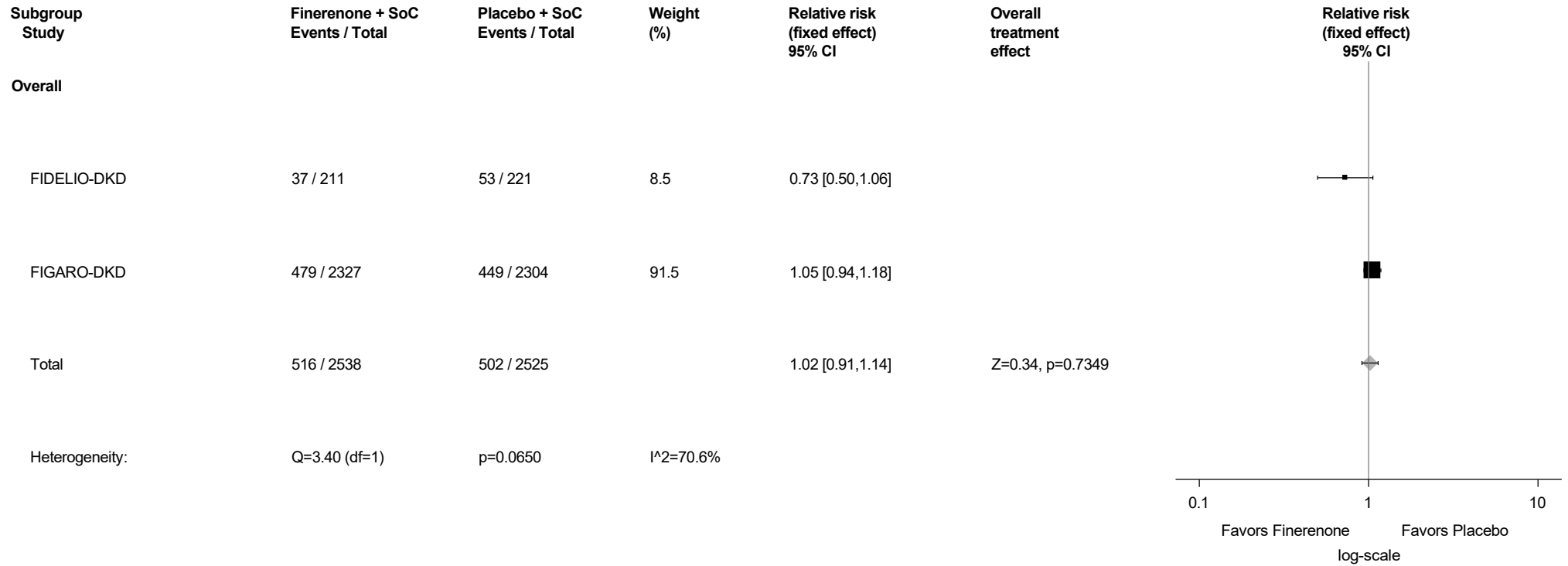
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



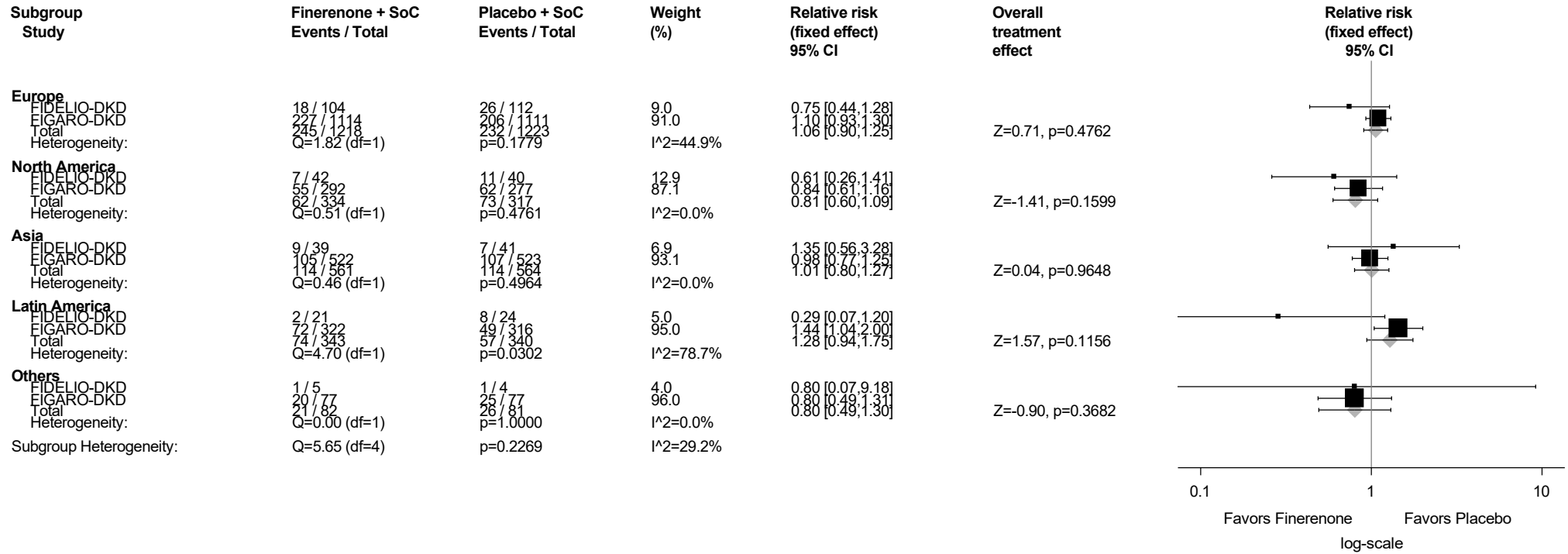
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.6.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



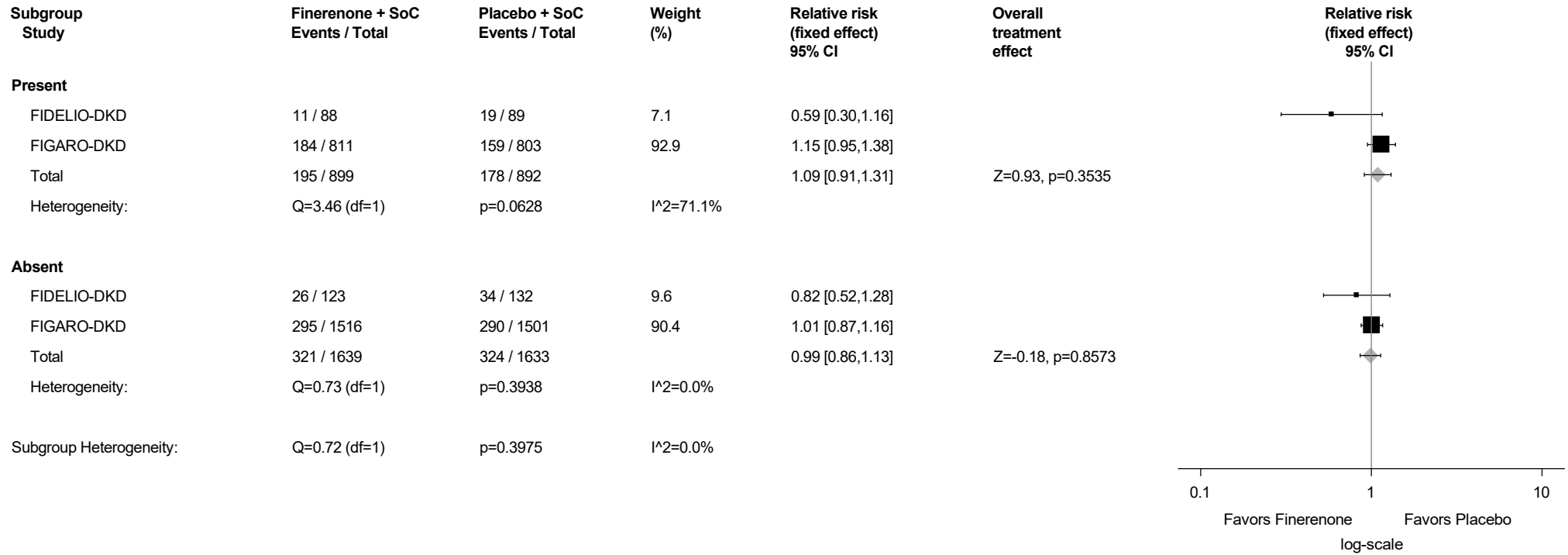
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.6.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



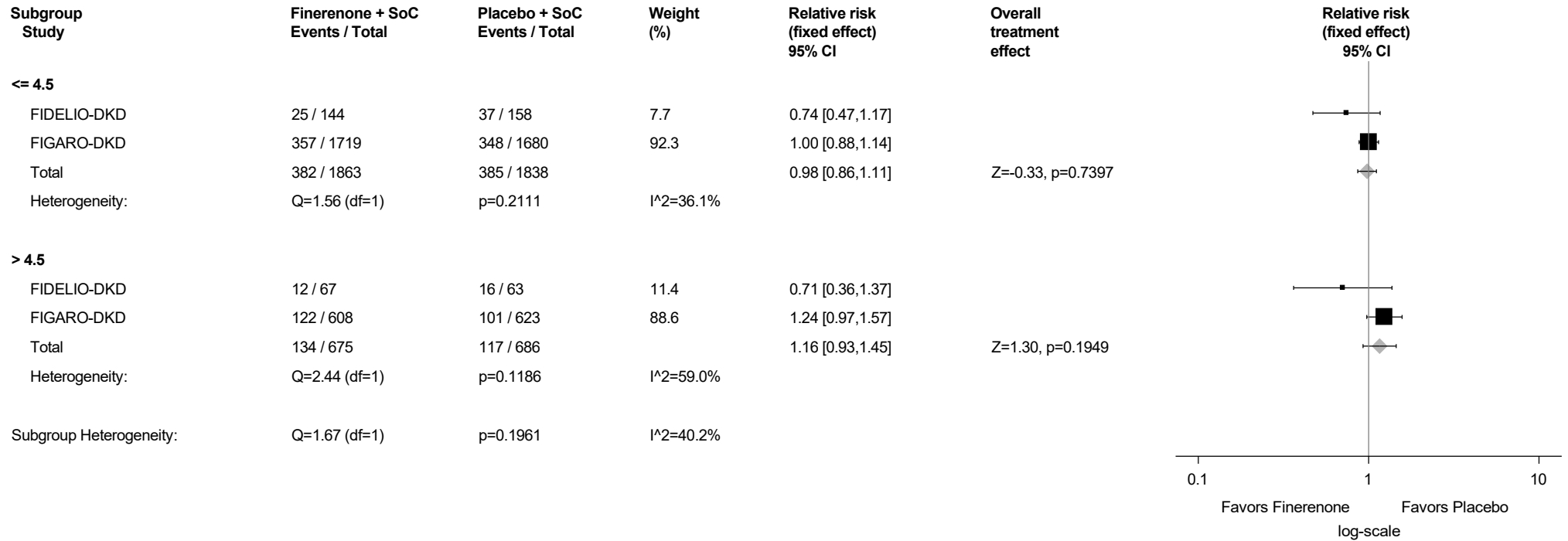
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.6.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



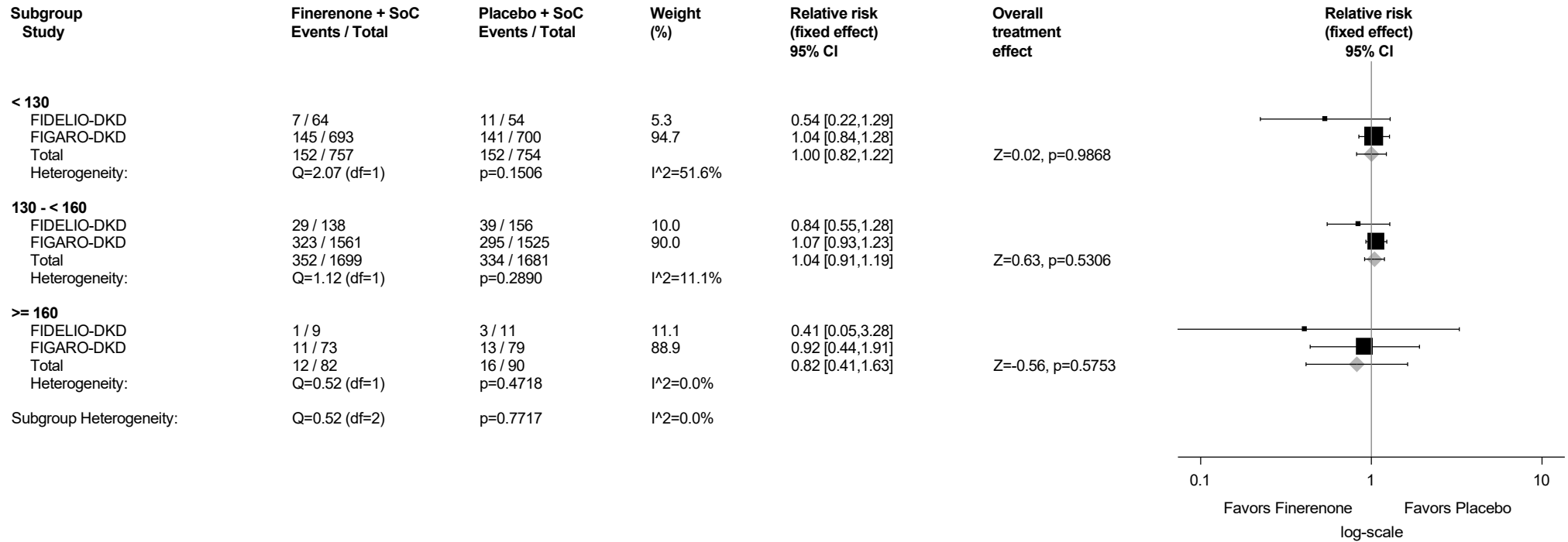
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.6.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



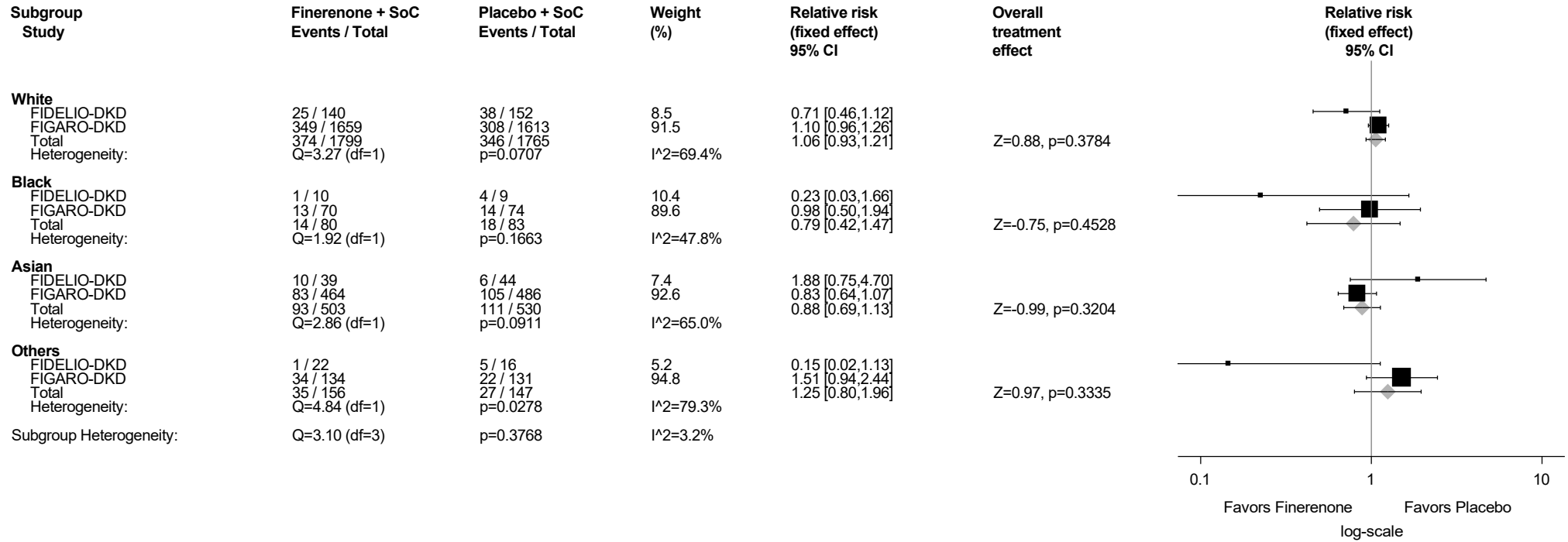
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.6.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

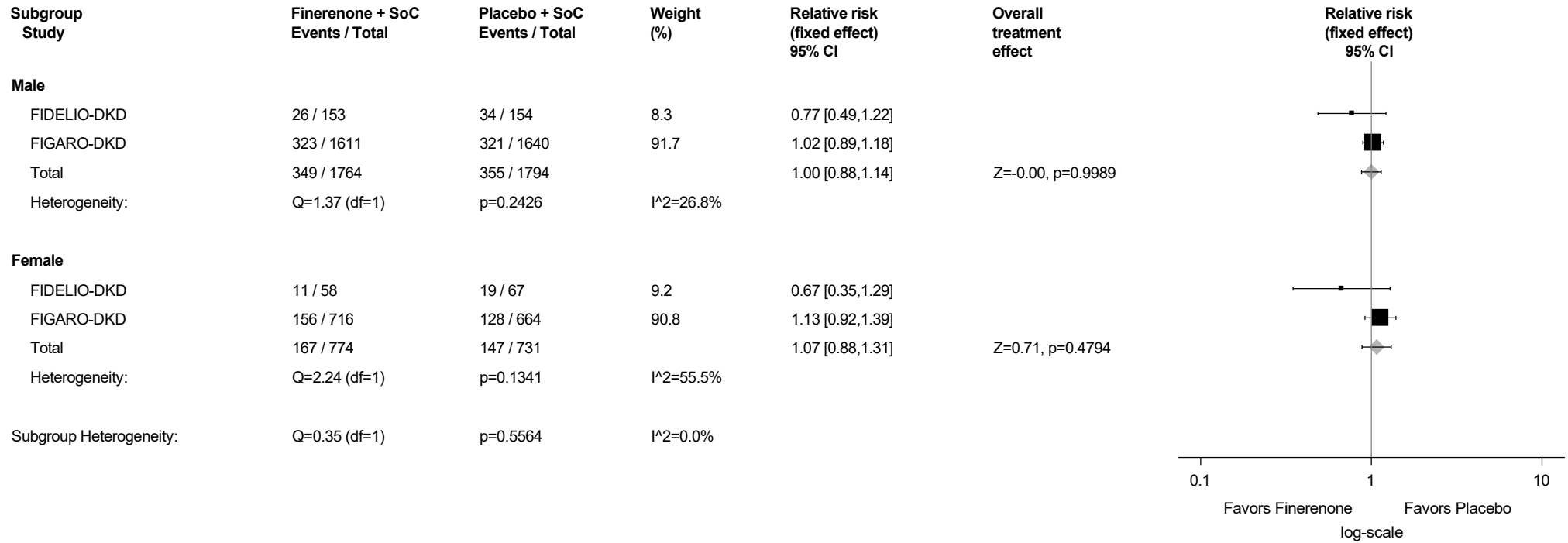
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.6.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

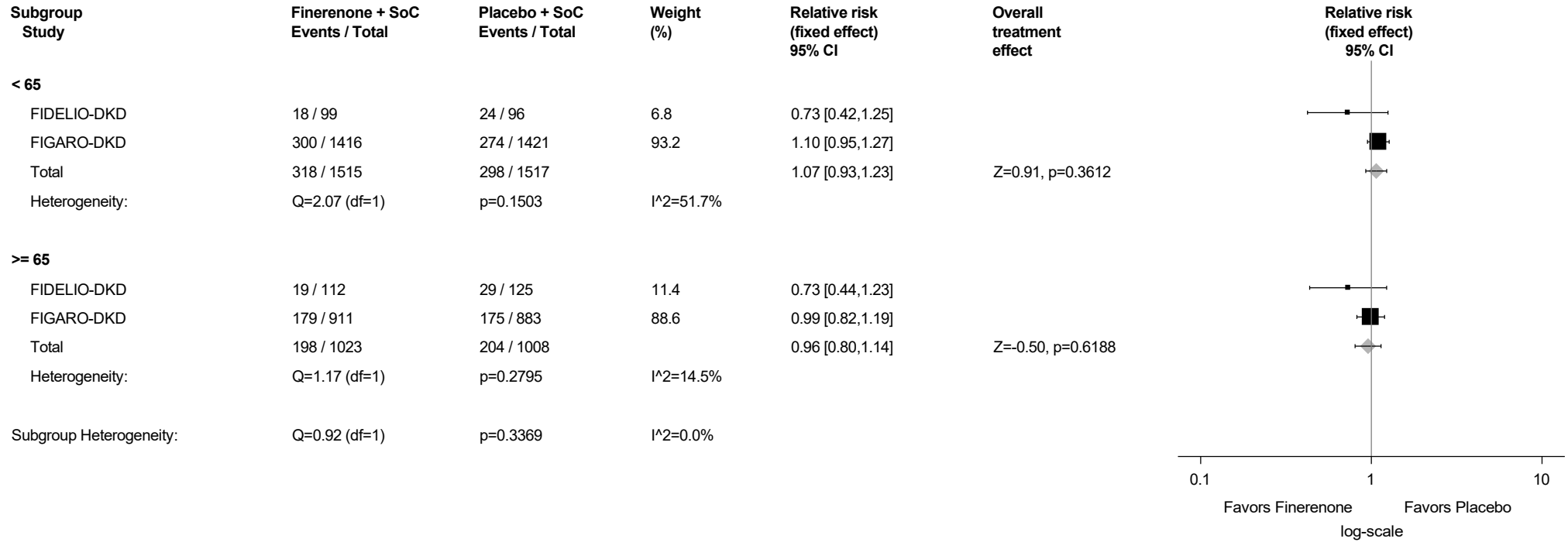
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.6.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

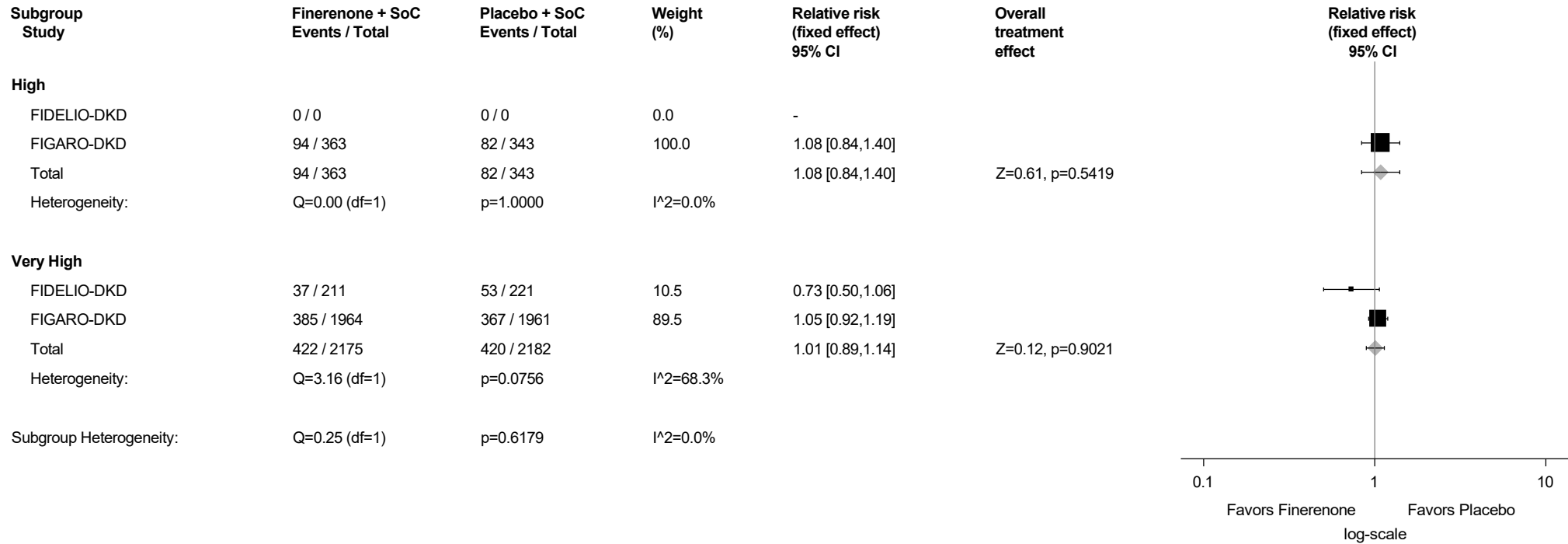
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.6.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



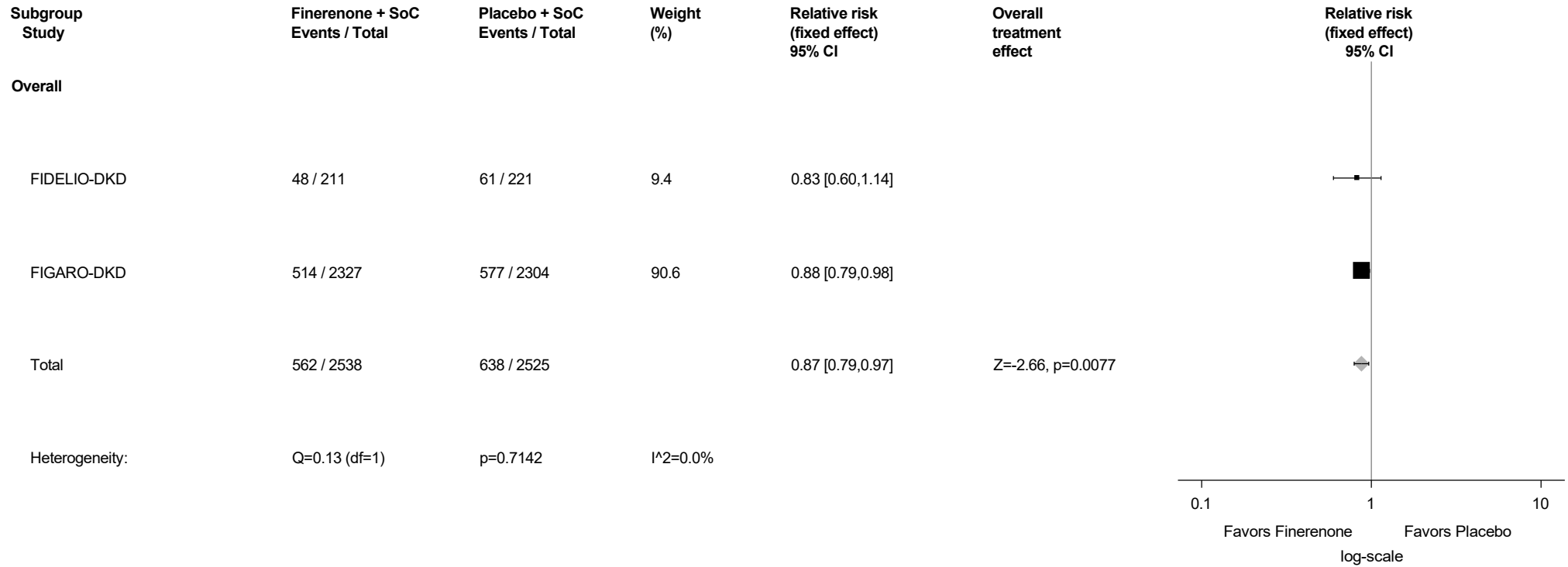
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



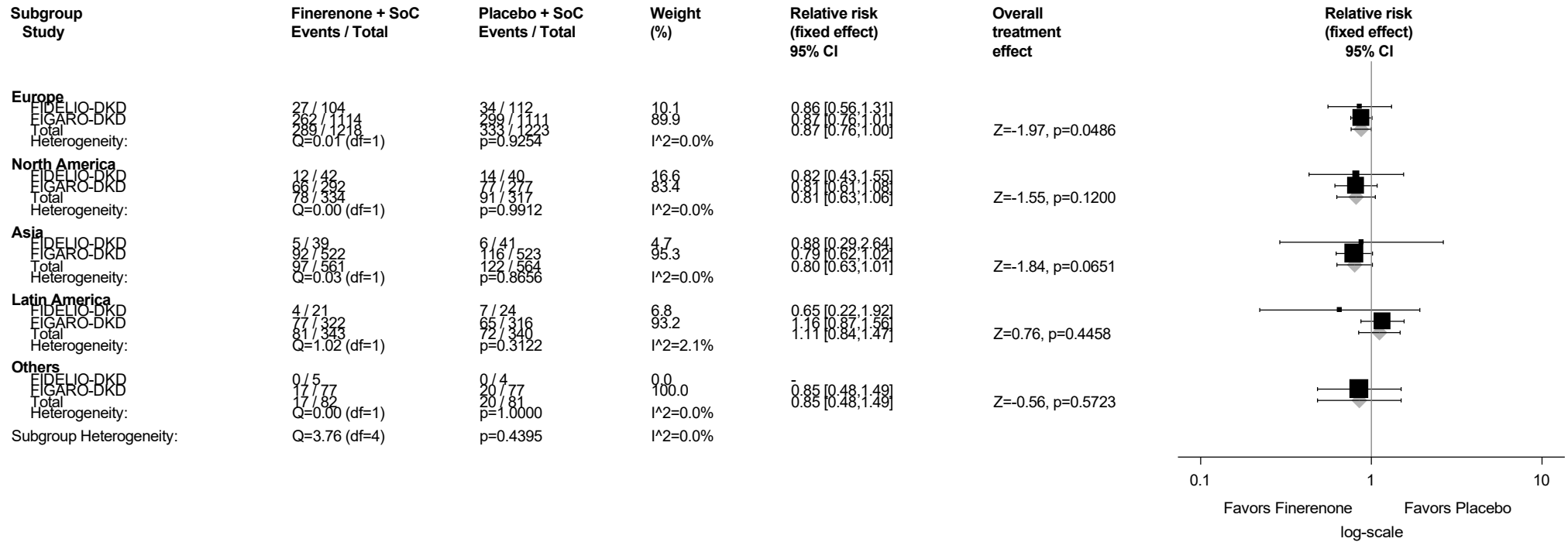
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.7.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



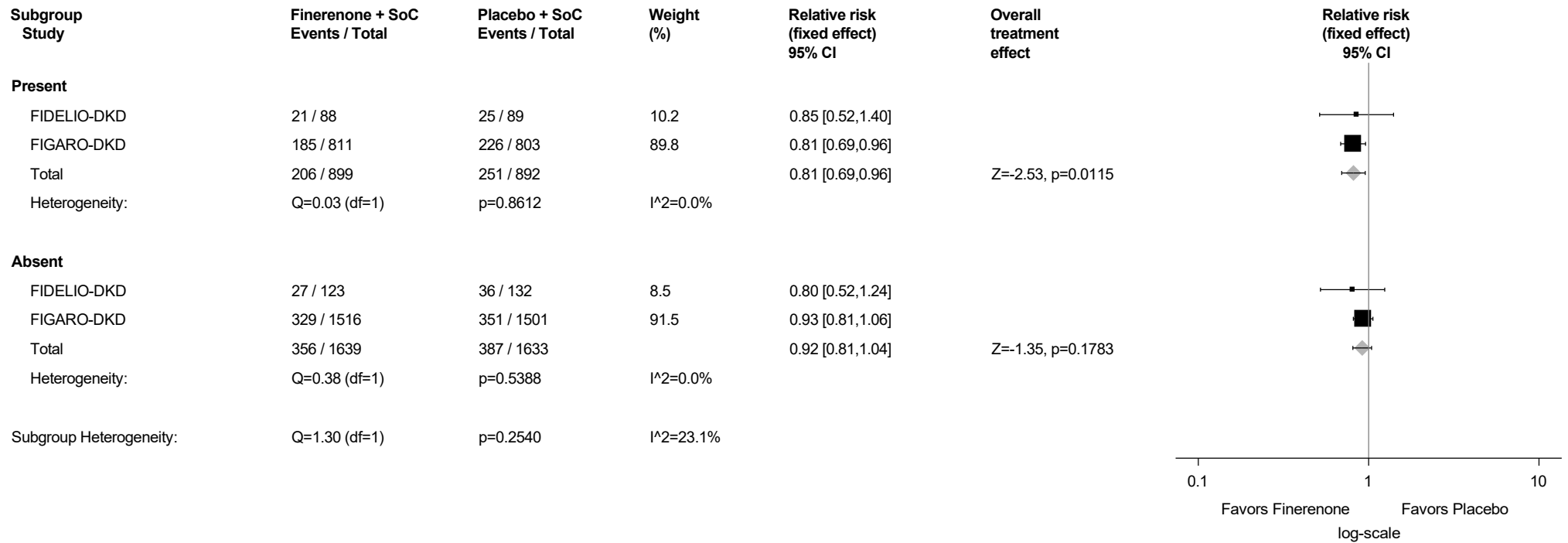
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.7.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



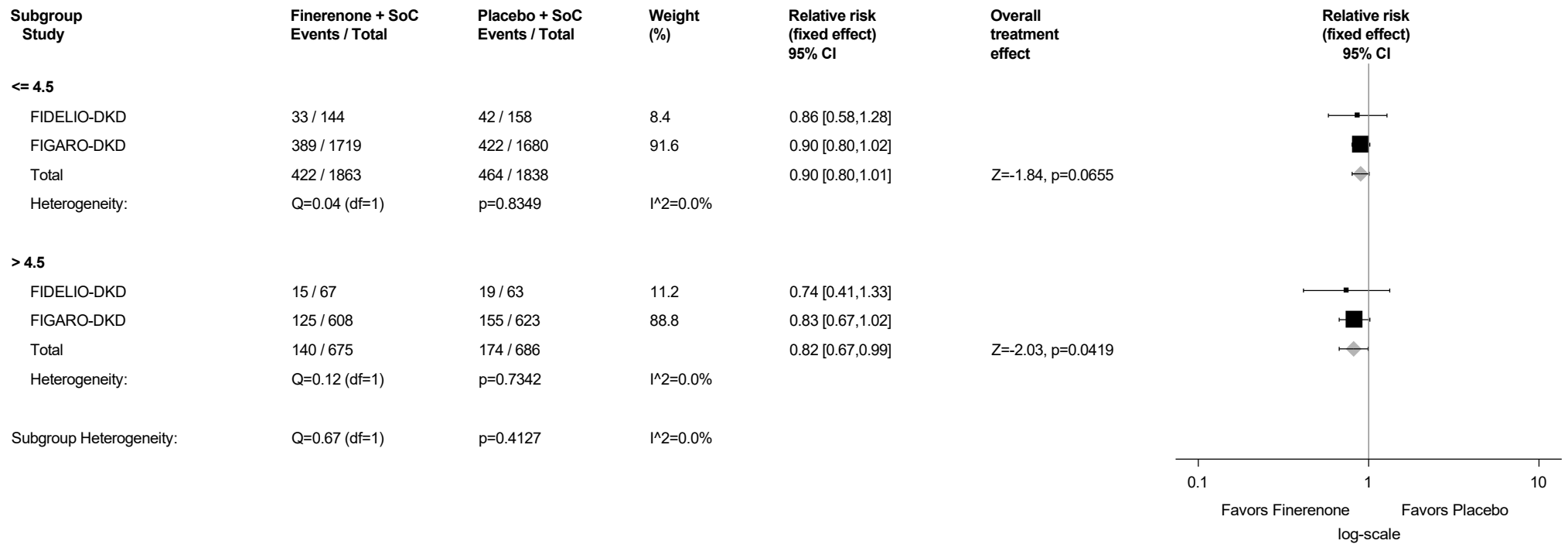
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.7.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



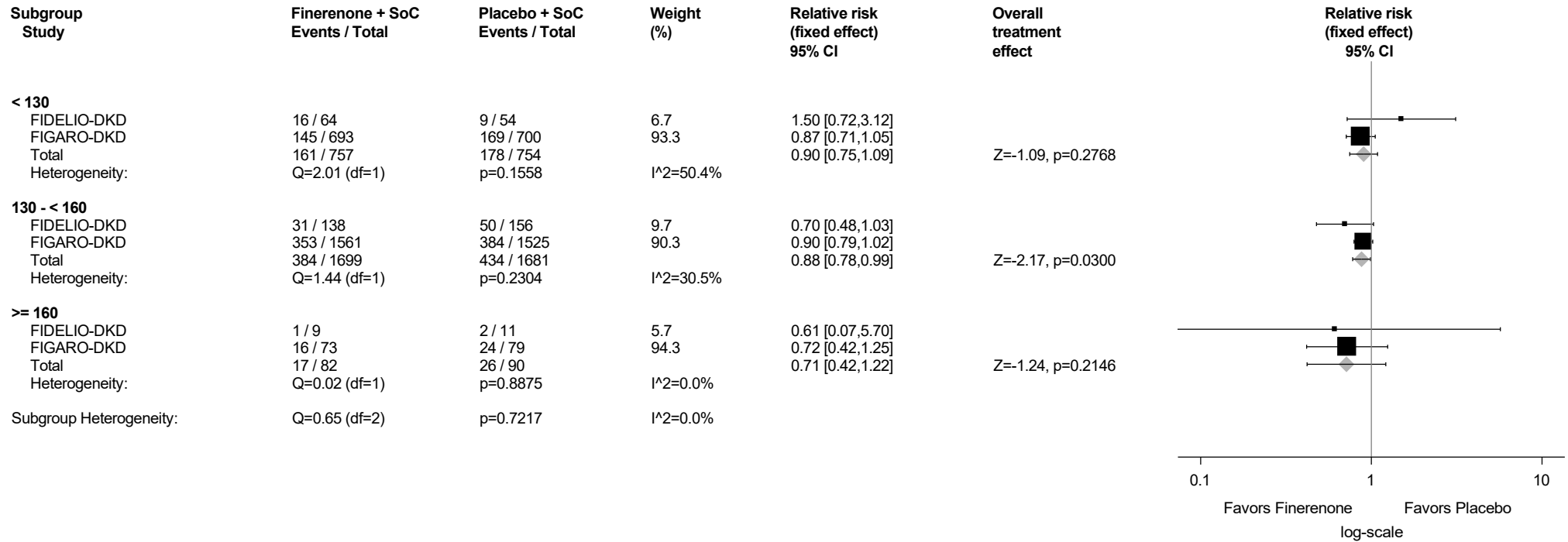
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.7.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

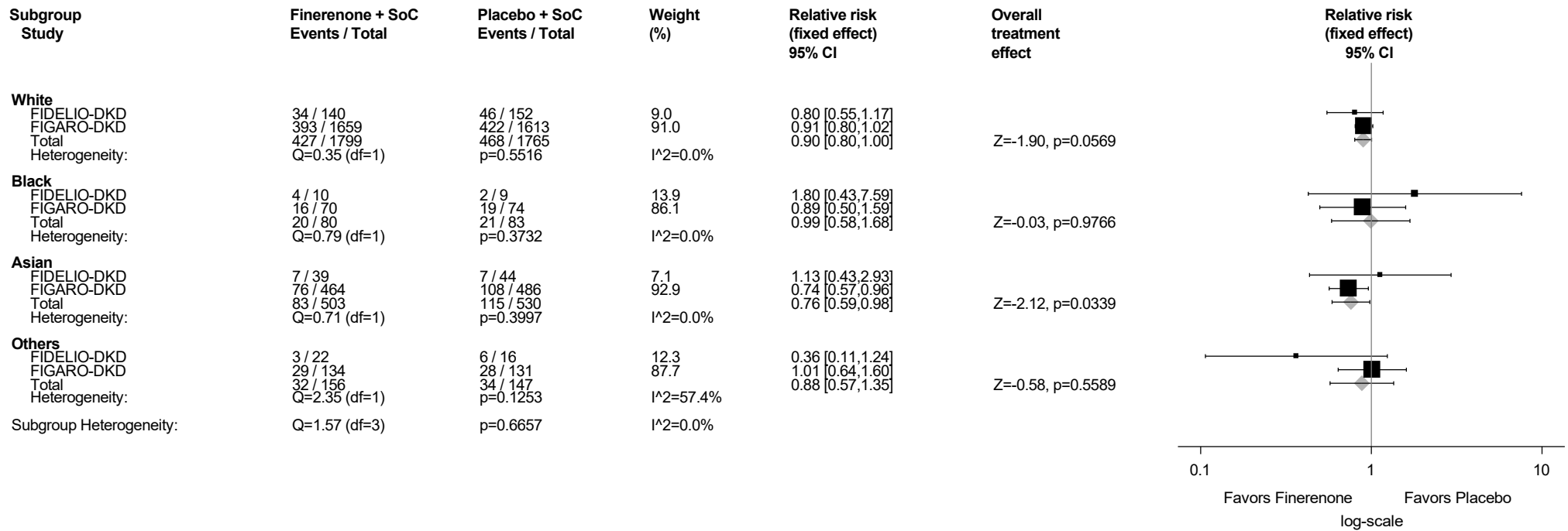
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.7.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race

Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

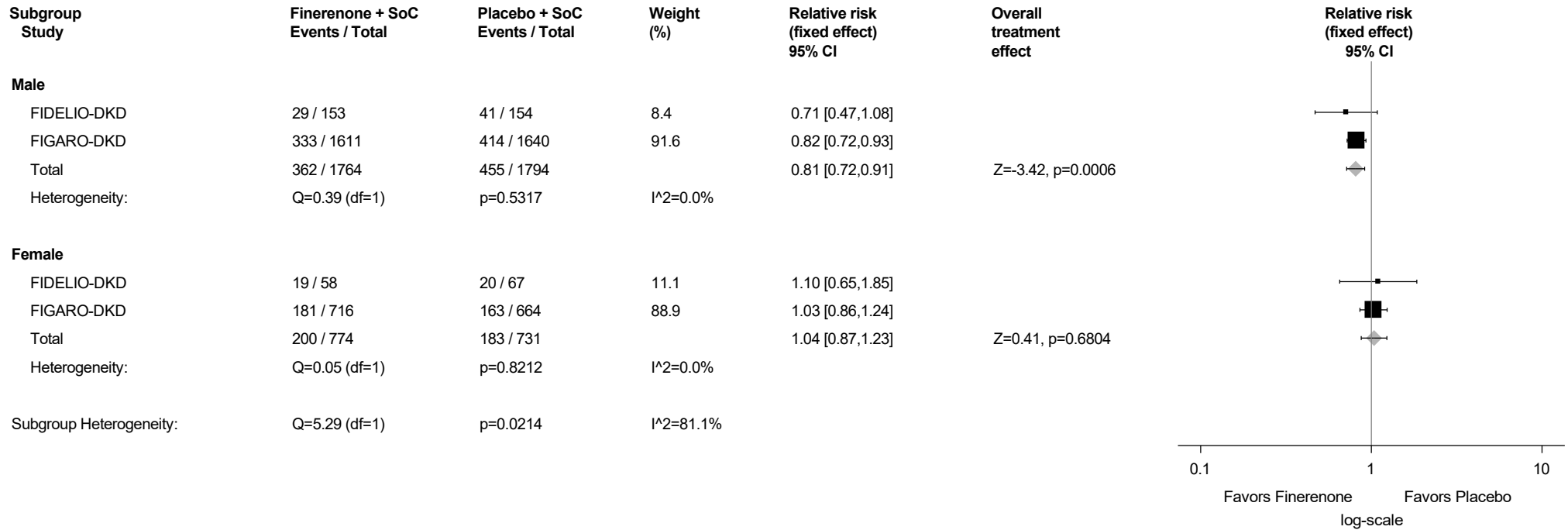
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.7.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

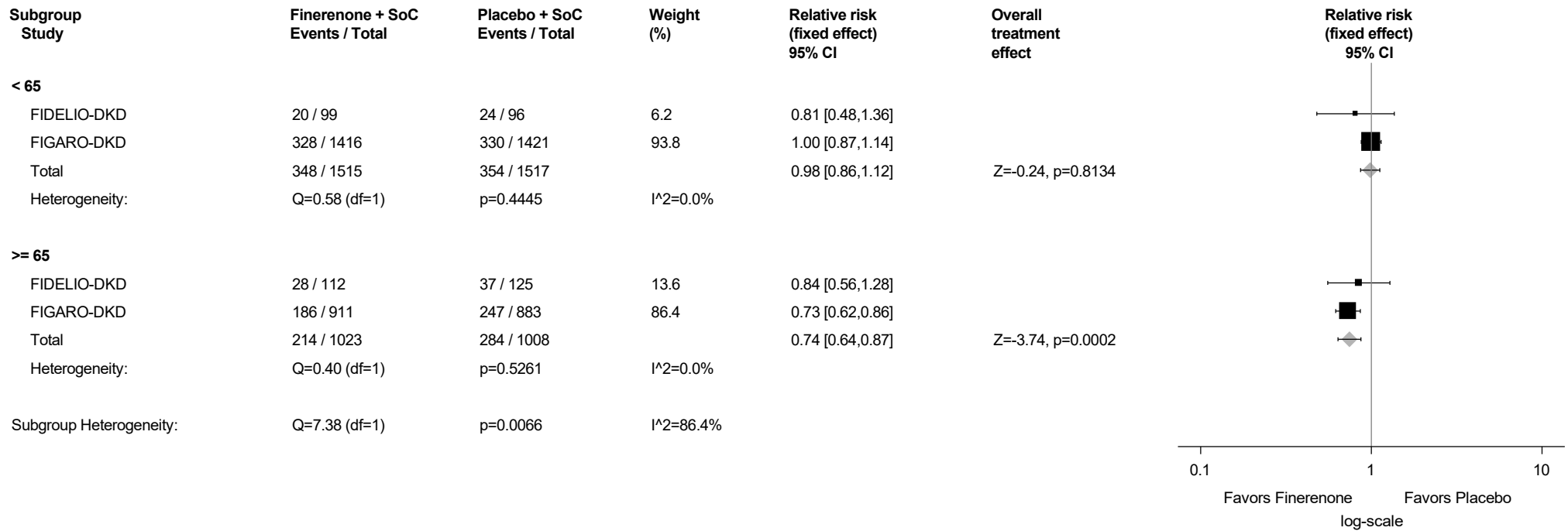
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.7.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

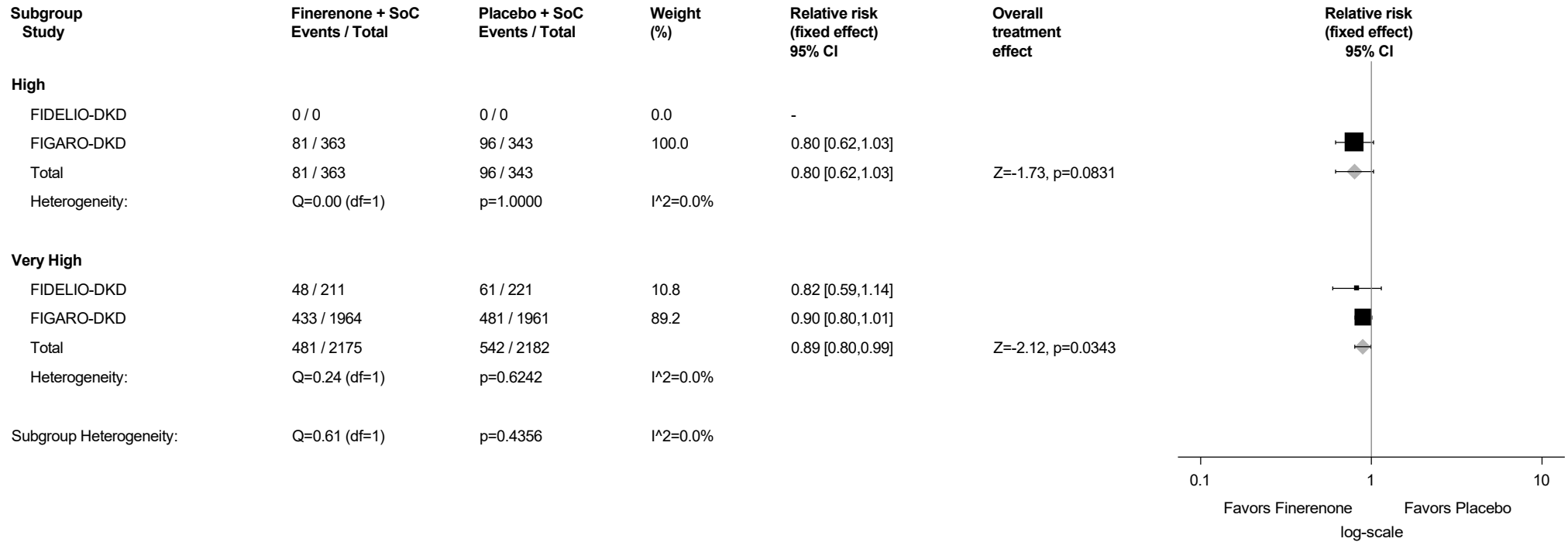
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.7.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



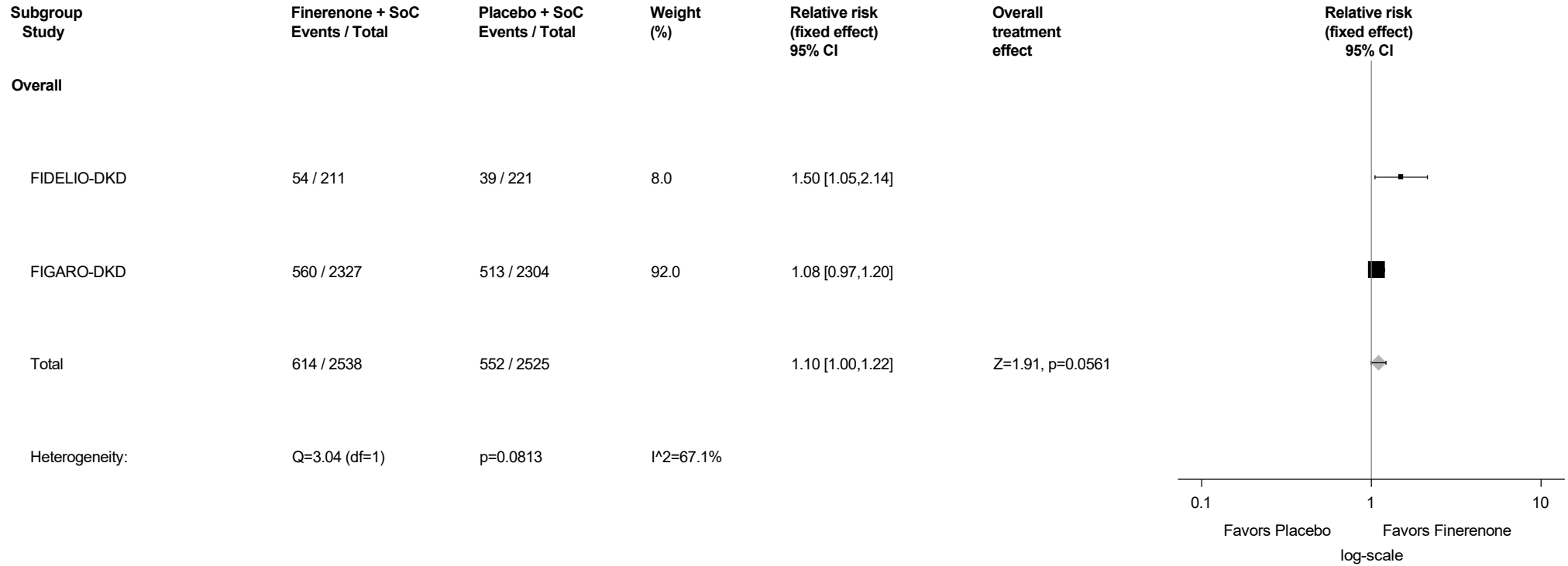
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



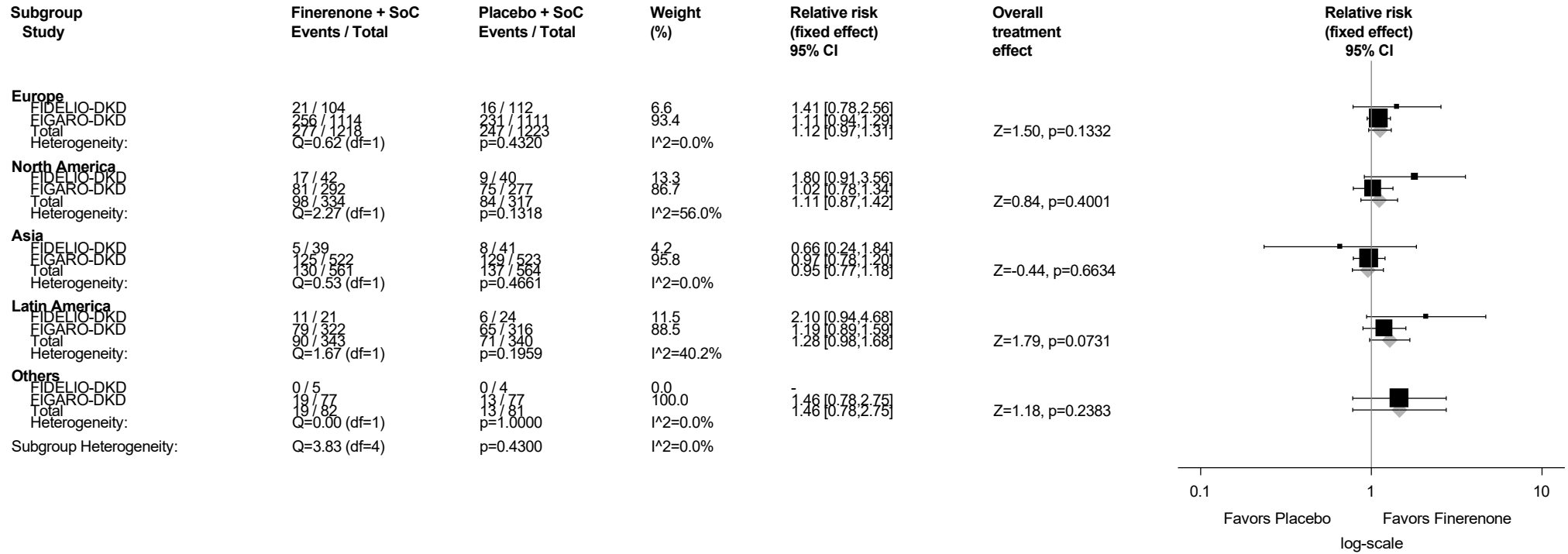
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.8.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



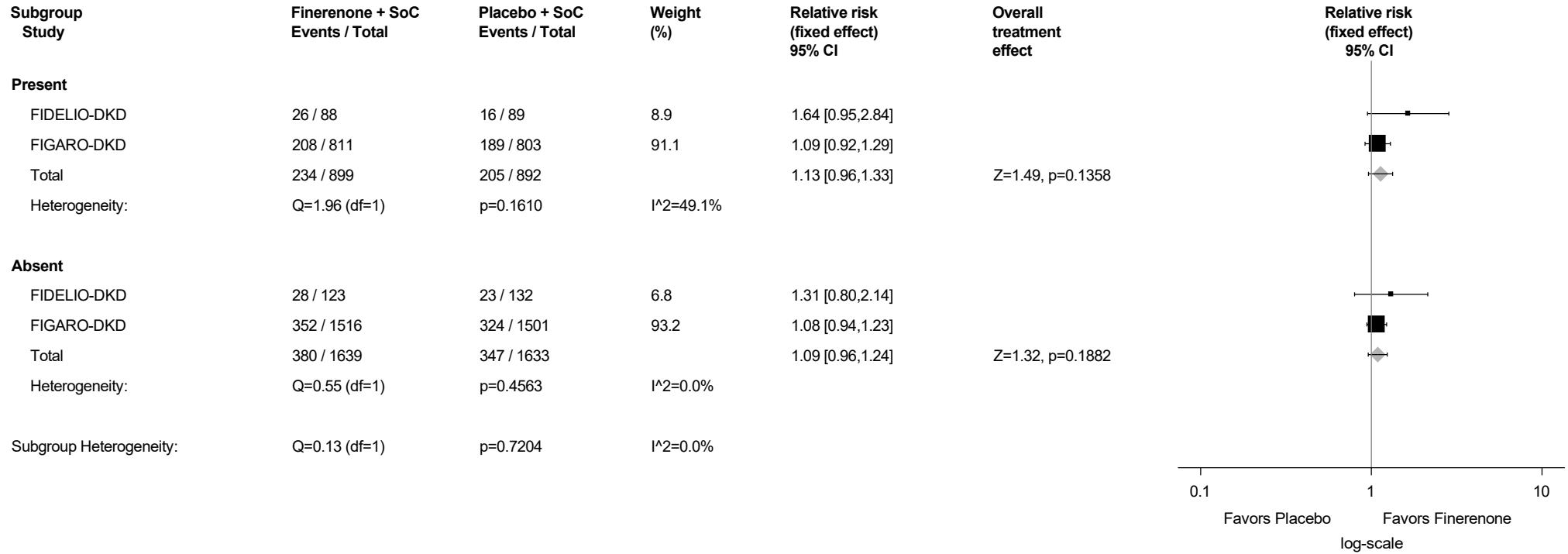
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.8.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



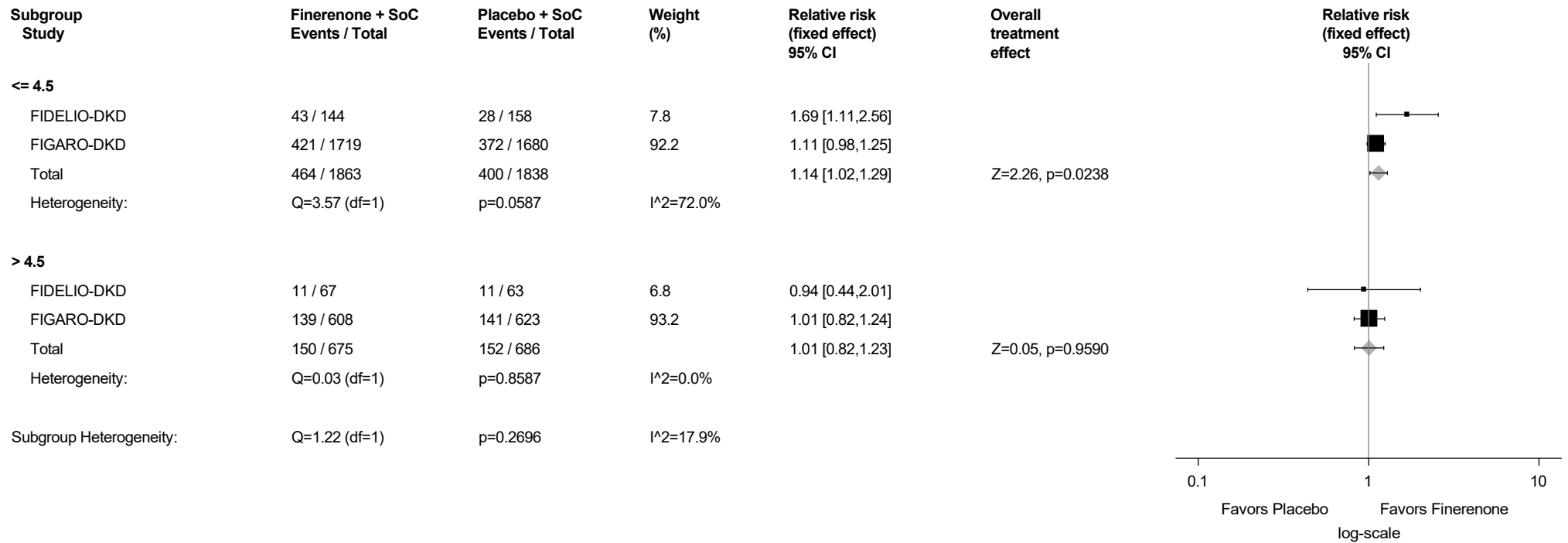
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.8.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



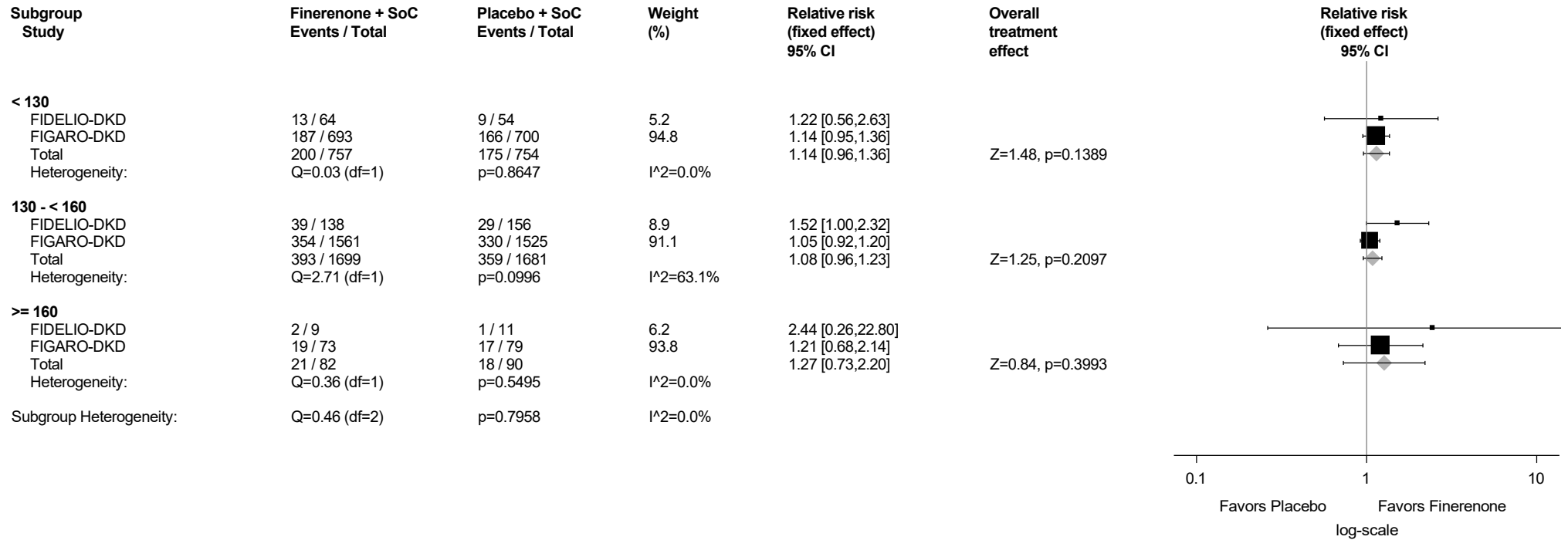
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.8.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



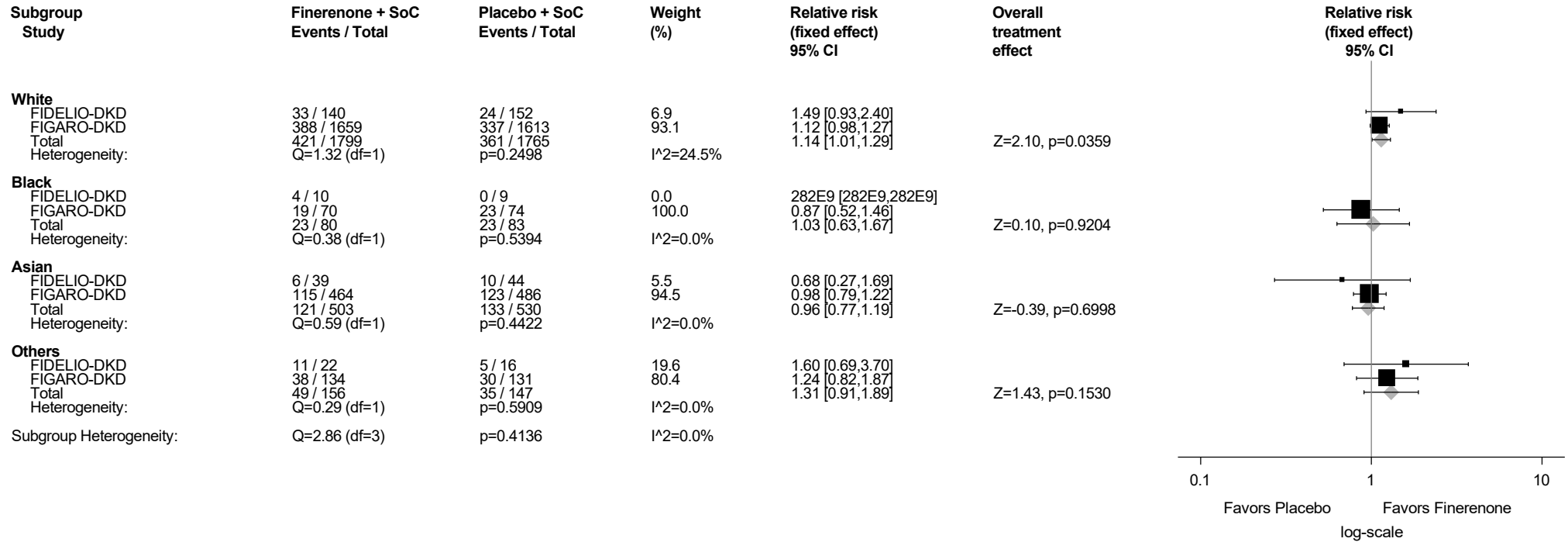
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.8.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

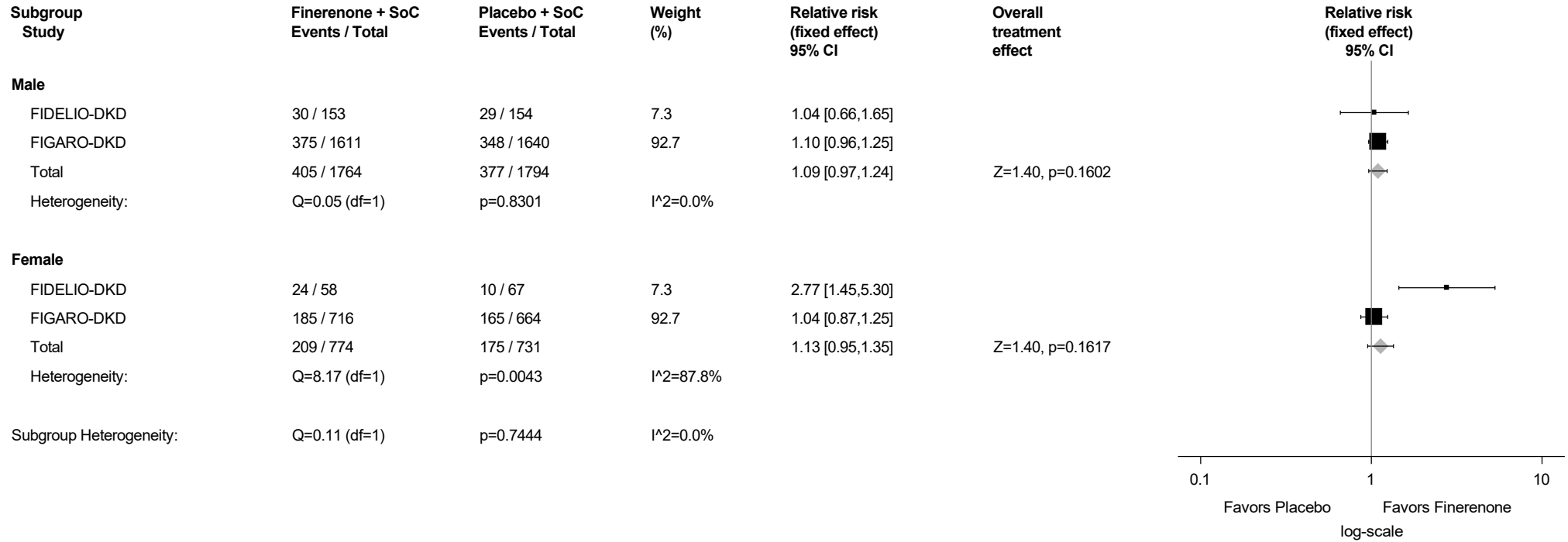
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.8.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

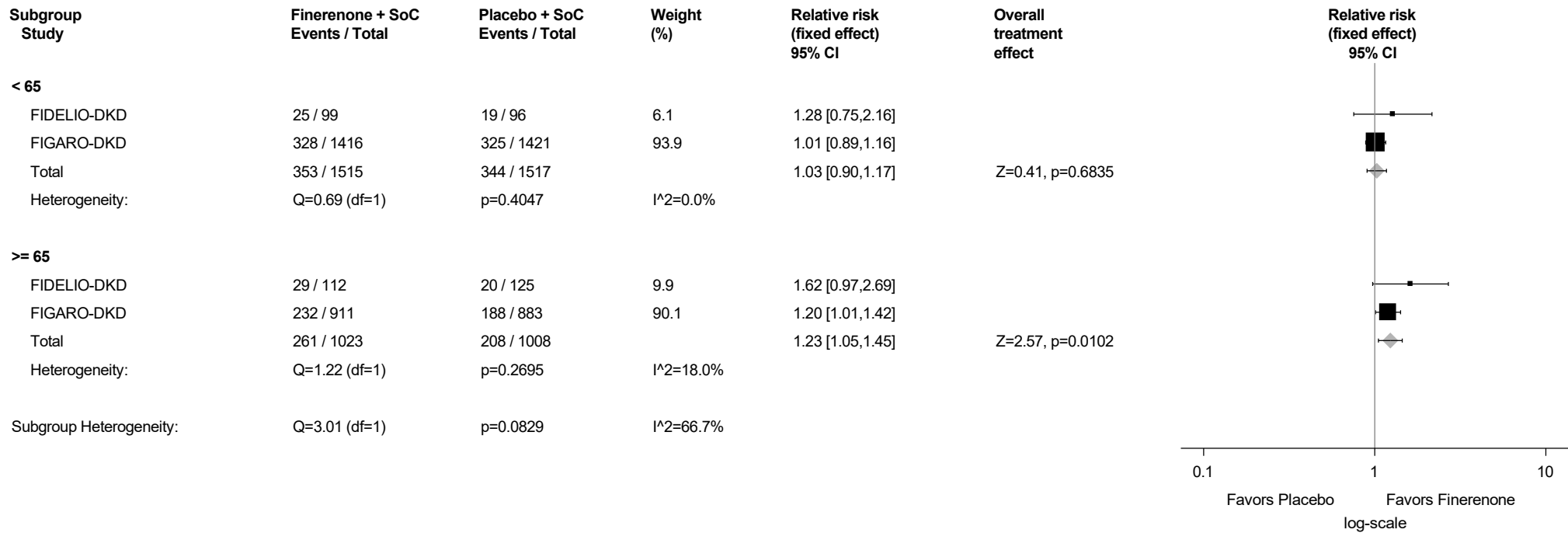
Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.8.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years)

Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

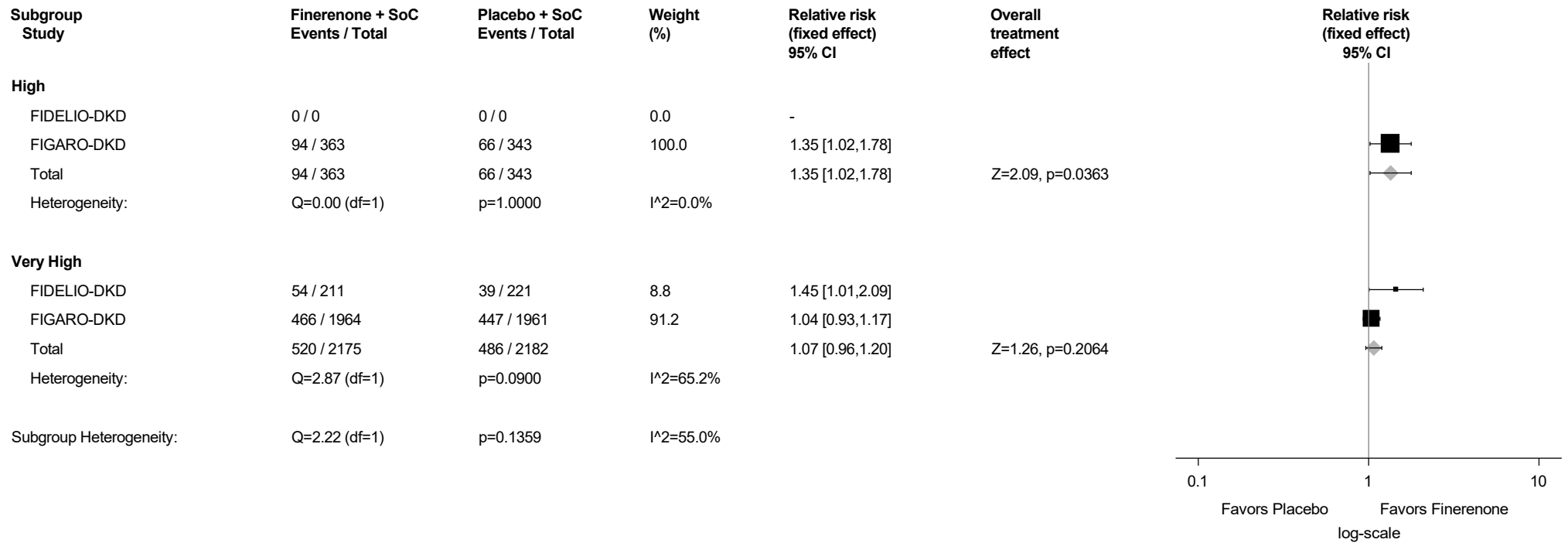
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.8.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



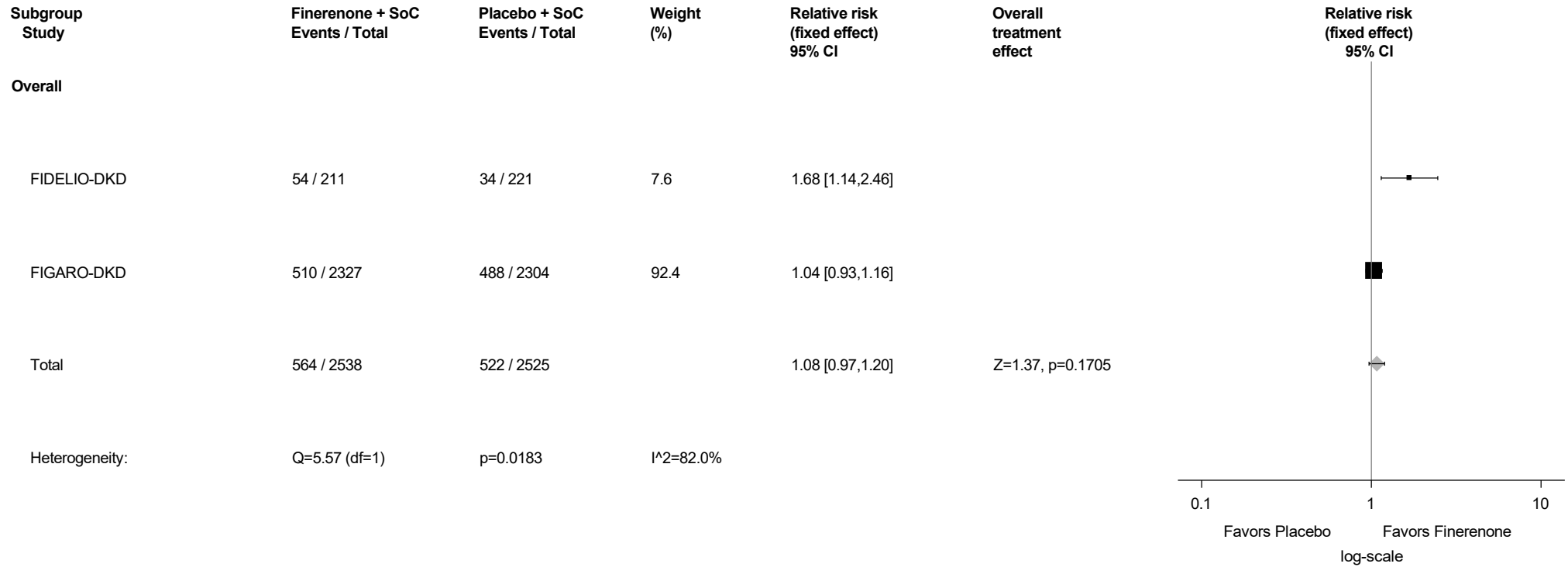
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



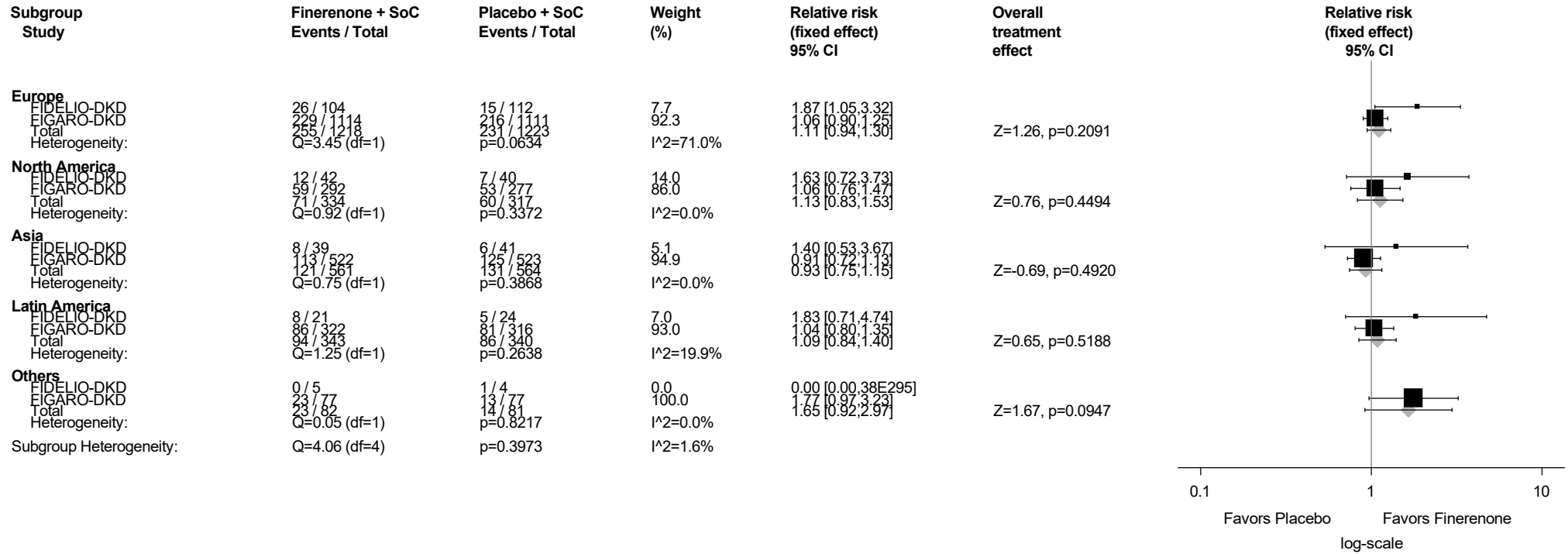
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.9.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



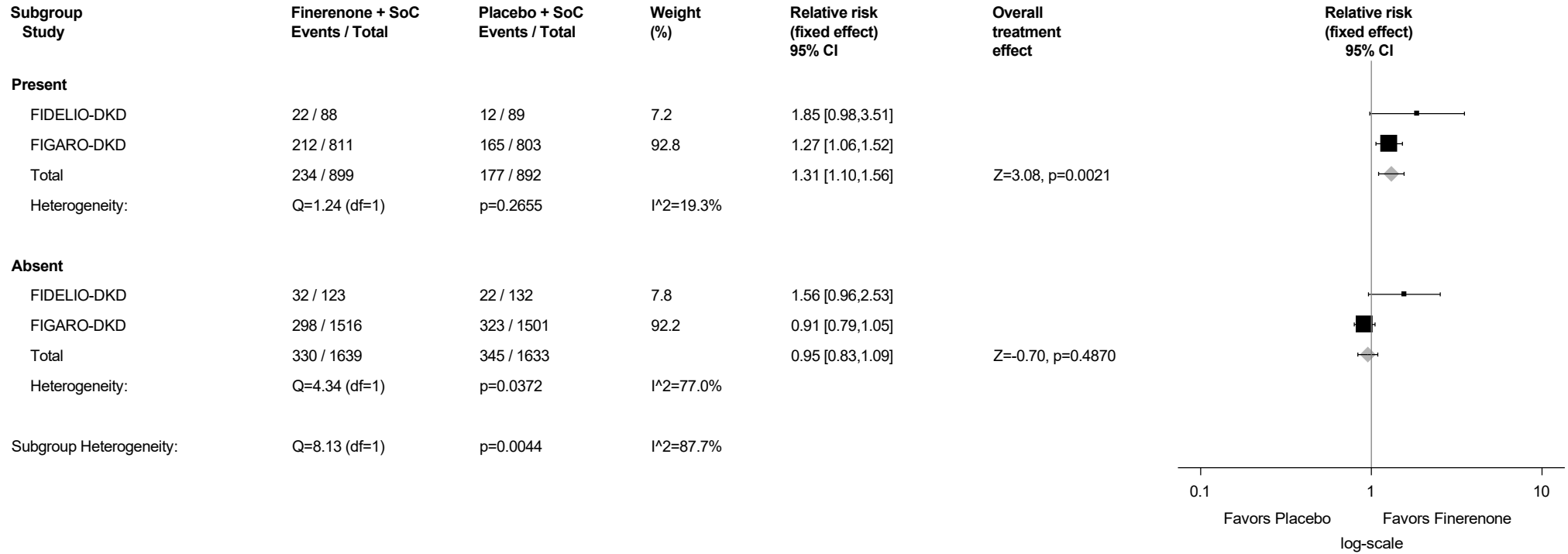
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.9.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



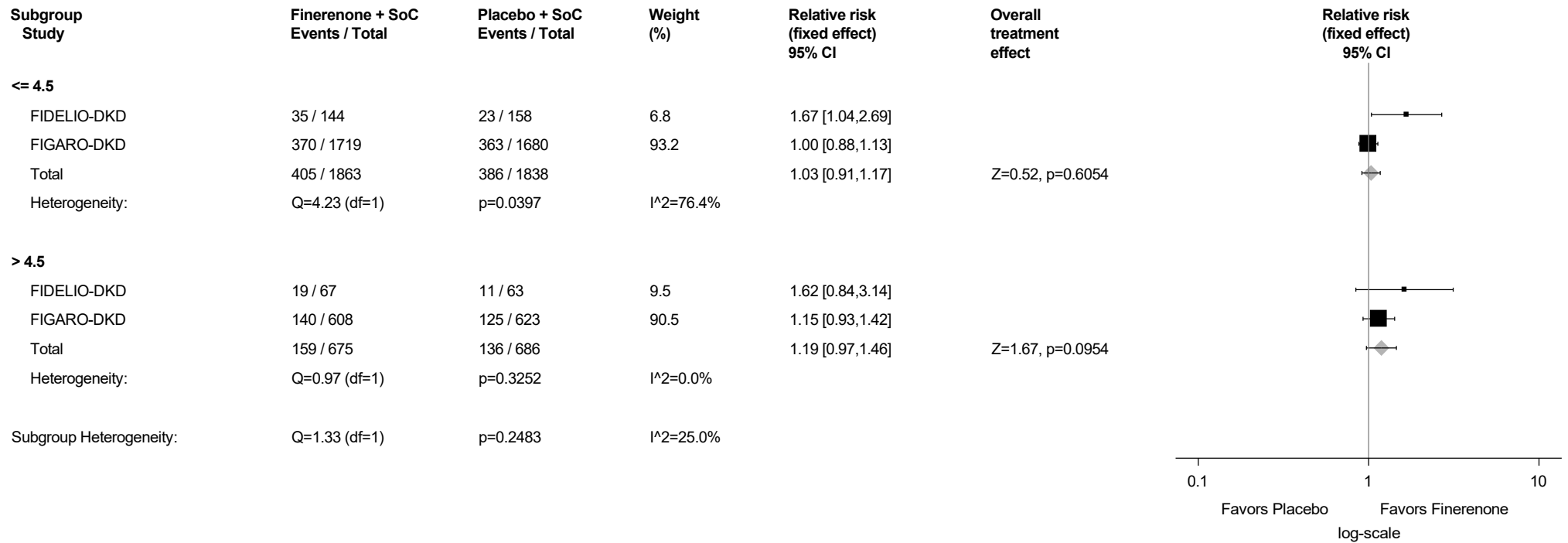
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.9.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



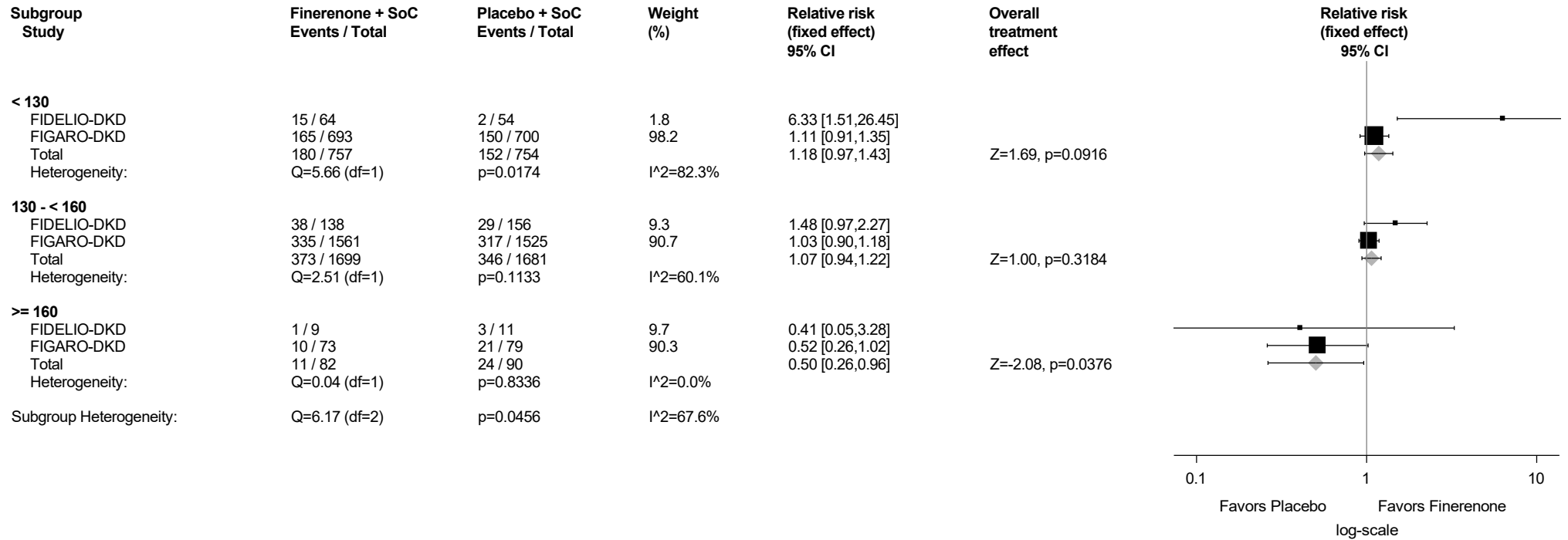
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.9.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



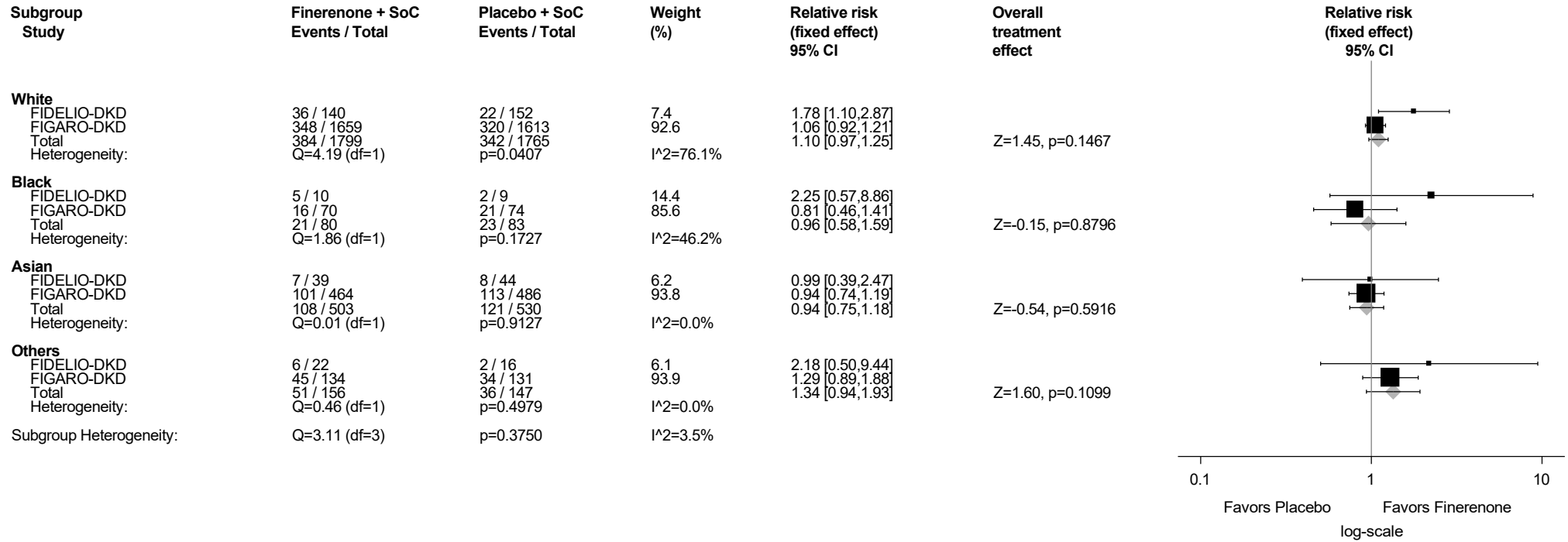
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.9.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

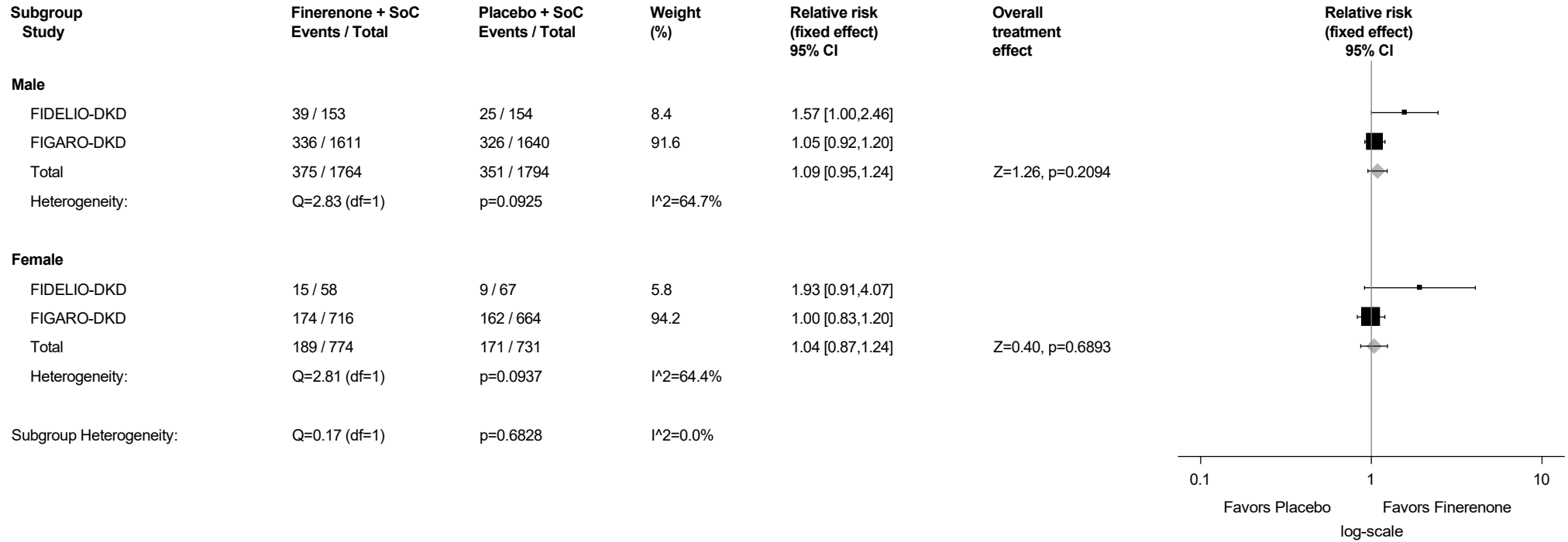
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.9.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

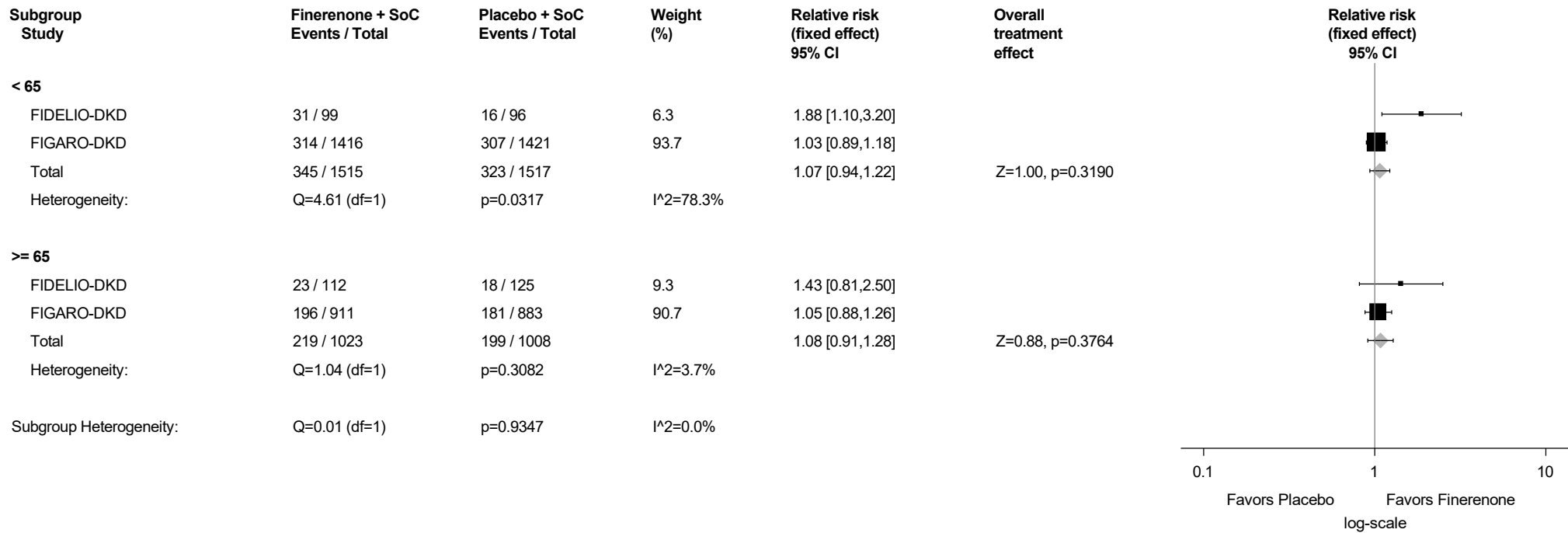
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.9.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

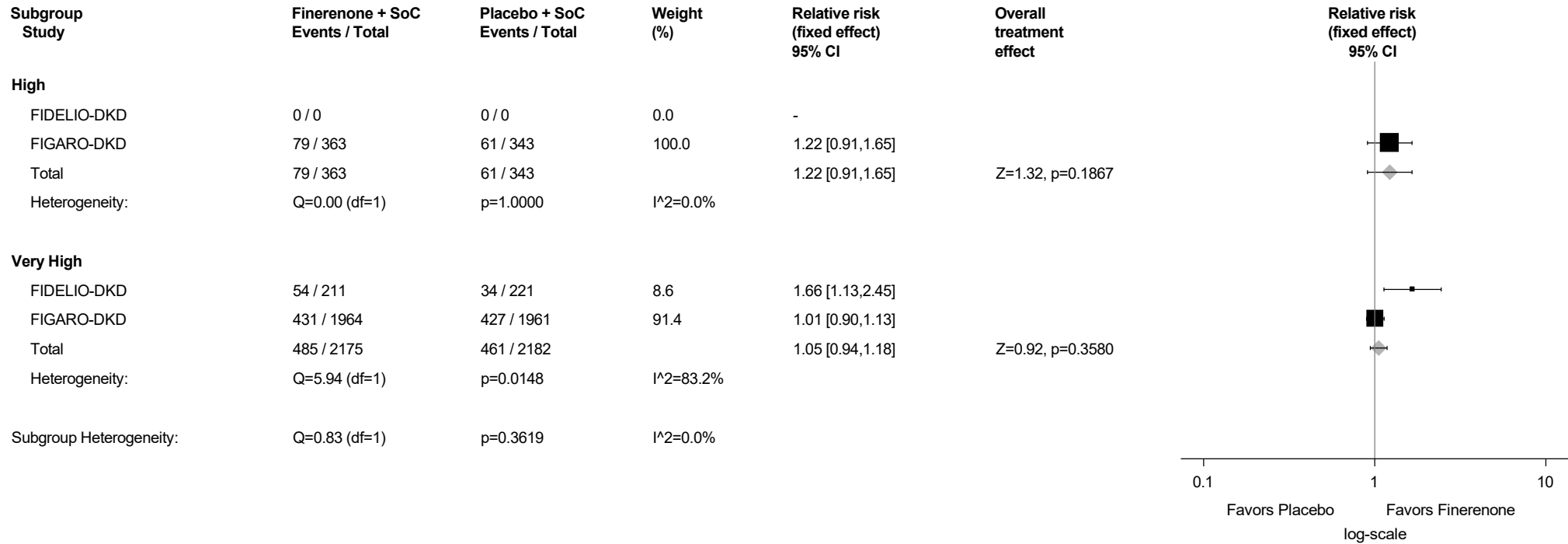
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.9.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



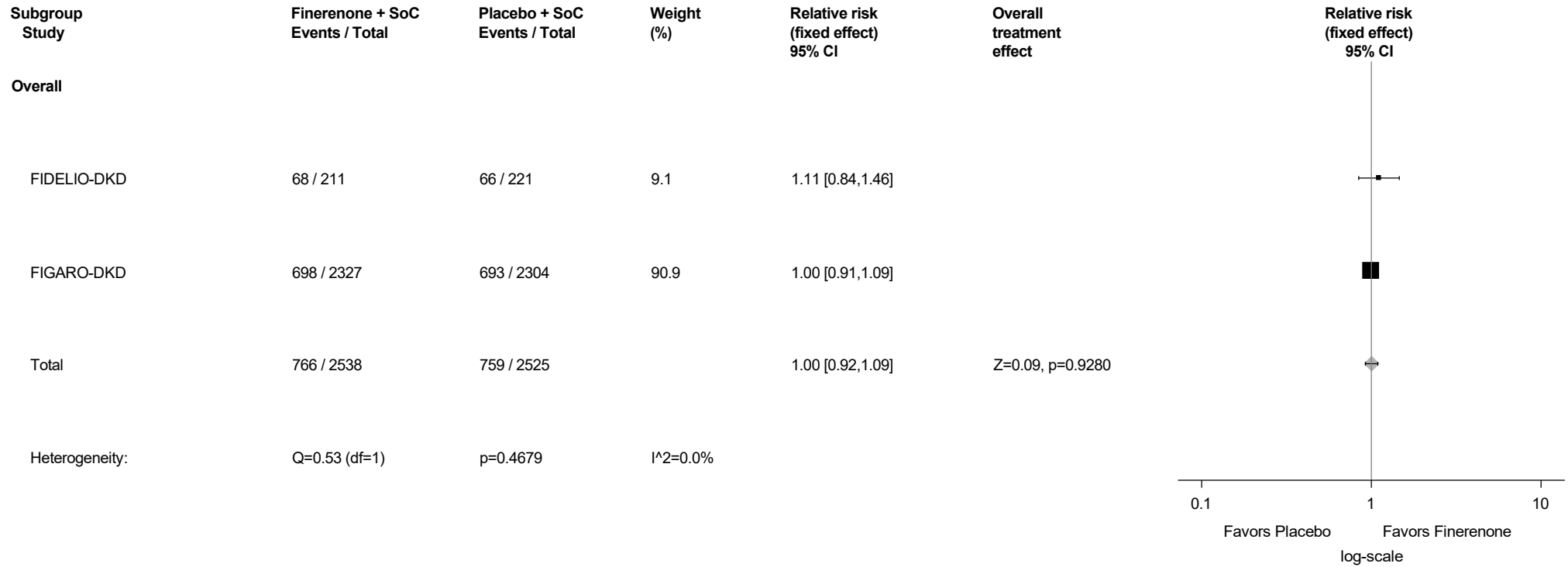
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.10: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



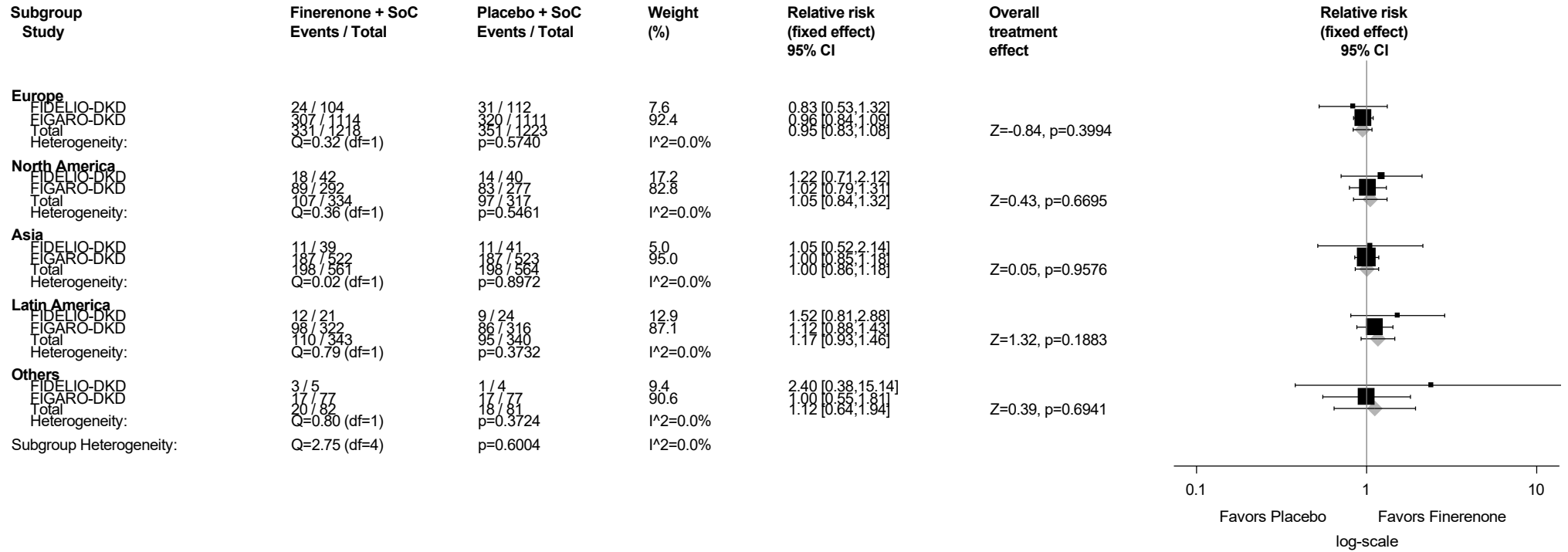
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.10.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



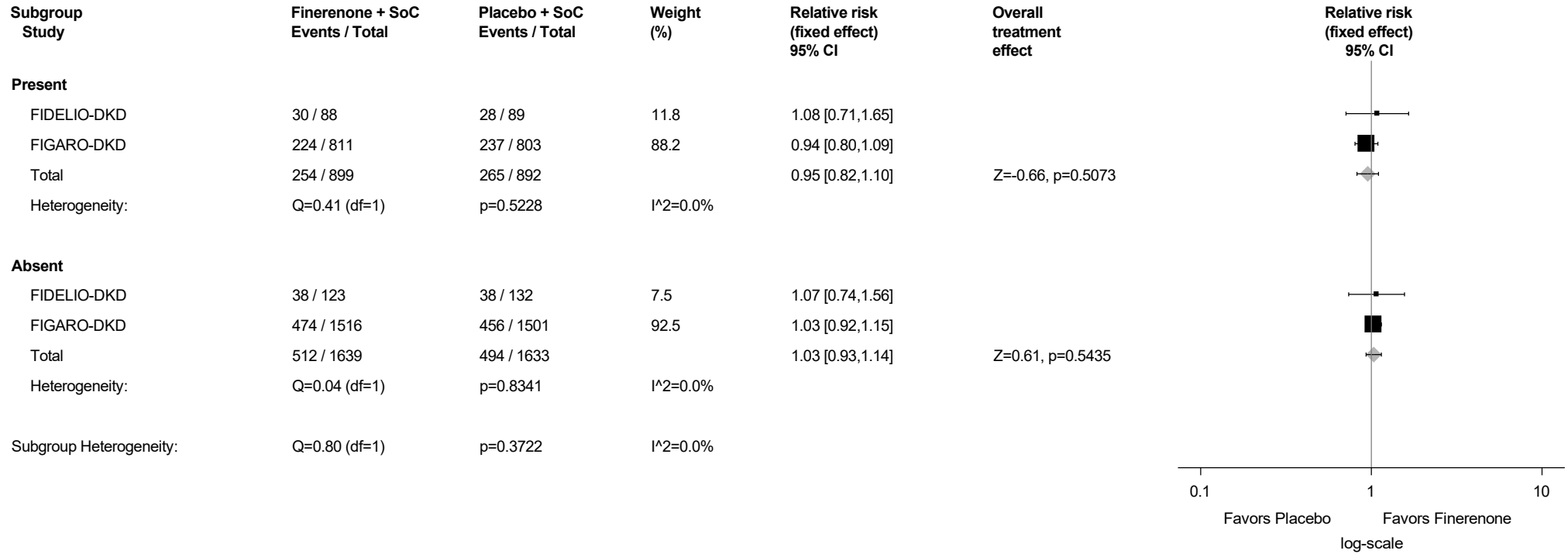
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.10.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



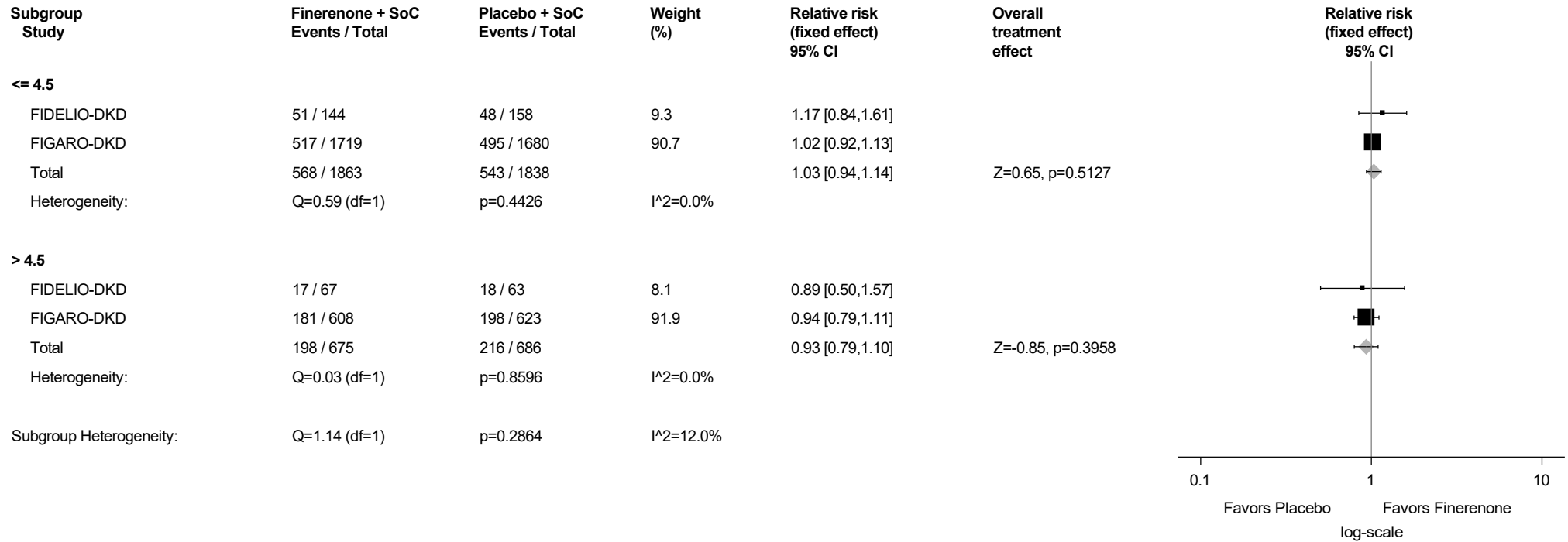
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.10.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



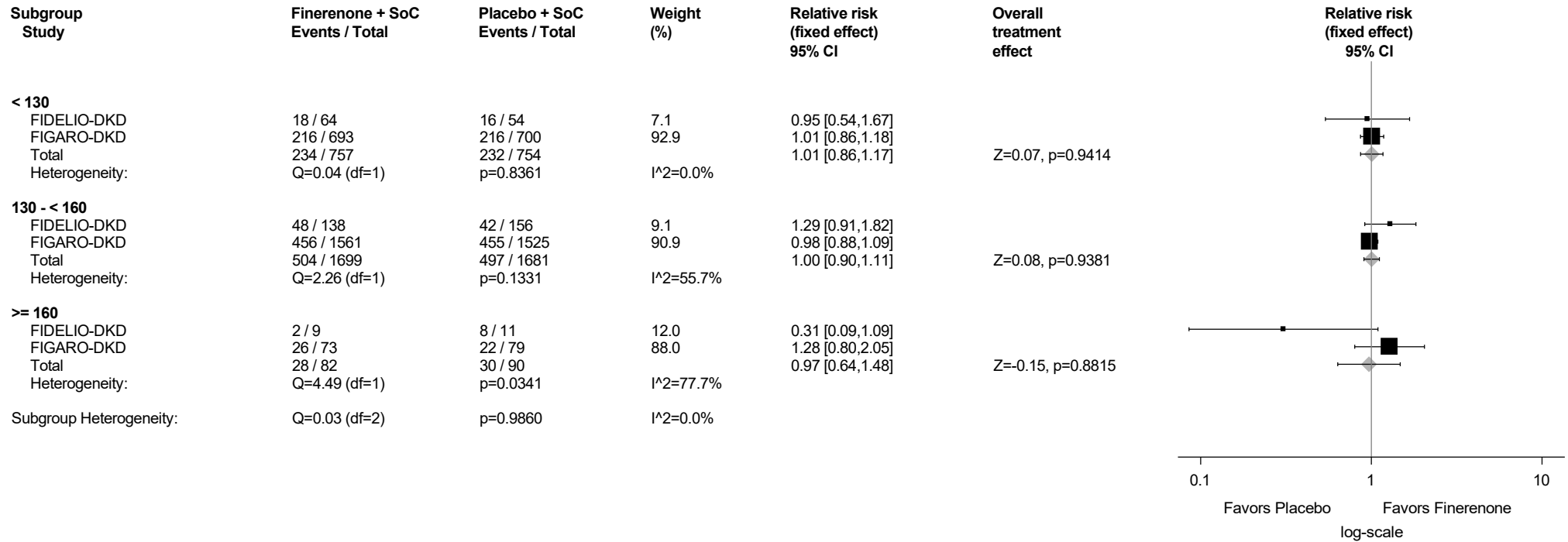
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.10.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



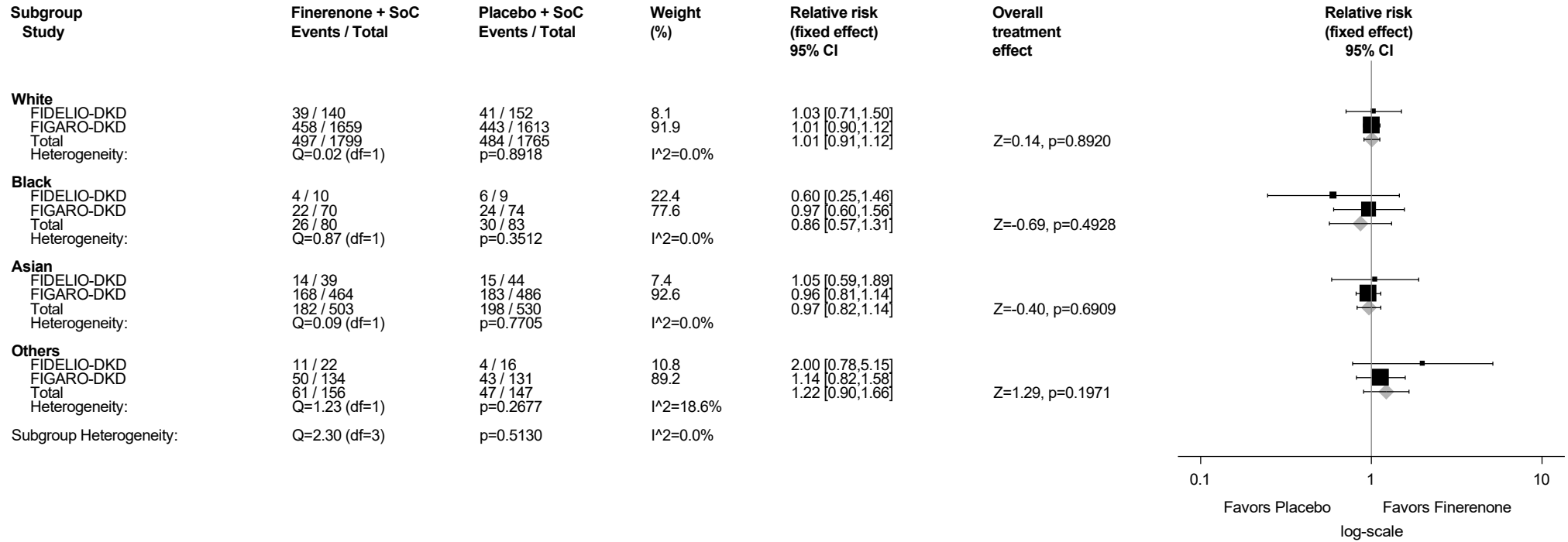
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.10.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

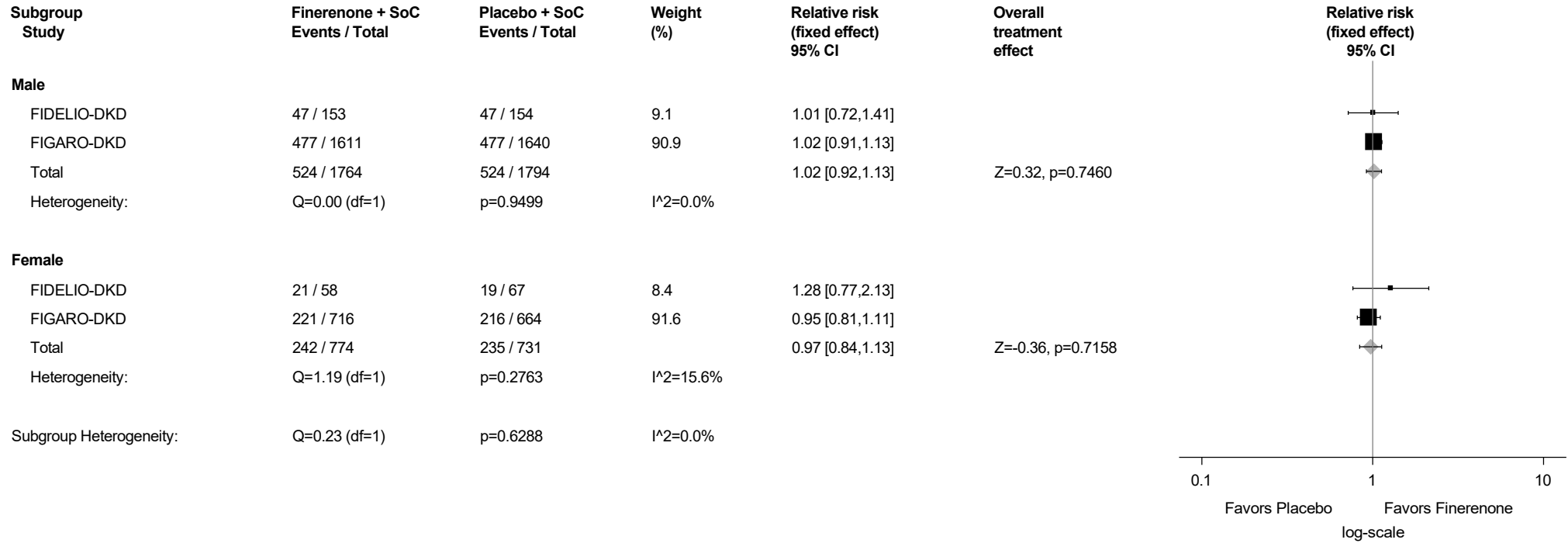
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.10.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

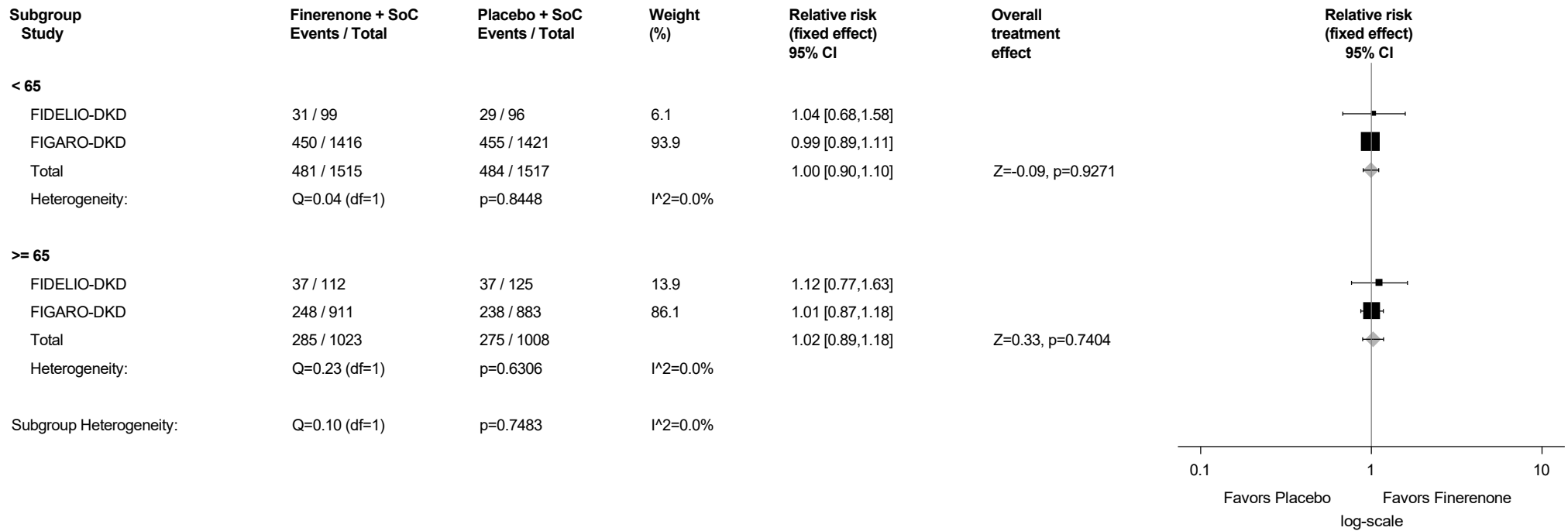
Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.10.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years)

Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

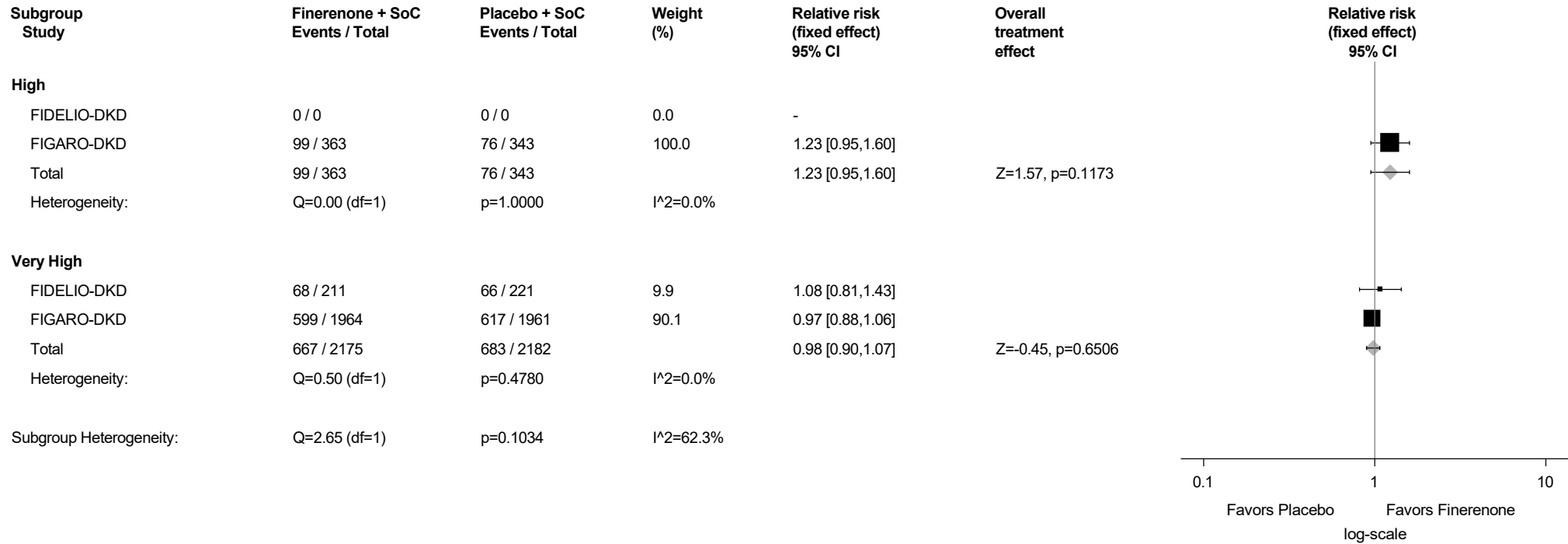
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.10.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



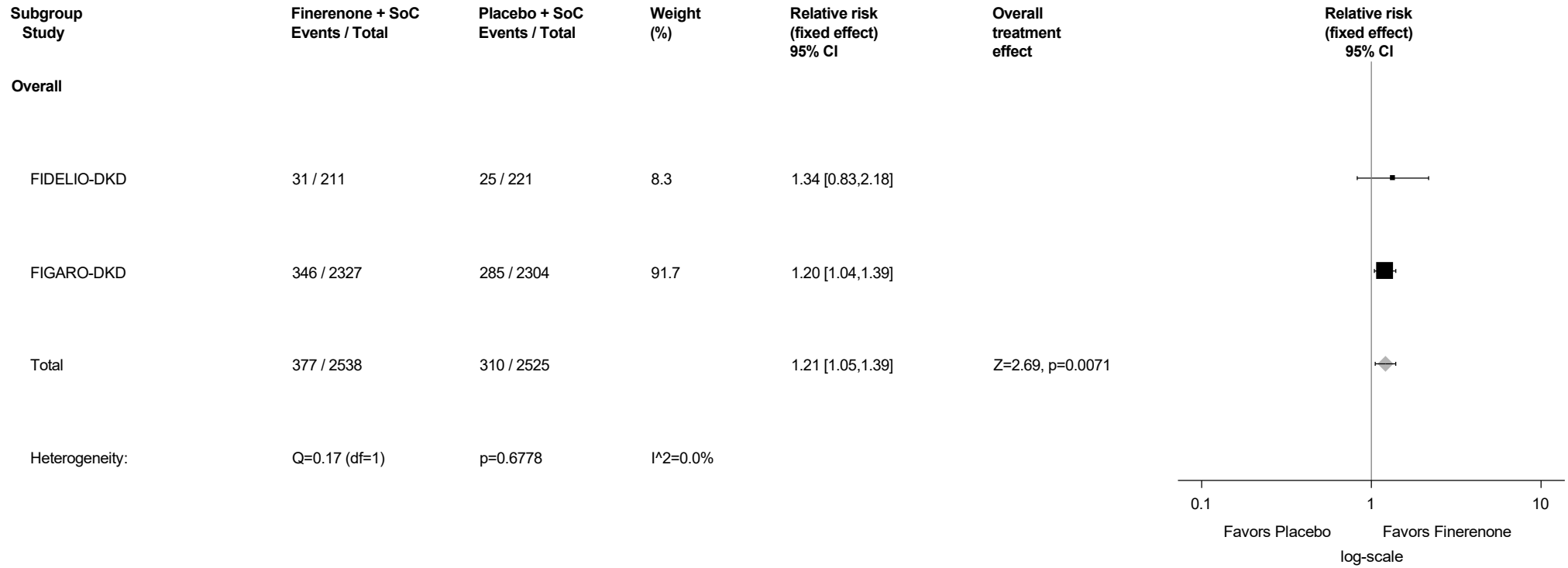
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.11: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



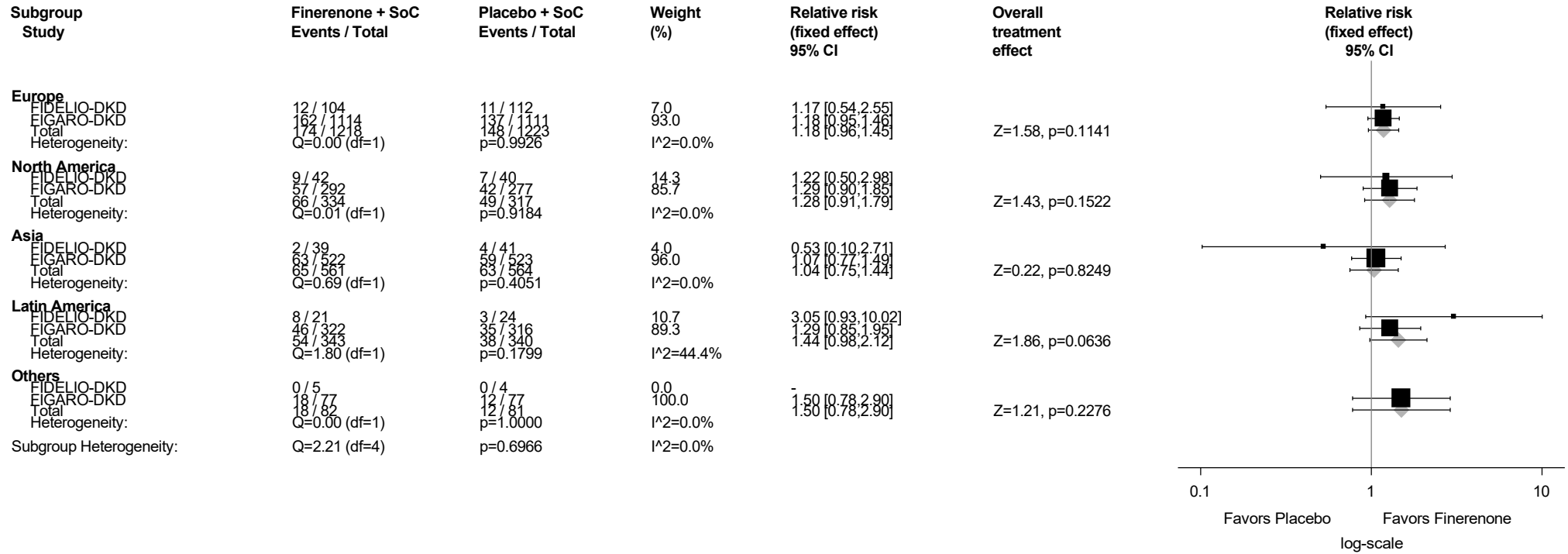
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.11.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



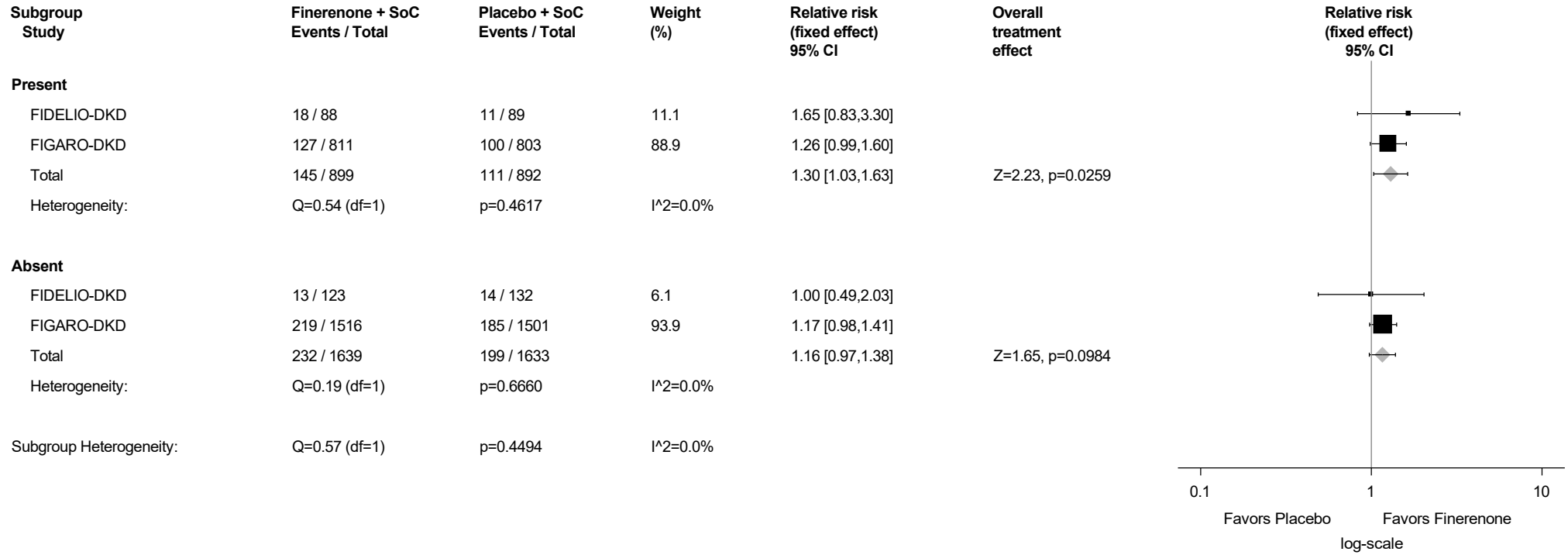
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.11.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



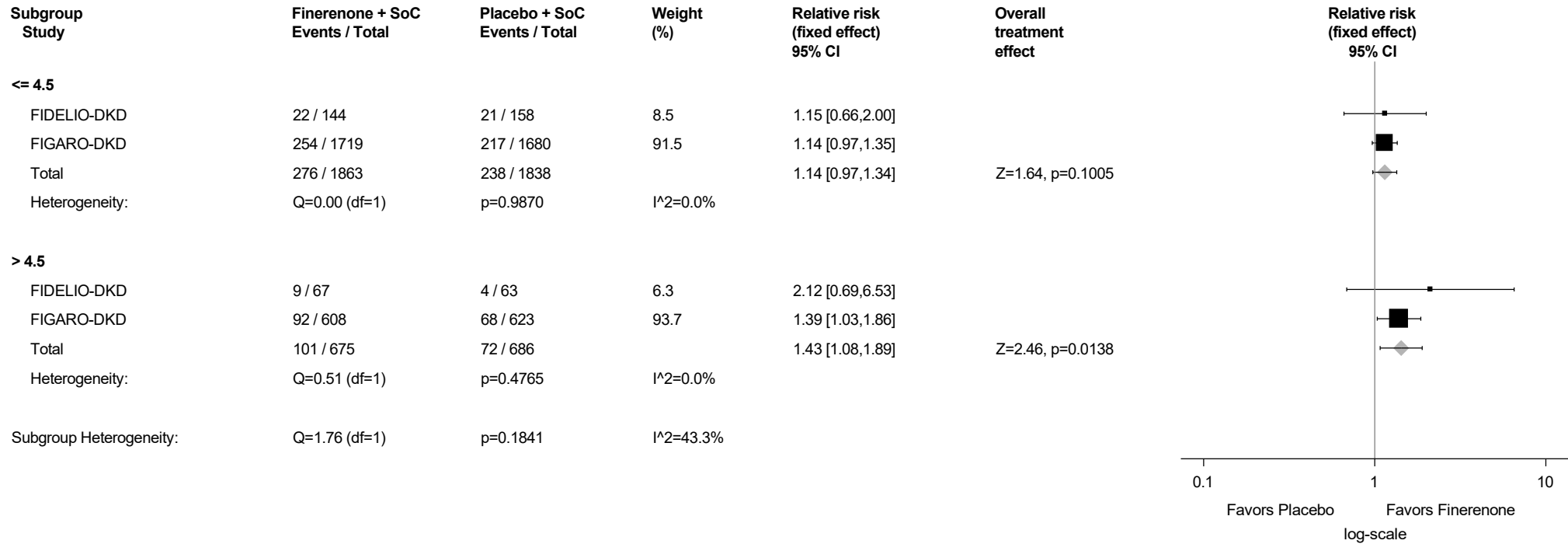
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.11.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



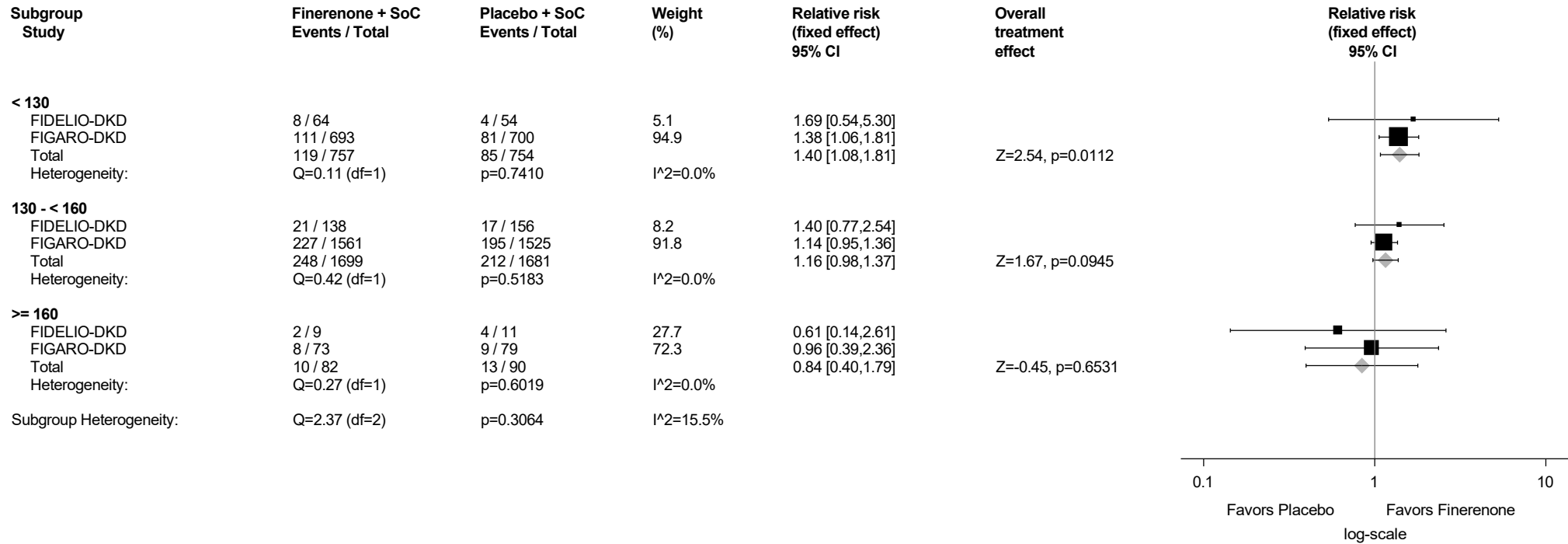
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.11.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



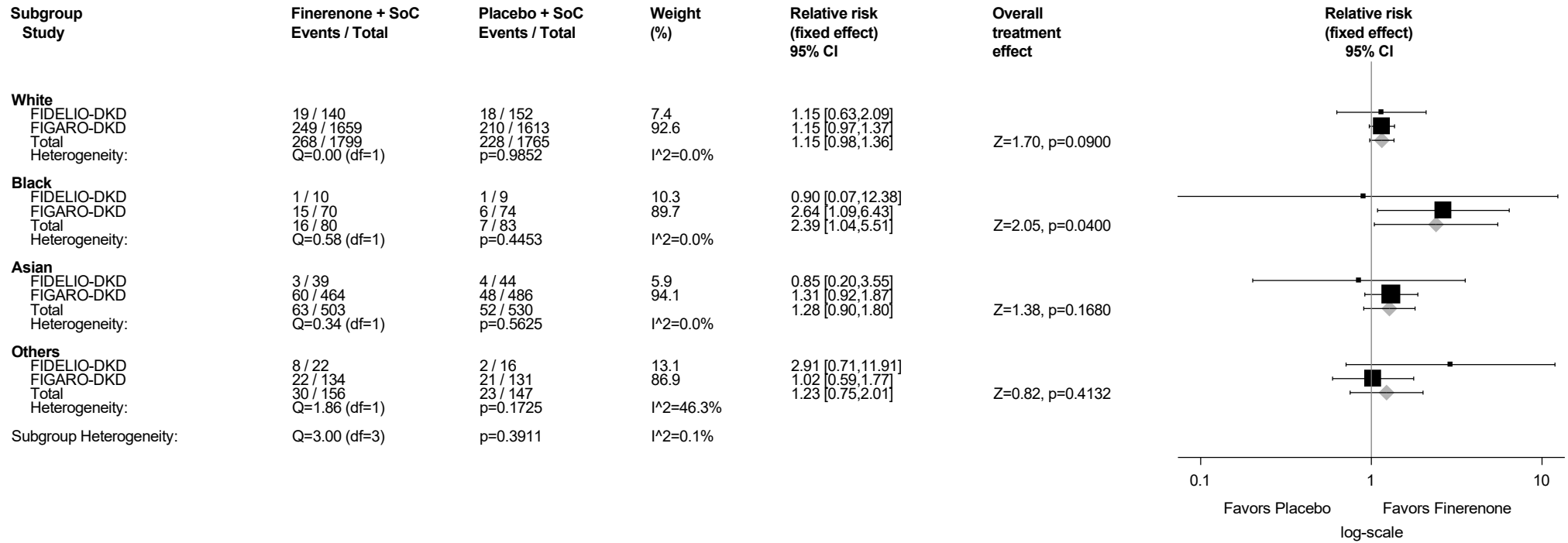
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.11.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

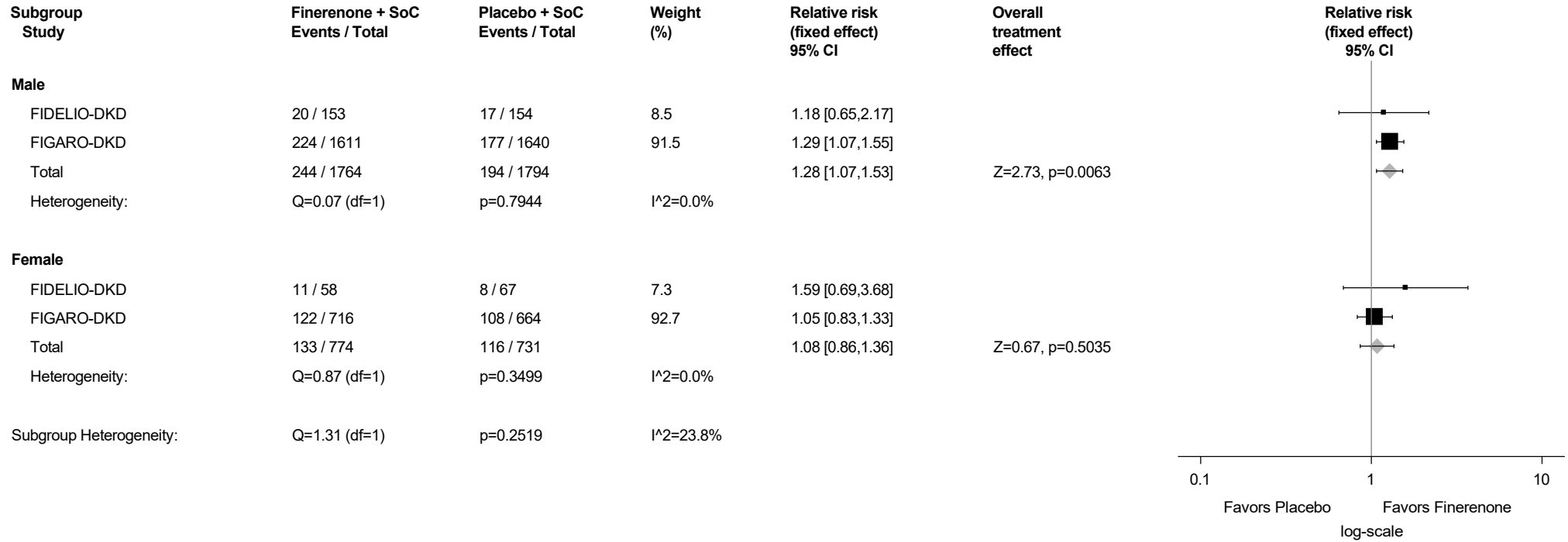
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.11.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

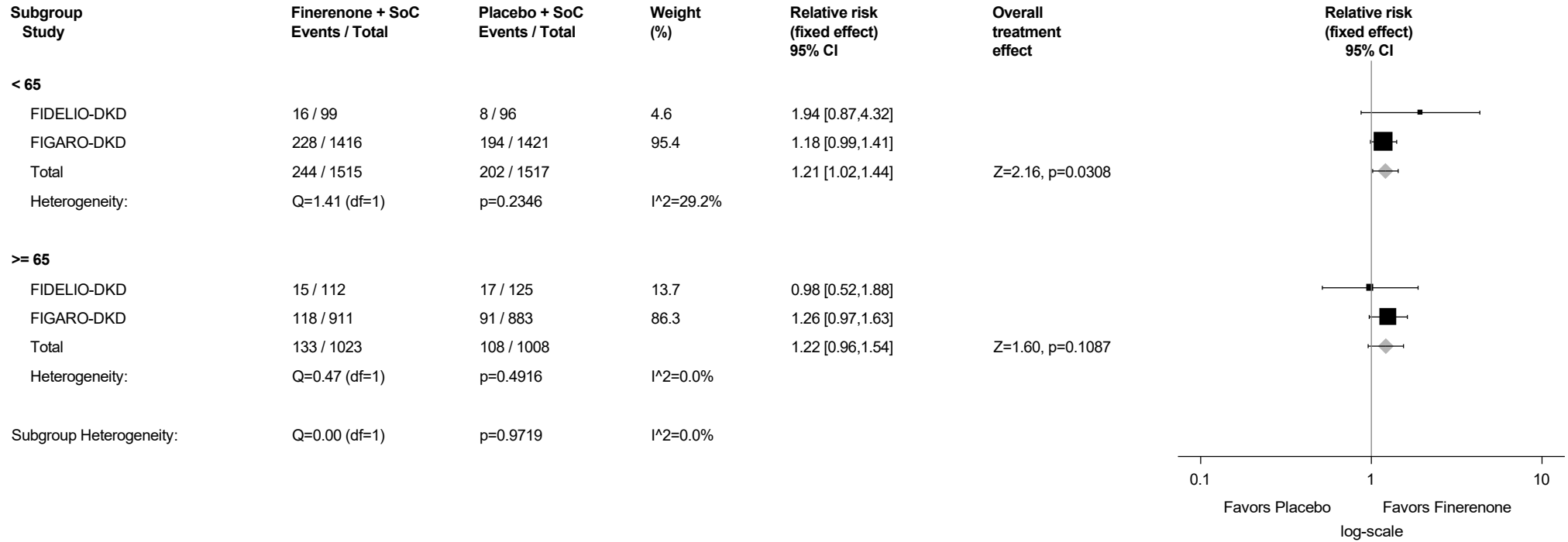
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.11.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

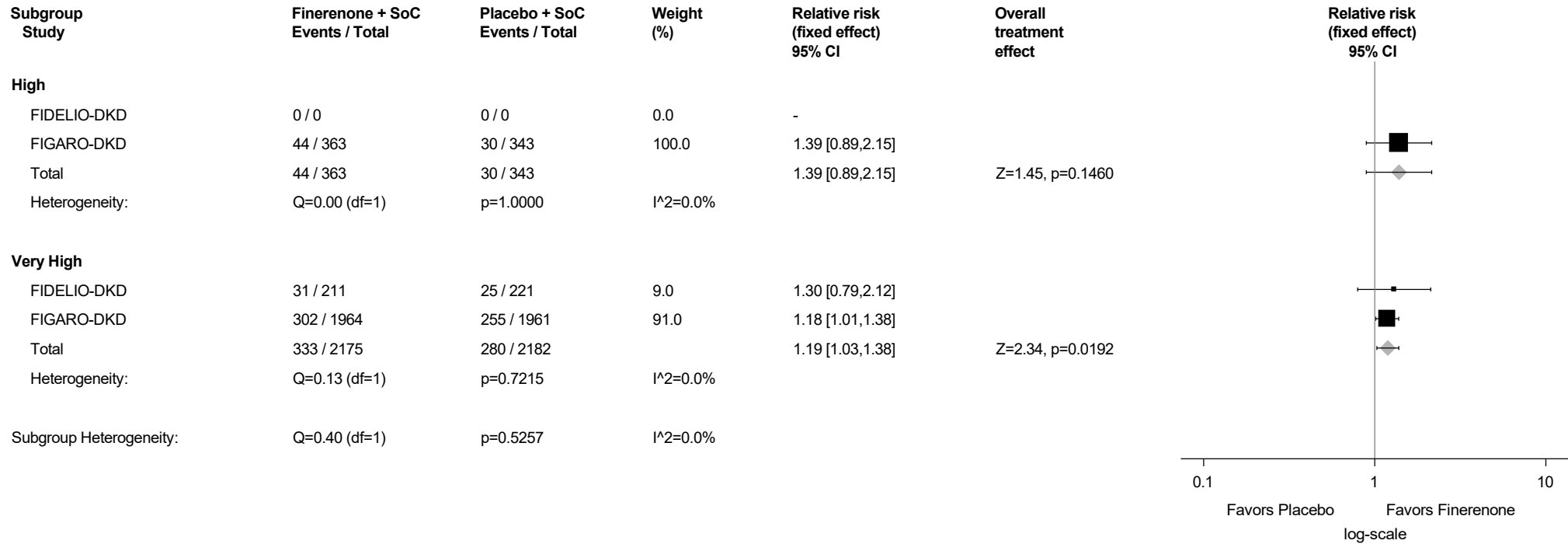
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.11.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



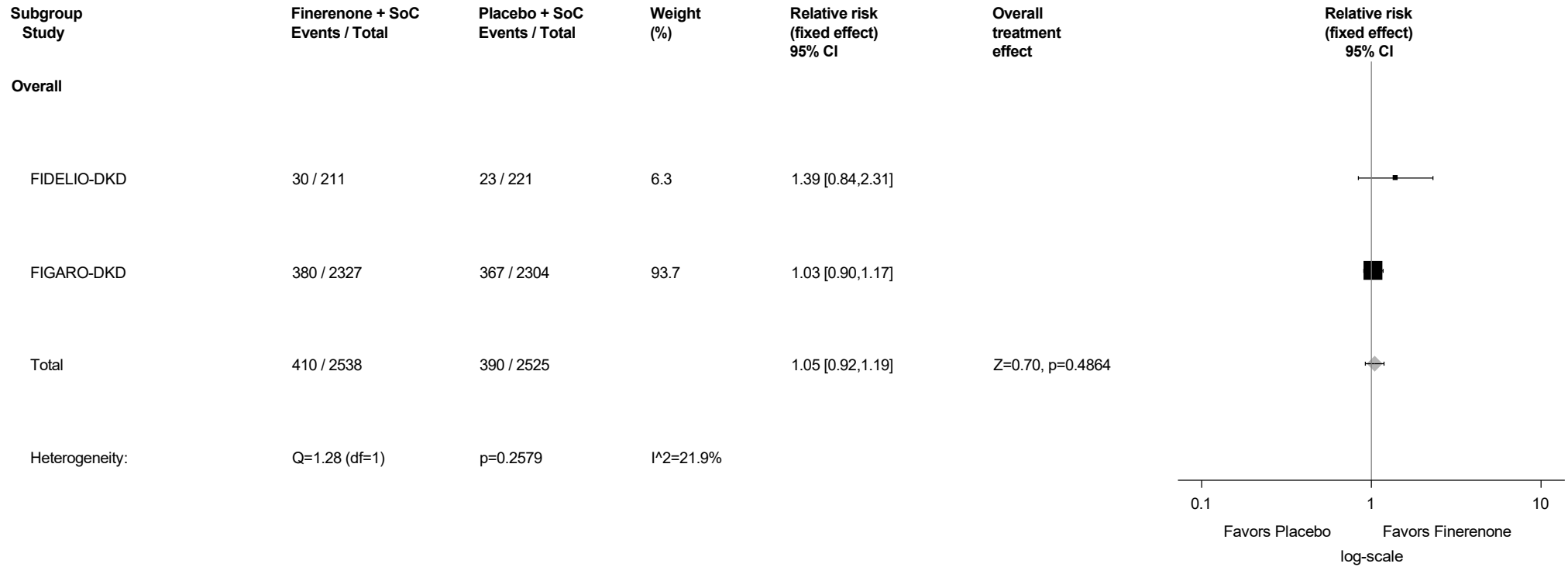
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.12: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



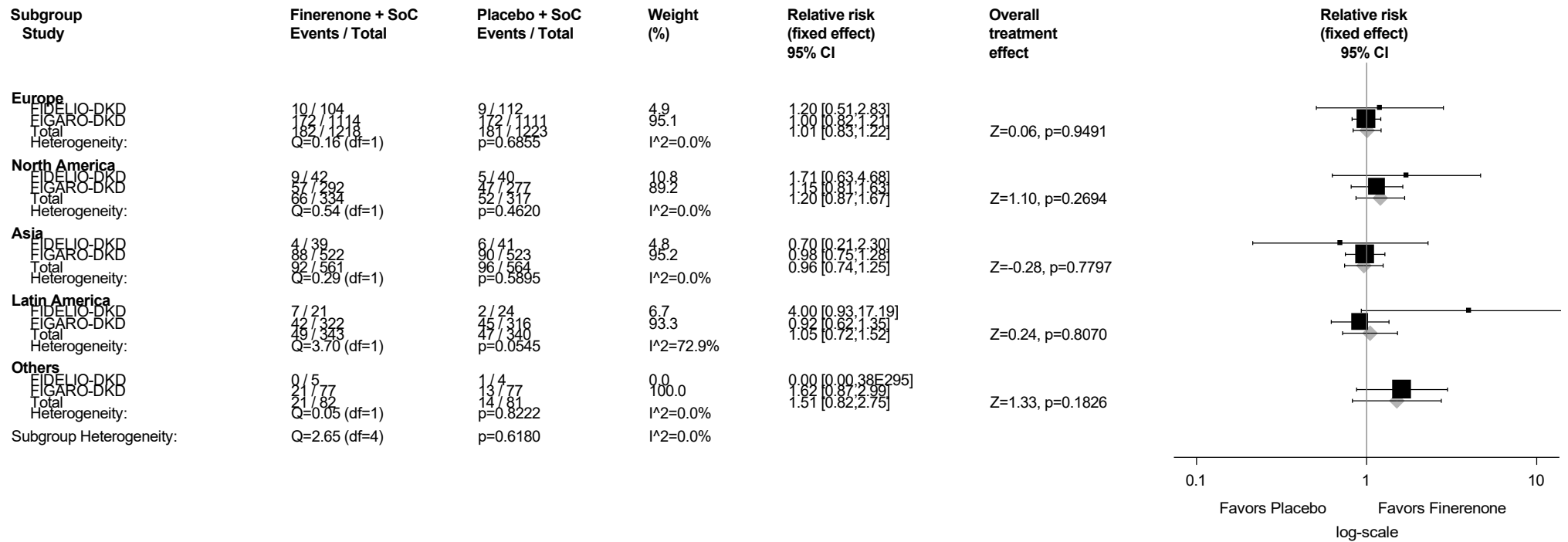
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.2.12.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



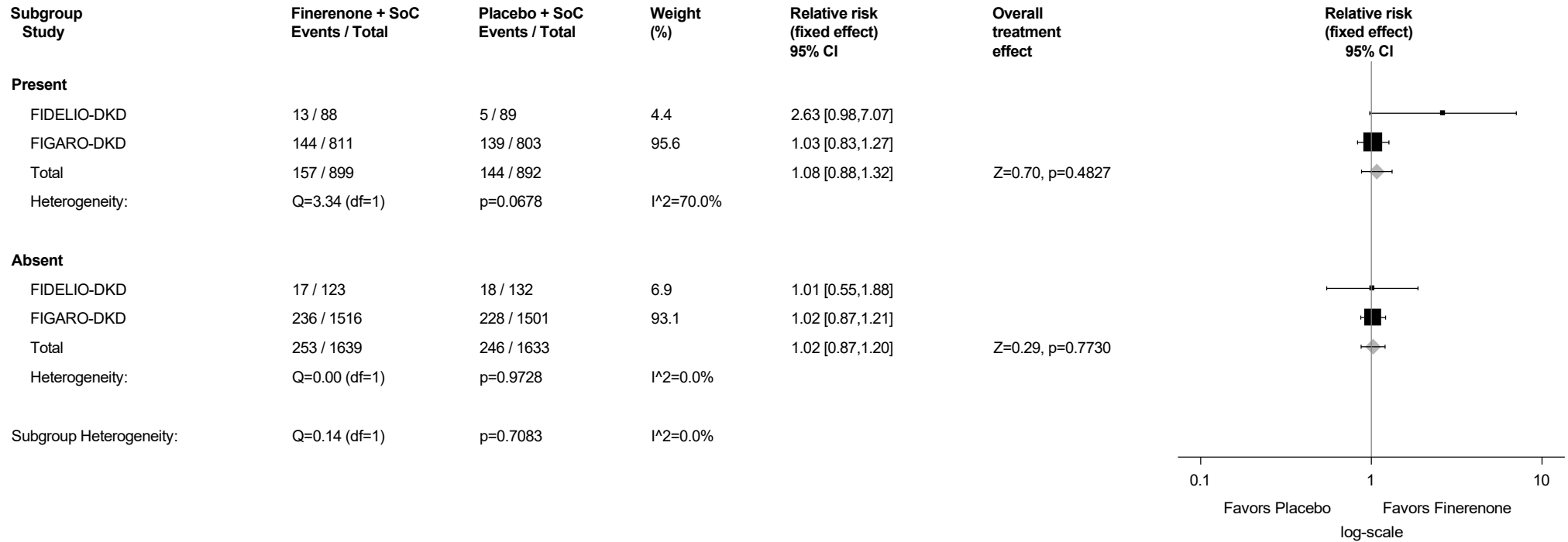
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.12.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



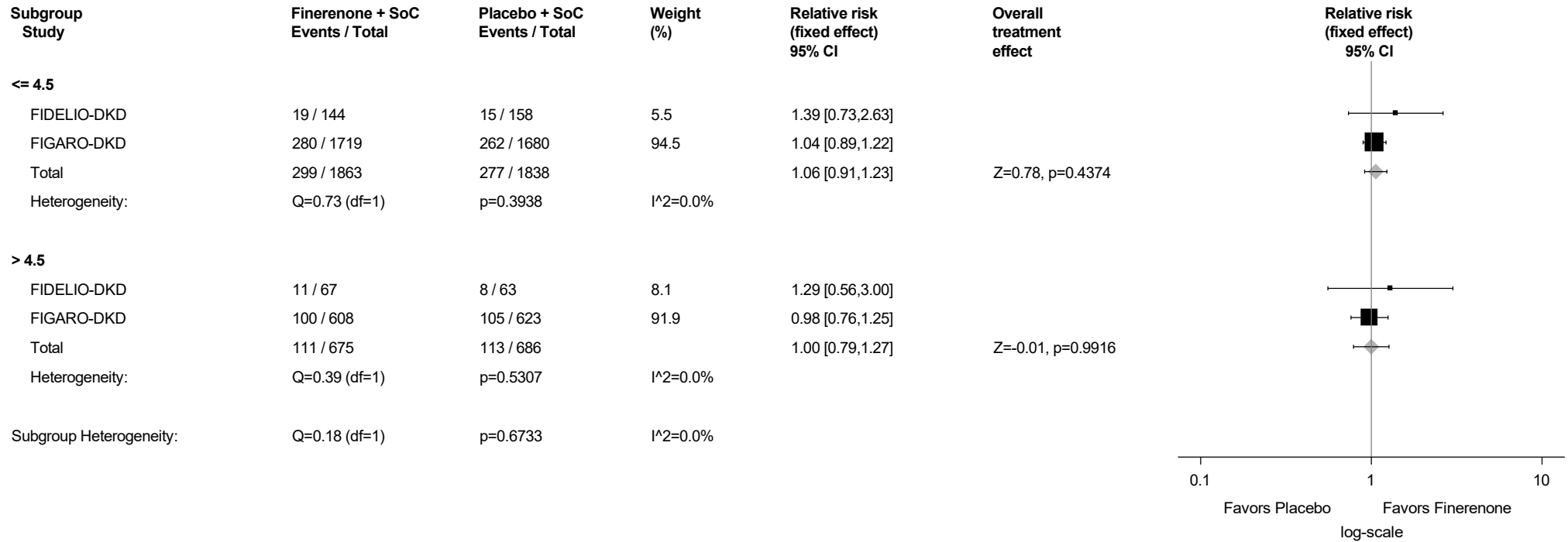
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.12.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



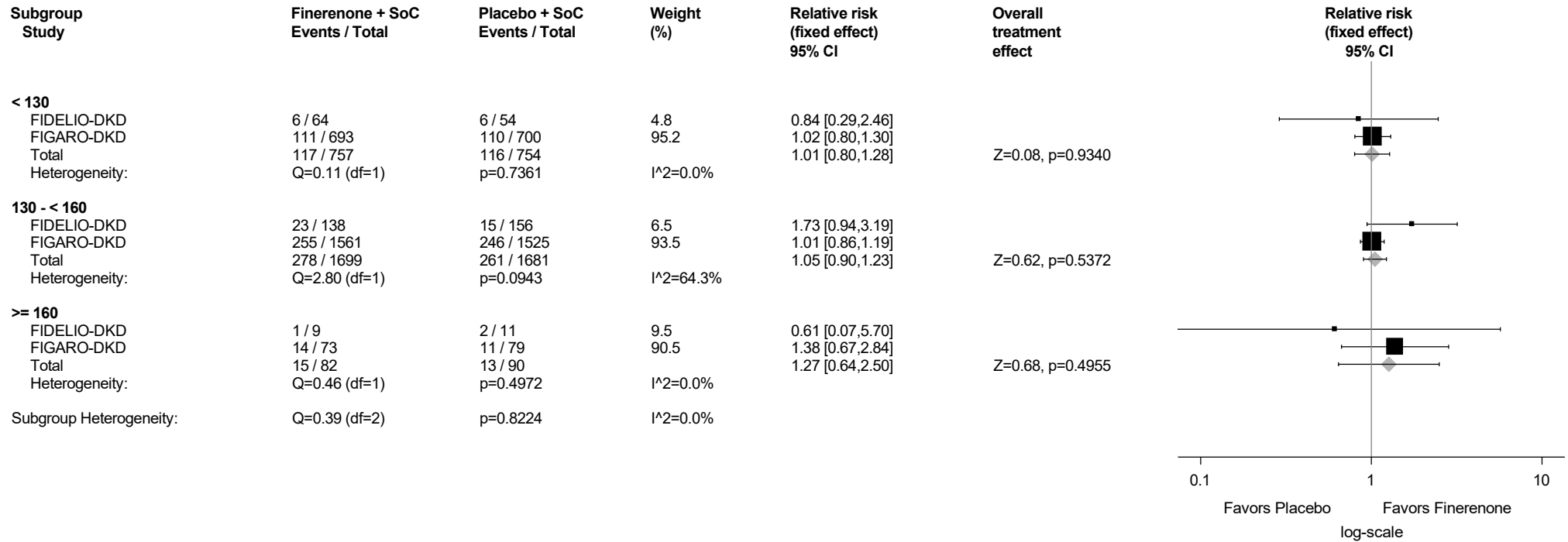
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.12.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

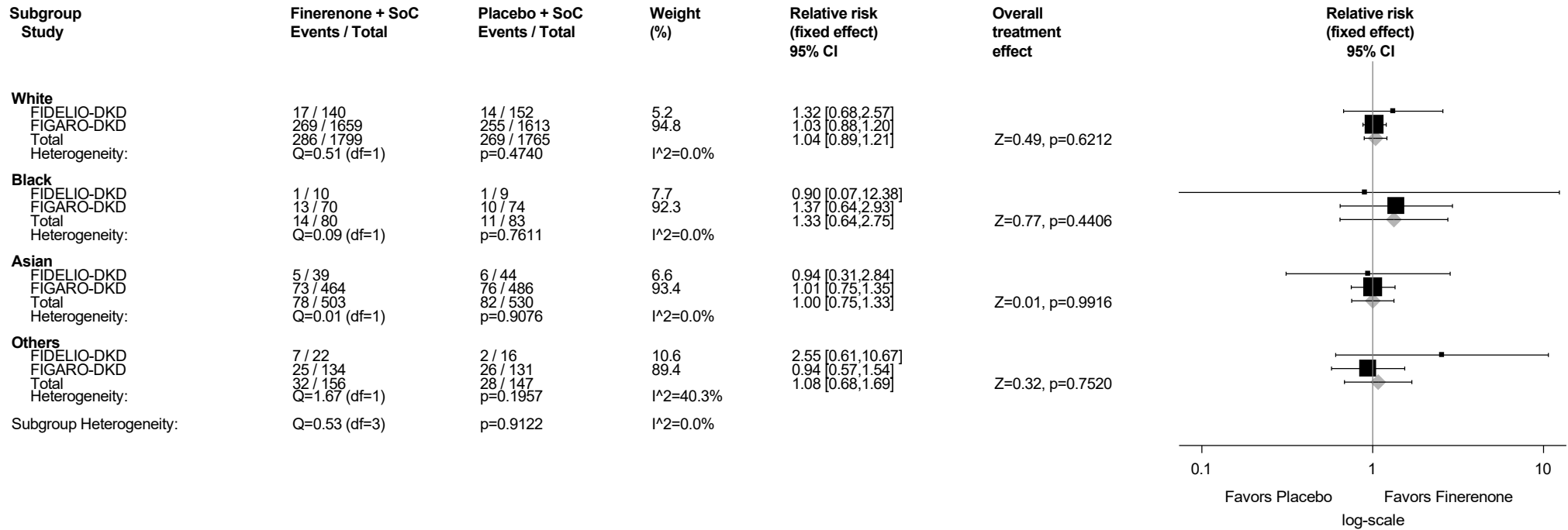
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.2.12.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race

Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

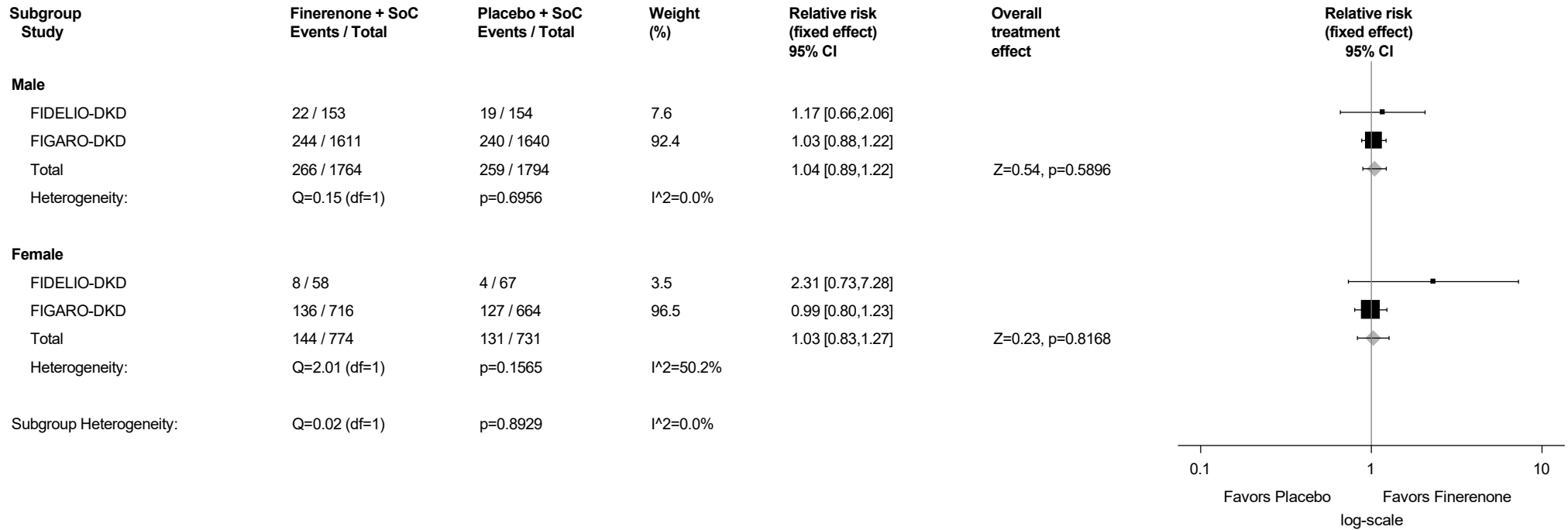
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.12.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

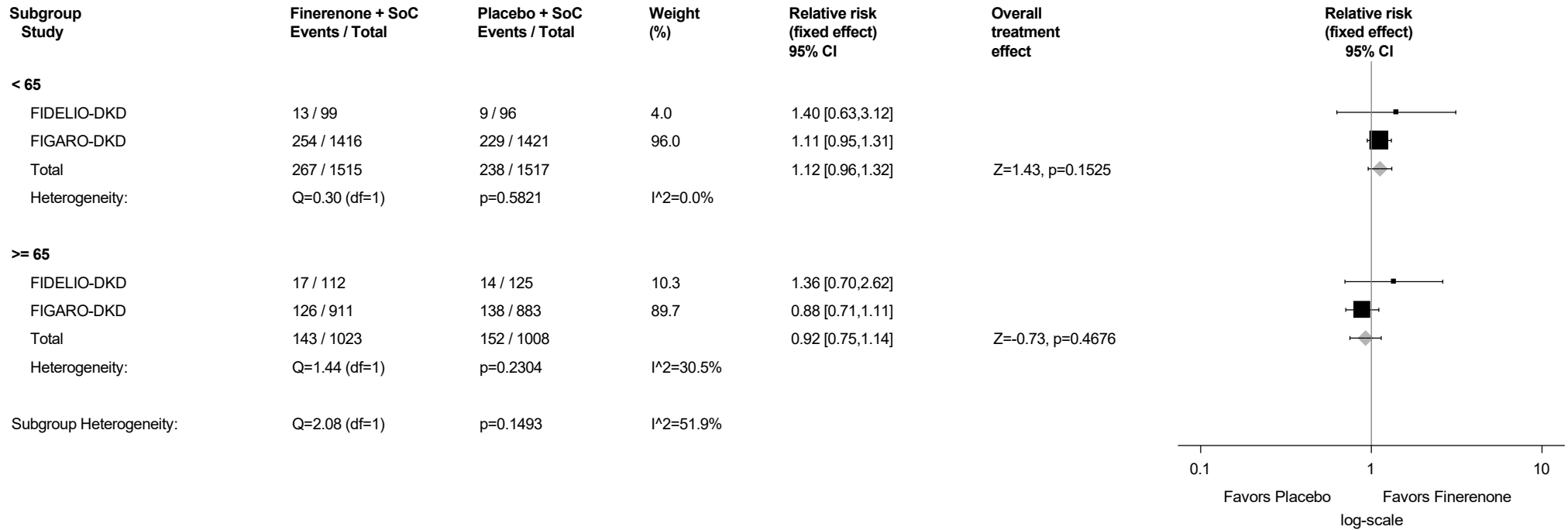
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.12.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

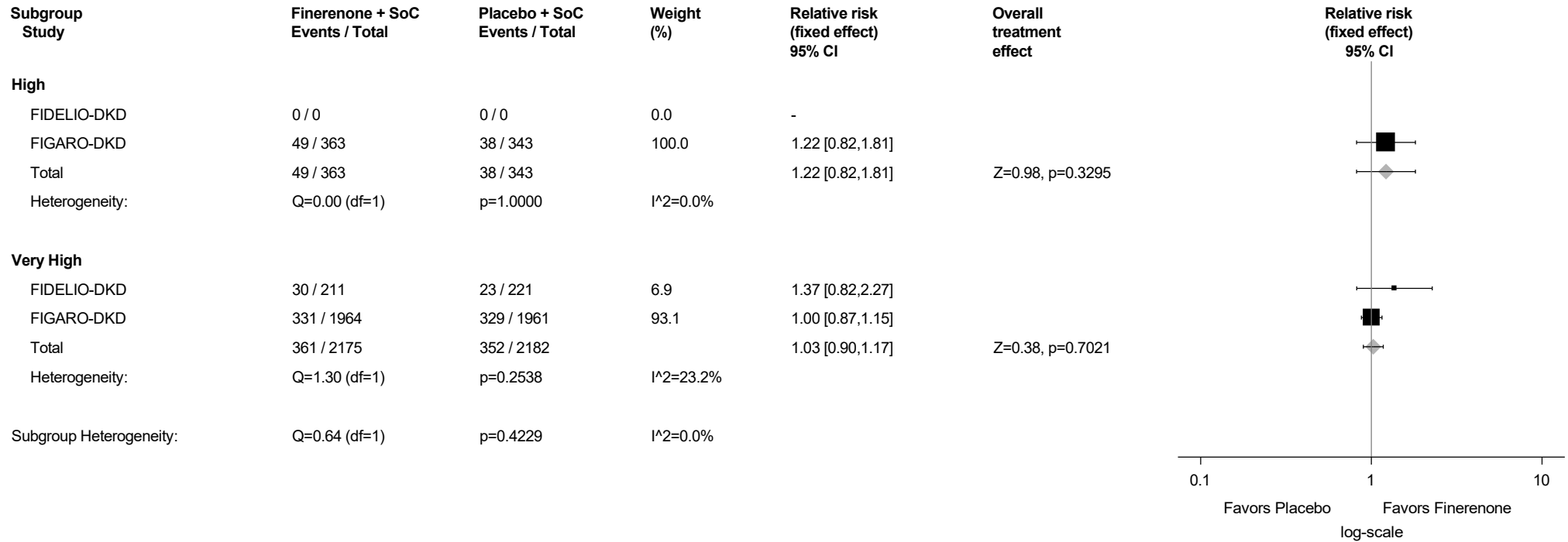
Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.2.12.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



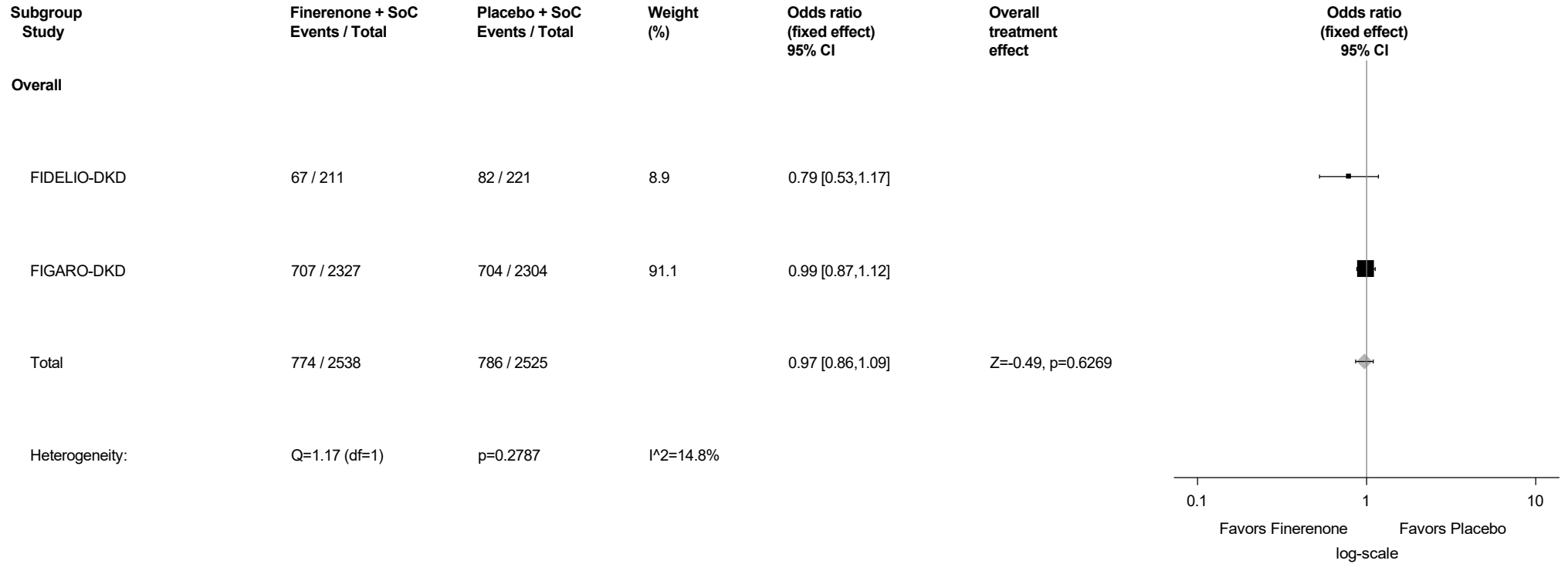
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For 'Total' the RR is estimated by a GLM with factors treatment group and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

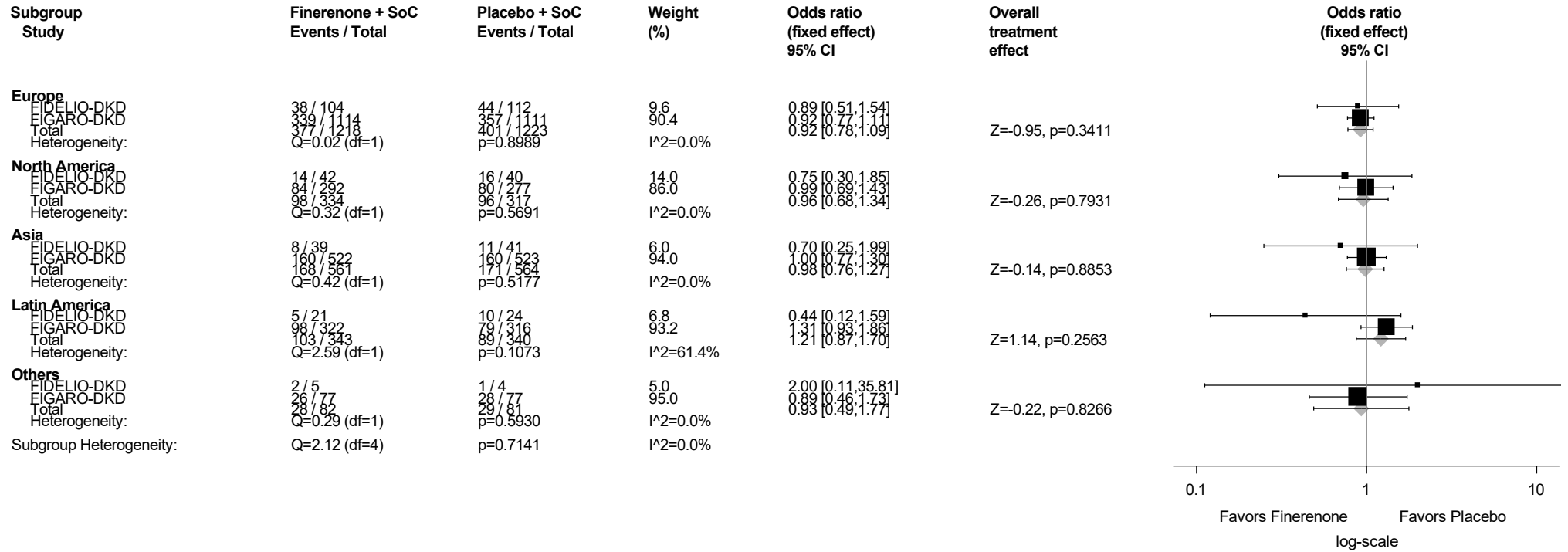
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.1: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.
 Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.
 Analysis is based on all post-baseline assessments available for this parameter.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.1.1: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



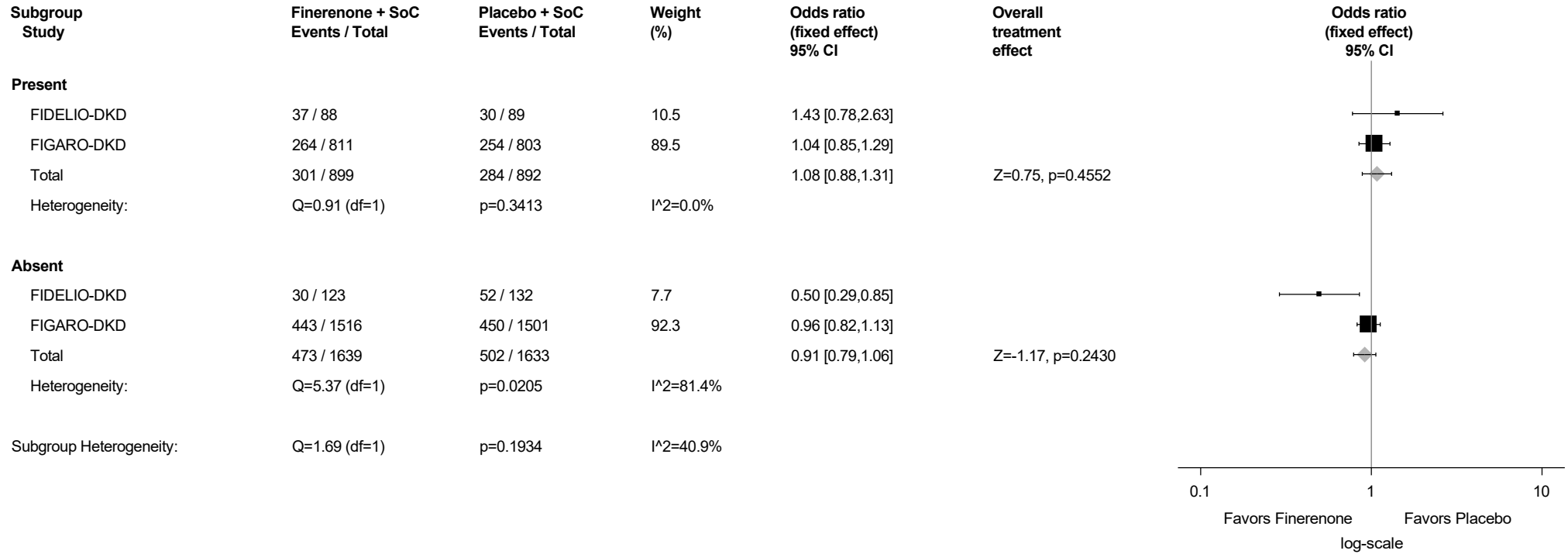
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.1.2: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



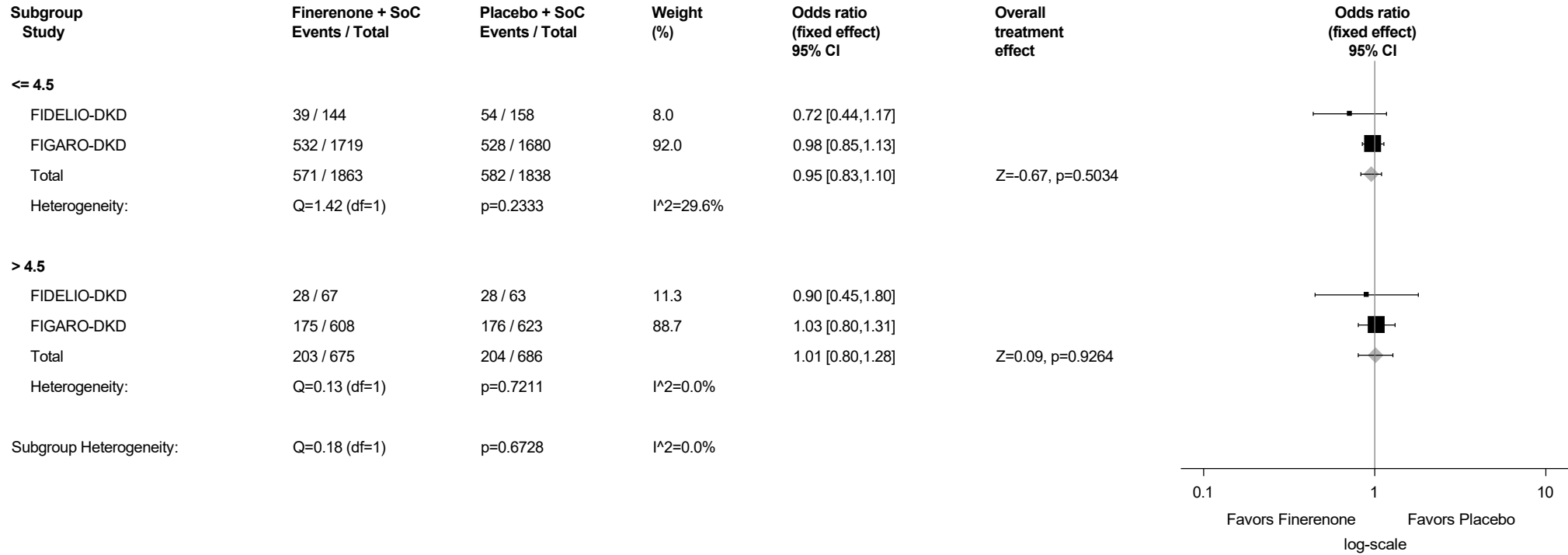
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.1.3: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



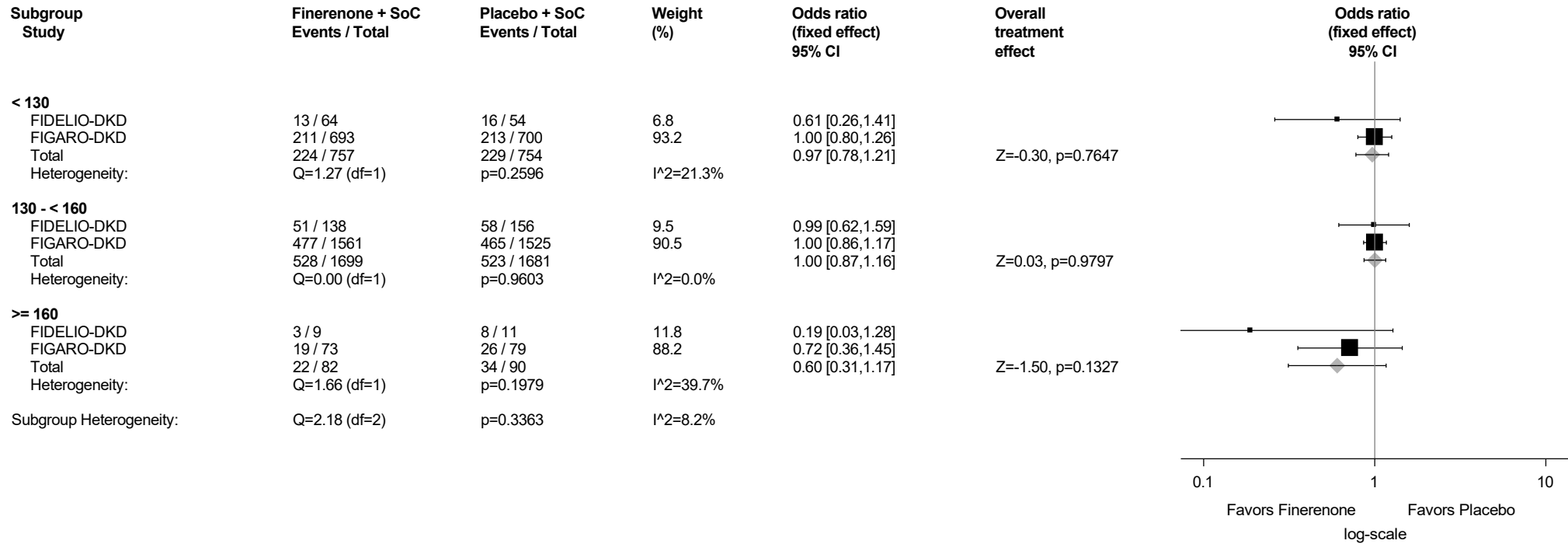
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.1.4: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



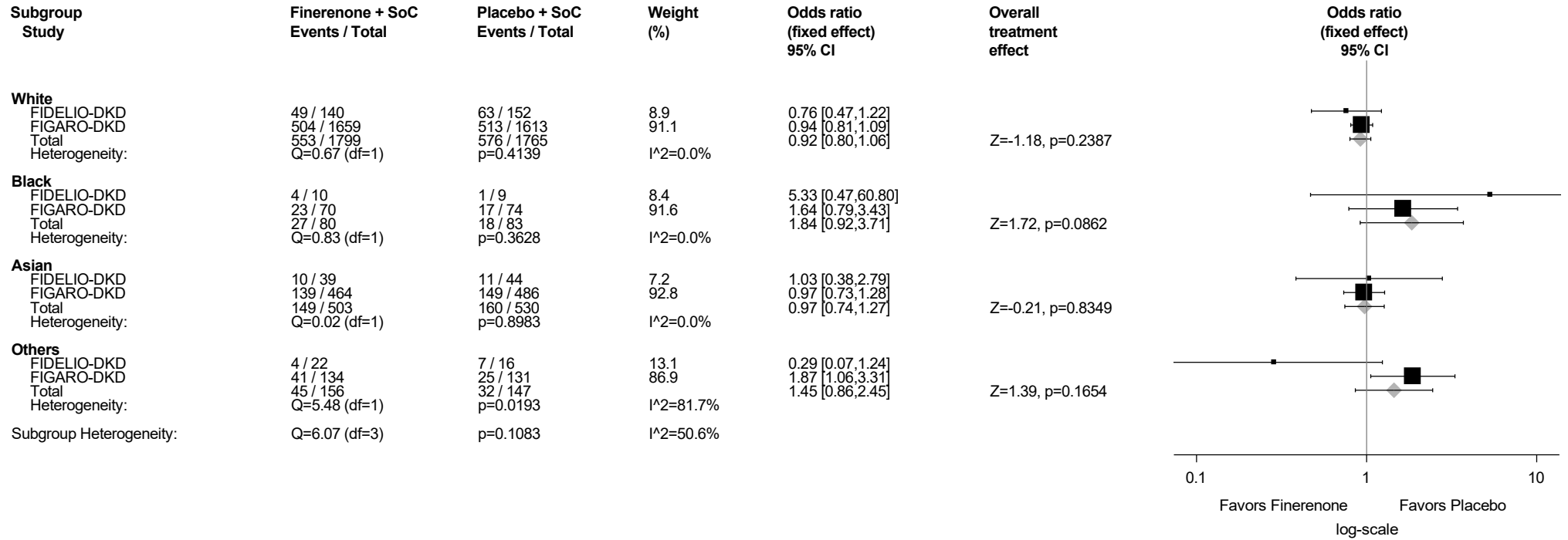
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.1.5: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



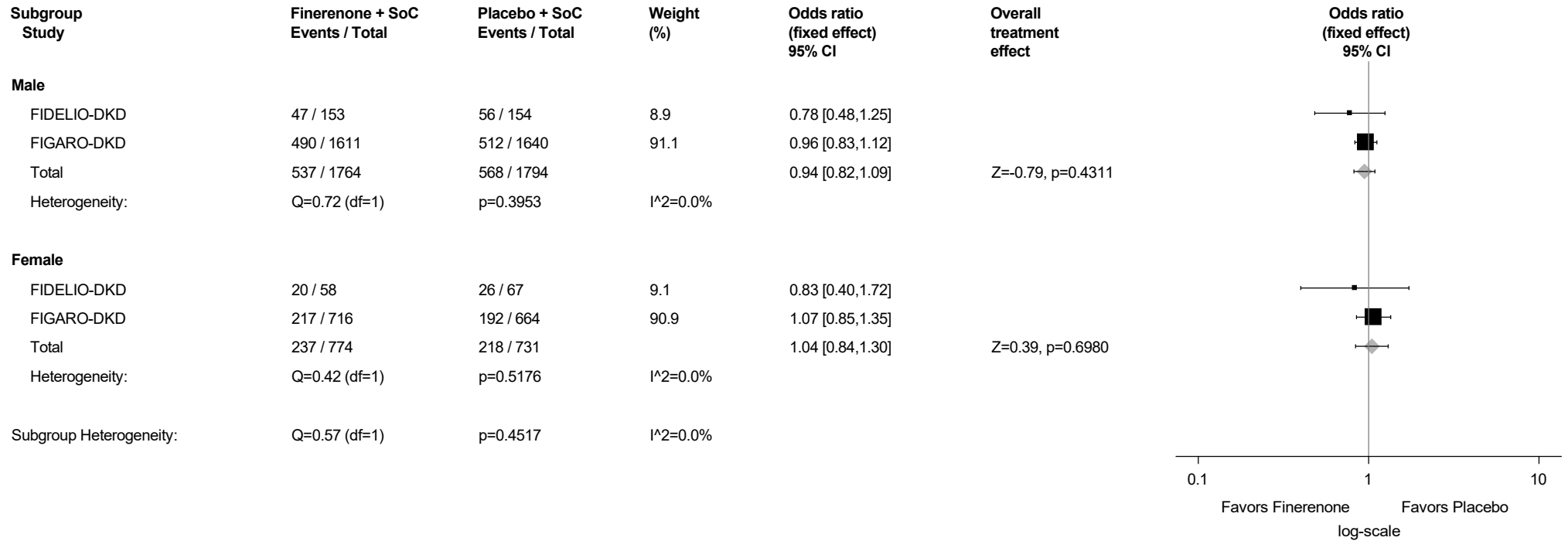
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.1.6: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

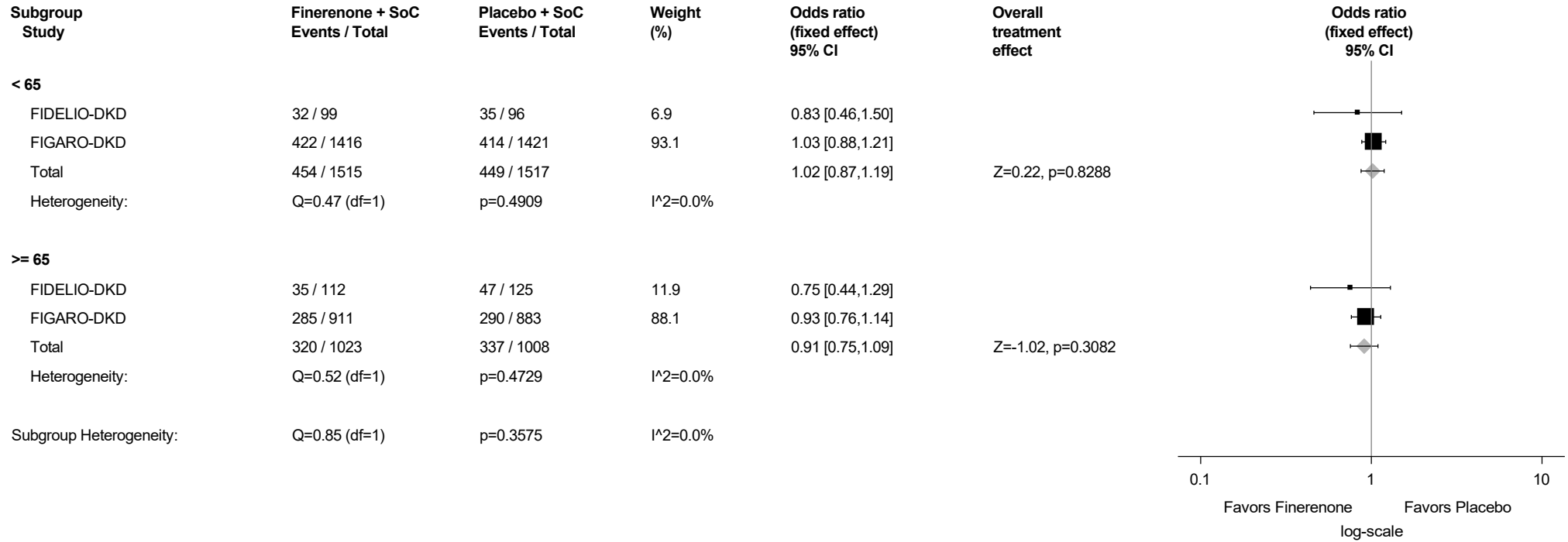
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.1.7: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

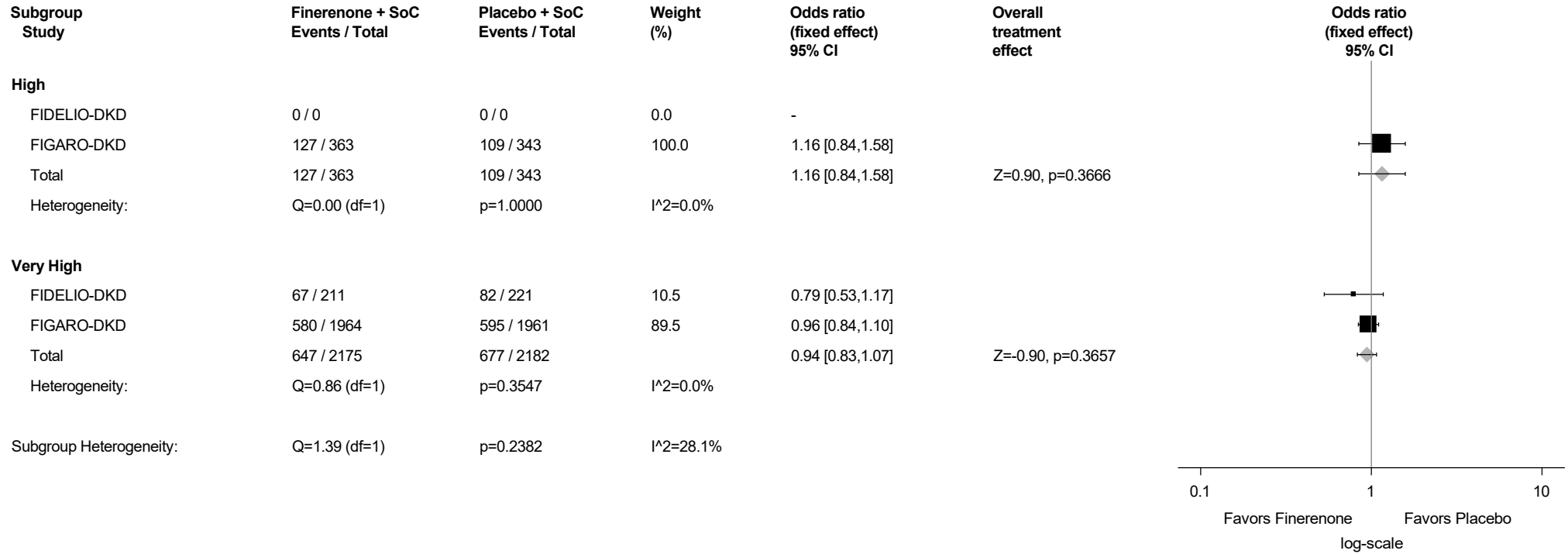
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.1.8: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



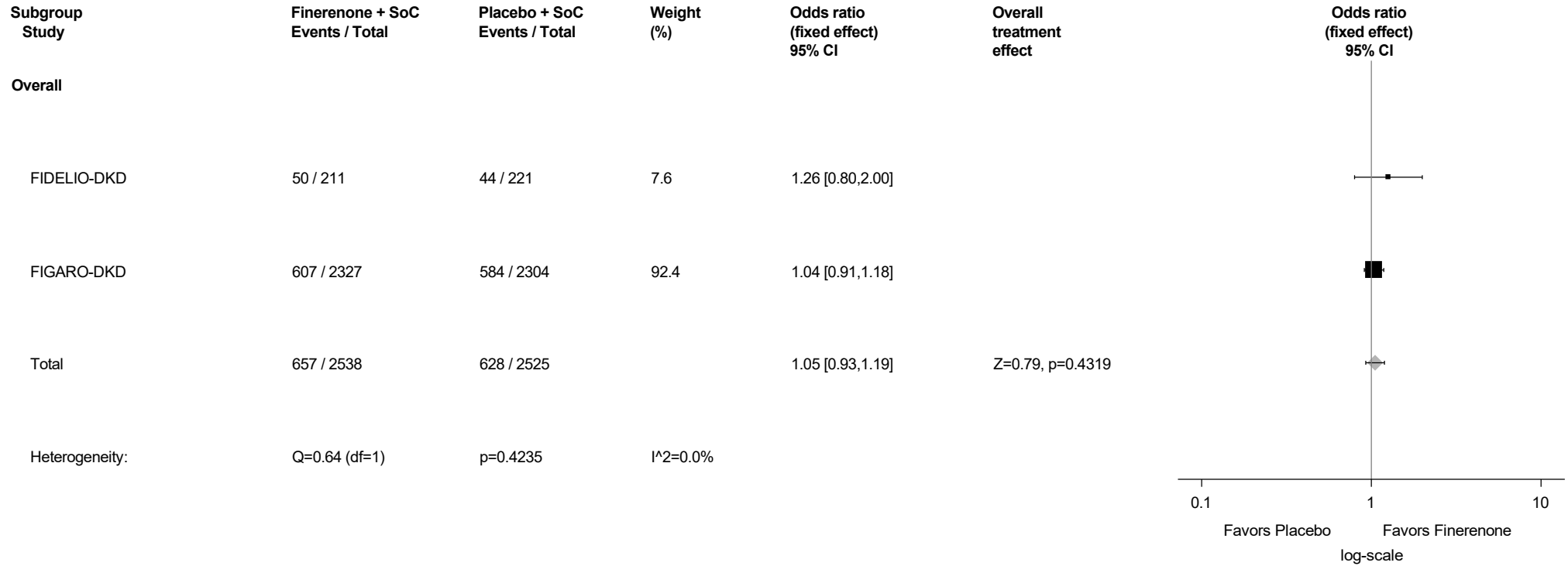
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

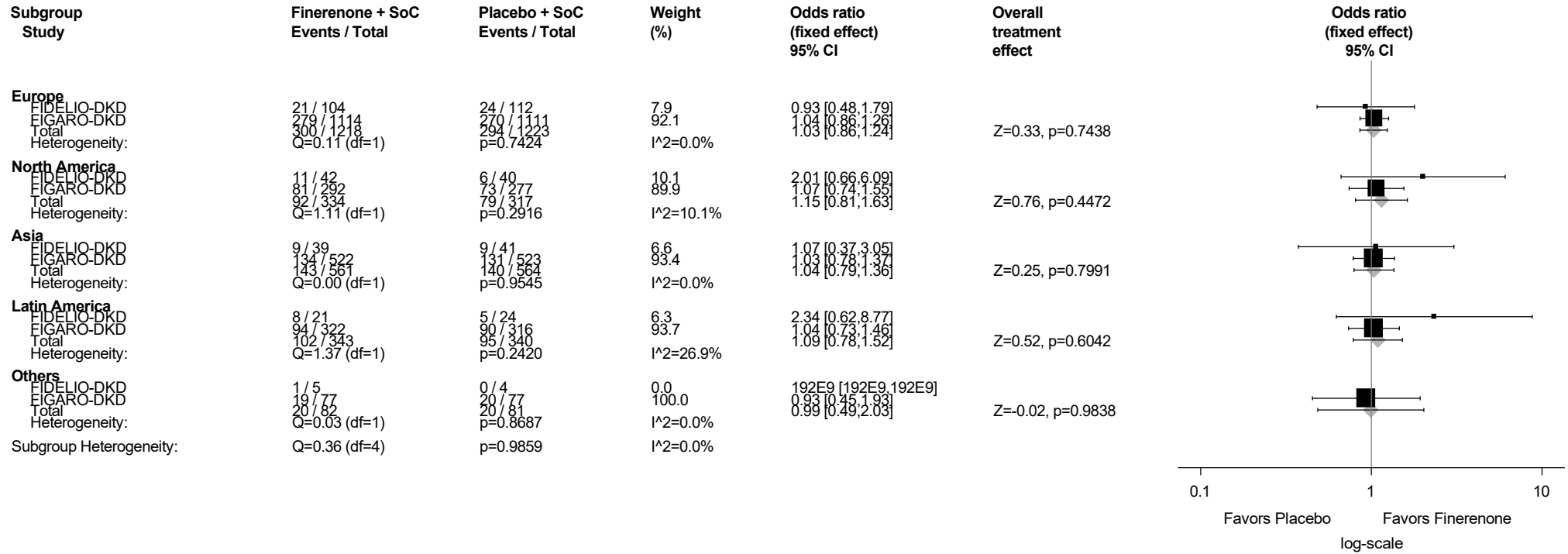
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.2: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.
 Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.
 Analysis is based on all post-baseline assessments available for this parameter.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.2.1: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



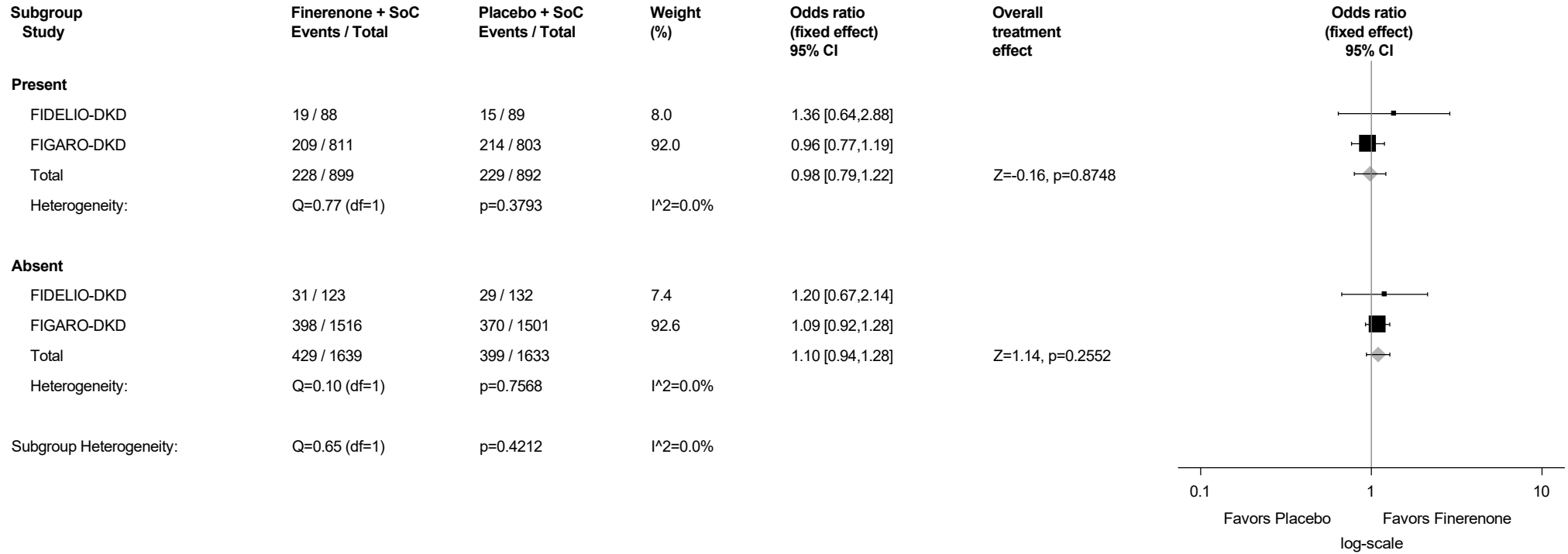
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.2.2: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



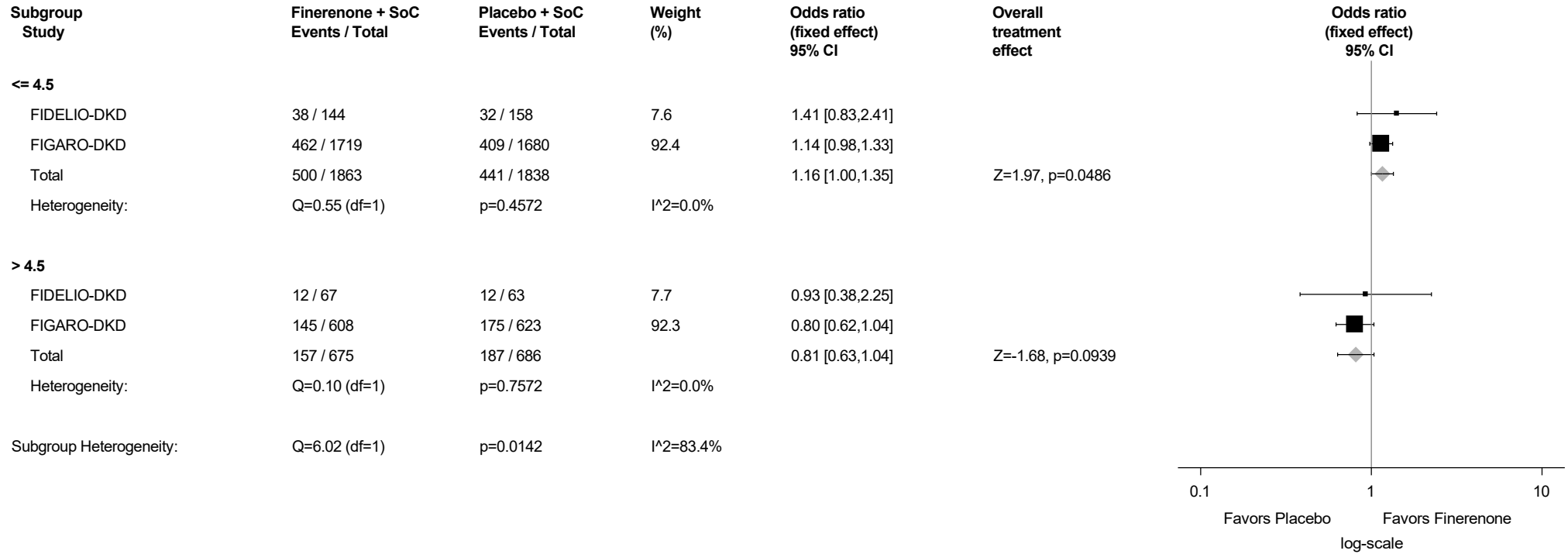
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.2.3: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



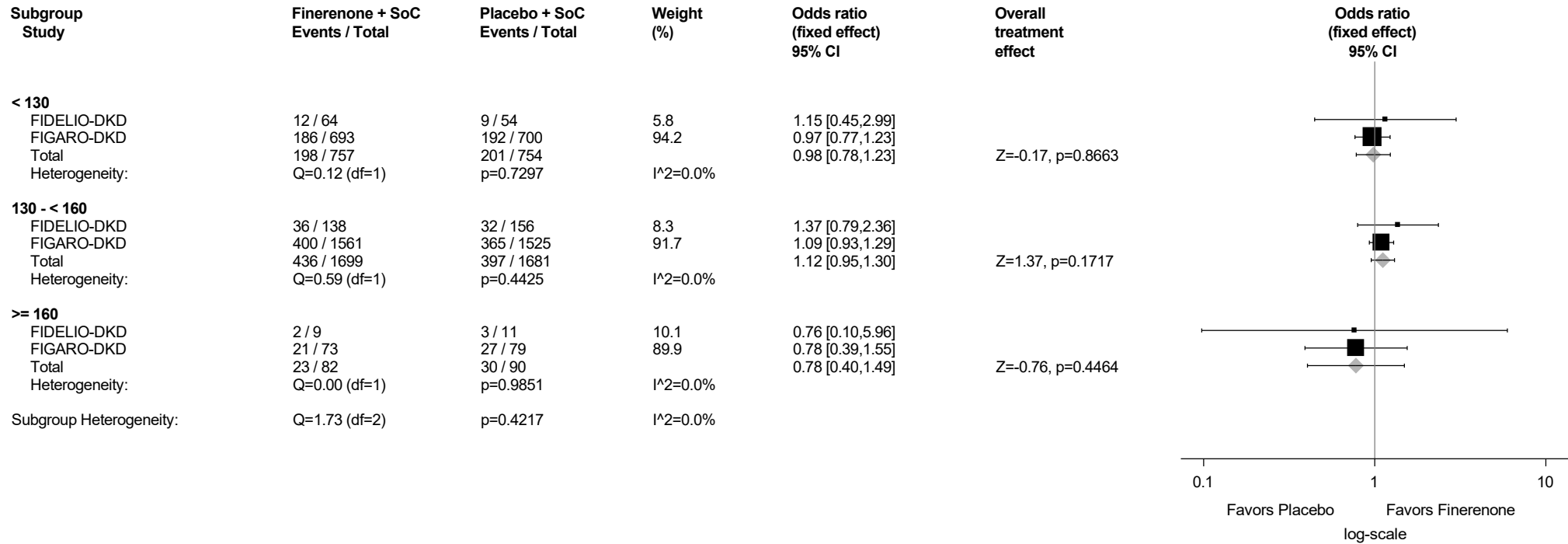
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.2.4: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



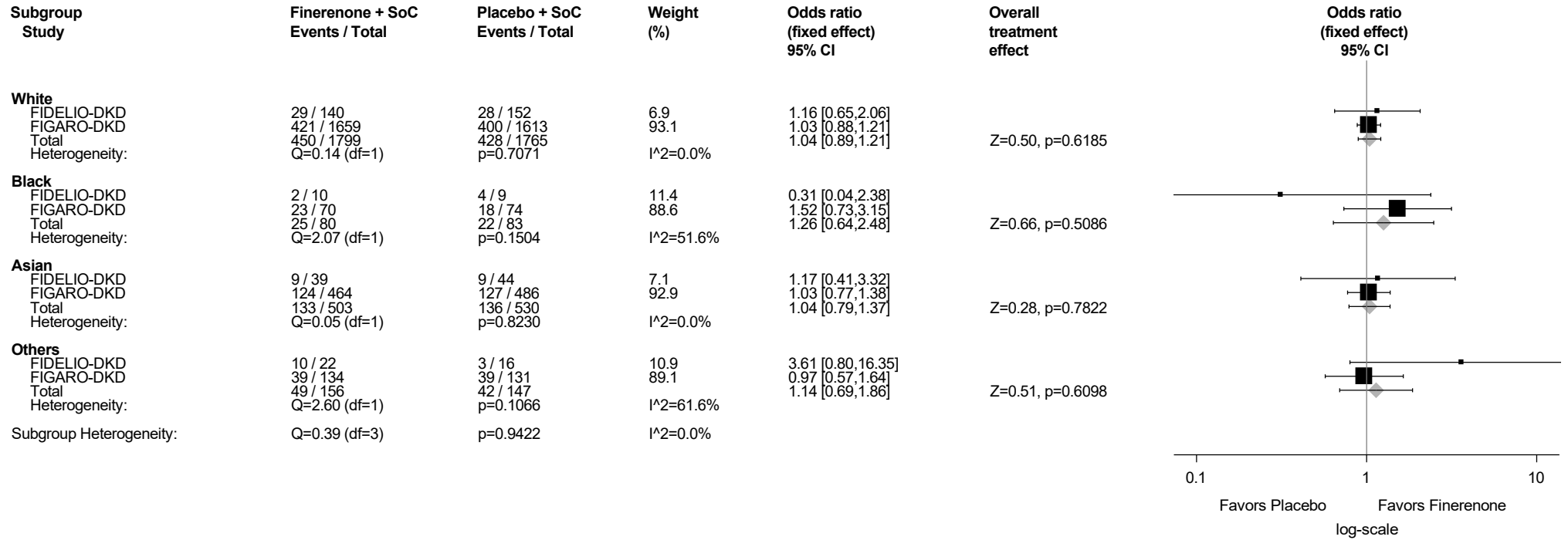
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.2.5: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

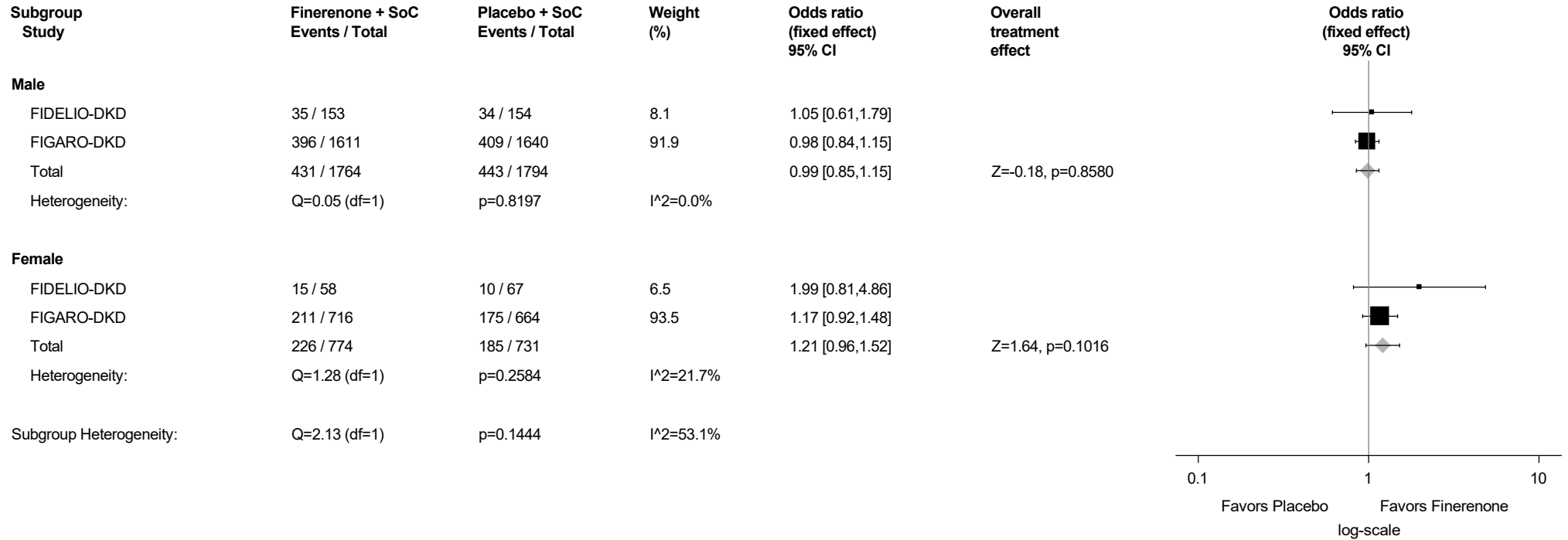
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.2.6: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

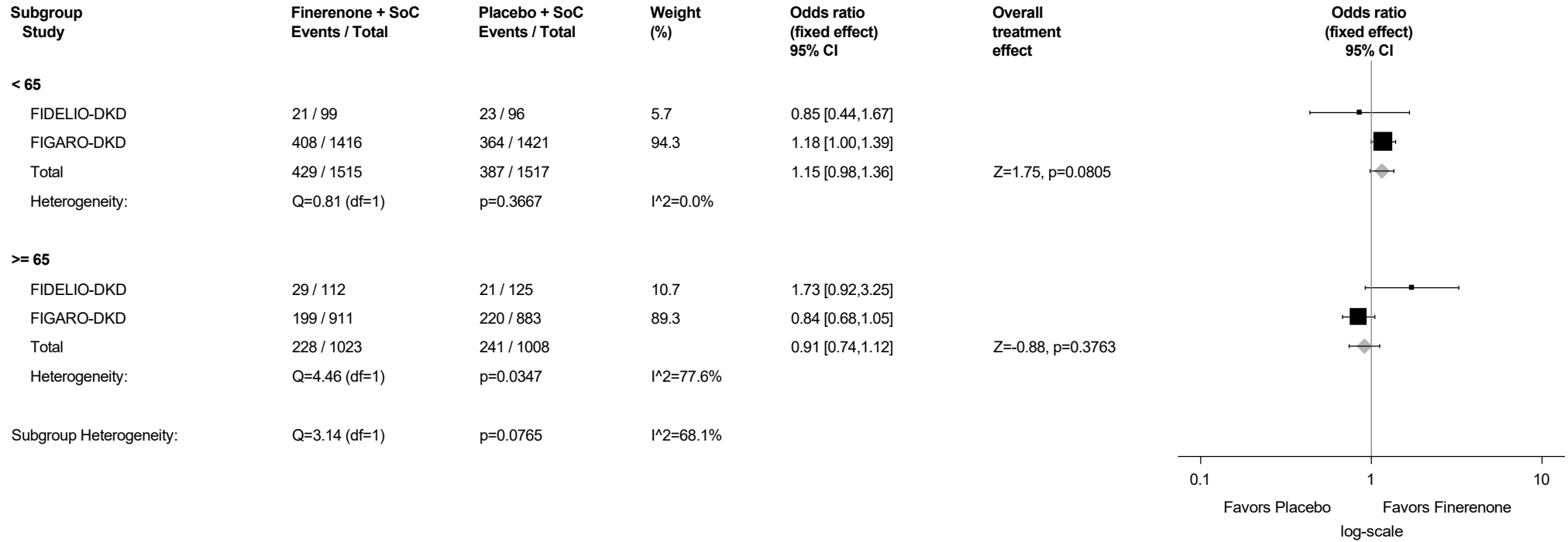
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.2.7: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

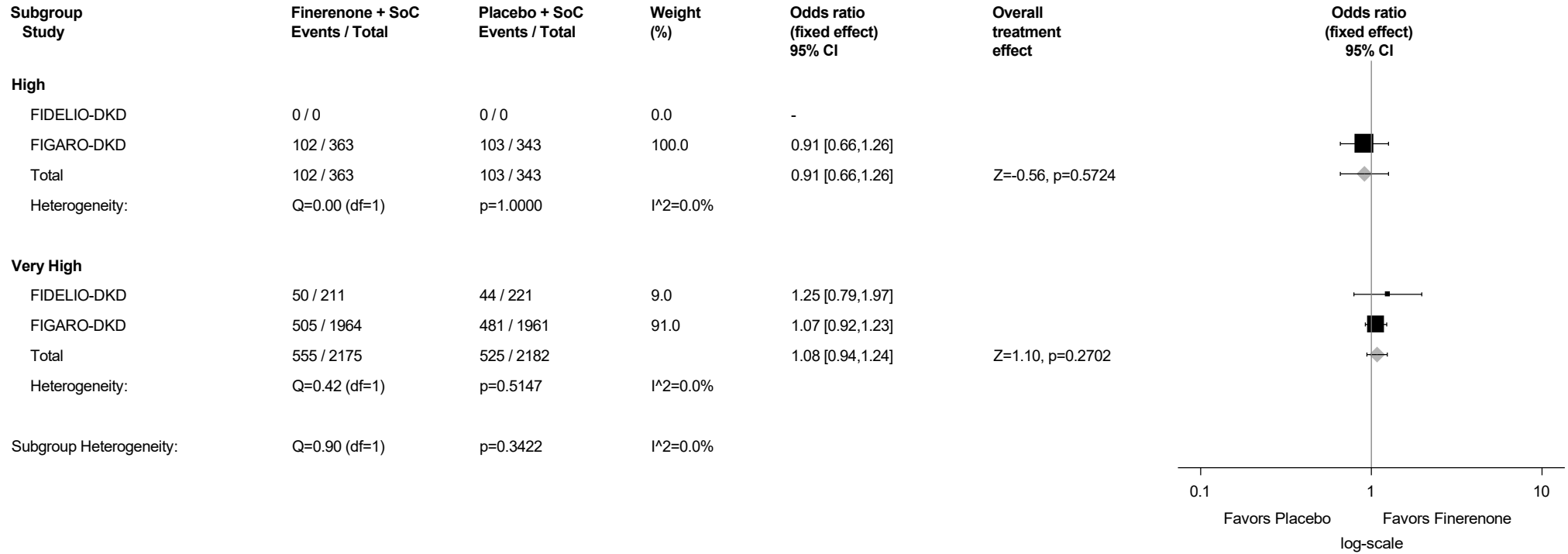
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.2.8: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



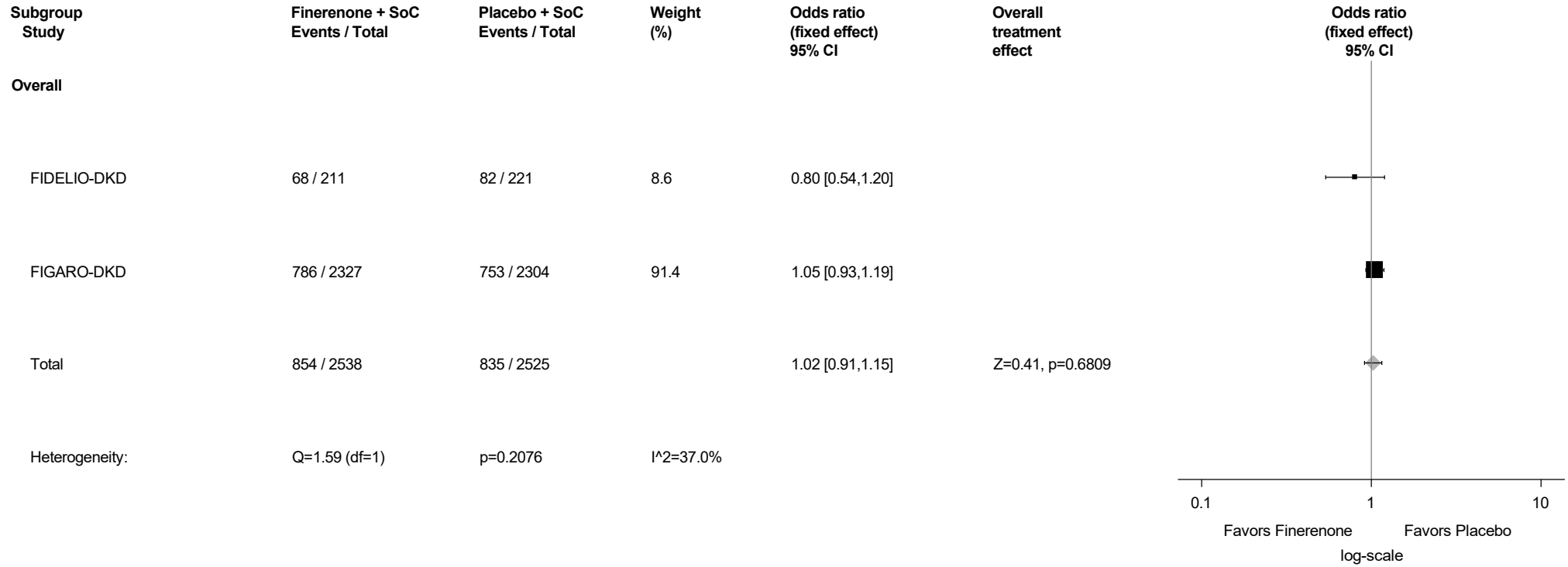
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



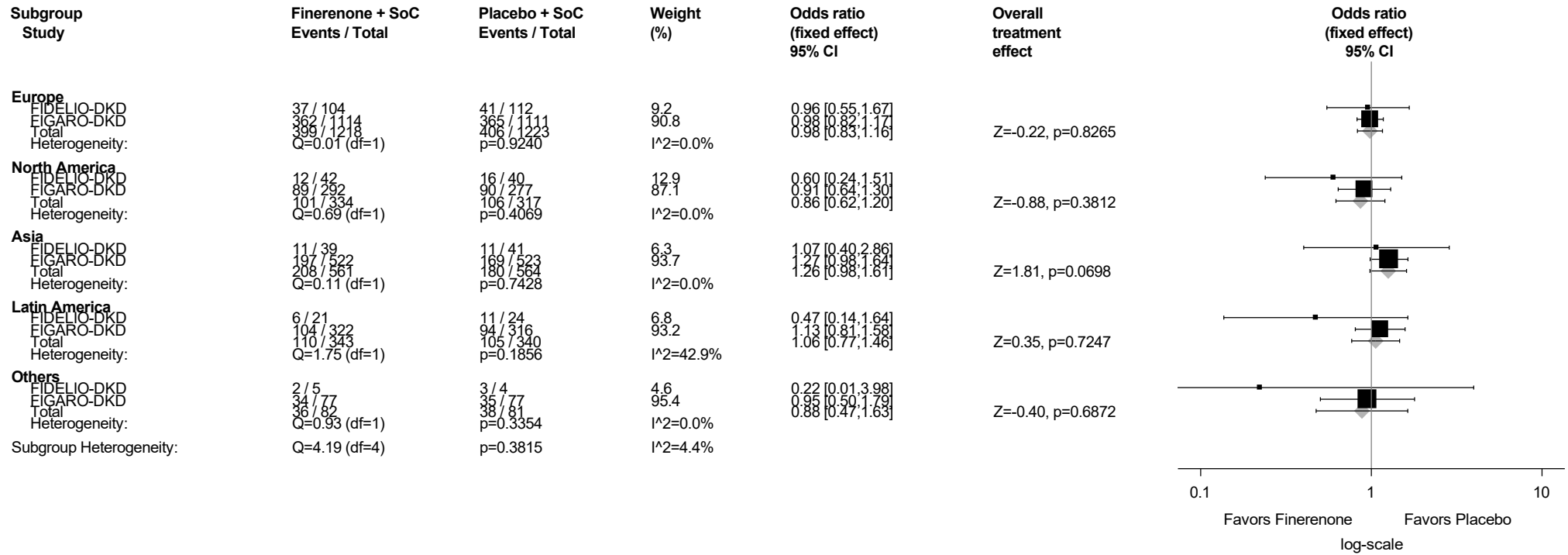
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.3.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



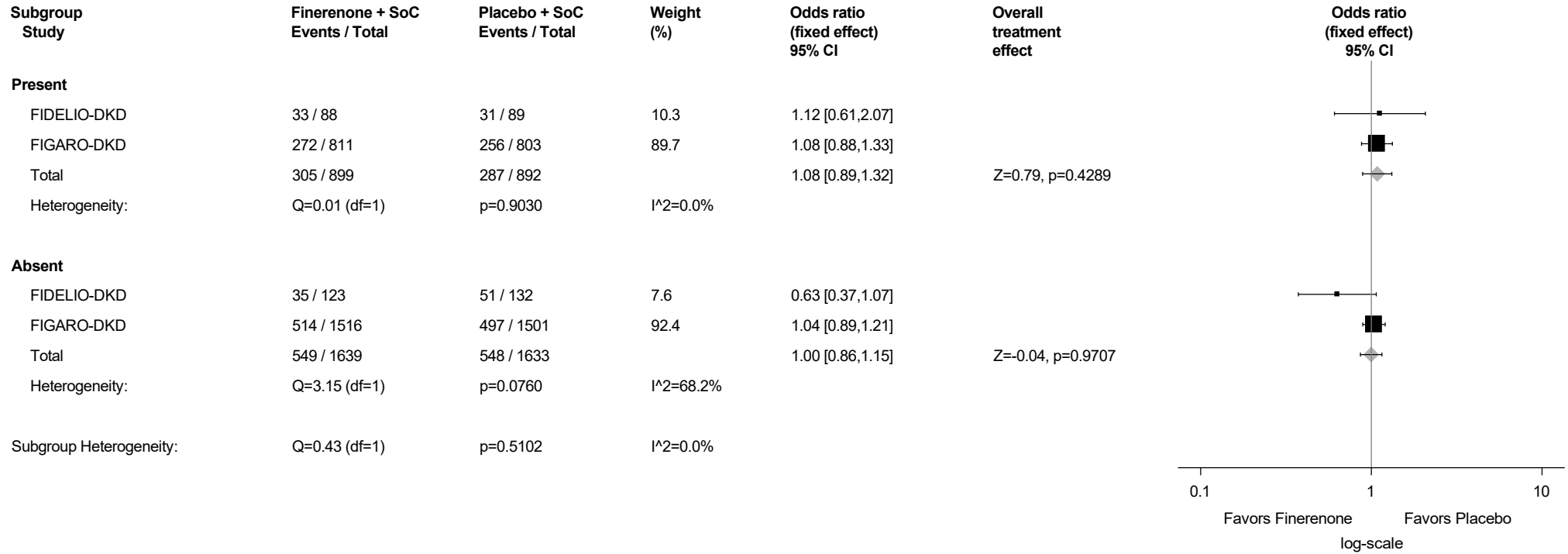
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.3.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



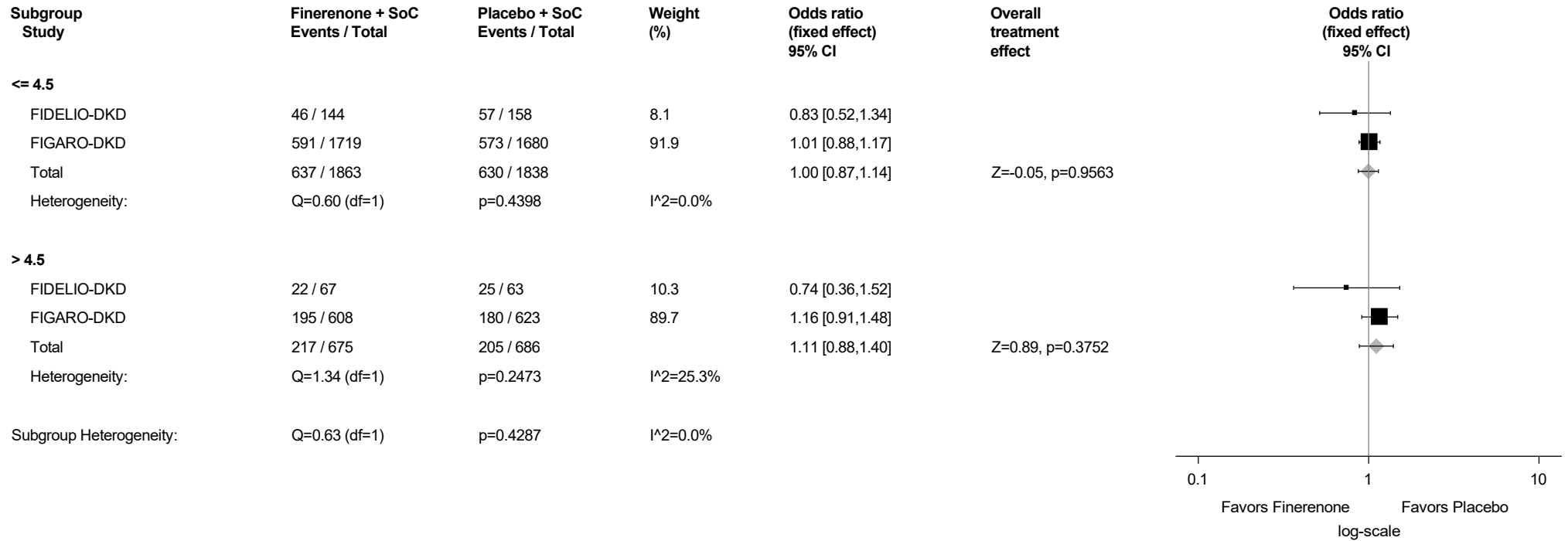
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.3.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



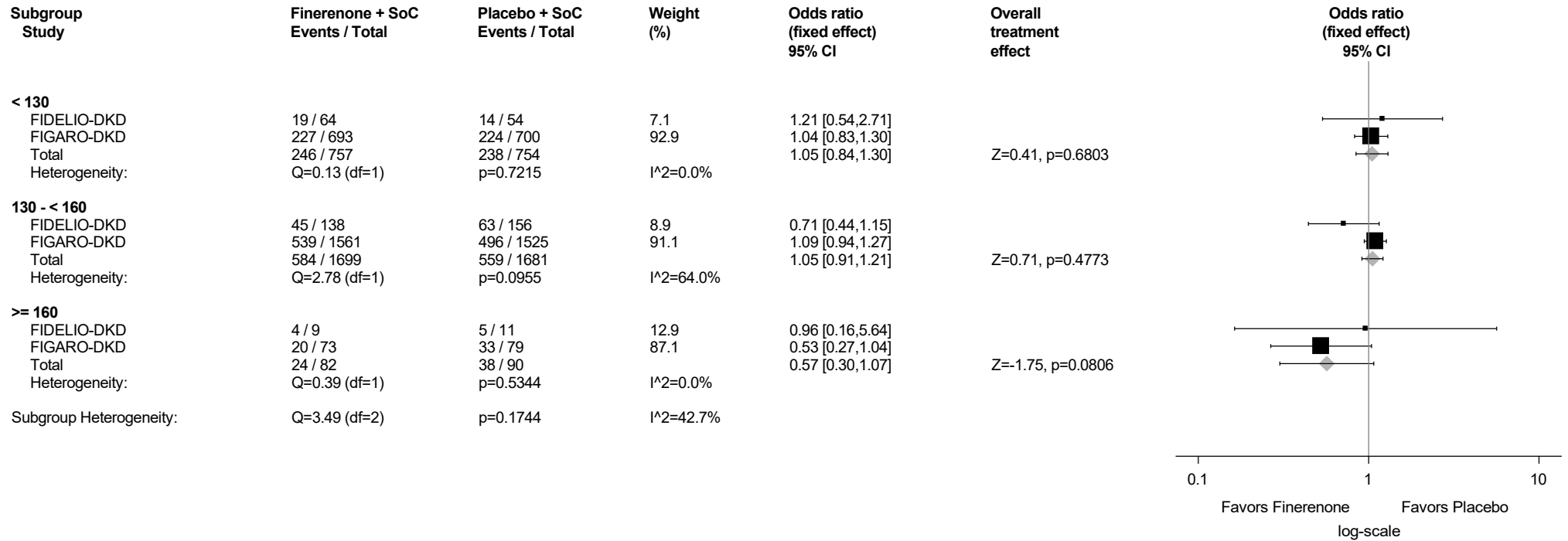
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.3.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



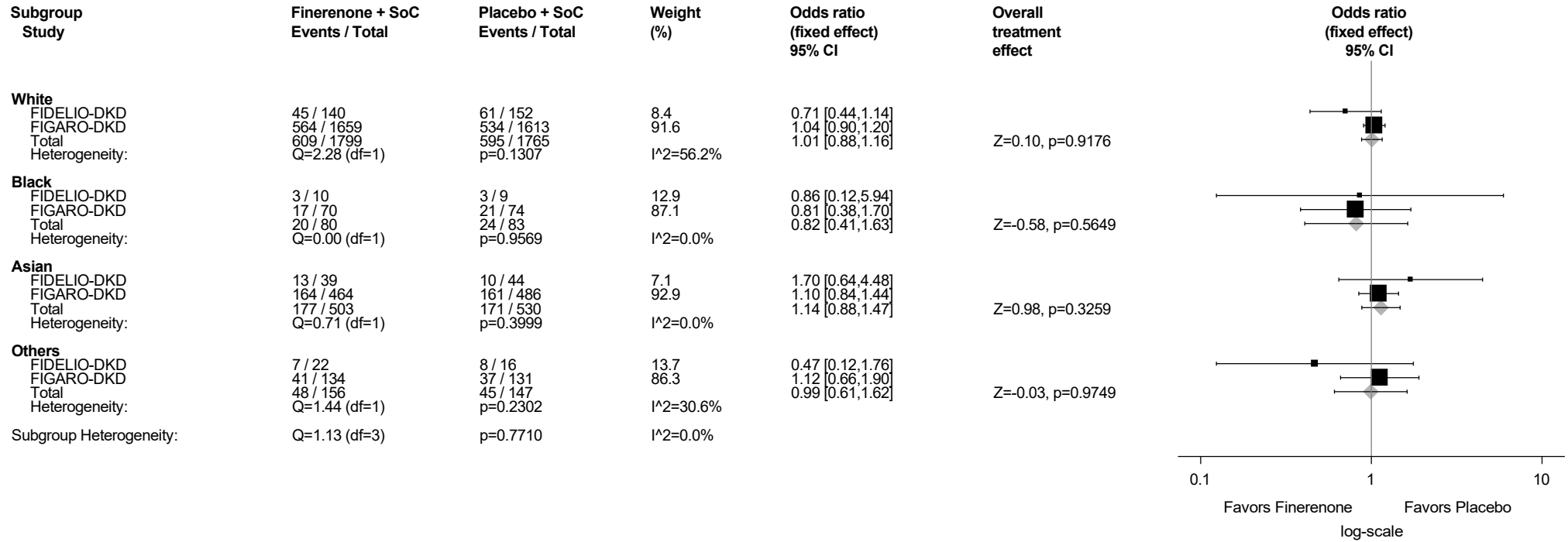
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.3.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

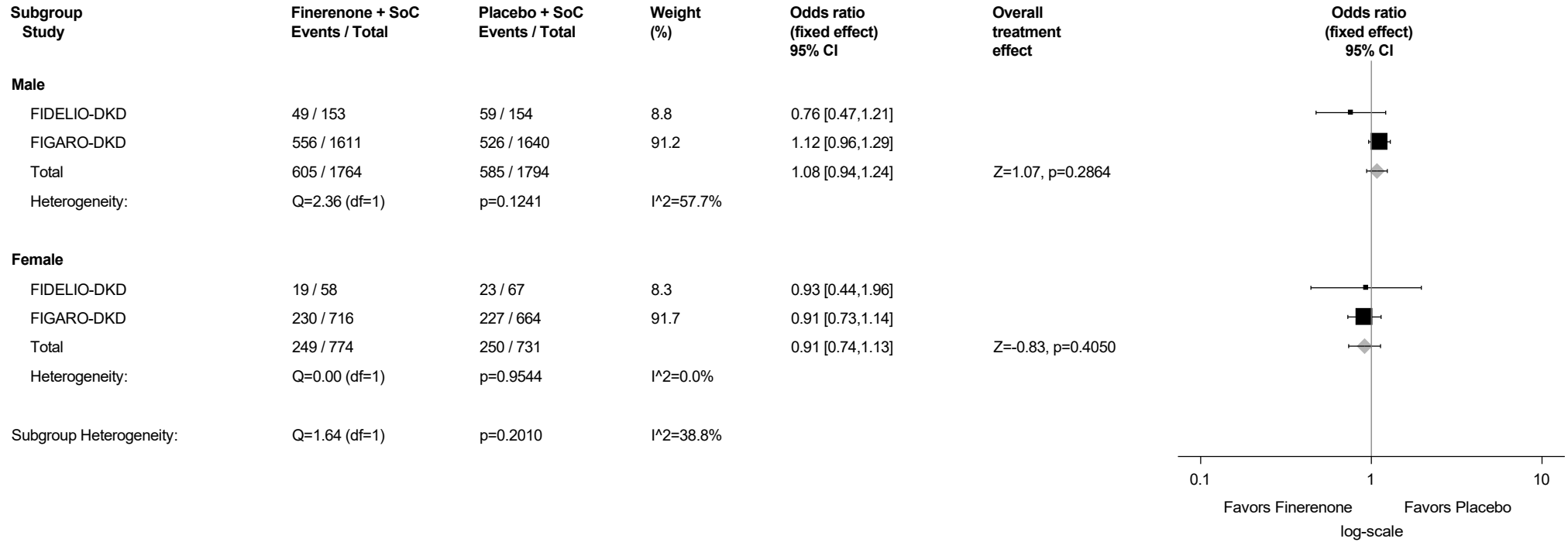
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.3.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

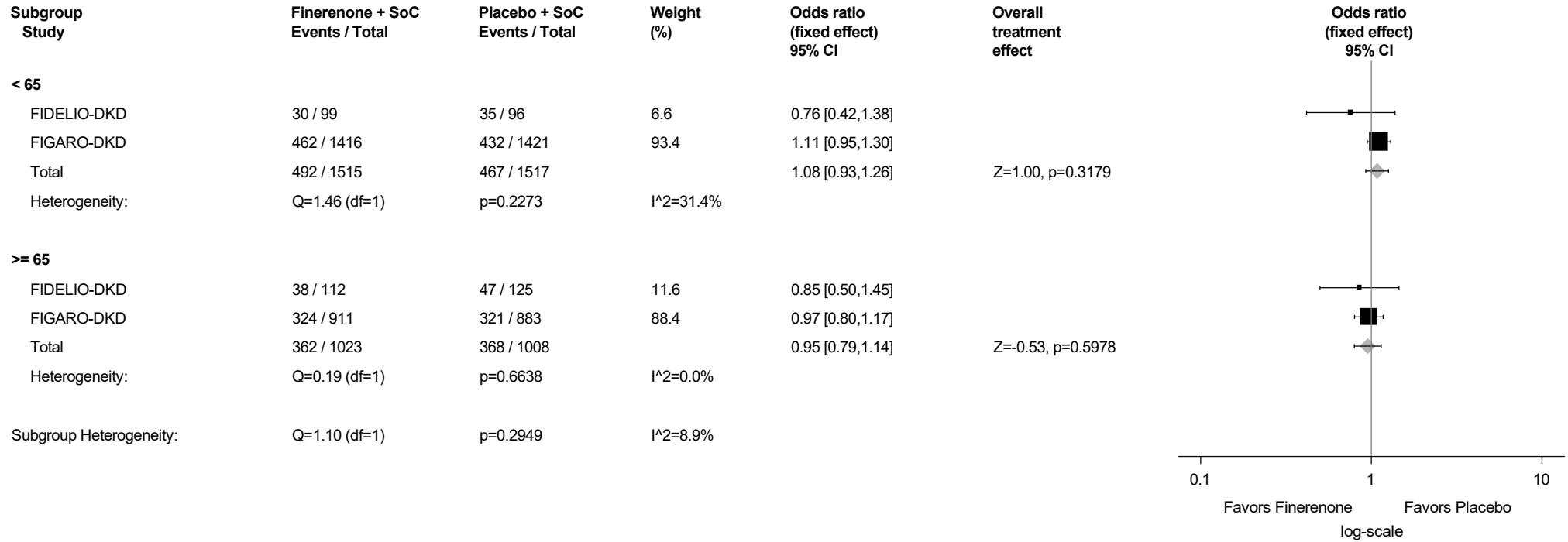
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.3.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

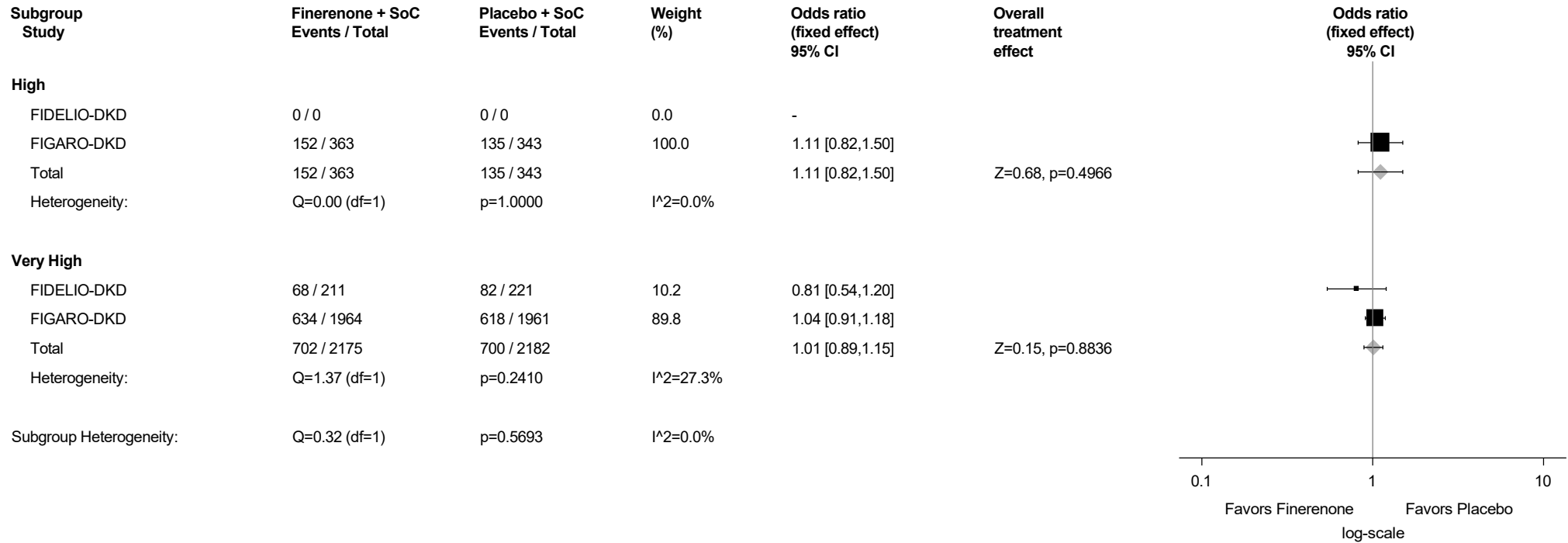
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.3.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



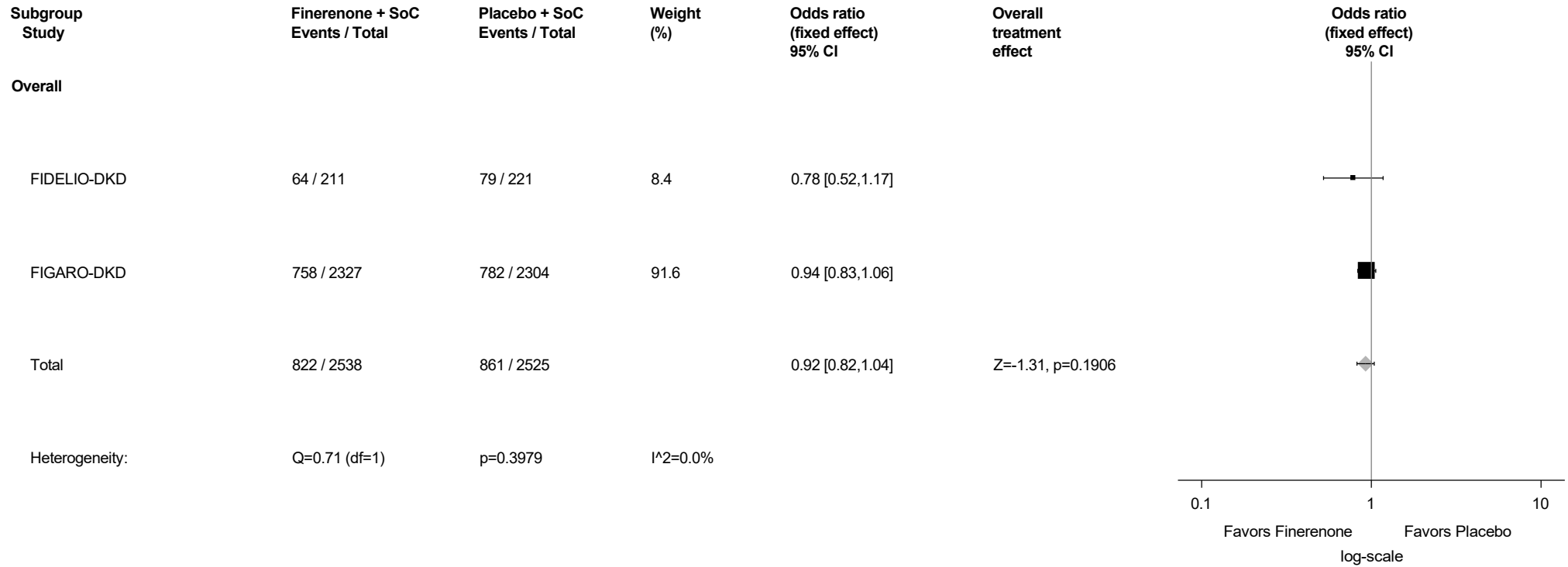
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



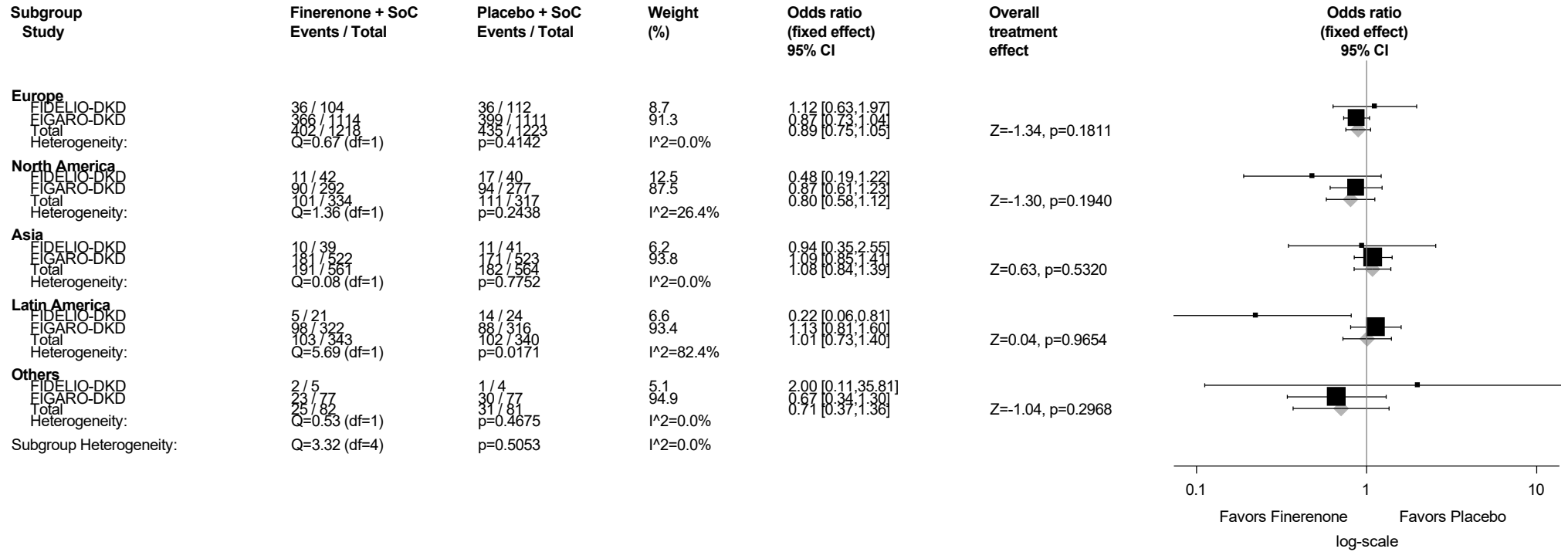
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.4.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



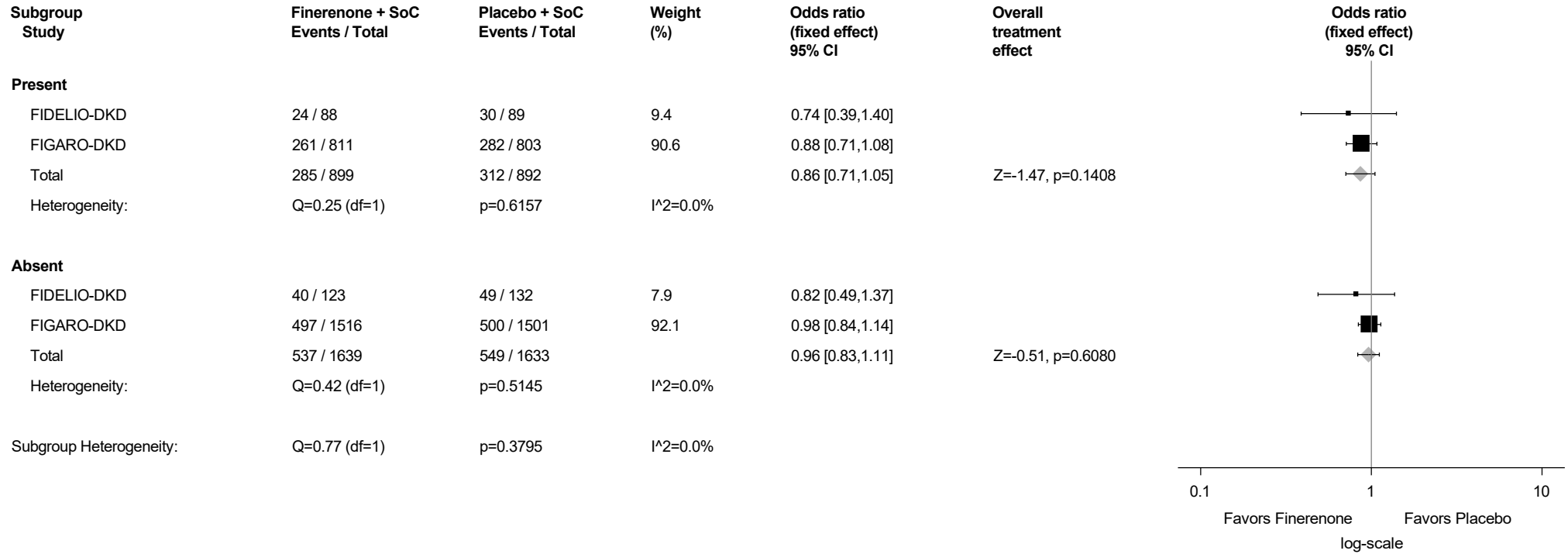
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.4.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



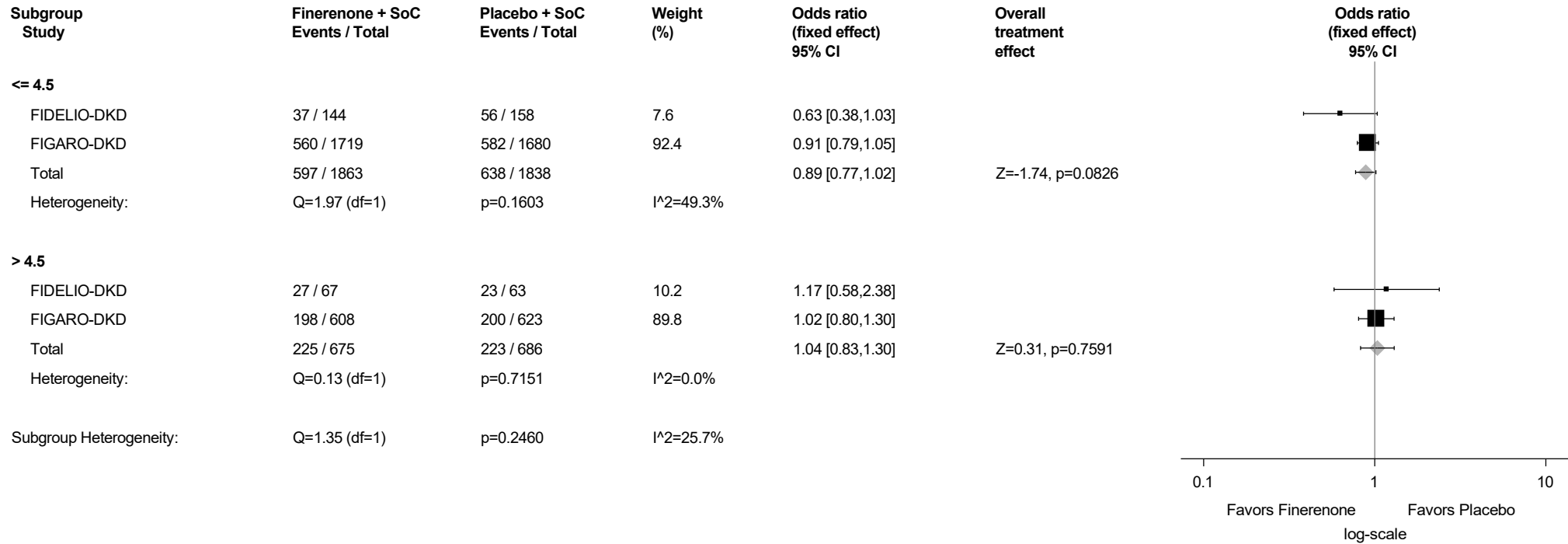
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.4.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



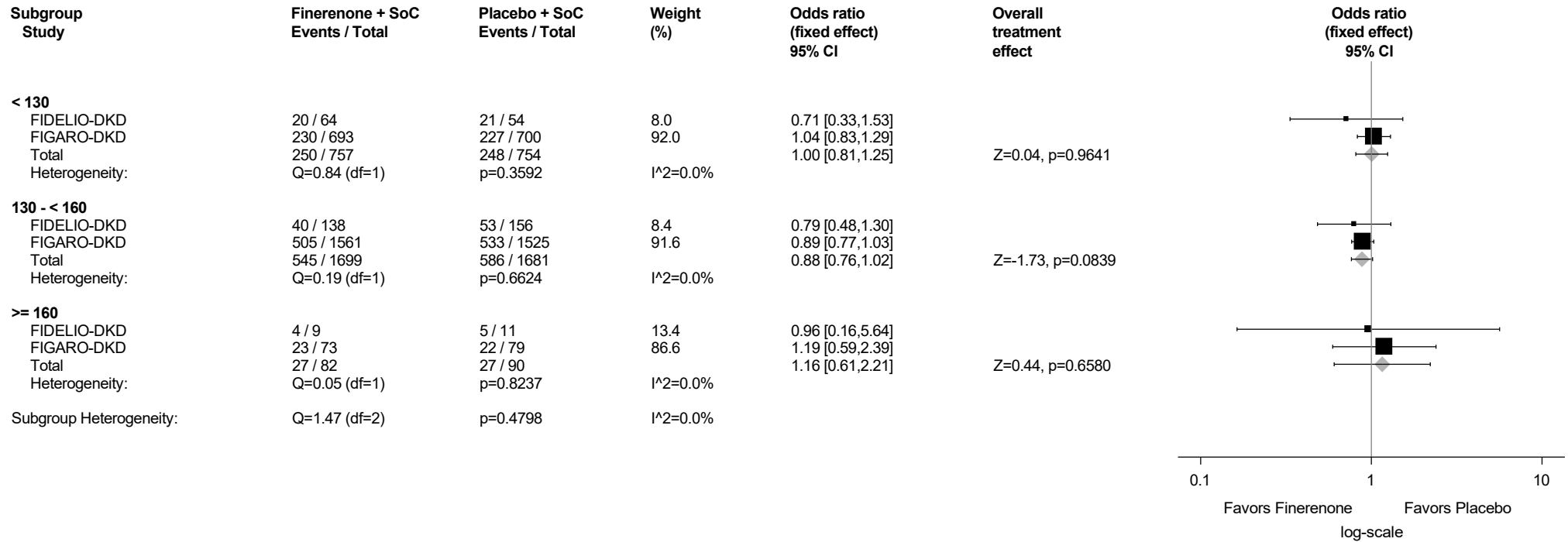
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.4.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



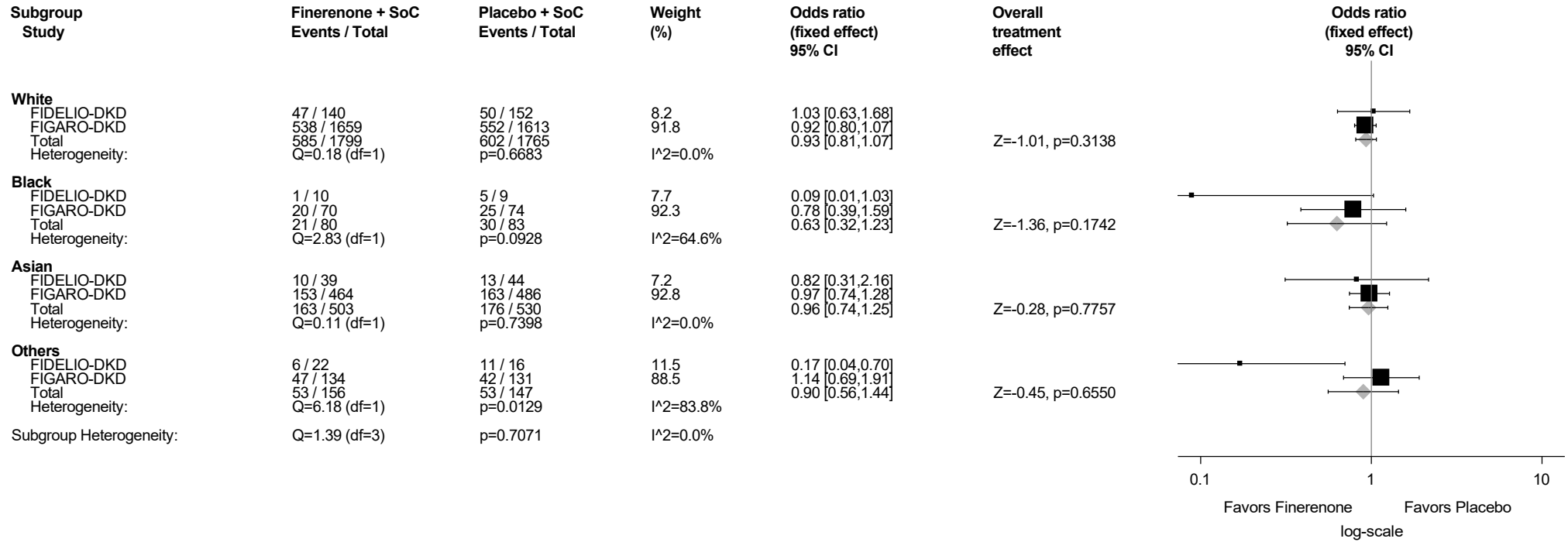
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.4.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

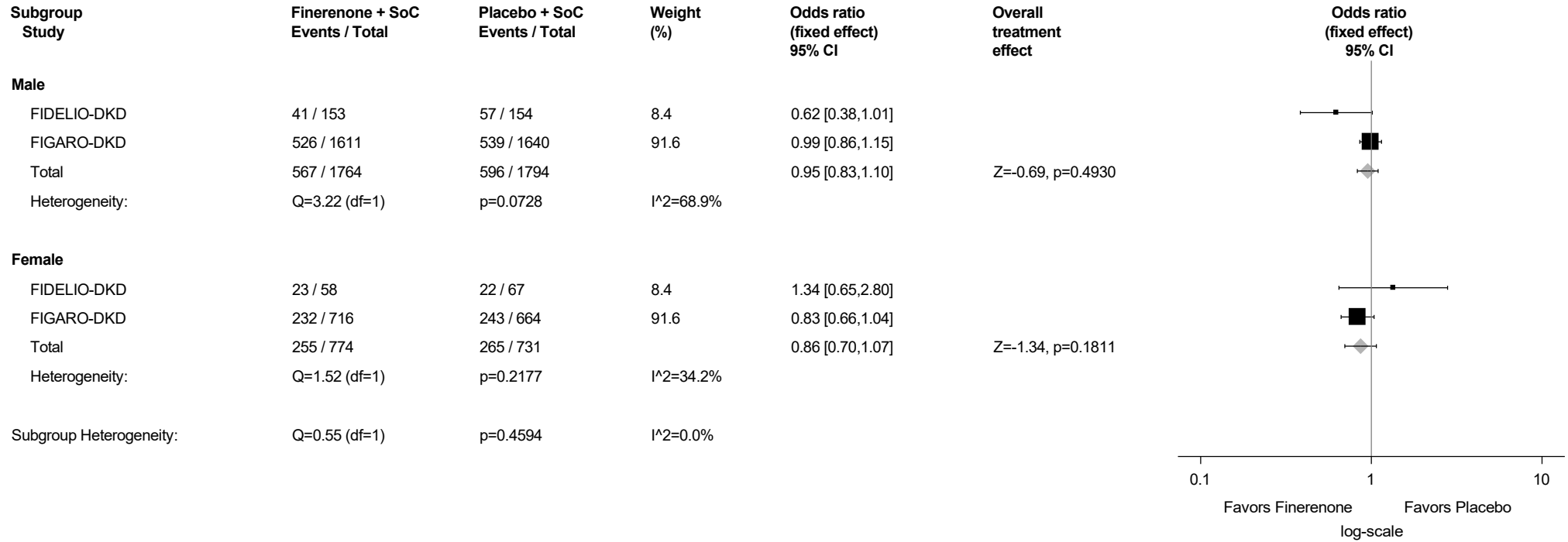
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.4.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

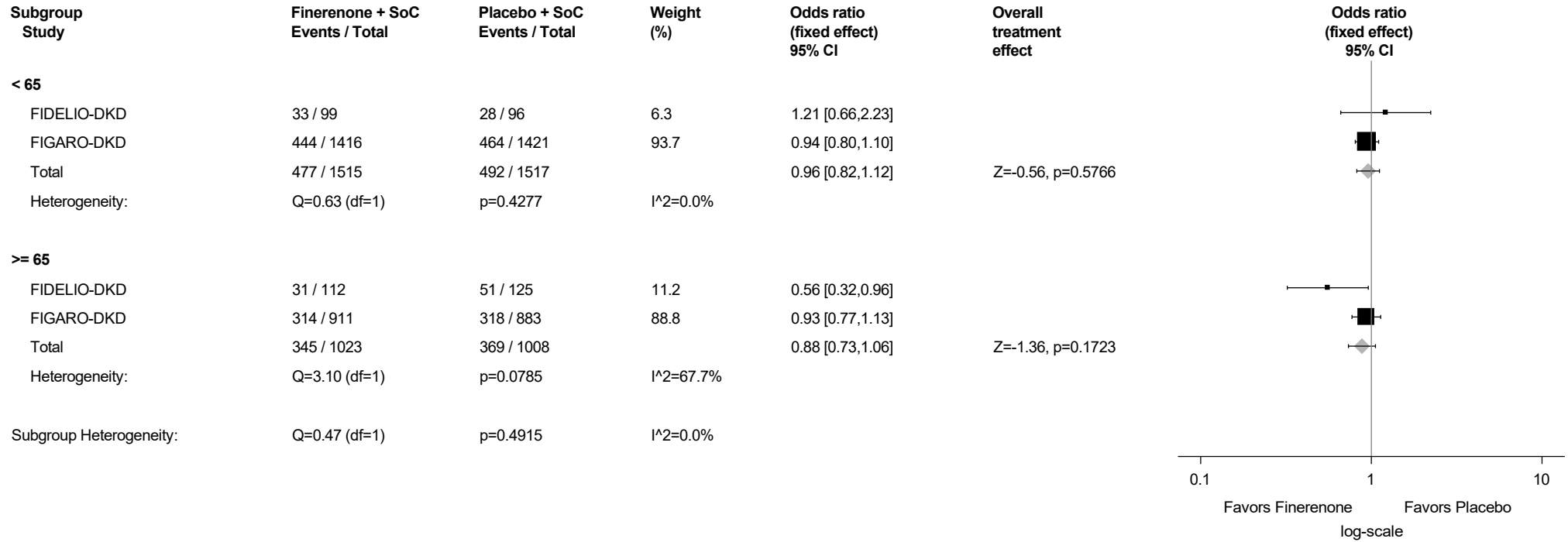
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.4.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

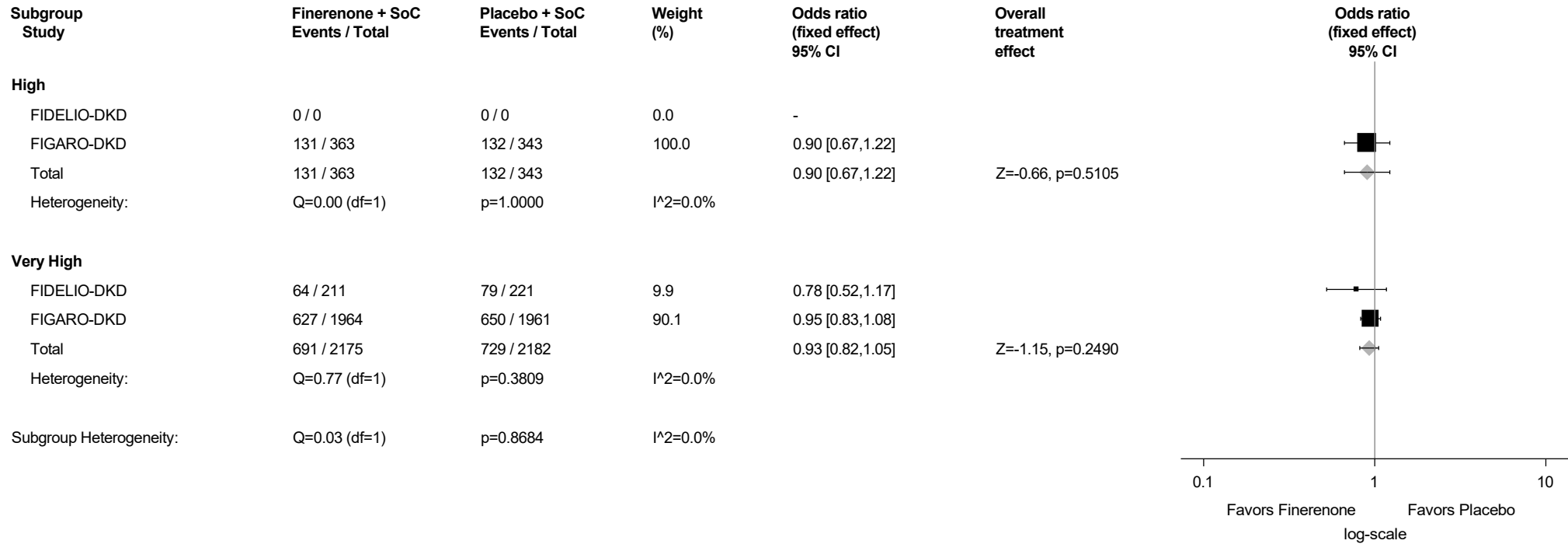
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.4.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



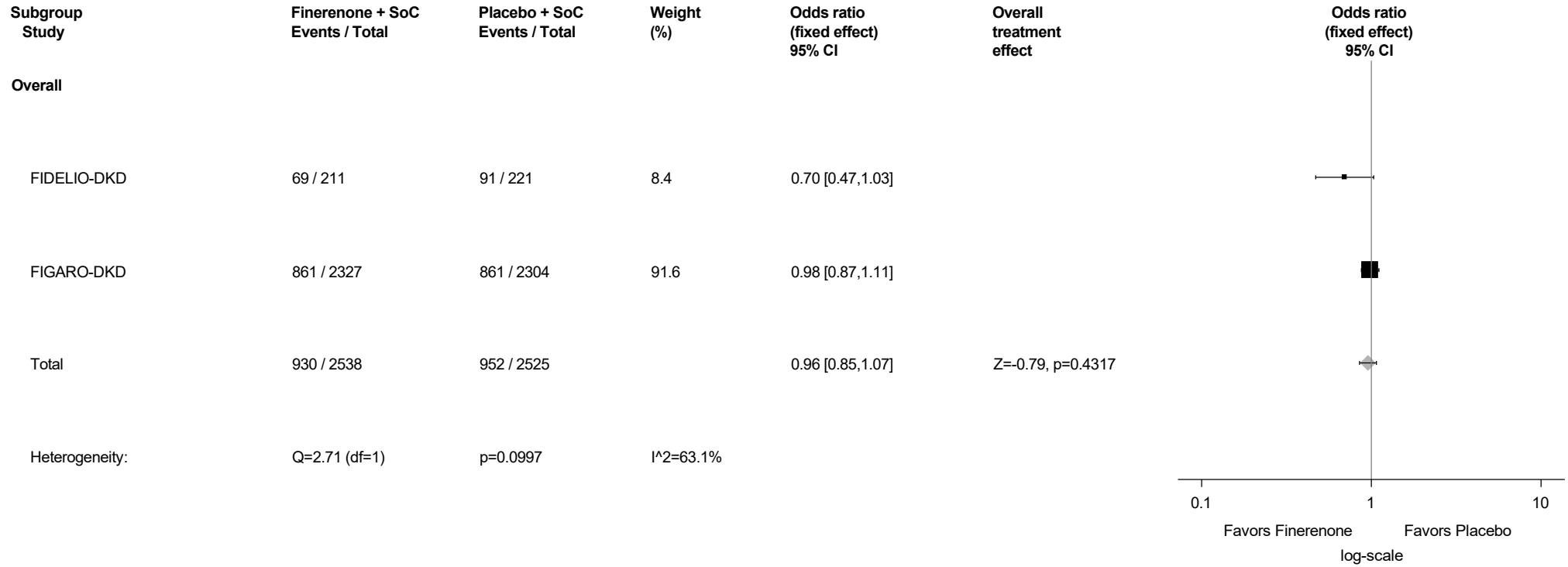
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



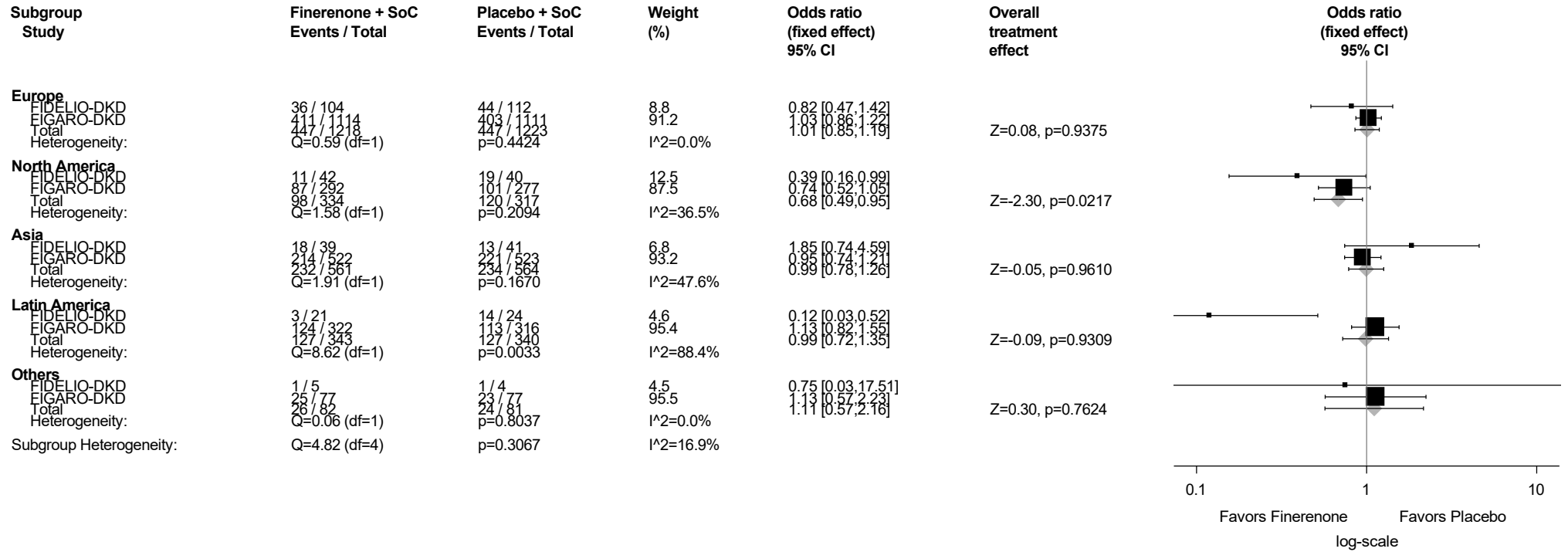
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.5.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



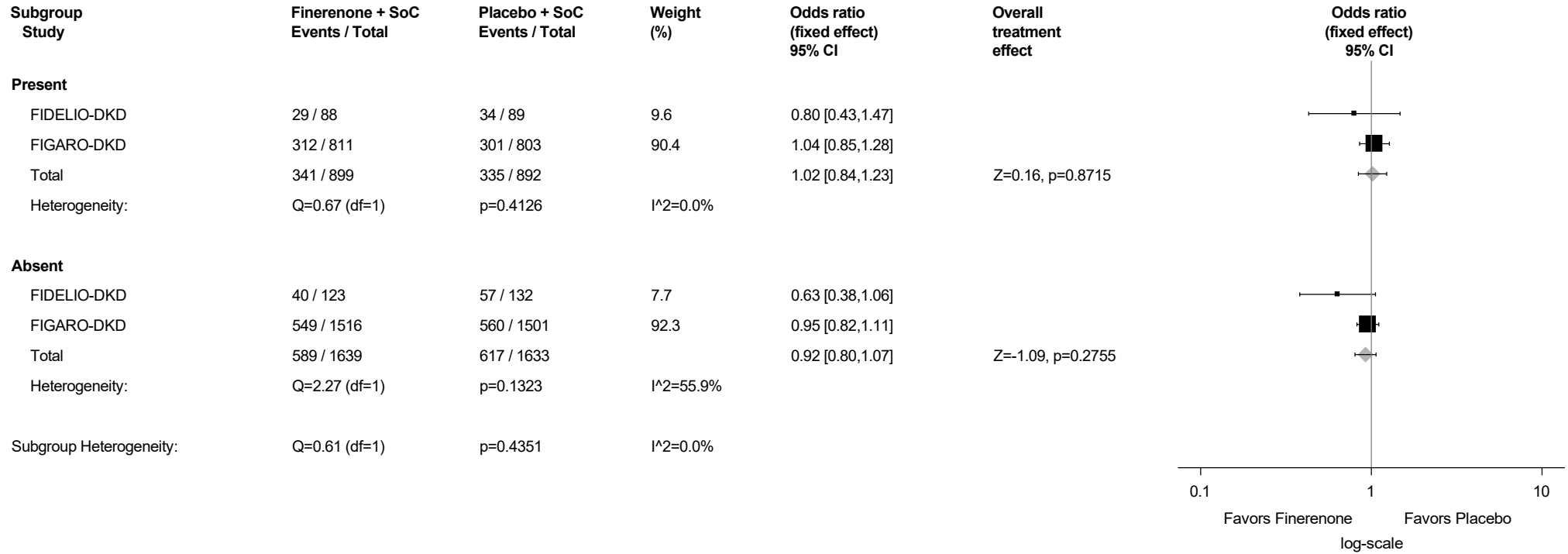
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.5.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



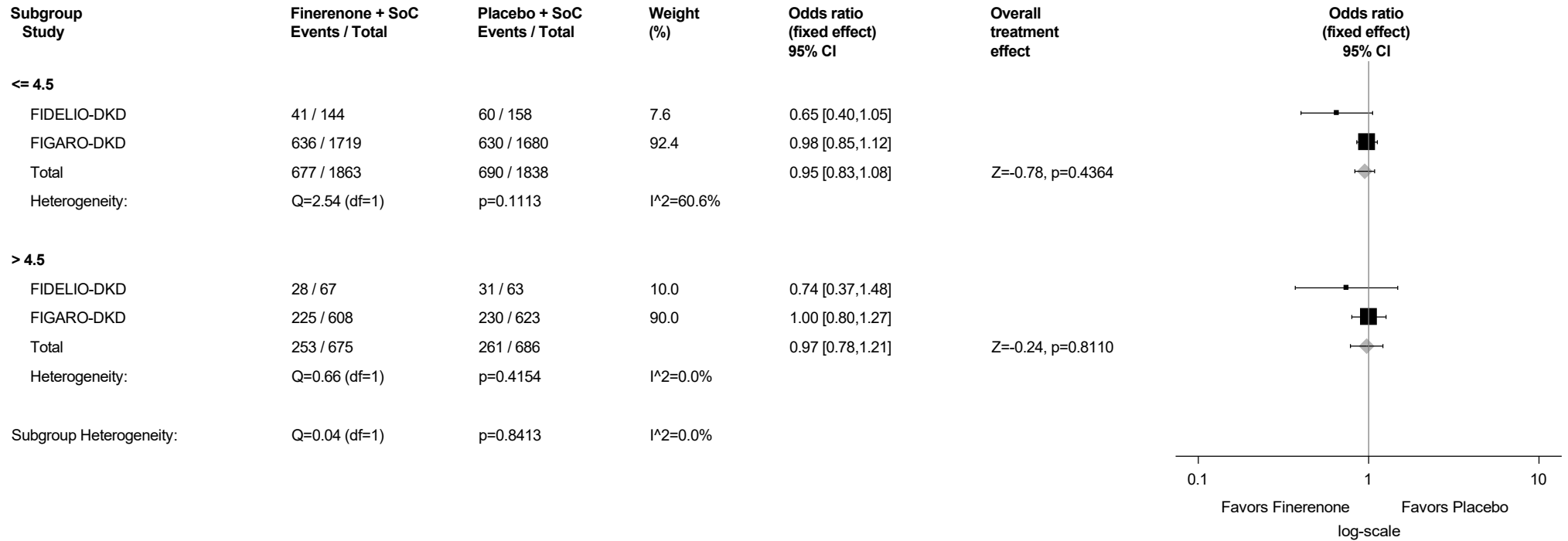
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.5.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



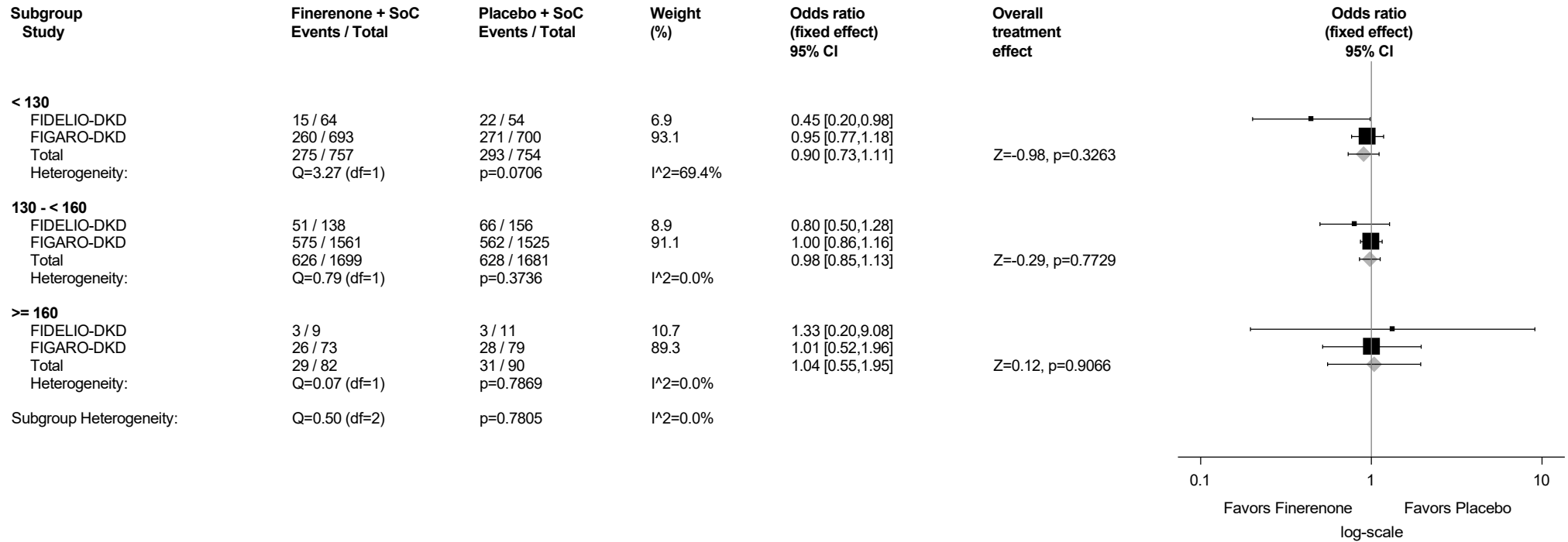
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.5.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



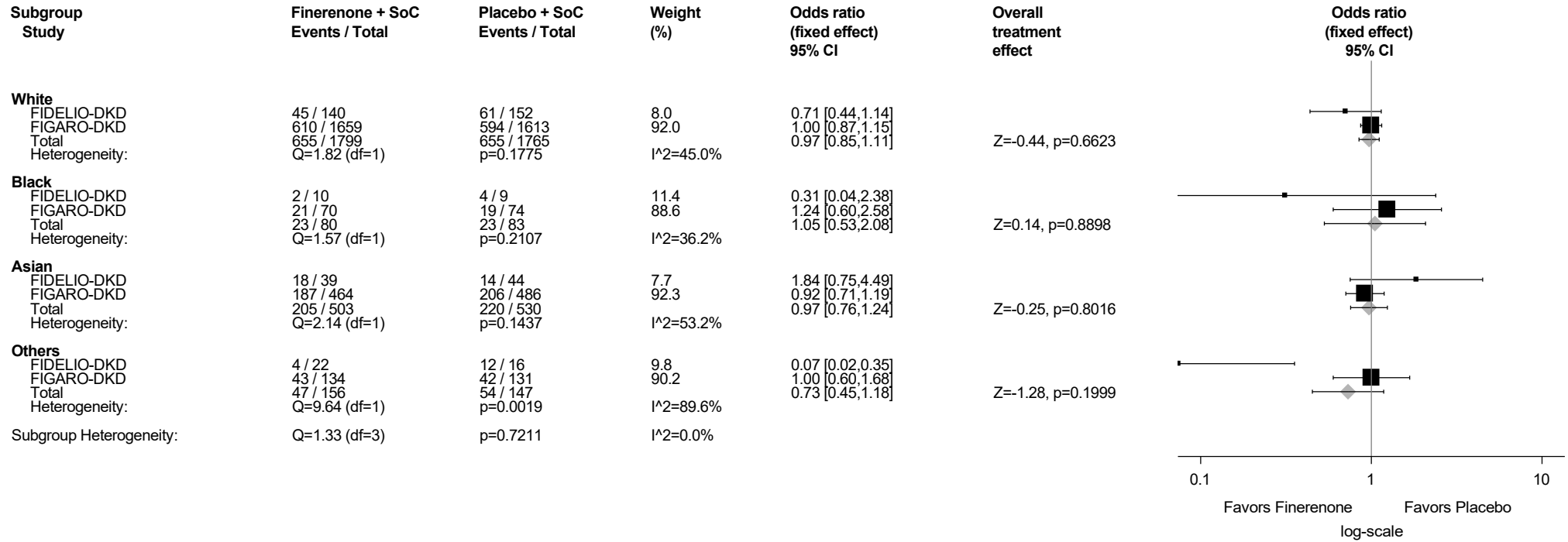
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.5.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

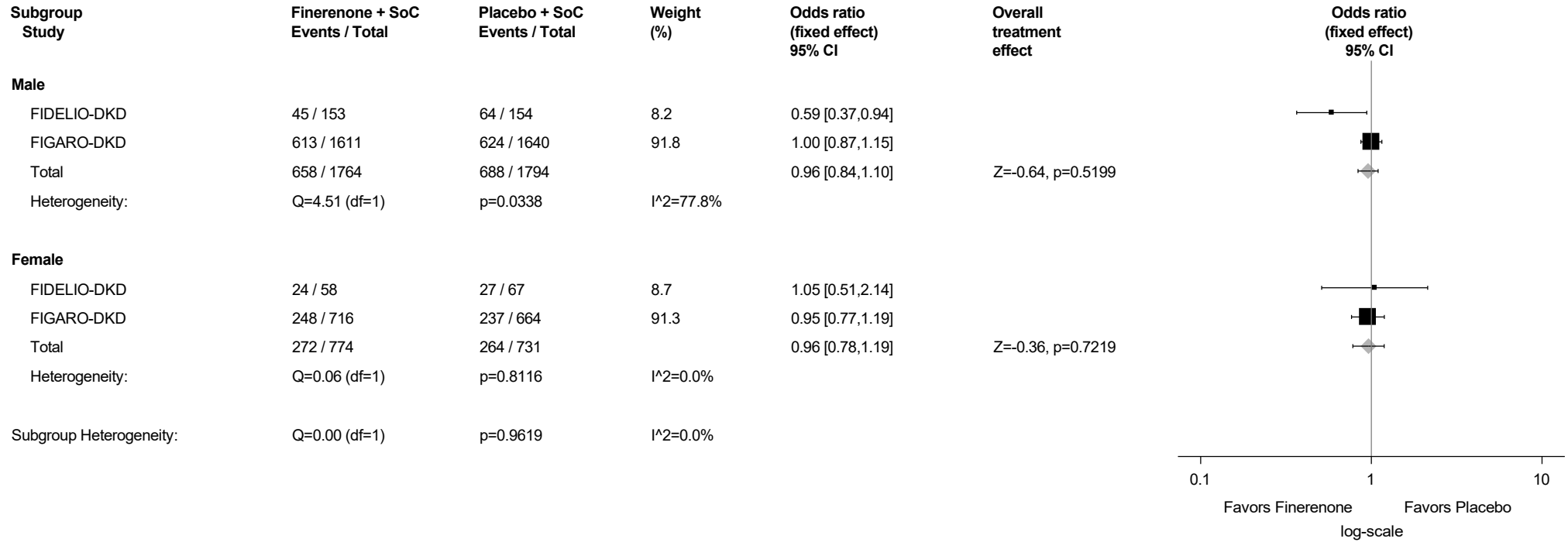
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.5.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

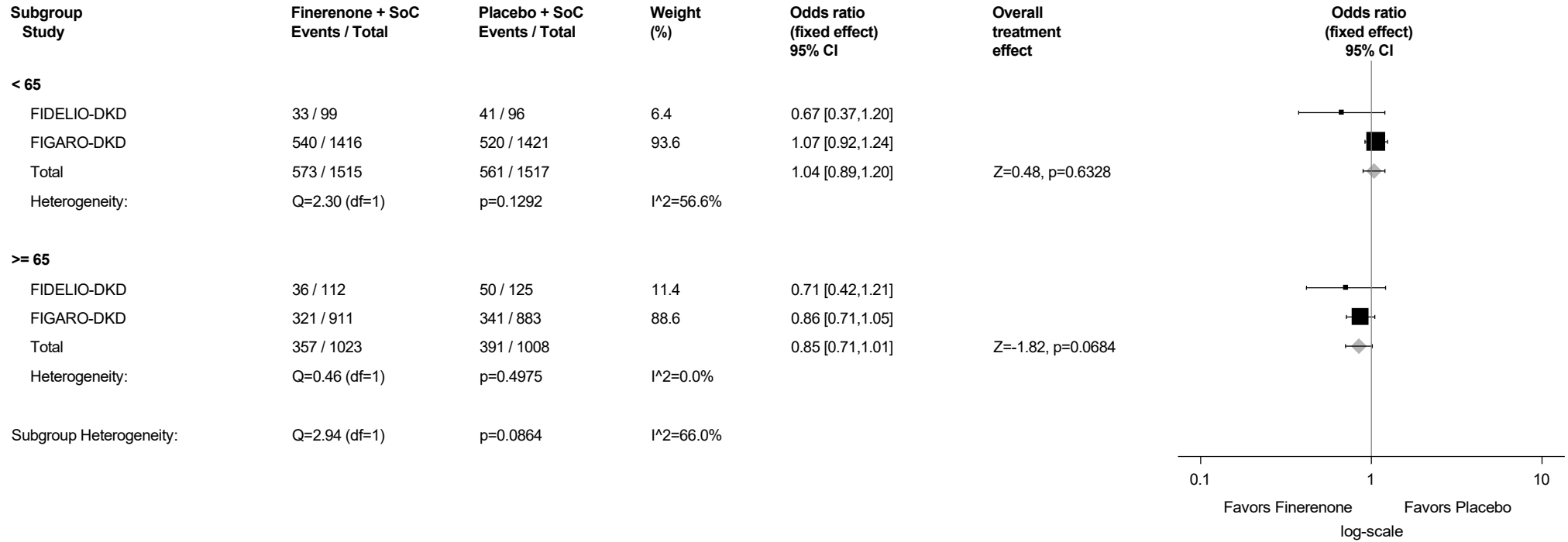
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.5.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

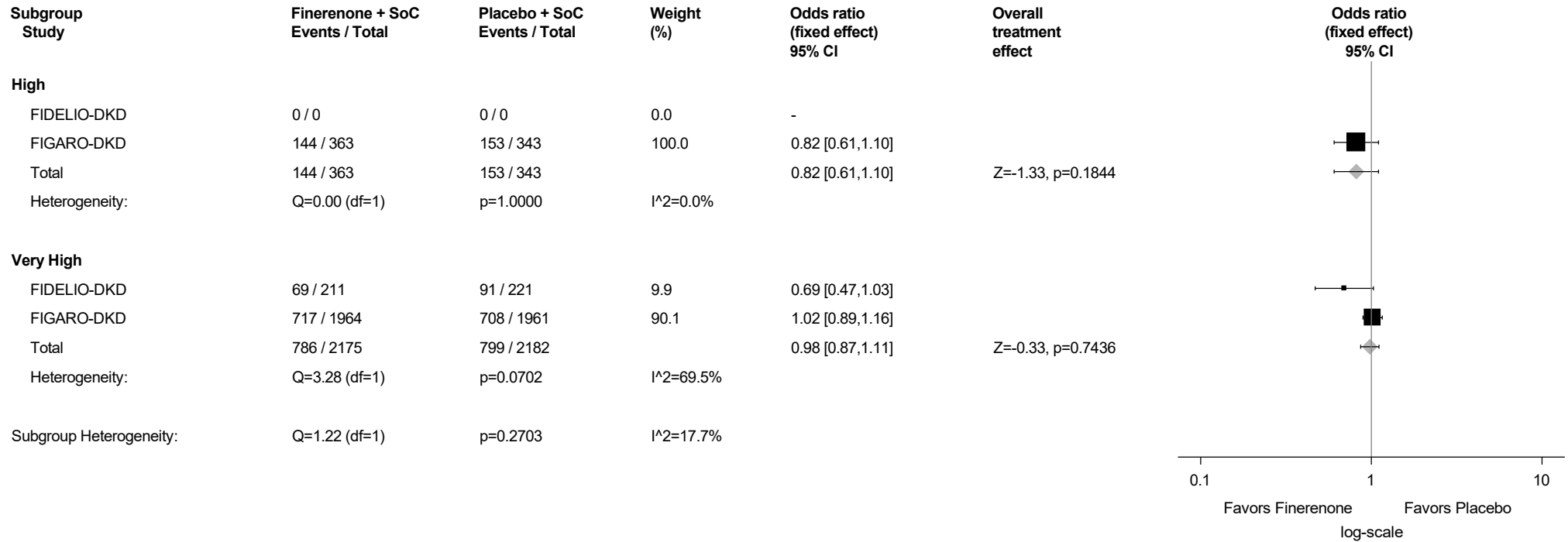
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.5.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



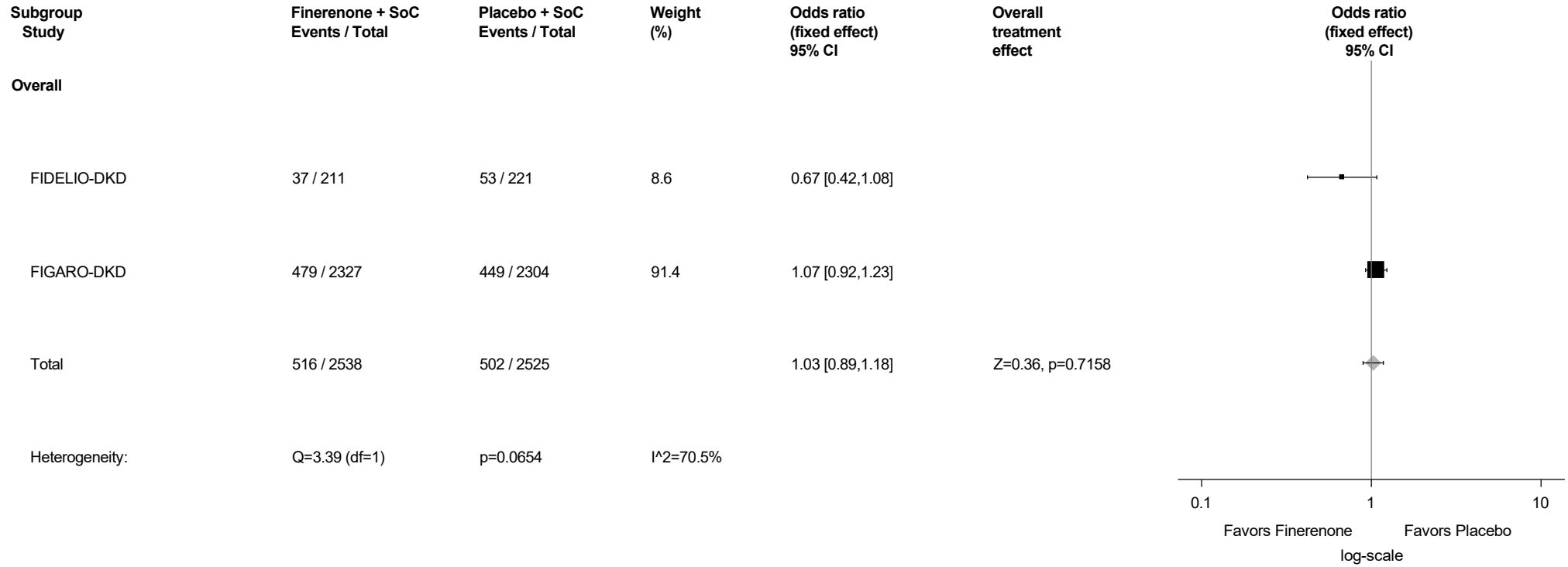
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



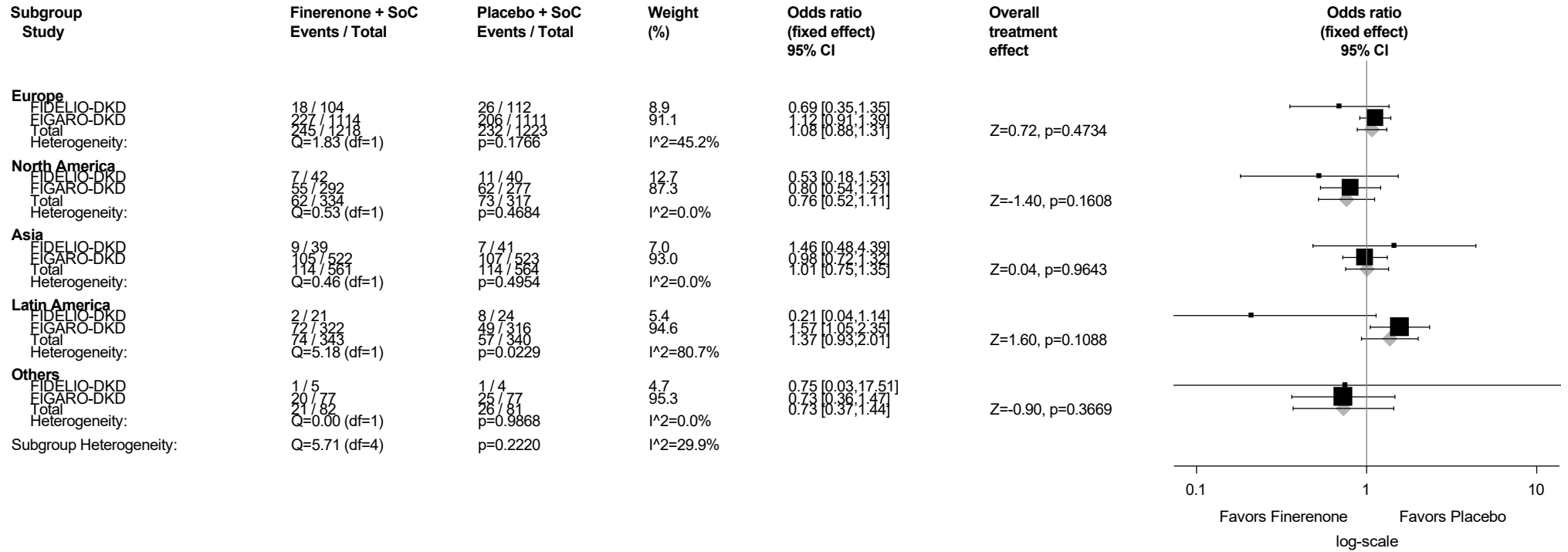
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.6.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



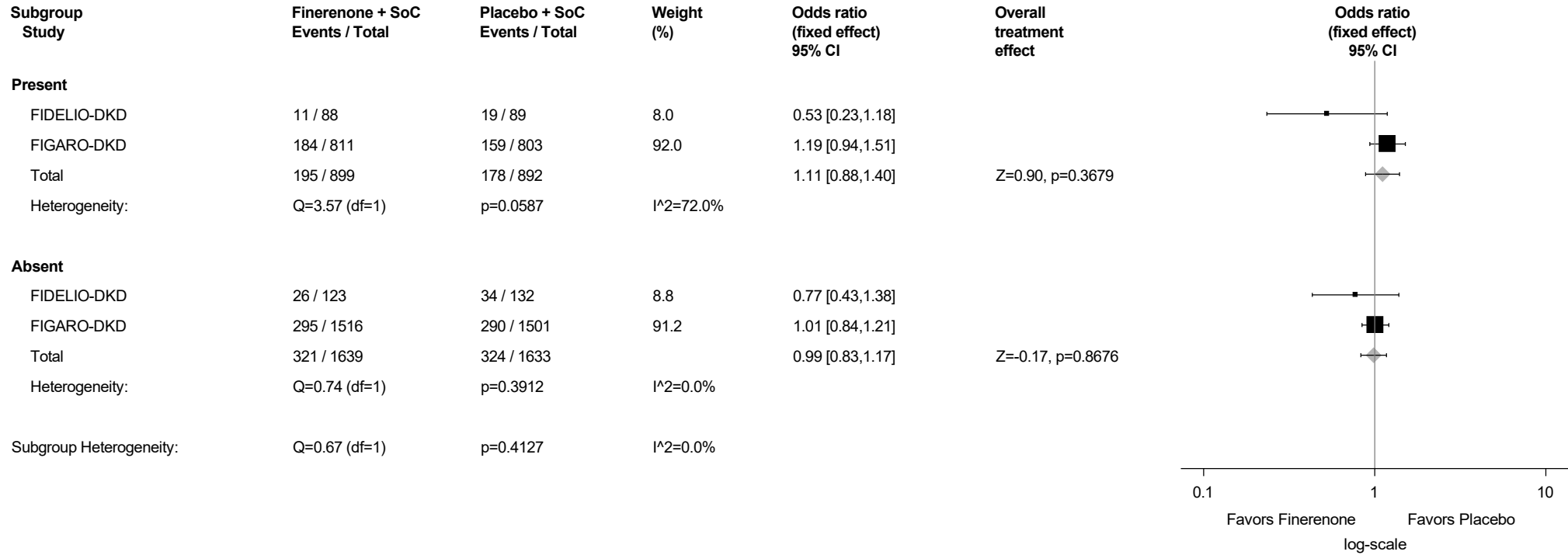
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.6.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



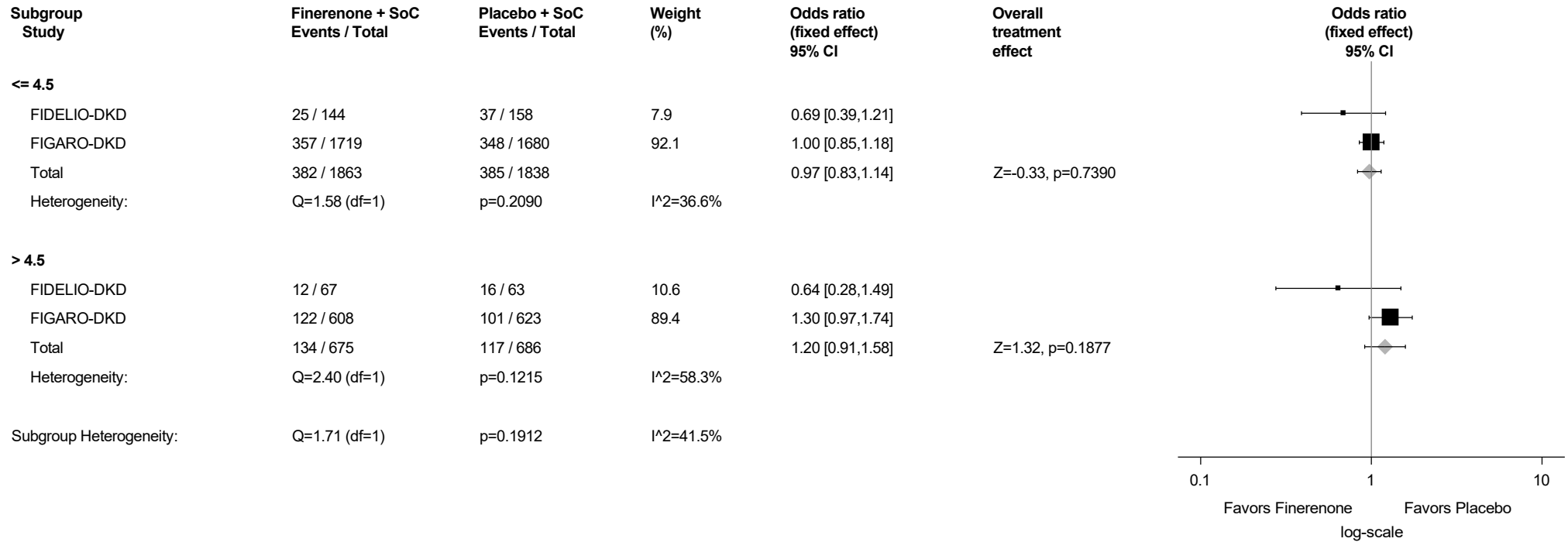
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.6.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



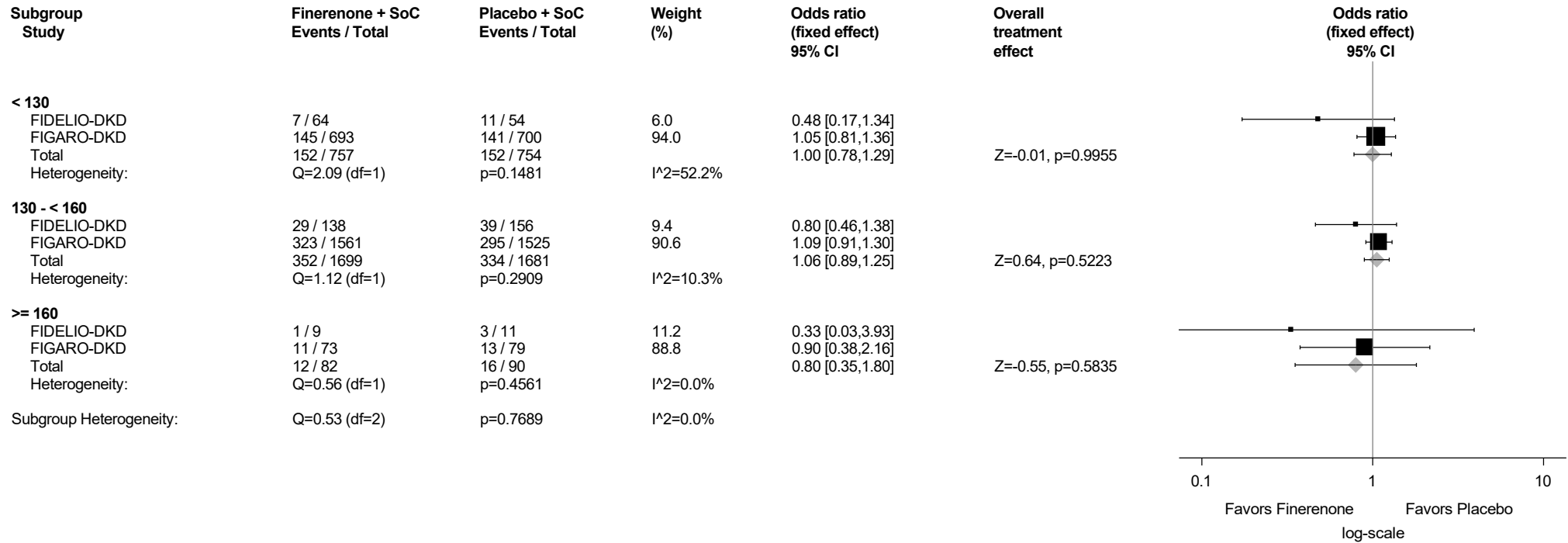
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.6.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



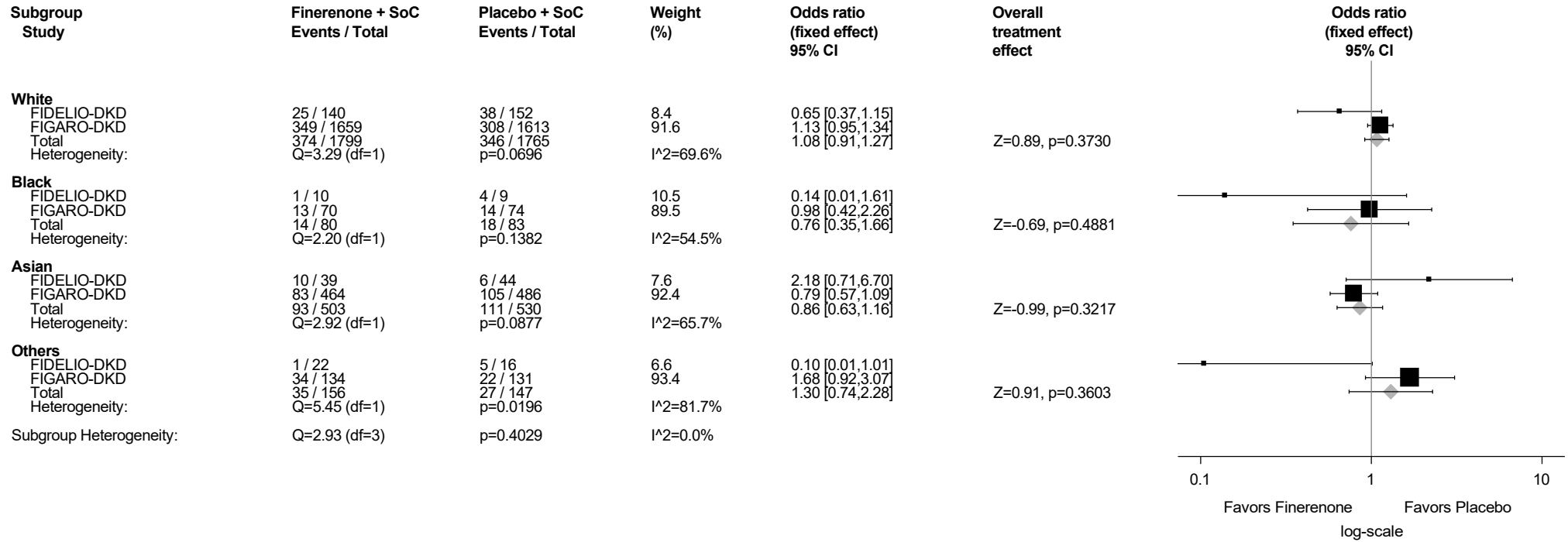
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.6.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

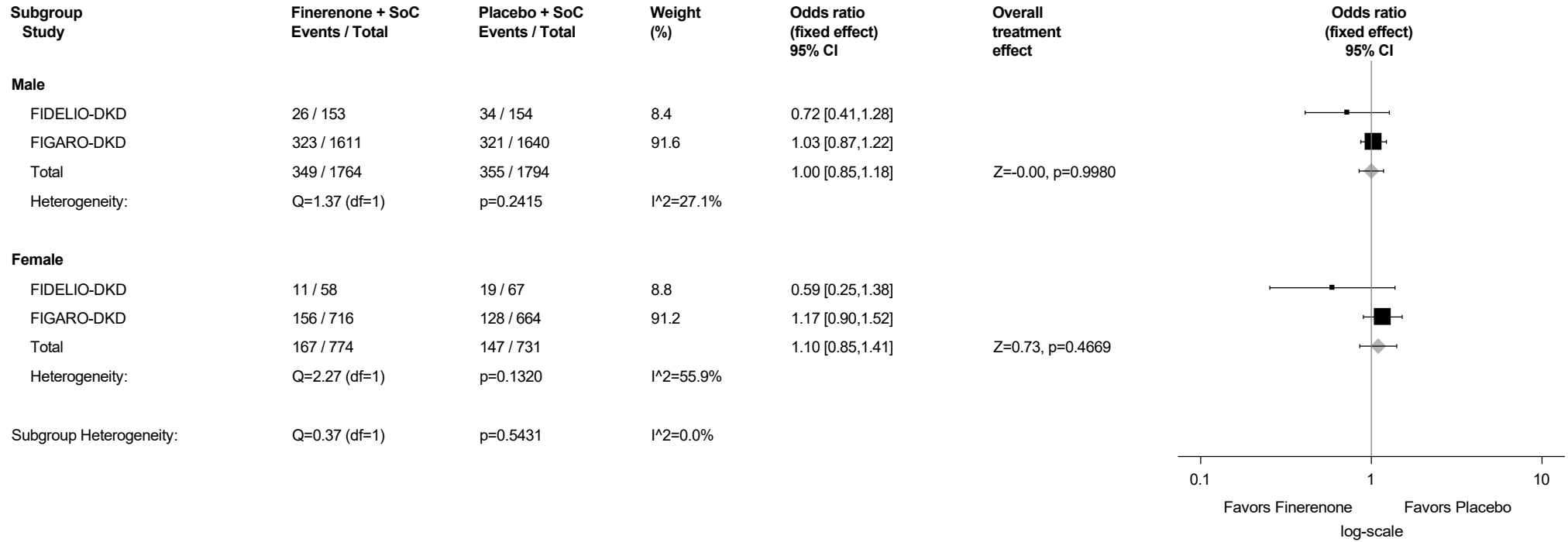
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.6.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

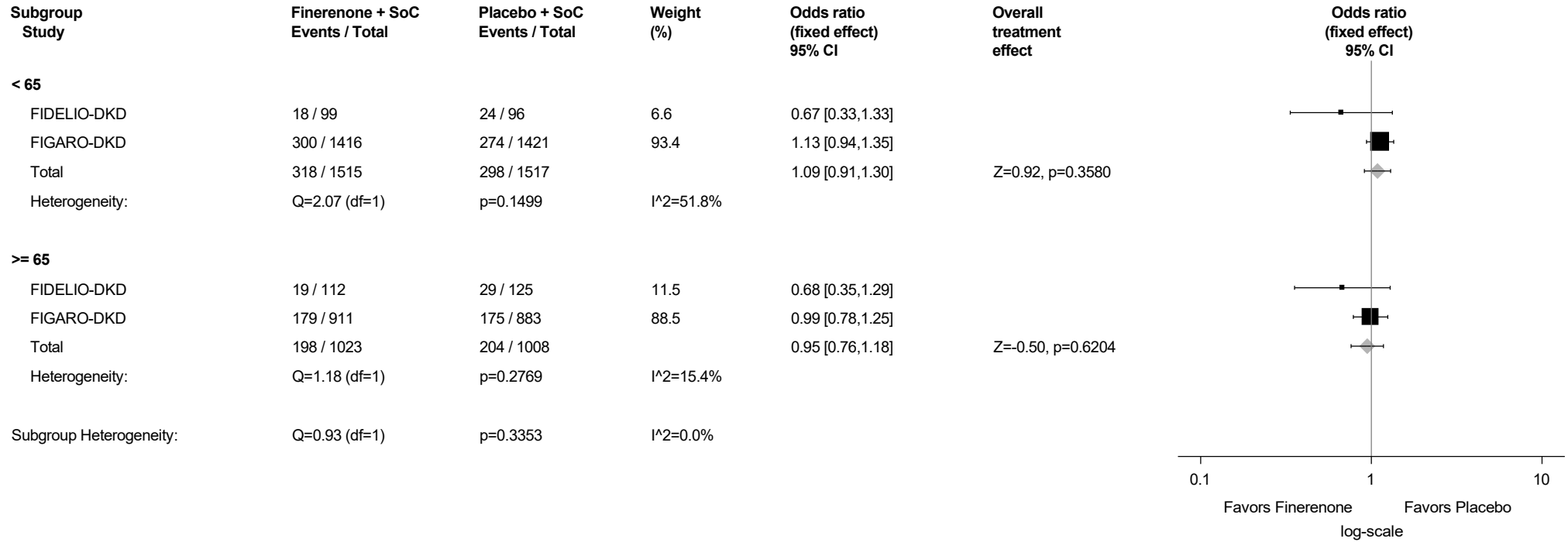
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.6.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

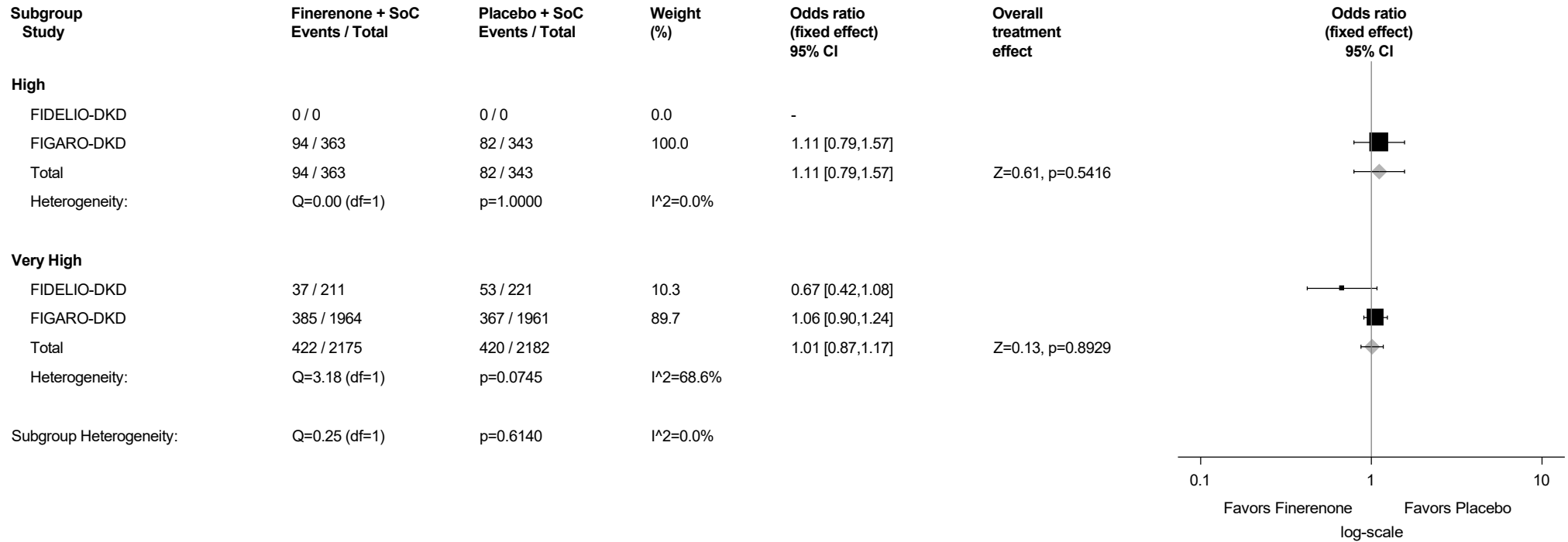
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.6.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



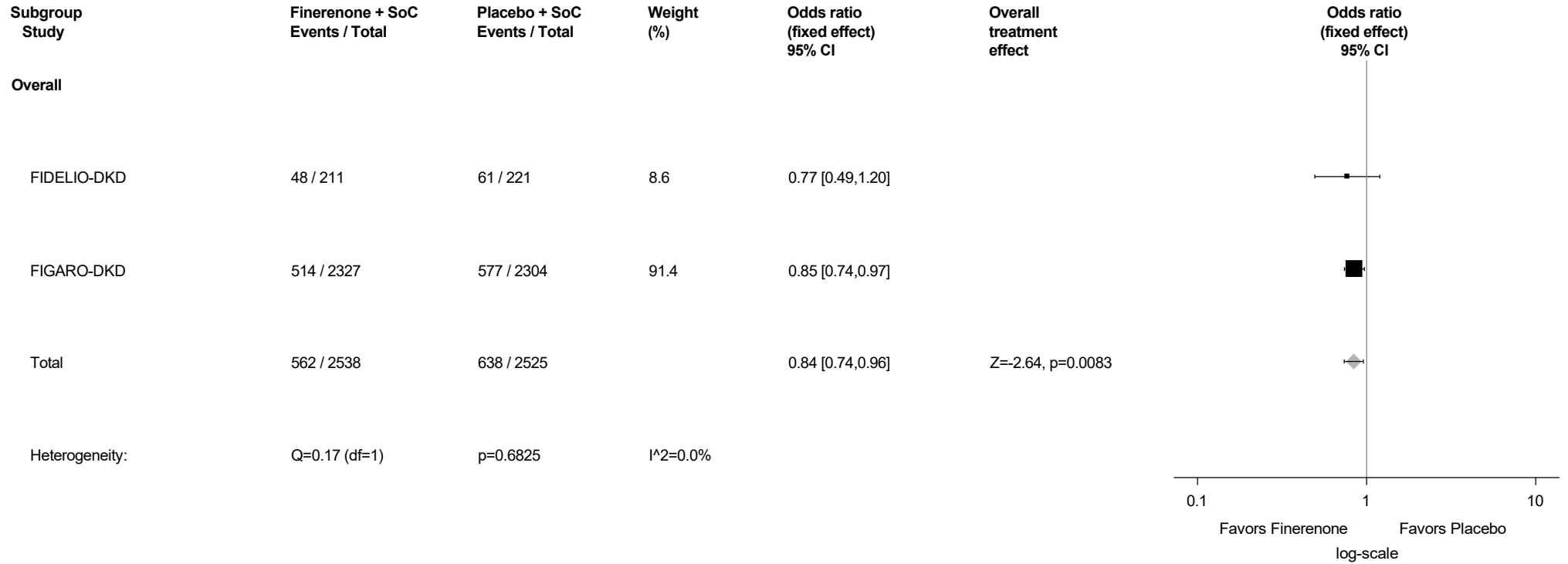
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



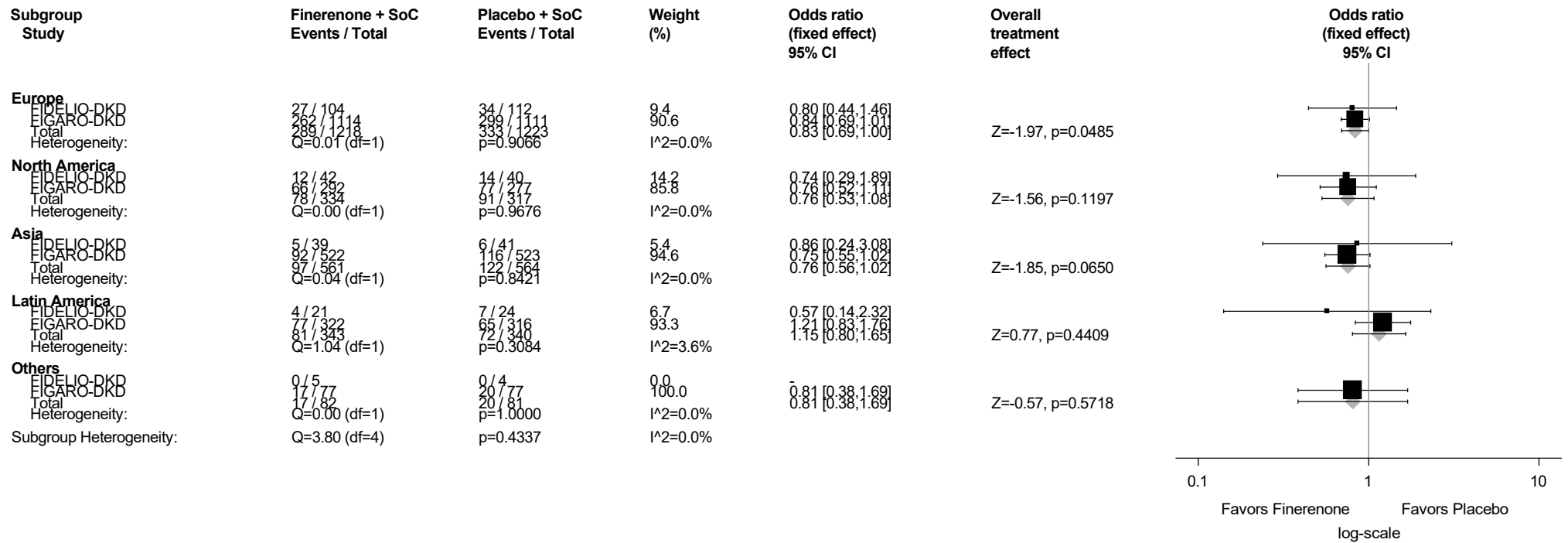
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.7.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



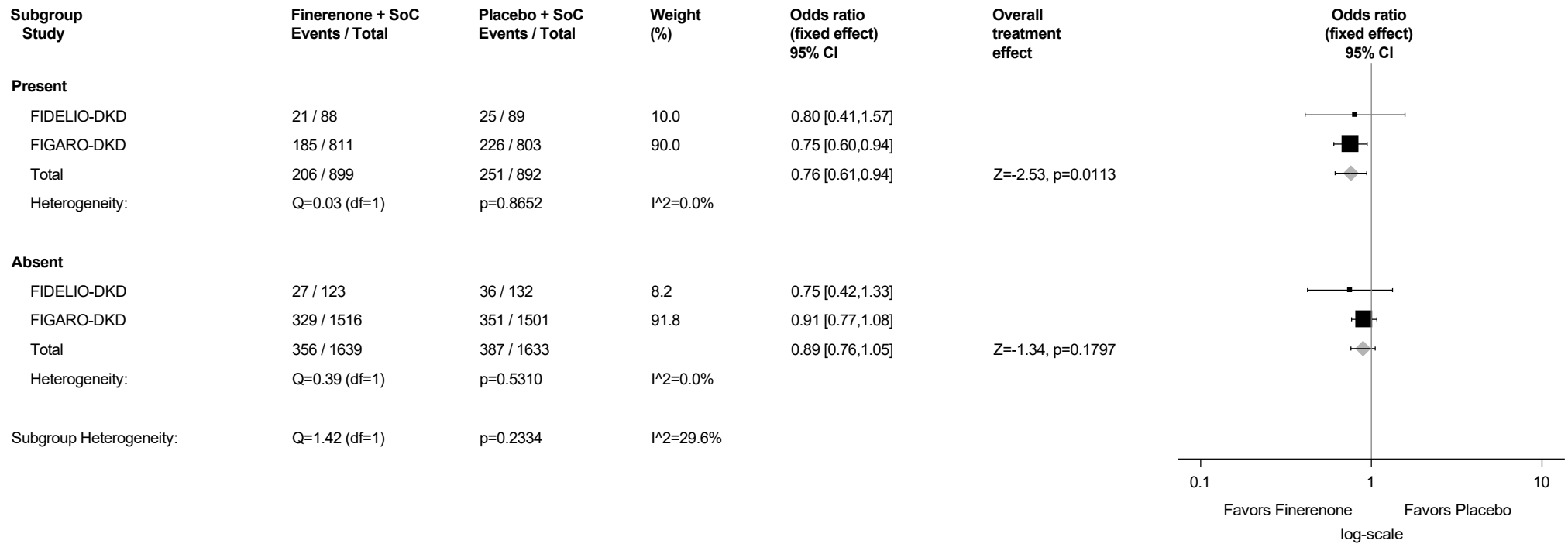
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.7.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



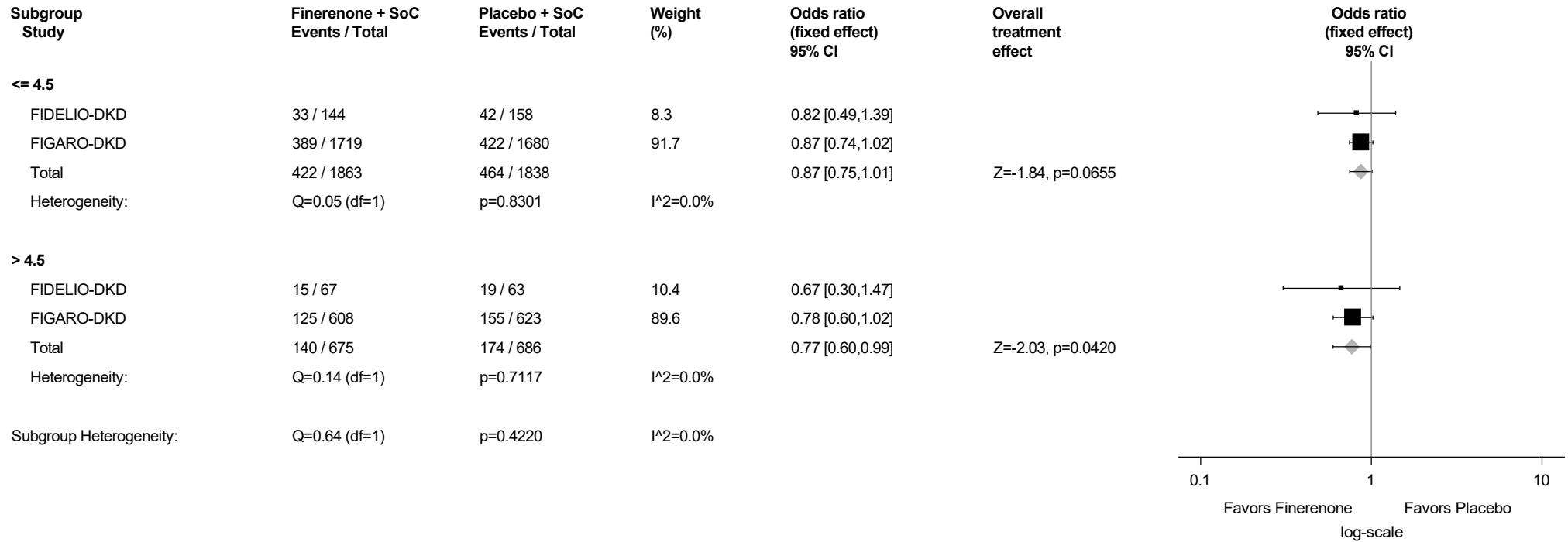
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.7.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



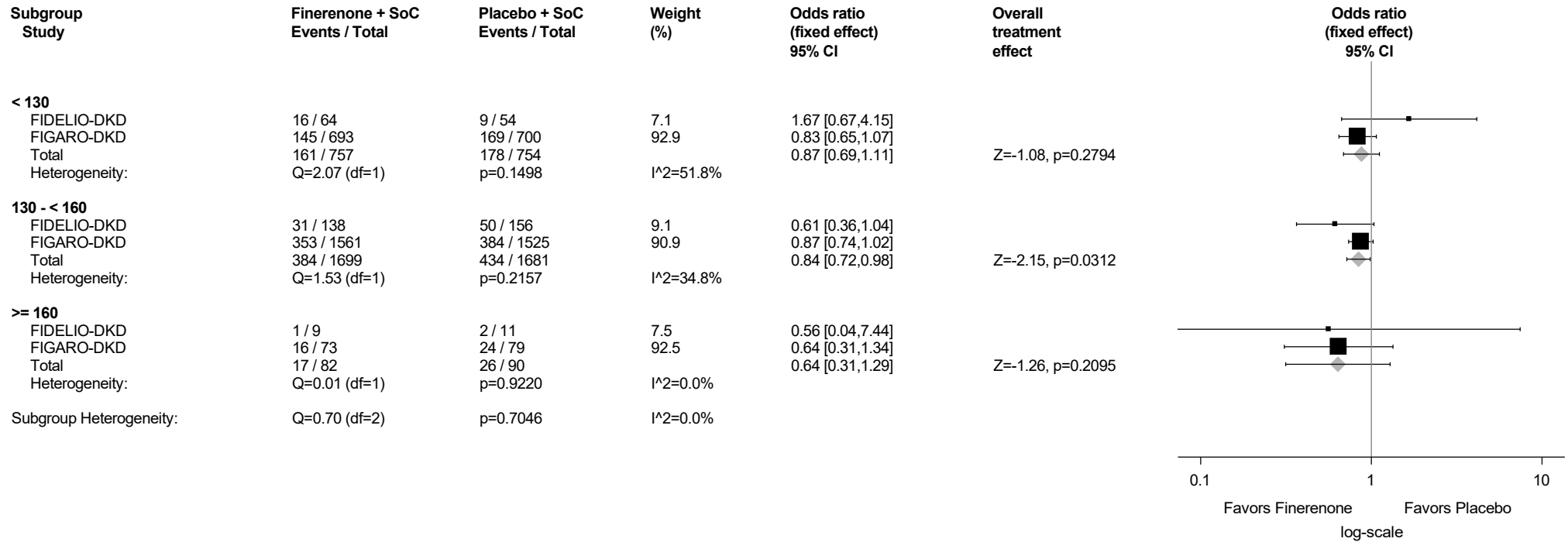
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.7.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



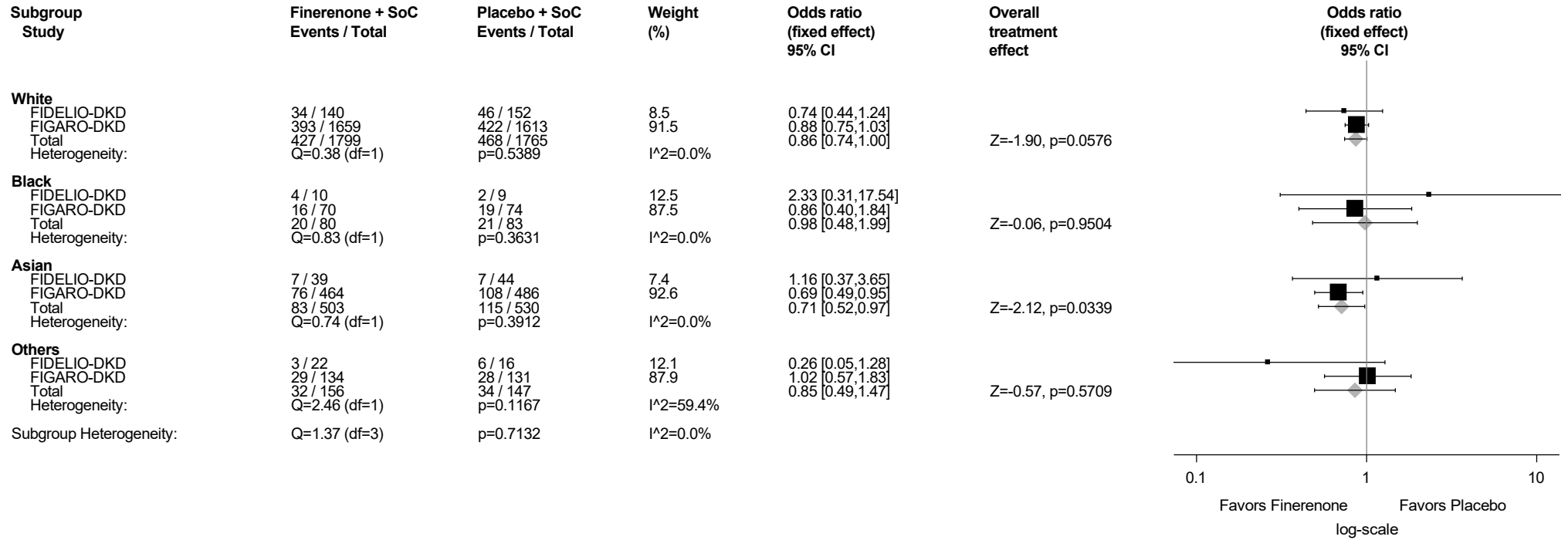
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.7.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

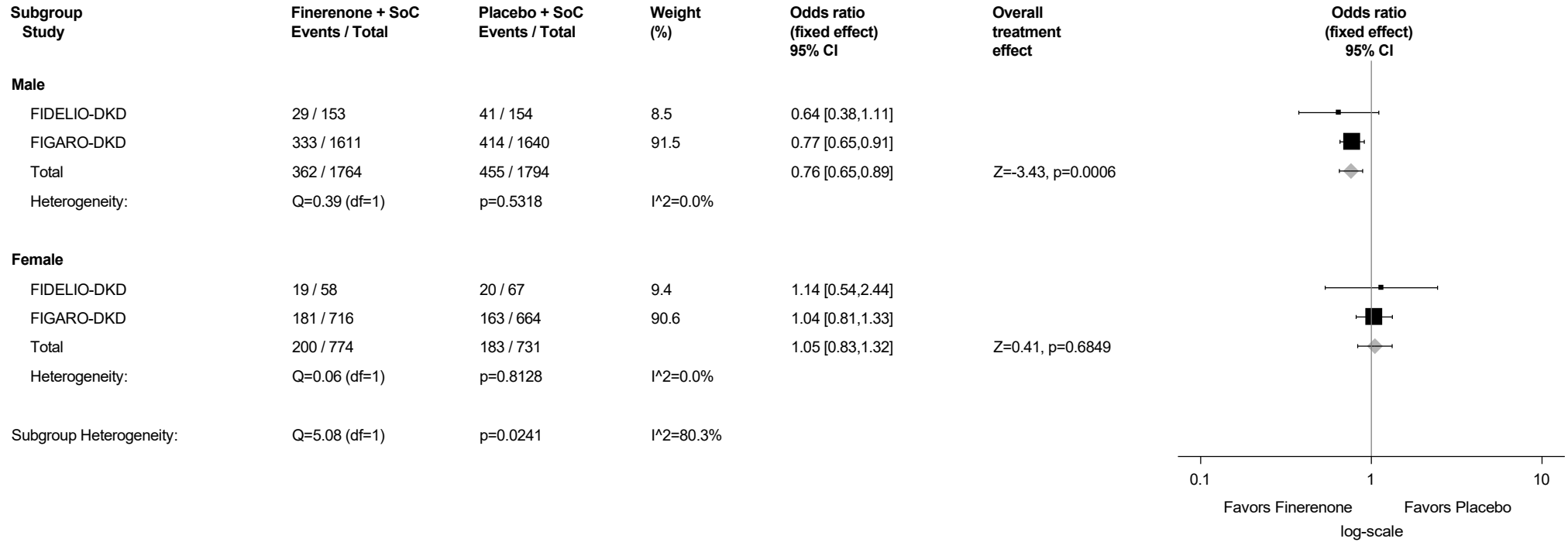
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.7.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

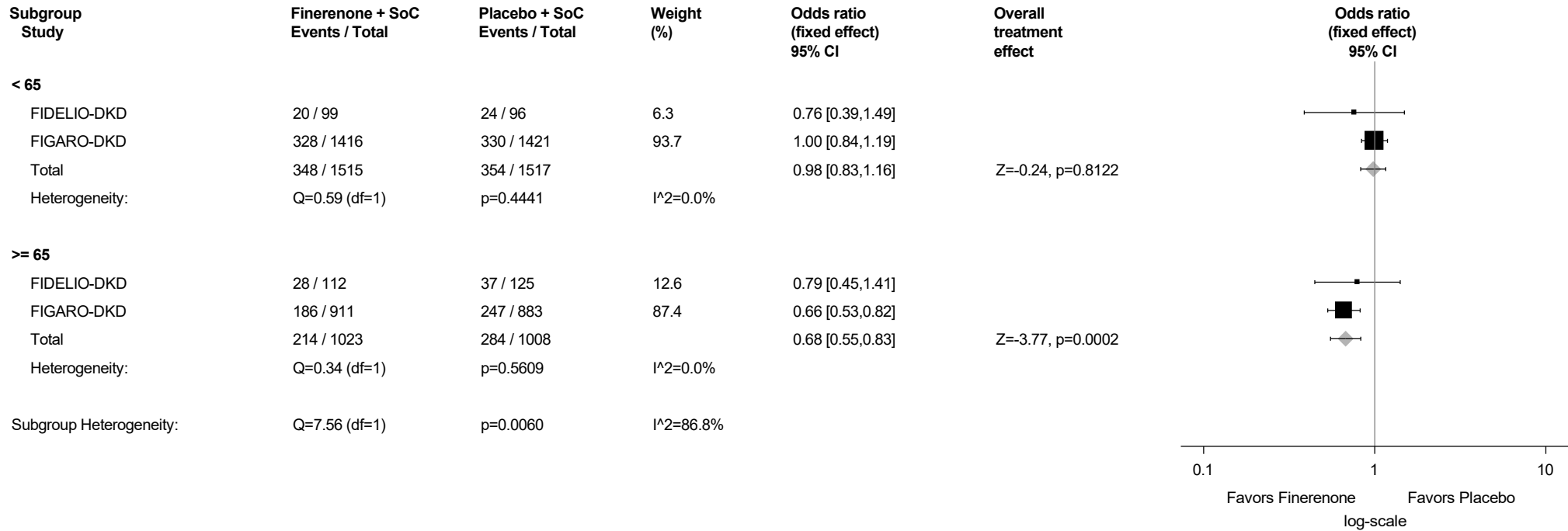
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.7.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

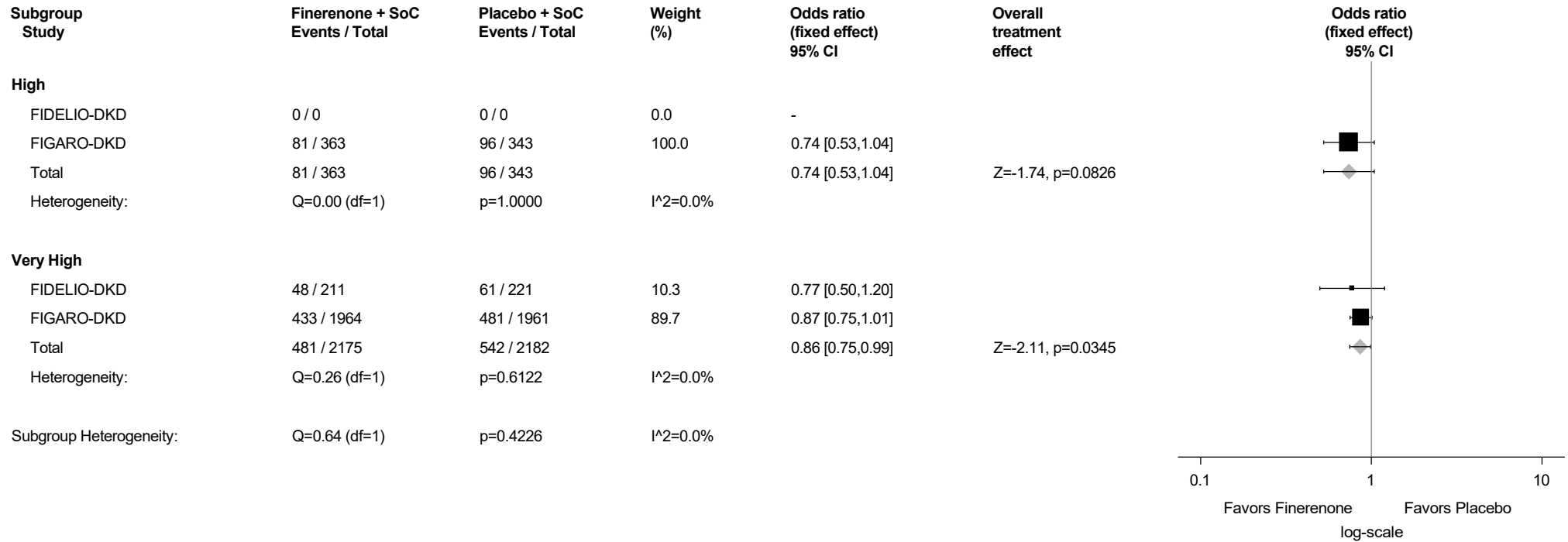
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.7.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



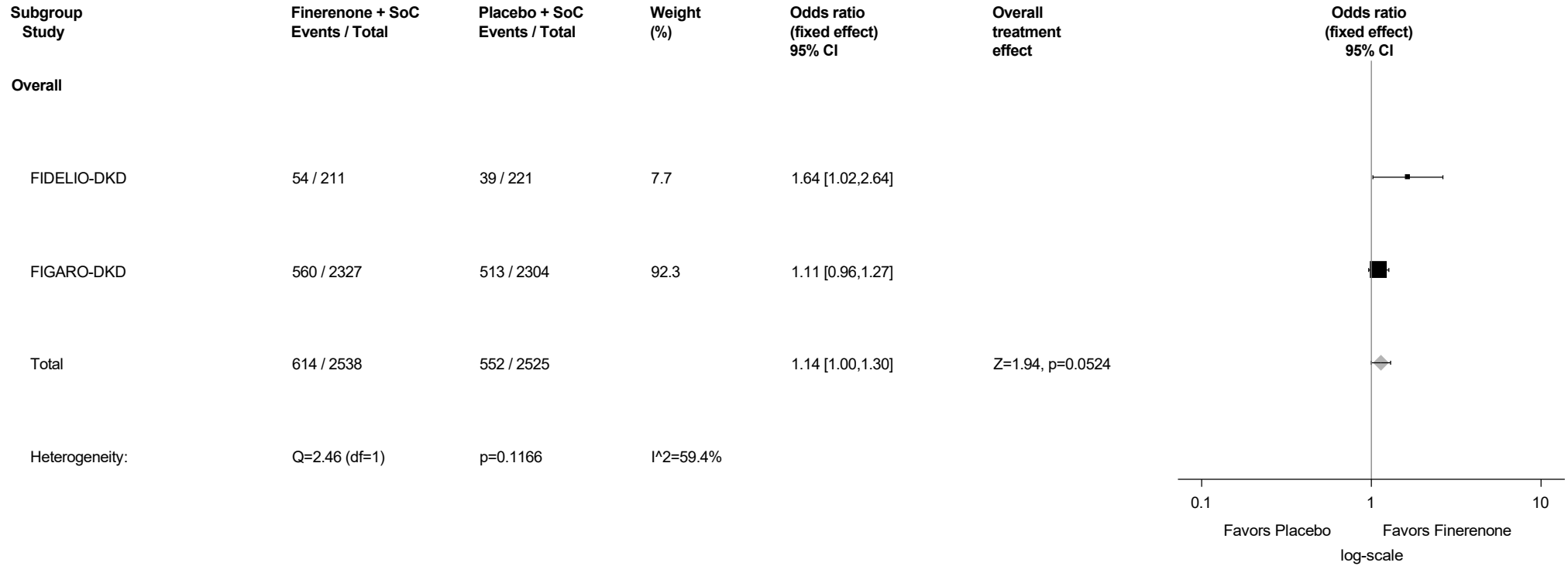
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



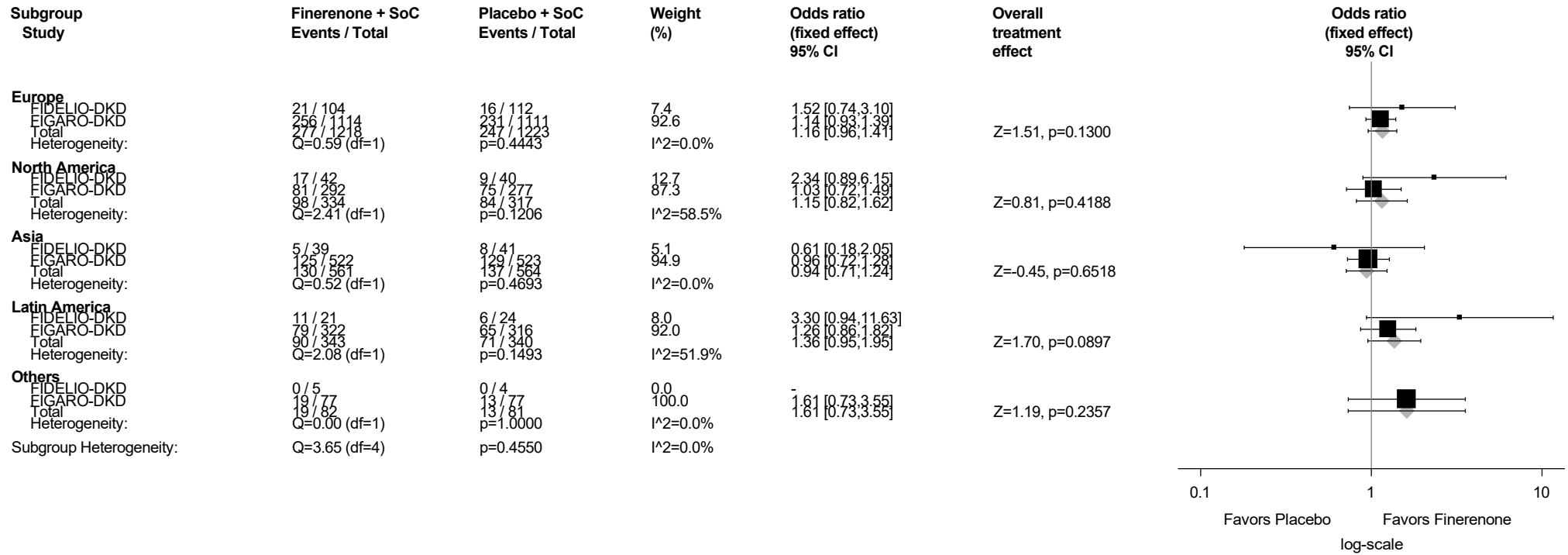
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.8.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



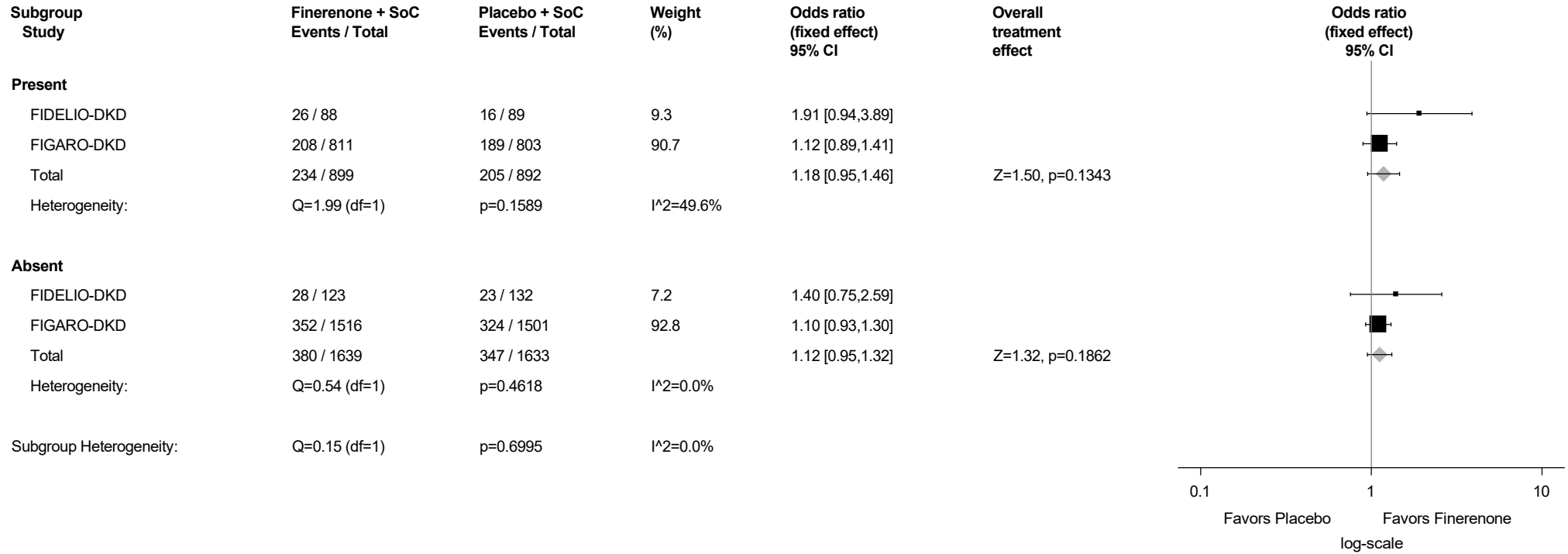
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.8.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



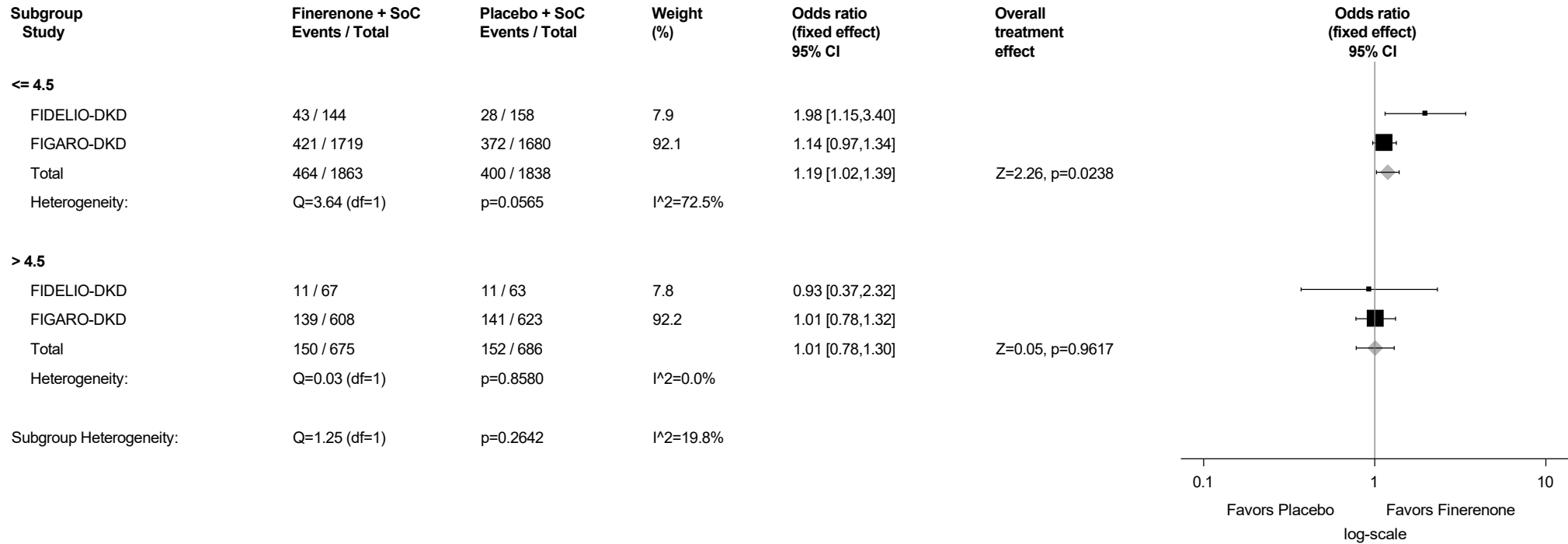
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.8.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



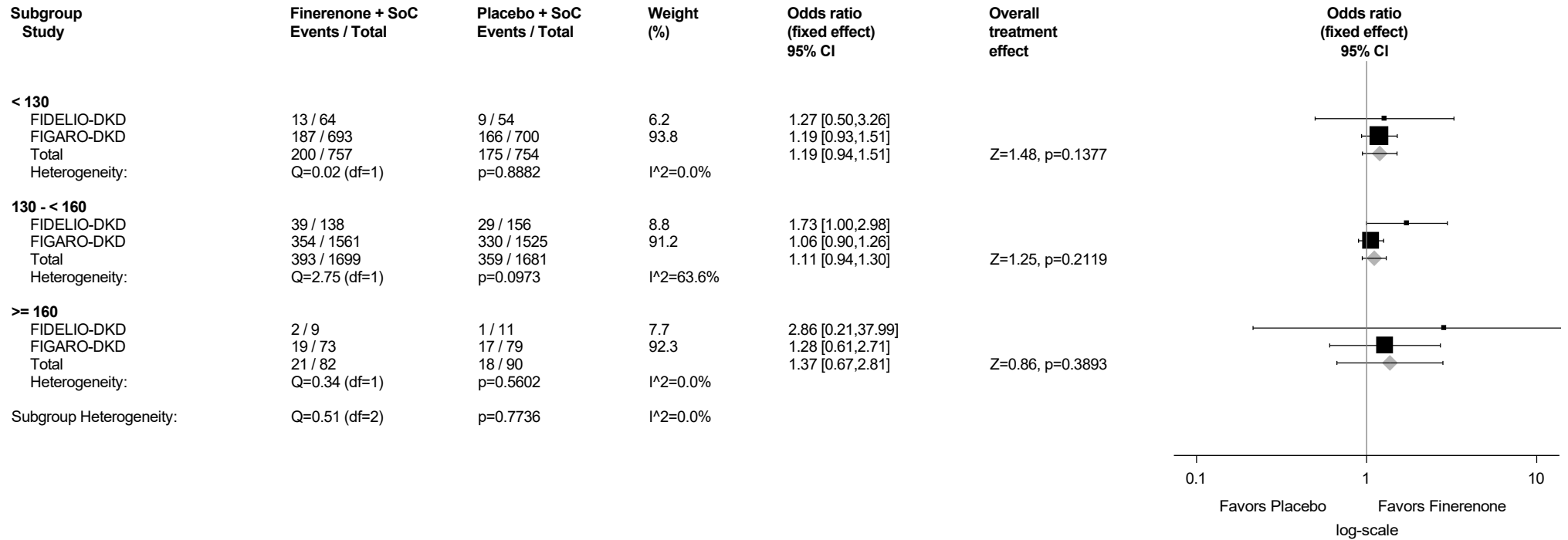
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.8.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



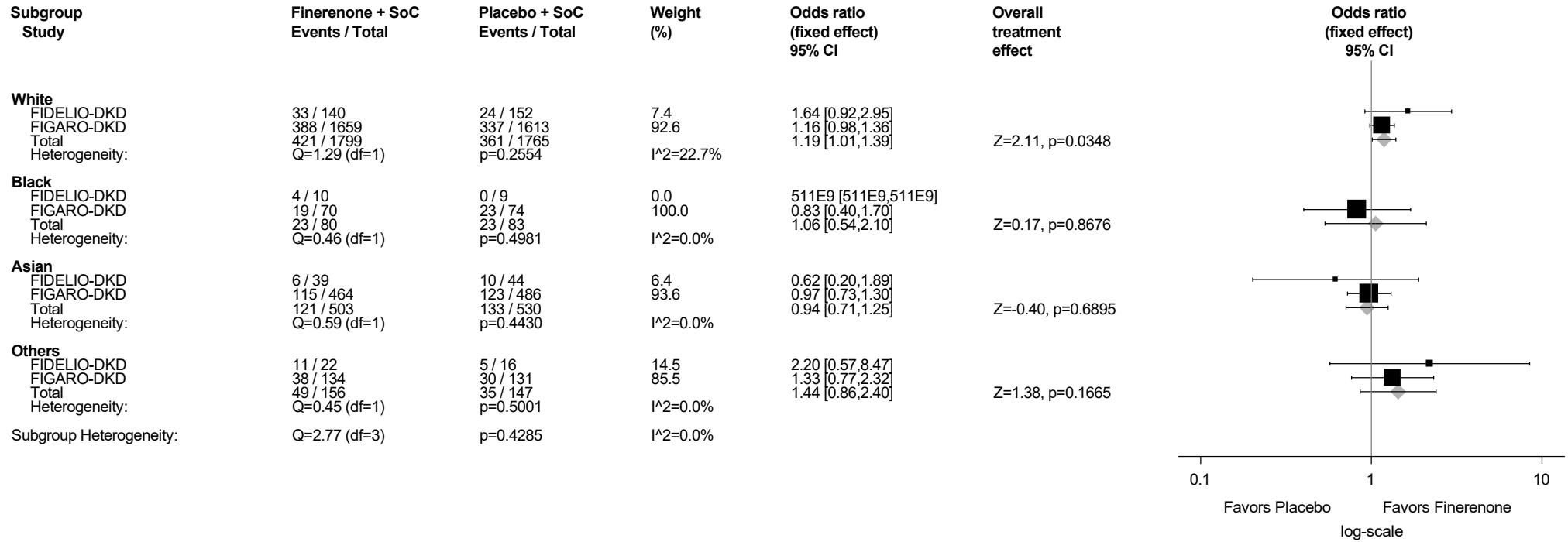
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.8.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

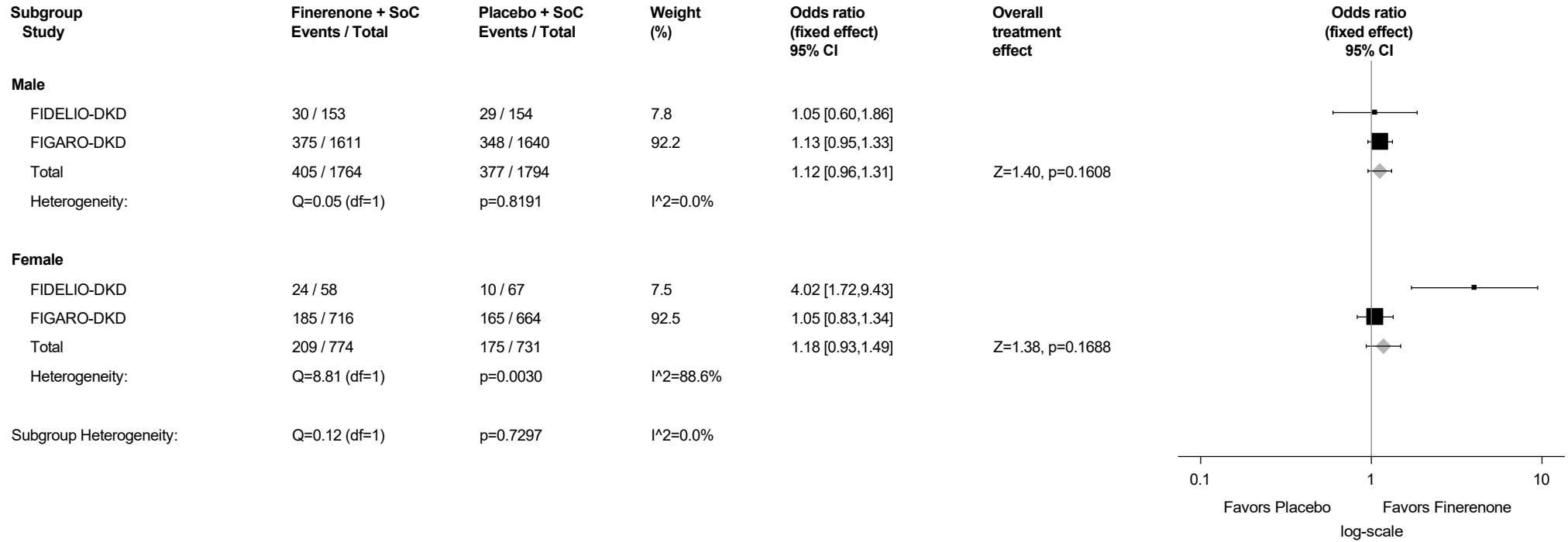
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.8.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

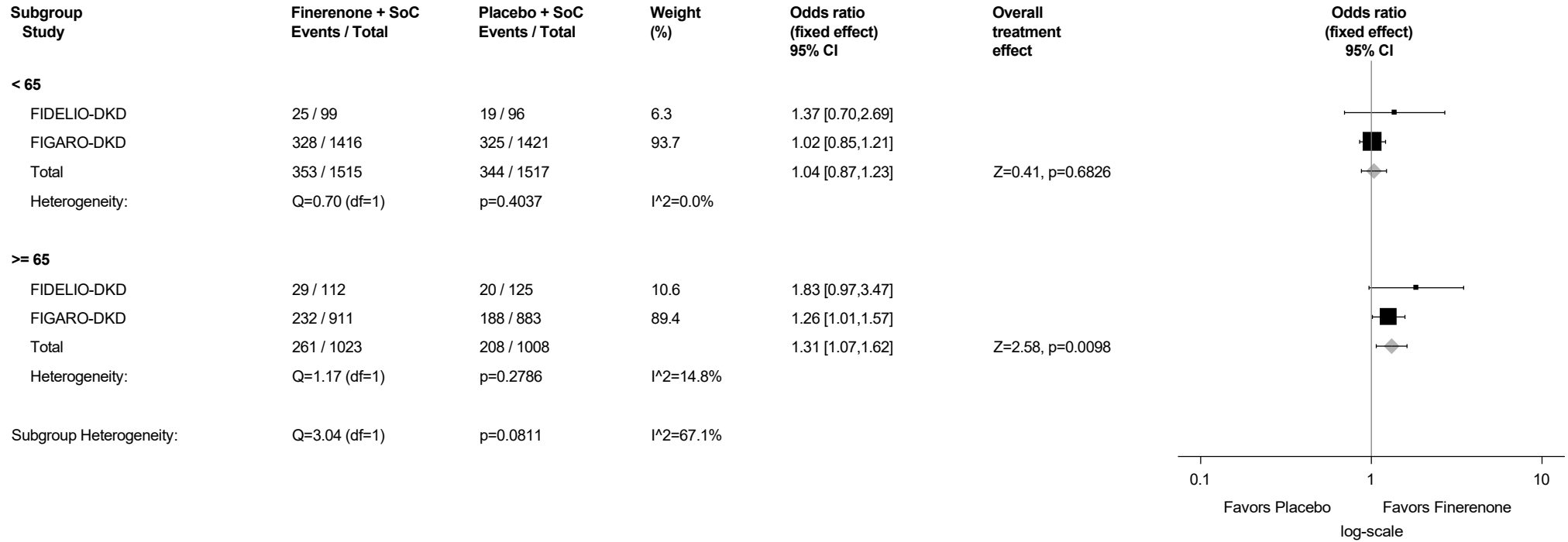
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.8.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

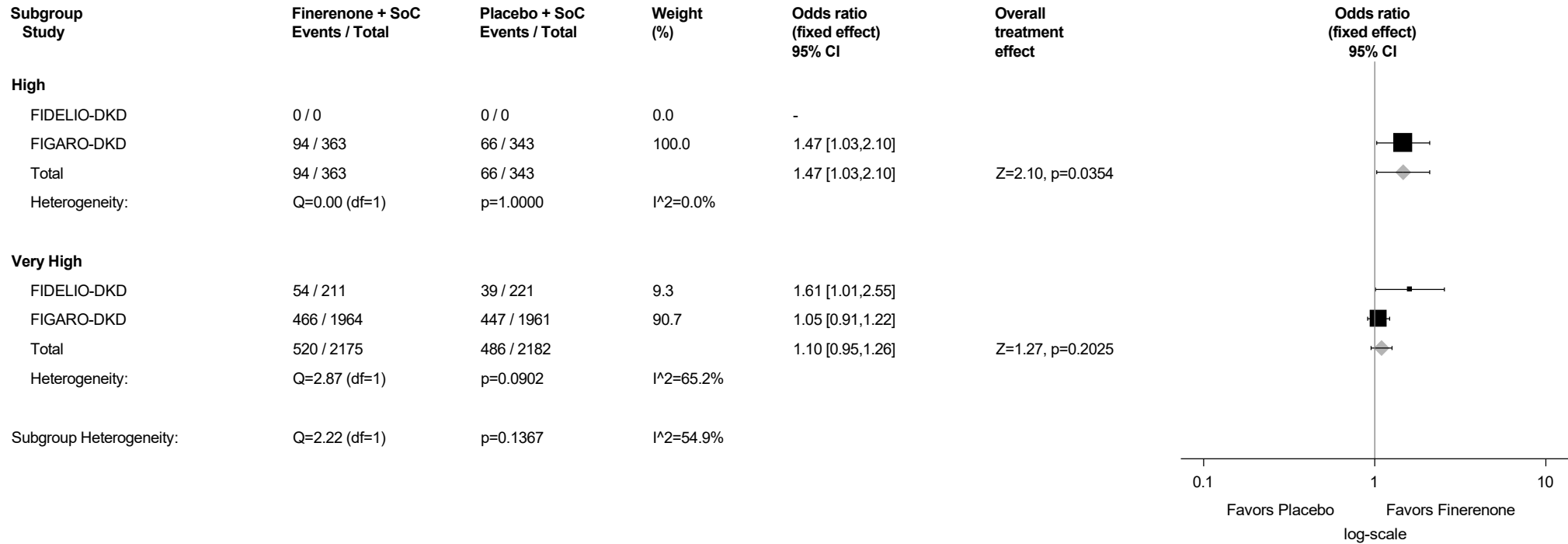
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.8.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



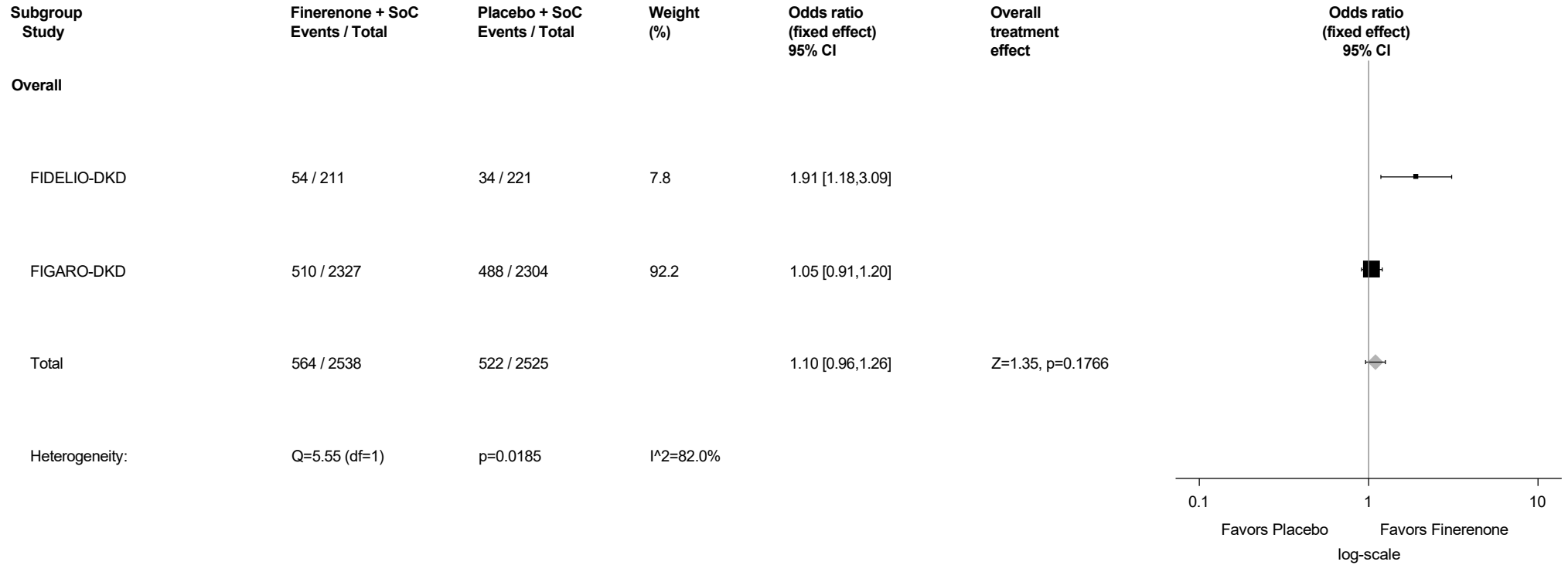
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



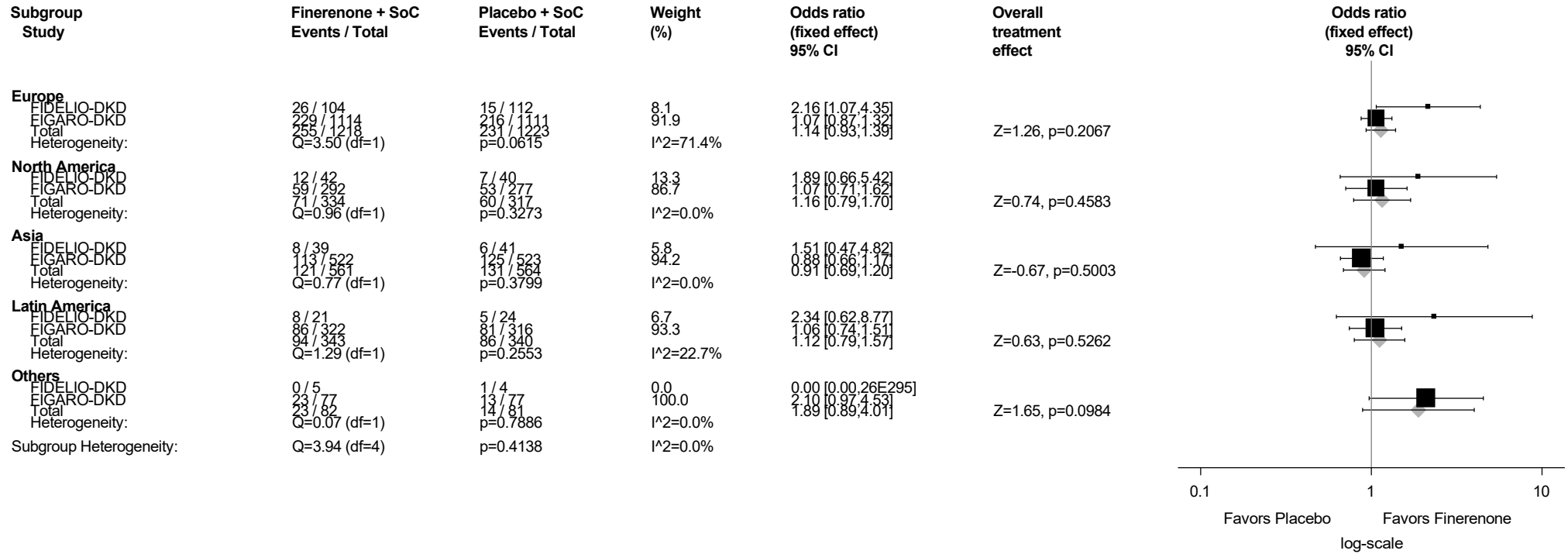
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.9.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



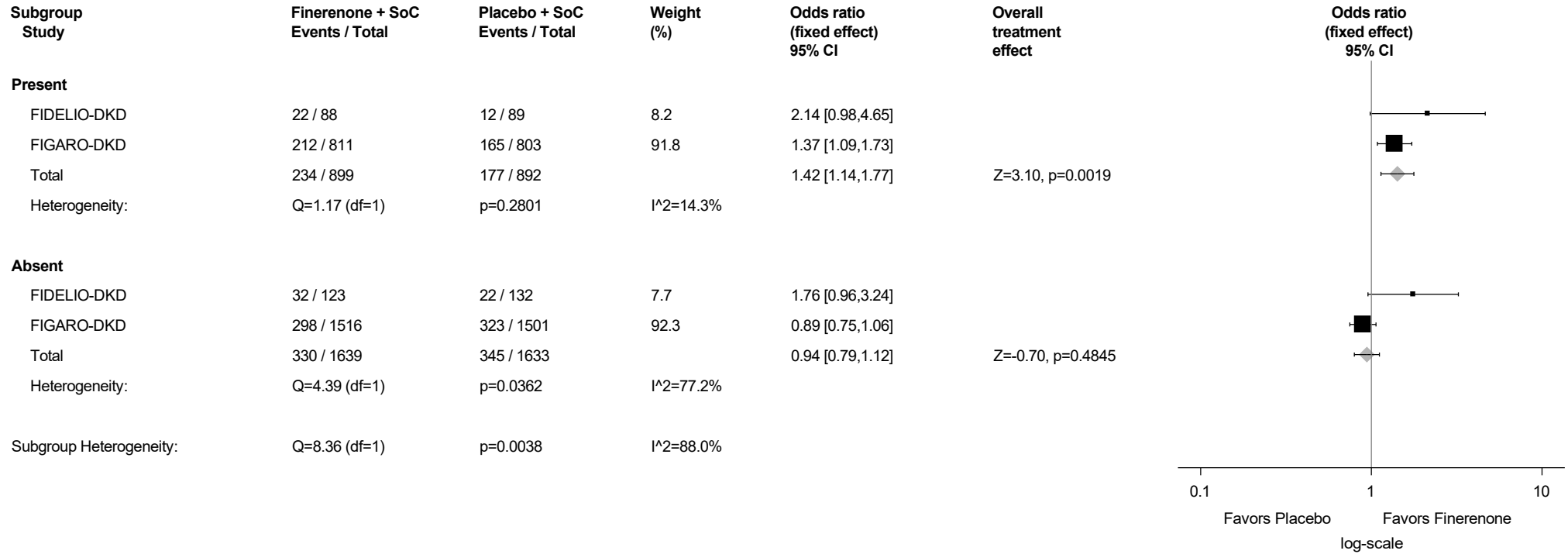
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.9.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



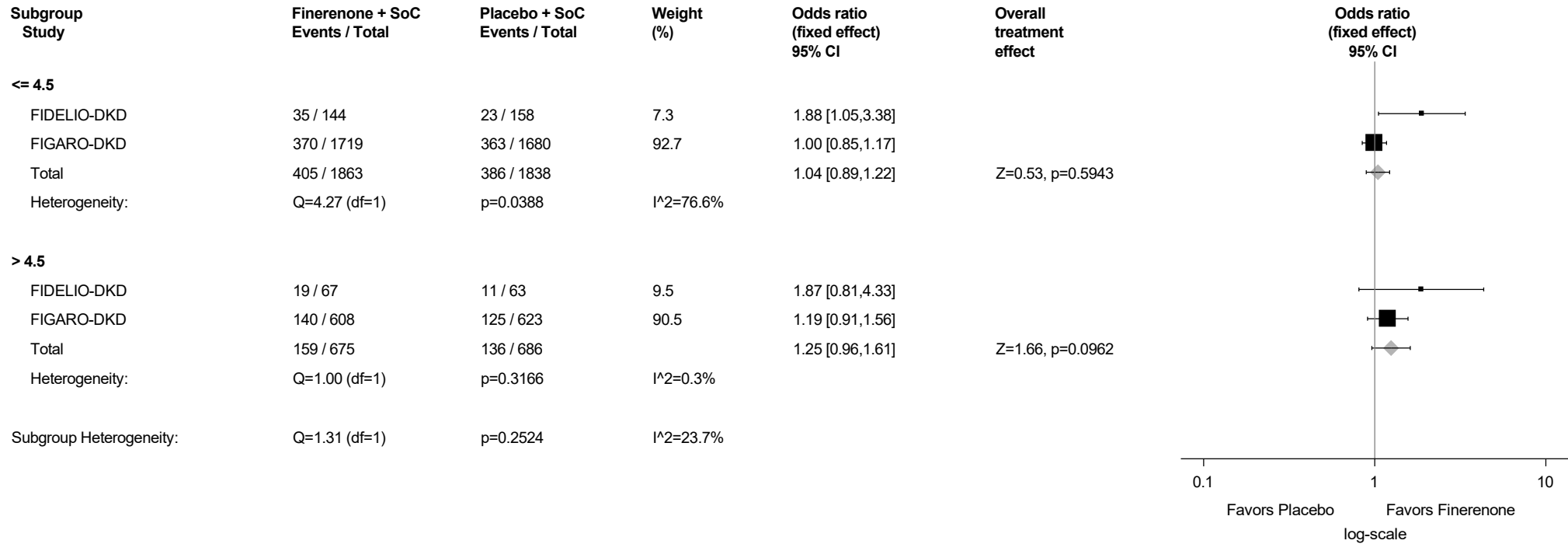
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.9.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



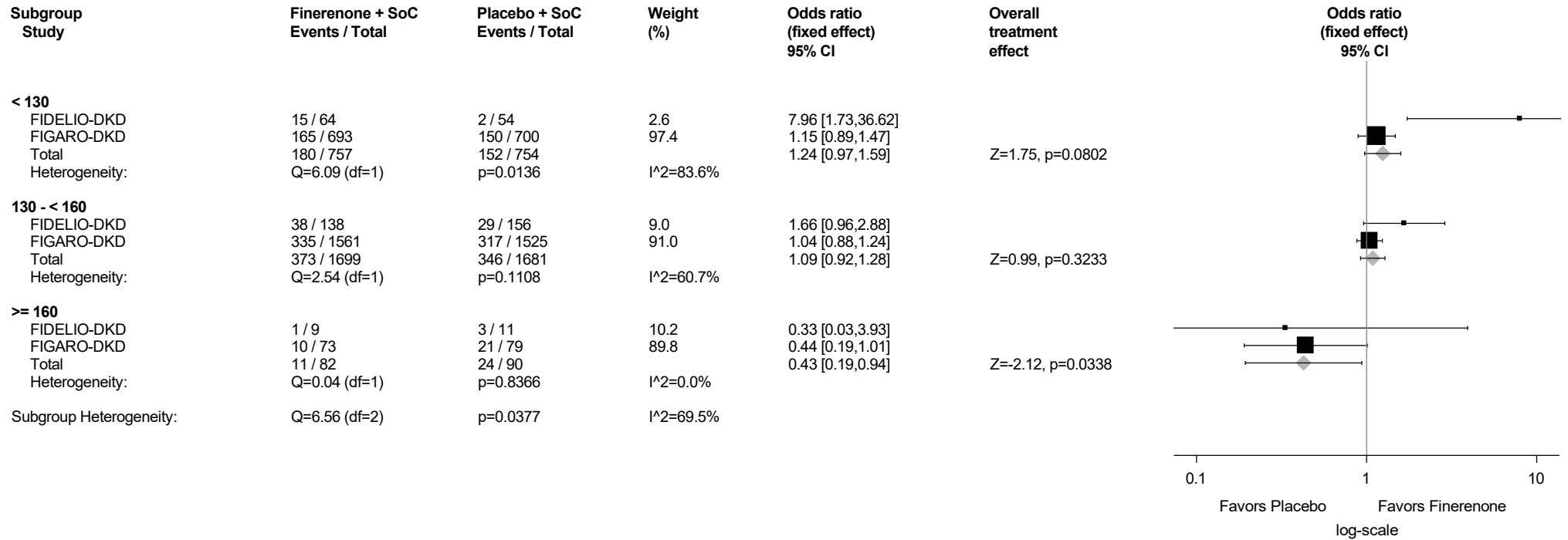
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.9.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



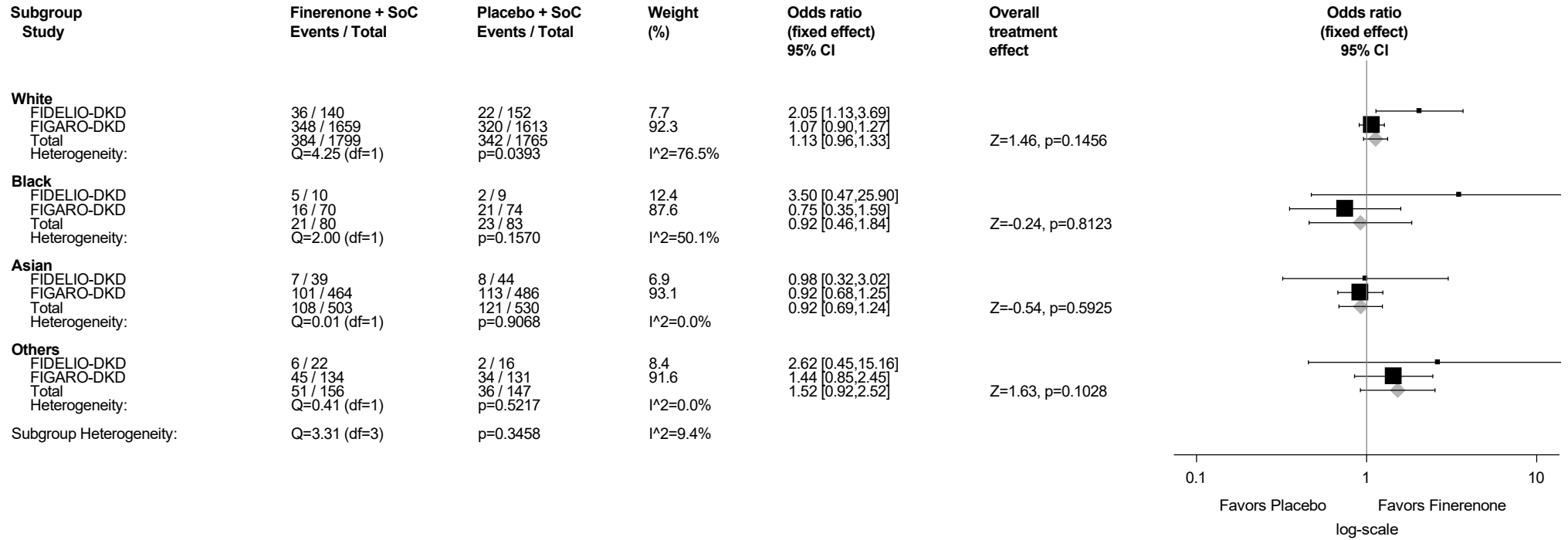
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.9.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

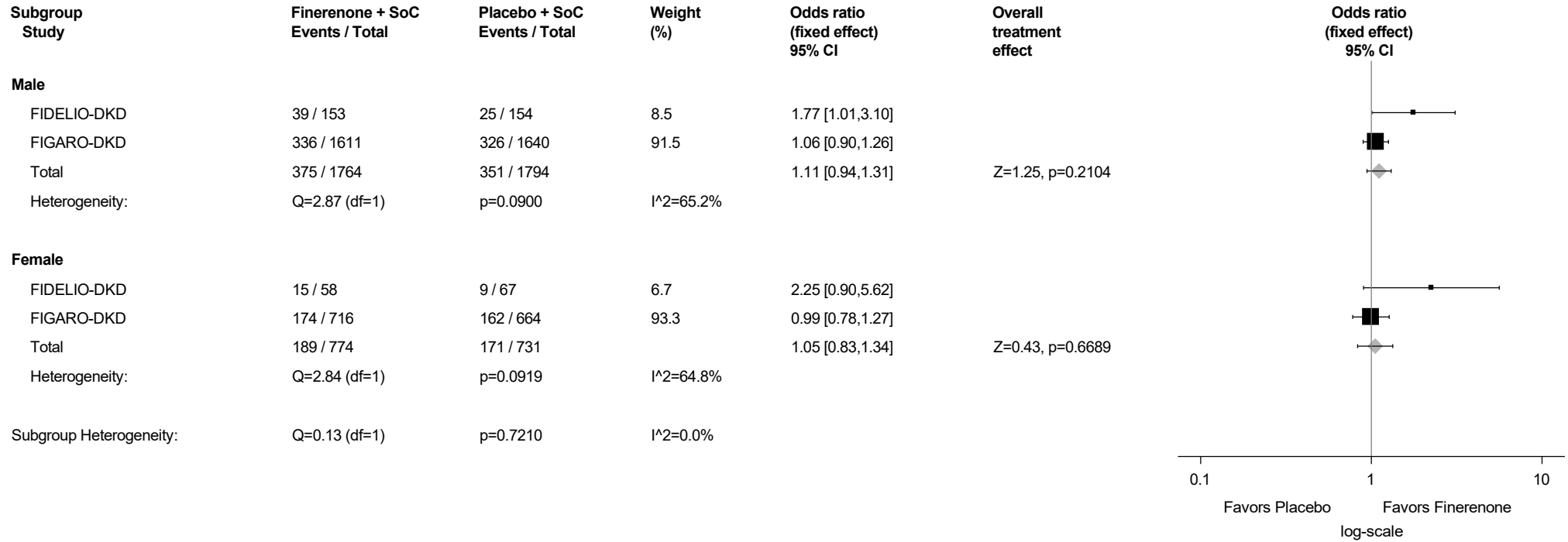
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.9.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

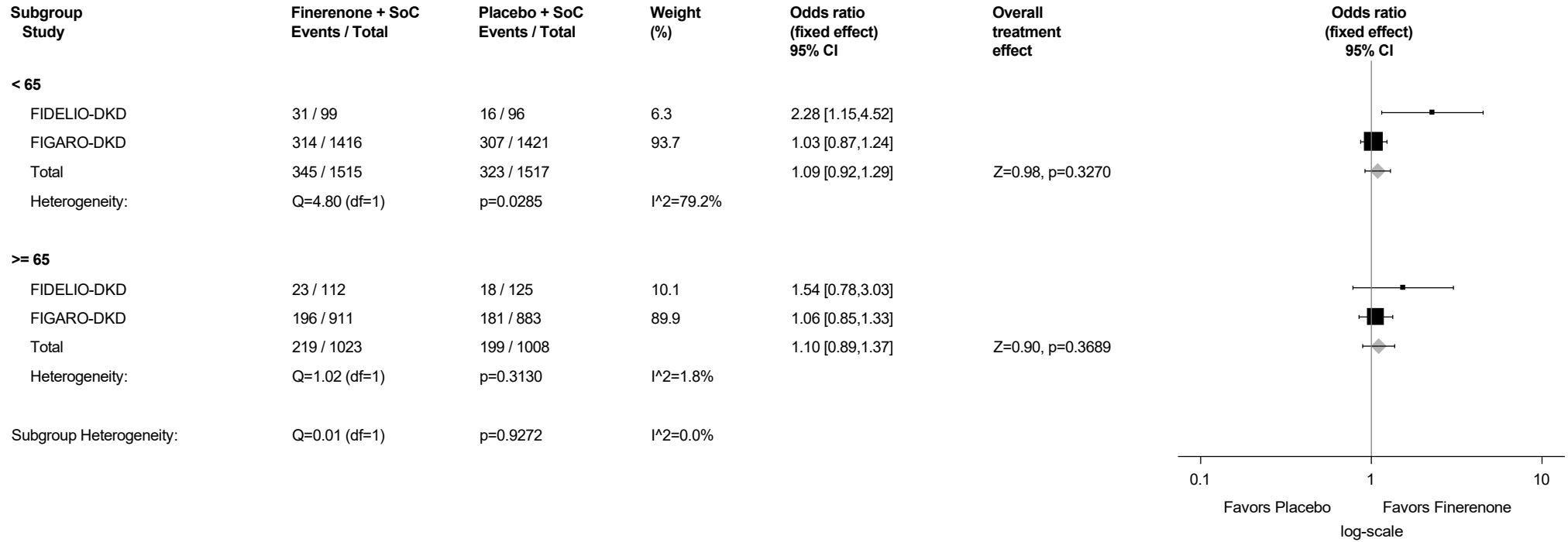
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.9.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

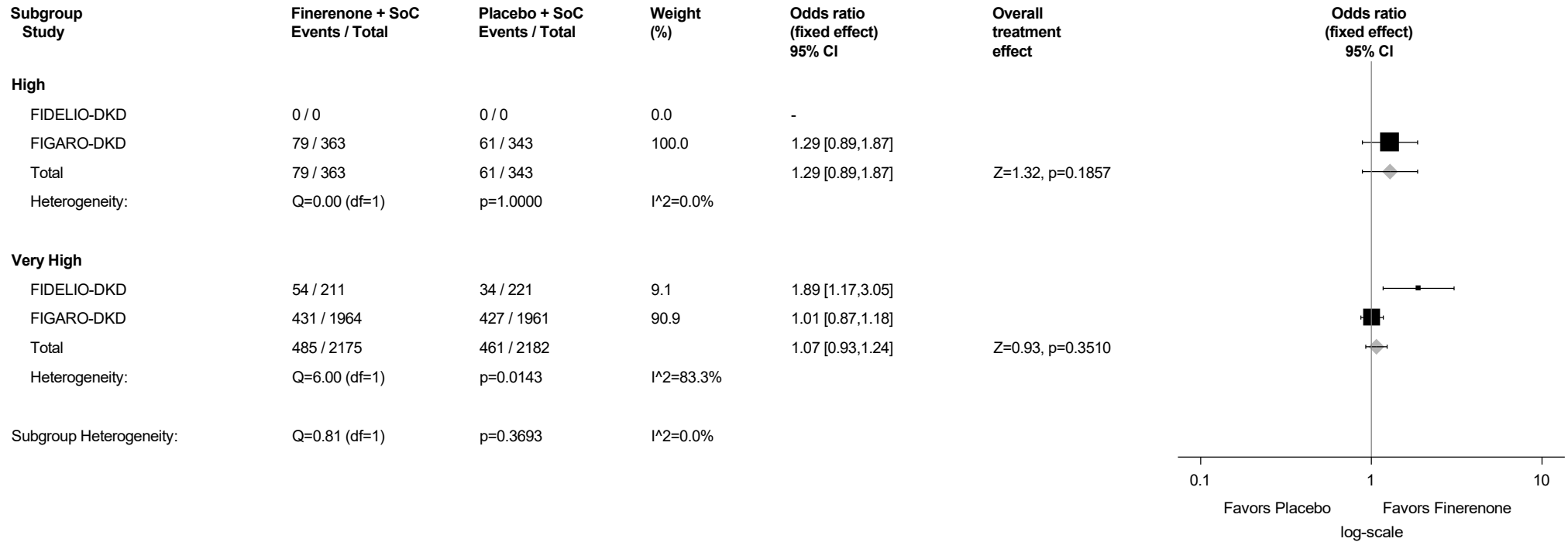
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.9.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



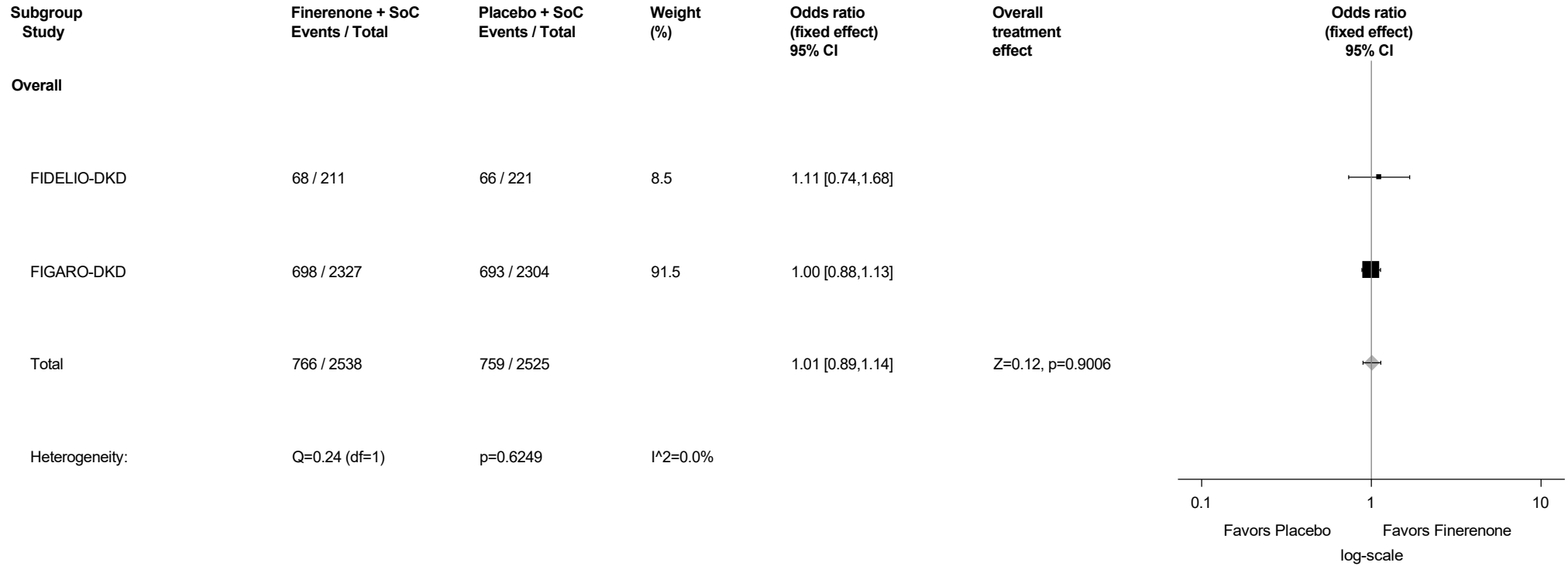
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.10: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



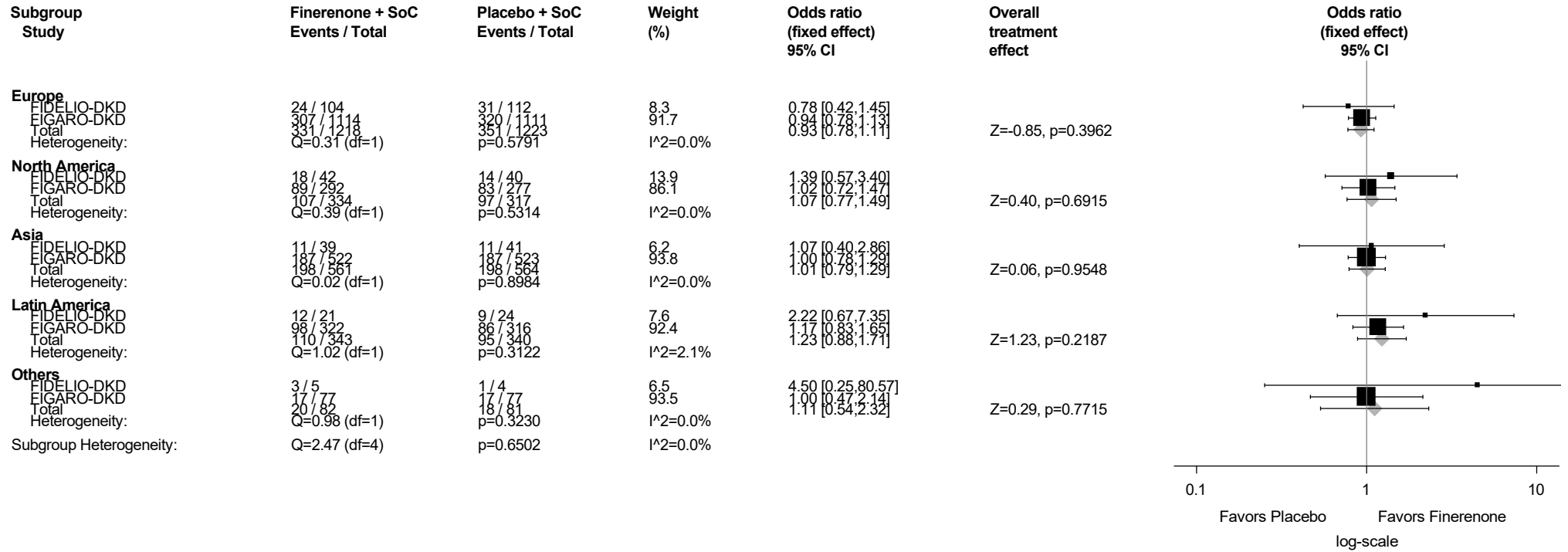
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.10.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



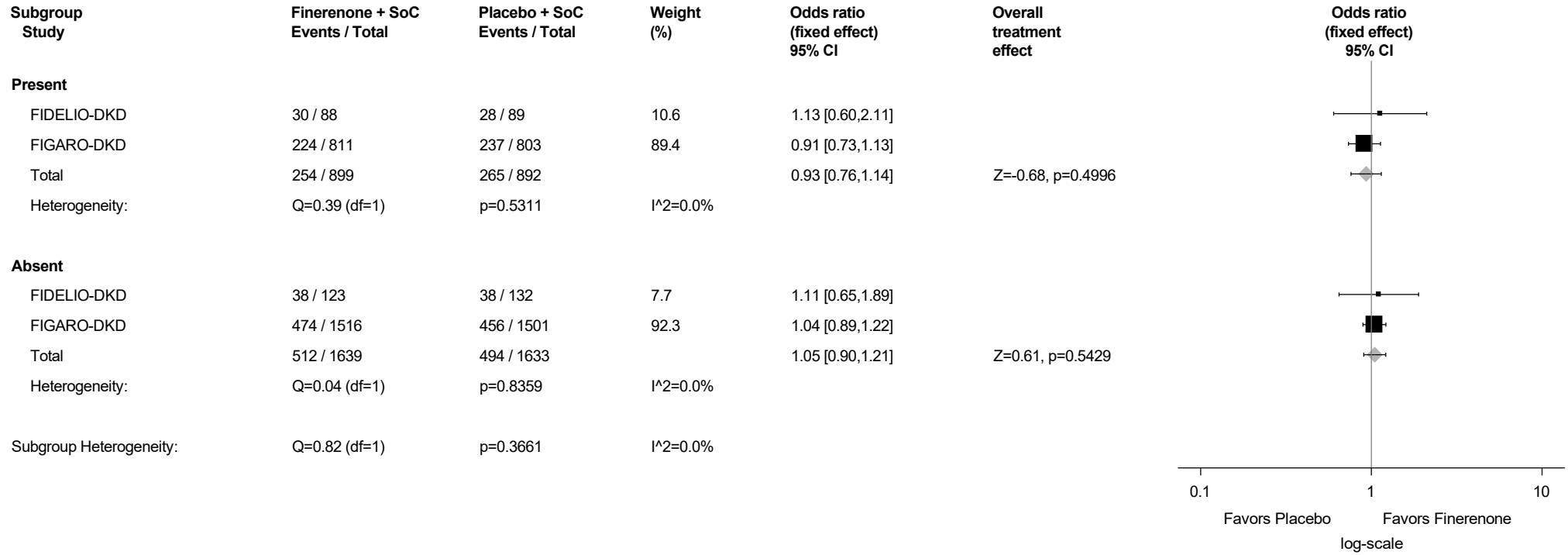
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.10.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



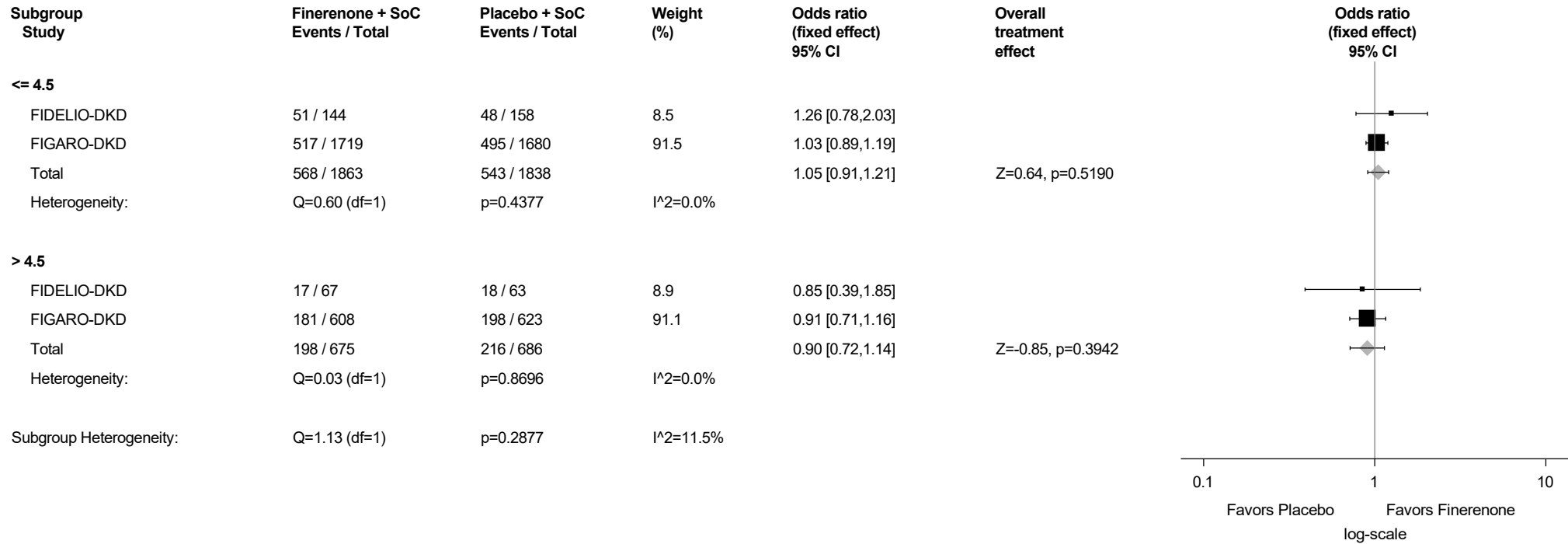
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.10.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



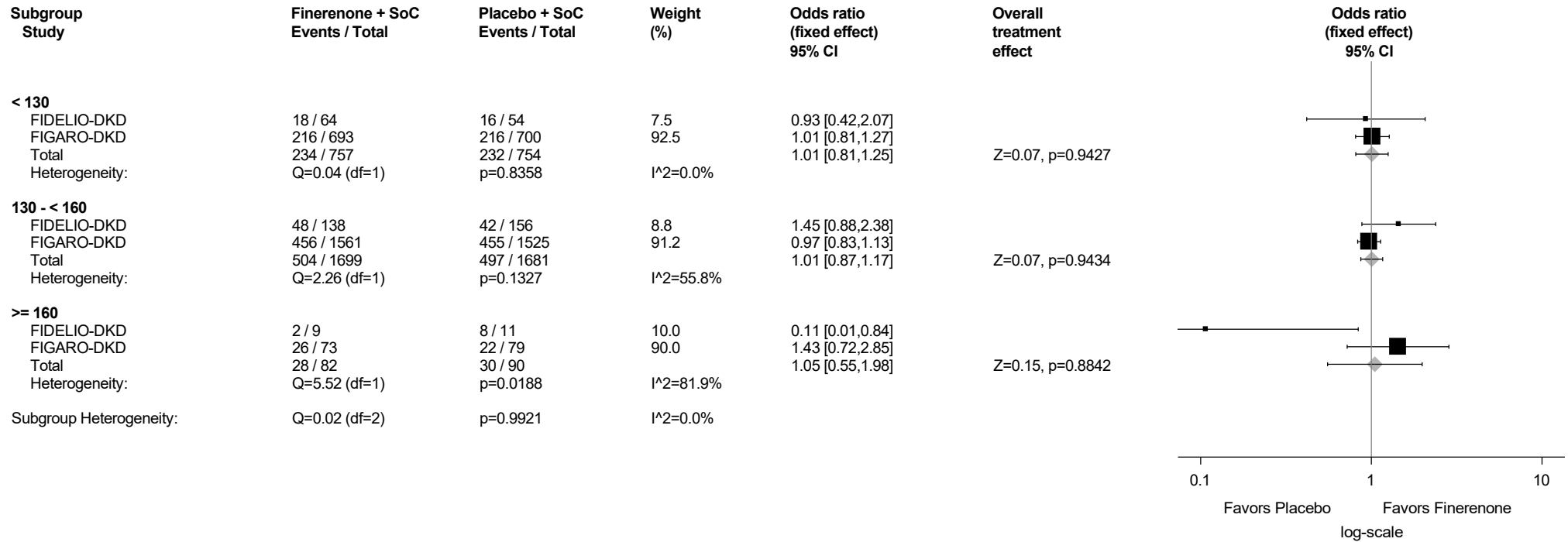
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.10.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



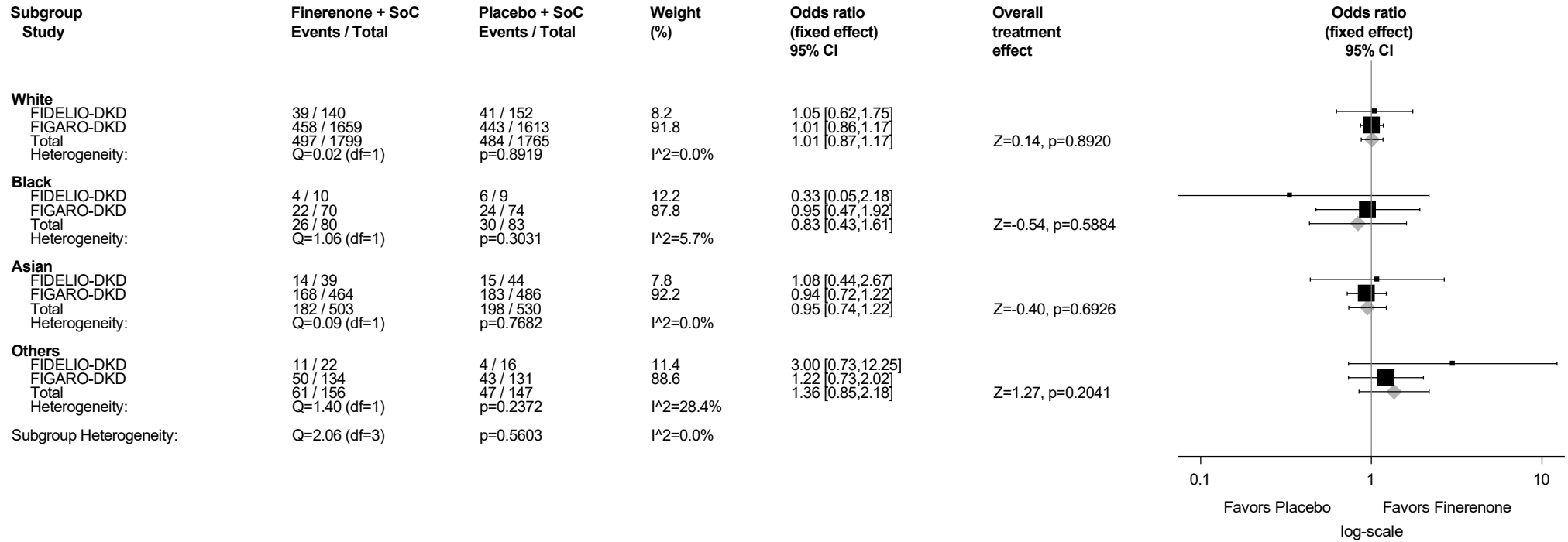
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.10.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

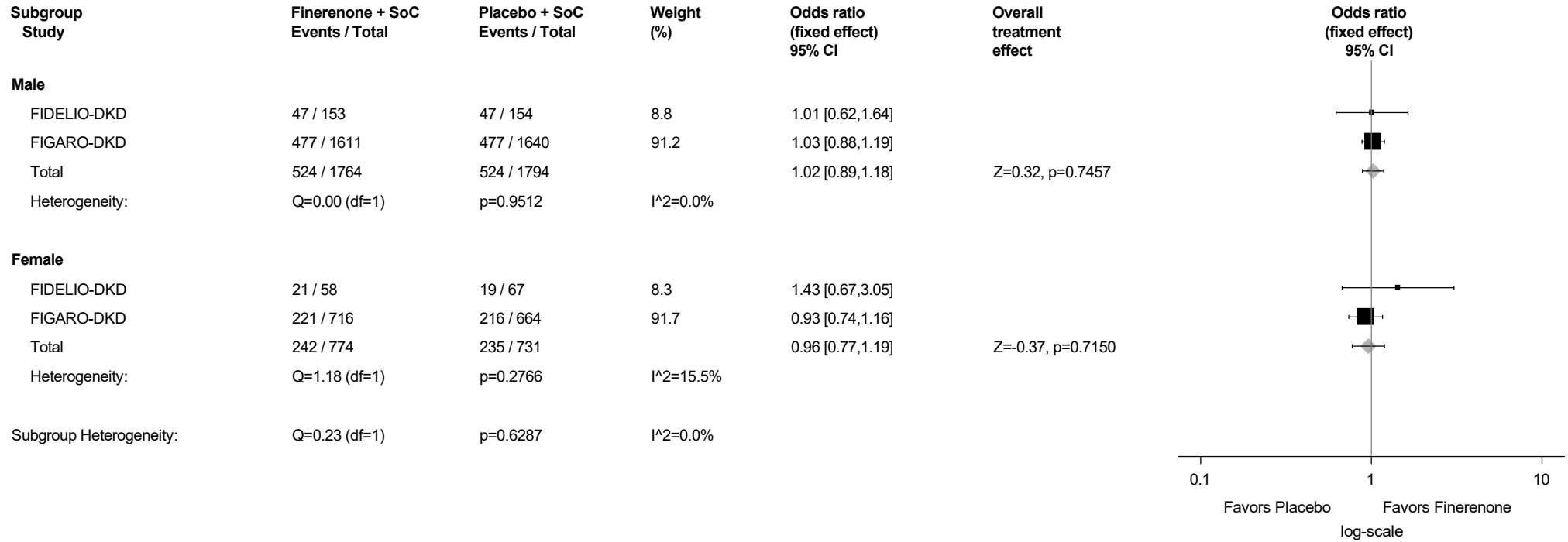
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.10.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

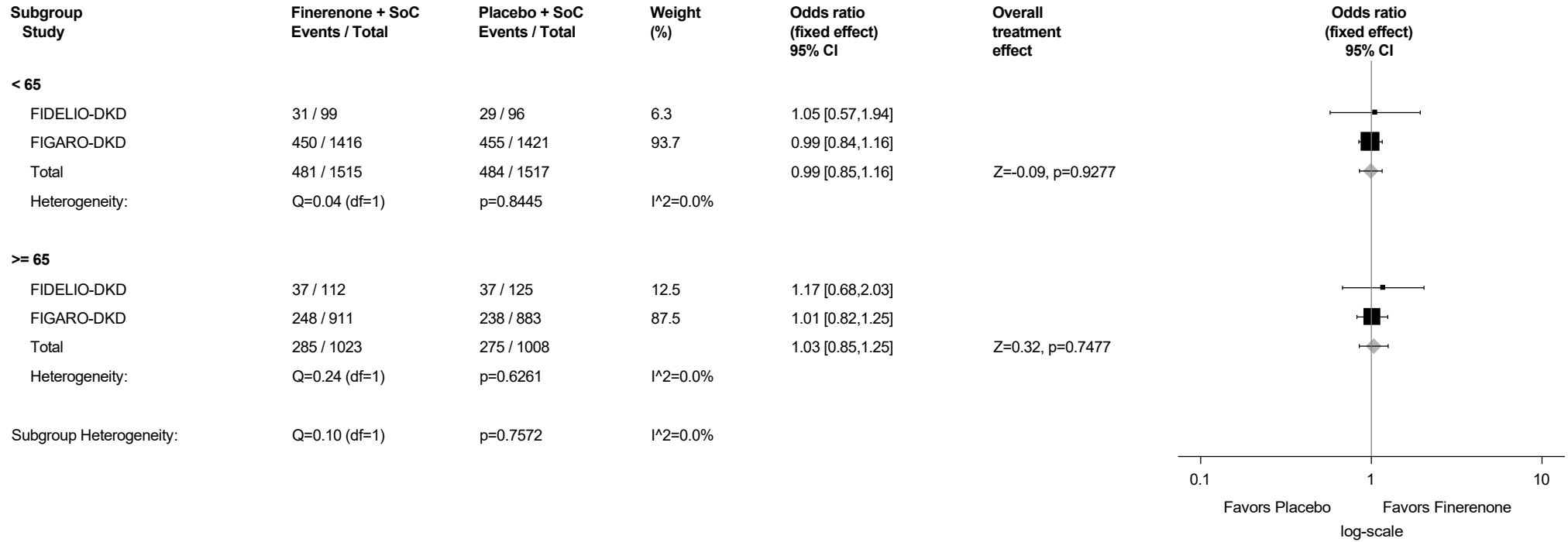
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.10.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

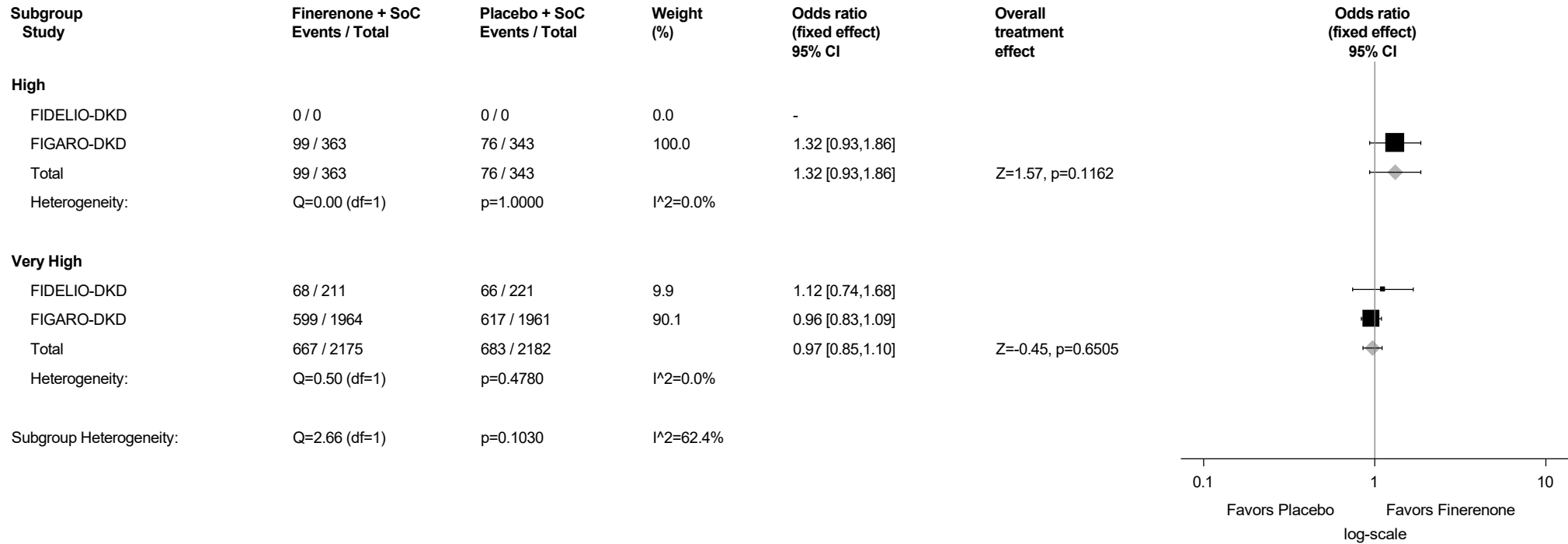
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.10.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



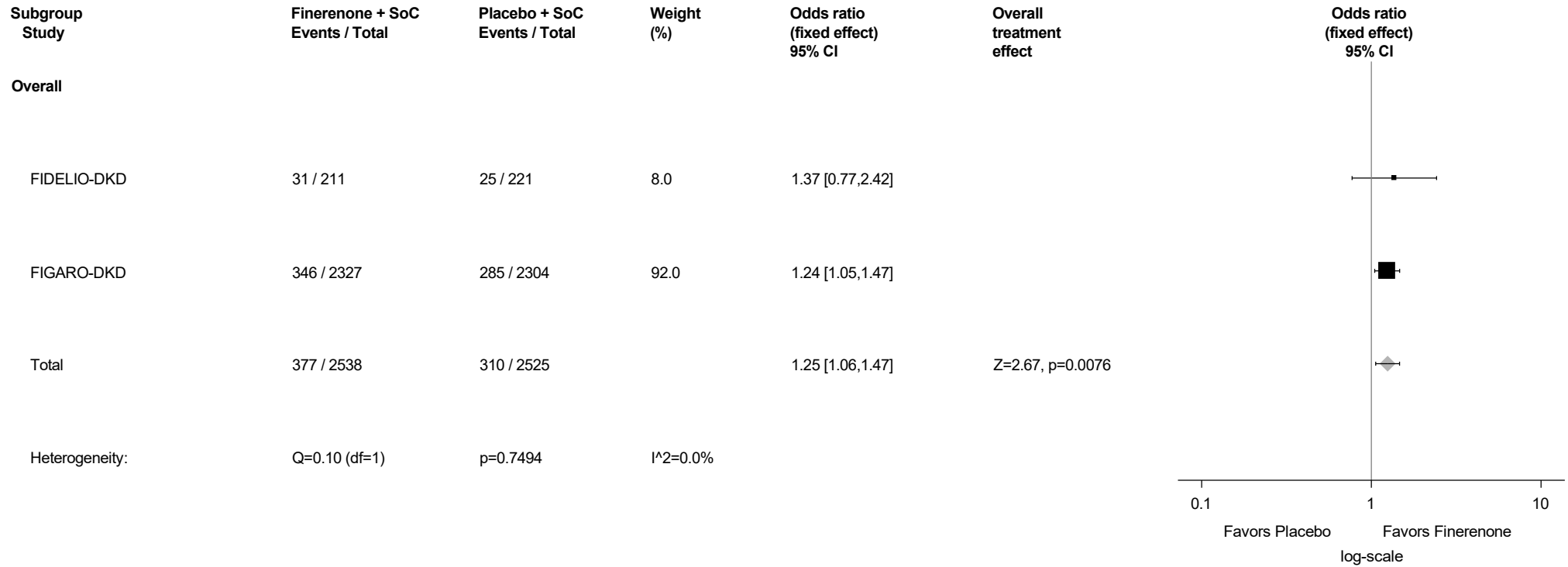
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.11: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



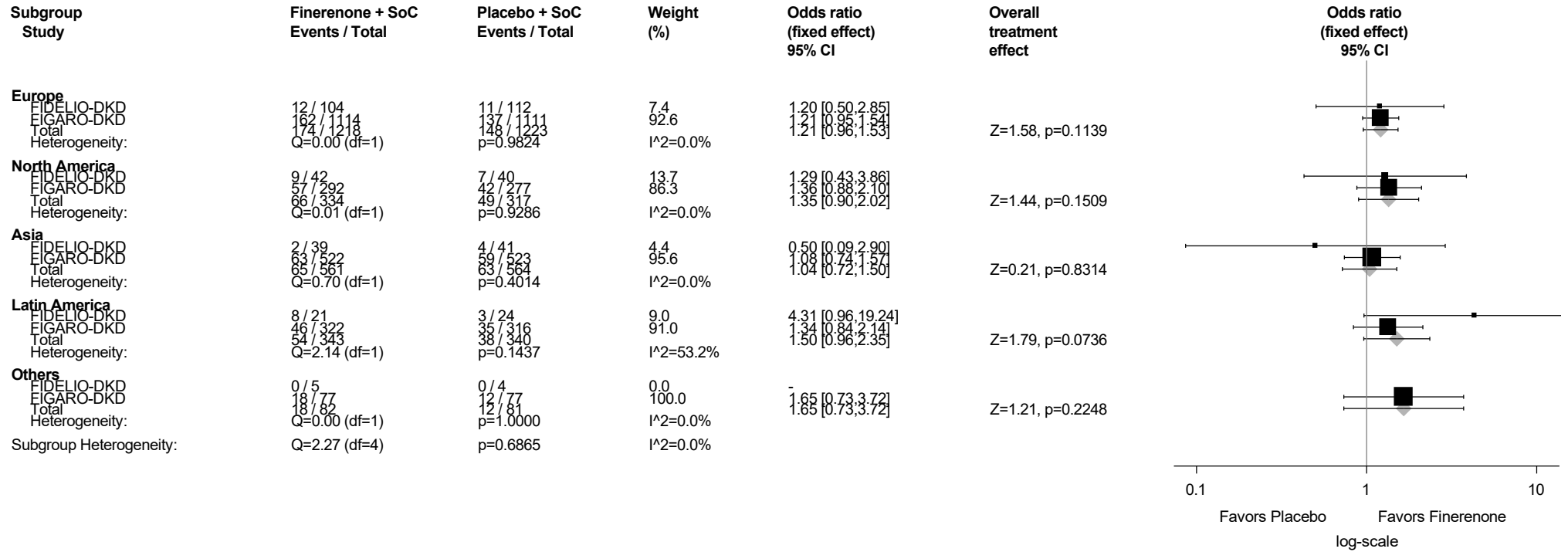
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.11.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



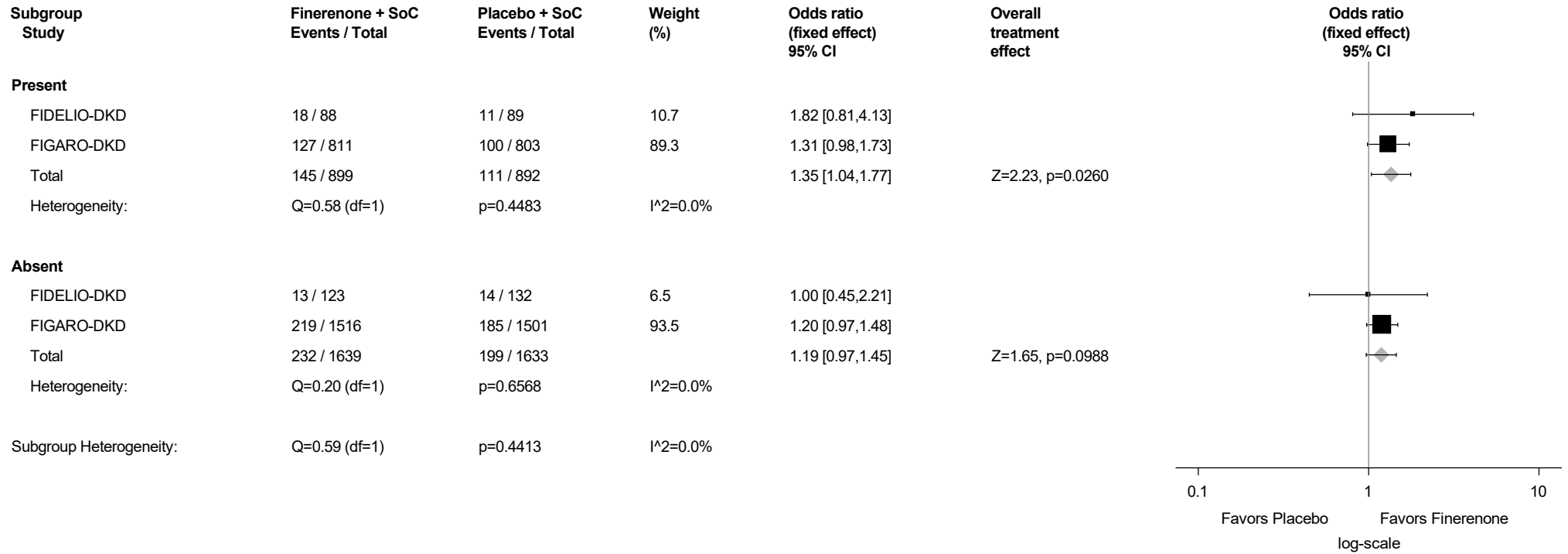
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.11.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



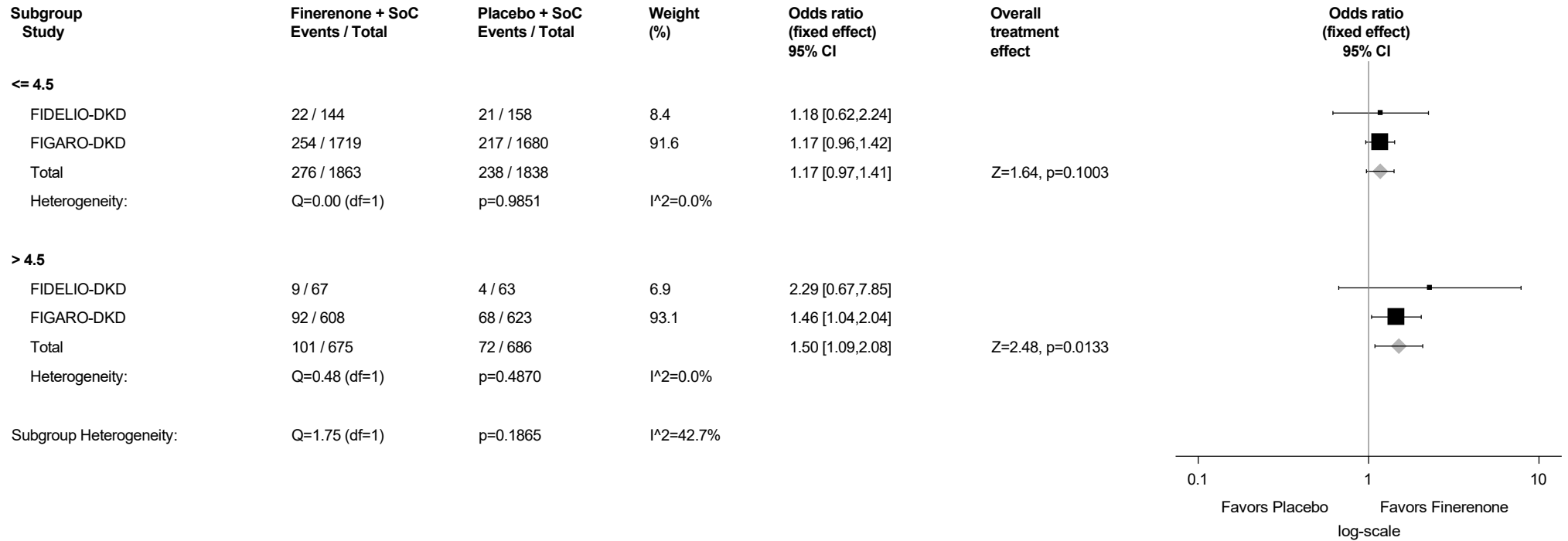
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.11.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



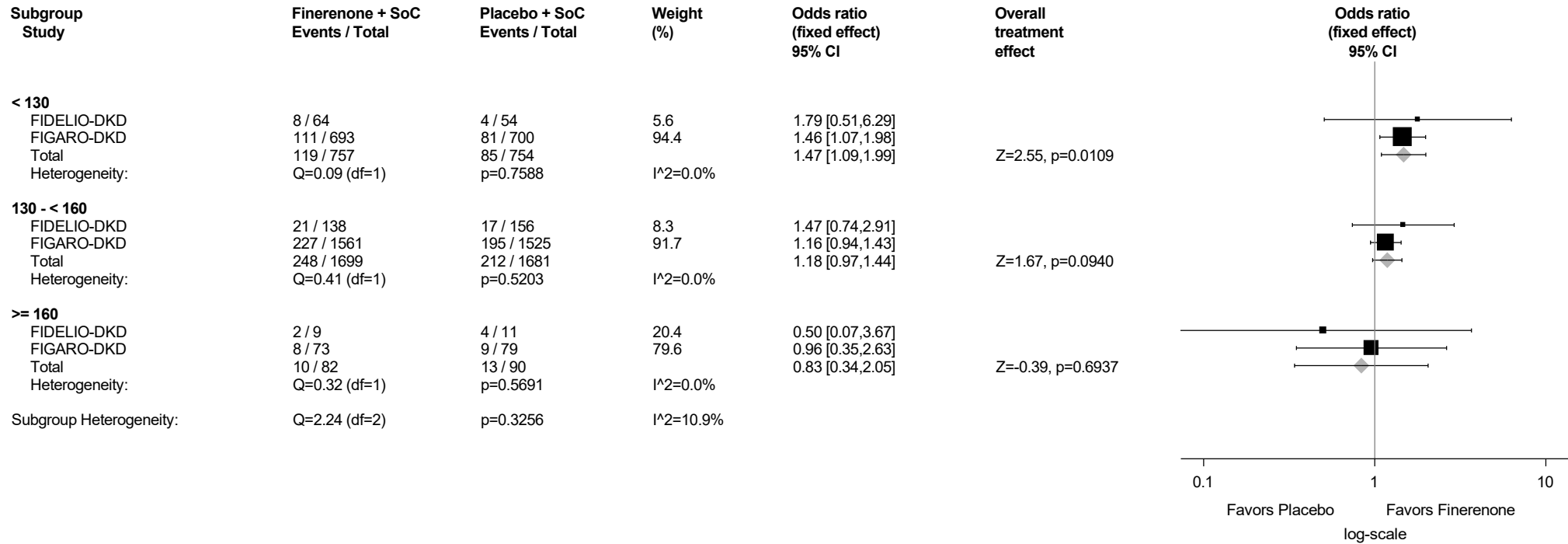
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.11.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



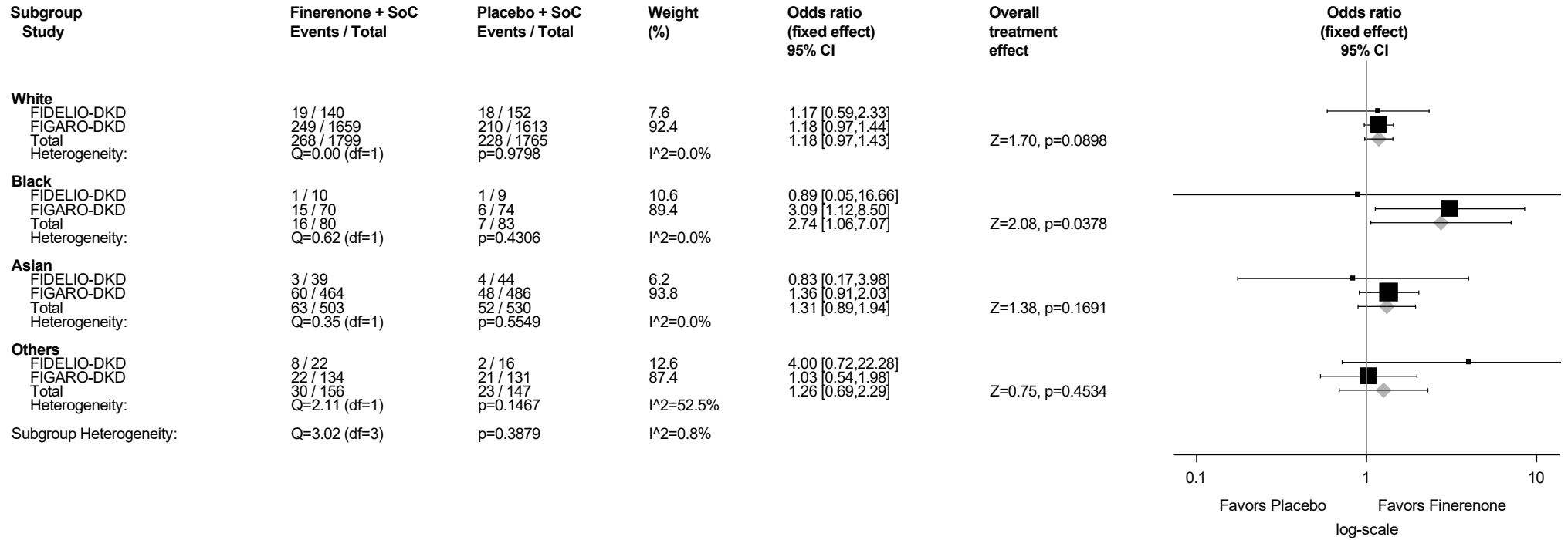
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.11.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

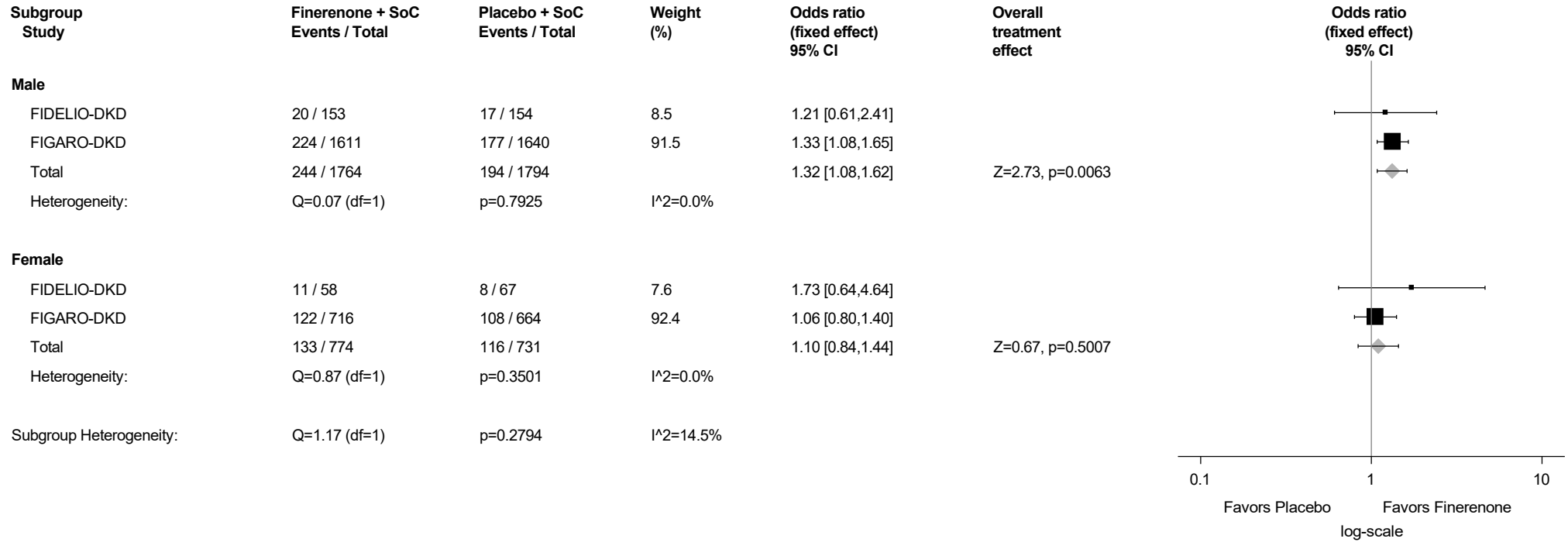
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.11.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

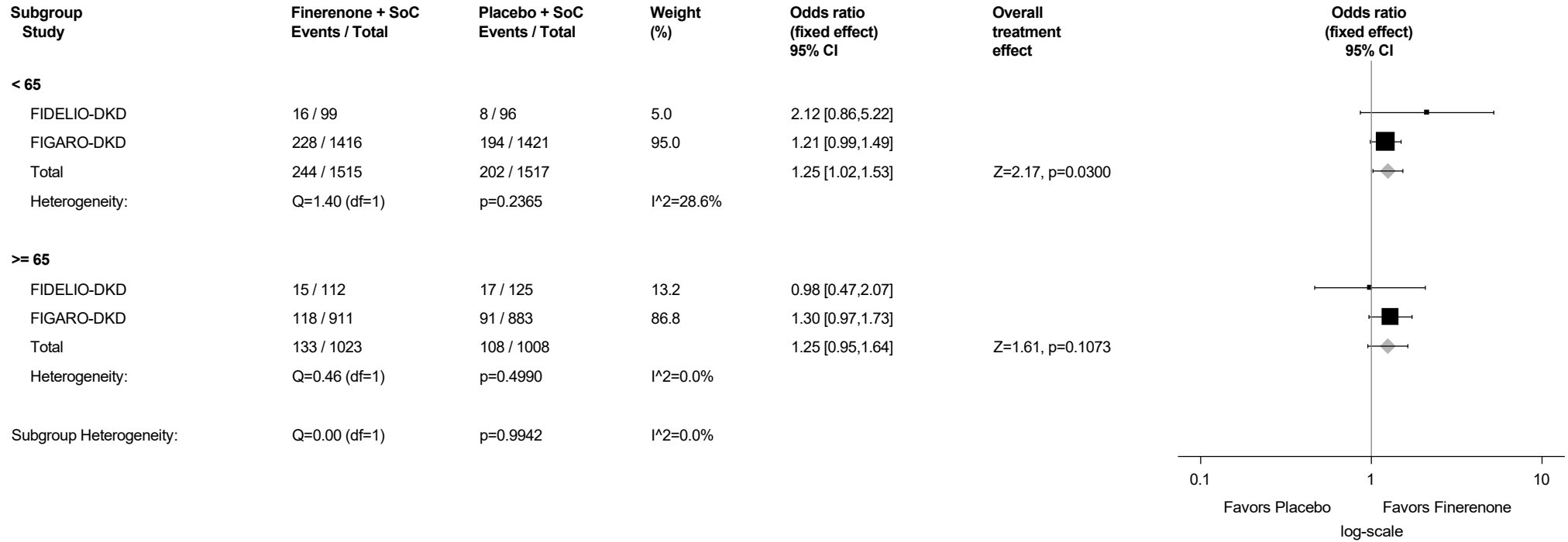
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.11.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

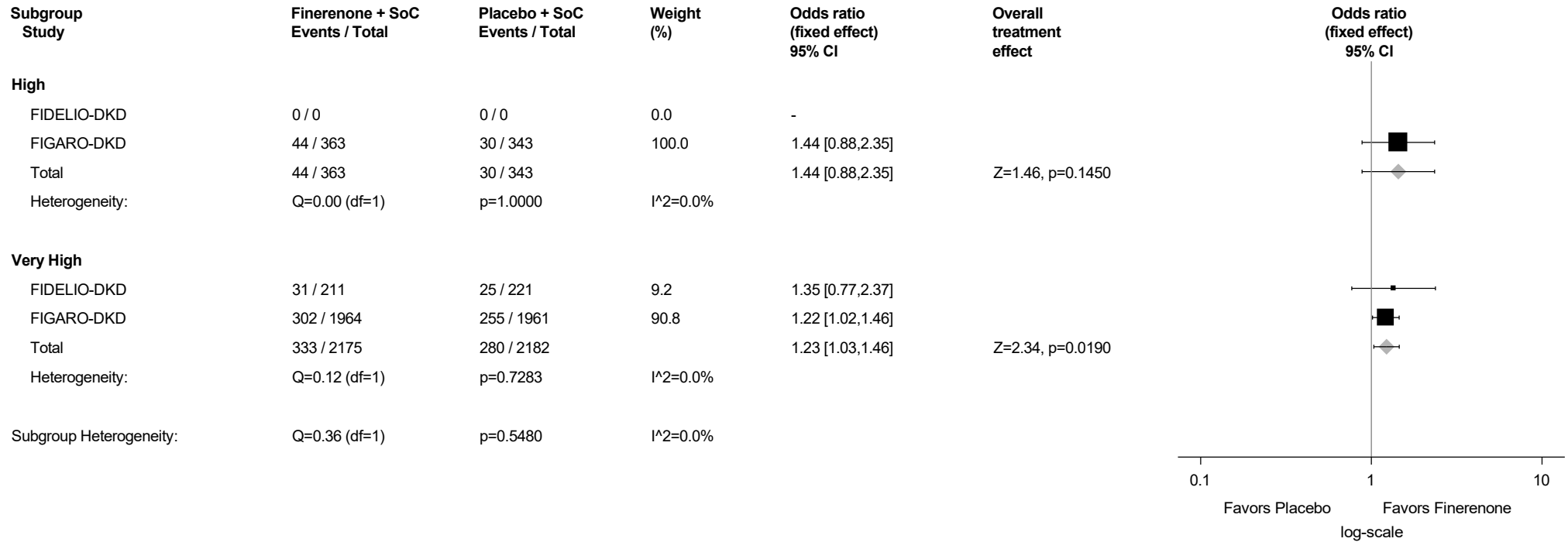
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.11.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



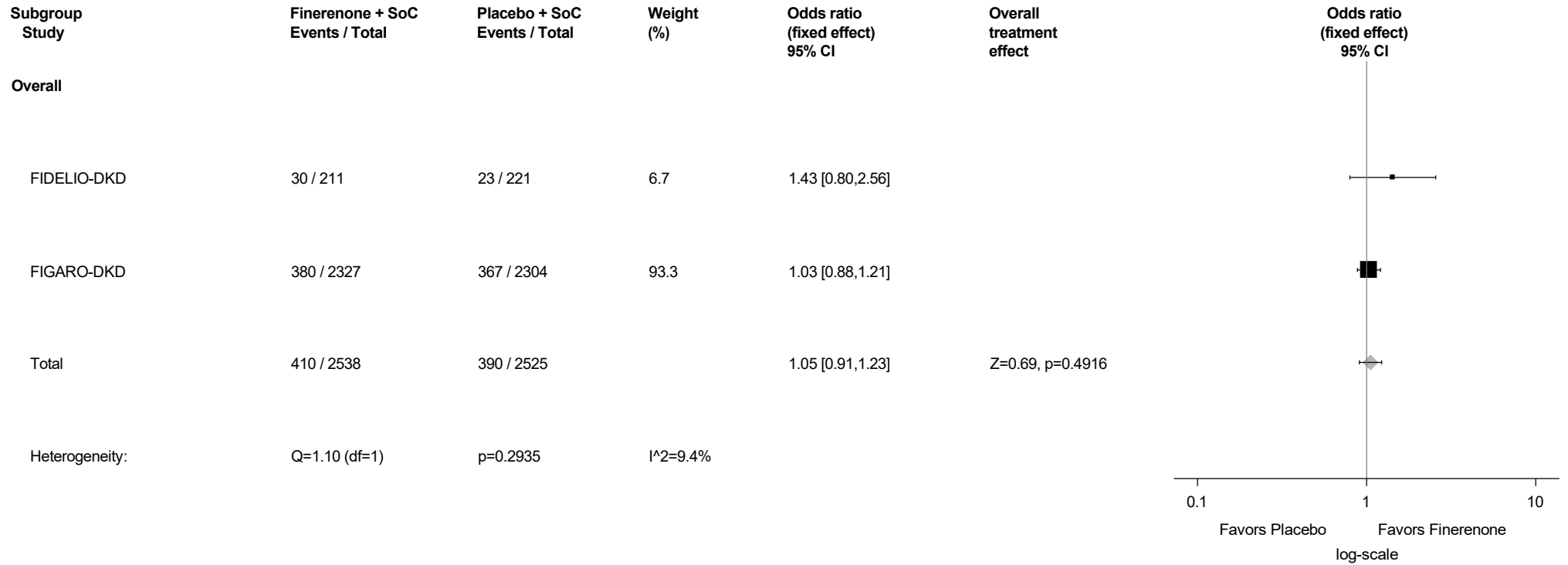
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.12: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



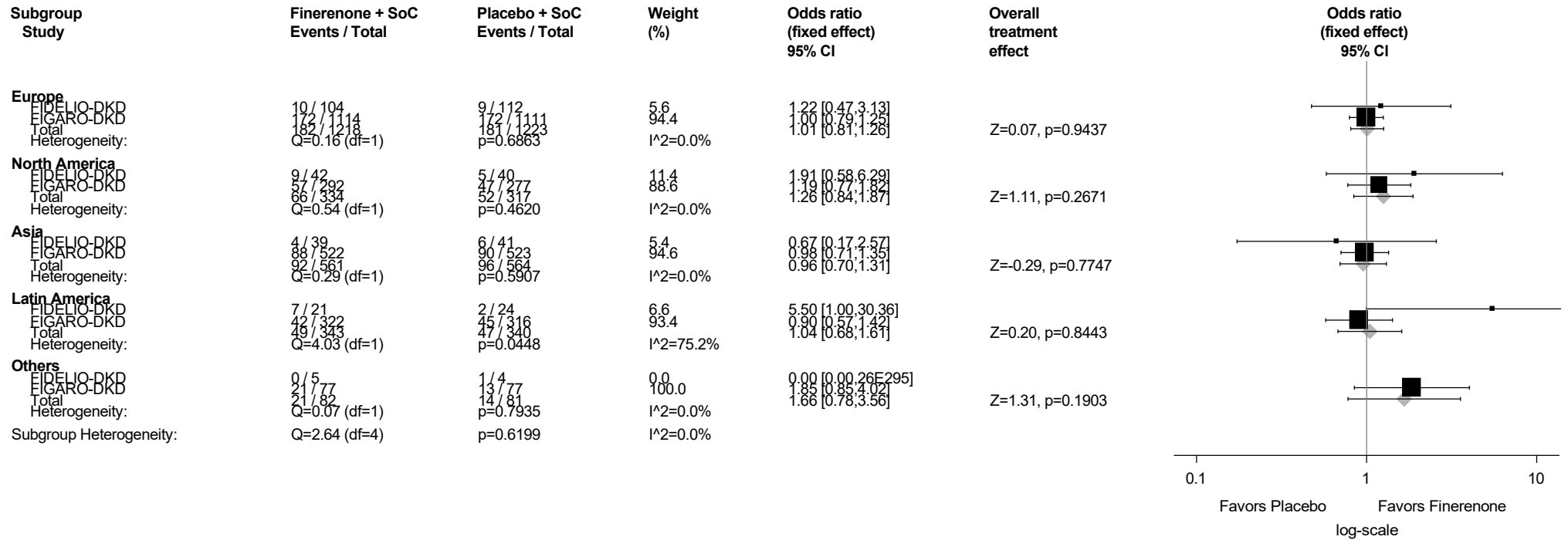
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group, region, type of albuminuria at screening, CVD history and study using a binomial distribution and log as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B3.3.12.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



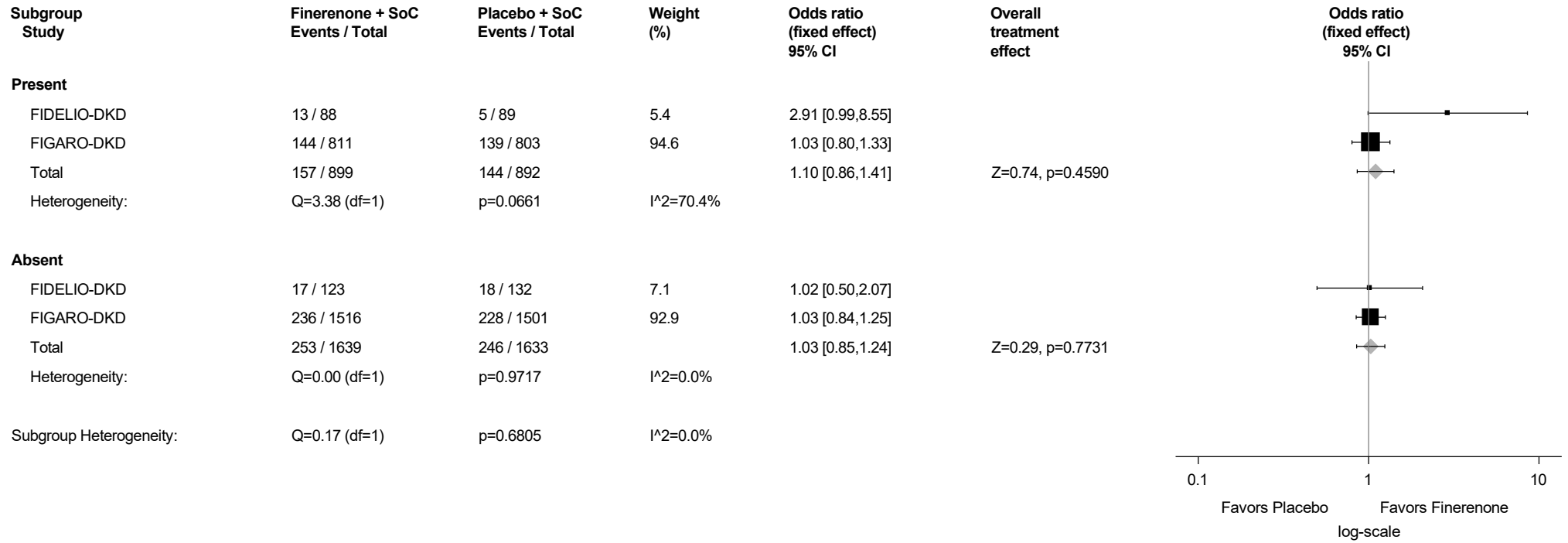
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.12.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



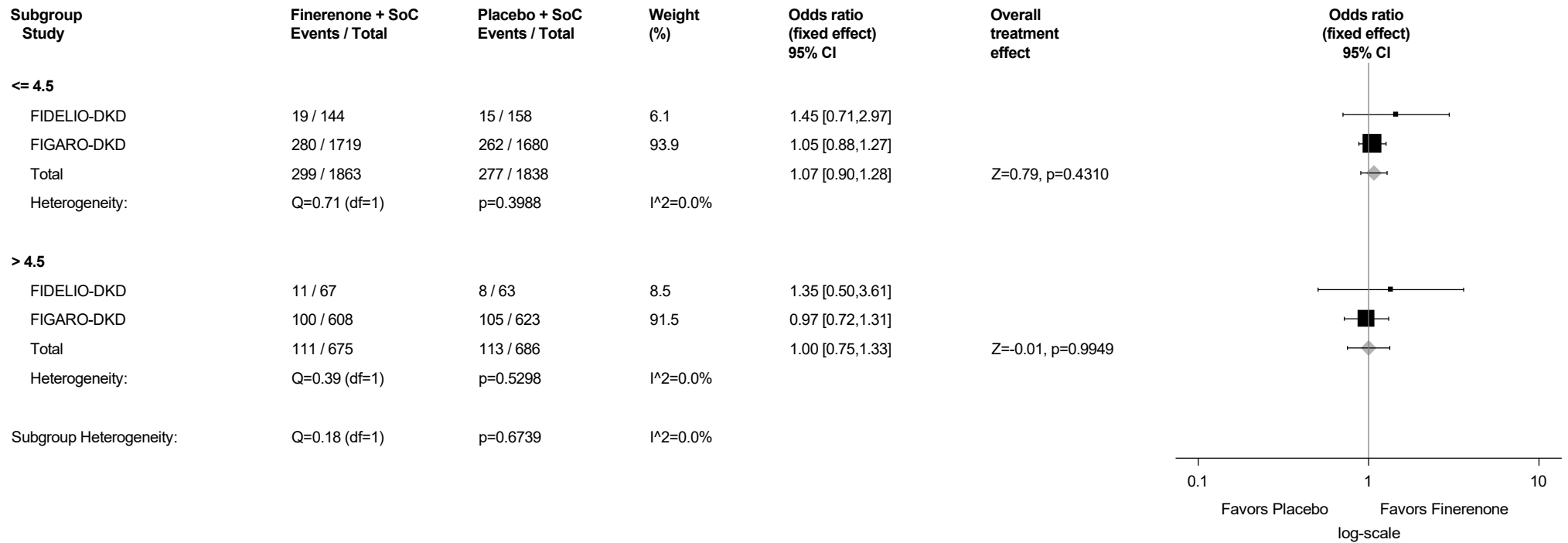
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.12.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline
Full Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²



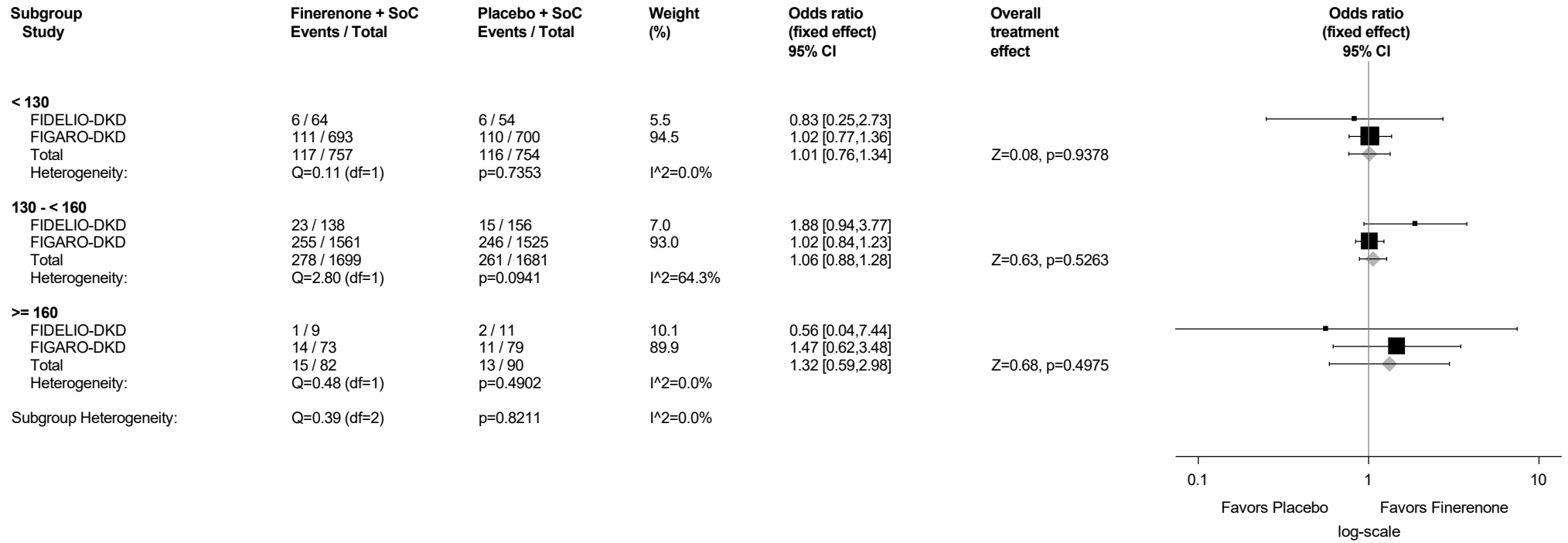
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.12.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



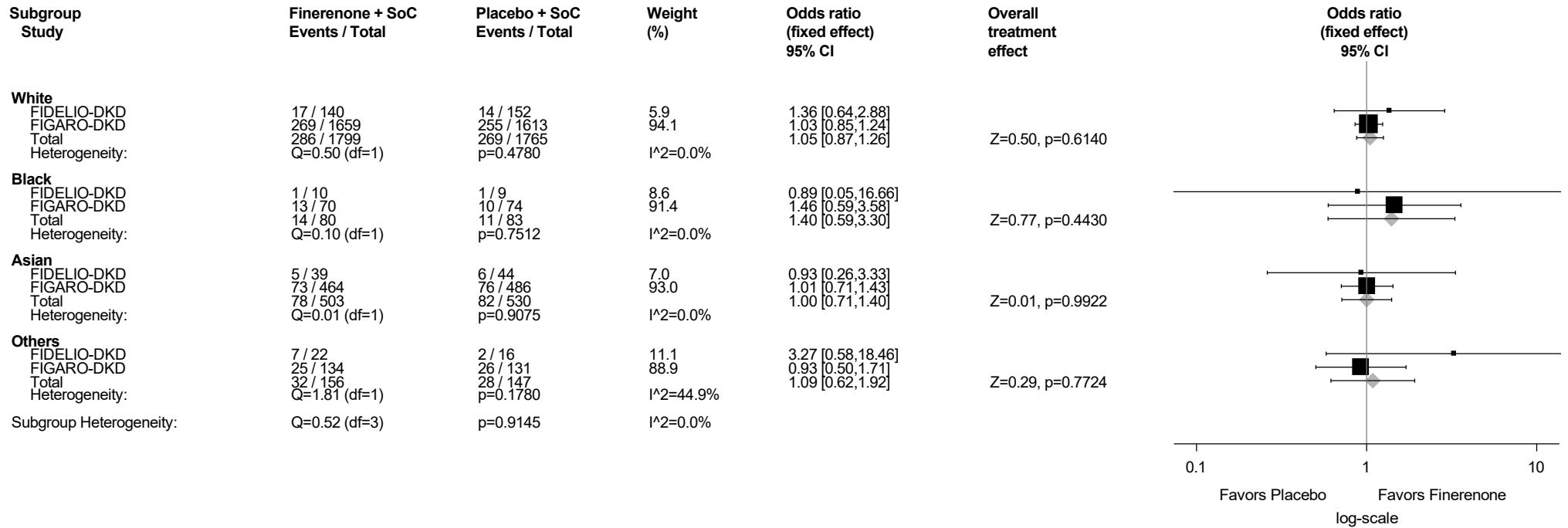
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B3.3.12.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

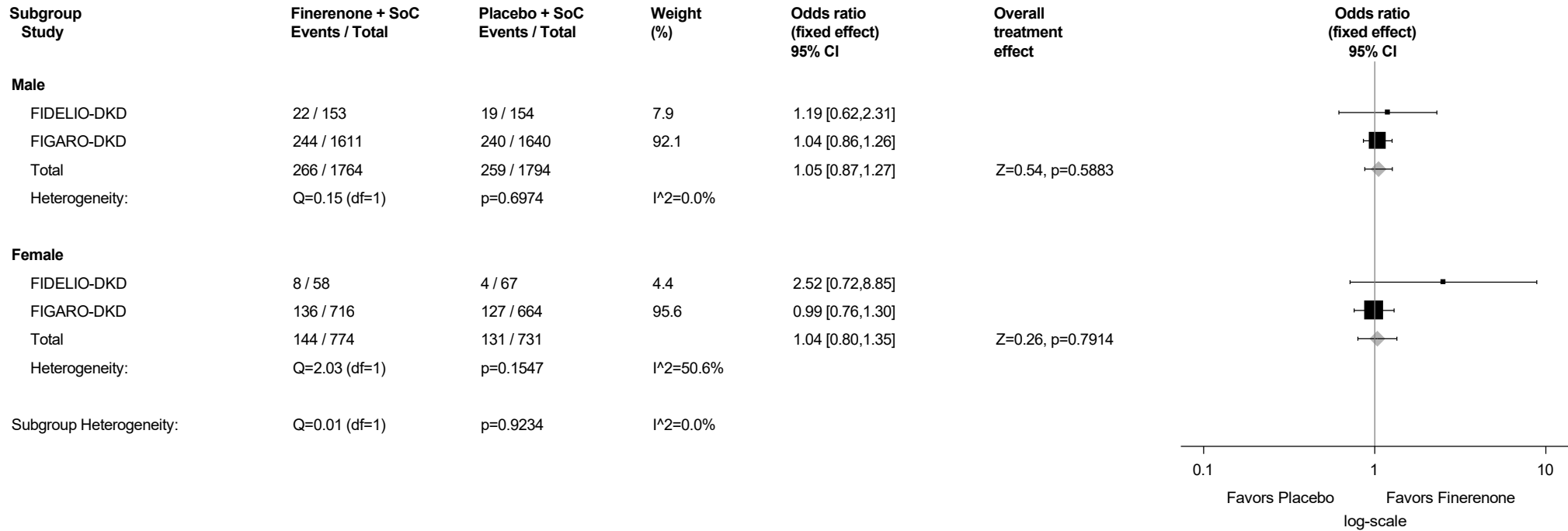
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.12.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex
 Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

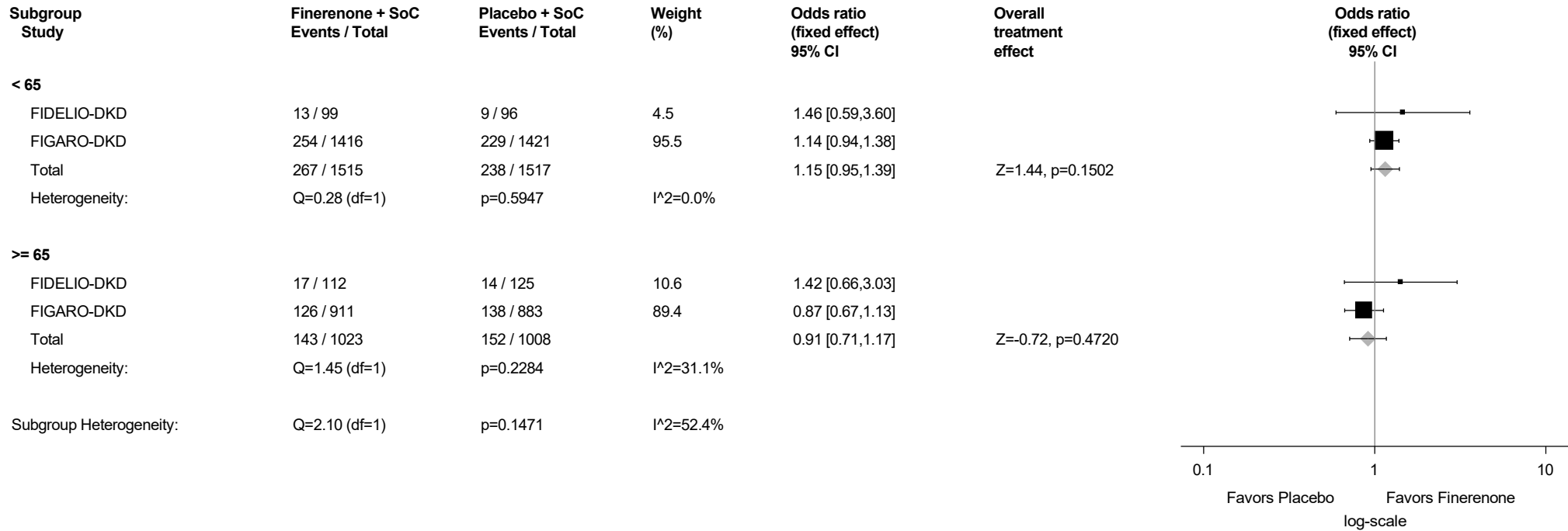
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.12.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

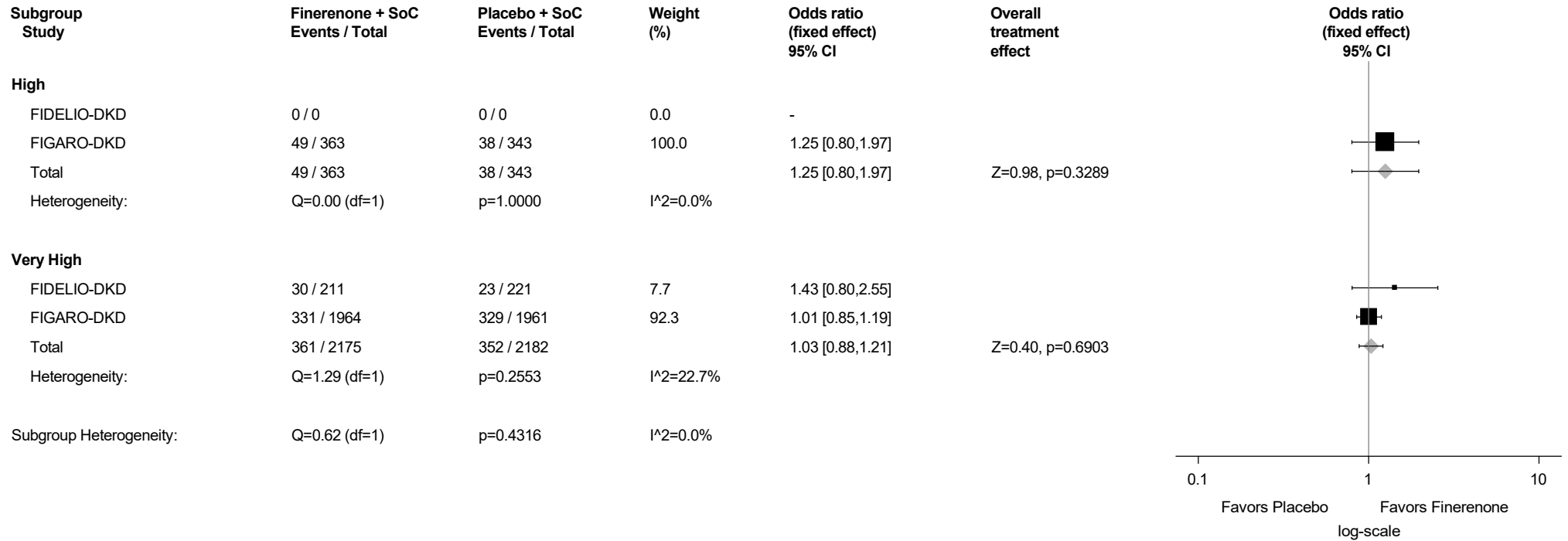
Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B3.3.12.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For 'Total' the OR is estimated by a GLM with factors treatment group and study using a binomial distribution and logit as link function.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

| | | |
|------------------|--|-----|
| Table B2.0.1 | Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m ² | 15 |
| Table B2.0.2 | Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m ² | 65 |
| Table B2.0.3 | Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m ² | 82 |
| Table B2.0.4 | Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m ² | 95 |
| Table B2.0.5 | Summary of Treatment Duration - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m ² | 99 |
| Figure B2.1.1 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs | 100 |
| Figure B2.1.1.1 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Region | 101 |
| Figure B2.1.1.2 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD | 102 |
| Figure B2.1.1.3 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline | 103 |
| Figure B2.1.1.4 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 104 |
| Figure B2.1.1.5 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Race | 105 |
| Figure B2.1.1.6 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Sex | 106 |
| Figure B2.1.1.7 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) | 107 |
| Figure B2.1.1.8 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening | 108 |
| Figure B2.1.2 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs Excluding Progression-Related Events | 109 |
| Figure B2.1.3 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs | 110 |
| Figure B2.1.3.1 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Region | 111 |
| Figure B2.1.3.2 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD | 112 |
| Figure B2.1.3.3 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline | 113 |
| Figure B2.1.3.4 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 114 |
| Figure B2.1.3.5 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Race | 115 |
| Figure B2.1.3.6 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Sex | 116 |
| Figure B2.1.3.7 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) | 117 |
| Figure B2.1.3.8 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening | 118 |
| Figure B2.1.4 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs Excluding Progression-Related Events | 119 |
| Figure B2.1.5 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs | 120 |
| Figure B2.1.5.1 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Region | 121 |
| Figure B2.1.5.2 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by History of CVD | 122 |
| Figure B2.1.5.3 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline | 123 |
| Figure B2.1.5.4 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 124 |
| Figure B2.1.5.5 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Race | 125 |
| Figure B2.1.5.6 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Sex | 126 |
| Figure B2.1.5.7 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Age Group (years) | 127 |
| Figure B2.1.5.8 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening | 128 |
| Figure B2.1.6 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events | 129 |
| Figure B2.1.7 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug | 130 |
| Figure B2.1.7.1 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region | 131 |
| Figure B2.1.7.2 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD | 132 |
| Figure B2.1.7.3 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline | 133 |
| Figure B2.1.7.4 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline | 134 |
| Figure B2.1.7.5 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race | 135 |
| Figure B2.1.7.6 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex | 136 |
| Figure B2.1.7.7 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years) | 137 |
| Figure B2.1.7.8 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening | 138 |
| Figure B2.1.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence \geq 1%) | 139 |
| Figure B2.1.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence \geq 1%) | 140 |
| Figure B2.1.10 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence \geq 1%) | 141 |
| Figure B2.1.11 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence \geq 1%) | 142 |
| Figure B2.1.12 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence \geq 1%) | 143 |
| Figure B2.1.12.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence \geq 1%) | 144 |
| Figure B2.1.12.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence \geq 1%) | 145 |
| Figure B2.1.12.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence \geq 1%) | 146 |
| Figure B2.1.12.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence \geq 1%) | 147 |
| Figure B2.1.12.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence \geq 1%) | 148 |
| Figure B2.1.12.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence \geq 1%) | 149 |
| Figure B2.1.12.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence \geq 1%) | 150 |
| Figure B2.1.12.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence \geq 1%) | 151 |
| Figure B2.1.13 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence \geq 1%) | 152 |
| Figure B2.1.14 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence \geq 1%) | 153 |
| Figure B2.1.15 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence \geq 1%) | 154 |

| | | |
|------------------|--|-----|
| Figure B2.1.16 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) | 155 |
| Figure B2.1.17 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) | 156 |
| Figure B2.1.18 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) | 157 |
| Figure B2.1.19 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) | 158 |
| Figure B2.1.20 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) | 159 |
| Figure B2.1.21 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) | 160 |
| Figure B2.1.22 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 161 |
| Figure B2.1.23 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) | 162 |
| Figure B2.1.24 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) | 163 |
| Figure B2.1.25 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) | 164 |
| Figure B2.1.26 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) | 165 |
| Figure B2.1.27 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) | 166 |
| Figure B2.1.28 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) | 167 |
| Figure B2.1.29 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) | 168 |
| Figure B2.1.30 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) | 169 |
| Figure B2.1.31 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) | 170 |
| Figure B2.1.32 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) | 171 |
| Figure B2.1.32.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) | 172 |
| Figure B2.1.32.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) | 173 |
| Figure B2.1.32.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 174 |
| Figure B2.1.32.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 175 |
| Figure B2.1.32.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) | 176 |
| Figure B2.1.32.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) | 177 |
| Figure B2.1.32.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) | 178 |
| Figure B2.1.32.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) | 179 |
| Figure B2.1.33 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) | 180 |
| Figure B2.1.34 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Toothache (PT with Incidence >=1%) | 181 |
| Figure B2.1.35 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) | 182 |
| Figure B2.1.36 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 183 |
| Figure B2.1.36.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 184 |
| Figure B2.1.36.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 185 |
| Figure B2.1.36.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 186 |
| Figure B2.1.36.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 187 |
| Figure B2.1.36.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 188 |
| Figure B2.1.36.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 189 |
| Figure B2.1.36.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 190 |
| Figure B2.1.36.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 191 |
| Figure B2.1.37 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) | 192 |
| Figure B2.1.38 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) | 193 |
| Figure B2.1.39 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) | 194 |
| Figure B2.1.40 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%) | 195 |
| Figure B2.1.41 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) | 196 |
| Figure B2.1.41.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) | 197 |
| Figure B2.1.41.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) | 198 |
| Figure B2.1.41.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 199 |
| Figure B2.1.41.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 200 |
| Figure B2.1.41.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) | 201 |
| Figure B2.1.41.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) | 202 |
| Figure B2.1.41.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) | 203 |
| Figure B2.1.41.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) | 204 |
| Figure B2.1.42 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) | 205 |
| Figure B2.1.43 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) | 206 |

| | | |
|------------------|--|-----|
| Figure B2.1.44 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 207 |
| Figure B2.1.45 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) | 208 |
| Figure B2.1.46 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) | 209 |
| Figure B2.1.47 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) | 210 |
| Figure B2.1.48 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 211 |
| Figure B2.1.49 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) | 212 |
| Figure B2.1.50 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - COVID-19 (PT with Incidence >=1%) | 213 |
| Figure B2.1.50.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - COVID-19 (PT with Incidence >=1%) | 214 |
| Figure B2.1.50.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - COVID-19 (PT with Incidence >=1%) | 215 |
| Figure B2.1.50.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - COVID-19 (PT with Incidence >=1%) | 216 |
| Figure B2.1.50.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - COVID-19 (PT with Incidence >=1%) | 217 |
| Figure B2.1.50.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - COVID-19 (PT with Incidence >=1%) | 218 |
| Figure B2.1.50.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - COVID-19 (PT with Incidence >=1%) | 219 |
| Figure B2.1.50.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - COVID-19 (PT with Incidence >=1%) | 220 |
| Figure B2.1.50.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - COVID-19 (PT with Incidence >=1%) | 221 |
| Figure B2.1.51 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) | 222 |
| Figure B2.1.52 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) | 223 |
| Figure B2.1.53 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) | 224 |
| Figure B2.1.53.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Erysipelas (PT with Incidence >=1%) | 225 |
| Figure B2.1.53.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Erysipelas (PT with Incidence >=1%) | 226 |
| Figure B2.1.53.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Erysipelas (PT with Incidence >=1%) | 227 |
| Figure B2.1.53.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Erysipelas (PT with Incidence >=1%) | 228 |
| Figure B2.1.53.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Erysipelas (PT with Incidence >=1%) | 229 |
| Figure B2.1.53.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Erysipelas (PT with Incidence >=1%) | 230 |
| Figure B2.1.53.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Erysipelas (PT with Incidence >=1%) | 231 |
| Figure B2.1.53.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Erysipelas (PT with Incidence >=1%) | 232 |
| Figure B2.1.54 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) | 233 |
| Figure B2.1.55 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) | 234 |
| Figure B2.1.56 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) | 235 |
| Figure B2.1.57 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) | 236 |
| Figure B2.1.58 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Periodontitis (PT with Incidence >=1%) | 237 |
| Figure B2.1.59 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) | 238 |
| Figure B2.1.60 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) | 239 |
| Figure B2.1.60.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) | 240 |
| Figure B2.1.60.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 241 |
| Figure B2.1.60.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 242 |
| Figure B2.1.60.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 243 |
| Figure B2.1.60.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) | 244 |
| Figure B2.1.60.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) | 245 |
| Figure B2.1.60.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 246 |
| Figure B2.1.60.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 247 |
| Figure B2.1.61 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) | 248 |
| Figure B2.1.62 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) | 249 |
| Figure B2.1.63 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) | 250 |
| Figure B2.1.64 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) | 251 |
| Figure B2.1.65 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 252 |
| Figure B2.1.66 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%) | 253 |
| Figure B2.1.67 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) | 254 |
| Figure B2.1.68 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) | 255 |
| Figure B2.1.69 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) | 256 |
| Figure B2.1.70 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) | 257 |
| Figure B2.1.71 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 258 |
| Figure B2.1.72 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) | 259 |
| Figure B2.1.73 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) | 260 |
| Figure B2.1.73.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) | 261 |
| Figure B2.1.73.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) | 262 |
| Figure B2.1.73.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 263 |

| | | |
|------------------|--|-----|
| Figure B2.1.73.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 264 |
| Figure B2.1.73.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) | 265 |
| Figure B2.1.73.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) | 266 |
| Figure B2.1.73.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) | 267 |
| Figure B2.1.73.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) | 268 |
| Figure B2.1.74 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) | 269 |
| Figure B2.1.75 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) | 270 |
| Figure B2.1.76 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) | 271 |
| Figure B2.1.77 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) | 272 |
| Figure B2.1.78 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) | 273 |
| Figure B2.1.79 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) | 274 |
| Figure B2.1.80 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 275 |
| Figure B2.1.80.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 276 |
| Figure B2.1.80.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 277 |
| Figure B2.1.80.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 278 |
| Figure B2.1.80.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 279 |
| Figure B2.1.80.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 280 |
| Figure B2.1.80.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 281 |
| Figure B2.1.80.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 282 |
| Figure B2.1.80.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 283 |
| Figure B2.1.81 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) | 284 |
| Figure B2.1.82 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 285 |
| Figure B2.1.83 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 286 |
| Figure B2.1.84 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) | 287 |
| Figure B2.1.85 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) | 288 |
| Figure B2.1.86 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) | 289 |
| Figure B2.1.87 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) | 290 |
| Figure B2.1.87.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) | 291 |
| Figure B2.1.87.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) | 292 |
| Figure B2.1.87.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 293 |
| Figure B2.1.87.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 294 |
| Figure B2.1.87.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) | 295 |
| Figure B2.1.87.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) | 296 |
| Figure B2.1.87.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) | 297 |
| Figure B2.1.87.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) | 298 |
| Figure B2.1.88 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) | 299 |
| Figure B2.1.89 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) | 300 |
| Figure B2.1.90 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) | 301 |
| Figure B2.1.90.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) | 302 |
| Figure B2.1.90.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) | 303 |
| Figure B2.1.90.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 304 |
| Figure B2.1.90.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 305 |
| Figure B2.1.90.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) | 306 |
| Figure B2.1.90.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) | 307 |
| Figure B2.1.90.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) | 308 |
| Figure B2.1.90.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) | 309 |
| Figure B2.1.91 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) | 310 |
| Figure B2.1.92 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) | 311 |
| Figure B2.1.92.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) | 312 |
| Figure B2.1.92.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) | 313 |
| Figure B2.1.92.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 314 |

| | | |
|-------------------|---|-----|
| Figure B2.1.92.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 315 |
| Figure B2.1.92.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) | 316 |
| Figure B2.1.92.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) | 317 |
| Figure B2.1.92.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) | 318 |
| Figure B2.1.92.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) | 319 |
| Figure B2.1.93 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) | 320 |
| Figure B2.1.93.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) | 321 |
| Figure B2.1.93.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) | 322 |
| Figure B2.1.93.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 323 |
| Figure B2.1.93.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 324 |
| Figure B2.1.93.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) | 325 |
| Figure B2.1.93.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) | 326 |
| Figure B2.1.93.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) | 327 |
| Figure B2.1.93.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) | 328 |
| Figure B2.1.94 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 329 |
| Figure B2.1.95 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) | 330 |
| Figure B2.1.96 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 331 |
| Figure B2.1.97 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) | 332 |
| Figure B2.1.98 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) | 333 |
| Figure B2.1.99 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) | 334 |
| Figure B2.1.100 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) | 335 |
| Figure B2.1.101 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%) | 336 |
| Figure B2.1.102 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) | 337 |
| Figure B2.1.103 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) | 338 |
| Figure B2.1.104 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) | 339 |
| Figure B2.1.105 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Rotator cuff syndrome (PT with Incidence >=1%) | 340 |
| Figure B2.1.106 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) | 341 |
| Figure B2.1.107 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 342 |
| Figure B2.1.108 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 343 |
| Figure B2.1.109 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) | 344 |
| Figure B2.1.110 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) | 345 |
| Figure B2.1.111 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) | 346 |
| Figure B2.1.112 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) | 347 |
| Figure B2.1.113 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) | 348 |
| Figure B2.1.114 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%) | 349 |
| Figure B2.1.115 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) | 350 |
| Figure B2.1.116 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%) | 351 |
| Figure B2.1.117 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%) | 352 |
| Figure B2.1.118 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) | 353 |
| Figure B2.1.119 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 354 |
| Figure B2.1.119.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) | 355 |
| Figure B2.1.119.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) | 356 |
| Figure B2.1.119.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 357 |
| Figure B2.1.119.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 358 |
| Figure B2.1.119.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) | 359 |
| Figure B2.1.119.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) | 360 |
| Figure B2.1.119.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) | 361 |
| Figure B2.1.119.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) | 362 |
| Figure B2.1.120 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%) | 363 |
| Figure B2.1.121 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic nephropathy (PT with Incidence >=1%) | 364 |
| Figure B2.1.121.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Diabetic nephropathy (PT with Incidence >=1%) | 365 |
| Figure B2.1.121.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Diabetic nephropathy (PT with Incidence >=1%) | 366 |
| Figure B2.1.121.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%) | 367 |

| | | |
|-------------------|---|-----|
| Figure B2.1.121.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%) | 368 |
| Figure B2.1.121.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Diabetic nephropathy (PT with Incidence >=1%) | 369 |
| Figure B2.1.121.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Diabetic nephropathy (PT with Incidence >=1%) | 370 |
| Figure B2.1.121.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Diabetic nephropathy (PT with Incidence >=1%) | 371 |
| Figure B2.1.121.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetic nephropathy (PT with Incidence >=1%) | 372 |
| Figure B2.1.122 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dysuria (PT with Incidence >=1%) | 373 |
| Figure B2.1.122.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Dysuria (PT with Incidence >=1%) | 374 |
| Figure B2.1.122.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Dysuria (PT with Incidence >=1%) | 375 |
| Figure B2.1.122.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dysuria (PT with Incidence >=1%) | 376 |
| Figure B2.1.122.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dysuria (PT with Incidence >=1%) | 377 |
| Figure B2.1.122.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Dysuria (PT with Incidence >=1%) | 378 |
| Figure B2.1.122.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Dysuria (PT with Incidence >=1%) | 379 |
| Figure B2.1.122.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Dysuria (PT with Incidence >=1%) | 380 |
| Figure B2.1.122.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dysuria (PT with Incidence >=1%) | 381 |
| Figure B2.1.123 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) | 382 |
| Figure B2.1.123.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) | 383 |
| Figure B2.1.123.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) | 384 |
| Figure B2.1.123.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) | 385 |
| Figure B2.1.123.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) | 386 |
| Figure B2.1.123.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) | 387 |
| Figure B2.1.123.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) | 388 |
| Figure B2.1.123.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) | 389 |
| Figure B2.1.123.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) | 390 |
| Figure B2.1.124 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) | 391 |
| Figure B2.1.125 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) | 392 |
| Figure B2.1.126 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) | 393 |
| Figure B2.1.127 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) | 394 |
| Figure B2.1.128 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) | 395 |
| Figure B2.1.129 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Erectile dysfunction (PT with Incidence >=1%) | 396 |
| Figure B2.1.130 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 397 |
| Figure B2.1.131 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) | 398 |
| Figure B2.1.132 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) | 399 |
| Figure B2.1.133 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) | 400 |
| Figure B2.1.133.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Dyspnoea (PT with Incidence >=1%) | 401 |
| Figure B2.1.133.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Dyspnoea (PT with Incidence >=1%) | 402 |
| Figure B2.1.133.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dyspnoea (PT with Incidence >=1%) | 403 |
| Figure B2.1.133.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dyspnoea (PT with Incidence >=1%) | 404 |
| Figure B2.1.133.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Dyspnoea (PT with Incidence >=1%) | 405 |
| Figure B2.1.133.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Dyspnoea (PT with Incidence >=1%) | 406 |
| Figure B2.1.133.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Dyspnoea (PT with Incidence >=1%) | 407 |
| Figure B2.1.133.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dyspnoea (PT with Incidence >=1%) | 408 |
| Figure B2.1.134 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) | 409 |
| Figure B2.1.135 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) | 410 |
| Figure B2.1.136 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 411 |
| Figure B2.1.137 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) | 412 |
| Figure B2.1.138 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) | 413 |
| Figure B2.1.139 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) | 414 |
| Figure B2.1.140 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) | 415 |
| Figure B2.1.141 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) | 416 |
| Figure B2.1.142 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 417 |
| Figure B2.1.143 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) | 418 |
| Figure B2.1.144 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 419 |
| Figure B2.1.145 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) | 420 |
| Figure B2.1.145.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) | 421 |
| Figure B2.1.145.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) | 422 |
| Figure B2.1.145.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) | 423 |

| | | |
|-------------------|---|-----|
| Figure B2.1.145.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%) | 424 |
| Figure B2.1.145.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) | 425 |
| Figure B2.1.145.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) | 426 |
| Figure B2.1.145.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) | 427 |
| Figure B2.1.145.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) | 428 |
| Figure B2.1.146 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) | 429 |
| Figure B2.1.146.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) | 430 |
| Figure B2.1.146.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) | 431 |
| Figure B2.1.146.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) | 432 |
| Figure B2.1.146.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) | 433 |
| Figure B2.1.146.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) | 434 |
| Figure B2.1.146.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) | 435 |
| Figure B2.1.146.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) | 436 |
| Figure B2.1.146.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) | 437 |
| Figure B2.1.147 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) | 438 |
| Figure B2.1.148 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) | 439 |
| Figure B2.1.149 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) | 440 |
| Figure B2.1.150 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 441 |
| Figure B2.1.151 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 442 |
| Figure B2.1.152 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 443 |
| Figure B2.1.153 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) | 444 |
| Figure B2.1.154 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) | 445 |
| Figure B2.1.154.1 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) | 446 |
| Figure B2.1.154.2 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 447 |
| Figure B2.1.154.3 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 448 |
| Figure B2.1.154.4 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 449 |
| Figure B2.1.154.5 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) | 450 |
| Figure B2.1.154.6 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) | 451 |
| Figure B2.1.154.7 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 452 |
| Figure B2.1.154.8 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 453 |
| Figure B2.1.155 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 454 |
| Figure B2.1.156 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) | 455 |
| Figure B2.1.157 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 456 |
| Figure B2.1.158 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 457 |
| Figure B2.1.159 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 458 |
| Figure B2.1.160 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 459 |
| Figure B2.1.161 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) | 460 |
| Figure B2.1.162 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 461 |
| Figure B2.1.163 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 462 |
| Figure B2.1.164 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 463 |
| Figure B2.1.165 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 464 |
| Figure B2.1.166 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) | 465 |
| Figure B2.1.167 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 466 |
| Figure B2.1.168 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 467 |
| Figure B2.1.169 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 468 |
| Figure B2.1.170 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) | 469 |
| Figure B2.1.171 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 470 |
| Figure B2.1.172 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 471 |
| Figure B2.1.173 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 472 |
| Figure B2.1.174 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 473 |
| Figure B2.1.175 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 474 |

| | | |
|------------------|---|-----|
| Figure B2.1.176 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 475 |
| Figure B2.1.177 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 476 |
| Figure B2.1.178 | Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment AEs | 477 |
| Figure B2.1.179 | Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment SAEs | 478 |
| Figure B2.1.180 | Forestplot for Relative Risk of Proportion of Subjects with Severe Post-Treatment AEs | 479 |
| Figure B2.2.1 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs | 480 |
| Figure B2.2.1.1 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Region | 481 |
| Figure B2.2.1.2 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD | 482 |
| Figure B2.2.1.3 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline | 483 |
| Figure B2.2.1.4 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 484 |
| Figure B2.2.1.5 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Race | 485 |
| Figure B2.2.1.6 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Sex | 486 |
| Figure B2.2.1.7 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) | 487 |
| Figure B2.2.1.8 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening | 488 |
| Figure B2.2.2 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs Excluding Progression-Related Events | 489 |
| Figure B2.2.3 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs | 490 |
| Figure B2.2.3.1 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Region | 491 |
| Figure B2.2.3.2 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD | 492 |
| Figure B2.2.3.3 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline | 493 |
| Figure B2.2.3.4 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 494 |
| Figure B2.2.3.5 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Race | 495 |
| Figure B2.2.3.6 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Sex | 496 |
| Figure B2.2.3.7 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) | 497 |
| Figure B2.2.3.8 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening | 498 |
| Figure B2.2.4 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs Excluding Progression-Related Events | 499 |
| Figure B2.2.5 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs | 500 |
| Figure B2.2.5.1 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Region | 501 |
| Figure B2.2.5.2 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by History of CVD | 502 |
| Figure B2.2.5.3 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline | 503 |
| Figure B2.2.5.4 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 504 |
| Figure B2.2.5.5 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Race | 505 |
| Figure B2.2.5.6 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Sex | 506 |
| Figure B2.2.5.7 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Age Group (years) | 507 |
| Figure B2.2.5.8 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening | 508 |
| Figure B2.2.6 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events | 509 |
| Figure B2.2.7 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug | 510 |
| Figure B2.2.7.1 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region | 511 |
| Figure B2.2.7.2 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD | 512 |
| Figure B2.2.7.3 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline | 513 |
| Figure B2.2.7.4 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline | 514 |
| Figure B2.2.7.5 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race | 515 |
| Figure B2.2.7.6 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex | 516 |
| Figure B2.2.7.7 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years) | 517 |
| Figure B2.2.7.8 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening | 518 |
| Figure B2.2.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) | 519 |
| Figure B2.2.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) | 520 |
| Figure B2.2.10 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 521 |
| Figure B2.2.11 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) | 522 |
| Figure B2.2.12 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) | 523 |
| Figure B2.2.12.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) | 524 |
| Figure B2.2.12.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) | 525 |
| Figure B2.2.12.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) | 526 |
| Figure B2.2.12.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%) | 527 |
| Figure B2.2.12.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) | 528 |
| Figure B2.2.12.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%) | 529 |
| Figure B2.2.12.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) | 530 |
| Figure B2.2.12.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) | 531 |
| Figure B2.2.13 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) | 532 |
| Figure B2.2.14 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) | 533 |
| Figure B2.2.15 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) | 534 |
| Figure B2.2.16 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) | 535 |

| | | |
|------------------|---|-----|
| Figure B2.2.17 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) | 536 |
| Figure B2.2.18 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) | 537 |
| Figure B2.2.19 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) | 538 |
| Figure B2.2.20 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) | 539 |
| Figure B2.2.21 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) | 540 |
| Figure B2.2.22 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 541 |
| Figure B2.2.23 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) | 542 |
| Figure B2.2.24 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) | 543 |
| Figure B2.2.25 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) | 544 |
| Figure B2.2.26 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) | 545 |
| Figure B2.2.27 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) | 546 |
| Figure B2.2.28 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) | 547 |
| Figure B2.2.29 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) | 548 |
| Figure B2.2.30 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) | 549 |
| Figure B2.2.31 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) | 550 |
| Figure B2.2.32 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) | 551 |
| Figure B2.2.32.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) | 552 |
| Figure B2.2.32.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) | 553 |
| Figure B2.2.32.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 554 |
| Figure B2.2.32.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 555 |
| Figure B2.2.32.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) | 556 |
| Figure B2.2.32.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) | 557 |
| Figure B2.2.32.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) | 558 |
| Figure B2.2.32.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) | 559 |
| Figure B2.2.33 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) | 560 |
| Figure B2.2.34 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Toothache (PT with Incidence >=1%) | 561 |
| Figure B2.2.35 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) | 562 |
| Figure B2.2.36 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 563 |
| Figure B2.2.36.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 564 |
| Figure B2.2.36.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 565 |
| Figure B2.2.36.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 566 |
| Figure B2.2.36.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 567 |
| Figure B2.2.36.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 568 |
| Figure B2.2.36.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 569 |
| Figure B2.2.36.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 570 |
| Figure B2.2.36.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 571 |
| Figure B2.2.37 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) | 572 |
| Figure B2.2.38 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) | 573 |
| Figure B2.2.39 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) | 574 |
| Figure B2.2.40 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%) | 575 |
| Figure B2.2.41 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) | 576 |
| Figure B2.2.41.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) | 577 |
| Figure B2.2.41.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) | 578 |
| Figure B2.2.41.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 579 |
| Figure B2.2.41.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 580 |
| Figure B2.2.41.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) | 581 |
| Figure B2.2.41.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) | 582 |
| Figure B2.2.41.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) | 583 |
| Figure B2.2.41.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) | 584 |
| Figure B2.2.42 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) | 585 |
| Figure B2.2.43 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) | 586 |
| Figure B2.2.44 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 587 |

| | | |
|------------------|---|-----|
| Figure B2.2.45 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) | 588 |
| Figure B2.2.46 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) | 589 |
| Figure B2.2.47 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) | 590 |
| Figure B2.2.48 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 591 |
| Figure B2.2.49 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) | 592 |
| Figure B2.2.50 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - COVID-19 (PT with Incidence >=1%) | 593 |
| Figure B2.2.50.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - COVID-19 (PT with Incidence >=1%) | 594 |
| Figure B2.2.50.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - COVID-19 (PT with Incidence >=1%) | 595 |
| Figure B2.2.50.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - COVID-19 (PT with Incidence >=1%) | 596 |
| Figure B2.2.50.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - COVID-19 (PT with Incidence >=1%) | 597 |
| Figure B2.2.50.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - COVID-19 (PT with Incidence >=1%) | 598 |
| Figure B2.2.50.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - COVID-19 (PT with Incidence >=1%) | 599 |
| Figure B2.2.50.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - COVID-19 (PT with Incidence >=1%) | 600 |
| Figure B2.2.50.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - COVID-19 (PT with Incidence >=1%) | 601 |
| Figure B2.2.51 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) | 602 |
| Figure B2.2.52 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) | 603 |
| Figure B2.2.53 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) | 604 |
| Figure B2.2.53.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Erysipelas (PT with Incidence >=1%) | 605 |
| Figure B2.2.53.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Erysipelas (PT with Incidence >=1%) | 606 |
| Figure B2.2.53.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Erysipelas (PT with Incidence >=1%) | 607 |
| Figure B2.2.53.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Erysipelas (PT with Incidence >=1%) | 608 |
| Figure B2.2.53.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Erysipelas (PT with Incidence >=1%) | 609 |
| Figure B2.2.53.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Erysipelas (PT with Incidence >=1%) | 610 |
| Figure B2.2.53.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Erysipelas (PT with Incidence >=1%) | 611 |
| Figure B2.2.53.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Erysipelas (PT with Incidence >=1%) | 612 |
| Figure B2.2.54 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) | 613 |
| Figure B2.2.55 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) | 614 |
| Figure B2.2.56 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) | 615 |
| Figure B2.2.57 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) | 616 |
| Figure B2.2.58 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Periodontitis (PT with Incidence >=1%) | 617 |
| Figure B2.2.59 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) | 618 |
| Figure B2.2.60 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) | 619 |
| Figure B2.2.60.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) | 620 |
| Figure B2.2.60.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 621 |
| Figure B2.2.60.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 622 |
| Figure B2.2.60.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 623 |
| Figure B2.2.60.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) | 624 |
| Figure B2.2.60.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) | 625 |
| Figure B2.2.60.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 626 |
| Figure B2.2.60.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 627 |
| Figure B2.2.61 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) | 628 |
| Figure B2.2.62 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) | 629 |
| Figure B2.2.63 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) | 630 |
| Figure B2.2.64 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) | 631 |
| Figure B2.2.65 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 632 |
| Figure B2.2.66 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%) | 633 |
| Figure B2.2.67 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) | 634 |
| Figure B2.2.68 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) | 635 |
| Figure B2.2.69 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) | 636 |
| Figure B2.2.70 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) | 637 |
| Figure B2.2.71 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 638 |
| Figure B2.2.72 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) | 639 |
| Figure B2.2.73 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) | 640 |
| Figure B2.2.73.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) | 641 |
| Figure B2.2.73.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) | 642 |
| Figure B2.2.73.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 643 |
| Figure B2.2.73.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 644 |
| Figure B2.2.73.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) | 645 |
| Figure B2.2.73.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) | 646 |

| | | |
|------------------|---|-----|
| Figure B2.2.73.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) | 647 |
| Figure B2.2.73.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) | 648 |
| Figure B2.2.74 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) | 649 |
| Figure B2.2.75 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) | 650 |
| Figure B2.2.76 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) | 651 |
| Figure B2.2.77 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) | 652 |
| Figure B2.2.78 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) | 653 |
| Figure B2.2.79 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) | 654 |
| Figure B2.2.80 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 655 |
| Figure B2.2.80.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 656 |
| Figure B2.2.80.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 657 |
| Figure B2.2.80.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 658 |
| Figure B2.2.80.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 659 |
| Figure B2.2.80.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 660 |
| Figure B2.2.80.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 661 |
| Figure B2.2.80.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 662 |
| Figure B2.2.80.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 663 |
| Figure B2.2.81 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) | 664 |
| Figure B2.2.82 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 665 |
| Figure B2.2.83 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 666 |
| Figure B2.2.84 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) | 667 |
| Figure B2.2.85 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) | 668 |
| Figure B2.2.86 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) | 669 |
| Figure B2.2.87 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) | 670 |
| Figure B2.2.87.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) | 671 |
| Figure B2.2.87.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) | 672 |
| Figure B2.2.87.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 673 |
| Figure B2.2.87.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 674 |
| Figure B2.2.87.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) | 675 |
| Figure B2.2.87.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) | 676 |
| Figure B2.2.87.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) | 677 |
| Figure B2.2.87.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) | 678 |
| Figure B2.2.88 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) | 679 |
| Figure B2.2.89 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) | 680 |
| Figure B2.2.90 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) | 681 |
| Figure B2.2.90.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) | 682 |
| Figure B2.2.90.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) | 683 |
| Figure B2.2.90.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 684 |
| Figure B2.2.90.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 685 |
| Figure B2.2.90.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) | 686 |
| Figure B2.2.90.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) | 687 |
| Figure B2.2.90.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) | 688 |
| Figure B2.2.90.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) | 689 |
| Figure B2.2.91 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) | 690 |
| Figure B2.2.92 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) | 691 |
| Figure B2.2.92.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) | 692 |
| Figure B2.2.92.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) | 693 |
| Figure B2.2.92.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 694 |
| Figure B2.2.92.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 695 |
| Figure B2.2.92.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) | 696 |
| Figure B2.2.92.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) | 697 |
| Figure B2.2.92.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) | 698 |
| Figure B2.2.92.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) | 699 |

| | | |
|-------------------|--|-----|
| Figure B2.2.93 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) | 700 |
| Figure B2.2.93.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) | 701 |
| Figure B2.2.93.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) | 702 |
| Figure B2.2.93.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 703 |
| Figure B2.2.93.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 704 |
| Figure B2.2.93.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) | 705 |
| Figure B2.2.93.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) | 706 |
| Figure B2.2.93.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) | 707 |
| Figure B2.2.93.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) | 708 |
| Figure B2.2.94 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 709 |
| Figure B2.2.95 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) | 710 |
| Figure B2.2.96 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 711 |
| Figure B2.2.97 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) | 712 |
| Figure B2.2.98 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) | 713 |
| Figure B2.2.99 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) | 714 |
| Figure B2.2.100 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) | 715 |
| Figure B2.2.101 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%) | 716 |
| Figure B2.2.102 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) | 717 |
| Figure B2.2.103 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) | 718 |
| Figure B2.2.104 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) | 719 |
| Figure B2.2.105 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Rotator cuff syndrome (PT with Incidence >=1%) | 720 |
| Figure B2.2.106 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) | 721 |
| Figure B2.2.107 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 722 |
| Figure B2.2.108 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 723 |
| Figure B2.2.109 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) | 724 |
| Figure B2.2.110 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) | 725 |
| Figure B2.2.111 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) | 726 |
| Figure B2.2.112 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) | 727 |
| Figure B2.2.113 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) | 728 |
| Figure B2.2.114 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%) | 729 |
| Figure B2.2.115 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) | 730 |
| Figure B2.2.116 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%) | 731 |
| Figure B2.2.117 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%) | 732 |
| Figure B2.2.118 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) | 733 |
| Figure B2.2.119 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 734 |
| Figure B2.2.119.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) | 735 |
| Figure B2.2.119.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) | 736 |
| Figure B2.2.119.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 737 |
| Figure B2.2.119.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 738 |
| Figure B2.2.119.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) | 739 |
| Figure B2.2.119.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) | 740 |
| Figure B2.2.119.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) | 741 |
| Figure B2.2.119.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) | 742 |
| Figure B2.2.120 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%) | 743 |
| Figure B2.2.121 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic nephropathy (PT with Incidence >=1%) | 744 |
| Figure B2.2.121.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Diabetic nephropathy (PT with Incidence >=1%) | 745 |
| Figure B2.2.121.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Diabetic nephropathy (PT with Incidence >=1%) | 746 |
| Figure B2.2.121.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%) | 747 |
| Figure B2.2.121.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%) | 748 |
| Figure B2.2.121.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Diabetic nephropathy (PT with Incidence >=1%) | 749 |
| Figure B2.2.121.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Diabetic nephropathy (PT with Incidence >=1%) | 750 |
| Figure B2.2.121.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Diabetic nephropathy (PT with Incidence >=1%) | 751 |
| Figure B2.2.121.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetic nephropathy (PT with Incidence >=1%) | 752 |
| Figure B2.2.122 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dysuria (PT with Incidence >=1%) | 753 |
| Figure B2.2.122.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Dysuria (PT with Incidence >=1%) | 754 |
| Figure B2.2.122.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Dysuria (PT with Incidence >=1%) | 755 |

| | | |
|-------------------|--|-----|
| Figure B2.2.122.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dysuria (PT with Incidence >=1%) | 756 |
| Figure B2.2.122.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dysuria (PT with Incidence >=1%) | 757 |
| Figure B2.2.122.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Dysuria (PT with Incidence >=1%) | 758 |
| Figure B2.2.122.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Dysuria (PT with Incidence >=1%) | 759 |
| Figure B2.2.122.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Dysuria (PT with Incidence >=1%) | 760 |
| Figure B2.2.122.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dysuria (PT with Incidence >=1%) | 761 |
| Figure B2.2.123 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) | 762 |
| Figure B2.2.123.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) | 763 |
| Figure B2.2.123.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) | 764 |
| Figure B2.2.123.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) | 765 |
| Figure B2.2.123.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) | 766 |
| Figure B2.2.123.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) | 767 |
| Figure B2.2.123.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) | 768 |
| Figure B2.2.123.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) | 769 |
| Figure B2.2.123.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) | 770 |
| Figure B2.2.124 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) | 771 |
| Figure B2.2.125 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) | 772 |
| Figure B2.2.126 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) | 773 |
| Figure B2.2.127 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) | 774 |
| Figure B2.2.128 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) | 775 |
| Figure B2.2.129 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Erectile dysfunction (PT with Incidence >=1%) | 776 |
| Figure B2.2.130 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 777 |
| Figure B2.2.131 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) | 778 |
| Figure B2.2.132 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) | 779 |
| Figure B2.2.133 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) | 780 |
| Figure B2.2.133.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Dyspnoea (PT with Incidence >=1%) | 781 |
| Figure B2.2.133.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Dyspnoea (PT with Incidence >=1%) | 782 |
| Figure B2.2.133.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dyspnoea (PT with Incidence >=1%) | 783 |
| Figure B2.2.133.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dyspnoea (PT with Incidence >=1%) | 784 |
| Figure B2.2.133.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Dyspnoea (PT with Incidence >=1%) | 785 |
| Figure B2.2.133.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Dyspnoea (PT with Incidence >=1%) | 786 |
| Figure B2.2.133.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Dyspnoea (PT with Incidence >=1%) | 787 |
| Figure B2.2.133.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dyspnoea (PT with Incidence >=1%) | 788 |
| Figure B2.2.134 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) | 789 |
| Figure B2.2.135 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) | 790 |
| Figure B2.2.136 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 791 |
| Figure B2.2.137 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) | 792 |
| Figure B2.2.138 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) | 793 |
| Figure B2.2.139 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) | 794 |
| Figure B2.2.140 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) | 795 |
| Figure B2.2.141 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) | 796 |
| Figure B2.2.142 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 797 |
| Figure B2.2.143 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) | 798 |
| Figure B2.2.144 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 799 |
| Figure B2.2.145 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) | 800 |
| Figure B2.2.145.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) | 801 |
| Figure B2.2.145.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) | 802 |
| Figure B2.2.145.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) | 803 |
| Figure B2.2.145.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%) | 804 |
| Figure B2.2.145.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) | 805 |
| Figure B2.2.145.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) | 806 |
| Figure B2.2.145.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) | 807 |
| Figure B2.2.145.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) | 808 |
| Figure B2.2.146 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) | 809 |
| Figure B2.2.146.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) | 810 |
| Figure B2.2.146.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) | 811 |
| Figure B2.2.146.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) | 812 |

| | | |
|-------------------|--|-----|
| Figure B2.2.146.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) | 813 |
| Figure B2.2.146.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) | 814 |
| Figure B2.2.146.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) | 815 |
| Figure B2.2.146.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) | 816 |
| Figure B2.2.146.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) | 817 |
| Figure B2.2.147 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) | 818 |
| Figure B2.2.148 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) | 819 |
| Figure B2.2.149 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) | 820 |
| Figure B2.2.150 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 821 |
| Figure B2.2.151 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 822 |
| Figure B2.2.152 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 823 |
| Figure B2.2.153 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) | 824 |
| Figure B2.2.154 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) | 825 |
| Figure B2.2.154.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) | 826 |
| Figure B2.2.154.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 827 |
| Figure B2.2.154.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 828 |
| Figure B2.2.154.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 829 |
| Figure B2.2.154.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) | 830 |
| Figure B2.2.154.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) | 831 |
| Figure B2.2.154.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 832 |
| Figure B2.2.154.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 833 |
| Figure B2.2.155 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 834 |
| Figure B2.2.156 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) | 835 |
| Figure B2.2.157 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 836 |
| Figure B2.2.158 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 837 |
| Figure B2.2.159 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 838 |
| Figure B2.2.160 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 839 |
| Figure B2.2.161 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) | 840 |
| Figure B2.2.162 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 841 |
| Figure B2.2.163 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 842 |
| Figure B2.2.164 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 843 |
| Figure B2.2.165 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 844 |
| Figure B2.2.166 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) | 845 |
| Figure B2.2.167 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 846 |
| Figure B2.2.168 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 847 |
| Figure B2.2.169 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 848 |
| Figure B2.2.170 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) | 849 |
| Figure B2.2.171 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 850 |
| Figure B2.2.172 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 851 |
| Figure B2.2.173 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 852 |
| Figure B2.2.174 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 853 |
| Figure B2.2.175 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 854 |
| Figure B2.2.176 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 855 |
| Figure B2.2.177 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 856 |

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|-----------------------------------|------------------------|---------------------|
| Any TEAE | 2120 (83.6%) | 2115 (83.8%) |
| Infections And Infestations | 1061 (41.8%) | 1095 (43.4%) |
| Nasopharyngitis | 193 (7.6%) | 219 (8.7%) |
| Urinary tract infection | 157 (6.2%) | 146 (5.8%) |
| Upper respiratory tract infection | 144 (5.7%) | 150 (5.9%) |
| Bronchitis | 122 (4.8%) | 127 (5.0%) |
| Influenza | 100 (3.9%) | 113 (4.5%) |
| Pneumonia | 95 (3.7%) | 135 (5.4%) |
| Cellulitis | 62 (2.4%) | 56 (2.2%) |
| Gastroenteritis | 51 (2.0%) | 60 (2.4%) |
| Respiratory tract infection | 47 (1.9%) | 33 (1.3%) |
| Conjunctivitis | 34 (1.3%) | 45 (1.8%) |
| Pharyngitis | 31 (1.2%) | 32 (1.3%) |
| Herpes zoster | 30 (1.2%) | 33 (1.3%) |
| Sinusitis | 28 (1.1%) | 31 (1.2%) |
| Periodontitis | 25 (1.0%) | 16 (0.6%) |
| Localised infection | 22 (0.9%) | 16 (0.6%) |
| Cystitis | 21 (0.8%) | 19 (0.8%) |
| Abscess limb | 18 (0.7%) | 12 (0.5%) |
| COVID-19 | 17 (0.7%) | 33 (1.3%) |
| Viral infection | 17 (0.7%) | 21 (0.8%) |
| Otitis externa | 17 (0.7%) | 12 (0.5%) |
| Tooth abscess | 17 (0.7%) | 8 (0.3%) |
| Erysipelas | 14 (0.6%) | 31 (1.2%) |
| Osteomyelitis | 14 (0.6%) | 20 (0.8%) |
| Tonsillitis | 14 (0.6%) | 17 (0.7%) |
| Respiratory tract infection viral | 13 (0.5%) | 22 (0.9%) |
| Sepsis | 13 (0.5%) | 12 (0.5%) |
| Onychomycosis | 13 (0.5%) | 11 (0.4%) |
| Subcutaneous abscess | 13 (0.5%) | 6 (0.2%) |
| Wound infection | 12 (0.5%) | 12 (0.5%) |
| Ear infection | 12 (0.5%) | 11 (0.4%) |
| Lower respiratory tract infection | 12 (0.5%) | 9 (0.4%) |
| Otitis media | 12 (0.5%) | 9 (0.4%) |
| Helicobacter infection | 12 (0.5%) | 6 (0.2%) |
| Rhinitis | 11 (0.4%) | 14 (0.6%) |
| Tooth infection | 11 (0.4%) | 13 (0.5%) |
| Skin infection | 11 (0.4%) | 12 (0.5%) |
| Fungal skin infection | 11 (0.4%) | 8 (0.3%) |
| Pulpitis dental | 11 (0.4%) | 4 (0.2%) |
| Laryngitis | 10 (0.4%) | 5 (0.2%) |
| Diverticulitis | 9 (0.4%) | 7 (0.3%) |
| Postoperative wound infection | 9 (0.4%) | 3 (0.1%) |
| Acute sinusitis | 8 (0.3%) | 6 (0.2%) |
| Oral herpes | 8 (0.3%) | 4 (0.2%) |
| Tinea pedis | 7 (0.3%) | 15 (0.6%) |
| Urosepsis | 7 (0.3%) | 11 (0.4%) |
| Diabetic foot infection | 7 (0.3%) | 6 (0.2%) |
| Gastroenteritis viral | 7 (0.3%) | 6 (0.2%) |
| Pyelonephritis | 7 (0.3%) | 2 (0.1%) |
| COVID-19 pneumonia | 6 (0.2%) | 9 (0.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Folliculitis | 6 (0.2%) | 5 (0.2%) |
| Pyelonephritis chronic | 6 (0.2%) | 5 (0.2%) |
| Infected bite | 6 (0.2%) | 4 (0.2%) |
| Appendicitis | 6 (0.2%) | 3 (0.1%) |
| Orchitis | 6 (0.2%) | 2 (0.1%) |
| Dermatophytosis of nail | 6 (0.2%) | 1 (0.0%) |
| Gingivitis | 5 (0.2%) | 13 (0.5%) |
| Pyelonephritis acute | 5 (0.2%) | 6 (0.2%) |
| Infected skin ulcer | 5 (0.2%) | 4 (0.2%) |
| Chronic sinusitis | 5 (0.2%) | 2 (0.1%) |
| Tracheitis | 5 (0.2%) | 2 (0.1%) |
| Infected dermal cyst | 5 (0.2%) | 1 (0.0%) |
| Fungal infection | 4 (0.2%) | 5 (0.2%) |
| Labyrinthitis | 4 (0.2%) | 5 (0.2%) |
| Eye infection | 4 (0.2%) | 4 (0.2%) |
| Abscess | 4 (0.2%) | 3 (0.1%) |
| Asymptomatic bacteriuria | 4 (0.2%) | 3 (0.1%) |
| Pharyngotonsillitis | 4 (0.2%) | 3 (0.1%) |
| Tracheobronchitis | 4 (0.2%) | 3 (0.1%) |
| Septic shock | 4 (0.2%) | 2 (0.1%) |
| Tinea cruris | 4 (0.2%) | 2 (0.1%) |
| Oral fungal infection | 4 (0.2%) | 1 (0.0%) |
| Vaginal infection | 4 (0.2%) | 1 (0.0%) |
| Febrile infection | 4 (0.2%) | 0 |
| Paronychia | 3 (0.1%) | 11 (0.4%) |
| Acarodermatitis | 3 (0.1%) | 9 (0.4%) |
| Furuncle | 3 (0.1%) | 8 (0.3%) |
| Pneumonia bacterial | 3 (0.1%) | 8 (0.3%) |
| Gangrene | 3 (0.1%) | 7 (0.3%) |
| Hordeolum | 3 (0.1%) | 5 (0.2%) |
| Suspected COVID-19 | 3 (0.1%) | 3 (0.1%) |
| Vulvovaginal mycotic infection | 3 (0.1%) | 3 (0.1%) |
| Gastrointestinal viral infection | 3 (0.1%) | 2 (0.1%) |
| Gingival abscess | 3 (0.1%) | 2 (0.1%) |
| Herpes simplex | 3 (0.1%) | 2 (0.1%) |
| Osteomyelitis chronic | 3 (0.1%) | 2 (0.1%) |
| Viral rhinitis | 3 (0.1%) | 2 (0.1%) |
| Bacterial infection | 3 (0.1%) | 1 (0.0%) |
| Enteritis infectious | 3 (0.1%) | 1 (0.0%) |
| Genital candidiasis | 3 (0.1%) | 1 (0.0%) |
| Genitourinary tract infection | 3 (0.1%) | 1 (0.0%) |
| Pustule | 3 (0.1%) | 1 (0.0%) |
| Bronchitis bacterial | 3 (0.1%) | 0 |
| Dengue fever | 3 (0.1%) | 0 |
| Herpes dermatitis | 3 (0.1%) | 0 |
| Viral upper respiratory tract infection | 2 (0.1%) | 9 (0.4%) |
| Infection | 2 (0.1%) | 6 (0.2%) |
| Soft tissue infection | 2 (0.1%) | 6 (0.2%) |
| Helicobacter gastritis | 2 (0.1%) | 5 (0.2%) |
| Vulvovaginal candidiasis | 2 (0.1%) | 4 (0.2%) |
| Anal abscess | 2 (0.1%) | 3 (0.1%) |
| Body tinea | 2 (0.1%) | 3 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Conjunctivitis bacterial | 2 (0.1%) | 3 (0.1%) |
| Penile infection | 2 (0.1%) | 3 (0.1%) |
| Pneumonia viral | 2 (0.1%) | 3 (0.1%) |
| Pulmonary tuberculosis | 2 (0.1%) | 3 (0.1%) |
| Carbuncle | 2 (0.1%) | 2 (0.1%) |
| Hepatitis C | 2 (0.1%) | 2 (0.1%) |
| Epididymitis | 2 (0.1%) | 1 (0.0%) |
| Intervertebral discitis | 2 (0.1%) | 1 (0.0%) |
| Mastoiditis | 2 (0.1%) | 1 (0.0%) |
| Otitis media chronic | 2 (0.1%) | 1 (0.0%) |
| Post procedural infection | 2 (0.1%) | 1 (0.0%) |
| Staphylococcal bacteraemia | 2 (0.1%) | 1 (0.0%) |
| Tinea infection | 2 (0.1%) | 1 (0.0%) |
| Candida infection | 2 (0.1%) | 0 |
| Enterocolitis viral | 2 (0.1%) | 0 |
| Gastrointestinal infection | 2 (0.1%) | 0 |
| Herpes virus infection | 2 (0.1%) | 0 |
| Infected cyst | 2 (0.1%) | 0 |
| Liver abscess | 2 (0.1%) | 0 |
| Scrotal abscess | 2 (0.1%) | 0 |
| Genital infection fungal | 1 (0.0%) | 5 (0.2%) |
| Oral candidiasis | 1 (0.0%) | 5 (0.2%) |
| Herpes ophthalmic | 1 (0.0%) | 4 (0.2%) |
| Urethritis | 1 (0.0%) | 4 (0.2%) |
| Genital infection | 1 (0.0%) | 3 (0.1%) |
| Groin infection | 1 (0.0%) | 3 (0.1%) |
| Oesophageal candidiasis | 1 (0.0%) | 3 (0.1%) |
| Urinary tract infection bacterial | 1 (0.0%) | 3 (0.1%) |
| Arthritis infective | 1 (0.0%) | 2 (0.1%) |
| Cholecystitis infective | 1 (0.0%) | 2 (0.1%) |
| Dacryocystitis | 1 (0.0%) | 2 (0.1%) |
| Infective exacerbation of bronchiectasis | 1 (0.0%) | 2 (0.1%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 2 (0.1%) |
| Meningitis | 1 (0.0%) | 2 (0.1%) |
| Abscess oral | 1 (0.0%) | 1 (0.0%) |
| Alveolar osteitis | 1 (0.0%) | 1 (0.0%) |
| Asymptomatic COVID-19 | 1 (0.0%) | 1 (0.0%) |
| Bacterial vaginosis | 1 (0.0%) | 1 (0.0%) |
| Chest wall abscess | 1 (0.0%) | 1 (0.0%) |
| Device related infection | 1 (0.0%) | 1 (0.0%) |
| Diabetic gangrene | 1 (0.0%) | 1 (0.0%) |
| Ear infection fungal | 1 (0.0%) | 1 (0.0%) |
| Genital herpes | 1 (0.0%) | 1 (0.0%) |
| Groin abscess | 1 (0.0%) | 1 (0.0%) |
| Nail infection | 1 (0.0%) | 1 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis acute | 1 (0.0%) | 1 (0.0%) |
| Otitis media acute | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Pharyngitis bacterial | 1 (0.0%) | 1 (0.0%) |
| Pneumonia influenzal | 1 (0.0%) | 1 (0.0%) |
| Pyoderma | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Sialoadenitis | 1 (0.0%) | 1 (0.0%) |
| Staphylococcal infection | 1 (0.0%) | 1 (0.0%) |
| Tinea versicolour | 1 (0.0%) | 1 (0.0%) |
| Urogenital infection fungal | 1 (0.0%) | 1 (0.0%) |
| Varicella zoster virus infection | 1 (0.0%) | 1 (0.0%) |
| Viral diarrhoea | 1 (0.0%) | 1 (0.0%) |
| Abdominal abscess | 1 (0.0%) | 0 |
| Abdominal infection | 1 (0.0%) | 0 |
| Abdominal wall abscess | 1 (0.0%) | 0 |
| Ascariasis | 1 (0.0%) | 0 |
| Bacterial disease carrier | 1 (0.0%) | 0 |
| Blisters infected | 1 (0.0%) | 0 |
| Borrelia infection | 1 (0.0%) | 0 |
| Burn infection | 1 (0.0%) | 0 |
| Cervicitis | 1 (0.0%) | 0 |
| Conjunctivitis viral | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Dacryocanaliculitis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Ear infection staphylococcal | 1 (0.0%) | 0 |
| Encephalitis viral | 1 (0.0%) | 0 |
| Endocarditis | 1 (0.0%) | 0 |
| Endophthalmitis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Erythema migrans | 1 (0.0%) | 0 |
| Escherichia bacteraemia | 1 (0.0%) | 0 |
| Eye infection viral | 1 (0.0%) | 0 |
| Eyelid infection | 1 (0.0%) | 0 |
| Fascioliasis | 1 (0.0%) | 0 |
| Fungal pharyngitis | 1 (0.0%) | 0 |
| Gastroenteritis rotavirus | 1 (0.0%) | 0 |
| Gastrointestinal candidiasis | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Hand-foot-and-mouth disease | 1 (0.0%) | 0 |
| Hepatitis B | 1 (0.0%) | 0 |
| Hepatitis E | 1 (0.0%) | 0 |
| Herpangina | 1 (0.0%) | 0 |
| Impetigo | 1 (0.0%) | 0 |
| Injection site cellulitis | 1 (0.0%) | 0 |
| Intestinal sepsis | 1 (0.0%) | 0 |
| Lower respiratory tract infection viral | 1 (0.0%) | 0 |
| Lymphadenitis bacterial | 1 (0.0%) | 0 |
| Mastitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Oral infection | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Otitis externa fungal | 1 (0.0%) | 0 |
| Otosalpingitis | 1 (0.0%) | 0 |
| Pharyngitis streptococcal | 1 (0.0%) | 0 |
| Pneumococcal infection | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia streptococcal | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------------|------------------------|---------------------|
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Purulent discharge | 1 (0.0%) | 0 |
| Pyuria | 1 (0.0%) | 0 |
| Q fever | 1 (0.0%) | 0 |
| Respiratory tract infection bacterial | 1 (0.0%) | 0 |
| Sinusitis bacterial | 1 (0.0%) | 0 |
| Spinal cord abscess | 1 (0.0%) | 0 |
| Staphylococcal sepsis | 1 (0.0%) | 0 |
| Stoma site infection | 1 (0.0%) | 0 |
| Tinea blanca | 1 (0.0%) | 0 |
| Tongue fungal infection | 1 (0.0%) | 0 |
| Tuberculosis | 1 (0.0%) | 0 |
| Urinary tract infection enterococcal | 1 (0.0%) | 0 |
| Viral sinusitis | 1 (0.0%) | 0 |
| Vulval abscess | 1 (0.0%) | 0 |
| Vulvovaginitis | 1 (0.0%) | 0 |
| Atypical pneumonia | 0 | 3 (0.1%) |
| Chronic hepatitis C | 0 | 3 (0.1%) |
| Diarrhoea infectious | 0 | 3 (0.1%) |
| Tonsillitis bacterial | 0 | 3 (0.1%) |
| Bacteraemia | 0 | 2 (0.1%) |
| Bacteriuria | 0 | 2 (0.1%) |
| Balanitis candida | 0 | 2 (0.1%) |
| Bronchiolitis | 0 | 2 (0.1%) |
| Haematoma infection | 0 | 2 (0.1%) |
| Root canal infection | 0 | 2 (0.1%) |
| Salmonellosis | 0 | 2 (0.1%) |
| Vestibular neuronitis | 0 | 2 (0.1%) |
| Abdominal sepsis | 0 | 1 (0.0%) |
| Abscess jaw | 0 | 1 (0.0%) |
| Abscess of eyelid | 0 | 1 (0.0%) |
| Abscess soft tissue | 0 | 1 (0.0%) |
| Adenoviral conjunctivitis | 0 | 1 (0.0%) |
| Anal fistula infection | 0 | 1 (0.0%) |
| Anorectal cellulitis | 0 | 1 (0.0%) |
| Arthritis bacterial | 0 | 1 (0.0%) |
| Arthropod-borne disease | 0 | 1 (0.0%) |
| Bacterial vulvovaginitis | 0 | 1 (0.0%) |
| Balanoposthitis infective | 0 | 1 (0.0%) |
| Bronchitis viral | 0 | 1 (0.0%) |
| Bullous erysipelas | 0 | 1 (0.0%) |
| Catheter site infection | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chikungunya virus infection | 0 | 1 (0.0%) |
| Chronic hepatitis B | 0 | 1 (0.0%) |
| Chronic tonsillitis | 0 | 1 (0.0%) |
| Clostridium colitis | 0 | 1 (0.0%) |
| Clostridium difficile infection | 0 | 1 (0.0%) |
| Dermatophytosis | 0 | 1 (0.0%) |
| Dysentery | 0 | 1 (0.0%) |
| Eczema impetiginous | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Eczema infected | 0 | 1 (0.0%) |
| Enterococcal bacteraemia | 0 | 1 (0.0%) |
| Epstein-Barr virus infection | 0 | 1 (0.0%) |
| Fungal balanitis | 0 | 1 (0.0%) |
| Gastroenteritis norovirus | 0 | 1 (0.0%) |
| Gastrointestinal fungal infection | 0 | 1 (0.0%) |
| Hepatitis A | 0 | 1 (0.0%) |
| Hepatitis viral | 0 | 1 (0.0%) |
| Herpes zoster infection neurological | 0 | 1 (0.0%) |
| Herpes zoster meningoencephalitis | 0 | 1 (0.0%) |
| Herpes zoster oticus | 0 | 1 (0.0%) |
| Infected varicose vein | 0 | 1 (0.0%) |
| Injection site infection | 0 | 1 (0.0%) |
| Kidney infection | 0 | 1 (0.0%) |
| Large intestine infection | 0 | 1 (0.0%) |
| Leprosy | 0 | 1 (0.0%) |
| Lymphangitis | 0 | 1 (0.0%) |
| Medical device site abscess | 0 | 1 (0.0%) |
| Muscle abscess | 0 | 1 (0.0%) |
| Mycoplasma infection | 0 | 1 (0.0%) |
| Ophthalmic herpes simplex | 0 | 1 (0.0%) |
| Parotitis | 0 | 1 (0.0%) |
| Pelvic inflammatory disease | 0 | 1 (0.0%) |
| Perineal abscess | 0 | 1 (0.0%) |
| Perirectal abscess | 0 | 1 (0.0%) |
| Peritonsillar abscess | 0 | 1 (0.0%) |
| Pneumonia haemophilus | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Pneumonia pneumococcal | 0 | 1 (0.0%) |
| Pseudomonas infection | 0 | 1 (0.0%) |
| Pulmonary sepsis | 0 | 1 (0.0%) |
| Eyelitis | 0 | 1 (0.0%) |
| Rash pustular | 0 | 1 (0.0%) |
| Retroperitoneal abscess | 0 | 1 (0.0%) |
| Rocky mountain spotted fever | 0 | 1 (0.0%) |
| Salpingitis | 0 | 1 (0.0%) |
| Sinobronchitis | 0 | 1 (0.0%) |
| Skin candida | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Testicular abscess | 0 | 1 (0.0%) |
| Tinea manuum | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Trichomoniasis | 0 | 1 (0.0%) |
| Urinary tract candidiasis | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Viral pharyngitis | 0 | 1 (0.0%) |
| Vulvovaginitis trichomonal | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 760 (30.0%) | 687 (27.2%) |
| Hyperkalaemia | 167 (6.6%) | 90 (3.6%) |
| Hyperuricaemia | 118 (4.7%) | 77 (3.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Hypoglycaemia | 108 (4.3%) | 108 (4.3%) |
| Diabetes mellitus | 71 (2.8%) | 90 (3.6%) |
| Diabetes mellitus inadequate control | 70 (2.8%) | 58 (2.3%) |
| Hyperglycaemia | 66 (2.6%) | 57 (2.3%) |
| Type 2 diabetes mellitus | 58 (2.3%) | 57 (2.3%) |
| Hypertriglyceridaemia | 49 (1.9%) | 35 (1.4%) |
| Vitamin D deficiency | 48 (1.9%) | 43 (1.7%) |
| Gout | 45 (1.8%) | 36 (1.4%) |
| Dyslipidaemia | 41 (1.6%) | 32 (1.3%) |
| Diabetic metabolic decompensation | 35 (1.4%) | 25 (1.0%) |
| Hyperlipidaemia | 33 (1.3%) | 31 (1.2%) |
| Hypokalaemia | 27 (1.1%) | 54 (2.1%) |
| Hyponatraemia | 27 (1.1%) | 10 (0.4%) |
| Dehydration | 17 (0.7%) | 16 (0.6%) |
| Iron deficiency | 16 (0.6%) | 11 (0.4%) |
| Decreased appetite | 14 (0.6%) | 21 (0.8%) |
| Hypomagnesaemia | 14 (0.6%) | 13 (0.5%) |
| Vitamin B12 deficiency | 12 (0.5%) | 7 (0.3%) |
| Hypercholesterolaemia | 11 (0.4%) | 6 (0.2%) |
| Obesity | 9 (0.4%) | 11 (0.4%) |
| Hypoproteinaemia | 9 (0.4%) | 9 (0.4%) |
| Metabolic acidosis | 8 (0.3%) | 4 (0.2%) |
| Folate deficiency | 5 (0.2%) | 9 (0.4%) |
| Hypocalcaemia | 5 (0.2%) | 9 (0.4%) |
| Hypercalcaemia | 4 (0.2%) | 5 (0.2%) |
| Diabetic ketoacidosis | 4 (0.2%) | 2 (0.1%) |
| Metabolic disorder | 3 (0.1%) | 10 (0.4%) |
| Hypoalbuminaemia | 3 (0.1%) | 4 (0.2%) |
| Hyperphosphataemia | 3 (0.1%) | 2 (0.1%) |
| Fluid overload | 3 (0.1%) | 1 (0.0%) |
| Hypochloraemia | 2 (0.1%) | 2 (0.1%) |
| Abnormal loss of weight | 2 (0.1%) | 1 (0.0%) |
| Lipid metabolism disorder | 2 (0.1%) | 1 (0.0%) |
| Malnutrition | 2 (0.1%) | 1 (0.0%) |
| Metabolic syndrome | 2 (0.1%) | 0 |
| Overweight | 2 (0.1%) | 0 |
| Electrolyte imbalance | 1 (0.0%) | 3 (0.1%) |
| Hyperhomocysteinaemia | 1 (0.0%) | 2 (0.1%) |
| Hypervolaemia | 1 (0.0%) | 2 (0.1%) |
| Increased appetite | 1 (0.0%) | 2 (0.1%) |
| Magnesium deficiency | 1 (0.0%) | 2 (0.1%) |
| Hypophosphataemia | 1 (0.0%) | 1 (0.0%) |
| Hypovolaemia | 1 (0.0%) | 1 (0.0%) |
| Alkalosis | 1 (0.0%) | 0 |
| Diabetic ketosis | 1 (0.0%) | 0 |
| Food aversion | 1 (0.0%) | 0 |
| Hypocholesterolaemia | 1 (0.0%) | 0 |
| Ketoacidosis | 1 (0.0%) | 0 |
| Lactic acidosis | 1 (0.0%) | 0 |
| Cachexia | 0 | 3 (0.1%) |
| Hypernatraemia | 0 | 3 (0.1%) |
| Diabetic complication | 0 | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Hyperchloraemia | 0 | 2 (0.1%) |
| Abnormal weight gain | 0 | 1 (0.0%) |
| Fluid retention | 0 | 1 (0.0%) |
| Hyperlactacidaemia | 0 | 1 (0.0%) |
| Hypoglycaemia unawareness | 0 | 1 (0.0%) |
| Hypovitaminosis | 0 | 1 (0.0%) |
| Hypozincaemia | 0 | 1 (0.0%) |
| Lactose intolerance | 0 | 1 (0.0%) |
| Metabolic alkalosis | 0 | 1 (0.0%) |
| Mineral metabolism disorder | 0 | 1 (0.0%) |
| Periarthritis calcarea | 0 | 1 (0.0%) |
| Polydipsia | 0 | 1 (0.0%) |
| Vitamin B complex deficiency | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 668 (26.3%) | 658 (26.1%) |
| Arthralgia | 188 (7.4%) | 165 (6.5%) |
| Back pain | 162 (6.4%) | 147 (5.8%) |
| Pain in extremity | 90 (3.5%) | 81 (3.2%) |
| Muscle spasms | 66 (2.6%) | 79 (3.1%) |
| Osteoarthritis | 61 (2.4%) | 67 (2.7%) |
| Myalgia | 45 (1.8%) | 50 (2.0%) |
| Intervertebral disc protrusion | 30 (1.2%) | 31 (1.2%) |
| Spinal osteoarthritis | 28 (1.1%) | 34 (1.3%) |
| Neck pain | 27 (1.1%) | 26 (1.0%) |
| Rotator cuff syndrome | 23 (0.9%) | 28 (1.1%) |
| Arthritis | 23 (0.9%) | 22 (0.9%) |
| Periarthritis | 22 (0.9%) | 16 (0.6%) |
| Musculoskeletal chest pain | 13 (0.5%) | 11 (0.4%) |
| Bursitis | 11 (0.4%) | 17 (0.7%) |
| Joint swelling | 11 (0.4%) | 11 (0.4%) |
| Flank pain | 11 (0.4%) | 8 (0.3%) |
| Lumbar spinal stenosis | 11 (0.4%) | 6 (0.2%) |
| Trigger finger | 10 (0.4%) | 10 (0.4%) |
| Muscular weakness | 10 (0.4%) | 6 (0.2%) |
| Osteoporosis | 9 (0.4%) | 8 (0.3%) |
| Tenosynovitis | 9 (0.4%) | 6 (0.2%) |
| Gouty arthritis | 8 (0.3%) | 4 (0.2%) |
| Spinal stenosis | 8 (0.3%) | 4 (0.2%) |
| Spinal pain | 8 (0.3%) | 2 (0.1%) |
| Plantar fasciitis | 7 (0.3%) | 15 (0.6%) |
| Tendon disorder | 7 (0.3%) | 8 (0.3%) |
| Musculoskeletal stiffness | 7 (0.3%) | 6 (0.2%) |
| Synovial cyst | 7 (0.3%) | 5 (0.2%) |
| Tendonitis | 6 (0.2%) | 7 (0.3%) |
| Neuropathic arthropathy | 6 (0.2%) | 6 (0.2%) |
| Osteochondrosis | 6 (0.2%) | 6 (0.2%) |
| Intervertebral disc degeneration | 6 (0.2%) | 5 (0.2%) |
| Osteopenia | 6 (0.2%) | 4 (0.2%) |
| Intervertebral disc disorder | 5 (0.2%) | 7 (0.3%) |
| Rheumatoid arthritis | 5 (0.2%) | 3 (0.1%) |
| Foot deformity | 5 (0.2%) | 1 (0.0%) |
| Musculoskeletal pain | 4 (0.2%) | 10 (0.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------|------------------------|---------------------|
| Exostosis | 4 (0.2%) | 6 (0.2%) |
| Synovitis | 4 (0.2%) | 1 (0.0%) |
| Chondropathy | 3 (0.1%) | 1 (0.0%) |
| Tenosynovitis stenosaurs | 3 (0.1%) | 1 (0.0%) |
| Muscle atrophy | 3 (0.1%) | 0 |
| Rhabdomyolysis | 3 (0.1%) | 0 |
| Dupuytren's contracture | 2 (0.1%) | 5 (0.2%) |
| Myositis | 2 (0.1%) | 5 (0.2%) |
| Limb discomfort | 2 (0.1%) | 3 (0.1%) |
| Osteitis | 2 (0.1%) | 3 (0.1%) |
| Scoliosis | 2 (0.1%) | 3 (0.1%) |
| Spondylolisthesis | 2 (0.1%) | 3 (0.1%) |
| Joint effusion | 2 (0.1%) | 2 (0.1%) |
| Polymyalgia rheumatica | 2 (0.1%) | 2 (0.1%) |
| Muscle contracture | 2 (0.1%) | 1 (0.0%) |
| Muscle twitching | 2 (0.1%) | 1 (0.0%) |
| Myopathy | 2 (0.1%) | 1 (0.0%) |
| Sacroiliitis | 2 (0.1%) | 0 |
| Costochondritis | 1 (0.0%) | 5 (0.2%) |
| Polyarthritits | 1 (0.0%) | 3 (0.1%) |
| Diastasis recti abdominis | 1 (0.0%) | 2 (0.1%) |
| Fibromyalgia | 1 (0.0%) | 2 (0.1%) |
| Metatarsalgia | 1 (0.0%) | 2 (0.1%) |
| Coccydynia | 1 (0.0%) | 1 (0.0%) |
| Degenerative bone disease | 1 (0.0%) | 1 (0.0%) |
| Fasciitis | 1 (0.0%) | 1 (0.0%) |
| Haematoma muscle | 1 (0.0%) | 1 (0.0%) |
| Joint range of motion decreased | 1 (0.0%) | 1 (0.0%) |
| Muscle rigidity | 1 (0.0%) | 1 (0.0%) |
| Musculoskeletal disorder | 1 (0.0%) | 1 (0.0%) |
| Spinal ligament ossification | 1 (0.0%) | 1 (0.0%) |
| Spondylitis | 1 (0.0%) | 1 (0.0%) |
| Vertebral foraminal stenosis | 1 (0.0%) | 1 (0.0%) |
| Enostosis | 1 (0.0%) | 0 |
| Enthesopathy | 1 (0.0%) | 0 |
| Exostosis of jaw | 1 (0.0%) | 0 |
| Femoroacetabular impingement | 1 (0.0%) | 0 |
| Fracture nonunion | 1 (0.0%) | 0 |
| Groin pain | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Joint stiffness | 1 (0.0%) | 0 |
| Knee deformity | 1 (0.0%) | 0 |
| Limb mass | 1 (0.0%) | 0 |
| Mobility decreased | 1 (0.0%) | 0 |
| Muscle disorder | 1 (0.0%) | 0 |
| Osteolysis | 1 (0.0%) | 0 |
| Osteonecrosis | 1 (0.0%) | 0 |
| Polymyositis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Soft tissue swelling | 1 (0.0%) | 0 |
| Spinal deformity | 1 (0.0%) | 0 |
| Spinal disorder | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Spinal synovial cyst | 1 (0.0%) | 0 |
| Temporomandibular joint syndrome | 1 (0.0%) | 0 |
| Tendon discomfort | 1 (0.0%) | 0 |
| Tendon pain | 1 (0.0%) | 0 |
| Muscle fatigue | 0 | 4 (0.2%) |
| Arthropathy | 0 | 3 (0.1%) |
| Bone pain | 0 | 3 (0.1%) |
| Cervical spinal stenosis | 0 | 2 (0.1%) |
| Chondromalacia | 0 | 2 (0.1%) |
| Haemarthrosis | 0 | 2 (0.1%) |
| Musculoskeletal discomfort | 0 | 2 (0.1%) |
| Pain in jaw | 0 | 2 (0.1%) |
| Patellofemoral pain syndrome | 0 | 2 (0.1%) |
| Psoriatic arthropathy | 0 | 2 (0.1%) |
| Spondyloarthropathy | 0 | 2 (0.1%) |
| Ankylosing spondylitis | 0 | 1 (0.0%) |
| Arthritis reactive | 0 | 1 (0.0%) |
| Back disorder | 0 | 1 (0.0%) |
| Bone formation increased | 0 | 1 (0.0%) |
| Chest wall cyst | 0 | 1 (0.0%) |
| Chest wall haematoma | 0 | 1 (0.0%) |
| Chondrocalcinosis | 0 | 1 (0.0%) |
| Chondrocalcinosis pyrophosphate | 0 | 1 (0.0%) |
| Joint contracture | 0 | 1 (0.0%) |
| Kyphoscoliosis | 0 | 1 (0.0%) |
| Loose body in joint | 0 | 1 (0.0%) |
| Muscle tightness | 0 | 1 (0.0%) |
| Neck mass | 0 | 1 (0.0%) |
| Osteoarthropathy | 0 | 1 (0.0%) |
| Osteochondritis | 0 | 1 (0.0%) |
| Osteoporotic fracture | 0 | 1 (0.0%) |
| Osteosclerosis | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Plantar fascial fibromatosis | 0 | 1 (0.0%) |
| Sjogren's syndrome | 0 | 1 (0.0%) |
| Soft tissue disorder | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Tendon calcification | 0 | 1 (0.0%) |
| Undifferentiated connective tissue disease | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 654 (25.8%) | 593 (23.5%) |
| Diarrhoea | 155 (6.1%) | 133 (5.3%) |
| Constipation | 105 (4.1%) | 100 (4.0%) |
| Nausea | 59 (2.3%) | 44 (1.7%) |
| Abdominal pain | 50 (2.0%) | 48 (1.9%) |
| Abdominal pain upper | 45 (1.8%) | 32 (1.3%) |
| Gastritis | 43 (1.7%) | 36 (1.4%) |
| Dyspepsia | 43 (1.7%) | 27 (1.1%) |
| Gastrooesophageal reflux disease | 40 (1.6%) | 53 (2.1%) |
| Vomiting | 40 (1.6%) | 43 (1.7%) |
| Chronic gastritis | 35 (1.4%) | 29 (1.1%) |
| Haemorrhoids | 28 (1.1%) | 23 (0.9%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|------------------------------------|------------------------|---------------------|
| Large intestine polyp | 25 (1.0%) | 42 (1.7%) |
| Toothache | 23 (0.9%) | 24 (1.0%) |
| Gastritis erosive | 15 (0.6%) | 16 (0.6%) |
| Abdominal discomfort | 15 (0.6%) | 9 (0.4%) |
| Diverticulum intestinal | 14 (0.6%) | 12 (0.5%) |
| Abdominal distension | 13 (0.5%) | 15 (0.6%) |
| Dental caries | 13 (0.5%) | 12 (0.5%) |
| Gastric ulcer | 11 (0.4%) | 10 (0.4%) |
| Duodenal ulcer | 11 (0.4%) | 4 (0.2%) |
| Hiatus hernia | 10 (0.4%) | 13 (0.5%) |
| Inguinal hernia | 10 (0.4%) | 11 (0.4%) |
| Pancreatitis acute | 10 (0.4%) | 2 (0.1%) |
| Flatulence | 9 (0.4%) | 13 (0.5%) |
| Umbilical hernia | 9 (0.4%) | 7 (0.3%) |
| Pancreatitis chronic | 8 (0.3%) | 10 (0.4%) |
| Dysphagia | 7 (0.3%) | 6 (0.2%) |
| Gastrointestinal haemorrhage | 7 (0.3%) | 6 (0.2%) |
| Gastric polyps | 6 (0.2%) | 6 (0.2%) |
| Abdominal pain lower | 6 (0.2%) | 4 (0.2%) |
| Rectal polyp | 6 (0.2%) | 4 (0.2%) |
| Oesophagitis | 5 (0.2%) | 11 (0.4%) |
| Colitis | 5 (0.2%) | 6 (0.2%) |
| Gastrointestinal disorder | 5 (0.2%) | 5 (0.2%) |
| Duodenitis | 5 (0.2%) | 4 (0.2%) |
| Melaena | 5 (0.2%) | 4 (0.2%) |
| Irritable bowel syndrome | 5 (0.2%) | 3 (0.1%) |
| Periodontal disease | 5 (0.2%) | 3 (0.1%) |
| Haematochezia | 4 (0.2%) | 9 (0.4%) |
| Food poisoning | 4 (0.2%) | 4 (0.2%) |
| Pancreatitis | 4 (0.2%) | 2 (0.1%) |
| Varices oesophageal | 4 (0.2%) | 1 (0.0%) |
| Gastrointestinal motility disorder | 4 (0.2%) | 0 |
| Ascites | 3 (0.1%) | 4 (0.2%) |
| Diverticulum | 3 (0.1%) | 4 (0.2%) |
| Dry mouth | 3 (0.1%) | 4 (0.2%) |
| Enteritis | 3 (0.1%) | 4 (0.2%) |
| Haemorrhoidal haemorrhage | 3 (0.1%) | 3 (0.1%) |
| Abdominal hernia | 3 (0.1%) | 2 (0.1%) |
| Enterocolitis | 3 (0.1%) | 1 (0.0%) |
| Gastritis haemorrhagic | 3 (0.1%) | 1 (0.0%) |
| Peptic ulcer | 3 (0.1%) | 1 (0.0%) |
| Gastric disorder | 3 (0.1%) | 0 |
| Gingival bleeding | 3 (0.1%) | 0 |
| Stomatitis | 2 (0.1%) | 4 (0.2%) |
| Upper gastrointestinal haemorrhage | 2 (0.1%) | 4 (0.2%) |
| Gastrointestinal angiodysplasia | 2 (0.1%) | 3 (0.1%) |
| Rectal haemorrhage | 2 (0.1%) | 2 (0.1%) |
| Abnormal faeces | 2 (0.1%) | 1 (0.0%) |
| Faeces soft | 2 (0.1%) | 1 (0.0%) |
| Gastric haemorrhage | 2 (0.1%) | 1 (0.0%) |
| Haematemesis | 2 (0.1%) | 1 (0.0%) |
| Loose tooth | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Mouth ulceration | 2 (0.1%) | 1 (0.0%) |
| Pancreatic cyst | 2 (0.1%) | 1 (0.0%) |
| Pancreatic steatosis | 2 (0.1%) | 1 (0.0%) |
| Portal hypertensive gastropathy | 2 (0.1%) | 1 (0.0%) |
| Tooth loss | 2 (0.1%) | 1 (0.0%) |
| Angular cheilitis | 2 (0.1%) | 0 |
| Aphthous ulcer | 2 (0.1%) | 0 |
| Colitis ischaemic | 2 (0.1%) | 0 |
| Duodenogastric reflux | 2 (0.1%) | 0 |
| Intestinal haemorrhage | 2 (0.1%) | 0 |
| Tongue ulceration | 2 (0.1%) | 0 |
| Small intestinal obstruction | 1 (0.0%) | 4 (0.2%) |
| Erosive duodenitis | 1 (0.0%) | 3 (0.1%) |
| Eructation | 1 (0.0%) | 3 (0.1%) |
| Tooth disorder | 1 (0.0%) | 3 (0.1%) |
| Anal fissure | 1 (0.0%) | 2 (0.1%) |
| Gastric ulcer haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Ileus | 1 (0.0%) | 2 (0.1%) |
| Intestinal metaplasia | 1 (0.0%) | 2 (0.1%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Functional gastrointestinal disorder | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal hypermotility | 1 (0.0%) | 1 (0.0%) |
| Gingival swelling | 1 (0.0%) | 1 (0.0%) |
| Intestinal polyp | 1 (0.0%) | 1 (0.0%) |
| Lower gastrointestinal haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 1 (0.0%) | 1 (0.0%) |
| Mesenteric panniculitis | 1 (0.0%) | 1 (0.0%) |
| Noninfective gingivitis | 1 (0.0%) | 1 (0.0%) |
| Oesophageal polyp | 1 (0.0%) | 1 (0.0%) |
| Oesophageal ulcer | 1 (0.0%) | 1 (0.0%) |
| Oesophageal varices haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Parotid gland enlargement | 1 (0.0%) | 1 (0.0%) |
| Proctitis | 1 (0.0%) | 1 (0.0%) |
| Subileus | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Acid peptic disease | 1 (0.0%) | 0 |
| Anal polyp | 1 (0.0%) | 0 |
| Bile acid malabsorption | 1 (0.0%) | 0 |
| Change of bowel habit | 1 (0.0%) | 0 |
| Coeliac artery stenosis | 1 (0.0%) | 0 |
| Duodenal polyp | 1 (0.0%) | 0 |
| Dysbiosis | 1 (0.0%) | 0 |
| Dyschezia | 1 (0.0%) | 0 |
| Epulis | 1 (0.0%) | 0 |
| Faeces discoloured | 1 (0.0%) | 0 |
| Faeces hard | 1 (0.0%) | 0 |
| Gastric mucosa erythema | 1 (0.0%) | 0 |
| Gastric mucosal lesion | 1 (0.0%) | 0 |
| Gastrointestinal oedema | 1 (0.0%) | 0 |
| Gastrointestinal polyp | 1 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 1 (0.0%) | 0 |
| Large intestinal ulcer | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------|------------------------|---------------------|
| Lip disorder | 1 (0.0%) | 0 |
| Lip pain | 1 (0.0%) | 0 |
| Lip swelling | 1 (0.0%) | 0 |
| Lumbar hernia | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Oedematous pancreatitis | 1 (0.0%) | 0 |
| Oesophageal haemorrhage | 1 (0.0%) | 0 |
| Oesophageal mass | 1 (0.0%) | 0 |
| Oesophageal obstruction | 1 (0.0%) | 0 |
| Oesophageal pain | 1 (0.0%) | 0 |
| Oral discomfort | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Stress ulcer | 1 (0.0%) | 0 |
| Submaxillary gland enlargement | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Tooth ankylosis | 1 (0.0%) | 0 |
| Tooth development disorder | 1 (0.0%) | 0 |
| Tooth impacted | 1 (0.0%) | 0 |
| Ulcerative duodenitis | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Intestinal obstruction | 0 | 5 (0.2%) |
| Frequent bowel movements | 0 | 4 (0.2%) |
| Impaired gastric emptying | 0 | 4 (0.2%) |
| Anal incontinence | 0 | 3 (0.1%) |
| Abdominal adhesions | 0 | 2 (0.1%) |
| Anal fistula | 0 | 2 (0.1%) |
| Barrett's oesophagus | 0 | 2 (0.1%) |
| Breath odour | 0 | 2 (0.1%) |
| Coeliac disease | 0 | 2 (0.1%) |
| Colitis ulcerative | 0 | 2 (0.1%) |
| Diaphragmatic hernia | 0 | 2 (0.1%) |
| Gastrointestinal inflammation | 0 | 2 (0.1%) |
| Gingival pain | 0 | 2 (0.1%) |
| Glossodynia | 0 | 2 (0.1%) |
| Intestinal mass | 0 | 2 (0.1%) |
| Lip oedema | 0 | 2 (0.1%) |
| Oral pain | 0 | 2 (0.1%) |
| Reflux gastritis | 0 | 2 (0.1%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Anal haemorrhage | 0 | 1 (0.0%) |
| Anal inflammation | 0 | 1 (0.0%) |
| Anal rash | 0 | 1 (0.0%) |
| Anal skin tags | 0 | 1 (0.0%) |
| Bowel movement irregularity | 0 | 1 (0.0%) |
| Brunner's gland hyperplasia | 0 | 1 (0.0%) |
| Cheilitis | 0 | 1 (0.0%) |
| Crohn's disease | 0 | 1 (0.0%) |
| Diabetic gastroparesis | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Ectopic gastric mucosa | 0 | 1 (0.0%) |
| Enterovesical fistula | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Erosive oesophagitis | 0 | 1 (0.0%) |
| Faecaloma | 0 | 1 (0.0%) |
| Gastric varices haemorrhage | 0 | 1 (0.0%) |
| Gastrointestinal scarring | 0 | 1 (0.0%) |
| Gingival hypertrophy | 0 | 1 (0.0%) |
| Glycogenic acanthosis | 0 | 1 (0.0%) |
| Hypoaesthesia oral | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Internal hernia | 0 | 1 (0.0%) |
| Lymphangiectasia intestinal | 0 | 1 (0.0%) |
| Odynophagia | 0 | 1 (0.0%) |
| Oesophageal disorder | 0 | 1 (0.0%) |
| Oesophageal dysplasia | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Oral mucosa erosion | 0 | 1 (0.0%) |
| Palatal disorder | 0 | 1 (0.0%) |
| Pancreatitis relapsing | 0 | 1 (0.0%) |
| Peptic ulcer haemorrhage | 0 | 1 (0.0%) |
| Peritoneal adhesions | 0 | 1 (0.0%) |
| Rectal discharge | 0 | 1 (0.0%) |
| Rectal ulcer haemorrhage | 0 | 1 (0.0%) |
| Retroperitoneal haematoma | 0 | 1 (0.0%) |
| Salivary gland calculus | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| Small intestine ulcer | 0 | 1 (0.0%) |
| Steatorrhoea | 0 | 1 (0.0%) |
| Investigations | 555 (21.9%) | 554 (22.0%) |
| Glomerular filtration rate decreased | 115 (4.5%) | 99 (3.9%) |
| C-reactive protein increased | 83 (3.3%) | 79 (3.1%) |
| Blood creatine phosphokinase increased | 77 (3.0%) | 101 (4.0%) |
| Blood pressure increased | 38 (1.5%) | 44 (1.7%) |
| Blood potassium increased | 36 (1.4%) | 17 (0.7%) |
| Glycosylated haemoglobin increased | 35 (1.4%) | 34 (1.3%) |
| Blood creatinine increased | 32 (1.3%) | 36 (1.4%) |
| Weight decreased | 32 (1.3%) | 27 (1.1%) |
| Gamma-glutamyltransferase increased | 28 (1.1%) | 35 (1.4%) |
| Blood triglycerides increased | 18 (0.7%) | 9 (0.4%) |
| Blood glucose increased | 15 (0.6%) | 20 (0.8%) |
| Alanine aminotransferase increased | 15 (0.6%) | 17 (0.7%) |
| Aspartate aminotransferase increased | 14 (0.6%) | 12 (0.5%) |
| Blood uric acid increased | 14 (0.6%) | 8 (0.3%) |
| Weight increased | 12 (0.5%) | 16 (0.6%) |
| Hepatic enzyme increased | 9 (0.4%) | 8 (0.3%) |
| Liver function test increased | 9 (0.4%) | 8 (0.3%) |
| Haemoglobin decreased | 6 (0.2%) | 13 (0.5%) |
| Cardiac murmur | 6 (0.2%) | 7 (0.3%) |
| Blood potassium decreased | 6 (0.2%) | 6 (0.2%) |
| Blood lactate dehydrogenase increased | 5 (0.2%) | 4 (0.2%) |
| White blood cell count increased | 5 (0.2%) | 4 (0.2%) |
| Transaminases increased | 5 (0.2%) | 3 (0.1%) |
| Helicobacter test positive | 4 (0.2%) | 8 (0.3%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Blood alkaline phosphatase increased | 4 (0.2%) | 5 (0.2%) |
| Blood pressure decreased | 4 (0.2%) | 4 (0.2%) |
| Polymerase chain reaction positive | 4 (0.2%) | 2 (0.1%) |
| Vitamin D decreased | 4 (0.2%) | 0 |
| Heart rate increased | 3 (0.1%) | 4 (0.2%) |
| Electrocardiogram T wave inversion | 3 (0.1%) | 3 (0.1%) |
| Haemoglobin increased | 3 (0.1%) | 3 (0.1%) |
| Colonoscopy | 3 (0.1%) | 2 (0.1%) |
| Ejection fraction decreased | 3 (0.1%) | 1 (0.0%) |
| Blood sodium decreased | 3 (0.1%) | 0 |
| Blood urine present | 3 (0.1%) | 0 |
| Carcinoembryonic antigen increased | 3 (0.1%) | 0 |
| Electrocardiogram T wave amplitude decreased | 3 (0.1%) | 0 |
| Troponin T increased | 3 (0.1%) | 0 |
| Prostatic specific antigen increased | 2 (0.1%) | 11 (0.4%) |
| Electrocardiogram ST segment depression | 2 (0.1%) | 5 (0.2%) |
| Occult blood positive | 2 (0.1%) | 4 (0.2%) |
| Angiocardiogram | 2 (0.1%) | 3 (0.1%) |
| Blood urea increased | 2 (0.1%) | 3 (0.1%) |
| Liver function test abnormal | 2 (0.1%) | 3 (0.1%) |
| Urine albumin/creatinine ratio increased | 2 (0.1%) | 3 (0.1%) |
| Blood magnesium decreased | 2 (0.1%) | 2 (0.1%) |
| High density lipoprotein decreased | 2 (0.1%) | 2 (0.1%) |
| N-terminal prohormone brain natriuretic peptide increased | 2 (0.1%) | 2 (0.1%) |
| Protein urine present | 2 (0.1%) | 2 (0.1%) |
| SARS-CoV-2 test positive | 2 (0.1%) | 2 (0.1%) |
| Biopsy liver | 2 (0.1%) | 1 (0.0%) |
| Electrocardiogram T wave abnormal | 2 (0.1%) | 1 (0.0%) |
| Blood glucose decreased | 2 (0.1%) | 0 |
| Bone density decreased | 2 (0.1%) | 0 |
| Electrocardiogram change | 2 (0.1%) | 0 |
| Escherichia test positive | 2 (0.1%) | 0 |
| Lipids increased | 2 (0.1%) | 0 |
| Electrocardiogram abnormal | 1 (0.0%) | 4 (0.2%) |
| Intraocular pressure increased | 1 (0.0%) | 4 (0.2%) |
| QRS axis abnormal | 1 (0.0%) | 4 (0.2%) |
| Blood bicarbonate decreased | 1 (0.0%) | 3 (0.1%) |
| Blood cholesterol increased | 1 (0.0%) | 3 (0.1%) |
| Troponin increased | 1 (0.0%) | 3 (0.1%) |
| Blood calcium increased | 1 (0.0%) | 2 (0.1%) |
| Electrocardiogram QT prolonged | 1 (0.0%) | 2 (0.1%) |
| Haematocrit increased | 1 (0.0%) | 2 (0.1%) |
| Platelet count decreased | 1 (0.0%) | 2 (0.1%) |
| Vitamin B12 decreased | 1 (0.0%) | 2 (0.1%) |
| Arthroscopy | 1 (0.0%) | 1 (0.0%) |
| Biopsy kidney | 1 (0.0%) | 1 (0.0%) |
| Blood folate decreased | 1 (0.0%) | 1 (0.0%) |
| Blood phosphorus increased | 1 (0.0%) | 1 (0.0%) |
| Blood sodium increased | 1 (0.0%) | 1 (0.0%) |
| Blood testosterone decreased | 1 (0.0%) | 1 (0.0%) |
| Chest X-ray abnormal | 1 (0.0%) | 1 (0.0%) |
| ECG signs of myocardial ischaemia | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Electrocardiogram Q wave abnormal | 1 (0.0%) | 1 (0.0%) |
| Electrocardiogram ST segment elevation | 1 (0.0%) | 1 (0.0%) |
| Fibrin D dimer increased | 1 (0.0%) | 1 (0.0%) |
| Inflammatory marker increased | 1 (0.0%) | 1 (0.0%) |
| Low density lipoprotein decreased | 1 (0.0%) | 1 (0.0%) |
| Red blood cell count decreased | 1 (0.0%) | 1 (0.0%) |
| Respiratory syncytial virus test positive | 1 (0.0%) | 1 (0.0%) |
| White blood cells urine positive | 1 (0.0%) | 1 (0.0%) |
| Amylase increased | 1 (0.0%) | 0 |
| Angiogram | 1 (0.0%) | 0 |
| Angiogram retina | 1 (0.0%) | 0 |
| Arteriogram carotid abnormal | 1 (0.0%) | 0 |
| Aspiration joint | 1 (0.0%) | 0 |
| Blood bilirubin increased | 1 (0.0%) | 0 |
| Blood chloride decreased | 1 (0.0%) | 0 |
| Blood cholesterol decreased | 1 (0.0%) | 0 |
| Blood lactic acid increased | 1 (0.0%) | 0 |
| Blood pressure abnormal | 1 (0.0%) | 0 |
| Blood pressure diastolic increased | 1 (0.0%) | 0 |
| Blood thyroid stimulating hormone increased | 1 (0.0%) | 0 |
| Brain natriuretic peptide increased | 1 (0.0%) | 0 |
| Brucella test positive | 1 (0.0%) | 0 |
| Cardiac imaging procedure abnormal | 1 (0.0%) | 0 |
| Catheterisation cardiac | 1 (0.0%) | 0 |
| Colonoscopy abnormal | 1 (0.0%) | 0 |
| Computerised tomogram | 1 (0.0%) | 0 |
| Electrocardiogram PR prolongation | 1 (0.0%) | 0 |
| Electrocardiogram QRS complex abnormal | 1 (0.0%) | 0 |
| Endoscopy upper gastrointestinal tract | 1 (0.0%) | 0 |
| False positive investigation result | 1 (0.0%) | 0 |
| Haematocrit decreased | 1 (0.0%) | 0 |
| Hepatic enzyme abnormal | 1 (0.0%) | 0 |
| Hepatitis B core antibody positive | 1 (0.0%) | 0 |
| Hepatitis B surface antibody positive | 1 (0.0%) | 0 |
| Imaging procedure abnormal | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Intracardiac pressure increased | 1 (0.0%) | 0 |
| Investigation | 1 (0.0%) | 0 |
| Lipase increased | 1 (0.0%) | 0 |
| Low density lipoprotein increased | 1 (0.0%) | 0 |
| Neurone-specific enolase increased | 1 (0.0%) | 0 |
| Proteus test positive | 1 (0.0%) | 0 |
| Pulse absent | 1 (0.0%) | 0 |
| Renal function test abnormal | 1 (0.0%) | 0 |
| Rheumatoid factor increased | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Transaminases abnormal | 1 (0.0%) | 0 |
| Urine alcohol test positive | 1 (0.0%) | 0 |
| Vascular resistance systemic increased | 1 (0.0%) | 0 |
| Influenza A virus test positive | 0 | 5 (0.2%) |
| Biopsy prostate | 0 | 3 (0.1%) |
| Platelet count increased | 0 | 3 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Urinary occult blood positive | 0 | 3 (0.1%) |
| Blood creatine phosphokinase MB increased | 0 | 2 (0.1%) |
| Body temperature increased | 0 | 2 (0.1%) |
| Carotid bruit | 0 | 2 (0.1%) |
| Electrocardiogram ST segment abnormal | 0 | 2 (0.1%) |
| Heart rate decreased | 0 | 2 (0.1%) |
| Neutrophil count increased | 0 | 2 (0.1%) |
| Transferrin saturation decreased | 0 | 2 (0.1%) |
| Alpha 1 foetoprotein increased | 0 | 1 (0.0%) |
| Angiogram cerebral | 0 | 1 (0.0%) |
| Aspiration pleural cavity | 0 | 1 (0.0%) |
| Biopsy | 0 | 1 (0.0%) |
| Biopsy thyroid gland | 0 | 1 (0.0%) |
| Blood chromium decreased | 0 | 1 (0.0%) |
| Blood creatine phosphokinase abnormal | 0 | 1 (0.0%) |
| Blood iron decreased | 0 | 1 (0.0%) |
| Blood magnesium increased | 0 | 1 (0.0%) |
| Blood thyroid stimulating hormone decreased | 0 | 1 (0.0%) |
| Carbohydrate antigen 19-9 increased | 0 | 1 (0.0%) |
| Electrocardiogram QRS complex prolonged | 0 | 1 (0.0%) |
| Electrocardiogram QT interval abnormal | 0 | 1 (0.0%) |
| Endobronchial ultrasound | 0 | 1 (0.0%) |
| Endoscopy small intestine | 0 | 1 (0.0%) |
| Eosinophil count increased | 0 | 1 (0.0%) |
| Gastric pH decreased | 0 | 1 (0.0%) |
| Gastrin-releasing peptide precursor increased | 0 | 1 (0.0%) |
| Gastrointestinal stoma output increased | 0 | 1 (0.0%) |
| Glomerular filtration rate increased | 0 | 1 (0.0%) |
| Haematocrit abnormal | 0 | 1 (0.0%) |
| Haemoglobin abnormal | 0 | 1 (0.0%) |
| Hepatitis C virus test positive | 0 | 1 (0.0%) |
| Influenza B virus test positive | 0 | 1 (0.0%) |
| Laboratory test abnormal | 0 | 1 (0.0%) |
| Left ventricular end-diastolic pressure increased | 0 | 1 (0.0%) |
| Light chain analysis increased | 0 | 1 (0.0%) |
| Muscle enzyme increased | 0 | 1 (0.0%) |
| Mycobacterium tuberculosis complex test positive | 0 | 1 (0.0%) |
| Myocardial necrosis marker increased | 0 | 1 (0.0%) |
| Oxygen consumption increased | 0 | 1 (0.0%) |
| Oxygen saturation decreased | 0 | 1 (0.0%) |
| Protein total decreased | 0 | 1 (0.0%) |
| Pulmonary function test decreased | 0 | 1 (0.0%) |
| Pulmonary imaging procedure abnormal | 0 | 1 (0.0%) |
| Red blood cell count increased | 0 | 1 (0.0%) |
| Red blood cell sedimentation rate increased | 0 | 1 (0.0%) |
| Reticulocyte count increased | 0 | 1 (0.0%) |
| SARS-CoV-2 test negative | 0 | 1 (0.0%) |
| Scan myocardial perfusion abnormal | 0 | 1 (0.0%) |
| Staphylococcus test positive | 0 | 1 (0.0%) |
| Stool analysis abnormal | 0 | 1 (0.0%) |
| Troponin I increased | 0 | 1 (0.0%) |
| Ultrasound kidney abnormal | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Ultrasound liver abnormal | 0 | 1 (0.0%) |
| Urine protein/creatinine ratio increased | 0 | 1 (0.0%) |
| White blood cell count decreased | 0 | 1 (0.0%) |
| Nervous System Disorders | 511 (20.1%) | 466 (18.5%) |
| Dizziness | 109 (4.3%) | 83 (3.3%) |
| Headache | 88 (3.5%) | 80 (3.2%) |
| Diabetic neuropathy | 62 (2.4%) | 66 (2.6%) |
| Hypoaesthesia | 23 (0.9%) | 27 (1.1%) |
| Syncope | 22 (0.9%) | 26 (1.0%) |
| Sciatica | 20 (0.8%) | 29 (1.1%) |
| Neuropathy peripheral | 20 (0.8%) | 16 (0.6%) |
| Carpal tunnel syndrome | 18 (0.7%) | 15 (0.6%) |
| Paraesthesia | 18 (0.7%) | 15 (0.6%) |
| Carotid artery stenosis | 16 (0.6%) | 17 (0.7%) |
| Carotid arteriosclerosis | 15 (0.6%) | 21 (0.8%) |
| Lacunar infarction | 11 (0.4%) | 4 (0.2%) |
| Cerebral ischaemia | 10 (0.4%) | 5 (0.2%) |
| Dizziness postural | 10 (0.4%) | 3 (0.1%) |
| Facial paralysis | 8 (0.3%) | 4 (0.2%) |
| Presyncope | 8 (0.3%) | 3 (0.1%) |
| Neuralgia | 7 (0.3%) | 7 (0.3%) |
| Tremor | 7 (0.3%) | 6 (0.2%) |
| Cognitive disorder | 7 (0.3%) | 5 (0.2%) |
| Memory impairment | 7 (0.3%) | 1 (0.0%) |
| Parkinson's disease | 6 (0.2%) | 9 (0.4%) |
| Hemiparesis | 6 (0.2%) | 4 (0.2%) |
| Somnolence | 6 (0.2%) | 4 (0.2%) |
| Vascular encephalopathy | 5 (0.2%) | 1 (0.0%) |
| Balance disorder | 4 (0.2%) | 6 (0.2%) |
| Dementia | 4 (0.2%) | 5 (0.2%) |
| Polyneuropathy | 4 (0.2%) | 5 (0.2%) |
| Cerebral infarction | 4 (0.2%) | 4 (0.2%) |
| Lumbar radiculopathy | 4 (0.2%) | 4 (0.2%) |
| Cerebrovascular disorder | 4 (0.2%) | 3 (0.1%) |
| Tension headache | 4 (0.2%) | 2 (0.1%) |
| Poor quality sleep | 4 (0.2%) | 1 (0.0%) |
| Transient ischaemic attack | 3 (0.1%) | 6 (0.2%) |
| Cerebral arteriosclerosis | 3 (0.1%) | 5 (0.2%) |
| Cervicobrachial syndrome | 3 (0.1%) | 4 (0.2%) |
| Post herpetic neuralgia | 3 (0.1%) | 3 (0.1%) |
| Amnesia | 3 (0.1%) | 2 (0.1%) |
| Carotid artery occlusion | 3 (0.1%) | 2 (0.1%) |
| Dysaesthesia | 3 (0.1%) | 2 (0.1%) |
| Radiculopathy | 3 (0.1%) | 2 (0.1%) |
| Subarachnoid haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Epilepsy | 3 (0.1%) | 1 (0.0%) |
| Lumbosacral radiculopathy | 3 (0.1%) | 0 |
| Metabolic encephalopathy | 3 (0.1%) | 0 |
| Orthostatic intolerance | 3 (0.1%) | 0 |
| Vertebral artery occlusion | 3 (0.1%) | 0 |
| Cervical radiculopathy | 2 (0.1%) | 6 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Dementia Alzheimer's type | 2 (0.1%) | 4 (0.2%) |
| Loss of consciousness | 2 (0.1%) | 4 (0.2%) |
| Burning sensation | 2 (0.1%) | 3 (0.1%) |
| Dysarthria | 2 (0.1%) | 3 (0.1%) |
| Cerebral artery stenosis | 2 (0.1%) | 2 (0.1%) |
| Cerebral atrophy | 2 (0.1%) | 2 (0.1%) |
| Cerebral microangiopathy | 2 (0.1%) | 2 (0.1%) |
| Phantom limb syndrome | 2 (0.1%) | 2 (0.1%) |
| Carotid artery disease | 2 (0.1%) | 1 (0.0%) |
| Cerebrovascular accident | 2 (0.1%) | 1 (0.0%) |
| Demyelination | 2 (0.1%) | 1 (0.0%) |
| Dysgeusia | 2 (0.1%) | 1 (0.0%) |
| Essential tremor | 2 (0.1%) | 1 (0.0%) |
| Head discomfort | 2 (0.1%) | 1 (0.0%) |
| Hemianaesthesia | 2 (0.1%) | 1 (0.0%) |
| Intercostal neuralgia | 2 (0.1%) | 1 (0.0%) |
| Myelopathy | 2 (0.1%) | 1 (0.0%) |
| Peripheral sensorimotor neuropathy | 2 (0.1%) | 1 (0.0%) |
| Restless legs syndrome | 2 (0.1%) | 1 (0.0%) |
| Cerebral circulatory failure | 2 (0.1%) | 0 |
| Coordination abnormal | 2 (0.1%) | 0 |
| Cubital tunnel syndrome | 2 (0.1%) | 0 |
| Leukoencephalopathy | 2 (0.1%) | 0 |
| Nerve compression | 2 (0.1%) | 0 |
| Normal pressure hydrocephalus | 2 (0.1%) | 0 |
| Seizure | 2 (0.1%) | 0 |
| Transient global amnesia | 2 (0.1%) | 0 |
| Vocal cord paresis | 2 (0.1%) | 0 |
| Encephalopathy | 1 (0.0%) | 3 (0.1%) |
| Parkinsonism | 1 (0.0%) | 3 (0.1%) |
| Sensory disturbance | 1 (0.0%) | 3 (0.1%) |
| Facial paresis | 1 (0.0%) | 2 (0.1%) |
| Hemiparaesthesia | 1 (0.0%) | 2 (0.1%) |
| IIIrd nerve paralysis | 1 (0.0%) | 2 (0.1%) |
| Lethargy | 1 (0.0%) | 2 (0.1%) |
| Monoparesis | 1 (0.0%) | 2 (0.1%) |
| Ataxia | 1 (0.0%) | 1 (0.0%) |
| Brain oedema | 1 (0.0%) | 1 (0.0%) |
| Cerebral calcification | 1 (0.0%) | 1 (0.0%) |
| Cerebral small vessel ischaemic disease | 1 (0.0%) | 1 (0.0%) |
| Decreased vibratory sense | 1 (0.0%) | 1 (0.0%) |
| Meralgia paraesthetica | 1 (0.0%) | 1 (0.0%) |
| Paraparesis | 1 (0.0%) | 1 (0.0%) |
| Vascular dementia | 1 (0.0%) | 1 (0.0%) |
| Vertebral artery stenosis | 1 (0.0%) | 1 (0.0%) |
| Allodynia | 1 (0.0%) | 0 |
| Altered state of consciousness | 1 (0.0%) | 0 |
| Amputation stump pain | 1 (0.0%) | 0 |
| Brachial plexopathy | 1 (0.0%) | 0 |
| Brain injury | 1 (0.0%) | 0 |
| Central nervous system lesion | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Cerebellar stroke | 1 (0.0%) | 0 |
| Cerebral artery occlusion | 1 (0.0%) | 0 |
| Cerebrovascular insufficiency | 1 (0.0%) | 0 |
| Complex regional pain syndrome | 1 (0.0%) | 0 |
| Demyelinating polyneuropathy | 1 (0.0%) | 0 |
| Dyskinesia | 1 (0.0%) | 0 |
| Facial nerve disorder | 1 (0.0%) | 0 |
| Hemianopia | 1 (0.0%) | 0 |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 0 |
| IVth nerve paralysis | 1 (0.0%) | 0 |
| Intracranial aneurysm | 1 (0.0%) | 0 |
| Intracranial hypotension | 1 (0.0%) | 0 |
| Ischaemic stroke | 1 (0.0%) | 0 |
| Lacunar stroke | 1 (0.0%) | 0 |
| Migraine without aura | 1 (0.0%) | 0 |
| Mononeuropathy | 1 (0.0%) | 0 |
| Motor dysfunction | 1 (0.0%) | 0 |
| Moyamoya disease | 1 (0.0%) | 0 |
| Neurodegenerative disorder | 1 (0.0%) | 0 |
| Peripheral sensory neuropathy | 1 (0.0%) | 0 |
| Sinus headache | 1 (0.0%) | 0 |
| Sleep deficit | 1 (0.0%) | 0 |
| Spinal claudication | 1 (0.0%) | 0 |
| Spinal cord compression | 1 (0.0%) | 0 |
| Trigeminal neuralgia | 1 (0.0%) | 0 |
| Ulnar neuritis | 1 (0.0%) | 0 |
| VIIIth nerve paralysis | 1 (0.0%) | 0 |
| Vertebrobasilar dolichoectasia | 1 (0.0%) | 0 |
| Migraine | 0 | 8 (0.3%) |
| Anosmia | 0 | 2 (0.1%) |
| Hypoglycaemic coma | 0 | 2 (0.1%) |
| Radicular pain | 0 | 2 (0.1%) |
| Vertigo CNS origin | 0 | 2 (0.1%) |
| Visual field defect | 0 | 2 (0.1%) |
| Ageusia | 0 | 1 (0.0%) |
| Anaesthesia | 0 | 1 (0.0%) |
| Arachnoid cyst | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Carotid artery aneurysm | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebellar atrophy | 0 | 1 (0.0%) |
| Cerebral haemorrhage | 0 | 1 (0.0%) |
| Cerebral vascular occlusion | 0 | 1 (0.0%) |
| Cervicogenic headache | 0 | 1 (0.0%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 1 (0.0%) |
| Clonus | 0 | 1 (0.0%) |
| Coma | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Dysstasia | 0 | 1 (0.0%) |
| Generalised tonic-clonic seizure | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Hyporeflexia | 0 | 1 (0.0%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (0.0%) |
| IVth nerve paresis | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Ischaemic neuropathy | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Multiple sclerosis | 0 | 1 (0.0%) |
| Muscle contractions involuntary | 0 | 1 (0.0%) |
| Myelitis transverse | 0 | 1 (0.0%) |
| Myoclonus | 0 | 1 (0.0%) |
| Neuralgic amyotrophy | 0 | 1 (0.0%) |
| Neuromyopathy | 0 | 1 (0.0%) |
| Parosmia | 0 | 1 (0.0%) |
| Sacral radiculopathy | 0 | 1 (0.0%) |
| Spondylitic myelopathy | 0 | 1 (0.0%) |
| Toxic neuropathy | 0 | 1 (0.0%) |
| Transverse sinus thrombosis | 0 | 1 (0.0%) |
| Ulnar nerve palsy | 0 | 1 (0.0%) |
| Ulnar tunnel syndrome | 0 | 1 (0.0%) |
| Vith nerve paresis | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 404 (15.9%) | 430 (17.0%) |
| Cough | 105 (4.1%) | 113 (4.5%) |
| Dyspnoea | 49 (1.9%) | 76 (3.0%) |
| Chronic obstructive pulmonary disease | 39 (1.5%) | 38 (1.5%) |
| Oropharyngeal pain | 27 (1.1%) | 27 (1.1%) |
| Sleep apnoea syndrome | 26 (1.0%) | 26 (1.0%) |
| Dyspnoea exertional | 22 (0.9%) | 17 (0.7%) |
| Asthma | 19 (0.7%) | 22 (0.9%) |
| Rhinitis allergic | 18 (0.7%) | 16 (0.6%) |
| Pulmonary mass | 16 (0.6%) | 13 (0.5%) |
| Epistaxis | 15 (0.6%) | 17 (0.7%) |
| Bronchitis chronic | 15 (0.6%) | 5 (0.2%) |
| Respiratory disorder | 14 (0.6%) | 6 (0.2%) |
| Acute respiratory failure | 11 (0.4%) | 7 (0.3%) |
| Pleural effusion | 9 (0.4%) | 18 (0.7%) |
| Rhinorrhoea | 9 (0.4%) | 11 (0.4%) |
| Upper respiratory tract inflammation | 8 (0.3%) | 3 (0.1%) |
| Pulmonary embolism | 7 (0.3%) | 8 (0.3%) |
| Respiratory failure | 6 (0.2%) | 12 (0.5%) |
| Catarrh | 6 (0.2%) | 5 (0.2%) |
| Productive cough | 5 (0.2%) | 15 (0.6%) |
| Emphysema | 5 (0.2%) | 4 (0.2%) |
| Atelectasis | 5 (0.2%) | 3 (0.1%) |
| Pulmonary hypertension | 4 (0.2%) | 9 (0.4%) |
| Hypoxia | 4 (0.2%) | 6 (0.2%) |
| Nasal congestion | 4 (0.2%) | 6 (0.2%) |
| Pulmonary fibrosis | 4 (0.2%) | 5 (0.2%) |
| Haemoptysis | 4 (0.2%) | 4 (0.2%) |
| Pulmonary oedema | 3 (0.1%) | 6 (0.2%) |
| Acute pulmonary oedema | 3 (0.1%) | 5 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------|------------------------|---------------------|
| Interstitial lung disease | 3 (0.1%) | 5 (0.2%) |
| Restrictive pulmonary disease | 3 (0.1%) | 1 (0.0%) |
| Upper-airway cough syndrome | 3 (0.1%) | 1 (0.0%) |
| Obstructive airways disorder | 3 (0.1%) | 0 |
| Pleurisy | 3 (0.1%) | 0 |
| Sinus congestion | 3 (0.1%) | 0 |
| Bronchospasm | 2 (0.1%) | 3 (0.1%) |
| Pulmonary congestion | 2 (0.1%) | 3 (0.1%) |
| Aphonia | 2 (0.1%) | 2 (0.1%) |
| Cystic lung disease | 2 (0.1%) | 2 (0.1%) |
| Lung disorder | 2 (0.1%) | 2 (0.1%) |
| Bronchiectasis | 2 (0.1%) | 1 (0.0%) |
| Dyspnoea paroxysmal nocturnal | 2 (0.1%) | 1 (0.0%) |
| Orthopnoea | 2 (0.1%) | 1 (0.0%) |
| Pneumonia aspiration | 2 (0.1%) | 1 (0.0%) |
| Choking sensation | 2 (0.1%) | 0 |
| Hyperventilation | 2 (0.1%) | 0 |
| Lung infiltration | 2 (0.1%) | 0 |
| Nasal obstruction | 2 (0.1%) | 0 |
| Cough variant asthma | 1 (0.0%) | 4 (0.2%) |
| Dysphonia | 1 (0.0%) | 3 (0.1%) |
| Hiccups | 1 (0.0%) | 3 (0.1%) |
| Wheezing | 1 (0.0%) | 3 (0.1%) |
| Pneumonitis | 1 (0.0%) | 2 (0.1%) |
| Chronic respiratory failure | 1 (0.0%) | 1 (0.0%) |
| Increased bronchial secretion | 1 (0.0%) | 1 (0.0%) |
| Nasal septum deviation | 1 (0.0%) | 1 (0.0%) |
| Paranasal cyst | 1 (0.0%) | 1 (0.0%) |
| Pulmonary arterial hypertension | 1 (0.0%) | 1 (0.0%) |
| Respiratory acidosis | 1 (0.0%) | 1 (0.0%) |
| Rhonchi | 1 (0.0%) | 1 (0.0%) |
| Sneezing | 1 (0.0%) | 1 (0.0%) |
| Asphyxia | 1 (0.0%) | 0 |
| Hypercapnia | 1 (0.0%) | 0 |
| Idiopathic pulmonary fibrosis | 1 (0.0%) | 0 |
| Laryngeal cyst | 1 (0.0%) | 0 |
| Laryngeal polyp | 1 (0.0%) | 0 |
| Laryngitis allergic | 1 (0.0%) | 0 |
| Lung consolidation | 1 (0.0%) | 0 |
| Lung hyperinflation | 1 (0.0%) | 0 |
| Nasal dryness | 1 (0.0%) | 0 |
| Nasal mucosal erosion | 1 (0.0%) | 0 |
| Nasal polyps | 1 (0.0%) | 0 |
| Nasal turbinate hypertrophy | 1 (0.0%) | 0 |
| Oropharyngeal discomfort | 1 (0.0%) | 0 |
| Paranasal sinus inflammation | 1 (0.0%) | 0 |
| Pharyngeal erythema | 1 (0.0%) | 0 |
| Pharyngeal mass | 1 (0.0%) | 0 |
| Pleuritic pain | 1 (0.0%) | 0 |
| Pneumothorax | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Respiratory tract inflammation | 1 (0.0%) | 0 |
| Rhinitis hypertrophic | 1 (0.0%) | 0 |
| Small airways disease | 1 (0.0%) | 0 |
| Stridor | 1 (0.0%) | 0 |
| Tonsillar cyst | 1 (0.0%) | 0 |
| Tracheal squamous cell metaplasia | 1 (0.0%) | 0 |
| Tracheal stenosis | 1 (0.0%) | 0 |
| Vocal cord inflammation | 1 (0.0%) | 0 |
| Dyspnoea at rest | 0 | 2 (0.1%) |
| Hydrothorax | 0 | 2 (0.1%) |
| Reflux laryngitis | 0 | 2 (0.1%) |
| Sinus disorder | 0 | 2 (0.1%) |
| Sinus pain | 0 | 2 (0.1%) |
| Upper respiratory tract congestion | 0 | 2 (0.1%) |
| Acute respiratory distress syndrome | 0 | 1 (0.0%) |
| Allergic respiratory disease | 0 | 1 (0.0%) |
| Apnoea | 0 | 1 (0.0%) |
| Bronchial secretion retention | 0 | 1 (0.0%) |
| Chronic respiratory disease | 0 | 1 (0.0%) |
| Diaphragmatic abnormal relaxation | 0 | 1 (0.0%) |
| Dry throat | 0 | 1 (0.0%) |
| Laryngeal mass | 0 | 1 (0.0%) |
| Lung cyst | 0 | 1 (0.0%) |
| Lung hypoinflation | 0 | 1 (0.0%) |
| Nocturnal dyspnoea | 0 | 1 (0.0%) |
| Paranasal sinus hypersecretion | 0 | 1 (0.0%) |
| Paranasal sinus mucosal hypertrophy | 0 | 1 (0.0%) |
| Pharyngeal inflammation | 0 | 1 (0.0%) |
| Pickwickian syndrome | 0 | 1 (0.0%) |
| Rales | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Sinus polyp | 0 | 1 (0.0%) |
| Snoring | 0 | 1 (0.0%) |
| Sputum increased | 0 | 1 (0.0%) |
| Vascular Disorders | 399 (15.7%) | 443 (17.6%) |
| Hypertension | 159 (6.3%) | 226 (9.0%) |
| Hypotension | 82 (3.2%) | 38 (1.5%) |
| Peripheral arterial occlusive disease | 32 (1.3%) | 46 (1.8%) |
| Arteriosclerosis | 13 (0.5%) | 8 (0.3%) |
| Peripheral venous disease | 12 (0.5%) | 12 (0.5%) |
| Intermittent claudication | 12 (0.5%) | 9 (0.4%) |
| Hypertensive crisis | 11 (0.4%) | 15 (0.6%) |
| Orthostatic hypotension | 11 (0.4%) | 12 (0.5%) |
| Aortic stenosis | 11 (0.4%) | 11 (0.4%) |
| Deep vein thrombosis | 11 (0.4%) | 8 (0.3%) |
| Aortic arteriosclerosis | 10 (0.4%) | 18 (0.7%) |
| Varicose vein | 10 (0.4%) | 9 (0.4%) |
| Peripheral artery stenosis | 8 (0.3%) | 9 (0.4%) |
| Peripheral artery occlusion | 7 (0.3%) | 3 (0.1%) |
| Peripheral ischaemia | 7 (0.3%) | 1 (0.0%) |
| Blood pressure inadequately controlled | 5 (0.2%) | 11 (0.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------------------|------------------------|---------------------|
| Peripheral vascular disorder | 5 (0.2%) | 9 (0.4%) |
| Haematoma | 4 (0.2%) | 7 (0.3%) |
| Phlebitis | 4 (0.2%) | 3 (0.1%) |
| Hypertensive emergency | 4 (0.2%) | 2 (0.1%) |
| Lymphoedema | 4 (0.2%) | 1 (0.0%) |
| Aortic aneurysm | 3 (0.1%) | 6 (0.2%) |
| Diabetic vascular disorder | 3 (0.1%) | 6 (0.2%) |
| Hot flush | 3 (0.1%) | 3 (0.1%) |
| Hypertensive urgency | 3 (0.1%) | 3 (0.1%) |
| Peripheral coldness | 2 (0.1%) | 3 (0.1%) |
| Peripheral artery thrombosis | 2 (0.1%) | 2 (0.1%) |
| Thrombophlebitis | 2 (0.1%) | 2 (0.1%) |
| Giant cell arteritis | 2 (0.1%) | 1 (0.0%) |
| Iliac artery stenosis | 2 (0.1%) | 1 (0.0%) |
| Macroangiopathy | 2 (0.1%) | 1 (0.0%) |
| Arterial disorder | 2 (0.1%) | 0 |
| Labile hypertension | 2 (0.1%) | 0 |
| Peripheral embolism | 2 (0.1%) | 0 |
| Phlebitis superficial | 2 (0.1%) | 0 |
| Thrombophlebitis superficial | 2 (0.1%) | 0 |
| Aortic dilatation | 1 (0.0%) | 3 (0.1%) |
| Circulatory collapse | 1 (0.0%) | 3 (0.1%) |
| Essential hypertension | 1 (0.0%) | 3 (0.1%) |
| Dry gangrene | 1 (0.0%) | 1 (0.0%) |
| Extremity necrosis | 1 (0.0%) | 1 (0.0%) |
| Poor peripheral circulation | 1 (0.0%) | 1 (0.0%) |
| Subclavian steal syndrome | 1 (0.0%) | 1 (0.0%) |
| Aortic dissection | 1 (0.0%) | 0 |
| Aortitis | 1 (0.0%) | 0 |
| Arterial occlusive disease | 1 (0.0%) | 0 |
| Brachiocephalic arteriosclerosis | 1 (0.0%) | 0 |
| Collateral circulation | 1 (0.0%) | 0 |
| Diastolic hypotension | 1 (0.0%) | 0 |
| Embolism venous | 1 (0.0%) | 0 |
| Haematocoele | 1 (0.0%) | 0 |
| Internal haemorrhage | 1 (0.0%) | 0 |
| Lymphorrhoea | 1 (0.0%) | 0 |
| Neovascularisation | 1 (0.0%) | 0 |
| Phlebosclerosis | 1 (0.0%) | 0 |
| Raynaud's phenomenon | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Thrombosis | 1 (0.0%) | 0 |
| Vasodilatation | 1 (0.0%) | 0 |
| Vein rupture | 1 (0.0%) | 0 |
| White coat hypertension | 1 (0.0%) | 0 |
| Flushing | 0 | 3 (0.1%) |
| Peripheral artery aneurysm | 0 | 3 (0.1%) |
| Accelerated hypertension | 0 | 2 (0.1%) |
| Diabetic macroangiopathy | 0 | 2 (0.1%) |
| Hypovolaemic shock | 0 | 2 (0.1%) |
| Microangiopathy | 0 | 2 (0.1%) |
| Systolic hypertension | 0 | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Venous thrombosis limb | 0 | 2 (0.1%) |
| Angiopathy | 0 | 1 (0.0%) |
| Angiosclerosis | 0 | 1 (0.0%) |
| Aortic aneurysm rupture | 0 | 1 (0.0%) |
| Aortic disorder | 0 | 1 (0.0%) |
| Leriche syndrome | 0 | 1 (0.0%) |
| Phlebolith | 0 | 1 (0.0%) |
| Post thrombotic syndrome | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Supra-aortic trunk stenosis | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 398 (15.7%) | 364 (14.4%) |
| Limb injury | 54 (2.1%) | 62 (2.5%) |
| Contusion | 41 (1.6%) | 40 (1.6%) |
| Ligament sprain | 32 (1.3%) | 23 (0.9%) |
| Fall | 28 (1.1%) | 39 (1.5%) |
| Skin abrasion | 16 (0.6%) | 13 (0.5%) |
| Rib fracture | 15 (0.6%) | 13 (0.5%) |
| Head injury | 14 (0.6%) | 11 (0.4%) |
| Thermal burn | 13 (0.5%) | 14 (0.6%) |
| Foot fracture | 13 (0.5%) | 11 (0.4%) |
| Meniscus injury | 13 (0.5%) | 6 (0.2%) |
| Procedural pain | 11 (0.4%) | 8 (0.3%) |
| Muscle strain | 10 (0.4%) | 15 (0.6%) |
| Joint injury | 10 (0.4%) | 9 (0.4%) |
| Ankle fracture | 10 (0.4%) | 8 (0.3%) |
| Post-traumatic pain | 9 (0.4%) | 7 (0.3%) |
| Bone contusion | 8 (0.3%) | 6 (0.2%) |
| Arthropod bite | 8 (0.3%) | 5 (0.2%) |
| Heat illness | 8 (0.3%) | 4 (0.2%) |
| Epicondylitis | 7 (0.3%) | 7 (0.3%) |
| Upper limb fracture | 7 (0.3%) | 3 (0.1%) |
| Tibia fracture | 7 (0.3%) | 1 (0.0%) |
| Tendon rupture | 6 (0.2%) | 7 (0.3%) |
| Lumbar vertebral fracture | 6 (0.2%) | 6 (0.2%) |
| Skin wound | 6 (0.2%) | 5 (0.2%) |
| Hand fracture | 6 (0.2%) | 2 (0.1%) |
| Skin laceration | 5 (0.2%) | 10 (0.4%) |
| Accident | 5 (0.2%) | 5 (0.2%) |
| Animal bite | 5 (0.2%) | 4 (0.2%) |
| Face injury | 5 (0.2%) | 4 (0.2%) |
| Radius fracture | 5 (0.2%) | 4 (0.2%) |
| Lower limb fracture | 5 (0.2%) | 3 (0.1%) |
| Chest injury | 5 (0.2%) | 1 (0.0%) |
| Foreign body in eye | 5 (0.2%) | 1 (0.0%) |
| Femur fracture | 4 (0.2%) | 4 (0.2%) |
| Tooth fracture | 4 (0.2%) | 2 (0.1%) |
| Arthropod sting | 4 (0.2%) | 1 (0.0%) |
| Burns second degree | 4 (0.2%) | 1 (0.0%) |
| Muscle injury | 4 (0.2%) | 0 |
| Scratch | 4 (0.2%) | 0 |
| Humerus fracture | 3 (0.1%) | 6 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------------------|------------------------|---------------------|
| Fibula fracture | 3 (0.1%) | 4 (0.2%) |
| Road traffic accident | 3 (0.1%) | 4 (0.2%) |
| Joint dislocation | 3 (0.1%) | 3 (0.1%) |
| Fractured coccyx | 3 (0.1%) | 2 (0.1%) |
| Injury | 3 (0.1%) | 1 (0.0%) |
| Ligament injury | 3 (0.1%) | 1 (0.0%) |
| Ligament rupture | 3 (0.1%) | 1 (0.0%) |
| Traumatic haematoma | 3 (0.1%) | 1 (0.0%) |
| Hip fracture | 3 (0.1%) | 0 |
| Facial bones fracture | 2 (0.1%) | 5 (0.2%) |
| Craniocerebral injury | 2 (0.1%) | 4 (0.2%) |
| Subdural haematoma | 2 (0.1%) | 4 (0.2%) |
| Clavicle fracture | 2 (0.1%) | 2 (0.1%) |
| Eye injury | 2 (0.1%) | 1 (0.0%) |
| Heat stroke | 2 (0.1%) | 1 (0.0%) |
| Limb crushing injury | 2 (0.1%) | 1 (0.0%) |
| Multiple fractures | 2 (0.1%) | 1 (0.0%) |
| Nail avulsion | 2 (0.1%) | 1 (0.0%) |
| Nerve injury | 2 (0.1%) | 1 (0.0%) |
| Soft tissue injury | 2 (0.1%) | 1 (0.0%) |
| Toxicity to various agents | 2 (0.1%) | 1 (0.0%) |
| Back injury | 2 (0.1%) | 0 |
| Foreign body | 2 (0.1%) | 0 |
| Foreign body in throat | 2 (0.1%) | 0 |
| Inflammation of wound | 2 (0.1%) | 0 |
| Poisoning | 2 (0.1%) | 0 |
| Vascular injury | 2 (0.1%) | 0 |
| Wound | 2 (0.1%) | 0 |
| Spinal compression fracture | 1 (0.0%) | 4 (0.2%) |
| Subcutaneous haematoma | 1 (0.0%) | 4 (0.2%) |
| Eye contusion | 1 (0.0%) | 3 (0.1%) |
| Cartilage injury | 1 (0.0%) | 2 (0.1%) |
| Muscle rupture | 1 (0.0%) | 2 (0.1%) |
| Post procedural complication | 1 (0.0%) | 2 (0.1%) |
| Spinal column injury | 1 (0.0%) | 2 (0.1%) |
| Subdural haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Abdominal injury | 1 (0.0%) | 1 (0.0%) |
| Fracture | 1 (0.0%) | 1 (0.0%) |
| Injury corneal | 1 (0.0%) | 1 (0.0%) |
| Lip injury | 1 (0.0%) | 1 (0.0%) |
| Mallet finger | 1 (0.0%) | 1 (0.0%) |
| Mouth injury | 1 (0.0%) | 1 (0.0%) |
| Nasal injury | 1 (0.0%) | 1 (0.0%) |
| Postoperative wound complication | 1 (0.0%) | 1 (0.0%) |
| Reactive gastropathy | 1 (0.0%) | 1 (0.0%) |
| Stomal hernia | 1 (0.0%) | 1 (0.0%) |
| Tongue injury | 1 (0.0%) | 1 (0.0%) |
| Traumatic fracture | 1 (0.0%) | 1 (0.0%) |
| Wound dehiscence | 1 (0.0%) | 1 (0.0%) |
| Alcohol poisoning | 1 (0.0%) | 0 |
| Arterial bypass occlusion | 1 (0.0%) | 0 |
| Arterial bypass stenosis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------------------|------------------------|---------------------|
| Burns third degree | 1 (0.0%) | 0 |
| Buttock injury | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Cerebral hyperperfusion syndrome | 1 (0.0%) | 0 |
| Chillblains | 1 (0.0%) | 0 |
| Concussion | 1 (0.0%) | 0 |
| Corneal abrasion | 1 (0.0%) | 0 |
| Device placement issue | 1 (0.0%) | 0 |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Intervertebral disc injury | 1 (0.0%) | 0 |
| Limb traumatic amputation | 1 (0.0%) | 0 |
| Multiple injuries | 1 (0.0%) | 0 |
| Ocular procedural complication | 1 (0.0%) | 0 |
| Patella fracture | 1 (0.0%) | 0 |
| Post procedural discomfort | 1 (0.0%) | 0 |
| Post procedural hypotension | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Radiation proctitis | 1 (0.0%) | 0 |
| Scapula fracture | 1 (0.0%) | 0 |
| Scar | 1 (0.0%) | 0 |
| Sciatic nerve injury | 1 (0.0%) | 0 |
| Seroma | 1 (0.0%) | 0 |
| Skin injury | 1 (0.0%) | 0 |
| Splenic rupture | 1 (0.0%) | 0 |
| Tendon injury | 1 (0.0%) | 0 |
| Traumatic arthritis | 1 (0.0%) | 0 |
| Traumatic haemorrhage | 1 (0.0%) | 0 |
| Ulna fracture | 1 (0.0%) | 0 |
| Vaccination complication | 1 (0.0%) | 0 |
| Vascular access site haematoma | 1 (0.0%) | 0 |
| Vascular access site thrombosis | 1 (0.0%) | 0 |
| Vascular pseudoaneurysm | 1 (0.0%) | 0 |
| Wound complication | 1 (0.0%) | 0 |
| Wound contamination | 1 (0.0%) | 0 |
| Wound necrosis | 1 (0.0%) | 0 |
| Wrist fracture | 0 | 7 (0.3%) |
| Traumatic ulcer | 0 | 5 (0.2%) |
| Thoracic vertebral fracture | 0 | 4 (0.2%) |
| Burns first degree | 0 | 3 (0.1%) |
| Hyphaema | 0 | 3 (0.1%) |
| Sunburn | 0 | 3 (0.1%) |
| Anaemia postoperative | 0 | 2 (0.1%) |
| Brain contusion | 0 | 2 (0.1%) |
| Nail injury | 0 | 2 (0.1%) |
| Procedural nausea | 0 | 2 (0.1%) |
| Accidental overdose | 0 | 1 (0.0%) |
| Auricular haematoma | 0 | 1 (0.0%) |
| Bone fissure | 0 | 1 (0.0%) |
| Burn oral cavity | 0 | 1 (0.0%) |
| Cataract operation complication | 0 | 1 (0.0%) |
| Cervical vertebral fracture | 0 | 1 (0.0%) |
| Chemical burns of eye | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Cystitis radiation | 0 | 1 (0.0%) |
| Dental restoration failure | 0 | 1 (0.0%) |
| Ear canal injury | 0 | 1 (0.0%) |
| Exposure to SARS-CoV-2 | 0 | 1 (0.0%) |
| Exposure to communicable disease | 0 | 1 (0.0%) |
| Extra-axial haemorrhage | 0 | 1 (0.0%) |
| Eyelid injury | 0 | 1 (0.0%) |
| Incision site pain | 0 | 1 (0.0%) |
| Muscle contusion | 0 | 1 (0.0%) |
| Neck injury | 0 | 1 (0.0%) |
| Overdose | 0 | 1 (0.0%) |
| Peripheral nerve injury | 0 | 1 (0.0%) |
| Pneumocephalus | 0 | 1 (0.0%) |
| Post procedural constipation | 0 | 1 (0.0%) |
| Post procedural fever | 0 | 1 (0.0%) |
| Post procedural hypothyroidism | 0 | 1 (0.0%) |
| Post-traumatic neck syndrome | 0 | 1 (0.0%) |
| Postoperative ileus | 0 | 1 (0.0%) |
| Procedural hypertension | 0 | 1 (0.0%) |
| Procedural vomiting | 0 | 1 (0.0%) |
| Radiation associated pain | 0 | 1 (0.0%) |
| Radiation skin injury | 0 | 1 (0.0%) |
| Retinal injury | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Spinal fracture | 0 | 1 (0.0%) |
| Superficial injury of eye | 0 | 1 (0.0%) |
| Synovial rupture | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Trunk injury | 0 | 1 (0.0%) |
| Ulnar nerve injury | 0 | 1 (0.0%) |
| Urethral injury | 0 | 1 (0.0%) |
| Vascular graft occlusion | 0 | 1 (0.0%) |
| Wound haemorrhage | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 368 (14.5%) | 423 (16.8%) |
| Oedema peripheral | 121 (4.8%) | 184 (7.3%) |
| Chest pain | 58 (2.3%) | 62 (2.5%) |
| Fatigue | 38 (1.5%) | 41 (1.6%) |
| Pyrexia | 38 (1.5%) | 39 (1.5%) |
| Asthenia | 34 (1.3%) | 30 (1.2%) |
| Peripheral swelling | 18 (0.7%) | 24 (1.0%) |
| Influenza like illness | 18 (0.7%) | 13 (0.5%) |
| Oedema | 14 (0.6%) | 24 (1.0%) |
| Chest discomfort | 14 (0.6%) | 11 (0.4%) |
| Malaise | 10 (0.4%) | 10 (0.4%) |
| Pain | 8 (0.3%) | 8 (0.3%) |
| Death | 6 (0.2%) | 2 (0.1%) |
| Inflammation | 4 (0.2%) | 8 (0.3%) |
| Gait disturbance | 4 (0.2%) | 5 (0.2%) |
| Generalised oedema | 4 (0.2%) | 5 (0.2%) |
| General physical health deterioration | 4 (0.2%) | 4 (0.2%) |
| Chills | 4 (0.2%) | 3 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Cyst | 4 (0.2%) | 3 (0.1%) |
| Impaired healing | 4 (0.2%) | 1 (0.0%) |
| Hyperthermia | 4 (0.2%) | 0 |
| Non-cardiac chest pain | 3 (0.1%) | 3 (0.1%) |
| Exercise tolerance decreased | 3 (0.1%) | 0 |
| Hernia | 3 (0.1%) | 0 |
| Mass | 2 (0.1%) | 3 (0.1%) |
| Polyp | 2 (0.1%) | 3 (0.1%) |
| Multiple organ dysfunction syndrome | 2 (0.1%) | 2 (0.1%) |
| Nodule | 2 (0.1%) | 1 (0.0%) |
| Oedema due to renal disease | 2 (0.1%) | 0 |
| Drug intolerance | 1 (0.0%) | 3 (0.1%) |
| Illness | 1 (0.0%) | 3 (0.1%) |
| Thirst | 1 (0.0%) | 3 (0.1%) |
| Gravitational oedema | 1 (0.0%) | 2 (0.1%) |
| Swelling face | 1 (0.0%) | 2 (0.1%) |
| Granuloma | 1 (0.0%) | 1 (0.0%) |
| Axillary pain | 1 (0.0%) | 0 |
| Catheter site pain | 1 (0.0%) | 0 |
| Feeling abnormal | 1 (0.0%) | 0 |
| Feeling cold | 1 (0.0%) | 0 |
| Hanging | 1 (0.0%) | 0 |
| Injection site atrophy | 1 (0.0%) | 0 |
| Medical device pain | 1 (0.0%) | 0 |
| Physical deconditioning | 1 (0.0%) | 0 |
| Pseudocyst | 1 (0.0%) | 0 |
| Puncture site swelling | 1 (0.0%) | 0 |
| Soft tissue inflammation | 1 (0.0%) | 0 |
| Suprapubic pain | 1 (0.0%) | 0 |
| Vascular stent stenosis | 1 (0.0%) | 0 |
| Face oedema | 0 | 2 (0.1%) |
| Secretion discharge | 0 | 2 (0.1%) |
| Catheter site erythema | 0 | 1 (0.0%) |
| Facial pain | 0 | 1 (0.0%) |
| Haemorrhagic cyst | 0 | 1 (0.0%) |
| Hunger | 0 | 1 (0.0%) |
| Induration | 0 | 1 (0.0%) |
| Localised oedema | 0 | 1 (0.0%) |
| Medical device site pain | 0 | 1 (0.0%) |
| Pacemaker generated arrhythmia | 0 | 1 (0.0%) |
| Puncture site pain | 0 | 1 (0.0%) |
| Sensation of foreign body | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Swelling | 0 | 1 (0.0%) |
| Temperature intolerance | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 362 (14.3%) | 358 (14.2%) |
| Skin ulcer | 56 (2.2%) | 64 (2.5%) |
| Pruritus | 44 (1.7%) | 44 (1.7%) |
| Diabetic foot | 38 (1.5%) | 33 (1.3%) |
| Rash | 37 (1.5%) | 34 (1.3%) |
| Eczema | 36 (1.4%) | 34 (1.3%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------|------------------------|---------------------|
| Urticaria | 17 (0.7%) | 12 (0.5%) |
| Dermatitis | 14 (0.6%) | 18 (0.7%) |
| Dermatitis allergic | 14 (0.6%) | 6 (0.2%) |
| Hyperkeratosis | 12 (0.5%) | 5 (0.2%) |
| Dry skin | 10 (0.4%) | 15 (0.6%) |
| Erythema | 9 (0.4%) | 12 (0.5%) |
| Blister | 9 (0.4%) | 9 (0.4%) |
| Hyperhidrosis | 9 (0.4%) | 5 (0.2%) |
| Dermatitis contact | 8 (0.3%) | 10 (0.4%) |
| Skin lesion | 8 (0.3%) | 7 (0.3%) |
| Psoriasis | 7 (0.3%) | 8 (0.3%) |
| Decubitus ulcer | 6 (0.2%) | 3 (0.1%) |
| Skin disorder | 6 (0.2%) | 0 |
| Dermatitis atopic | 5 (0.2%) | 4 (0.2%) |
| Eczema asteatotic | 5 (0.2%) | 1 (0.0%) |
| Alopecia | 4 (0.2%) | 8 (0.3%) |
| Ingrowing nail | 4 (0.2%) | 8 (0.3%) |
| Stasis dermatitis | 4 (0.2%) | 5 (0.2%) |
| Seborrhoeic dermatitis | 4 (0.2%) | 4 (0.2%) |
| Hidradenitis | 4 (0.2%) | 2 (0.1%) |
| Angioedema | 4 (0.2%) | 1 (0.0%) |
| Neurodermatitis | 4 (0.2%) | 0 |
| Actinic keratosis | 3 (0.1%) | 8 (0.3%) |
| Dermal cyst | 3 (0.1%) | 7 (0.3%) |
| Skin discolouration | 3 (0.1%) | 5 (0.2%) |
| Skin exfoliation | 3 (0.1%) | 3 (0.1%) |
| Dyshidrotic eczema | 3 (0.1%) | 0 |
| Hand dermatitis | 2 (0.1%) | 4 (0.2%) |
| Ecchymosis | 2 (0.1%) | 2 (0.1%) |
| Eczema nummular | 2 (0.1%) | 2 (0.1%) |
| Miliaria | 2 (0.1%) | 2 (0.1%) |
| Palmoplantar keratoderma | 2 (0.1%) | 2 (0.1%) |
| Xeroderma | 2 (0.1%) | 2 (0.1%) |
| Asteatosis | 2 (0.1%) | 1 (0.0%) |
| Drug eruption | 2 (0.1%) | 1 (0.0%) |
| Nail dystrophy | 2 (0.1%) | 1 (0.0%) |
| Rosacea | 2 (0.1%) | 1 (0.0%) |
| Diabetic bullosis | 2 (0.1%) | 0 |
| Exfoliative rash | 2 (0.1%) | 0 |
| Onycholysis | 2 (0.1%) | 0 |
| Pigmentation disorder | 2 (0.1%) | 0 |
| Prurigo | 2 (0.1%) | 0 |
| Skin reaction | 2 (0.1%) | 0 |
| Rash pruritic | 1 (0.0%) | 4 (0.2%) |
| Skin fissures | 1 (0.0%) | 2 (0.1%) |
| Alopecia areata | 1 (0.0%) | 1 (0.0%) |
| Dermatitis bullous | 1 (0.0%) | 1 (0.0%) |
| Dermatitis psoriasiform | 1 (0.0%) | 1 (0.0%) |
| Haemorrhage subcutaneous | 1 (0.0%) | 1 (0.0%) |
| Itching scar | 1 (0.0%) | 1 (0.0%) |
| Night sweats | 1 (0.0%) | 1 (0.0%) |
| Papule | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------------------|------------------------|---------------------|
| Rash macular | 1 (0.0%) | 1 (0.0%) |
| Scab | 1 (0.0%) | 1 (0.0%) |
| Skin hypertrophy | 1 (0.0%) | 1 (0.0%) |
| Skin irritation | 1 (0.0%) | 1 (0.0%) |
| Skin necrosis | 1 (0.0%) | 1 (0.0%) |
| Angiodermatitis | 1 (0.0%) | 0 |
| Angiokeratoma | 1 (0.0%) | 0 |
| Autoimmune dermatitis | 1 (0.0%) | 0 |
| Brow ptosis | 1 (0.0%) | 0 |
| Cold sweat | 1 (0.0%) | 0 |
| Diffuse alopecia | 1 (0.0%) | 0 |
| Erythema ab igne | 1 (0.0%) | 0 |
| Fixed eruption | 1 (0.0%) | 0 |
| Intertrigo | 1 (0.0%) | 0 |
| Nail fold inflammation | 1 (0.0%) | 0 |
| Nail hypertrophy | 1 (0.0%) | 0 |
| Neuropathic ulcer | 1 (0.0%) | 0 |
| Pemphigoid | 1 (0.0%) | 0 |
| Purpura | 1 (0.0%) | 0 |
| Pustular psoriasis | 1 (0.0%) | 0 |
| Rash papular | 1 (0.0%) | 0 |
| Rhinophyma | 1 (0.0%) | 0 |
| Scar pain | 1 (0.0%) | 0 |
| Sebaceous adenitis | 1 (0.0%) | 0 |
| Seborrhoea | 1 (0.0%) | 0 |
| Senile xerosis | 1 (0.0%) | 0 |
| Skin burning sensation | 1 (0.0%) | 0 |
| Skin erosion | 1 (0.0%) | 0 |
| Solar lentigo | 1 (0.0%) | 0 |
| Toxic skin eruption | 1 (0.0%) | 0 |
| Urticaria chronic | 1 (0.0%) | 0 |
| Urticarial dermatitis | 1 (0.0%) | 0 |
| Diabetic ulcer | 0 | 4 (0.2%) |
| Lipohypertrophy | 0 | 4 (0.2%) |
| Nail discolouration | 0 | 2 (0.1%) |
| Rash maculo-papular | 0 | 2 (0.1%) |
| Skin induration | 0 | 2 (0.1%) |
| Skin mass | 0 | 2 (0.1%) |
| Vitiligo | 0 | 2 (0.1%) |
| Acne | 0 | 1 (0.0%) |
| Dandruff | 0 | 1 (0.0%) |
| Erythema annulare | 0 | 1 (0.0%) |
| Excessive skin | 0 | 1 (0.0%) |
| Hypersensitivity vasculitis | 0 | 1 (0.0%) |
| Ischaemic skin ulcer | 0 | 1 (0.0%) |
| Lichen sclerosus | 0 | 1 (0.0%) |
| Lipodystrophy acquired | 0 | 1 (0.0%) |
| Nail bed bleeding | 0 | 1 (0.0%) |
| Nail bed inflammation | 0 | 1 (0.0%) |
| Nail disorder | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Onychoclasia | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------|------------------------|---------------------|
| Palmoplantar pustulosis | 0 | 1 (0.0%) |
| Parapsoriasis | 0 | 1 (0.0%) |
| Pityriasis rosea | 0 | 1 (0.0%) |
| Pruritus allergic | 0 | 1 (0.0%) |
| Rash erythematous | 0 | 1 (0.0%) |
| Skin depigmentation | 0 | 1 (0.0%) |
| Skin hyperpigmentation | 0 | 1 (0.0%) |
| Eye Disorders | 308 (12.1%) | 320 (12.7%) |
| Cataract | 103 (4.1%) | 96 (3.8%) |
| Diabetic retinopathy | 74 (2.9%) | 81 (3.2%) |
| Vitreous haemorrhage | 33 (1.3%) | 19 (0.8%) |
| Dry eye | 16 (0.6%) | 12 (0.5%) |
| Retinal haemorrhage | 15 (0.6%) | 16 (0.6%) |
| Macular oedema | 15 (0.6%) | 15 (0.6%) |
| Glaucoma | 14 (0.6%) | 12 (0.5%) |
| Vision blurred | 13 (0.5%) | 9 (0.4%) |
| Retinal detachment | 10 (0.4%) | 2 (0.1%) |
| Blepharitis | 8 (0.3%) | 9 (0.4%) |
| Diabetic retinal oedema | 7 (0.3%) | 7 (0.3%) |
| Visual impairment | 6 (0.2%) | 14 (0.6%) |
| Conjunctivitis allergic | 5 (0.2%) | 8 (0.3%) |
| Macular fibrosis | 5 (0.2%) | 5 (0.2%) |
| Retinopathy | 5 (0.2%) | 4 (0.2%) |
| Retinopathy hypertensive | 4 (0.2%) | 6 (0.2%) |
| Eye pain | 4 (0.2%) | 3 (0.1%) |
| Macular degeneration | 4 (0.2%) | 3 (0.1%) |
| Visual acuity reduced | 4 (0.2%) | 3 (0.1%) |
| Vitreous floaters | 4 (0.2%) | 2 (0.1%) |
| Asthenopia | 4 (0.2%) | 1 (0.0%) |
| Blindness unilateral | 4 (0.2%) | 1 (0.0%) |
| Lacrimation increased | 3 (0.1%) | 3 (0.1%) |
| Ocular hypertension | 3 (0.1%) | 3 (0.1%) |
| Conjunctival haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Ulcerative keratitis | 3 (0.1%) | 2 (0.1%) |
| Eye haemorrhage | 3 (0.1%) | 1 (0.0%) |
| Tractional retinal detachment | 3 (0.1%) | 1 (0.0%) |
| Posterior capsule opacification | 2 (0.1%) | 5 (0.2%) |
| Diplopia | 2 (0.1%) | 3 (0.1%) |
| Retinopathy proliferative | 2 (0.1%) | 2 (0.1%) |
| Vitreous opacities | 2 (0.1%) | 2 (0.1%) |
| Chalazion | 2 (0.1%) | 1 (0.0%) |
| Maculopathy | 2 (0.1%) | 1 (0.0%) |
| Ocular hyperaemia | 2 (0.1%) | 1 (0.0%) |
| Optic atrophy | 2 (0.1%) | 1 (0.0%) |
| Retinal tear | 2 (0.1%) | 1 (0.0%) |
| Vitreoretinal traction syndrome | 2 (0.1%) | 1 (0.0%) |
| Astigmatism | 2 (0.1%) | 0 |
| Blindness | 2 (0.1%) | 0 |
| Conjunctival hyperaemia | 2 (0.1%) | 0 |
| Diabetic eye disease | 2 (0.1%) | 0 |
| Entropion | 2 (0.1%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|-----------------------------------|------------------------|---------------------|
| Pterygium | 2 (0.1%) | 0 |
| Sudden visual loss | 2 (0.1%) | 0 |
| Eye pruritus | 1 (0.0%) | 6 (0.2%) |
| Age-related macular degeneration | 1 (0.0%) | 3 (0.1%) |
| Keratitis | 1 (0.0%) | 3 (0.1%) |
| Vitreous detachment | 1 (0.0%) | 3 (0.1%) |
| Eyelid oedema | 1 (0.0%) | 2 (0.1%) |
| Retinal degeneration | 1 (0.0%) | 2 (0.1%) |
| Cataract diabetic | 1 (0.0%) | 1 (0.0%) |
| Choroidal neovascularisation | 1 (0.0%) | 1 (0.0%) |
| Dermatochalasis | 1 (0.0%) | 1 (0.0%) |
| Eczema eyelids | 1 (0.0%) | 1 (0.0%) |
| Eye allergy | 1 (0.0%) | 1 (0.0%) |
| Eye inflammation | 1 (0.0%) | 1 (0.0%) |
| Eye irritation | 1 (0.0%) | 1 (0.0%) |
| Macular cyst | 1 (0.0%) | 1 (0.0%) |
| Myopia | 1 (0.0%) | 1 (0.0%) |
| Ocular discomfort | 1 (0.0%) | 1 (0.0%) |
| Periorbital swelling | 1 (0.0%) | 1 (0.0%) |
| Punctate keratitis | 1 (0.0%) | 1 (0.0%) |
| Refraction disorder | 1 (0.0%) | 1 (0.0%) |
| Retinal aneurysm | 1 (0.0%) | 1 (0.0%) |
| Retinal oedema | 1 (0.0%) | 1 (0.0%) |
| Retinal vascular disorder | 1 (0.0%) | 1 (0.0%) |
| Retinal vein thrombosis | 1 (0.0%) | 1 (0.0%) |
| Swelling of eyelid | 1 (0.0%) | 1 (0.0%) |
| Amaurosis | 1 (0.0%) | 0 |
| Blepharochalasis | 1 (0.0%) | 0 |
| Corneal oedema | 1 (0.0%) | 0 |
| Deformity of orbit | 1 (0.0%) | 0 |
| Exposure keratitis | 1 (0.0%) | 0 |
| Extraocular muscle paresis | 1 (0.0%) | 0 |
| Eye discharge | 1 (0.0%) | 0 |
| Eye disorder | 1 (0.0%) | 0 |
| Eye ulcer | 1 (0.0%) | 0 |
| Hypermetropia | 1 (0.0%) | 0 |
| Iritis | 1 (0.0%) | 0 |
| Lens dislocation | 1 (0.0%) | 0 |
| Noninfective retinitis | 1 (0.0%) | 0 |
| Ocular ischaemic syndrome | 1 (0.0%) | 0 |
| Ocular myasthenia | 1 (0.0%) | 0 |
| Orbit atrophy | 1 (0.0%) | 0 |
| Papilloedema | 1 (0.0%) | 0 |
| Pathologic myopia | 1 (0.0%) | 0 |
| Photophobia | 1 (0.0%) | 0 |
| Photopsia | 1 (0.0%) | 0 |
| Pupils unequal | 1 (0.0%) | 0 |
| Retinal artery spasm | 1 (0.0%) | 0 |
| Retinal neovascularisation | 1 (0.0%) | 0 |
| Rhegmatogenous retinal detachment | 1 (0.0%) | 0 |
| Uveitis | 0 | 4 (0.2%) |
| Cataract cortical | 0 | 3 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Corneal erosion | 0 | 3 (0.1%) |
| Dacryostenosis acquired | 0 | 3 (0.1%) |
| Eyelid ptosis | 0 | 3 (0.1%) |
| Retinal vein occlusion | 0 | 3 (0.1%) |
| Xerophthalmia | 0 | 3 (0.1%) |
| Arteriosclerotic retinopathy | 0 | 2 (0.1%) |
| Cataract nuclear | 0 | 2 (0.1%) |
| Eye swelling | 0 | 2 (0.1%) |
| Eyelid cyst | 0 | 2 (0.1%) |
| Non-proliferative retinopathy | 0 | 2 (0.1%) |
| Blepharitis allergic | 0 | 1 (0.0%) |
| Cataract subcapsular | 0 | 1 (0.0%) |
| Cholesterolosis bulbi | 0 | 1 (0.0%) |
| Corneal infiltrates | 0 | 1 (0.0%) |
| Corneal leukoma | 0 | 1 (0.0%) |
| Cystoid macular oedema | 0 | 1 (0.0%) |
| Dry age-related macular degeneration | 0 | 1 (0.0%) |
| Ectropion | 0 | 1 (0.0%) |
| Episcleritis | 0 | 1 (0.0%) |
| Foreign body sensation in eyes | 0 | 1 (0.0%) |
| Halo vision | 0 | 1 (0.0%) |
| Hyalosis asteroid | 0 | 1 (0.0%) |
| Keratoconus | 0 | 1 (0.0%) |
| Lacrimal disorder | 0 | 1 (0.0%) |
| Lacrimal passage granuloma | 0 | 1 (0.0%) |
| Lenticular opacities | 0 | 1 (0.0%) |
| Open angle glaucoma | 0 | 1 (0.0%) |
| Ophthalmoplegia | 0 | 1 (0.0%) |
| Optic ischaemic neuropathy | 0 | 1 (0.0%) |
| Periorbital oedema | 0 | 1 (0.0%) |
| Presbyopia | 0 | 1 (0.0%) |
| Retinal artery occlusion | 0 | 1 (0.0%) |
| Retinal pigmentation | 0 | 1 (0.0%) |
| Retinoschisis | 0 | 1 (0.0%) |
| Scleritis | 0 | 1 (0.0%) |
| Vitreous prolapse | 0 | 1 (0.0%) |
| Cardiac Disorders | 284 (11.2%) | 321 (12.7%) |
| Cardiac failure | 24 (0.9%) | 42 (1.7%) |
| Coronary artery disease | 22 (0.9%) | 28 (1.1%) |
| Palpitations | 22 (0.9%) | 14 (0.6%) |
| Angina pectoris | 21 (0.8%) | 31 (1.2%) |
| Atrial fibrillation | 21 (0.8%) | 14 (0.6%) |
| Myocardial ischaemia | 20 (0.8%) | 25 (1.0%) |
| Cardiac failure chronic | 17 (0.7%) | 20 (0.8%) |
| Left ventricular hypertrophy | 16 (0.6%) | 11 (0.4%) |
| Ventricular extrasystoles | 15 (0.6%) | 14 (0.6%) |
| Mitral valve incompetence | 13 (0.5%) | 17 (0.7%) |
| Bundle branch block right | 12 (0.5%) | 9 (0.4%) |
| Arteriosclerosis coronary artery | 12 (0.5%) | 8 (0.3%) |
| Bundle branch block left | 11 (0.4%) | 14 (0.6%) |
| Atrioventricular block first degree | 11 (0.4%) | 11 (0.4%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Sinus bradycardia | 11 (0.4%) | 6 (0.2%) |
| Bradycardia | 8 (0.3%) | 18 (0.7%) |
| Cardiac failure congestive | 8 (0.3%) | 14 (0.6%) |
| Tricuspid valve incompetence | 8 (0.3%) | 11 (0.4%) |
| Atrioventricular block second degree | 8 (0.3%) | 2 (0.1%) |
| Tachycardia | 7 (0.3%) | 12 (0.5%) |
| Aortic valve incompetence | 7 (0.3%) | 3 (0.1%) |
| Supraventricular extrasystoles | 6 (0.2%) | 6 (0.2%) |
| Aortic valve stenosis | 5 (0.2%) | 14 (0.6%) |
| Sinus tachycardia | 5 (0.2%) | 10 (0.4%) |
| Coronary artery stenosis | 5 (0.2%) | 8 (0.3%) |
| Atrial flutter | 5 (0.2%) | 3 (0.1%) |
| Left atrial enlargement | 5 (0.2%) | 2 (0.1%) |
| Left ventricular dysfunction | 5 (0.2%) | 2 (0.1%) |
| Angina unstable | 4 (0.2%) | 6 (0.2%) |
| Ventricular tachycardia | 4 (0.2%) | 5 (0.2%) |
| Left ventricular failure | 4 (0.2%) | 3 (0.1%) |
| Ischaemic cardiomyopathy | 4 (0.2%) | 2 (0.1%) |
| Arrhythmia | 3 (0.1%) | 9 (0.4%) |
| Supraventricular tachycardia | 3 (0.1%) | 6 (0.2%) |
| Diastolic dysfunction | 3 (0.1%) | 4 (0.2%) |
| Sinus arrhythmia | 3 (0.1%) | 4 (0.2%) |
| Cardiomegaly | 3 (0.1%) | 3 (0.1%) |
| Extrasystoles | 3 (0.1%) | 3 (0.1%) |
| Pericardial effusion | 3 (0.1%) | 3 (0.1%) |
| Left atrial dilatation | 2 (0.1%) | 4 (0.2%) |
| Aortic valve calcification | 2 (0.1%) | 3 (0.1%) |
| Acute coronary syndrome | 2 (0.1%) | 2 (0.1%) |
| Hypertensive heart disease | 2 (0.1%) | 2 (0.1%) |
| Aortic valve disease mixed | 2 (0.1%) | 1 (0.0%) |
| Cardiac failure acute | 2 (0.1%) | 1 (0.0%) |
| Cardiomyopathy | 2 (0.1%) | 1 (0.0%) |
| Pulmonary valve incompetence | 2 (0.1%) | 1 (0.0%) |
| Ventricular hypokinesia | 2 (0.1%) | 1 (0.0%) |
| Defect conduction intraventricular | 2 (0.1%) | 0 |
| Ventricular fibrillation | 2 (0.1%) | 0 |
| Ventricular hypertrophy | 2 (0.1%) | 0 |
| Aortic valve sclerosis | 1 (0.0%) | 4 (0.2%) |
| Conduction disorder | 1 (0.0%) | 3 (0.1%) |
| Atrioventricular block | 1 (0.0%) | 2 (0.1%) |
| Congestive cardiomyopathy | 1 (0.0%) | 2 (0.1%) |
| Mitral valve sclerosis | 1 (0.0%) | 2 (0.1%) |
| Cardiac valve disease | 1 (0.0%) | 1 (0.0%) |
| Left ventricular dilatation | 1 (0.0%) | 1 (0.0%) |
| Mitral valve calcification | 1 (0.0%) | 1 (0.0%) |
| Myocardial fibrosis | 1 (0.0%) | 1 (0.0%) |
| Atrial thrombosis | 1 (0.0%) | 0 |
| Cardiac disorder | 1 (0.0%) | 0 |
| Cardiac hypertrophy | 1 (0.0%) | 0 |
| Cardiovascular insufficiency | 1 (0.0%) | 0 |
| Chronic left ventricular failure | 1 (0.0%) | 0 |
| Coronary artery occlusion | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|------------------------------------|------------------------|---------------------|
| Degenerative multivalvular disease | 1 (0.0%) | 0 |
| Diabetic cardiomyopathy | 1 (0.0%) | 0 |
| Dilatation atrial | 1 (0.0%) | 0 |
| Mitral valve disease | 1 (0.0%) | 0 |
| Mitral valve stenosis | 1 (0.0%) | 0 |
| Paroxysmal atrioventricular block | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis | 1 (0.0%) | 0 |
| Rheumatic heart disease | 1 (0.0%) | 0 |
| Sigmoid-shaped ventricular septum | 1 (0.0%) | 0 |
| Sinus node dysfunction | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Atrioventricular block complete | 0 | 3 (0.1%) |
| Cardiogenic shock | 0 | 3 (0.1%) |
| Acute myocardial infarction | 0 | 2 (0.1%) |
| Cor pulmonale chronic | 0 | 2 (0.1%) |
| Coronary artery insufficiency | 0 | 2 (0.1%) |
| Ventricular arrhythmia | 0 | 2 (0.1%) |
| Acute left ventricular failure | 0 | 1 (0.0%) |
| Aortic valve disease | 0 | 1 (0.0%) |
| Atrial tachycardia | 0 | 1 (0.0%) |
| Bifascicular block | 0 | 1 (0.0%) |
| Bradyarrhythmia | 0 | 1 (0.0%) |
| Cardiac aneurysm | 0 | 1 (0.0%) |
| Cardiac arrest | 0 | 1 (0.0%) |
| Cardiac asthma | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac septal hypertrophy | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cardiovascular disorder | 0 | 1 (0.0%) |
| Heart valve incompetence | 0 | 1 (0.0%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.0%) |
| Long QT syndrome | 0 | 1 (0.0%) |
| Mitral valve prolapse | 0 | 1 (0.0%) |
| Nodal arrhythmia | 0 | 1 (0.0%) |
| Nodal rhythm | 0 | 1 (0.0%) |
| Prinzmetal angina | 0 | 1 (0.0%) |
| Right atrial enlargement | 0 | 1 (0.0%) |
| Right ventricular dilatation | 0 | 1 (0.0%) |
| Sinoatrial block | 0 | 1 (0.0%) |
| Systolic dysfunction | 0 | 1 (0.0%) |
| Ventricular dysfunction | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 271 (10.7%) | 336 (13.3%) |
| Acute kidney injury | 39 (1.5%) | 38 (1.5%) |
| Renal impairment | 39 (1.5%) | 32 (1.3%) |
| Nephrolithiasis | 33 (1.3%) | 35 (1.4%) |
| Renal cyst | 27 (1.1%) | 36 (1.4%) |
| Haematuria | 20 (0.8%) | 37 (1.5%) |
| Dysuria | 14 (0.6%) | 27 (1.1%) |
| Urinary incontinence | 13 (0.5%) | 11 (0.4%) |
| Diabetic nephropathy | 11 (0.4%) | 30 (1.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|------------------------------------|------------------------|---------------------|
| Urinary retention | 10 (0.4%) | 17 (0.7%) |
| Pollakiuria | 9 (0.4%) | 17 (0.7%) |
| Nocturia | 9 (0.4%) | 15 (0.6%) |
| Chronic kidney disease | 7 (0.3%) | 17 (0.7%) |
| Ureterolithiasis | 7 (0.3%) | 4 (0.2%) |
| Hydronephrosis | 6 (0.2%) | 8 (0.3%) |
| Polyuria | 6 (0.2%) | 5 (0.2%) |
| Proteinuria | 5 (0.2%) | 10 (0.4%) |
| Renal colic | 5 (0.2%) | 10 (0.4%) |
| Renal failure | 5 (0.2%) | 8 (0.3%) |
| Urethral stenosis | 5 (0.2%) | 4 (0.2%) |
| Nephropathy | 4 (0.2%) | 5 (0.2%) |
| Albuminuria | 3 (0.1%) | 6 (0.2%) |
| Calculus urinary | 3 (0.1%) | 5 (0.2%) |
| Neurogenic bladder | 3 (0.1%) | 2 (0.1%) |
| Nephrotic syndrome | 2 (0.1%) | 8 (0.3%) |
| Calculus bladder | 2 (0.1%) | 4 (0.2%) |
| Micturition urgency | 2 (0.1%) | 4 (0.2%) |
| Lower urinary tract symptoms | 2 (0.1%) | 3 (0.1%) |
| Bladder spasm | 2 (0.1%) | 2 (0.1%) |
| Renal atrophy | 2 (0.1%) | 1 (0.0%) |
| Urinary hesitation | 2 (0.1%) | 1 (0.0%) |
| Urinary tract obstruction | 2 (0.1%) | 1 (0.0%) |
| Subacute kidney injury | 2 (0.1%) | 0 |
| Hypertonic bladder | 1 (0.0%) | 10 (0.4%) |
| Nephrosclerosis | 1 (0.0%) | 3 (0.1%) |
| Bladder diverticulum | 1 (0.0%) | 2 (0.1%) |
| Renal disorder | 1 (0.0%) | 2 (0.1%) |
| Urine odour abnormal | 1 (0.0%) | 2 (0.1%) |
| Acquired cystic kidney disease | 1 (0.0%) | 1 (0.0%) |
| End stage renal disease | 1 (0.0%) | 1 (0.0%) |
| Haemorrhage urinary tract | 1 (0.0%) | 1 (0.0%) |
| Hydroureter | 1 (0.0%) | 1 (0.0%) |
| Micturition disorder | 1 (0.0%) | 1 (0.0%) |
| Oliguria | 1 (0.0%) | 1 (0.0%) |
| Renal artery stenosis | 1 (0.0%) | 1 (0.0%) |
| Strangury | 1 (0.0%) | 1 (0.0%) |
| Urinary bladder polyp | 1 (0.0%) | 1 (0.0%) |
| Urinary tract disorder | 1 (0.0%) | 1 (0.0%) |
| Bladder dilatation | 1 (0.0%) | 0 |
| Bladder dysfunction | 1 (0.0%) | 0 |
| Bladder hyperaemia | 1 (0.0%) | 0 |
| Bladder irritation | 1 (0.0%) | 0 |
| Bladder neck sclerosis | 1 (0.0%) | 0 |
| Bladder pain | 1 (0.0%) | 0 |
| Focal segmental glomerulosclerosis | 1 (0.0%) | 0 |
| Hypocitraturia | 1 (0.0%) | 0 |
| Hyponatriuria | 1 (0.0%) | 0 |
| Incontinence | 1 (0.0%) | 0 |
| Microalbuminuria | 1 (0.0%) | 0 |
| Nephrocalcinosis | 1 (0.0%) | 0 |
| Nephropathy toxic | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Nephroptosis | 1 (0.0%) | 0 |
| Perinephritis | 1 (0.0%) | 0 |
| Renal cyst haemorrhage | 1 (0.0%) | 0 |
| Renal infarct | 1 (0.0%) | 0 |
| Renal injury | 1 (0.0%) | 0 |
| Renal tubular necrosis | 1 (0.0%) | 0 |
| Vesicoureteric reflux | 1 (0.0%) | 0 |
| Renal mass | 0 | 4 (0.2%) |
| Tubulointerstitial nephritis | 0 | 3 (0.1%) |
| Azotaemia | 0 | 2 (0.1%) |
| Bladder hypertrophy | 0 | 2 (0.1%) |
| Glomerulonephritis chronic | 0 | 2 (0.1%) |
| Glomerulonephritis membranous | 0 | 2 (0.1%) |
| Renal pain | 0 | 2 (0.1%) |
| Stress urinary incontinence | 0 | 2 (0.1%) |
| Anuria | 0 | 1 (0.0%) |
| Chromaturia | 0 | 1 (0.0%) |
| Hypertensive nephropathy | 0 | 1 (0.0%) |
| Hyperuricosuria | 0 | 1 (0.0%) |
| Intercapillary glomerulosclerosis | 0 | 1 (0.0%) |
| Kidney enlargement | 0 | 1 (0.0%) |
| Nephritic syndrome | 0 | 1 (0.0%) |
| Nephritis | 0 | 1 (0.0%) |
| Nephroangiosclerosis | 0 | 1 (0.0%) |
| Post micturition dribble | 0 | 1 (0.0%) |
| Prerenal failure | 0 | 1 (0.0%) |
| Pyelocaliectasis | 0 | 1 (0.0%) |
| Renal hypertrophy | 0 | 1 (0.0%) |
| Subcapsular renal haematoma | 0 | 1 (0.0%) |
| Urethral meatus stenosis | 0 | 1 (0.0%) |
| Urine abnormality | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 205 (8.1%) | 200 (7.9%) |
| Anaemia | 135 (5.3%) | 119 (4.7%) |
| Iron deficiency anaemia | 22 (0.9%) | 20 (0.8%) |
| Thrombocytopenia | 14 (0.6%) | 11 (0.4%) |
| Leukocytosis | 7 (0.3%) | 8 (0.3%) |
| Polycythaemia | 6 (0.2%) | 3 (0.1%) |
| Leukopenia | 5 (0.2%) | 3 (0.1%) |
| Lymphadenopathy | 4 (0.2%) | 10 (0.4%) |
| Splenomegaly | 4 (0.2%) | 7 (0.3%) |
| Blood loss anaemia | 4 (0.2%) | 5 (0.2%) |
| Nephrogenic anaemia | 4 (0.2%) | 5 (0.2%) |
| Microcytic anaemia | 3 (0.1%) | 4 (0.2%) |
| Normocytic anaemia | 3 (0.1%) | 3 (0.1%) |
| Normochromic normocytic anaemia | 2 (0.1%) | 3 (0.1%) |
| Lymphadenopathy mediastinal | 2 (0.1%) | 2 (0.1%) |
| Macrocytosis | 1 (0.0%) | 1 (0.0%) |
| Anaemia vitamin B12 deficiency | 1 (0.0%) | 0 |
| Bone marrow failure | 1 (0.0%) | 0 |
| Coagulopathy | 1 (0.0%) | 0 |
| Hypochromic anaemia | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Immune thrombocytopenia | 1 (0.0%) | 0 |
| Lymph node calcification | 1 (0.0%) | 0 |
| Lymphocytosis | 1 (0.0%) | 0 |
| Neutrophilia | 1 (0.0%) | 0 |
| Pseudolymphoma | 1 (0.0%) | 0 |
| Abdominal lymphadenopathy | 0 | 3 (0.1%) |
| Lymphadenitis | 0 | 2 (0.1%) |
| Thrombocytosis | 0 | 2 (0.1%) |
| Antiphospholipid syndrome | 0 | 1 (0.0%) |
| Eosinophilia | 0 | 1 (0.0%) |
| Febrile neutropenia | 0 | 1 (0.0%) |
| Haemorrhagic diathesis | 0 | 1 (0.0%) |
| Hypercoagulation | 0 | 1 (0.0%) |
| Neutropenia | 0 | 1 (0.0%) |
| Pancytopenia | 0 | 1 (0.0%) |
| Splenic calcification | 0 | 1 (0.0%) |
| Splenic lesion | 0 | 1 (0.0%) |
| Splenic vein thrombosis | 0 | 1 (0.0%) |
| White blood cell disorder | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 172 (6.8%) | 186 (7.4%) |
| Prostate cancer | 14 (0.6%) | 17 (0.7%) |
| Colon cancer | 9 (0.4%) | 5 (0.2%) |
| Basal cell carcinoma | 8 (0.3%) | 13 (0.5%) |
| Skin papilloma | 7 (0.3%) | 10 (0.4%) |
| Lipoma | 7 (0.3%) | 6 (0.2%) |
| Bladder cancer | 6 (0.2%) | 1 (0.0%) |
| Renal neoplasm | 6 (0.2%) | 1 (0.0%) |
| Uterine leiomyoma | 5 (0.2%) | 1 (0.0%) |
| Seborrhoeic keratosis | 4 (0.2%) | 7 (0.3%) |
| Adrenal adenoma | 4 (0.2%) | 5 (0.2%) |
| Hepatocellular carcinoma | 4 (0.2%) | 2 (0.1%) |
| Lung neoplasm malignant | 3 (0.1%) | 5 (0.2%) |
| Hepatic cancer | 3 (0.1%) | 2 (0.1%) |
| Neoplasm | 3 (0.1%) | 2 (0.1%) |
| Transitional cell carcinoma | 3 (0.1%) | 1 (0.0%) |
| Bladder cancer recurrent | 3 (0.1%) | 0 |
| Colon adenoma | 2 (0.1%) | 6 (0.2%) |
| Melanocytic naevus | 2 (0.1%) | 6 (0.2%) |
| Pancreatic carcinoma | 2 (0.1%) | 5 (0.2%) |
| Squamous cell carcinoma of skin | 2 (0.1%) | 3 (0.1%) |
| Adrenal neoplasm | 2 (0.1%) | 2 (0.1%) |
| Gastric cancer | 2 (0.1%) | 2 (0.1%) |
| Meningioma | 2 (0.1%) | 2 (0.1%) |
| Acrochordon | 2 (0.1%) | 1 (0.0%) |
| Large intestine benign neoplasm | 2 (0.1%) | 1 (0.0%) |
| Lung adenocarcinoma | 2 (0.1%) | 1 (0.0%) |
| Neoplasm skin | 2 (0.1%) | 1 (0.0%) |
| Pancreatic carcinoma metastatic | 2 (0.1%) | 1 (0.0%) |
| Plasma cell myeloma | 2 (0.1%) | 1 (0.0%) |
| Prostate cancer recurrent | 2 (0.1%) | 1 (0.0%) |
| Prostatic adenoma | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Squamous cell carcinoma | 2 (0.1%) | 1 (0.0%) |
| Benign breast neoplasm | 2 (0.1%) | 0 |
| Chronic lymphocytic leukaemia | 2 (0.1%) | 0 |
| Endometrial cancer | 2 (0.1%) | 0 |
| Renal cancer | 1 (0.0%) | 4 (0.2%) |
| Adenocarcinoma of colon | 1 (0.0%) | 3 (0.1%) |
| Breast cancer | 1 (0.0%) | 3 (0.1%) |
| Hypergammaglobulinaemia benign monoclonal | 1 (0.0%) | 3 (0.1%) |
| Lung neoplasm | 1 (0.0%) | 3 (0.1%) |
| Adenoma benign | 1 (0.0%) | 2 (0.1%) |
| B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Bowen's disease | 1 (0.0%) | 2 (0.1%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Haemangioma of liver | 1 (0.0%) | 2 (0.1%) |
| Monoclonal gammopathy | 1 (0.0%) | 2 (0.1%) |
| Oesophageal carcinoma | 1 (0.0%) | 2 (0.1%) |
| Papillary thyroid cancer | 1 (0.0%) | 2 (0.1%) |
| Squamous cell carcinoma of lung | 1 (0.0%) | 2 (0.1%) |
| Adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| Benign hepatic neoplasm | 1 (0.0%) | 1 (0.0%) |
| Benign neoplasm of thyroid gland | 1 (0.0%) | 1 (0.0%) |
| Bladder transitional cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Colorectal cancer | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Metastases to lung | 1 (0.0%) | 1 (0.0%) |
| Metastases to lymph nodes | 1 (0.0%) | 1 (0.0%) |
| Metastatic malignant melanoma | 1 (0.0%) | 1 (0.0%) |
| Papillary renal cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Pituitary tumour benign | 1 (0.0%) | 1 (0.0%) |
| Rectal adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| Rectal adenoma | 1 (0.0%) | 1 (0.0%) |
| Rectal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 1 (0.0%) |
| Tonsil cancer | 1 (0.0%) | 1 (0.0%) |
| Anogenital warts | 1 (0.0%) | 0 |
| Benign bone neoplasm | 1 (0.0%) | 0 |
| Benign mediastinal neoplasm | 1 (0.0%) | 0 |
| Benign neoplasm | 1 (0.0%) | 0 |
| Benign neoplasm of skin | 1 (0.0%) | 0 |
| Benign ovarian tumour | 1 (0.0%) | 0 |
| Benign renal neoplasm | 1 (0.0%) | 0 |
| Cerebral haemangioma | 1 (0.0%) | 0 |
| Choroid neoplasm | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Female reproductive neoplasm | 1 (0.0%) | 0 |
| Fibroadenoma of breast | 1 (0.0%) | 0 |
| Fibroma | 1 (0.0%) | 0 |
| Gastric adenoma | 1 (0.0%) | 0 |
| Gastrointestinal stromal tumour | 1 (0.0%) | 0 |
| Gastrointestinal submucosal tumour | 1 (0.0%) | 0 |
| Haemangioma of spleen | 1 (0.0%) | 0 |
| Hypopharyngeal cancer | 1 (0.0%) | 0 |

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Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Intraductal papillary mucinous neoplasm | 1 (0.0%) | 0 |
| Invasive ductal breast carcinoma | 1 (0.0%) | 0 |
| Langerhans' cell histiocytosis | 1 (0.0%) | 0 |
| Lung cancer metastatic | 1 (0.0%) | 0 |
| Lymphoma | 1 (0.0%) | 0 |
| Metastases to liver | 1 (0.0%) | 0 |
| Neoplasm malignant | 1 (0.0%) | 0 |
| Nervous system neoplasm benign | 1 (0.0%) | 0 |
| Neuroendocrine tumour | 1 (0.0%) | 0 |
| Ocular neoplasm | 1 (0.0%) | 0 |
| Oral neoplasm | 1 (0.0%) | 0 |
| Pancreatic neuroendocrine tumour | 1 (0.0%) | 0 |
| Pharyngeal neoplasm | 1 (0.0%) | 0 |
| Rectal cancer metastatic | 1 (0.0%) | 0 |
| Renal cell carcinoma | 1 (0.0%) | 0 |
| Respiratory papilloma | 1 (0.0%) | 0 |
| Retroperitoneal neoplasm | 1 (0.0%) | 0 |
| Sarcoma | 1 (0.0%) | 0 |
| Schwannoma | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| Thyroid adenoma | 1 (0.0%) | 0 |
| Tumour invasion | 1 (0.0%) | 0 |
| Tumour ulceration | 1 (0.0%) | 0 |
| Cholesteatoma | 0 | 3 (0.1%) |
| Eye naevus | 0 | 3 (0.1%) |
| Benign lung neoplasm | 0 | 2 (0.1%) |
| Enchondromatosis | 0 | 2 (0.1%) |
| Malignant melanoma | 0 | 2 (0.1%) |
| Pancreatic neoplasm | 0 | 2 (0.1%) |
| Papillary cystadenoma lymphomatosum | 0 | 2 (0.1%) |
| Skin cancer | 0 | 2 (0.1%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Anal cancer | 0 | 1 (0.0%) |
| Benign neoplasm of eyelid | 0 | 1 (0.0%) |
| Bladder neoplasm | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Ear neoplasm malignant | 0 | 1 (0.0%) |
| Endometrial adenocarcinoma | 0 | 1 (0.0%) |
| Epithelioid mesothelioma | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Haemangioma | 0 | 1 (0.0%) |
| Haemangioma of bone | 0 | 1 (0.0%) |
| Intraductal papilloma of breast | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Laryngeal squamous cell carcinoma | 0 | 1 (0.0%) |
| Lentigo maligna | 0 | 1 (0.0%) |
| Lip squamous cell carcinoma | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Mesenteric neoplasm | 0 | 1 (0.0%) |
| Metastases to bone | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Neoplasm prostate | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oral papilloma | 0 | 1 (0.0%) |
| Oropharyngeal cancer | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Paraproteinaemia | 0 | 1 (0.0%) |
| Pituitary tumour | 0 | 1 (0.0%) |
| Prostate cancer metastatic | 0 | 1 (0.0%) |
| Pyogenic granuloma | 0 | 1 (0.0%) |
| Renal hamartoma | 0 | 1 (0.0%) |
| Salivary gland adenoma | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Testis cancer | 0 | 1 (0.0%) |
| Thyroid neoplasm | 0 | 1 (0.0%) |
| Triple negative breast cancer | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 163 (6.4%) | 158 (6.3%) |
| Benign prostatic hyperplasia | 74 (2.9%) | 74 (2.9%) |
| Erectile dysfunction | 25 (1.0%) | 22 (0.9%) |
| Prostatitis | 7 (0.3%) | 8 (0.3%) |
| Prostatomegaly | 5 (0.2%) | 7 (0.3%) |
| Balanoposthitis | 5 (0.2%) | 6 (0.2%) |
| Pruritus genital | 4 (0.2%) | 1 (0.0%) |
| Prostatic calcification | 3 (0.1%) | 4 (0.2%) |
| Breast pain | 3 (0.1%) | 2 (0.1%) |
| Sexual dysfunction | 3 (0.1%) | 2 (0.1%) |
| Vulvovaginal pruritus | 3 (0.1%) | 1 (0.0%) |
| Atrophic vulvovaginitis | 3 (0.1%) | 0 |
| Ovarian cyst | 2 (0.1%) | 4 (0.2%) |
| Prostatism | 2 (0.1%) | 2 (0.1%) |
| Pelvic pain | 2 (0.1%) | 1 (0.0%) |
| Testicular pain | 1 (0.0%) | 2 (0.1%) |
| Uterine polyp | 1 (0.0%) | 2 (0.1%) |
| Vaginal haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Breast disorder | 1 (0.0%) | 1 (0.0%) |
| Breast mass | 1 (0.0%) | 1 (0.0%) |
| Cervical polyp | 1 (0.0%) | 1 (0.0%) |
| Genital lesion | 1 (0.0%) | 1 (0.0%) |
| Menopausal symptoms | 1 (0.0%) | 1 (0.0%) |
| Metrorrhagia | 1 (0.0%) | 1 (0.0%) |
| Penile pain | 1 (0.0%) | 1 (0.0%) |
| Perineal pain | 1 (0.0%) | 1 (0.0%) |
| Prostatic disorder | 1 (0.0%) | 1 (0.0%) |
| Prostatic mass | 1 (0.0%) | 1 (0.0%) |
| Vaginal disorder | 1 (0.0%) | 1 (0.0%) |
| Breast calcifications | 1 (0.0%) | 0 |
| Breast dysplasia | 1 (0.0%) | 0 |
| Breast tenderness | 1 (0.0%) | 0 |
| Dysmenorrhoea | 1 (0.0%) | 0 |
| Endometriosis | 1 (0.0%) | 0 |
| Fallopian tube cyst | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------------------|------------------------|---------------------|
| Menstruation irregular | 1 (0.0%) | 0 |
| Ovarian mass | 1 (0.0%) | 0 |
| Pelvic adhesions | 1 (0.0%) | 0 |
| Penile erythema | 1 (0.0%) | 0 |
| Peyronie's disease | 1 (0.0%) | 0 |
| Postmenopausal haemorrhage | 1 (0.0%) | 0 |
| Scrotal disorder | 1 (0.0%) | 0 |
| Uterine haemorrhage | 1 (0.0%) | 0 |
| Vulvovaginal dryness | 1 (0.0%) | 0 |
| Gynaecomastia | 0 | 4 (0.2%) |
| Varicocele | 0 | 3 (0.1%) |
| Breast hyperplasia | 0 | 2 (0.1%) |
| Menorrhagia | 0 | 2 (0.1%) |
| Calculus prostatic | 0 | 1 (0.0%) |
| Cervical dysplasia | 0 | 1 (0.0%) |
| Ejaculation disorder | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Galactorrhoea | 0 | 1 (0.0%) |
| Genital atrophy | 0 | 1 (0.0%) |
| Genital discomfort | 0 | 1 (0.0%) |
| Haemospermia | 0 | 1 (0.0%) |
| Nipple pain | 0 | 1 (0.0%) |
| Ovarian failure | 0 | 1 (0.0%) |
| Pelvic cyst | 0 | 1 (0.0%) |
| Prostatic cyst | 0 | 1 (0.0%) |
| Scrotal pain | 0 | 1 (0.0%) |
| Scrotal swelling | 0 | 1 (0.0%) |
| Testicular swelling | 0 | 1 (0.0%) |
| Uterine inflammation | 0 | 1 (0.0%) |
| Vulval eczema | 0 | 1 (0.0%) |
| Vulvovaginal pain | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 155 (6.1%) | 141 (5.6%) |
| Hepatic steatosis | 57 (2.2%) | 47 (1.9%) |
| Cholelithiasis | 34 (1.3%) | 31 (1.2%) |
| Hepatic function abnormal | 17 (0.7%) | 12 (0.5%) |
| Gallbladder polyp | 12 (0.5%) | 8 (0.3%) |
| Hepatic cirrhosis | 10 (0.4%) | 8 (0.3%) |
| Cholecystitis | 6 (0.2%) | 4 (0.2%) |
| Hepatomegaly | 6 (0.2%) | 4 (0.2%) |
| Bile duct stone | 4 (0.2%) | 4 (0.2%) |
| Cholecystitis chronic | 3 (0.1%) | 8 (0.3%) |
| Biliary colic | 3 (0.1%) | 3 (0.1%) |
| Cholecystitis acute | 2 (0.1%) | 5 (0.2%) |
| Cholestasis | 2 (0.1%) | 4 (0.2%) |
| Hepatic cyst | 2 (0.1%) | 3 (0.1%) |
| Nonalcoholic fatty liver disease | 2 (0.1%) | 3 (0.1%) |
| Cholangitis | 2 (0.1%) | 2 (0.1%) |
| Hepatic lesion | 2 (0.1%) | 2 (0.1%) |
| Hepatosplenomegaly | 2 (0.1%) | 2 (0.1%) |
| Hepatic calcification | 2 (0.1%) | 1 (0.0%) |
| Liver disorder | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------|------------------------|---------------------|
| Biliary dyskinesia | 2 (0.1%) | 0 |
| Hepatic mass | 1 (0.0%) | 3 (0.1%) |
| Hepatocellular injury | 1 (0.0%) | 3 (0.1%) |
| Jaundice cholestatic | 1 (0.0%) | 2 (0.1%) |
| Steatohepatitis | 1 (0.0%) | 2 (0.1%) |
| Biliary tract disorder | 1 (0.0%) | 1 (0.0%) |
| Hepatic failure | 1 (0.0%) | 1 (0.0%) |
| Non-alcoholic steatohepatitis | 1 (0.0%) | 1 (0.0%) |
| Biliary dilatation | 1 (0.0%) | 0 |
| Cholangiectasis acquired | 1 (0.0%) | 0 |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Drug-induced liver injury | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatitis | 1 (0.0%) | 0 |
| Hepatitis acute | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Hepatotoxicity | 1 (0.0%) | 0 |
| Hyperplastic cholecystopathy | 1 (0.0%) | 0 |
| Hypertransaminasaemia | 1 (0.0%) | 0 |
| Ocular icterus | 1 (0.0%) | 0 |
| Cholangitis acute | 0 | 2 (0.1%) |
| Alcoholic liver disease | 0 | 1 (0.0%) |
| Biliary fistula | 0 | 1 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Gallbladder cholesterolosis | 0 | 1 (0.0%) |
| Hepatitis toxic | 0 | 1 (0.0%) |
| Hepatobiliary disease | 0 | 1 (0.0%) |
| Hydrocholecystis | 0 | 1 (0.0%) |
| Jaundice | 0 | 1 (0.0%) |
| Liver injury | 0 | 1 (0.0%) |
| Porcelain gallbladder | 0 | 1 (0.0%) |
| Portal hypertension | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Primary biliary cholangitis | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 154 (6.1%) | 124 (4.9%) |
| Cataract operation | 25 (1.0%) | 24 (1.0%) |
| Tooth extraction | 14 (0.6%) | 9 (0.4%) |
| Knee arthroplasty | 5 (0.2%) | 5 (0.2%) |
| Dental implantation | 5 (0.2%) | 3 (0.1%) |
| Leg amputation | 4 (0.2%) | 4 (0.2%) |
| Intraocular lens implant | 4 (0.2%) | 2 (0.1%) |
| Skin lesion removal | 4 (0.2%) | 2 (0.1%) |
| Toe amputation | 3 (0.1%) | 5 (0.2%) |
| Vitrectomy | 3 (0.1%) | 3 (0.1%) |
| Hip arthroplasty | 3 (0.1%) | 2 (0.1%) |
| Gastric bypass | 3 (0.1%) | 1 (0.0%) |
| Retinal laser coagulation | 3 (0.1%) | 1 (0.0%) |
| Roux loop conversion | 3 (0.1%) | 0 |
| Tendon sheath incision | 3 (0.1%) | 0 |
| Cholecystectomy | 2 (0.1%) | 6 (0.2%) |
| Polypectomy | 2 (0.1%) | 4 (0.2%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|------------------------------------|------------------------|---------------------|
| Carpal tunnel decompression | 2 (0.1%) | 3 (0.1%) |
| Foot amputation | 2 (0.1%) | 2 (0.1%) |
| Skin neoplasm excision | 2 (0.1%) | 2 (0.1%) |
| Hysterectomy | 2 (0.1%) | 1 (0.0%) |
| Intervertebral disc operation | 2 (0.1%) | 1 (0.0%) |
| Cardioversion | 2 (0.1%) | 0 |
| Circumcision | 2 (0.1%) | 0 |
| Diabetes mellitus management | 2 (0.1%) | 0 |
| Eye operation | 2 (0.1%) | 0 |
| Removal of internal fixation | 2 (0.1%) | 0 |
| Shoulder operation | 2 (0.1%) | 0 |
| Spinal decompression | 2 (0.1%) | 0 |
| Large intestinal polypectomy | 1 (0.0%) | 5 (0.2%) |
| Eye laser surgery | 1 (0.0%) | 4 (0.2%) |
| Lens extraction | 1 (0.0%) | 4 (0.2%) |
| Abscess drainage | 1 (0.0%) | 3 (0.1%) |
| Dupuytren's contracture operation | 1 (0.0%) | 2 (0.1%) |
| Cardiac ablation | 1 (0.0%) | 1 (0.0%) |
| Coronary arterial stent insertion | 1 (0.0%) | 1 (0.0%) |
| Drug delivery device placement | 1 (0.0%) | 1 (0.0%) |
| Percutaneous coronary intervention | 1 (0.0%) | 1 (0.0%) |
| Umbilical hernia repair | 1 (0.0%) | 1 (0.0%) |
| Uterine polypectomy | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia repair | 1 (0.0%) | 0 |
| Acrochordon excision | 1 (0.0%) | 0 |
| Ankle operation | 1 (0.0%) | 0 |
| Atrial appendage closure | 1 (0.0%) | 0 |
| Benign tumour excision | 1 (0.0%) | 0 |
| Blepharoplasty | 1 (0.0%) | 0 |
| Breast conserving surgery | 1 (0.0%) | 0 |
| Central venous catheterisation | 1 (0.0%) | 0 |
| Chemotherapy | 1 (0.0%) | 0 |
| Colectomy | 1 (0.0%) | 0 |
| Coronary revascularisation | 1 (0.0%) | 0 |
| Dental care | 1 (0.0%) | 0 |
| Drug therapy | 1 (0.0%) | 0 |
| Endodontic procedure | 1 (0.0%) | 0 |
| Eyelid operation | 1 (0.0%) | 0 |
| Fasciotomy | 1 (0.0%) | 0 |
| Finger amputation | 1 (0.0%) | 0 |
| Gastric polypectomy | 1 (0.0%) | 0 |
| Glaucoma surgery | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Joint injection | 1 (0.0%) | 0 |
| Large intestine operation | 1 (0.0%) | 0 |
| Laser therapy | 1 (0.0%) | 0 |
| Lithotripsy | 1 (0.0%) | 0 |
| Lymphadenectomy | 1 (0.0%) | 0 |
| Meniscus operation | 1 (0.0%) | 0 |
| Metabolic surgery | 1 (0.0%) | 0 |
| Metatarsal excision | 1 (0.0%) | 0 |
| Mole excision | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Nail operation | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Ocular stem cell transplant | 1 (0.0%) | 0 |
| Ostectomy | 1 (0.0%) | 0 |
| Peripheral artery bypass | 1 (0.0%) | 0 |
| Peripheral nerve decompression | 1 (0.0%) | 0 |
| Platelet rich plasma therapy | 1 (0.0%) | 0 |
| Proctocolectomy | 1 (0.0%) | 0 |
| Ptosis repair | 1 (0.0%) | 0 |
| Renal stone removal | 1 (0.0%) | 0 |
| Scar excision | 1 (0.0%) | 0 |
| Sequestrectomy | 1 (0.0%) | 0 |
| Small intestinal polypectomy | 1 (0.0%) | 0 |
| Spinal fusion surgery | 1 (0.0%) | 0 |
| Spinal laminectomy | 1 (0.0%) | 0 |
| Spinal operation | 1 (0.0%) | 0 |
| Tooth repair | 1 (0.0%) | 0 |
| Transurethral bladder resection | 1 (0.0%) | 0 |
| Tumour excision | 1 (0.0%) | 0 |
| Vascular stent insertion | 1 (0.0%) | 0 |
| Vasectomy | 1 (0.0%) | 0 |
| Limb operation | 0 | 3 (0.1%) |
| Lipoma excision | 0 | 3 (0.1%) |
| Cardiac pacemaker insertion | 0 | 2 (0.1%) |
| Intra-ocular injection | 0 | 2 (0.1%) |
| Stent placement | 0 | 2 (0.1%) |
| Varicose vein operation | 0 | 2 (0.1%) |
| Amputation | 0 | 1 (0.0%) |
| Aortic surgery | 0 | 1 (0.0%) |
| Aortic valve replacement | 0 | 1 (0.0%) |
| Bone operation | 0 | 1 (0.0%) |
| Bunion operation | 0 | 1 (0.0%) |
| Cardiac pacemaker removal | 0 | 1 (0.0%) |
| Cardiac pacemaker replacement | 0 | 1 (0.0%) |
| Cardiac rehabilitation therapy | 0 | 1 (0.0%) |
| Coronary angioplasty | 0 | 1 (0.0%) |
| Coronary artery bypass | 0 | 1 (0.0%) |
| Cyst removal | 0 | 1 (0.0%) |
| Dental operation | 0 | 1 (0.0%) |
| Gastrectomy | 0 | 1 (0.0%) |
| Haemodialysis | 0 | 1 (0.0%) |
| Haemorrhoid operation | 0 | 1 (0.0%) |
| Hydrocele operation | 0 | 1 (0.0%) |
| Implantable defibrillator insertion | 0 | 1 (0.0%) |
| Incisional hernia repair | 0 | 1 (0.0%) |
| Insertion of ambulatory peritoneal catheter | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Intestinal polypectomy | 0 | 1 (0.0%) |
| Iridotomy | 0 | 1 (0.0%) |
| Keratomileusis | 0 | 1 (0.0%) |
| Knee operation | 0 | 1 (0.0%) |
| Ligament operation | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Lung lobectomy | 0 | 1 (0.0%) |
| Mitral valve repair | 0 | 1 (0.0%) |
| Nasal operation | 0 | 1 (0.0%) |
| Parathyroidectomy | 0 | 1 (0.0%) |
| Peripheral nerve operation | 0 | 1 (0.0%) |
| Retinal operation | 0 | 1 (0.0%) |
| Retinopexy | 0 | 1 (0.0%) |
| Sinus operation | 0 | 1 (0.0%) |
| Skin ulcer excision | 0 | 1 (0.0%) |
| Thyroidectomy | 0 | 1 (0.0%) |
| Toe operation | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Psychiatric Disorders | 143 (5.6%) | 140 (5.5%) |
| Insomnia | 50 (2.0%) | 45 (1.8%) |
| Depression | 40 (1.6%) | 43 (1.7%) |
| Anxiety | 19 (0.7%) | 26 (1.0%) |
| Sleep disorder | 12 (0.5%) | 7 (0.3%) |
| Depressed mood | 4 (0.2%) | 6 (0.2%) |
| Confusional state | 4 (0.2%) | 2 (0.1%) |
| Nervousness | 3 (0.1%) | 3 (0.1%) |
| Mixed anxiety and depressive disorder | 3 (0.1%) | 0 |
| Stress | 3 (0.1%) | 0 |
| Major depression | 2 (0.1%) | 1 (0.0%) |
| Nicotine dependence | 2 (0.1%) | 1 (0.0%) |
| Mental status changes | 2 (0.1%) | 0 |
| Restlessness | 1 (0.0%) | 3 (0.1%) |
| Anxiety disorder | 1 (0.0%) | 2 (0.1%) |
| Libido decreased | 1 (0.0%) | 2 (0.1%) |
| Abulia | 1 (0.0%) | 1 (0.0%) |
| Delirium | 1 (0.0%) | 1 (0.0%) |
| Drug use disorder | 1 (0.0%) | 1 (0.0%) |
| Nightmare | 1 (0.0%) | 1 (0.0%) |
| Affective disorder | 1 (0.0%) | 0 |
| Aggression | 1 (0.0%) | 0 |
| Attention deficit hyperactivity disorder | 1 (0.0%) | 0 |
| Autism spectrum disorder | 1 (0.0%) | 0 |
| Bipolar disorder | 1 (0.0%) | 0 |
| Irritability | 1 (0.0%) | 0 |
| Middle insomnia | 1 (0.0%) | 0 |
| Panic attack | 1 (0.0%) | 0 |
| Schizophreniform disorder | 1 (0.0%) | 0 |
| Tension | 1 (0.0%) | 0 |
| Adjustment disorder with depressed mood | 0 | 3 (0.1%) |
| Abnormal dreams | 0 | 1 (0.0%) |
| Adjustment disorder | 0 | 1 (0.0%) |
| Alcohol abuse | 0 | 1 (0.0%) |
| Apathy | 0 | 1 (0.0%) |
| Behaviour disorder | 0 | 1 (0.0%) |
| Disorientation | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Drug abuse | 0 | 1 (0.0%) |
| Generalised anxiety disorder | 0 | 1 (0.0%) |
| Grief reaction | 0 | 1 (0.0%) |
| Hallucination | 0 | 1 (0.0%) |
| Impulse-control disorder | 0 | 1 (0.0%) |
| Mental disorder due to a general medical condition | 0 | 1 (0.0%) |
| Panic disorder | 0 | 1 (0.0%) |
| Polydipsia psychogenic | 0 | 1 (0.0%) |
| Psychotic disorder | 0 | 1 (0.0%) |
| Substance-induced psychotic disorder | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Tearfulness | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 115 (4.5%) | 102 (4.0%) |
| Vertigo | 47 (1.9%) | 44 (1.7%) |
| Tinnitus | 13 (0.5%) | 13 (0.5%) |
| Ear pain | 9 (0.4%) | 9 (0.4%) |
| Vertigo positional | 9 (0.4%) | 5 (0.2%) |
| Hypoacusis | 7 (0.3%) | 4 (0.2%) |
| Deafness | 5 (0.2%) | 6 (0.2%) |
| Sudden hearing loss | 5 (0.2%) | 6 (0.2%) |
| Deafness neurosensory | 3 (0.1%) | 5 (0.2%) |
| Ear pruritus | 3 (0.1%) | 2 (0.1%) |
| Ear discomfort | 3 (0.1%) | 1 (0.0%) |
| Cerumen impaction | 2 (0.1%) | 6 (0.2%) |
| Excessive cerumen production | 2 (0.1%) | 3 (0.1%) |
| Meniere's disease | 2 (0.1%) | 0 |
| Auditory disorder | 1 (0.0%) | 1 (0.0%) |
| Deafness unilateral | 1 (0.0%) | 1 (0.0%) |
| Presbycusis | 1 (0.0%) | 1 (0.0%) |
| Auricular pseudocyst | 1 (0.0%) | 0 |
| Middle ear inflammation | 1 (0.0%) | 0 |
| Motion sickness | 1 (0.0%) | 0 |
| Otolithiasis | 1 (0.0%) | 0 |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Deafness bilateral | 0 | 4 (0.2%) |
| Vestibular disorder | 0 | 3 (0.1%) |
| Ear disorder | 0 | 1 (0.0%) |
| Ear swelling | 0 | 1 (0.0%) |
| External ear inflammation | 0 | 1 (0.0%) |
| Mixed deafness | 0 | 1 (0.0%) |
| Endocrine Disorders | 51 (2.0%) | 54 (2.1%) |
| Hypothyroidism | 20 (0.8%) | 14 (0.6%) |
| Thyroid mass | 10 (0.4%) | 9 (0.4%) |
| Goitre | 7 (0.3%) | 5 (0.2%) |
| Hyperthyroidism | 4 (0.2%) | 4 (0.2%) |
| Hyperparathyroidism secondary | 3 (0.1%) | 5 (0.2%) |
| Adrenal mass | 2 (0.1%) | 1 (0.0%) |
| Autoimmune thyroiditis | 2 (0.1%) | 1 (0.0%) |
| Basedow's disease | 1 (0.0%) | 1 (0.0%) |
| Hyperparathyroidism | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Thyroid cyst | 1 (0.0%) | 1 (0.0%) |
| Autoimmune thyroid disorder | 1 (0.0%) | 0 |
| Empty sella syndrome | 1 (0.0%) | 0 |
| Hyperprolactinaemia | 1 (0.0%) | 0 |
| Primary adrenal insufficiency | 1 (0.0%) | 0 |
| Primary hypothyroidism | 1 (0.0%) | 0 |
| Adrenal cyst | 0 | 3 (0.1%) |
| Hypogonadism | 0 | 3 (0.1%) |
| Adrenal disorder | 0 | 2 (0.1%) |
| Adrenal insufficiency | 0 | 1 (0.0%) |
| Hyperparathyroidism primary | 0 | 1 (0.0%) |
| Hyperplasia adrenal | 0 | 1 (0.0%) |
| Hypoparathyroidism | 0 | 1 (0.0%) |
| Primary hyperaldosteronism | 0 | 1 (0.0%) |
| Testicular failure | 0 | 1 (0.0%) |
| Immune System Disorders | 30 (1.2%) | 22 (0.9%) |
| Seasonal allergy | 9 (0.4%) | 6 (0.2%) |
| Hypersensitivity | 7 (0.3%) | 8 (0.3%) |
| Drug hypersensitivity | 6 (0.2%) | 3 (0.1%) |
| Anaphylactic reaction | 2 (0.1%) | 2 (0.1%) |
| Allergy to arthropod bite | 2 (0.1%) | 0 |
| Anaphylactic shock | 1 (0.0%) | 2 (0.1%) |
| Sarcoidosis | 1 (0.0%) | 2 (0.1%) |
| Allergy to animal | 1 (0.0%) | 0 |
| Amyloidosis | 1 (0.0%) | 0 |
| Food allergy | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 15 (0.6%) | 19 (0.8%) |
| Phimosis | 4 (0.2%) | 5 (0.2%) |
| Hydrocele | 2 (0.1%) | 2 (0.1%) |
| Adenomatous polyposis coli | 2 (0.1%) | 1 (0.0%) |
| Hypertrophic cardiomyopathy | 2 (0.1%) | 0 |
| Congenital cystic kidney disease | 1 (0.0%) | 1 (0.0%) |
| Thalassaemia | 1 (0.0%) | 1 (0.0%) |
| Accessory spleen | 1 (0.0%) | 0 |
| Arnold-Chiari malformation | 1 (0.0%) | 0 |
| Arteriovenous malformation | 1 (0.0%) | 0 |
| Thalassaemia alpha | 1 (0.0%) | 0 |
| Anomaly of middle ear congenital | 0 | 1 (0.0%) |
| Atrial septal defect | 0 | 1 (0.0%) |
| Cone dystrophy | 0 | 1 (0.0%) |
| Congenital renal cyst | 0 | 1 (0.0%) |
| Ectrodactyly | 0 | 1 (0.0%) |
| Familial tremor | 0 | 1 (0.0%) |
| Haemophilia | 0 | 1 (0.0%) |
| Kidney duplex | 0 | 1 (0.0%) |
| Rathke's cleft cyst | 0 | 1 (0.0%) |
| Tornwaldt cyst | 0 | 1 (0.0%) |
| Product Issues | 2 (0.1%) | 5 (0.2%) |
| Device loosening | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------|------------------------|---------------------|
| Device expulsion | 1 (0.0%) | 0 |
| Device breakage | 0 | 2 (0.1%) |
| Device dislocation | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |
| Social Circumstances | 0 | 1 (0.0%) |
| Menopause | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Any TEAE | 731 (28.8%) | 771 (30.6%) |
| Infections And Infestations | 218 (8.6%) | 251 (9.9%) |
| Pneumonia | 45 (1.8%) | 70 (2.8%) |
| Cellulitis | 22 (0.9%) | 18 (0.7%) |
| Urinary tract infection | 22 (0.9%) | 14 (0.6%) |
| Osteomyelitis | 9 (0.4%) | 13 (0.5%) |
| Sepsis | 8 (0.3%) | 10 (0.4%) |
| Localised infection | 8 (0.3%) | 3 (0.1%) |
| Urosepsis | 7 (0.3%) | 10 (0.4%) |
| Abscess limb | 7 (0.3%) | 4 (0.2%) |
| COVID-19 | 6 (0.2%) | 16 (0.6%) |
| Bronchitis | 6 (0.2%) | 7 (0.3%) |
| Gastroenteritis | 6 (0.2%) | 7 (0.3%) |
| Diabetic foot infection | 6 (0.2%) | 4 (0.2%) |
| Erysipelas | 5 (0.2%) | 12 (0.5%) |
| COVID-19 pneumonia | 5 (0.2%) | 9 (0.4%) |
| Appendicitis | 5 (0.2%) | 2 (0.1%) |
| Diverticulitis | 4 (0.2%) | 4 (0.2%) |
| Infected skin ulcer | 4 (0.2%) | 1 (0.0%) |
| Postoperative wound infection | 4 (0.2%) | 1 (0.0%) |
| Pyelonephritis | 4 (0.2%) | 1 (0.0%) |
| Pyelonephritis acute | 3 (0.1%) | 3 (0.1%) |
| Cystitis | 3 (0.1%) | 2 (0.1%) |
| Septic shock | 3 (0.1%) | 1 (0.0%) |
| Subcutaneous abscess | 3 (0.1%) | 0 |
| Gangrene | 2 (0.1%) | 5 (0.2%) |
| Upper respiratory tract infection | 2 (0.1%) | 4 (0.2%) |
| Pneumonia bacterial | 2 (0.1%) | 3 (0.1%) |
| Wound infection | 2 (0.1%) | 3 (0.1%) |
| Lower respiratory tract infection | 2 (0.1%) | 2 (0.1%) |
| Osteomyelitis chronic | 2 (0.1%) | 2 (0.1%) |
| Herpes zoster | 2 (0.1%) | 1 (0.0%) |
| Intervertebral discitis | 2 (0.1%) | 1 (0.0%) |
| Respiratory tract infection | 2 (0.1%) | 1 (0.0%) |
| Bacterial infection | 2 (0.1%) | 0 |
| Bronchitis bacterial | 2 (0.1%) | 0 |
| Febrile infection | 2 (0.1%) | 0 |
| Anal abscess | 1 (0.0%) | 3 (0.1%) |
| Cholecystitis infective | 1 (0.0%) | 2 (0.1%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 2 (0.1%) |
| Influenza | 1 (0.0%) | 2 (0.1%) |
| Diabetic gangrene | 1 (0.0%) | 1 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia influenzal | 1 (0.0%) | 1 (0.0%) |
| Abdominal infection | 1 (0.0%) | 0 |
| Arthritis infective | 1 (0.0%) | 0 |
| Chest wall abscess | 1 (0.0%) | 0 |
| Chronic sinusitis | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Dengue fever | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Endocarditis | 1 (0.0%) | 0 |
| Endophthalmitis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Escherichia bacteraemia | 1 (0.0%) | 0 |
| Gastroenteritis rotavirus | 1 (0.0%) | 0 |
| Gastroenteritis viral | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Intestinal sepsis | 1 (0.0%) | 0 |
| Lymphadenitis bacterial | 1 (0.0%) | 0 |
| Mastoiditis | 1 (0.0%) | 0 |
| Meningitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Osteomyelitis acute | 1 (0.0%) | 0 |
| Otitis externa | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Peritonitis | 1 (0.0%) | 0 |
| Pharyngitis | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia streptococcal | 1 (0.0%) | 0 |
| Pneumonia viral | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Pyelonephritis chronic | 1 (0.0%) | 0 |
| Spinal cord abscess | 1 (0.0%) | 0 |
| Staphylococcal sepsis | 1 (0.0%) | 0 |
| Infection | 0 | 4 (0.2%) |
| Soft tissue infection | 0 | 3 (0.1%) |
| Abscess | 0 | 2 (0.1%) |
| Infective exacerbation of bronchiectasis | 0 | 2 (0.1%) |
| Skin infection | 0 | 2 (0.1%) |
| Vestibular neuronitis | 0 | 2 (0.1%) |
| Abdominal sepsis | 0 | 1 (0.0%) |
| Abscess soft tissue | 0 | 1 (0.0%) |
| Anorectal cellulitis | 0 | 1 (0.0%) |
| Arthritis bacterial | 0 | 1 (0.0%) |
| Atypical pneumonia | 0 | 1 (0.0%) |
| Catheter site infection | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chronic hepatitis C | 0 | 1 (0.0%) |
| Device related infection | 0 | 1 (0.0%) |
| Epididymitis | 0 | 1 (0.0%) |
| Furuncle | 0 | 1 (0.0%) |
| Hepatitis viral | 0 | 1 (0.0%) |
| Herpes zoster meningoencephalitis | 0 | 1 (0.0%) |
| Infected bite | 0 | 1 (0.0%) |
| Labyrinthitis | 0 | 1 (0.0%) |
| Large intestine infection | 0 | 1 (0.0%) |
| Paronychia | 0 | 1 (0.0%) |
| Pelvic inflammatory disease | 0 | 1 (0.0%) |
| Perirectal abscess | 0 | 1 (0.0%) |
| Peritonsillar abscess | 0 | 1 (0.0%) |
| Pneumonia haemophilus | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Pneumonia legionella | 0 | 1 (0.0%) |
| Pneumonia pneumococcal | 0 | 1 (0.0%) |
| Post procedural infection | 0 | 1 (0.0%) |
| Pulmonary sepsis | 0 | 1 (0.0%) |
| Pulmonary tuberculosis | 0 | 1 (0.0%) |
| Pyelitis | 0 | 1 (0.0%) |
| Salpingitis | 0 | 1 (0.0%) |
| Sinobronchitis | 0 | 1 (0.0%) |
| Staphylococcal bacteraemia | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Tracheobronchitis | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 119 (4.7%) | 100 (4.0%) |
| Type 2 diabetes mellitus | 30 (1.2%) | 23 (0.9%) |
| Diabetes mellitus inadequate control | 21 (0.8%) | 13 (0.5%) |
| Diabetic metabolic decompensation | 16 (0.6%) | 11 (0.4%) |
| Diabetes mellitus | 15 (0.6%) | 21 (0.8%) |
| Hyperkalaemia | 11 (0.4%) | 2 (0.1%) |
| Hyperglycaemia | 9 (0.4%) | 6 (0.2%) |
| Hypoglycaemia | 8 (0.3%) | 12 (0.5%) |
| Dehydration | 4 (0.2%) | 4 (0.2%) |
| Hyponatraemia | 4 (0.2%) | 2 (0.1%) |
| Obesity | 3 (0.1%) | 2 (0.1%) |
| Diabetic ketoacidosis | 2 (0.1%) | 2 (0.1%) |
| Gout | 1 (0.0%) | 1 (0.0%) |
| Electrolyte imbalance | 1 (0.0%) | 0 |
| Fluid overload | 1 (0.0%) | 0 |
| Hypercalcaemia | 1 (0.0%) | 0 |
| Hypomagnesaemia | 1 (0.0%) | 0 |
| Metabolic syndrome | 1 (0.0%) | 0 |
| Cachexia | 0 | 2 (0.1%) |
| Diabetic complication | 0 | 2 (0.1%) |
| Hypokalaemia | 0 | 2 (0.1%) |
| Metabolic acidosis | 0 | 1 (0.0%) |
| Metabolic disorder | 0 | 1 (0.0%) |
| Mineral metabolism disorder | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 89 (3.5%) | 97 (3.8%) |
| Prostate cancer | 9 (0.4%) | 15 (0.6%) |
| Colon cancer | 9 (0.4%) | 5 (0.2%) |
| Bladder cancer | 6 (0.2%) | 0 |
| Lung neoplasm malignant | 3 (0.1%) | 5 (0.2%) |
| Hepatic cancer | 3 (0.1%) | 2 (0.1%) |
| Hepatocellular carcinoma | 3 (0.1%) | 1 (0.0%) |
| Renal neoplasm | 3 (0.1%) | 1 (0.0%) |
| Pancreatic carcinoma | 2 (0.1%) | 4 (0.2%) |
| Gastric cancer | 2 (0.1%) | 2 (0.1%) |
| Lung adenocarcinoma | 2 (0.1%) | 1 (0.0%) |
| Pancreatic carcinoma metastatic | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------------|------------------------|---------------------|
| Plasma cell myeloma | 2 (0.1%) | 1 (0.0%) |
| Transitional cell carcinoma | 2 (0.1%) | 1 (0.0%) |
| Bladder cancer recurrent | 2 (0.1%) | 0 |
| Basal cell carcinoma | 1 (0.0%) | 4 (0.2%) |
| Adenocarcinoma of colon | 1 (0.0%) | 3 (0.1%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Oesophageal carcinoma | 1 (0.0%) | 2 (0.1%) |
| Renal cancer | 1 (0.0%) | 2 (0.1%) |
| Squamous cell carcinoma of lung | 1 (0.0%) | 2 (0.1%) |
| Adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| B-cell lymphoma | 1 (0.0%) | 1 (0.0%) |
| Bladder transitional cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Colorectal cancer | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Metastases to lung | 1 (0.0%) | 1 (0.0%) |
| Metastases to lymph nodes | 1 (0.0%) | 1 (0.0%) |
| Neoplasm | 1 (0.0%) | 1 (0.0%) |
| Papillary renal cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Rectal adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| Squamous cell carcinoma of skin | 1 (0.0%) | 1 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 1 (0.0%) |
| Tonsil cancer | 1 (0.0%) | 1 (0.0%) |
| Choroid neoplasm | 1 (0.0%) | 0 |
| Chronic lymphocytic leukaemia | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Colon adenoma | 1 (0.0%) | 0 |
| Endometrial cancer | 1 (0.0%) | 0 |
| Female reproductive neoplasm | 1 (0.0%) | 0 |
| Gastrointestinal stromal tumour | 1 (0.0%) | 0 |
| Haemangioma of spleen | 1 (0.0%) | 0 |
| Hypopharyngeal cancer | 1 (0.0%) | 0 |
| Lipoma | 1 (0.0%) | 0 |
| Lung cancer metastatic | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Metastases to liver | 1 (0.0%) | 0 |
| Metastatic malignant melanoma | 1 (0.0%) | 0 |
| Prostatic adenoma | 1 (0.0%) | 0 |
| Rectal cancer metastatic | 1 (0.0%) | 0 |
| Rectal neoplasm | 1 (0.0%) | 0 |
| Renal cell carcinoma | 1 (0.0%) | 0 |
| Respiratory papilloma | 1 (0.0%) | 0 |
| Retroperitoneal neoplasm | 1 (0.0%) | 0 |
| Sarcoma | 1 (0.0%) | 0 |
| Skin papilloma | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Squamous cell carcinoma | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| Thyroid adenoma | 1 (0.0%) | 0 |
| Tumour invasion | 1 (0.0%) | 0 |
| Tumour ulceration | 1 (0.0%) | 0 |
| Uterine leiomyoma | 1 (0.0%) | 0 |
| Breast cancer | 0 | 3 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Lung neoplasm | 0 | 2 (0.1%) |
| Malignant melanoma | 0 | 2 (0.1%) |
| Pancreatic neoplasm | 0 | 2 (0.1%) |
| Papillary thyroid cancer | 0 | 2 (0.1%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Adrenal neoplasm | 0 | 1 (0.0%) |
| Anal cancer | 0 | 1 (0.0%) |
| Bladder neoplasm | 0 | 1 (0.0%) |
| Bowen's disease | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Ear neoplasm malignant | 0 | 1 (0.0%) |
| Epithelioid mesothelioma | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Hypergammaglobulinaemia benign monoclonal | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Laryngeal squamous cell carcinoma | 0 | 1 (0.0%) |
| Lentigo maligna | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Metastases to bone | 0 | 1 (0.0%) |
| Neoplasm prostate | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oropharyngeal cancer | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Papillary cystadenoma lymphomatosum | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Pituitary tumour | 0 | 1 (0.0%) |
| Prostate cancer metastatic | 0 | 1 (0.0%) |
| Salivary gland adenoma | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Testis cancer | 0 | 1 (0.0%) |
| Triple negative breast cancer | 0 | 1 (0.0%) |
| Nervous System Disorders | 69 (2.7%) | 50 (2.0%) |
| Diabetic neuropathy | 8 (0.3%) | 4 (0.2%) |
| Dizziness | 5 (0.2%) | 5 (0.2%) |
| Syncope | 5 (0.2%) | 5 (0.2%) |
| Carotid artery stenosis | 3 (0.1%) | 3 (0.1%) |
| Subarachnoid haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Facial paralysis | 3 (0.1%) | 1 (0.0%) |
| Cerebral ischaemia | 3 (0.1%) | 0 |
| Balance disorder | 2 (0.1%) | 0 |
| Epilepsy | 2 (0.1%) | 0 |
| Myelopathy | 2 (0.1%) | 0 |
| Presyncope | 2 (0.1%) | 0 |
| Hemiparesis | 1 (0.0%) | 2 (0.1%) |
| Cerebrovascular disorder | 1 (0.0%) | 1 (0.0%) |
| Lacunar infarction | 1 (0.0%) | 1 (0.0%) |
| Sensory disturbance | 1 (0.0%) | 1 (0.0%) |
| Transient ischaemic attack | 1 (0.0%) | 1 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 0 |
| Amputation stump pain | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Brain oedema | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral infarction | 1 (0.0%) | 0 |
| Cervicobrachial syndrome | 1 (0.0%) | 0 |
| Dementia Alzheimer's type | 1 (0.0%) | 0 |
| Dizziness postural | 1 (0.0%) | 0 |
| Dysarthria | 1 (0.0%) | 0 |
| Dyskinesia | 1 (0.0%) | 0 |
| Hypoaesthesia | 1 (0.0%) | 0 |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 0 |
| IIIrd nerve paralysis | 1 (0.0%) | 0 |
| Ischaemic stroke | 1 (0.0%) | 0 |
| Memory impairment | 1 (0.0%) | 0 |
| Metabolic encephalopathy | 1 (0.0%) | 0 |
| Mononeuropathy | 1 (0.0%) | 0 |
| Moyamoya disease | 1 (0.0%) | 0 |
| Normal pressure hydrocephalus | 1 (0.0%) | 0 |
| Radiculopathy | 1 (0.0%) | 0 |
| Sciatica | 1 (0.0%) | 0 |
| Seizure | 1 (0.0%) | 0 |
| Spinal cord compression | 1 (0.0%) | 0 |
| Tension headache | 1 (0.0%) | 0 |
| Ulnar neuritis | 1 (0.0%) | 0 |
| Vascular encephalopathy | 1 (0.0%) | 0 |
| Vertebral artery occlusion | 1 (0.0%) | 0 |
| Cervical radiculopathy | 0 | 3 (0.1%) |
| Encephalopathy | 0 | 2 (0.1%) |
| Facial paresis | 0 | 2 (0.1%) |
| Ataxia | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebral haemorrhage | 0 | 1 (0.0%) |
| Cerebral vascular occlusion | 0 | 1 (0.0%) |
| Cerebrovascular accident | 0 | 1 (0.0%) |
| Coma | 0 | 1 (0.0%) |
| Dementia | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Dysstasia | 0 | 1 (0.0%) |
| Generalised tonic-clonic seizure | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hypoglycaemic coma | 0 | 1 (0.0%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Loss of consciousness | 0 | 1 (0.0%) |
| Lumbar radiculopathy | 0 | 1 (0.0%) |
| Meralgia paraesthetica | 0 | 1 (0.0%) |
| Migraine | 0 | 1 (0.0%) |
| Neuralgia | 0 | 1 (0.0%) |
| Parkinson's disease | 0 | 1 (0.0%) |
| Somnolence | 0 | 1 (0.0%) |
| Spondylitic myelopathy | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Vertigo CNS origin | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 65 (2.6%) | 52 (2.1%) |
| Ankle fracture | 5 (0.2%) | 4 (0.2%) |
| Rib fracture | 5 (0.2%) | 2 (0.1%) |
| Femur fracture | 4 (0.2%) | 4 (0.2%) |
| Meniscus injury | 4 (0.2%) | 0 |
| Tendon rupture | 3 (0.1%) | 1 (0.0%) |
| Hip fracture | 3 (0.1%) | 0 |
| Subdural haematoma | 2 (0.1%) | 3 (0.1%) |
| Limb injury | 2 (0.1%) | 2 (0.1%) |
| Lumbar vertebral fracture | 2 (0.1%) | 2 (0.1%) |
| Head injury | 2 (0.1%) | 1 (0.0%) |
| Multiple fractures | 2 (0.1%) | 1 (0.0%) |
| Tibia fracture | 2 (0.1%) | 1 (0.0%) |
| Chest injury | 2 (0.1%) | 0 |
| Injury | 2 (0.1%) | 0 |
| Vascular injury | 2 (0.1%) | 0 |
| Craniocerebral injury | 1 (0.0%) | 3 (0.1%) |
| Radius fracture | 1 (0.0%) | 3 (0.1%) |
| Foot fracture | 1 (0.0%) | 2 (0.1%) |
| Subdural haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Contusion | 1 (0.0%) | 1 (0.0%) |
| Lower limb fracture | 1 (0.0%) | 1 (0.0%) |
| Thermal burn | 1 (0.0%) | 1 (0.0%) |
| Toxicity to various agents | 1 (0.0%) | 1 (0.0%) |
| Abdominal injury | 1 (0.0%) | 0 |
| Animal bite | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Cartilage injury | 1 (0.0%) | 0 |
| Cerebral hyperperfusion syndrome | 1 (0.0%) | 0 |
| Facial bones fracture | 1 (0.0%) | 0 |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Injury corneal | 1 (0.0%) | 0 |
| Intervertebral disc injury | 1 (0.0%) | 0 |
| Joint dislocation | 1 (0.0%) | 0 |
| Joint injury | 1 (0.0%) | 0 |
| Ocular procedural complication | 1 (0.0%) | 0 |
| Poisoning | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Postoperative wound complication | 1 (0.0%) | 0 |
| Radiation proctitis | 1 (0.0%) | 0 |
| Road traffic accident | 1 (0.0%) | 0 |
| Scapula fracture | 1 (0.0%) | 0 |
| Skin abrasion | 1 (0.0%) | 0 |
| Ulna fracture | 1 (0.0%) | 0 |
| Upper limb fracture | 1 (0.0%) | 0 |
| Wound contamination | 1 (0.0%) | 0 |
| Fall | 0 | 2 (0.1%) |
| Heat illness | 0 | 2 (0.1%) |
| Humerus fracture | 0 | 2 (0.1%) |
| Anaemia postoperative | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Brain contusion | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Dental restoration failure | 0 | 1 (0.0%) |
| Eye contusion | 0 | 1 (0.0%) |
| Fibula fracture | 0 | 1 (0.0%) |
| Hand fracture | 0 | 1 (0.0%) |
| Overdose | 0 | 1 (0.0%) |
| Skin laceration | 0 | 1 (0.0%) |
| Skin wound | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Spinal compression fracture | 0 | 1 (0.0%) |
| Spinal fracture | 0 | 1 (0.0%) |
| Stomal hernia | 0 | 1 (0.0%) |
| Thoracic vertebral fracture | 0 | 1 (0.0%) |
| Traumatic fracture | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Traumatic ulcer | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 64 (2.5%) | 69 (2.7%) |
| Pancreatitis acute | 10 (0.4%) | 2 (0.1%) |
| Large intestine polyp | 7 (0.3%) | 5 (0.2%) |
| Gastrointestinal haemorrhage | 5 (0.2%) | 4 (0.2%) |
| Abdominal pain | 4 (0.2%) | 3 (0.1%) |
| Vomiting | 3 (0.1%) | 1 (0.0%) |
| Haemorrhoids | 3 (0.1%) | 0 |
| Pancreatitis | 3 (0.1%) | 0 |
| Abdominal pain upper | 2 (0.1%) | 2 (0.1%) |
| Chronic gastritis | 2 (0.1%) | 2 (0.1%) |
| Diarrhoea | 2 (0.1%) | 2 (0.1%) |
| Pancreatitis chronic | 2 (0.1%) | 2 (0.1%) |
| Duodenal ulcer | 2 (0.1%) | 1 (0.0%) |
| Gastritis haemorrhagic | 2 (0.1%) | 1 (0.0%) |
| Inguinal hernia | 1 (0.0%) | 7 (0.3%) |
| Small intestinal obstruction | 1 (0.0%) | 4 (0.2%) |
| Upper gastrointestinal haemorrhage | 1 (0.0%) | 3 (0.1%) |
| Gastric ulcer haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 1 (0.0%) | 1 (0.0%) |
| Melaena | 1 (0.0%) | 1 (0.0%) |
| Oesophageal varices haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Umbilical hernia | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Colitis ischaemic | 1 (0.0%) | 0 |
| Duodenal polyp | 1 (0.0%) | 0 |
| Food poisoning | 1 (0.0%) | 0 |
| Functional gastrointestinal disorder | 1 (0.0%) | 0 |
| Gastric haemorrhage | 1 (0.0%) | 0 |
| Gastric mucosal lesion | 1 (0.0%) | 0 |
| Gastric polyps | 1 (0.0%) | 0 |
| Gastrointestinal oedema | 1 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|----------------------------------|------------------------|---------------------|
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Oedematous pancreatitis | 1 (0.0%) | 0 |
| Oesophageal haemorrhage | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Subileus | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Varices oesophageal | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Intestinal obstruction | 0 | 4 (0.2%) |
| Ascites | 0 | 3 (0.1%) |
| Gastritis erosive | 0 | 2 (0.1%) |
| Gastrooesophageal reflux disease | 0 | 2 (0.1%) |
| Abdominal adhesions | 0 | 1 (0.0%) |
| Abdominal hernia | 0 | 1 (0.0%) |
| Abdominal pain lower | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Anal haemorrhage | 0 | 1 (0.0%) |
| Barrett's oesophagus | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Dyspepsia | 0 | 1 (0.0%) |
| Gastric varices haemorrhage | 0 | 1 (0.0%) |
| Gastritis | 0 | 1 (0.0%) |
| Gastrointestinal inflammation | 0 | 1 (0.0%) |
| Haematochezia | 0 | 1 (0.0%) |
| Ileus | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Impaired gastric emptying | 0 | 1 (0.0%) |
| Internal hernia | 0 | 1 (0.0%) |
| Nausea | 0 | 1 (0.0%) |
| Oesophagitis | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Pancreatitis relapsing | 0 | 1 (0.0%) |
| Peptic ulcer haemorrhage | 0 | 1 (0.0%) |
| Rectal discharge | 0 | 1 (0.0%) |
| Rectal haemorrhage | 0 | 1 (0.0%) |
| Reflux gastritis | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 59 (2.3%) | 66 (2.6%) |
| Acute kidney injury | 17 (0.7%) | 14 (0.6%) |
| Nephrolithiasis | 9 (0.4%) | 5 (0.2%) |
| Diabetic nephropathy | 7 (0.3%) | 22 (0.9%) |
| Haematuria | 3 (0.1%) | 4 (0.2%) |
| Urinary retention | 3 (0.1%) | 3 (0.1%) |
| Ureterolithiasis | 3 (0.1%) | 2 (0.1%) |
| Nephropathy | 2 (0.1%) | 2 (0.1%) |
| Hydronephrosis | 2 (0.1%) | 1 (0.0%) |
| Renal impairment | 2 (0.1%) | 1 (0.0%) |
| Urethral stenosis | 2 (0.1%) | 0 |
| Urinary incontinence | 2 (0.1%) | 0 |
| Renal failure | 1 (0.0%) | 2 (0.1%) |
| Calculus bladder | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|------------------------------------|------------------------|---------------------|
| End stage renal disease | 1 (0.0%) | 1 (0.0%) |
| Renal colic | 1 (0.0%) | 1 (0.0%) |
| Urinary tract obstruction | 1 (0.0%) | 1 (0.0%) |
| Albuminuria | 1 (0.0%) | 0 |
| Bladder neck sclerosis | 1 (0.0%) | 0 |
| Subacute kidney injury | 1 (0.0%) | 0 |
| Urinary hesitation | 1 (0.0%) | 0 |
| Vesicoureteric reflux | 1 (0.0%) | 0 |
| Calculus urinary | 0 | 2 (0.1%) |
| Chronic kidney disease | 0 | 2 (0.1%) |
| Nephrotic syndrome | 0 | 2 (0.1%) |
| Proteinuria | 0 | 2 (0.1%) |
| Azotaemia | 0 | 1 (0.0%) |
| Dysuria | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Glomerulonephritis membranous | 0 | 1 (0.0%) |
| Stress urinary incontinence | 0 | 1 (0.0%) |
| Tubulointerstitial nephritis | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 59 (2.3%) | 46 (1.8%) |
| Knee arthroplasty | 4 (0.2%) | 4 (0.2%) |
| Cataract operation | 4 (0.2%) | 2 (0.1%) |
| Leg amputation | 3 (0.1%) | 4 (0.2%) |
| Hip arthroplasty | 3 (0.1%) | 2 (0.1%) |
| Toe amputation | 3 (0.1%) | 2 (0.1%) |
| Vitrectomy | 3 (0.1%) | 2 (0.1%) |
| Gastric bypass | 3 (0.1%) | 1 (0.0%) |
| Roux loop conversion | 3 (0.1%) | 0 |
| Cholecystectomy | 2 (0.1%) | 5 (0.2%) |
| Hysterectomy | 2 (0.1%) | 1 (0.0%) |
| Intervertebral disc operation | 2 (0.1%) | 1 (0.0%) |
| Diabetes mellitus management | 2 (0.1%) | 0 |
| Removal of internal fixation | 2 (0.1%) | 0 |
| Spinal decompression | 2 (0.1%) | 0 |
| Polypectomy | 1 (0.0%) | 3 (0.1%) |
| Foot amputation | 1 (0.0%) | 1 (0.0%) |
| Atrial appendage closure | 1 (0.0%) | 0 |
| Breast conserving surgery | 1 (0.0%) | 0 |
| Cardiac ablation | 1 (0.0%) | 0 |
| Chemotherapy | 1 (0.0%) | 0 |
| Colectomy | 1 (0.0%) | 0 |
| Drug therapy | 1 (0.0%) | 0 |
| Eye operation | 1 (0.0%) | 0 |
| Eyelid operation | 1 (0.0%) | 0 |
| Finger amputation | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Intraocular lens implant | 1 (0.0%) | 0 |
| Lymphadenectomy | 1 (0.0%) | 0 |
| Metabolic surgery | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Ocular stem cell transplant | 1 (0.0%) | 0 |
| Percutaneous coronary intervention | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Peripheral artery bypass | 1 (0.0%) | 0 |
| Peripheral nerve decompression | 1 (0.0%) | 0 |
| Proctocolectomy | 1 (0.0%) | 0 |
| Renal stone removal | 1 (0.0%) | 0 |
| Scar excision | 1 (0.0%) | 0 |
| Spinal laminectomy | 1 (0.0%) | 0 |
| Spinal operation | 1 (0.0%) | 0 |
| Transurethral bladder resection | 1 (0.0%) | 0 |
| Vascular stent insertion | 1 (0.0%) | 0 |
| Abscess drainage | 0 | 3 (0.1%) |
| Aortic surgery | 0 | 1 (0.0%) |
| Aortic valve replacement | 0 | 1 (0.0%) |
| Bone operation | 0 | 1 (0.0%) |
| Cardiac rehabilitation therapy | 0 | 1 (0.0%) |
| Drug delivery device placement | 0 | 1 (0.0%) |
| Gastrectomy | 0 | 1 (0.0%) |
| Implantable defibrillator insertion | 0 | 1 (0.0%) |
| Incisional hernia repair | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Large intestinal polypectomy | 0 | 1 (0.0%) |
| Limb operation | 0 | 1 (0.0%) |
| Lipoma excision | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Parathyroidectomy | 0 | 1 (0.0%) |
| Thyroidectomy | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Umbilical hernia repair | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Uterine polypectomy | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 46 (1.8%) | 52 (2.1%) |
| Osteoarthritis | 13 (0.5%) | 4 (0.2%) |
| Intervertebral disc protrusion | 7 (0.3%) | 8 (0.3%) |
| Back pain | 4 (0.2%) | 3 (0.1%) |
| Spinal osteoarthritis | 4 (0.2%) | 2 (0.1%) |
| Lumbar spinal stenosis | 3 (0.1%) | 1 (0.0%) |
| Spinal stenosis | 2 (0.1%) | 2 (0.1%) |
| Rotator cuff syndrome | 1 (0.0%) | 4 (0.2%) |
| Periarthritis | 1 (0.0%) | 2 (0.1%) |
| Vertebral foraminal stenosis | 1 (0.0%) | 1 (0.0%) |
| Arthralgia | 1 (0.0%) | 0 |
| Dupuytren's contracture | 1 (0.0%) | 0 |
| Fasciitis | 1 (0.0%) | 0 |
| Groin pain | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Muscle spasms | 1 (0.0%) | 0 |
| Myositis | 1 (0.0%) | 0 |
| Osteitis | 1 (0.0%) | 0 |
| Osteonecrosis | 1 (0.0%) | 0 |
| Osteoporosis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Rhabdomyolysis | 1 (0.0%) | 0 |
| Spondylolisthesis | 1 (0.0%) | 0 |
| Tendon discomfort | 1 (0.0%) | 0 |
| Tenosynovitis stenosans | 1 (0.0%) | 0 |
| Arthritis | 0 | 3 (0.1%) |
| Costochondritis | 0 | 3 (0.1%) |
| Pain in extremity | 0 | 3 (0.1%) |
| Bursitis | 0 | 2 (0.1%) |
| Ankylosing spondylitis | 0 | 1 (0.0%) |
| Arthritis reactive | 0 | 1 (0.0%) |
| Arthropathy | 0 | 1 (0.0%) |
| Cervical spinal stenosis | 0 | 1 (0.0%) |
| Chondromalacia | 0 | 1 (0.0%) |
| Diastasis recti abdominis | 0 | 1 (0.0%) |
| Haemarthrosis | 0 | 1 (0.0%) |
| Intervertebral disc degeneration | 0 | 1 (0.0%) |
| Muscular weakness | 0 | 1 (0.0%) |
| Musculoskeletal discomfort | 0 | 1 (0.0%) |
| Neuropathic arthropathy | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Plantar fascial fibromatosis | 0 | 1 (0.0%) |
| Polymyalgia rheumatica | 0 | 1 (0.0%) |
| Psoriatic arthropathy | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Spondyloarthropathy | 0 | 1 (0.0%) |
| Synovial cyst | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 45 (1.8%) | 58 (2.3%) |
| Chronic obstructive pulmonary disease | 13 (0.5%) | 13 (0.5%) |
| Acute respiratory failure | 8 (0.3%) | 5 (0.2%) |
| Pulmonary embolism | 6 (0.2%) | 6 (0.2%) |
| Asthma | 3 (0.1%) | 2 (0.1%) |
| Respiratory failure | 2 (0.1%) | 7 (0.3%) |
| Epistaxis | 2 (0.1%) | 2 (0.1%) |
| Sleep apnoea syndrome | 2 (0.1%) | 2 (0.1%) |
| Dyspnoea exertional | 2 (0.1%) | 1 (0.0%) |
| Pulmonary mass | 2 (0.1%) | 0 |
| Dyspnoea | 1 (0.0%) | 6 (0.2%) |
| Acute pulmonary oedema | 1 (0.0%) | 3 (0.1%) |
| Pulmonary oedema | 1 (0.0%) | 3 (0.1%) |
| Hypoxia | 1 (0.0%) | 1 (0.0%) |
| Asphyxia | 1 (0.0%) | 0 |
| Lung disorder | 1 (0.0%) | 0 |
| Pharyngeal mass | 1 (0.0%) | 0 |
| Pneumonia aspiration | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |
| Pleural effusion | 0 | 6 (0.2%) |
| Bronchospasm | 0 | 2 (0.1%) |
| Interstitial lung disease | 0 | 2 (0.1%) |
| Bronchiectasis | 0 | 1 (0.0%) |
| Bronchitis chronic | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------------|------------------------|---------------------|
| Chronic respiratory failure | 0 | 1 (0.0%) |
| Haemoptysis | 0 | 1 (0.0%) |
| Hiccups | 0 | 1 (0.0%) |
| Nasal septum deviation | 0 | 1 (0.0%) |
| Pulmonary congestion | 0 | 1 (0.0%) |
| Respiratory acidosis | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Respiratory disorder | 0 | 1 (0.0%) |
| Eye Disorders | 45 (1.8%) | 36 (1.4%) |
| Vitreous haemorrhage | 14 (0.6%) | 7 (0.3%) |
| Cataract | 10 (0.4%) | 9 (0.4%) |
| Diabetic retinopathy | 9 (0.4%) | 10 (0.4%) |
| Retinal detachment | 4 (0.2%) | 1 (0.0%) |
| Glaucoma | 3 (0.1%) | 3 (0.1%) |
| Macular fibrosis | 2 (0.1%) | 2 (0.1%) |
| Macular oedema | 1 (0.0%) | 2 (0.1%) |
| Retinal haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Cataract diabetic | 1 (0.0%) | 1 (0.0%) |
| Eye haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Diabetic eye disease | 1 (0.0%) | 0 |
| Diplopia | 1 (0.0%) | 0 |
| Extraocular muscle paresis | 1 (0.0%) | 0 |
| Ocular ischaemic syndrome | 1 (0.0%) | 0 |
| Ulcerative keratitis | 1 (0.0%) | 0 |
| Vision blurred | 1 (0.0%) | 0 |
| Cataract nuclear | 0 | 2 (0.1%) |
| Dermatochalasis | 0 | 1 (0.0%) |
| Eyelid cyst | 0 | 1 (0.0%) |
| Ophthalmoplegia | 0 | 1 (0.0%) |
| Retinal artery occlusion | 0 | 1 (0.0%) |
| Retinopathy proliferative | 0 | 1 (0.0%) |
| Vascular Disorders | 40 (1.6%) | 42 (1.7%) |
| Hypertension | 9 (0.4%) | 11 (0.4%) |
| Deep vein thrombosis | 3 (0.1%) | 2 (0.1%) |
| Hypotension | 2 (0.1%) | 3 (0.1%) |
| Hypertensive emergency | 2 (0.1%) | 2 (0.1%) |
| Peripheral artery occlusion | 2 (0.1%) | 1 (0.0%) |
| Aortic aneurysm | 2 (0.1%) | 0 |
| Peripheral arterial occlusive disease | 1 (0.0%) | 6 (0.2%) |
| Aortic stenosis | 1 (0.0%) | 2 (0.1%) |
| Peripheral vascular disorder | 1 (0.0%) | 2 (0.1%) |
| Dry gangrene | 1 (0.0%) | 1 (0.0%) |
| Giant cell arteritis | 1 (0.0%) | 1 (0.0%) |
| Peripheral artery thrombosis | 1 (0.0%) | 1 (0.0%) |
| Peripheral ischaemia | 1 (0.0%) | 1 (0.0%) |
| Aortic dissection | 1 (0.0%) | 0 |
| Aortitis | 1 (0.0%) | 0 |
| Circulatory collapse | 1 (0.0%) | 0 |
| Diabetic vascular disorder | 1 (0.0%) | 0 |
| Extremity necrosis | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Haematoma | 1 (0.0%) | 0 |
| Intermittent claudication | 1 (0.0%) | 0 |
| Orthostatic hypotension | 1 (0.0%) | 0 |
| Peripheral artery stenosis | 1 (0.0%) | 0 |
| Peripheral embolism | 1 (0.0%) | 0 |
| Phlebitis | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Thrombosis | 1 (0.0%) | 0 |
| Hypertensive crisis | 0 | 4 (0.2%) |
| Essential hypertension | 0 | 2 (0.1%) |
| Hypertensive urgency | 0 | 2 (0.1%) |
| Hypovolaemic shock | 0 | 1 (0.0%) |
| Peripheral artery aneurysm | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Subclavian steal syndrome | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 34 (1.3%) | 36 (1.4%) |
| Chest pain | 10 (0.4%) | 8 (0.3%) |
| Death | 6 (0.2%) | 2 (0.1%) |
| Pyrexia | 4 (0.2%) | 5 (0.2%) |
| Oedema peripheral | 3 (0.1%) | 8 (0.3%) |
| Asthenia | 2 (0.1%) | 1 (0.0%) |
| Multiple organ dysfunction syndrome | 2 (0.1%) | 1 (0.0%) |
| Oedema | 2 (0.1%) | 1 (0.0%) |
| Peripheral swelling | 2 (0.1%) | 1 (0.0%) |
| General physical health deterioration | 1 (0.0%) | 3 (0.1%) |
| Fatigue | 1 (0.0%) | 0 |
| Gait disturbance | 1 (0.0%) | 0 |
| Hanging | 1 (0.0%) | 0 |
| Impaired healing | 1 (0.0%) | 0 |
| Polyp | 1 (0.0%) | 0 |
| Generalised oedema | 0 | 2 (0.1%) |
| Haemorrhagic cyst | 0 | 1 (0.0%) |
| Malaise | 0 | 1 (0.0%) |
| Non-cardiac chest pain | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Cardiac Disorders | 34 (1.3%) | 33 (1.3%) |
| Coronary artery disease | 4 (0.2%) | 6 (0.2%) |
| Cardiac failure | 3 (0.1%) | 4 (0.2%) |
| Arteriosclerosis coronary artery | 3 (0.1%) | 0 |
| Aortic valve stenosis | 2 (0.1%) | 2 (0.1%) |
| Angina unstable | 2 (0.1%) | 1 (0.0%) |
| Myocardial ischaemia | 2 (0.1%) | 1 (0.0%) |
| Aortic valve disease mixed | 2 (0.1%) | 0 |
| Cardiac failure acute | 2 (0.1%) | 0 |
| Ventricular fibrillation | 2 (0.1%) | 0 |
| Bradycardia | 1 (0.0%) | 2 (0.1%) |
| Coronary artery stenosis | 1 (0.0%) | 2 (0.1%) |
| Acute coronary syndrome | 1 (0.0%) | 1 (0.0%) |
| Atrial fibrillation | 1 (0.0%) | 1 (0.0%) |
| Atrial flutter | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Cardiac failure chronic | 1 (0.0%) | 1 (0.0%) |
| Palpitations | 1 (0.0%) | 1 (0.0%) |
| Angina pectoris | 1 (0.0%) | 0 |
| Arrhythmia | 1 (0.0%) | 0 |
| Atrioventricular block second degree | 1 (0.0%) | 0 |
| Cardiomyopathy | 1 (0.0%) | 0 |
| Extrasystoles | 1 (0.0%) | 0 |
| Mitral valve disease | 1 (0.0%) | 0 |
| Paroxysmal atrioventricular block | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis | 1 (0.0%) | 0 |
| Sinus node dysfunction | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular tachycardia | 1 (0.0%) | 0 |
| Acute myocardial infarction | 0 | 2 (0.1%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Bundle branch block left | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac failure congestive | 0 | 1 (0.0%) |
| Cardiac valve disease | 0 | 1 (0.0%) |
| Cardiogenic shock | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cor pulmonale chronic | 0 | 1 (0.0%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.0%) |
| Supraventricular tachycardia | 0 | 1 (0.0%) |
| Tachycardia | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 28 (1.1%) | 34 (1.3%) |
| Diabetic foot | 15 (0.6%) | 18 (0.7%) |
| Skin ulcer | 6 (0.2%) | 11 (0.4%) |
| Angioedema | 2 (0.1%) | 1 (0.0%) |
| Rash | 1 (0.0%) | 1 (0.0%) |
| Angiokeratoma | 1 (0.0%) | 0 |
| Blister | 1 (0.0%) | 0 |
| Dermatitis | 1 (0.0%) | 0 |
| Hidradenitis | 1 (0.0%) | 0 |
| Neuropathic ulcer | 1 (0.0%) | 0 |
| Skin necrosis | 1 (0.0%) | 0 |
| Actinic keratosis | 0 | 1 (0.0%) |
| Decubitus ulcer | 0 | 1 (0.0%) |
| Necrobiosis lipidica diabetorum | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 25 (1.0%) | 18 (0.7%) |
| Cholelithiasis | 5 (0.2%) | 3 (0.1%) |
| Cholecystitis | 5 (0.2%) | 1 (0.0%) |
| Bile duct stone | 3 (0.1%) | 1 (0.0%) |
| Cholecystitis acute | 2 (0.1%) | 4 (0.2%) |
| Cholangitis | 2 (0.1%) | 2 (0.1%) |
| Biliary dyskinesia | 2 (0.1%) | 0 |
| Jaundice cholestatic | 1 (0.0%) | 2 (0.1%) |
| Hepatic cirrhosis | 1 (0.0%) | 1 (0.0%) |
| Biliary colic | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Cholecystitis chronic | 1 (0.0%) | 0 |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatic lesion | 1 (0.0%) | 0 |
| Hepatitis acute | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Liver disorder | 1 (0.0%) | 0 |
| Biliary fistula | 0 | 1 (0.0%) |
| Cholangitis acute | 0 | 1 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Gallbladder polyp | 0 | 1 (0.0%) |
| Hepatic failure | 0 | 1 (0.0%) |
| Jaundice | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Primary biliary cholangitis | 0 | 1 (0.0%) |
| Investigations | 18 (0.7%) | 28 (1.1%) |
| Colonoscopy | 3 (0.1%) | 1 (0.0%) |
| Blood potassium increased | 2 (0.1%) | 0 |
| Blood glucose increased | 1 (0.0%) | 4 (0.2%) |
| Blood creatinine increased | 1 (0.0%) | 2 (0.1%) |
| Blood pressure increased | 1 (0.0%) | 2 (0.1%) |
| Glomerular filtration rate decreased | 1 (0.0%) | 1 (0.0%) |
| Glycosylated haemoglobin increased | 1 (0.0%) | 1 (0.0%) |
| Weight decreased | 1 (0.0%) | 1 (0.0%) |
| Angiocardiogram | 1 (0.0%) | 0 |
| Angiogram | 1 (0.0%) | 0 |
| Blood potassium decreased | 1 (0.0%) | 0 |
| Computerised tomogram | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Investigation | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Influenza A virus test positive | 0 | 2 (0.1%) |
| Angiogram cerebral | 0 | 1 (0.0%) |
| Arthroscopy | 0 | 1 (0.0%) |
| Biopsy kidney | 0 | 1 (0.0%) |
| Biopsy liver | 0 | 1 (0.0%) |
| Biopsy prostate | 0 | 1 (0.0%) |
| Blood creatine phosphokinase MB increased | 0 | 1 (0.0%) |
| Electrocardiogram abnormal | 0 | 1 (0.0%) |
| Endobronchial ultrasound | 0 | 1 (0.0%) |
| Gastrointestinal stoma output increased | 0 | 1 (0.0%) |
| Liver function test increased | 0 | 1 (0.0%) |
| Protein urine present | 0 | 1 (0.0%) |
| Respiratory syncytial virus test positive | 0 | 1 (0.0%) |
| SARS-CoV-2 test negative | 0 | 1 (0.0%) |
| SARS-CoV-2 test positive | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 14 (0.6%) | 16 (0.6%) |
| Benign prostatic hyperplasia | 8 (0.3%) | 9 (0.4%) |
| Prostatitis | 1 (0.0%) | 2 (0.1%) |
| Prostatomegaly | 1 (0.0%) | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Ovarian cyst | 1 (0.0%) | 1 (0.0%) |
| Breast mass | 1 (0.0%) | 0 |
| Prostatic disorder | 1 (0.0%) | 0 |
| Prostatism | 1 (0.0%) | 0 |
| Erectile dysfunction | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 14 (0.6%) | 7 (0.3%) |
| Anaemia | 9 (0.4%) | 3 (0.1%) |
| Blood loss anaemia | 2 (0.1%) | 1 (0.0%) |
| Iron deficiency anaemia | 1 (0.0%) | 1 (0.0%) |
| Coagulopathy | 1 (0.0%) | 0 |
| Lymphadenopathy | 1 (0.0%) | 0 |
| Febrile neutropenia | 0 | 1 (0.0%) |
| Neutropenia | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 8 (0.3%) | 5 (0.2%) |
| Vertigo | 4 (0.2%) | 1 (0.0%) |
| Sudden hearing loss | 2 (0.1%) | 2 (0.1%) |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Vertigo positional | 1 (0.0%) | 0 |
| Deafness | 0 | 1 (0.0%) |
| Vestibular disorder | 0 | 1 (0.0%) |
| Psychiatric Disorders | 5 (0.2%) | 3 (0.1%) |
| Depression | 2 (0.1%) | 1 (0.0%) |
| Mental status changes | 2 (0.1%) | 0 |
| Confusional state | 1 (0.0%) | 0 |
| Major depression | 1 (0.0%) | 0 |
| Drug abuse | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 3 (0.1%) | 1 (0.0%) |
| Adenomatous polyposis coli | 1 (0.0%) | 0 |
| Arnold-Chiari malformation | 1 (0.0%) | 0 |
| Phimosis | 1 (0.0%) | 0 |
| Anomaly of middle ear congenital | 0 | 1 (0.0%) |
| Endocrine Disorders | 2 (0.1%) | 0 |
| Goitre | 2 (0.1%) | 0 |
| Immune System Disorders | 1 (0.0%) | 1 (0.0%) |
| Anaphylactic shock | 1 (0.0%) | 1 (0.0%) |
| Anaphylactic reaction | 0 | 1 (0.0%) |
| Product Issues | 0 | 2 (0.1%) |
| Device loosening | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Any TEAE | 384 (15.1%) | 448 (17.8%) |
| Infections And Infestations | 104 (4.1%) | 123 (4.9%) |
| Pneumonia | 16 (0.6%) | 28 (1.1%) |
| Cellulitis | 7 (0.3%) | 9 (0.4%) |
| Localised infection | 7 (0.3%) | 3 (0.1%) |
| Sepsis | 6 (0.2%) | 10 (0.4%) |
| Osteomyelitis | 5 (0.2%) | 7 (0.3%) |
| COVID-19 | 4 (0.2%) | 11 (0.4%) |
| Urosepsis | 4 (0.2%) | 7 (0.3%) |
| Urinary tract infection | 4 (0.2%) | 3 (0.1%) |
| Influenza | 3 (0.1%) | 3 (0.1%) |
| Septic shock | 3 (0.1%) | 2 (0.1%) |
| Abscess limb | 3 (0.1%) | 1 (0.0%) |
| Bronchitis | 3 (0.1%) | 1 (0.0%) |
| Infected skin ulcer | 3 (0.1%) | 0 |
| Postoperative wound infection | 3 (0.1%) | 0 |
| COVID-19 pneumonia | 2 (0.1%) | 6 (0.2%) |
| Erysipelas | 2 (0.1%) | 4 (0.2%) |
| Herpes zoster | 2 (0.1%) | 2 (0.1%) |
| Pyelonephritis acute | 2 (0.1%) | 2 (0.1%) |
| Intervertebral discitis | 2 (0.1%) | 1 (0.0%) |
| Gastroenteritis | 1 (0.0%) | 3 (0.1%) |
| Diabetic foot infection | 1 (0.0%) | 2 (0.1%) |
| Lower respiratory tract infection | 1 (0.0%) | 2 (0.1%) |
| Wound infection | 1 (0.0%) | 2 (0.1%) |
| Appendicitis | 1 (0.0%) | 1 (0.0%) |
| Diverticulitis | 1 (0.0%) | 1 (0.0%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 1 (0.0%) |
| Meningitis | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis chronic | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia viral | 1 (0.0%) | 1 (0.0%) |
| Pyelonephritis | 1 (0.0%) | 1 (0.0%) |
| Staphylococcal bacteraemia | 1 (0.0%) | 1 (0.0%) |
| Abdominal infection | 1 (0.0%) | 0 |
| Arthritis infective | 1 (0.0%) | 0 |
| Bacterial infection | 1 (0.0%) | 0 |
| Chest wall abscess | 1 (0.0%) | 0 |
| Cholecystitis infective | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Cystitis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Encephalitis viral | 1 (0.0%) | 0 |
| Endocarditis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Genital candidiasis | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Liver abscess | 1 (0.0%) | 0 |
| Necrotising fasciitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Osteomyelitis acute | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Pharyngitis | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia bacterial | 1 (0.0%) | 0 |
| Pneumonia influenzal | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Respiratory tract infection | 1 (0.0%) | 0 |
| Subcutaneous abscess | 1 (0.0%) | 0 |
| Vulvovaginitis | 1 (0.0%) | 0 |
| Gangrene | 0 | 4 (0.2%) |
| Infection | 0 | 3 (0.1%) |
| Skin infection | 0 | 3 (0.1%) |
| Anal abscess | 0 | 2 (0.1%) |
| Soft tissue infection | 0 | 2 (0.1%) |
| Arthritis bacterial | 0 | 1 (0.0%) |
| Atypical pneumonia | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chronic hepatitis C | 0 | 1 (0.0%) |
| Conjunctivitis | 0 | 1 (0.0%) |
| Diabetic gangrene | 0 | 1 (0.0%) |
| Enterococcal bacteraemia | 0 | 1 (0.0%) |
| Gastroenteritis norovirus | 0 | 1 (0.0%) |
| Medical device site abscess | 0 | 1 (0.0%) |
| Paronychia | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Post procedural infection | 0 | 1 (0.0%) |
| Pulmonary sepsis | 0 | 1 (0.0%) |
| Pulmonary tuberculosis | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Urinary tract infection bacterial | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 55 (2.2%) | 53 (2.1%) |
| Prostate cancer | 5 (0.2%) | 6 (0.2%) |
| Colon cancer | 5 (0.2%) | 2 (0.1%) |
| Renal neoplasm | 5 (0.2%) | 1 (0.0%) |
| Hepatic cancer | 3 (0.1%) | 2 (0.1%) |
| Transitional cell carcinoma | 3 (0.1%) | 0 |
| Pancreatic carcinoma | 2 (0.1%) | 4 (0.2%) |
| Pancreatic carcinoma metastatic | 2 (0.1%) | 1 (0.0%) |
| Bladder cancer | 2 (0.1%) | 0 |
| Endometrial cancer | 2 (0.1%) | 0 |
| Lung neoplasm malignant | 1 (0.0%) | 3 (0.1%) |
| Adenocarcinoma of colon | 1 (0.0%) | 2 (0.1%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.1%) |
| Bladder transitional cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Oesophageal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Plasma cell myeloma | 1 (0.0%) | 1 (0.0%) |
| Rectal neoplasm | 1 (0.0%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------------|------------------------|---------------------|
| Thyroid cancer | 1 (0.0%) | 1 (0.0%) |
| Adenocarcinoma | 1 (0.0%) | 0 |
| Bladder cancer recurrent | 1 (0.0%) | 0 |
| Chronic lymphocytic leukaemia | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Colon adenoma | 1 (0.0%) | 0 |
| Hepatocellular carcinoma | 1 (0.0%) | 0 |
| Invasive ductal breast carcinoma | 1 (0.0%) | 0 |
| Lung cancer metastatic | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Metastases to liver | 1 (0.0%) | 0 |
| Metastases to lymph nodes | 1 (0.0%) | 0 |
| Metastatic malignant melanoma | 1 (0.0%) | 0 |
| Neoplasm malignant | 1 (0.0%) | 0 |
| Prostate cancer recurrent | 1 (0.0%) | 0 |
| Rectal adenocarcinoma | 1 (0.0%) | 0 |
| Sarcoma | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Squamous cell carcinoma of lung | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| Tonsil cancer | 1 (0.0%) | 0 |
| B-cell lymphoma | 0 | 2 (0.1%) |
| Breast cancer | 0 | 2 (0.1%) |
| Lung neoplasm | 0 | 2 (0.1%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Basal cell carcinoma | 0 | 1 (0.0%) |
| Bowen's disease | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Epithelioid mesothelioma | 0 | 1 (0.0%) |
| Gastrointestinal carcinoma | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Lentigo maligna | 0 | 1 (0.0%) |
| Malignant melanoma | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Metastases to bone | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oropharyngeal cancer | 0 | 1 (0.0%) |
| Pancreatic neoplasm | 0 | 1 (0.0%) |
| Papillary renal cell carcinoma | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Pituitary tumour benign | 0 | 1 (0.0%) |
| Prostate cancer metastatic | 0 | 1 (0.0%) |
| Renal cancer | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Squamous cell carcinoma of skin | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 50 (2.0%) | 44 (1.7%) |
| Hypoglycaemia | 11 (0.4%) | 10 (0.4%) |
| Hyperkalaemia | 9 (0.4%) | 3 (0.1%) |
| Diabetes mellitus | 5 (0.2%) | 6 (0.2%) |
| Dehydration | 4 (0.2%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Hyponatraemia | 4 (0.2%) | 1 (0.0%) |
| Hyperglycaemia | 3 (0.1%) | 4 (0.2%) |
| Type 2 diabetes mellitus | 3 (0.1%) | 4 (0.2%) |
| Hypertriglyceridaemia | 2 (0.1%) | 1 (0.0%) |
| Vitamin D deficiency | 2 (0.1%) | 1 (0.0%) |
| Diabetes mellitus inadequate control | 1 (0.0%) | 7 (0.3%) |
| Gout | 1 (0.0%) | 3 (0.1%) |
| Diabetic ketoacidosis | 1 (0.0%) | 1 (0.0%) |
| Hypoproteinaemia | 1 (0.0%) | 1 (0.0%) |
| Metabolic acidosis | 1 (0.0%) | 1 (0.0%) |
| Obesity | 1 (0.0%) | 1 (0.0%) |
| Diabetic metabolic decompensation | 1 (0.0%) | 0 |
| Lactic acidosis | 1 (0.0%) | 0 |
| Cachexia | 0 | 2 (0.1%) |
| Decreased appetite | 0 | 1 (0.0%) |
| Diabetic complication | 0 | 1 (0.0%) |
| Electrolyte imbalance | 0 | 1 (0.0%) |
| Hypokalaemia | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 39 (1.5%) | 39 (1.5%) |
| Acute respiratory failure | 7 (0.3%) | 7 (0.3%) |
| Chronic obstructive pulmonary disease | 7 (0.3%) | 6 (0.2%) |
| Dyspnoea | 5 (0.2%) | 4 (0.2%) |
| Pulmonary embolism | 5 (0.2%) | 3 (0.1%) |
| Acute pulmonary oedema | 3 (0.1%) | 3 (0.1%) |
| Respiratory failure | 2 (0.1%) | 5 (0.2%) |
| Sleep apnoea syndrome | 2 (0.1%) | 3 (0.1%) |
| Asthma | 2 (0.1%) | 1 (0.0%) |
| Hypoxia | 2 (0.1%) | 1 (0.0%) |
| Pulmonary hypertension | 2 (0.1%) | 0 |
| Pulmonary oedema | 1 (0.0%) | 3 (0.1%) |
| Pneumonia aspiration | 1 (0.0%) | 1 (0.0%) |
| Asphyxia | 1 (0.0%) | 0 |
| Hypercapnia | 1 (0.0%) | 0 |
| Obstructive airways disorder | 1 (0.0%) | 0 |
| Pneumothorax | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Pulmonary mass | 1 (0.0%) | 0 |
| Respiratory acidosis | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |
| Restrictive pulmonary disease | 1 (0.0%) | 0 |
| Pleural effusion | 0 | 3 (0.1%) |
| Apnoea | 0 | 1 (0.0%) |
| Bronchiectasis | 0 | 1 (0.0%) |
| Bronchospasm | 0 | 1 (0.0%) |
| Cough | 0 | 1 (0.0%) |
| Interstitial lung disease | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Respiratory disorder | 0 | 1 (0.0%) |
| Vascular Disorders | 36 (1.4%) | 39 (1.5%) |
| Hypertension | 8 (0.3%) | 13 (0.5%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---------------------------------------|------------------------|---------------------|
| Hypotension | 4 (0.2%) | 0 |
| Hypertensive emergency | 3 (0.1%) | 2 (0.1%) |
| Peripheral arterial occlusive disease | 2 (0.1%) | 6 (0.2%) |
| Peripheral artery stenosis | 2 (0.1%) | 2 (0.1%) |
| Aortic stenosis | 2 (0.1%) | 1 (0.0%) |
| Peripheral artery occlusion | 2 (0.1%) | 1 (0.0%) |
| Peripheral ischaemia | 2 (0.1%) | 1 (0.0%) |
| Deep vein thrombosis | 2 (0.1%) | 0 |
| Giant cell arteritis | 1 (0.0%) | 1 (0.0%) |
| Hypertensive urgency | 1 (0.0%) | 1 (0.0%) |
| Aortic dissection | 1 (0.0%) | 0 |
| Aortitis | 1 (0.0%) | 0 |
| Diabetic vascular disorder | 1 (0.0%) | 0 |
| Dry gangrene | 1 (0.0%) | 0 |
| Extremity necrosis | 1 (0.0%) | 0 |
| Haematoma | 1 (0.0%) | 0 |
| Intermittent claudication | 1 (0.0%) | 0 |
| Peripheral embolism | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Hypertensive crisis | 0 | 3 (0.1%) |
| Hypovolaemic shock | 0 | 2 (0.1%) |
| Aortic aneurysm | 0 | 1 (0.0%) |
| Aortic aneurysm rupture | 0 | 1 (0.0%) |
| Arteriosclerosis | 0 | 1 (0.0%) |
| Peripheral artery aneurysm | 0 | 1 (0.0%) |
| Peripheral vascular disorder | 0 | 1 (0.0%) |
| Peripheral venous disease | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Subclavian steal syndrome | 0 | 1 (0.0%) |
| Nervous System Disorders | 28 (1.1%) | 41 (1.6%) |
| Syncope | 2 (0.1%) | 3 (0.1%) |
| Diabetic neuropathy | 2 (0.1%) | 2 (0.1%) |
| Dizziness | 2 (0.1%) | 2 (0.1%) |
| Hemiparesis | 2 (0.1%) | 2 (0.1%) |
| Subarachnoid haemorrhage | 2 (0.1%) | 1 (0.0%) |
| Carotid artery stenosis | 1 (0.0%) | 4 (0.2%) |
| Cerebrovascular accident | 1 (0.0%) | 1 (0.0%) |
| Cerebrovascular disorder | 1 (0.0%) | 1 (0.0%) |
| Epilepsy | 1 (0.0%) | 1 (0.0%) |
| Loss of consciousness | 1 (0.0%) | 1 (0.0%) |
| Paraparesis | 1 (0.0%) | 1 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 0 |
| Brain injury | 1 (0.0%) | 0 |
| Brain oedema | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral ischaemia | 1 (0.0%) | 0 |
| Dizziness postural | 1 (0.0%) | 0 |
| Facial paralysis | 1 (0.0%) | 0 |
| Headache | 1 (0.0%) | 0 |
| Hypoaesthesia | 1 (0.0%) | 0 |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| IVth nerve paralysis | 1 (0.0%) | 0 |
| Myelopathy | 1 (0.0%) | 0 |
| Presyncope | 1 (0.0%) | 0 |
| Sciatica | 1 (0.0%) | 0 |
| Seizure | 1 (0.0%) | 0 |
| Vertebral artery occlusion | 1 (0.0%) | 0 |
| Carpal tunnel syndrome | 0 | 2 (0.1%) |
| Cervical radiculopathy | 0 | 2 (0.1%) |
| Encephalopathy | 0 | 2 (0.1%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cognitive disorder | 0 | 1 (0.0%) |
| Coma | 0 | 1 (0.0%) |
| Dementia | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Facial paresis | 0 | 1 (0.0%) |
| Generalised tonic-clonic seizure | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hypoglycaemic coma | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Myelitis transverse | 0 | 1 (0.0%) |
| Parkinson's disease | 0 | 1 (0.0%) |
| Spondylitic myelopathy | 0 | 1 (0.0%) |
| Transient ischaemic attack | 0 | 1 (0.0%) |
| Transverse sinus thrombosis | 0 | 1 (0.0%) |
| Vertebral artery stenosis | 0 | 1 (0.0%) |
| Vertigo CNS origin | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Cardiac Disorders | 27 (1.1%) | 38 (1.5%) |
| Coronary artery disease | 5 (0.2%) | 7 (0.3%) |
| Cardiac failure | 3 (0.1%) | 6 (0.2%) |
| Aortic valve stenosis | 2 (0.1%) | 4 (0.2%) |
| Cardiac failure congestive | 2 (0.1%) | 2 (0.1%) |
| Angina unstable | 2 (0.1%) | 1 (0.0%) |
| Cardiac failure acute | 2 (0.1%) | 1 (0.0%) |
| Acute coronary syndrome | 2 (0.1%) | 0 |
| Angina pectoris | 2 (0.1%) | 0 |
| Ventricular fibrillation | 2 (0.1%) | 0 |
| Ischaemic cardiomyopathy | 1 (0.0%) | 2 (0.1%) |
| Aortic valve disease mixed | 1 (0.0%) | 1 (0.0%) |
| Aortic valve incompetence | 1 (0.0%) | 0 |
| Atrioventricular block | 1 (0.0%) | 0 |
| Cardiac disorder | 1 (0.0%) | 0 |
| Cardiovascular insufficiency | 1 (0.0%) | 0 |
| Mitral valve calcification | 1 (0.0%) | 0 |
| Mitral valve disease | 1 (0.0%) | 0 |
| Mitral valve incompetence | 1 (0.0%) | 0 |
| Myocardial ischaemia | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Pericarditis | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular tachycardia | 1 (0.0%) | 0 |
| Bradycardia | 0 | 2 (0.1%) |
| Cardiogenic shock | 0 | 2 (0.1%) |
| Atrial fibrillation | 0 | 1 (0.0%) |
| Atrial flutter | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Atrioventricular block second degree | 0 | 1 (0.0%) |
| Bundle branch block left | 0 | 1 (0.0%) |
| Cardiac arrest | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac failure chronic | 0 | 1 (0.0%) |
| Cardiomegaly | 0 | 1 (0.0%) |
| Cardiomyopathy | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Conduction disorder | 0 | 1 (0.0%) |
| Cor pulmonale chronic | 0 | 1 (0.0%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.0%) |
| Mitral valve prolapse | 0 | 1 (0.0%) |
| Nodal arrhythmia | 0 | 1 (0.0%) |
| Supraventricular tachycardia | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 27 (1.1%) | 37 (1.5%) |
| Acute kidney injury | 11 (0.4%) | 11 (0.4%) |
| Nephrolithiasis | 4 (0.2%) | 2 (0.1%) |
| Renal impairment | 3 (0.1%) | 1 (0.0%) |
| Renal failure | 2 (0.1%) | 3 (0.1%) |
| Urinary retention | 2 (0.1%) | 0 |
| Hydronephrosis | 1 (0.0%) | 2 (0.1%) |
| End stage renal disease | 1 (0.0%) | 1 (0.0%) |
| Urinary tract obstruction | 1 (0.0%) | 1 (0.0%) |
| Oliguria | 1 (0.0%) | 0 |
| Urethral stenosis | 1 (0.0%) | 0 |
| Urinary incontinence | 1 (0.0%) | 0 |
| Diabetic nephropathy | 0 | 4 (0.2%) |
| Chronic kidney disease | 0 | 3 (0.1%) |
| Haematuria | 0 | 3 (0.1%) |
| Nephropathy | 0 | 2 (0.1%) |
| Calculus urinary | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Hypertonic bladder | 0 | 1 (0.0%) |
| Nephrotic syndrome | 0 | 1 (0.0%) |
| Proteinuria | 0 | 1 (0.0%) |
| Ureterolithiasis | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 26 (1.0%) | 29 (1.1%) |
| Osteoarthritis | 5 (0.2%) | 5 (0.2%) |
| Back pain | 5 (0.2%) | 2 (0.1%) |
| Arthralgia | 2 (0.1%) | 3 (0.1%) |
| Pain in extremity | 2 (0.1%) | 1 (0.0%) |
| Spinal osteoarthritis | 2 (0.1%) | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--------------------------------------|------------------------|---------------------|
| Intervertebral disc protrusion | 1 (0.0%) | 3 (0.1%) |
| Intervertebral disc degeneration | 1 (0.0%) | 1 (0.0%) |
| Muscle spasms | 1 (0.0%) | 1 (0.0%) |
| Groin pain | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Lumbar spinal stenosis | 1 (0.0%) | 0 |
| Musculoskeletal pain | 1 (0.0%) | 0 |
| Myositis | 1 (0.0%) | 0 |
| Osteitis | 1 (0.0%) | 0 |
| Osteochondrosis | 1 (0.0%) | 0 |
| Osteoporosis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Rotator cuff syndrome | 1 (0.0%) | 0 |
| Spinal synovial cyst | 1 (0.0%) | 0 |
| Neuropathic arthropathy | 0 | 3 (0.1%) |
| Bursitis | 0 | 2 (0.1%) |
| Cervical spinal stenosis | 0 | 2 (0.1%) |
| Myalgia | 0 | 2 (0.1%) |
| Arthritis | 0 | 1 (0.0%) |
| Costochondritis | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Polymyalgia rheumatica | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 23 (0.9%) | 33 (1.3%) |
| Gastrointestinal haemorrhage | 3 (0.1%) | 2 (0.1%) |
| Pancreatitis acute | 3 (0.1%) | 1 (0.0%) |
| Abdominal pain | 1 (0.0%) | 1 (0.0%) |
| Abdominal pain upper | 1 (0.0%) | 1 (0.0%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Chronic gastritis | 1 (0.0%) | 0 |
| Duodenal polyp | 1 (0.0%) | 0 |
| Functional gastrointestinal disorder | 1 (0.0%) | 0 |
| Gastric ulcer haemorrhage | 1 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 1 (0.0%) | 0 |
| Haemorrhoids | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Pancreatitis | 1 (0.0%) | 0 |
| Pancreatitis chronic | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Toothache | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Vomiting | 1 (0.0%) | 0 |
| Intestinal obstruction | 0 | 4 (0.2%) |
| Small intestinal obstruction | 0 | 3 (0.1%) |
| Upper gastrointestinal haemorrhage | 0 | 3 (0.1%) |
| Ascites | 0 | 2 (0.1%) |
| Inguinal hernia | 0 | 2 (0.1%) |
| Large intestine polyp | 0 | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Nausea | 0 | 2 (0.1%) |
| Abdominal adhesions | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Constipation | 0 | 1 (0.0%) |
| Diarrhoea | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Dyspepsia | 0 | 1 (0.0%) |
| Enteritis | 0 | 1 (0.0%) |
| Gastritis | 0 | 1 (0.0%) |
| Haematochezia | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Rectal haemorrhage | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 22 (0.9%) | 19 (0.8%) |
| Death | 6 (0.2%) | 2 (0.1%) |
| Chest pain | 4 (0.2%) | 5 (0.2%) |
| Oedema peripheral | 3 (0.1%) | 0 |
| Multiple organ dysfunction syndrome | 2 (0.1%) | 2 (0.1%) |
| General physical health deterioration | 2 (0.1%) | 1 (0.0%) |
| Peripheral swelling | 2 (0.1%) | 1 (0.0%) |
| Oedema | 1 (0.0%) | 1 (0.0%) |
| Hanging | 1 (0.0%) | 0 |
| Malaise | 1 (0.0%) | 0 |
| Pyrexia | 0 | 2 (0.1%) |
| Asthenia | 0 | 1 (0.0%) |
| Fatigue | 0 | 1 (0.0%) |
| Generalised oedema | 0 | 1 (0.0%) |
| Non-cardiac chest pain | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 21 (0.8%) | 18 (0.7%) |
| Rib fracture | 3 (0.1%) | 1 (0.0%) |
| Hip fracture | 2 (0.1%) | 0 |
| Procedural pain | 2 (0.1%) | 0 |
| Foot fracture | 1 (0.0%) | 1 (0.0%) |
| Abdominal injury | 1 (0.0%) | 0 |
| Ankle fracture | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Chest injury | 1 (0.0%) | 0 |
| Contusion | 1 (0.0%) | 0 |
| Fall | 1 (0.0%) | 0 |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Femur fracture | 1 (0.0%) | 0 |
| Lower limb fracture | 1 (0.0%) | 0 |
| Poisoning | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Postoperative wound complication | 1 (0.0%) | 0 |
| Road traffic accident | 1 (0.0%) | 0 |
| Thermal burn | 1 (0.0%) | 0 |
| Toxicity to various agents | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Traumatic haematoma | 1 (0.0%) | 0 |
| Upper limb fracture | 1 (0.0%) | 0 |
| Craniocerebral injury | 0 | 2 (0.1%) |
| Lumbar vertebral fracture | 0 | 2 (0.1%) |
| Subdural haematoma | 0 | 2 (0.1%) |
| Brain contusion | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Eye contusion | 0 | 1 (0.0%) |
| Heat illness | 0 | 1 (0.0%) |
| Hyphaema | 0 | 1 (0.0%) |
| Limb injury | 0 | 1 (0.0%) |
| Multiple fractures | 0 | 1 (0.0%) |
| Pneumocephalus | 0 | 1 (0.0%) |
| Radius fracture | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Spinal fracture | 0 | 1 (0.0%) |
| Subdural haemorrhage | 0 | 1 (0.0%) |
| Thoracic vertebral fracture | 0 | 1 (0.0%) |
| Traumatic fracture | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Investigations | 19 (0.7%) | 21 (0.8%) |
| Glomerular filtration rate decreased | 5 (0.2%) | 7 (0.3%) |
| Blood creatinine increased | 2 (0.1%) | 2 (0.1%) |
| Weight decreased | 2 (0.1%) | 2 (0.1%) |
| Blood creatine phosphokinase increased | 1 (0.0%) | 3 (0.1%) |
| Blood pressure increased | 1 (0.0%) | 2 (0.1%) |
| Blood potassium increased | 1 (0.0%) | 0 |
| Blood sodium decreased | 1 (0.0%) | 0 |
| C-reactive protein increased | 1 (0.0%) | 0 |
| Glycosylated haemoglobin increased | 1 (0.0%) | 0 |
| Haemoglobin decreased | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Intracardiac pressure increased | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Biopsy prostate | 0 | 1 (0.0%) |
| Blood triglycerides increased | 0 | 1 (0.0%) |
| Influenza A virus test positive | 0 | 1 (0.0%) |
| Protein total decreased | 0 | 1 (0.0%) |
| Respiratory syncytial virus test positive | 0 | 1 (0.0%) |
| White blood cell count increased | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 18 (0.7%) | 23 (0.9%) |
| Diabetic foot | 9 (0.4%) | 8 (0.3%) |
| Skin ulcer | 2 (0.1%) | 7 (0.3%) |
| Angioedema | 2 (0.1%) | 0 |
| Hidradenitis | 1 (0.0%) | 1 (0.0%) |
| Blister | 1 (0.0%) | 0 |
| Dermatitis allergic | 1 (0.0%) | 0 |
| Diabetic bulliosis | 1 (0.0%) | 0 |
| Skin necrosis | 1 (0.0%) | 0 |
| Actinic keratosis | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Ingrowing nail | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Pruritus | 0 | 1 (0.0%) |
| Psoriasis | 0 | 1 (0.0%) |
| Rash | 0 | 1 (0.0%) |
| Rash pruritic | 0 | 1 (0.0%) |
| Eye Disorders | 17 (0.7%) | 19 (0.8%) |
| Diabetic retinopathy | 7 (0.3%) | 6 (0.2%) |
| Cataract | 4 (0.2%) | 1 (0.0%) |
| Vitreous haemorrhage | 2 (0.1%) | 5 (0.2%) |
| Retinal detachment | 2 (0.1%) | 1 (0.0%) |
| Sudden visual loss | 2 (0.1%) | 0 |
| Visual impairment | 1 (0.0%) | 2 (0.1%) |
| Glaucoma | 1 (0.0%) | 1 (0.0%) |
| Amaurosis | 1 (0.0%) | 0 |
| Blindness | 1 (0.0%) | 0 |
| Diabetic eye disease | 1 (0.0%) | 0 |
| Eye haemorrhage | 1 (0.0%) | 0 |
| Blindness unilateral | 0 | 1 (0.0%) |
| Dermatochalasis | 0 | 1 (0.0%) |
| Diabetic retinal oedema | 0 | 1 (0.0%) |
| Diplopia | 0 | 1 (0.0%) |
| Retinal vein occlusion | 0 | 1 (0.0%) |
| Retinopathy proliferative | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 16 (0.6%) | 22 (0.9%) |
| Leg amputation | 2 (0.1%) | 3 (0.1%) |
| Gastric bypass | 2 (0.1%) | 1 (0.0%) |
| Toe amputation | 1 (0.0%) | 5 (0.2%) |
| Cataract operation | 1 (0.0%) | 2 (0.1%) |
| Foot amputation | 1 (0.0%) | 1 (0.0%) |
| Intervertebral disc operation | 1 (0.0%) | 1 (0.0%) |
| Finger amputation | 1 (0.0%) | 0 |
| Hip arthroplasty | 1 (0.0%) | 0 |
| Hysterectomy | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Lymphadenectomy | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Roux loop conversion | 1 (0.0%) | 0 |
| Vitrectomy | 1 (0.0%) | 0 |
| Knee arthroplasty | 0 | 2 (0.1%) |
| Abscess drainage | 0 | 1 (0.0%) |
| Cardiac pacemaker insertion | 0 | 1 (0.0%) |
| Cardiac pacemaker removal | 0 | 1 (0.0%) |
| Cardiac pacemaker replacement | 0 | 1 (0.0%) |
| Cholecystectomy | 0 | 1 (0.0%) |
| Drug delivery device placement | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Lens extraction | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 8 (0.3%) | 12 (0.5%) |
| Cholelithiasis | 2 (0.1%) | 1 (0.0%) |
| Cholecystitis acute | 1 (0.0%) | 3 (0.1%) |
| Cholangitis | 1 (0.0%) | 1 (0.0%) |
| Cholecystitis | 1 (0.0%) | 1 (0.0%) |
| Biliary colic | 1 (0.0%) | 0 |
| Biliary dyskinesia | 1 (0.0%) | 0 |
| Cholecystitis chronic | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Liver disorder | 1 (0.0%) | 0 |
| Jaundice cholestatic | 0 | 2 (0.1%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Hepatic cirrhosis | 0 | 1 (0.0%) |
| Hepatic failure | 0 | 1 (0.0%) |
| Hepatic lesion | 0 | 1 (0.0%) |
| Hepatic mass | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 8 (0.3%) | 9 (0.4%) |
| Anaemia | 5 (0.2%) | 6 (0.2%) |
| Blood loss anaemia | 2 (0.1%) | 0 |
| Coagulopathy | 1 (0.0%) | 0 |
| Iron deficiency anaemia | 0 | 2 (0.1%) |
| Febrile neutropenia | 0 | 1 (0.0%) |
| Psychiatric Disorders | 4 (0.2%) | 7 (0.3%) |
| Depression | 1 (0.0%) | 3 (0.1%) |
| Anxiety | 1 (0.0%) | 0 |
| Major depression | 1 (0.0%) | 0 |
| Mental status changes | 1 (0.0%) | 0 |
| Depressed mood | 0 | 1 (0.0%) |
| Drug abuse | 0 | 1 (0.0%) |
| Hallucination | 0 | 1 (0.0%) |
| Substance-induced psychotic disorder | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 2 (0.1%) | 6 (0.2%) |
| Benign prostatic hyperplasia | 1 (0.0%) | 3 (0.1%) |
| Uterine haemorrhage | 1 (0.0%) | 0 |
| Vaginal haemorrhage | 1 (0.0%) | 0 |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Ovarian cyst | 0 | 1 (0.0%) |
| Prostatitis | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 2 (0.1%) | 1 (0.0%) |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Vertigo | 1 (0.0%) | 0 |
| Vestibular disorder | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|-------------------------|------------------------|---------------------|
| Immune System Disorders | 1 (0.0%) | 2 (0.1%) |
| Anaphylactic shock | 1 (0.0%) | 2 (0.1%) |
| Product Issues | 0 | 2 (0.1%) |
| Device loosening | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Any TEAE | 95 (3.7%) | 105 (4.2%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 14 (0.6%) | 23 (0.9%) |
| Colon cancer | 2 (0.1%) | 2 (0.1%) |
| Transitional cell carcinoma | 2 (0.1%) | 0 |
| Plasma cell myeloma | 1 (0.0%) | 1 (0.0%) |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 0 |
| Gastric cancer | 1 (0.0%) | 0 |
| Lymphoma | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Pancreatic carcinoma metastatic | 1 (0.0%) | 0 |
| Prostate cancer | 1 (0.0%) | 0 |
| Renal neoplasm | 1 (0.0%) | 0 |
| Small cell lung cancer | 1 (0.0%) | 0 |
| Breast cancer | 0 | 2 (0.1%) |
| Pancreatic carcinoma | 0 | 2 (0.1%) |
| Pancreatic neoplasm | 0 | 2 (0.1%) |
| Adenocarcinoma of colon | 0 | 1 (0.0%) |
| Adenocarcinoma pancreas | 0 | 1 (0.0%) |
| Cholangiocarcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Colorectal cancer | 0 | 1 (0.0%) |
| Endometrial adenocarcinoma | 0 | 1 (0.0%) |
| Hepatic cancer | 0 | 1 (0.0%) |
| Hepatocellular carcinoma | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Lung neoplasm | 0 | 1 (0.0%) |
| Lung neoplasm malignant | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Papillary renal cell carcinoma | 0 | 1 (0.0%) |
| Tonsil cancer | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 14 (0.6%) | 8 (0.3%) |
| Hyperkalaemia | 11 (0.4%) | 6 (0.2%) |
| Hyponatraemia | 3 (0.1%) | 0 |
| Cachexia | 0 | 1 (0.0%) |
| Hypokalaemia | 0 | 1 (0.0%) |
| Investigations | 14 (0.6%) | 7 (0.3%) |
| Glomerular filtration rate decreased | 7 (0.3%) | 3 (0.1%) |
| Blood potassium increased | 5 (0.2%) | 1 (0.0%) |
| Blood creatinine increased | 1 (0.0%) | 1 (0.0%) |
| Liver function test increased | 1 (0.0%) | 0 |
| Blood pressure increased | 0 | 1 (0.0%) |
| Hepatic enzyme increased | 0 | 1 (0.0%) |
| Nervous System Disorders | 9 (0.4%) | 16 (0.6%) |
| Dementia | 2 (0.1%) | 3 (0.1%) |
| Dizziness | 1 (0.0%) | 2 (0.1%) |
| Subarachnoid haemorrhage | 1 (0.0%) | 2 (0.1%) |
| Syncope | 1 (0.0%) | 2 (0.1%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|--|------------------------|---------------------|
| Cognitive disorder | 1 (0.0%) | 1 (0.0%) |
| Somnolence | 1 (0.0%) | 1 (0.0%) |
| Hemiparesis | 1 (0.0%) | 0 |
| Presyncope | 1 (0.0%) | 0 |
| Cerebral atrophy | 0 | 1 (0.0%) |
| Dementia Alzheimer's type | 0 | 1 (0.0%) |
| Dizziness postural | 0 | 1 (0.0%) |
| Loss of consciousness | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Paraesthesia | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 9 (0.4%) | 14 (0.6%) |
| Diarrhoea | 4 (0.2%) | 4 (0.2%) |
| Constipation | 1 (0.0%) | 3 (0.1%) |
| Vomiting | 1 (0.0%) | 1 (0.0%) |
| Abdominal pain | 1 (0.0%) | 0 |
| Chronic gastritis | 1 (0.0%) | 0 |
| Dyspepsia | 1 (0.0%) | 0 |
| Gastrointestinal motility disorder | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Ascites | 0 | 2 (0.1%) |
| Nausea | 0 | 2 (0.1%) |
| Gastrooesophageal reflux disease | 0 | 1 (0.0%) |
| Oesophageal varices haemorrhage | 0 | 1 (0.0%) |
| Oesophagitis | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 5 (0.2%) | 7 (0.3%) |
| Asthenia | 1 (0.0%) | 1 (0.0%) |
| Malaise | 1 (0.0%) | 1 (0.0%) |
| Chest pain | 1 (0.0%) | 0 |
| General physical health deterioration | 1 (0.0%) | 0 |
| Peripheral swelling | 1 (0.0%) | 0 |
| Fatigue | 0 | 1 (0.0%) |
| Multiple organ dysfunction syndrome | 0 | 1 (0.0%) |
| Oedema peripheral | 0 | 1 (0.0%) |
| Pain | 0 | 1 (0.0%) |
| Pyrexia | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 5 (0.2%) | 6 (0.2%) |
| Acute kidney injury | 3 (0.1%) | 2 (0.1%) |
| Subacute kidney injury | 1 (0.0%) | 0 |
| Urinary retention | 1 (0.0%) | 0 |
| Tubulointerstitial nephritis | 0 | 2 (0.1%) |
| Glomerulonephritis membranous | 0 | 1 (0.0%) |
| Proteinuria | 0 | 1 (0.0%) |
| Renal failure | 0 | 1 (0.0%) |
| Renal pain | 0 | 1 (0.0%) |
| Cardiac Disorders | 4 (0.2%) | 7 (0.3%) |
| Palpitations | 1 (0.0%) | 1 (0.0%) |
| Atrioventricular block | 1 (0.0%) | 0 |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Cardiac failure acute | 1 (0.0%) | 0 |
| Cardiac failure congestive | 1 (0.0%) | 0 |
| Cardiac failure | 0 | 2 (0.1%) |
| Aortic valve stenosis | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Myocardial ischaemia | 0 | 1 (0.0%) |
| Tachycardia | 0 | 1 (0.0%) |
| Infections And Infestations | 4 (0.2%) | 4 (0.2%) |
| Dengue fever | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Helicobacter infection | 1 (0.0%) | 0 |
| Necrotising fasciitis | 1 (0.0%) | 0 |
| COVID-19 | 0 | 1 (0.0%) |
| Diabetic foot infection | 0 | 1 (0.0%) |
| Pneumonia | 0 | 1 (0.0%) |
| Upper respiratory tract infection | 0 | 1 (0.0%) |
| Psychiatric Disorders | 4 (0.2%) | 3 (0.1%) |
| Anxiety | 1 (0.0%) | 0 |
| Bipolar disorder | 1 (0.0%) | 0 |
| Depression | 1 (0.0%) | 0 |
| Mental status changes | 1 (0.0%) | 0 |
| Behaviour disorder | 0 | 1 (0.0%) |
| Depressed mood | 0 | 1 (0.0%) |
| Nervousness | 0 | 1 (0.0%) |
| Vascular Disorders | 4 (0.2%) | 2 (0.1%) |
| Hypertension | 2 (0.1%) | 0 |
| Deep vein thrombosis | 1 (0.0%) | 0 |
| Hypotension | 1 (0.0%) | 0 |
| Flushing | 0 | 1 (0.0%) |
| Peripheral arterial occlusive disease | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 4 (0.2%) | 0 |
| Dyspnoea | 1 (0.0%) | 0 |
| Dyspnoea exertional | 1 (0.0%) | 0 |
| Lung disorder | 1 (0.0%) | 0 |
| Productive cough | 1 (0.0%) | 0 |
| Skin And Subcutaneous Tissue Disorders | 2 (0.1%) | 8 (0.3%) |
| Rash | 1 (0.0%) | 3 (0.1%) |
| Dermatitis allergic | 1 (0.0%) | 1 (0.0%) |
| Dermatitis psoriasiform | 0 | 1 (0.0%) |
| Hyperhidrosis | 0 | 1 (0.0%) |
| Hypersensitivity vasculitis | 0 | 1 (0.0%) |
| Pruritus | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 2 (0.1%) | 5 (0.2%) |
| Hepatic cirrhosis | 2 (0.1%) | 1 (0.0%) |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Hepatic function abnormal | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table B2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

| MedDRA SOC and PT | Finerenone (N=2536) | Placebo (N=2523) |
|---|------------------------|---------------------|
| Hepatic mass | 0 | 1 (0.0%) |
| Jaundice cholestatic | 0 | 1 (0.0%) |
| Liver injury | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 2 (0.1%) | 3 (0.1%) |
| Craniocerebral injury | 1 (0.0%) | 1 (0.0%) |
| Subdural haemorrhage | 1 (0.0%) | 0 |
| Brain contusion | 0 | 1 (0.0%) |
| Lumbar vertebral fracture | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Subdural haematoma | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 2 (0.1%) | 3 (0.1%) |
| Muscle spasms | 1 (0.0%) | 0 |
| Myalgia | 1 (0.0%) | 0 |
| Fibromyalgia | 0 | 1 (0.0%) |
| Intervertebral disc protrusion | 0 | 1 (0.0%) |
| Joint swelling | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 1 (0.0%) | 1 (0.0%) |
| Erectile dysfunction | 1 (0.0%) | 1 (0.0%) |
| Immune System Disorders | 1 (0.0%) | 0 |
| Hypersensitivity | 1 (0.0%) | 0 |
| Eye Disorders | 0 | 2 (0.1%) |
| Optic ischaemic neuropathy | 0 | 1 (0.0%) |
| Periorbital swelling | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 0 | 1 (0.0%) |
| Blood loss anaemia | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 0 | 1 (0.0%) |
| Vertigo | 0 | 1 (0.0%) |

Abbreviations: eGFR=estimated glomerular filtration rate, MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

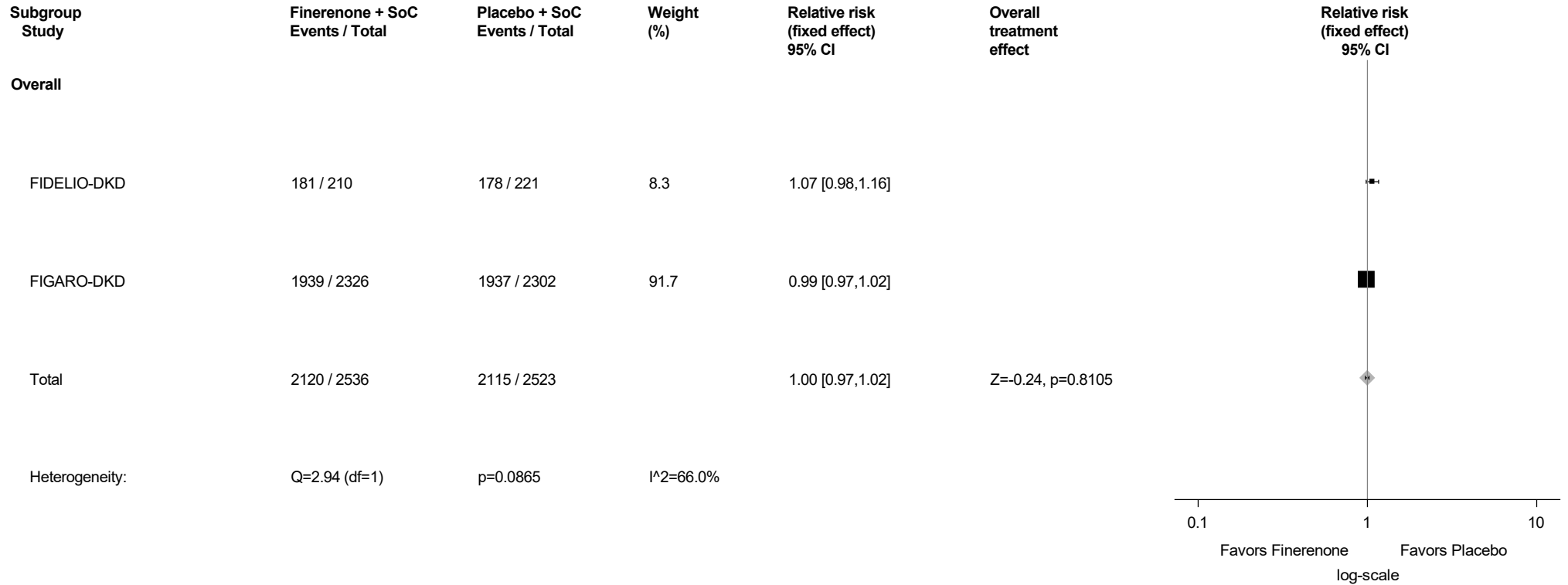
Table B2.0.5: Summary of Treatment Duration - Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

| | Finerenone (N=2536) | Placebo (N=2523) | Total (N= 5059) |
|-----------------------------|------------------------|---------------------|--------------------|
| Treatment duration (months) | | | |
| n | 2536 | 2523 | 5059 |
| Mean | 35.4 | 35.1 | 35.2 |
| SD | 14.27 | 14.31 | 14.29 |
| Median | 35.7 | 35.3 | 35.4 |
| Q1-Q3 | 27.5 - 46.2 | 26.8 - 46.1 | 27.1 - 46.2 |
| Range | 0.03 - 61.01 | 0.20 - 61.37 | 0.03 - 61.37 |

Abbreviations: eGFR=estimated glomerular filtration rate, N=number of subjects, n=number of subjects with non-missing values in category, Q1=first quartile, Q3=third quartile, SD=standard deviation.

Note: Treatment duration is defined as the time from start of study drug to permanent stop of study drug (in months).

Figure B2.1.1: Forestplot for Relative Risk of Proportion of Subjects with TEAEs
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



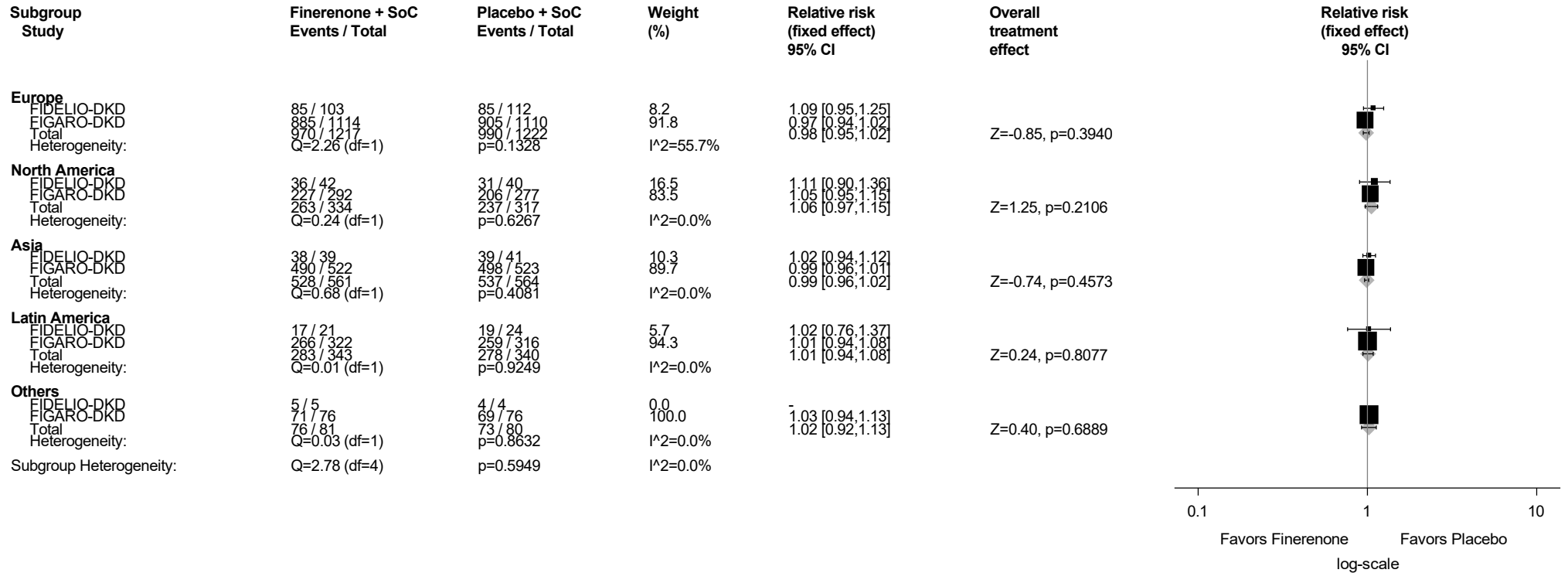
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.1.1: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Region
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



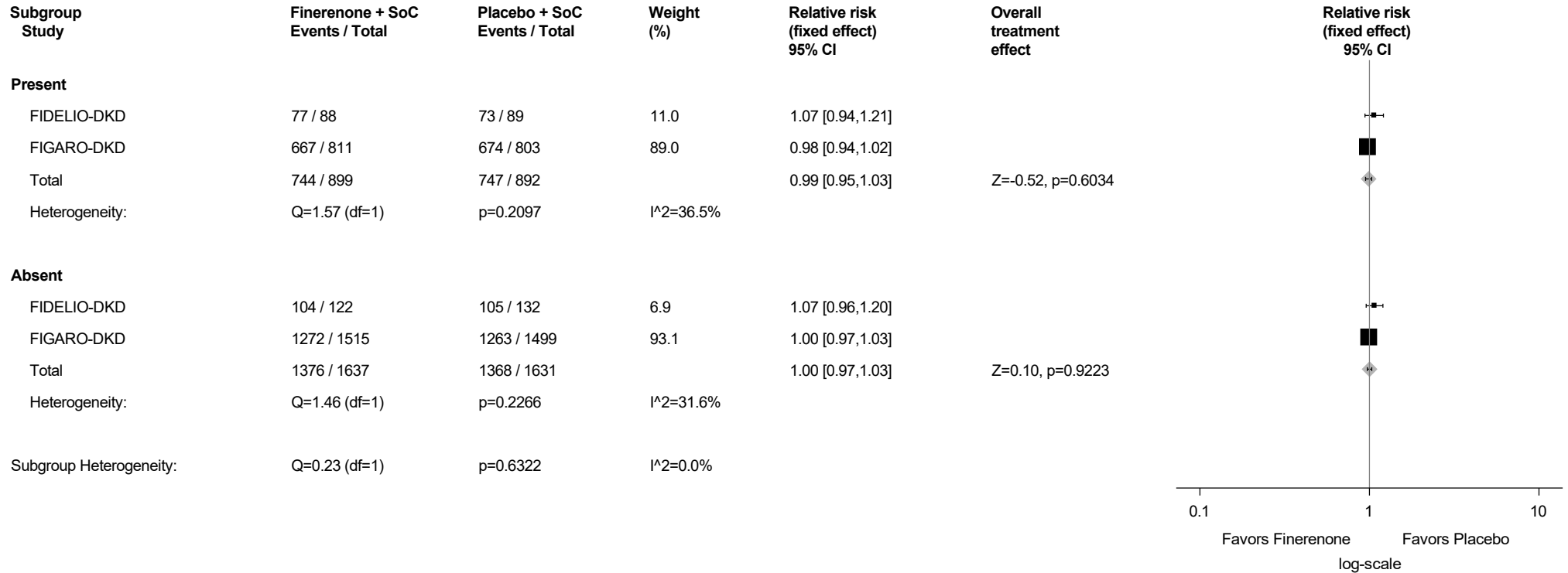
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.1.2: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



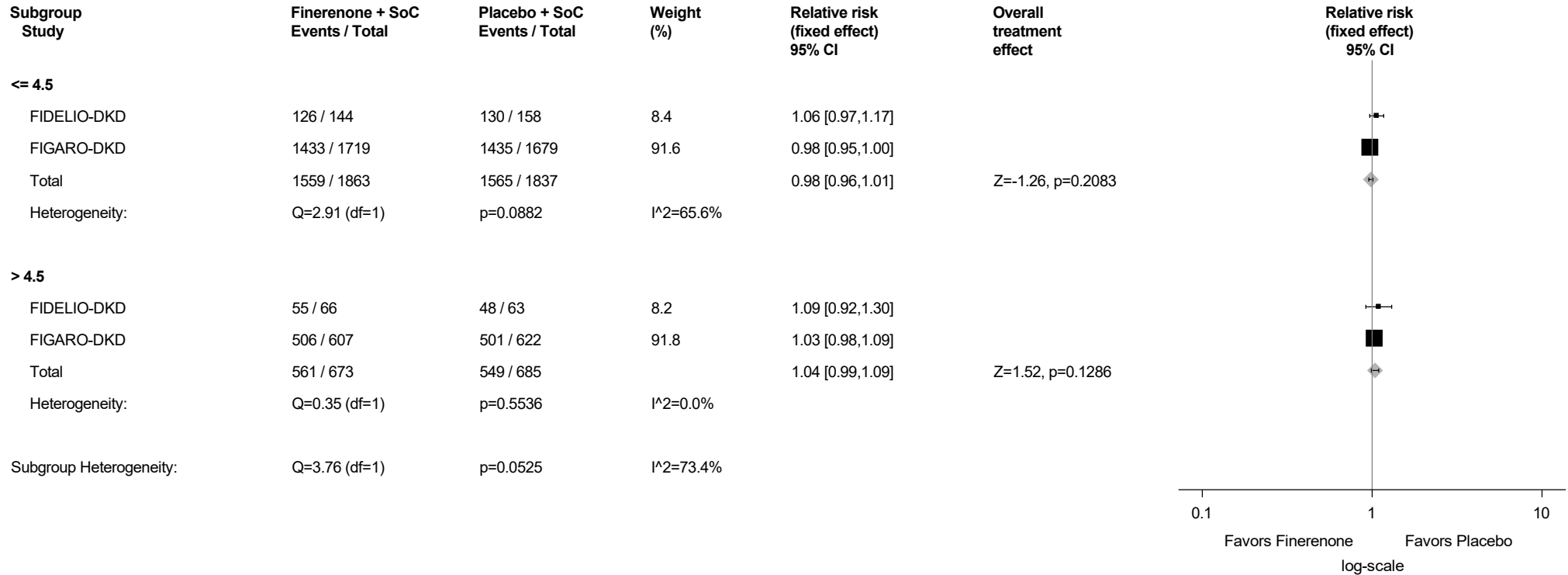
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.1.3: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



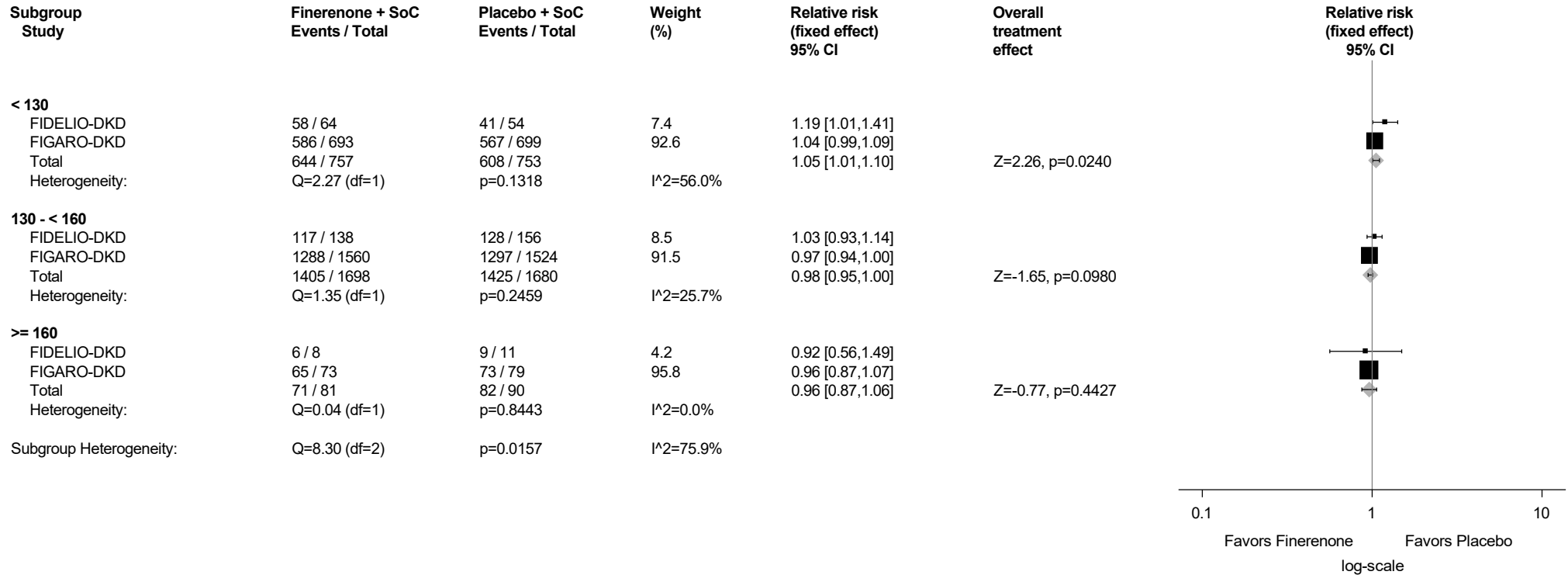
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.1.4: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



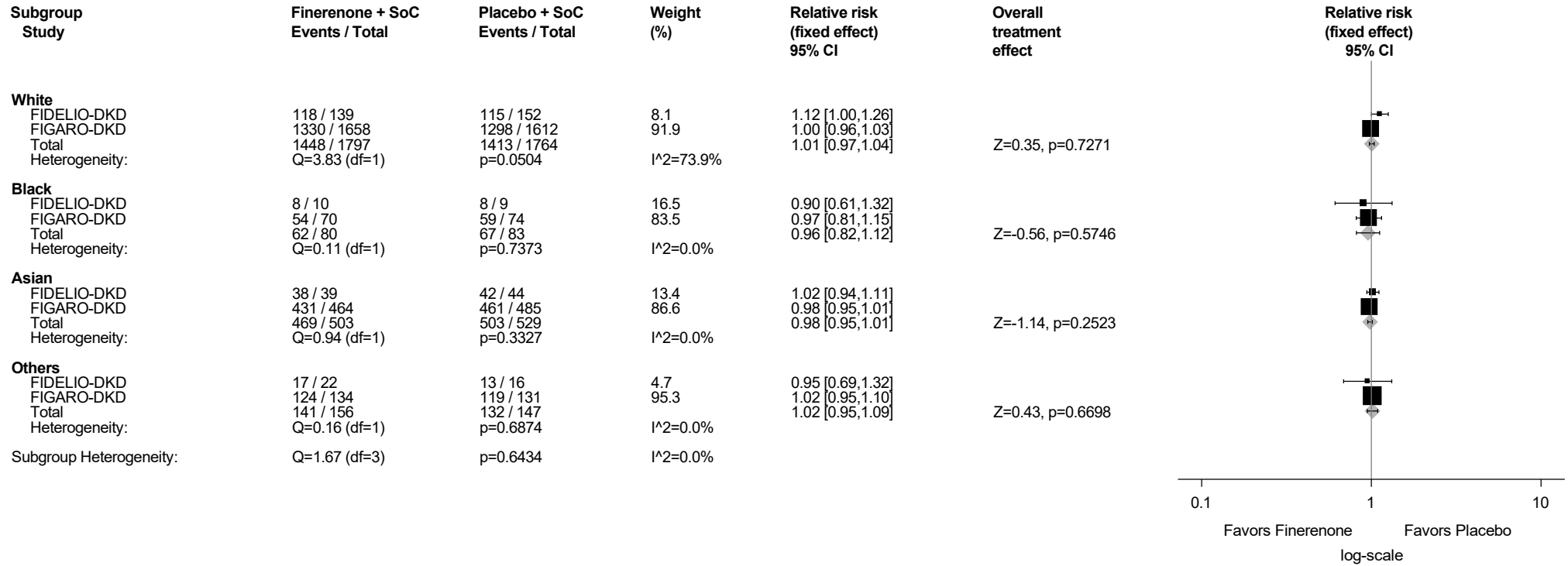
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.1.5: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Race
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



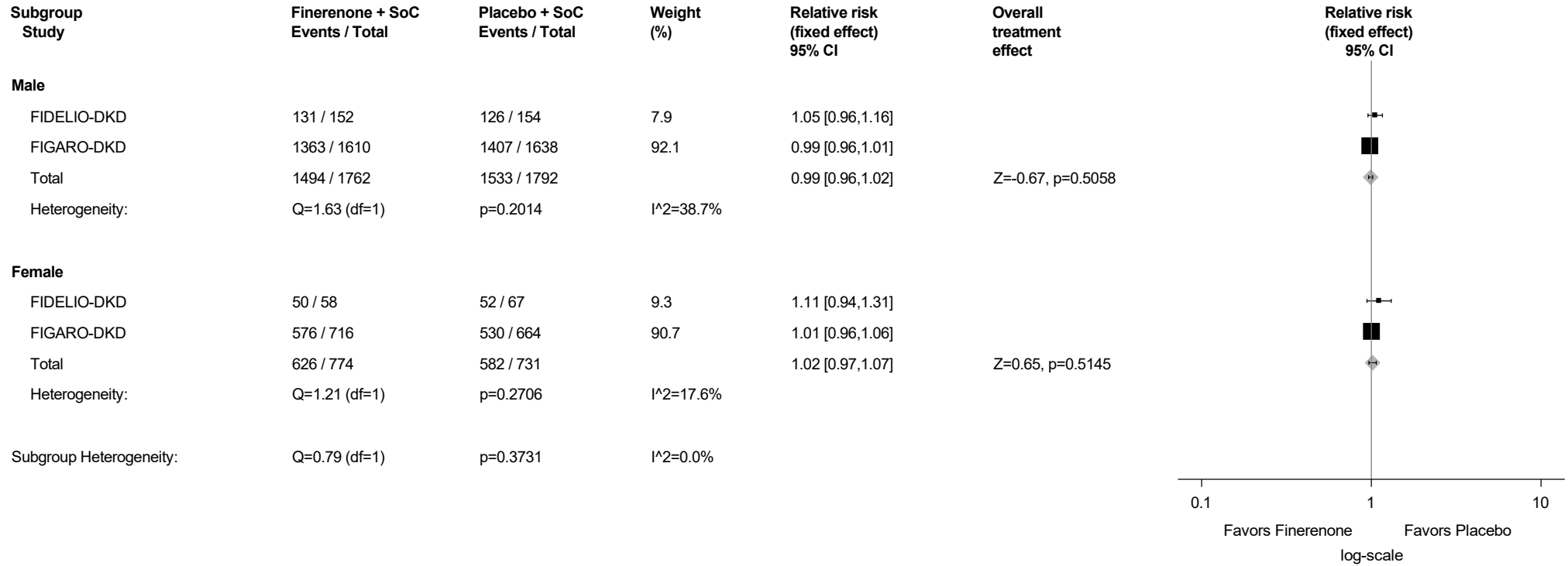
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.1.6: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Sex
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



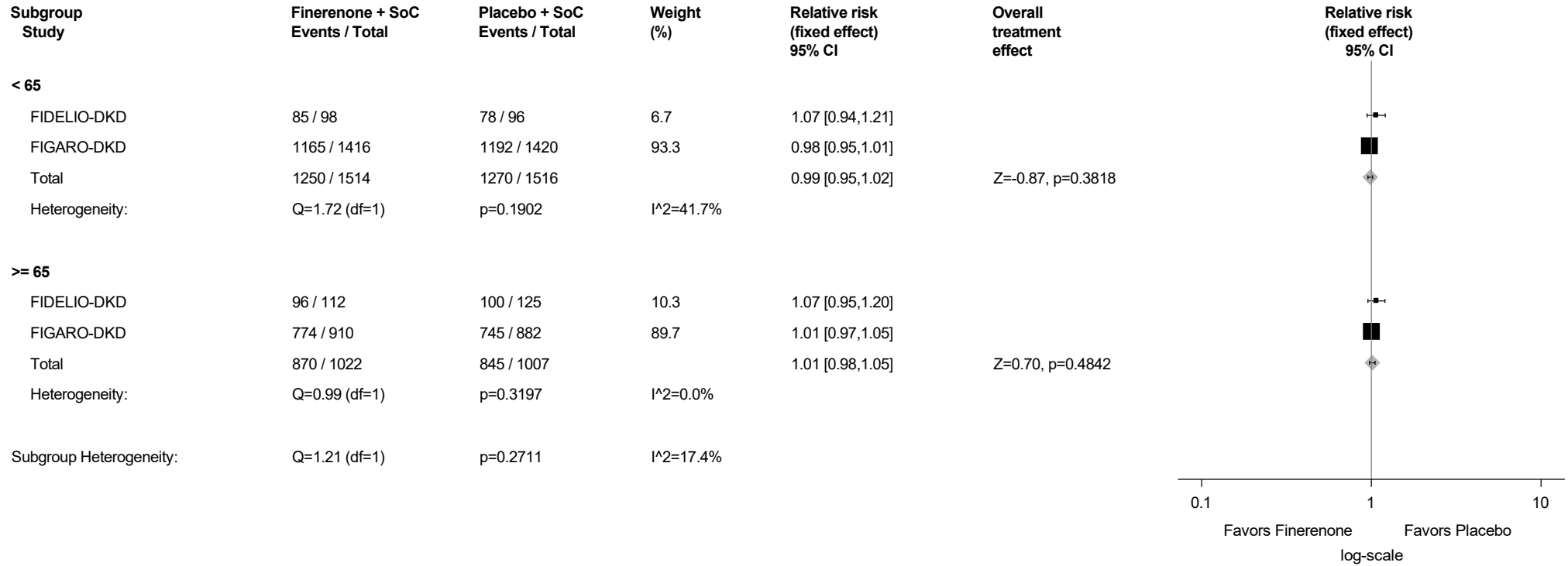
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.1.7: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



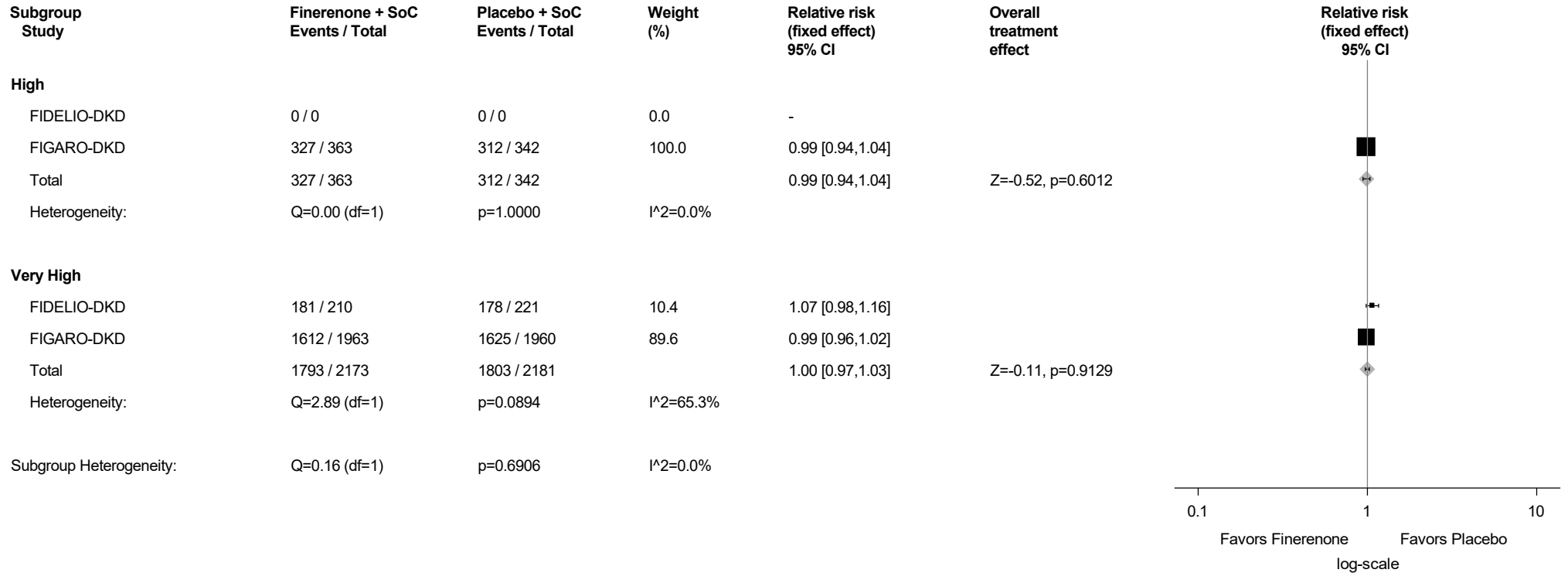
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.1.8: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



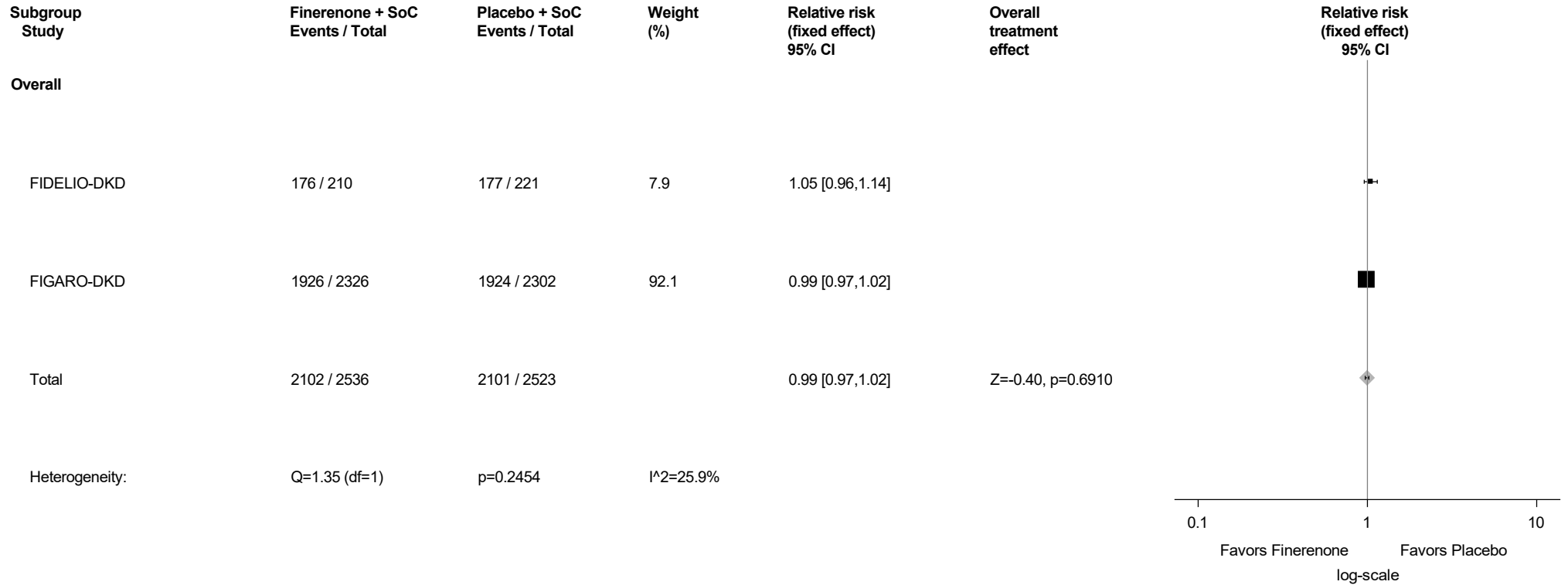
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

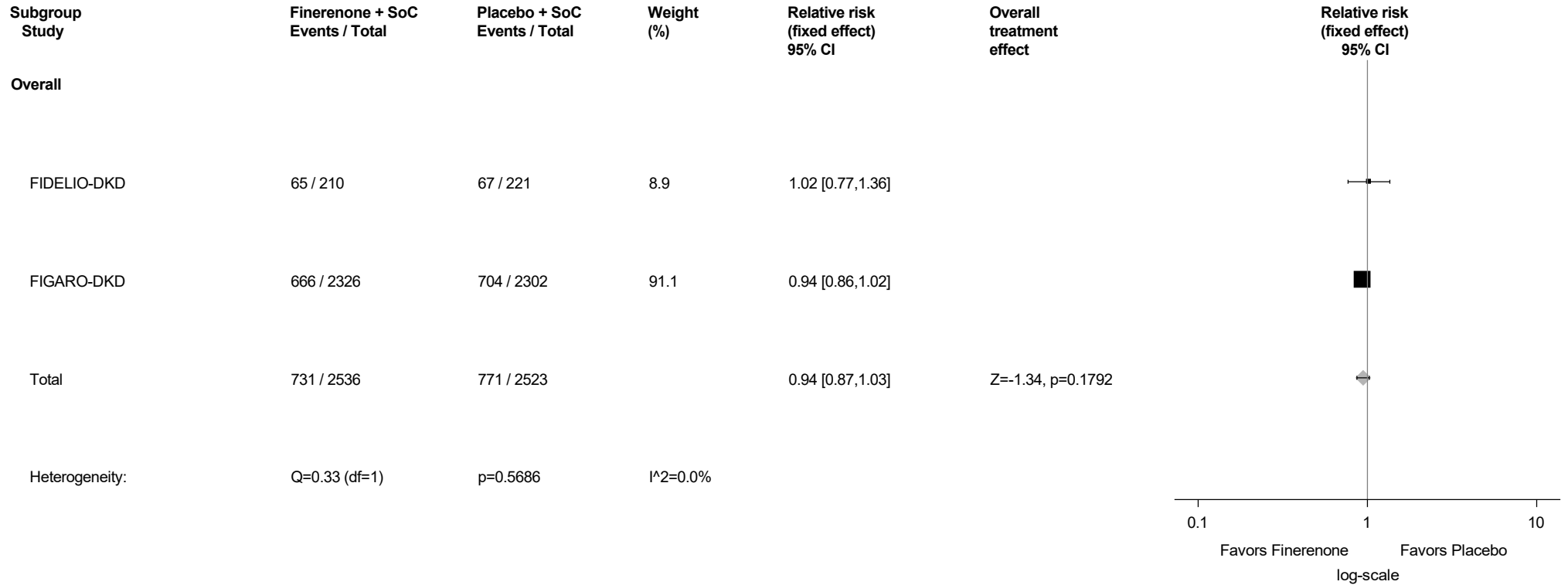
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.2: Forestplot for Relative Risk of Proportion of Subjects with TEAEs Excluding Progression-Related Events
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.3: Forestplot for Relative Risk of Proportion of Subjects with TESAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



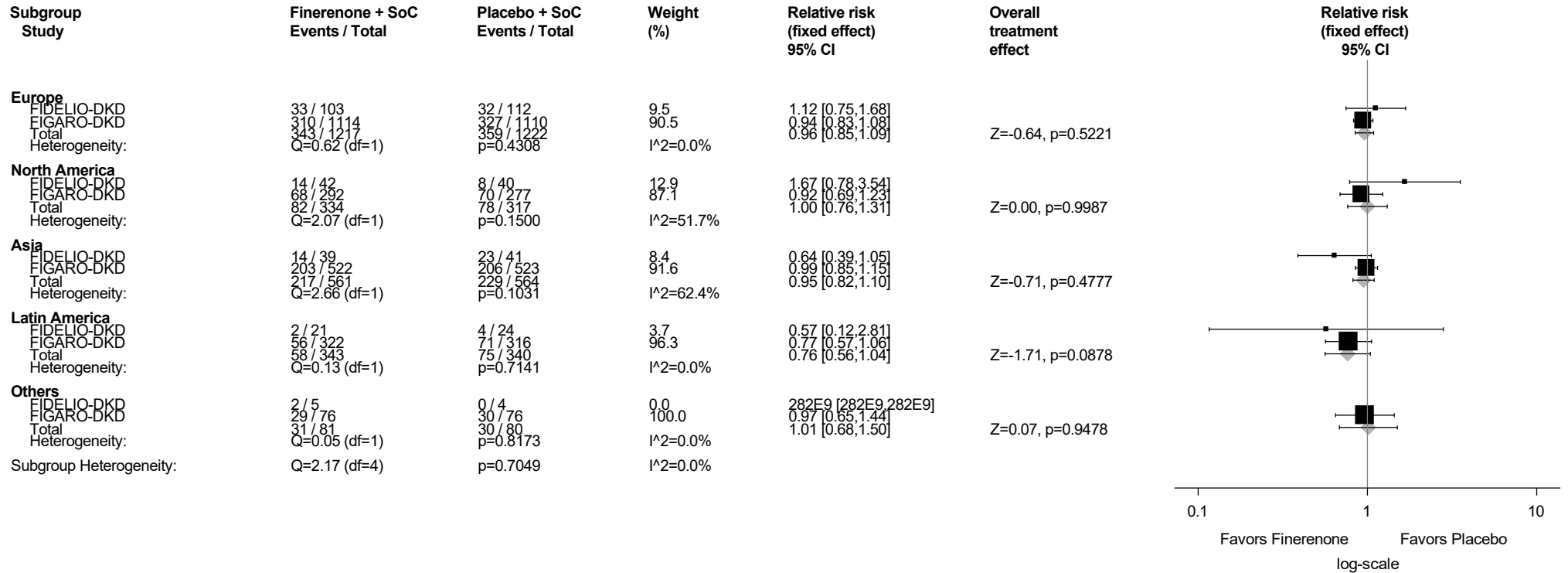
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.3.1: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Region
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



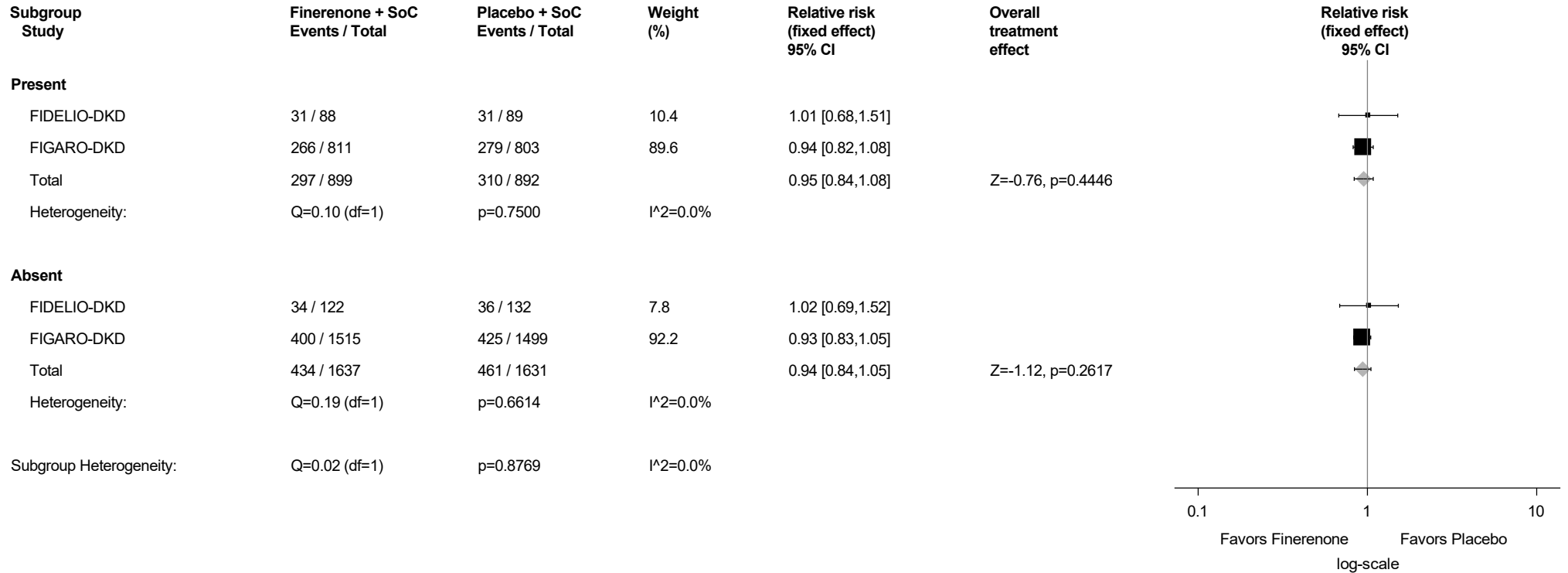
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.3.2: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



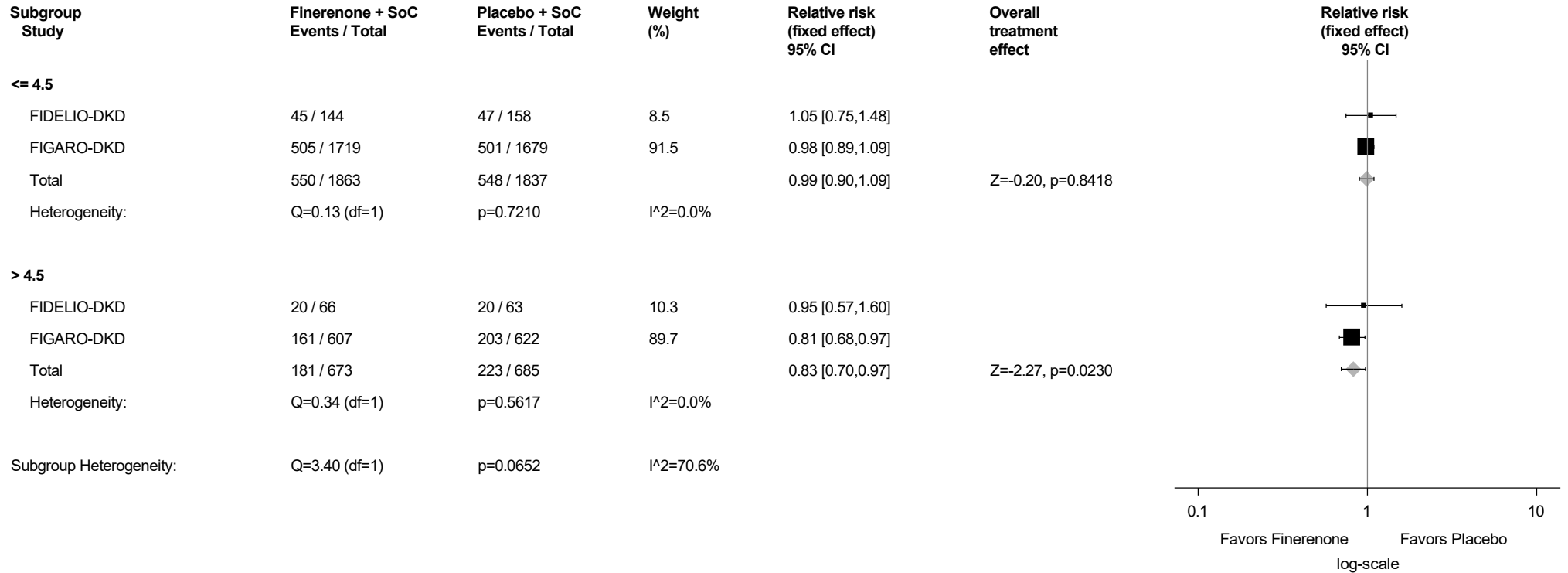
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.3.3: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



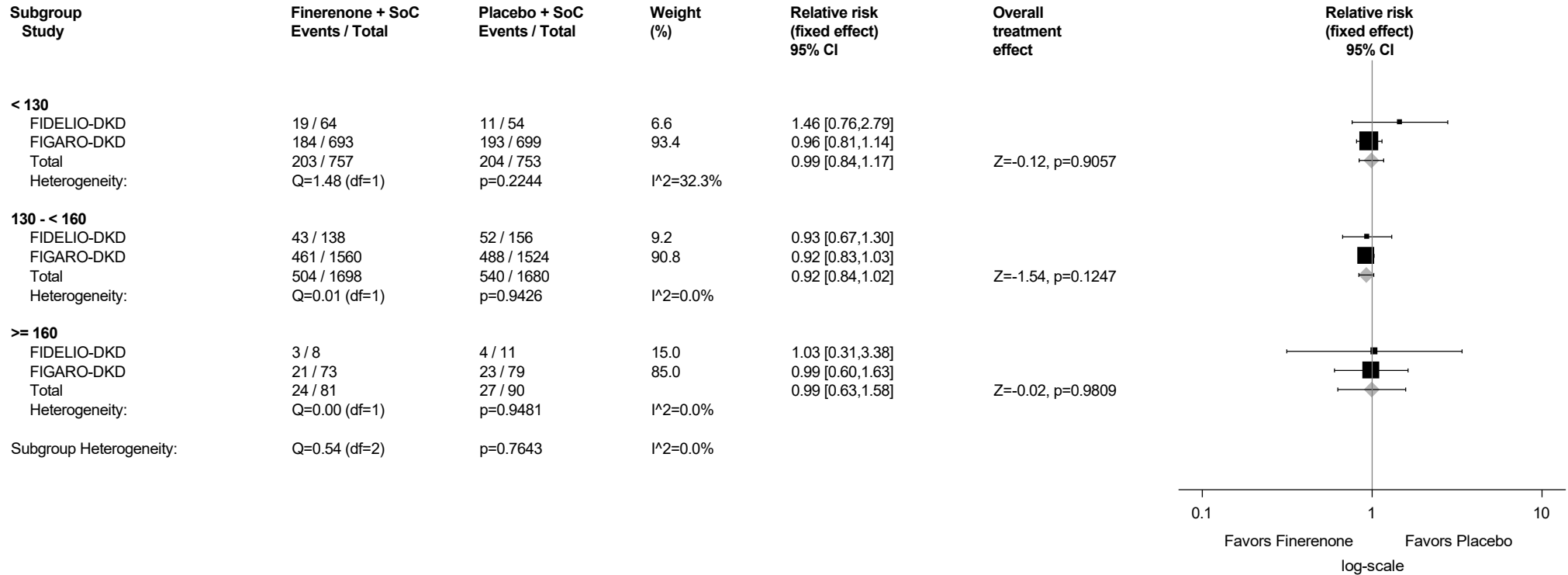
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.3.4: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



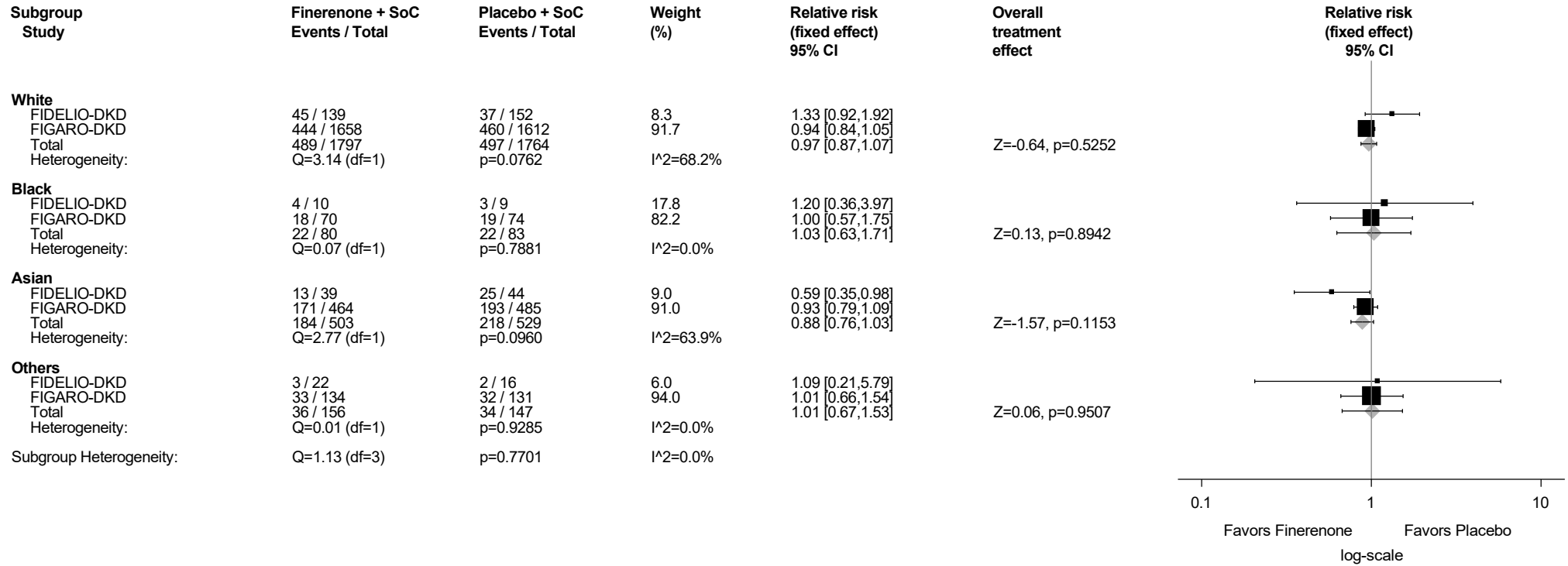
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.3.5: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Race
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



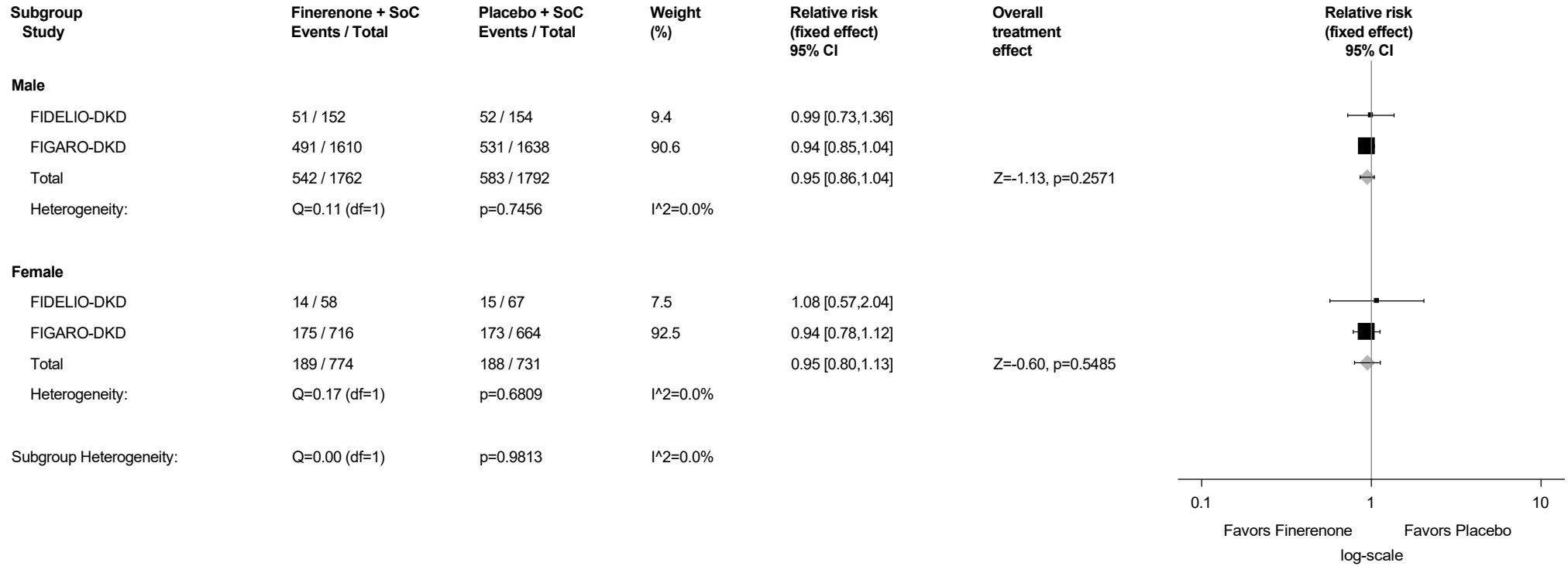
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.3.6: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Sex
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



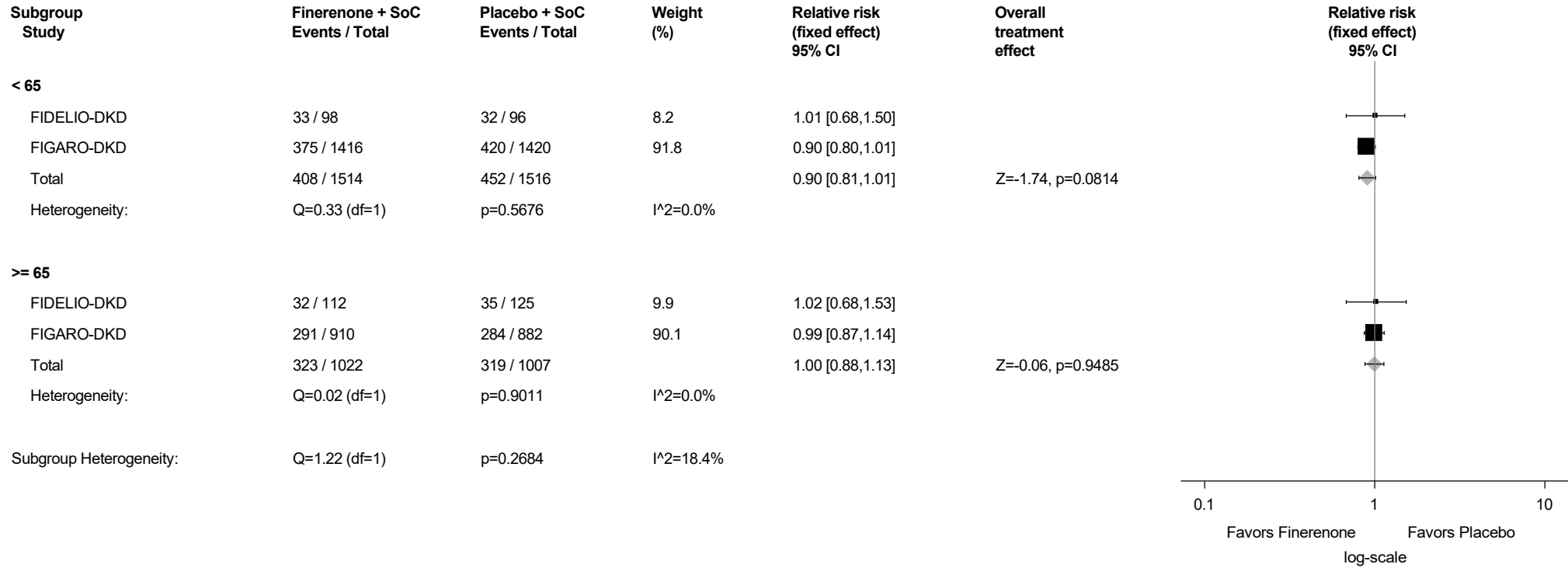
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.3.7: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



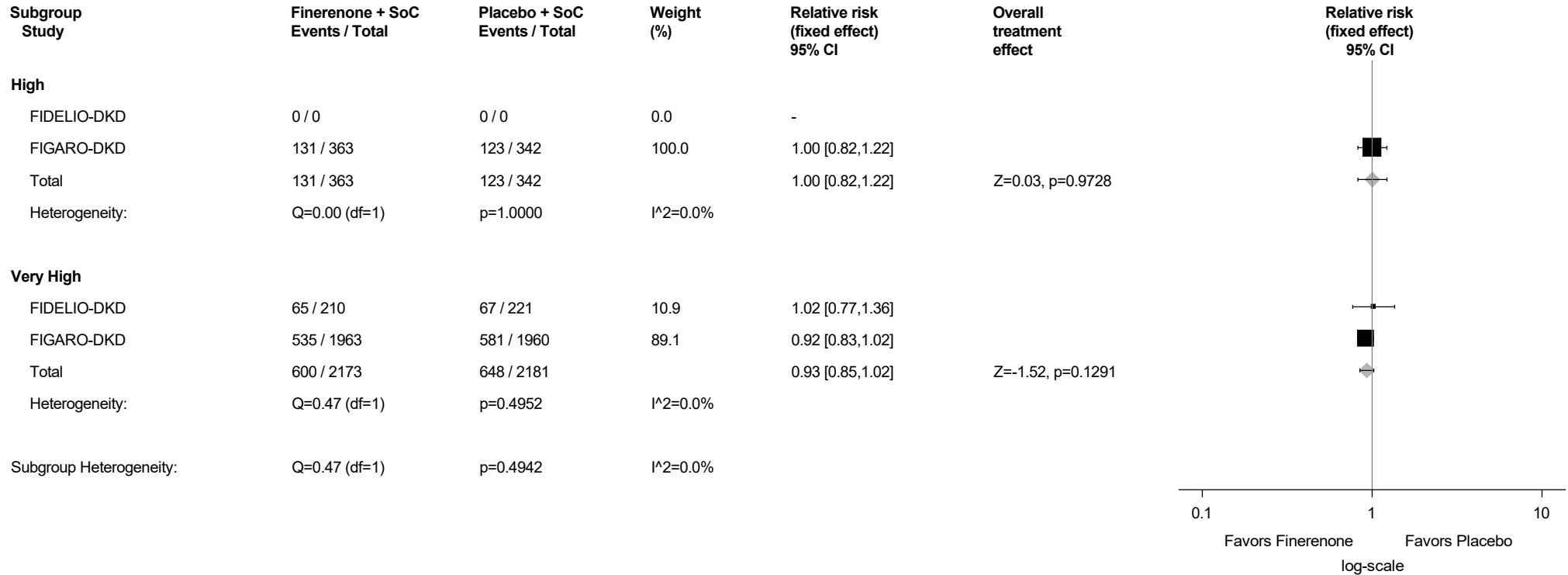
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.3.8: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



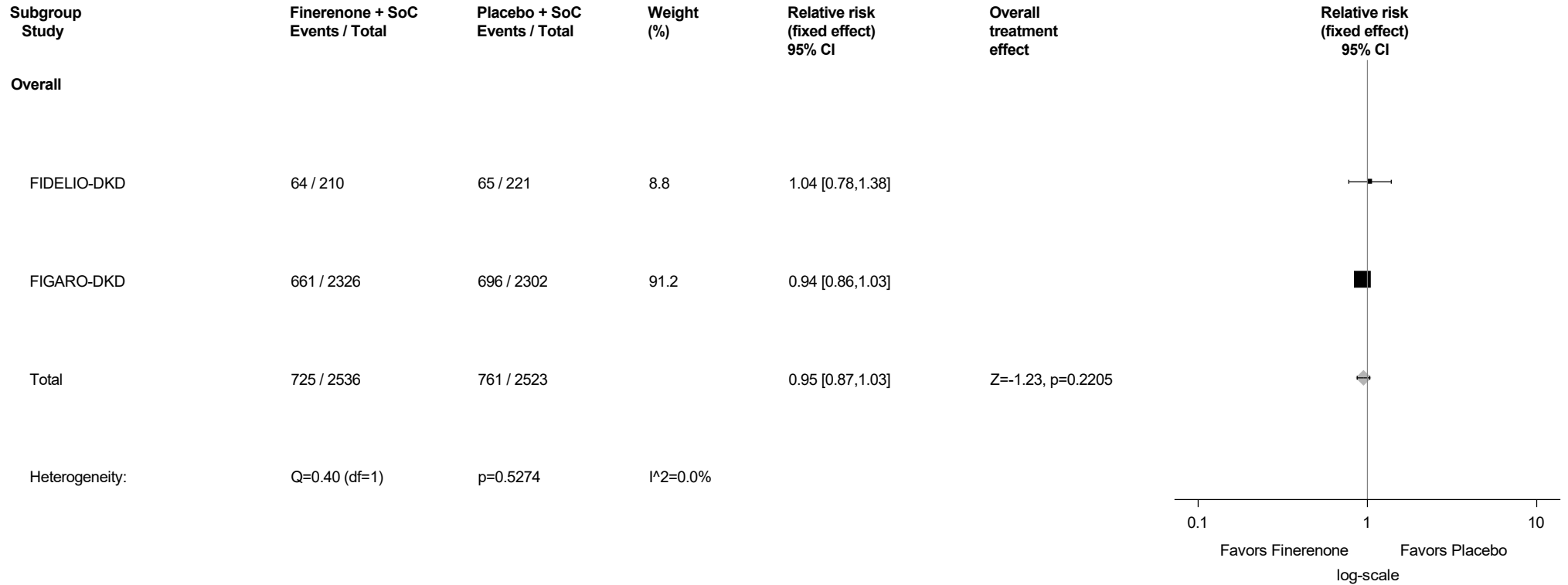
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.4: Forestplot for Relative Risk of Proportion of Subjects with TESAEs Excluding Progression-Related Events
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



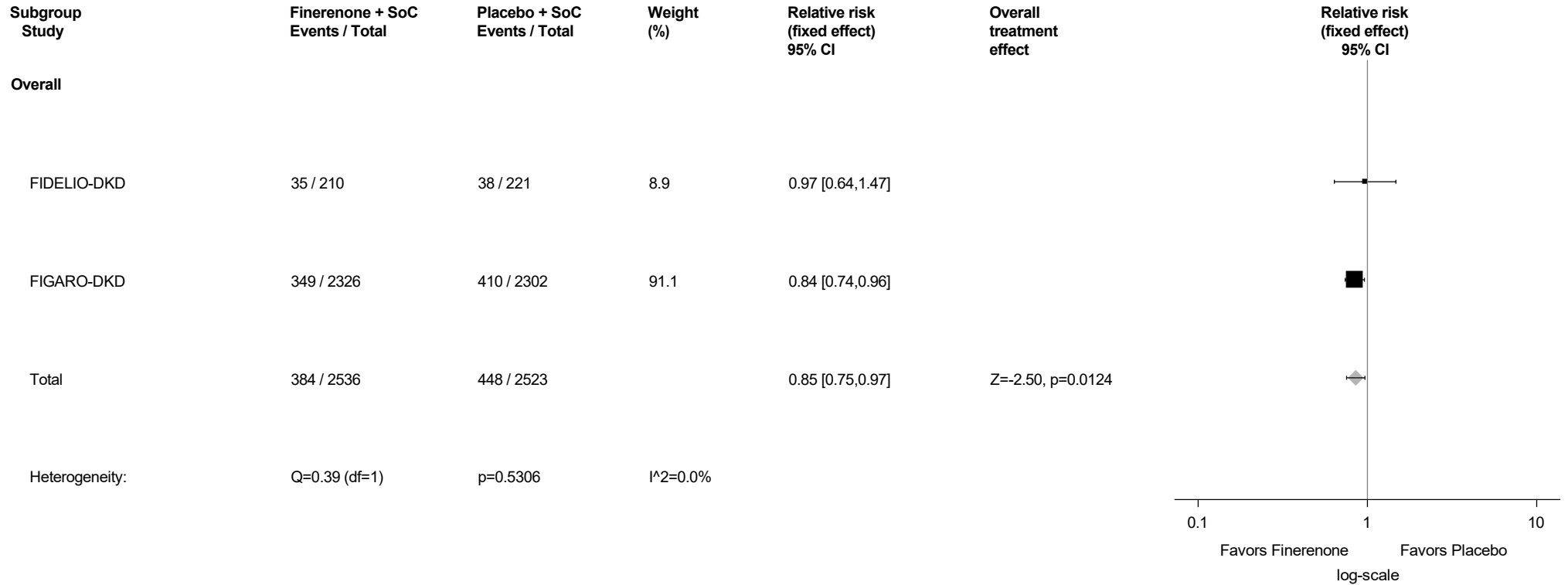
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.5: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



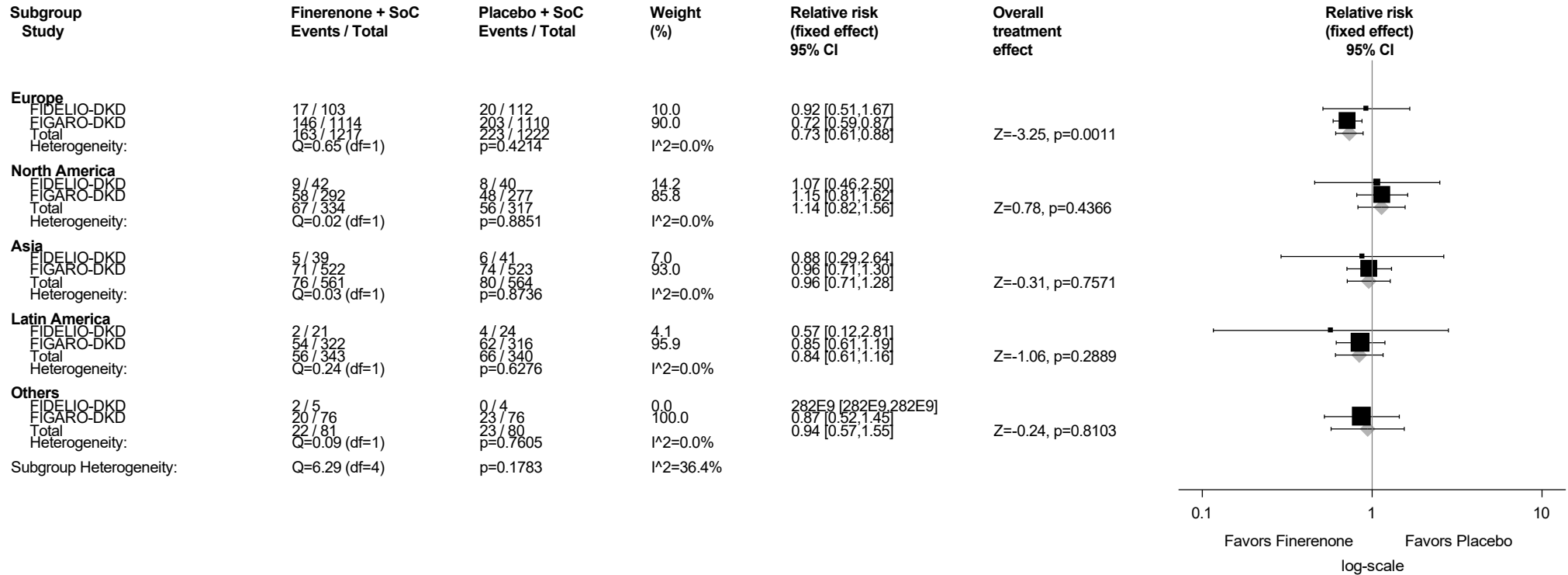
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.5.1: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Region
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



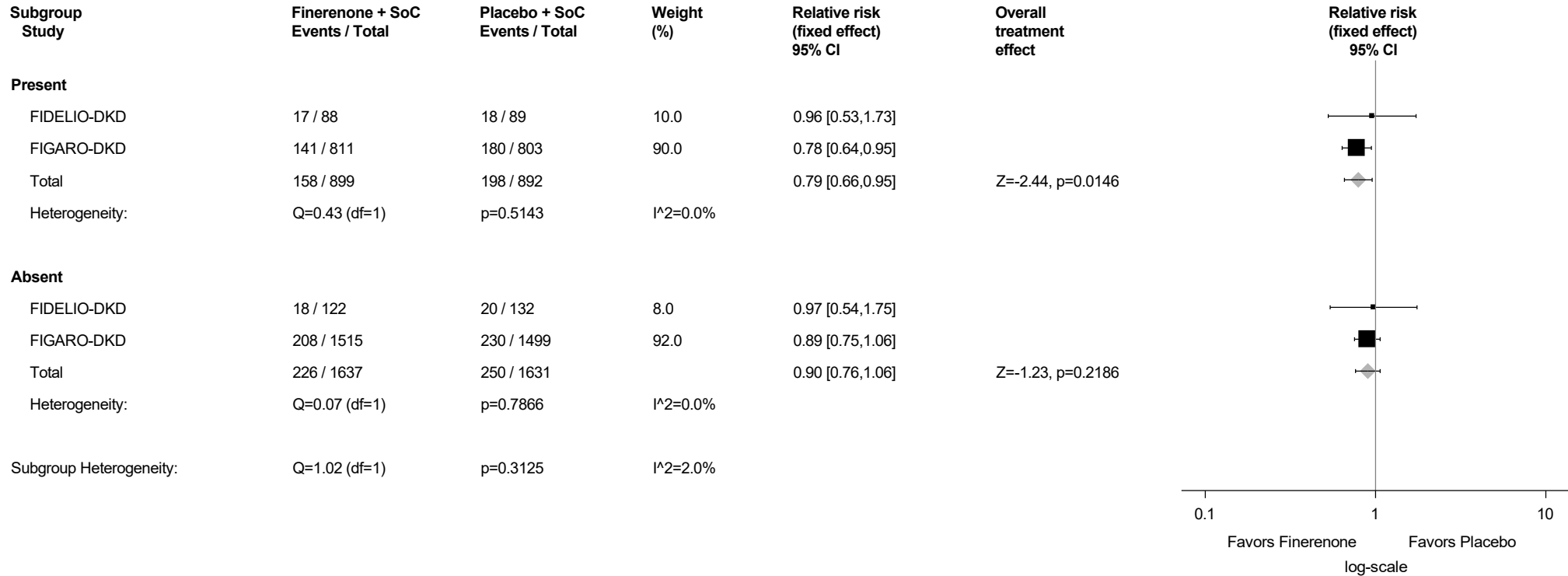
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.5.2: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by History of CVD Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



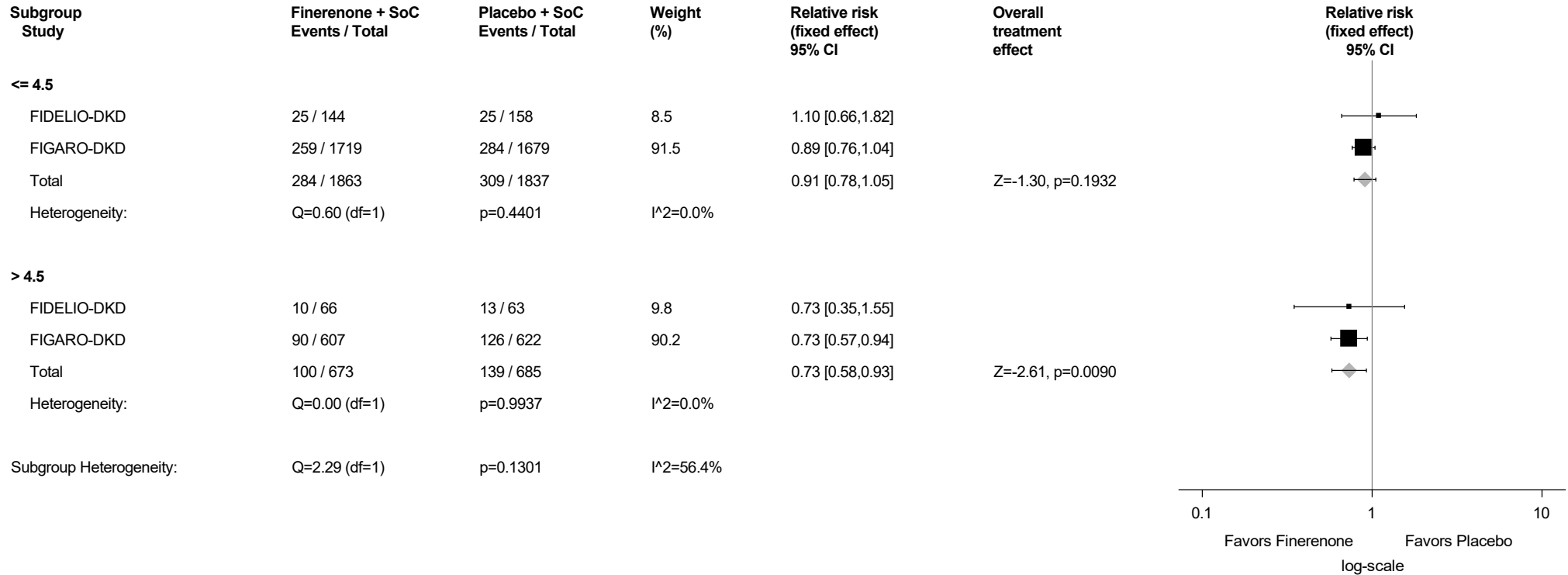
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.5.3: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



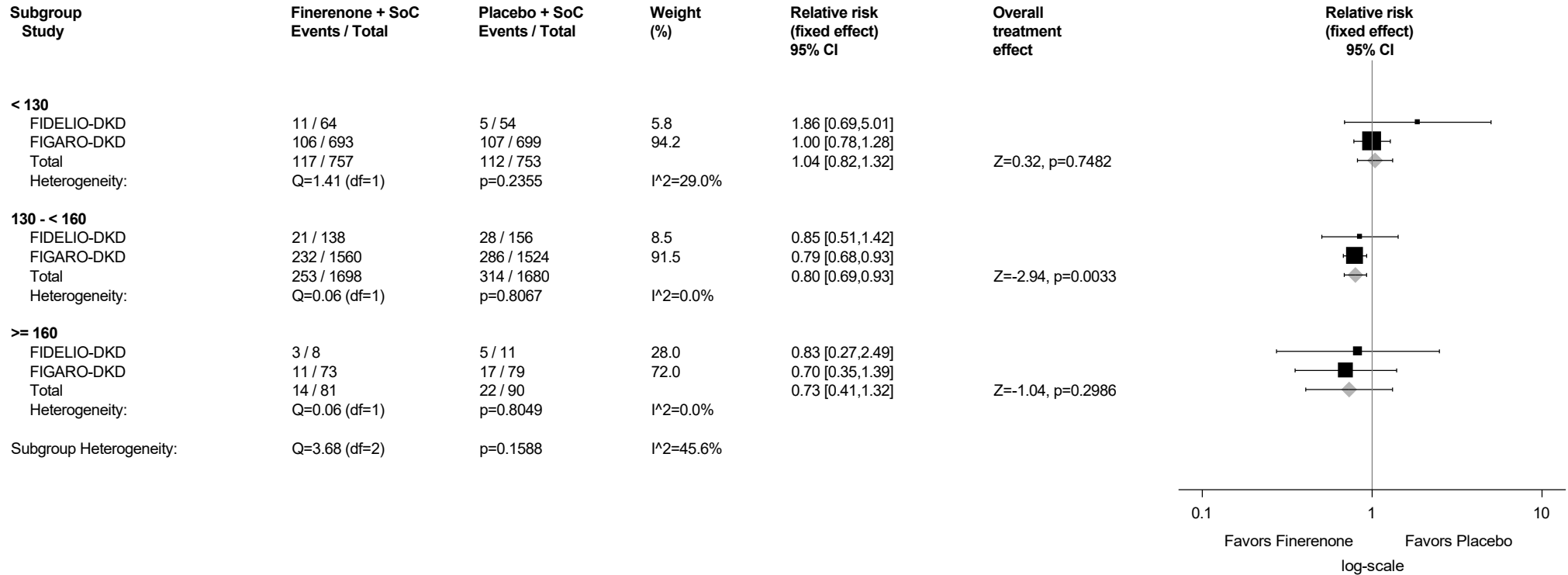
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.5.4: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



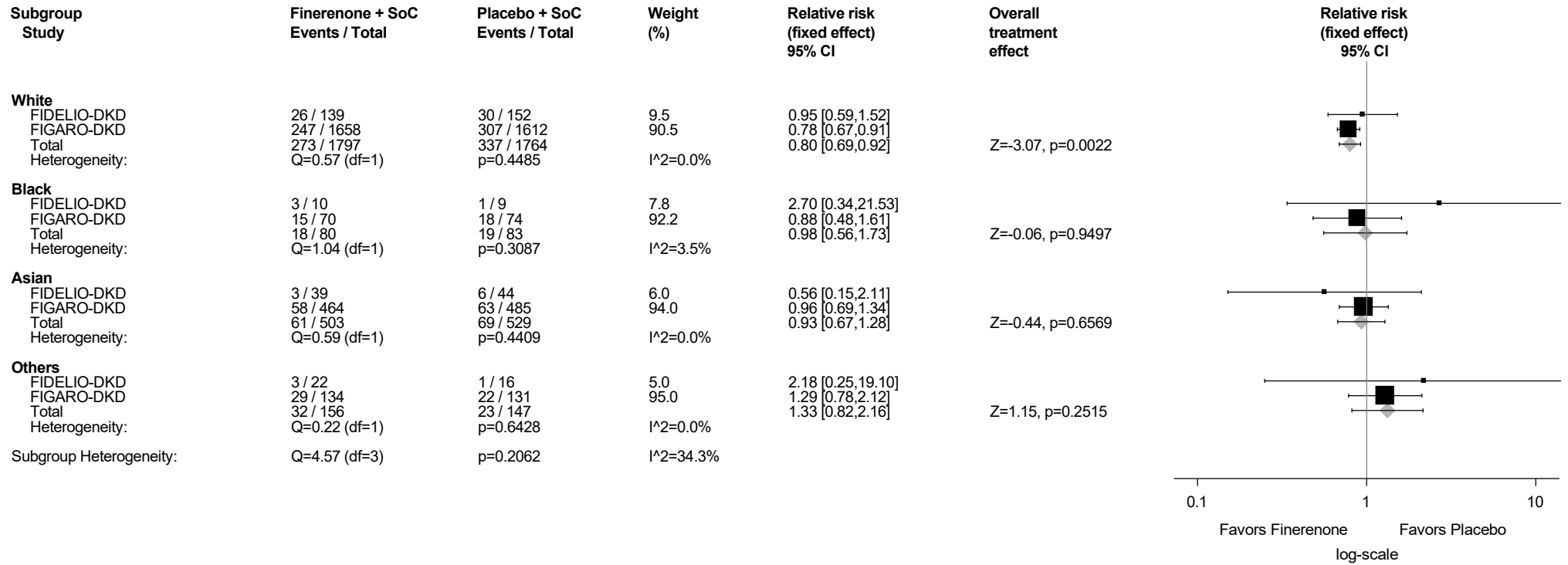
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.5.5: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Race Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



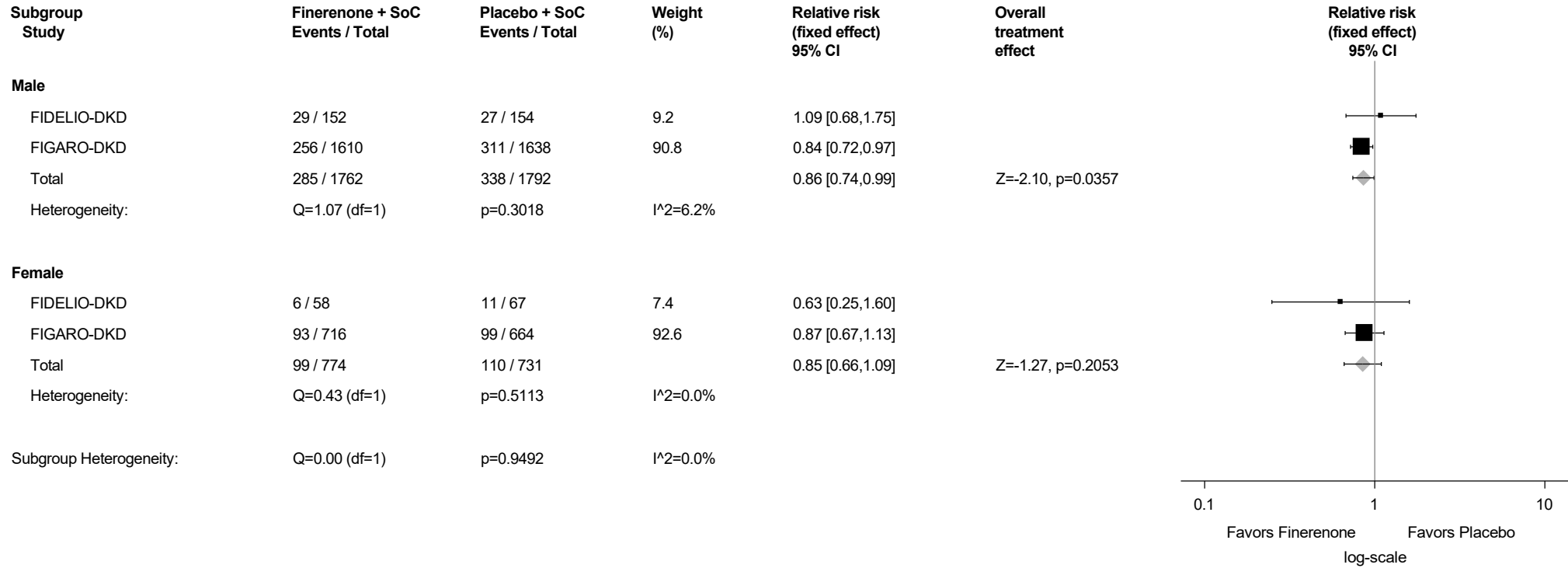
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.5.6: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Sex
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



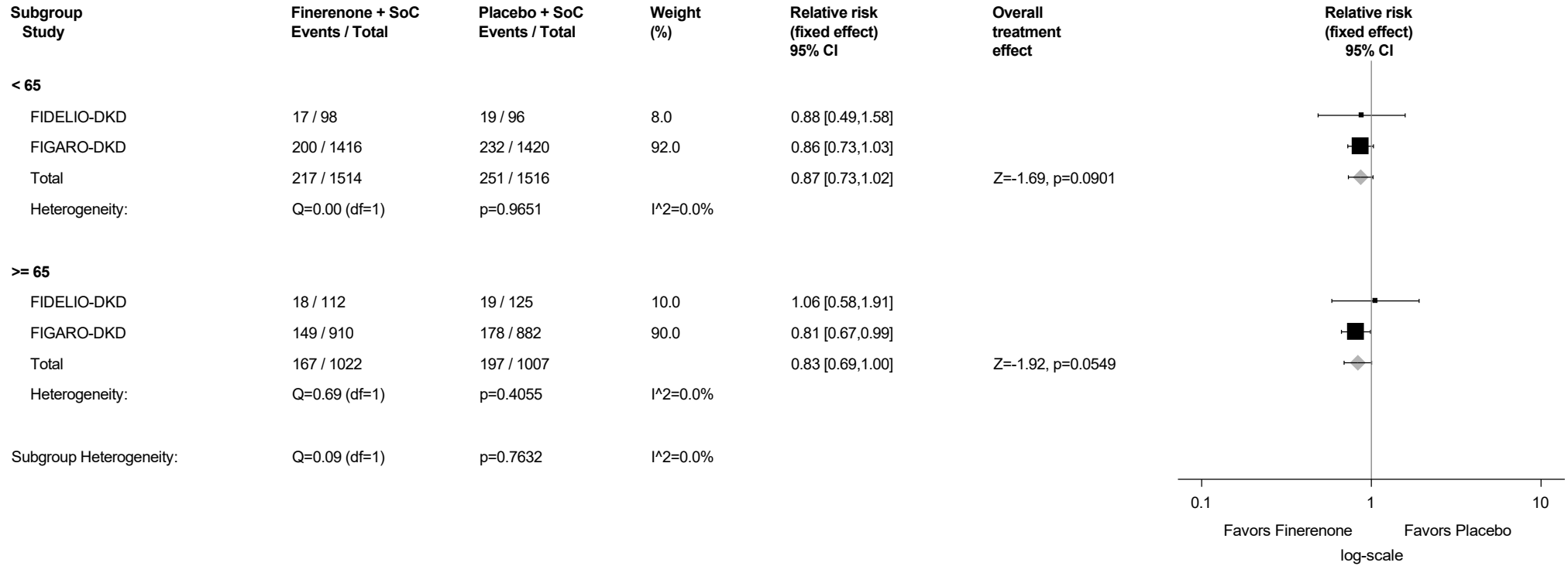
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.5.7: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



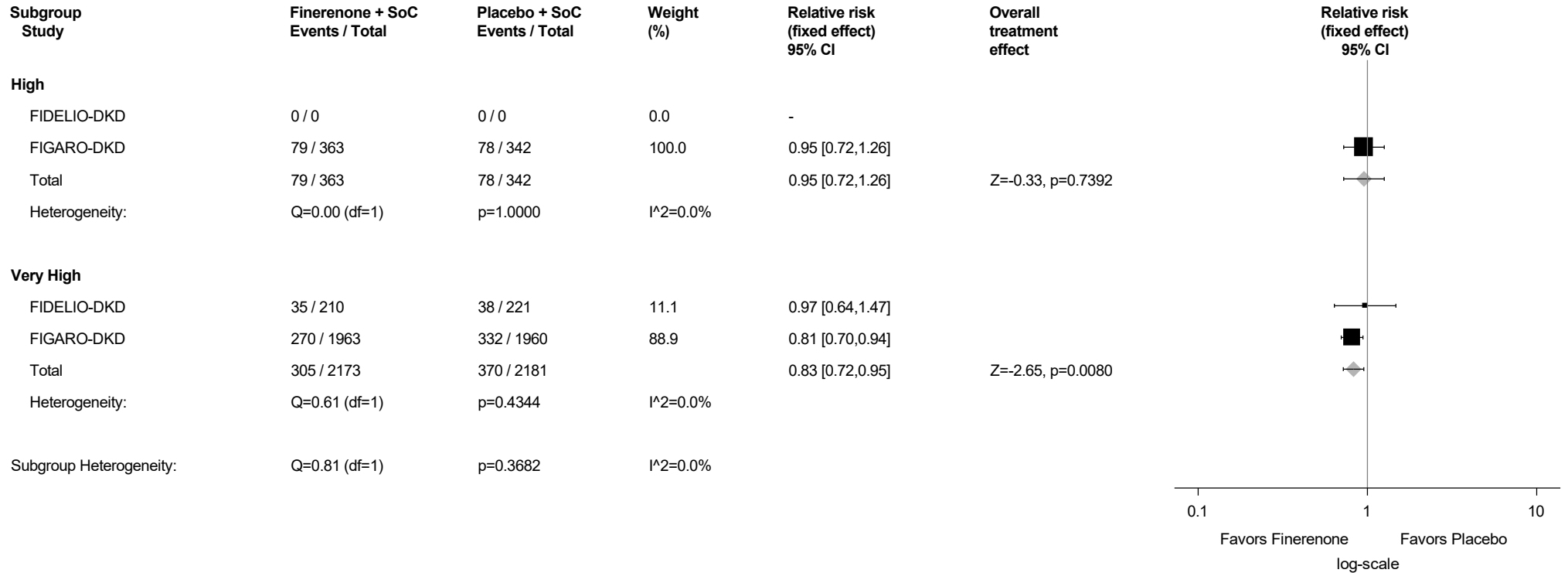
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.5.8: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



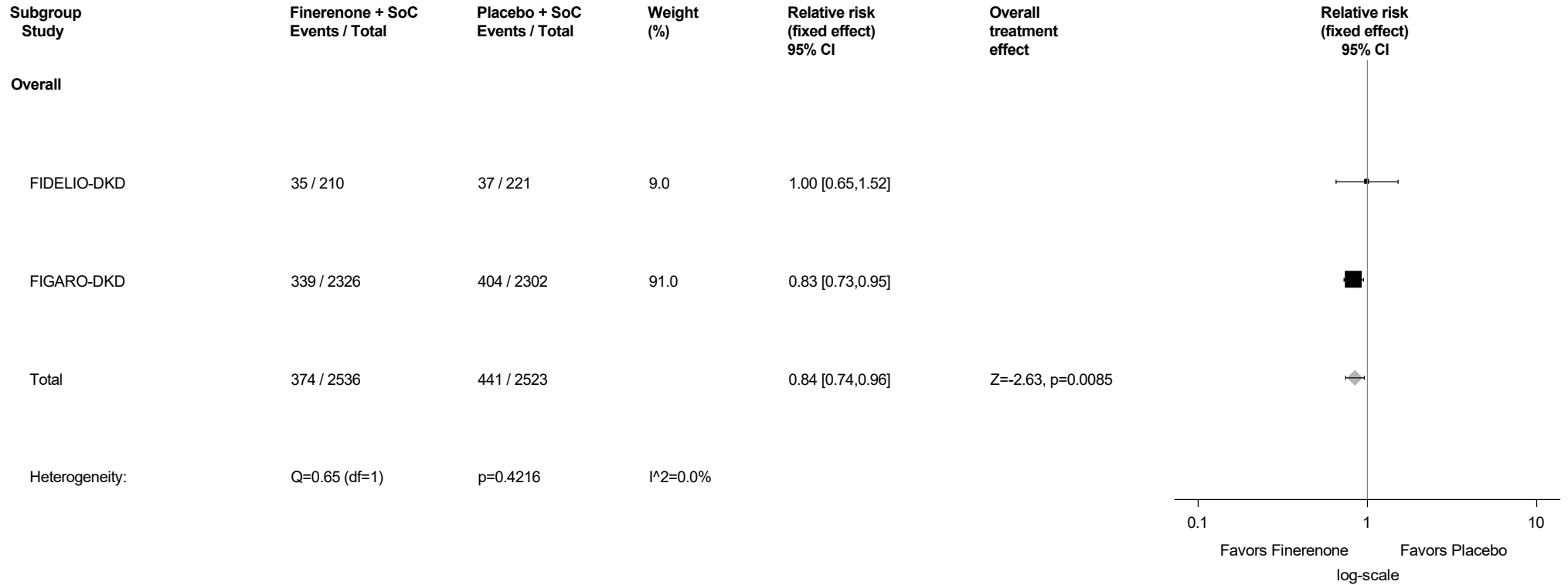
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.6: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



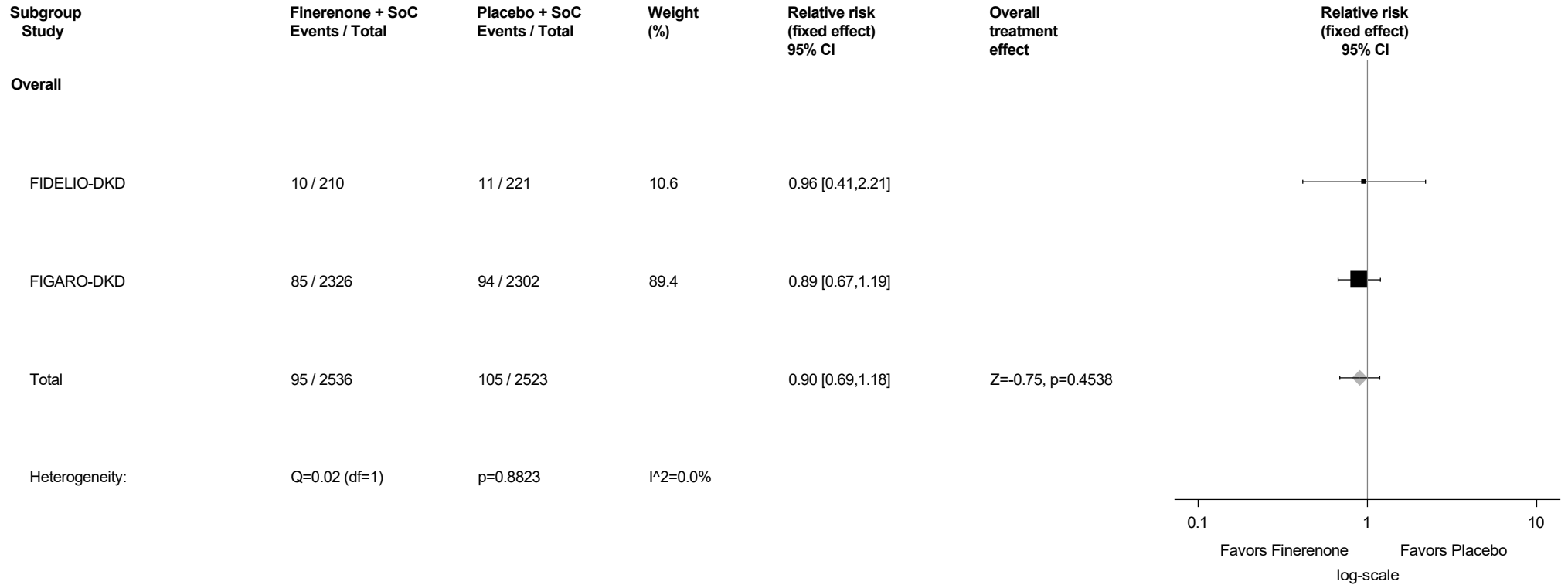
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.7: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



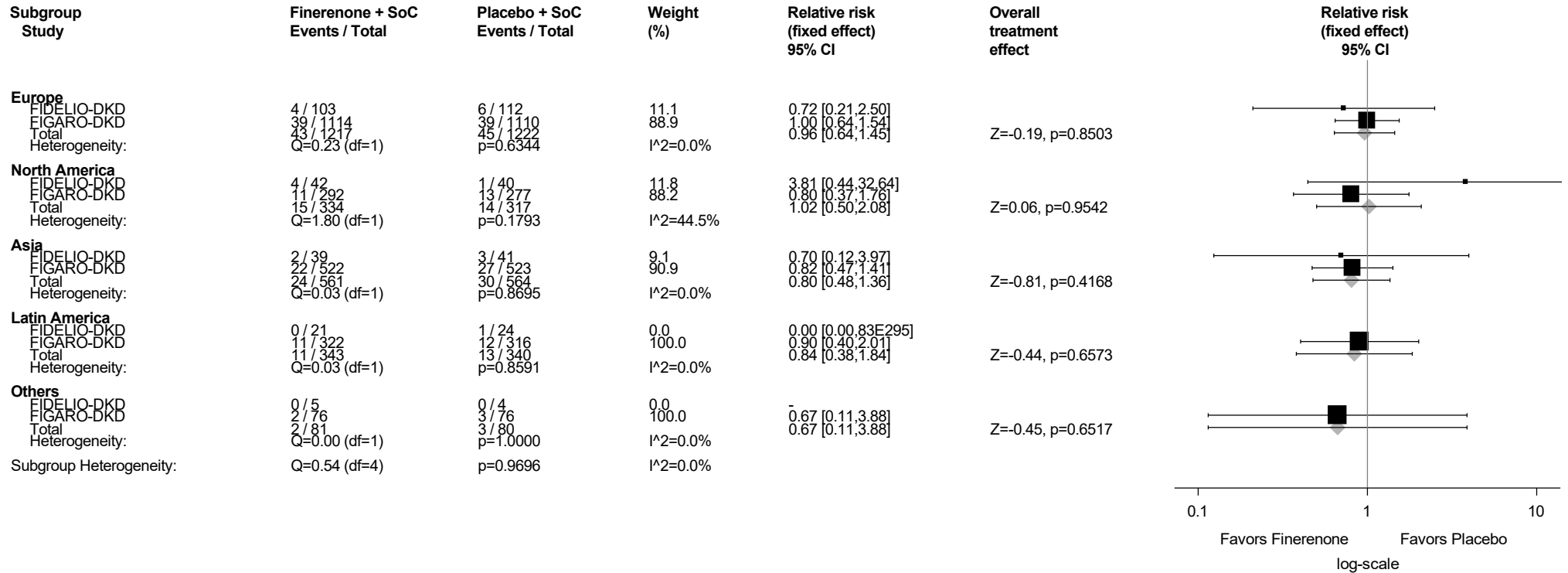
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.7.1: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



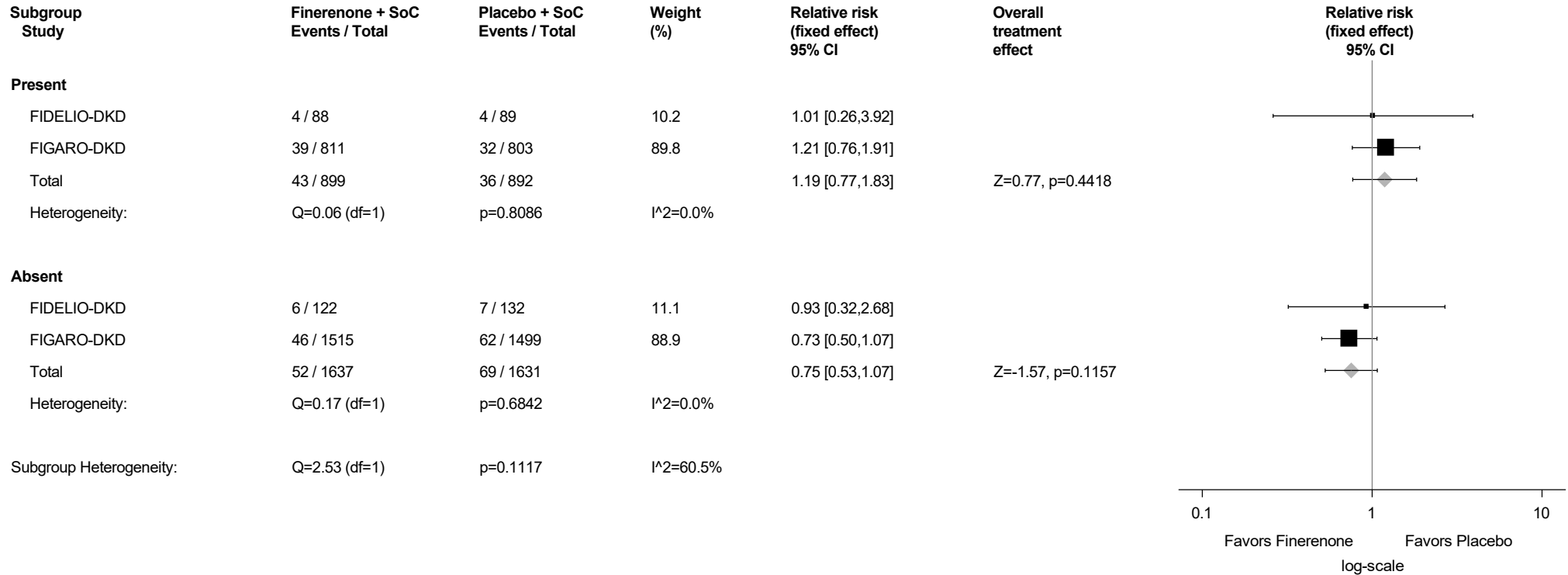
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.7.2: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



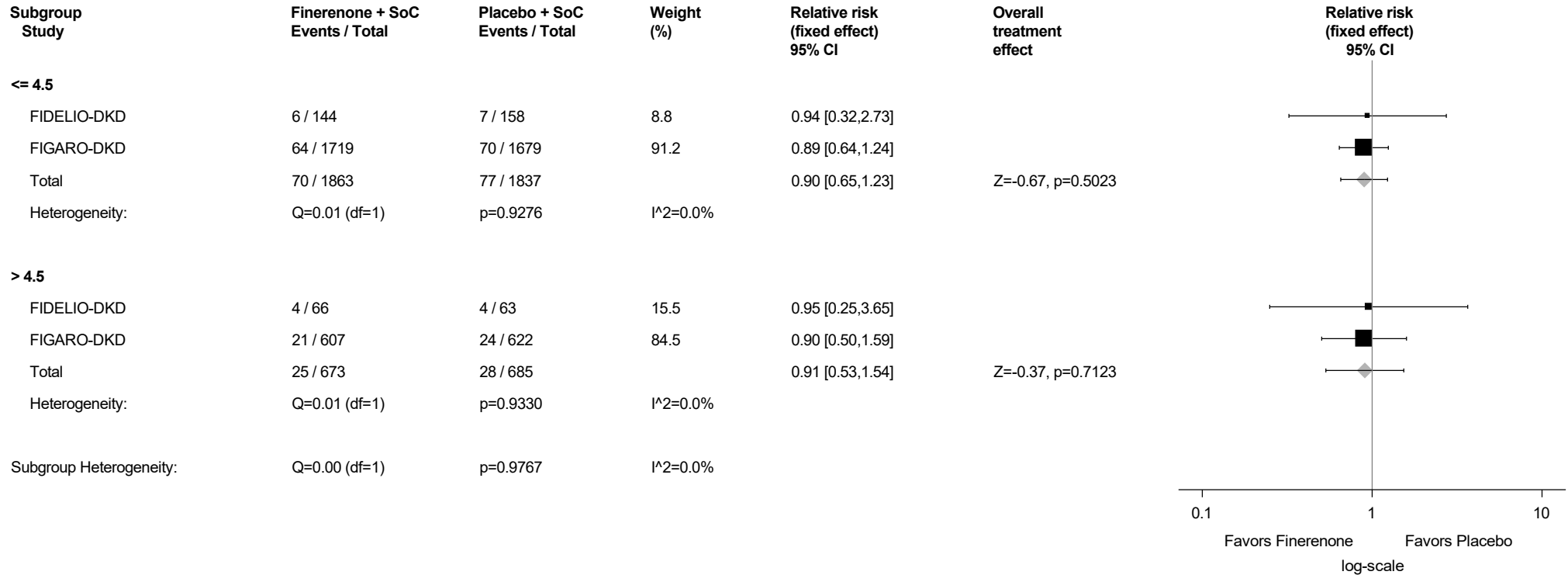
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.7.3: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



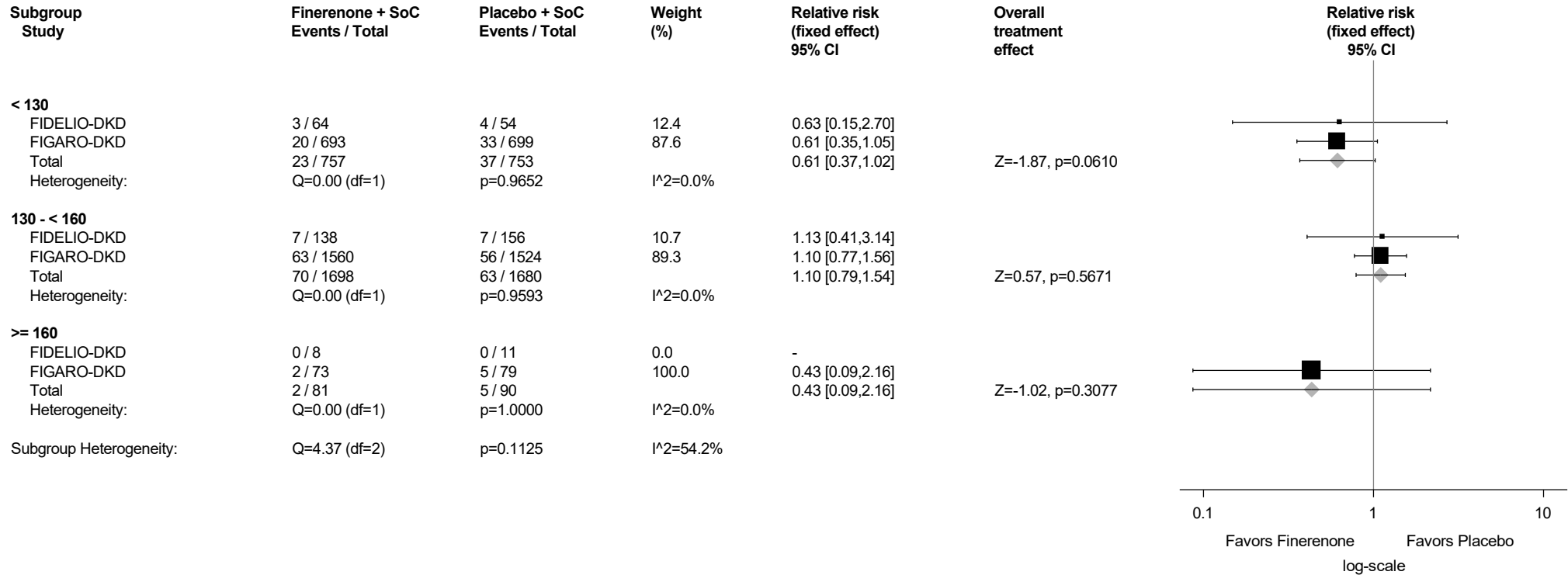
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.7.4: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



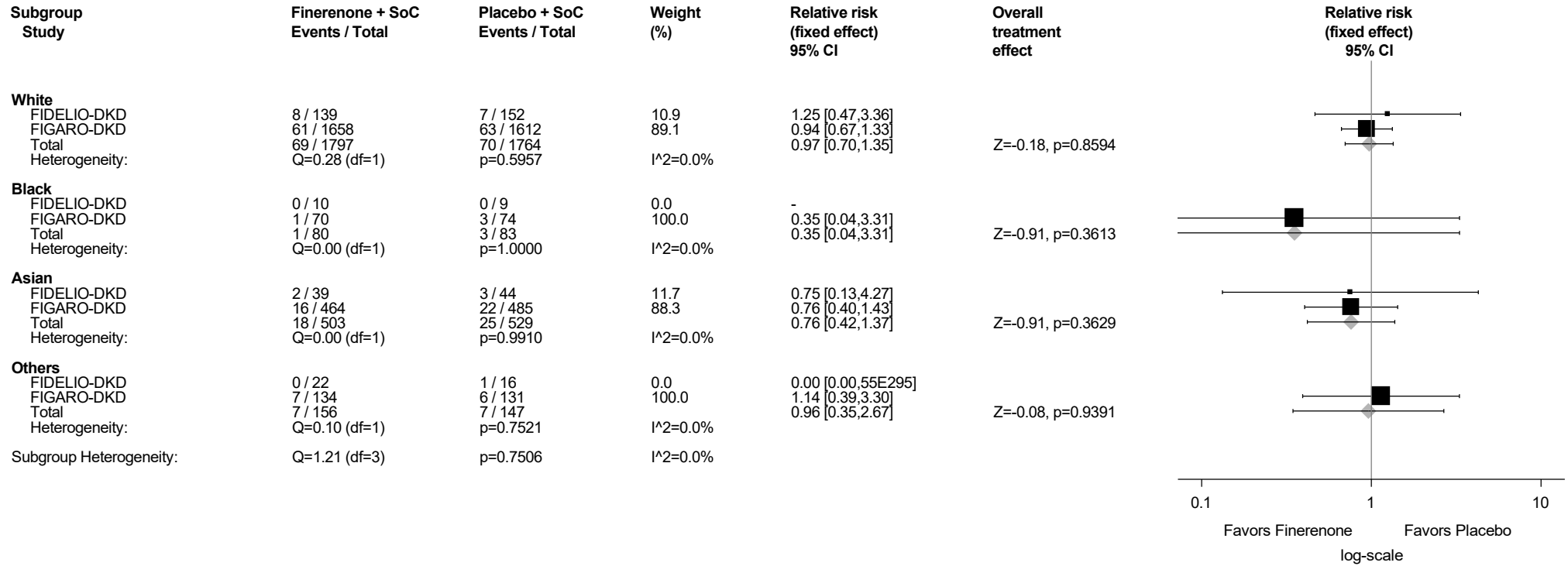
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.7.5: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

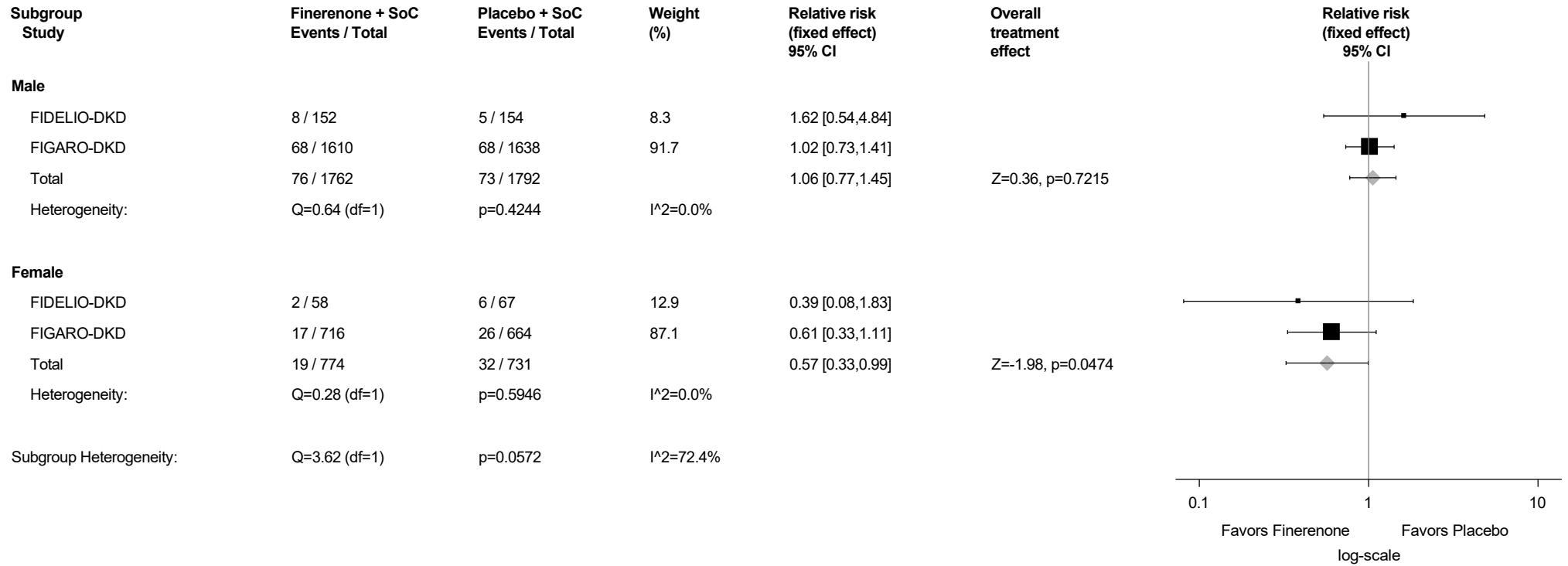


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.7.6: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

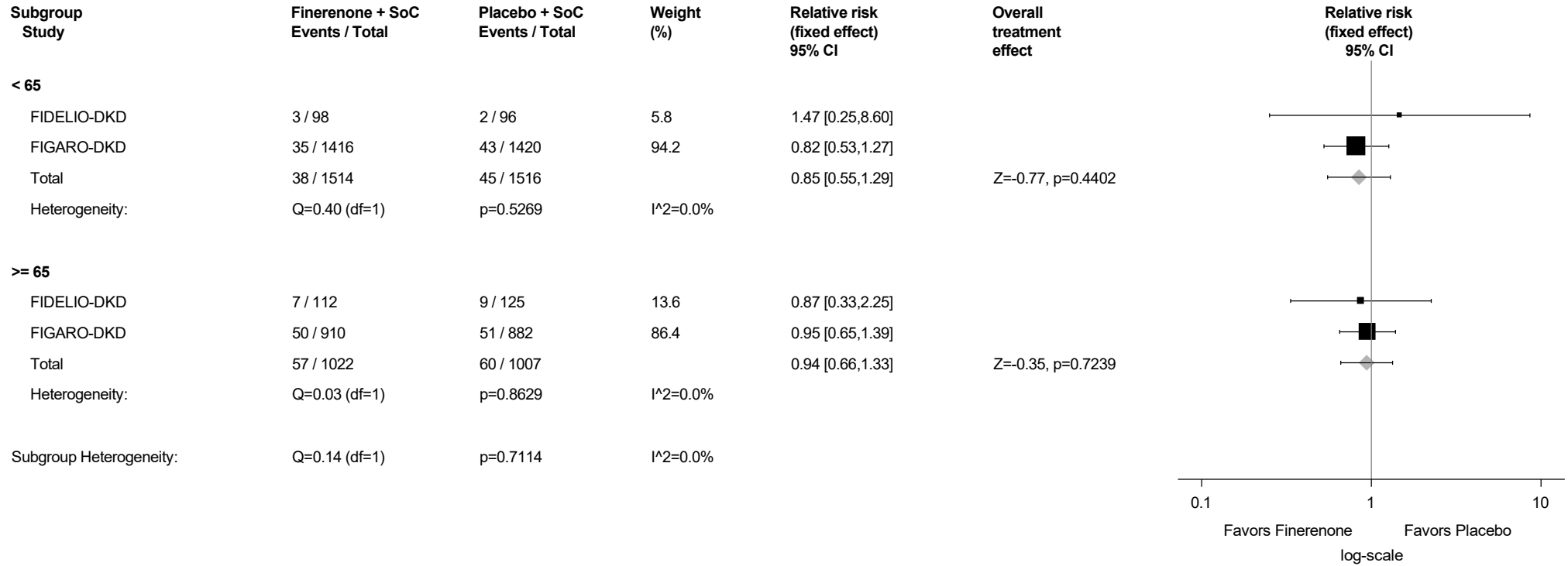
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.7.7: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



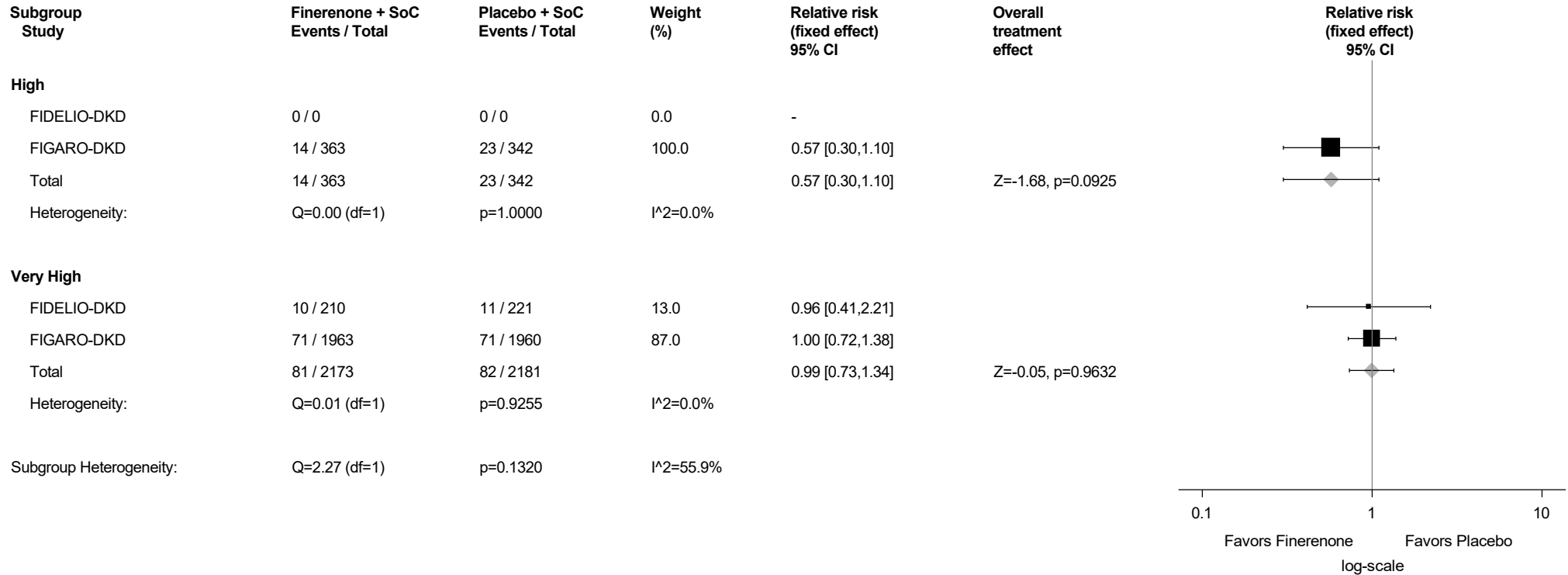
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.7.8: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



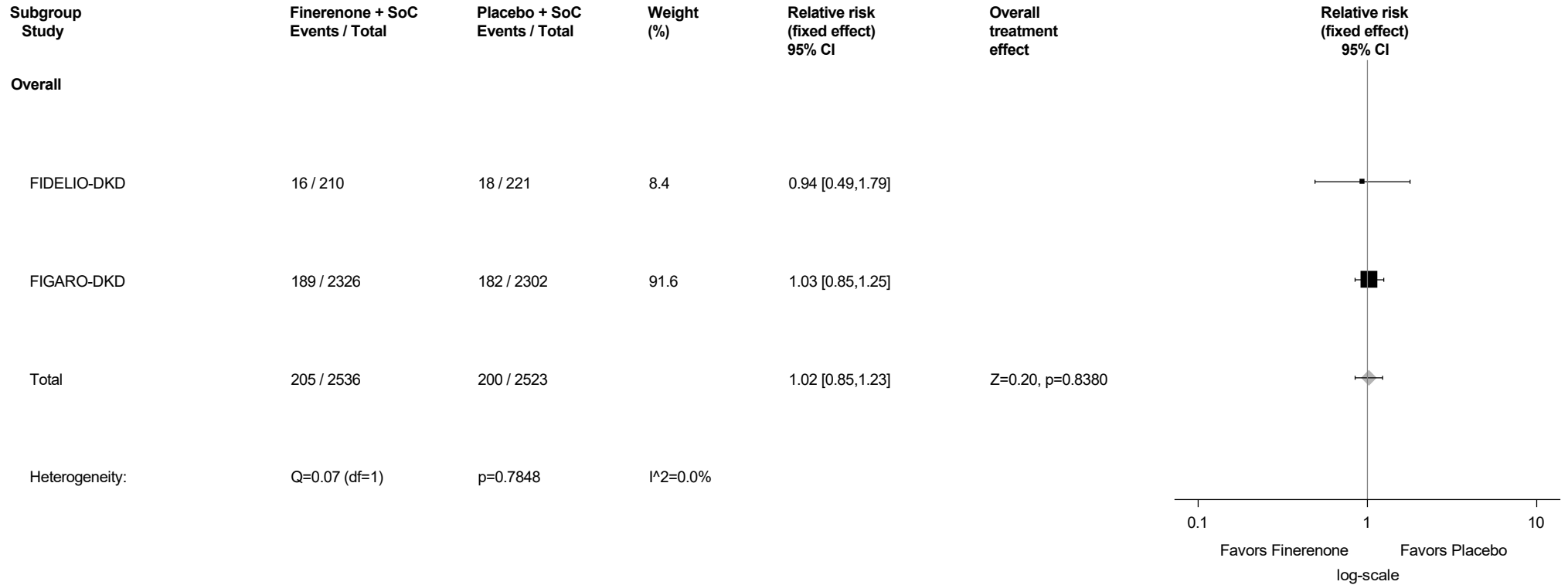
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



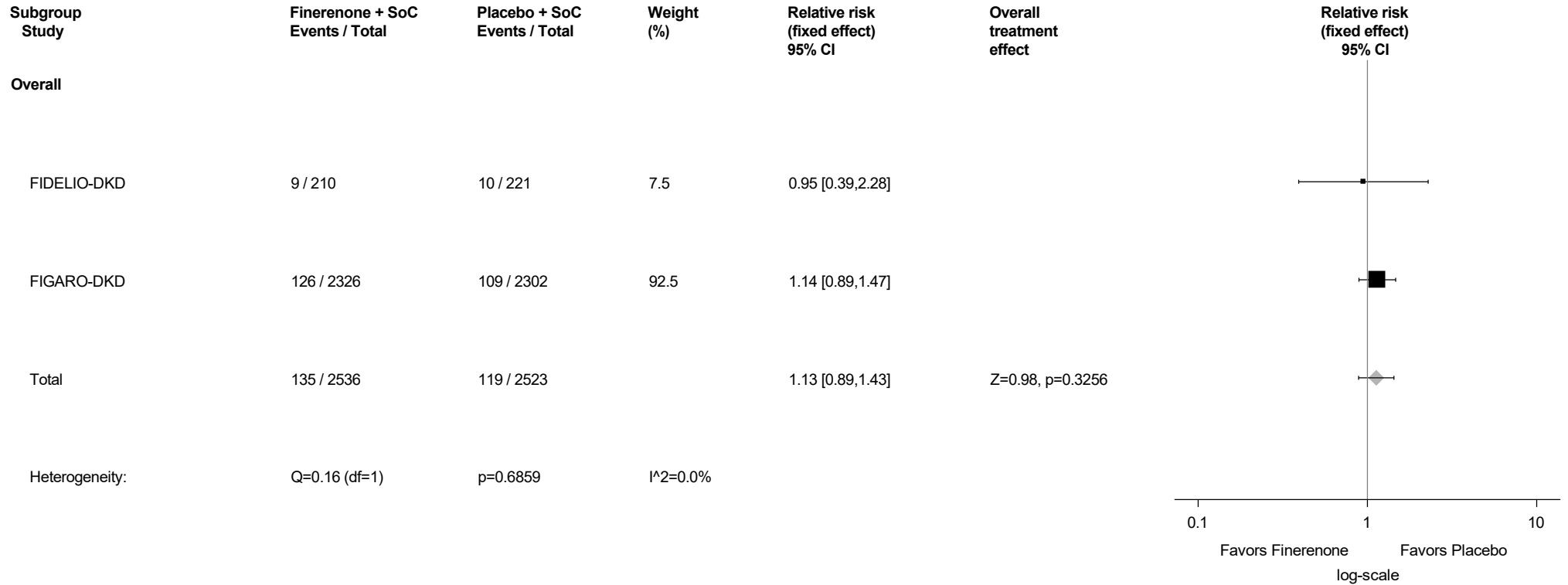
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



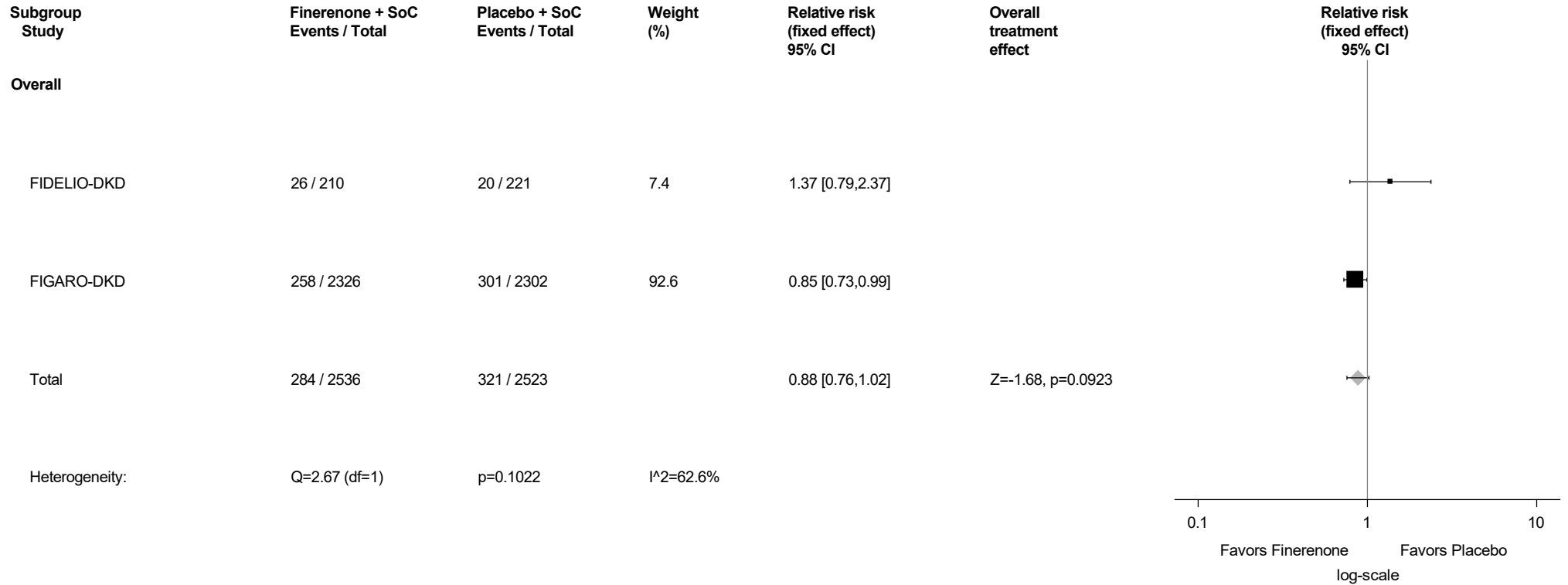
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.10: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



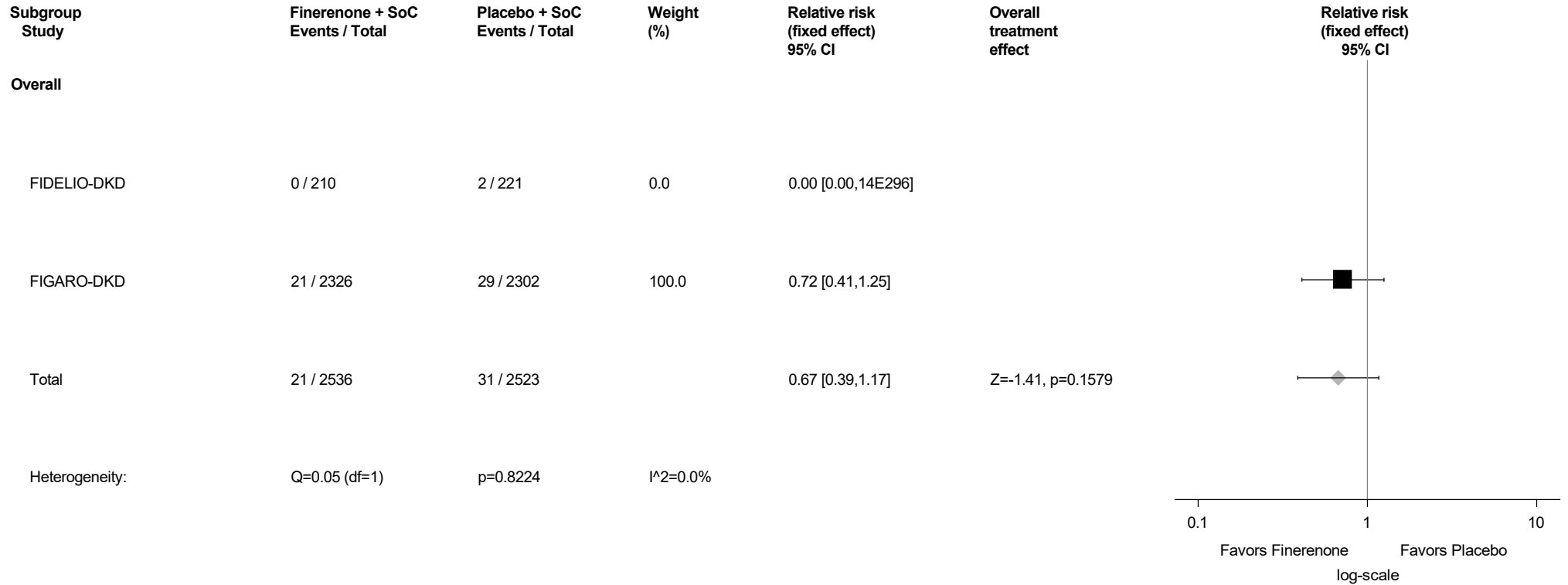
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.11: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



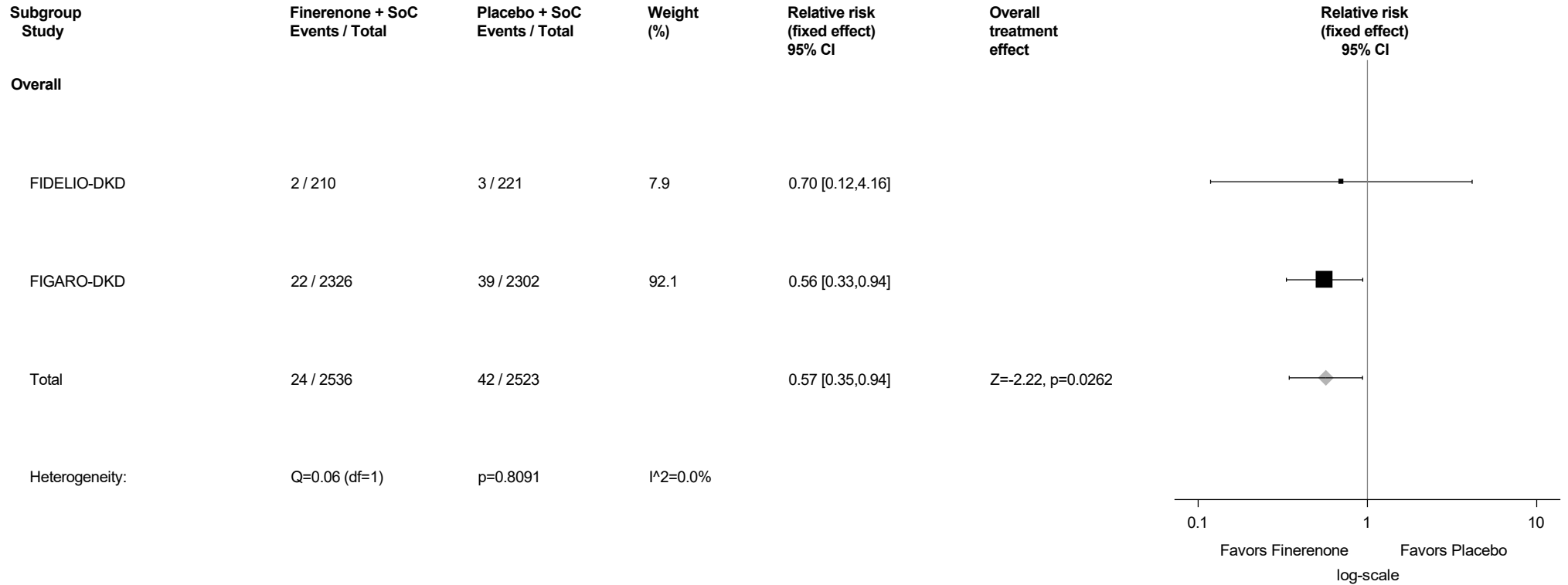
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

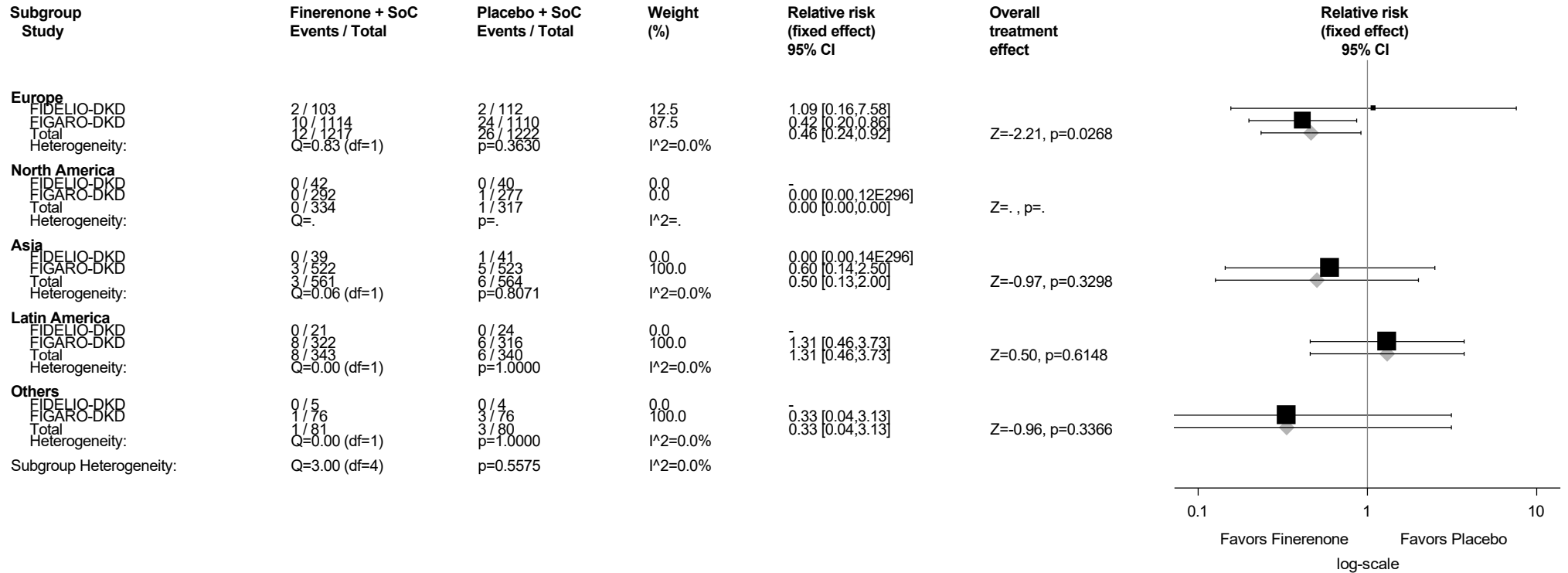
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.12: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.12.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



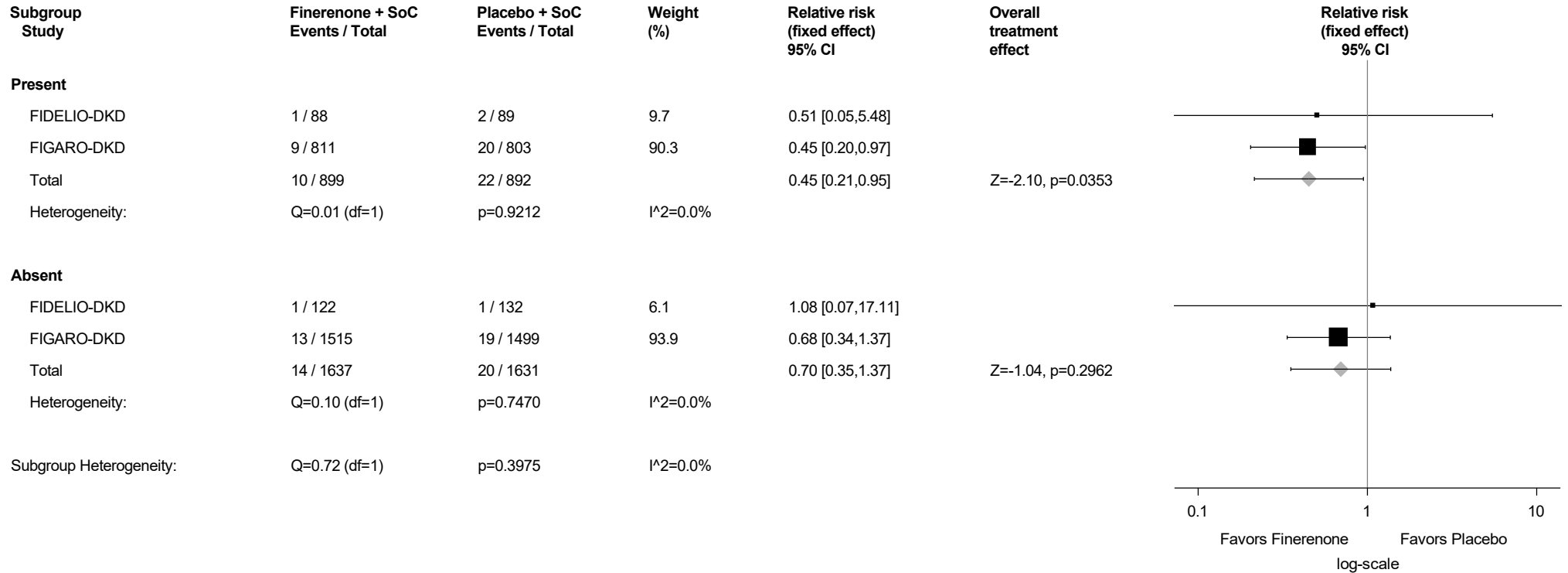
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.12.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



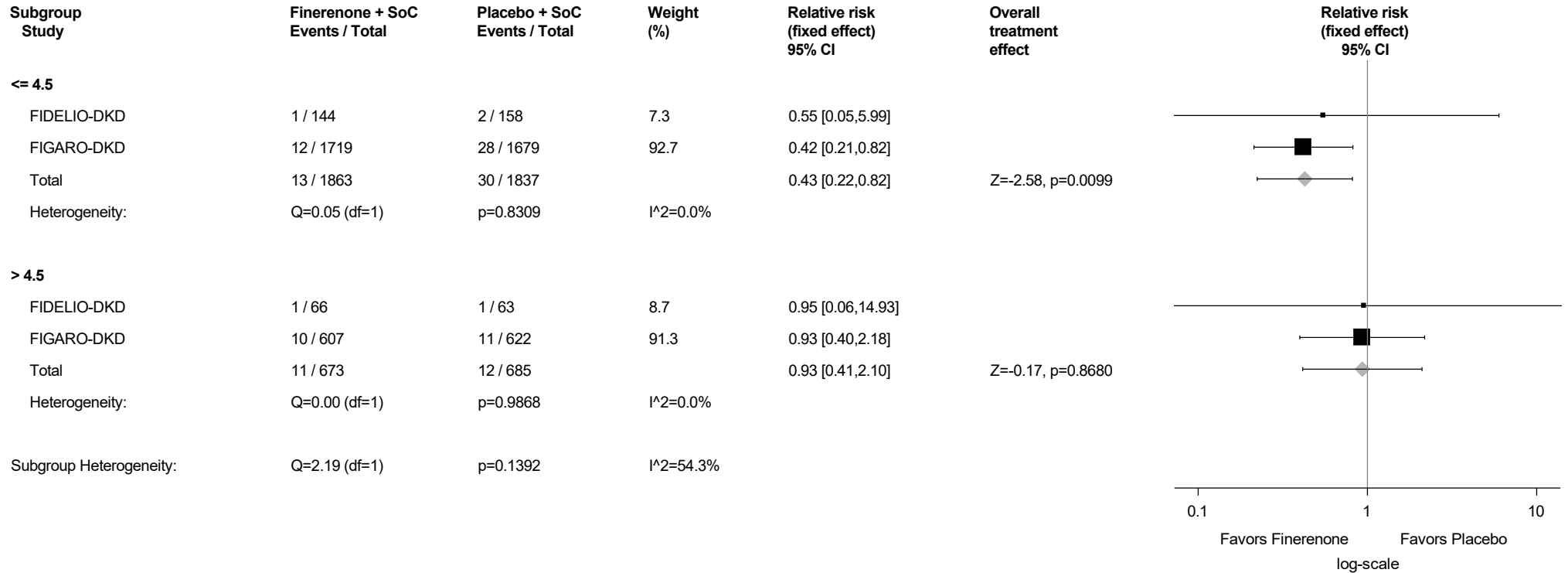
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.12.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

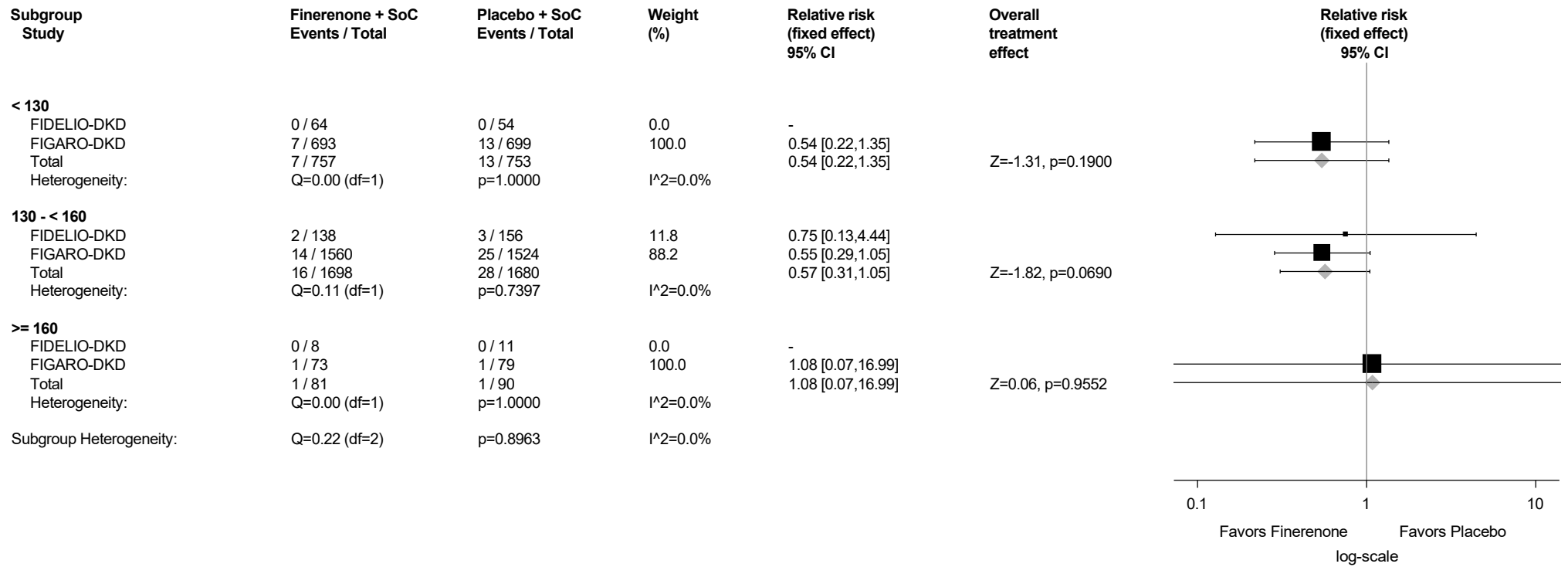
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.12.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



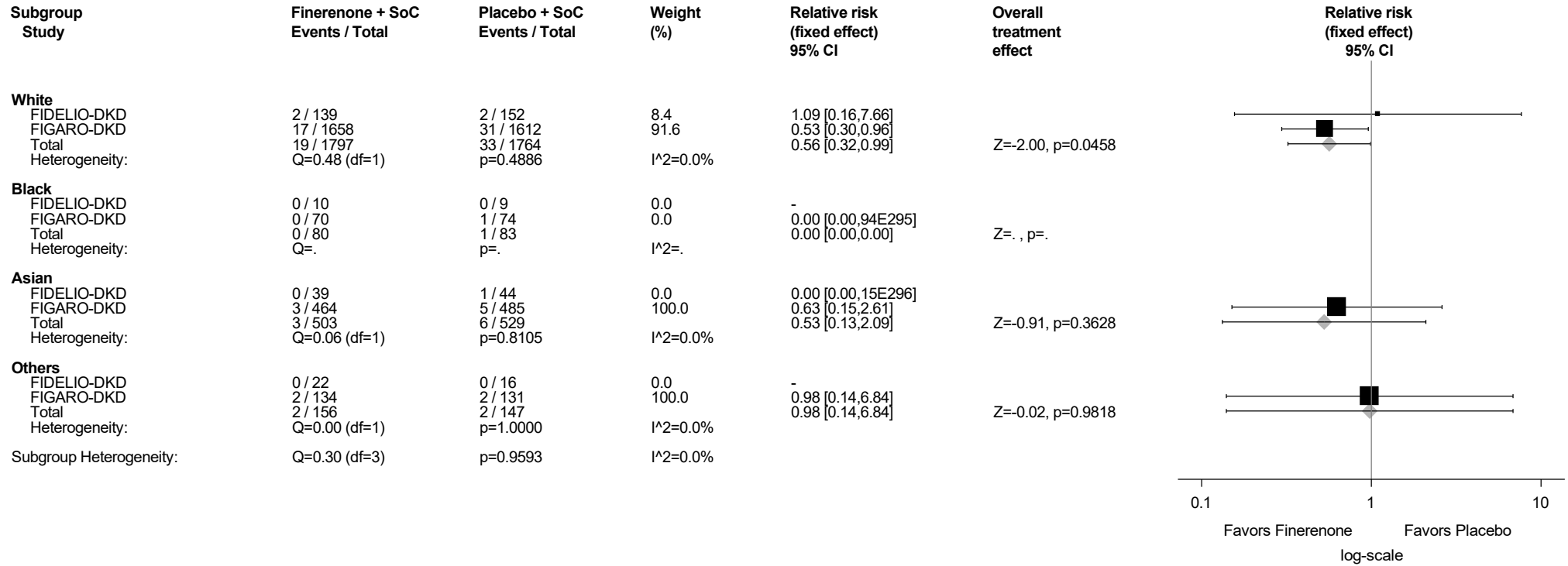
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.12.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



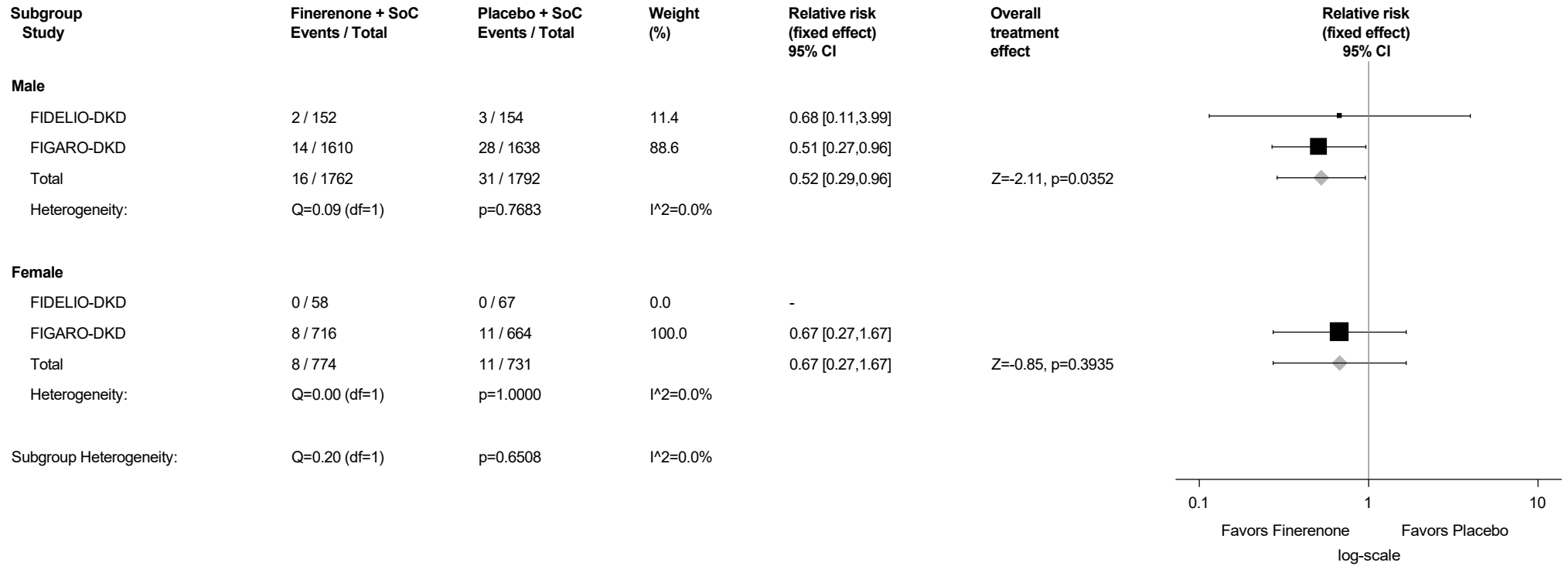
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.12.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²



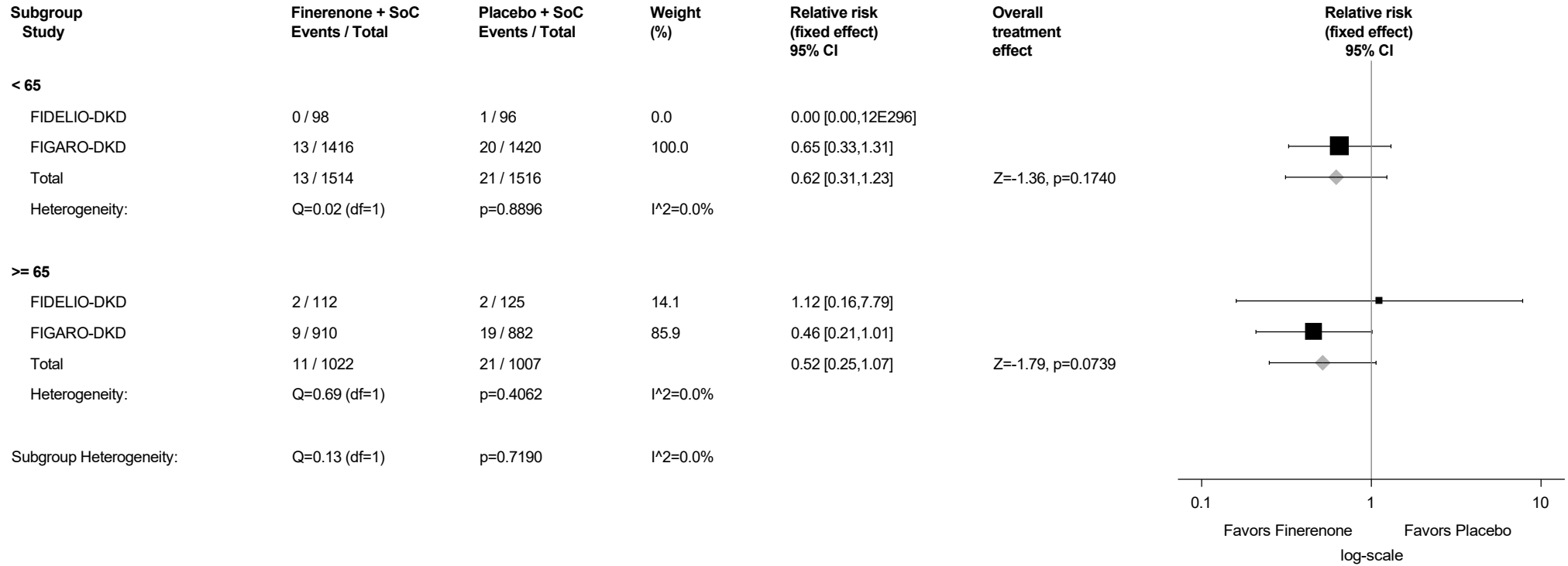
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.12.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



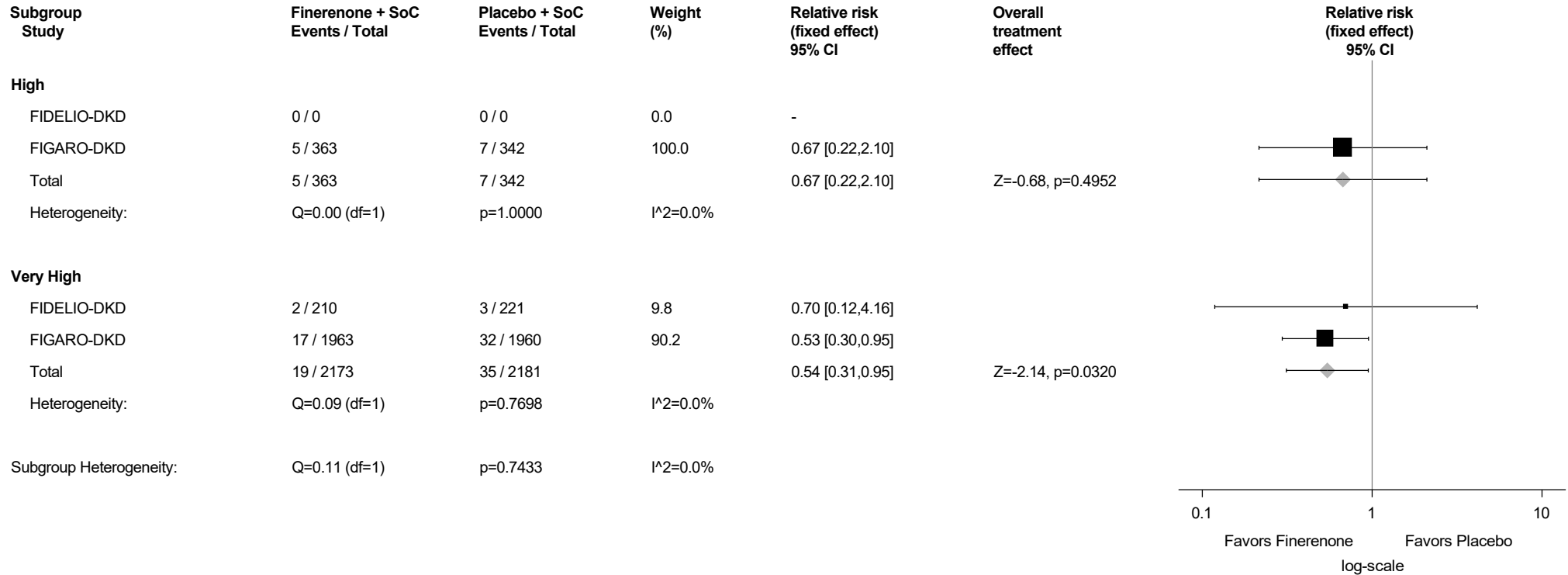
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.12.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



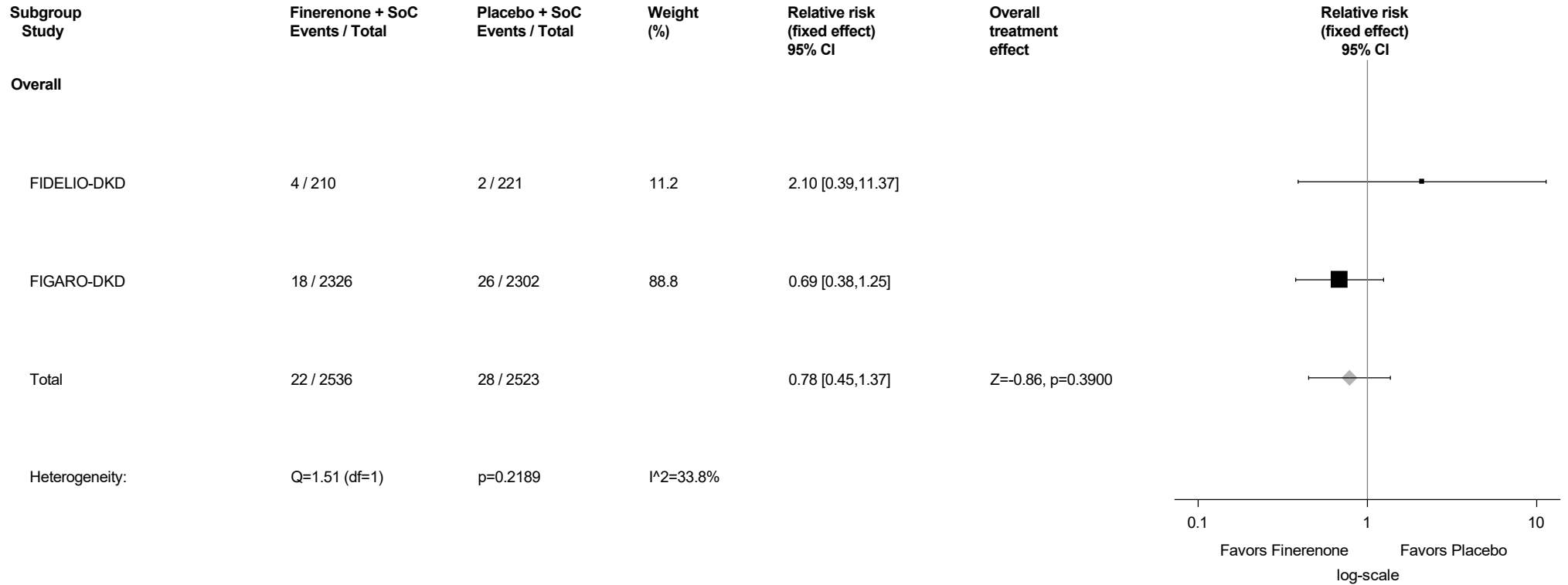
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.13: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



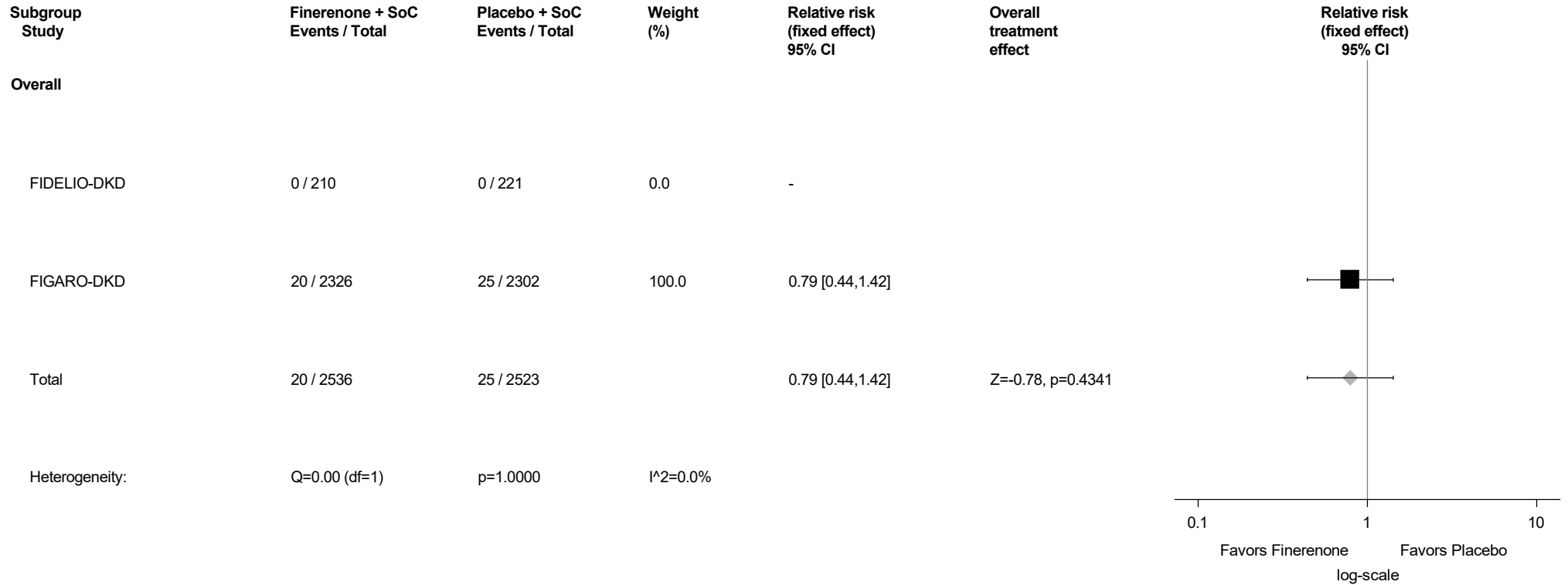
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.14: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



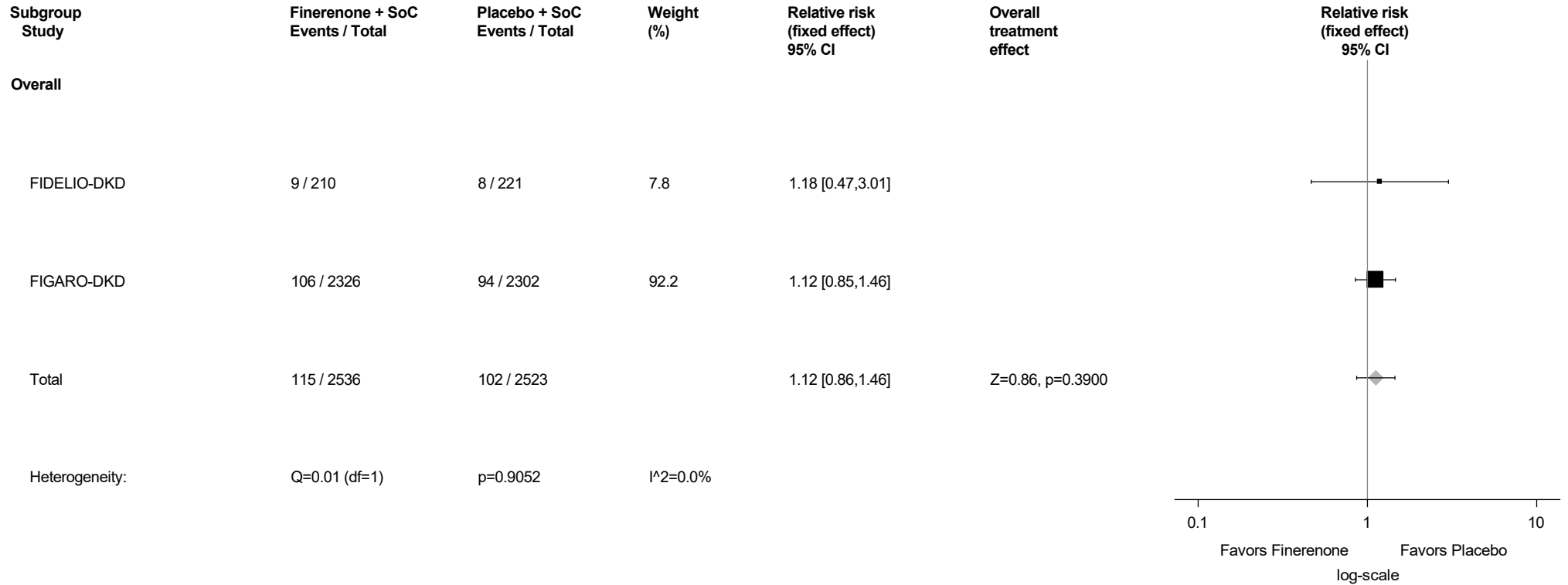
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.15: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



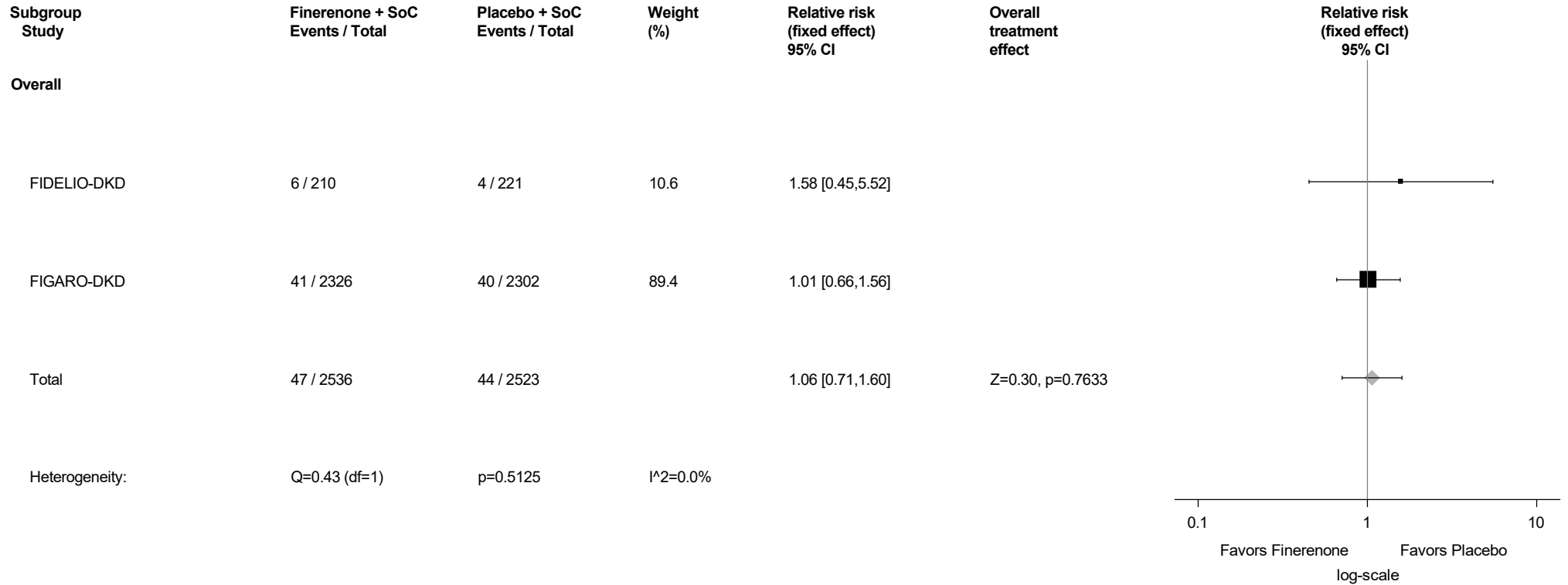
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.16: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



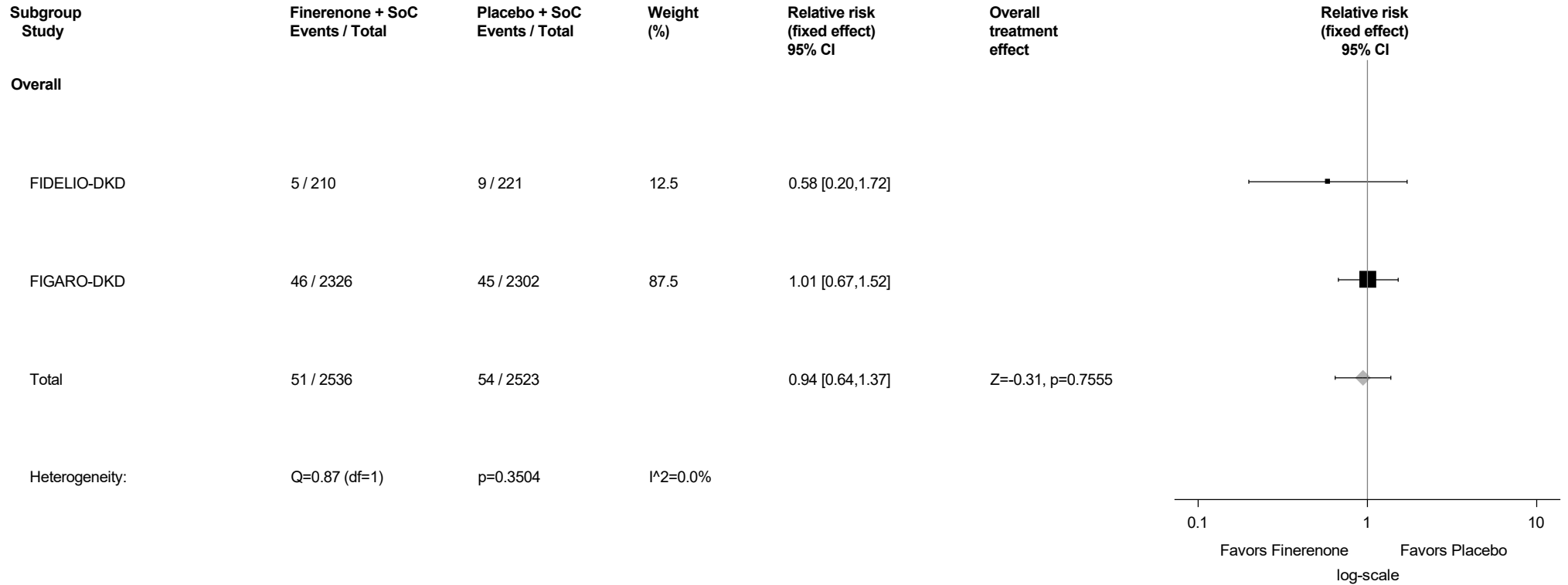
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.17: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



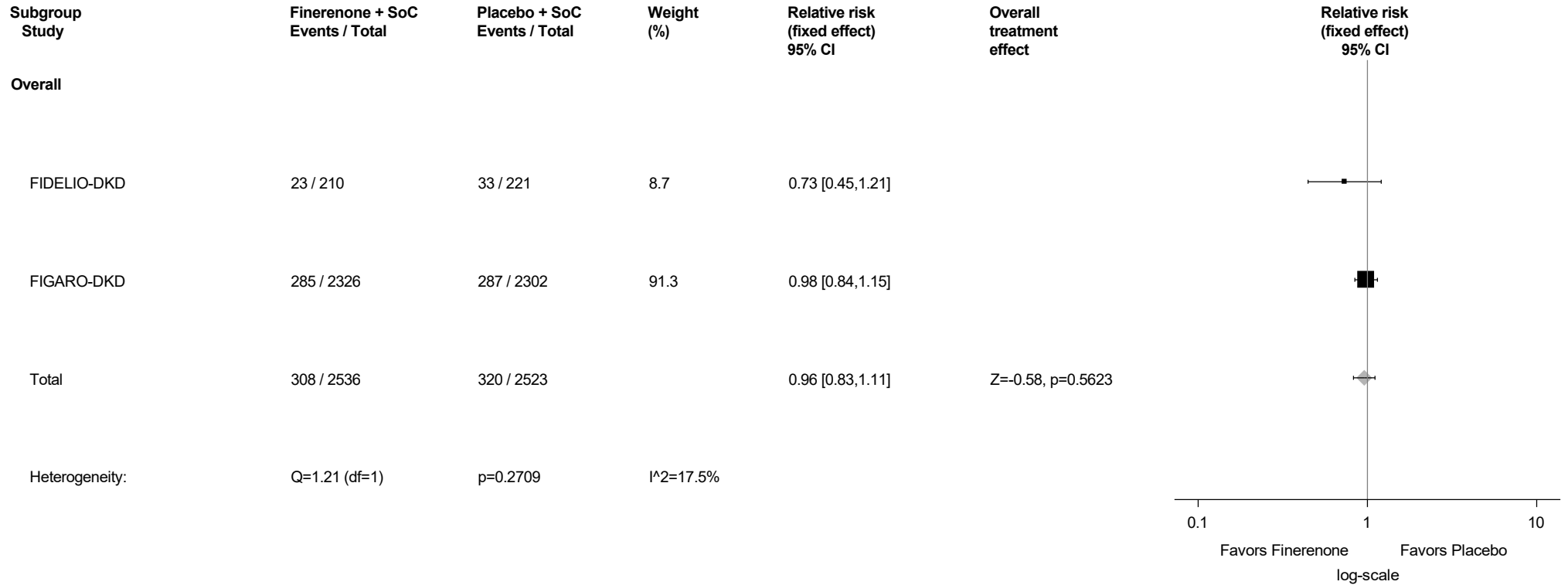
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.18: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



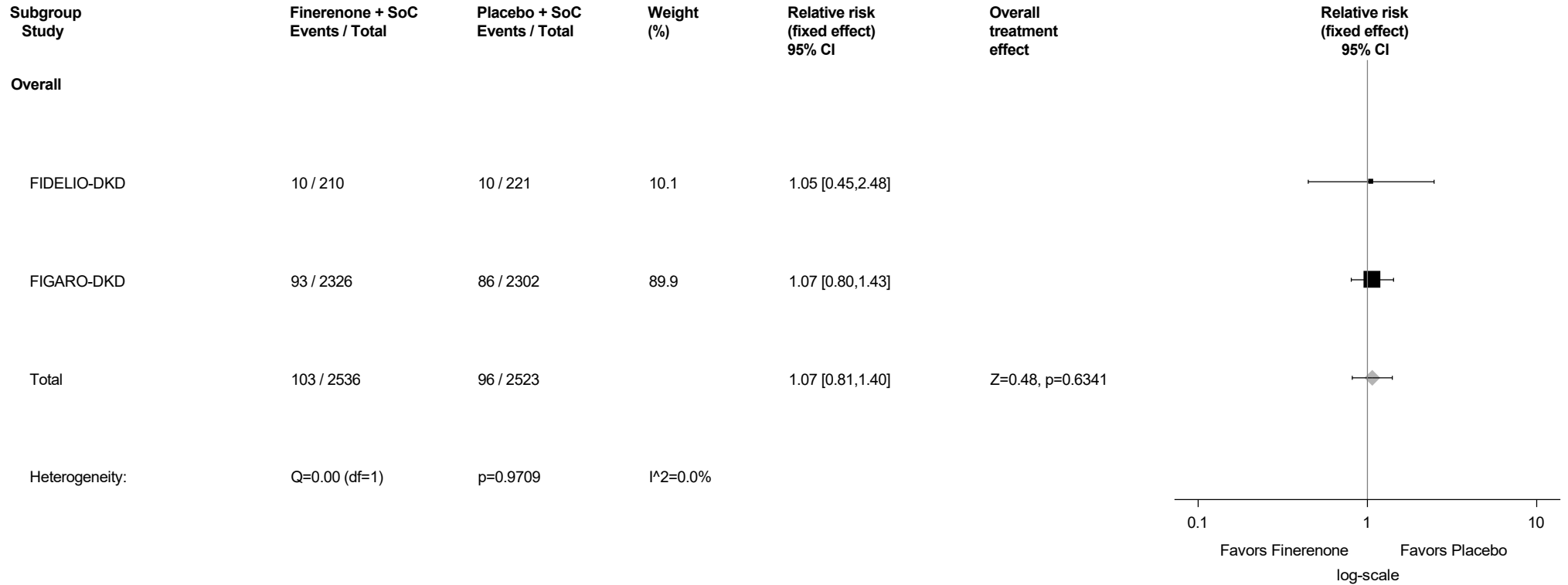
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.19: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



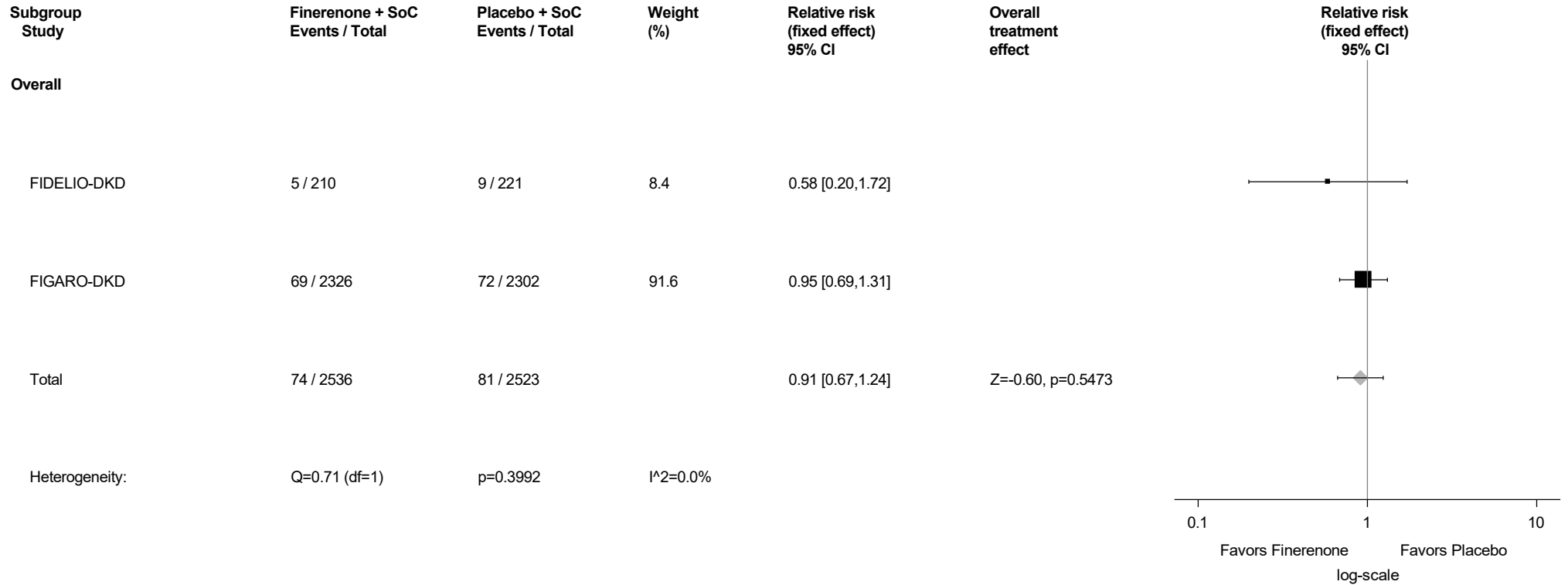
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.20: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



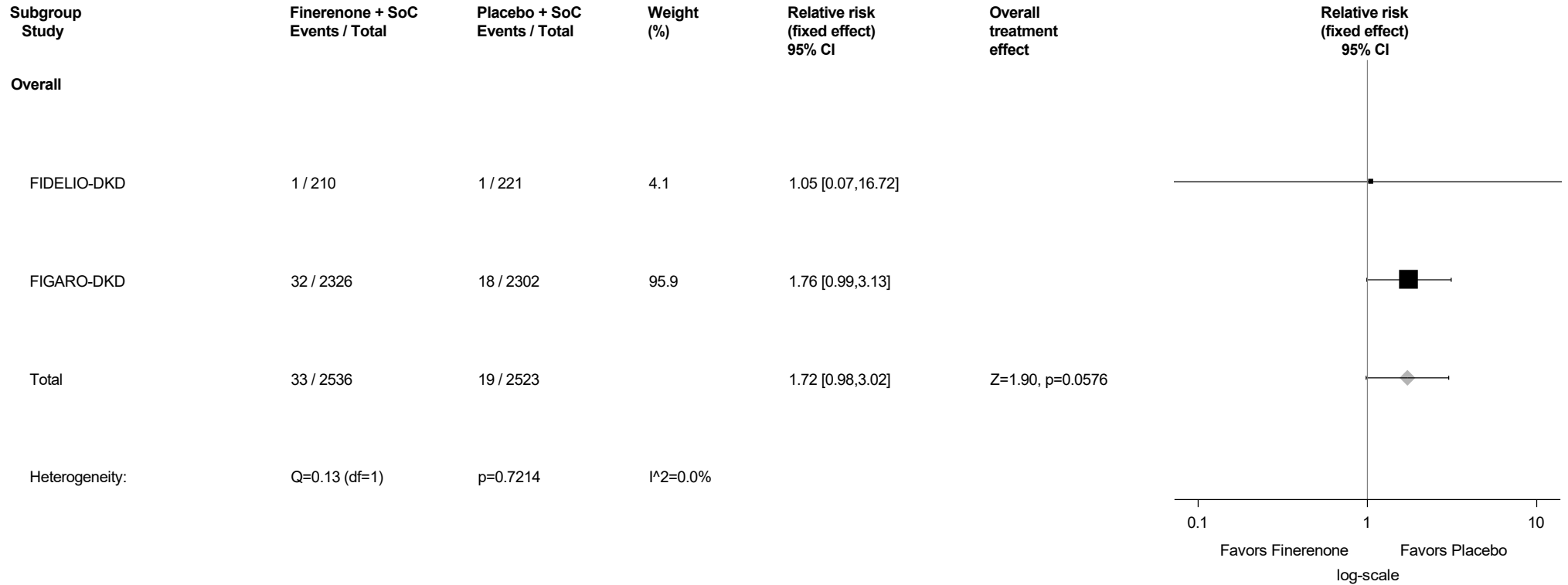
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.21: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



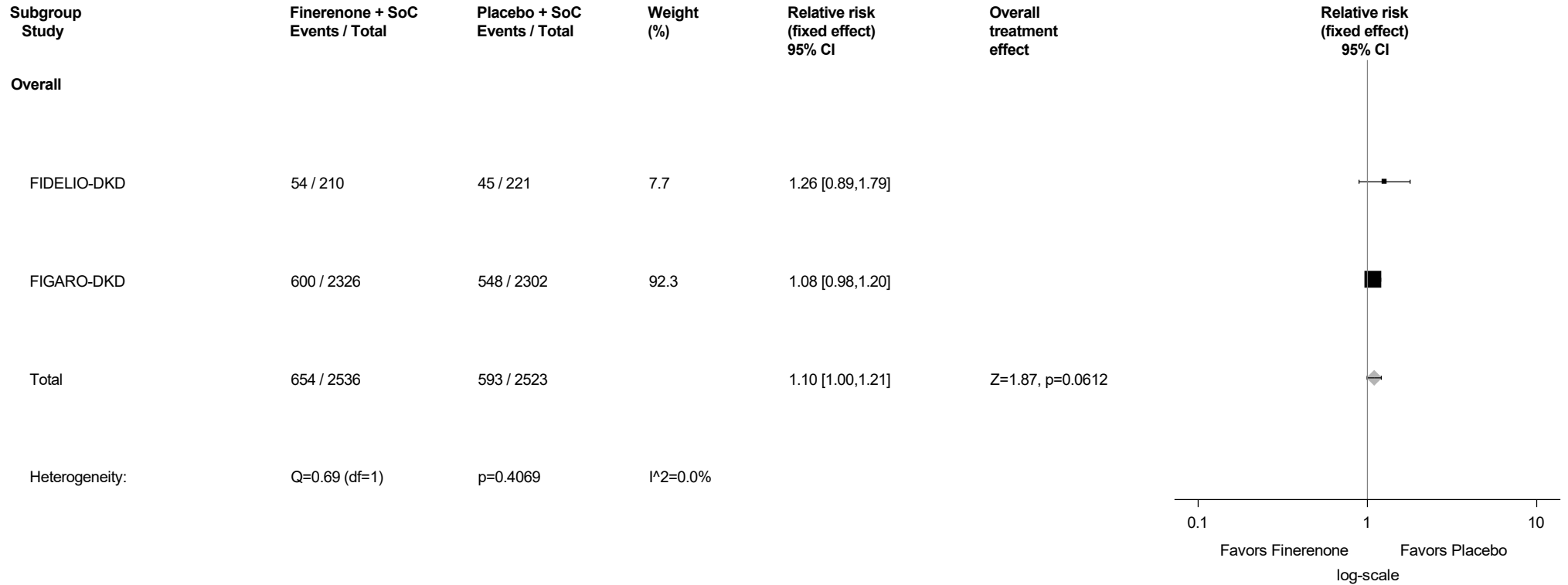
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

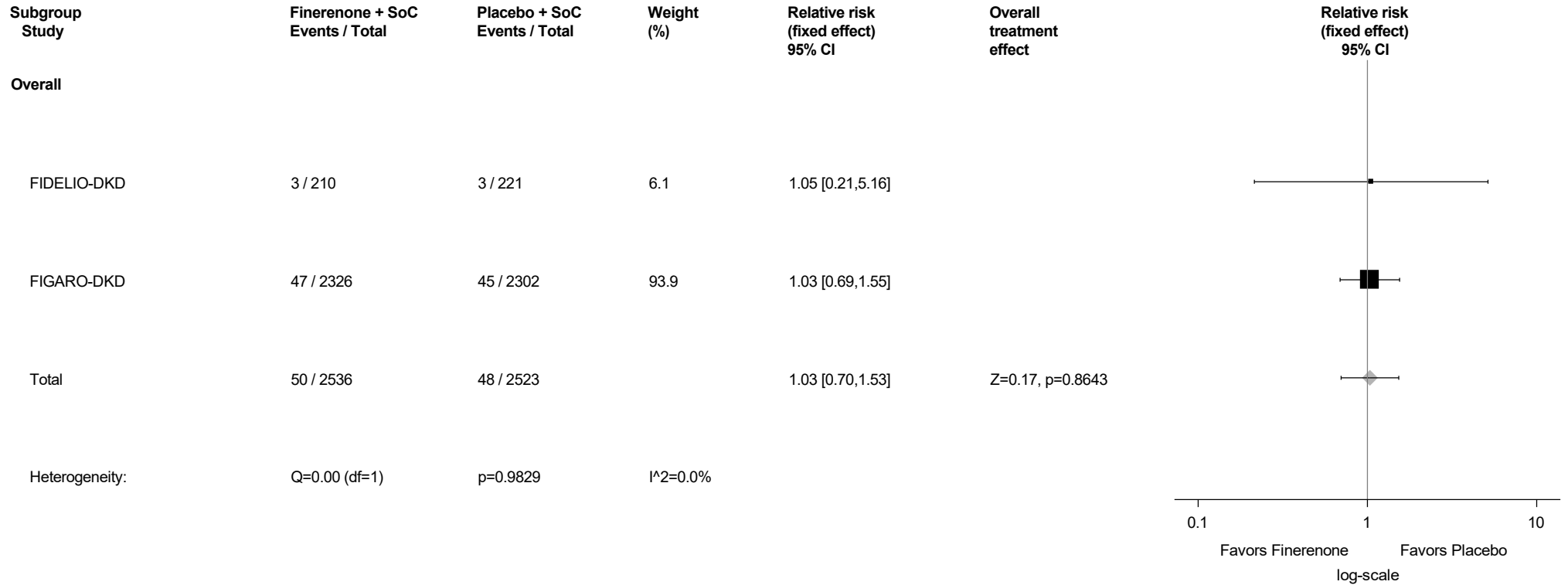
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.22: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.23: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



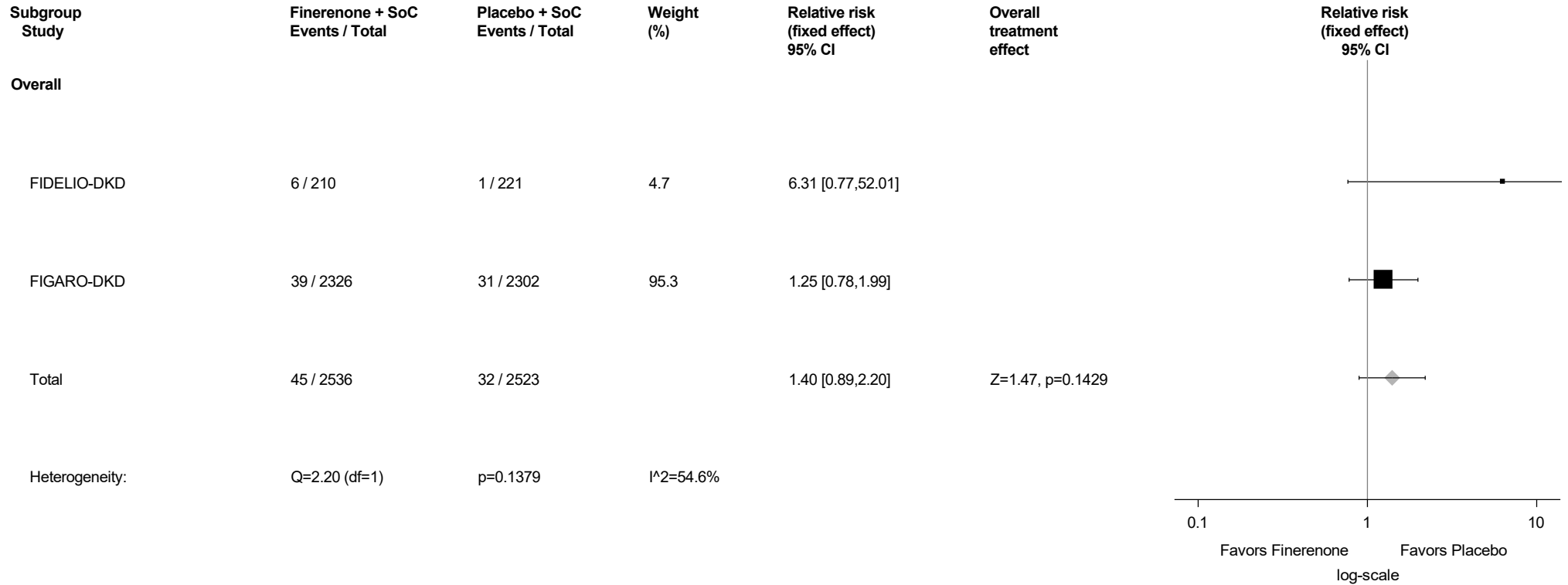
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.24: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



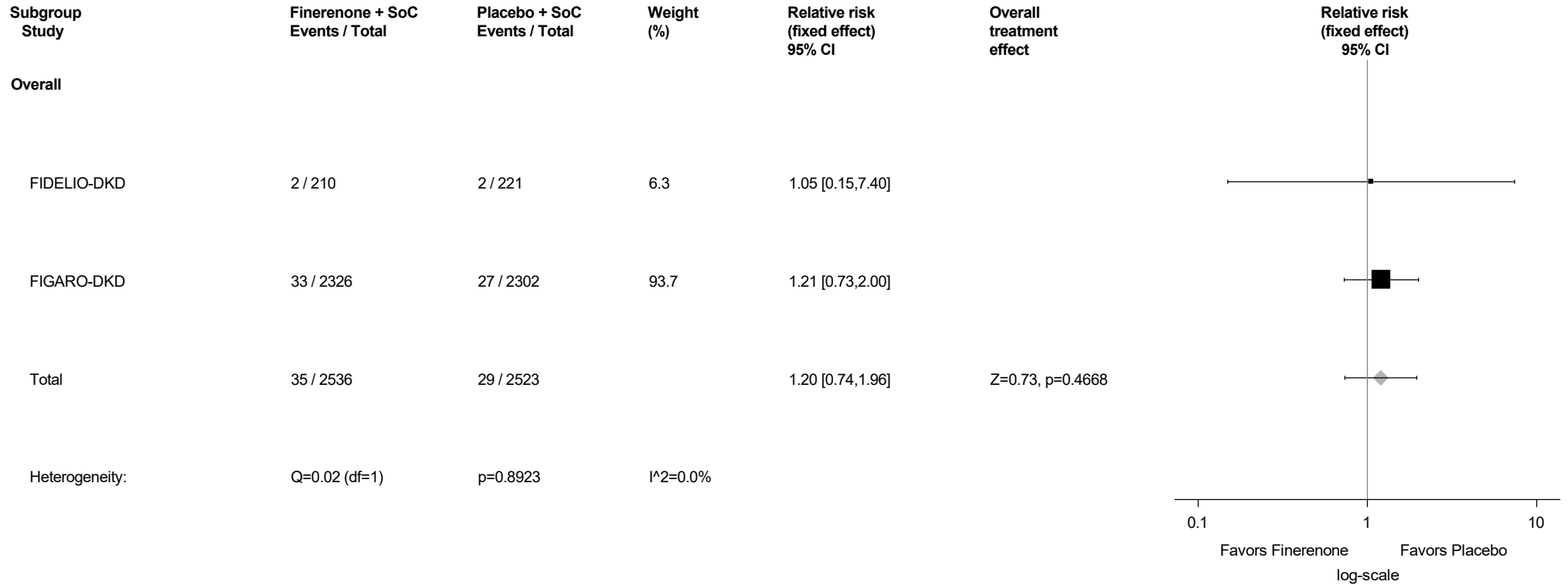
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.25: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



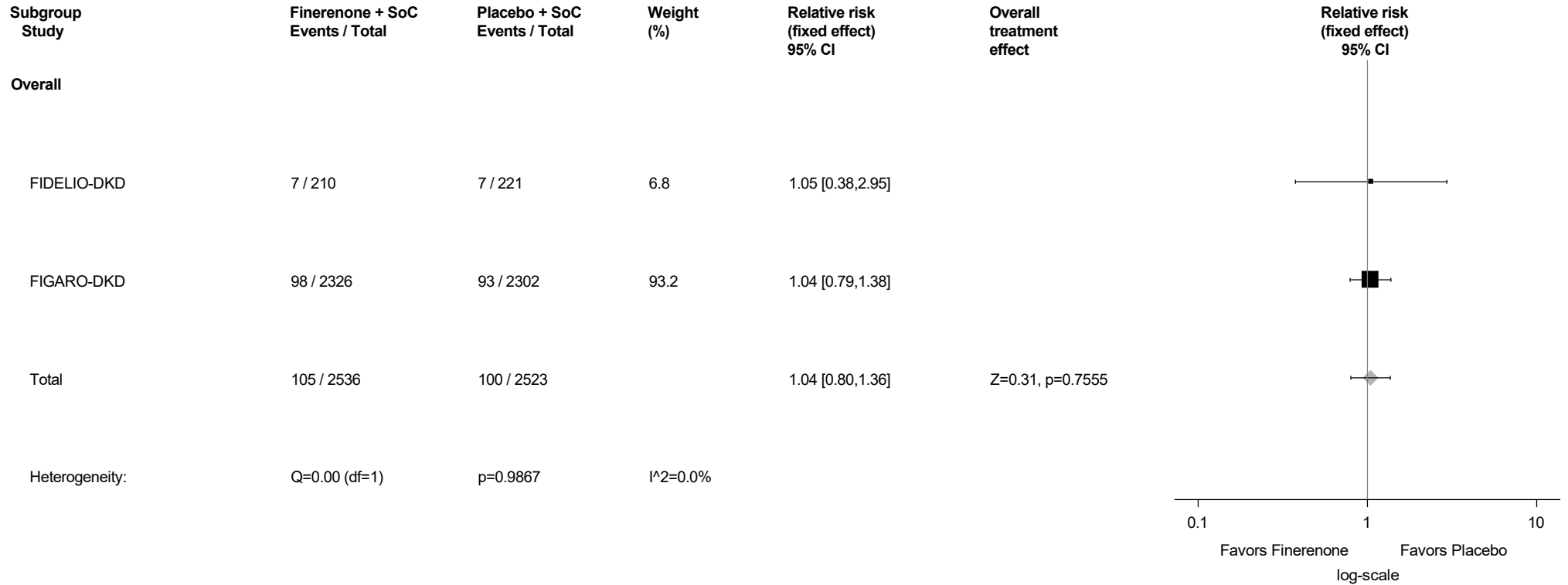
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.26: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



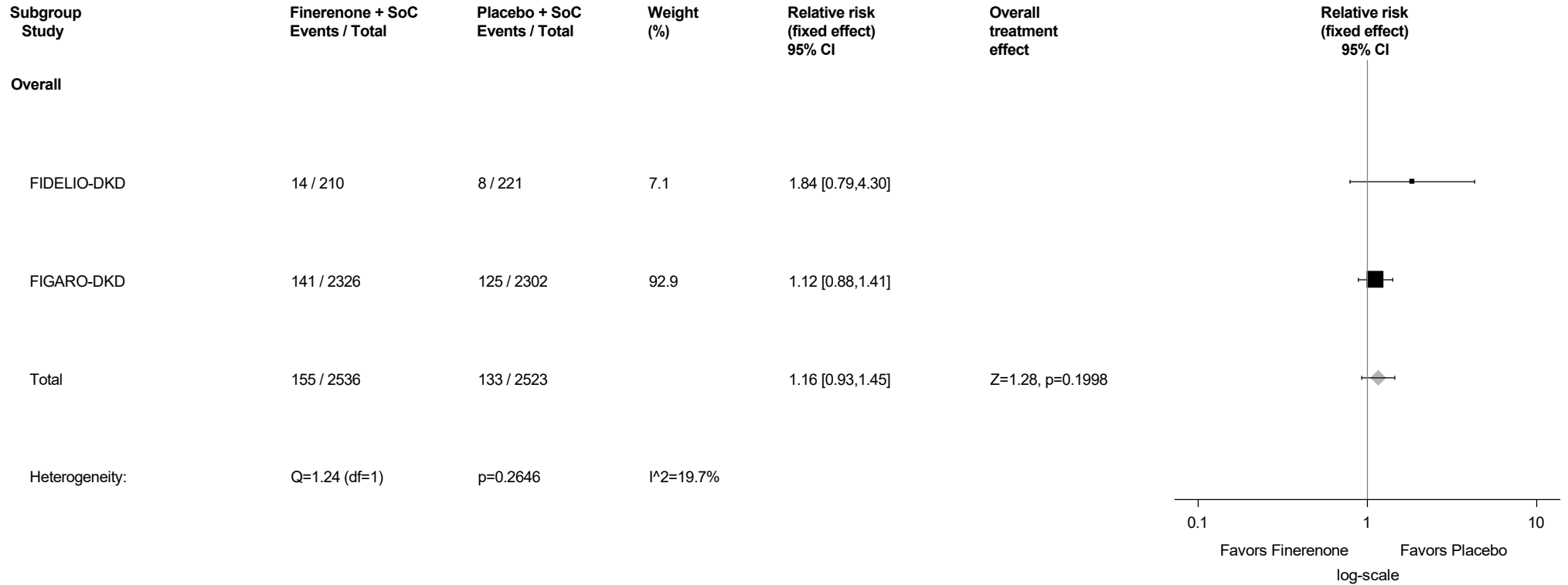
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.27: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



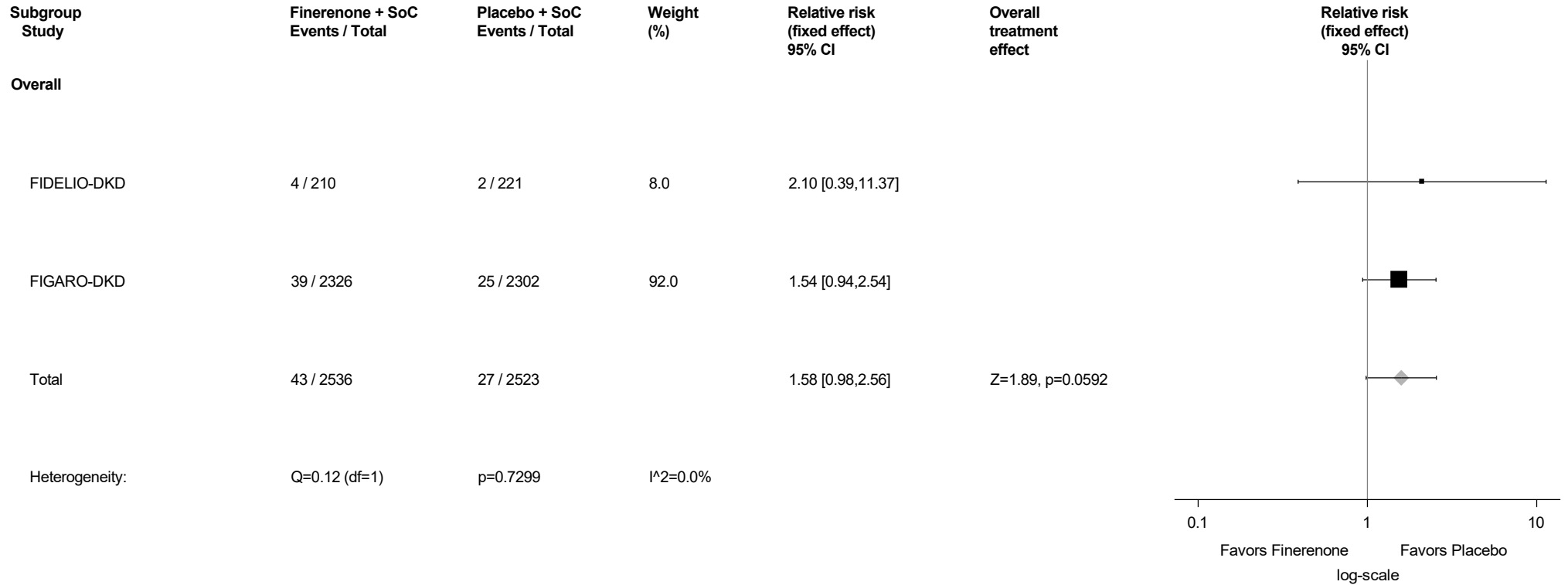
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.28: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



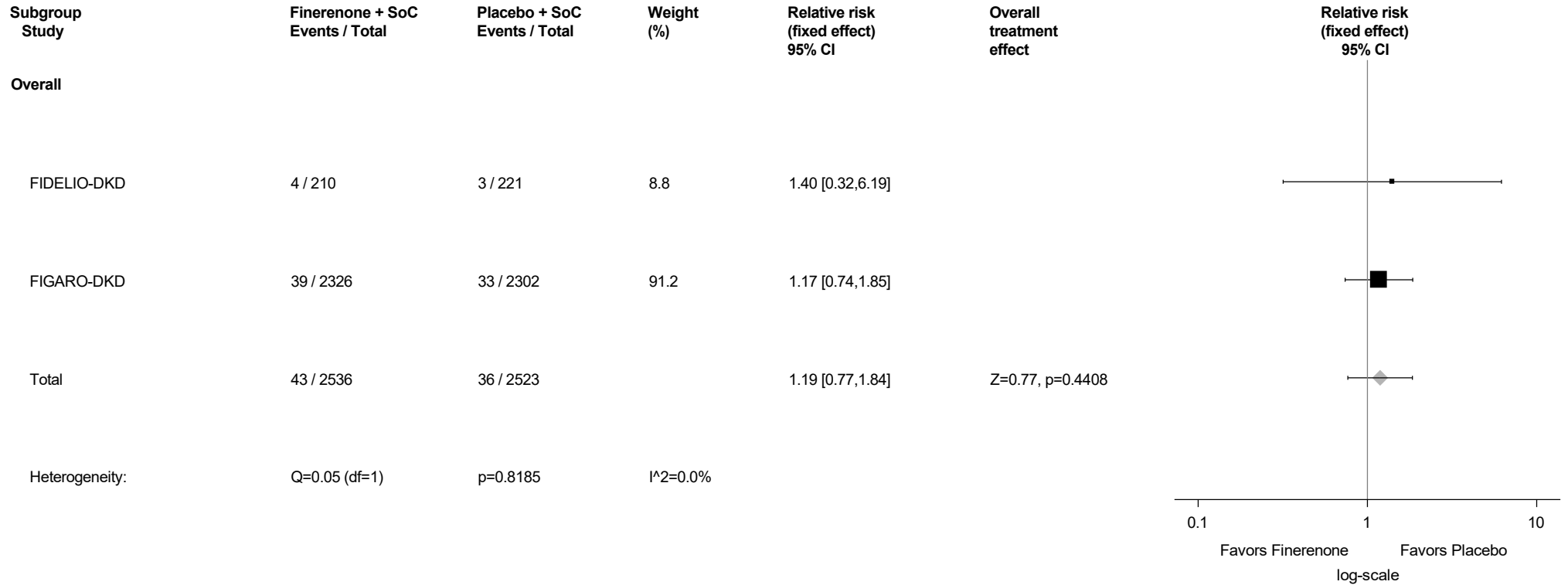
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.29: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



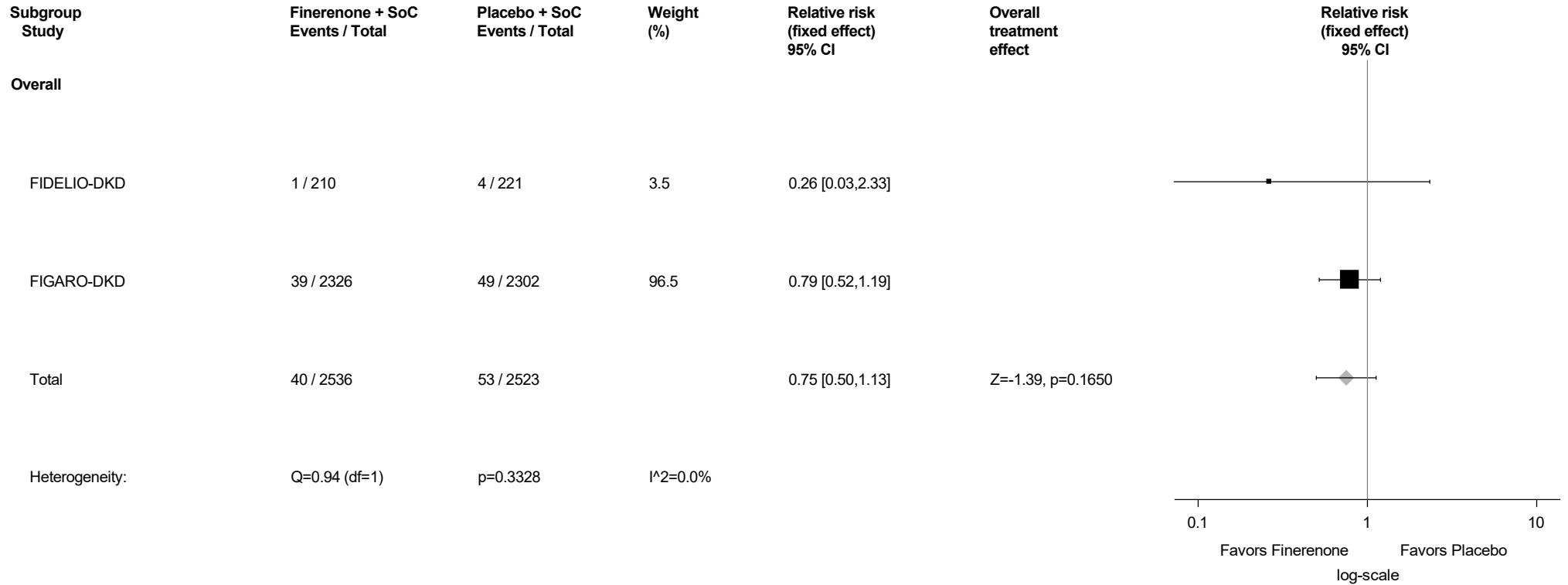
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.30: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



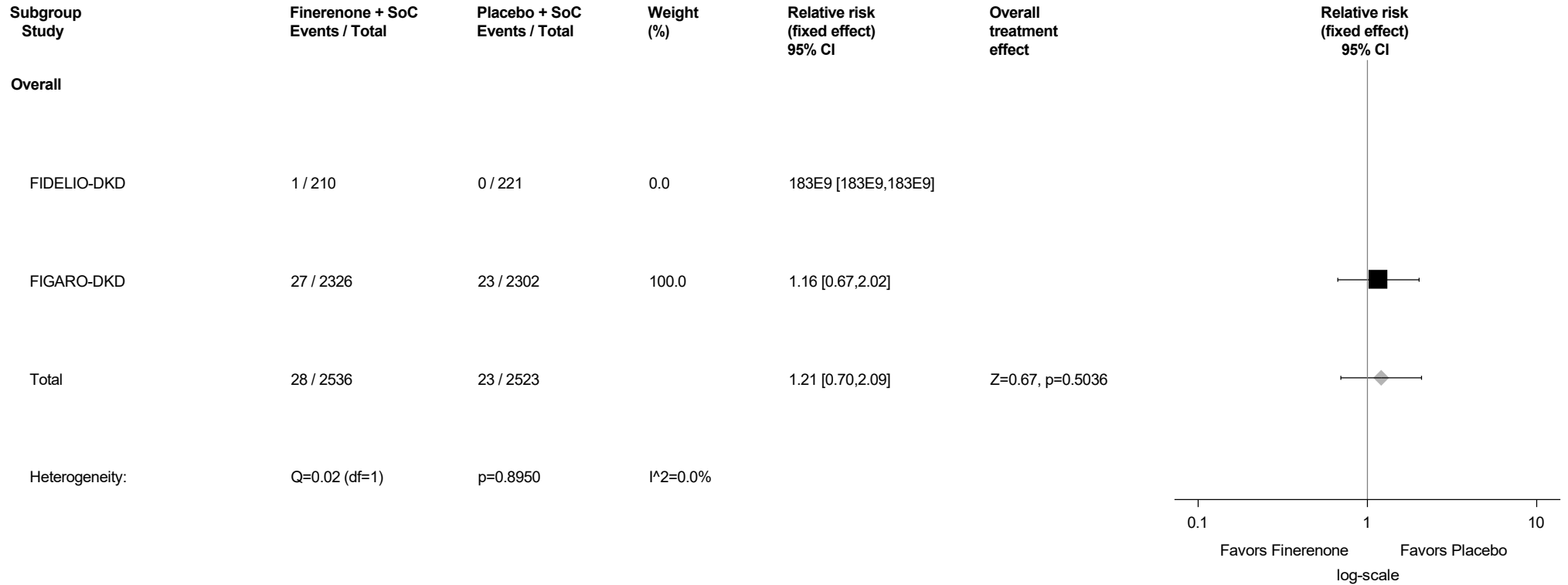
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.31: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



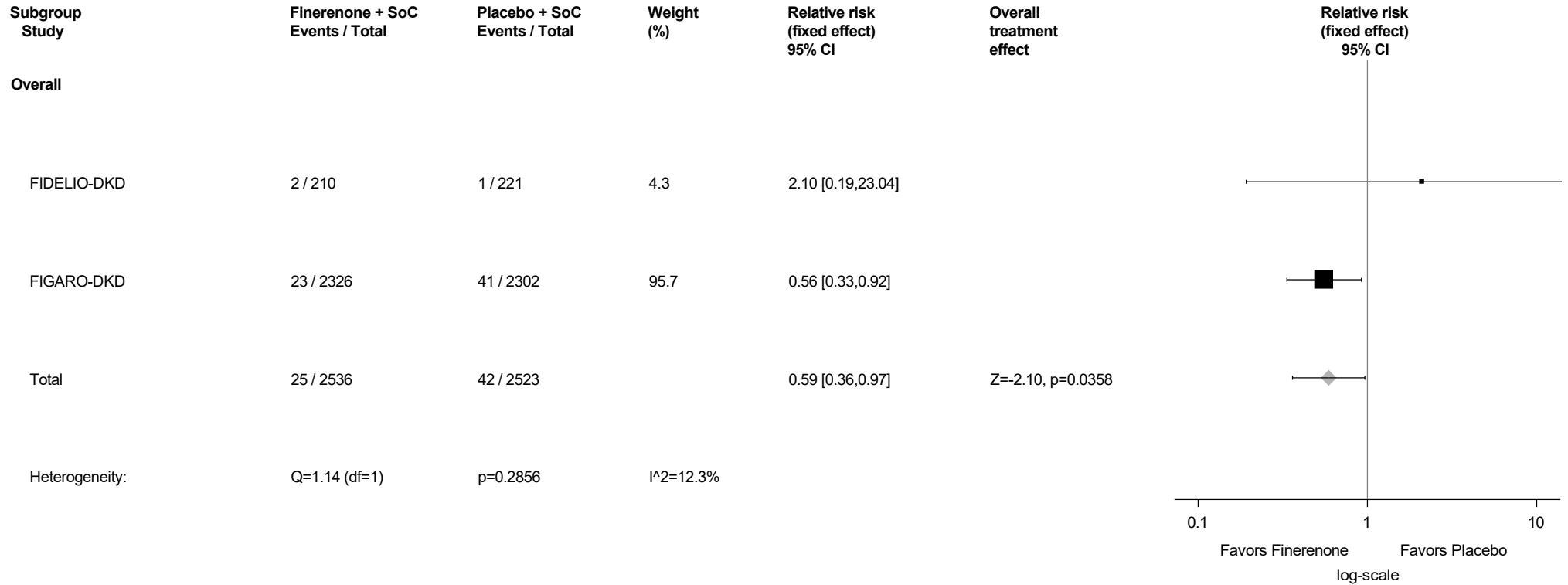
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.32: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



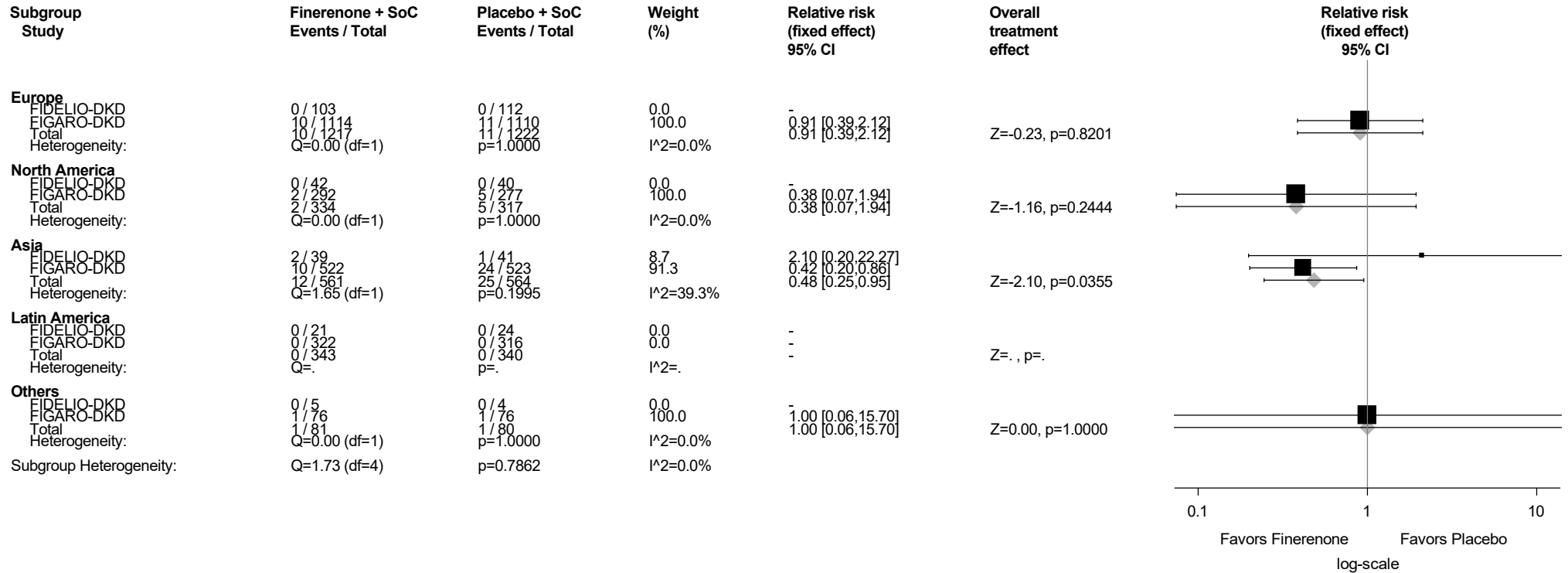
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.32.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



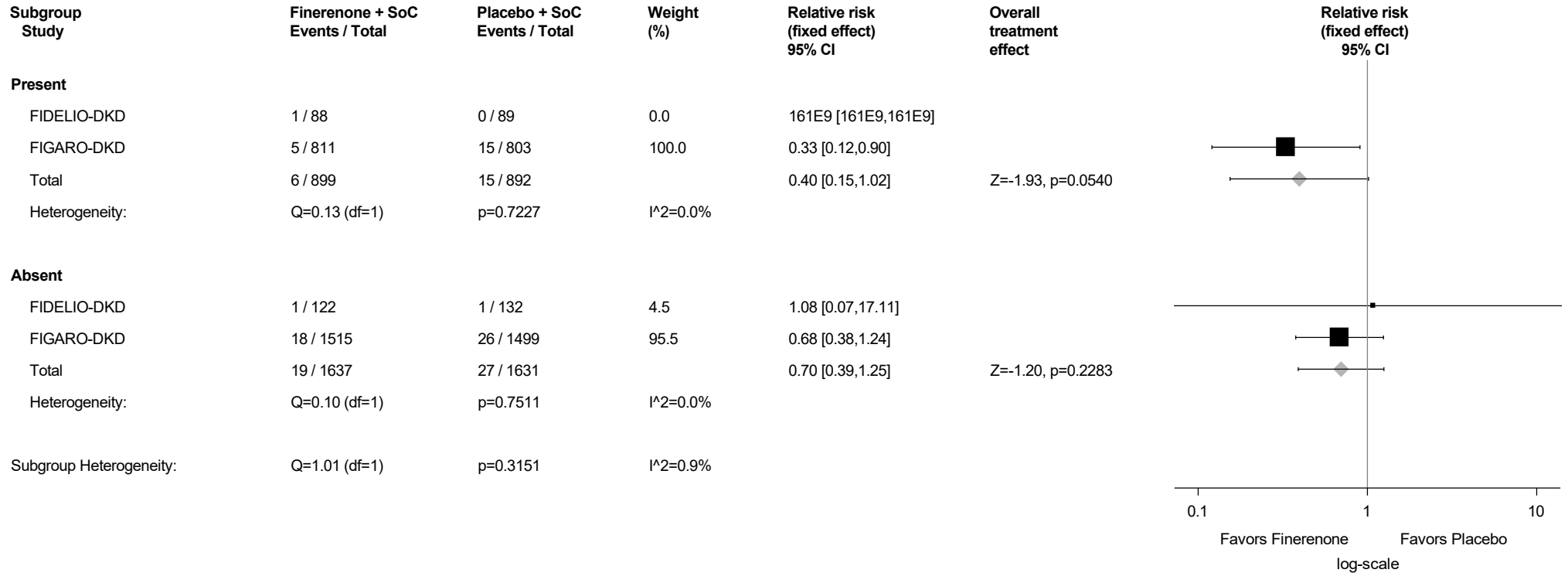
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.32.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

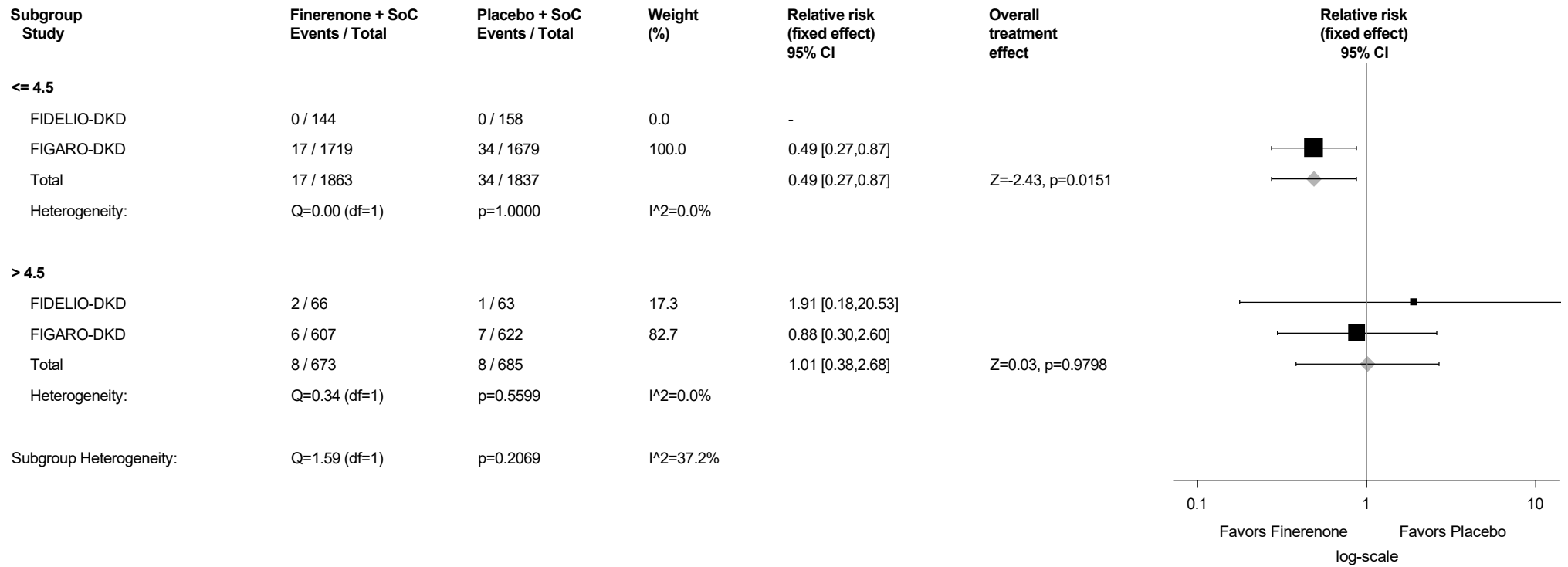
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.32.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



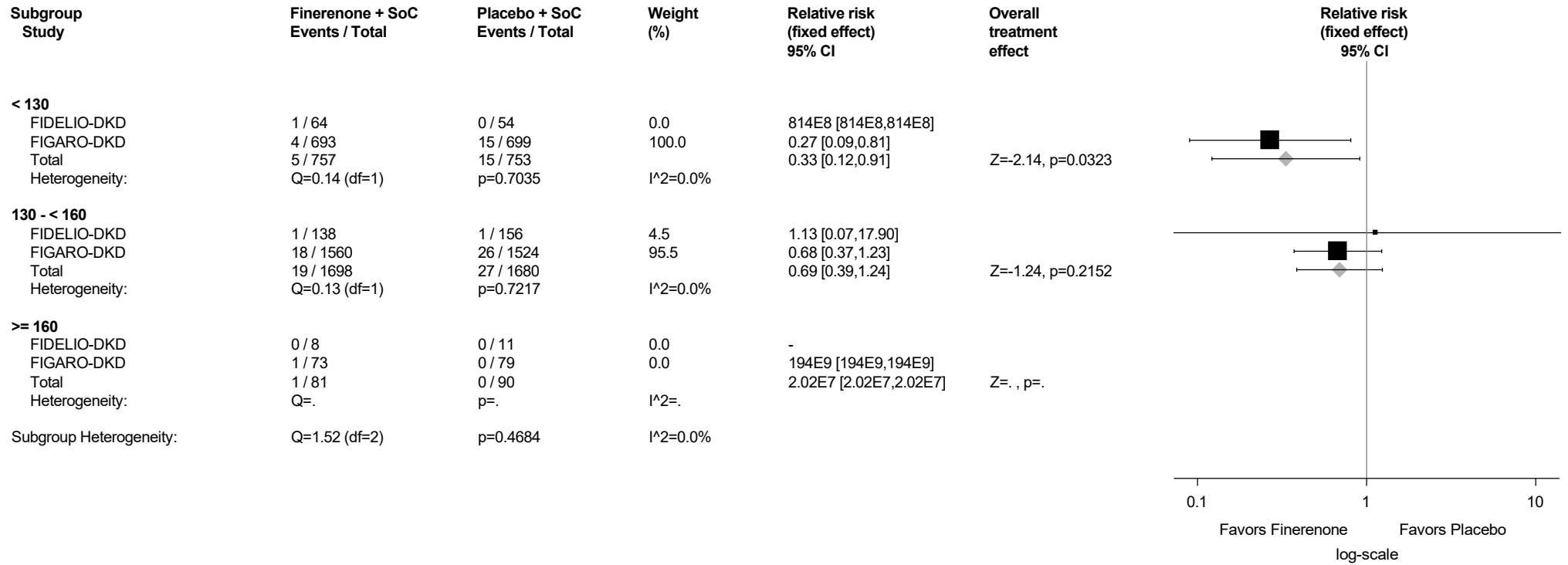
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.32.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



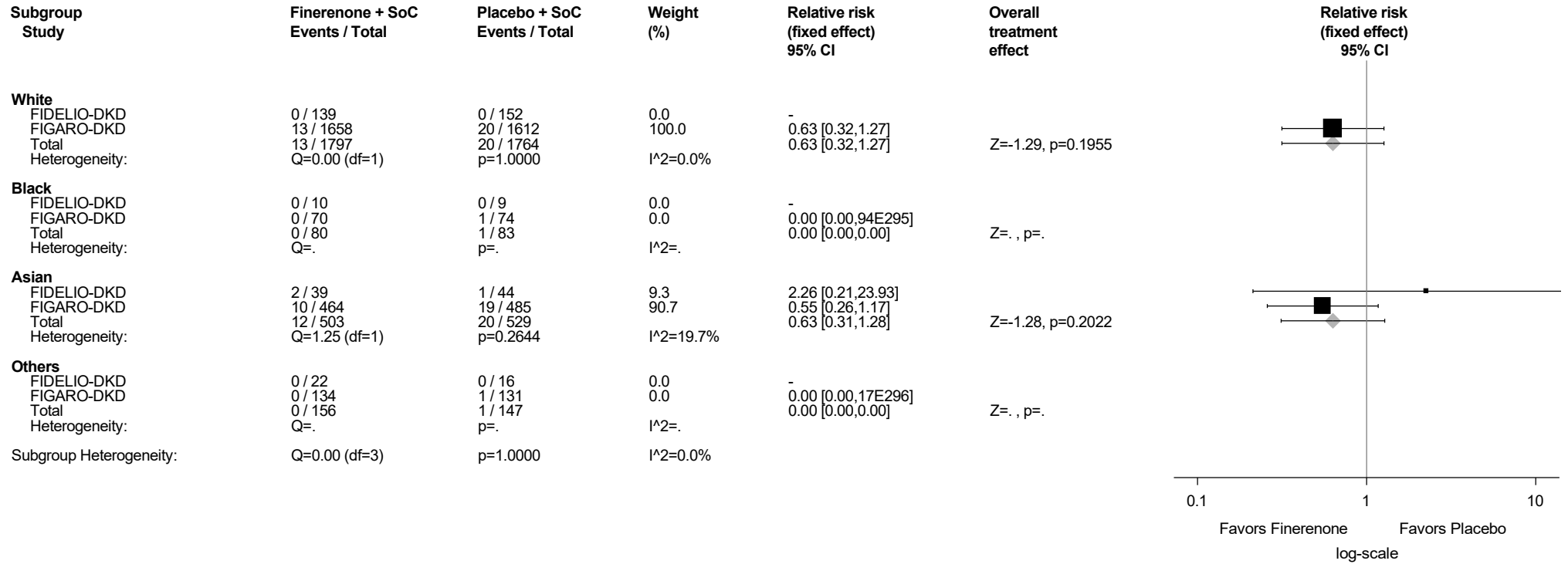
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.32.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



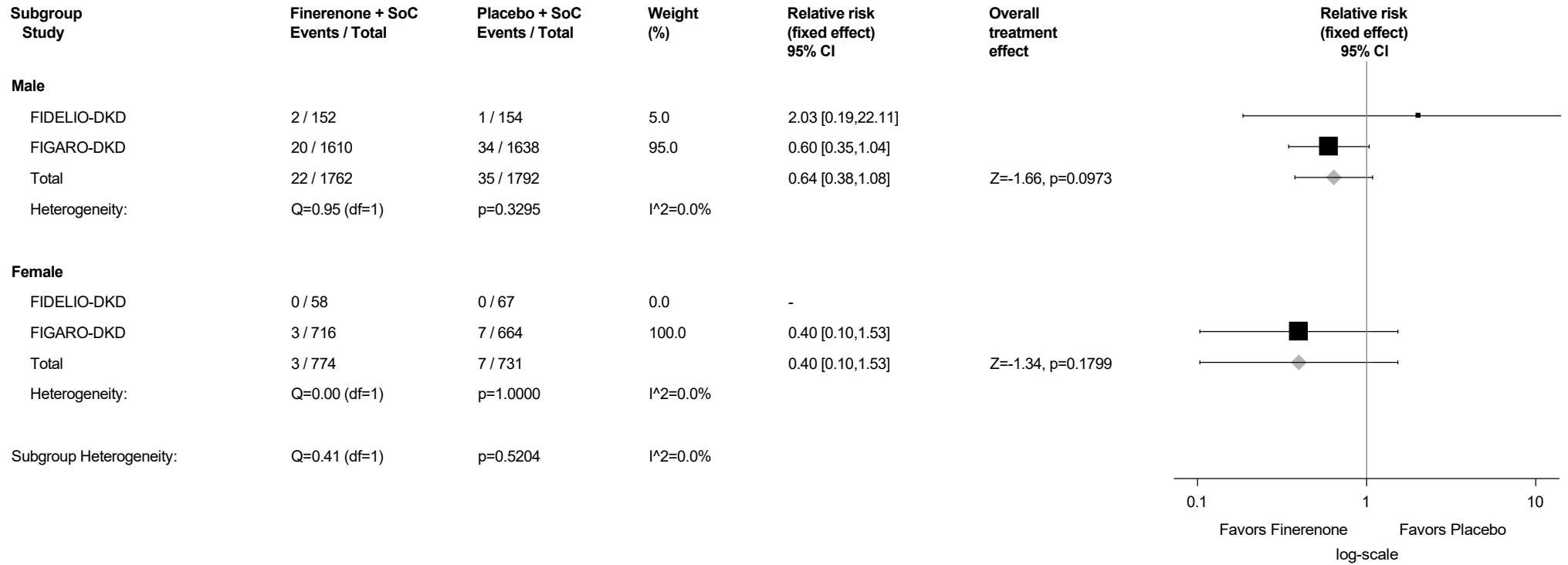
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.32.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



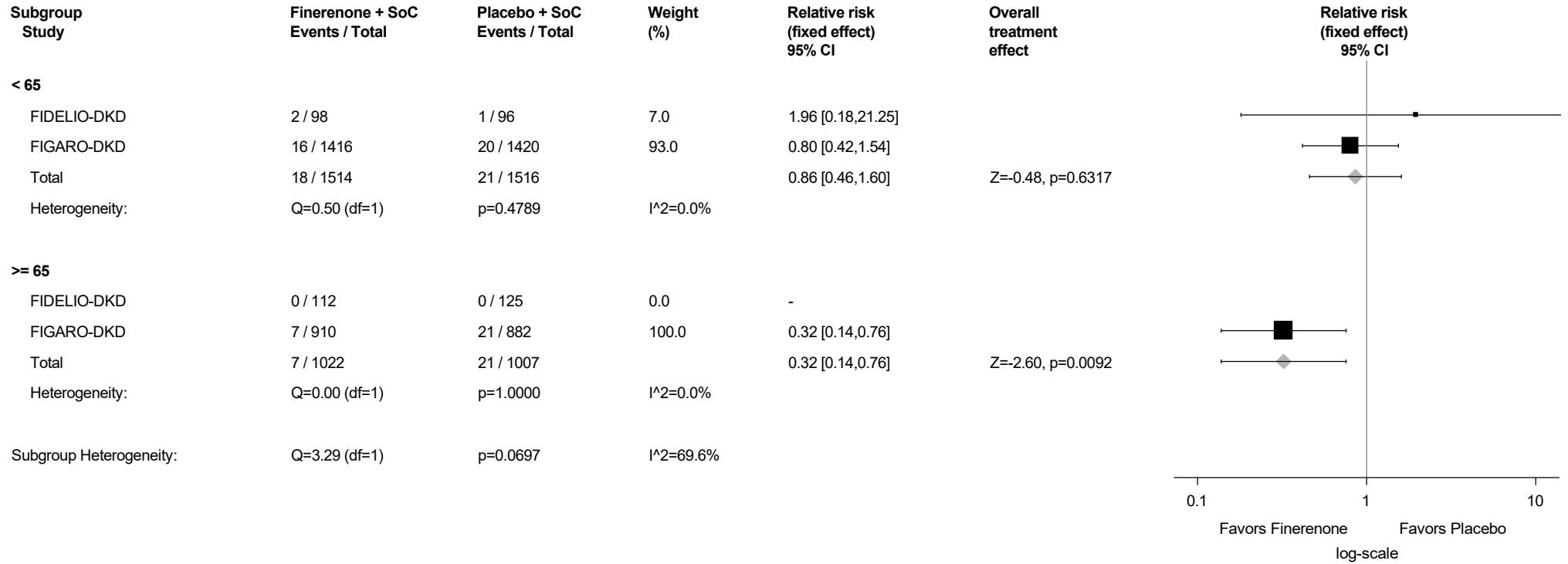
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.32.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



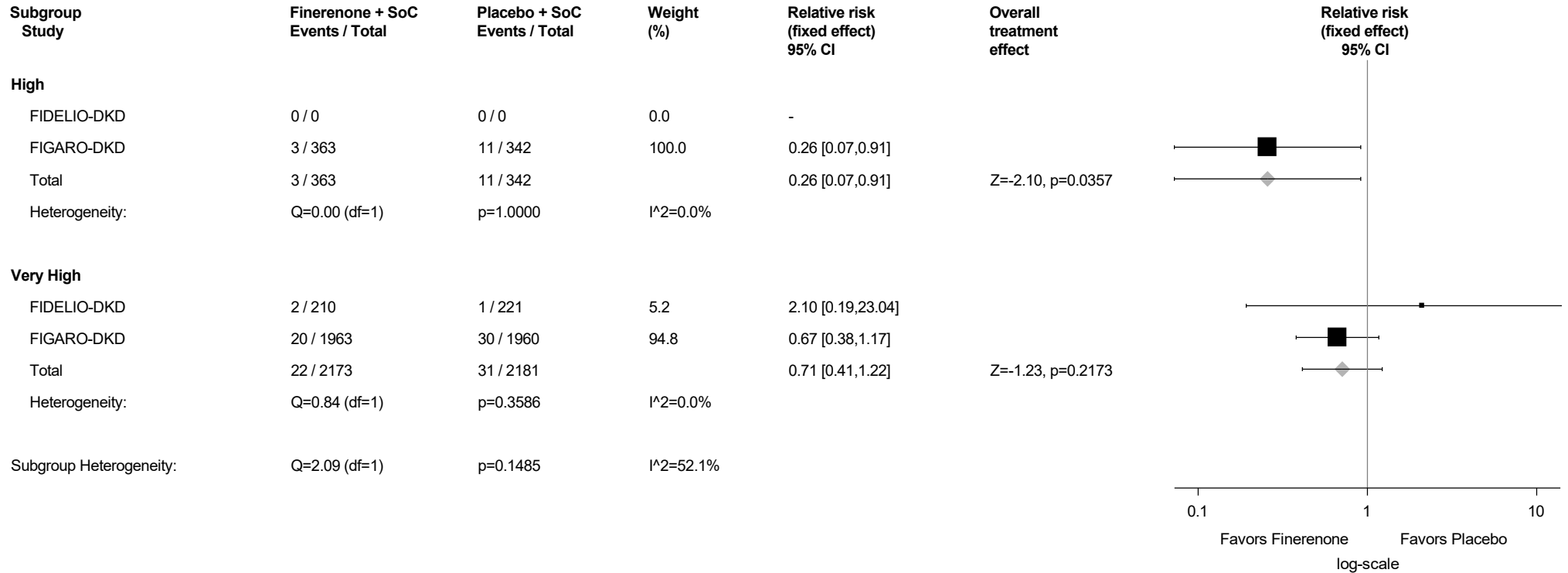
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.32.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



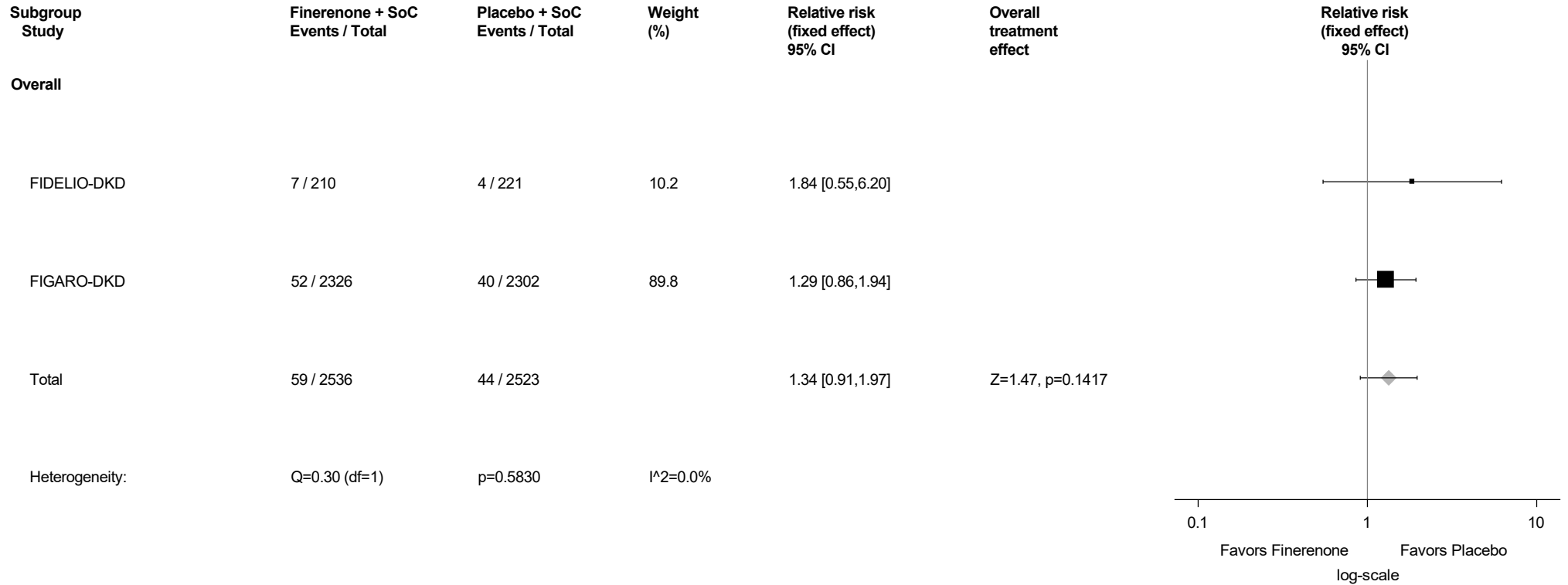
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

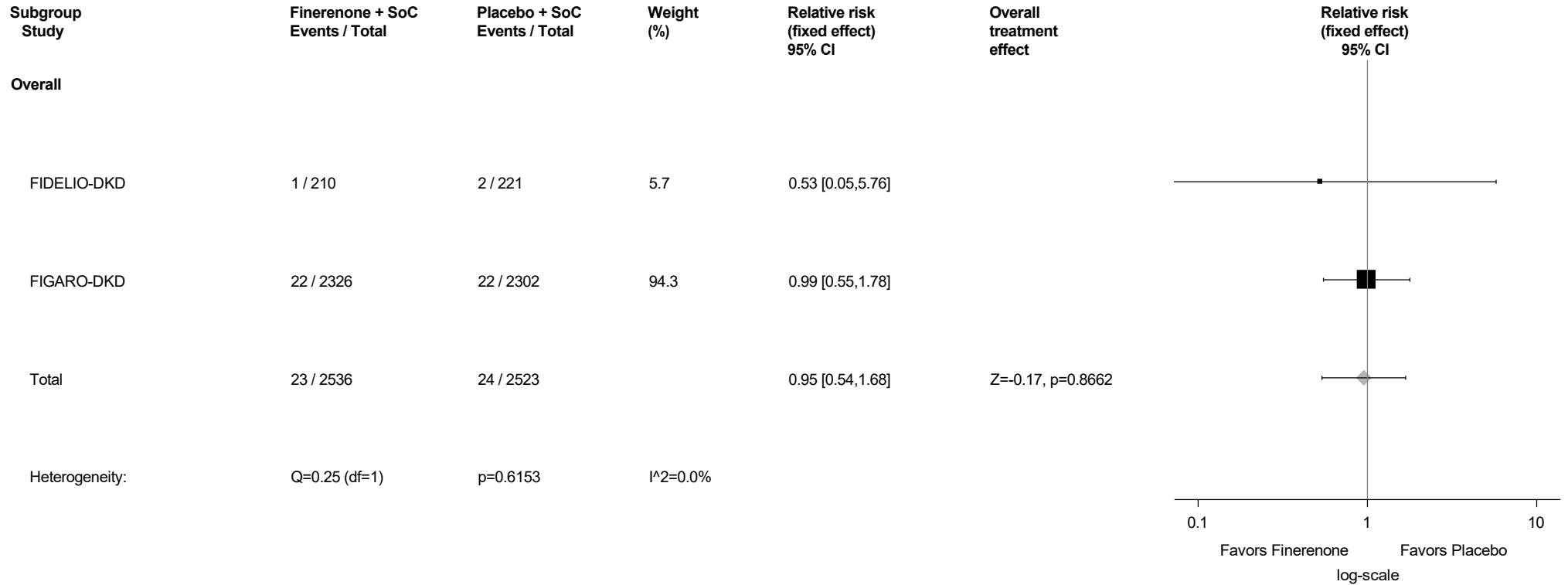
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.33: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.34: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Toothache (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



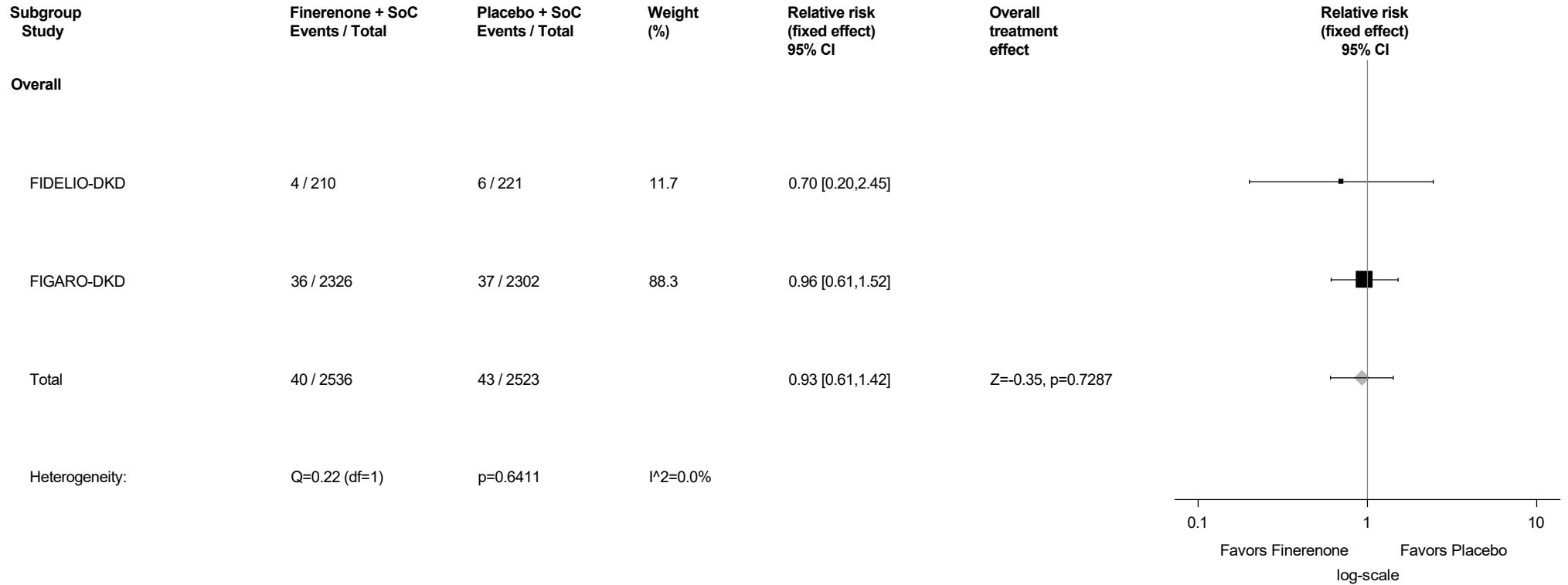
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.35: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



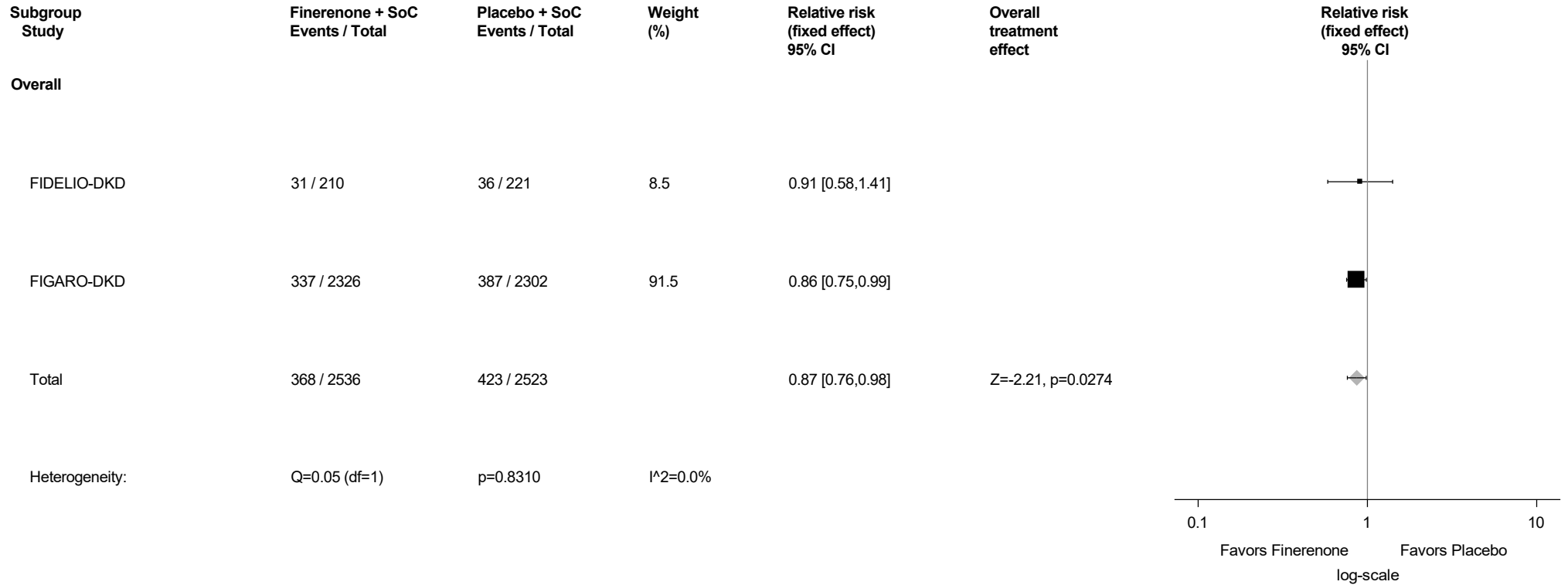
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.36: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



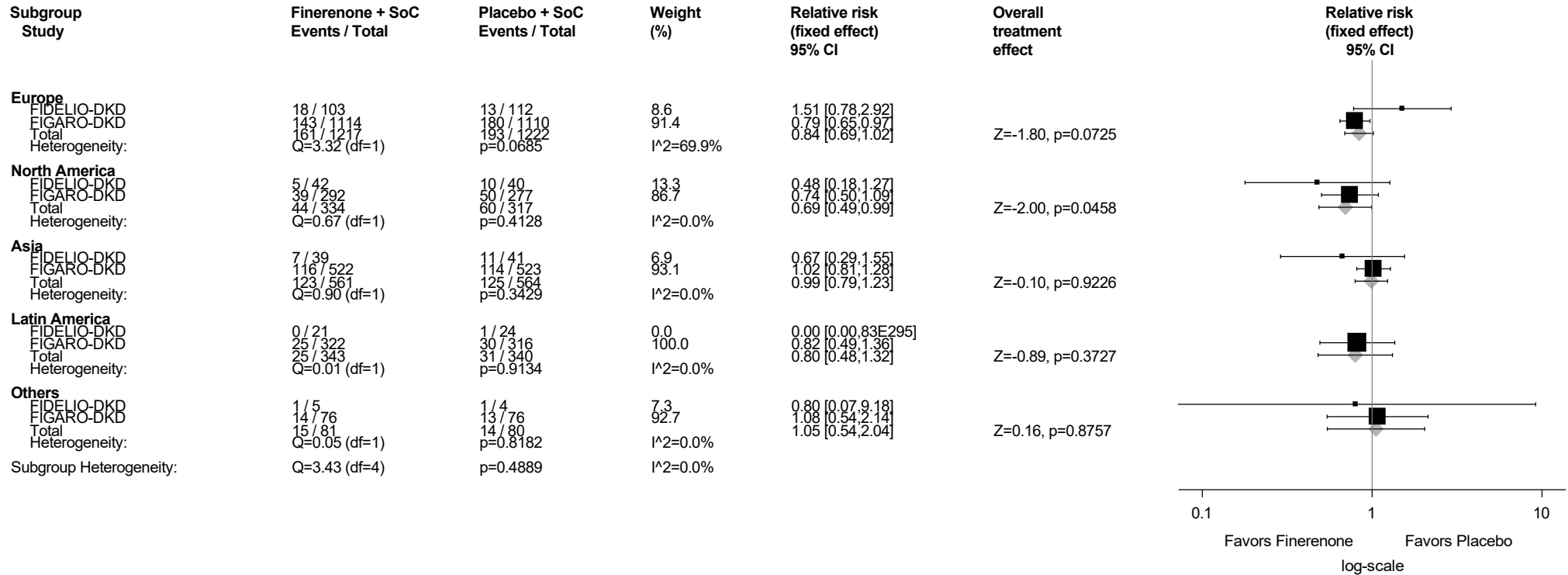
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.36.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



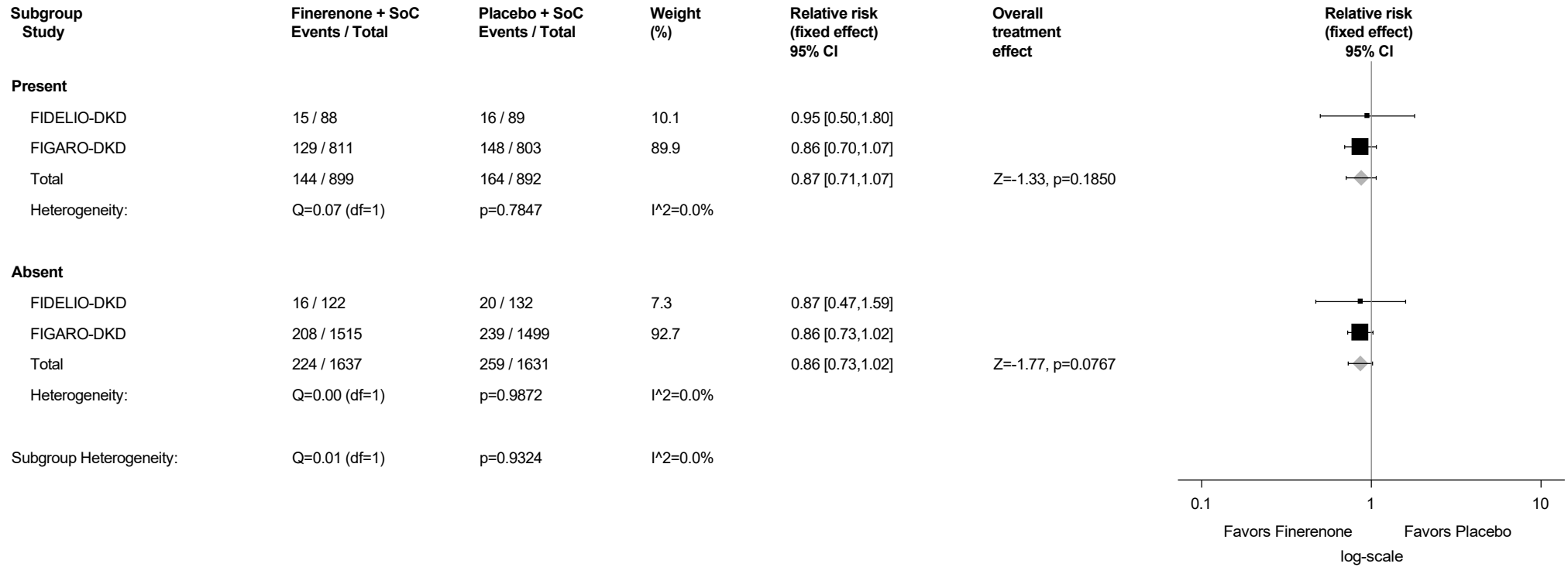
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

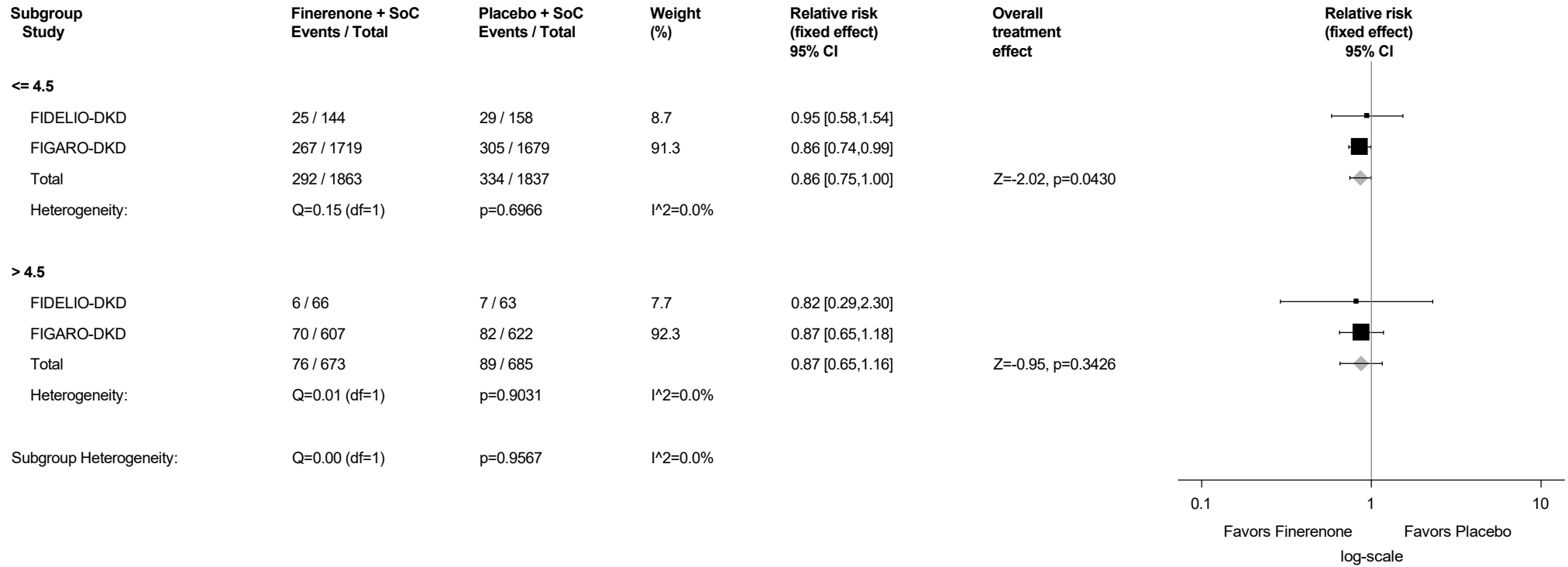
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.36.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.36.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



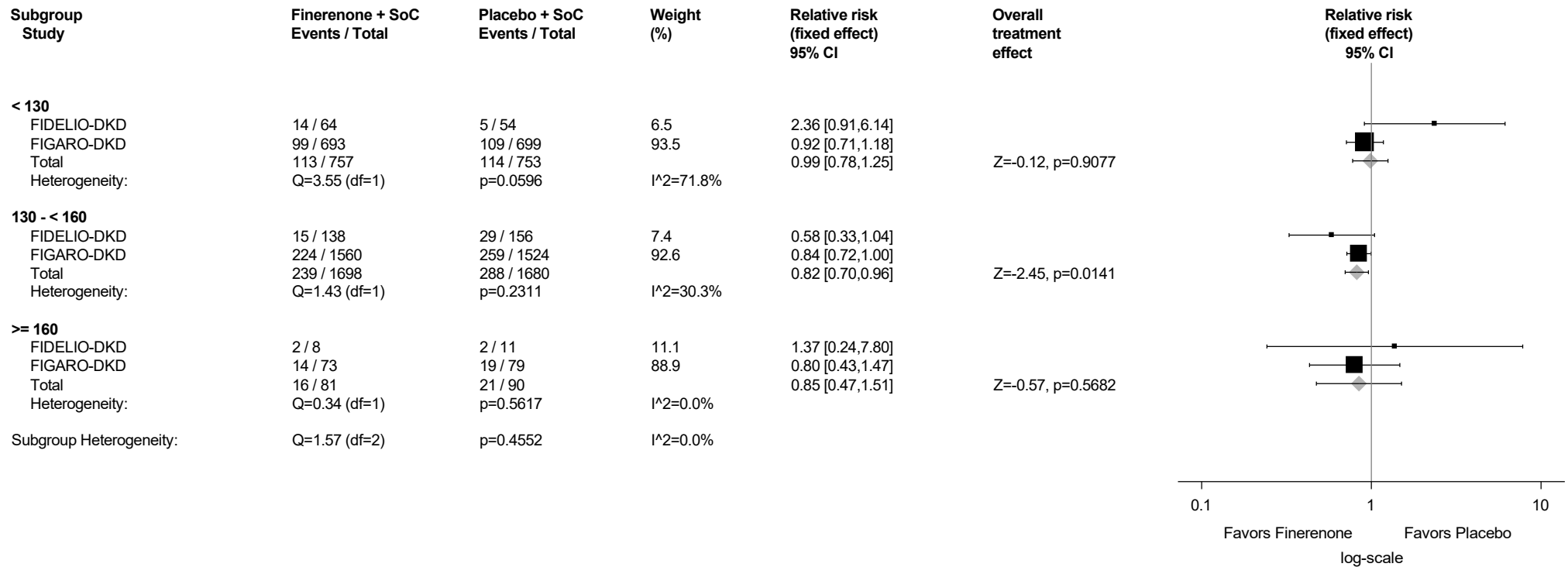
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.36.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



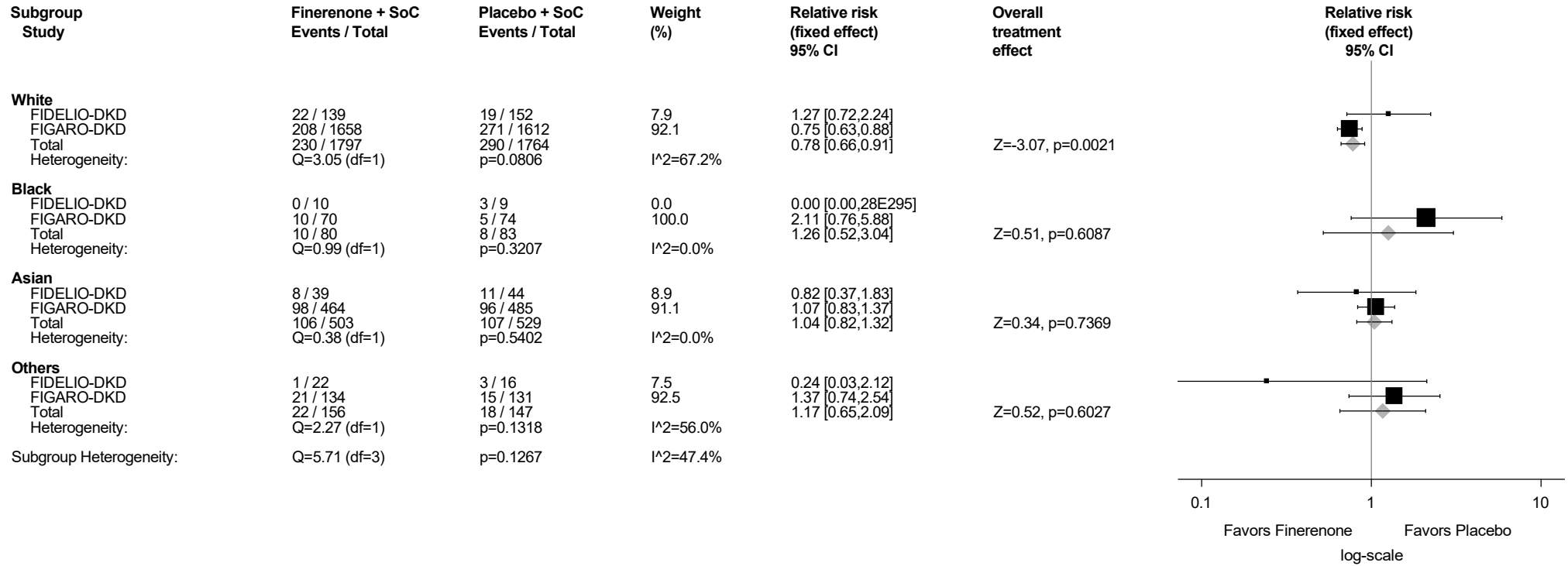
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.36.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



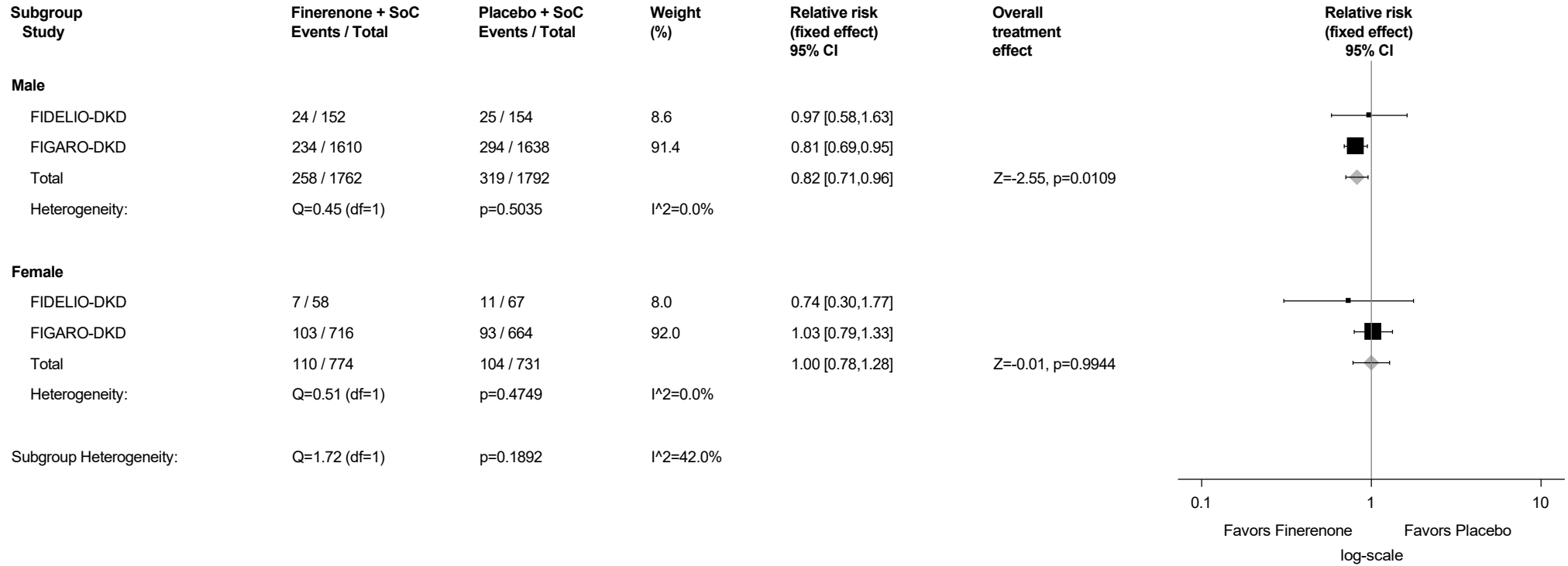
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.36.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



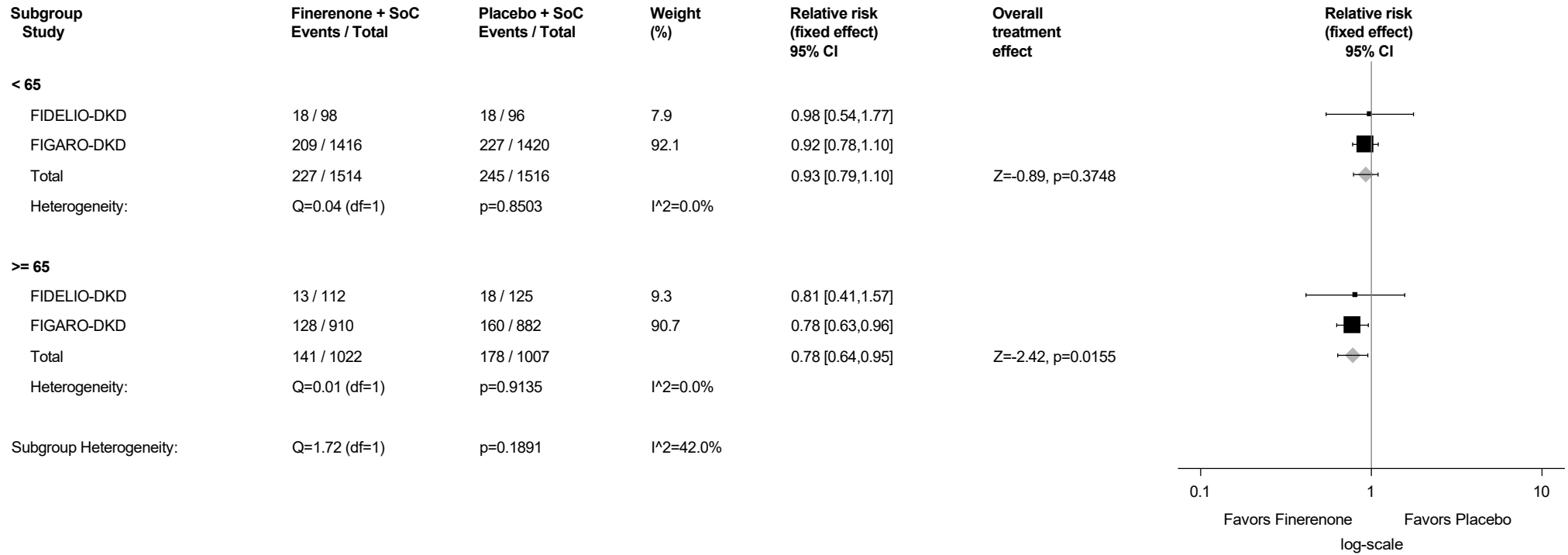
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

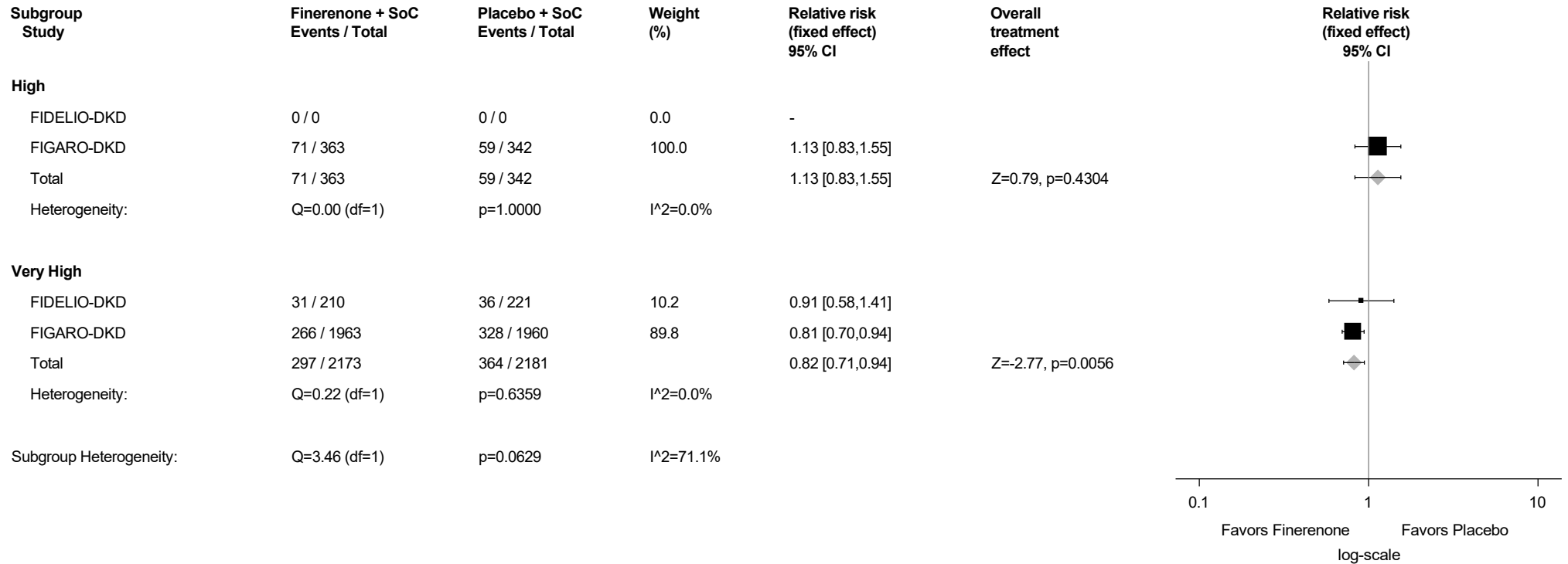
Category 'Missing' was excluded from meta-analysis.

Figure B2.1.36.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure B2.1.36.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



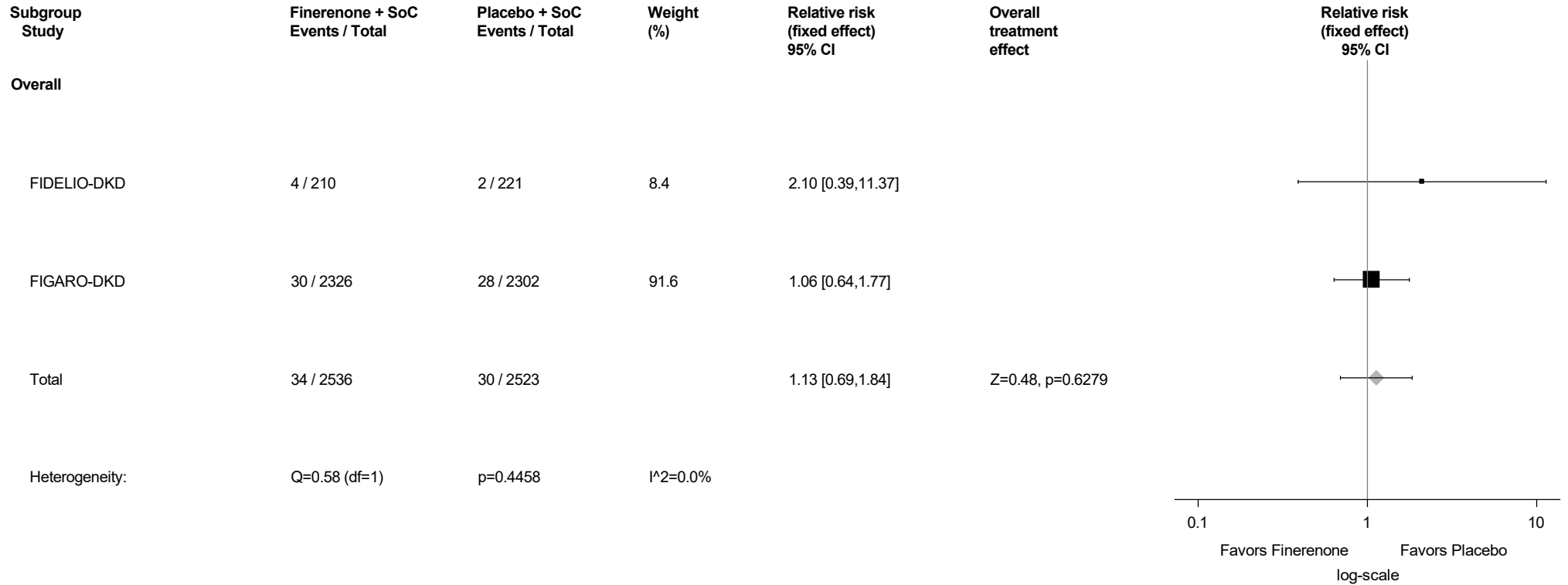
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.37: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



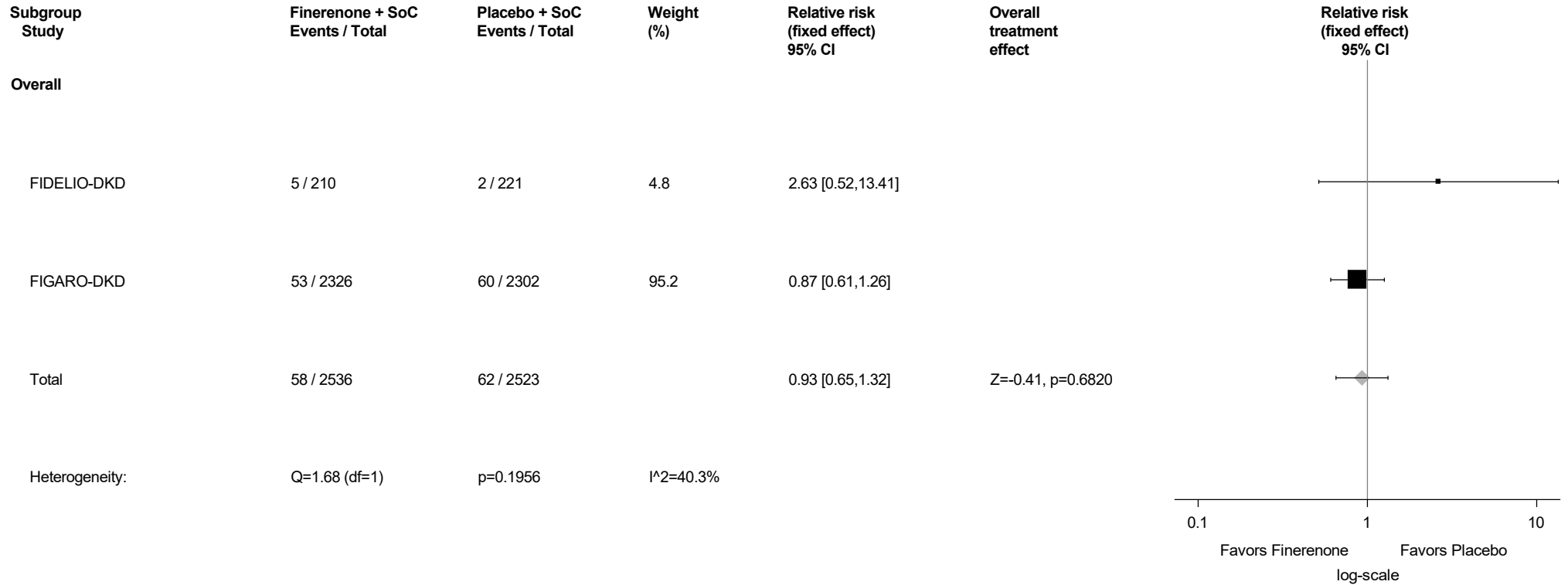
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.38: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



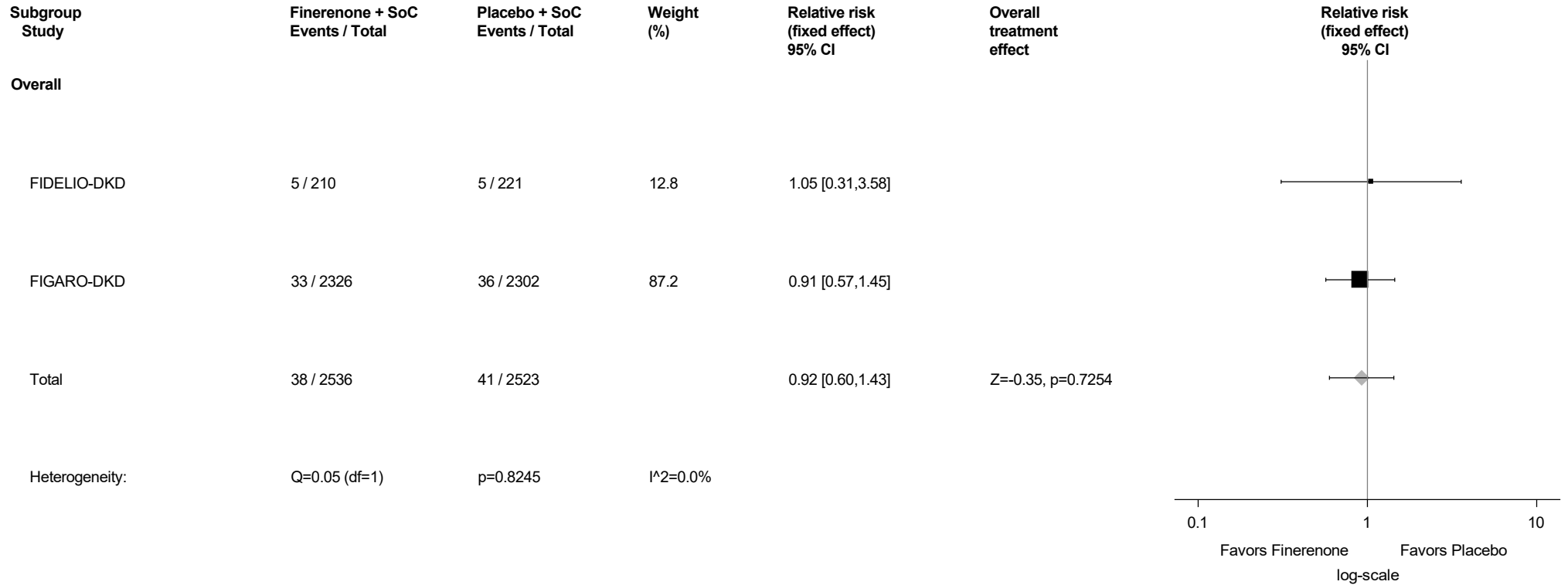
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

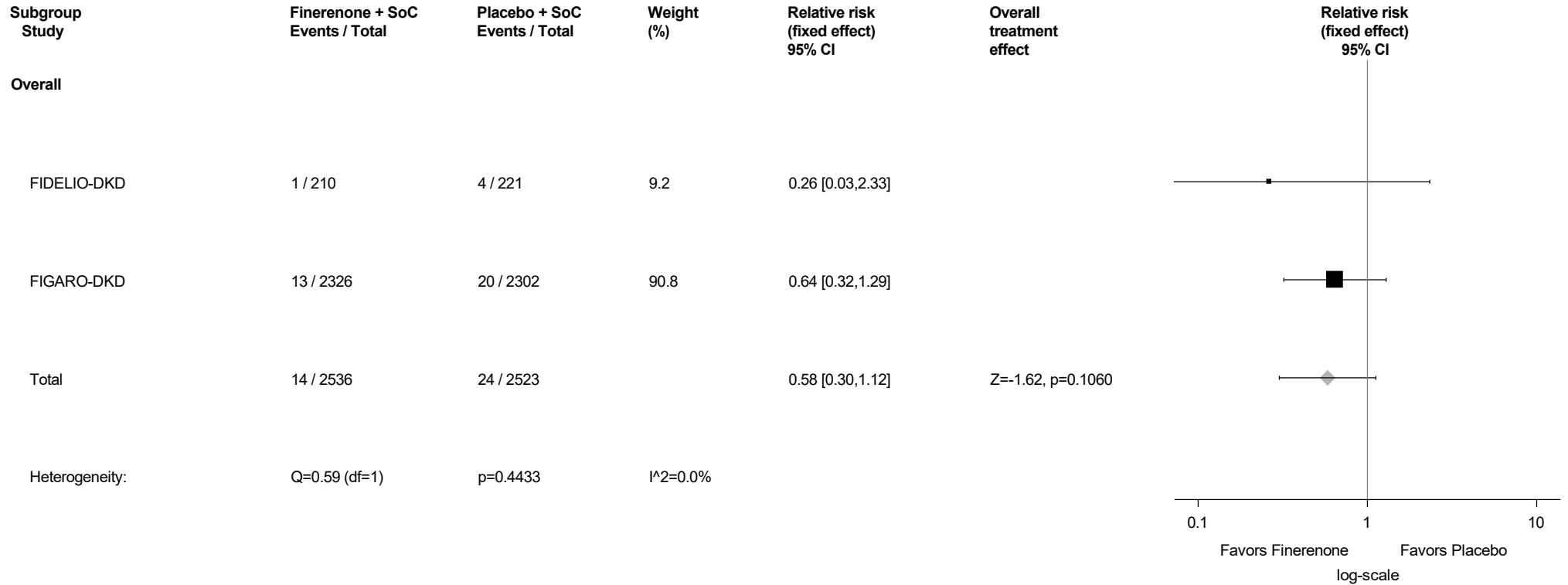
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.39: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.40: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



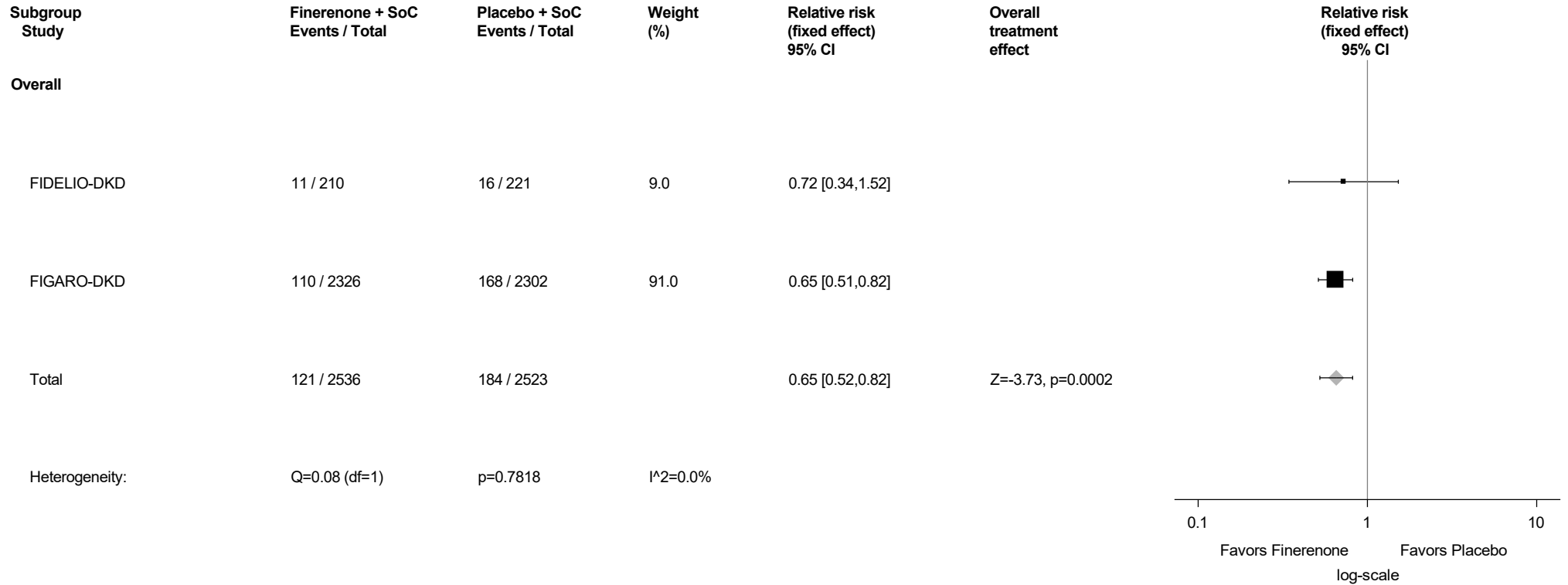
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.41: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



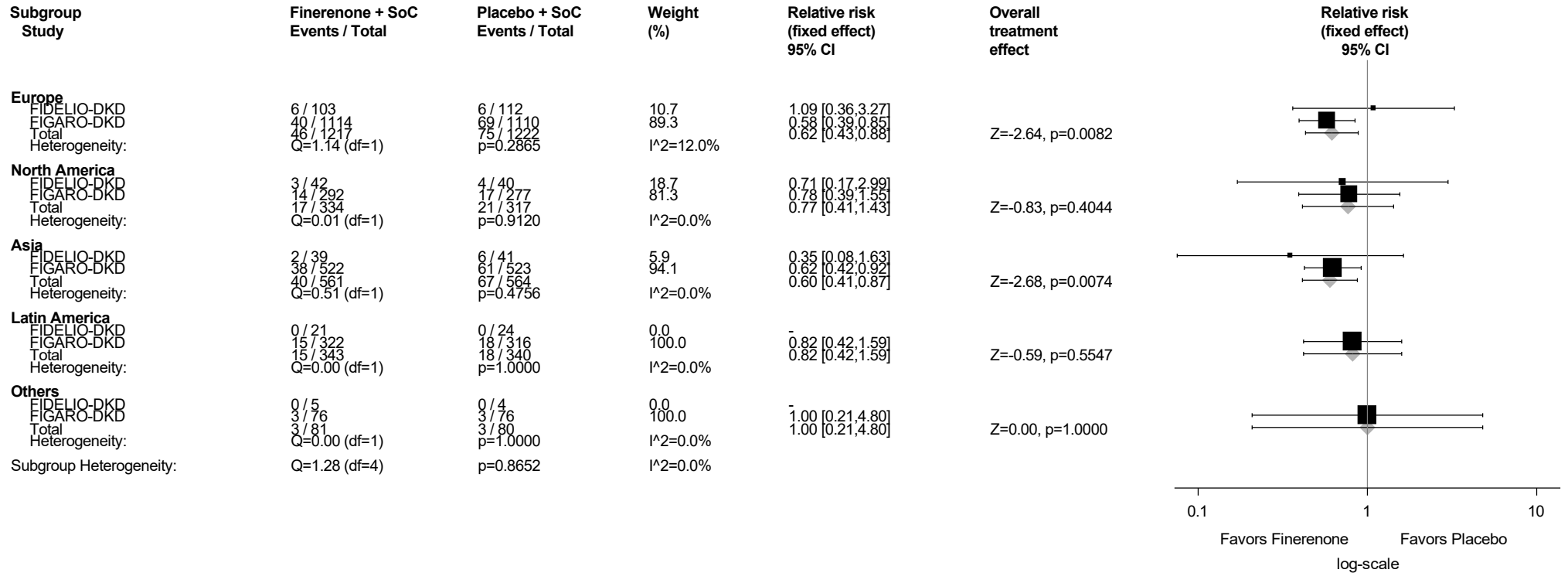
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.41.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



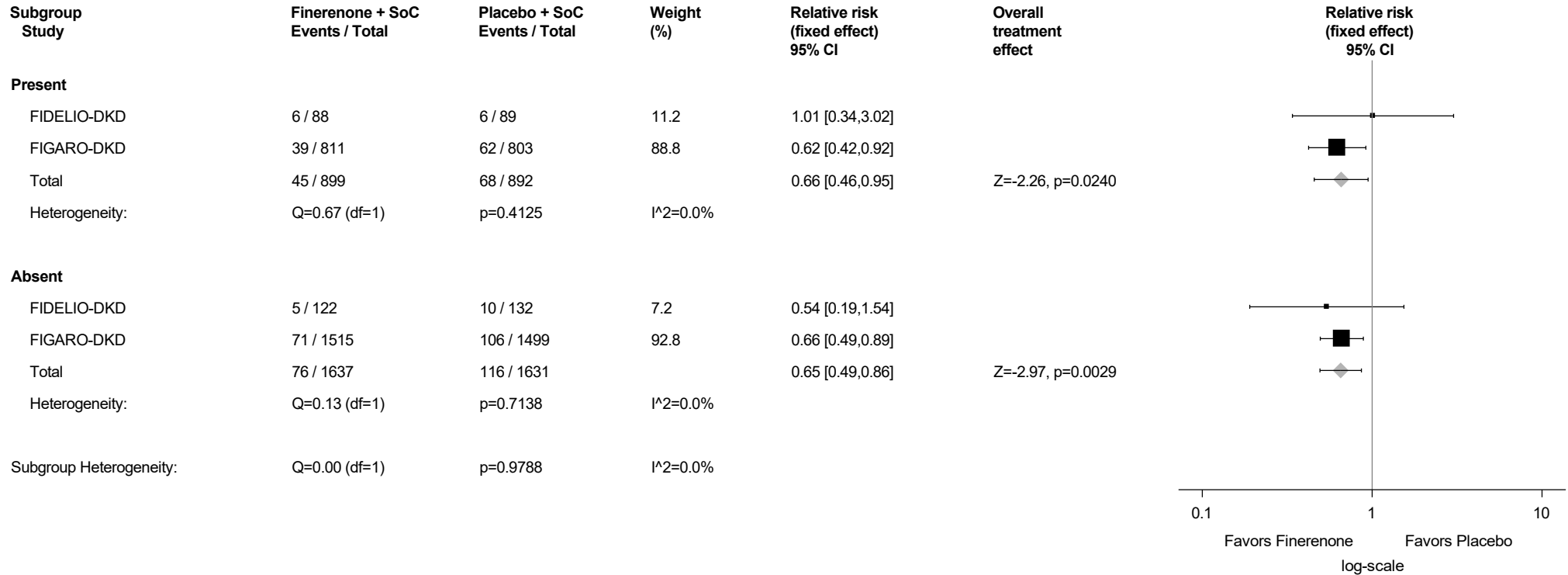
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.41.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



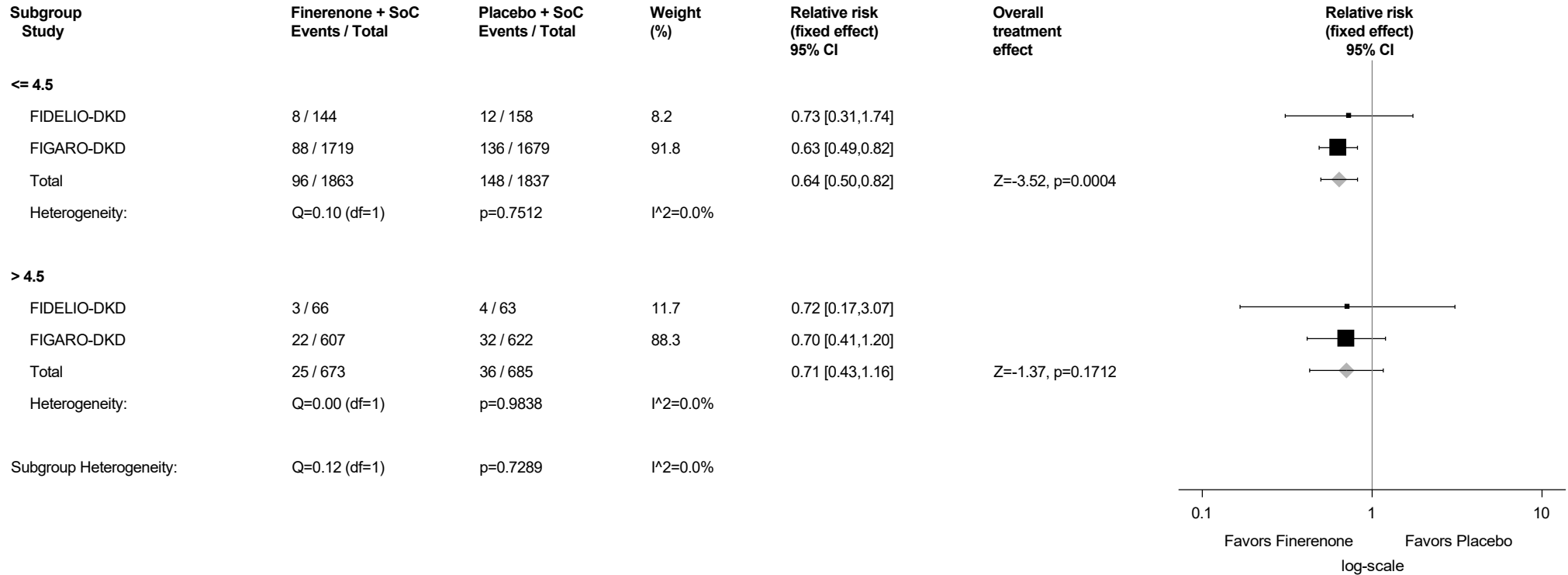
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.41.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

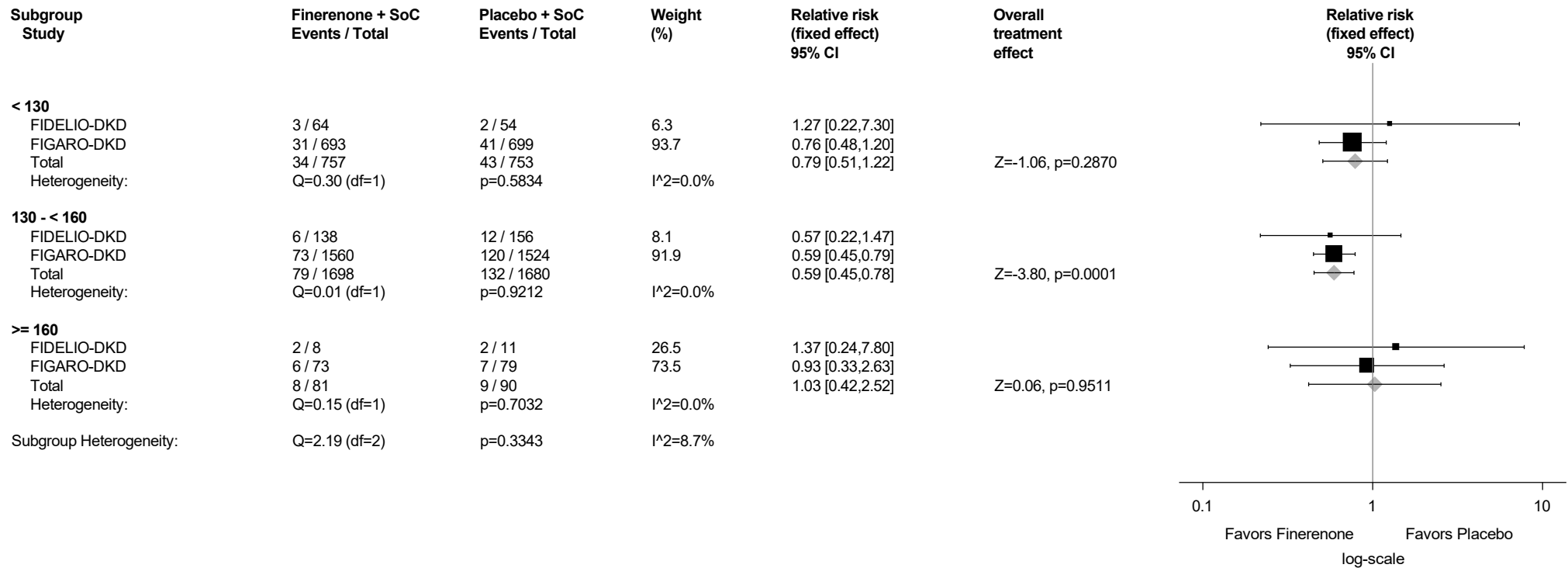
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.41.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



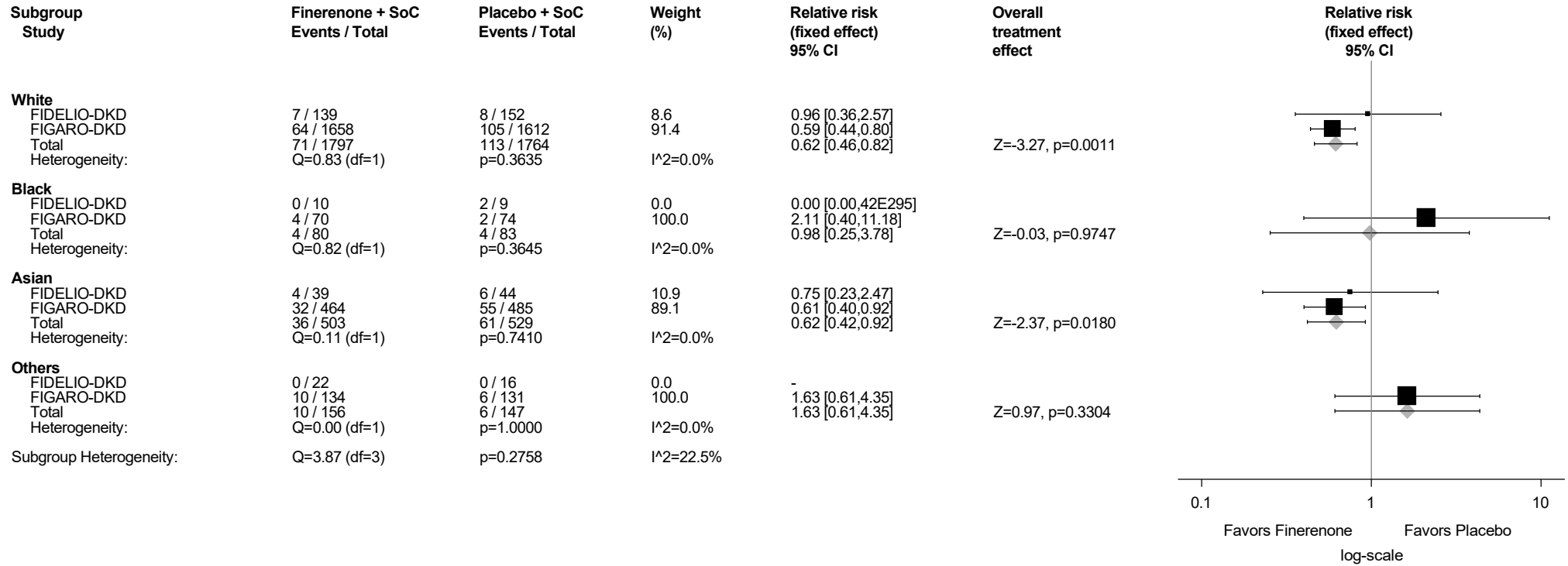
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.41.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



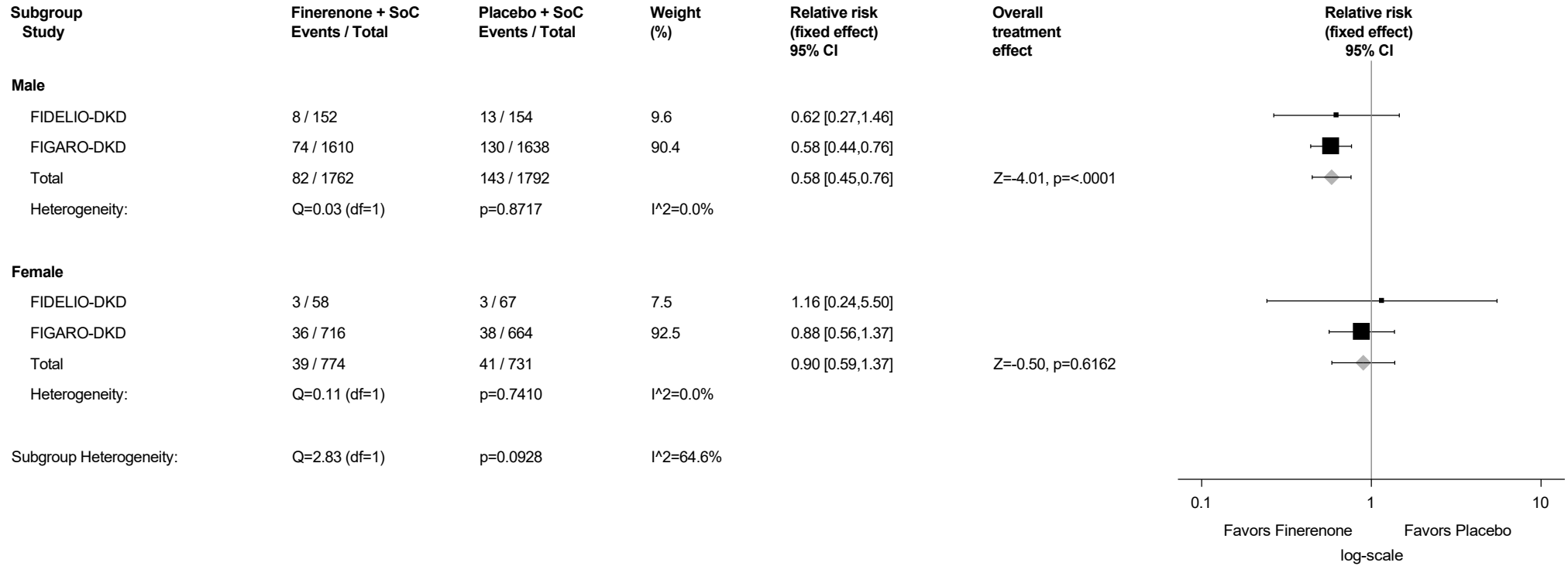
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.41.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



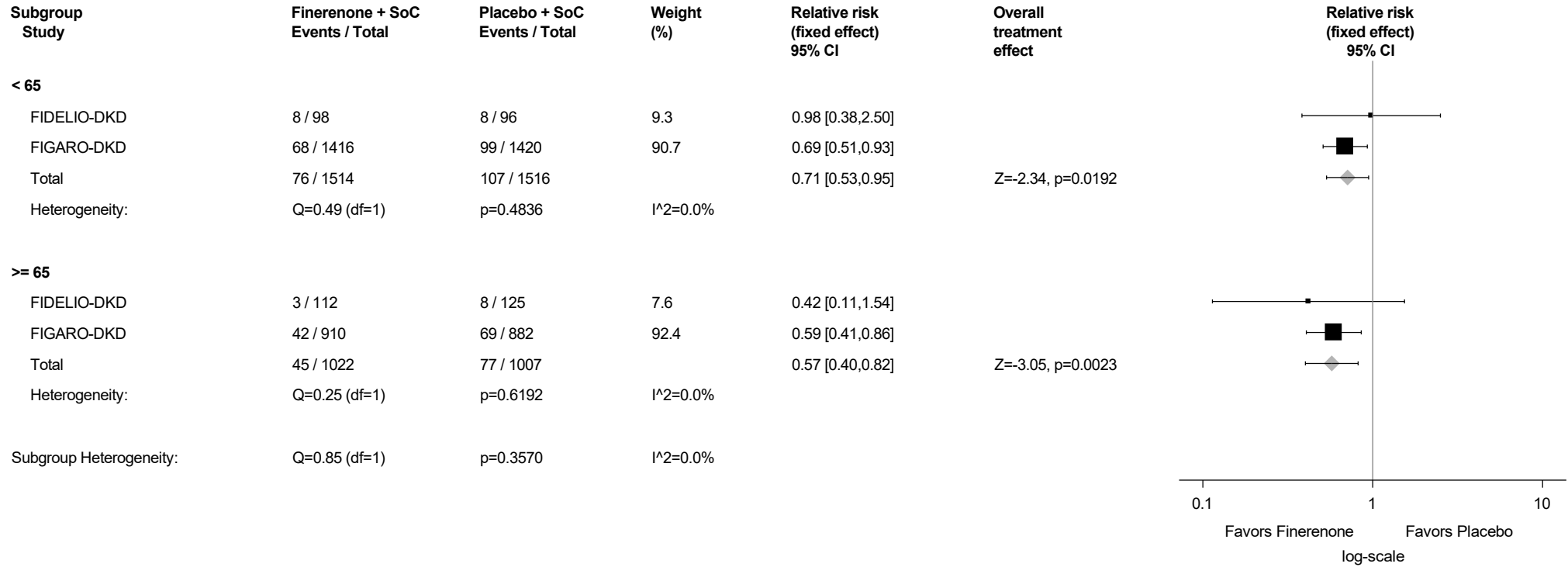
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.41.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



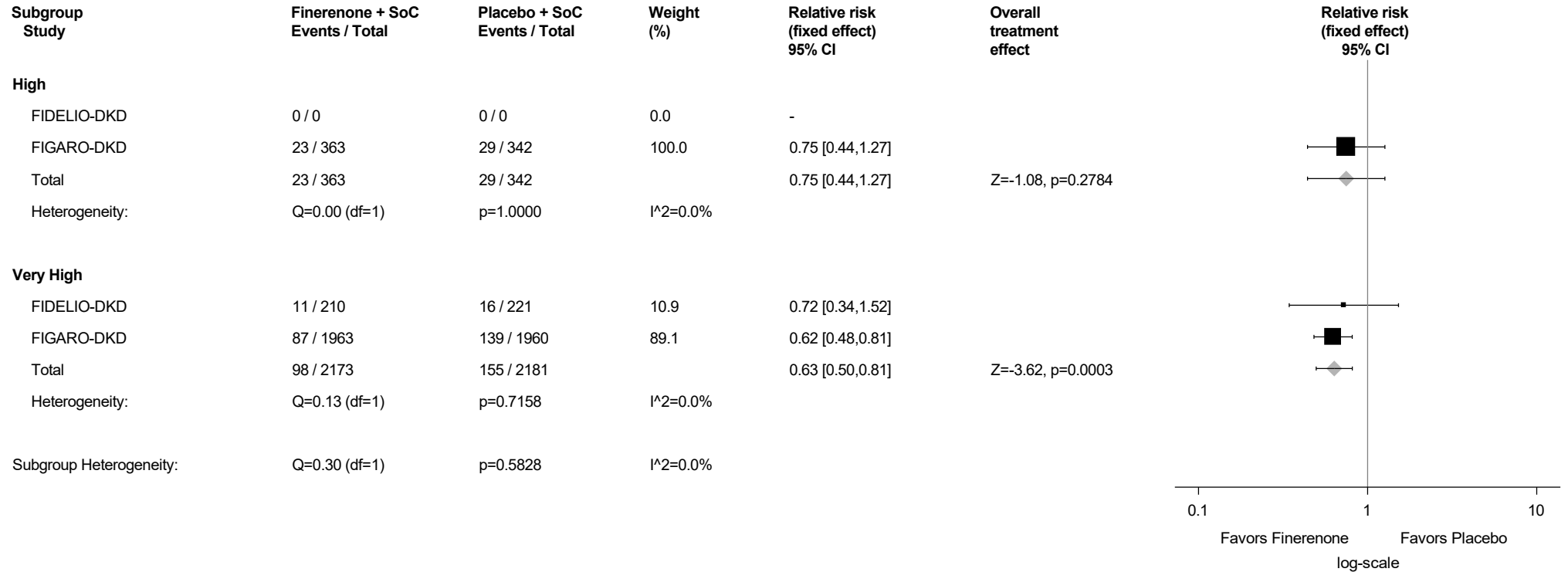
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.41.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



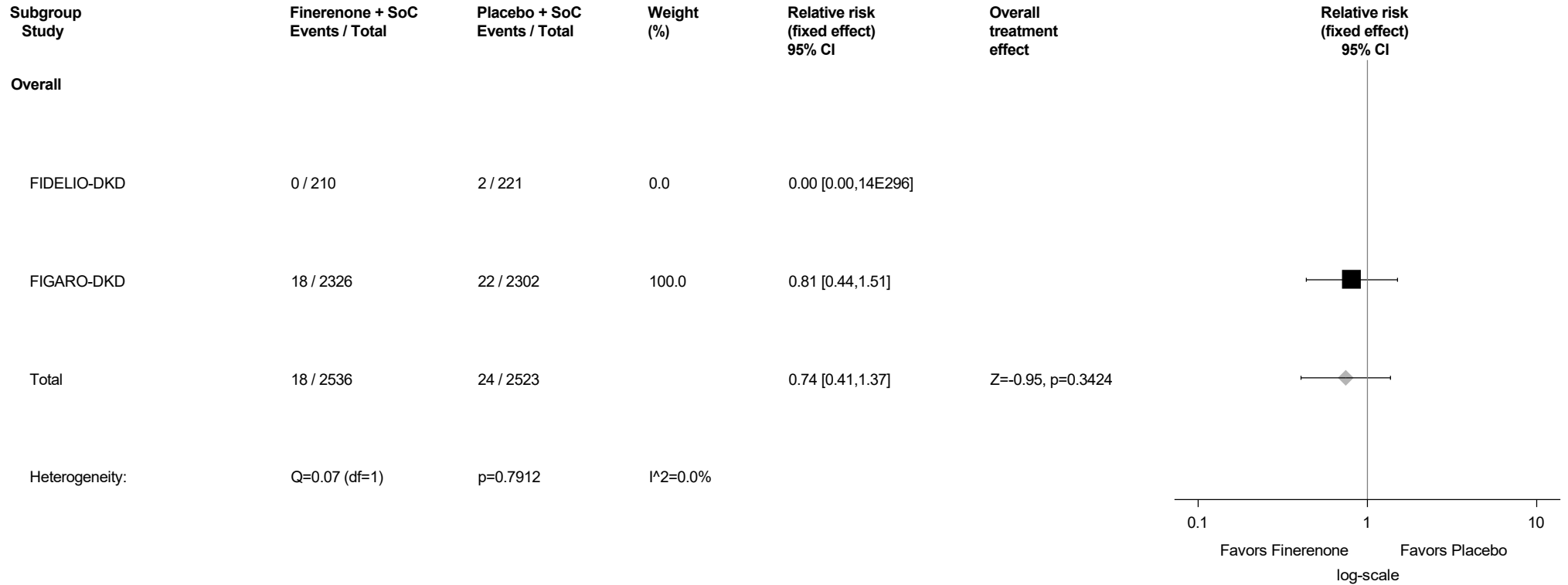
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.42: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



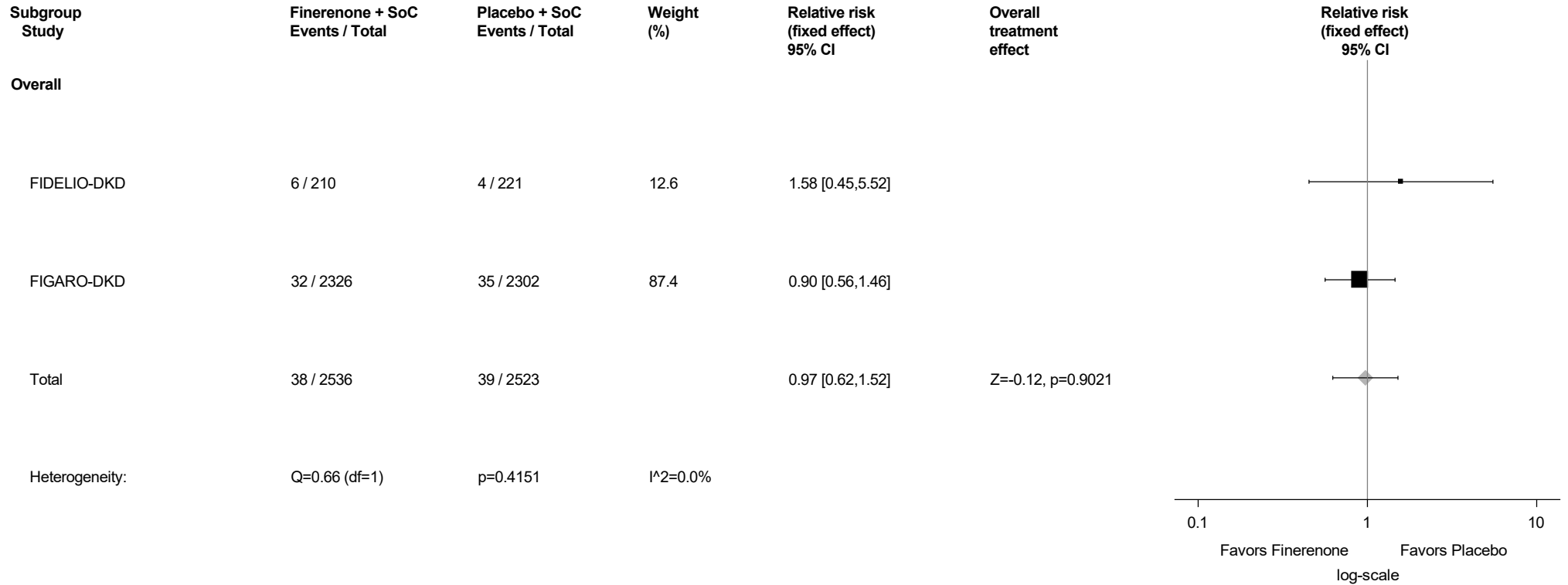
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.43: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



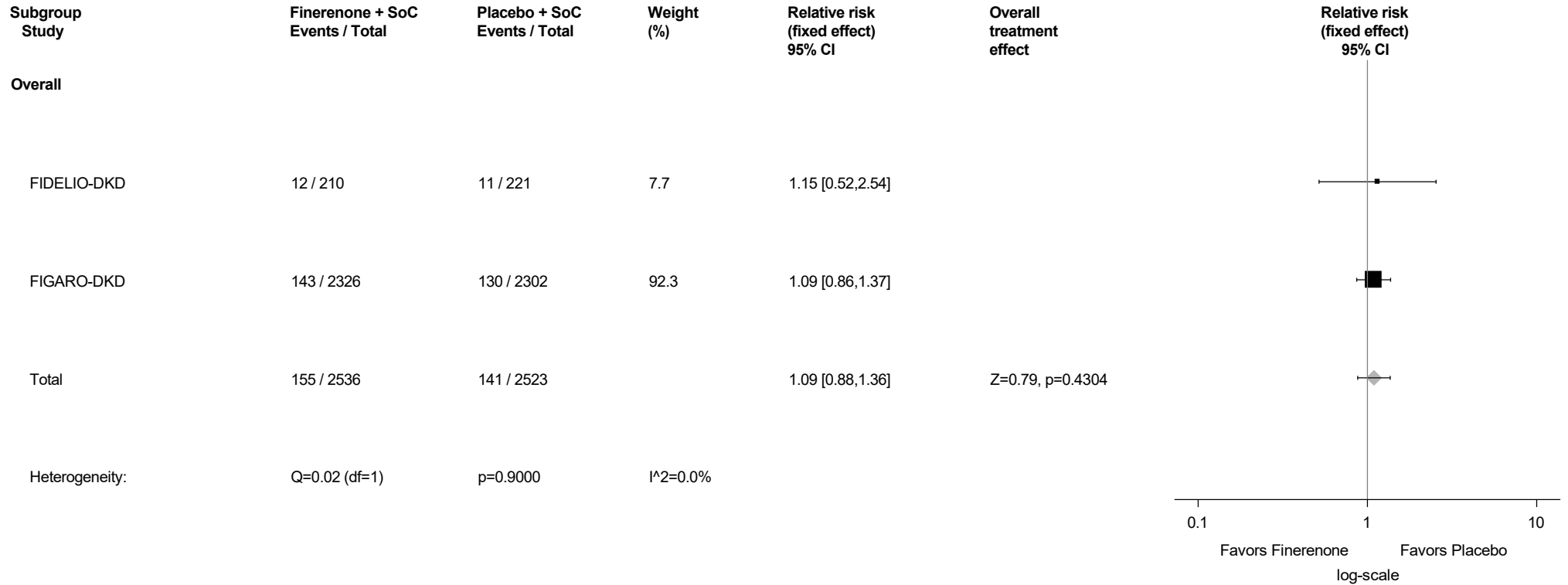
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.44: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



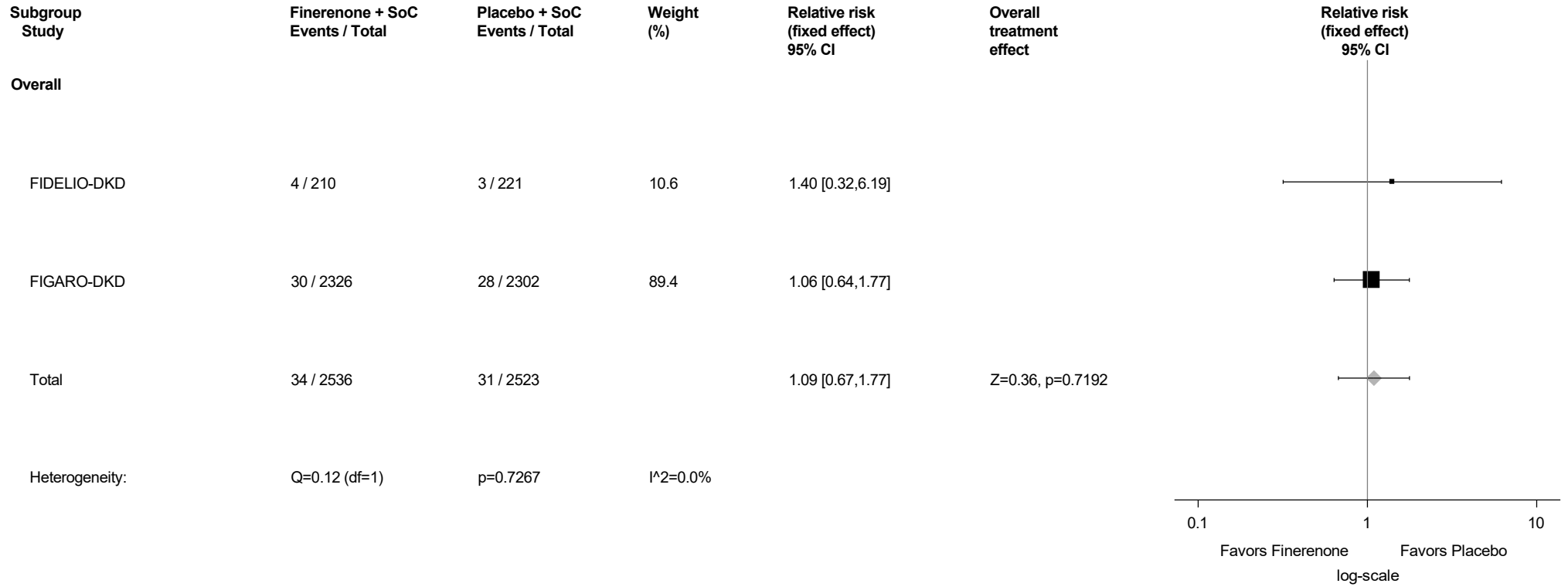
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.45: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



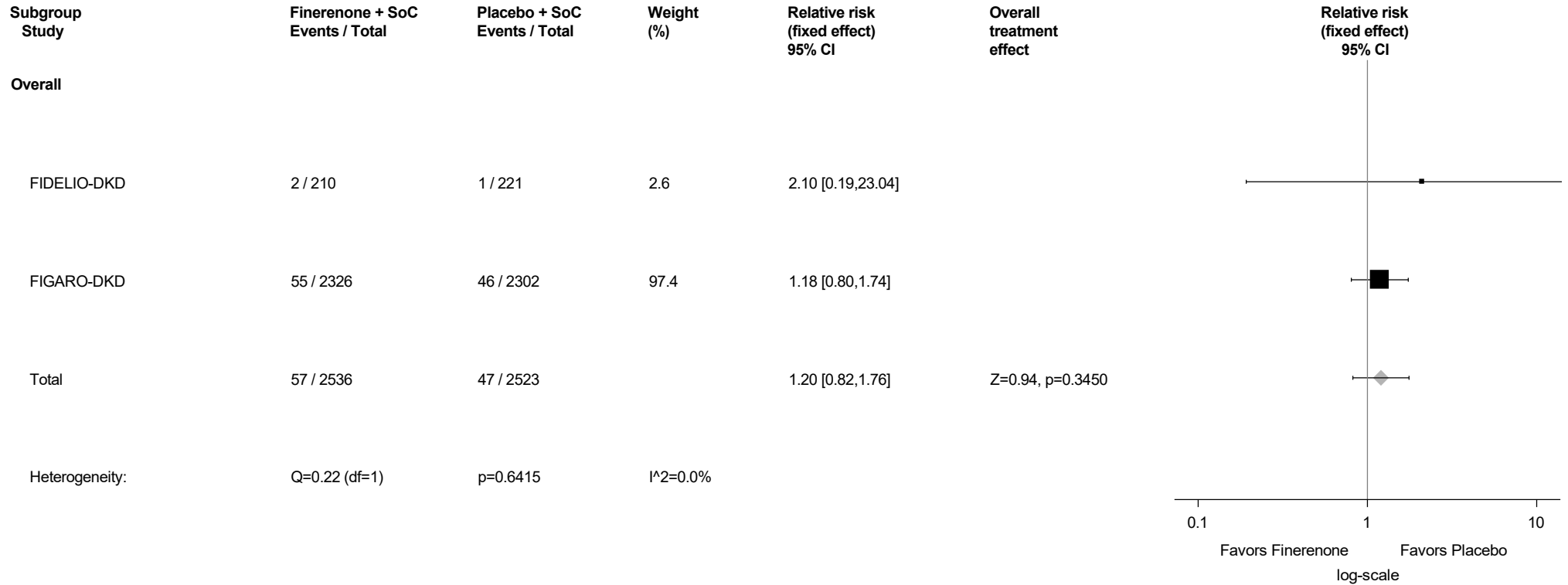
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.46: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



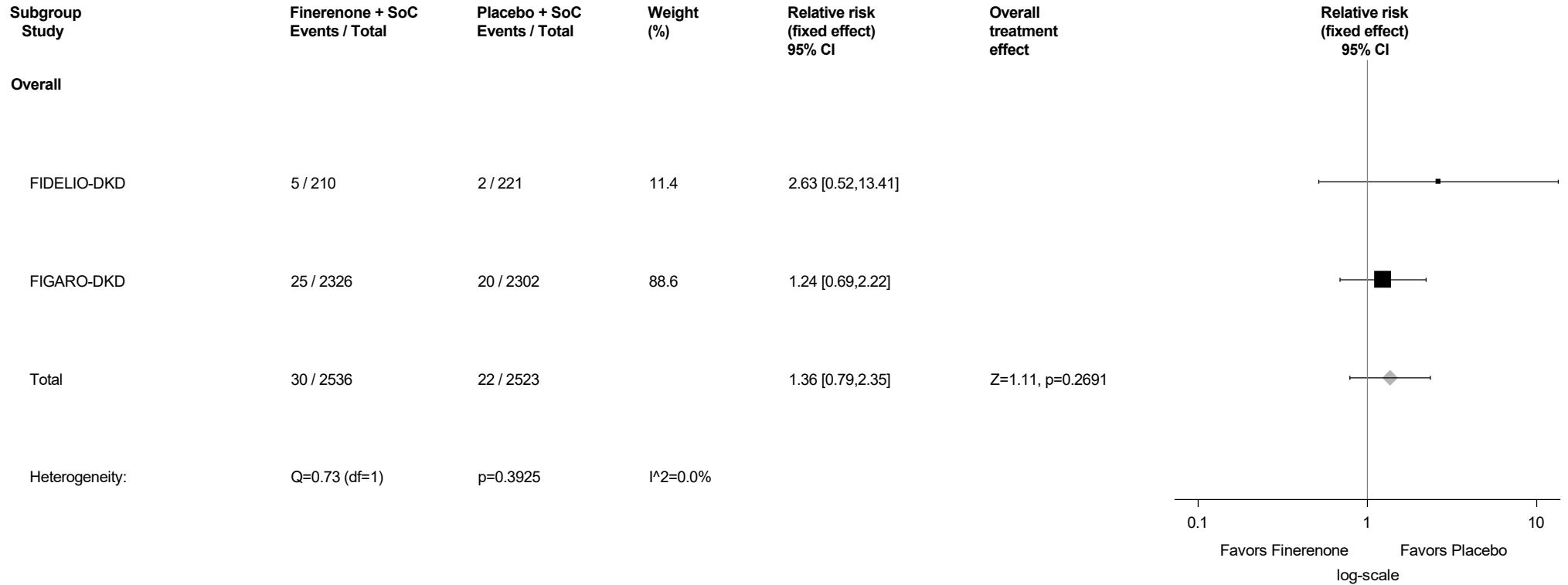
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.47: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



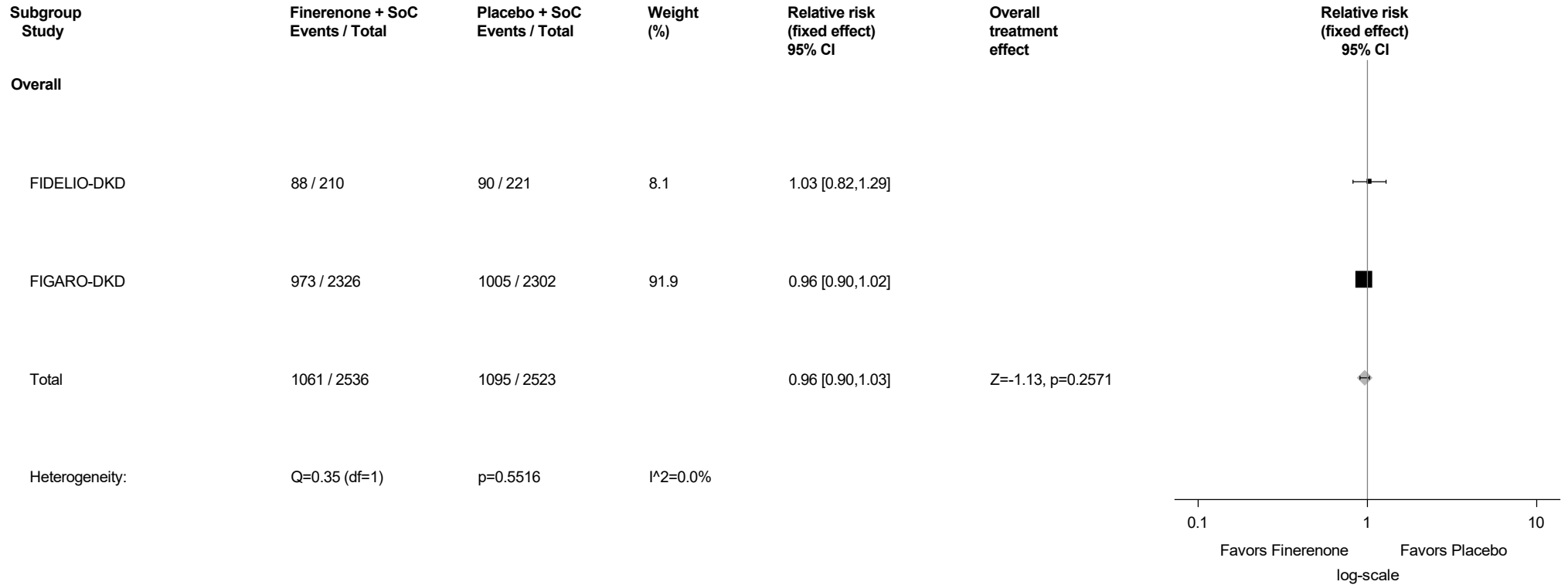
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.48: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



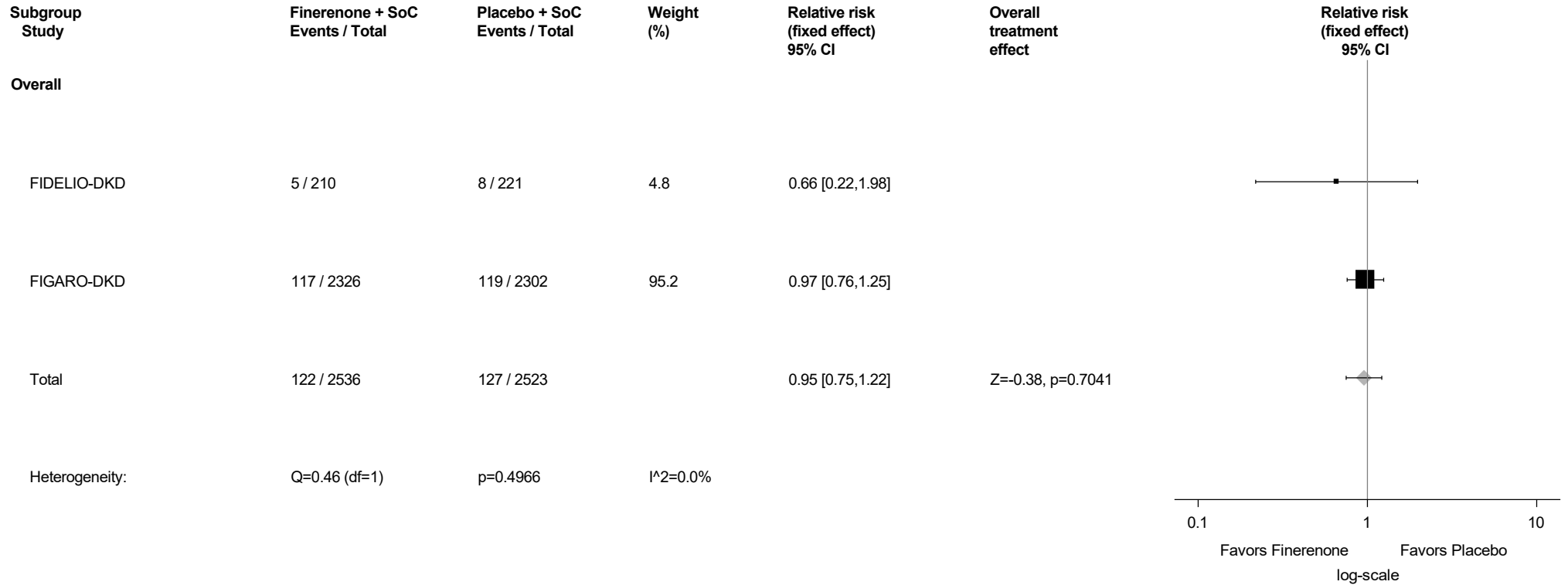
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.49: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



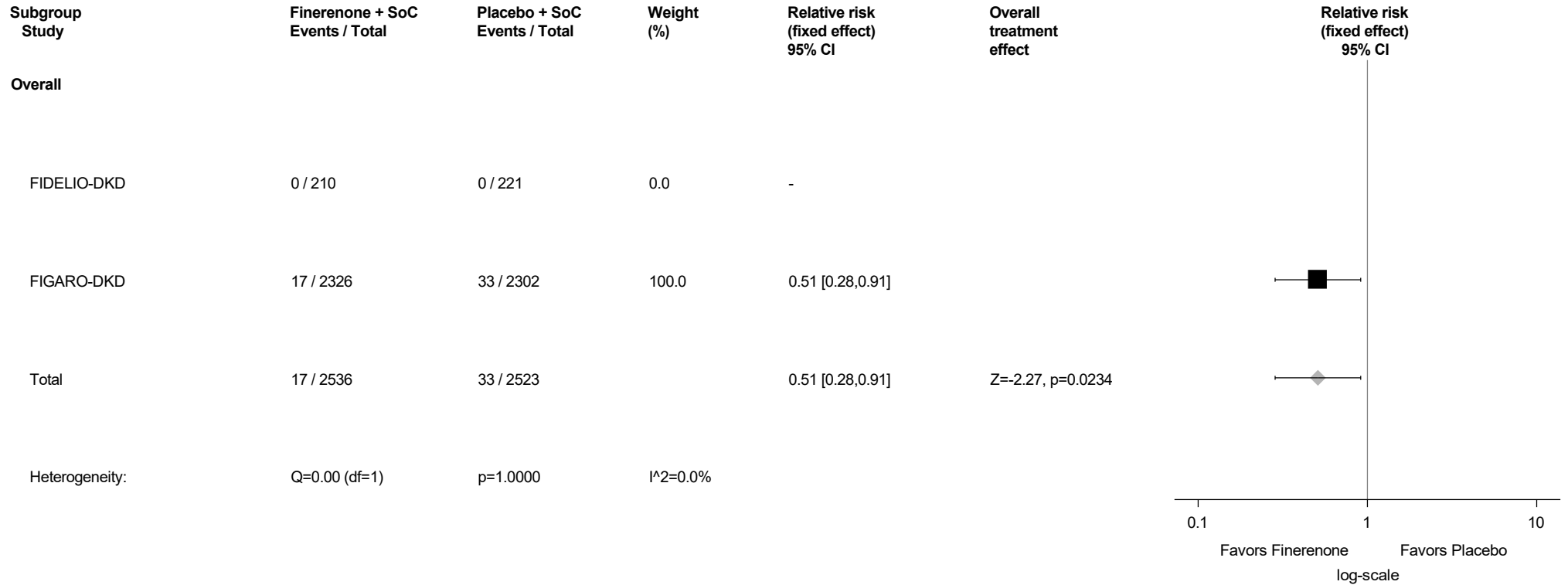
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.50: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - COVID-19 (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



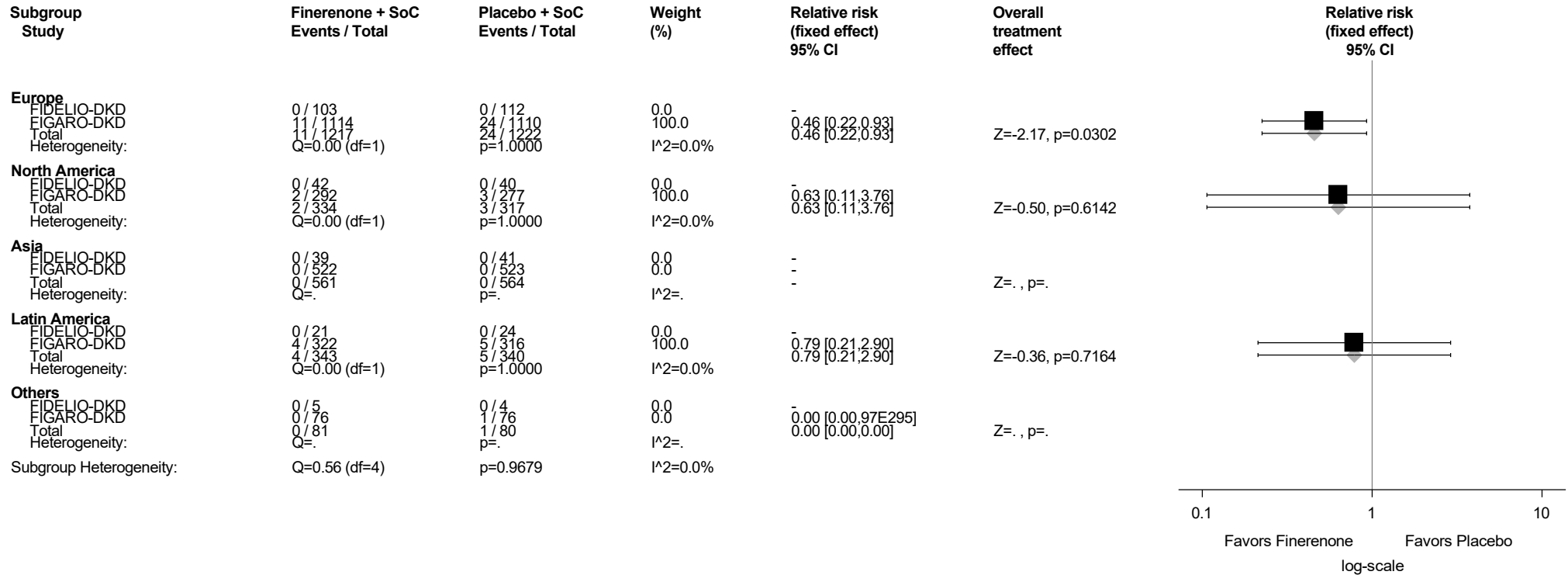
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.50.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



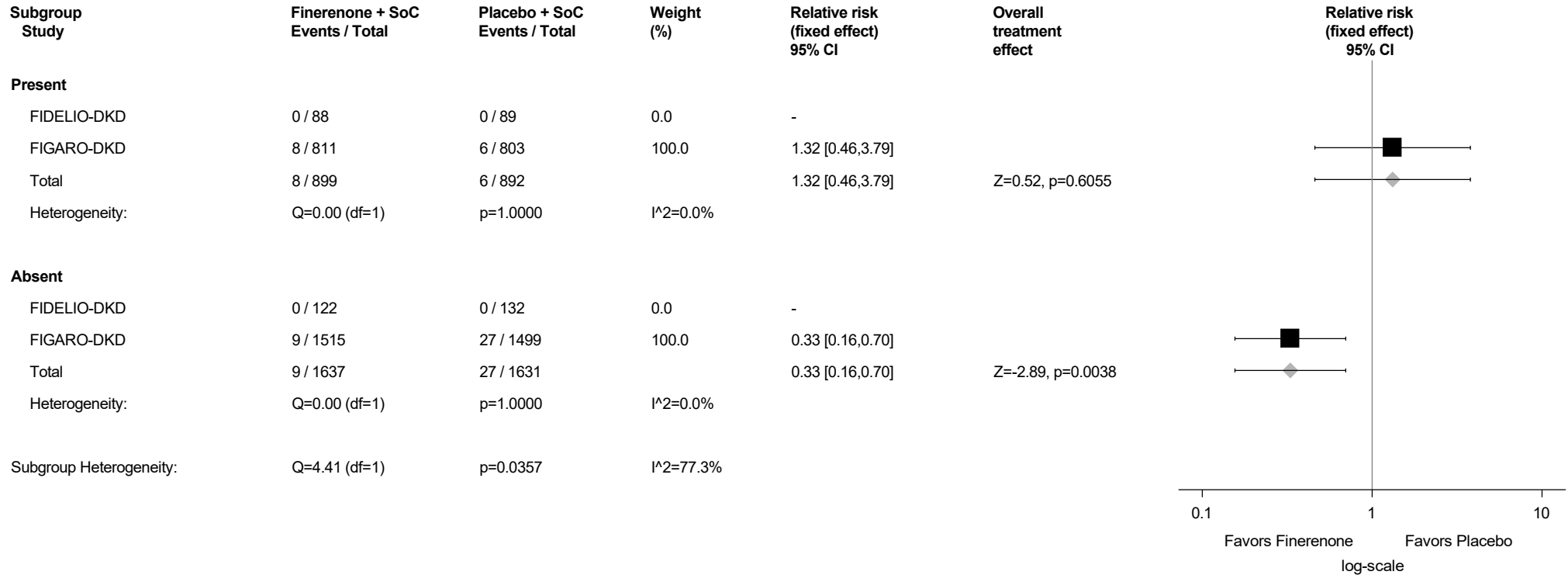
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.50.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



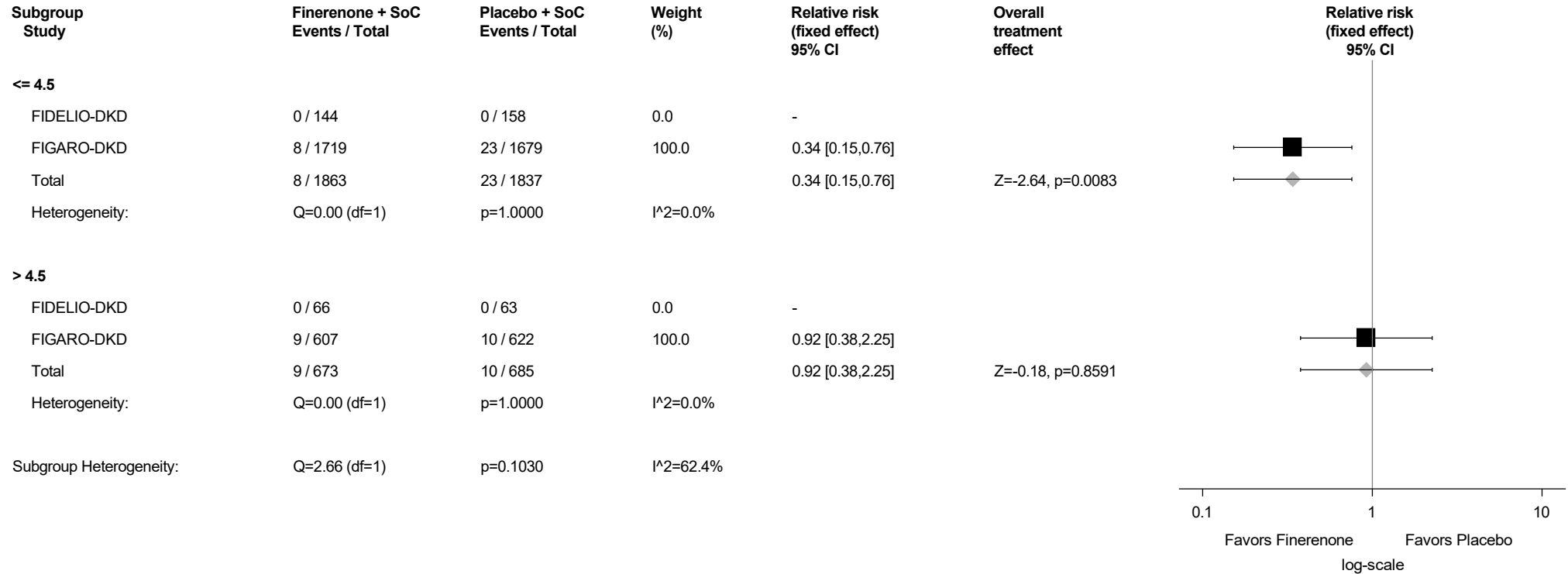
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.50.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



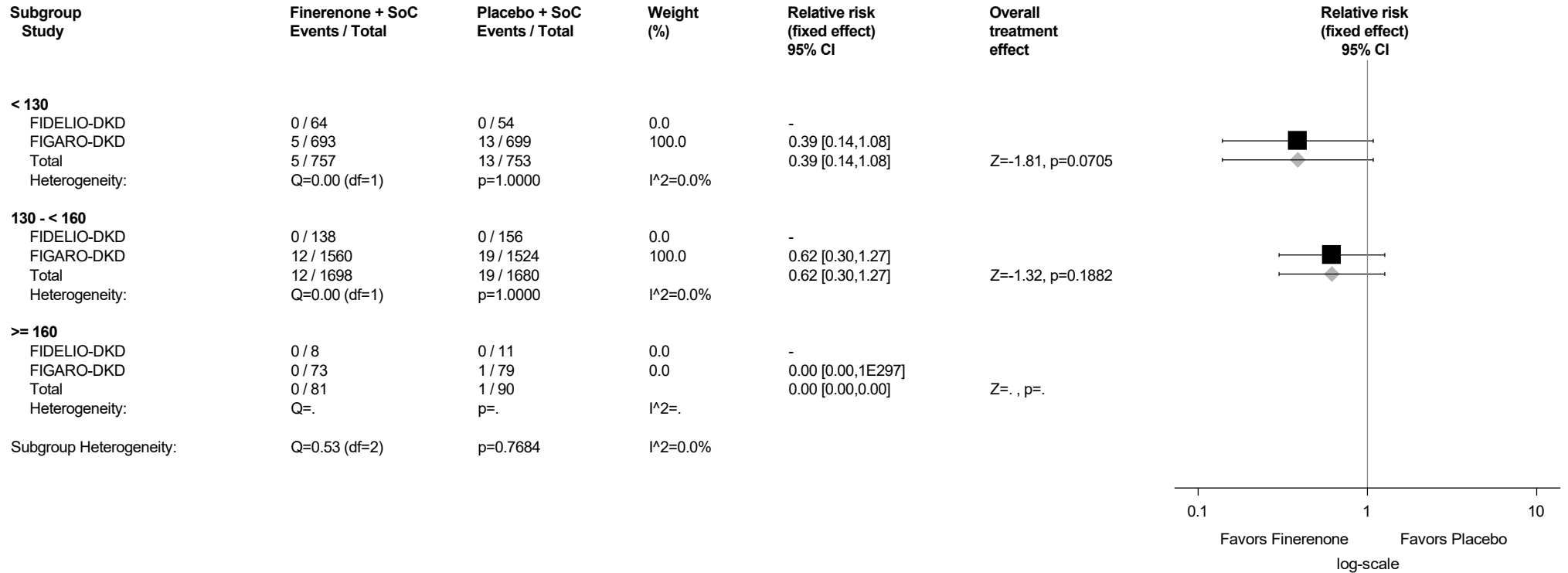
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.50.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



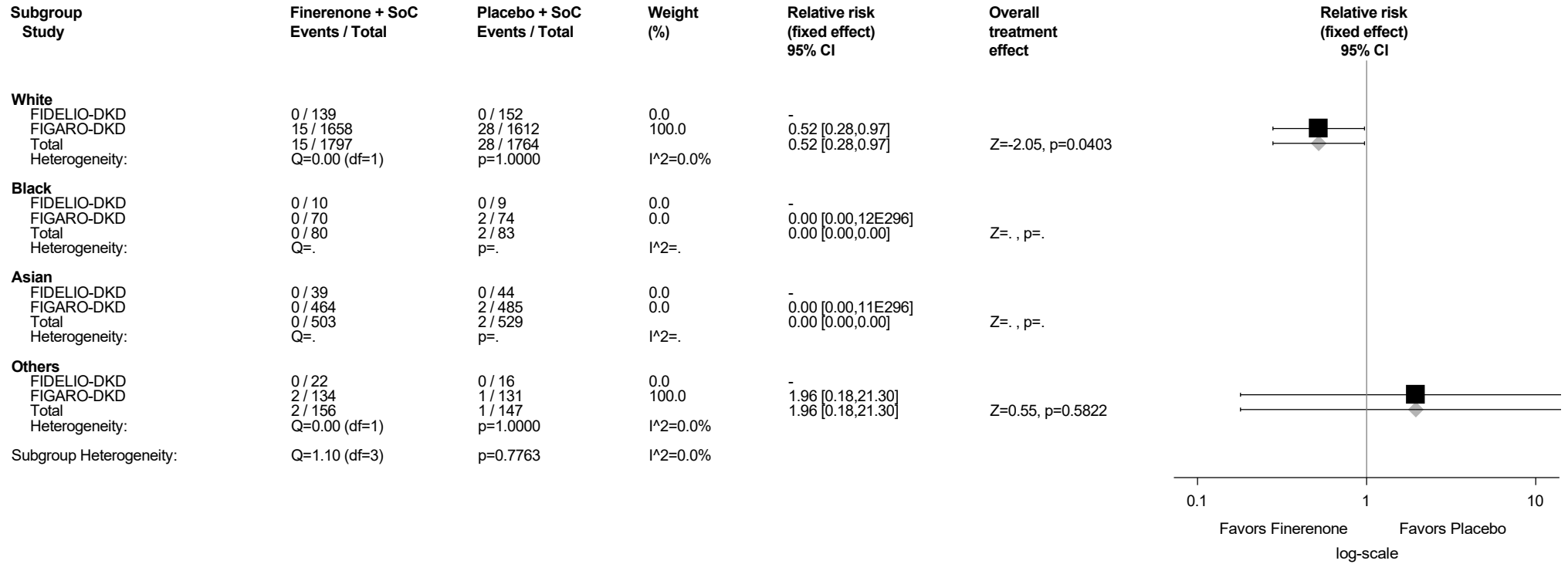
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.50.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



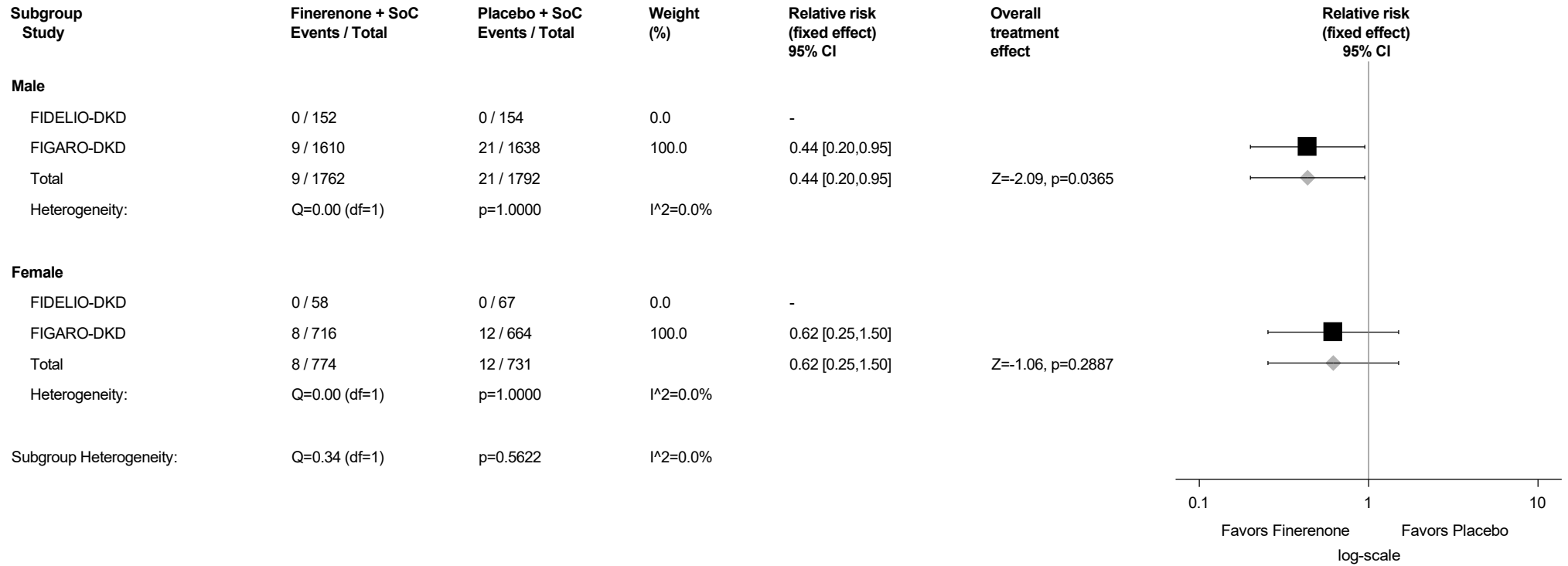
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.50.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - COVID-19 (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

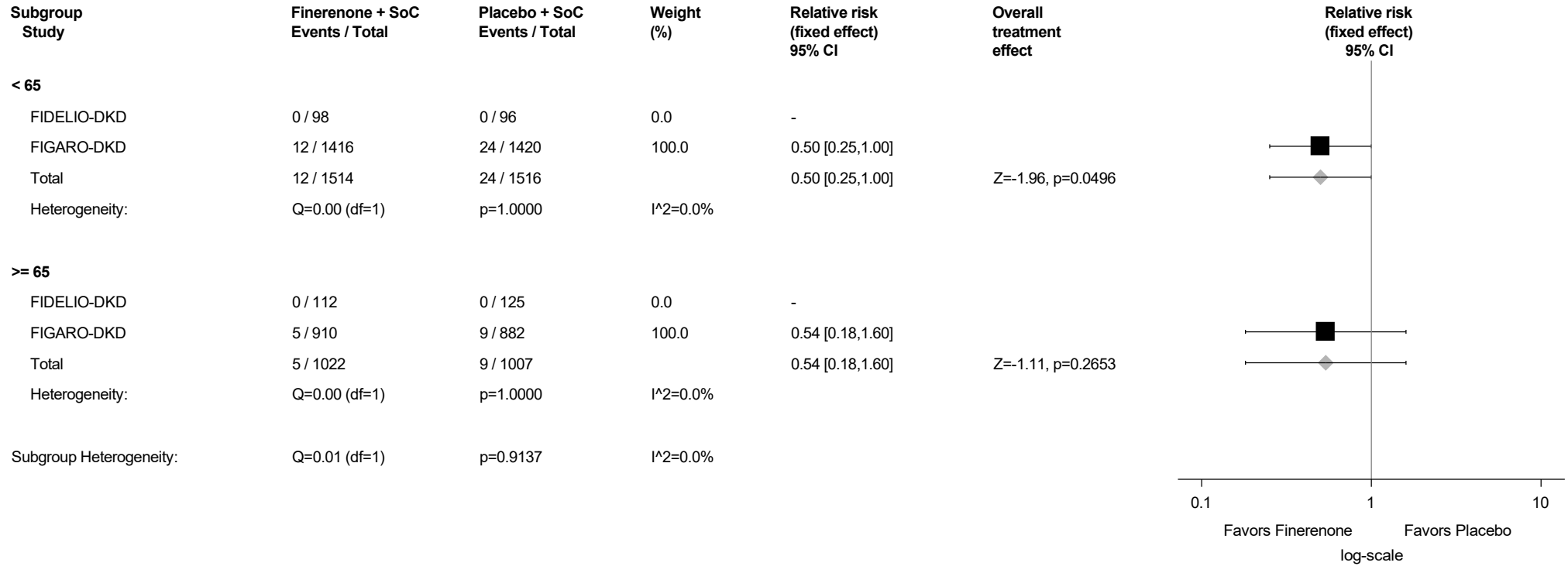
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.50.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



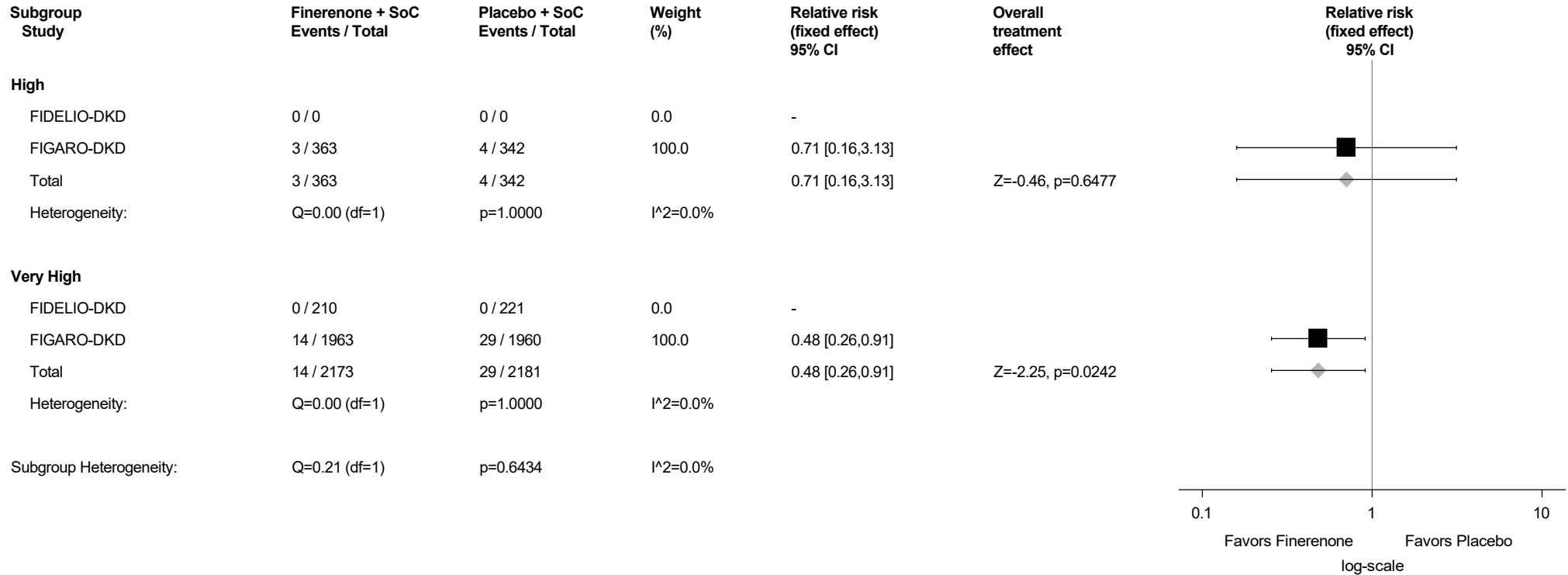
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.50.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



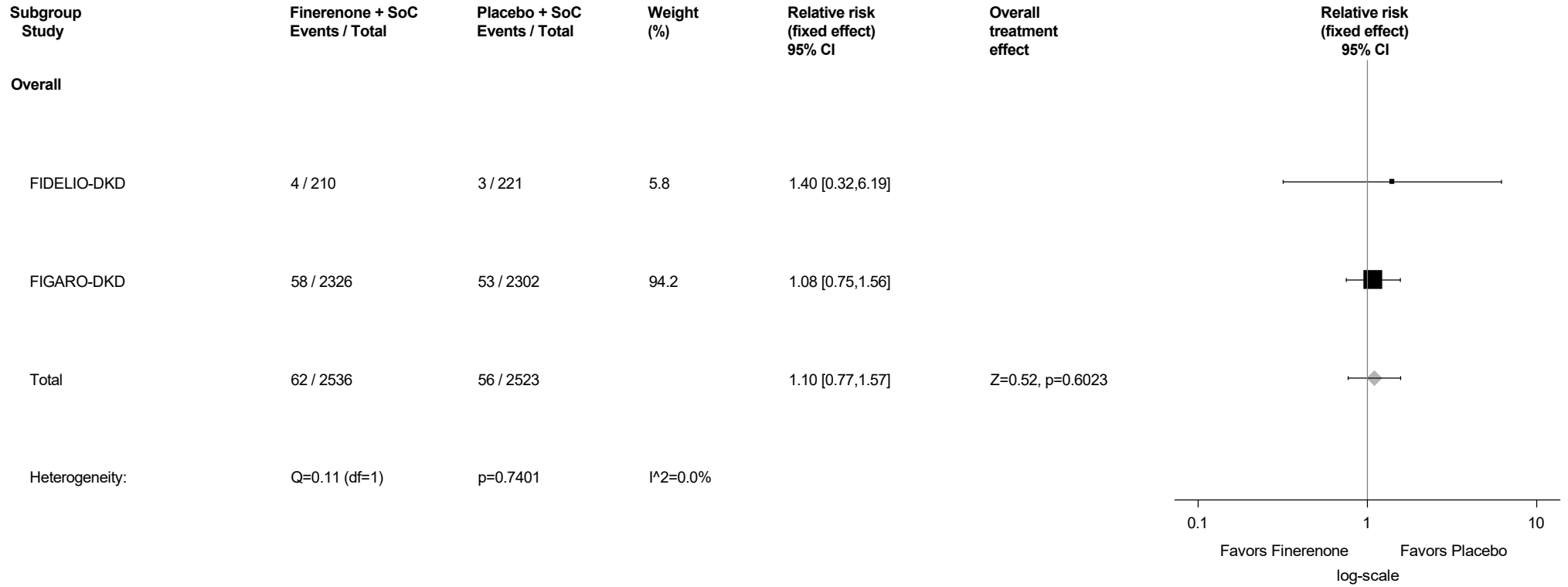
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.51: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



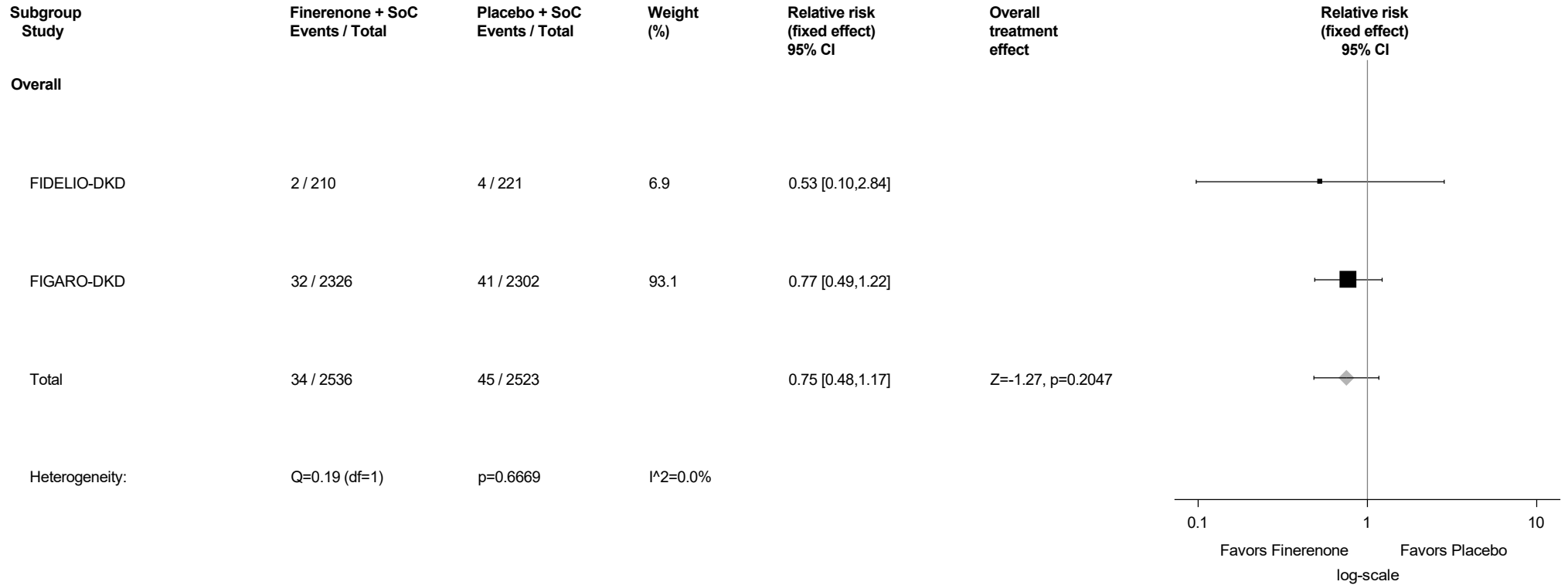
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.52: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



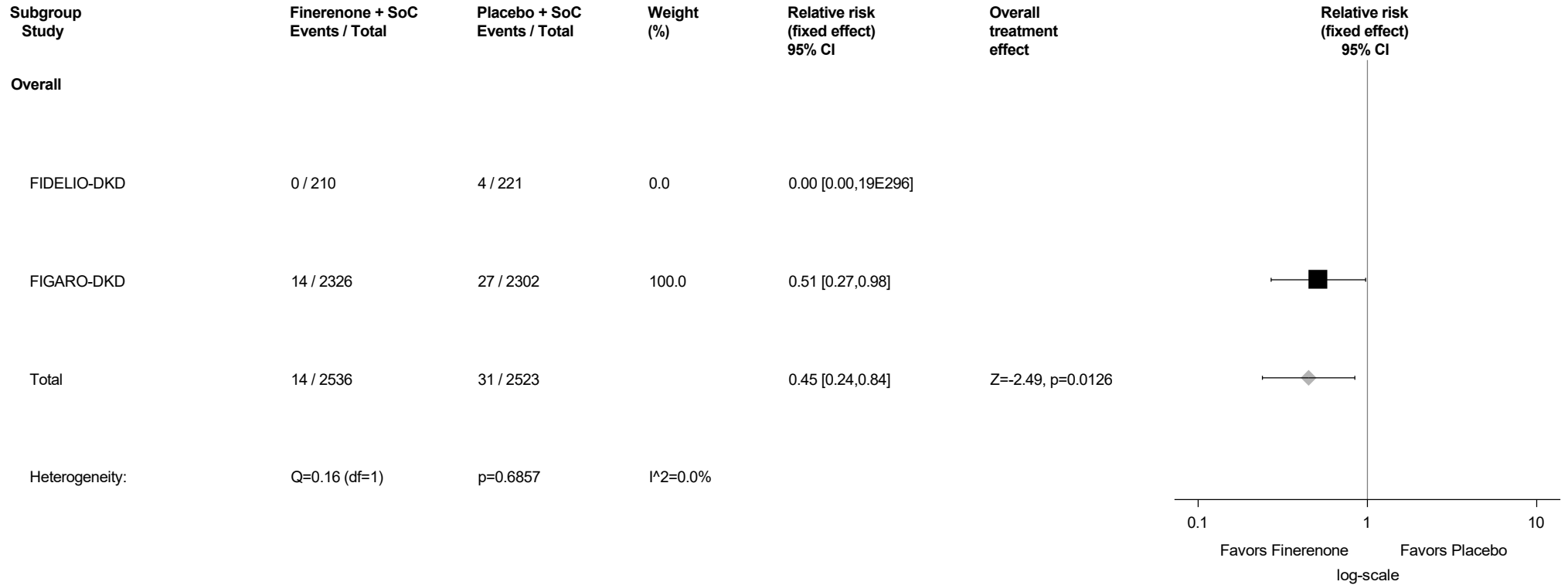
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.53: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



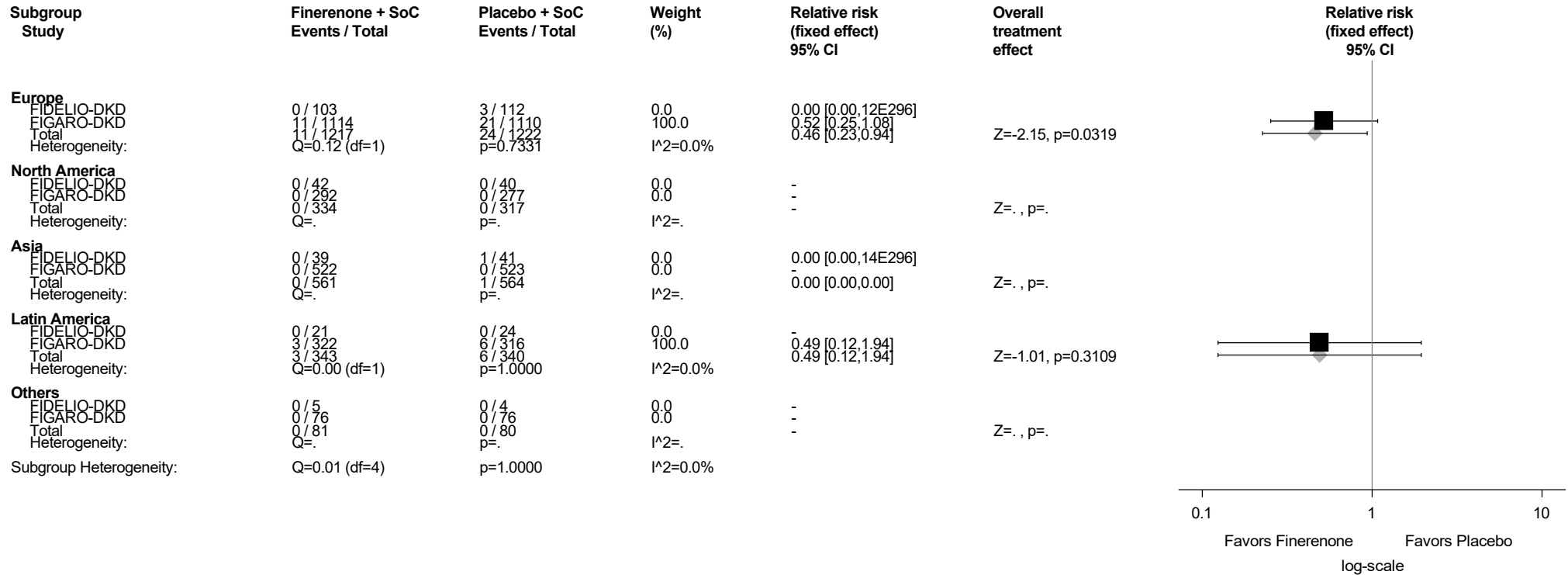
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.53.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



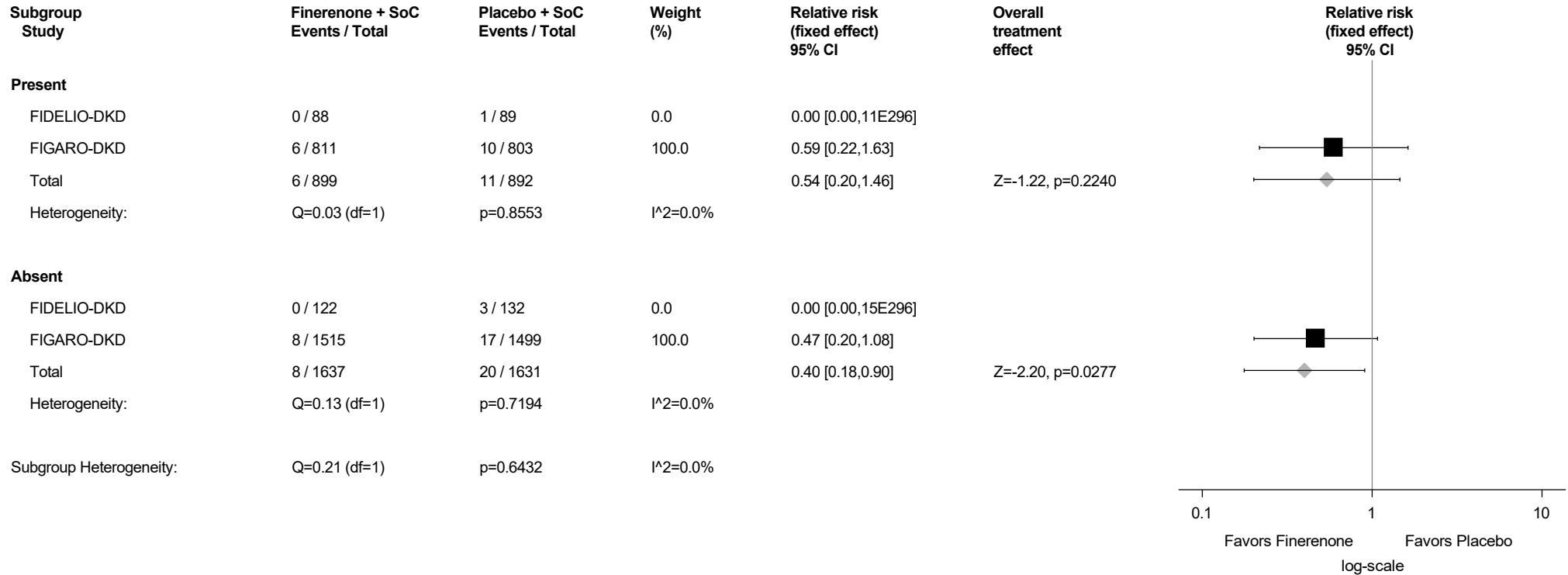
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.53.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



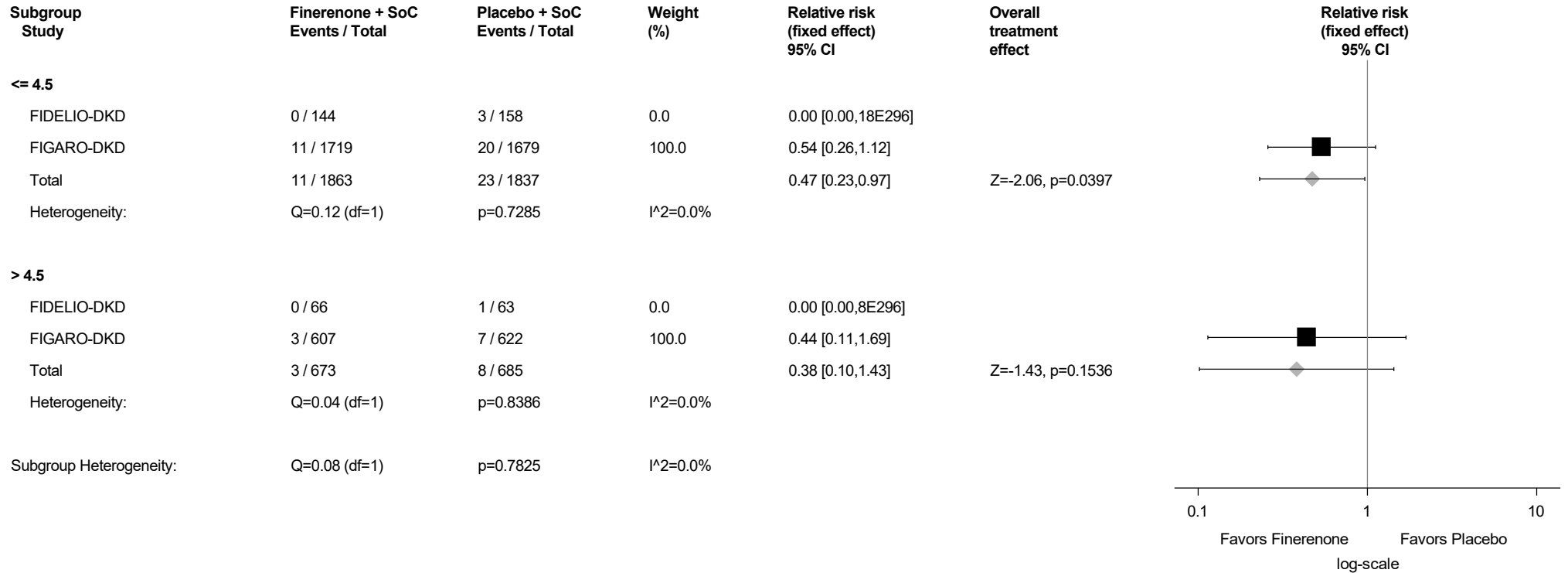
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.53.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



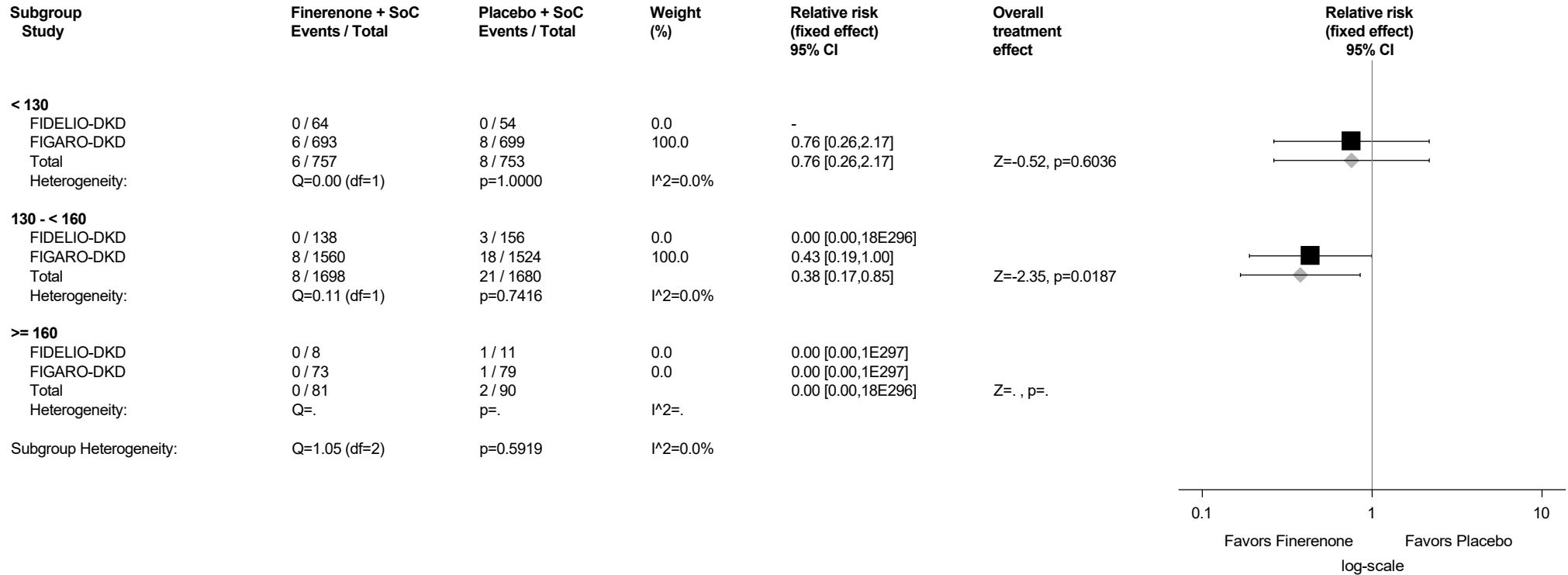
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.53.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



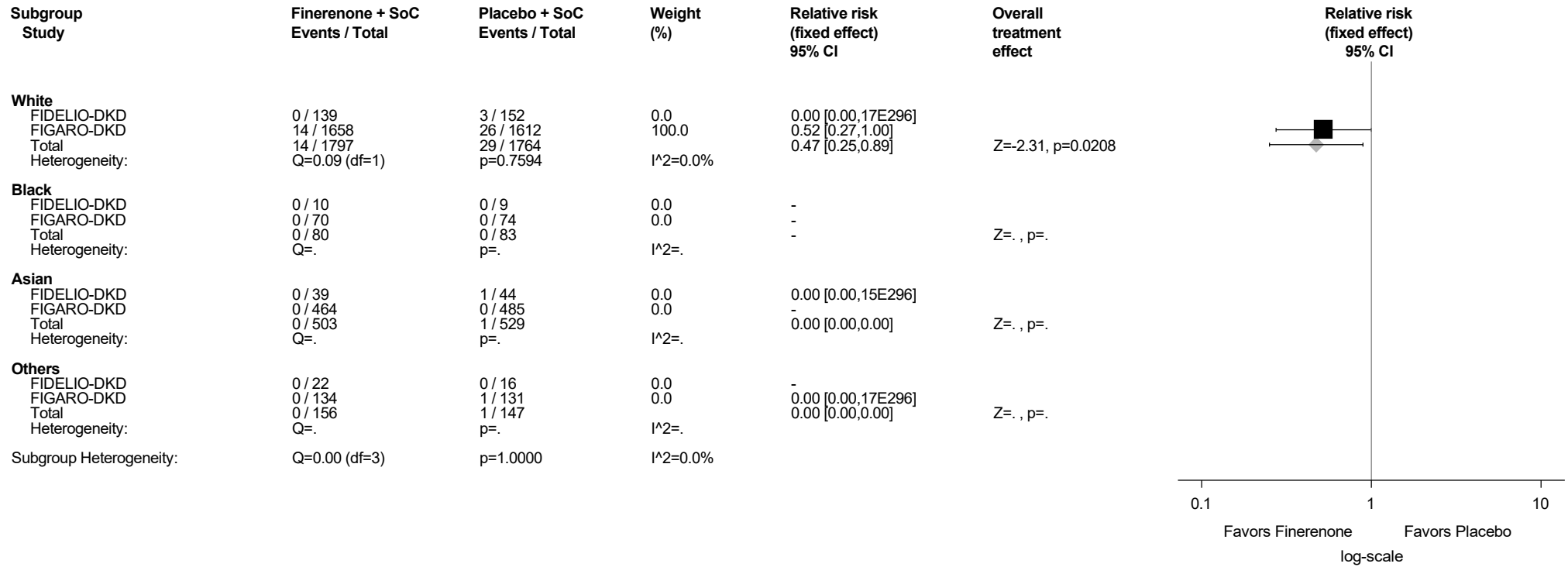
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.53.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Erysipelas (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



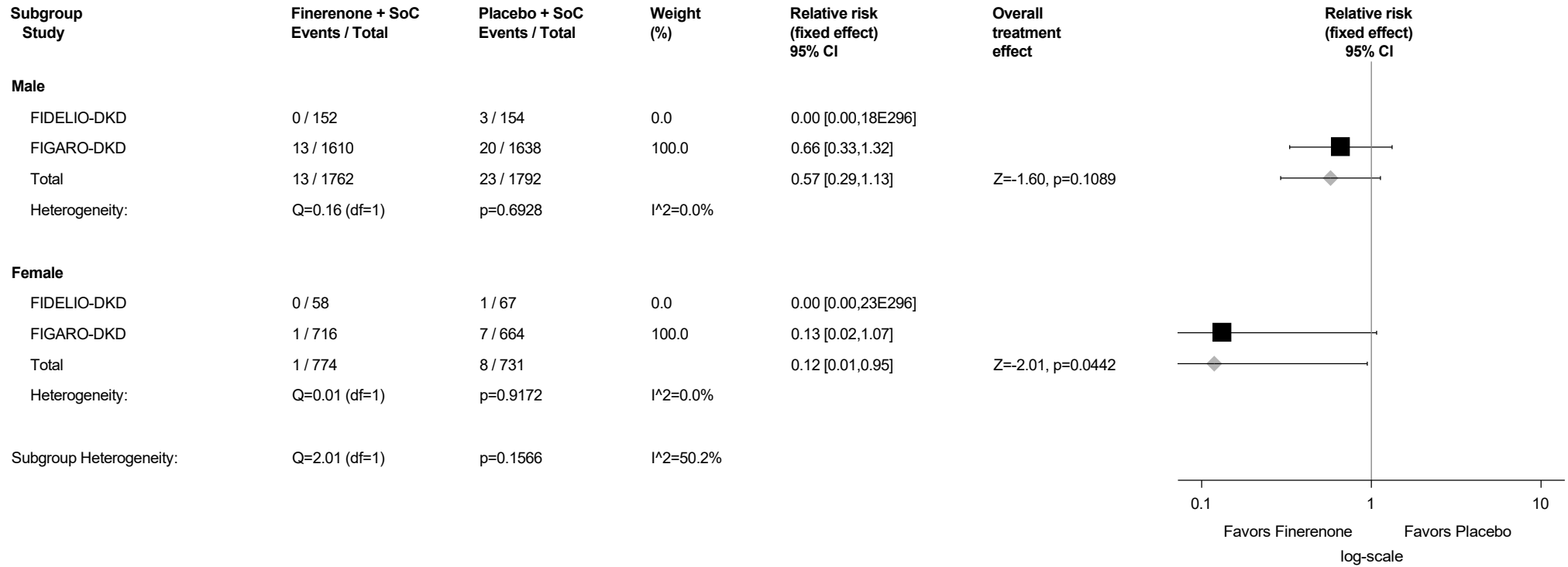
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.53.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



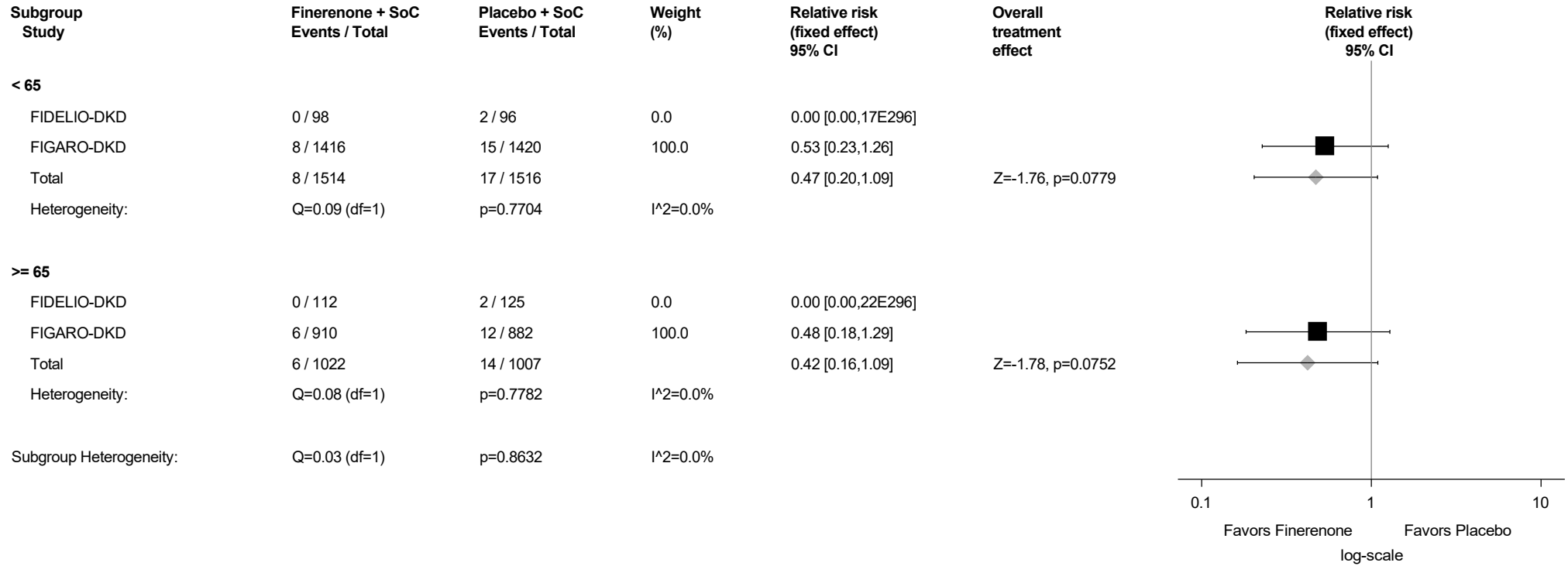
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.53.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



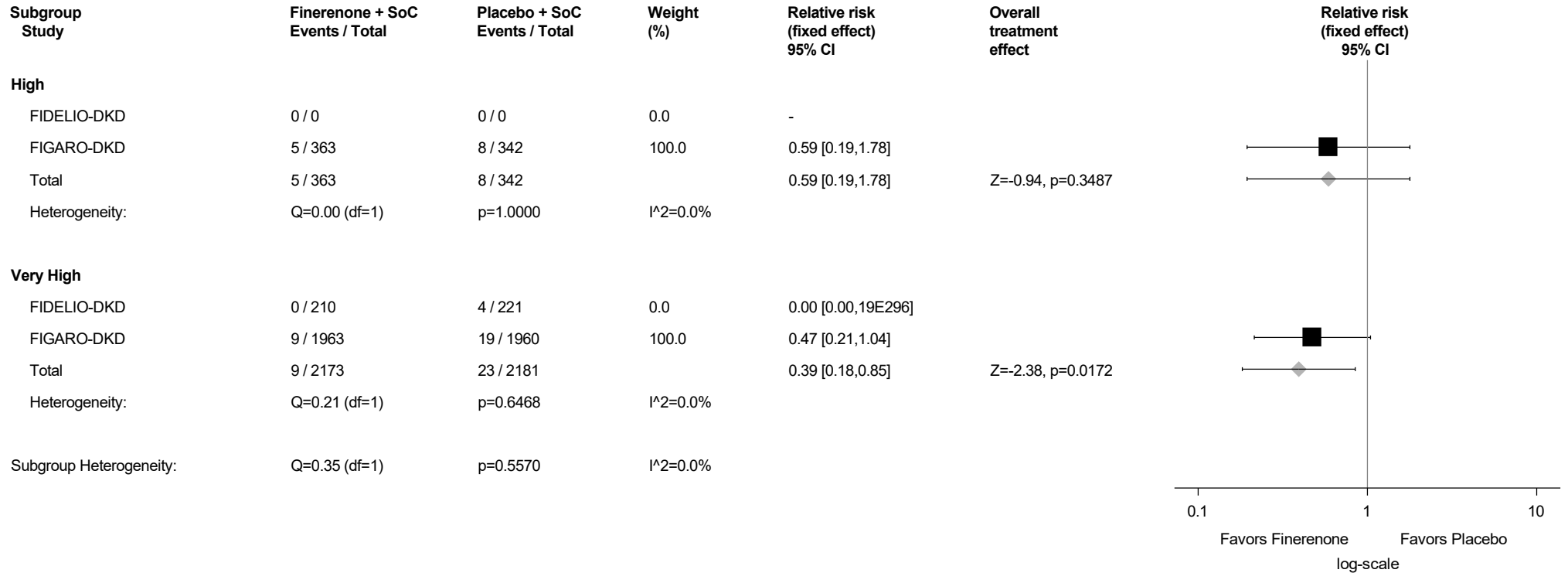
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.53.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



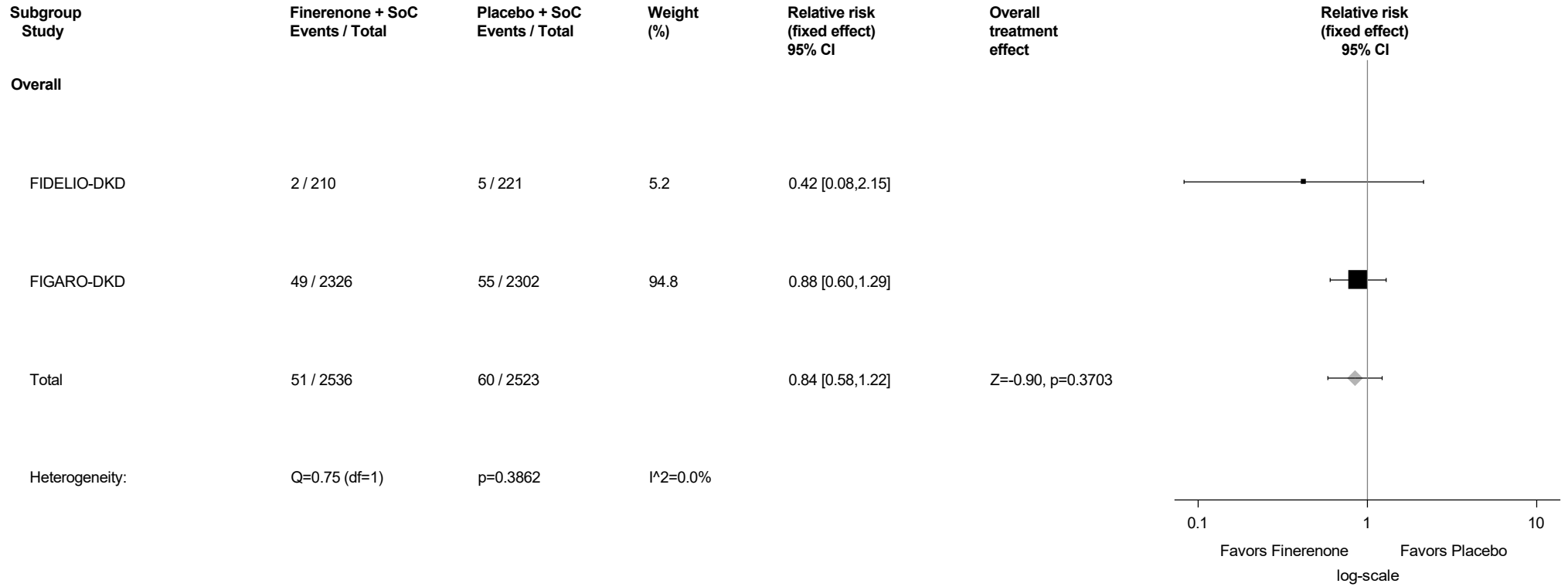
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.54: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



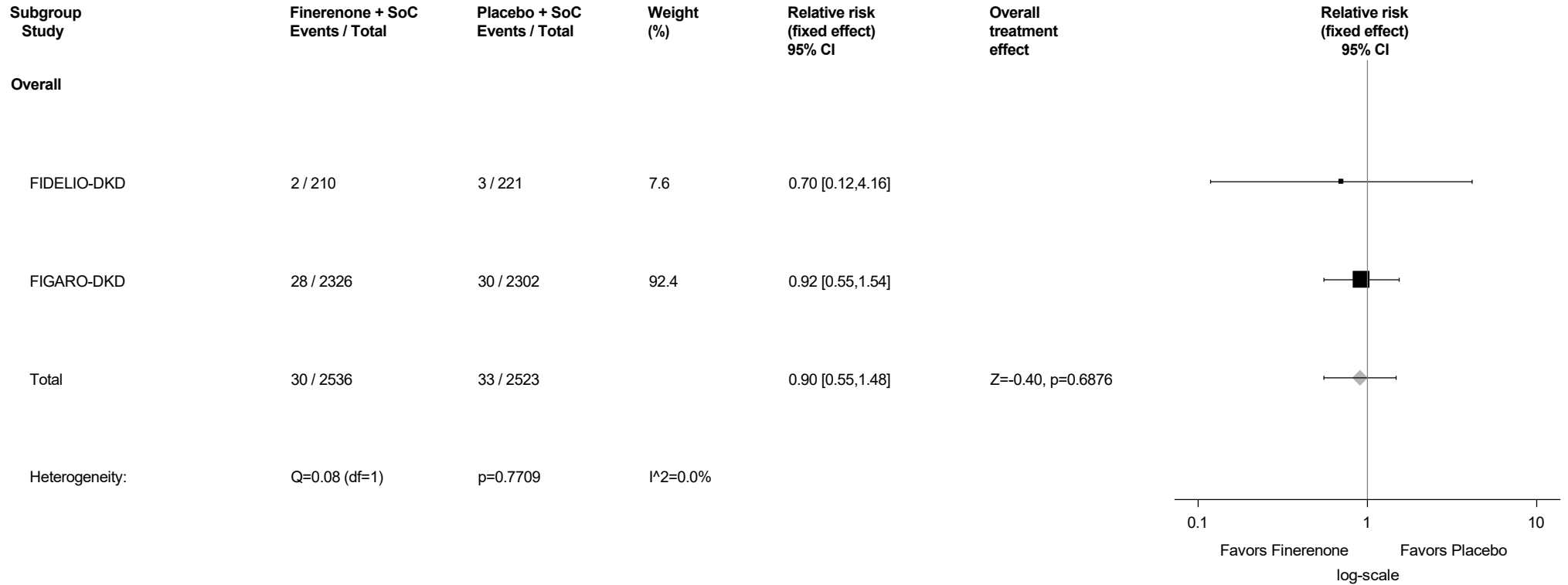
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.55: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



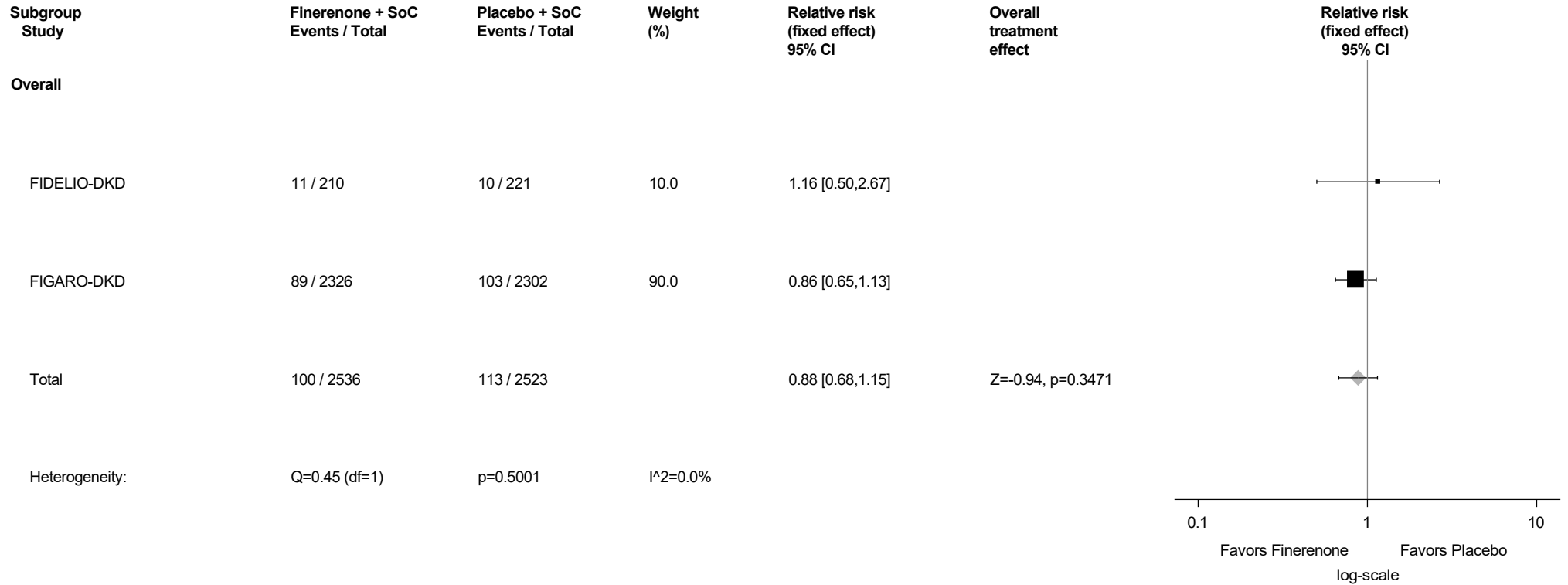
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.56: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



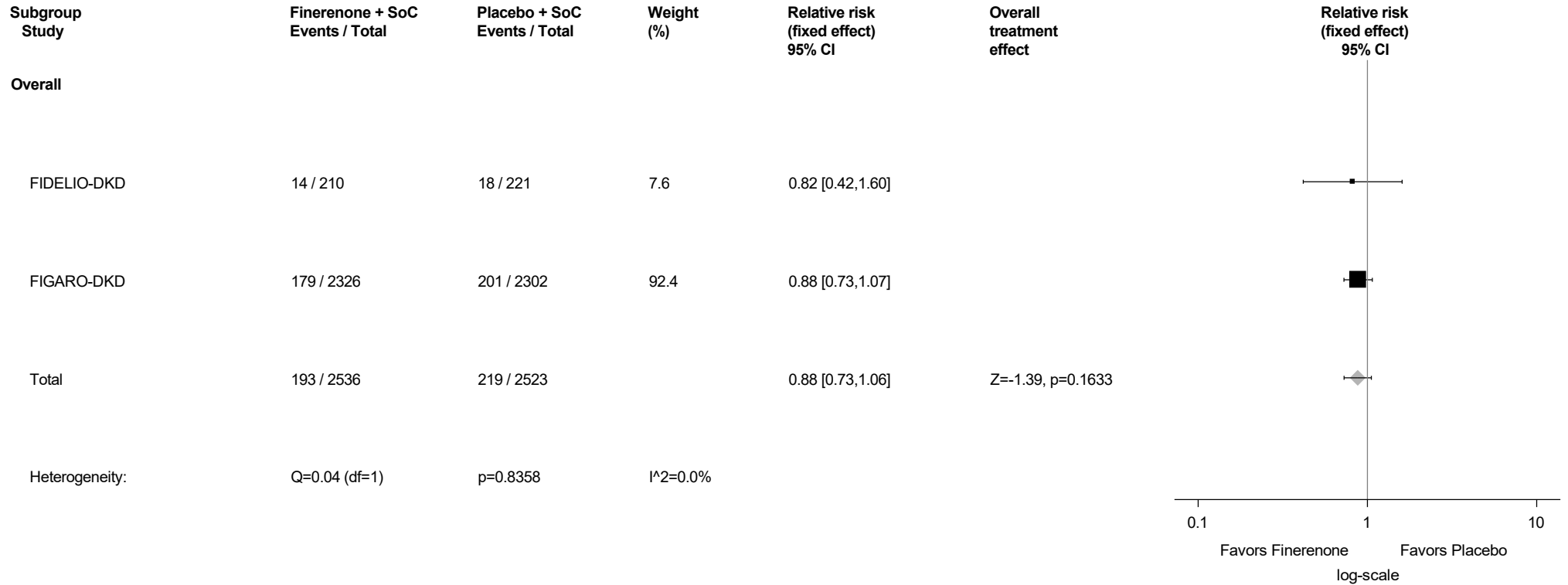
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.57: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



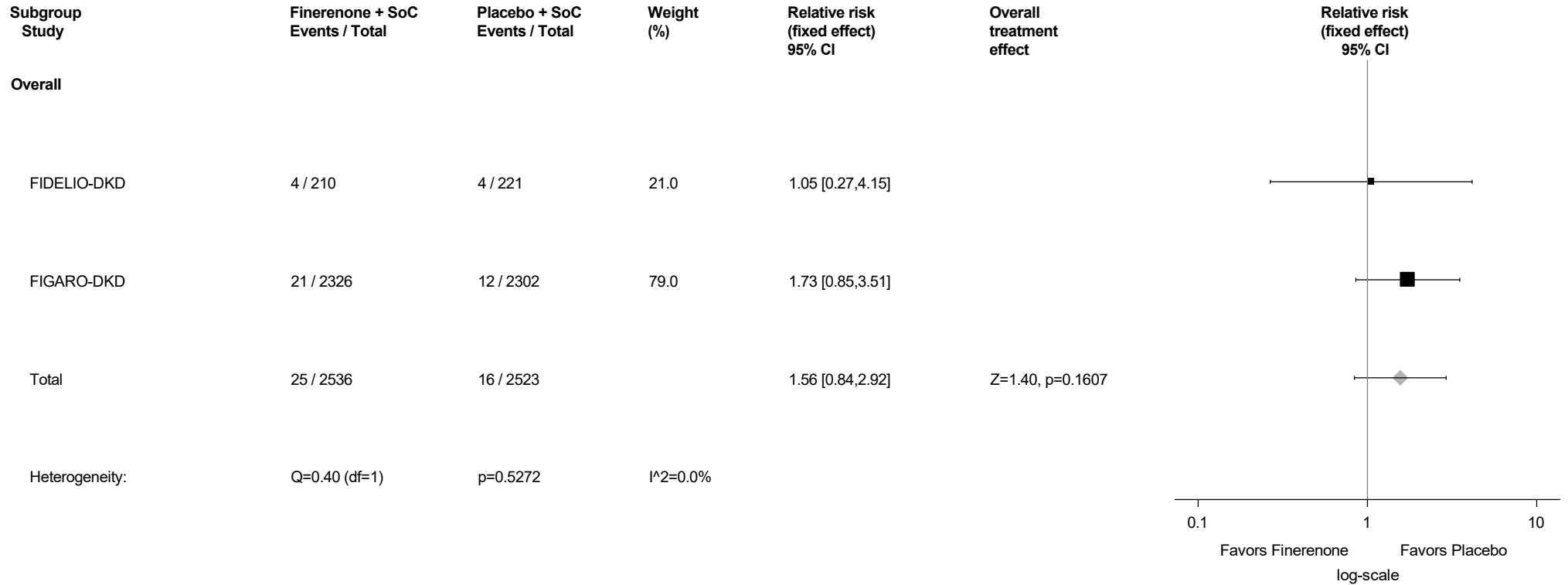
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.58: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Periodontitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



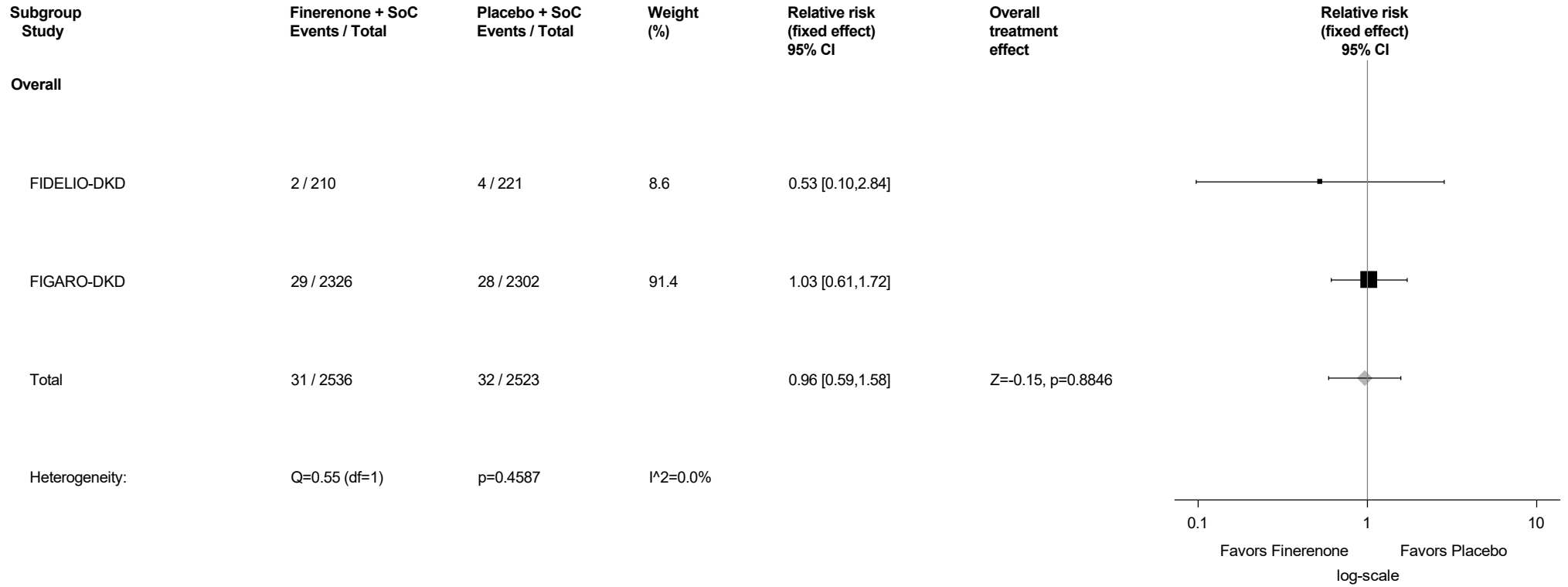
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.59: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



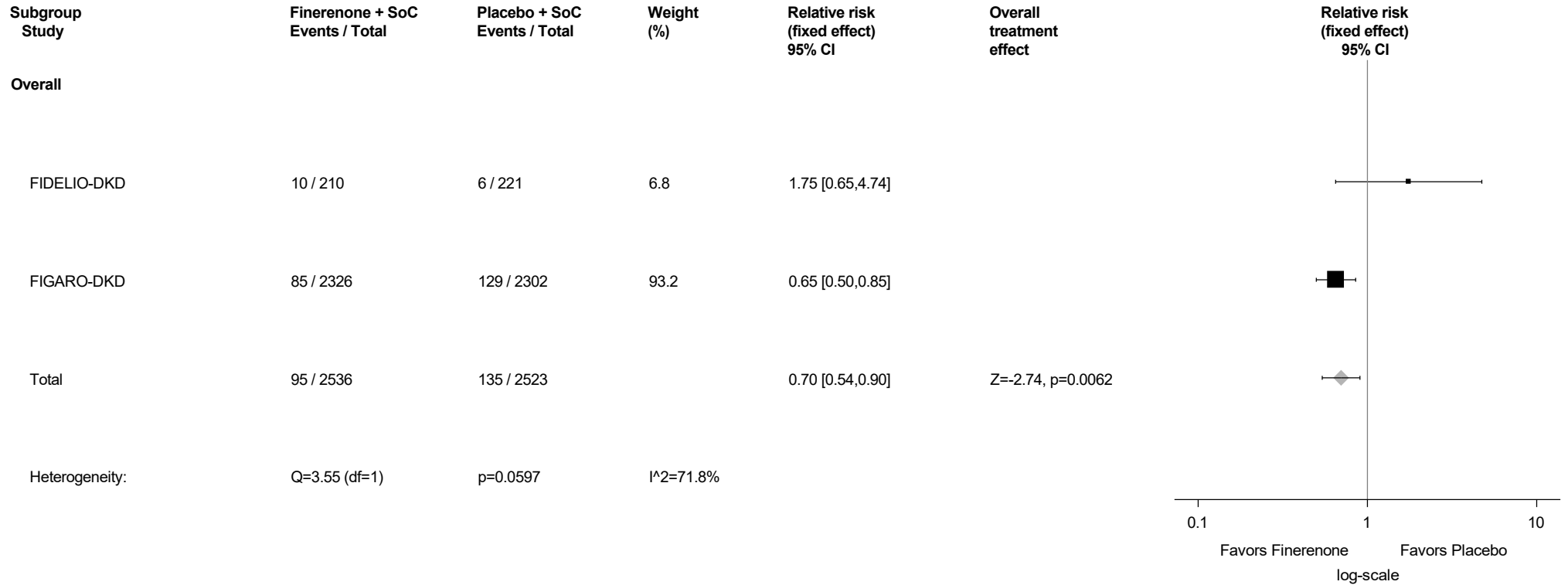
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.60: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



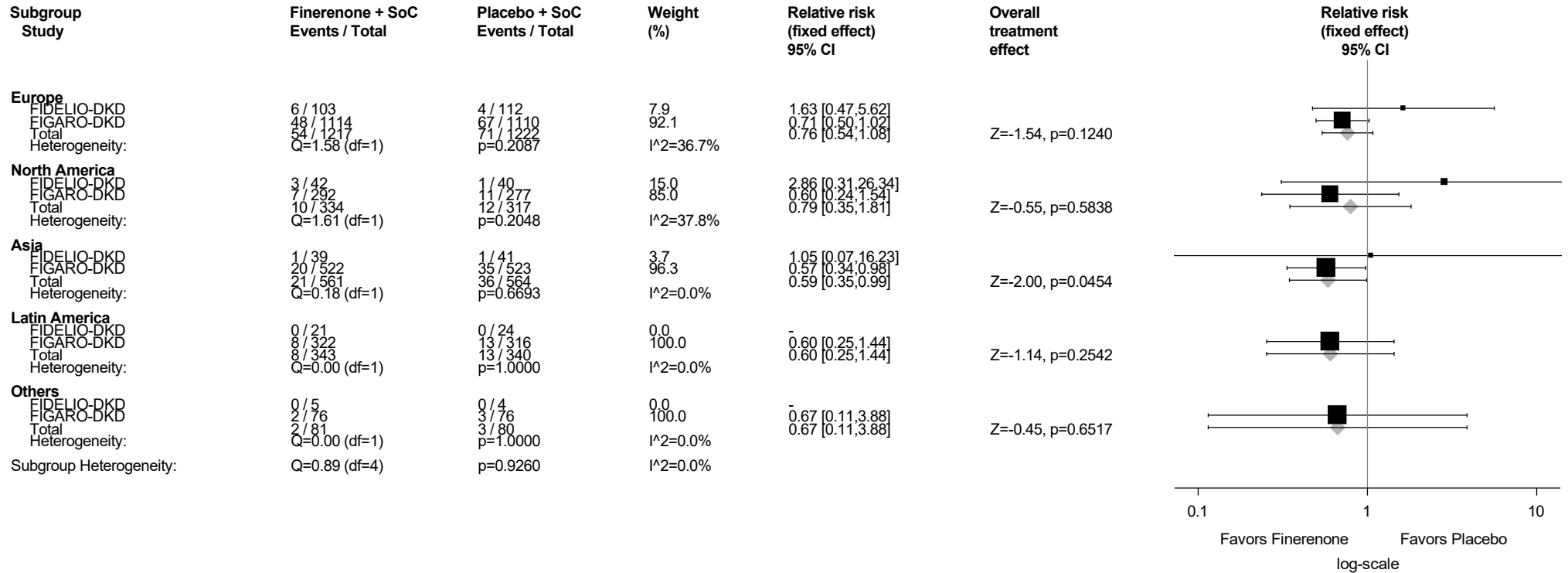
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.60.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



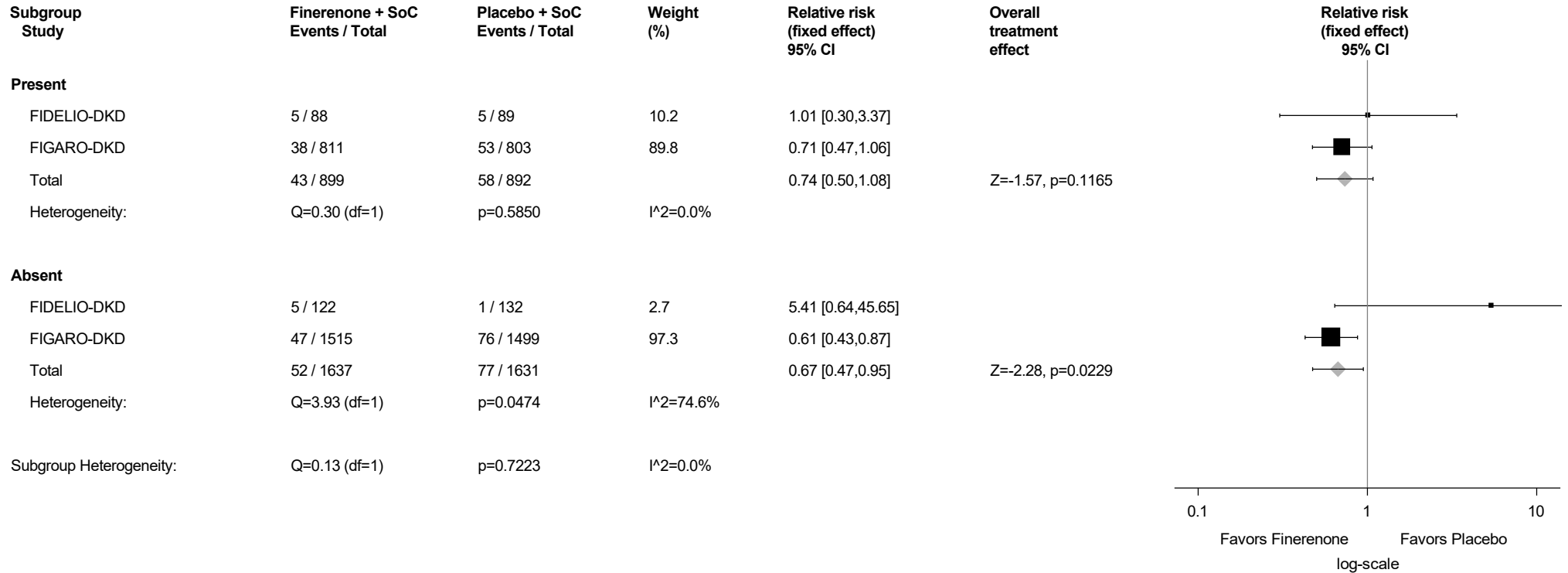
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.60.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



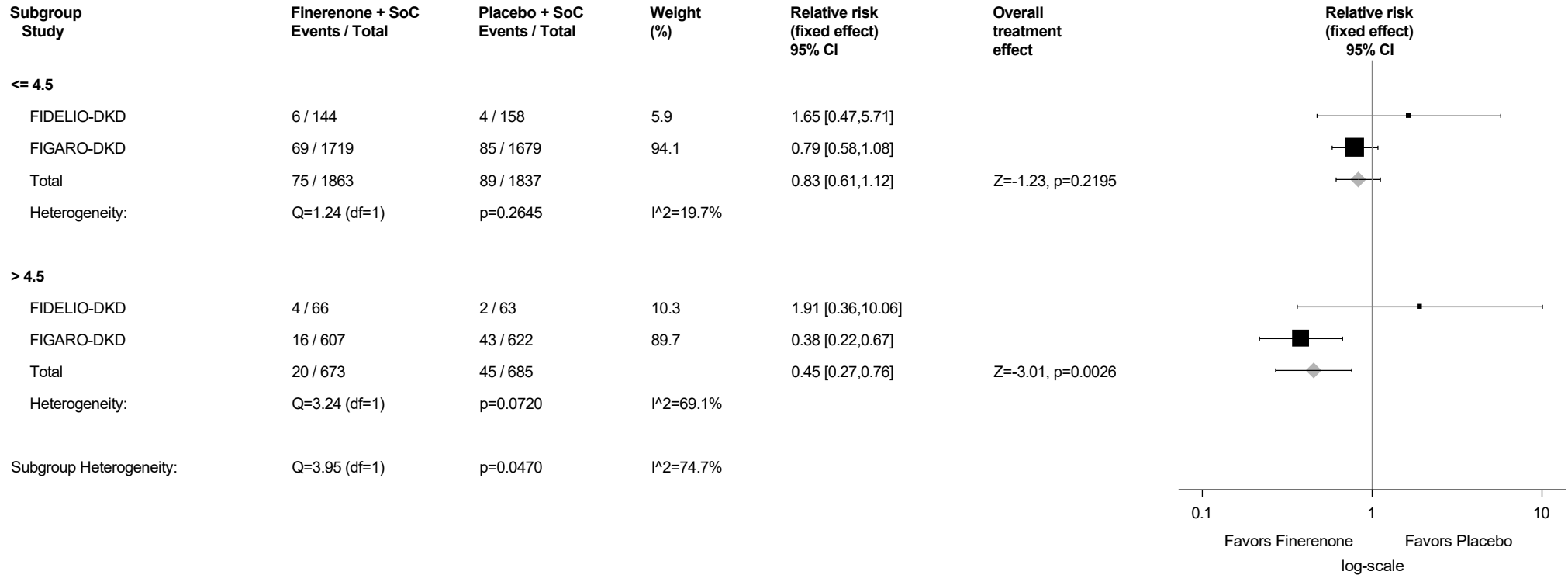
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.60.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



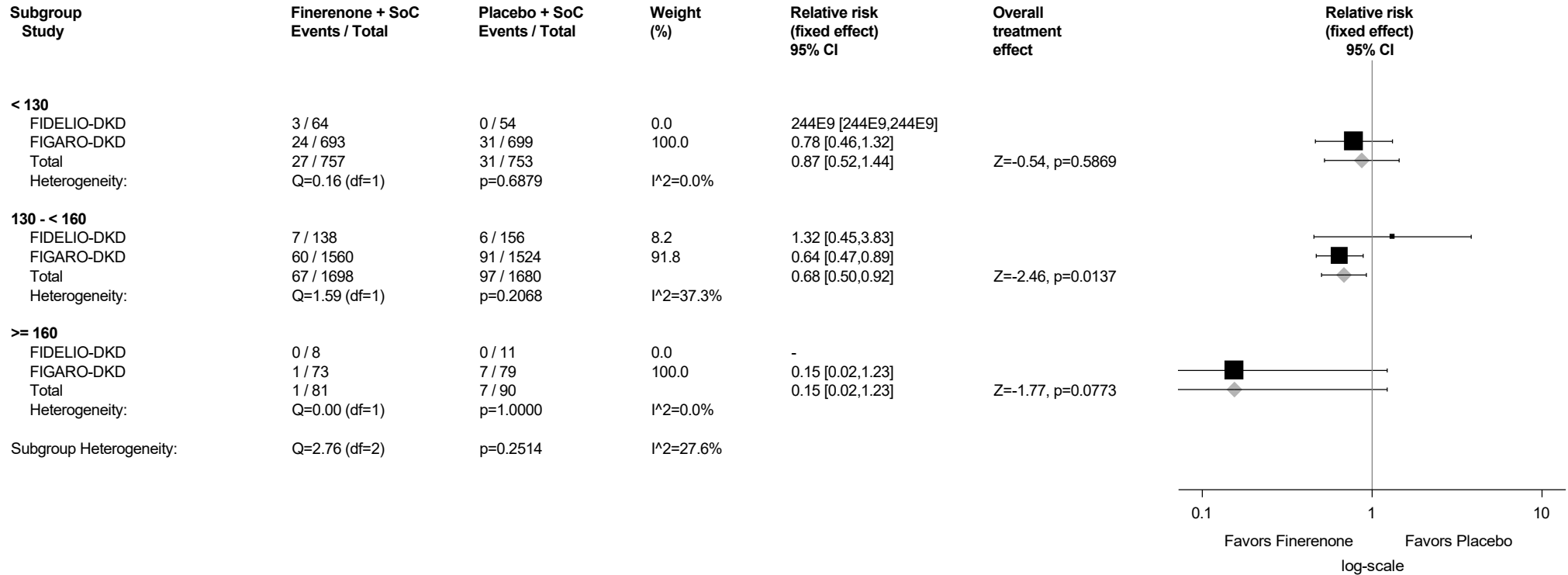
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.60.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



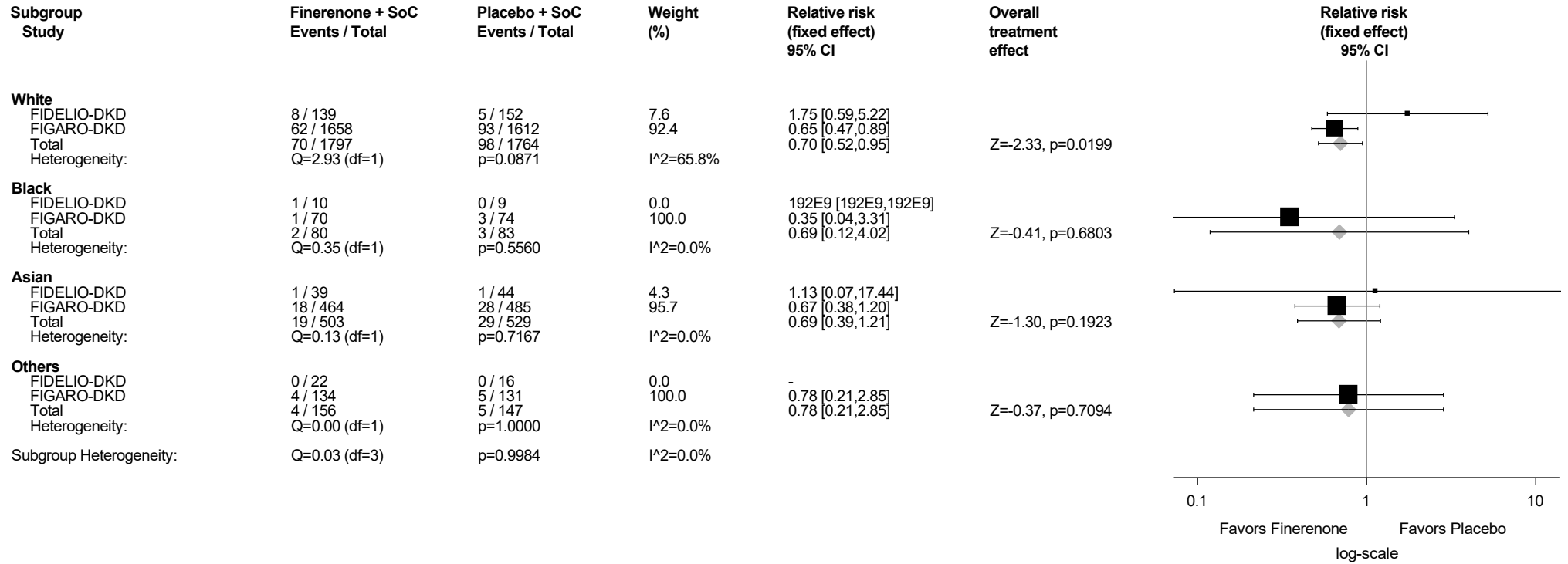
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.60.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



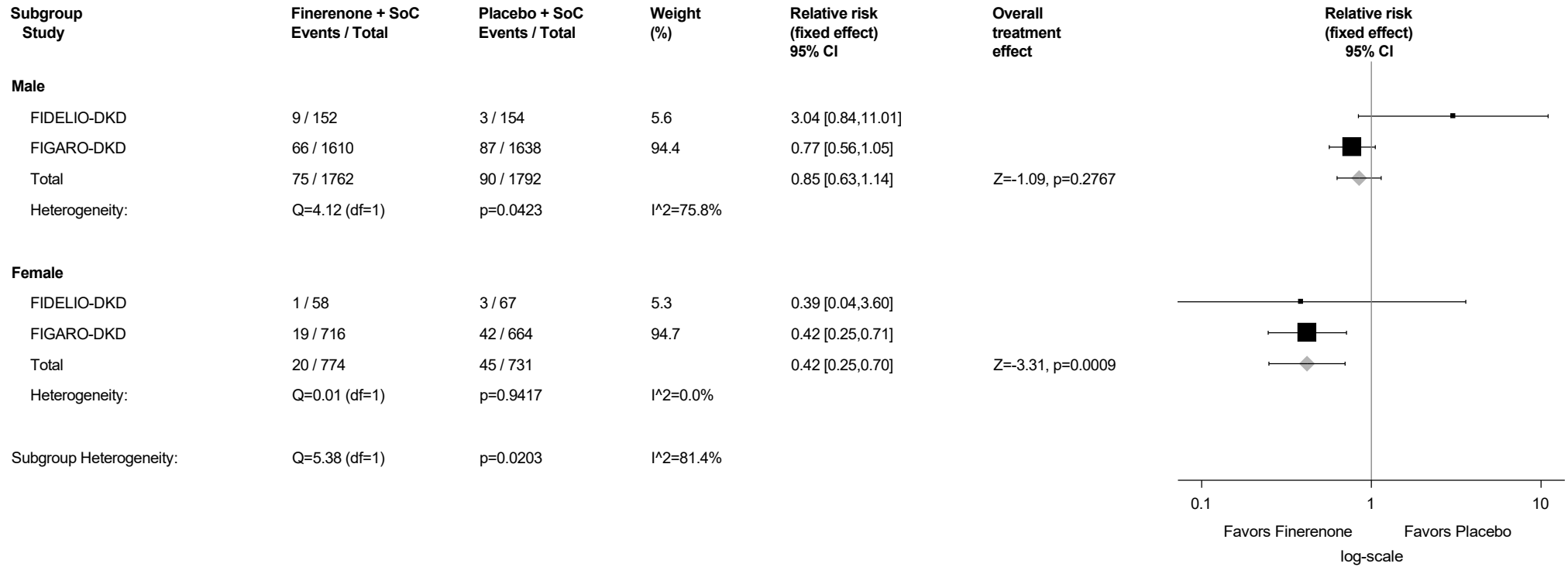
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.60.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



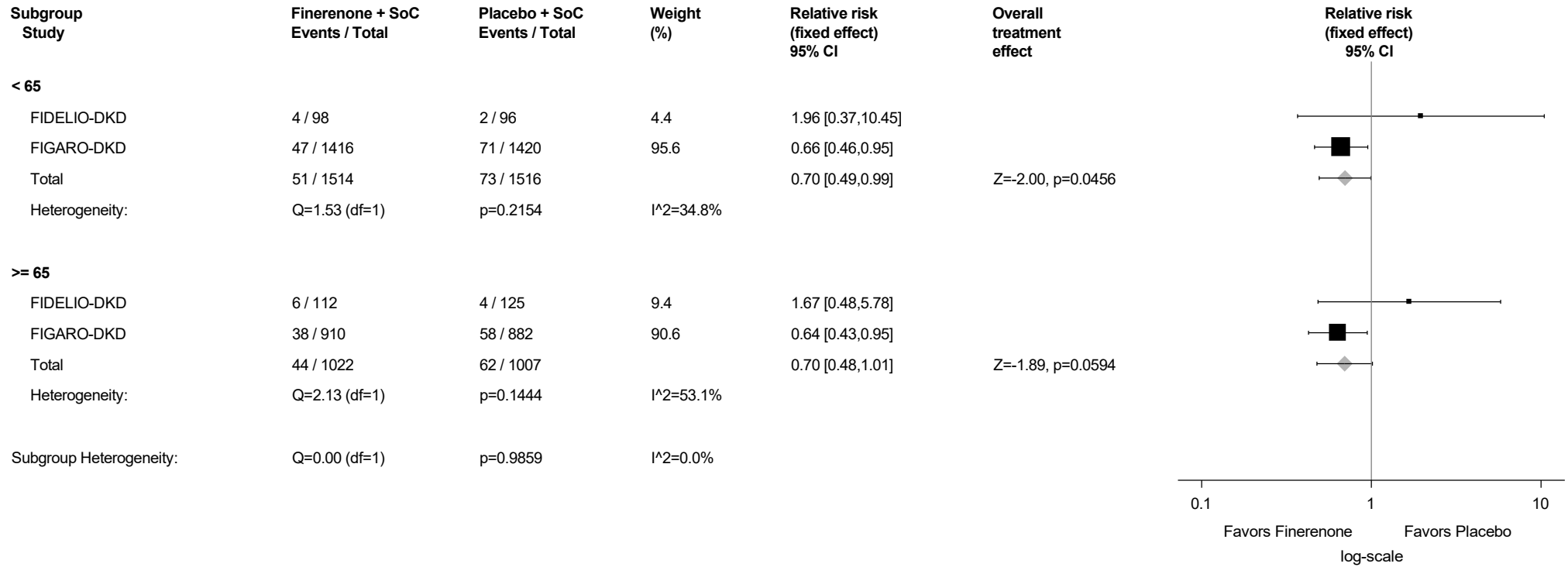
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.60.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



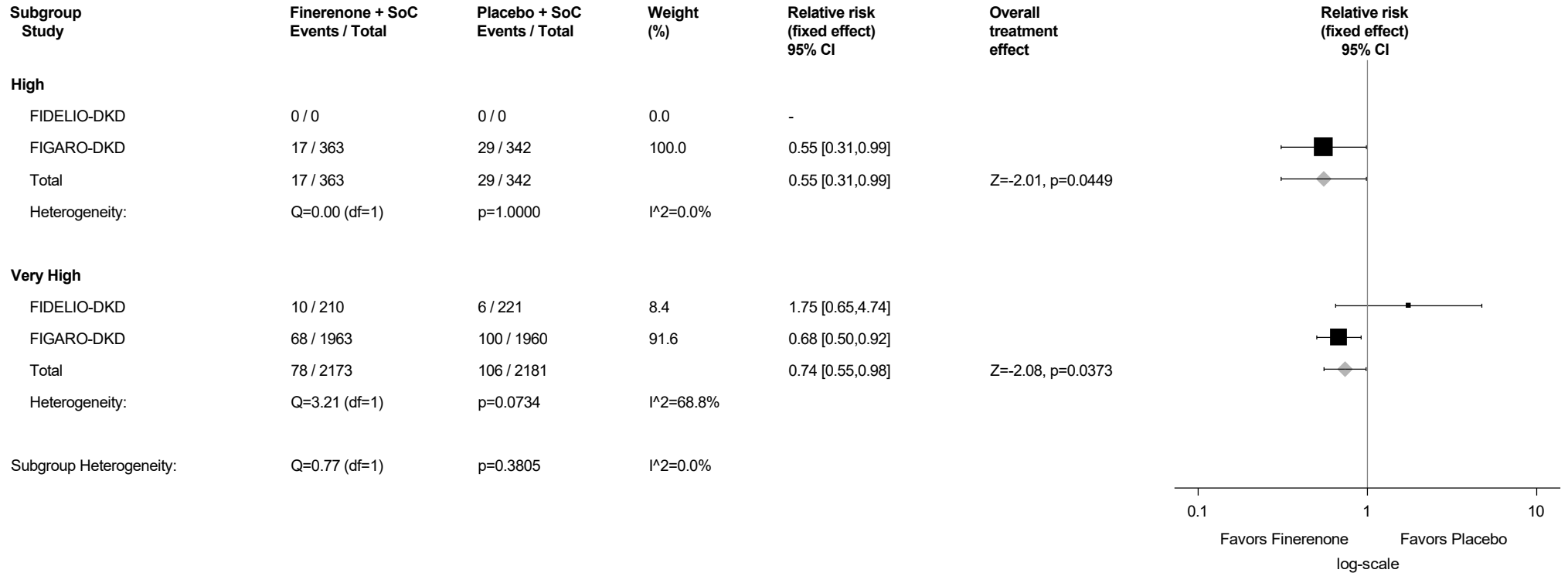
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.60.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



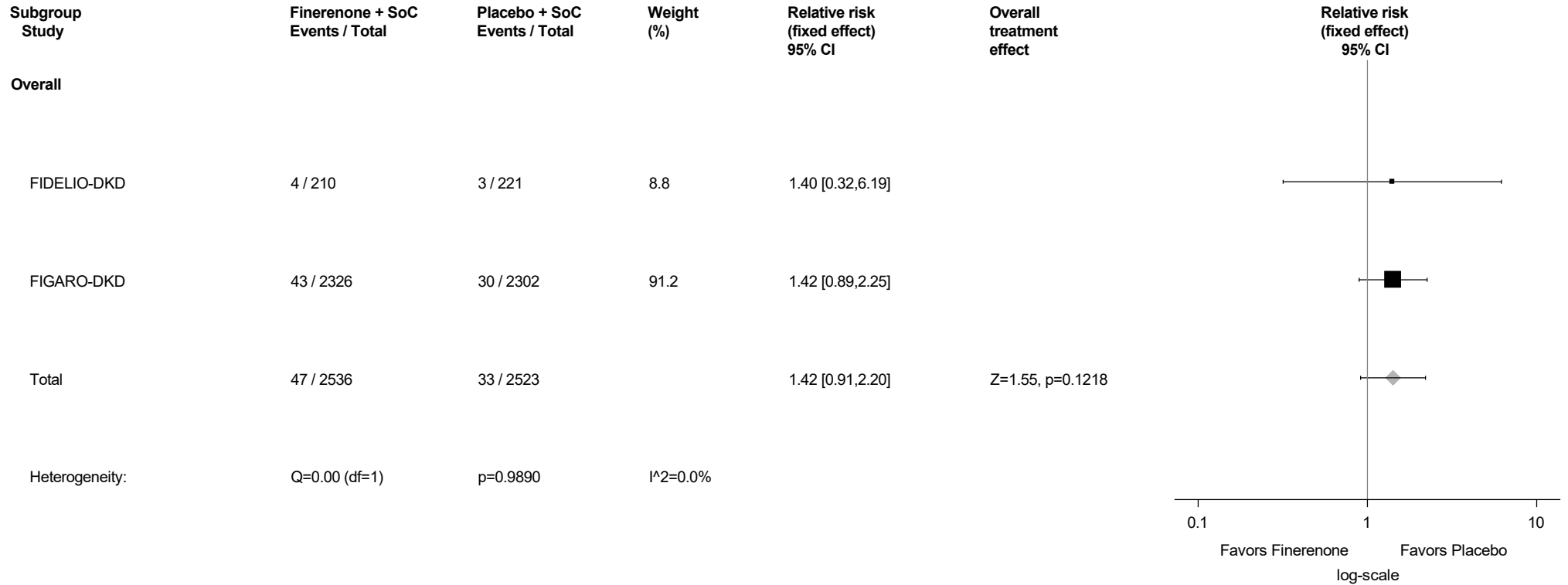
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.61: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



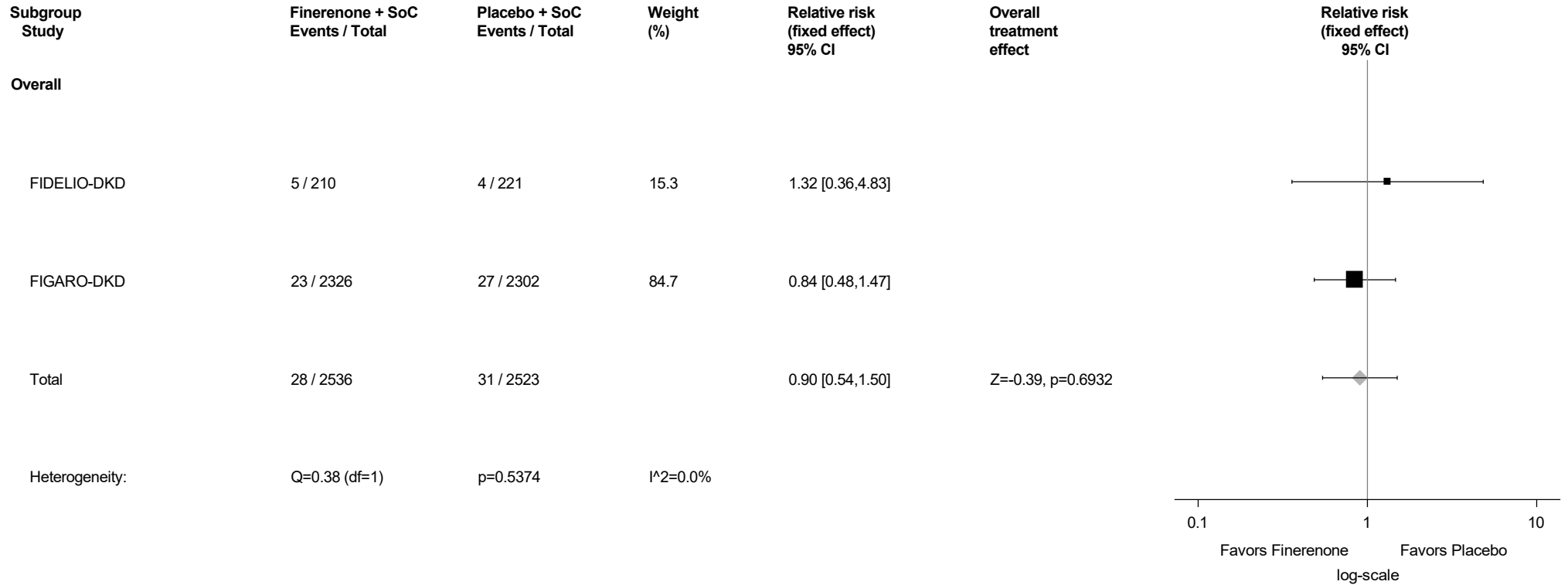
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.62: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



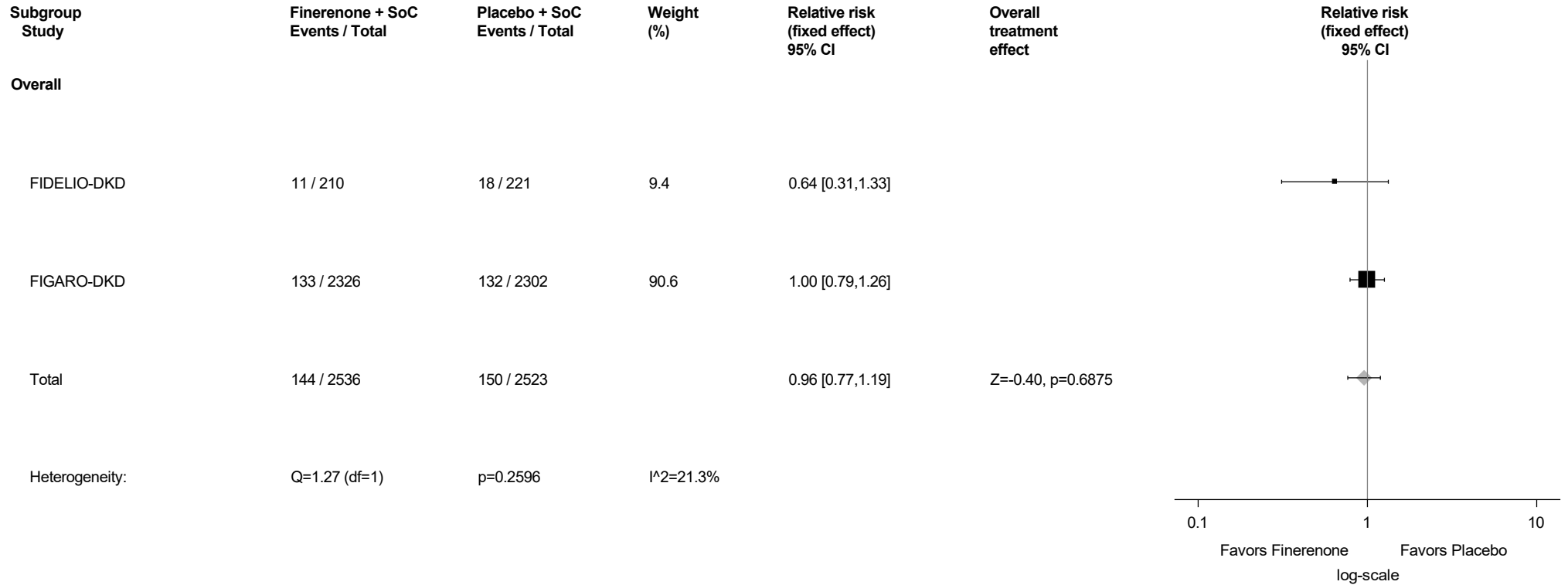
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.63: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



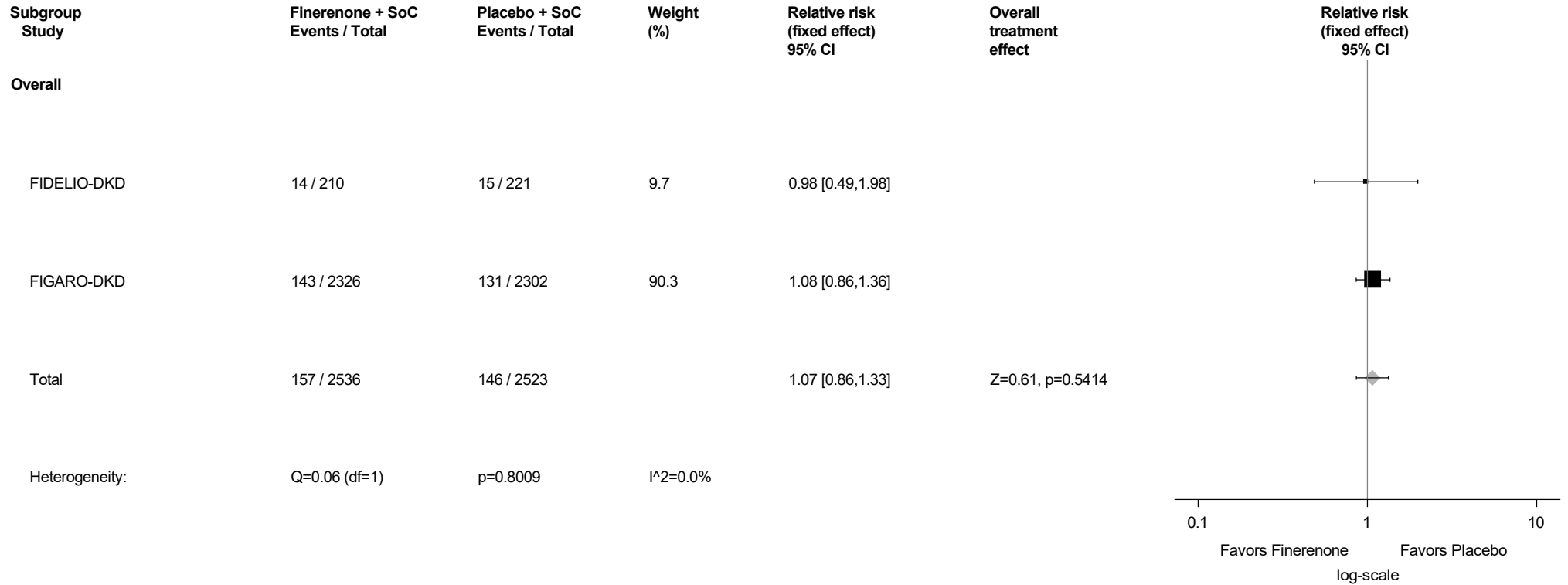
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.64: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



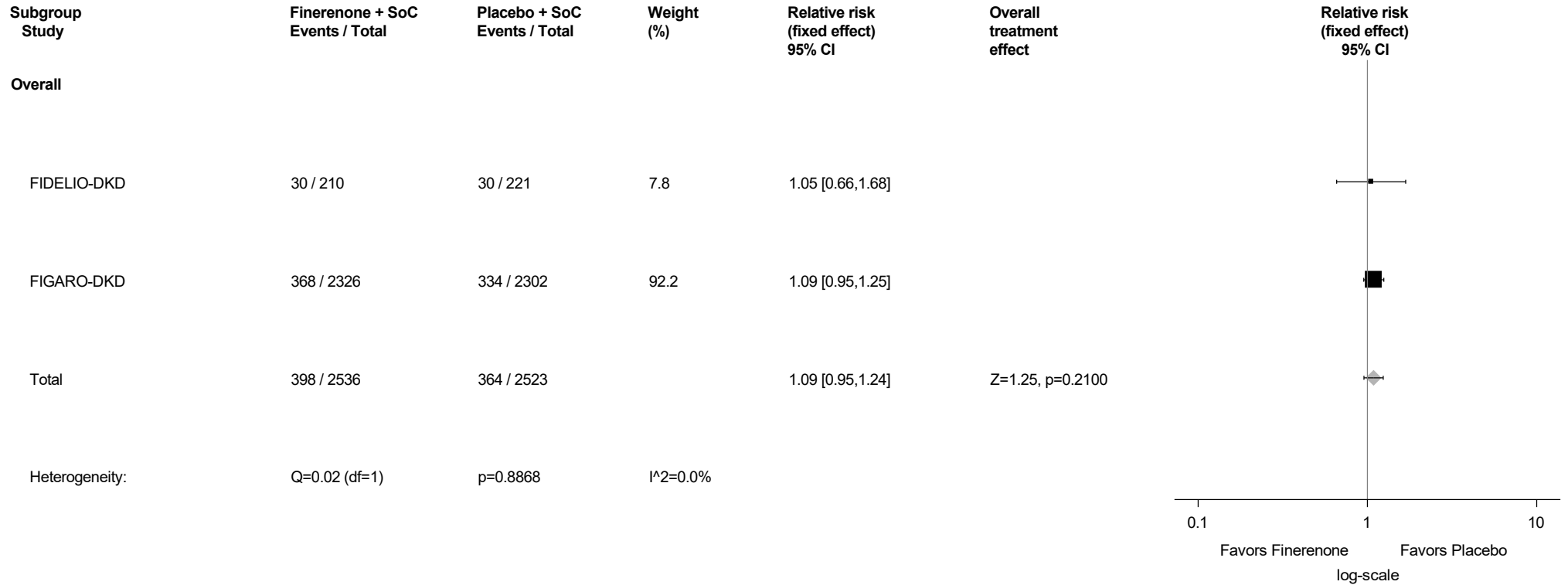
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.65: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



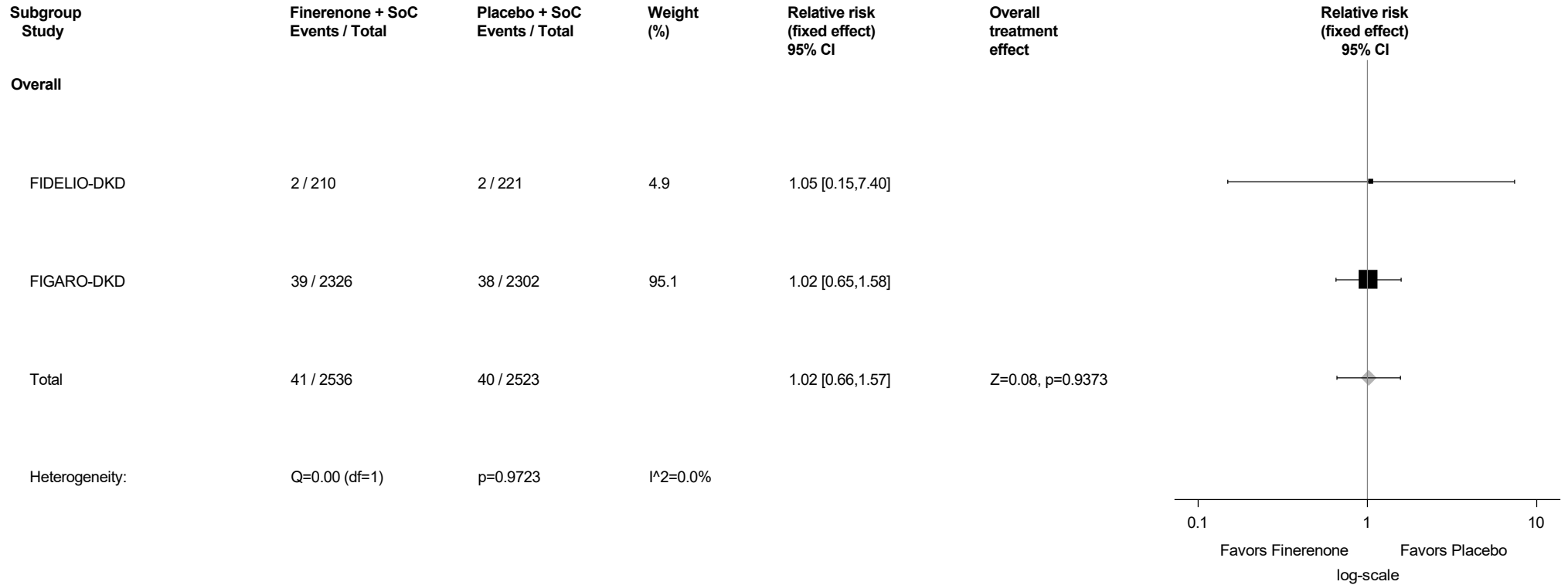
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.66: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



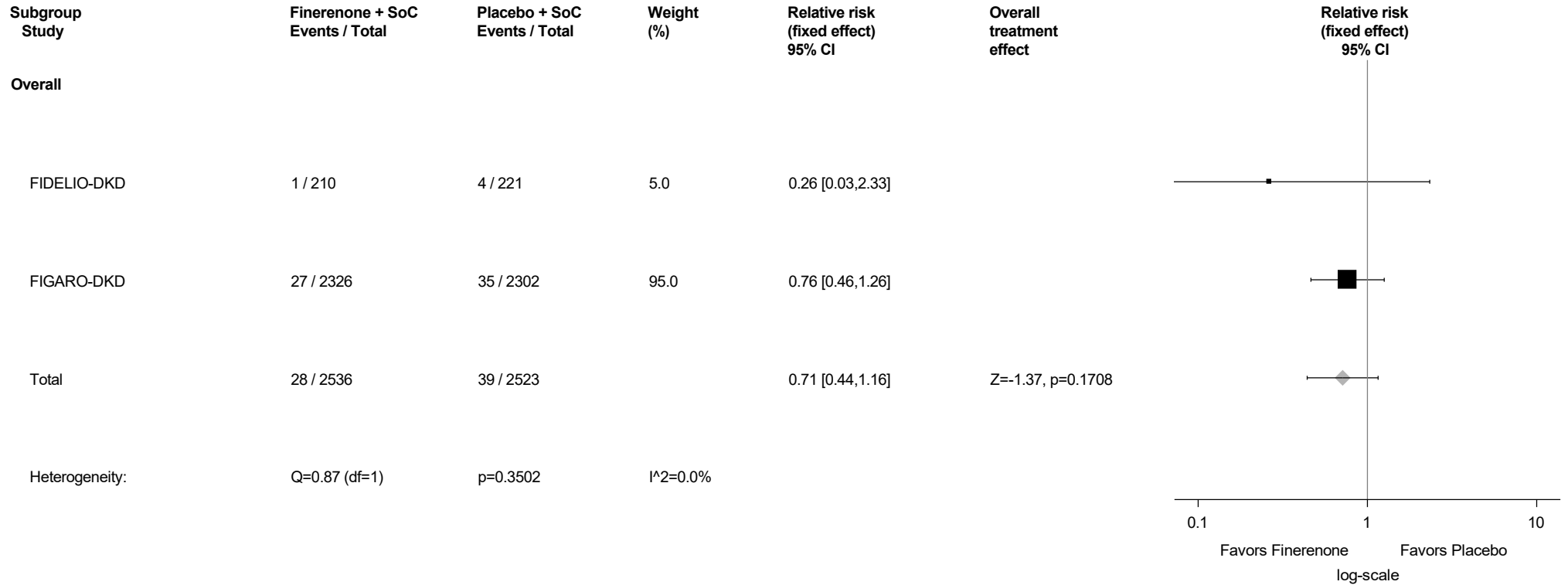
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.67: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



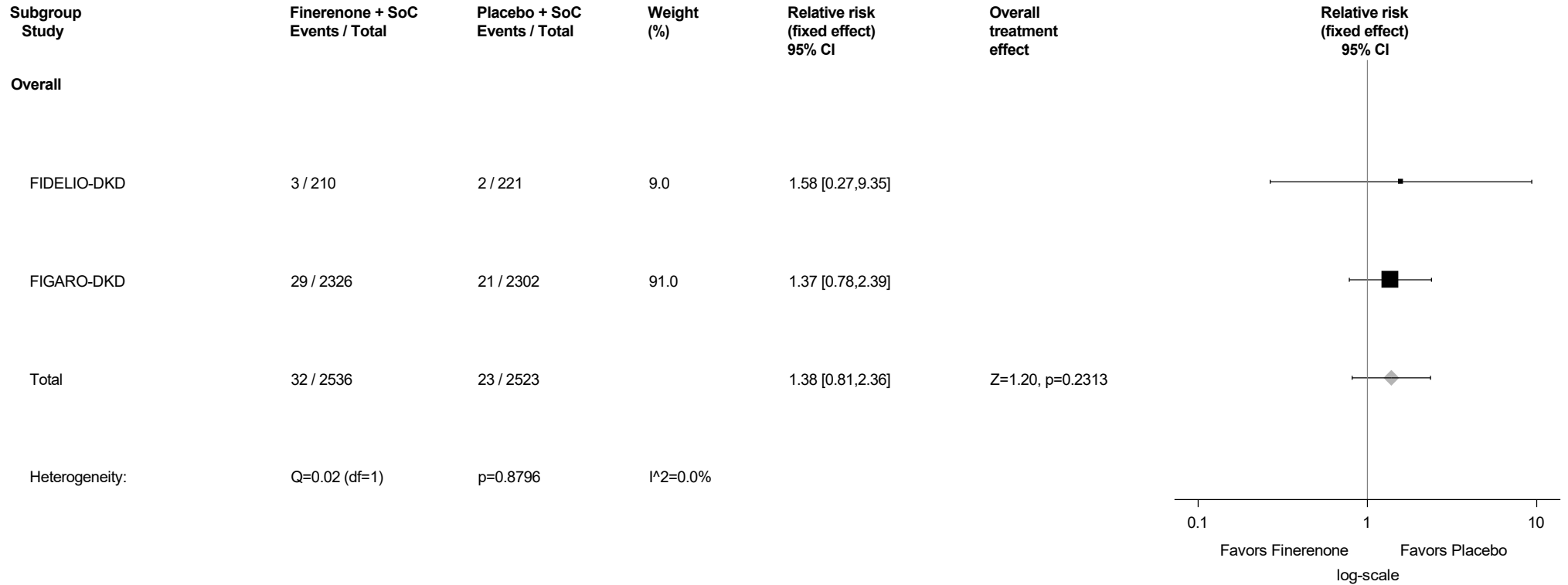
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.68: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



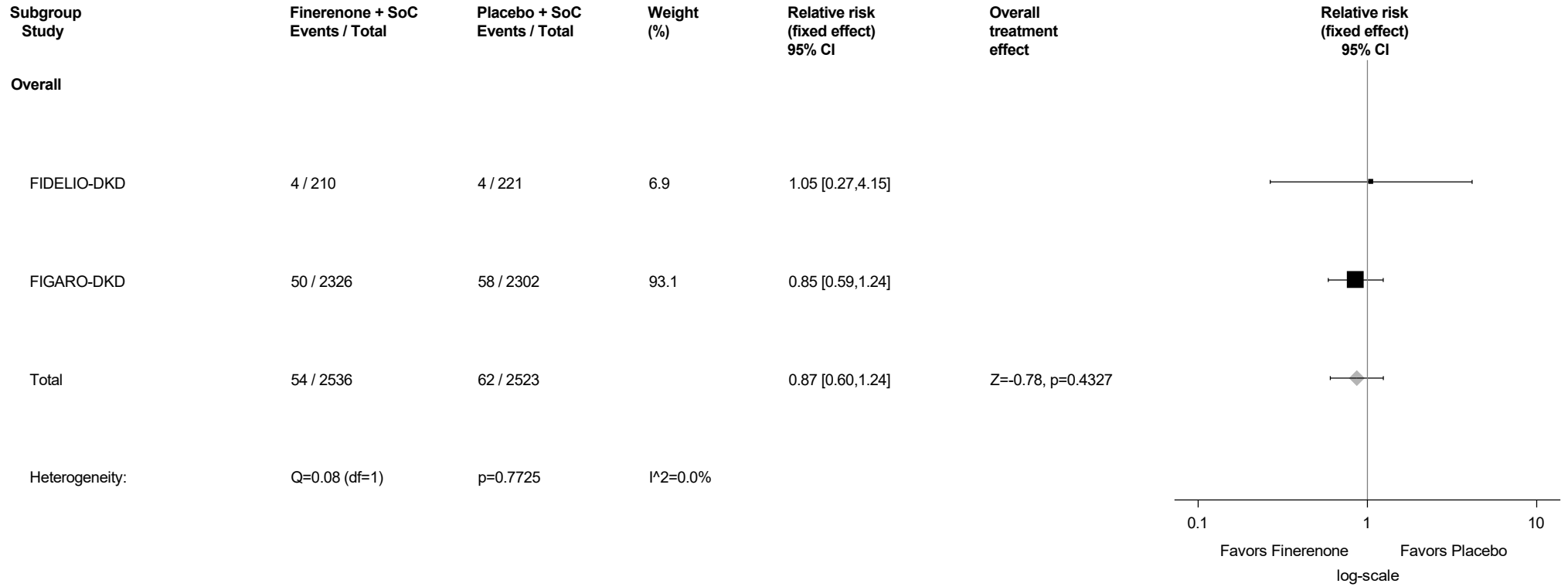
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.69: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



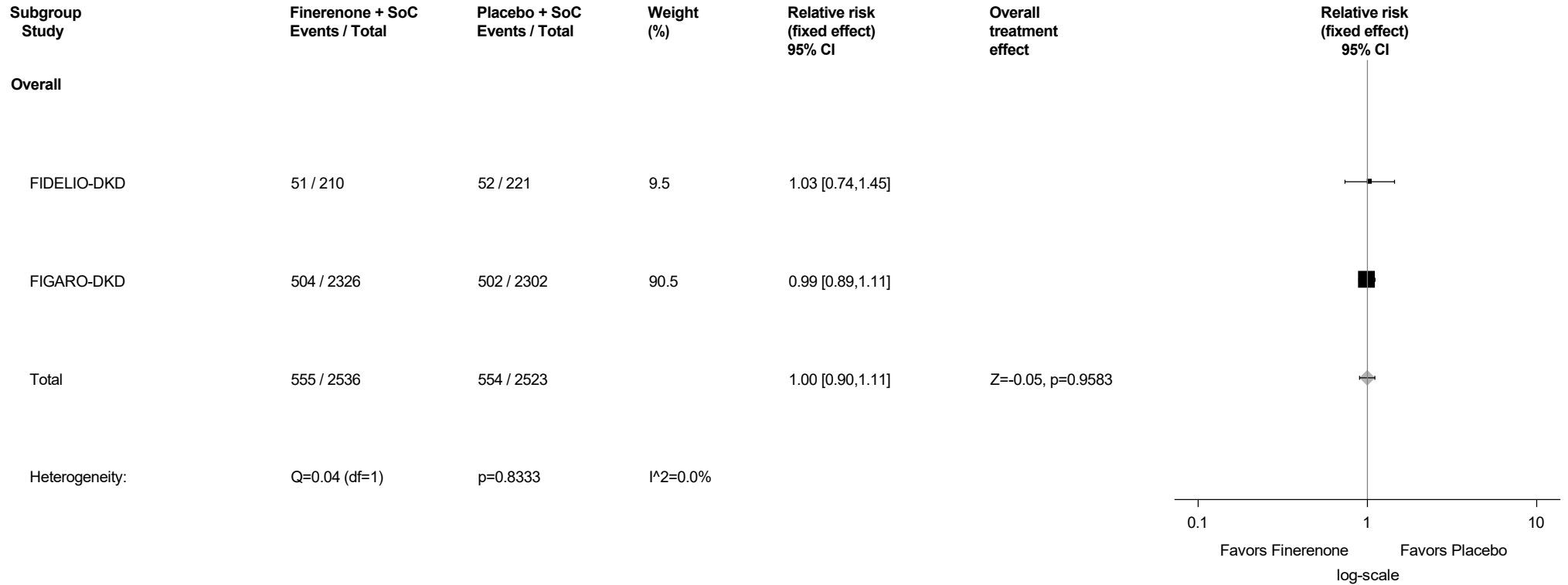
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.70: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



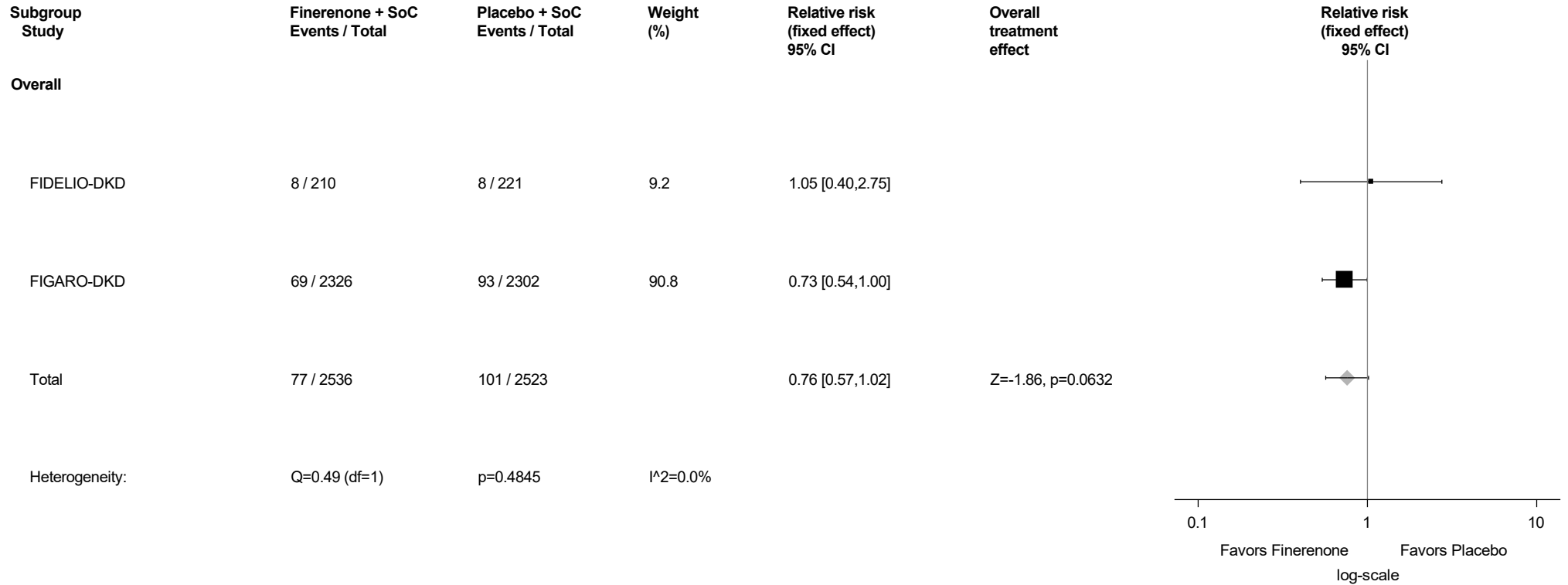
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.71: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



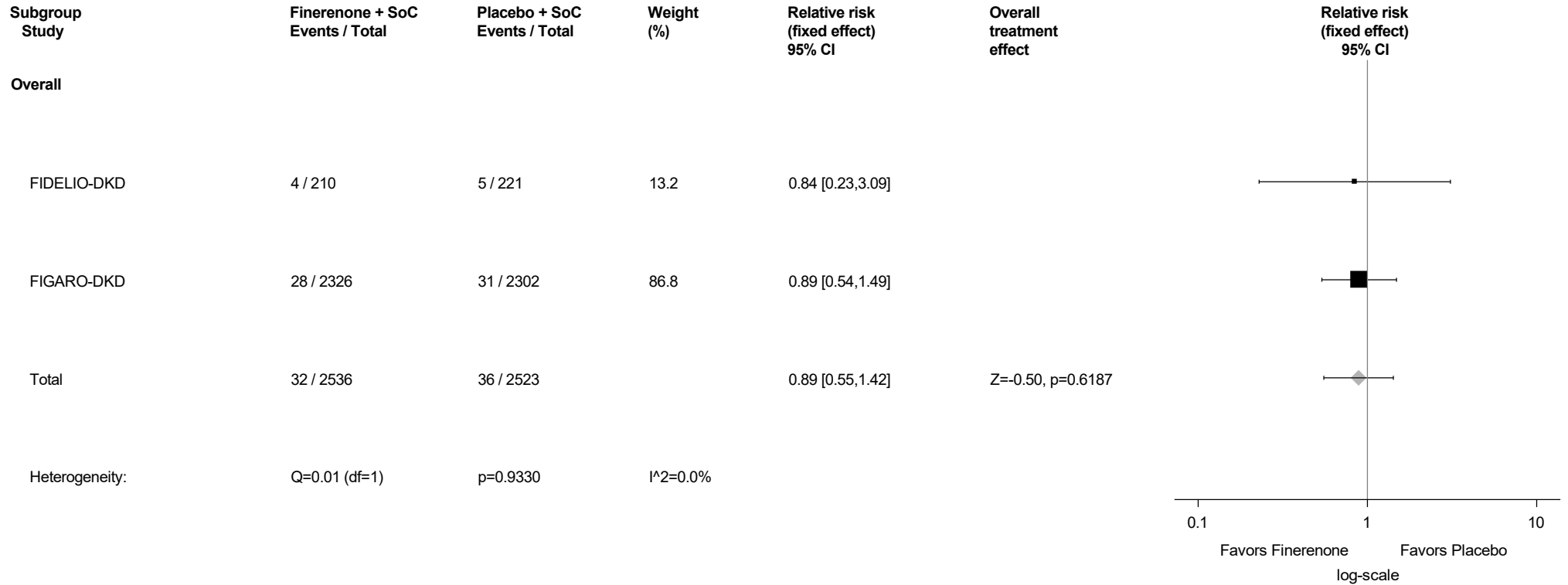
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.72: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



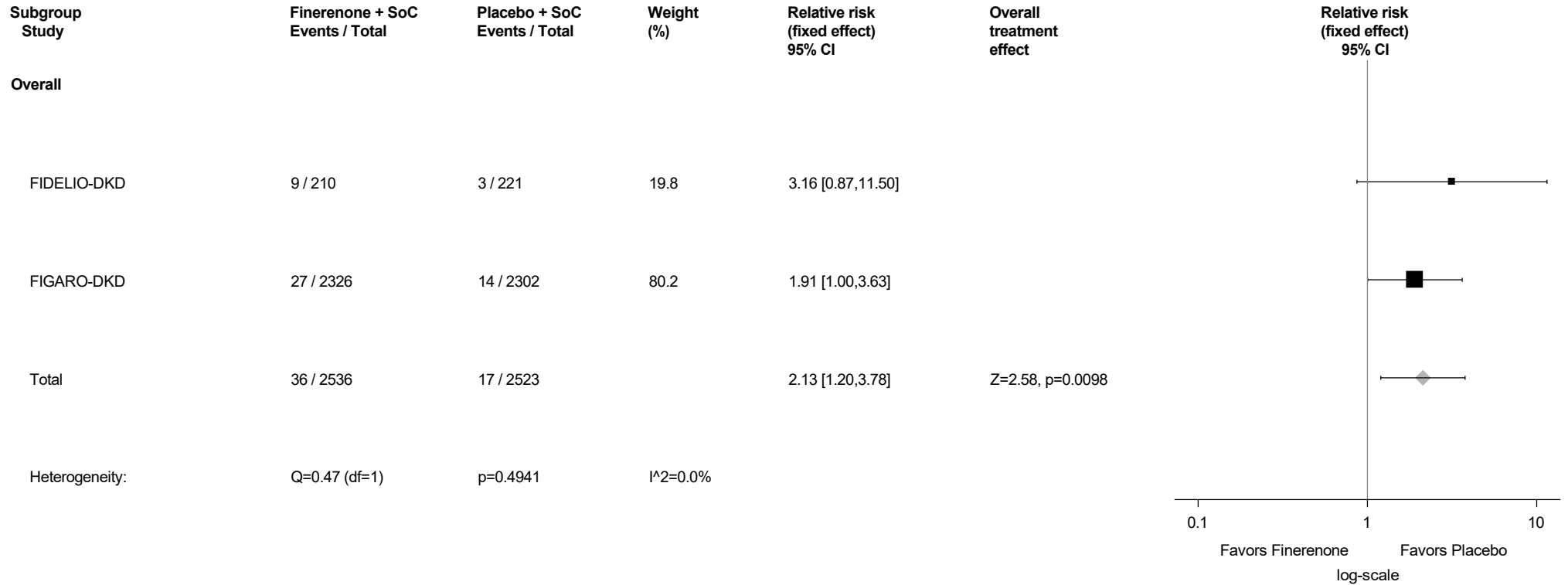
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.73: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



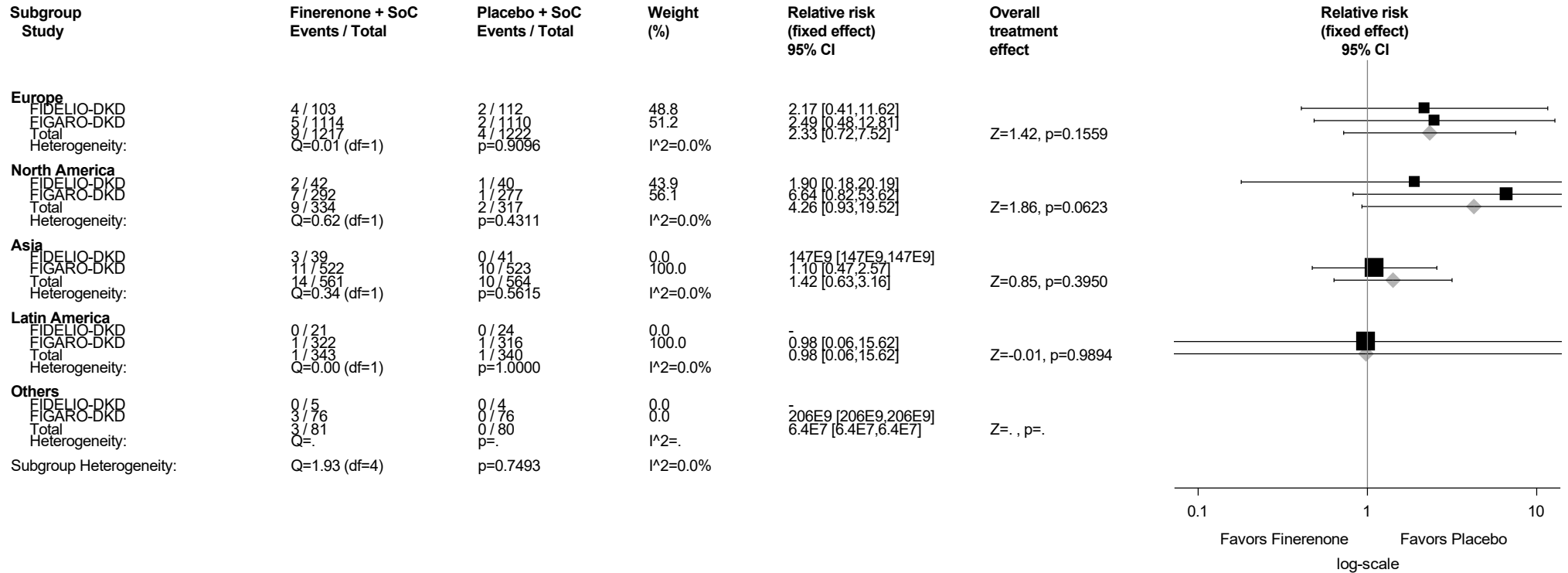
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.73.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



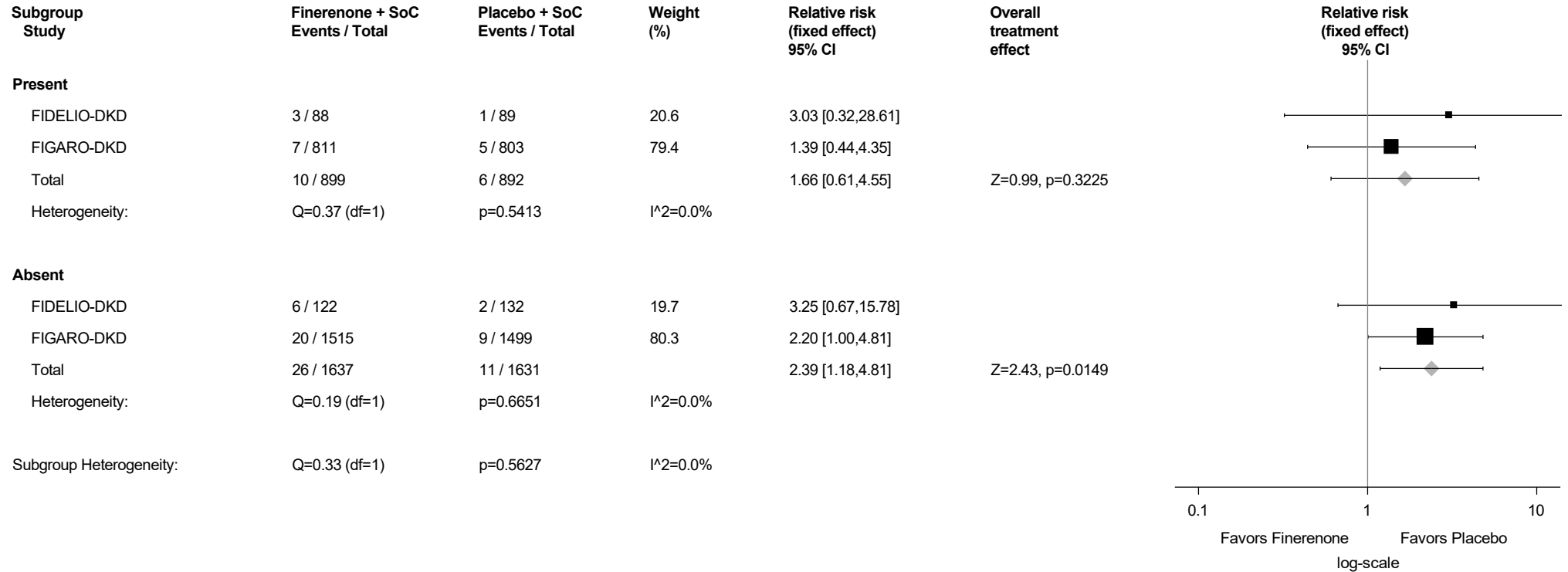
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.73.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



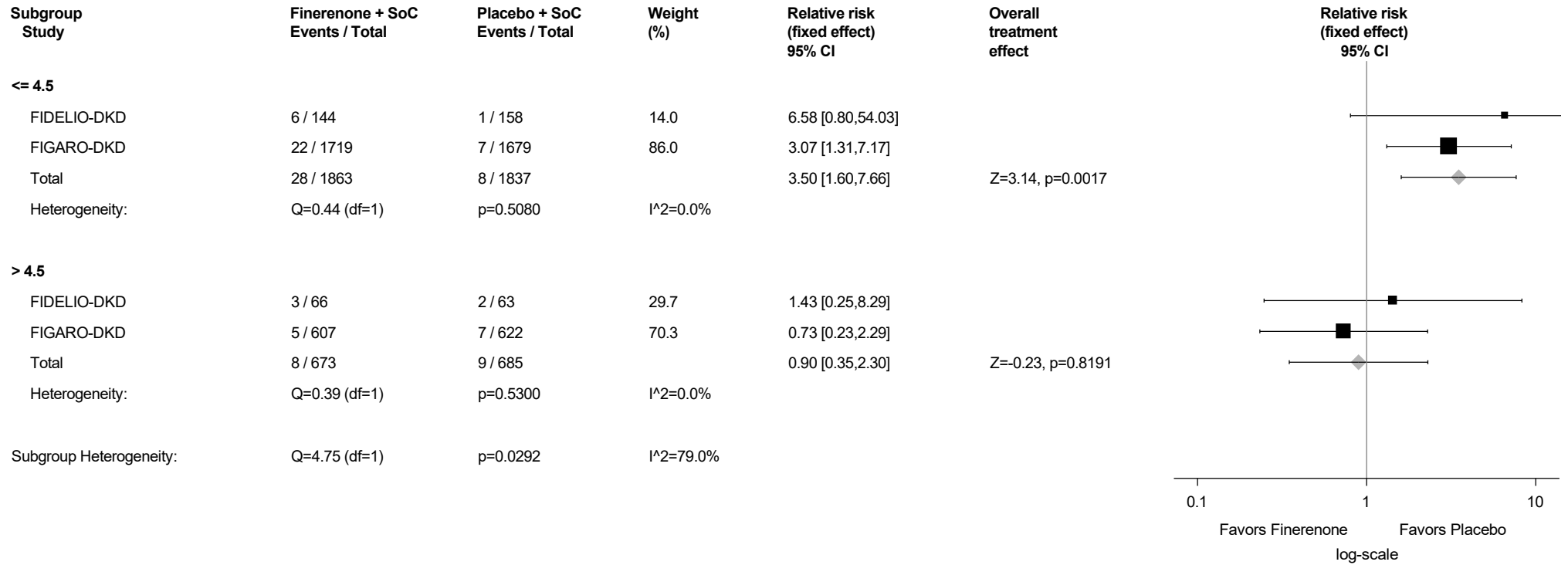
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.73.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



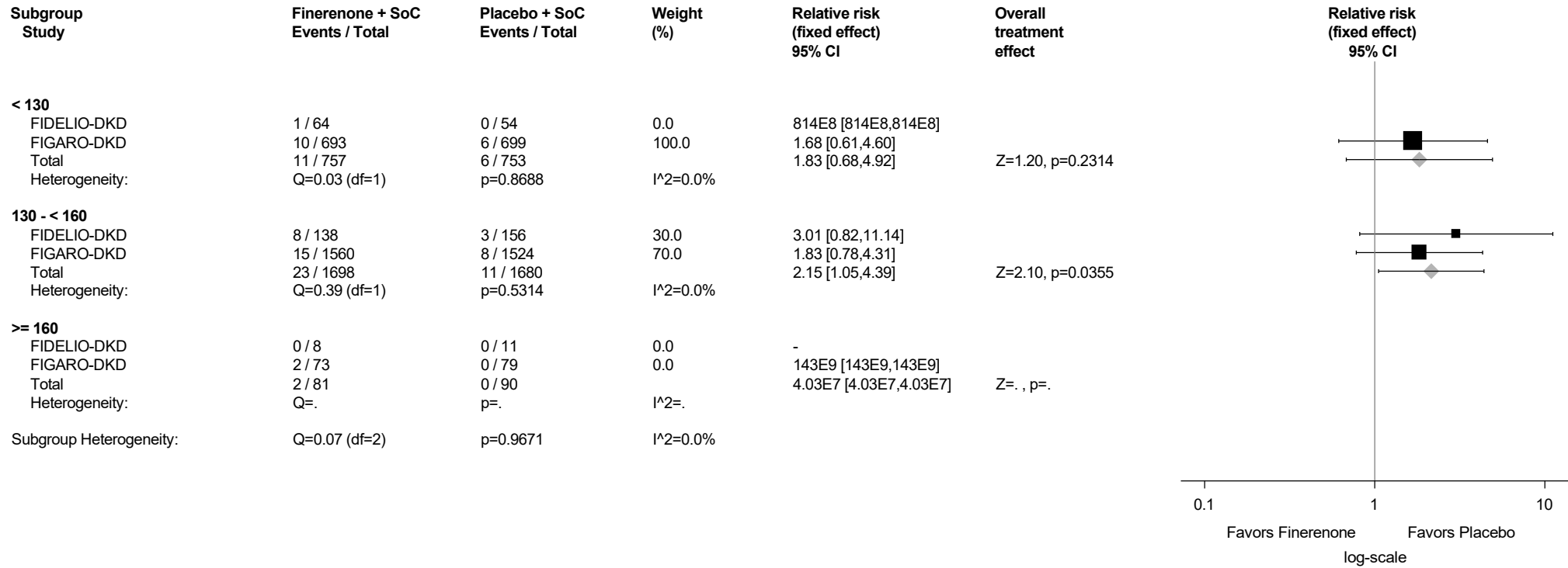
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.73.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



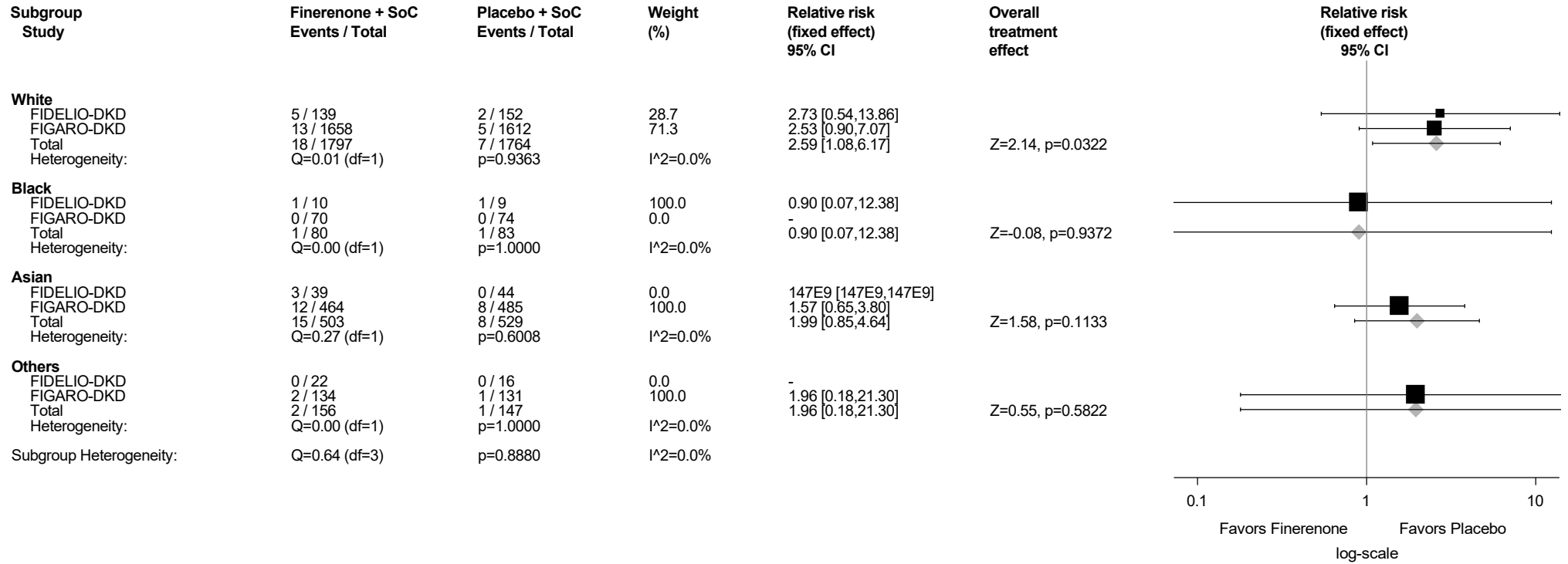
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.73.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



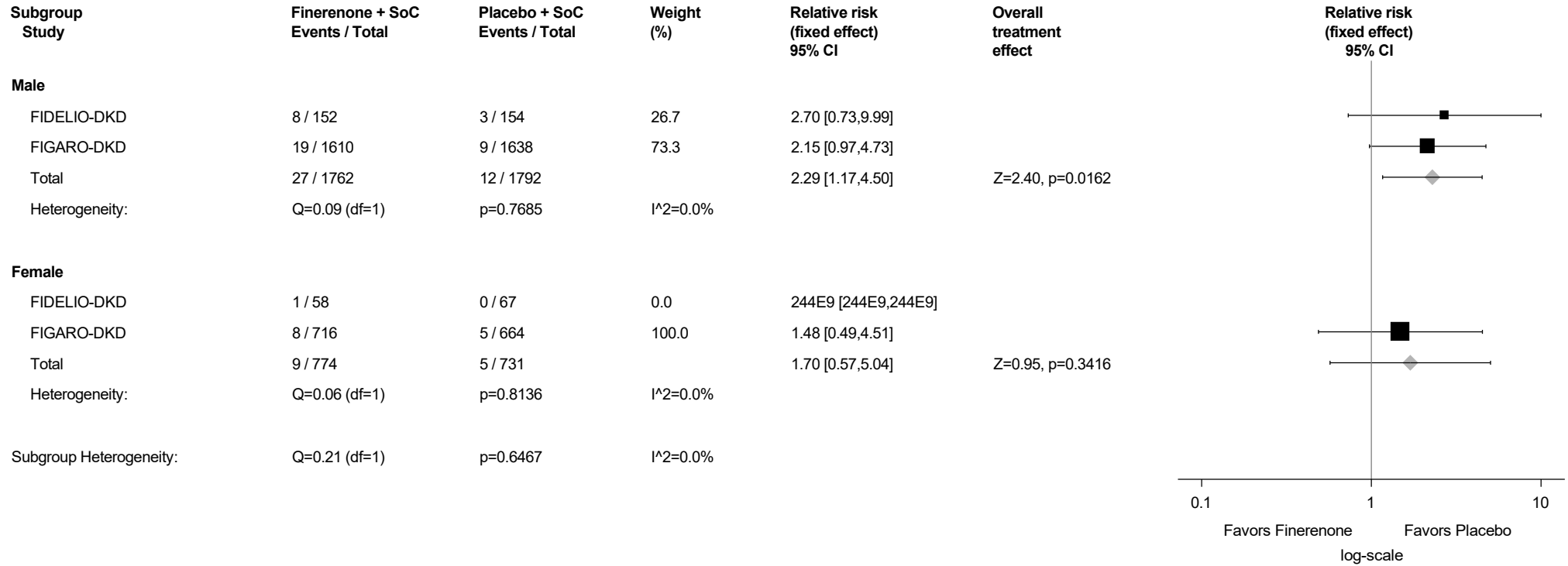
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.73.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



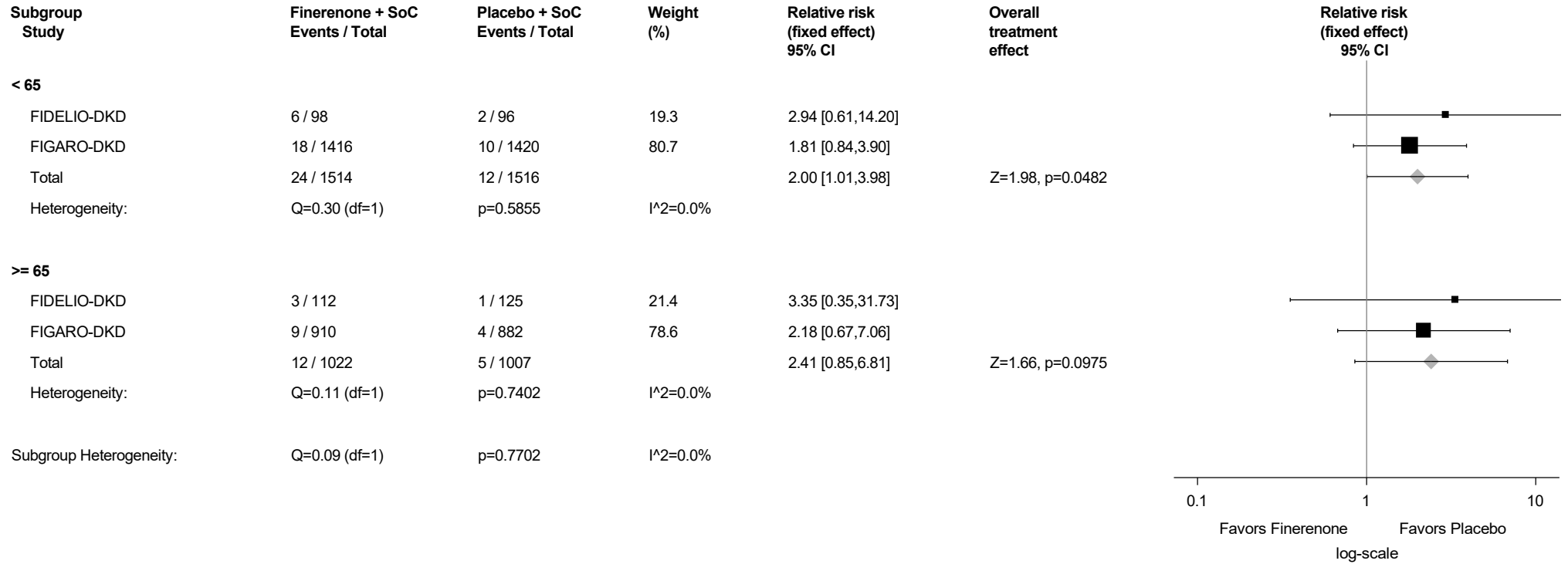
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.73.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



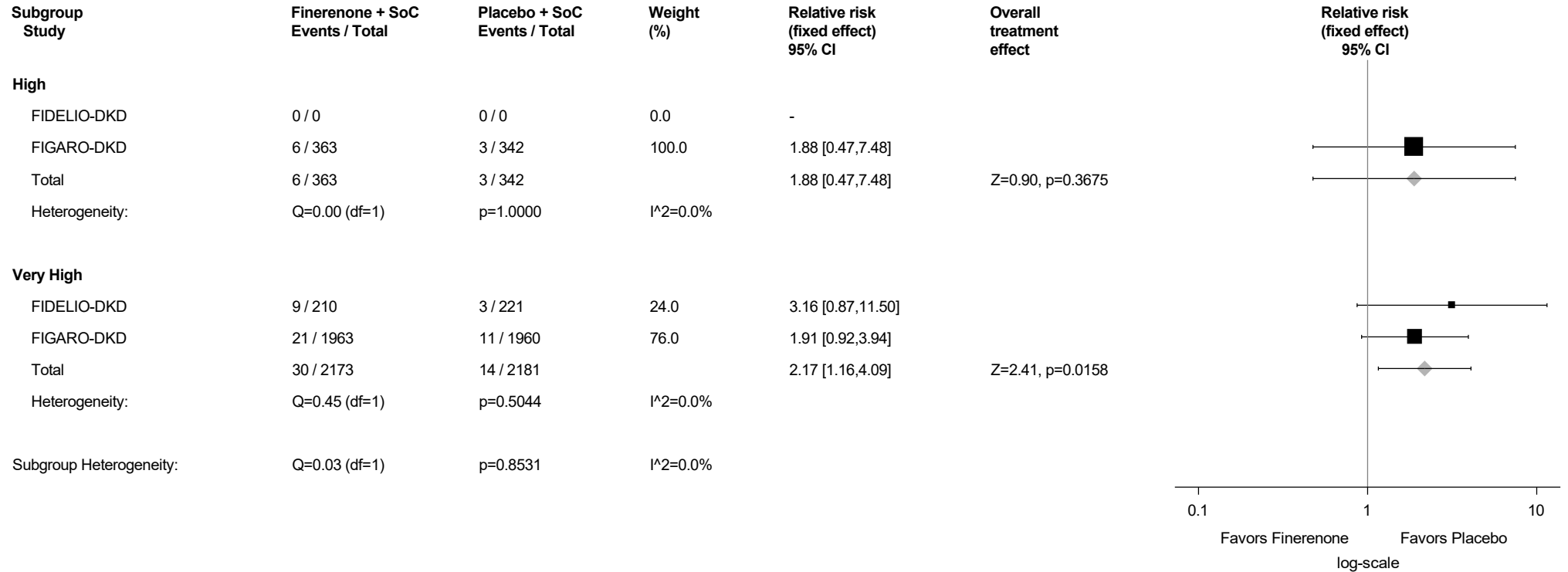
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.73.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



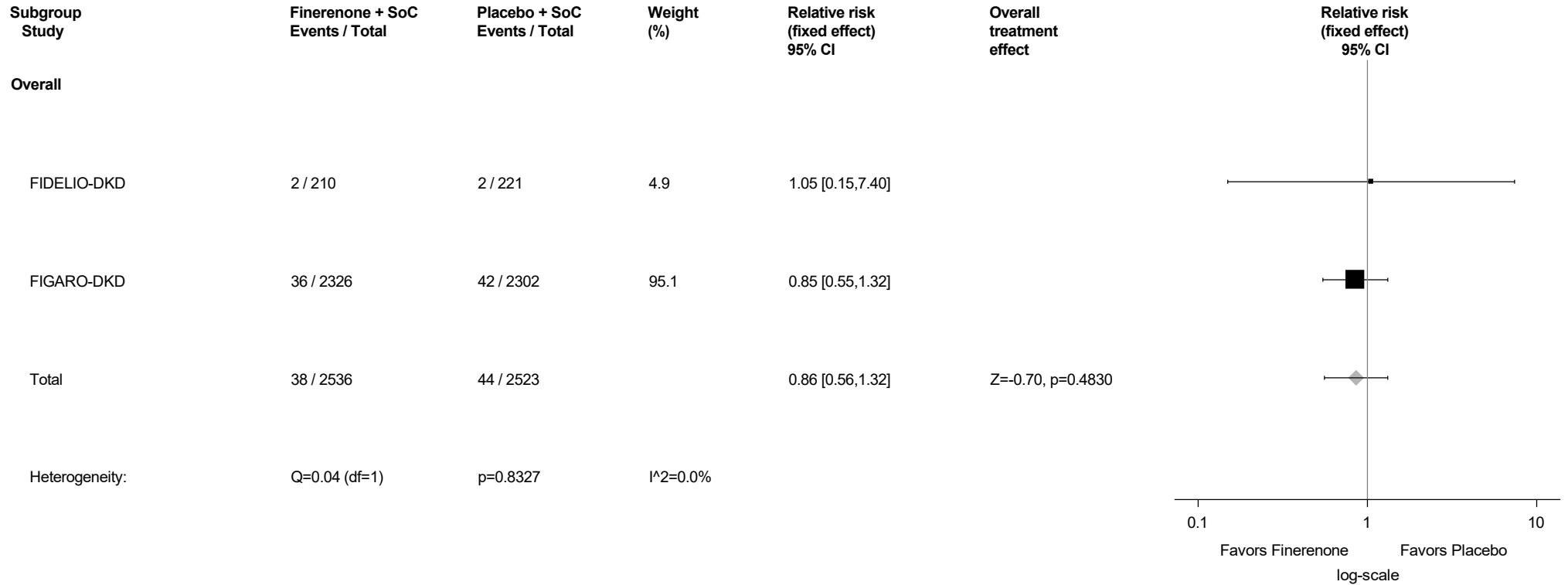
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.74: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



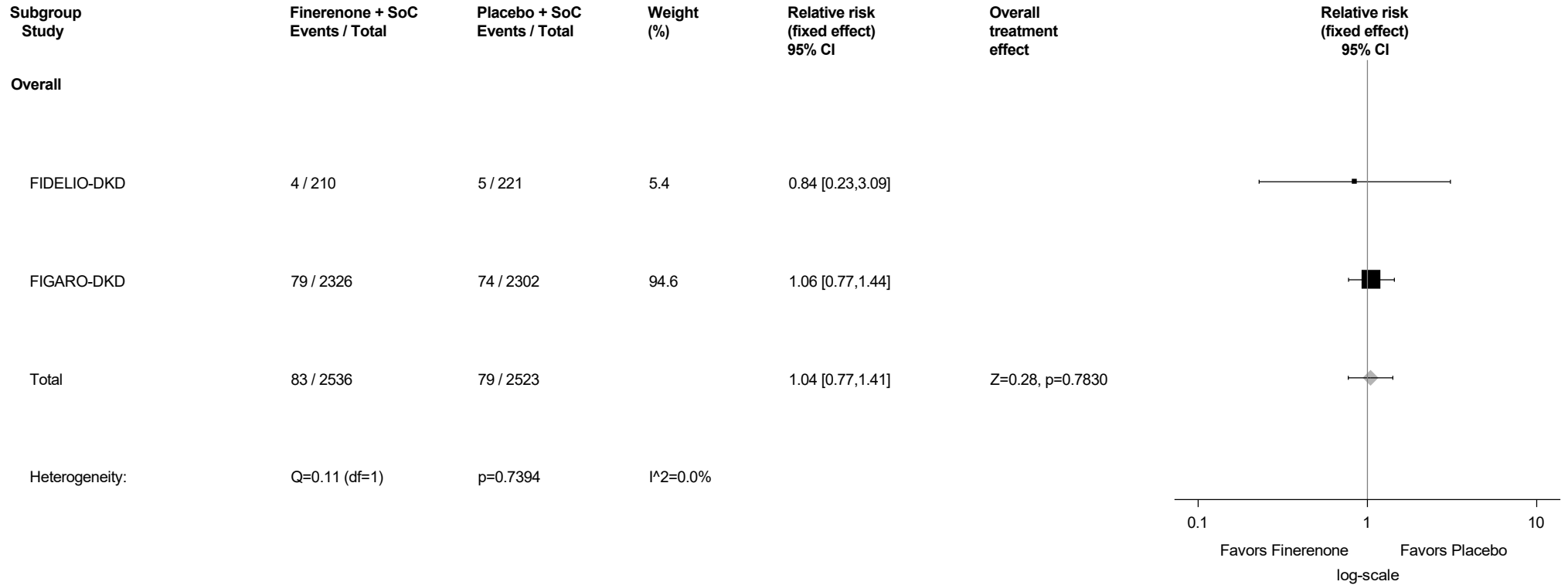
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.75: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



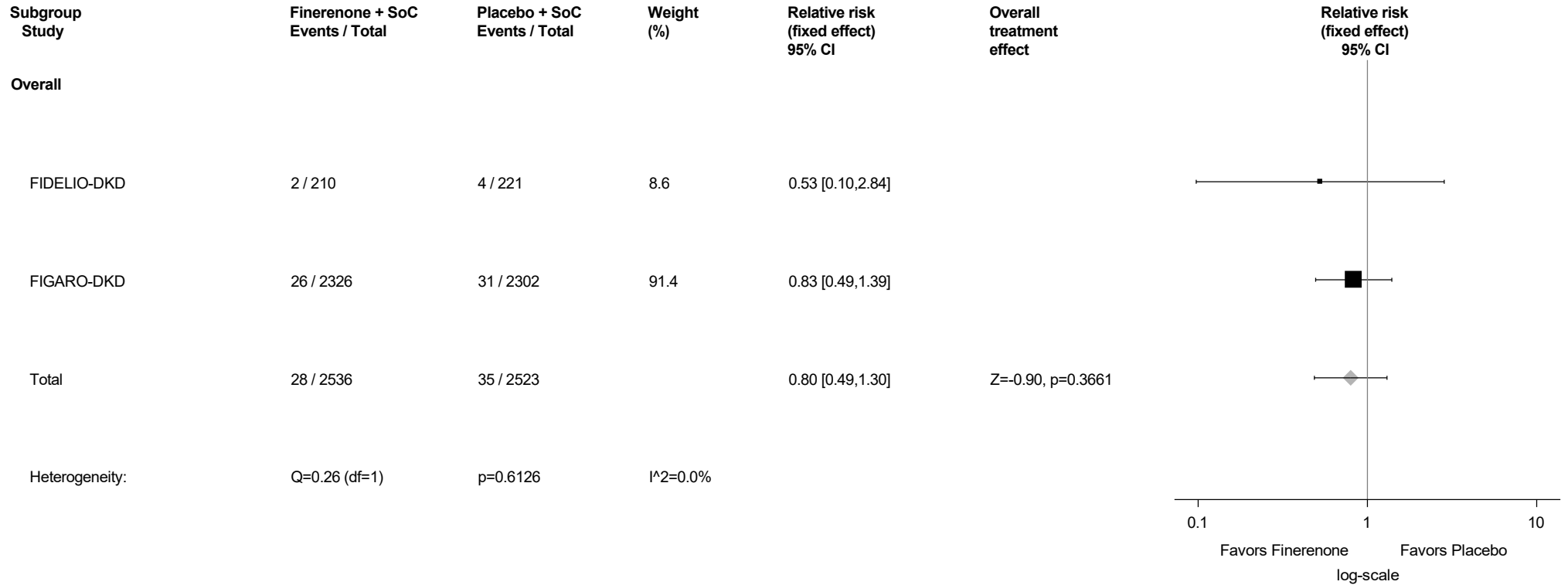
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.76: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



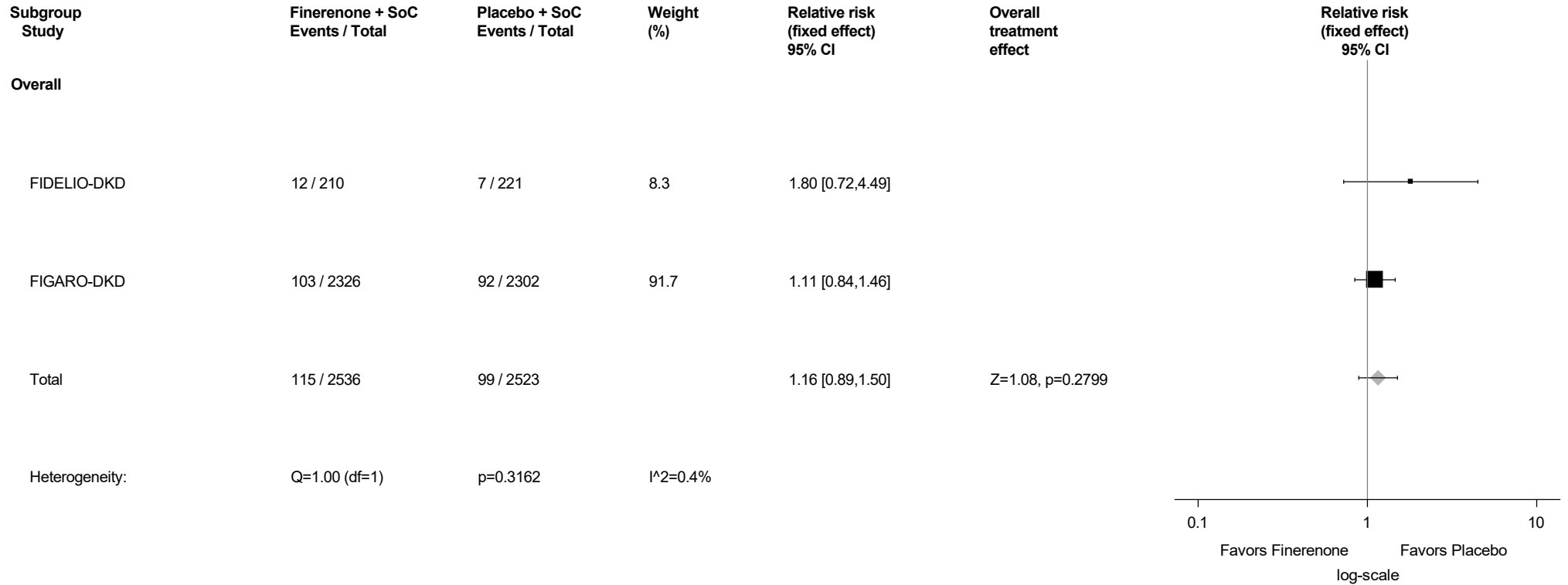
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.77: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



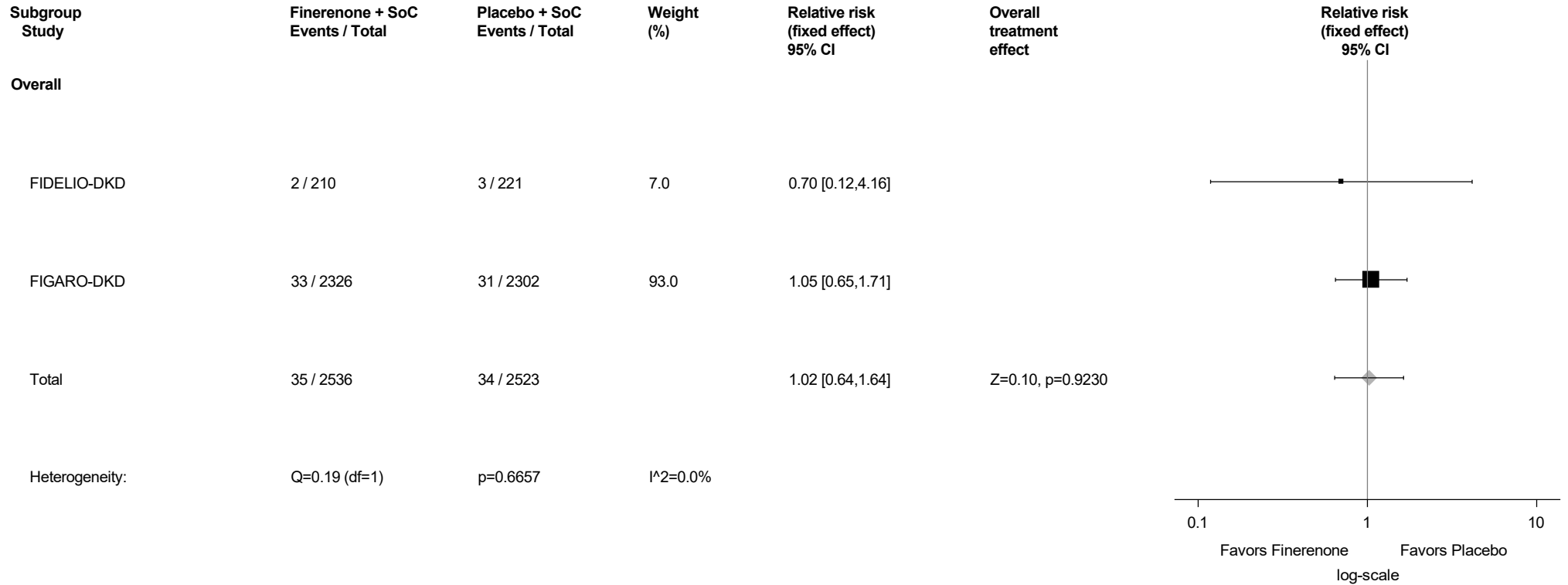
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.78: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



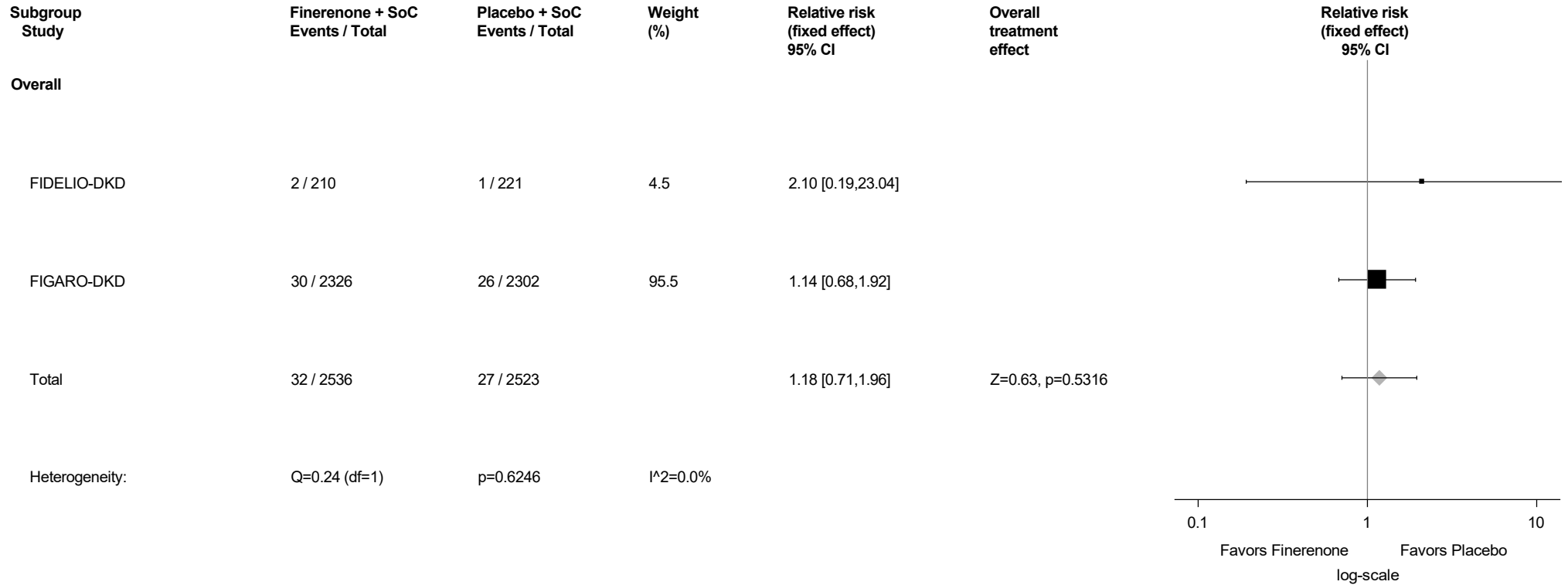
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.79: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



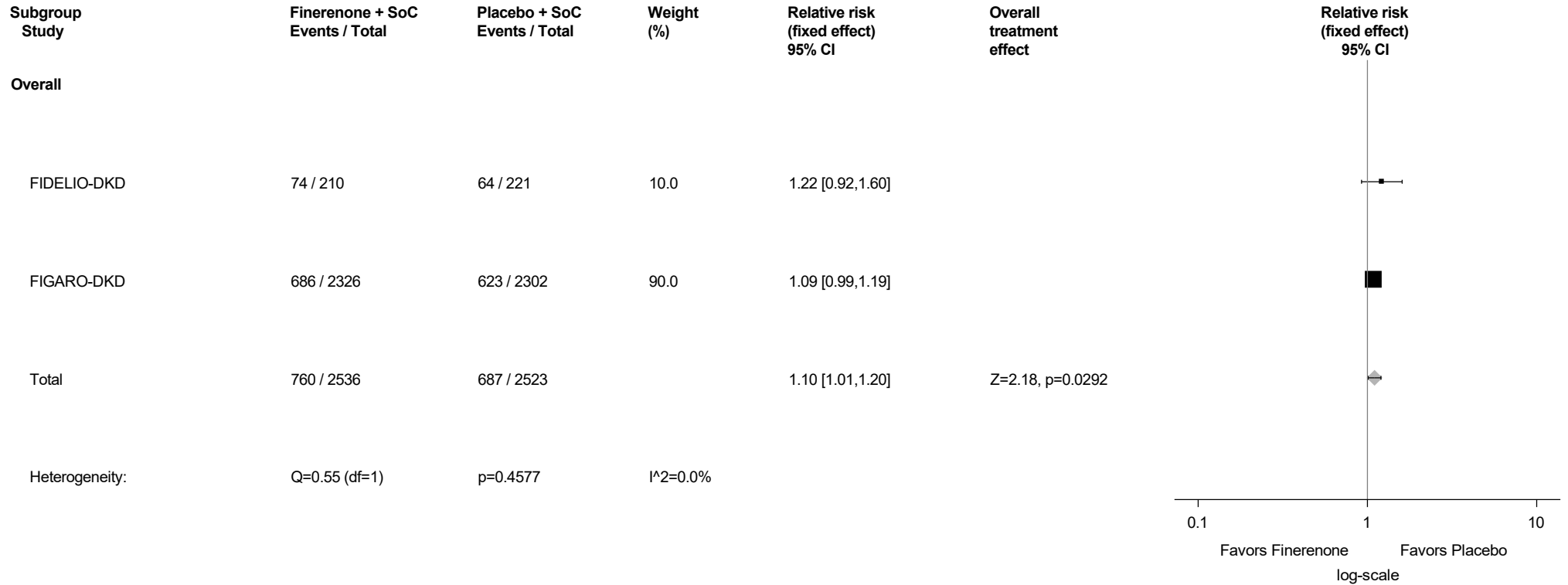
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.80: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



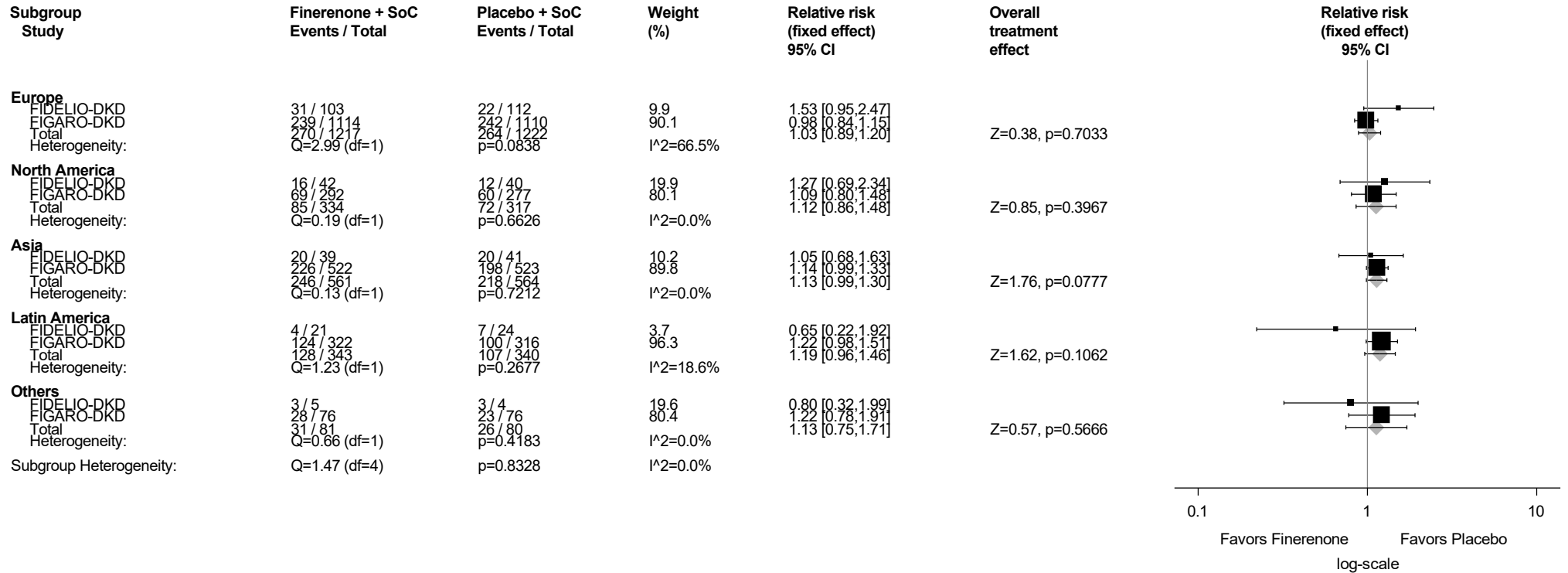
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.80.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



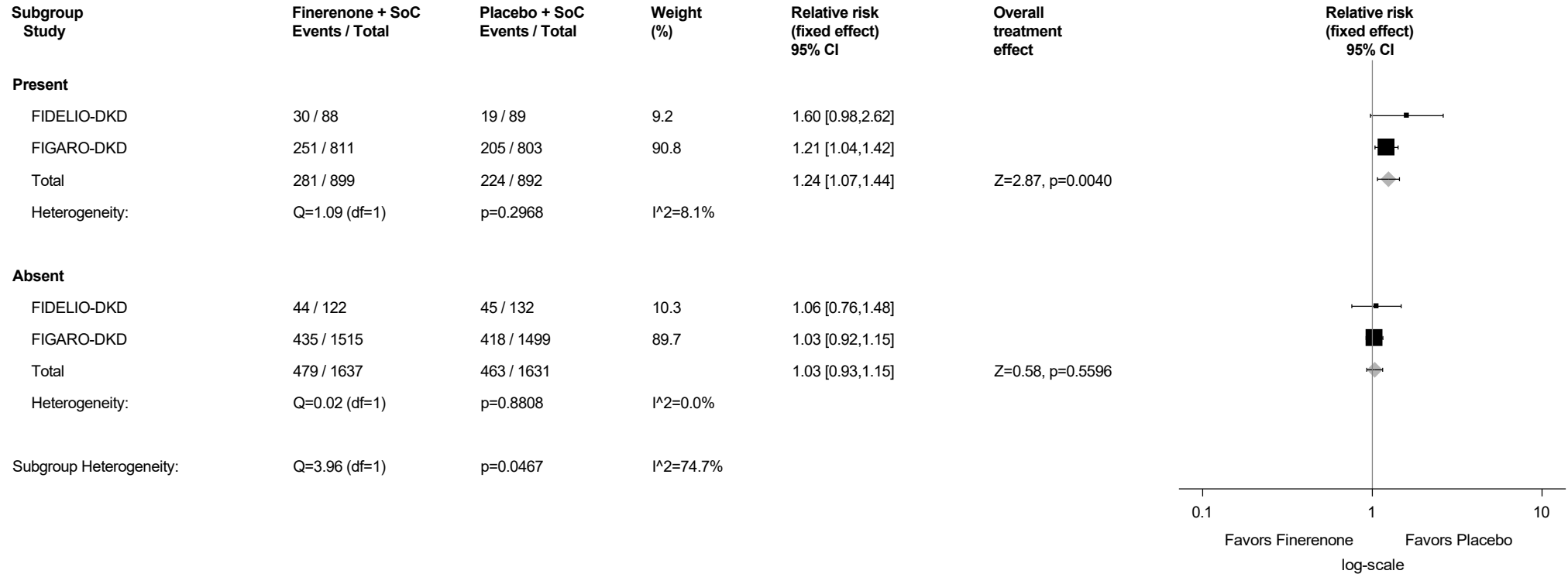
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.80.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



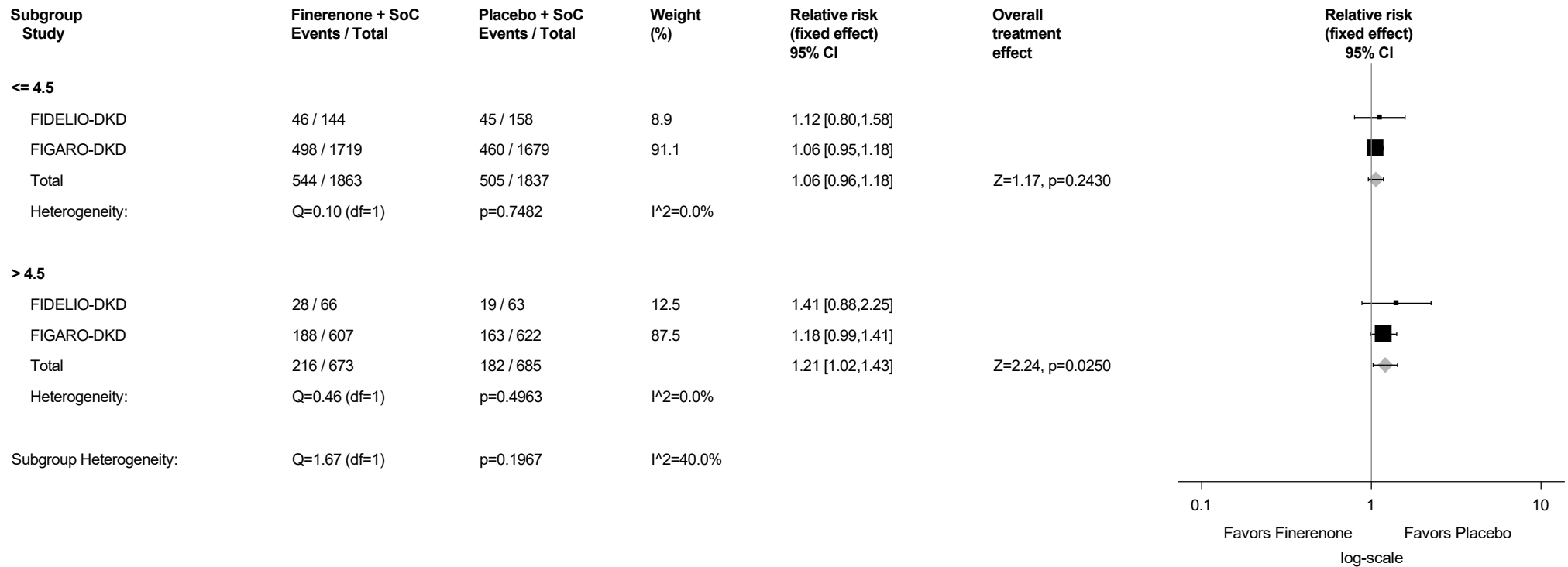
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.80.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



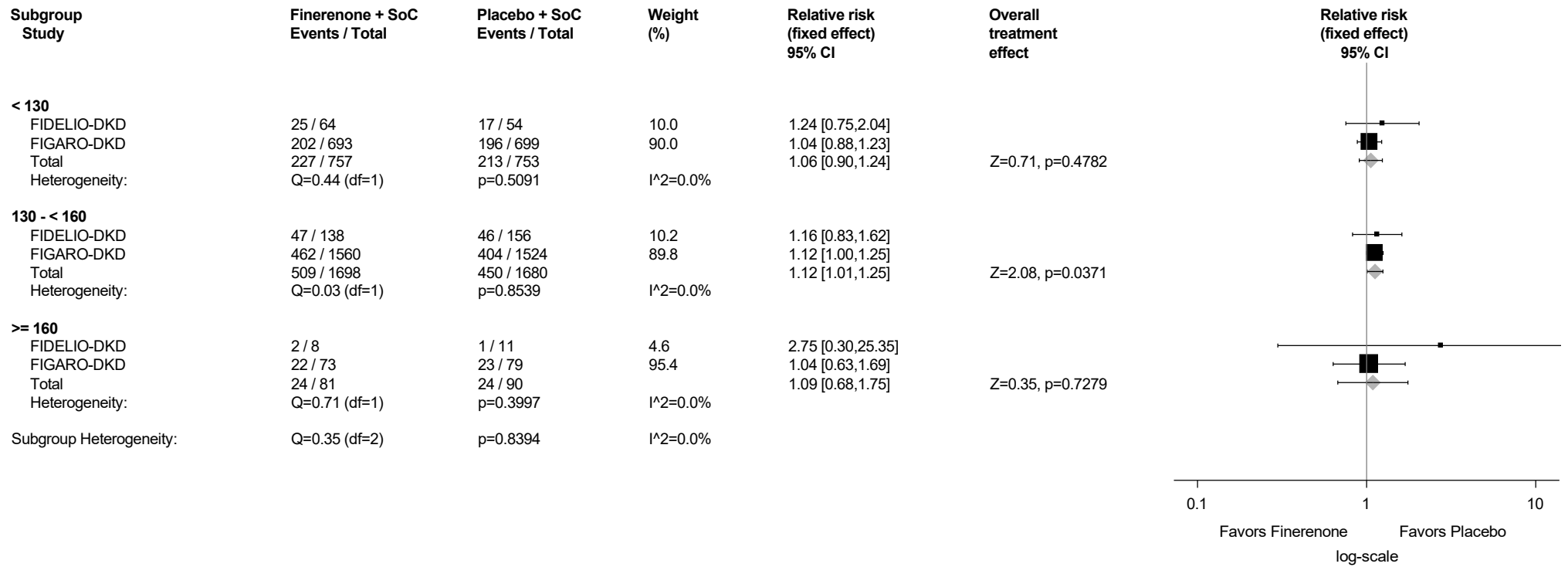
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.80.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



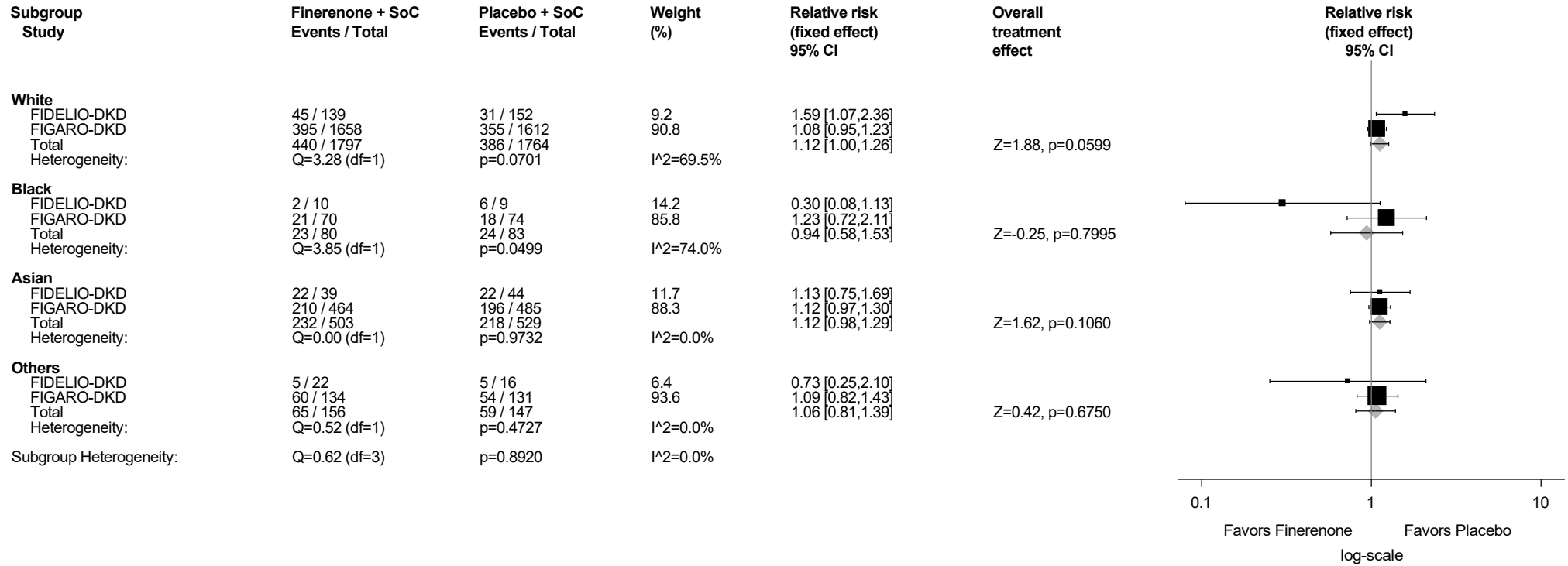
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.80.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



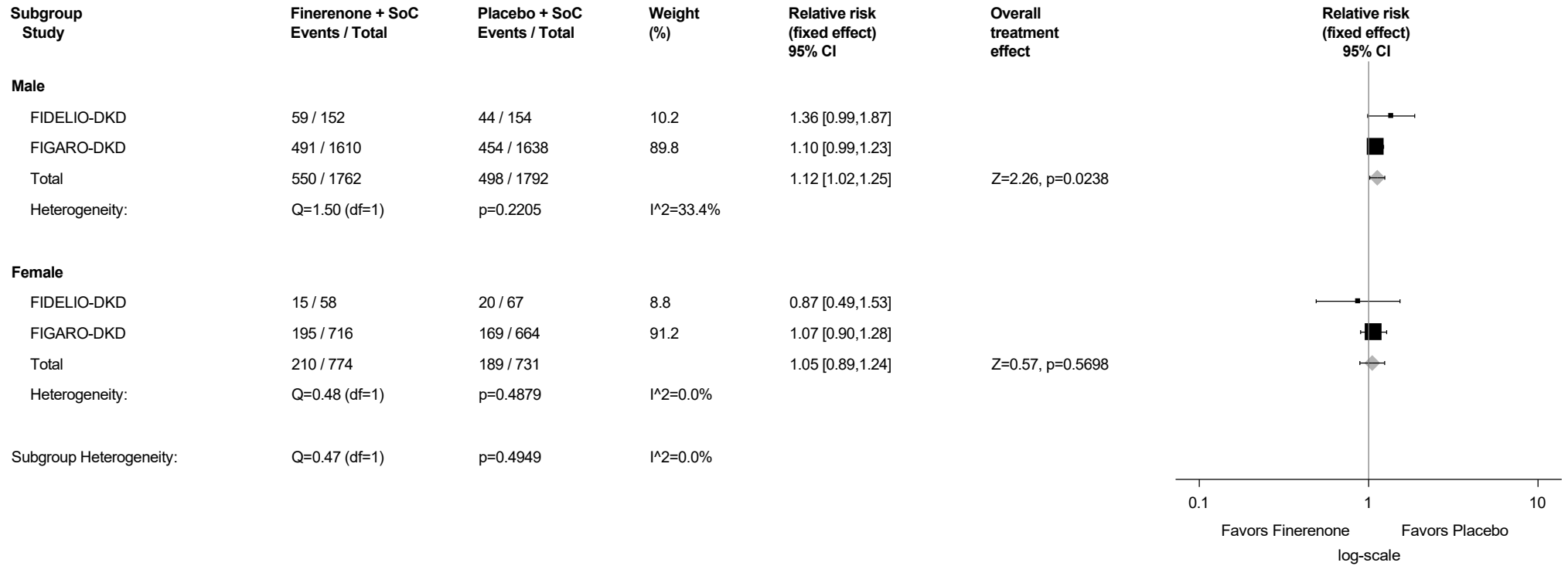
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.80.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence $\geq 1\%$) Safety Analysis Set - Screening eGFR ≥ 60 ml/min/1.73m²



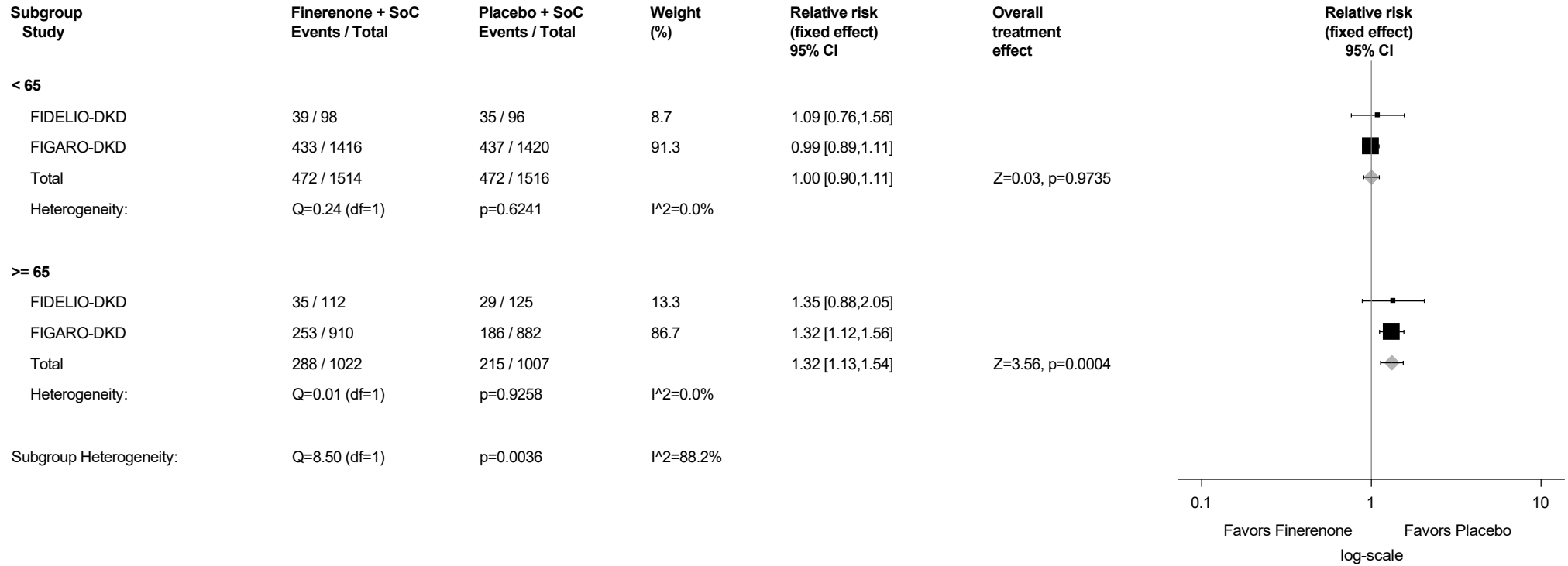
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.80.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



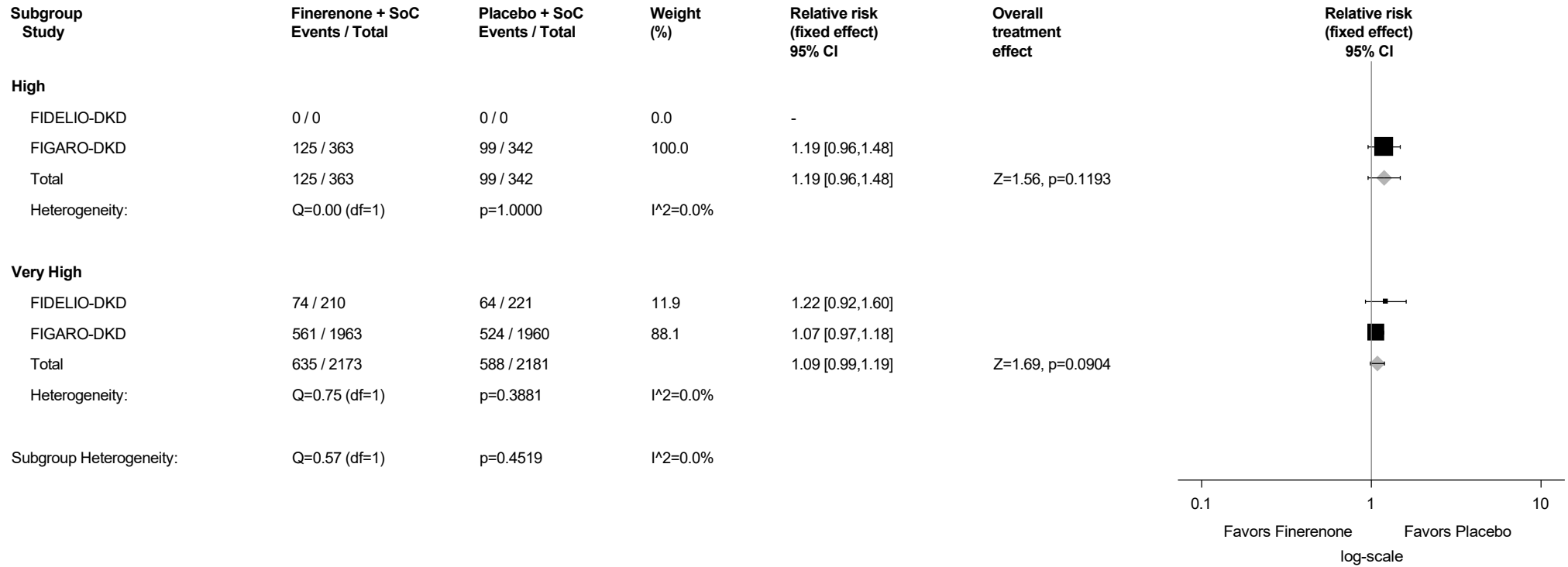
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.80.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



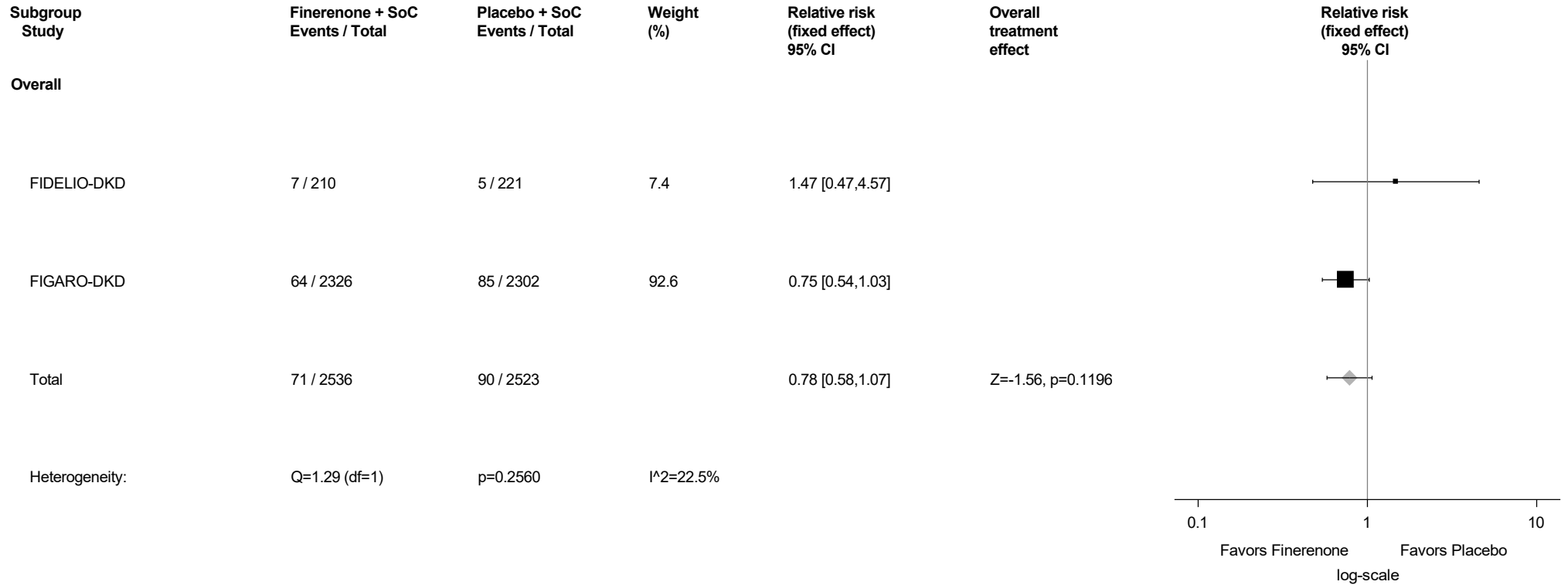
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.81: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



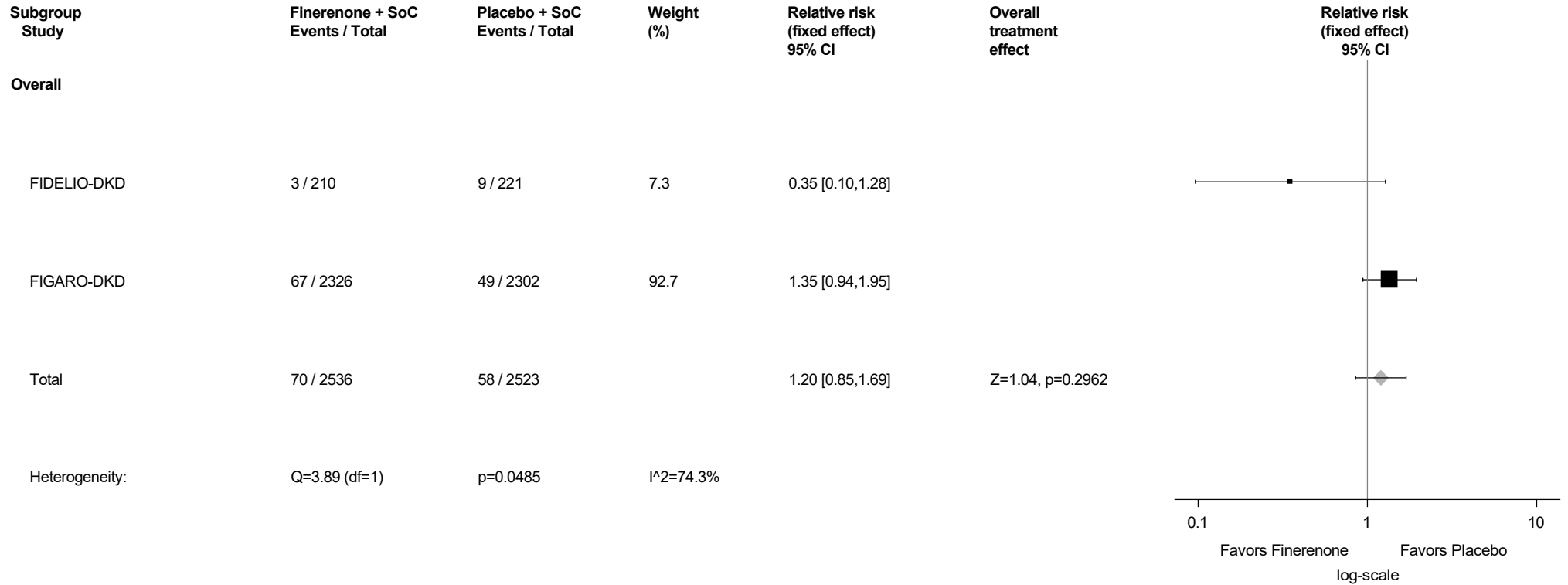
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.82: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



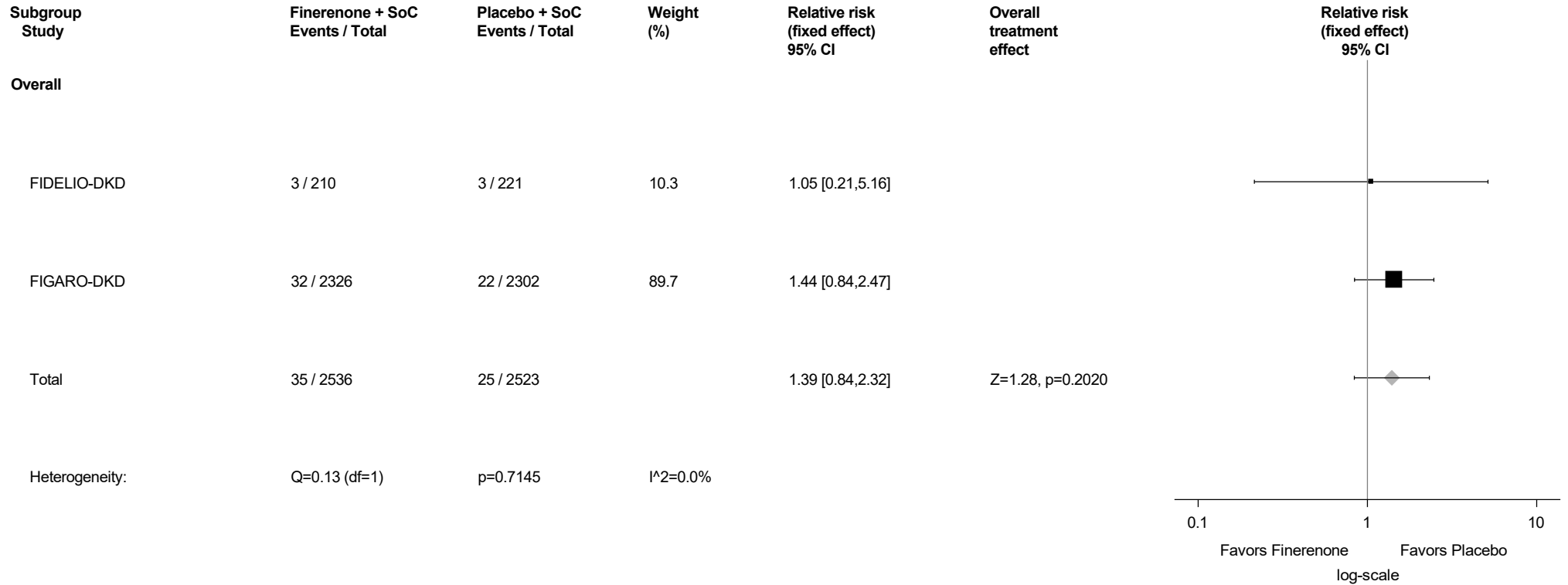
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.83: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



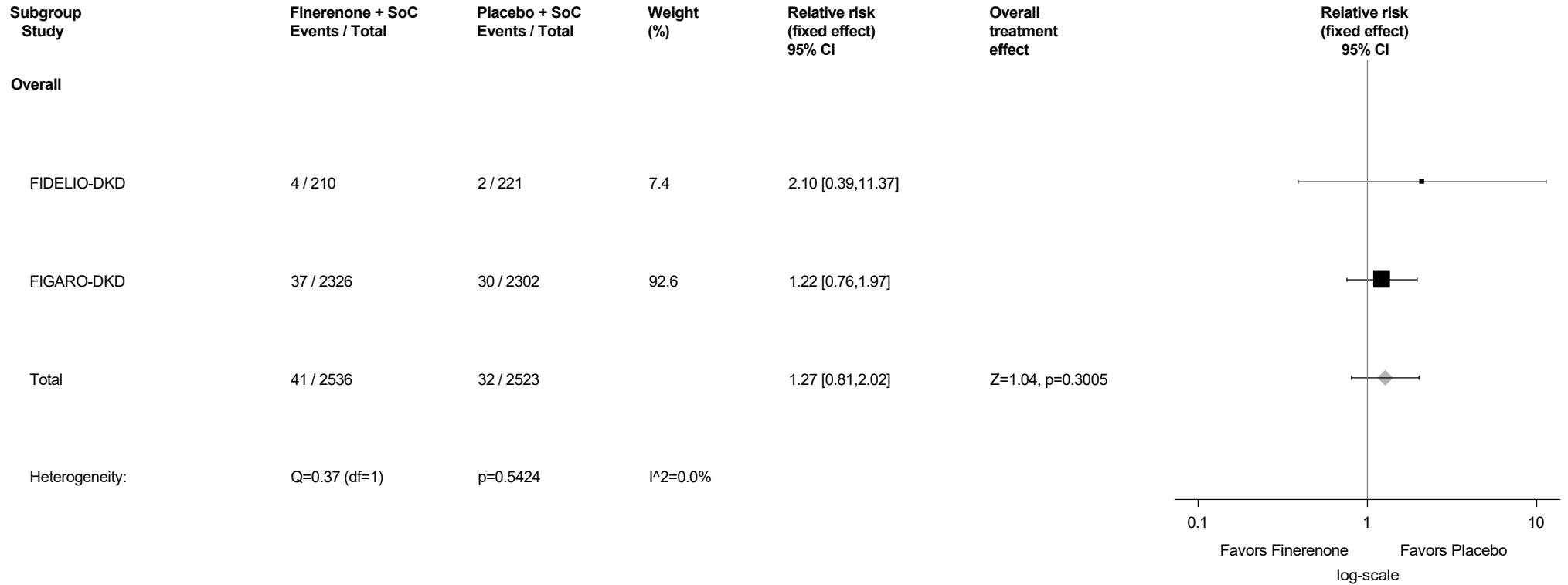
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.84: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



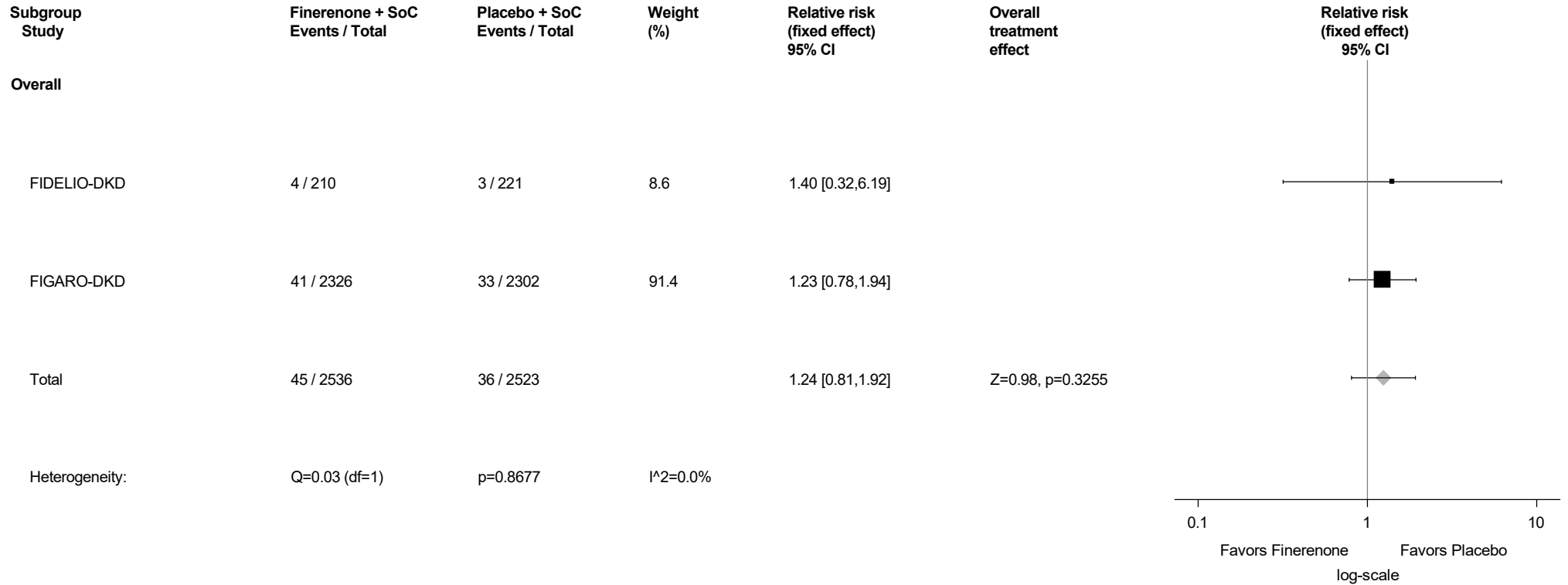
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.85: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



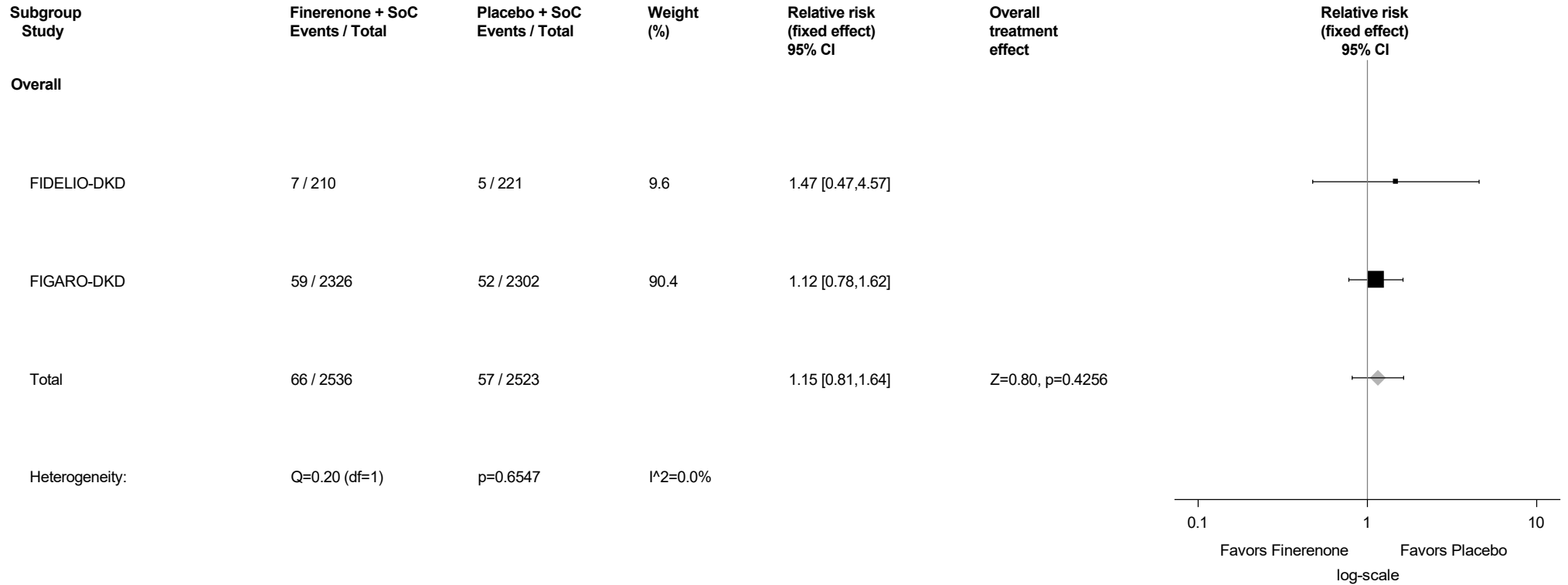
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.86: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



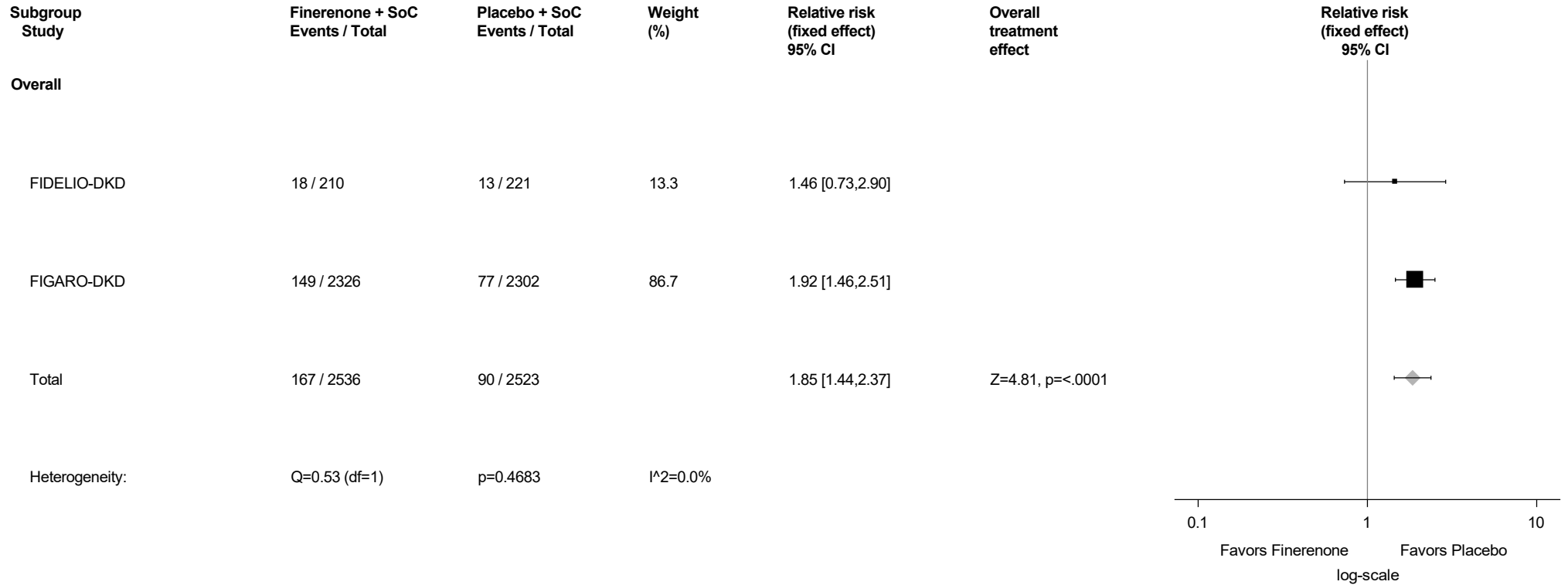
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.87: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



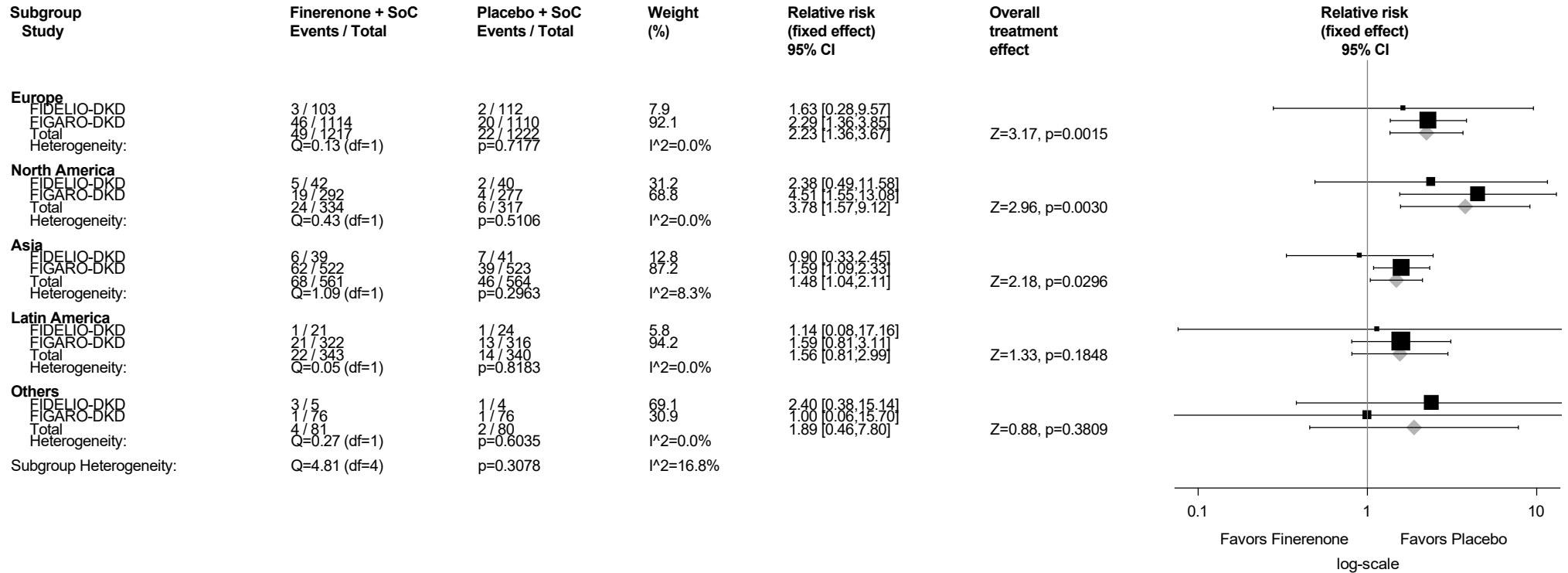
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.87.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



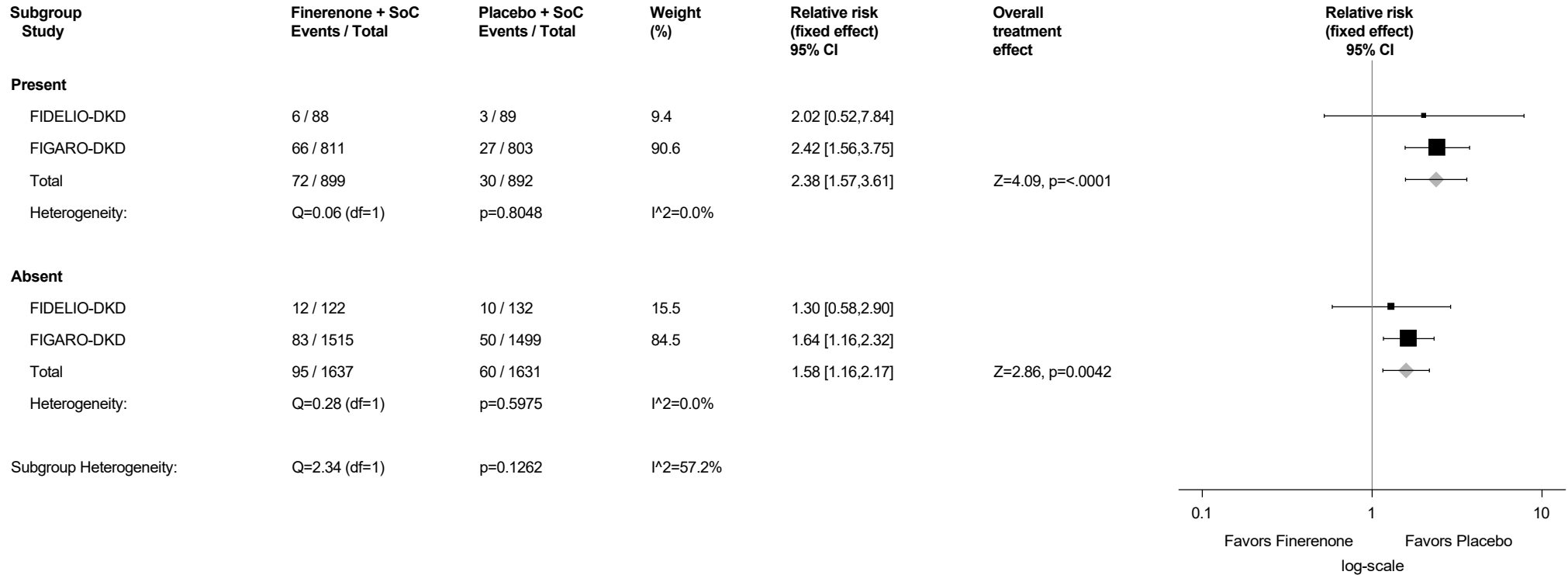
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.87.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



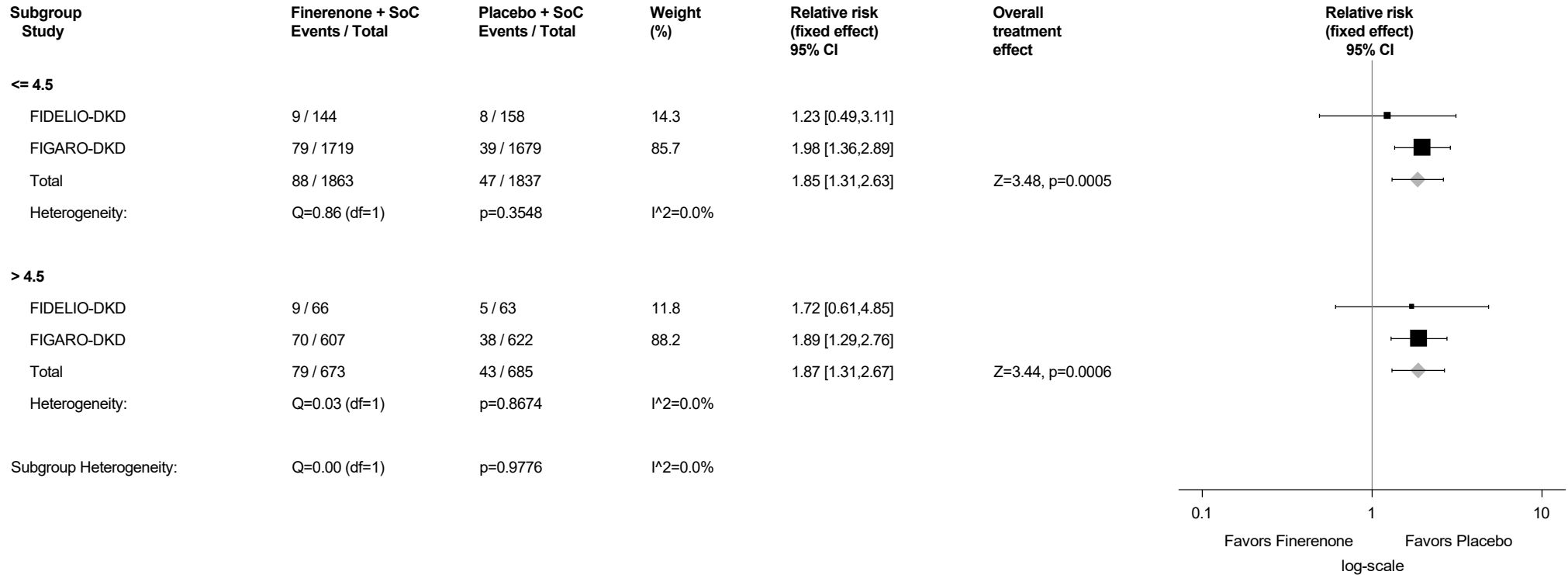
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.87.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

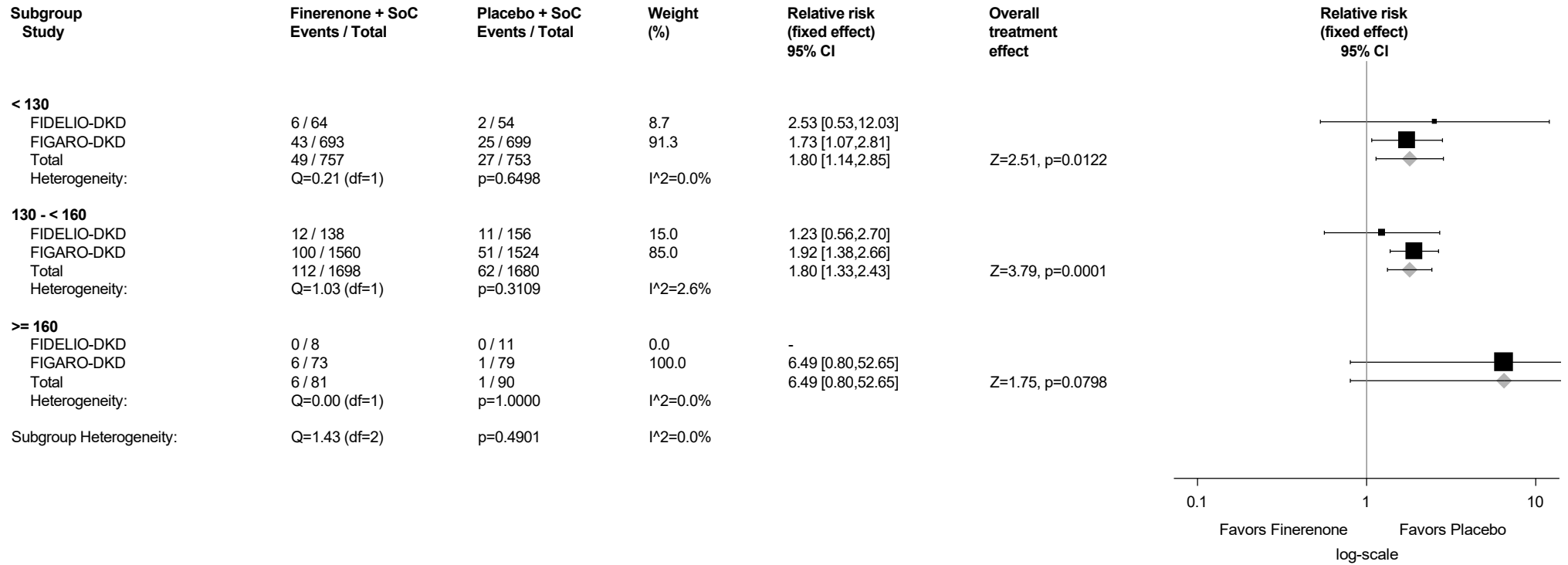
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.87.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



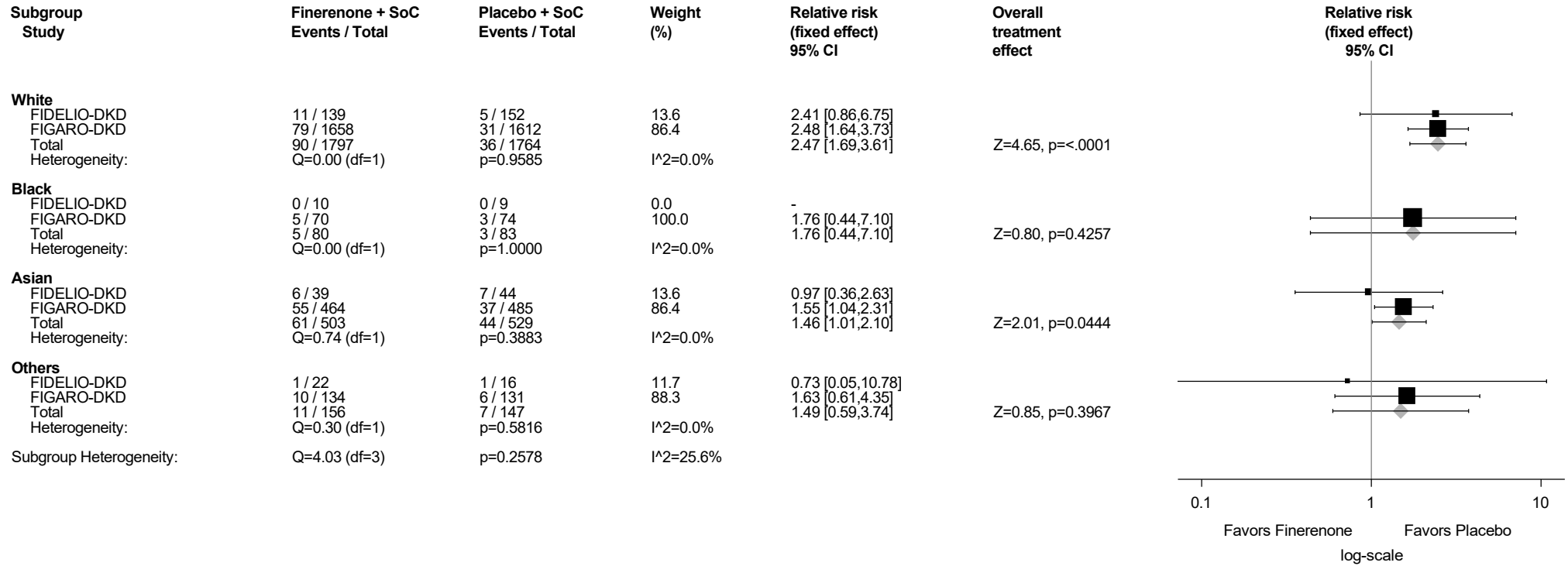
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.87.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



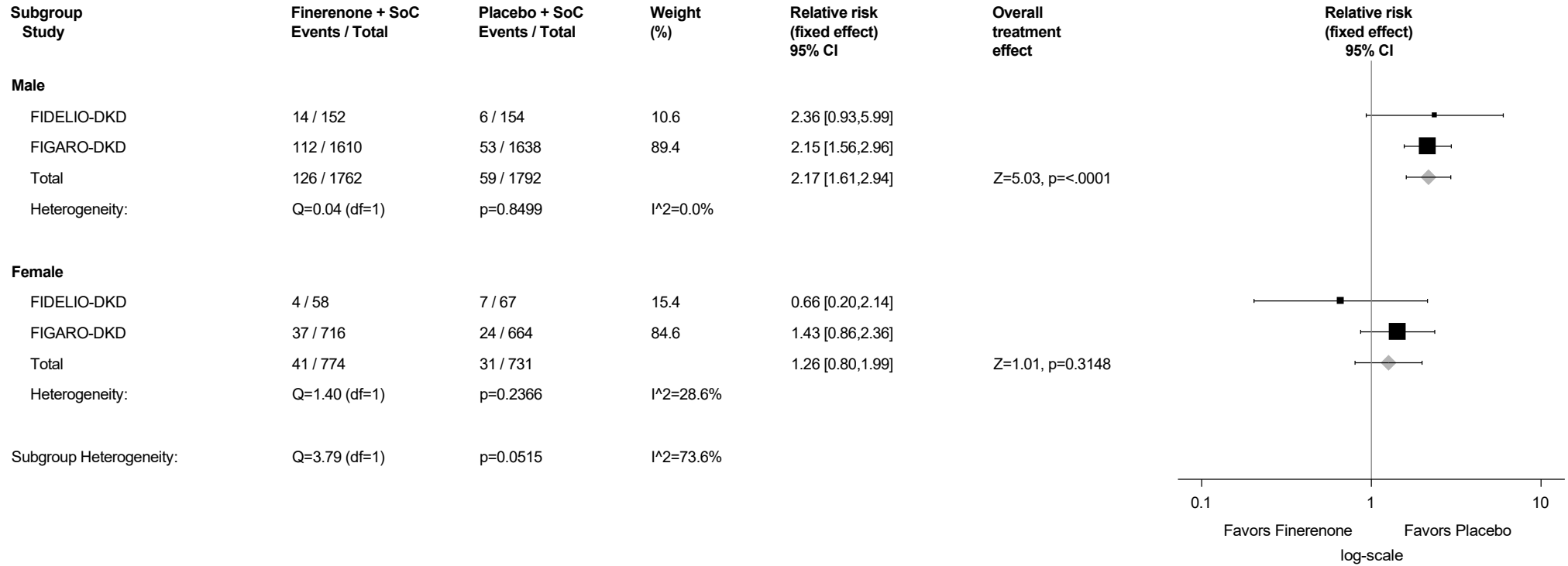
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.87.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



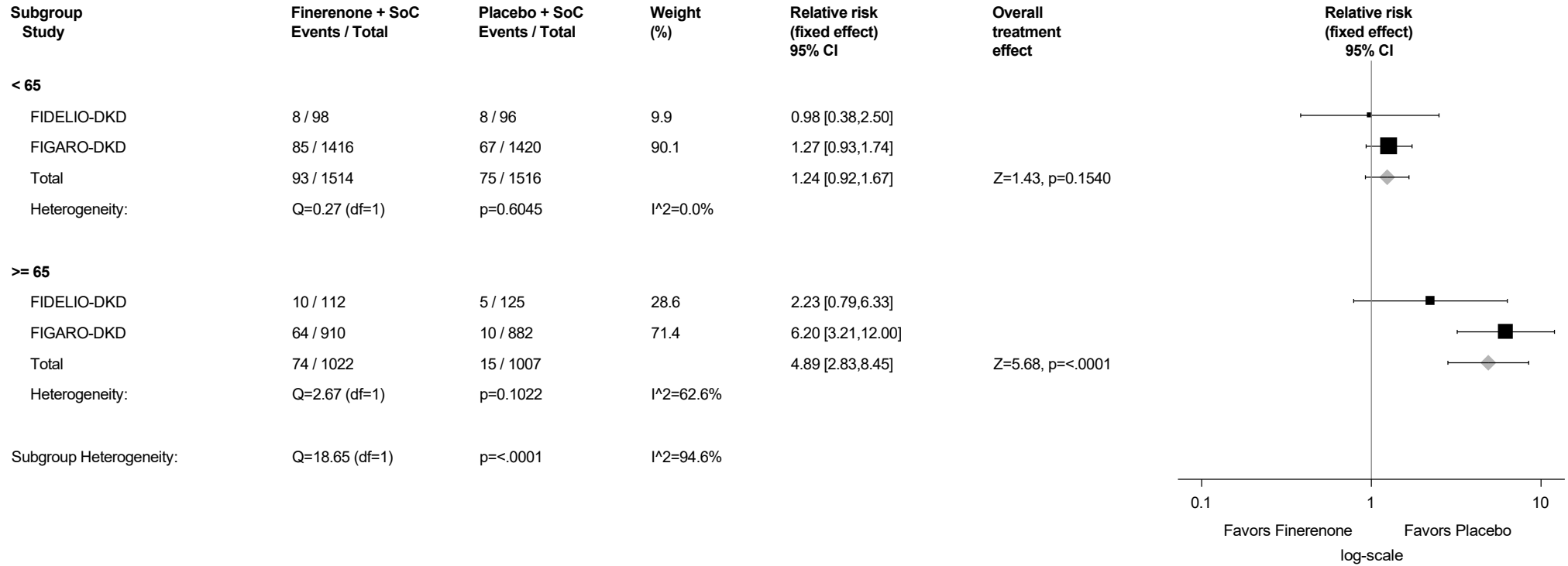
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.87.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



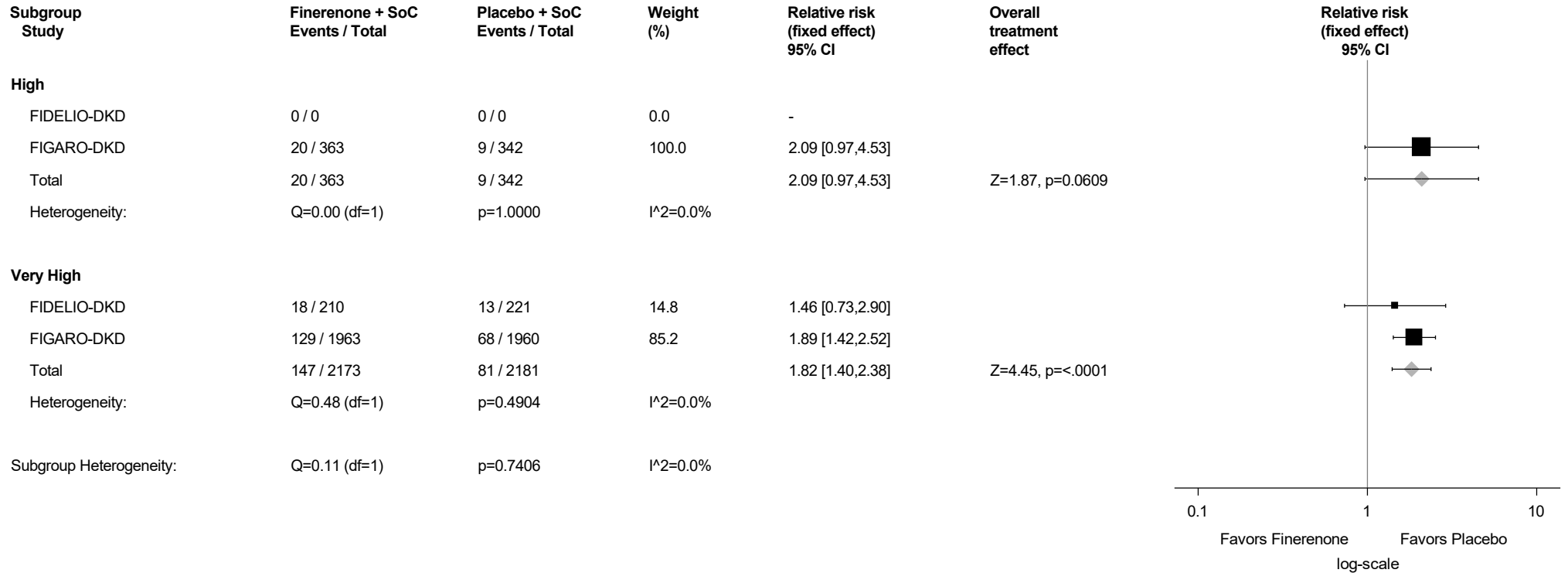
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.87.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



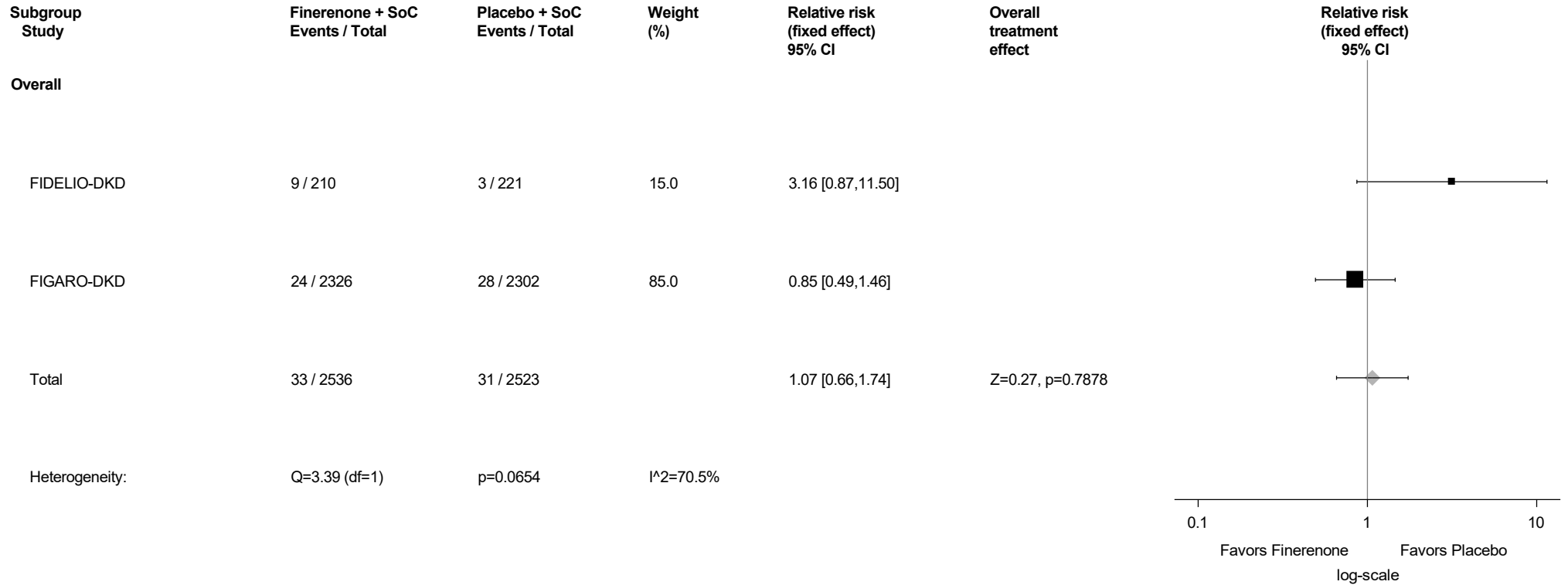
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.88: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



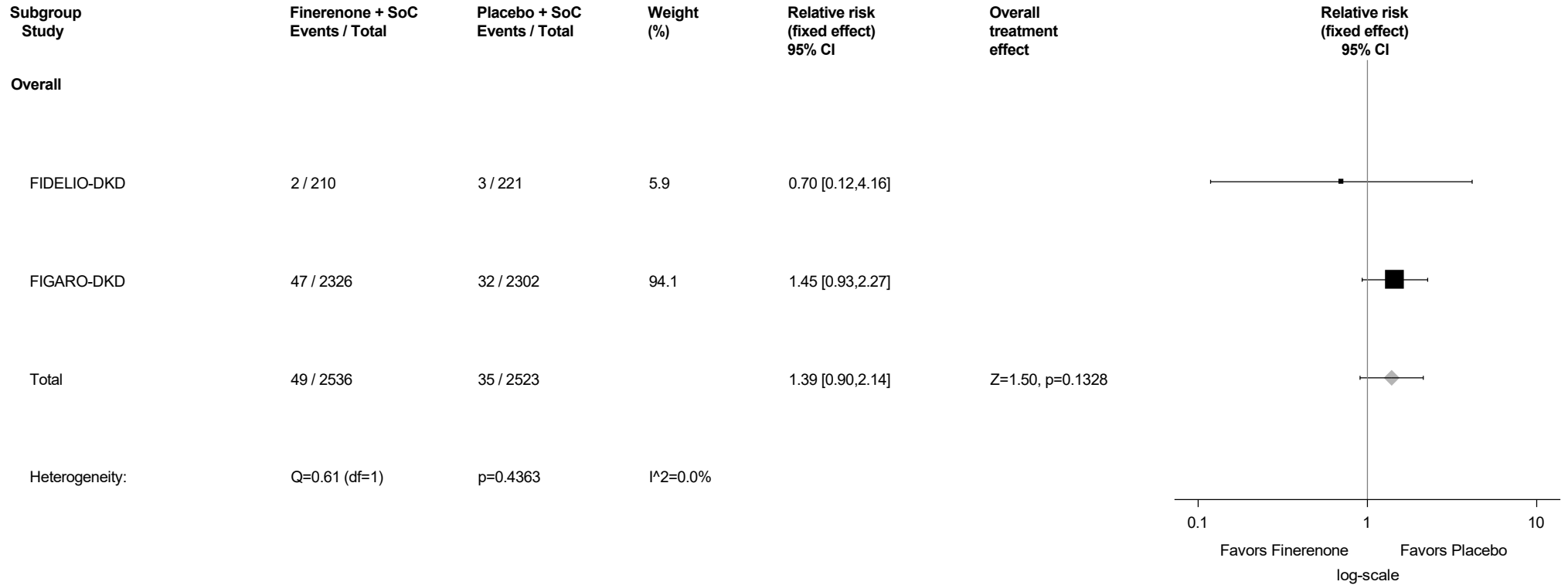
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.89: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



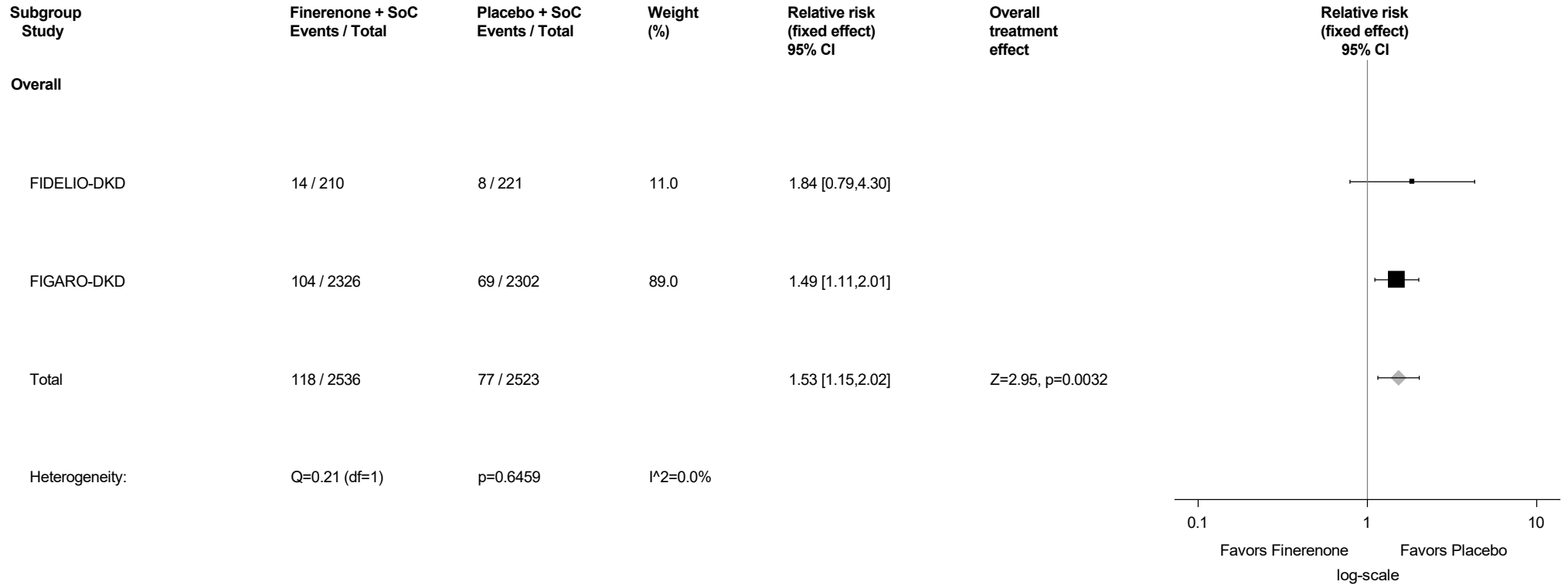
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.90: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



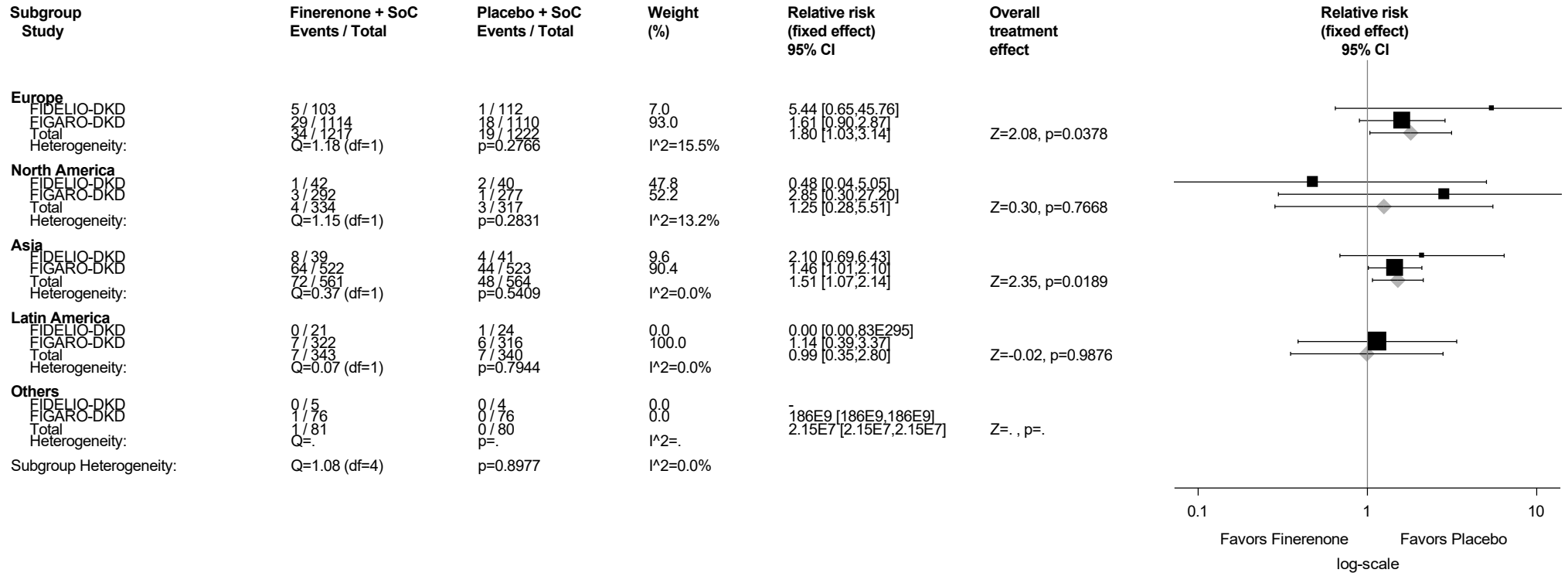
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.90.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



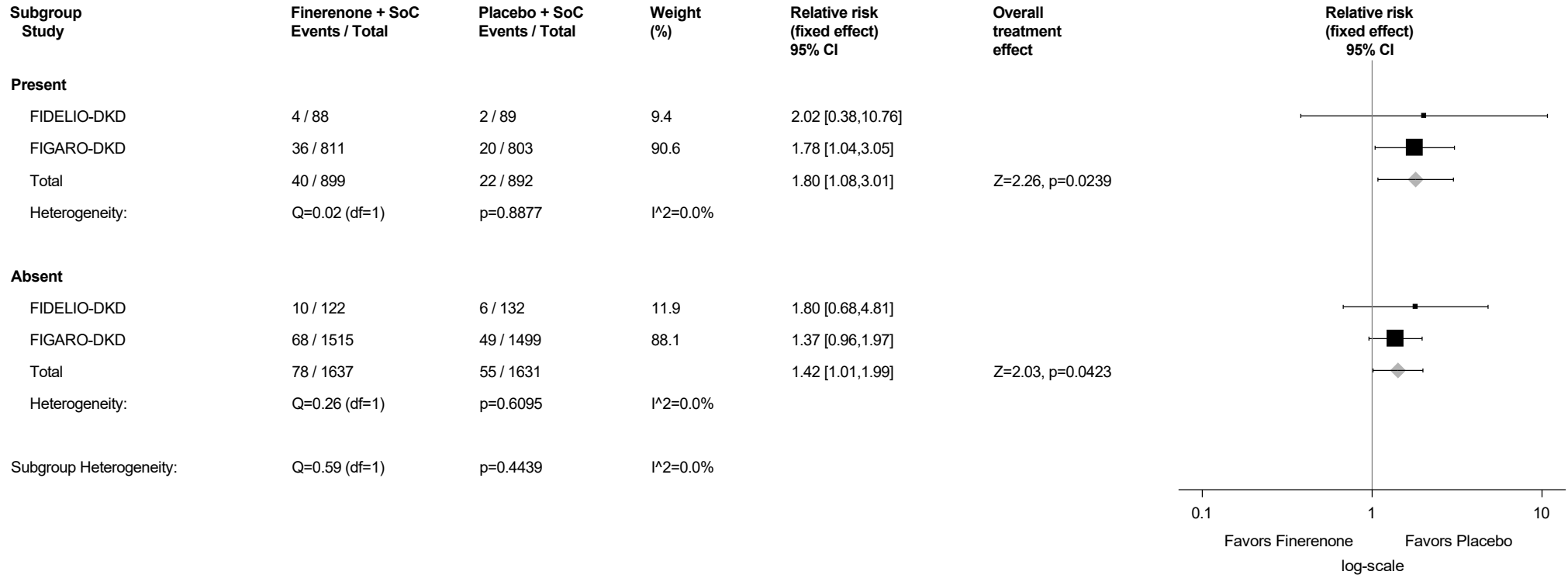
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.90.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



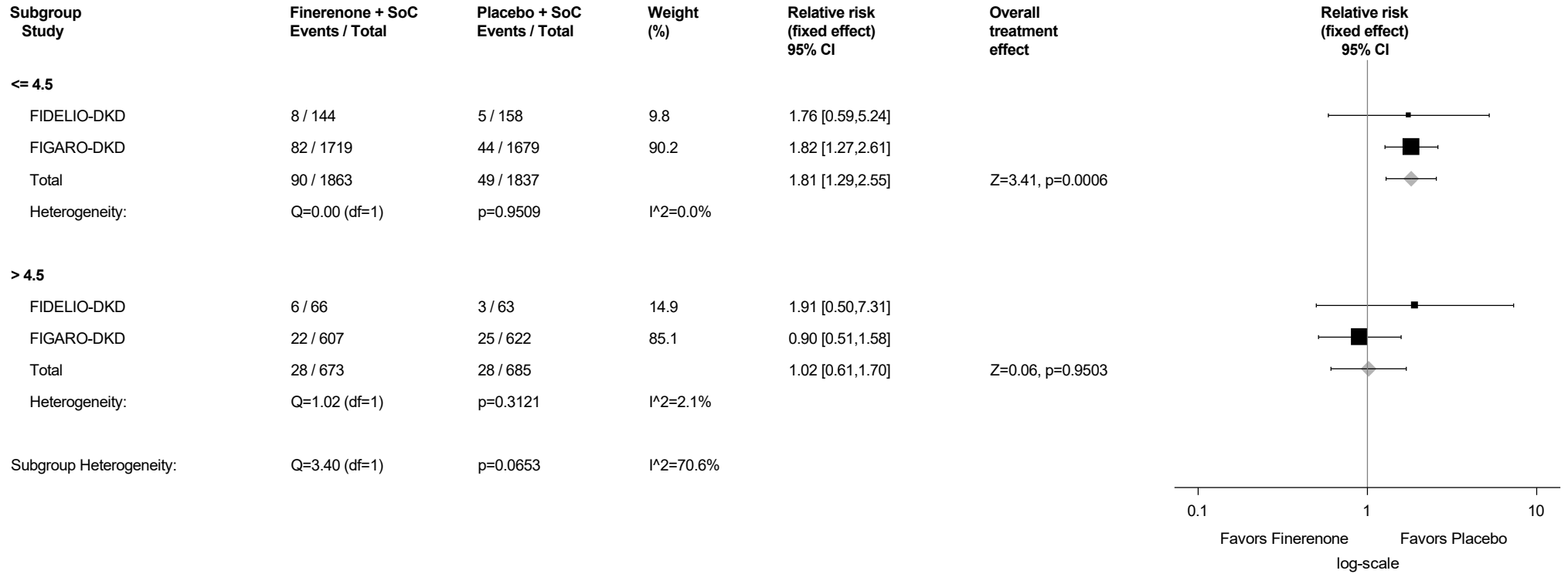
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.90.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

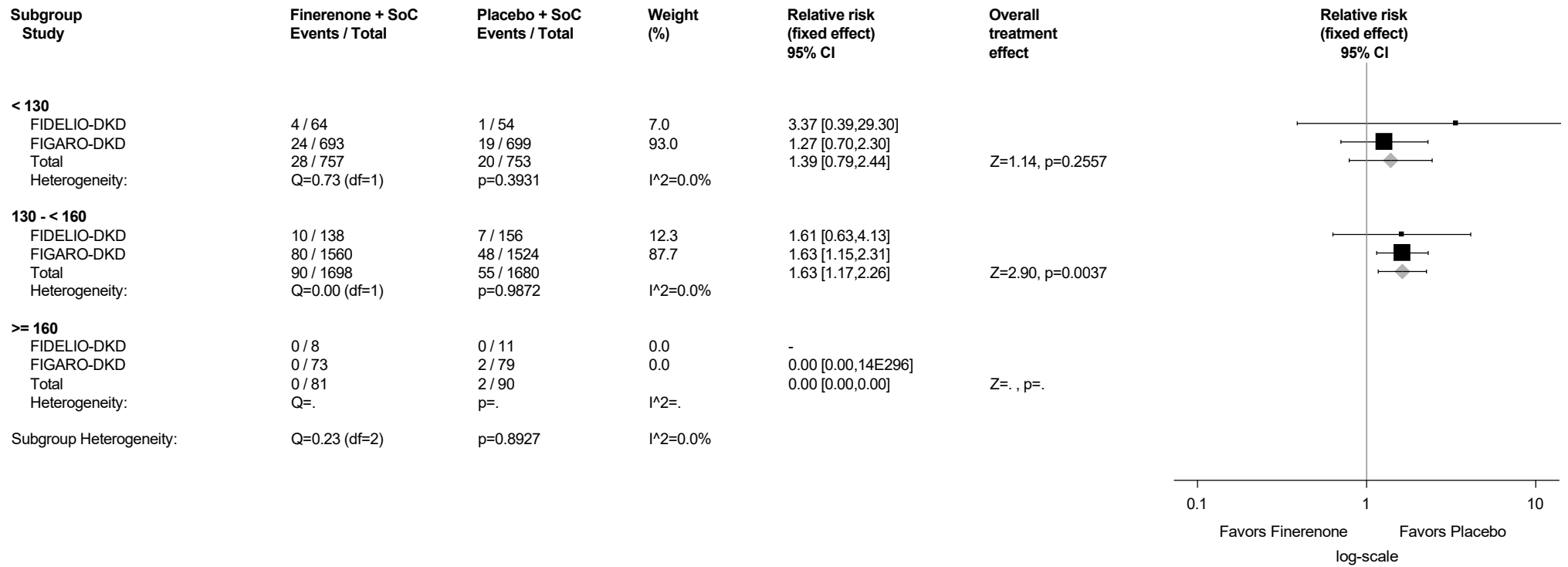
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.90.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



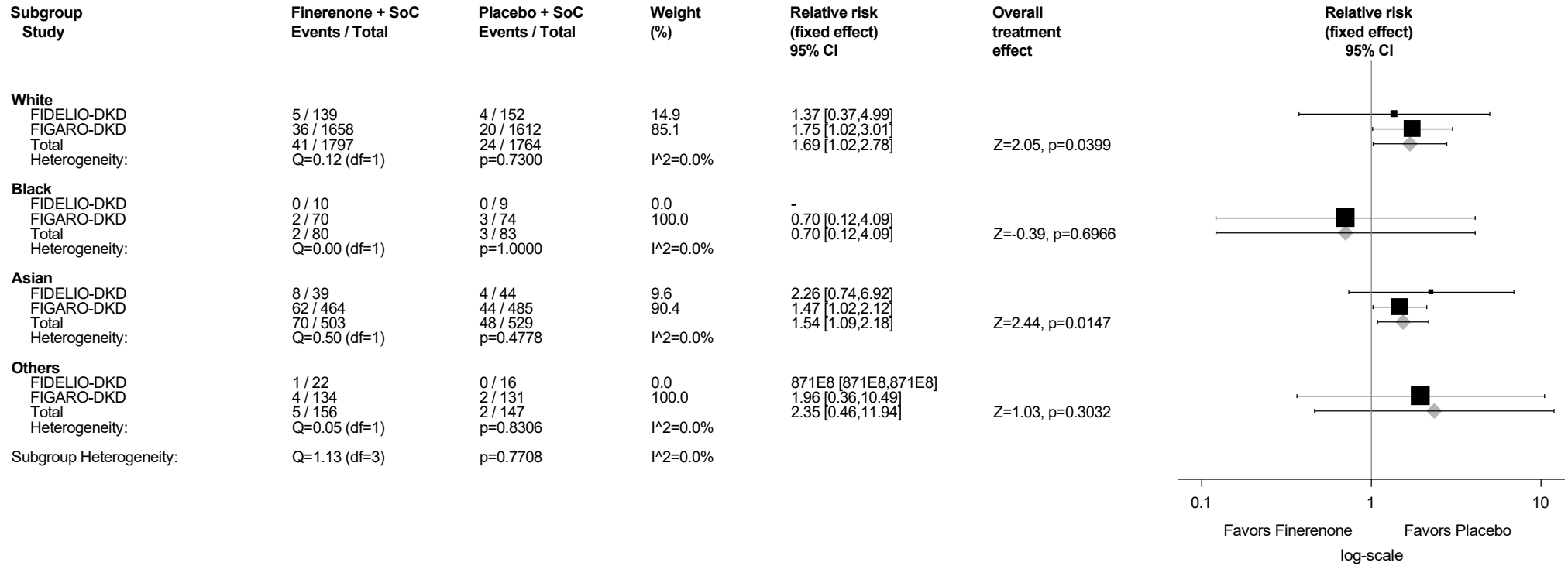
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.90.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



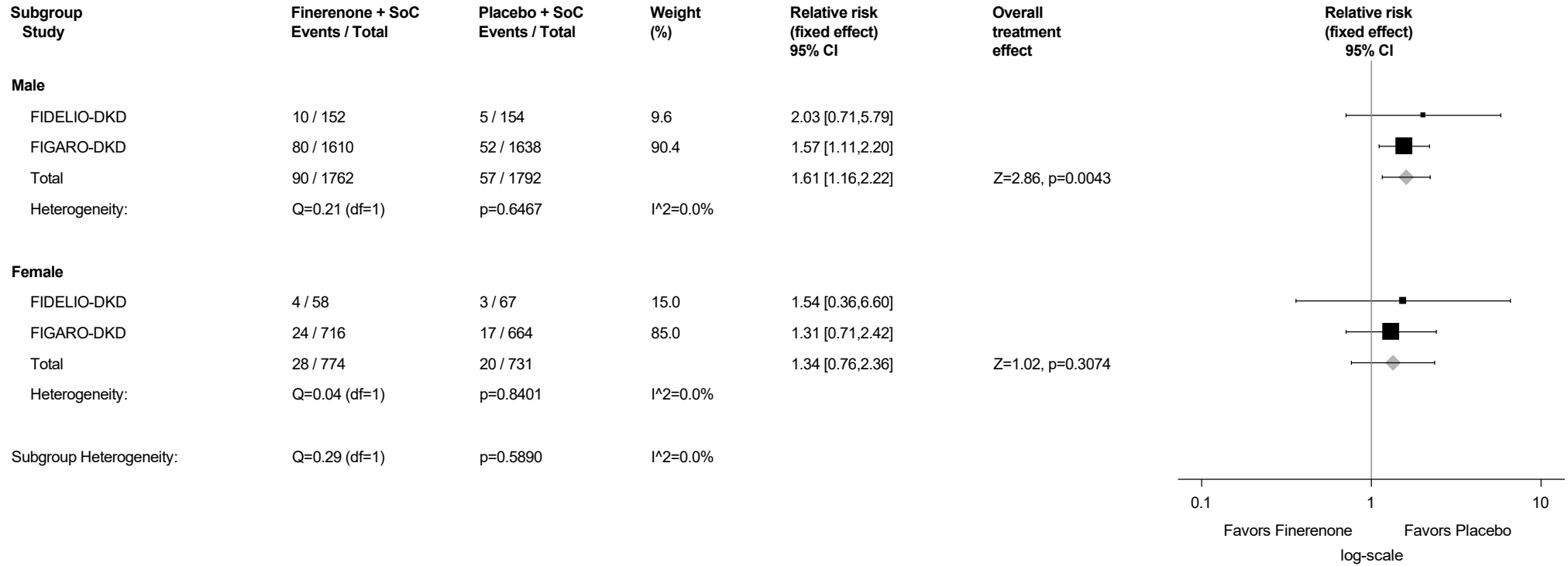
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.90.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



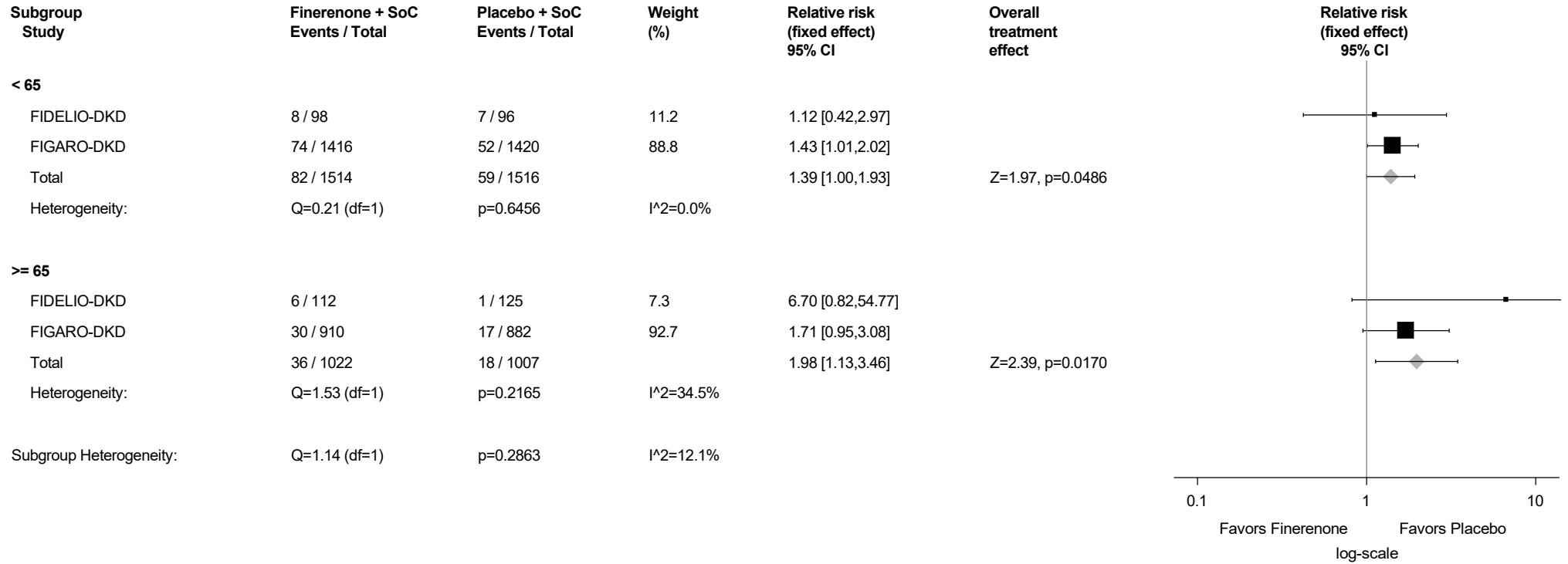
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.90.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



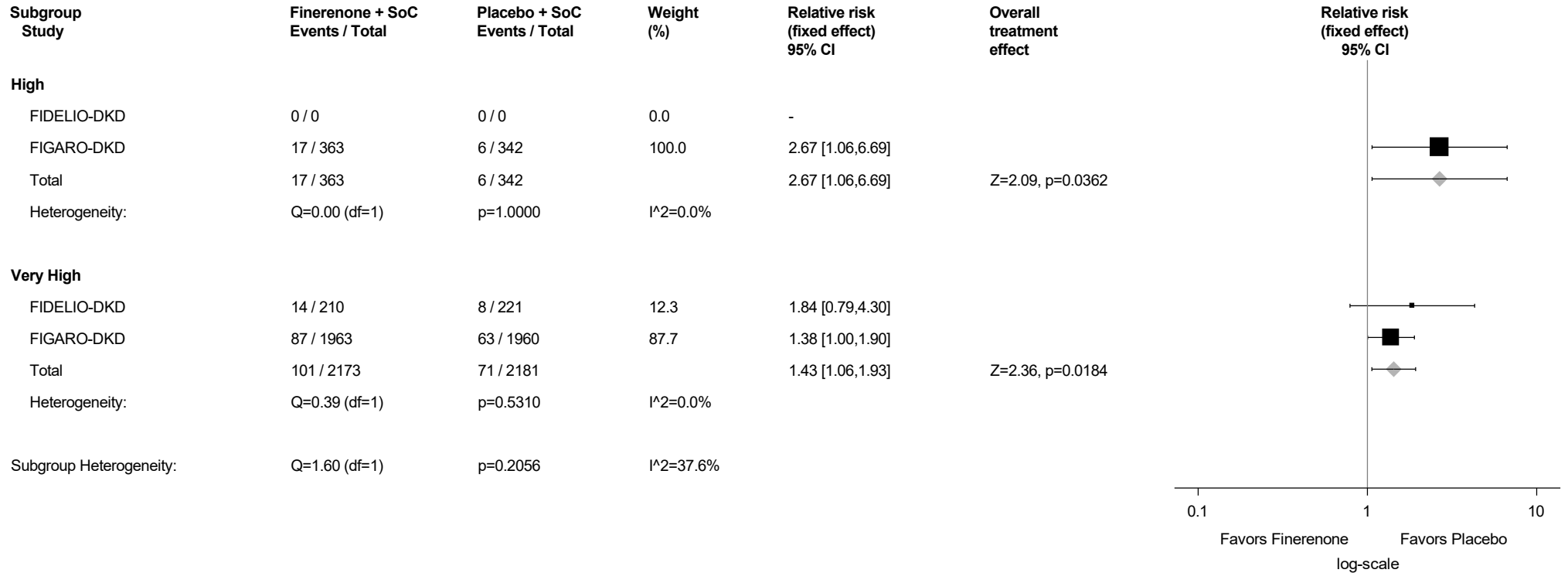
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.90.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



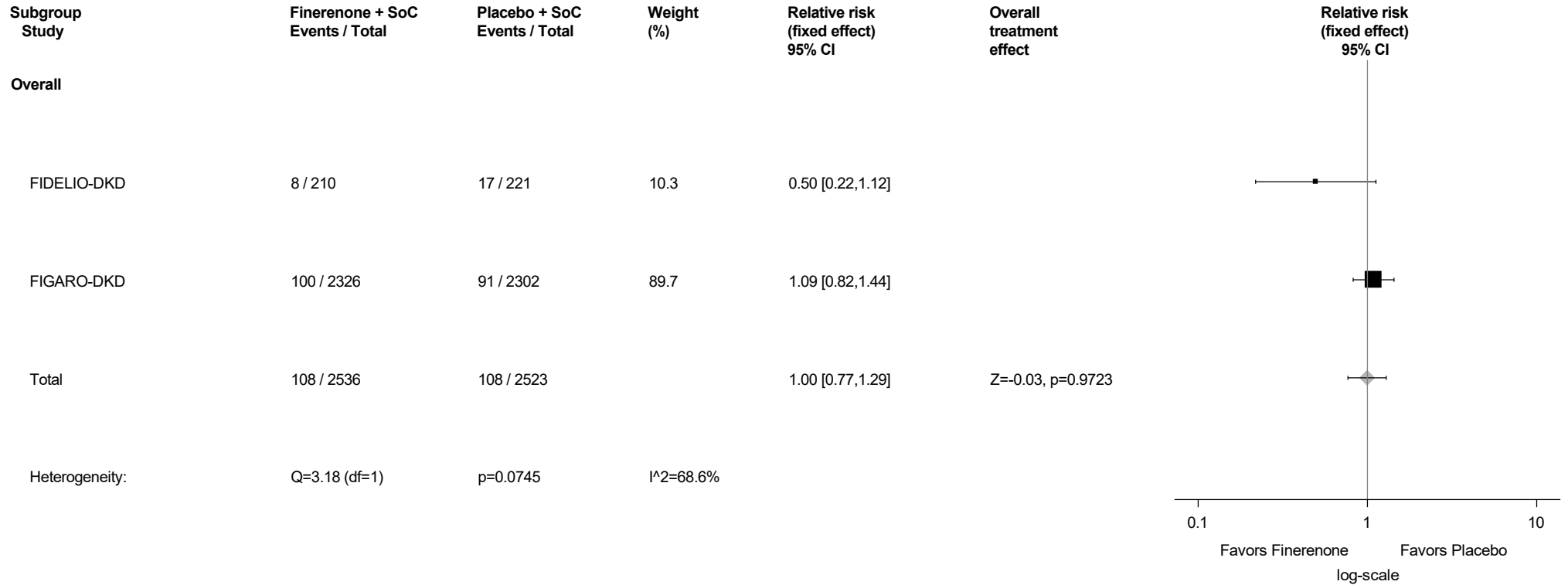
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.91: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



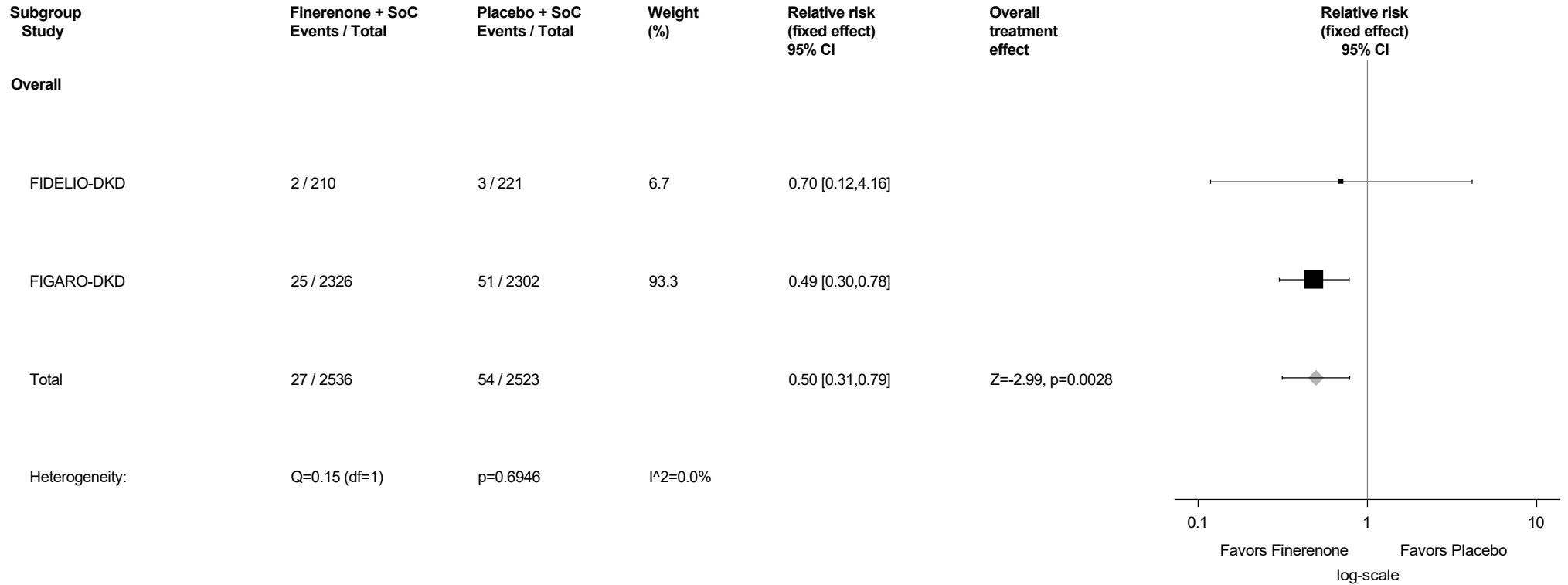
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.92: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



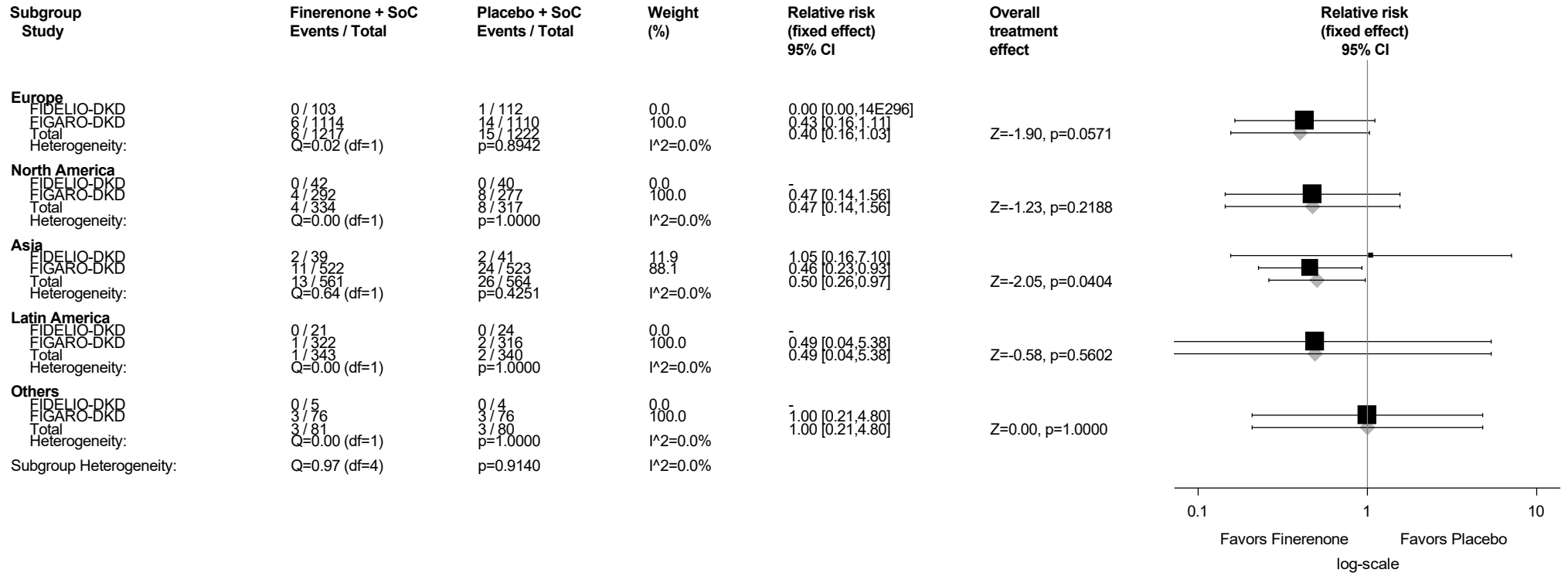
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.92.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



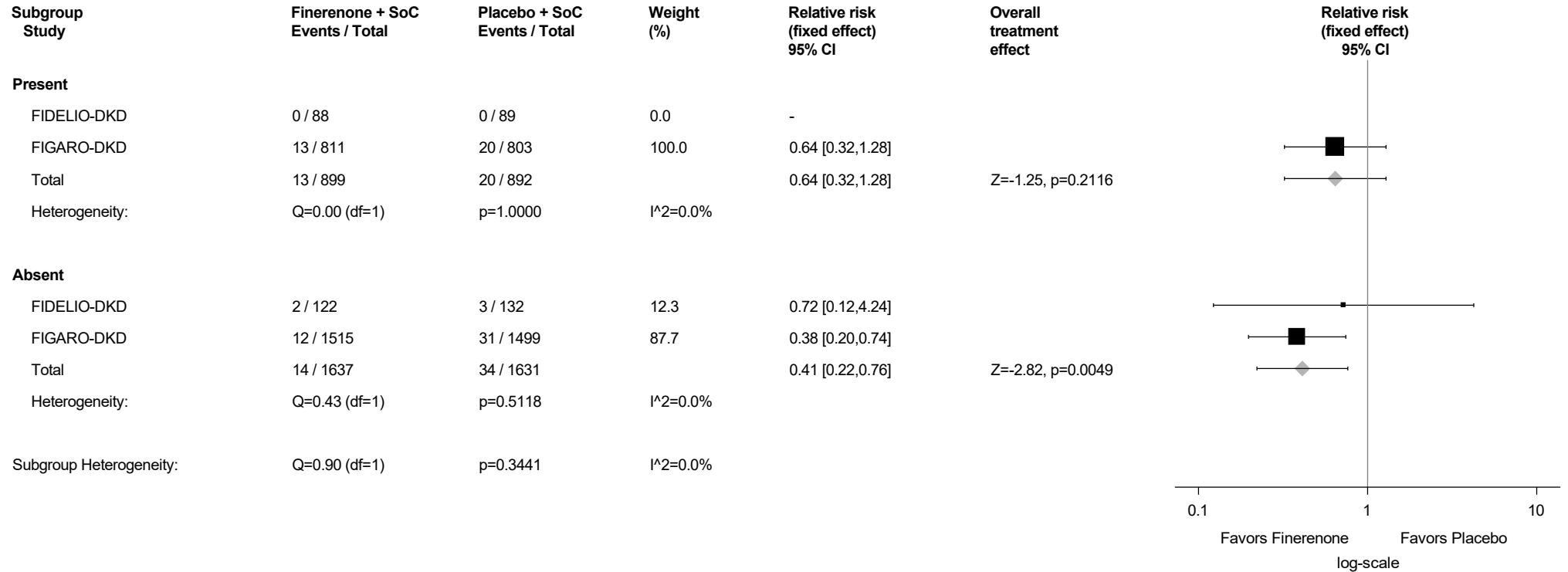
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.92.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



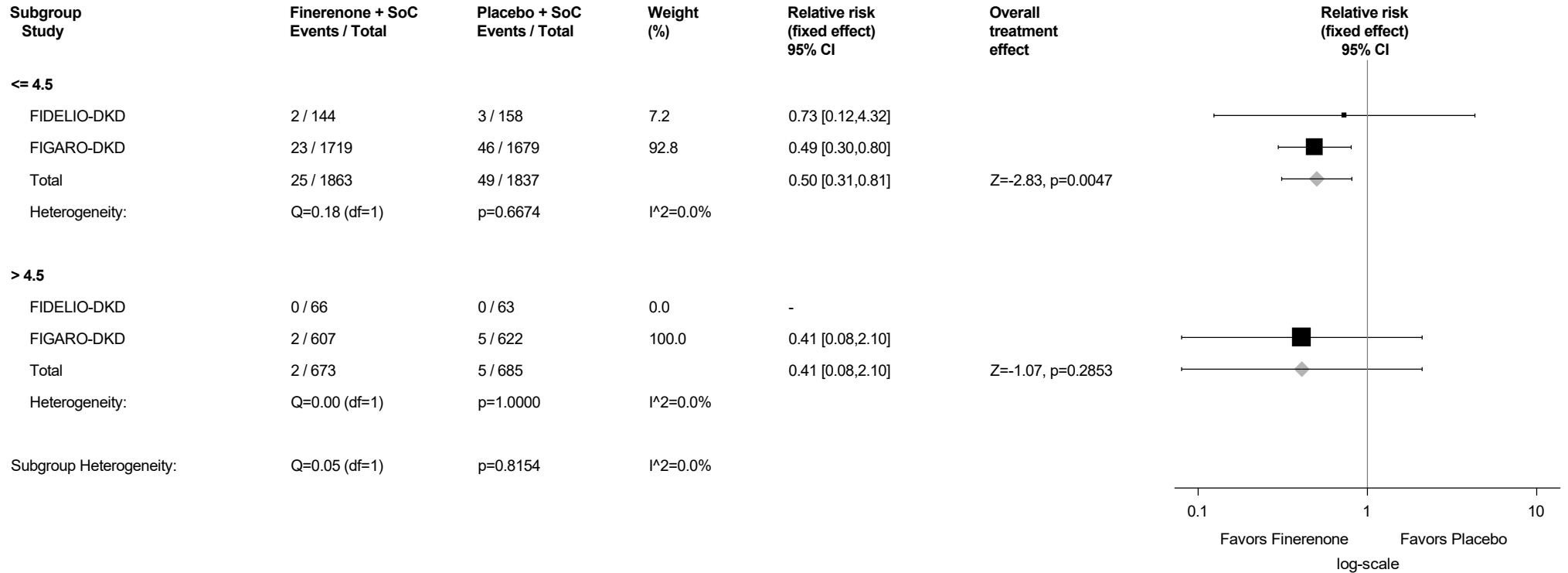
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.92.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

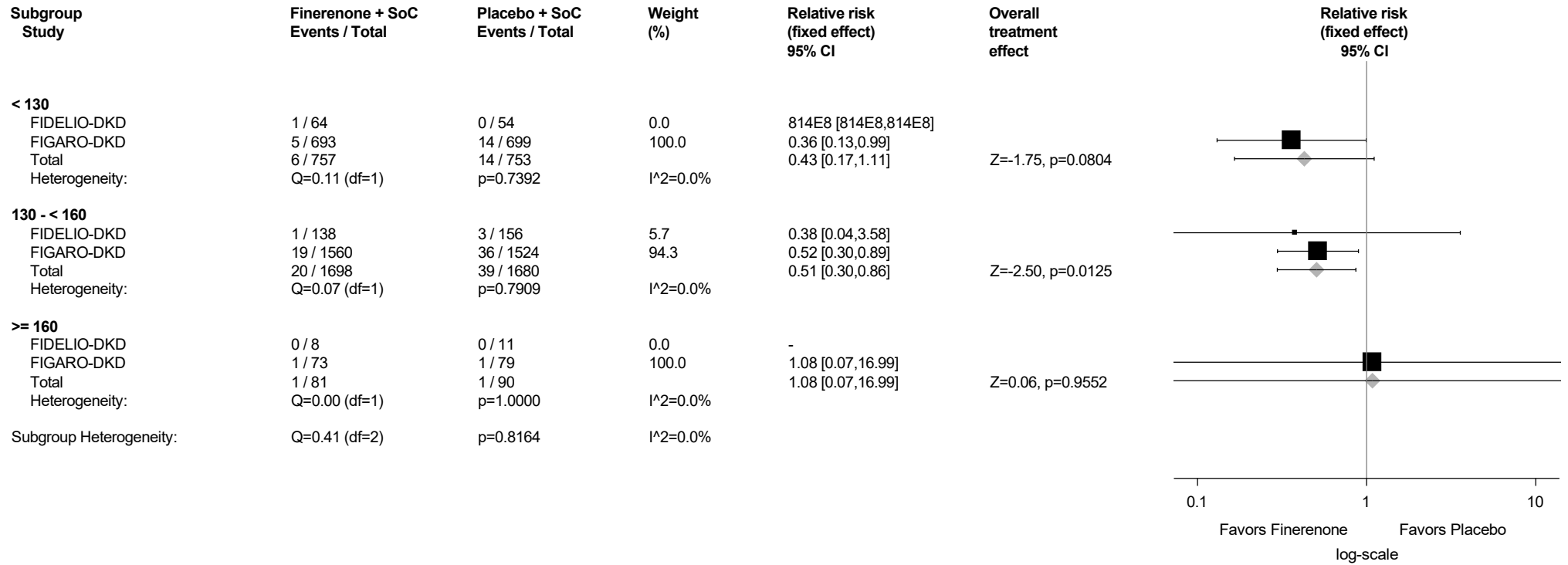
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.92.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



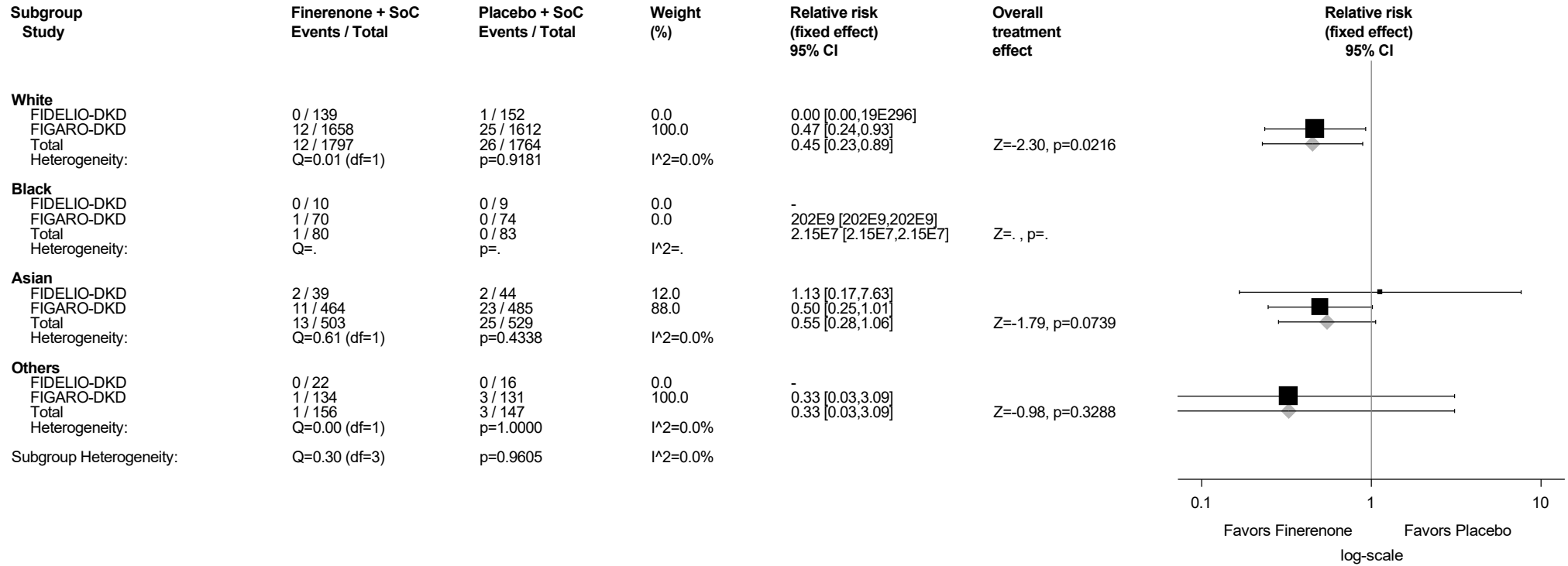
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.92.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



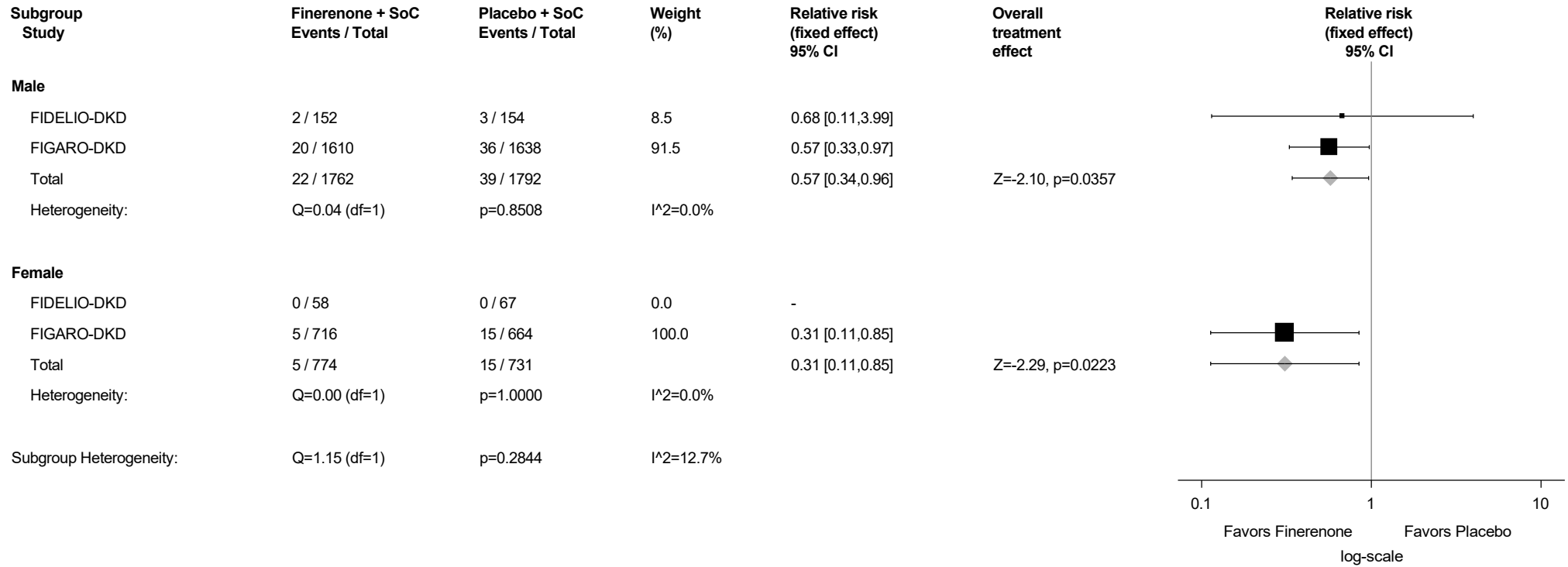
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.92.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



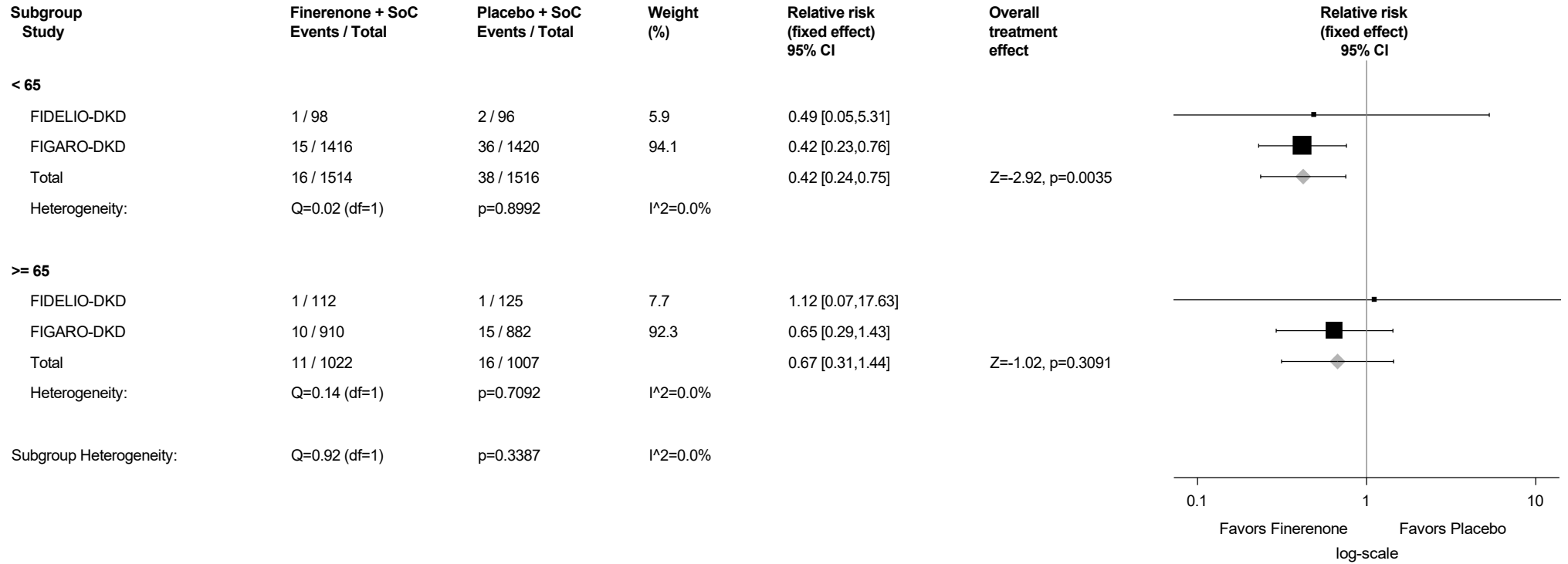
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.92.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



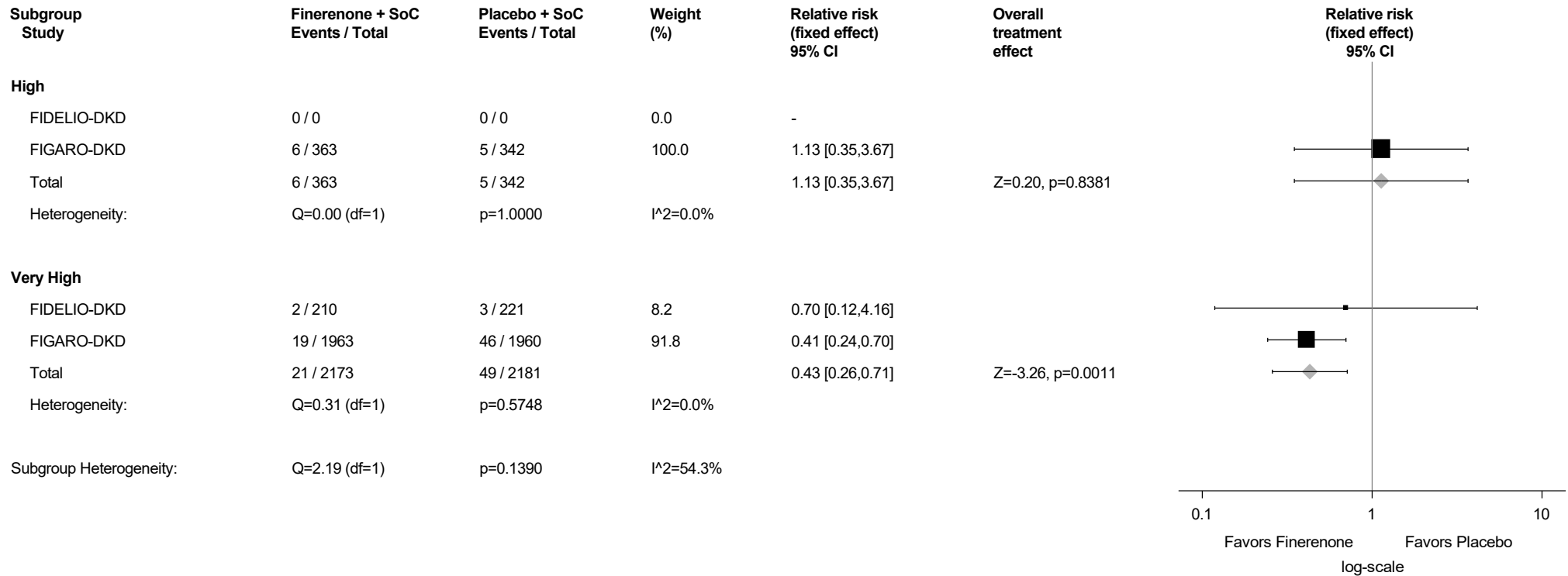
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.92.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



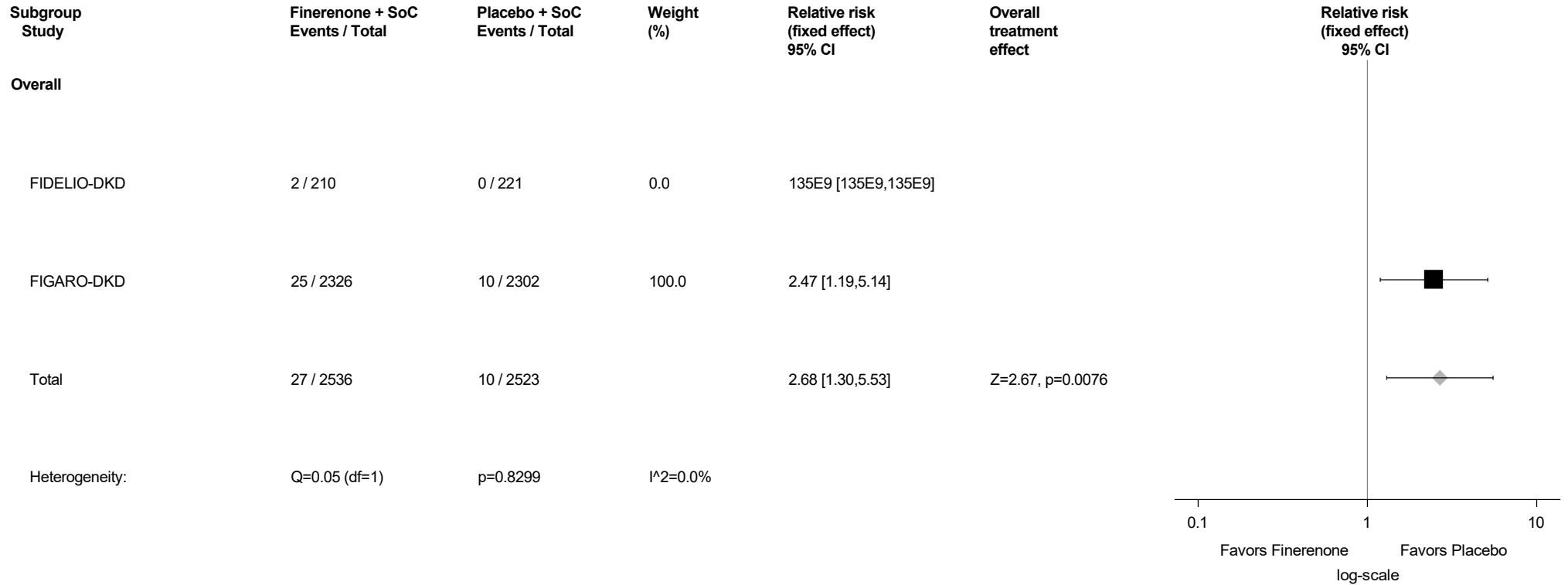
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.93: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



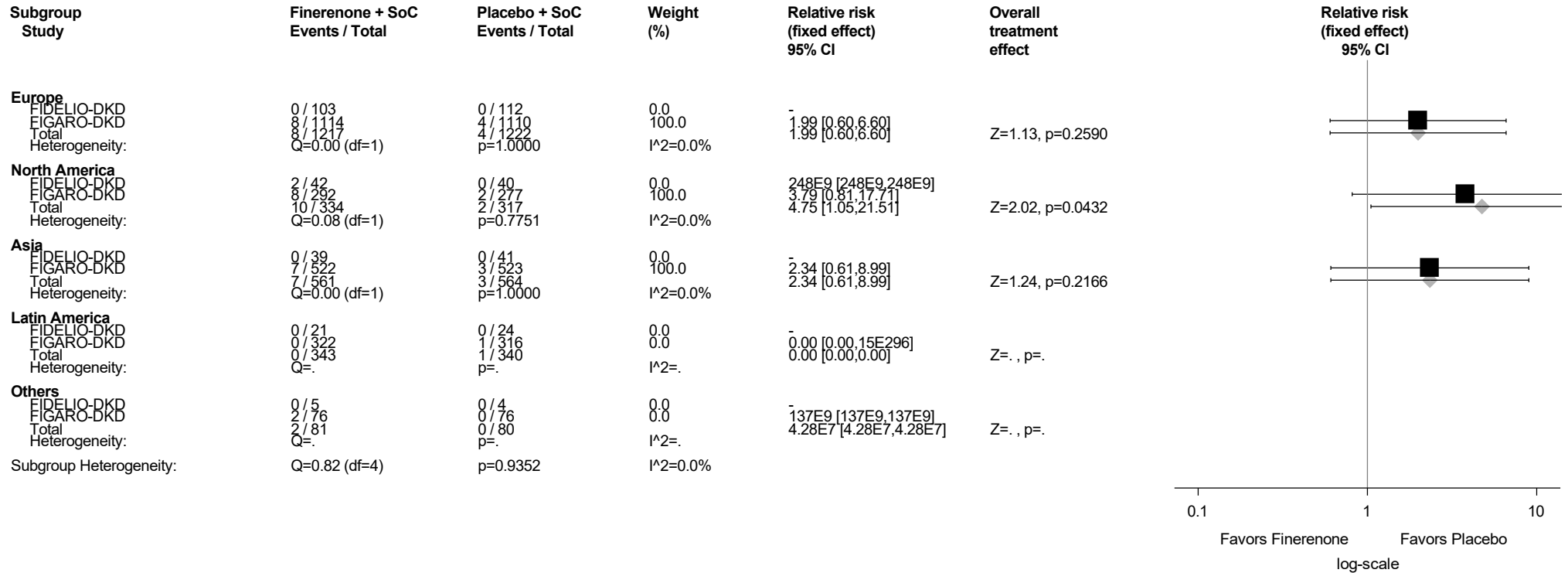
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.93.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



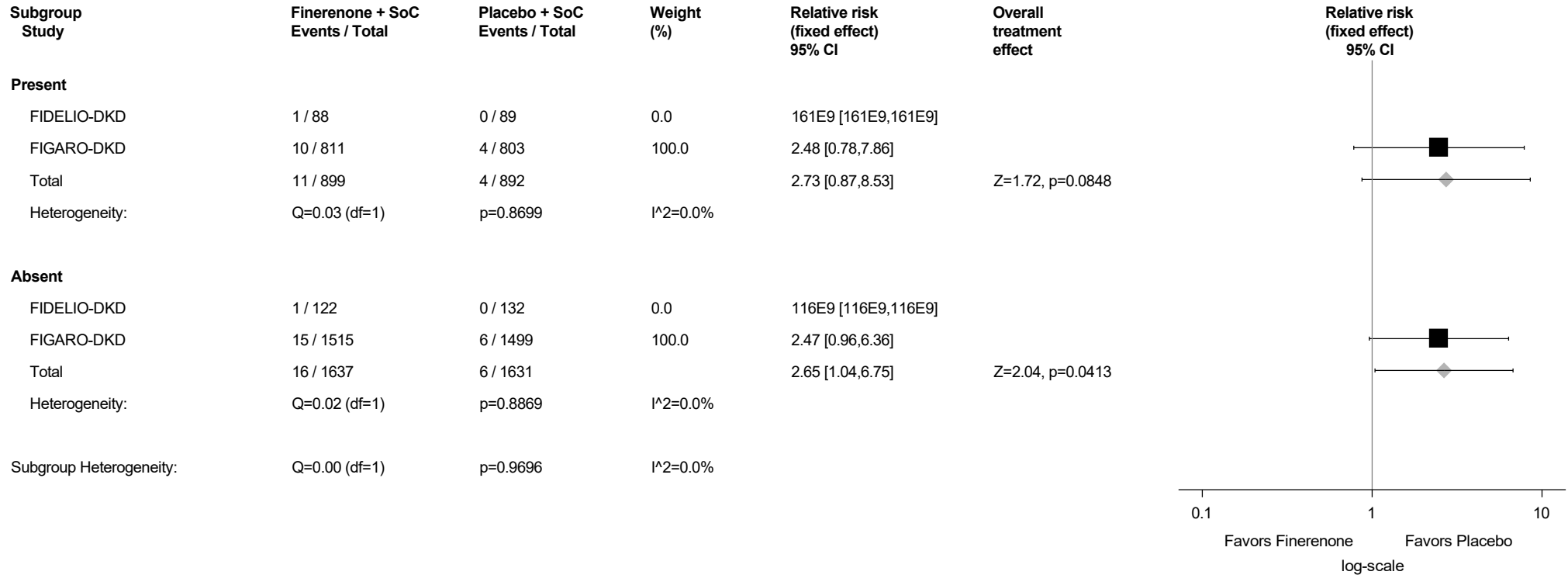
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.93.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



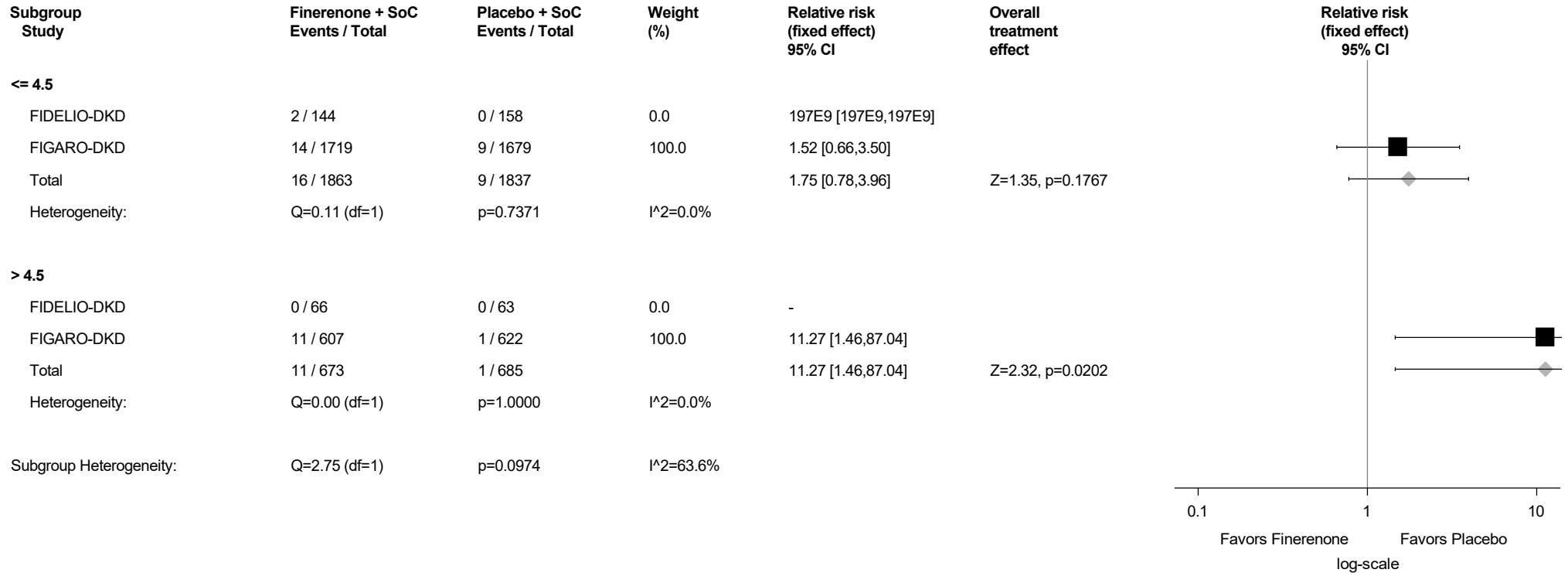
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.93.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

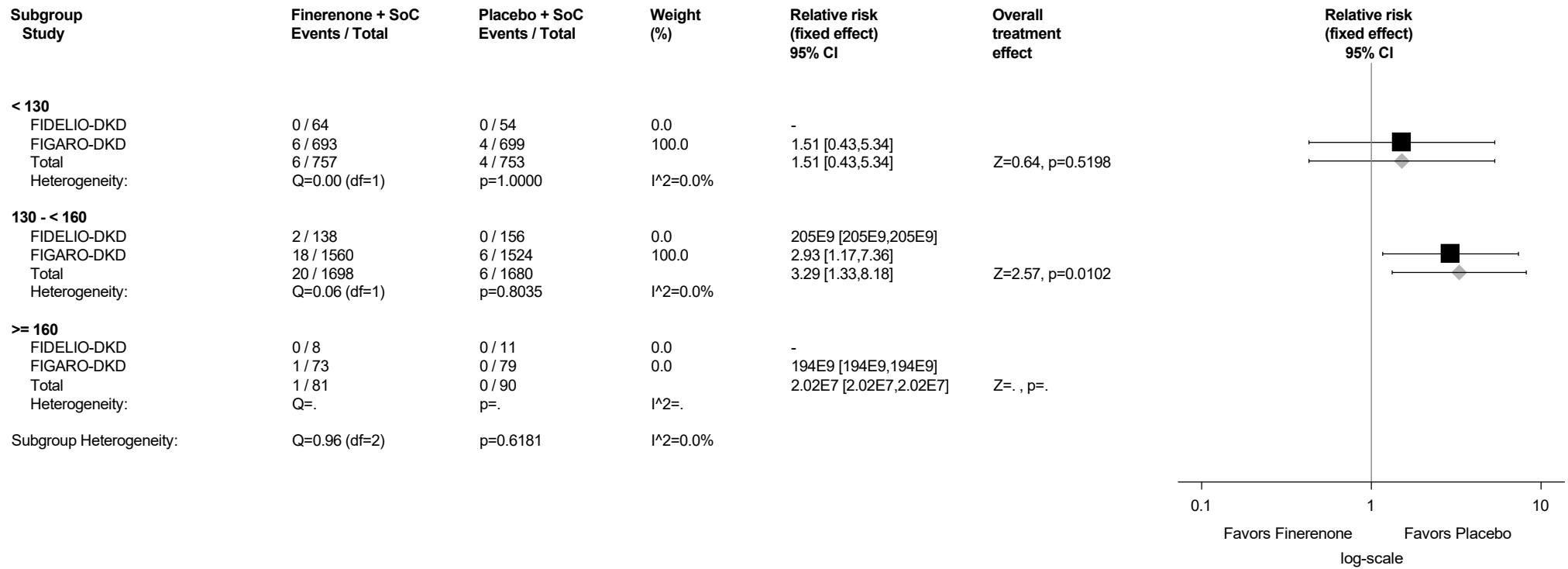
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.93.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



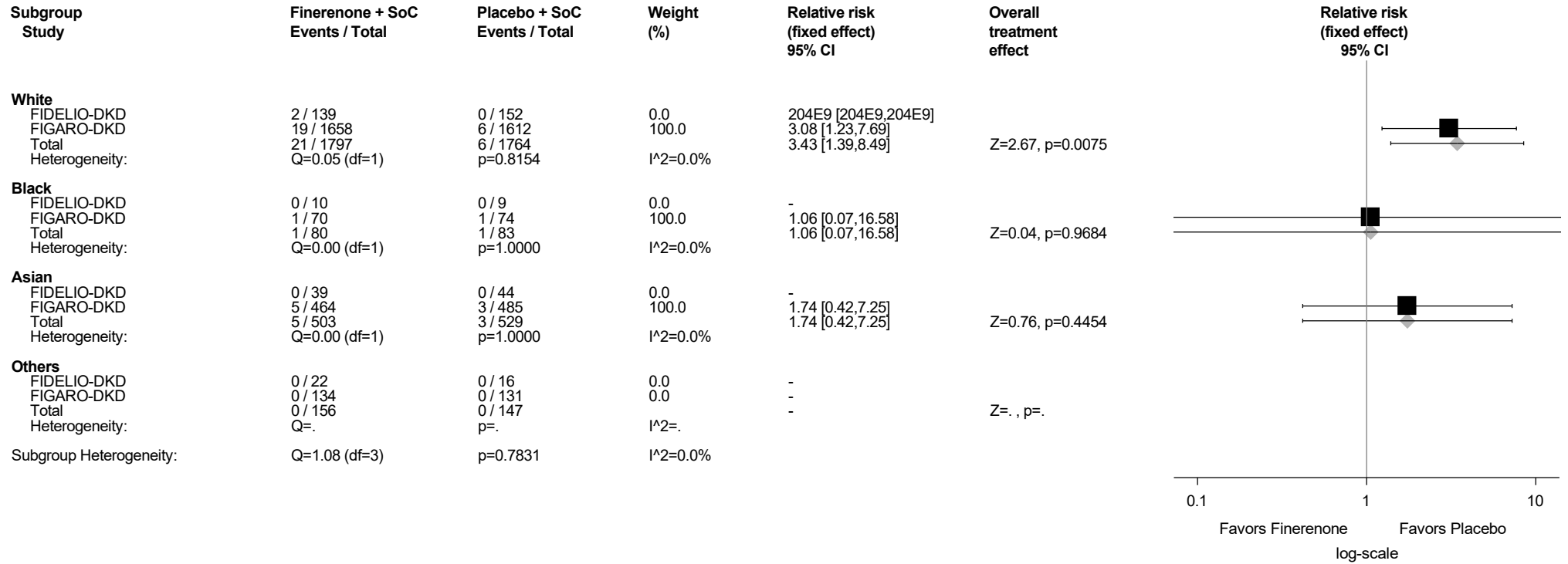
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.93.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



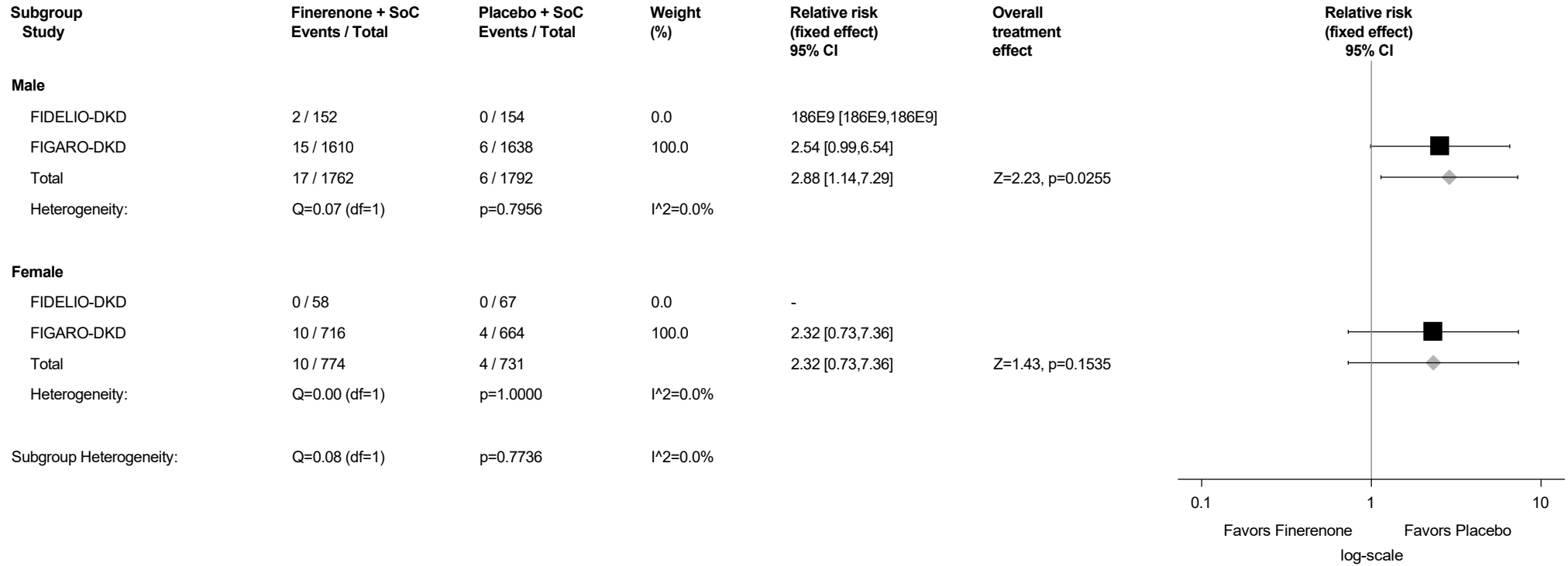
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.93.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



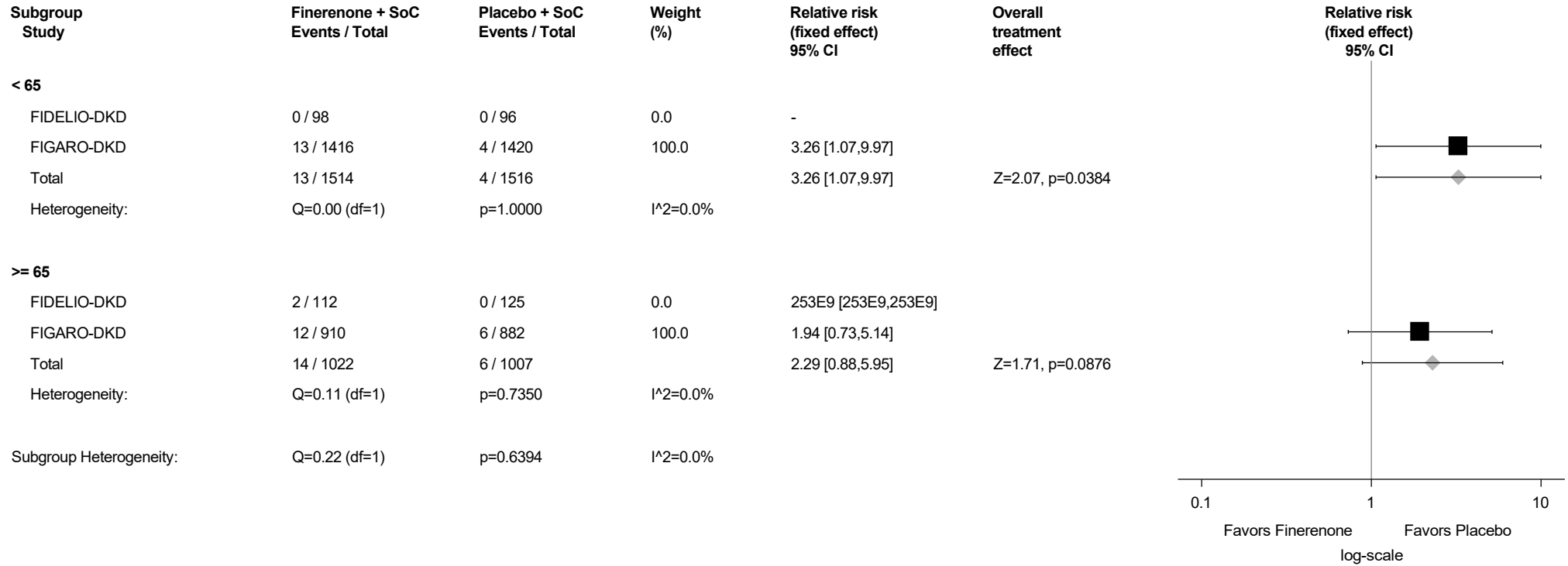
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.93.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



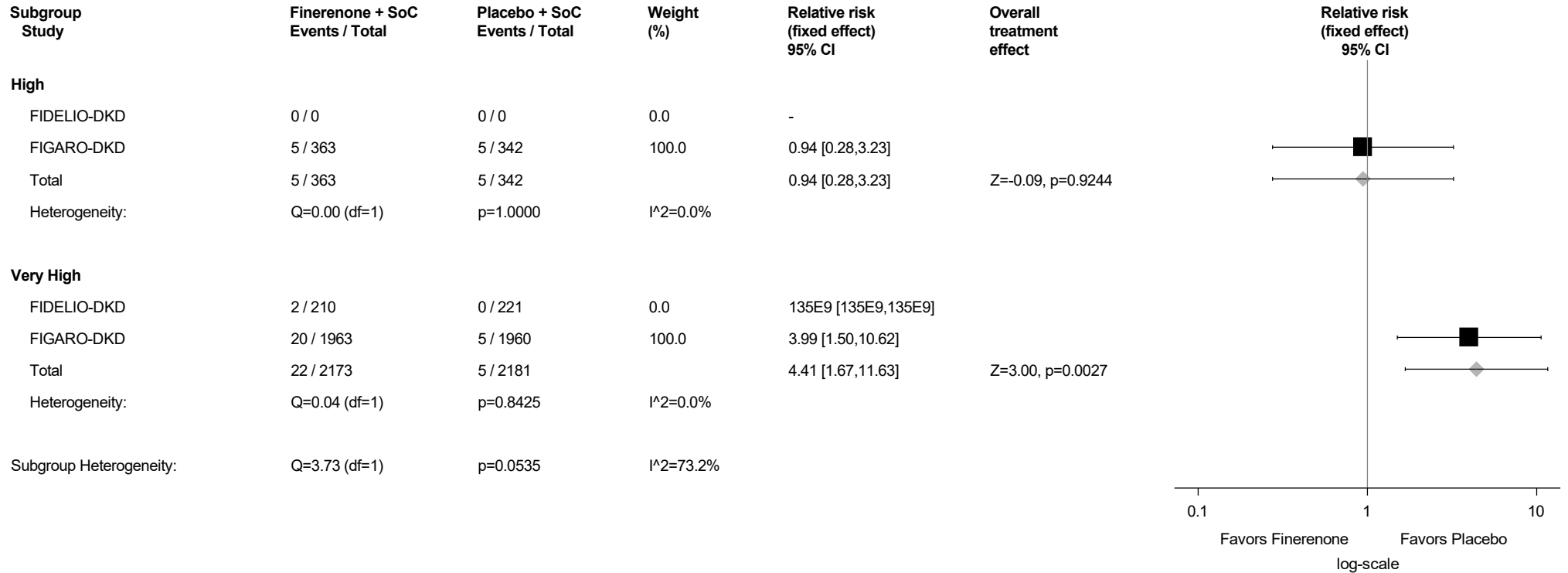
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.93.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



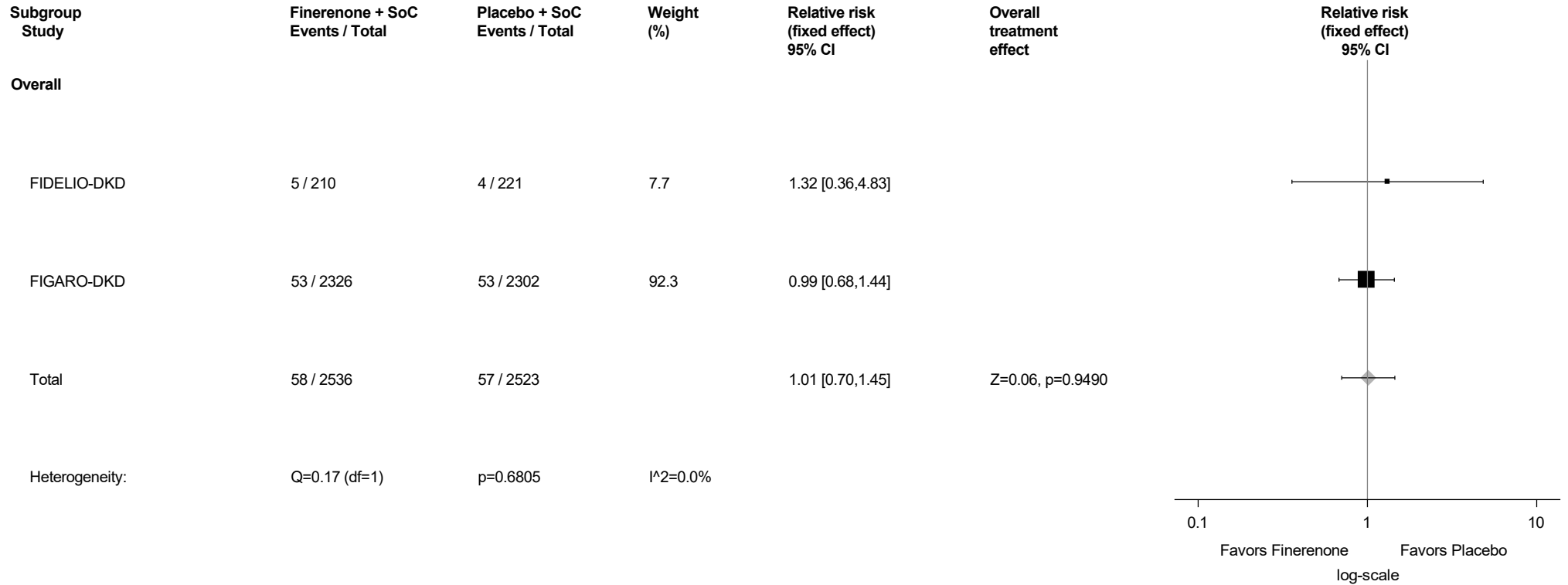
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.94: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



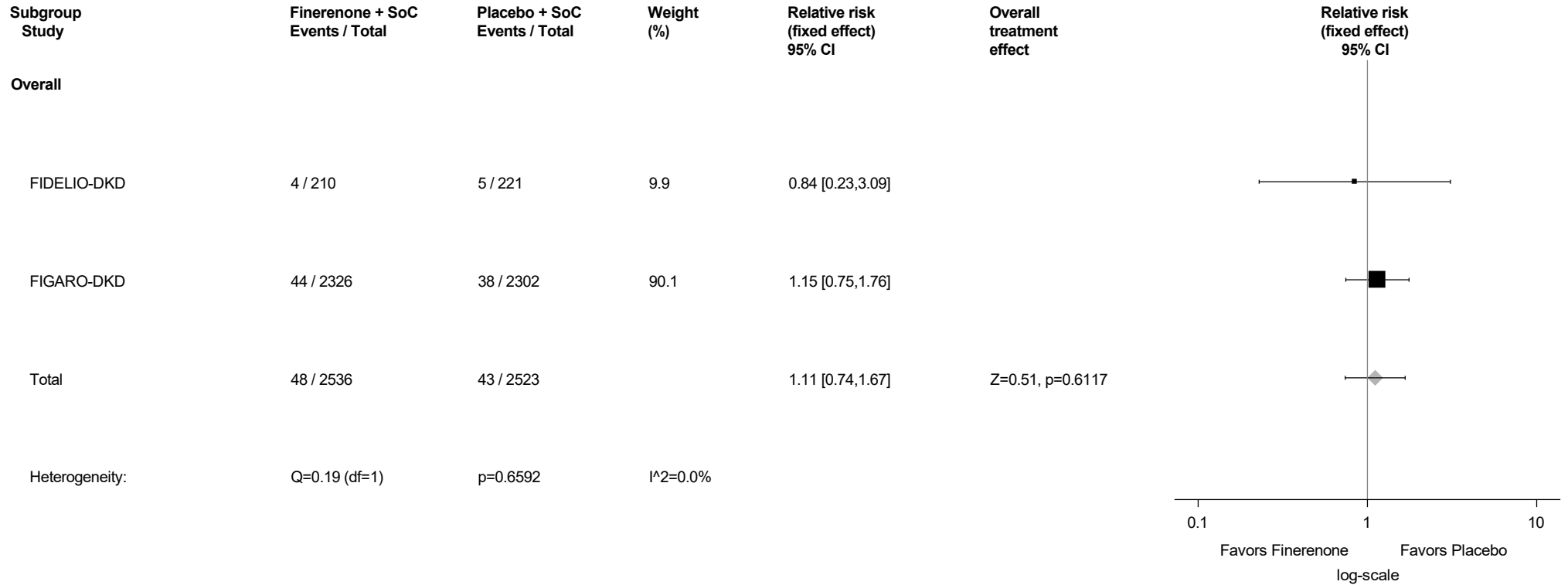
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.95: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



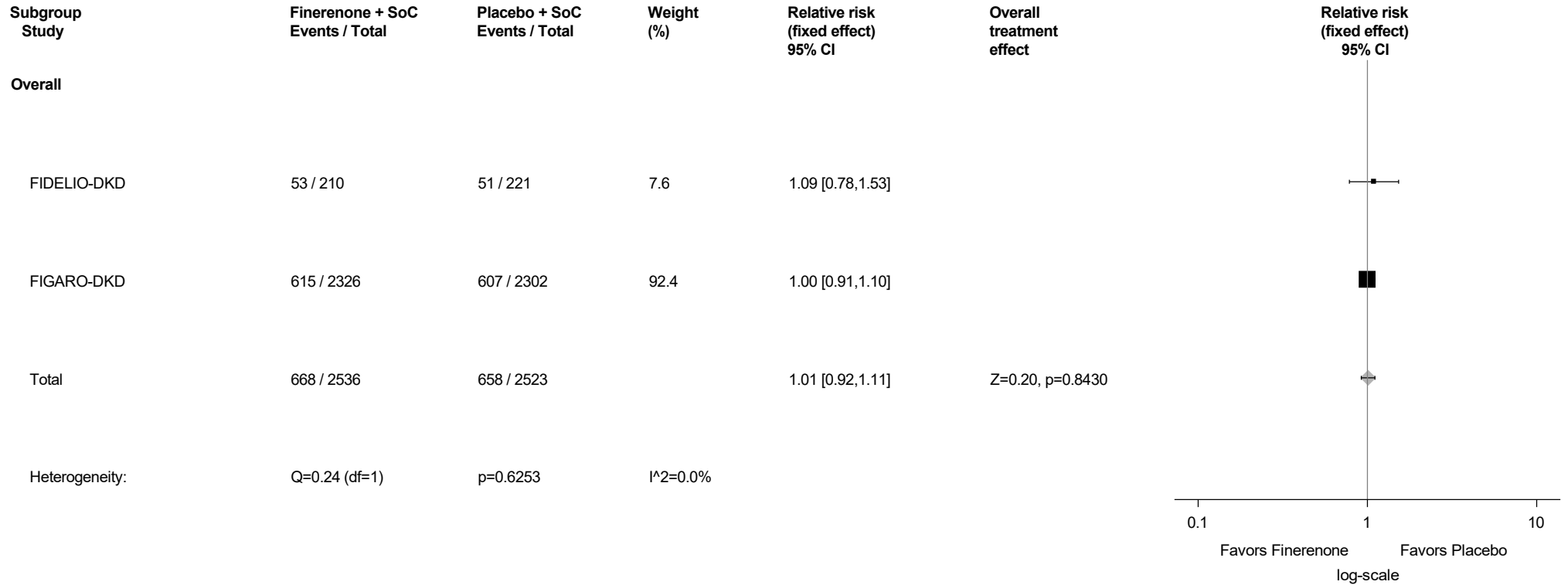
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.96: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



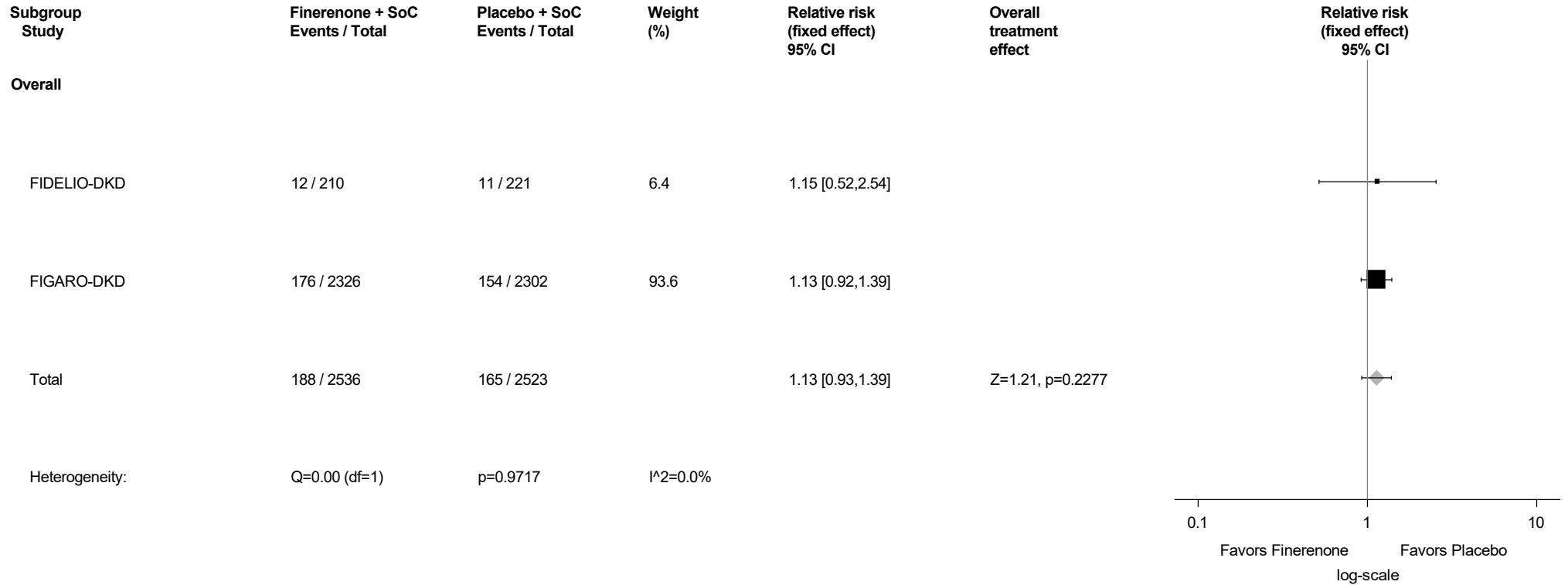
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.97: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



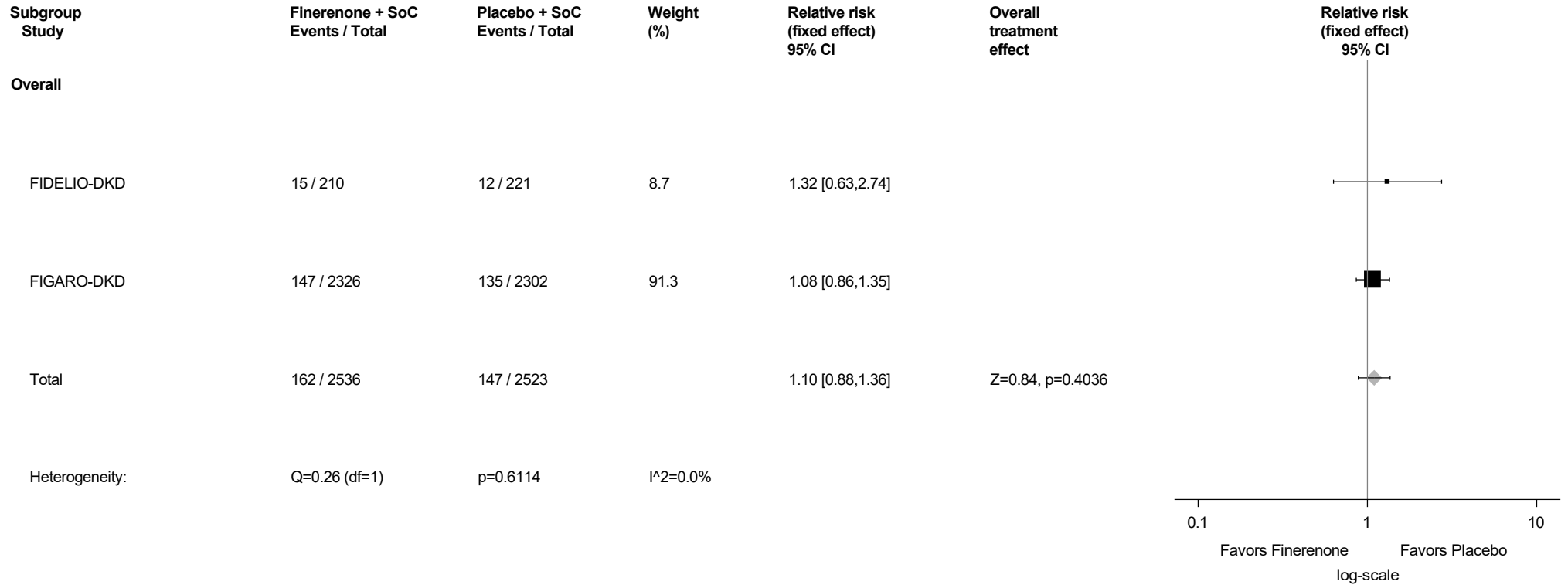
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.98: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



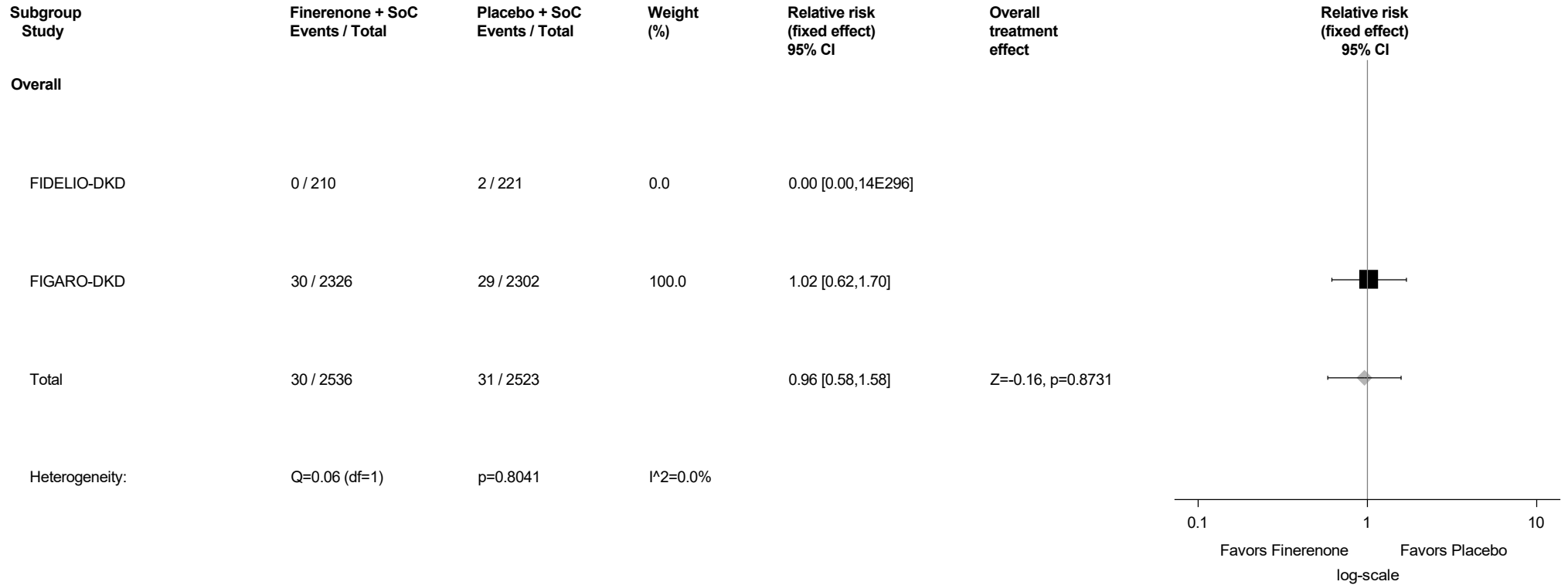
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.99: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



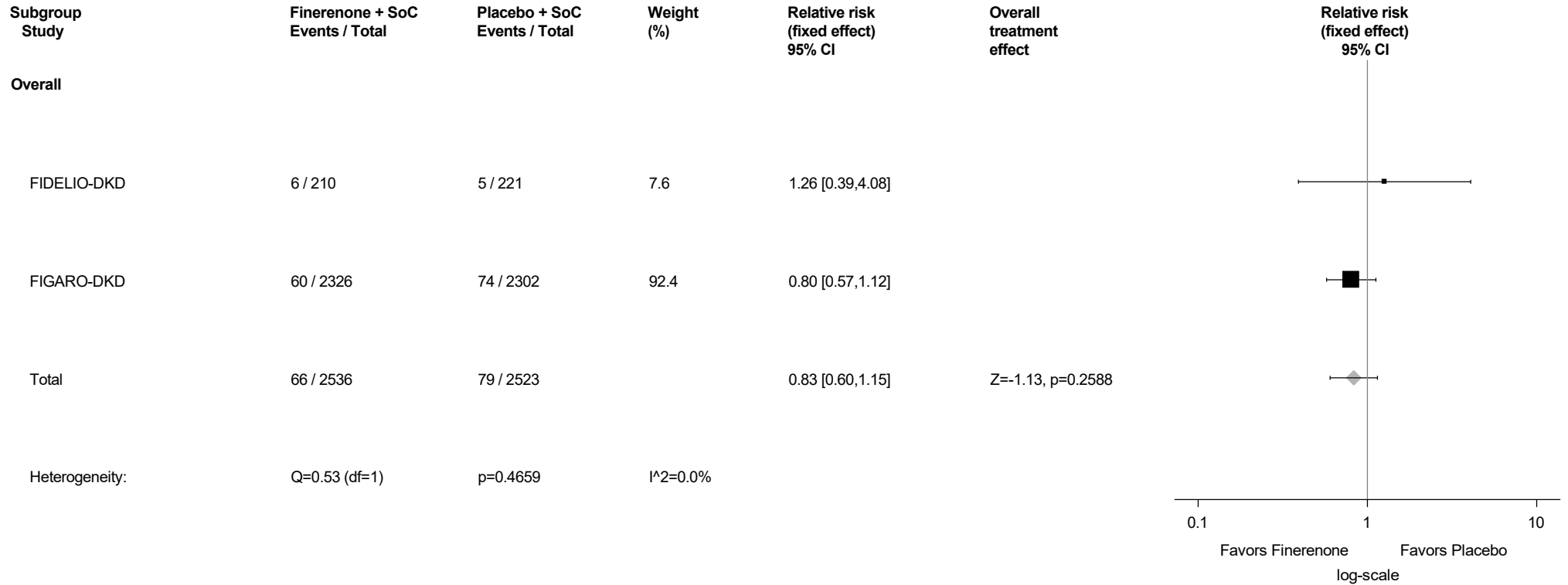
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.100: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



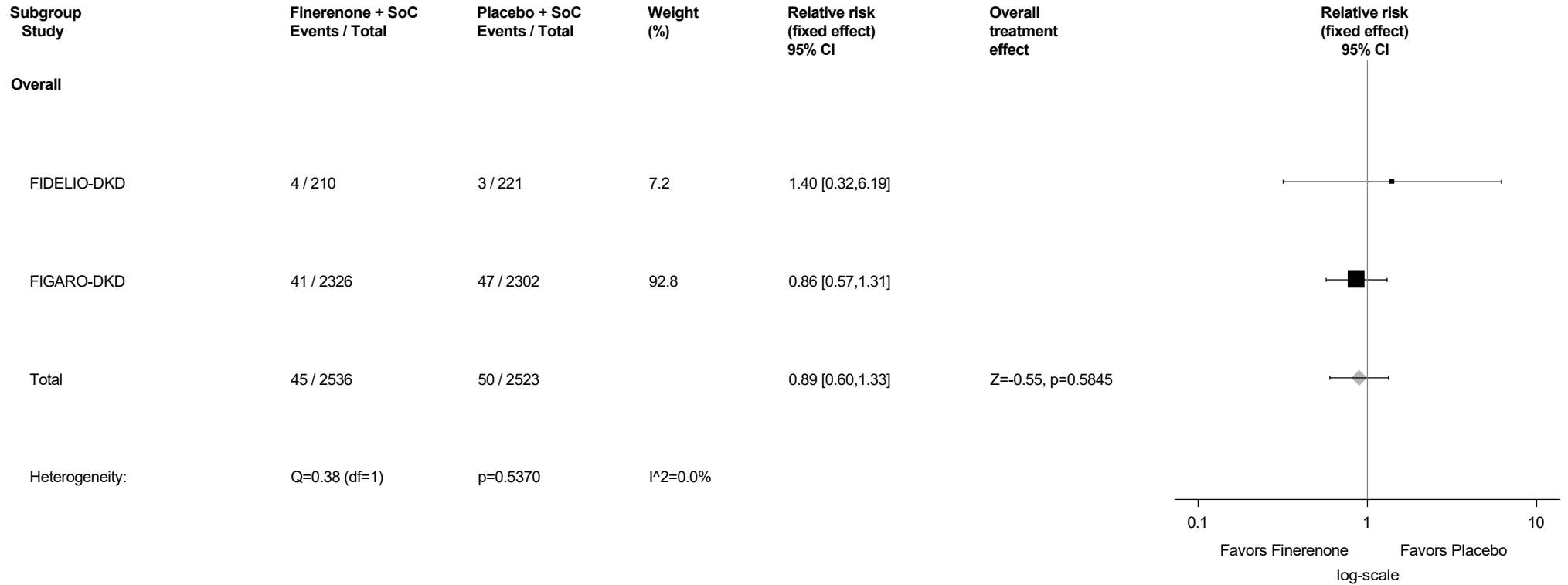
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

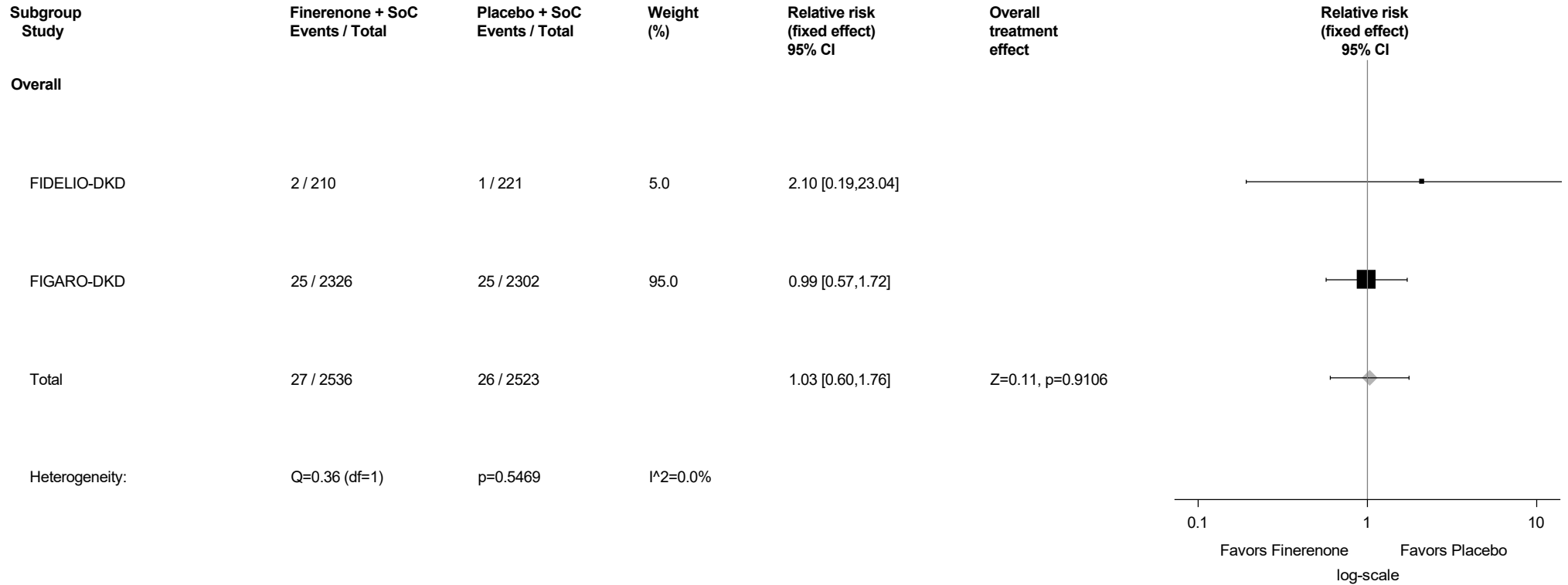
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.101: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.102: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



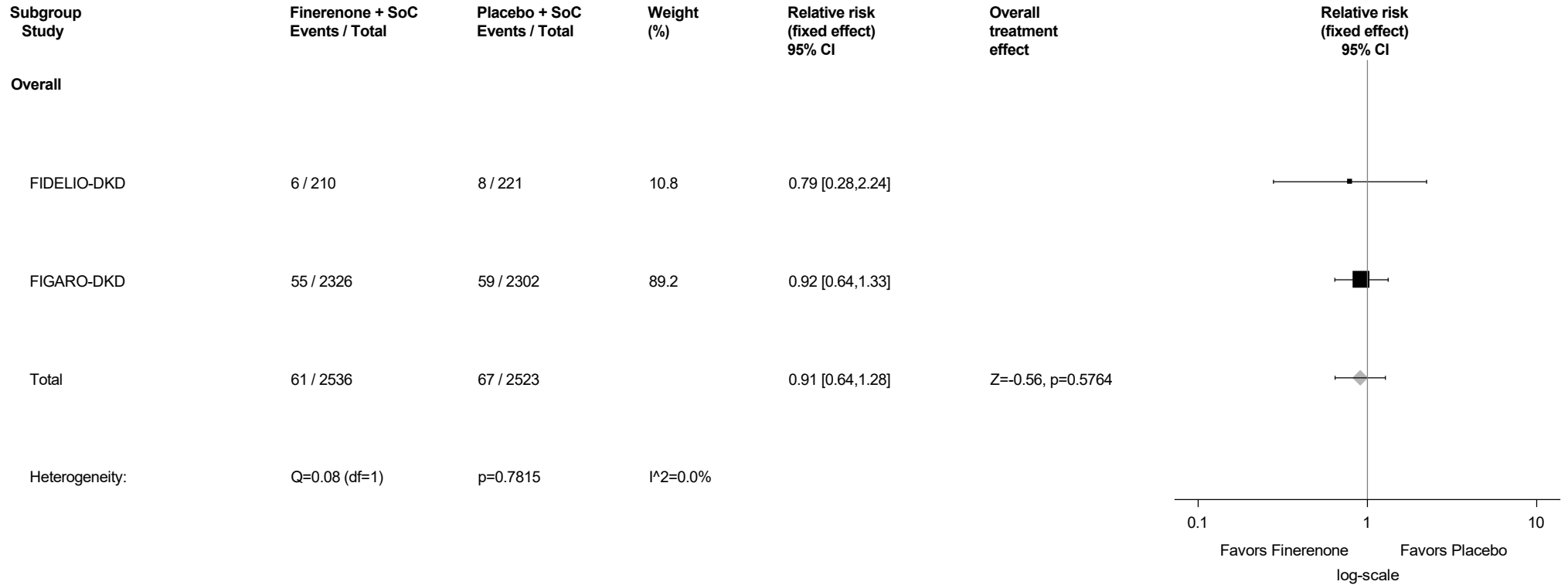
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.103: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



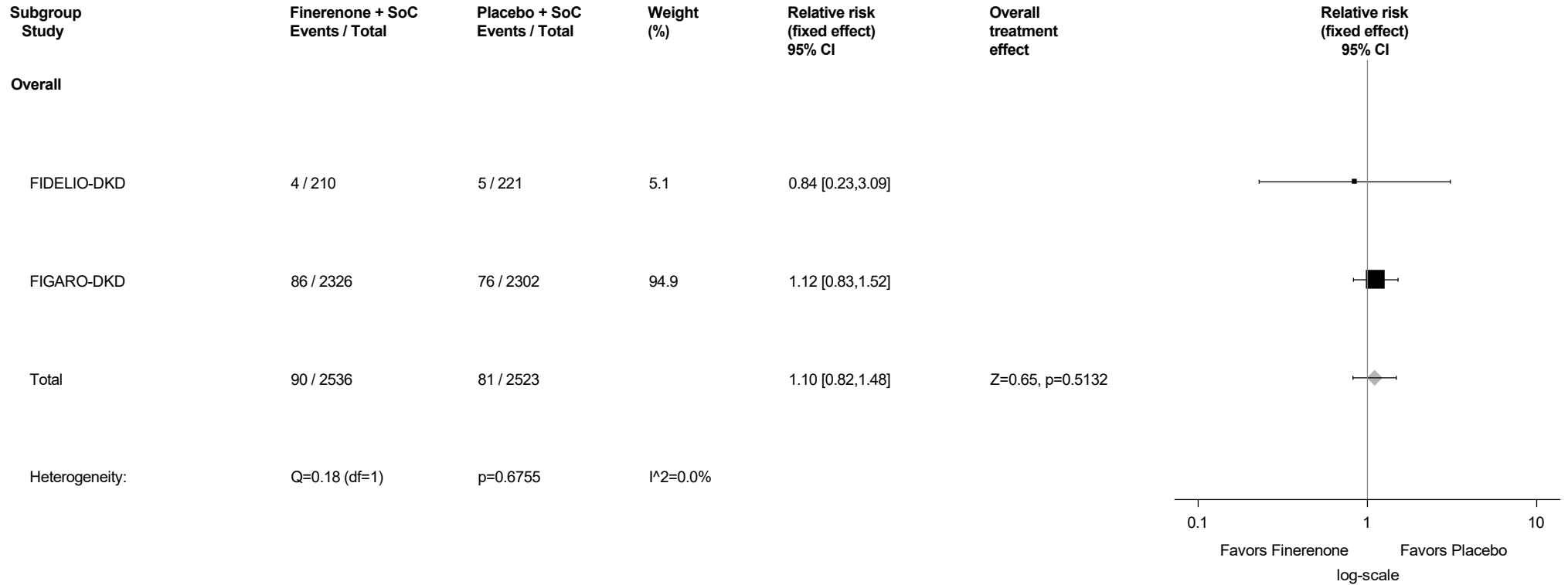
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.104: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



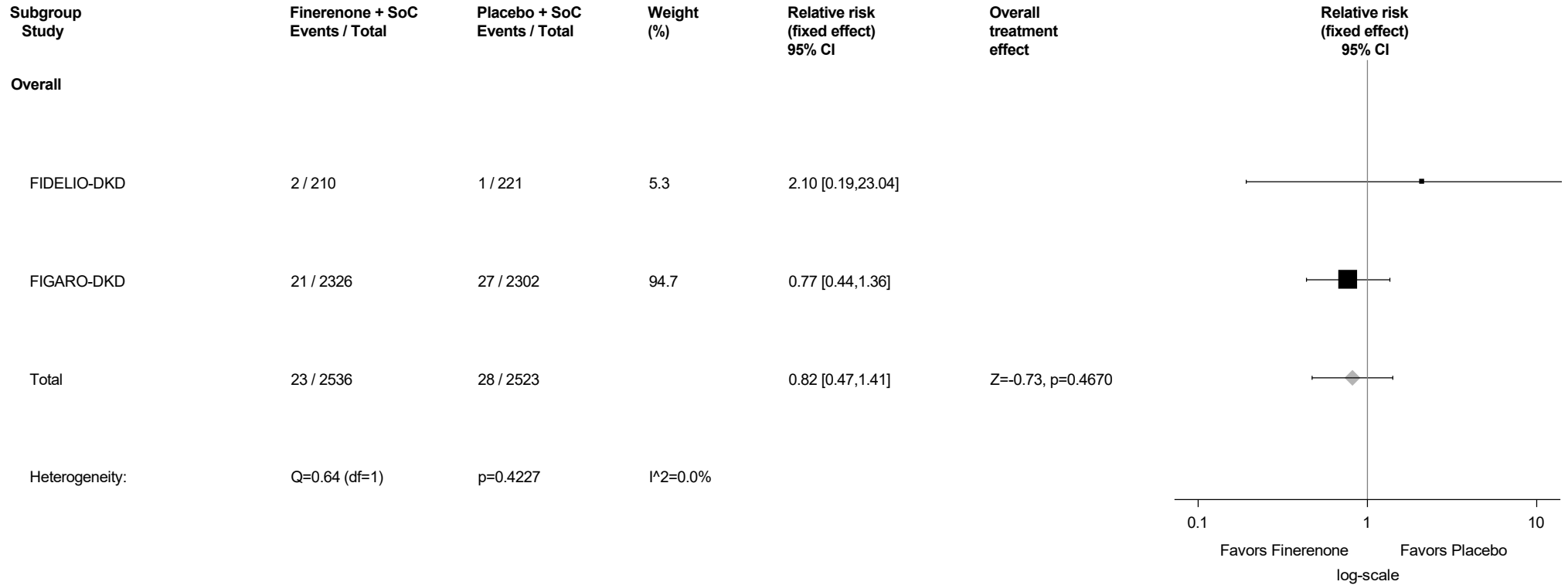
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.105: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Rotator cuff syndrome (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



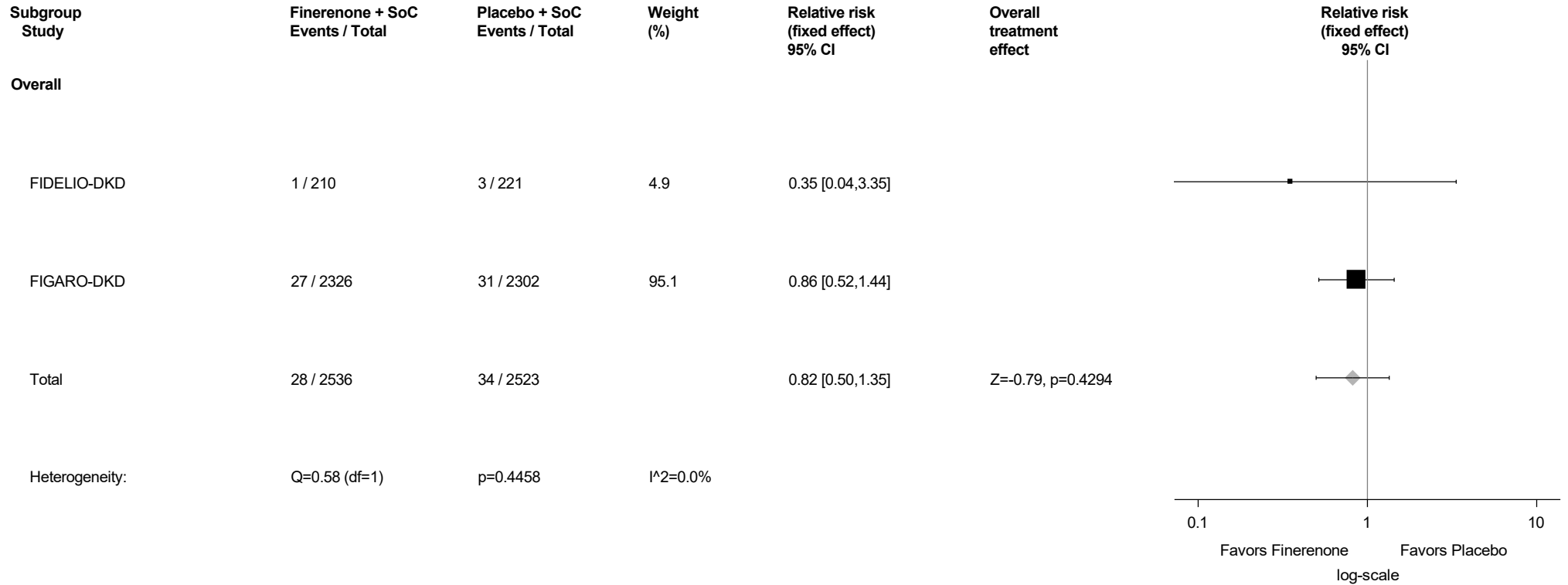
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.106: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



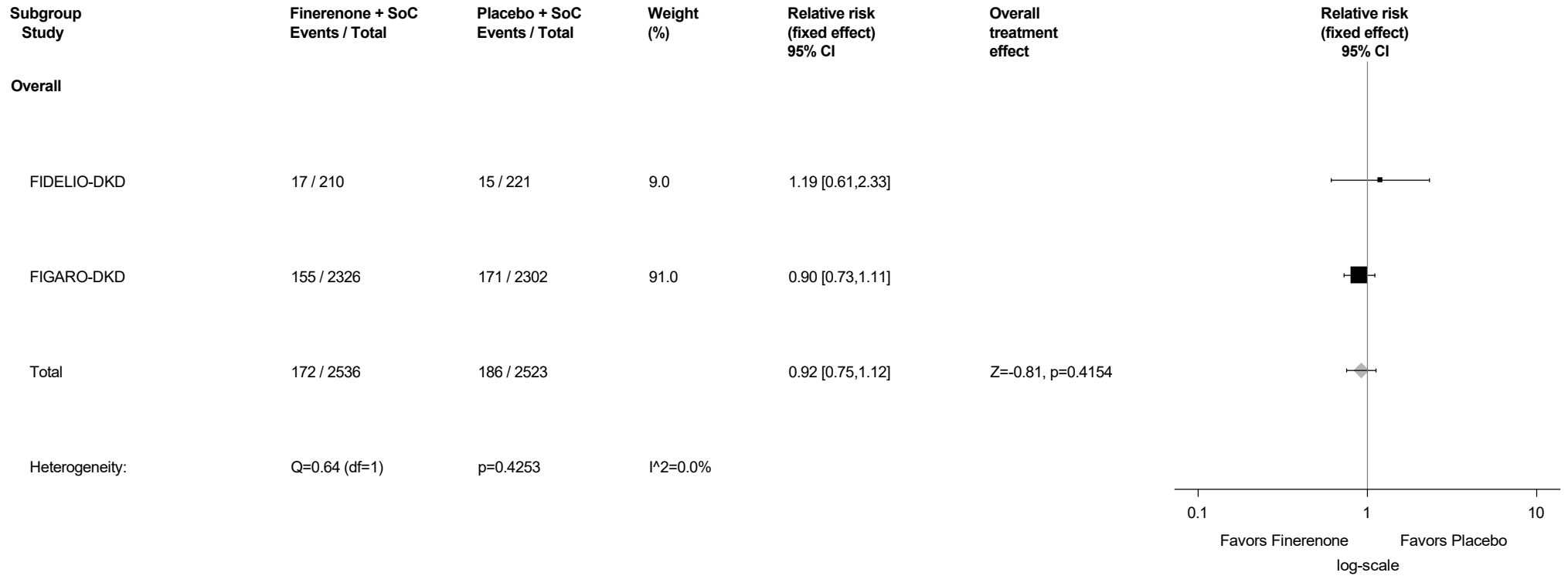
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

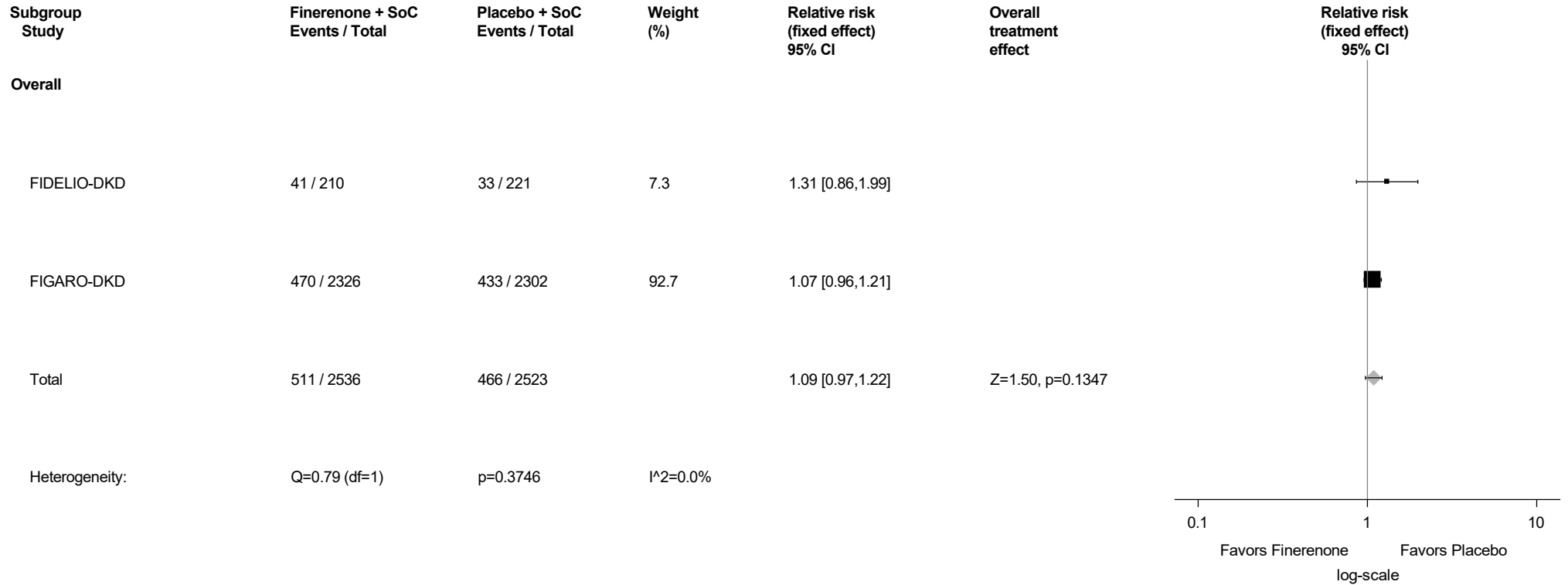
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.107: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.108: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



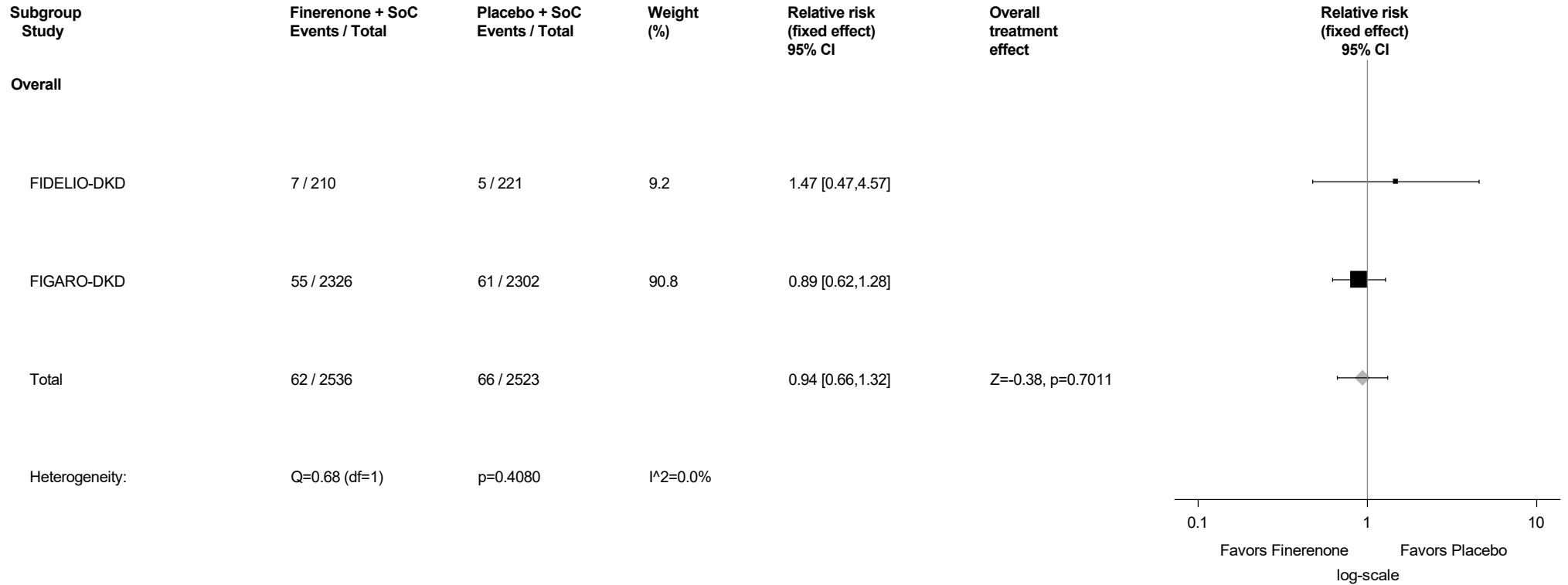
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.109: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



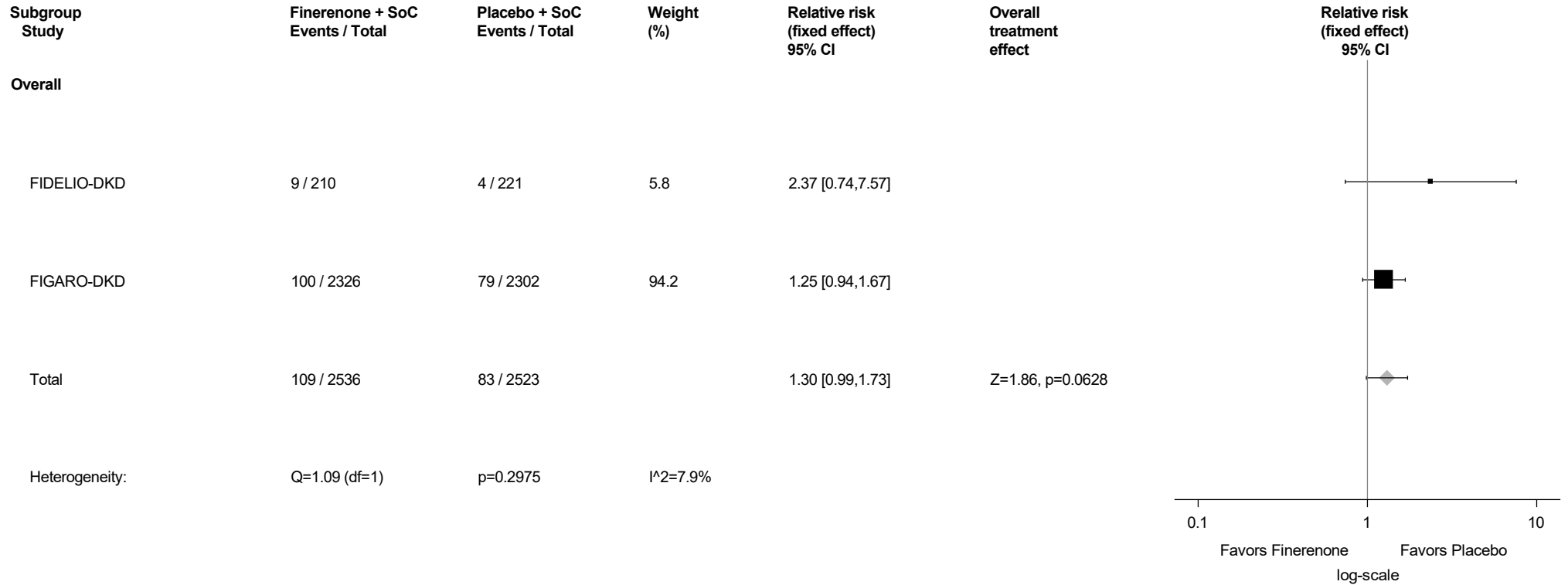
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.110: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



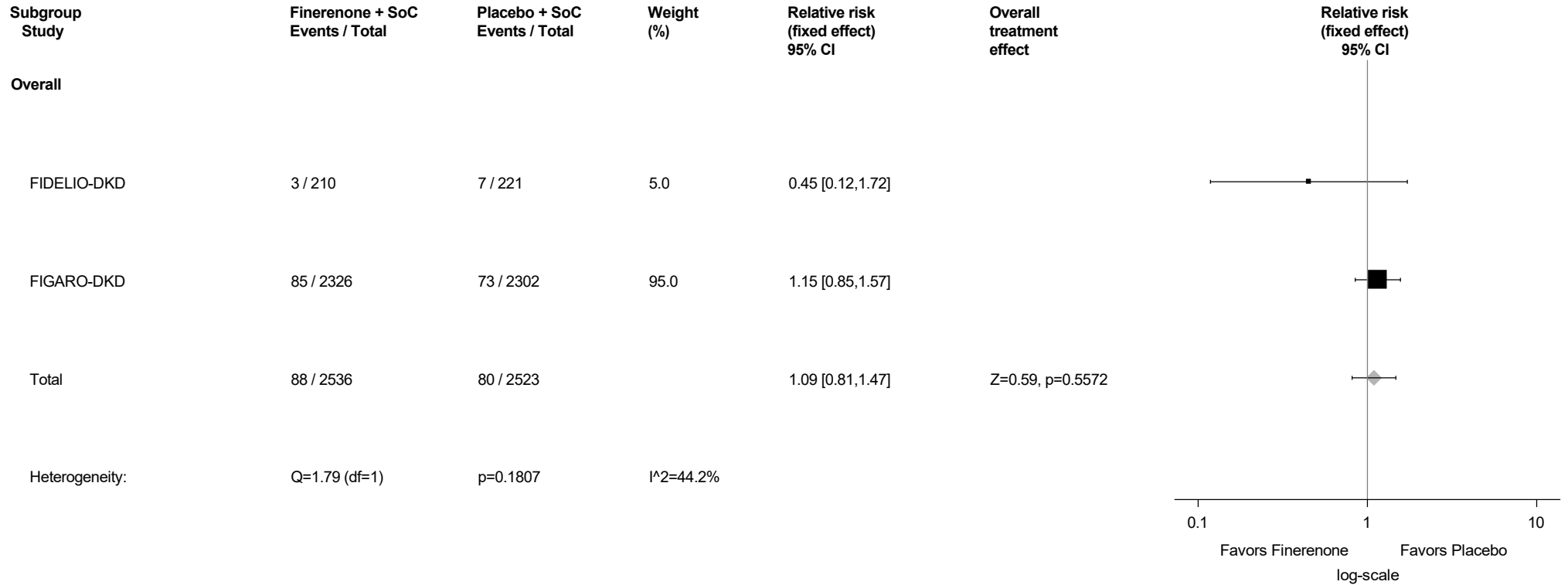
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.111: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



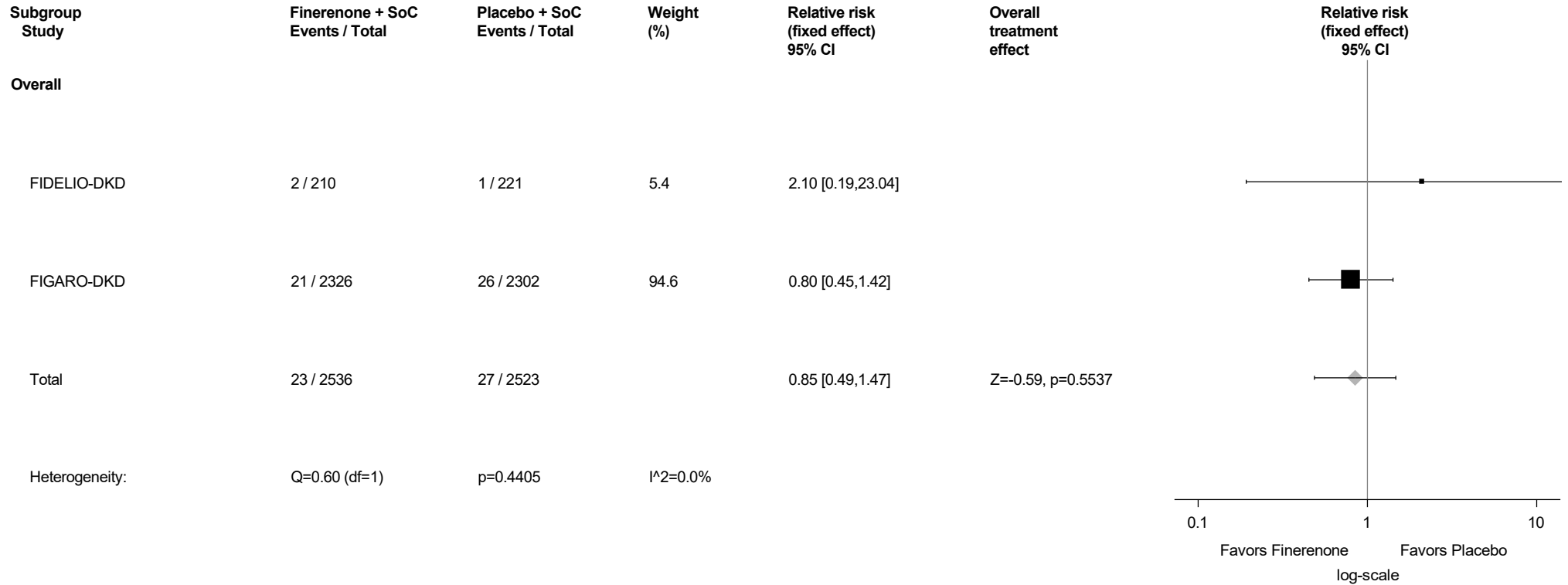
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.112: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



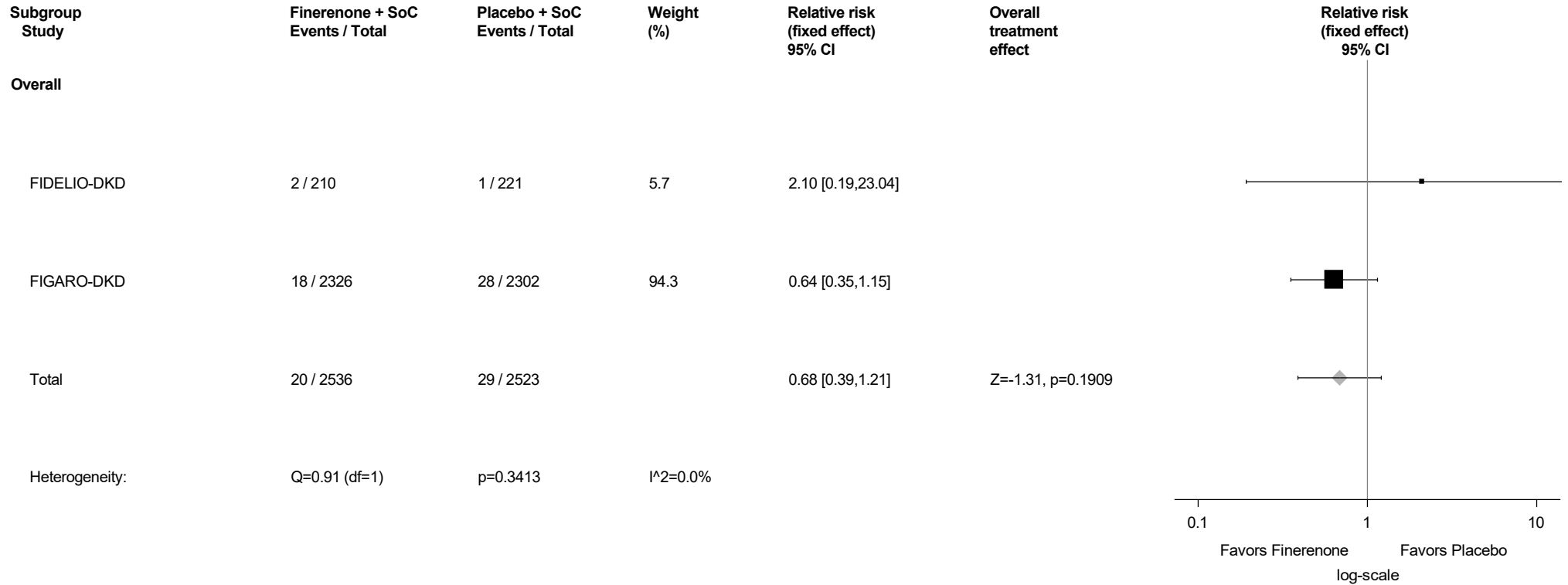
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.113: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



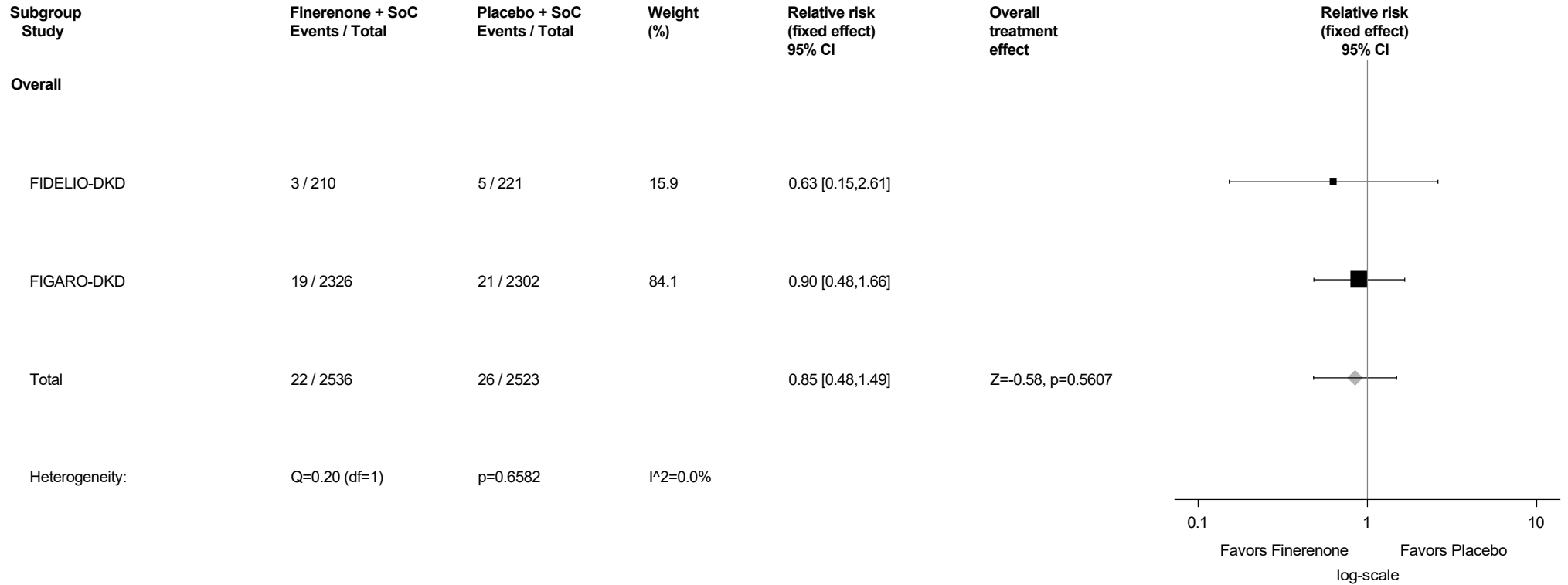
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.114: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



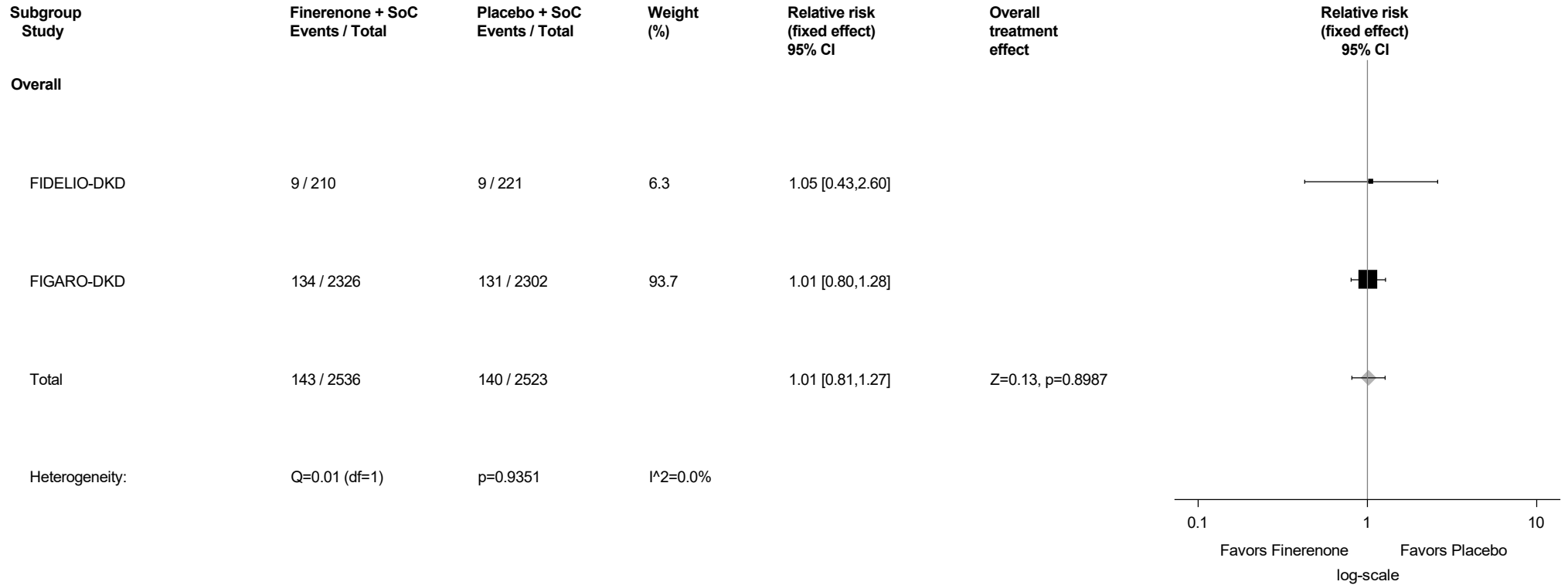
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.115: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



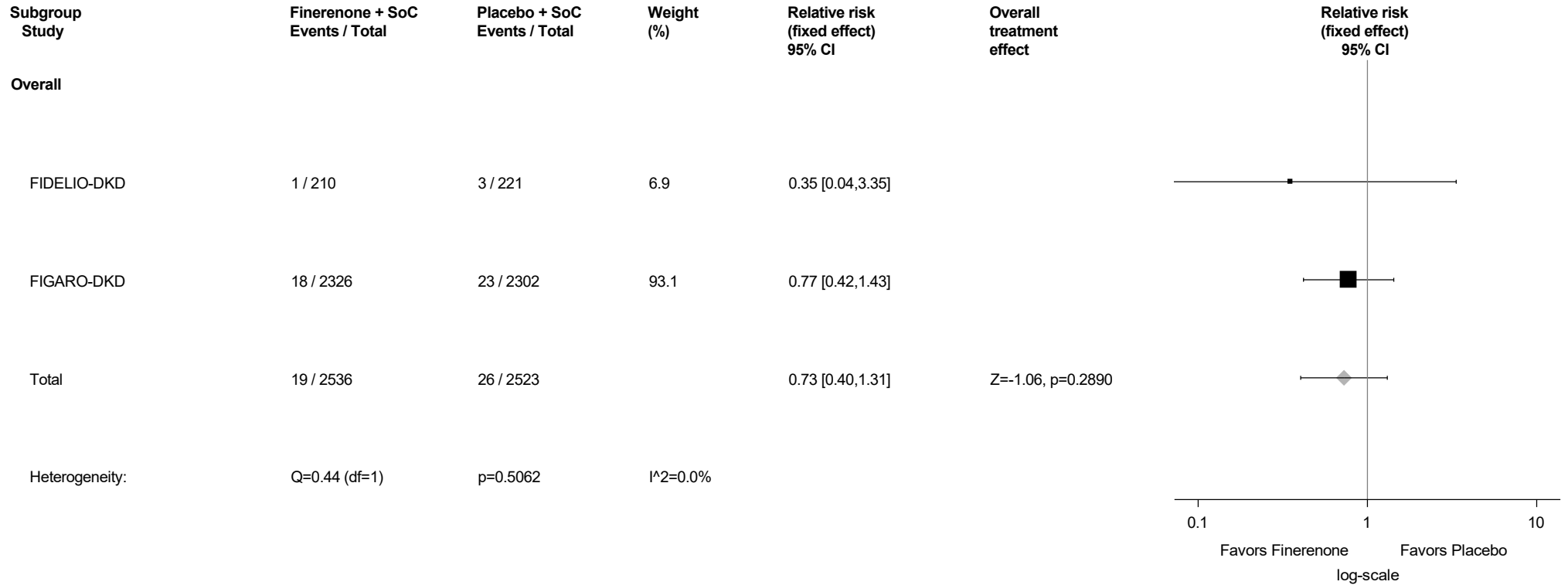
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.116: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



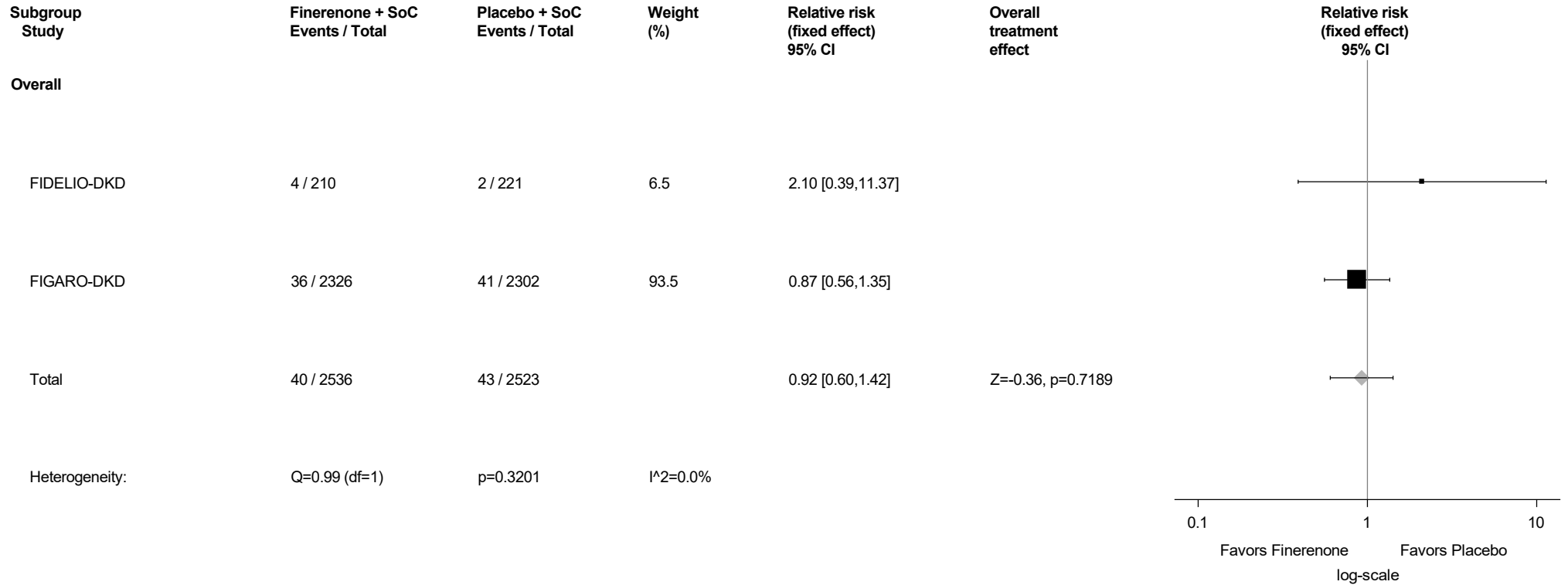
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

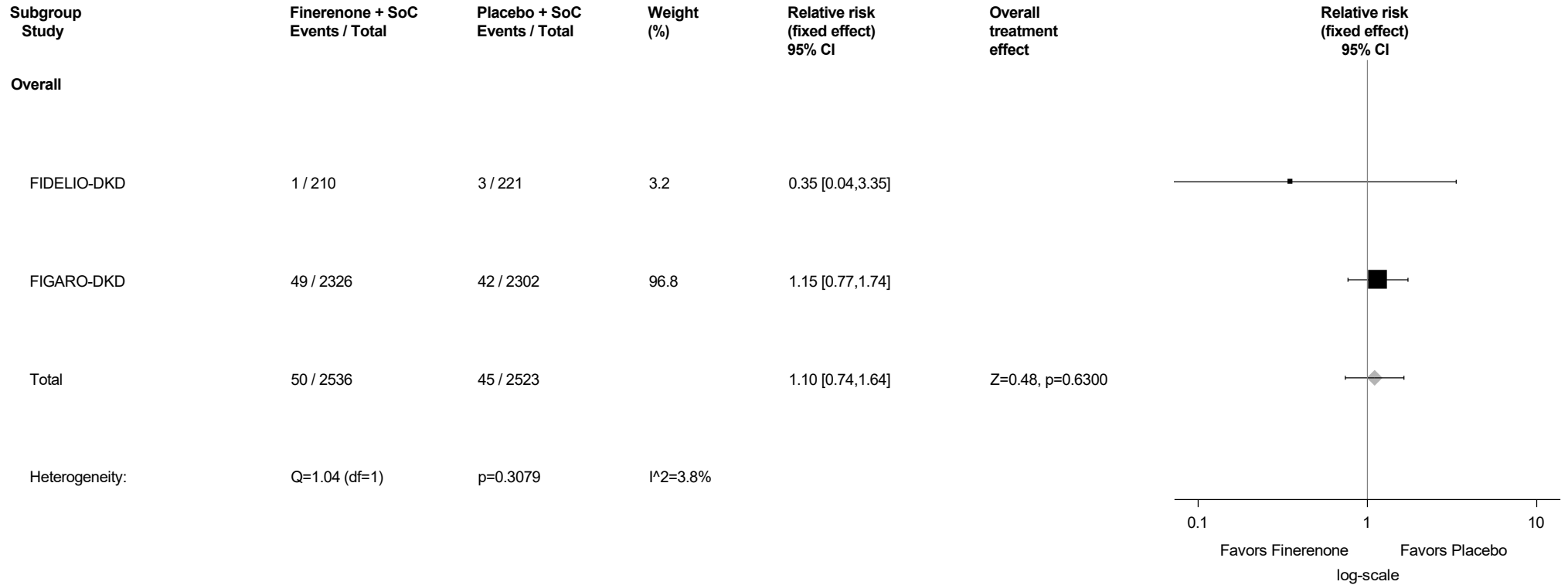
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.117: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.118: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



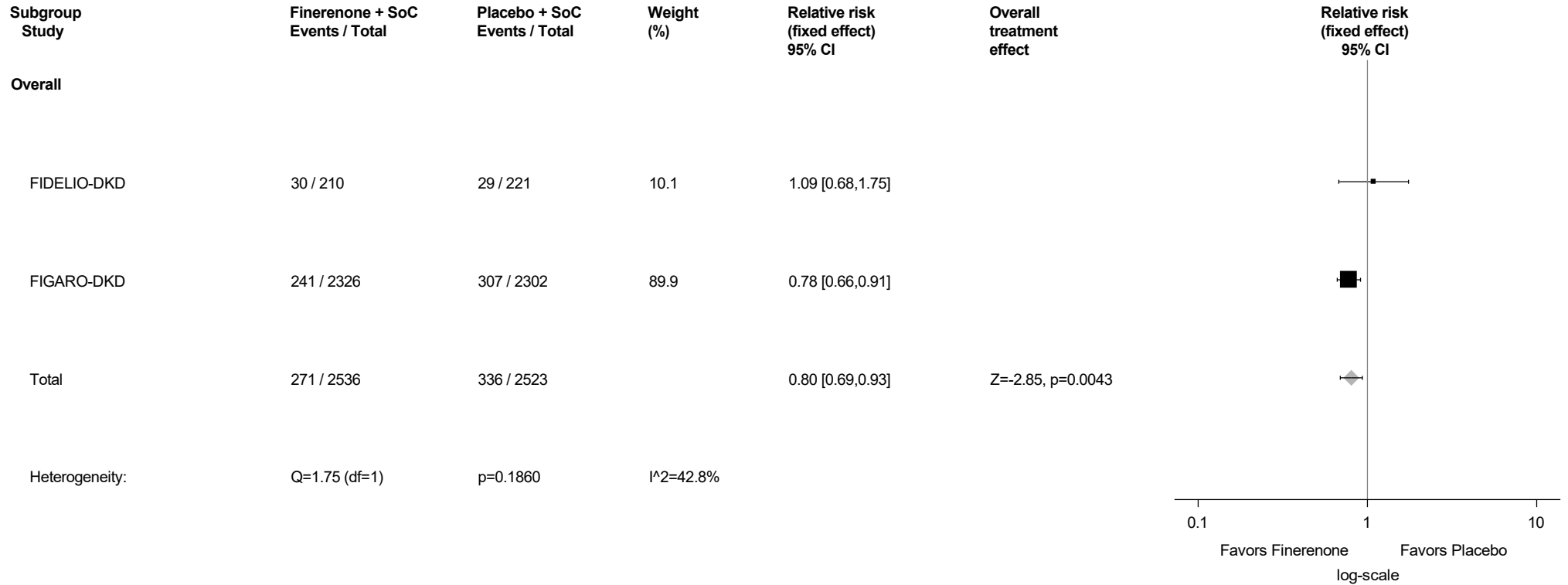
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

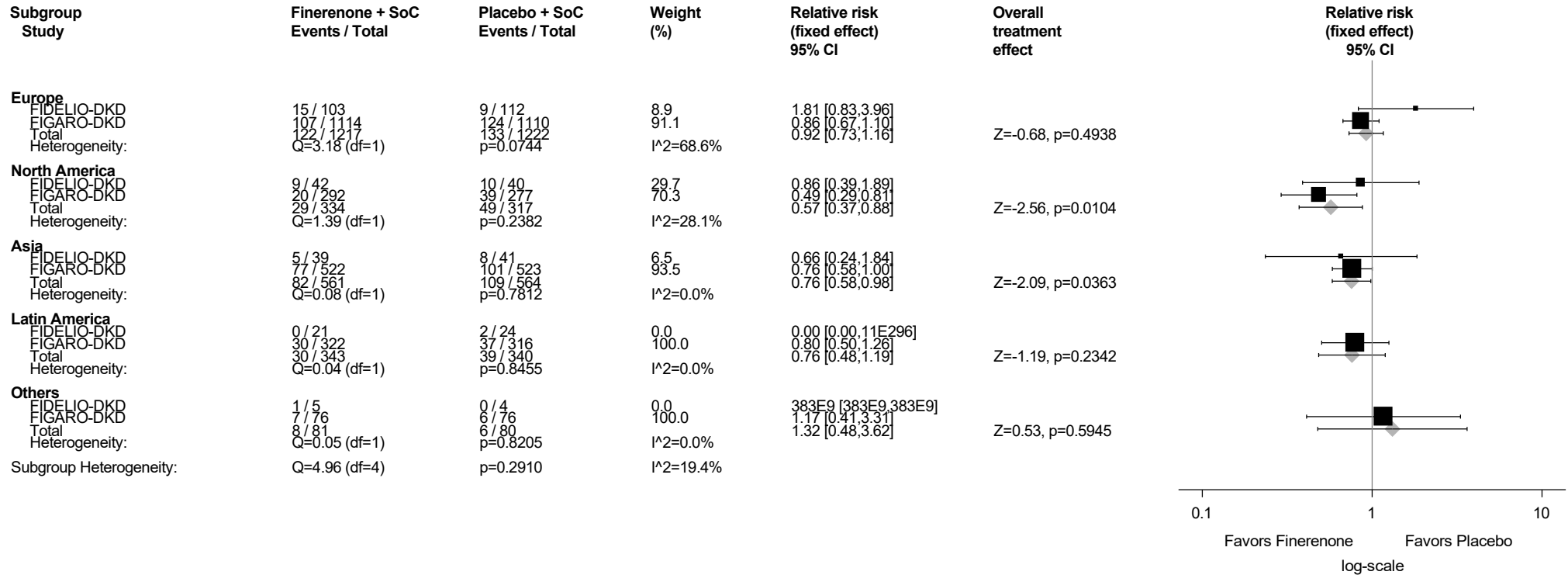
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.119: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.119.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



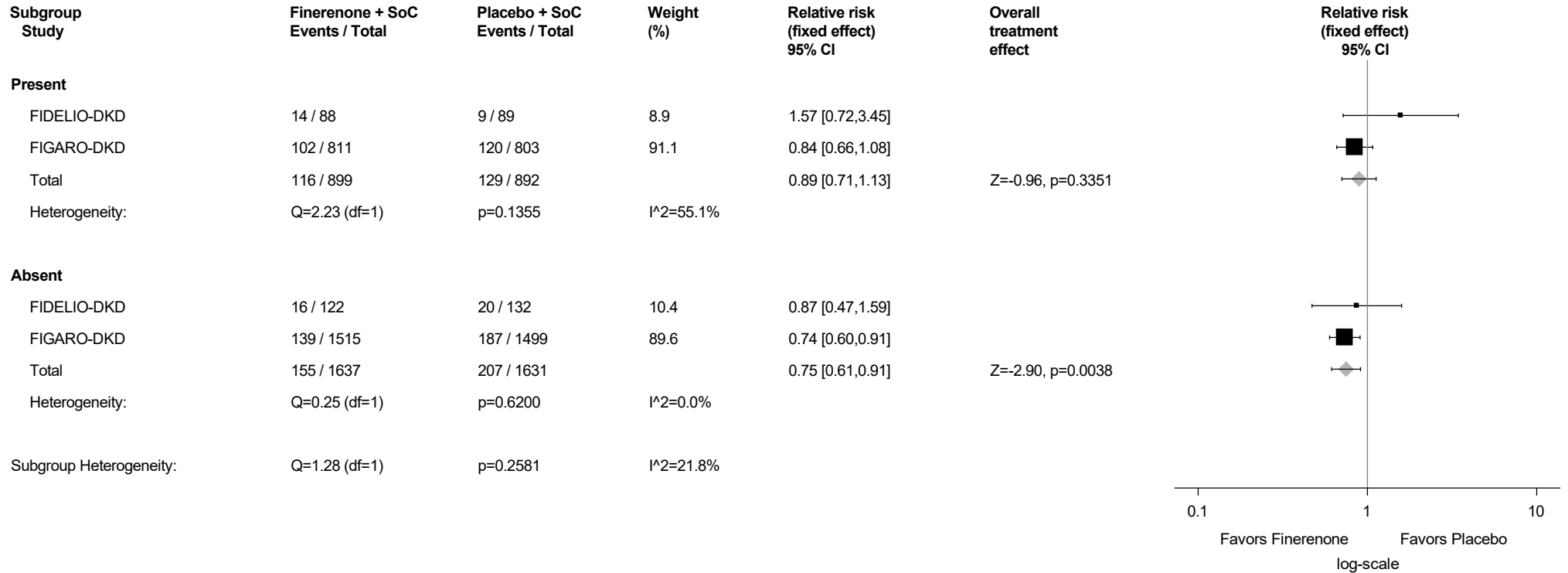
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.119.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



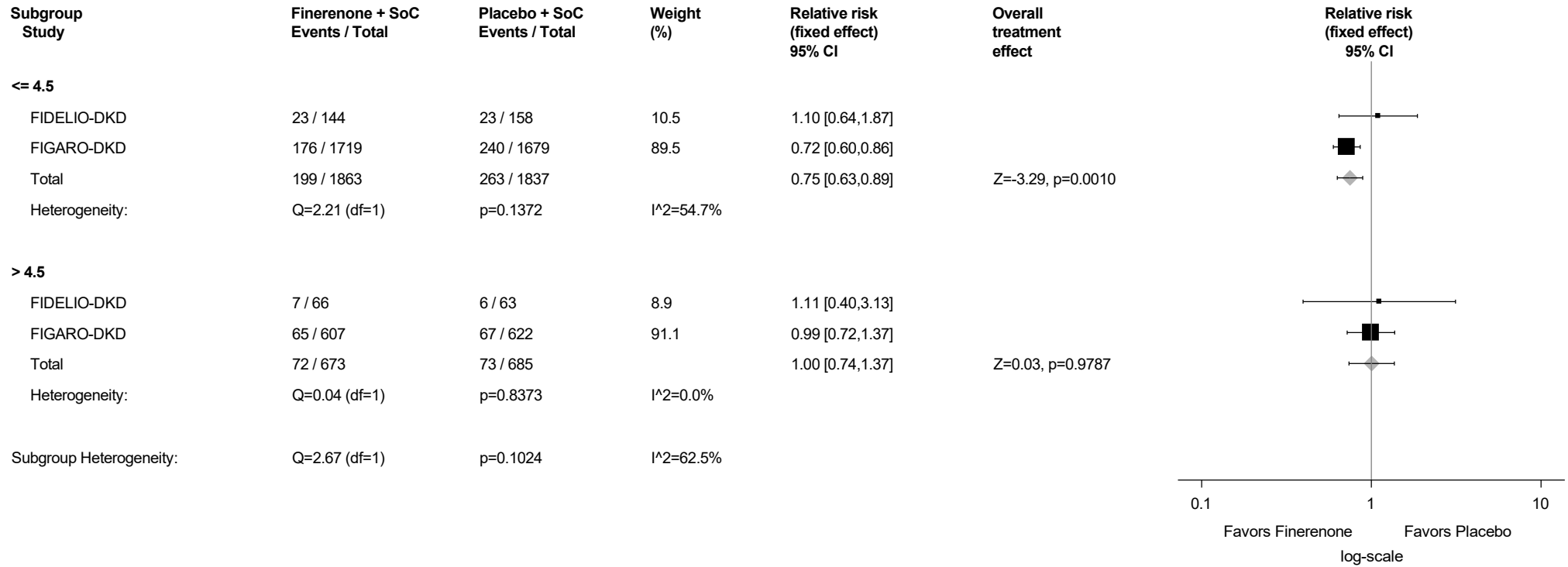
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

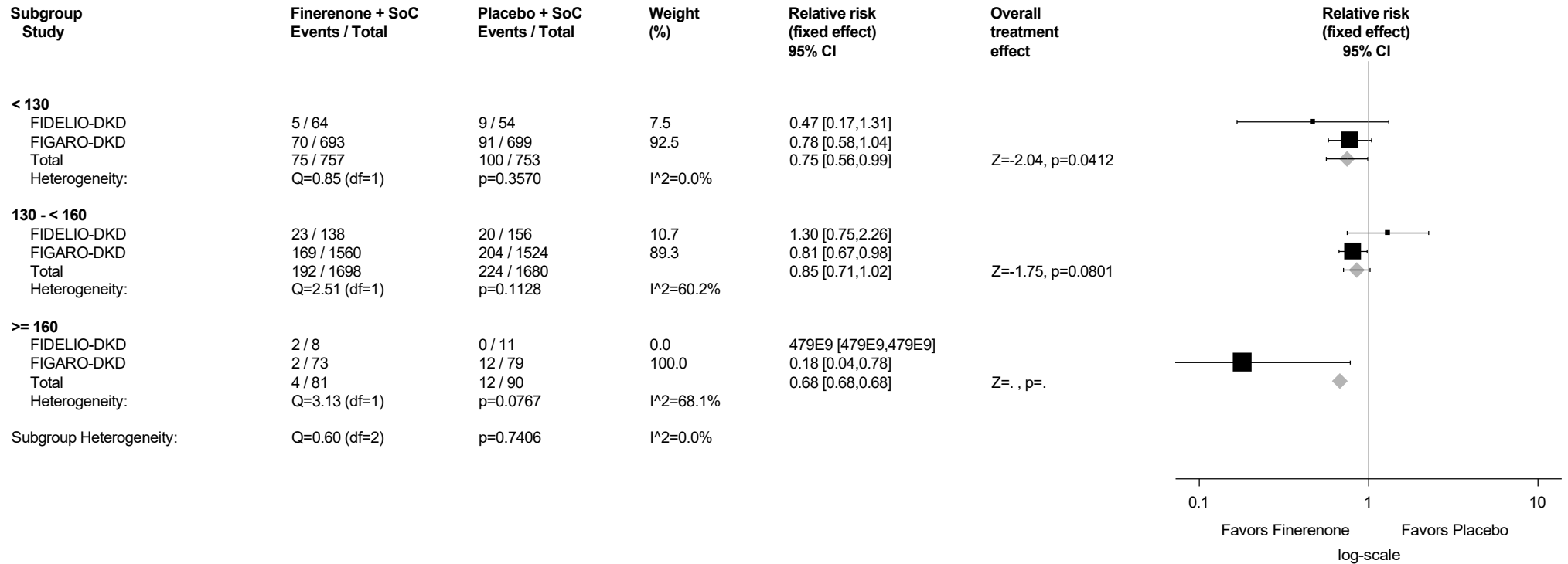
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.119.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.119.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



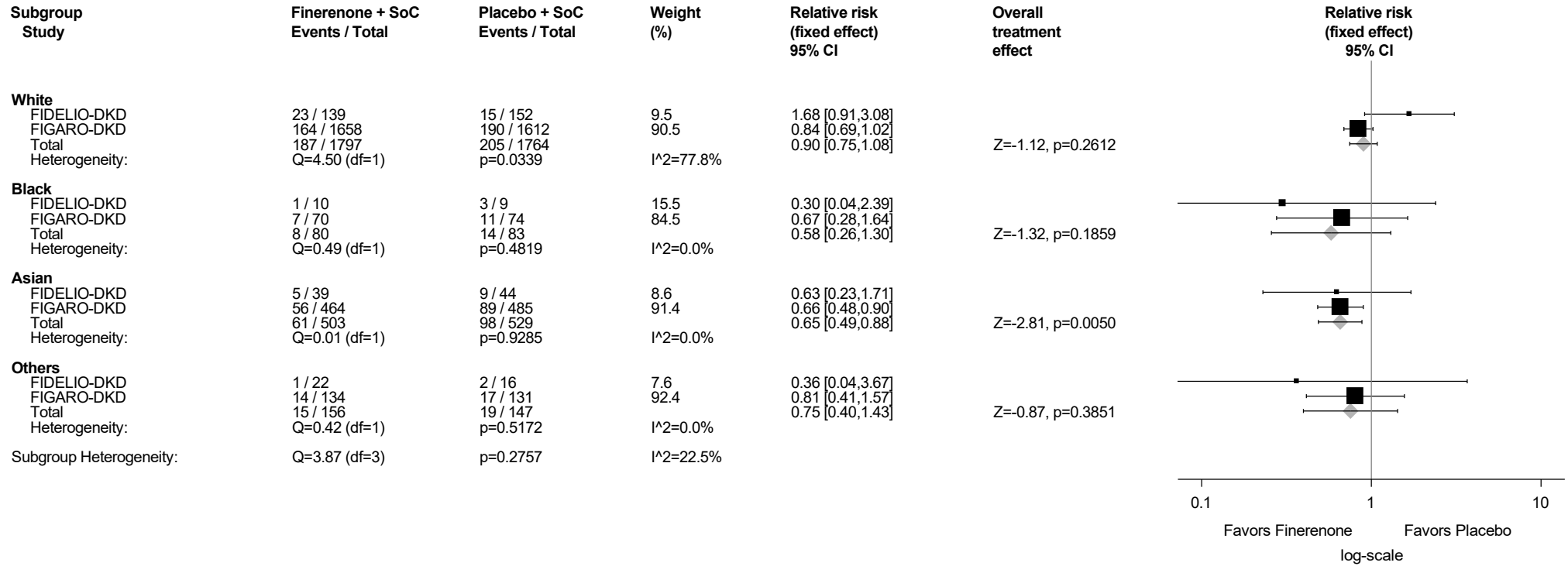
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.119.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



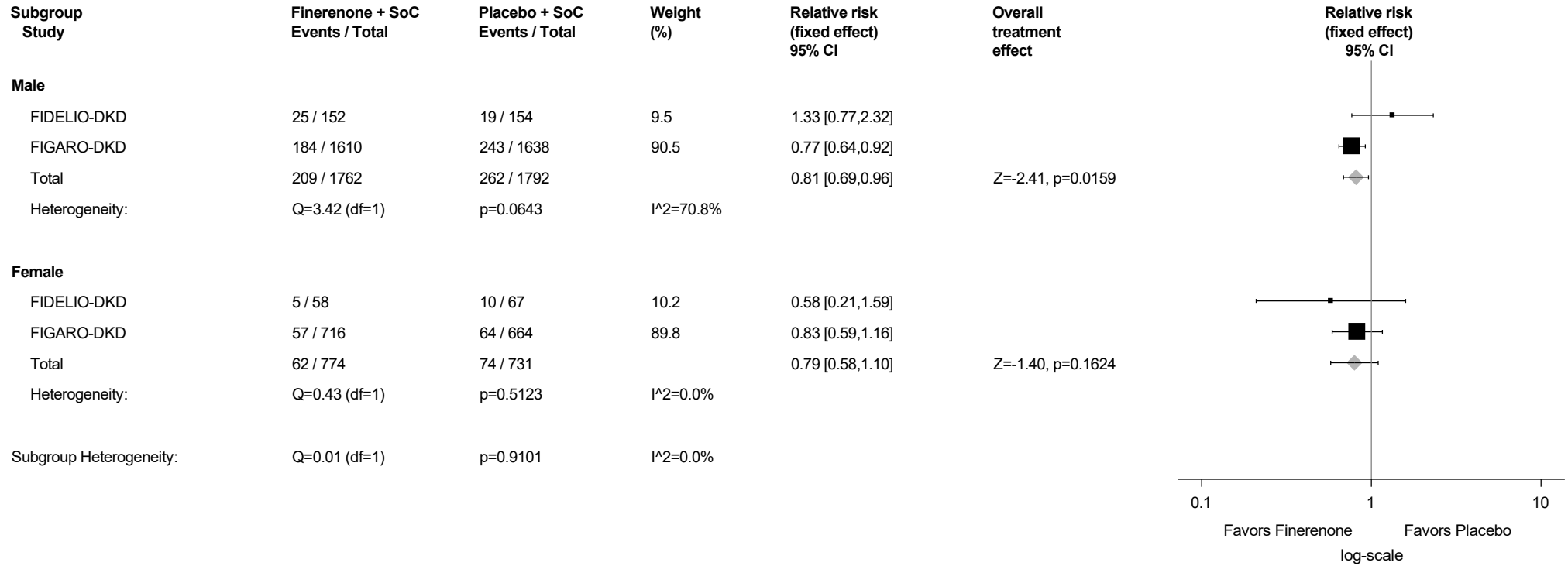
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.119.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



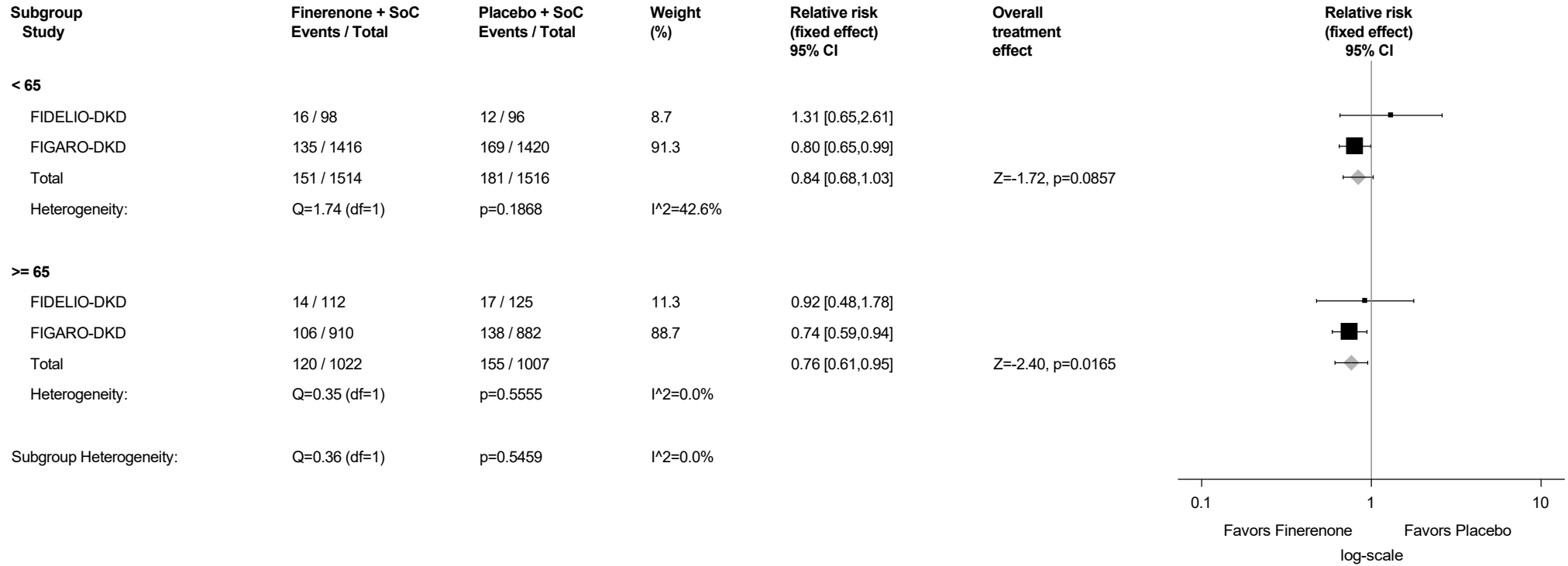
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.119.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



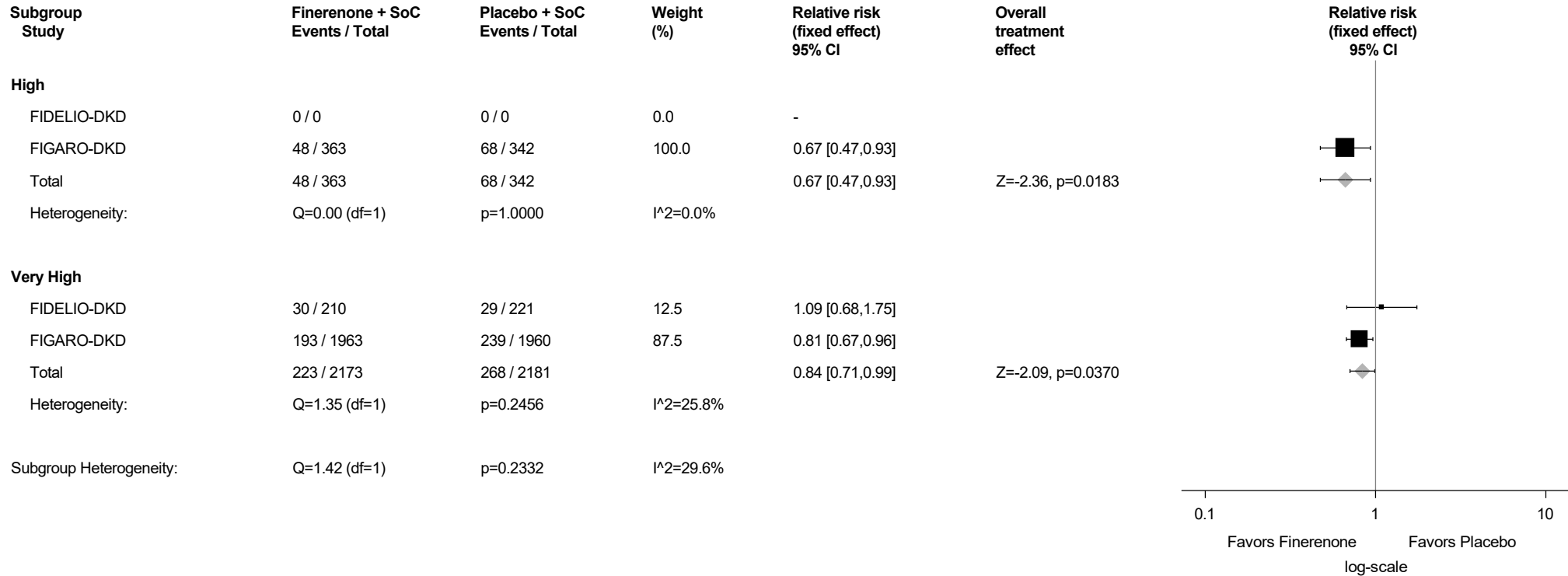
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.119.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



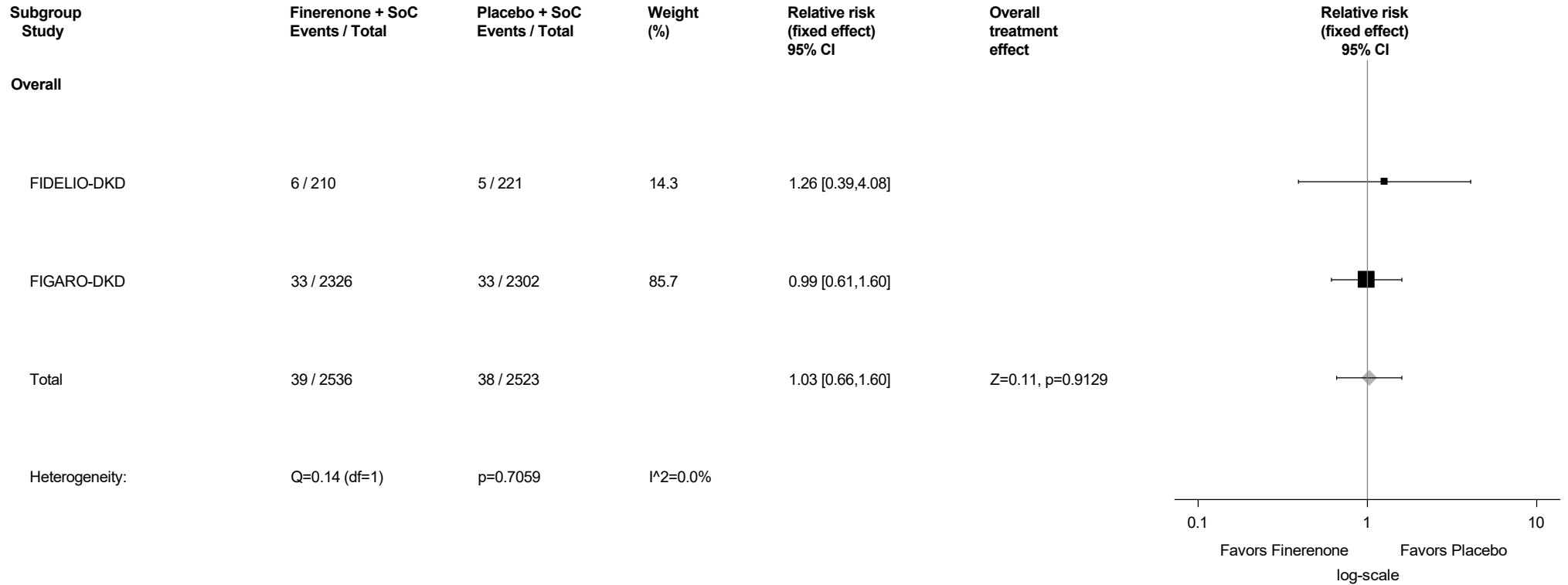
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.120: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



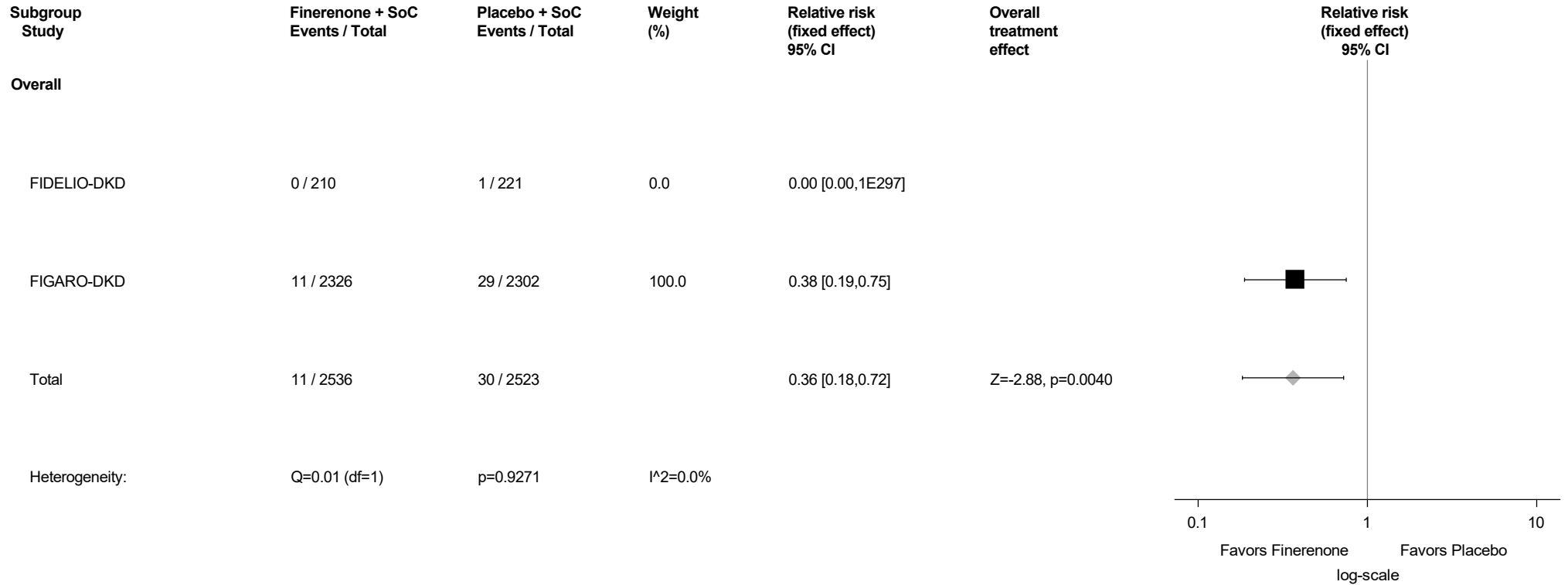
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.121: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



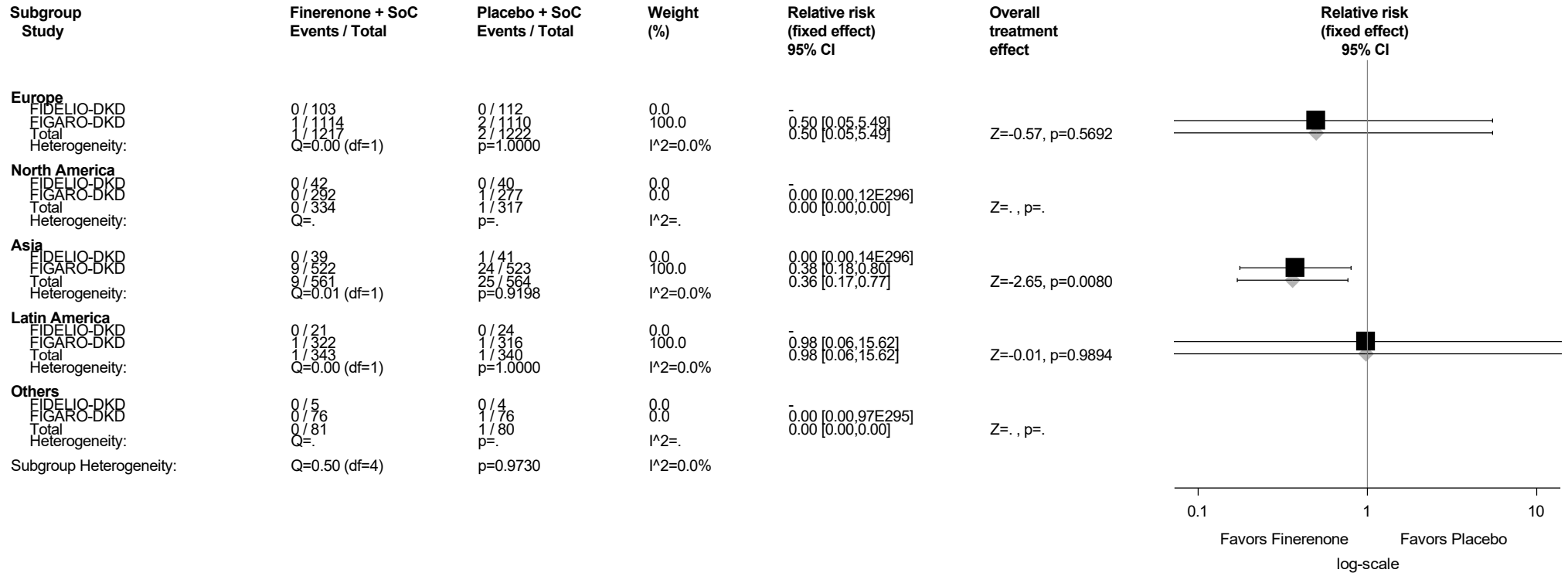
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.121.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Diabetic nephropathy (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



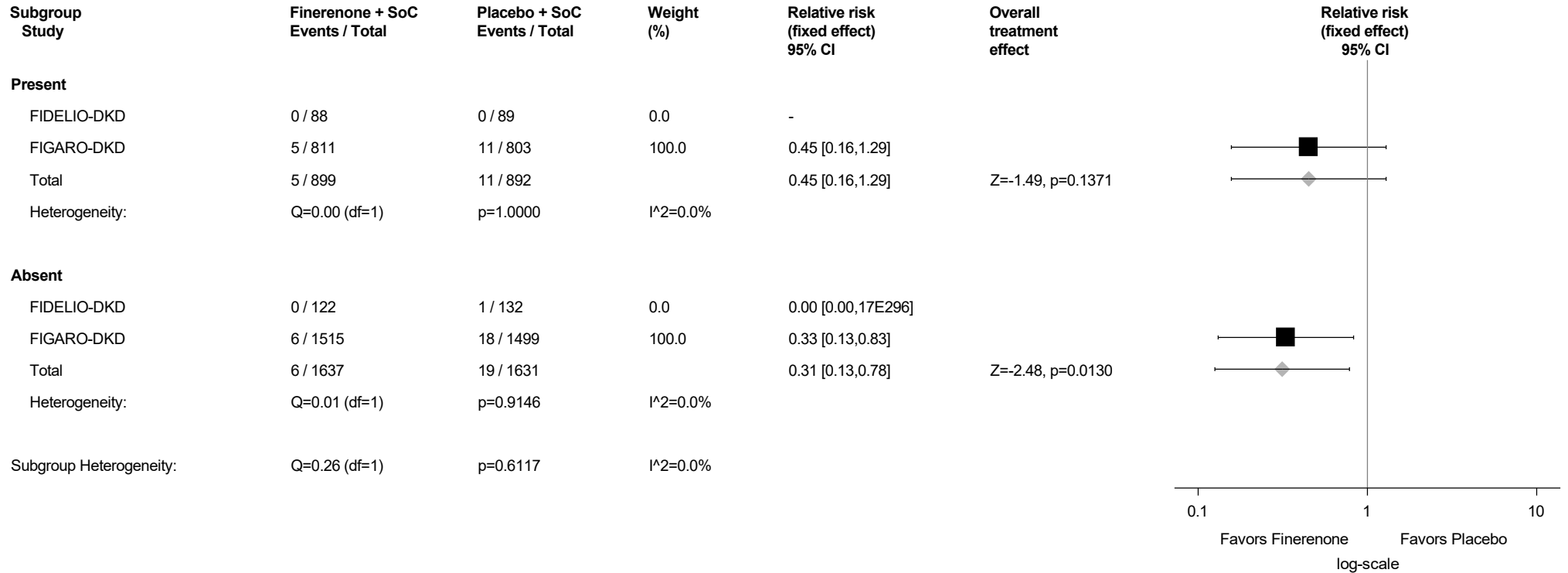
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.121.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



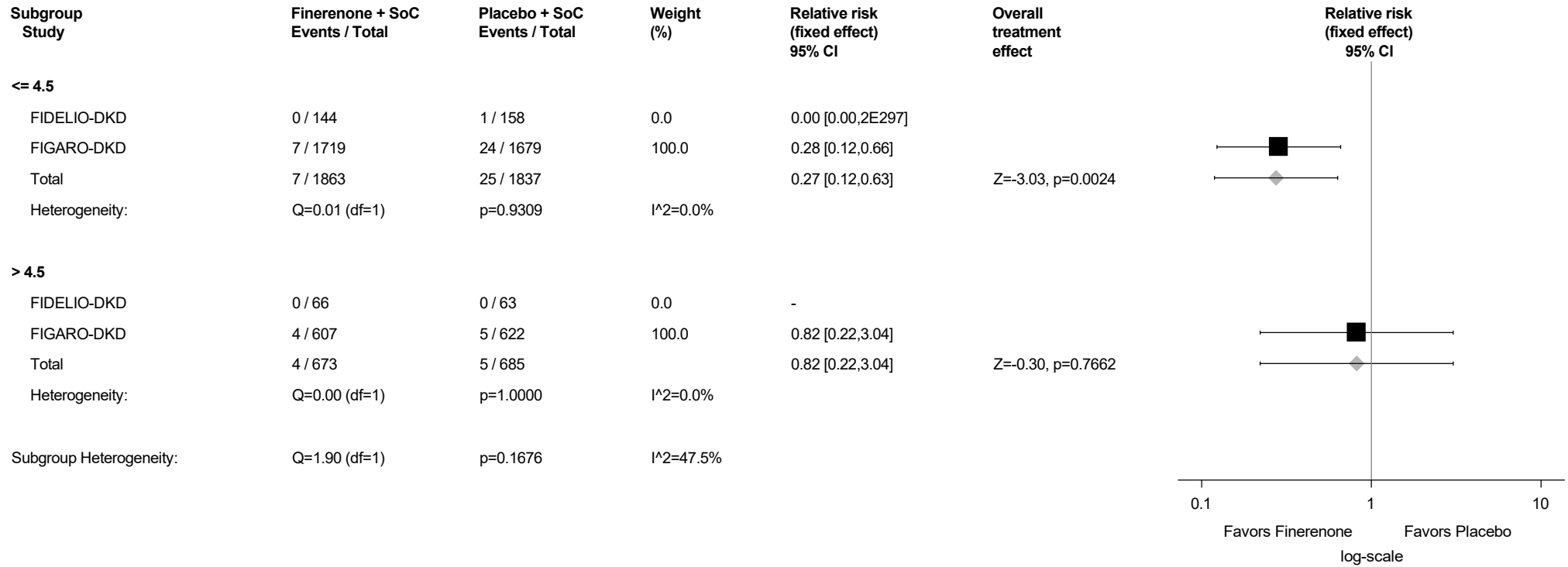
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.121.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



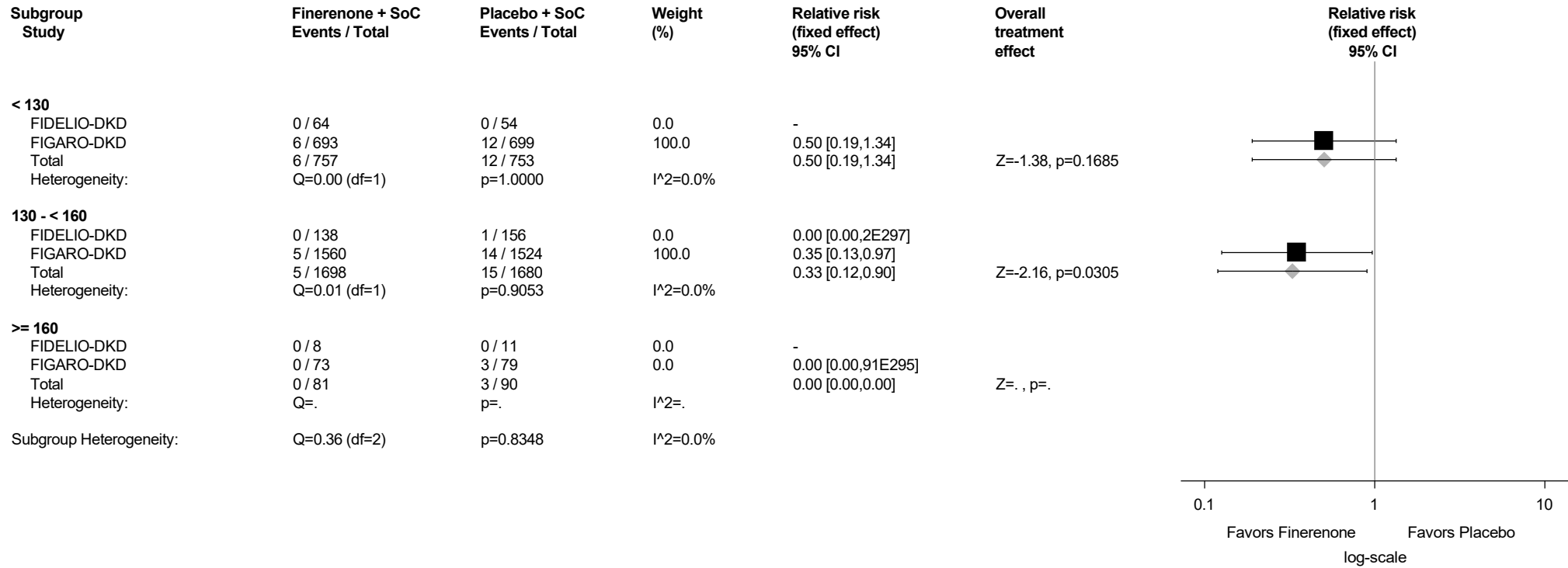
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.121.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



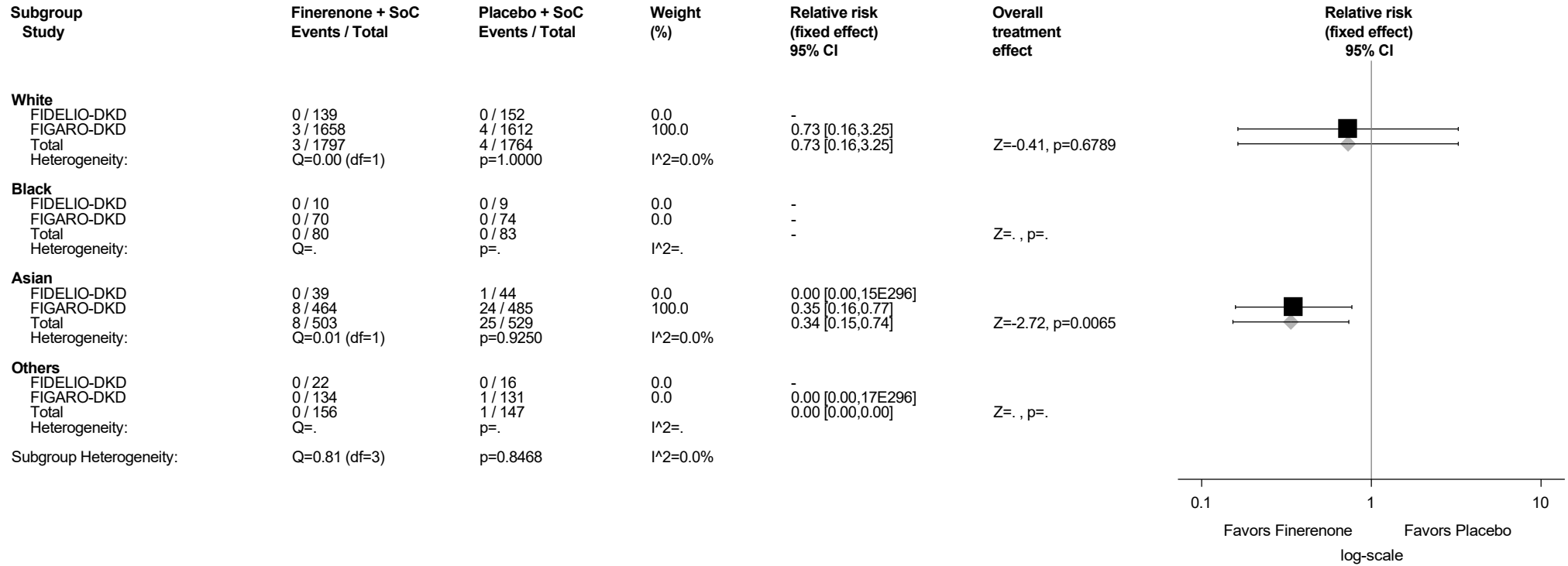
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.121.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



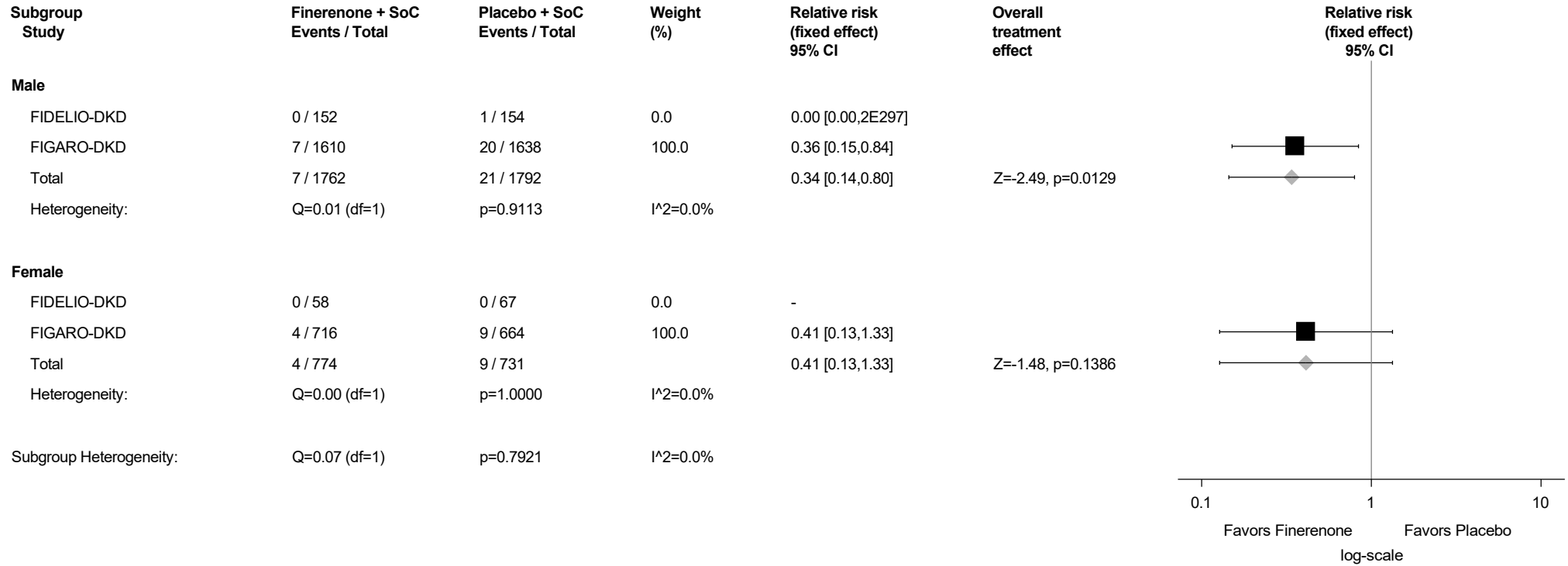
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.121.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



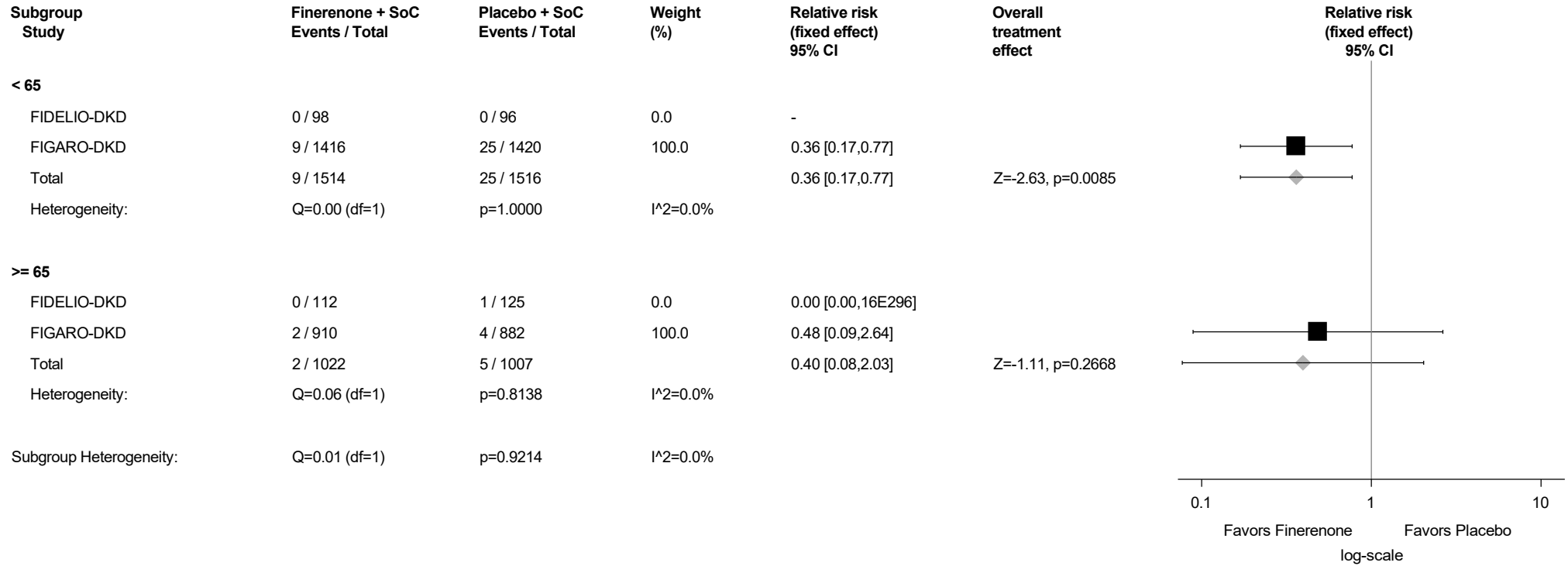
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.121.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



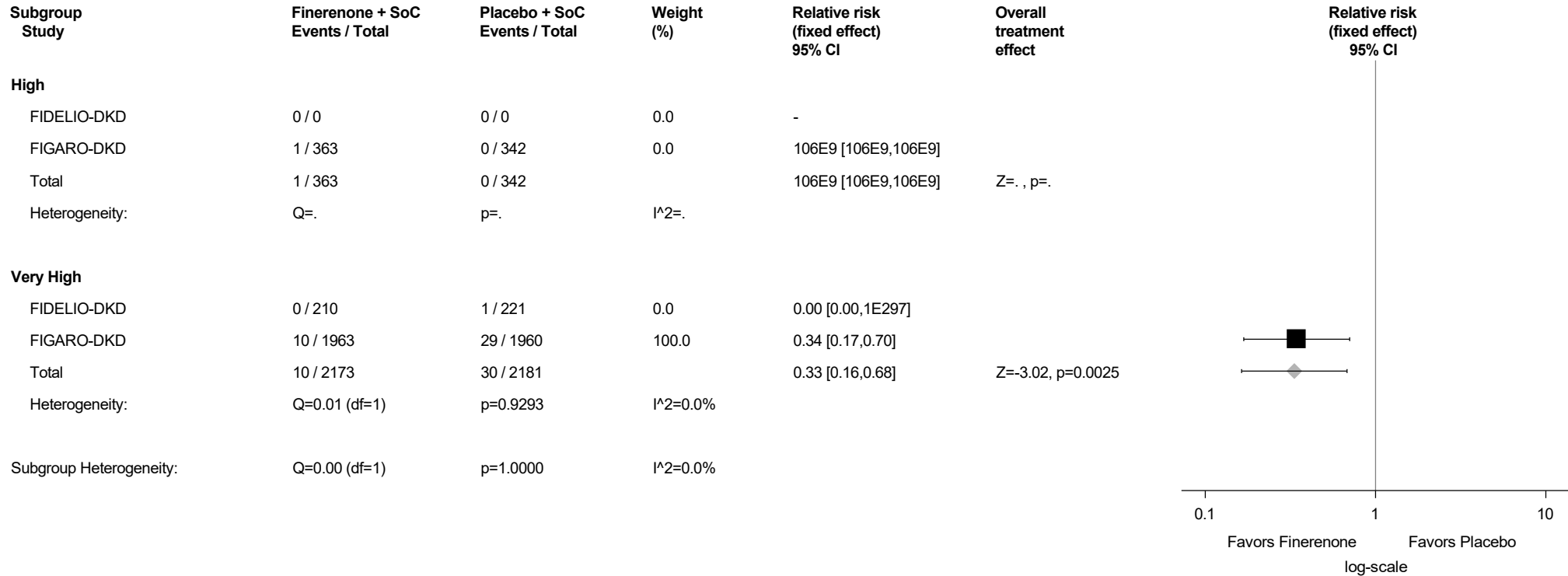
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.121.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



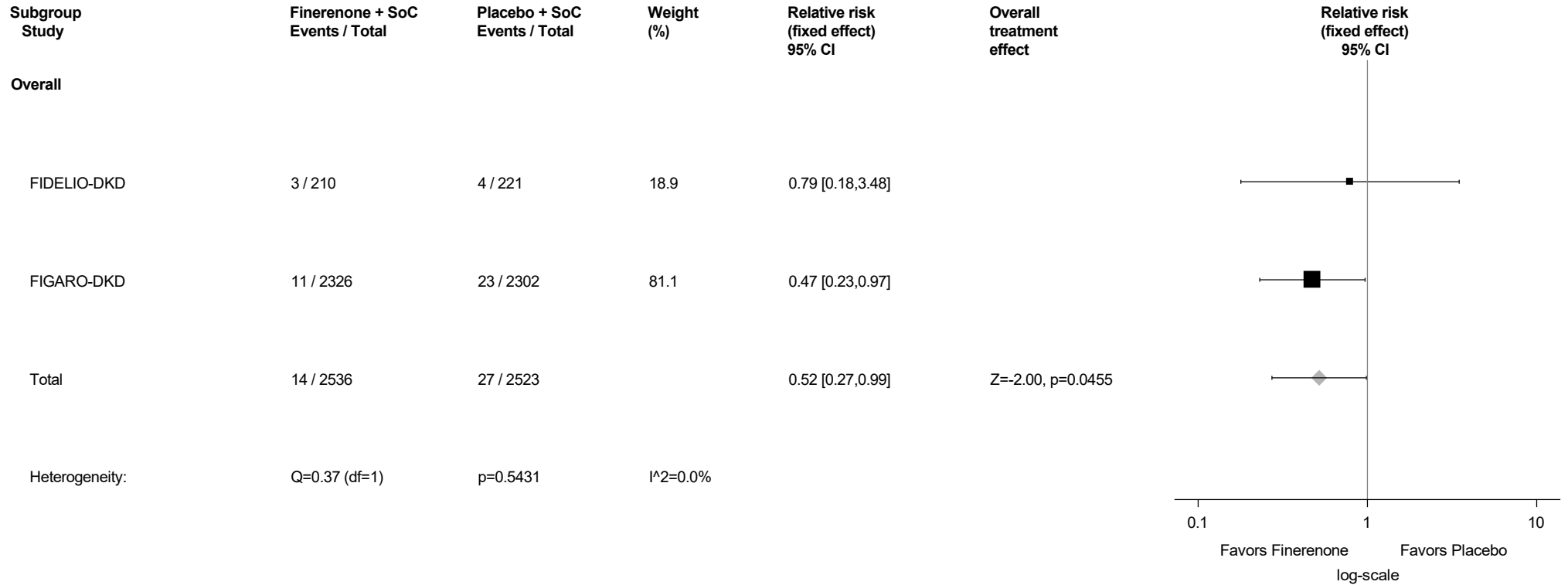
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.122: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



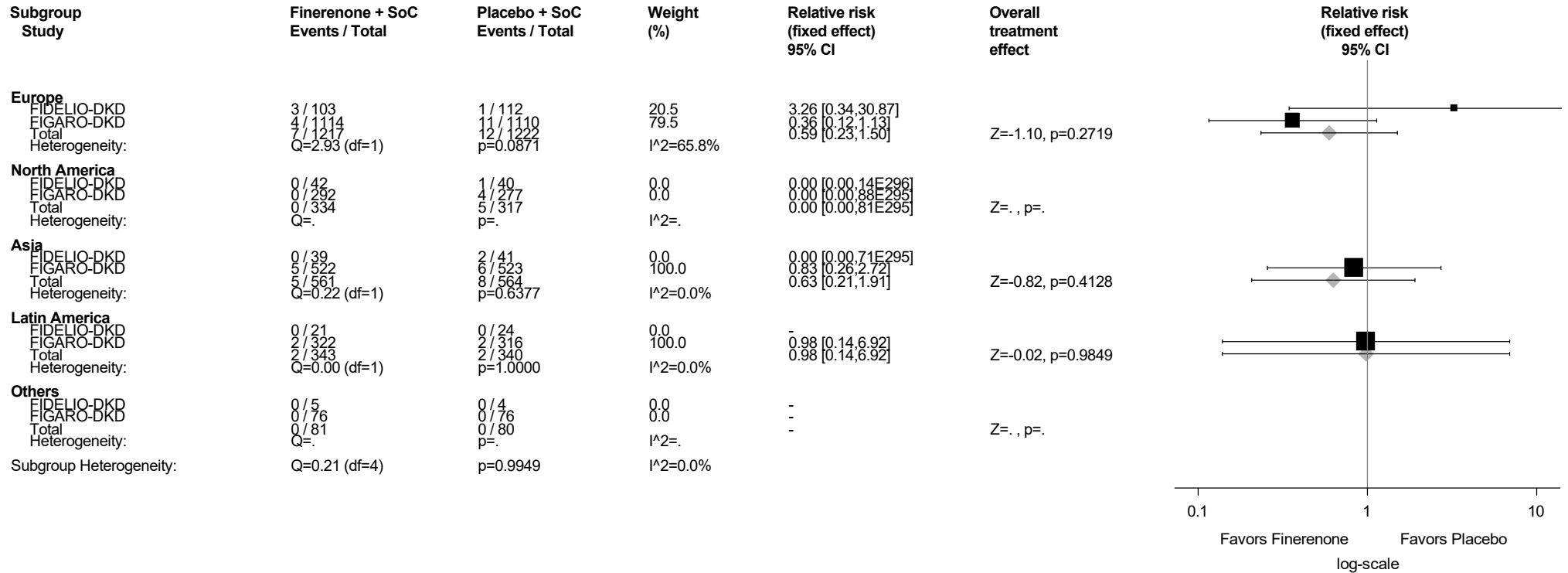
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.122.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



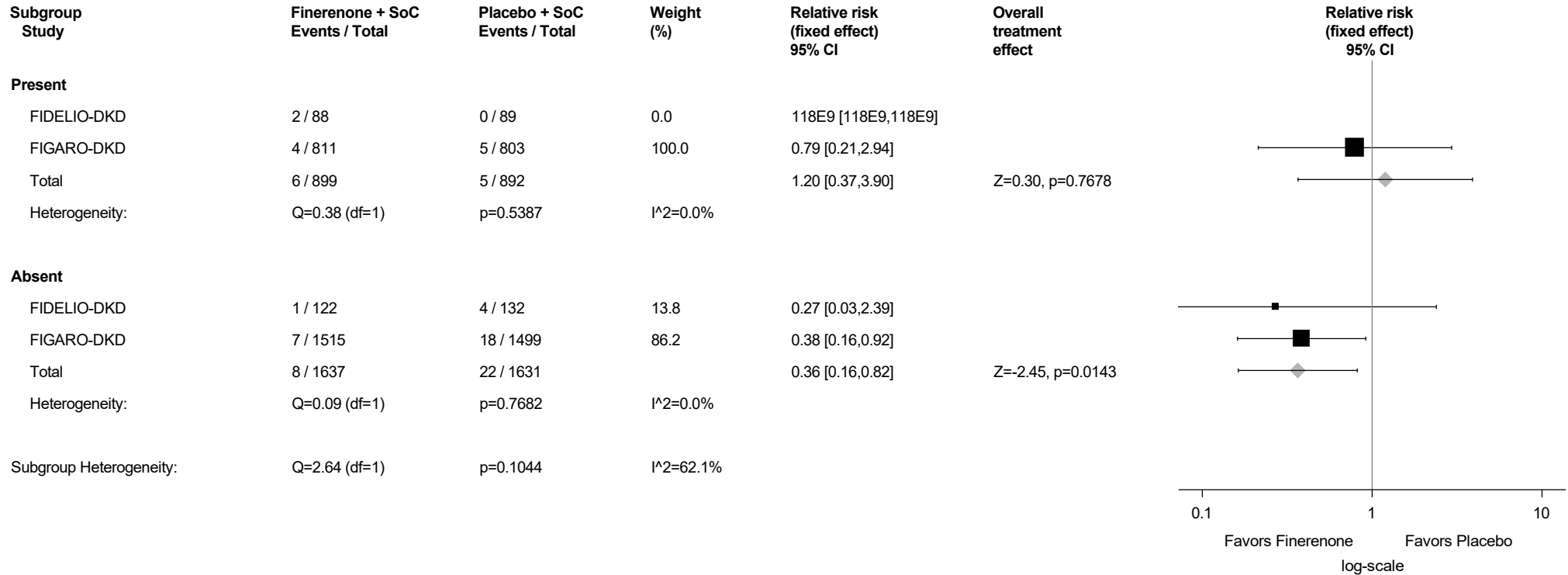
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.122.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



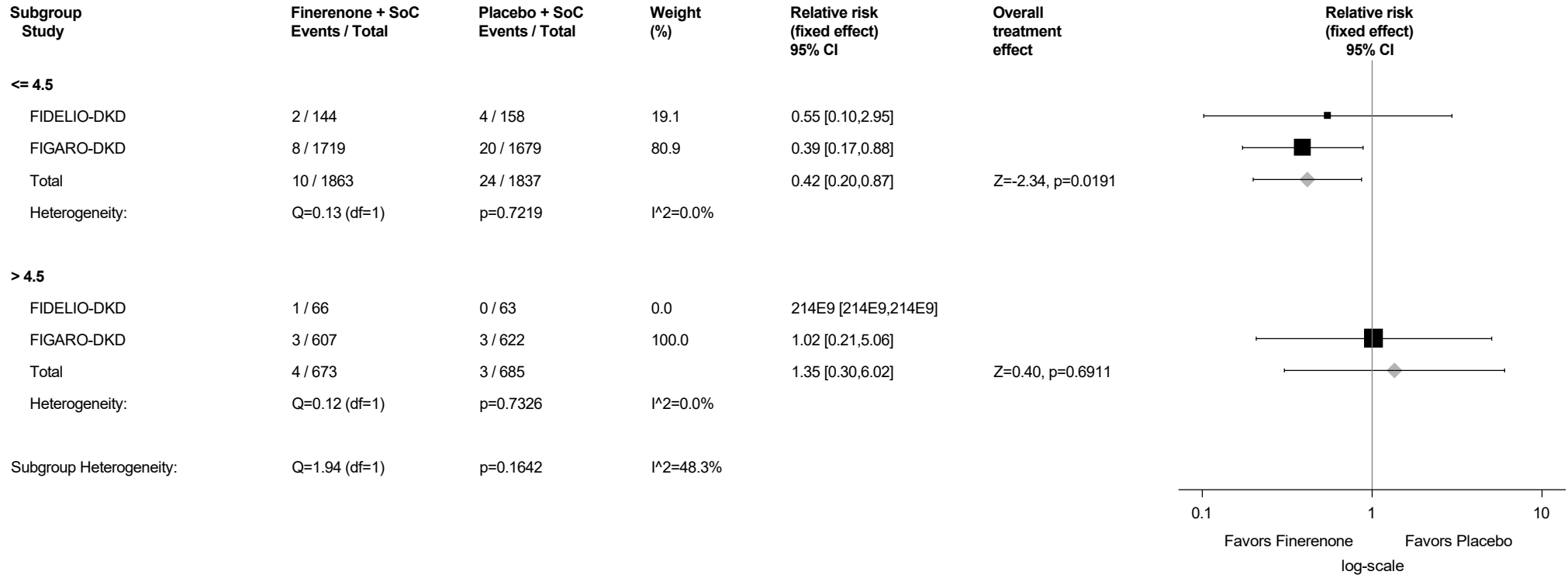
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.122.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



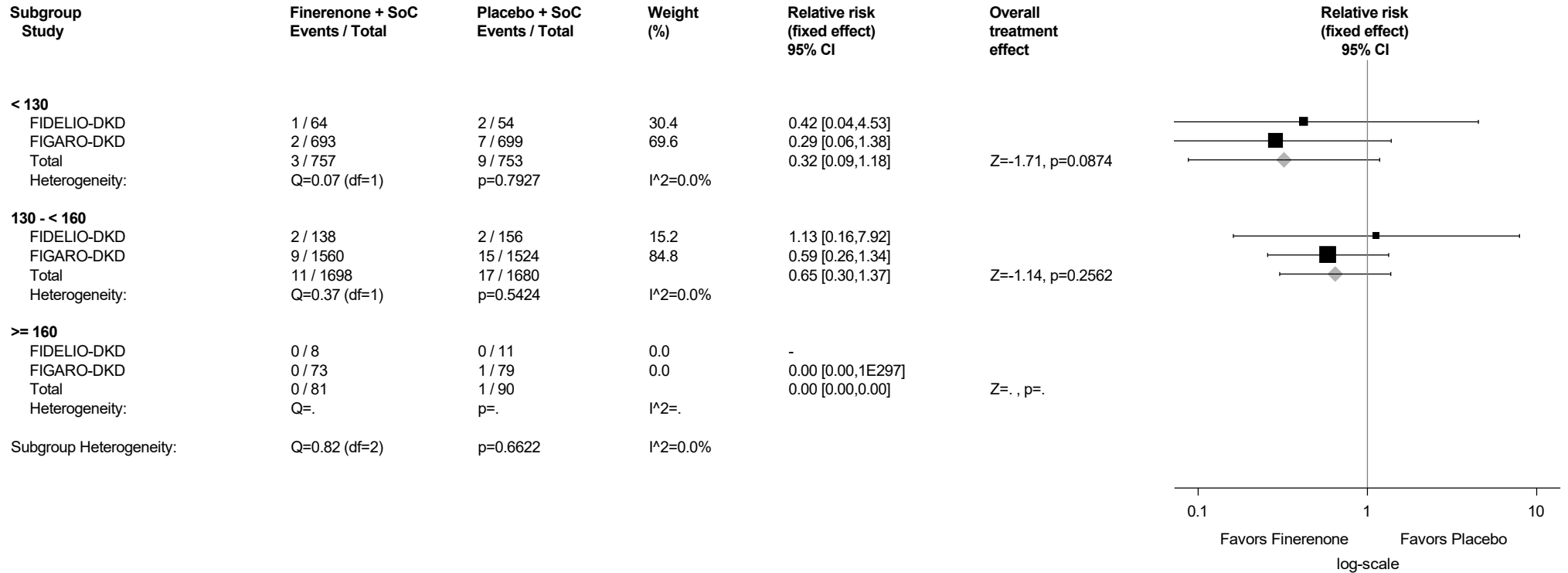
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.122.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



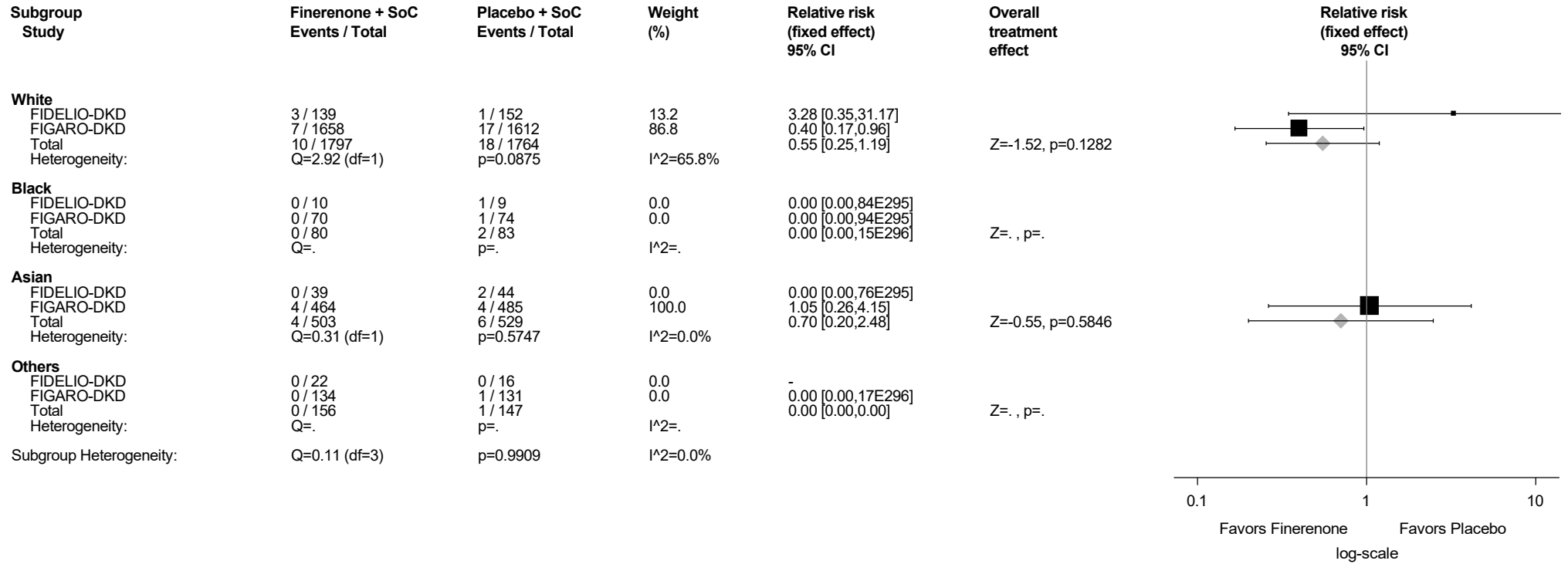
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.122.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



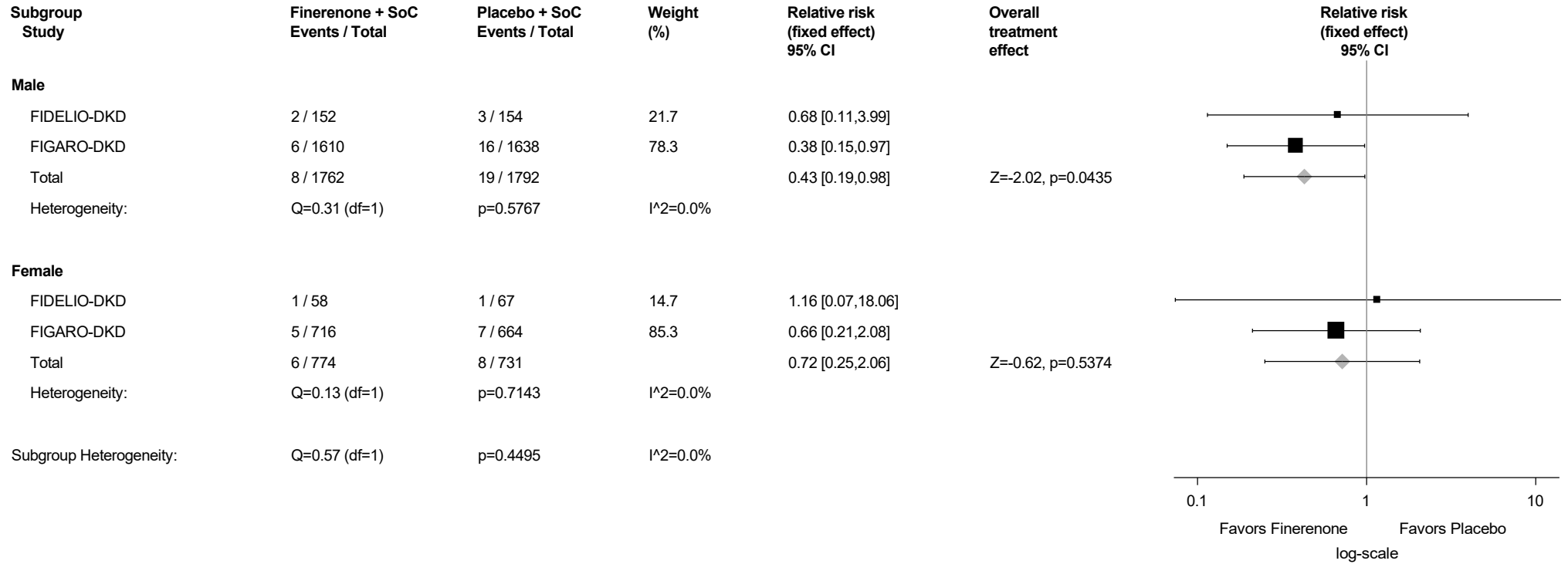
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.122.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



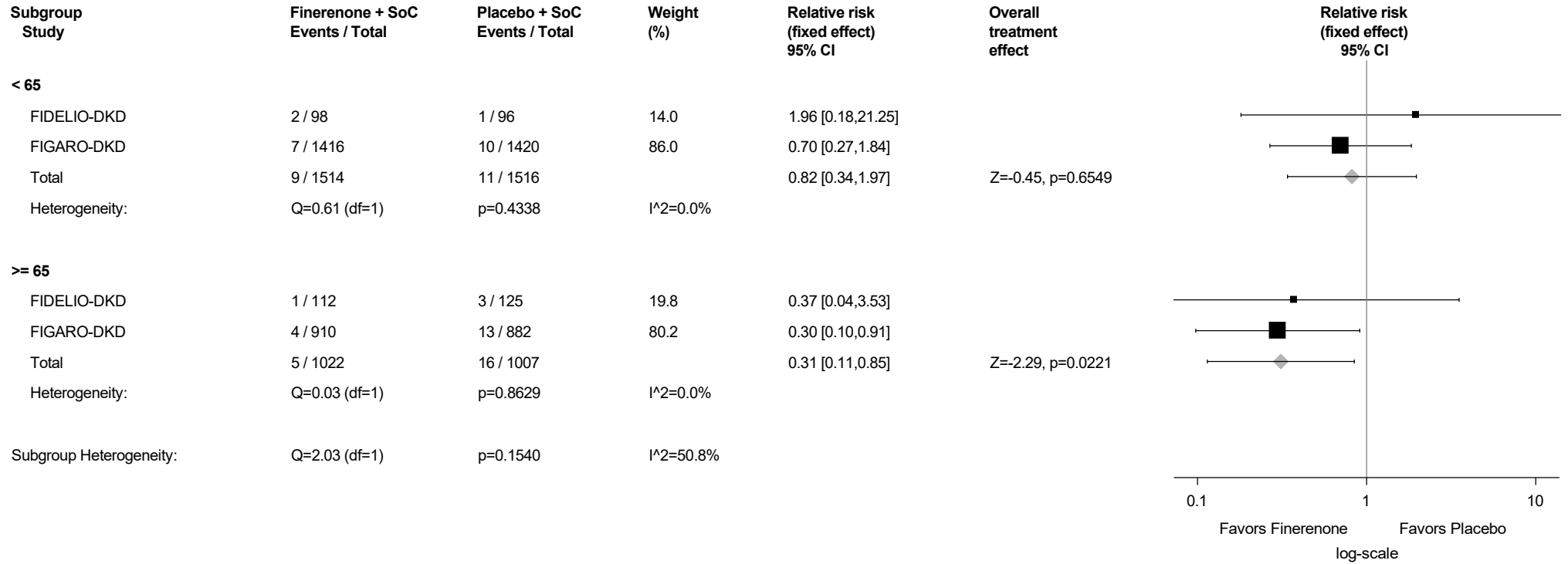
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.122.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



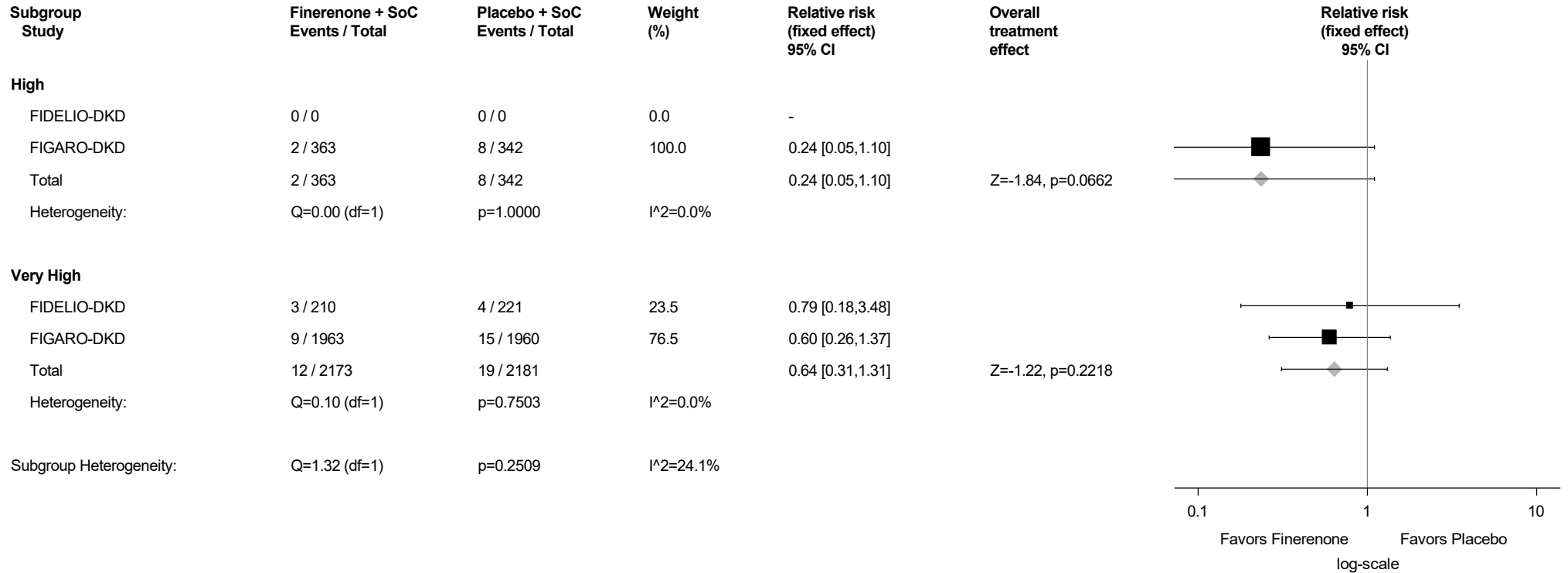
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.122.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



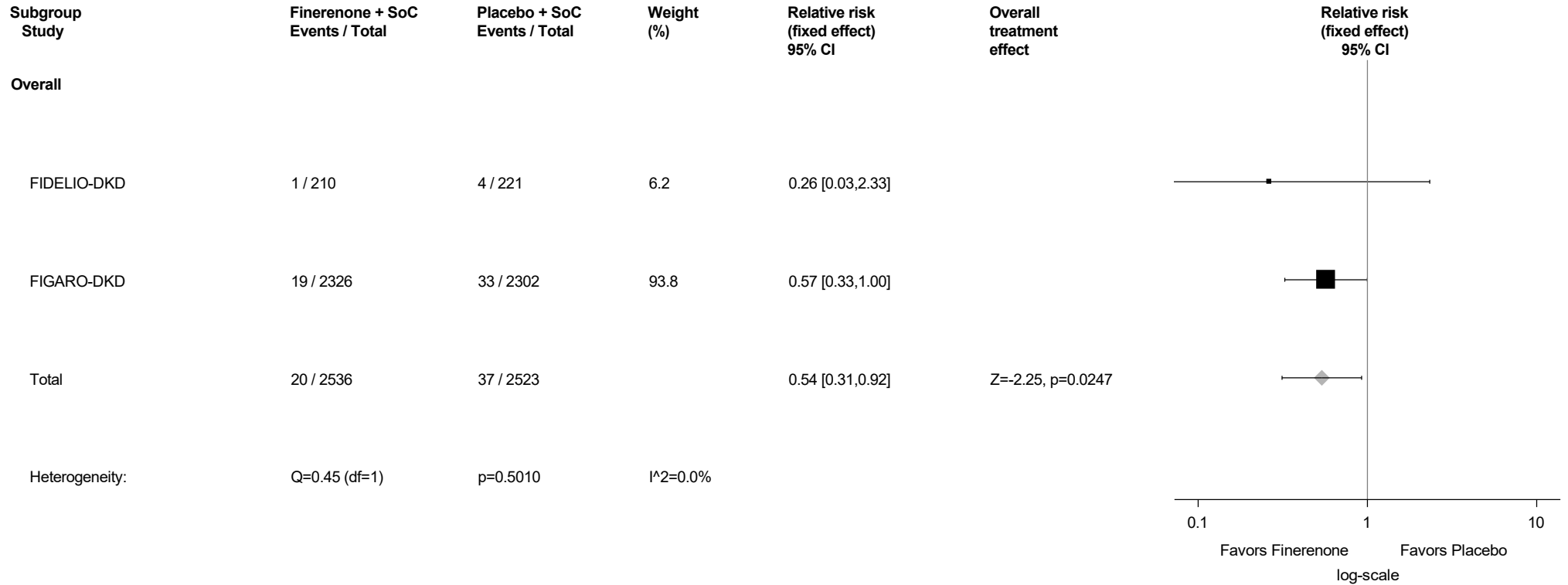
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.123: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



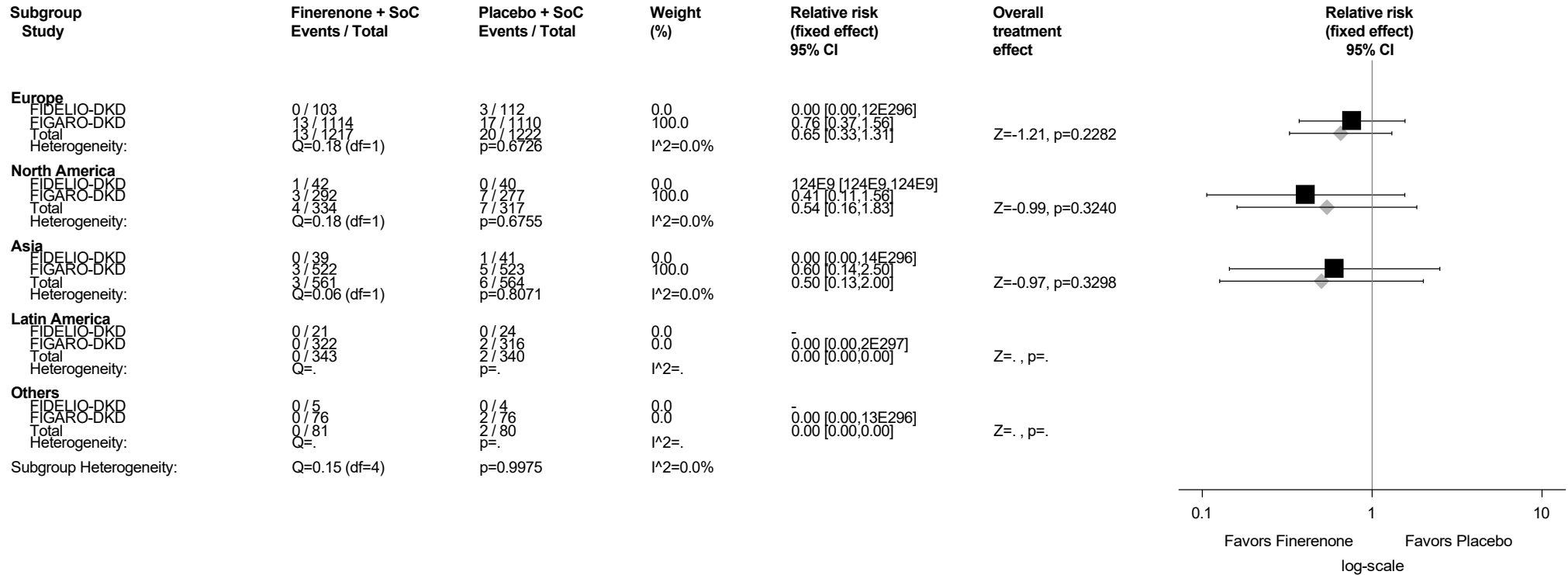
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.123.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



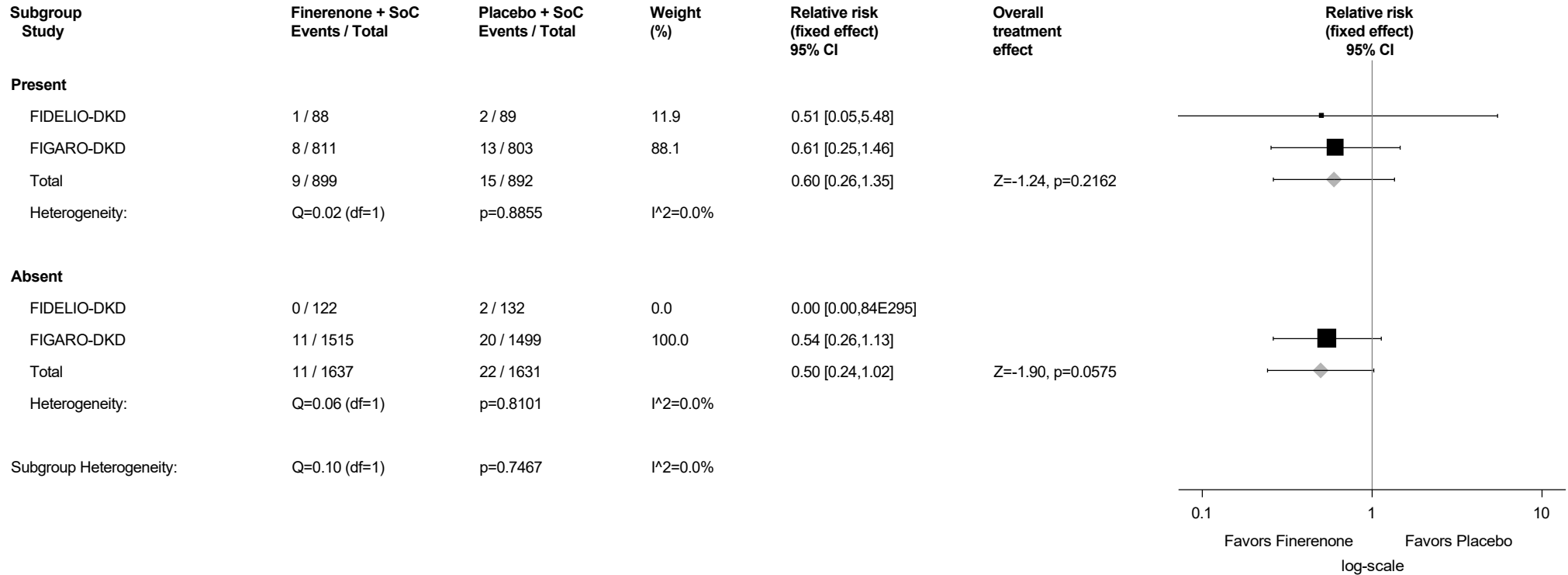
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.123.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



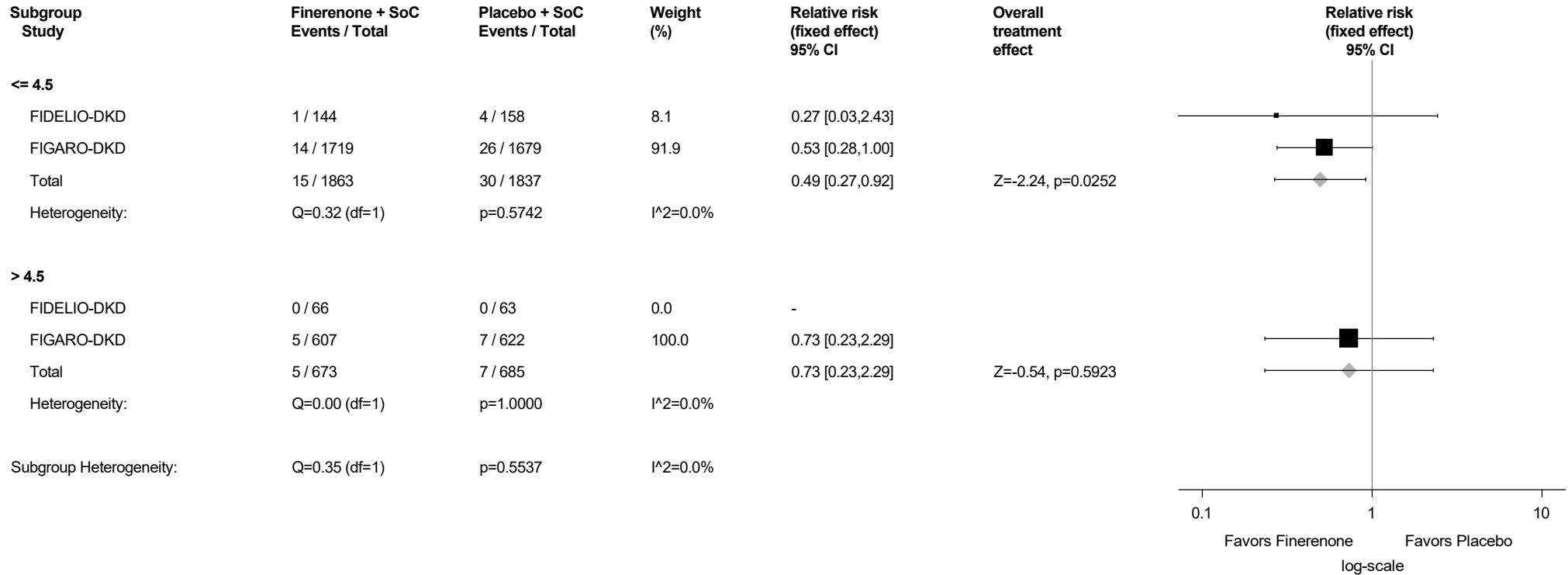
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.123.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



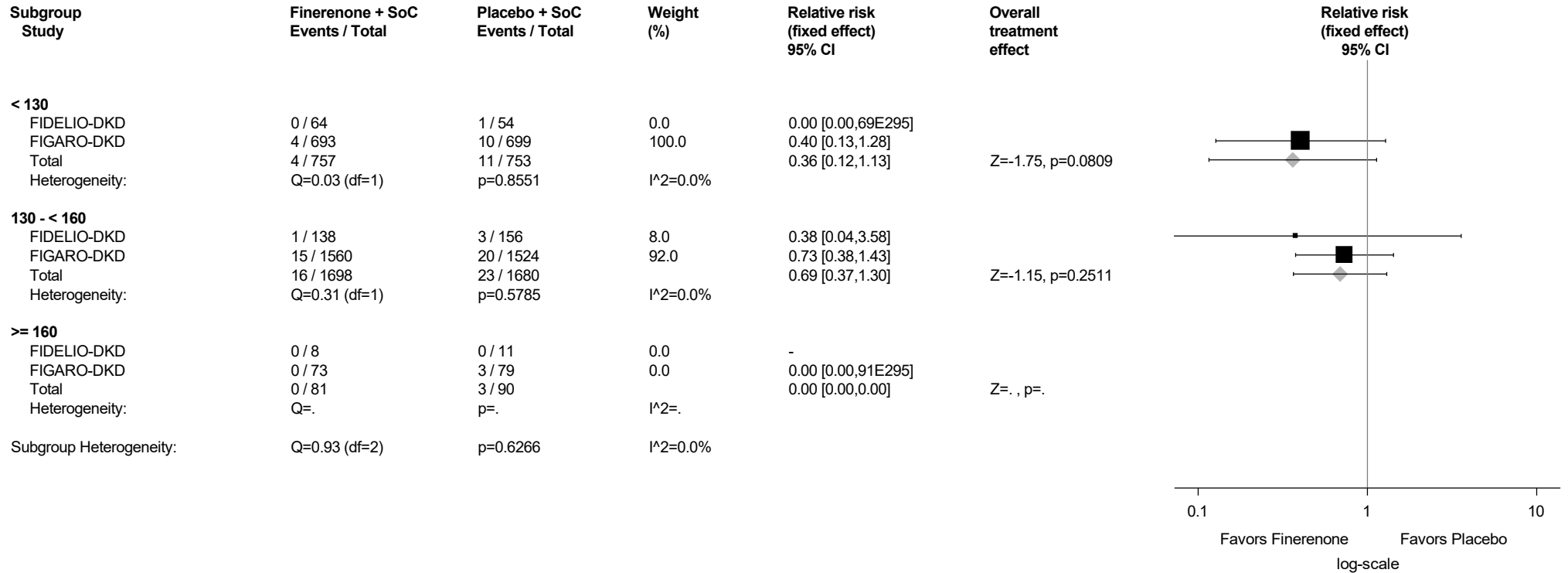
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.123.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



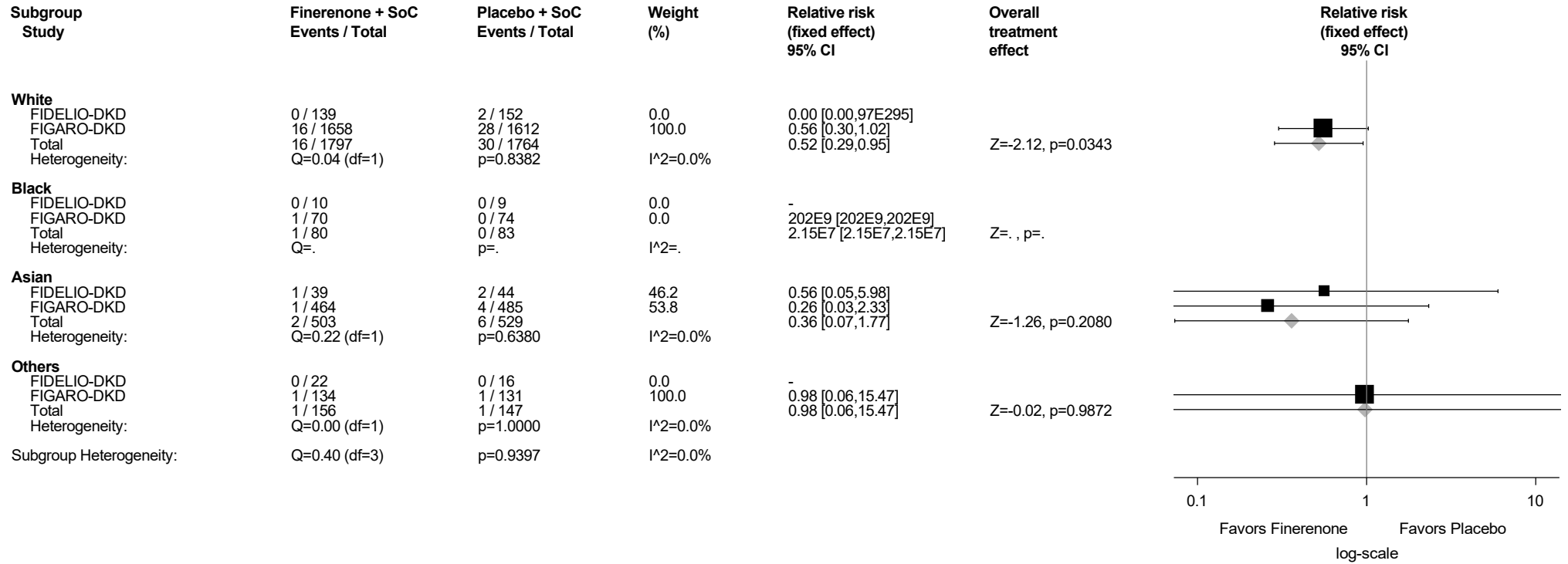
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.123.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



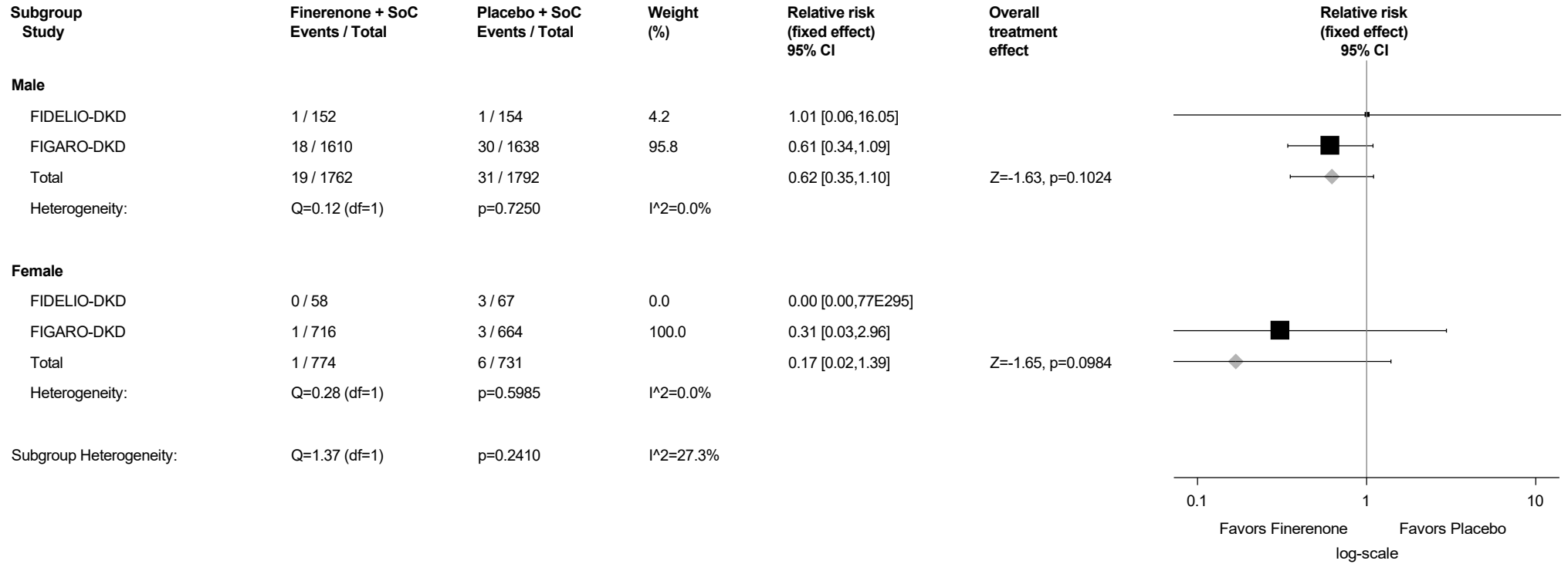
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.123.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



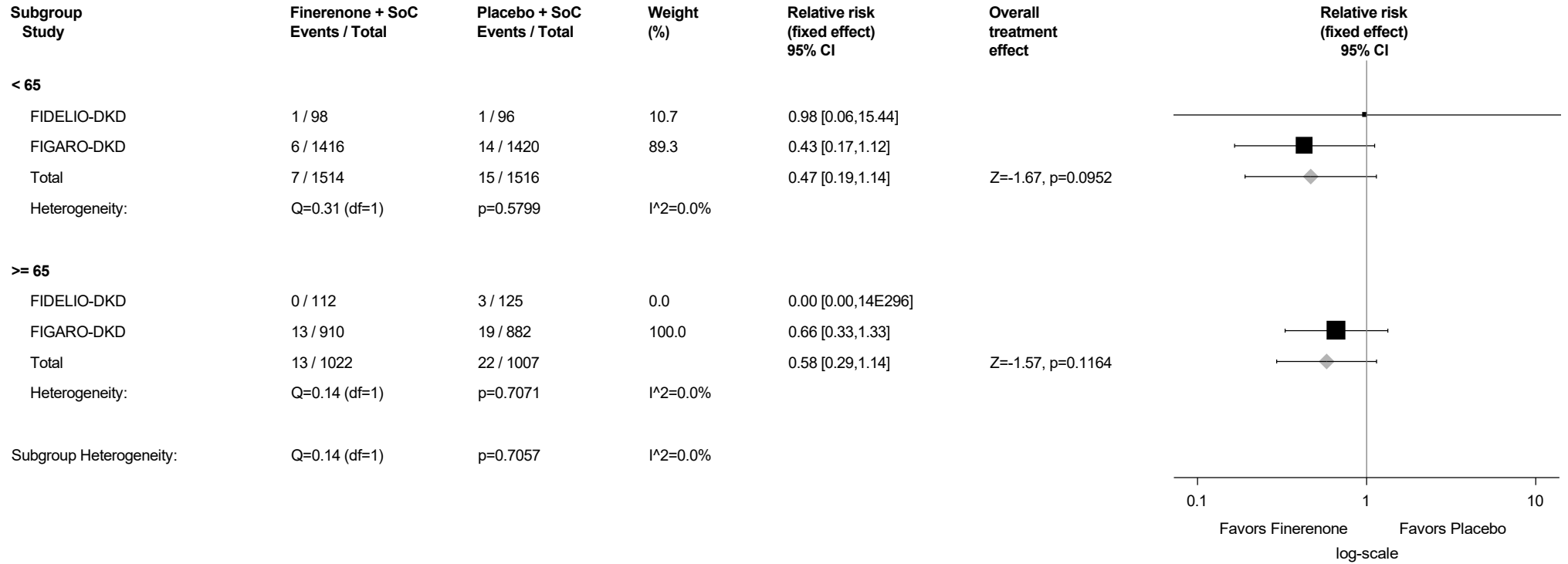
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.123.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



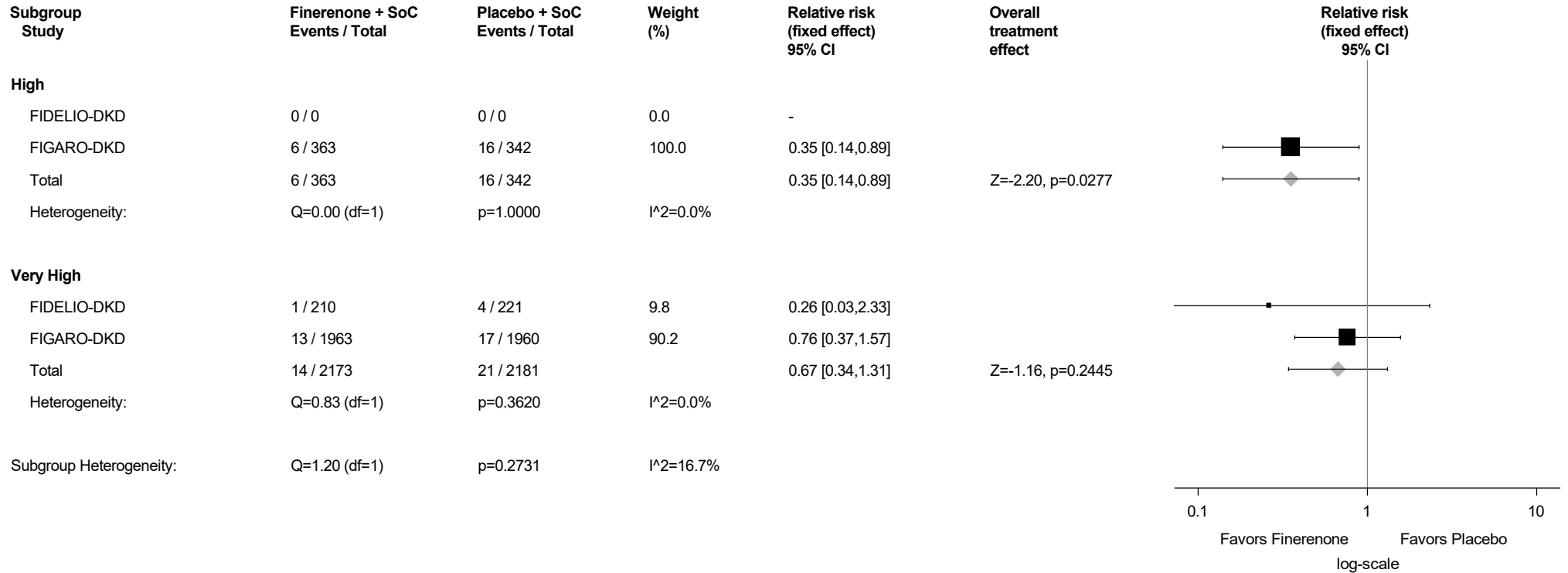
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.123.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



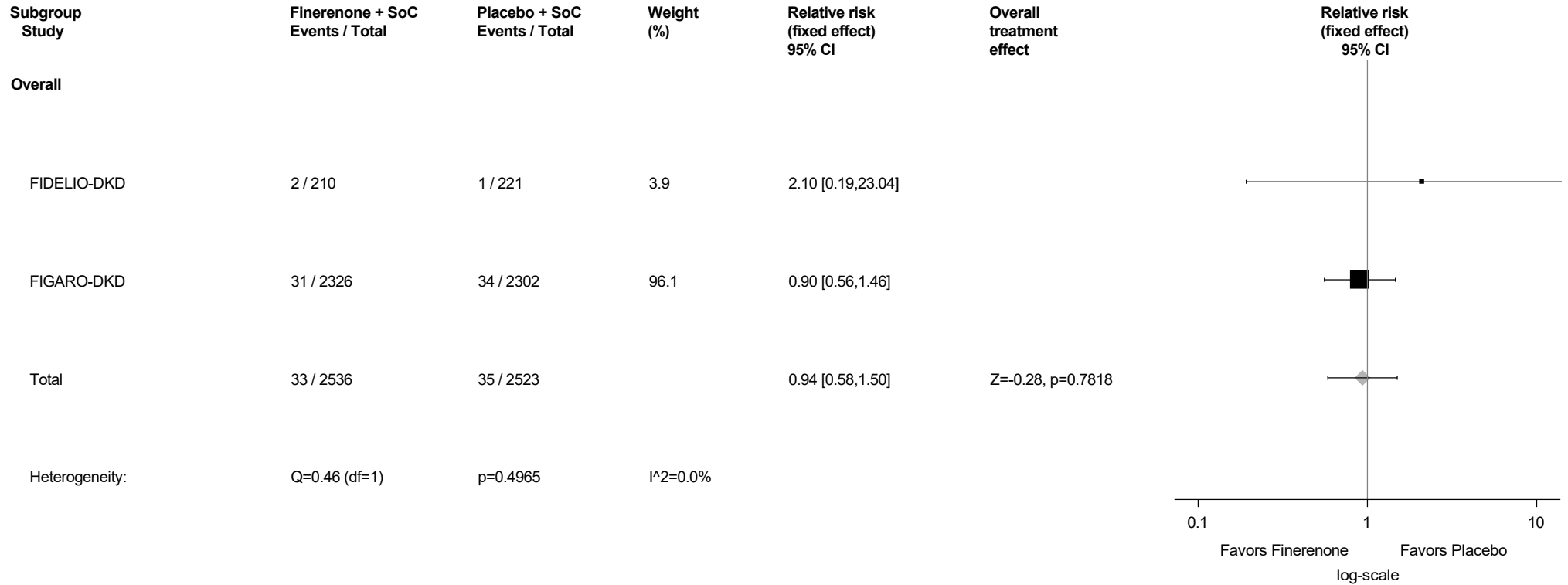
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.124: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



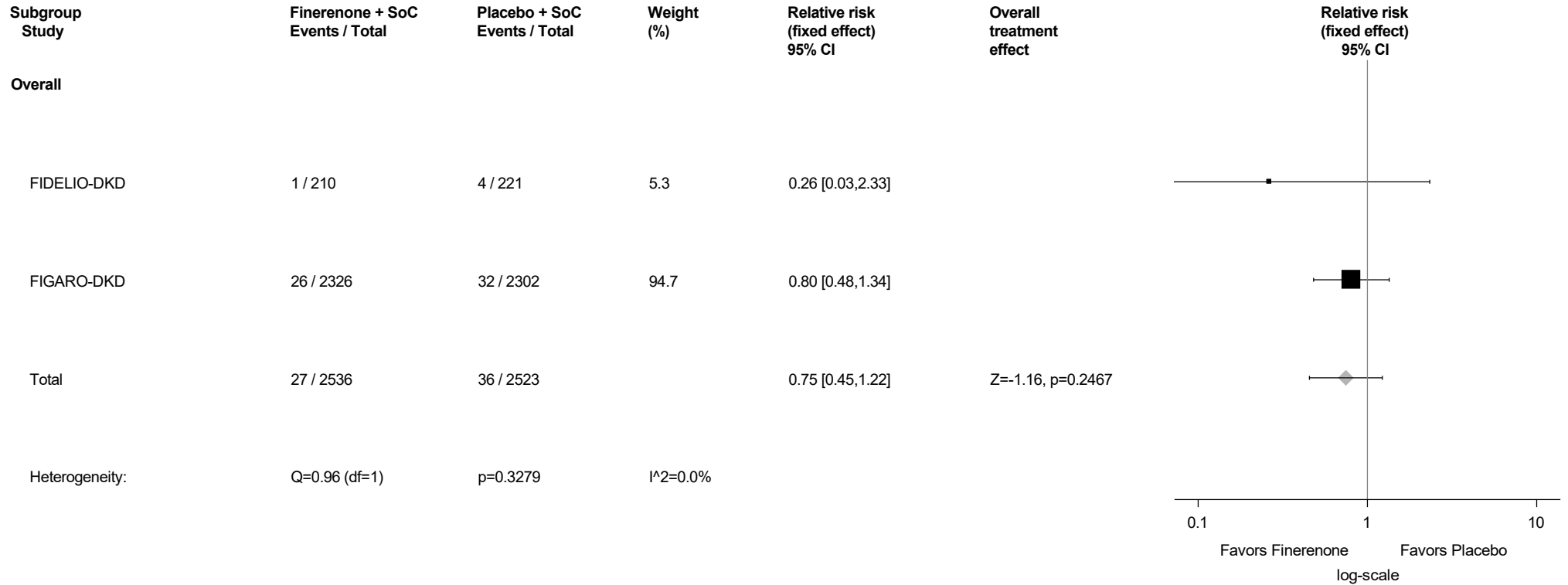
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.125: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



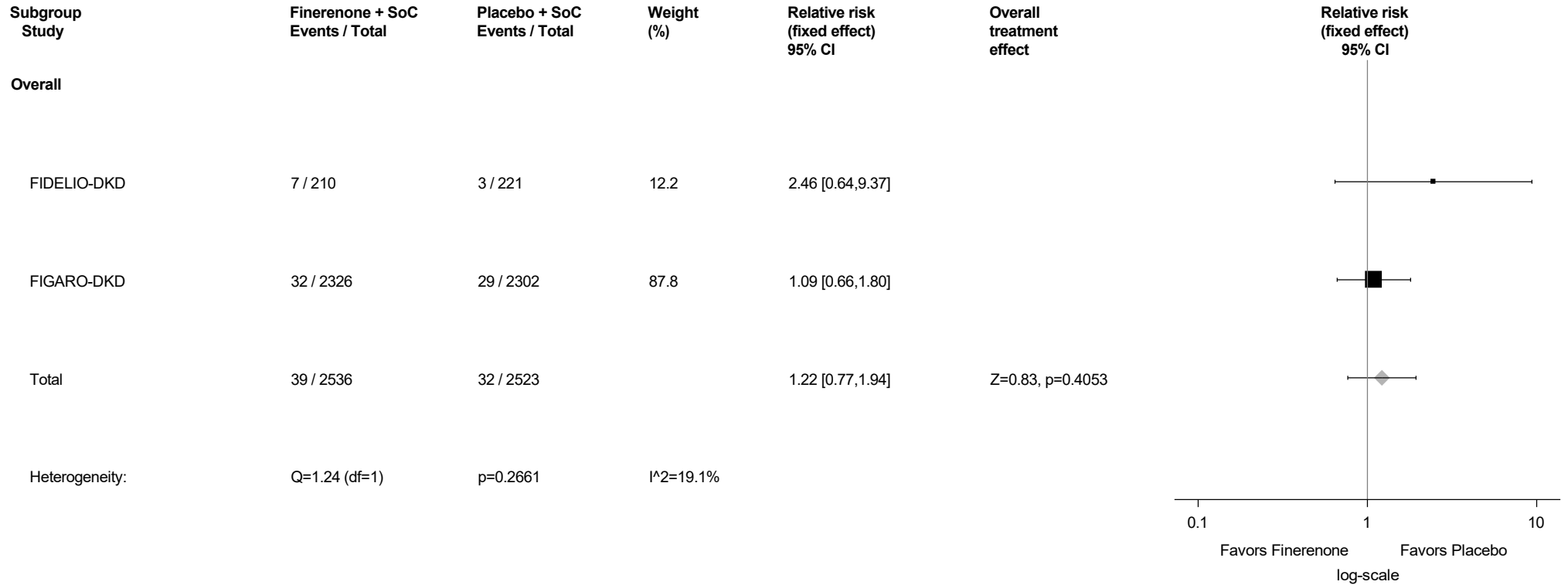
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.126: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



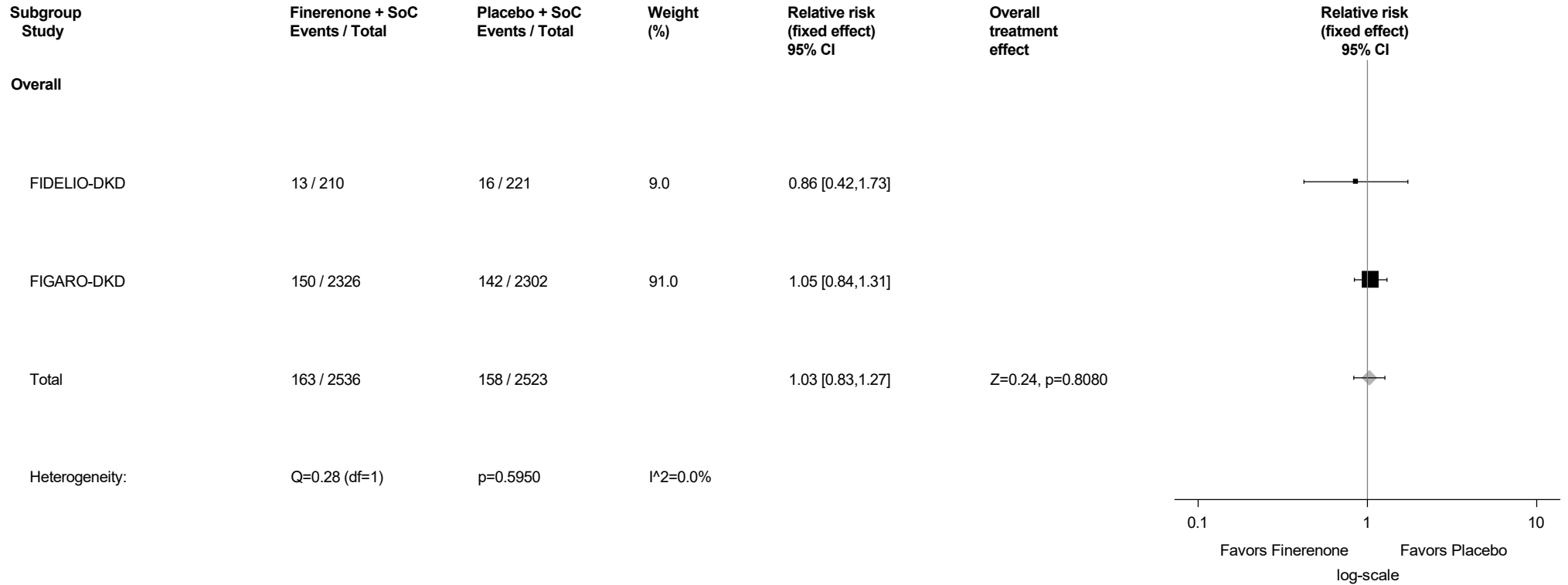
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.127: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



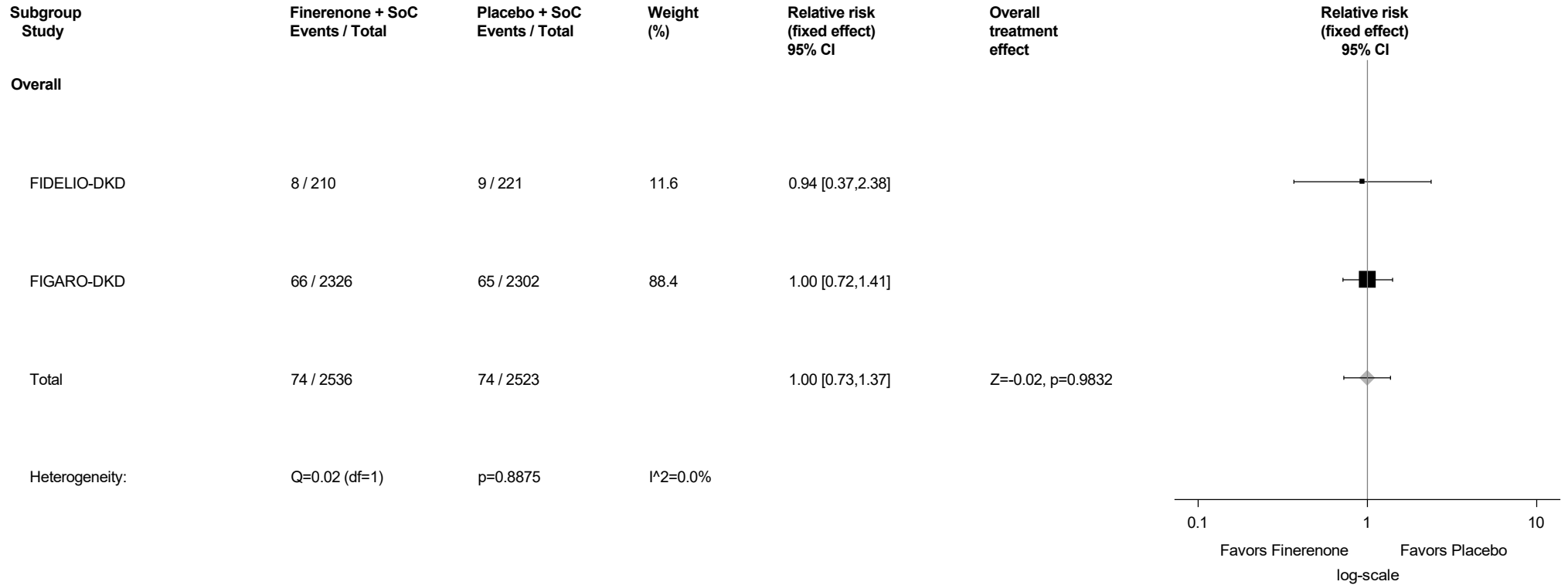
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.128: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



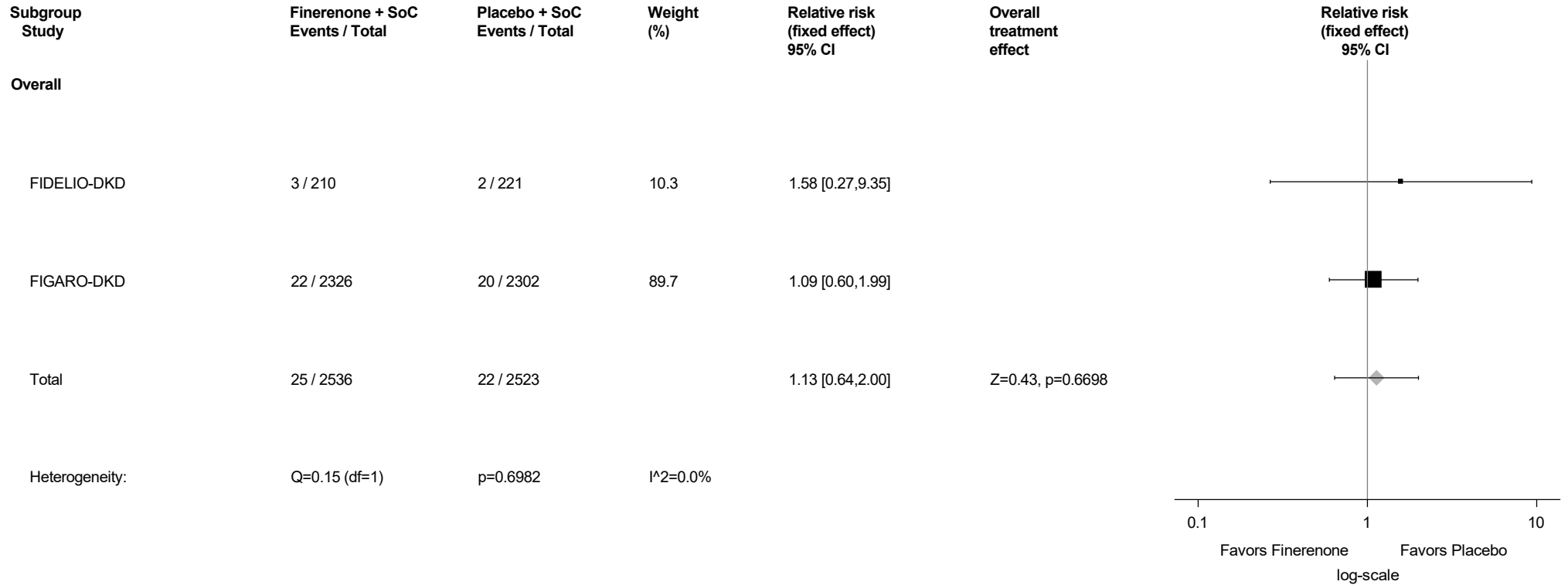
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.129: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Erectile dysfunction (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



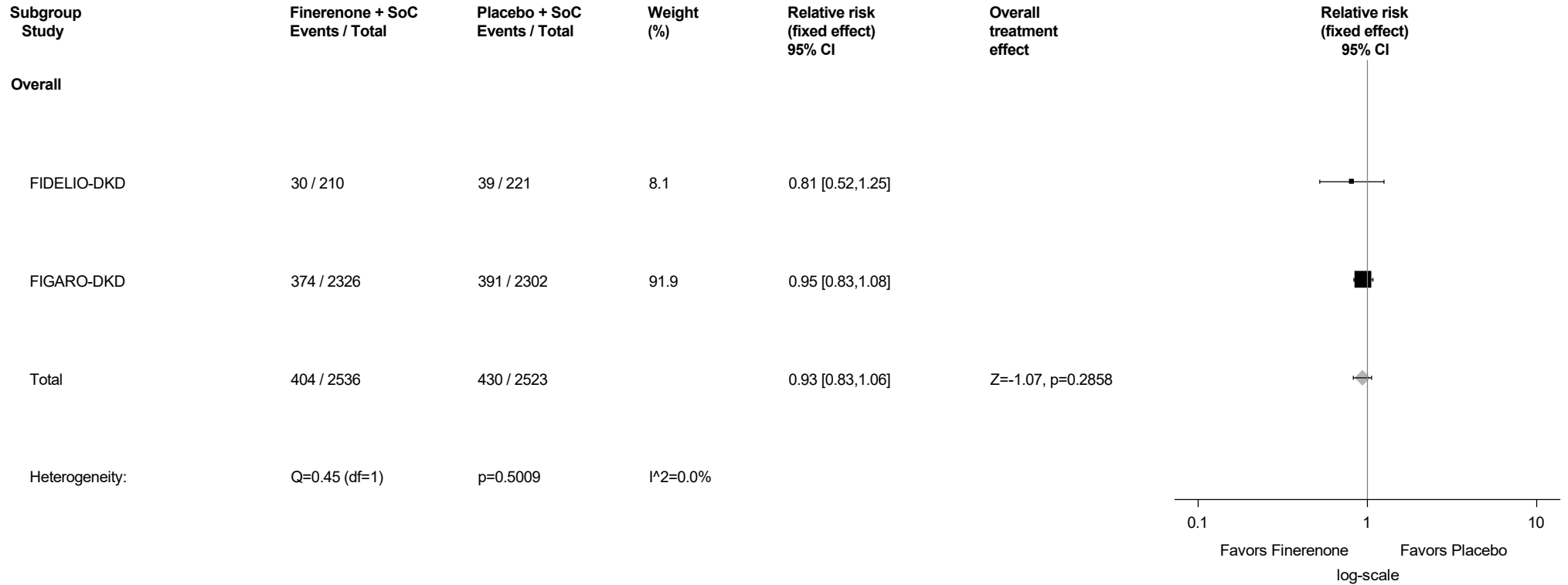
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.130: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



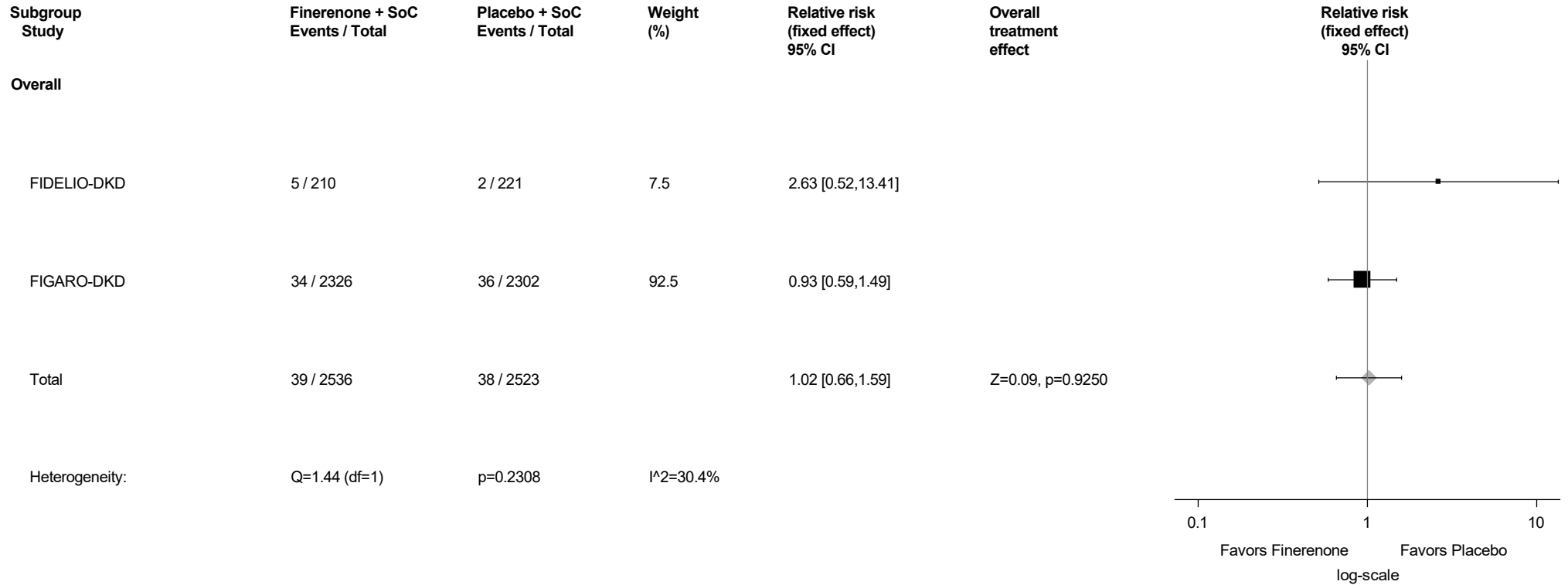
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.131: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



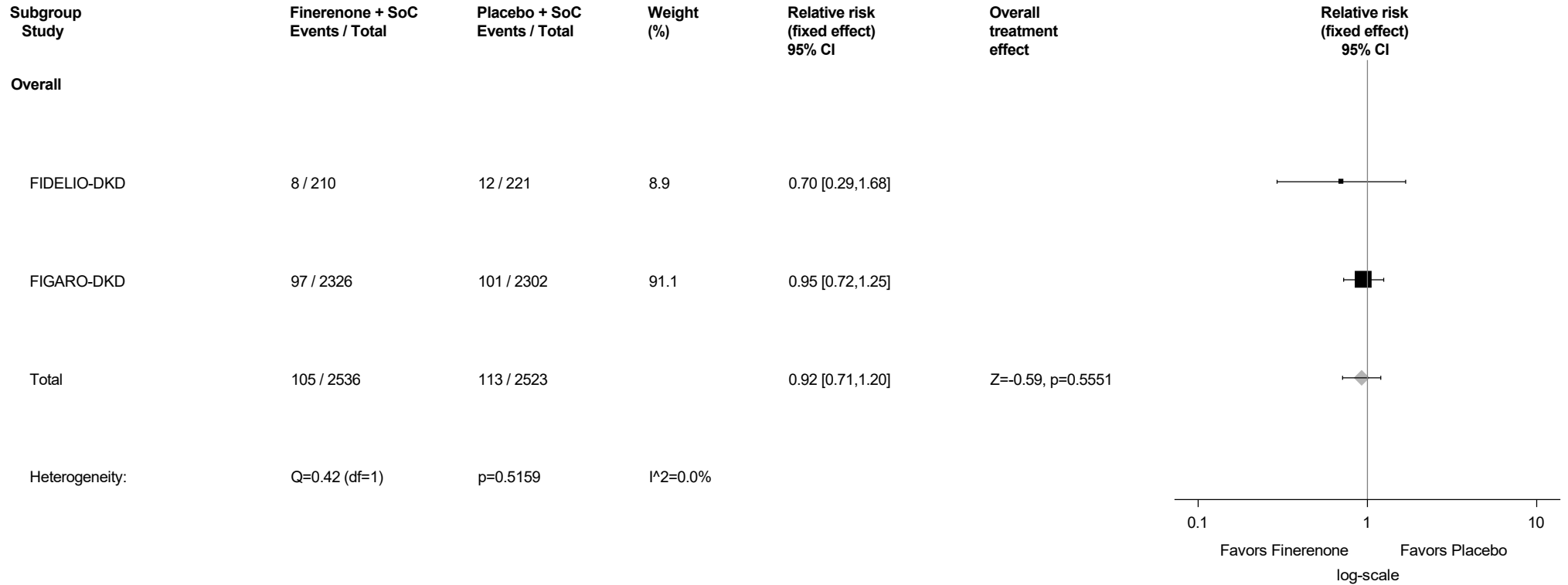
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.132: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



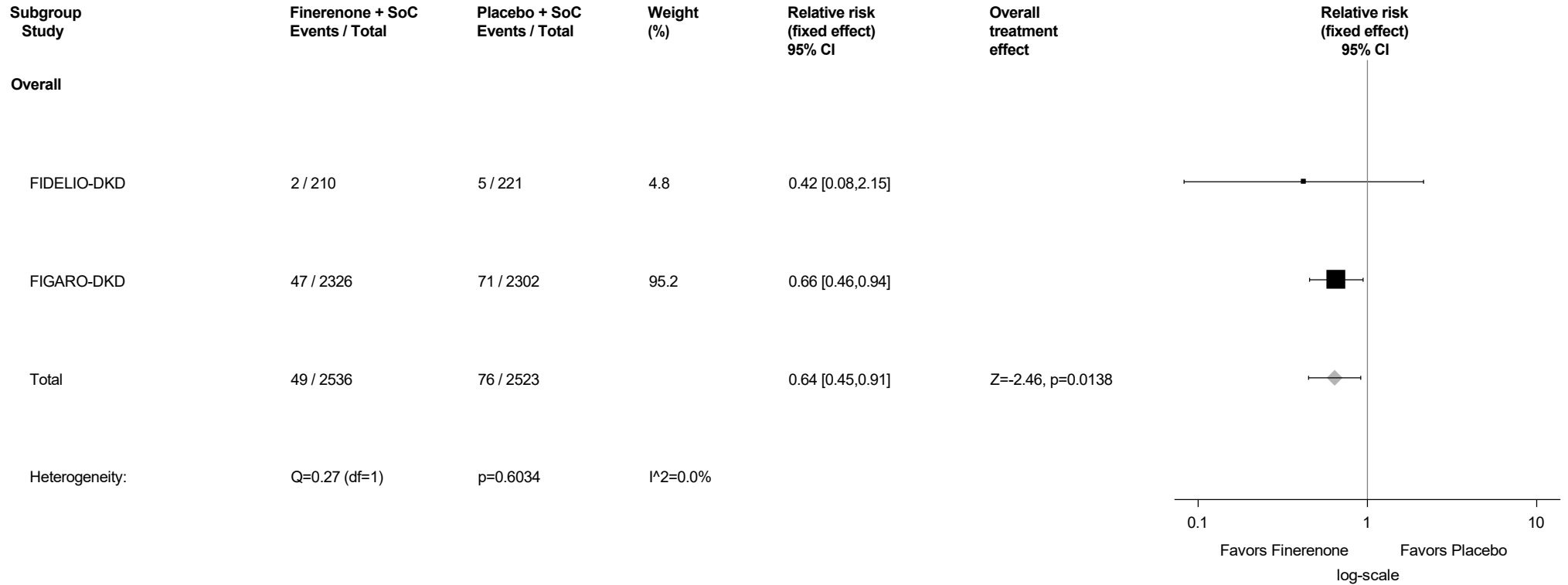
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.133: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



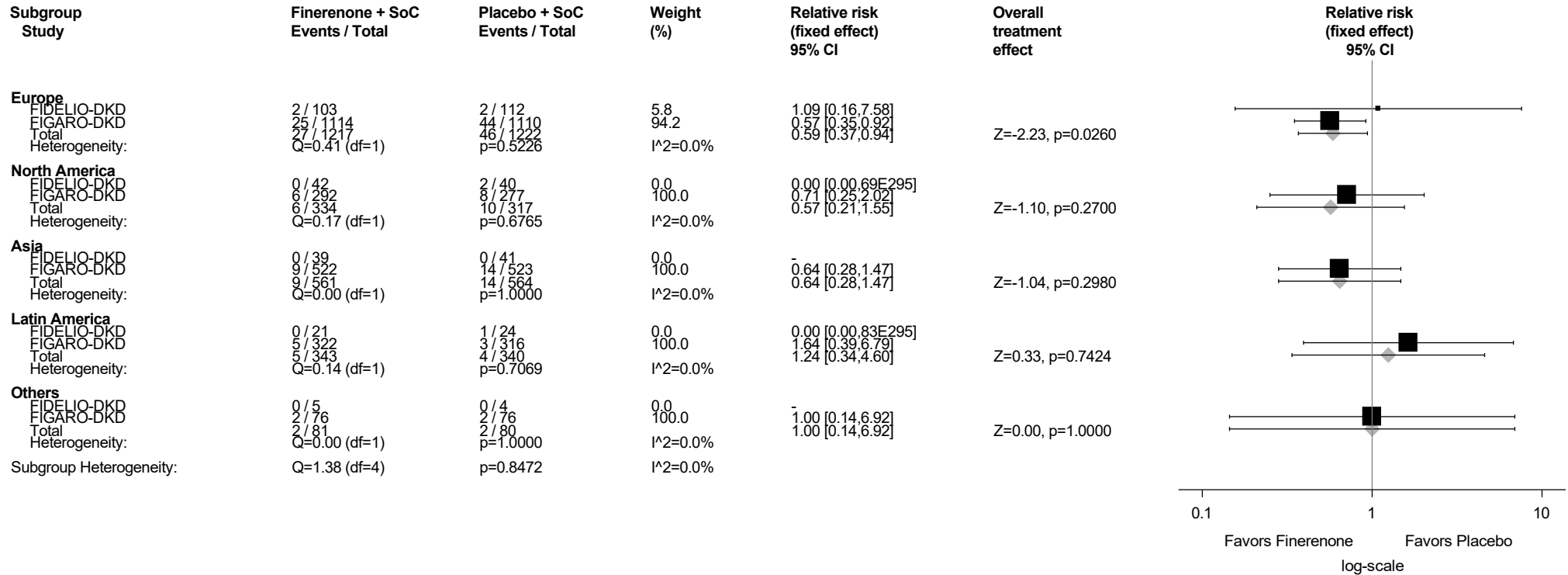
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.133.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



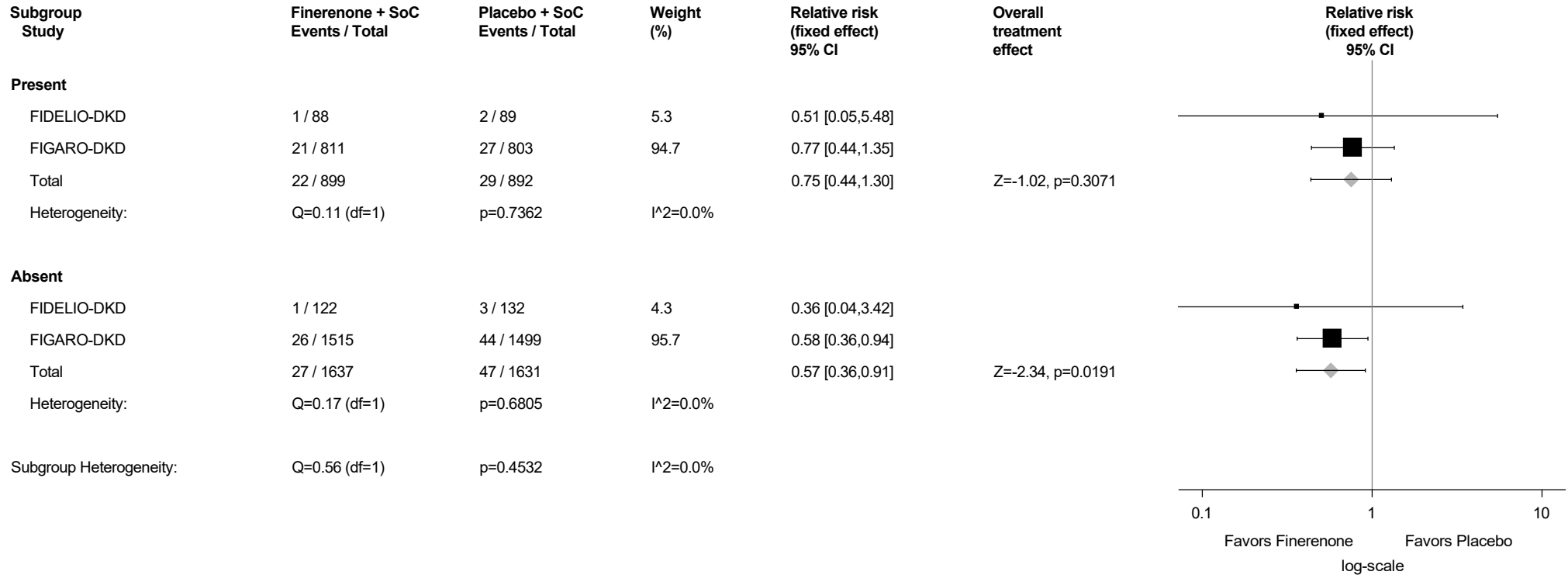
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.133.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



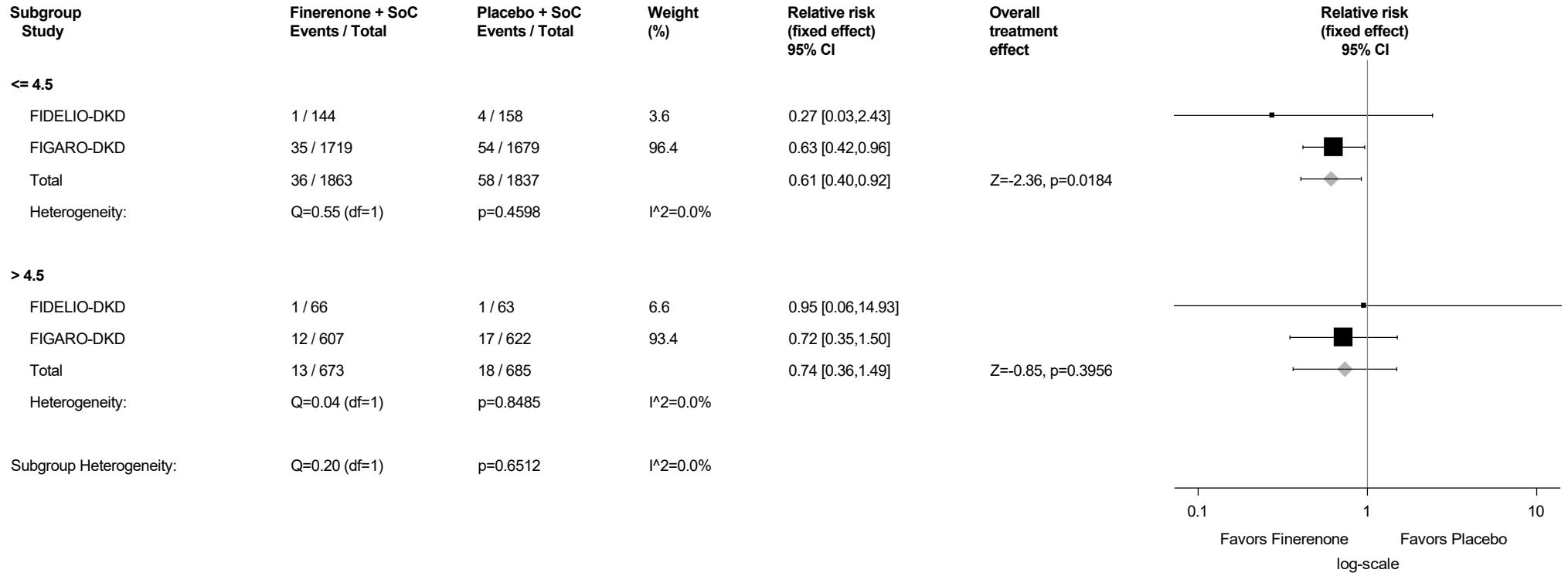
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.133.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



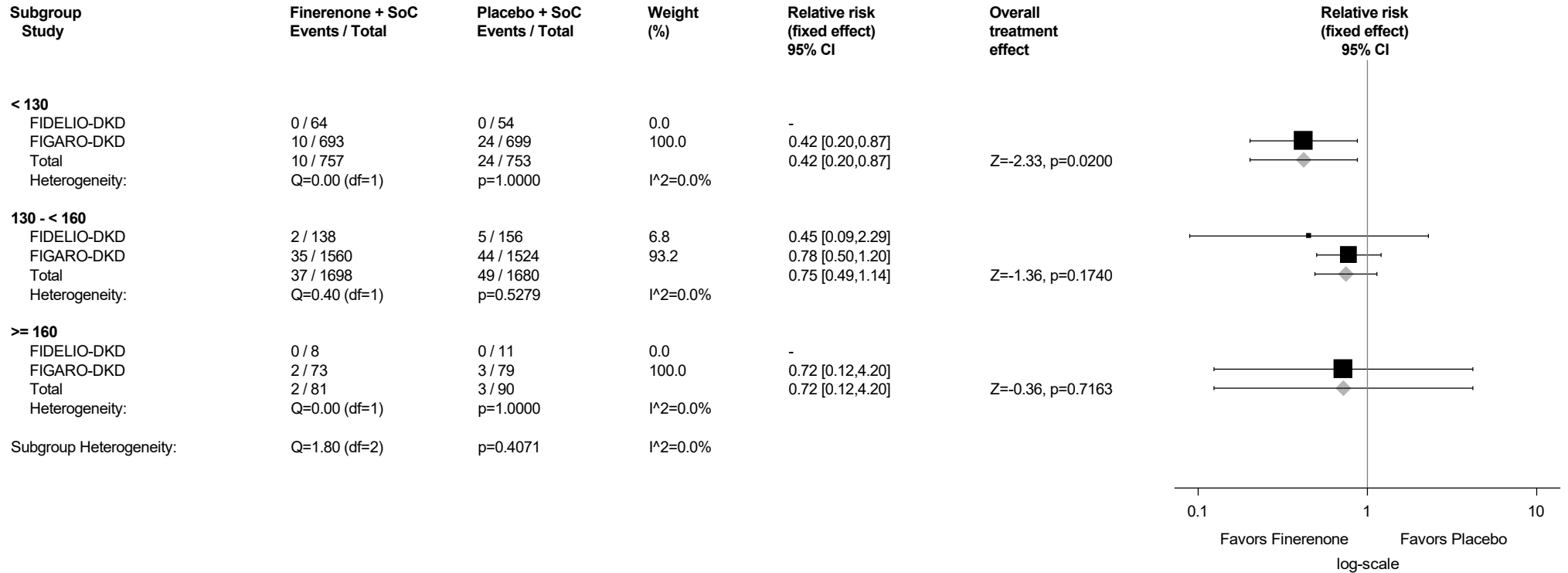
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.133.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



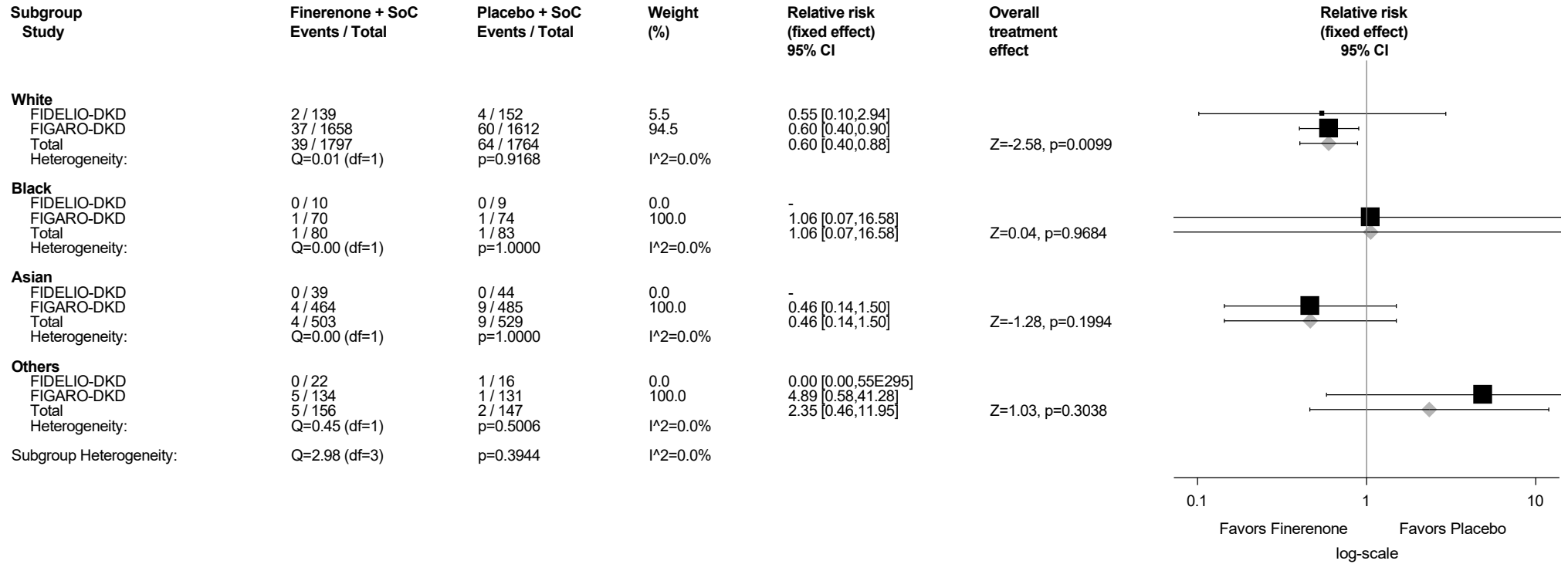
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.133.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



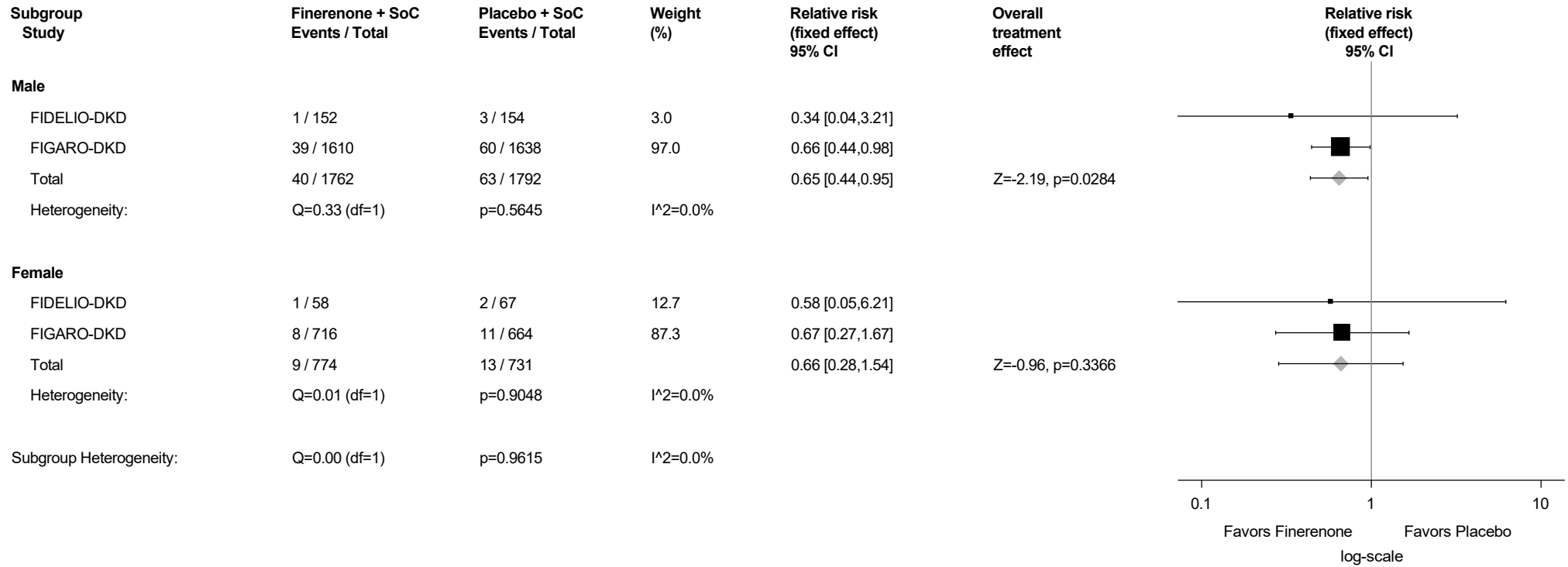
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.133.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



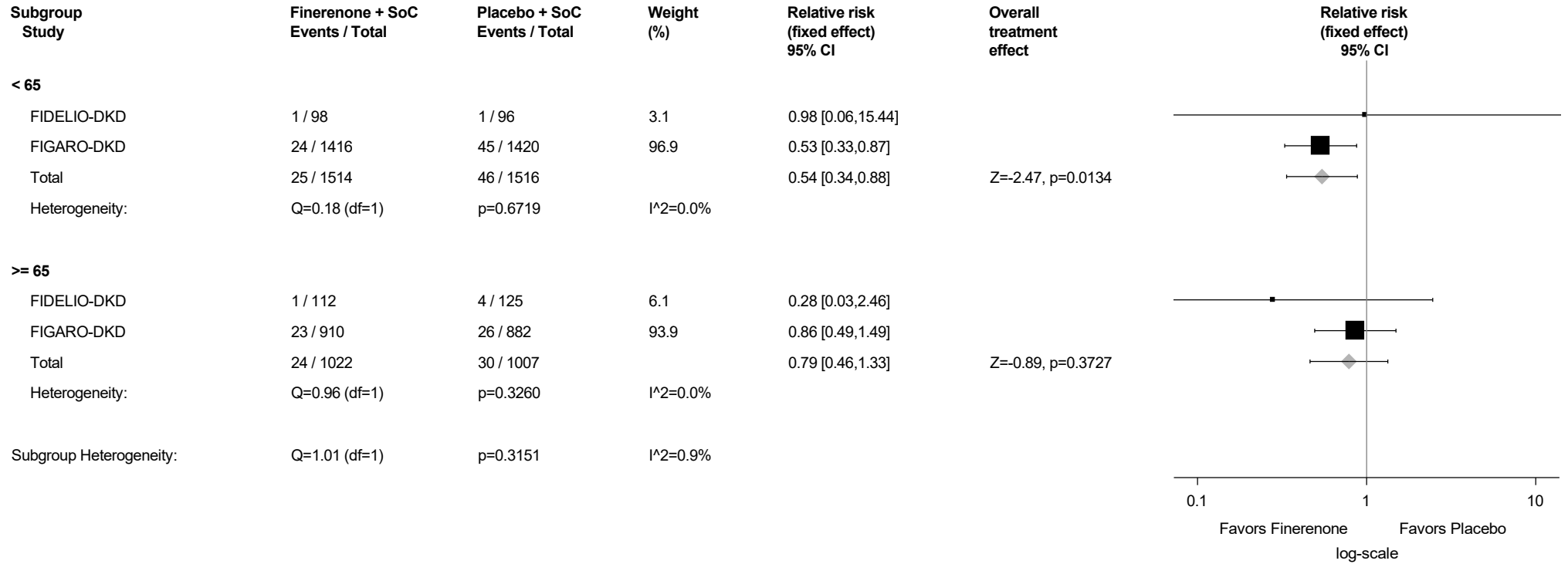
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.133.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



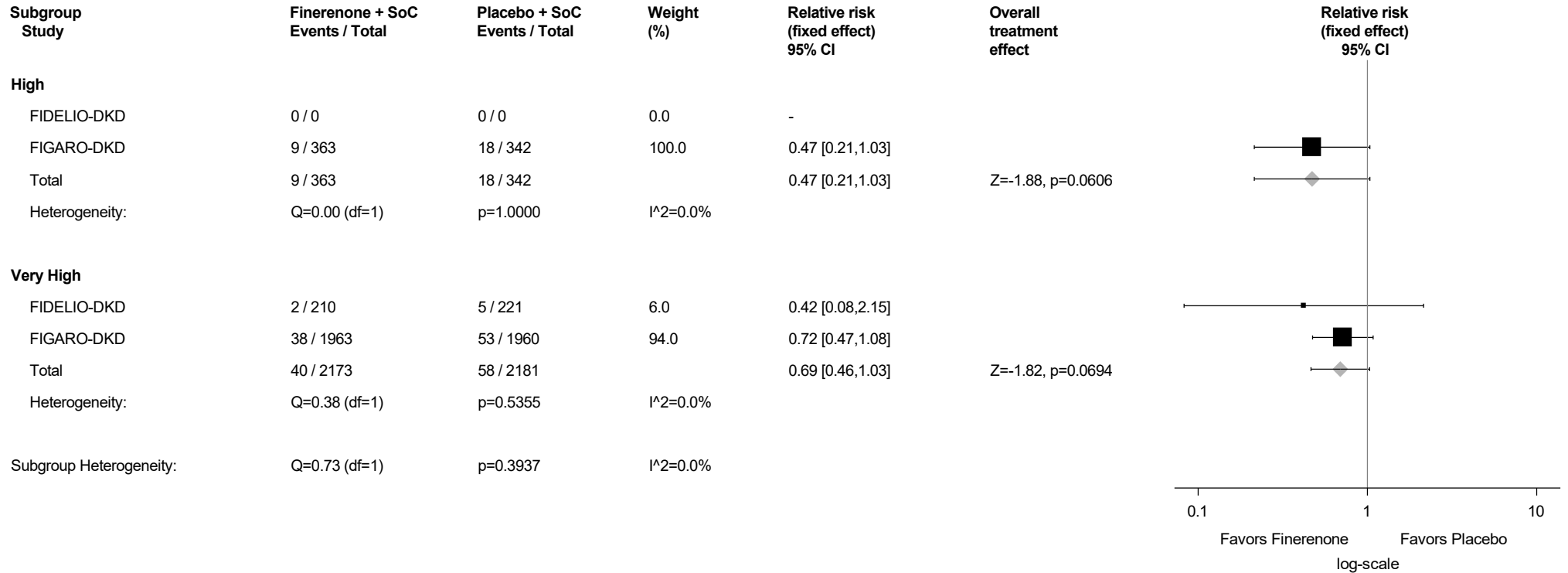
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.133.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



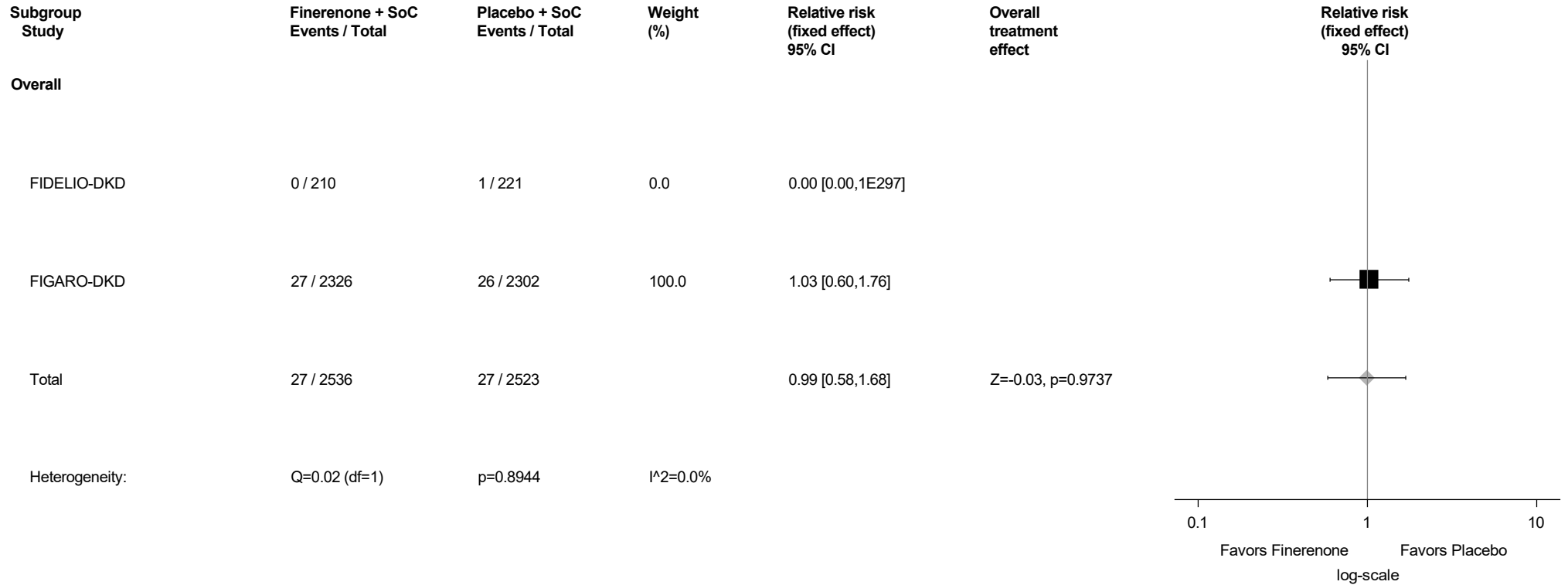
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.134: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



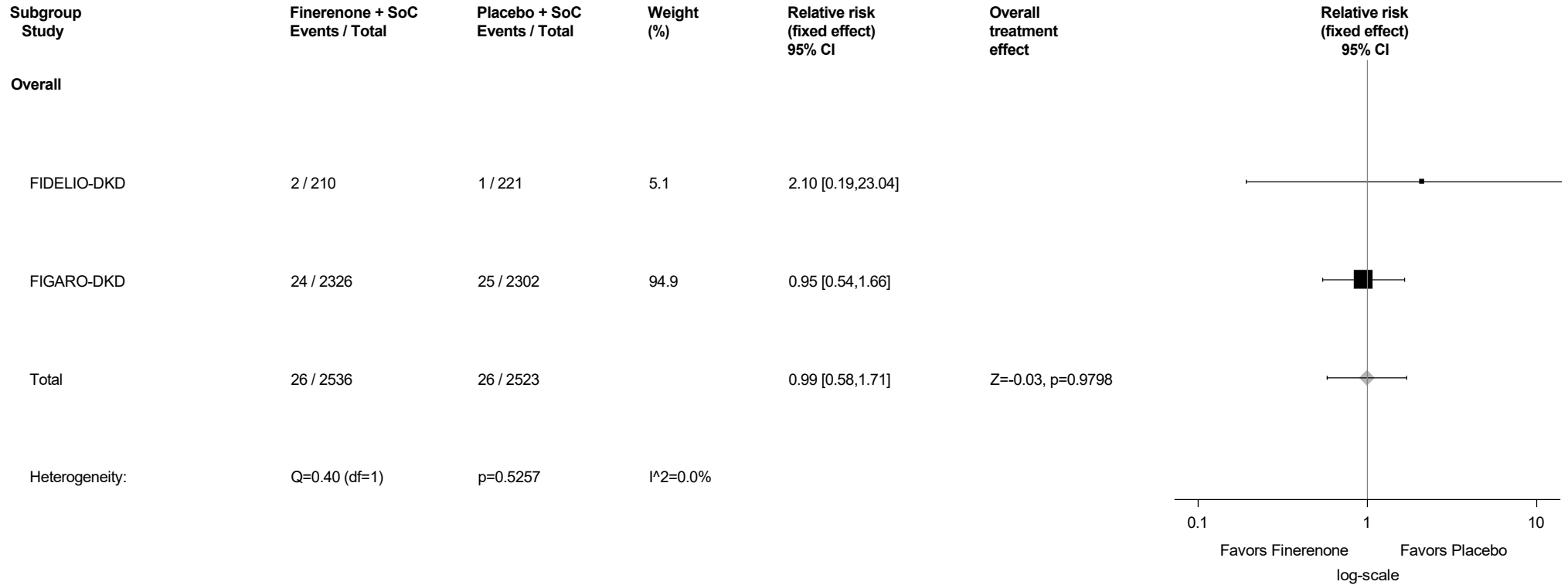
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.135: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



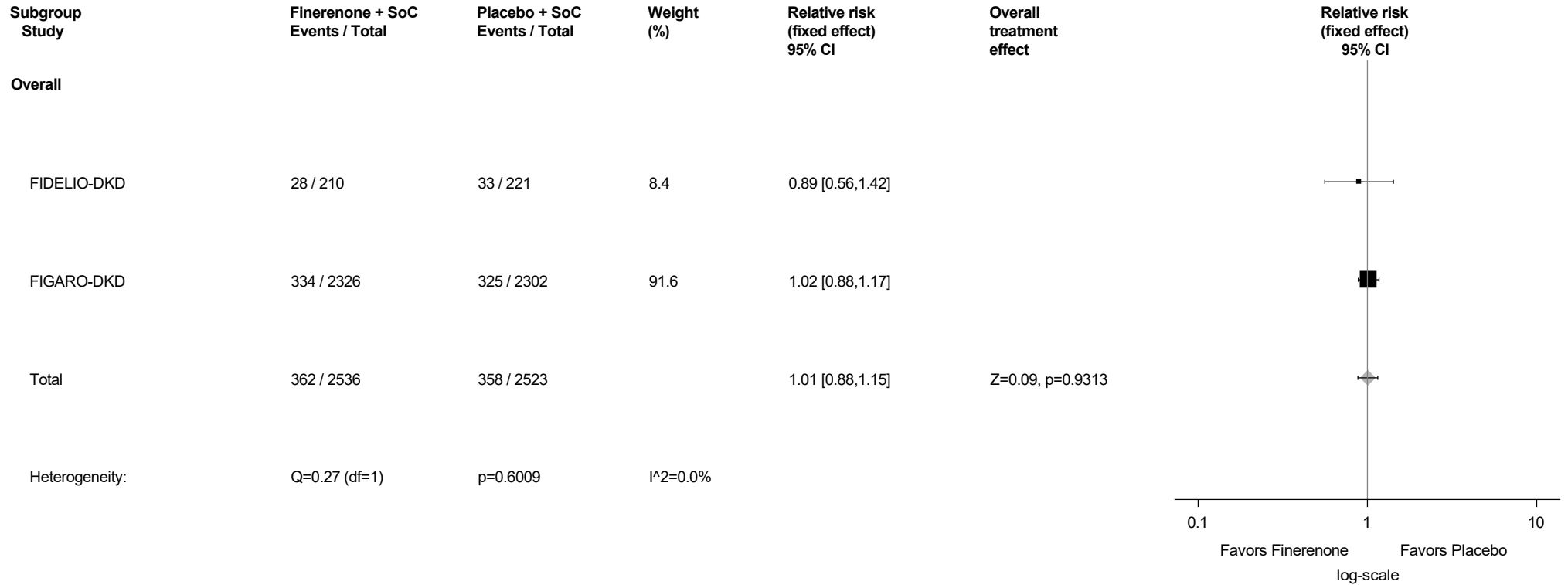
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.136: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



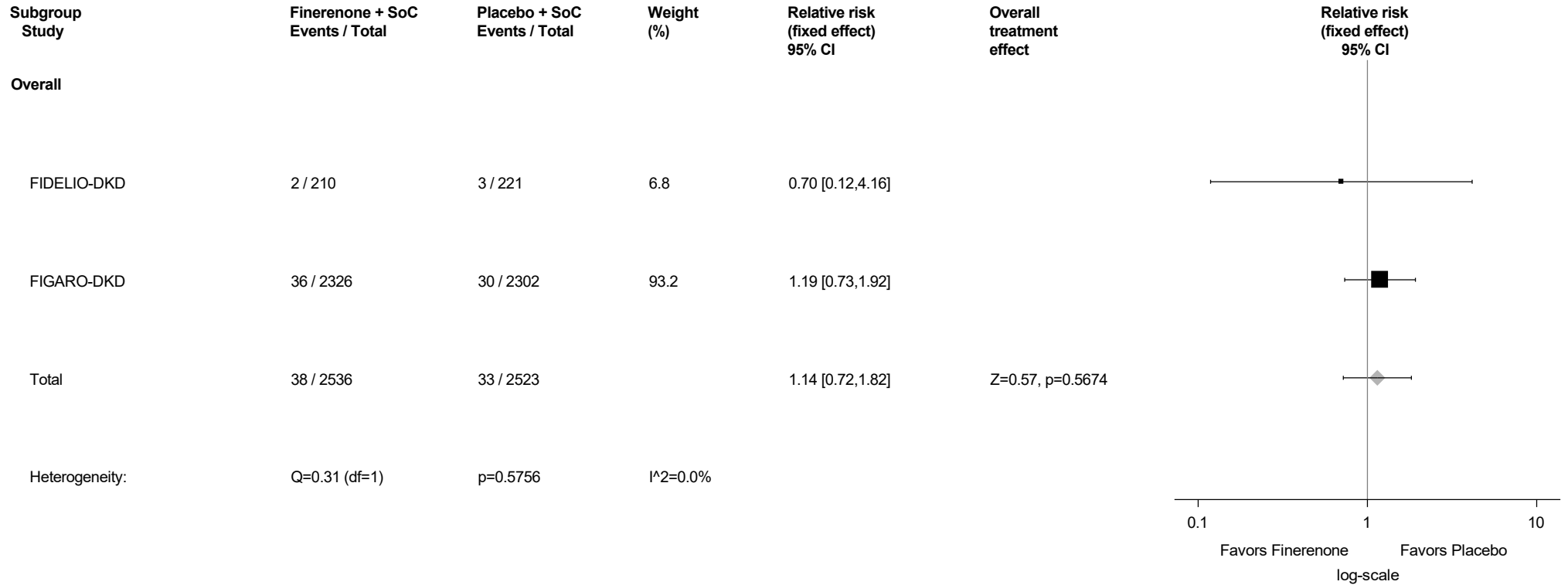
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.137: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



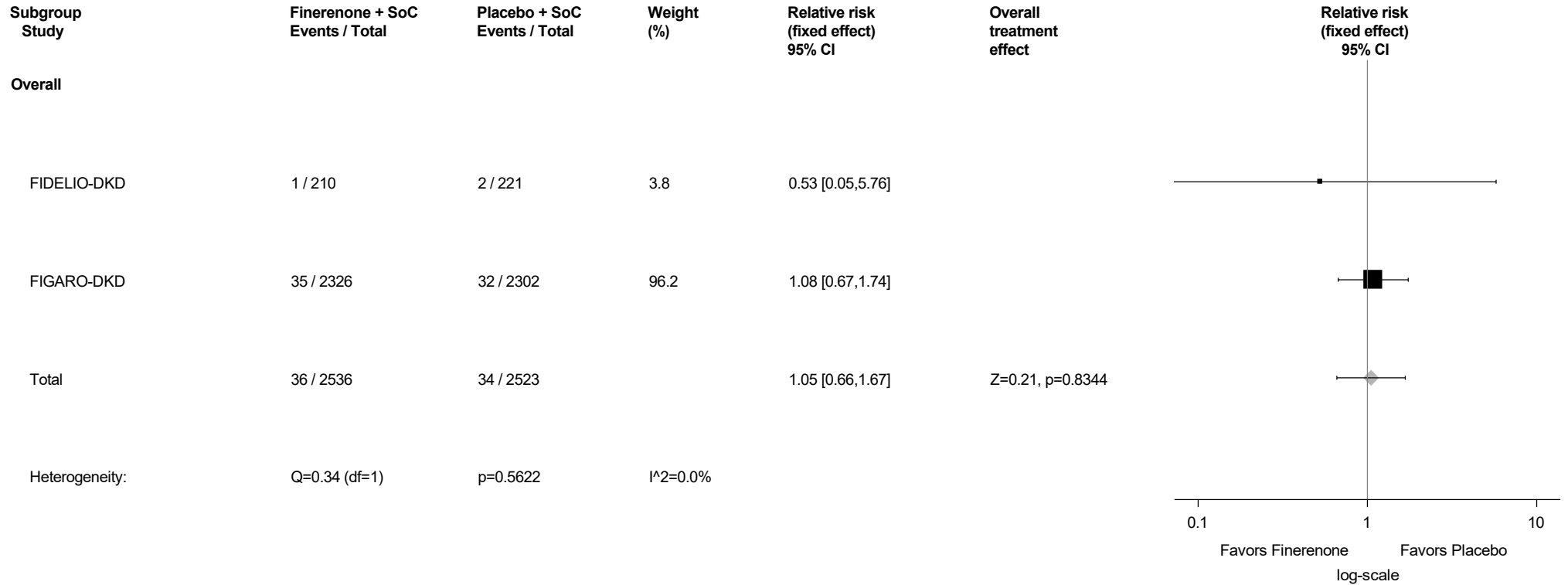
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.138: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



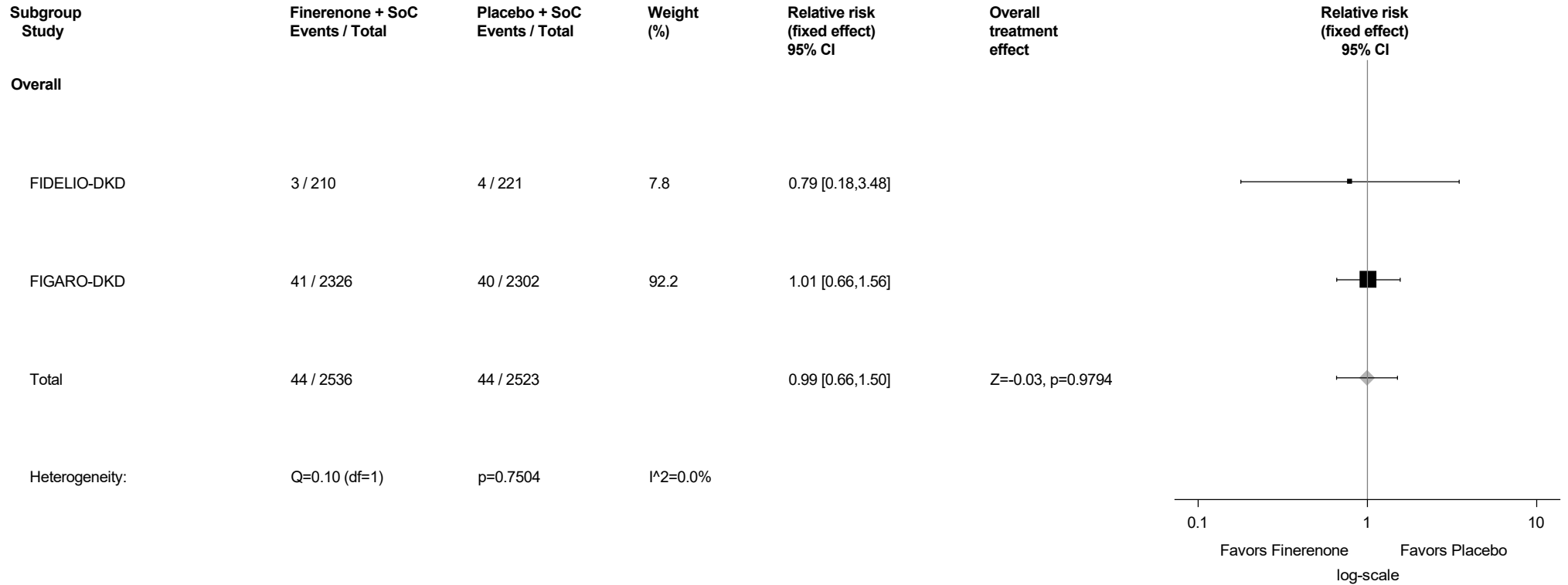
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.139: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



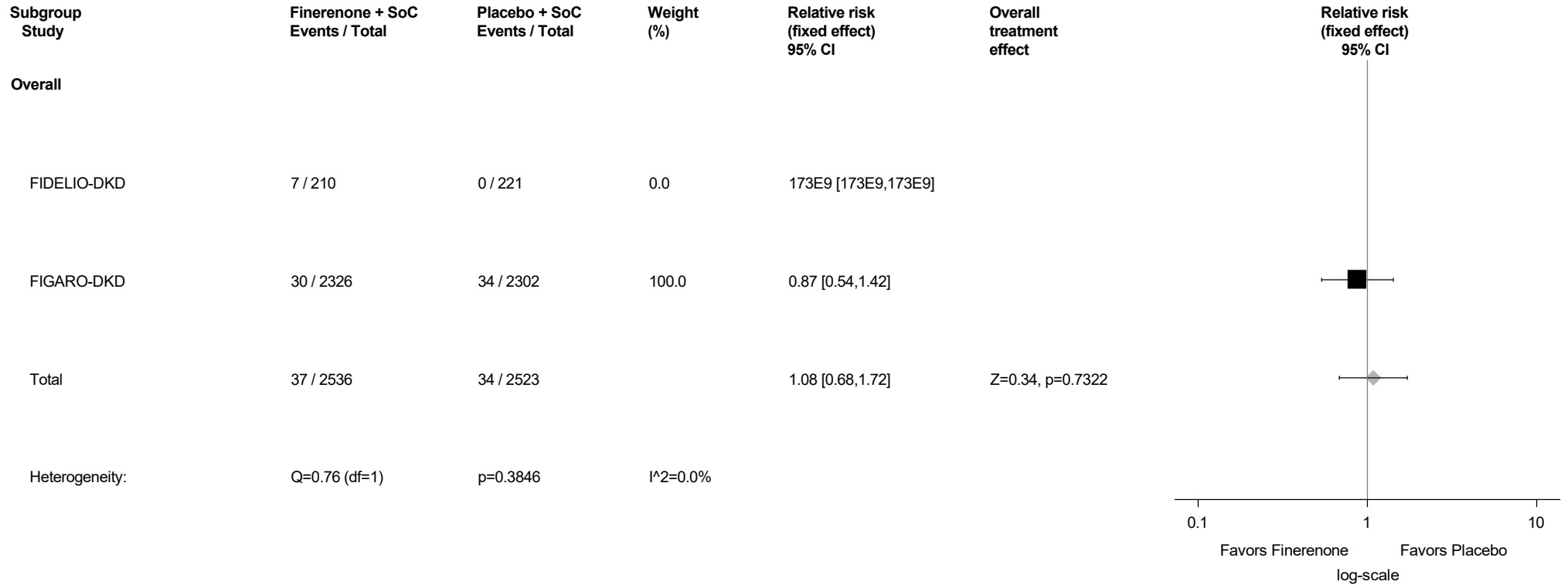
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.140: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



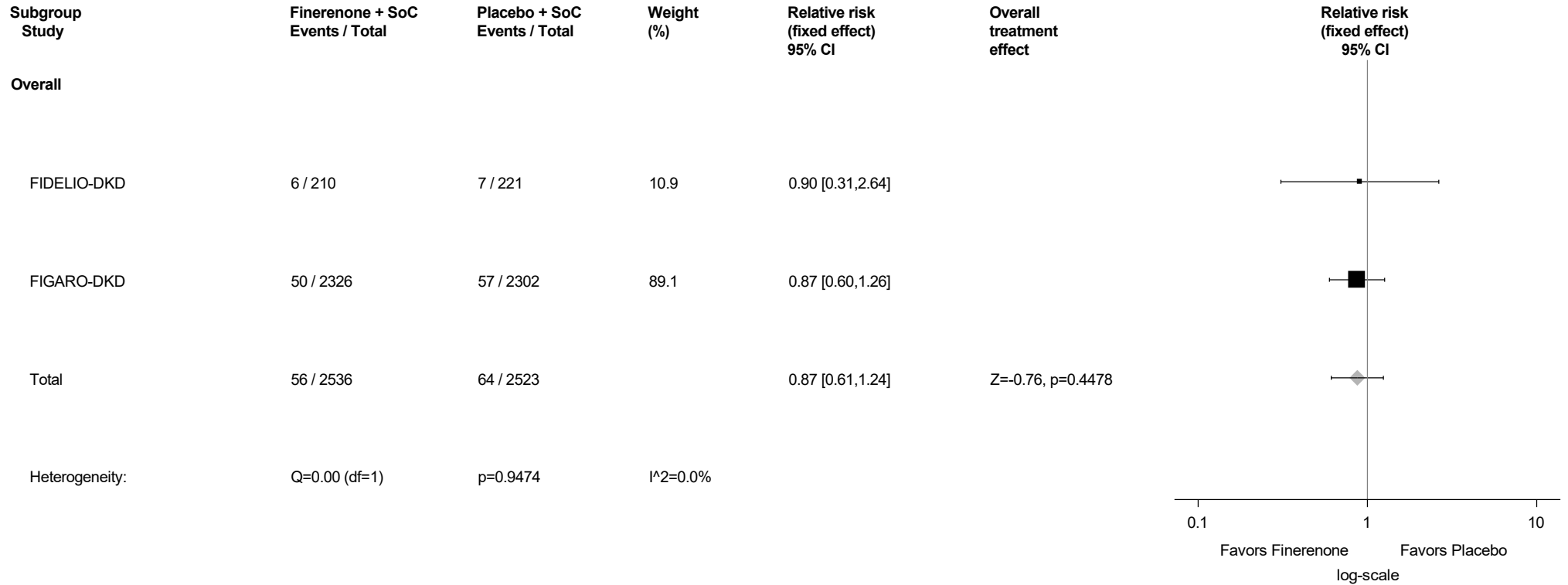
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.141: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



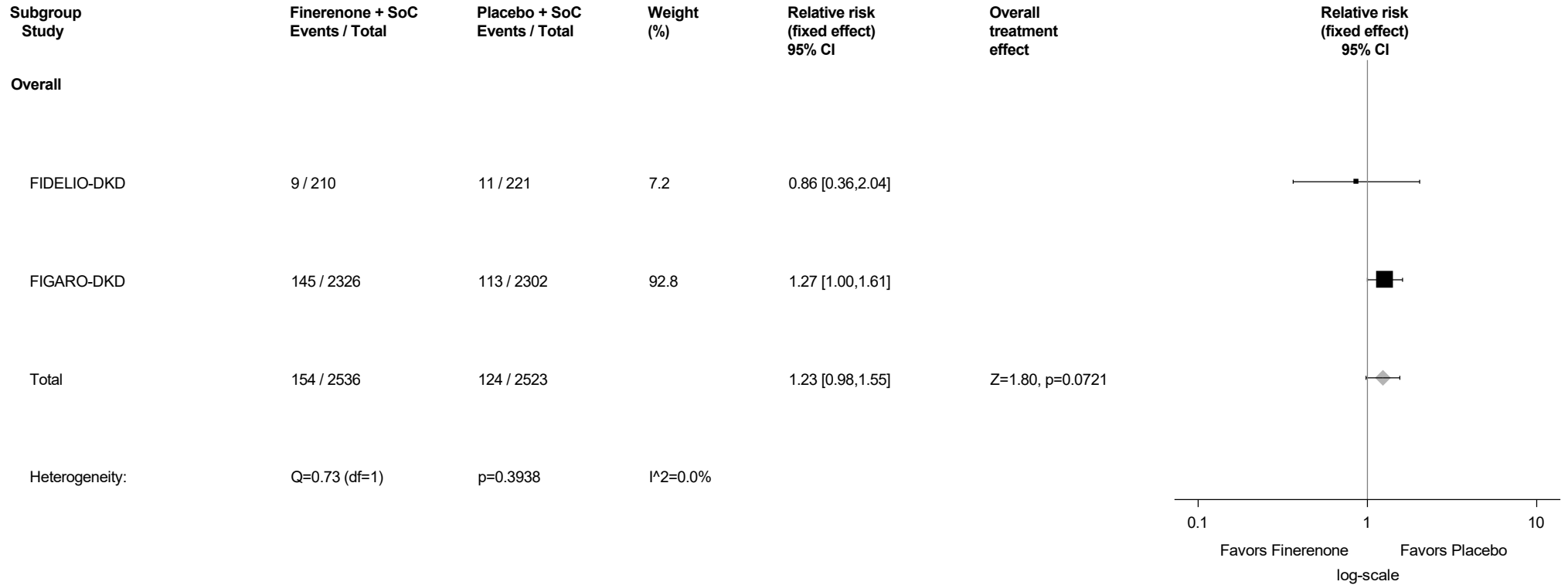
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.142: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



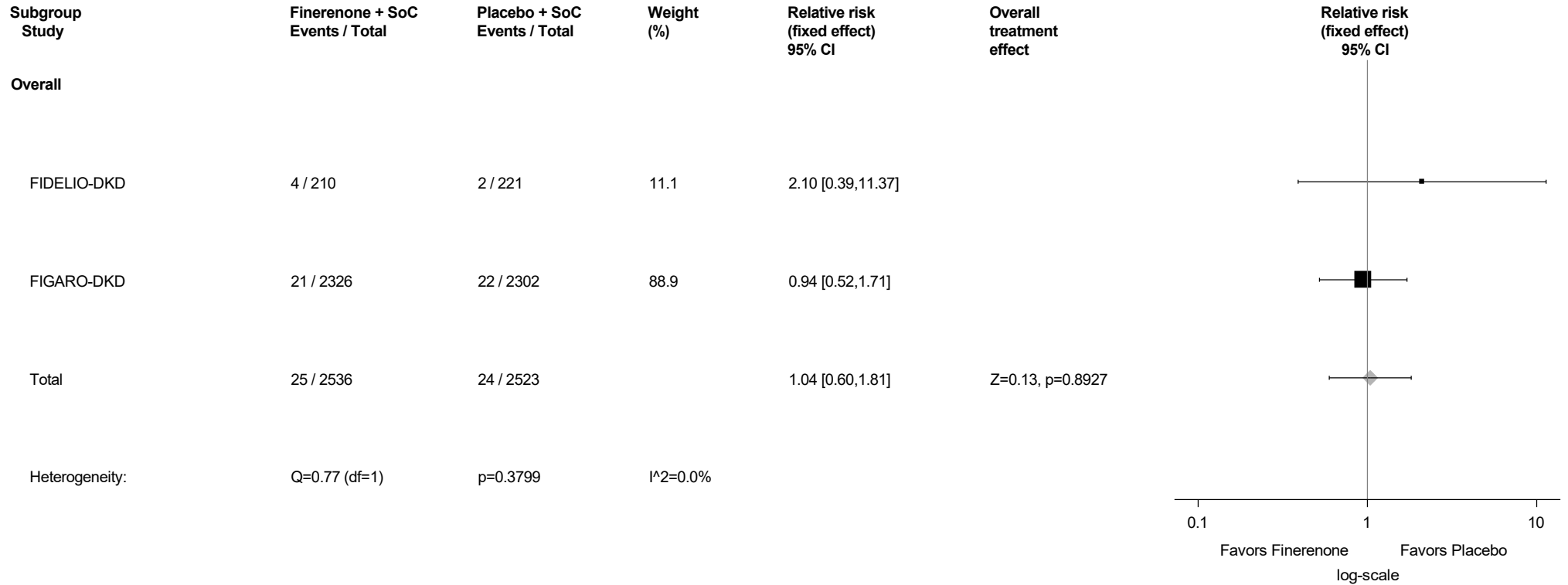
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.143: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



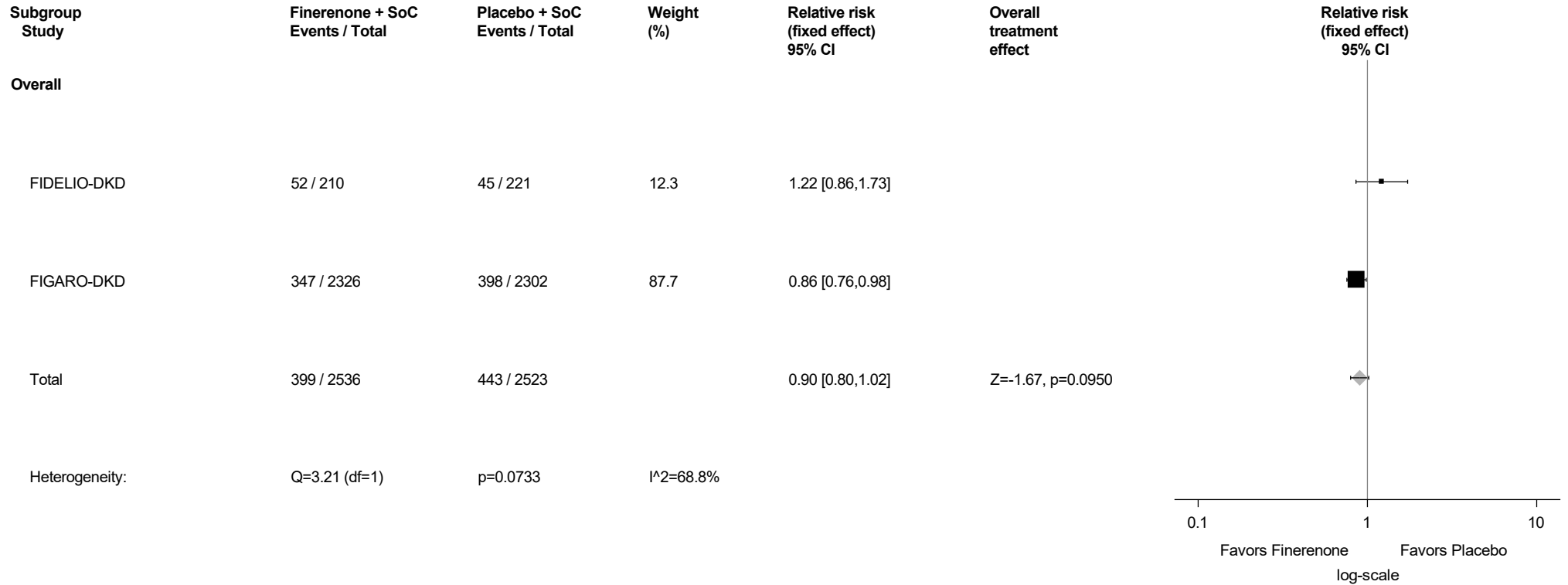
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.144: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



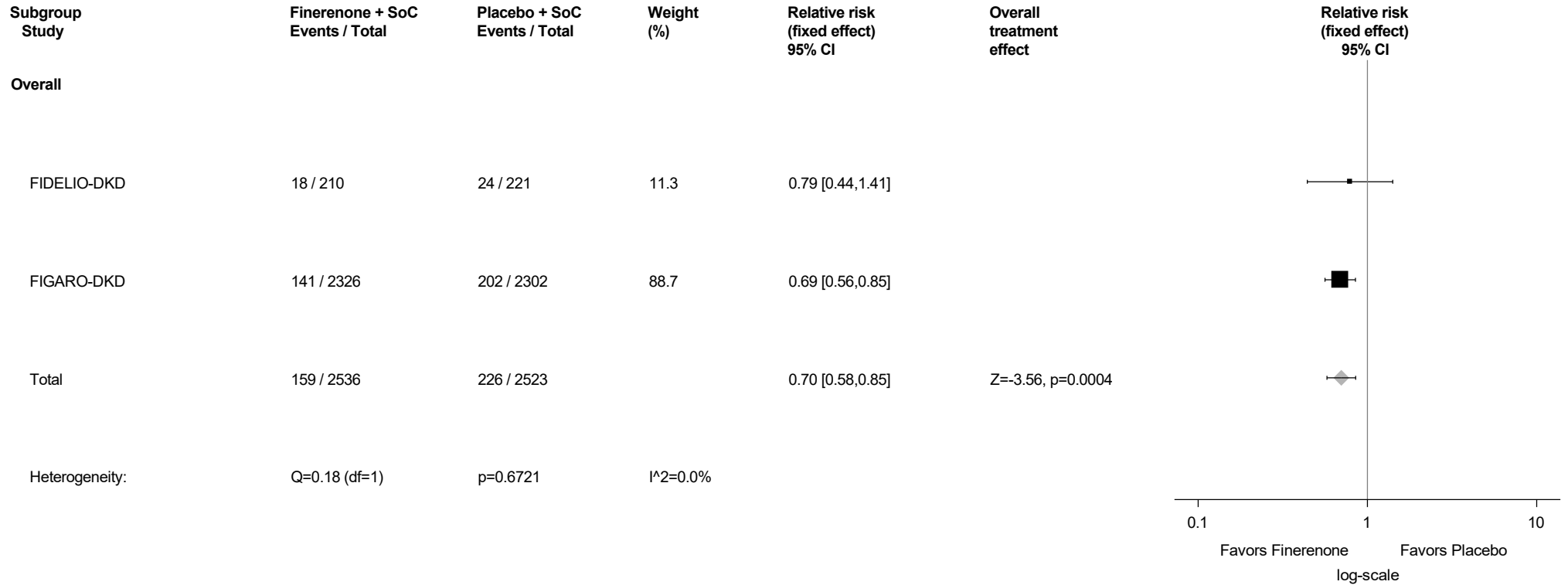
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.145: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



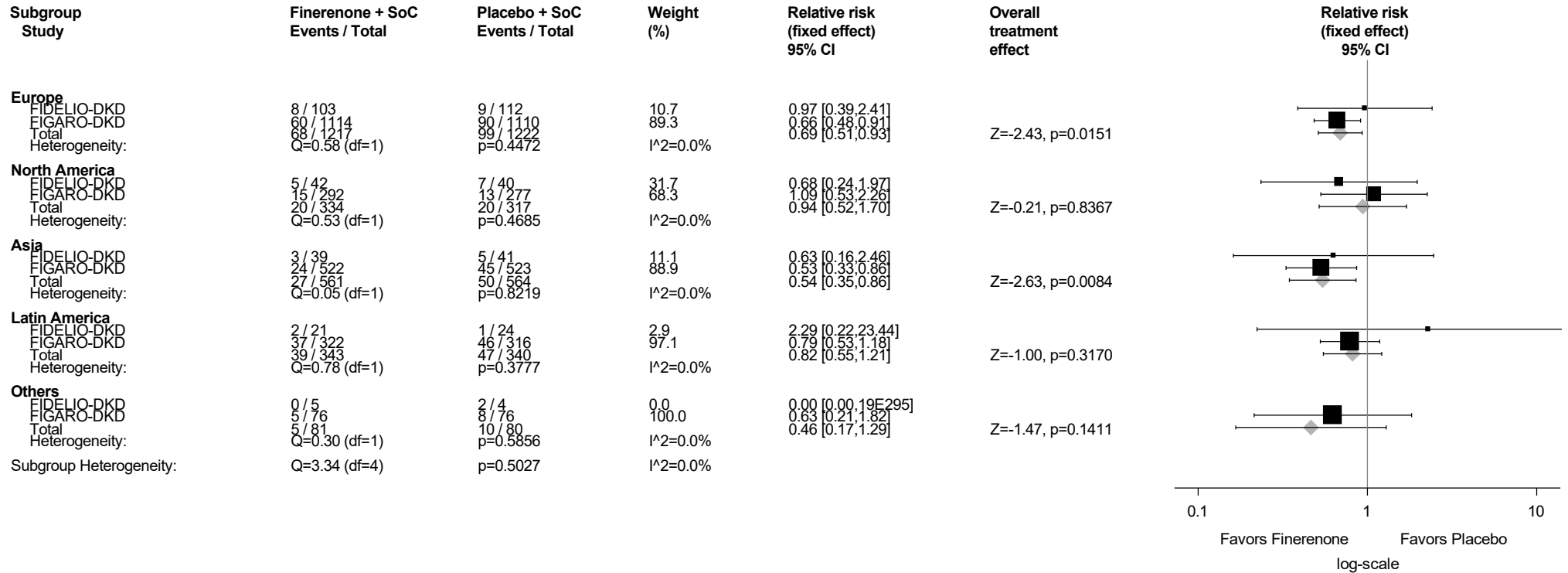
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.145.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



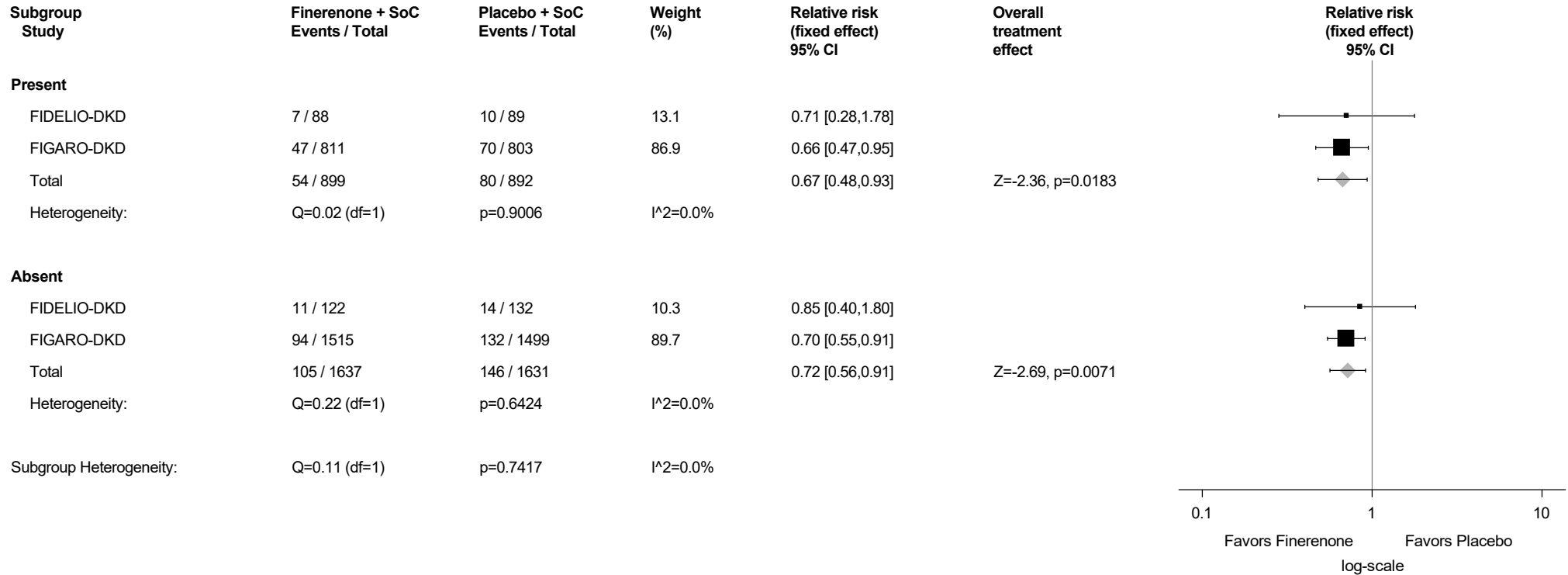
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.145.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



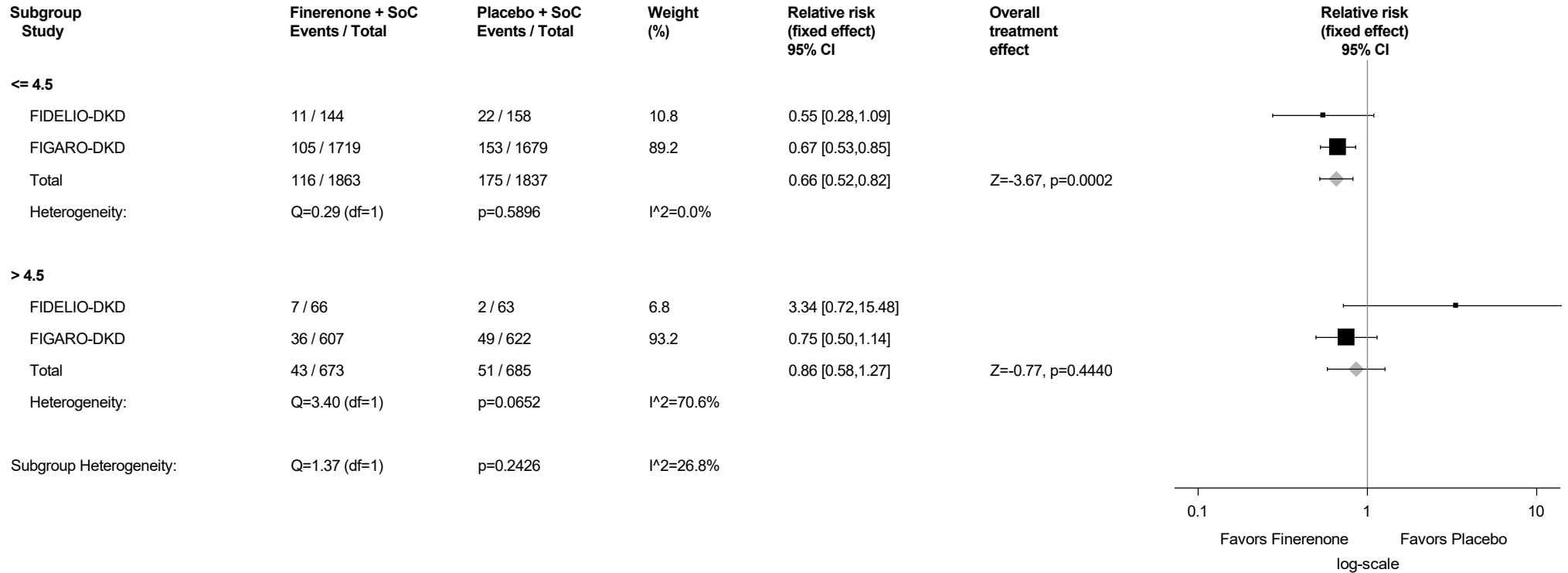
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.145.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

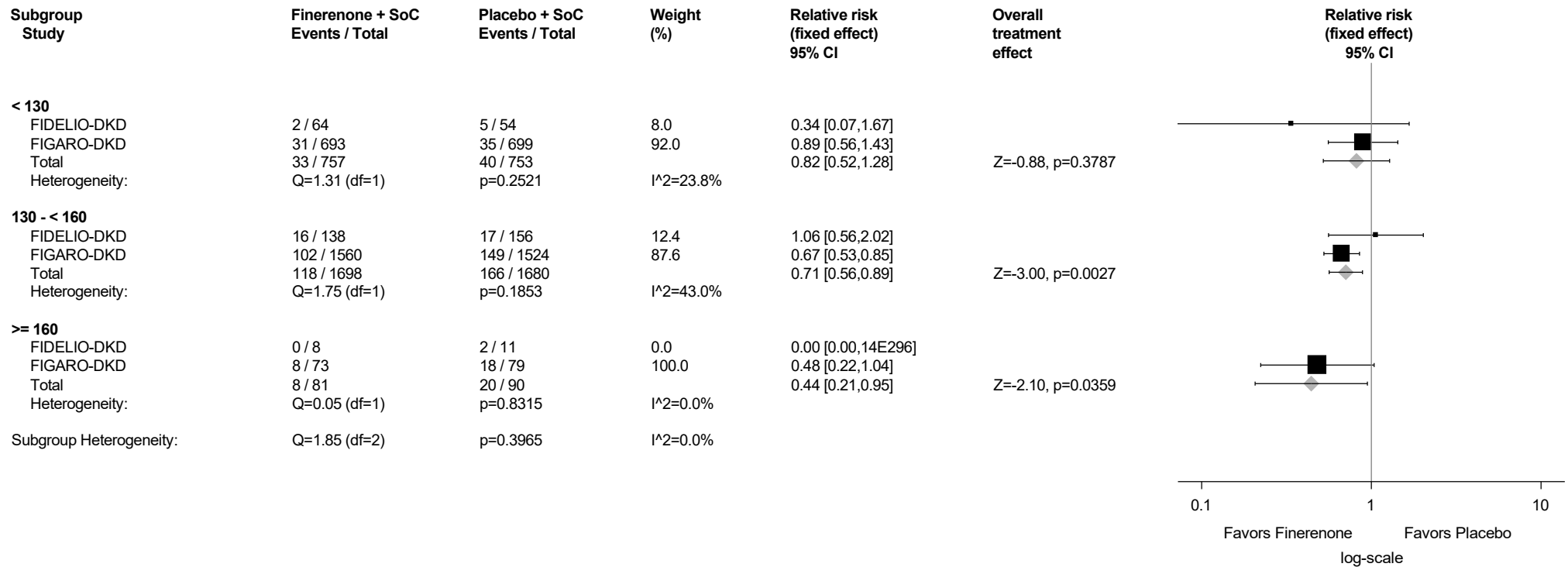
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.145.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



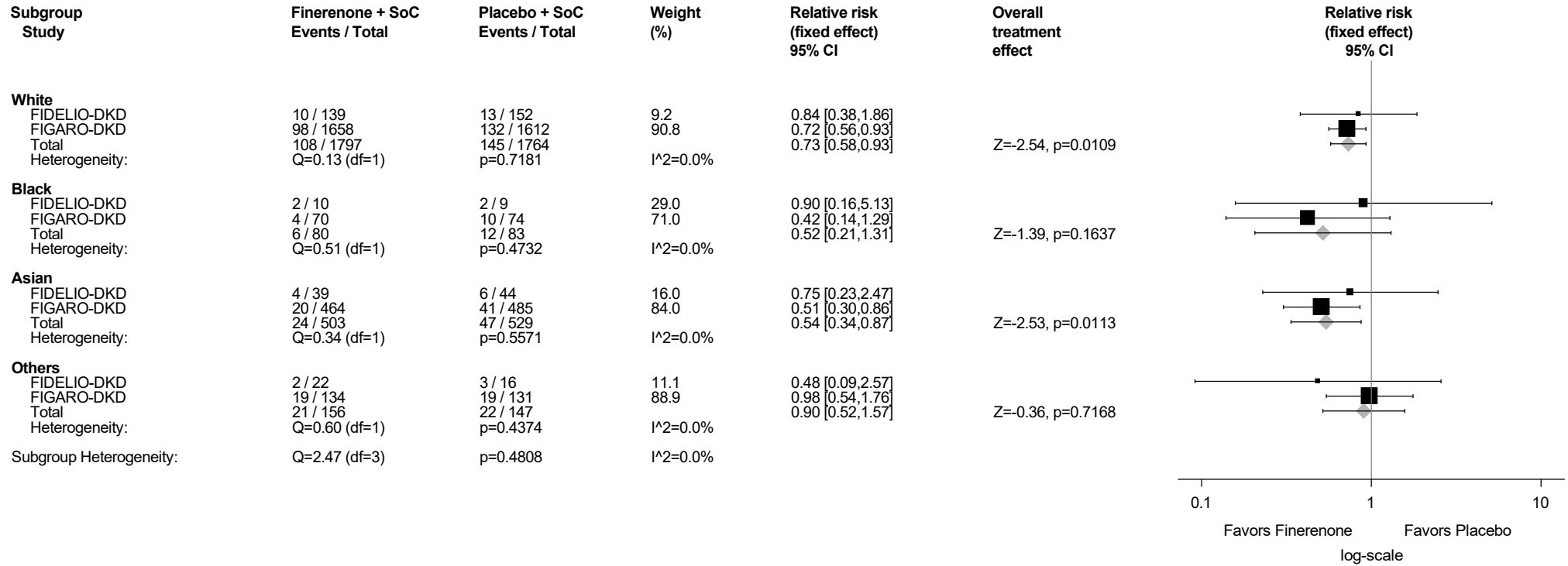
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.145.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



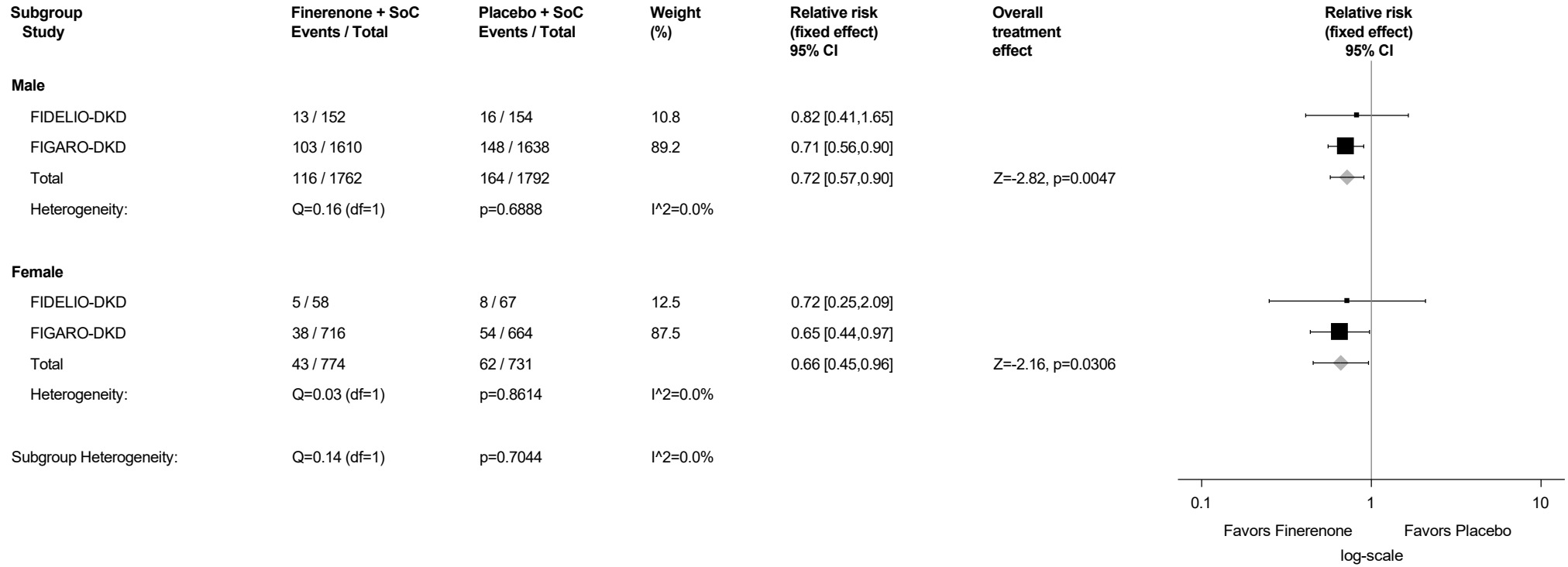
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.145.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



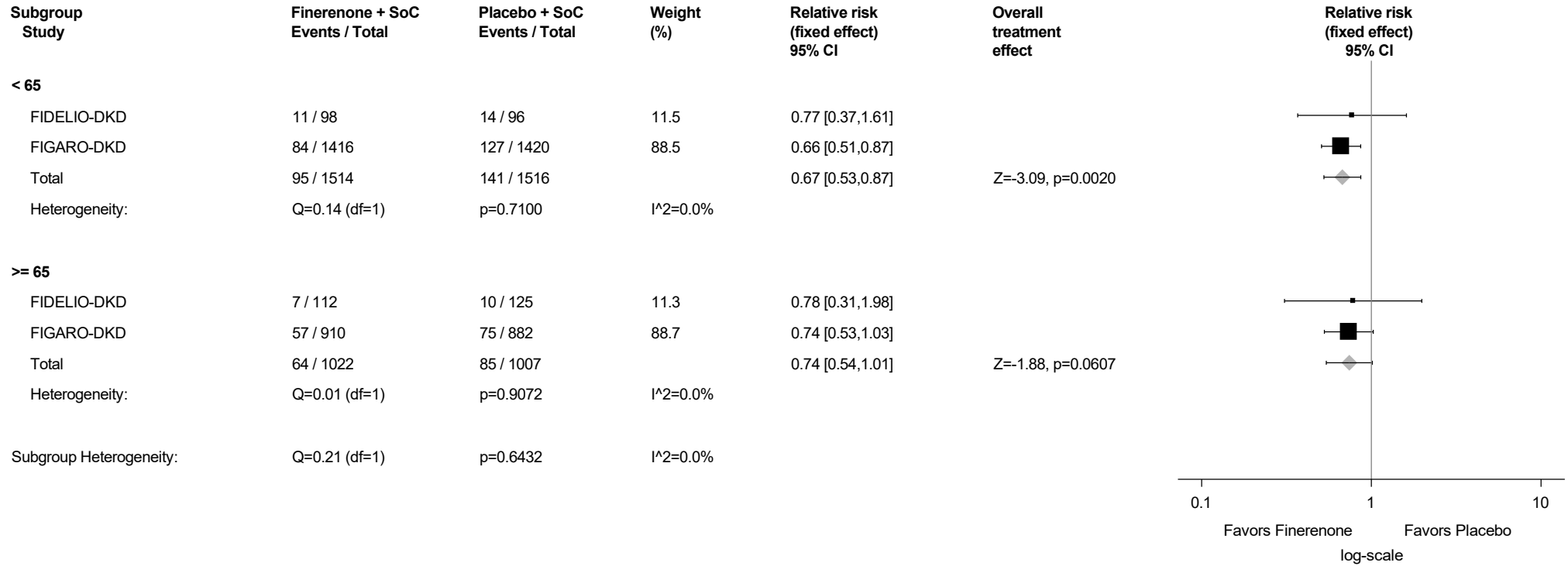
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.145.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



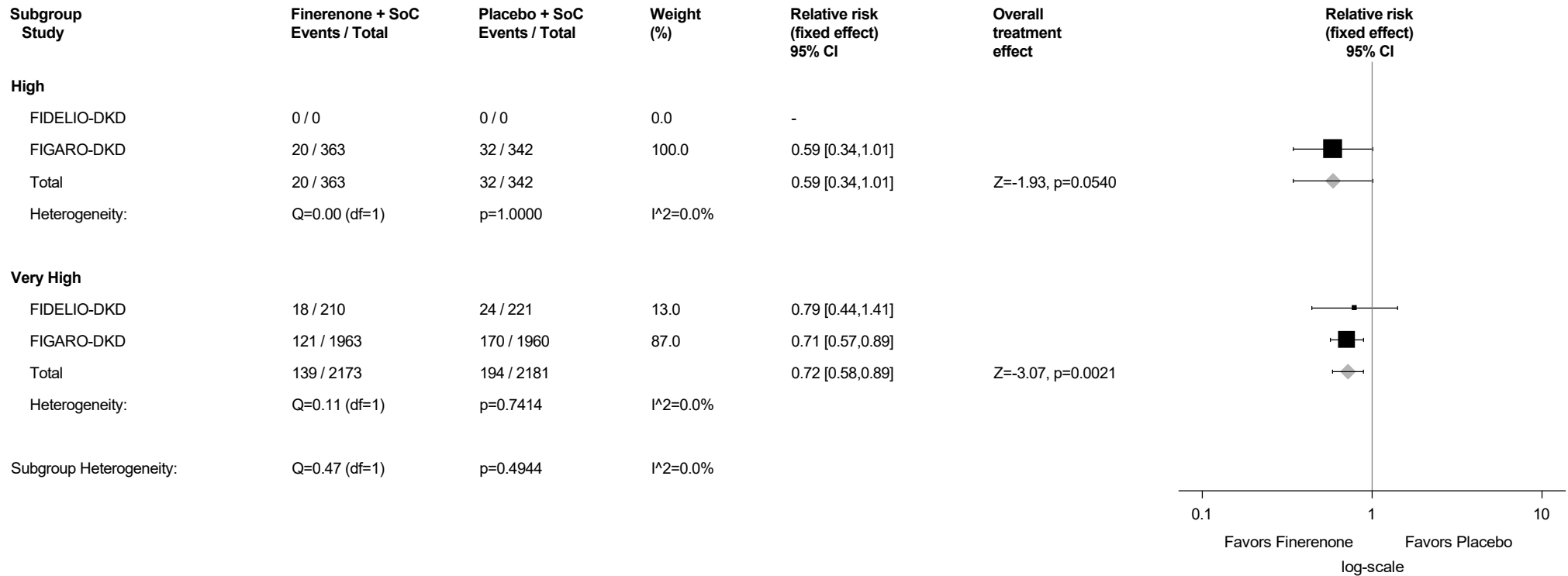
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.145.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



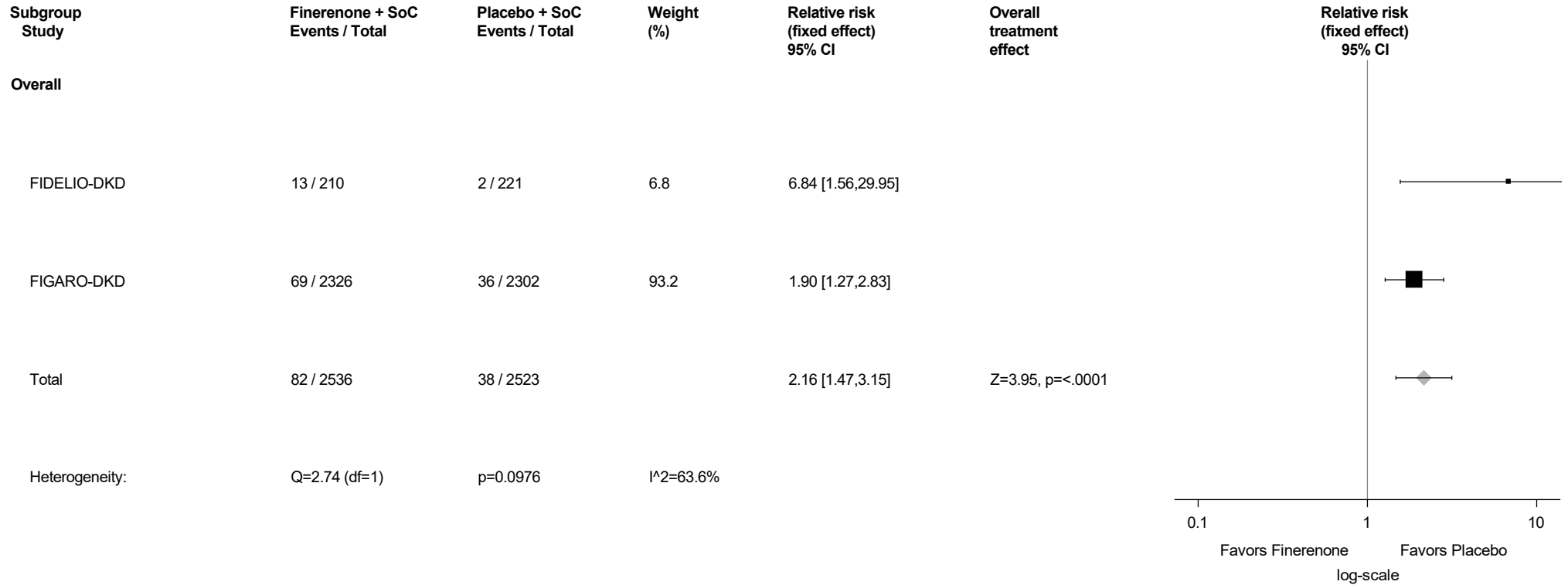
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.146: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



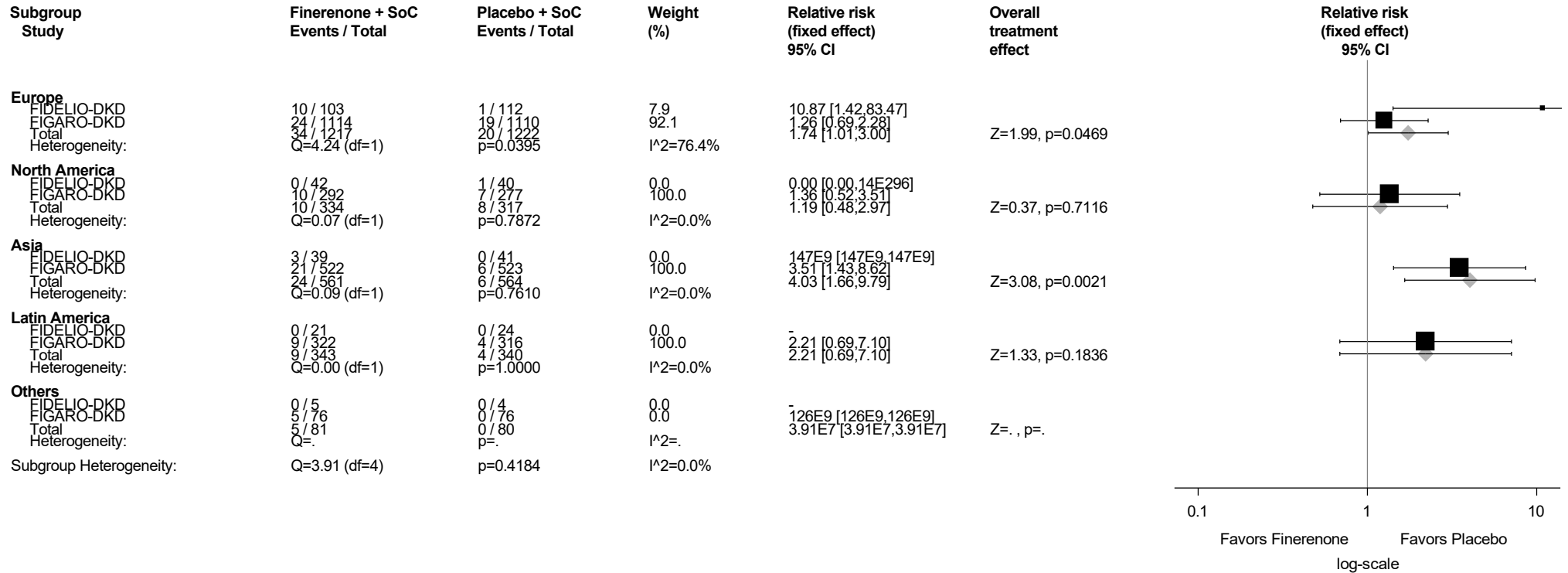
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.146.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



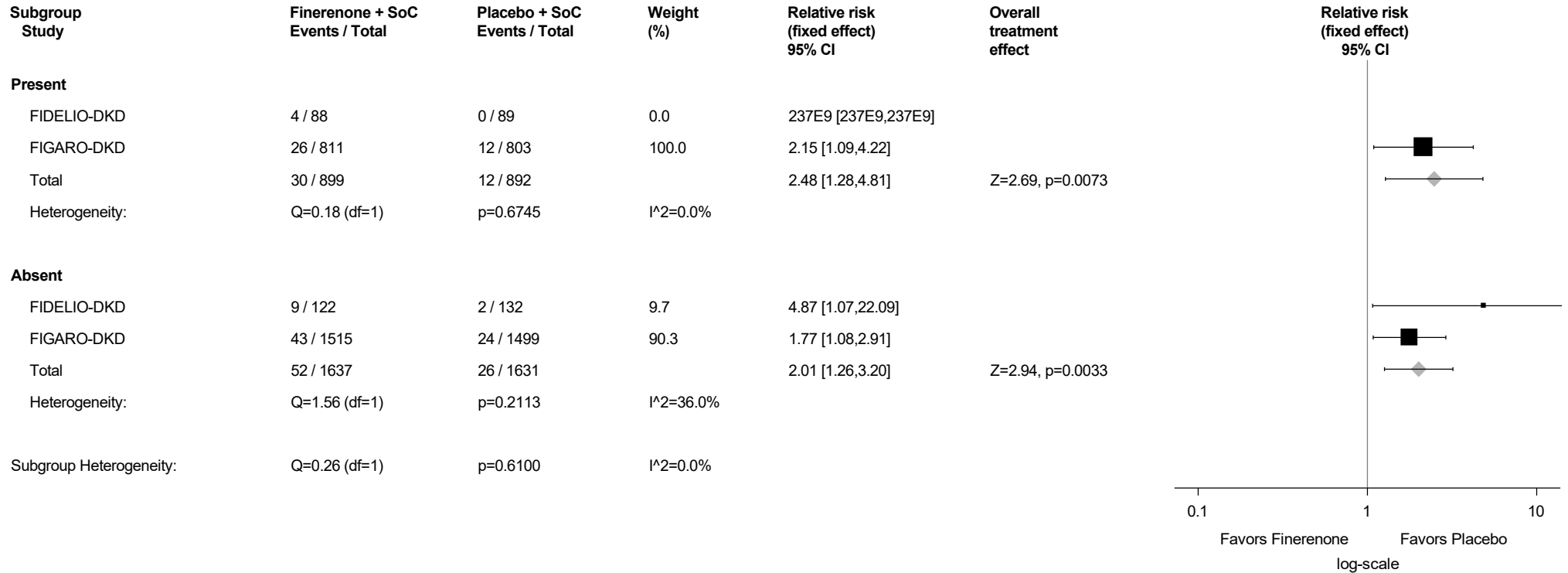
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.146.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



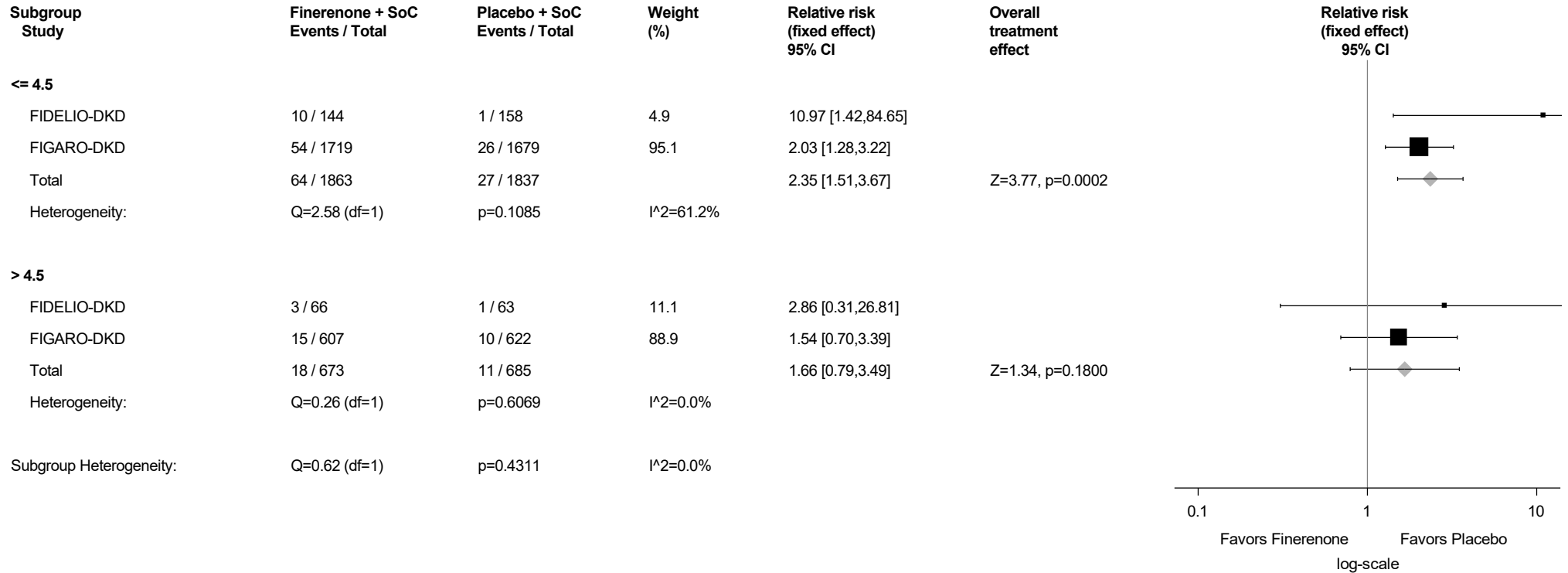
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.146.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

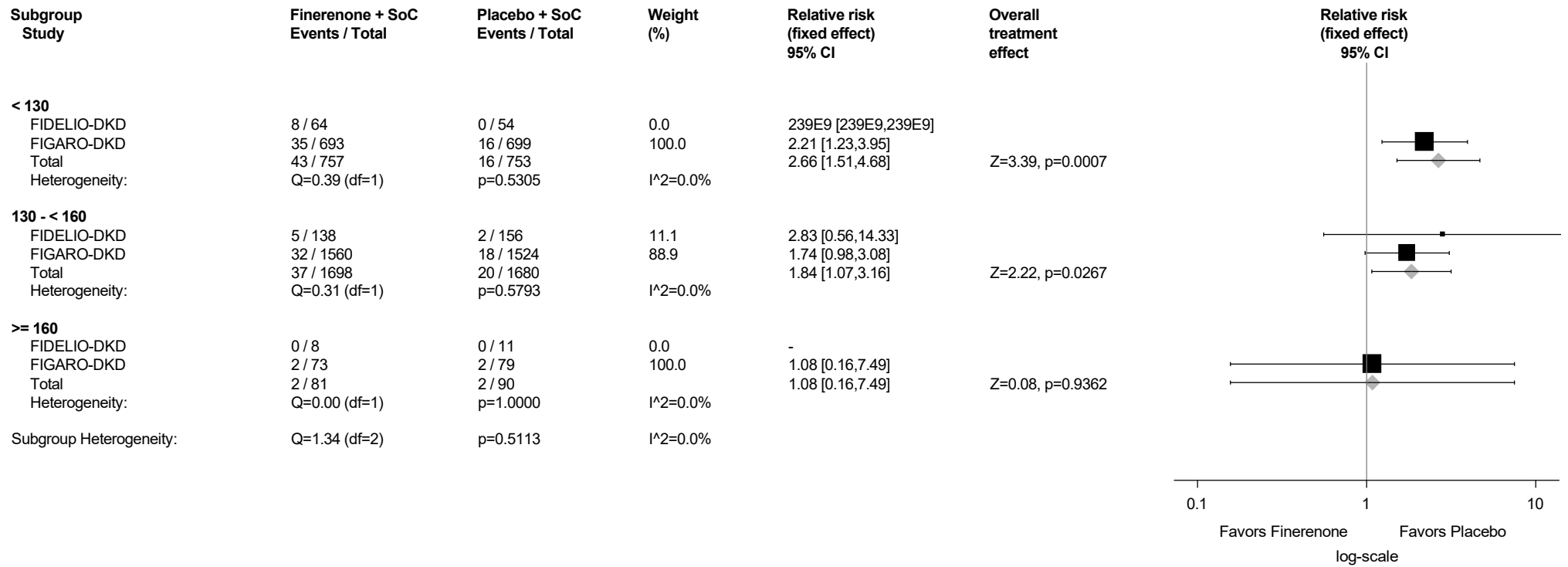
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.146.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



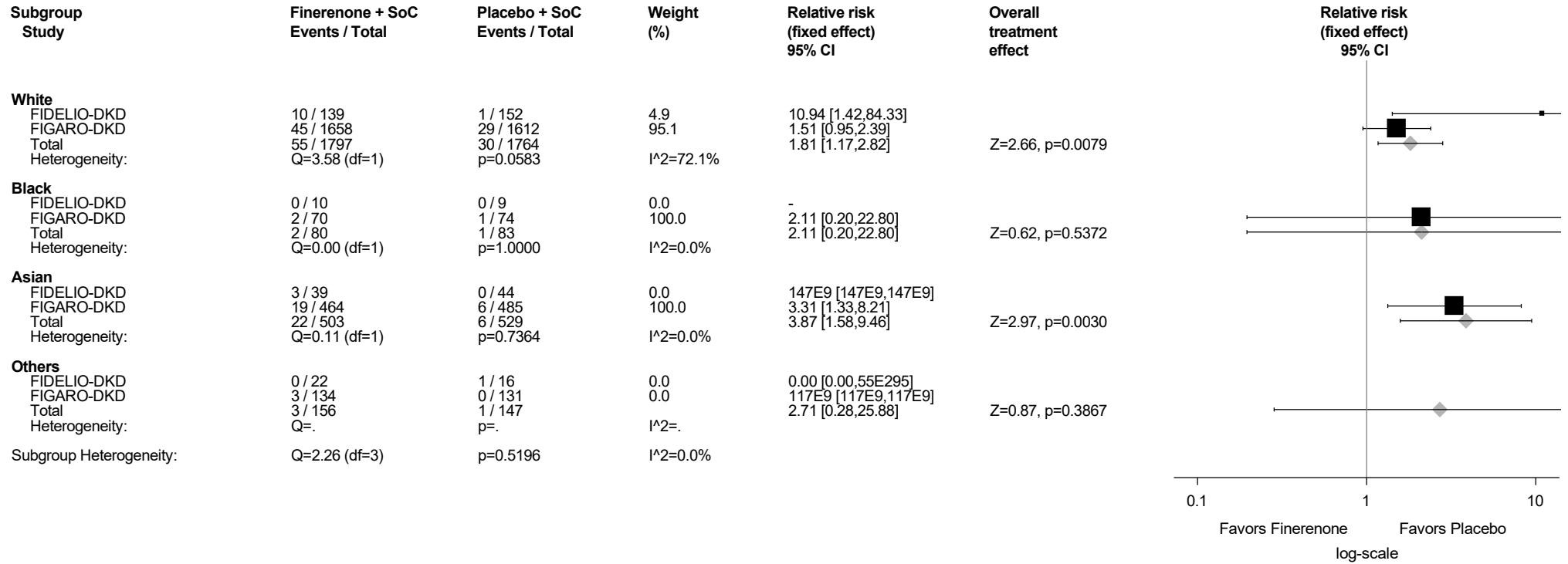
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.146.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



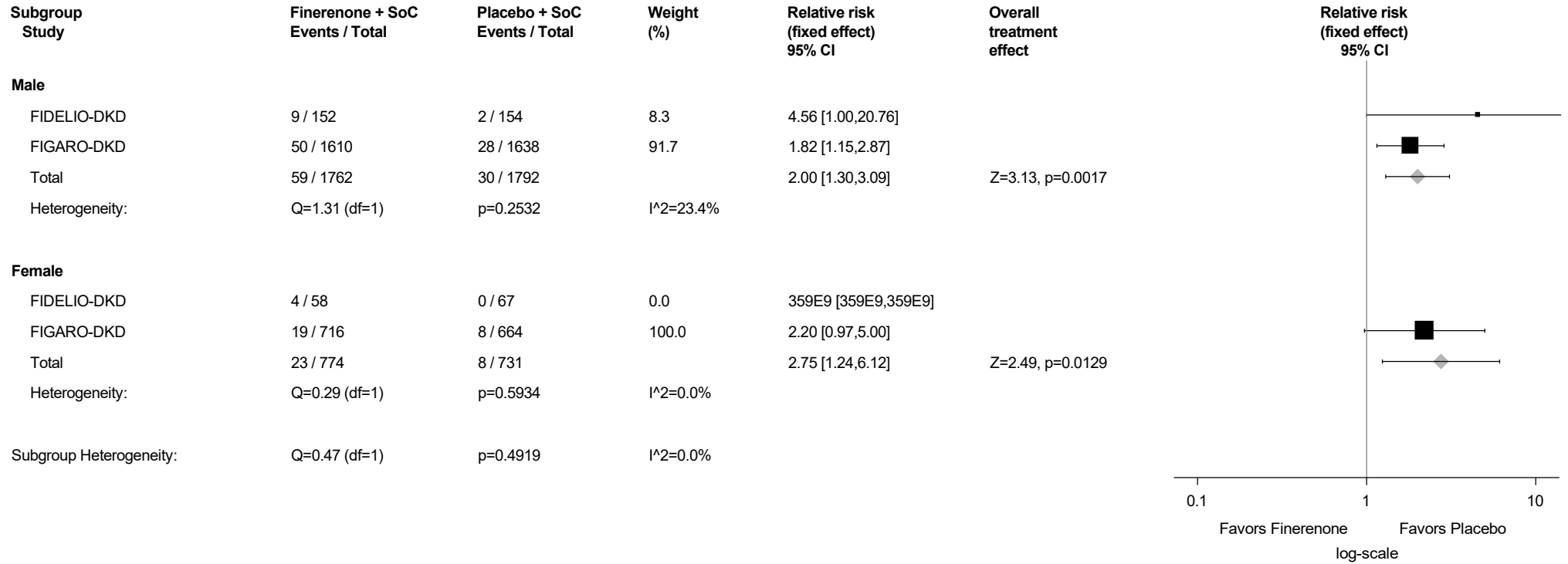
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.146.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



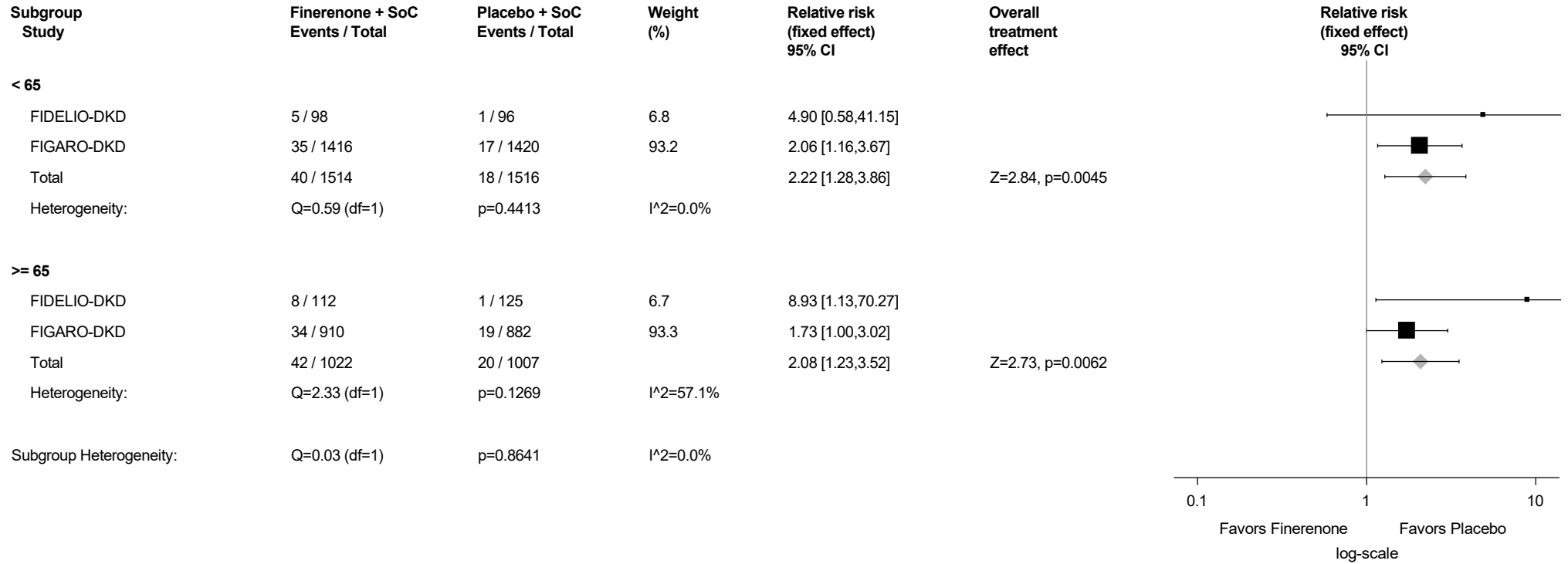
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.146.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



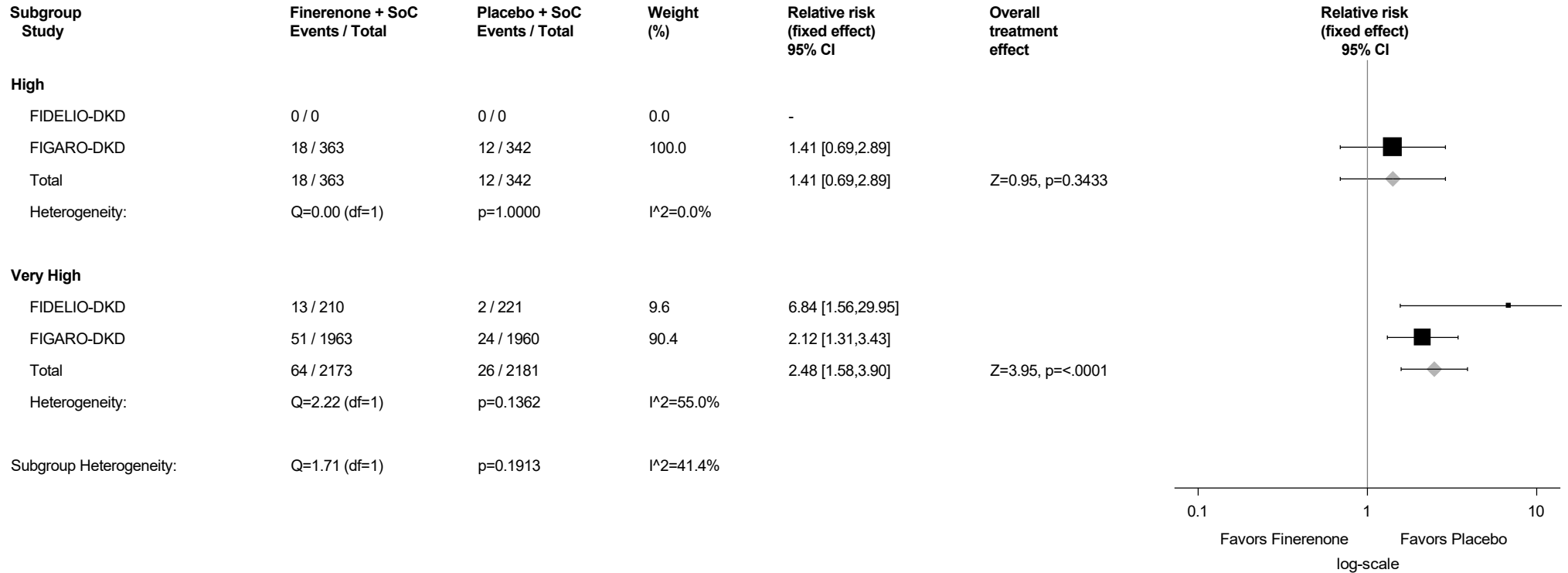
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.146.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



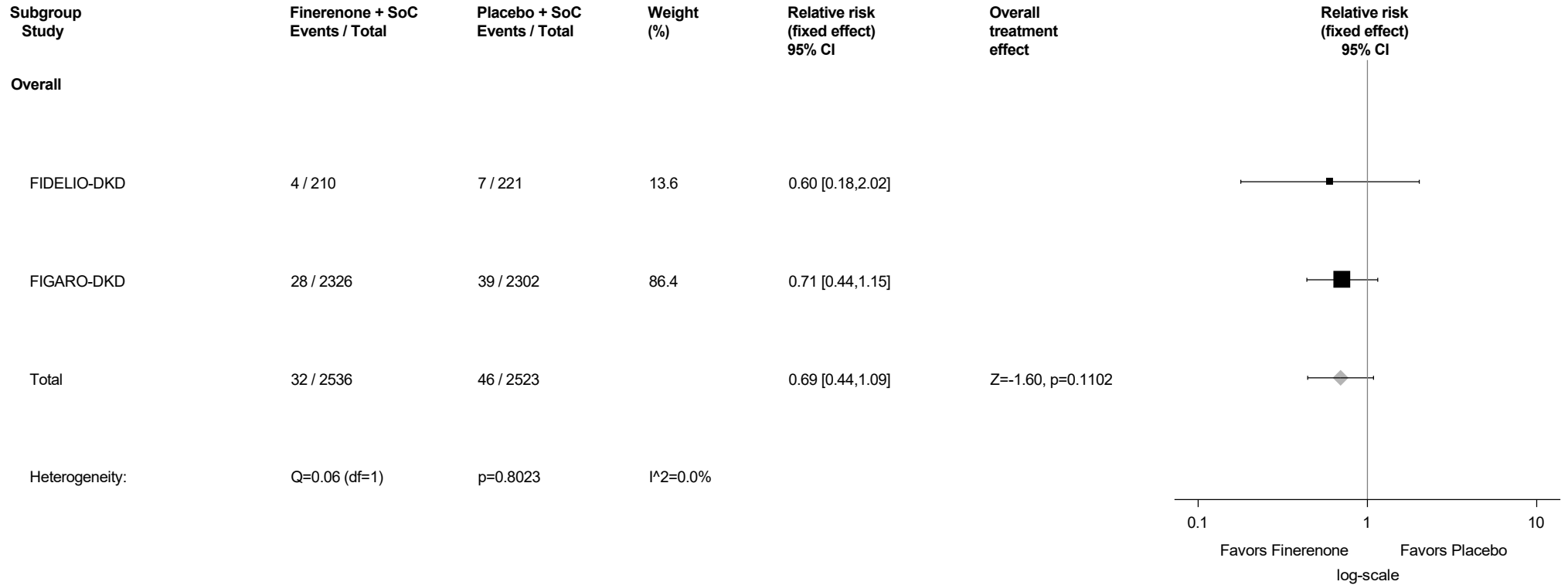
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.147: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



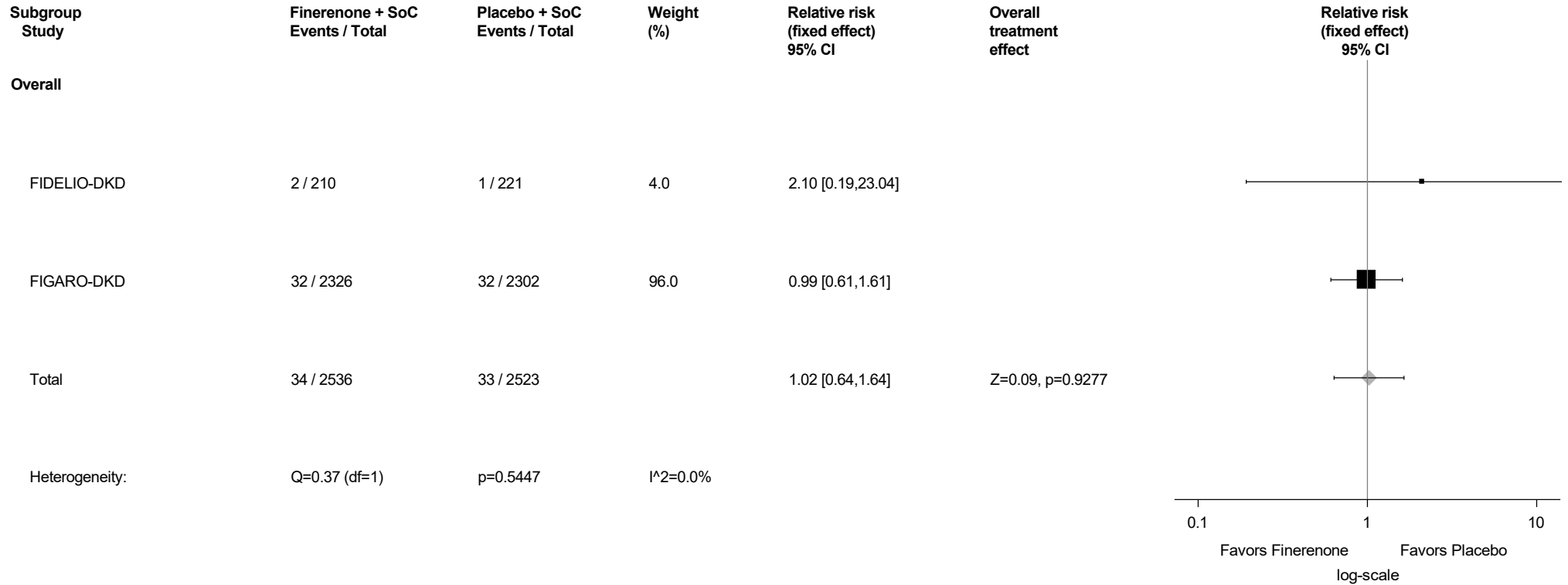
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.148: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



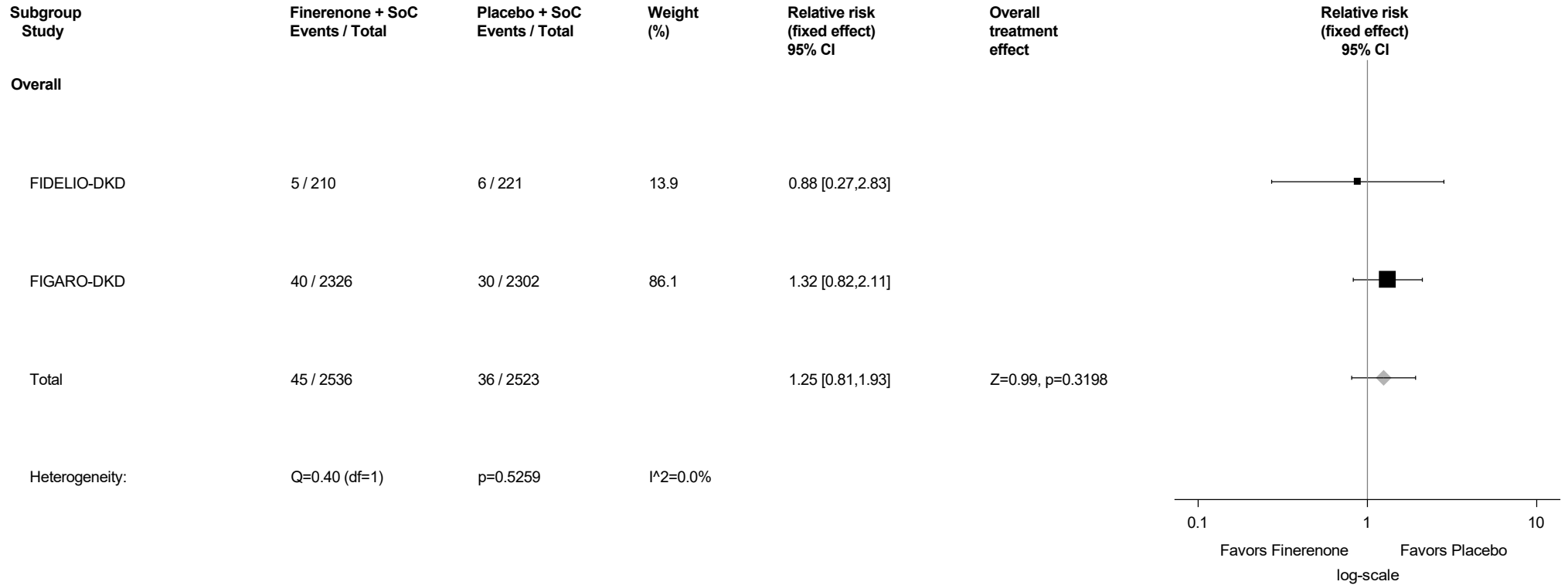
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.149: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



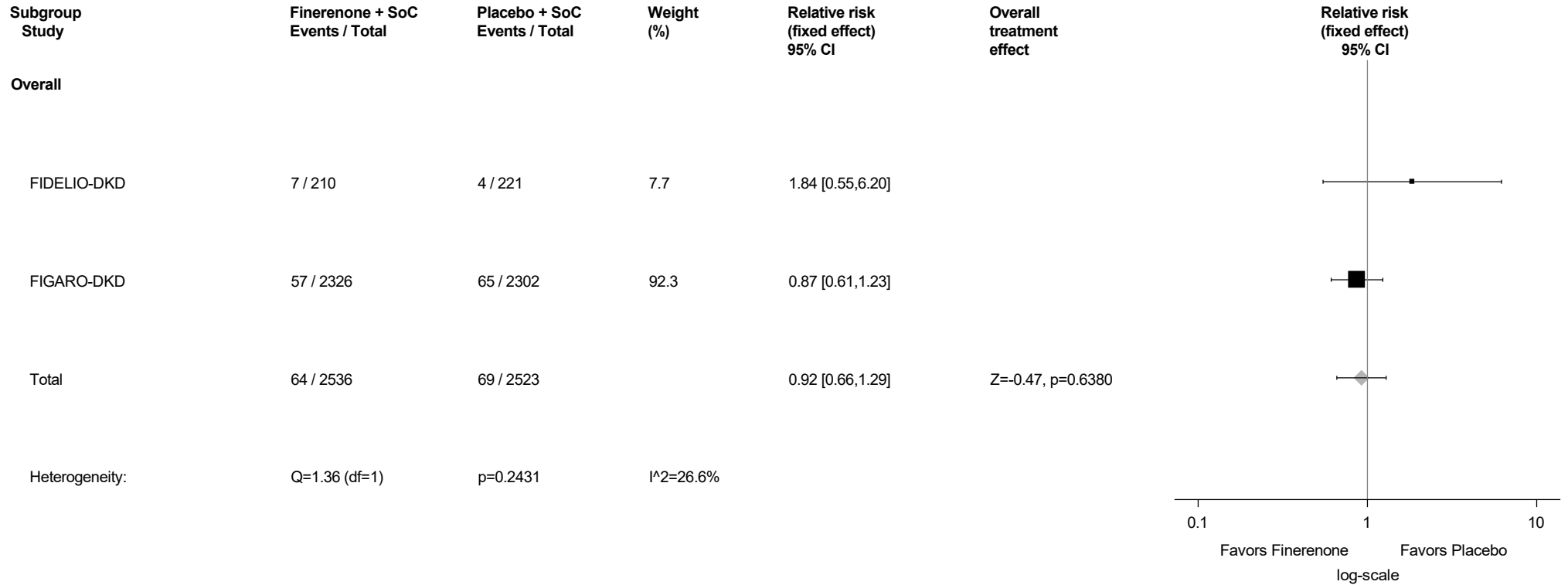
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.150: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



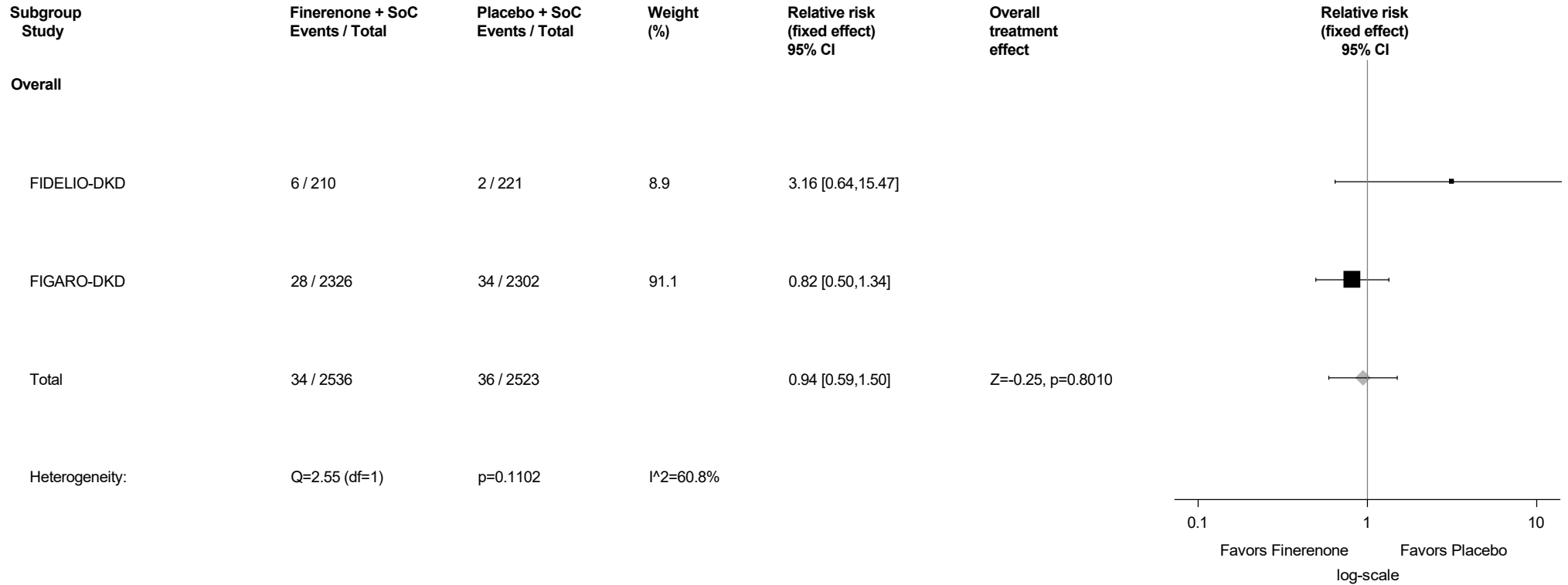
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.151: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



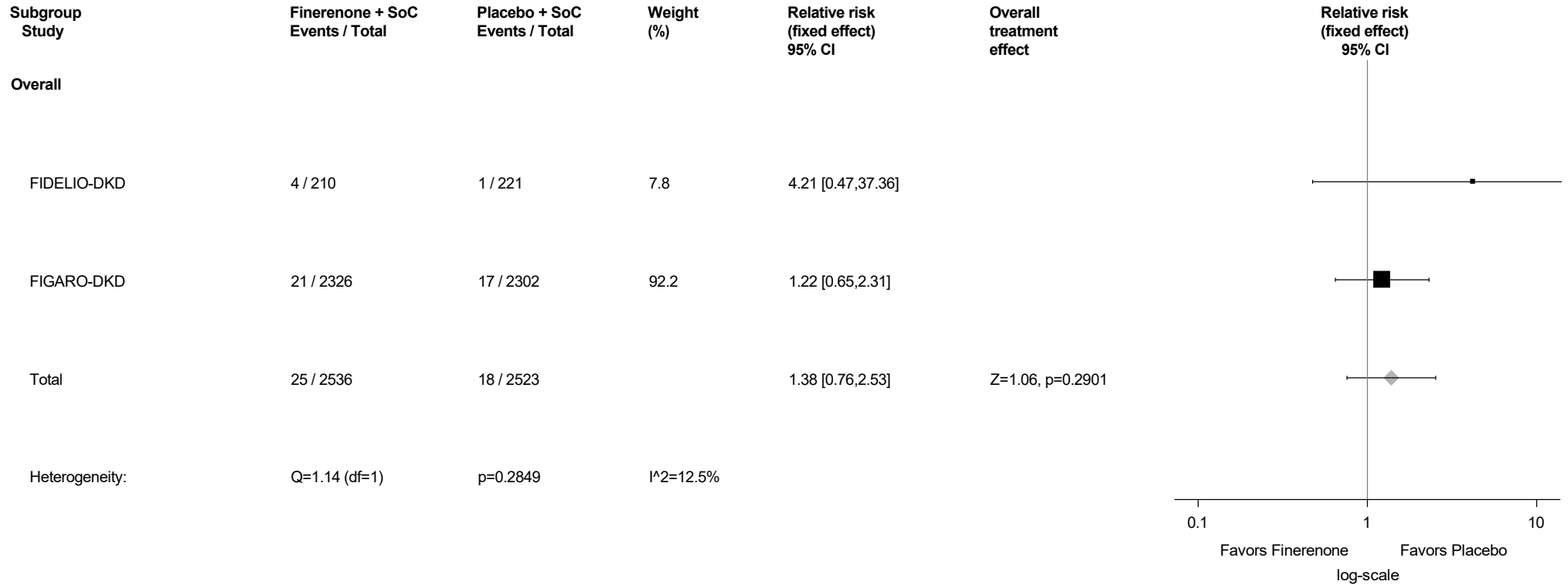
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.152: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



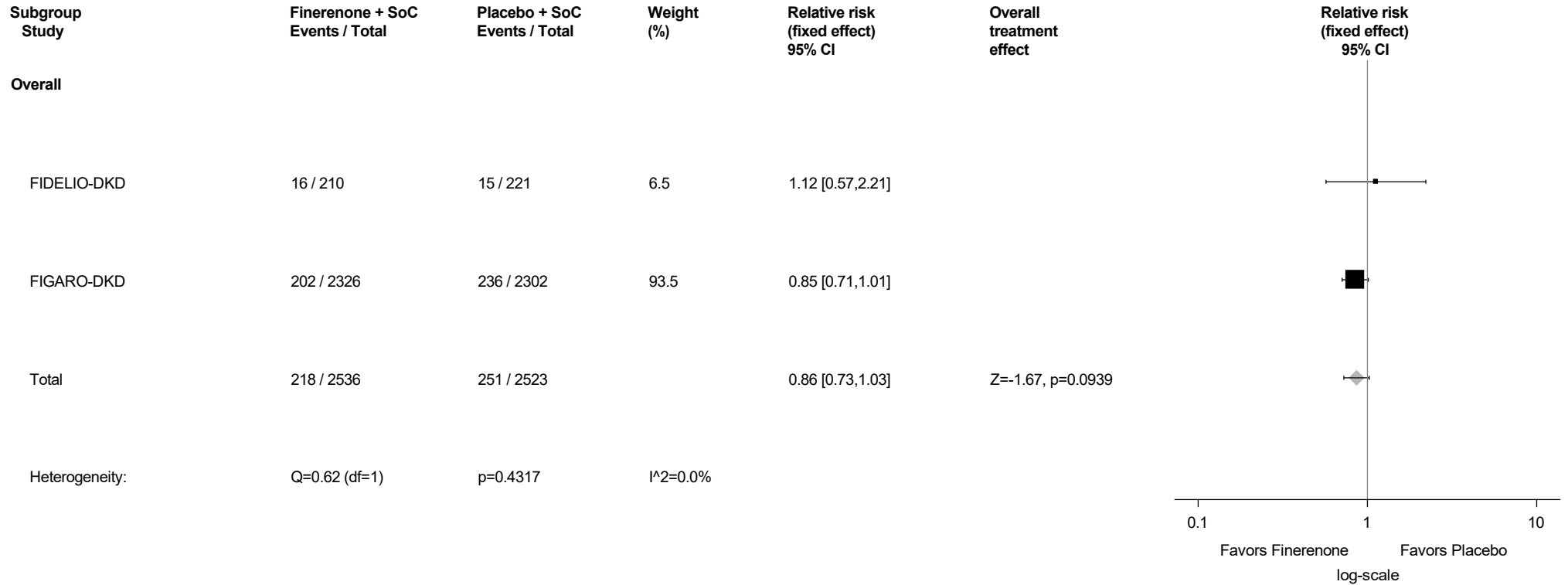
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.153: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



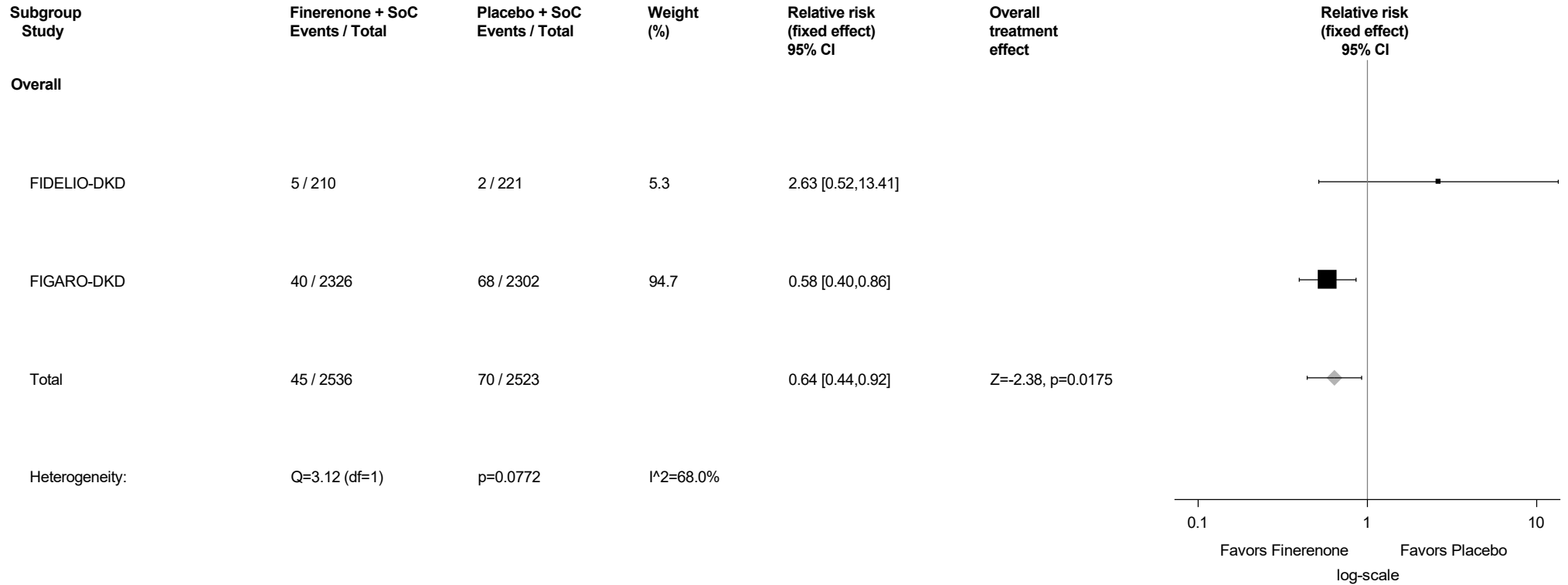
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.154: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



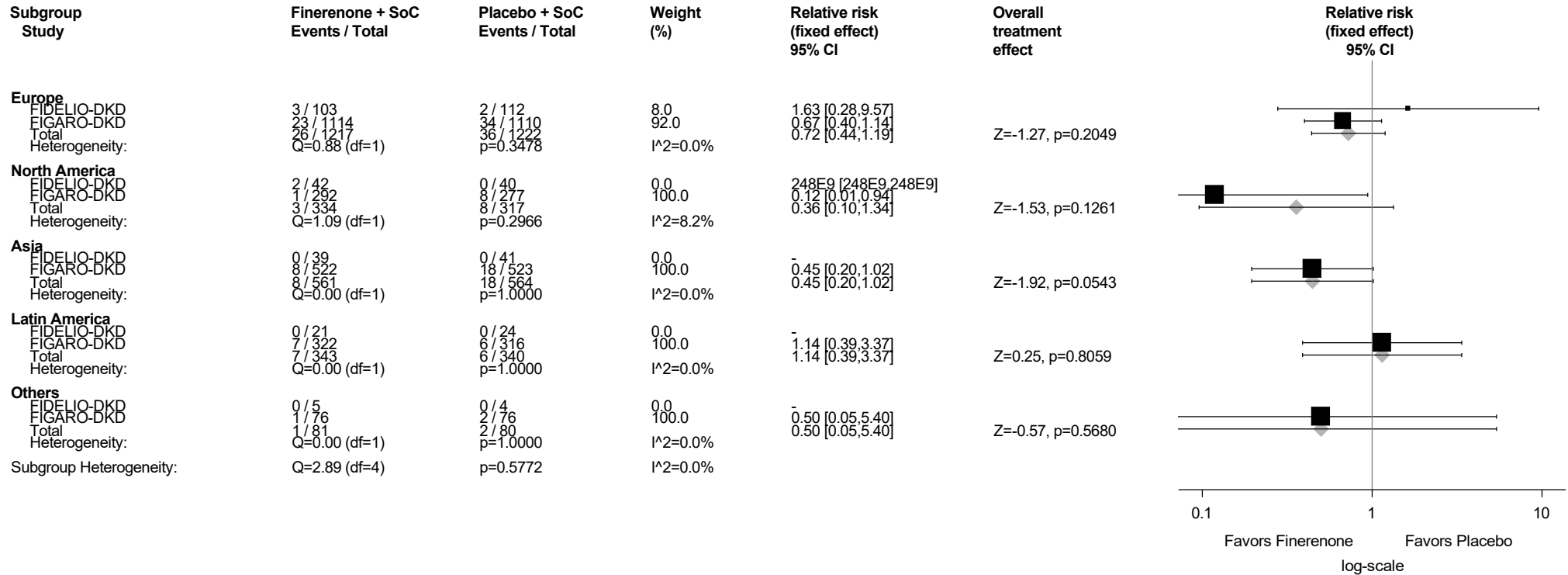
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.154.1: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



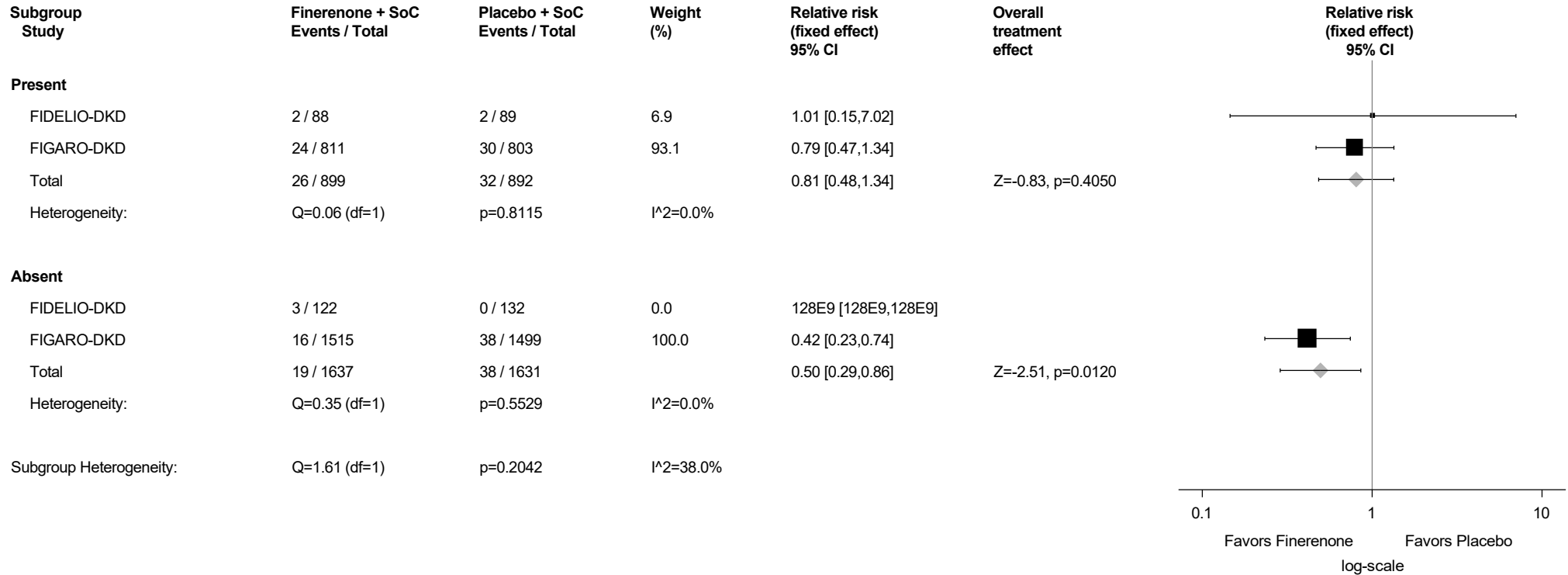
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.154.2: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



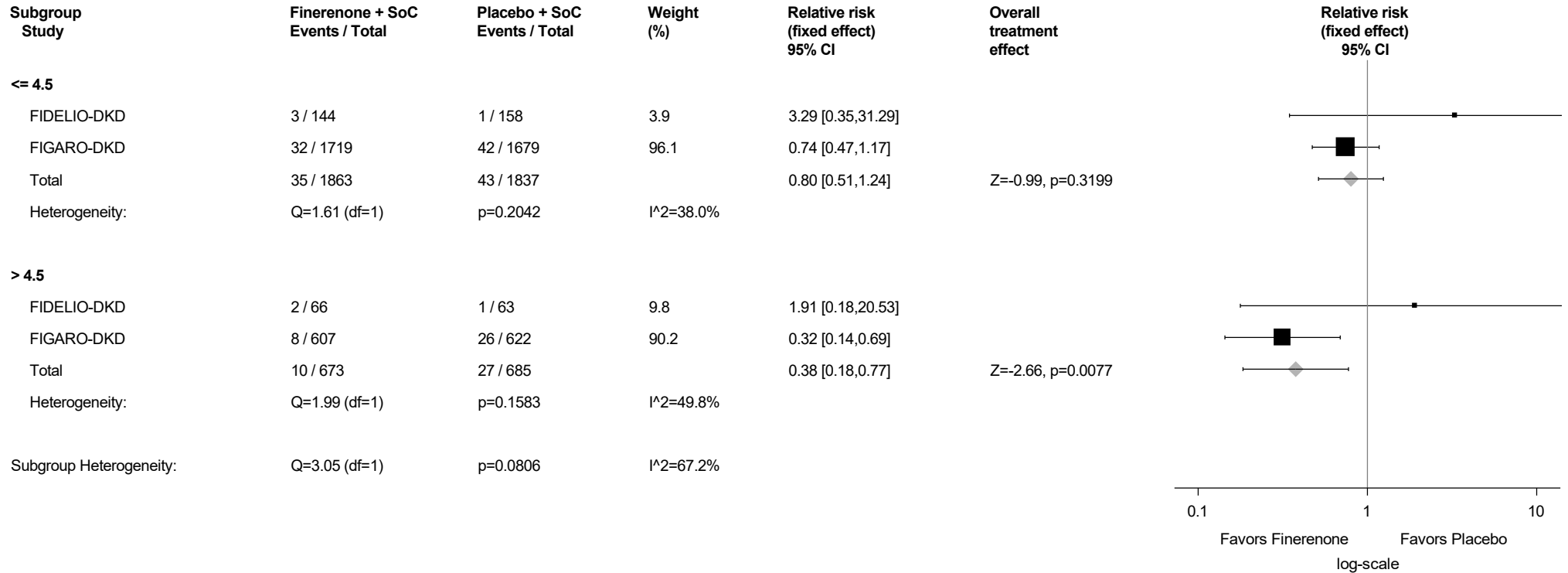
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.154.3: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



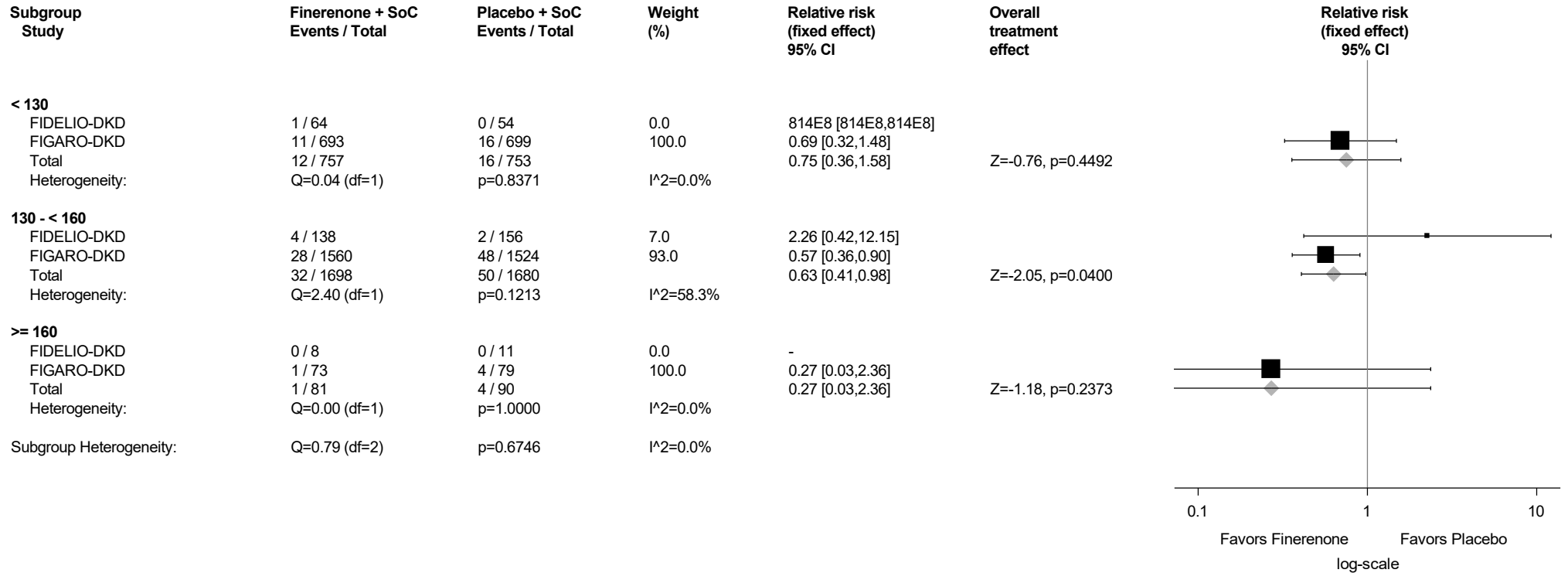
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.154.4: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



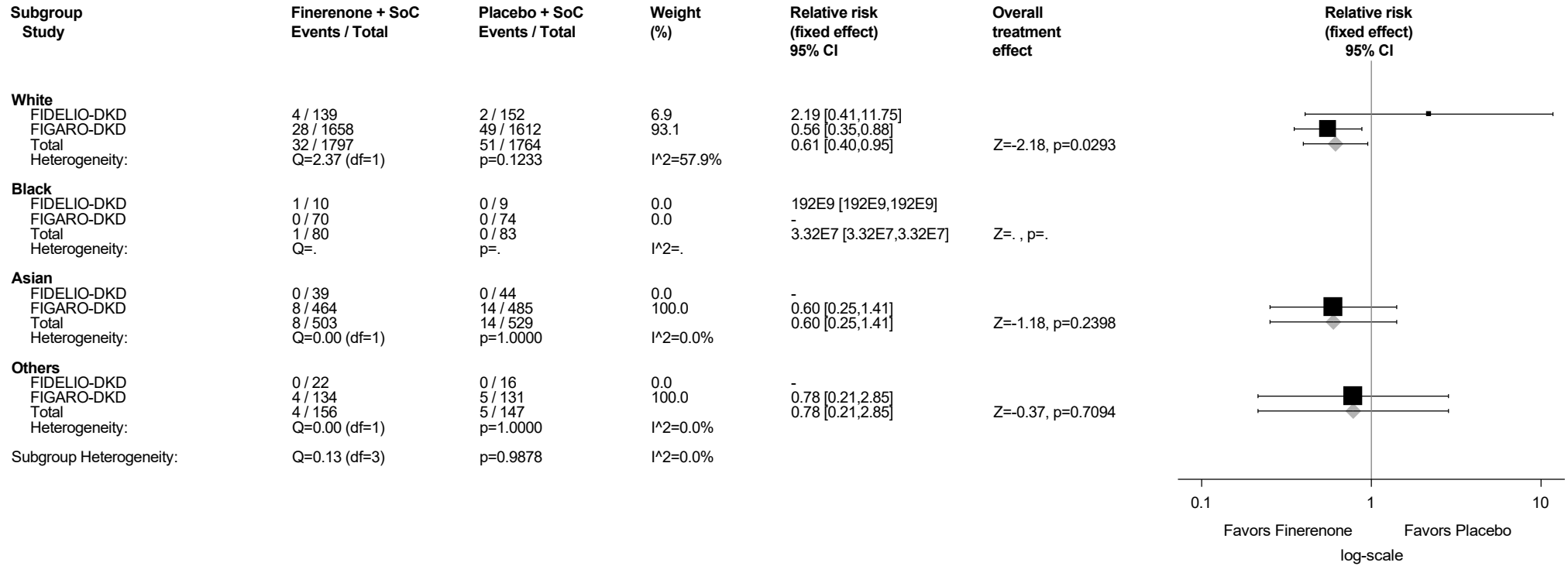
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.154.5: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



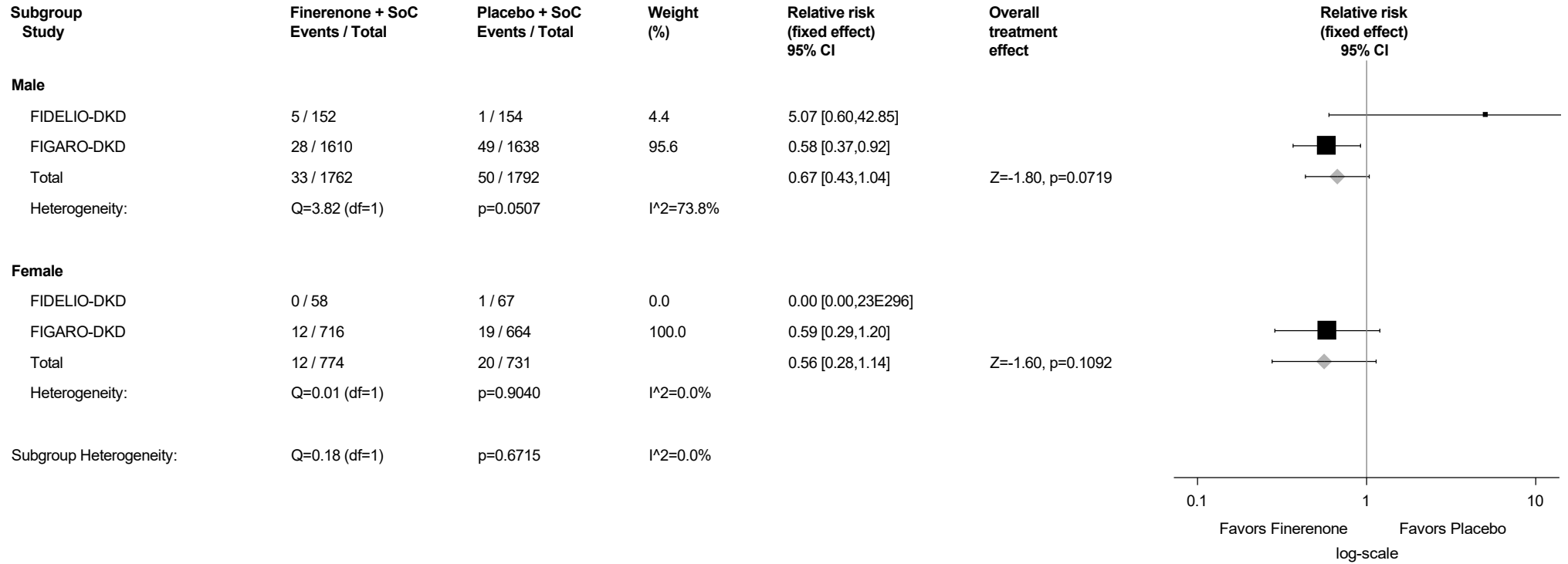
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.154.6: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



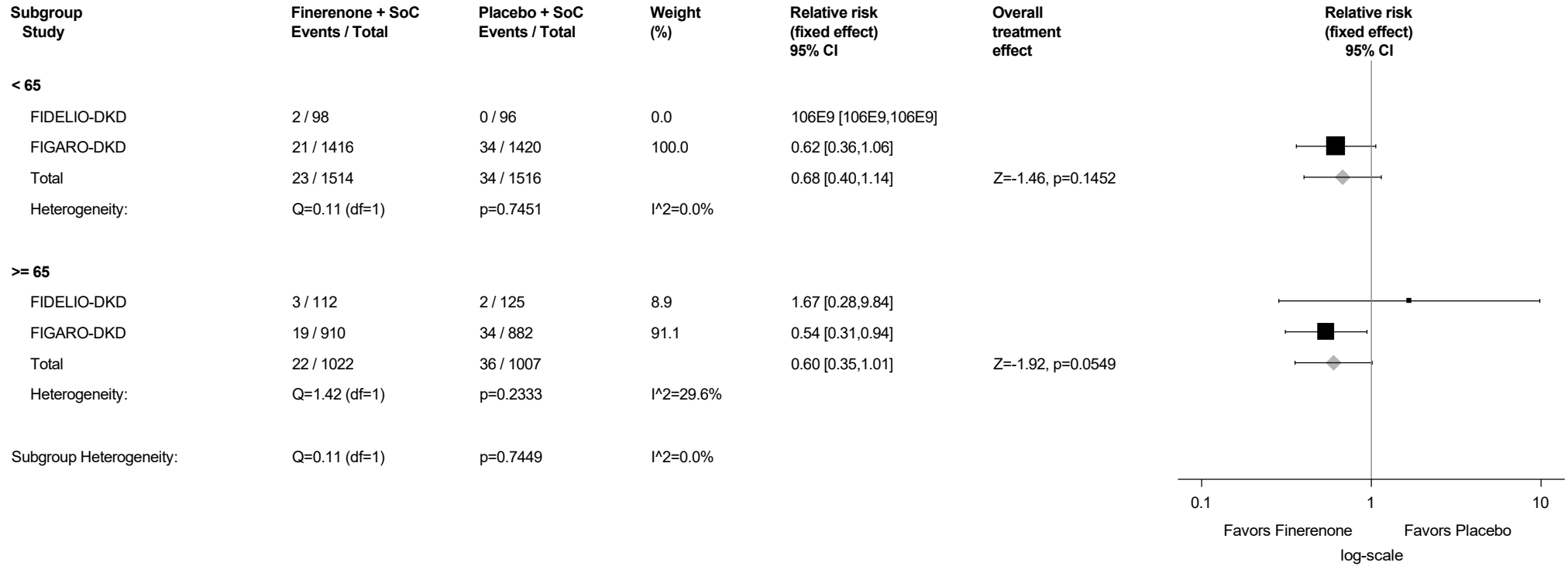
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.154.7: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



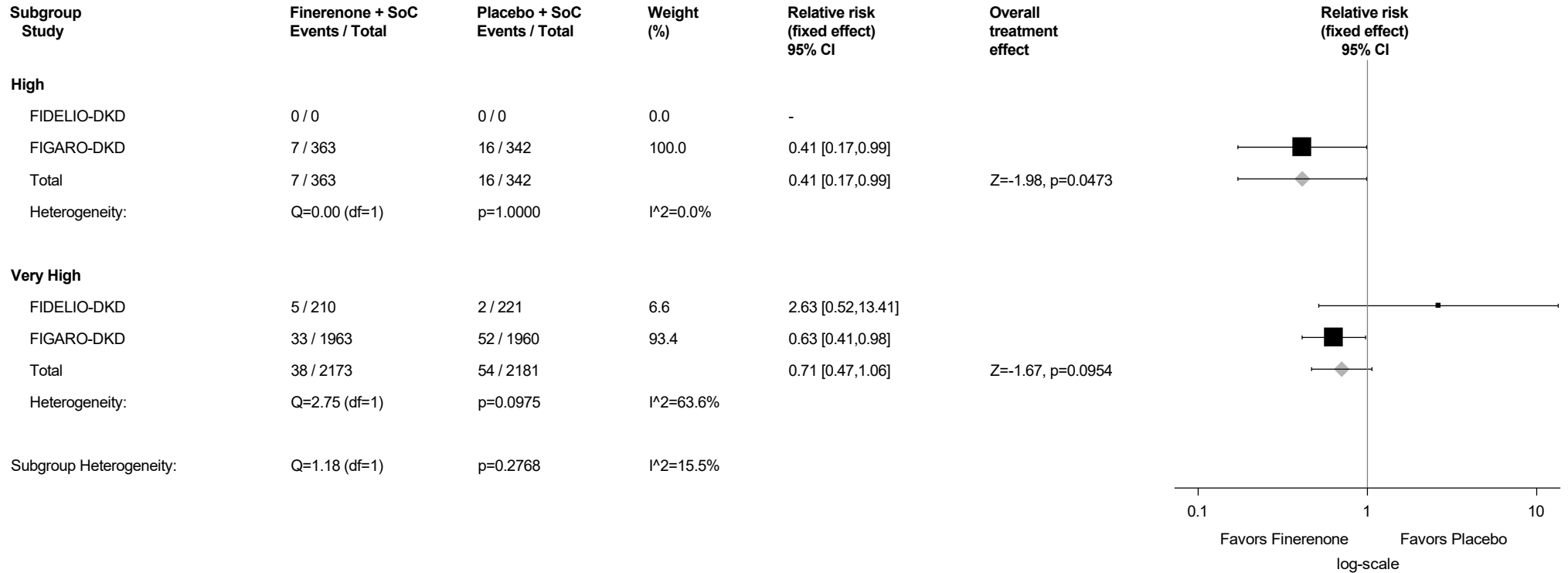
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.1.154.8: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



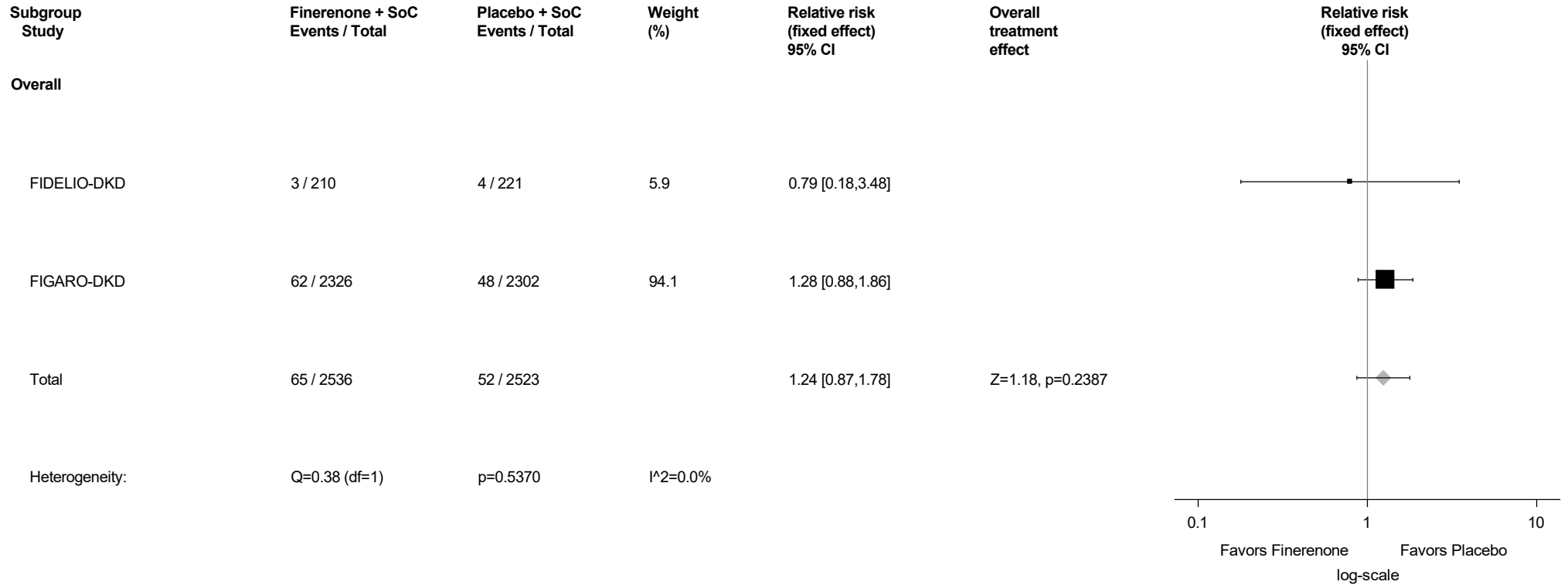
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.1.155: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



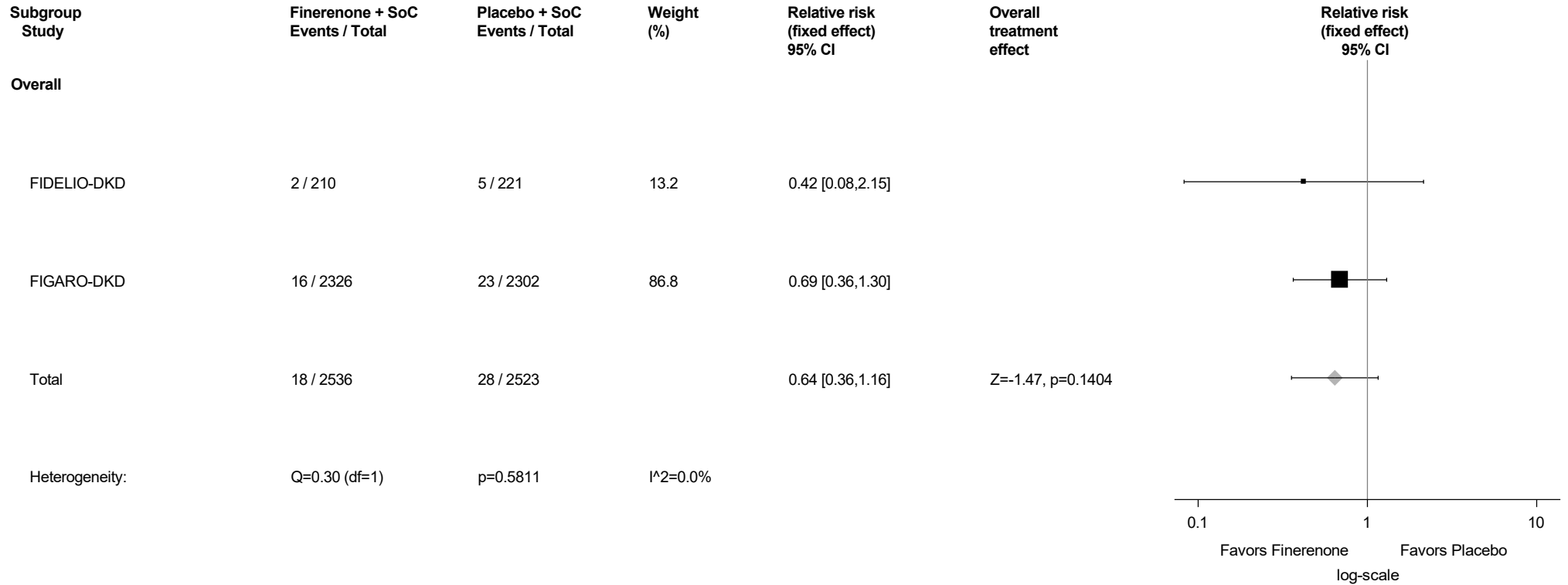
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.156: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



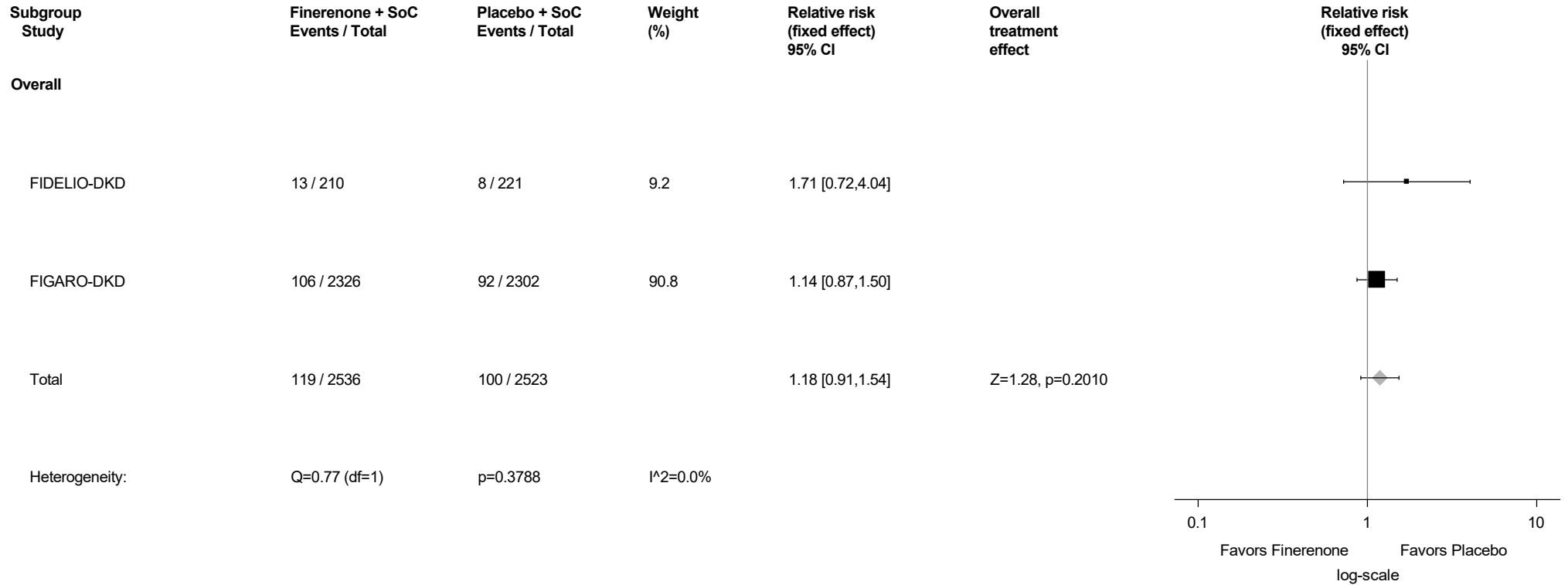
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.157: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



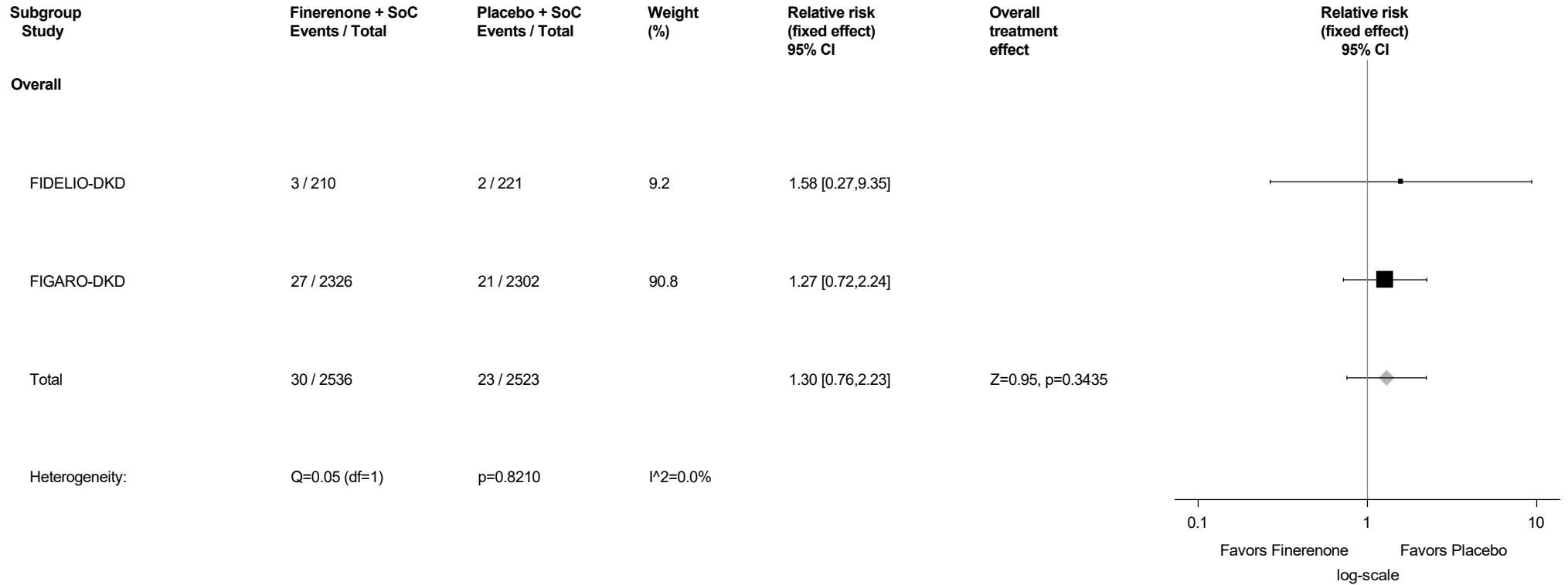
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.158: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Type 2 diabetes mellitus (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



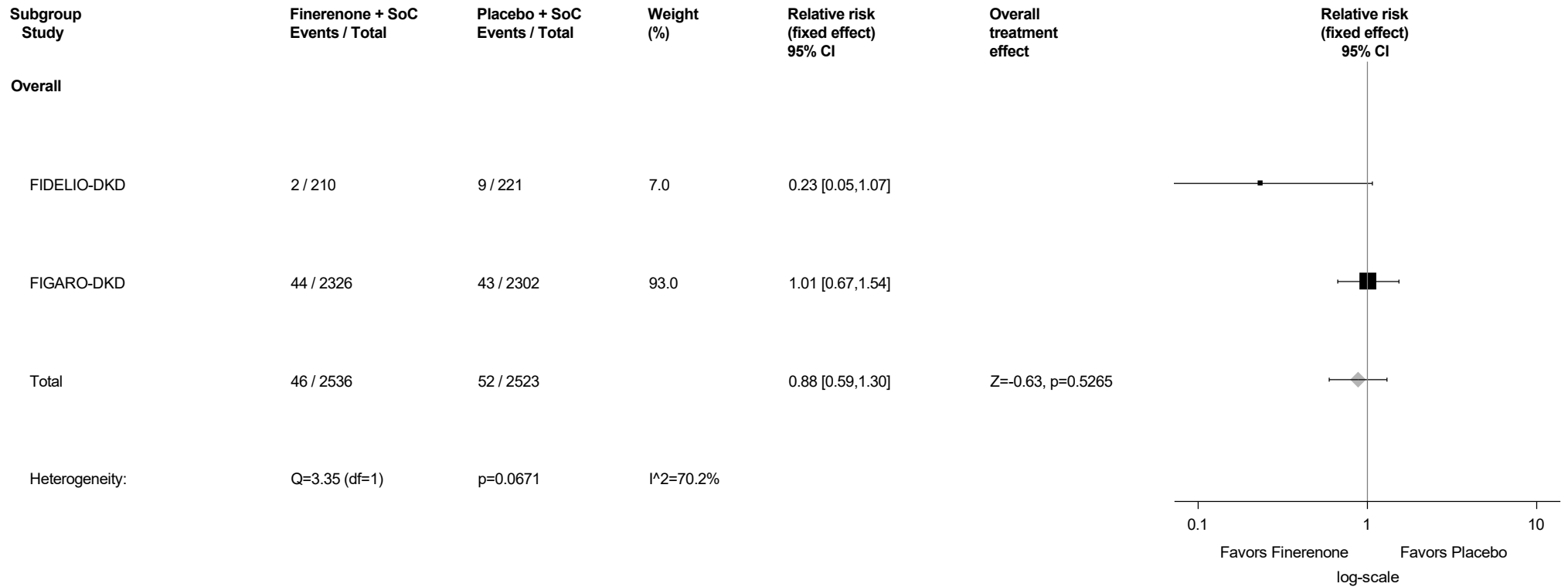
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.159: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



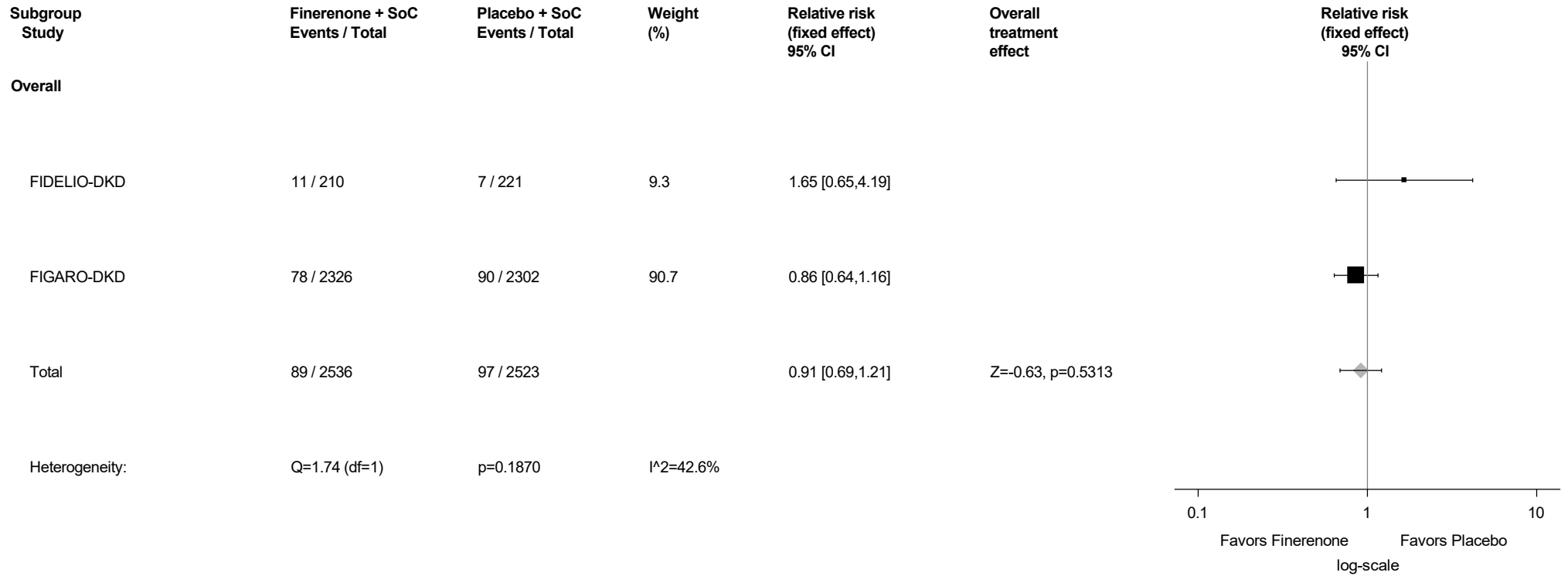
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

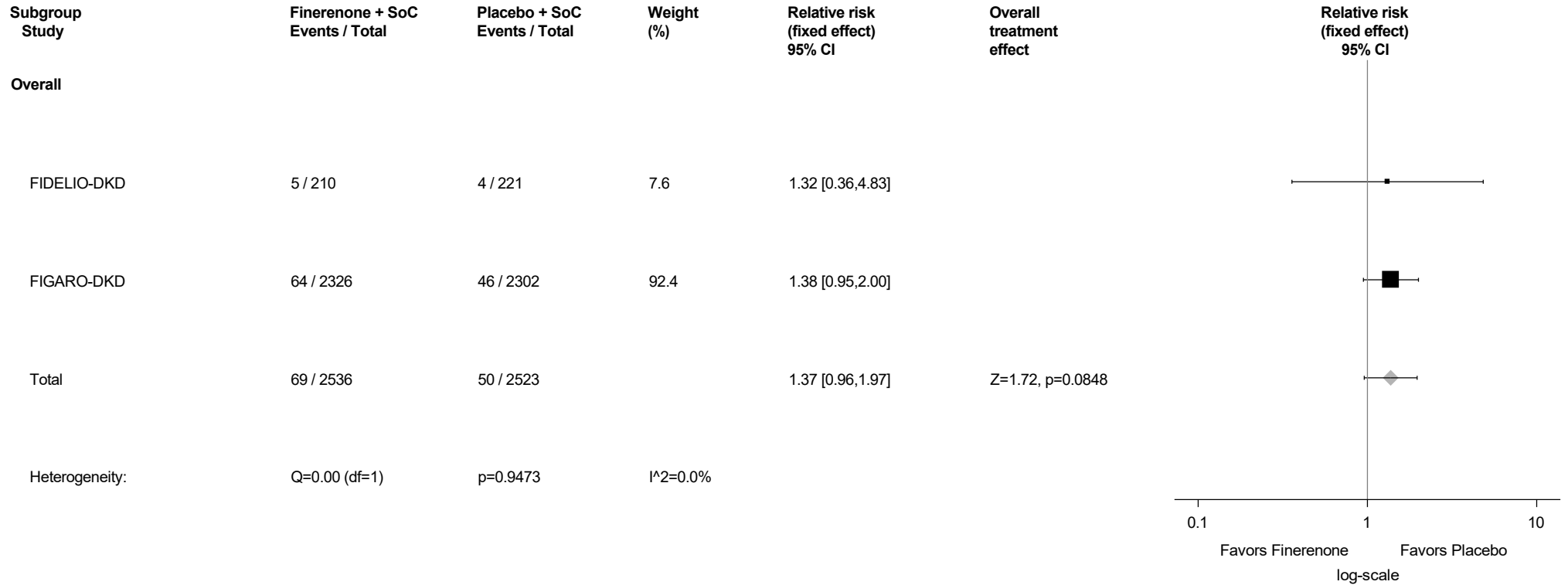
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.160: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.161: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



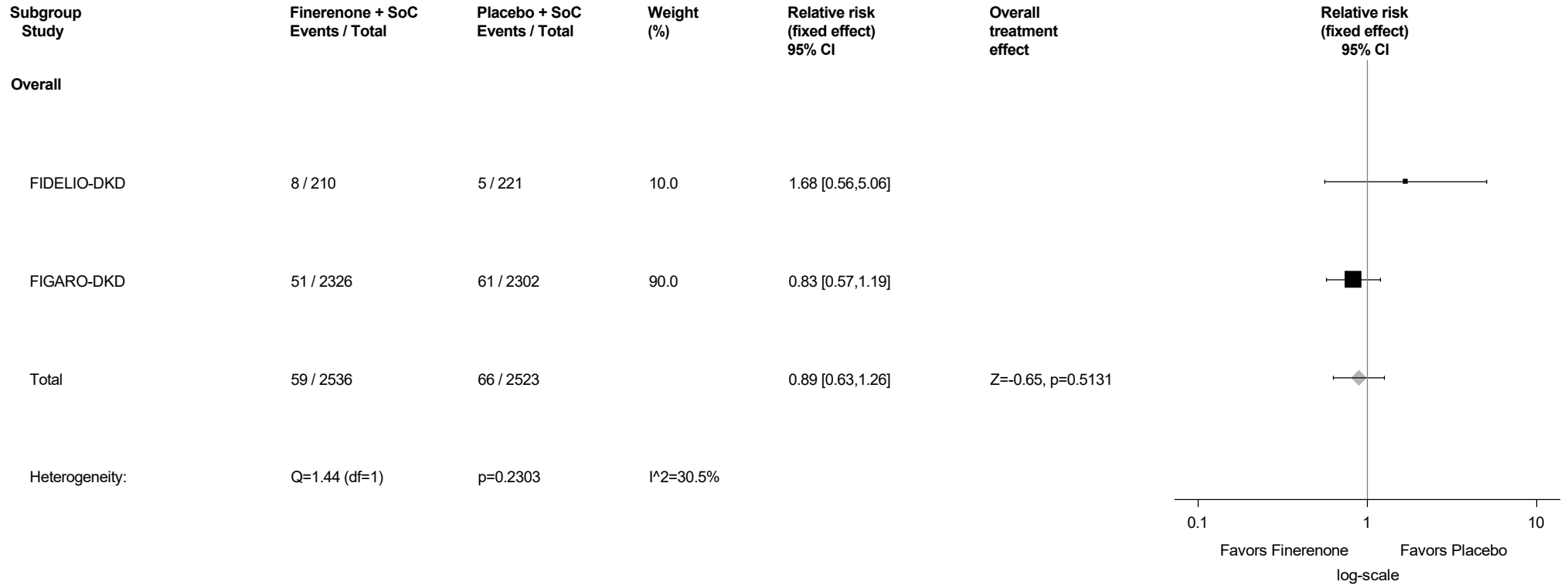
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.162: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



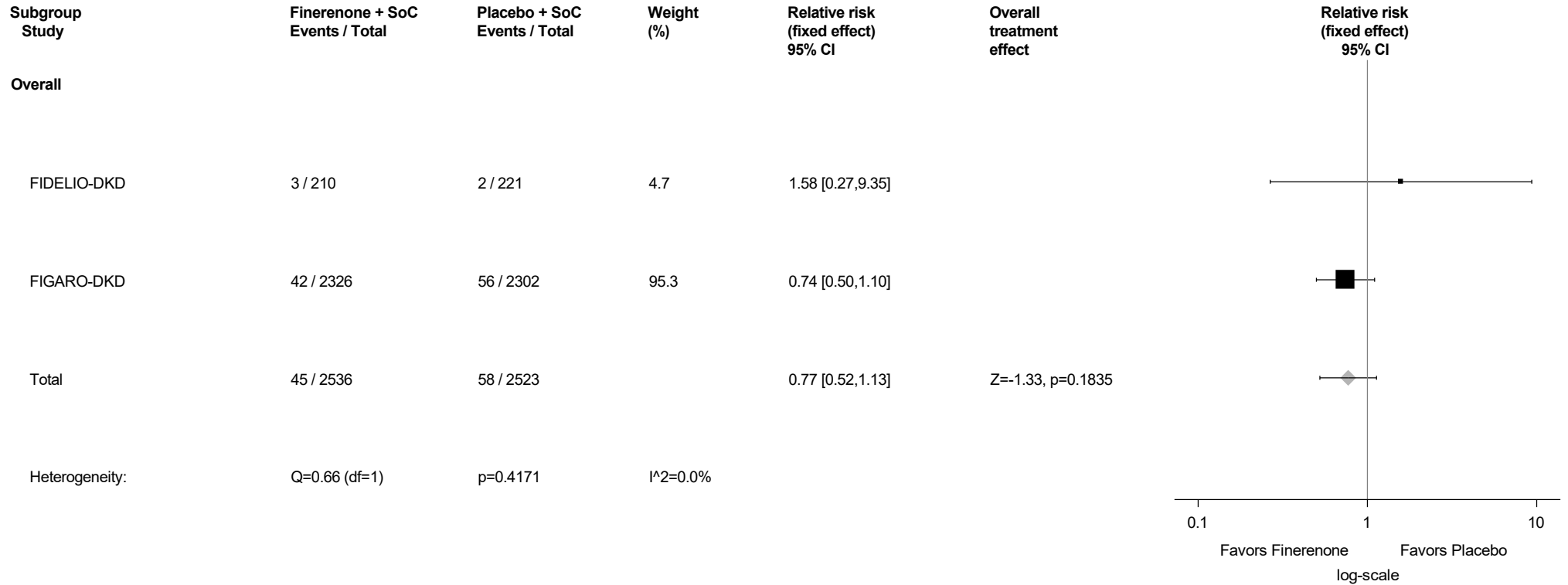
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.163: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



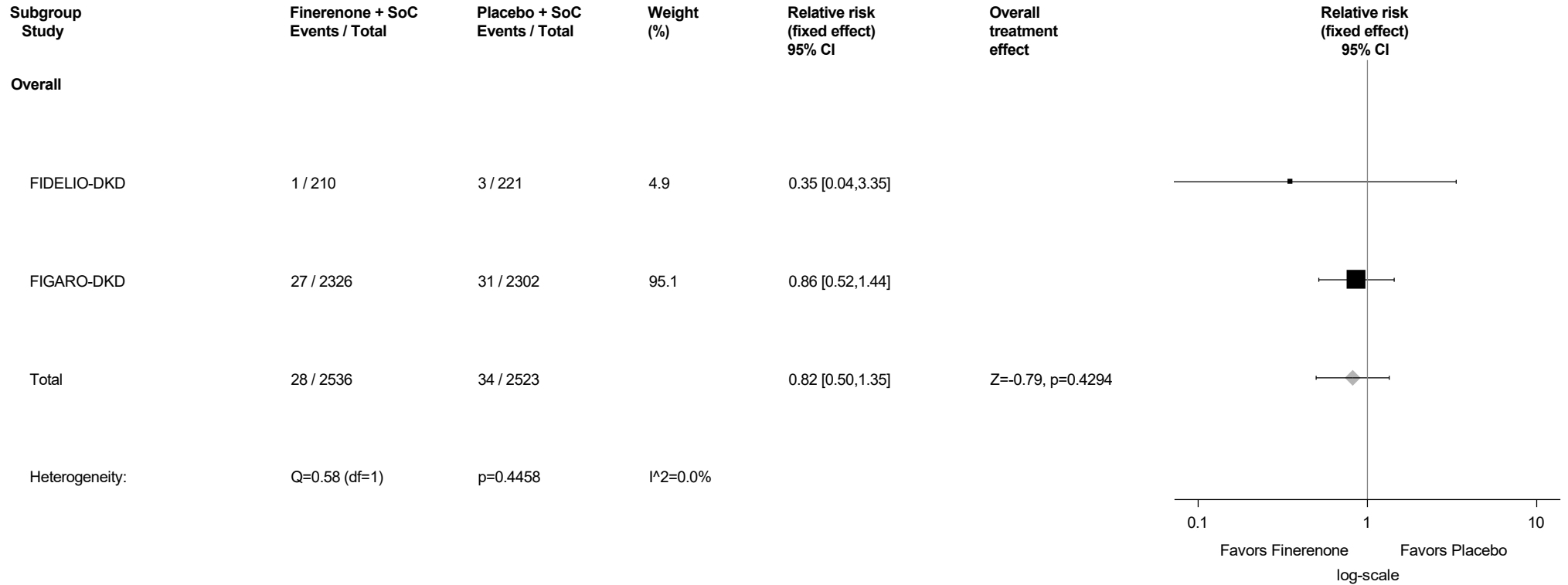
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.1.164: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



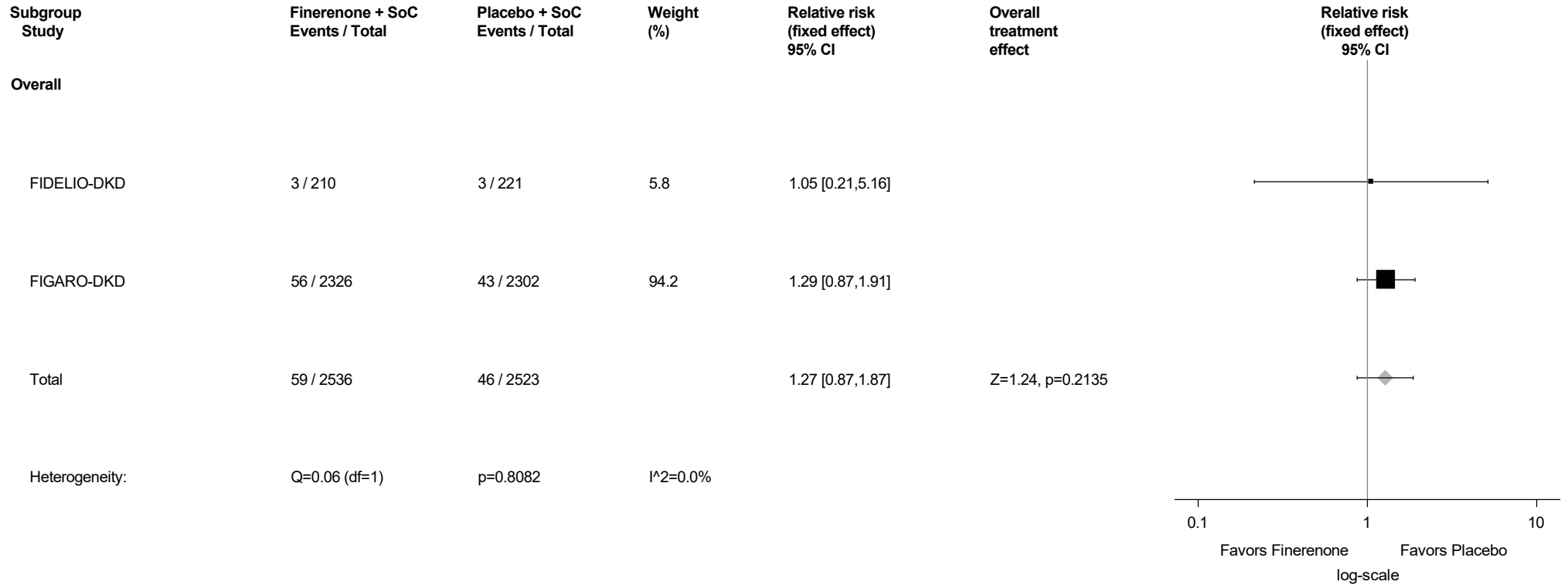
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.165: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



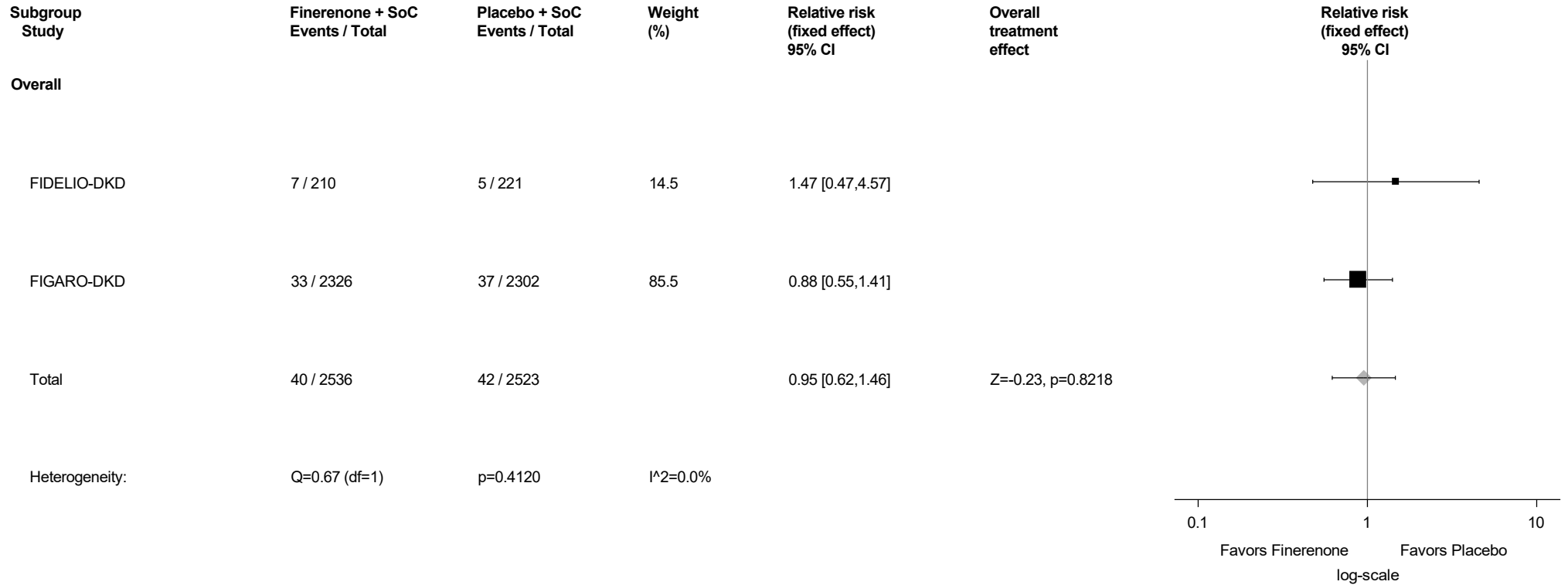
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.166: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



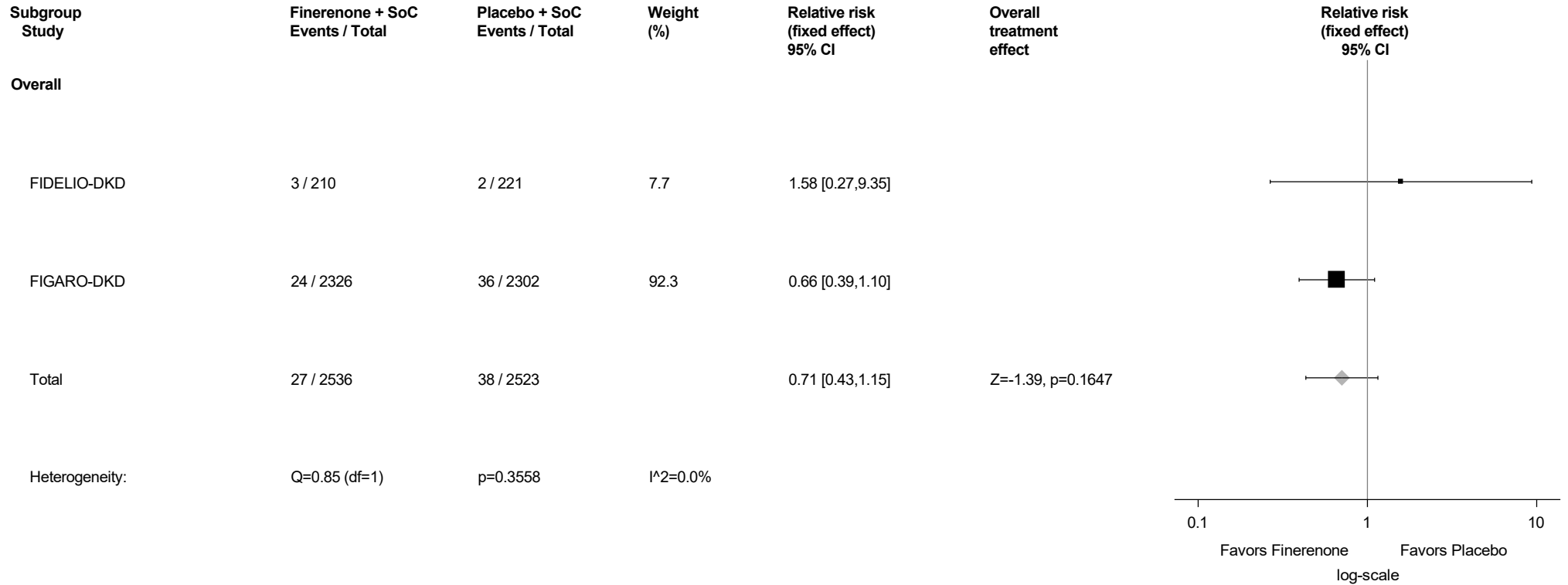
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.167: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



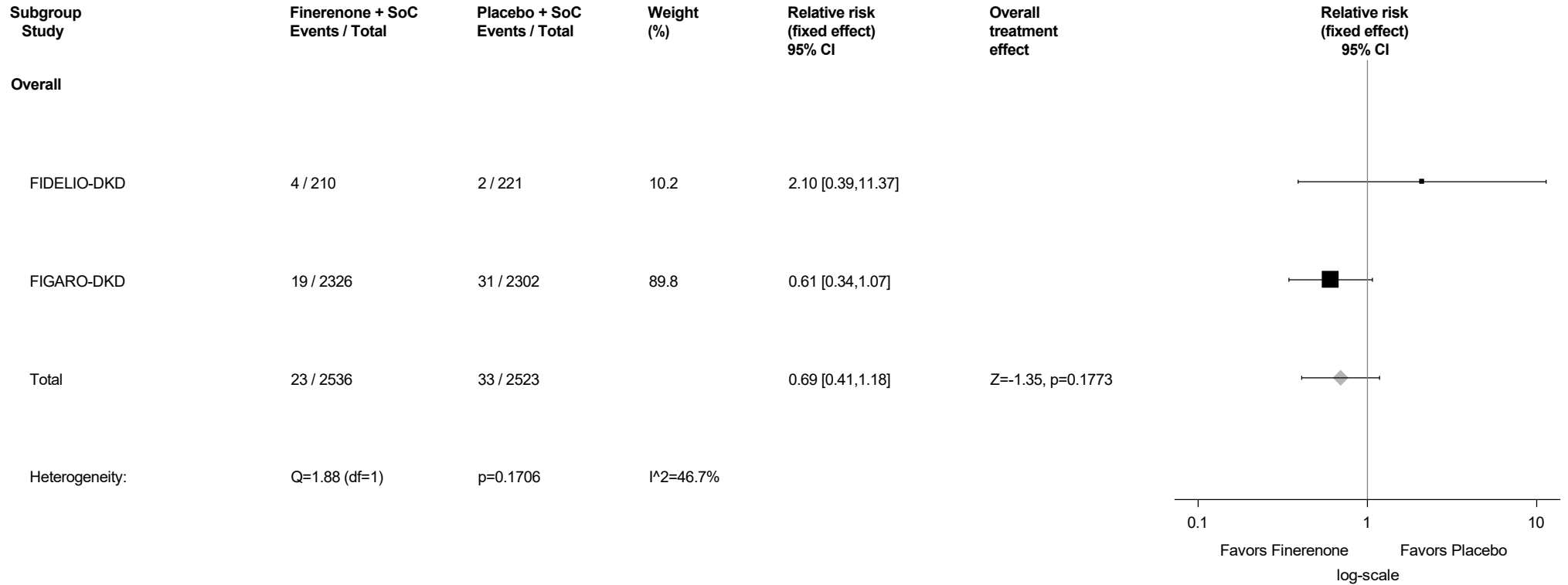
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.168: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



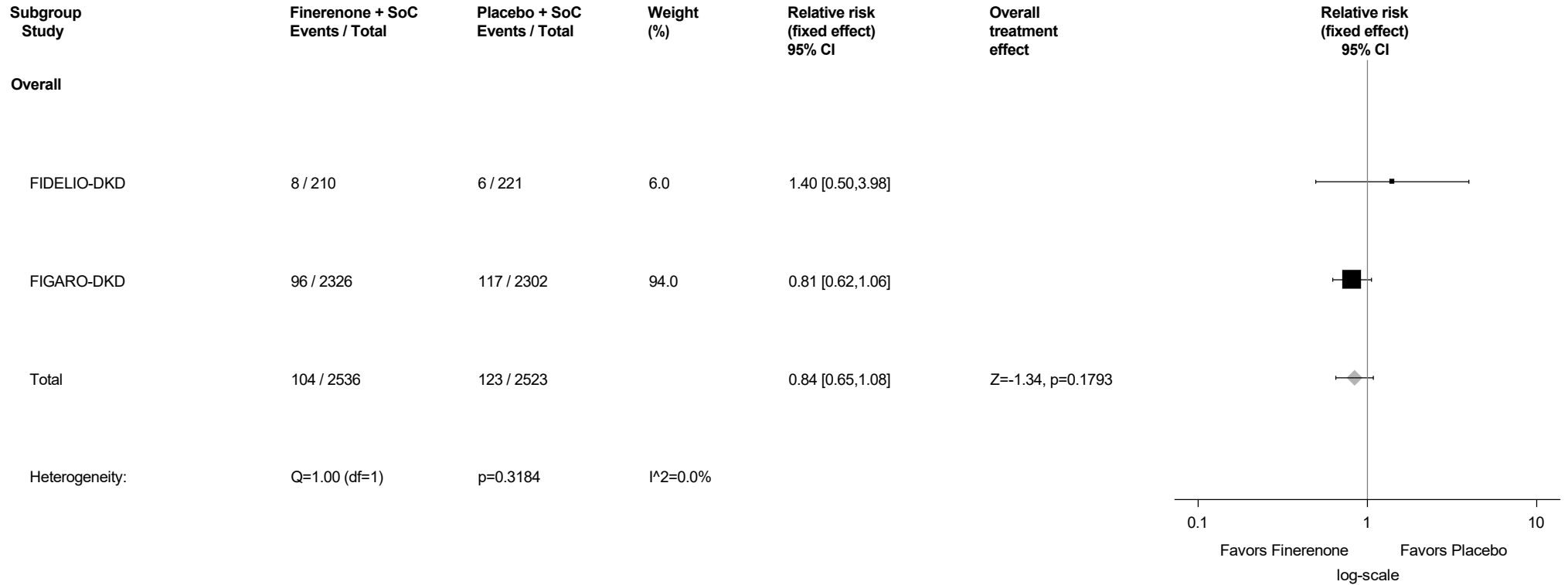
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.169: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



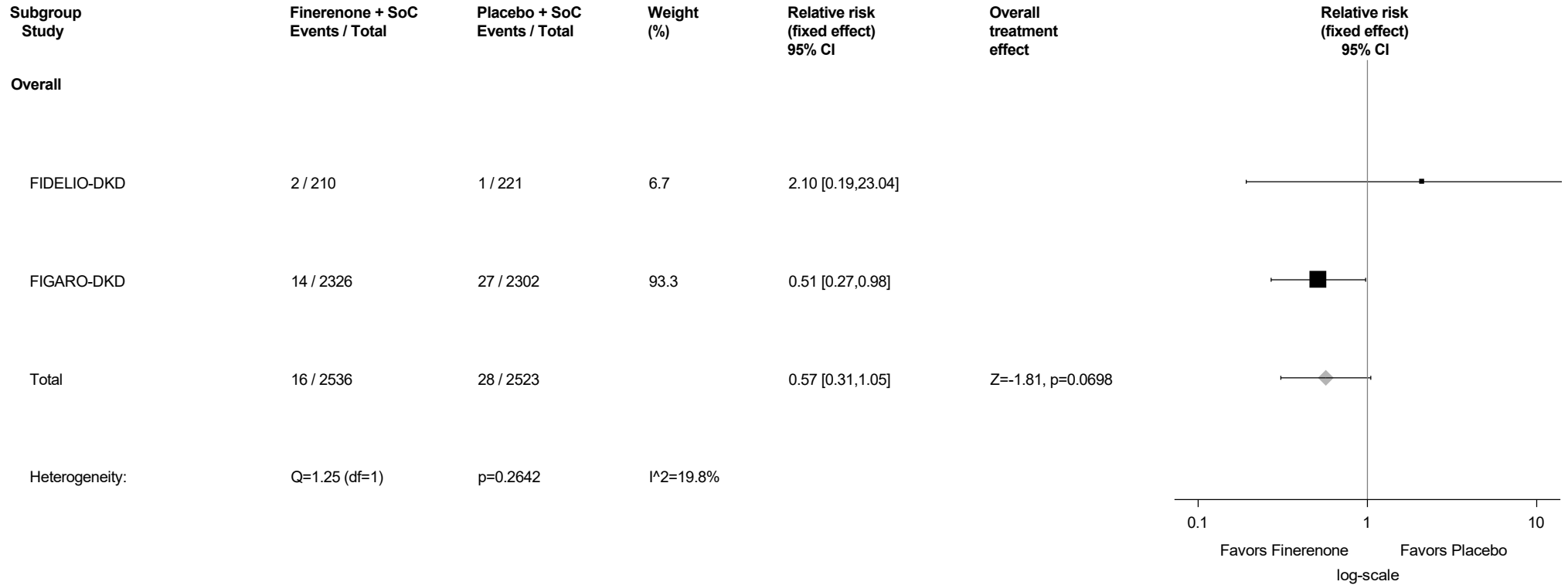
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.170: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



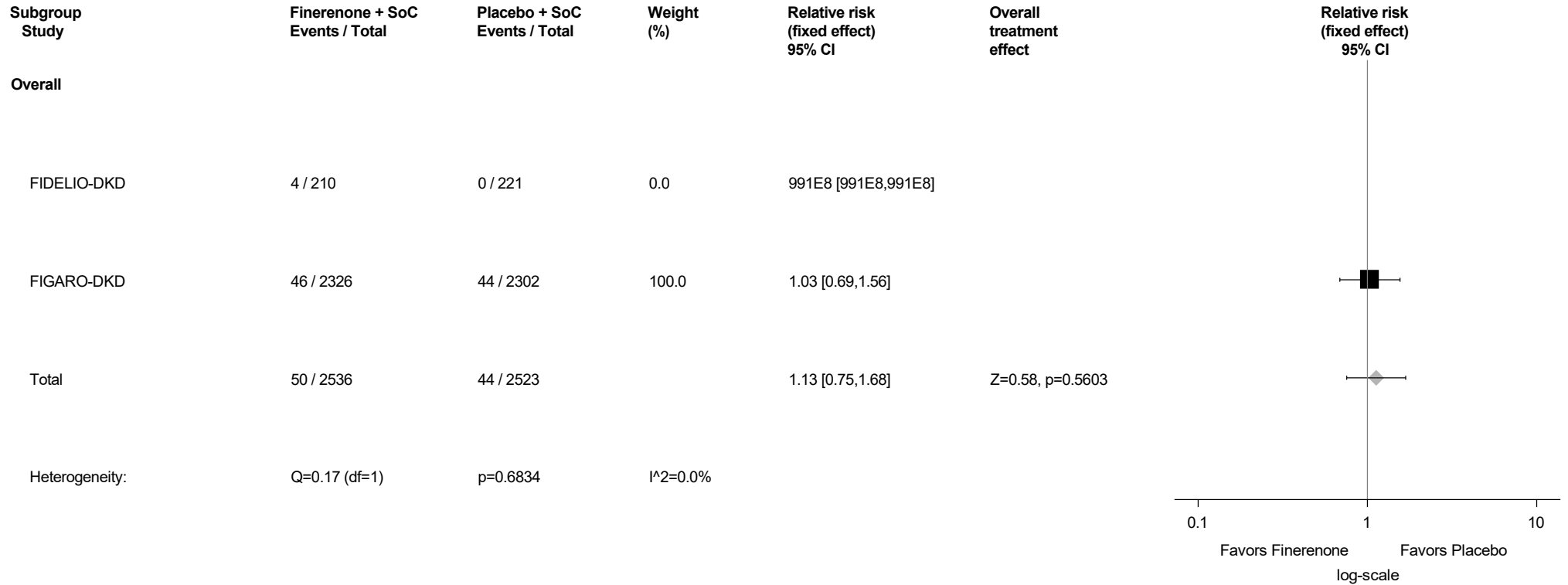
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.171: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



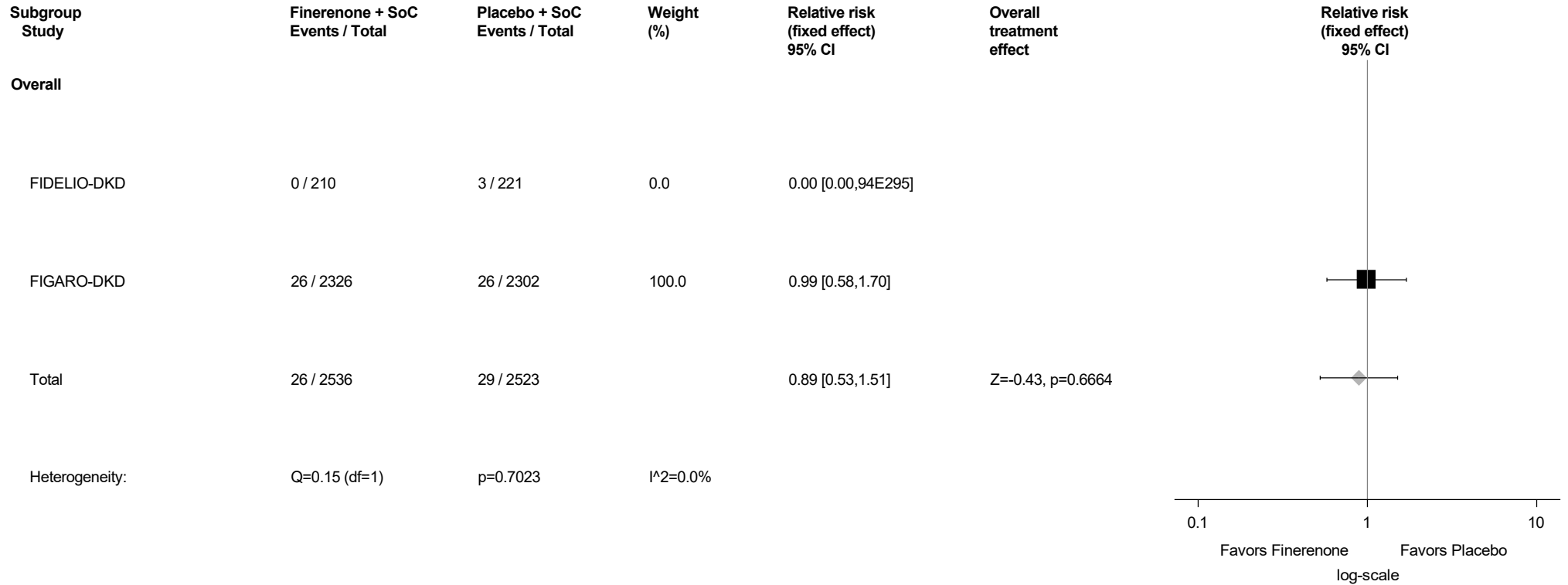
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.172: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



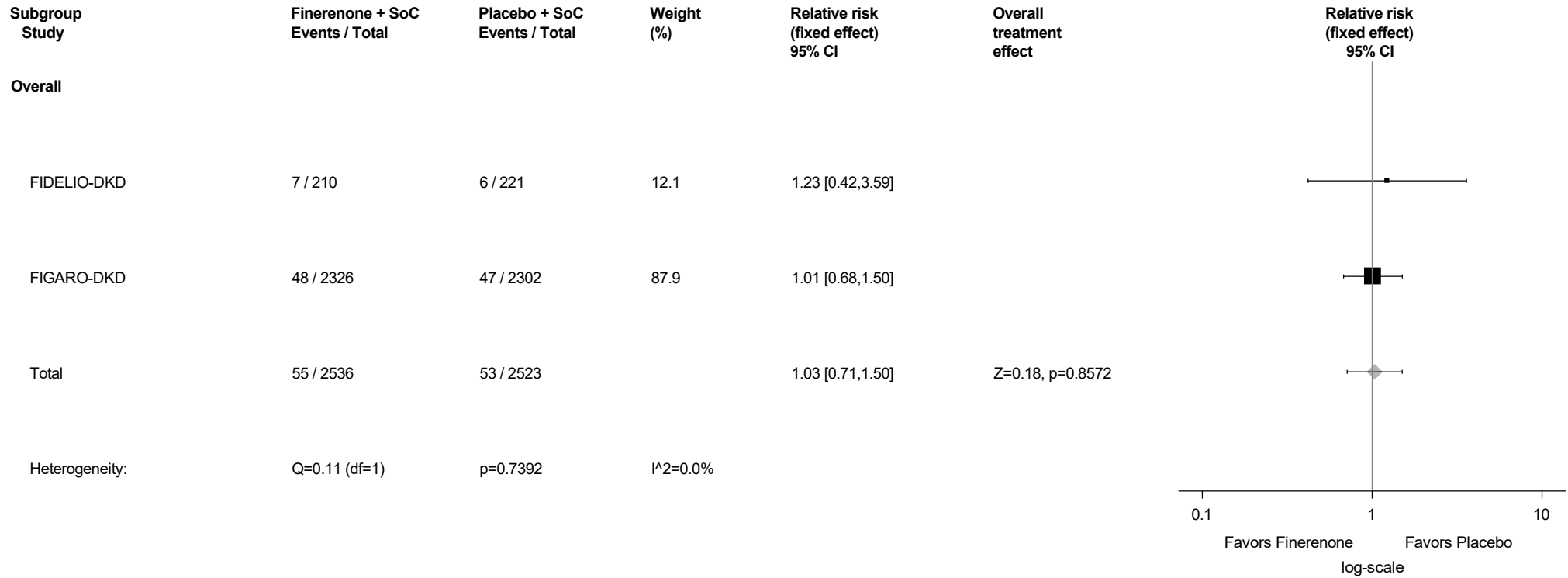
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

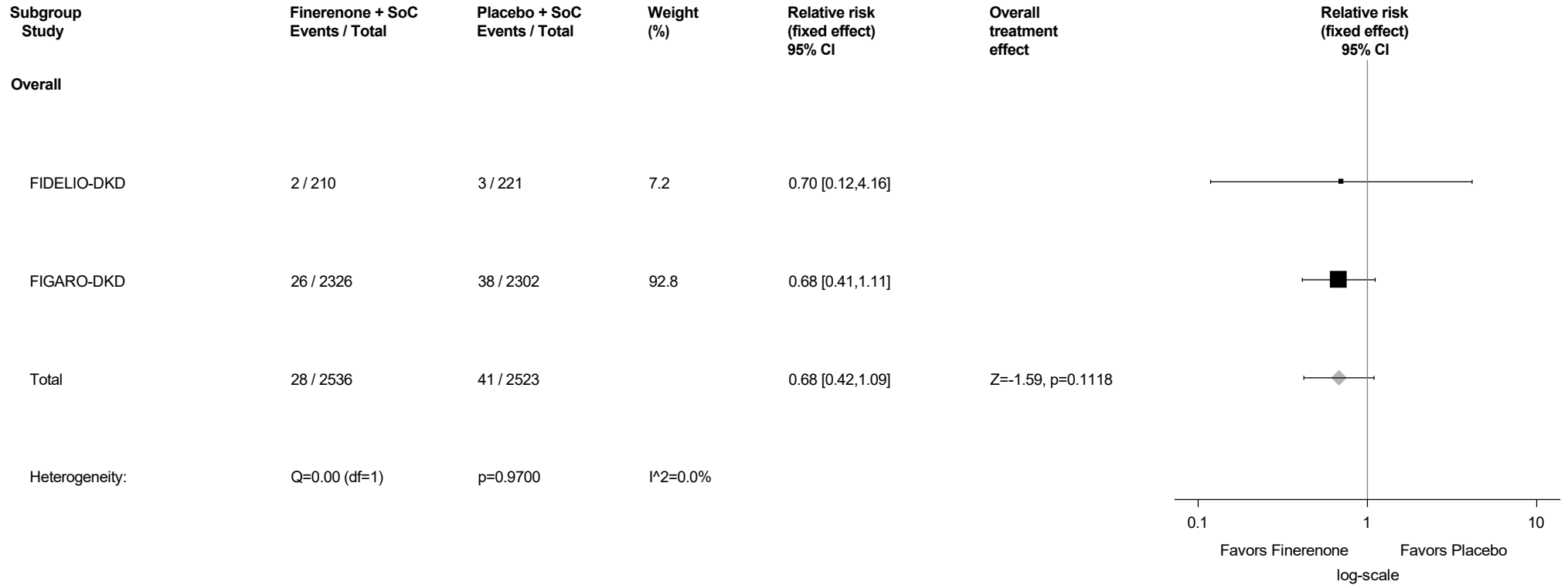
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.173: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.174: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



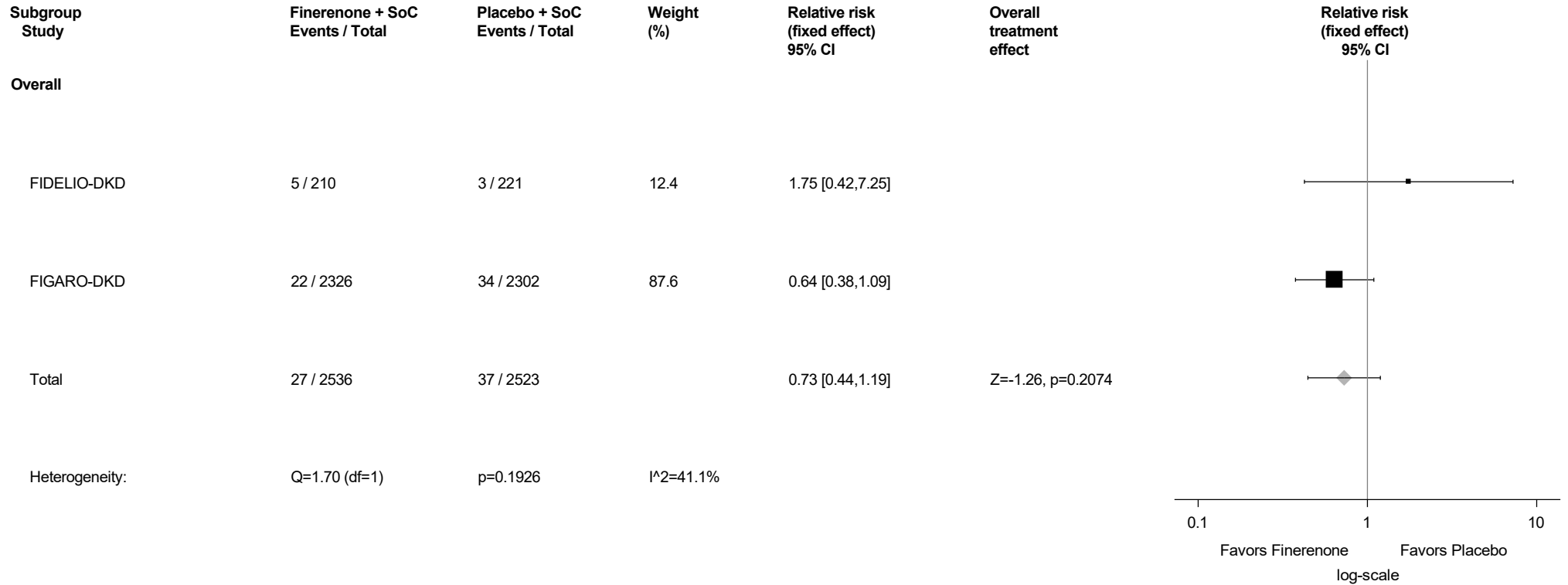
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.175: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



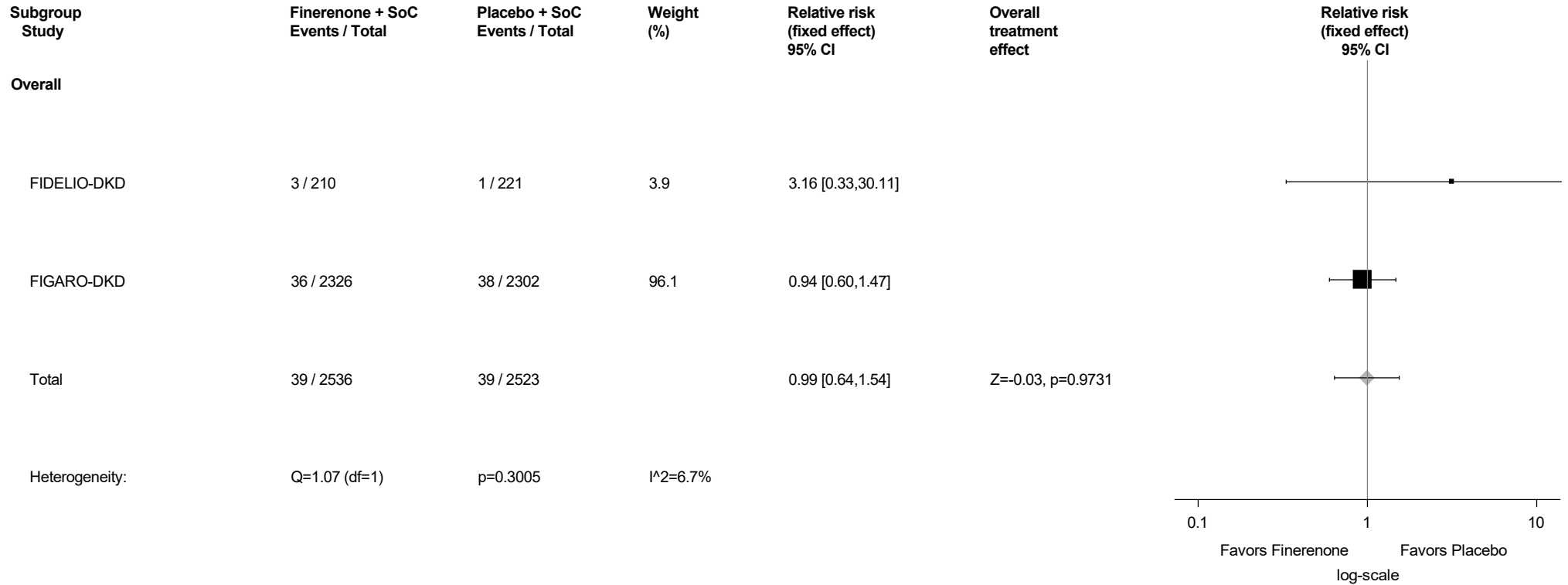
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.176: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



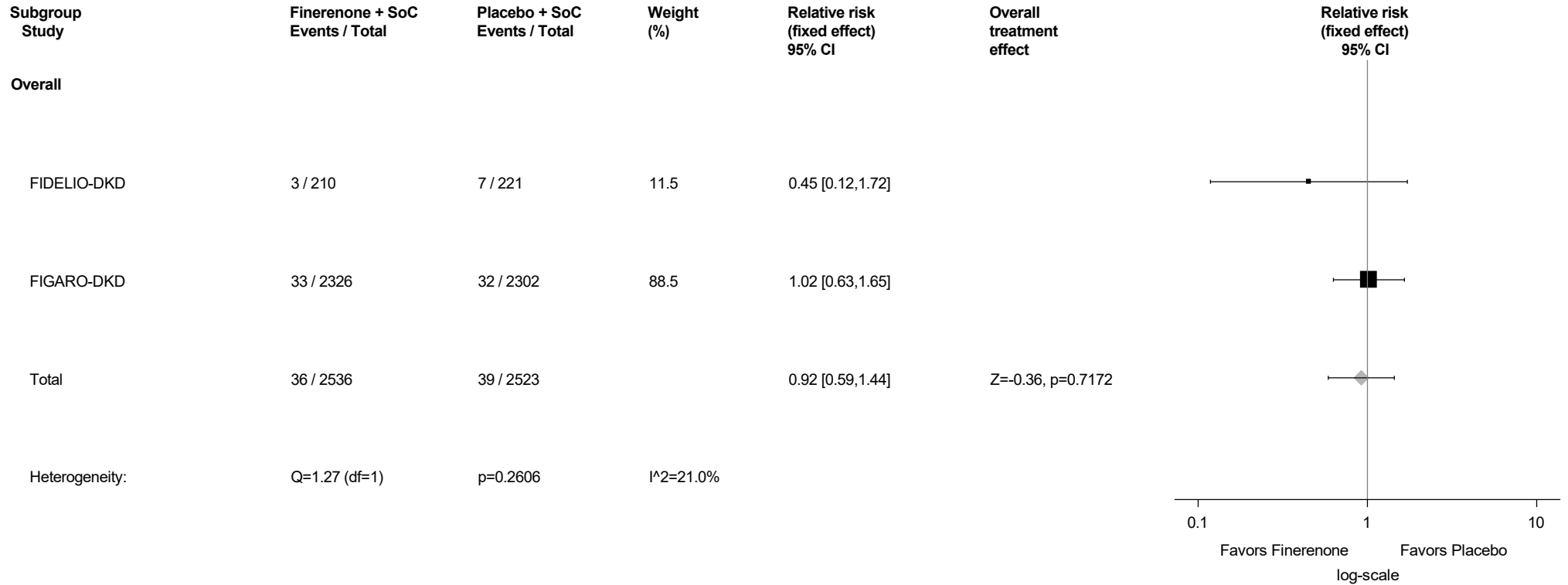
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.1.177: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



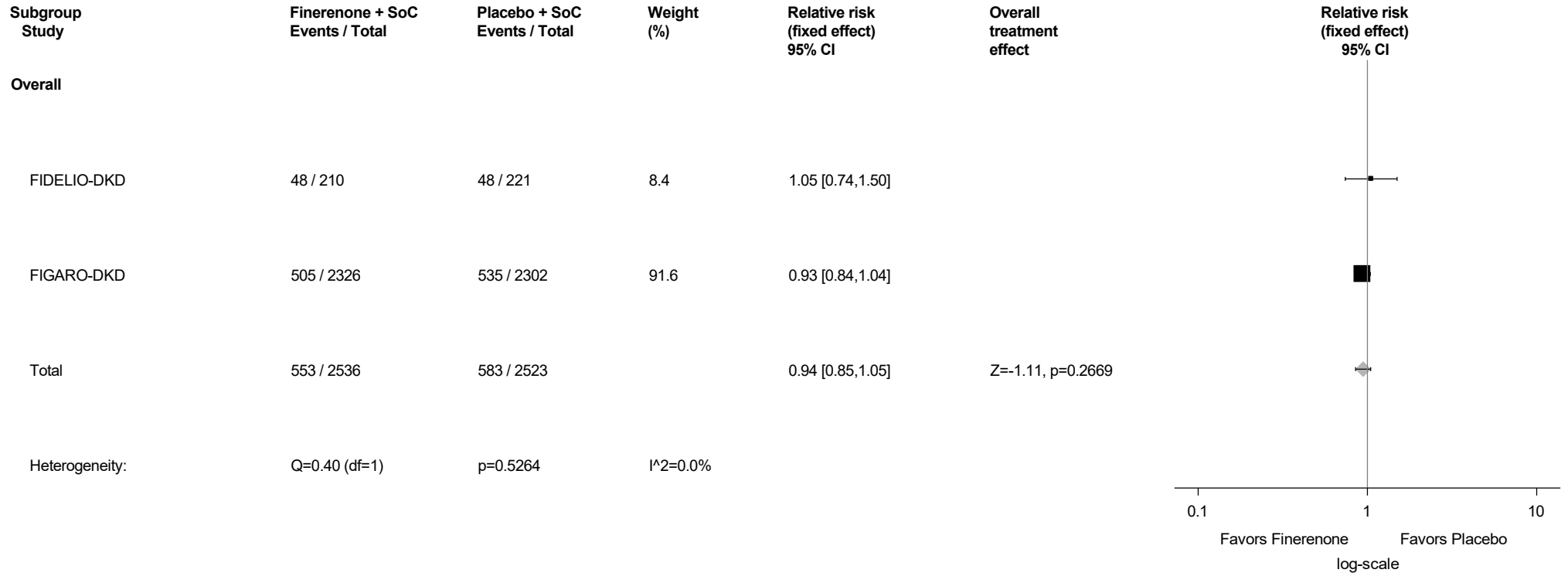
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

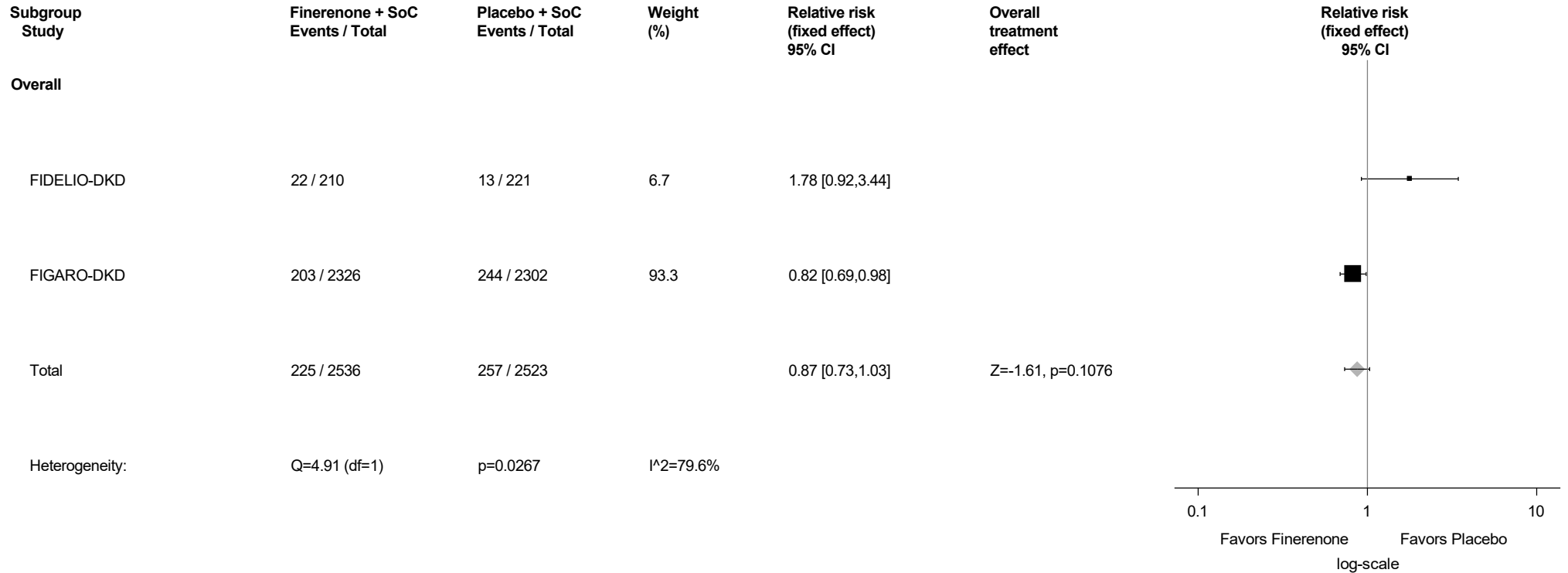
Figure B2.1.178: Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment AEs
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, (S)AE=(serious) adverse event, SoC=standard of care.

Note: Post-treatment AEs are AEs that occurred more than 3 days after temporary (study drug interruption) or permanent stop of study drug.
 For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

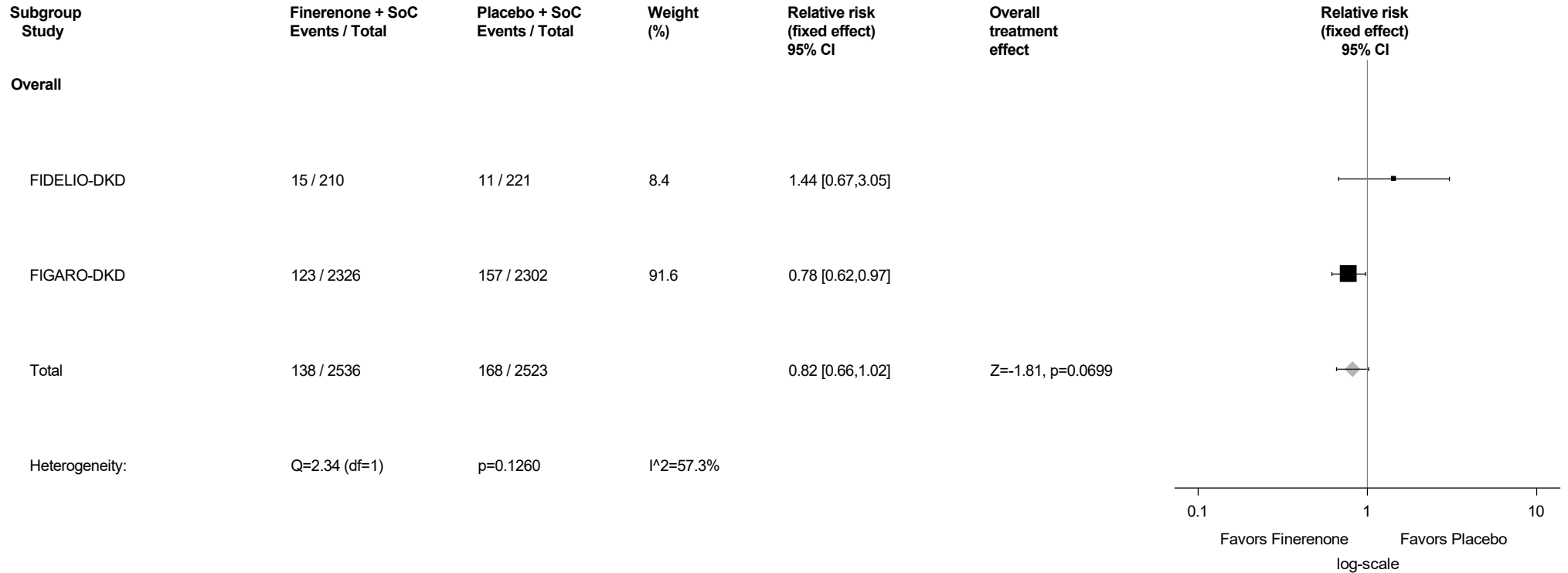
Figure B2.1.179: Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment SAEs
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, (S)AE=(serious) adverse event, SoC=standard of care.

Note: Post-treatment AEs are AEs that occurred more than 3 days after temporary (study drug interruption) or permanent stop of study drug.
 For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

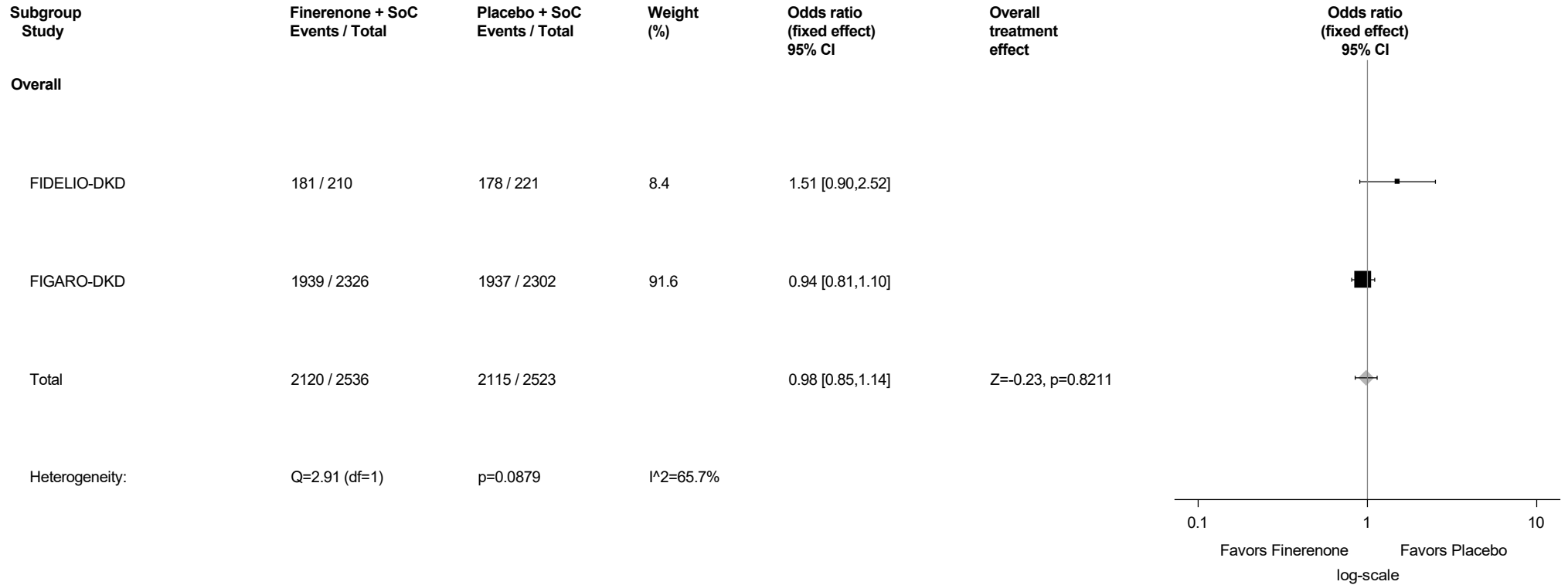
Figure B2.1.180: Forestplot for Relative Risk of Proportion of Subjects with Severe Post-Treatment AEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, RR=relative risk, (S)AE=(serious) adverse event, SoC=standard of care.

Note: Post-treatment AEs are AEs that occurred more than 3 days after temporary (study drug interruption) or permanent stop of study drug.
For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.1: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



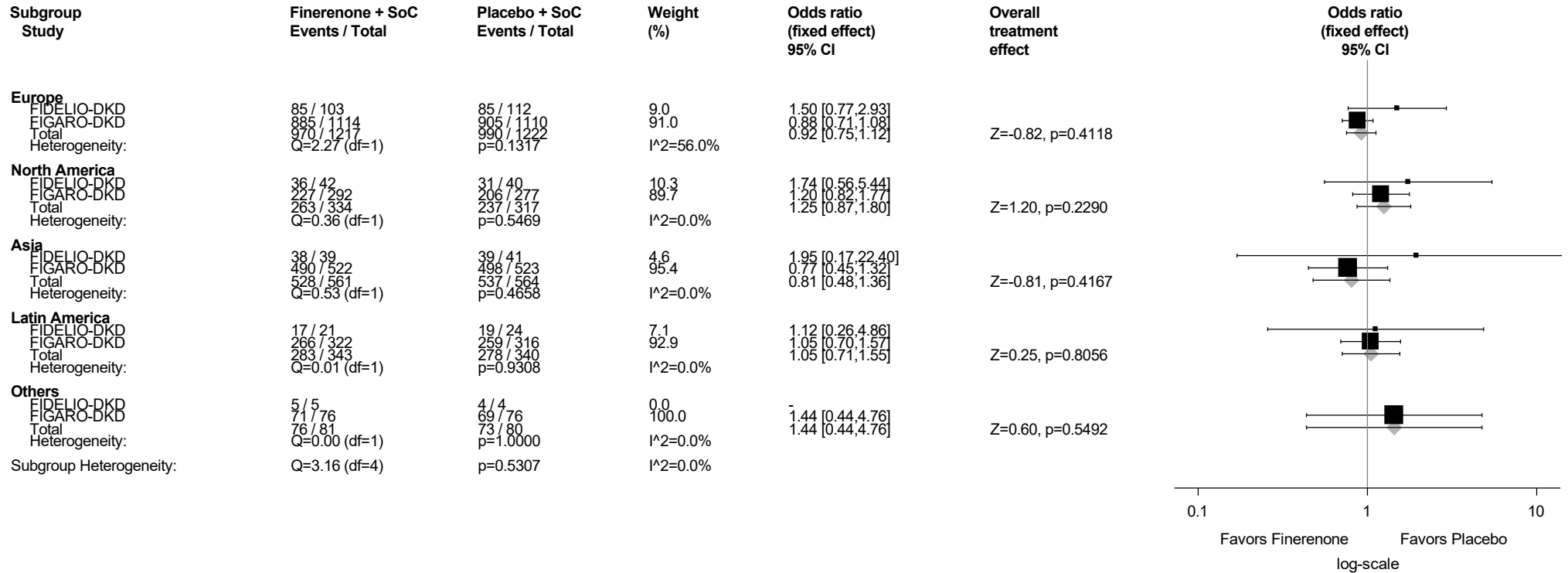
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.1.1: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Region
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



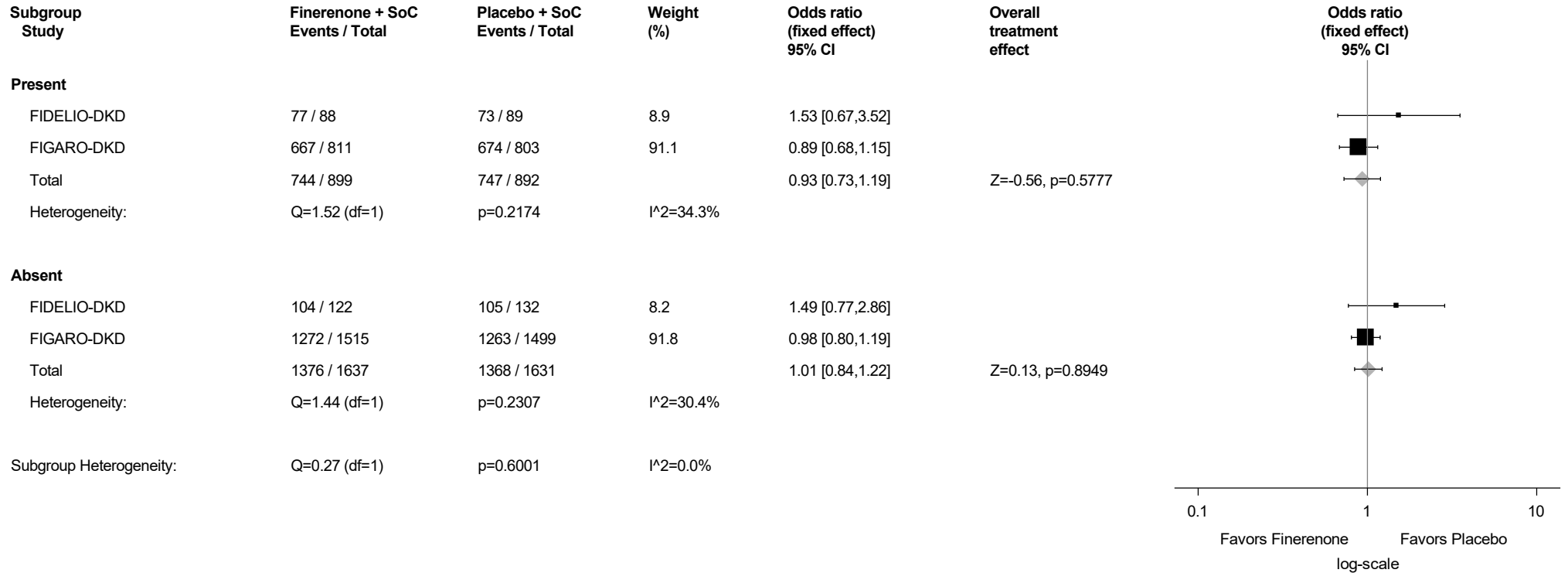
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.1.2: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



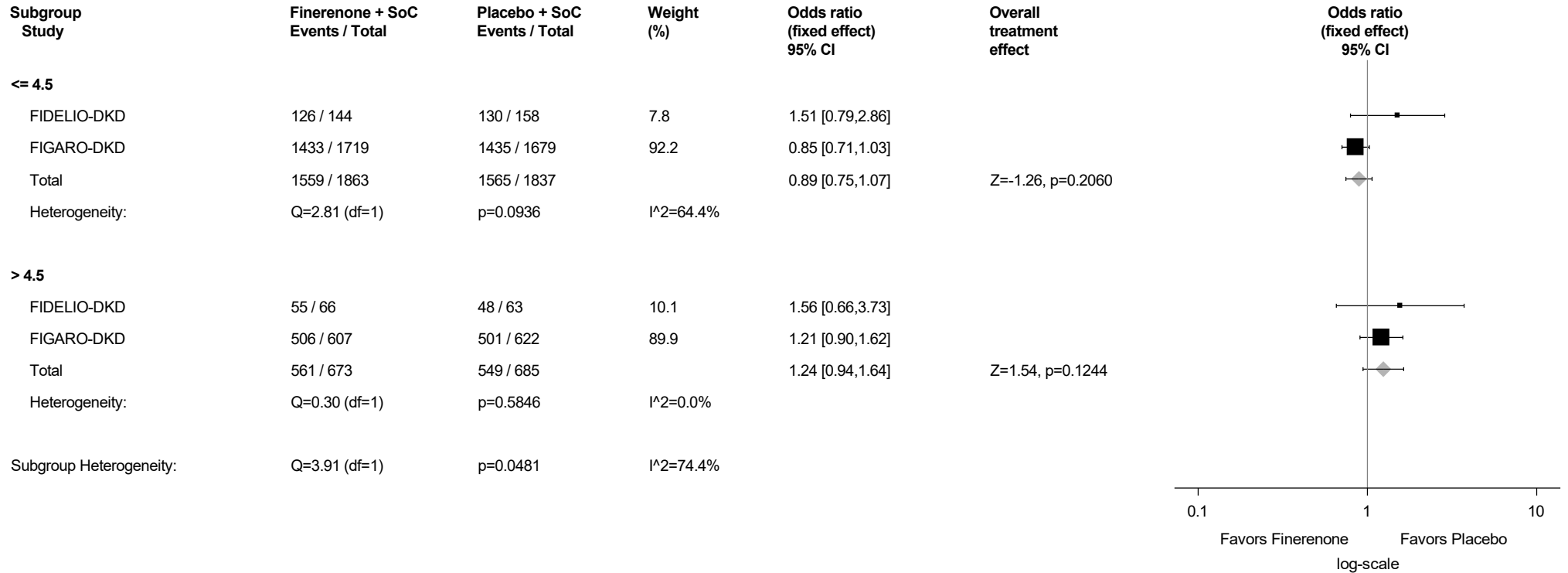
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.1.3: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



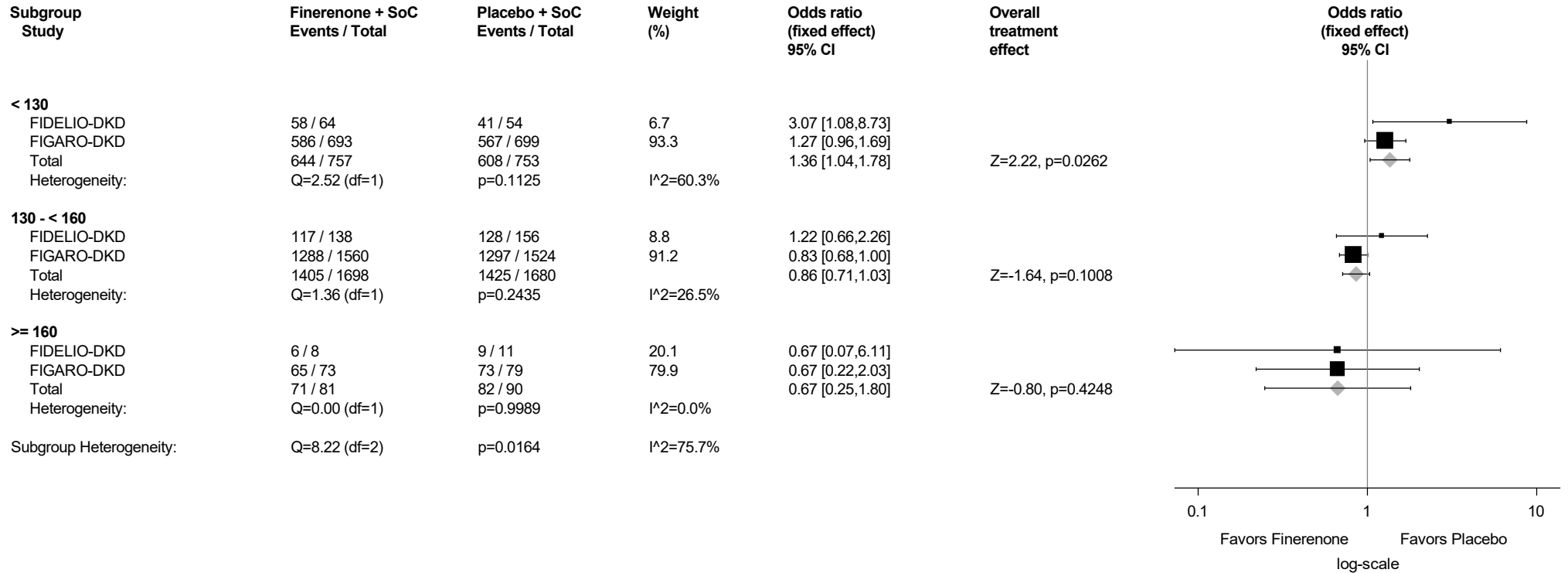
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.1.4: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



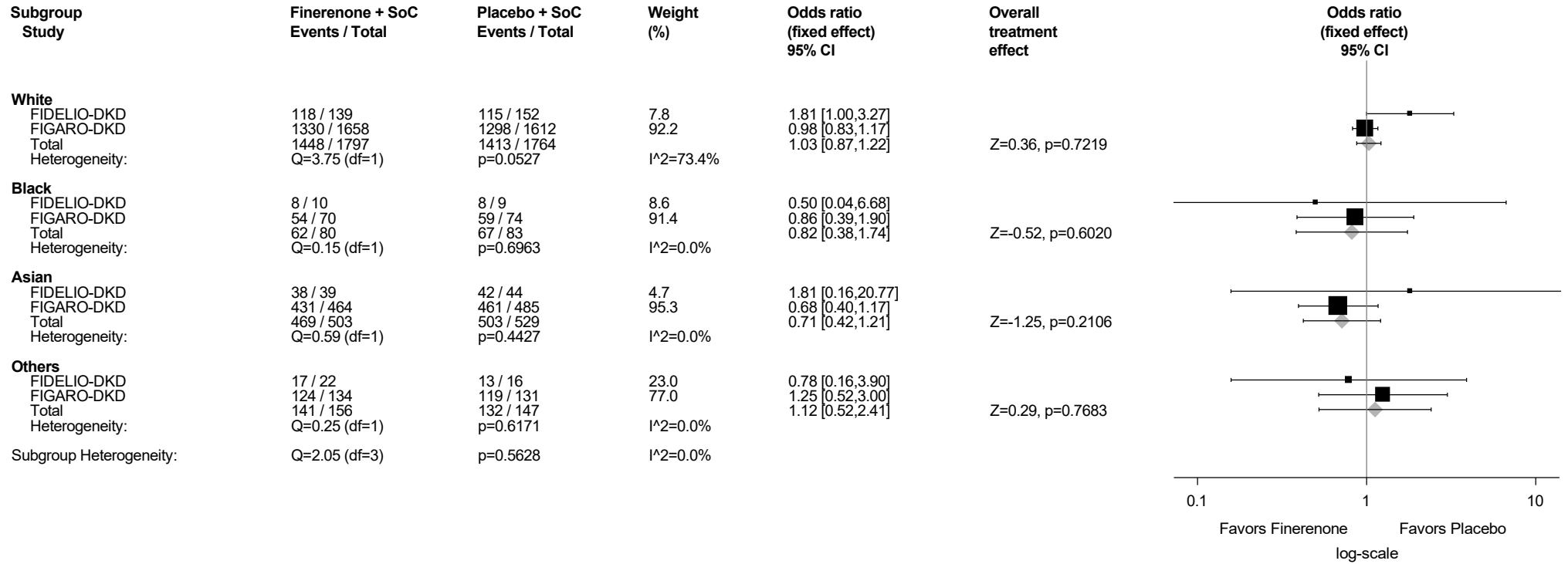
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.1.5: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Race
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



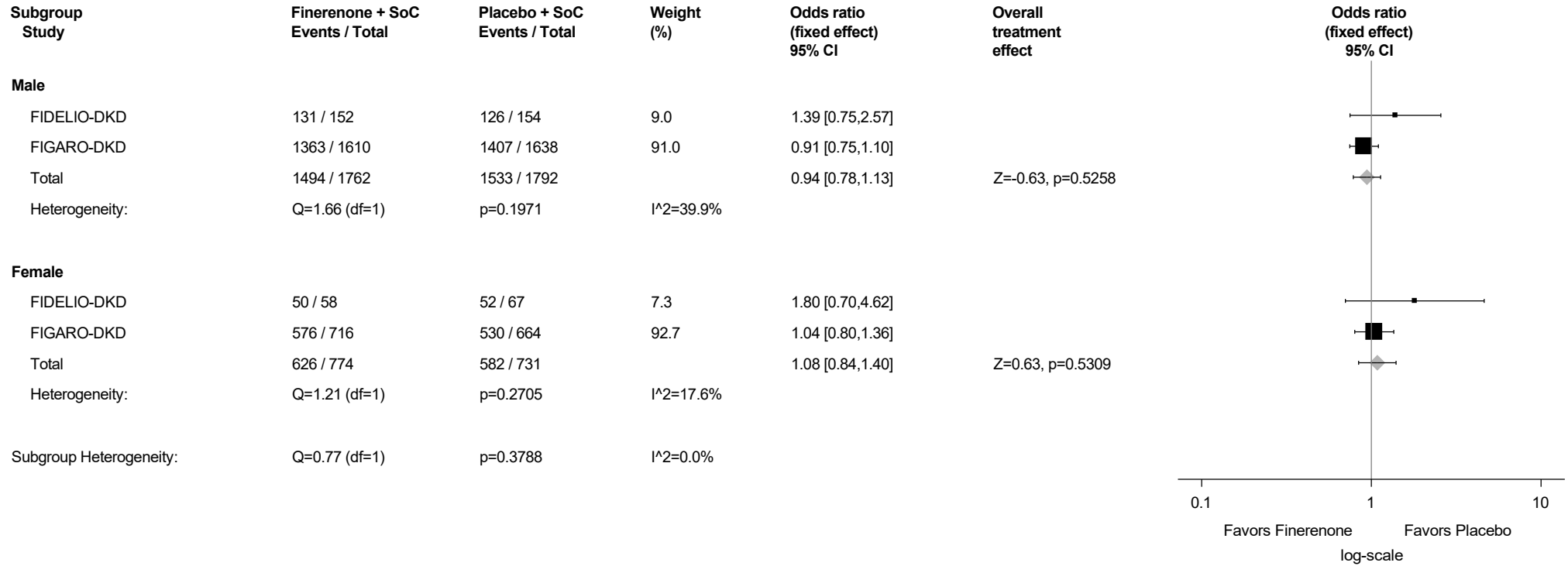
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.1.6: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Sex
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



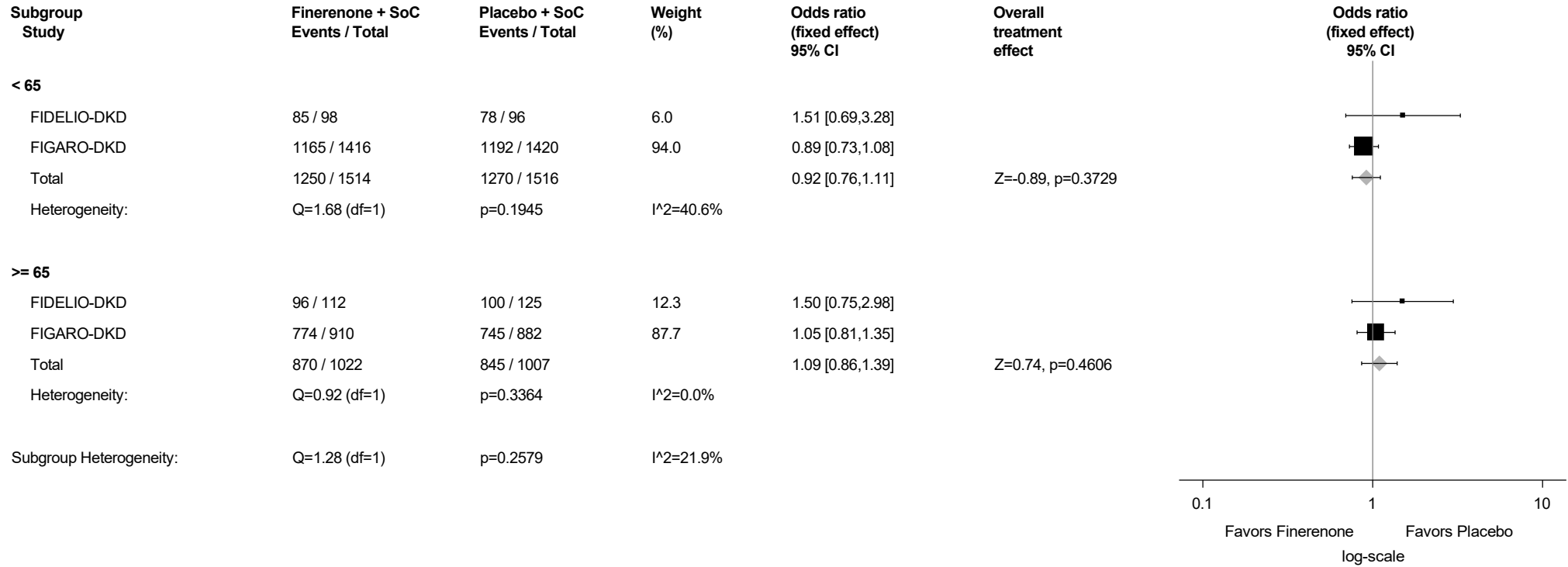
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.1.7: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



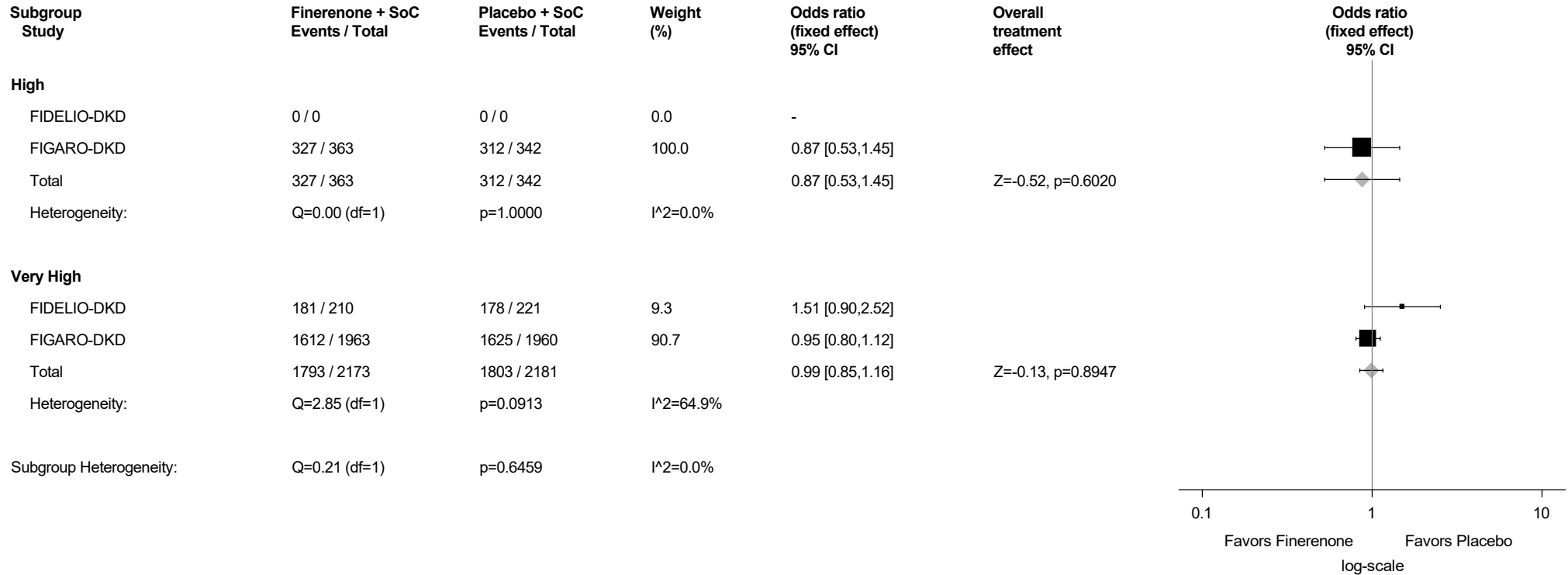
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.1.8: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



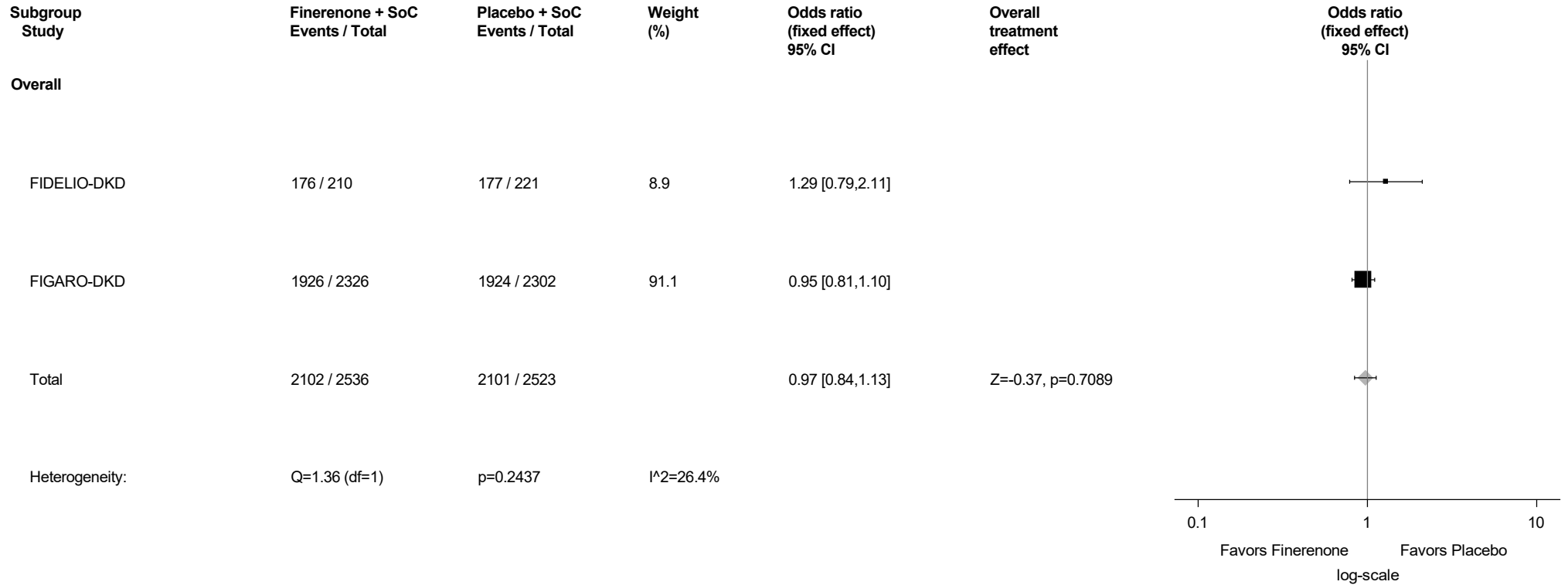
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

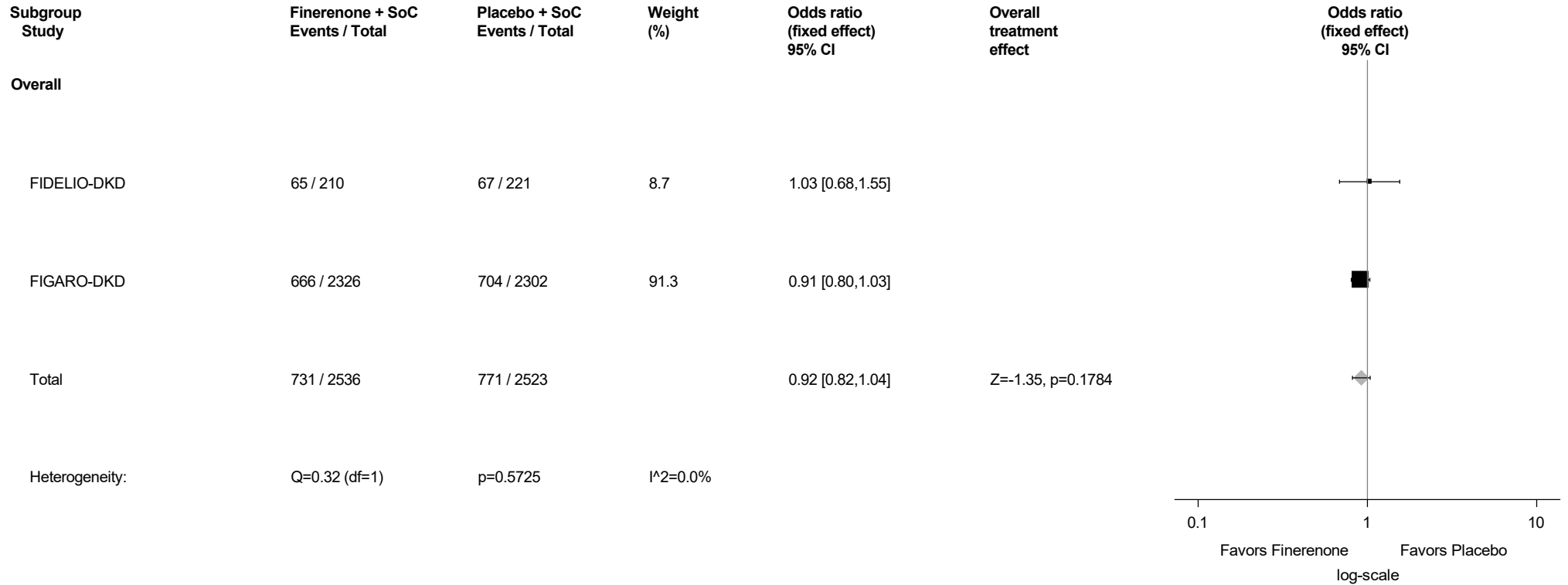
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.2: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs Excluding Progression-Related Events Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



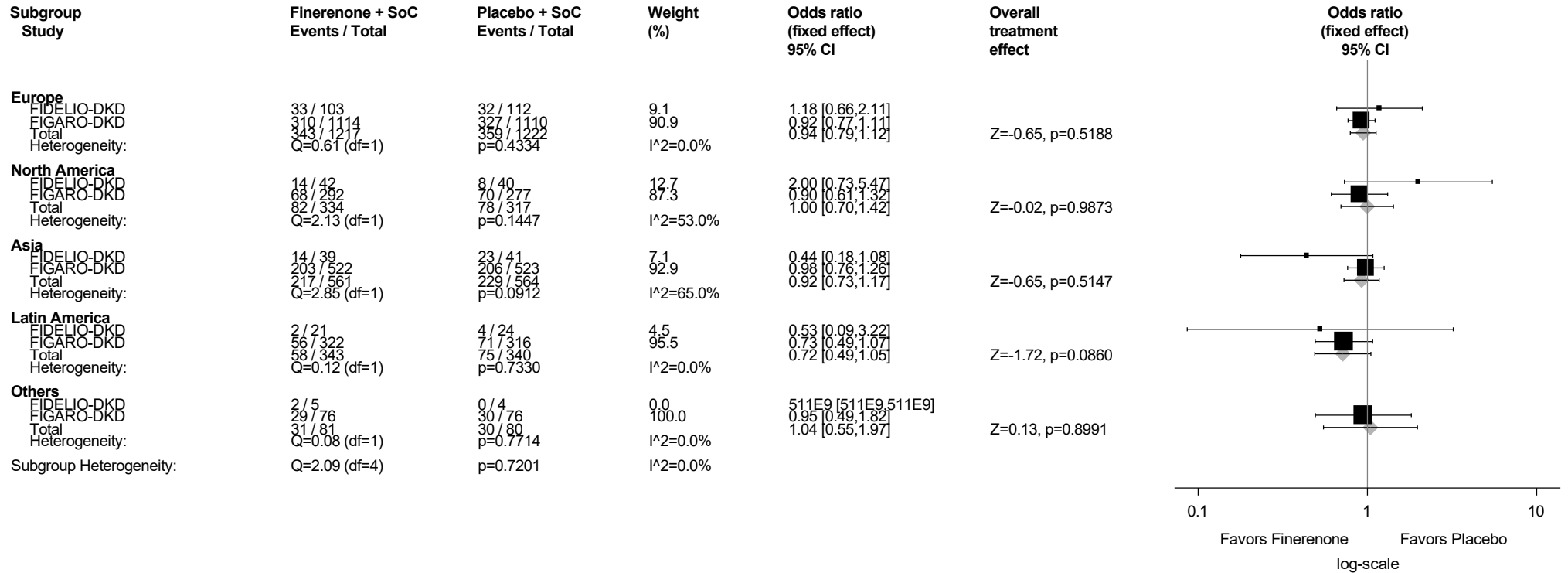
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.3: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.3.1: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Region
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



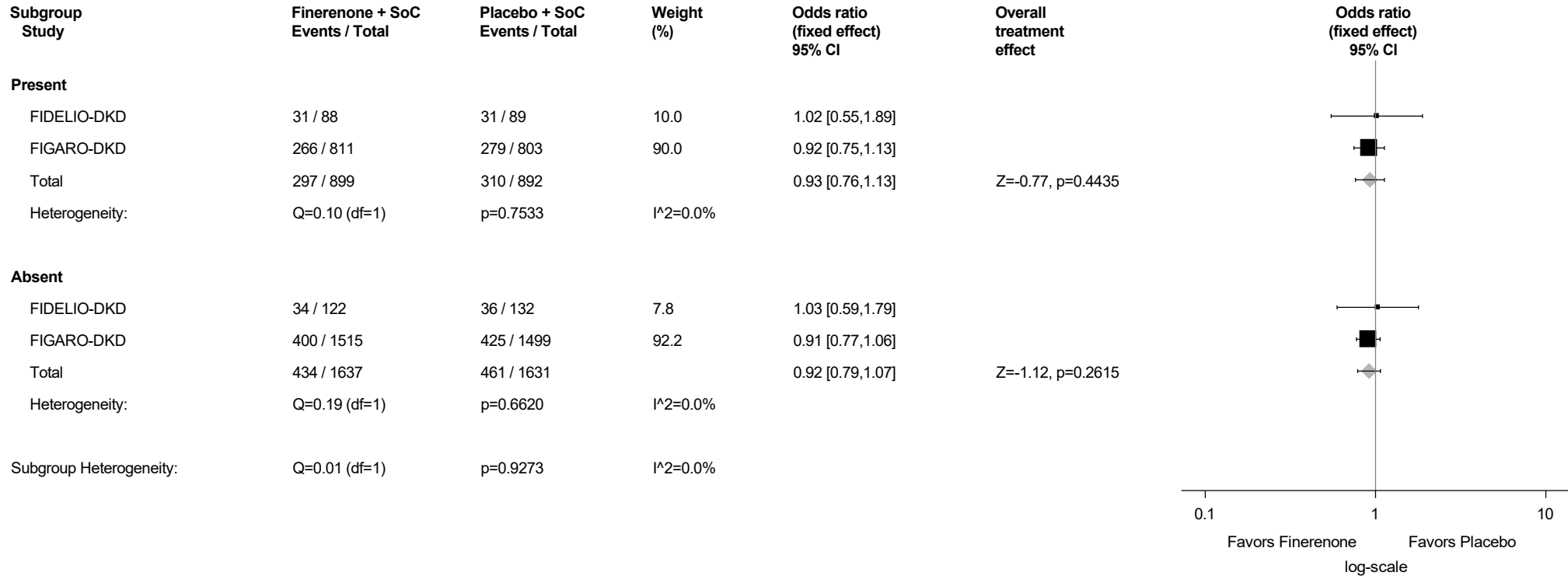
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.3.2: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

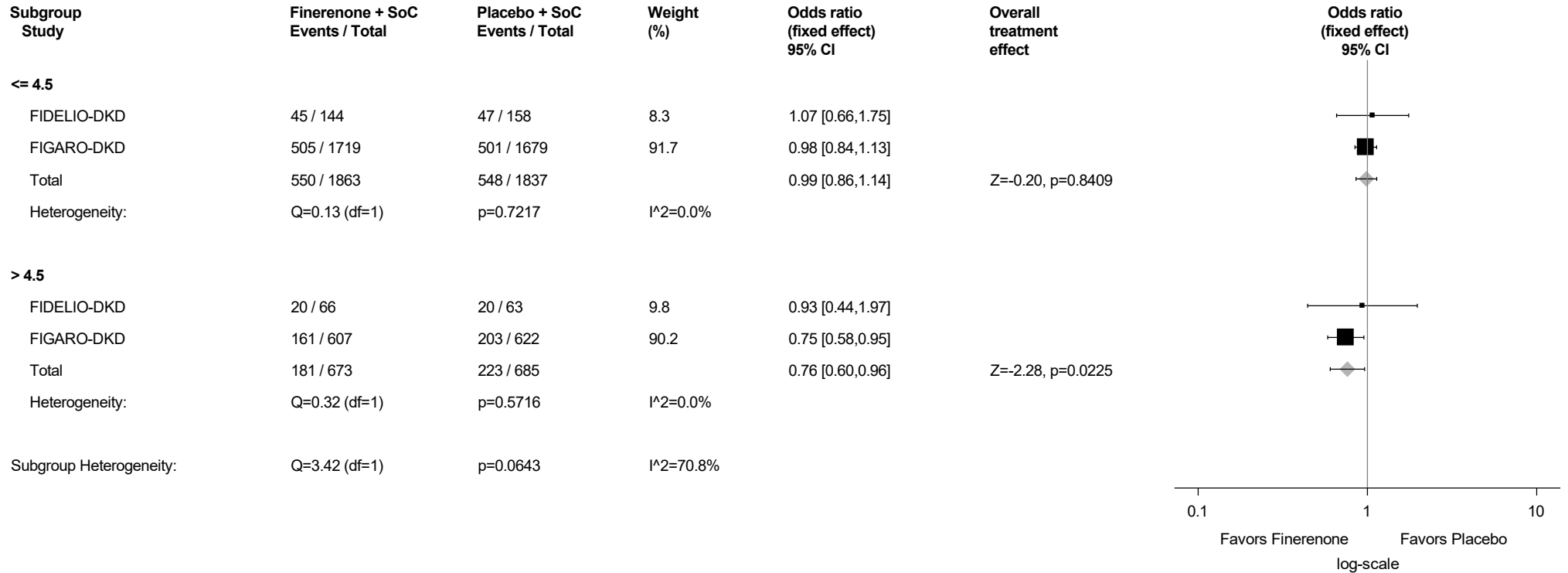


Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

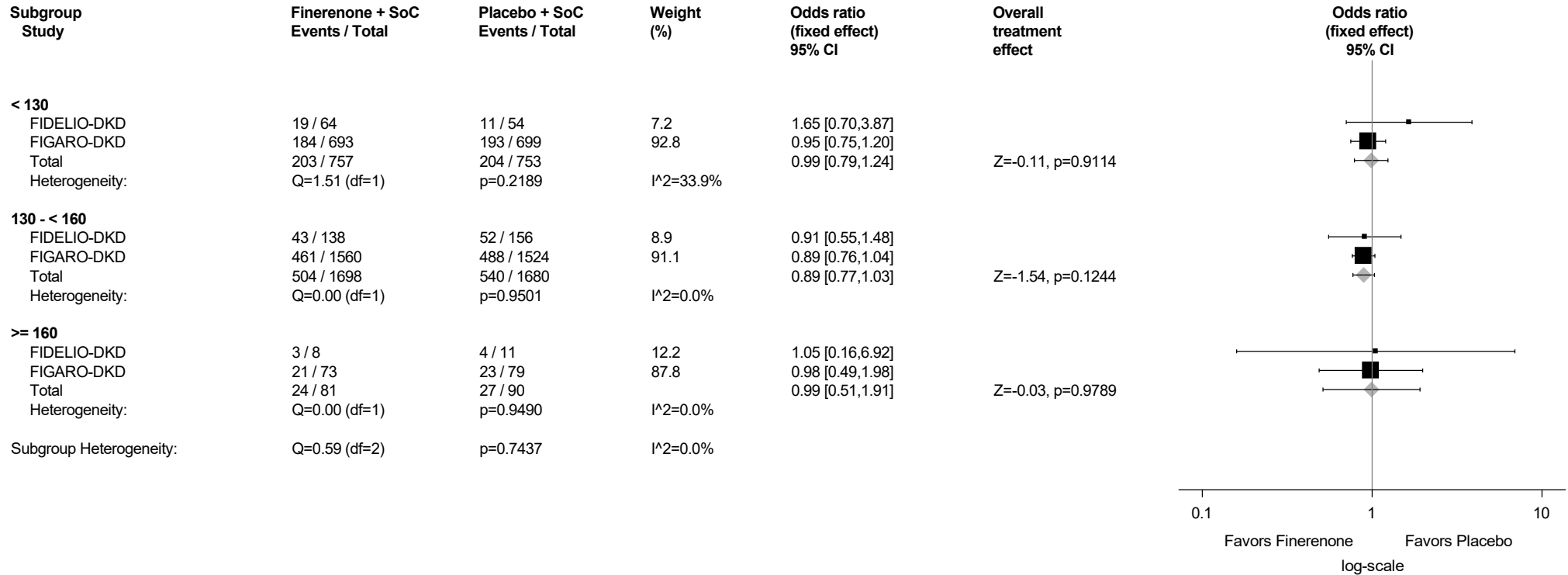
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.3.3: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

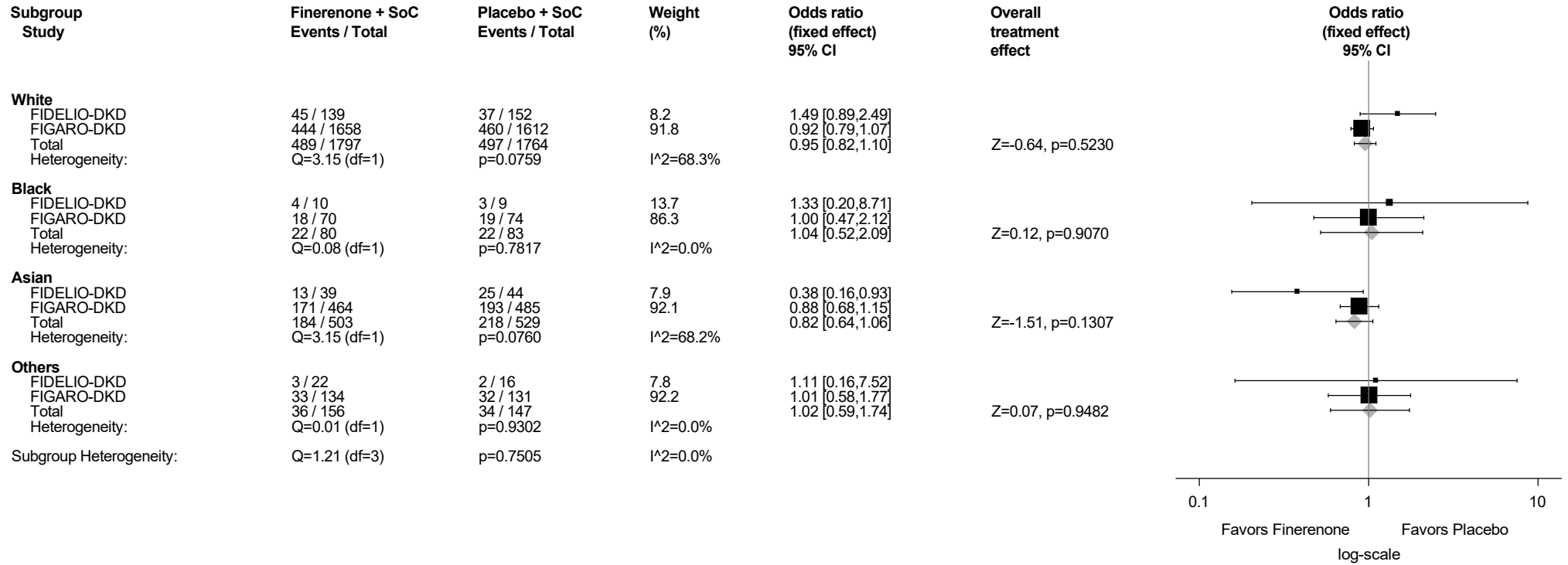
Figure B2.2.3.4: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.3.5: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Race
Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

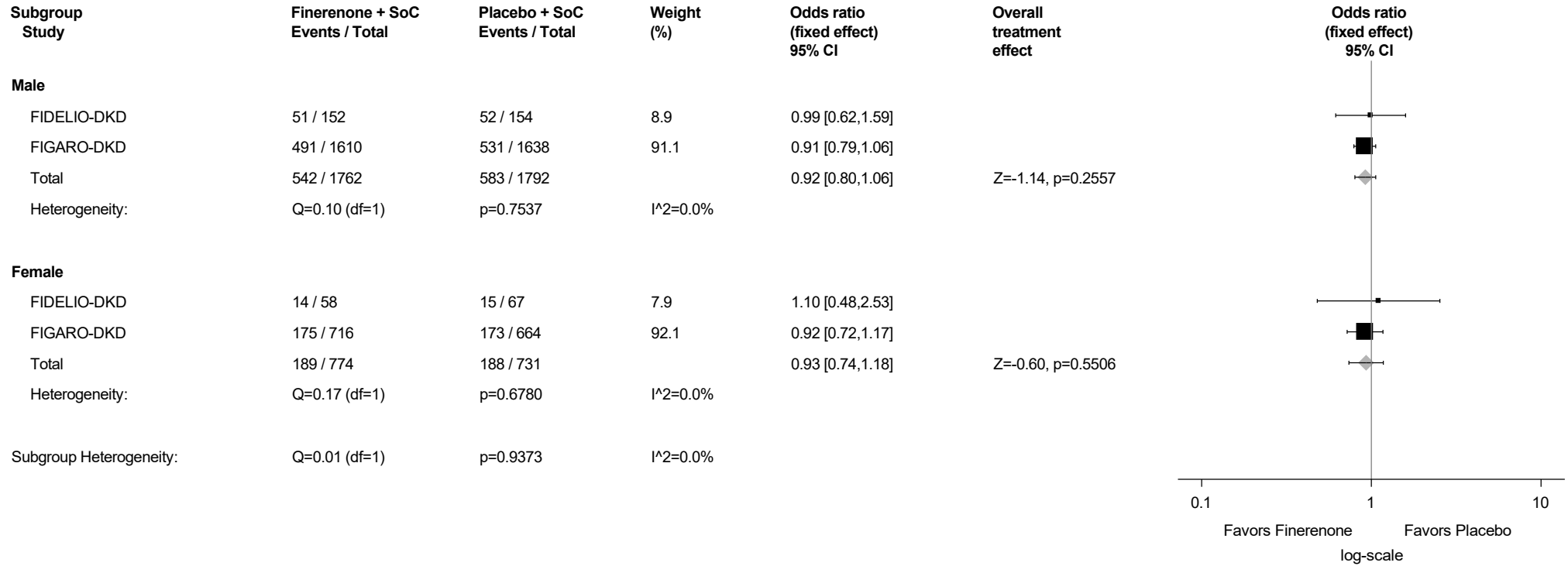
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

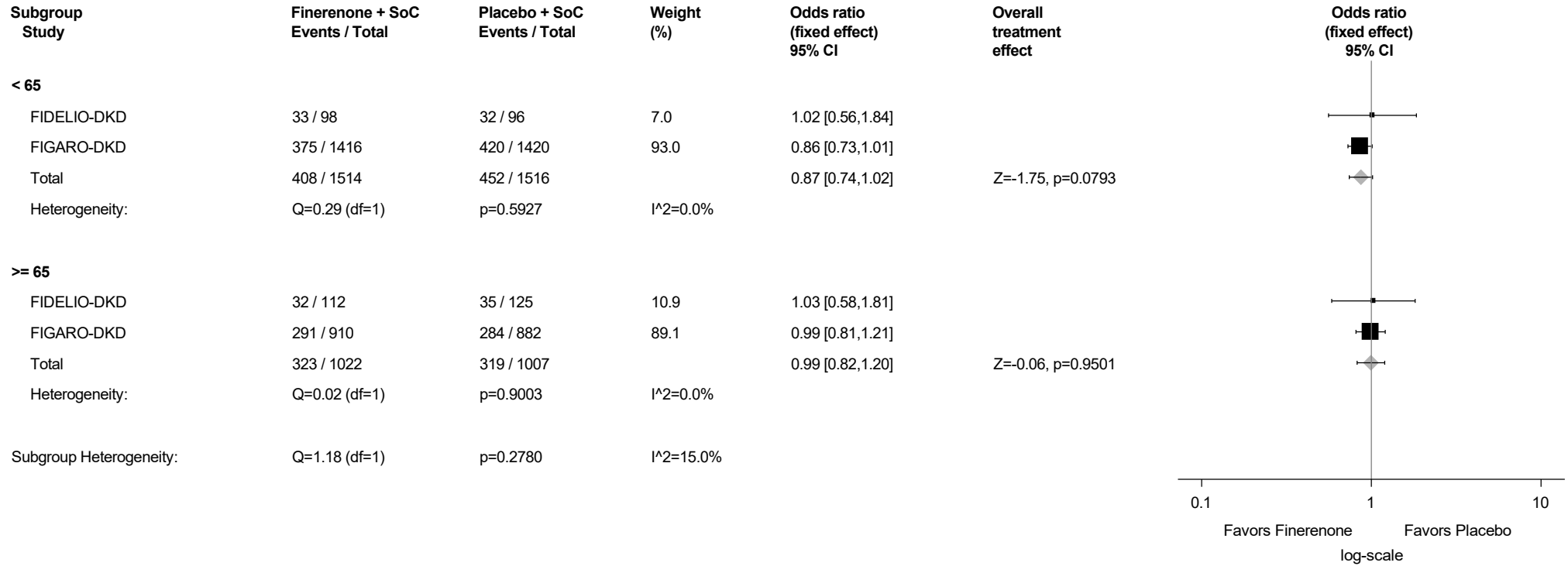
Category 'Missing' was excluded from meta-analysis.

Figure B2.2.3.6: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Sex
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



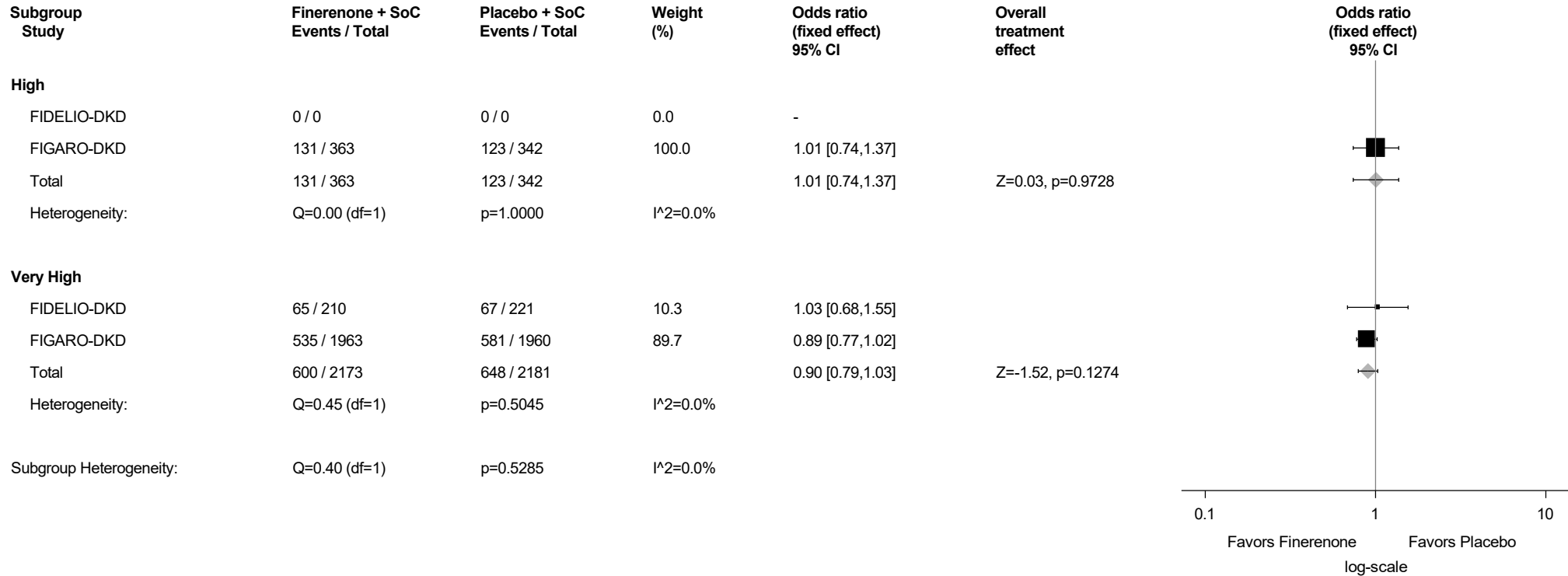
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure B2.2.3.7: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure B2.2.3.8: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

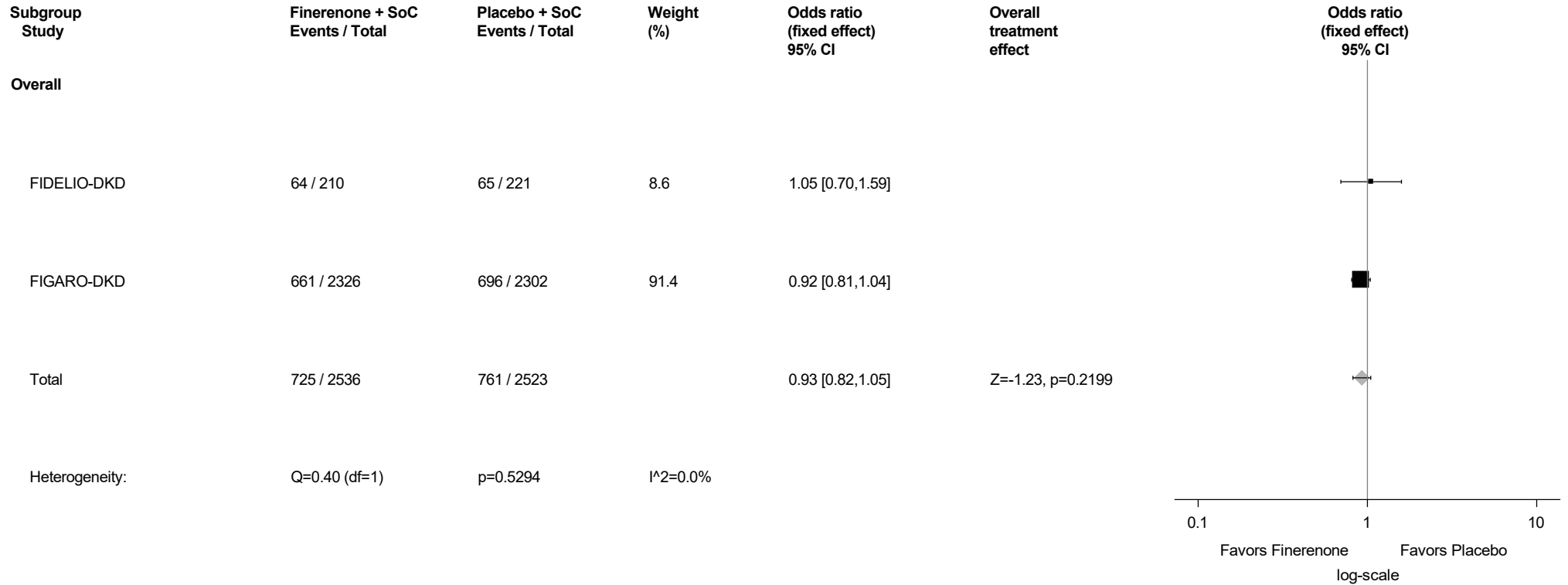


Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.4: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs Excluding Progression-Related Events Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



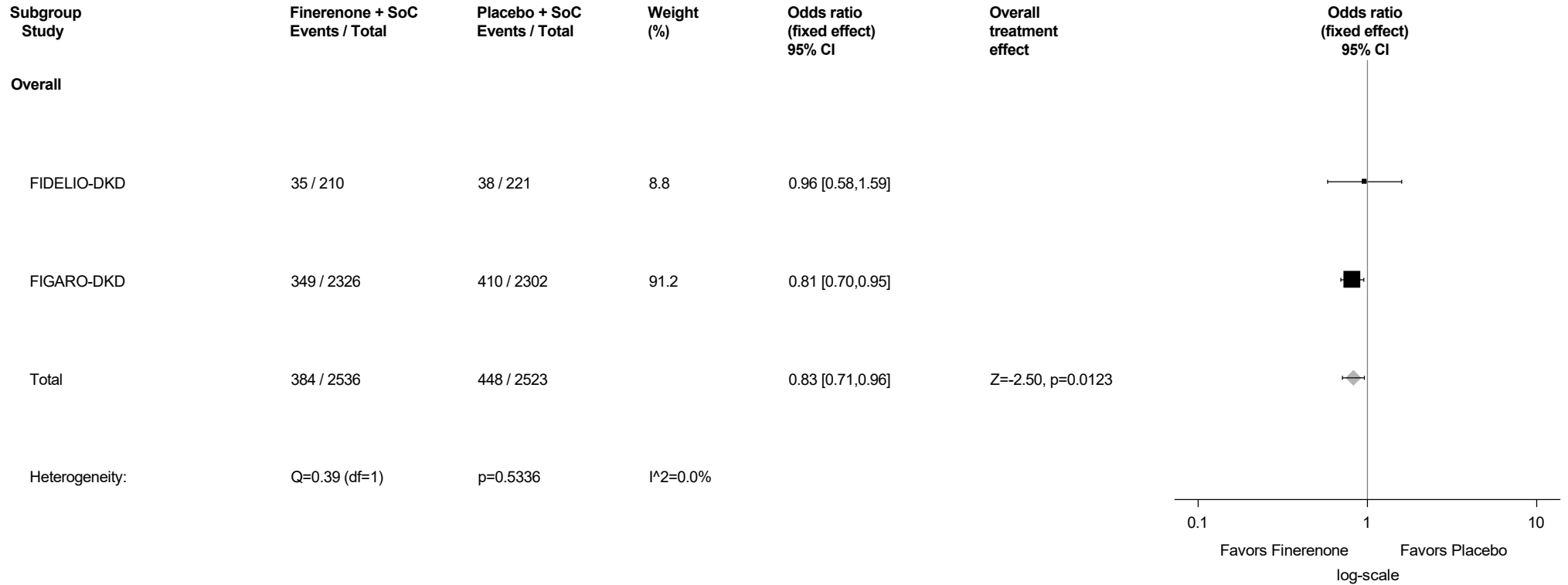
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

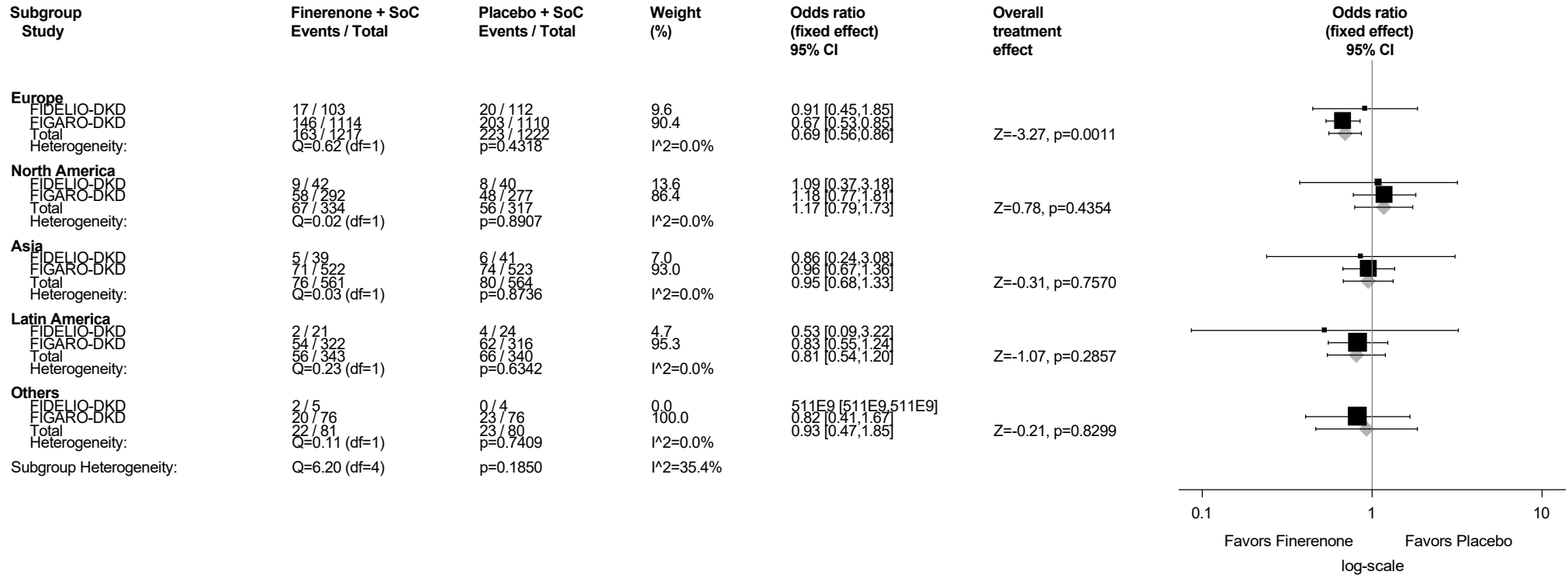
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.5: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.5.1: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Region
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



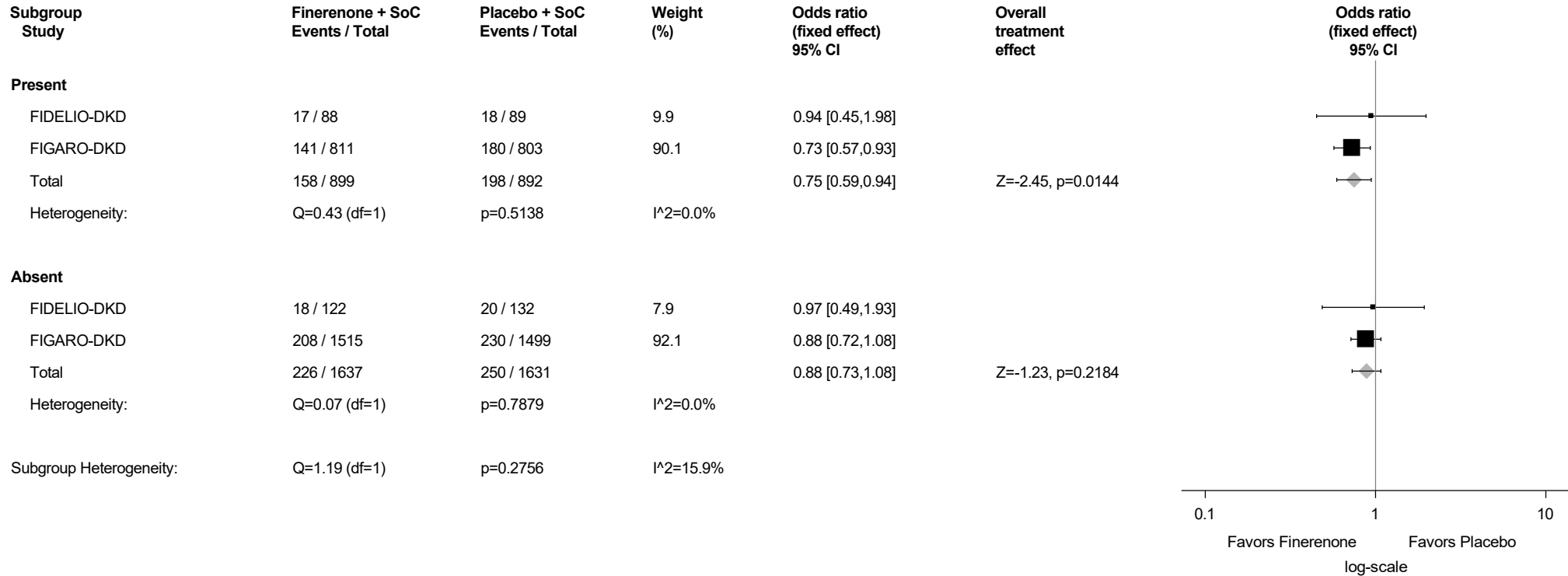
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

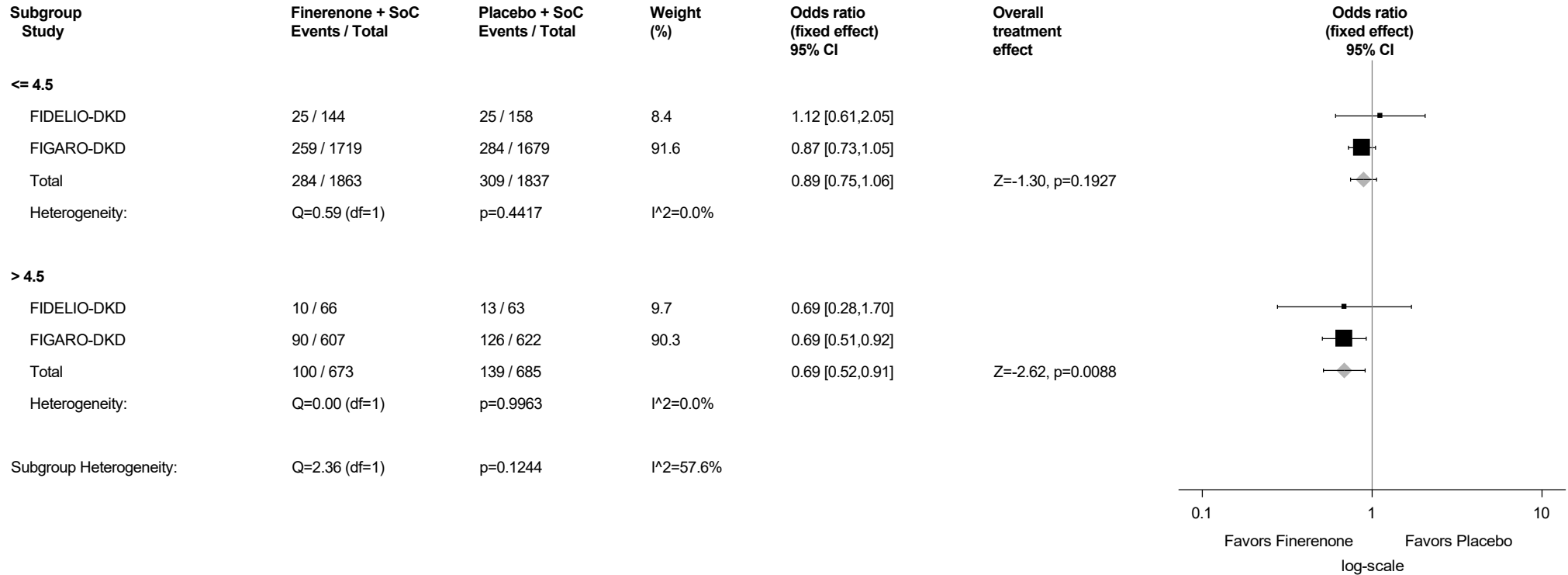
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.5.2: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by History of CVD Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



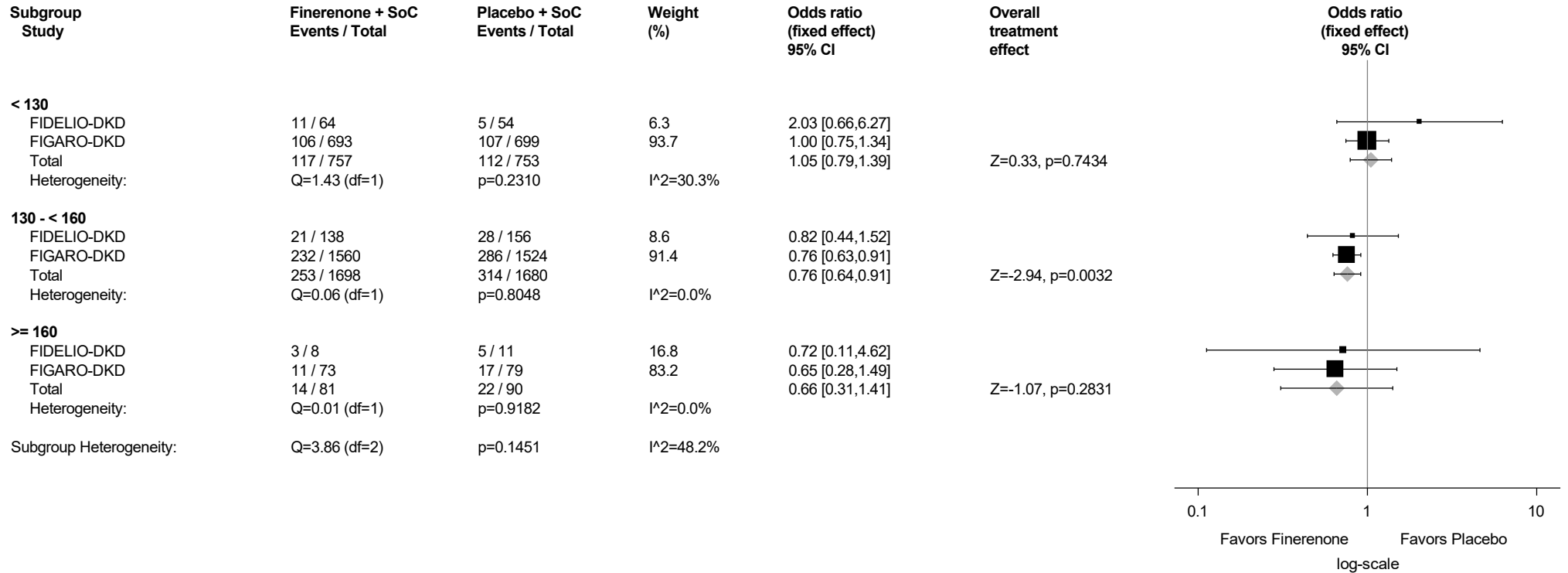
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.5.3: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.5.4: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

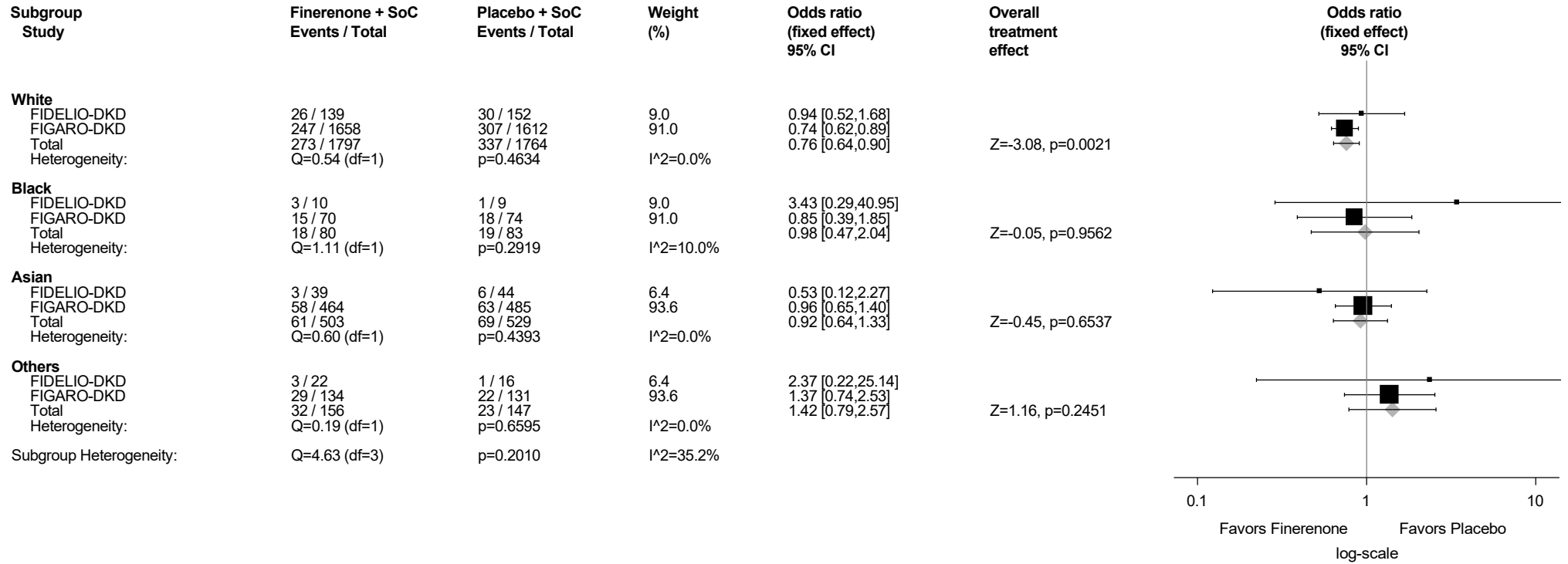


Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.5.5: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Race
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



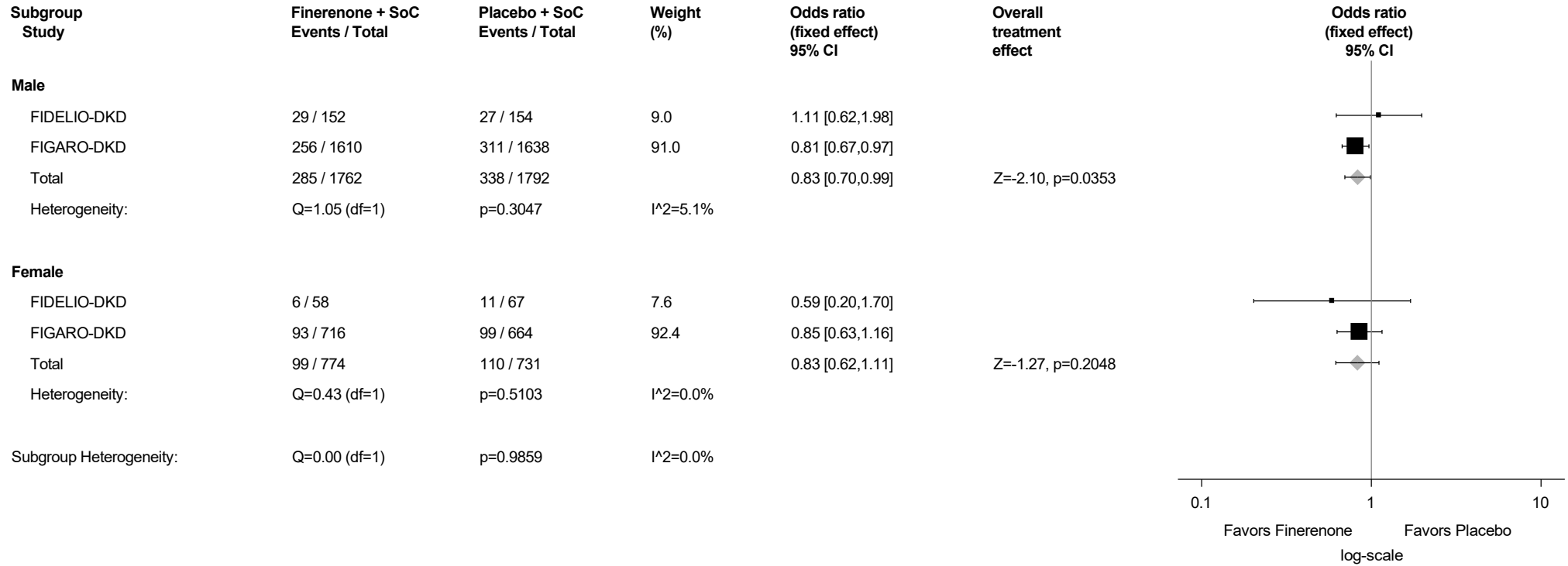
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

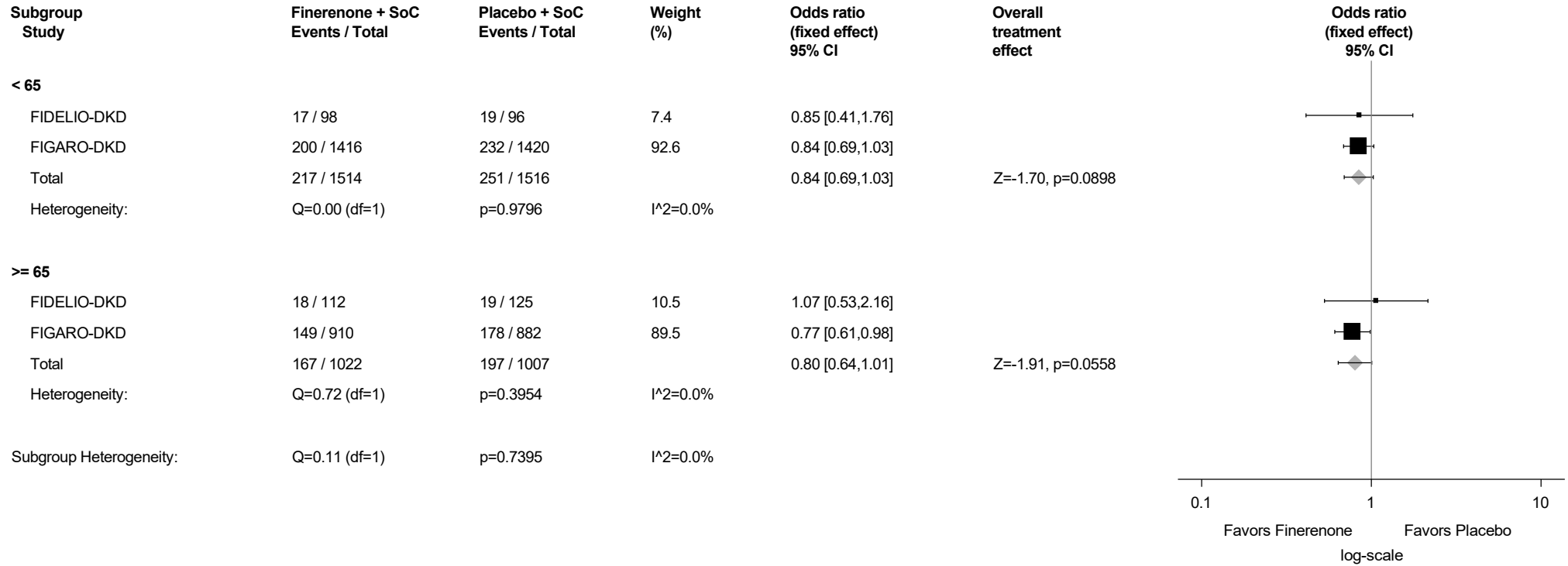
Category 'Missing' was excluded from meta-analysis.

Figure B2.2.5.6: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Sex
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



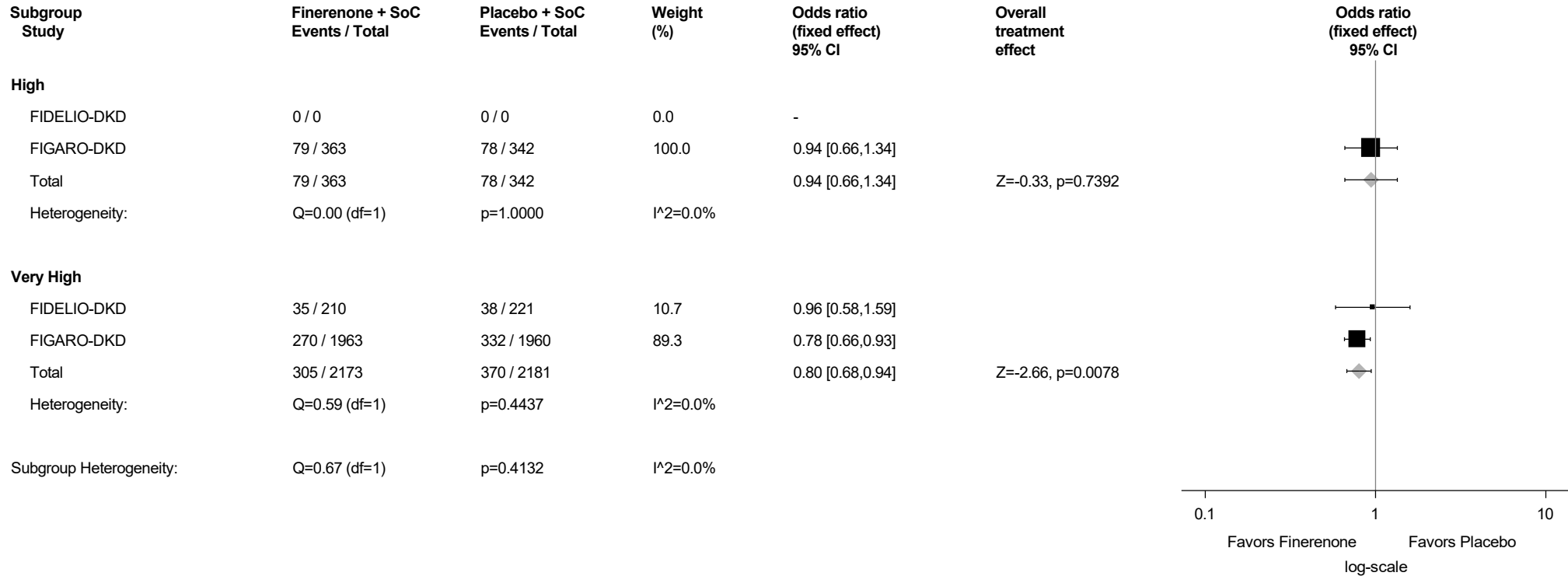
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure B2.2.5.7: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure B2.2.5.8: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

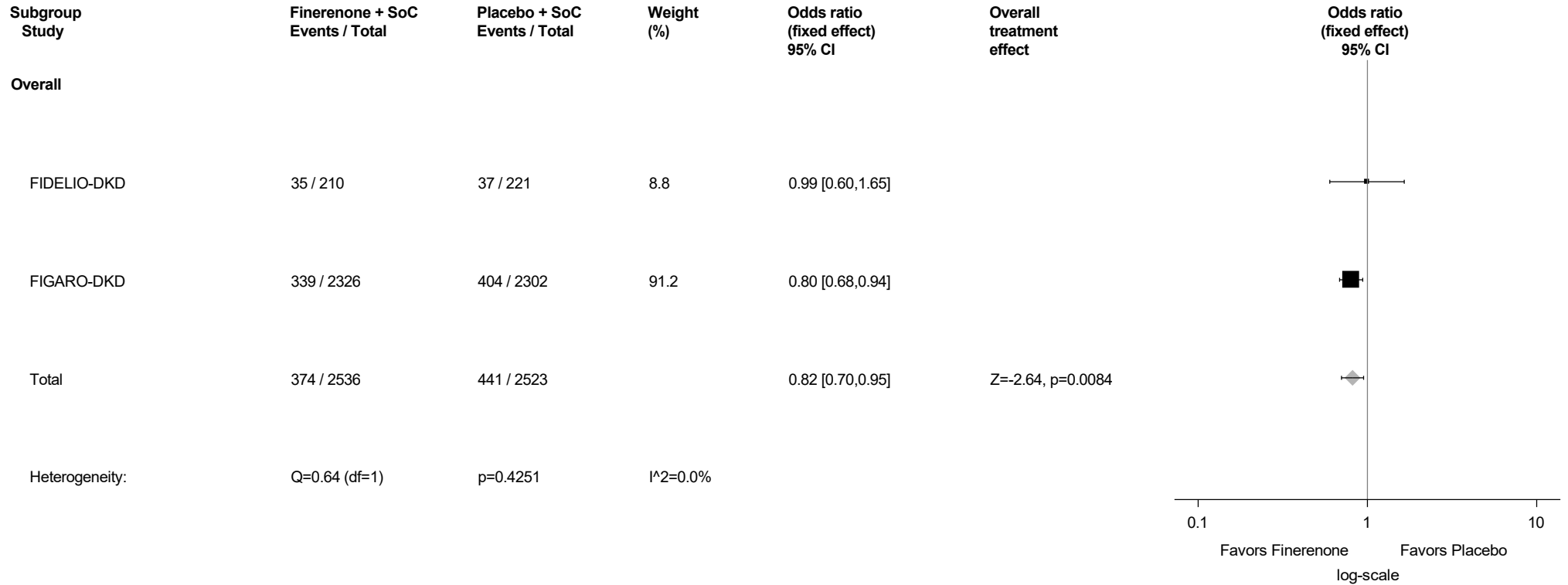


Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

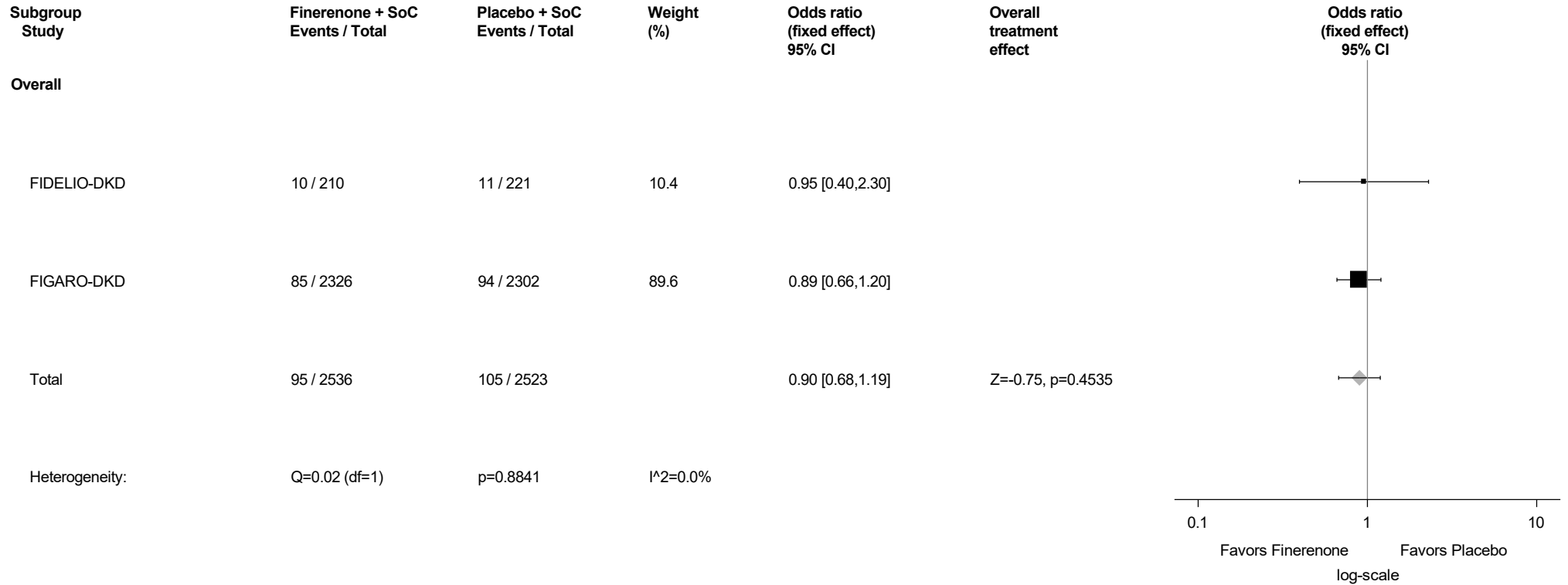
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.6: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



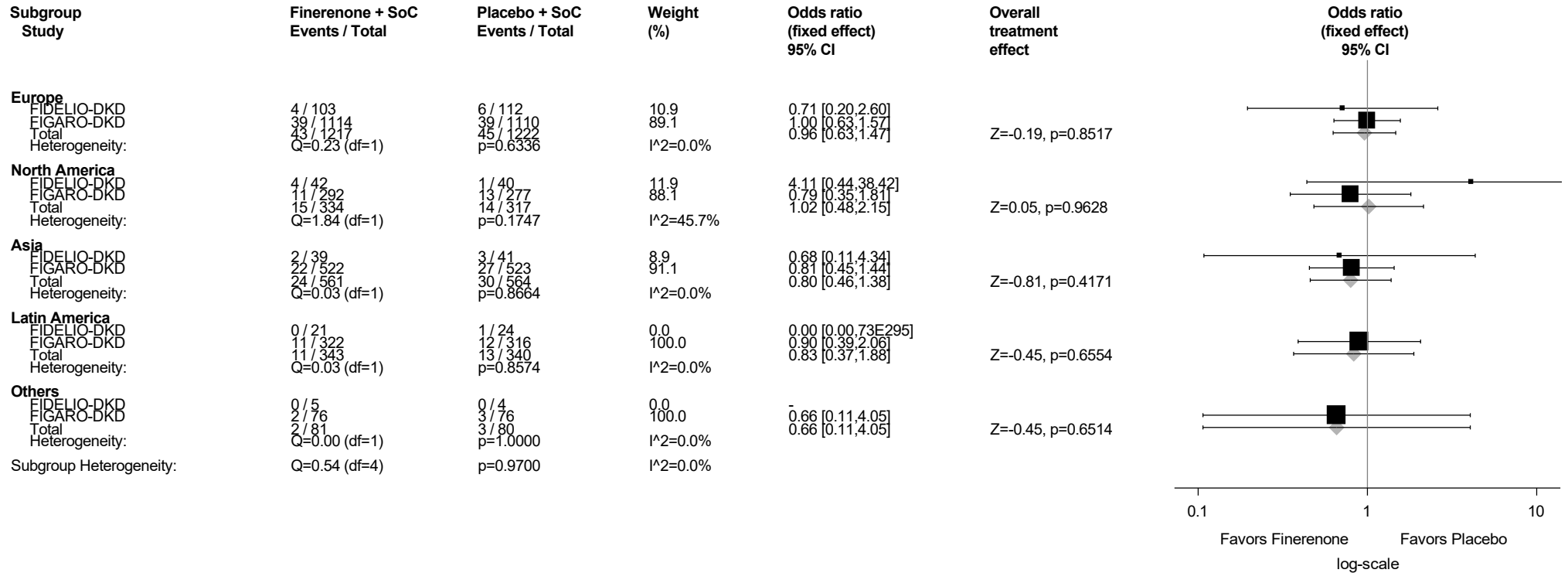
Abbreviations: CI=confidence interval, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.7: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.7.1: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



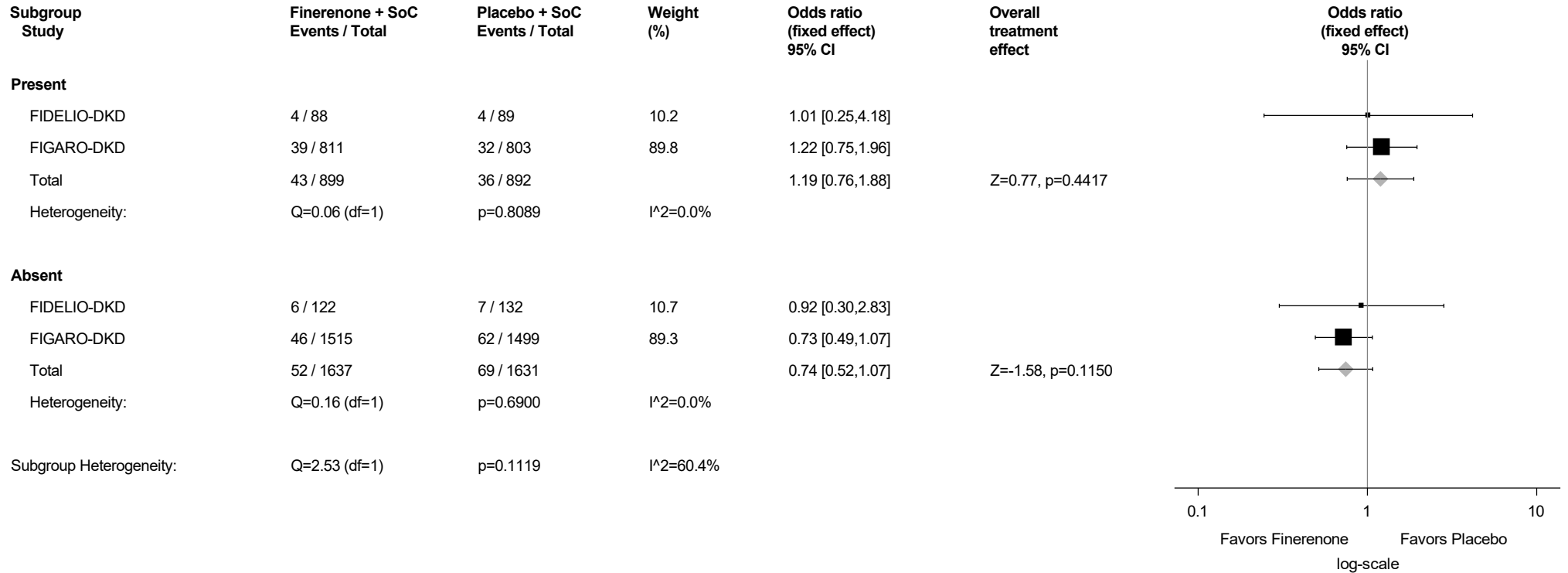
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.7.2: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



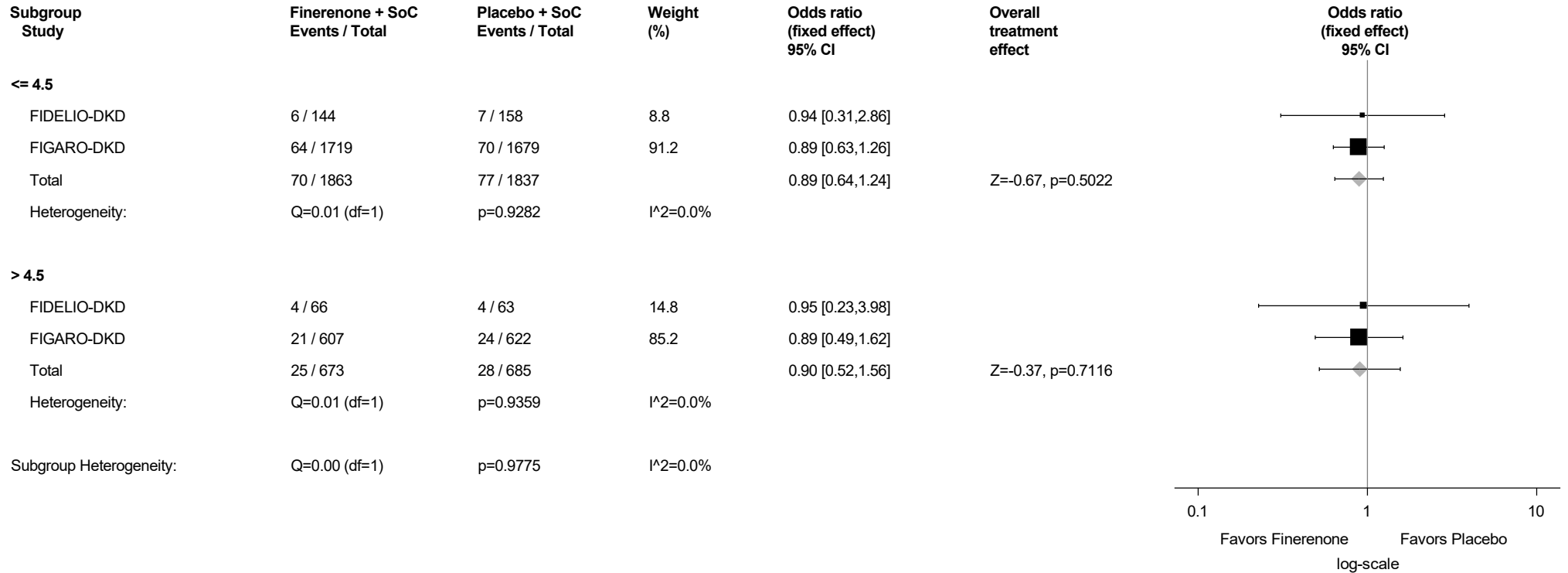
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.7.3: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



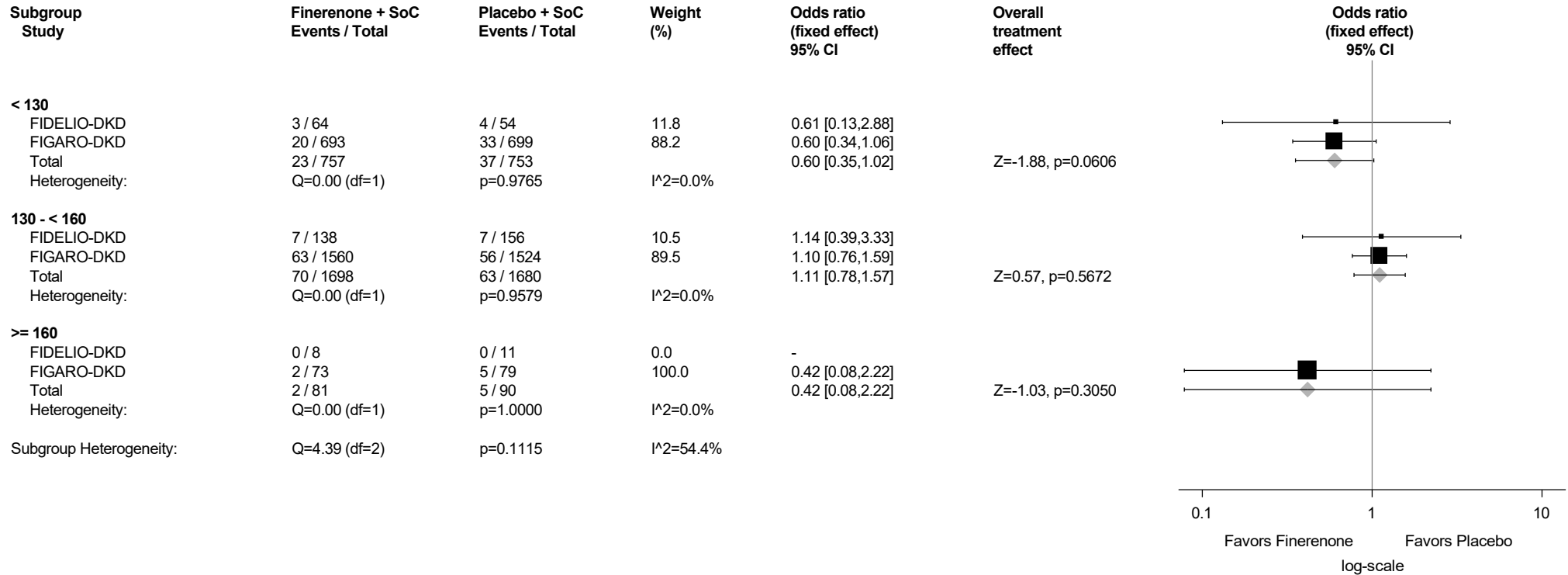
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.7.4: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2

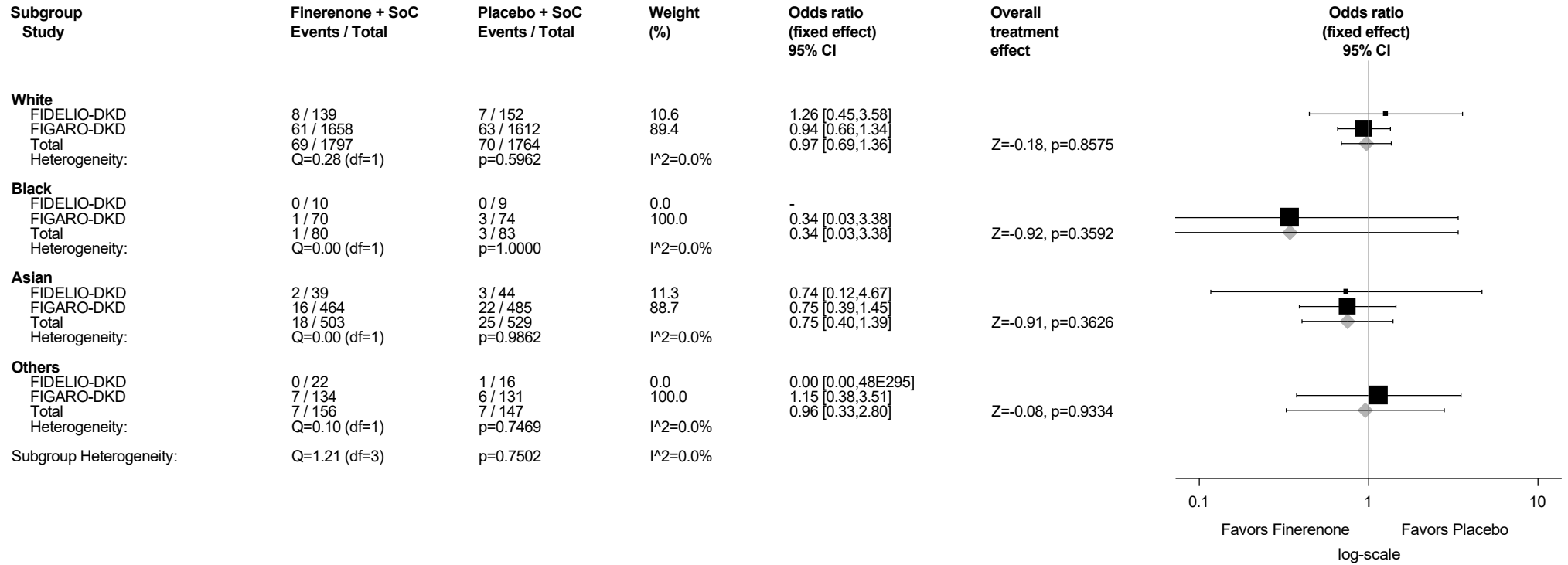


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.7.5: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race Safety Analysis Set - Screening eGFR \geq 60 ml/min/1.73m²

Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

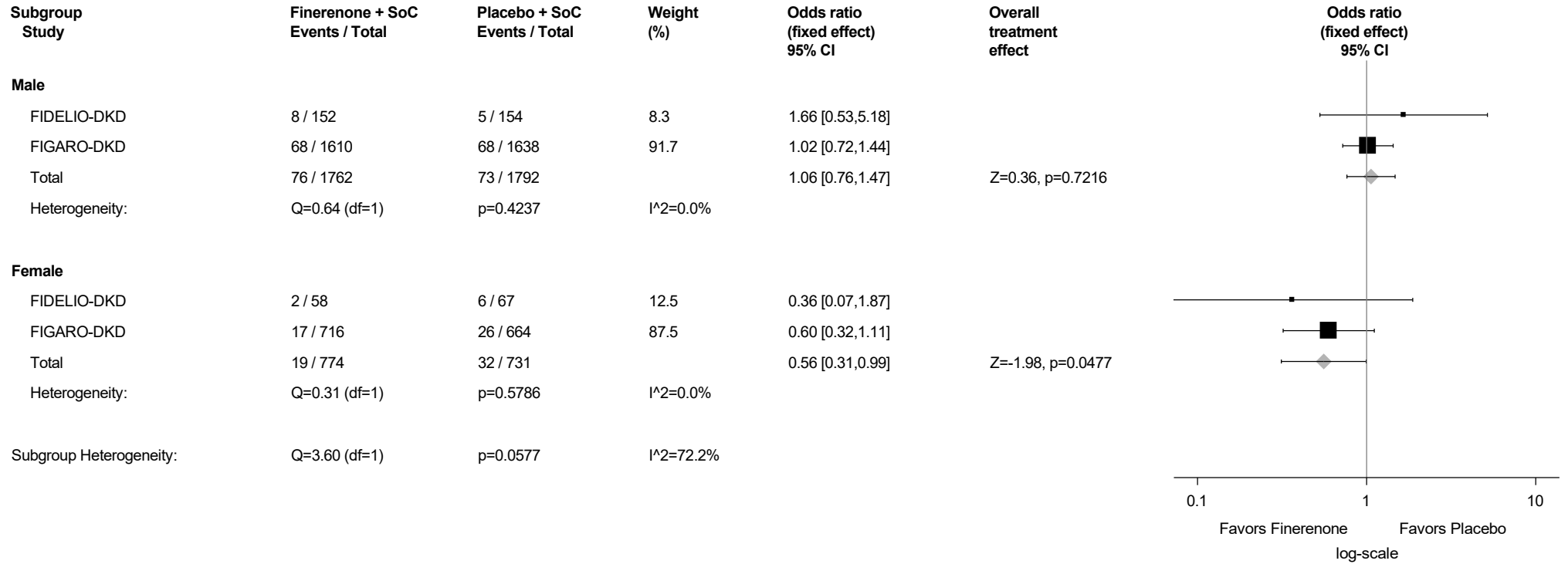
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.7.6: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



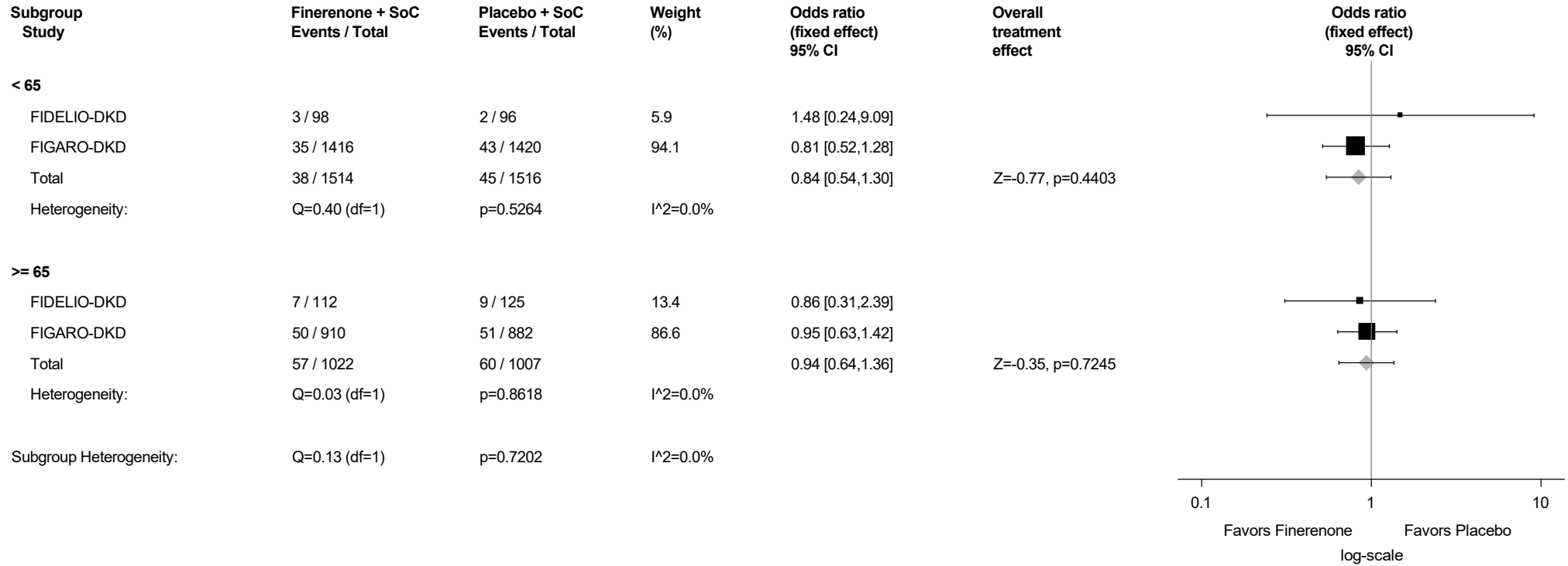
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.7.7: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



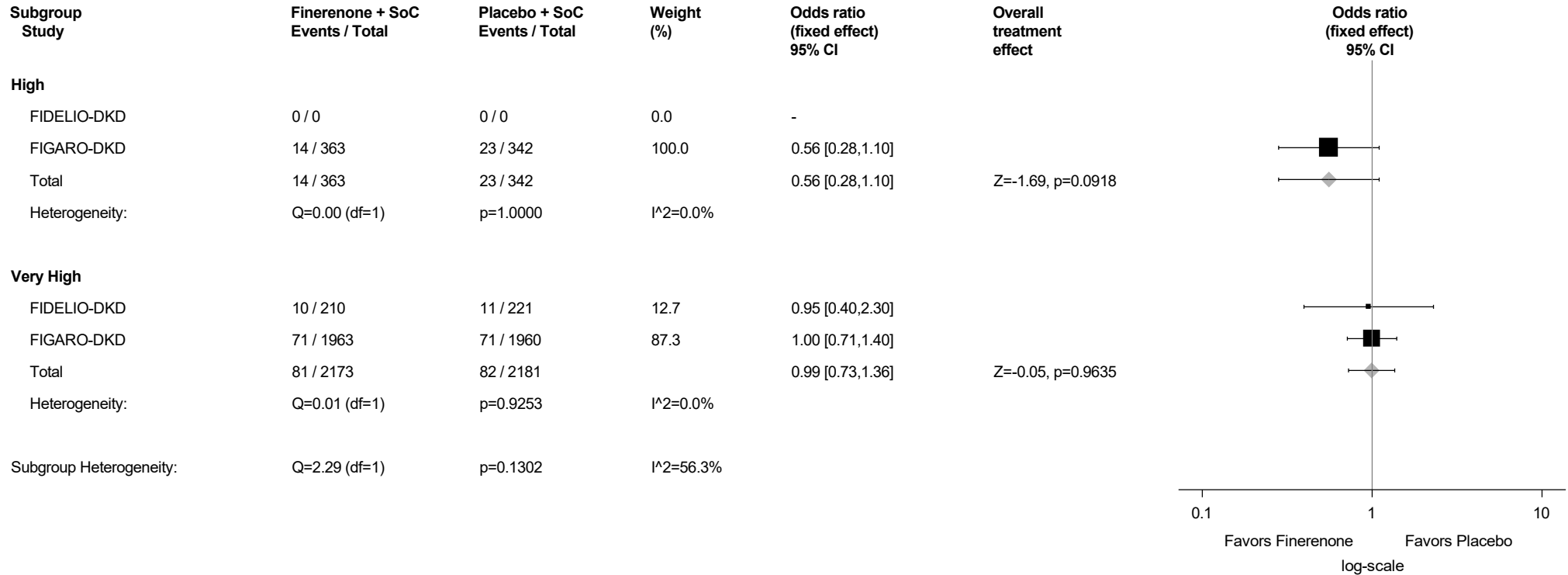
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.7.8: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



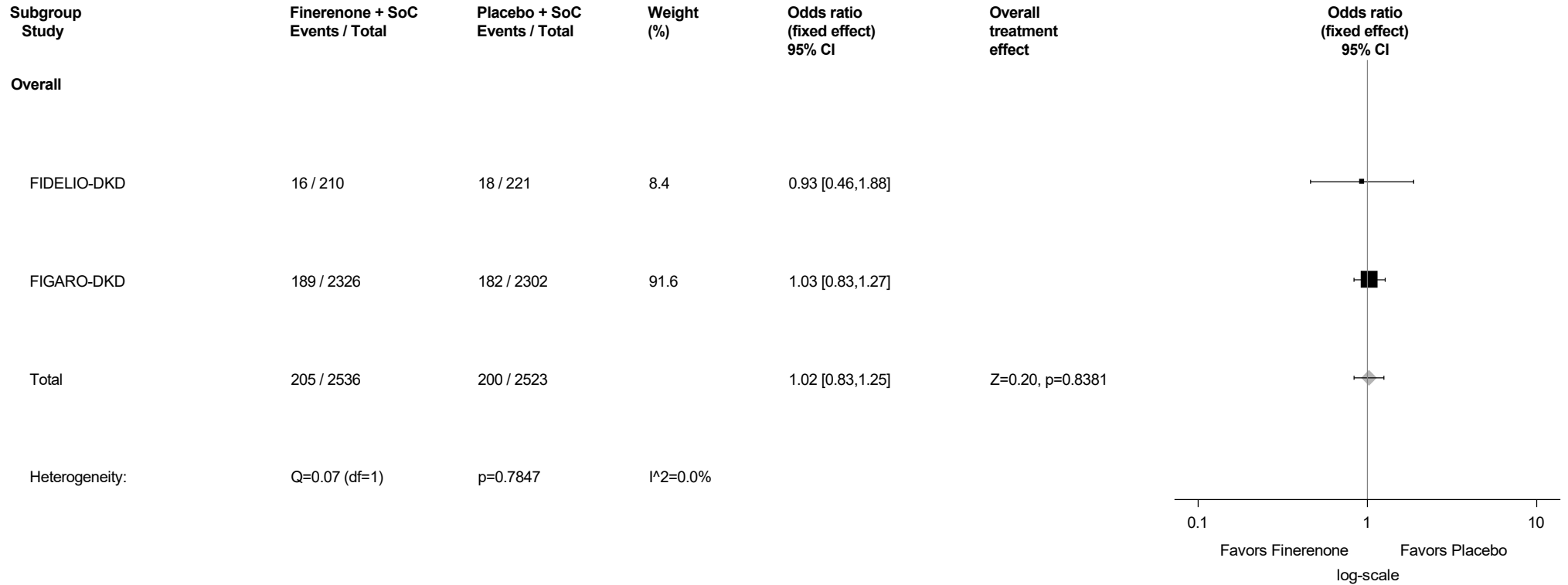
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

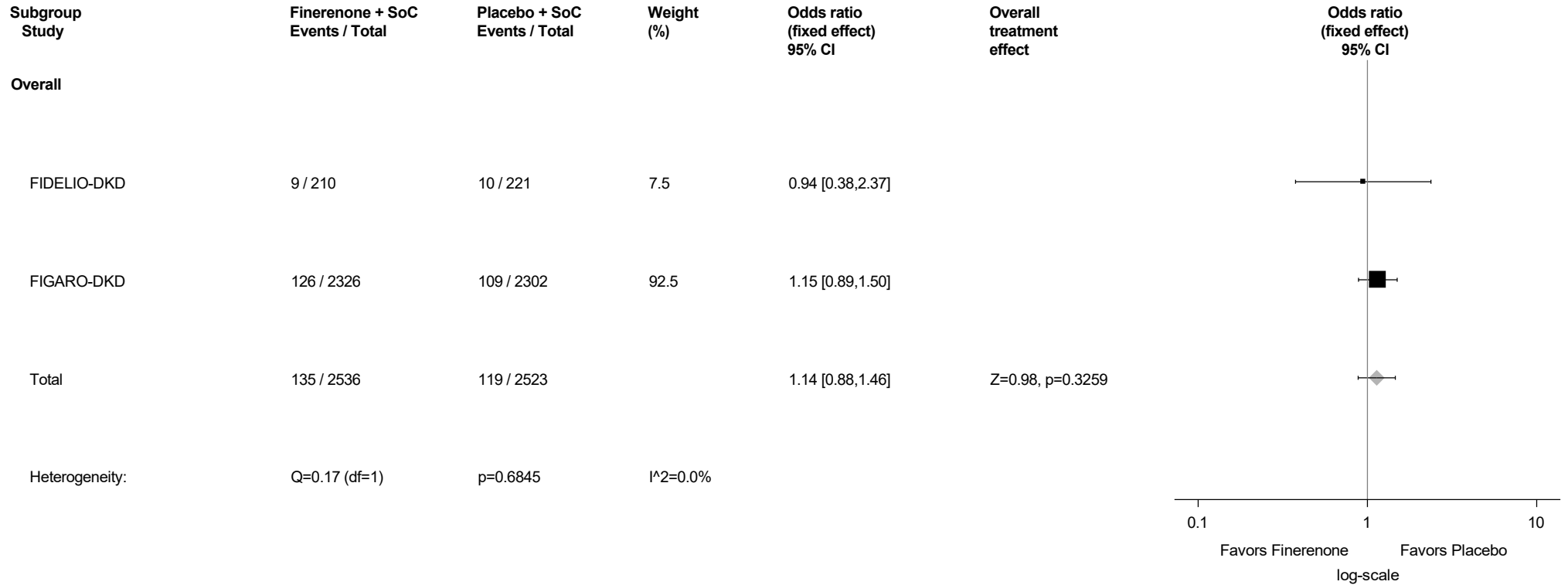
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



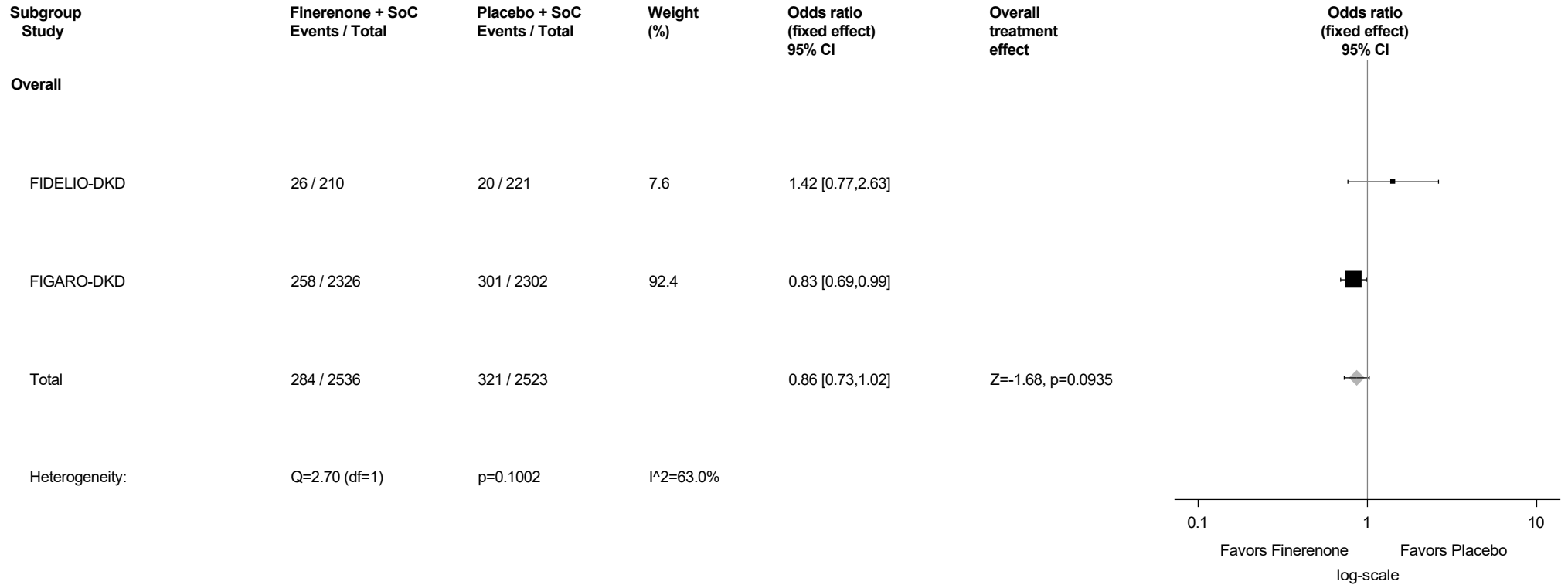
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



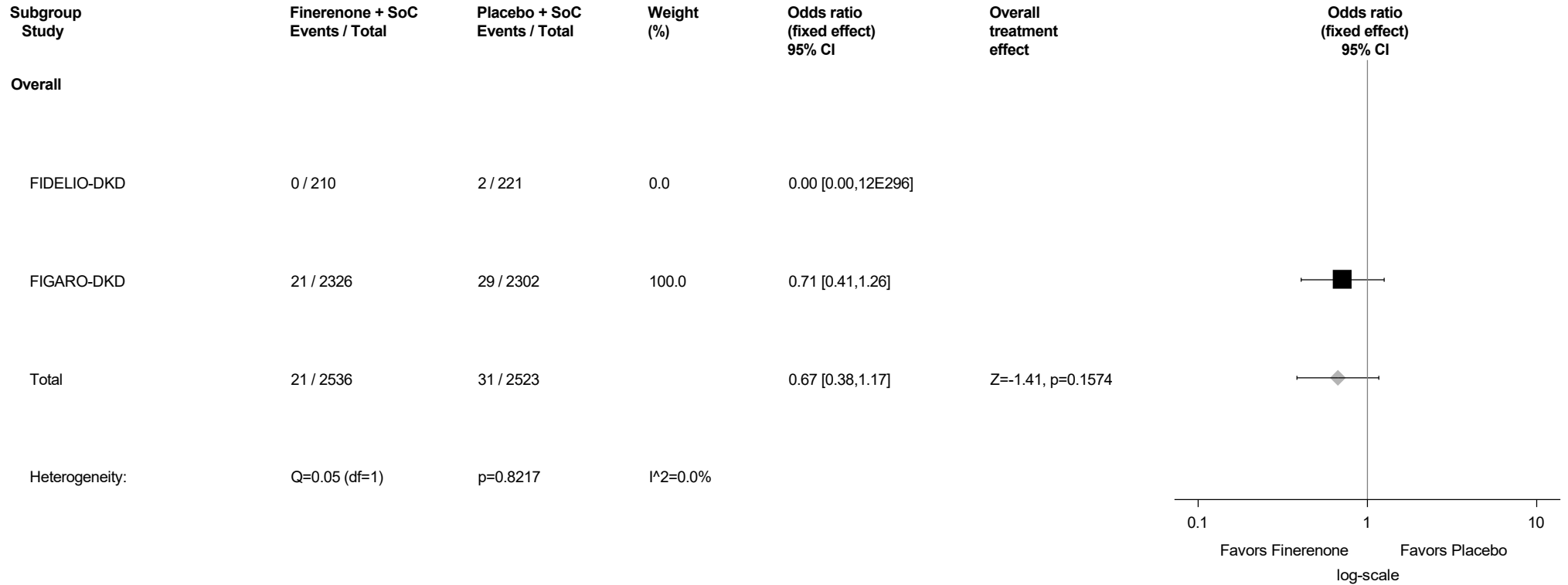
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.10: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



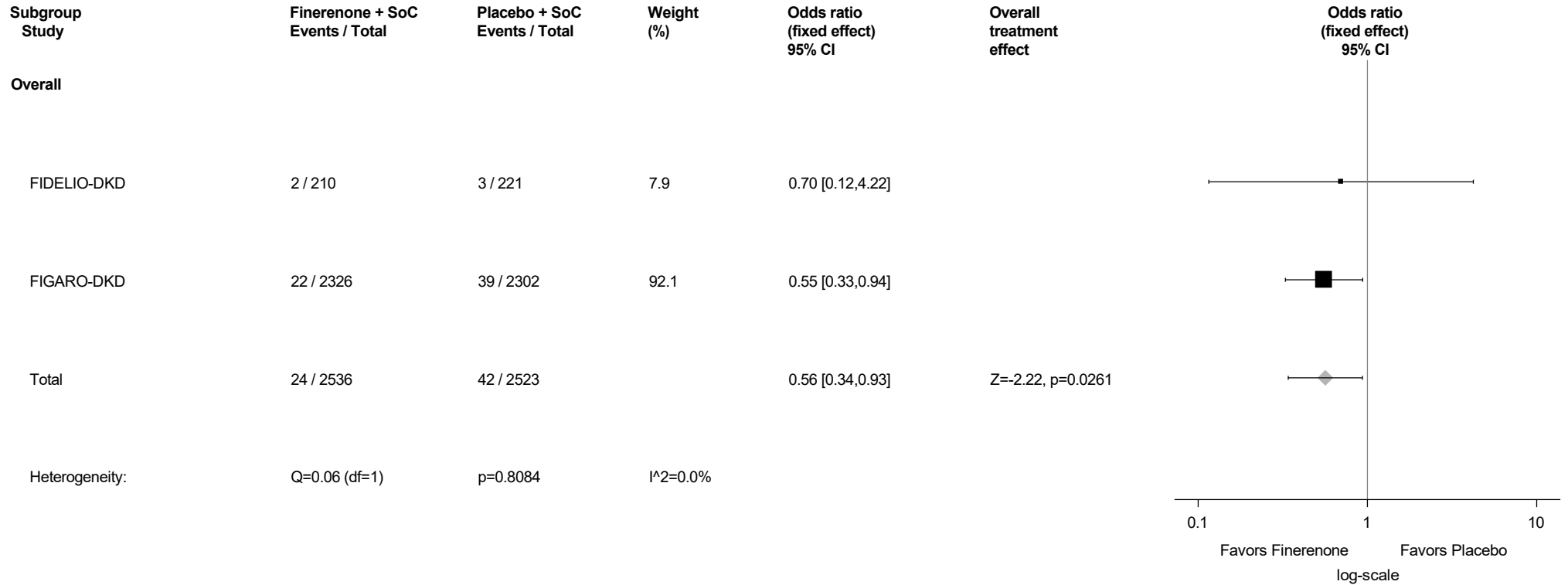
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.11: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



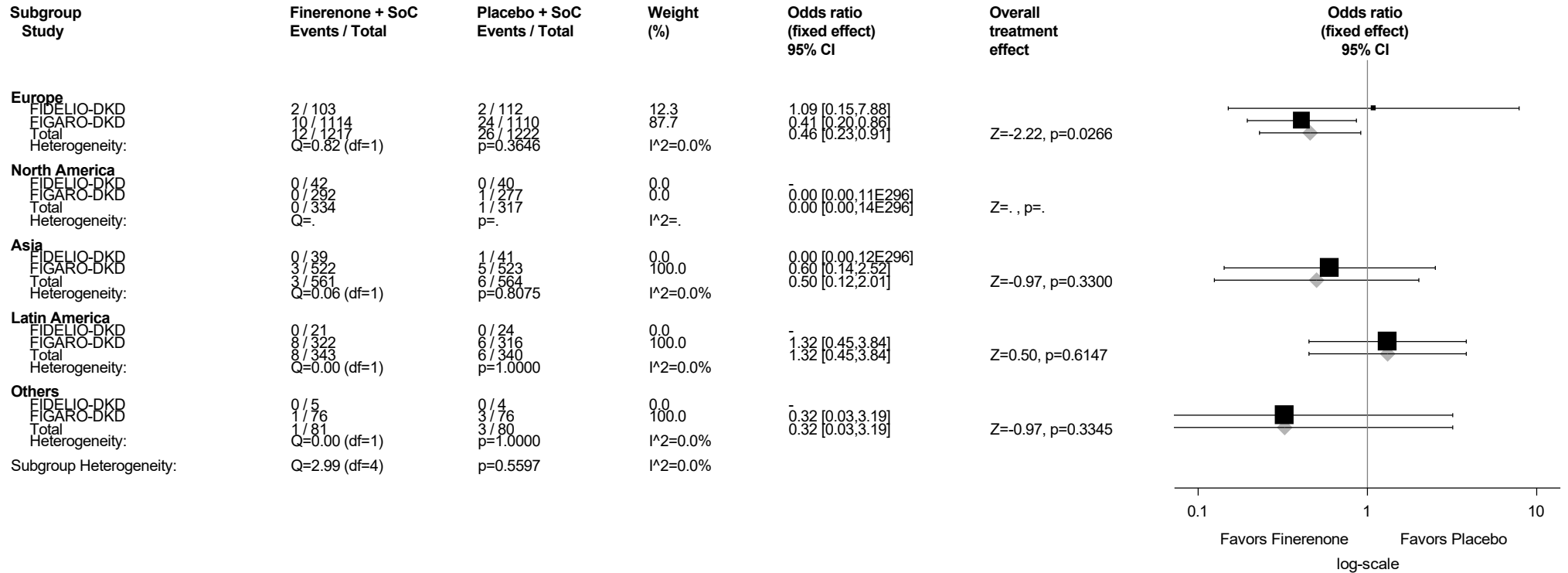
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.12: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.12.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



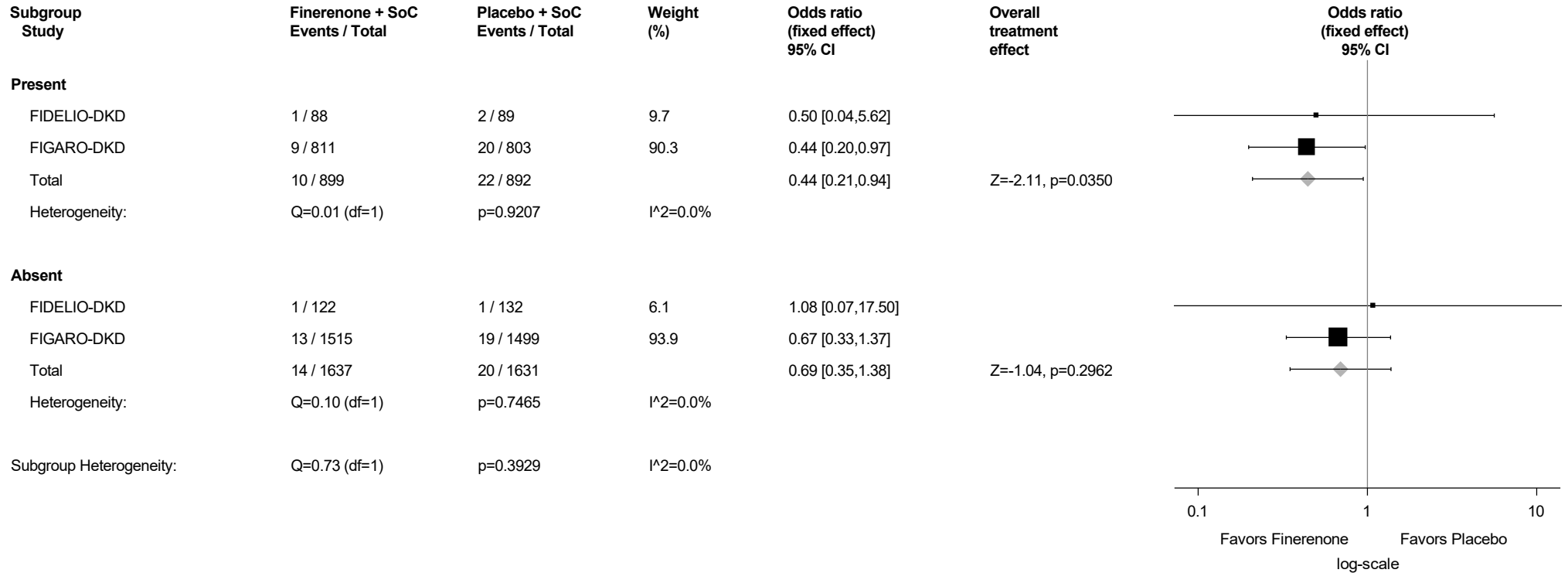
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.12.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



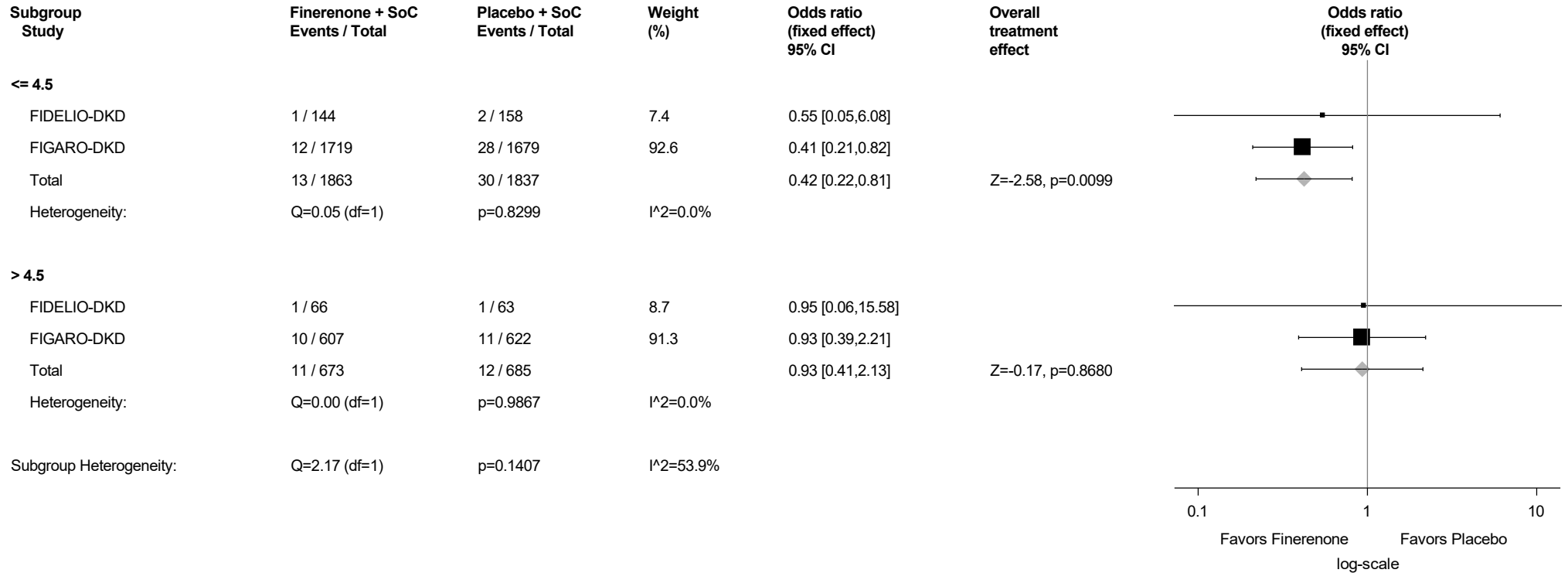
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.12.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

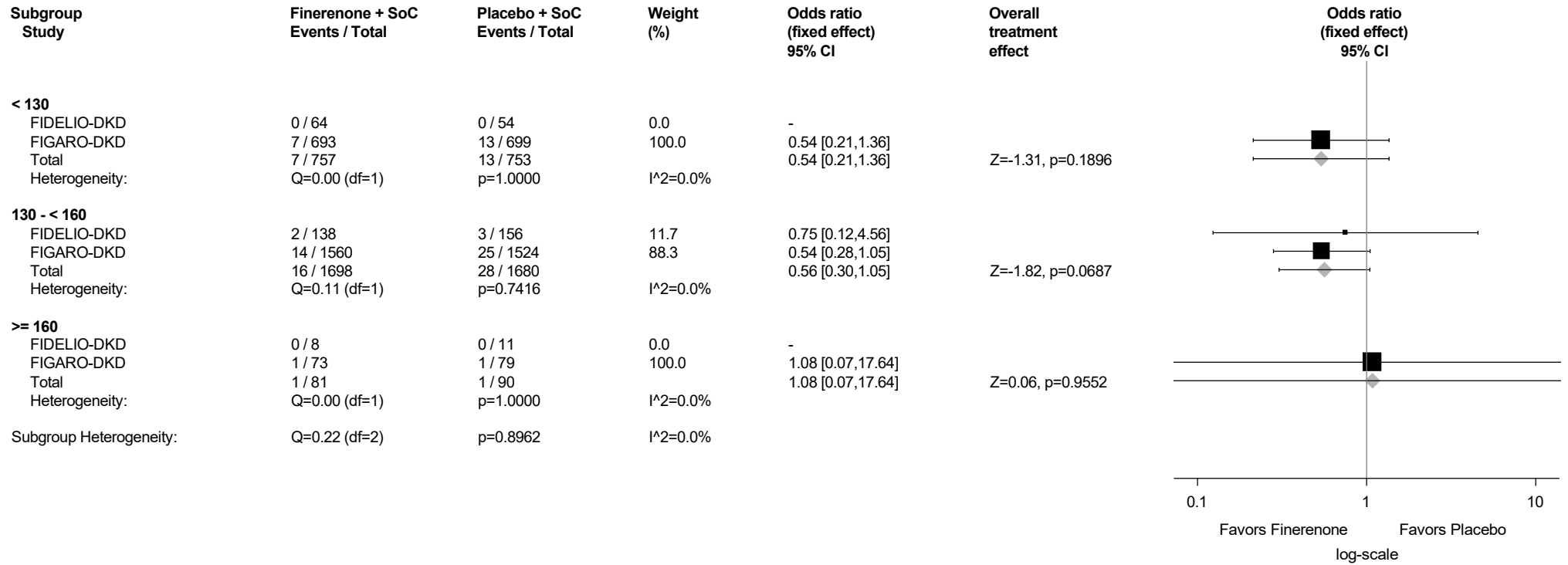
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.12.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



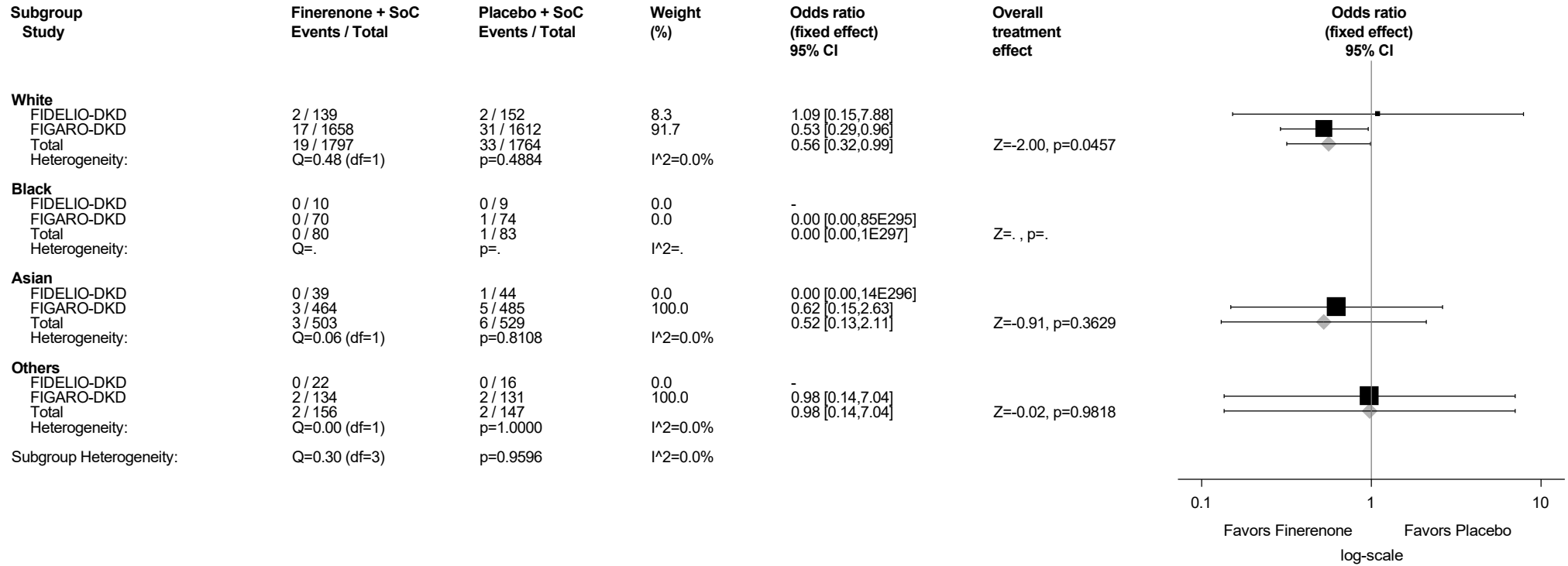
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.12.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



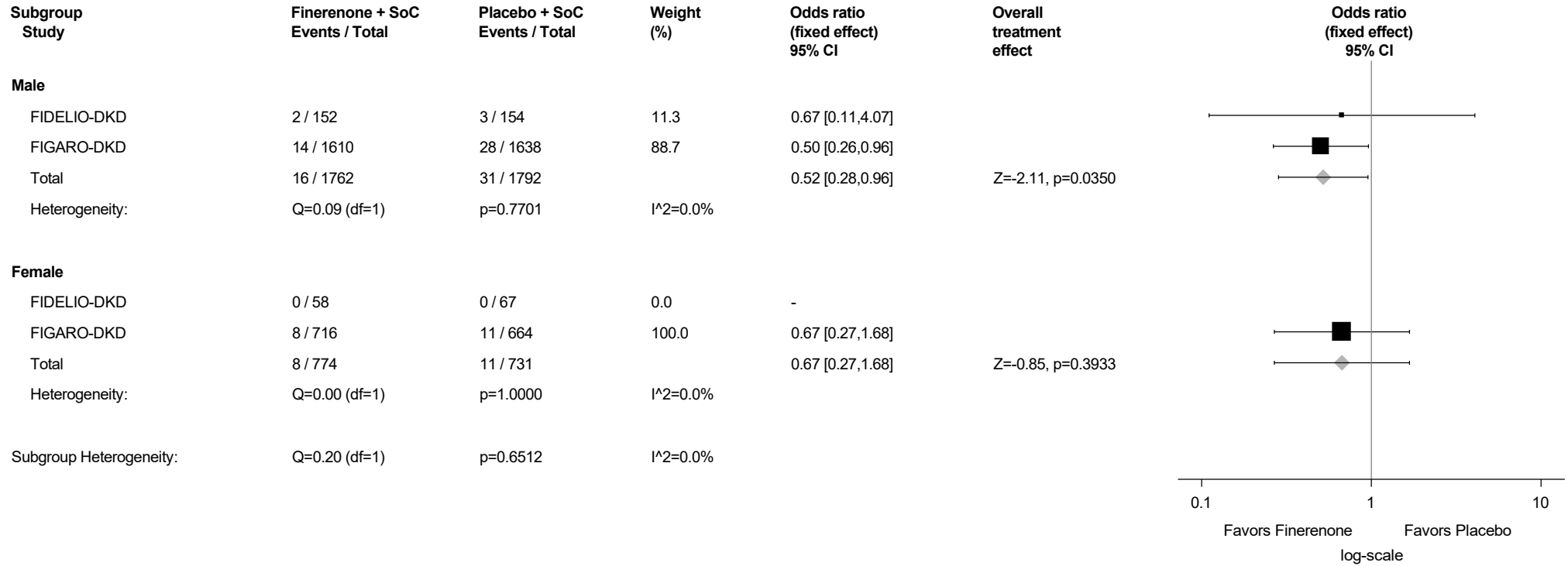
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.12.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

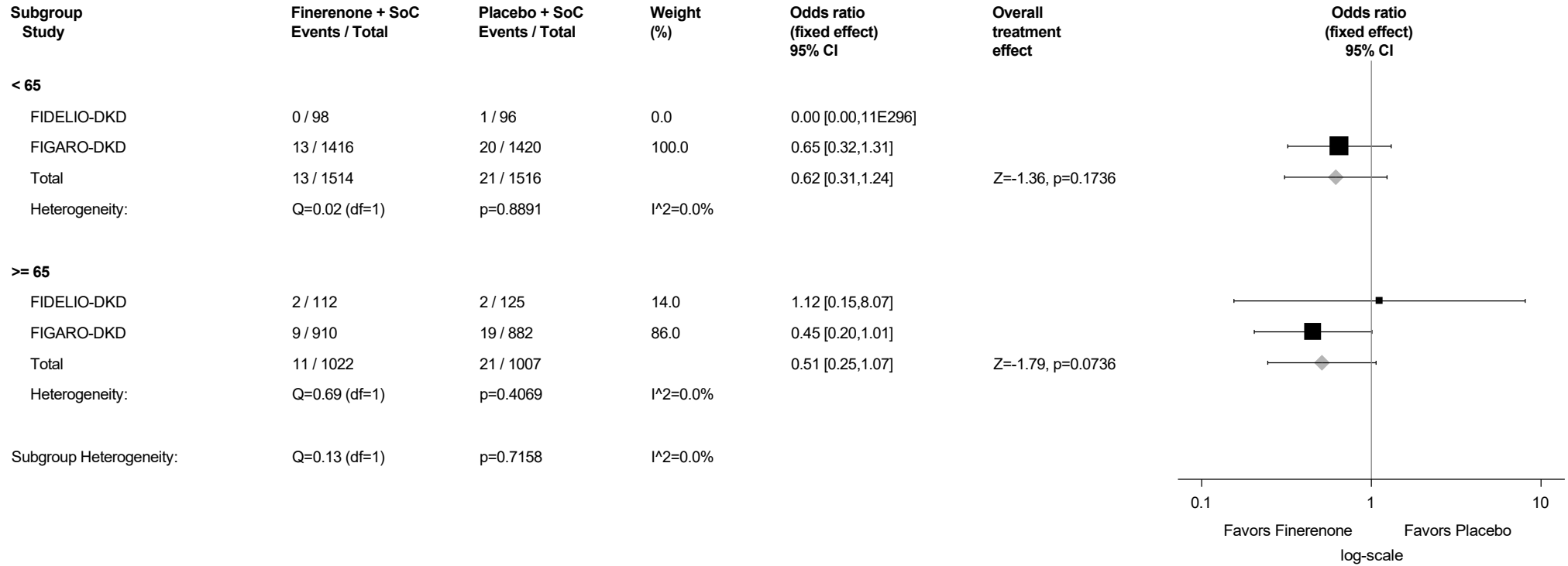
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.12.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



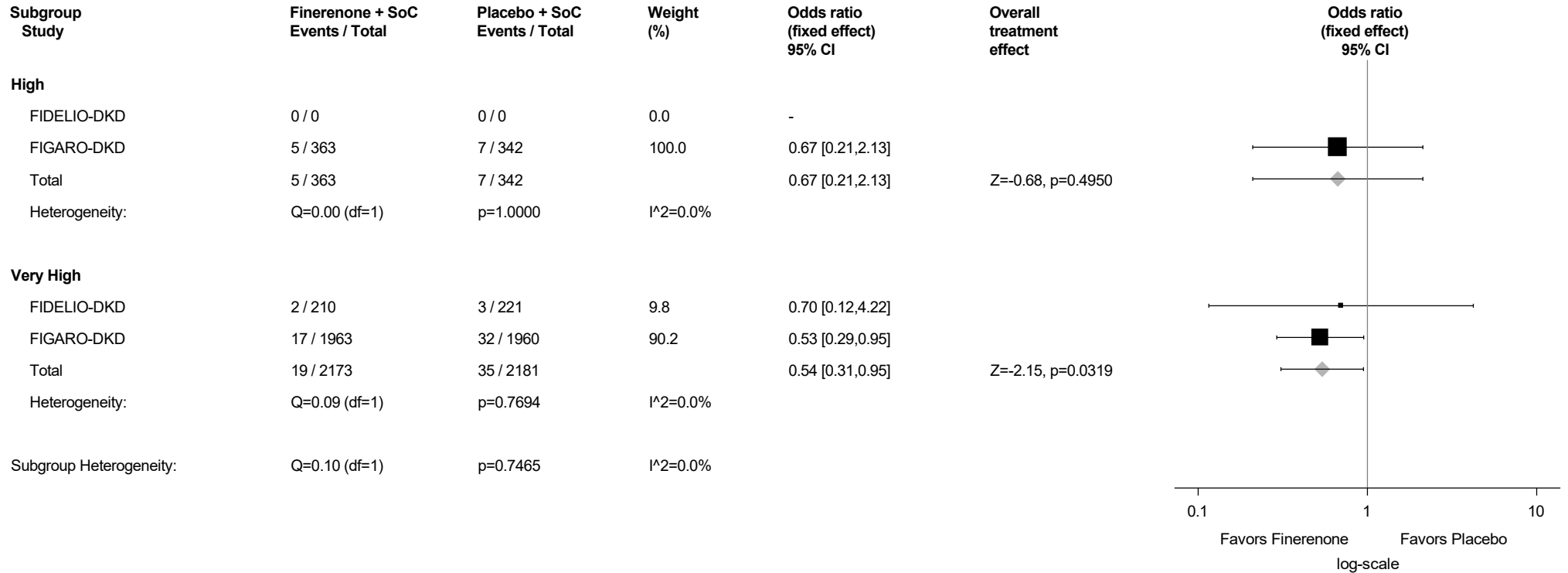
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.12.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



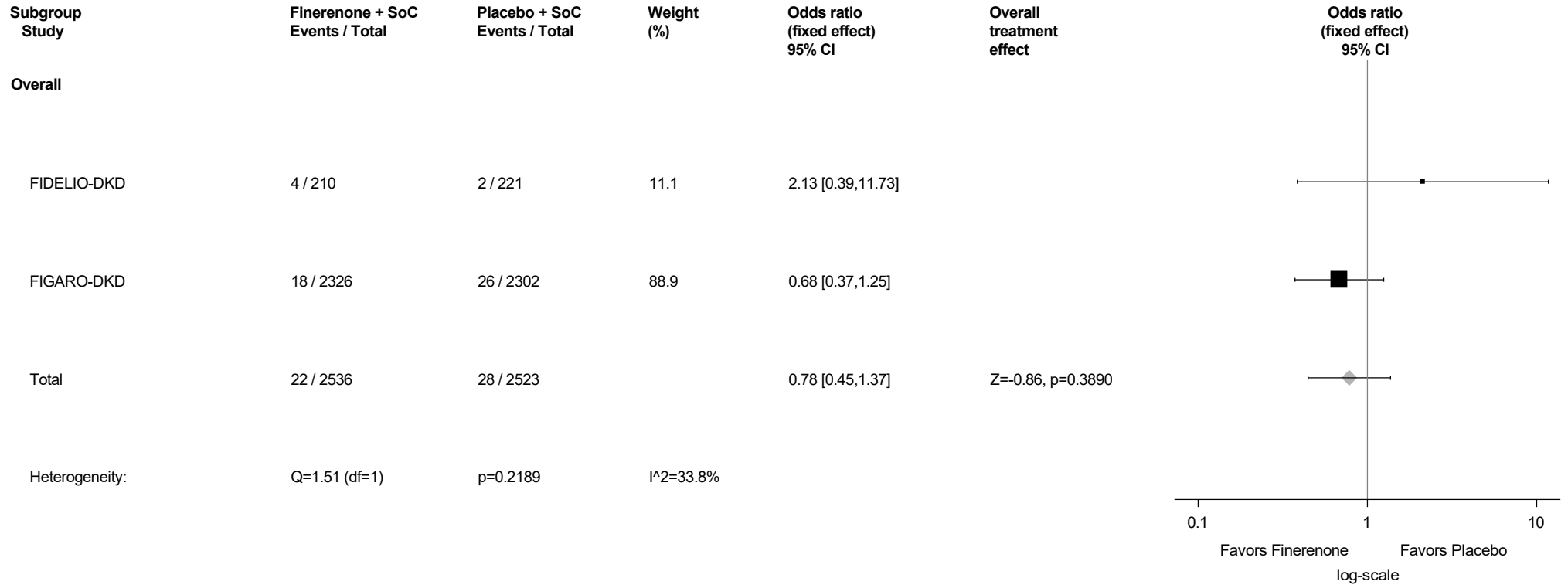
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

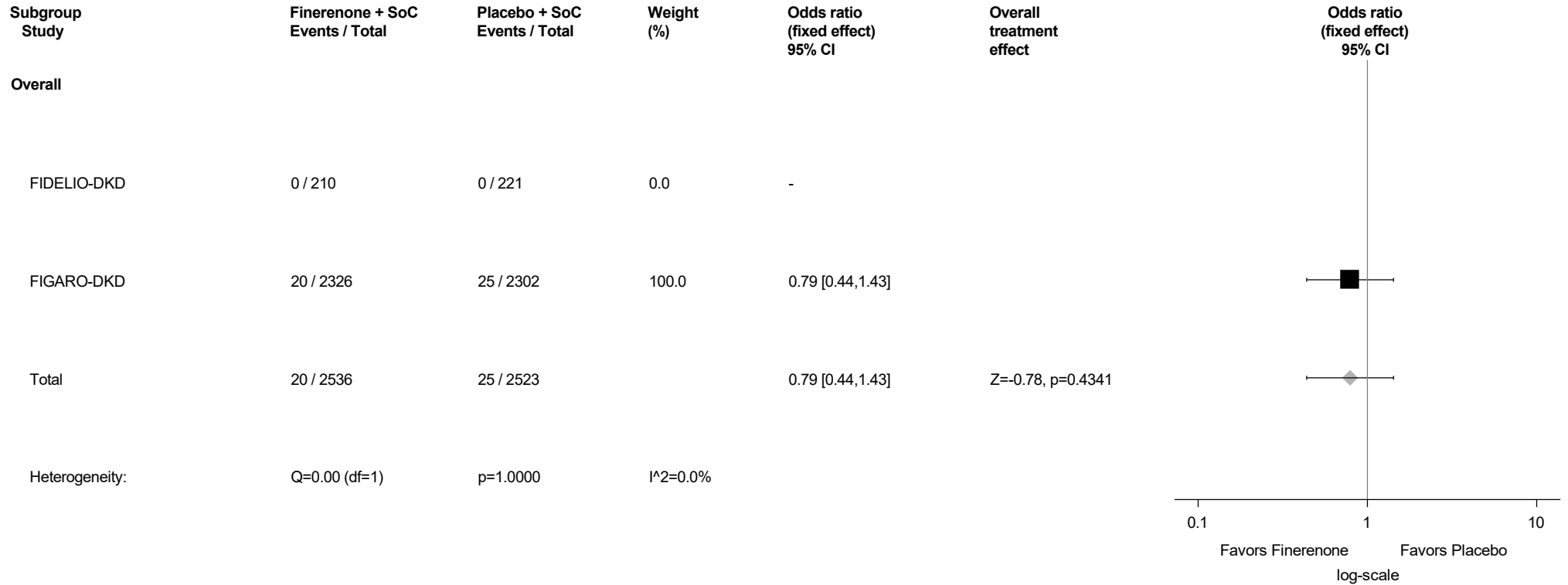
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.13: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



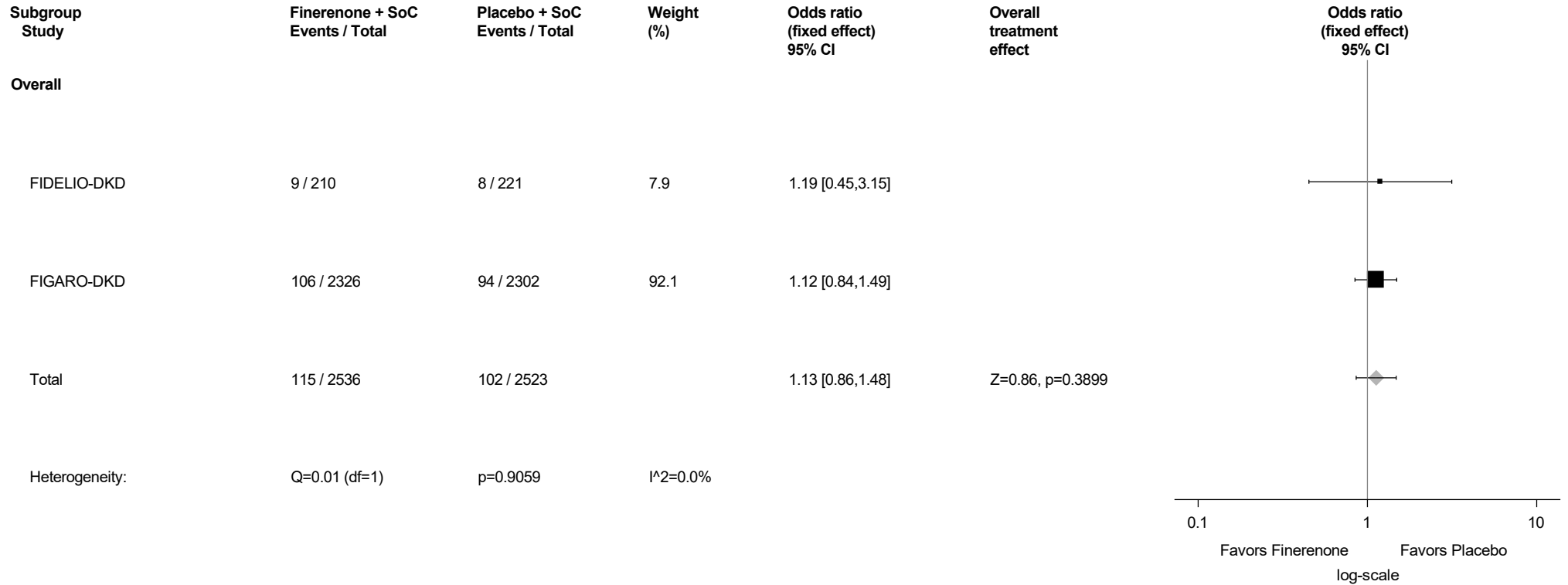
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.14: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



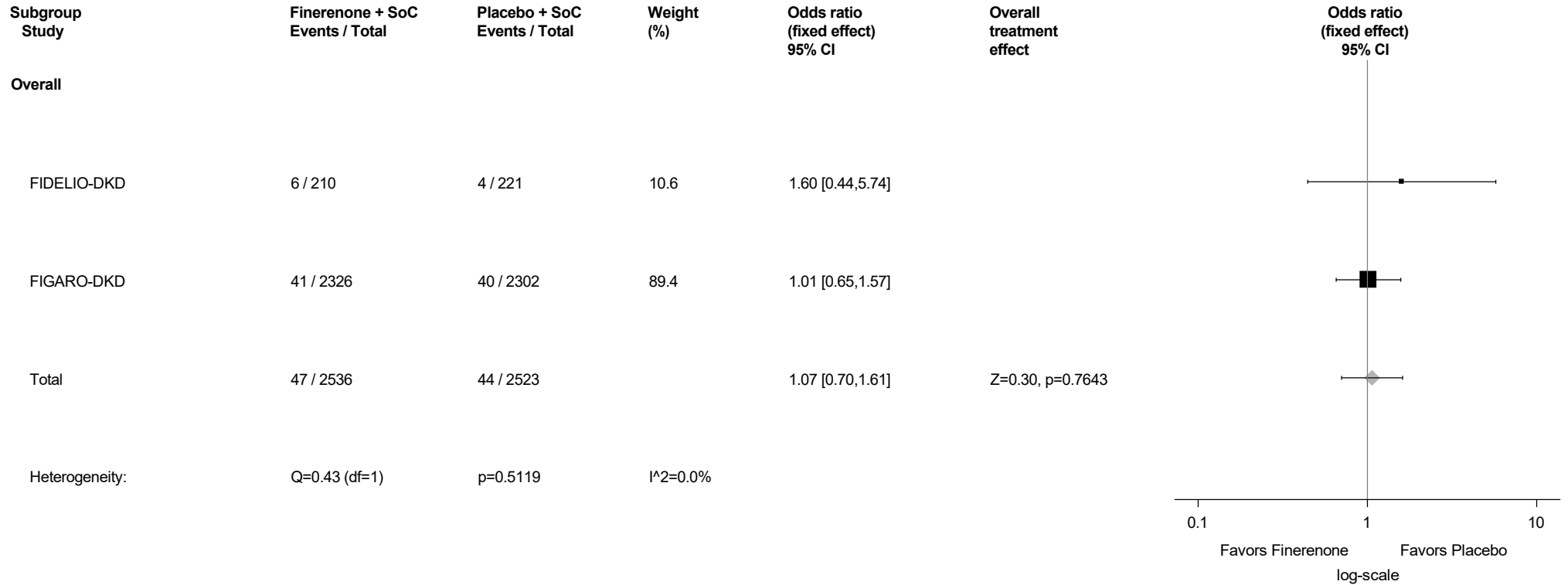
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.15: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



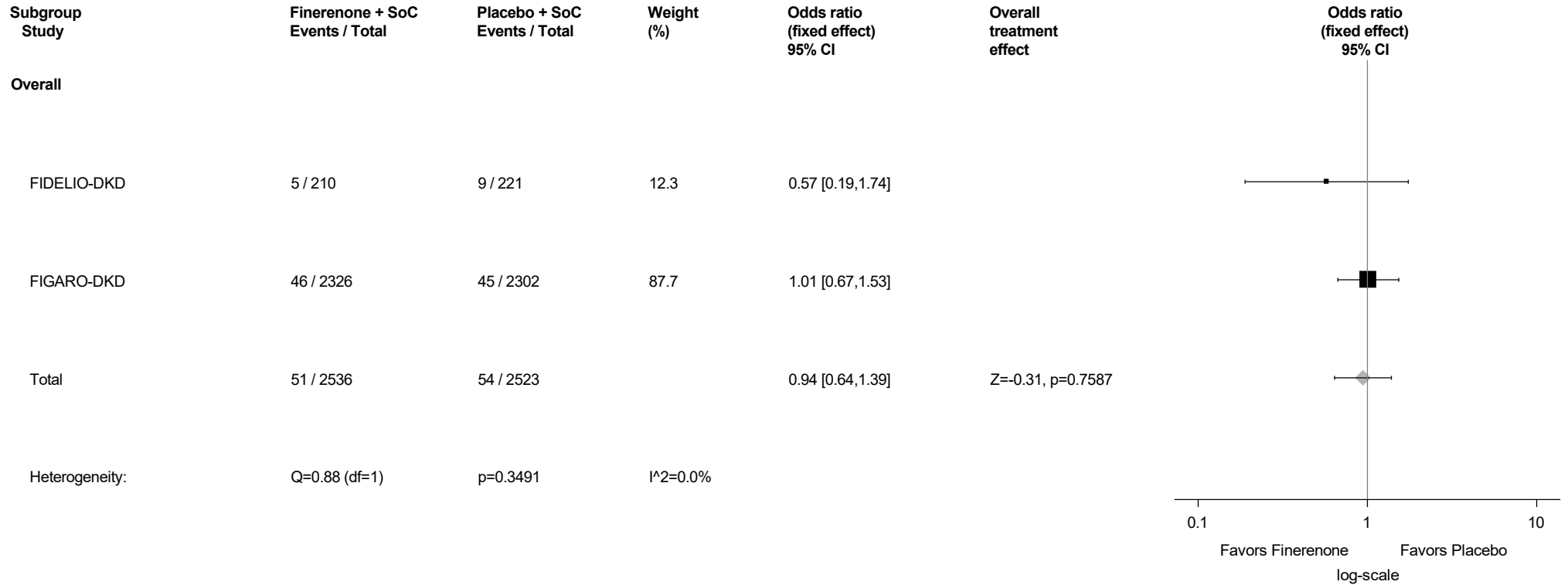
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.16: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



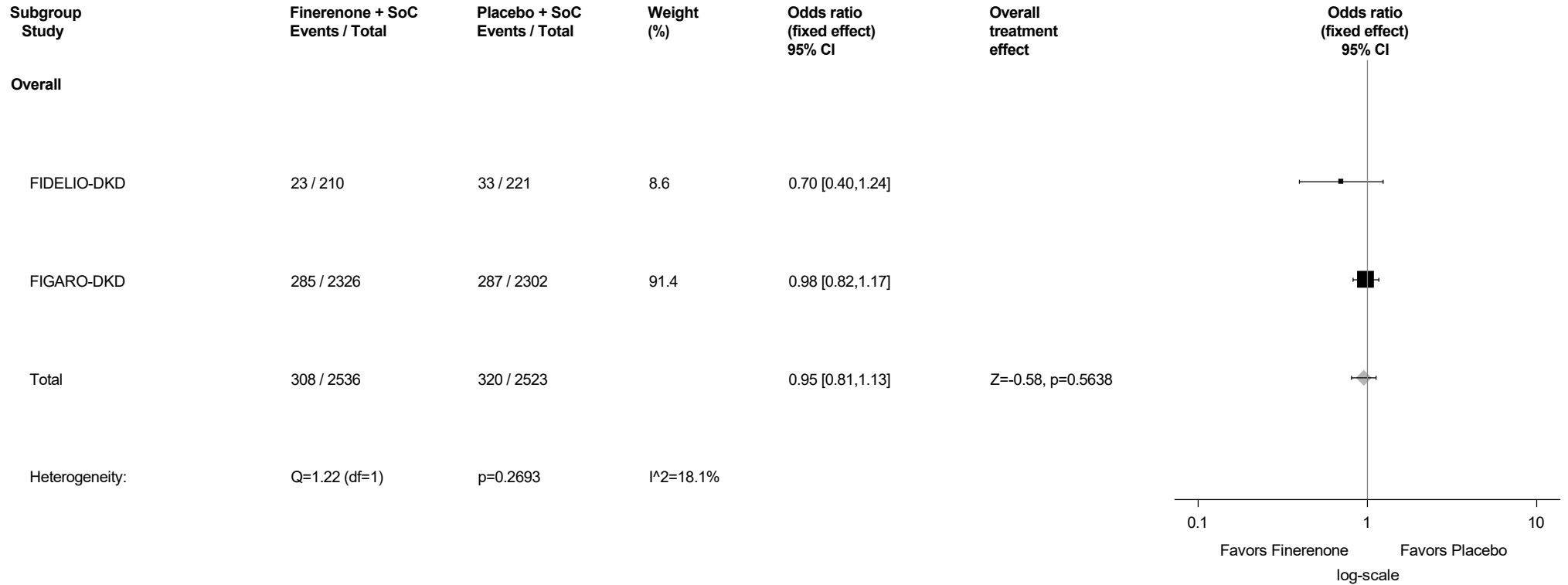
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.17: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



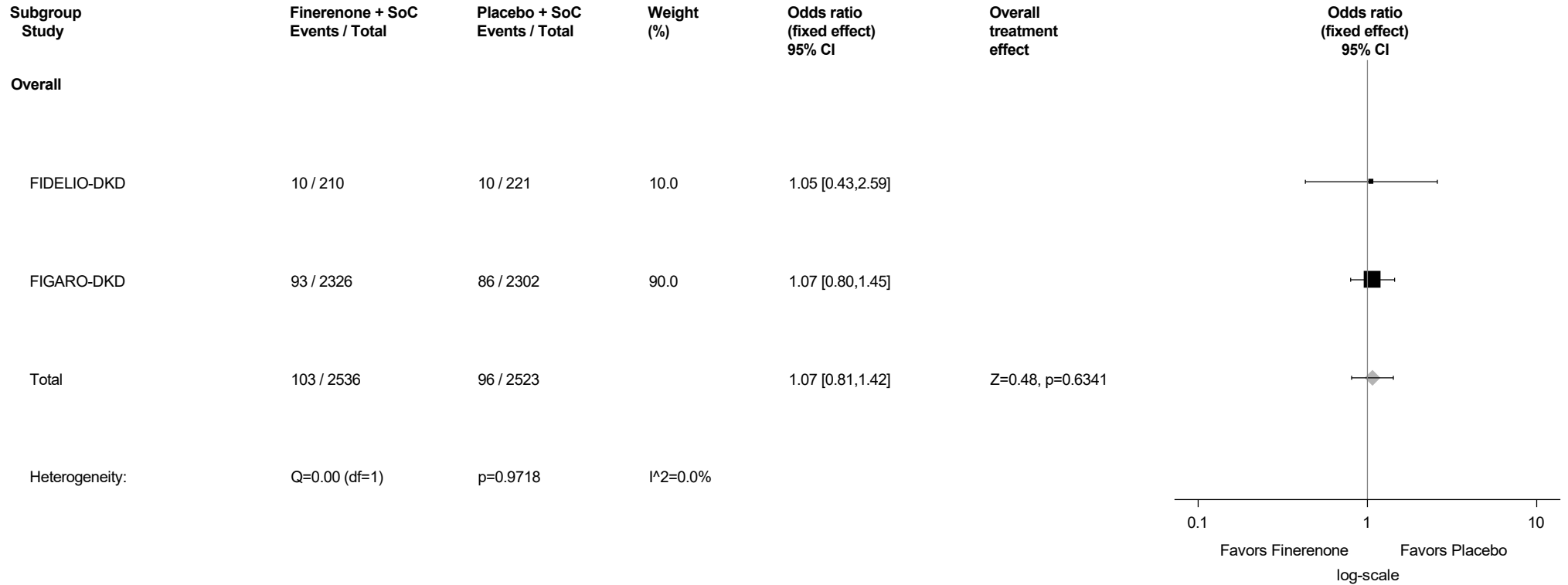
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.18: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



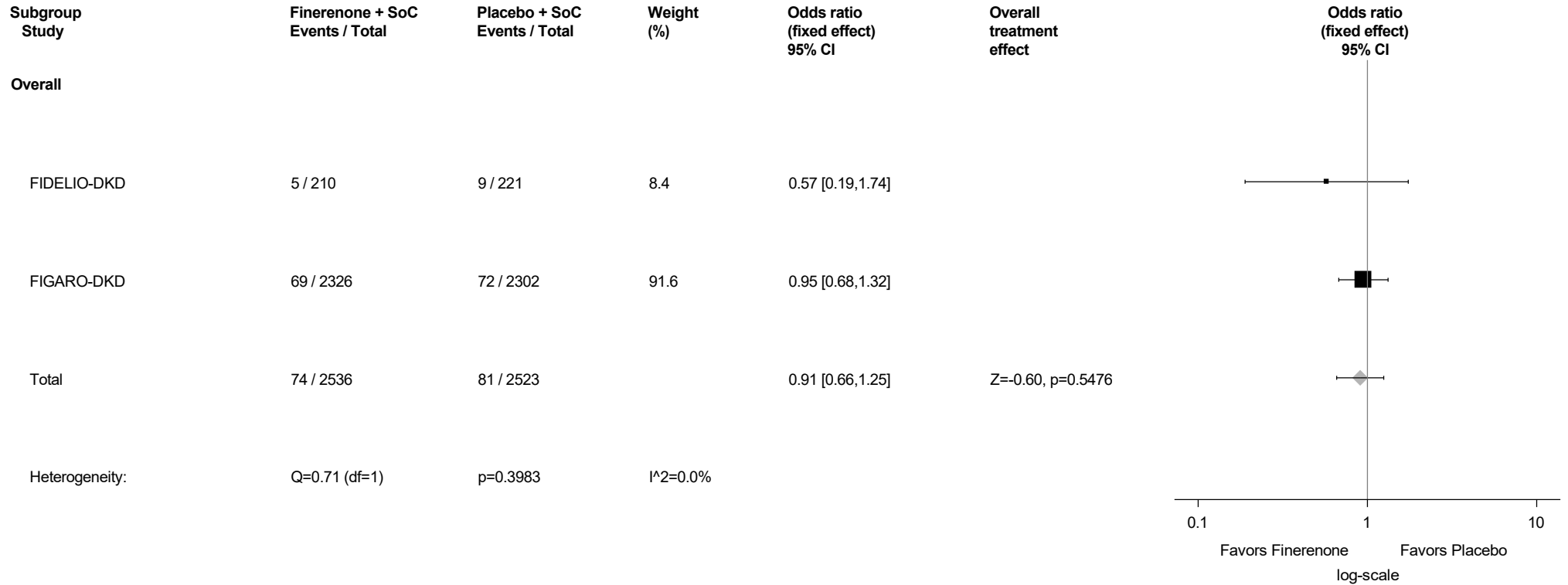
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.19: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



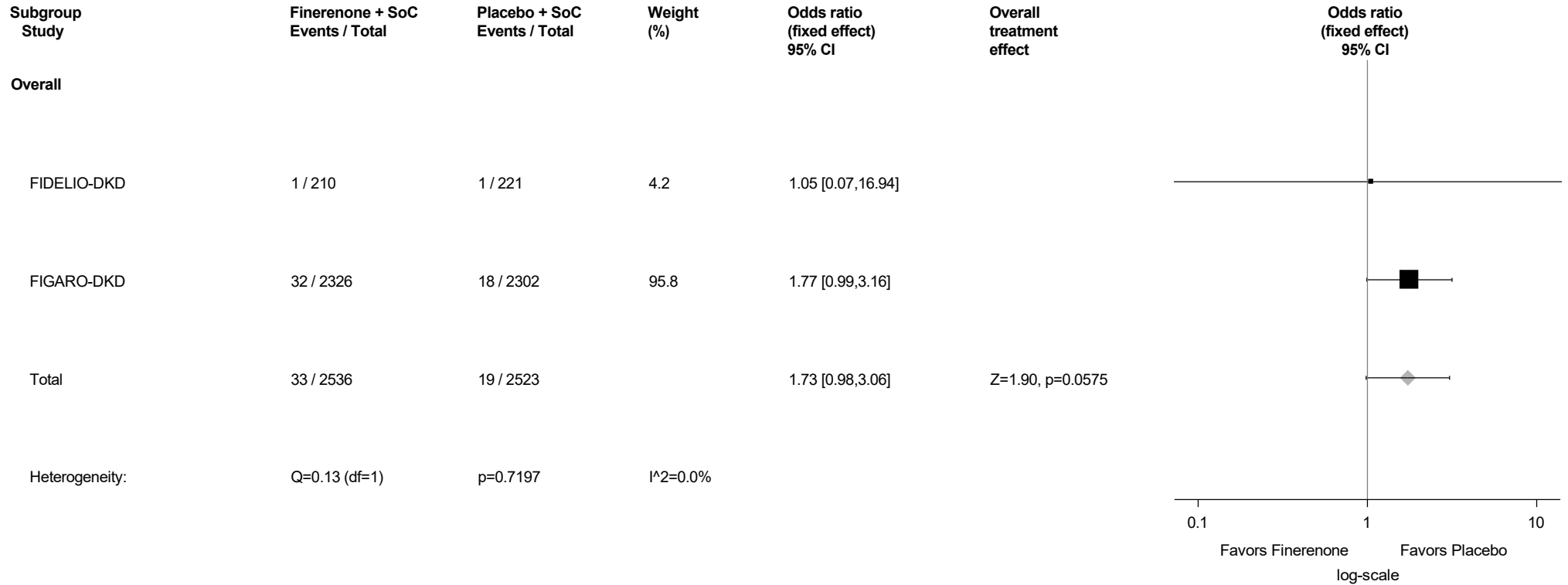
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.20: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



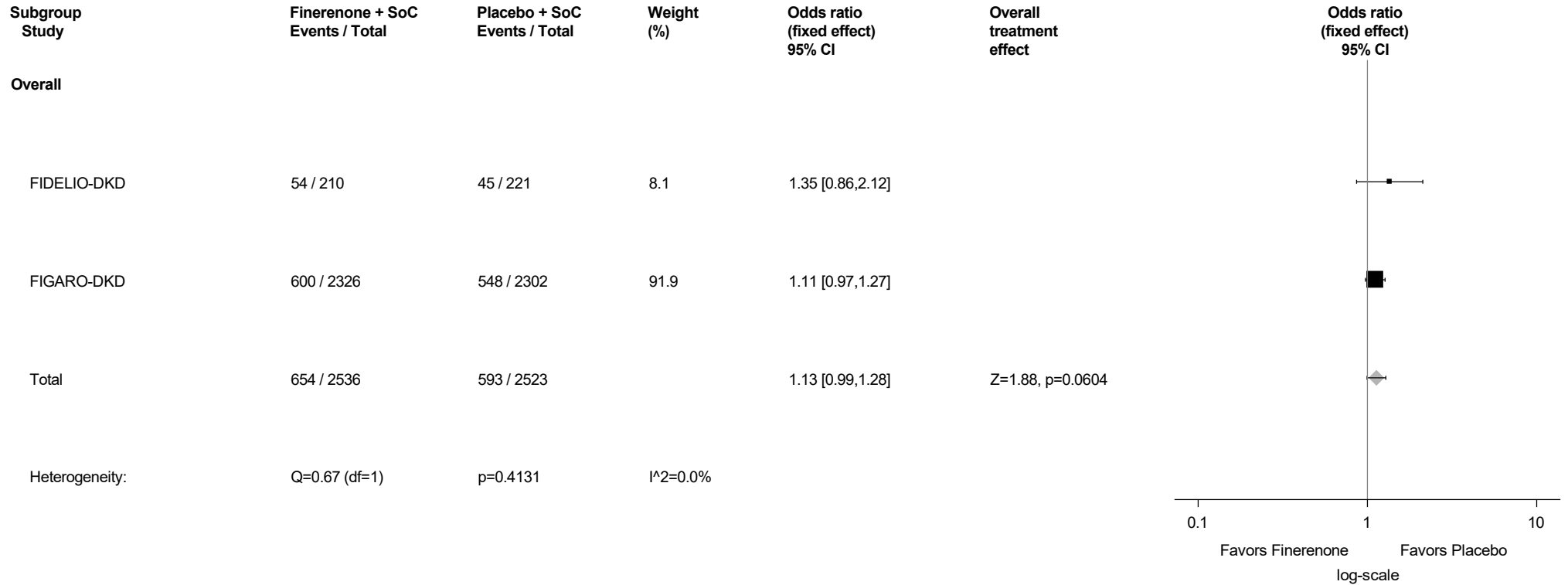
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.21: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



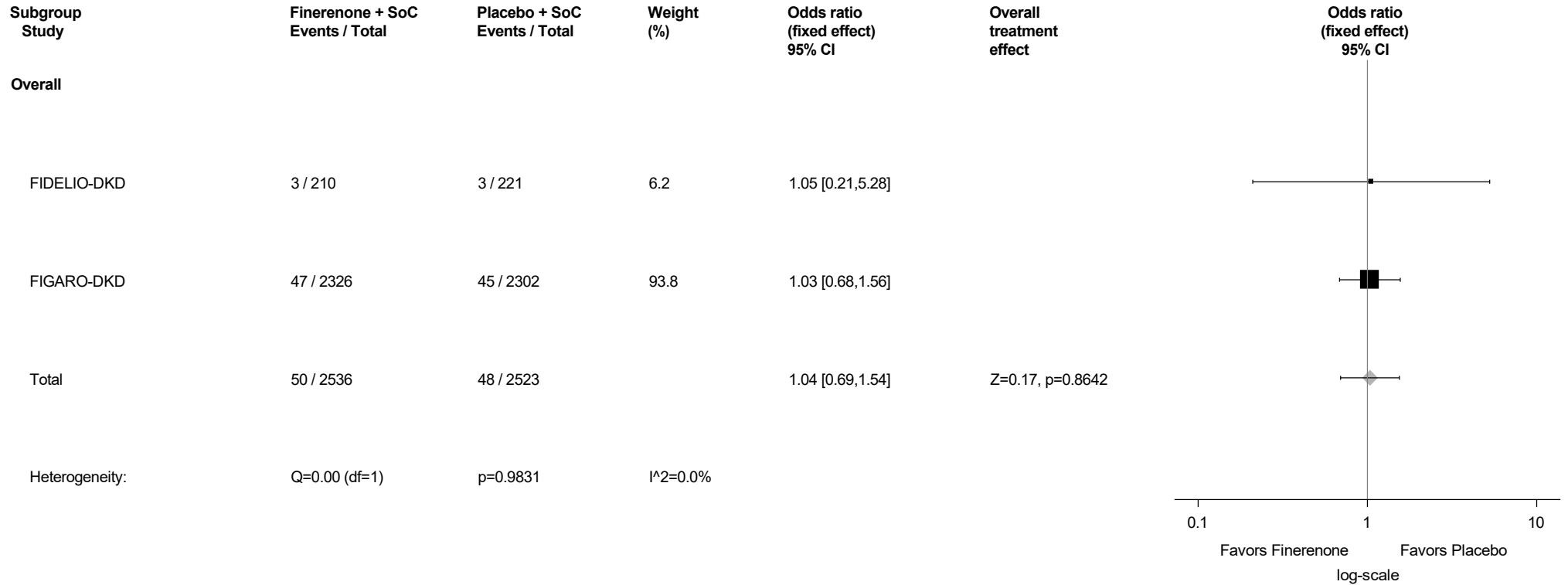
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.22: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



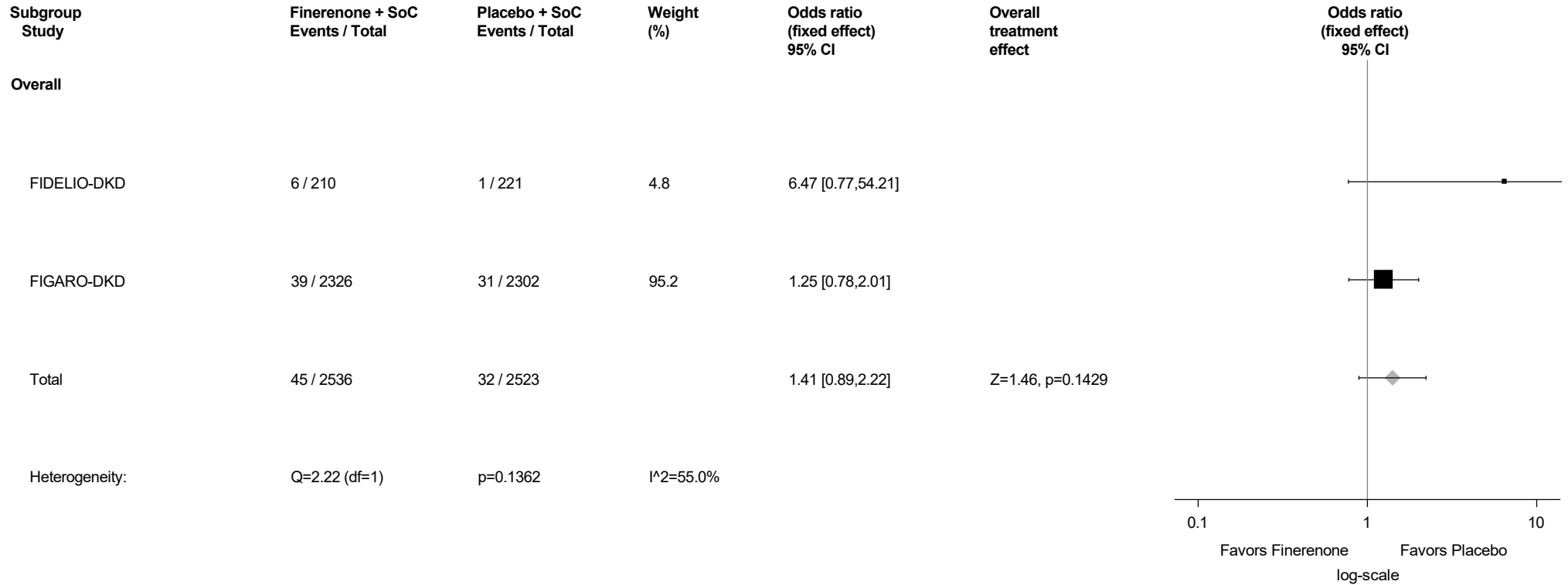
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.23: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



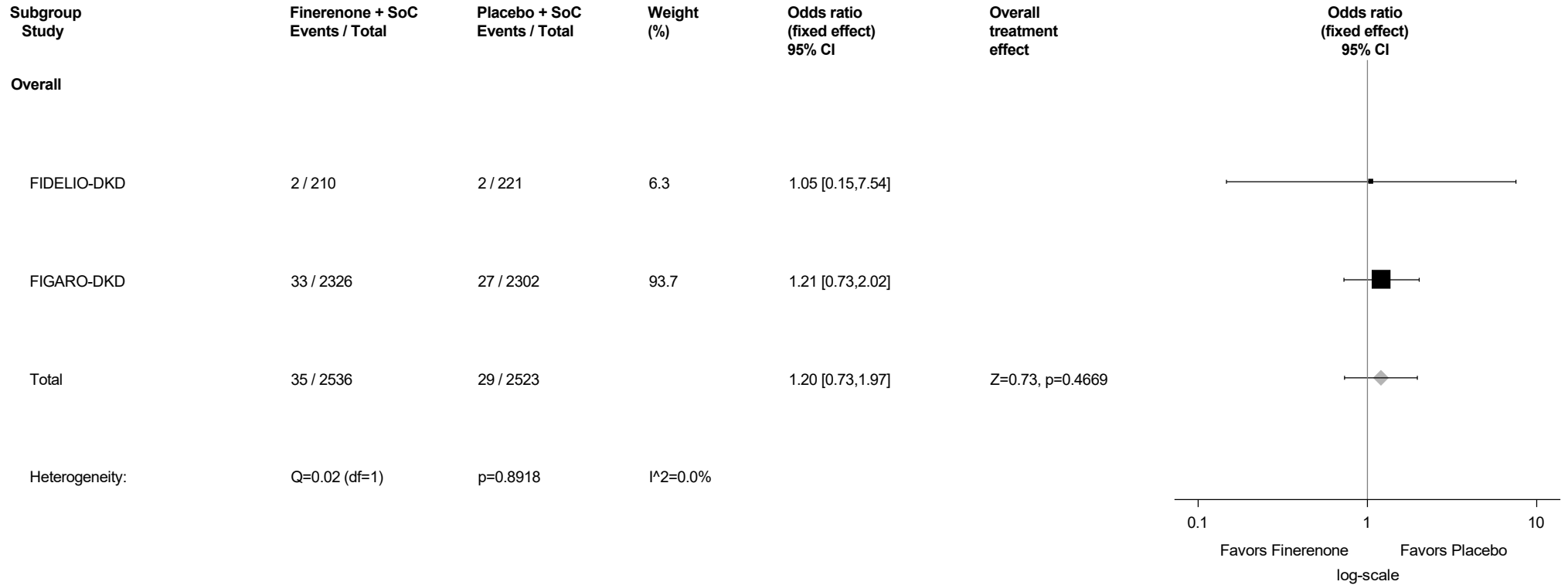
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.24: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



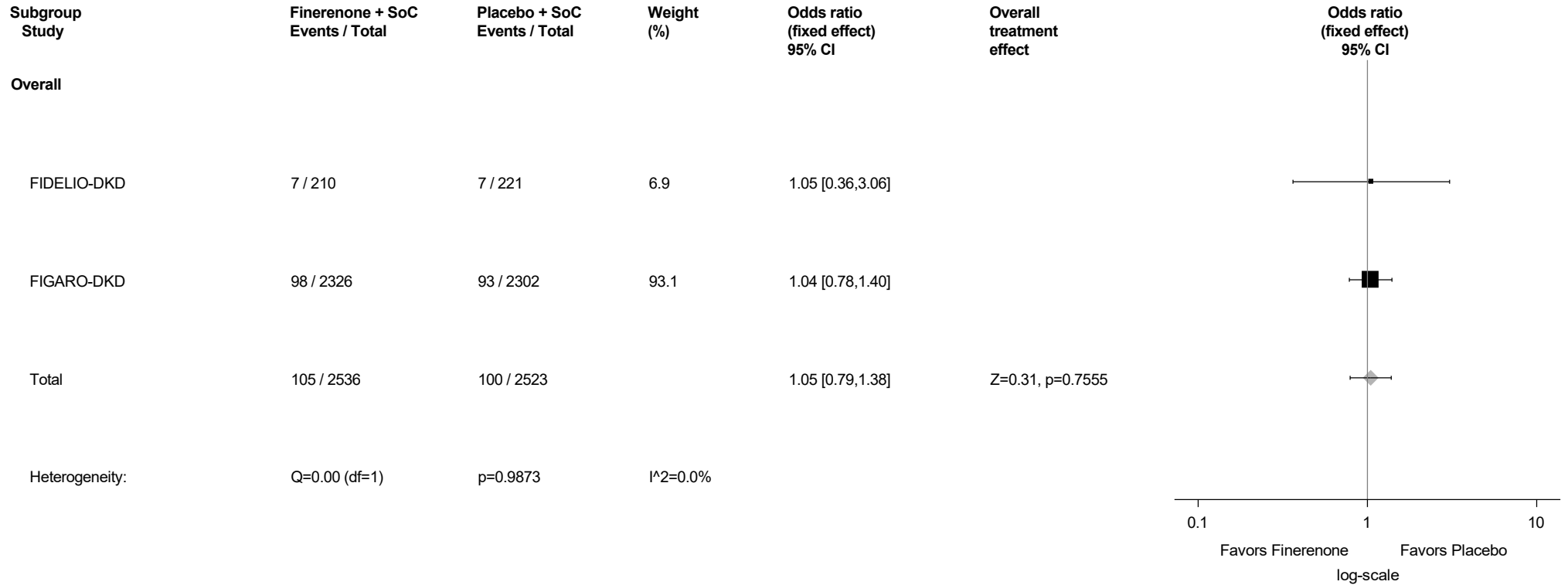
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.25: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



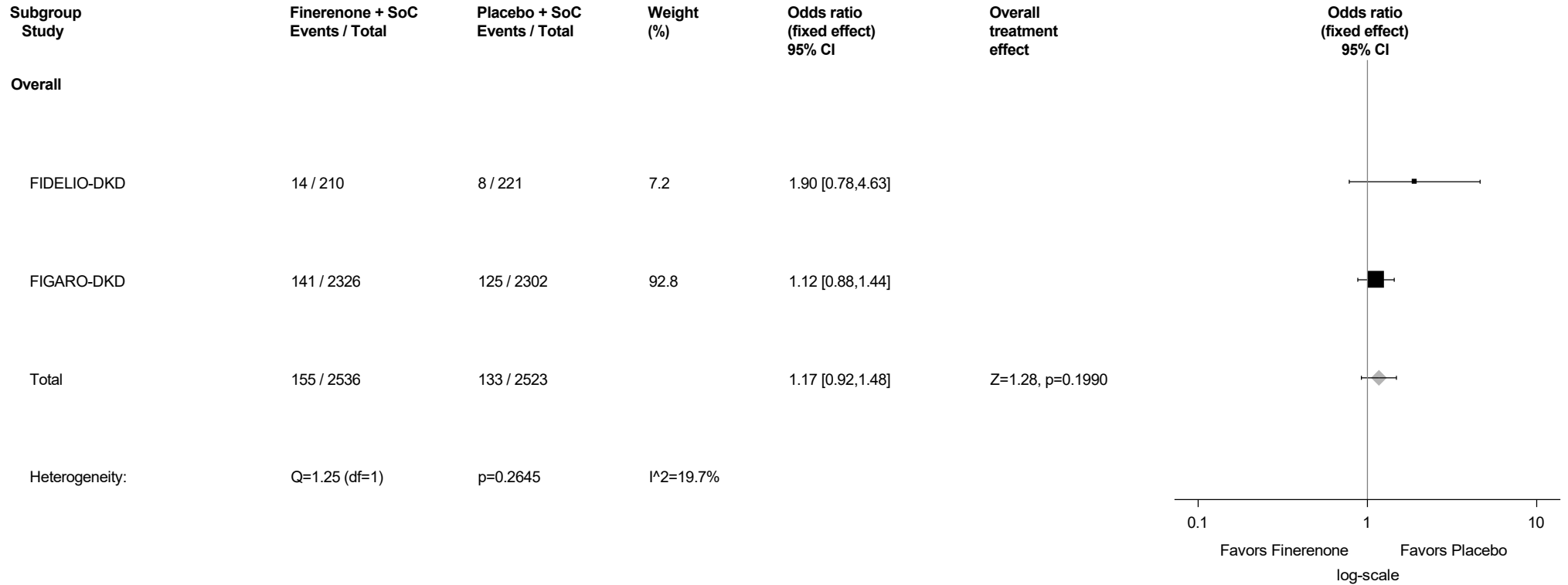
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.26: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



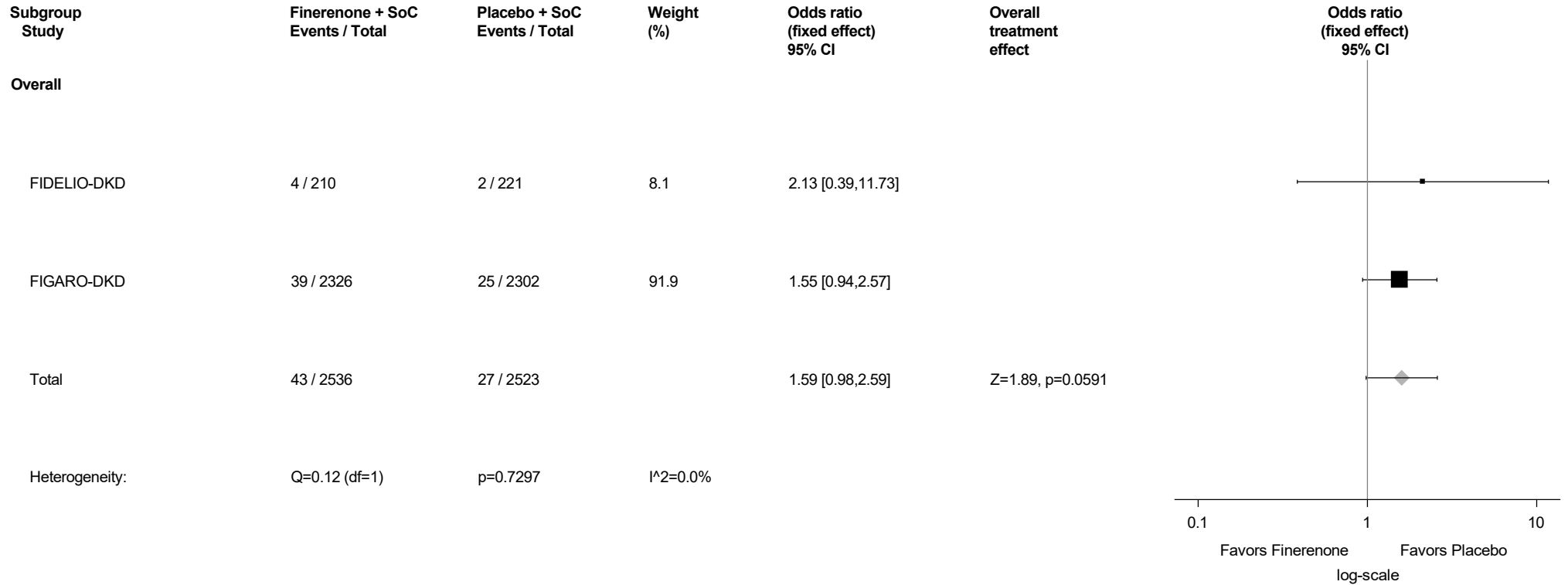
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.27: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



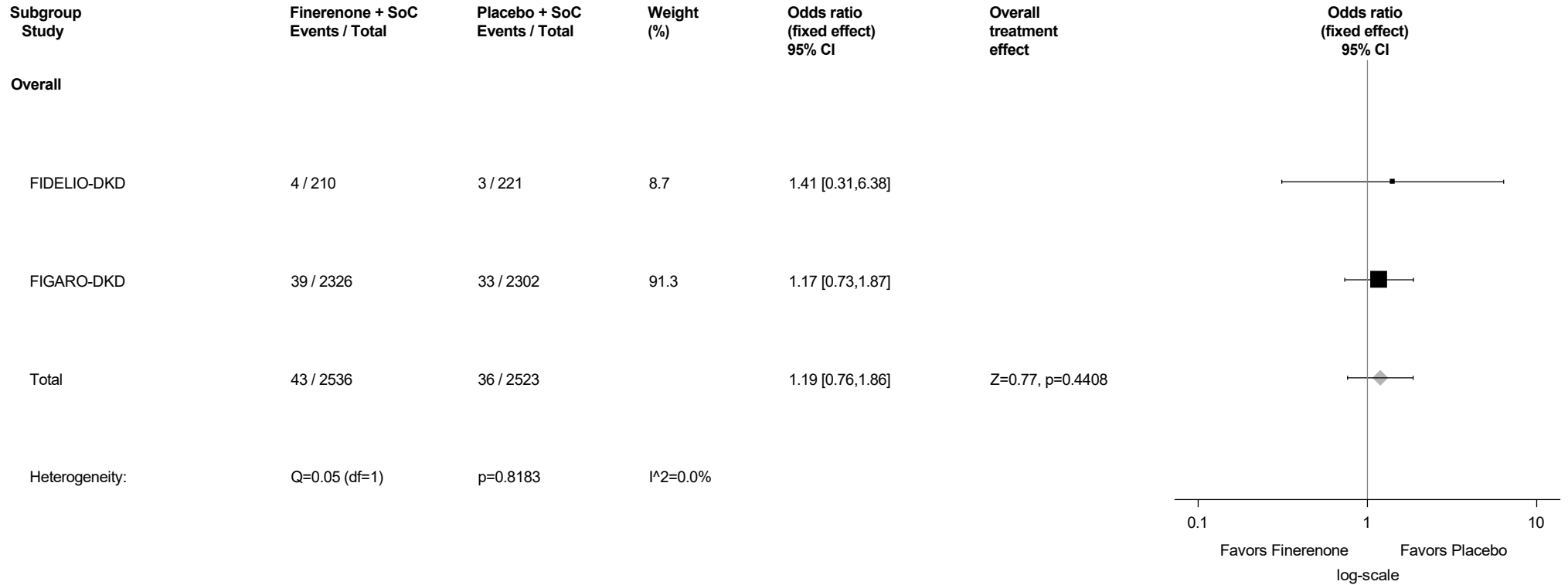
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.28: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



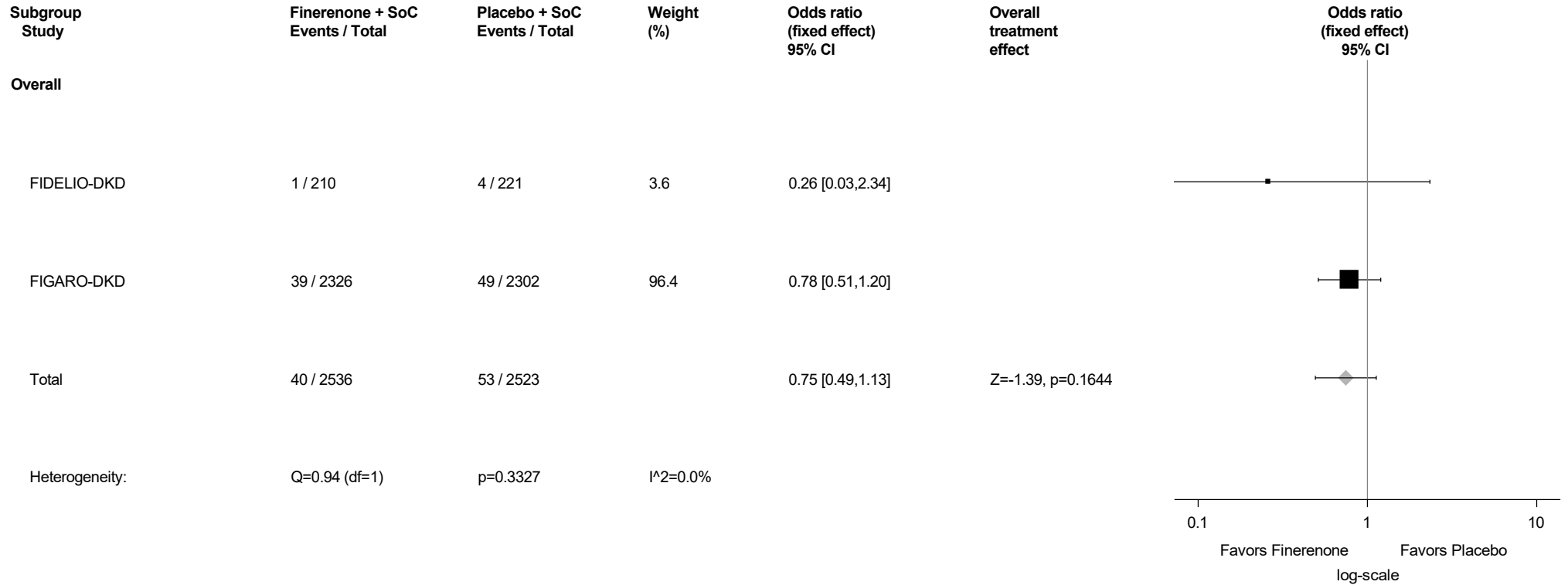
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.29: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



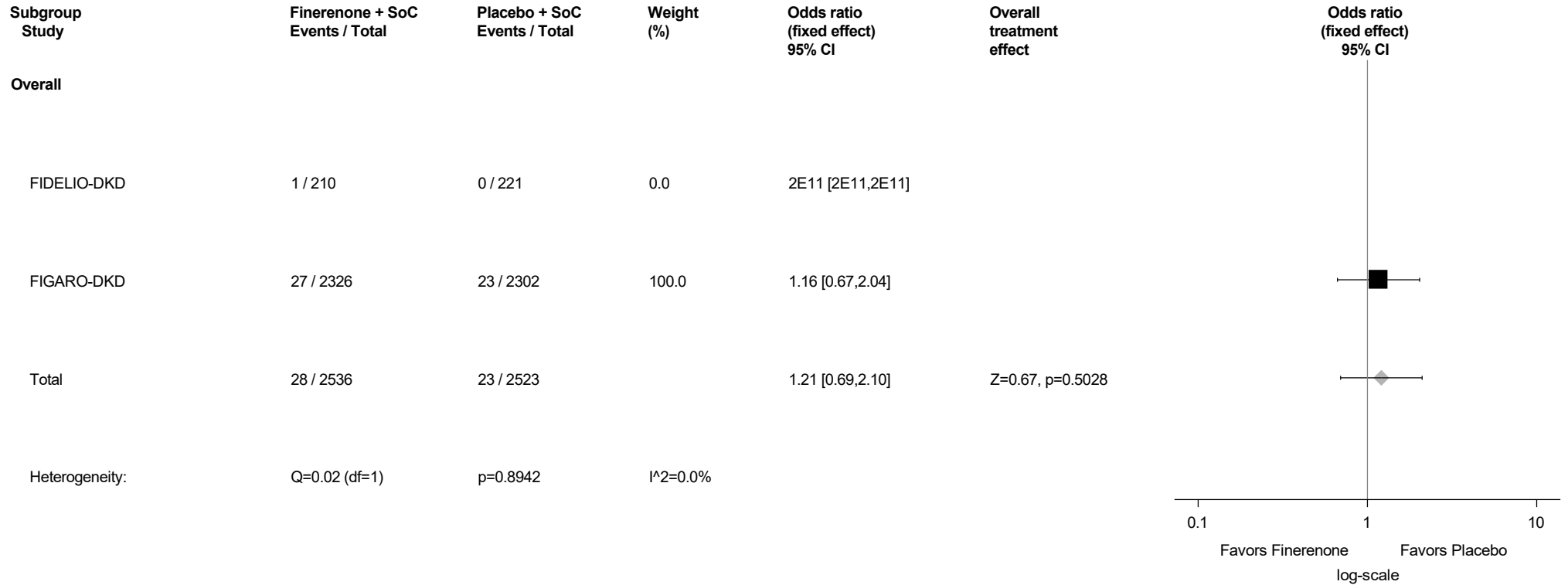
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.30: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



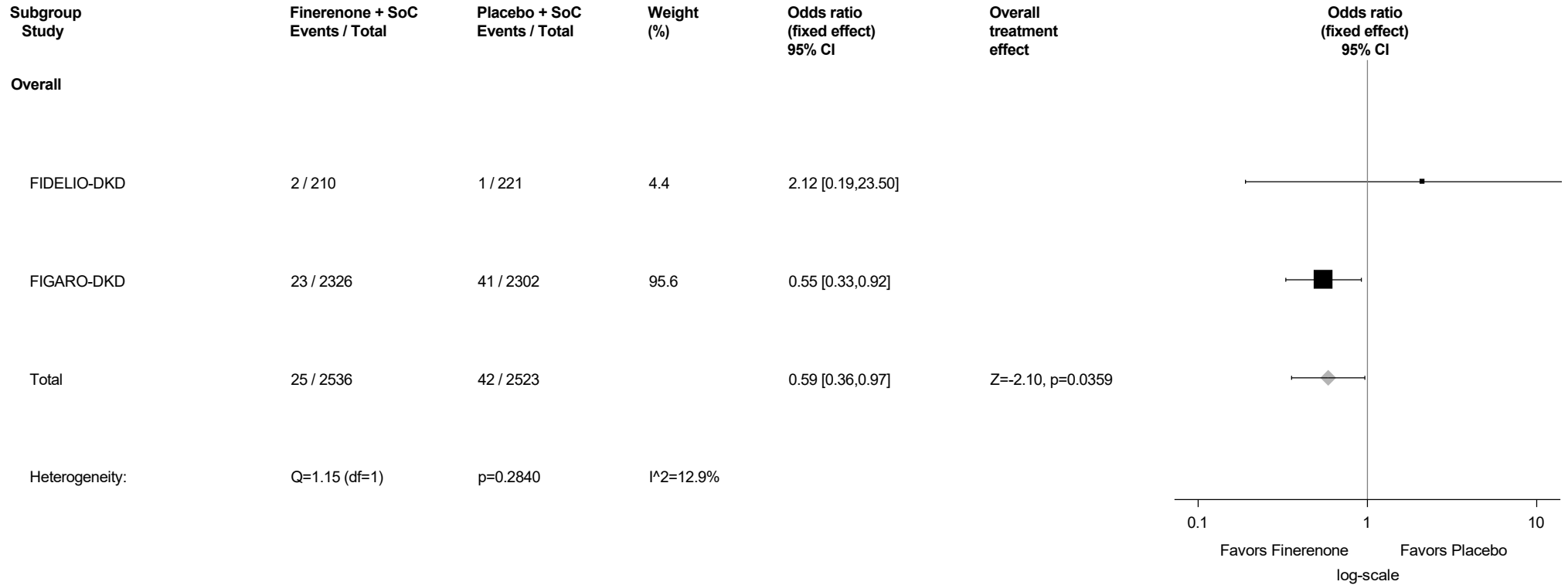
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.31: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



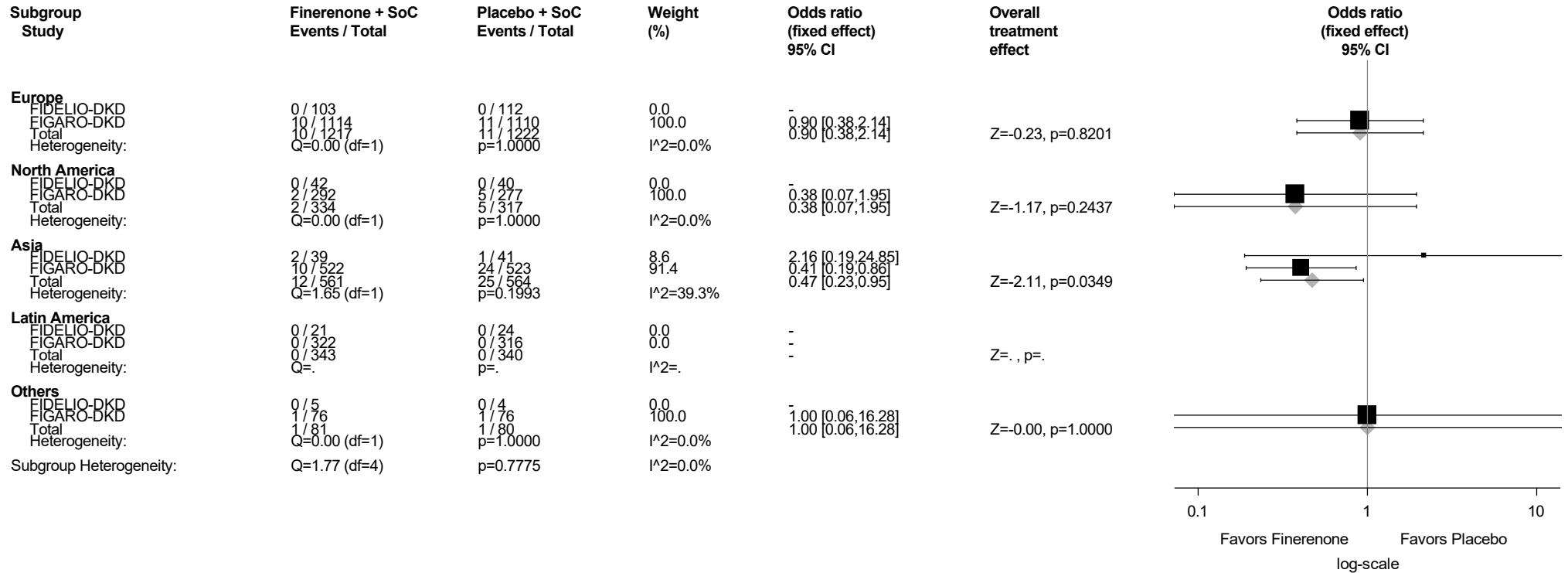
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.32: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.32.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



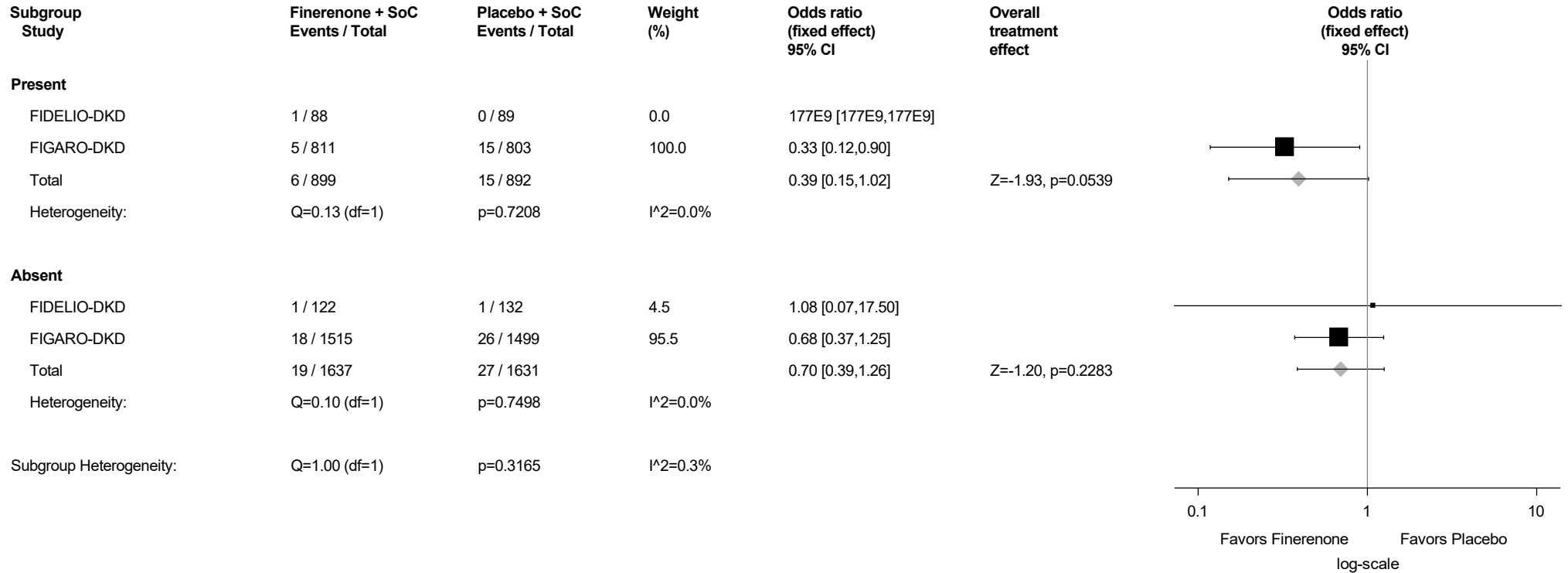
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.32.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

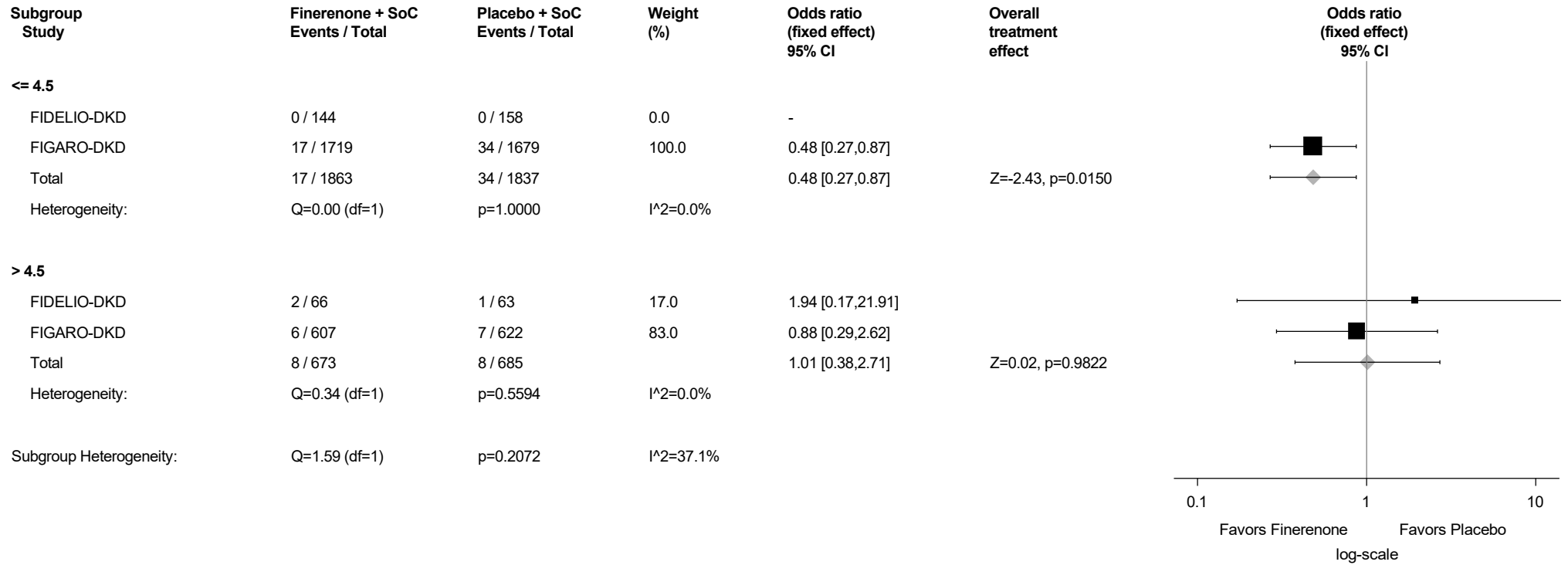
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.32.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



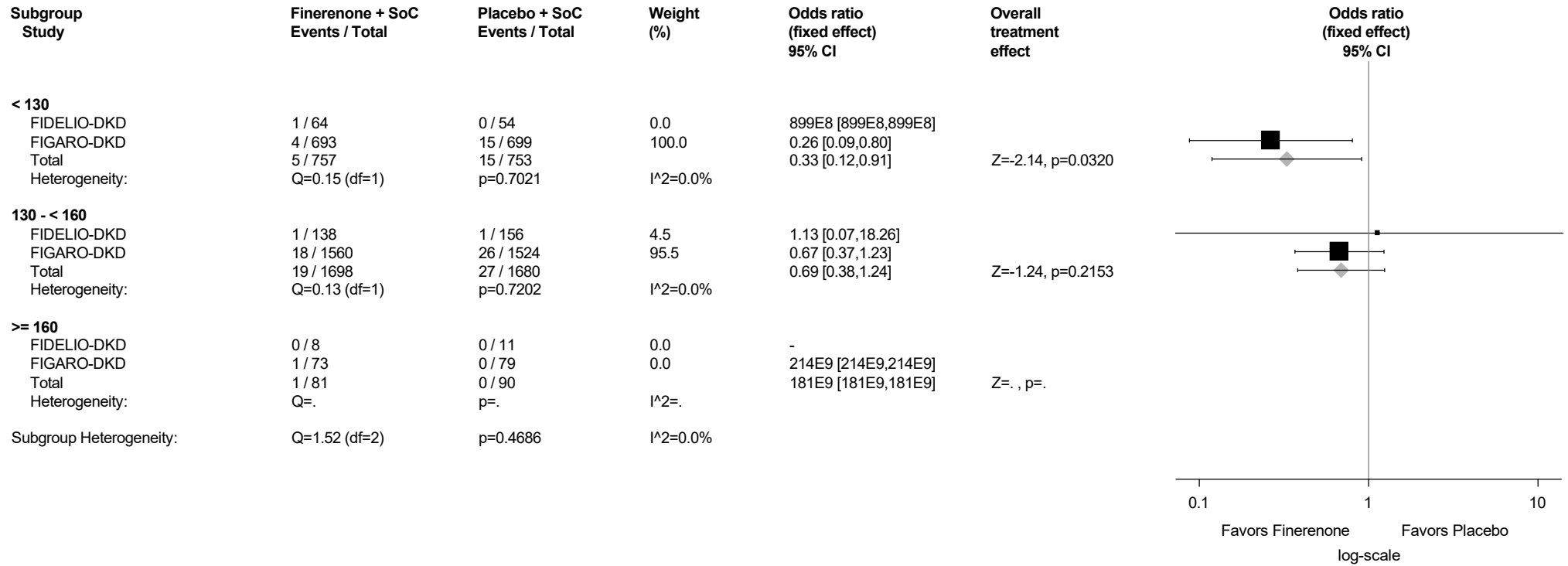
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.32.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



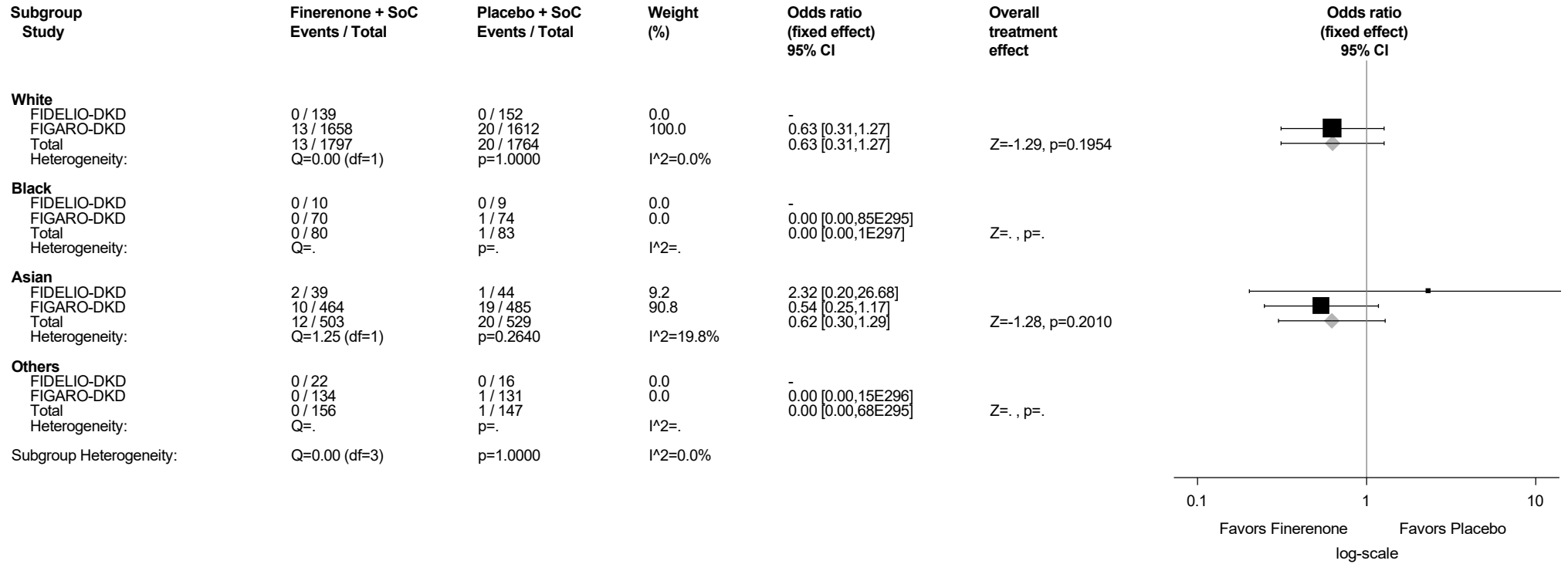
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.32.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



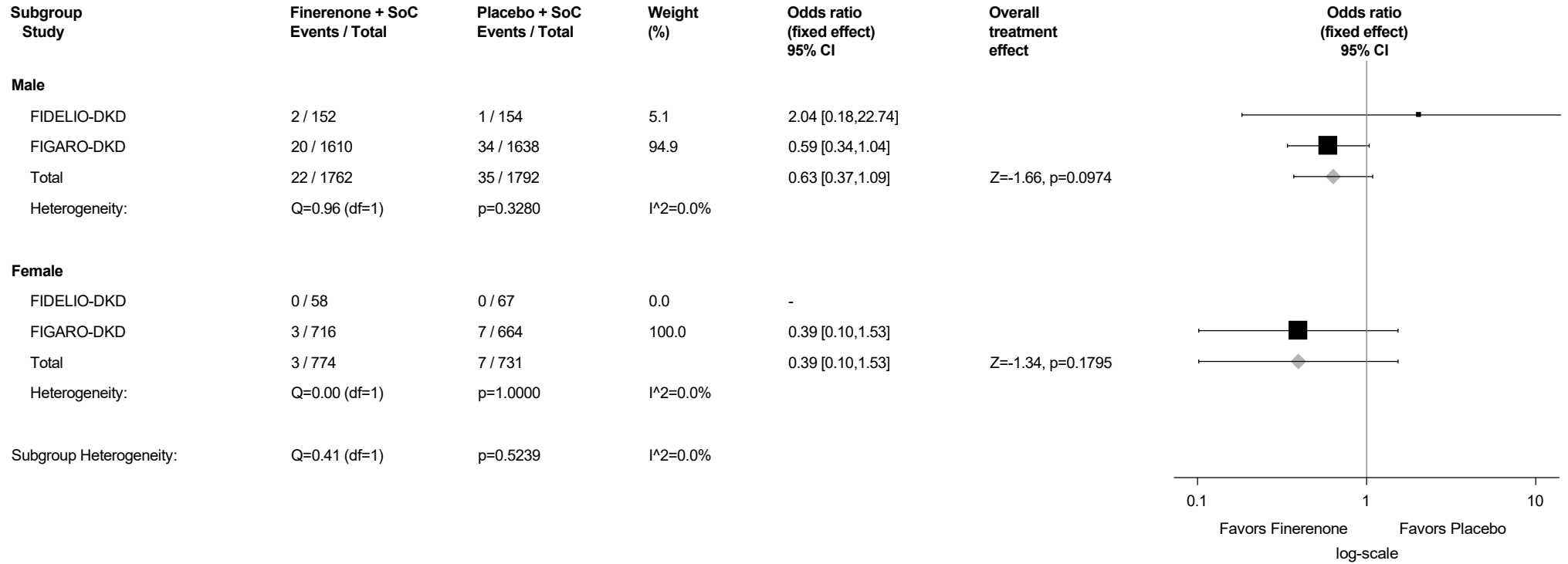
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.32.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



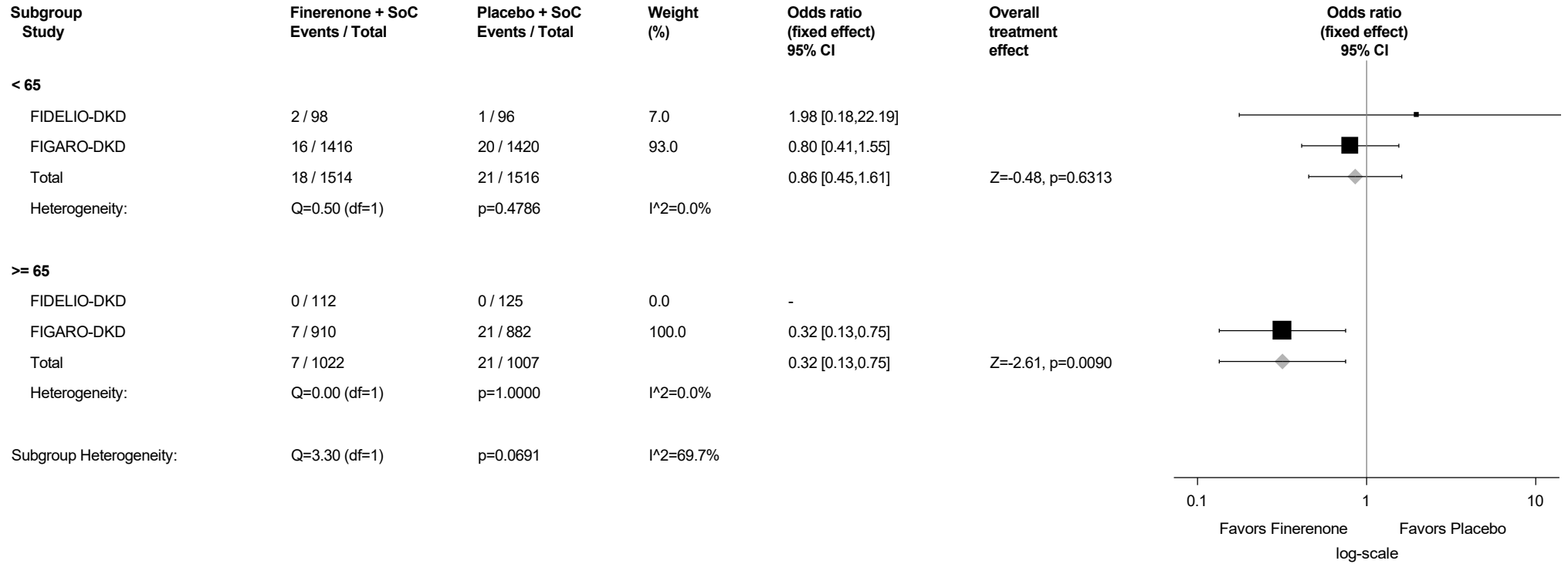
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.32.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



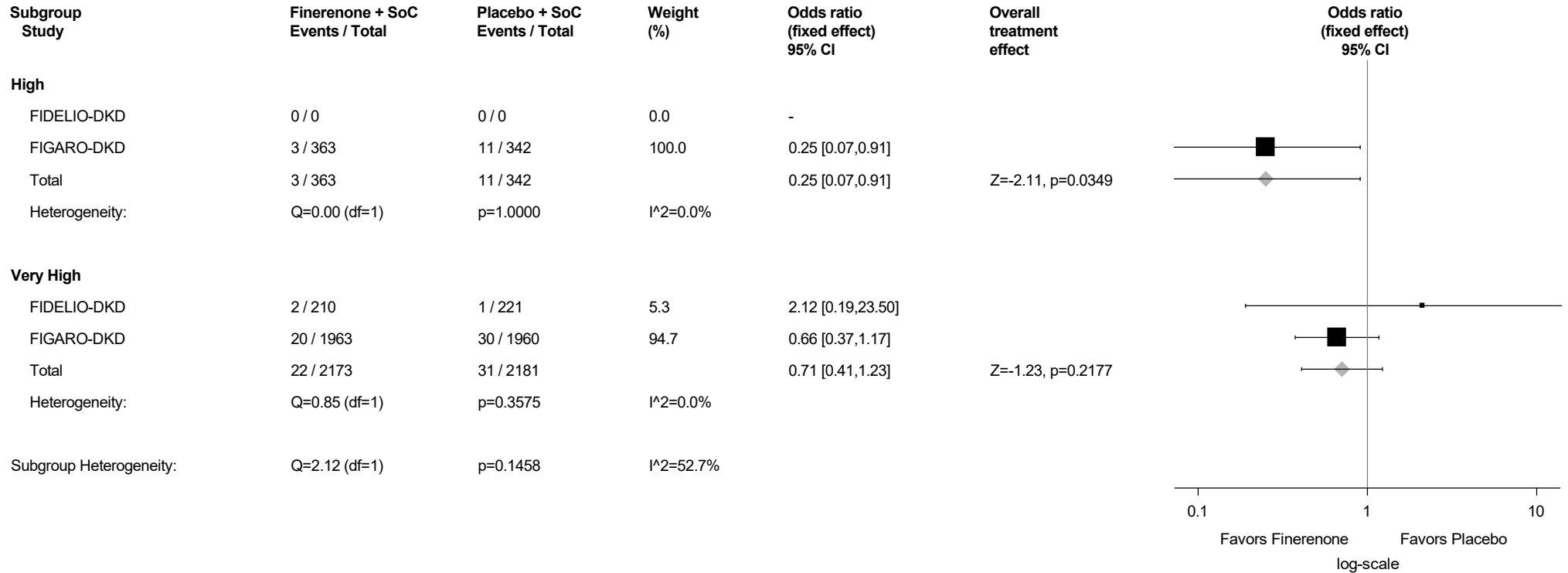
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.32.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



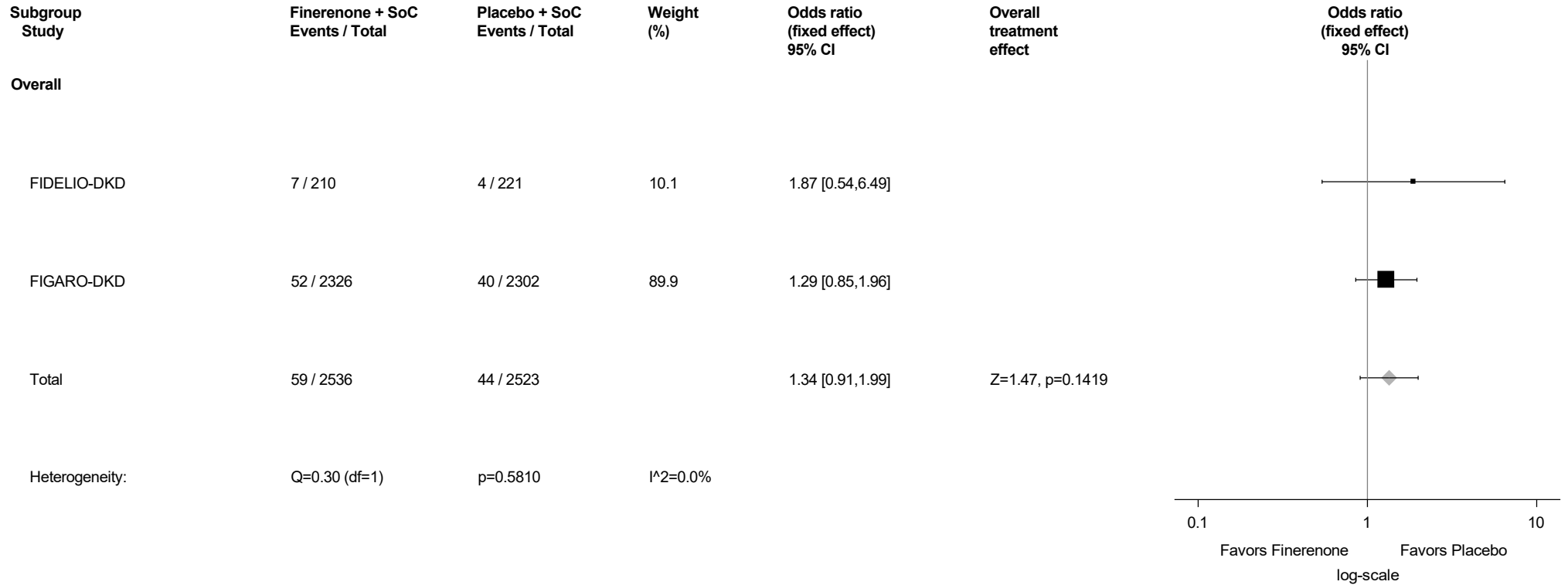
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

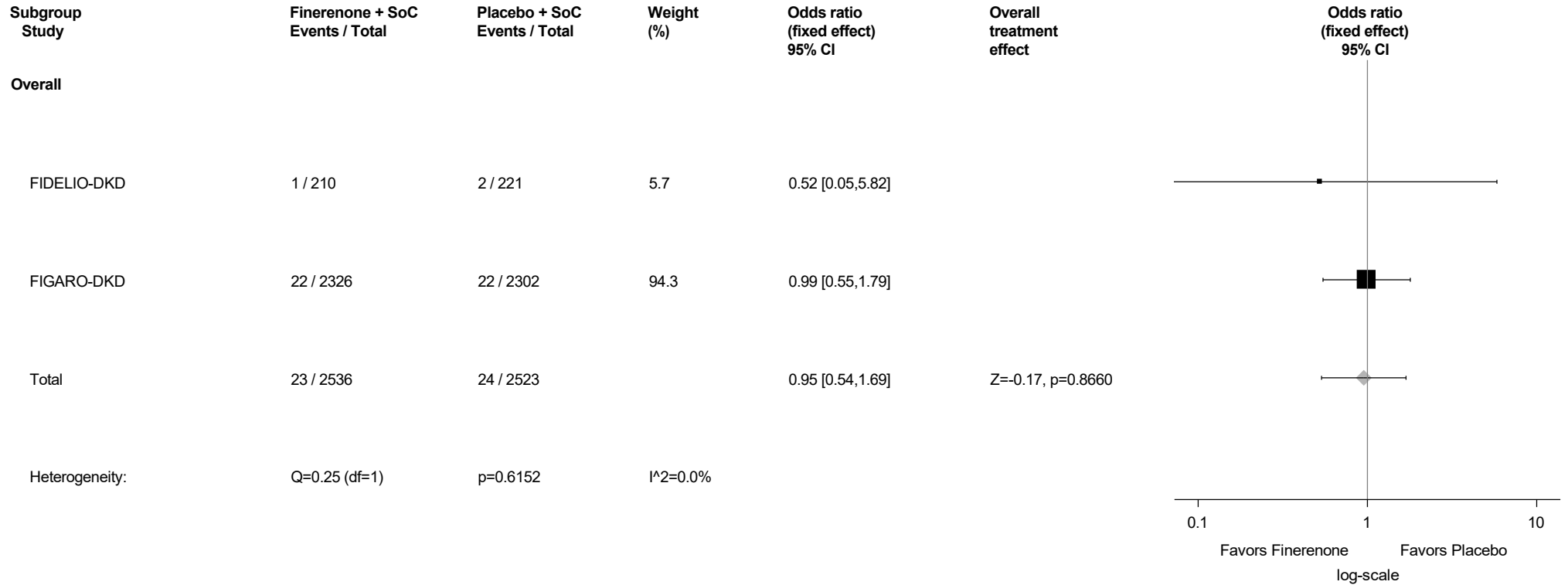
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.33: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



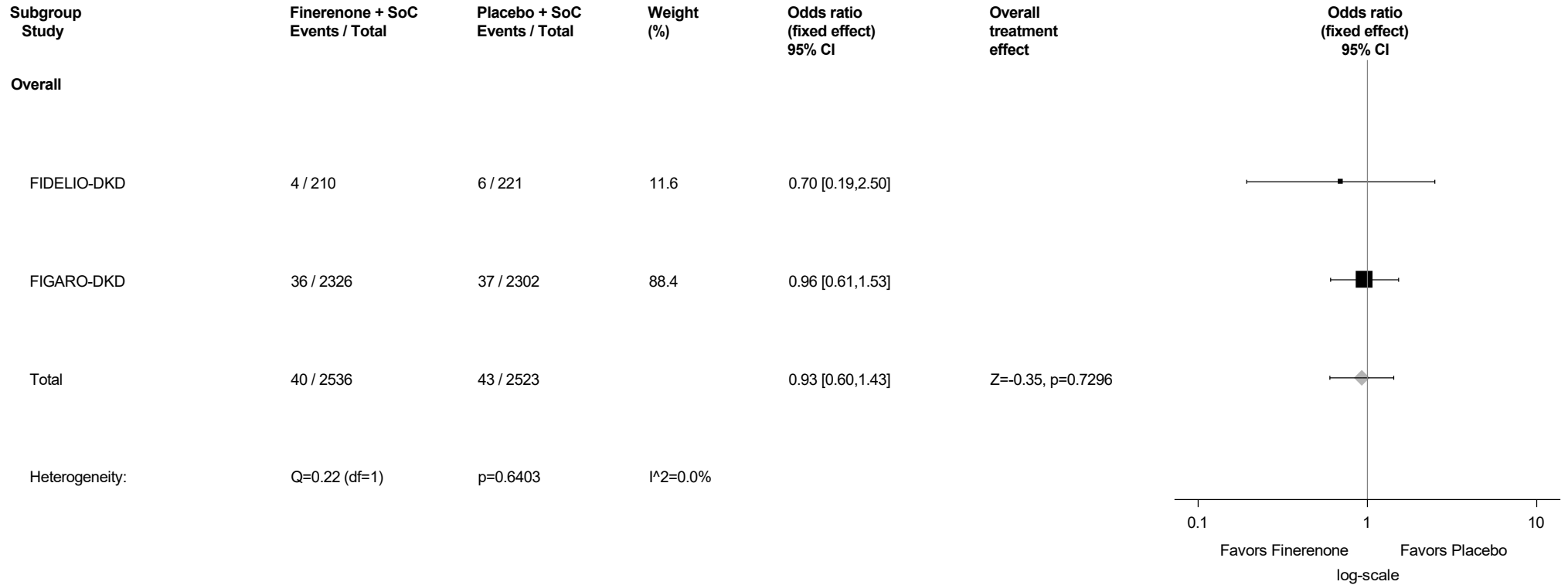
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.34: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Toothache (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



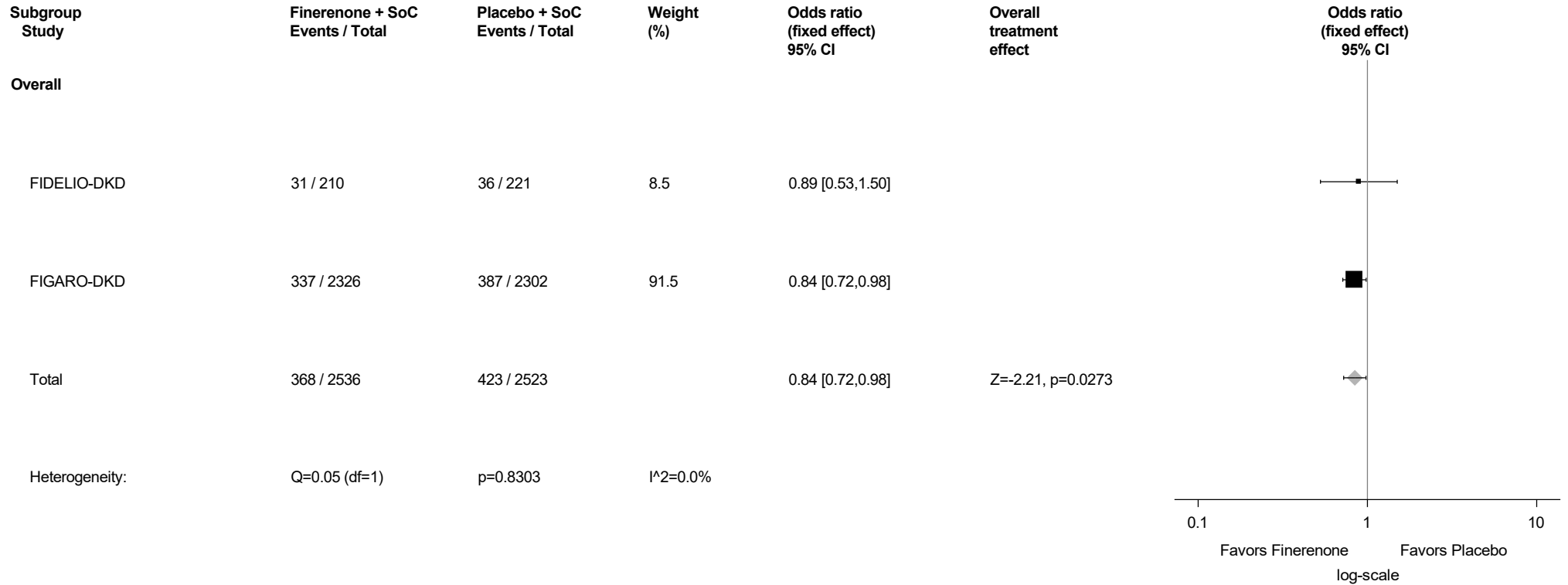
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.35: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



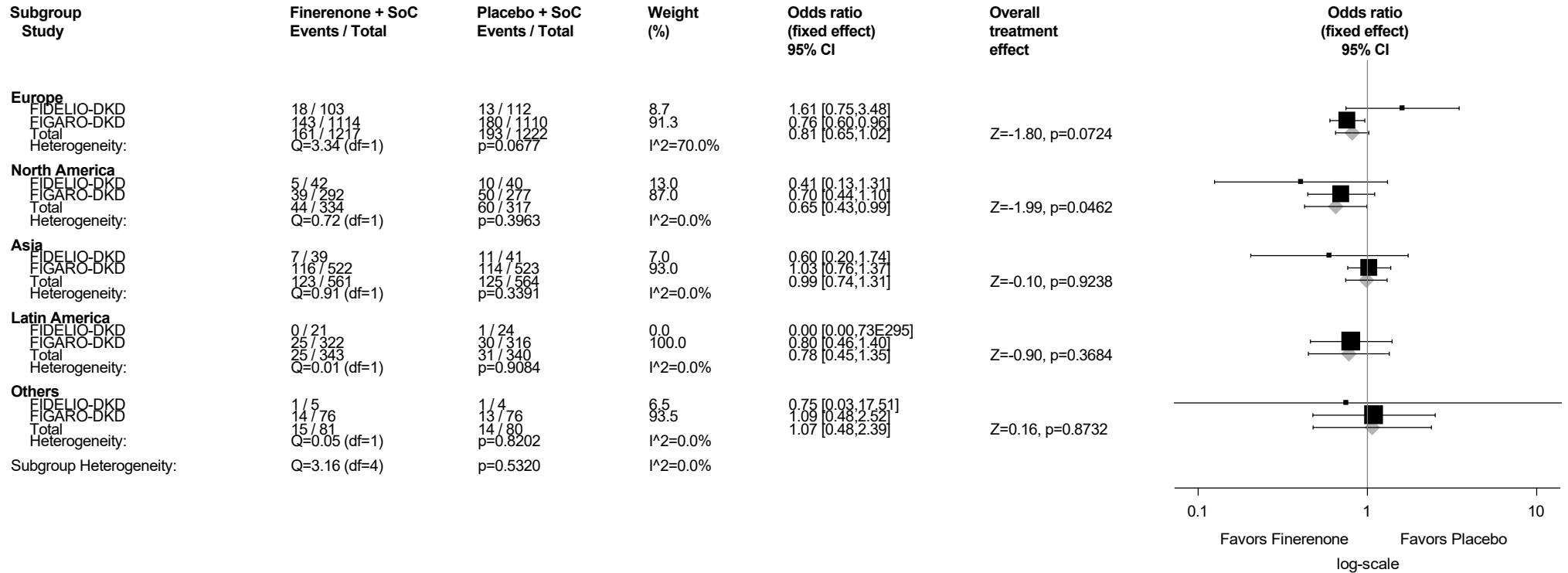
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.36: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.36.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

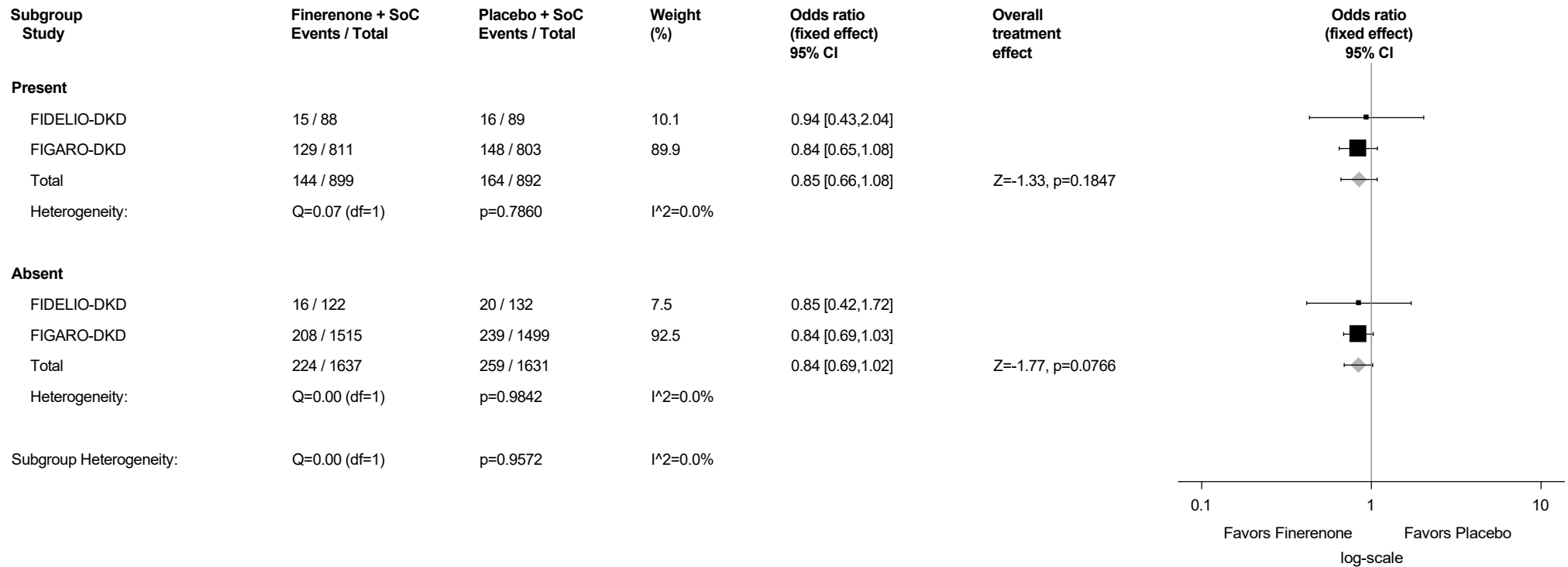
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.36.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



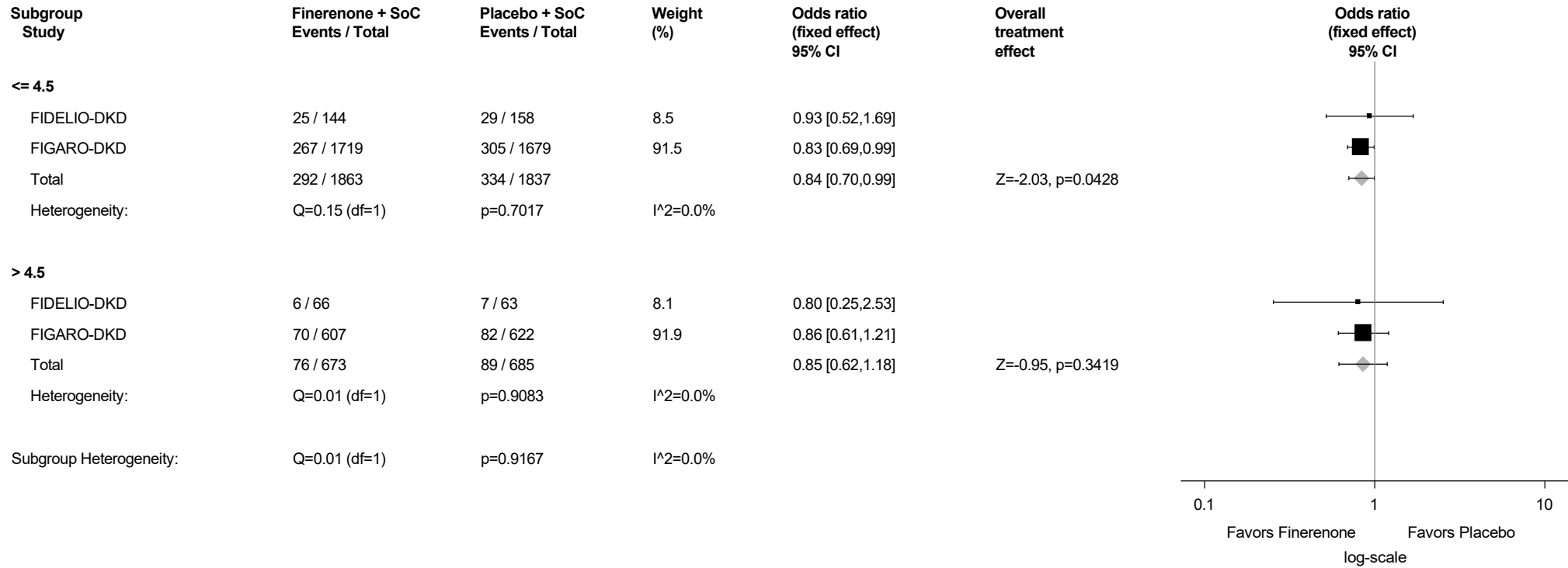
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.36.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



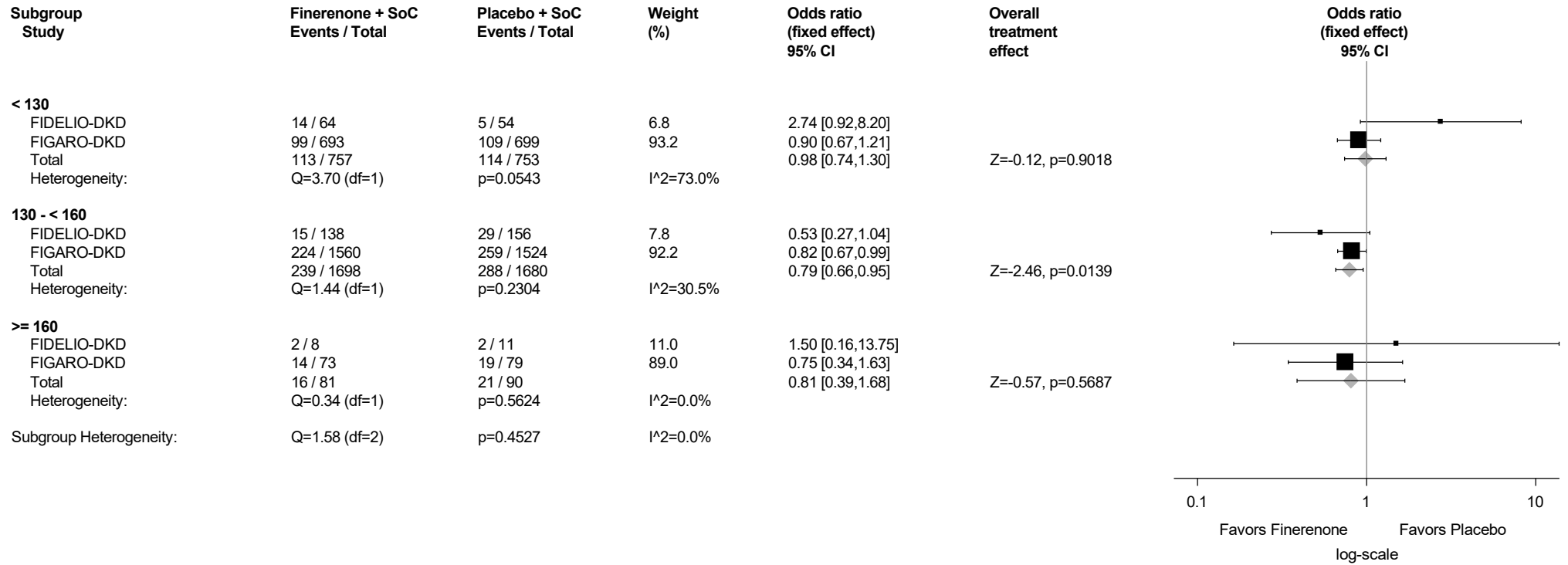
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.36.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



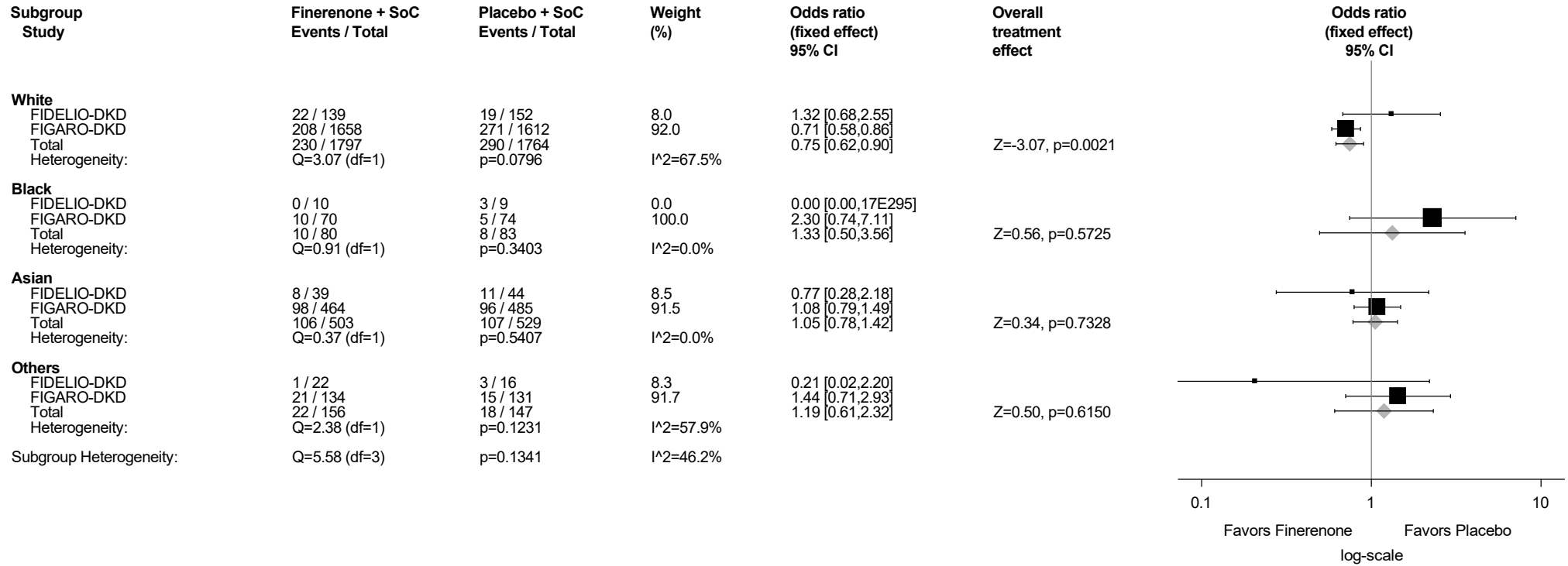
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.36.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



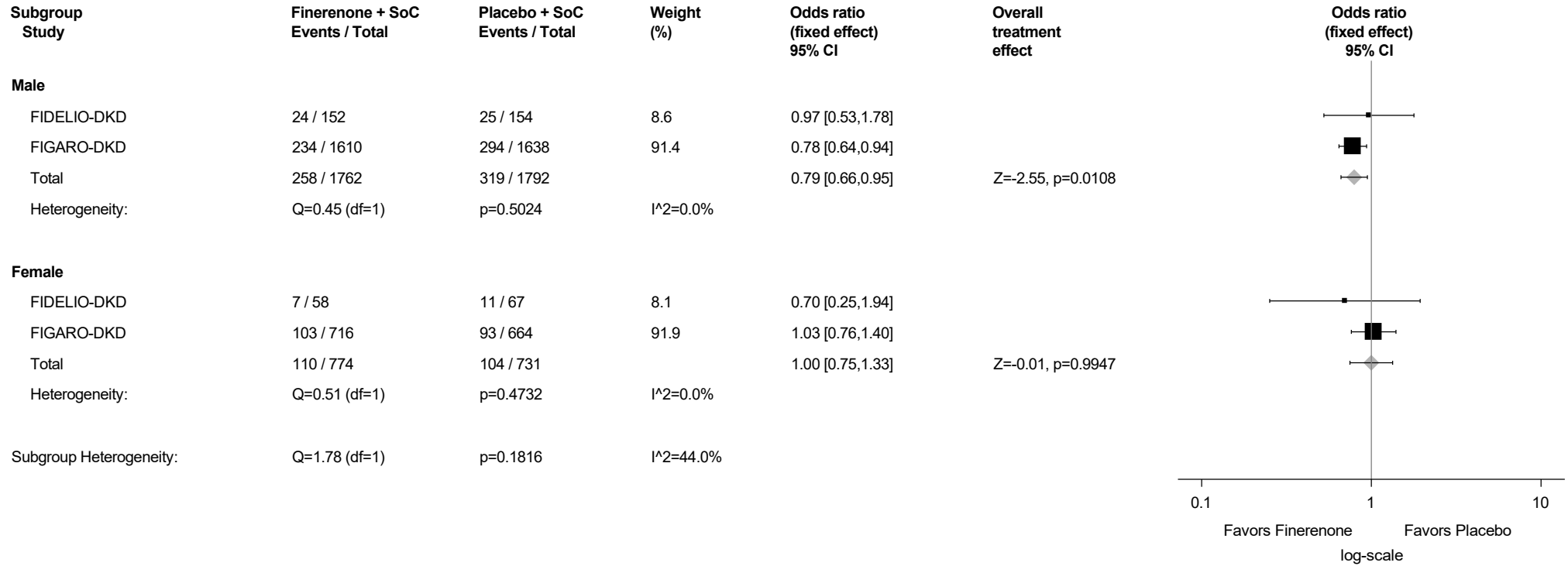
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.36.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

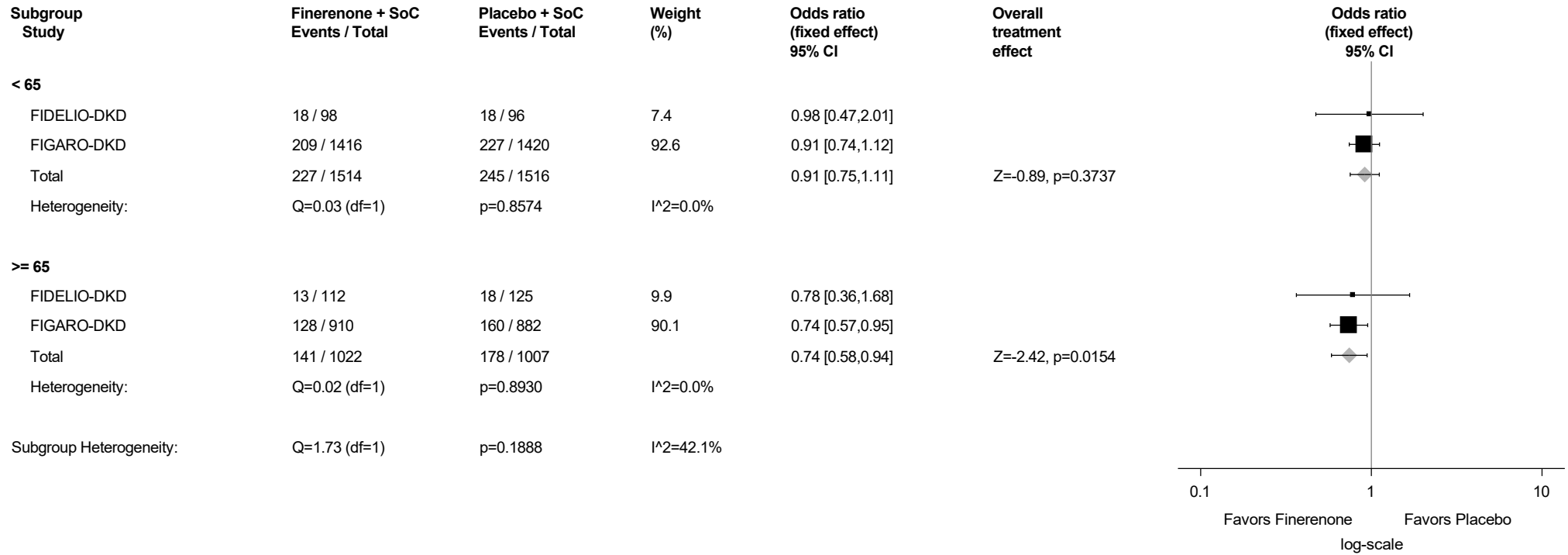
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.36.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



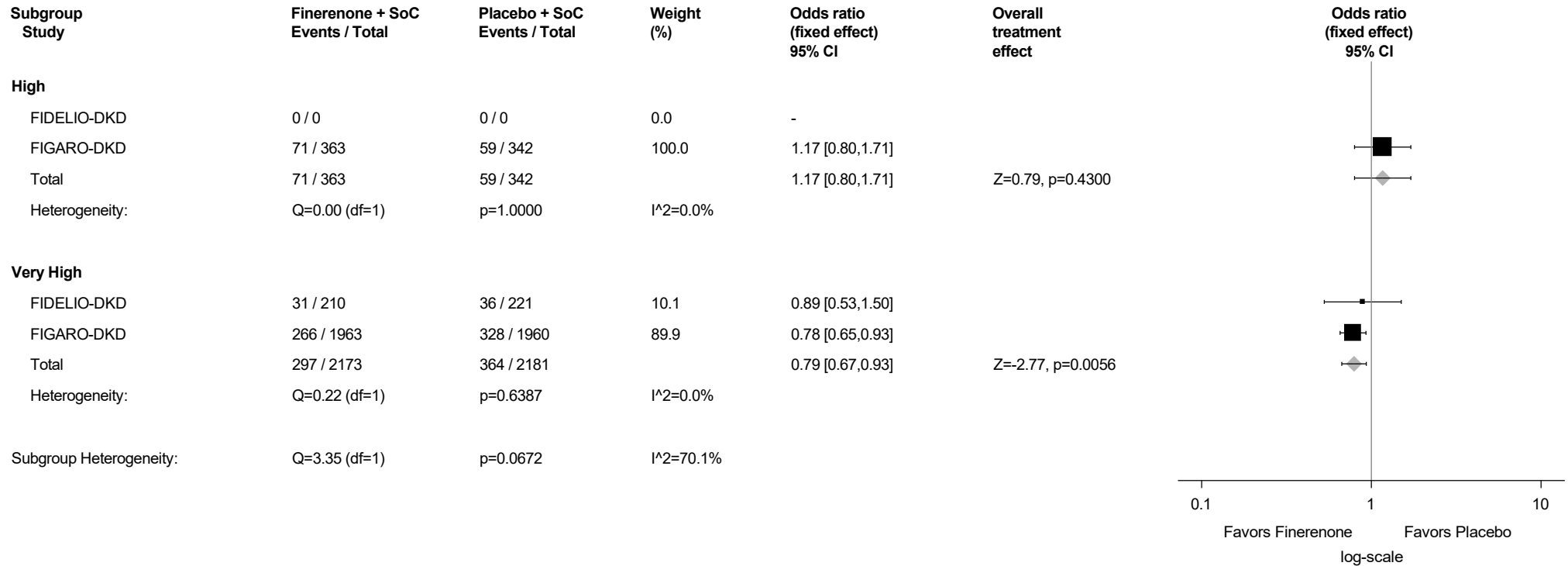
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.36.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



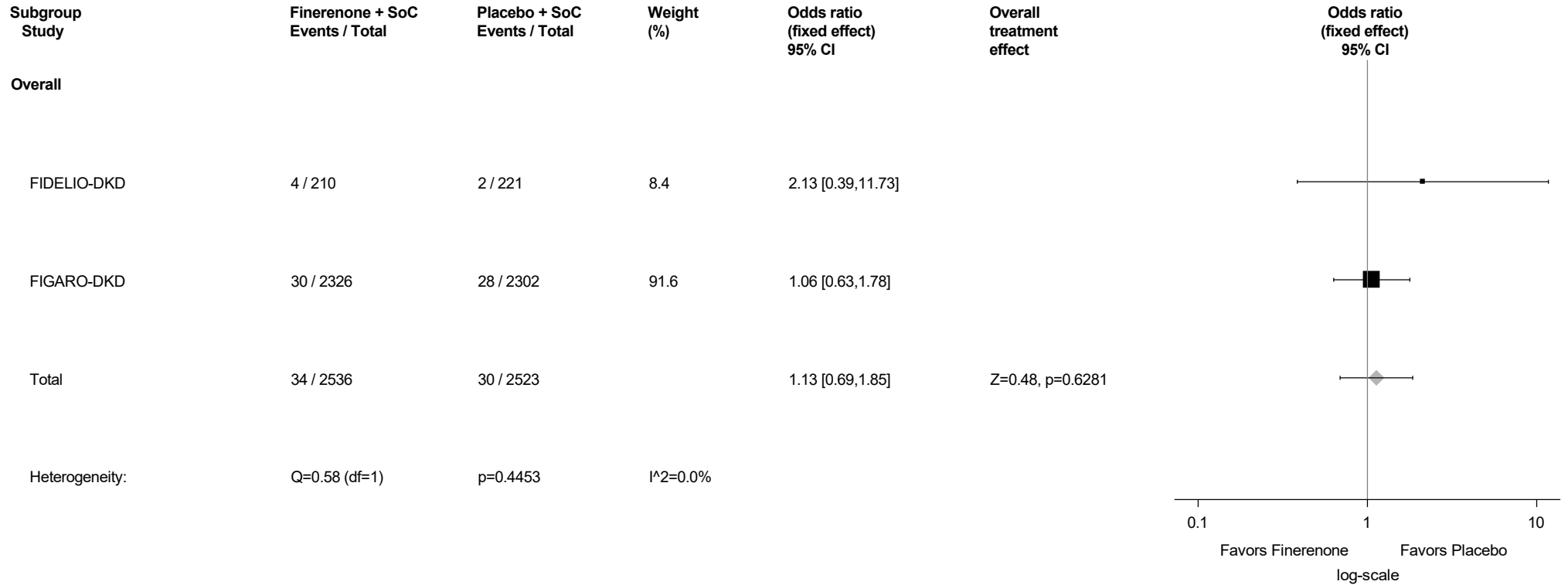
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

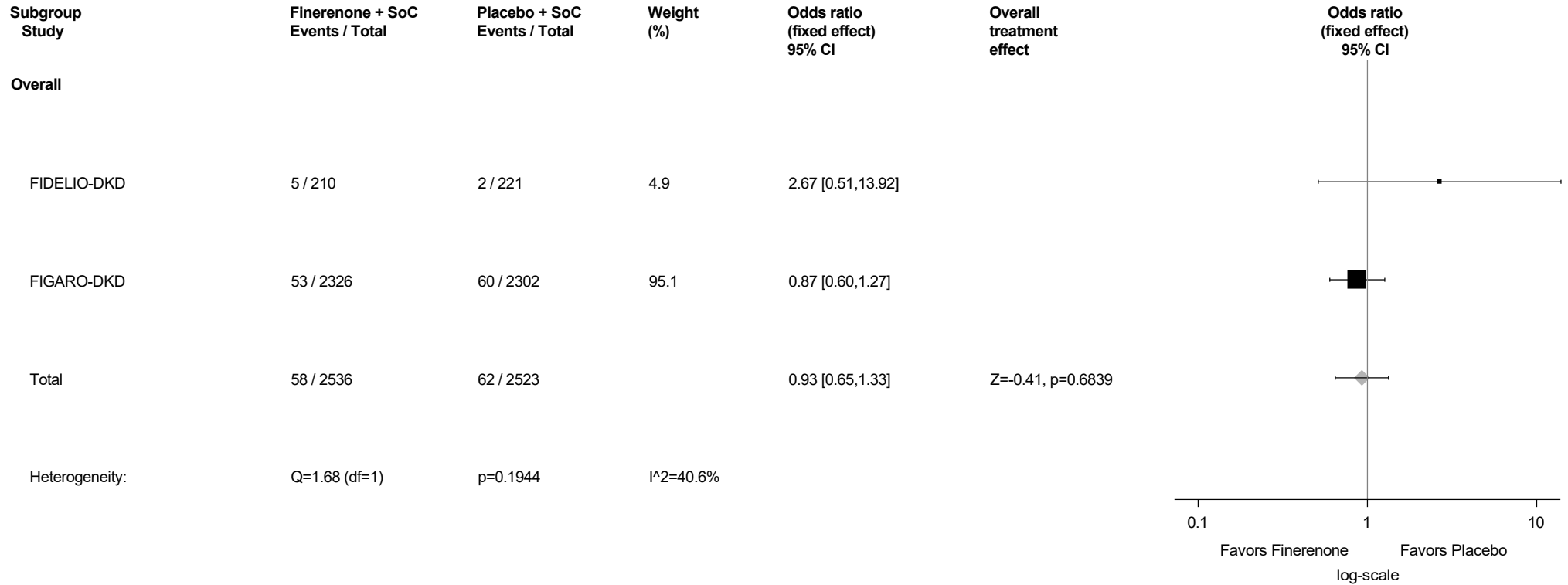
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.37: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



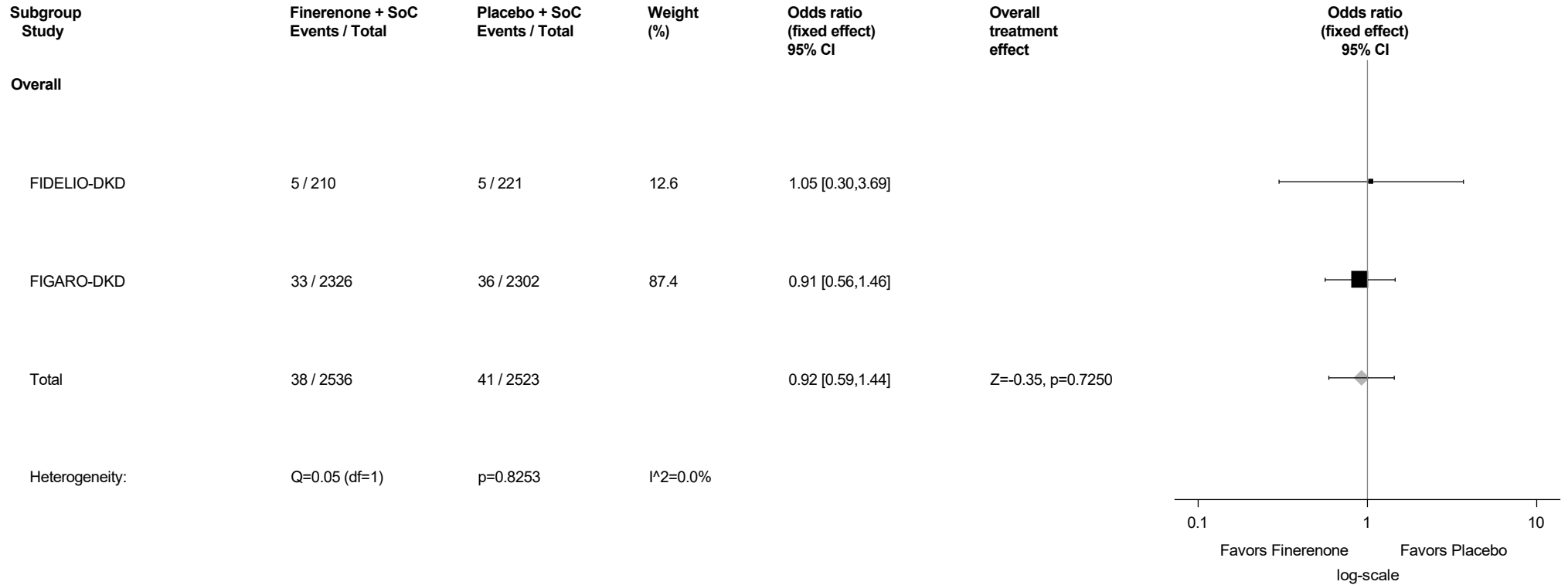
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.38: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



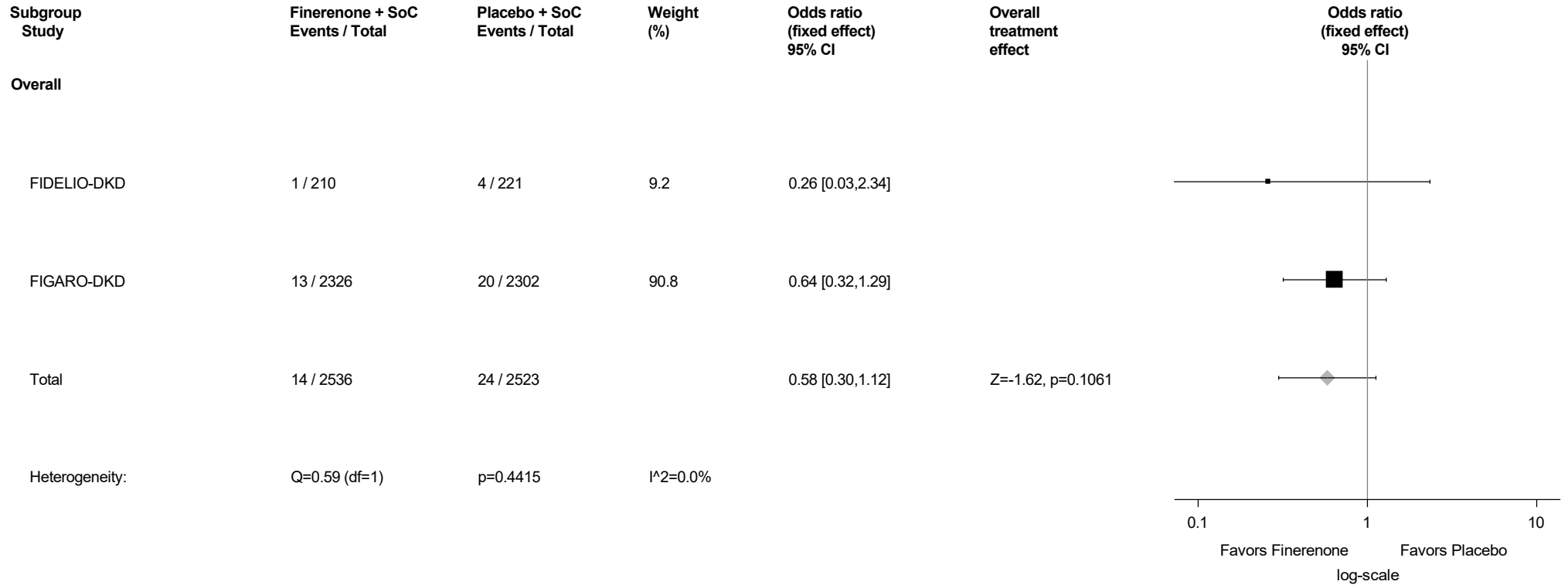
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.39: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



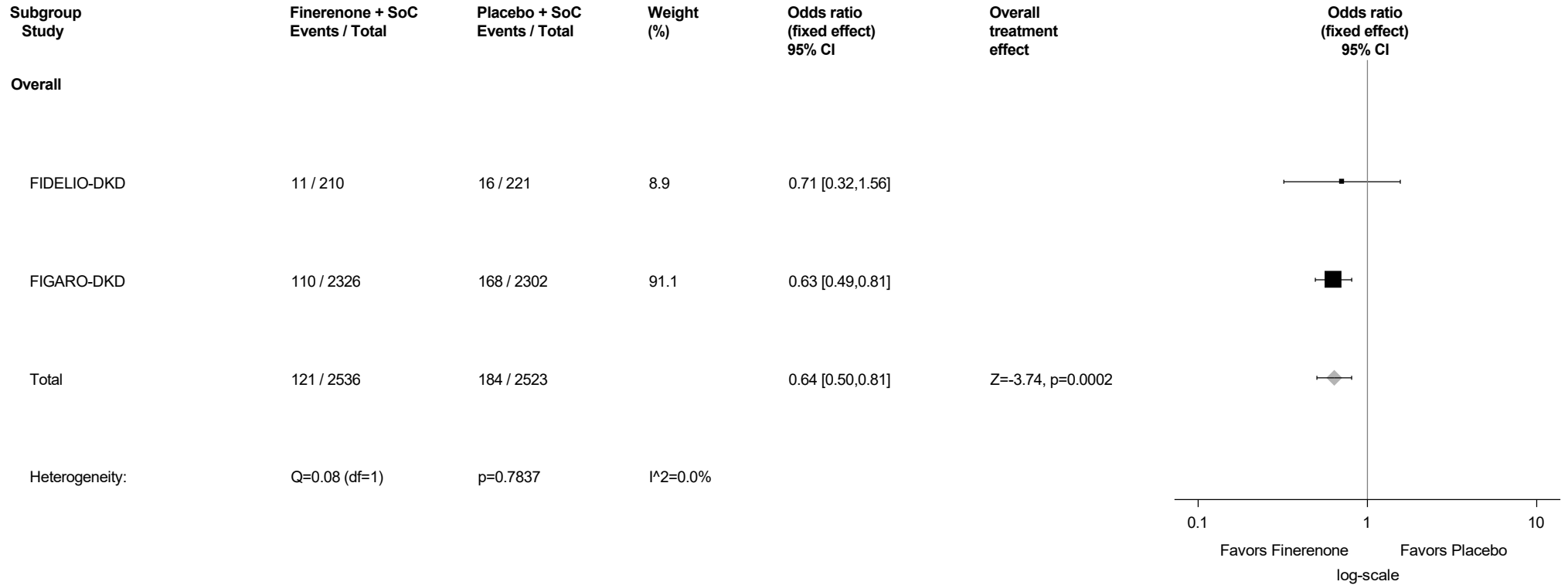
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.40: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



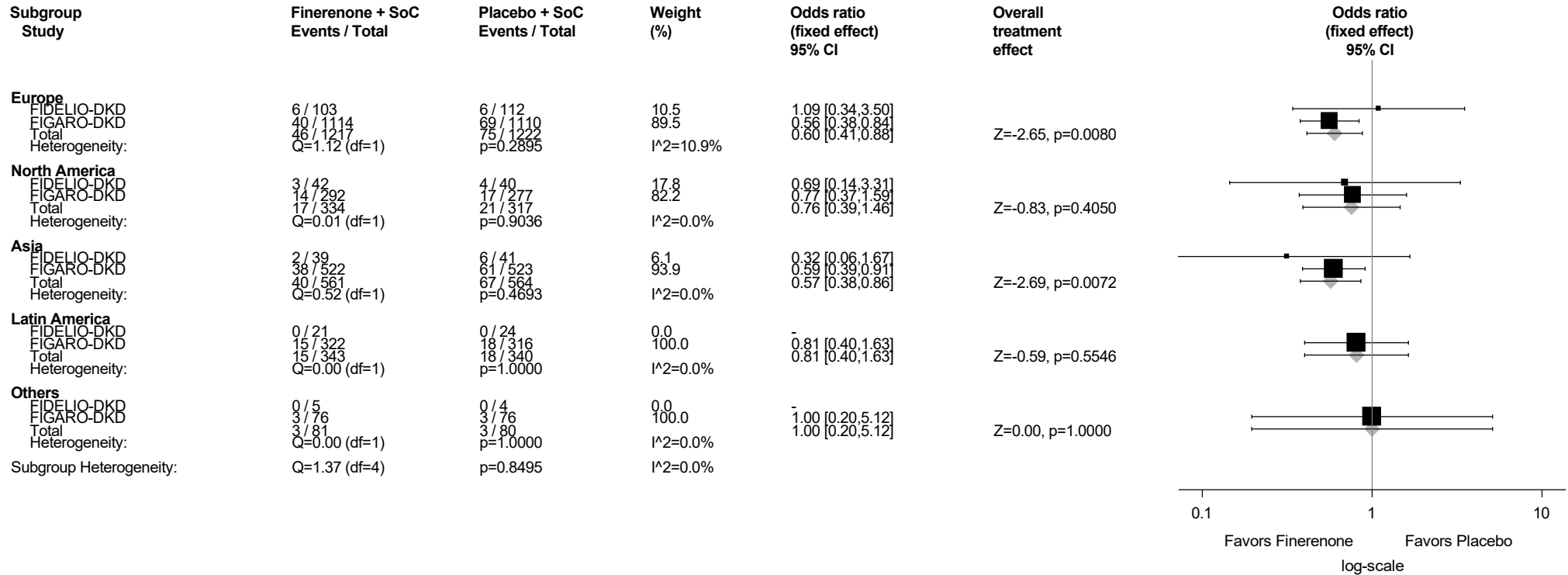
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.41: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.41.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



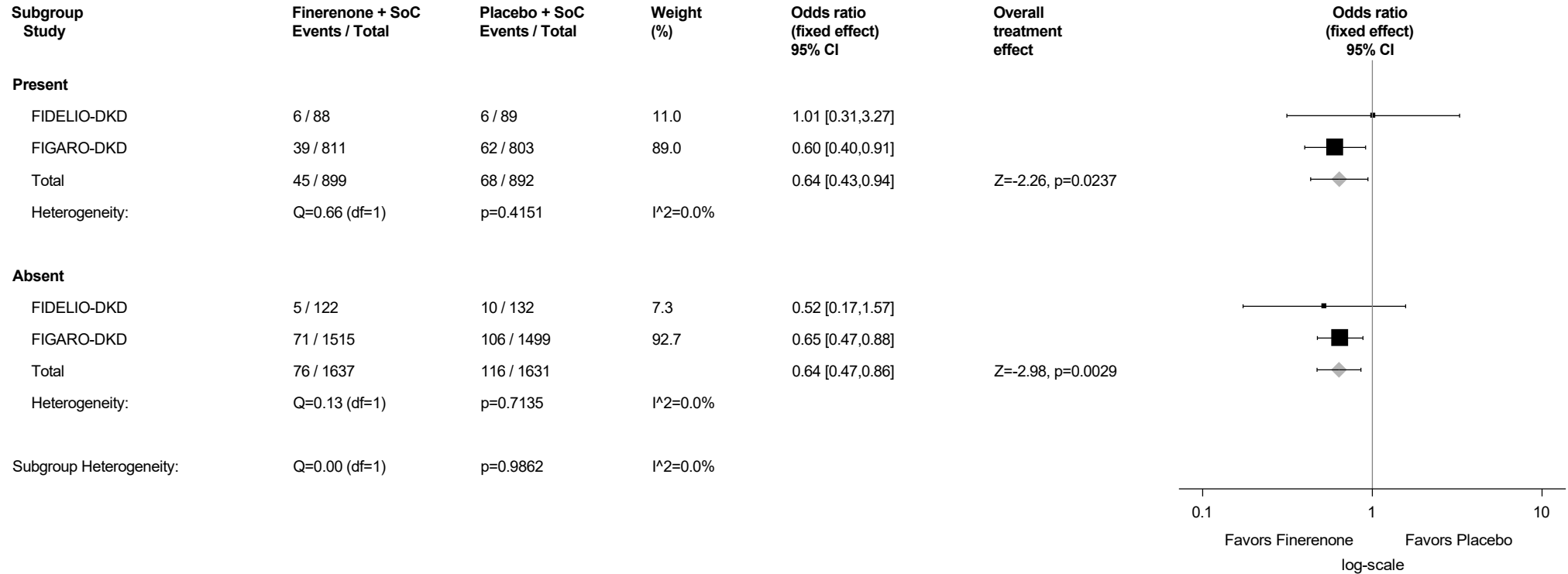
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.41.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



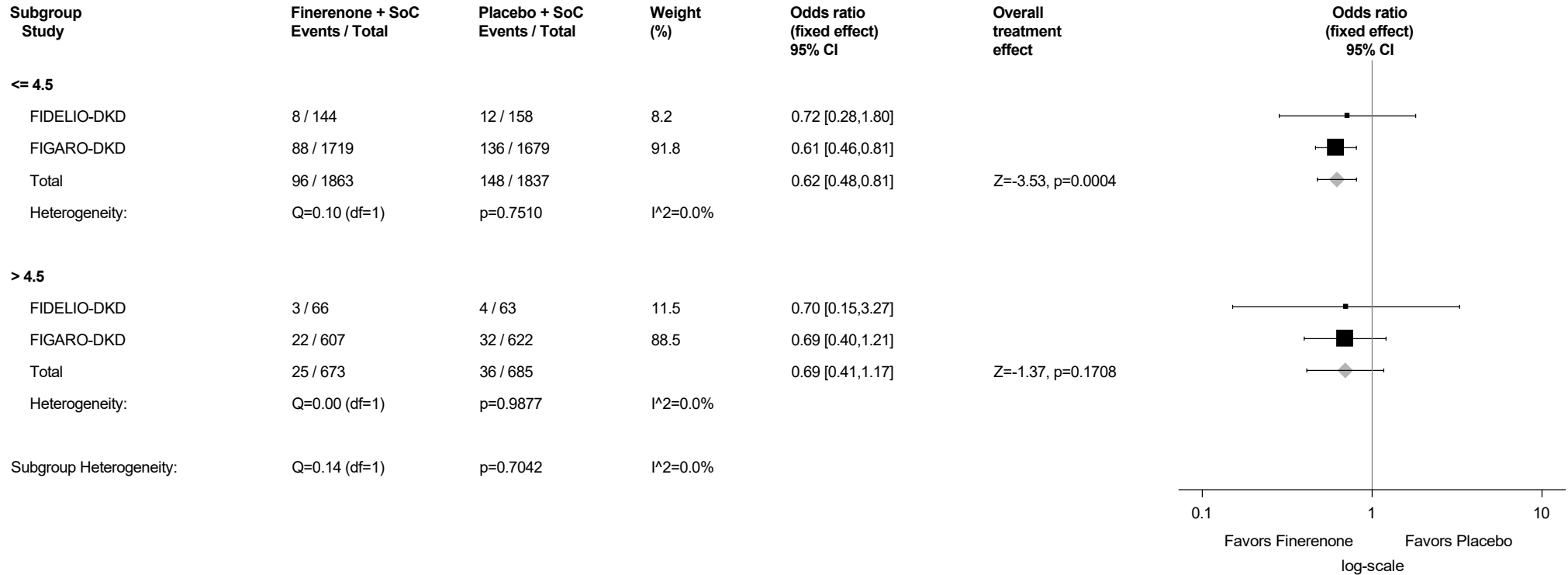
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.41.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

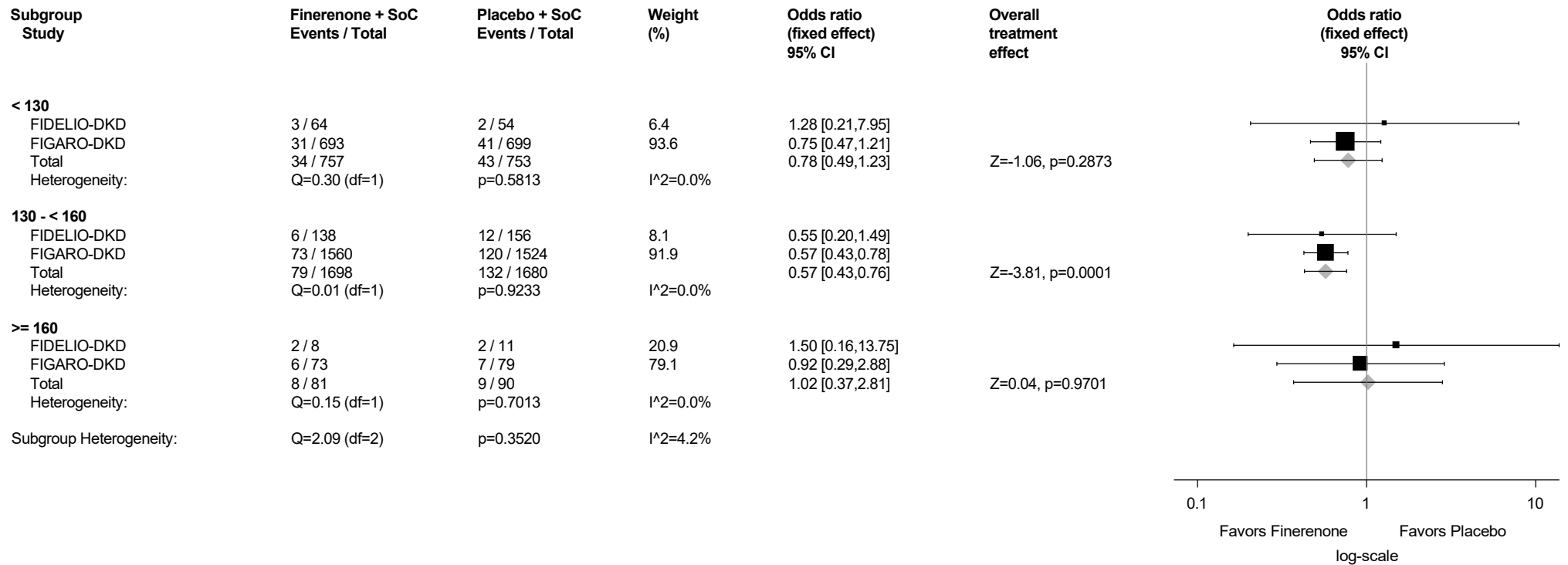
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.41.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



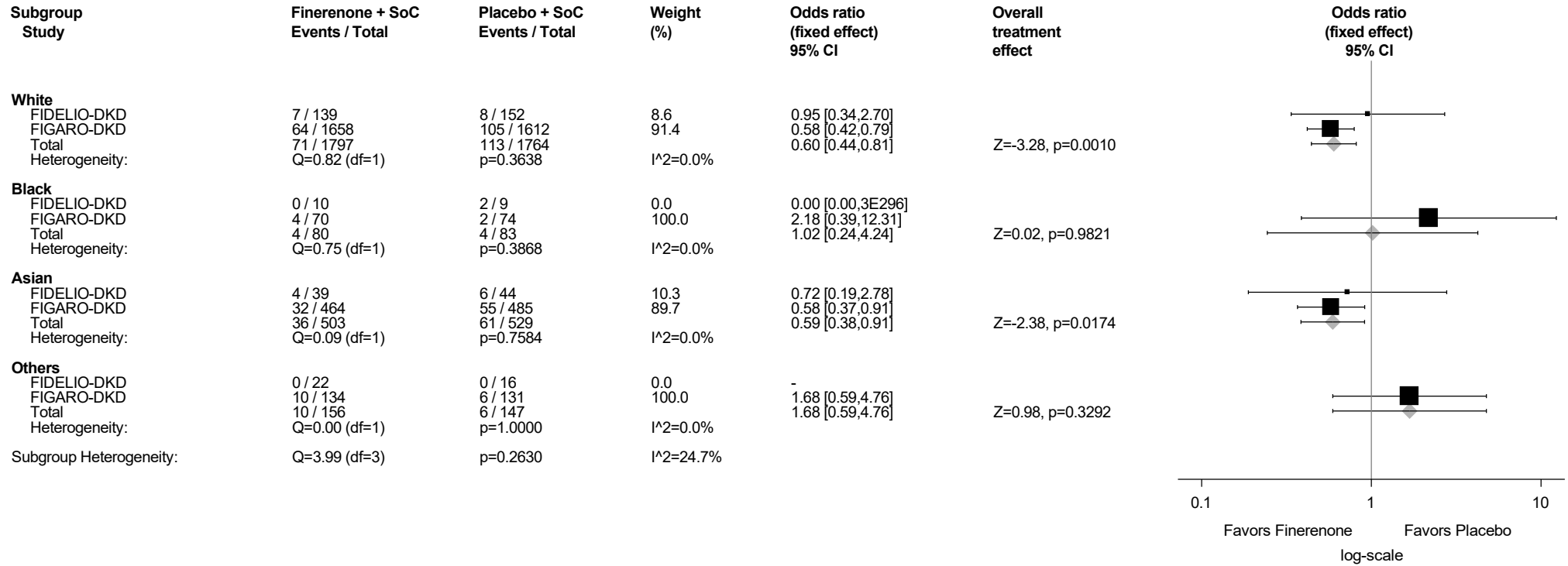
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.41.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



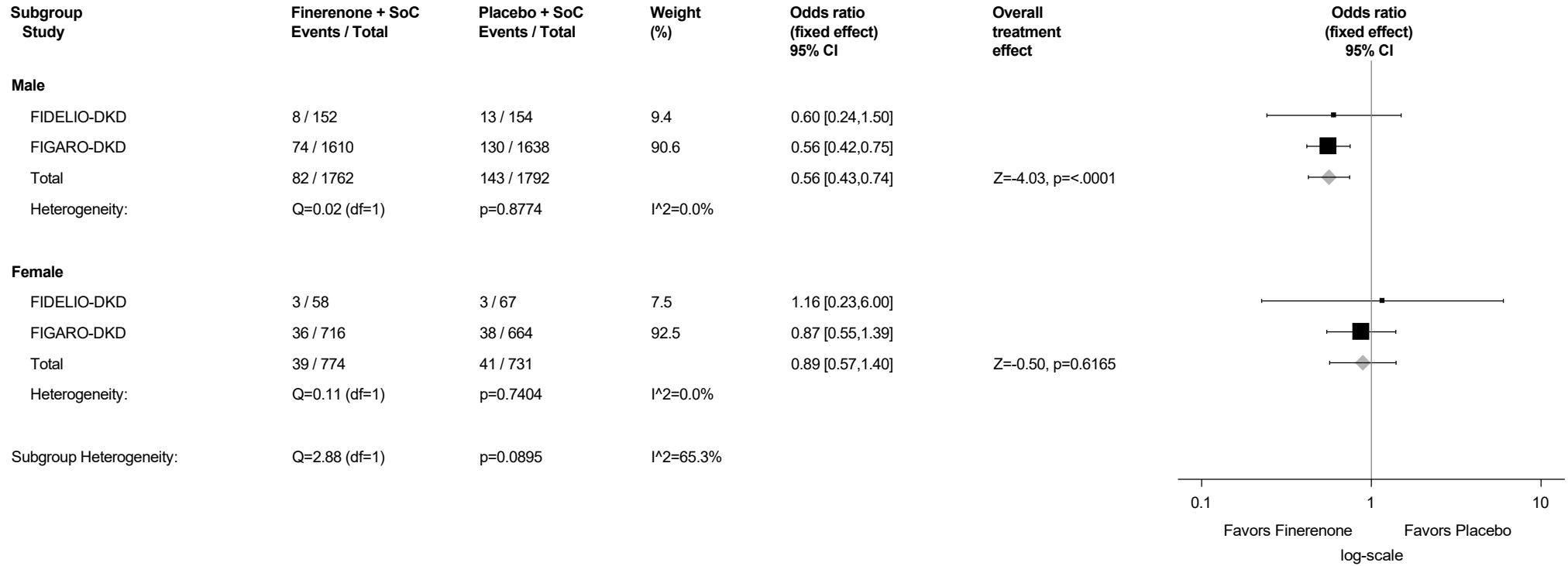
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.41.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



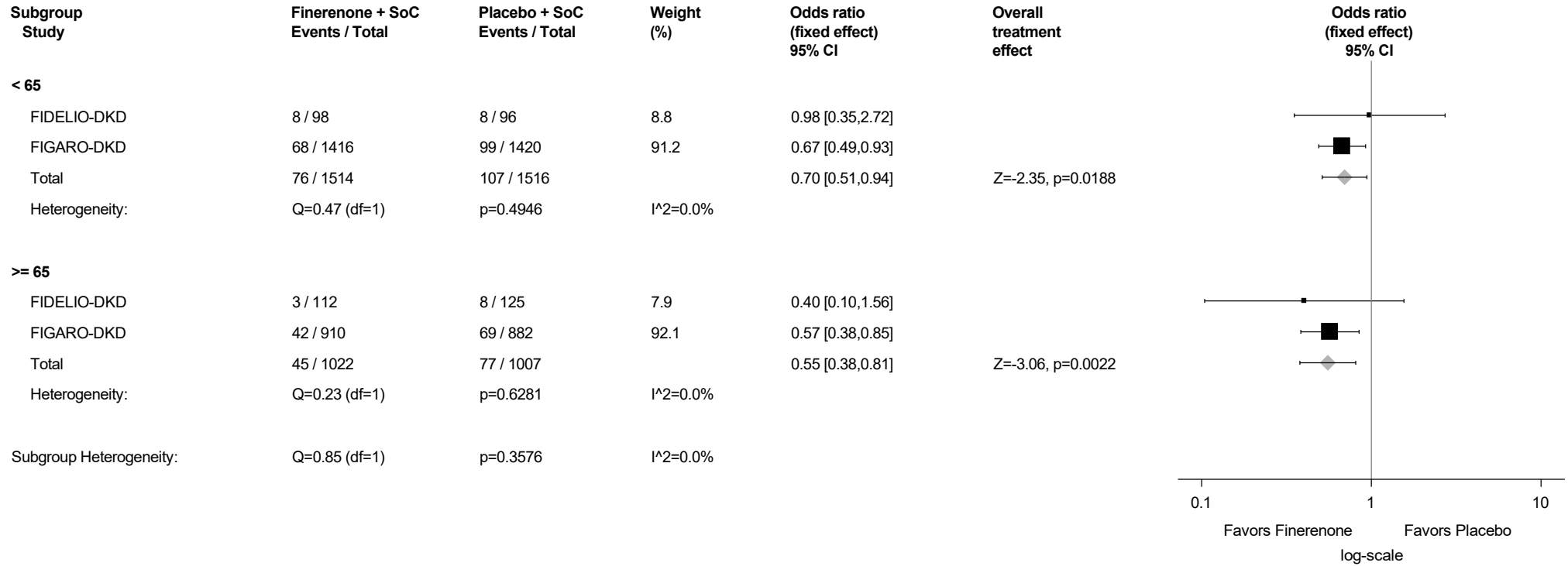
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.41.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



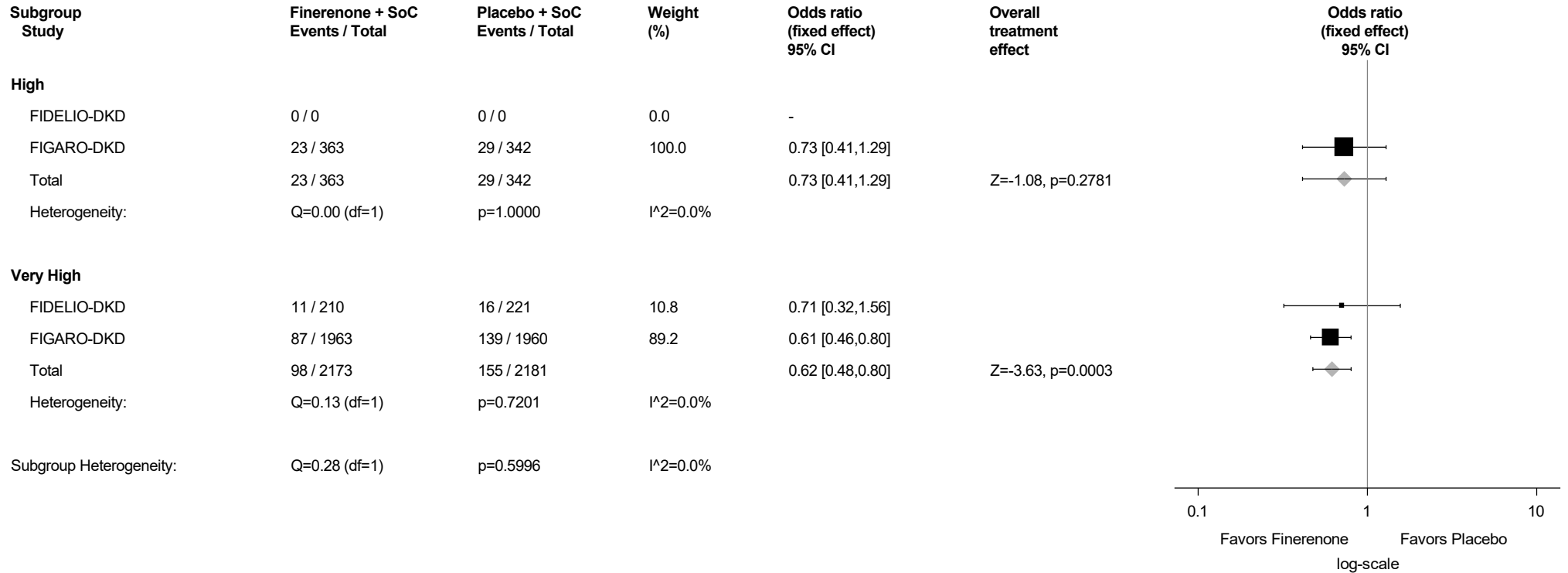
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.41.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



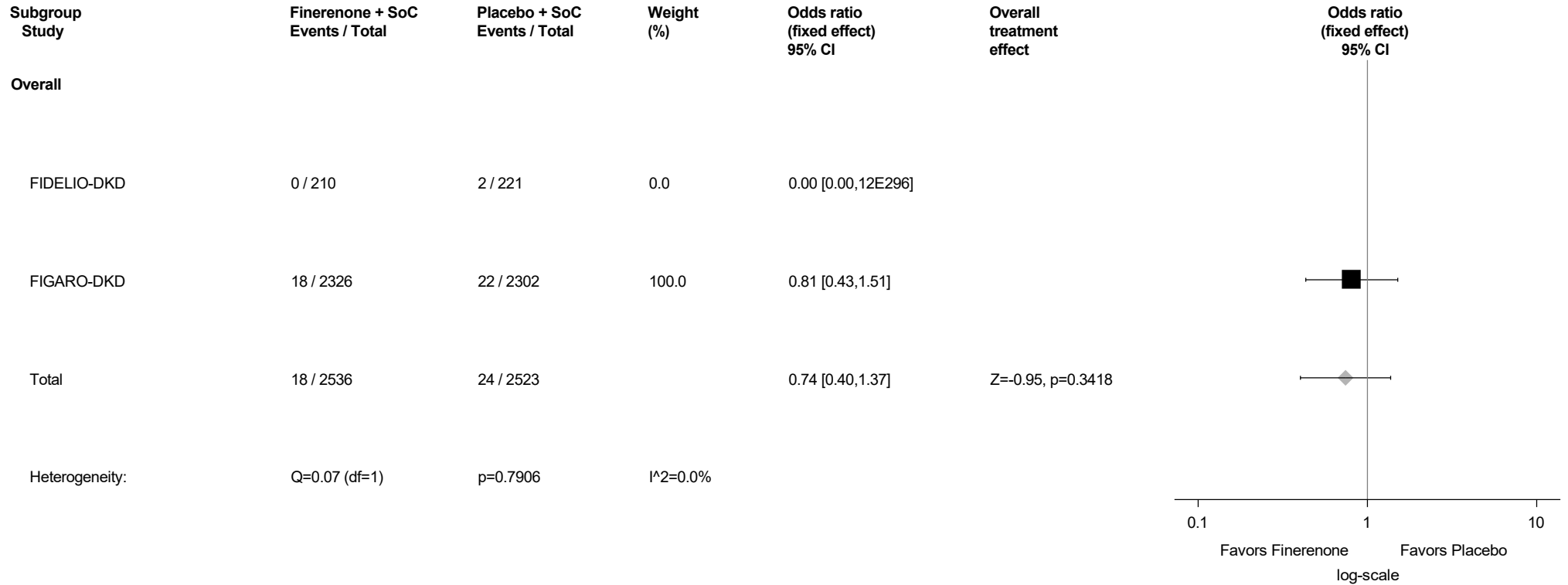
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

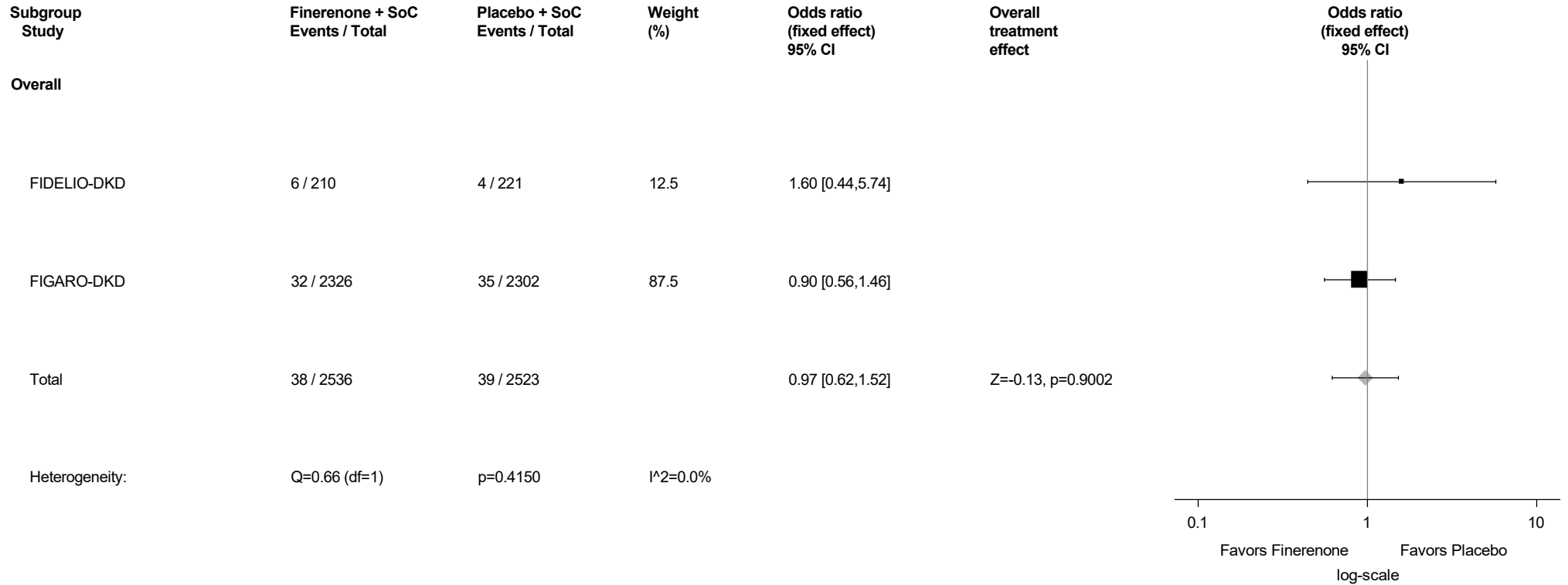
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.42: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



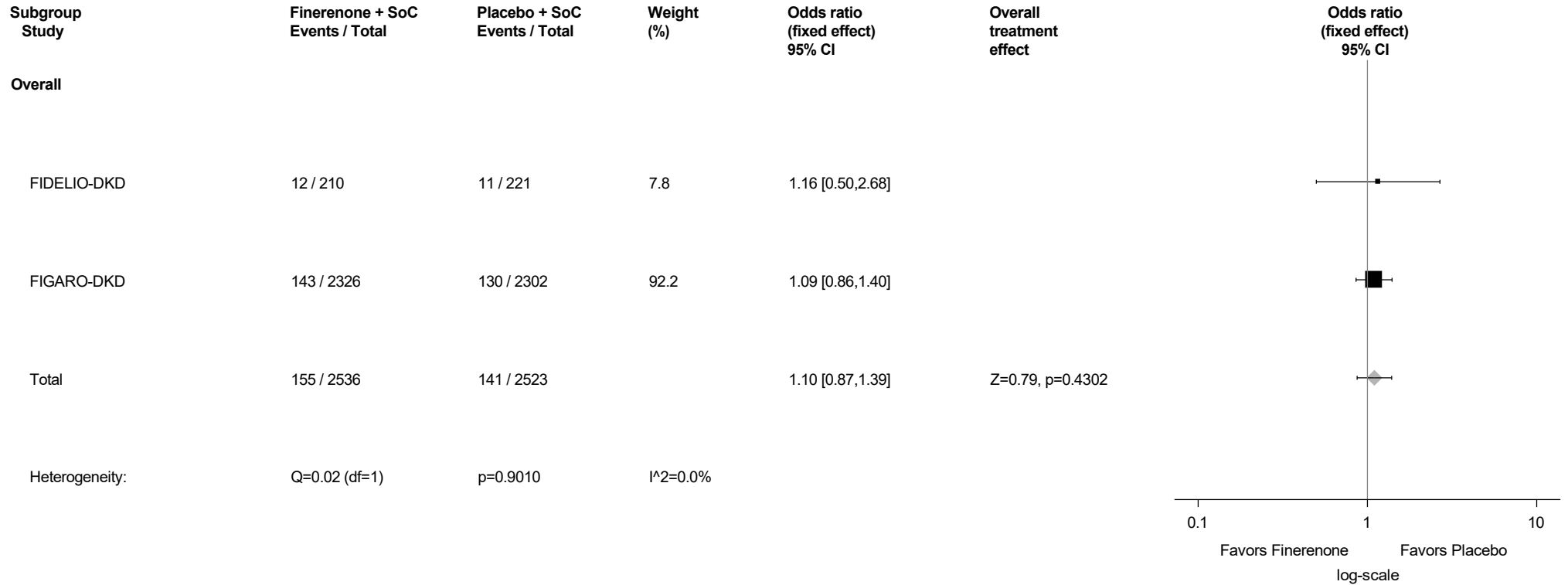
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.43: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



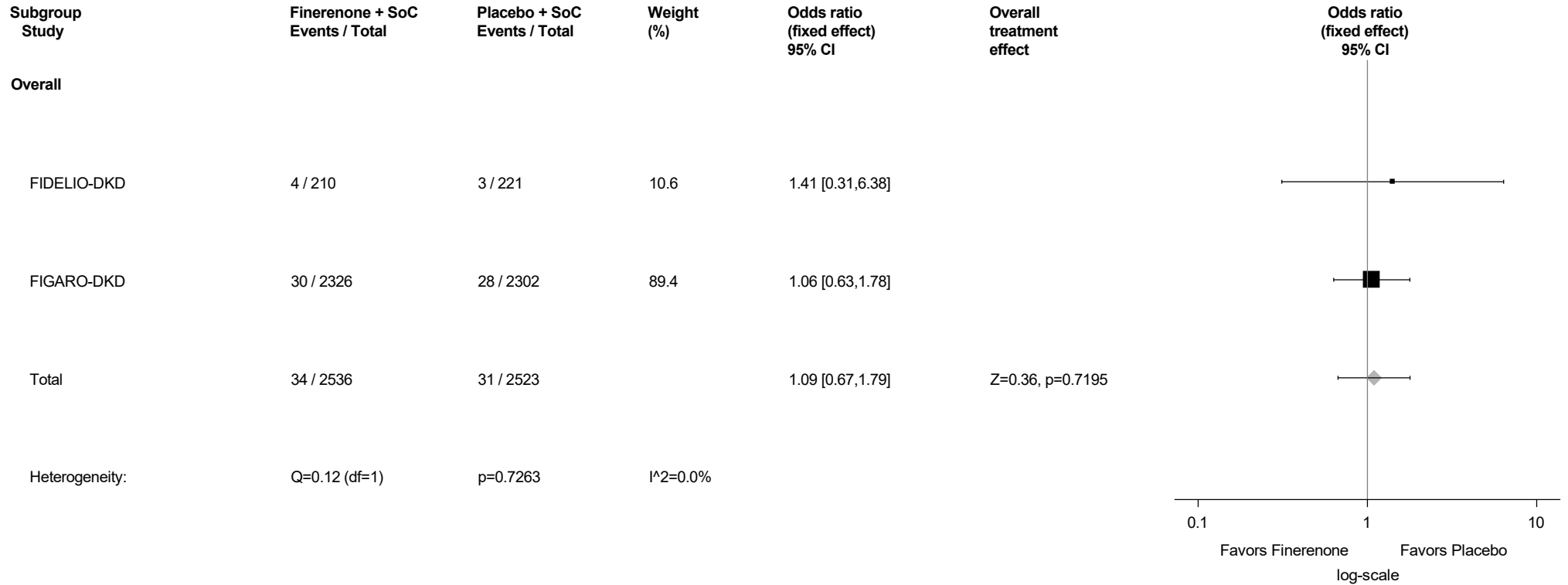
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.44: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



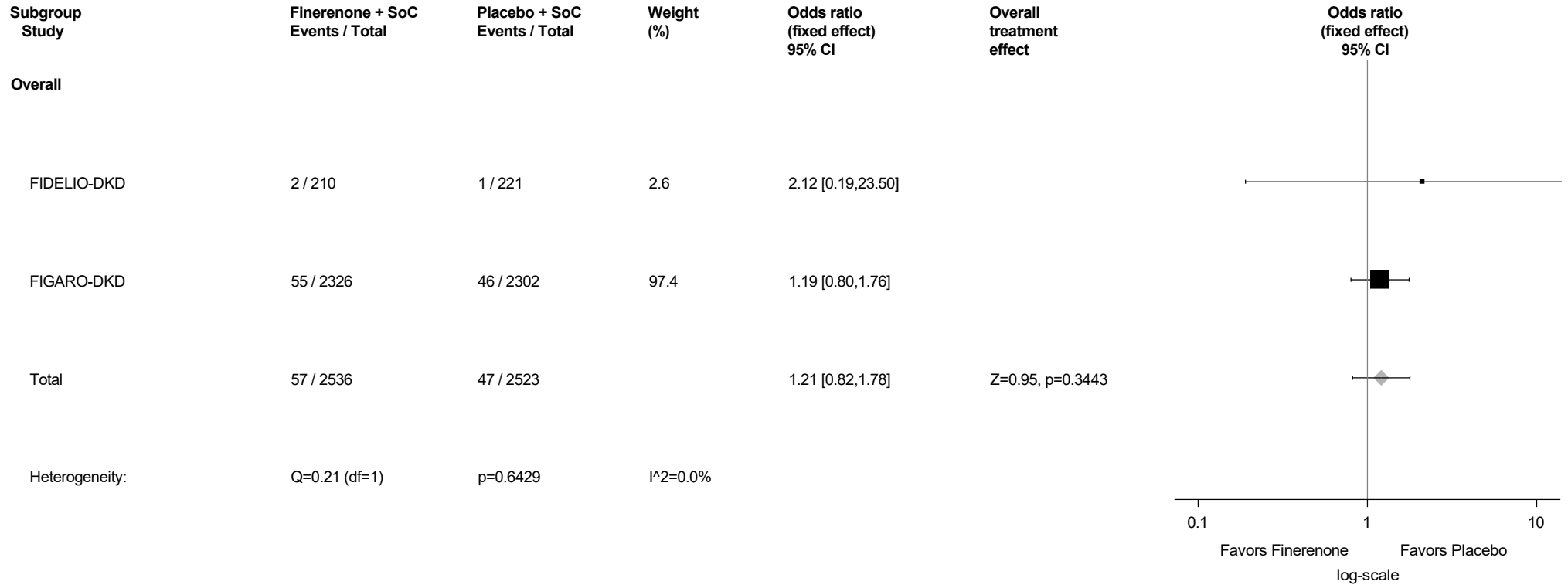
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.45: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



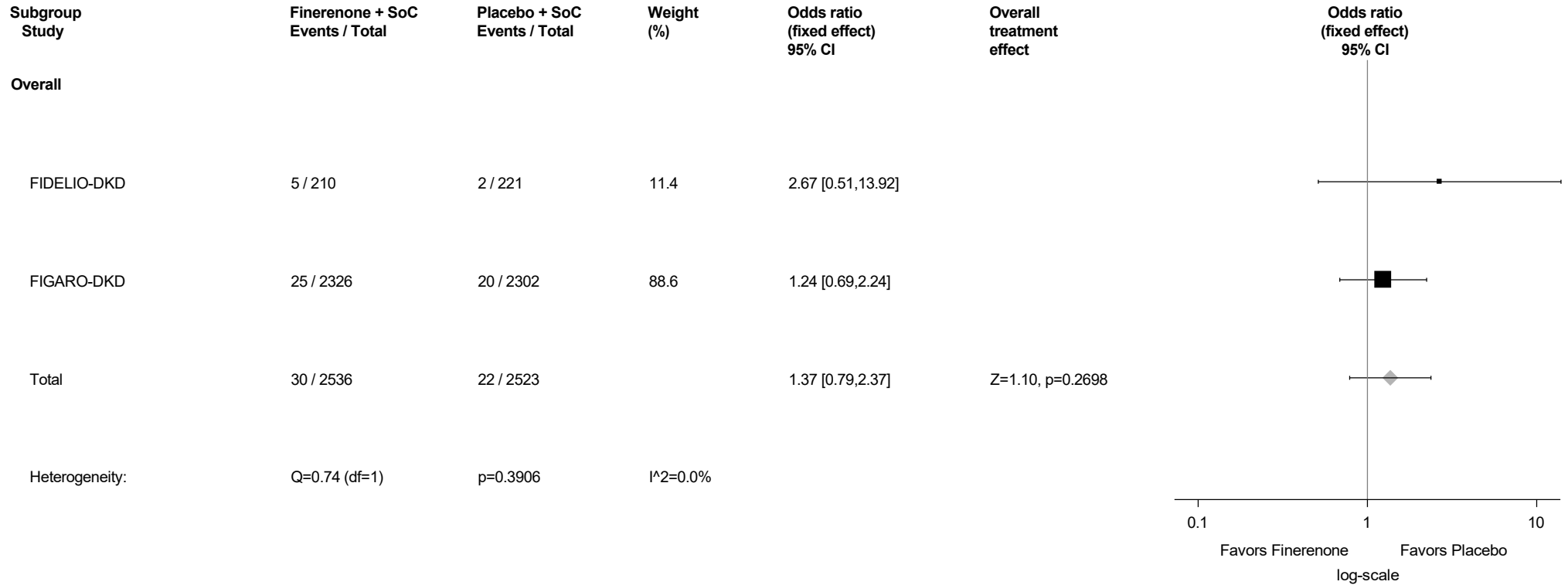
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.46: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



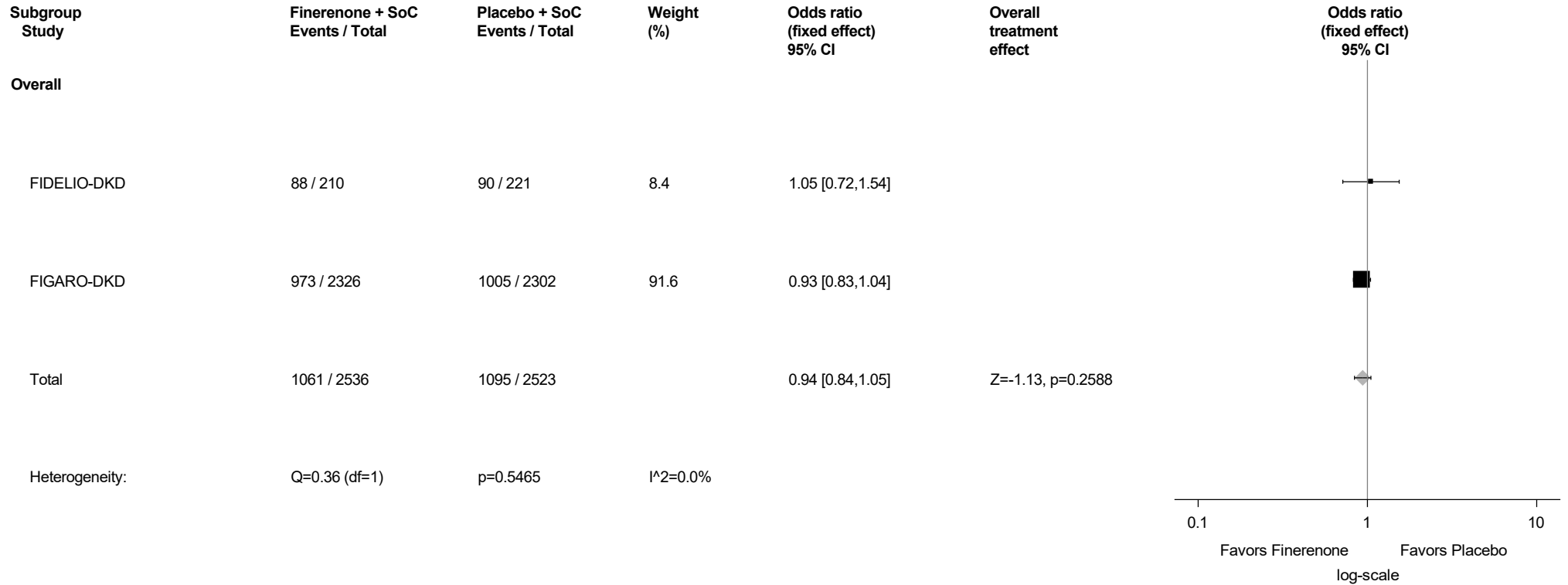
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.47: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



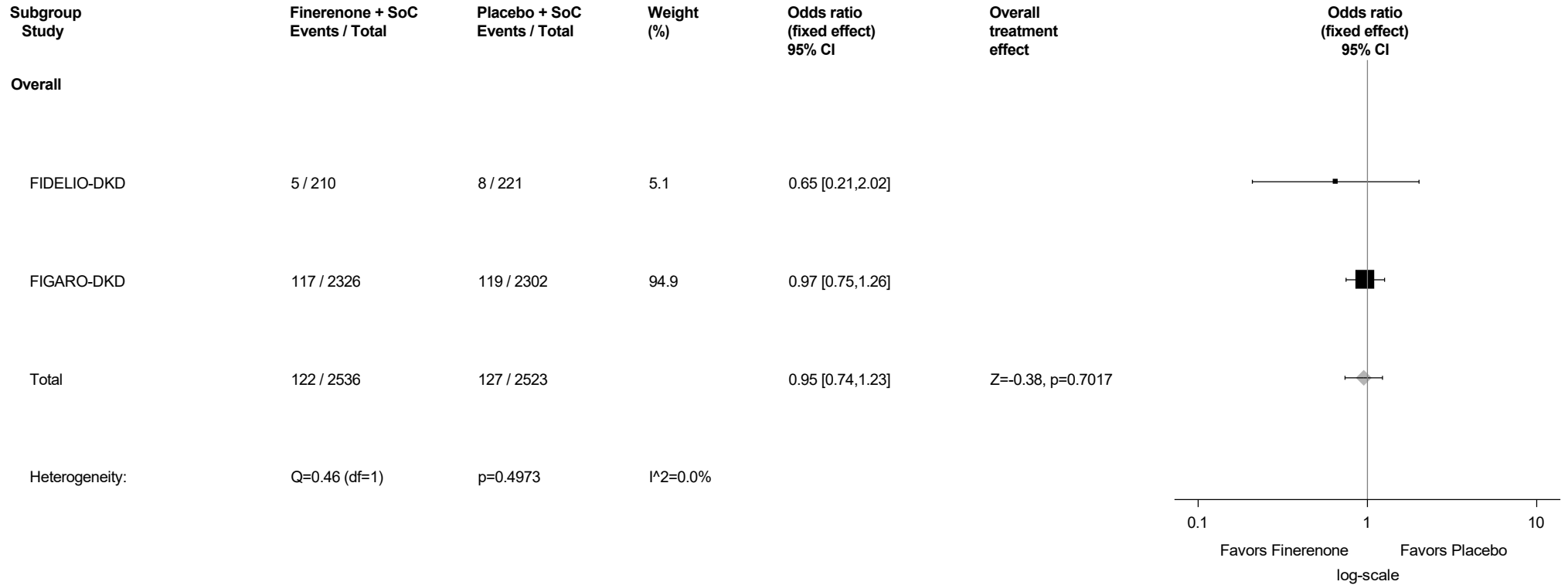
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.48: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



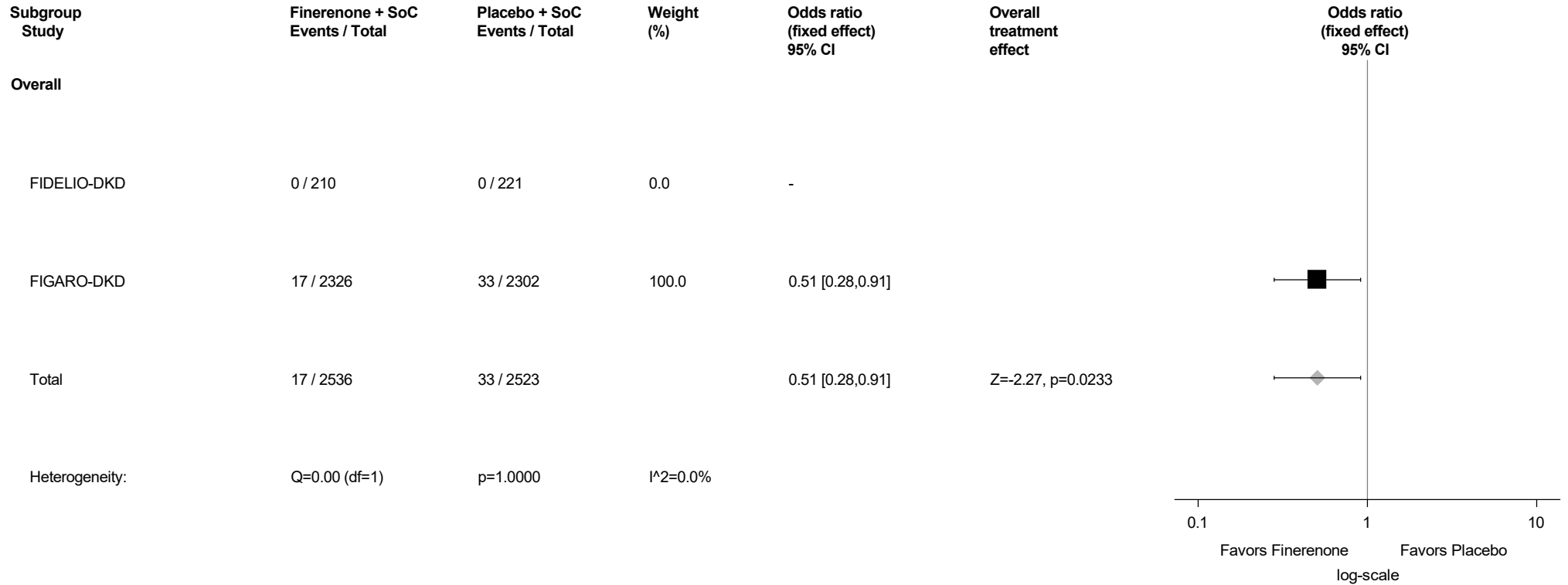
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.49: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



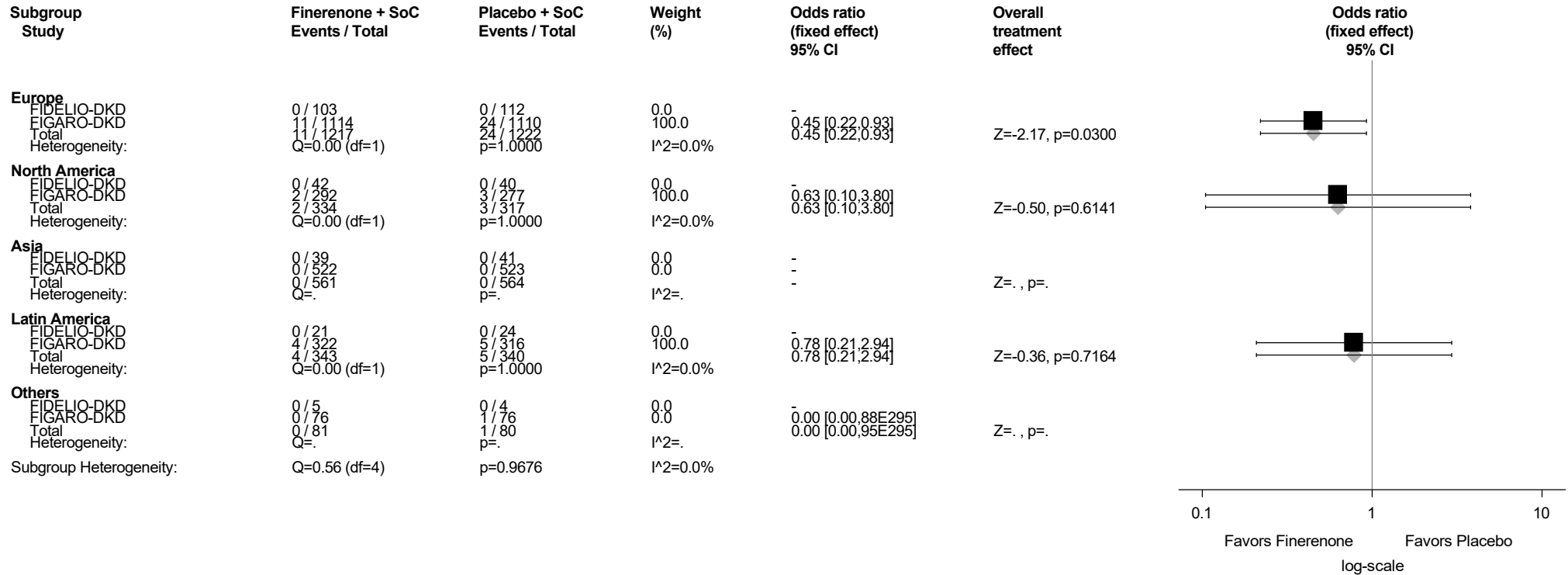
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.50: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.50.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



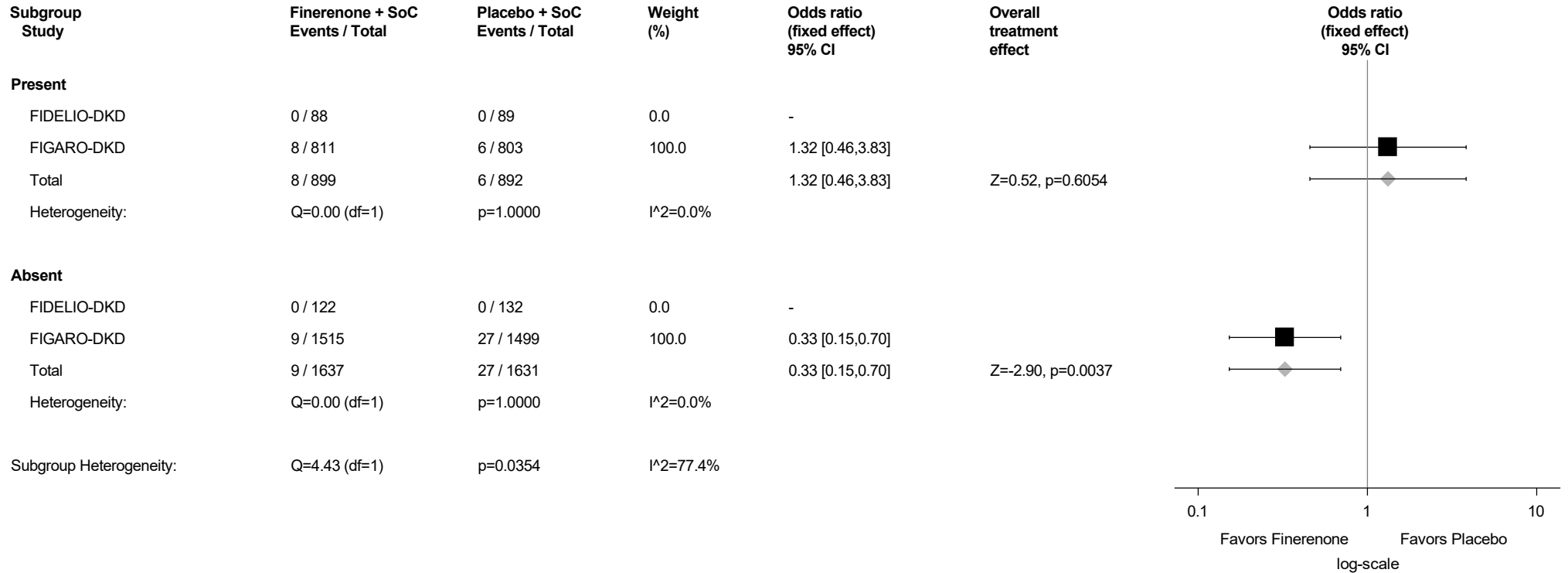
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.50.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - COVID-19 (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



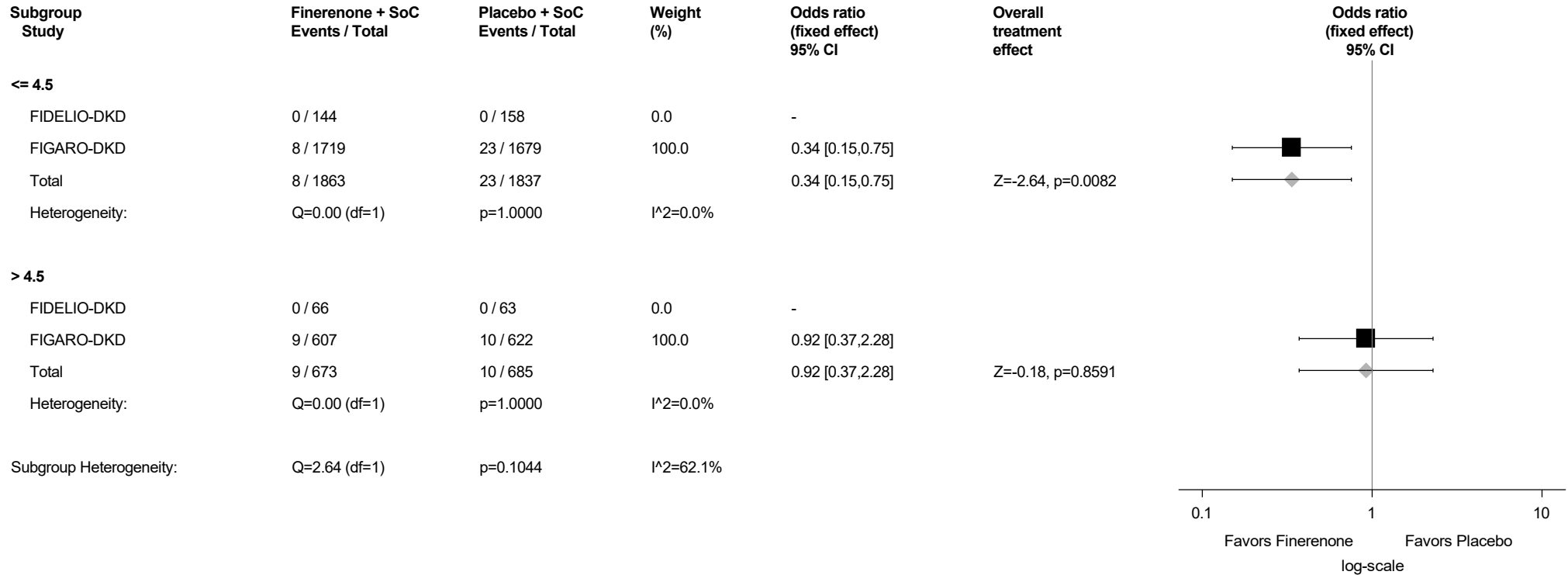
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.50.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



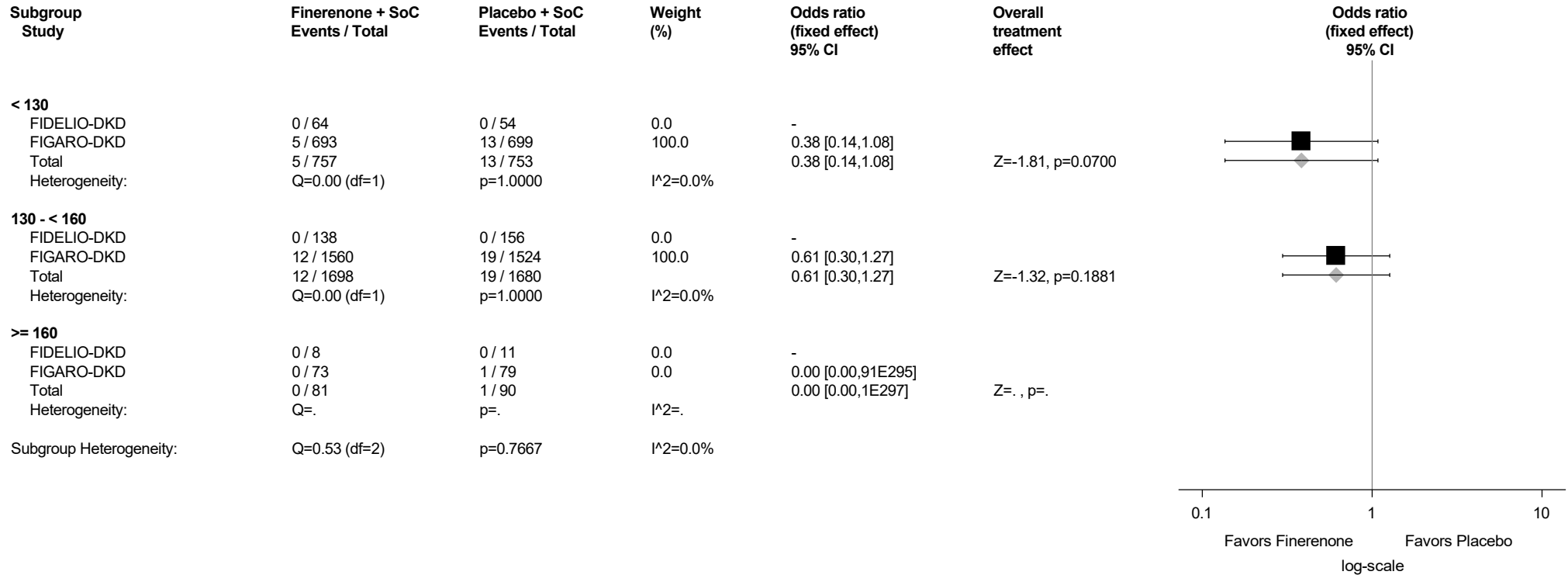
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.50.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



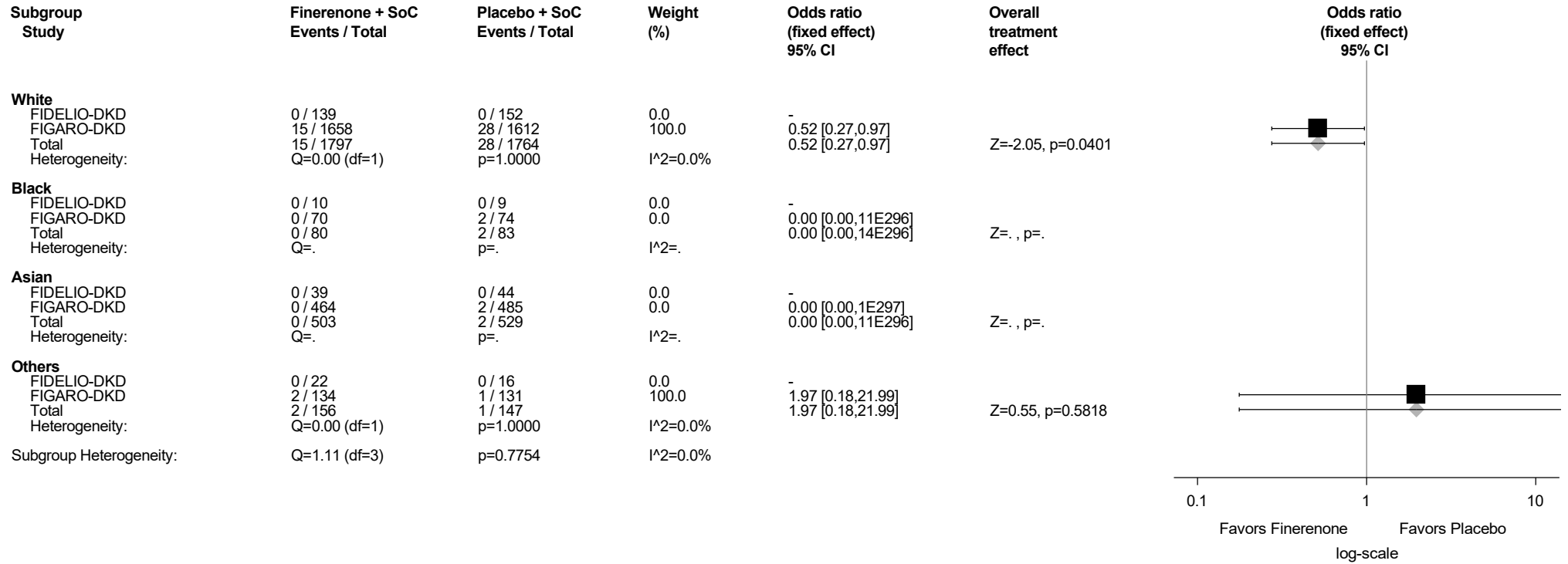
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.50.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



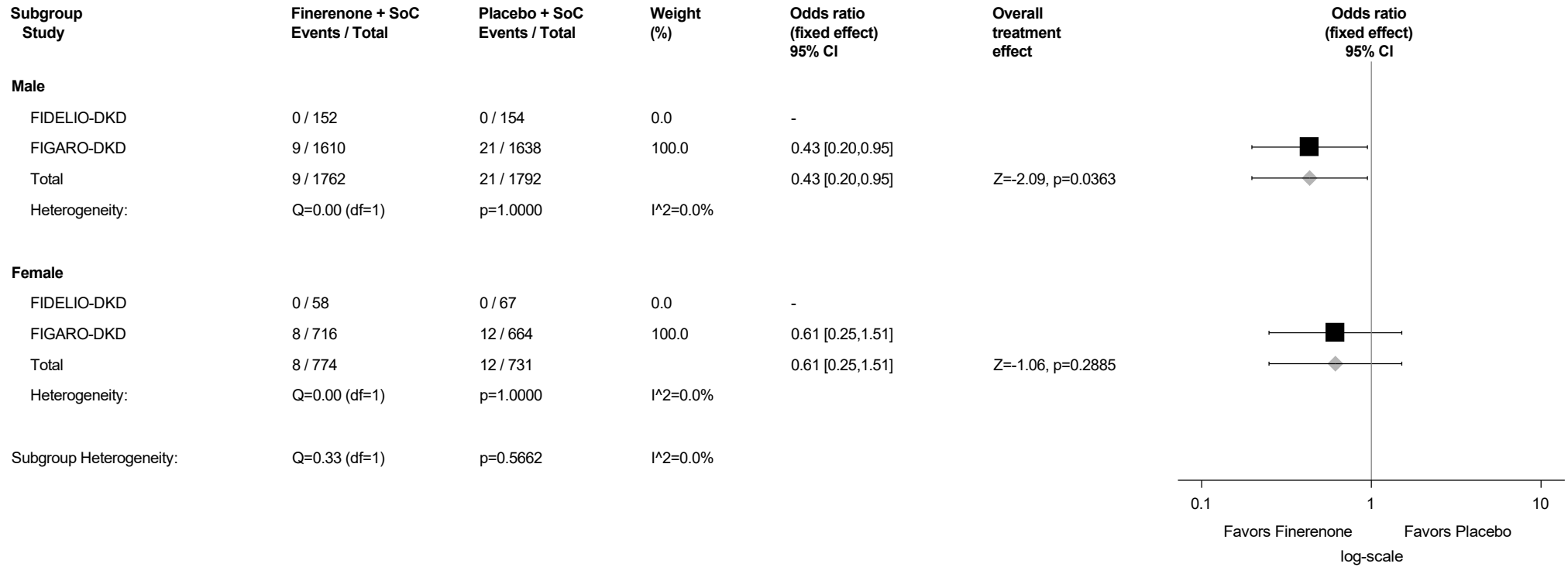
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.50.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



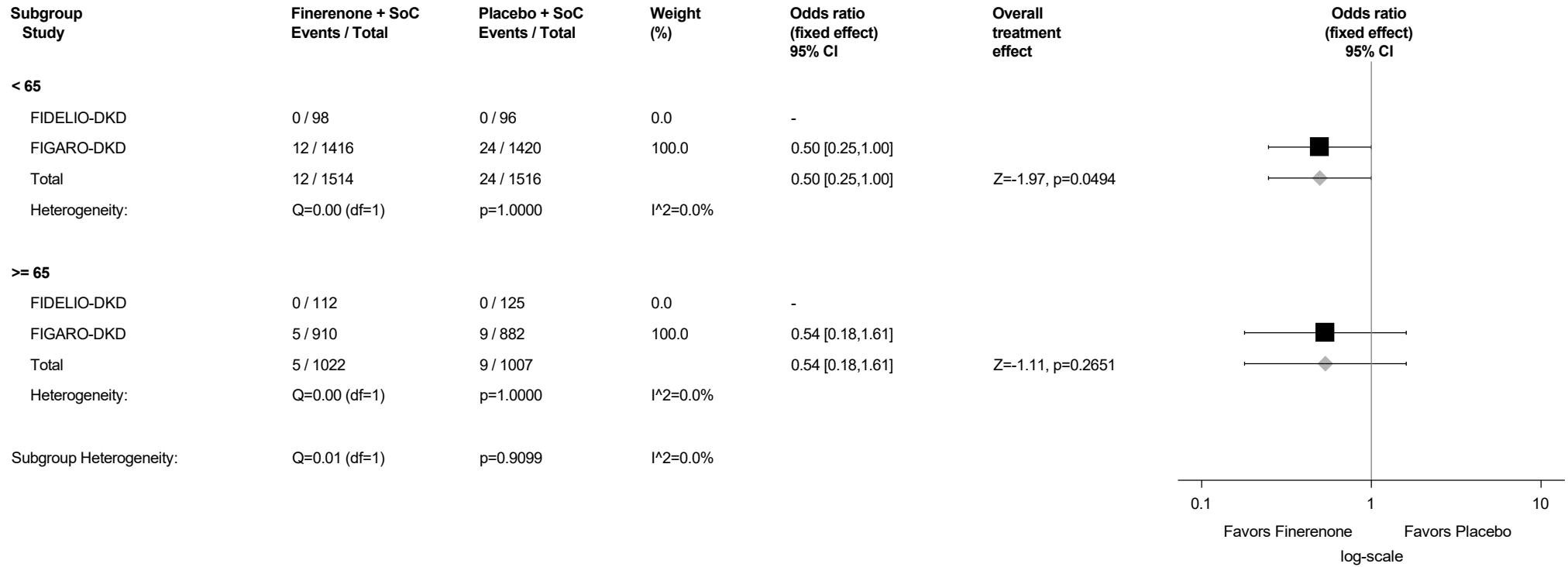
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.50.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



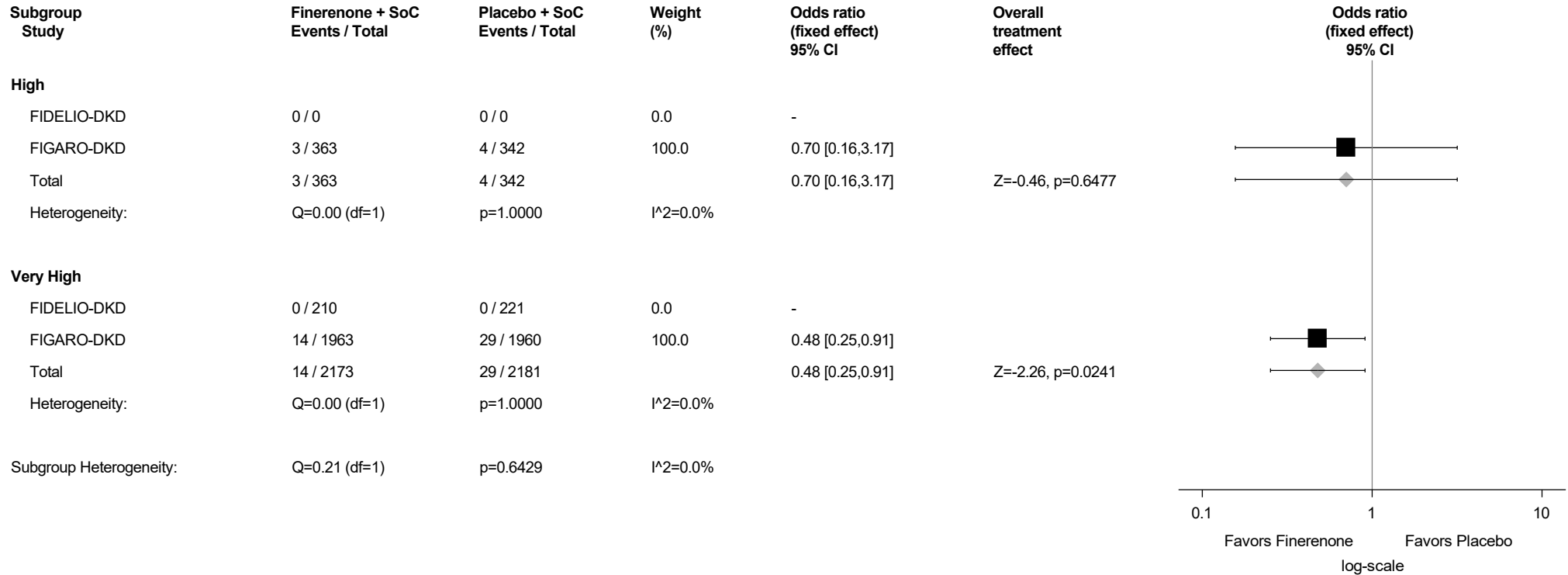
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.50.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - COVID-19 (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



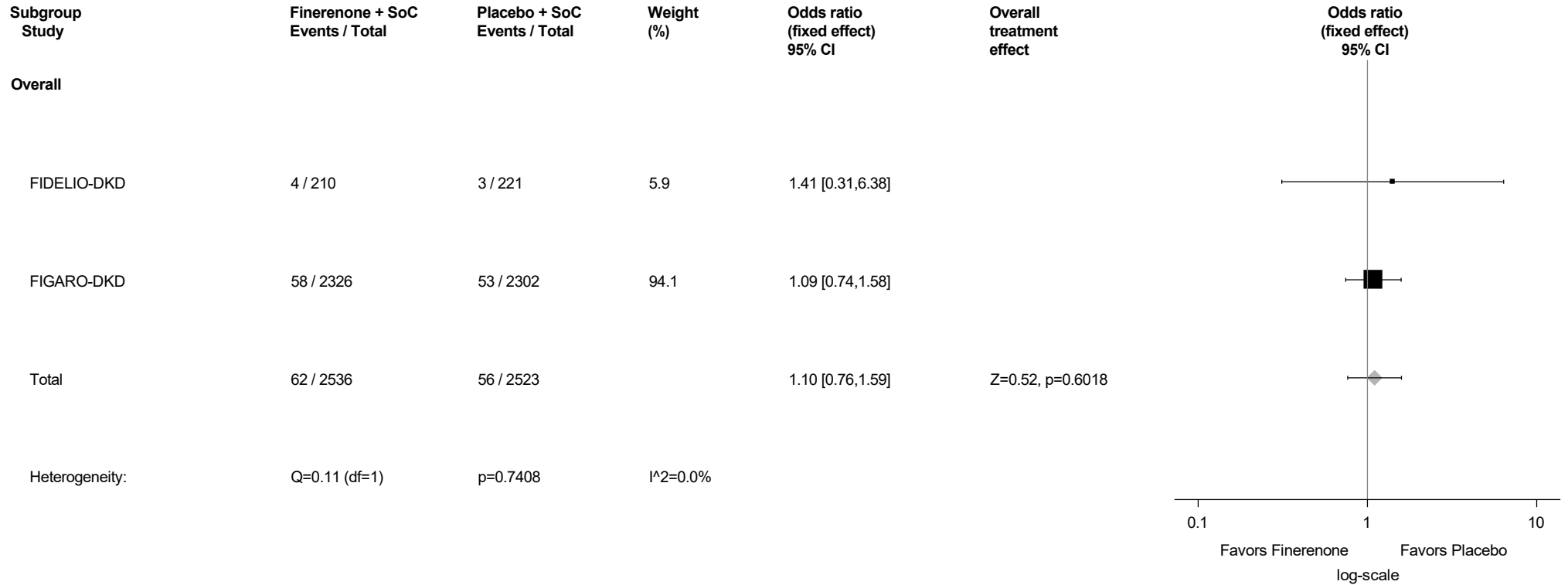
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

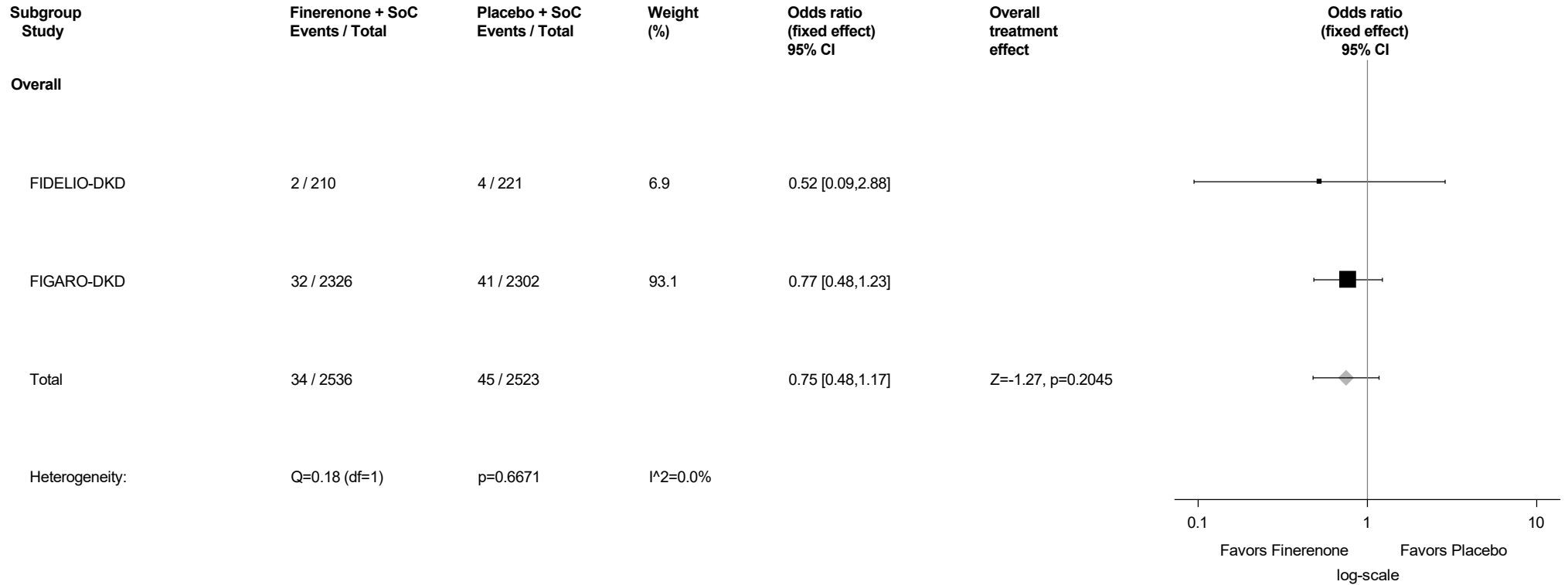
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.51: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



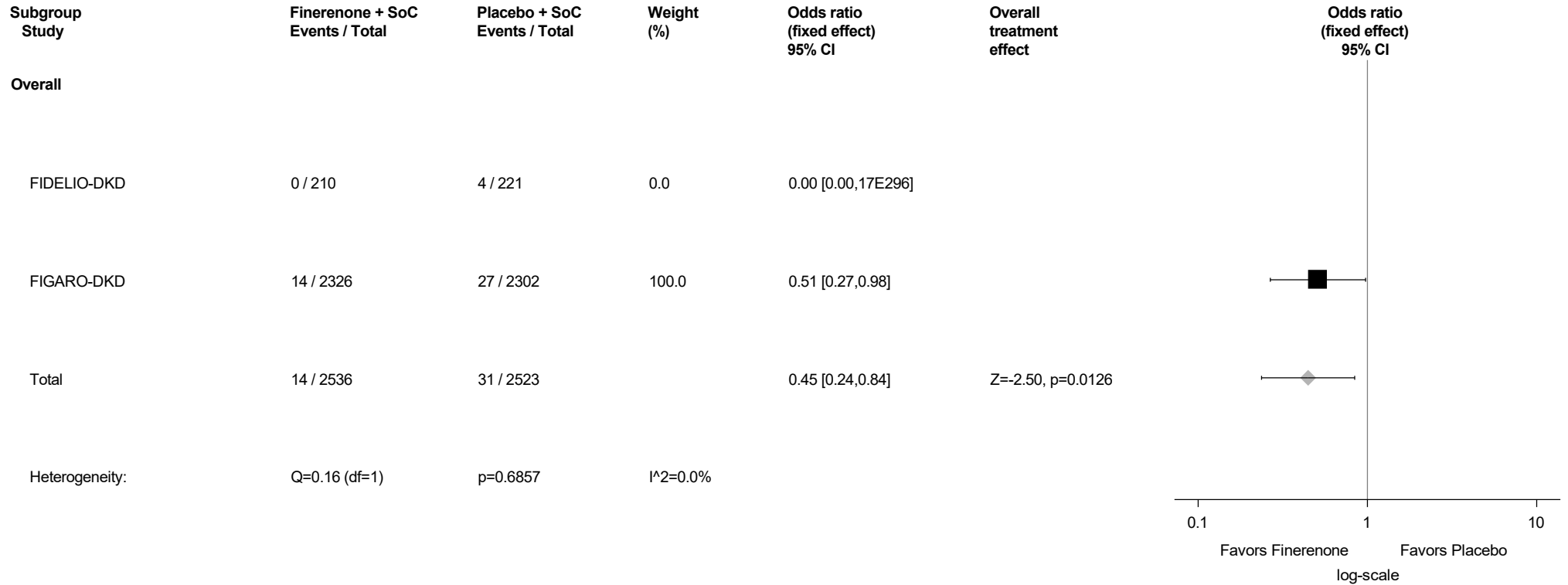
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.52: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



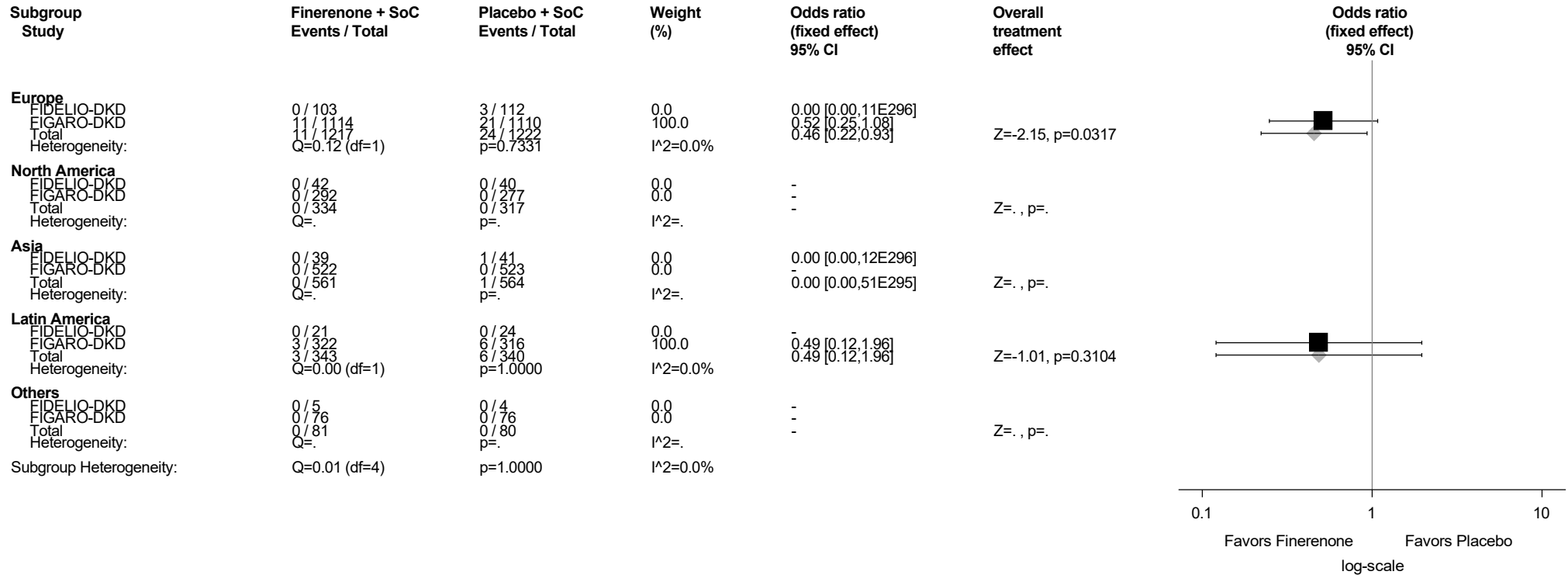
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.53: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.53.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Erysipelas (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



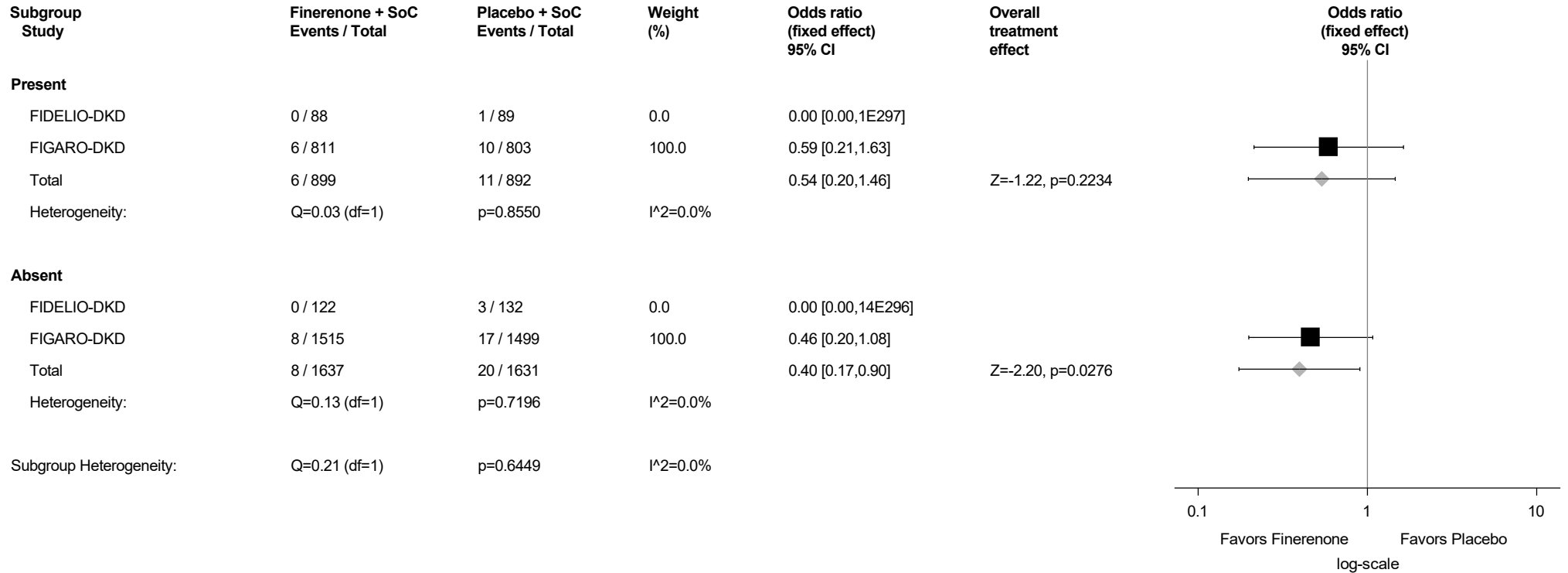
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.53.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



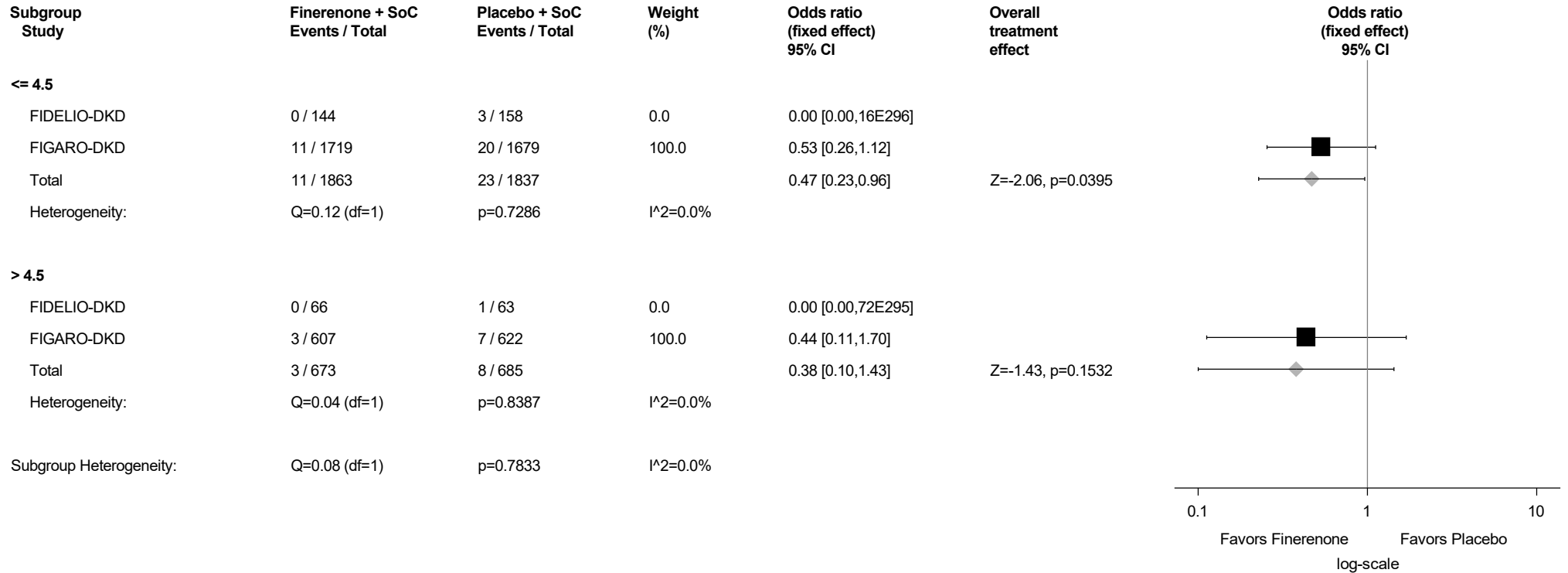
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.53.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



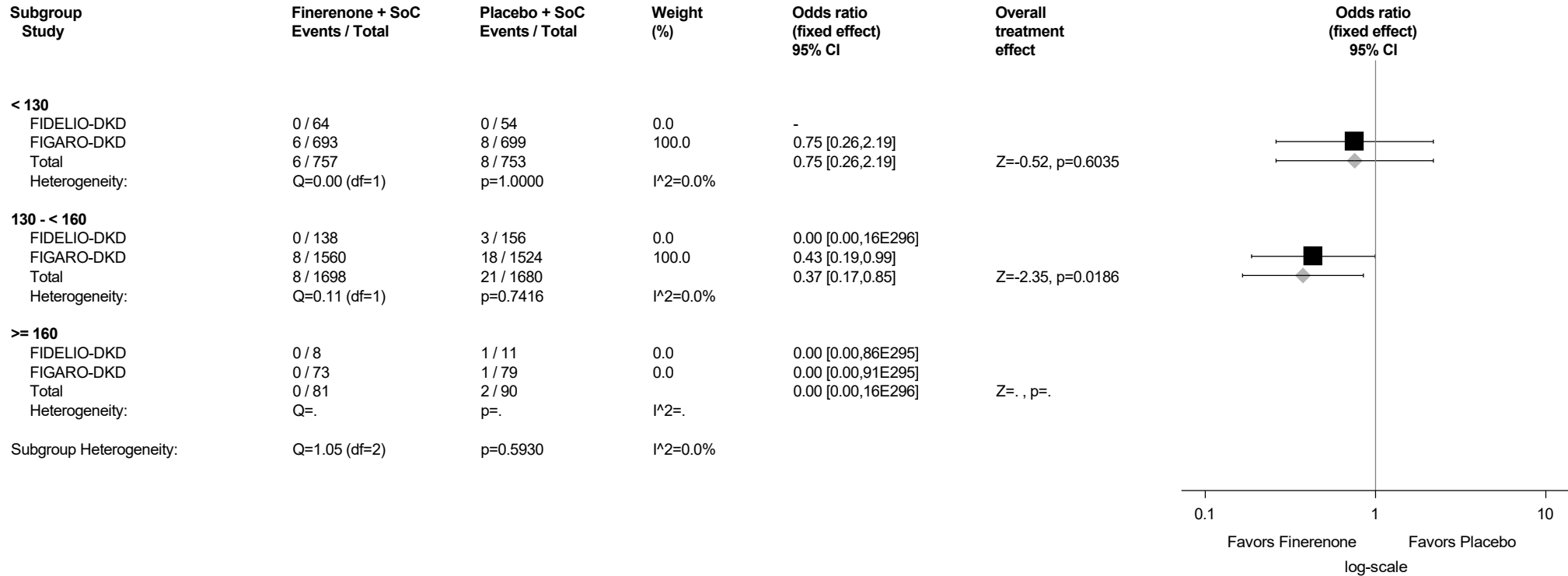
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.53.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



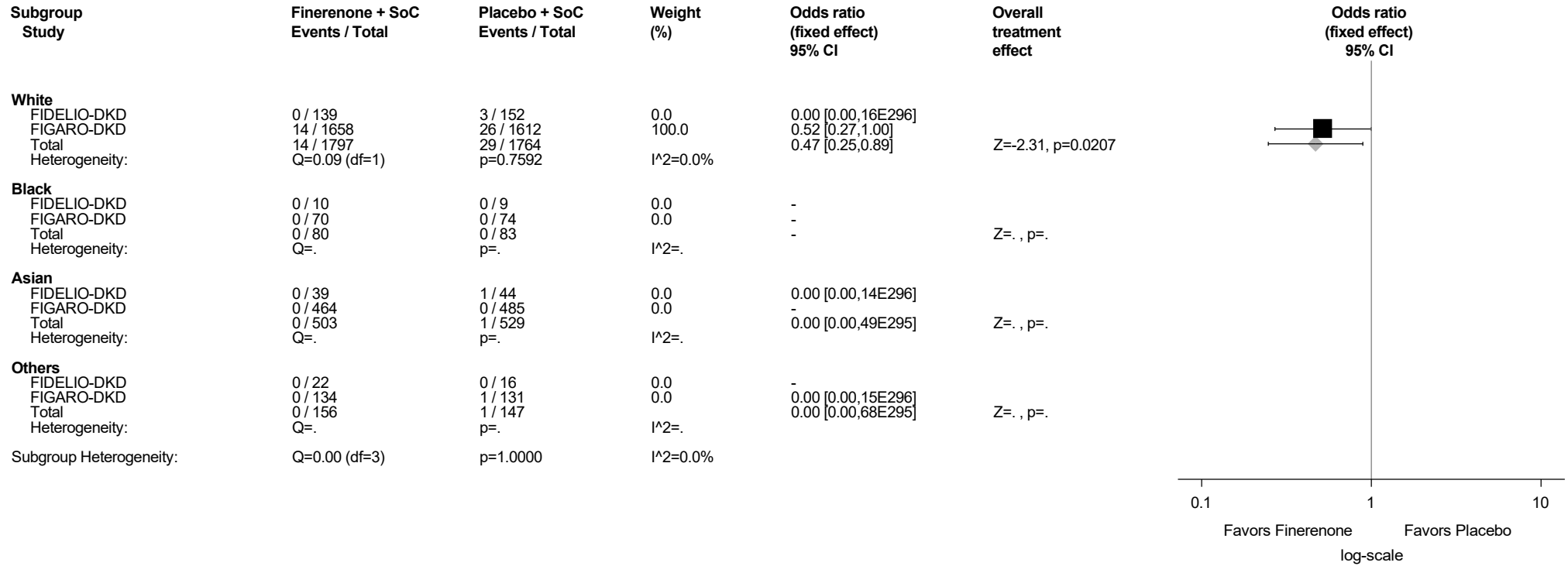
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.53.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Erysipelas (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



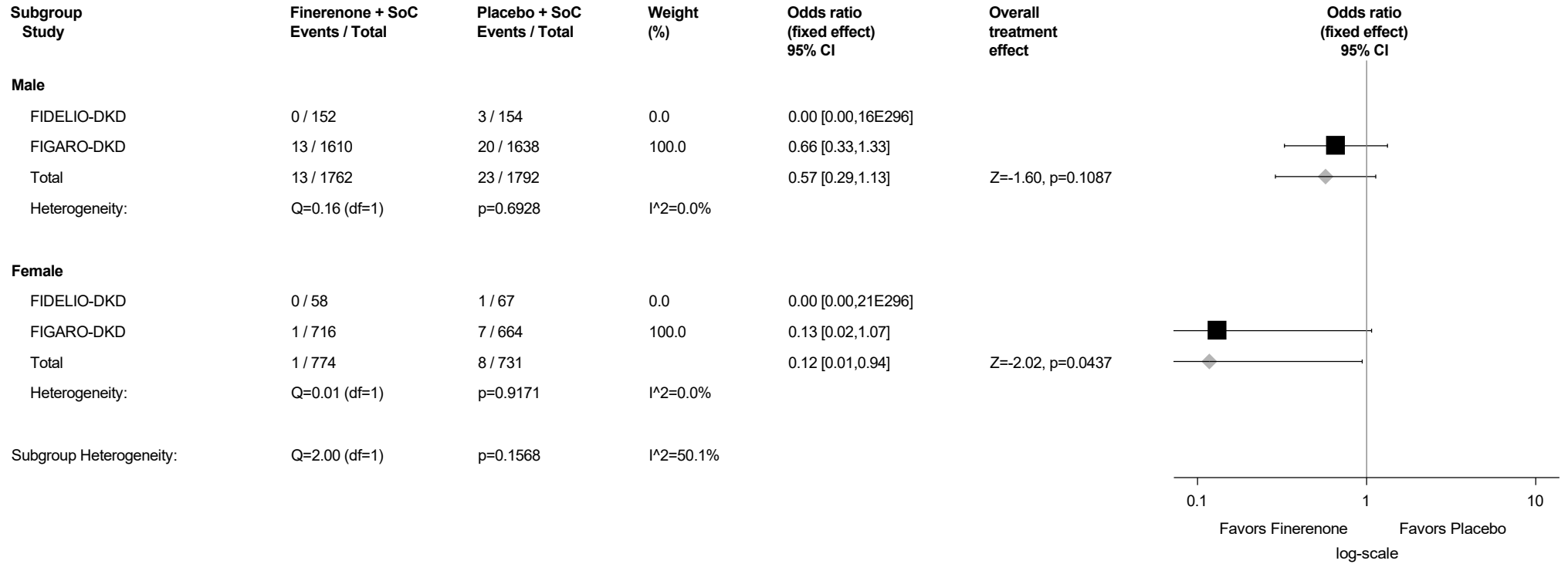
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.53.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



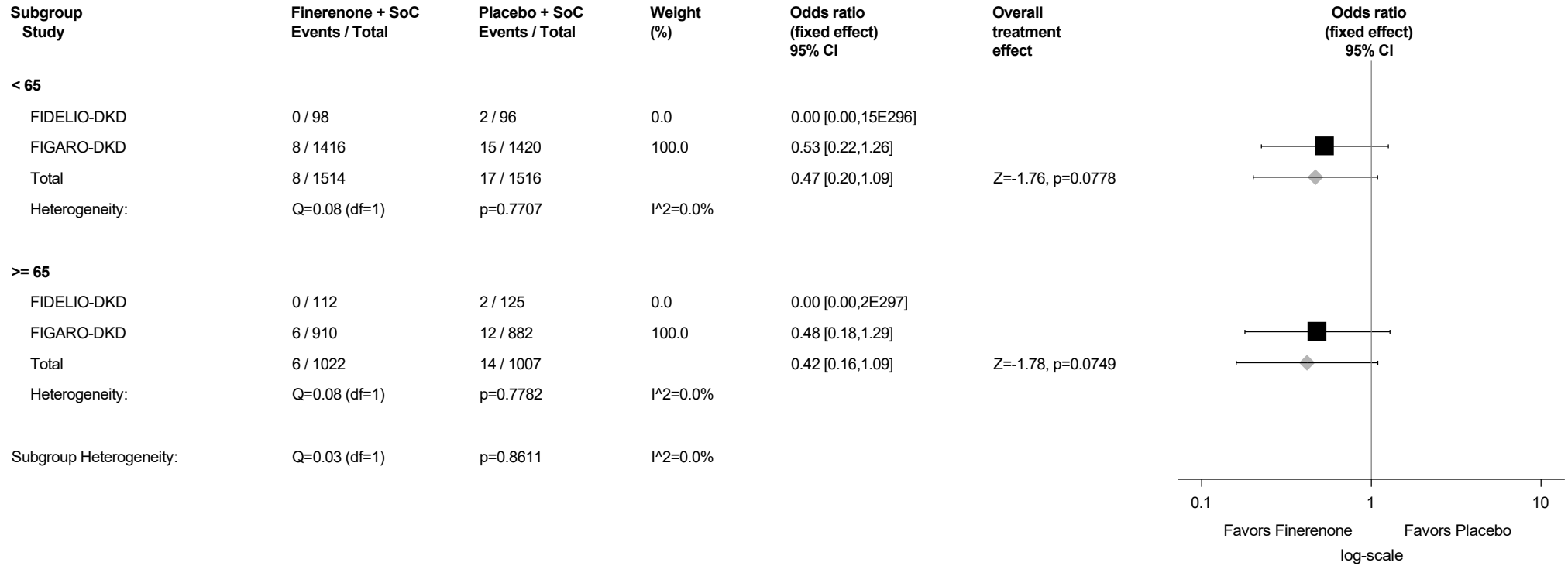
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.53.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



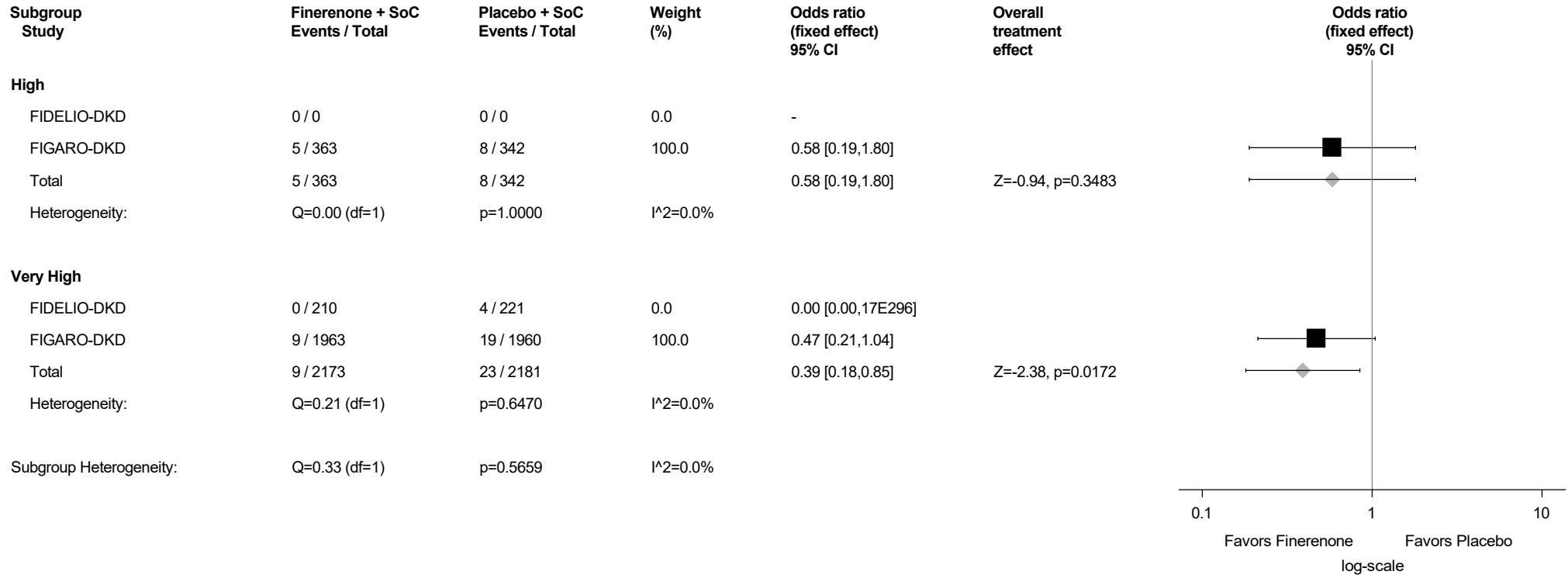
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.53.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Erysipelas (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



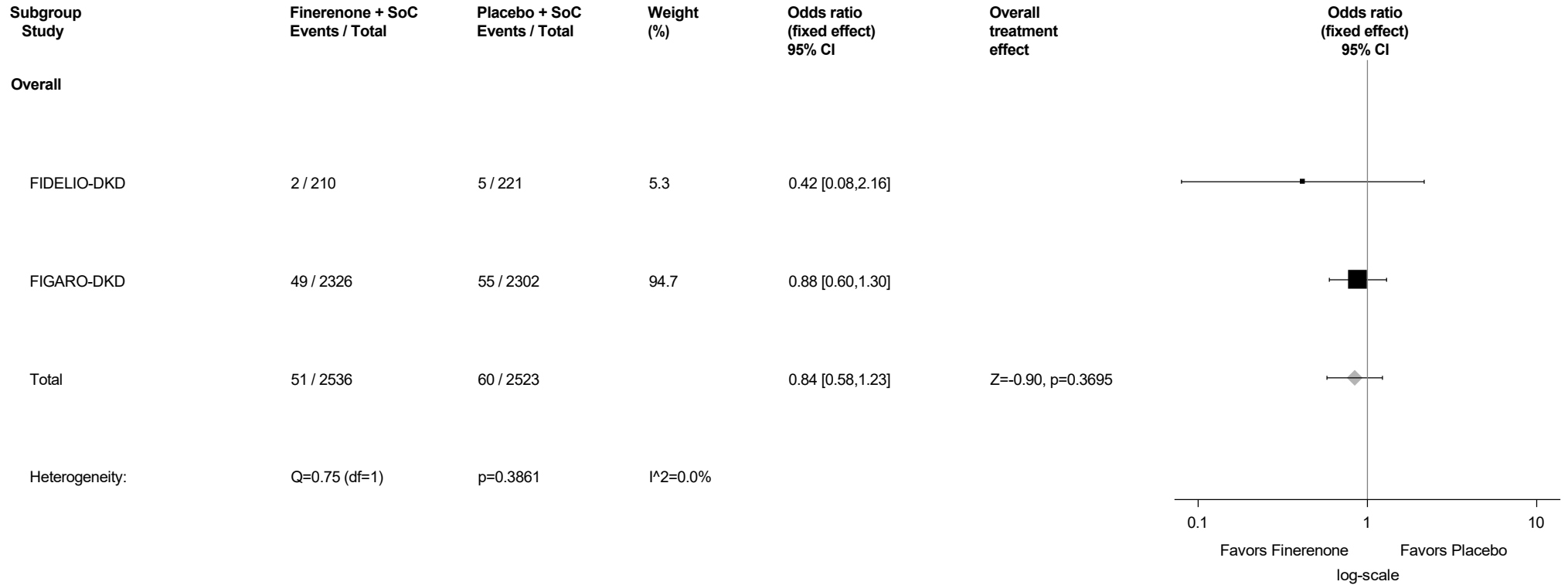
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

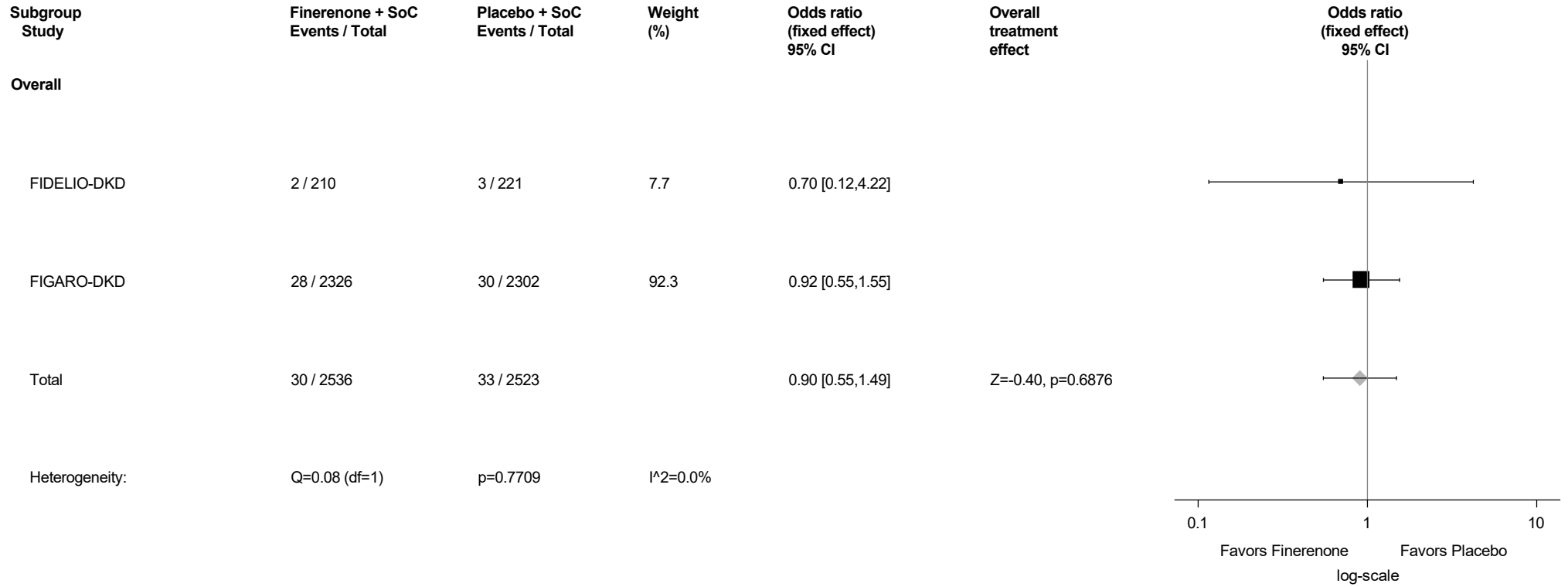
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.54: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



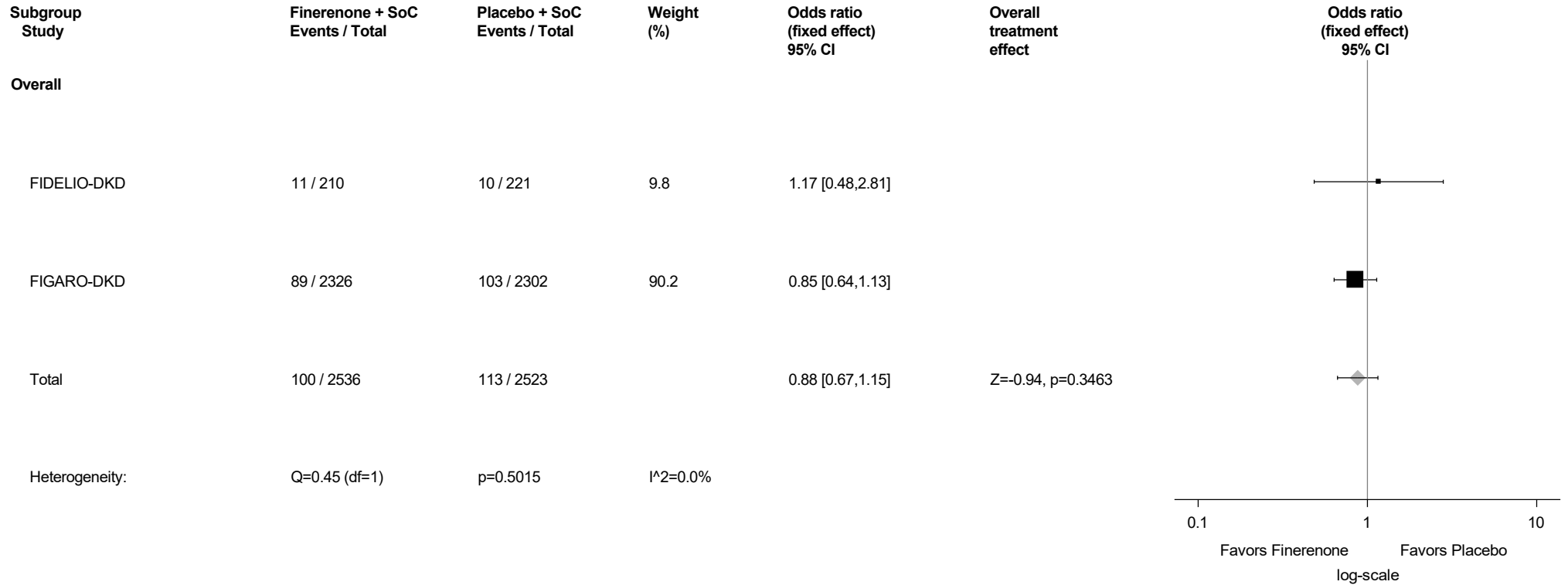
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.55: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



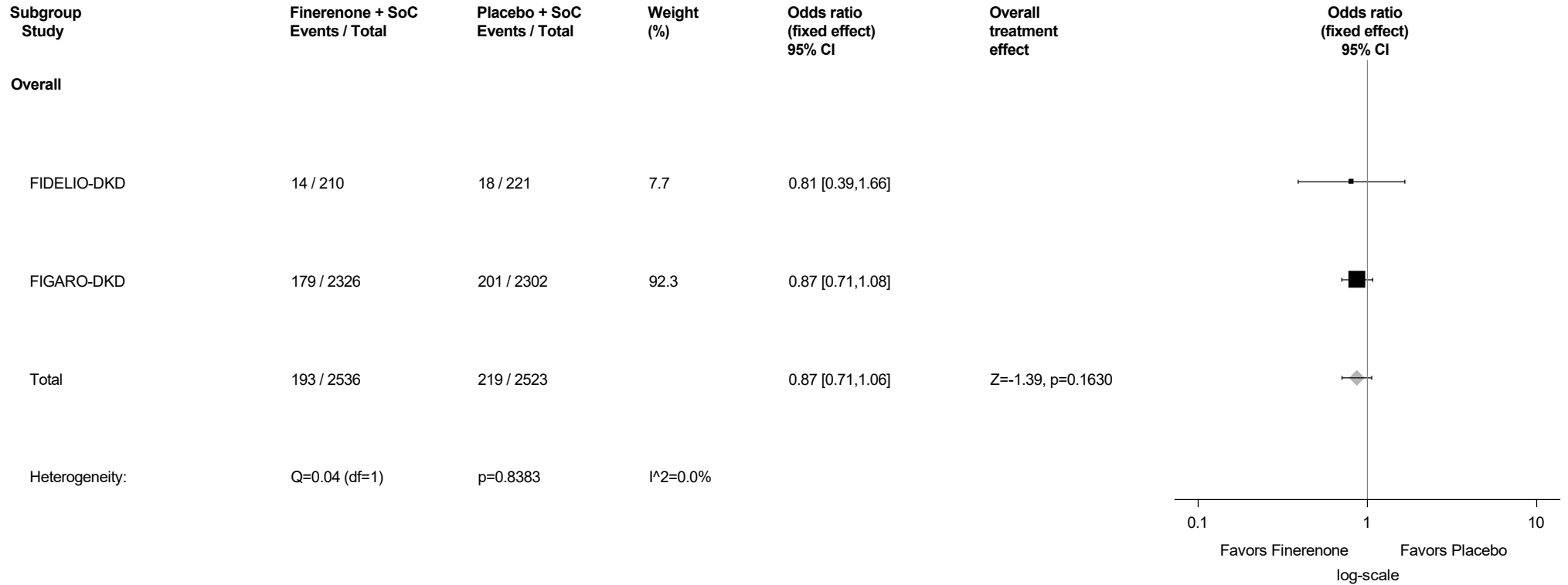
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.56: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



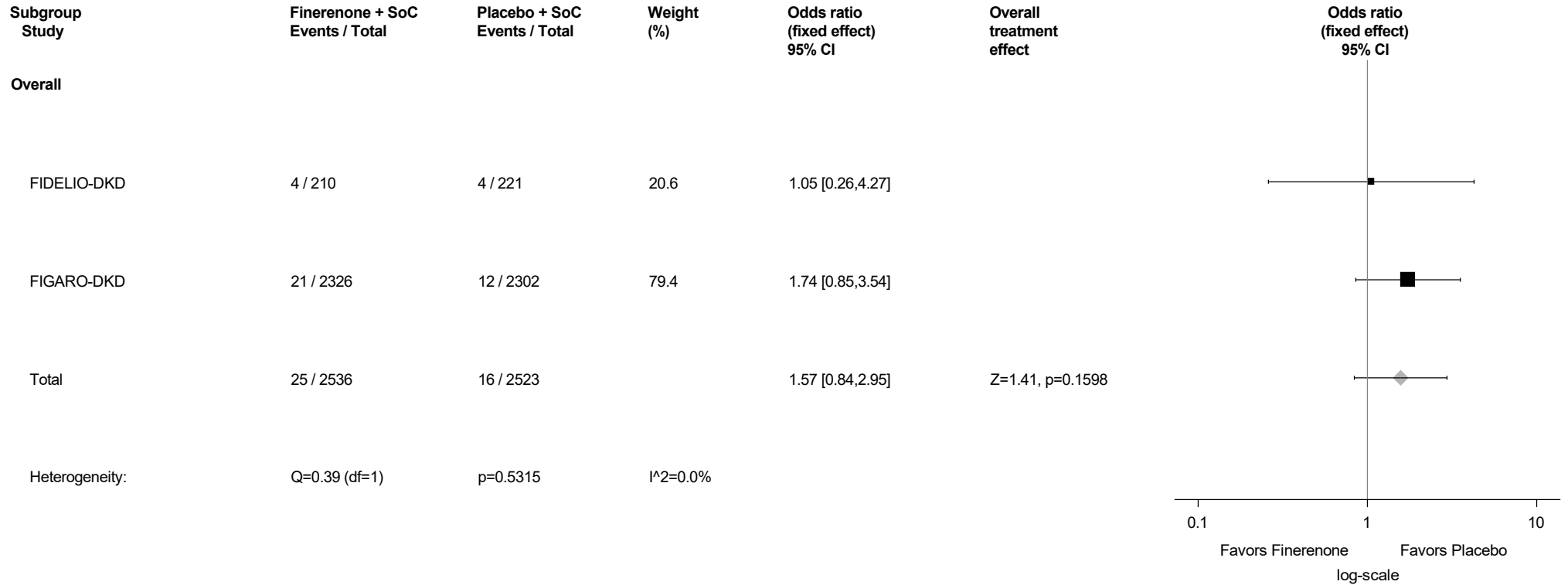
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.57: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



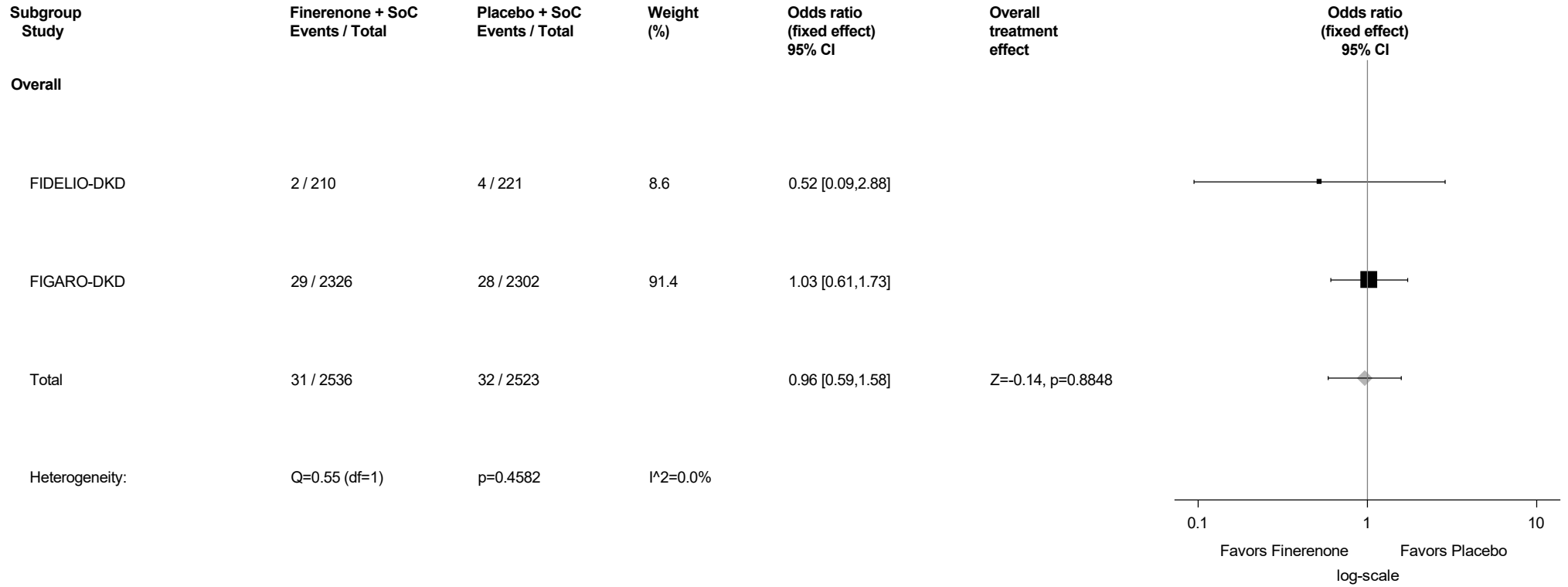
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.58: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Periodontitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



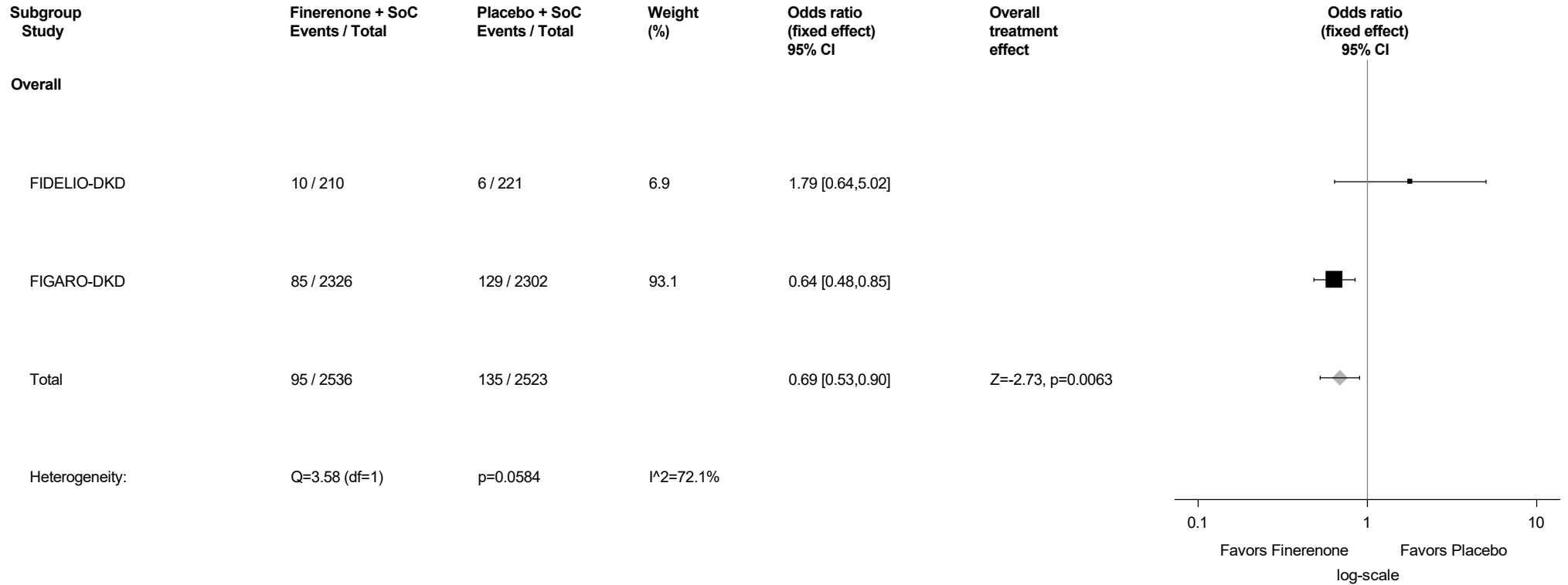
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.59: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



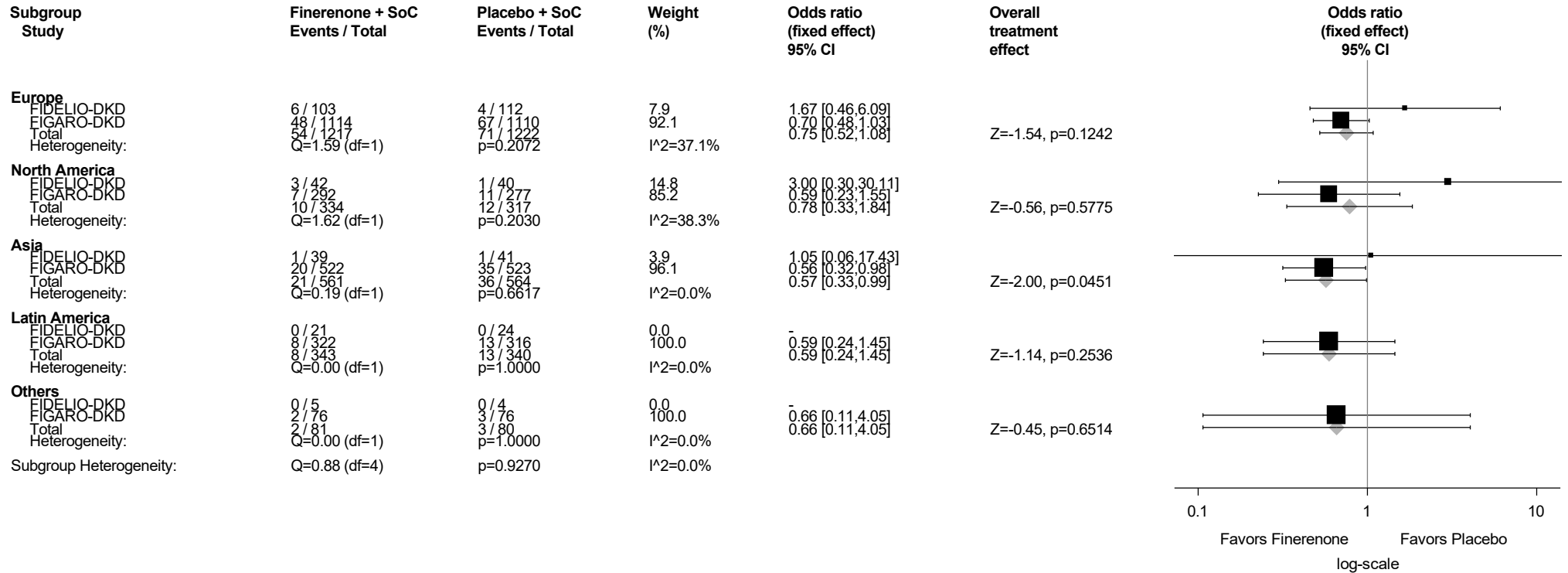
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.60: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.60.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



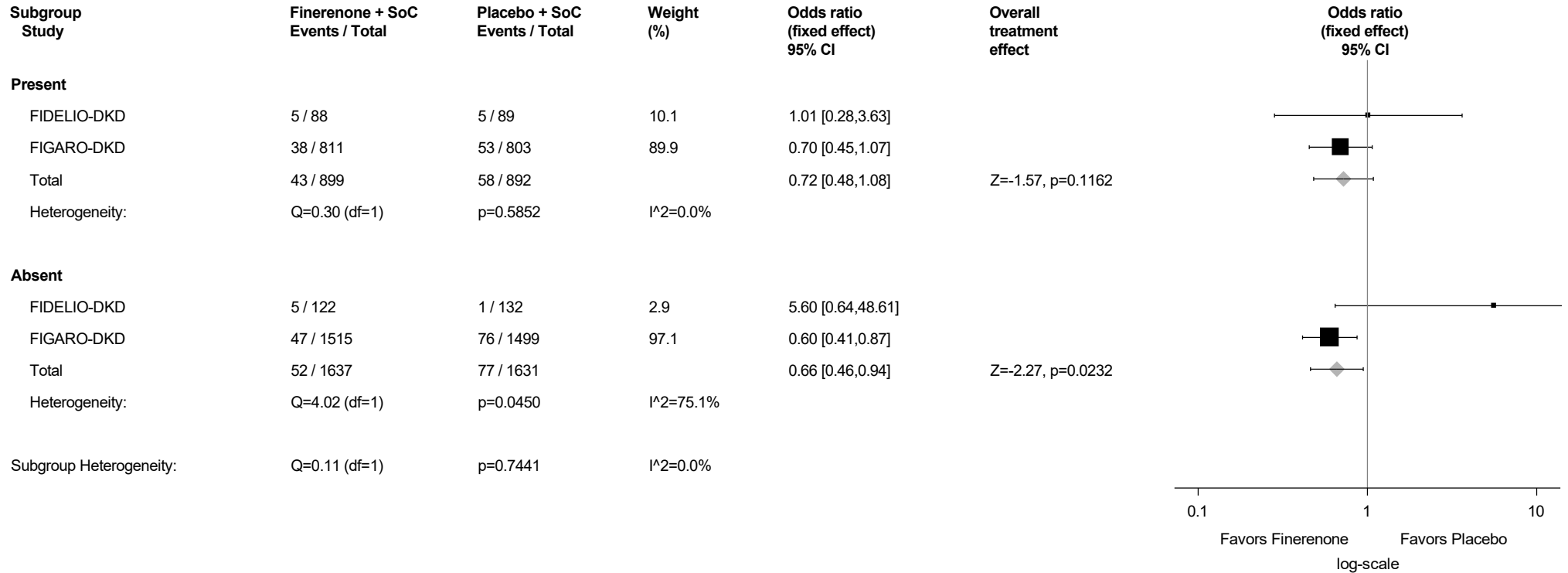
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.60.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



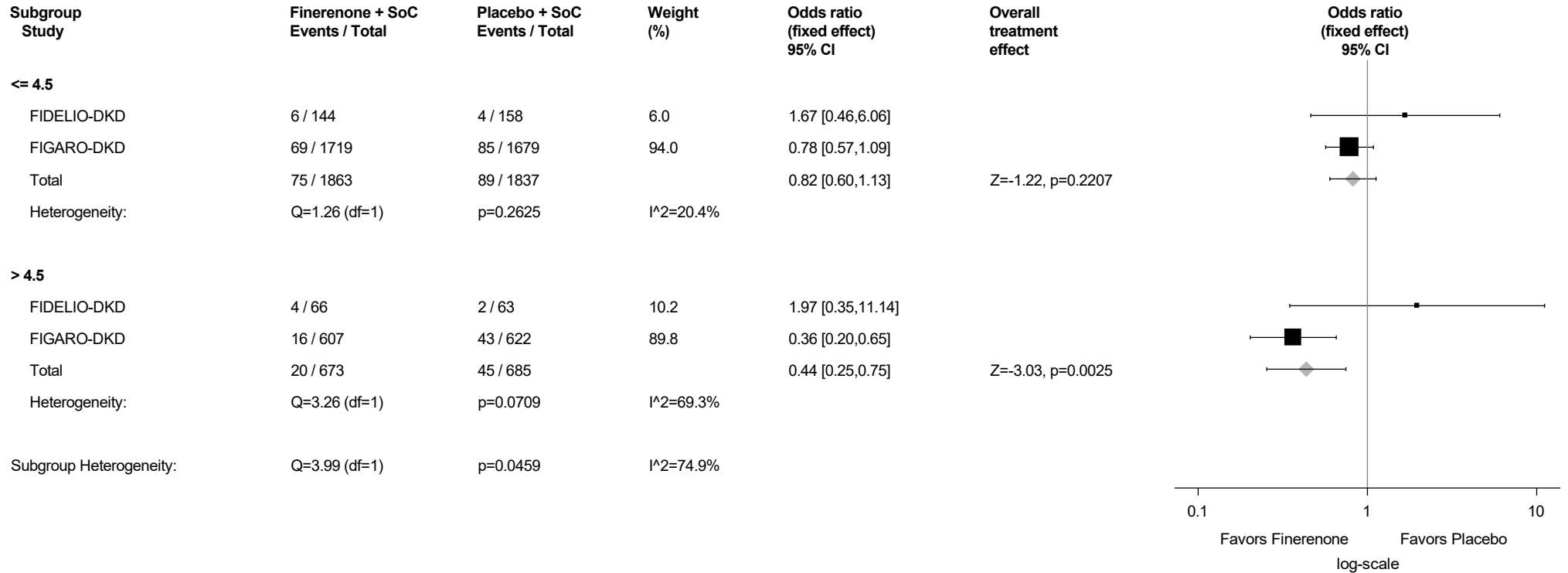
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.60.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



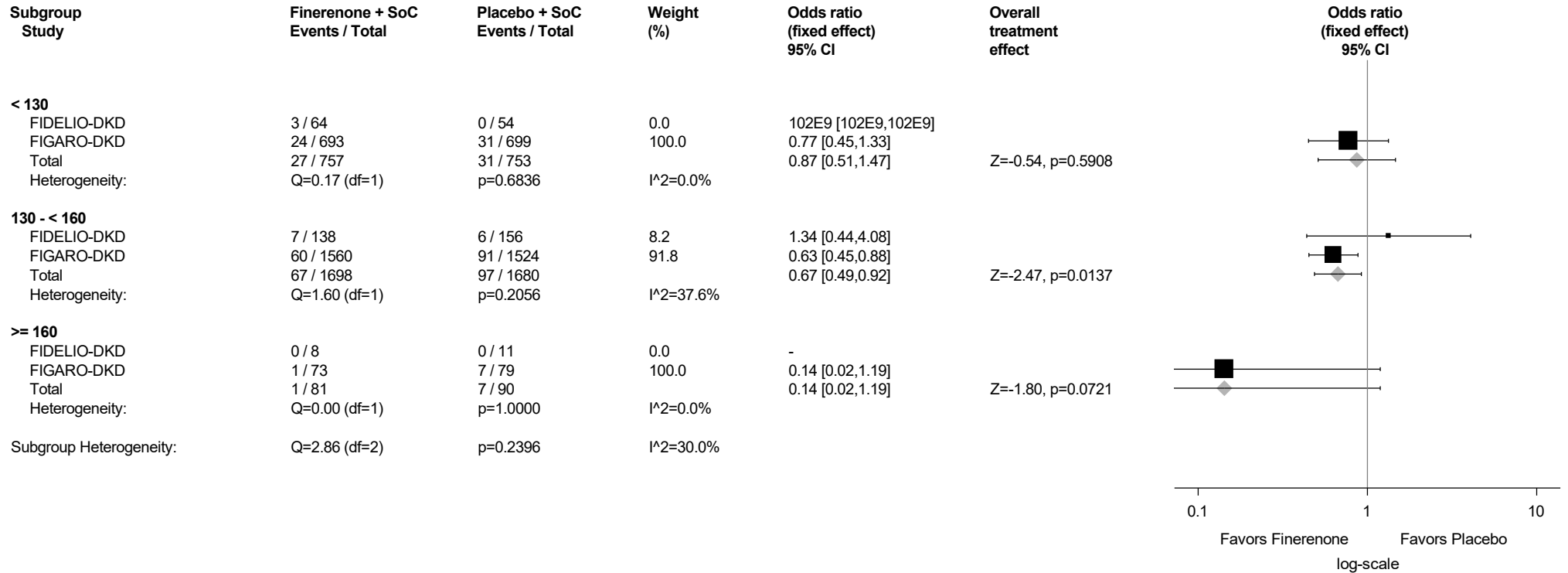
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.60.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



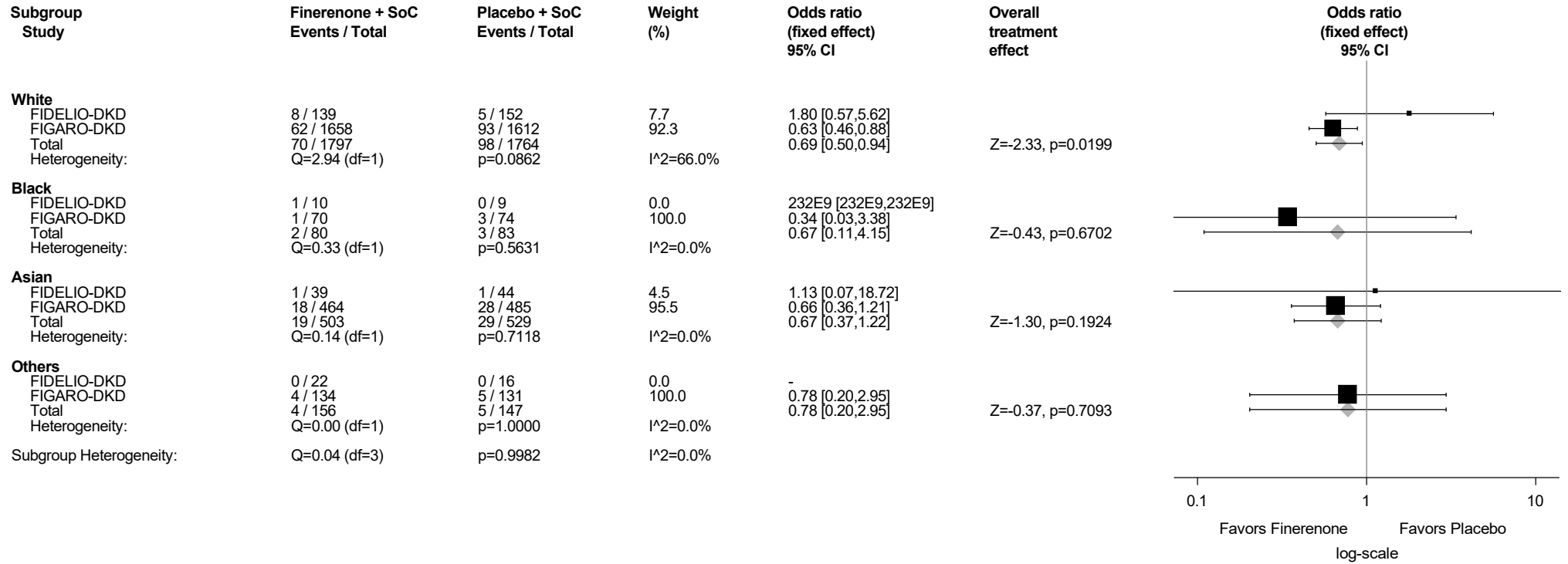
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.60.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



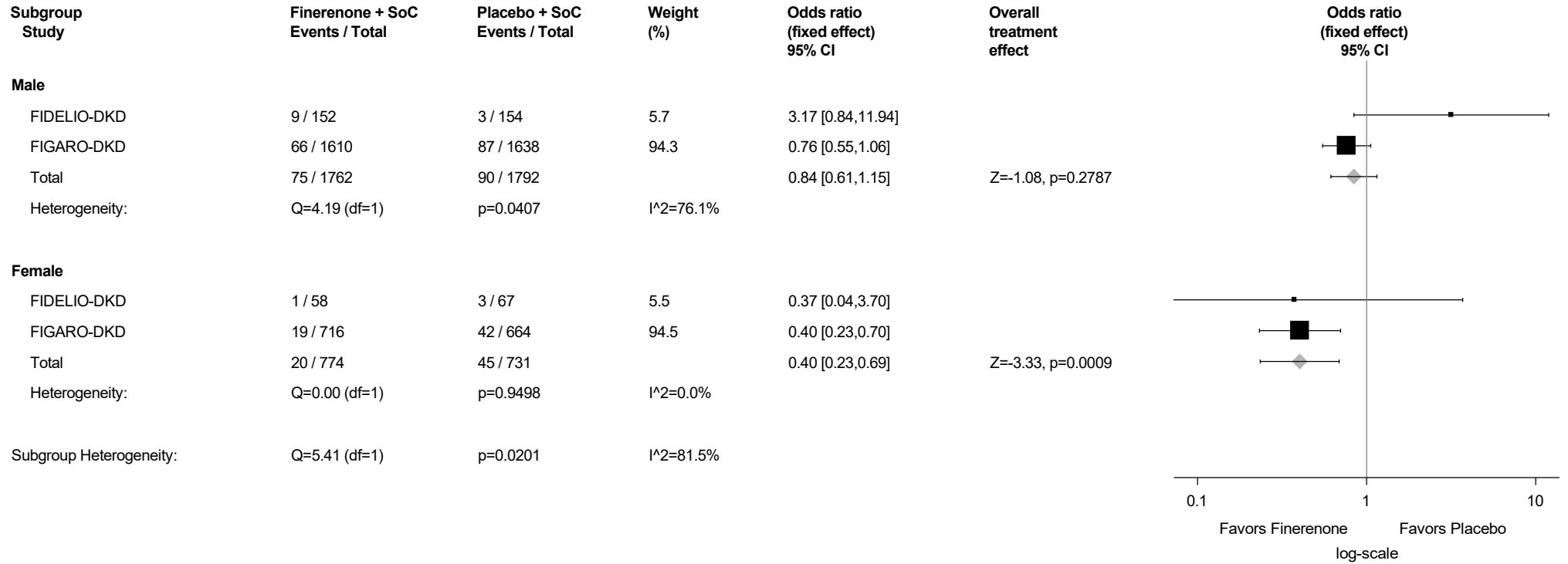
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.60.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



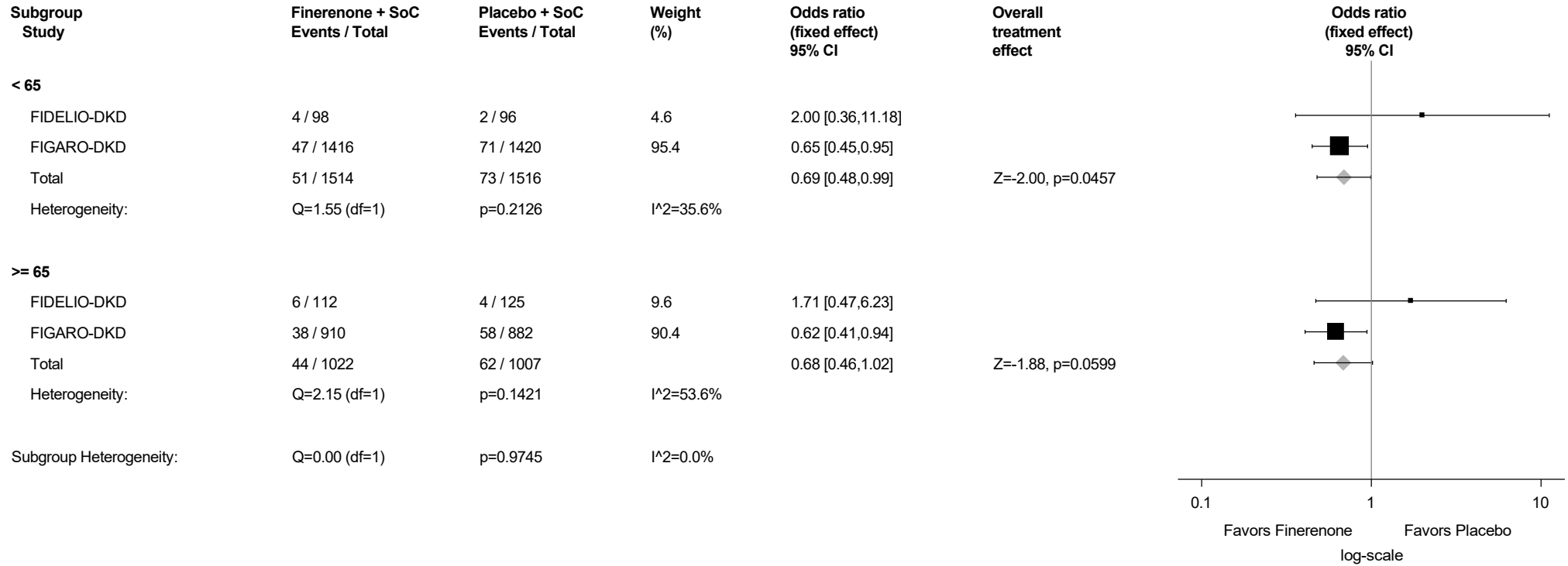
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.60.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



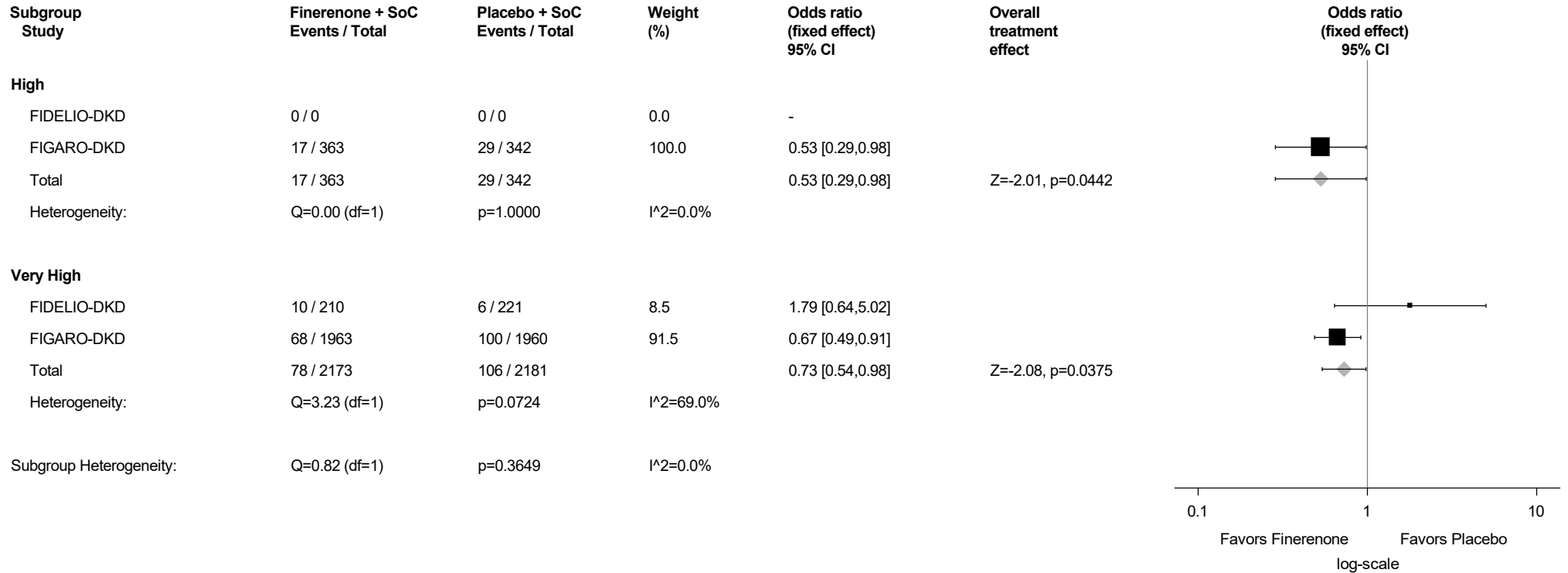
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.60.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



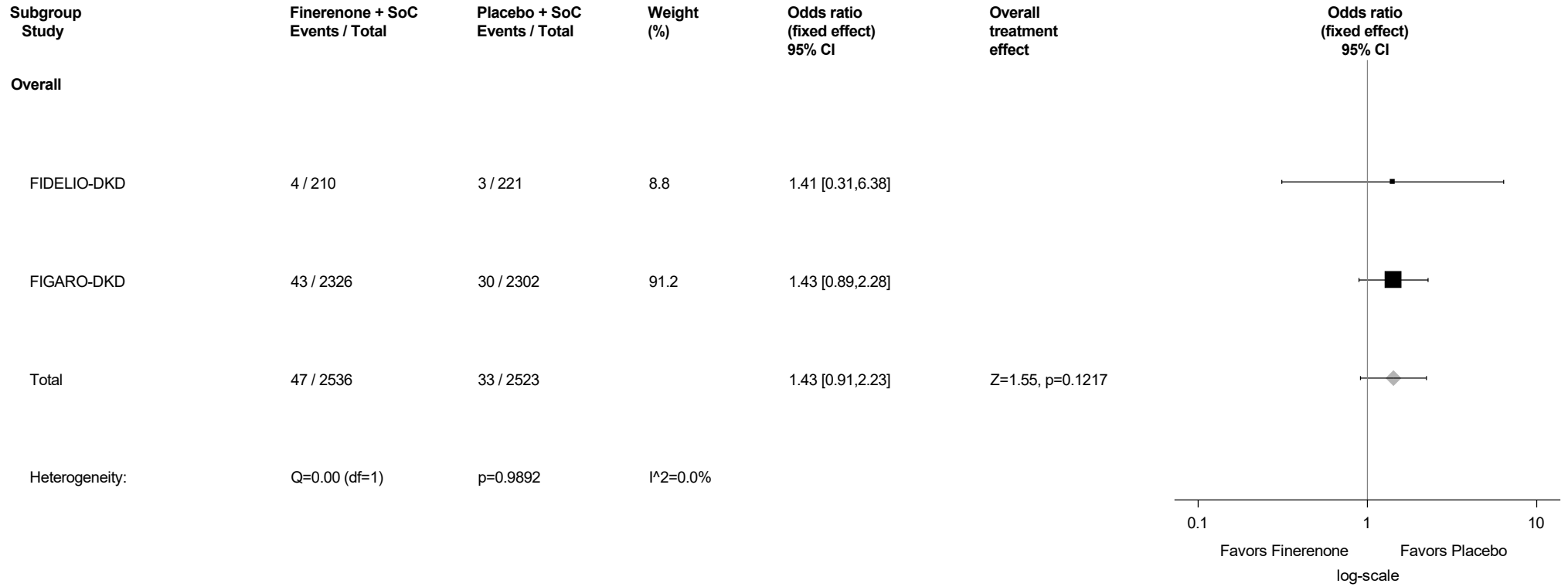
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

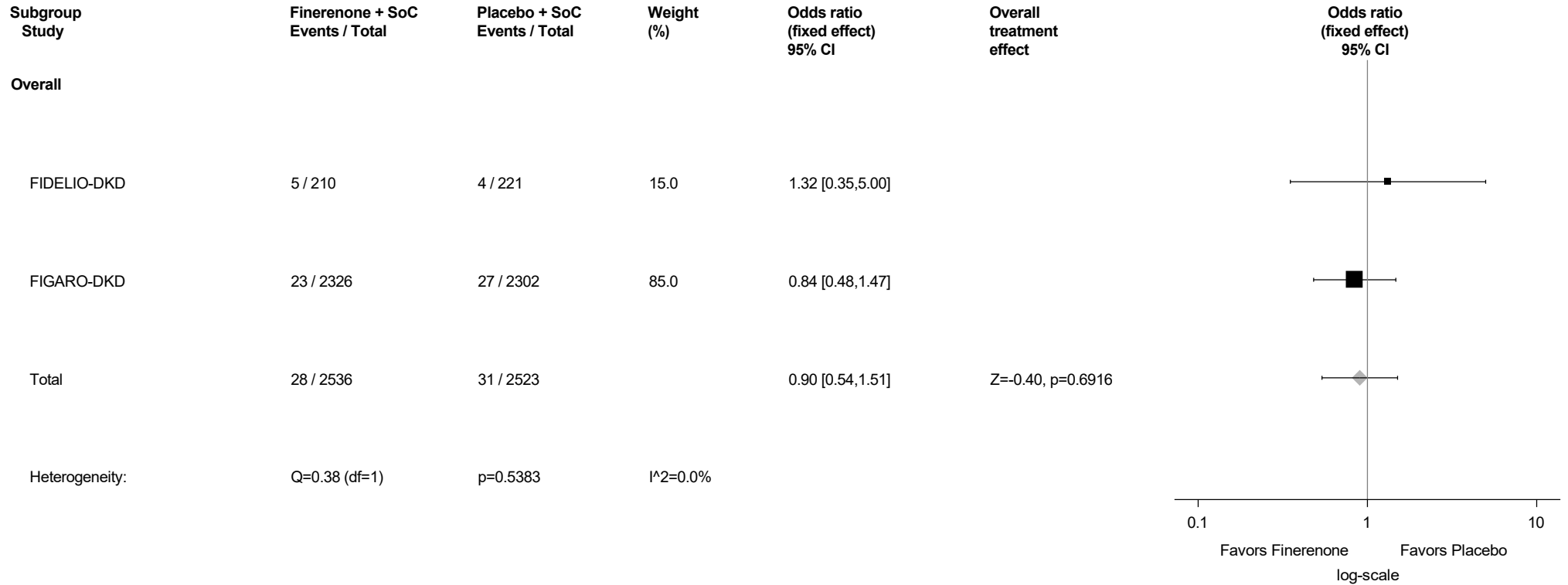
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.61: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



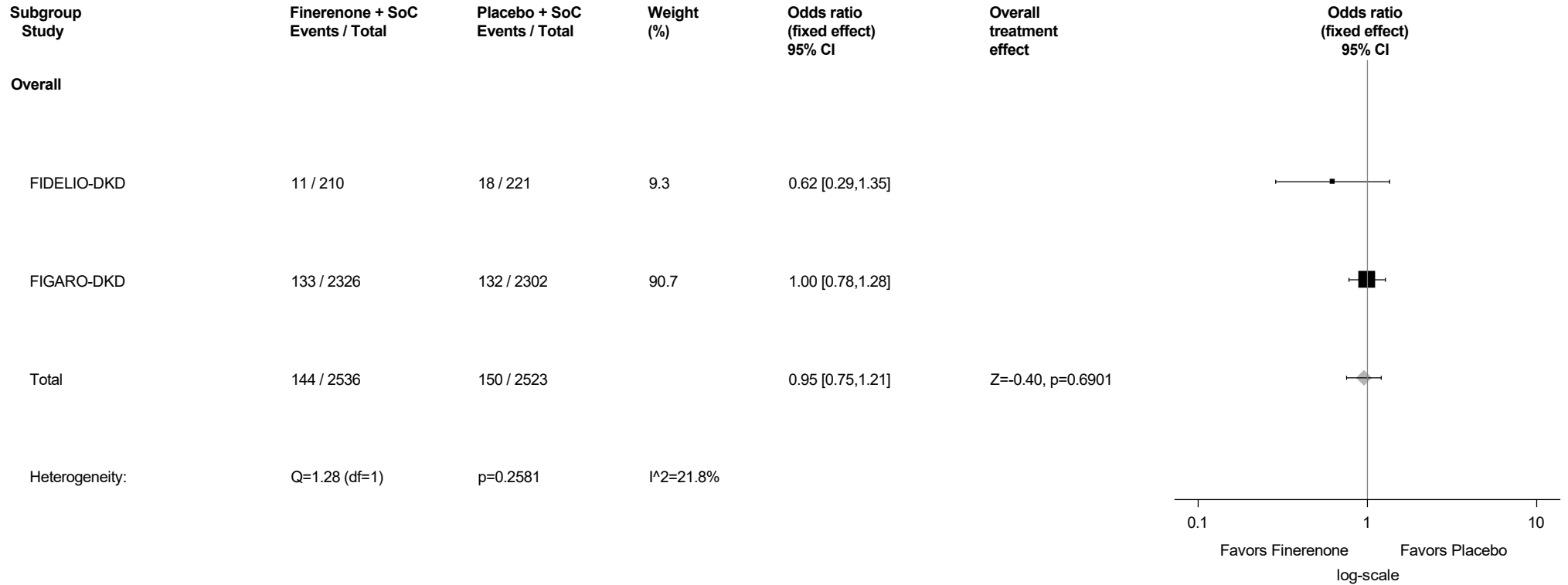
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.62: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



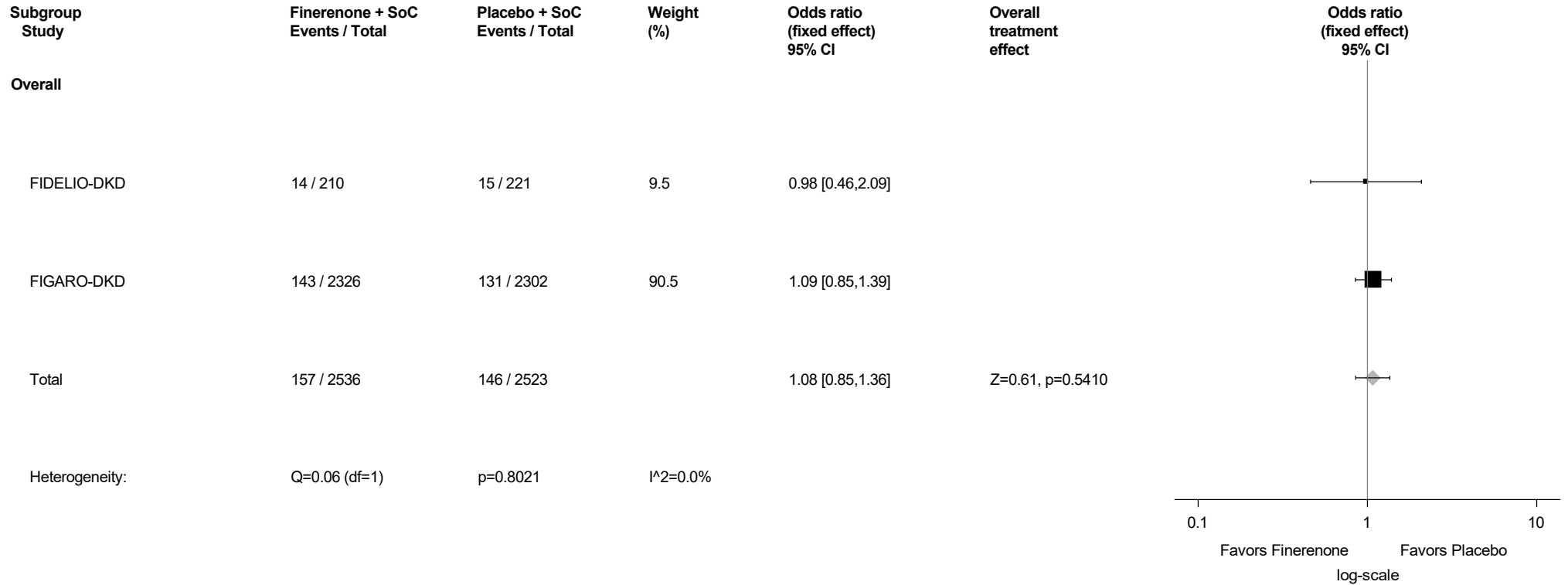
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.63: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



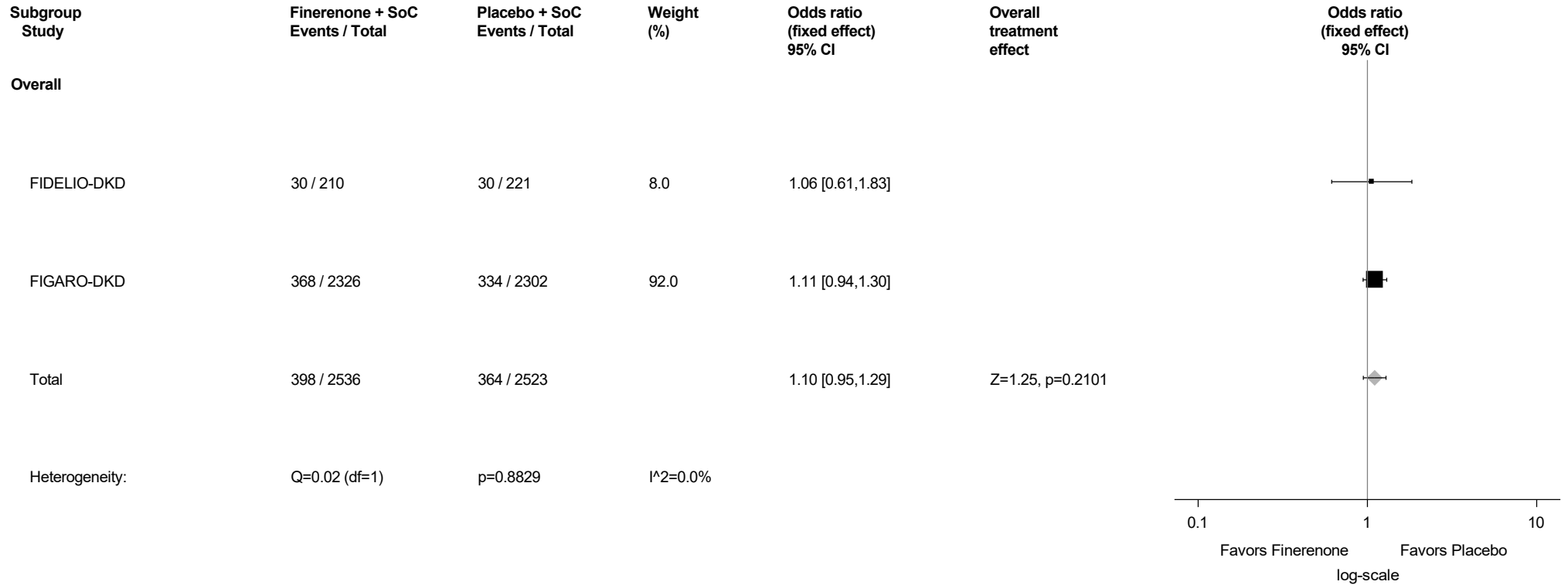
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.64: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



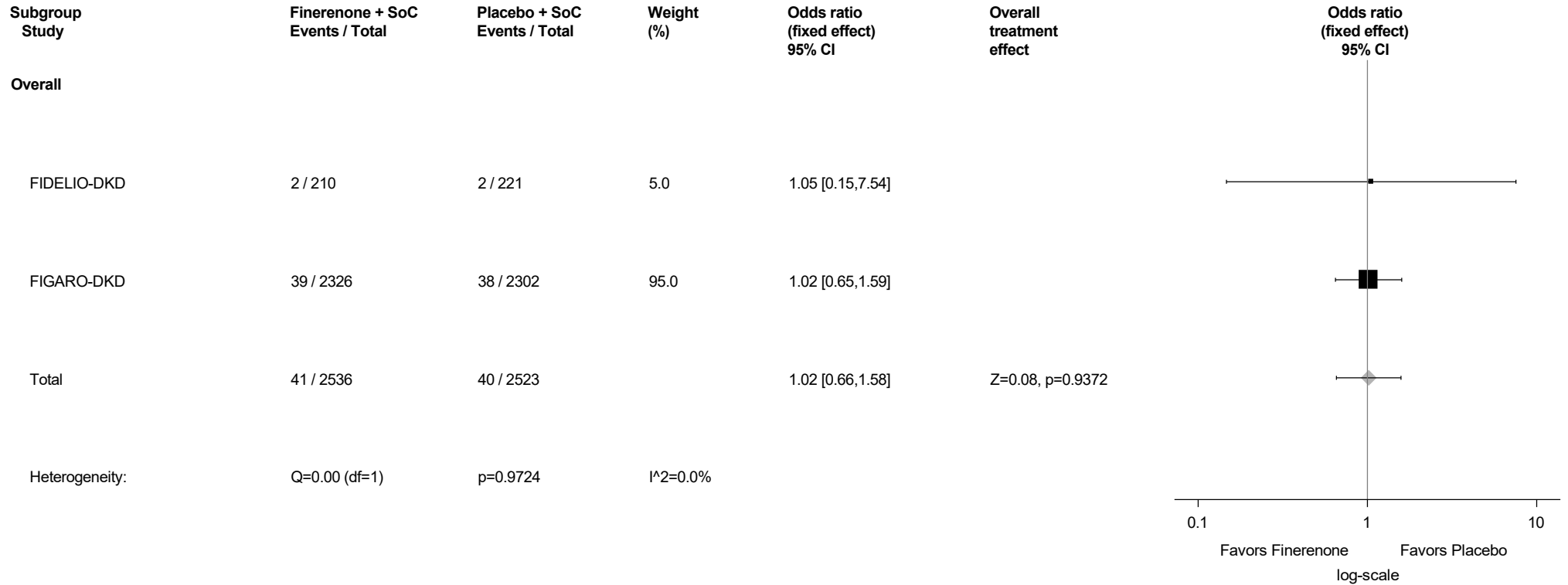
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.65: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



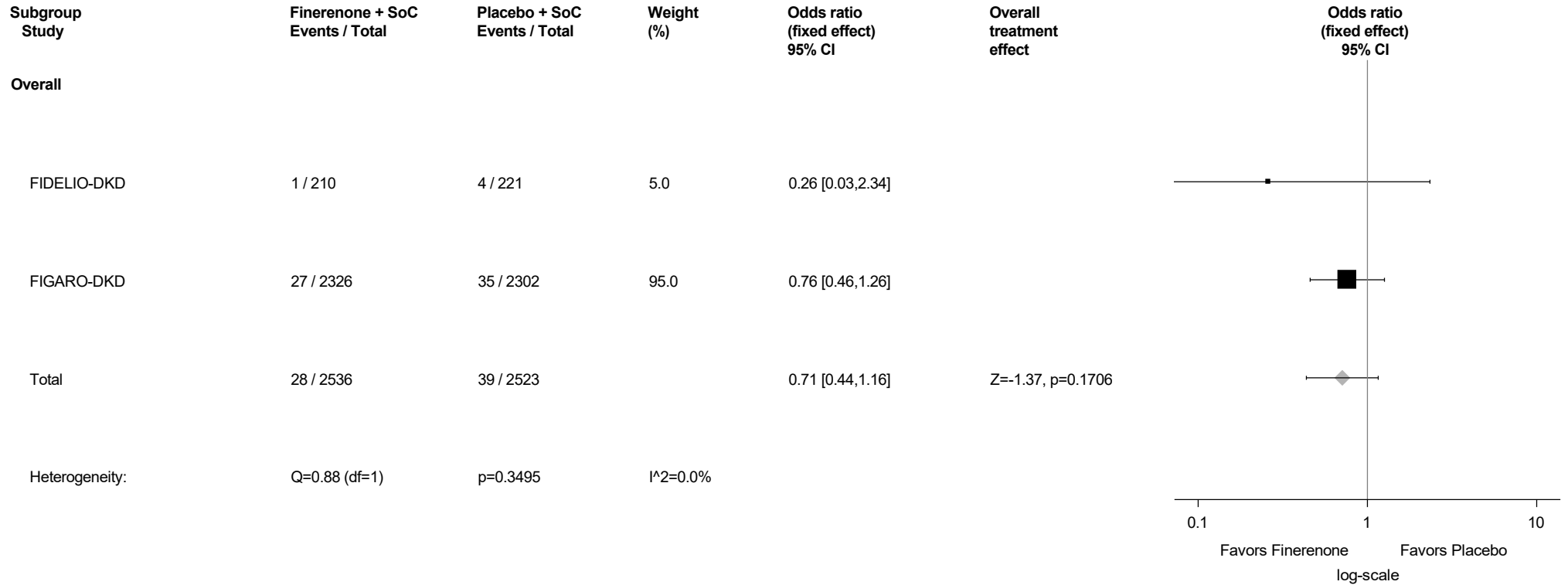
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.66: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



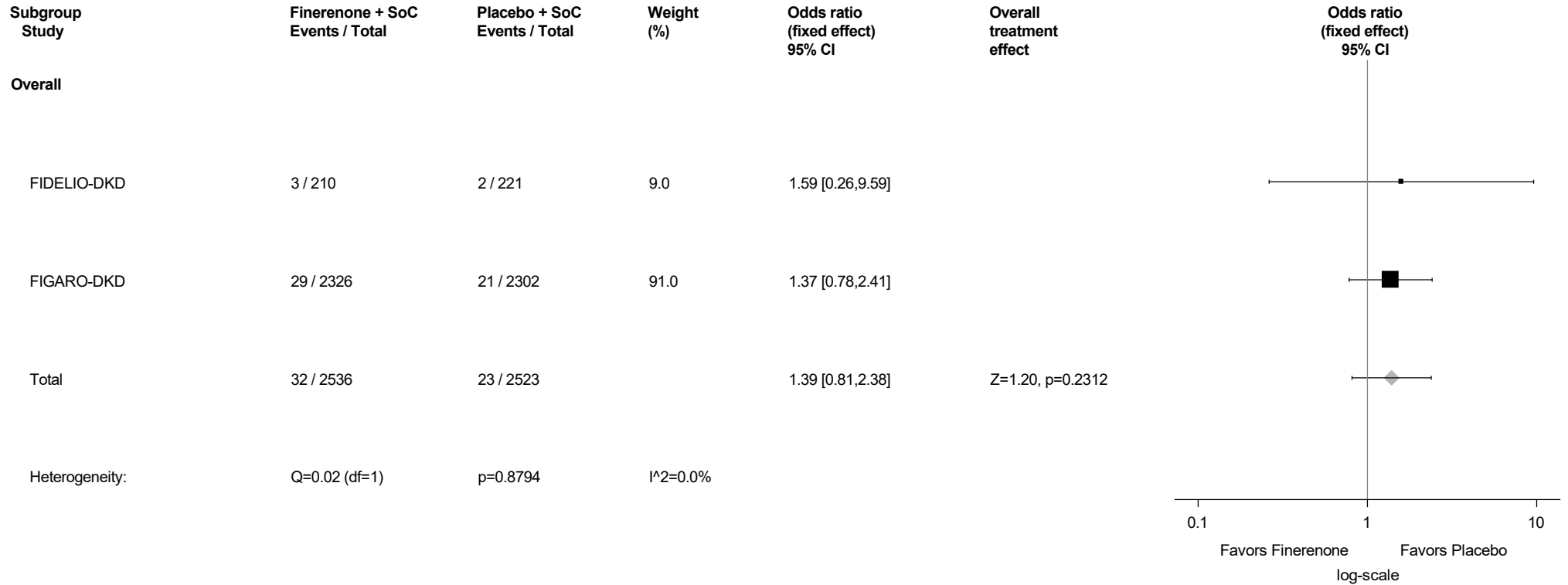
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.67: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



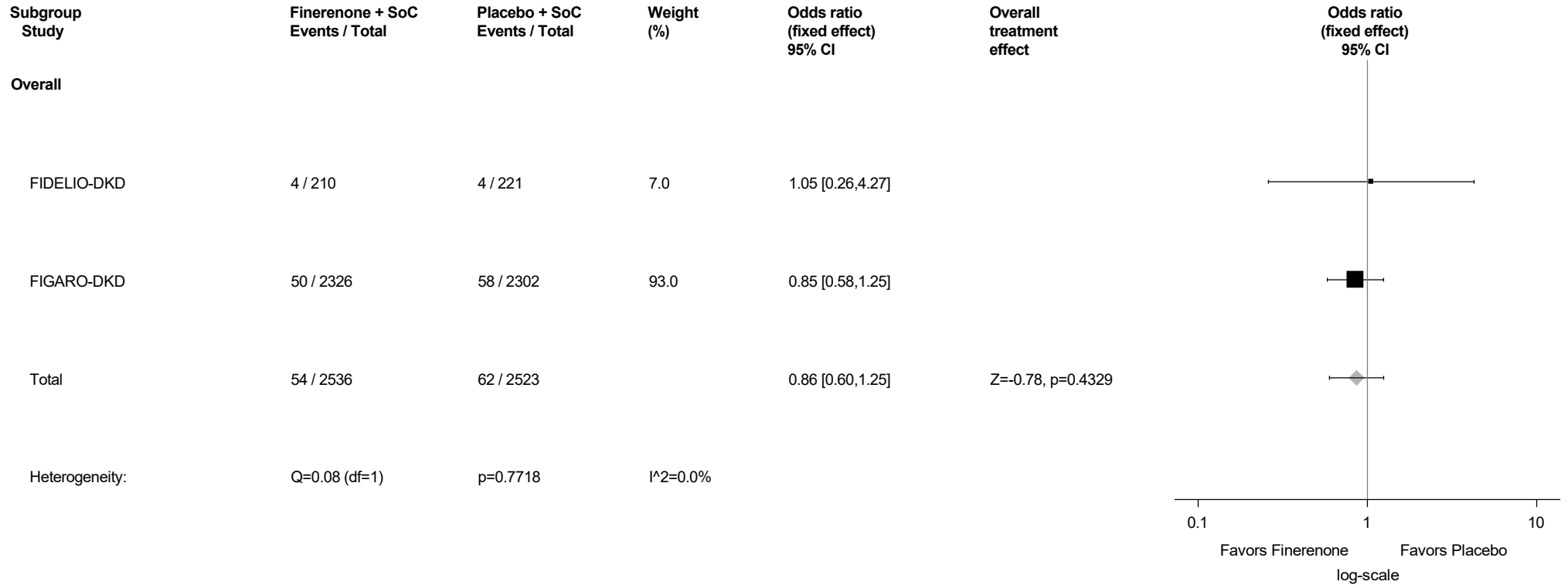
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.68: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



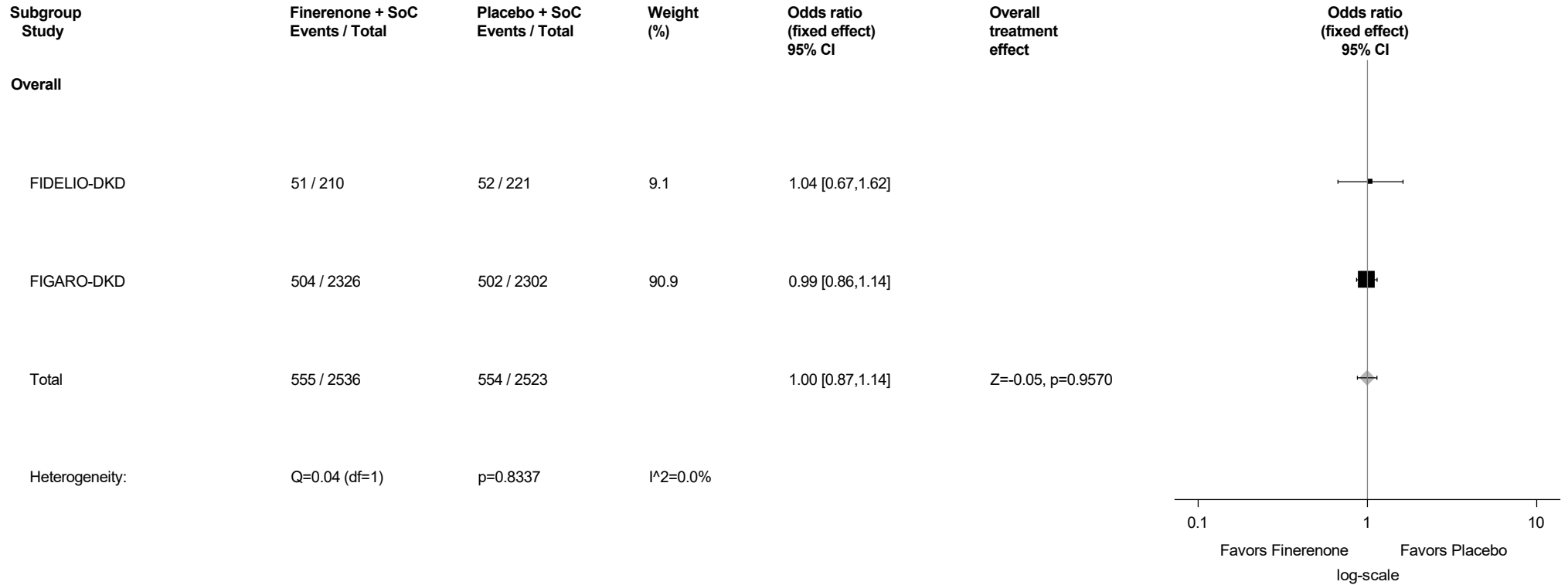
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.69: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



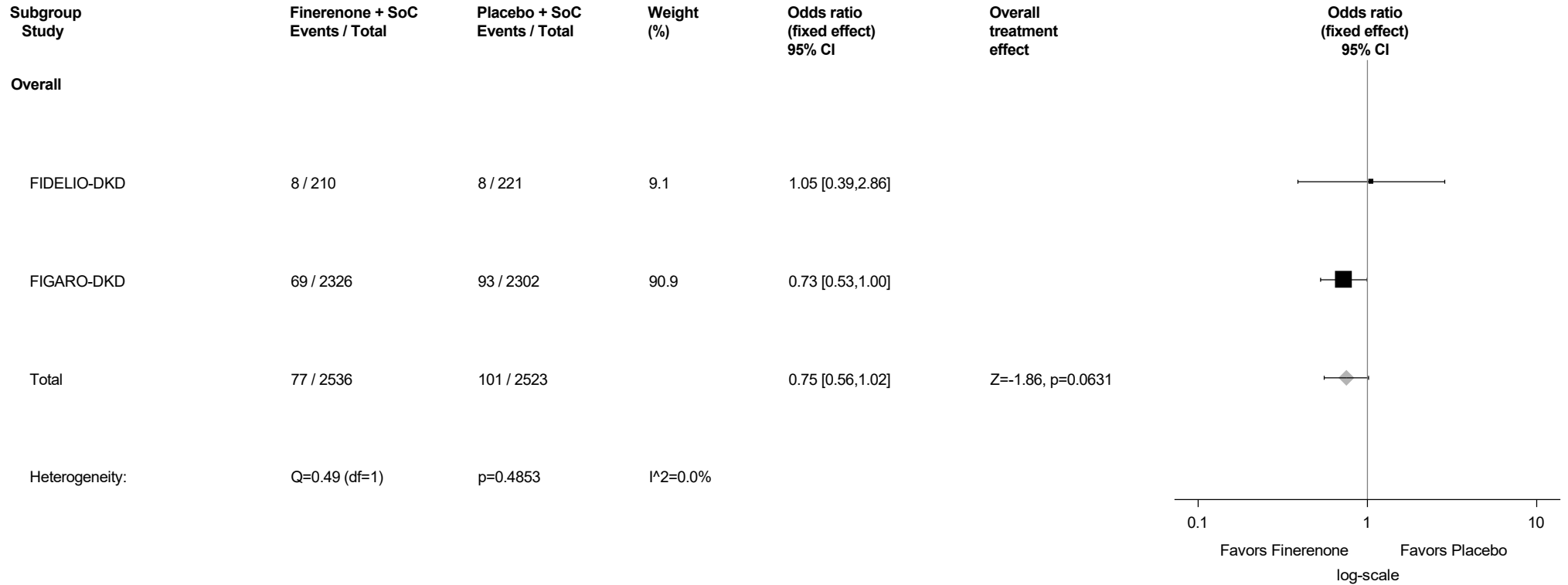
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.70: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



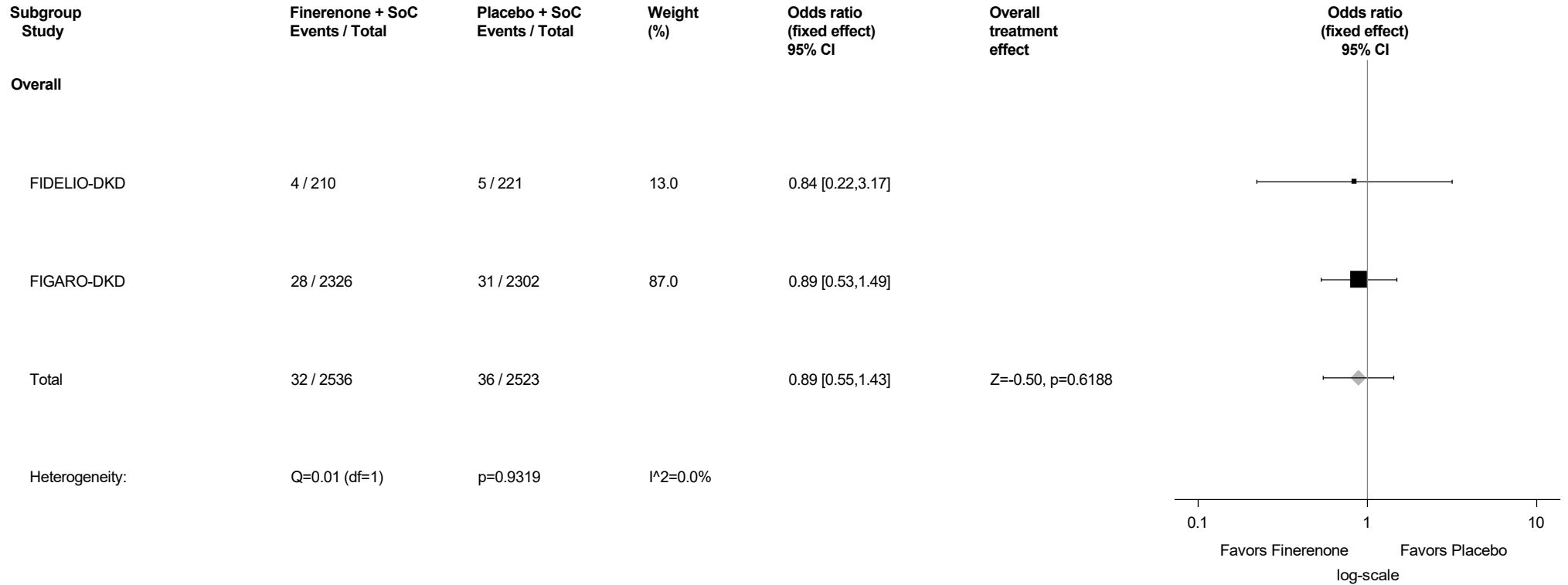
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.71: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



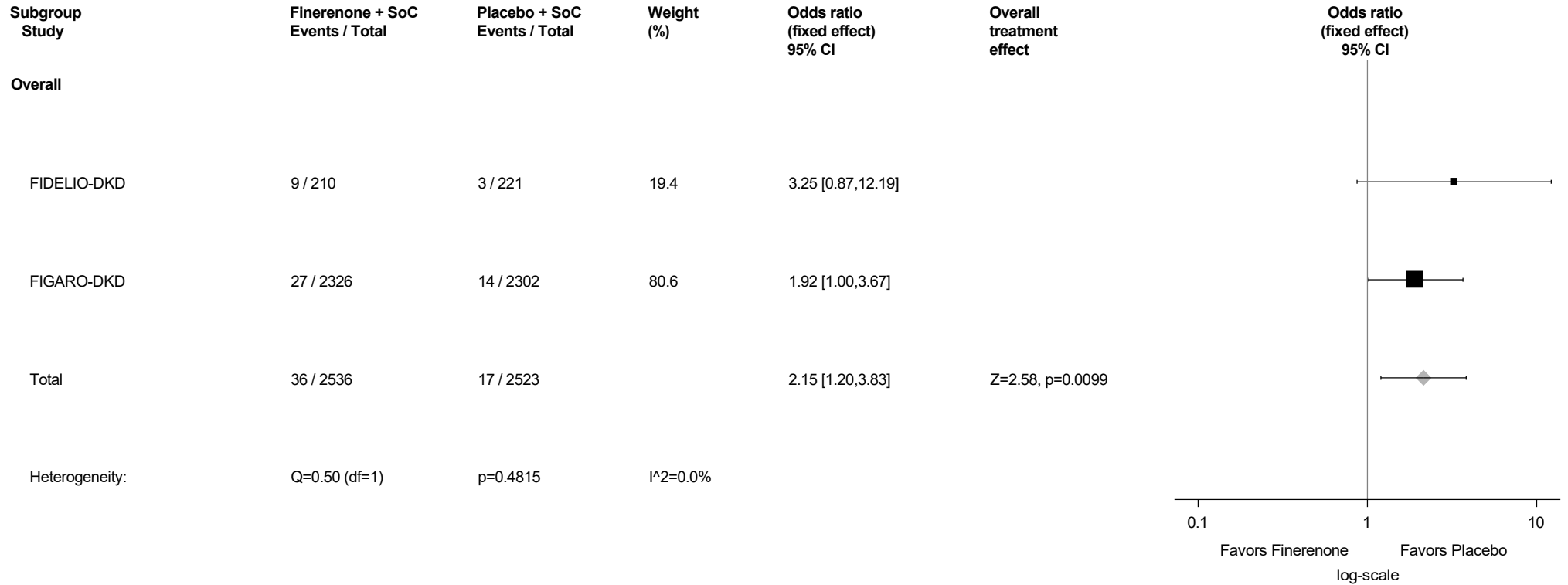
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.72: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



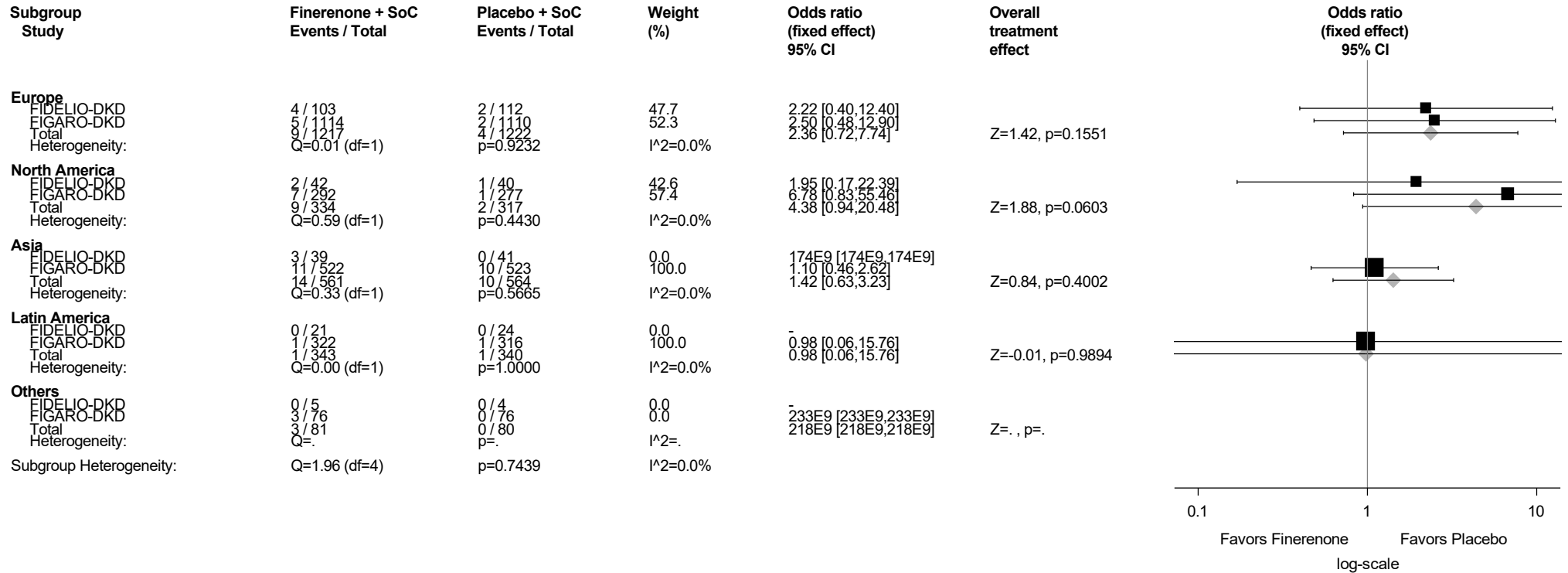
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.73: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.73.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



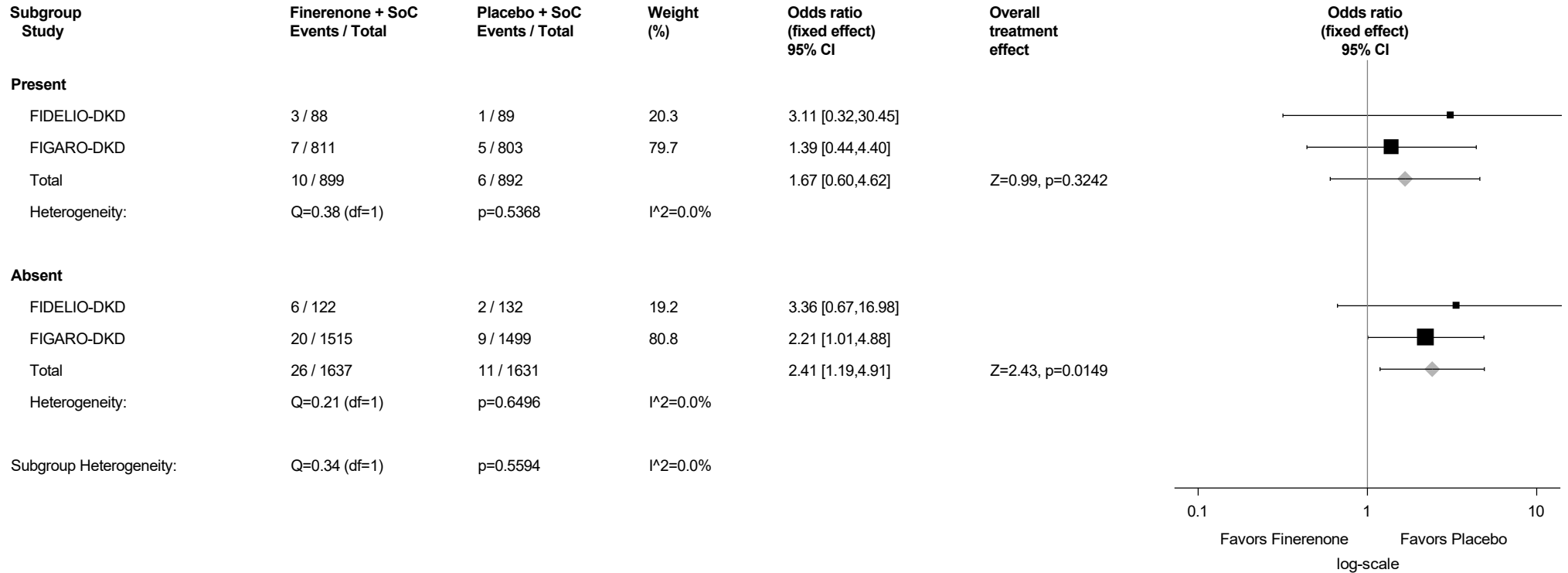
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.73.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



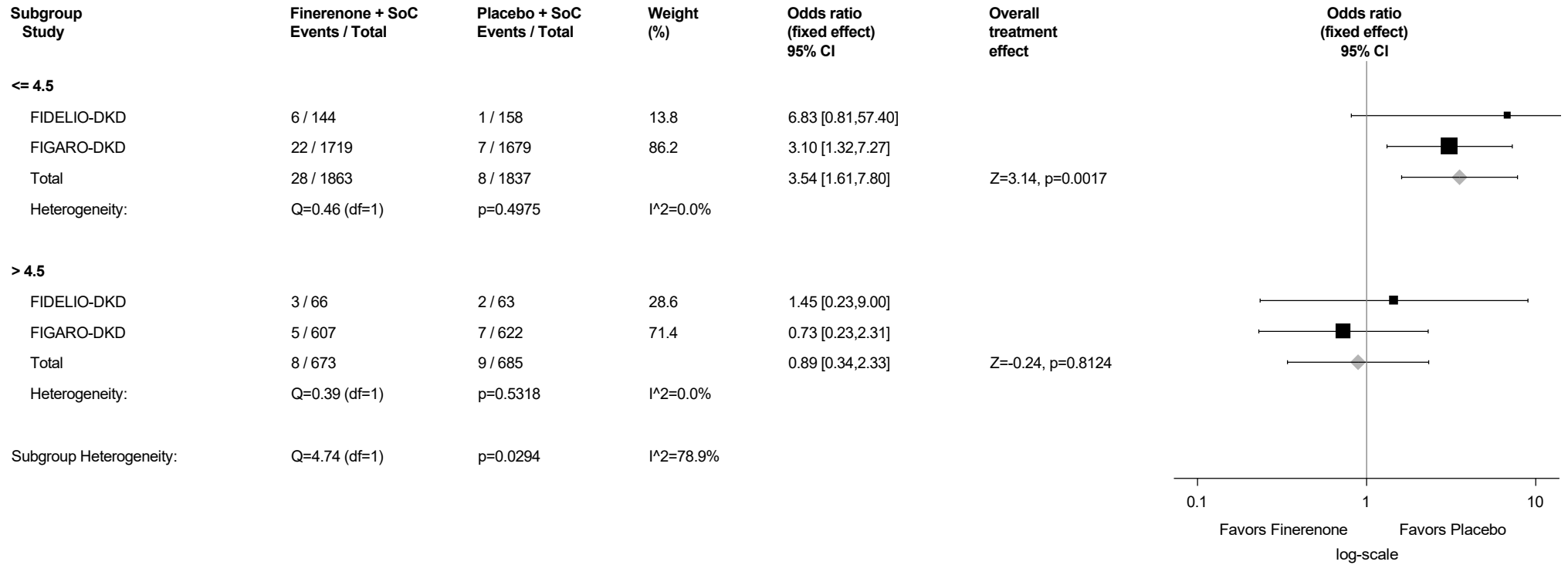
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.73.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



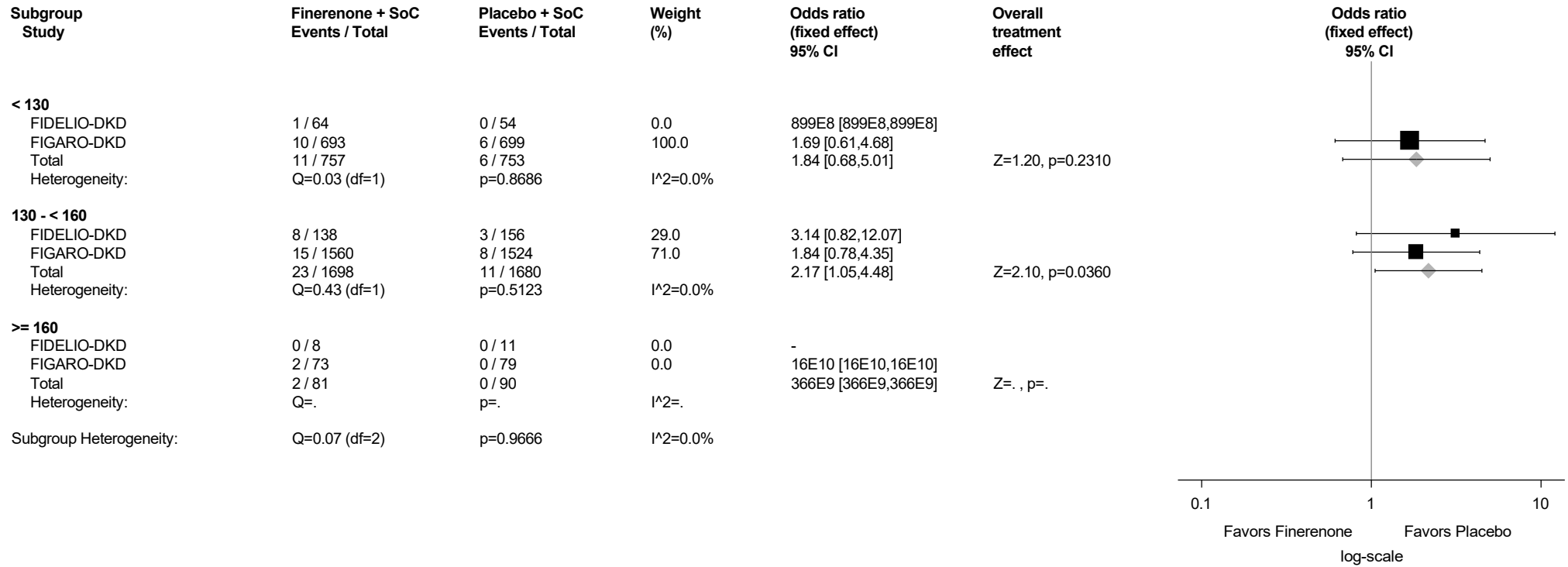
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.73.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



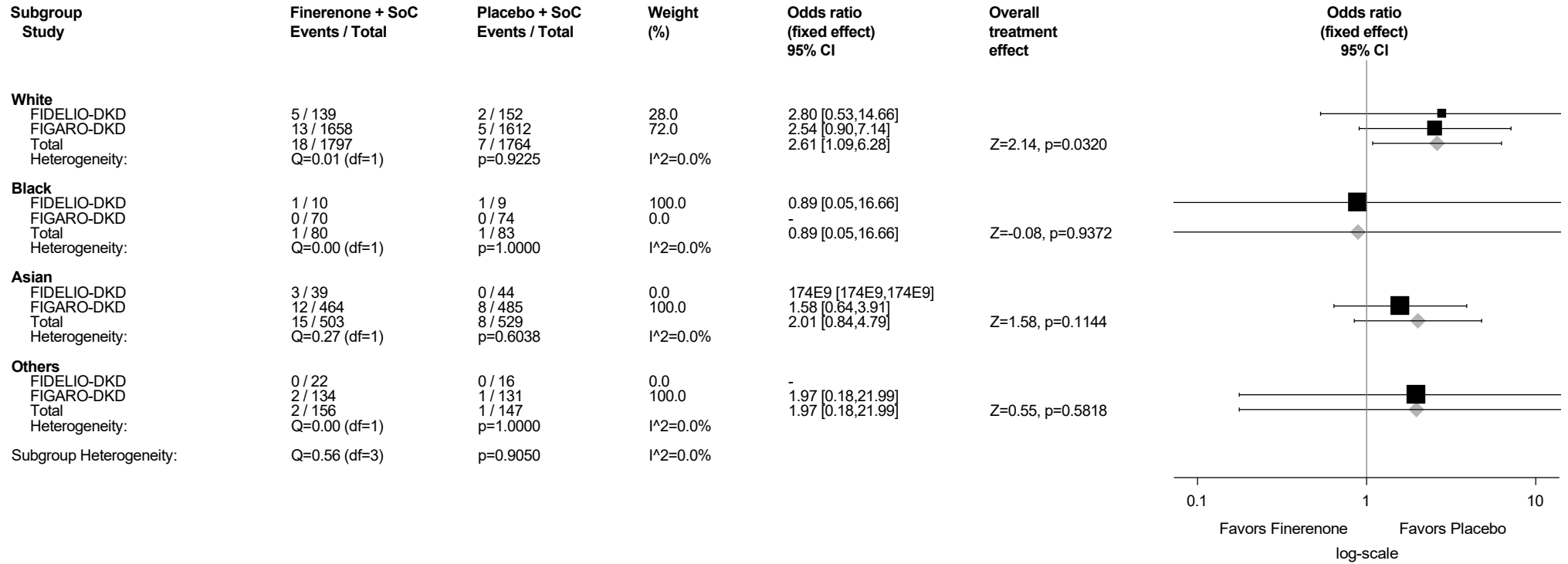
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.73.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



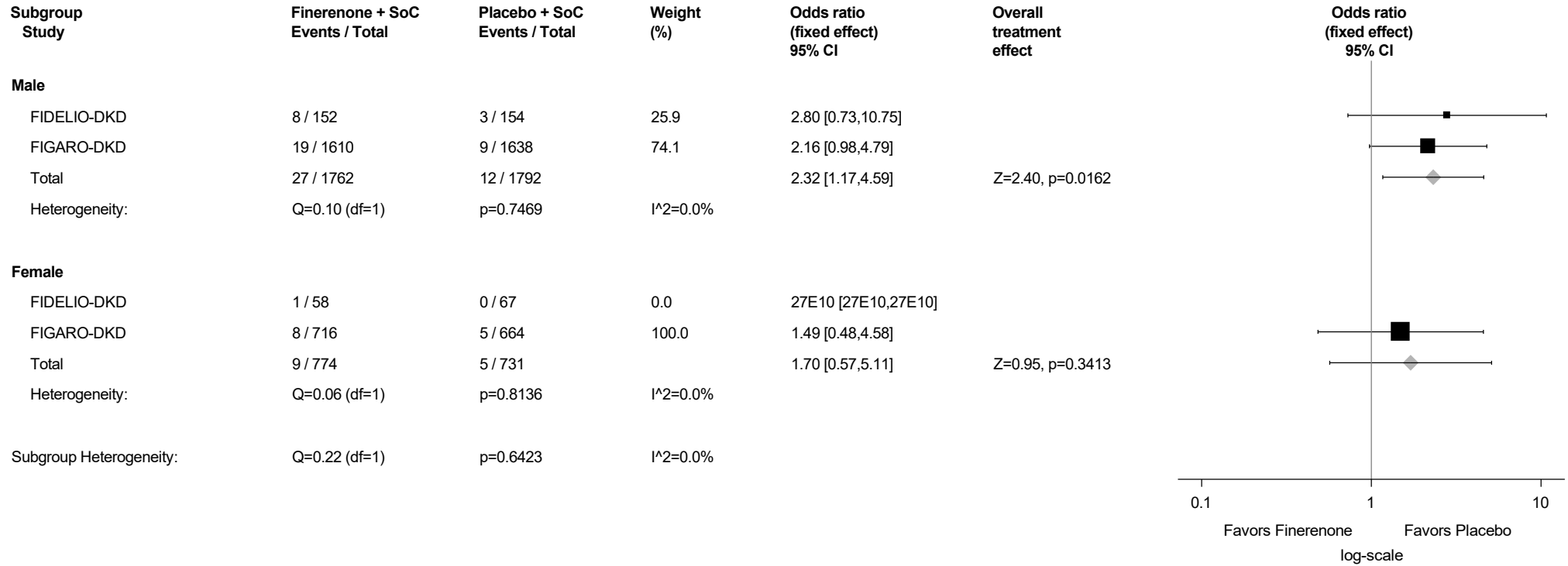
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.73.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



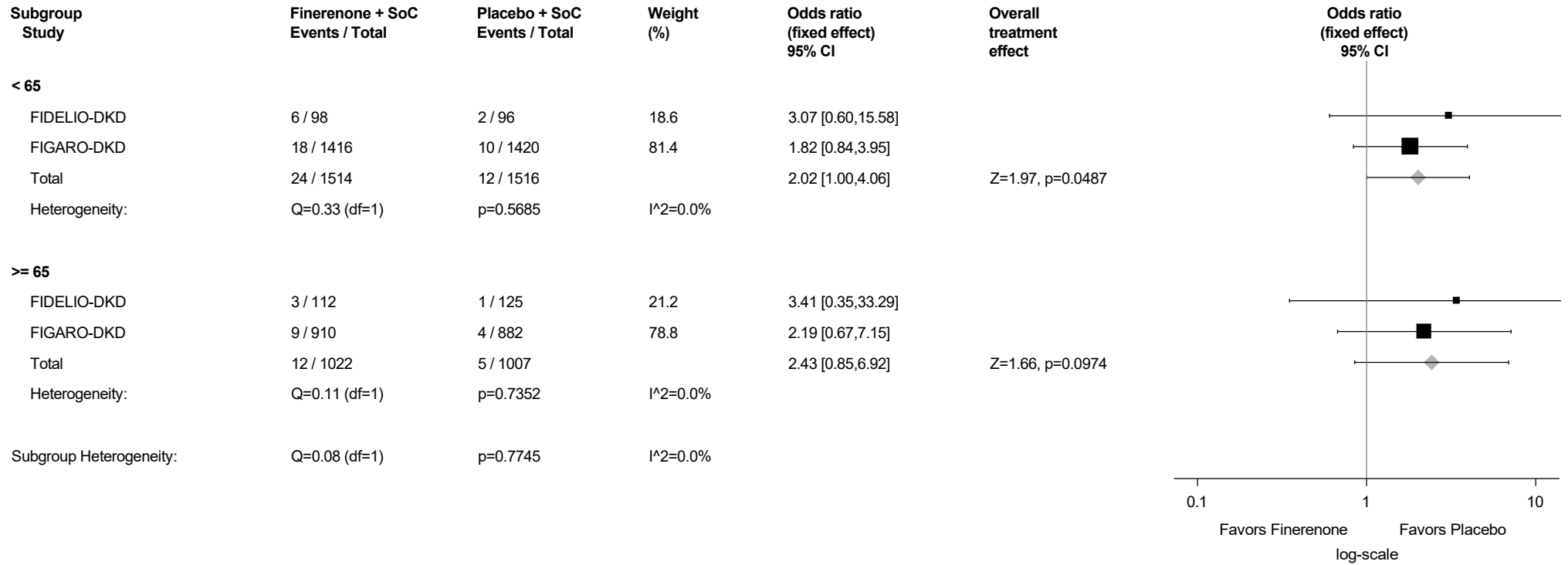
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.73.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

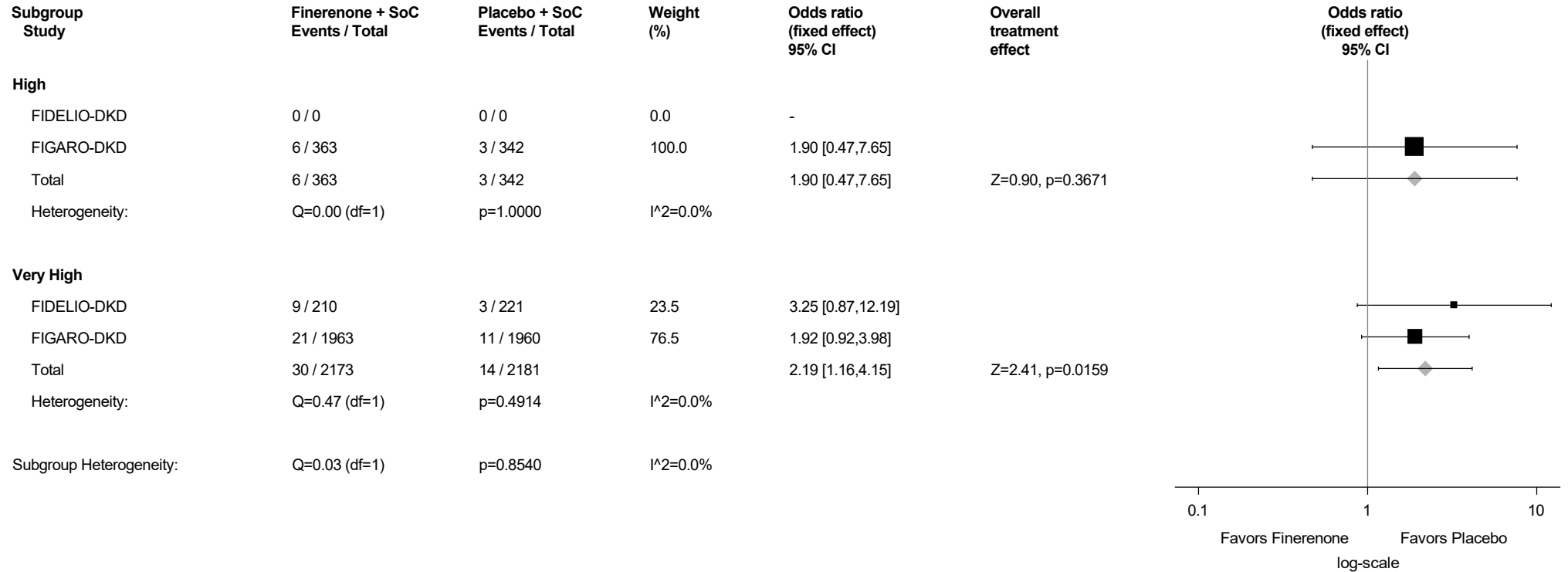
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.73.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



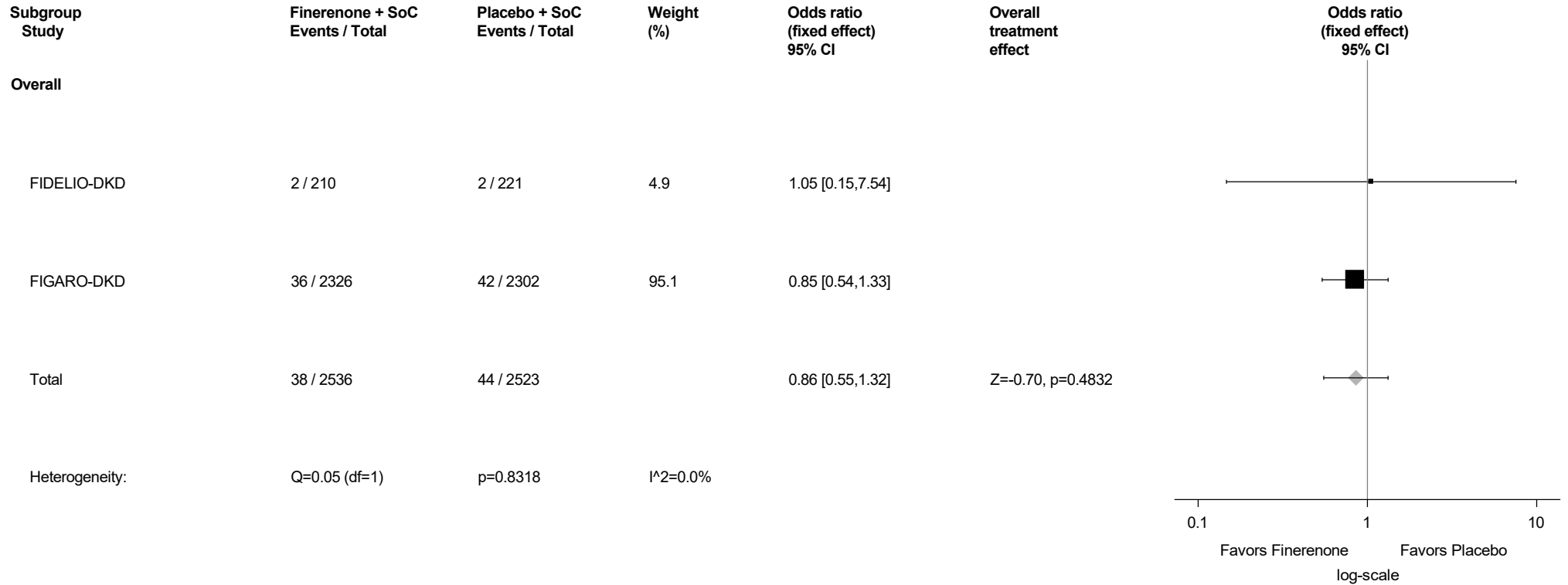
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

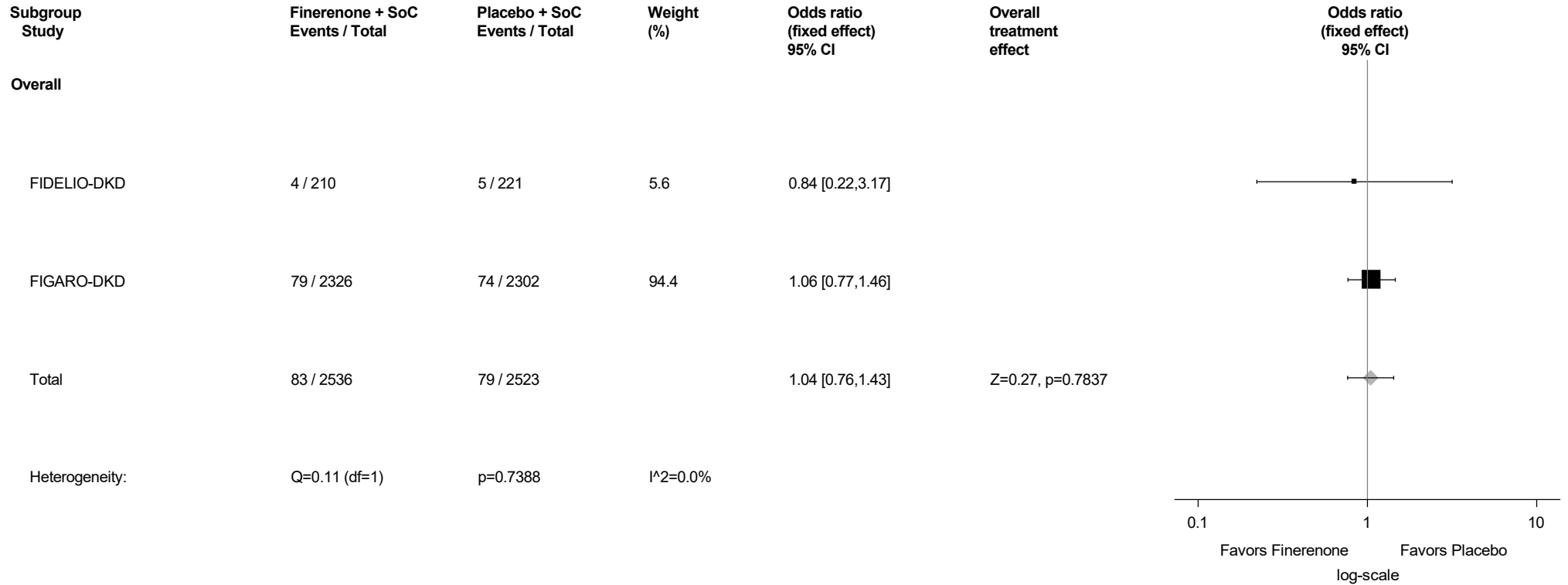
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.74: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



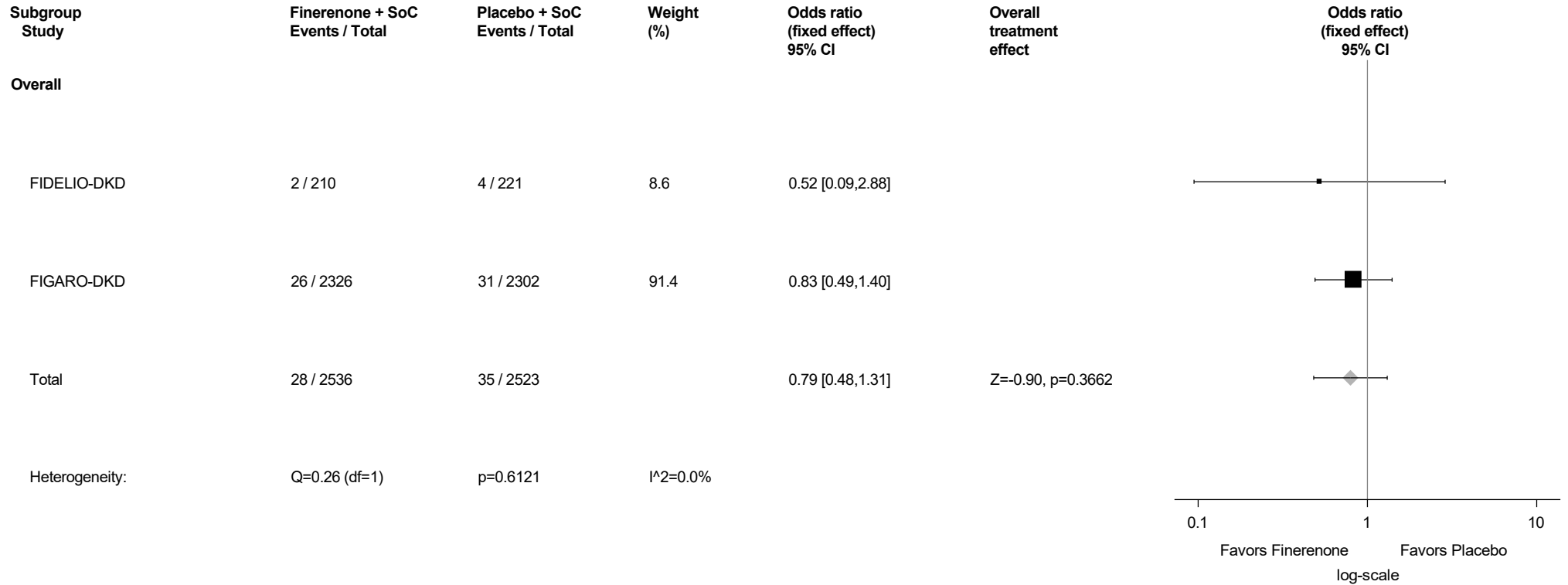
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.75: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



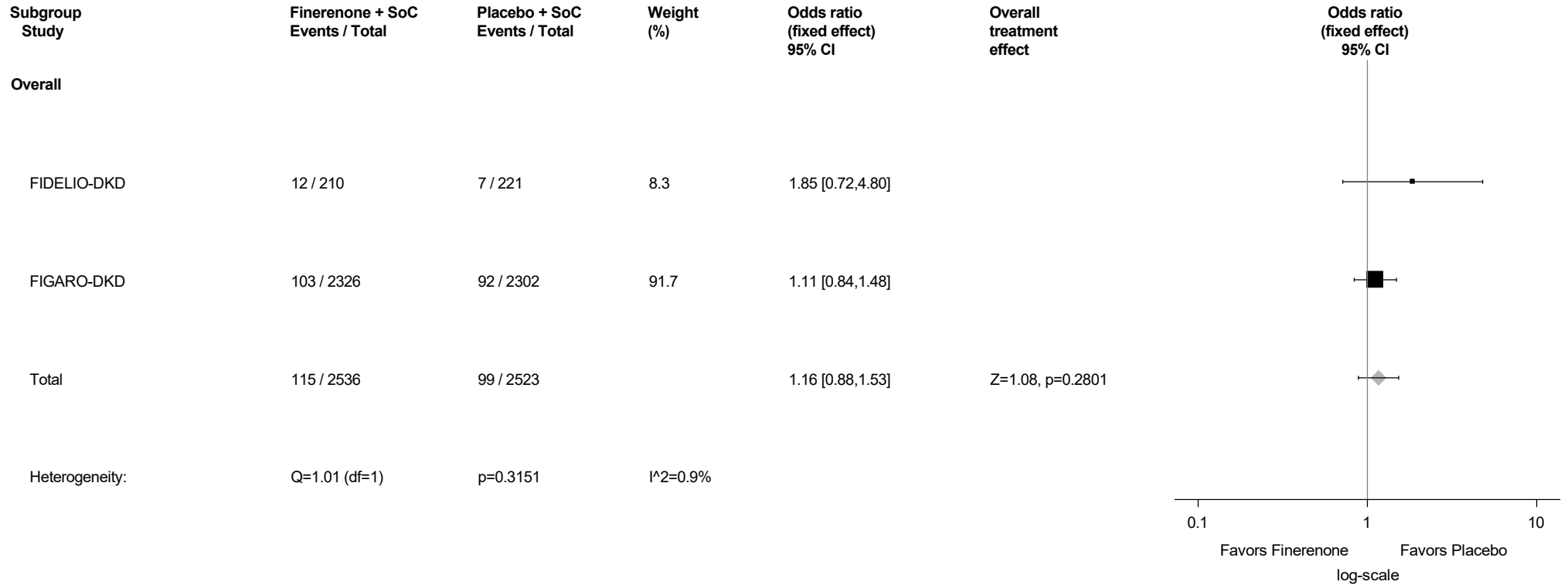
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.76: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



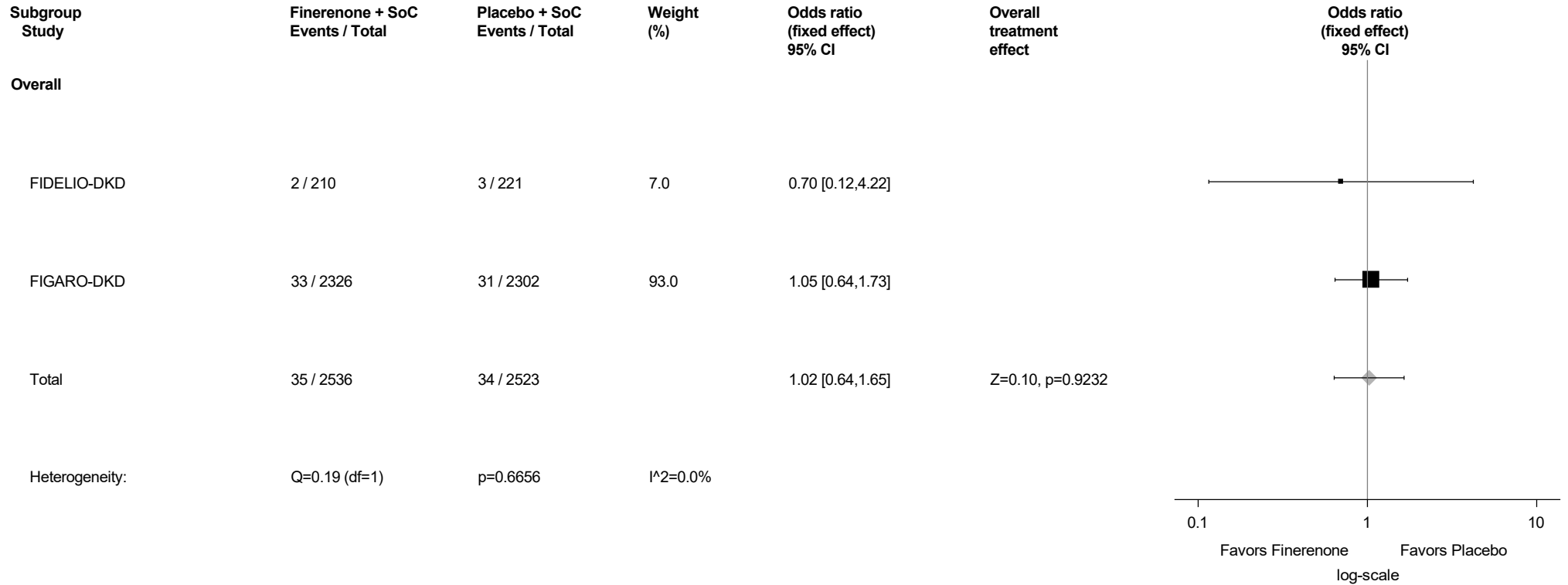
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.77: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



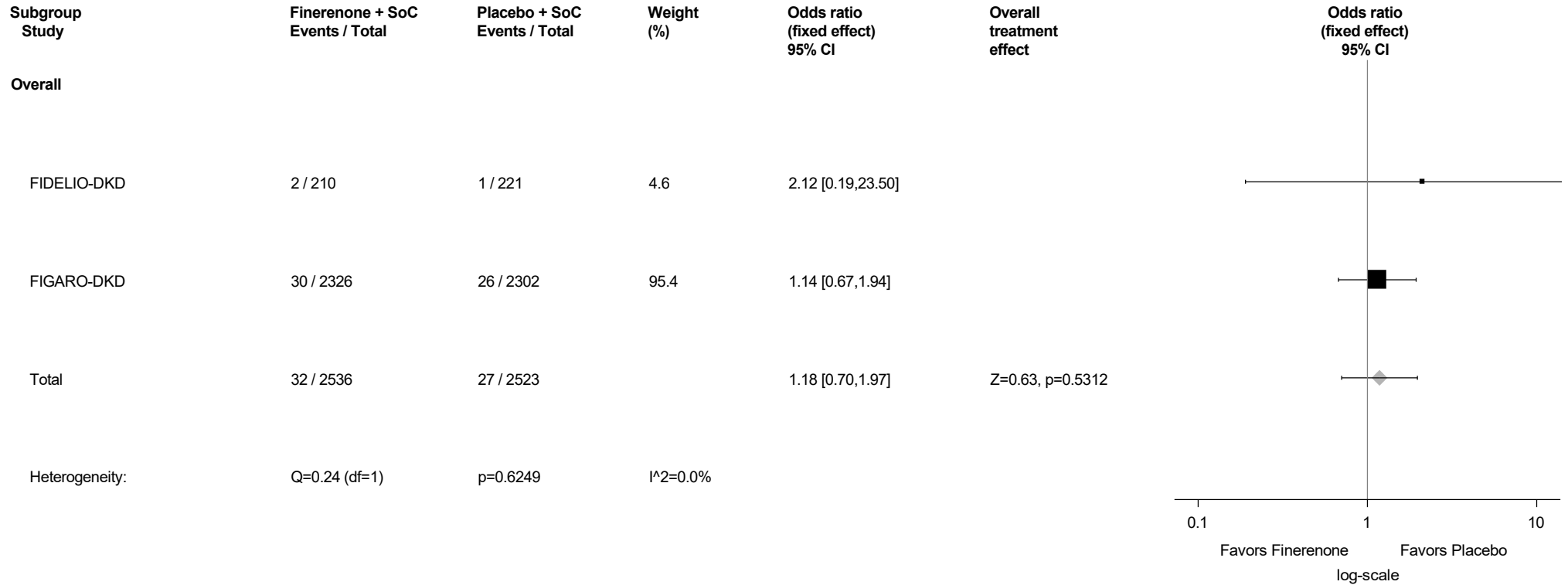
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.78: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



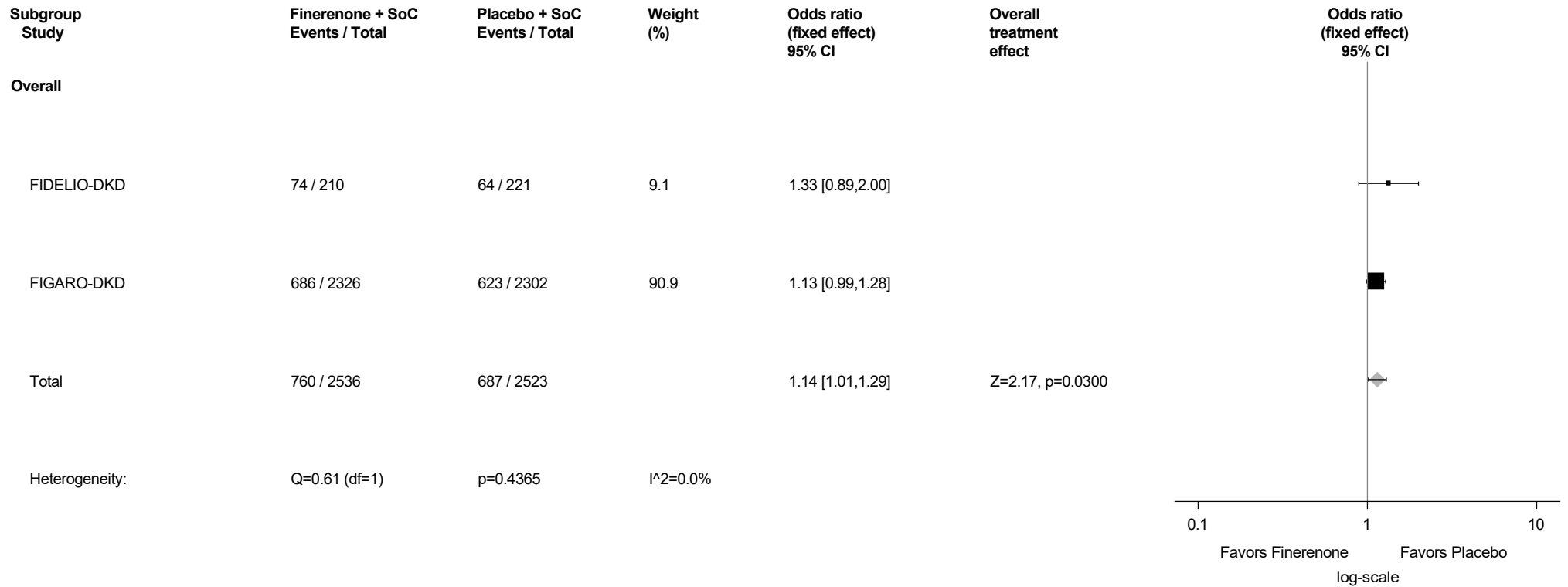
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.79: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



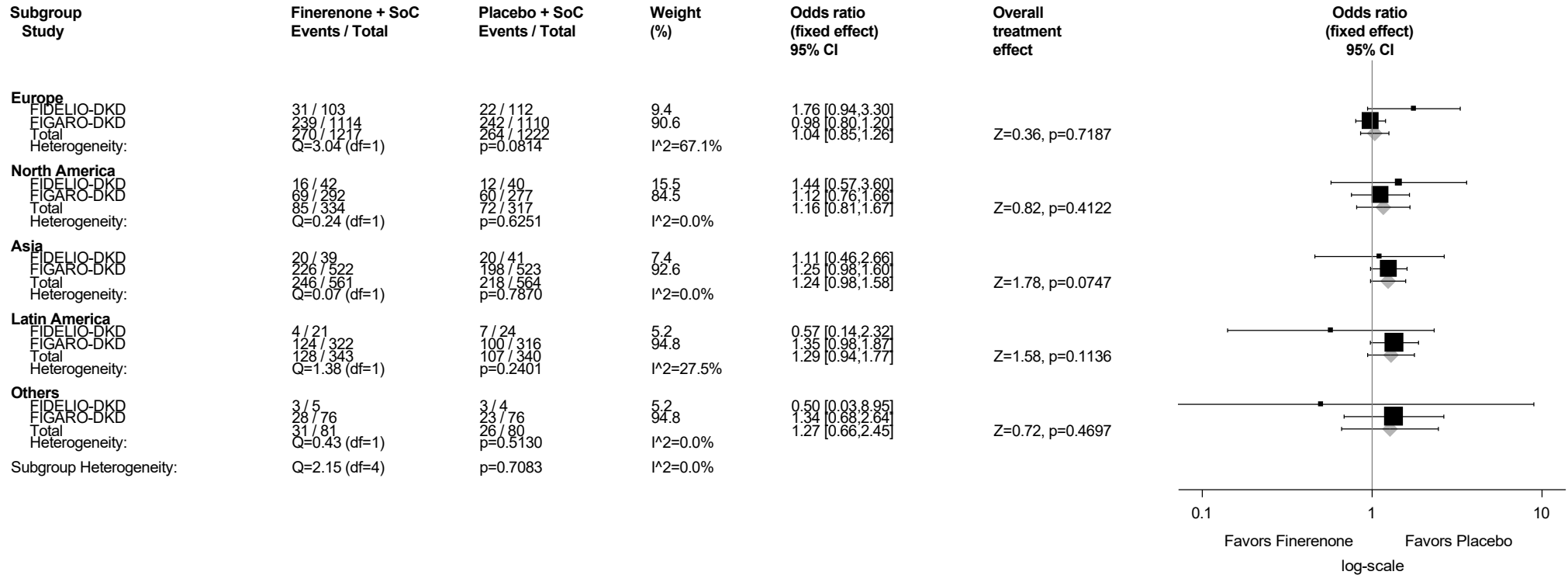
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.80: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.80.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



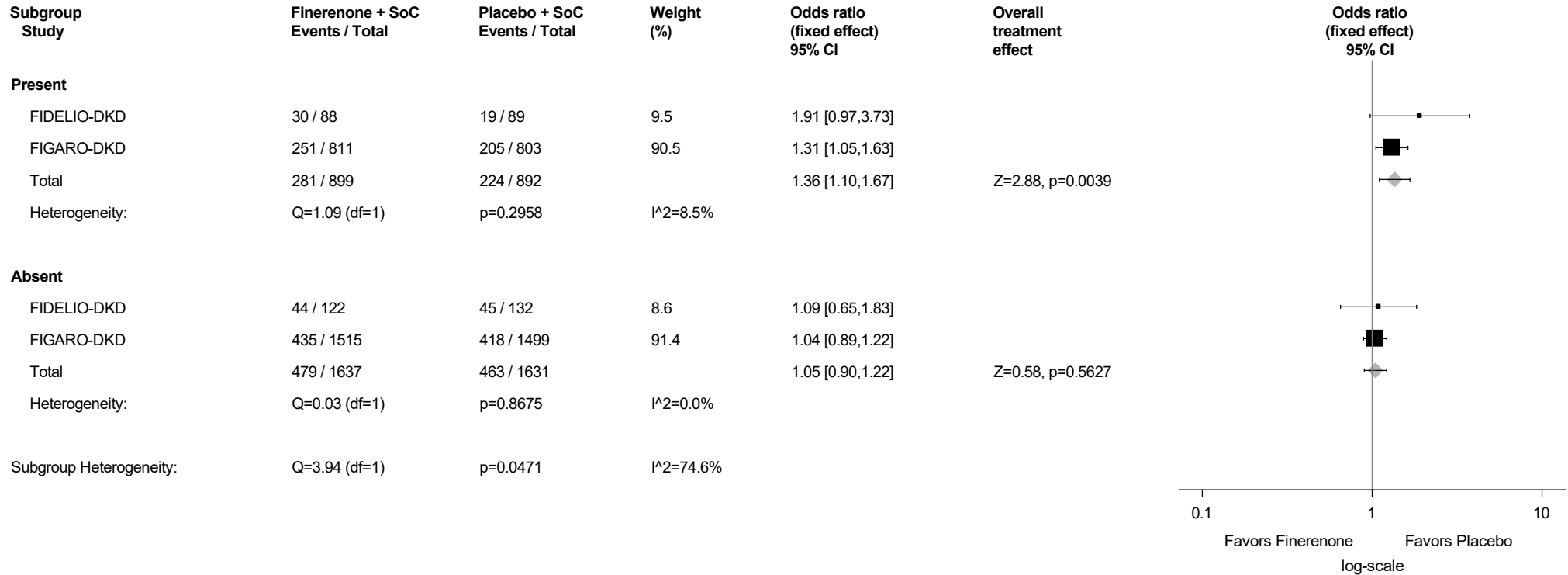
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.80.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



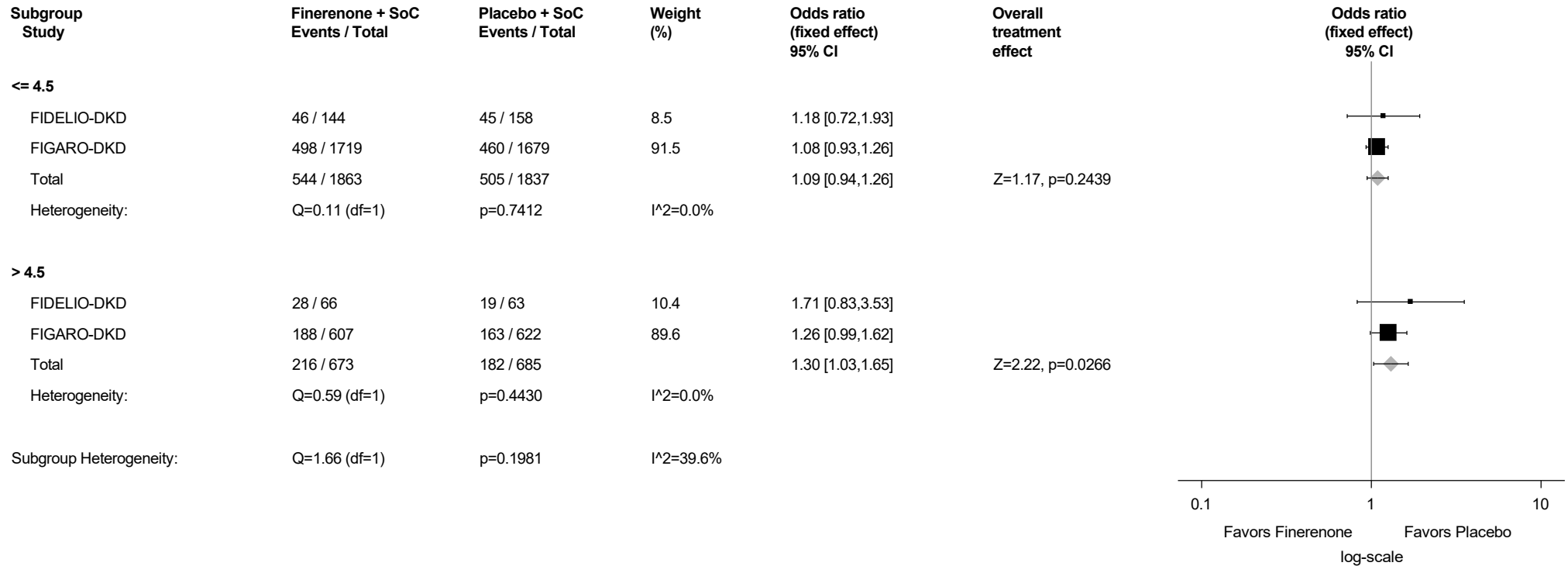
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.80.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



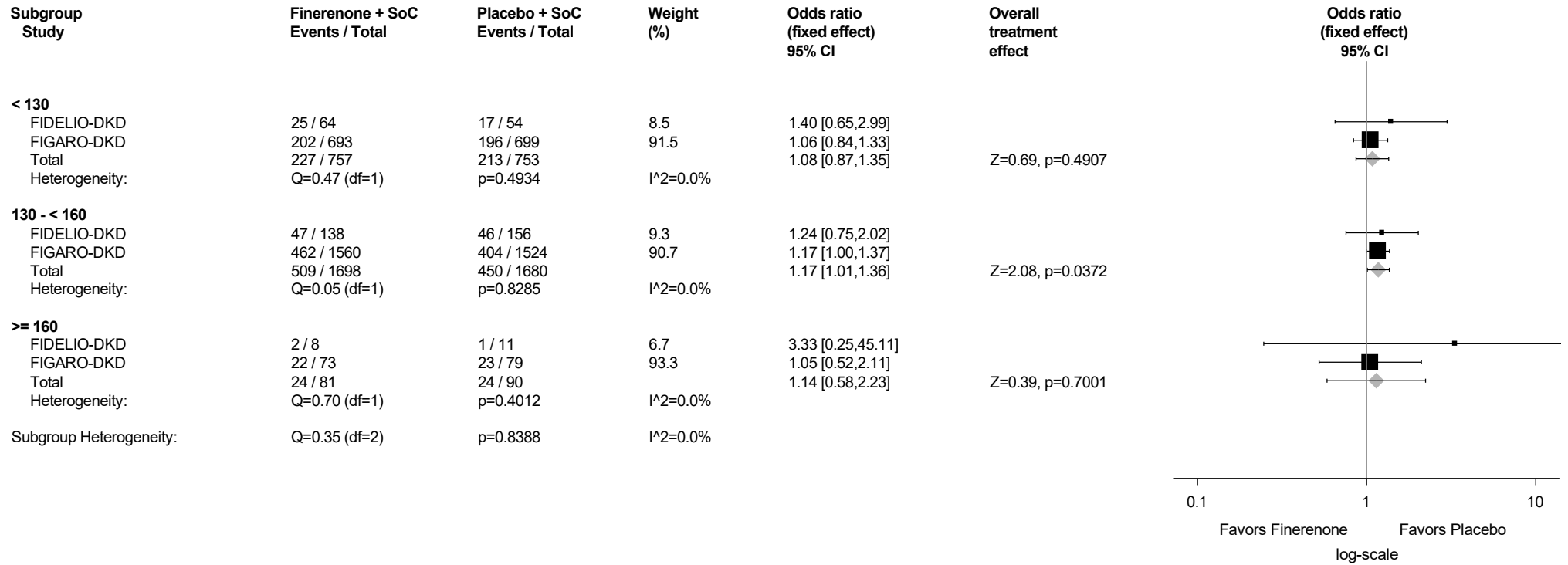
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.80.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



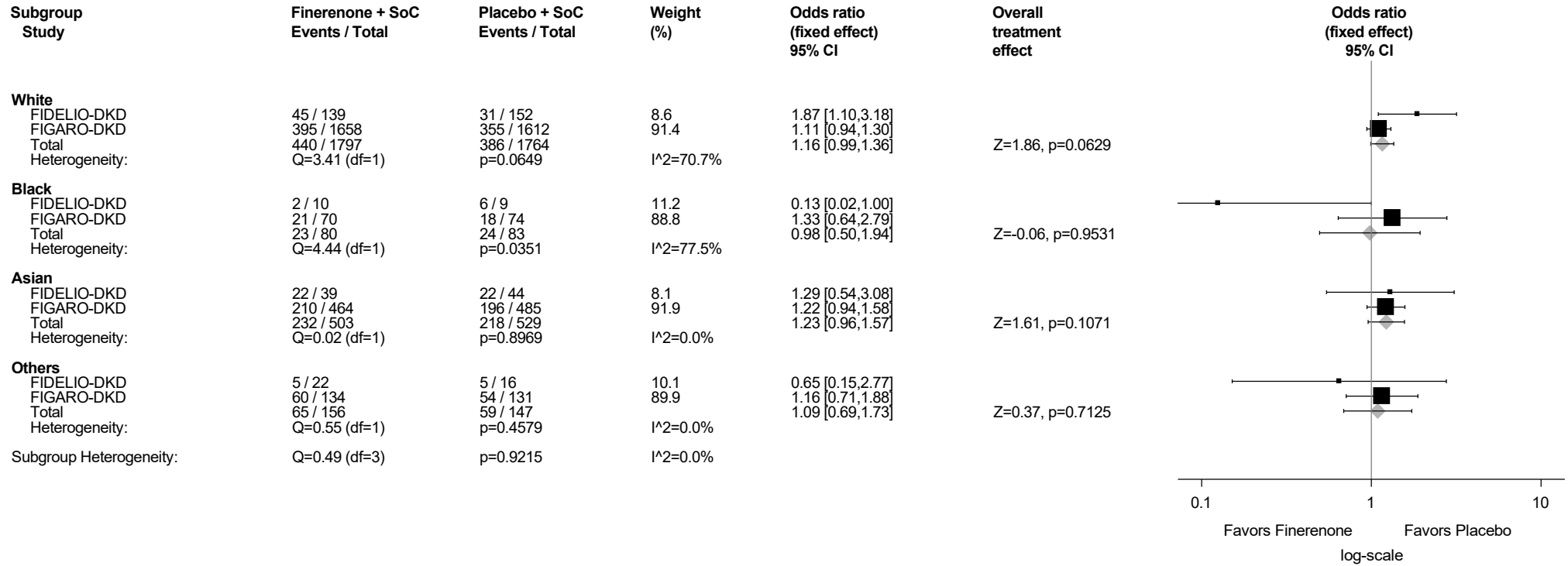
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.80.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



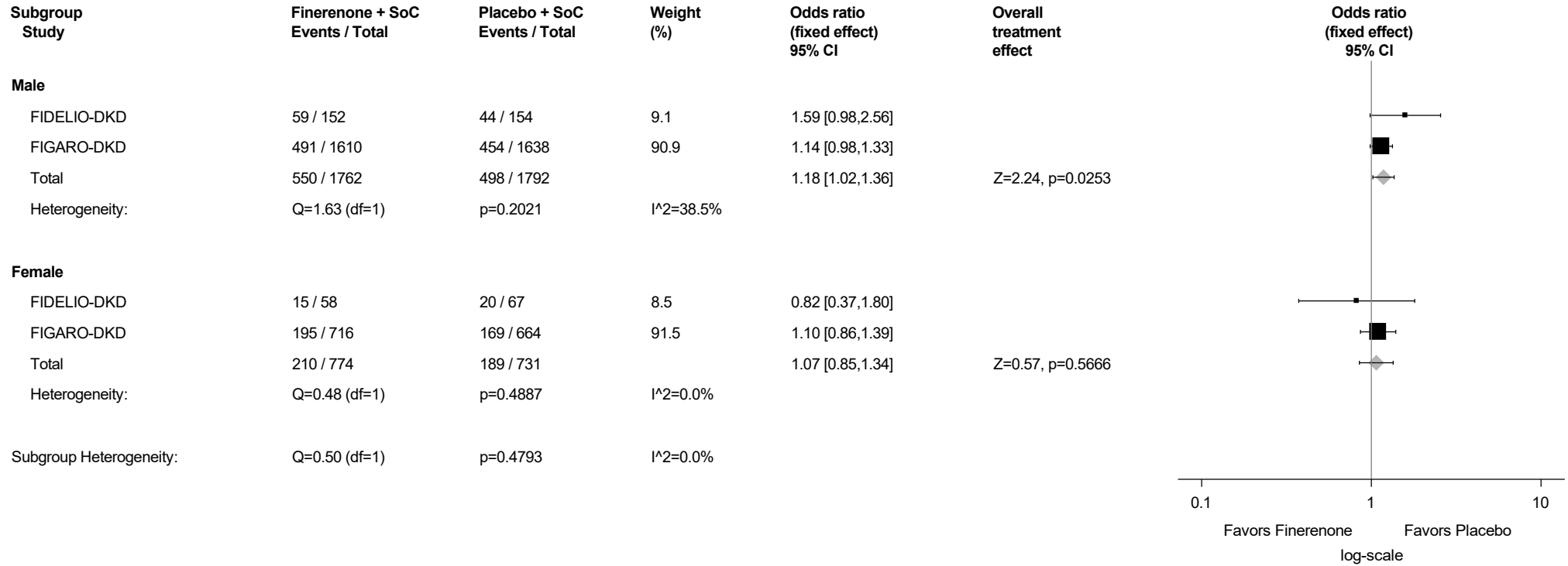
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.80.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



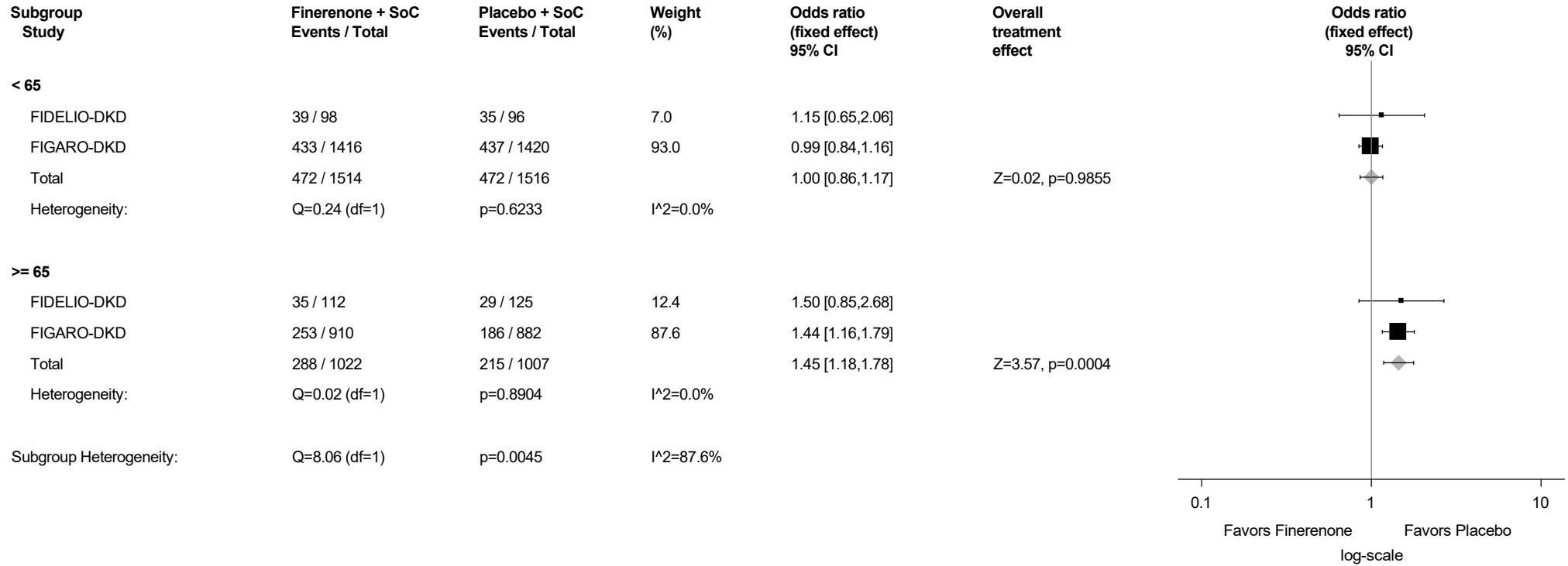
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.80.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

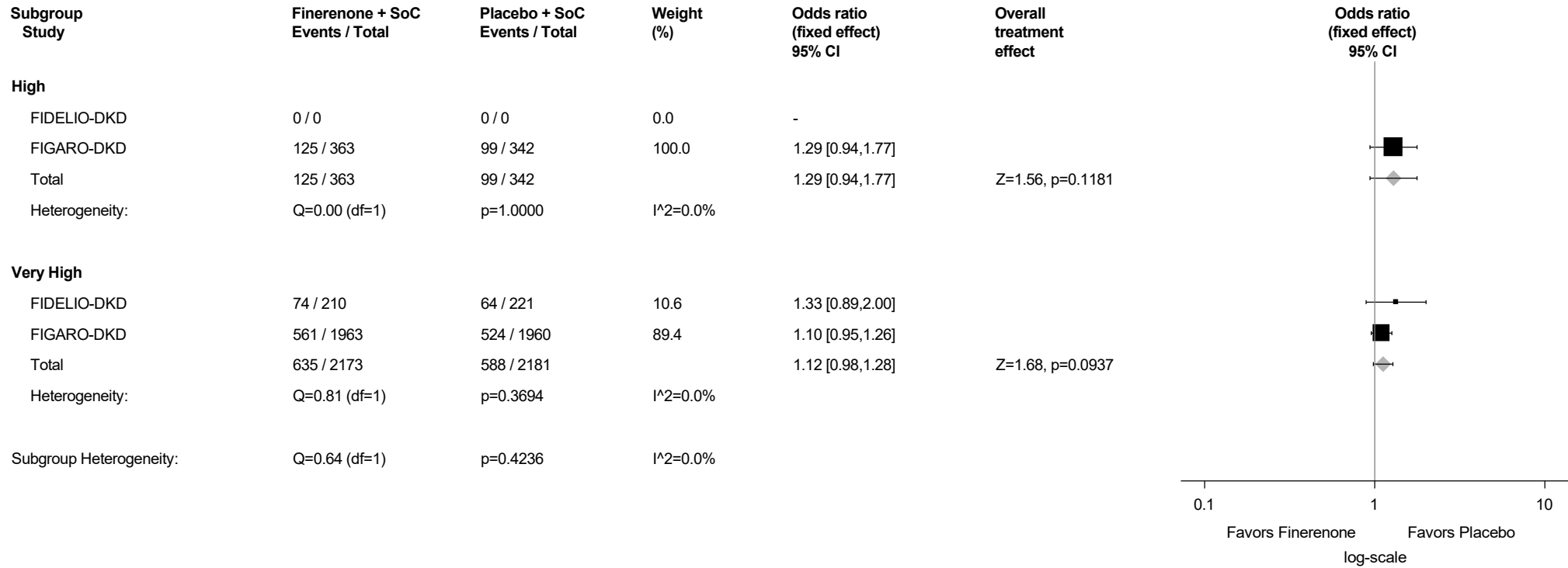
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.80.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



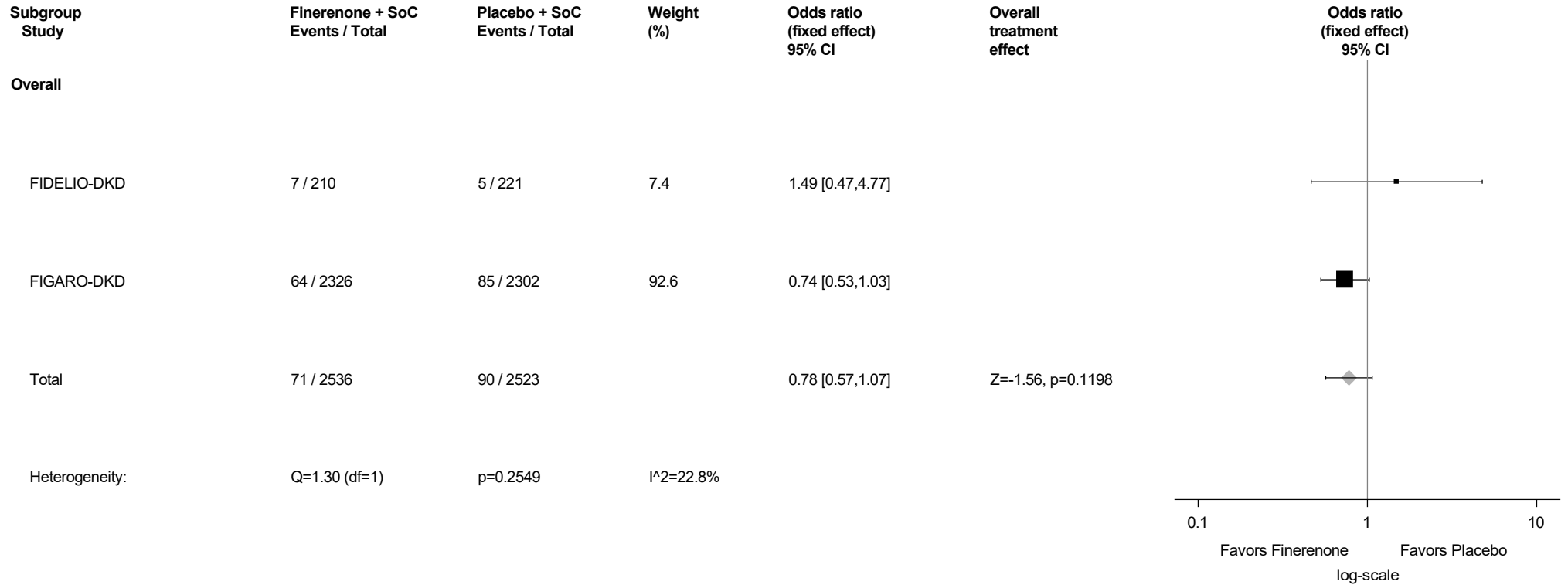
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

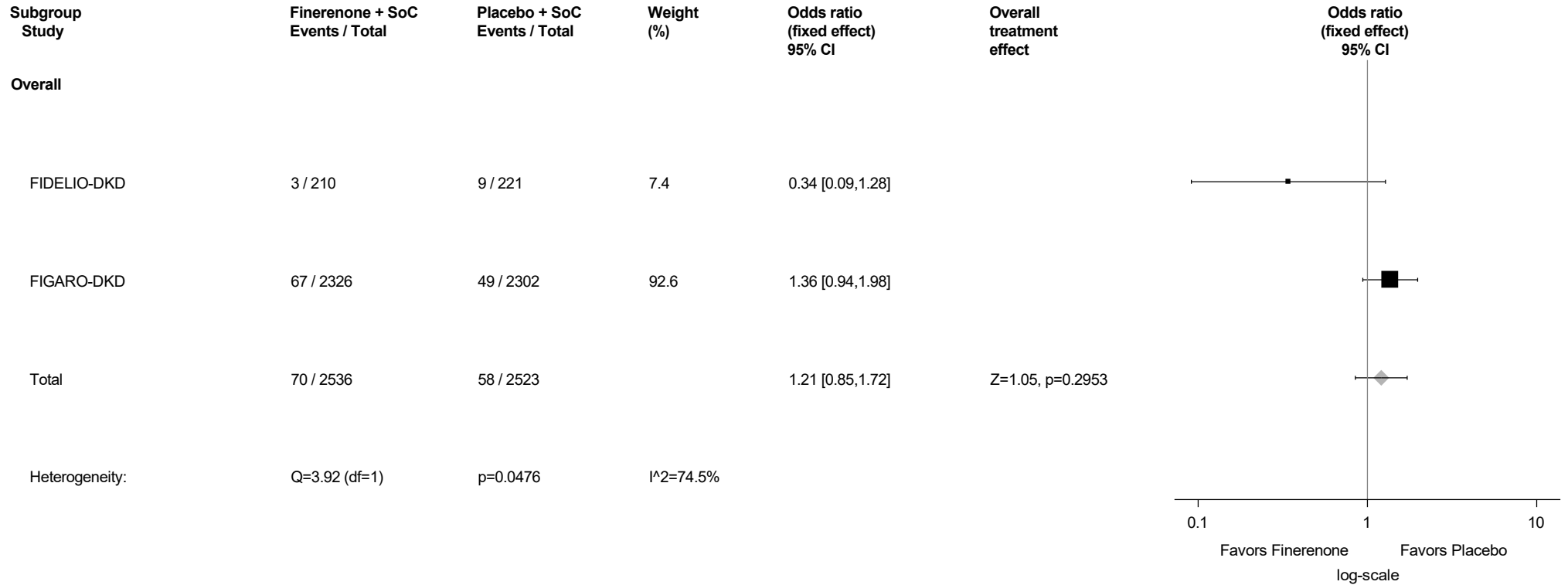
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.81: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



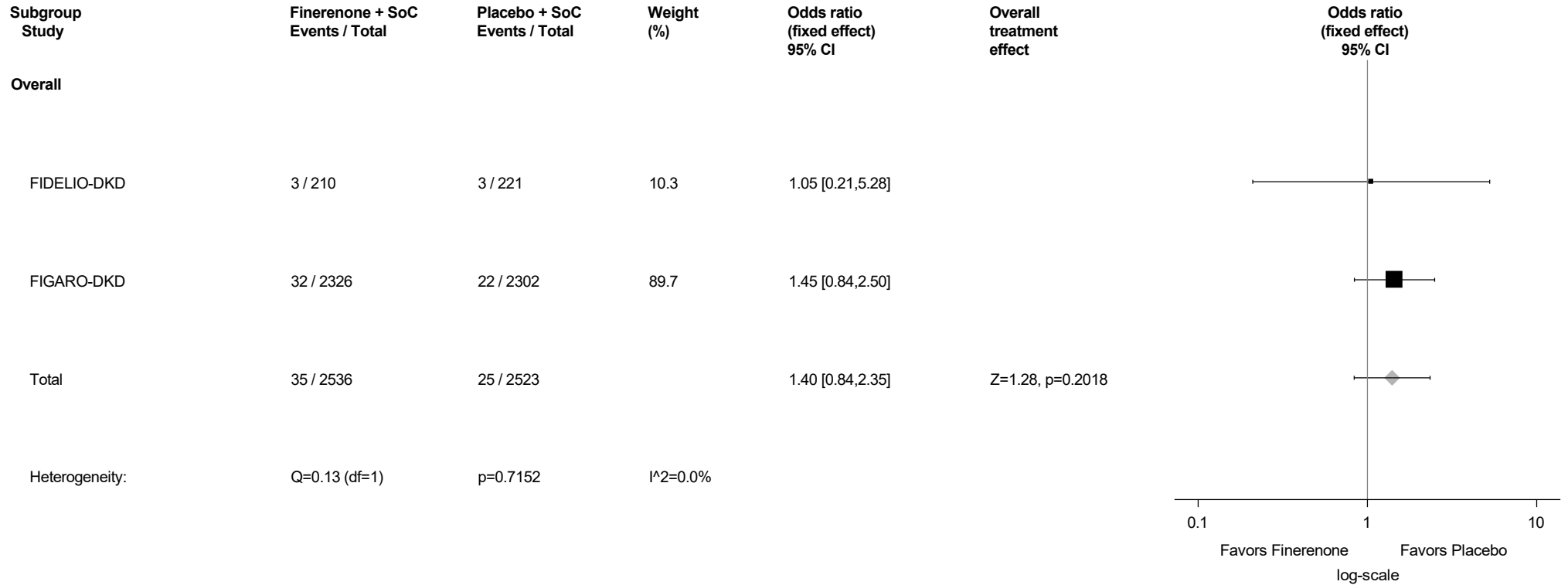
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.82: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



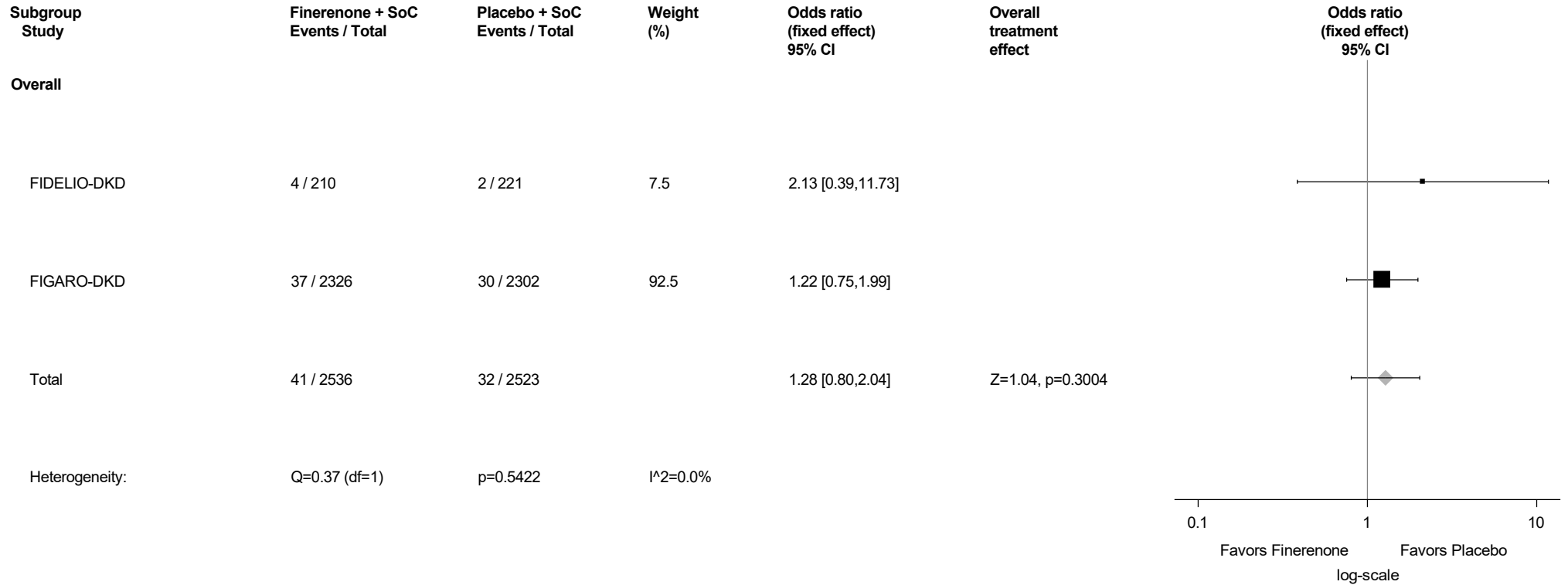
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.83: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



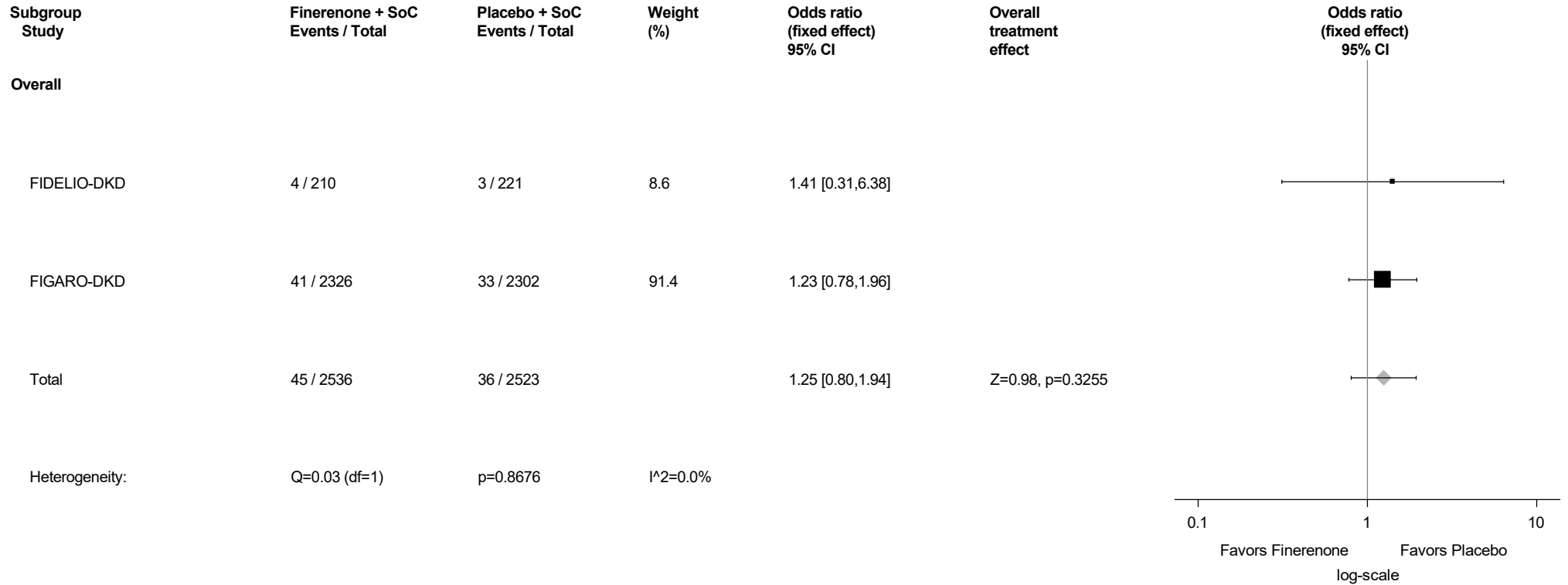
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.84: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



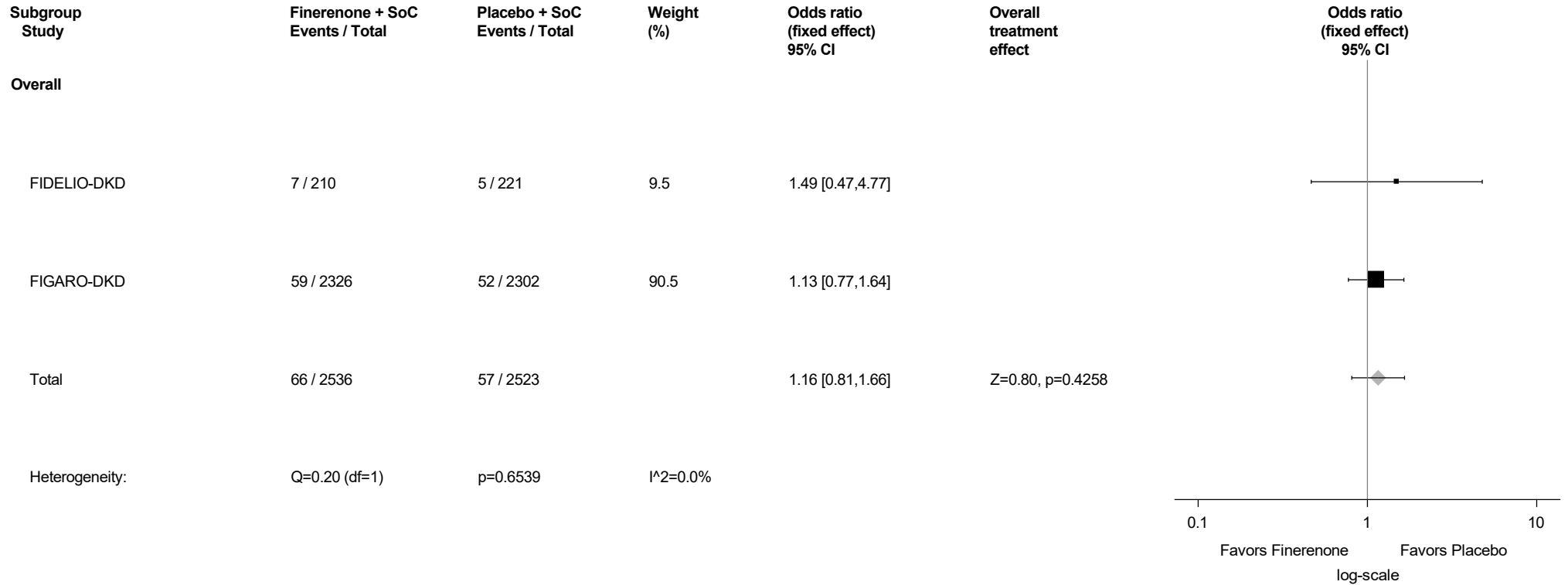
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.85: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



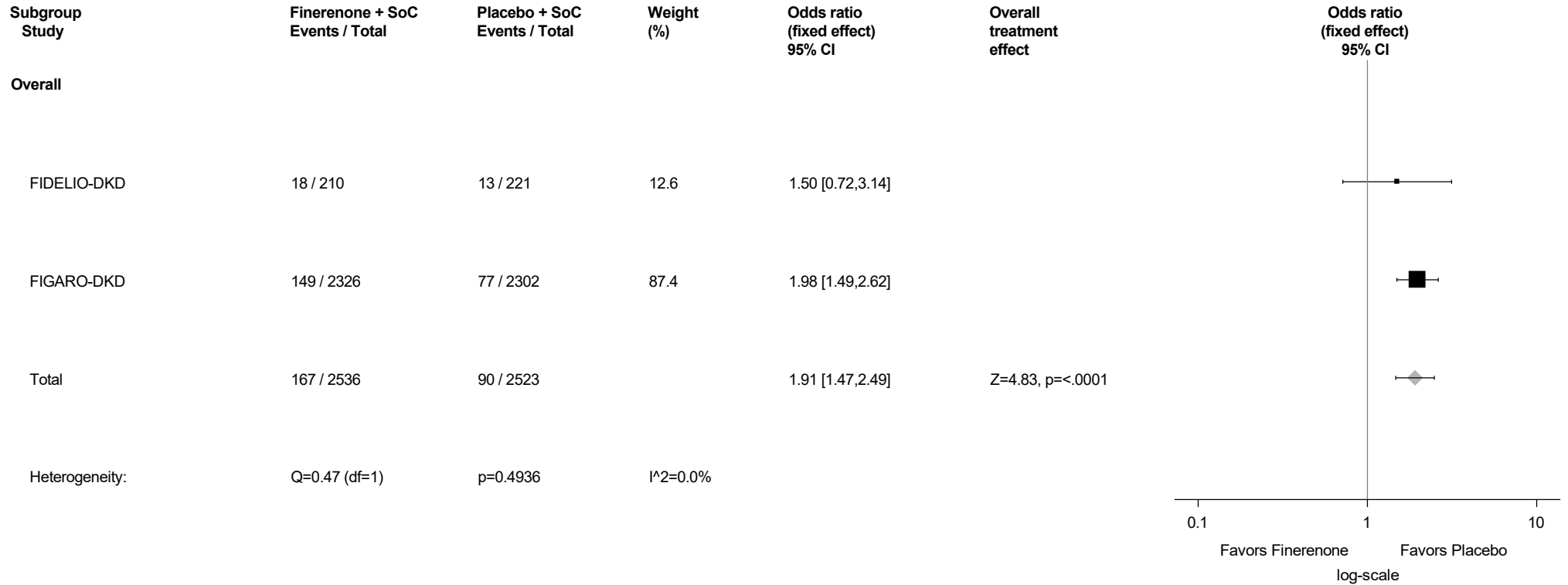
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.86: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



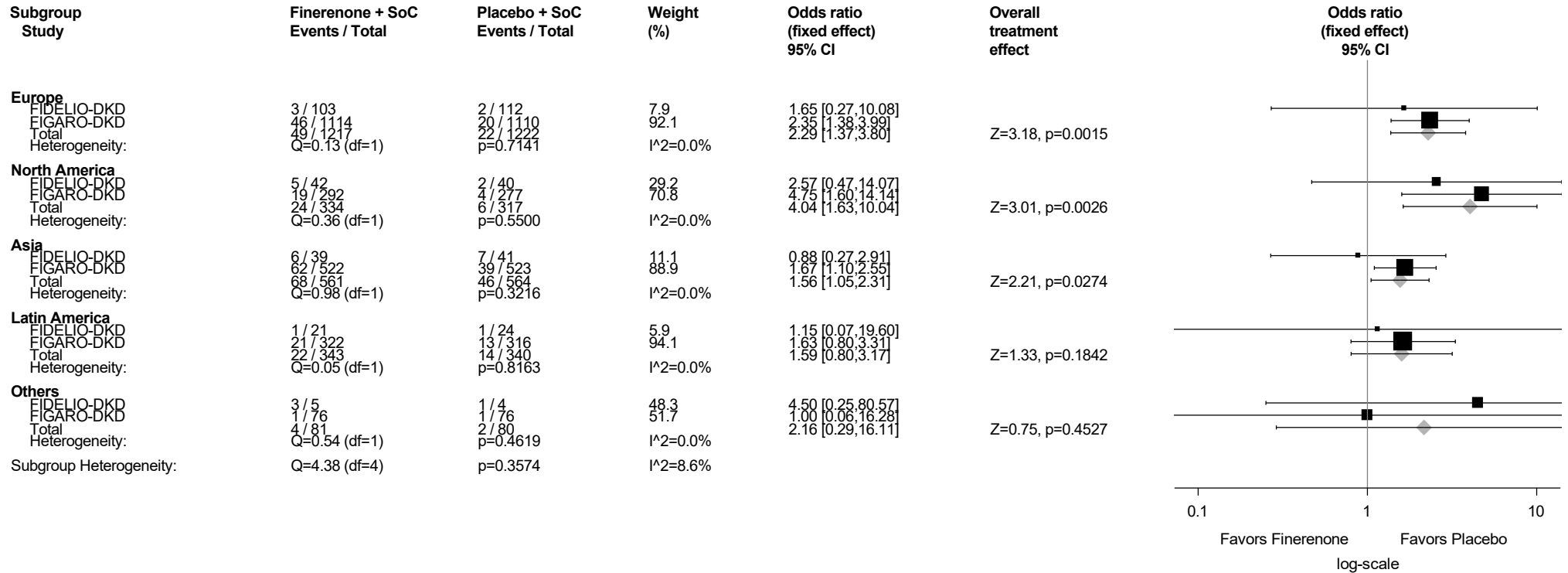
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.87: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.87.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



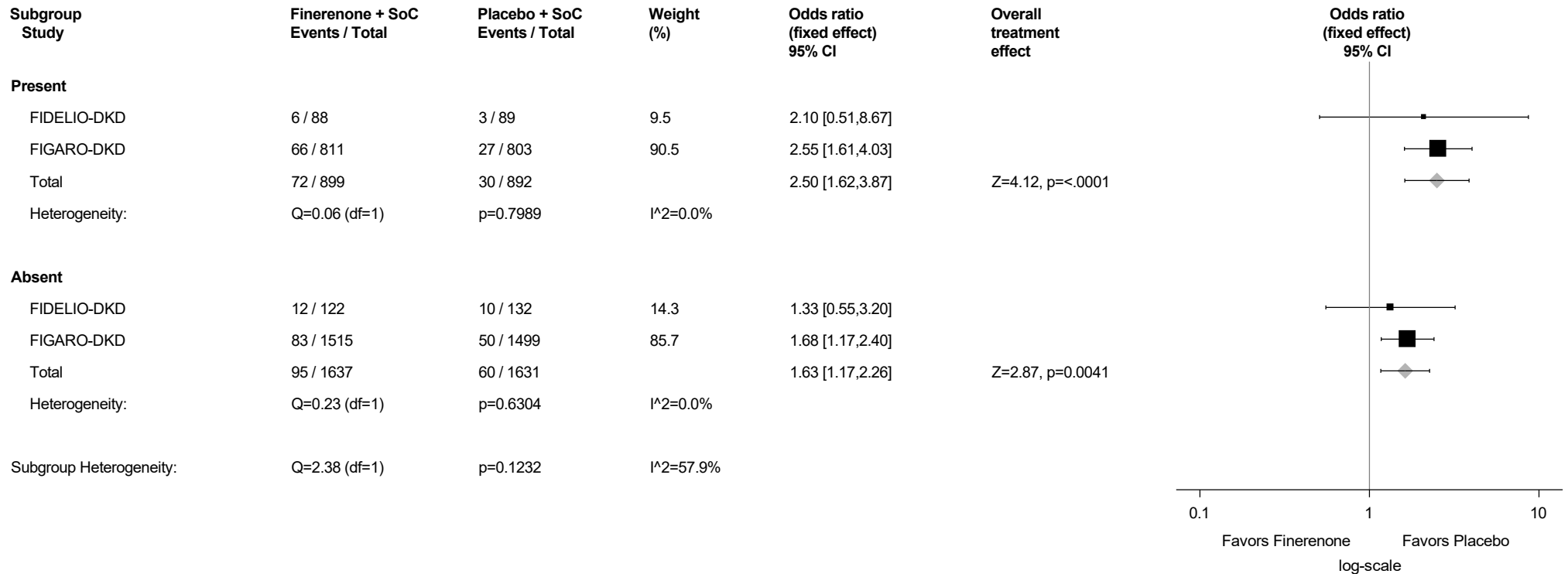
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.87.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence $\geq 1\%$)
Safety Analysis Set - Screening eGFR ≥ 60 ml/min/1.73m²



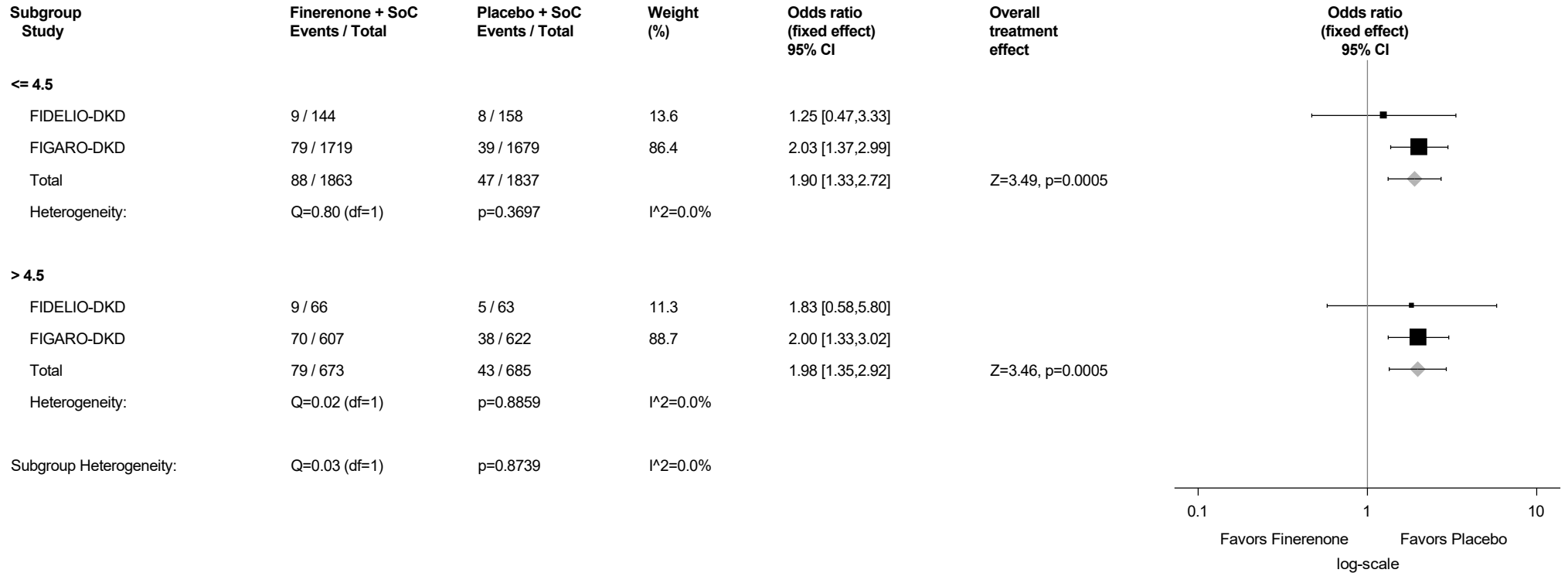
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.87.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



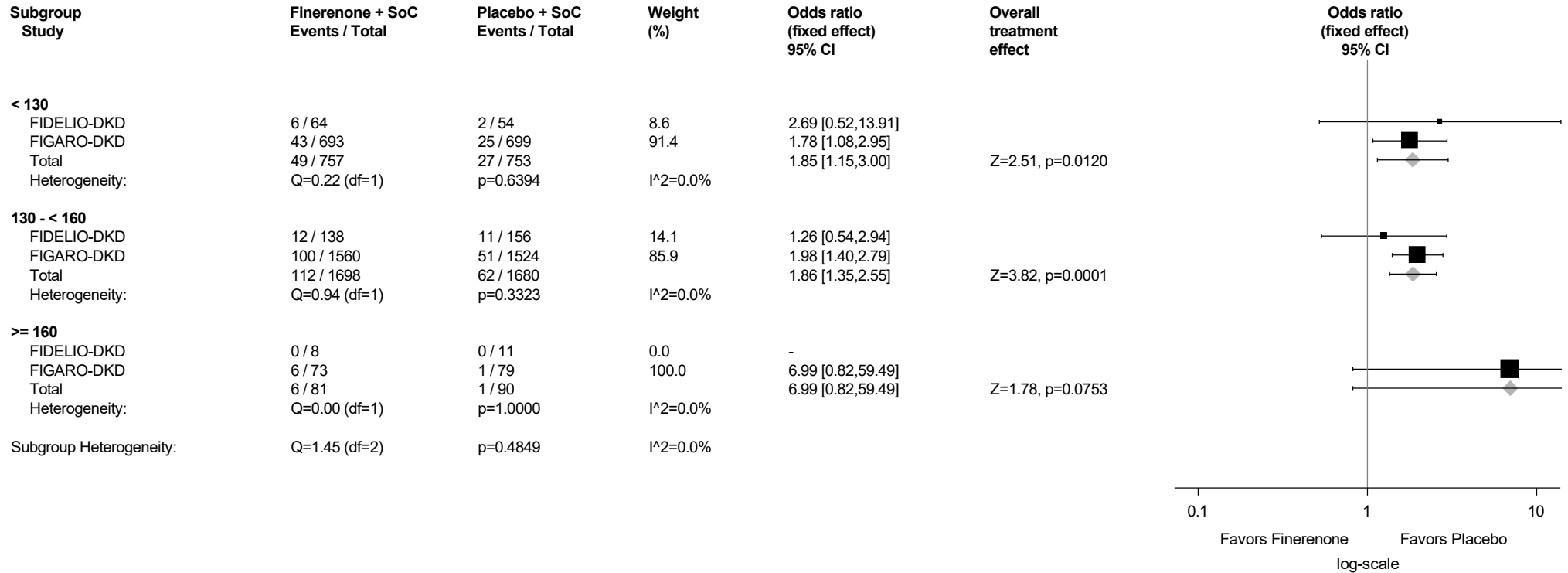
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.87.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



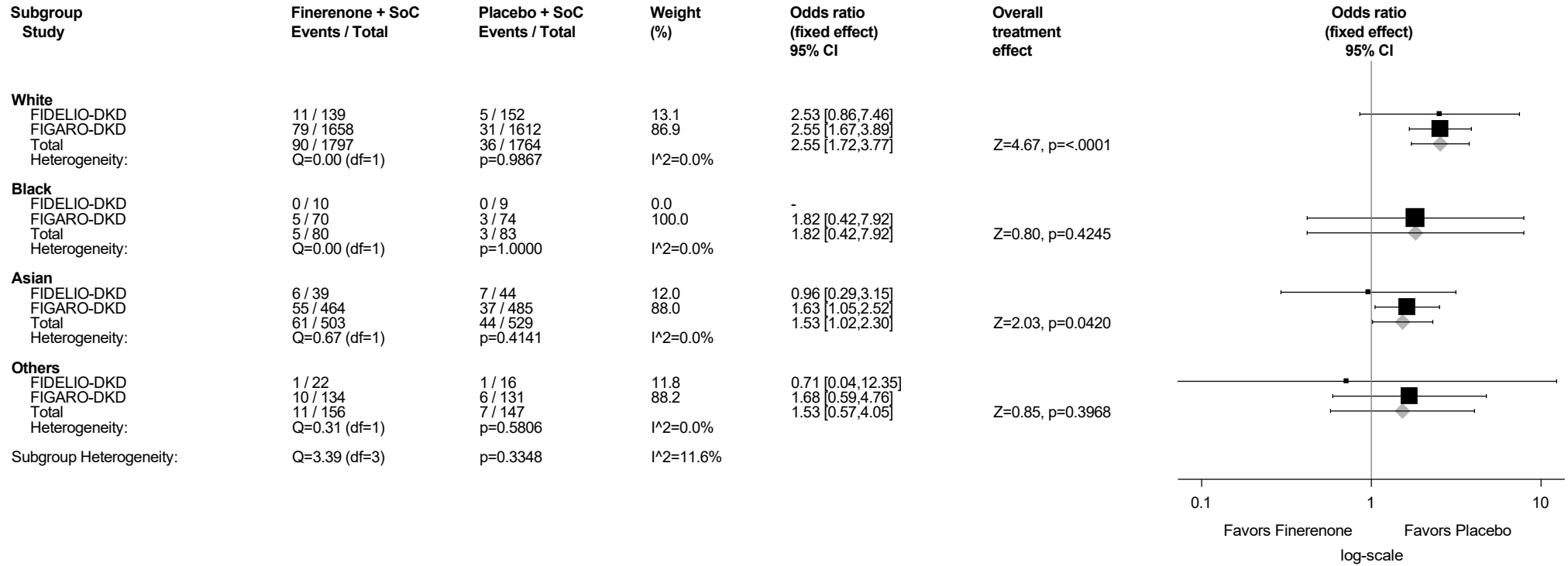
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.87.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



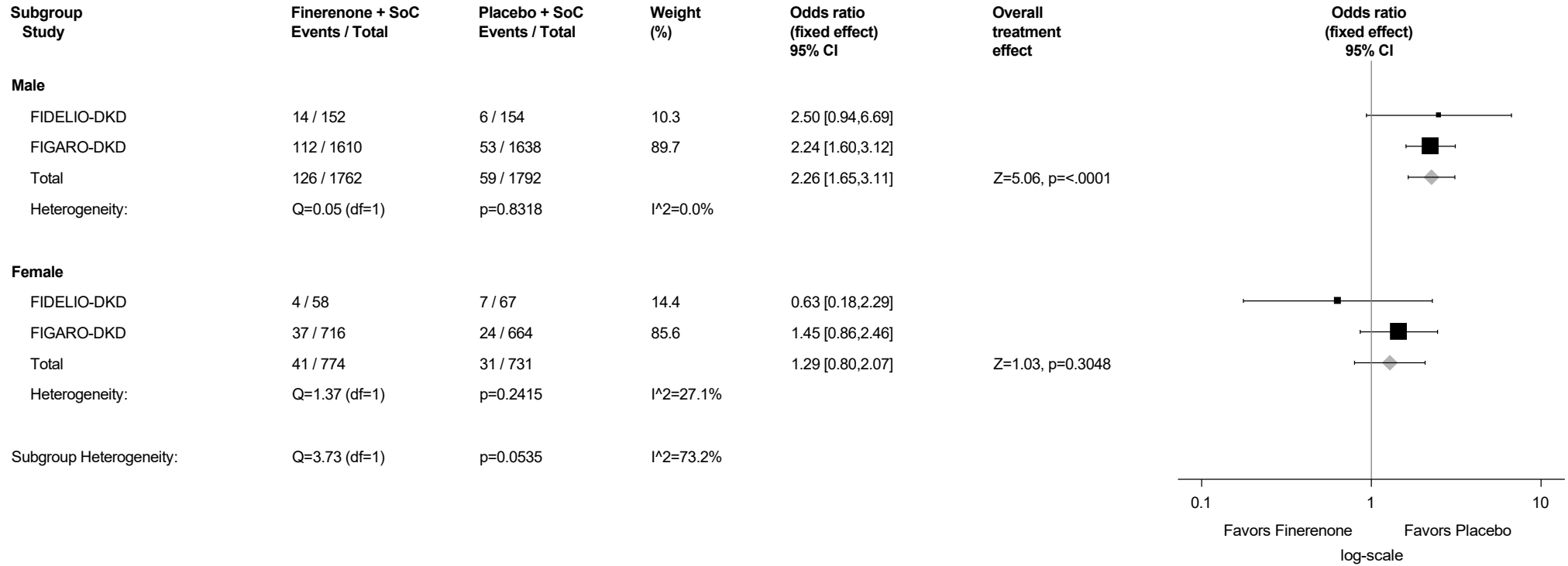
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.87.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



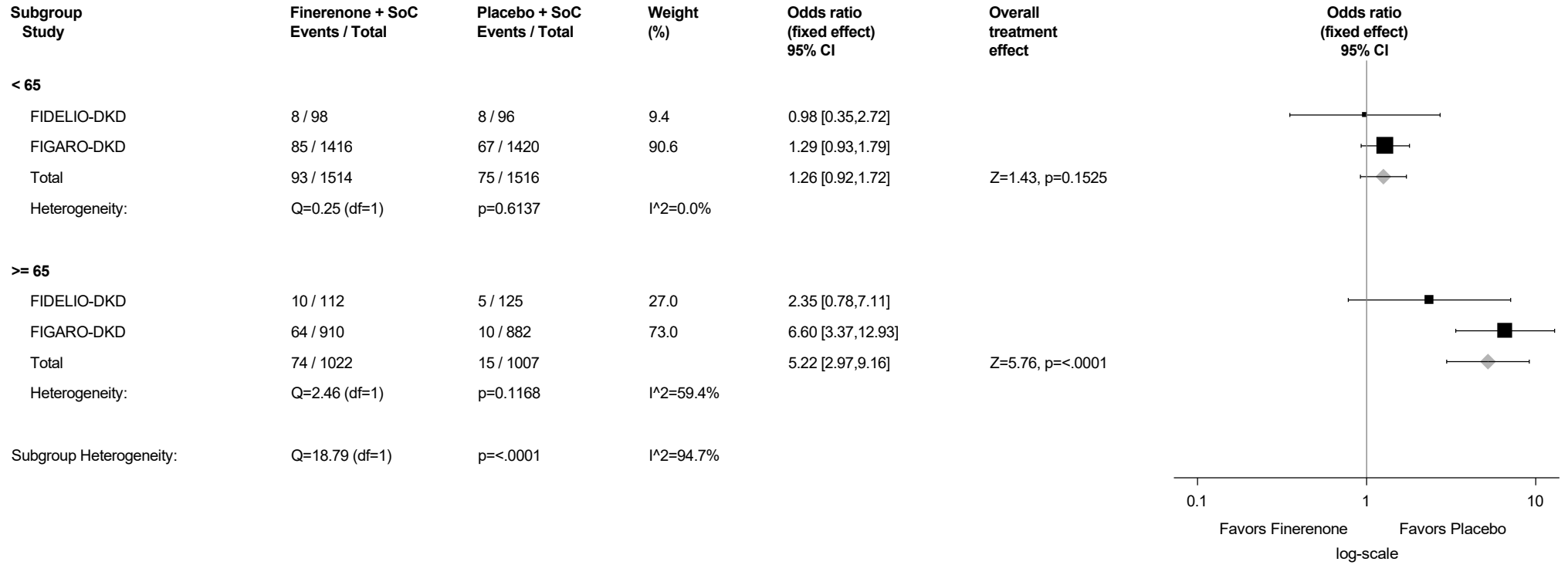
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.87.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



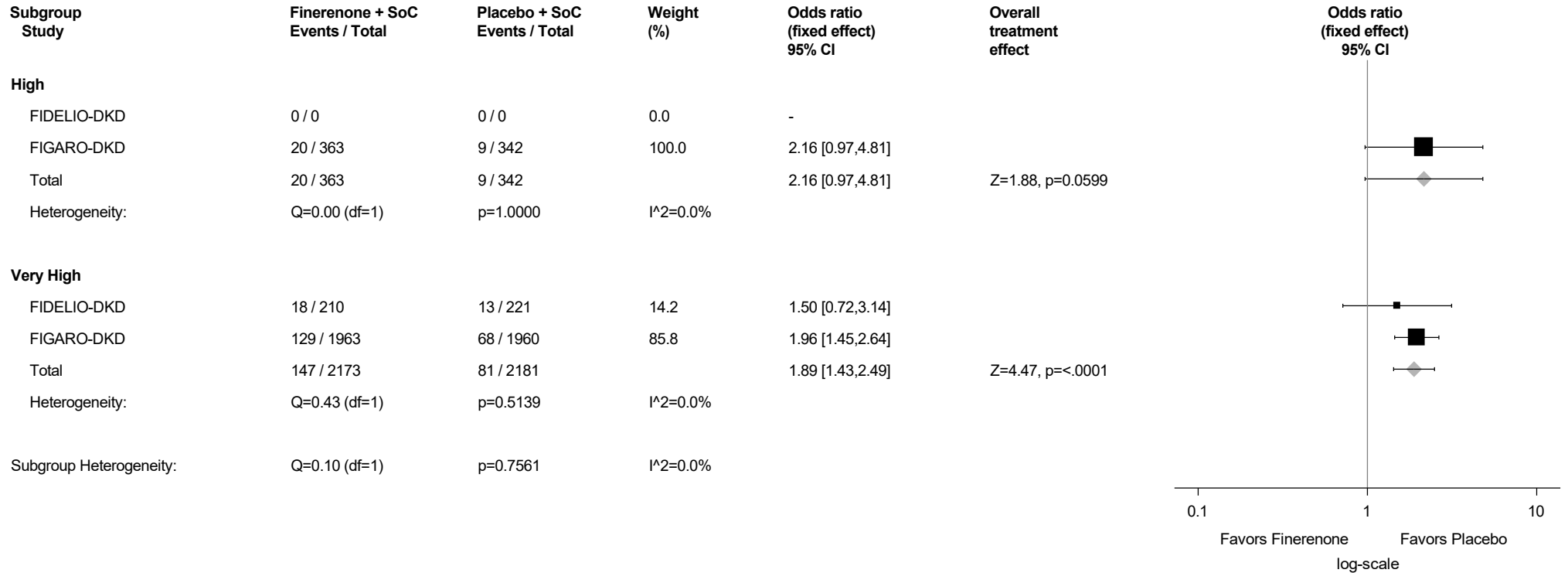
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.87.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



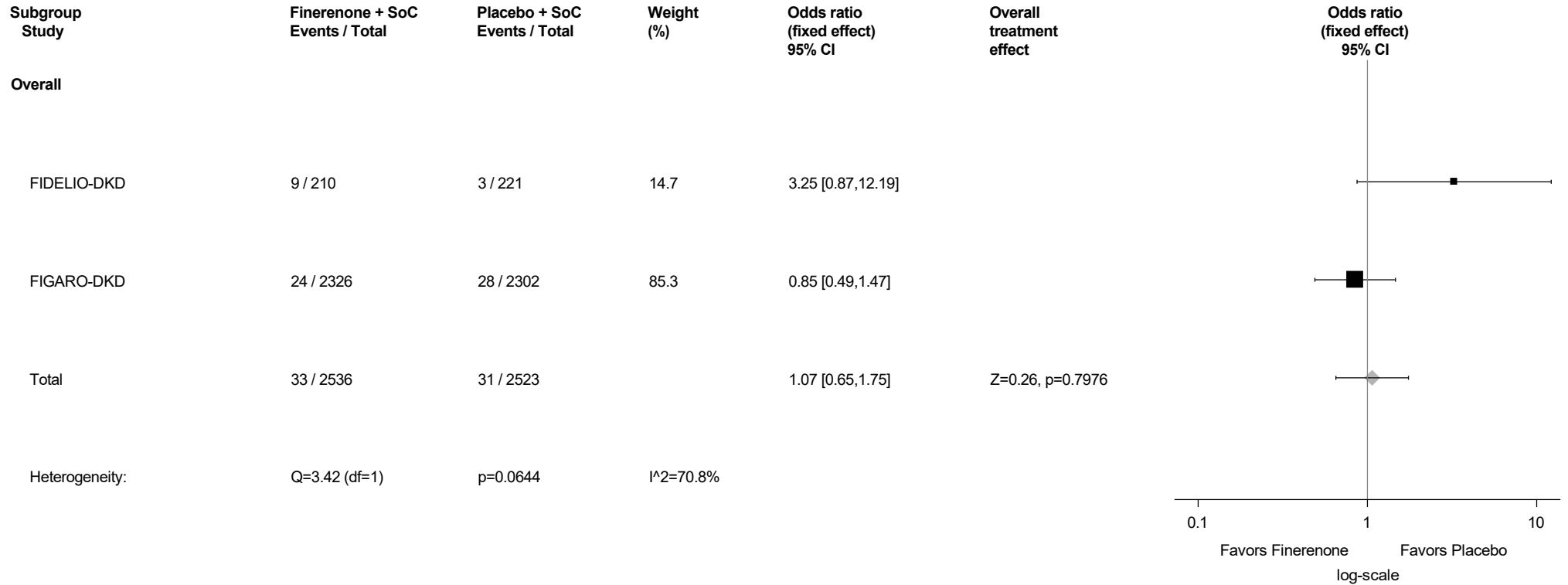
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

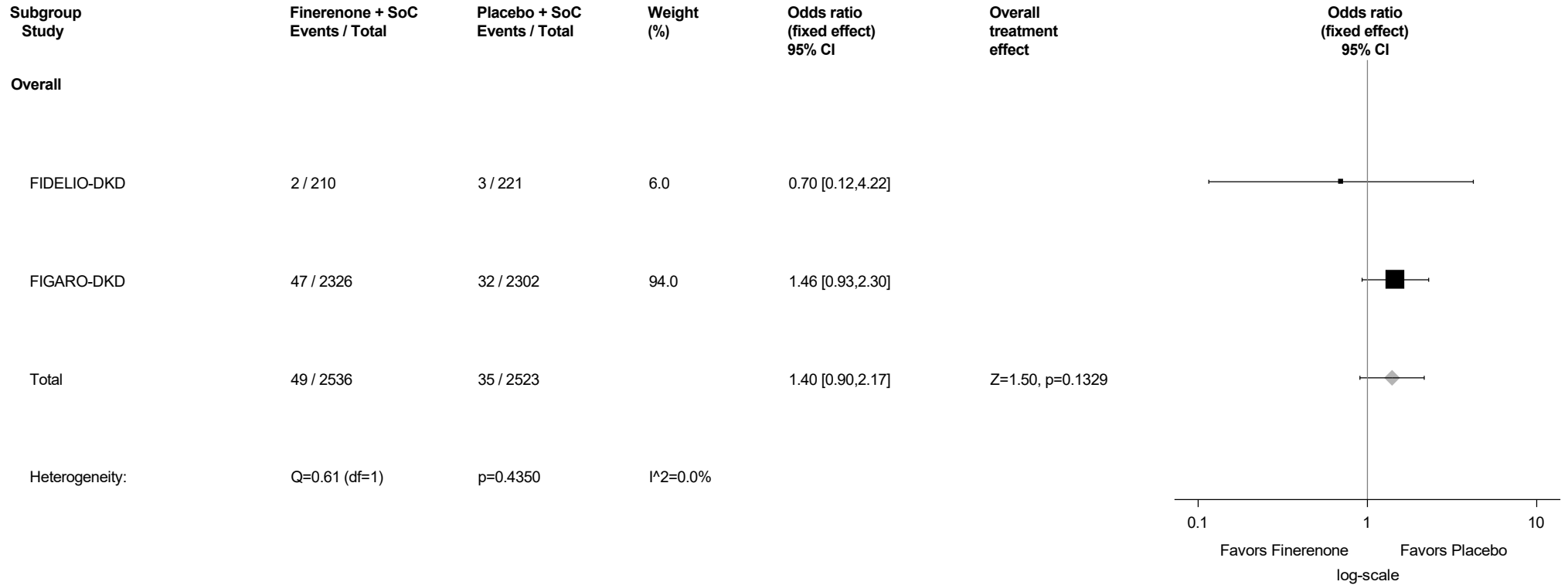
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.88: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



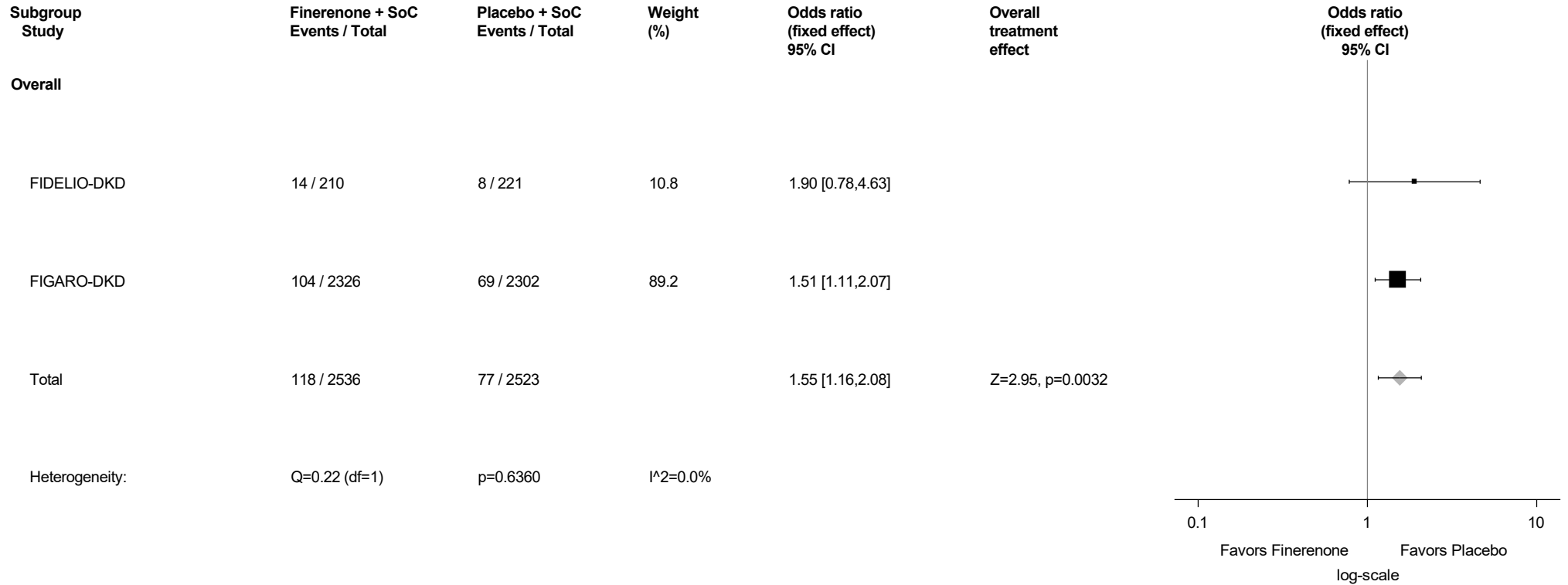
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.89: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



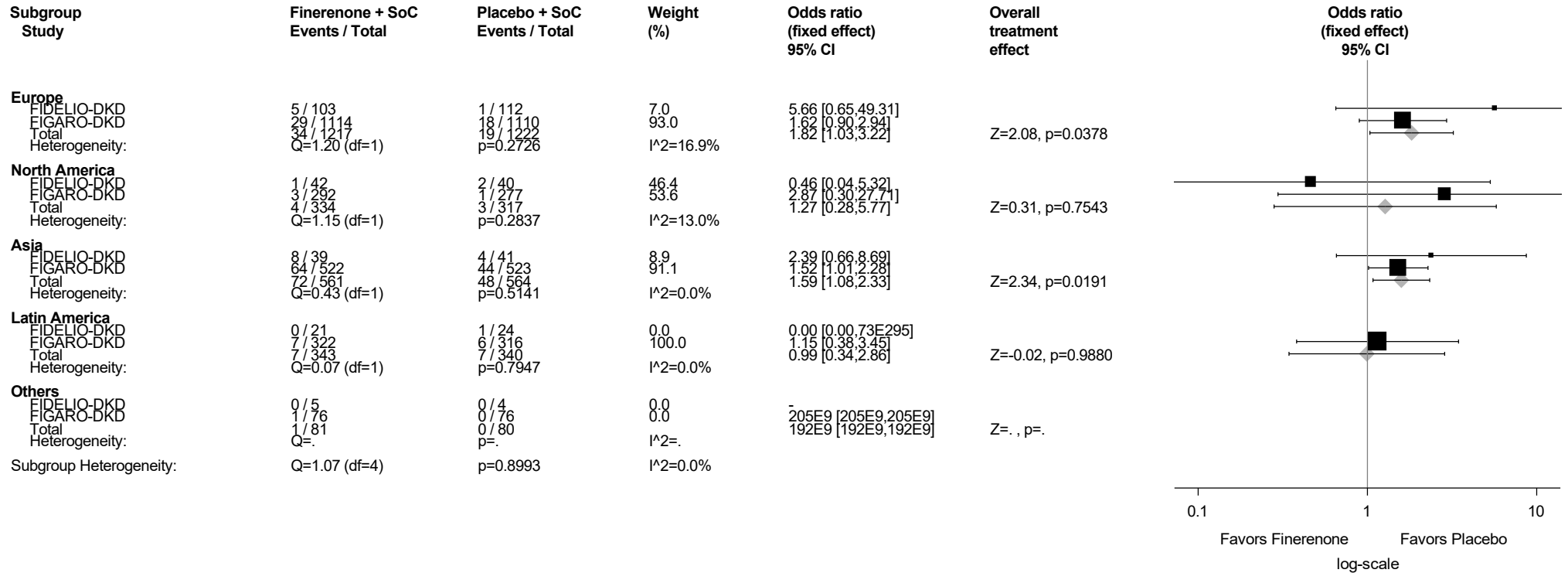
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.90: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.90.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



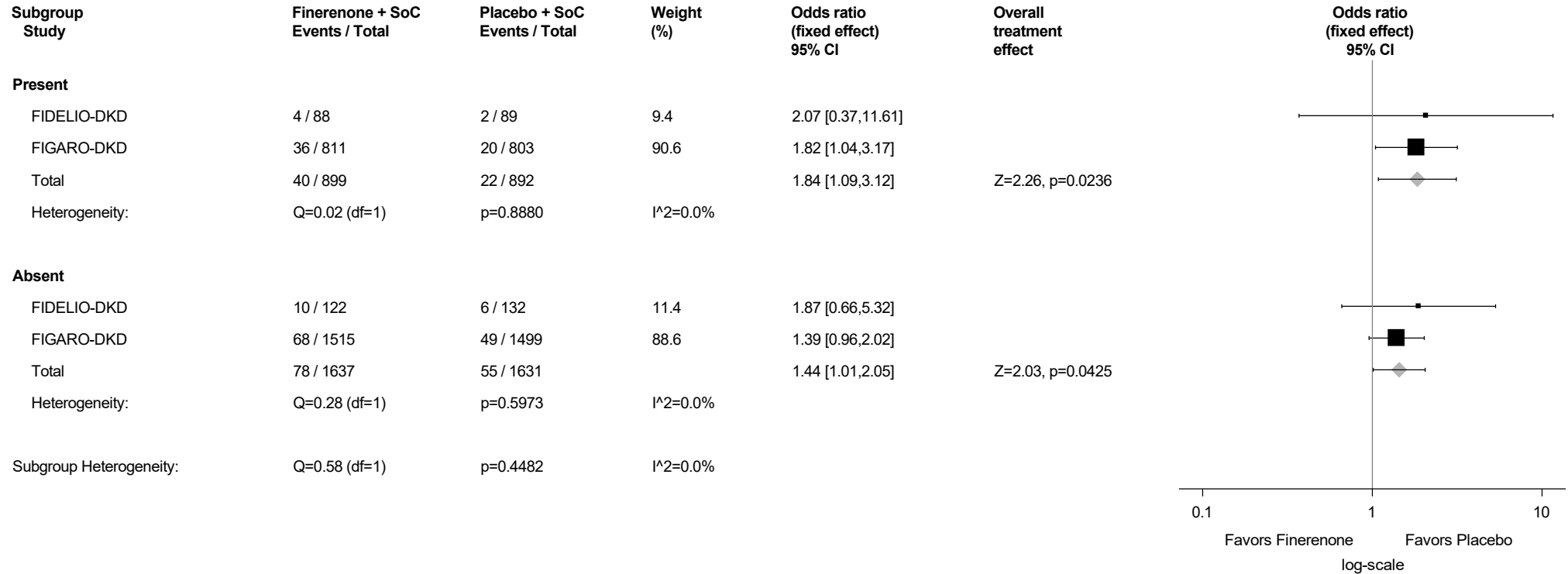
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.90.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



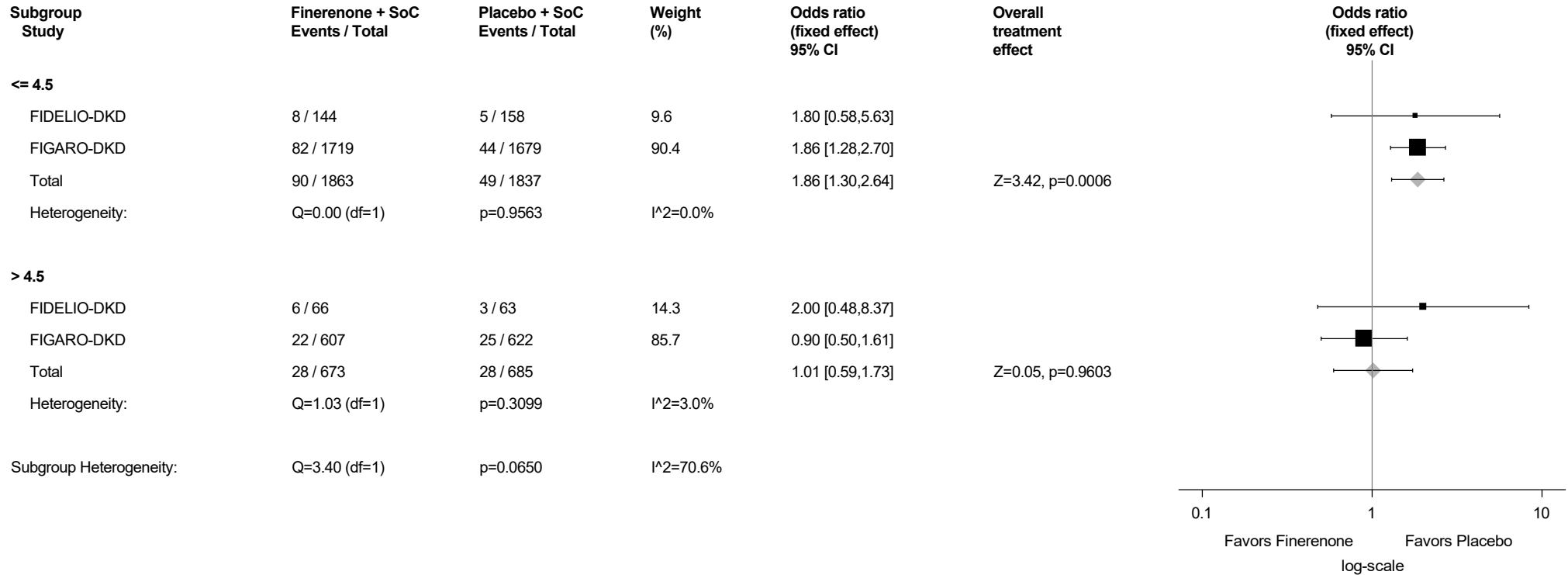
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.90.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



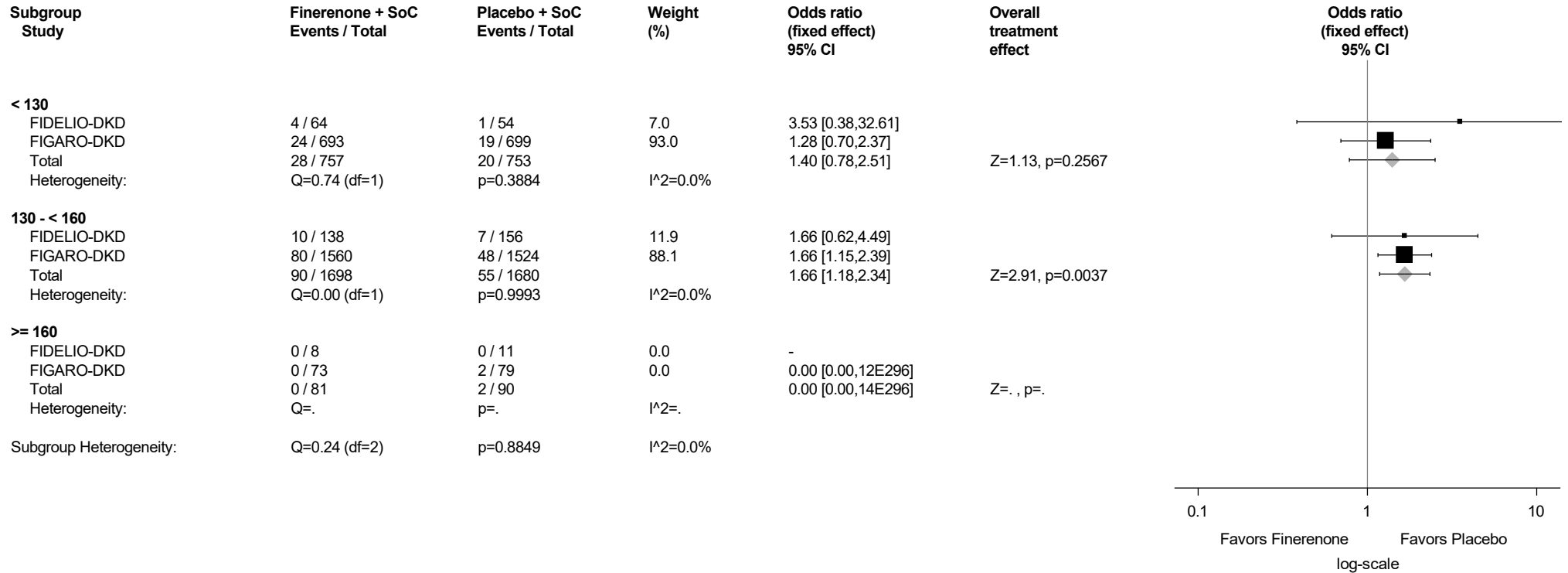
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.90.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



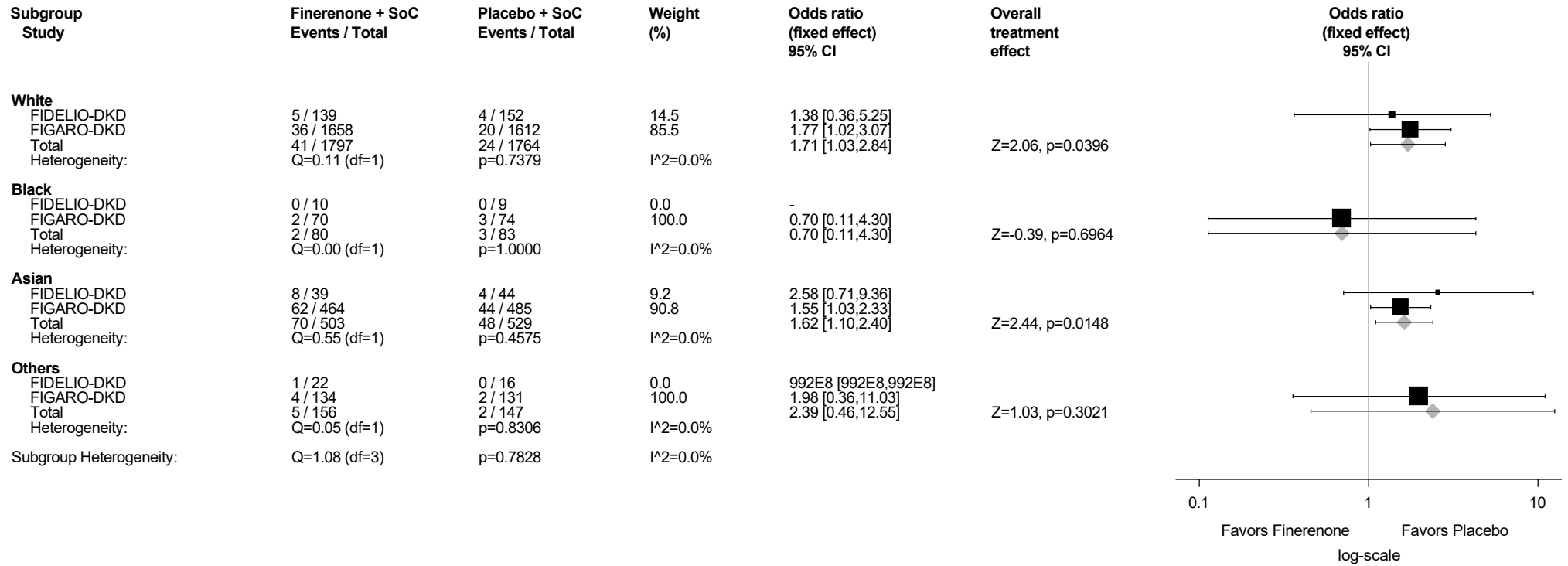
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.90.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



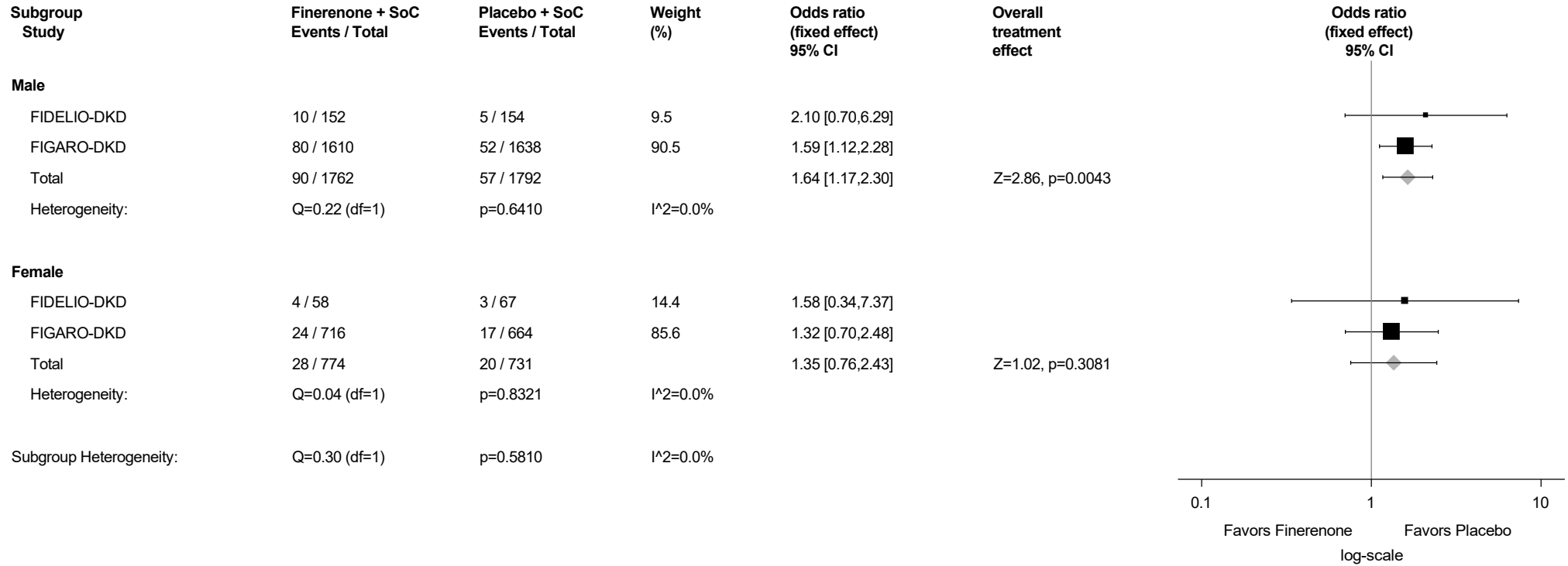
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.90.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



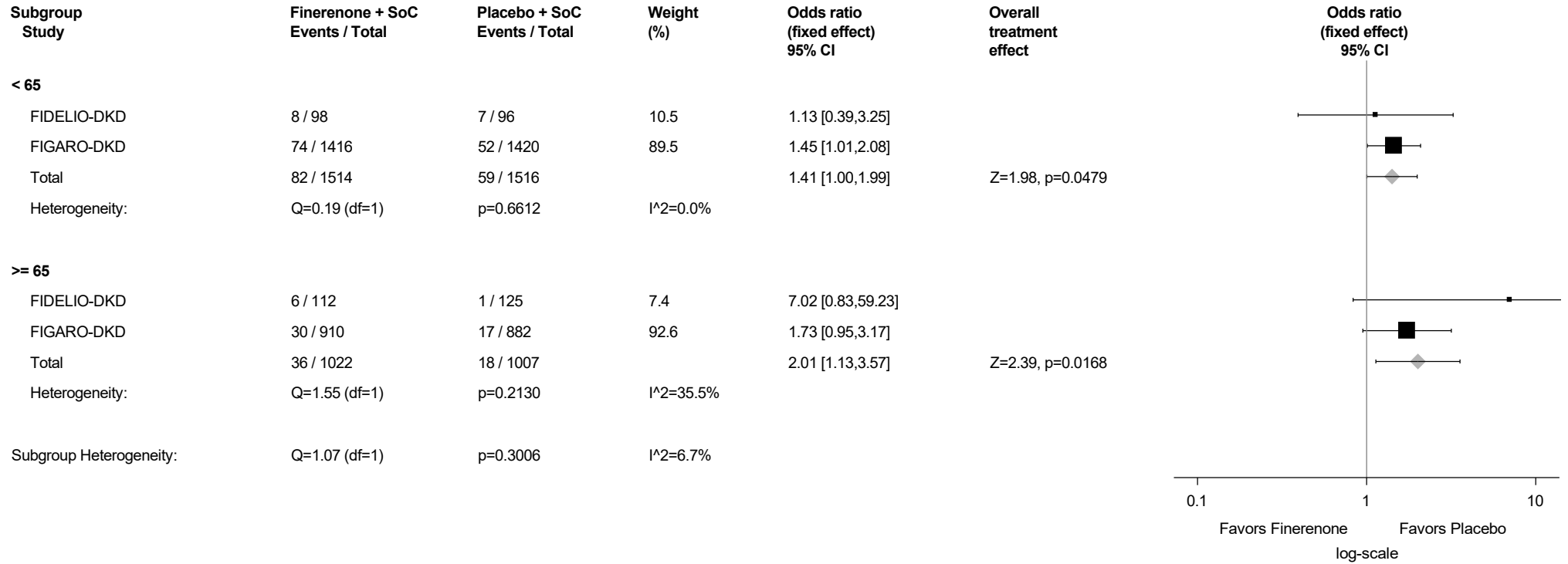
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.90.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



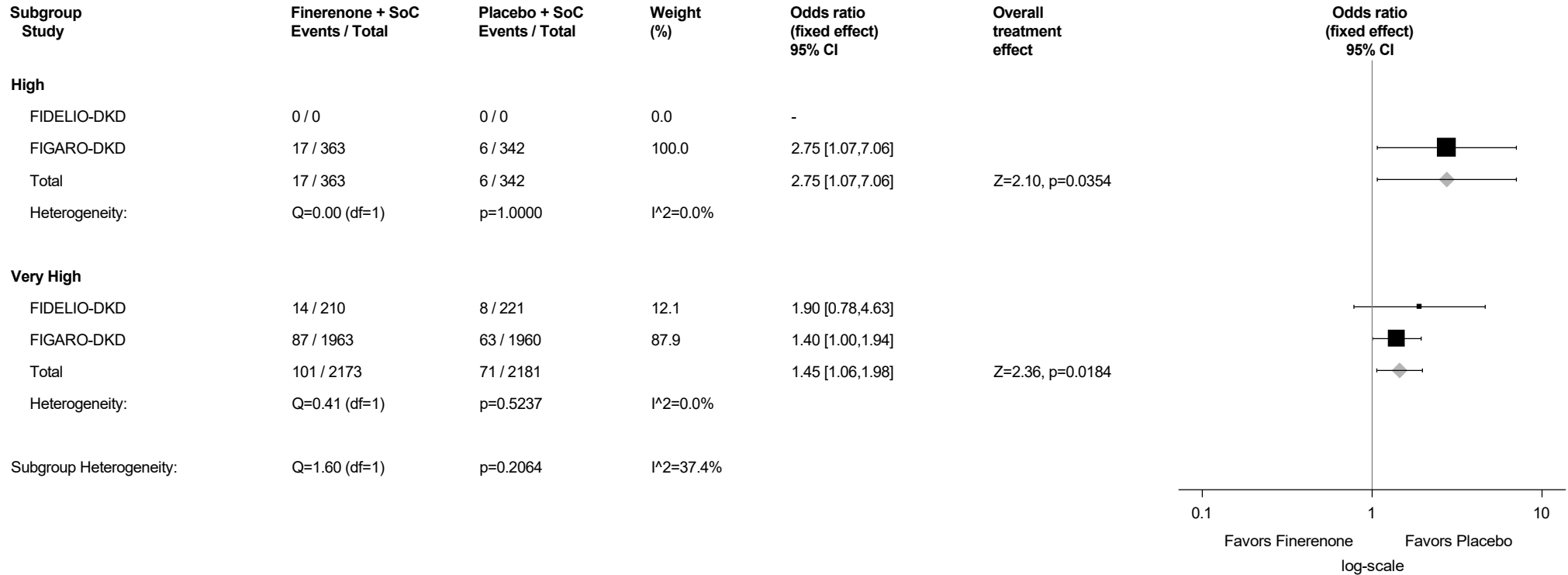
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.90.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



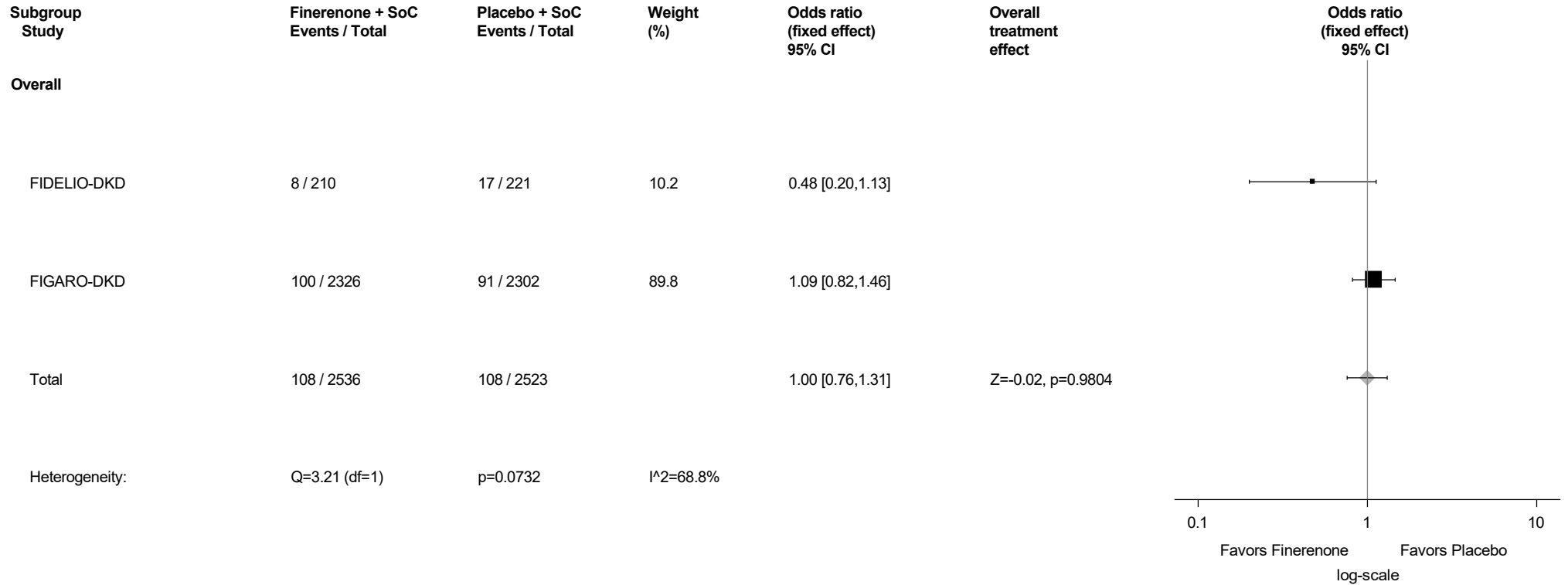
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

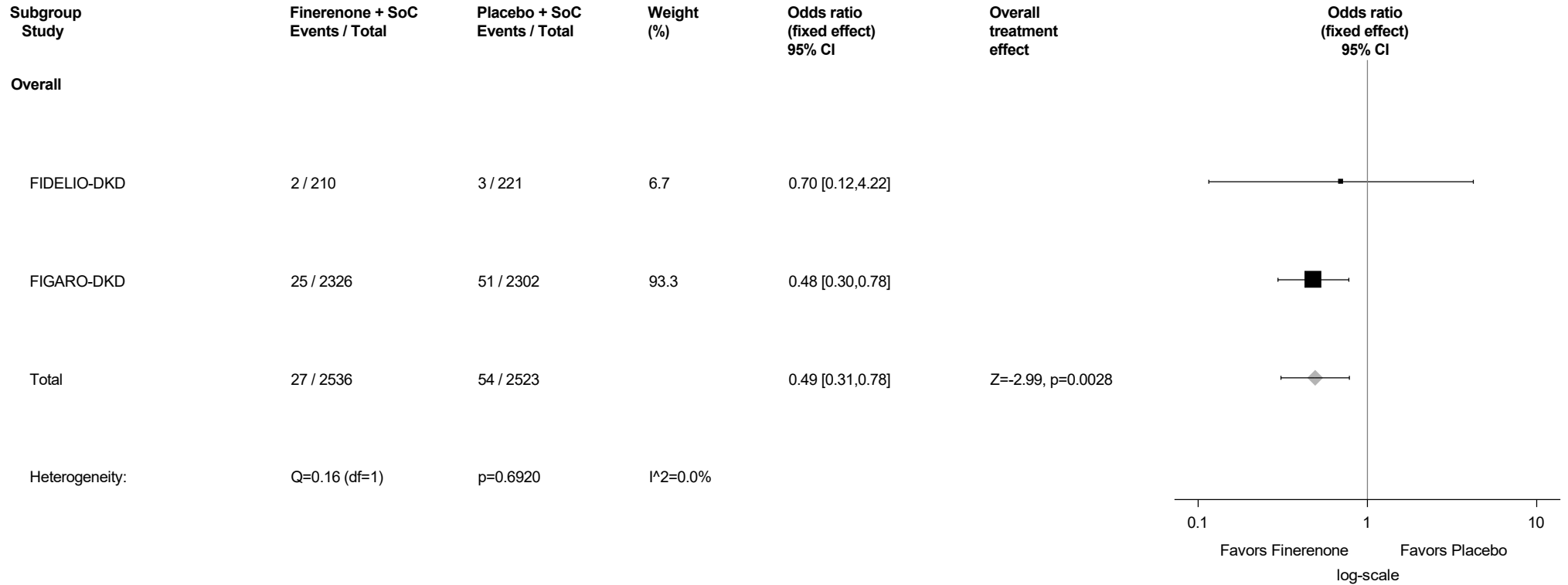
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.91: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



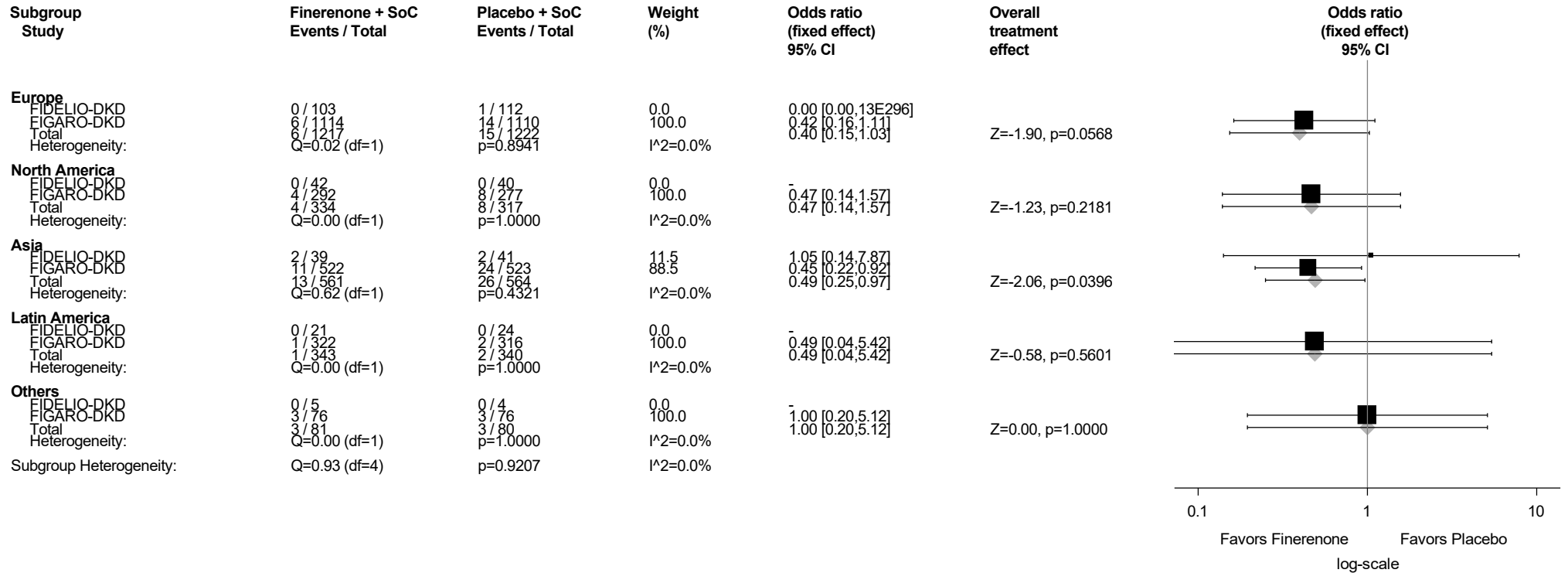
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.92: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.92.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²



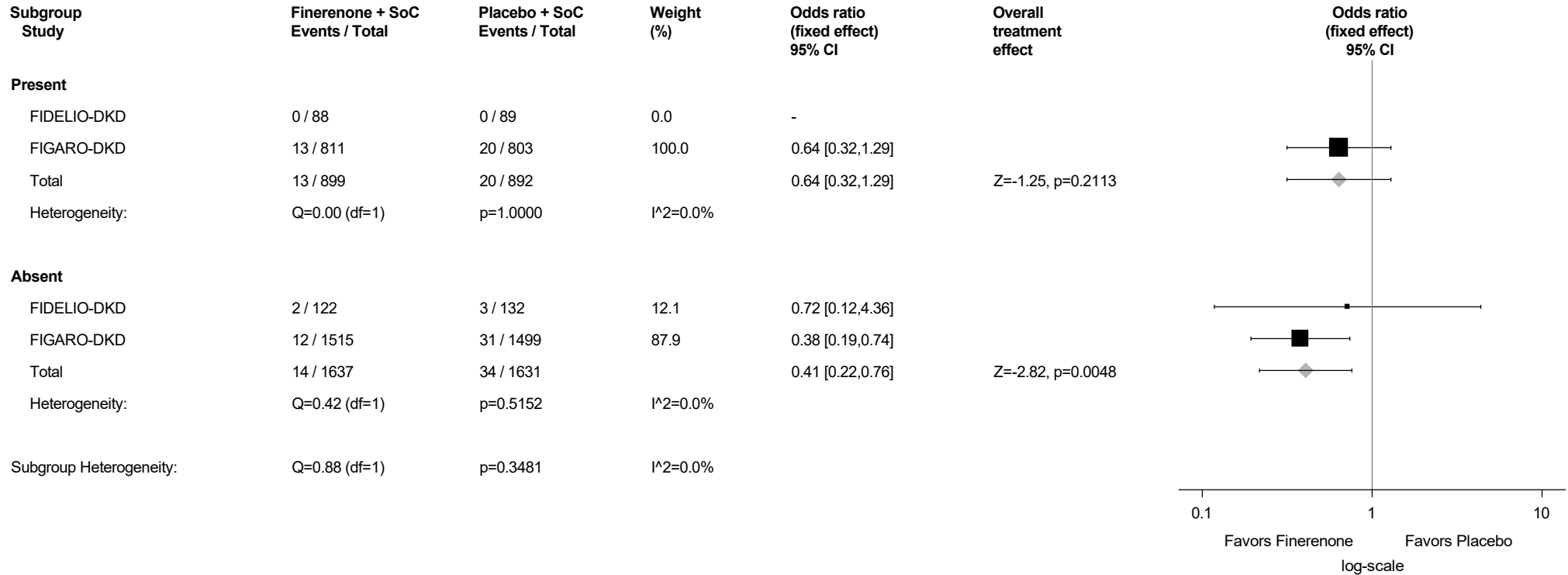
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.92.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



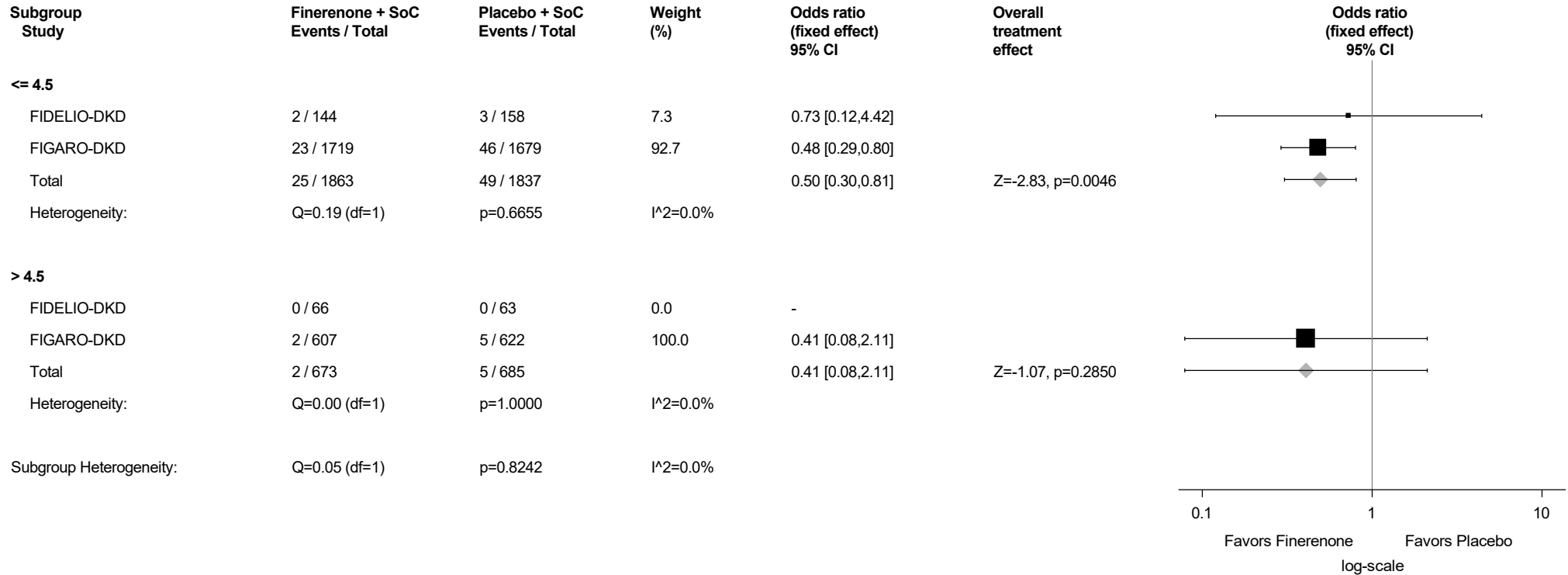
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.92.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



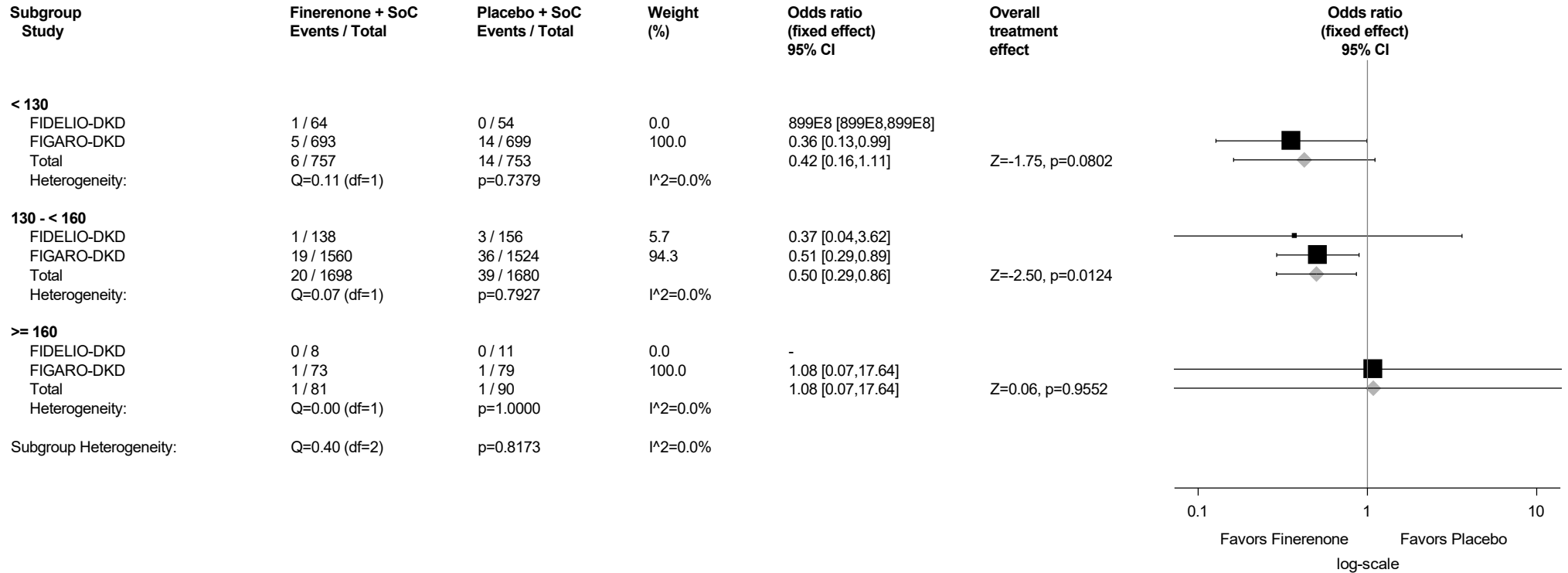
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.92.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



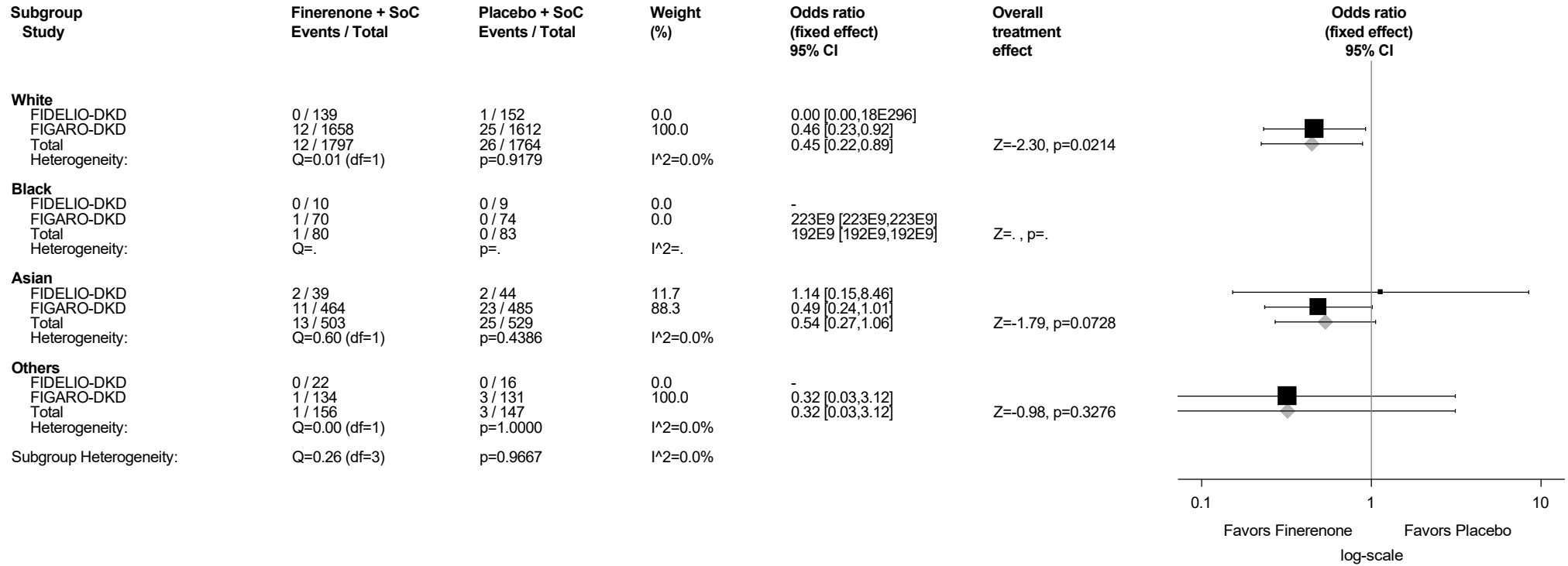
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.92.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



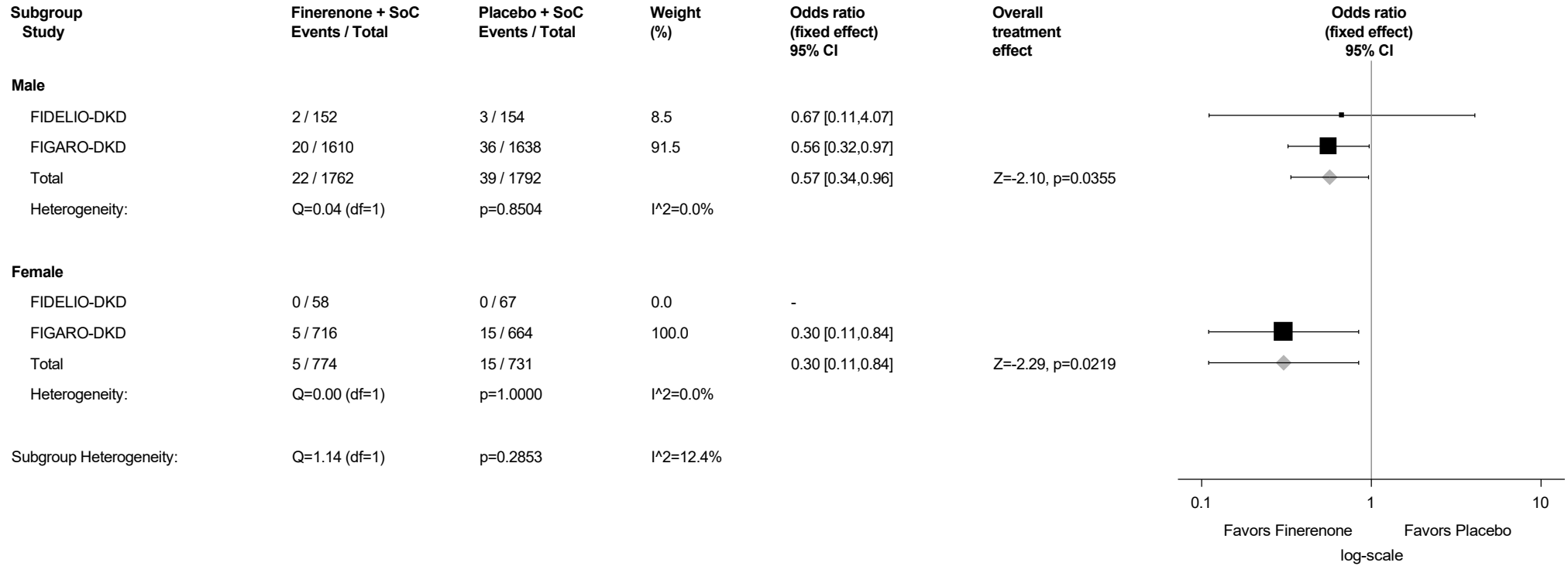
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.92.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



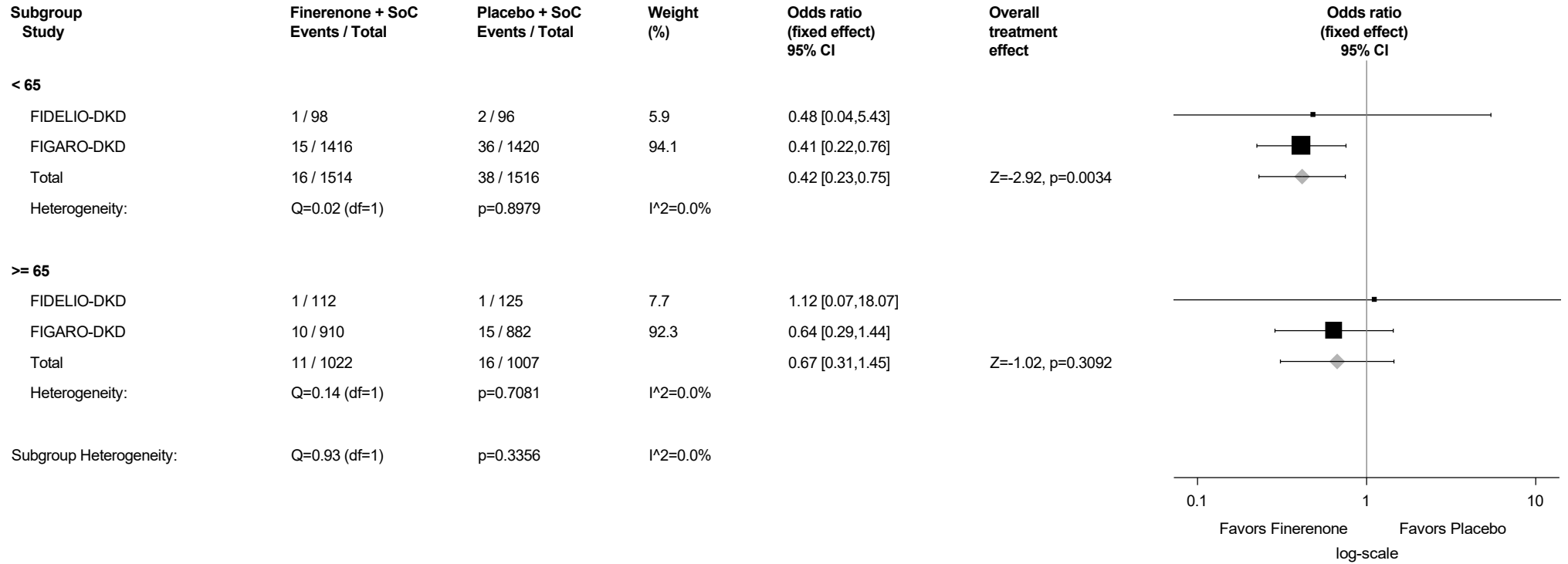
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.92.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



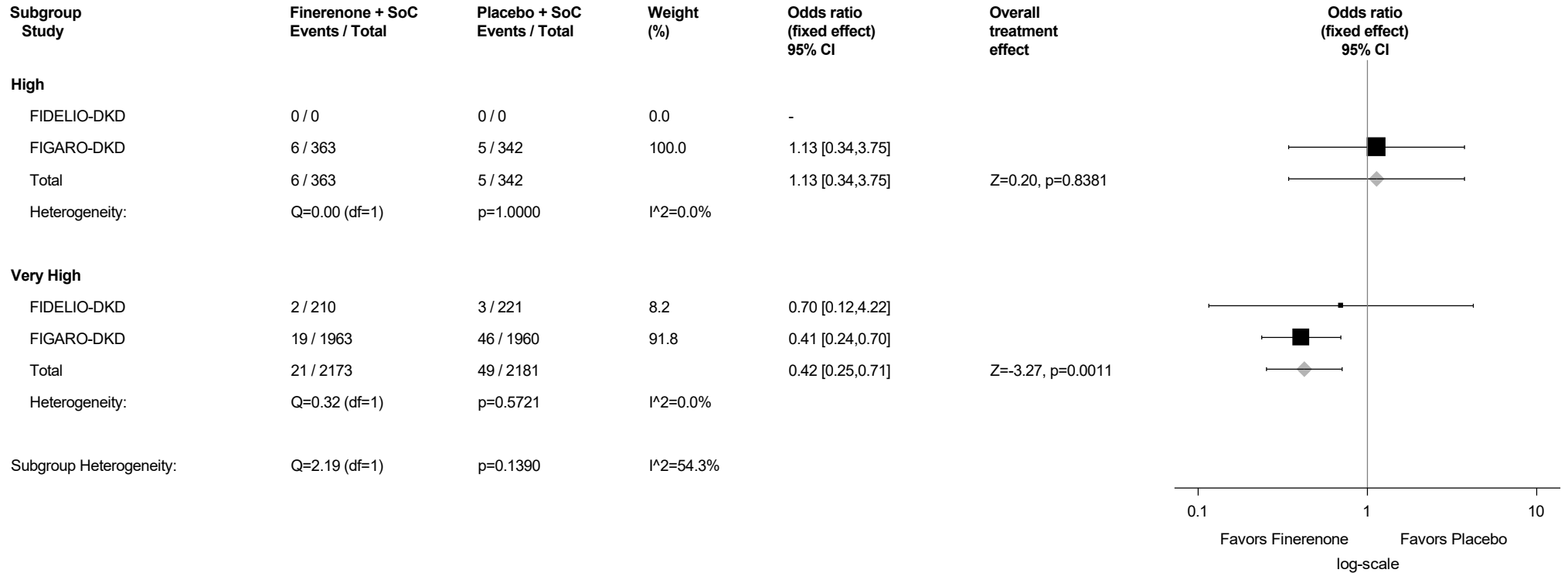
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.92.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



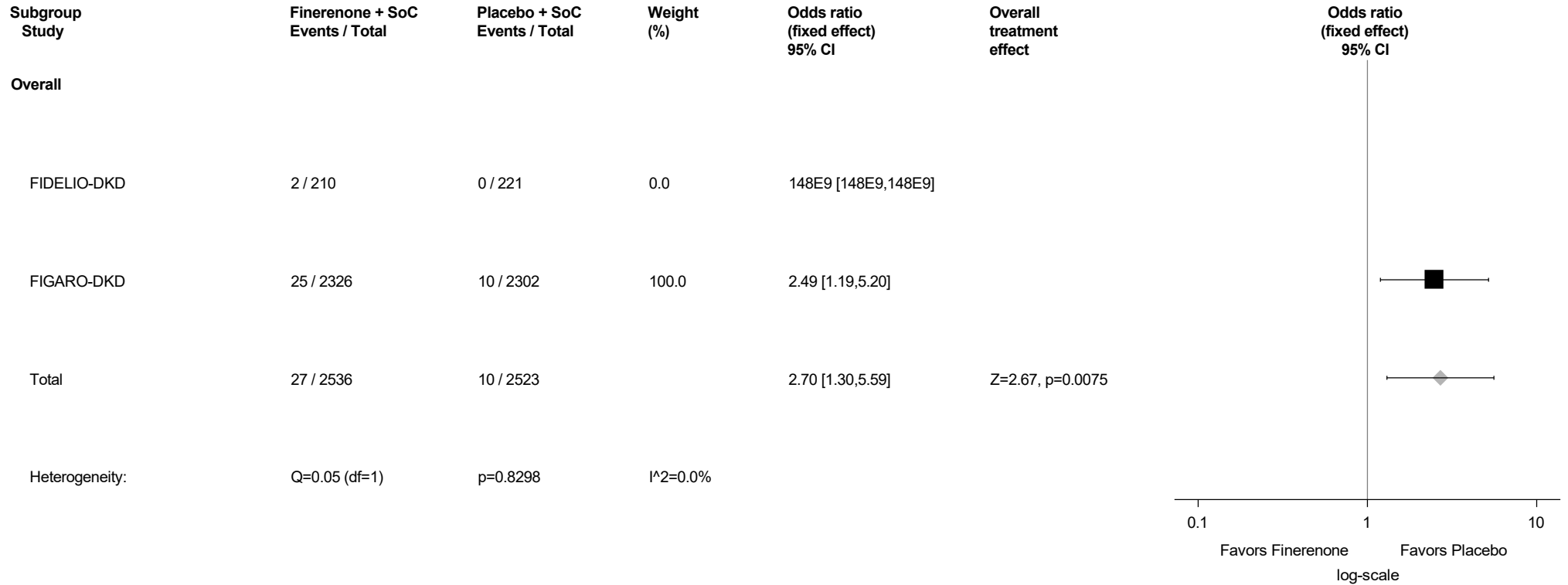
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

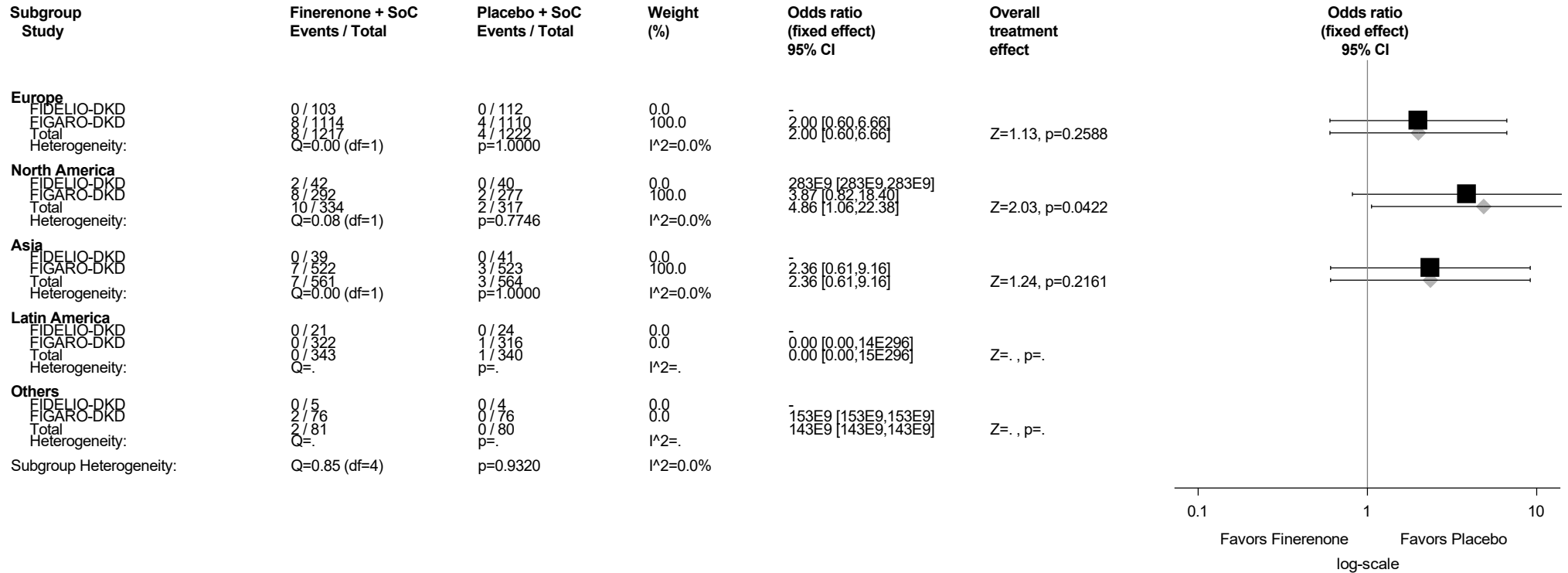
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.93: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.93.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



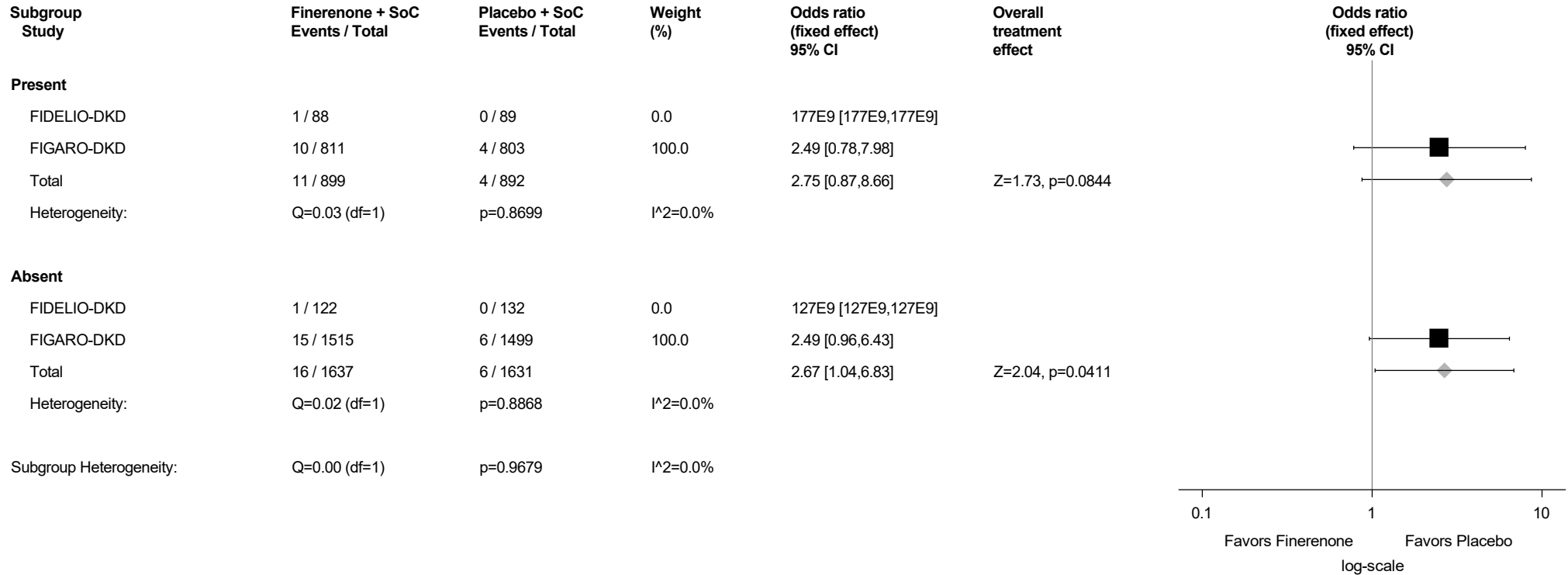
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.93.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



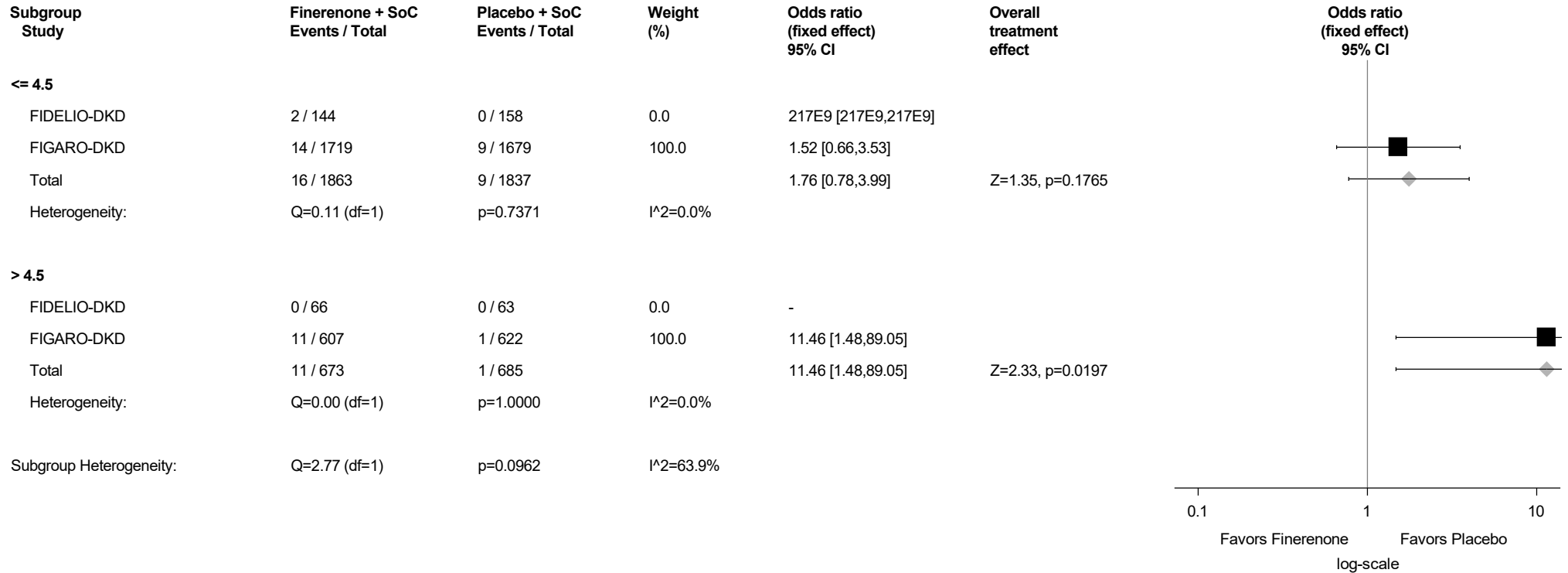
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.93.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



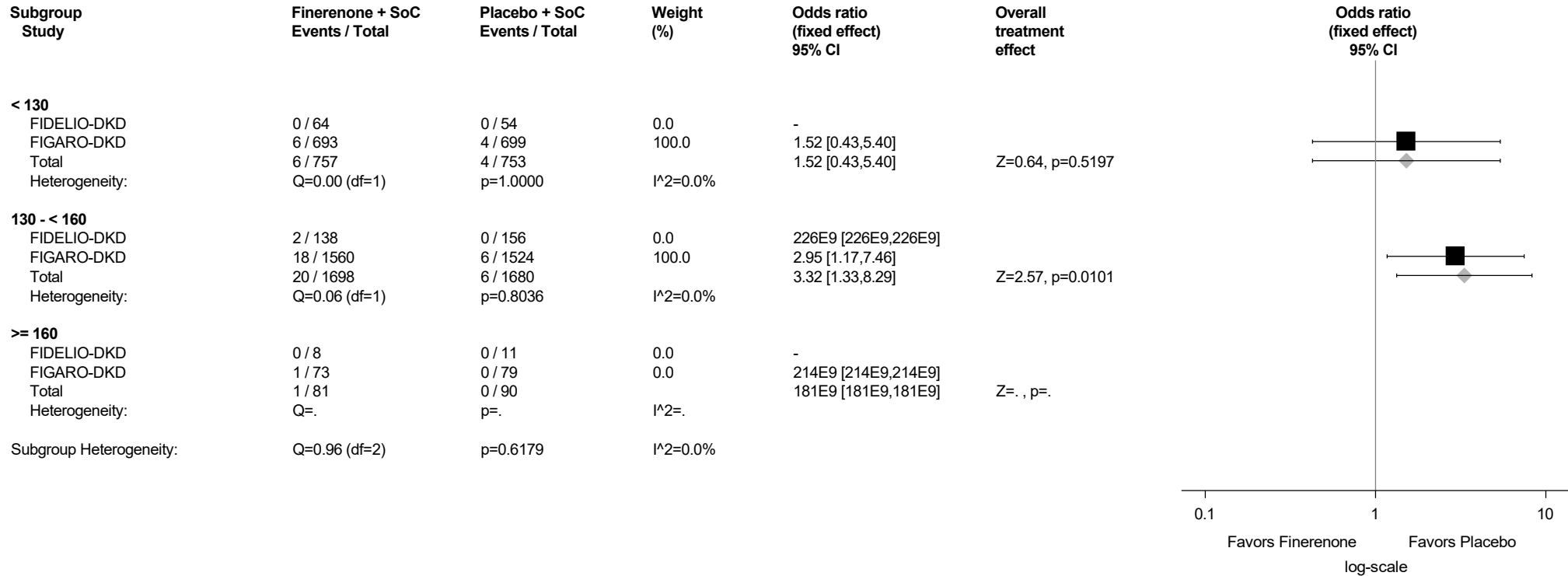
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.93.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



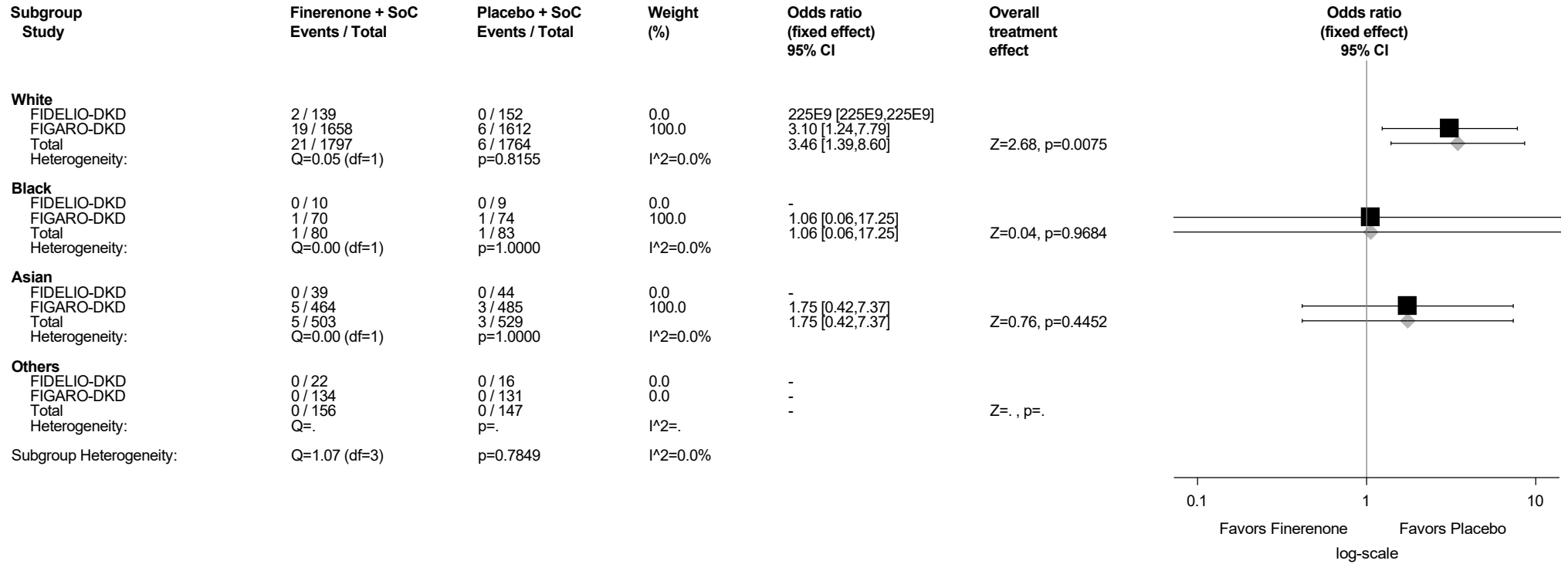
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.93.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



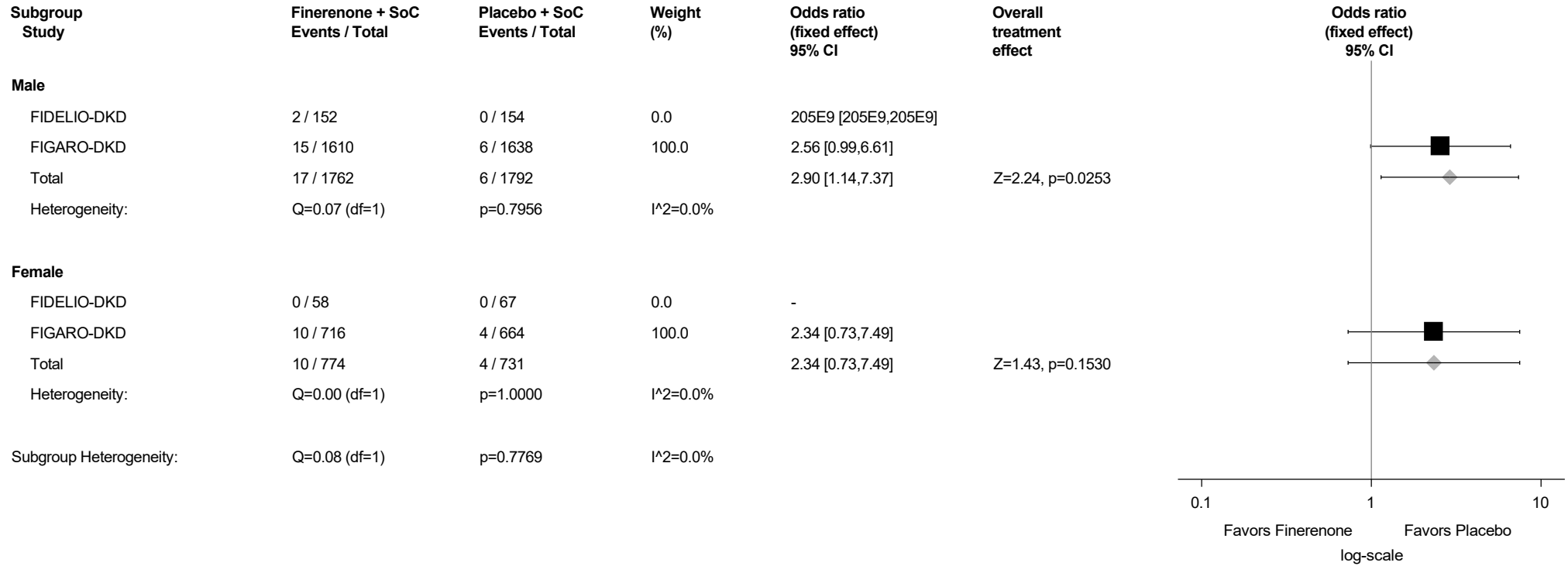
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.93.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



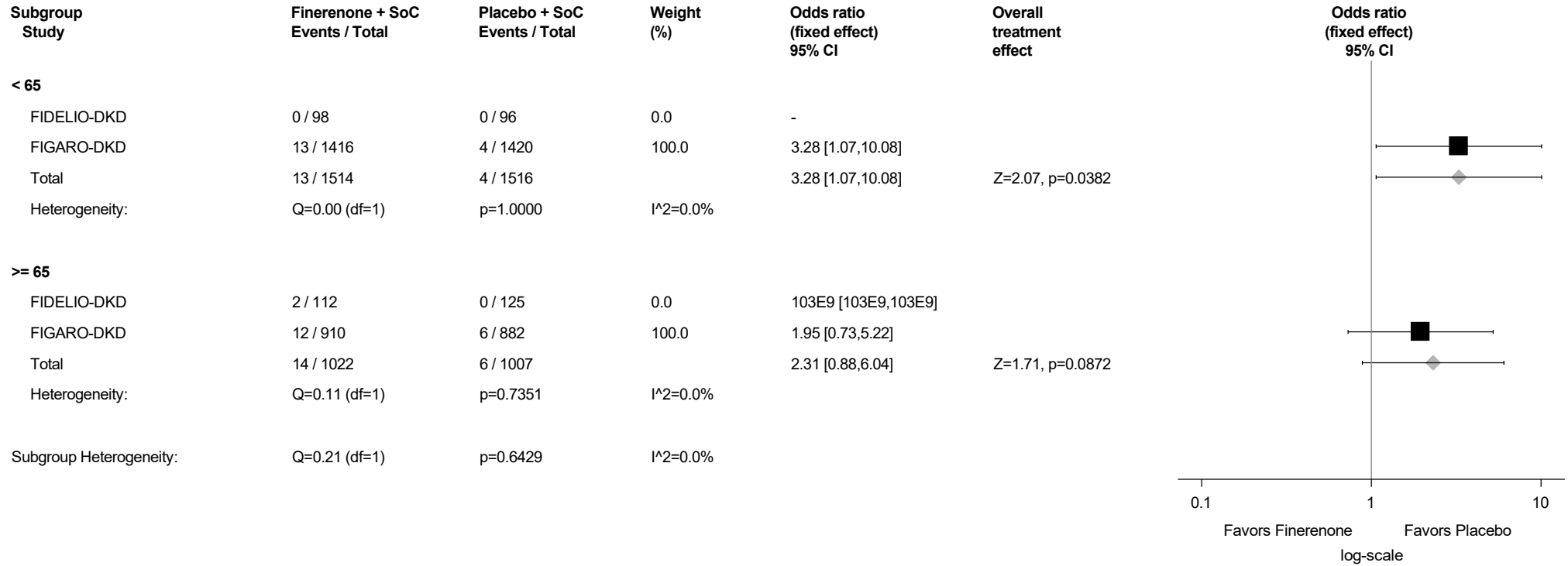
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.93.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



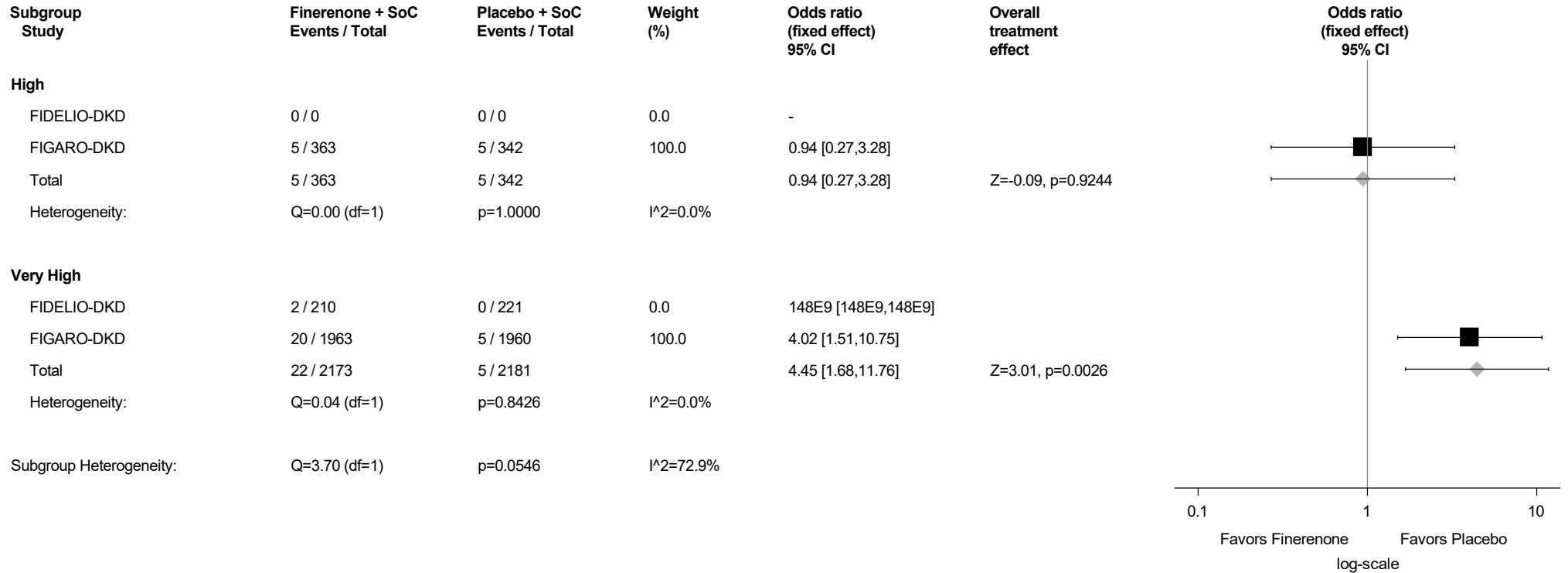
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.93.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



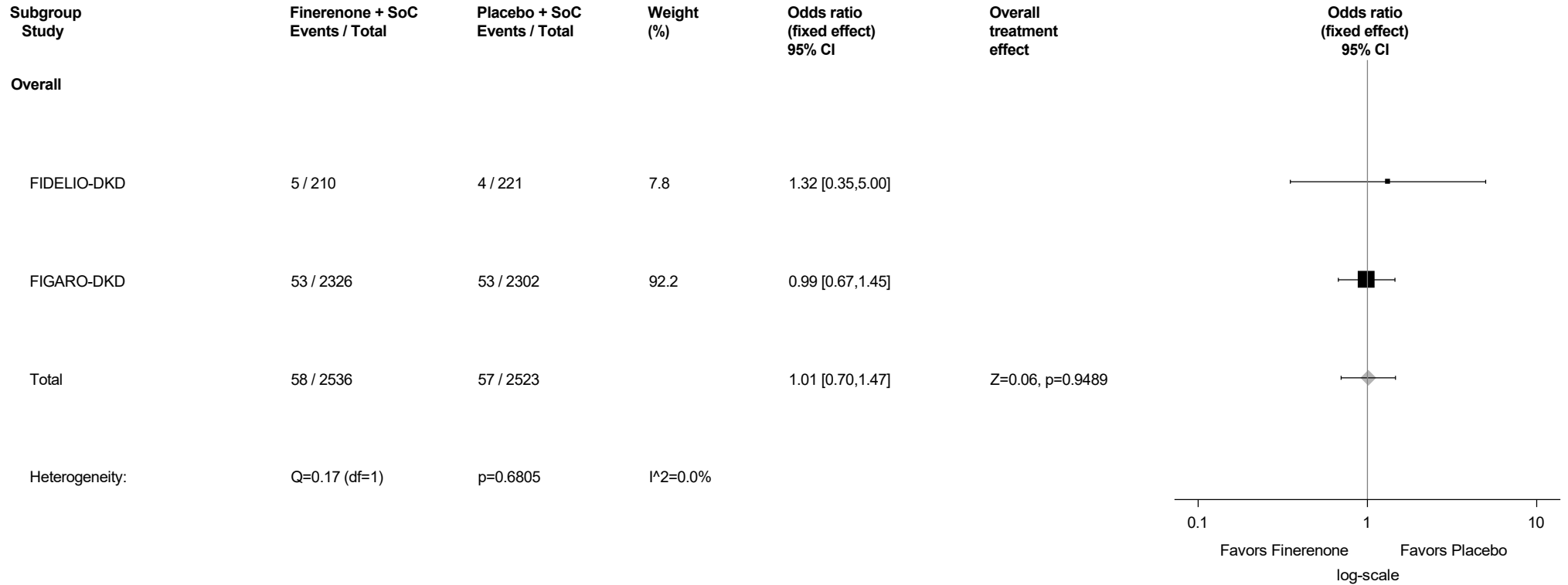
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

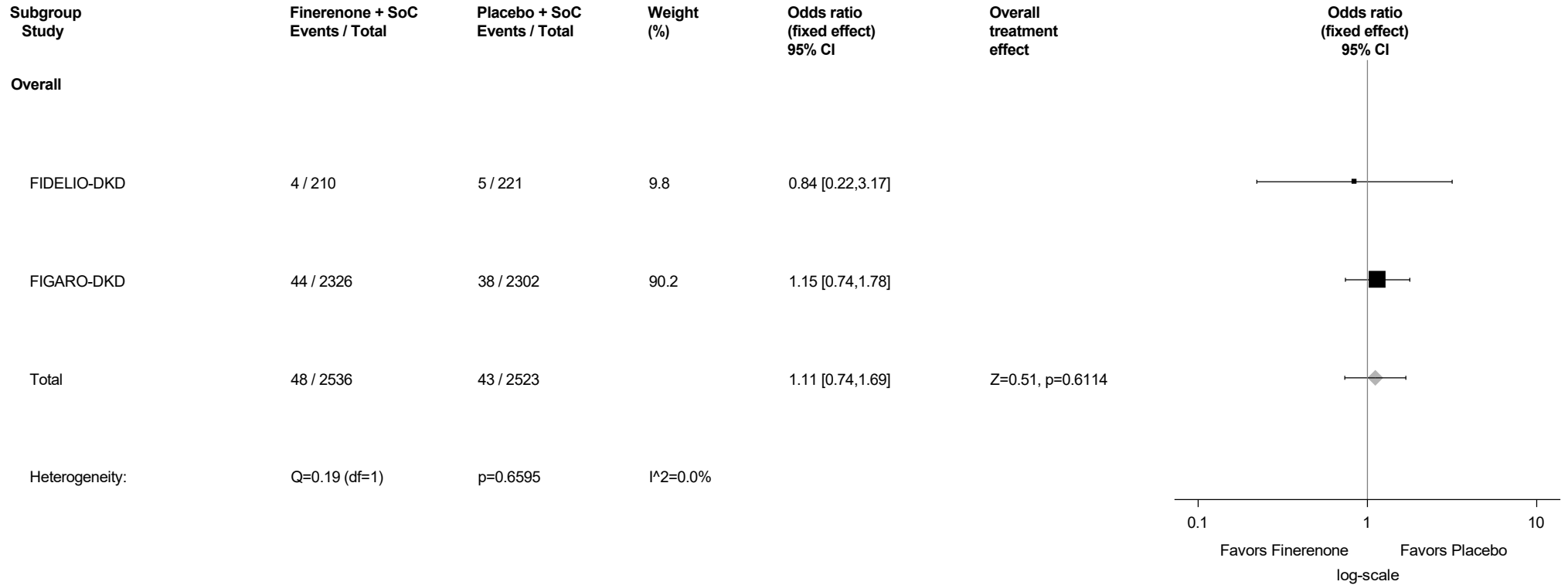
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.94: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



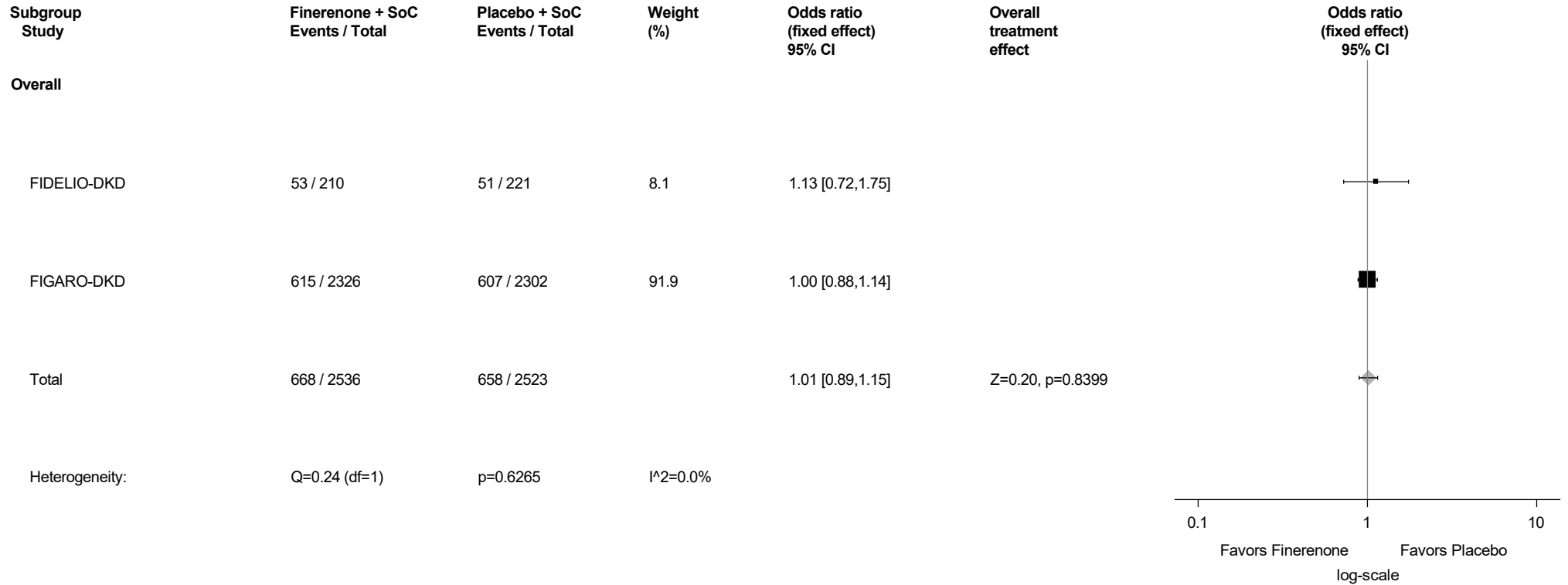
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.95: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



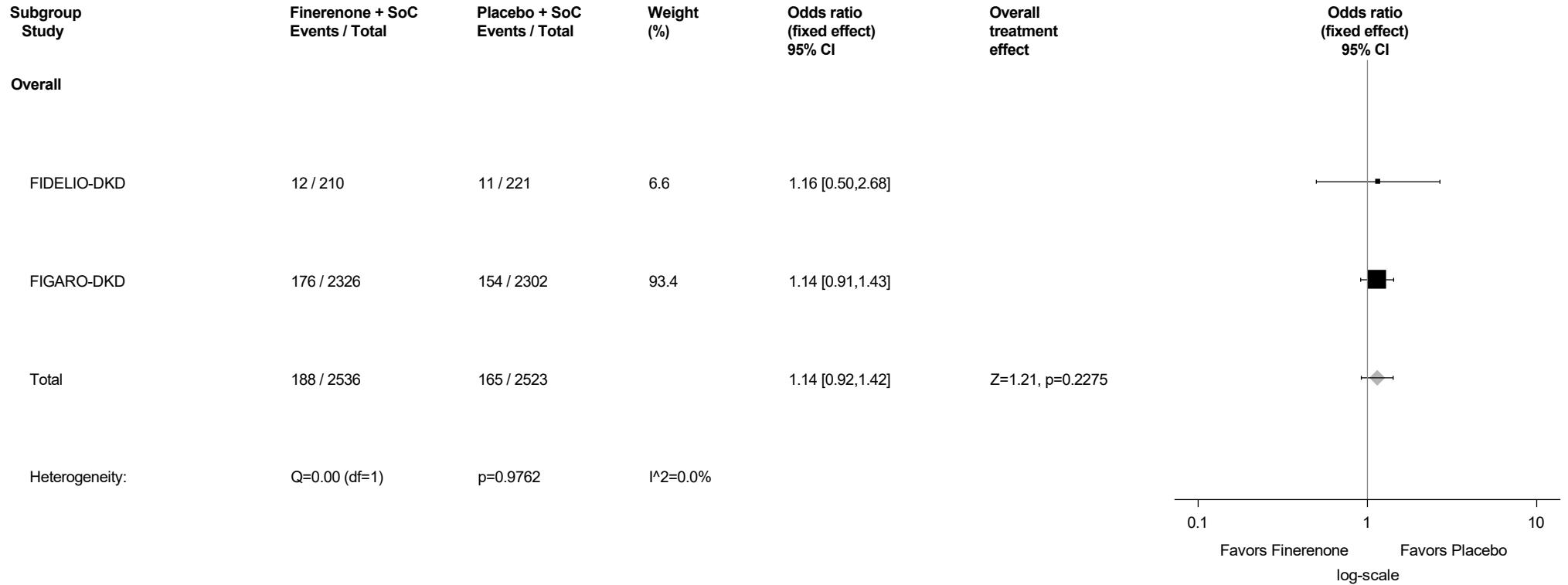
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.96: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



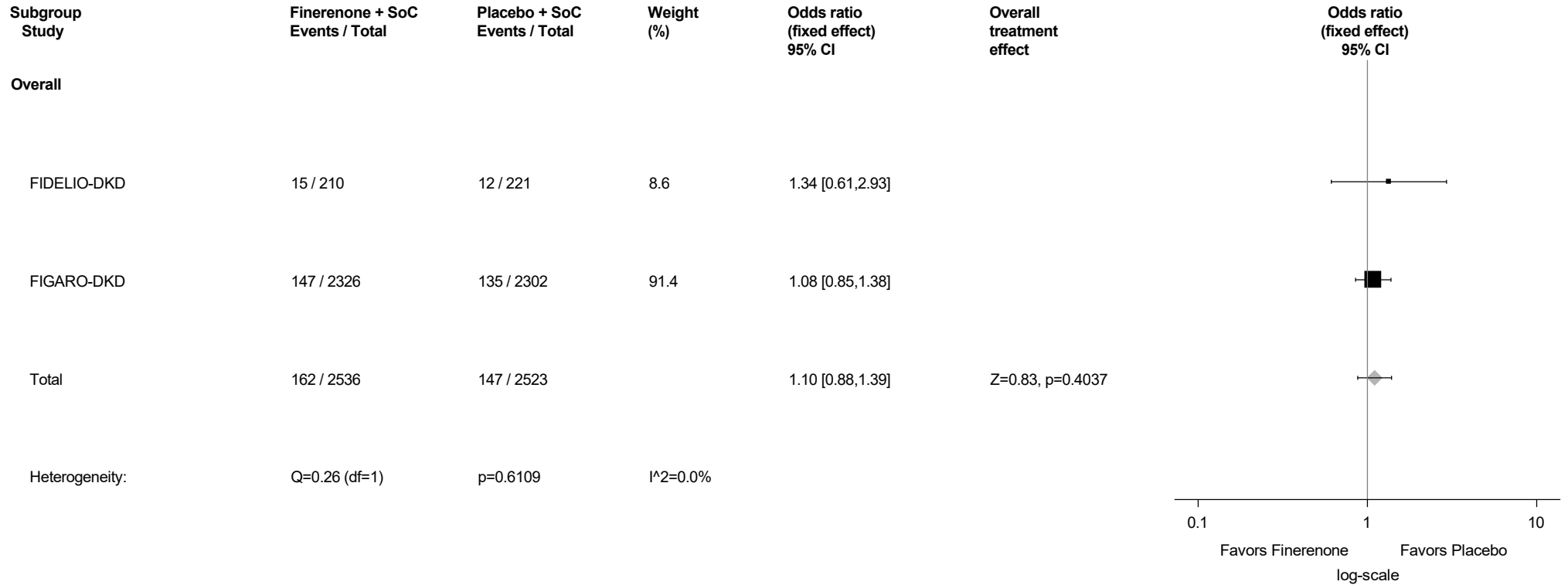
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.97: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



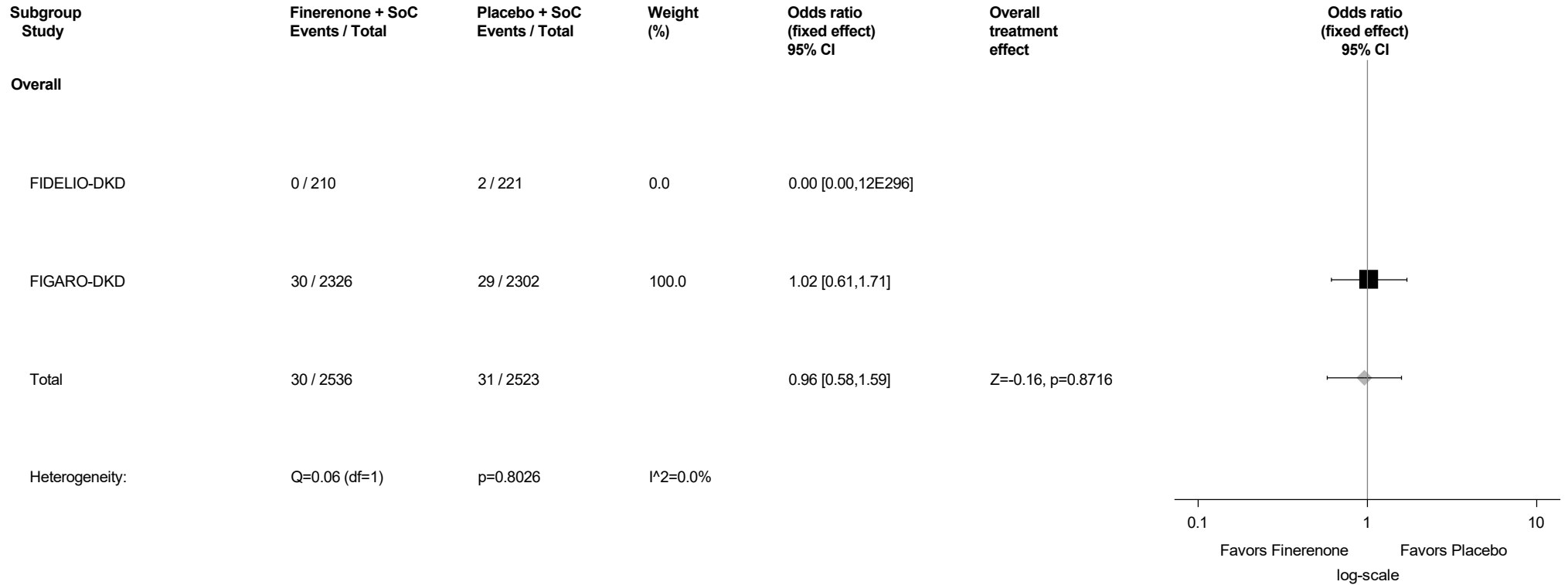
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.98: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



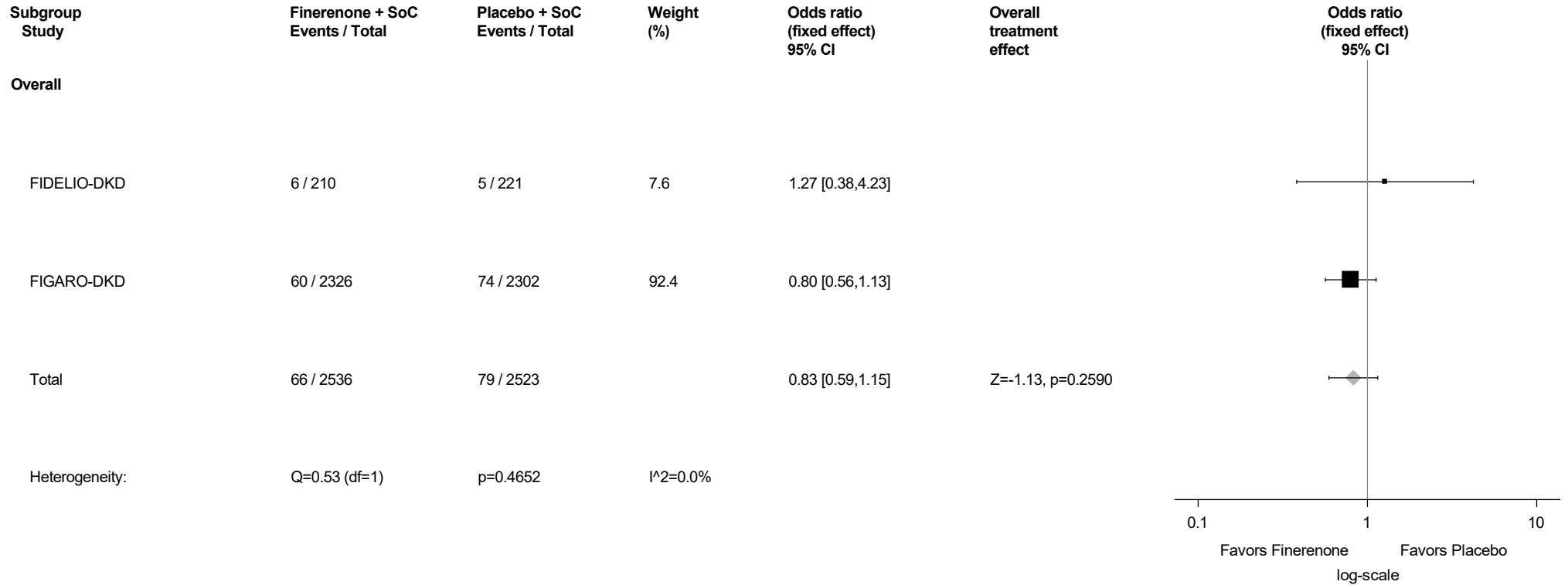
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.99: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



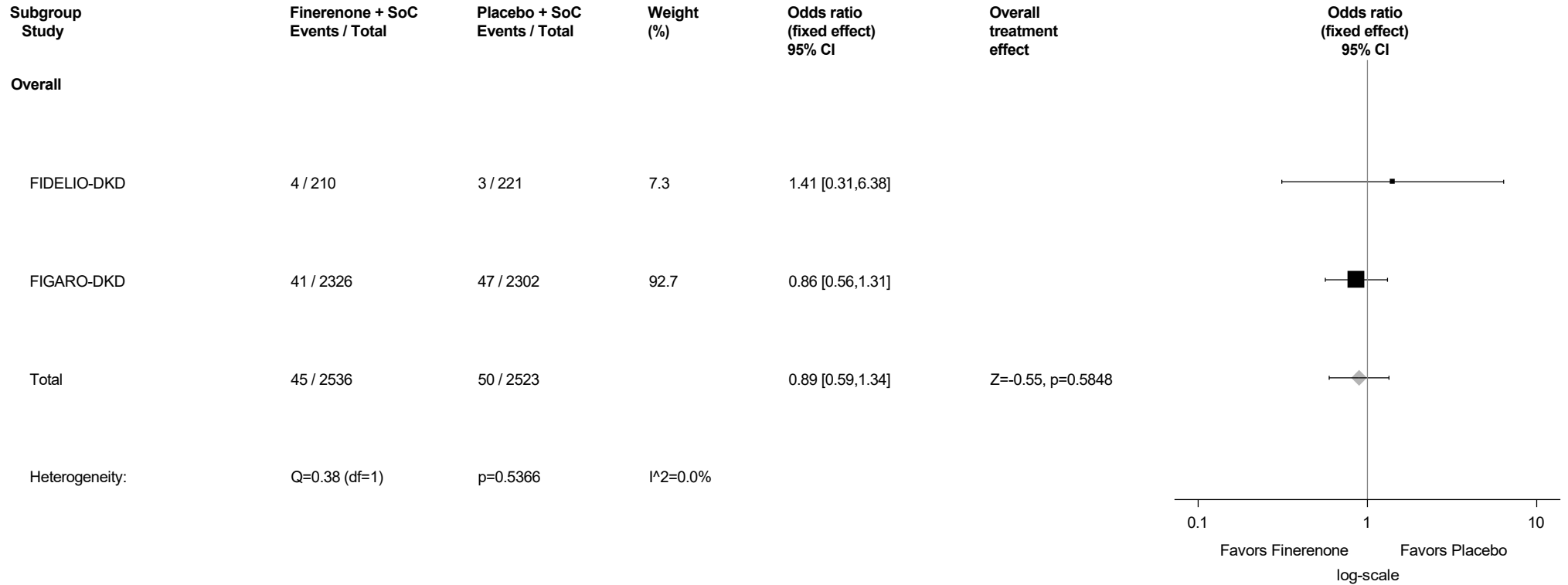
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.100: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



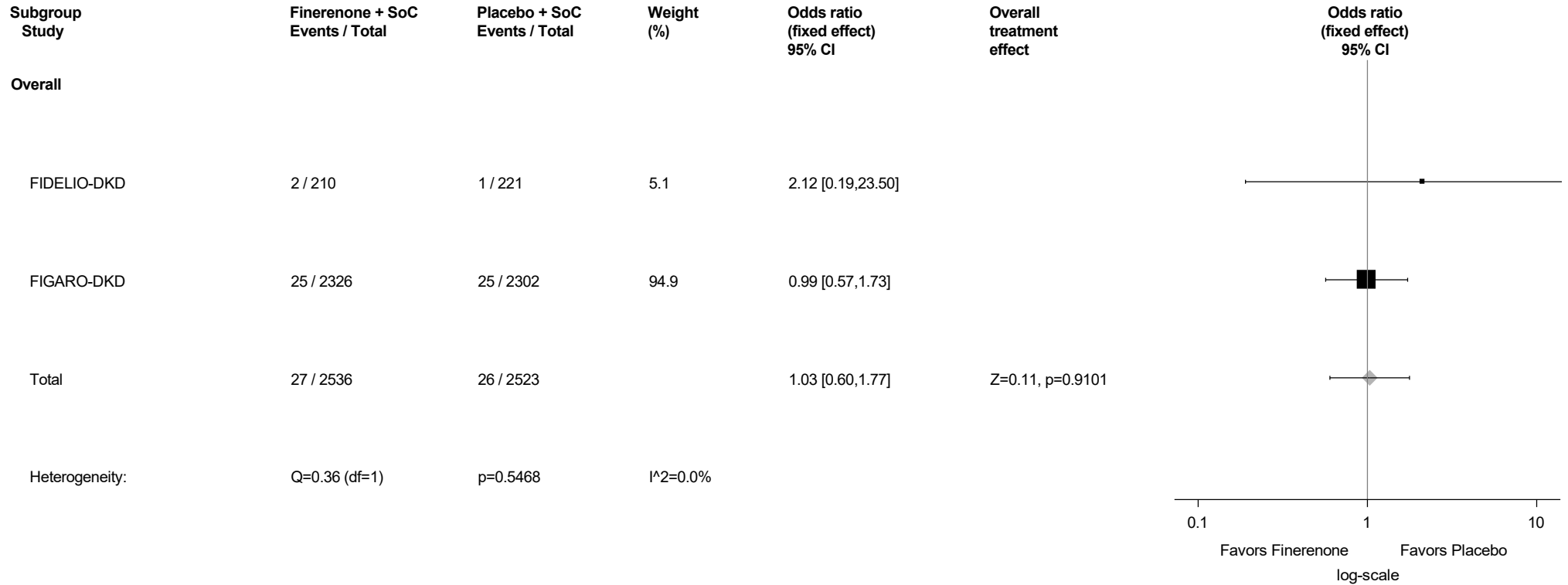
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.101: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



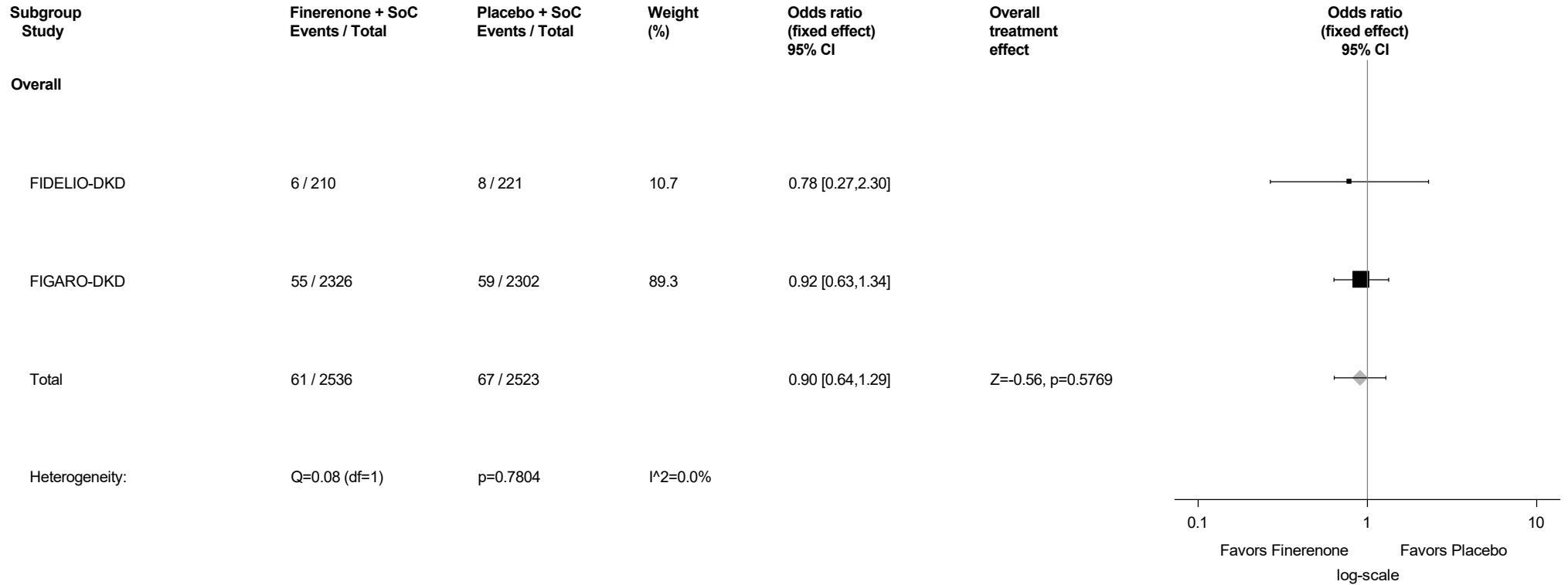
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.102: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



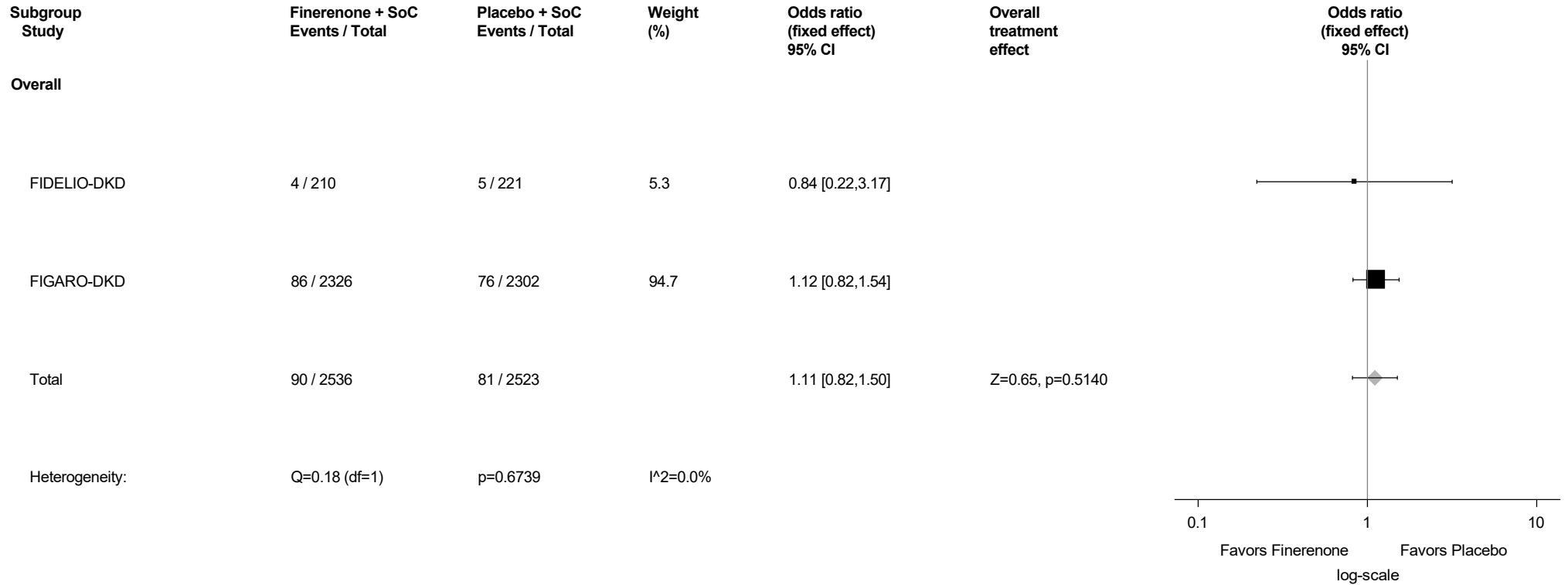
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.103: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



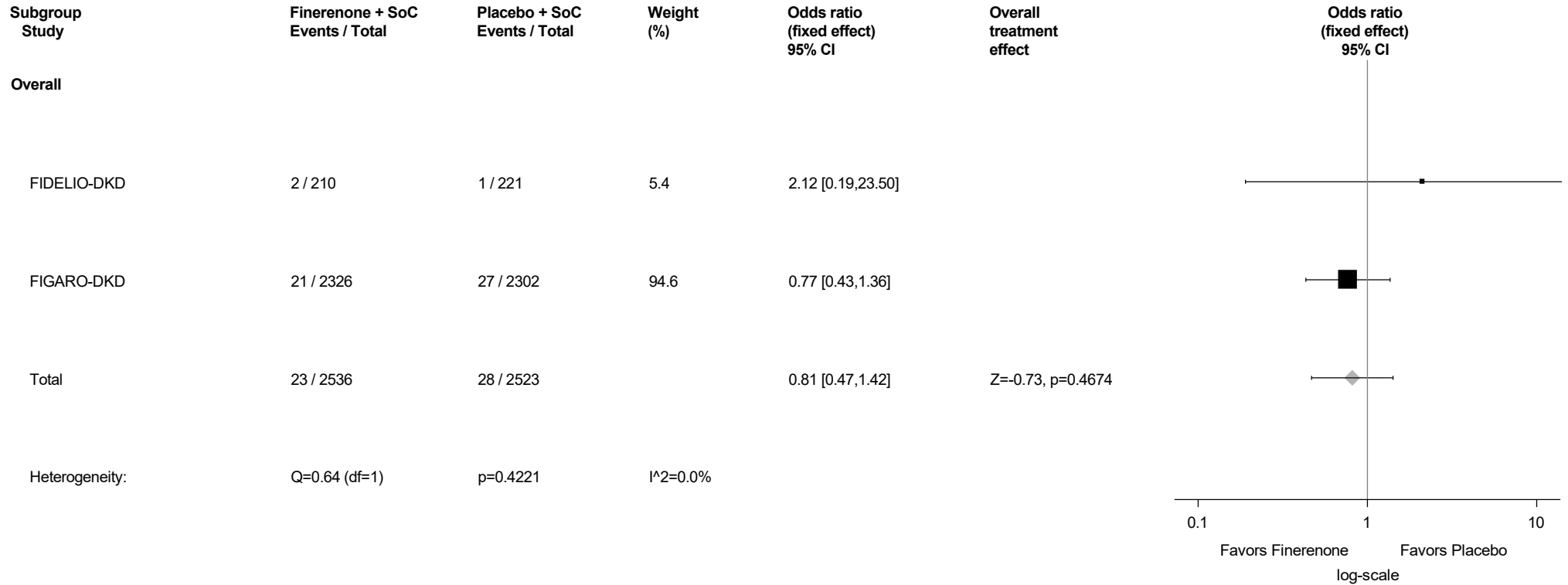
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.104: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



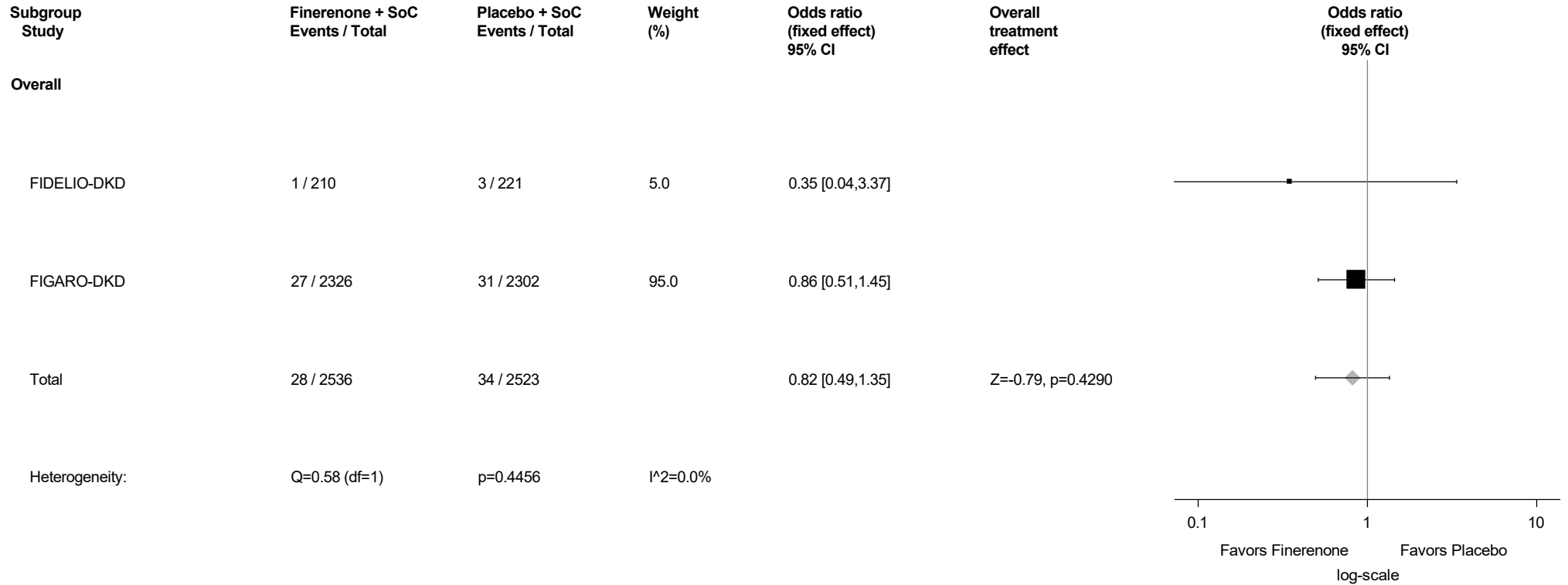
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.105: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Rotator cuff syndrome (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



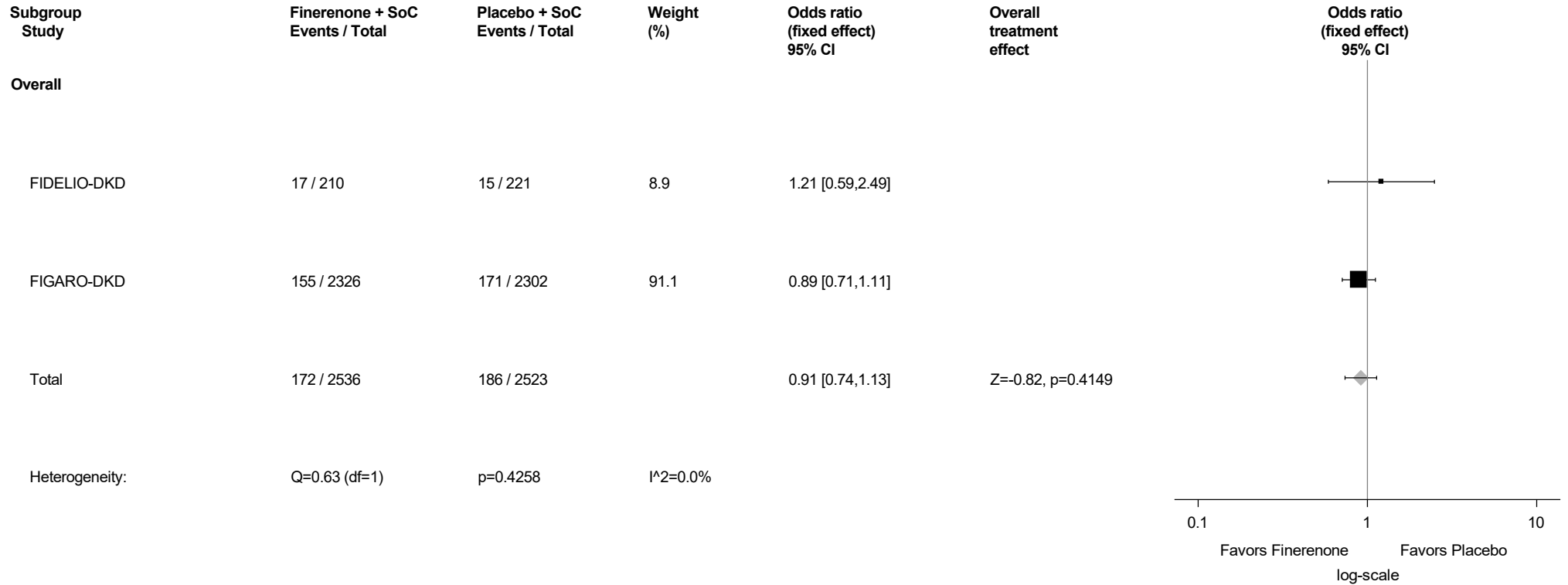
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.106: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



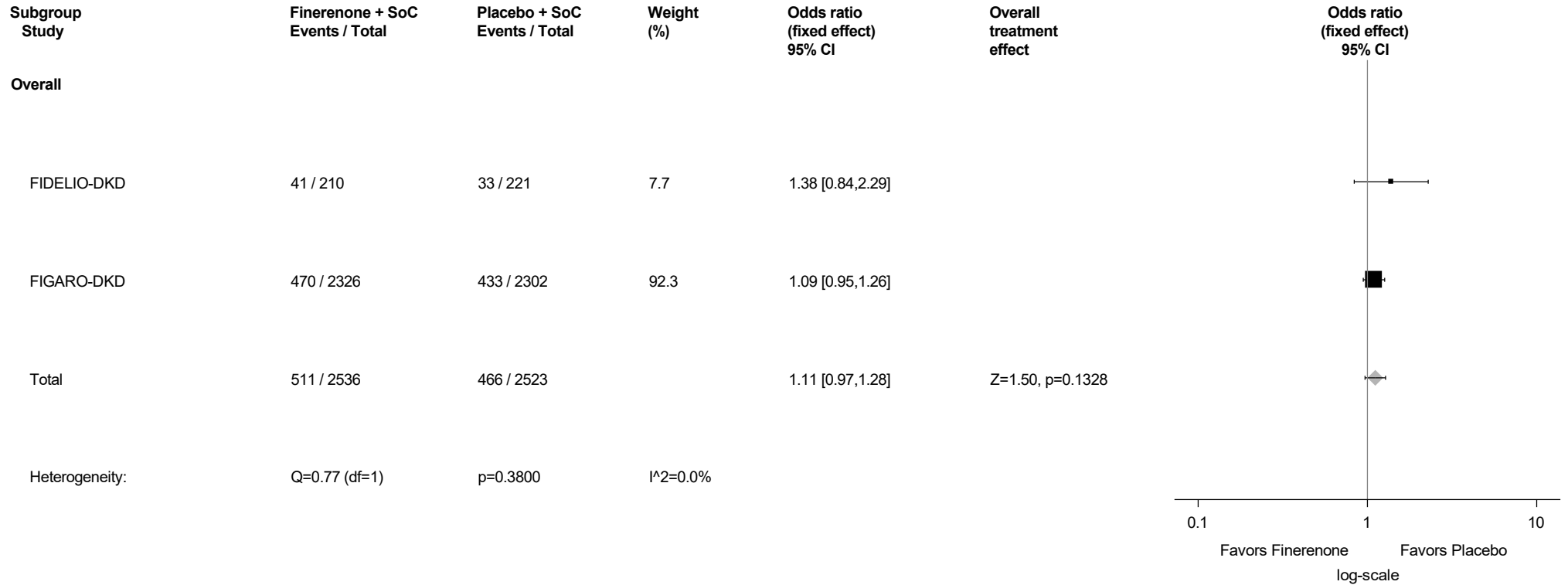
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.107: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



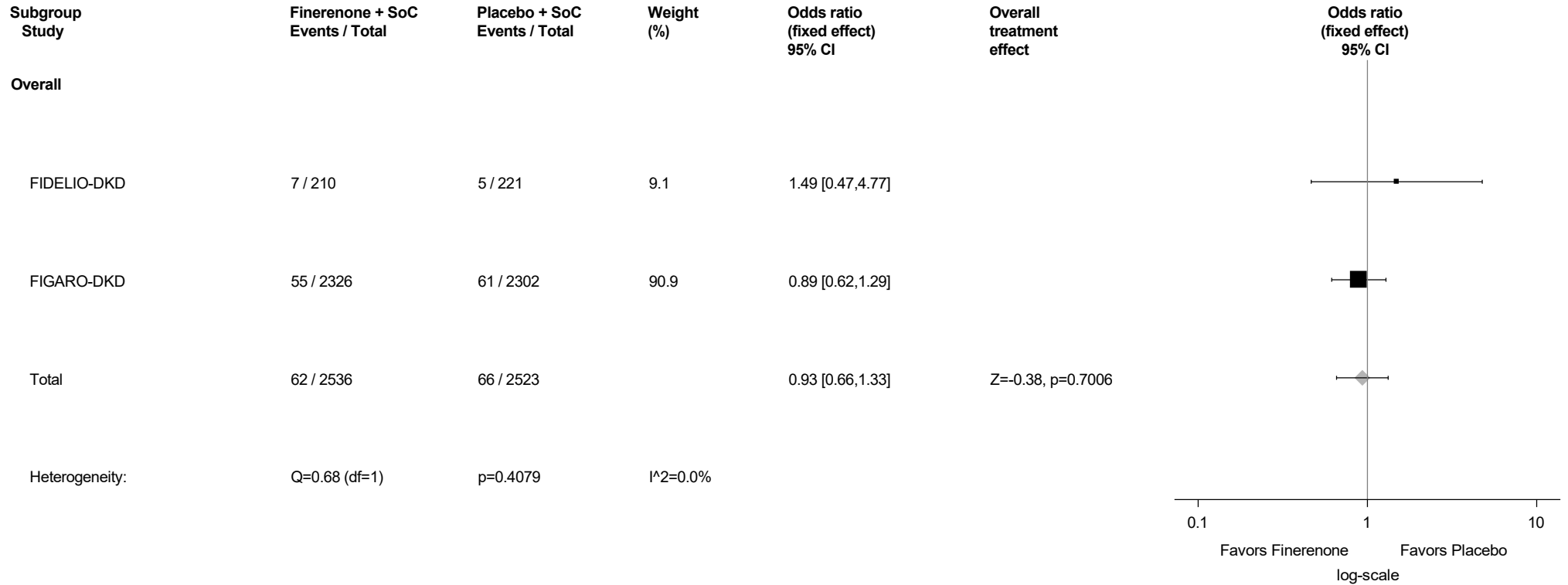
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.108: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



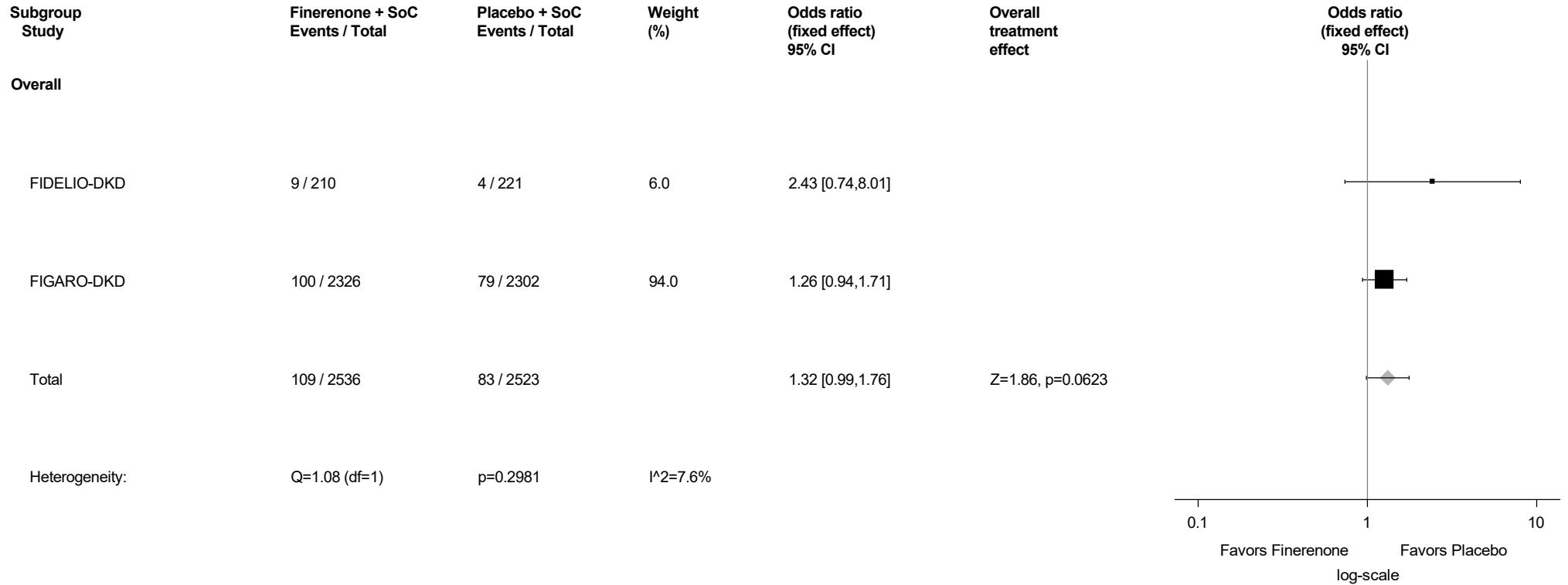
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.109: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



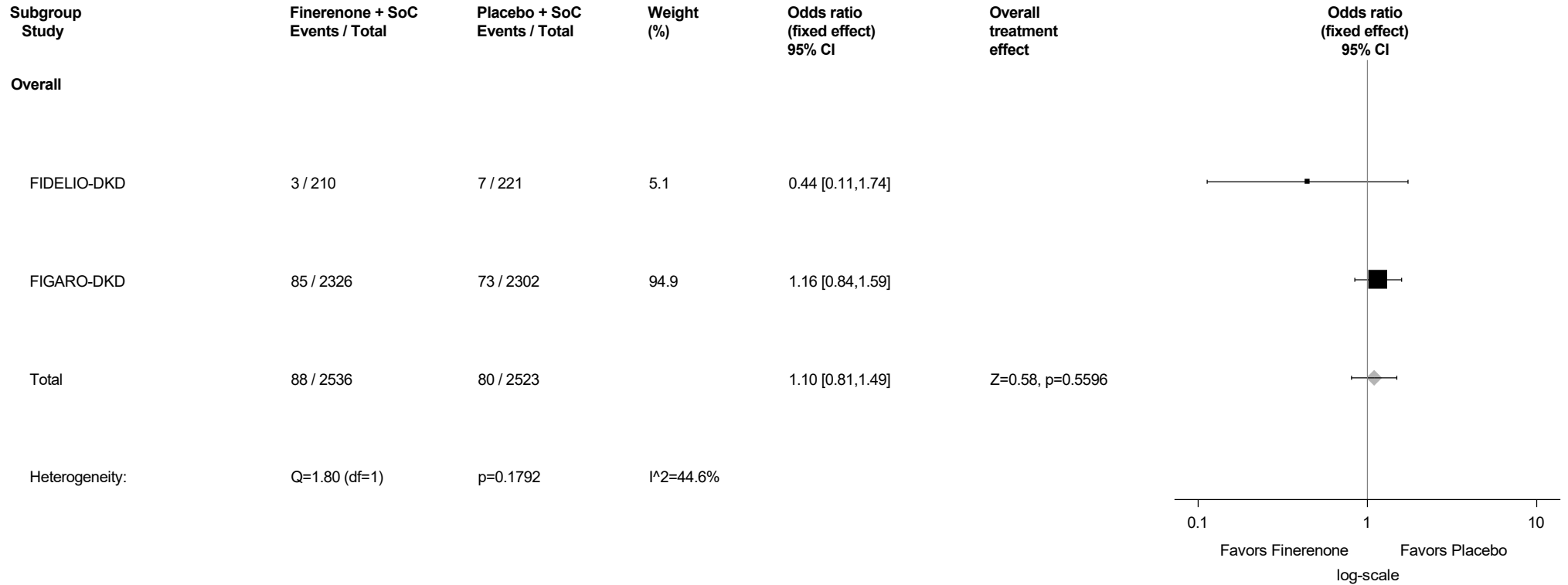
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.110: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



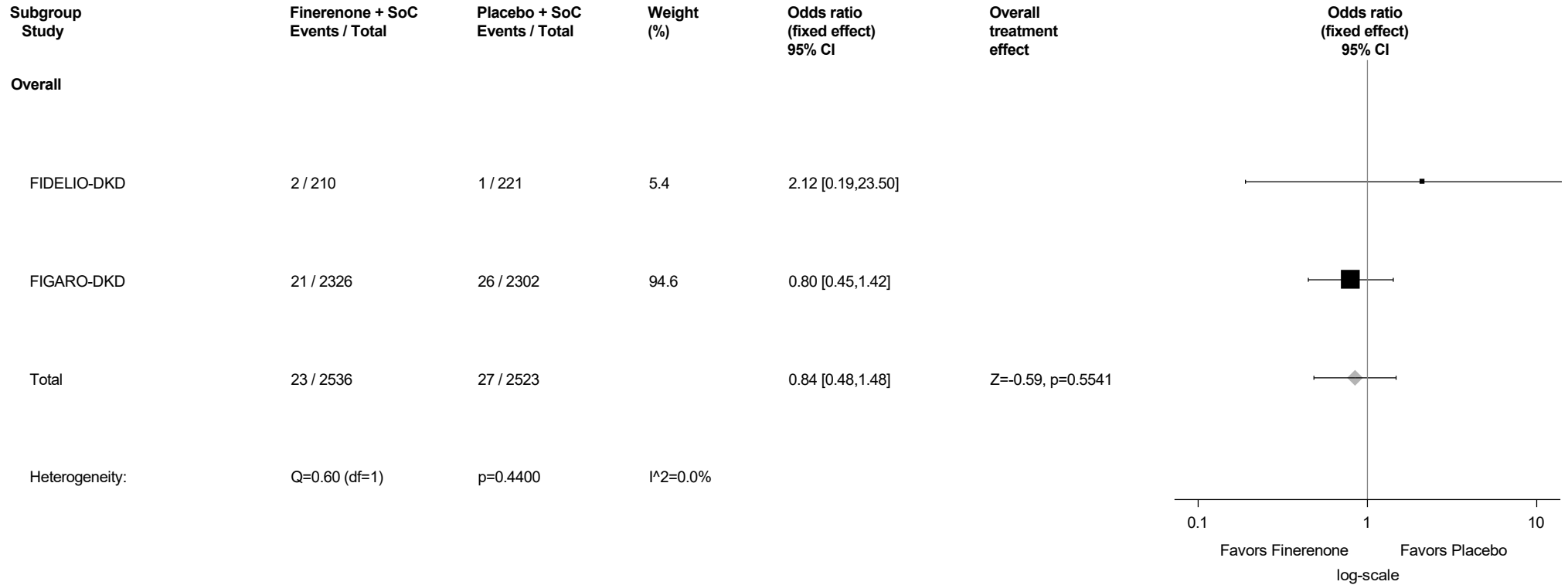
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.111: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



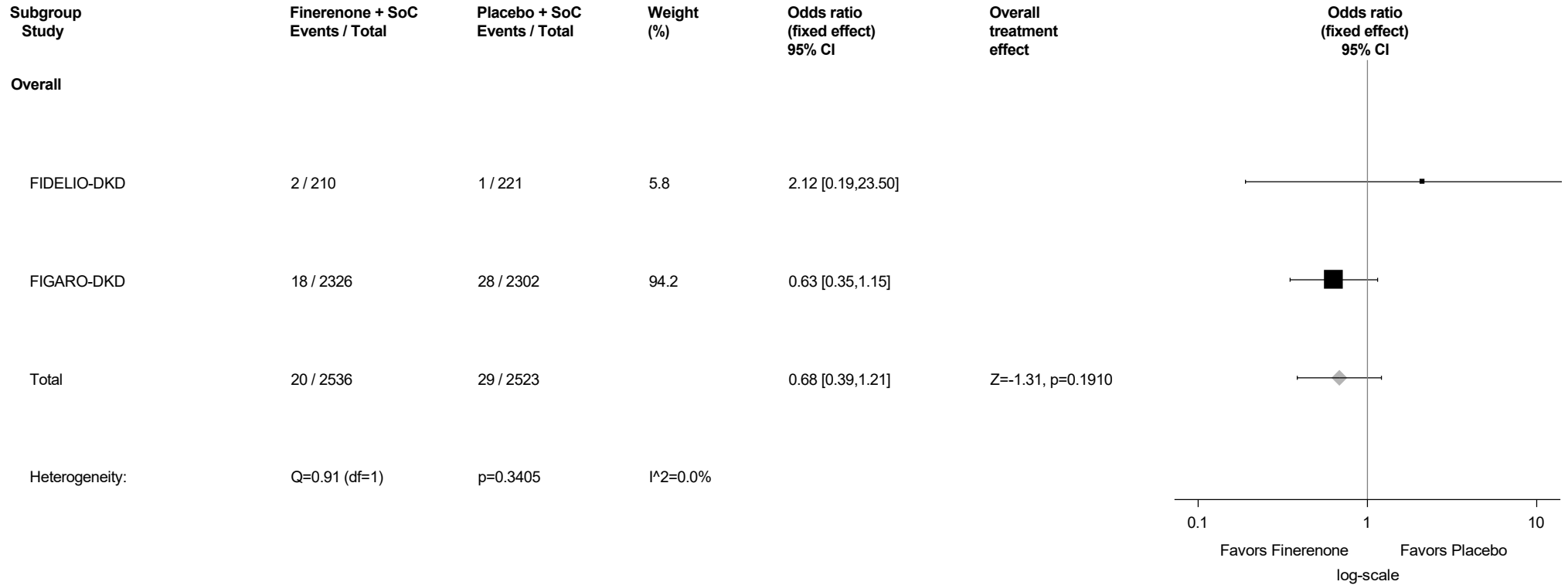
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.112: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



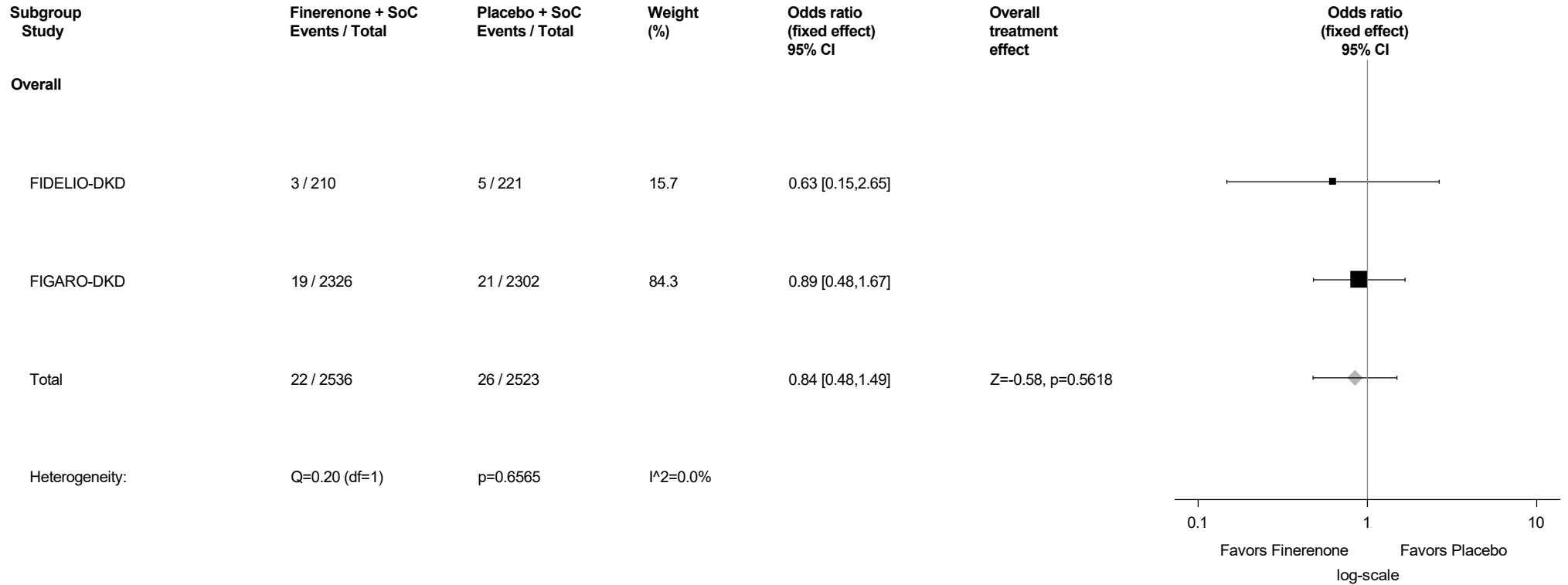
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.113: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



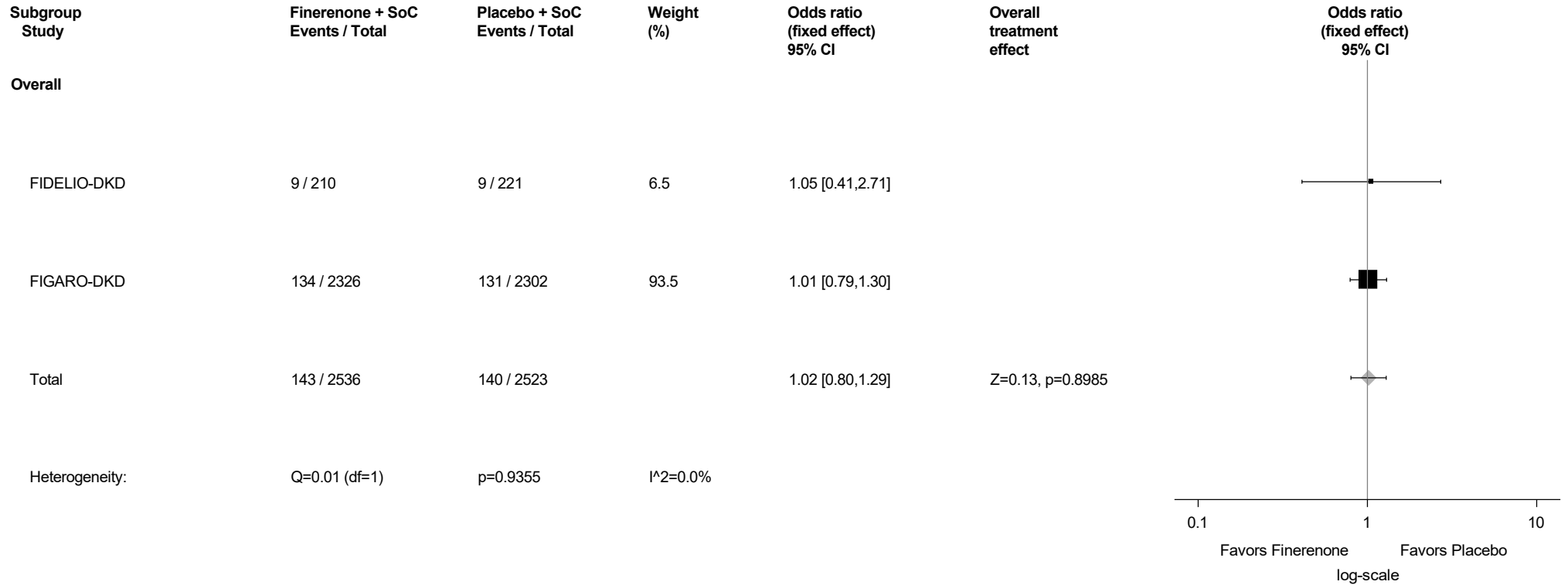
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.114: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



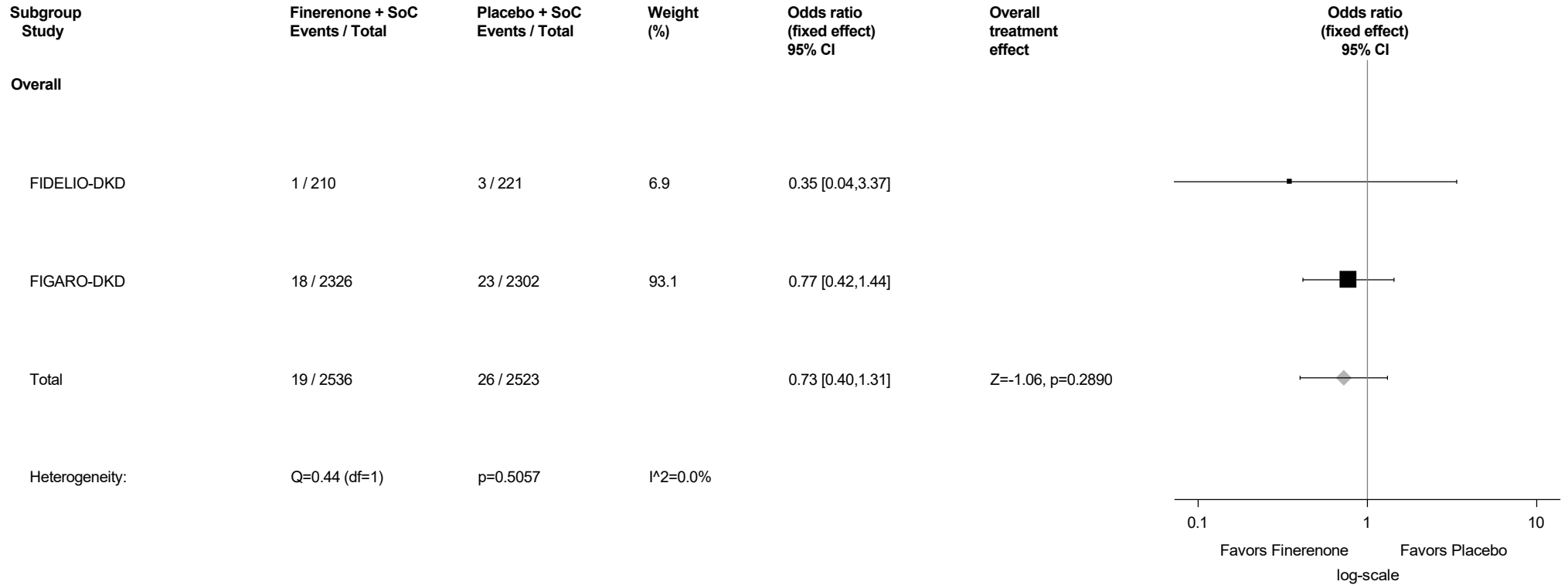
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.115: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



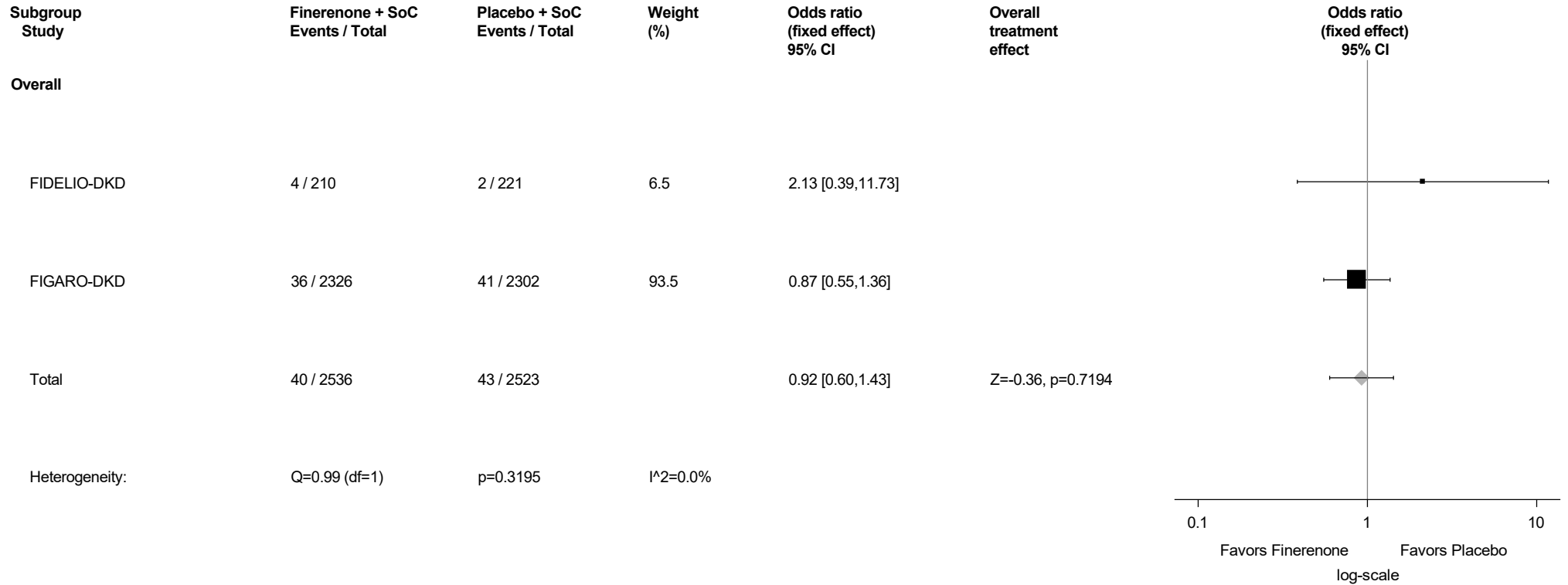
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.116: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



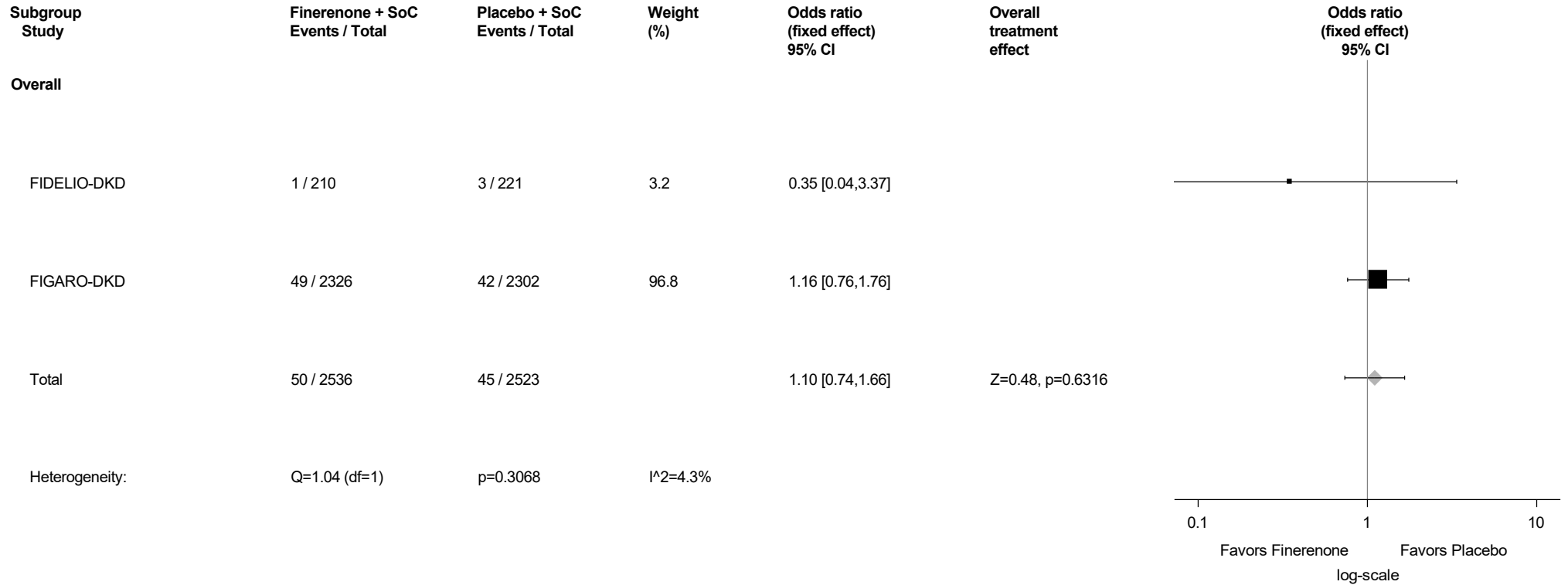
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.117: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



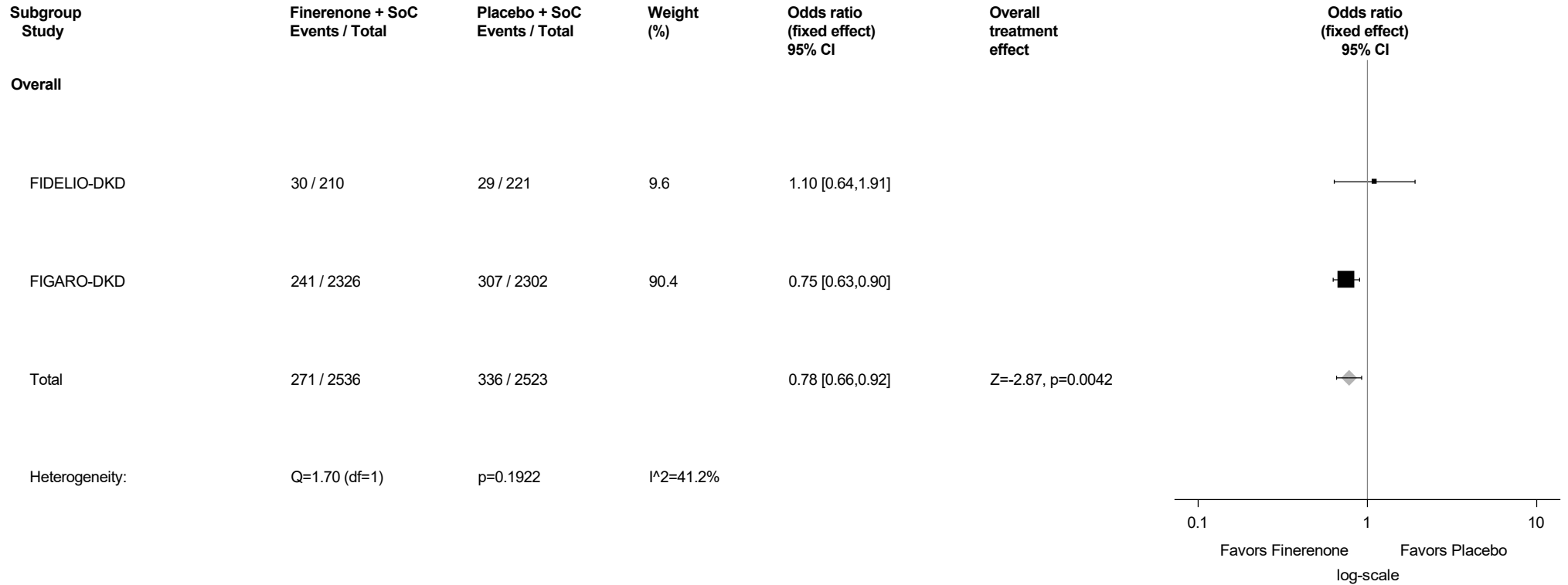
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.118: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



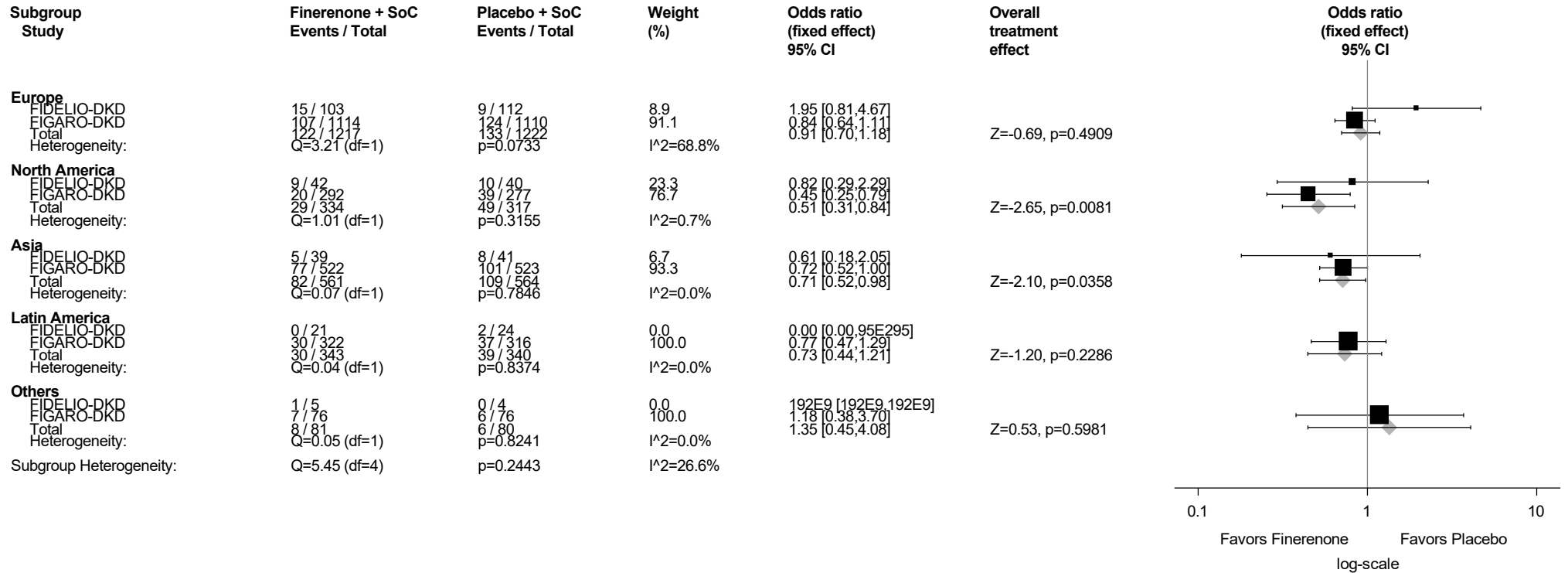
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.119: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.119.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



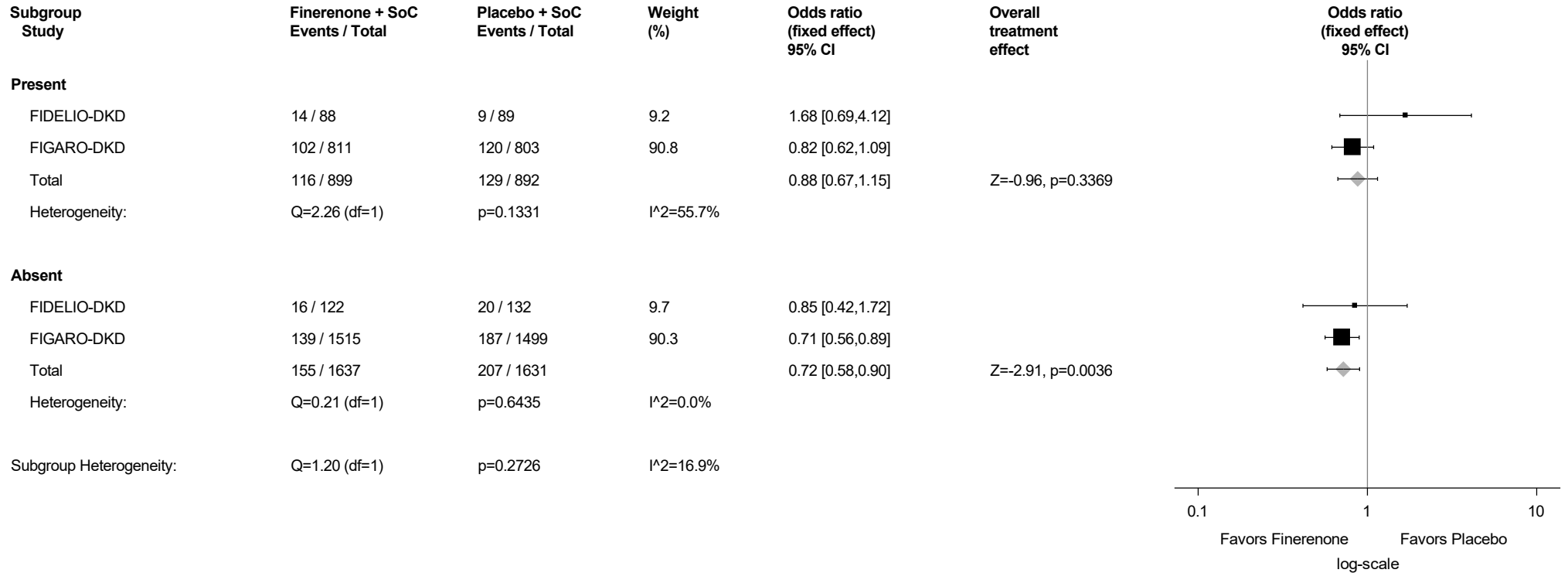
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.119.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



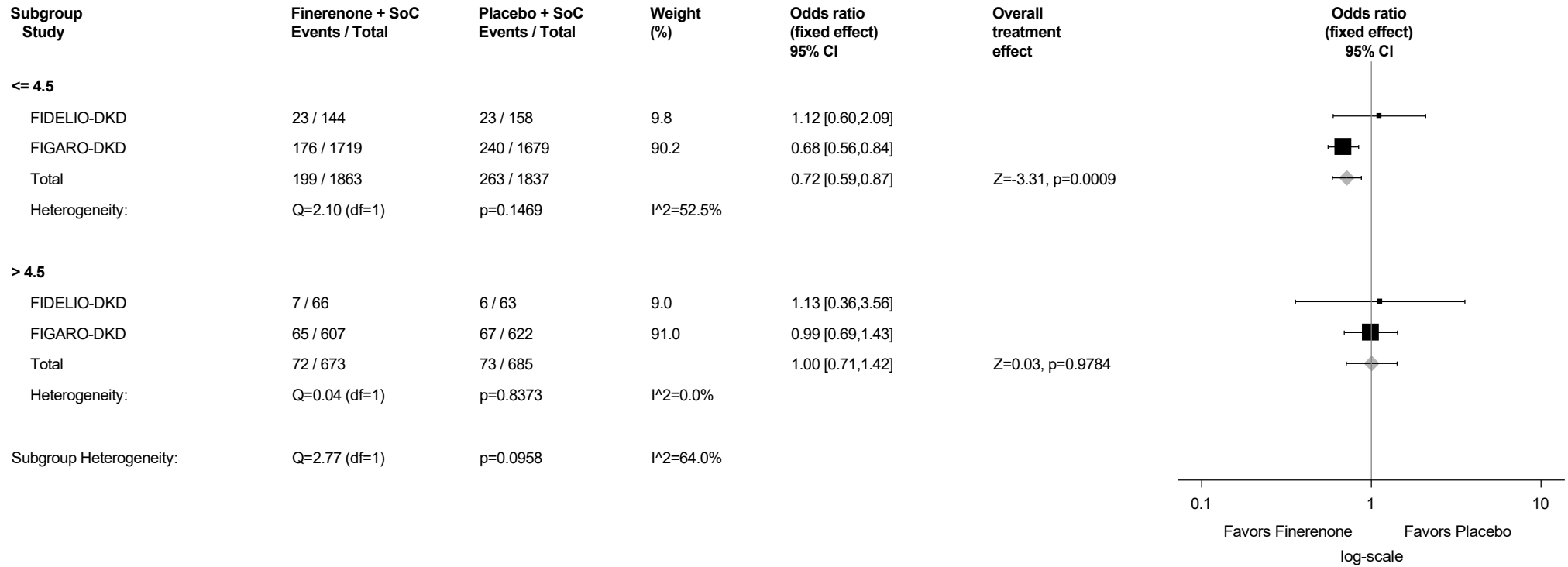
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.119.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



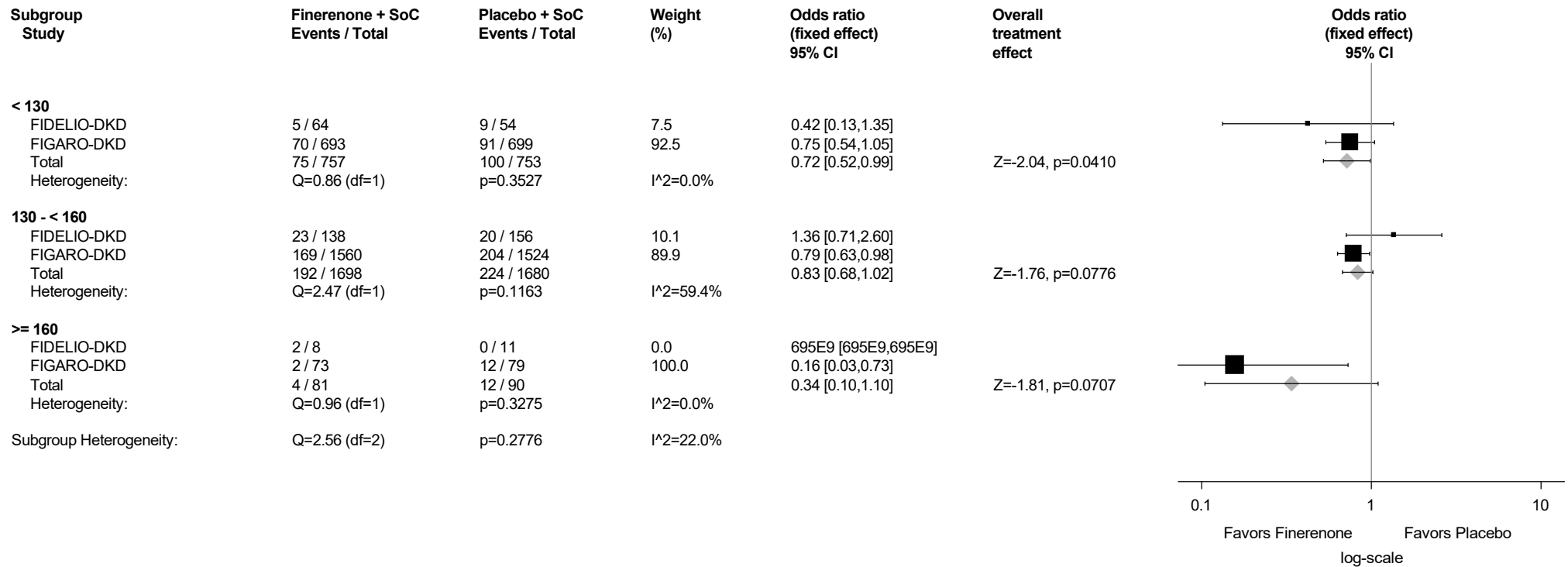
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.119.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



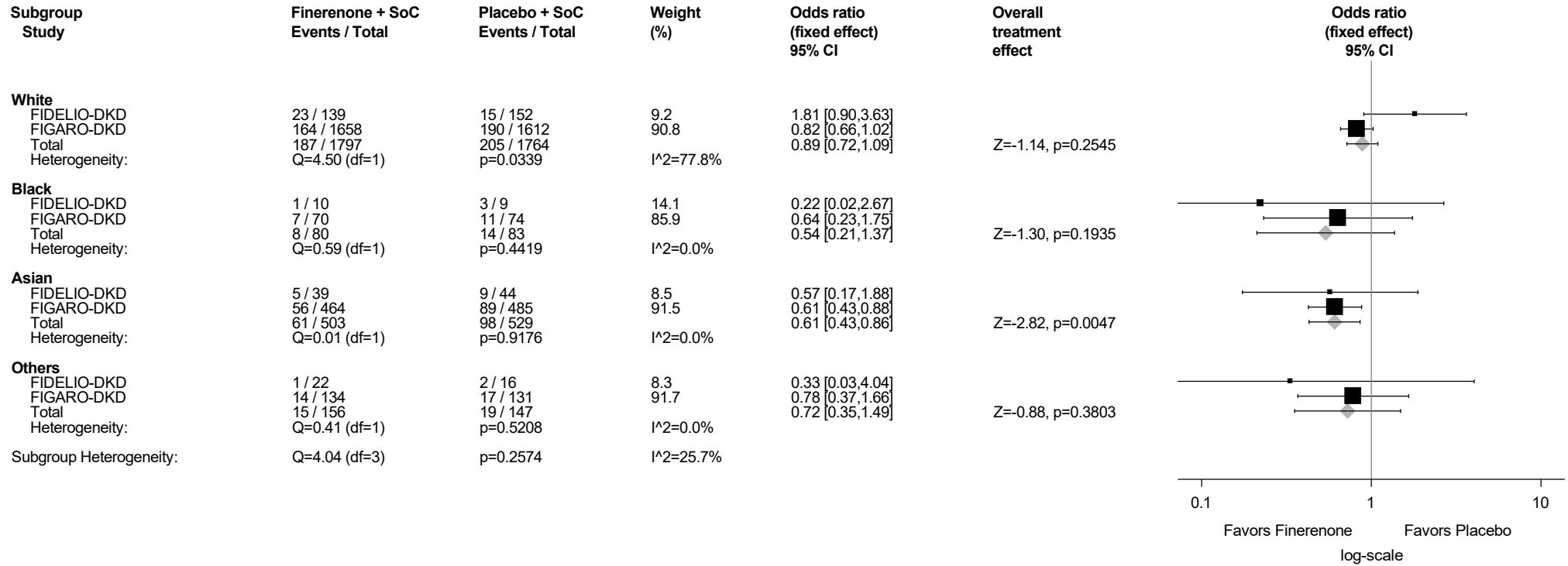
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.119.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

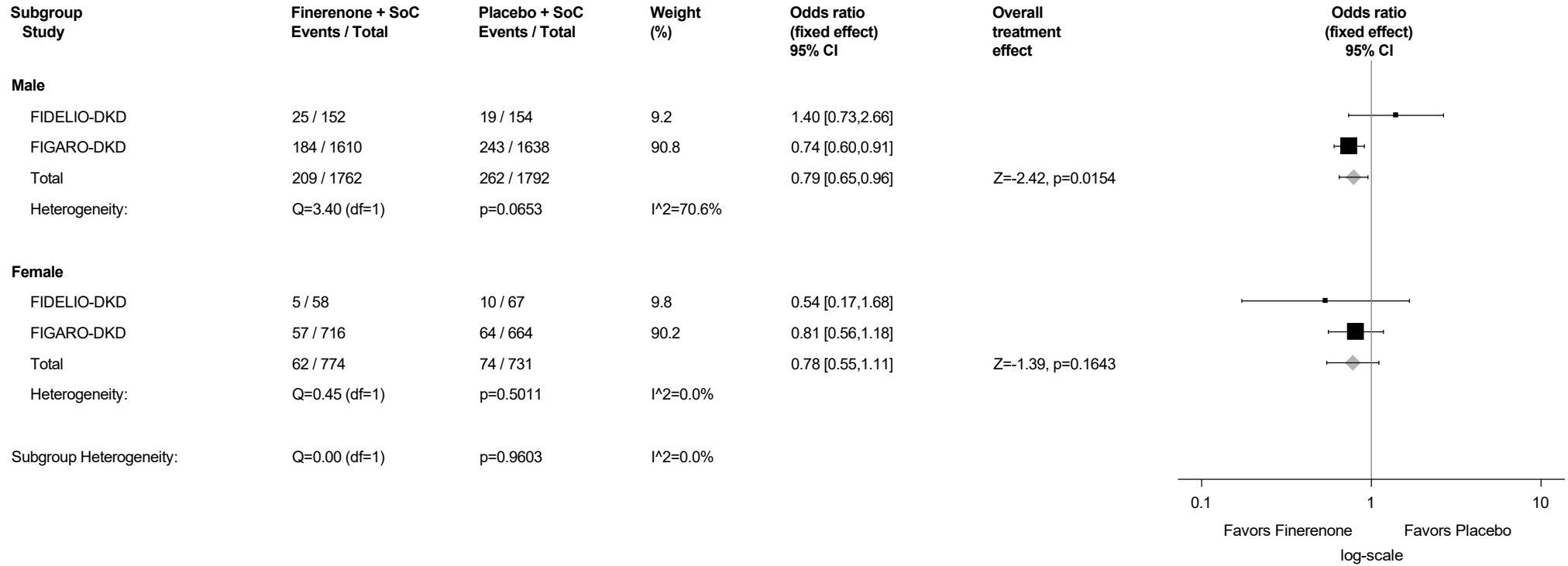
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.119.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



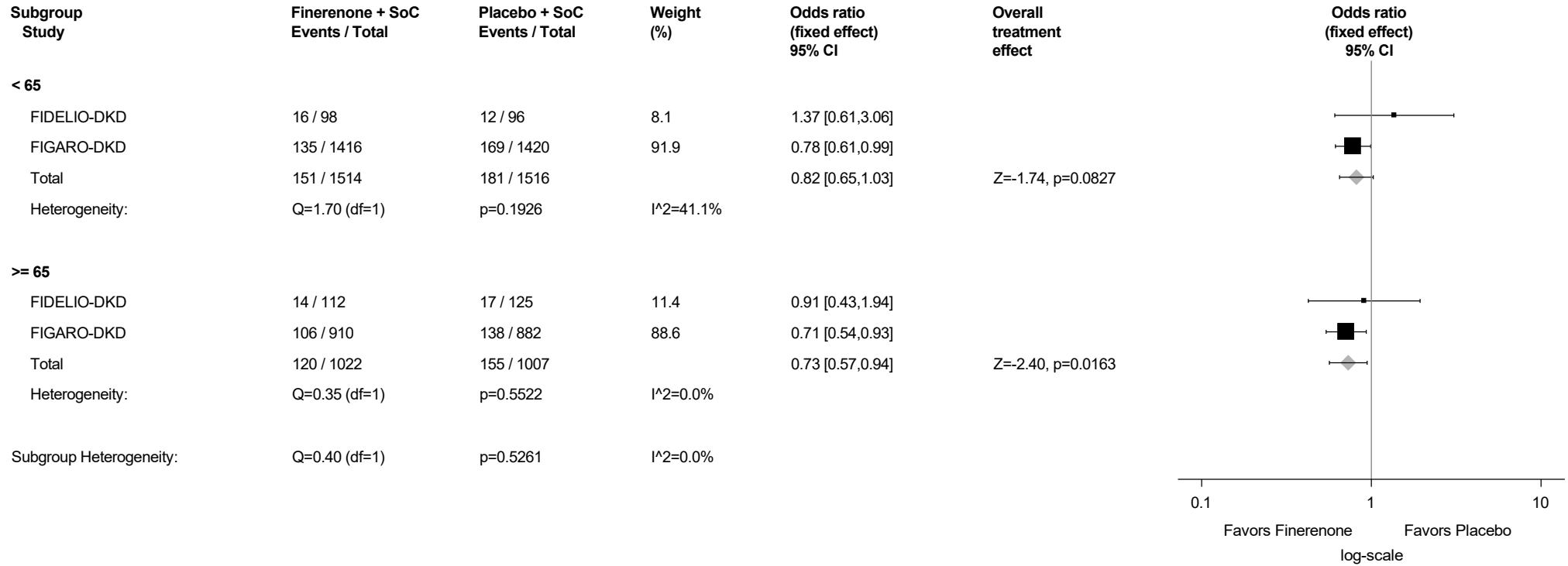
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.119.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



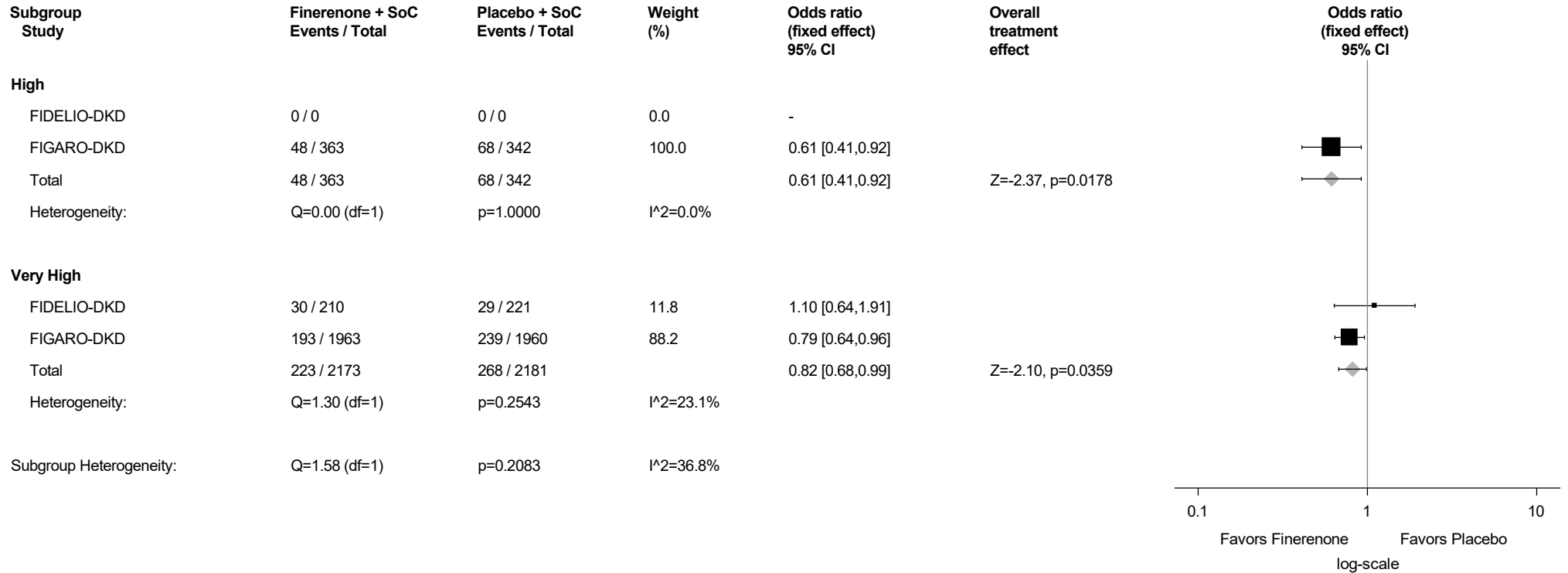
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.119.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



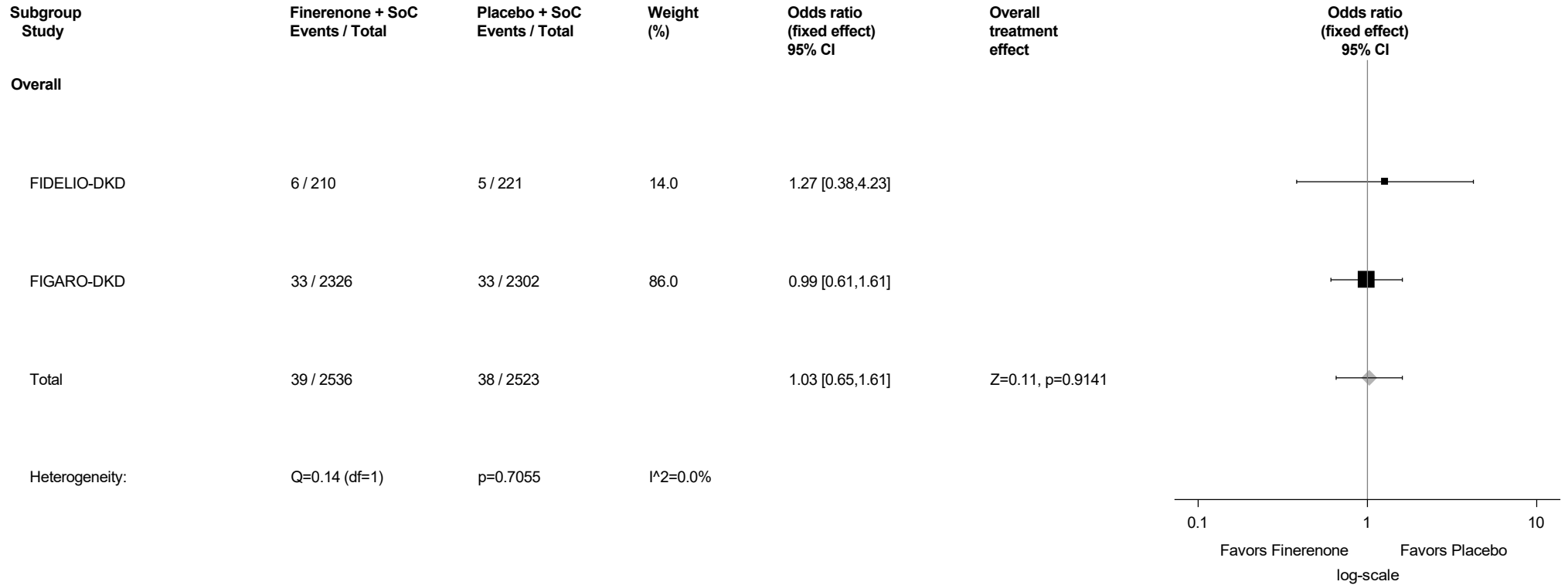
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

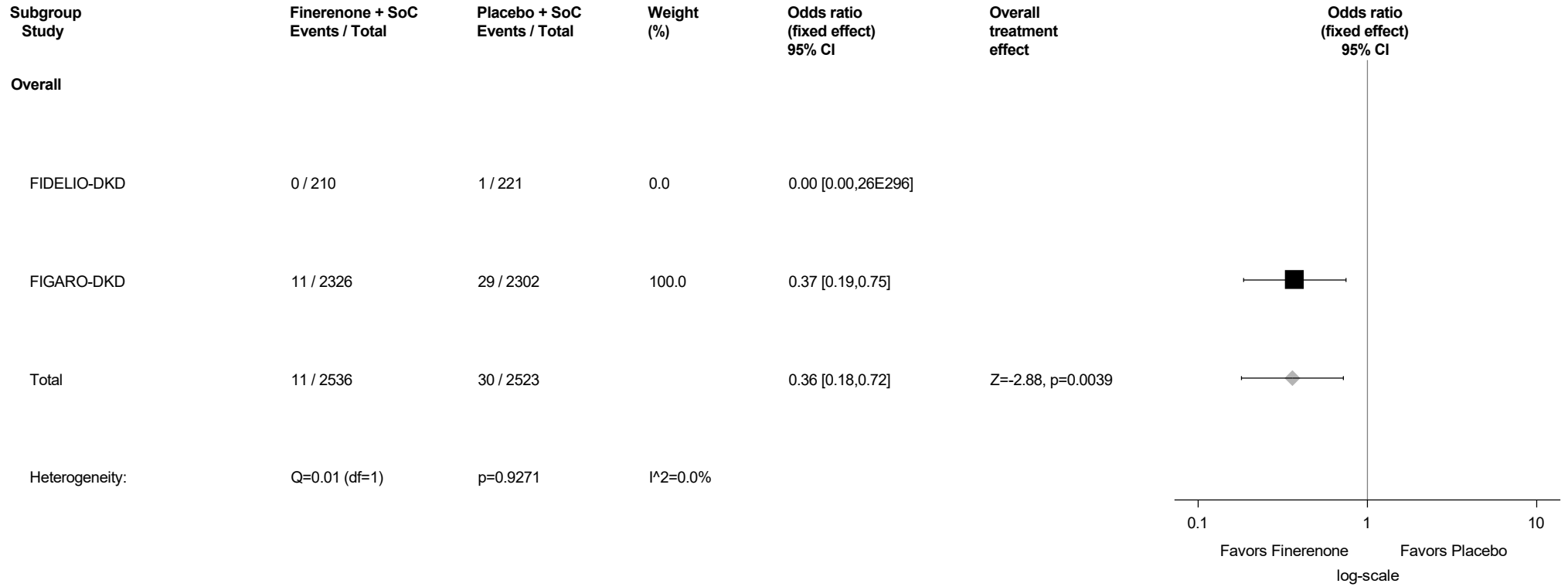
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.120: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



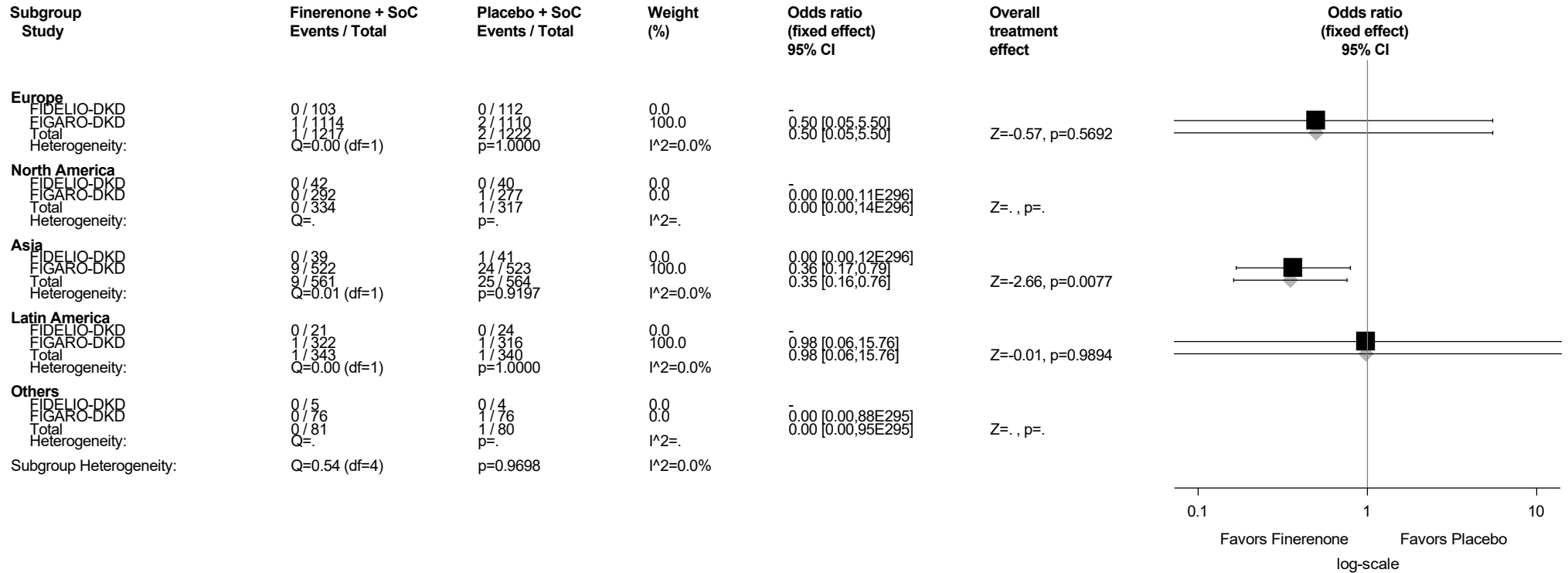
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.121: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.121.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Diabetic nephropathy (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



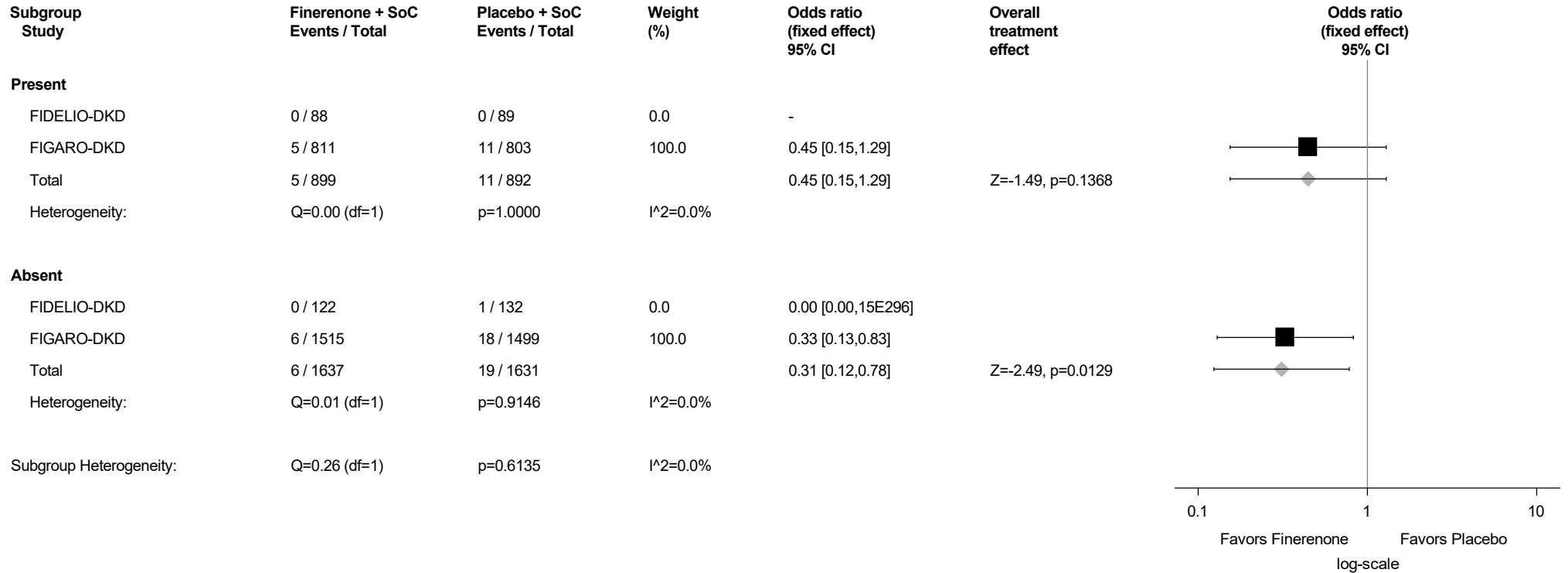
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.121.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



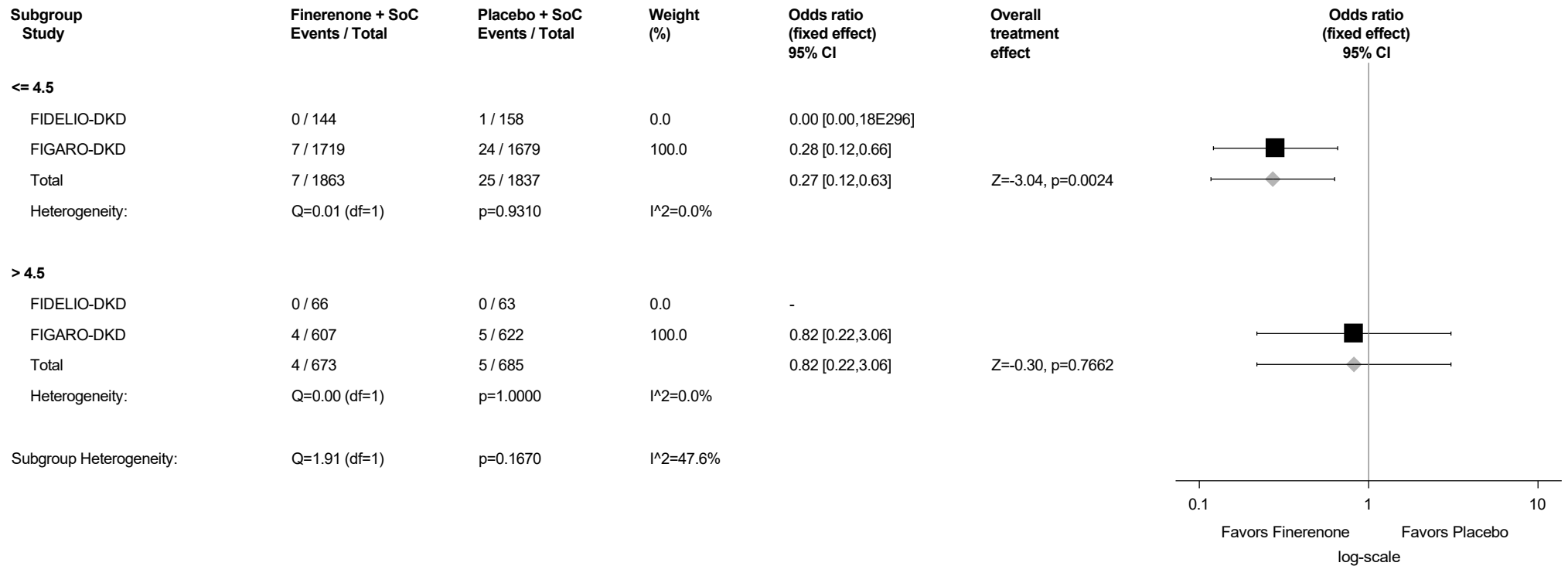
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.121.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%)

Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²

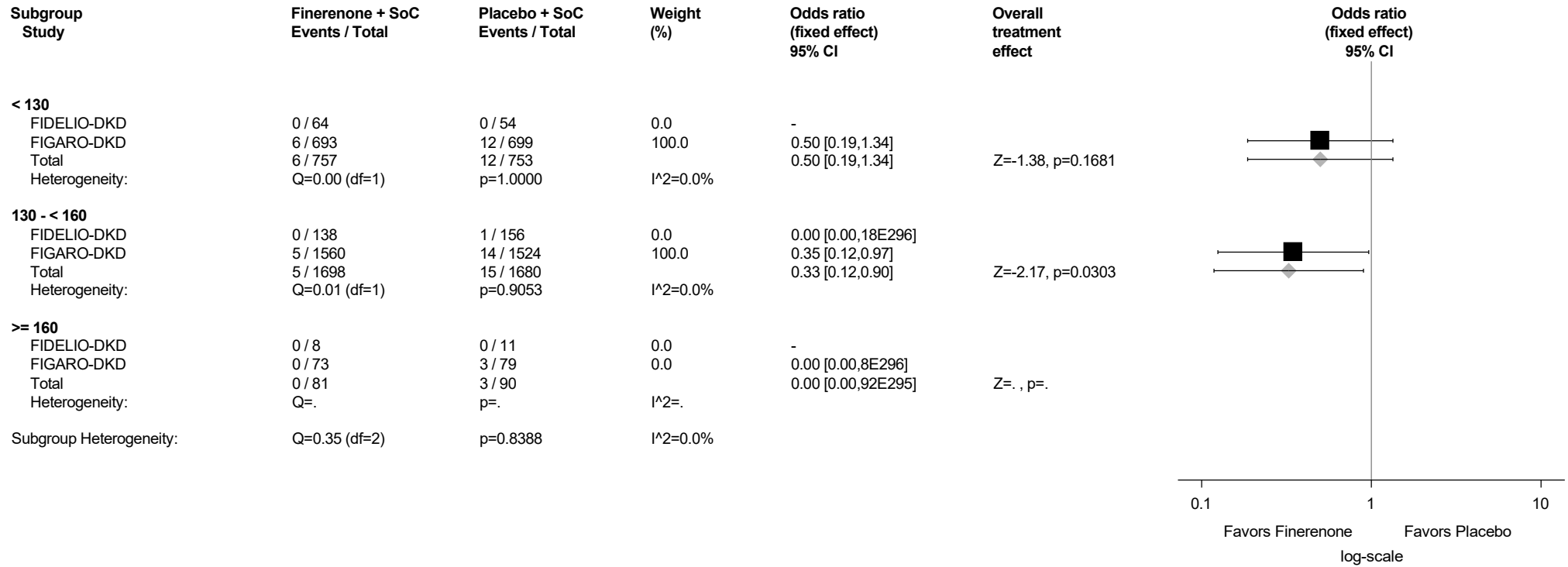
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.121.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetic nephropathy (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



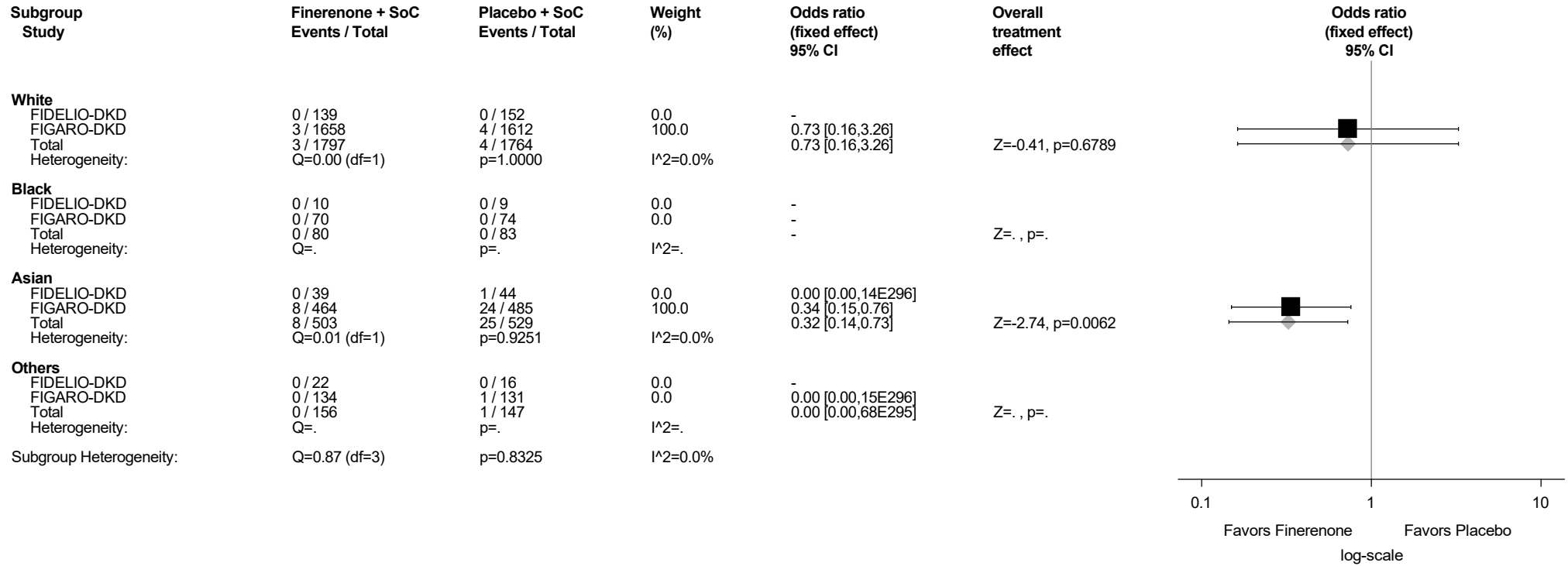
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.121.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Diabetic nephropathy (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



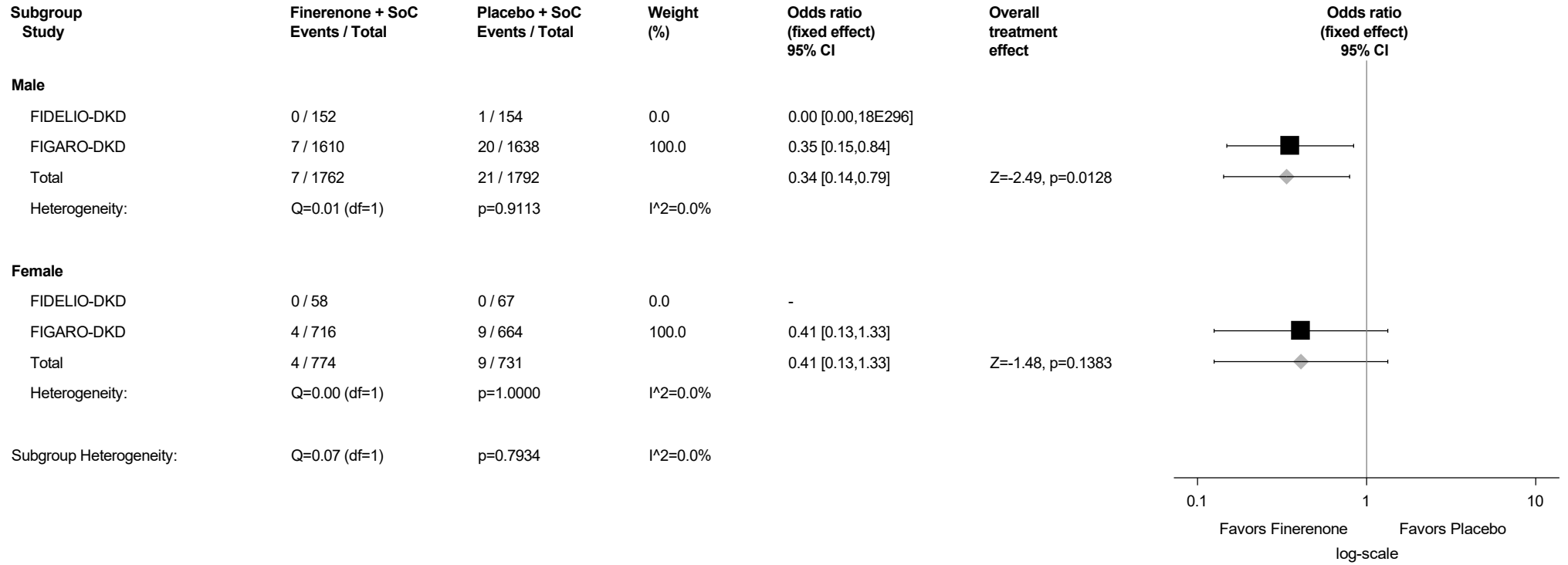
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.121.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

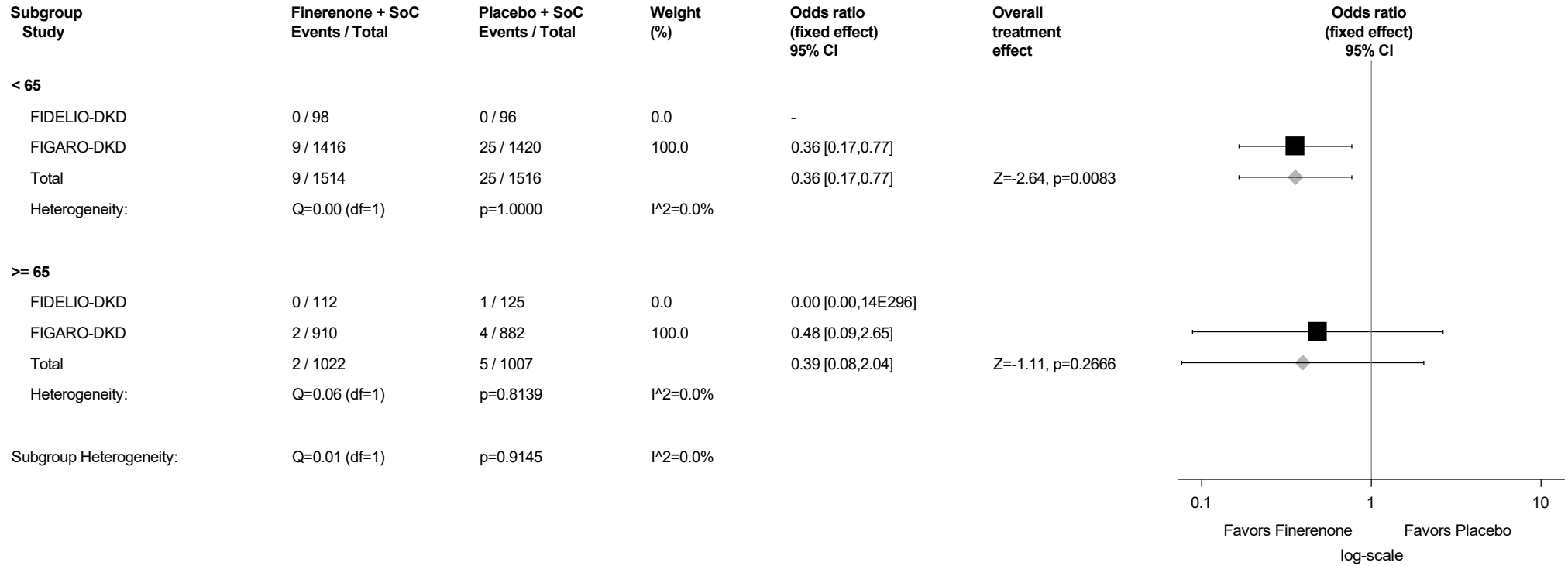
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.121.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Diabetic nephropathy (PT with Incidence >=1% Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



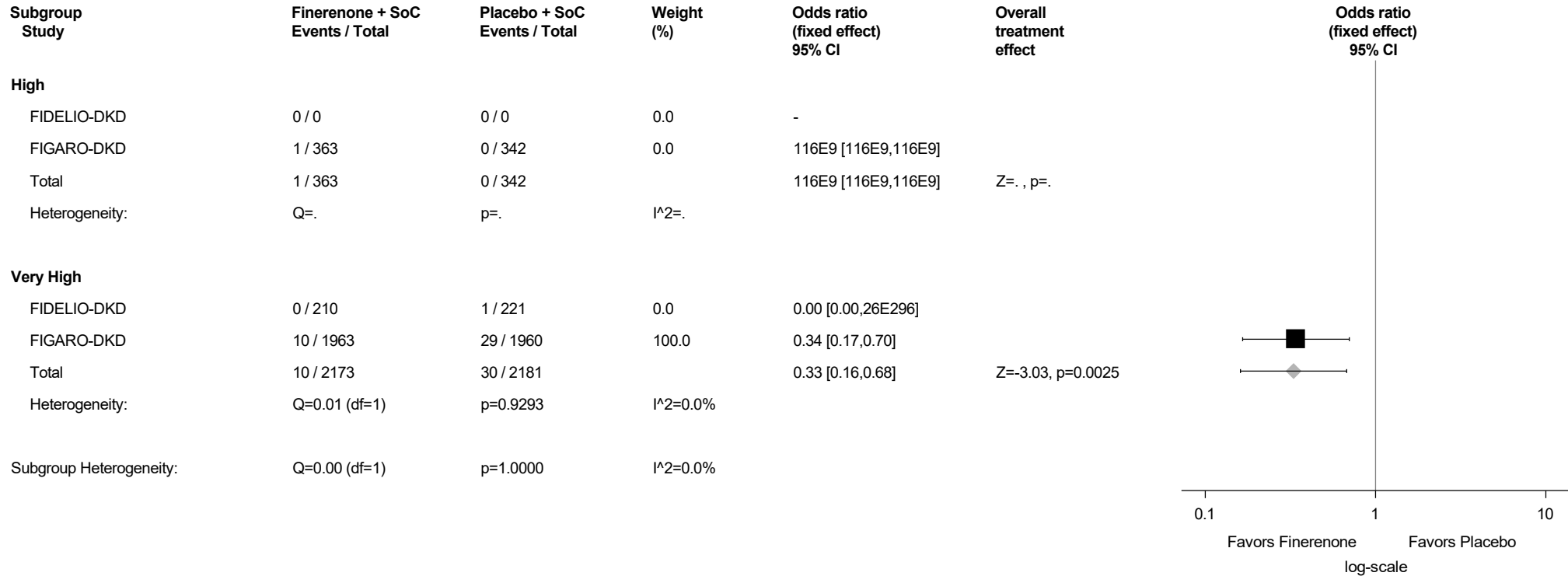
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.121.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetic nephropathy (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



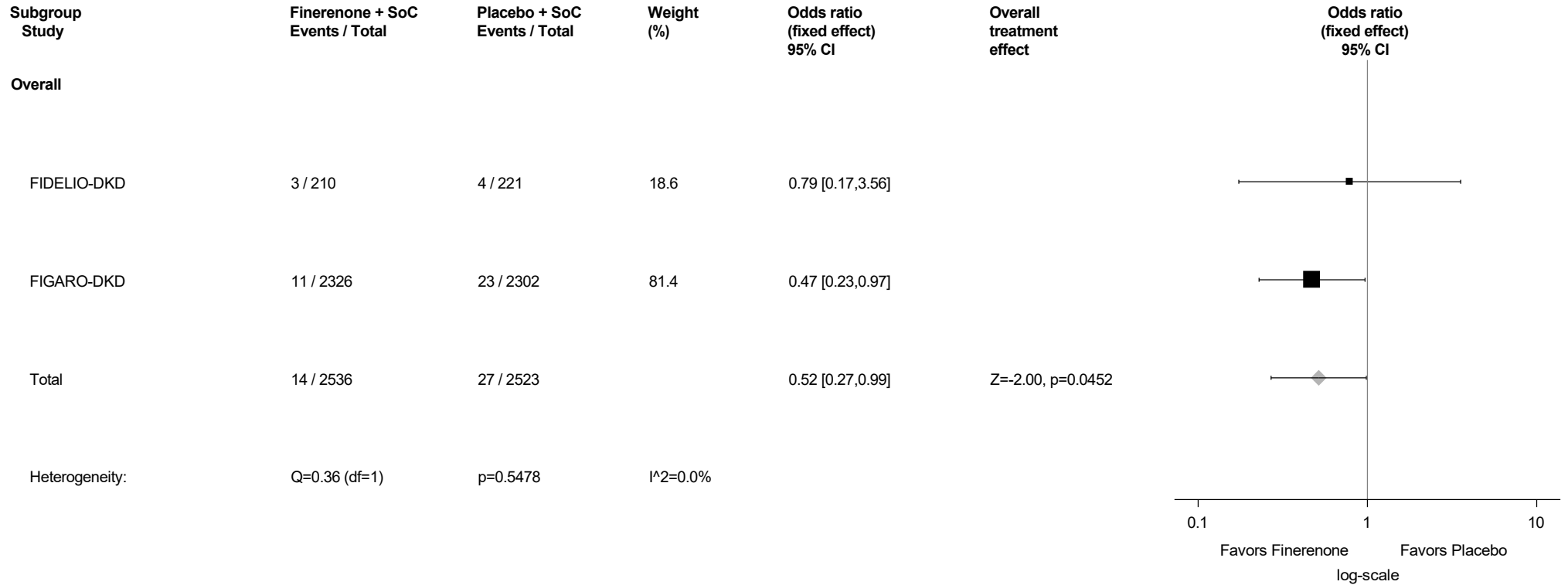
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

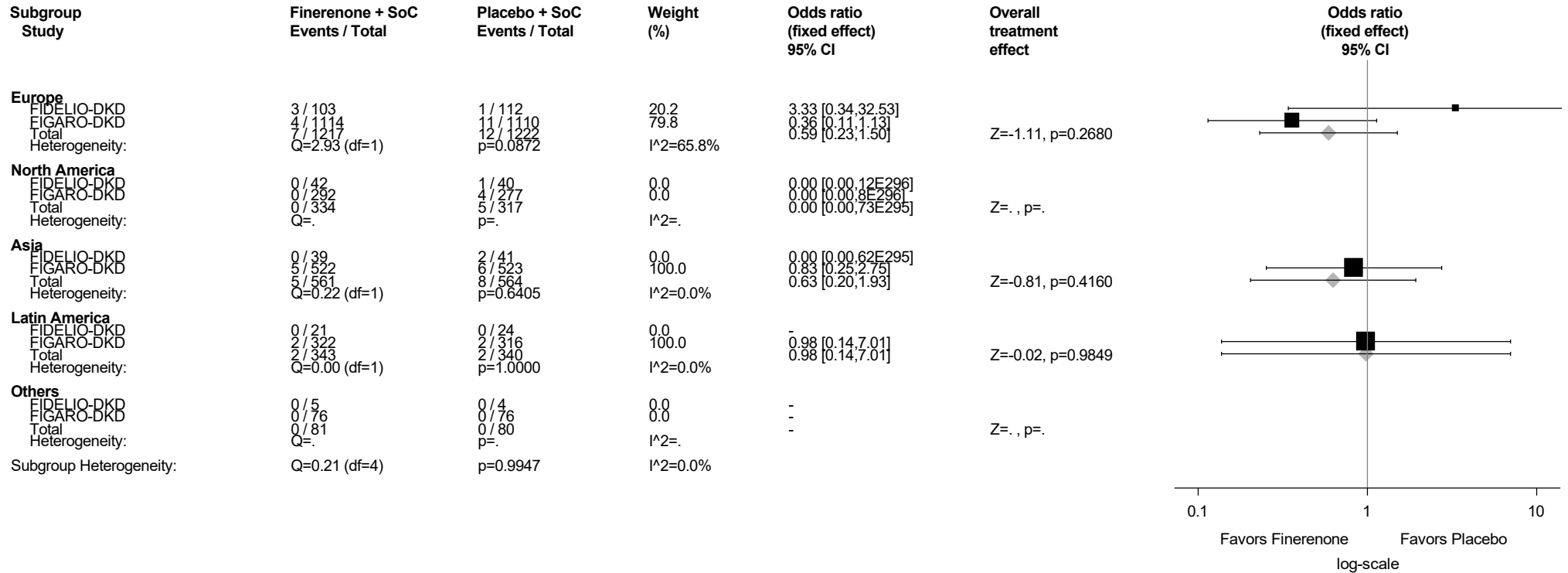
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.122: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.122.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



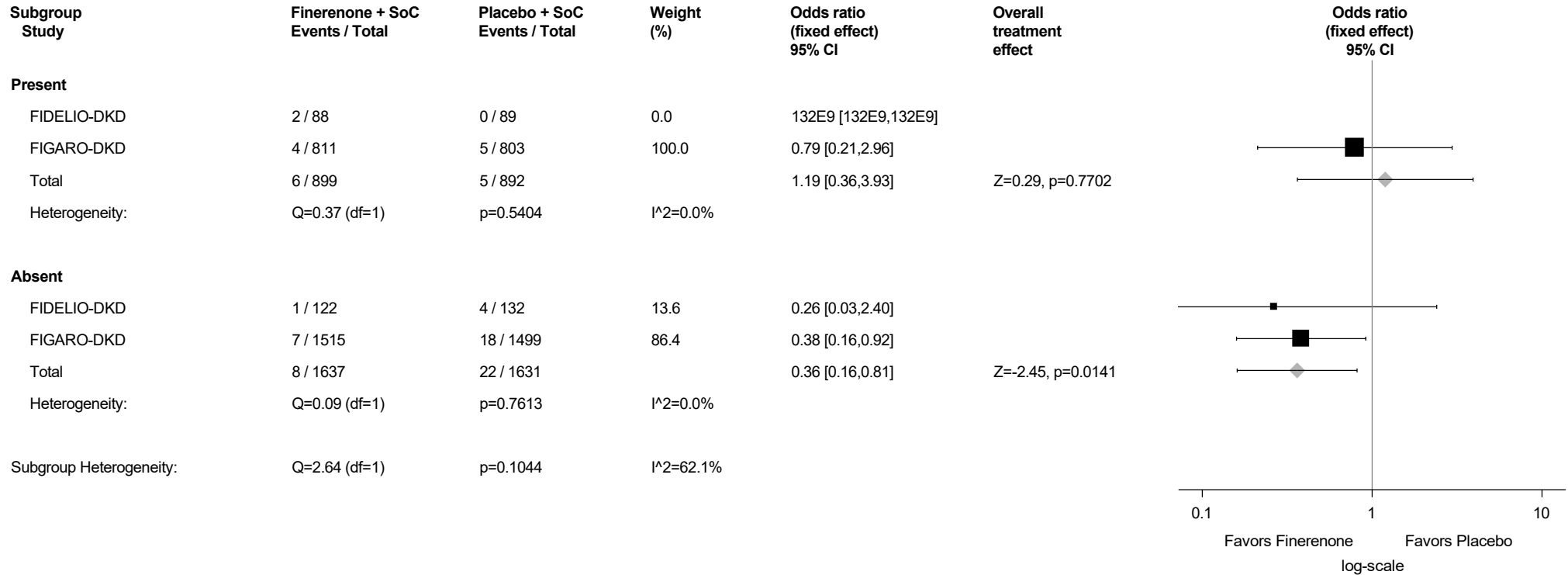
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.122.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



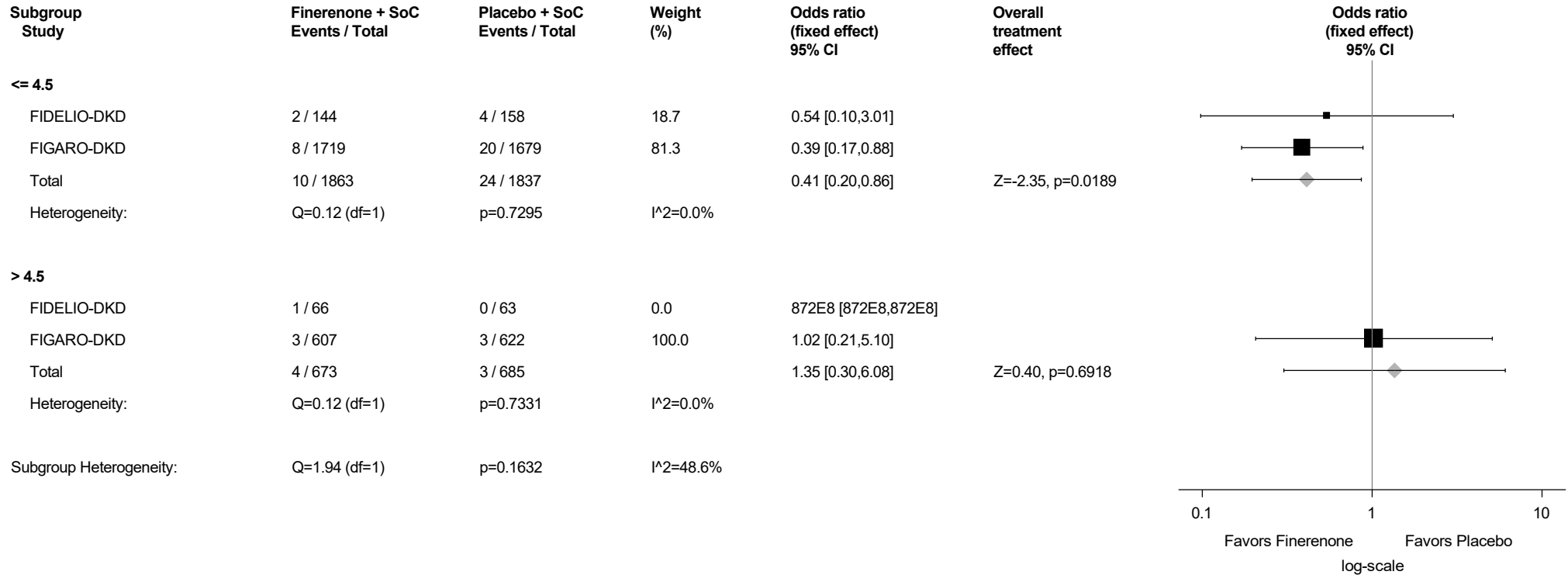
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.122.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



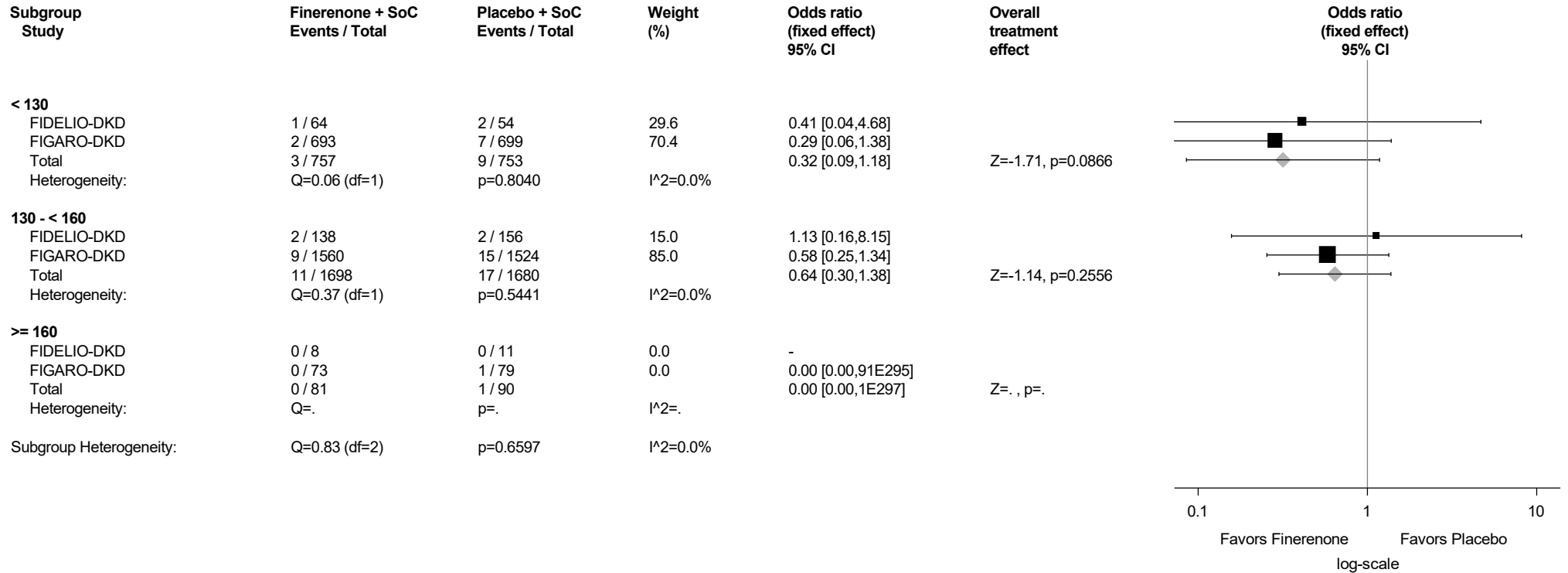
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.122.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



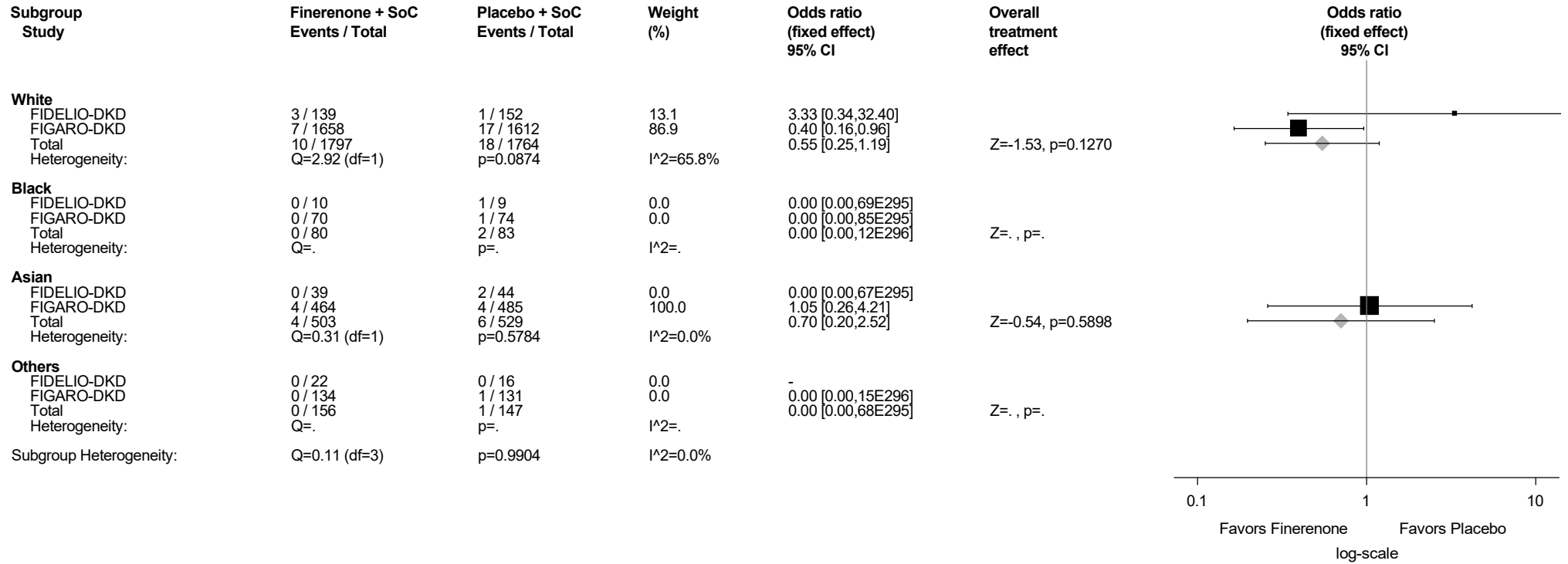
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.122.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



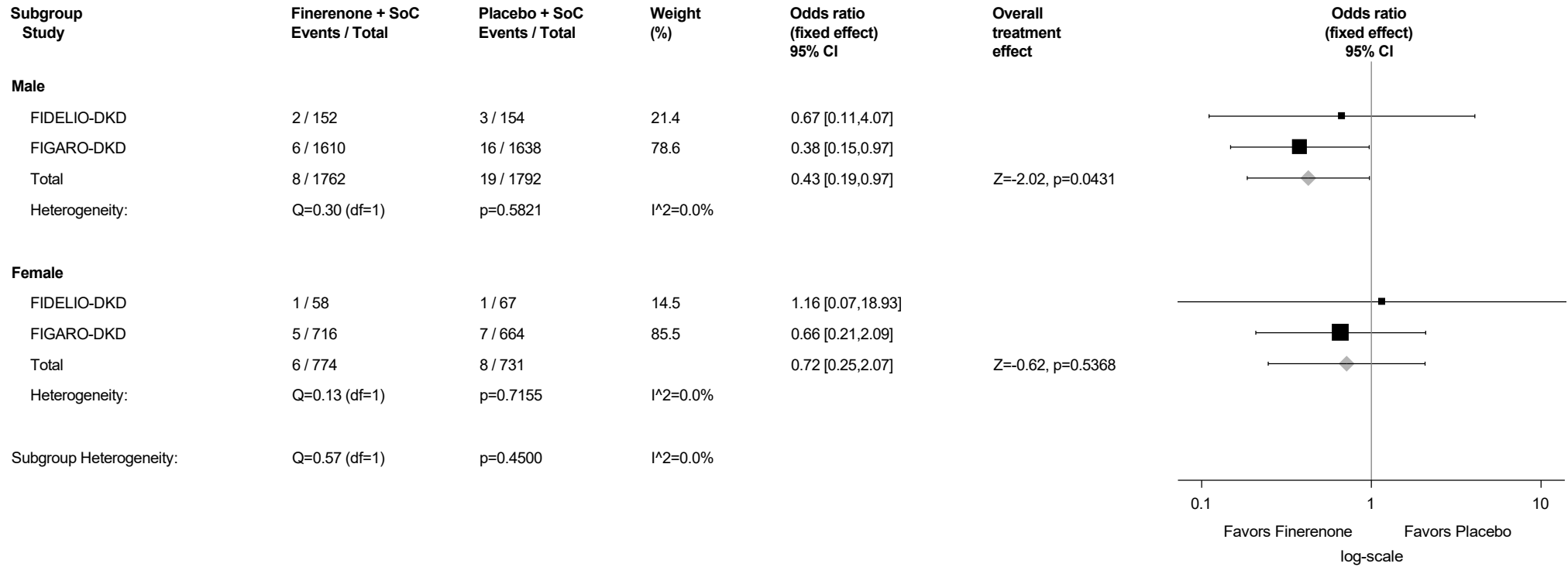
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.122.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



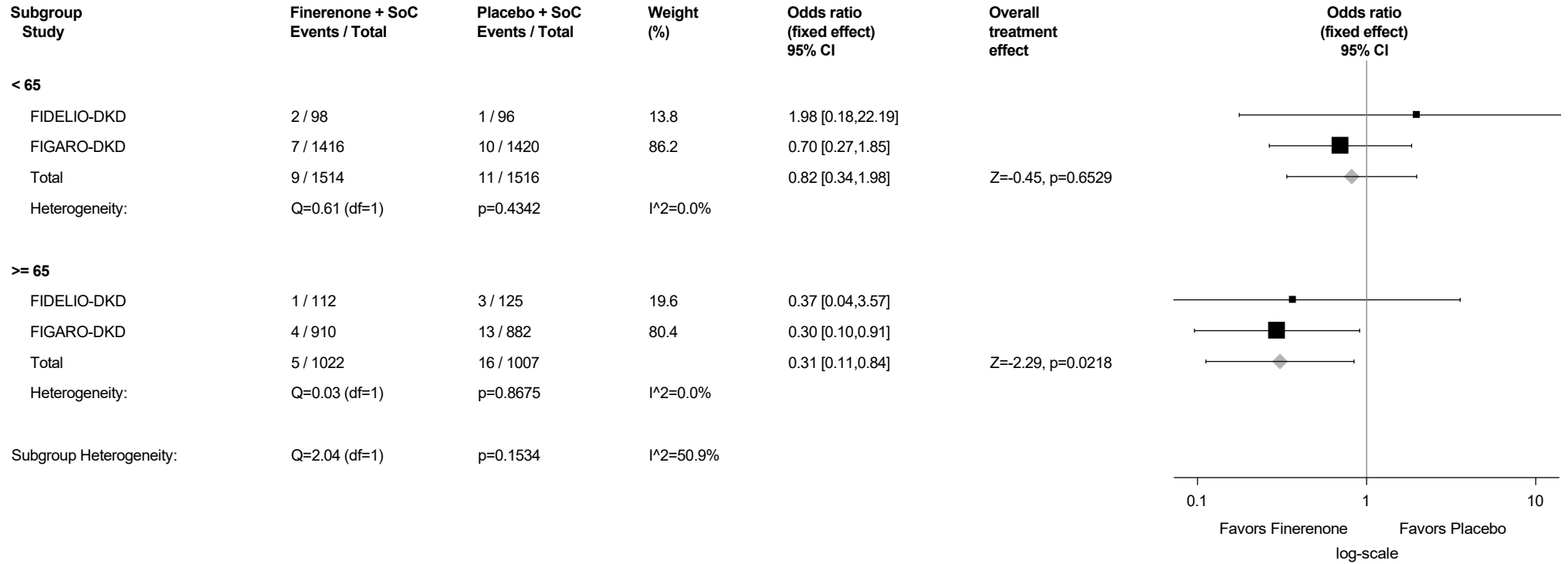
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.122.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Dysuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

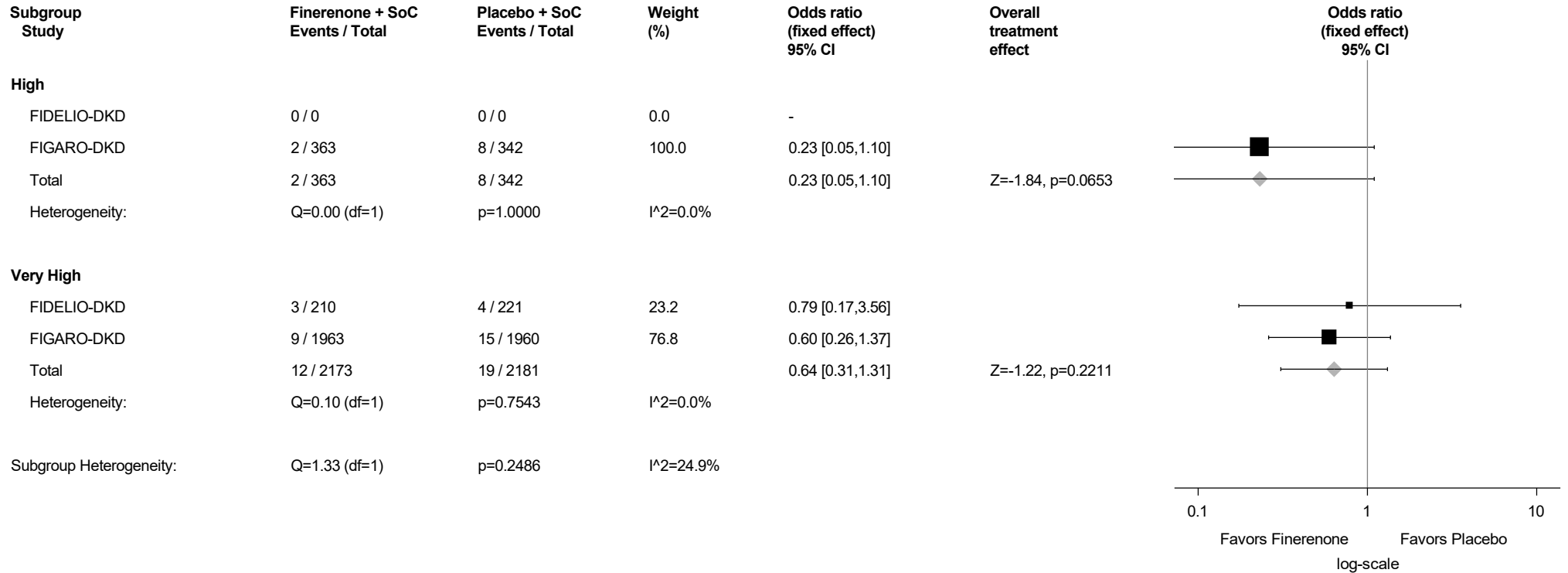
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.122.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dysuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



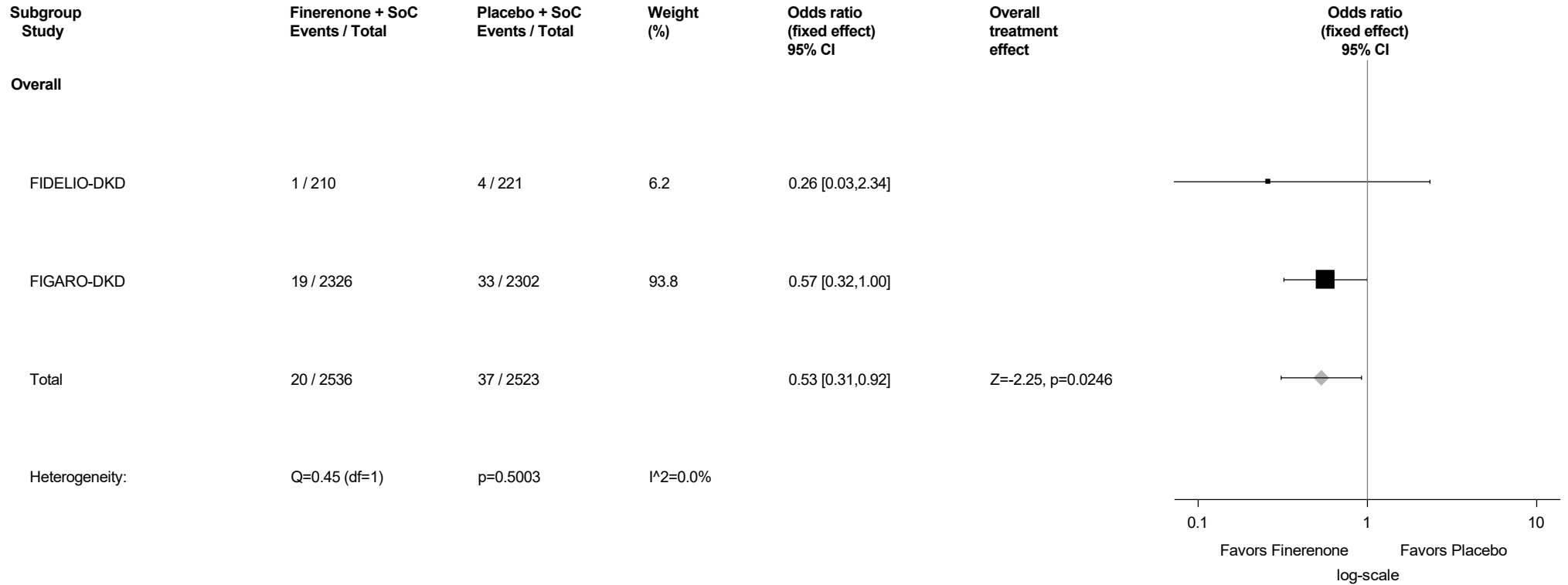
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

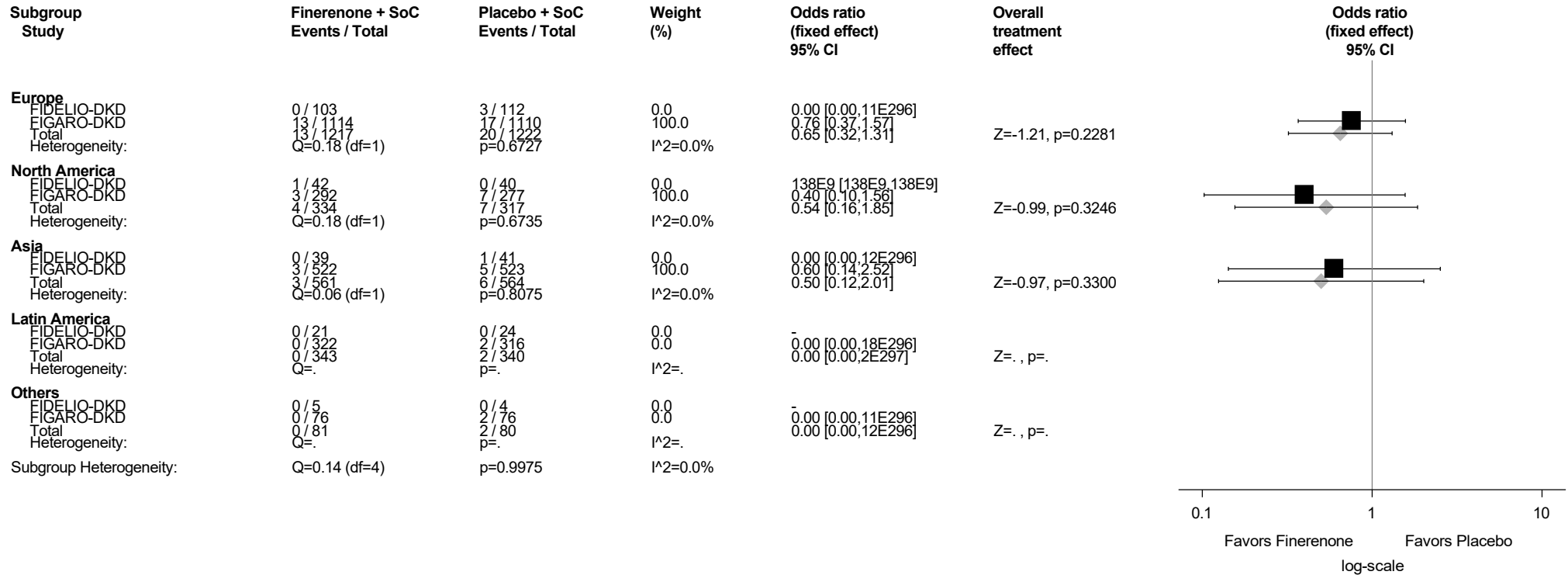
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.123: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.123.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



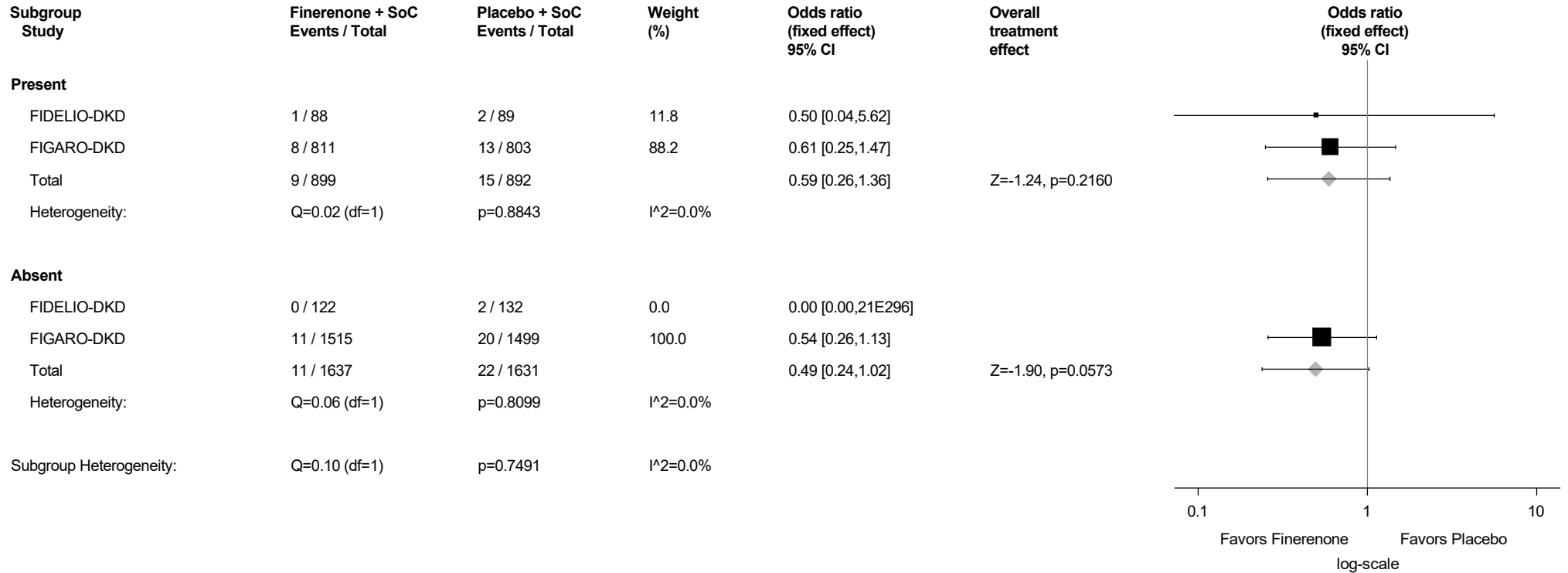
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.123.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



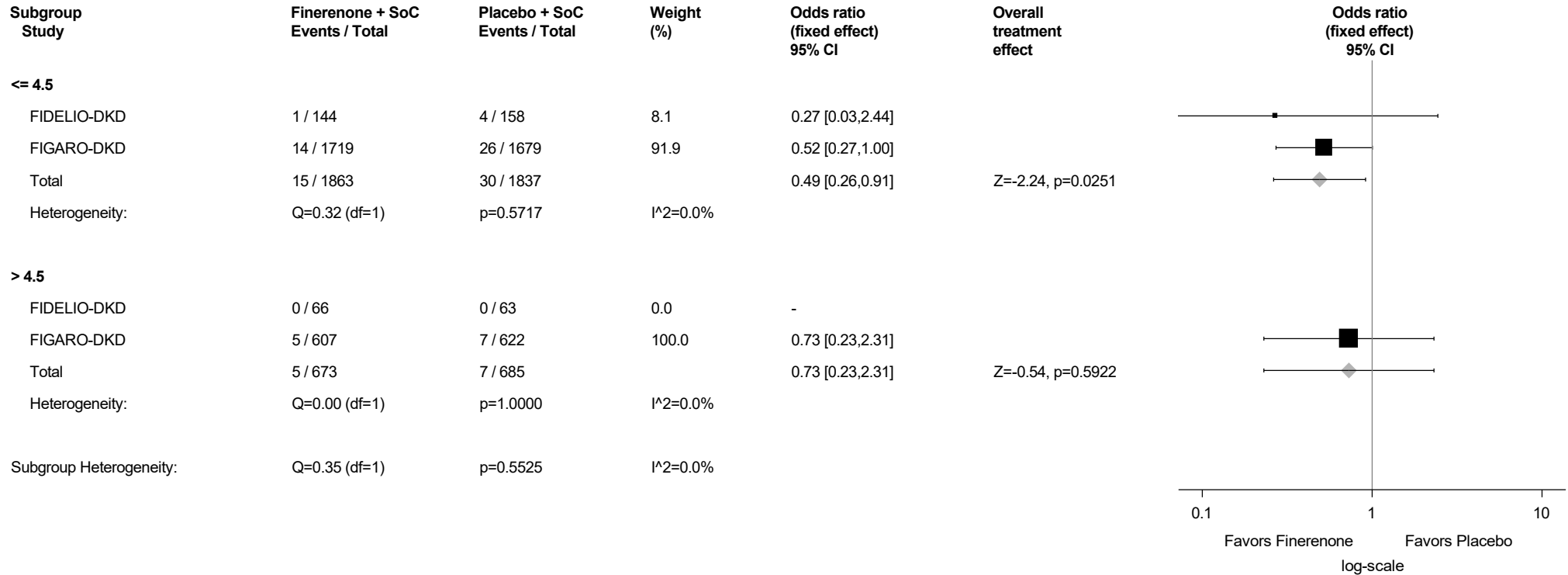
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.123.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



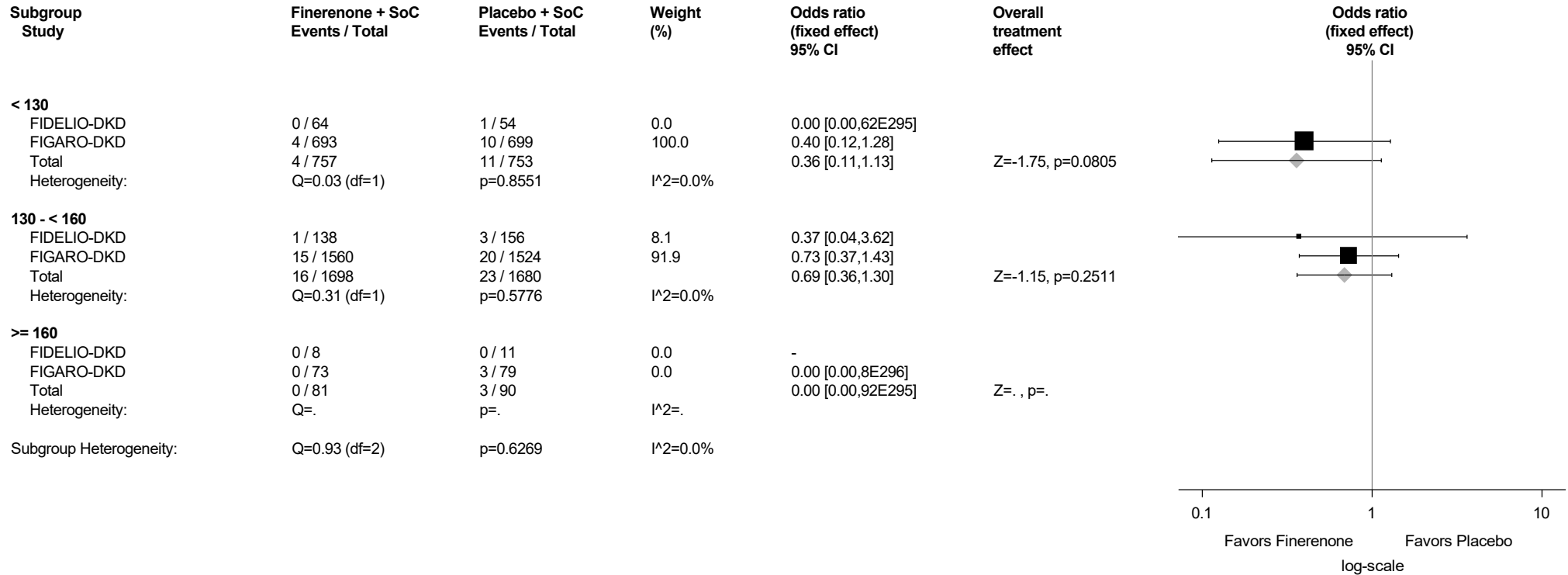
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.123.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



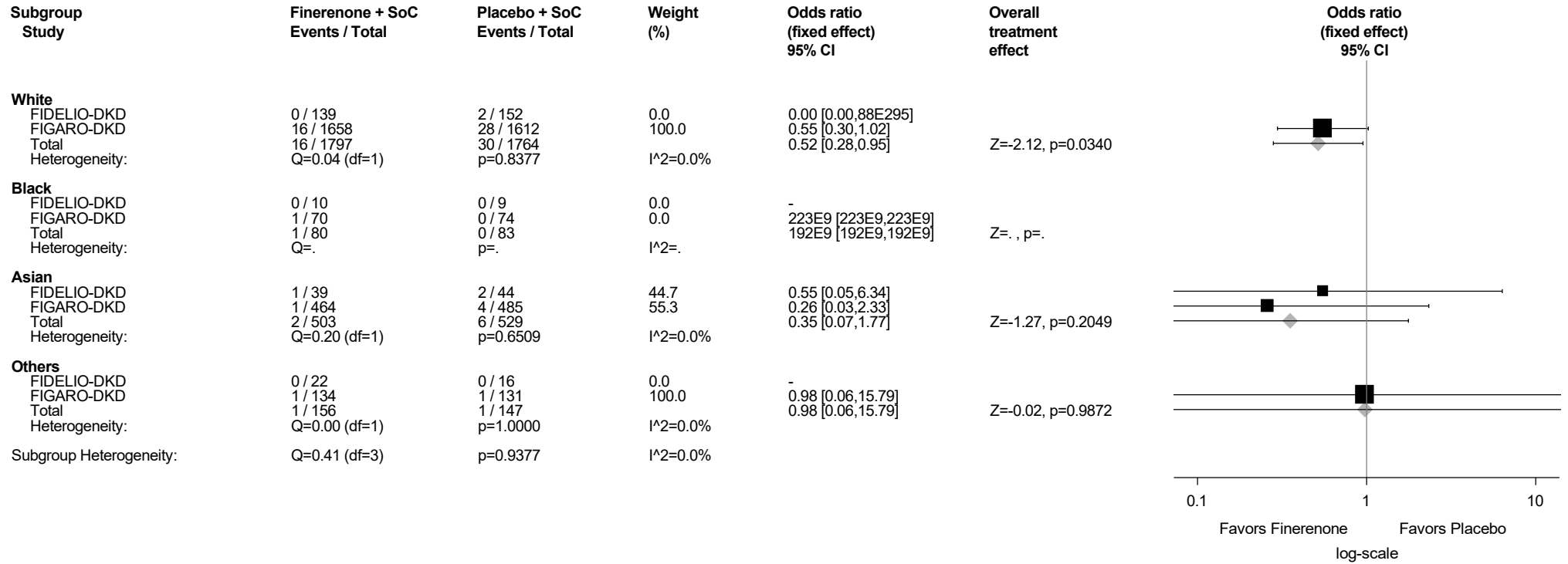
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.123.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



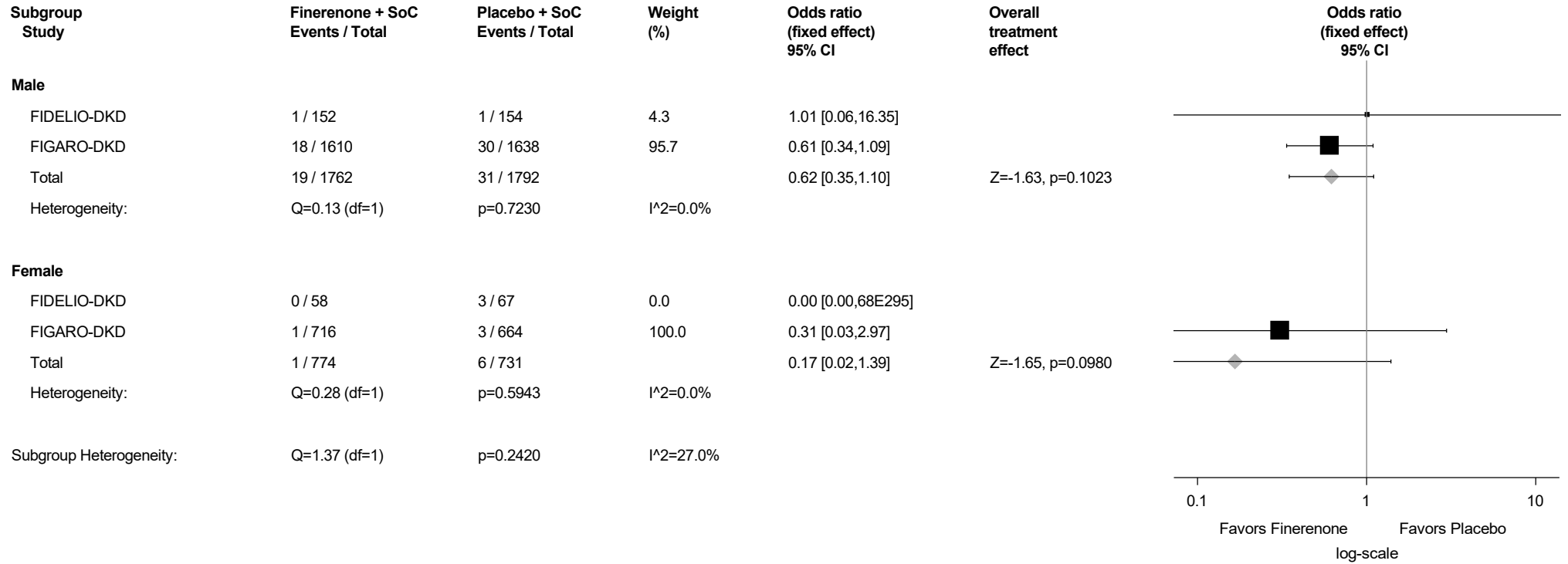
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.123.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



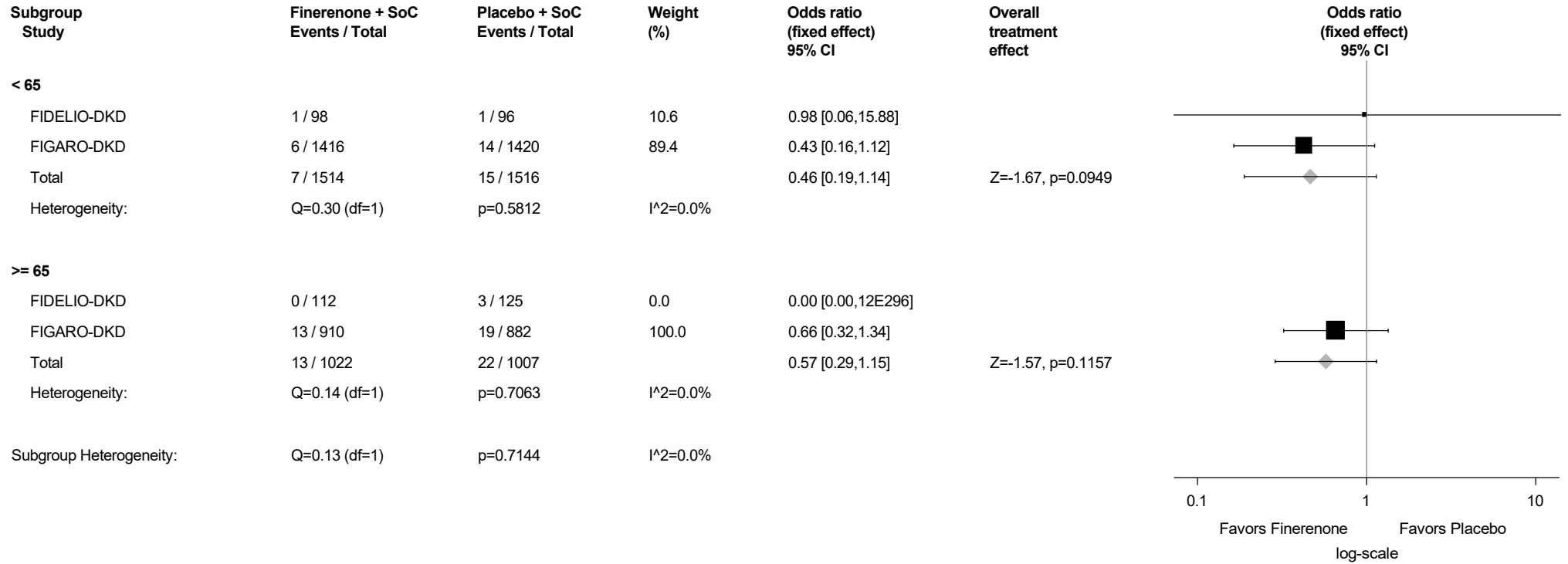
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.123.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



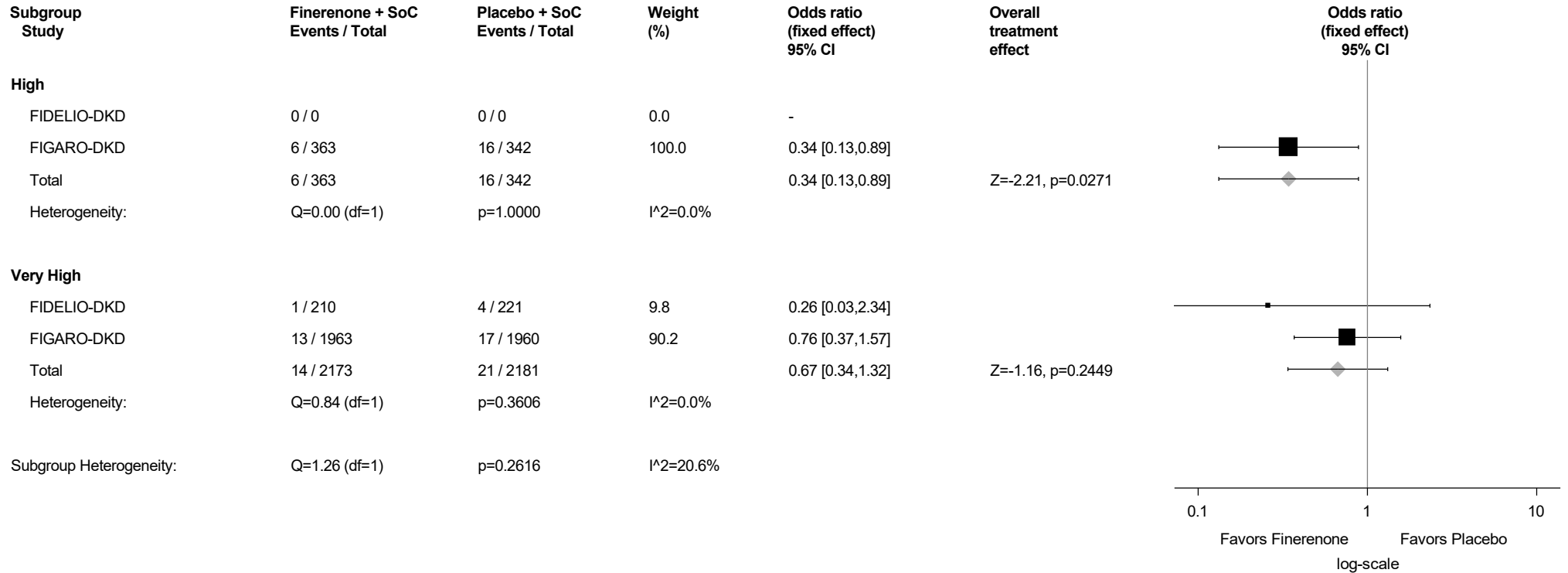
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.123.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



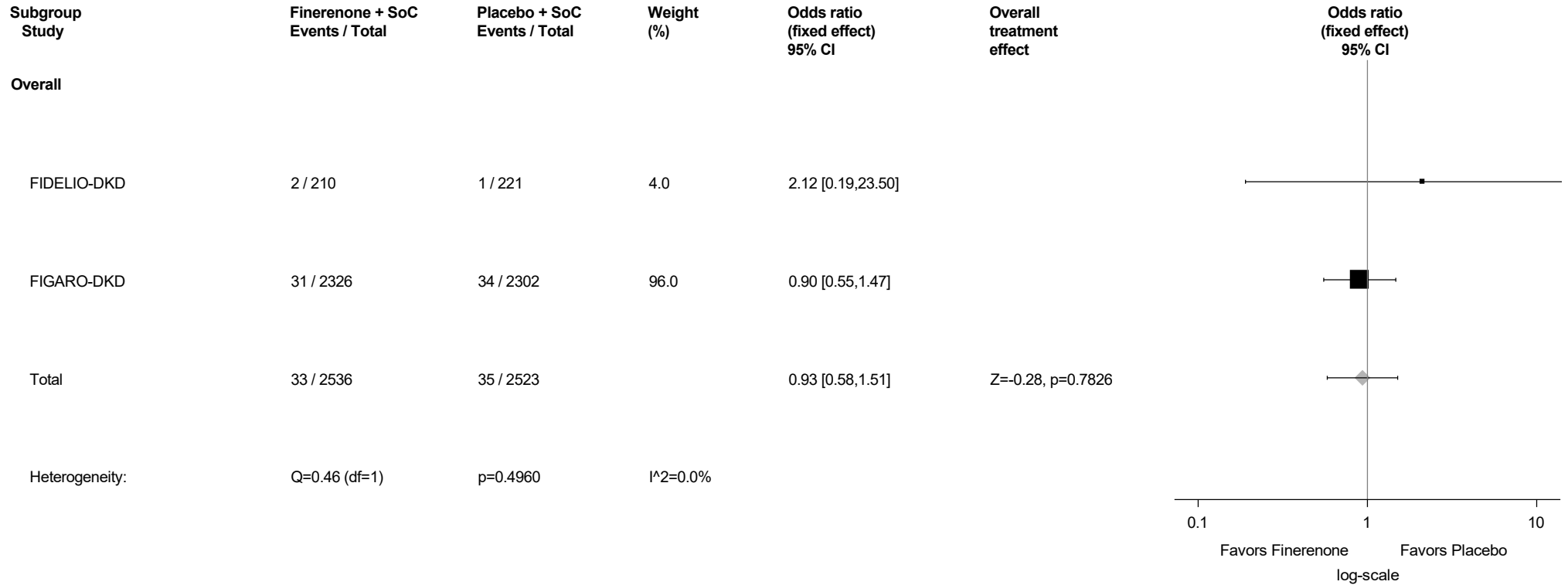
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

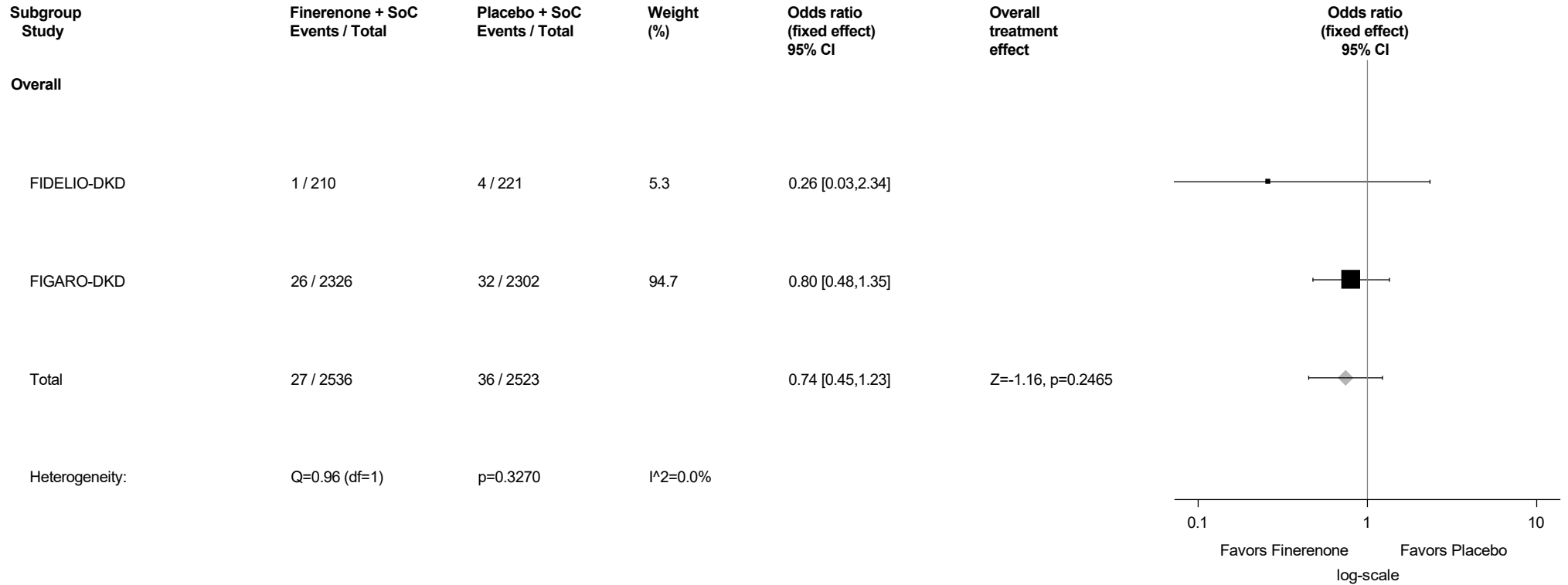
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.124: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



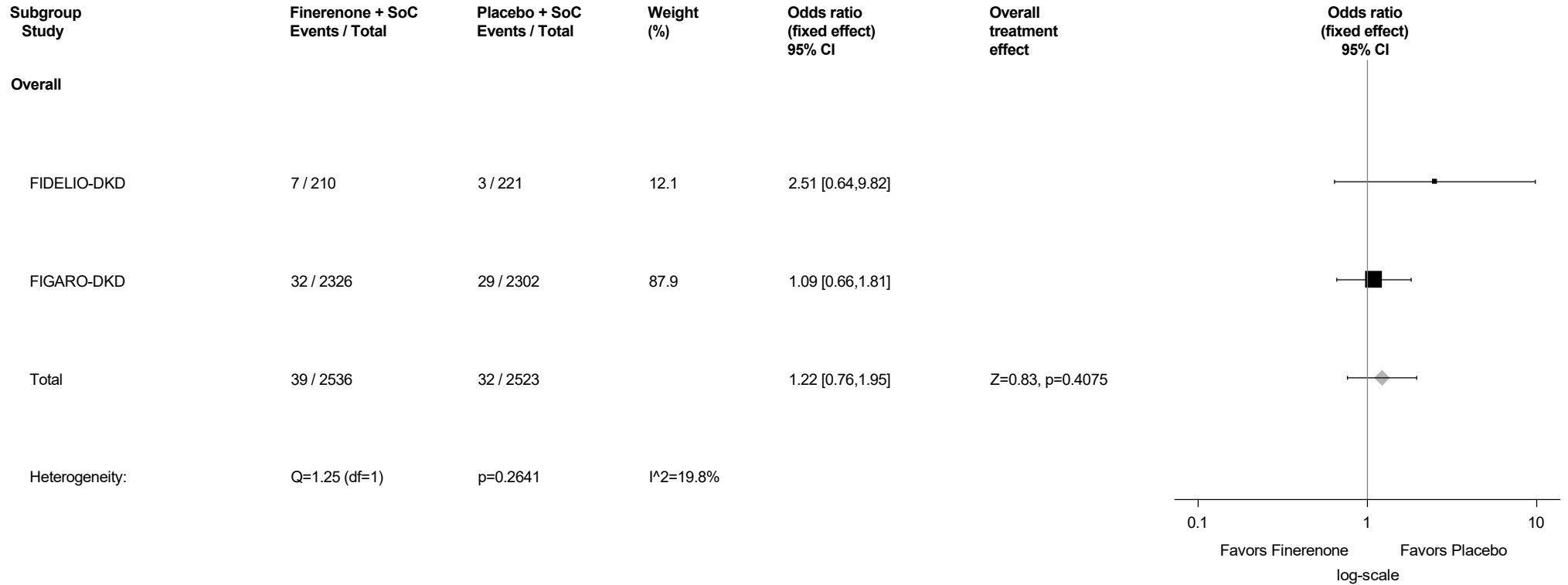
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.125: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



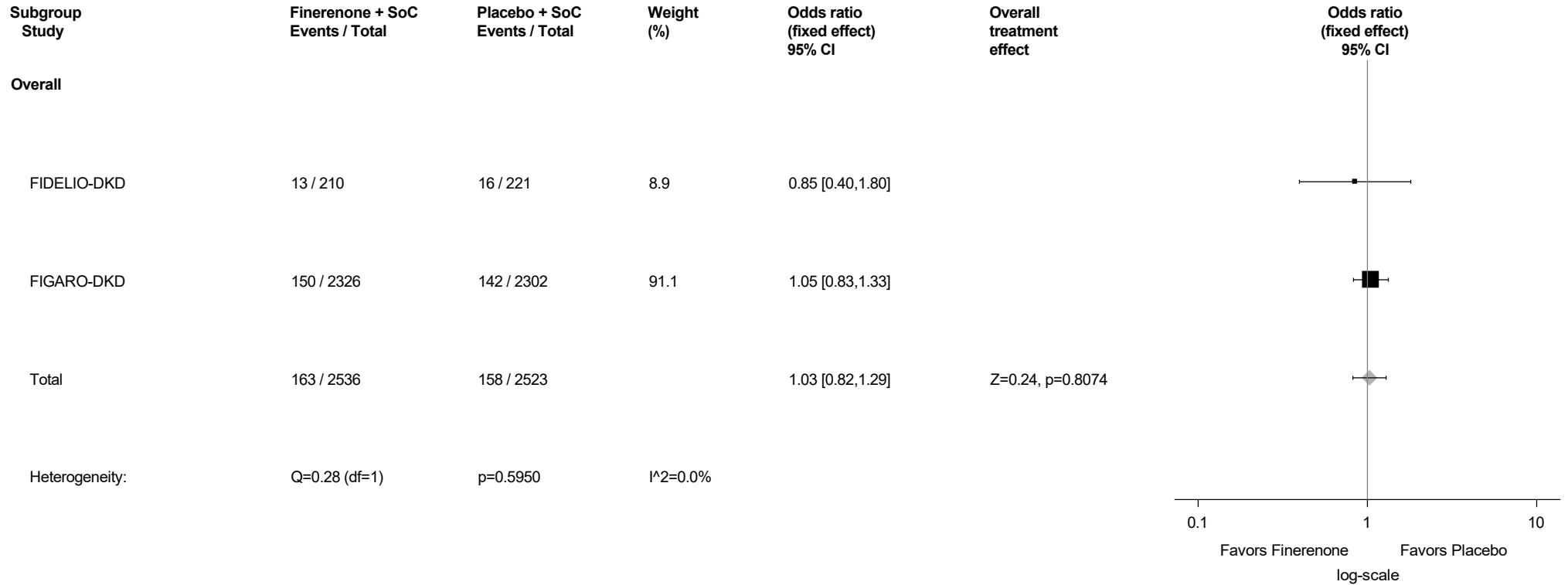
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.126: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



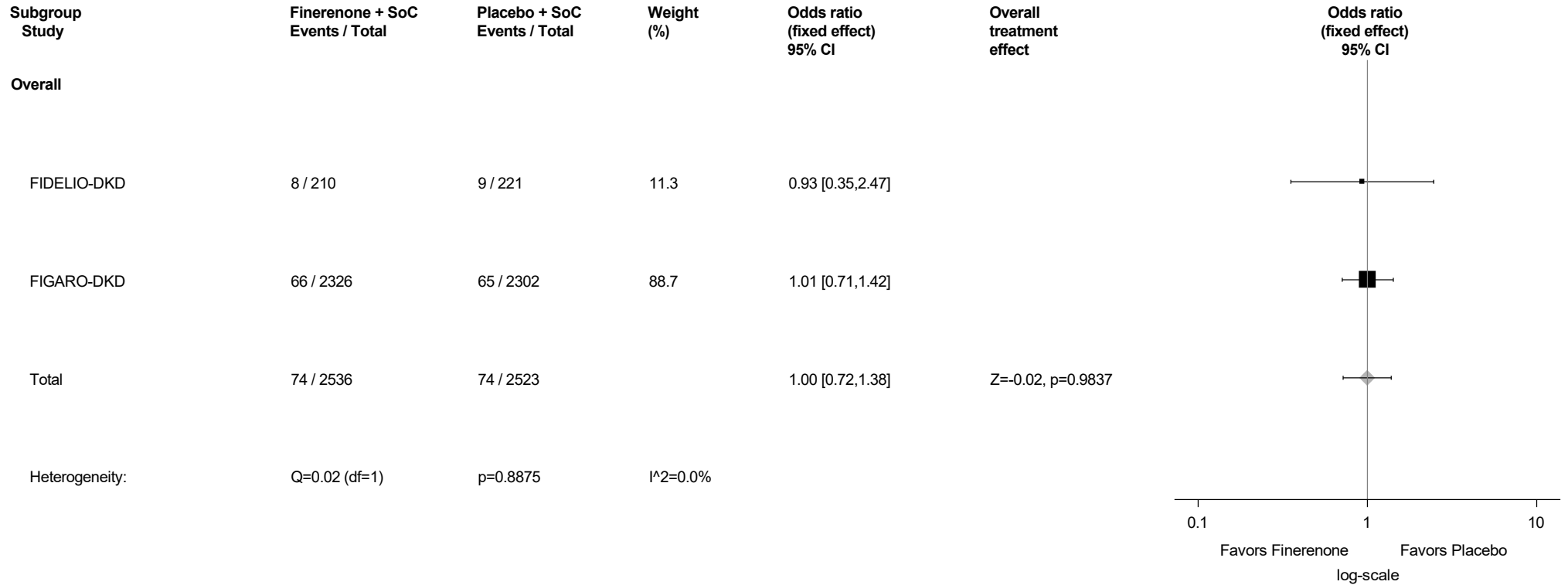
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.127: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



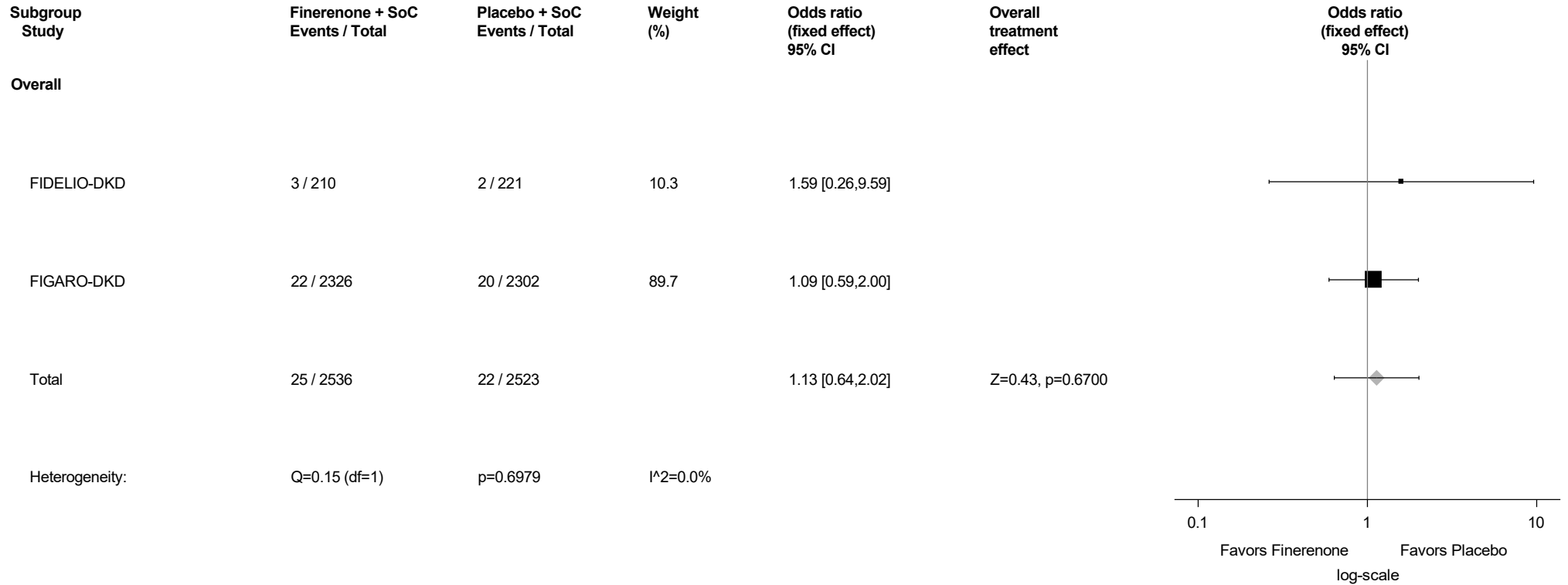
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.128: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



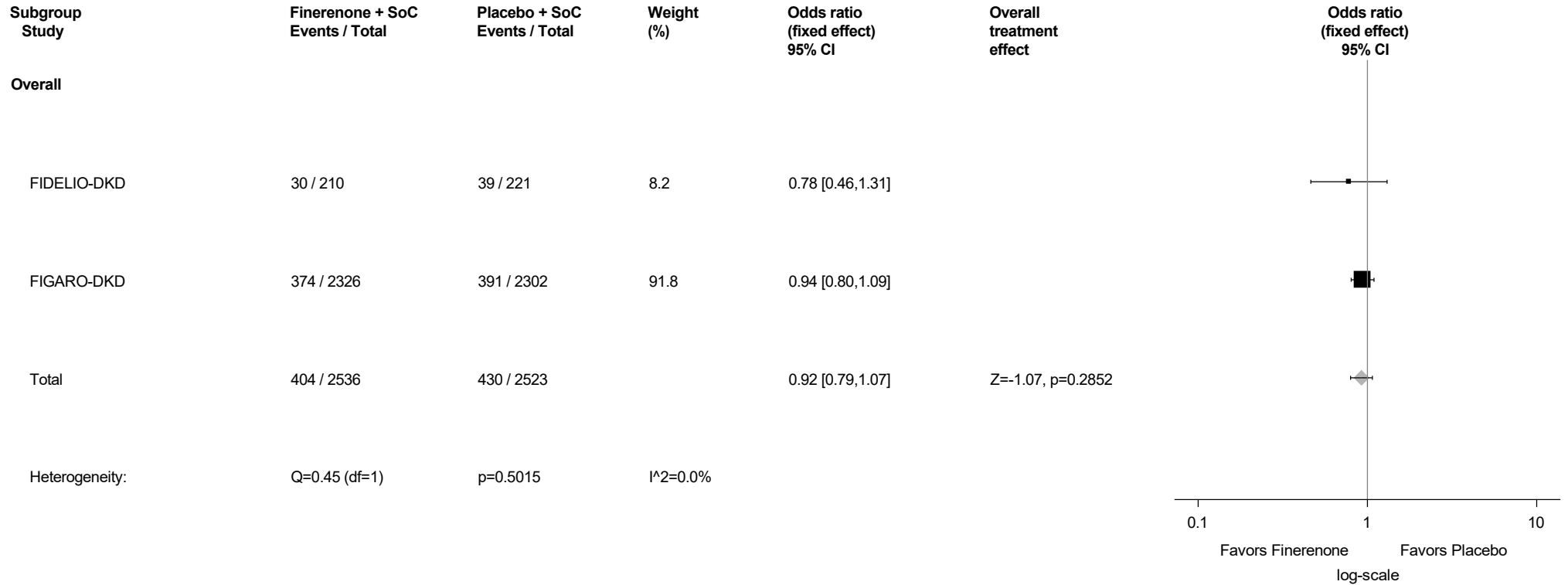
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.129: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Erectile dysfunction (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



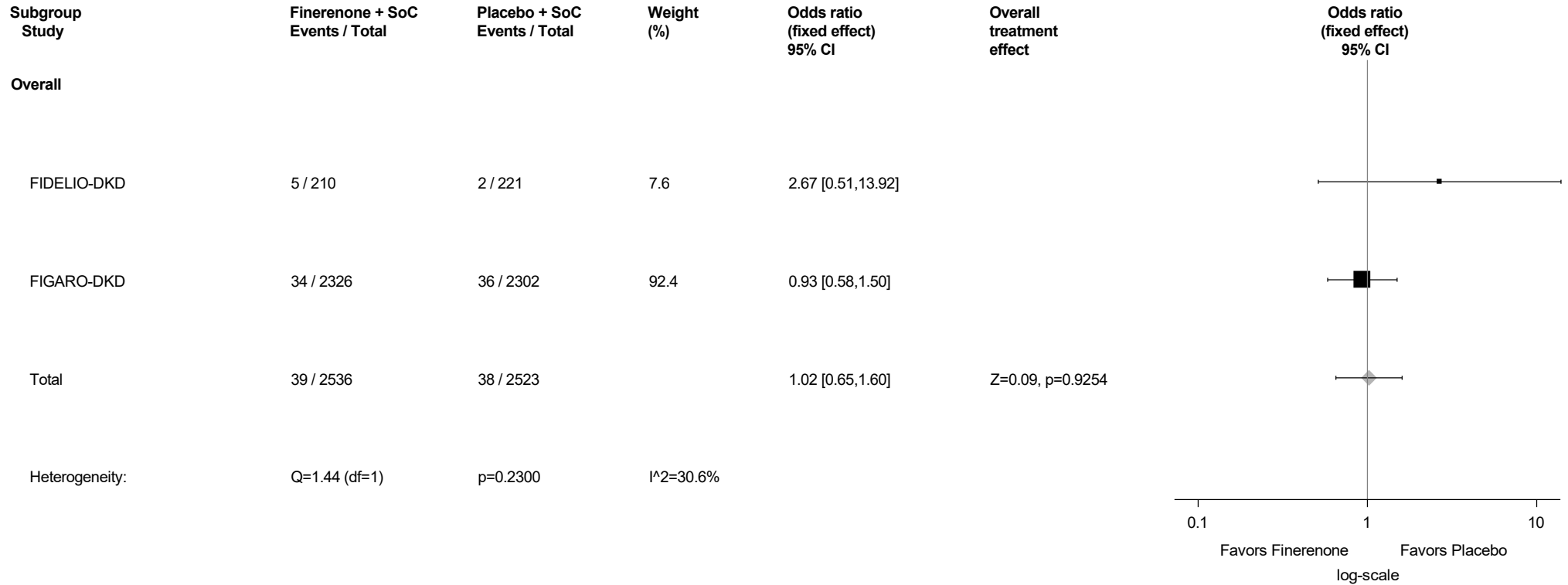
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.130: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



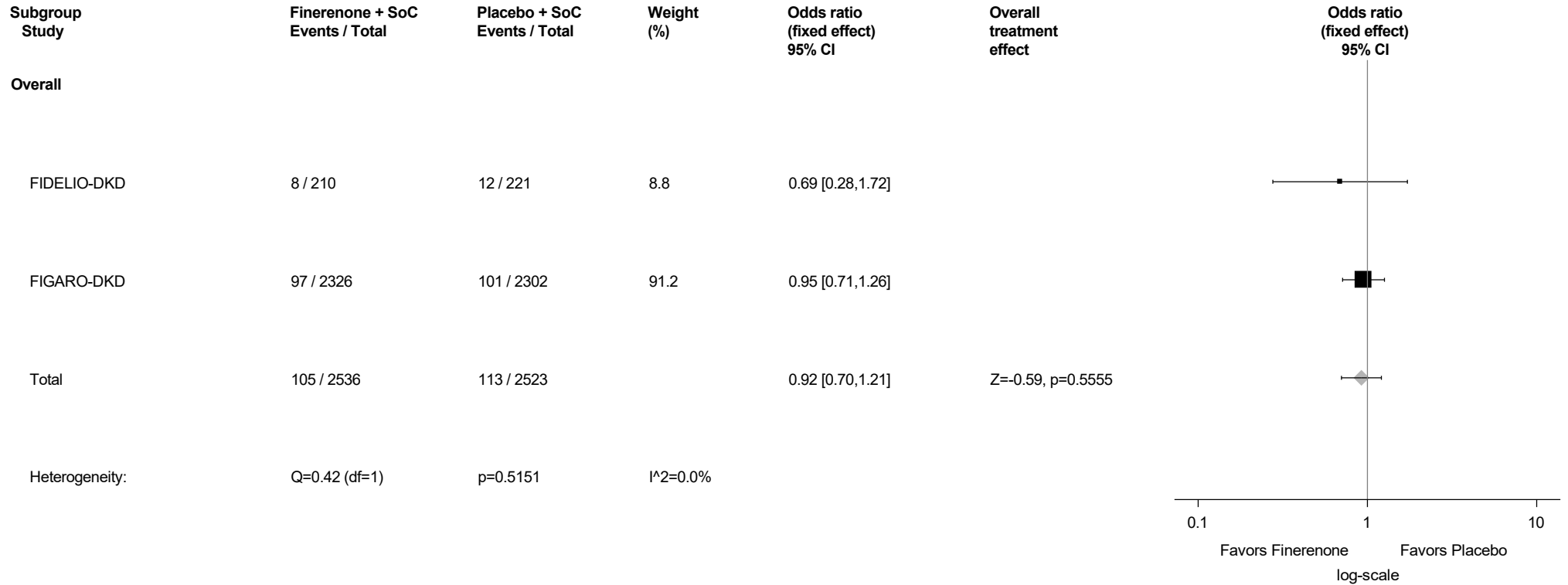
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.131: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



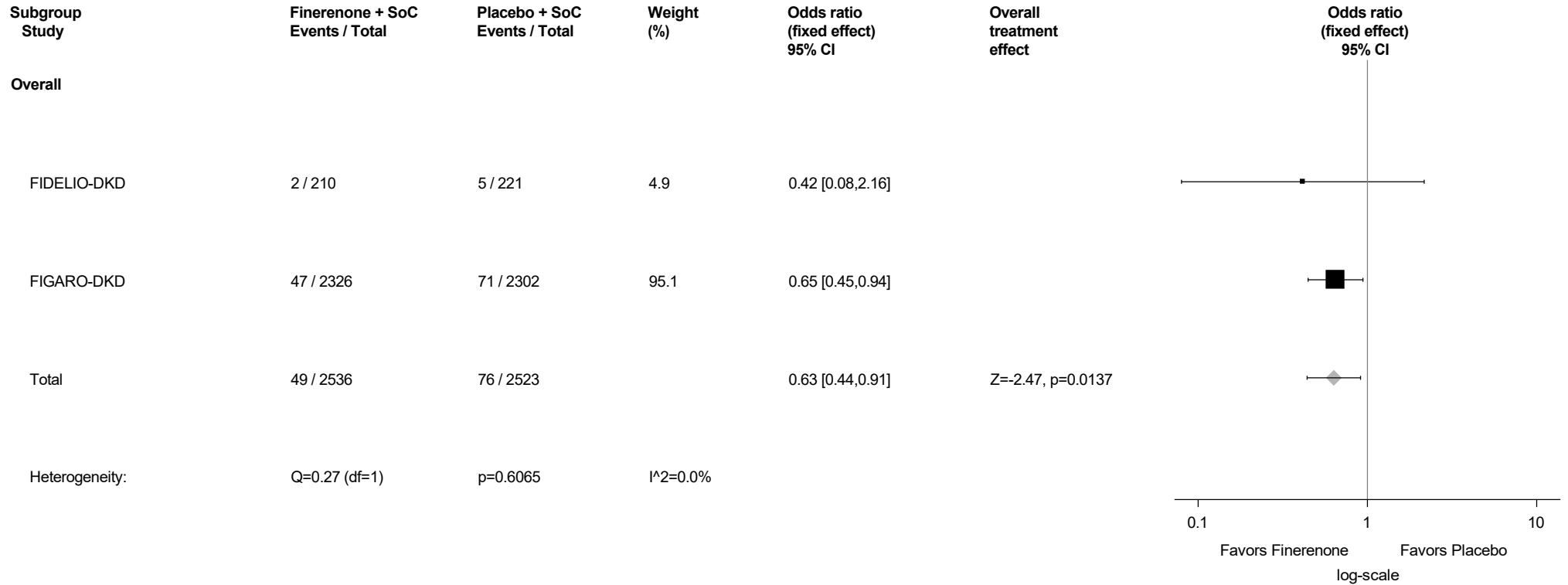
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.132: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



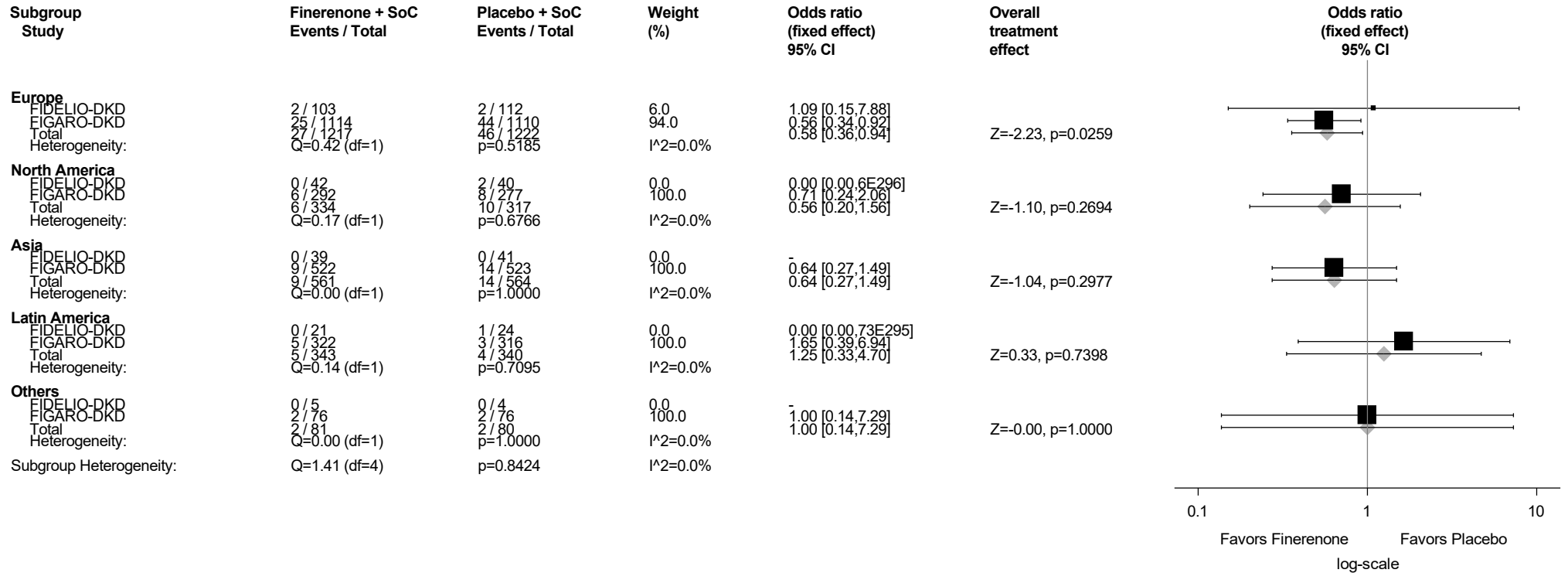
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.133: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.133.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Dyspnoea (PT with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



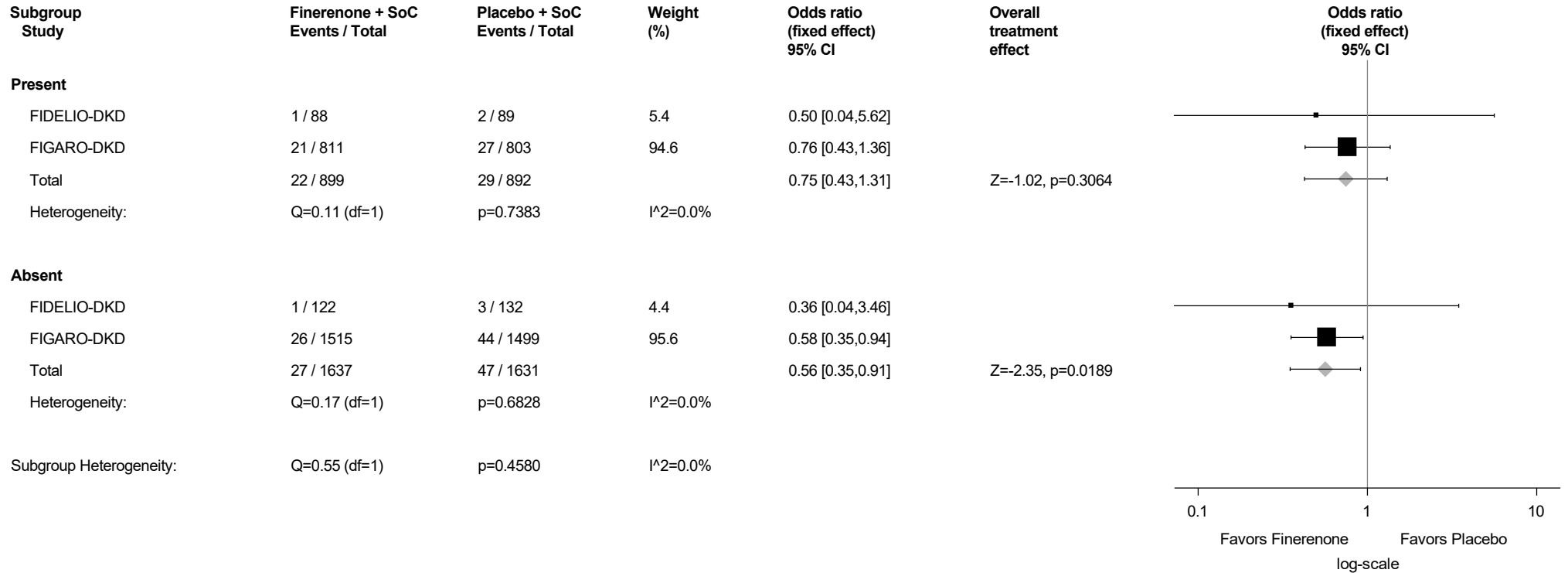
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.133.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



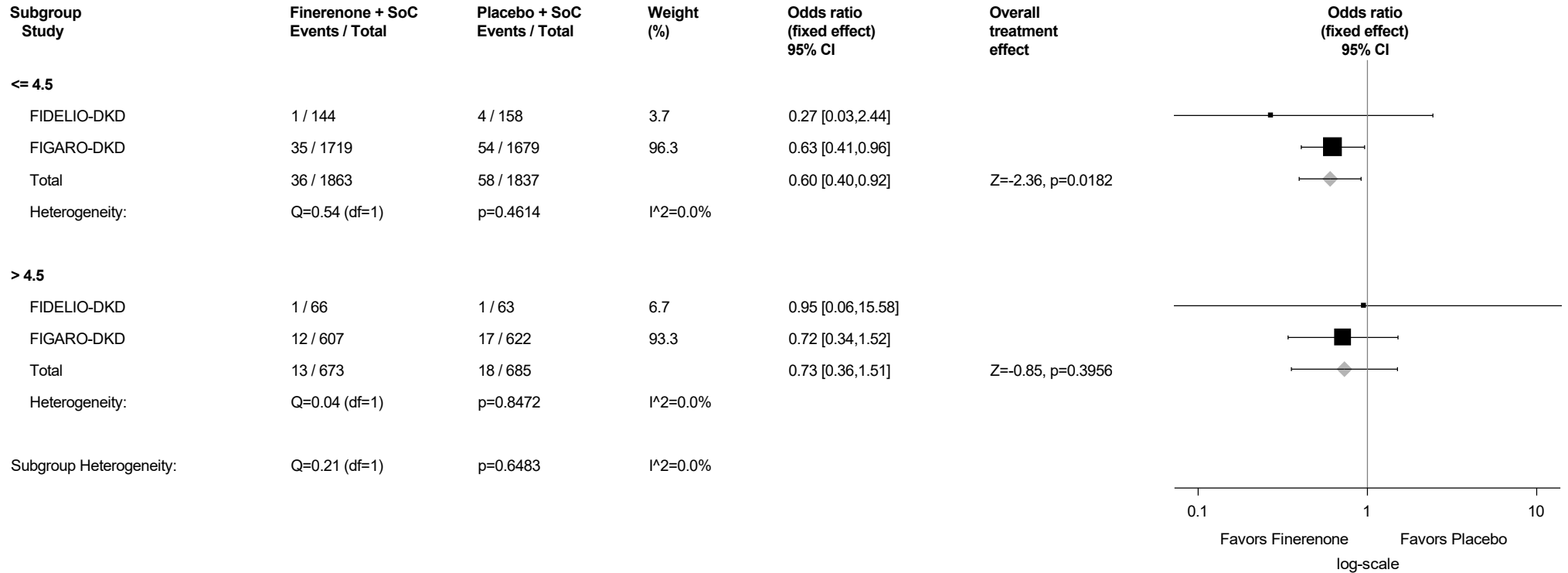
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.133.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



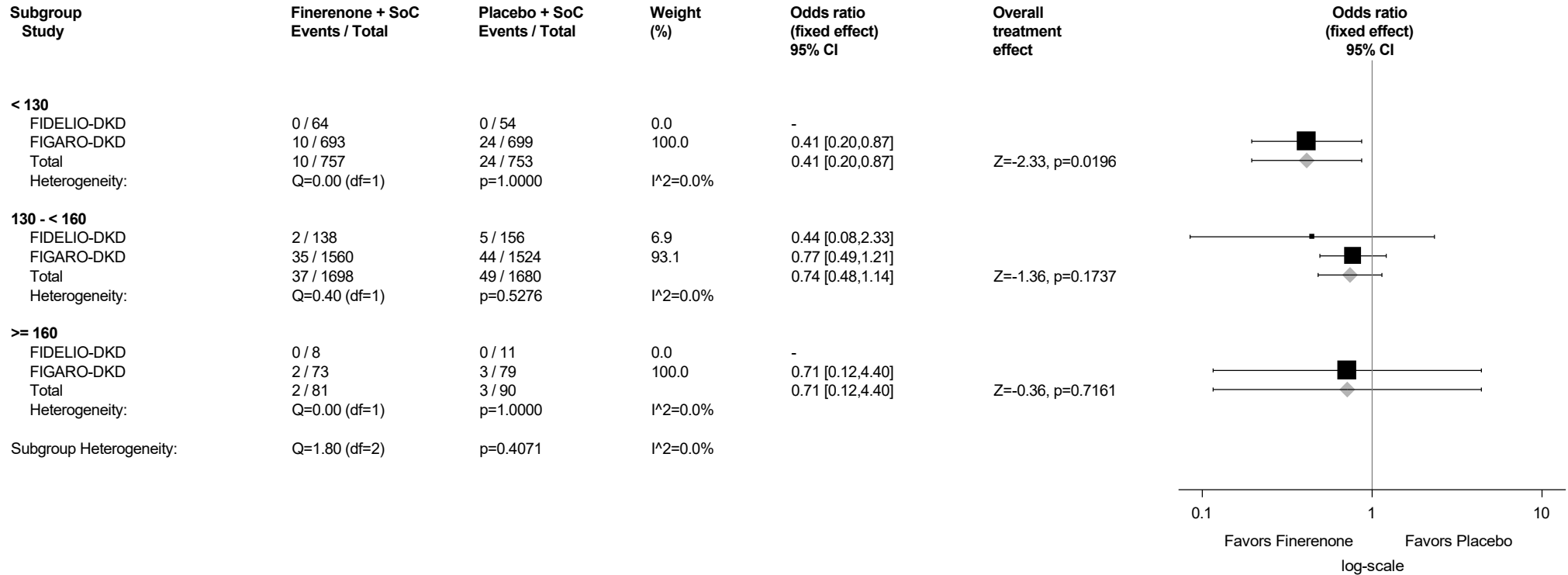
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.133.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



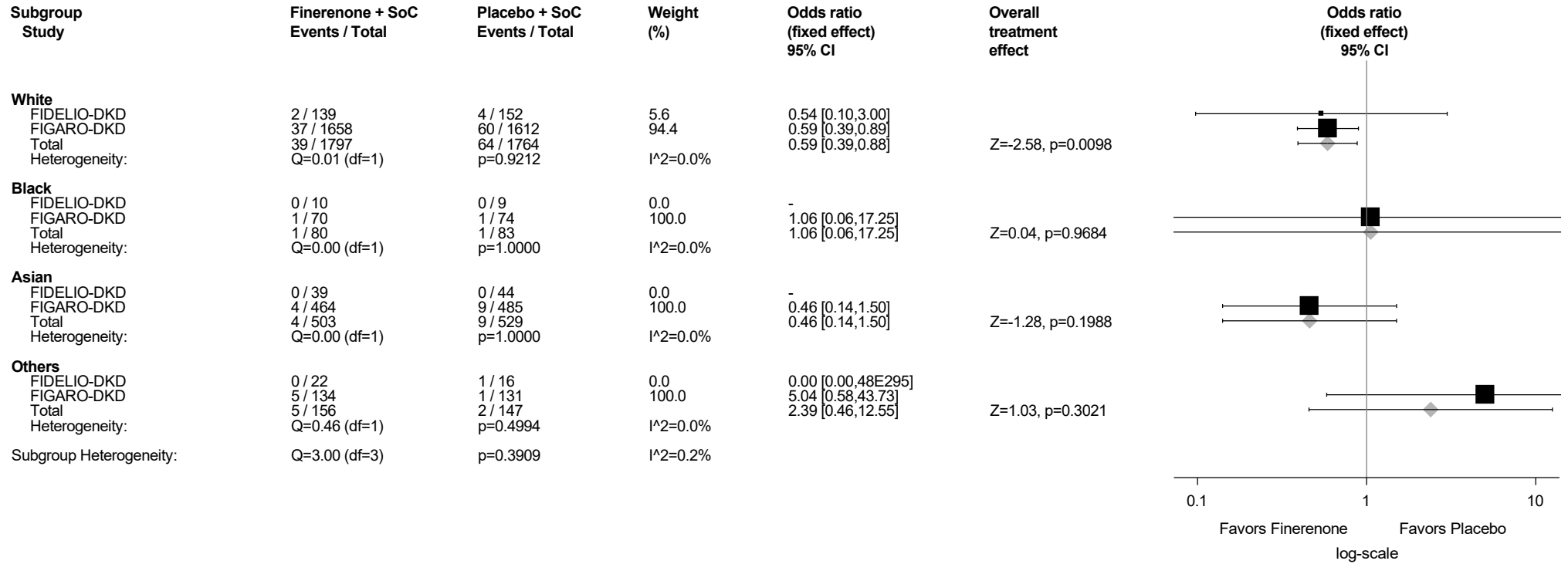
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.133.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Dyspnoea (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



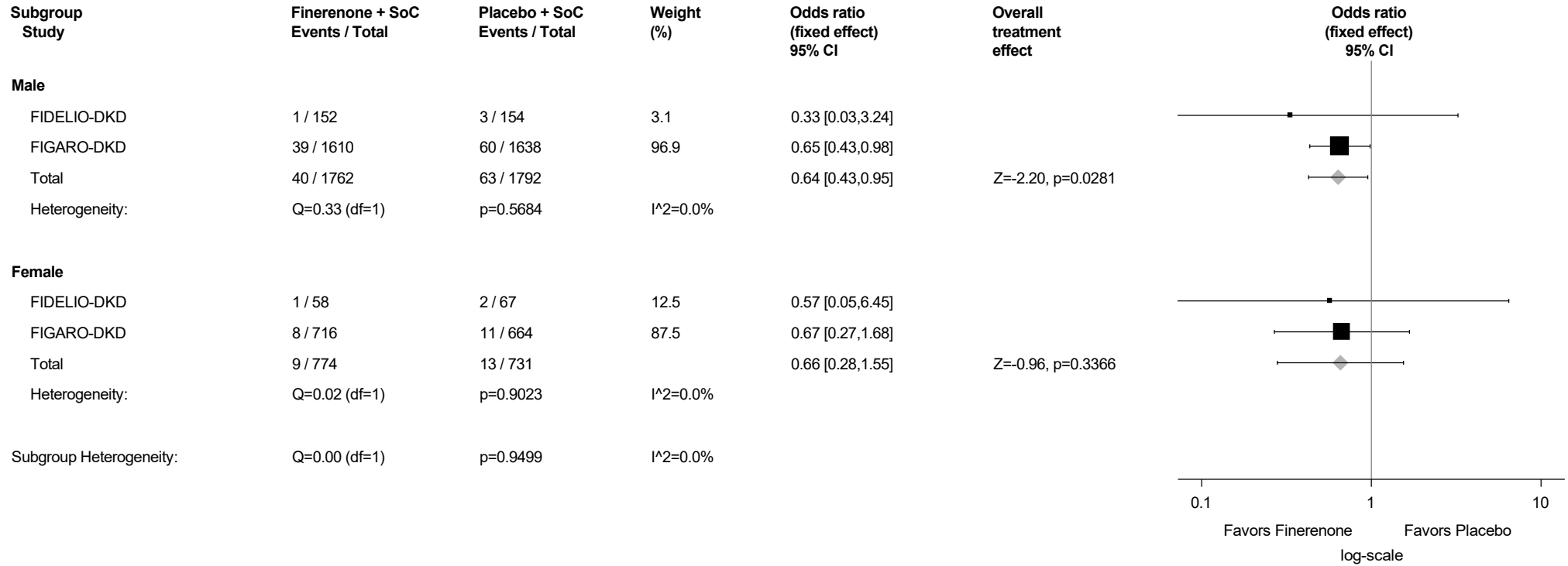
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.133.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



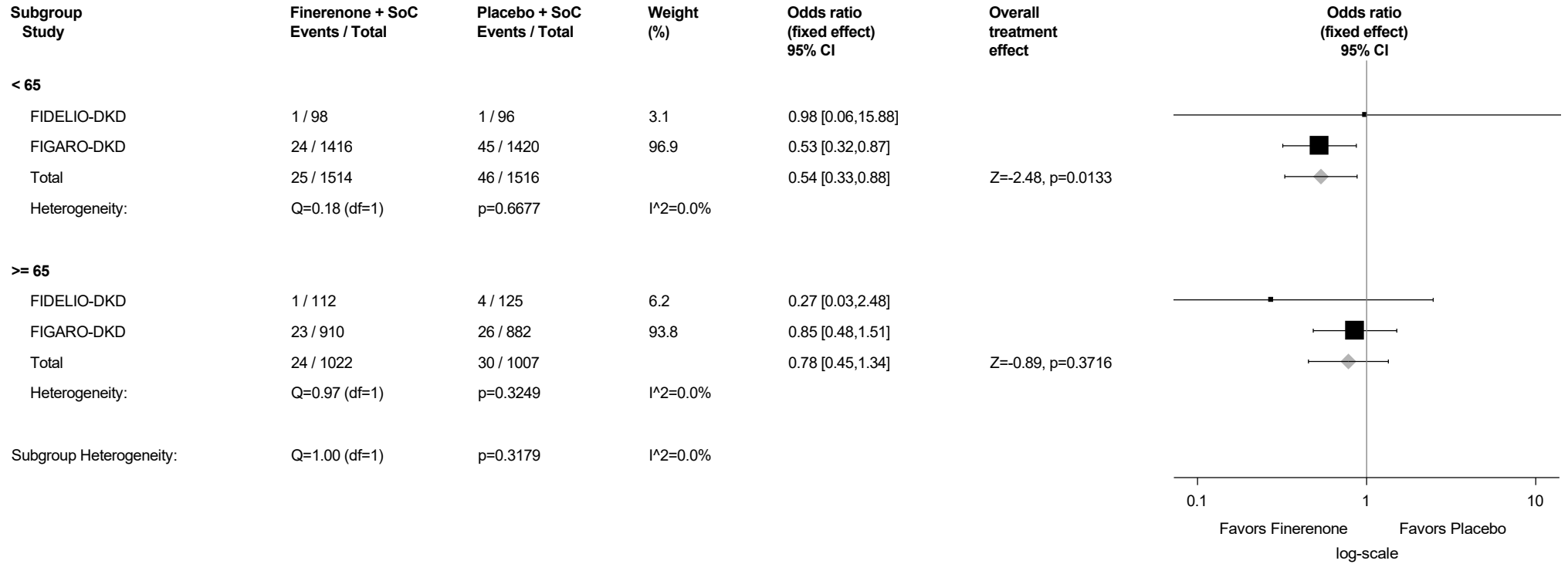
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.133.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Dyspnoea (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



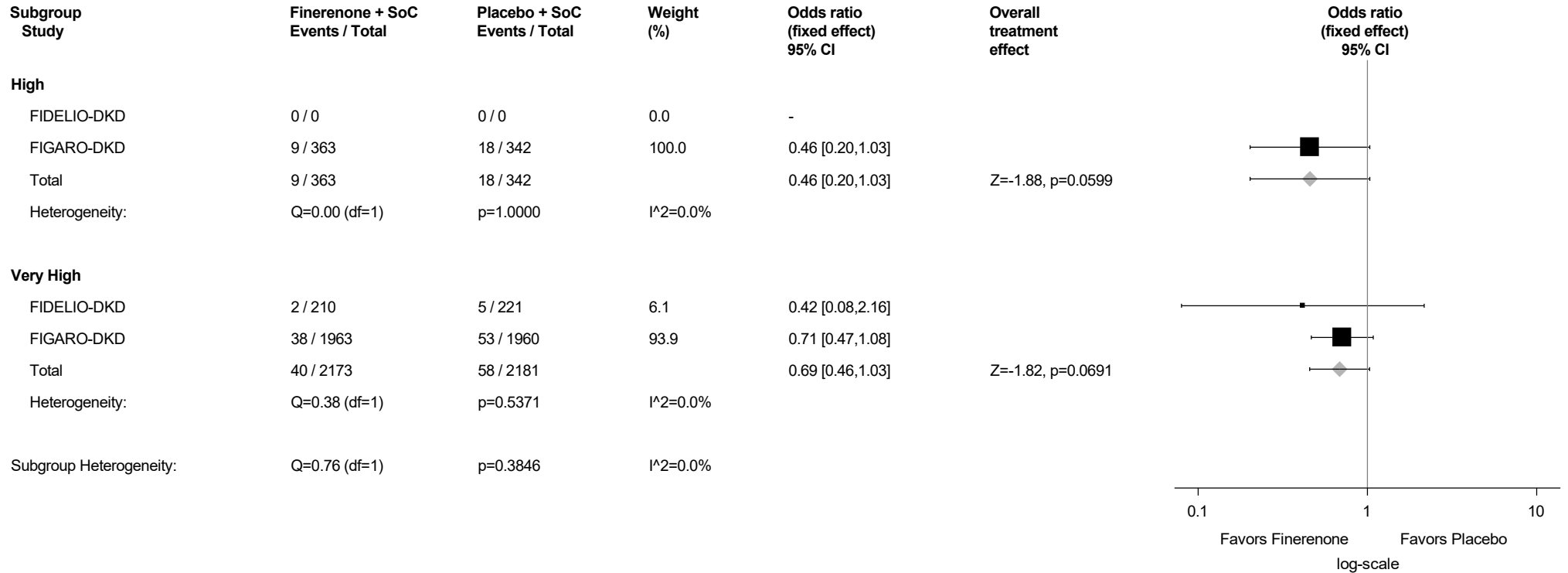
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.133.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



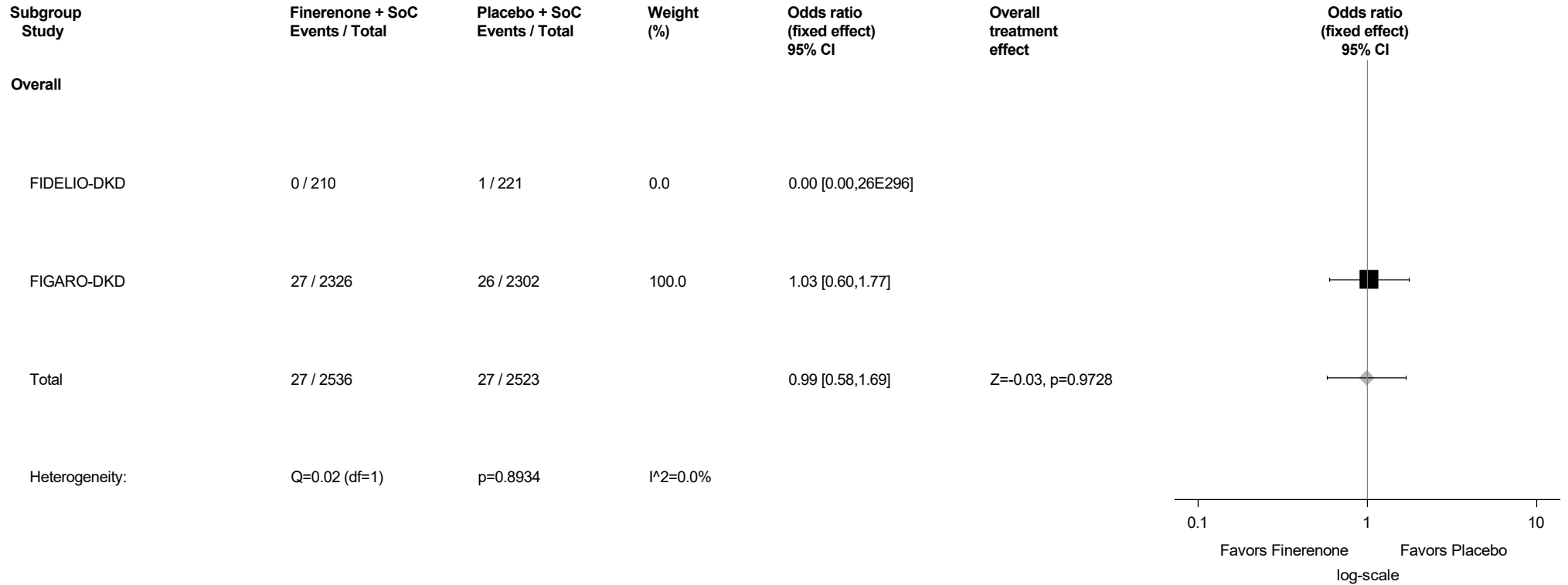
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

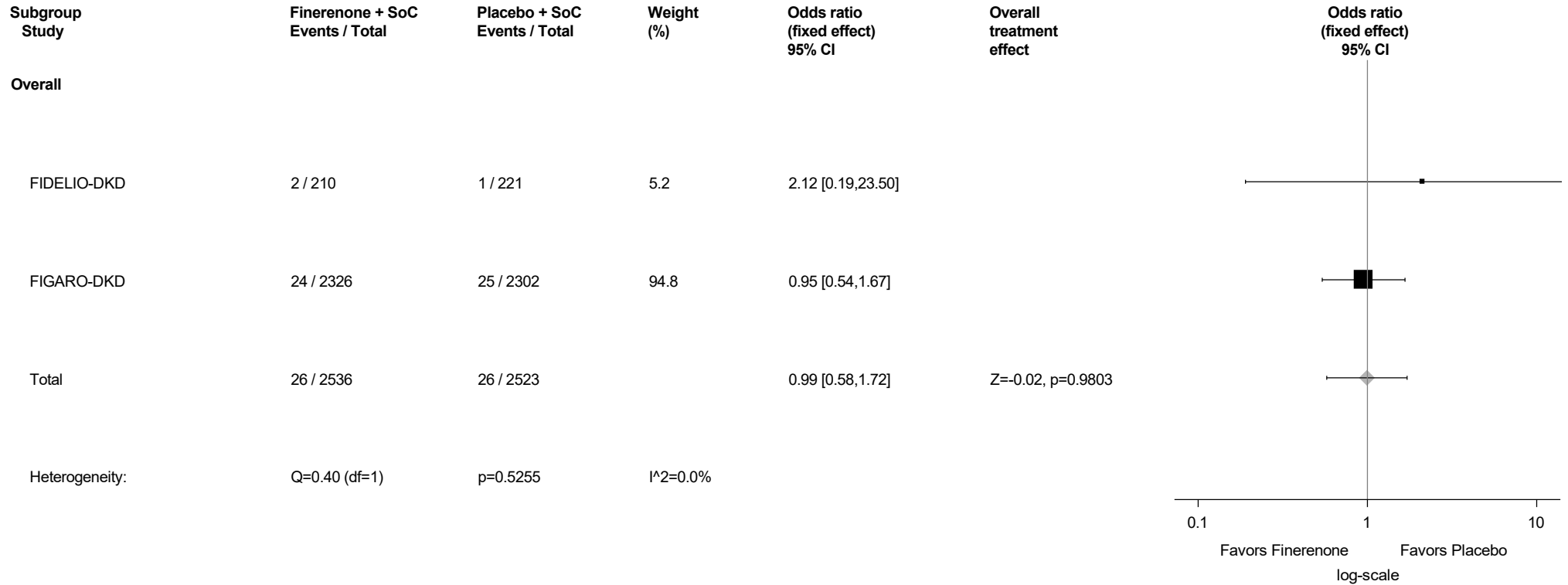
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.134: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



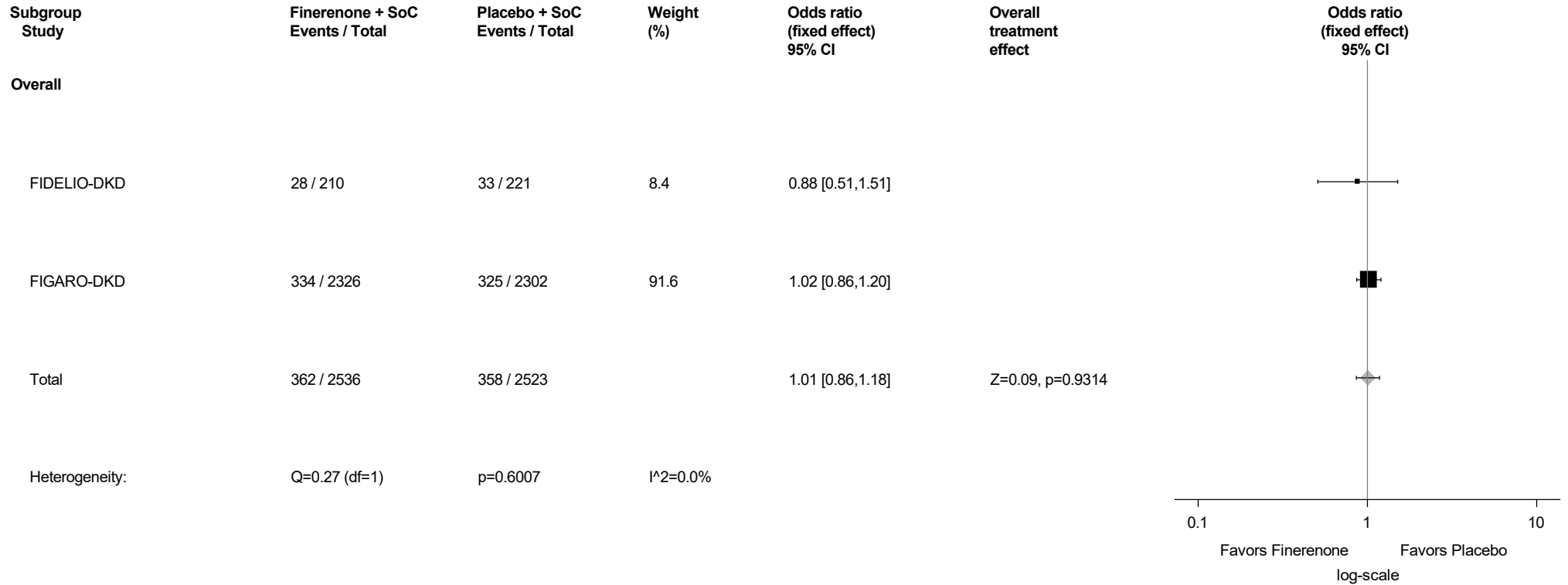
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.135: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



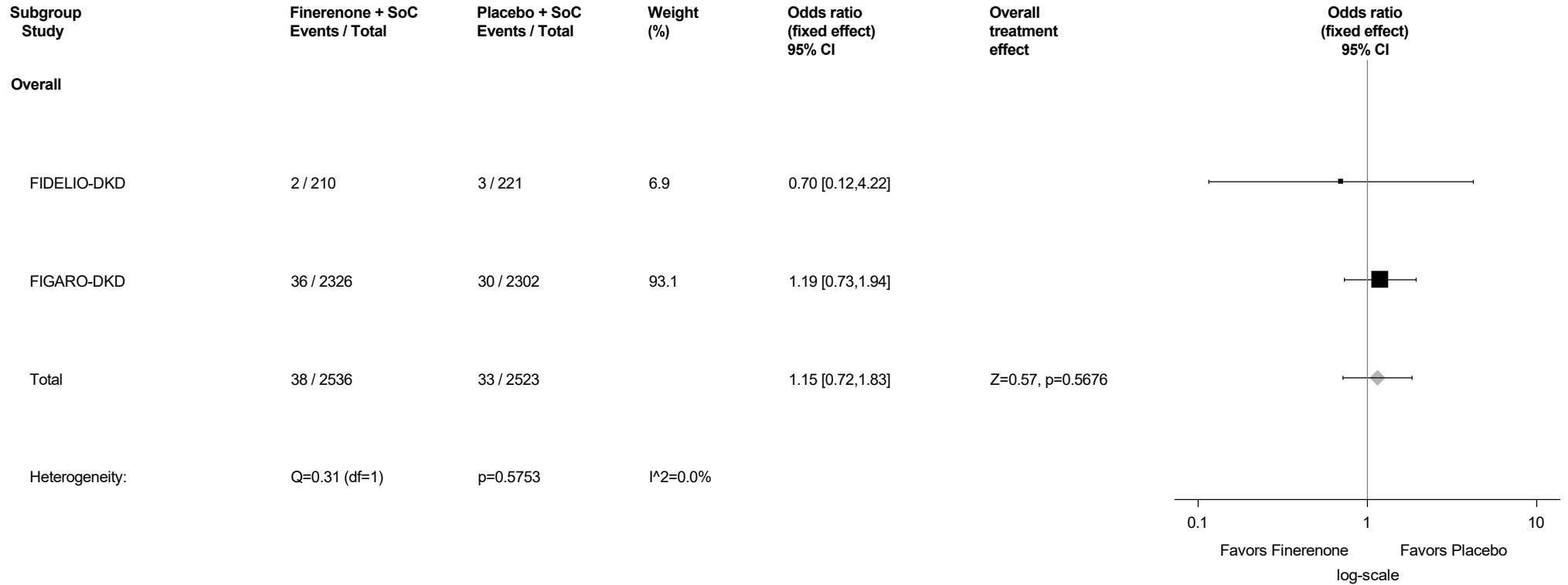
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.136: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



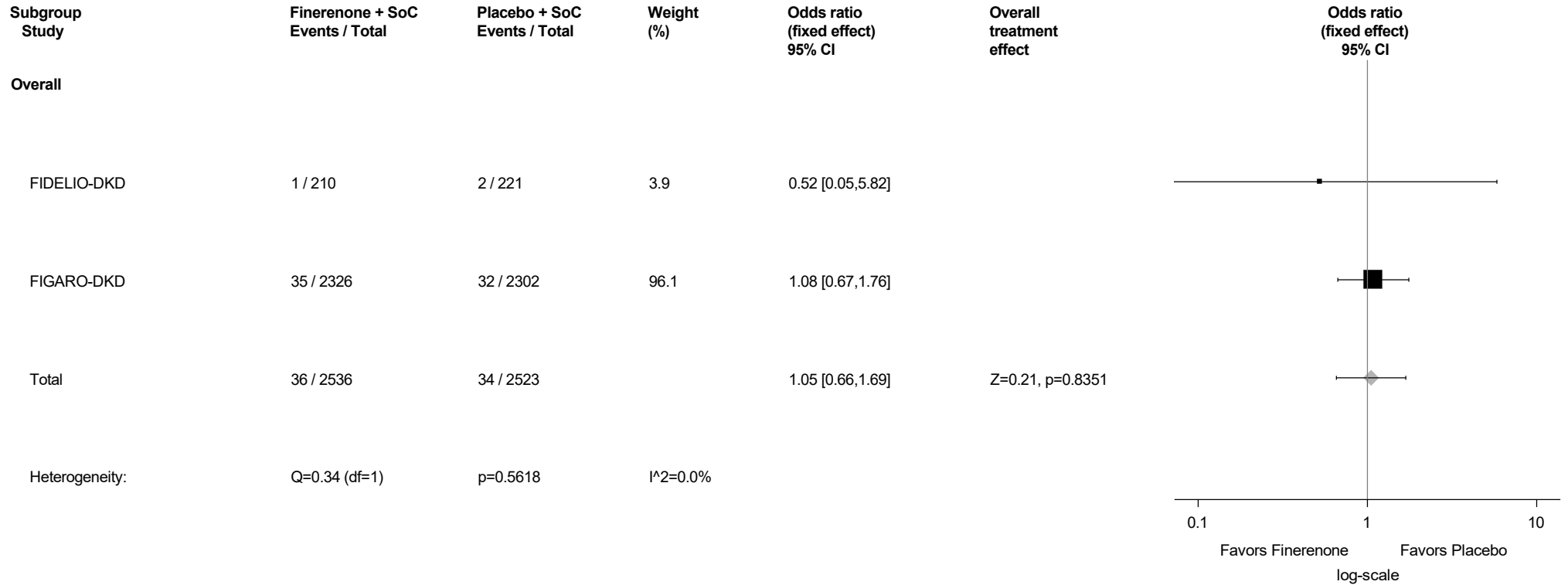
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.137: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



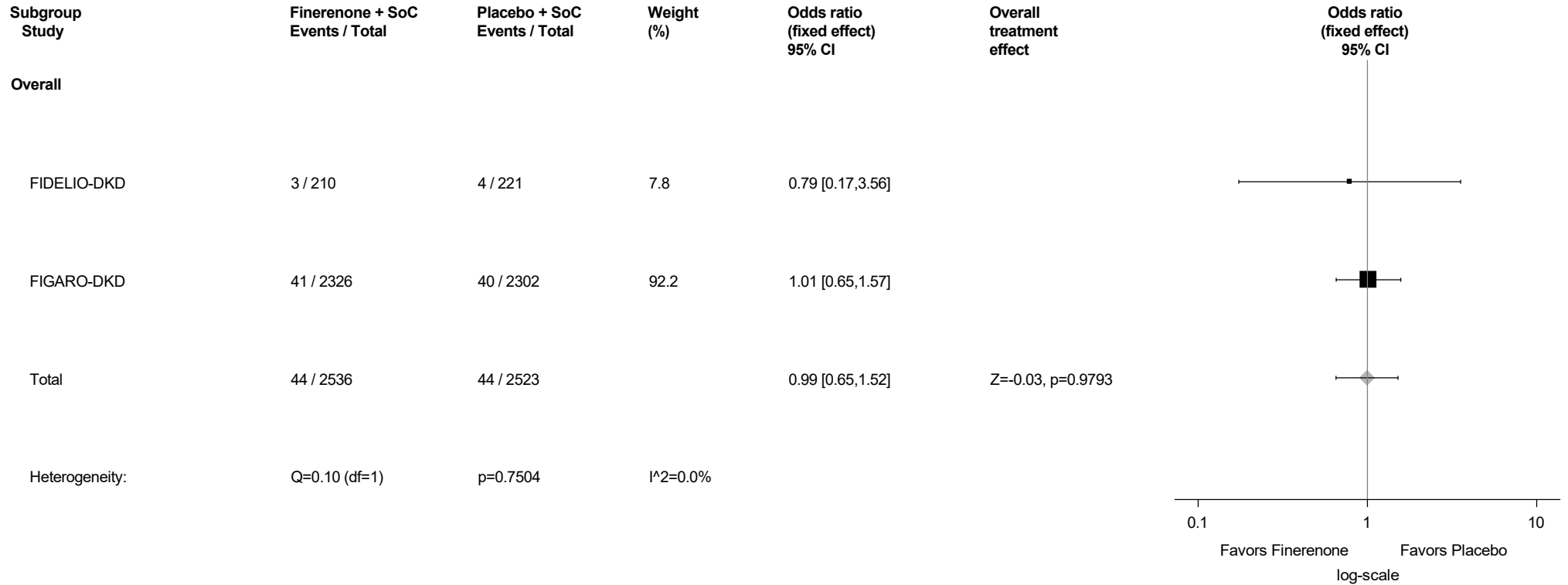
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.138: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



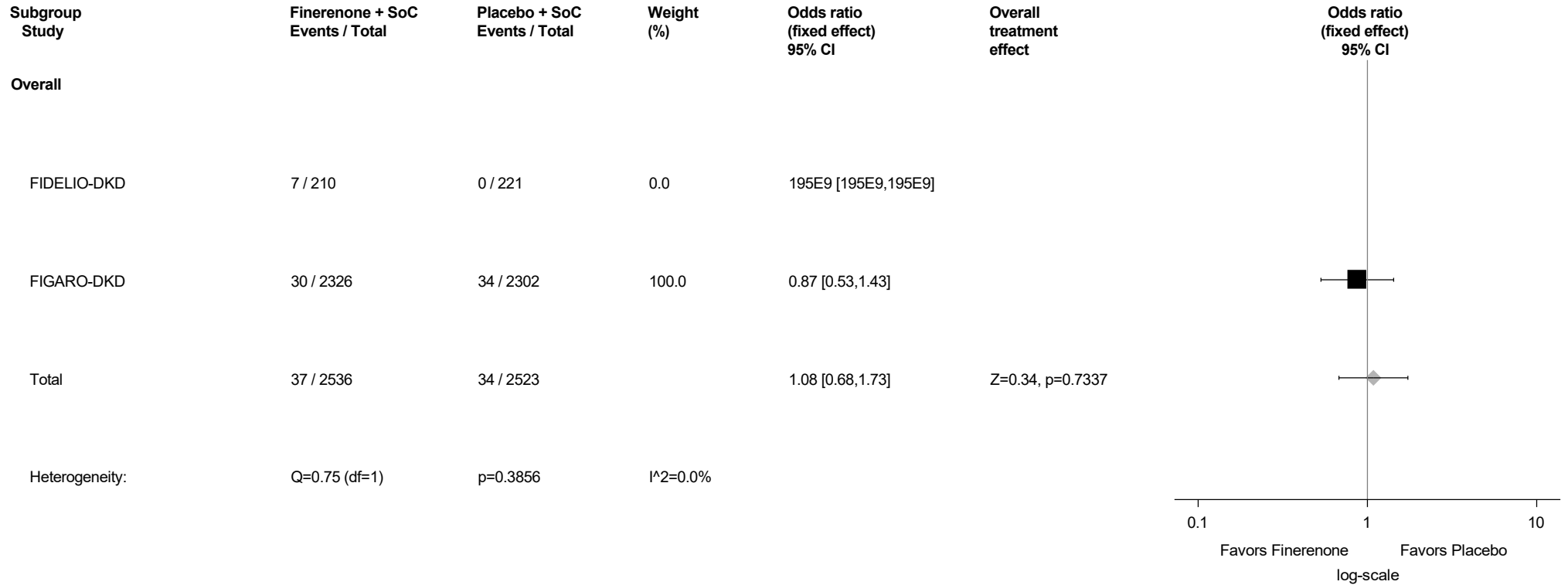
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.139: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



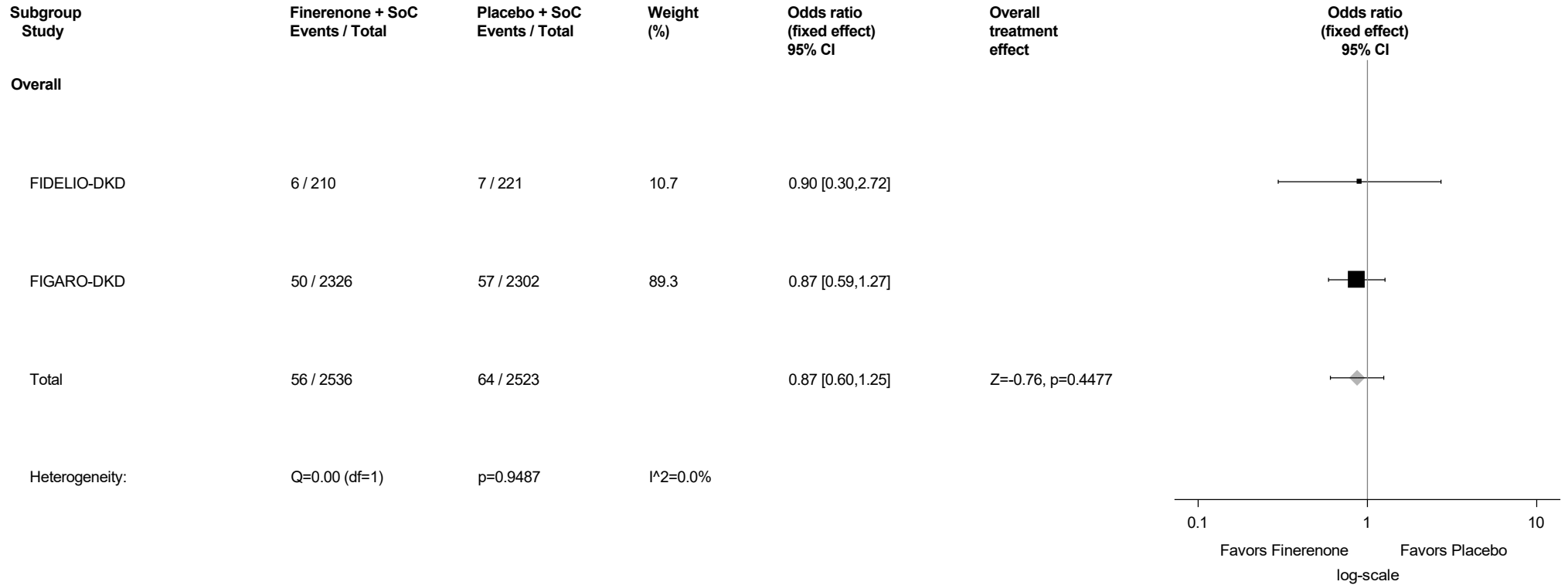
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.140: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



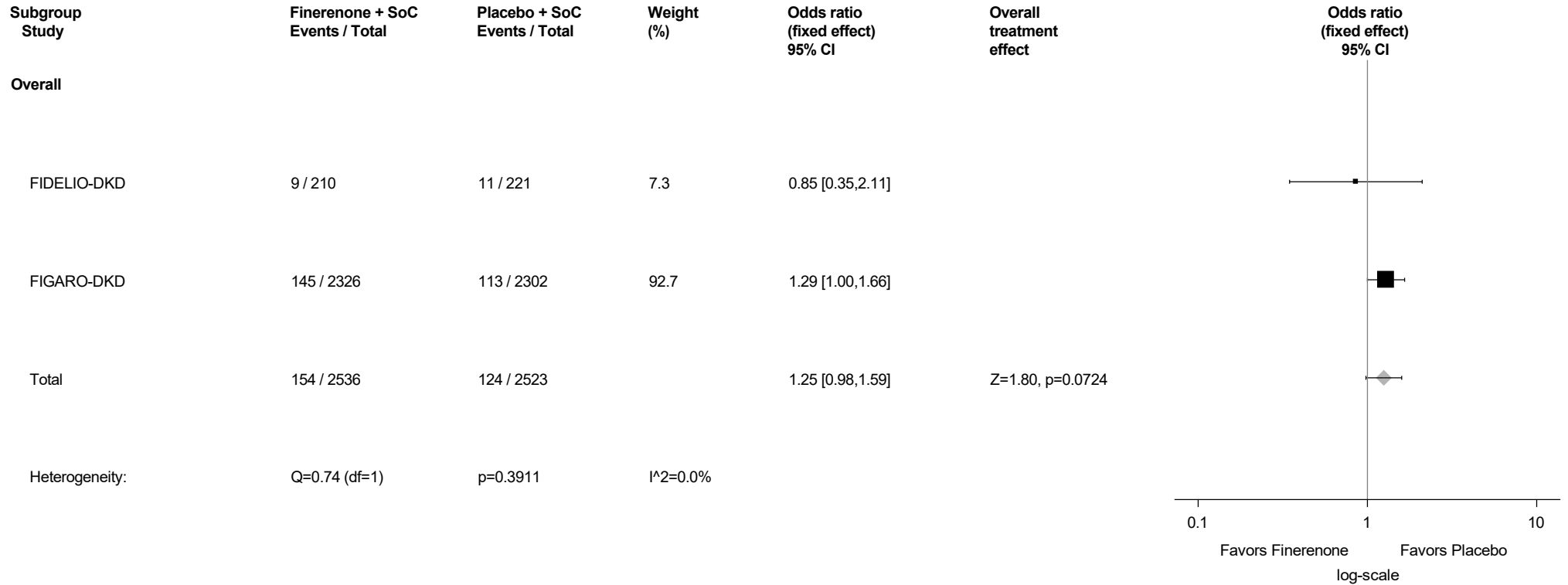
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.141: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



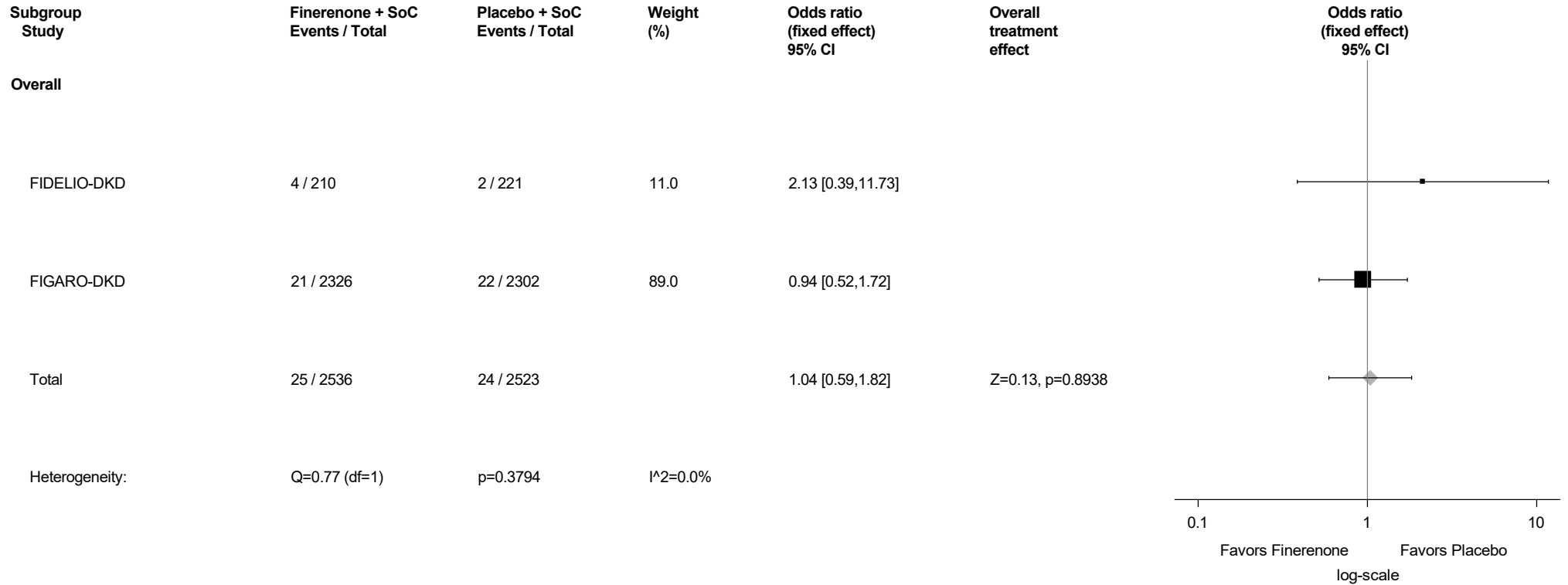
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.142: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



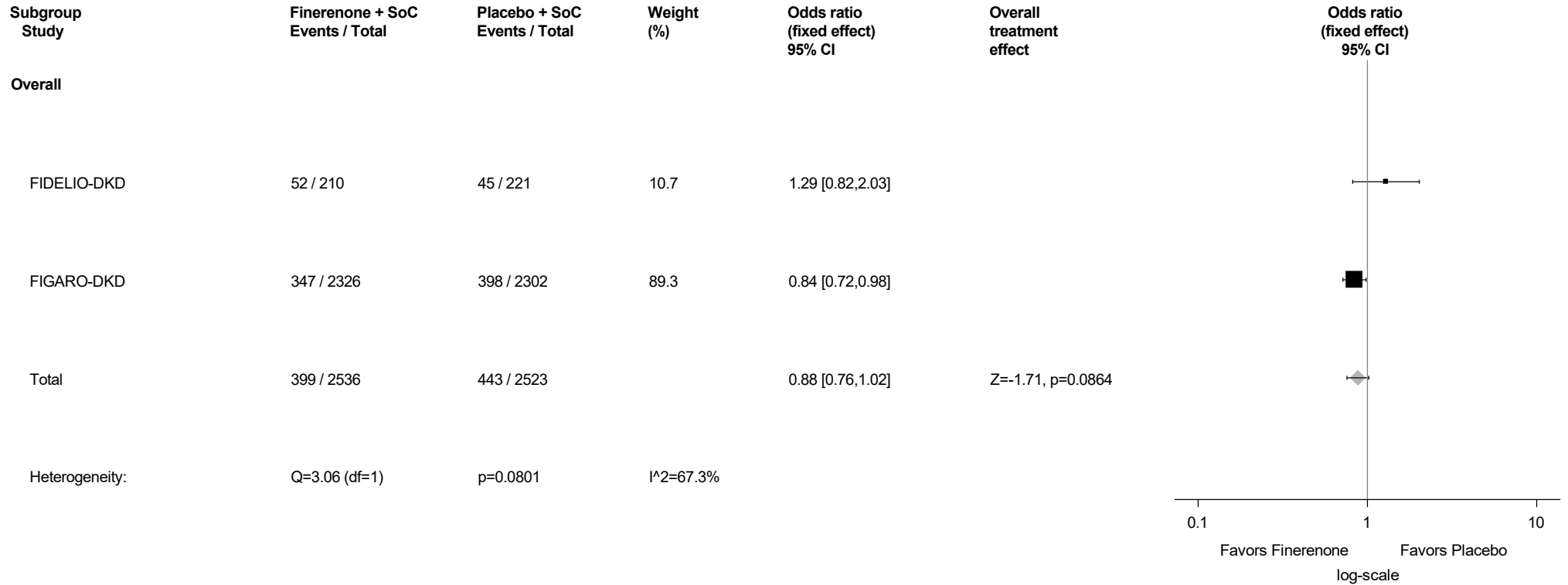
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.143: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



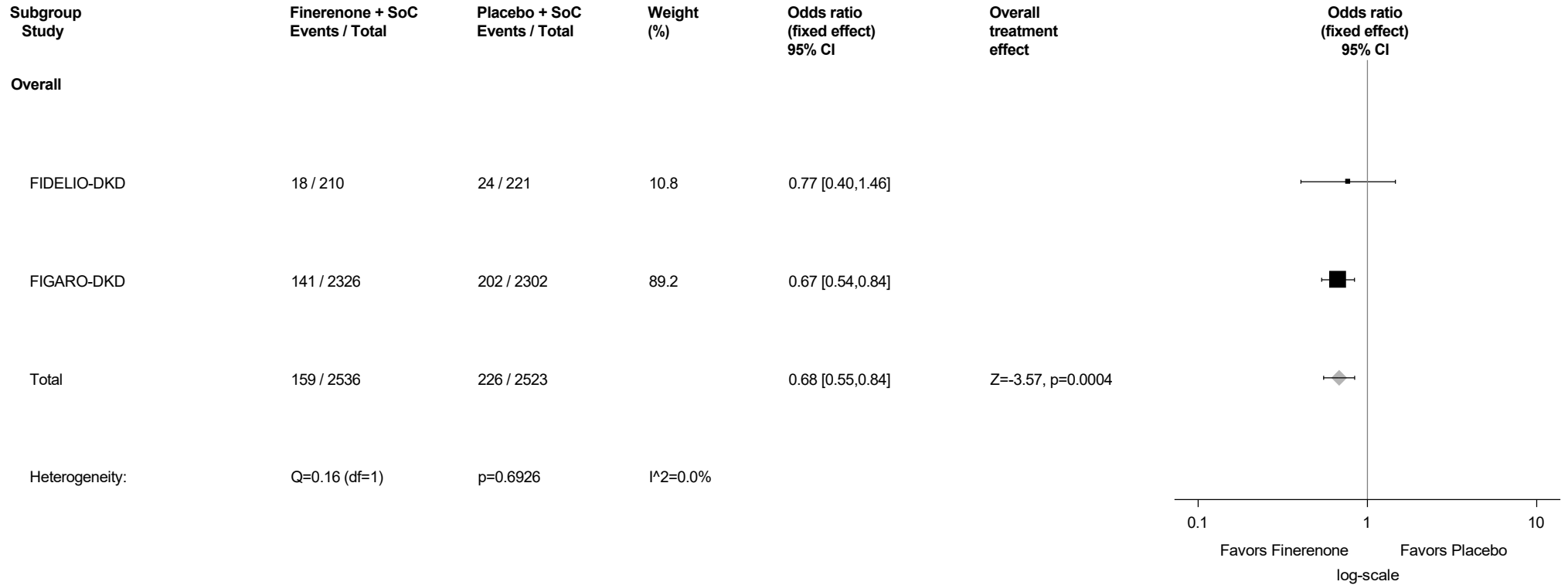
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.144: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



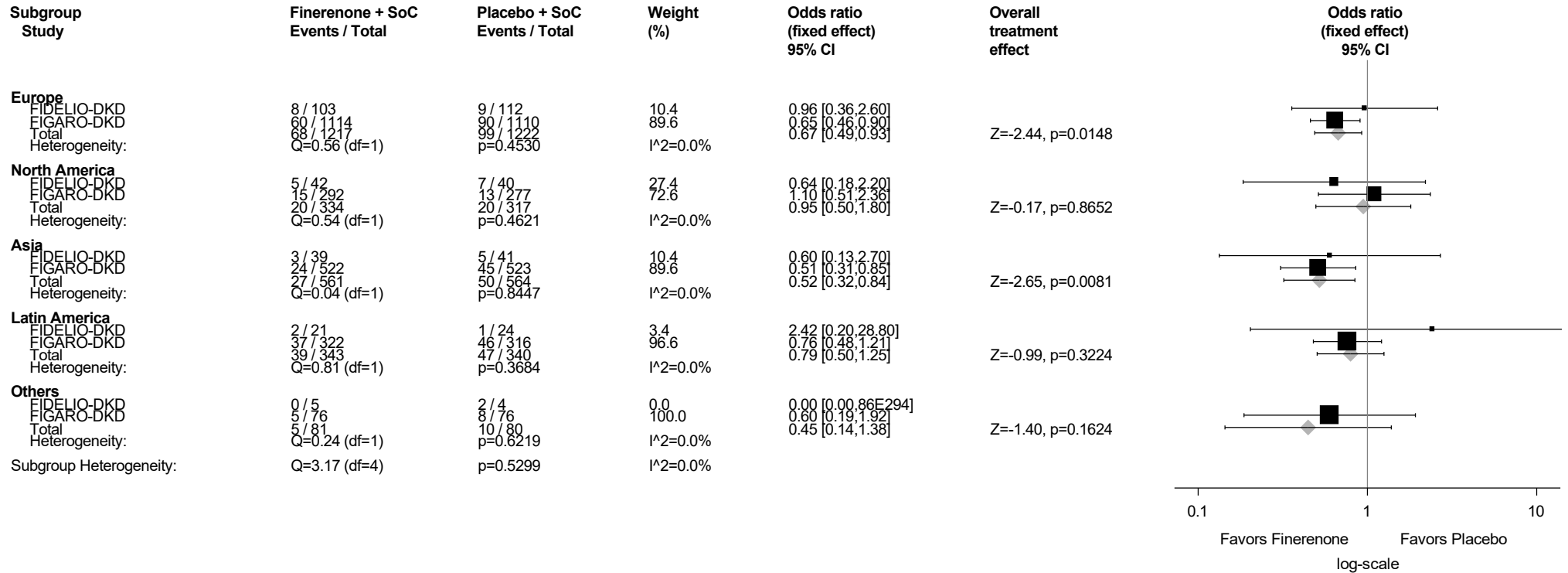
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.145: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.145.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



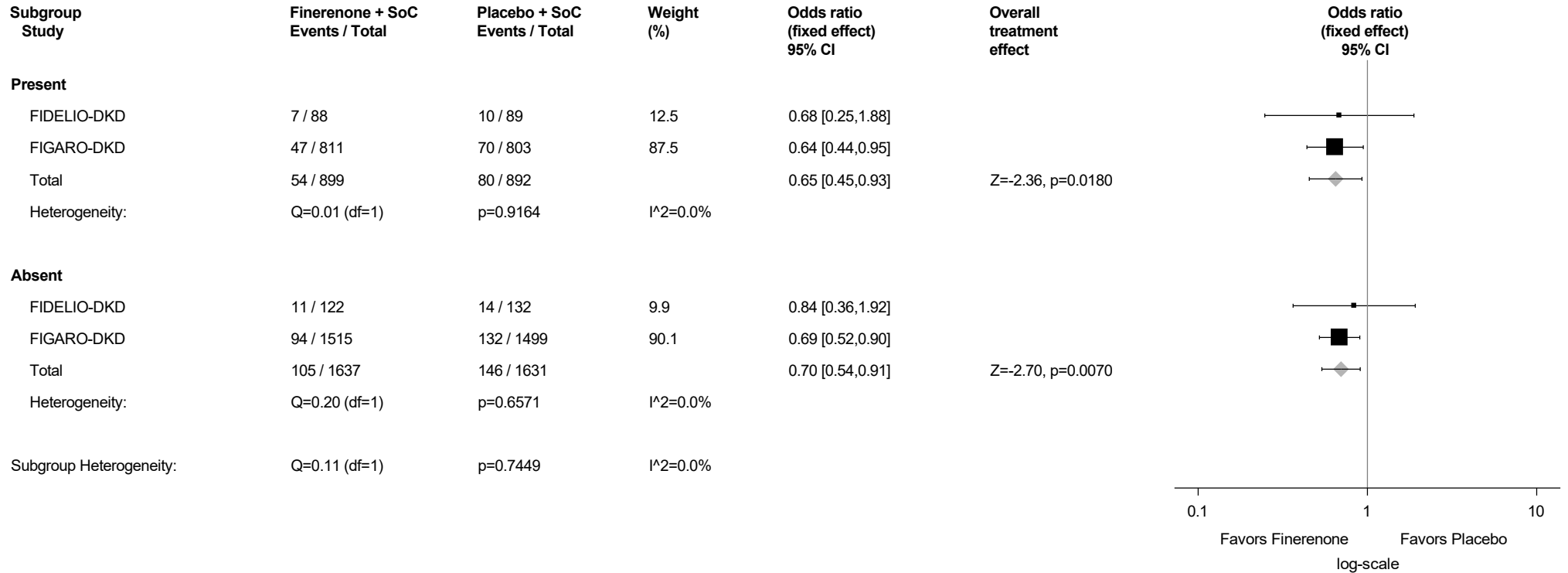
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.145.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



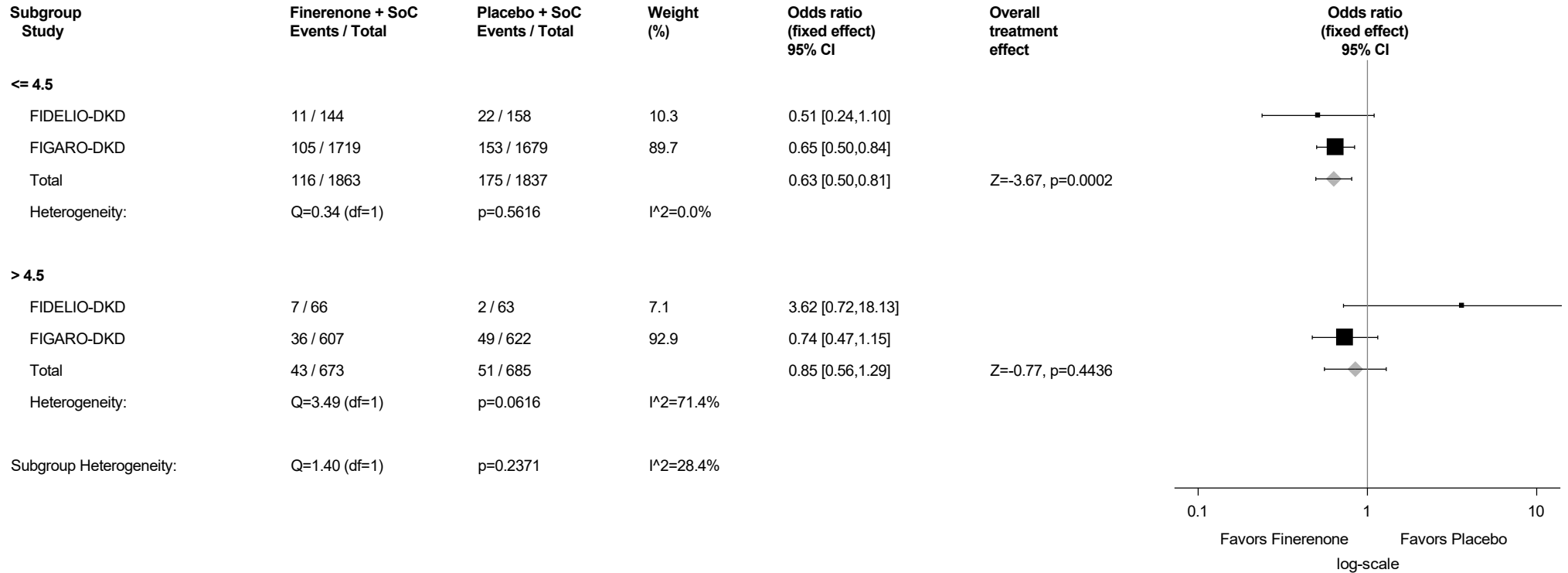
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.145.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



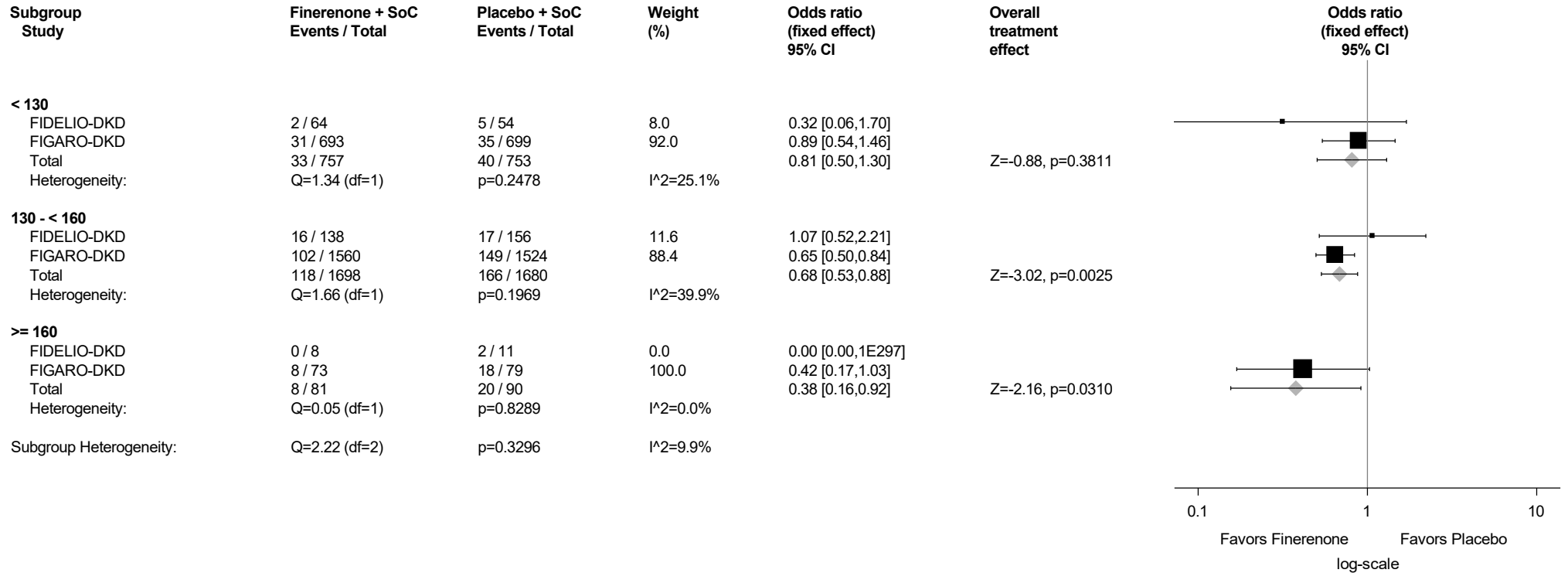
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.145.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



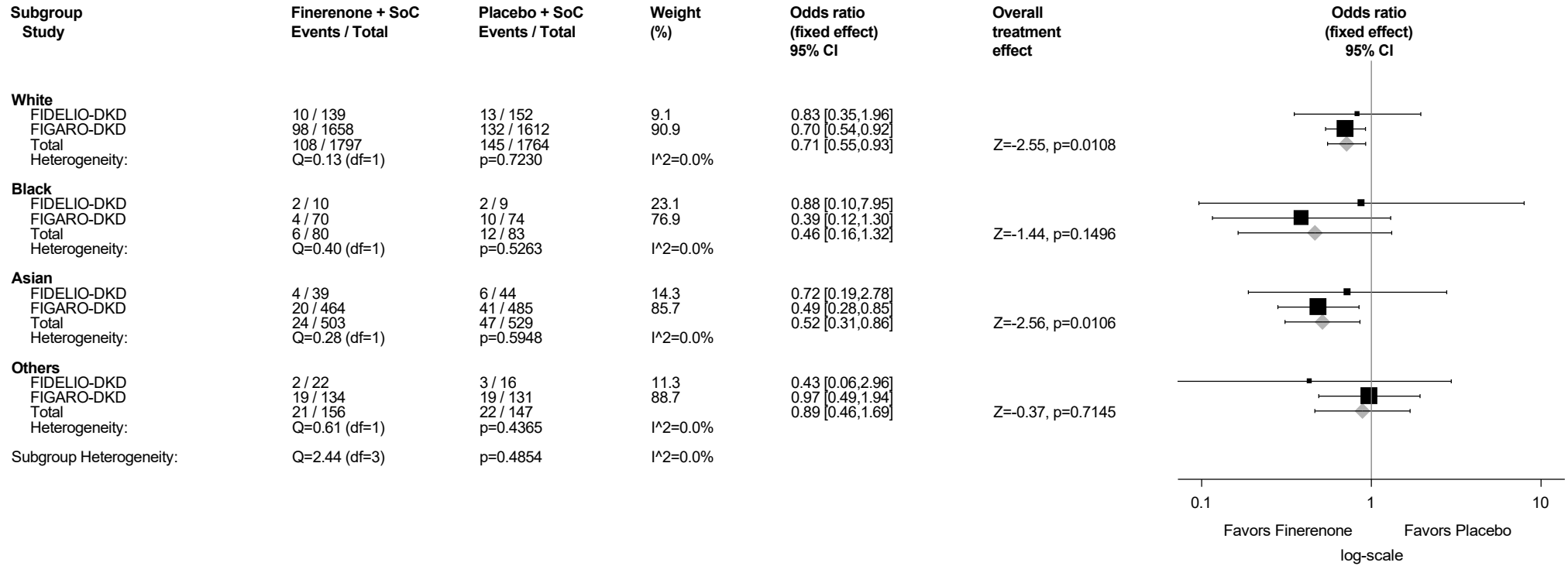
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.145.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



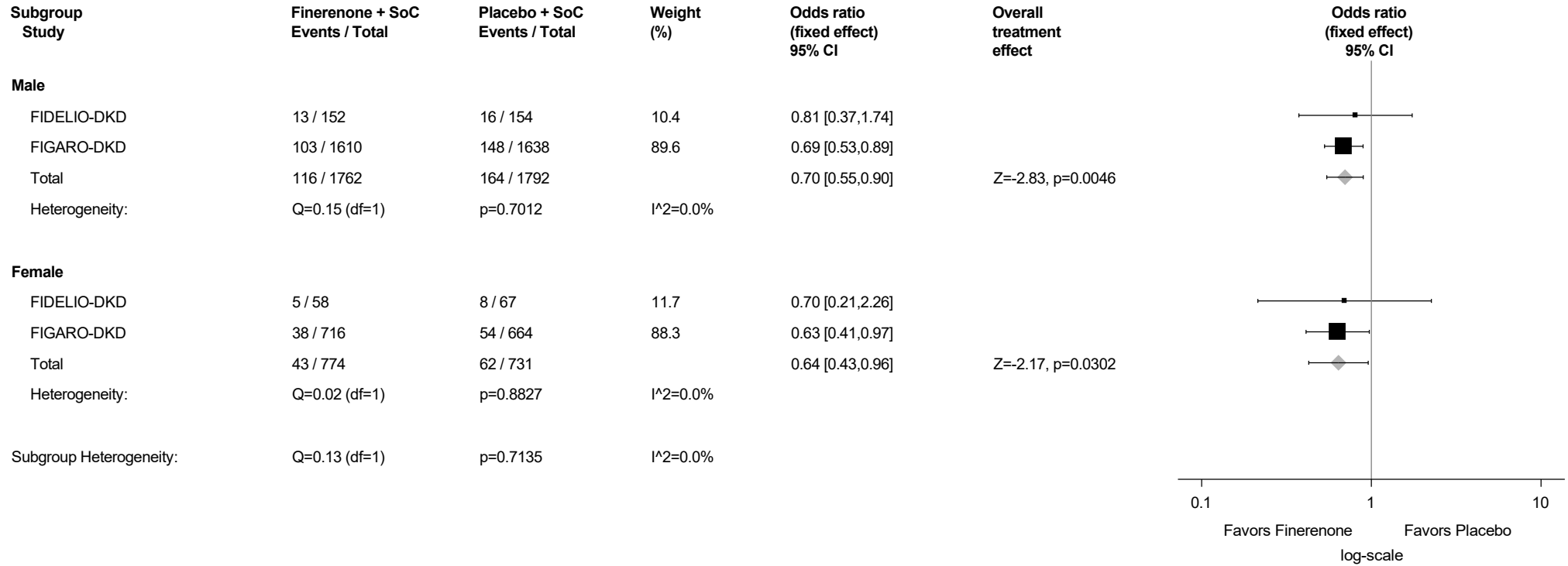
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.145.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



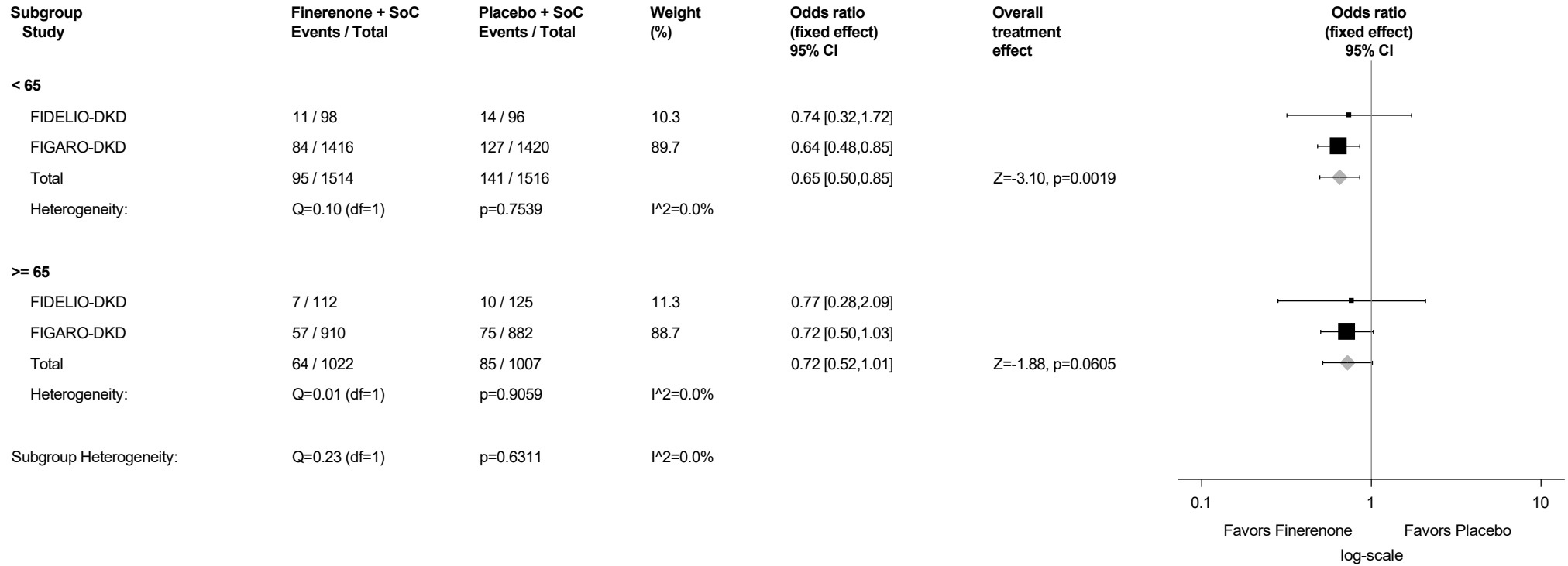
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.145.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



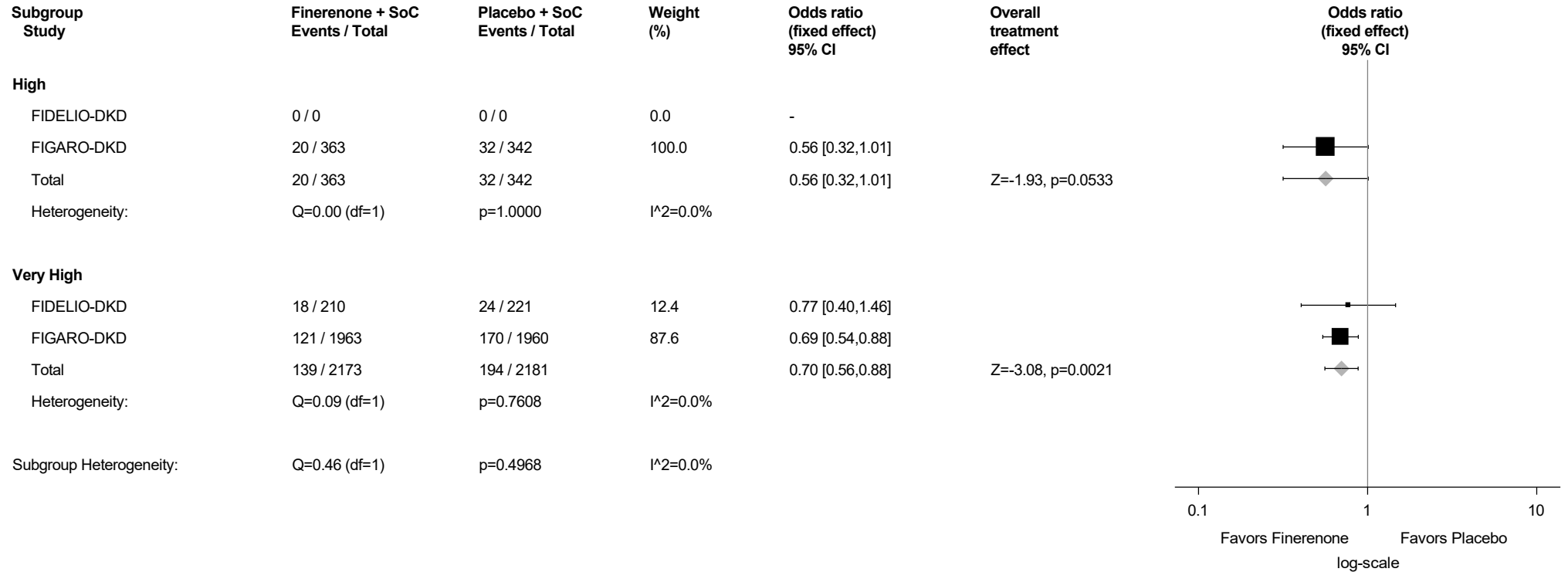
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.145.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



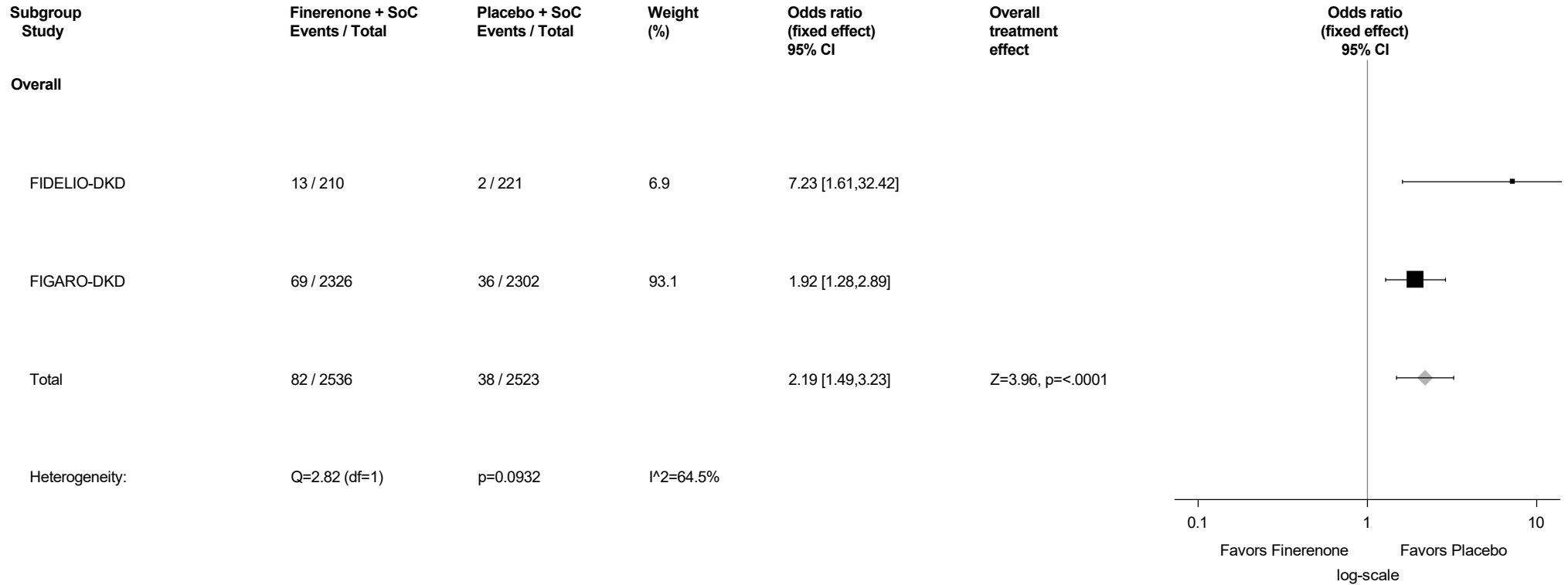
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

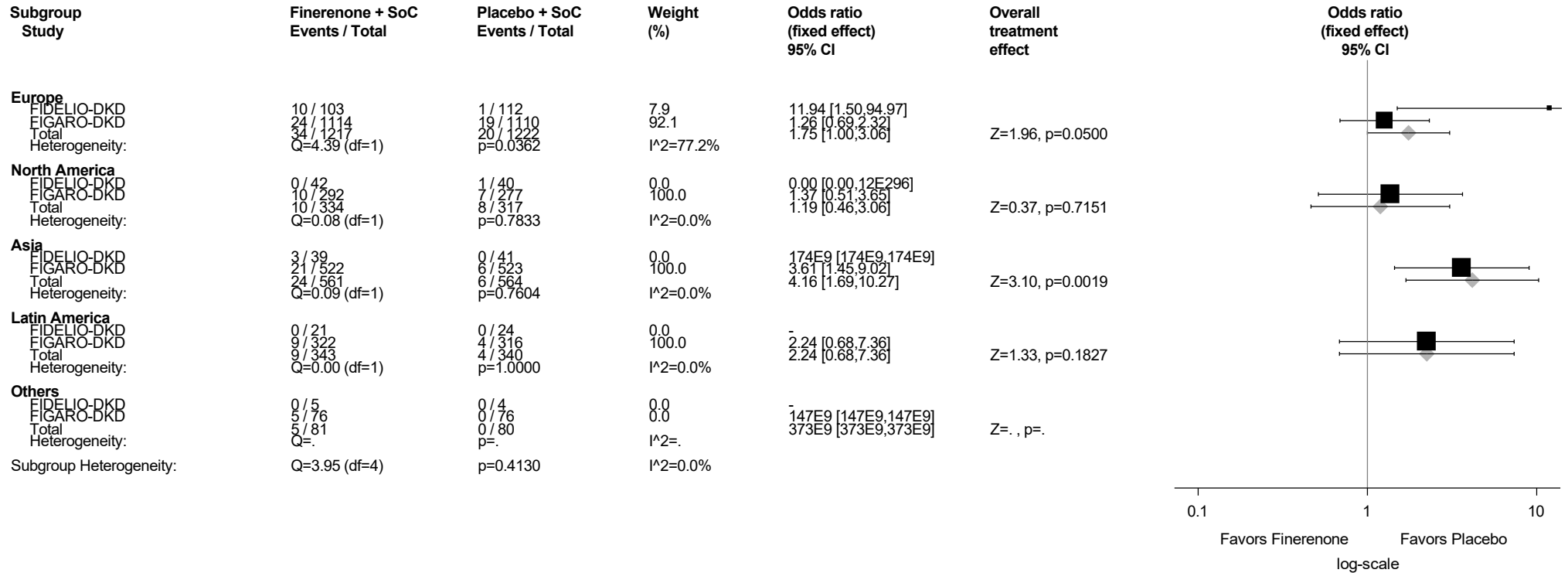
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.146: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.146.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



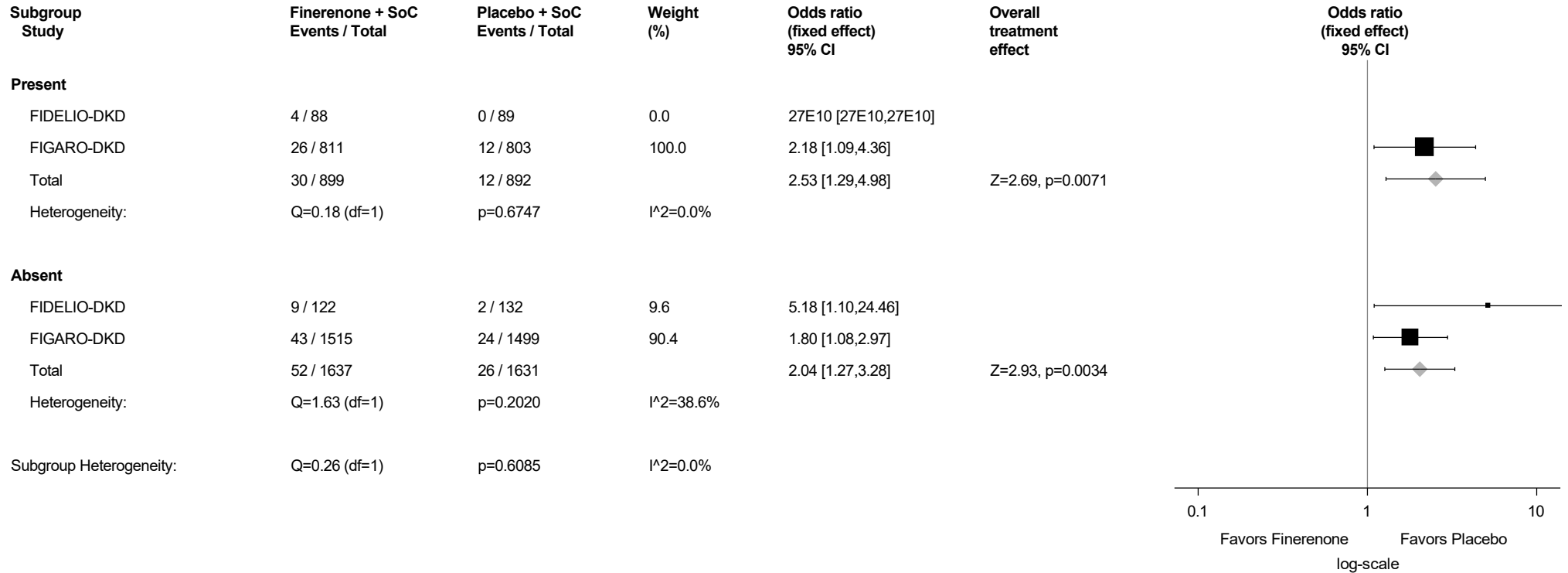
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.146.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



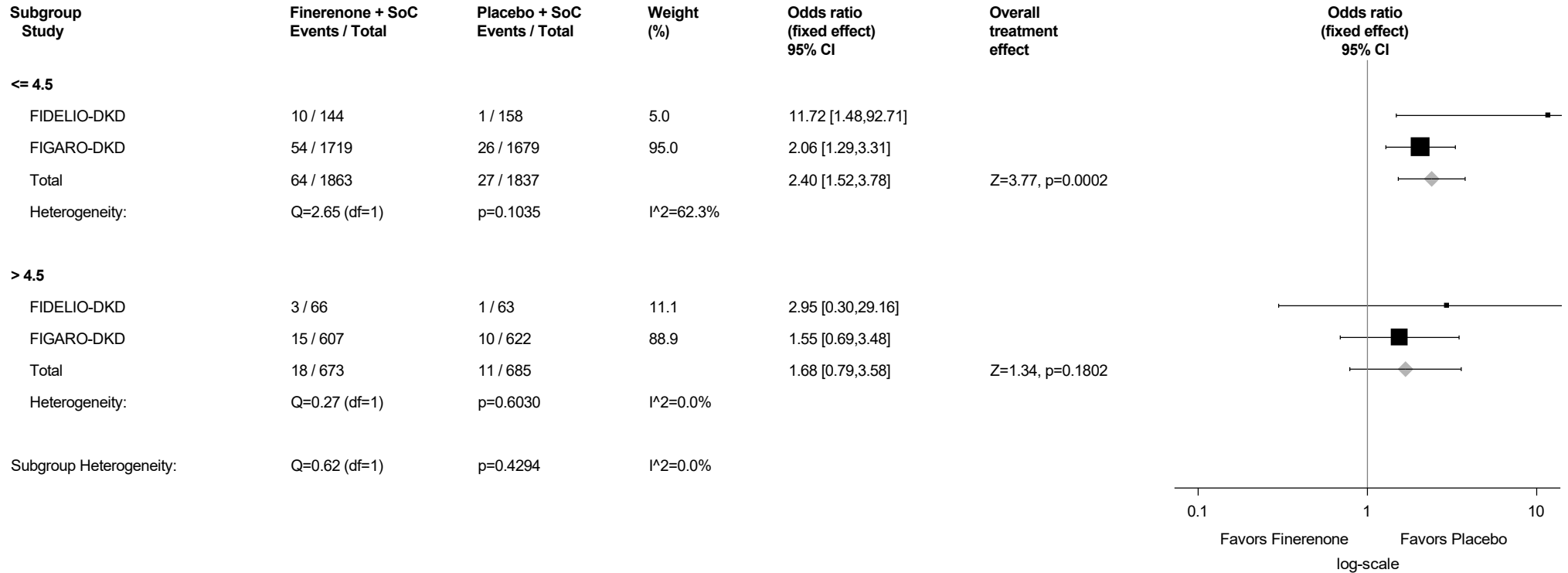
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.146.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



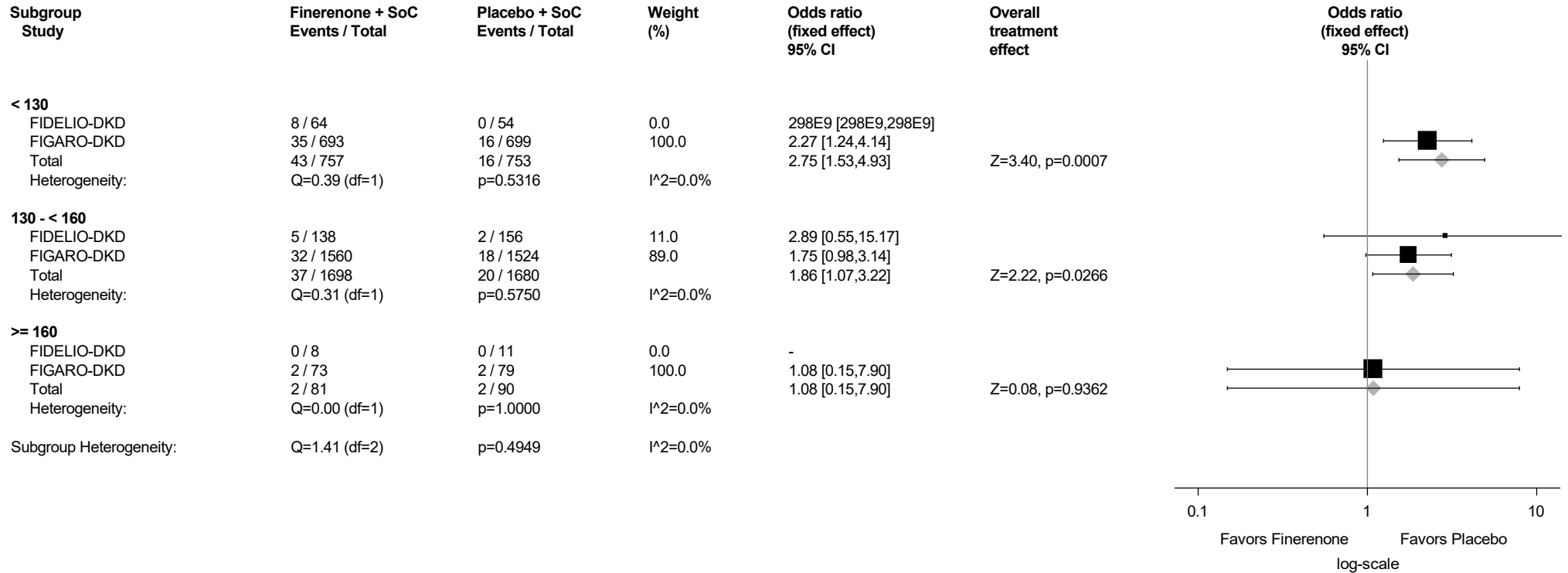
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.146.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



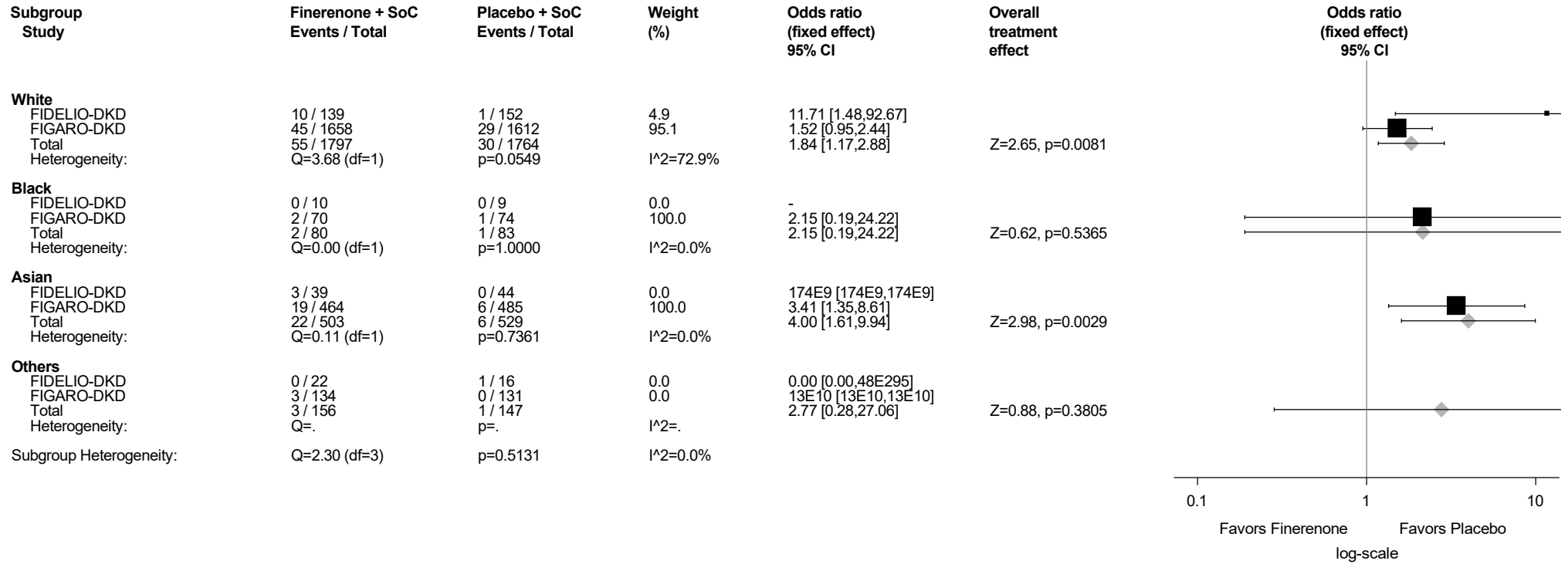
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.146.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



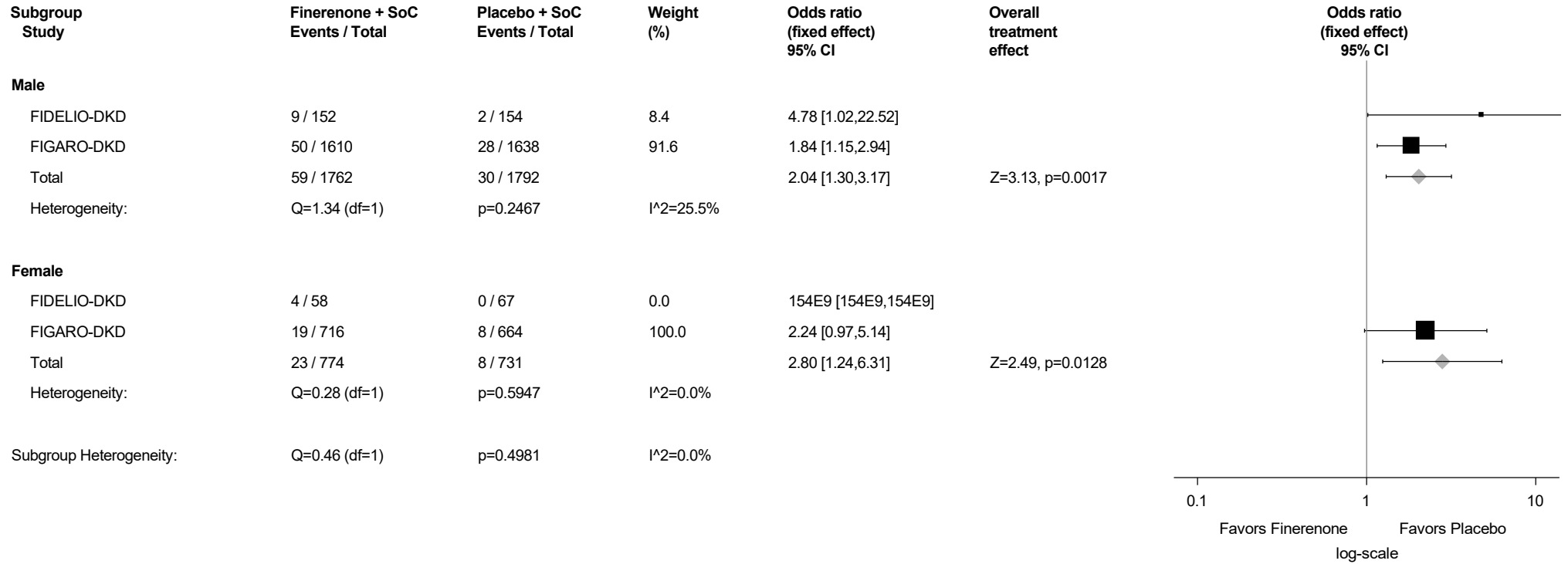
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.146.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



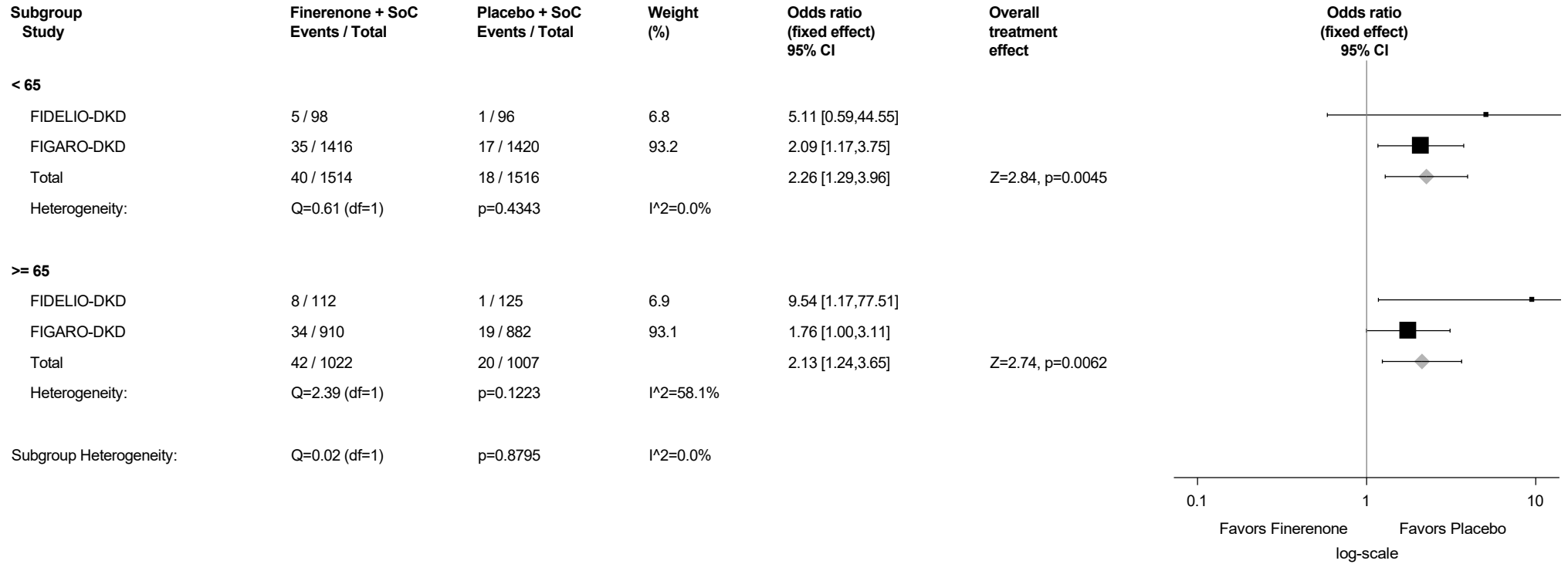
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.146.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



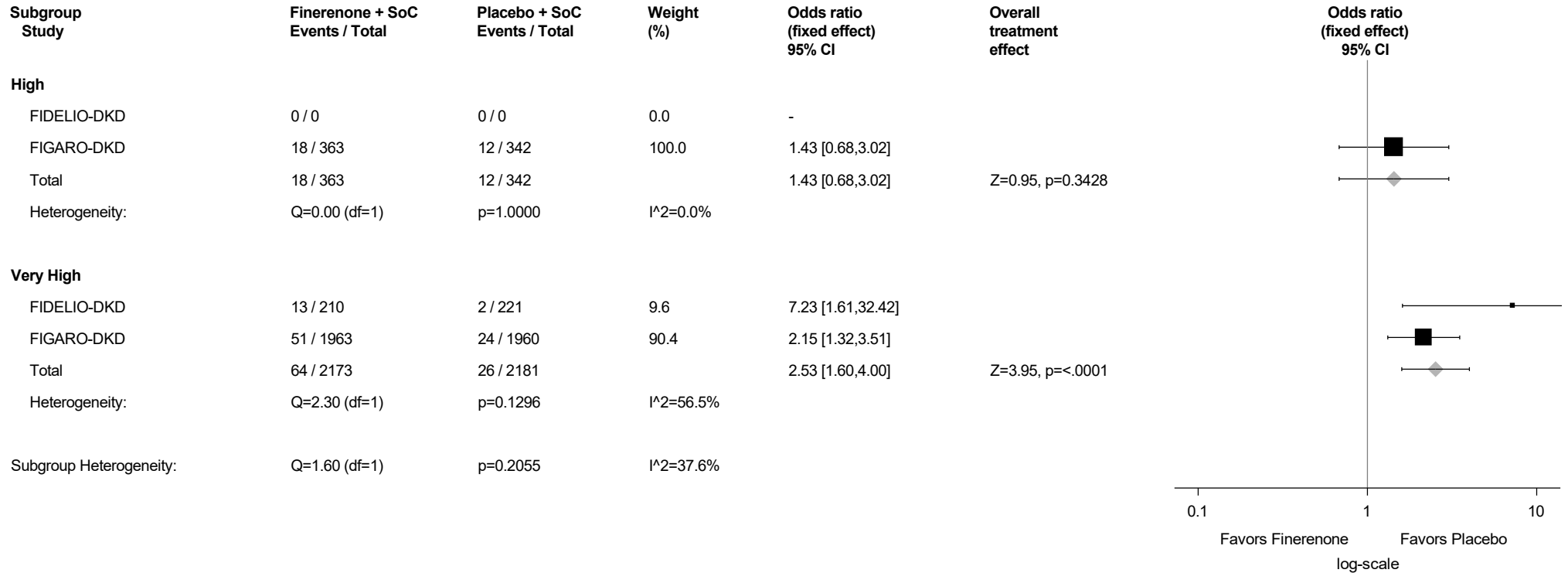
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.146.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



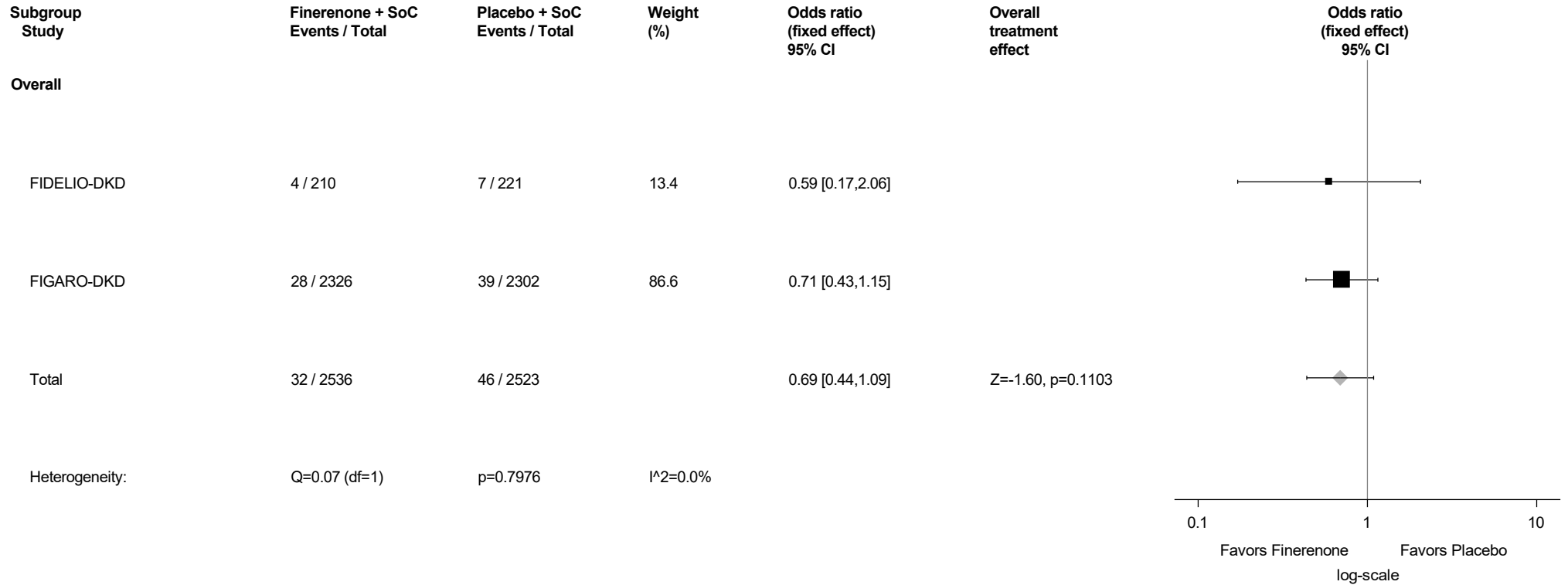
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

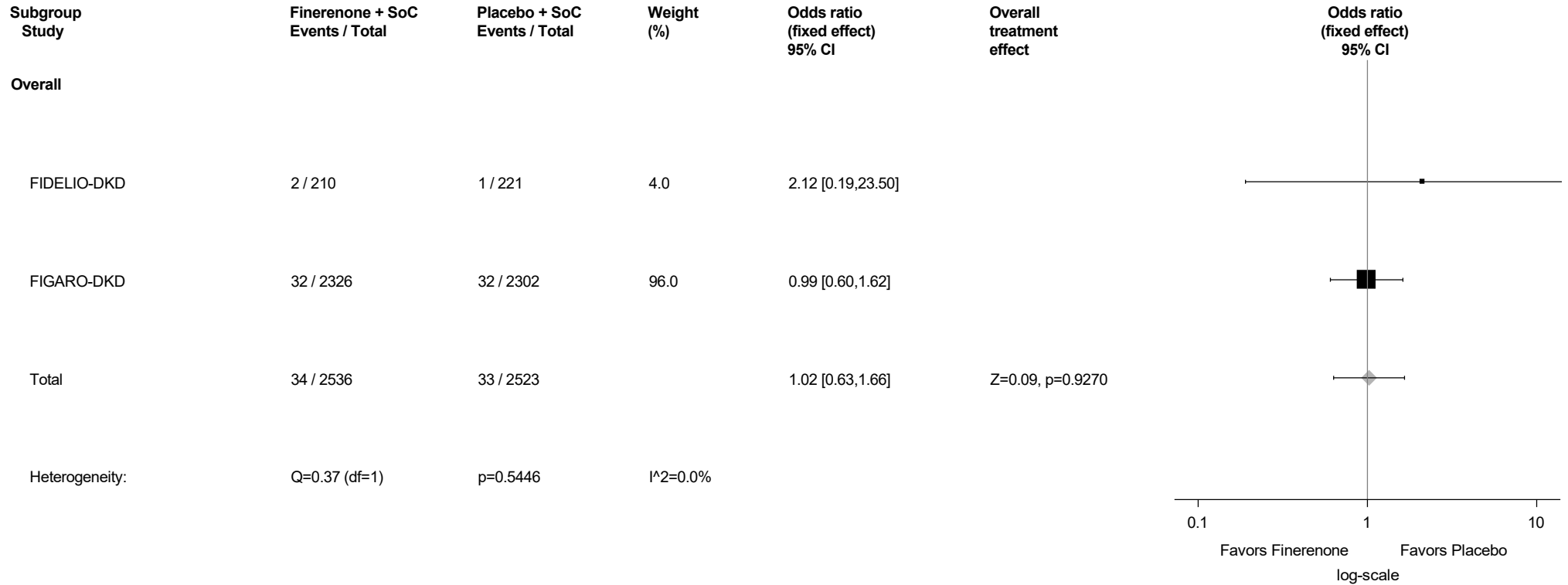
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.147: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



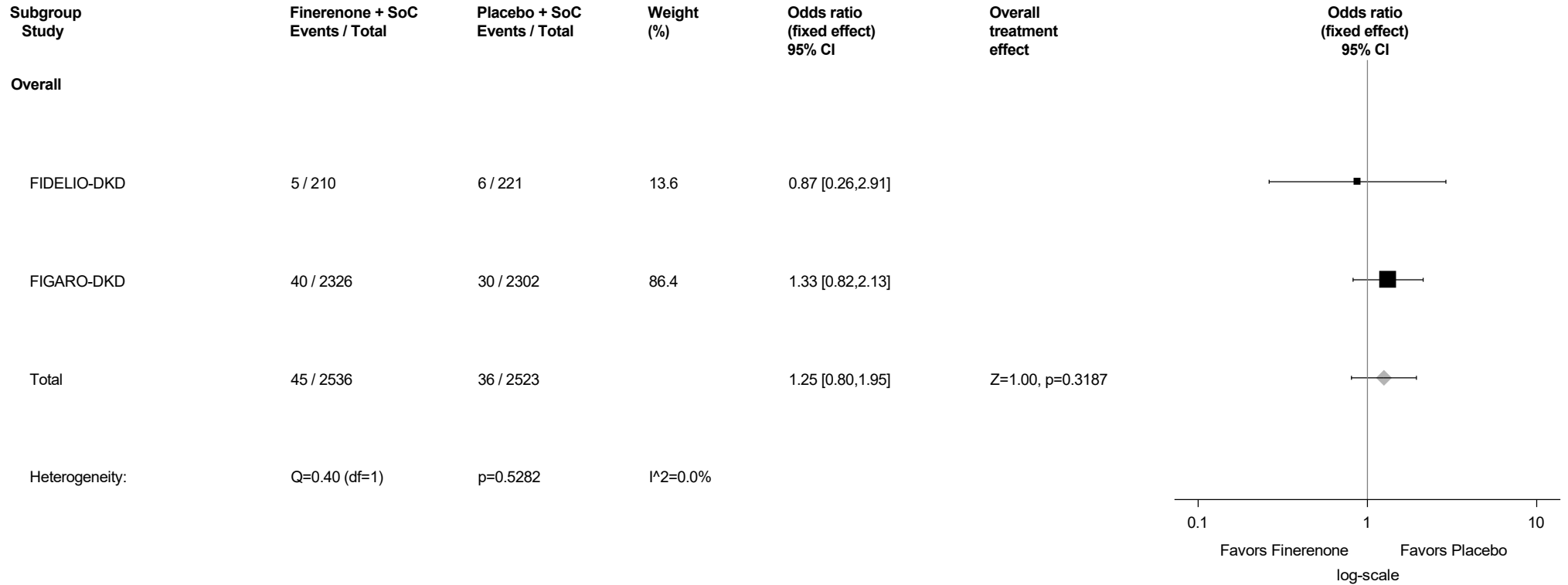
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.148: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



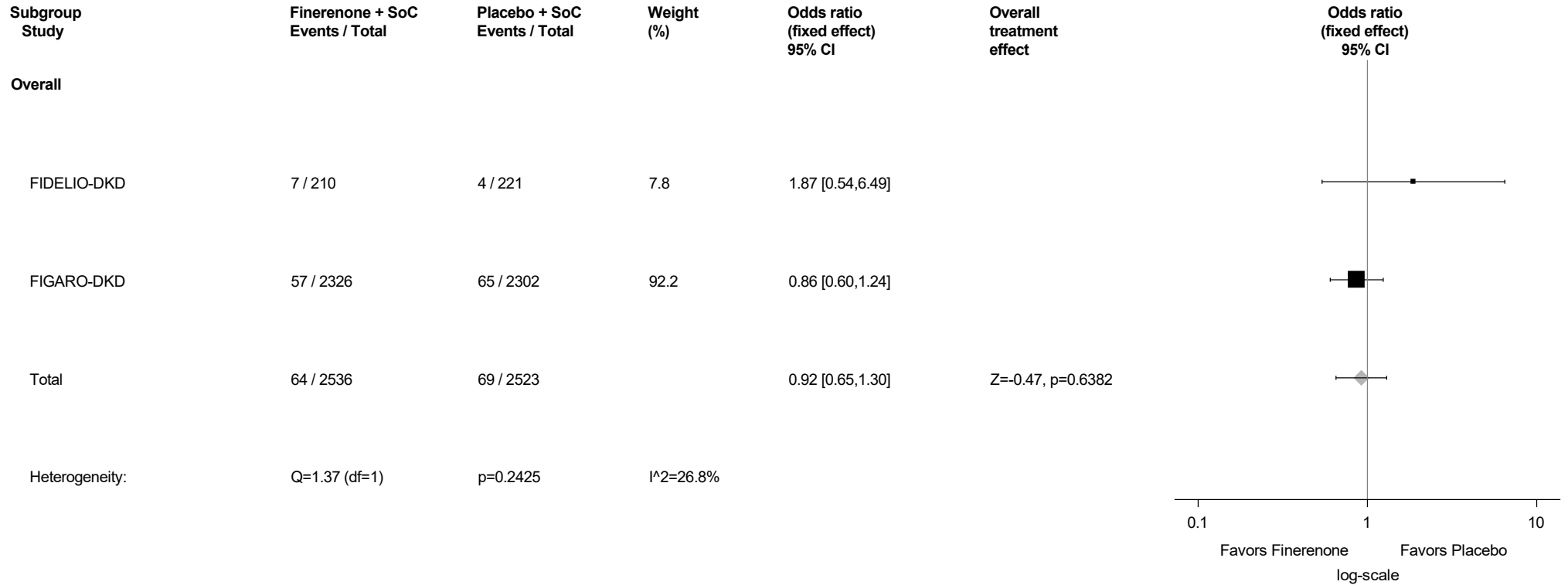
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.149: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



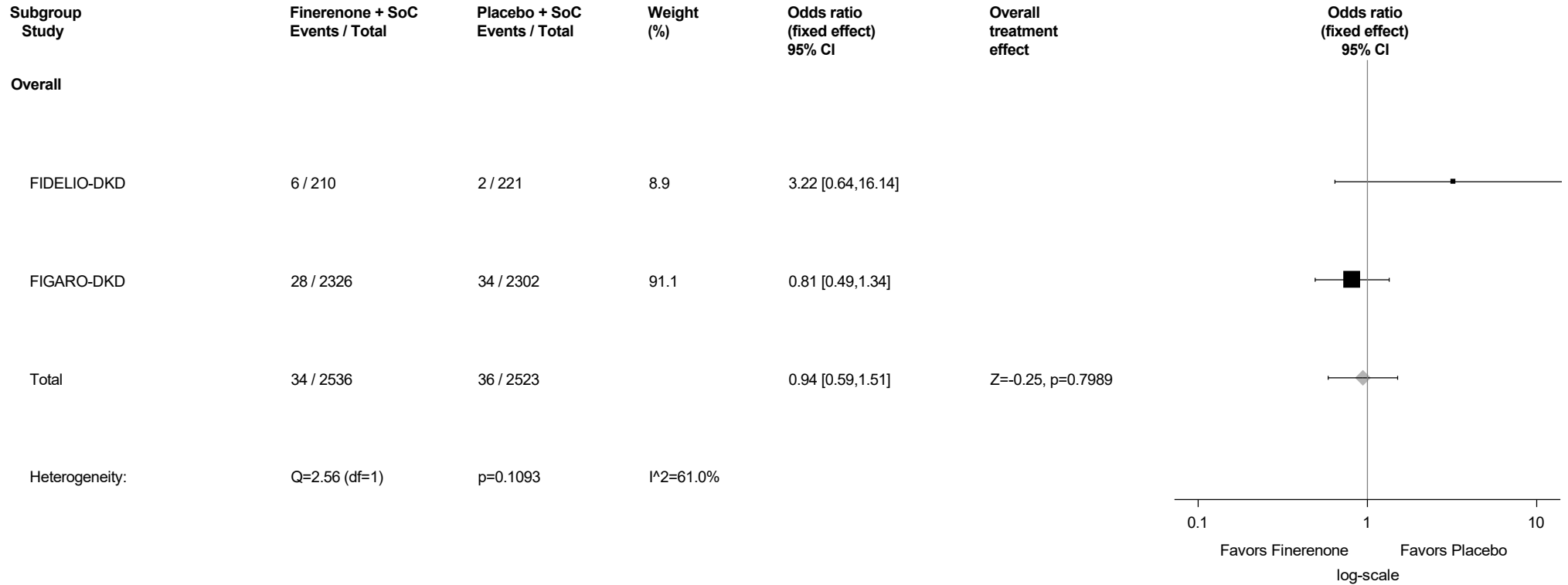
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.150: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



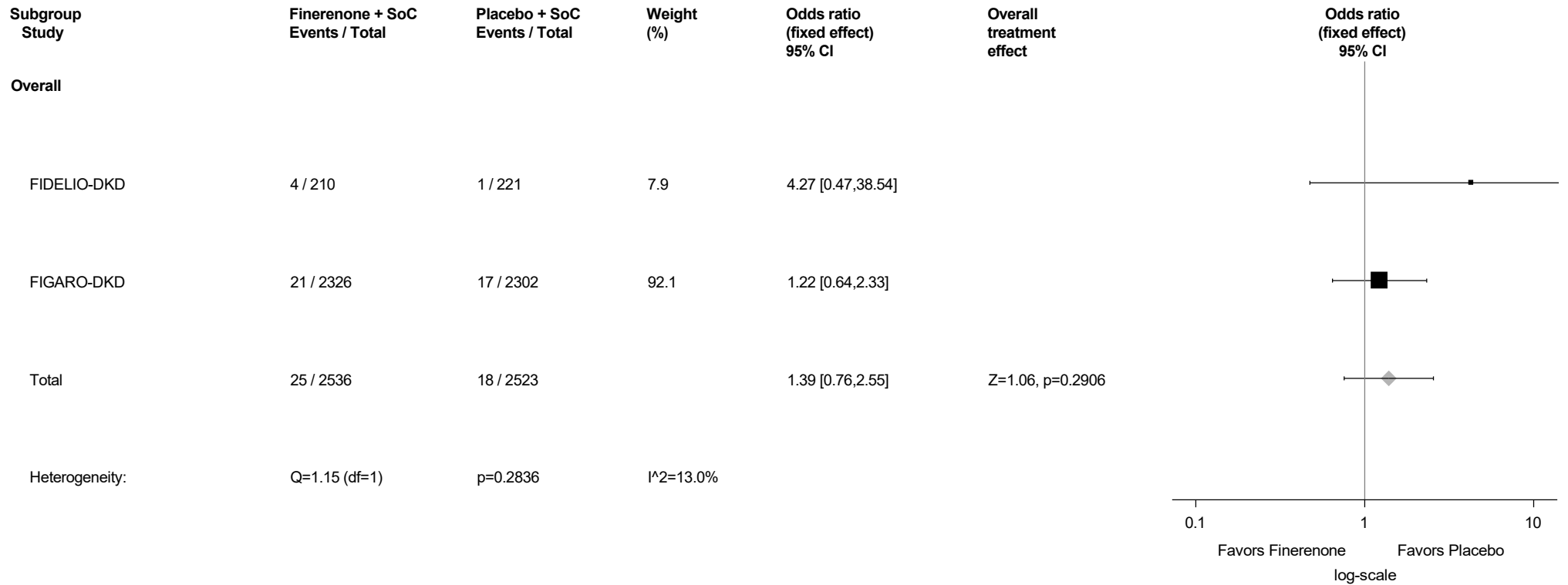
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.151: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.152: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²



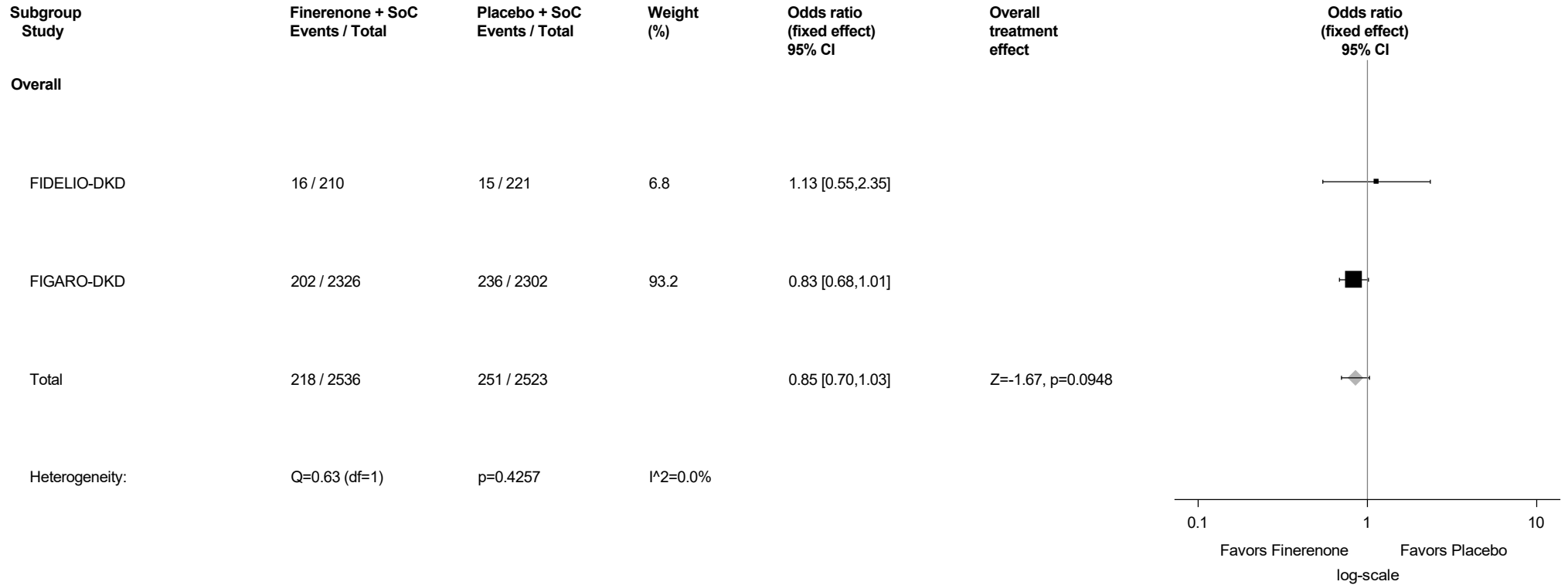
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

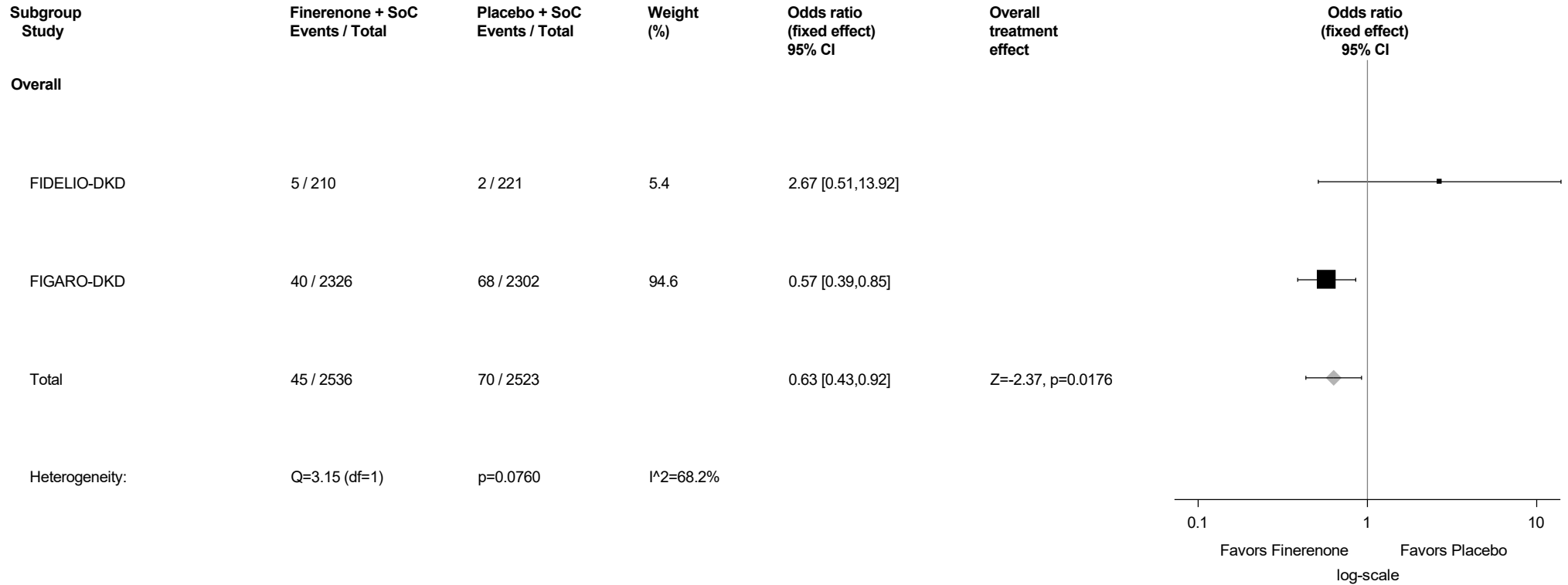
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.153: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



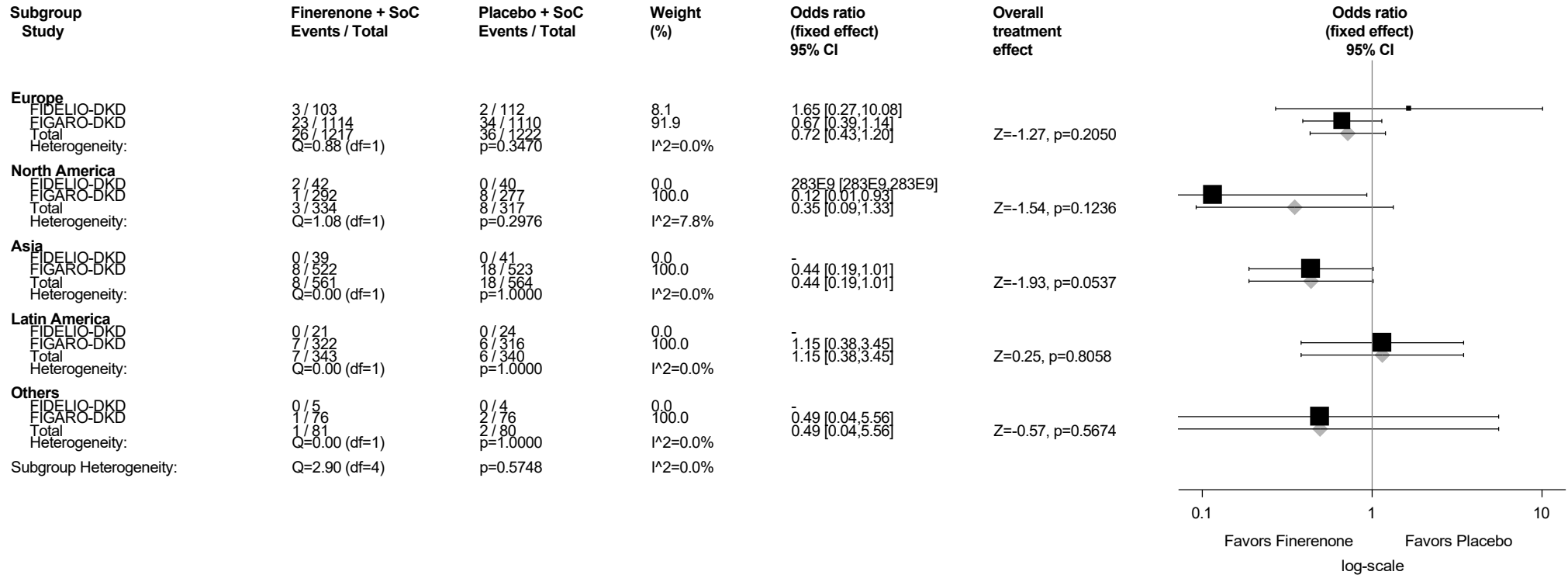
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.154: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.154.1: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



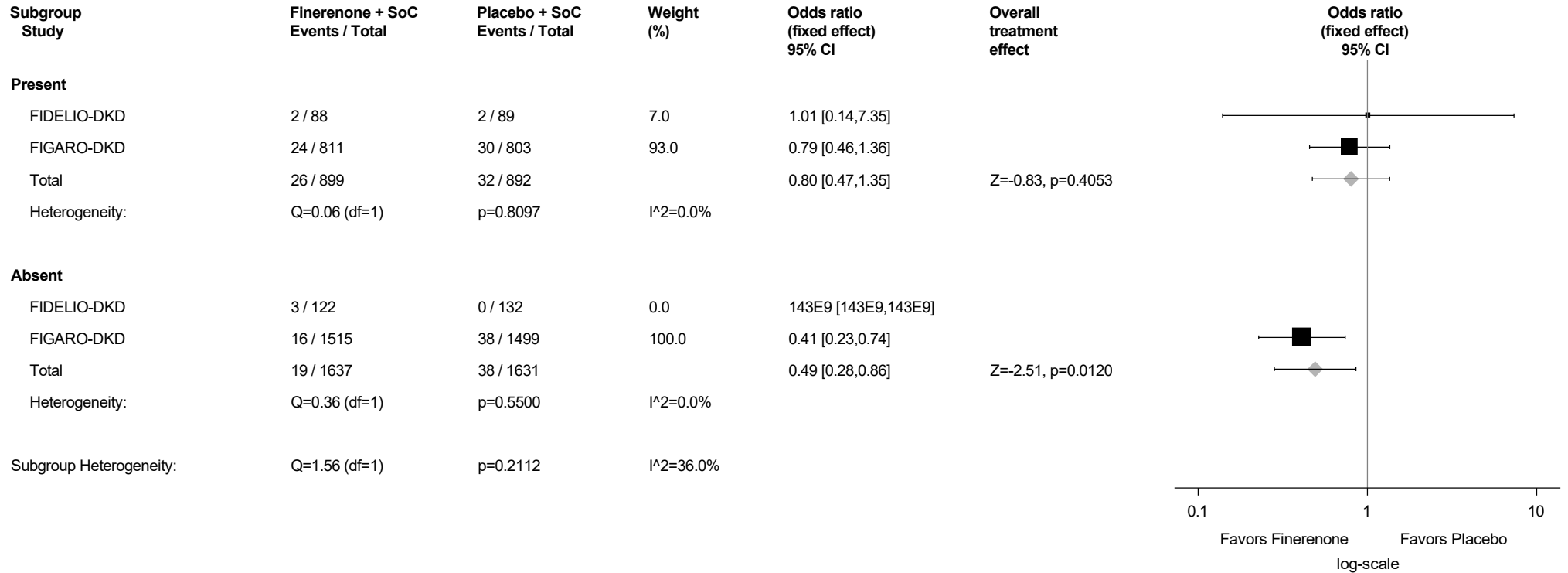
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.154.2: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



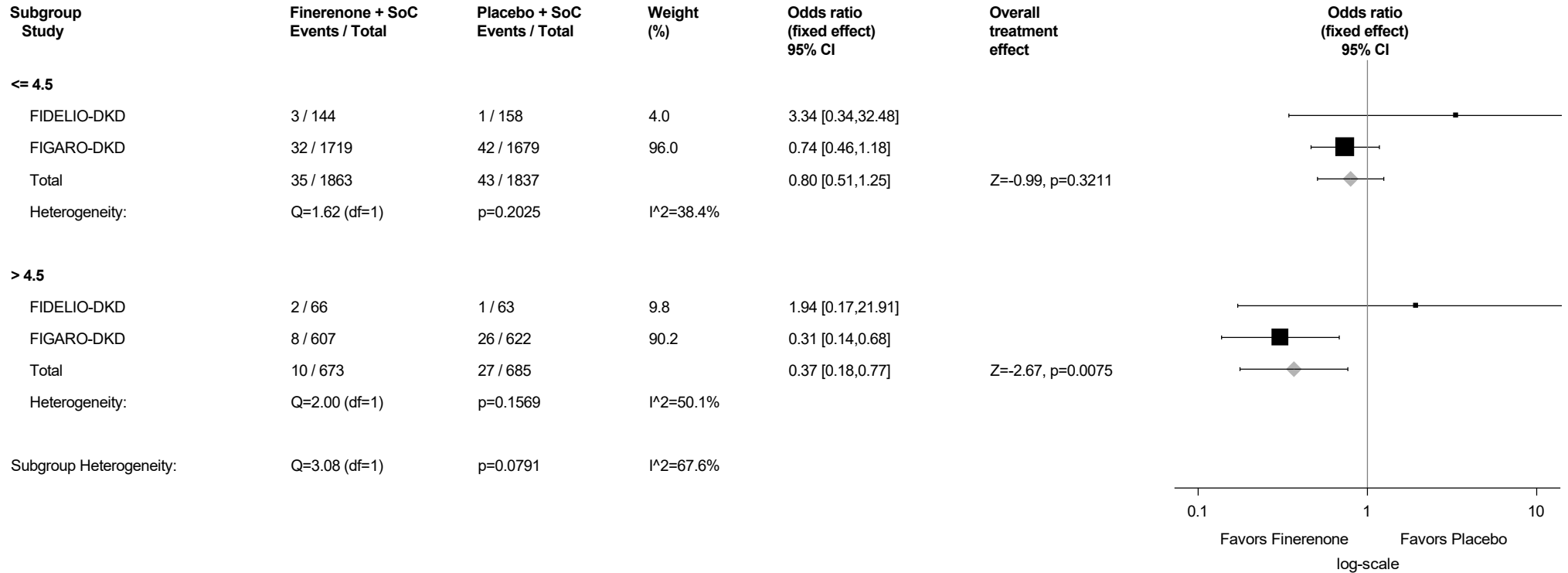
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.154.3: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



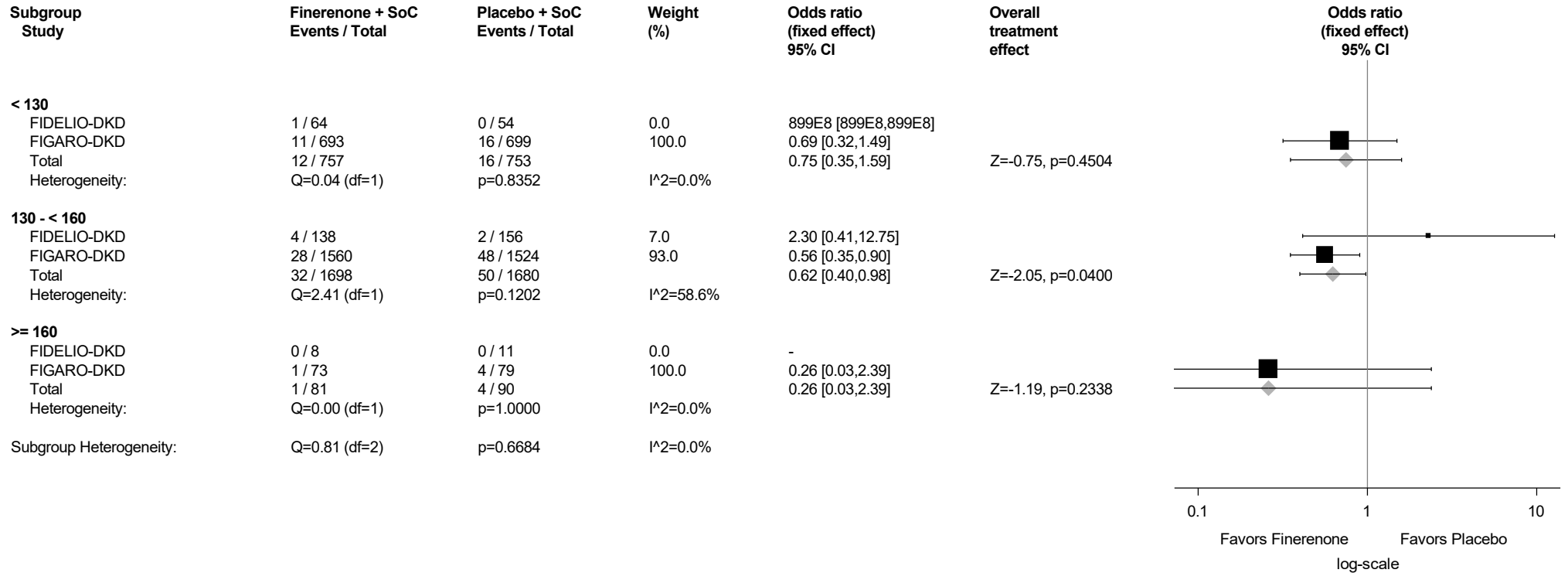
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.154.4: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



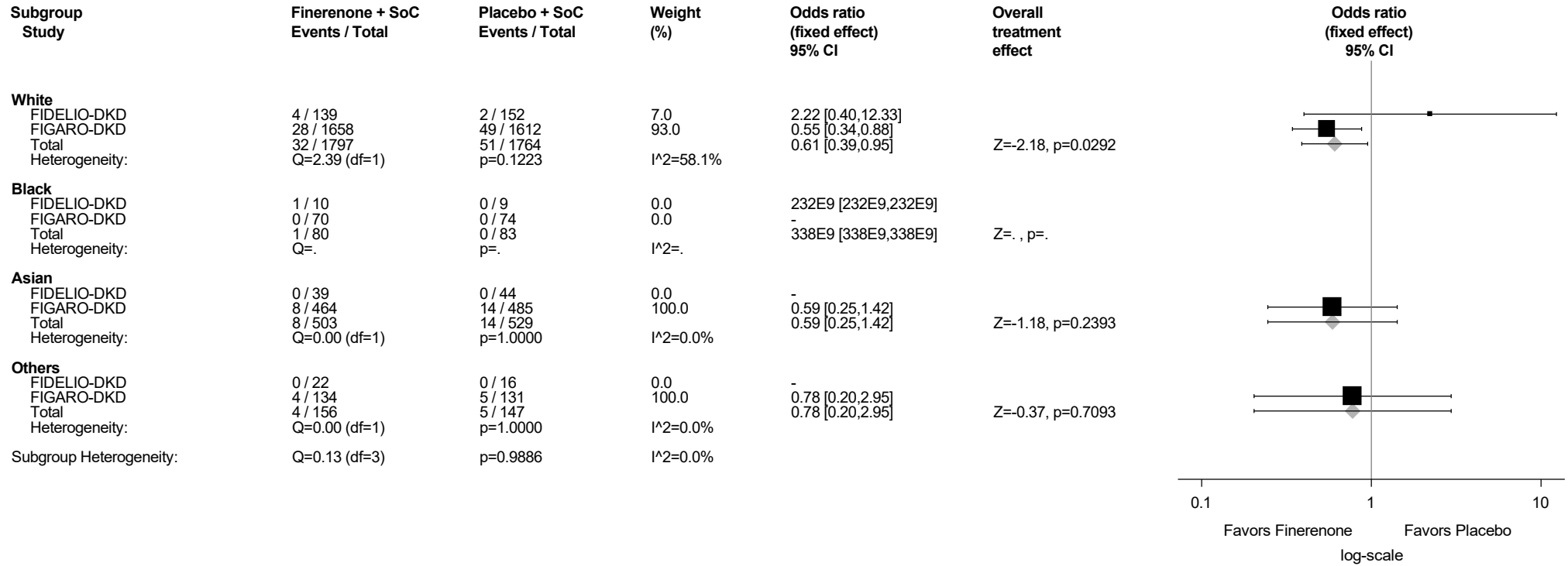
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.154.5: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



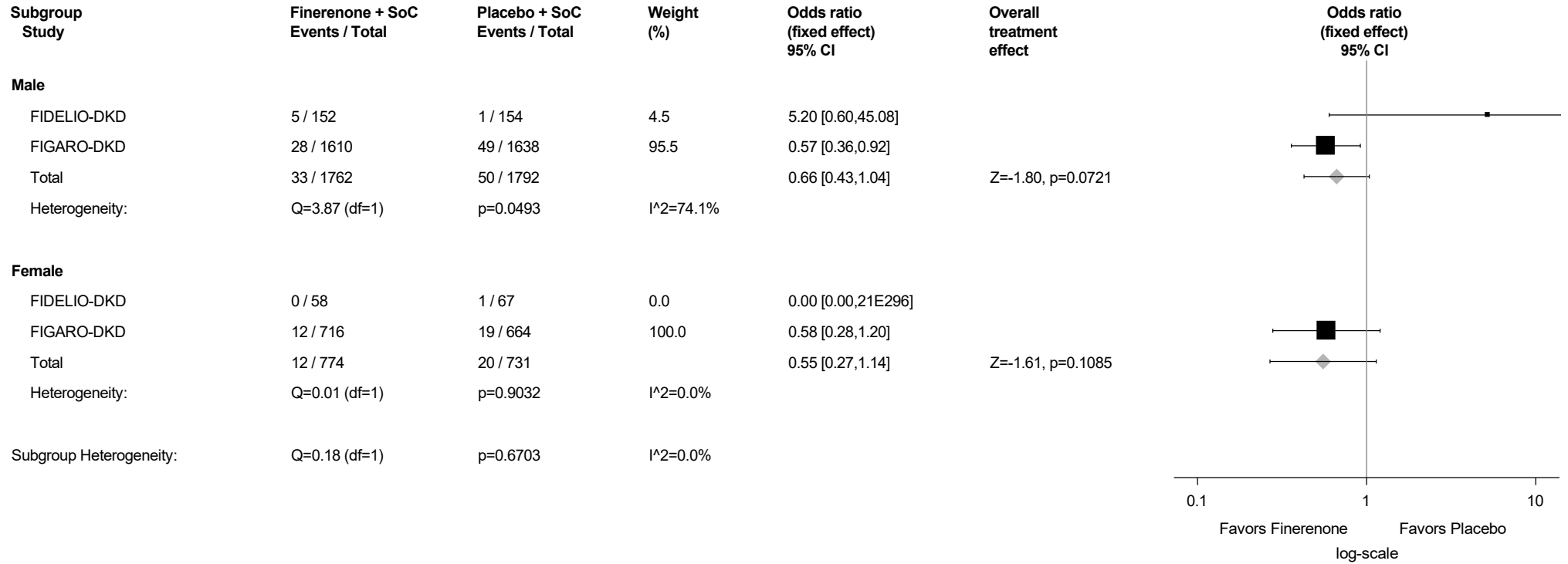
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.154.6: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



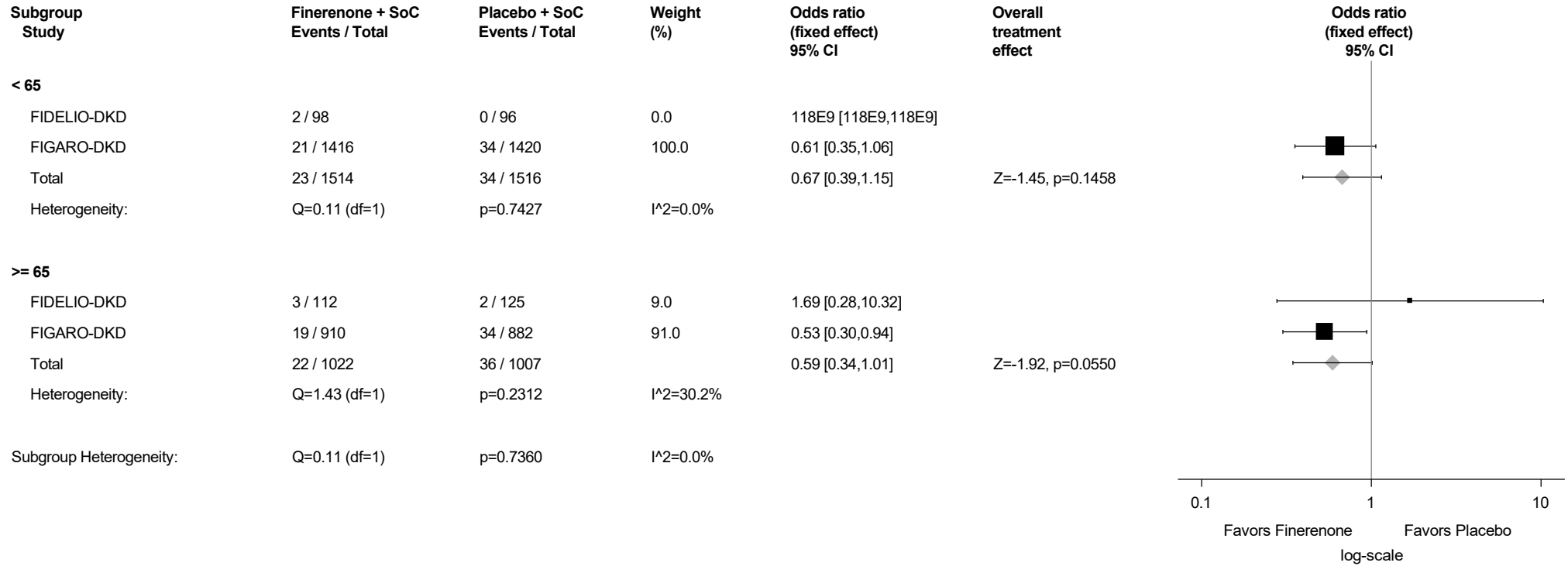
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.154.7: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



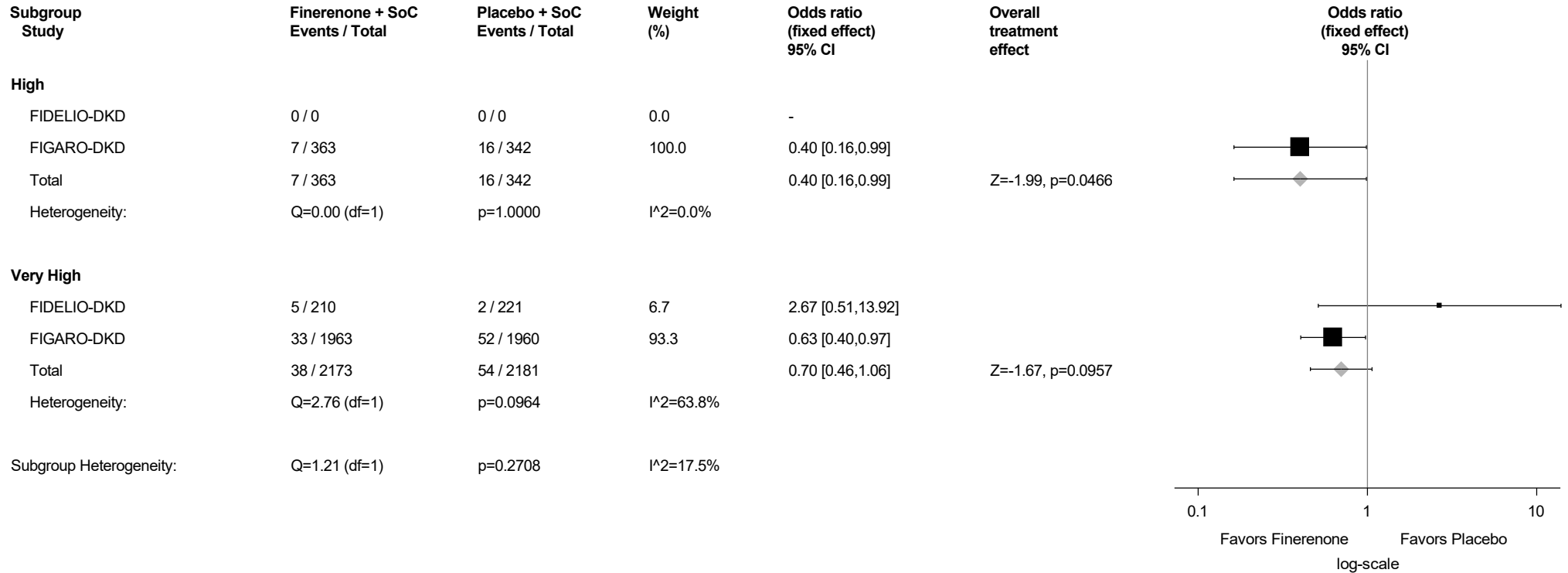
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure B2.2.154.8: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



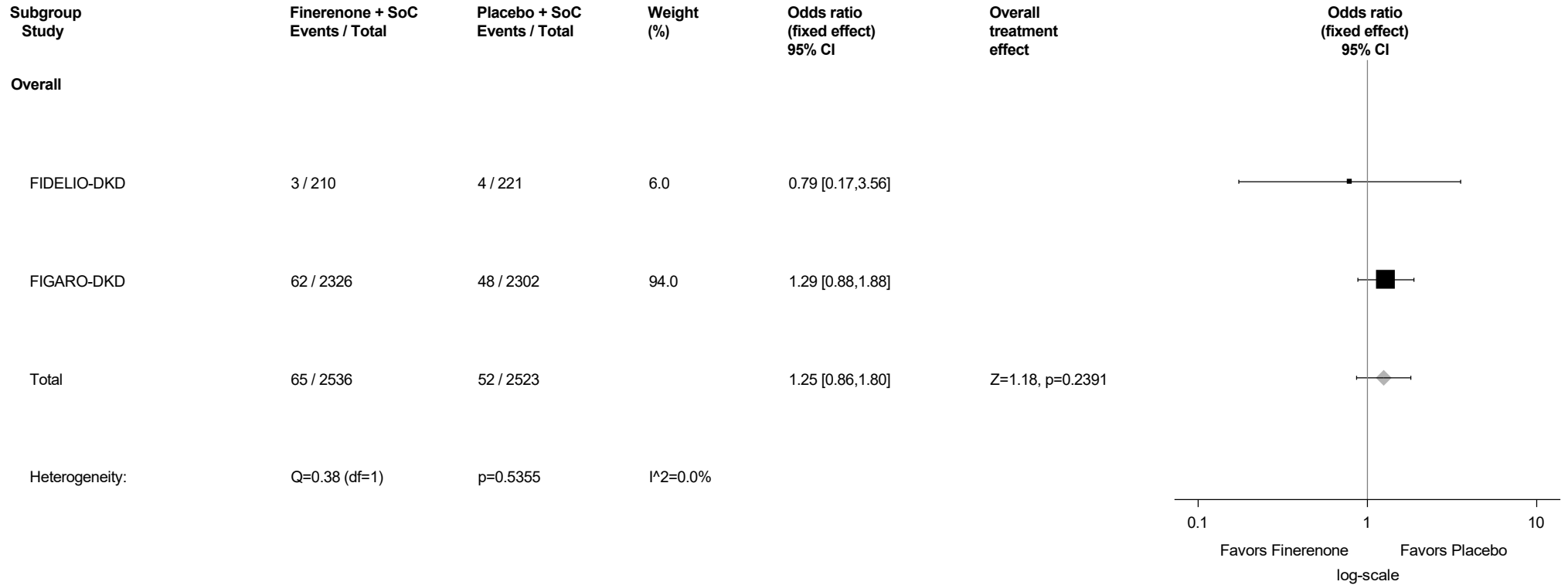
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

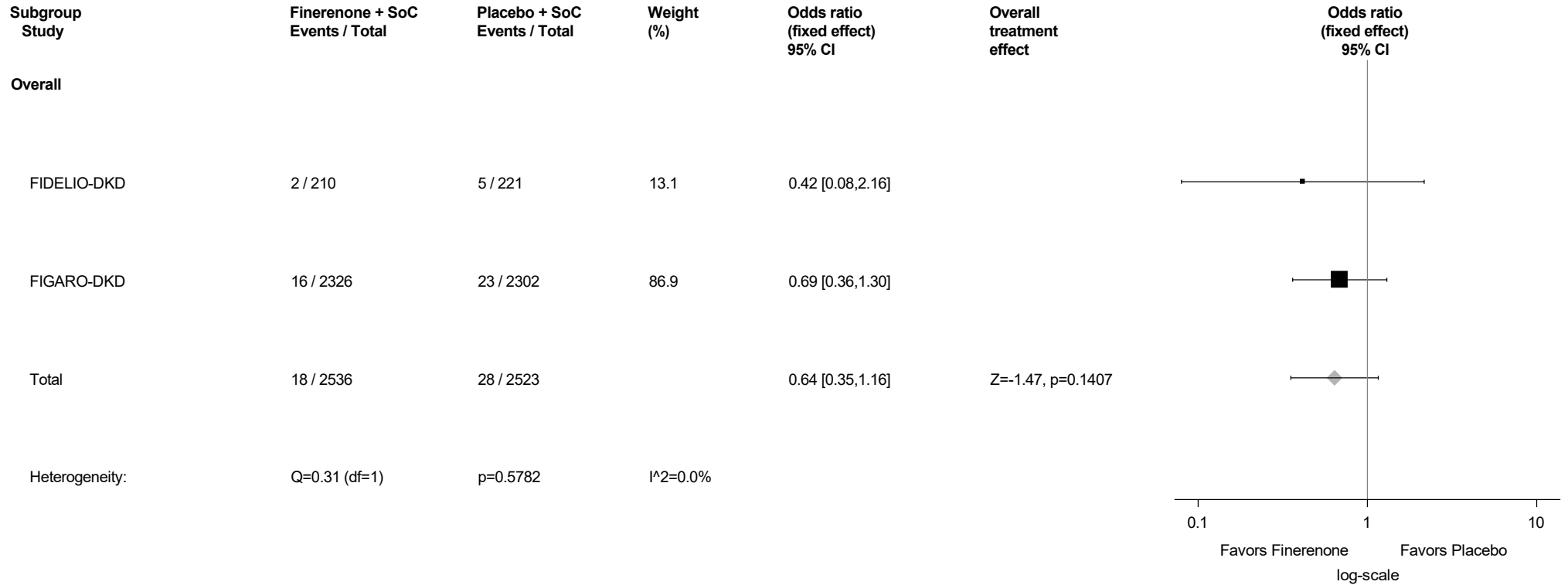
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure B2.2.155: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



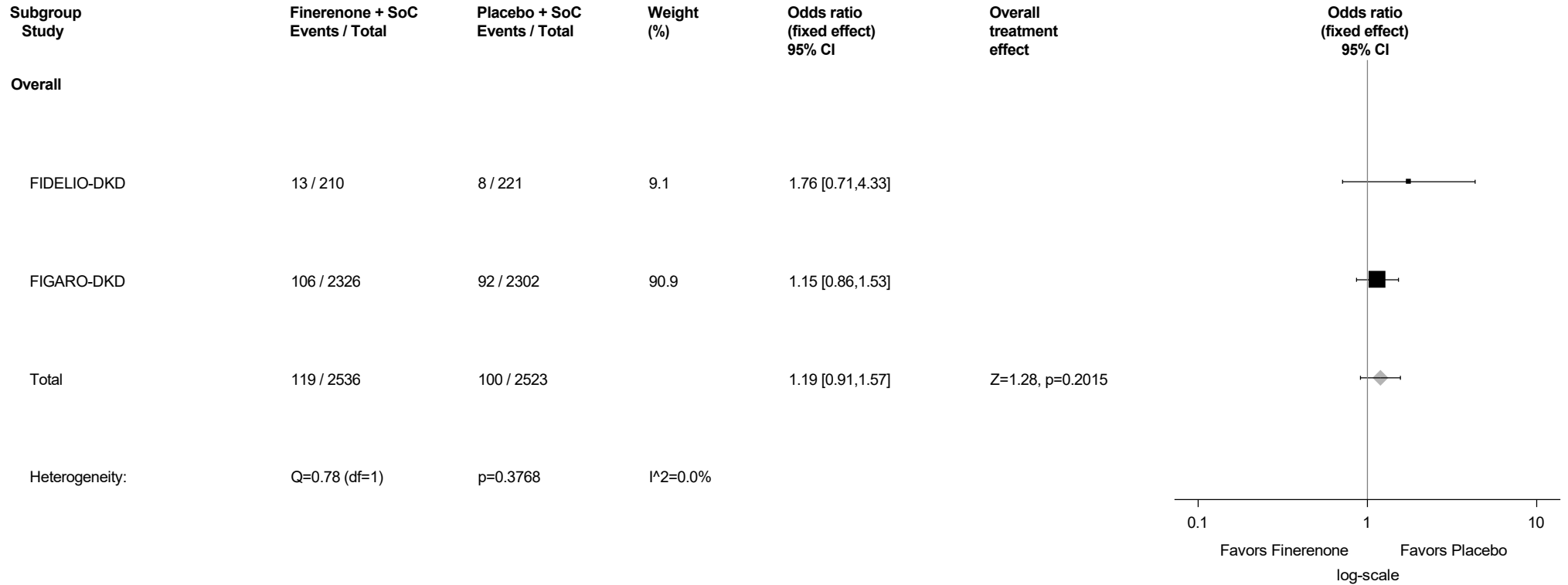
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.156: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



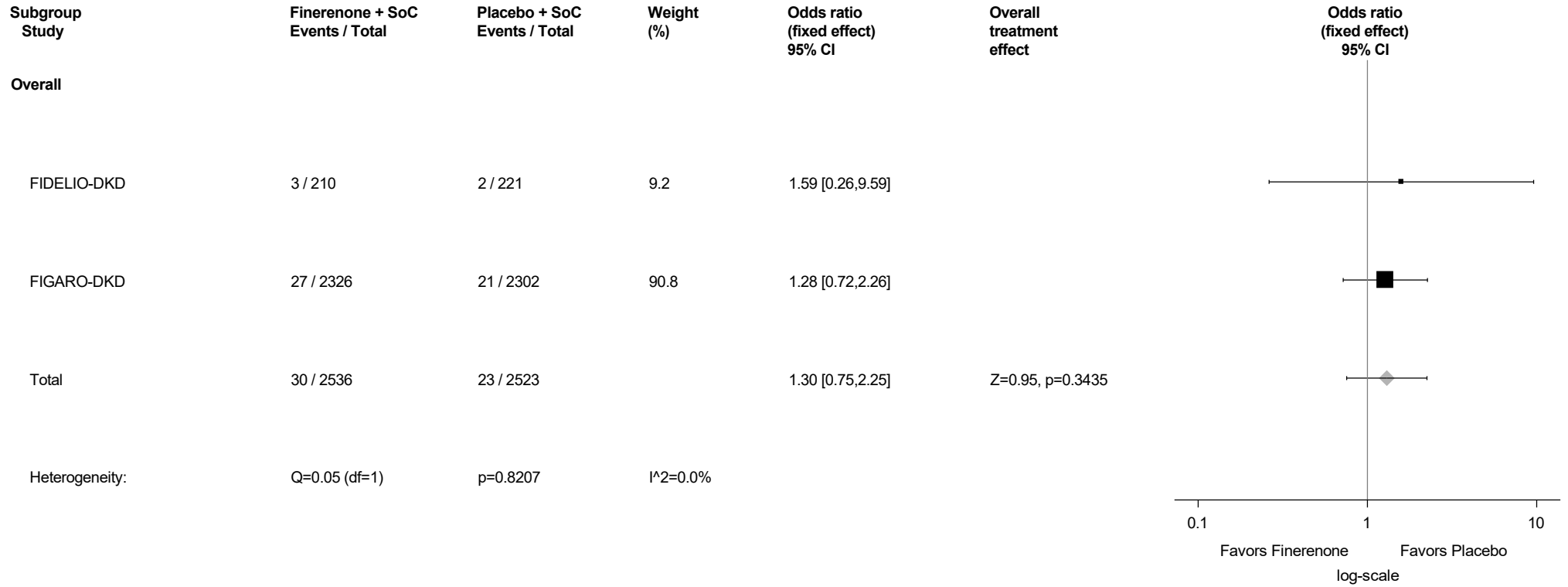
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.157: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



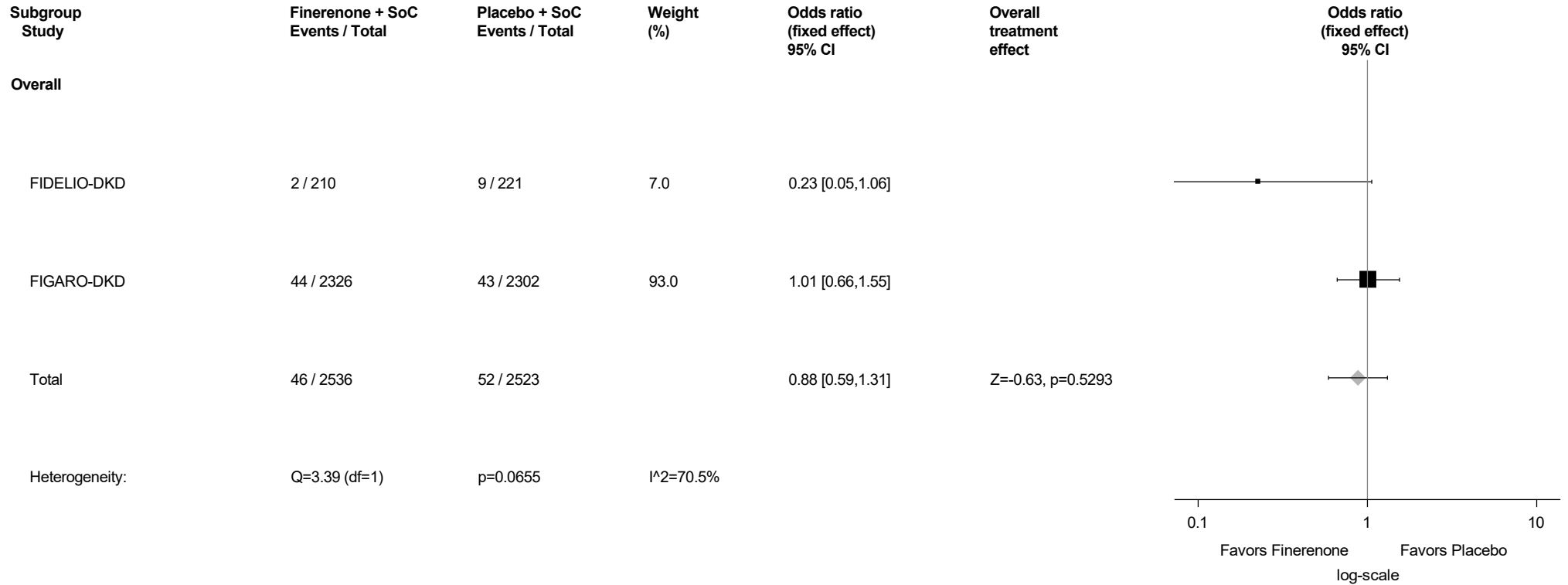
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.158: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



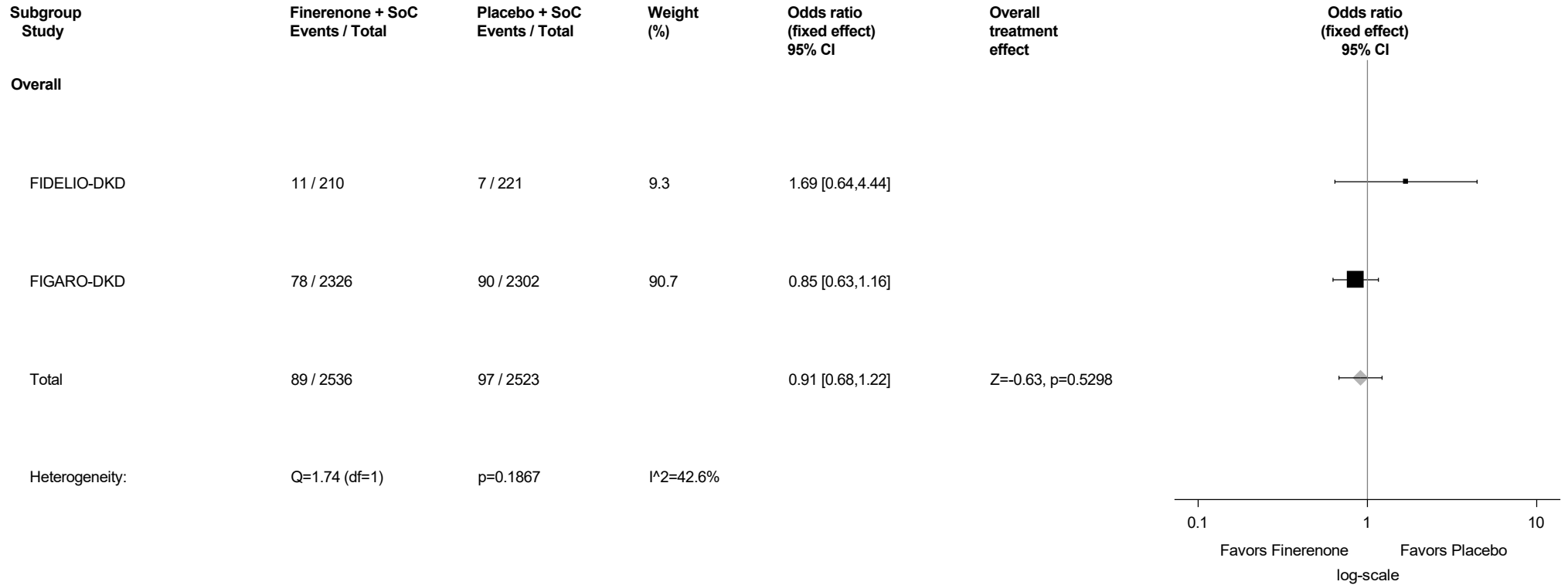
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.159: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



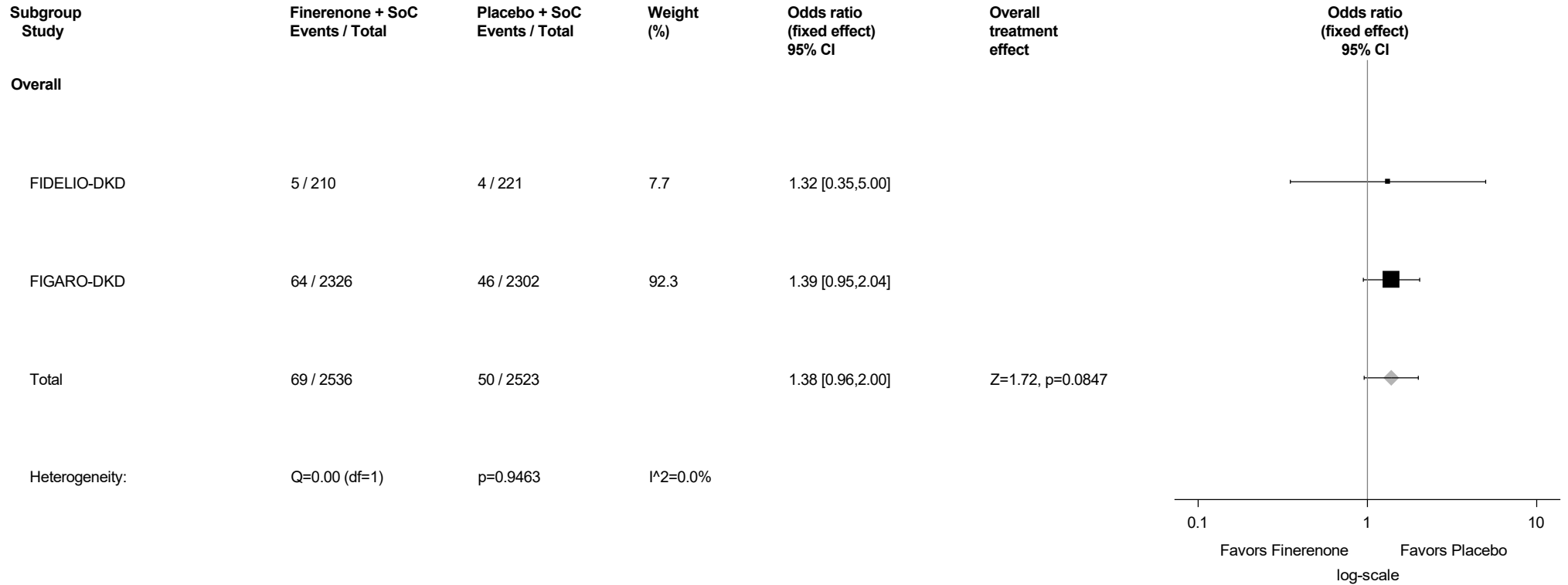
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.160: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



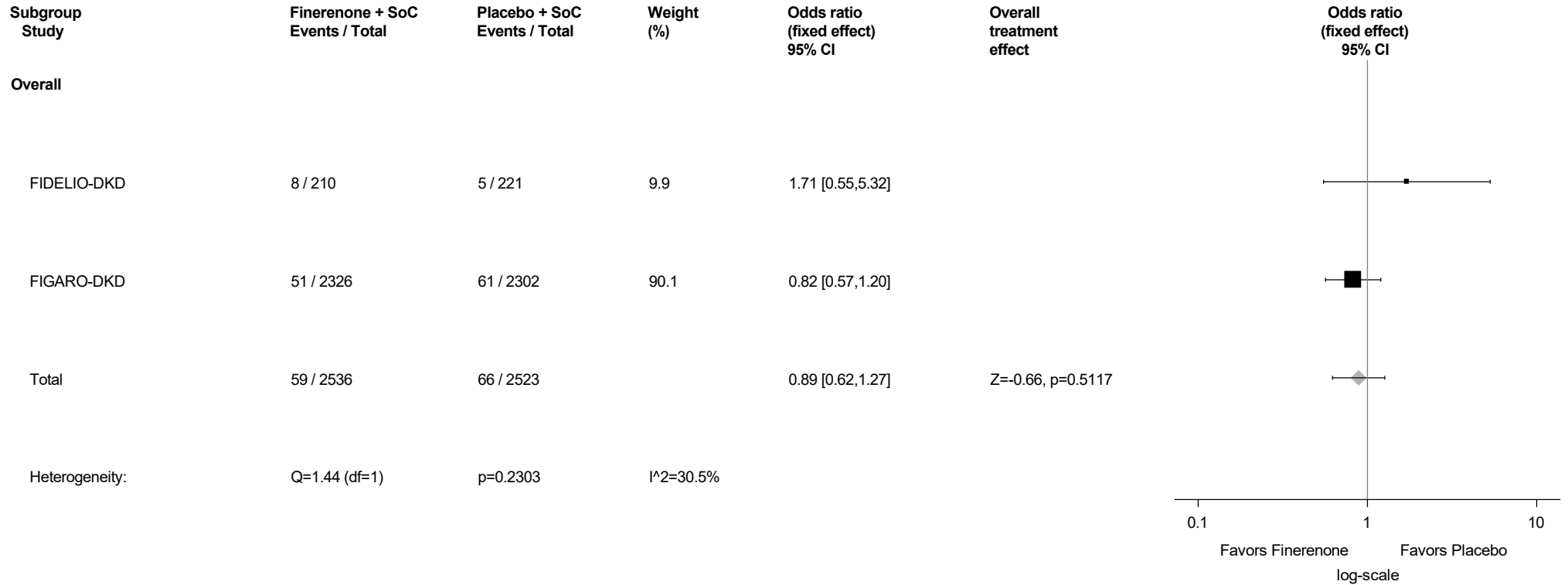
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.161: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



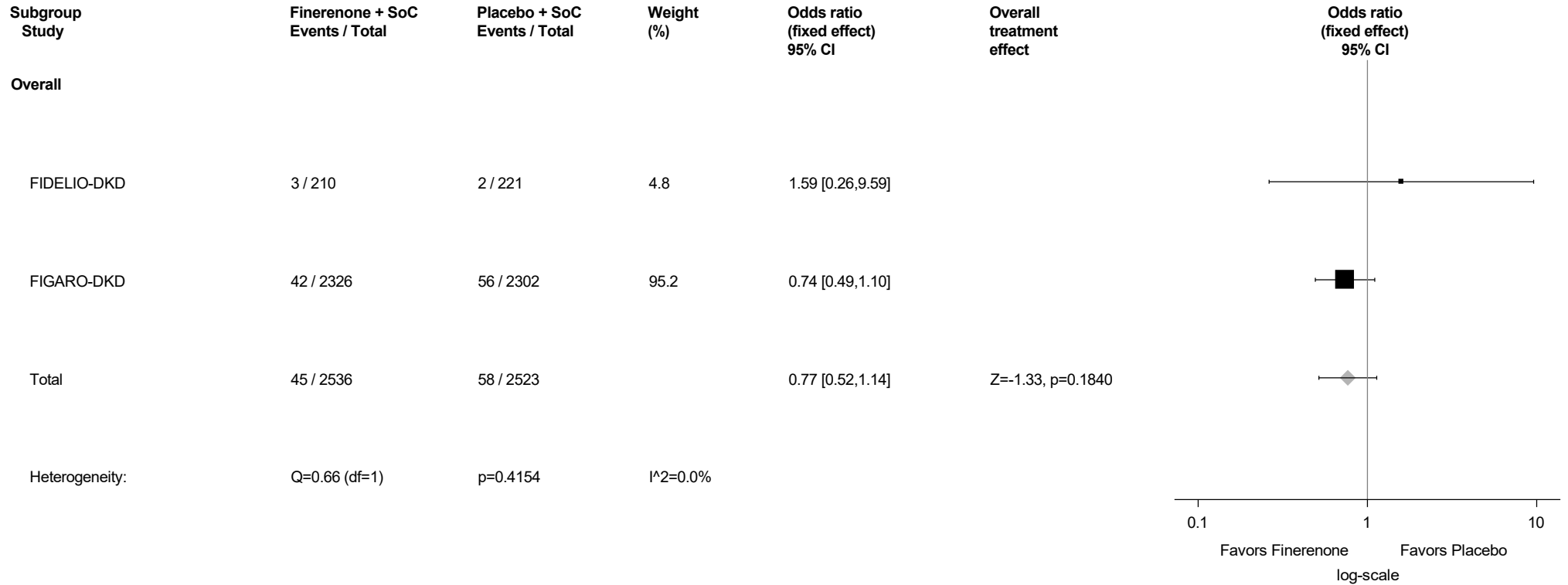
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.162: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



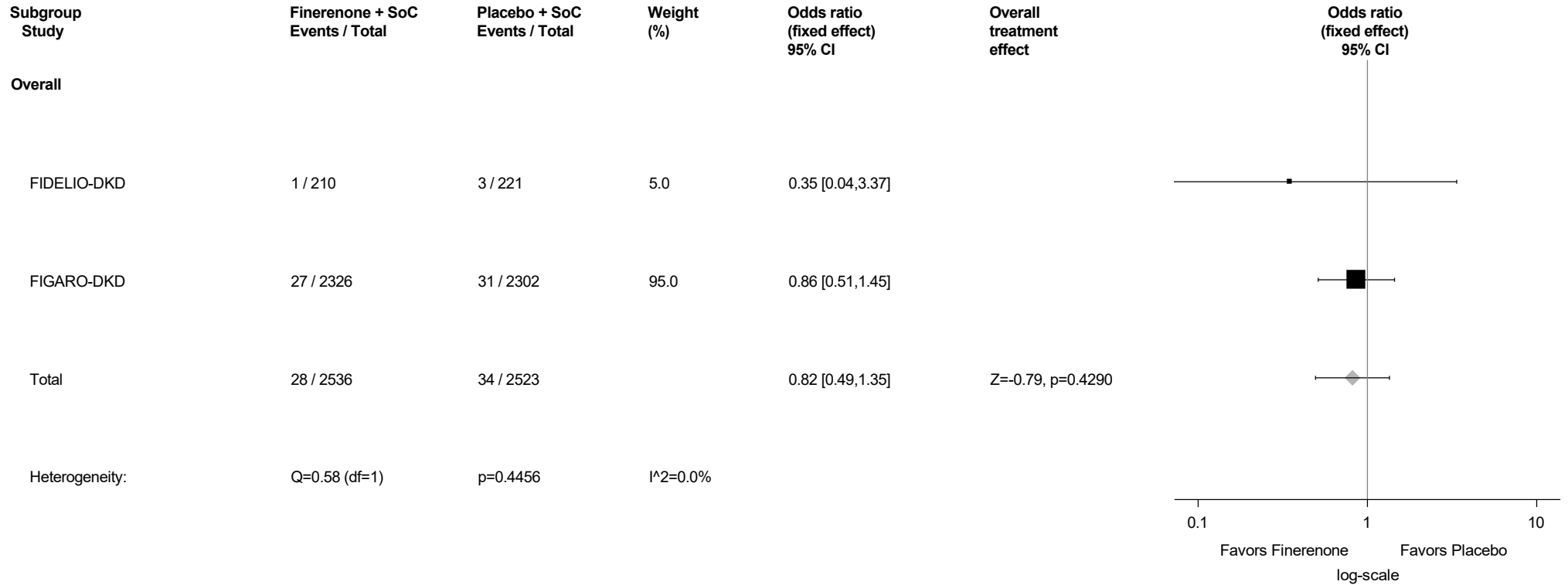
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.163: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



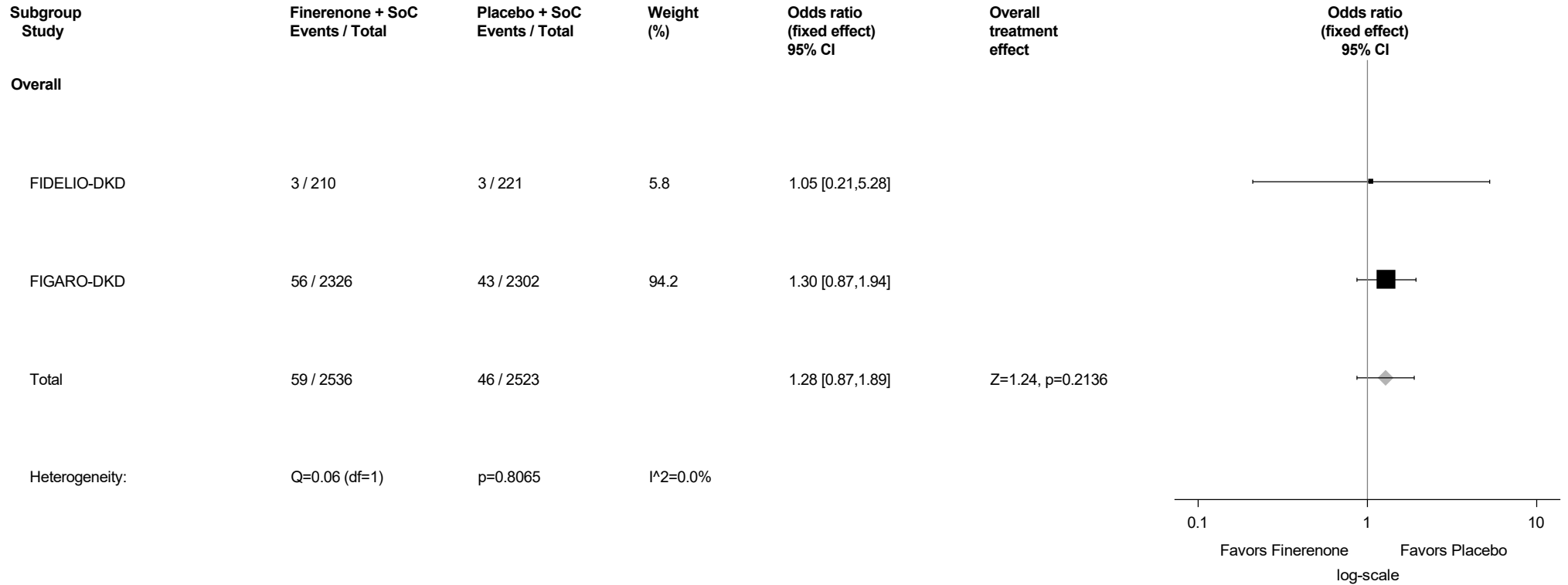
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.164: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



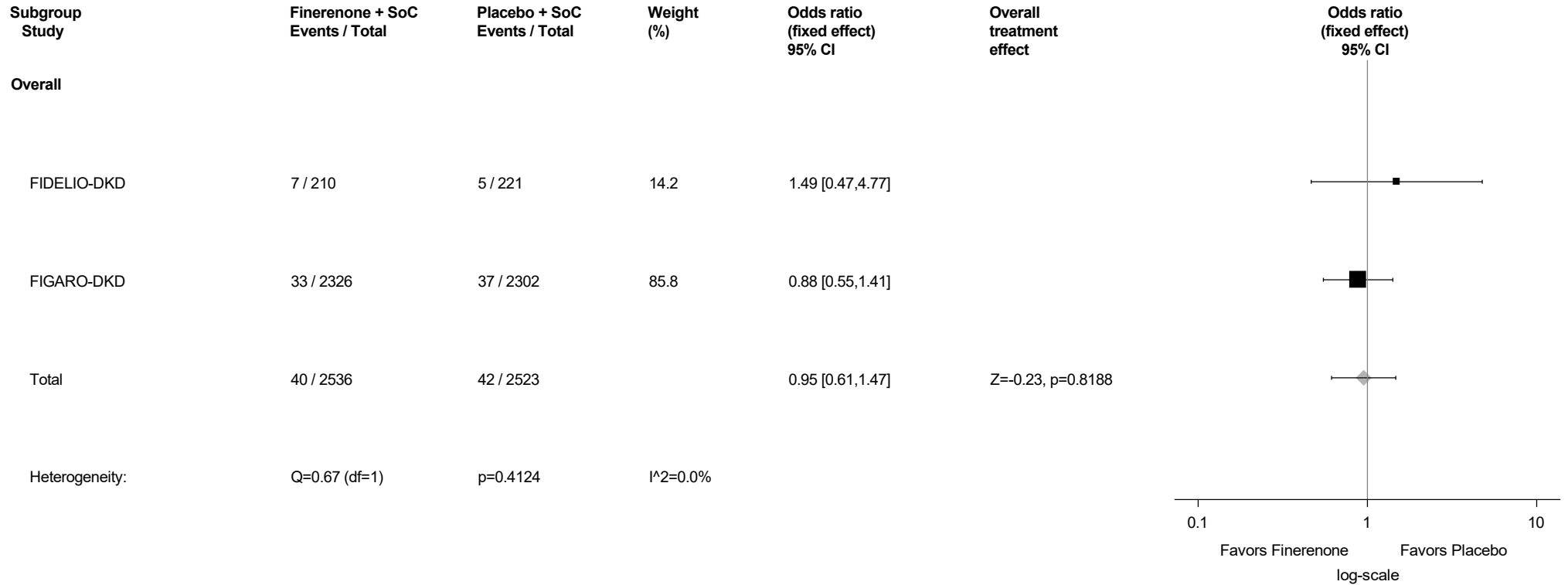
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.165: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



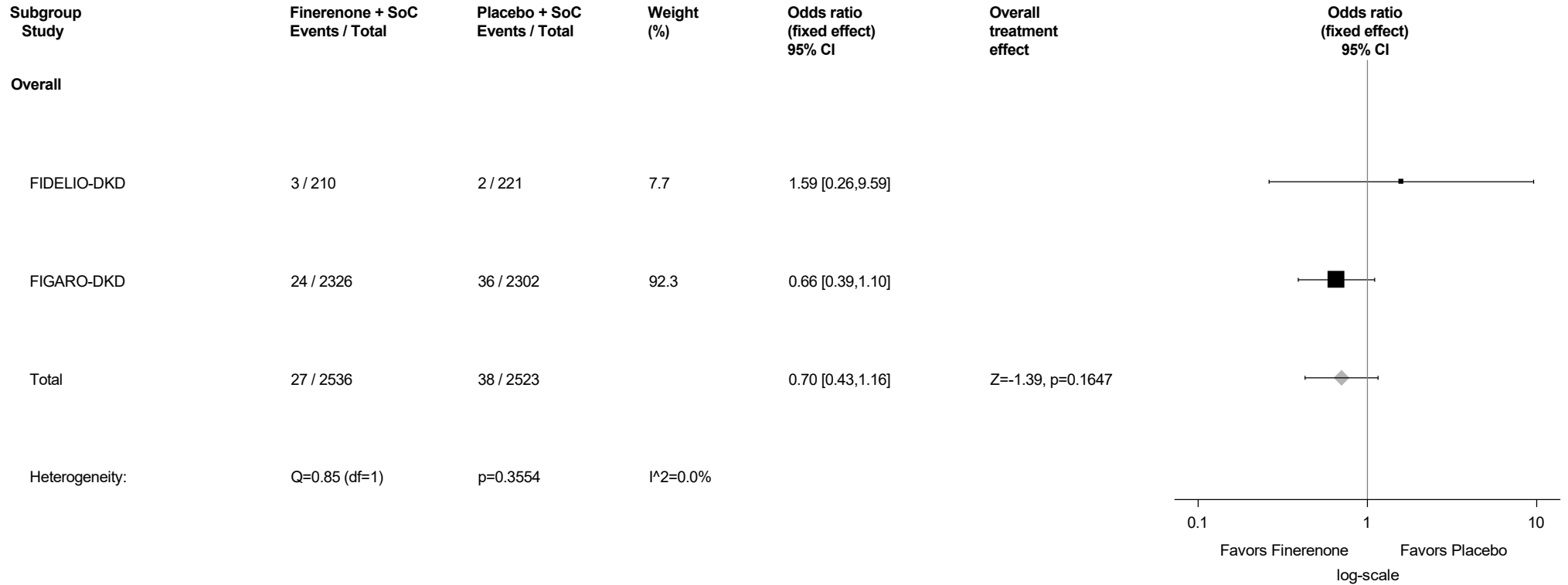
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.166: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



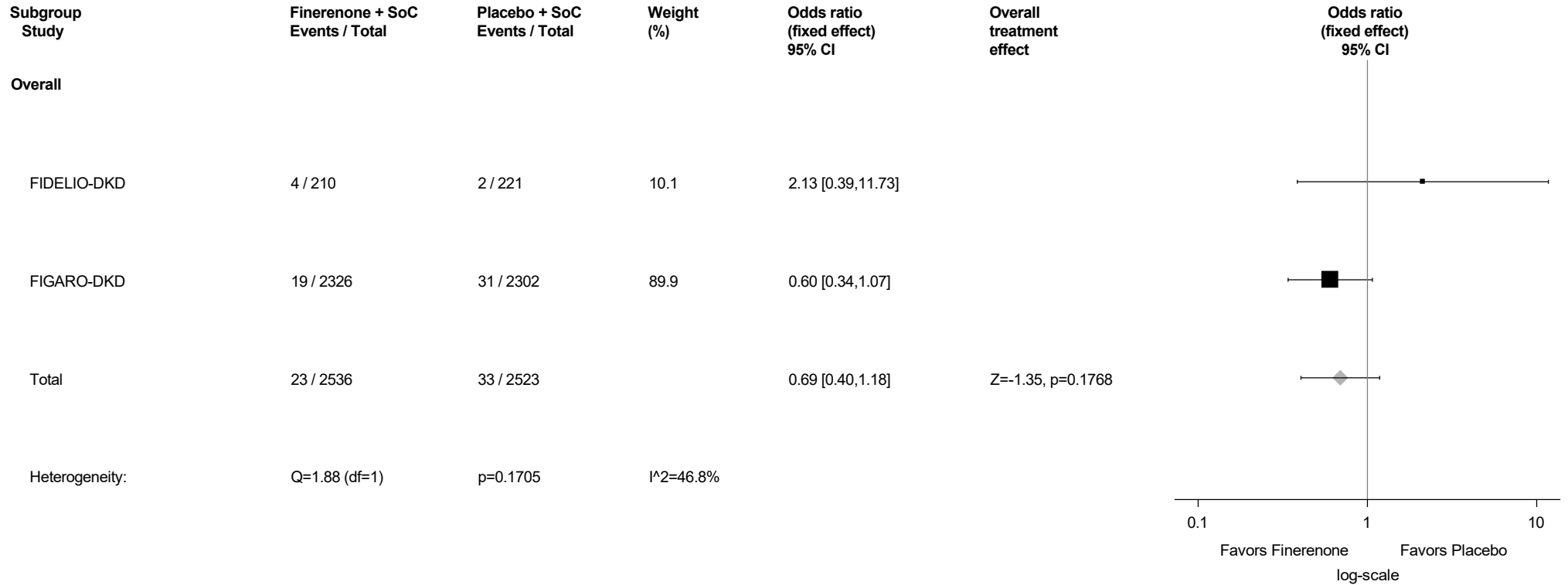
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.167: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



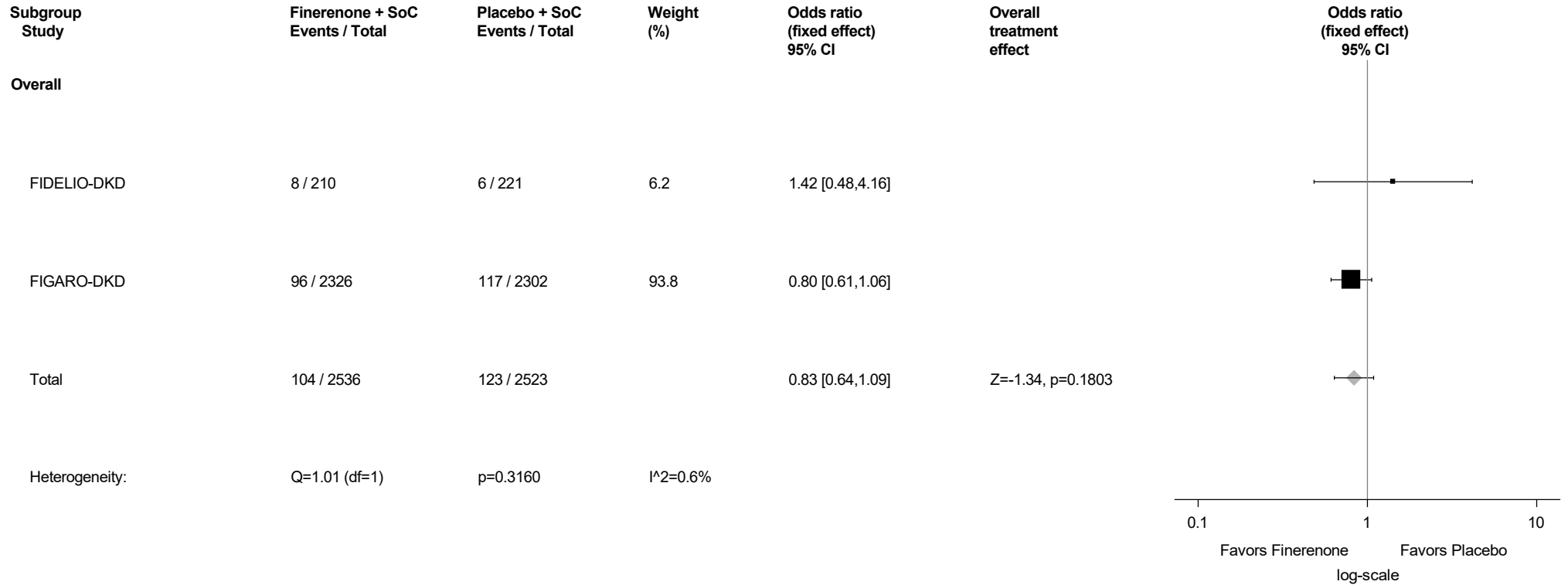
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.168: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



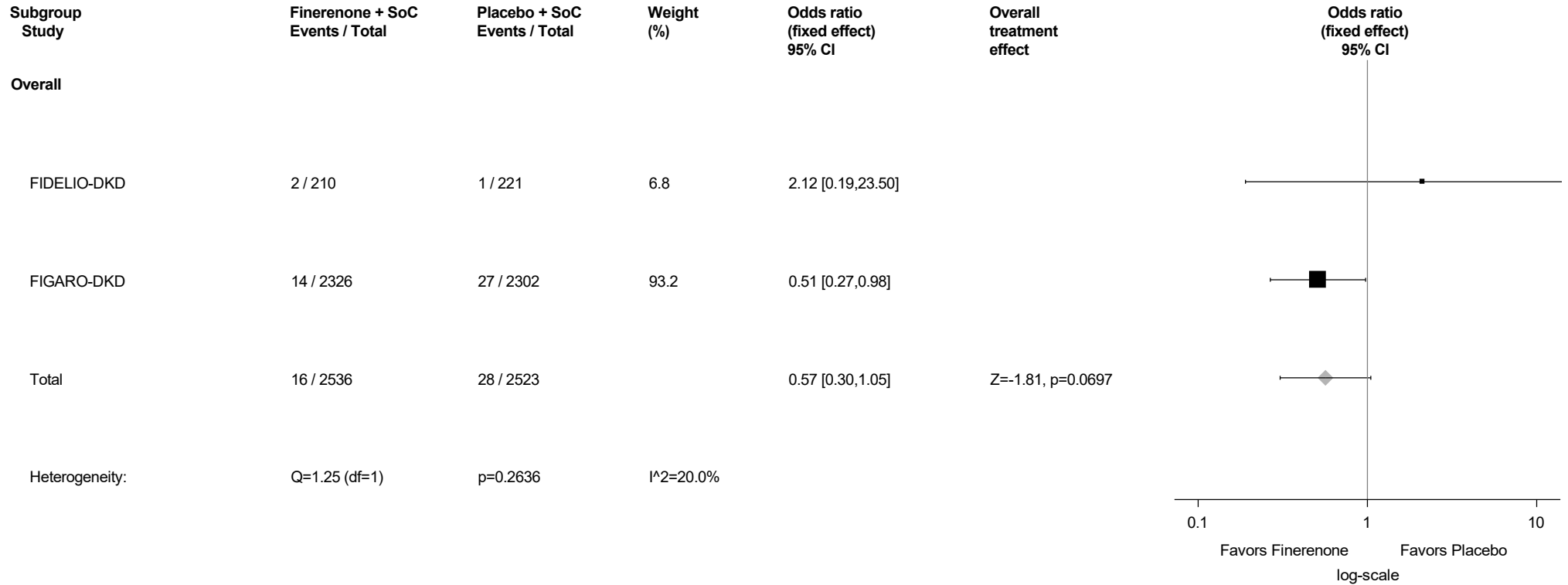
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.169: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



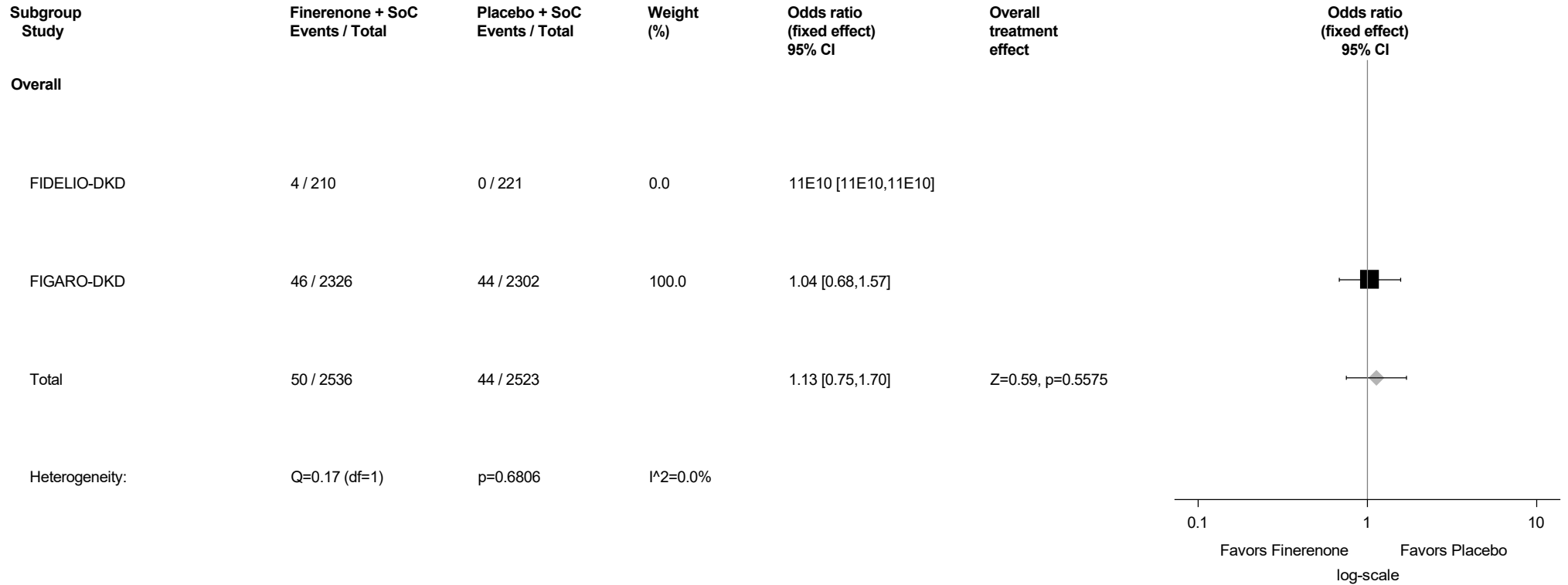
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.170: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



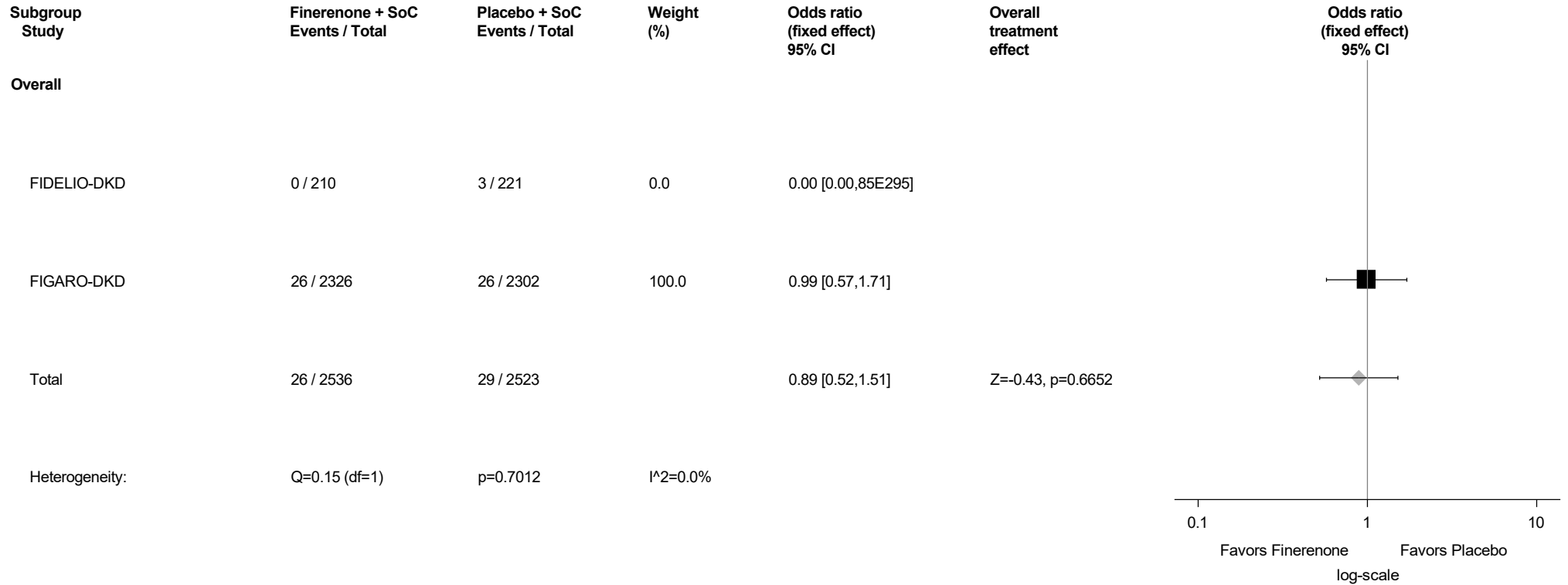
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.171: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



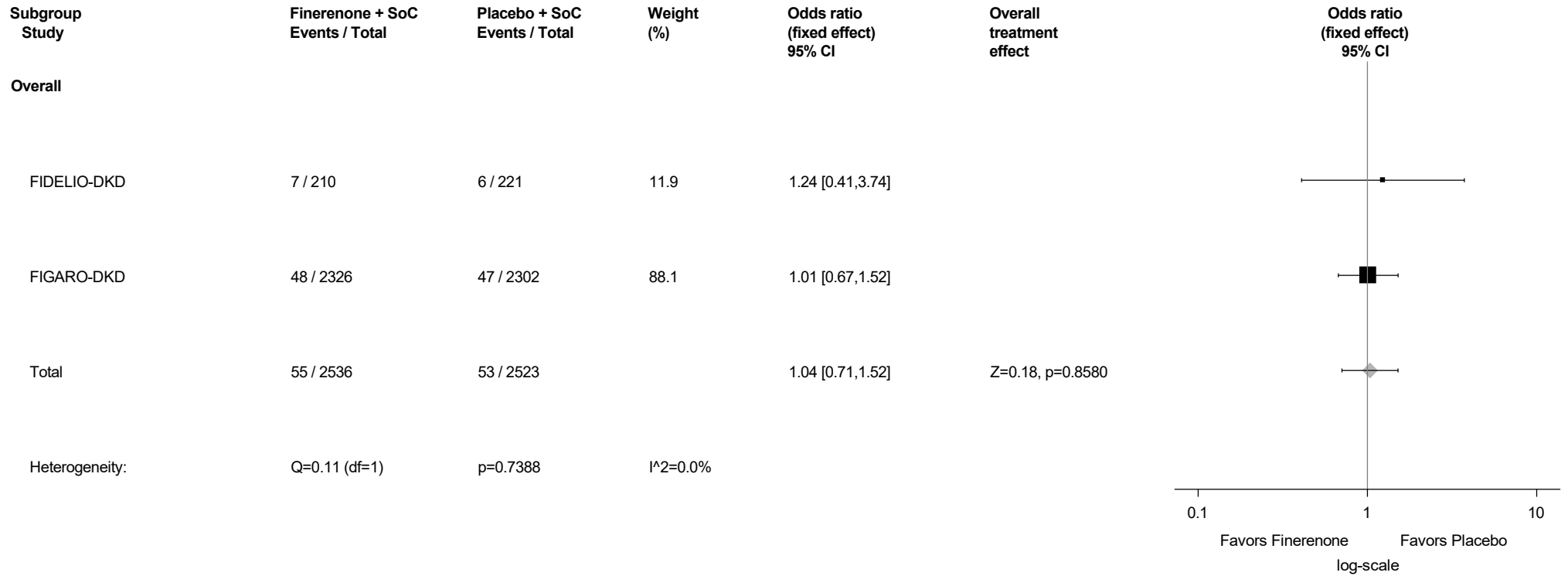
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.172: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



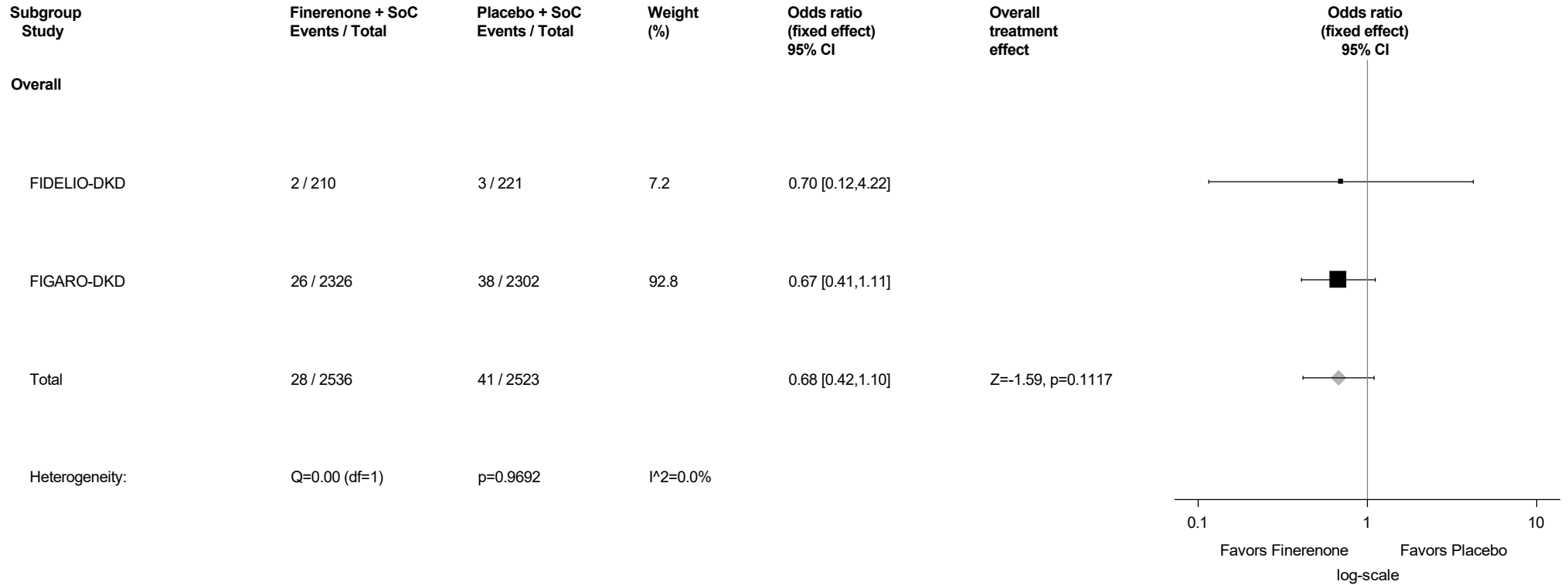
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.173: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
 Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



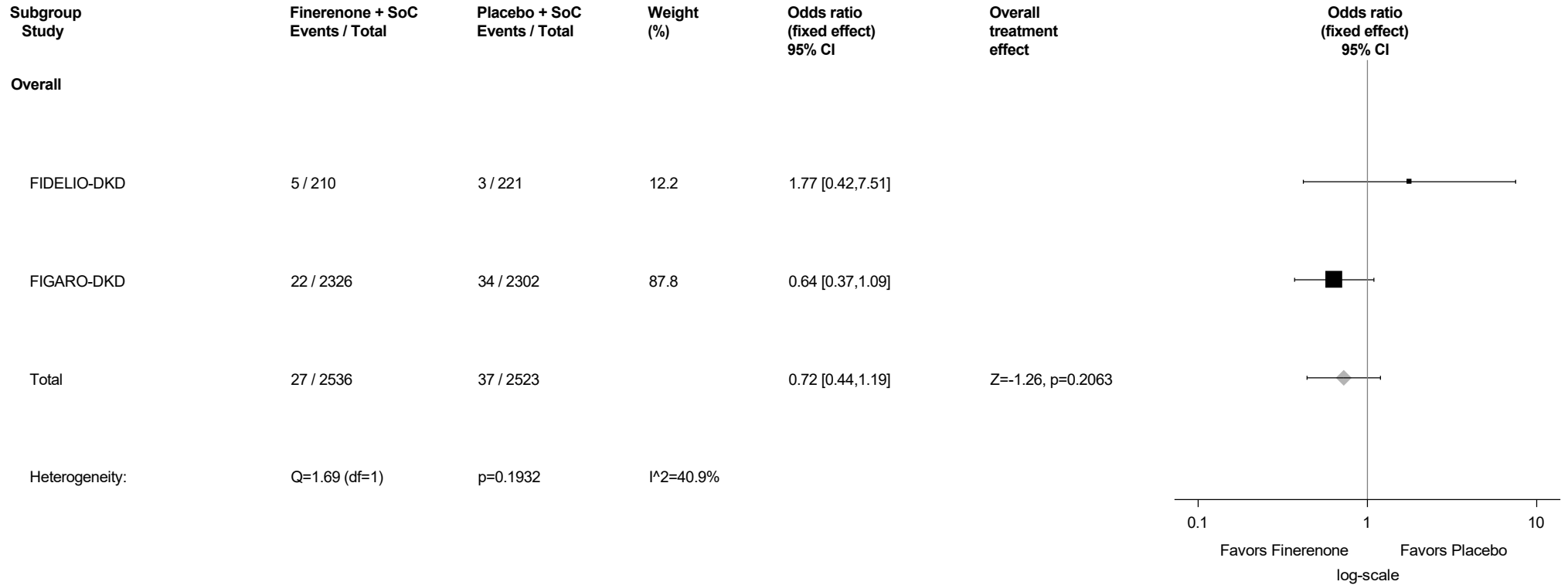
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure B2.2.174: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



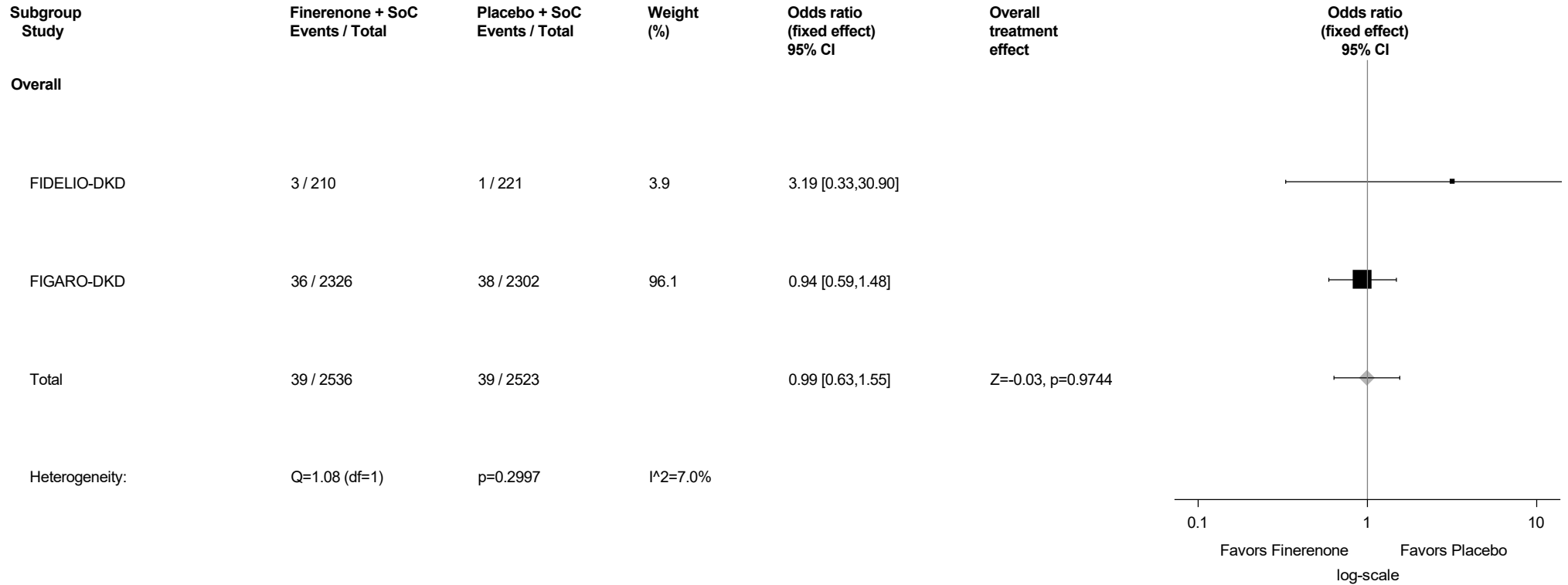
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.175: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



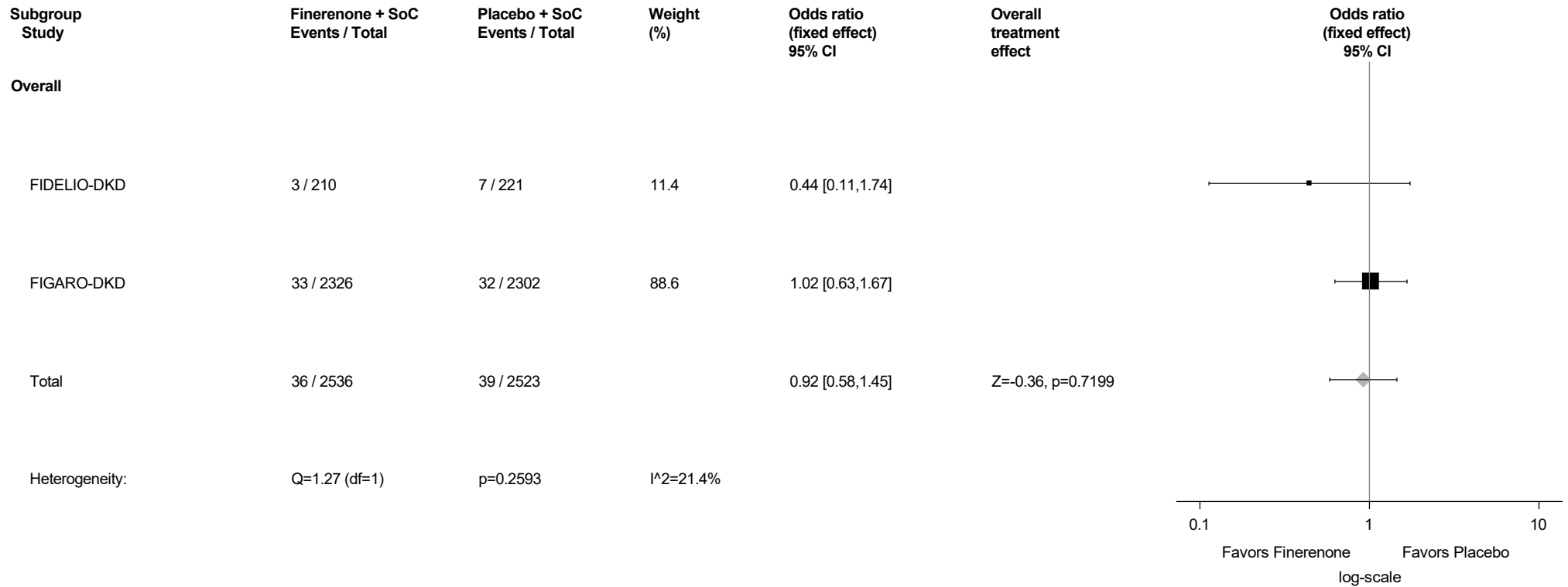
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.176: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m2



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure B2.2.177: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%)
Safety Analysis Set - Screening eGFR >= 60 ml/min/1.73m²



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.



4.2 Disposition

Table 4.2 / 1: Subject disposition (all enrolled Fidelio)

| Disposition | BAY 94-8862 | Placebo | Total |
|-------------------------------|---------------|---------------|---------------|
| Number of subjects | | | |
| Enrolled | | | 13911 |
| Screening failures | | | 8177 |
| Randomized | 2866 | 2868 | 5734 |
| GCP VIOLATIONS | 33 | 27 | 60 |
| Full analysis set | 2833 (100.0%) | 2841 (100.0%) | 5674 (100.0%) |
| Study drug never administered | 6 (0.2%) | 10 (0.4%) | 16 (0.3%) |
| Treated | 2827 (99.8%) | 2831 (99.6%) | 5658 (99.7%) |
| Did not complete study | 9 (0.3%) | 9 (0.3%) | 18 (0.3%) |
| WITHDRAWN CONSENT | 4 (0.1%) | 6 (0.2%) | 10 (0.2%) |
| LOST TO FOLLOW-UP | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Completed study | 2824 (99.7%) | 2832 (99.7%) | 5656 (99.7%) |

Number of subjects enrolled is the number of subjects who signed informed consent, including subjects who switched from study 16244 to study 17530.

The subject is considered as having completed the study if there is a contact with the subject after the EOS notification or if the subject died. Contact with the subject can be actual visits, phone contacts, or information available from public records, etc.

Lost to follow-up includes all study non-completers who have not withdrawn consent. This definition does not necessarily meet the reasons for non-completion of the specified study epochs.

Number of enrolled subjects and screen failures refer to the full study population.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adds.sas 30JAN2023 15:21

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Table 4.2 / 2: Disposition: End of treatment (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Completed epoch | 2011 (71.0%) | 2040 (71.8%) | 4051 (71.4%) |
| Not completed | 822 (29.0%) | 801 (28.2%) | 1623 (28.6%) |
| Primary reason | | | |
| ADVERSE EVENT | 309 (10.9%) | 296 (10.4%) | 605 (10.7%) |
| DEATH | 130 (4.6%) | 157 (5.5%) | 287 (5.1%) |
| WITHDRAWAL BY SUBJECT | 158 (5.6%) | 169 (5.9%) | 327 (5.8%) |
| LOST TO FOLLOW-UP | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| PREGNANCY | 0 | 1 (<0.1%) | 1 (<0.1%) |
| PROGRESSIVE DISEASE | 0 | 1 (<0.1%) | 1 (<0.1%) |
| NON-COMPLIANCE WITH STUDY DRUG | 18 (0.6%) | 7 (0.2%) | 25 (0.4%) |
| PHYSICIAN DECISION | 151 (5.3%) | 112 (3.9%) | 263 (4.6%) |
| TECHNICAL PROBLEMS | 32 (1.1%) | 32 (1.1%) | 64 (1.1%) |
| DETERIORATION OF GENERAL CONDITIONS | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| PROTOCOL DEVIATION | 7 (0.2%) | 14 (0.5%) | 21 (0.4%) |
| SITE TERMINATED BY SPONSOR | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| OTHER | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adds.sas 30JAN2023 15:21
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4.3 Demographic characteristics

Table 4.3 / 1: Demographics (full analysis set Fidelio)

| TEXT | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Race (N) | | | |
| WHITE | 1777 (62.7%) | 1815 (63.9%) | 3592 (63.3%) |
| BLACK OR AFRICAN AMERICAN | 140 (4.9%) | 124 (4.4%) | 264 (4.7%) |
| ASIAN | 717 (25.3%) | 723 (25.4%) | 1440 (25.4%) |
| AMERICAN INDIAN OR ALASKA NATIVE | 78 (2.8%) | 76 (2.7%) | 154 (2.7%) |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 11 (0.4%) | 7 (0.2%) | 18 (0.3%) |
| NOT REPORTED | 9 (0.3%) | 10 (0.4%) | 19 (0.3%) |
| MULTIPLE | 101 (3.6%) | 86 (3.0%) | 187 (3.3%) |
| Sex (N) | | | |
| Male | 1953 (68.9%) | 2030 (71.5%) | 3983 (70.2%) |
| Female | 880 (31.1%) | 811 (28.5%) | 1691 (29.8%) |
| Age (YEARS) | | | |
| n | 2833 | 2841 | 5674 |
| Mean | 65.44 | 65.67 | 65.56 |
| SD | 8.94 | 9.16 | 9.05 |
| Min | 32.0 | 28.0 | 28.0 |
| Q1 | 60.00 | 60.00 | 60.00 |
| Median | 66.00 | 66.00 | 66.00 |
| Q3 | 72.00 | 72.00 | 72.00 |
| Max | 90.0 | 97.0 | 97.0 |
| Run-in age group (years) category (N) | | | |
| 18 - 44 years | 49 (1.7%) | 65 (2.3%) | 114 (2.0%) |
| 45 - 64 years | 1156 (40.8%) | 1109 (39.0%) | 2265 (39.9%) |
| 65 - 74 years | 1197 (42.3%) | 1203 (42.3%) | 2400 (42.3%) |
| >= 75 years | 431 (15.2%) | 464 (16.3%) | 895 (15.8%) |
| Age group (years) category 3 (N) | | | |
| < 65 years | 1205 (42.5%) | 1174 (41.3%) | 2379 (41.9%) |
| >= 65 years | 1628 (57.5%) | 1667 (58.7%) | 3295 (58.1%) |
| Ethnicity (N) | | | |
| NOT HISPANIC OR LATINO | 2376 (83.9%) | 2397 (84.4%) | 4773 (84.1%) |
| HISPANIC OR LATINO | 447 (15.8%) | 431 (15.2%) | 878 (15.5%) |
| NOT REPORTED | 10 (0.4%) | 13 (0.5%) | 23 (0.4%) |

Table 4.3 / 1: Demographics (full analysis set Fidelio)

| TEXT | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Region (N) | | | |
| Europe | 1182 (41.7%) | 1176 (41.4%) | 2358 (41.6%) |
| North America | 467 (16.5%) | 477 (16.8%) | 944 (16.6%) |
| Asia | 790 (27.9%) | 789 (27.8%) | 1579 (27.8%) |
| Latin America | 295 (10.4%) | 298 (10.5%) | 593 (10.5%) |
| Others | 99 (3.5%) | 101 (3.6%) | 200 (3.5%) |
| Baseline Weight (kg) | | | |
| n | 2825 | 2836 | 5661 |
| Mean | 86.79 | 87.54 | 87.17 |
| SD | 19.80 | 20.16 | 19.98 |
| Min | 40.0 | 34.0 | 34.0 |
| Q1 | 72.70 | 73.10 | 73.00 |
| Median | 85.00 | 85.50 | 85.20 |
| Q3 | 98.50 | 98.80 | 98.60 |
| Max | 182.8 | 188.9 | 188.9 |
| Baseline weight (kg) category (N) | | | |
| missing | 8 (0.3%) | 5 (0.2%) | 13 (0.2%) |
| < 60 kg | 184 (6.5%) | 158 (5.6%) | 342 (6.0%) |
| 60 - < 90 kg | 1529 (54.0%) | 1514 (53.3%) | 3043 (53.6%) |
| >= 90 kg | 1112 (39.3%) | 1164 (41.0%) | 2276 (40.1%) |
| Baseline Height (cm) | | | |
| n | 2829 | 2841 | 5670 |
| Mean | 166.61 | 167.39 | 167.00 |
| SD | 9.55 | 9.75 | 9.66 |
| Min | 137.0 | 136.0 | 136.0 |
| Q1 | 160.00 | 161.00 | 160.00 |
| Median | 167.00 | 168.00 | 167.50 |
| Q3 | 173.00 | 174.00 | 174.00 |
| Max | 196.0 | 207.0 | 207.0 |

Table 4.3 / 1: Demographics (full analysis set Fidelio)

| TEXT | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline Body Mass Index (kg/m ²) | | | |
| n | 2821 | 2836 | 5657 |
| Mean | 31.13 | 31.10 | 31.11 |
| SD | 6.03 | 6.00 | 6.01 |
| Min | 15.5 | 14.5 | 14.5 |
| Q1 | 26.80 | 26.90 | 26.90 |
| Median | 30.40 | 30.30 | 30.40 |
| Q3 | 34.30 | 34.50 | 34.40 |
| Max | 63.7 | 63.2 | 63.7 |
| Baseline BMI (kg/m ²) category 2 (N) | | | |
| missing | 12 (0.4%) | 5 (0.2%) | 17 (0.3%) |
| < 30 kg/m ² | 1320 (46.6%) | 1342 (47.2%) | 2662 (46.9%) |
| >= 30 kg/m ² | 1501 (53.0%) | 1494 (52.6%) | 2995 (52.8%) |
| Baseline BMI (kg/m ²) category 3 (N) | | | |
| missing | 12 (0.4%) | 5 (0.2%) | 17 (0.3%) |
| < 20 kg/m ² | 22 (0.8%) | 28 (1.0%) | 50 (0.9%) |
| 20 - < 25 kg/m ² | 348 (12.3%) | 348 (12.2%) | 696 (12.3%) |
| 25 - < 30 kg/m ² | 950 (33.5%) | 966 (34.0%) | 1916 (33.8%) |
| 30 - < 35 kg/m ² | 866 (30.6%) | 846 (29.8%) | 1712 (30.2%) |
| >= 35 kg/m ² | 635 (22.4%) | 648 (22.8%) | 1283 (22.6%) |
| Baseline Hip Circumference (cm) | | | |
| n | 2822 | 2828 | 5650 |
| Mean | 107.17 | 107.19 | 107.18 |
| SD | 13.88 | 13.82 | 13.85 |
| Min | 42.0 | 48.3 | 42.0 |
| Q1 | 98.00 | 98.20 | 98.00 |
| Median | 106.00 | 105.40 | 105.50 |
| Q3 | 114.00 | 114.15 | 114.00 |
| Max | 203.2 | 170.0 | 203.2 |

Table 4.3 / 1: Demographics (full analysis set Fidelio)

| TEXT | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline waist circumference (cm) | | | |
| n | 2823 | 2832 | 5655 |
| Mean | 106.49 | 107.00 | 106.75 |
| SD | 15.00 | 15.41 | 15.21 |
| Min | 41.0 | 50.0 | 41.0 |
| Q1 | 96.40 | 96.00 | 96.00 |
| Median | 105.60 | 106.00 | 106.00 |
| Q3 | 116.00 | 117.00 | 116.00 |
| Max | 161.0 | 200.0 | 200.0 |
| Baseline waist circumf. (cm) cat. (N) | | | |
| missing | 10 (0.4%) | 9 (0.3%) | 19 (0.3%) |
| normal | 335 (11.8%) | 362 (12.7%) | 697 (12.3%) |
| increased | 547 (19.3%) | 528 (18.6%) | 1075 (18.9%) |
| substantially increased | 1941 (68.5%) | 1942 (68.4%) | 3883 (68.4%) |
| Baseline waist-hip ratio (N) | | | |
| n | 2821 | 2827 | 5648 |
| Mean | 1.00 | 1.00 | 1.00 |
| SD | 0.11 | 0.12 | 0.11 |
| Min | 0.6 | 0.5 | 0.5 |
| Q1 | 0.94 | 0.94 | 0.94 |
| Median | 0.99 | 0.99 | 0.99 |
| Q3 | 1.05 | 1.05 | 1.05 |
| Max | 2.5 | 2.4 | 2.5 |
| Smoking History (N) | | | |
| NEVER | 1375 (48.5%) | 1371 (48.3%) | 2746 (48.4%) |
| FORMER | 1044 (36.9%) | 1078 (37.9%) | 2122 (37.4%) |
| CURRENT | 414 (14.6%) | 392 (13.8%) | 806 (14.2%) |

Table 4.3 / 1: Demographics (full analysis set Fidelio)

| TEXT | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-----------------|------------------------------|--------------------------|------------------------|
| Alcohol Use (N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| ABSTINENT | 1733 (61.2%) | 1722 (60.6%) | 3455 (60.9%) |
| LIGHT | 946 (33.4%) | 947 (33.3%) | 1893 (33.4%) |
| MODERATE | 143 (5.0%) | 155 (5.5%) | 298 (5.3%) |
| HEAVY | 11 (0.4%) | 16 (0.6%) | 27 (0.5%) |

Baseline waist circumference (normal [men <94cm, women<80cm], increased [men 94-102cm, women 80-88cm], substantially increased [men >102cm, women > 88cm])

Region 'Others': New Zealand, South Africa, Australia

Multiple: Subjects who reported that they belong to more than one race.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 30JAN2023 15:21

End of table



4.4 Baseline characteristics

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline potassium (mmol/L) | | | |
| n | 2832 | 2840 | 5672 |
| Arithm. Mean | 4.37 | 4.38 | 4.37 |
| Arithm. SD | 0.46 | 0.46 | 0.46 |
| Min | 2.6 | 2.6 | 2.6 |
| Q1 | 4.10 | 4.10 | 4.10 |
| Median | 4.40 | 4.40 | 4.40 |
| Q3 | 4.70 | 4.70 | 4.70 |
| Max | 6.2 | 6.9 | 6.9 |
| Baseline ser. potassium (mmol/L) cat.(N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| <= 4.5 mmol/L | 1881 (66.4%) | 1861 (65.5%) | 3742 (65.9%) |
| > 4.5 mmol/L | 951 (33.6%) | 979 (34.5%) | 1930 (34.0%) |
| Base. ser. potassium (mmol/L) cat.10 (N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| <=4.8 mmol/L | 2444 (86.3%) | 2455 (86.4%) | 4899 (86.3%) |
| >4.8 to <=5.0 mmol/L | 191 (6.7%) | 189 (6.7%) | 380 (6.7%) |
| >5.0 mmol/L | 197 (7.0%) | 196 (6.9%) | 393 (6.9%) |
| Basel. potass (mmol/L) median FAS (N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| <= 4.30 mmol/L (median in FAS) | 1381 (48.7%) | 1358 (47.8%) | 2739 (48.3%) |
| > 4.30 mmol/L (median in FAS) | 1451 (51.2%) | 1482 (52.2%) | 2933 (51.7%) |
| Basel. potass (mmol/L) quartiles FAS (N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| <=4.1 mmol/L (<= Q1 in FAS) | 860 (30.4%) | 851 (30.0%) | 1711 (30.2%) |
| >4.1 and <=4.3 mmol/L (>Q1 and <=Q2 in FAS) | 521 (18.4%) | 507 (17.8%) | 1028 (18.1%) |
| >4.3 and <=4.6 mmol/L (>Q2 and <=Q3 in FAS) | 726 (25.6%) | 736 (25.9%) | 1462 (25.8%) |
| >4.6 mmol/L (>Q3 in FAS) | 725 (25.6%) | 746 (26.3%) | 1471 (25.9%) |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline Systolic Blood Pressure (mmHg) | | | |
| n | 2830 | 2839 | 5669 |
| Arithm. Mean | 138.05 | 138.01 | 138.03 |
| Arithm. SD | 14.32 | 14.42 | 14.37 |
| Min | 77.0 | 82.3 | 77.0 |
| Q1 | 128.67 | 128.67 | 128.67 |
| Median | 138.33 | 138.33 | 138.33 |
| Q3 | 147.67 | 148.33 | 148.00 |
| Max | 197.0 | 195.3 | 197.0 |
| Baseline SBP (mmHg) category (N) | | | |
| missing | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| < 130 mmHg | 788 (27.8%) | 778 (27.4%) | 1566 (27.6%) |
| 130 - < 160 mmHg | 1900 (67.1%) | 1922 (67.7%) | 3822 (67.4%) |
| >= 160 mmHg | 142 (5.0%) | 139 (4.9%) | 281 (5.0%) |
| Baseline SBP (mmHg) median for FAS (N) | | | |
| missing | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| <= 137.00 mmHg (median in FAS) | 1322 (46.7%) | 1324 (46.6%) | 2646 (46.6%) |
| > 137.00 mmHg (median in FAS) | 1508 (53.2%) | 1515 (53.3%) | 3023 (53.3%) |
| Baseline Diastolic Blood Pressure (mmHg) | | | |
| n | 2830 | 2839 | 5669 |
| Arithm. Mean | 75.82 | 75.83 | 75.82 |
| Arithm. SD | 9.68 | 9.66 | 9.67 |
| Min | 39.7 | 44.3 | 39.7 |
| Q1 | 69.33 | 69.67 | 69.67 |
| Median | 76.00 | 76.67 | 76.33 |
| Q3 | 82.33 | 82.33 | 82.33 |
| Max | 109.3 | 102.7 | 109.3 |
| Baseline Heart Rate (BEATS/MIN) | | | |
| n | 2828 | 2839 | 5667 |
| Arithm. Mean | 72.30 | 72.23 | 72.27 |
| Arithm. SD | 11.50 | 11.32 | 11.41 |
| Min | 37.0 | 37.7 | 37.0 |
| Q1 | 64.50 | 64.00 | 64.00 |
| Median | 72.00 | 72.00 | 72.00 |
| Q3 | 79.67 | 79.67 | 79.67 |
| Max | 155.7 | 117.0 | 155.7 |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline eGFR (mL/min/1.73m2) | | | |
| n | 2832 | 2840 | 5672 |
| Arithm. Mean | 44.36 | 44.32 | 44.34 |
| Arithm. SD | 12.54 | 12.57 | 12.56 |
| Min | 15.8 | 15.8 | 15.8 |
| Q1 | 34.55 | 34.70 | 34.60 |
| Median | 43.00 | 43.00 | 43.00 |
| Q3 | 52.50 | 52.50 | 52.50 |
| Max | 107.2 | 104.2 | 107.2 |
| Baseline eGFR (mL/min/1.73m2) cat.(N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| < 25 mL/min/1.73m2 | 66 (2.3%) | 69 (2.4%) | 135 (2.4%) |
| 25 - < 45 mL/min/1.73m2 | 1476 (52.1%) | 1505 (53.0%) | 2981 (52.5%) |
| 45 - < 60 mL/min/1.73m2 | 972 (34.3%) | 928 (32.7%) | 1900 (33.5%) |
| >= 60 mL/min/1.73m2 | 318 (11.2%) | 338 (11.9%) | 656 (11.6%) |
| Baseline eGFR (mL/min/1.73m2) cat. 4(N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| < 30 mL/min/1.73m2 | 342 (12.1%) | 354 (12.5%) | 696 (12.3%) |
| 30 - < 60 mL/min/1.73m2 | 2172 (76.7%) | 2148 (75.6%) | 4320 (76.1%) |
| 60 - < 90 mL/min/1.73m2 | 313 (11.0%) | 332 (11.7%) | 645 (11.4%) |
| >= 90 mL/min/1.73m2 | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Screening eGFR (mL/min/1.73m2) | | | |
| n | 2830 | 2840 | 5670 |
| Arithm. Mean | 44.02 | 44.22 | 44.12 |
| Arithm. SD | 11.30 | 11.29 | 11.30 |
| Min | 25.0 | 21.6 | 21.6 |
| Q1 | 35.00 | 34.90 | 34.90 |
| Median | 43.40 | 43.65 | 43.50 |
| Q3 | 52.30 | 52.30 | 52.30 |
| Max | 80.8 | 100.8 | 100.8 |
| Screening eGFR (mL/min/1.73m2) cat.(N) | | | |
| missing | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| < 25 mL/min/1.73m2 | 0 | 1 (<0.1%) | 1 (<0.1%) |
| 25 - < 45 mL/min/1.73m2 | 1558 (55.0%) | 1546 (54.4%) | 3104 (54.7%) |
| 45 - < 60 mL/min/1.73m2 | 1062 (37.5%) | 1071 (37.7%) | 2133 (37.6%) |
| >= 60 mL/min/1.73m2 | 210 (7.4%) | 222 (7.8%) | 432 (7.6%) |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Screening eGFR (mL/min/1.73m2) cat. 2 | | | |
| missing | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| < 30 mL/min/1.73m2 | 339 (12.0%) | 300 (10.6%) | 639 (11.3%) |
| 30 - < 60 mL/min/1.73m2 | 2281 (80.5%) | 2318 (81.6%) | 4599 (81.1%) |
| 60 - < 90 mL/min/1.73m2 | 210 (7.4%) | 221 (7.8%) | 431 (7.6%) |
| >= 90 mL/min/1.73m2 | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Baseline UACR (mg/g) | | | |
| n | 2831 | 2840 | 5671 |
| Geom. Mean | 798.79 | 814.73 | 806.74 |
| Geom. SD | 2.65 | 2.67 | 2.66 |
| Min | 5.6 | 7.4 | 5.6 |
| Q1 | 441.00 | 453.11 | 446.24 |
| Median | 832.72 | 867.01 | 851.87 |
| Q3 | 1628.14 | 1644.58 | 1634.22 |
| Max | 7692.3 | 8806.2 | 8806.2 |
| Baseline albuminuria (mg/g) cat. (N) | | | |
| missing | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Normalalbuminuria (UACR < 30 mg/g) | 11 (0.4%) | 12 (0.4%) | 23 (0.4%) |
| High albuminuria (30 mg/g - < 300 mg/g) | 350 (12.4%) | 335 (11.8%) | 685 (12.1%) |
| Very high albuminuria (>= 300 mg/g) | 2470 (87.2%) | 2493 (87.8%) | 4963 (87.5%) |
| Baseline UACR (mg/g) cat. median fas (N) | | | |
| missing | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| <= 514.7 mg/g (median in FAS) | 863 (30.5%) | 842 (29.6%) | 1705 (30.0%) |
| > 514.7 mg/g (median in FAS) | 1968 (69.5%) | 1998 (70.3%) | 3966 (69.9%) |
| Base eGFR (25-< 45) + potass. > 4.5 (N) | | | |
| missing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| NO | 2297 (81.1%) | 2307 (81.2%) | 4604 (81.1%) |
| YES | 535 (18.9%) | 533 (18.8%) | 1068 (18.8%) |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline Creatinine (mg/dL) | | | |
| n | 2832 | 2840 | 5672 |
| Arithm. Mean | 1.58 | 1.59 | 1.58 |
| Arithm. SD | 0.41 | 0.42 | 0.41 |
| Min | 0.6 | 0.6 | 0.6 |
| Q1 | 1.28 | 1.28 | 1.28 |
| Median | 1.52 | 1.54 | 1.53 |
| Q3 | 1.84 | 1.82 | 1.83 |
| Max | 3.2 | 4.6 | 4.6 |
| Baseline Albumin (g/dL) in Serum | | | |
| n | 2832 | 2840 | 5672 |
| Arithm. Mean | 4.10 | 4.09 | 4.10 |
| Arithm. SD | 0.34 | 0.34 | 0.34 |
| Min | 2.1 | 2.0 | 2.0 |
| Q1 | 3.90 | 3.90 | 3.90 |
| Median | 4.10 | 4.10 | 4.10 |
| Q3 | 4.30 | 4.30 | 4.30 |
| Max | 5.2 | 5.3 | 5.3 |
| Baseline Hemoglobin (g/dL) in Blood | | | |
| n | 2829 | 2839 | 5668 |
| Arithm. Mean | 12.96 | 13.00 | 12.98 |
| Arithm. SD | 1.70 | 1.72 | 1.71 |
| Min | 6.6 | 7.7 | 6.6 |
| Q1 | 11.80 | 11.80 | 11.80 |
| Median | 13.00 | 13.00 | 13.00 |
| Q3 | 14.10 | 14.20 | 14.10 |
| Max | 19.4 | 19.7 | 19.7 |
| Baseline Hemoglobin A1C (%) | | | |
| n | 2826 | 2837 | 5663 |
| Arithm. Mean | 7.66 | 7.69 | 7.68 |
| Arithm. SD | 1.33 | 1.36 | 1.34 |
| Min | 4.3 | 3.8 | 3.8 |
| Q1 | 6.70 | 6.70 | 6.70 |
| Median | 7.50 | 7.50 | 7.50 |
| Q3 | 8.50 | 8.50 | 8.50 |
| Max | 12.5 | 12.9 | 12.9 |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Basel. Hemoglobin A1C % cat. 2 (N) | | | |
| missing | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| <= 7.5% | 1457 (51.4%) | 1491 (52.5%) | 2948 (52.0%) |
| > 7.5% | 1369 (48.3%) | 1346 (47.4%) | 2715 (47.8%) |
| Basel. HBA1C (%) quartiles FAS (N) | | | |
| missing | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| <=6.7 % (<= Q1 in FAS) | 750 (26.5%) | 773 (27.2%) | 1523 (26.8%) |
| >6.7 and <=7.5 % (>Q1 and <=Q2 in FAS) | 707 (25.0%) | 718 (25.3%) | 1425 (25.1%) |
| >7.5 and <=8.5 % (>Q2 and <=Q3 in FAS) | 703 (24.8%) | 673 (23.7%) | 1376 (24.3%) |
| >8.5 % (>Q3 in FAS) | 666 (23.5%) | 673 (23.7%) | 1339 (23.6%) |
| Baseline C Reactive Protein (mg/L) | | | |
| n | 2831 | 2837 | 5668 |
| Arithm. Mean | 4.55 | 4.60 | 4.57 |
| Arithm. SD | 8.88 | 9.13 | 9.01 |
| Min | 0.1 | 0.1 | 0.1 |
| Q1 | 0.91 | 0.94 | 0.93 |
| Median | 2.23 | 2.26 | 2.24 |
| Q3 | 5.16 | 5.14 | 5.15 |
| Max | 160.0 | 184.0 | 184.0 |
| Basel. C Reactive Protein Quartiles (N) | | | |
| missing | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| <=0.95 % (<= Q1 in FAS) | 733 (25.9%) | 715 (25.2%) | 1448 (25.5%) |
| >0.95 and <=2.21 % (>Q1 and <=Q2 in FAS) | 679 (24.0%) | 686 (24.1%) | 1365 (24.1%) |
| >2.21 and <=5.13 % (>Q2 and <=Q3 in FAS) | 706 (24.9%) | 723 (25.4%) | 1429 (25.2%) |
| >5.13 % (>Q3 in FAS) | 713 (25.2%) | 713 (25.1%) | 1426 (25.1%) |
| Stratification factor 3 (N) | | | |
| CVD present | 1303 (46.0%) | 1302 (45.8%) | 2605 (45.9%) |
| CVD absent | 1530 (54.0%) | 1539 (54.2%) | 3069 (54.1%) |
| Hyperkalemia (based on MLG) in MH (N) | | | |
| NO | 2760 (97.4%) | 2757 (97.0%) | 5517 (97.2%) |
| YES | 73 (2.6%) | 84 (3.0%) | 157 (2.8%) |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Hepatic impairment in medical history(N) | | | |
| NO | 2389 (84.3%) | 2390 (84.1%) | 4779 (84.2%) |
| YES | 444 (15.7%) | 451 (15.9%) | 895 (15.8%) |
| Child Pugh (N) | | | |
| missing | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| likely Child Pugh A | 2663 (94.0%) | 2671 (94.0%) | 5334 (94.0%) |
| likely Child Pugh B | 164 (5.8%) | 164 (5.8%) | 328 (5.8%) |
| certain Child Pugh B | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Duration of diabetes (in years) (N) | | | |
| n | 2827 | 2836 | 5663 |
| Arithm. Mean | 16.58 | 16.55 | 16.56 |
| Arithm. SD | 8.77 | 8.77 | 8.77 |
| Min | 0.2 | 0.2 | 0.2 |
| Q1 | 10.16 | 10.14 | 10.15 |
| Median | 16.12 | 16.15 | 16.14 |
| Q3 | 21.22 | 21.32 | 21.25 |
| Max | 53.2 | 62.1 | 62.1 |
| ACEI use (N) | | | |
| NO | 1883 (66.5%) | 1849 (65.1%) | 3732 (65.8%) |
| YES | 950 (33.5%) | 992 (34.9%) | 1942 (34.2%) |
| ARB use (N) | | | |
| NO | 954 (33.7%) | 995 (35.0%) | 1949 (34.3%) |
| YES | 1879 (66.3%) | 1846 (65.0%) | 3725 (65.7%) |
| Beta blocker use at baseline (N) | | | |
| NO | 1371 (48.4%) | 1335 (47.0%) | 2706 (47.7%) |
| YES | 1462 (51.6%) | 1506 (53.0%) | 2968 (52.3%) |
| Diuretic use at baseline (N) | | | |
| NO | 1256 (44.3%) | 1204 (42.4%) | 2460 (43.4%) |
| YES | 1577 (55.7%) | 1637 (57.6%) | 3214 (56.6%) |
| Statins use at baseline (N) | | | |
| NO | 728 (25.7%) | 731 (25.7%) | 1459 (25.7%) |
| YES | 2105 (74.3%) | 2110 (74.3%) | 4215 (74.3%) |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Anti-diabetic use at baseline (N) | | | |
| NO | 86 (3.0%) | 64 (2.3%) | 150 (2.6%) |
| YES | 2747 (97.0%) | 2777 (97.7%) | 5524 (97.4%) |
| Insul. and analo. use at baseline (N) | | | |
| NO | 990 (34.9%) | 1047 (36.9%) | 2037 (35.9%) |
| YES | 1843 (65.1%) | 1794 (63.1%) | 3637 (64.1%) |
| Dip pep 4 inhibitors use at baseline (N) | | | |
| NO | 2069 (73.0%) | 2083 (73.3%) | 4152 (73.2%) |
| YES | 764 (27.0%) | 758 (26.7%) | 1522 (26.8%) |
| GLP1 agonists use at baseline (N) | | | |
| NO | 2644 (93.3%) | 2636 (92.8%) | 5280 (93.1%) |
| YES | 189 (6.7%) | 205 (7.2%) | 394 (6.9%) |
| SGLT-2 inhib. use at baseline (N) | | | |
| NO | 2709 (95.6%) | 2706 (95.2%) | 5415 (95.4%) |
| YES | 124 (4.4%) | 135 (4.8%) | 259 (4.6%) |
| Biguanides use at baseline (N) | | | |
| NO | 1582 (55.8%) | 1602 (56.4%) | 3184 (56.1%) |
| YES | 1251 (44.2%) | 1239 (43.6%) | 2490 (43.9%) |
| Sulfonamides use at baseline (N) | | | |
| NO | 2179 (76.9%) | 2168 (76.3%) | 4347 (76.6%) |
| YES | 654 (23.1%) | 673 (23.7%) | 1327 (23.4%) |
| Alpha gluc. inhib. use at baseline (N) | | | |
| NO | 2670 (94.2%) | 2680 (94.3%) | 5350 (94.3%) |
| YES | 163 (5.8%) | 161 (5.7%) | 324 (5.7%) |
| Meglitinides use at baseline (N) | | | |
| NO | 2665 (94.1%) | 2686 (94.5%) | 5351 (94.3%) |
| YES | 168 (5.9%) | 155 (5.5%) | 323 (5.7%) |

Table 4.4 / 1: Baseline characteristics (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Thiazolidinediones use at baseline (N) | | | |
| NO | 2709 (95.6%) | 2736 (96.3%) | 5445 (96.0%) |
| YES | 124 (4.4%) | 105 (3.7%) | 229 (4.0%) |
| Potassium supplement use at baseline (N) | | | |
| NO | 2748 (97.0%) | 2756 (97.0%) | 5504 (97.0%) |
| YES | 85 (3.0%) | 85 (3.0%) | 170 (3.0%) |
| Potassium lowering use at baseline (N) | | | |
| NO | 2763 (97.5%) | 2775 (97.7%) | 5538 (97.6%) |
| YES | 70 (2.5%) | 66 (2.3%) | 136 (2.4%) |
| Potency CYP3A4 inhibitor at baseline (N) | | | |
| strong | 23 (0.8%) | 27 (1.0%) | 50 (0.9%) |
| unclassified | 36 (1.3%) | 37 (1.3%) | 73 (1.3%) |
| moderate | 70 (2.5%) | 56 (2.0%) | 126 (2.2%) |
| weak | 1776 (62.7%) | 1749 (61.6%) | 3525 (62.1%) |
| none | 928 (32.8%) | 972 (34.2%) | 1900 (33.5%) |
| Potency CYP3A4 inducer at baseline (N) | | | |
| strong | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| unclassified | 19 (0.7%) | 19 (0.7%) | 38 (0.7%) |
| moderate | 11 (0.4%) | 10 (0.4%) | 21 (0.4%) |
| weak | 110 (3.9%) | 113 (4.0%) | 223 (3.9%) |
| none | 2687 (94.8%) | 2695 (94.9%) | 5382 (94.9%) |

For classification of intake of CYP3A4 inhibitors/inducers into categories in case of multiple potencies the maximum potency will be used with the following order: strong, unclassified, moderate, weak, none.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 30JAN2023 15:21

End of table



4.5 Medical History

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Number (%) of subjects with at least one medical history finding | 2833 (100.0%) | 2841 (100.0%) | 5674 (100.0%) |
| Blood and lymphatic system disorders | 557 (19.7%) | 527 (18.5%) | 1084 (19.1%) |
| Anaemia | 350 (12.4%) | 328 (11.5%) | 678 (11.9%) |
| Anaemia folate deficiency | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anaemia macrocytic | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Anaemia megaloblastic | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Anaemia of chronic disease | 10 (0.4%) | 7 (0.2%) | 17 (0.3%) |
| Anaemia vitamin B12 deficiency | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Antiphospholipid syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aplastic anaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood loss anaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bone marrow oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coagulopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cytopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eosinophilia | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Febrile neutropenia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemolytic uraemic syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemorrhagic disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperchromic anaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hypercoagulation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperfibrinogenaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypergammaglobulinaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperviscosity syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypochromic anaemia | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Immune thrombocytopenia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iron deficiency anaemia | 66 (2.3%) | 51 (1.8%) | 117 (2.1%) |
| Leukocytosis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Leukopenia | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Lymphadenitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lymphadenopathy | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Lymphadenopathy mediastinal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lymphatic insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphoid tissue hyperplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Microcytic anaemia | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Microcytosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Nephrogenic anaemia | 58 (2.0%) | 70 (2.5%) | 128 (2.3%) |
| Normochromic anaemia | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Normochromic normocytic anaemia | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Normocytic anaemia | 7 (0.2%) | 10 (0.4%) | 17 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term MedDRA version 23.1 | | | |
| Pancytopenia | 0 | 3 (0.1%) | 3 (<0.1%) |
| Pernicious anaemia | 9 (0.3%) | 3 (0.1%) | 12 (0.2%) |
| Polycythaemia | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Spleen disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenic granuloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenomegaly | 12 (0.4%) | 11 (0.4%) | 23 (0.4%) |
| Thrombocytopenia | 17 (0.6%) | 24 (0.8%) | 41 (0.7%) |
| Thrombocytosis | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Cardiac disorders | 1365 (48.2%) | 1373 (48.3%) | 2738 (48.3%) |
| Acute coronary syndrome | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Acute left ventricular failure | 3 (0.1%) | 0 | 3 (<0.1%) |
| Acute myocardial infarction | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Angina pectoris | 121 (4.3%) | 116 (4.1%) | 237 (4.2%) |
| Angina unstable | 19 (0.7%) | 23 (0.8%) | 42 (0.7%) |
| Aortic valve calcification | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aortic valve disease | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Aortic valve incompetence | 17 (0.6%) | 22 (0.8%) | 39 (0.7%) |
| Aortic valve sclerosis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Aortic valve stenosis | 11 (0.4%) | 11 (0.4%) | 22 (0.4%) |
| Arrhythmia | 25 (0.9%) | 29 (1.0%) | 54 (1.0%) |
| Arrhythmia supraventricular | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Arteriosclerosis coronary artery | 31 (1.1%) | 36 (1.3%) | 67 (1.2%) |
| Atrial enlargement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atrial fibrillation | 233 (8.2%) | 208 (7.3%) | 441 (7.8%) |
| Atrial flutter | 12 (0.4%) | 19 (0.7%) | 31 (0.5%) |
| Atrial tachycardia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Atrial thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atrioventricular block | 6 (0.2%) | 8 (0.3%) | 14 (0.2%) |
| Atrioventricular block complete | 3 (0.1%) | 9 (0.3%) | 12 (0.2%) |
| Atrioventricular block first degree | 50 (1.8%) | 50 (1.8%) | 100 (1.8%) |
| Atrioventricular block second degree | 10 (0.4%) | 5 (0.2%) | 15 (0.3%) |
| Bifascicular block | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bradyarrhythmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bradycardia | 13 (0.5%) | 11 (0.4%) | 24 (0.4%) |
| Brugada syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bundle branch block | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Bundle branch block left | 50 (1.8%) | 43 (1.5%) | 93 (1.6%) |
| Bundle branch block right | 44 (1.6%) | 53 (1.9%) | 97 (1.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cardiac aneurysm | 0 | 3 (0.1%) | 3 (<0.1%) |
| Cardiac arrest | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiac discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cardiac dysfunction | 0 | 3 (0.1%) | 3 (<0.1%) |
| Cardiac failure | 43 (1.5%) | 76 (2.7%) | 119 (2.1%) |
| Cardiac failure acute | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Cardiac failure chronic | 78 (2.8%) | 98 (3.4%) | 176 (3.1%) |
| Cardiac failure congestive | 52 (1.8%) | 42 (1.5%) | 94 (1.7%) |
| Cardiac flutter | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiac hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardiac septal hypertrophy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardiac tamponade | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac valve disease | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Cardiac valve sclerosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Cardiac ventricular thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardio-respiratory arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiogenic shock | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiomegaly | 10 (0.4%) | 8 (0.3%) | 18 (0.3%) |
| Cardiomyopathy | 12 (0.4%) | 17 (0.6%) | 29 (0.5%) |
| Cardiorenal syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiovascular disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardiovascular insufficiency | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chronic left ventricular failure | 11 (0.4%) | 6 (0.2%) | 17 (0.3%) |
| Chronic right ventricular failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronotropic incompetence | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Conduction disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congestive cardiomyopathy | 11 (0.4%) | 4 (0.1%) | 15 (0.3%) |
| Cor pulmonale | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Coronary artery disease | 842 (29.7%) | 860 (30.3%) | 1702 (30.0%) |
| Coronary artery occlusion | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Coronary artery stenosis | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Defect conduction intraventricular | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Diabetic cardiomyopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diastolic dysfunction | 15 (0.5%) | 18 (0.6%) | 33 (0.6%) |
| Dilatation atrial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Extrasystoles | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Heart valve incompetence | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypertensive cardiomyopathy | 7 (0.2%) | 9 (0.3%) | 16 (0.3%) |
| Hypertensive heart disease | 48 (1.7%) | 50 (1.8%) | 98 (1.7%) |
| Intracardiac mass | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|-------------------------------|---------------|---------------|---------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Ischaemic cardiomyopathy | 18 (0.6%) | 5 (0.2%) | 23 (0.4%) |
| Left atrial dilatation | 8 (0.3%) | 6 (0.2%) | 14 (0.2%) |
| Left atrial enlargement | 5 (0.2%) | 8 (0.3%) | 13 (0.2%) |
| Left atrial hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Left ventricular dilatation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Left ventricular dysfunction | 5 (0.2%) | 14 (0.5%) | 19 (0.3%) |
| Left ventricular enlargement | 0 | 3 (0.1%) | 3 (<0.1%) |
| Left ventricular failure | 10 (0.4%) | 19 (0.7%) | 29 (0.5%) |
| Left ventricular hypertrophy | 93 (3.3%) | 74 (2.6%) | 167 (2.9%) |
| Metabolic cardiomyopathy | 9 (0.3%) | 3 (0.1%) | 12 (0.2%) |
| Mitral valve calcification | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mitral valve disease | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Mitral valve incompetence | 49 (1.7%) | 73 (2.6%) | 122 (2.2%) |
| Mitral valve prolapse | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Mitral valve sclerosis | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Mitral valve stenosis | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Myocardial fibrosis | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Myocardial infarction | 378 (13.3%) | 388 (13.7%) | 766 (13.5%) |
| Myocardial ischaemia | 127 (4.5%) | 102 (3.6%) | 229 (4.0%) |
| Myocardial necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myocarditis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nodal arrhythmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nodal rhythm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Palpitations | 6 (0.2%) | 9 (0.3%) | 15 (0.3%) |
| Pericardial effusion | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Pericarditis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Pericarditis adhesive | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pericarditis constrictive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleuropericarditis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prinzmetal angina | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Pulmonary valve disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pulmonary valve incompetence | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Restrictive cardiomyopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rheumatic heart disease | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Right atrial dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right atrial enlargement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Right ventricular failure | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Right ventricular hypertrophy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Silent myocardial infarction | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sinoatrial block | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sinus arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Sinus arrhythmia | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Sinus bradycardia | 24 (0.8%) | 20 (0.7%) | 44 (0.8%) |
| Sinus node dysfunction | 11 (0.4%) | 7 (0.2%) | 18 (0.3%) |
| Sinus tachycardia | 9 (0.3%) | 3 (0.1%) | 12 (0.2%) |
| Supraventricular extrasystoles | 22 (0.8%) | 15 (0.5%) | 37 (0.7%) |
| Supraventricular tachycardia | 13 (0.5%) | 6 (0.2%) | 19 (0.3%) |
| Systolic dysfunction | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Tachyarrhythmia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Tachycardia | 4 (0.1%) | 8 (0.3%) | 12 (0.2%) |
| Tachycardia paroxysmal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tricuspid valve disease | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tricuspid valve incompetence | 29 (1.0%) | 26 (0.9%) | 55 (1.0%) |
| Trifascicular block | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular arrhythmia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Ventricular extrasystoles | 30 (1.1%) | 30 (1.1%) | 60 (1.1%) |
| Ventricular fibrillation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ventricular hypertrophy | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Ventricular hypokinesia | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Ventricular tachycardia | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Wolff-Parkinson-White syndrome | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Congenital, familial and genetic disorders | 155 (5.5%) | 122 (4.3%) | 277 (4.9%) |
| Accessory kidney | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Accessory spleen | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adenomatous polyposis coli | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Anomalous arrangement of pancreaticobiliary duct | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Antithrombin III deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arteriovenous malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial septal defect | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Biliary hamartoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac septal defect | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coarctation of the aorta | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colour blindness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital arterial malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital cystic kidney disease | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Congenital flat feet | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital myopia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital neurological disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Congenital renal cyst | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Corneal dystrophy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Cryptorchism | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dolichocolon | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ectopic kidney | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectopic thyroid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Factor V Leiden mutation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Familial periodic paralysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Familial tremor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fibrous dysplasia of bone | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fragile X syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal arteriovenous malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gilbert's syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Glucose-6-phosphate dehydrogenase deficiency | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Glycogen storage disease type I | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemochromatosis trait | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemophilia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hamartoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hereditary haemochromatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hereditary palmoplantar keratoderma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hereditary spastic paraplegia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hydrocele | 10 (0.4%) | 3 (0.1%) | 13 (0.2%) |
| Hypertrophic cardiomyopathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Hypospadias | 3 (0.1%) | 0 | 3 (<0.1%) |
| Ichthyosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Kidney duplex | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Klinefelter's syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Klippel-Trenaunay syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Limb malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscular dystrophy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Myocardial bridging | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Osteopetrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peutz-Jeghers syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Phimosis | 11 (0.4%) | 3 (0.1%) | 14 (0.2%) |
| Polycystic liver disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Porokeratosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Porphyria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Preauricular cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Primary hypercholesterolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyloric stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal aplasia | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|------------------------------------|--------------------|--------------------|--------------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Renal fusion anomaly | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Renal hypoplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retinitis pigmentosa | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sacralisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sickle cell anaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sickle cell trait | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spina bifida | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Supernumerary rib | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thalassaemia | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Thalassaemia alpha | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Thalassaemia beta | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thalassaemia minor | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Tilted disc syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Type IIa hyperlipidaemia | 8 (0.3%) | 7 (0.2%) | 15 (0.3%) |
| Type IIb hyperlipidaemia | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Type V hyperlipidaemia | 48 (1.7%) | 34 (1.2%) | 82 (1.4%) |
| Usher's syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral artery hypoplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Von Willebrand's disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Xeroderma pigmentosum | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ear and labyrinth disorders | 142 (5.0%) | 147 (5.2%) | 289 (5.1%) |
| Auditory disorder | 7 (0.2%) | 3 (0.1%) | 10 (0.2%) |
| Aural polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerumen impaction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Conductive deafness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Deafness | 33 (1.2%) | 25 (0.9%) | 58 (1.0%) |
| Deafness bilateral | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Deafness neurosensory | 14 (0.5%) | 25 (0.9%) | 39 (0.7%) |
| Deafness unilateral | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Ear canal stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ear pain | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ear pruritus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eustachian tube dysfunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Excessive cerumen production | 2 (<0.1%) | 0 | 2 (<0.1%) |
| External ear inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoacusis | 24 (0.8%) | 18 (0.6%) | 42 (0.7%) |
| Inner ear disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meniere's disease | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Middle ear adhesions | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mixed deafness | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Motion sickness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurosensory hypoacusis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Otolithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Otorrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Presbycusis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Sudden hearing loss | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Tinnitus | 18 (0.6%) | 15 (0.5%) | 33 (0.6%) |
| Tympanic membrane perforation | 3 (0.1%) | 0 | 3 (<0.1%) |
| Vertigo | 31 (1.1%) | 33 (1.2%) | 64 (1.1%) |
| Vertigo positional | 7 (0.2%) | 12 (0.4%) | 19 (0.3%) |
| Vestibular ataxia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vestibular disorder | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Endocrine disorders | 494 (17.4%) | 481 (16.9%) | 975 (17.2%) |
| Acromegaly | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Adrenal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adrenal insufficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adrenal mass | 0 | 3 (0.1%) | 3 (<0.1%) |
| Androgen deficiency | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Autoimmune hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoimmune thyroid disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoimmune thyroiditis | 19 (0.7%) | 22 (0.8%) | 41 (0.7%) |
| Basedow's disease | 7 (0.2%) | 5 (0.2%) | 12 (0.2%) |
| Cushing's syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetes insipidus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Empty sella syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Euthyroid sick syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Goitre | 101 (3.6%) | 66 (2.3%) | 167 (2.9%) |
| Hyperaldosteronism | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hyperparathyroidism | 26 (0.9%) | 30 (1.1%) | 56 (1.0%) |
| Hyperparathyroidism primary | 4 (0.1%) | 0 | 4 (<0.1%) |
| Hyperparathyroidism secondary | 46 (1.6%) | 46 (1.6%) | 92 (1.6%) |
| Hyperpituitarism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperplasia adrenal | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Hyperprolactinaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperthyroidism | 18 (0.6%) | 19 (0.7%) | 37 (0.7%) |
| Hypogonadism | 8 (0.3%) | 14 (0.5%) | 22 (0.4%) |
| Hypogonadism male | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|----------------------|----------------------|----------------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Hypoparathyroidism | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Hypopituitarism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypothyroidic goitre | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypothyroidism | 259 (9.1%) | 246 (8.7%) | 505 (8.9%) |
| Inappropriate antidiuretic hormone secretion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myxoedema | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Primary hyperaldosteronism | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Primary hypogonadism | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Primary hypothyroidism | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Secondary hyperthyroidism | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Secondary hypogonadism | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Testicular failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid cyst | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Thyroid disorder | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Thyroid mass | 31 (1.1%) | 40 (1.4%) | 71 (1.3%) |
| Thyroiditis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Thyroiditis chronic | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Thyroiditis subacute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic goitre | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic nodular goitre | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Eye disorders | 1663 (58.7%) | 1689 (59.5%) | 3352 (59.1%) |
| Age-related macular degeneration | 8 (0.3%) | 4 (0.1%) | 12 (0.2%) |
| Amaurosis | 3 (0.1%) | 10 (0.4%) | 13 (0.2%) |
| Amaurosis fugax | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Amblyopia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Amblyopia strabismic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angle closure glaucoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Aniseikonia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anisometropia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aphakia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arcus lipoides | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arteriosclerotic retinopathy | 9 (0.3%) | 7 (0.2%) | 16 (0.3%) |
| Asthenopia | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Astigmatism | 19 (0.7%) | 8 (0.3%) | 27 (0.5%) |
| Blepharitis | 9 (0.3%) | 5 (0.2%) | 14 (0.2%) |
| Blepharochalasis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Blindness | 6 (0.2%) | 9 (0.3%) | 15 (0.3%) |
| Blindness unilateral | 14 (0.5%) | 11 (0.4%) | 25 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Borderline glaucoma | 6 (0.2%) | 8 (0.3%) | 14 (0.2%) |
| Cataract | 453 (16.0%) | 500 (17.6%) | 953 (16.8%) |
| Cataract cortical | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Cataract diabetic | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Cataract nuclear | 9 (0.3%) | 4 (0.1%) | 13 (0.2%) |
| Cataract subcapsular | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Central vision loss | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chalazion | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Chorioretinal atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chorioretinopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Choroidal neovascularisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Conjunctival haemorrhage | 0 | 4 (0.1%) | 4 (<0.1%) |
| Conjunctival pallor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Conjunctivitis allergic | 20 (0.7%) | 14 (0.5%) | 34 (0.6%) |
| Conjunctivochalasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal erosion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Corneal infiltrates | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal opacity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal scar | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystoid macular oedema | 0 | 7 (0.2%) | 7 (0.1%) |
| Dacryostenosis acquired | 0 | 3 (0.1%) | 3 (<0.1%) |
| Dermatochalasis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic blindness | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic eye disease | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Diabetic ophthalmoplegia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic retinal oedema | 16 (0.6%) | 13 (0.5%) | 29 (0.5%) |
| Diabetic retinopathy | 1312 (46.3%) | 1351 (47.6%) | 2663 (46.9%) |
| Diplopia | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Dry age-related macular degeneration | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Dry eye | 48 (1.7%) | 54 (1.9%) | 102 (1.8%) |
| Dysmetropsia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Entropion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Exfoliation syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Exophthalmos | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Exudative retinopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye allergy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Eye haemorrhage | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Eye pain | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Eye pruritus | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Eye ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eyelid cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eyelid oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eyelid ptosis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Floppy eyelid syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glaucoma | 159 (5.6%) | 173 (6.1%) | 332 (5.9%) |
| Heerfordt's syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyalosis asteroid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypermetropia | 14 (0.5%) | 14 (0.5%) | 28 (0.5%) |
| Iridocyclitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Iris neovascularisation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Keratitis | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Keratoconus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratomalacia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lacrimation decreased | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Lacrimation increased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lagophthalmos | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lenticular opacities | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular degeneration | 20 (0.7%) | 19 (0.7%) | 39 (0.7%) |
| Macular fibrosis | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Macular oedema | 20 (0.7%) | 27 (1.0%) | 47 (0.8%) |
| Macular rupture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular scar | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macular thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Maculopathy | 15 (0.5%) | 13 (0.5%) | 28 (0.5%) |
| Meibomian gland dysfunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mydriasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myopia | 22 (0.8%) | 24 (0.8%) | 46 (0.8%) |
| Myopic chorioretinal degeneration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neovascular age-related macular degeneration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Normal tension glaucoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ocular discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ocular hypertension | 6 (0.2%) | 10 (0.4%) | 16 (0.3%) |
| Ocular ischaemic syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ocular myasthenia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Open angle glaucoma | 12 (0.4%) | 7 (0.2%) | 19 (0.3%) |
| Ophthalmoplegia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Optic atrophy | 5 (0.2%) | 0 | 5 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Optic disc traction syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Optic ischaemic neuropathy | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Optic nerve cupping | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Optic neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Papilloedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pathologic myopia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Periorbital oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Photophobia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pinguecula | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Posterior capsule opacification | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Presbyopia | 17 (0.6%) | 26 (0.9%) | 43 (0.8%) |
| Pseudo-blepharoptosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pseudopapilloedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pterygium | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Punctate keratitis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pupils unequal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Refraction disorder | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Retinal aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal artery embolism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery occlusion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retinal artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal degeneration | 8 (0.3%) | 2 (<0.1%) | 10 (0.2%) |
| Retinal depigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal detachment | 15 (0.5%) | 13 (0.5%) | 28 (0.5%) |
| Retinal disorder | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Retinal drusen | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal dystrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal haemorrhage | 5 (0.2%) | 13 (0.5%) | 18 (0.3%) |
| Retinal neovascularisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal oedema | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Retinal pigment epitheliopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal tear | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Retinal vascular disorder | 7 (0.2%) | 5 (0.2%) | 12 (0.2%) |
| Retinal vascular occlusion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal vascular thrombosis | 0 | 4 (0.1%) | 4 (<0.1%) |
| Retinal vein occlusion | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |
| Retinal vein thrombosis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Retinopathy | 4 (0.1%) | 8 (0.3%) | 12 (0.2%) |
| Retinopathy hypertensive | 48 (1.7%) | 33 (1.2%) | 81 (1.4%) |
| Retinopathy proliferative | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Retinoschisis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rhegmatogenous retinal detachment | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Scleral haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scleritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Strabismus | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Swelling of eyelid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tractional retinal detachment | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Trichiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ulcerative keratitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uveitis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Vision blurred | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Visual acuity reduced | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Visual impairment | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Vitreoretinal traction syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous degeneration | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vitreous detachment | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Vitreous floaters | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Vitreous haemorrhage | 30 (1.1%) | 19 (0.7%) | 49 (0.9%) |
| Vitreous opacities | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Vitreous prolapse | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Xerophthalmia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal disorders | 984 (34.7%) | 1055 (37.1%) | 2039 (35.9%) |
| Abdominal adhesions | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Abdominal discomfort | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Abdominal distension | 7 (0.2%) | 5 (0.2%) | 12 (0.2%) |
| Abdominal hernia | 19 (0.7%) | 25 (0.9%) | 44 (0.8%) |
| Abdominal incarcerated hernia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Abdominal mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abdominal pain | 12 (0.4%) | 10 (0.4%) | 22 (0.4%) |
| Abdominal pain lower | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Abdominal pain upper | 6 (0.2%) | 11 (0.4%) | 17 (0.3%) |
| Abdominal symptom | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Abdominal wall oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abnormal faeces | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acid peptic disease | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Alcoholic pancreatitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anal fissure | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anal fistula | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Anal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Anal incontinence | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Anal pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anal sphincter atony | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ascites | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Autoimmune pancreatitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Barrett's oesophagus | 9 (0.3%) | 11 (0.4%) | 20 (0.4%) |
| Bowel movement irregularity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breath odour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Change of bowel habit | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Chronic gastritis | 85 (3.0%) | 106 (3.7%) | 191 (3.4%) |
| Coeliac disease | 3 (0.1%) | 0 | 3 (<0.1%) |
| Colitis | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Colitis ischaemic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colitis microscopic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colitis ulcerative | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Constipation | 151 (5.3%) | 170 (6.0%) | 321 (5.7%) |
| Crohn's disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dental caries | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Dental cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic enteropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic gastroparesis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Diaphragmatic hernia | 1 (<0.1%) | 7 (0.2%) | 8 (0.1%) |
| Diarrhoea | 46 (1.6%) | 37 (1.3%) | 83 (1.5%) |
| Dieulafoy's vascular malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diverticular perforation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diverticulum | 26 (0.9%) | 27 (1.0%) | 53 (0.9%) |
| Diverticulum intestinal | 35 (1.2%) | 27 (1.0%) | 62 (1.1%) |
| Diverticulum intestinal haemorrhagic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diverticulum oesophageal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dry mouth | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Dumping syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Duodenal perforation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Duodenal polyp | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Duodenal ulcer | 27 (1.0%) | 38 (1.3%) | 65 (1.1%) |
| Duodenal ulcer haemorrhage | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Duodenitis | 10 (0.4%) | 14 (0.5%) | 24 (0.4%) |
| Duodenogastric reflux | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Dysbiosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dyskinesia oesophageal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dyspepsia | 49 (1.7%) | 55 (1.9%) | 104 (1.8%) |
| Dysphagia | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Enlarged uvula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enteritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enterocoele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enterocolitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epigastric discomfort | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Epulis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Erosive duodenitis | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Erosive oesophagitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Eructation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flatulence | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Functional gastrointestinal disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Gastric disorder | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Gastric haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric mucosa erythema | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gastric mucosal lesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric perforation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastric polyps | 8 (0.3%) | 15 (0.5%) | 23 (0.4%) |
| Gastric ulcer | 34 (1.2%) | 30 (1.1%) | 64 (1.1%) |
| Gastric ulcer haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric xanthoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastritis | 110 (3.9%) | 95 (3.3%) | 205 (3.6%) |
| Gastritis erosive | 13 (0.5%) | 14 (0.5%) | 27 (0.5%) |
| Gastritis haemorrhagic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastroduodenal ulcer | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Gastrointestinal angiectasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal angiodysplasia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Gastrointestinal disorder | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Gastrointestinal haemorrhage | 4 (0.1%) | 8 (0.3%) | 12 (0.2%) |
| Gastrointestinal motility disorder | 6 (0.2%) | 0 | 6 (0.1%) |
| Gastrointestinal polyp | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal scarring | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal tract mucosal pigmentation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal ulcer haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrooesophageal reflux disease | 265 (9.4%) | 296 (10.4%) | 561 (9.9%) |
| Gastrooesophageal sphincter insufficiency | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Haematemesis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Haematochezia | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Haemorrhoidal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemorrhoids | 51 (1.8%) | 48 (1.7%) | 99 (1.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hiatus hernia | 42 (1.5%) | 47 (1.7%) | 89 (1.6%) |
| Ileus | 4 (0.1%) | 0 | 4 (<0.1%) |
| Ileus paralytic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Impaired gastric emptying | 7 (0.2%) | 9 (0.3%) | 16 (0.3%) |
| Inguinal hernia | 29 (1.0%) | 31 (1.1%) | 60 (1.1%) |
| Intestinal cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal metaplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Intestinal mucosal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal obstruction | 4 (0.1%) | 11 (0.4%) | 15 (0.3%) |
| Intestinal polyp | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Intra-abdominal fluid collection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Irritable bowel syndrome | 24 (0.8%) | 33 (1.2%) | 57 (1.0%) |
| Jejunal ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestinal obstruction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Large intestinal stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Large intestine perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Large intestine polyp | 56 (2.0%) | 85 (3.0%) | 141 (2.5%) |
| Leukoplakia oral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lower gastrointestinal haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lumbar hernia | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Malabsorption | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mallory-Weiss syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mesenteric arteriosclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mouth haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mouth ulceration | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Nausea | 11 (0.4%) | 19 (0.7%) | 30 (0.5%) |
| Obstruction gastric | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Obstructive defaecation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Obstructive pancreatitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Oesophageal achalasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Oesophageal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal spasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Oesophagitis | 17 (0.6%) | 13 (0.5%) | 30 (0.5%) |
| Oesophagitis ulcerative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oral discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oral disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pancreatic cyst | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Pancreatic disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic duct dilatation | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Pancreatic failure | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pancreatic pseudocyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatic steatosis | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Pancreatitis | 9 (0.3%) | 15 (0.5%) | 24 (0.4%) |
| Pancreatitis acute | 11 (0.4%) | 10 (0.4%) | 21 (0.4%) |
| Pancreatitis chronic | 32 (1.1%) | 22 (0.8%) | 54 (1.0%) |
| Pancreatitis relapsing | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Paraesthesia oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Parotid gland enlargement | 0 | 3 (0.1%) | 3 (<0.1%) |
| Pathological tooth fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peptic ulcer | 25 (0.9%) | 18 (0.6%) | 43 (0.8%) |
| Periodontal disease | 104 (3.7%) | 128 (4.5%) | 232 (4.1%) |
| Portal hypertensive gastropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proctitis ulcerative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pyloric sphincter insufficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectal haemorrhage | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rectal polyp | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Rectal prolapse | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Rectal ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reflux gastritis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Retroperitoneal fibrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retroperitoneal haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Salivary gland calculus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Small intestinal obstruction | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Steatorrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stomach mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stomatitis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Swollen tongue | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tooth deposit | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth impacted | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tooth loss | 3 (0.1%) | 0 | 3 (<0.1%) |
| Toothache | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Trichoglossia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Umbilical hernia | 38 (1.3%) | 31 (1.1%) | 69 (1.2%) |
| Upper gastrointestinal haemorrhage | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Varices oesophageal | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Vomiting | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| General disorders and administration site conditions | 358 (12.6%) | 402 (14.1%) | 760 (13.4%) |
| Adhesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adverse drug reaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Asthenia | 8 (0.3%) | 15 (0.5%) | 23 (0.4%) |
| Chest discomfort | 7 (0.2%) | 3 (0.1%) | 10 (0.2%) |
| Chest pain | 20 (0.7%) | 17 (0.6%) | 37 (0.7%) |
| Chills | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic fatigue syndrome | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Complication associated with device | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cyst | 9 (0.3%) | 8 (0.3%) | 17 (0.3%) |
| Disease susceptibility | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug intolerance | 13 (0.5%) | 19 (0.7%) | 32 (0.6%) |
| Fat tissue increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fatigue | 31 (1.1%) | 33 (1.2%) | 64 (1.1%) |
| Gait disturbance | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Generalised oedema | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Granuloma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gravitational oedema | 0 | 3 (0.1%) | 3 (<0.1%) |
| Hernia | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Hyperplasia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Impaired healing | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inflammation | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Influenza like illness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Injection site pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Localised oedema | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Malaise | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Mass | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Metaplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Multiple organ dysfunction syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nodule | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-cardiac chest pain | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Oedema | 54 (1.9%) | 66 (2.3%) | 120 (2.1%) |
| Oedema due to cardiac disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oedema due to renal disease | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Oedema peripheral | 201 (7.1%) | 213 (7.5%) | 414 (7.3%) |
| Pain | 15 (0.5%) | 14 (0.5%) | 29 (0.5%) |
| Peripheral swelling | 12 (0.4%) | 16 (0.6%) | 28 (0.5%) |
| Polyp | 0 | 4 (0.1%) | 4 (<0.1%) |
| Pyrexia | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Sensation of foreign body | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Suprapubic pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Systemic inflammatory response syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Temperature intolerance | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Thirst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Unevaluable event | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vascular stent thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Xerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatobiliary disorders | 508 (17.9%) | 534 (18.8%) | 1042 (18.4%) |
| Alcoholic liver disease | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Bile duct stone | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Biliary colic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biliary cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Biliary dilatation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Biliary dyskinesia | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Cholangitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cholecystitis | 16 (0.6%) | 20 (0.7%) | 36 (0.6%) |
| Cholecystitis acute | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Cholecystitis chronic | 24 (0.8%) | 20 (0.7%) | 44 (0.8%) |
| Cholelithiasis | 144 (5.1%) | 135 (4.8%) | 279 (4.9%) |
| Cholestasis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Chronic hepatitis | 6 (0.2%) | 8 (0.3%) | 14 (0.2%) |
| Cirrhosis alcoholic | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Cryptogenic cirrhosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic hepatopathy | 4 (0.1%) | 6 (0.2%) | 10 (0.2%) |
| Drug-induced liver injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder cholesterosis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Gallbladder disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gallbladder enlargement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gallbladder polyp | 21 (0.7%) | 31 (1.1%) | 52 (0.9%) |
| Hepatic cirrhosis | 5 (0.2%) | 13 (0.5%) | 18 (0.3%) |
| Hepatic cyst | 11 (0.4%) | 25 (0.9%) | 36 (0.6%) |
| Hepatic failure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatic fibrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic function abnormal | 14 (0.5%) | 14 (0.5%) | 28 (0.5%) |
| Hepatic haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic lesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic mass | 0 | 3 (0.1%) | 3 (<0.1%) |
| Hepatic steatosis | 312 (11.0%) | 310 (10.9%) | 622 (11.0%) |
| Hepatitis | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hepatitis acute | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis alcoholic | 0 | 3 (0.1%) | 3 (<0.1%) |
| Hepatocellular injury | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hepatomegaly | 6 (0.2%) | 11 (0.4%) | 17 (0.3%) |
| Hepatosplenomegaly | 7 (0.2%) | 1 (<0.1%) | 8 (0.1%) |
| Hyperplastic cholecystopathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Jaundice | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Liver disorder | 10 (0.4%) | 17 (0.6%) | 27 (0.5%) |
| Liver injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Non-alcoholic steatohepatitis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Nonalcoholic fatty liver disease | 15 (0.5%) | 13 (0.5%) | 28 (0.5%) |
| Portal hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post cholecystectomy syndrome | 3 (0.1%) | 0 | 3 (<0.1%) |
| Primary biliary cholangitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sphincter of Oddi dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Steatohepatitis | 9 (0.3%) | 7 (0.2%) | 16 (0.3%) |
| Immune system disorders | 181 (6.4%) | 153 (5.4%) | 334 (5.9%) |
| Allergic oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergy to animal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Allergy to arthropod sting | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Allergy to chemicals | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergy to metals | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Allergy to plants | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergy to vaccine | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Amyloidosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Anaphylactic shock | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Contrast media allergy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Contrast media reaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug hypersensitivity | 72 (2.5%) | 68 (2.4%) | 140 (2.5%) |
| Dust allergy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Flour sensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Food allergy | 9 (0.3%) | 3 (0.1%) | 12 (0.2%) |
| Hypersensitivity | 15 (0.5%) | 11 (0.4%) | 26 (0.5%) |
| Hypogammaglobulinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Immunodeficiency common variable | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine allergy | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Milk allergy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mite allergy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Multiple allergies | 5 (0.2%) | 7 (0.2%) | 12 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Mycotic allergy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Perfume sensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reaction to colouring | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reaction to food additive | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Rubber sensitivity | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Sarcoidosis | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Seasonal allergy | 85 (3.0%) | 71 (2.5%) | 156 (2.7%) |
| Selective IgA immunodeficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infections and infestations | 659 (23.3%) | 692 (24.4%) | 1351 (23.8%) |
| Abdominal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abdominal wall abscess | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess limb | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Abscess neck | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Abscess soft tissue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acarodermatitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Acute hepatitis B | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acute sinusitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Alveolar osteitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| American trypanosomiasis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anal abscess | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Appendicitis | 19 (0.7%) | 26 (0.9%) | 45 (0.8%) |
| Appendicitis perforated | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthritis bacterial | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Arthritis infective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aspergilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asymptomatic HIV infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asymptomatic bacteriuria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Atypical pneumonia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacteraemia | 3 (0.1%) | 0 | 3 (<0.1%) |
| Bacterial disease carrier | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bacteriuria | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bartholin's abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blister infected | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Body tinea | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Bone abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone tuberculosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Borrelia infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Boutonneuse fever | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Brain abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchiolitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bronchitis | 32 (1.1%) | 26 (0.9%) | 58 (1.0%) |
| Bursitis infective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Candida infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Carbuncle | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cellulitis | 29 (1.0%) | 30 (1.1%) | 59 (1.0%) |
| Cervicitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest wall abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chikungunya virus infection | 0 | 3 (0.1%) | 3 (<0.1%) |
| Cholecystitis infective | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Chronic hepatitis B | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Chronic hepatitis C | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Chronic sinusitis | 10 (0.4%) | 12 (0.4%) | 22 (0.4%) |
| Chronic tonsillitis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Clostridium difficile colitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coccidioidomycosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Conjunctivitis | 30 (1.1%) | 23 (0.8%) | 53 (0.9%) |
| Cutaneous leishmaniasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystitis | 10 (0.4%) | 12 (0.4%) | 22 (0.4%) |
| Dacryocystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatophytosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dermatophytosis of nail | 11 (0.4%) | 10 (0.4%) | 21 (0.4%) |
| Device related infection | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Diabetic foot infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic gangrene | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Diverticulitis | 10 (0.4%) | 13 (0.5%) | 23 (0.4%) |
| Diverticulitis intestinal haemorrhagic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear infection | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Ear infection fungal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Echinococcosis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Empyema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Encephalitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocarditis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endophthalmitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enteritis infectious | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enterocolitis infectious | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epididymitis | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Erysipelas | 6 (0.2%) | 11 (0.4%) | 17 (0.3%) |
| Escherichia sepsis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye infection | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Eye infection fungal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Focal peritonitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Folliculitis | 8 (0.3%) | 4 (0.1%) | 12 (0.2%) |
| Fournier's gangrene | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fungal infection | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Fungal skin infection | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Furuncle | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Gangrene | 2 (<0.1%) | 10 (0.4%) | 12 (0.2%) |
| Gastritis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastroenteritis | 9 (0.3%) | 4 (0.1%) | 13 (0.2%) |
| Gastroenteritis salmonella | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastroenteritis viral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Genital herpes | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Genitourinary tract infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gingivitis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Groin abscess | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| HIV carrier | 0 | 1 (<0.1%) | 1 (<0.1%) |
| HIV infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Haemorrhagic fever with renal syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Helicobacter gastritis | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Helicobacter infection | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Hepatic echinococcosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis A | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Hepatitis B | 20 (0.7%) | 14 (0.5%) | 34 (0.6%) |
| Hepatitis C | 15 (0.5%) | 16 (0.6%) | 31 (0.5%) |
| Herpes ophthalmic | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Herpes simplex | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Herpes zoster | 17 (0.6%) | 17 (0.6%) | 34 (0.6%) |
| Histoplasmosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hordeolum | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infected dermal cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infected skin ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infection | 0 | 4 (0.1%) | 4 (<0.1%) |
| Infectious pleural effusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infective myositis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Influenza | 8 (0.3%) | 12 (0.4%) | 20 (0.4%) |
| Intervertebral discitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Joint abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney infection | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Klebsiella infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Labyrinthitis | 7 (0.2%) | 3 (0.1%) | 10 (0.2%) |
| Laryngitis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Latent syphilis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Latent tuberculosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver abscess | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Localised infection | 9 (0.3%) | 6 (0.2%) | 15 (0.3%) |
| Lower respiratory tract infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lyme disease | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Lymph node tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malaria | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Mastoiditis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Meningitis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Meningitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meningitis viral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Molluscum contagiosum | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mumps | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Myringitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasopharyngitis | 20 (0.7%) | 25 (0.9%) | 45 (0.8%) |
| Necrotising fasciitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neuroborreliosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neurocysticercosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neurosyphilis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Onychomycosis | 42 (1.5%) | 42 (1.5%) | 84 (1.5%) |
| Ophthalmic herpes simplex | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ophthalmic herpes zoster | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oral candidiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral fungal infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oral herpes | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Orchitis | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Osteomyelitis | 23 (0.8%) | 20 (0.7%) | 43 (0.8%) |
| Osteomyelitis acute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteomyelitis chronic | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Otitis externa | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Otitis media | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Otitis media acute | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Otitis media chronic | 4 (0.1%) | 7 (0.2%) | 11 (0.2%) |
| Otitis media fungal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Paronychia | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Parotid abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic inflammatory disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Perichondritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pericoronitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Periodontitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Perirectal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peritonitis | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Peritonsillar abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Periumbilical abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngitis | 6 (0.2%) | 11 (0.4%) | 17 (0.3%) |
| Pilonidal cyst | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Plasmodium falciparum infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumonia | 36 (1.3%) | 47 (1.7%) | 83 (1.5%) |
| Pneumonia bacterial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia influenzal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia legionella | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Poliomyelitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Post procedural infection | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Postoperative wound infection | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Prostatic abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Psoas abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary echinococcosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary tuberculosis | 16 (0.6%) | 21 (0.7%) | 37 (0.7%) |
| Pulpitis dental | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Pustule | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pyelonephritis | 5 (0.2%) | 9 (0.3%) | 14 (0.2%) |
| Pyelonephritis acute | 0 | 3 (0.1%) | 3 (<0.1%) |
| Pyelonephritis chronic | 40 (1.4%) | 41 (1.4%) | 81 (1.4%) |
| Pyoderma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyonephrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyuria | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Rectal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal abscess | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Renal cyst infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory tract infection | 3 (0.1%) | 8 (0.3%) | 11 (0.2%) |
| Respiratory tract infection viral | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Rhinitis | 18 (0.6%) | 10 (0.4%) | 28 (0.5%) |
| Salpingo-oophoritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Schistosomiasis liver | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Sepsis | 3 (0.1%) | 7 (0.2%) | 10 (0.2%) |
| Septic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sinusitis | 17 (0.6%) | 14 (0.5%) | 31 (0.5%) |
| Skin candida | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin infection | 8 (0.3%) | 1 (<0.1%) | 9 (0.2%) |
| Soft tissue infection | 3 (0.1%) | 0 | 3 (<0.1%) |
| Staphylococcal bacteraemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Staphylococcal infection | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Staphylococcal sepsis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stoma site abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Streptococcal sepsis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Strongyloidiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous abscess | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Subdiaphragmatic abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tetanus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tick-borne viral encephalitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tinea cruris | 4 (0.1%) | 0 | 4 (<0.1%) |
| Tinea infection | 4 (0.1%) | 8 (0.3%) | 12 (0.2%) |
| Tinea pedis | 27 (1.0%) | 30 (1.1%) | 57 (1.0%) |
| Tinea versicolour | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Tonsillitis | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Tooth abscess | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Tooth infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tracheitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Tracheobronchitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Trematode infection | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Trichophytosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tuberculosis | 13 (0.5%) | 8 (0.3%) | 21 (0.4%) |
| Tuberculous laryngitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tuberculous pleurisy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Upper respiratory tract infection | 37 (1.3%) | 41 (1.4%) | 78 (1.4%) |
| Urethritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary tract infection | 56 (2.0%) | 65 (2.3%) | 121 (2.1%) |
| Urinary tract infection bacterial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urosepsis | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Vaginal infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varicella | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Varicella zoster virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vestibular neuronitis | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Viral hepatitis carrier | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Viral infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Viral myocarditis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Viral upper respiratory tract infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vulval abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vulvitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginal mycotic infection | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Wound infection | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Injury, poisoning and procedural complications | 237 (8.4%) | 229 (8.1%) | 466 (8.2%) |
| Abdominal injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Accident | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Airway burns | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Animal scratch | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ankle fracture | 6 (0.2%) | 12 (0.4%) | 18 (0.3%) |
| Arterial injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthropod bite | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Asbestosis | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Back injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Blindness traumatic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone fissure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain contusion | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Burns third degree | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Carotid artery restenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cartilage injury | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cataract operation complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cervical vertebral fracture | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Chest injury | 0 | 4 (0.1%) | 4 (<0.1%) |
| Clavicle fracture | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Concussion | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Contraindicated product administered | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Contusion | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Corneal abrasion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coronary vascular graft occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Craniocerebral injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Deafness traumatic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dislocation of sternum | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electric shock | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epicondylitis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Exposure to communicable disease | 0 | 3 (0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Exposure to radiation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Exposure to toxic agent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye injury | 4 (0.1%) | 0 | 4 (<0.1%) |
| Face injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facial bones fracture | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Fall | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Femoral neck fracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Femur fracture | 10 (0.4%) | 3 (0.1%) | 13 (0.2%) |
| Fibula fracture | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Foot fracture | 11 (0.4%) | 6 (0.2%) | 17 (0.3%) |
| Forearm fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Foreign body | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Foreign body in eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fractured sacrum | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gingival injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gun shot wound | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hand fracture | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Head injury | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Heart injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heat exhaustion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hip fracture | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Humerus fracture | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Incision site haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Incisional hernia | 12 (0.4%) | 2 (<0.1%) | 14 (0.2%) |
| Injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intervertebral disc injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Joint dislocation | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Joint injury | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Kidney contusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Kidney rupture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ligament injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ligament rupture | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Ligament sprain | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |
| Limb injury | 14 (0.5%) | 10 (0.4%) | 24 (0.4%) |
| Limb traumatic amputation | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Lower limb fracture | 7 (0.2%) | 8 (0.3%) | 15 (0.3%) |
| Lumbar vertebral fracture | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Meniscus injury | 10 (0.4%) | 10 (0.4%) | 20 (0.4%) |
| Multiple injuries | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Muscle injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle rupture | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Muscle strain | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Occupational exposure to toxic agent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondral fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Palate injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Patella fracture | 3 (0.1%) | 0 | 3 (<0.1%) |
| Pelvic fracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Penetrating abdominal trauma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Peripheral nerve injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumocephalus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumoconiosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Post laminectomy syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post procedural complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural diarrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post procedural hypoparathyroidism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post procedural hypothyroidism | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Post-traumatic neck syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Post-traumatic pain | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Procedural haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radial nerve injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radiation injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radius fracture | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Reactive gastropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rib fracture | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Road traffic accident | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Scapula fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scar | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Skin abrasion | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Skin graft failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin injury | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Skin laceration | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Skin wound | 4 (0.1%) | 0 | 4 (<0.1%) |
| Skull fracture | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Snake bite | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Soft tissue injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal compression fracture | 0 | 4 (0.1%) | 4 (<0.1%) |
| Spinal fracture | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Stab wound | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Sternal fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Stoma complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stomal hernia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stress fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subcutaneous haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subdural haematoma | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Tendon injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tendon rupture | 7 (0.2%) | 3 (0.1%) | 10 (0.2%) |
| Testicular injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thermal burn | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Thoracic vertebral fracture | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Tibia fracture | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Tooth fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxicity to various agents | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Traumatic arthritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic fracture | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Traumatic haemothorax | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic liver injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ulna fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Upper limb fracture | 6 (0.2%) | 11 (0.4%) | 17 (0.3%) |
| Vascular pseudoaneurysm | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Wound necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wrist fracture | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Investigations | 329 (11.6%) | 334 (11.8%) | 663 (11.7%) |
| Activated partial thromboplastin time prolonged | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alanine aminotransferase increased | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Albumin urine present | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Amylase increased | 0 | 3 (0.1%) | 3 (<0.1%) |
| Angiocardioqram | 23 (0.8%) | 10 (0.4%) | 33 (0.6%) |
| Angiogram | 9 (0.3%) | 5 (0.2%) | 14 (0.2%) |
| Angiogram cerebral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiogram retina | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ankle brachial index | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aortic bruit | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortogram | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriogram | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Arteriogram coronary normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriogram renal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthroscopy | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Aspartate aminotransferase increased | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Aspiration pleural cavity | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Biopsy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Biopsy breast | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Biopsy kidney | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Biopsy liver normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy lymph gland | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy prostate | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Biopsy skin | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood alkaline phosphatase increased | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Blood bicarbonate decreased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Blood cholesterol increased | 34 (1.2%) | 35 (1.2%) | 69 (1.2%) |
| Blood creatine increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood creatine phosphokinase increased | 41 (1.4%) | 50 (1.8%) | 91 (1.6%) |
| Blood creatinine increased | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Blood folate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood glucose abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood homocysteine increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blood iron decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Blood lactate dehydrogenase increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blood magnesium decreased | 2 (<0.1%) | 8 (0.3%) | 10 (0.2%) |
| Blood magnesium increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood parathyroid hormone increased | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Blood potassium decreased | 0 | 3 (0.1%) | 3 (<0.1%) |
| Blood potassium increased | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Blood pressure increased | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Blood sodium decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Blood testosterone decreased | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Blood testosterone increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood triglycerides increased | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Blood urea increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Blood uric acid increased | 10 (0.4%) | 15 (0.5%) | 25 (0.4%) |
| Blood urine present | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood zinc decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Body mass index increased | 7 (0.2%) | 2 (<0.1%) | 9 (0.2%) |
| Bone densitometry | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone density decreased | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Bronchoscopy normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| C-reactive protein abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| C-reactive protein increased | 12 (0.4%) | 17 (0.6%) | 29 (0.5%) |
| Carbon dioxide decreased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac murmur | 19 (0.7%) | 20 (0.7%) | 39 (0.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cardiac stress test | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac stress test abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac ventriculogram | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid bruit | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Carotid intima-media thickness increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Catheterisation cardiac | 15 (0.5%) | 21 (0.7%) | 36 (0.6%) |
| Catheterisation cardiac normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chest X-ray abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colonoscopy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Computerised tomogram head abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Crystal urine present | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystoscopy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| ECG signs of myocardial infarction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| ECG signs of ventricular hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Echocardiogram | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ejection fraction decreased | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Ejection fraction normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram P wave abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram PR prolongation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram Q wave abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram Q waves | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram QT interval abnormal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Electrocardiogram QT prolonged | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Electrocardiogram ST segment abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram ST-T change | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Electrocardiogram ST-T segment abnormal | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram T wave abnormal | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Electrocardiogram T wave alternans | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram T wave amplitude decreased | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Electrocardiogram T wave inversion | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Electrocardiogram U-wave prominent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram abnormal | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Electrocardiogram high voltage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram repolarisation abnormality | 8 (0.3%) | 5 (0.2%) | 13 (0.2%) |
| Endoscopic retrograde cholangiopancreatography | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endoscopy upper gastrointestinal tract | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eosinophil count increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| False positive investigation result | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Forced vital capacity decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gamma-glutamyltransferase increased | 17 (0.6%) | 17 (0.6%) | 34 (0.6%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Gastric pH decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Glomerular filtration rate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glucose tolerance increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glycosylated haemoglobin increased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Haemoglobin decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart rate increased | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Heart rate normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart sounds abnormal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Helicobacter test positive | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hepatic enzyme abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic enzyme increased | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Hepatitis B surface antigen positive | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hepatitis B virus test positive | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hepatitis C antibody positive | 3 (0.1%) | 0 | 3 (<0.1%) |
| Hepatitis C virus test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| High density lipoprotein increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inflammatory marker increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Influenza A virus test positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraocular pressure increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intraocular pressure test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Investigation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Keratometry | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laparoscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Light chain analysis increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipase increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lipids abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipids increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipoprotein (a) increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Liver function test abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Liver function test increased | 0 | 3 (0.1%) | 3 (<0.1%) |
| Mean cell volume increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Monocyte count increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle enzyme increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myocardial necrosis marker increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myocardial strain | 0 | 3 (0.1%) | 3 (<0.1%) |
| N-terminal prohormone brain natriuretic peptide increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neutrophil count increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ophthalmological examination normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oxygen consumption increased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Parasite stool test positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pedal pulse decreased | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Peripheral arteriogram | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peripheral pulse decreased | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Platelet count decreased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Polymerase chain reaction positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Popliteal pulse | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Proctosigmoidoscopy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic specific antigen increased | 5 (0.2%) | 8 (0.3%) | 13 (0.2%) |
| Pulmonary imaging procedure abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pulse absent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| QRS axis abnormal | 5 (0.2%) | 14 (0.5%) | 19 (0.3%) |
| Red blood cell sedimentation rate increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Red cell distribution width increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal function test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scan myocardial perfusion abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Smear cervix abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stress echocardiogram | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid function test abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid function test normal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thyroxine abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Transaminases increased | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Transferrin saturation decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Troponin T increased | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Troponin increased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tuberculin test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ultrasound Doppler | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ultrasound kidney abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ultrasound scan | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ureteroscopy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary casts present | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitamin B12 decreased | 3 (0.1%) | 0 | 3 (<0.1%) |
| Vitamin D decreased | 7 (0.2%) | 11 (0.4%) | 18 (0.3%) |
| Vitamin K decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Weight decreased | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Weight increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| White blood cell count increased | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Metabolism and nutrition disorders | 2833 (100.0%) | 2841 (100.0%) | 5674 (100.0%) |
| Abnormal loss of weight | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abnormal weight gain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acidosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Calcium deficiency | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Central obesity | 15 (0.5%) | 17 (0.6%) | 32 (0.6%) |
| Decreased appetite | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Dehydration | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Diabetes mellitus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diabetes mellitus inadequate control | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Diabetic complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic dyslipidaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Diabetic ketoacidosis | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Diabetic ketosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Diabetic metabolic decompensation | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Dyslipidaemia | 942 (33.3%) | 947 (33.3%) | 1889 (33.3%) |
| Electrolyte imbalance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fluid overload | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Fluid retention | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Folate deficiency | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Food intolerance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose tolerance impaired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gout | 285 (10.1%) | 281 (9.9%) | 566 (10.0%) |
| Haemochromatosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Haemosiderosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypercalcaemia | 7 (0.2%) | 13 (0.5%) | 20 (0.4%) |
| Hyperchloraemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercholesterolaemia | 344 (12.1%) | 331 (11.7%) | 675 (11.9%) |
| Hypercreatininaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperglycaemia | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Hyperglycaemic hyperosmolar nonketotic syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperhomocysteinaemia | 9 (0.3%) | 4 (0.1%) | 13 (0.2%) |
| Hyperkalaemia | 70 (2.5%) | 82 (2.9%) | 152 (2.7%) |
| Hyperlipidaemia | 810 (28.6%) | 842 (29.6%) | 1652 (29.1%) |
| Hypernatraemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperphagia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hyperphosphataemia | 6 (0.2%) | 8 (0.3%) | 14 (0.2%) |
| Hyperproteinaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypertriglyceridaemia | 74 (2.6%) | 65 (2.3%) | 139 (2.4%) |
| Hyperuricaemia | 552 (19.5%) | 572 (20.1%) | 1124 (19.8%) |
| Hypo HDL cholesterolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoalbuminaemia | 7 (0.2%) | 8 (0.3%) | 15 (0.3%) |
| Hypocalcaemia | 6 (0.2%) | 11 (0.4%) | 17 (0.3%) |
| Hypocholesterolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoglycaemia | 19 (0.7%) | 14 (0.5%) | 33 (0.6%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hypokalaemia | 27 (1.0%) | 32 (1.1%) | 59 (1.0%) |
| Hypolipidaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypomagnesaemia | 9 (0.3%) | 7 (0.2%) | 16 (0.3%) |
| Hypometabolism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyponatraemia | 8 (0.3%) | 9 (0.3%) | 17 (0.3%) |
| Hypophosphataemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypoproteinaemia | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Hypouricaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypovitaminosis | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Hypovolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Insulin resistance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iron deficiency | 22 (0.8%) | 26 (0.9%) | 48 (0.8%) |
| Ketoacidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lactic acidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lactose intolerance | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Latent autoimmune diabetes in adults | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lipid metabolism disorder | 7 (0.2%) | 16 (0.6%) | 23 (0.4%) |
| Lipoedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Magnesium deficiency | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Metabolic acidosis | 9 (0.3%) | 15 (0.5%) | 24 (0.4%) |
| Metabolic alkalosis | 0 | 3 (0.1%) | 3 (<0.1%) |
| Metabolic disorder | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Metabolic syndrome | 26 (0.9%) | 26 (0.9%) | 52 (0.9%) |
| Obesity | 1119 (39.5%) | 1079 (38.0%) | 2198 (38.7%) |
| Overweight | 33 (1.2%) | 34 (1.2%) | 67 (1.2%) |
| Pancreatogenous diabetes | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polydipsia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Purine metabolism disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tetany | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Type 2 diabetes mellitus | 2832 (>99.9%) | 2840 (>99.9%) | 5672 (>99.9%) |
| Vitamin B complex deficiency | 7 (0.2%) | 1 (<0.1%) | 8 (0.1%) |
| Vitamin B1 deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitamin B12 deficiency | 50 (1.8%) | 50 (1.8%) | 100 (1.8%) |
| Vitamin C deficiency | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vitamin D deficiency | 277 (9.8%) | 255 (9.0%) | 532 (9.4%) |
| Zinc deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Musculoskeletal and connective tissue disorders | 1061 (37.5%) | 1070 (37.7%) | 2131 (37.6%) |
| Acquired claw toe | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ankle deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Ankle impingement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ankylosing spondylitis | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Arthralgia | 127 (4.5%) | 140 (4.9%) | 267 (4.7%) |
| Arthritis | 58 (2.0%) | 56 (2.0%) | 114 (2.0%) |
| Arthritis reactive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthropathy | 7 (0.2%) | 11 (0.4%) | 18 (0.3%) |
| Articular calcification | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Axial spondyloarthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Back disorder | 2 (<0.1%) | 7 (0.2%) | 9 (0.2%) |
| Back pain | 189 (6.7%) | 210 (7.4%) | 399 (7.0%) |
| Bone cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone disorder | 0 | 3 (0.1%) | 3 (<0.1%) |
| Bone formation increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone lesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone metabolism disorder | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Bone pain | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bursitis | 8 (0.3%) | 10 (0.4%) | 18 (0.3%) |
| Cervical spinal stenosis | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Chondrocalcinosis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Chondrocalcinosis pyrophosphate | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Chronic kidney disease-mineral and bone disorder | 7 (0.2%) | 15 (0.5%) | 22 (0.4%) |
| Costochondritis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Crystal arthropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Deformity thorax | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Destructive spondyloarthropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic amyotrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diastasis recti abdominis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diffuse idiopathic skeletal hyperostosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dupuytren's contracture | 9 (0.3%) | 7 (0.2%) | 16 (0.3%) |
| Enthesopathy | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Exostosis | 11 (0.4%) | 10 (0.4%) | 21 (0.4%) |
| Extremity contracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Facet joint syndrome | 0 | 4 (0.1%) | 4 (<0.1%) |
| Fasciitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Fibromyalgia | 8 (0.3%) | 13 (0.5%) | 21 (0.4%) |
| Flank pain | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Foot deformity | 20 (0.7%) | 22 (0.8%) | 42 (0.7%) |
| Gouty arthritis | 46 (1.6%) | 39 (1.4%) | 85 (1.5%) |
| Gouty tophus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Groin pain | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hand deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypercreatinemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc compression | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc degeneration | 25 (0.9%) | 18 (0.6%) | 43 (0.8%) |
| Intervertebral disc disorder | 28 (1.0%) | 23 (0.8%) | 51 (0.9%) |
| Intervertebral disc displacement | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Intervertebral disc protrusion | 75 (2.6%) | 66 (2.3%) | 141 (2.5%) |
| Intervertebral disc space narrowing | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Jaw cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Joint contracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint deposit | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Joint effusion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Joint instability | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint noise | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint range of motion decreased | 4 (0.1%) | 0 | 4 (<0.1%) |
| Joint swelling | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Knee deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kyphosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ligament disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Limb asymmetry | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Limb discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Limb mass | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lumbar spinal stenosis | 22 (0.8%) | 19 (0.7%) | 41 (0.7%) |
| Meniscal degeneration | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Metatarsalgia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Mobility decreased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Muscle atrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Muscle contracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Muscle spasms | 86 (3.0%) | 84 (3.0%) | 170 (3.0%) |
| Muscle tightness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscular weakness | 5 (0.2%) | 11 (0.4%) | 16 (0.3%) |
| Musculoskeletal chest pain | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Musculoskeletal discomfort | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Musculoskeletal disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Musculoskeletal pain | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Musculoskeletal stiffness | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Myalgia | 31 (1.1%) | 28 (1.0%) | 59 (1.0%) |
| Myofascial pain syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Myopathy | 6 (0.2%) | 1 (<0.1%) | 7 (0.1%) |
| Myositis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Neck mass | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Neck pain | 16 (0.6%) | 23 (0.8%) | 39 (0.7%) |
| Neuropathic arthropathy | 17 (0.6%) | 22 (0.8%) | 39 (0.7%) |
| Nodal osteoarthritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteitis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Osteitis deformans | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Osteoarthritis | 320 (11.3%) | 347 (12.2%) | 667 (11.8%) |
| Osteoarthropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Osteochondrosis | 35 (1.2%) | 35 (1.2%) | 70 (1.2%) |
| Osteolysis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Osteonecrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Osteopenia | 17 (0.6%) | 28 (1.0%) | 45 (0.8%) |
| Osteoporosis | 68 (2.4%) | 73 (2.6%) | 141 (2.5%) |
| Osteosclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pain in extremity | 47 (1.7%) | 40 (1.4%) | 87 (1.5%) |
| Pain in jaw | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Patellofemoral pain syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Periarthritis | 20 (0.7%) | 26 (0.9%) | 46 (0.8%) |
| Plantar fascial fibromatosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Plantar fasciitis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Polyarthritis | 2 (<0.1%) | 7 (0.2%) | 9 (0.2%) |
| Polymyalgia rheumatica | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Polymyositis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prognathism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psoriatic arthropathy | 1 (<0.1%) | 8 (0.3%) | 9 (0.2%) |
| Rhabdomyolysis | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Rheumatic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Rheumatic fever | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Rheumatoid arthritis | 21 (0.7%) | 25 (0.9%) | 46 (0.8%) |
| Rotator cuff syndrome | 37 (1.3%) | 22 (0.8%) | 59 (1.0%) |
| Sacroiliitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sarcopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scoliosis | 2 (<0.1%) | 9 (0.3%) | 11 (0.2%) |
| Senile osteoporosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seronegative arthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sjogren's syndrome | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Soft tissue disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Soft tissue mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Soft tissue swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal deformity | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Spinal disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Spinal ligament ossification | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal osteoarthritis | 108 (3.8%) | 118 (4.2%) | 226 (4.0%) |
| Spinal pain | 11 (0.4%) | 8 (0.3%) | 19 (0.3%) |
| Spinal retrolisthesis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Spinal stenosis | 23 (0.8%) | 26 (0.9%) | 49 (0.9%) |
| Spondylitis | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Spondyloarthropathy | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Spondylolisthesis | 10 (0.4%) | 6 (0.2%) | 16 (0.3%) |
| Spondylolysis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Still's disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Symphysiolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Synovial cyst | 4 (0.1%) | 7 (0.2%) | 11 (0.2%) |
| Synovitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Systemic lupus erythematosus | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Temporomandibular joint syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tendon disorder | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Tendonitis | 7 (0.2%) | 11 (0.4%) | 18 (0.3%) |
| Tenosynovitis | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Tenosynovitis stenosans | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Torticollis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Trigger finger | 27 (1.0%) | 12 (0.4%) | 39 (0.7%) |
| Vertebral foraminal stenosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vertebral osteophyte | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | 390 (13.8%) | 402 (14.1%) | 792 (14.0%) |
| Acoustic neuroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acrochordon | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Acute myeloid leukaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Adenocarcinoma of colon | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Adenoma benign | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Adrenal adenoma | 12 (0.4%) | 10 (0.4%) | 22 (0.4%) |
| Adrenal gland cancer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Adrenal neoplasm | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Angiolipoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiomyofibroblastoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiomyolipoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Appendix adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| B-cell lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Basal cell carcinoma | 31 (1.1%) | 23 (0.8%) | 54 (1.0%) |
| Benign breast neoplasm | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Benign ear neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign endocrine neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign female reproductive tract neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign gastric neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign hepatic neoplasm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Benign laryngeal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign lung neoplasm | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Benign neoplasm | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Benign neoplasm of adrenal gland | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Benign neoplasm of bladder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of choroid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign neoplasm of prostate | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign neoplasm of skin | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Benign neoplasm of thyroid gland | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Benign neoplasm of urethra | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign oesophageal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign ovarian tumour | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign renal neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign salivary gland neoplasm | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Benign uterine neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder cancer | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |
| Bladder cancer recurrent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder neoplasm | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Bladder papilloma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bladder transitional cell carcinoma | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Blepharal papilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone neoplasm | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Bowen's disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Brain neoplasm benign | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Breast adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast cancer | 24 (0.8%) | 15 (0.5%) | 39 (0.7%) |
| Breast neoplasm | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Carcinoid tumour of the gastrointestinal tract | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cervix carcinoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cholesteatoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Chondroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic lymphocytic leukaemia | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Chronic lymphocytic leukaemia stage 0 | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic myelomonocytic leukaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Clear cell renal cell carcinoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Colon adenoma | 11 (0.4%) | 9 (0.3%) | 20 (0.4%) |
| Colon cancer | 14 (0.5%) | 14 (0.5%) | 28 (0.5%) |
| Colon cancer stage 0 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon cancer stage I | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon neoplasm | 3 (0.1%) | 0 | 3 (<0.1%) |
| Colorectal adenocarcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Colorectal cancer | 0 | 4 (0.1%) | 4 (<0.1%) |
| Dermatofibrosarcoma protuberans | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysplastic naevus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enchondromatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endobronchial lipoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endometrial cancer | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Essential thrombocythaemia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Extragenital primary non-seminoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye naevus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Female reproductive neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fibroadenoma of breast | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Fibroma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Focal nodular hyperplasia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gallbladder neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric adenoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastric cancer | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Gastric sarcoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal submucosal tumour | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Gastrointestinal tract adenoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gingival cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemangioma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Haemangioma of bone | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemangioma of liver | 8 (0.3%) | 9 (0.3%) | 17 (0.3%) |
| Haemangioma of skin | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemangioma of spleen | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatic cancer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatic cancer metastatic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic neoplasm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hepatocellular carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hodgkin's disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypergammaglobulinaemia benign monoclonal | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Intra-abdominal haemangioma | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Intraductal papillary mucinous neoplasm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Intraductal proliferative breast lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraocular melanoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Invasive ductal breast carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iris melanoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Juvenile angiofibroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Kaposi's sarcoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Langerhans' cell histiocytosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large granular lymphocytosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Large intestine benign neoplasm | 3 (0.1%) | 11 (0.4%) | 14 (0.2%) |
| Laryngeal cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Laryngeal squamous cell carcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Leiomyoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lentigo maligna | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leukaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Light chain disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lip neoplasm malignant stage unspecified | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lip squamous cell carcinoma | 4 (0.1%) | 0 | 4 (<0.1%) |
| Lipoma | 14 (0.5%) | 15 (0.5%) | 29 (0.5%) |
| Liposarcoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lung carcinoma cell type unspecified stage 0 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung neoplasm malignant | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant lymphoid neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant melanoma | 6 (0.2%) | 9 (0.3%) | 15 (0.3%) |
| Malignant melanoma in situ | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Malignant melanoma stage IV | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant neoplasm of eyelid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Melanocytic naevus | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Meningioma | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Metastases to liver | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Metastases to lung | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Monoclonal gammopathy | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Myelodysplastic syndrome | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Nasal sinus cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neoplasm malignant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neoplasm prostate | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Neoplasm skin | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Neuroendocrine tumour | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neurofibroma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Nodular melanoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-Hodgkin's lymphoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Non-secretory adenoma of pituitary | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-small cell lung cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal papilloma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oral neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral papilloma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian cancer | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ovarian germ cell teratoma benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian neoplasm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Papillary cystadenoma lymphomatosum | 3 (0.1%) | 0 | 3 (<0.1%) |
| Papillary thyroid cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Paraproteinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Parathyroid tumour benign | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Penile cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile squamous cell carcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pituitary tumour benign | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Plasma cell myeloma | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pleomorphic adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleomorphic liposarcoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Polycythaemia vera | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Prolactin-producing pituitary tumour | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Prostate cancer | 27 (1.0%) | 41 (1.4%) | 68 (1.2%) |
| Prostate cancer recurrent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostate cancer stage I | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatic adenoma | 13 (0.5%) | 11 (0.4%) | 24 (0.4%) |
| Rectal adenocarcinoma | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Rectal cancer | 8 (0.3%) | 4 (0.1%) | 12 (0.2%) |
| Rectal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal cancer | 11 (0.4%) | 4 (0.1%) | 15 (0.3%) |
| Renal cell carcinoma | 10 (0.4%) | 7 (0.2%) | 17 (0.3%) |
| Renal haemangioma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal hamartoma | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Renal neoplasm | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Renal oncocytoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland neoplasm | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Seborrhoeic keratosis | 11 (0.4%) | 10 (0.4%) | 21 (0.4%) |
| Seminoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin cancer | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Skin papilloma | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Spindle cell sarcoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Squamous cell carcinoma | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Squamous cell carcinoma of lung | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Squamous cell carcinoma of skin | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Squamous cell carcinoma of the tongue | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sweat gland tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Teratoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Testis cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Throat cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid B-cell lymphoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid adenoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thyroid cancer | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Thyroid neoplasm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tongue neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tongue neoplasm benign | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tongue neoplasm malignant stage unspecified | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tonsil cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tonsillar neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Transitional cell carcinoma | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ureteric cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary tract neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine cancer | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Uterine leiomyoma | 30 (1.1%) | 28 (1.0%) | 58 (1.0%) |
| Vaginal cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Waldenstrom's macroglobulinaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Nervous system disorders | 1454 (51.3%) | 1477 (52.0%) | 2931 (51.7%) |
| Amnesia | 9 (0.3%) | 7 (0.2%) | 16 (0.3%) |
| Amnesic disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anosmia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aphasia | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Arachnoid cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Areflexia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ataxia | 4 (0.1%) | 0 | 4 (<0.1%) |
| Athetosis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Autonomic nervous system imbalance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Autonomic neuropathy | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Axonal neuropathy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Balance disorder | 4 (0.1%) | 0 | 4 (<0.1%) |
| Basal ganglia haemorrhage | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Basal ganglia infarction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Basilar artery stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bradykinesia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Brain oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain stem haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain stem haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Brain stem infarction | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Brain stem stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burning feet syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burning sensation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac autonomic neuropathy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Carotid arteriosclerosis | 63 (2.2%) | 67 (2.4%) | 130 (2.3%) |
| Carotid artery disease | 5 (0.2%) | 12 (0.4%) | 17 (0.3%) |
| Carotid artery insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid artery occlusion | 7 (0.2%) | 3 (0.1%) | 10 (0.2%) |
| Carotid artery stenosis | 54 (1.9%) | 59 (2.1%) | 113 (2.0%) |
| Carotid artery thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carpal tunnel syndrome | 38 (1.3%) | 50 (1.8%) | 88 (1.6%) |
| Central nervous system lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Central nervous system necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Central nervous system vasculitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebellar haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebellar ischaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellar stroke | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebellar syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral arteriosclerosis | 20 (0.7%) | 25 (0.9%) | 45 (0.8%) |
| Cerebral artery embolism | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Cerebral artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral artery stenosis | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Cerebral atrophy | 9 (0.3%) | 8 (0.3%) | 17 (0.3%) |
| Cerebral circulatory failure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cerebral cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral haemorrhage | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Cerebral hypoperfusion | 3 (0.1%) | 0 | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cerebral infarction | 20 (0.7%) | 14 (0.5%) | 34 (0.6%) |
| Cerebral ischaemia | 22 (0.8%) | 15 (0.5%) | 37 (0.7%) |
| Cerebral microangiopathy | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cerebral small vessel ischaemic disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebrosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebrospinal fluid circulation disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebrospinal fluid leakage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebrovascular accident | 13 (0.5%) | 21 (0.7%) | 34 (0.6%) |
| Cerebrovascular disorder | 38 (1.3%) | 45 (1.6%) | 83 (1.5%) |
| Cerebrovascular insufficiency | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cervical cord compression | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervical radiculopathy | 2 (<0.1%) | 8 (0.3%) | 10 (0.2%) |
| Cervicobrachial syndrome | 4 (0.1%) | 9 (0.3%) | 13 (0.2%) |
| Clonus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cluster headache | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cognitive disorder | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Complex regional pain syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coordination abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cubital tunnel syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dementia | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Dementia Alzheimer's type | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Demyelinating polyneuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Demyelination | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Diabetic autonomic neuropathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diabetic coma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic encephalopathy | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Diabetic mononeuropathy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Diabetic neuropathy | 738 (26.1%) | 716 (25.2%) | 1454 (25.6%) |
| Disturbance in attention | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dizziness | 44 (1.6%) | 43 (1.5%) | 87 (1.5%) |
| Dizziness postural | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Drop attacks | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dural arteriovenous fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysaesthesia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dysarthria | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Dysgeusia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Encephalomalacia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Encephalopathy | 16 (0.6%) | 14 (0.5%) | 30 (0.5%) |
| Epilepsy | 11 (0.4%) | 4 (0.1%) | 15 (0.3%) |
| Essential tremor | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Extrapyramidal disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facial paralysis | 18 (0.6%) | 29 (1.0%) | 47 (0.8%) |
| Facial paresis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Frontal lobe epilepsy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Frontotemporal dementia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gait spastic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Generalised tonic-clonic seizure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Guillain-Barre syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Haemorrhage intracranial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemorrhagic cerebral infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhagic stroke | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Head discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Head titubation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Headache | 46 (1.6%) | 45 (1.6%) | 91 (1.6%) |
| Hemianaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hemianopia homonymous | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hemiparesis | 12 (0.4%) | 14 (0.5%) | 26 (0.5%) |
| Hemiplegia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hydrocephalus | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hyperaesthesia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperreflexia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypersomnia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypertensive encephalopathy | 4 (0.1%) | 6 (0.2%) | 10 (0.2%) |
| Hypertonia | 13 (0.5%) | 14 (0.5%) | 27 (0.5%) |
| Hypoaesthesia | 21 (0.7%) | 24 (0.8%) | 45 (0.8%) |
| Hypoxic-ischaemic encephalopathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Iliad nerve paralysis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Intellectual disability | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intention tremor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intracranial aneurysm | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Intracranial pressure increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ischaemic cerebral infarction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ischaemic stroke | 329 (11.6%) | 360 (12.7%) | 689 (12.1%) |
| Lacunar infarction | 22 (0.8%) | 14 (0.5%) | 36 (0.6%) |
| Lacunar stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lateral medullary syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lethargy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Loss of consciousness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lumbar radiculopathy | 4 (0.1%) | 10 (0.4%) | 14 (0.2%) |
| Lumbosacral radiculopathy | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Memory impairment | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Meralgia paraesthetica | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metabolic encephalopathy | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Migraine | 19 (0.7%) | 10 (0.4%) | 29 (0.5%) |
| Migraine with aura | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Migraine without aura | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mononeuritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mononeuropathy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Mononeuropathy multiplex | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Monoparesis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Monoplegia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Morton's neuralgia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Movement disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Multiple sclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Myasthenia gravis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Myelopathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Narcolepsy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nerve compression | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neuralgia | 27 (1.0%) | 16 (0.6%) | 43 (0.8%) |
| Neuralgic amyotrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neuritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neuritis cranial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neuromuscular pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neuropathy peripheral | 135 (4.8%) | 161 (5.7%) | 296 (5.2%) |
| Normal pressure hydrocephalus | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Occipital neuralgia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Optic neuritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Orthostatic intolerance | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Paraesthesia | 19 (0.7%) | 11 (0.4%) | 30 (0.5%) |
| Paralysis recurrent laryngeal nerve | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Paraparesis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Parkinson's disease | 13 (0.5%) | 11 (0.4%) | 24 (0.4%) |
| Parkinsonism | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Parosmia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Partial seizures | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Periodic limb movement disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Peripheral nerve paresis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Peripheral sensorimotor neuropathy | 2 (<0.1%) | 9 (0.3%) | 11 (0.2%) |
| Peripheral sensory neuropathy | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Peroneal nerve palsy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Phantom limb syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Piriformis syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Polyneuropathy | 42 (1.5%) | 44 (1.5%) | 86 (1.5%) |
| Poor quality sleep | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Post herpetic neuralgia | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Post-traumatic epilepsy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Posterior reversible encephalopathy syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Postictal paralysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postural tremor | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Presyncope | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Quadrantanopia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Quadriplegia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radicular pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Radiculopathy | 8 (0.3%) | 7 (0.2%) | 15 (0.3%) |
| Resting tremor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Restless legs syndrome | 17 (0.6%) | 13 (0.5%) | 30 (0.5%) |
| Reversible ischaemic neurological deficit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sciatic nerve neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sciatica | 36 (1.3%) | 36 (1.3%) | 72 (1.3%) |
| Seizure | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Seizure like phenomena | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Senile dementia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sleep deficit | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Somnolence | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Spinal claudication | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Spinal cord haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal cord ischaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spondylitic myelopathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subarachnoid haemorrhage | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Subdural effusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Syncope | 19 (0.7%) | 8 (0.3%) | 27 (0.5%) |
| Tardive dyskinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tension headache | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Thrombotic cerebral infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transient global amnesia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Transient ischaemic attack | 50 (1.8%) | 38 (1.3%) | 88 (1.6%) |
| Tremor | 11 (0.4%) | 8 (0.3%) | 19 (0.3%) |
| Trigeminal nerve disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Trigeminal neuralgia | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Ulnar nerve palsy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ulnar tunnel syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vlth nerve disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Vlth nerve paralysis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Vlth nerve paresis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vascular dementia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vascular encephalopathy | 18 (0.6%) | 24 (0.8%) | 42 (0.7%) |
| Vertebral artery aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vertebral artery arteriosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vertebral artery stenosis | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Vertebrobasilar insufficiency | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Vertigo CNS origin | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Visual field defect | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Vocal cord paralysis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Vocal cord paresis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| White matter lesion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pregnancy, puerperium and perinatal conditions | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Abortion incomplete | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abortion spontaneous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Delivery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectopic pregnancy | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Gestational diabetes | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Postpartum haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pre-eclampsia | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Previous caesarean section | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Product issues | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Device breakage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psychiatric disorders | 443 (15.6%) | 493 (17.4%) | 936 (16.5%) |
| Abnormal dreams | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acute stress disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adjustment disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Adjustment disorder with anxiety | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adjustment disorder with depressed mood | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Adjustment disorder with mixed anxiety and depressed mood | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Affect lability | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Affective disorder | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Agitation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Agoraphobia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcohol abuse | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Alcohol use disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Alcoholism | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Anxiety | 101 (3.6%) | 123 (4.3%) | 224 (3.9%) |
| Anxiety disorder | 11 (0.4%) | 20 (0.7%) | 31 (0.5%) |
| Attention deficit hyperactivity disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Bipolar I disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bipolar disorder | 4 (0.1%) | 11 (0.4%) | 15 (0.3%) |
| Bulimia nervosa | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiovascular somatic symptom disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Delirium | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Depressed mood | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Depression | 184 (6.5%) | 211 (7.4%) | 395 (7.0%) |
| Depressive symptom | 3 (0.1%) | 0 | 3 (<0.1%) |
| Dermatillomania | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dissociative amnesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug abuse | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Drug dependence | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Generalised anxiety disorder | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Hallucination | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hallucination, visual | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Initial insomnia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Insomnia | 143 (5.0%) | 159 (5.6%) | 302 (5.3%) |
| Libido decreased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Major depression | 12 (0.4%) | 15 (0.5%) | 27 (0.5%) |
| Mental disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mental disorder due to a general medical condition | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Middle insomnia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mixed anxiety and depressive disorder | 3 (0.1%) | 10 (0.4%) | 13 (0.2%) |
| Mood altered | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mood swings | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nervousness | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Neurologic somatic symptom disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurosis | 2 (<0.1%) | 5 (0.2%) | 7 (0.1%) |
| Nicotine dependence | 5 (0.2%) | 7 (0.2%) | 12 (0.2%) |
| Nightmare | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Organic brain syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Panic attack | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Panic disorder | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Panic reaction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Persistent depressive disorder | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Personality disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Phobia of driving | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|------------------------------------|----------------------|----------------------|----------------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Post-traumatic stress disorder | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Psychosexual disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psychotic disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Schizoid personality disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Schizophrenia | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Sleep disorder | 24 (0.8%) | 17 (0.6%) | 41 (0.7%) |
| Social anxiety disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Somatic symptom disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Stress | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Suicide attempt | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tearfulness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tobacco abuse | 8 (0.3%) | 7 (0.2%) | 15 (0.3%) |
| Renal and urinary disorders | 2833 (100.0%) | 2841 (100.0%) | 5674 (100.0%) |
| Acquired cystic kidney disease | 12 (0.4%) | 9 (0.3%) | 21 (0.4%) |
| Acute kidney injury | 27 (1.0%) | 32 (1.1%) | 59 (1.0%) |
| Albuminuria | 126 (4.4%) | 113 (4.0%) | 239 (4.2%) |
| Azotaemia | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Bladder disorder | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Bladder diverticulum | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bladder dysfunction | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bladder leukoplakia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder neck obstruction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder neck sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder outlet obstruction | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bladder prolapse | 0 | 4 (0.1%) | 4 (<0.1%) |
| Bladder spasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder tamponade | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder trabeculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Calculus bladder | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Calculus urethral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calculus urinary | 34 (1.2%) | 28 (1.0%) | 62 (1.1%) |
| Chronic kidney disease | 2833 (100.0%) | 2841 (100.0%) | 5674 (100.0%) |
| Chyluria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Costovertebral angle tenderness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystitis interstitial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic nephropathy | 274 (9.7%) | 284 (10.0%) | 558 (9.8%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Dysuria | 7 (0.2%) | 9 (0.3%) | 16 (0.3%) |
| End stage renal disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Focal segmental glomerulosclerosis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Genitourinary symptom | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Glomerulonephritis acute | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis chronic | 12 (0.4%) | 14 (0.5%) | 26 (0.5%) |
| Glomerulonephritis membranous | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Glomerulonephropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Glycosuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haematuria | 29 (1.0%) | 35 (1.2%) | 64 (1.1%) |
| Hydronephrosis | 14 (0.5%) | 17 (0.6%) | 31 (0.5%) |
| Hypertensive nephropathy | 10 (0.4%) | 6 (0.2%) | 16 (0.3%) |
| Hypertonic bladder | 11 (0.4%) | 13 (0.5%) | 24 (0.4%) |
| Hyperuricosuria | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypotonic urinary bladder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| IgA nephropathy | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Incontinence | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Interacapillary glomerulosclerosis | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Ischaemic nephropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney enlargement | 3 (0.1%) | 0 | 3 (<0.1%) |
| Kidney fibrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Lower urinary tract symptoms | 8 (0.3%) | 4 (0.1%) | 12 (0.2%) |
| Lupus nephritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Microalbuminuria | 60 (2.1%) | 52 (1.8%) | 112 (2.0%) |
| Micturition disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Micturition urgency | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Nephritic syndrome | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Nephritis | 1 (<0.1%) | 5 (0.2%) | 6 (0.1%) |
| Nephroangiosclerosis | 5 (0.2%) | 9 (0.3%) | 14 (0.2%) |
| Nephrocalcinosis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Nephrogenic diabetes insipidus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nephrolithiasis | 153 (5.4%) | 159 (5.6%) | 312 (5.5%) |
| Nephropathy | 20 (0.7%) | 13 (0.5%) | 33 (0.6%) |
| Nephropathy toxic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nephroptosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nephrosclerosis | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Nephrotic syndrome | 5 (0.2%) | 14 (0.5%) | 19 (0.3%) |
| Neurogenic bladder | 11 (0.4%) | 9 (0.3%) | 20 (0.4%) |
| Nocturia | 15 (0.5%) | 35 (1.2%) | 50 (0.9%) |
| Obstructive nephropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Oedematous kidney | 3 (0.1%) | 0 | 3 (<0.1%) |
| Oliguria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvi-ureteric obstruction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pollakiuria | 8 (0.3%) | 10 (0.4%) | 18 (0.3%) |
| Polyuria | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Post infection glomerulonephritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proteinuria | 179 (6.3%) | 185 (6.5%) | 364 (6.4%) |
| Pyelocaliectasis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Reflux nephropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal arteriosclerosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Renal artery arteriosclerosis | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Renal artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery stenosis | 6 (0.2%) | 8 (0.3%) | 14 (0.2%) |
| Renal atrophy | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Renal colic | 21 (0.7%) | 10 (0.4%) | 31 (0.5%) |
| Renal cyst | 133 (4.7%) | 147 (5.2%) | 280 (4.9%) |
| Renal disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Renal failure | 16 (0.6%) | 15 (0.5%) | 31 (0.5%) |
| Renal hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renal impairment | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Renal injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal tubular acidosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal tubular necrosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renal vessel disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Single functional kidney | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Stag horn calculus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stress urinary incontinence | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Subcapsular renal haematoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Terminal dribbling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trigonitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tubulointerstitial nephritis | 0 | 4 (0.1%) | 4 (<0.1%) |
| Urate nephropathy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Ureteral cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteric stenosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Ureterocele | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ureterolithiasis | 14 (0.5%) | 17 (0.6%) | 31 (0.5%) |
| Urethral meatus stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urethral obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Urethral stenosis | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Urge incontinence | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Urinary bladder polyp | 3 (0.1%) | 0 | 3 (<0.1%) |
| Urinary hesitation | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Urinary incontinence | 34 (1.2%) | 35 (1.2%) | 69 (1.2%) |
| Urinary retention | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Urinary tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary tract obstruction | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Urine abnormality | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Urine flow decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urine odour abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reproductive system and breast disorders | 586 (20.7%) | 614 (21.6%) | 1200 (21.1%) |
| Acquired phimosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Amenorrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrophic vulvovaginitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Balanoposthitis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Benign prostatic hyperplasia | 384 (13.6%) | 396 (13.9%) | 780 (13.7%) |
| Breast calcifications | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Breast disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast fibrosis | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Breast hyperplasia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Breast mass | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Calculus prostatic | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Cervical cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervical dysplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cervical polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Colpocele | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystocele | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Dysmenorrhoea | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Endometrial hyperplasia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Endometrial thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endometriosis | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Epididymal cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Erectile dysfunction | 133 (4.7%) | 146 (5.1%) | 279 (4.9%) |
| Fibrocystic breast disease | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Genital prolapse | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gynaecomastia | 5 (0.2%) | 8 (0.3%) | 13 (0.2%) |
| Haematospermia | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hydrometra | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infertility | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mammary duct ectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Menometrorrhagia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopausal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopausal symptoms | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Menorrhagia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Metrorrhagia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Monorchidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Organic erectile dysfunction | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Ovarian cyst | 8 (0.3%) | 12 (0.4%) | 20 (0.4%) |
| Ovarian cyst ruptured | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic adhesions | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic fluid collection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Perineal pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peyronie's disease | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Polycystic ovaries | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Prostatic calcification | 7 (0.2%) | 8 (0.3%) | 15 (0.3%) |
| Prostatic cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic disorder | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Prostatic mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatism | 5 (0.2%) | 9 (0.3%) | 14 (0.2%) |
| Prostatitis | 11 (0.4%) | 18 (0.6%) | 29 (0.5%) |
| Prostatomegaly | 24 (0.8%) | 19 (0.7%) | 43 (0.8%) |
| Pruritus genital | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectocele | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retrograde ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seminal vesicular disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sexual dysfunction | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Testicular pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Testicular torsion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine cervix stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine enlargement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine haemorrhage | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Uterine polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine prolapse | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vaginal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vaginal polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---|---------------------|---------------------|----------------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Vaginal prolapse | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Varicocele | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Vulvovaginal dryness | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vulvovaginal pruritus | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vulvovaginal rash | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Respiratory, thoracic and mediastinal disorders | 672 (23.7%) | 725 (25.5%) | 1397 (24.6%) |
| Acute pulmonary oedema | 0 | 4 (0.1%) | 4 (<0.1%) |
| Acute respiratory failure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adenoidal hypertrophy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Allergic bronchitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergic pharyngitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergic respiratory disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergic sinusitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Apnoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asthma | 110 (3.9%) | 123 (4.3%) | 233 (4.1%) |
| Asthma-chronic obstructive pulmonary disease overlap syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atelectasis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Bronchial disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bronchial hyperreactivity | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Bronchial obstruction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchiectasis | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Bronchitis chronic | 27 (1.0%) | 44 (1.5%) | 71 (1.3%) |
| Bronchospasm | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Catarrh | 0 | 3 (0.1%) | 3 (<0.1%) |
| Cheyne-Stokes respiration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Childhood asthma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic obstructive pulmonary disease | 158 (5.6%) | 167 (5.9%) | 325 (5.7%) |
| Chronic respiratory disease | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Chronic respiratory failure | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cough | 30 (1.1%) | 40 (1.4%) | 70 (1.2%) |
| Cough variant asthma | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Cystic lung disease | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Diaphragmatic disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diaphragmatic paralysis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dysphonia | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Dyspnoea | 30 (1.1%) | 31 (1.1%) | 61 (1.1%) |
| Dyspnoea exertional | 17 (0.6%) | 9 (0.3%) | 26 (0.5%) |
| Emphysema | 14 (0.5%) | 14 (0.5%) | 28 (0.5%) |
| Epistaxis | 7 (0.2%) | 12 (0.4%) | 19 (0.3%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Haemoptysis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hydrothorax | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypercapnia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypersensitivity pneumonitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypopnoea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypoventilation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypoxia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Interstitial lung disease | 8 (0.3%) | 9 (0.3%) | 17 (0.3%) |
| Laryngeal hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laryngeal oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung hyperinflation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung induration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung infiltration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung opacity | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Nasal congestion | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Nasal discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal mucosal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal obstruction | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Nasal polyps | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Nasal septum deviation | 4 (0.1%) | 5 (0.2%) | 9 (0.2%) |
| Nasal septum perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal turbinate hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Obliterative bronchiolitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Obstructive airways disorder | 7 (0.2%) | 2 (<0.1%) | 9 (0.2%) |
| Oropharyngeal pain | 4 (0.1%) | 0 | 4 (<0.1%) |
| Paranasal sinus hypersecretion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Paranasal sinus inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngeal mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pickwickian syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pleural effusion | 7 (0.2%) | 11 (0.4%) | 18 (0.3%) |
| Pleural fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural thickening | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleurisy | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Pneumonitis | 5 (0.2%) | 0 | 5 (<0.1%) |
| Pneumothorax | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Productive cough | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Pulmonary alveolar haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pulmonary arterial hypertension | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pulmonary calcification | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Pulmonary congestion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary embolism | 16 (0.6%) | 18 (0.6%) | 34 (0.6%) |
| Pulmonary fibrosis | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Pulmonary granuloma | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Pulmonary hypertension | 21 (0.7%) | 21 (0.7%) | 42 (0.7%) |
| Pulmonary infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary mass | 24 (0.8%) | 23 (0.8%) | 47 (0.8%) |
| Pulmonary oedema | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Pulmonary sarcoidosis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Respiratory acidosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Respiratory alkalosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Respiratory arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Respiratory disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Respiratory failure | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Restrictive pulmonary disease | 3 (0.1%) | 6 (0.2%) | 9 (0.2%) |
| Rhinitis allergic | 67 (2.4%) | 67 (2.4%) | 134 (2.4%) |
| Rhinitis hypertrophic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rhinorrhoea | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Sinus congestion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinus disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sinus perforation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinus polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sleep apnoea syndrome | 250 (8.8%) | 248 (8.7%) | 498 (8.8%) |
| Snoring | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Stridor | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Throat irritation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tracheal stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Upper respiratory tract inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Upper-airway cough syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasomotor rhinitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vocal cord polyp | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vocal cord thickening | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Wheezing | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Skin and subcutaneous tissue disorders | 417 (14.7%) | 451 (15.9%) | 868 (15.3%) |
| Acanthosis nigricans | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Acne | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Actinic keratosis | 27 (1.0%) | 24 (0.8%) | 51 (0.9%) |
| Alopecia | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Alopecia areata | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Androgenetic alopecia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angioedema | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Asteatosis | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Blister | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Chronic pigmented purpura | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic spontaneous urticaria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dandruff | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Decubitus ulcer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Dermal cyst | 1 (<0.1%) | 11 (0.4%) | 12 (0.2%) |
| Dermatitis | 33 (1.2%) | 22 (0.8%) | 55 (1.0%) |
| Dermatitis allergic | 6 (0.2%) | 9 (0.3%) | 15 (0.3%) |
| Dermatitis atopic | 6 (0.2%) | 13 (0.5%) | 19 (0.3%) |
| Dermatitis bullous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatitis contact | 10 (0.4%) | 8 (0.3%) | 18 (0.3%) |
| Dermatitis herpetiformis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatitis psoriasiform | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic bullosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic dermopathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Diabetic foot | 51 (1.8%) | 65 (2.3%) | 116 (2.0%) |
| Diabetic neuropathic ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic ulcer | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Drug eruption | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Dry skin | 25 (0.9%) | 28 (1.0%) | 53 (0.9%) |
| Dyshidrotic eczema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eczema | 26 (0.9%) | 35 (1.2%) | 61 (1.1%) |
| Eczema asteatotic | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Eczema nummular | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Erythema | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Erythema nodosum | 3 (0.1%) | 0 | 3 (<0.1%) |
| Granuloma annulare | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Granuloma skin | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hand dermatitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hidradenitis | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Hirsutism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperhidrosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hyperkeratosis | 15 (0.5%) | 16 (0.6%) | 31 (0.5%) |
| Hypersensitivity vasculitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Idiopathic urticaria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ingrowing nail | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Intertrigo | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Ischaemic skin ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Keloid scar | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Keratosis pilaris | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Leukoderma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lichen planus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lichen sclerosus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lichenification | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lipodystrophy acquired | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Lipohypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mechanical urticaria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Melanosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myxoid cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nail dystrophy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Nail hypertrophy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Neurodermatitis | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Neuropathic ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neutrophilic dermatosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Onychalgia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Onycholysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palmoplantar keratoderma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Panniculitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peau d'orange | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pemphigoid | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Pemphigus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Petechiae | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pigmentation disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pityriasis rosea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prurigo | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Pruritus | 34 (1.2%) | 40 (1.4%) | 74 (1.3%) |
| Pruritus allergic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pseudofolliculitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psoriasis | 42 (1.5%) | 53 (1.9%) | 95 (1.7%) |
| Purpura | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pustular psoriasis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Rash | 12 (0.4%) | 20 (0.7%) | 32 (0.6%) |
| Rash erythematous | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rash pruritic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rosacea | 8 (0.3%) | 5 (0.2%) | 13 (0.2%) |
| Scleroedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoea | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Seborrhoeic dermatitis | 13 (0.5%) | 10 (0.4%) | 23 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|----------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Sensitive skin | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Skin atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin discolouration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Skin dystrophy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Skin exfoliation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin fissures | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin hyperpigmentation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Skin hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin hypopigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin lesion | 4 (0.1%) | 7 (0.2%) | 11 (0.2%) |
| Skin mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin plaque | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin striae | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin ulcer | 31 (1.1%) | 44 (1.5%) | 75 (1.3%) |
| Skin wrinkling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Solar dermatitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Solar lentigo | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Stasis dermatitis | 15 (0.5%) | 12 (0.4%) | 27 (0.5%) |
| Stevens-Johnson syndrome | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Telangiectasia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Urticaria | 14 (0.5%) | 9 (0.3%) | 23 (0.4%) |
| Urticaria chronic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vasculitic rash | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vasculitic ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitiligo | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Xeroderma | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Social circumstances | 163 (5.8%) | 156 (5.5%) | 319 (5.6%) |
| Alcohol use | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Caffeine consumption | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corrective lens user | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Denture wearer | 3 (0.1%) | 0 | 3 (<0.1%) |
| Diet noncompliance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Disease risk factor | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Edentulous | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Ex-tobacco user | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Menopause | 109 (3.8%) | 89 (3.1%) | 198 (3.5%) |
| Orthosis user | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postmenopause | 35 (1.2%) | 47 (1.7%) | 82 (1.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Social problem | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stress at work | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tobacco user | 8 (0.3%) | 10 (0.4%) | 18 (0.3%) |
| Wheelchair user | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Surgical and medical procedures | 1110 (39.2%) | 1122 (39.5%) | 2232 (39.3%) |
| Abdominal hernia repair | 3 (0.1%) | 8 (0.3%) | 11 (0.2%) |
| Abdominoplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Abortion induced | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess drainage | 5 (0.2%) | 10 (0.4%) | 15 (0.3%) |
| Acoustic neuroma removal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Adenoidectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Adenotonsillectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Adrenalectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Amblyopia therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Amputation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anal fissure excision | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Anal fistula repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aneurysm repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Angioplasty | 9 (0.3%) | 8 (0.3%) | 17 (0.3%) |
| Ankle operation | 3 (0.1%) | 0 | 3 (<0.1%) |
| Anticoagulant therapy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Aortic anastomosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aortic aneurysm repair | 2 (<0.1%) | 7 (0.2%) | 9 (0.2%) |
| Aortic bypass | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Aortic stent insertion | 0 | 4 (0.1%) | 4 (<0.1%) |
| Aortic surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic valve repair | 0 | 4 (0.1%) | 4 (<0.1%) |
| Aortic valve replacement | 13 (0.5%) | 14 (0.5%) | 27 (0.5%) |
| Apicectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Appendectomy | 83 (2.9%) | 118 (4.2%) | 201 (3.5%) |
| Arterial stent insertion | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Arthrodesis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Atrial septal defect repair | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Autonomic ganglionectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Axillary lymphadenectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Baker's cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bariatric gastric balloon insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign breast lump removal | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Benign tumour excision | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Bile duct stent insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Biliary tract operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder calculus removal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder catheter permanent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder catheter temporary | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder catheterisation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bladder neoplasm surgery | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Bladder operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bladder polypectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blepharoplasty | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Bone cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone debridement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone graft | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bone lesion excision | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bone operation | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Bone prosthesis insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone trimming | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brachytherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Brachytherapy to prostate | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast conserving surgery | 2 (<0.1%) | 4 (0.1%) | 6 (0.1%) |
| Breast cyst excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Breast tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bunion operation | 0 | 3 (0.1%) | 3 (<0.1%) |
| Burn operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bursa removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| CSF shunt operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Caesarean section | 18 (0.6%) | 22 (0.8%) | 40 (0.7%) |
| Cancer surgery | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiac ablation | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Cardiac operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac pacemaker insertion | 40 (1.4%) | 45 (1.6%) | 85 (1.5%) |
| Cardiac pacemaker replacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac resynchronisation therapy | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Cardiopulmonary bypass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiovascular event prophylaxis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardioversion | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Carotid artery stent insertion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Carotid endarterectomy | 33 (1.2%) | 38 (1.3%) | 71 (1.3%) |
| Carpal tunnel decompression | 16 (0.6%) | 16 (0.6%) | 32 (0.6%) |
| Cataract operation | 166 (5.9%) | 156 (5.5%) | 322 (5.7%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Catheter placement | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Central venous catheterisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral cyst excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral endovascular aneurysm repair | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cervical conisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chemotherapy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cholecystectomy | 157 (5.5%) | 159 (5.6%) | 316 (5.6%) |
| Cholecystostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cholelithotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholelithotripsy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholesteatoma removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Circumcision | 3 (0.1%) | 7 (0.2%) | 10 (0.2%) |
| Colectomy | 12 (0.4%) | 10 (0.4%) | 22 (0.4%) |
| Colon operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Colostomy | 0 | 5 (0.2%) | 5 (<0.1%) |
| Continuous positive airway pressure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Corneal transplant | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Coronary angioplasty | 38 (1.3%) | 37 (1.3%) | 75 (1.3%) |
| Coronary arterial stent insertion | 101 (3.6%) | 83 (2.9%) | 184 (3.2%) |
| Coronary artery bypass | 112 (4.0%) | 114 (4.0%) | 226 (4.0%) |
| Coronary endarterectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary revascularisation | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Cox-Maze procedure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Craniotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cyst removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystostomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Dacryocystorhinostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Debridement | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Dental implantation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Dental prosthesis placement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dialysis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug delivery device placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Duodenal sphincterotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Duodenal ulcer repair | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Dupuytren's contracture operation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ear tube insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Elbow operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endarterectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endodontic procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endometrial ablation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endovenous ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Enterostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epidermoid cyst excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Epididymal cyst removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ethmoid sinus surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eustachian tube operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eventration repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Excision of ampulla of Vater | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Explorative laparotomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Eye excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye laser surgery | 17 (0.6%) | 12 (0.4%) | 29 (0.5%) |
| Eye operation | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Eye prosthesis insertion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facetectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Female sterilisation | 23 (0.8%) | 29 (1.0%) | 52 (0.9%) |
| Finger amputation | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Fistula repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Foot amputation | 10 (0.4%) | 12 (0.4%) | 22 (0.4%) |
| Foot operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Foraminotomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gallbladder operation | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Gastrectomy | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Gastric banding | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Gastric bypass | 9 (0.3%) | 8 (0.3%) | 17 (0.3%) |
| Gastric operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal endoscopic therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastroplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glaucoma surgery | 7 (0.2%) | 4 (0.1%) | 11 (0.2%) |
| Haemodialysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhoid operation | 11 (0.4%) | 8 (0.3%) | 19 (0.3%) |
| Hearing aid therapy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Heart transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart valve replacement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatic embolisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia hiatus repair | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hernia repair | 13 (0.5%) | 7 (0.2%) | 20 (0.4%) |
| High frequency ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hip arthroplasty | 22 (0.8%) | 28 (1.0%) | 50 (0.9%) |
| Hip surgery | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hormone therapy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---------------------------------------|---------------|---------------|---------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Hydrocele operation | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Hysterectomy | 80 (2.8%) | 82 (2.9%) | 162 (2.9%) |
| Hysterosalpingo-oophorectomy | 11 (0.4%) | 7 (0.2%) | 18 (0.3%) |
| Ileectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileocaecal resection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileocelectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ileostomy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Ileostomy closure | 4 (0.1%) | 0 | 4 (<0.1%) |
| Implantable defibrillator insertion | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Incisional drainage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Incisional hernia repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Influenza immunisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inguinal hernia repair | 14 (0.5%) | 28 (1.0%) | 42 (0.7%) |
| Internal fixation of fracture | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Intervertebral disc operation | 16 (0.6%) | 16 (0.6%) | 32 (0.6%) |
| Intestinal anastomosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intestinal operation | 0 | 3 (0.1%) | 3 (<0.1%) |
| Intestinal polypectomy | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Intestinal resection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intra-cerebral aneurysm operation | 3 (0.1%) | 0 | 3 (<0.1%) |
| Intra-ocular injection | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Intra-thoracic aortic aneurysm repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraocular lens implant | 40 (1.4%) | 44 (1.5%) | 84 (1.5%) |
| Iridectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Iridotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jejunocolostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint arthroplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Joint injection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint resurfacing surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Keratomileusis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Knee arthroplasty | 24 (0.8%) | 46 (1.6%) | 70 (1.2%) |
| Knee operation | 15 (0.5%) | 14 (0.5%) | 29 (0.5%) |
| Laparotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Large intestinal polypectomy | 11 (0.4%) | 16 (0.6%) | 27 (0.5%) |
| Large intestine anastomosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laryngeal repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laser therapy | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Leg amputation | 18 (0.6%) | 26 (0.9%) | 44 (0.8%) |
| Lens capsulotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Lens extraction | 9 (0.3%) | 5 (0.2%) | 14 (0.2%) |
| Lenticular operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ligament operation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Limb amputation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Limb operation | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Lip lesion excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipoma excision | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Lithotripsy | 5 (0.2%) | 7 (0.2%) | 12 (0.2%) |
| Liver operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung lobectomy | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Lung operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphadenectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mammoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mass excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mastectomy | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Mastoidectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Maxillofacial operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Medical device implantation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical device removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meningeal repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meniscus operation | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Meniscus removal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Metabolic surgery | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Metatarsal excision | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Mitral commissurotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mitral valve repair | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Mitral valve replacement | 0 | 3 (0.1%) | 3 (<0.1%) |
| Mole excision | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Muscle operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myomectomy | 3 (0.1%) | 5 (0.2%) | 8 (0.1%) |
| Nail operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal polypectomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Nasal septal operation | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Nasopharyngeal surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neck dissection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neck surgery | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Nephrectomy | 30 (1.1%) | 31 (1.1%) | 61 (1.1%) |
| Nephrostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nephroureterectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Neurectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Neurolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal polypectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophagoenterostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oophorectomy | 6 (0.2%) | 4 (0.1%) | 10 (0.2%) |
| Oophorectomy bilateral | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Orchidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Orchidopexy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Orthopaedic procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ostectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteotomy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Otorhinolaryngological surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian cystectomy | 3 (0.1%) | 4 (0.1%) | 7 (0.1%) |
| Ovarian neoplasm surgery | 0 | 3 (0.1%) | 3 (<0.1%) |
| Ovarian operation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pancreas transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatobiliary sphincterotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Papilloma excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parathyroidectomy | 5 (0.2%) | 2 (<0.1%) | 7 (0.1%) |
| Parotidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Penile prosthesis insertion | 5 (0.2%) | 4 (0.1%) | 9 (0.2%) |
| Percutaneous coronary intervention | 20 (0.7%) | 23 (0.8%) | 43 (0.8%) |
| Pericardial drainage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Perineoplasty | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Peripheral artery angioplasty | 20 (0.7%) | 13 (0.5%) | 33 (0.6%) |
| Peripheral artery bypass | 15 (0.5%) | 15 (0.5%) | 30 (0.5%) |
| Peripheral artery stent insertion | 10 (0.4%) | 9 (0.3%) | 19 (0.3%) |
| Peripheral endarterectomy | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Peripheral nerve decompression | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Peripheral nerve destruction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral nerve neurostimulation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peripheral nerve operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Peripheral nerve transposition | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral revascularisation | 0 | 3 (0.1%) | 3 (<0.1%) |
| Phlebectomy | 8 (0.3%) | 8 (0.3%) | 16 (0.3%) |
| Phlebotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Photocoagulation | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Pituitary tumour removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Plastic surgery to the face | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleurectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Pneumocentesis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polypectomy | 3 (0.1%) | 11 (0.4%) | 14 (0.2%) |
| Posterior lens capsulotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proctectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Profundaplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prophylaxis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Prostatectomy | 18 (0.6%) | 17 (0.6%) | 35 (0.6%) |
| Prostatic operation | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Prosthesis implantation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pterygium operation | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ptosis repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary resection | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Pyelotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pyloroplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radical cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radical hysterectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radical mastectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radical prostatectomy | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Radiotherapy | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Rectal polypectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Rectal prolapse repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal artery angioplasty | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Renal artery stent placement | 4 (0.1%) | 6 (0.2%) | 10 (0.2%) |
| Renal cyst aspiration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal cyst excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal stone removal | 19 (0.7%) | 12 (0.4%) | 31 (0.5%) |
| Renal surgery | 1 (<0.1%) | 3 (0.1%) | 4 (<0.1%) |
| Renal sympathetic nerve ablation | 3 (0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Renal transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal tumour excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal laser coagulation | 24 (0.8%) | 20 (0.7%) | 44 (0.8%) |
| Retinal operation | 6 (0.2%) | 3 (0.1%) | 9 (0.2%) |
| Retinopexy | 1 (<0.1%) | 6 (0.2%) | 7 (0.1%) |
| Revascularisation procedure | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Rotator cuff repair | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Salpingectomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Salpingo-oophorectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Salpingo-oophorectomy bilateral | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Salpingo-oophorectomy unilateral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scar excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sclerotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--------------------------------------|---------------|---------------|---------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Sebaceous cyst excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Shoulder arthroplasty | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Shoulder operation | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Sigmoidectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sinus operation | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Skin graft | 4 (0.1%) | 2 (<0.1%) | 6 (0.1%) |
| Skin lesion removal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Skin neoplasm excision | 9 (0.3%) | 13 (0.5%) | 22 (0.4%) |
| Small intestinal anastomosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Small intestinal polypectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Small intestinal resection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal decompression | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Spinal fusion surgery | 7 (0.2%) | 3 (0.1%) | 10 (0.2%) |
| Spinal laminectomy | 7 (0.2%) | 13 (0.5%) | 20 (0.4%) |
| Spinal nerve stimulator implantation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal operation | 9 (0.3%) | 11 (0.4%) | 20 (0.4%) |
| Splenectomy | 6 (0.2%) | 5 (0.2%) | 11 (0.2%) |
| Stent placement | 13 (0.5%) | 6 (0.2%) | 19 (0.3%) |
| Sterilisation | 5 (0.2%) | 0 | 5 (<0.1%) |
| Steroid therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Strabismus correction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Suprapubic prostatectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Surgery | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sympathectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Synovectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synovial cyst removal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tendon sheath incision | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tenoplasty | 0 | 4 (0.1%) | 4 (<0.1%) |
| Tenotomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tetralogy of Fallot repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Therapeutic embolisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thoracotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thromboembolectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thrombolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thymectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid adenoma removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid nodule removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroidectomy | 28 (1.0%) | 34 (1.2%) | 62 (1.1%) |
| Toe amputation | 55 (1.9%) | 59 (2.1%) | 114 (2.0%) |
| Toe operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=2833 (100%) | N=2841 (100%) | N=5674 (100%) |
| MedDRA version 23.1 | | | |
| Tonsillectomy | 34 (1.2%) | 43 (1.5%) | 77 (1.4%) |
| Tooth extraction | 4 (0.1%) | 7 (0.2%) | 11 (0.2%) |
| Tooth repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trabeculectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tracheostomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Transcatheter aortic valve implantation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Transfusion | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Transmyocardial revascularisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Transurethral bladder resection | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Transurethral prostatectomy | 15 (0.5%) | 17 (0.6%) | 32 (0.6%) |
| Tricuspid valve repair | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tumour excision | 3 (0.1%) | 0 | 3 (<0.1%) |
| Turbinectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Turbinoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tympanoplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Umbilical hernia repair | 18 (0.6%) | 11 (0.4%) | 29 (0.5%) |
| Umblicoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureter dilation procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ureteral stent insertion | 5 (0.2%) | 3 (0.1%) | 8 (0.1%) |
| Ureteric calculus removal | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Ureteric operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ureteric repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureterolithotomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urethral calculus removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urethral dilation procedure | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Urethral meatotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urethral operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urethral repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urethrotomy | 3 (0.1%) | 0 | 3 (<0.1%) |
| Urinary bladder suspension | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Urinary control neurostimulator implantation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary cystectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine dilation and curettage | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Uterine operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine polypectomy | 0 | 3 (0.1%) | 3 (<0.1%) |
| Uterine repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine tumour excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uvulectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uvulopalatopharyngoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uvuloplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vagotomy | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Varicocele repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Varicose vein operation | 8 (0.3%) | 7 (0.2%) | 15 (0.3%) |
| Vascular graft | 7 (0.2%) | 5 (0.2%) | 12 (0.2%) |
| Vascular operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Vascular stent insertion | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Vasectomy | 9 (0.3%) | 9 (0.3%) | 18 (0.3%) |
| Vena cava filter insertion | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Venous angioplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous stent insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ventriculo-peritoneal shunt | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitamin supplementation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitrectomy | 31 (1.1%) | 33 (1.2%) | 64 (1.1%) |
| Vocal cord operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vocal cord polypectomy | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Wisdom teeth removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wrist surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vascular disorders | 2765 (97.6%) | 2787 (98.1%) | 5552 (97.8%) |
| Angiopathy | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Angiosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic aneurysm | 20 (0.7%) | 23 (0.8%) | 43 (0.8%) |
| Aortic arteriosclerosis | 41 (1.4%) | 30 (1.1%) | 71 (1.3%) |
| Aortic dilatation | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Aortic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Aortic dissection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aortic stenosis | 30 (1.1%) | 17 (0.6%) | 47 (0.8%) |
| Aortic thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arterial insufficiency | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Arterial occlusive disease | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Arteriosclerosis | 44 (1.6%) | 60 (2.1%) | 104 (1.8%) |
| Arteriosclerosis Moenckeberg-type | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Arteritis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Atheroembolism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brachiocephalic arteriosclerosis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Brachiocephalic artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Circulatory collapse | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cryoglobulinaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Deep vein thrombosis | 24 (0.8%) | 32 (1.1%) | 56 (1.0%) |
| Diabetic macroangiopathy | 11 (0.4%) | 10 (0.4%) | 21 (0.4%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Diabetic microangiopathy | 5 (0.2%) | 5 (0.2%) | 10 (0.2%) |
| Diabetic vascular disorder | 54 (1.9%) | 35 (1.2%) | 89 (1.6%) |
| Diastolic hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dry gangrene | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Embolism venous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Essential hypertension | 93 (3.3%) | 98 (3.4%) | 191 (3.4%) |
| Extremity necrosis | 3 (0.1%) | 0 | 3 (<0.1%) |
| Giant cell arteritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Granulomatosis with polyangiitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Haematoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hot flush | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypertension | 2637 (93.1%) | 2671 (94.0%) | 5308 (93.5%) |
| Hypertensive angiopathy | 9 (0.3%) | 6 (0.2%) | 15 (0.3%) |
| Hypertensive crisis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hypertensive end-organ damage | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypertensive urgency | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hypotension | 4 (0.1%) | 9 (0.3%) | 13 (0.2%) |
| Hypovolaemic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iliac artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iliac artery stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intermittent claudication | 23 (0.8%) | 33 (1.2%) | 56 (1.0%) |
| Labile hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leriche syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lymphocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphoedema | 9 (0.3%) | 8 (0.3%) | 17 (0.3%) |
| Lymphostasis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Macroangiopathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Malignant hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Microangiopathy | 3 (0.1%) | 3 (0.1%) | 6 (0.1%) |
| Neovascularisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Orthostatic hypotension | 4 (0.1%) | 8 (0.3%) | 12 (0.2%) |
| Pallor | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pelvic venous thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arterial occlusive disease | 470 (16.6%) | 453 (15.9%) | 923 (16.3%) |
| Peripheral artery aneurysm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Peripheral artery occlusion | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Peripheral artery stenosis | 5 (0.2%) | 6 (0.2%) | 11 (0.2%) |
| Peripheral artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peripheral coldness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peripheral embolism | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |

Table 4.5 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Fidelio)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Peripheral ischaemia | 4 (0.1%) | 3 (0.1%) | 7 (0.1%) |
| Peripheral vascular disorder | 19 (0.7%) | 27 (1.0%) | 46 (0.8%) |
| Peripheral venous disease | 67 (2.4%) | 65 (2.3%) | 132 (2.3%) |
| Phlebitis | 3 (0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Poor peripheral circulation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Post thrombotic syndrome | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Postpartum venous thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Raynaud's phenomenon | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renovascular hypertension | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Secondary hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subclavian artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subclavian artery stenosis | 5 (0.2%) | 1 (<0.1%) | 6 (0.1%) |
| Subclavian steal syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Supra-aortic trunk sclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thromboangiitis obliterans | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Thrombophlebitis | 6 (0.2%) | 8 (0.3%) | 14 (0.2%) |
| Thrombophlebitis superficial | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thrombosis | 2 (<0.1%) | 3 (0.1%) | 5 (<0.1%) |
| Varicose vein | 86 (3.0%) | 68 (2.4%) | 154 (2.7%) |
| Vasodilatation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vein disorder | 3 (0.1%) | 0 | 3 (<0.1%) |
| Venous thrombosis | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Venous thrombosis in pregnancy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous thrombosis limb | 0 | 4 (0.1%) | 4 (<0.1%) |
| White coat hypertension | 5 (0.2%) | 7 (0.2%) | 12 (0.2%) |

Medical history findings are sorted in alphabetical order by primary SOC and preferred term.

A subject is counted only once within each preferred term or any primary SOC.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_admh.sas 30JAN2023 15:22

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4.6 Concomitant medication

Table 4.6 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set Fidelio)

| | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Drug grouping | | | |
| Number (%) of subjects with at least one new concomitant medication of interest | 2314 (81.7%) | 2343 (82.5%) | 4657 (82.1%) |
| ACEI | 428 (15.1%) | 430 (15.1%) | 858 (15.1%) |
| ARB | 747 (26.4%) | 822 (28.9%) | 1569 (27.7%) |
| RAS-inhibitors | 1084 (38.3%) | 1120 (39.4%) | 2204 (38.8%) |
| Beta-blocker | 767 (27.1%) | 855 (30.1%) | 1622 (28.6%) |
| Diuretics | 1213 (42.8%) | 1288 (45.3%) | 2501 (44.1%) |
| Loop diuretics | 921 (32.5%) | 989 (34.8%) | 1910 (33.7%) |
| Thiazide diuretics | 296 (10.4%) | 324 (11.4%) | 620 (10.9%) |
| Potassium supplements | 190 (6.7%) | 246 (8.7%) | 436 (7.7%) |
| Potassium lowering agents (including binders) | 307 (10.8%) | 184 (6.5%) | 491 (8.7%) |
| Alpha blocking agents | 807 (28.5%) | 881 (31.0%) | 1688 (29.7%) |
| Calcium channel blockers | 999 (35.3%) | 1178 (41.5%) | 2177 (38.4%) |
| Centrally acting antihypertensives | 197 (7.0%) | 254 (8.9%) | 451 (7.9%) |
| Strong CYP3A4 inhibitors | 163 (5.8%) | 150 (5.3%) | 313 (5.5%) |
| Moderate CYP3A4 inhibitors | 360 (12.7%) | 373 (13.1%) | 733 (12.9%) |
| Weak CYP3A4 inhibitors | 1144 (40.4%) | 1210 (42.6%) | 2354 (41.5%) |
| Unclassified CYP3A4 inhibitors | 129 (4.6%) | 136 (4.8%) | 265 (4.7%) |
| Strong CYP3A4 inducers | 33 (1.2%) | 34 (1.2%) | 67 (1.2%) |
| Moderate CYP3A4 inducers | 178 (6.3%) | 209 (7.4%) | 387 (6.8%) |
| Weak CYP3A4 inducers | 192 (6.8%) | 206 (7.3%) | 398 (7.0%) |
| Unclassified CYP3A4 inducers | 130 (4.6%) | 122 (4.3%) | 252 (4.4%) |
| Oral anticoagulants | 218 (7.7%) | 223 (7.8%) | 441 (7.8%) |
| Acetylsalicylic acid and its salts | 448 (15.8%) | 482 (17.0%) | 930 (16.4%) |
| Statins | 833 (29.4%) | 862 (30.3%) | 1695 (29.9%) |
| Erythropoietin stimulating agents | 177 (6.2%) | 210 (7.4%) | 387 (6.8%) |
| NSAIDs (excluding acetylsalicylic acid) | 719 (25.4%) | 759 (26.7%) | 1478 (26.0%) |
| ARNIs | 8 (0.3%) | 13 (0.5%) | 21 (0.4%) |
| Potassium-sparing diuretics | 141 (5.0%) | 172 (6.1%) | 313 (5.5%) |
| Platelet aggregation inhibitors (excluding heparin) | 670 (23.6%) | 693 (24.4%) | 1363 (24.0%) |
| Trimethoprim and derivatives | 75 (2.6%) | 85 (3.0%) | 160 (2.8%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adcm.sas 30JAN2023 15:24

End of table

Table 4.6 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set Fidelio)

| Drug grouping | BAY 94-8862 N=2833 (100%) | Placebo N=2841 (100%) | Total N=5674 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 1792 (63.3%) | 1841 (64.8%) | 3633 (64.0%) |
| Insulins and analogues | 1335 (47.1%) | 1384 (48.7%) | 2719 (47.9%) |
| Dipeptidyl peptidase 4 inhibitors | 472 (16.7%) | 474 (16.7%) | 946 (16.7%) |
| Glucagon-like peptide-1(GLP1) agonists | 260 (9.2%) | 264 (9.3%) | 524 (9.2%) |
| SGLT-2 inhibitors | 186 (6.6%) | 216 (7.6%) | 402 (7.1%) |
| Biguanides | 516 (18.2%) | 495 (17.4%) | 1011 (17.8%) |
| Sulfonylureas | 301 (10.6%) | 334 (11.8%) | 635 (11.2%) |
| Alpha glucosidase inhibitors | 119 (4.2%) | 116 (4.1%) | 235 (4.1%) |
| Meglitinides | 128 (4.5%) | 143 (5.0%) | 271 (4.8%) |
| Thiazolidinediones | 80 (2.8%) | 82 (2.9%) | 162 (2.9%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adcm.sas 30JAN2023 15:24

End of table

Table of contents

| | |
|--|-----|
| 4.1 Disposition..... | 2 |
| Table 4.1 / 1: Subject disposition (all enrolled Figaro) | 3 |
| Table 4.1 / 2: Disposition: End of treatment (full analysis set Figaro) | 4 |
| 4.2 Demographic characteristics..... | 5 |
| Table 4.2 / 1: Demographics (full analysis set Figaro) | 6 |
| 4.3 Baseline characteristics..... | 11 |
| Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)..... | 12 |
| 4.4 Medical History | 21 |
| Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro) | 22 |
| 4.5 Concomitant medication | 106 |
| Table 4.5 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set Figaro) | 107 |
| Table 4.5 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set Figaro) | 108 |



4.1 Disposition

Table 4.1 / 1: Subject disposition (all enrolled Figaro)

| Disposition | BAY 94-8862 | Placebo | Total |
|---|---------------|---------------|---------------|
| Number of subjects | | | |
| Enrolled | | | 19381 |
| Screening failures | | | 11944 |
| Randomized | 3723 | 3714 | 7437 |
| GCP VIOLATIONS | 37 | 48 | 85 |
| Full analysis set | 3686 (100.0%) | 3666 (100.0%) | 7352 (100.0%) |
| Study drug never administered | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Treated | 3682 (99.9%) | 3659 (99.8%) | 7341 (99.9%) |
| Did not complete treatment due COVID-19 | 37 (1.0%) | 35 (1.0%) | 72 (1.0%) |
| Subject decision: COVID-19 pandemic related | 26 (0.7%) | 21 (0.6%) | 47 (0.6%) |
| Physician decision: COVID-19 pandemic related | 7 (0.2%) | 3 (<0.1%) | 10 (0.1%) |
| Logistical reason: COVID-19 pandemic related | 4 (0.1%) | 11 (0.3%) | 15 (0.2%) |
| Did not complete study | 5 (0.1%) | 13 (0.4%) | 18 (0.2%) |
| WITHDRAWN CONSENT | 1 (<0.1%) | 7 (0.2%) | 8 (0.1%) |
| LOST TO FOLLOW-UP | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Completed study | 3681 (99.9%) | 3653 (99.6%) | 7334 (99.8%) |

Number of subjects enrolled is the number of subjects who signed informed consent, including subjects who switched from study 16244 to study 17530.

The subject is considered as having completed the study if there is a contact with the subject after the EOS notification or if the subject died. Contact with the subject can be actual visits, phone contacts, or information available from public records, etc.

Lost to follow-up includes all study non-completers who have not withdrawn consent. This definition does not necessarily meet the reasons for non-completion of the specified study epochs.

Number of enrolled subjects and screen failures refer to the full study population.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adds.sas 30JAN2023 15:11

End of table

Table 4.1 / 2: Disposition: End of treatment (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Completed epoch | 2677 (72.6%) | 2652 (72.3%) | 5329 (72.5%) |
| Not completed | 1009 (27.4%) | 1014 (27.7%) | 2023 (27.5%) |
| Primary reason | | | |
| ADVERSE EVENT | 275 (7.5%) | 272 (7.4%) | 547 (7.4%) |
| DEATH | 214 (5.8%) | 251 (6.8%) | 465 (6.3%) |
| WITHDRAWAL BY SUBJECT | 244 (6.6%) | 218 (5.9%) | 462 (6.3%) |
| LOST TO FOLLOW-UP | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| NON-COMPLIANCE WITH STUDY DRUG | 12 (0.3%) | 12 (0.3%) | 24 (0.3%) |
| PHYSICIAN DECISION | 150 (4.1%) | 130 (3.5%) | 280 (3.8%) |
| TECHNICAL PROBLEMS | 42 (1.1%) | 59 (1.6%) | 101 (1.4%) |
| DETERIORATION OF GENERAL CONDITIONS | 0 | 2 (<0.1%) | 2 (<0.1%) |
| PROTOCOL DEVIATION | 14 (0.4%) | 16 (0.4%) | 30 (0.4%) |
| SITE TERMINATED BY SPONSOR | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| LOGISTICAL REASON | 1 (<0.1%) | 0 | 1 (<0.1%) |
| SUBJECT DECISION | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| SUBJECT DECISION: COVID-19 PANDEMIC RELATED | 26 (0.7%) | 21 (0.6%) | 47 (0.6%) |
| PHYSICIAN DECISION: COVID-19 PANDEMIC RELATED | 7 (0.2%) | 3 (<0.1%) | 10 (0.1%) |
| LOGISTICAL REASON: COVID-19 PANDEMIC RELATED | 4 (0.1%) | 11 (0.3%) | 15 (0.2%) |
| OTHER | 10 (0.3%) | 10 (0.3%) | 20 (0.3%) |

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adds.sas 30JAN2023 15:11
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4.2 Demographic characteristics

Table 4.2 / 1: Demographics (full analysis set Figaro)

| TEXT | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Race (N) | | | |
| WHITE | 2672 (72.5%) | 2605 (71.1%) | 5277 (71.8%) |
| BLACK OR AFRICAN AMERICAN | 113 (3.1%) | 145 (4.0%) | 258 (3.5%) |
| ASIAN | 715 (19.4%) | 739 (20.2%) | 1454 (19.8%) |
| AMERICAN INDIAN OR ALASKA NATIVE | 73 (2.0%) | 70 (1.9%) | 143 (1.9%) |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 17 (0.5%) | 14 (0.4%) | 31 (0.4%) |
| NOT REPORTED | 9 (0.2%) | 7 (0.2%) | 16 (0.2%) |
| MULTIPLE | 87 (2.4%) | 86 (2.3%) | 173 (2.4%) |
| Sex (N) | | | |
| Male | 2528 (68.6%) | 2577 (70.3%) | 5105 (69.4%) |
| Female | 1158 (31.4%) | 1089 (29.7%) | 2247 (30.6%) |
| Age (YEARS) | | | |
| n | 3686 | 3666 | 7352 |
| Mean | 64.13 | 64.13 | 64.13 |
| SD | 9.67 | 10.00 | 9.84 |
| Min | 27.0 | 23.0 | 23.0 |
| Q1 | 58.00 | 58.00 | 58.00 |
| Median | 65.00 | 65.00 | 65.00 |
| Q3 | 71.00 | 71.00 | 71.00 |
| Max | 89.0 | 93.0 | 93.0 |
| Run-in age group (years) category (N) | | | |
| 18 - 44 years | 127 (3.4%) | 123 (3.4%) | 250 (3.4%) |
| 45 - 64 years | 1626 (44.1%) | 1634 (44.6%) | 3260 (44.3%) |
| 65 - 74 years | 1438 (39.0%) | 1383 (37.7%) | 2821 (38.4%) |
| >= 75 years | 495 (13.4%) | 526 (14.3%) | 1021 (13.9%) |
| Age group (years) category 3 (N) | | | |
| < 65 years | 1753 (47.6%) | 1757 (47.9%) | 3510 (47.7%) |
| >= 65 years | 1933 (52.4%) | 1909 (52.1%) | 3842 (52.3%) |
| Ethnicity (N) | | | |
| NOT HISPANIC OR LATINO | 3058 (83.0%) | 3057 (83.4%) | 6115 (83.2%) |
| HISPANIC OR LATINO | 618 (16.8%) | 603 (16.4%) | 1221 (16.6%) |
| NOT REPORTED | 10 (0.3%) | 6 (0.2%) | 16 (0.2%) |

Table 4.2 / 1: Demographics (full analysis set Figaro)

| TEXT | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Region (N) | | | |
| Europe | 1754 (47.6%) | 1750 (47.7%) | 3504 (47.7%) |
| North America | 559 (15.2%) | 548 (14.9%) | 1107 (15.1%) |
| Asia | 810 (22.0%) | 815 (22.2%) | 1625 (22.1%) |
| Latin America | 424 (11.5%) | 417 (11.4%) | 841 (11.4%) |
| Others | 139 (3.8%) | 136 (3.7%) | 275 (3.7%) |
| Baseline Weight (kg) | | | |
| n | 3680 | 3661 | 7341 |
| Mean | 88.92 | 88.63 | 88.77 |
| SD | 20.44 | 19.80 | 20.12 |
| Min | 35.5 | 37.3 | 35.5 |
| Q1 | 74.20 | 75.00 | 74.60 |
| Median | 86.65 | 86.90 | 86.80 |
| Q3 | 101.00 | 100.00 | 100.60 |
| Max | 190.4 | 172.7 | 190.4 |
| Baseline weight (kg) category (N) | | | |
| missing | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| < 60 kg | 178 (4.8%) | 185 (5.0%) | 363 (4.9%) |
| 60 - < 90 kg | 1904 (51.7%) | 1878 (51.2%) | 3782 (51.4%) |
| >= 90 kg | 1598 (43.4%) | 1598 (43.6%) | 3196 (43.5%) |
| Baseline Height (cm) | | | |
| n | 3680 | 3662 | 7342 |
| Mean | 167.71 | 167.67 | 167.69 |
| SD | 9.98 | 9.71 | 9.85 |
| Min | 118.0 | 121.0 | 118.0 |
| Q1 | 160.85 | 161.00 | 161.00 |
| Median | 168.00 | 168.00 | 168.00 |
| Q3 | 175.00 | 174.50 | 174.60 |
| Max | 198.1 | 206.0 | 206.0 |

Table 4.2 / 1: Demographics (full analysis set Figaro)

| TEXT | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Baseline Body Mass Index (kg/m ²) | | | |
| n | 3675 | 3659 | 7334 |
| Mean | 31.46 | 31.40 | 31.43 |
| SD | 6.04 | 5.93 | 5.99 |
| Min | 15.8 | 15.9 | 15.8 |
| Q1 | 27.30 | 27.10 | 27.20 |
| Median | 30.70 | 30.60 | 30.70 |
| Q3 | 34.70 | 34.80 | 34.80 |
| Max | 83.9 | 57.2 | 83.9 |
| Baseline BMI (kg/m ²) category 2 (N) | | | |
| missing | 11 (0.3%) | 7 (0.2%) | 18 (0.2%) |
| < 30 kg/m ² | 1628 (44.2%) | 1649 (45.0%) | 3277 (44.6%) |
| >= 30 kg/m ² | 2047 (55.5%) | 2010 (54.8%) | 4057 (55.2%) |
| Baseline BMI (kg/m ²) category 3 (N) | | | |
| missing | 11 (0.3%) | 7 (0.2%) | 18 (0.2%) |
| < 20 kg/m ² | 26 (0.7%) | 26 (0.7%) | 52 (0.7%) |
| 20 - < 25 kg/m ² | 400 (10.9%) | 406 (11.1%) | 806 (11.0%) |
| 25 - < 30 kg/m ² | 1202 (32.6%) | 1217 (33.2%) | 2419 (32.9%) |
| 30 - < 35 kg/m ² | 1160 (31.5%) | 1130 (30.8%) | 2290 (31.1%) |
| >= 35 kg/m ² | 887 (24.1%) | 880 (24.0%) | 1767 (24.0%) |
| Baseline Hip Circumference (cm) | | | |
| n | 3668 | 3654 | 7322 |
| Mean | 107.69 | 107.65 | 107.67 |
| SD | 14.10 | 13.64 | 13.87 |
| Min | 36.0 | 36.0 | 36.0 |
| Q1 | 99.00 | 99.00 | 99.00 |
| Median | 106.00 | 106.00 | 106.00 |
| Q3 | 115.00 | 115.00 | 115.00 |
| Max | 199.0 | 171.0 | 199.0 |

Table 4.2 / 1: Demographics (full analysis set Figaro)

| TEXT | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline waist circumference (cm) | | | |
| n | 3674 | 3657 | 7331 |
| Mean | 107.30 | 107.16 | 107.23 |
| SD | 15.24 | 14.81 | 15.03 |
| Min | 34.0 | 34.0 | 34.0 |
| Q1 | 97.00 | 97.00 | 97.00 |
| Median | 106.00 | 106.00 | 106.00 |
| Q3 | 117.00 | 116.20 | 117.00 |
| Max | 240.0 | 173.0 | 240.0 |
| Baseline waist circumf. (cm) cat. (N) | | | |
| missing | 12 (0.3%) | 9 (0.2%) | 21 (0.3%) |
| normal | 433 (11.7%) | 401 (10.9%) | 834 (11.3%) |
| increased | 619 (16.8%) | 661 (18.0%) | 1280 (17.4%) |
| substantially increased | 2622 (71.1%) | 2595 (70.8%) | 5217 (71.0%) |
| Baseline waist-hip ratio (N) | | | |
| n | 3668 | 3652 | 7320 |
| Mean | 1.00 | 1.00 | 1.00 |
| SD | 0.11 | 0.11 | 0.11 |
| Min | 0.6 | 0.4 | 0.4 |
| Q1 | 0.94 | 0.94 | 0.94 |
| Median | 0.99 | 0.99 | 0.99 |
| Q3 | 1.05 | 1.04 | 1.05 |
| Max | 2.7 | 2.3 | 2.7 |
| Smoking History (N) | | | |
| NEVER | 1760 (47.7%) | 1684 (45.9%) | 3444 (46.8%) |
| FORMER | 1275 (34.6%) | 1346 (36.7%) | 2621 (35.7%) |
| CURRENT | 651 (17.7%) | 636 (17.3%) | 1287 (17.5%) |

Table 4.2 / 1: Demographics (full analysis set Figaro)

| TEXT | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-----------------|------------------------------|--------------------------|------------------------|
| Alcohol Use (N) | | | |
| missing | 3 (<0.1%) | 0 | 3 (<0.1%) |
| ABSTINENT | 2197 (59.6%) | 2134 (58.2%) | 4331 (58.9%) |
| LIGHT | 1253 (34.0%) | 1278 (34.9%) | 2531 (34.4%) |
| MODERATE | 216 (5.9%) | 239 (6.5%) | 455 (6.2%) |
| HEAVY | 17 (0.5%) | 15 (0.4%) | 32 (0.4%) |

Baseline waist circumference (normal [men <94cm, women<80cm], increased [men 94-102cm, women 80-88cm], substantially increased [men >102cm, women > 88cm])

Region 'Others': New Zealand, South Africa, Australia

Multiple: Subjects who reported that they belong to more than one race.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 30JAN2023 15:11

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4.3 Baseline characteristics

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline potassium (mmol/L) | | | |
| n | 3686 | 3664 | 7350 |
| Arithm. Mean | 4.33 | 4.33 | 4.33 |
| Arithm. SD | 0.43 | 0.43 | 0.43 |
| Min | 2.8 | 2.6 | 2.6 |
| Q1 | 4.10 | 4.10 | 4.10 |
| Median | 4.30 | 4.30 | 4.30 |
| Q3 | 4.60 | 4.60 | 4.60 |
| Max | 6.3 | 6.1 | 6.3 |
| Baseline ser. potassium (mmol/L) cat.(N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| <= 4.5 mmol/L | 2643 (71.7%) | 2612 (71.2%) | 5255 (71.5%) |
| > 4.5 mmol/L | 1043 (28.3%) | 1052 (28.7%) | 2095 (28.5%) |
| Base. ser. potassium (mmol/L) cat.10 (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| <=4.8 mmol/L | 3295 (89.4%) | 3288 (89.7%) | 6583 (89.5%) |
| >4.8 to <=5.0 mmol/L | 223 (6.0%) | 204 (5.6%) | 427 (5.8%) |
| >5.0 mmol/L | 168 (4.6%) | 172 (4.7%) | 340 (4.6%) |
| Basel. potass (mmol/L) median FAS (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| <= 4.30 mmol/L (median in FAS) | 1937 (52.6%) | 1926 (52.5%) | 3863 (52.5%) |
| > 4.30 mmol/L (median in FAS) | 1749 (47.4%) | 1738 (47.4%) | 3487 (47.4%) |
| Basel. potass (mmol/L) quartiles FAS (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| <=4.1 mmol/L (<= Q1 in FAS) | 1188 (32.2%) | 1202 (32.8%) | 2390 (32.5%) |
| >4.1 and <=4.3 mmol/L (>Q1 and <=Q2 in FAS) | 749 (20.3%) | 724 (19.7%) | 1473 (20.0%) |
| >4.3 and <=4.6 mmol/L (>Q2 and <=Q3 in FAS) | 969 (26.3%) | 962 (26.2%) | 1931 (26.3%) |
| >4.6 mmol/L (>Q3 in FAS) | 780 (21.2%) | 776 (21.2%) | 1556 (21.2%) |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline Systolic Blood Pressure (mmHg) | | | |
| n | 3686 | 3666 | 7352 |
| Arithm. Mean | 135.81 | 135.70 | 135.75 |
| Arithm. SD | 13.96 | 14.06 | 14.01 |
| Min | 82.7 | 85.7 | 82.7 |
| Q1 | 126.67 | 126.33 | 126.67 |
| Median | 135.67 | 136.00 | 136.00 |
| Q3 | 145.33 | 145.67 | 145.33 |
| Max | 208.0 | 200.0 | 208.0 |
| Baseline SBP (mmHg) category (N) | | | |
| < 130 mmHg | 1187 (32.2%) | 1197 (32.7%) | 2384 (32.4%) |
| 130 - < 160 mmHg | 2392 (64.9%) | 2355 (64.2%) | 4747 (64.6%) |
| >= 160 mmHg | 107 (2.9%) | 114 (3.1%) | 221 (3.0%) |
| Baseline SBP (mmHg) median for FAS (N) | | | |
| <= 137.00 mmHg (median in FAS) | 1982 (53.8%) | 1966 (53.6%) | 3948 (53.7%) |
| > 137.00 mmHg (median in FAS) | 1704 (46.2%) | 1700 (46.4%) | 3404 (46.3%) |
| Baseline Diastolic Blood Pressure (mmHg) | | | |
| n | 3686 | 3666 | 7352 |
| Arithm. Mean | 76.75 | 76.80 | 76.77 |
| Arithm. SD | 9.54 | 9.55 | 9.55 |
| Min | 34.7 | 45.0 | 34.7 |
| Q1 | 70.33 | 70.33 | 70.33 |
| Median | 77.33 | 77.33 | 77.33 |
| Q3 | 83.33 | 83.00 | 83.17 |
| Max | 112.3 | 108.0 | 112.3 |
| Baseline Heart Rate (BEATS/MIN) | | | |
| n | 3686 | 3666 | 7352 |
| Arithm. Mean | 73.87 | 73.56 | 73.72 |
| Arithm. SD | 11.34 | 11.55 | 11.44 |
| Min | 37.0 | 35.3 | 35.3 |
| Q1 | 66.00 | 65.00 | 65.67 |
| Median | 73.33 | 72.67 | 73.00 |
| Q3 | 81.00 | 81.00 | 81.00 |
| Max | 122.7 | 144.0 | 144.0 |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Baseline eGFR (mL/min/1.73m2) | | | |
| n | 3686 | 3665 | 7351 |
| Arithm. Mean | 67.62 | 67.99 | 67.80 |
| Arithm. SD | 21.65 | 21.74 | 21.69 |
| Min | 17.3 | 17.6 | 17.3 |
| Q1 | 50.40 | 51.00 | 50.70 |
| Median | 67.35 | 67.80 | 67.60 |
| Q3 | 84.60 | 84.60 | 84.60 |
| Max | 137.1 | 131.5 | 137.1 |
| Baseline eGFR (mL/min/1.73m2) cat.(N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| < 25 mL/min/1.73m2 | 15 (0.4%) | 12 (0.3%) | 27 (0.4%) |
| 25 - < 45 mL/min/1.73m2 | 641 (17.4%) | 610 (16.6%) | 1251 (17.0%) |
| 45 - < 60 mL/min/1.73m2 | 745 (20.2%) | 789 (21.5%) | 1534 (20.9%) |
| >= 60 mL/min/1.73m2 | 2285 (62.0%) | 2254 (61.5%) | 4539 (61.7%) |
| Baseline eGFR (mL/min/1.73m2) cat. 4(N) | | | |
| missing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| < 30 mL/min/1.73m2 | 98 (2.7%) | 96 (2.6%) | 194 (2.6%) |
| 30 - < 60 mL/min/1.73m2 | 1303 (35.3%) | 1315 (35.9%) | 2618 (35.6%) |
| 60 - < 90 mL/min/1.73m2 | 1631 (44.2%) | 1600 (43.6%) | 3231 (43.9%) |
| >= 90 mL/min/1.73m2 | 654 (17.7%) | 654 (17.8%) | 1308 (17.8%) |
| Screening eGFR (mL/min/1.73m2) | | | |
| n | 3684 | 3662 | 7346 |
| Arithm. Mean | 68.04 | 68.11 | 68.08 |
| Arithm. SD | 21.68 | 21.73 | 21.71 |
| Min | 25.1 | 22.9 | 22.9 |
| Q1 | 50.80 | 50.80 | 50.80 |
| Median | 68.50 | 68.15 | 68.30 |
| Q3 | 84.50 | 84.50 | 84.50 |
| Max | 147.0 | 135.0 | 147.0 |
| Screening eGFR (mL/min/1.73m2) cat.(N) | | | |
| missing | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| < 25 mL/min/1.73m2 | 0 | 1 (<0.1%) | 1 (<0.1%) |
| 25 - < 45 mL/min/1.73m2 | 641 (17.4%) | 629 (17.2%) | 1270 (17.3%) |
| 45 - < 60 mL/min/1.73m2 | 728 (19.8%) | 740 (20.2%) | 1468 (20.0%) |
| >= 60 mL/min/1.73m2 | 2315 (62.8%) | 2292 (62.5%) | 4607 (62.7%) |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Screening eGFR (mL/min/1.73m ²) cat. 2 | | | |
| missing | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| < 30 mL/min/1.73m ² | 99 (2.7%) | 86 (2.3%) | 185 (2.5%) |
| 30 - < 60 mL/min/1.73m ² | 1270 (34.5%) | 1284 (35.0%) | 2554 (34.7%) |
| 60 - < 90 mL/min/1.73m ² | 1678 (45.5%) | 1649 (45.0%) | 3327 (45.3%) |
| >= 90 mL/min/1.73m ² | 637 (17.3%) | 643 (17.5%) | 1280 (17.4%) |
| Baseline UACR (mg/g) | | | |
| n | 3686 | 3664 | 7350 |
| Geom. Mean | 284.33 | 288.87 | 286.59 |
| Geom. SD | 3.58 | 3.53 | 3.55 |
| Min | 1.8 | 1.8 | 1.8 |
| Q1 | 105.47 | 111.24 | 108.09 |
| Median | 302.36 | 315.06 | 308.18 |
| Q3 | 749.05 | 731.01 | 739.86 |
| Max | 7630.5 | 5642.5 | 7630.5 |
| Baseline albuminuria (mg/g) cat. (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Normalalbuminuria (UACR < 30 mg/g) | 109 (3.0%) | 98 (2.7%) | 207 (2.8%) |
| High albuminuria (30 mg/g - < 300 mg/g) | 1726 (46.8%) | 1688 (46.0%) | 3414 (46.4%) |
| Very high albuminuria (>= 300 mg/g) | 1851 (50.2%) | 1878 (51.2%) | 3729 (50.7%) |
| Baseline UACR (mg/g) cat. median fas (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| <= 514.7 mg/g (median in FAS) | 2397 (65.0%) | 2409 (65.7%) | 4806 (65.4%) |
| > 514.7 mg/g (median in FAS) | 1289 (35.0%) | 1255 (34.2%) | 2544 (34.6%) |
| Base eGFR (25-< 45) + potass. > 4.5 (N) | | | |
| missing | 0 | 2 (<0.1%) | 2 (<0.1%) |
| NO | 3446 (93.5%) | 3450 (94.1%) | 6896 (93.8%) |
| YES | 240 (6.5%) | 214 (5.8%) | 454 (6.2%) |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Baseline Creatinine (mg/dL) | | | |
| n | 3686 | 3665 | 7351 |
| Arithm. Mean | 1.14 | 1.14 | 1.14 |
| Arithm. SD | 0.37 | 0.37 | 0.37 |
| Min | 0.4 | 0.4 | 0.4 |
| Q1 | 0.87 | 0.87 | 0.87 |
| Median | 1.06 | 1.06 | 1.06 |
| Q3 | 1.33 | 1.32 | 1.32 |
| Max | 3.4 | 3.4 | 3.4 |
| Baseline Albumin (g/dL) in Serum | | | |
| n | 3685 | 3664 | 7349 |
| Arithm. Mean | 4.26 | 4.25 | 4.25 |
| Arithm. SD | 0.31 | 0.32 | 0.31 |
| Min | 2.0 | 2.4 | 2.0 |
| Q1 | 4.10 | 4.10 | 4.10 |
| Median | 4.30 | 4.30 | 4.30 |
| Q3 | 4.50 | 4.50 | 4.50 |
| Max | 5.3 | 5.4 | 5.4 |
| Baseline Hemoglobin (g/dL) in Blood | | | |
| n | 3677 | 3662 | 7339 |
| Arithm. Mean | 13.64 | 13.60 | 13.62 |
| Arithm. SD | 1.66 | 1.65 | 1.65 |
| Min | 6.9 | 5.8 | 5.8 |
| Q1 | 12.50 | 12.50 | 12.50 |
| Median | 13.70 | 13.65 | 13.70 |
| Q3 | 14.80 | 14.70 | 14.70 |
| Max | 19.4 | 19.6 | 19.6 |
| Baseline Hemoglobin A1C (%) | | | |
| n | 3681 | 3660 | 7341 |
| Arithm. Mean | 7.74 | 7.69 | 7.72 |
| Arithm. SD | 1.39 | 1.35 | 1.37 |
| Min | 4.4 | 4.5 | 4.4 |
| Q1 | 6.70 | 6.70 | 6.70 |
| Median | 7.50 | 7.50 | 7.50 |
| Q3 | 8.60 | 8.50 | 8.50 |
| Max | 14.5 | 12.6 | 14.5 |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Basel. Hemoglobin A1C % cat. 2 (N) | | | |
| missing | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| <= 7.5% | 1854 (50.3%) | 1914 (52.2%) | 3768 (51.3%) |
| > 7.5% | 1827 (49.6%) | 1746 (47.6%) | 3573 (48.6%) |
| Basel. HBA1C (%) quartiles FAS (N) | | | |
| missing | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| <=6.7 % (<= Q1 in FAS) | 943 (25.6%) | 1005 (27.4%) | 1948 (26.5%) |
| >6.7 and <=7.5 % (>Q1 and <=Q2 in FAS) | 911 (24.7%) | 909 (24.8%) | 1820 (24.8%) |
| >7.5 and <=8.5 % (>Q2 and <=Q3 in FAS) | 886 (24.0%) | 856 (23.3%) | 1742 (23.7%) |
| >8.5 % (>Q3 in FAS) | 941 (25.5%) | 890 (24.3%) | 1831 (24.9%) |
| Baseline C Reactive Protein (mg/L) | | | |
| n | 3686 | 3663 | 7349 |
| Arithm. Mean | 5.06 | 4.67 | 4.86 |
| Arithm. SD | 11.49 | 9.24 | 10.43 |
| Min | 0.1 | 0.1 | 0.1 |
| Q1 | 0.96 | 0.98 | 0.97 |
| Median | 2.18 | 2.19 | 2.19 |
| Q3 | 5.18 | 5.03 | 5.09 |
| Max | 311.0 | 212.0 | 311.0 |
| Basel. C Reactive Protein Quartiles (N) | | | |
| missing | 0 | 3 (<0.1%) | 3 (<0.1%) |
| <=0.95 % (<= Q1 in FAS) | 912 (24.7%) | 897 (24.5%) | 1809 (24.6%) |
| >0.95 and <=2.21 % (>Q1 and <=Q2 in FAS) | 949 (25.7%) | 947 (25.8%) | 1896 (25.8%) |
| >2.21 and <=5.13 % (>Q2 and <=Q3 in FAS) | 898 (24.4%) | 926 (25.3%) | 1824 (24.8%) |
| >5.13 % (>Q3 in FAS) | 927 (25.1%) | 893 (24.4%) | 1820 (24.8%) |
| Stratification factor 3 (N) | | | |
| CVD present | 1676 (45.5%) | 1654 (45.1%) | 3330 (45.3%) |
| CVD absent | 2010 (54.5%) | 2012 (54.9%) | 4022 (54.7%) |
| Hyperkalemia (based on MLG) in MH (N) | | | |
| NO | 3647 (98.9%) | 3638 (99.2%) | 7285 (99.1%) |
| YES | 39 (1.1%) | 28 (0.8%) | 67 (0.9%) |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Hepatic impairment in medical history(N) | | | |
| NO | 3041 (82.5%) | 3038 (82.9%) | 6079 (82.7%) |
| YES | 645 (17.5%) | 628 (17.1%) | 1273 (17.3%) |
| Child Pugh (N) | | | |
| missing | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| likely Child Pugh A | 3600 (97.7%) | 3574 (97.5%) | 7174 (97.6%) |
| likely Child Pugh B | 82 (2.2%) | 88 (2.4%) | 170 (2.3%) |
| certain Child Pugh B | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Duration of diabetes (in years) (N) | | | |
| n | 3682 | 3663 | 7345 |
| Arithm. Mean | 14.53 | 14.44 | 14.49 |
| Arithm. SD | 8.60 | 8.44 | 8.52 |
| Min | 0.0 | 0.1 | 0.0 |
| Q1 | 8.14 | 8.15 | 8.15 |
| Median | 13.18 | 13.90 | 13.31 |
| Q3 | 20.11 | 19.27 | 19.83 |
| Max | 61.3 | 54.1 | 61.3 |
| ACEI use (N) | | | |
| NO | 2110 (57.2%) | 2105 (57.4%) | 4215 (57.3%) |
| YES | 1576 (42.8%) | 1561 (42.6%) | 3137 (42.7%) |
| ARB use (N) | | | |
| NO | 1578 (42.8%) | 1562 (42.6%) | 3140 (42.7%) |
| YES | 2108 (57.2%) | 2104 (57.4%) | 4212 (57.3%) |
| Beta blocker use at baseline (N) | | | |
| NO | 1912 (51.9%) | 1904 (51.9%) | 3816 (51.9%) |
| YES | 1774 (48.1%) | 1762 (48.1%) | 3536 (48.1%) |
| Diuretic use at baseline (N) | | | |
| NO | 1938 (52.6%) | 1918 (52.3%) | 3856 (52.4%) |
| YES | 1748 (47.4%) | 1748 (47.7%) | 3496 (47.6%) |
| Statins use at baseline (N) | | | |
| NO | 1134 (30.8%) | 1034 (28.2%) | 2168 (29.5%) |
| YES | 2552 (69.2%) | 2632 (71.8%) | 5184 (70.5%) |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Anti-diabetic use at baseline (N) | | | |
| NO | 79 (2.1%) | 77 (2.1%) | 156 (2.1%) |
| YES | 3607 (97.9%) | 3589 (97.9%) | 7196 (97.9%) |
| Insul. and analo. use at baseline (N) | | | |
| NO | 1663 (45.1%) | 1696 (46.3%) | 3359 (45.7%) |
| YES | 2023 (54.9%) | 1970 (53.7%) | 3993 (54.3%) |
| Dip pep 4 inhibitors use at baseline (N) | | | |
| NO | 2790 (75.7%) | 2806 (76.5%) | 5596 (76.1%) |
| YES | 896 (24.3%) | 860 (23.5%) | 1756 (23.9%) |
| GLP1 agonists use at baseline (N) | | | |
| NO | 3378 (91.6%) | 3424 (93.4%) | 6802 (92.5%) |
| YES | 308 (8.4%) | 242 (6.6%) | 550 (7.5%) |
| SGLT-2 inhib. use at baseline (N) | | | |
| NO | 3372 (91.5%) | 3362 (91.7%) | 6734 (91.6%) |
| YES | 314 (8.5%) | 304 (8.3%) | 618 (8.4%) |
| Biguanides use at baseline (N) | | | |
| NO | 1125 (30.5%) | 1160 (31.6%) | 2285 (31.1%) |
| YES | 2561 (69.5%) | 2506 (68.4%) | 5067 (68.9%) |
| Sulfonamides use at baseline (N) | | | |
| NO | 2649 (71.9%) | 2641 (72.0%) | 5290 (72.0%) |
| YES | 1037 (28.1%) | 1025 (28.0%) | 2062 (28.0%) |
| Alpha gluc. inhib. use at baseline (N) | | | |
| NO | 3526 (95.7%) | 3494 (95.3%) | 7020 (95.5%) |
| YES | 160 (4.3%) | 172 (4.7%) | 332 (4.5%) |
| Meglitinides use at baseline (N) | | | |
| NO | 3581 (97.2%) | 3563 (97.2%) | 7144 (97.2%) |
| YES | 105 (2.8%) | 103 (2.8%) | 208 (2.8%) |

Table 4.3 / 1: Baseline characteristics (full analysis set Figaro)

| | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Thiazolidinediones use at baseline (N) | | | |
| NO | 3542 (96.1%) | 3522 (96.1%) | 7064 (96.1%) |
| YES | 144 (3.9%) | 144 (3.9%) | 288 (3.9%) |
| Potassium supplement use at baseline (N) | | | |
| NO | 3575 (97.0%) | 3562 (97.2%) | 7137 (97.1%) |
| YES | 111 (3.0%) | 104 (2.8%) | 215 (2.9%) |
| Potassium lowering use at baseline (N) | | | |
| NO | 3662 (99.3%) | 3644 (99.4%) | 7306 (99.4%) |
| YES | 24 (0.7%) | 22 (0.6%) | 46 (0.6%) |
| Potency CYP3A4 inhibitor at baseline (N) | | | |
| strong | 37 (1.0%) | 30 (0.8%) | 67 (0.9%) |
| unclassified | 48 (1.3%) | 56 (1.5%) | 104 (1.4%) |
| moderate | 69 (1.9%) | 83 (2.3%) | 152 (2.1%) |
| weak | 2064 (56.0%) | 2088 (57.0%) | 4152 (56.5%) |
| none | 1468 (39.8%) | 1409 (38.4%) | 2877 (39.1%) |
| Potency CYP3A4 inducer at baseline (N) | | | |
| strong | 6 (0.2%) | 10 (0.3%) | 16 (0.2%) |
| unclassified | 13 (0.4%) | 12 (0.3%) | 25 (0.3%) |
| moderate | 10 (0.3%) | 13 (0.4%) | 23 (0.3%) |
| weak | 134 (3.6%) | 140 (3.8%) | 274 (3.7%) |
| none | 3523 (95.6%) | 3491 (95.2%) | 7014 (95.4%) |

For classification of intake of CYP3A4 inhibitors/inducers into categories in case of multiple potencies the maximum potency will be used with the following order: strong, unclassified, moderate, weak, none.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adsl.sas 30JAN2023 15:11

End of table



4.4 Medical History

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|--|---------------|---------------|---------------|
| Preferred term | N=3686 (100%) | N=3666 (100%) | N=7352 (100%) |
| MedDRA version 23.1 | | | |
| Number (%) of subjects with at least one medical history finding | 3686 (100.0%) | 3666 (100.0%) | 7352 (100.0%) |
| Blood and lymphatic system disorders | 406 (11.0%) | 423 (11.5%) | 829 (11.3%) |
| Anaemia | 235 (6.4%) | 260 (7.1%) | 495 (6.7%) |
| Anaemia macrocytic | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anaemia megaloblastic | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Anaemia of chronic disease | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Aplasia pure red cell | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood loss anaemia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Coagulopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Deficiency anaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eosinophilia | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Haemolytic anaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemolytic uraemic syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhagic diathesis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Heparin-induced thrombocytopenia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercoagulation | 4 (0.1%) | 0 | 4 (<0.1%) |
| Hyperfibrinogenaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypergammaglobulinaemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypersplenism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypochromic anaemia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Immune thrombocytopenia | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Increased tendency to bruise | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Iron deficiency anaemia | 60 (1.6%) | 62 (1.7%) | 122 (1.7%) |
| Leukocytosis | 15 (0.4%) | 8 (0.2%) | 23 (0.3%) |
| Leukopenia | 0 | 4 (0.1%) | 4 (<0.1%) |
| Lymphadenitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphadenopathy | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Lymphadenopathy mediastinal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphatic insufficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphopenia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macrocytosis | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Microcytic anaemia | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Microcytosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Monoclonal B-cell lymphocytosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nephrogenic anaemia | 19 (0.5%) | 11 (0.3%) | 30 (0.4%) |
| Normochromic anaemia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Normochromic normocytic anaemia | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Normocytic anaemia | 4 (0.1%) | 8 (0.2%) | 12 (0.2%) |
| Pancytopenia | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Pernicious anaemia | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Polycythaemia | 10 (0.3%) | 11 (0.3%) | 21 (0.3%) |
| Retroperitoneal lymphadenopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spleen disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenic infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenomegaly | 13 (0.4%) | 9 (0.2%) | 22 (0.3%) |
| Thrombocytopenia | 27 (0.7%) | 22 (0.6%) | 49 (0.7%) |
| Thrombocytosis | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Cardiac disorders | 1856 (50.4%) | 1834 (50.0%) | 3690 (50.2%) |
| Acute coronary syndrome | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Acute myocardial infarction | 15 (0.4%) | 12 (0.3%) | 27 (0.4%) |
| Angina pectoris | 198 (5.4%) | 206 (5.6%) | 404 (5.5%) |
| Angina unstable | 33 (0.9%) | 32 (0.9%) | 65 (0.9%) |
| Aortic valve calcification | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Aortic valve disease | 3 (<0.1%) | 7 (0.2%) | 10 (0.1%) |
| Aortic valve disease mixed | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aortic valve incompetence | 23 (0.6%) | 19 (0.5%) | 42 (0.6%) |
| Aortic valve sclerosis | 7 (0.2%) | 8 (0.2%) | 15 (0.2%) |
| Aortic valve stenosis | 14 (0.4%) | 12 (0.3%) | 26 (0.4%) |
| Aortic valve thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arrhythmia | 33 (0.9%) | 28 (0.8%) | 61 (0.8%) |
| Arrhythmia supraventricular | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Arteriosclerosis coronary artery | 56 (1.5%) | 57 (1.6%) | 113 (1.5%) |
| Atrial conduction time prolongation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Atrial enlargement | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Atrial fibrillation | 308 (8.4%) | 303 (8.3%) | 611 (8.3%) |
| Atrial flutter | 38 (1.0%) | 32 (0.9%) | 70 (1.0%) |
| Atrial hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial tachycardia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Atrial thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrioventricular block | 7 (0.2%) | 10 (0.3%) | 17 (0.2%) |
| Atrioventricular block complete | 11 (0.3%) | 7 (0.2%) | 18 (0.2%) |
| Atrioventricular block first degree | 48 (1.3%) | 69 (1.9%) | 117 (1.6%) |
| Atrioventricular block second degree | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Bifascicular block | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bradyarrhythmia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bradycardia | 19 (0.5%) | 11 (0.3%) | 30 (0.4%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Bundle branch block | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bundle branch block bilateral | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Bundle branch block left | 48 (1.3%) | 60 (1.6%) | 108 (1.5%) |
| Bundle branch block right | 70 (1.9%) | 73 (2.0%) | 143 (1.9%) |
| Cardiac aneurysm | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Cardiac arrest | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac asthma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac disorder | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cardiac dysfunction | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardiac failure | 61 (1.7%) | 71 (1.9%) | 132 (1.8%) |
| Cardiac failure acute | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cardiac failure chronic | 165 (4.5%) | 145 (4.0%) | 310 (4.2%) |
| Cardiac failure congestive | 43 (1.2%) | 44 (1.2%) | 87 (1.2%) |
| Cardiac hypertrophy | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Cardiac septal hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac tamponade | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac valve disease | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Cardiac valve sclerosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cardiac ventricular thrombosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cardio-respiratory arrest | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiogenic shock | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Cardiomegaly | 11 (0.3%) | 15 (0.4%) | 26 (0.4%) |
| Cardiomyopathy | 21 (0.6%) | 15 (0.4%) | 36 (0.5%) |
| Cardiovascular disorder | 3 (<0.1%) | 8 (0.2%) | 11 (0.1%) |
| Cardiovascular insufficiency | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Carditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic left ventricular failure | 11 (0.3%) | 9 (0.2%) | 20 (0.3%) |
| Conduction disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congestive cardiomyopathy | 9 (0.2%) | 8 (0.2%) | 17 (0.2%) |
| Cor pulmonale | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cor pulmonale chronic | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Coronary artery aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary artery disease | 1148 (31.1%) | 1147 (31.3%) | 2295 (31.2%) |
| Coronary artery insufficiency | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coronary artery occlusion | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Coronary artery stenosis | 10 (0.3%) | 14 (0.4%) | 24 (0.3%) |
| Coronary artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Defect conduction intraventricular | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Degenerative aortic valve disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diastolic dysfunction | 16 (0.4%) | 20 (0.5%) | 36 (0.5%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Dilatation atrial | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Dressler's syndrome | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Extrasystoles | 6 (0.2%) | 9 (0.2%) | 15 (0.2%) |
| Heart valve calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve incompetence | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hypertensive cardiomyopathy | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Hypertensive heart disease | 46 (1.2%) | 49 (1.3%) | 95 (1.3%) |
| Intracardiac thrombus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ischaemic cardiomyopathy | 10 (0.3%) | 15 (0.4%) | 25 (0.3%) |
| Left atrial dilatation | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Left atrial enlargement | 5 (0.1%) | 9 (0.2%) | 14 (0.2%) |
| Left atrial hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Left ventricular dysfunction | 13 (0.4%) | 11 (0.3%) | 24 (0.3%) |
| Left ventricular enlargement | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Left ventricular failure | 13 (0.4%) | 15 (0.4%) | 28 (0.4%) |
| Left ventricular hypertrophy | 87 (2.4%) | 92 (2.5%) | 179 (2.4%) |
| Low cardiac output syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Malignant hypertensive heart disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolic cardiomyopathy | 7 (0.2%) | 5 (0.1%) | 12 (0.2%) |
| Microvascular coronary artery disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mitral valve calcification | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Mitral valve disease | 5 (0.1%) | 7 (0.2%) | 12 (0.2%) |
| Mitral valve incompetence | 64 (1.7%) | 62 (1.7%) | 126 (1.7%) |
| Mitral valve prolapse | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Mitral valve sclerosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Mitral valve stenosis | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Myocardial fibrosis | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Myocardial infarction | 640 (17.4%) | 616 (16.8%) | 1256 (17.1%) |
| Myocardial ischaemia | 170 (4.6%) | 158 (4.3%) | 328 (4.5%) |
| Myocardial necrosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Myocarditis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nodal rhythm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Non-obstructive cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palpitations | 12 (0.3%) | 13 (0.4%) | 25 (0.3%) |
| Pericardial cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pericardial effusion | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Pericarditis | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Pericarditis constrictive | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Prinzmetal angina | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Pulmonary valve incompetence | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pulmonary valve stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Restrictive cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rheumatic heart disease | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Right atrial dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right ventricular dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Right ventricular dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Right ventricular hypertrophy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Silent myocardial infarction | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Sinus arrhythmia | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Sinus bradycardia | 24 (0.7%) | 28 (0.8%) | 52 (0.7%) |
| Sinus node dysfunction | 10 (0.3%) | 6 (0.2%) | 16 (0.2%) |
| Sinus tachycardia | 8 (0.2%) | 13 (0.4%) | 21 (0.3%) |
| Stress cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Supraventricular extrasystoles | 22 (0.6%) | 15 (0.4%) | 37 (0.5%) |
| Supraventricular tachyarrhythmia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Supraventricular tachycardia | 16 (0.4%) | 6 (0.2%) | 22 (0.3%) |
| Systolic dysfunction | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Tachyarrhythmia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tachycardia | 13 (0.4%) | 6 (0.2%) | 19 (0.3%) |
| Tachycardia induced cardiomyopathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tachycardia paroxysmal | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Thyrotoxic cardiomyopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tricuspid valve disease | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Tricuspid valve incompetence | 38 (1.0%) | 36 (1.0%) | 74 (1.0%) |
| Tricuspid valve sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trifascicular block | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ventricular arrhythmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular dysfunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular dyskinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular extrasystoles | 28 (0.8%) | 26 (0.7%) | 54 (0.7%) |
| Ventricular fibrillation | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Ventricular hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ventricular hypokinesia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Ventricular remodelling | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ventricular tachycardia | 5 (0.1%) | 7 (0.2%) | 12 (0.2%) |
| Wolff-Parkinson-White syndrome | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Congenital, familial and genetic disorders | 181 (4.9%) | 151 (4.1%) | 332 (4.5%) |
| Accessory spleen | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adenomatous polyposis coli | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Albinism | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Arnold-Chiari malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atrial septal defect | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Bicuspid aortic valve | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Birth mark | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Breast malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cataract congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebrovascular arteriovenous malformation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cone dystrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital aortic dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital cerebral cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital cystic kidney disease | 0 | 7 (0.2%) | 7 (<0.1%) |
| Congenital ectopic pancreas | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hearing disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital hepatobiliary anomaly | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hydronephrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital hypercoagulation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital monorchidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital musculoskeletal anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital myopia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital nose malformation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital renal cyst | 12 (0.3%) | 6 (0.2%) | 18 (0.2%) |
| Congenital scoliosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital spinal fusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Congenital spondylolisthesis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Congenital ureteric anomaly | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Corneal dystrophy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Craniofacial deformity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cryptorchism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystinuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermoid cyst | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Developmental hip dysplasia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Dolichocolon | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Duane's syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ectopic kidney | 5 (0.1%) | 0 | 5 (<0.1%) |
| Exomphalos | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Factor V Leiden carrier | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Factor VIII deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Factor X deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial high density lipoprotein deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Familial hypertriglyceridaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial mediterranean fever | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Familial tremor | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fibrous dysplasia of bone | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gilbert's syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gitelman's syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose-6-phosphate dehydrogenase deficiency | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Haemoglobinopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart disease congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic hamartoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hereditary ataxia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hereditary motor and sensory neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hereditary neuropathy with liability to pressure palsies | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heterotaxia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Homocystinaemia | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Homocystinuria | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hydrocele | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Hypertrophic cardiomyopathy | 5 (0.1%) | 13 (0.4%) | 18 (0.2%) |
| Ichthyosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Inborn error of bilirubin metabolism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intracranial lipoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney duplex | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Kimmerle's anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Klinefelter's syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Klippel-Feil syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macroglossia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Methylenetetrahydrofolate reductase gene mutation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Multiple endocrine neoplasia Type 1 | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscular dystrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myotonic dystrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Patent ductus arteriosus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Phimosis | 13 (0.4%) | 6 (0.2%) | 19 (0.3%) |
| Primary hypercholesterolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Protein C deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyloric stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal aplasia | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Renal fusion anomaly | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal hypoplasia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Renal malposition | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinitis pigmentosa | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinopathy congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Sickle cell trait | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Spinal muscular atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spine malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Strabismus congenital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synostosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thalassaemia | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Thalassaemia alpha | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Thalassaemia beta | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Thalassaemia minor | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Thyroglossal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transcobalamin deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tuberous sclerosis complex | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Type IIa hyperlipidaemia | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Type IIb hyperlipidaemia | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Type V hyperlipidaemia | 47 (1.3%) | 36 (1.0%) | 83 (1.1%) |
| Urethral atresia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary tract malformation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ventricular septal defect | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitello-intestinal duct remnant | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Von Willebrand's disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Welder distal myopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear and labyrinth disorders | 235 (6.4%) | 203 (5.5%) | 438 (6.0%) |
| Allergic otitis media | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Auditory disorder | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Aural polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerumen impaction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Conductive deafness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Deafness | 30 (0.8%) | 28 (0.8%) | 58 (0.8%) |
| Deafness bilateral | 9 (0.2%) | 12 (0.3%) | 21 (0.3%) |
| Deafness neurosensory | 25 (0.7%) | 13 (0.4%) | 38 (0.5%) |
| Deafness unilateral | 8 (0.2%) | 10 (0.3%) | 18 (0.2%) |
| Ear discomfort | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ear disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ear pain | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Eustachian tube disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eustachian tube dysfunction | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Eustachian tube stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Excessive cerumen production | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Exostosis of external ear canal | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hypoacusis | 31 (0.8%) | 27 (0.7%) | 58 (0.8%) |
| Labyrinthine fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meniere's disease | 7 (0.2%) | 9 (0.2%) | 16 (0.2%) |
| Middle ear disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Middle ear inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Motion sickness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurosensory hypoacusis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Otolithiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Otorrhoea | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Otosclerosis | 5 (0.1%) | 0 | 5 (<0.1%) |
| Presbycusis | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Sudden hearing loss | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Tinnitus | 44 (1.2%) | 24 (0.7%) | 68 (0.9%) |
| Tympanic membrane perforation | 2 (<0.1%) | 7 (0.2%) | 9 (0.1%) |
| Vertigo | 55 (1.5%) | 53 (1.4%) | 108 (1.5%) |
| Vertigo labyrinthine | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertigo positional | 13 (0.4%) | 9 (0.2%) | 22 (0.3%) |
| Vestibular ataxia | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Vestibular disorder | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Endocrine disorders | 564 (15.3%) | 531 (14.5%) | 1095 (14.9%) |
| Acromegaly | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adrenal cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adrenal mass | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Androgen deficiency | 2 (<0.1%) | 7 (0.2%) | 9 (0.1%) |
| Autoimmune hypothyroidism | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Autoimmune thyroid disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Autoimmune thyroiditis | 27 (0.7%) | 28 (0.8%) | 55 (0.7%) |
| Basedow's disease | 8 (0.2%) | 5 (0.1%) | 13 (0.2%) |
| Cushing's syndrome | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Cushingoid | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Diabetes insipidus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocrine disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Goitre | 124 (3.4%) | 116 (3.2%) | 240 (3.3%) |
| Hyperaldosteronism | 0 | 6 (0.2%) | 6 (<0.1%) |
| Hyperparathyroidism | 26 (0.7%) | 14 (0.4%) | 40 (0.5%) |
| Hyperparathyroidism primary | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Hyperparathyroidism secondary | 12 (0.3%) | 21 (0.6%) | 33 (0.4%) |
| Hyperplasia adrenal | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Hyperprolactinaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hyperthyroidism | 35 (0.9%) | 24 (0.7%) | 59 (0.8%) |
| Hypogonadism | 10 (0.3%) | 14 (0.4%) | 24 (0.3%) |
| Hypogonadism male | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Hypoparathyroidism | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypoparathyroidism secondary | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypopituitarism | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hypothalamo-pituitary disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypothyroidism | 284 (7.7%) | 268 (7.3%) | 552 (7.5%) |
| Inappropriate antidiuretic hormone secretion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myxoedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oestrogen deficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Primary hyperaldosteronism | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Primary hypogonadism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Primary hypothyroidism | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Secondary hypothyroidism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Testicular failure | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Thyroid calcification | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thyroid cyst | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Thyroid disorder | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Thyroid mass | 46 (1.2%) | 33 (0.9%) | 79 (1.1%) |
| Thyroiditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroiditis chronic | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Thyroiditis subacute | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic goitre | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Toxic nodular goitre | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Eye disorders | 1716 (46.6%) | 1666 (45.4%) | 3382 (46.0%) |
| Age-related macular degeneration | 7 (0.2%) | 4 (0.1%) | 11 (0.1%) |
| Amaurosis | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Amaurosis fugax | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Amblyopia | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Amblyopia strabismic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Angle closure glaucoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arcus lipoides | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriosclerotic retinopathy | 11 (0.3%) | 13 (0.4%) | 24 (0.3%) |
| Asthenopia | 4 (0.1%) | 10 (0.3%) | 14 (0.2%) |
| Astigmatism | 16 (0.4%) | 17 (0.5%) | 33 (0.4%) |
| Atrophy of globe | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blepharitis | 7 (0.2%) | 5 (0.1%) | 12 (0.2%) |
| Blepharitis allergic | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Blepharochalasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blindness | 8 (0.2%) | 2 (<0.1%) | 10 (0.1%) |
| Blindness transient | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blindness unilateral | 12 (0.3%) | 11 (0.3%) | 23 (0.3%) |
| Borderline glaucoma | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Cataract | 509 (13.8%) | 524 (14.3%) | 1033 (14.1%) |
| Cataract cortical | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Cataract diabetic | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Cataract nuclear | 18 (0.5%) | 10 (0.3%) | 28 (0.4%) |
| Cataract subcapsular | 5 (0.1%) | 0 | 5 (<0.1%) |
| Chalazion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholesterolosis bulbi | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Chorioretinal atrophy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chorioretinopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Choroidal neovascularisation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ciliary body disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Conjunctival haemorrhage | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Conjunctival hyperaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Conjunctivitis allergic | 25 (0.7%) | 13 (0.4%) | 38 (0.5%) |
| Corneal degeneration | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Corneal deposits | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corneal erosion | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Corneal leukoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal scar | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystoid macular oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Dacryolith | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dacryostenosis acquired | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Dermatochalasis | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Diabetic eye disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic retinal oedema | 17 (0.5%) | 11 (0.3%) | 28 (0.4%) |
| Diabetic retinopathy | 1193 (32.4%) | 1098 (30.0%) | 2291 (31.2%) |
| Diplopia | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Dry age-related macular degeneration | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Dry eye | 47 (1.3%) | 41 (1.1%) | 88 (1.2%) |
| Eales' disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectropion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eczema eyelids | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endocrine ophthalmopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Entropion | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Exfoliation glaucoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Exophthalmos | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Extraocular muscle paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye allergy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Eye haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Eye irritation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye opacity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eyelid oedema | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Eyelid pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eyelid ptosis | 12 (0.3%) | 8 (0.2%) | 20 (0.3%) |
| Eyelid skin dryness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flat anterior chamber of eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glaucoma | 175 (4.7%) | 181 (4.9%) | 356 (4.8%) |
| Hypermetropia | 24 (0.7%) | 33 (0.9%) | 57 (0.8%) |
| Idiopathic orbital inflammation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iridocyclitis | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Iris adhesions | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iris disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Keratitis | 5 (0.1%) | 0 | 5 (<0.1%) |
| Keratoconus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Keratomalacia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Keratopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lacrimal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lacrimation decreased | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Lacrimation increased | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Lagophthalmos | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lenticular opacities | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Macular cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Macular degeneration | 26 (0.7%) | 21 (0.6%) | 47 (0.6%) |
| Macular fibrosis | 11 (0.3%) | 9 (0.2%) | 20 (0.3%) |
| Macular hole | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Macular ischaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Macular oedema | 26 (0.7%) | 24 (0.7%) | 50 (0.7%) |
| Macular scar | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Maculopathy | 15 (0.4%) | 9 (0.2%) | 24 (0.3%) |
| Meibomian gland dysfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meibomianitis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Metamorphopsia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myopia | 47 (1.3%) | 41 (1.1%) | 88 (1.2%) |
| Myopic chorioretinal degeneration | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Narrow anterior chamber angle | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neovascular age-related macular degeneration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-proliferative retinopathy | 0 | 4 (0.1%) | 4 (<0.1%) |
| Normal tension glaucoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ocular discomfort | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Ocular hyperaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ocular hypertension | 7 (0.2%) | 12 (0.3%) | 19 (0.3%) |
| Ocular ischaemic syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Open angle glaucoma | 9 (0.2%) | 14 (0.4%) | 23 (0.3%) |
| Ophthalmoplegia | 4 (0.1%) | 0 | 4 (<0.1%) |
| Optic atrophy | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Optic disc haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Optic ischaemic neuropathy | 0 | 4 (0.1%) | 4 (<0.1%) |
| Optic neuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pathologic myopia | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Periorbital fat herniation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Posterior capsule opacification | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Presbyopia | 41 (1.1%) | 52 (1.4%) | 93 (1.3%) |
| Pseudopapilloedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pterygium | 6 (0.2%) | 16 (0.4%) | 22 (0.3%) |
| Punctate keratitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Refraction disorder | 7 (0.2%) | 12 (0.3%) | 19 (0.3%) |
| Retinal aneurysm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal artery embolism | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal artery occlusion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retinal artery spasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal artery thrombosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Retinal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal degeneration | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retinal detachment | 18 (0.5%) | 13 (0.4%) | 31 (0.4%) |
| Retinal disorder | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Retinal drusen | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Retinal dystrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retinal haemorrhage | 8 (0.2%) | 13 (0.4%) | 21 (0.3%) |
| Retinal infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal oedema | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinal pigment epitheliopathy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinal scar | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Retinal tear | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Retinal vascular disorder | 14 (0.4%) | 17 (0.5%) | 31 (0.4%) |
| Retinal vascular occlusion | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Retinal vascular thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal vein occlusion | 11 (0.3%) | 2 (<0.1%) | 13 (0.2%) |
| Retinal vein thrombosis | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Retinopathy | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Retinopathy hypertensive | 43 (1.2%) | 48 (1.3%) | 91 (1.2%) |
| Retinopathy proliferative | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retinoschisis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Rhegmatogenous retinal detachment | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scintillating scotoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scleritis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Strabismus | 7 (0.2%) | 4 (0.1%) | 11 (0.1%) |
| Swelling of eyelid | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tractional retinal detachment | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Trichiasis | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Ulcerative keratitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uveitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vernal keratoconjunctivitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vision blurred | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Visual acuity reduced | 3 (<0.1%) | 8 (0.2%) | 11 (0.1%) |
| Visual impairment | 9 (0.2%) | 19 (0.5%) | 28 (0.4%) |
| Vitreoretinal traction syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous degeneration | 6 (0.2%) | 1 (<0.1%) | 7 (<0.1%) |
| Vitreous detachment | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Vitreous disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous fibrin | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitreous floaters | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Vitreous haemorrhage | 24 (0.7%) | 15 (0.4%) | 39 (0.5%) |
| Vitreous opacities | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Vogt-Koyanagi-Harada disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Xanthopsia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Xerophthalmia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal disorders | 1340 (36.4%) | 1302 (35.5%) | 2642 (35.9%) |
| Abdominal discomfort | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Abdominal distension | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Abdominal hernia | 15 (0.4%) | 12 (0.3%) | 27 (0.4%) |
| Abdominal mass | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Abdominal pain | 14 (0.4%) | 12 (0.3%) | 26 (0.4%) |
| Abdominal pain lower | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Abdominal pain upper | 14 (0.4%) | 14 (0.4%) | 28 (0.4%) |
| Abdominal wall haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abnormal faeces | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acid peptic disease | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Acquired oesophageal web | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Aerophagia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcoholic pancreatitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anal fissure | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Anal fistula | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Anal haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Anal incontinence | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Anal polyp | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal pruritus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal skin tags | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anorectal discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aphthous ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Appendicitis noninfective | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aptyalism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ascites | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Barrett's oesophagus | 15 (0.4%) | 13 (0.4%) | 28 (0.4%) |
| Bowel movement irregularity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brunner's gland hyperplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiospasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Change of bowel habit | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic gastritis | 127 (3.4%) | 109 (3.0%) | 236 (3.2%) |
| Coeliac artery aneurysm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coeliac disease | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Colitis | 13 (0.4%) | 11 (0.3%) | 24 (0.3%) |
| Colitis erosive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Colitis ischaemic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Colitis microscopic | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Colitis ulcerative | 8 (0.2%) | 11 (0.3%) | 19 (0.3%) |
| Colon dysplasia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Constipation | 172 (4.7%) | 144 (3.9%) | 316 (4.3%) |
| Crohn's disease | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Cyclic vomiting syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dental caries | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Dental cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic enteropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Diabetic gastroparesis | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Diabetic gastropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diaphragmatic hernia | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Diarrhoea | 43 (1.2%) | 61 (1.7%) | 104 (1.4%) |
| Diverticular perforation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diverticulum | 33 (0.9%) | 41 (1.1%) | 74 (1.0%) |
| Diverticulum gastric | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diverticulum intestinal | 48 (1.3%) | 38 (1.0%) | 86 (1.2%) |
| Diverticulum intestinal haemorrhagic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diverticulum oesophageal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dry mouth | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Dumping syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Duodenal polyp | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Duodenal ulcer | 29 (0.8%) | 30 (0.8%) | 59 (0.8%) |
| Duodenal ulcer haemorrhage | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Duodenitis | 12 (0.3%) | 8 (0.2%) | 20 (0.3%) |
| Duodenogastric reflux | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Dyspepsia | 77 (2.1%) | 60 (1.6%) | 137 (1.9%) |
| Dysphagia | 11 (0.3%) | 10 (0.3%) | 21 (0.3%) |
| Ectopic gastric mucosa | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enteritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Enterocolitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Enterovesical fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epigastric discomfort | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Epiploic appendagitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Erosive duodenitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Erosive oesophagitis | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Faeces soft | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fistula of small intestine | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Flatulence | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Food poisoning | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Functional gastrointestinal disorder | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Gallstone ileus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric disorder | 7 (0.2%) | 1 (<0.1%) | 8 (0.1%) |
| Gastric haemorrhage | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Gastric hypermotility | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric mucosa erythema | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gastric mucosal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric mucosal lesion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric perforation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastric polyps | 18 (0.5%) | 20 (0.5%) | 38 (0.5%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Gastric ulcer | 47 (1.3%) | 45 (1.2%) | 92 (1.3%) |
| Gastric ulcer haemorrhage | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gastric ulcer perforation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastric varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastritis | 125 (3.4%) | 114 (3.1%) | 239 (3.3%) |
| Gastritis erosive | 20 (0.5%) | 15 (0.4%) | 35 (0.5%) |
| Gastritis haemorrhagic | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Gastritis hypertrophic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastroduodenal ulcer | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Gastrointestinal angiectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal angiodysplasia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gastrointestinal disorder | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Gastrointestinal dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal haemorrhage | 10 (0.3%) | 7 (0.2%) | 17 (0.2%) |
| Gastrointestinal hypomotility | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gastrointestinal inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal motility disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gastrointestinal mucosal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal polyp | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastrointestinal polyp haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal scarring | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal tract mucosal pigmentation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastrooesophageal reflux disease | 376 (10.2%) | 382 (10.4%) | 758 (10.3%) |
| Gingival bleeding | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gingival hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gingival pain | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gingival recession | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gingival swelling | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Haematochezia | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Haemorrhagic erosive gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhagic necrotic pancreatitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhoidal haemorrhage | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Haemorrhoids | 80 (2.2%) | 85 (2.3%) | 165 (2.2%) |
| Hernial eventration | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Hiatus hernia | 60 (1.6%) | 56 (1.5%) | 116 (1.6%) |
| Hyperchlorhydria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileus | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Impaired gastric emptying | 5 (0.1%) | 9 (0.2%) | 14 (0.2%) |
| Incarcerated umbilical hernia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Inflammatory bowel disease | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Inguinal hernia | 26 (0.7%) | 52 (1.4%) | 78 (1.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Internal hernia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intestinal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intestinal ischaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Intestinal metaplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intestinal obstruction | 0 | 5 (0.1%) | 5 (<0.1%) |
| Intestinal perforation | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Intestinal polyp | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Irritable bowel syndrome | 33 (0.9%) | 26 (0.7%) | 59 (0.8%) |
| Large intestinal haemorrhage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestinal obstruction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Large intestinal stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Large intestine polyp | 69 (1.9%) | 65 (1.8%) | 134 (1.8%) |
| Leukoplakia oral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lip disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lip erosion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lip oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lip swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lower gastrointestinal haemorrhage | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Lumbar hernia | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Melaena | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Mesenteric panniculitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mouth cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mouth ulceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nausea | 20 (0.5%) | 22 (0.6%) | 42 (0.6%) |
| Obstructive pancreatitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Odynophagia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal achalasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Oesophageal dilatation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Oesophageal dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal spasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oesophageal stenosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Oesophageal ulcer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Oesophagitis | 12 (0.3%) | 14 (0.4%) | 26 (0.4%) |
| Oesophagitis ulcerative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatic atrophy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pancreatic calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic cyst | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Pancreatic failure | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Pancreatic mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic pseudocyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatic steatosis | 4 (0.1%) | 0 | 4 (<0.1%) |
| Pancreatitis | 19 (0.5%) | 15 (0.4%) | 34 (0.5%) |
| Pancreatitis acute | 21 (0.6%) | 23 (0.6%) | 44 (0.6%) |
| Pancreatitis chronic | 57 (1.5%) | 47 (1.3%) | 104 (1.4%) |
| Pancreatitis necrotising | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pancreatitis relapsing | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pancreatolithiasis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Paraesthesia oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peptic ulcer | 24 (0.7%) | 20 (0.5%) | 44 (0.6%) |
| Peptic ulcer haemorrhage | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Periodontal disease | 195 (5.3%) | 174 (4.7%) | 369 (5.0%) |
| Peristalsis visible | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngo-oesophageal diverticulum | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Poor dental condition | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Portal hypertensive gastropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pouchitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Presbyoesophagus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proctalgia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Proctitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rectal fissure | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rectal haemorrhage | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Rectal polyp | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Rectal prolapse | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Reflux gastritis | 0 | 5 (0.1%) | 5 (<0.1%) |
| Retching | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland calculus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Salivary gland disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Segmental diverticular colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Short-bowel syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Small intestinal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spigelian hernia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic artery aneurysm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Stomatitis | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Tongue dry | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tongue dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tongue oedema | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tooth loss | 4 (0.1%) | 0 | 4 (<0.1%) |
| Toothache | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Ulcerative gastritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Umbilical hernia | 42 (1.1%) | 47 (1.3%) | 89 (1.2%) |
| Upper gastrointestinal haemorrhage | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Varices oesophageal | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Vomiting | 9 (0.2%) | 9 (0.2%) | 18 (0.2%) |
| General disorders and administration site conditions | 350 (9.5%) | 322 (8.8%) | 672 (9.1%) |
| Application site hypersensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asthenia | 7 (0.2%) | 11 (0.3%) | 18 (0.2%) |
| Axillary pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calcinosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chest discomfort | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Chest pain | 34 (0.9%) | 28 (0.8%) | 62 (0.8%) |
| Chills | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic fatigue syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cyst | 12 (0.3%) | 10 (0.3%) | 22 (0.3%) |
| Disease susceptibility | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug ineffective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug intolerance | 17 (0.5%) | 16 (0.4%) | 33 (0.4%) |
| Face oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facial discomfort | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Facial pain | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Fatigue | 26 (0.7%) | 24 (0.7%) | 50 (0.7%) |
| Feeling cold | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fibrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gait disturbance | 11 (0.3%) | 7 (0.2%) | 18 (0.2%) |
| Generalised oedema | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Granuloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gravitational oedema | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Hernia | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Hypothermia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Illness | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Impaired healing | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Impaired self-care | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Inflammation | 9 (0.2%) | 3 (<0.1%) | 12 (0.2%) |
| Influenza like illness | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Injection site pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Injury associated with device | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-----------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Localised oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Malaise | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Medical device pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nodule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Non-cardiac chest pain | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Oedema | 35 (0.9%) | 31 (0.8%) | 66 (0.9%) |
| Oedema due to renal disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oedema peripheral | 153 (4.2%) | 155 (4.2%) | 308 (4.2%) |
| Pain | 21 (0.6%) | 20 (0.5%) | 41 (0.6%) |
| Peripheral swelling | 11 (0.3%) | 7 (0.2%) | 18 (0.2%) |
| Polyp | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Pseudocyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyrexia | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Secretion discharge | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sensation of foreign body | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Suprapubic pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Temperature intolerance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tissue infiltration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Treatment noncompliance | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Unevaluable event | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vascular stent stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Xerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatobiliary disorders | 758 (20.6%) | 729 (19.9%) | 1487 (20.2%) |
| Acute hepatic failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcoholic liver disease | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Autoimmune hepatitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bile duct stone | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Biliary colic | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Biliary dilatation | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Biliary dyskinesia | 9 (0.2%) | 0 | 9 (0.1%) |
| Cholangitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cholangitis acute | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cholangitis chronic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholangitis sclerosing | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cholecystitis | 28 (0.8%) | 22 (0.6%) | 50 (0.7%) |
| Cholecystitis acute | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Cholecystitis chronic | 33 (0.9%) | 37 (1.0%) | 70 (1.0%) |
| Cholelithiasis | 179 (4.9%) | 166 (4.5%) | 345 (4.7%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cholestasis | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Chronic hepatitis | 15 (0.4%) | 6 (0.2%) | 21 (0.3%) |
| Cirrhosis alcoholic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic hepatopathy | 17 (0.5%) | 9 (0.2%) | 26 (0.4%) |
| Dilatation intrahepatic duct acquired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug-induced liver injury | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fatty liver alcoholic | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Gallbladder cholesterolosis | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Gallbladder disorder | 6 (0.2%) | 1 (<0.1%) | 7 (<0.1%) |
| Gallbladder enlargement | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Gallbladder hypofunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder polyp | 15 (0.4%) | 29 (0.8%) | 44 (0.6%) |
| Granulomatous liver disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatic calcification | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Hepatic cirrhosis | 12 (0.3%) | 13 (0.4%) | 25 (0.3%) |
| Hepatic cyst | 18 (0.5%) | 16 (0.4%) | 34 (0.5%) |
| Hepatic failure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic fibrosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hepatic function abnormal | 10 (0.3%) | 11 (0.3%) | 21 (0.3%) |
| Hepatic lesion | 0 | 5 (0.1%) | 5 (<0.1%) |
| Hepatic mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic steato-fibrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hepatic steatosis | 462 (12.5%) | 462 (12.6%) | 924 (12.6%) |
| Hepatitis | 4 (0.1%) | 14 (0.4%) | 18 (0.2%) |
| Hepatitis acute | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis alcoholic | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Hepatocellular injury | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Hepatomegaly | 14 (0.4%) | 15 (0.4%) | 29 (0.4%) |
| Hepatosplenomegaly | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Hepatotoxicity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hydrocholecystis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hyperbilirubinaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperplastic cholecystopathy | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Hypertransaminaemia | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Ischaemic hepatitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaundice | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Liver disorder | 22 (0.6%) | 22 (0.6%) | 44 (0.6%) |
| Liver injury | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Non-alcoholic steatohepatitis | 14 (0.4%) | 12 (0.3%) | 26 (0.4%) |
| Nonalcoholic fatty liver disease | 36 (1.0%) | 26 (0.7%) | 62 (0.8%) |
| Porcelain gallbladder | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Portal hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post cholecystectomy syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Sphincter of Oddi dysfunction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Steatohepatitis | 8 (0.2%) | 11 (0.3%) | 19 (0.3%) |
| Subcapsular hepatic haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Immune system disorders | 202 (5.5%) | 221 (6.0%) | 423 (5.8%) |
| Allergy to animal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Allergy to arthropod bite | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergy to arthropod sting | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Allergy to chemicals | 4 (0.1%) | 0 | 4 (<0.1%) |
| Allergy to metals | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Alloimmunisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anaphylactic reaction | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Anaphylactic shock | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Autoimmune disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Contrast media allergy | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Cryofibrinogenaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Drug hypersensitivity | 79 (2.1%) | 90 (2.5%) | 169 (2.3%) |
| Dust allergy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Food allergy | 7 (0.2%) | 9 (0.2%) | 16 (0.2%) |
| Graft versus host disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypersensitivity | 8 (0.2%) | 13 (0.4%) | 21 (0.3%) |
| Hypogammaglobulinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Immune system disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Immunodeficiency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine allergy | 3 (<0.1%) | 7 (0.2%) | 10 (0.1%) |
| Mite allergy | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Multiple allergies | 8 (0.2%) | 8 (0.2%) | 16 (0.2%) |
| Perennial allergy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Perfume sensitivity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reaction to food additive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rubber sensitivity | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sarcoidosis | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Seasonal allergy | 91 (2.5%) | 92 (2.5%) | 183 (2.5%) |
| Infections and infestations | 854 (23.2%) | 795 (21.7%) | 1649 (22.4%) |
| Abdominal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abdominal wall abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|---|---------------|---------------|---------------|
| Preferred term | N=3686 (100%) | N=3666 (100%) | N=7352 (100%) |
| MedDRA version 23.1 | | | |
| Abscess limb | 7 (0.2%) | 3 (<0.1%) | 10 (0.1%) |
| Abscess neck | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Abscess oral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Acquired immunodeficiency syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acute sinusitis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| American trypanosomiasis | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Anal abscess | 10 (0.3%) | 3 (<0.1%) | 13 (0.2%) |
| Antibiotic associated colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Appendicitis | 22 (0.6%) | 21 (0.6%) | 43 (0.6%) |
| Appendicitis perforated | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arthritis bacterial | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arthritis infective | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aspergilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aspergillus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asymptomatic bacteriuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atypical mycobacterial pneumonia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Atypical pneumonia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacteraemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bacterial disease carrier | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Bacterial infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bacterial sepsis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bacteriuria | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Balanitis candida | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Balanoposthitis infective | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Body tinea | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Bone tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Borrelia infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bronchiolitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchitis | 29 (0.8%) | 48 (1.3%) | 77 (1.0%) |
| Bronchitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brucellosis | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Campylobacter colitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Candida infection | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Carbuncle | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Catheter site infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cellulitis | 47 (1.3%) | 23 (0.6%) | 70 (1.0%) |
| Cellulitis of male external genital organ | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cervicitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Chancroid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chikungunya virus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholecystitis infective | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Chorioretinitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic hepatitis B | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Chronic hepatitis C | 2 (<0.1%) | 10 (0.3%) | 12 (0.2%) |
| Chronic sinusitis | 27 (0.7%) | 20 (0.5%) | 47 (0.6%) |
| Chronic tonsillitis | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Clostridium difficile colitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Coccidioidomycosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Conjunctivitis | 29 (0.8%) | 13 (0.4%) | 42 (0.6%) |
| Conjunctivitis viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coxsackie viral infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystitis | 9 (0.2%) | 9 (0.2%) | 18 (0.2%) |
| Dacryocystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dengue fever | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dental fistula | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatophytosis | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Dermatophytosis of nail | 15 (0.4%) | 20 (0.5%) | 35 (0.5%) |
| Diabetic foot infection | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Diabetic gangrene | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Diarrhoea infectious | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Disseminated tuberculosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Disseminated varicella zoster virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diverticulitis | 24 (0.7%) | 26 (0.7%) | 50 (0.7%) |
| Ear infection | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Eczema impetiginous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eczema infected | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Emphysematous cystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Encephalitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endocarditis | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Endocarditis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enterococcal bacteraemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epididymitis | 4 (0.1%) | 0 | 4 (<0.1%) |
| Epiglottitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epstein-Barr virus infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Erysipelas | 19 (0.5%) | 14 (0.4%) | 33 (0.4%) |
| Escherichia urinary tract infection | 0 | 2 (<0.1%) | 2 (<0.1%) |
| External ear cellulitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye infection | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Eye infection toxoplasmal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Folliculitis | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Fournier's gangrene | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fungal infection | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Fungal skin infection | 14 (0.4%) | 4 (0.1%) | 18 (0.2%) |
| Furuncle | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Gallbladder abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gangrene | 3 (<0.1%) | 9 (0.2%) | 12 (0.2%) |
| Gastritis viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastroenteritis | 6 (0.2%) | 9 (0.2%) | 15 (0.2%) |
| Gastroenteritis norovirus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastroenteritis viral | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Genital herpes | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Genital infection fungal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Genitourinary tract infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gingivitis | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Groin abscess | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| HIV infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Helicobacter gastritis | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Helicobacter infection | 5 (0.1%) | 7 (0.2%) | 12 (0.2%) |
| Hepatic echinococcosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hepatitis A | 12 (0.3%) | 7 (0.2%) | 19 (0.3%) |
| Hepatitis B | 21 (0.6%) | 11 (0.3%) | 32 (0.4%) |
| Hepatitis C | 15 (0.4%) | 17 (0.5%) | 32 (0.4%) |
| Hepatitis infectious mononucleosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Herpes dermatitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes ophthalmic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Herpes simplex | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Herpes virus infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Herpes zoster | 26 (0.7%) | 19 (0.5%) | 45 (0.6%) |
| Herpes zoster reactivation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hordeolum | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Human T-cell lymphocytic virus type II infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Human T-cell lymphotropic virus type I infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infected bite | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Infected skin ulcer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infectious mononucleosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infectious pleural effusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Infective keratitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Infective spondylitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Influenza | 16 (0.4%) | 11 (0.3%) | 27 (0.4%) |
| Intervertebral discitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Intestinal tuberculosis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Kidney infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Klebsiella bacteraemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Labyrinthitis | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Laryngitis | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Latent tuberculosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Legionella infection | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Leishmaniasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leprosy | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Lice infestation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver abscess | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Localised infection | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Lower respiratory tract infection | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Lower respiratory tract infection viral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung abscess | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Lyme disease | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Lymphangitis | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Malaria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mastitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mastoiditis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Mediastinal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mediastinitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical device site infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meningitis | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Meningitis aseptic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meningitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meningitis tuberculous | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mumps | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myocarditis infectious | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myringitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail candida | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Nasal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasopharyngitis | 29 (0.8%) | 22 (0.6%) | 51 (0.7%) |
| Necrotising fasciitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Oesophageal candidiasis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Onychomycosis | 64 (1.7%) | 52 (1.4%) | 116 (1.6%) |
| Oophoritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Opisthorchiasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral candidiasis | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Oral fungal infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oral herpes | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Osteomyelitis | 11 (0.3%) | 17 (0.5%) | 28 (0.4%) |
| Osteomyelitis chronic | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Otitis externa | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |
| Otitis media | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Otitis media chronic | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Otosalpingitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreas infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatic abscess | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Paronychia | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Parotitis | 6 (0.2%) | 0 | 6 (<0.1%) |
| Penile infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Periodontitis | 6 (0.2%) | 1 (<0.1%) | 7 (<0.1%) |
| Perirectal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peritonitis | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Peritonsillar abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pharyngeal abscess | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pharyngitis | 7 (0.2%) | 13 (0.4%) | 20 (0.3%) |
| Pharyngotonsillitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pilonidal cyst | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pleurisy viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia | 51 (1.4%) | 43 (1.2%) | 94 (1.3%) |
| Pneumonia bacterial | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pneumonia legionella | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pneumonia moraxella | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumonia pseudomonal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pneumonia viral | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Poliomyelitis | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Post procedural infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Postoperative wound infection | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pulmonary sepsis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary tuberculoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pulmonary tuberculosis | 11 (0.3%) | 13 (0.4%) | 24 (0.3%) |
| Pulpitis dental | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pustule | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pyelonephritis | 10 (0.3%) | 13 (0.4%) | 23 (0.3%) |
| Pyelonephritis acute | 4 (0.1%) | 8 (0.2%) | 12 (0.2%) |
| Pyelonephritis chronic | 69 (1.9%) | 55 (1.5%) | 124 (1.7%) |
| Pyoderma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pyuria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rectal abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|-----------------------------------|---------------|---------------|---------------|
| Preferred term | N=3686 (100%) | N=3666 (100%) | N=7352 (100%) |
| MedDRA version 23.1 | | | |
| Respiratory tract infection | 7 (0.2%) | 3 (<0.1%) | 10 (0.1%) |
| Respiratory tract infection viral | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Retroperitoneal abscess | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rhinitis | 19 (0.5%) | 19 (0.5%) | 38 (0.5%) |
| Salpingo-oophoritis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Scrotal abscess | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Scrotal infection | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sepsis | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Septic arthritis staphylococcal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Septic embolus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Septic shock | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sialoadenitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sinusitis | 21 (0.6%) | 24 (0.7%) | 45 (0.6%) |
| Skin candida | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Skin infection | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Staphylococcal infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Staphylococcal sepsis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stermitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Streptococcal endocarditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous abscess | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Syphilis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Systemic candida | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Taeniasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tinea capitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Tinea cruris | 11 (0.3%) | 4 (0.1%) | 15 (0.2%) |
| Tinea infection | 9 (0.2%) | 11 (0.3%) | 20 (0.3%) |
| Tinea manuum | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tinea pedis | 38 (1.0%) | 42 (1.1%) | 80 (1.1%) |
| Tinea versicolour | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Tonsillitis | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Tonsillitis bacterial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tooth abscess | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Tooth infection | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Tracheitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Trichuriasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tuberculosis | 19 (0.5%) | 12 (0.3%) | 31 (0.4%) |
| Tuberculous pleurisy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tubo-ovarian abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Upper respiratory tract infection | 33 (0.9%) | 34 (0.9%) | 67 (0.9%) |
| Urethritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary tract infection | 58 (1.6%) | 77 (2.1%) | 135 (1.8%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Urinary tract infection bacterial | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urosepsis | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Vaginal infection | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Varicella | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vascular device infection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vestibular neuronitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Viral diarrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Viral hepatitis carrier | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Viral infection | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Viral pericarditis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Viral upper respiratory tract infection | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Vulval abscess | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vulvovaginal candidiasis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Wound infection | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Zika virus infection | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Injury, poisoning and procedural complications | 329 (8.9%) | 309 (8.4%) | 638 (8.7%) |
| Abdominal injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Accident | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Acetabulum fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anastomotic ulcer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Animal bite | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ankle fracture | 22 (0.6%) | 16 (0.4%) | 38 (0.5%) |
| Aortic injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arterial bypass occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arterial bypass thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthropod bite | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Arthropod sting | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asbestosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Auricular haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Back injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blindness traumatic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Bone contusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burns second degree | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Burns third degree | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cartilage injury | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cervical vertebral fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest injury | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Chillblains | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Clavicle fracture | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Compression fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Concussion | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Contusion | 12 (0.3%) | 5 (0.1%) | 17 (0.2%) |
| Corneal abrasion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Coronary bypass stenosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coronary vascular graft occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Craniocerebral injury | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Electric injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endotracheal intubation complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epicondylitis | 13 (0.4%) | 9 (0.2%) | 22 (0.3%) |
| Exposure to toxic agent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eye injury | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye laser scar | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eyeball avulsion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Face injury | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Facial bones fracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Fall | 7 (0.2%) | 5 (0.1%) | 12 (0.2%) |
| Femoral neck fracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Femur fracture | 10 (0.3%) | 9 (0.2%) | 19 (0.3%) |
| Fibula fracture | 8 (0.2%) | 8 (0.2%) | 16 (0.2%) |
| Foot fracture | 9 (0.2%) | 8 (0.2%) | 17 (0.2%) |
| Forearm fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Foreign body | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Foreign body in eye | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Fracture | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fracture of penis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fractured coccyx | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Fractured sacrum | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastrointestinal anastomotic leak | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gun shot wound | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hand fracture | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Head injury | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Hip fracture | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Humerus fracture | 7 (0.2%) | 10 (0.3%) | 17 (0.2%) |
| Iliotibial band syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Incisional hernia | 12 (0.3%) | 8 (0.2%) | 20 (0.3%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Injury corneal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Injury to brachial plexus due to birth trauma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intentional overdose | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intervertebral disc injury | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Iris injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw fracture | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Joint dislocation | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Joint injury | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Ligament injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ligament rupture | 8 (0.2%) | 10 (0.3%) | 18 (0.2%) |
| Ligament sprain | 7 (0.2%) | 10 (0.3%) | 17 (0.2%) |
| Limb crushing injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Limb injury | 20 (0.5%) | 21 (0.6%) | 41 (0.6%) |
| Limb traumatic amputation | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Lower limb fracture | 2 (<0.1%) | 11 (0.3%) | 13 (0.2%) |
| Lumbar vertebral fracture | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Median nerve injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Meniscus injury | 23 (0.6%) | 20 (0.5%) | 43 (0.6%) |
| Mouth injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Multiple fractures | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Multiple injuries | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Muscle injury | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Muscle rupture | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Muscle strain | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Nerve injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Optic nerve injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Patella fracture | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Pelvic bone injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic fracture | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Penetrating abdominal trauma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Penis injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral nerve injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Persistent corneal epithelial defect | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pneumoconiosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pneumonitis chemical | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post concussion syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post laminectomy syndrome | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Post procedural complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural fistula | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post procedural haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Post procedural haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural hypotension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post procedural hypothyroidism | 12 (0.3%) | 10 (0.3%) | 22 (0.3%) |
| Post procedural swelling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post-traumatic neck syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Post-traumatic pain | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Postoperative adhesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postoperative renal failure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Postoperative respiratory failure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Postoperative thoracic procedure complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Procedural intestinal perforation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Procedural pain | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Pulmonary contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radial nerve injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radiation skin injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radius fracture | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Rib fracture | 13 (0.4%) | 5 (0.1%) | 18 (0.2%) |
| Road traffic accident | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Sacroiliac fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scar | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Silicosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Skin abrasion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin laceration | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Skin wound | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skull fracture | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Soft tissue injury | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal column injury | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Spinal compression fracture | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Spinal cord injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal cord injury thoracic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal fracture | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Spleen contusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Splenic rupture | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Stoma site irritation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stomal hernia | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Stress fracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subcutaneous haematoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subdural haematoma | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Subdural haemorrhage | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Synovial rupture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tendon injury | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tendon rupture | 11 (0.3%) | 7 (0.2%) | 18 (0.2%) |
| Thermal burn | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Thermal burns of eye | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracic vertebral fracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tibia fracture | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Tobacco poisoning | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tooth fracture | 0 | 4 (0.1%) | 4 (<0.1%) |
| Toxicity to various agents | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Traumatic arthritis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Traumatic arthropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic arthrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Traumatic fracture | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Traumatic haemothorax | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Traumatic renal injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Traumatic shock | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Traumatic ulcer | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Ulna fracture | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ulnar nerve injury | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Upper limb fracture | 7 (0.2%) | 13 (0.4%) | 20 (0.3%) |
| Ureteric injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urethral stricture traumatic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary retention postoperative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular graft complication | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular pseudoaneurysm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Wound complication | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Wound dehiscence | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Wound necrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Wrist fracture | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Investigations | 411 (11.2%) | 419 (11.4%) | 830 (11.3%) |
| Alanine aminotransferase increased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Albumin urine present | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Amylase increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Angiocardiogram | 33 (0.9%) | 30 (0.8%) | 63 (0.9%) |
| Angiogram | 12 (0.3%) | 6 (0.2%) | 18 (0.2%) |
| Angiogram cerebral | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Angiogram retina | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ankle brachial index decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anti factor VIII antibody positive | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Anti factor XI antibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Antinuclear antibody positive | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Aortic bruit | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Aortogram | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arterial bruit | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Arteriogram abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriogram carotid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arthroscopy | 12 (0.3%) | 11 (0.3%) | 23 (0.3%) |
| Aspartate aminotransferase increased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Aspiration pleural cavity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoantibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Biopsy breast | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Biopsy bronchus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Biopsy colon | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Biopsy kidney | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Biopsy prostate | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Biopsy thyroid gland | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood alkaline phosphatase increased | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Blood bicarbonate decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood calcium decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood calcium increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood chloride increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood cholesterol increased | 47 (1.3%) | 69 (1.9%) | 116 (1.6%) |
| Blood creatine phosphokinase abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood creatine phosphokinase increased | 39 (1.1%) | 57 (1.6%) | 96 (1.3%) |
| Blood creatinine increased | 0 | 4 (0.1%) | 4 (<0.1%) |
| Blood folate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood folate increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood glucose increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood iron decreased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blood lactate dehydrogenase increased | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Blood magnesium decreased | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Blood parathyroid hormone increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Blood potassium decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Blood potassium increased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Blood pressure increased | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Blood sodium decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Blood testosterone decreased | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Blood thyroid stimulating hormone normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blood triglycerides increased | 9 (0.2%) | 7 (0.2%) | 16 (0.2%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Blood urea increased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Blood uric acid abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Blood uric acid increased | 8 (0.2%) | 11 (0.3%) | 19 (0.3%) |
| Blood urine present | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Body mass index increased | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Bone densitometry | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone density decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Borrelia test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brain scan abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breath sounds abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| C-reactive protein increased | 22 (0.6%) | 13 (0.4%) | 35 (0.5%) |
| Carbon dioxide decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carcinoembryonic antigen increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac function test abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac murmur | 29 (0.8%) | 24 (0.7%) | 53 (0.7%) |
| Cardiac stress test | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac stress test abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiac stress test normal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac ventriculogram | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiac ventriculogram left normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid bruit | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Carotid intima-media thickness increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Catheterisation cardiac | 16 (0.4%) | 13 (0.4%) | 29 (0.4%) |
| Catheterisation cardiac normal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colonoscopy | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Computerised tomogram abdomen abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Computerised tomogram coronary artery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Computerised tomogram head | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Computerised tomogram pelvis abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Computerised tomogram thorax abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Culture urine positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cystoscopy | 3 (<0.1%) | 0 | 3 (<0.1%) |
| ECG electrically inactive area | 2 (<0.1%) | 0 | 2 (<0.1%) |
| ECG signs of myocardial infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| ECG signs of myocardial ischaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Echocardiogram | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ejection fraction decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ejection fraction normal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Electrocardiogram | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram P wave abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram PR prolongation | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Electrocardiogram PR shortened | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram Q wave abnormal | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Electrocardiogram Q waves | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Electrocardiogram QRS complex abnormal | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Electrocardiogram QT interval abnormal | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram QT prolonged | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Electrocardiogram ST segment abnormal | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Electrocardiogram ST segment depression | 0 | 4 (0.1%) | 4 (<0.1%) |
| Electrocardiogram ST segment elevation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram ST-T change | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram ST-T segment abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Electrocardiogram T wave abnormal | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Electrocardiogram T wave amplitude decreased | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Electrocardiogram T wave biphasic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Electrocardiogram T wave inversion | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Electrocardiogram abnormal | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Electrocardiogram repolarisation abnormality | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Endoscopic retrograde cholangiopancreatography | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Endoscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enzyme activity abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| False positive investigation result | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Femoral bruit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Forced expiratory volume decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gamma-glutamyltransferase abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gamma-glutamyltransferase increased | 16 (0.4%) | 25 (0.7%) | 41 (0.6%) |
| Gastric pH decreased | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Globulin abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerular filtration rate decreased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Glycosylated haemoglobin increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| HLA-B*5801 assay positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoglobin decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Haemoglobin increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Heart rate decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart rate irregular | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart sounds abnormal | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Helicobacter test positive | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Hepatic enzyme abnormal | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatic enzyme increased | 13 (0.4%) | 6 (0.2%) | 19 (0.3%) |
| Hepatitis B antigen positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B core antibody positive | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hepatitis B surface antibody positive | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hepatitis B surface antigen positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis B virus test positive | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hepatitis C antibody positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatitis C virus test positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Human papilloma virus test negative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hysteroscopy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intraocular pressure decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraocular pressure increased | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Laparoscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Left ventricular end-diastolic pressure increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Light chain analysis decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipase increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lipids abnormal | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Lipids increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipoprotein (a) increased | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Lipoprotein abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Liver function test abnormal | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Liver function test increased | 5 (0.1%) | 9 (0.2%) | 14 (0.2%) |
| Liver scan abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Low density lipoprotein increased | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Macroenzyme creatine kinase | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Magnetic resonance imaging brain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mammogram | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mammogram abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mean cell volume increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle enzyme increased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Occult blood positive | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Oxygen consumption increased | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pedal pulse decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arteriogram | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Physical examination | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Platelet aggregation decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Platelet count decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Prostatic specific antigen increased | 9 (0.2%) | 4 (0.1%) | 13 (0.2%) |
| Protein urine present | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pulmonary function test decreased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pulmonary imaging procedure abnormal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pulse absent | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pyeloscopy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| QRS axis abnormal | 20 (0.5%) | 15 (0.4%) | 35 (0.5%) |
| Red blood cell count increased | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Red blood cell sedimentation rate increased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Scan myocardial perfusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scan myocardial perfusion abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Serum ferritin increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal X-ray | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Staphylococcus test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid function test abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid function test normal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thyroid gland scan abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid hormones decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Total lung capacity decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Transaminases increased | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Treponema test positive | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Troponin T increased | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Troponin increased | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Tuberculin test positive | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ultrasound Doppler abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ultrasound abdomen abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ultrasound kidney | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ultrasound kidney abnormal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ultrasound thyroid | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ultrasound thyroid abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteroscopy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Urinary occult blood positive | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urine albumin/creatinine ratio increased | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urine analysis abnormal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urogram | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitamin B12 decreased | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Vitamin B12 increased | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitamin D decreased | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Vitamin E decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Weight decreased | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Weight increased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| White blood cell count increased | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| X-ray limb | 0 | 1 (<0.1%) | 1 (<0.1%) |
| X-ray of pelvis and hip | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolism and nutrition disorders | 3686 (100.0%) | 3666 (100.0%) | 7352 (100.0%) |
| Abnormal loss of weight | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Acidosis | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Acquired mixed hyperlipidaemia | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Calcium deficiency | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Central obesity | 33 (0.9%) | 26 (0.7%) | 59 (0.8%) |
| Decreased appetite | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Dehydration | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Diabetes mellitus | 6 (0.2%) | 1 (<0.1%) | 7 (<0.1%) |
| Diabetes mellitus inadequate control | 11 (0.3%) | 8 (0.2%) | 19 (0.3%) |
| Diabetic dyslipidaemia | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Diabetic ketoacidosis | 0 | 6 (0.2%) | 6 (<0.1%) |
| Diabetic ketosis | 0 | 5 (0.1%) | 5 (<0.1%) |
| Diabetic metabolic decompensation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Disaccharidase deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dyslipidaemia | 1245 (33.8%) | 1249 (34.1%) | 2494 (33.9%) |
| Electrolyte imbalance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fluid overload | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fluid retention | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Folate deficiency | 5 (0.1%) | 7 (0.2%) | 12 (0.2%) |
| Fructose intolerance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glucose tolerance impaired | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Gout | 248 (6.7%) | 276 (7.5%) | 524 (7.1%) |
| Haemochromatosis | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Hyper HDL cholesterolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercalcaemia | 16 (0.4%) | 13 (0.4%) | 29 (0.4%) |
| Hypercholesterolaemia | 450 (12.2%) | 461 (12.6%) | 911 (12.4%) |
| Hyperferritinaemia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hyperglycaemia | 5 (0.1%) | 7 (0.2%) | 12 (0.2%) |
| Hyperhomocysteinaemia | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Hyperinsulinaemic hypoglycaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperkalaemia | 37 (1.0%) | 26 (0.7%) | 63 (0.9%) |
| Hyperlipidaemia | 928 (25.2%) | 933 (25.5%) | 1861 (25.3%) |
| Hyperphosphataemia | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Hypertriglyceridaemia | 84 (2.3%) | 81 (2.2%) | 165 (2.2%) |
| Hyperuricaemia | 410 (11.1%) | 411 (11.2%) | 821 (11.2%) |
| Hypervolaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypo HDL cholesterolaemia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hypoalbuminaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hypocalcaemia | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Hypoglycaemia | 22 (0.6%) | 20 (0.5%) | 42 (0.6%) |
| Hypokalaemia | 38 (1.0%) | 29 (0.8%) | 67 (0.9%) |
| Hypomagnesaemia | 19 (0.5%) | 13 (0.4%) | 32 (0.4%) |
| Hyponatraemia | 17 (0.5%) | 14 (0.4%) | 31 (0.4%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Hypophosphataemia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hypoproteinaemia | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Hypouricaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypovitaminosis | 3 (<0.1%) | 7 (0.2%) | 10 (0.1%) |
| Hypovolaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Impaired fasting glucose | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Insulin resistance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iodine deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iron deficiency | 30 (0.8%) | 24 (0.7%) | 54 (0.7%) |
| Iron overload | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ketosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lactic acidosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lactose intolerance | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Lipid metabolism disorder | 14 (0.4%) | 14 (0.4%) | 28 (0.4%) |
| Lipomatosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lipoprotein deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Magnesium deficiency | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Magnesium metabolism disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Malnutrition | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metabolic acidosis | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Metabolic alkalosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metabolic disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Metabolic syndrome | 25 (0.7%) | 23 (0.6%) | 48 (0.7%) |
| Obesity | 1591 (43.2%) | 1577 (43.0%) | 3168 (43.1%) |
| Overweight | 36 (1.0%) | 35 (1.0%) | 71 (1.0%) |
| Purine metabolism disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Type 2 diabetes mellitus | 3686 (100.0%) | 3666 (100.0%) | 7352 (100.0%) |
| Vitamin B complex deficiency | 5 (0.1%) | 10 (0.3%) | 15 (0.2%) |
| Vitamin B1 deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vitamin B12 deficiency | 65 (1.8%) | 52 (1.4%) | 117 (1.6%) |
| Vitamin D deficiency | 240 (6.5%) | 231 (6.3%) | 471 (6.4%) |
| Zinc deficiency | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Musculoskeletal and connective tissue disorders | 1353 (36.7%) | 1351 (36.9%) | 2704 (36.8%) |
| Acquired claw toe | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ankle deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ankylosing spondylitis | 7 (0.2%) | 9 (0.2%) | 16 (0.2%) |
| Arthralgia | 143 (3.9%) | 142 (3.9%) | 285 (3.9%) |
| Arthritis | 55 (1.5%) | 68 (1.9%) | 123 (1.7%) |
| Arthritis reactive | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Arthropathy | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Articular calcification | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Autoimmune arthritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Axillary mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Back disorder | 6 (0.2%) | 15 (0.4%) | 21 (0.3%) |
| Back pain | 235 (6.4%) | 262 (7.1%) | 497 (6.8%) |
| Bone atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bone hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone loss | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone metabolism disorder | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Bone pain | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bone swelling | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bursa disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bursitis | 23 (0.6%) | 17 (0.5%) | 40 (0.5%) |
| Calcification of muscle | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cervical spinal stenosis | 9 (0.2%) | 12 (0.3%) | 21 (0.3%) |
| Chondrocalcinosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Chondrocalcinosis pyrophosphate | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chondromalacia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Chondropathy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Chronic kidney disease-mineral and bone disorder | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Clubbing | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Coccydynia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Collagen disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Compartment syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Connective tissue inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Costochondritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Crowned dens syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Crystal arthropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dactylitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic amyotrophy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Diastasis recti abdominis | 2 (<0.1%) | 8 (0.2%) | 10 (0.1%) |
| Diffuse idiopathic skeletal hyperostosis | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Dupuytren's contracture | 19 (0.5%) | 11 (0.3%) | 30 (0.4%) |
| Enthesopathy | 5 (0.1%) | 0 | 5 (<0.1%) |
| Exostosis | 9 (0.2%) | 17 (0.5%) | 26 (0.4%) |
| Facet joint syndrome | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Fasciitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Fibromyalgia | 13 (0.4%) | 9 (0.2%) | 22 (0.3%) |
| Finger deformity | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Flank pain | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Foot deformity | 19 (0.5%) | 22 (0.6%) | 41 (0.6%) |
| Gouty arthritis | 34 (0.9%) | 20 (0.5%) | 54 (0.7%) |
| Gouty tophus | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Groin pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemarthrosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Inclusion body myositis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inguinal mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intervertebral disc compression | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intervertebral disc degeneration | 35 (0.9%) | 30 (0.8%) | 65 (0.9%) |
| Intervertebral disc disorder | 48 (1.3%) | 32 (0.9%) | 80 (1.1%) |
| Intervertebral disc displacement | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Intervertebral disc protrusion | 92 (2.5%) | 111 (3.0%) | 203 (2.8%) |
| Intervertebral disc space narrowing | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Jaw cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint contracture | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint deposit | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Joint effusion | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Joint range of motion decreased | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Joint stiffness | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Joint swelling | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Knee deformity | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Kyphosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Limb asymmetry | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Limb deformity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Limb discomfort | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Lumbar spinal stenosis | 27 (0.7%) | 25 (0.7%) | 52 (0.7%) |
| Meniscal degeneration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Metatarsalgia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Muscle atrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Muscle contracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Muscle fatigue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle spasms | 80 (2.2%) | 75 (2.0%) | 155 (2.1%) |
| Muscle tightness | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Muscle twitching | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscular weakness | 4 (0.1%) | 8 (0.2%) | 12 (0.2%) |
| Musculoskeletal chest pain | 3 (<0.1%) | 0 | 3 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Musculoskeletal discomfort | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Musculoskeletal pain | 1 (<0.1%) | 6 (0.2%) | 7 (<0.1%) |
| Musculoskeletal stiffness | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Myalgia | 51 (1.4%) | 49 (1.3%) | 100 (1.4%) |
| Myofascial pain syndrome | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Myopathy | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Myositis | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Neck mass | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Neck pain | 32 (0.9%) | 31 (0.8%) | 63 (0.9%) |
| Neuropathic arthropathy | 14 (0.4%) | 15 (0.4%) | 29 (0.4%) |
| Oligoarthritis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Osteitis | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Osteitis deformans | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Osteoarthritis | 487 (13.2%) | 462 (12.6%) | 949 (12.9%) |
| Osteoarthropathy | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Osteochondritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondrosis | 48 (1.3%) | 57 (1.6%) | 105 (1.4%) |
| Osteomalacia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteonecrosis | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Osteopenia | 42 (1.1%) | 21 (0.6%) | 63 (0.9%) |
| Osteoporosis | 106 (2.9%) | 103 (2.8%) | 209 (2.8%) |
| Osteoporosis postmenopausal | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Osteoporotic fracture | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteosclerosis | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Pain in extremity | 51 (1.4%) | 57 (1.6%) | 108 (1.5%) |
| Patellofemoral pain syndrome | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Pathological fracture | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Periarthritis | 39 (1.1%) | 16 (0.4%) | 55 (0.7%) |
| Perthes disease | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Plantar fasciitis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Plantar fasciitis | 9 (0.2%) | 11 (0.3%) | 20 (0.3%) |
| Plica syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Polyarthritis | 7 (0.2%) | 9 (0.2%) | 16 (0.2%) |
| Polymyalgia rheumatica | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Pseudarthrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psoriatic arthropathy | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Rhabdomyolysis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Rheumatic disorder | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Rheumatic fever | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Rheumatoid arthritis | 30 (0.8%) | 23 (0.6%) | 53 (0.7%) |
| Rotator cuff syndrome | 44 (1.2%) | 41 (1.1%) | 85 (1.2%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Sacroiliitis | 4 (0.1%) | 0 | 4 (<0.1%) |
| Scleroderma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Scoliosis | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Senile osteoporosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Seronegative arthritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sjogren's syndrome | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Soft tissue disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Soft tissue mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal deformity | 4 (0.1%) | 0 | 4 (<0.1%) |
| Spinal disorder | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Spinal fusion acquired | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal instability | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal ligament ossification | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Spinal osteoarthritis | 158 (4.3%) | 142 (3.9%) | 300 (4.1%) |
| Spinal pain | 22 (0.6%) | 23 (0.6%) | 45 (0.6%) |
| Spinal retrolisthesis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Spinal stenosis | 35 (0.9%) | 31 (0.8%) | 66 (0.9%) |
| Spondylitis | 2 (<0.1%) | 8 (0.2%) | 10 (0.1%) |
| Spondyloarthropathy | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Spondylolisthesis | 12 (0.3%) | 11 (0.3%) | 23 (0.3%) |
| Sympathetic posterior cervical syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Synovial cyst | 11 (0.3%) | 4 (0.1%) | 15 (0.2%) |
| Synovitis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Systemic lupus erythematosus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Temporomandibular joint syndrome | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Tendon calcification | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Tendon disorder | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Tendon pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tendonitis | 15 (0.4%) | 10 (0.3%) | 25 (0.3%) |
| Tenosynovitis | 10 (0.3%) | 9 (0.2%) | 19 (0.3%) |
| Tenosynovitis stenosans | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Torticollis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trigger finger | 16 (0.4%) | 16 (0.4%) | 32 (0.4%) |
| Vertebral foraminal stenosis | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Vertebral lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral osteophyte | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | 434 (11.8%) | 435 (11.9%) | 869 (11.8%) |
| Acoustic neuroma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Acrochordon | 7 (0.2%) | 2 (<0.1%) | 9 (0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Acute myeloid leukaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Adenocarcinoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Adenocarcinoma gastric | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adenocarcinoma of colon | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Adenoma benign | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Adrenal adenoma | 13 (0.4%) | 12 (0.3%) | 25 (0.3%) |
| Adrenal neoplasm | 8 (0.2%) | 5 (0.1%) | 13 (0.2%) |
| Angiolipoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Angiomyolipoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anogenital warts | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| B-cell lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Basal cell carcinoma | 27 (0.7%) | 29 (0.8%) | 56 (0.8%) |
| Basosquamous carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign abdominal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign breast neoplasm | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Benign duodenal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign gastric neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Benign gastrointestinal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign hepatic neoplasm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Benign hepatobiliary neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign laryngeal neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign lung neoplasm | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Benign mediastinal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign neoplasm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Benign neoplasm of adrenal gland | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Benign neoplasm of bladder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of cornea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign neoplasm of eyelid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of orbit | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign neoplasm of prostate | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Benign neoplasm of skin | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Benign neoplasm of thyroid gland | 8 (0.2%) | 2 (<0.1%) | 10 (0.1%) |
| Benign nipple neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign ovarian tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign pancreatic neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Benign penile neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign salivary gland neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign soft tissue neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign uterine neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder cancer | 14 (0.4%) | 16 (0.4%) | 30 (0.4%) |
| Bladder cancer recurrent | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Bladder neoplasm | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Bladder papilloma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Bladder transitional cell carcinoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Blepharal papilloma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bowen's disease | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Brain neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast adenoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast cancer | 20 (0.5%) | 19 (0.5%) | 39 (0.5%) |
| Breast cancer in situ | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast cancer metastatic | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast fibroma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Breast neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchioloalveolar carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carcinoid tumour of the stomach | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carcinoma in situ | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebellopontine angle tumour | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral haemangioma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cervix carcinoma | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Cholesteatoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic lymphocytic leukaemia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Chronic myeloid leukaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Clear cell renal cell carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colon adenoma | 17 (0.5%) | 8 (0.2%) | 25 (0.3%) |
| Colon cancer | 13 (0.4%) | 18 (0.5%) | 31 (0.4%) |
| Colon cancer stage 0 | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Colon neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Colorectal cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cutaneous lymphoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatofibrosarcoma protuberans | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Duodenal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysplastic naevus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ear neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Enchondromatosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Endometrial cancer | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Epiglottic cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Erythroplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Essential thrombocythaemia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Extranodal marginal zone B-cell lymphoma (MALT type) | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Eye naevus | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Fibroadenoma of breast | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fibroma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Fibromatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Fibrous histiocytoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Focal nodular hyperplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder adenoma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Gallbladder cancer | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gastric cancer | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Gastric neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastrointestinal carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal stromal tumour | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal submucosal tumour | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Gastrointestinal tract adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Germ cell neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glomus tumour | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemangioma | 4 (0.1%) | 0 | 4 (<0.1%) |
| Haemangioma of bone | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Haemangioma of liver | 7 (0.2%) | 10 (0.3%) | 17 (0.2%) |
| Haemangioma of skin | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haemangioma of spleen | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hair follicle tumour benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hepatic adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hepatic neoplasm | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatocellular carcinoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hodgkin's disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypergammaglobulinaemia benign monoclonal | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Intraductal papillary mucinous neoplasm | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Invasive ductal breast carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iris neoplasm | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Large intestine benign neoplasm | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Laryngeal cancer | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Laryngeal neoplasm | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal papilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leiomyosarcoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Leukaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lip squamous cell carcinoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lipoma | 16 (0.4%) | 14 (0.4%) | 30 (0.4%) |
| Lipoma of breast | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Lung adenocarcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung neoplasm malignant | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Lymphangioma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Malignant melanoma | 10 (0.3%) | 6 (0.2%) | 16 (0.2%) |
| Malignant melanoma in situ | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant neoplasm of conjunctiva | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant neoplasm of eye | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant palate neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Malignant urinary tract neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Melanocytic naevus | 7 (0.2%) | 8 (0.2%) | 15 (0.2%) |
| Meningioma | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Meningioma benign | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Metastases to liver | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Metastases to lung | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Metastases to lymph nodes | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Metastatic malignant melanoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Monoclonal gammopathy | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Myelodysplastic syndrome | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Myeloid leukaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasopharyngeal neoplasm benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neoplasm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Neoplasm prostate | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Neoplasm skin | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Non-Hodgkin's lymphoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Non-secretory adenoma of pituitary | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ocular lymphoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Oesophageal papilloma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oral haemangioma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteochondroma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Osteoma | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ovarian adenoma | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ovarian cancer | 0 | 4 (0.1%) | 4 (<0.1%) |
| Ovarian epithelial cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ovarian neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Paget's disease of nipple | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic neoplasm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pancreatic neuroendocrine tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Papillary cystadenoma lymphomatosum | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Papillary thyroid cancer | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Paraproteinaemia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parathyroid tumour benign | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Penile cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pituitary tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pituitary tumour benign | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Plasma cell myeloma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Plasma cell myeloma in remission | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleomorphic adenoma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Polycythaemia vera | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Primary myelofibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prolactin-producing pituitary tumour | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostate cancer | 42 (1.1%) | 49 (1.3%) | 91 (1.2%) |
| Prostate cancer recurrent | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatic adenoma | 13 (0.4%) | 14 (0.4%) | 27 (0.4%) |
| Rectal adenocarcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rectal cancer | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Rectal neoplasm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rectosigmoid cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal cancer | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Renal cell carcinoma | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Renal hamartoma | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Renal neoplasm | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Renal oncocytoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salivary gland adenoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salivary gland cancer | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salivary gland neoplasm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Schwannoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoeic keratosis | 16 (0.4%) | 20 (0.5%) | 36 (0.5%) |
| Seminoma | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin cancer | 3 (<0.1%) | 7 (0.2%) | 10 (0.1%) |
| Skin papilloma | 8 (0.2%) | 6 (0.2%) | 14 (0.2%) |
| Small cell lung cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Small intestine carcinoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Spinal meningioma benign | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Squamous cell carcinoma | 2 (<0.1%) | 10 (0.3%) | 12 (0.2%) |
| Squamous cell carcinoma of pharynx | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Squamous cell carcinoma of skin | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Squamous cell carcinoma of the tongue | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Superficial spreading melanoma stage unspecified | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Teratoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testis cancer | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Throat cancer | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid adenoma | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Thyroid cancer | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Tongue neoplasm benign | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tongue neoplasm malignant stage unspecified | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tonsil cancer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transitional cell cancer of the renal pelvis and ureter | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Transitional cell carcinoma | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Transitional cell carcinoma urethra | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary bladder adenoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine cancer | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Uterine leiomyoma | 40 (1.1%) | 41 (1.1%) | 81 (1.1%) |
| Vulvovaginal warts | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Waldenstrom's macroglobulinaemia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nervous system disorders | 1930 (52.4%) | 1880 (51.3%) | 3810 (51.8%) |
| Acoustic neuritis | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Akinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allodynia | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Amnesia | 11 (0.3%) | 10 (0.3%) | 21 (0.3%) |
| Anaesthesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Anosmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aphasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arachnoid cyst | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Arachnoiditis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Areflexia | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Ataxia | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Autoimmune neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Autonomic nervous system imbalance | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Autonomic neuropathy | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Axonal neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Balance disorder | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Basal ganglia infarction | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Basilar artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Basilar artery stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Brain stem infarction | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Burning sensation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cardiac autonomic neuropathy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Carotid arteriosclerosis | 83 (2.3%) | 73 (2.0%) | 156 (2.1%) |
| Carotid artery aneurysm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Carotid artery disease | 6 (0.2%) | 12 (0.3%) | 18 (0.2%) |
| Carotid artery occlusion | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Carotid artery stenosis | 68 (1.8%) | 61 (1.7%) | 129 (1.8%) |
| Carotid artery thrombosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Carpal tunnel syndrome | 74 (2.0%) | 52 (1.4%) | 126 (1.7%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Central nervous system lesion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cerebellar ataxia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellar atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebellar stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebellar syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral arteriosclerosis | 33 (0.9%) | 44 (1.2%) | 77 (1.0%) |
| Cerebral artery embolism | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral artery occlusion | 0 | 5 (0.1%) | 5 (<0.1%) |
| Cerebral artery stenosis | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Cerebral artery thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral atrophy | 11 (0.3%) | 10 (0.3%) | 21 (0.3%) |
| Cerebral circulatory failure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cerebral disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebral haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cerebral haemorrhage | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Cerebral infarction | 26 (0.7%) | 17 (0.5%) | 43 (0.6%) |
| Cerebral ischaemia | 37 (1.0%) | 31 (0.8%) | 68 (0.9%) |
| Cerebral microangiopathy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cerebral small vessel ischaemic disease | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Cerebral ventricle dilatation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cerebrovascular accident | 24 (0.7%) | 19 (0.5%) | 43 (0.6%) |
| Cerebrovascular disorder | 57 (1.5%) | 50 (1.4%) | 107 (1.5%) |
| Cerebrovascular insufficiency | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cerebrovascular stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cervical radiculopathy | 10 (0.3%) | 9 (0.2%) | 19 (0.3%) |
| Cervicobrachial syndrome | 10 (0.3%) | 9 (0.2%) | 19 (0.3%) |
| Cervicogenic headache | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Circadian rhythm sleep disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Clonus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cluster headache | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Cognitive disorder | 9 (0.2%) | 4 (0.1%) | 13 (0.2%) |
| Cogwheel rigidity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Complex regional pain syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cubital tunnel syndrome | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Decreased vibratory sense | 6 (0.2%) | 1 (<0.1%) | 7 (<0.1%) |
| Dementia | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Dementia Alzheimer's type | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Demyelination | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic autonomic neuropathy | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Diabetic coma | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Diabetic encephalopathy | 8 (0.2%) | 11 (0.3%) | 19 (0.3%) |
| Diabetic mononeuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Diabetic neuropathy | 1040 (28.2%) | 984 (26.8%) | 2024 (27.5%) |
| Diplegia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Disturbance in attention | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dizziness | 52 (1.4%) | 40 (1.1%) | 92 (1.3%) |
| Dizziness postural | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Dural arteriovenous fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysaesthesia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dysarthria | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Dyskinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dyslalia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dysmetria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Embolic cerebral infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Encephalopathy | 40 (1.1%) | 28 (0.8%) | 68 (0.9%) |
| Epilepsy | 14 (0.4%) | 11 (0.3%) | 25 (0.3%) |
| Essential tremor | 11 (0.3%) | 16 (0.4%) | 27 (0.4%) |
| Facial nerve disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Facial paralysis | 20 (0.5%) | 25 (0.7%) | 45 (0.6%) |
| Facial paresis | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Fine motor skill dysfunction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Focal dyscognitive seizures | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Generalised tonic-clonic seizure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glossopharyngeal neuralgia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Guillain-Barre syndrome | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Haemorrhage intracranial | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemorrhagic stroke | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Headache | 66 (1.8%) | 48 (1.3%) | 114 (1.6%) |
| Hemianaesthesia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hemianopia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hemianopia homonymous | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Hemiparaesthesia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hemiparesis | 17 (0.5%) | 21 (0.6%) | 38 (0.5%) |
| Hemiplegia | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Hippocampal sclerosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Horner's syndrome | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hydrocephalus | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hyperaesthesia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hyperreflexia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hypersomnia | 0 | 3 (<0.1%) | 3 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Hypertensive encephalopathy | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Hypertonia | 25 (0.7%) | 23 (0.6%) | 48 (0.7%) |
| Hypoaesthesia | 26 (0.7%) | 24 (0.7%) | 50 (0.7%) |
| Hyporeflexia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hyposmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypoxic-ischaemic encephalopathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| IIIrd nerve paralysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| IIIrd nerve paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intellectual disability | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intention tremor | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intercostal neuralgia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Internal capsule infarction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intracranial aneurysm | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Intraventricular haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ischaemic cerebral infarction | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ischaemic stroke | 442 (12.0%) | 425 (11.6%) | 867 (11.8%) |
| Lacunar infarction | 22 (0.6%) | 8 (0.2%) | 30 (0.4%) |
| Lacunar stroke | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lethargy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Leukoencephalopathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Loss of consciousness | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Lumbar radiculopathy | 10 (0.3%) | 7 (0.2%) | 17 (0.2%) |
| Lumbosacral plexopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lumbosacral plexus lesion | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Lumbosacral radiculopathy | 3 (<0.1%) | 6 (0.2%) | 9 (0.1%) |
| Memory impairment | 8 (0.2%) | 8 (0.2%) | 16 (0.2%) |
| Meralgia paraesthetica | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Metabolic encephalopathy | 4 (0.1%) | 9 (0.2%) | 13 (0.2%) |
| Migraine | 15 (0.4%) | 28 (0.8%) | 43 (0.6%) |
| Migraine with aura | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Migraine without aura | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mononeuropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Mononeuropathy multiplex | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Monoparesis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Monoplegia | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Morton's neuralgia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Multiple sclerosis | 1 (<0.1%) | 6 (0.2%) | 7 (<0.1%) |
| Muscle contractions involuntary | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Muscle spasticity | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Muscle tone disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myasthenia gravis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Myelomalacia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myelopathy | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Myoclonus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Myotonia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nerve compression | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Nervous system disorder | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Neuralgia | 22 (0.6%) | 13 (0.4%) | 35 (0.5%) |
| Neuralgic amyotrophy | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Neuritis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Neuritis cranial | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Neurodegenerative disorder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Neurological symptom | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neuropathy peripheral | 168 (4.6%) | 152 (4.1%) | 320 (4.4%) |
| Normal pressure hydrocephalus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nystagmus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Occipital neuralgia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Optic neuritis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Orthostatic intolerance | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Paraesthesia | 19 (0.5%) | 23 (0.6%) | 42 (0.6%) |
| Paralysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Paralysis recurrent laryngeal nerve | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Parkinson's disease | 9 (0.2%) | 14 (0.4%) | 23 (0.3%) |
| Parkinsonian rest tremor | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parkinsonism | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Parosmia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Partial seizures | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Perineurial cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Periodic limb movement disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Peripheral nerve lesion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Peripheral nerve paresthesia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Peripheral sensorimotor neuropathy | 8 (0.2%) | 6 (0.2%) | 14 (0.2%) |
| Peripheral sensory neuropathy | 11 (0.3%) | 13 (0.4%) | 24 (0.3%) |
| Peroneal nerve palsy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Petit mal epilepsy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Phantom limb syndrome | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Pineal gland cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Piriformis syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Polyneuropathy | 54 (1.5%) | 71 (1.9%) | 125 (1.7%) |
| Polyneuropathy chronic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Poor quality sleep | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Post herpetic neuralgia | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Post polio syndrome | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Post stroke epilepsy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Posterior cortical atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Precerebral arteriosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Precerebral artery occlusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Presyncope | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Quadrantanopia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Quadriplegia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radial nerve palsy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radicular pain | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Radiculopathy | 11 (0.3%) | 9 (0.2%) | 20 (0.3%) |
| Resting tremor | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Restless legs syndrome | 21 (0.6%) | 19 (0.5%) | 40 (0.5%) |
| Right hemisphere deficit syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sacral radiculopathy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Sciatic nerve neuropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sciatica | 44 (1.2%) | 55 (1.5%) | 99 (1.3%) |
| Seizure | 8 (0.2%) | 6 (0.2%) | 14 (0.2%) |
| Sensorimotor disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sensory disturbance | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Simple partial seizures | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Somnolence | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Spinal claudication | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Spinal cord compression | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal cord disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal cord herniation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal stroke | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spondylitic myelopathy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Stupor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Subarachnoid haemorrhage | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Syncope | 19 (0.5%) | 17 (0.5%) | 36 (0.5%) |
| Tardive dyskinesia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Taste disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tension headache | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Thalamic infarction | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Thoracic outlet syndrome | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tongue biting | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Toxic encephalopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transient ischaemic attack | 73 (2.0%) | 56 (1.5%) | 129 (1.8%) |
| Transverse sinus thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Tremor | 13 (0.4%) | 11 (0.3%) | 24 (0.3%) |
| Trigeminal neuralgia | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Upper motor neurone lesion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vlth nerve disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vlth nerve paralysis | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Vascular dementia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular encephalopathy | 41 (1.1%) | 37 (1.0%) | 78 (1.1%) |
| Vascular headache | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vertebral artery arteriosclerosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vertebral artery occlusion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vertebral artery stenosis | 2 (<0.1%) | 8 (0.2%) | 10 (0.1%) |
| Vertebrobasilar dolichoectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vertebrobasilar insufficiency | 8 (0.2%) | 10 (0.3%) | 18 (0.2%) |
| Vertigo CNS origin | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Visual field defect | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Vocal cord paralysis | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Vocal cord paresis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| White matter lesion | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pregnancy, puerperium and perinatal conditions | 9 (0.2%) | 14 (0.4%) | 23 (0.3%) |
| Abortion spontaneous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cephalo-pelvic disproportion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Delivery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ectopic pregnancy | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Gestational diabetes | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Pre-eclampsia | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Previous caesarean section | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ruptured ectopic pregnancy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Product issues | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Device dislocation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Thrombosis in device | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psychiatric disorders | 564 (15.3%) | 574 (15.7%) | 1138 (15.5%) |
| Adjustment disorder | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Adjustment disorder with depressed mood | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Adjustment disorder with mixed anxiety and depressed mood | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Affective disorder | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Agoraphobia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Alcohol abuse | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Alcohol use disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Alcoholism | 1 (<0.1%) | 7 (0.2%) | 8 (0.1%) |
| Antisocial personality disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anxiety | 109 (3.0%) | 132 (3.6%) | 241 (3.3%) |
| Anxiety disorder | 25 (0.7%) | 19 (0.5%) | 44 (0.6%) |
| Attention deficit hyperactivity disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Behaviour disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bipolar disorder | 10 (0.3%) | 8 (0.2%) | 18 (0.2%) |
| Borderline personality disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breathing-related sleep disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Bruxism | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Claustrophobia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Conversion disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Delirium | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Depressed mood | 4 (0.1%) | 5 (0.1%) | 9 (0.1%) |
| Depression | 251 (6.8%) | 246 (6.7%) | 497 (6.8%) |
| Depressive symptom | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Disorientation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Drug abuse | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Drug dependence | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Dyssomnia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Enuresis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Epileptic psychosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Factitious disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Generalised anxiety disorder | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Genito-pelvic pain/penetration disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hallucination | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Illness anxiety disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Initial insomnia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Insomnia | 189 (5.1%) | 171 (4.7%) | 360 (4.9%) |
| Libido decreased | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Major depression | 19 (0.5%) | 19 (0.5%) | 38 (0.5%) |
| Mental disorder | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Mixed anxiety and depressive disorder | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Mood disorder due to a general medical condition | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neurosis | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |
| Nicotine dependence | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Nightmare | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Obsessive-compulsive disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Panic attack | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Panic disorder | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Persistent depressive disorder | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Personality disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Polydipsia psychogenic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Post-traumatic stress disorder | 16 (0.4%) | 14 (0.4%) | 30 (0.4%) |
| Premature ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pseudodementia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Schizophrenia | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Schizophreniform disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sleep disorder | 28 (0.8%) | 34 (0.9%) | 62 (0.8%) |
| Social anxiety disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Somatic symptom disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Stress | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Substance abuse | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Suicide attempt | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tobacco abuse | 11 (0.3%) | 9 (0.2%) | 20 (0.3%) |
| Renal and urinary disorders | 3686 (100.0%) | 3666 (100.0%) | 7352 (100.0%) |
| Acquired cystic kidney disease | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Acute kidney injury | 27 (0.7%) | 23 (0.6%) | 50 (0.7%) |
| Albuminuria | 202 (5.5%) | 194 (5.3%) | 396 (5.4%) |
| Azotaemia | 0 | 4 (0.1%) | 4 (<0.1%) |
| Bladder discomfort | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder dysfunction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Bladder mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder outlet obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder prolapse | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| C3 glomerulopathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Calculus bladder | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Calculus urethral | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Calculus urinary | 45 (1.2%) | 31 (0.8%) | 76 (1.0%) |
| Chronic kidney disease | 3686 (100.0%) | 3666 (100.0%) | 7352 (100.0%) |
| Crystalluria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystitis interstitial | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Detrusor sphincter dyssynergia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Diabetic nephropathy | 241 (6.5%) | 273 (7.4%) | 514 (7.0%) |
| Dysuria | 8 (0.2%) | 10 (0.3%) | 18 (0.2%) |
| End stage renal disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Focal segmental glomerulosclerosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Follicular cystitis | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Glomerulonephritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Glomerulonephritis acute | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulonephritis chronic | 12 (0.3%) | 6 (0.2%) | 18 (0.2%) |
| Glomerulonephritis membranoproliferative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glomerulonephritis membranous | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Glomerulonephritis proliferative | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glomerulosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Glycosuria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Haematuria | 30 (0.8%) | 31 (0.8%) | 61 (0.8%) |
| Hydronephrosis | 25 (0.7%) | 11 (0.3%) | 36 (0.5%) |
| Hypercalciuria | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypertensive nephropathy | 12 (0.3%) | 10 (0.3%) | 22 (0.3%) |
| Hypertonic bladder | 17 (0.5%) | 18 (0.5%) | 35 (0.5%) |
| Hyperuricosuria | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hypocitraturia | 0 | 2 (<0.1%) | 2 (<0.1%) |
| IgA nephropathy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Incontinence | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Intercapillary glomerulosclerosis | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Ketonuria | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Kidney congestion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Kidney small | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Leukocyturia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lower urinary tract symptoms | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Mesangioproliferative glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Microalbuminuria | 120 (3.3%) | 133 (3.6%) | 253 (3.4%) |
| Micturition disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Micturition urgency | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Nephritic syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nephritis | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Nephroangiosclerosis | 6 (0.2%) | 0 | 6 (<0.1%) |
| Nephrocalcinosis | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Nephrolithiasis | 221 (6.0%) | 221 (6.0%) | 442 (6.0%) |
| Nephropathy | 19 (0.5%) | 11 (0.3%) | 30 (0.4%) |
| Nephropathy toxic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nephroptosis | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Nephrosclerosis | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Nephrotic syndrome | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Neurogenic bladder | 7 (0.2%) | 8 (0.2%) | 15 (0.2%) |
| Nocturia | 30 (0.8%) | 26 (0.7%) | 56 (0.8%) |
| Obstructive nephropathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oedematous kidney | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---------------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Pollakiuria | 6 (0.2%) | 11 (0.3%) | 17 (0.2%) |
| Polyuria | 0 | 8 (0.2%) | 8 (0.1%) |
| Post streptococcal glomerulonephritis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Proteinuria | 136 (3.7%) | 158 (4.3%) | 294 (4.0%) |
| Pyelocaliectasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reduced bladder capacity | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Renal artery arteriosclerosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Renal artery fibromuscular dysplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal artery stenosis | 7 (0.2%) | 7 (0.2%) | 14 (0.2%) |
| Renal atrophy | 8 (0.2%) | 6 (0.2%) | 14 (0.2%) |
| Renal colic | 24 (0.7%) | 18 (0.5%) | 42 (0.6%) |
| Renal cyst | 172 (4.7%) | 158 (4.3%) | 330 (4.5%) |
| Renal disorder | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Renal failure | 11 (0.3%) | 13 (0.4%) | 24 (0.3%) |
| Renal hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal impairment | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Renal injury | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal mass | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Renal tubular acidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal tubular necrosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Renal vessel disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Single functional kidney | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Stag horn calculus | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Stress urinary incontinence | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Subcapsular renal haematoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Trigonitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tubulointerstitial nephritis | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Urate nephropathy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureteric stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ureterocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureterolithiasis | 22 (0.6%) | 8 (0.2%) | 30 (0.4%) |
| Urethral disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urethral stenosis | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Urge incontinence | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary bladder polyp | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary bladder varices | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urinary hesitation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Urinary incontinence | 42 (1.1%) | 39 (1.1%) | 81 (1.1%) |
| Urinary retention | 2 (<0.1%) | 10 (0.3%) | 12 (0.2%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Urinary tract disorder | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Urinary tract obstruction | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Urine abnormality | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Urine flow decreased | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urine odour abnormal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Reproductive system and breast disorders | 725 (19.7%) | 709 (19.3%) | 1434 (19.5%) |
| Acquired phimosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adenomyosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Adnexa uteri cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Amenorrhoea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Artificial menopause | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Atrophic vulvovaginitis | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Azoospermia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Balanoposthitis | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Bartholin's cyst | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Benign prostatic hyperplasia | 437 (11.9%) | 427 (11.6%) | 864 (11.8%) |
| Breast calcifications | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Breast cyst | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Breast disorder | 4 (0.1%) | 0 | 4 (<0.1%) |
| Breast enlargement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Breast fibrosis | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Breast haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast hyperplasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Breast mass | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Breast pain | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Calculus prostatic | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Cervical dysplasia | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cervical polyp | 4 (0.1%) | 0 | 4 (<0.1%) |
| Cystocele | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Dysfunctional uterine bleeding | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysmenorrhoea | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Endocervicosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Endometrial atrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endometrial hyperplasia | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Endometriosis | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |
| Epididymal cyst | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Erectile dysfunction | 172 (4.7%) | 195 (5.3%) | 367 (5.0%) |
| Female genital tract fistula | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Fibrocystic breast disease | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Genital prolapse | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gynaecomastia | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Hydrometra | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hydrosalpinx | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Infertility | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Infertility male | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Male reproductive tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopausal disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Menopausal symptoms | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Menorrhagia | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Menstruation irregular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Metrorrhagia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Organic erectile dysfunction | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Ovarian cyst | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Ovarian hyperfunction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ovarian mass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pelvic adhesions | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pelvic cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic pain | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pelvic prolapse | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Penile oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile rash | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Perineal pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peyronie's disease | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Polycystic ovaries | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Postmenopausal haemorrhage | 4 (0.1%) | 0 | 4 (<0.1%) |
| Premature menopause | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatic calcification | 10 (0.3%) | 4 (0.1%) | 14 (0.2%) |
| Prostatic cyst | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Prostatic disorder | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Prostatic dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatic mass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostatic obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatism | 11 (0.3%) | 10 (0.3%) | 21 (0.3%) |
| Prostatitis | 21 (0.6%) | 24 (0.7%) | 45 (0.6%) |
| Prostatomegaly | 29 (0.8%) | 27 (0.7%) | 56 (0.8%) |
| Pruritus genital | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rectocele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Reproductive tract disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retrograde ejaculation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Scrotal swelling | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sexual dysfunction | 10 (0.3%) | 3 (<0.1%) | 13 (0.2%) |
| Spermatocoele | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular atrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular pain | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Testicular swelling | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uterine disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine haemorrhage | 4 (0.1%) | 0 | 4 (<0.1%) |
| Uterine mass | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Uterine polyp | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Uterine prolapse | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Vaginal haemorrhage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vaginal prolapse | 3 (<0.1%) | 9 (0.2%) | 12 (0.2%) |
| Varicocele | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Vulval disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vulval polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvar squamous cell hyperplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vulvovaginal dryness | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Vulvovaginal pruritus | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Respiratory, thoracic and mediastinal disorders | 895 (24.3%) | 843 (23.0%) | 1738 (23.6%) |
| Acquired diaphragmatic eventration | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Acute interstitial pneumonitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Acute pulmonary oedema | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Acute respiratory failure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Adenoidal hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Allergic bronchitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Allergic cough | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Allergic sinusitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Apnoea | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aspirin-exacerbated respiratory disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Asthma | 166 (4.5%) | 165 (4.5%) | 331 (4.5%) |
| Asthma late onset | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Asthma-chronic obstructive pulmonary disease overlap syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Atelectasis | 4 (0.1%) | 0 | 4 (<0.1%) |
| Atopic cough | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Atrophic pharyngitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchial disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bronchial dysplasia | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Bronchial hyperreactivity | 1 (<0.1%) | 5 (0.1%) | 6 (<0.1%) |
| Bronchiectasis | 9 (0.2%) | 5 (0.1%) | 14 (0.2%) |
| Bronchitis chronic | 52 (1.4%) | 38 (1.0%) | 90 (1.2%) |
| Bronchopneumopathy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bronchospasm | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Childhood asthma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chronic obstructive pulmonary disease | 228 (6.2%) | 237 (6.5%) | 465 (6.3%) |
| Chronic respiratory failure | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Cough | 47 (1.3%) | 33 (0.9%) | 80 (1.1%) |
| Cough variant asthma | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Cystic lung disease | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diaphragmatic disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dysphonia | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Dyspnoea | 37 (1.0%) | 37 (1.0%) | 74 (1.0%) |
| Dyspnoea exertional | 25 (0.7%) | 15 (0.4%) | 40 (0.5%) |
| Emphysema | 17 (0.5%) | 20 (0.5%) | 37 (0.5%) |
| Epiglottic cyst | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epistaxis | 7 (0.2%) | 9 (0.2%) | 16 (0.2%) |
| Fibrinous bronchitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemoptysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemothorax | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hiccups | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypercapnia | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hyperventilation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Hypoventilation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Hypoxia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Increased upper airway secretion | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Interstitial lung disease | 11 (0.3%) | 4 (0.1%) | 15 (0.2%) |
| Laryngeal disorder | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal leukoplakia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal oedema | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Laryngeal polyp | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung disorder | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Lung hyperinflation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lung infiltration | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal congestion | 6 (0.2%) | 1 (<0.1%) | 7 (<0.1%) |
| Nasal disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nasal inflammation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal obstruction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Nasal oedema | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal polyps | 6 (0.2%) | 7 (0.2%) | 13 (0.2%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Nasal pruritus | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nasal septum deviation | 12 (0.3%) | 12 (0.3%) | 24 (0.3%) |
| Nasal turbinate hypertrophy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Nocturnal dyspnoea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Obliterative bronchiolitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Obstructive airways disorder | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Oropharyngeal pain | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Orthopnoea | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Paranasal cyst | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Paranasal sinus hypersecretion | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Paranasal sinus inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pharyngeal fistula | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngeal polyp | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pickwickian syndrome | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleural calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleural disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural effusion | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Pleural fibrosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pleural thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pleurisy | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Pneumonitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Pneumothorax | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Pneumothorax spontaneous | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Productive cough | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Pulmonary arterial hypertension | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Pulmonary calcification | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary congestion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pulmonary embolism | 20 (0.5%) | 13 (0.4%) | 33 (0.4%) |
| Pulmonary fibrosis | 6 (0.2%) | 9 (0.2%) | 15 (0.2%) |
| Pulmonary granuloma | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Pulmonary hypertension | 20 (0.5%) | 15 (0.4%) | 35 (0.5%) |
| Pulmonary mass | 26 (0.7%) | 18 (0.5%) | 44 (0.6%) |
| Pulmonary oedema | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Pulmonary sarcoidosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pulmonary thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rales | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Respiratory disorder | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Respiratory failure | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Restrictive pulmonary disease | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Rhinitis allergic | 72 (2.0%) | 74 (2.0%) | 146 (2.0%) |
| Rhinitis hypertrophic | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Rhinitis perennial | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Rhinorrhoea | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Sinus congestion | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sinus disorder | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Sinus polyp | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Sleep apnoea syndrome | 306 (8.3%) | 304 (8.3%) | 610 (8.3%) |
| Snoring | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Throat irritation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tonsillar hypertrophy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Upper respiratory tract inflammation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Upper-airway cough syndrome | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vasomotor rhinitis | 2 (<0.1%) | 6 (0.2%) | 8 (0.1%) |
| Vocal cord cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vocal cord leukoplakia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vocal cord polyp | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Vocal cord thickening | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wheezing | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |
| Skin and subcutaneous tissue disorders | 522 (14.2%) | 477 (13.0%) | 999 (13.6%) |
| Acanthosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Acanthosis nigricans | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Acne | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |
| Acquired digital fibrokeratoma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Actinic cheilitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Actinic keratosis | 17 (0.5%) | 12 (0.3%) | 29 (0.4%) |
| Alopecia | 6 (0.2%) | 4 (0.1%) | 10 (0.1%) |
| Alopecia areata | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Alopecia scarring | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Androgenetic alopecia | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Angioedema | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Asteatosis | 1 (<0.1%) | 7 (0.2%) | 8 (0.1%) |
| Blisters | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Blood blister | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Brow ptosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chloasma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Chronic pigmented purpura | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Cutaneous amyloidosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cutaneous lupus erythematosus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Decubitus ulcer | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Dermal cyst | 10 (0.3%) | 5 (0.1%) | 15 (0.2%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Dermatitis | 22 (0.6%) | 22 (0.6%) | 44 (0.6%) |
| Dermatitis allergic | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Dermatitis atopic | 10 (0.3%) | 5 (0.1%) | 15 (0.2%) |
| Dermatitis bullous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatitis contact | 12 (0.3%) | 13 (0.4%) | 25 (0.3%) |
| Dermatitis diaper | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dermatitis exfoliative | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatitis psoriasiform | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dermatosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetic cheiroarthropathy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Diabetic dermopathy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Diabetic foot | 80 (2.2%) | 76 (2.1%) | 156 (2.1%) |
| Diabetic ulcer | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Drug eruption | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Drug reaction with eosinophilia and systemic symptoms | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dry skin | 32 (0.9%) | 38 (1.0%) | 70 (1.0%) |
| Dyshidrotic eczema | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Eczema | 58 (1.6%) | 45 (1.2%) | 103 (1.4%) |
| Eczema asteatotic | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Eczema nummular | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Eosinophilic cellulitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Erythema | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Erythematotelangiectatic rosacea | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Excessive skin | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Granuloma annulare | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Hair disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hand dermatitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hidradenitis | 8 (0.2%) | 2 (<0.1%) | 10 (0.1%) |
| Hirsutism | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Hyperhidrosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hyperkeratosis | 20 (0.5%) | 18 (0.5%) | 38 (0.5%) |
| Hypersensitivity vasculitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Idiopathic urticaria | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ingrowing nail | 10 (0.3%) | 4 (0.1%) | 14 (0.2%) |
| Intertrigo | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Ischaemic skin ulcer | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Keratosis pilaris | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Leukoderma | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Lichen planus | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Lichen sclerosus | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Lichenoid keratosis | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Linear IgA disease | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lipodystrophy acquired | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Lipohypertrophy | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Miliaria | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Myxoid cyst | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Nail disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nail hypertrophy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nail pigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Necrobiosis lipoidica diabetorum | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Neurodermatitis | 11 (0.3%) | 9 (0.2%) | 20 (0.3%) |
| Neuropathic ulcer | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Night sweats | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Onychogryphosis | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Palmoplantar keratoderma | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Palmoplantar pustulosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Papule | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Parapsoriasis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Pemphigoid | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Photosensitivity reaction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pigmentation disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prurigo | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Pruritus | 36 (1.0%) | 32 (0.9%) | 68 (0.9%) |
| Pseudofolliculitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Psoriasis | 62 (1.7%) | 66 (1.8%) | 128 (1.7%) |
| Purpura | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Purpura senile | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pyoderma gangrenosum | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rash | 16 (0.4%) | 17 (0.5%) | 33 (0.4%) |
| Rash erythematous | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Rash papular | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Rash pruritic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Rosacea | 5 (0.1%) | 8 (0.2%) | 13 (0.2%) |
| Scab | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sebaceous hyperplasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Seborrhoea | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Seborrhoeic dermatitis | 26 (0.7%) | 14 (0.4%) | 40 (0.5%) |
| Segmented hyalinising vasculitis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Senile xerosis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Skin atrophy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Skin discolouration | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Skin disorder | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Skin exfoliation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Skin hyperpigmentation | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Skin hypertrophy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin hypopigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin lesion | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Skin maceration | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin mass | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Skin necrosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin plaque | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin striae | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Skin ulcer | 47 (1.3%) | 35 (1.0%) | 82 (1.1%) |
| Skin warm | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Solar dermatitis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Solar lentigo | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Stasis dermatitis | 10 (0.3%) | 14 (0.4%) | 24 (0.3%) |
| Telangiectasia | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urticaria | 23 (0.6%) | 11 (0.3%) | 34 (0.5%) |
| Urticaria chronic | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Urticarial vasculitis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular purpura | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vascular skin disorder | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitiligo | 6 (0.2%) | 2 (<0.1%) | 8 (0.1%) |
| Xanthelasma | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Xeroderma | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Social circumstances | 213 (5.8%) | 194 (5.3%) | 407 (5.5%) |
| Alcohol use | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac assistance device user | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corrective lens user | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Disease risk factor | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Drug abuser | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Edentulous | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Ex-alcoholic | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ex-tobacco user | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Exercise lack of | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Familial risk factor | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Limb prosthesis user | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Loss of personal independence in daily activities | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Menopause | 140 (3.8%) | 125 (3.4%) | 265 (3.6%) |
| Organ donor | 2 (<0.1%) | 0 | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|--|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Parity | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Passive smoking | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Postmenopause | 42 (1.1%) | 48 (1.3%) | 90 (1.2%) |
| Tobacco user | 15 (0.4%) | 14 (0.4%) | 29 (0.4%) |
| Surgical and medical procedures | 1421 (38.6%) | 1377 (37.6%) | 2798 (38.1%) |
| Abdominal hernia repair | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Abdominal wall operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Abdominoplasty | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Abscess drainage | 3 (<0.1%) | 6 (0.2%) | 9 (0.1%) |
| Acrochordon excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Adenoidectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Adenotonsillectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Adrenalectomy | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Amputation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anal fissure excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anal fistula repair | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Anal sphincterotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Androgen replacement therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Angioplasty | 29 (0.8%) | 25 (0.7%) | 54 (0.7%) |
| Ankle arthroplasty | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Ankle operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Anorectal operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Antibiotic therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Anticoagulant therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aorta coarctation repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic anastomosis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Aortic aneurysm repair | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Aortic bypass | 5 (0.1%) | 7 (0.2%) | 12 (0.2%) |
| Aortic stent insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Aortic valve repair | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Aortic valve replacement | 25 (0.7%) | 22 (0.6%) | 47 (0.6%) |
| Appendicectomy | 123 (3.3%) | 164 (4.5%) | 287 (3.9%) |
| Arterial repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arterial stent insertion | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Arterial therapeutic procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arteriovenous fistula operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthrectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Arthrodesis | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Atrial appendage closure | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Atrial septal defect repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Benign breast lump removal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bentall procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder calculus removal | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Bladder catheter permanent | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bladder neoplasm surgery | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bladder operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bladder repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Blepharoplasty | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Bone graft | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Bone lesion excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Bone marrow transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bone operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Brachytherapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Breast conserving surgery | 5 (0.1%) | 10 (0.3%) | 15 (0.2%) |
| Breast cyst excision | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Breast reconstruction | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Breast tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Bunion operation | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| CSF shunt operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Caesarean section | 29 (0.8%) | 21 (0.6%) | 50 (0.7%) |
| Cancer surgery | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Cardiac ablation | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Cardiac aneurysm repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cardiac operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiac pacemaker insertion | 50 (1.4%) | 45 (1.2%) | 95 (1.3%) |
| Cardiac pacemaker replacement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cardiac resynchronisation therapy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cardiopulmonary bypass | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardiovascular event prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cardioversion | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |
| Carotid angioplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Carotid artery bypass | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Carotid artery stent insertion | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Carotid endarterectomy | 43 (1.2%) | 50 (1.4%) | 93 (1.3%) |
| Carpal tunnel decompression | 26 (0.7%) | 17 (0.5%) | 43 (0.6%) |
| Cartilage operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cataract operation | 136 (3.7%) | 168 (4.6%) | 304 (4.1%) |
| Catheter placement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Cervical conisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cervical laser therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Cervical polypectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Chemoneucleolysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Chest wall operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cholangiostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholecystectomy | 210 (5.7%) | 199 (5.4%) | 409 (5.6%) |
| Cholecystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cholelithotomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Circumcision | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Closed fracture manipulation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Colectomy | 11 (0.3%) | 9 (0.2%) | 20 (0.3%) |
| Colectomy total | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Colon operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Colorectostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colostomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Colostomy closure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Colporrhaphy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Continuous positive airway pressure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Corneal lesion removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Corneal transplant | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Coronary angioplasty | 52 (1.4%) | 62 (1.7%) | 114 (1.6%) |
| Coronary arterial stent insertion | 142 (3.9%) | 106 (2.9%) | 248 (3.4%) |
| Coronary artery bypass | 154 (4.2%) | 144 (3.9%) | 298 (4.1%) |
| Coronary revascularisation | 5 (0.1%) | 3 (<0.1%) | 8 (0.1%) |
| Cranial nerve decompression | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Cranial operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Craniotomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cyst removal | 3 (<0.1%) | 6 (0.2%) | 9 (0.1%) |
| Cystocele repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystoprostatectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Cystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dacryocystorhinostomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Debridement | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Dental implantation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Dental prosthesis placement | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Dermatofibroma removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Diabetes mellitus management | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Dialysis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Duodenal ulcer repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Duodeno-jejunal bypass sleeve therapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Dupuytren's contracture operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Ear operation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Elbow operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Endarterectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endarterectomy of aorta | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endocarditis prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endoscopic sleeve gastropasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Endovenous ablation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Enterostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Epidermoid cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Eventration repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Exeresis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Explorative laparotomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Eye laser surgery | 12 (0.3%) | 12 (0.3%) | 24 (0.3%) |
| Eye operation | 4 (0.1%) | 6 (0.2%) | 10 (0.1%) |
| Eye prosthesis insertion | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Eyelid operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Facetectomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Fallopian tube operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fasciectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Fasciotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Female genital operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Female sterilisation | 32 (0.9%) | 27 (0.7%) | 59 (0.8%) |
| Finger amputation | 8 (0.2%) | 7 (0.2%) | 15 (0.2%) |
| Finger repair operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Fistula repair | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Foot amputation | 12 (0.3%) | 12 (0.3%) | 24 (0.3%) |
| Foot operation | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Functional endoscopic sinus surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gallbladder operation | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Gastrectomy | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Gastric banding | 8 (0.2%) | 5 (0.1%) | 13 (0.2%) |
| Gastric bypass | 7 (0.2%) | 9 (0.2%) | 16 (0.2%) |
| Gastric electrical stimulation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastric polypectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Gastric stapling | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Gastric ulcer surgery | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Gastroenterostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal disorder prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrointestinal endoscopic therapy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Gastrointestinal surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Gastrostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Glaucoma surgery | 3 (<0.1%) | 6 (0.2%) | 9 (0.1%) |
| Haemangioma removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Haemodialysis | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Haemorrhoid operation | 10 (0.3%) | 12 (0.3%) | 22 (0.3%) |
| Haemostasis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Hand amputation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hand repair operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hearing aid therapy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Heart transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Heart valve operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Heart valve replacement | 5 (0.1%) | 1 (<0.1%) | 6 (<0.1%) |
| Hepatectomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Hepatitis B immunisation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia hiatus repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hernia repair | 12 (0.3%) | 21 (0.6%) | 33 (0.4%) |
| High frequency ablation | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Hip arthroplasty | 36 (1.0%) | 33 (0.9%) | 69 (0.9%) |
| Hip surgery | 0 | 4 (0.1%) | 4 (<0.1%) |
| Hydrocele operation | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Hysterectomy | 106 (2.9%) | 115 (3.1%) | 221 (3.0%) |
| Hysterosalpingo-oophorectomy | 11 (0.3%) | 8 (0.2%) | 19 (0.3%) |
| Hysterotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileocolostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Ileojunal bypass | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ileostomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Implantable cardiac monitor insertion | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Implantable defibrillator insertion | 10 (0.3%) | 10 (0.3%) | 20 (0.3%) |
| Implantable defibrillator replacement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Incisional drainage | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Incisional hernia repair | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Infection prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Inguinal hernia repair | 34 (0.9%) | 35 (1.0%) | 69 (0.9%) |
| Internal fixation of fracture | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Internal fixation of spine | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Internal limiting membrane peeling | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intervertebral disc operation | 26 (0.7%) | 17 (0.5%) | 43 (0.6%) |
| Intestinal polypectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intestinal resection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intra-aortic balloon placement | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Intra-cerebral aneurysm operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Intra-ocular injection | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Intra-uterine contraceptive device insertion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Intraocular lens implant | 30 (0.8%) | 30 (0.8%) | 60 (0.8%) |
| Intravitreal implant | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iridotomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Jaw operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Joint arthroplasty | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Knee arthroplasty | 53 (1.4%) | 52 (1.4%) | 105 (1.4%) |
| Knee operation | 8 (0.2%) | 18 (0.5%) | 26 (0.4%) |
| Lacrimal duct procedure | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lacrimal gland operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laparotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Large intestinal polypectomy | 24 (0.7%) | 18 (0.5%) | 42 (0.6%) |
| Large intestine anastomosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngeal polypectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Laryngectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Laser therapy | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Leg amputation | 23 (0.6%) | 27 (0.7%) | 50 (0.7%) |
| Lens capsulotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lens extraction | 5 (0.1%) | 5 (0.1%) | 10 (0.1%) |
| Lenticular operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ligament operation | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Limb amputation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Limb operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Lipectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Lipoma excision | 3 (<0.1%) | 4 (0.1%) | 7 (<0.1%) |
| Liposuction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Lithotripsy | 13 (0.4%) | 7 (0.2%) | 20 (0.3%) |
| Liver transplant | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lung lobectomy | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Lymphadenectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Mammoplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Manual lymphatic drainage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mass excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Mastectomy | 12 (0.3%) | 5 (0.1%) | 17 (0.2%) |
| Mastoidectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Maxillary antrum operation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Medical device removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Medical diet | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Meningioma surgery | 0 | 3 (<0.1%) | 3 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Meniscus operation | 9 (0.2%) | 6 (0.2%) | 15 (0.2%) |
| Meniscus removal | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Metabolic surgery | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Metatarsal excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Mitral valve repair | 2 (<0.1%) | 5 (0.1%) | 7 (<0.1%) |
| Mitral valve replacement | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Mole excision | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Multiple drug therapy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Muscle operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Myomectomy | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Nail operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Nasal polypectomy | 4 (0.1%) | 0 | 4 (<0.1%) |
| Nasal septal operation | 8 (0.2%) | 4 (0.1%) | 12 (0.2%) |
| Neobladder surgery | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nephrectomy | 25 (0.7%) | 22 (0.6%) | 47 (0.6%) |
| Nephrostomy | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Nephroureterectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Nerve block | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Neurectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Neurolysis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal dilation procedure | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophageal operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Oesophagogastric fundoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Omentectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Oophorectomy | 14 (0.4%) | 5 (0.1%) | 19 (0.3%) |
| Oophorectomy bilateral | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Ophthalmic fluid-air exchange procedure | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Orchidectomy | 4 (0.1%) | 0 | 4 (<0.1%) |
| Osteotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Osteotomy | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Ovarian cystectomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Ovarian operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Palatoplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreatectomy | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Pancreatic cyst drainage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pancreatic stent placement | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreaticoduodenectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Pancreaticogastrostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Papilloma excision | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Parathyroidectomy | 11 (0.3%) | 3 (<0.1%) | 14 (0.2%) |
| Parotidectomy | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Partial cystectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pelvic operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Penile prosthesis insertion | 4 (0.1%) | 4 (0.1%) | 8 (0.1%) |
| Percutaneous coronary intervention | 36 (1.0%) | 43 (1.2%) | 79 (1.1%) |
| Pericardial drainage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Perineoplasty | 5 (0.1%) | 2 (<0.1%) | 7 (<0.1%) |
| Peripheral artery angioplasty | 21 (0.6%) | 21 (0.6%) | 42 (0.6%) |
| Peripheral artery bypass | 17 (0.5%) | 21 (0.6%) | 38 (0.5%) |
| Peripheral artery stent insertion | 22 (0.6%) | 15 (0.4%) | 37 (0.5%) |
| Peripheral endarterectomy | 9 (0.2%) | 4 (0.1%) | 13 (0.2%) |
| Peripheral nerve decompression | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Peripheral nerve operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Peripheral revascularisation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Permanent cosmetic dermapigmentation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pharyngeal operation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Pharyngectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Phlebectomy | 14 (0.4%) | 10 (0.3%) | 24 (0.3%) |
| Phlebotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Photorefractive keratectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pilonidal sinus repair | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Polypectomy | 9 (0.2%) | 9 (0.2%) | 18 (0.2%) |
| Proctectomy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Proctocolectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Profundaplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prolapse repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Prostate ablation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prostatectomy | 11 (0.3%) | 22 (0.6%) | 33 (0.4%) |
| Prostatic operation | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Prosthesis implantation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Prosthetic vessel implantation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Pterygium operation | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Pulmonary resection | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Radical cystectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Radical hysterectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radical prostatectomy | 5 (0.1%) | 4 (0.1%) | 9 (0.1%) |
| Radioactive iodine therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Radiotherapy | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Radiotherapy to pharynx | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Rectal polypectomy | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Rectal prolapse repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Removal of foreign body from eyelids | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 | Placebo | Total |
|----------------------------------|---------------|---------------|---------------|
| Preferred term | N=3686 (100%) | N=3666 (100%) | N=7352 (100%) |
| MedDRA version 23.1 | | | |
| Renal artery stent placement | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Renal cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal replacement therapy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Renal stone removal | 18 (0.5%) | 18 (0.5%) | 36 (0.5%) |
| Renal surgery | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Renal sympathetic nerve ablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal transplant | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Renal tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Retinal cryoablation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Retinal laser coagulation | 15 (0.4%) | 15 (0.4%) | 30 (0.4%) |
| Retinal operation | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Retinopexy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Retro-pubic prostatectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Revascularisation procedure | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Rhinoplasty | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Rotator cuff repair | 4 (0.1%) | 11 (0.3%) | 15 (0.2%) |
| Routine health maintenance | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Roux loop conversion | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Salivary gland resection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Salpingectomy | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Salpingo-oophorectomy | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Salpingo-oophorectomy bilateral | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Salpingo-oophorectomy unilateral | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Scar excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sclerotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Scrotal cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Scrotal operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sebaceous cyst excision | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Shoulder arthroplasty | 4 (0.1%) | 3 (<0.1%) | 7 (<0.1%) |
| Shoulder operation | 7 (0.2%) | 8 (0.2%) | 15 (0.2%) |
| Sigmoidectomy | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Sinuplasty | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Sinus operation | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Skin cryotherapy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Skin cyst excision | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin graft | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Skin lesion removal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Skin neoplasm excision | 11 (0.3%) | 13 (0.4%) | 24 (0.3%) |
| Skin operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal corpectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Spinal decompression | 2 (<0.1%) | 4 (0.1%) | 6 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Spinal fusion surgery | 6 (0.2%) | 6 (0.2%) | 12 (0.2%) |
| Spinal laminectomy | 12 (0.3%) | 6 (0.2%) | 18 (0.2%) |
| Spinal operation | 12 (0.3%) | 10 (0.3%) | 22 (0.3%) |
| Spinal rod insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Splenectomy | 4 (0.1%) | 7 (0.2%) | 11 (0.1%) |
| Stent placement | 28 (0.8%) | 28 (0.8%) | 56 (0.8%) |
| Stent removal | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Sterilisation | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Strabismus correction | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subdural haematoma evacuation | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Surgery | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Sympathectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synovectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Synovial cyst removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Tendon sheath incision | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tenoplasty | 3 (<0.1%) | 6 (0.2%) | 9 (0.1%) |
| Testicular operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Testicular prosthesis insertion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Therapeutic embolisation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracic cavity drainage | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thoracotomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thrombectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thromboembolectomy | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Thrombolysis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thrombosis prophylaxis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thymectomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thyroid adenoma removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Thyroid nodule removal | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Thyroid operation | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Thyroidectomy | 30 (0.8%) | 38 (1.0%) | 68 (0.9%) |
| Toe amputation | 68 (1.8%) | 43 (1.2%) | 111 (1.5%) |
| Toe operation | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Tongue operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tonsillectomy | 42 (1.1%) | 52 (1.4%) | 94 (1.3%) |
| Tooth extraction | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Trabeculectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Transfusion | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transurethral bladder resection | 3 (<0.1%) | 2 (<0.1%) | 5 (<0.1%) |
| Transurethral incision of prostate | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Transurethral prostatectomy | 17 (0.5%) | 15 (0.4%) | 32 (0.4%) |
| Tricuspid valve repair | 0 | 2 (<0.1%) | 2 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Tricuspid valve replacement | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Tumour excision | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Turbinectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Turbinoplasty | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Tympanoplasty | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Umbilical hernia repair | 14 (0.4%) | 19 (0.5%) | 33 (0.4%) |
| Ureteral stent insertion | 8 (0.2%) | 3 (<0.1%) | 11 (0.1%) |
| Ureteric calculus removal | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Ureterolectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Ureterolithotomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Ureteroneocystostomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urethral operation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Urethral repair | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urethral stent insertion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urethrotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Urinary bladder suspension | 7 (0.2%) | 4 (0.1%) | 11 (0.1%) |
| Urinary cystectomy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Urinary tract operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Urostomy | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Uterine cystectomy | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Uterine dilation and curettage | 4 (0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| Uterine operation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Uterine polypectomy | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Uvulopalatopharyngoplasty | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Uvuloplasty | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vaginal cyst excision | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vaginoperineoplasty | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vagotomy | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Varicocele repair | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Varicose vein operation | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Vascular anastomosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vascular graft | 16 (0.4%) | 7 (0.2%) | 23 (0.3%) |
| Vascular operation | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vascular stent insertion | 6 (0.2%) | 3 (<0.1%) | 9 (0.1%) |
| Vasectomy | 11 (0.3%) | 16 (0.4%) | 27 (0.4%) |
| Vasodilation procedure | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Vena cava filter insertion | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Venous angioplasty | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Ventriculo-peritoneal shunt | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vertebroplasty | 1 (<0.1%) | 2 (<0.1%) | 3 (<0.1%) |
| Vision correction operation | 1 (<0.1%) | 0 | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|-----------------------------------|------------------------------|--------------------------|------------------------|
| Preferred term | | | |
| MedDRA version 23.1 | | | |
| Vitamin supplementation | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vitrectomy | 22 (0.6%) | 20 (0.5%) | 42 (0.6%) |
| Vocal cord operation | 0 | 3 (<0.1%) | 3 (<0.1%) |
| Vocal cord polypectomy | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Volvulus repair | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wisdom teeth removal | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wound treatment | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Wrist surgery | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Vascular disorders | 3581 (97.2%) | 3559 (97.1%) | 7140 (97.1%) |
| Accelerated hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aneurysm | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Angiopathy | 6 (0.2%) | 5 (0.1%) | 11 (0.1%) |
| Angiosclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Aortic aneurysm | 20 (0.5%) | 30 (0.8%) | 50 (0.7%) |
| Aortic arteriosclerosis | 65 (1.8%) | 64 (1.7%) | 129 (1.8%) |
| Aortic dilatation | 4 (0.1%) | 9 (0.2%) | 13 (0.2%) |
| Aortic disorder | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Aortic dissection | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Aortic stenosis | 32 (0.9%) | 29 (0.8%) | 61 (0.8%) |
| Aortic thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Arterial disorder | 4 (0.1%) | 0 | 4 (<0.1%) |
| Arterial insufficiency | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Arterial occlusive disease | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Arterial stenosis | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Arterial wall hypertrophy | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Arteriosclerosis | 76 (2.1%) | 57 (1.6%) | 133 (1.8%) |
| Arteriosclerosis Moenckeberg-type | 3 (<0.1%) | 0 | 3 (<0.1%) |
| Arteriovenous fistula | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Arteritis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Brachiocephalic arteriosclerosis | 5 (0.1%) | 10 (0.3%) | 15 (0.2%) |
| Brachiocephalic artery stenosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Cyanosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Deep vein thrombosis | 27 (0.7%) | 28 (0.8%) | 55 (0.7%) |
| Diabetic macroangiopathy | 10 (0.3%) | 11 (0.3%) | 21 (0.3%) |
| Diabetic microangiopathy | 9 (0.2%) | 3 (<0.1%) | 12 (0.2%) |
| Diabetic vascular disorder | 102 (2.8%) | 95 (2.6%) | 197 (2.7%) |
| Dry gangrene | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Embolism | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Embolism venous | 0 | 1 (<0.1%) | 1 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Essential hypertension | 107 (2.9%) | 120 (3.3%) | 227 (3.1%) |
| Extremity necrosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Granulomatosis with polyangiitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Haematoma | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Haemorrhagic vasculitis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Hot flush | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |
| Hyperaemia | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Hypertension | 3436 (93.2%) | 3398 (92.7%) | 6834 (93.0%) |
| Hypertensive angiopathy | 7 (0.2%) | 5 (0.1%) | 12 (0.2%) |
| Hypertensive crisis | 3 (<0.1%) | 6 (0.2%) | 9 (0.1%) |
| Hypertensive emergency | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypertensive end-organ damage | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Hypotension | 3 (<0.1%) | 5 (0.1%) | 8 (0.1%) |
| Hypovolaemic shock | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Iliac artery occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Iliac artery stenosis | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Infarction | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Intermittent claudication | 37 (1.0%) | 46 (1.3%) | 83 (1.1%) |
| Labile hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphangiectasia | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Lymphocele | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Lymphoedema | 6 (0.2%) | 9 (0.2%) | 15 (0.2%) |
| Macroangiopathy | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Microangiopathy | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Obstructive shock | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Orthostatic hypotension | 11 (0.3%) | 5 (0.1%) | 16 (0.2%) |
| Pelvic venous thrombosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Peripheral arterial occlusive disease | 587 (15.9%) | 575 (15.7%) | 1162 (15.8%) |
| Peripheral artery aneurysm | 4 (0.1%) | 2 (<0.1%) | 6 (<0.1%) |
| Peripheral artery occlusion | 6 (0.2%) | 8 (0.2%) | 14 (0.2%) |
| Peripheral artery stenosis | 3 (<0.1%) | 7 (0.2%) | 10 (0.1%) |
| Peripheral artery thrombosis | 1 (<0.1%) | 4 (0.1%) | 5 (<0.1%) |
| Peripheral coldness | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Peripheral embolism | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Peripheral ischaemia | 10 (0.3%) | 9 (0.2%) | 19 (0.3%) |
| Peripheral vascular disorder | 38 (1.0%) | 36 (1.0%) | 74 (1.0%) |
| Peripheral venous disease | 83 (2.3%) | 62 (1.7%) | 145 (2.0%) |
| Phlebitis | 3 (<0.1%) | 1 (<0.1%) | 4 (<0.1%) |
| Phlebitis deep | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Poor peripheral circulation | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Post thrombotic syndrome | 2 (<0.1%) | 3 (<0.1%) | 5 (<0.1%) |

Table 4.4 / 1: Number of subjects with medical history findings by primary system organ class and preferred term (full analysis set Figaro)

| Primary system organ class Preferred term MedDRA version 23.1 | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Raynaud's phenomenon | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Renovascular hypertension | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Subclavian artery occlusion | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Subclavian artery stenosis | 3 (<0.1%) | 3 (<0.1%) | 6 (<0.1%) |
| Subgaleal haematoma | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Supra-aortic trunk sclerosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Systolic hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Takayasu's arteritis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Thrombophlebitis | 7 (0.2%) | 11 (0.3%) | 18 (0.2%) |
| Thrombosis | 5 (0.1%) | 6 (0.2%) | 11 (0.1%) |
| Varicophlebitis | 2 (<0.1%) | 1 (<0.1%) | 3 (<0.1%) |
| Varicose ulceration | 2 (<0.1%) | 2 (<0.1%) | 4 (<0.1%) |
| Varicose vein | 114 (3.1%) | 109 (3.0%) | 223 (3.0%) |
| Vascular stenosis | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Vasoconstriction | 0 | 2 (<0.1%) | 2 (<0.1%) |
| Vasodilatation | 1 (<0.1%) | 1 (<0.1%) | 2 (<0.1%) |
| Vein disorder | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| Vena cava thrombosis | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous hypertension | 1 (<0.1%) | 0 | 1 (<0.1%) |
| Venous occlusion | 0 | 1 (<0.1%) | 1 (<0.1%) |
| Venous thrombosis | 2 (<0.1%) | 0 | 2 (<0.1%) |
| Venous thrombosis limb | 1 (<0.1%) | 3 (<0.1%) | 4 (<0.1%) |
| White coat hypertension | 7 (0.2%) | 10 (0.3%) | 17 (0.2%) |

Medical history findings are sorted in alphabetical order by primary SOC and preferred term.

A subject is counted only once within each preferred term or any primary SOC.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_admh.sas 30JAN2023 15:12

End of table

4.5 Concomitant medication

Table 4.5 / 1: Number of subjects who took at least one new non anti-diabetic concomitant medication of interest (full analysis set Figaro)

| Drug grouping | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 2796 (75.9%) | 2834 (77.3%) | 5630 (76.6%) |
| ACEI | 531 (14.4%) | 567 (15.5%) | 1098 (14.9%) |
| ARB | 850 (23.1%) | 889 (24.2%) | 1739 (23.7%) |
| RAS-inhibitors | 1257 (34.1%) | 1312 (35.8%) | 2569 (34.9%) |
| Beta-blocker | 895 (24.3%) | 920 (25.1%) | 1815 (24.7%) |
| Diuretics | 1243 (33.7%) | 1325 (36.1%) | 2568 (34.9%) |
| Loop diuretics | 783 (21.2%) | 866 (23.6%) | 1649 (22.4%) |
| Thiazide diuretics | 363 (9.8%) | 423 (11.5%) | 786 (10.7%) |
| Potassium supplements | 245 (6.6%) | 298 (8.1%) | 543 (7.4%) |
| Potassium lowering agents (including binders) | 167 (4.5%) | 101 (2.8%) | 268 (3.6%) |
| Alpha blocking agents | 895 (24.3%) | 926 (25.3%) | 1821 (24.8%) |
| Calcium channel blockers | 1015 (27.5%) | 1132 (30.9%) | 2147 (29.2%) |
| Centrally acting antihypertensives | 159 (4.3%) | 187 (5.1%) | 346 (4.7%) |
| Strong CYP3A4 inhibitors | 186 (5.0%) | 186 (5.1%) | 372 (5.1%) |
| Moderate CYP3A4 inhibitors | 497 (13.5%) | 497 (13.6%) | 994 (13.5%) |
| Weak CYP3A4 inhibitors | 1339 (36.3%) | 1355 (37.0%) | 2694 (36.6%) |
| Unclassified CYP3A4 inhibitors | 166 (4.5%) | 171 (4.7%) | 337 (4.6%) |
| Strong CYP3A4 inducers | 48 (1.3%) | 50 (1.4%) | 98 (1.3%) |
| Moderate CYP3A4 inducers | 269 (7.3%) | 275 (7.5%) | 544 (7.4%) |
| Weak CYP3A4 inducers | 245 (6.6%) | 240 (6.5%) | 485 (6.6%) |
| Unclassified CYP3A4 inducers | 146 (4.0%) | 138 (3.8%) | 284 (3.9%) |
| Oral anticoagulants | 324 (8.8%) | 322 (8.8%) | 646 (8.8%) |
| Acetylsalicylic acid and its salts | 572 (15.5%) | 582 (15.9%) | 1154 (15.7%) |
| Statins | 1058 (28.7%) | 1010 (27.6%) | 2068 (28.1%) |
| Erythropoietin stimulating agents | 58 (1.6%) | 53 (1.4%) | 111 (1.5%) |
| NSAIDs (excluding acetylsalicylic acid) | 1125 (30.5%) | 1106 (30.2%) | 2231 (30.3%) |
| ARNIs | 7 (0.2%) | 6 (0.2%) | 13 (0.2%) |
| Potassium-sparing diuretics | 199 (5.4%) | 225 (6.1%) | 424 (5.8%) |
| Platelet aggregation inhibitors (excluding heparin) | 858 (23.3%) | 846 (23.1%) | 1704 (23.2%) |
| Trimethoprim and derivatives | 114 (3.1%) | 108 (2.9%) | 222 (3.0%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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Table 4.5 / 2: Number of subjects who took at least one new anti-diabetic concomitant medication of interest (full analysis set Figaro)

| Drug grouping | BAY 94-8862 N=3686 (100%) | Placebo N=3666 (100%) | Total N=7352 (100%) |
|---|------------------------------|--------------------------|------------------------|
| Number (%) of subjects with at least one new concomitant medication of interest | 2259 (61.3%) | 2302 (62.8%) | 4561 (62.0%) |
| Insulins and analogues | 1527 (41.4%) | 1509 (41.2%) | 3036 (41.3%) |
| Dipeptidyl peptidase 4 inhibitors | 603 (16.4%) | 570 (15.5%) | 1173 (16.0%) |
| Glucagon-like peptide-1(GLP1) agonists | 419 (11.4%) | 413 (11.3%) | 832 (11.3%) |
| SGLT-2 inhibitors | 580 (15.7%) | 578 (15.8%) | 1158 (15.8%) |
| Biguanides | 969 (26.3%) | 944 (25.8%) | 1913 (26.0%) |
| Sulfonylureas | 479 (13.0%) | 480 (13.1%) | 959 (13.0%) |
| Alpha glucosidase inhibitors | 137 (3.7%) | 123 (3.4%) | 260 (3.5%) |
| Meglitinides | 100 (2.7%) | 95 (2.6%) | 195 (2.7%) |
| Thiazolidinediones | 118 (3.2%) | 115 (3.1%) | 233 (3.2%) |

Medications that began after the start of study drug, and those that were started after end of study drug, are included in this table.

Multiple drug groups per drug are possible. Therefore, the same drug may be counted in more than one category for the same subject.

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End of table

Table of contents

| | |
|---|----|
| 1.3.1 Time-to-event analyses | 21 |
| Table 1.3.1 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 22 |
| Table 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) | 23 |
| Table 1.3.1 / 3: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) | 28 |
| Table 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 29 |
| Table 1.3.1 / 5: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 32 |
| Table 1.3.1 / 6: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) | 33 |
| Table 1.3.1 / 7: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) | 35 |
| Table 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 36 |
| Table 1.3.1 / 9: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) | 38 |
| Table 1.3.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) | 39 |
| Table 1.3.1 / 11: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) | 41 |
| Table 1.3.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) | 42 |
| Table 1.3.1 / 13: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set) | 45 |
| Table 1.3.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) | 46 |
| Table 1.3.1 / 15: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set) | 50 |
| Table 1.3.1 / 16: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) | 51 |
| Table 1.3.1 / 17: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set) | 53 |

| | |
|---|----|
| Table 1.3.1 / 18: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) | 54 |
| Table 1.3.1 / 19: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set) | 56 |
| Table 1.3.1 / 20: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set) | 57 |
| Table 1.3.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 58 |
| Table 1.3.1 / 22: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 59 |
| Table 1.3.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) | 60 |
| Table 1.3.1 / 24: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) | 65 |
| Table 1.3.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 66 |
| Table 1.3.1 / 26: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 69 |
| Table 1.3.1 / 27: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) | 70 |
| Table 1.3.1 / 28: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) | 72 |
| Table 1.3.1 / 29: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 73 |
| Table 1.3.1 / 30: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) | 75 |
| Table 1.3.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) | 76 |
| Table 1.3.1 / 32: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) | 78 |
| Table 1.3.1 / 33: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) | 79 |

| | |
|---|-----|
| Table 1.3.1 / 34: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 82 |
| Table 1.3.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) | 83 |
| Table 1.3.1 / 36: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)..... | 87 |
| Table 1.3.1 / 37: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)..... | 88 |
| Table 1.3.1 / 38: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set) | 90 |
| Table 1.3.1 / 39: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)..... | 91 |
| Table 1.3.1 / 40: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)..... | 93 |
| Table 1.3.1 / 41: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set) | 94 |
| Table 1.3.1 / 42: Time to onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 95 |
| Table 1.3.1 / 43: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)..... | 96 |
| Table 1.3.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) | 97 |
| Table 1.3.1 / 45: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) | 102 |
| Table 1.3.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 103 |
| Table 1.3.1 / 47: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 106 |
| Table 1.3.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) | 107 |
| Table 1.3.1 / 49: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)..... | 109 |

| | |
|--|-----|
| Table 1.3.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 110 |
| Table 1.3.1 / 51: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) | 112 |
| Table 1.3.1 / 52: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) | 113 |
| Table 1.3.1 / 53: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) | 115 |
| Table 1.3.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) | 116 |
| Table 1.3.1 / 55: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set) | 119 |
| Table 1.3.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) | 120 |
| Table 1.3.1 / 57: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set) | 124 |
| Table 1.3.1 / 58: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) | 125 |
| Table 1.3.1 / 59: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set) | 127 |
| Table 1.3.1 / 60: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) | 128 |
| Table 1.3.1 / 61: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set) | 130 |
| Table 1.3.1 / 62: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set) | 131 |
| Table 1.3.1 / 63: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 132 |
| Table 1.3.1 / 64: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 133 |
| Table 1.3.1 / 65: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 134 |
| Table 1.3.1 / 66: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 135 |
| Table 1.3.1 / 67: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 136 |
| Table 1.3.1 / 68: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): | |

Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) 137

Table 1.3.1 / 69: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) 138

Table 1.3.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) 139

Table 1.3.1 / 71: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) 144

Table 1.3.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m2) category (full analysis set) 145

Table 1.3.1 / 73: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set) 148

Table 1.3.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) 149

Table 1.3.1 / 75: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) 151

Table 1.3.1 / 76: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) 152

Table 1.3.1 / 77: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) 154

Table 1.3.1 / 78: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) 155

Table 1.3.1 / 79: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) 157

Table 1.3.1 / 80: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) 158

Table 1.3.1 / 81: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set) 161

Table 1.3.1 / 82: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) 162

Table 1.3.1 / 83: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set) 166

| | |
|--|-----|
| Table 1.3.1 / 84: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) | 167 |
| Table 1.3.1 / 85: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)..... | 169 |
| Table 1.3.1 / 86: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) | 170 |
| Table 1.3.1 / 87: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set) | 172 |
| Table 1.3.1 / 88: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set) | 173 |
| Table 1.3.1 / 89: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)..... | 174 |
| Table 1.3.1 / 90: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 175 |
| Table 1.3.1 / 91: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 176 |
| Table 1.3.1 / 92: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 177 |
| Table 1.3.1 / 93: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 178 |
| Table 1.3.1 / 94: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 179 |
| Table 1.3.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)..... | 180 |
| Table 1.3.1 / 96: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) | 185 |
| Table 1.3.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 186 |
| Table 1.3.1 / 98: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 189 |
| Table 1.3.1 / 99: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)..... | 190 |
| Table 1.3.1 / 100: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) | 192 |
| Table 1.3.1 / 101: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 193 |

| | |
|---|-----|
| Table 1.3.1 / 102: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)..... | 195 |
| Table 1.3.1 / 103: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)..... | 196 |
| Table 1.3.1 / 104: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)..... | 198 |
| Table 1.3.1 / 105: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 199 |
| Table 1.3.1 / 106: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 202 |
| Table 1.3.1 / 107: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)..... | 203 |
| Table 1.3.1 / 108: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)..... | 207 |
| Table 1.3.1 / 109: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)..... | 208 |
| Table 1.3.1 / 110: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)..... | 210 |
| Table 1.3.1 / 111: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)..... | 211 |
| Table 1.3.1 / 112: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)..... | 213 |
| Table 1.3.1 / 113: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)..... | 214 |
| Table 1.3.1 / 114: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)..... | 215 |
| Table 1.3.1 / 115: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)..... | 216 |
| Table 1.3.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)..... | 217 |
| Table 1.3.1 / 117: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)..... | 222 |
| Table 1.3.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set)..... | 223 |
| Table 1.3.1 / 119: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set)..... | 226 |

| | |
|---|-----|
| Table 1.3.1 / 120: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) | 227 |
| Table 1.3.1 / 121: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) | 229 |
| Table 1.3.1 / 122: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 230 |
| Table 1.3.1 / 123: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) | 232 |
| Table 1.3.1 / 124: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) | 233 |
| Table 1.3.1 / 125: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) | 235 |
| Table 1.3.1 / 126: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) | 236 |
| Table 1.3.1 / 127: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set) | 239 |
| Table 1.3.1 / 128: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) | 240 |
| Table 1.3.1 / 129: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set) | 244 |
| Table 1.3.1 / 130: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) | 245 |
| Table 1.3.1 / 131: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set) | 247 |
| Table 1.3.1 / 132: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) | 248 |
| Table 1.3.1 / 133: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set) | 250 |
| Table 1.3.1 / 134: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set) | 251 |
| Table 1.3.1 / 135: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 252 |
| Table 1.3.1 / 136: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 253 |
| Table 1.3.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) | 254 |

| | |
|---|-----|
| Table 1.3.1 / 138: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) | 259 |
| Table 1.3.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 260 |
| Table 1.3.1 / 140: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 263 |
| Table 1.3.1 / 141: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) | 264 |
| Table 1.3.1 / 142: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) | 266 |
| Table 1.3.1 / 143: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 267 |
| Table 1.3.1 / 144: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) | 269 |
| Table 1.3.1 / 145: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) | 270 |
| Table 1.3.1 / 146: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) | 272 |
| Table 1.3.1 / 147: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) | 273 |
| Table 1.3.1 / 148: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set) | 276 |
| Table 1.3.1 / 149: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) | 277 |
| Table 1.3.1 / 150: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set) | 281 |

| | |
|---|-----|
| Table 1.3.1 / 151: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) | 282 |
| Table 1.3.1 / 152: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set) | 284 |
| Table 1.3.1 / 153: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) | 285 |
| Table 1.3.1 / 154: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set) | 287 |
| Table 1.3.1 / 155: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set) | 288 |
| Table 1.3.1 / 156: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 289 |
| Table 1.3.1 / 157: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 290 |
| Table 1.3.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) | 291 |
| Table 1.3.1 / 159: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set) | 296 |
| Table 1.3.1 / 160: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 297 |
| Table 1.3.1 / 161: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 300 |
| Table 1.3.1 / 162: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) | 301 |
| Table 1.3.1 / 163: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set) | 303 |
| Table 1.3.1 / 164: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) | 304 |
| Table 1.3.1 / 165: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set) | 306 |
| Table 1.3.1 / 166: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) | 307 |
| Table 1.3.1 / 167: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set) | 309 |

| | |
|--|-----|
| Table 1.3.1 / 168: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 310 |
| Table 1.3.1 / 169: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set) | 313 |
| Table 1.3.1 / 170: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)..... | 314 |
| Table 1.3.1 / 171: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set) | 318 |
| Table 1.3.1 / 172: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) | 319 |
| Table 1.3.1 / 173: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set) | 321 |
| Table 1.3.1 / 174: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) | 322 |
| Table 1.3.1 / 175: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)..... | 324 |
| Table 1.3.1 / 176: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)..... | 325 |
| Table 1.3.1 / 177: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set) | 326 |
| Table 1.3.1 / 178: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set)..... | 327 |
| Figure 1.3.1 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set)..... | 328 |
| Figure 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set) | 329 |
| Figure 1.3.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 334 |
| Figure 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)..... | 337 |
| Figure 1.3.1 / 5: Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) | 339 |
| Figure 1.3.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 341 |
| Figure 1.3.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) | 343 |
| Figure 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)..... | 346 |
| Figure 1.3.1 / 9: Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set) | 350 |
| Figure 1.3.1 / 10: Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 352 |

| | |
|---|-----|
| Figure 1.3.1 / 11: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set)..... | 354 |
| Figure 1.3.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set)..... | 355 |
| Figure 1.3.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set) | 356 |
| Figure 1.3.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 361 |
| Figure 1.3.1 / 15: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) | 364 |
| Figure 1.3.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) | 366 |
| Figure 1.3.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 368 |
| Figure 1.3.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 370 |
| Figure 1.3.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)..... | 373 |
| Figure 1.3.1 / 20: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set)..... | 377 |
| Figure 1.3.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 379 |
| Figure 1.3.1 / 22: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set)..... | 381 |
| Figure 1.3.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set) | 382 |
| Figure 1.3.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set)..... | 387 |
| Figure 1.3.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)..... | 390 |
| Figure 1.3.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)..... | 392 |
| Figure 1.3.1 / 27: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 394 |
| Figure 1.3.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) | 396 |
| Figure 1.3.1 / 29: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)..... | 399 |
| Figure 1.3.1 / 30: Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set)..... | 403 |

| | |
|--|-----|
| Figure 1.3.1 / 31: Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 405 |
| Figure 1.3.1 / 32: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set) | 407 |
| Figure 1.3.1 / 33: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set) | 408 |
| Figure 1.3.1 / 34: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set) | 409 |
| Figure 1.3.1 / 35: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set) | 410 |
| Figure 1.3.1 / 36: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set) | 411 |
| Figure 1.3.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set) | 412 |
| Figure 1.3.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 417 |
| Figure 1.3.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) | 420 |
| Figure 1.3.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) | 422 |
| Figure 1.3.1 / 41: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 424 |
| Figure 1.3.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) | 426 |
| Figure 1.3.1 / 43: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) | 429 |
| Figure 1.3.1 / 44: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set) | 433 |
| Figure 1.3.1 / 45: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 435 |
| Figure 1.3.1 / 46: Time to CV death (months): Kaplan-Meier curves (full analysis set) | 437 |
| Figure 1.3.1 / 47: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set) | 438 |
| Figure 1.3.1 / 48: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set) | 439 |
| Figure 1.3.1 / 49: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set) | 440 |
| Figure 1.3.1 / 50: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set) | 441 |
| Figure 1.3.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set) | 442 |

| | |
|--|-----|
| Figure 1.3.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 447 |
| Figure 1.3.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) | 450 |
| Figure 1.3.1 / 54: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)..... | 452 |
| Figure 1.3.1 / 55: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 454 |
| Figure 1.3.1 / 56: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 456 |
| Figure 1.3.1 / 57: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) | 459 |
| Figure 1.3.1 / 58: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set) | 463 |
| Figure 1.3.1 / 59: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 465 |
| Figure 1.3.1 / 60: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set) | 467 |
| Figure 1.3.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set) | 468 |
| Figure 1.3.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set)..... | 473 |
| Figure 1.3.1 / 63: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)..... | 476 |
| Figure 1.3.1 / 64: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) | 478 |
| Figure 1.3.1 / 65: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 480 |
| Figure 1.3.1 / 66: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) | 482 |
| Figure 1.3.1 / 67: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)..... | 485 |
| Figure 1.3.1 / 68: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set) | 489 |
| Figure 1.3.1 / 69: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 491 |
| Figure 1.3.1 / 70: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set) | 493 |
| Figure 1.3.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set) | 494 |
| Figure 1.3.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set) | 499 |

| | |
|---|-----|
| Figure 1.3.1 / 73: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)..... | 502 |
| Figure 1.3.1 / 74: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) | 504 |
| Figure 1.3.1 / 75: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) | 506 |
| Figure 1.3.1 / 76: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 508 |
| Figure 1.3.1 / 77: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)..... | 511 |
| Figure 1.3.1 / 78: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set)..... | 515 |
| Figure 1.3.1 / 79: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 517 |
| Figure 1.3.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set)..... | 519 |
| Figure 1.3.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set) | 520 |
| Figure 1.3.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m ²) category (full analysis set)..... | 525 |
| Figure 1.3.1 / 83: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)..... | 528 |
| Figure 1.3.1 / 84: Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)..... | 530 |
| Figure 1.3.1 / 85: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)..... | 532 |
| Figure 1.3.1 / 86: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)..... | 534 |
| Figure 1.3.1 / 87: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)..... | 537 |
| Figure 1.3.1 / 88: Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set) | 541 |
| Figure 1.3.1 / 89: Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) | 543 |
| 1.3.2 Forest plots for time-to-event Analyses | 545 |
| Figure 1.3.2 / 1: Forest plot of all-cause mortality: Hazard Ratio by Overall and study ID (full analysis set)..... | 546 |
| Figure 1.3.2 / 2: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 40% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set) | 547 |

| | |
|--|-----|
| Figure 1.3.2 / 3: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set) | 548 |
| Figure 1.3.2 / 4: Forest plot of onset of kidney failure: Hazard Ratio by Overall and study ID (full analysis set) | 549 |
| Figure 1.3.2 / 5: Forest plot of end-stage renal disease: Hazard Ratio by Overall and study ID (full analysis set) | 550 |
| Figure 1.3.2 / 6: Forest plot of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set)..... | 551 |
| Figure 1.3.2 / 7: Forest plot of a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set) | 552 |
| Figure 1.3.2 / 8: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Overall and study ID (full analysis set)..... | 553 |
| Figure 1.3.2 / 9: Forest plot of cardiovascular (CV) death: Hazard Ratio by Overall and study ID (full analysis set) | 554 |
| Figure 1.3.2 / 10: Forest plot of non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set) | 555 |
| Figure 1.3.2 / 11: Forest plot of non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set)..... | 556 |
| Figure 1.3.2 / 12: Forest plot of hospitalization due to heart failure: Hazard Ratio by Overall and study ID (full analysis set)..... | 557 |
| Figure 1.3.2 / 13: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set)..... | 558 |
| Figure 1.3.2 / 14: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set)..... | 559 |
| Figure 1.3.2 / 15: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Overall and study ID (full analysis set)..... | 560 |
| Figure 1.3.2 / 16: Forest plot of all-cause hospitalization: Hazard Ratio by Overall and study ID (full analysis set)..... | 561 |
| Figure 1.3.2 / 17: Forest plot of Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively: Hazard Ratio by Overall and study ID (full analysis set)..... | 562 |
| Figure 1.3.2 / 18: Forest plot of all-cause mortality: Hazard Ratio by Region and study ID (full analysis set) | 563 |
| Figure 1.3.2 / 19: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Region and study ID (full analysis set) | 564 |
| Figure 1.3.2 / 20: Forest plot of onset of kidney failure: Hazard Ratio by Region and study ID (full analysis set) | 565 |
| Figure 1.3.2 / 21: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Region and study ID (full analysis set) | 566 |
| Figure 1.3.2 / 22: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Region and study ID (full analysis set) | 567 |
| Figure 1.3.2 / 23: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Region and study ID (full analysis set)..... | 568 |

| | |
|--|-----|
| Figure 1.3.2 / 24: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Region and study ID (full analysis set) | 569 |
| Figure 1.3.2 / 25: Forest plot of all-cause hospitalization: Hazard Ratio by Region and study ID (full analysis set) | 570 |
| Figure 1.3.2 / 26: Forest plot of all-cause mortality: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 571 |
| Figure 1.3.2 / 27: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 572 |
| Figure 1.3.2 / 28: Forest plot of onset of kidney failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 573 |
| Figure 1.3.2 / 29: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 574 |
| Figure 1.3.2 / 30: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 575 |
| Figure 1.3.2 / 31: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 576 |
| Figure 1.3.2 / 32: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 577 |
| Figure 1.3.2 / 33: Forest plot of all-cause hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set) | 578 |
| Figure 1.3.2 / 34: Forest plot of all-cause mortality: Hazard Ratio by Sex and study ID (full analysis set) | 579 |
| Figure 1.3.2 / 35: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Sex and study ID (full analysis set) | 580 |
| Figure 1.3.2 / 36: Forest plot of onset of kidney failure: Hazard Ratio by Sex and study ID (full analysis set) | 581 |
| Figure 1.3.2 / 37: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Sex and study ID (full analysis set) | 582 |
| Figure 1.3.2 / 38: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Sex and study ID (full analysis set) | 583 |
| Figure 1.3.2 / 39: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Sex and study ID (full analysis set) | 584 |
| Figure 1.3.2 / 40: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Sex and study ID (full analysis set) | 585 |
| Figure 1.3.2 / 41: Forest plot of all-cause hospitalization: Hazard Ratio by Sex and study ID (full analysis set) | 586 |
| Figure 1.3.2 / 42: Forest plot of all-cause mortality: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 587 |
| Figure 1.3.2 / 43: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal | |

| | |
|--|-----|
| death: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 588 |
| Figure 1.3.2 / 44: Forest plot of onset of kidney failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 589 |
| Figure 1.3.2 / 45: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 590 |
| Figure 1.3.2 / 46: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 591 |
| Figure 1.3.2 / 47: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 592 |
| Figure 1.3.2 / 48: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 593 |
| Figure 1.3.2 / 49: Forest plot of all-cause hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set) | 594 |
| Figure 1.3.2 / 50: Forest plot of all-cause mortality: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 595 |
| Figure 1.3.2 / 51: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 596 |
| Figure 1.3.2 / 52: Forest plot of onset of kidney failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 597 |
| Figure 1.3.2 / 53: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 598 |
| Figure 1.3.2 / 54: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 599 |
| Figure 1.3.2 / 55: Forest plot of fatal or non-fatal stroke: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 600 |
| Figure 1.3.2 / 56: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 601 |
| Figure 1.3.2 / 57: Forest plot of all-cause hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set) | 602 |
| Figure 1.3.2 / 58: Forest plot of all-cause mortality: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 603 |
| Figure 1.3.2 / 59: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 604 |
| Figure 1.3.2 / 60: Forest plot of onset of kidney failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 605 |
| Figure 1.3.2 / 61: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 606 |

| | |
|---|-----|
| Figure 1.3.2 / 62: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 607 |
| Figure 1.3.2 / 63: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 608 |
| Figure 1.3.2 / 64: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 609 |
| Figure 1.3.2 / 65: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set) | 610 |
| Figure 1.3.2 / 66: Forest plot of all-cause mortality: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 611 |
| Figure 1.3.2 / 67: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 612 |
| Figure 1.3.2 / 68: Forest plot of onset of kidney failure: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 613 |
| Figure 1.3.2 / 69: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 614 |
| Figure 1.3.2 / 70: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 615 |
| Figure 1.3.2 / 71: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 616 |
| Figure 1.3.2 / 72: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 617 |
| Figure 1.3.2 / 73: Forest plot of all-cause hospitalization: Hazard Ratio by Screening eGFR (mL/min/1.73m ²) category and study ID (full analysis set) | 618 |
| Figure 1.3.2 / 74: Forest plot of all-cause mortality: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 619 |
| Figure 1.3.2 / 75: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 620 |
| Figure 1.3.2 / 76: Forest plot of onset of kidney failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 621 |
| Figure 1.3.2 / 77: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 622 |
| Figure 1.3.2 / 78: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 623 |
| Figure 1.3.2 / 79: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 624 |
| Figure 1.3.2 / 80: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 625 |

| | |
|---|-----|
| Figure 1.3.2 / 81: Forest plot of all-cause hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set) | 626 |
| Figure 1.3.2 / 82: Forest plot of all-cause mortality: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set) | 627 |
| Figure 1.3.2 / 83: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set) | 628 |
| Figure 1.3.2 / 84: Forest plot of onset of kidney failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set) | 629 |
| Figure 1.3.2 / 85: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)..... | 630 |
| Figure 1.3.2 / 86: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)..... | 631 |
| Figure 1.3.2 / 87: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set) | 632 |
| Figure 1.3.2 / 88: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)..... | 633 |
| Figure 1.3.2 / 89: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set) | 634 |

1.3.1 Time-to-event analyses

Table 1.3.1 / 1: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 552 (8.5%) | 614 (9.4%) |
| Number (%) of subjects censored | 5967 (91.5%) | 5893 (90.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.79; >1.00] | |
| two-sided p-value from stratified logrank test | 0.0510 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | | 289 (9.8%) | 319 (10.9%) |
| Number (%) of subjects censored | | 2647 (90.2%) | 2607 (89.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.90 [0.77; 1.06] | |
| two-sided p-value from stratified logrank test | | 0.1927 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 103 (10.0%) | 87 (8.5%) |
| Number (%) of subjects censored | 923 (90.0%) | 938 (91.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.21 [0.91; 1.61] | |
| two-sided p-value from stratified logrank test | 0.1935 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 68 (4.3%) | 101 (6.3%) |
| Number (%) of subjects censored | 1532 (95.8%) | 1503 (93.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.66 [0.48; 0.89] | |
| two-sided p-value from stratified logrank test | 0.0069 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 60 (8.3%) | 87 (12.2%) |
| Number (%) of subjects censored | 659 (91.7%) | 628 (87.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.68 [0.49; 0.94] | |
| two-sided p-value from stratified logrank test | 0.0192 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 32 (13.4%) | 20 (8.4%) |
| Number (%) of subjects censored | | 206 (86.6%) | 217 (91.6%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.55 [0.89; 2.73] | |
| two-sided p-value from stratified logrank test | | 0.1217 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 3: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.0055 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 235 (10.7%) | 227 (10.4%) |
| Number (%) of subjects censored | 1964 (89.3%) | 1948 (89.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.02 [0.85; 1.22] | |
| two-sided p-value from stratified logrank test | 0.8661 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 134 (7.5%) | 162 (8.9%) |
| Number (%) of subjects censored | 1656 (92.5%) | 1649 (91.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.67; 1.06] | |
| two-sided p-value from stratified logrank test | 0.1478 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

| Screening eGFR (mL/min/1.73m ²) category: ≥ 60 mL/min/1.73m ² | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 182 (7.2%) | 224 (8.9%) |
| Number (%) of subjects censored | 2343 (92.8%) | 2290 (91.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.66; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0278 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 5: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---|--|
| Screening eGFR (mL/min/1.73m2) category | 0.1938 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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End of table

Table 1.3.1 / 6: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

| Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 207 (10.7%) | 215 (11.3%) |
| Number (%) of subjects censored | 1727 (89.3%) | 1694 (88.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.80; 1.17] | |
| two-sided p-value from stratified logrank test | 0.7351 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 6: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 344 (7.5%) | 397 (8.7%) |
| Number (%) of subjects censored | 4227 (92.5%) | 4187 (91.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.74; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0376 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 7: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.4074 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 323 (10.8%) | 372 (12.6%) |
| Number (%) of subjects censored | | 2656 (89.2%) | 2584 (87.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.85 [0.74; 0.99] | |
| two-sided p-value from stratified logrank test | | 0.0384 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 229 (6.5%) | 242 (6.8%) |
| Number (%) of subjects censored | | 3311 (93.5%) | 3309 (93.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.95 [0.79; 1.14] | |
| two-sided p-value from stratified logrank test | | 0.5791 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 9: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.3752 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

| Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | | 364 (8.0%) | 403 (9.0%) |
| Number (%) of subjects censored | | 4160 (92.0%) | 4070 (91.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.88 [0.77; 1.02] | |
| two-sided p-value from stratified logrank test | | 0.0914 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 10: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

| Baseline serum potassium (mmol/L) category: > 4.5 mmol/L | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 187 (9.4%) | 210 (10.3%) |
| Number (%) of subjects censored | 1807 (90.6%) | 1821 (89.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.76; 1.13] | |
| two-sided p-value from stratified logrank test | 0.4644 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 11: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.7395 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 150 (7.6%) | 173 (8.8%) |
| Number (%) of subjects censored | 1825 (92.4%) | 1802 (91.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.69; 1.07] | |
| two-sided p-value from stratified logrank test | 0.1678 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 373 (8.7%) | 418 (9.8%) |
| Number (%) of subjects censored | 3919 (91.3%) | 3859 (90.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.88 [0.77; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0862 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 12: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 27 (10.8%) | 23 (9.1%) |
| Number (%) of subjects censored | 222 (89.2%) | 230 (90.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.15 [0.62; 2.13] | |
| two-sided p-value from stratified logrank test | 0.6512 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 13: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.5567 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | 433 (9.7%) | 474 (10.7%) |
| Number (%) of subjects censored | 4016 (90.3%) | 3946 (89.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.79; 1.03] | |
| two-sided p-value from stratified logrank test | 0.1303 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 27 (10.7%) | 25 (9.3%) |
| Number (%) of subjects censored | 226 (89.3%) | 244 (90.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.07 [0.59; 1.97] | |
| two-sided p-value from stratified logrank test | 0.8148 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 59 (4.1%) | 81 (5.5%) |
| Number (%) of subjects censored | 1373 (95.9%) | 1381 (94.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.70 [0.50; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0416 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 14: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 33 (8.6%) | 34 (9.6%) |
| Number (%) of subjects censored | 352 (91.4%) | 322 (90.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.54; 1.47] | |
| two-sided p-value from stratified logrank test | 0.6574 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 15: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.4893 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 16: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 374 (8.3%) | 448 (9.7%) |
| Number (%) of subjects censored | | 4107 (91.7%) | 4159 (90.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.85 [0.74; 0.97] | |
| two-sided p-value from stratified logrank test | | 0.0181 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 16: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 178 (8.7%) | 166 (8.7%) |
| Number (%) of subjects censored | | 1860 (91.3%) | 1734 (91.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.01 [0.81; 1.25] | |
| two-sided p-value from stratified logrank test | | 0.9366 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 17: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.1693 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 18: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 187 (6.3%) | 197 (6.7%) |
| Number (%) of subjects censored | 2771 (93.7%) | 2734 (93.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.76; 1.15] | |
| two-sided p-value from stratified logrank test | 0.5218 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 18: Time to all-cause mortality (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 365 (10.2%) | 417 (11.7%) |
| Number (%) of subjects censored | 3196 (89.8%) | 3159 (88.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.76; >1.00] | |
| two-sided p-value from stratified logrank test | 0.0554 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 19: Time to all-cause mortality (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.5623 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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End of table

Table 1.3.1 / 20: Time to all-cause mortality (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 552 (8.5%) | 614 (9.4%) |
| Number (%) of subjects censored | 5967 (91.5%) | 5893 (90.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.80; >1.00] | |
| two-sided p-value from unstratified logrank test | 0.0523 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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End of table

Table 1.3.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 854 (13.1%) | 995 (15.3%) |
| Number (%) of subjects censored | 5665 (86.9%) | 5512 (84.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.85 [0.77; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0004 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 22: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 360 (5.5%) | 465 (7.1%) |
| Number (%) of subjects censored | 6159 (94.5%) | 6042 (92.9%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.67; 0.88] | |
| two-sided p-value from stratified logrank test | 0.0002 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

Region: Europe

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | 105 (3.6%) | 147 (5.0%) |
| Number (%) of subjects censored | 2831 (96.4%) | 2779 (95.0%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.71 [0.55; 0.92] | |
| two-sided p-value from stratified logrank test | 0.0078 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 69 (6.7%) | 82 (8.0%) |
| Number (%) of subjects censored | 957 (93.3%) | 943 (92.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.61; 1.16] | |
| two-sided p-value from stratified logrank test | 0.2913 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 116 (7.3%) | 175 (10.9%) |
| Number (%) of subjects censored | 1484 (92.8%) | 1429 (89.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.65 [0.51; 0.82] | |
| two-sided p-value from stratified logrank test | 0.0003 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 53 (7.4%) | 49 (6.9%) |
| Number (%) of subjects censored | 666 (92.6%) | 666 (93.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.07 [0.73; 1.58] | |
| two-sided p-value from stratified logrank test | 0.7300 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 23: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 17 (7.1%) | 12 (5.1%) |
| Number (%) of subjects censored | | 221 (92.9%) | 225 (94.9%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.57 [0.73; 3.39] | |
| two-sided p-value from stratified logrank test | | 0.2428 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 24: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.0692 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

| Statistics | BAY 94-8862 | Placebo |
|---|-------------------|---------------|
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 209 (9.5%) | 252 (11.6%) |
| Number (%) of subjects censored | 1990 (90.5%) | 1923 (88.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.67; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0237 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 71 (4.0%) | 90 (5.0%) |
| Number (%) of subjects censored | 1719 (96.0%) | 1721 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.85 [0.62; 1.17] | |
| two-sided p-value from stratified logrank test | 0.3146 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 25: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: ≥ 60 mL/min/1.73m2

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 80 (3.2%) | 122 (4.9%) |
| Number (%) of subjects censored | 2445 (96.8%) | 2392 (95.1%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.49; 0.86] | |
| two-sided p-value from stratified logrank test | 0.0022 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 26: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---|--|
| Screening eGFR (mL/min/1.73m2) category | 0.3458 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 27: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 41 (2.1%) | 41 (2.1%) |
| Number (%) of subjects censored | 1893 (97.9%) | 1868 (97.9%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.65; 1.56] | |
| two-sided p-value from stratified logrank test | 0.9616 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 27: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 319 (7.0%) | 424 (9.2%) |
| Number (%) of subjects censored | 4252 (93.0%) | 4160 (90.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.65; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 28: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.2074 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 29: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 139 (4.7%) | 189 (6.4%) |
| Number (%) of subjects censored | | 2840 (95.3%) | 2767 (93.6%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.71 [0.57; 0.88] | |
| two-sided p-value from stratified logrank test | | 0.0019 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 29: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 221 (6.2%) | 276 (7.8%) |
| Number (%) of subjects censored | | 3319 (93.8%) | 3275 (92.2%) |
| Median Time to event (month) [95 % CI] | | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.81 [0.68; 0.97] | |
| two-sided p-value from stratified logrank test | | 0.0227 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 30: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.3251 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 251 (5.5%) | 326 (7.3%) |
| Number (%) of subjects censored | 4273 (94.5%) | 4147 (92.7%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.63; 0.88] | |
| two-sided p-value from stratified logrank test | 0.0006 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 31: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 109 (5.5%) | 139 (6.8%) |
| Number (%) of subjects censored | 1885 (94.5%) | 1892 (93.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.65; 1.08] | |
| two-sided p-value from stratified logrank test | 0.1793 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 32: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.5811 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 33: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 72 (3.6%) | 86 (4.4%) |
| Number (%) of subjects censored | 1903 (96.4%) | 1889 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.61; 1.15] | |
| two-sided p-value from stratified logrank test | 0.2597 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 33: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 261 (6.1%) | 339 (7.9%) |
| Number (%) of subjects censored | 4031 (93.9%) | 3938 (92.1%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.65; 0.90] | |
| two-sided p-value from stratified logrank test | 0.0012 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 33: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|--------------|
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 26 (10.4%) | 40 (15.8%) |
| Number (%) of subjects censored | 223 (89.6%) | 213 (84.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.57 [0.32; <1.00] | |
| two-sided p-value from stratified logrank test | 0.0465 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 34: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.3301 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | 173 (3.9%) | 219 (5.0%) |
| Number (%) of subjects censored | 4276 (96.1%) | 4201 (95.0%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.79 [0.65; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0213 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 35 (13.8%) | 39 (14.5%) |
| Number (%) of subjects censored | 218 (86.2%) | 230 (85.5%) |
| Median Time to event (month) [95 % CI] | n.c. | 57.833 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.71 [0.43; 1.16] | |
| two-sided p-value from stratified logrank test | 0.1652 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 109 (7.6%) | 170 (11.6%) |
| Number (%) of subjects censored | 1323 (92.4%) | 1292 (88.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.66 [0.52; 0.84] | |
| two-sided p-value from stratified logrank test | 0.0007 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 35: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 43 (11.2%) | 37 (10.4%) |
| Number (%) of subjects censored | 342 (88.8%) | 319 (89.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.16 [0.73; 1.84] | |
| two-sided p-value from stratified logrank test | 0.5259 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 36: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.1362 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 37: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

Sex: Male

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | 257 (5.7%) | 341 (7.4%) |
| Number (%) of subjects censored | 4224 (94.3%) | 4266 (92.6%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.64; 0.89] | |
| two-sided p-value from stratified logrank test | 0.0006 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 37: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

Sex: Female

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | 103 (5.1%) | 124 (6.5%) |
| Number (%) of subjects censored | 1935 (94.9%) | 1776 (93.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.62; 1.06] | |
| two-sided p-value from stratified logrank test | 0.1266 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 38: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.6256 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 39: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 202 (6.8%) | 266 (9.1%) |
| Number (%) of subjects censored | 2756 (93.2%) | 2665 (90.9%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.76 [0.63; 0.92] | |
| two-sided p-value from stratified logrank test | 0.0038 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 39: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 158 (4.4%) | 199 (5.6%) |
| Number (%) of subjects censored | 3403 (95.6%) | 3377 (94.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.79 [0.64; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0305 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 40: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.7796 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 41: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 360 (5.5%) | 465 (7.1%) |
| Number (%) of subjects censored | 6159 (94.5%) | 6042 (92.9%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.67; 0.88] | |
| two-sided p-value from unstratified logrank test | 0.0002 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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End of table

Table 1.3.1 / 42: Time to onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks or renal death (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 224 (3.4%) | 325 (5.0%) |
| Number (%) of subjects censored | 6295 (96.6%) | 6182 (95.0%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.69 [0.58; 0.82] | |
| two-sided p-value from stratified logrank test | <.0001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 43: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 254 (3.9%) | 297 (4.6%) |
| Number (%) of subjects censored | 6265 (96.1%) | 6210 (95.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.71; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0392 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | | 65 (2.2%) | 93 (3.2%) |
| Number (%) of subjects censored | | 2871 (97.8%) | 2833 (96.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.70 [0.51; 0.96] | |
| two-sided p-value from stratified logrank test | | 0.0244 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 57 (5.6%) | 52 (5.1%) |
| Number (%) of subjects censored | 969 (94.4%) | 973 (94.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.07 [0.73; 1.56] | |
| two-sided p-value from stratified logrank test | 0.7267 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 83 (5.2%) | 118 (7.4%) |
| Number (%) of subjects censored | 1517 (94.8%) | 1486 (92.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.68 [0.51; 0.90] | |
| two-sided p-value from stratified logrank test | 0.0067 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 36 (5.0%) | 27 (3.8%) |
| Number (%) of subjects censored | 683 (95.0%) | 688 (96.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.29 [0.79; 2.13] | |
| two-sided p-value from stratified logrank test | 0.3095 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 44: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 13 (5.5%) | 7 (3.0%) |
| Number (%) of subjects censored | | 225 (94.5%) | 230 (97.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 2.01 [0.80; 5.08] | |
| two-sided p-value from stratified logrank test | | 0.1319 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 45: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.0225 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set)

| Screening eGFR (mL/min/1.73m ²) category: 25 - < 45 mL/min/1.73m ² | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 199 (9.0%) | 218 (10.0%) |
| Number (%) of subjects censored | 2000 (91.0%) | 1957 (90.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.73; 1.08] | |
| two-sided p-value from stratified logrank test | 0.2319 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 31 (1.7%) | 33 (1.8%) |
| Number (%) of subjects censored | 1759 (98.3%) | 1778 (98.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.57; 1.54] | |
| two-sided p-value from stratified logrank test | 0.7964 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 46: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

| Screening eGFR (mL/min/1.73m ²) category: ≥ 60 mL/min/1.73m ² | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 24 (1.0%) | 46 (1.8%) |
| Number (%) of subjects censored | 2501 (99.0%) | 2468 (98.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.52 [0.32; 0.85] | |
| two-sided p-value from stratified logrank test | 0.0079 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 47: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---|--|
| Screening eGFR (mL/min/1.73m2) category | 0.1222 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

| Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 25 (1.3%) | 28 (1.5%) |
| Number (%) of subjects censored | 1909 (98.7%) | 1881 (98.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.85 [0.49; 1.46] | |
| two-sided p-value from stratified logrank test | 0.5472 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 48: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

| Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g) | | |
|--|--------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 229 (5.0%) | 269 (5.9%) |
| Number (%) of subjects censored | 4342 (95.0%) | 4315 (94.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.70; <1.00] | |
| two-sided p-value from stratified logrank test | 0.0473 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 49: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.9783 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | 97 (3.3%) | 128 (4.3%) |
| Number (%) of subjects censored | 2882 (96.7%) | 2828 (95.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.71 [0.55; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0117 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 50: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 157 (4.4%) | 169 (4.8%) |
| Number (%) of subjects censored | | 3383 (95.6%) | 3382 (95.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.94 [0.75; 1.17] | |
| two-sided p-value from stratified logrank test | | 0.5579 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 51: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.1175 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 52: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

| Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 170 (3.8%) | 196 (4.4%) |
| Number (%) of subjects censored | 4354 (96.2%) | 4277 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.68; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0796 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 52: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

| Baseline serum potassium (mmol/L) category: > 4.5 mmol/L | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 84 (4.2%) | 101 (5.0%) |
| Number (%) of subjects censored | 1910 (95.8%) | 1930 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.85 [0.63; 1.14] | |
| two-sided p-value from stratified logrank test | 0.2659 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 53: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.9894 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 56 (2.8%) | 56 (2.8%) |
| Number (%) of subjects censored | 1919 (97.2%) | 1919 (97.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.66; 1.39] | |
| two-sided p-value from stratified logrank test | 0.8173 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 181 (4.2%) | 213 (5.0%) |
| Number (%) of subjects censored | 4111 (95.8%) | 4064 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.68; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0724 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 54: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 16 (6.4%) | 28 (11.1%) |
| Number (%) of subjects censored | 233 (93.6%) | 225 (88.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.48 [0.24; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0276 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 55: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.0777 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | | 121 (2.7%) | 138 (3.1%) |
| Number (%) of subjects censored | | 4328 (97.3%) | 4282 (96.9%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.87 [0.68; 1.11] | |
| two-sided p-value from stratified logrank test | | 0.2514 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 29 (11.5%) | 22 (8.2%) |
| Number (%) of subjects censored | 224 (88.5%) | 247 (91.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.92 [0.50; 1.68] | |
| two-sided p-value from stratified logrank test | 0.7801 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 77 (5.4%) | 118 (8.1%) |
| Number (%) of subjects censored | 1355 (94.6%) | 1344 (91.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.65 [0.49; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0037 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 56: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 27 (7.0%) | 19 (5.3%) |
| Number (%) of subjects censored | 358 (93.0%) | 337 (94.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.48 [0.81; 2.72] | |
| two-sided p-value from stratified logrank test | 0.2027 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 57: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.0699 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 58: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 171 (3.8%) | 224 (4.9%) |
| Number (%) of subjects censored | | 4310 (96.2%) | 4383 (95.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.75 [0.61; 0.91] | |
| two-sided p-value from stratified logrank test | | 0.0043 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 58: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 83 (4.1%) | 73 (3.8%) |
| Number (%) of subjects censored | | 1955 (95.9%) | 1827 (96.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.10 [0.80; 1.52] | |
| two-sided p-value from stratified logrank test | | 0.5438 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 59: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.0400 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 60: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 141 (4.8%) | 160 (5.5%) |
| Number (%) of subjects censored | 2817 (95.2%) | 2771 (94.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.69; 1.09] | |
| two-sided p-value from stratified logrank test | 0.2170 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 60: Time to onset of kidney failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 113 (3.2%) | 137 (3.8%) |
| Number (%) of subjects censored | 3448 (96.8%) | 3439 (96.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.62; 1.03] | |
| two-sided p-value from stratified logrank test | 0.0801 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 61: Time to onset of kidney failure (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.6882 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 62: Time to onset of kidney failure (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 254 (3.9%) | 297 (4.6%) |
| Number (%) of subjects censored | 6265 (96.1%) | 6210 (95.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.85 [0.72; 1.01] | |
| two-sided p-value from unstratified logrank test | 0.0601 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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End of table

Table 1.3.1 / 63: Time to onset of kidney failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 137 (2.1%) | 182 (2.8%) |
| Number (%) of subjects censored | 6382 (97.9%) | 6325 (97.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.60; 0.94] | |
| two-sided p-value from stratified logrank test | 0.0130 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 64: Time to onset of ESRD (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 151 (2.3%) | 188 (2.9%) |
| Number (%) of subjects censored | 6368 (97.7%) | 6319 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.64; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0403 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 65: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 195 (3.0%) | 237 (3.6%) |
| Number (%) of subjects censored | 6324 (97.0%) | 6270 (96.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.67; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0263 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 66: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 257 (3.9%) | 361 (5.5%) |
| Number (%) of subjects censored | 6262 (96.1%) | 6146 (94.5%) |
| Median Time to event (month) [95 % CI] | 61.900 [n.c.] | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.70 [0.60; 0.83] | |
| two-sided p-value from stratified logrank test | <.0001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 67: Time to renal death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 2 (<0.1%) | 4 (<0.1%) |
| Number (%) of subjects censored | 6517 (>99.9%) | 6503 (>99.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.53 [0.10; 2.91] | |
| two-sided p-value from stratified logrank test | 0.4599 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 68: Time to onset of eGFR decrease to less than 30 mL/min and baseline \geq 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 557 (8.5%) | 623 (9.6%) |
| Number (%) of subjects censored | 5962 (91.5%) | 5884 (90.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.88 [0.79; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0360 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 69: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 825 (12.7%) | 939 (14.4%) |
| Number (%) of subjects censored | 5694 (87.3%) | 5568 (85.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.78; 0.95] | |
| two-sided p-value from stratified logrank test | 0.0018 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

Region: Europe

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | 405 (13.8%) | 442 (15.1%) |
| Number (%) of subjects censored | 2531 (86.2%) | 2484 (84.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.79; 1.03] | |
| two-sided p-value from stratified logrank test | 0.1264 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 154 (15.0%) | 185 (18.0%) |
| Number (%) of subjects censored | 872 (85.0%) | 840 (82.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.68; 1.04] | |
| two-sided p-value from stratified logrank test | 0.1044 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 157 (9.8%) | 187 (11.7%) |
| Number (%) of subjects censored | 1443 (90.2%) | 1417 (88.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.65; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0419 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 69 (9.6%) | 93 (13.0%) |
| Number (%) of subjects censored | 650 (90.4%) | 622 (87.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.72 [0.53; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0419 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 70: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 40 (16.8%) | 32 (13.5%) |
| Number (%) of subjects censored | | 198 (83.2%) | 205 (86.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.22 [0.76; 1.94] | |
| two-sided p-value from stratified logrank test | | 0.4113 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 71: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.3822 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set)

Screening eGFR (mL/min/1.73m²) category: 25 - < 45 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 325 (14.8%) | 359 (16.5%) |
| Number (%) of subjects censored | 1874 (85.2%) | 1816 (83.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.75; 1.01] | |
| two-sided p-value from stratified logrank test | 0.0686 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 204 (11.4%) | 256 (14.1%) |
| Number (%) of subjects censored | 1586 (88.6%) | 1555 (85.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.79 [0.66; 0.95] | |
| two-sided p-value from stratified logrank test | 0.0122 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 72: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: ≥ 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 295 (11.7%) | 323 (12.8%) |
| Number (%) of subjects censored | 2230 (88.3%) | 2191 (87.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.77; 1.06] | |
| two-sided p-value from stratified logrank test | 0.2231 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 73: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---|--|
| Screening eGFR (mL/min/1.73m2) category | 0.5506 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

| Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 261 (13.5%) | 295 (15.5%) |
| Number (%) of subjects censored | 1673 (86.5%) | 1614 (84.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.73; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0922 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 74: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

| Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 562 (12.3%) | 642 (14.0%) |
| Number (%) of subjects censored | 4009 (87.7%) | 3942 (86.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.77; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0124 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 75: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.9499 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 76: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 511 (17.2%) | 595 (20.1%) |
| Number (%) of subjects censored | | 2468 (82.8%) | 2361 (79.9%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.83 [0.74; 0.94] | |
| two-sided p-value from stratified logrank test | | 0.0026 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 76: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | 314 (8.9%) | 344 (9.7%) |
| Number (%) of subjects censored | 3226 (91.1%) | 3207 (90.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.78; 1.06] | |
| two-sided p-value from stratified logrank test | 0.2288 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 77: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.3750 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 78: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 569 (12.6%) | 627 (14.0%) |
| Number (%) of subjects censored | 3955 (87.4%) | 3846 (86.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.78; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0203 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 78: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 255 (12.8%) | 311 (15.3%) |
| Number (%) of subjects censored | 1739 (87.2%) | 1720 (84.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.70; 0.98] | |
| two-sided p-value from stratified logrank test | 0.0262 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 79: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.5782 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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End of table

Table 1.3.1 / 80: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 210 (10.6%) | 230 (11.6%) |
| Number (%) of subjects censored | 1765 (89.4%) | 1745 (88.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.74; 1.08] | |
| two-sided p-value from stratified logrank test | 0.2421 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 80: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 568 (13.2%) | 662 (15.5%) |
| Number (%) of subjects censored | 3724 (86.8%) | 3615 (84.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.75; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0016 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 80: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 45 (18.1%) | 46 (18.2%) |
| Number (%) of subjects censored | 204 (81.9%) | 207 (81.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.60; 1.48] | |
| two-sided p-value from stratified logrank test | 0.8013 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 81: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.5596 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 82: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | 621 (14.0%) | 699 (15.8%) |
| Number (%) of subjects censored | 3828 (86.0%) | 3721 (84.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.78; 0.96] | |
| two-sided p-value from stratified logrank test | 0.0083 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 82: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 39 (15.4%) | 53 (19.7%) |
| Number (%) of subjects censored | 214 (84.6%) | 216 (80.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.79 [0.51; 1.24] | |
| two-sided p-value from stratified logrank test | 0.3106 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 82: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 122 (8.5%) | 139 (9.5%) |
| Number (%) of subjects censored | 1310 (91.5%) | 1323 (90.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.90 [0.70; 1.15] | |
| two-sided p-value from stratified logrank test | 0.3878 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 82: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 43 (11.2%) | 48 (13.5%) |
| Number (%) of subjects censored | 342 (88.8%) | 308 (86.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.79 [0.51; 1.22] | |
| two-sided p-value from stratified logrank test | 0.2895 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 83: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.9114 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 84: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 579 (12.9%) | 675 (14.7%) |
| Number (%) of subjects censored | | 3902 (87.1%) | 3932 (85.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.86 [0.77; 0.96] | |
| two-sided p-value from stratified logrank test | | 0.0064 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 84: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 246 (12.1%) | 264 (13.9%) |
| Number (%) of subjects censored | | 1792 (87.9%) | 1636 (86.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.87 [0.73; 1.04] | |
| two-sided p-value from stratified logrank test | | 0.1369 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 85: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.9165 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 86: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 323 (10.9%) | 337 (11.5%) |
| Number (%) of subjects censored | 2635 (89.1%) | 2594 (88.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.81; 1.10] | |
| two-sided p-value from stratified logrank test | 0.4395 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 86: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 502 (14.1%) | 602 (16.8%) |
| Number (%) of subjects censored | 3059 (85.9%) | 2974 (83.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.82 [0.73; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0014 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 87: Time to first occurrence of CV death or non-fatal CV event (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.2018 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 88: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 825 (12.7%) | 939 (14.4%) |
| Number (%) of subjects censored | 5694 (87.3%) | 5568 (85.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.87 [0.79; 0.95] | |
| two-sided p-value from unstratified logrank test | 0.0025 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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End of table

Table 1.3.1 / 89: Time to CV death, non-fatal MI, non-fatal stroke or hospitalization for Heart Failure (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 620 (9.5%) | 758 (11.6%) |
| Number (%) of subjects censored | 5899 (90.5%) | 5749 (88.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.73; 0.90] | |
| two-sided p-value from stratified logrank test | 0.0001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 90: Time to CV death (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 322 (4.9%) | 364 (5.6%) |
| Number (%) of subjects censored | 6197 (95.1%) | 6143 (94.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.88 [0.76; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0922 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 91: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 173 (2.7%) | 189 (2.9%) |
| Number (%) of subjects censored | 6346 (97.3%) | 6318 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.74; 1.12] | |
| two-sided p-value from stratified logrank test | 0.3601 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 92: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 198 (3.0%) | 198 (3.0%) |
| Number (%) of subjects censored | 6321 (97.0%) | 6309 (97.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.82; 1.21] | |
| two-sided p-value from stratified logrank test | 0.9460 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 93: Time to hospitalization due to heart failure (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 256 (3.9%) | 325 (5.0%) |
| Number (%) of subjects censored | 6263 (96.1%) | 6182 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.78 [0.66; 0.92] | |
| two-sided p-value from stratified logrank test | 0.0030 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 94: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 195 (3.0%) | 204 (3.1%) |
| Number (%) of subjects censored | 6324 (97.0%) | 6303 (96.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.78; 1.15] | |
| two-sided p-value from stratified logrank test | 0.5861 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | | 96 (3.3%) | 89 (3.0%) |
| Number (%) of subjects censored | | 2840 (96.7%) | 2837 (97.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.06 [0.80; 1.42] | |
| two-sided p-value from stratified logrank test | | 0.6770 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 29 (2.8%) | 48 (4.7%) |
| Number (%) of subjects censored | 997 (97.2%) | 977 (95.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.61 [0.39; 0.97] | |
| two-sided p-value from stratified logrank test | 0.0353 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 44 (2.8%) | 43 (2.7%) |
| Number (%) of subjects censored | 1556 (97.3%) | 1561 (97.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.02 [0.67; 1.56] | |
| two-sided p-value from stratified logrank test | 0.9316 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 12 (1.7%) | 14 (2.0%) |
| Number (%) of subjects censored | 707 (98.3%) | 701 (98.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.86 [0.40; 1.87] | |
| two-sided p-value from stratified logrank test | 0.7094 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 95: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 14 (5.9%) | 10 (4.2%) |
| Number (%) of subjects censored | | 224 (94.1%) | 227 (95.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.30 [0.57; 2.94] | |
| two-sided p-value from stratified logrank test | | 0.5314 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 96: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.3099 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set)

Screening eGFR (mL/min/1.73m²) category: 25 - < 45 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 63 (2.9%) | 92 (4.2%) |
| Number (%) of subjects censored | 2136 (97.1%) | 2083 (95.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.66 [0.48; 0.91] | |
| two-sided p-value from stratified logrank test | 0.0118 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 58 (3.2%) | 49 (2.7%) |
| Number (%) of subjects censored | 1732 (96.8%) | 1762 (97.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.16 [0.79; 1.71] | |
| two-sided p-value from stratified logrank test | 0.4366 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 97: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: ≥ 60 mL/min/1.73m2

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 73 (2.9%) | 63 (2.5%) |
| Number (%) of subjects censored | 2452 (97.1%) | 2451 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.17 [0.83; 1.64] | |
| two-sided p-value from stratified logrank test | 0.3745 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 98: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m²) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Screening eGFR (mL/min/1.73m ²) category | 0.0226 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 99: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

| Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 65 (3.4%) | 71 (3.7%) |
| Number (%) of subjects censored | 1869 (96.6%) | 1838 (96.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.88 [0.63; 1.23] | |
| two-sided p-value from stratified logrank test | 0.4468 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 99: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

| Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 129 (2.8%) | 133 (2.9%) |
| Number (%) of subjects censored | 4442 (97.2%) | 4451 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.98 [0.77; 1.25] | |
| two-sided p-value from stratified logrank test | 0.8569 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 100: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.6494 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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End of table

Table 1.3.1 / 101: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 138 (4.6%) | 135 (4.6%) |
| Number (%) of subjects censored | | 2841 (95.4%) | 2821 (95.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.02 [0.80; 1.29] | |
| two-sided p-value from stratified logrank test | | 0.8919 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 101: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 57 (1.6%) | 69 (1.9%) |
| Number (%) of subjects censored | | 3483 (98.4%) | 3482 (98.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.81 [0.57; 1.15] | |
| two-sided p-value from stratified logrank test | | 0.2435 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 102: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.2997 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 103: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 138 (3.1%) | 134 (3.0%) |
| Number (%) of subjects censored | 4386 (96.9%) | 4339 (97.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.78; 1.26] | |
| two-sided p-value from stratified logrank test | 0.9322 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 103: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 56 (2.8%) | 70 (3.4%) |
| Number (%) of subjects censored | 1938 (97.2%) | 1961 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.57; 1.16] | |
| two-sided p-value from stratified logrank test | 0.2558 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 104: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.3410 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 105: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 41 (2.1%) | 53 (2.7%) |
| Number (%) of subjects censored | 1934 (97.9%) | 1922 (97.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.76 [0.50; 1.15] | |
| two-sided p-value from stratified logrank test | 0.1882 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 105: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 149 (3.5%) | 140 (3.3%) |
| Number (%) of subjects censored | 4143 (96.5%) | 4137 (96.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.06 [0.84; 1.34] | |
| two-sided p-value from stratified logrank test | 0.6022 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 105: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 4 (1.6%) | 11 (4.3%) |
| Number (%) of subjects censored | 245 (98.4%) | 242 (95.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.41 [0.13; 1.29] | |
| two-sided p-value from stratified logrank test | 0.1157 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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HTA analyses



Bay 94-8862/ 16244 & 17350

Page: 202 of 634

Table 1.3.1 / 106: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.1010 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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Table 1.3.1 / 107: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | | 154 (3.5%) | 158 (3.6%) |
| Number (%) of subjects censored | | 4295 (96.5%) | 4262 (96.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.77; 1.20] | |
| two-sided p-value from stratified logrank test | | 0.7056 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 107: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 4 (1.6%) | 9 (3.3%) |
| Number (%) of subjects censored | 249 (98.4%) | 260 (96.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.47 [0.14; 1.61] | |
| two-sided p-value from stratified logrank test | 0.2226 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 107: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 28 (2.0%) | 27 (1.8%) |
| Number (%) of subjects censored | 1404 (98.0%) | 1435 (98.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.26 [0.72; 2.21] | |
| two-sided p-value from stratified logrank test | 0.4205 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 107: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 9 (2.3%) | 10 (2.8%) |
| Number (%) of subjects censored | 376 (97.7%) | 346 (97.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.32; 2.22] | |
| two-sided p-value from stratified logrank test | 0.7298 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 108: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.5999 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 109: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 151 (3.4%) | 163 (3.5%) |
| Number (%) of subjects censored | | 4330 (96.6%) | 4444 (96.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.93 [0.75; 1.16] | |
| two-sided p-value from stratified logrank test | | 0.5390 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 109: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 44 (2.2%) | 41 (2.2%) |
| Number (%) of subjects censored | | 1994 (97.8%) | 1859 (97.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.05 [0.68; 1.63] | |
| two-sided p-value from stratified logrank test | | 0.8188 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 110: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.7748 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 111: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 72 (2.4%) | 72 (2.5%) |
| Number (%) of subjects censored | 2886 (97.6%) | 2859 (97.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.72; 1.40] | |
| two-sided p-value from stratified logrank test | 0.9596 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 111: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 123 (3.5%) | 132 (3.7%) |
| Number (%) of subjects censored | 3438 (96.5%) | 3444 (96.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.73; 1.20] | |
| two-sided p-value from stratified logrank test | 0.5863 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 112: Time to fatal or non-fatal myocardial infarction (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.8208 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
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Table 1.3.1 / 113: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 195 (3.0%) | 204 (3.1%) |
| Number (%) of subjects censored | 6324 (97.0%) | 6303 (96.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.78; 1.15] | |
| two-sided p-value from unstratified logrank test | 0.5949 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 114: Time to fatal or non-fatal myocardial infarction (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 160 (2.5%) | 171 (2.6%) |
| Number (%) of subjects censored | 6359 (97.5%) | 6336 (97.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.75; 1.15] | |
| two-sided p-value from stratified logrank test | 0.4974 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 115: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 221 (3.4%) | 228 (3.5%) |
| Number (%) of subjects censored | 6298 (96.6%) | 6279 (96.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.80; 1.16] | |
| two-sided p-value from stratified logrank test | 0.6742 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | | 108 (3.7%) | 101 (3.5%) |
| Number (%) of subjects censored | | 2828 (96.3%) | 2825 (96.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.06 [0.81; 1.39] | |
| two-sided p-value from stratified logrank test | | 0.6695 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 26 (2.5%) | 44 (4.3%) |
| Number (%) of subjects censored | 1000 (97.5%) | 981 (95.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.61 [0.37; 0.99] | |
| two-sided p-value from stratified logrank test | 0.0433 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Asia | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | | 55 (3.4%) | 56 (3.5%) |
| Number (%) of subjects censored | | 1545 (96.6%) | 1548 (96.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.66; 1.40] | |
| two-sided p-value from stratified logrank test | | 0.8346 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 19 (2.6%) | 20 (2.8%) |
| Number (%) of subjects censored | 700 (97.4%) | 695 (97.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.49; 1.74] | |
| two-sided p-value from stratified logrank test | 0.8144 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 116: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 13 (5.5%) | 7 (3.0%) |
| Number (%) of subjects censored | | 225 (94.5%) | 230 (97.0%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.76 [0.70; 4.43] | |
| two-sided p-value from stratified logrank test | | 0.2206 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 117: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.2328 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set)

| Screening eGFR (mL/min/1.73m ²) category: 25 - < 45 mL/min/1.73m ² | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 72 (3.3%) | 70 (3.2%) |
| Number (%) of subjects censored | 2127 (96.7%) | 2105 (96.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.99 [0.71; 1.38] | |
| two-sided p-value from stratified logrank test | 0.9705 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 56 (3.1%) | 71 (3.9%) |
| Number (%) of subjects censored | 1734 (96.9%) | 1740 (96.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.79 [0.56; 1.12] | |
| two-sided p-value from stratified logrank test | 0.1893 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 118: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

| Screening eGFR (mL/min/1.73m ²) category: ≥ 60 mL/min/1.73m ² | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 93 (3.7%) | 87 (3.5%) |
| Number (%) of subjects censored | 2432 (96.3%) | 2427 (96.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.07 [0.80; 1.44] | |
| two-sided p-value from stratified logrank test | 0.6441 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 119: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m²) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Screening eGFR (mL/min/1.73m ²) category | 0.4150 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 120: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

| Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 64 (3.3%) | 73 (3.8%) |
| Number (%) of subjects censored | 1870 (96.7%) | 1836 (96.2%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.64; 1.25] | |
| two-sided p-value from stratified logrank test | 0.5132 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 120: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

| Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g) | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 157 (3.4%) | 155 (3.4%) |
| Number (%) of subjects censored | 4414 (96.6%) | 4429 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.81; 1.26] | |
| two-sided p-value from stratified logrank test | 0.9391 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 121: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.4389 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 122: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

| History of CVD (Medical history): present | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 124 (4.2%) | 146 (4.9%) |
| Number (%) of subjects censored | | 2855 (95.8%) | 2810 (95.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.84 [0.66; 1.07] | |
| two-sided p-value from stratified logrank test | | 0.1520 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 122: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 97 (2.7%) | 82 (2.3%) |
| Number (%) of subjects censored | | 3443 (97.3%) | 3469 (97.7%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.18 [0.88; 1.58] | |
| two-sided p-value from stratified logrank test | | 0.2751 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 123: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.0810 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 124: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

| Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L | | |
|---|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 159 (3.5%) | 153 (3.4%) |
| Number (%) of subjects censored | 4365 (96.5%) | 4320 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.81; 1.27] | |
| two-sided p-value from stratified logrank test | 0.9057 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 124: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

| Baseline serum potassium (mmol/L) category: > 4.5 mmol/L | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | | 62 (3.1%) | 75 (3.7%) |
| Number (%) of subjects censored | | 1932 (96.9%) | 1956 (96.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.86 [0.61; 1.21] | |
| two-sided p-value from stratified logrank test | | 0.3818 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 125: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.3819 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 126: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 50 (2.5%) | 43 (2.2%) |
| Number (%) of subjects censored | 1925 (97.5%) | 1932 (97.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.15 [0.76; 1.74] | |
| two-sided p-value from stratified logrank test | 0.4996 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 126: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 160 (3.7%) | 172 (4.0%) |
| Number (%) of subjects censored | 4132 (96.3%) | 4105 (96.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.73; 1.13] | |
| two-sided p-value from stratified logrank test | 0.3938 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 126: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg | | |
|--|-------------------|--------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 11 (4.4%) | 12 (4.7%) |
| Number (%) of subjects censored | 238 (95.6%) | 241 (95.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.84 [0.35; 2.03] | |
| two-sided p-value from stratified logrank test | 0.6985 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 127: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.5681 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 128: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

| Race (4 categories): White | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | | 155 (3.5%) | 159 (3.6%) |
| Number (%) of subjects censored | | 4294 (96.5%) | 4261 (96.4%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.77; 1.20] | |
| two-sided p-value from stratified logrank test | | 0.7327 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 128: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|--------------|
| N | | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | | 7 (2.8%) | 16 (5.9%) |
| Number (%) of subjects censored | | 246 (97.2%) | 253 (94.1%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.62 [0.24; 1.58] | |
| two-sided p-value from stratified logrank test | | 0.3140 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 128: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 47 (3.3%) | 45 (3.1%) |
| Number (%) of subjects censored | 1385 (96.7%) | 1417 (96.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.05 [0.70; 1.59] | |
| two-sided p-value from stratified logrank test | 0.8067 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 128: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 12 (3.1%) | 8 (2.2%) |
| Number (%) of subjects censored | 373 (96.9%) | 348 (97.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.25 [0.50; 3.13] | |
| two-sided p-value from stratified logrank test | 0.6322 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 129: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.3671 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 130: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 163 (3.6%) | 157 (3.4%) |
| Number (%) of subjects censored | | 4318 (96.4%) | 4450 (96.6%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 1.06 [0.85; 1.32] | |
| two-sided p-value from stratified logrank test | | 0.5868 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 130: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 58 (2.8%) | 71 (3.7%) |
| Number (%) of subjects censored | | 1980 (97.2%) | 1829 (96.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.76 [0.54; 1.09] | |
| two-sided p-value from stratified logrank test | | 0.1334 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 131: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.1069 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 132: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 90 (3.0%) | 89 (3.0%) |
| Number (%) of subjects censored | 2868 (97.0%) | 2842 (97.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.01 [0.75; 1.35] | |
| two-sided p-value from stratified logrank test | 0.9714 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 132: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 131 (3.7%) | 139 (3.9%) |
| Number (%) of subjects censored | 3430 (96.3%) | 3437 (96.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.74; 1.19] | |
| two-sided p-value from stratified logrank test | 0.6027 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 133: Time to fatal or non-fatal stroke (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.8170 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 134: Time to fatal or non-fatal stroke (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 221 (3.4%) | 228 (3.5%) |
| Number (%) of subjects censored | 6298 (96.6%) | 6279 (96.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.80; 1.16] | |
| two-sided p-value from unstratified logrank test | 0.6715 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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End of table

Table 1.3.1 / 135: Time to fatal or non-fatal stroke (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 178 (2.7%) | 190 (2.9%) |
| Number (%) of subjects censored | 6341 (97.3%) | 6317 (97.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.77; 1.17] | |
| two-sided p-value from stratified logrank test | 0.6251 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 136: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 261 (4.0%) | 343 (5.3%) |
| Number (%) of subjects censored | 6258 (96.0%) | 6164 (94.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.64; 0.89] | |
| two-sided p-value from stratified logrank test | 0.0006 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

| Region: Europe | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | | 118 (4.0%) | 161 (5.5%) |
| Number (%) of subjects censored | | 2818 (96.0%) | 2765 (94.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.73 [0.57; 0.92] | |
| two-sided p-value from stratified logrank test | | 0.0078 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 68 (6.6%) | 74 (7.2%) |
| Number (%) of subjects censored | 958 (93.4%) | 951 (92.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.69; 1.33] | |
| two-sided p-value from stratified logrank test | 0.7904 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 45 (2.8%) | 70 (4.4%) |
| Number (%) of subjects censored | 1555 (97.2%) | 1534 (95.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.60 [0.41; 0.87] | |
| two-sided p-value from stratified logrank test | 0.0071 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 20 (2.8%) | 25 (3.5%) |
| Number (%) of subjects censored | 699 (97.2%) | 690 (96.5%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.80 [0.45; 1.45] | |
| two-sided p-value from stratified logrank test | 0.4661 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 137: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|-------------------|--------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 10 (4.2%) | 13 (5.5%) |
| Number (%) of subjects censored | | 228 (95.8%) | 224 (94.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.77 [0.33; 1.76] | |
| two-sided p-value from stratified logrank test | | 0.5286 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 138: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.4693 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set)

| Screening eGFR (mL/min/1.73m ²) category: 25 - < 45 mL/min/1.73m ² | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 123 (5.6%) | 132 (6.1%) |
| Number (%) of subjects censored | 2076 (94.4%) | 2043 (93.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.71; 1.17] | |
| two-sided p-value from stratified logrank test | 0.4585 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 68 (3.8%) | 102 (5.6%) |
| Number (%) of subjects censored | 1722 (96.2%) | 1709 (94.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.68 [0.50; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0136 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 139: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: ≥ 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 70 (2.8%) | 109 (4.3%) |
| Number (%) of subjects censored | 2455 (97.2%) | 2405 (95.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.47; 0.86] | |
| two-sided p-value from stratified logrank test | 0.0030 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 140: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---|--|
| Screening eGFR (mL/min/1.73m2) category | 0.1416 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 141: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|---------------|
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 70 (3.6%) | 93 (4.9%) |
| Number (%) of subjects censored | 1864 (96.4%) | 1816 (95.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.73 [0.53; <1.00] | |
| two-sided p-value from stratified logrank test | 0.0460 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 141: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 190 (4.2%) | 249 (5.4%) |
| Number (%) of subjects censored | 4381 (95.8%) | 4335 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.77 [0.64; 0.93] | |
| two-sided p-value from stratified logrank test | 0.0062 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 142: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.7828 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 143: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 166 (5.6%) | 228 (7.7%) |
| Number (%) of subjects censored | | 2813 (94.4%) | 2728 (92.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.72 [0.59; 0.88] | |
| two-sided p-value from stratified logrank test | | 0.0012 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 143: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 95 (2.7%) | 115 (3.2%) |
| Number (%) of subjects censored | | 3445 (97.3%) | 3436 (96.8%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.82 [0.63; 1.08] | |
| two-sided p-value from stratified logrank test | | 0.1632 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 144: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.4303 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 145: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 182 (4.0%) | 241 (5.4%) |
| Number (%) of subjects censored | 4342 (96.0%) | 4232 (94.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.73 [0.60; 0.88] | |
| two-sided p-value from stratified logrank test | 0.0011 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 145: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 79 (4.0%) | 102 (5.0%) |
| Number (%) of subjects censored | 1915 (96.0%) | 1929 (95.0%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.78 [0.58; 1.05] | |
| two-sided p-value from stratified logrank test | 0.1003 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 146: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.5844 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 147: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 68 (3.4%) | 83 (4.2%) |
| Number (%) of subjects censored | 1907 (96.6%) | 1892 (95.8%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.81 [0.58; 1.12] | |
| two-sided p-value from stratified logrank test | 0.2001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 147: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg | | |
|--|-------------------|---------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 174 (4.1%) | 245 (5.7%) |
| Number (%) of subjects censored | 4118 (95.9%) | 4032 (94.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.70 [0.57; 0.85] | |
| two-sided p-value from stratified logrank test | 0.0003 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 147: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 18 (7.2%) | 15 (5.9%) |
| Number (%) of subjects censored | 231 (92.8%) | 238 (94.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.11 [0.51; 2.38] | |
| two-sided p-value from stratified logrank test | 0.7954 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 148: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.2081 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
End of table

Table 1.3.1 / 149: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | | 194 (4.4%) | 257 (5.8%) |
| Number (%) of subjects censored | | 4255 (95.6%) | 4163 (94.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.75 [0.62; 0.90] | |
| two-sided p-value from stratified logrank test | | 0.0020 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 149: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 18 (7.1%) | 18 (6.7%) |
| Number (%) of subjects censored | 235 (92.9%) | 251 (93.3%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.12 [0.56; 2.26] | |
| two-sided p-value from stratified logrank test | 0.7457 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 149: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|--------------------|---------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 33 (2.3%) | 50 (3.4%) |
| Number (%) of subjects censored | 1399 (97.7%) | 1412 (96.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.41; >1.00] | |
| two-sided p-value from stratified logrank test | 0.0487 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 149: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 16 (4.2%) | 18 (5.1%) |
| Number (%) of subjects censored | 369 (95.8%) | 338 (94.9%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.76 [0.37; 1.57] | |
| two-sided p-value from stratified logrank test | 0.4534 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 150: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.7409 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 151: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|-------------------|---------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 167 (3.7%) | 253 (5.5%) |
| Number (%) of subjects censored | | 4314 (96.3%) | 4354 (94.5%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.65 [0.54; 0.79] | |
| two-sided p-value from stratified logrank test | | <.0001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 151: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 94 (4.6%) | 90 (4.7%) |
| Number (%) of subjects censored | | 1944 (95.4%) | 1810 (95.3%) |
| Median Time to event (month) [95 % CI] | | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.72; 1.29] | |
| two-sided p-value from stratified logrank test | | 0.8101 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 152: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.0197 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 153: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 95 (3.2%) | 114 (3.9%) |
| Number (%) of subjects censored | 2863 (96.8%) | 2817 (96.1%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.83 [0.63; 1.09] | |
| two-sided p-value from stratified logrank test | 0.1720 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 153: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 166 (4.7%) | 229 (6.4%) |
| Number (%) of subjects censored | 3395 (95.3%) | 3347 (93.6%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.73 [0.60; 0.89] | |
| two-sided p-value from stratified logrank test | 0.0020 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 154: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.4885 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 155: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 261 (4.0%) | 343 (5.3%) |
| Number (%) of subjects censored | 6258 (96.0%) | 6164 (94.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.75 [0.64; 0.88] | |
| two-sided p-value from unstratified logrank test | 0.0005 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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End of table

Table 1.3.1 / 156: Time to CV death for HF or hospitalization for HF (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 182 (2.8%) | 283 (4.3%) |
| Number (%) of subjects censored | 6337 (97.2%) | 6224 (95.7%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.64 [0.53; 0.78] | |
| two-sided p-value from stratified logrank test | <.0001 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 157: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 2836 (43.5%) | 2926 (45.0%) |
| Number (%) of subjects censored | 3683 (56.5%) | 3581 (55.0%) |
| Median Time to event (month) [95 % CI] | 48.333 [45.000;50.867] | 44.867 [42.967;47.133] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.91; 1.01] | |
| two-sided p-value from stratified logrank test | 0.0870 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table

Table 1.3.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set)

| Region: Europe | | | |
|--|------------|------------------------|------------------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 2936 (100.0%) | 2926 (100.0%) |
| Number (%) of subjects with event | | 1288 (43.9%) | 1293 (44.2%) |
| Number (%) of subjects censored | | 1648 (56.1%) | 1633 (55.8%) |
| Median Time to event (month) [95 % CI] | | 47.867 [43.000;52.933] | 47.133 [43.600;51.333] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.98 [0.90; 1.06] | |
| two-sided p-value from stratified logrank test | | 0.5664 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: North America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|------------------------|
| N | 1026 (100.0%) | 1025 (100.0%) |
| Number (%) of subjects with event | 441 (43.0%) | 445 (43.4%) |
| Number (%) of subjects censored | 585 (57.0%) | 580 (56.6%) |
| Median Time to event (month) [95 % CI] | 50.100 [n.c.] | 49.467 [43.833;54.900] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.03 [0.90; 1.17] | |
| two-sided p-value from stratified logrank test | 0.6964 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Asia

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 1600 (100.0%) | 1604 (100.0%) |
| Number (%) of subjects with event | 779 (48.7%) | 827 (51.6%) |
| Number (%) of subjects censored | 821 (51.3%) | 777 (48.4%) |
| Median Time to event (month) [95 % CI] | 40.100 [35.200;45.533] | 36.767 [32.933;40.767] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.91 [0.83; 1.01] | |
| two-sided p-value from stratified logrank test | 0.0764 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

Region: Latin America

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|--------------|
| N | 719 (100.0%) | 715 (100.0%) |
| Number (%) of subjects with event | 202 (28.1%) | 233 (32.6%) |
| Number (%) of subjects censored | 517 (71.9%) | 482 (67.4%) |
| Median Time to event (month) [95 % CI] | n.c. | n.c. |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.85 [0.70; 1.02] | |
| two-sided p-value from stratified logrank test | 0.0826 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 158: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Region (full analysis set) (cont.)

| Region: Others | | | |
|--|------------|------------------------|------------------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 238 (100.0%) | 237 (100.0%) |
| Number (%) of subjects with event | | 126 (52.9%) | 128 (54.0%) |
| Number (%) of subjects censored | | 112 (47.1%) | 109 (46.0%) |
| Median Time to event (month) [95 % CI] | | 31.500 [24.033;46.833] | 29.967 [26.300;39.000] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.96 [0.75; 1.23] | |
| two-sided p-value from stratified logrank test | | 0.7470 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 159: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Region (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Region | 0.4332 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 160: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set)

Screening eGFR (mL/min/1.73m²) category: 25 - < 45 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 2199 (100.0%) | 2175 (100.0%) |
| Number (%) of subjects with event | 1061 (48.2%) | 1079 (49.6%) |
| Number (%) of subjects censored | 1138 (51.8%) | 1096 (50.4%) |
| Median Time to event (month) [95 % CI] | 37.933 [34.900;40.067] | 35.000 [32.233;38.033] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.88; 1.05] | |
| two-sided p-value from stratified logrank test | 0.3816 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 160: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: 45 - < 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 1790 (100.0%) | 1811 (100.0%) |
| Number (%) of subjects with event | 788 (44.0%) | 838 (46.3%) |
| Number (%) of subjects censored | 1002 (56.0%) | 973 (53.7%) |
| Median Time to event (month) [95 % CI] | 45.133 [41.500;50.100] | 40.333 [36.833;44.667] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.85; 1.03] | |
| two-sided p-value from stratified logrank test | 0.1798 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 160: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening eGFR (mL/min/1.73m²) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m²) category: ≥ 60 mL/min/1.73m²

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2525 (100.0%) | 2514 (100.0%) |
| Number (%) of subjects with event | 986 (39.0%) | 1006 (40.0%) |
| Number (%) of subjects censored | 1539 (61.0%) | 1508 (60.0%) |
| Median Time to event (month) [95 % CI] | n.c. | 56.133 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.89; 1.06] | |
| two-sided p-value from stratified logrank test | 0.5039 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 161: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Screening eGFR (mL/min/1.73m2) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---|--|
| Screening eGFR (mL/min/1.73m2) category | 0.8008 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 162: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 1934 (100.0%) | 1909 (100.0%) |
| Number (%) of subjects with event | 941 (48.7%) | 952 (49.9%) |
| Number (%) of subjects censored | 993 (51.3%) | 957 (50.1%) |
| Median Time to event (month) [95 % CI] | 47.600 [42.700;50.867] | 43.900 [39.767;47.833] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.88; 1.05] | |
| two-sided p-value from stratified logrank test | 0.3971 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 162: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|------------------------|
| N | 4571 (100.0%) | 4584 (100.0%) |
| Number (%) of subjects with event | 1888 (41.3%) | 1967 (42.9%) |
| Number (%) of subjects censored | 2683 (58.7%) | 2617 (57.1%) |
| Median Time to event (month) [95 % CI] | 49.333 [n.c.] | 45.000 [42.967;47.733] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.90; 1.02] | |
| two-sided p-value from stratified logrank test | 0.1457 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table

Table 1.3.1 / 163: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Screening albuminuria (mg/g) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------------------------|--|
| Screening albuminuria (mg/g) category | 0.8881 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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End of table

Table 1.3.1 / 164: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|------------------------|------------------------|
| N | | 2979 (100.0%) | 2956 (100.0%) |
| Number (%) of subjects with event | | 1475 (49.5%) | 1513 (51.2%) |
| Number (%) of subjects censored | | 1504 (50.5%) | 1443 (48.8%) |
| Median Time to event (month) [95 % CI] | | 36.833 [34.267;39.667] | 32.933 [31.000;35.967] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.94 [0.88; 1.01] | |
| two-sided p-value from stratified logrank test | | 0.1044 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 164: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

| | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 3540 (100.0%) | 3551 (100.0%) |
| Number (%) of subjects with event | | 1361 (38.4%) | 1413 (39.8%) |
| Number (%) of subjects censored | | 2179 (61.6%) | 2138 (60.2%) |
| Median Time to event (month) [95 % CI] | | 58.933 [n.c.] | 54.100 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.97 [0.90; 1.05] | |
| two-sided p-value from stratified logrank test | | 0.4340 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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End of table



Table 1.3.1 / 165: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup History of CVD (Medical history) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|----------------------------------|--|
| History of CVD (Medical history) | 0.5713 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 166: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 4524 (100.0%) | 4473 (100.0%) |
| Number (%) of subjects with event | 1981 (43.8%) | 1999 (44.7%) |
| Number (%) of subjects censored | 2543 (56.2%) | 2474 (55.3%) |
| Median Time to event (month) [95 % CI] | 48.333 [43.933;51.467] | 45.300 [43.033;47.733] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.91; 1.03] | |
| two-sided p-value from stratified logrank test | 0.3632 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 166: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

| Baseline serum potassium (mmol/L) category: > 4.5 mmol/L | | |
|--|------------------------|------------------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1994 (100.0%) | 2031 (100.0%) |
| Number (%) of subjects with event | 854 (42.8%) | 926 (45.6%) |
| Number (%) of subjects censored | 1140 (57.2%) | 1105 (54.4%) |
| Median Time to event (month) [95 % CI] | 48.600 [43.300;54.633] | 43.900 [39.100;49.467] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.84; 1.02] | |
| two-sided p-value from stratified logrank test | 0.1219 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 167: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline serum potassium (mmol/L) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline serum potassium (mmol/L) category | 0.3614 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 168: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set)

| Baseline systolic blood pressure (mmHg) category: < 130 mmHg | | |
|--|-------------------|------------------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 1975 (100.0%) | 1975 (100.0%) |
| Number (%) of subjects with event | 799 (40.5%) | 823 (41.7%) |
| Number (%) of subjects censored | 1176 (59.5%) | 1152 (58.3%) |
| Median Time to event (month) [95 % CI] | 54.333 [n.c.] | 51.300 [47.567;54.900] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.98 [0.89; 1.08] | |
| two-sided p-value from stratified logrank test | 0.6870 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 168: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 4292 (100.0%) | 4277 (100.0%) |
| Number (%) of subjects with event | 1921 (44.8%) | 1974 (46.2%) |
| Number (%) of subjects censored | 2371 (55.2%) | 2303 (53.8%) |
| Median Time to event (month) [95 % CI] | 44.700 [41.733;48.633] | 42.967 [39.800;45.000] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.89; 1.01] | |
| two-sided p-value from stratified logrank test | 0.0997 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 168: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

| Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg | | |
|--|-------------------|------------------------|
| Statistics | BAY 94-8862 | Placebo |
| N | 249 (100.0%) | 253 (100.0%) |
| Number (%) of subjects with event | 114 (45.8%) | 127 (50.2%) |
| Number (%) of subjects censored | 135 (54.2%) | 126 (49.8%) |
| Median Time to event (month) [95 % CI] | 39.033 [n.c.] | 38.367 [29.433;41.000] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 1.08 [0.82; 1.44] | |
| two-sided p-value from stratified logrank test | 0.5717 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 169: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Baseline systolic blood pressure (mmHg) category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--|--|
| Baseline systolic blood pressure (mmHg) category | 0.7680 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 170: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories) (full analysis set)

Race (4 categories): White

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 4449 (100.0%) | 4420 (100.0%) |
| Number (%) of subjects with event | 1918 (43.1%) | 1950 (44.1%) |
| Number (%) of subjects censored | 2531 (56.9%) | 2470 (55.9%) |
| Median Time to event (month) [95 % CI] | 48.600 [44.700;52.767] | 46.400 [43.033;48.967] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.97 [0.91; 1.04] | |
| two-sided p-value from stratified logrank test | 0.3722 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 170: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories)
(full analysis set) (cont.)

Race (4 categories): Black

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|------------------------|
| N | 253 (100.0%) | 269 (100.0%) |
| Number (%) of subjects with event | 104 (41.1%) | 121 (45.0%) |
| Number (%) of subjects censored | 149 (58.9%) | 148 (55.0%) |
| Median Time to event (month) [95 % CI] | 47.600 [n.c.] | 41.767 [31.600;53.933] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.89 [0.67; 1.18] | |
| two-sided p-value from stratified logrank test | 0.4004 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 170: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories)
(full analysis set) (cont.)

Race (4 categories): Asian

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 1432 (100.0%) | 1462 (100.0%) |
| Number (%) of subjects with event | 674 (47.1%) | 722 (49.4%) |
| Number (%) of subjects censored | 758 (52.9%) | 740 (50.6%) |
| Median Time to event (month) [95 % CI] | 44.267 [38.967;49.767] | 42.300 [36.567;45.233] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.93 [0.84; 1.04] | |
| two-sided p-value from stratified logrank test | 0.1968 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 170: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Race (4 categories)
(full analysis set) (cont.)

Race (4 categories): Other

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 385 (100.0%) | 356 (100.0%) |
| Number (%) of subjects with event | 140 (36.4%) | 133 (37.4%) |
| Number (%) of subjects censored | 245 (63.6%) | 223 (62.6%) |
| Median Time to event (month) [95 % CI] | n.c. | 47.567 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.95 [0.73; 1.23] | |
| two-sided p-value from stratified logrank test | 0.7010 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 171: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Race (4 categories) (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|---------------------|--|
| Race (4 categories) | 0.8190 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 172: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set)

| Sex: Male | | | |
|--|------------|------------------------|------------------------|
| | Statistics | BAY 94-8862 | Placebo |
| N | | 4481 (100.0%) | 4607 (100.0%) |
| Number (%) of subjects with event | | 2037 (45.5%) | 2132 (46.3%) |
| Number (%) of subjects censored | | 2444 (54.5%) | 2475 (53.7%) |
| Median Time to event (month) [95 % CI] | | 43.700 [41.500;47.600] | 42.967 [40.300;45.700] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.97 [0.91; 1.03] | |
| two-sided p-value from stratified logrank test | | 0.2927 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

Table 1.3.1 / 172: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Sex (full analysis set) (cont.)

| Sex: Female | Statistics | BAY 94-8862 | Placebo |
|--|------------|-------------------|---------------|
| N | | 2038 (100.0%) | 1900 (100.0%) |
| Number (%) of subjects with event | | 799 (39.2%) | 794 (41.8%) |
| Number (%) of subjects censored | | 1239 (60.8%) | 1106 (58.2%) |
| Median Time to event (month) [95 % CI] | | n.c. | 50.200 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | | 0.94 [0.85; 1.04] | |
| two-sided p-value from stratified logrank test | | 0.2634 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

End of table



Table 1.3.1 / 173: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Sex (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|-------------------|--|
| Sex | 0.5212 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
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 End of table

Table 1.3.1 / 174: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|-------------------|---------------|
| N | 2958 (100.0%) | 2931 (100.0%) |
| Number (%) of subjects with event | 1170 (39.6%) | 1194 (40.7%) |
| Number (%) of subjects censored | 1788 (60.4%) | 1737 (59.3%) |
| Median Time to event (month) [95 % CI] | n.c. | 52.933 [n.c.] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.89; 1.05] | |
| two-sided p-value from stratified logrank test | 0.3678 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

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Table 1.3.1 / 174: Time to all-cause hospitalization (months): Kaplan-Meier summary, stratified logrank test and Hazard Ratio by Age group (years)
3rd category (full analysis set) (cont.)

Age group (years) 3rd category: ≥ 65 years

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 3561 (100.0%) | 3576 (100.0%) |
| Number (%) of subjects with event | 1666 (46.8%) | 1732 (48.4%) |
| Number (%) of subjects censored | 1895 (53.2%) | 1844 (51.6%) |
| Median Time to event (month) [95 % CI] | 41.567 [39.433;44.800] | 39.333 [37.267;41.467] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.90; 1.02] | |
| two-sided p-value from stratified logrank test | 0.2125 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 175: Time to all-cause hospitalization (months): Wald chi-square p-values from stratified model for subgroup Age group (years) 3rd category (full analysis set)

| Subgroup-Variable | Treatment and Subgroup interaction p-value |
|--------------------------------|--|
| Age group (years) 3rd category | 0.9866 |

Wald chi-square p-value from stratified model including treatment, subgroup, and treatment x subgroup interaction.
 Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease
 Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30
 End of table

Table 1.3.1 / 176: Time to all-cause hospitalization (months): Kaplan-Meier summary, unstratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 2836 (43.5%) | 2926 (45.0%) |
| Number (%) of subjects censored | 3683 (56.5%) | 3581 (55.0%) |
| Median Time to event (month) [95 % CI] | 48.333 [45.000;50.867] | 44.867 [42.967;47.133] |
| Hazard ratio from unstratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.91; 1.01] | |
| two-sided p-value from unstratified logrank test | 0.0946 | |

Hazard ratio from unstratified cox proportional hazard model including treatment as factor.

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Table 1.3.1 / 177: Time to all-cause hospitalization (months) for on-treatment FAS: Kaplan-Meier summary, stratified logrank test and Hazard Ratio (full analysis set)

| Statistics | BAY 94-8862 | Placebo |
|--|------------------------|------------------------|
| N | 6519 (100.0%) | 6507 (100.0%) |
| Number (%) of subjects with event | 2554 (39.2%) | 2667 (41.0%) |
| Number (%) of subjects censored | 3965 (60.8%) | 3840 (59.0%) |
| Median Time to event (month) [95 % CI] | 49.533 [46.067;52.767] | 46.400 [44.067;48.833] |
| Hazard ratio from stratified Cox proportional hazards model (BAY 94-8862/Placebo) [95 % CI] | 0.96 [0.91; 1.01] | |
| two-sided p-value from stratified logrank test | 0.1230 | |

Hazard ratio from stratified cox proportional hazard model including treatment as factor.

Stratification factors: Region / eGFR category at screening / type of albuminuria at screening / history of CV disease

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/t_adtte_cox_prophaz.sas 06FEB2023 11:30

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Table 1.3.1 / 178: Time to all-cause hospitalization (months): Rate Ratio from stratified Andersen-Gill model with robust estimation of standard errors (full analysis set)

| Statistic | Value |
|---|-------------------|
| Rate ratio from stratified Andersen-Gill model with robust estimation of standard errors (BAY 94-8862/Placebo) [95 % CI] | 0.94 [0.87; 1.02] |
| two-sided p-value from stratified Andersen-Gill model with robust estimation of standard errors | 0.1506 |

Andersen-Gill model accounting for recurrent events.

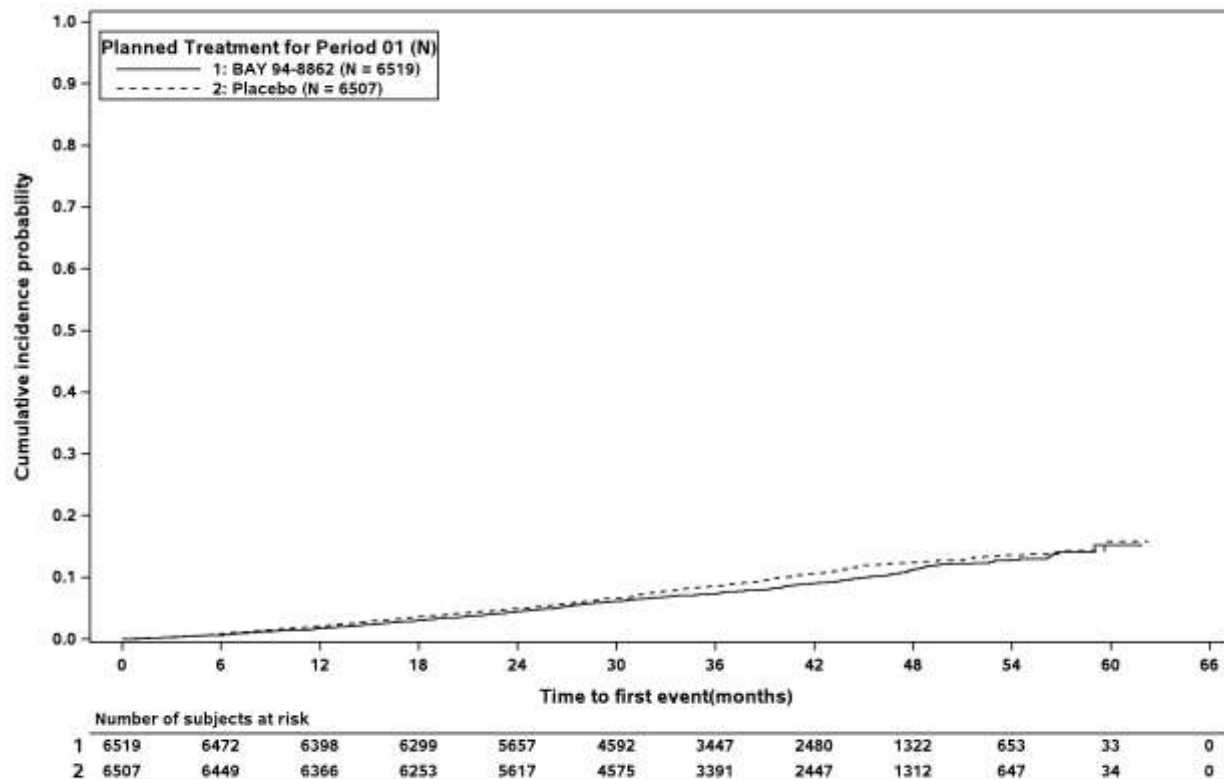
If multiple events occurred on the same day, only a single event is counted for the analysis.

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Figure 1.3.1 / 1: Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set)

Time to all-cause mortality (months): Kaplan-Meier curves (full analysis set)



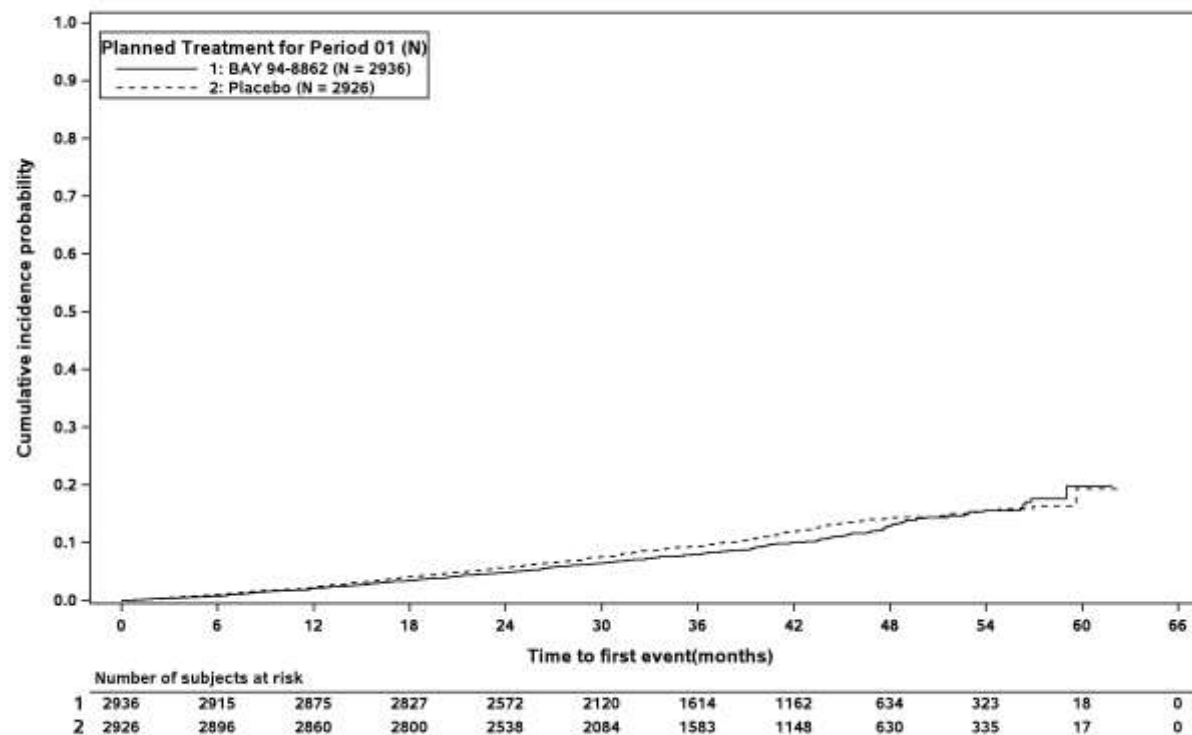
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



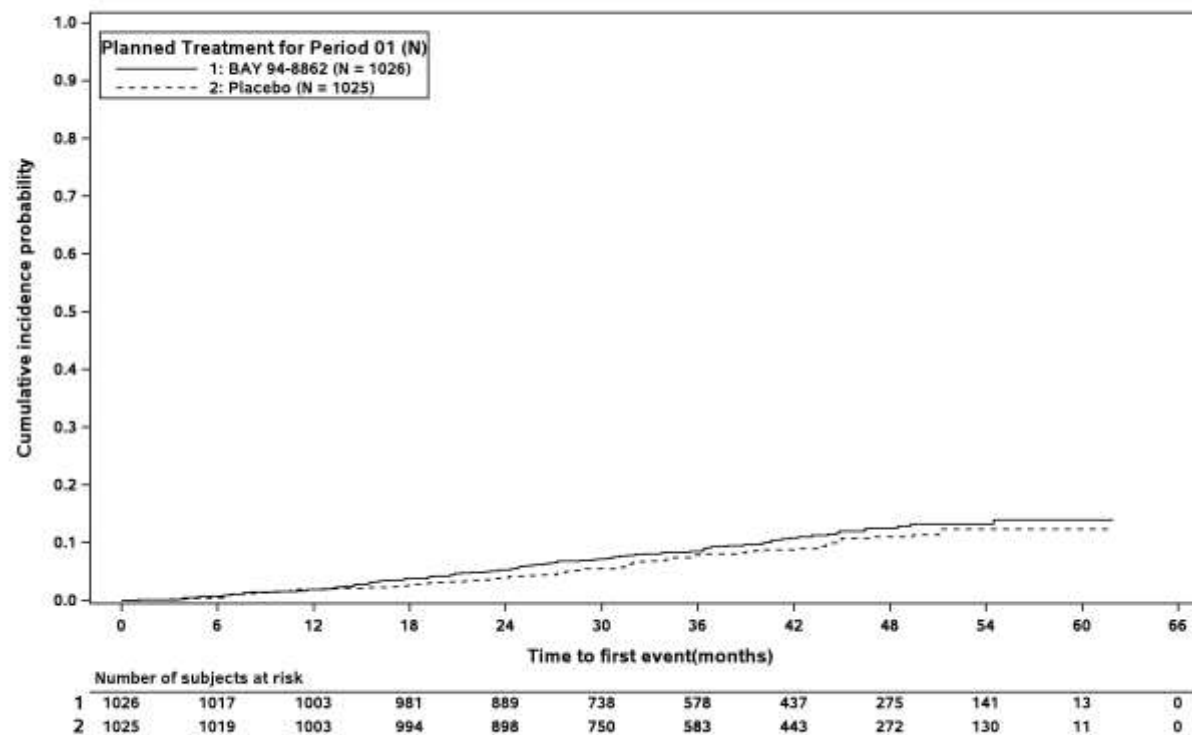
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



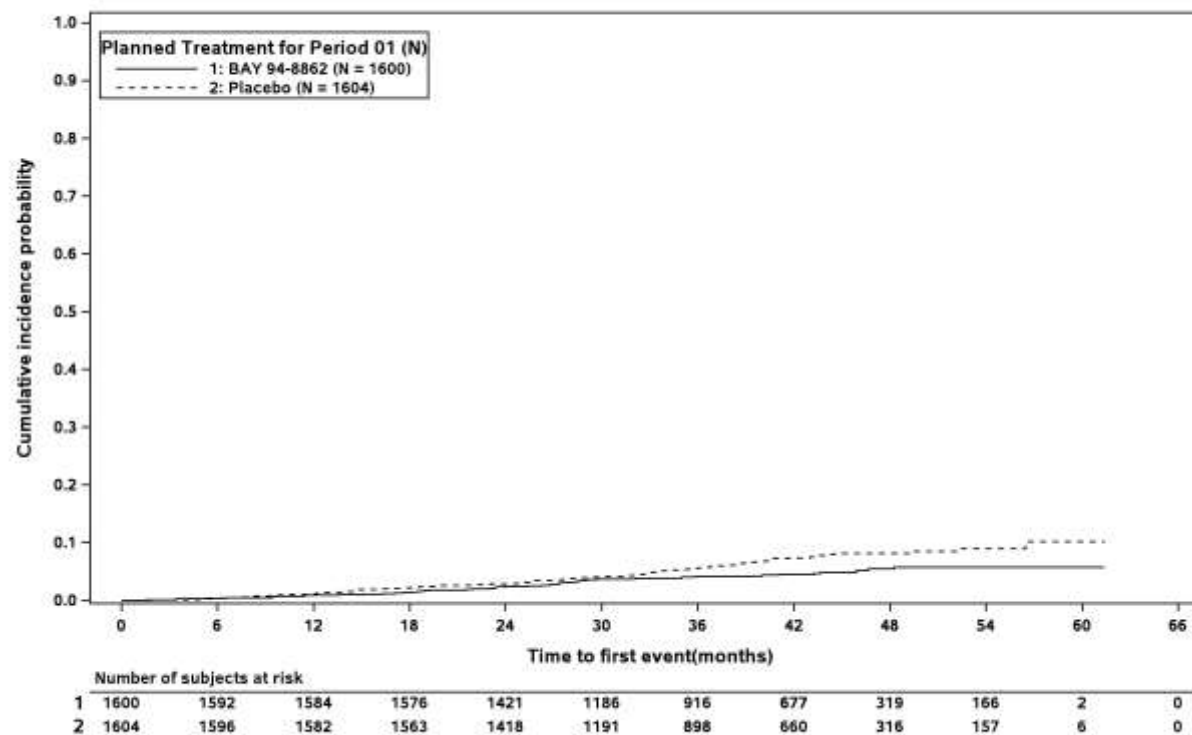
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



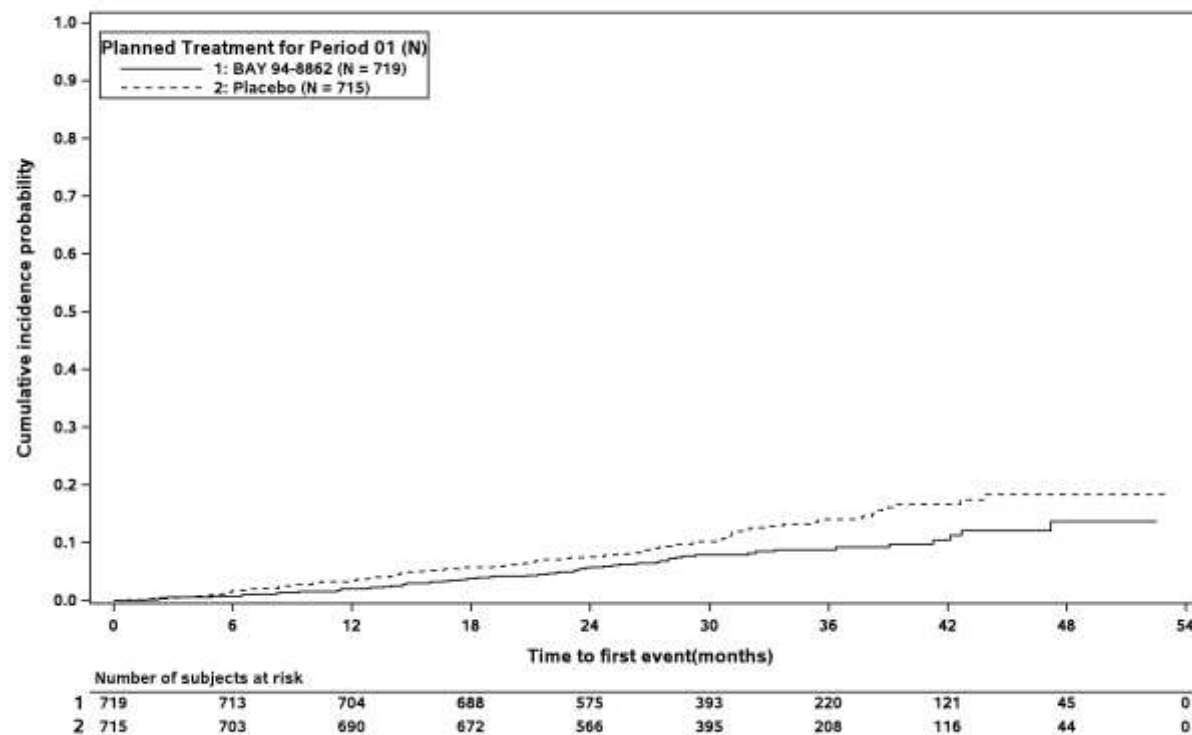
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



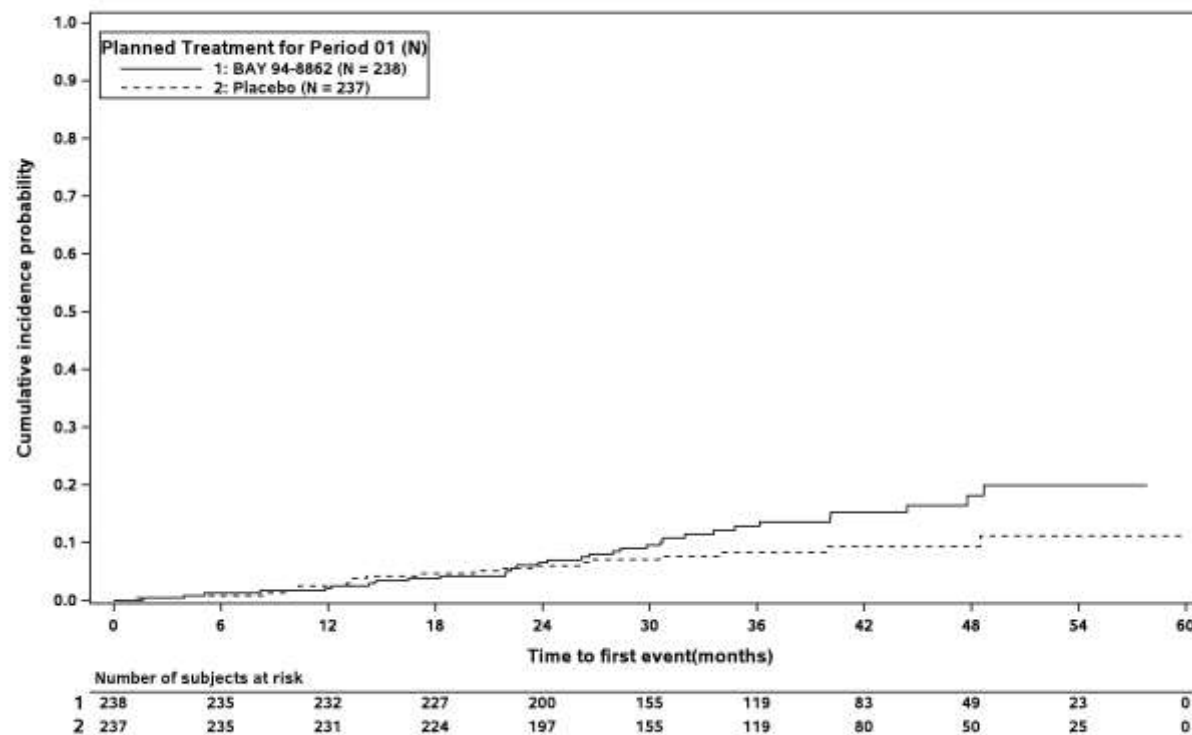
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 2: Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to all-cause mortality (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



At-risk subject counts were calculated as at start of timepoint.

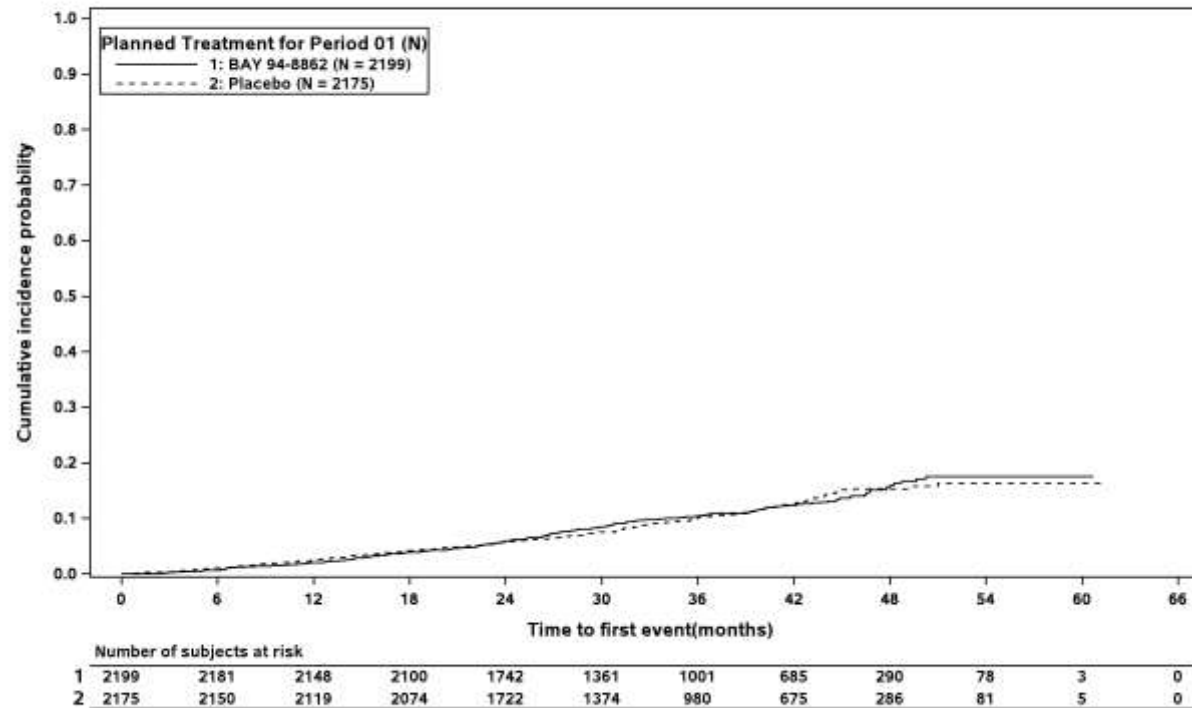
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



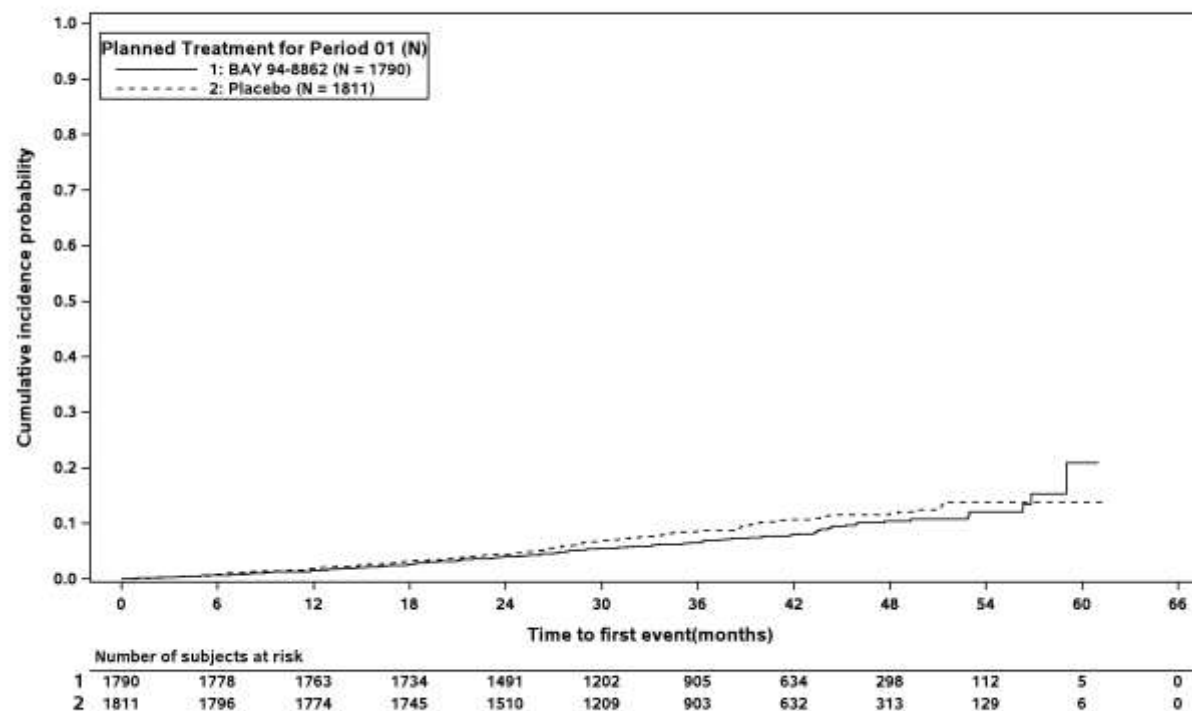
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



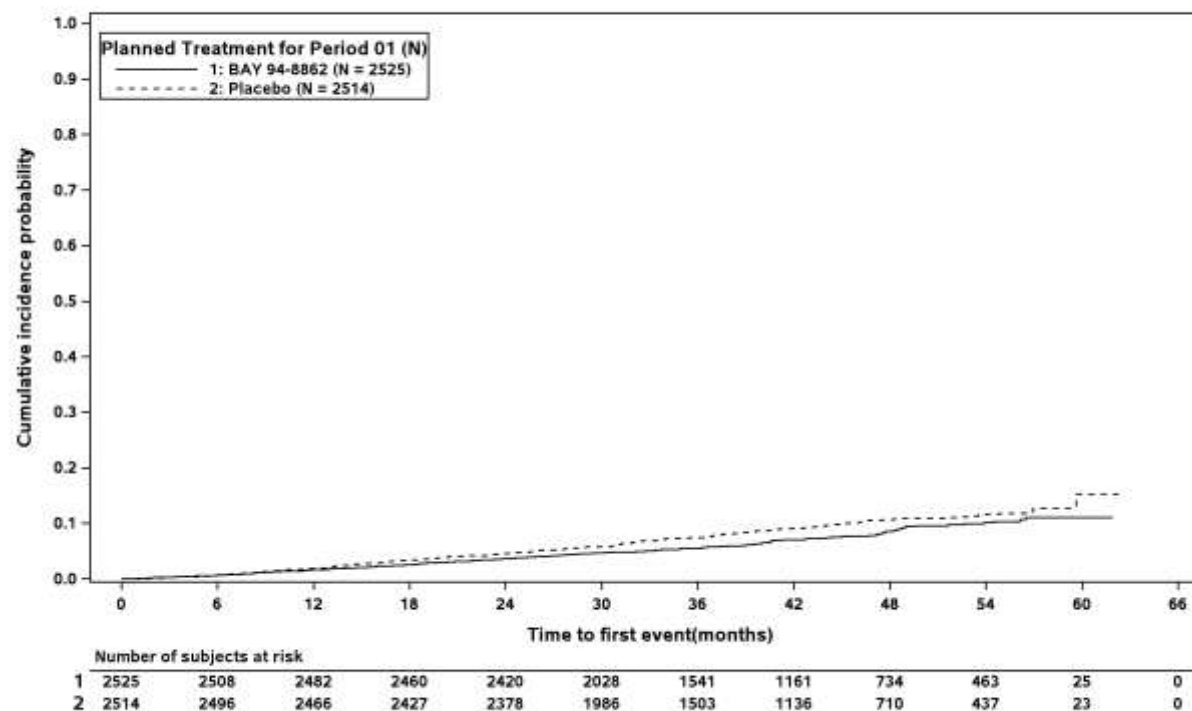
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 3: Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2

Time to all-cause mortality (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2



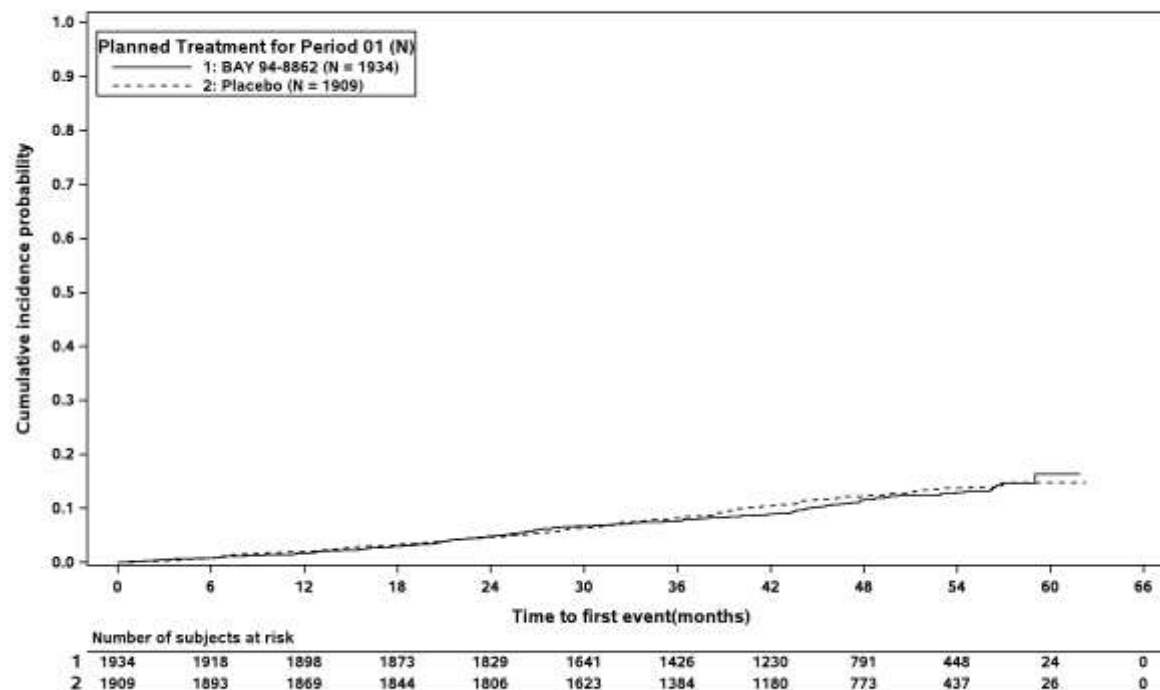
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



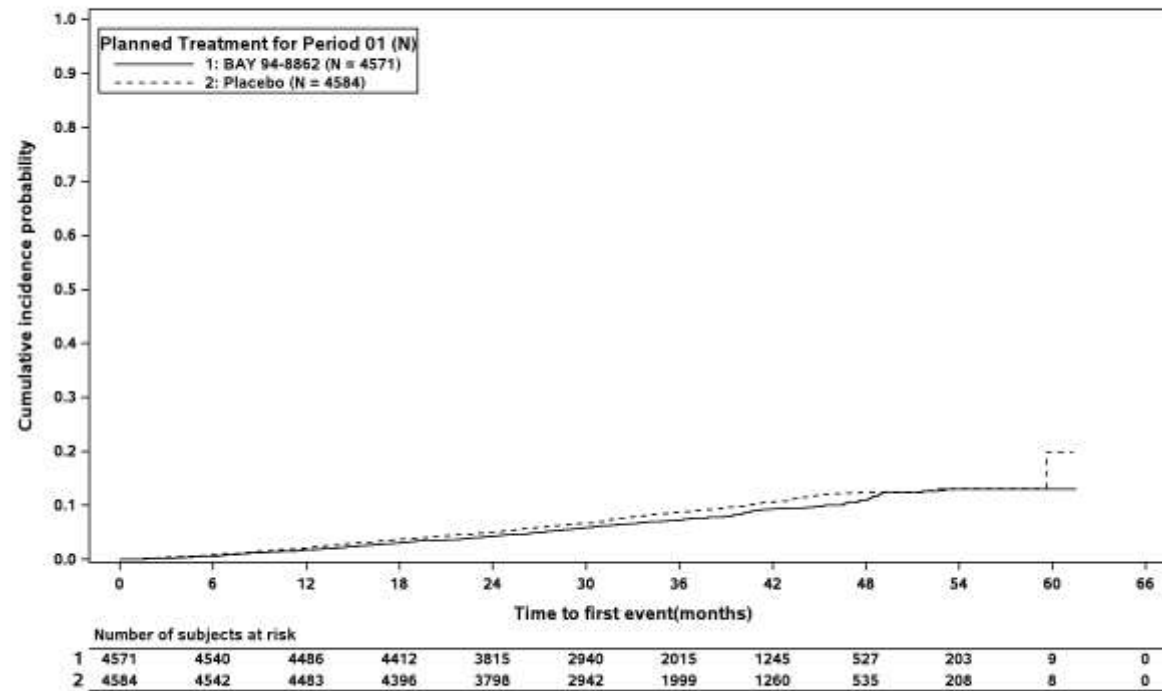
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Figure 1.3.1 / 4: Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to all-cause mortality (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



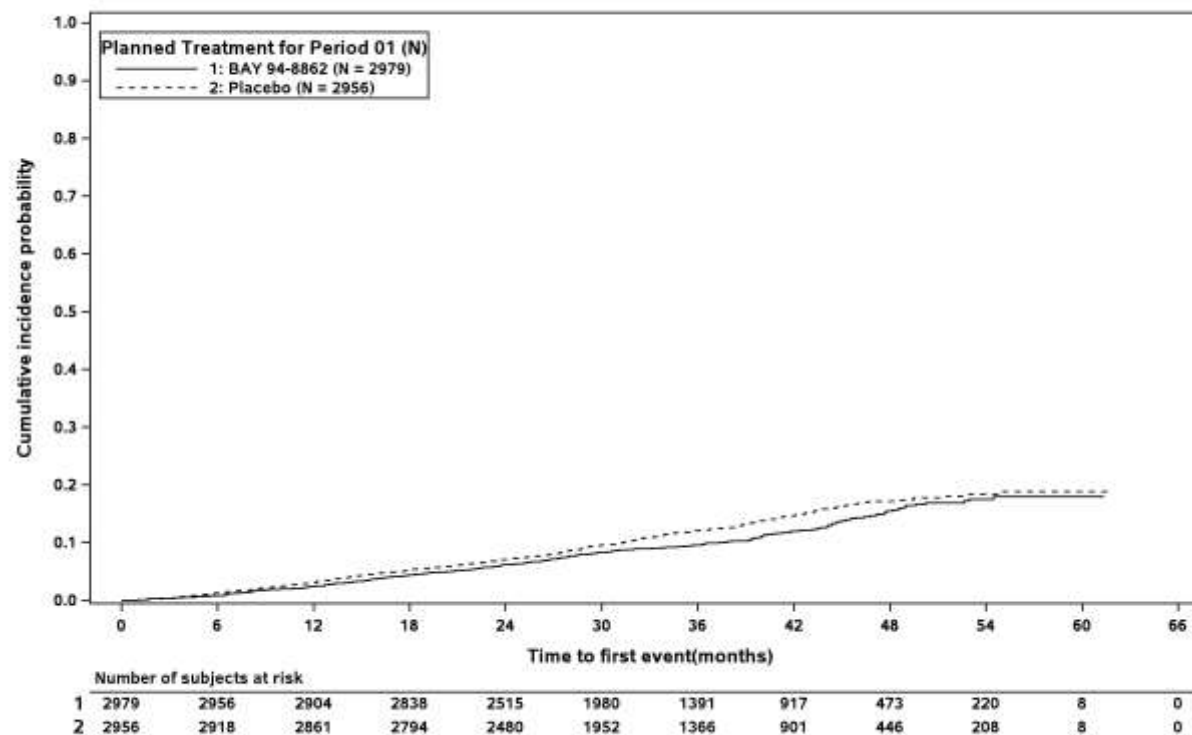
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 5: Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



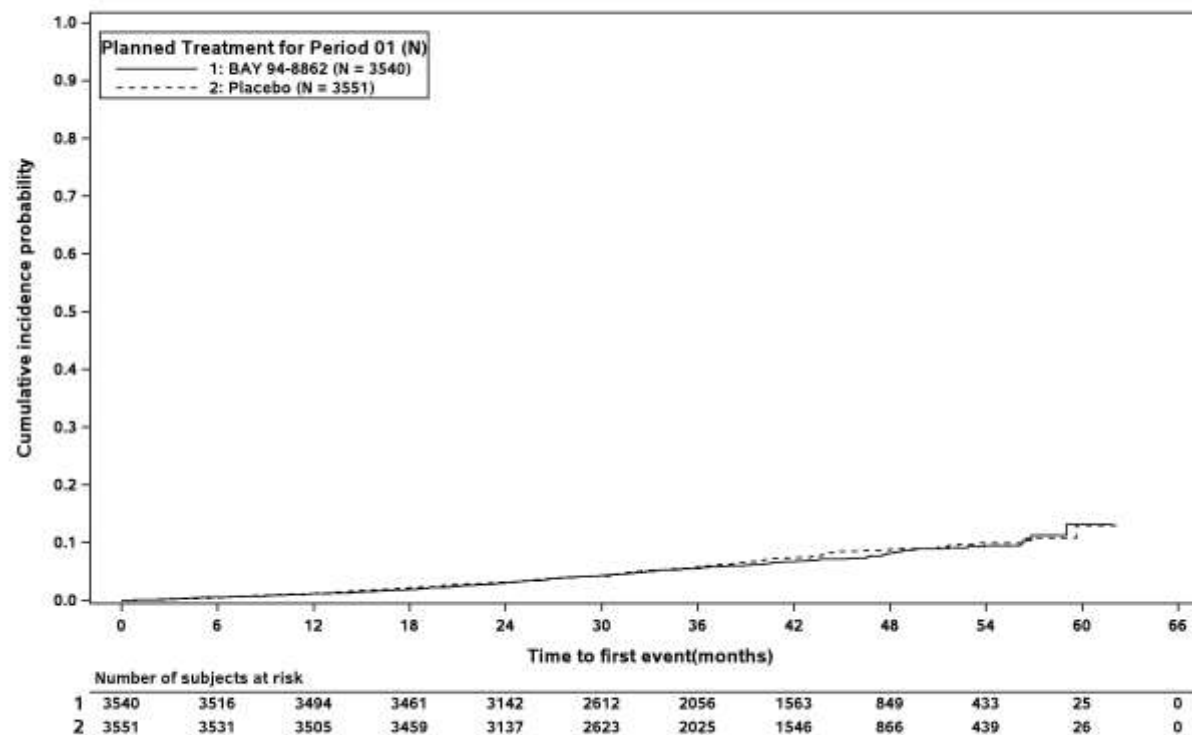
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 5: Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to all-cause mortality (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



At-risk subject counts were calculated as at start of timepoint.

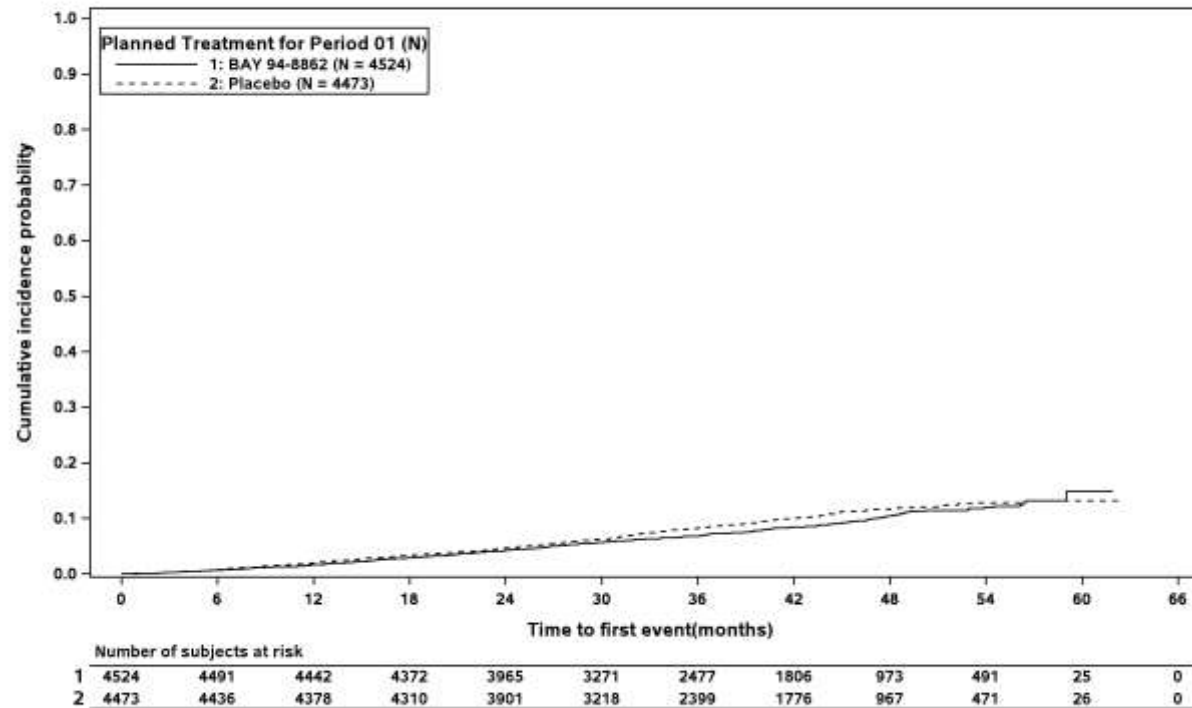
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Figure 1.3.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



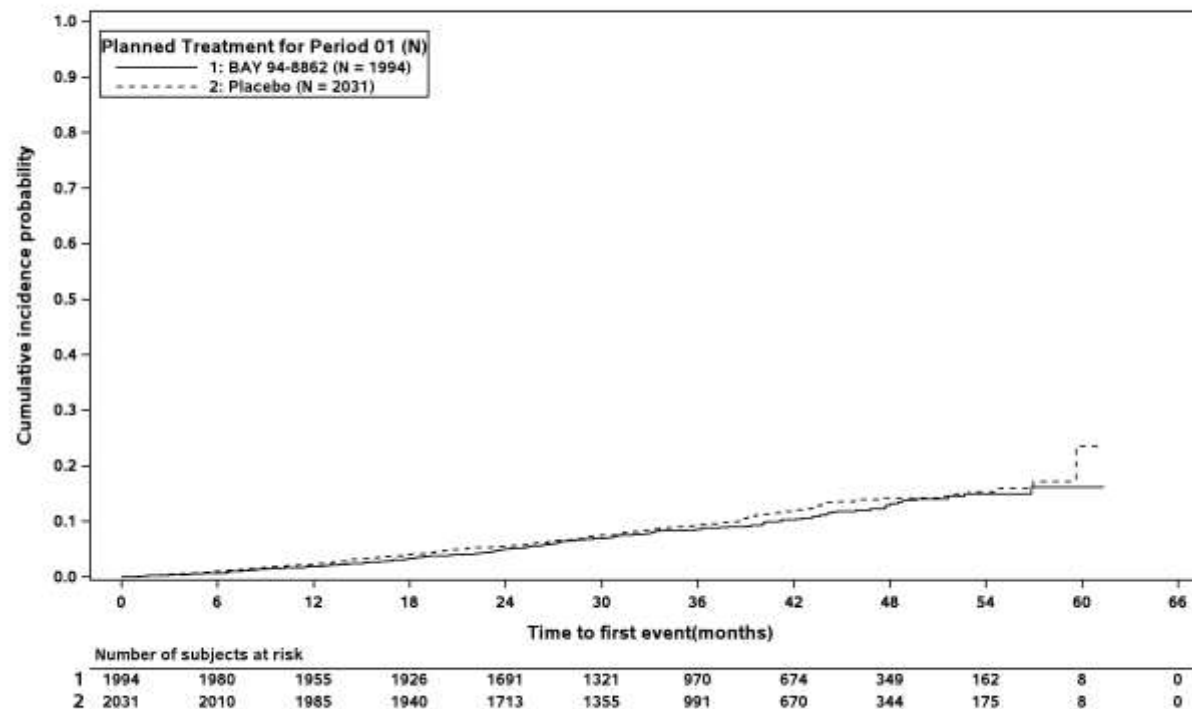
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 6: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



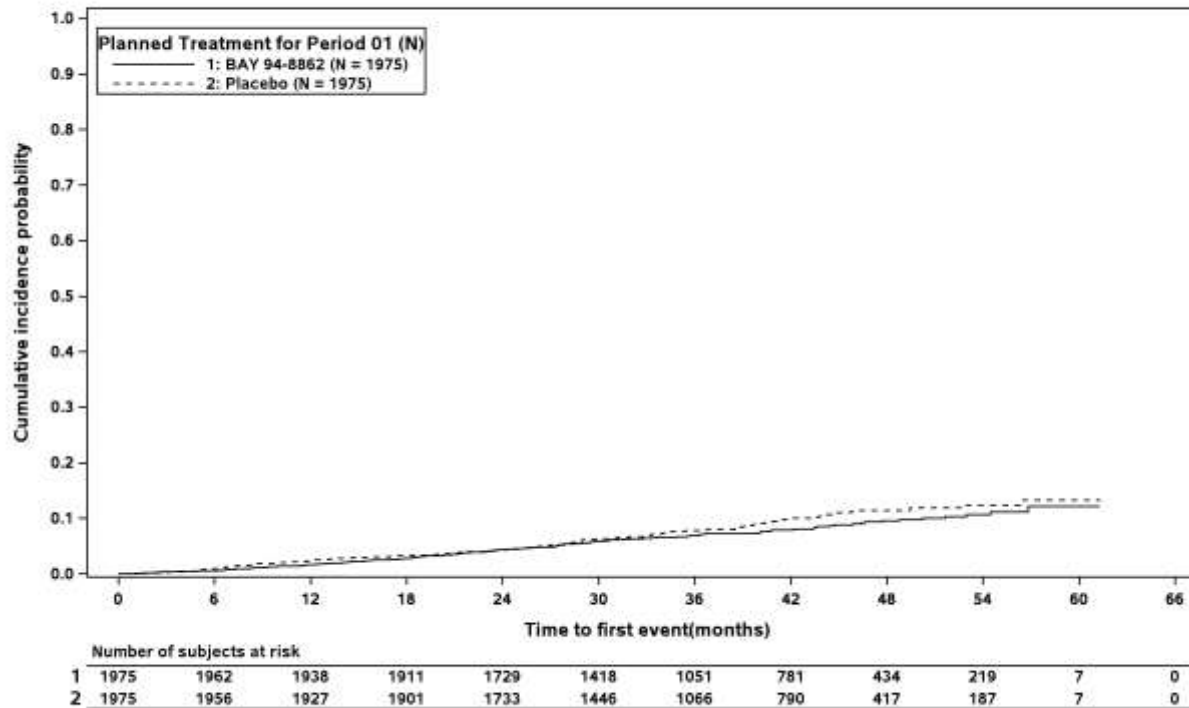
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



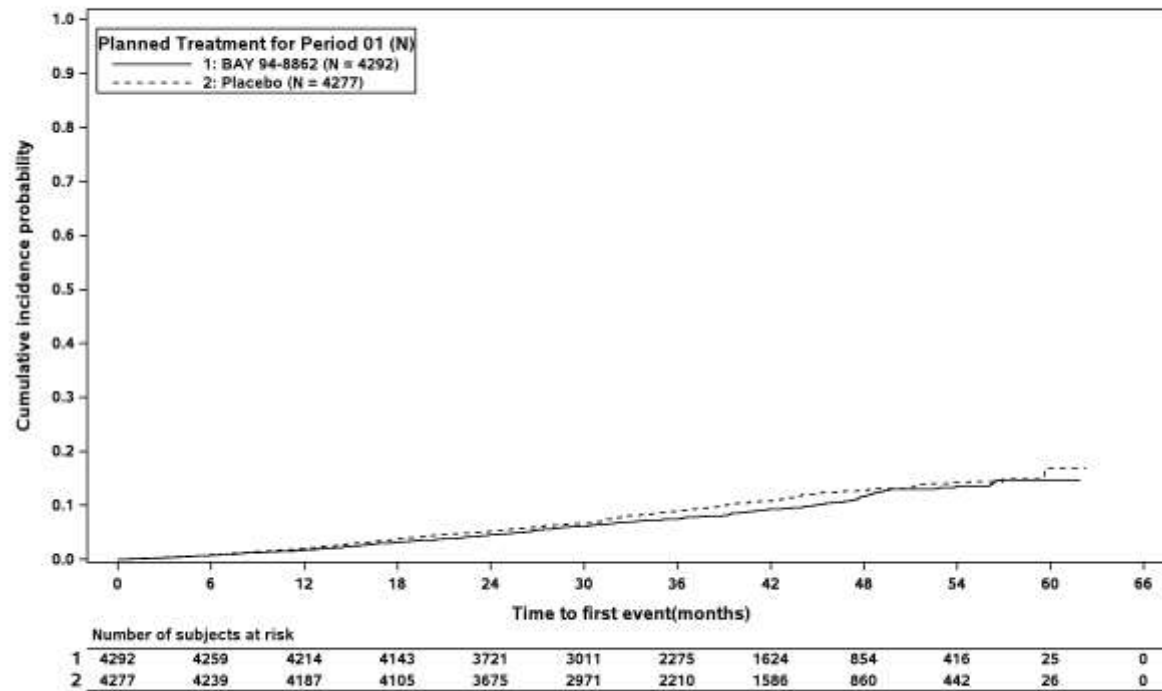
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



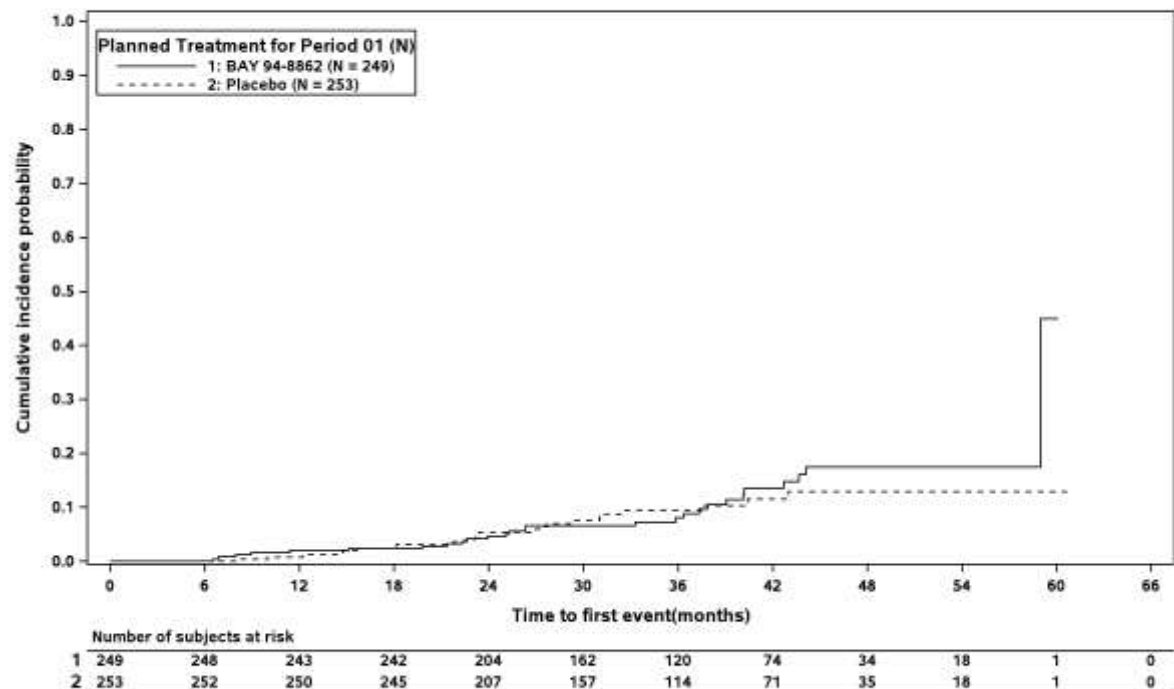
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 7: Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to all-cause mortality (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



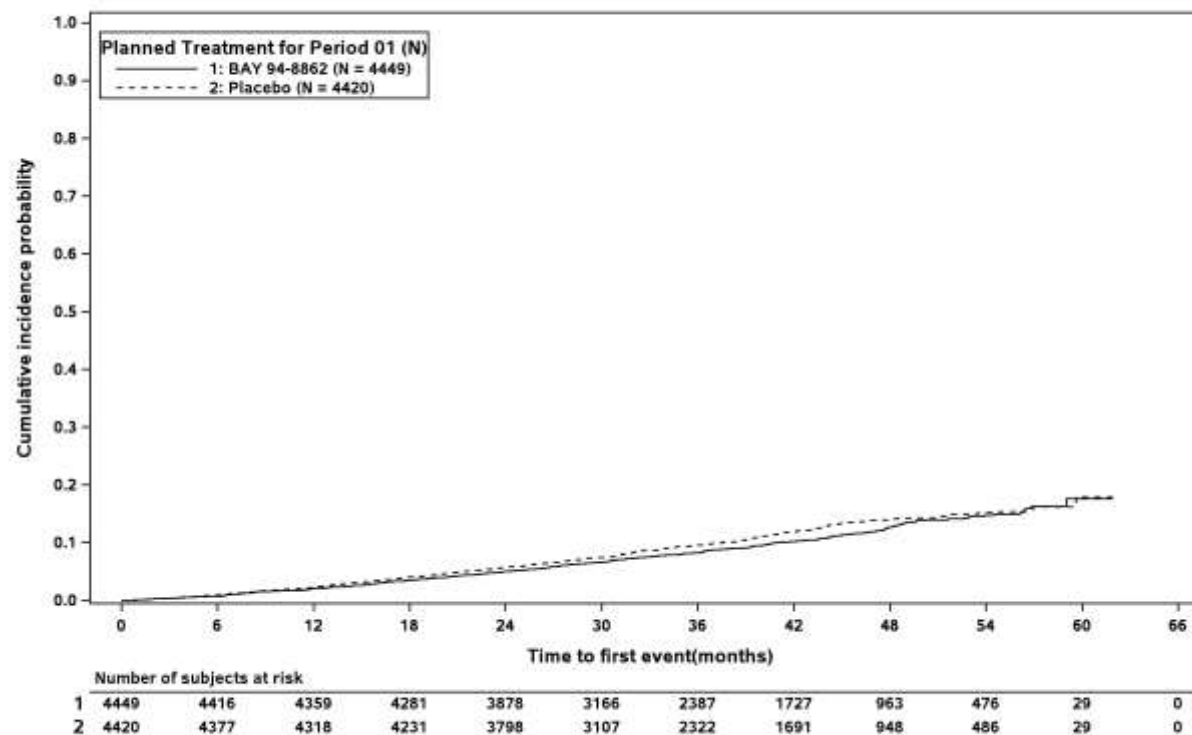
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



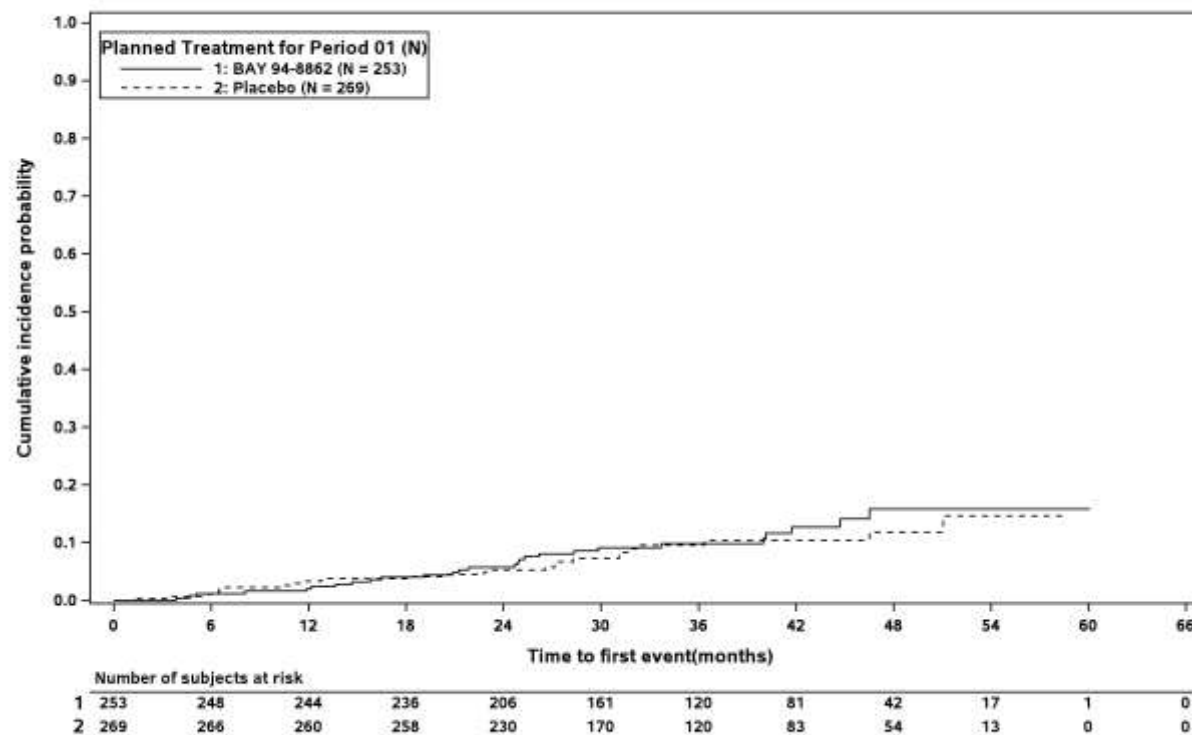
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



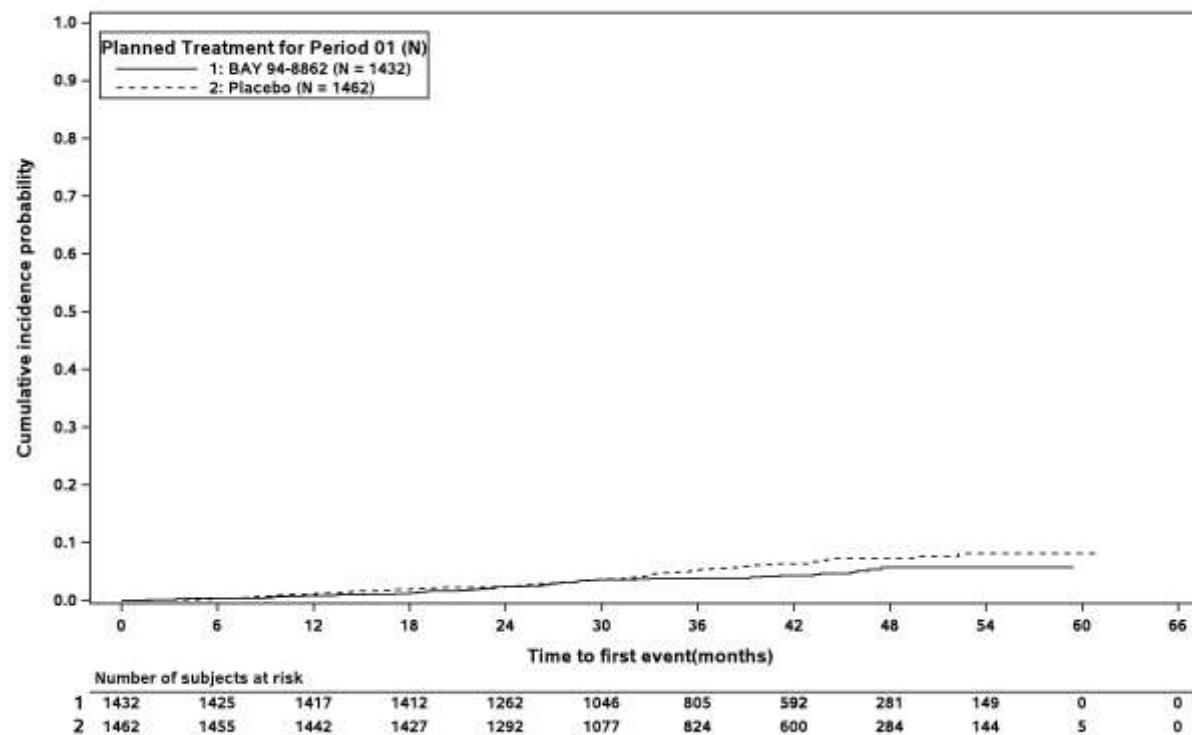
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



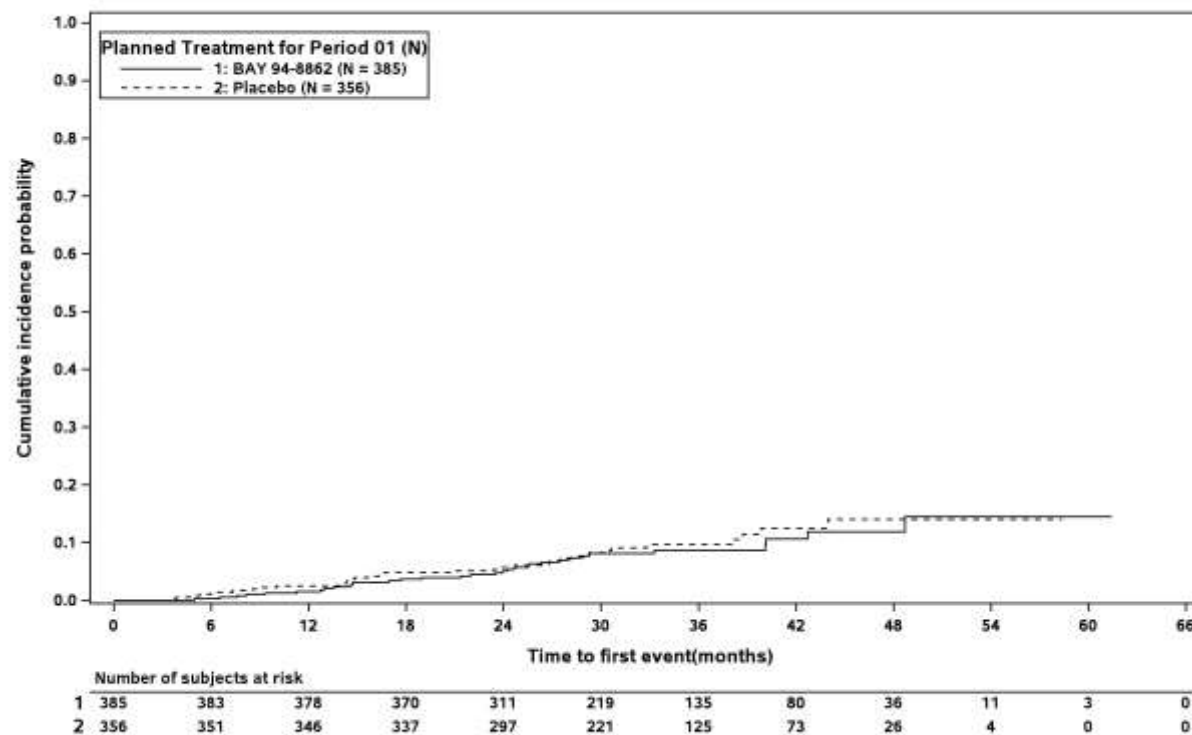
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 8: Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to all-cause mortality (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



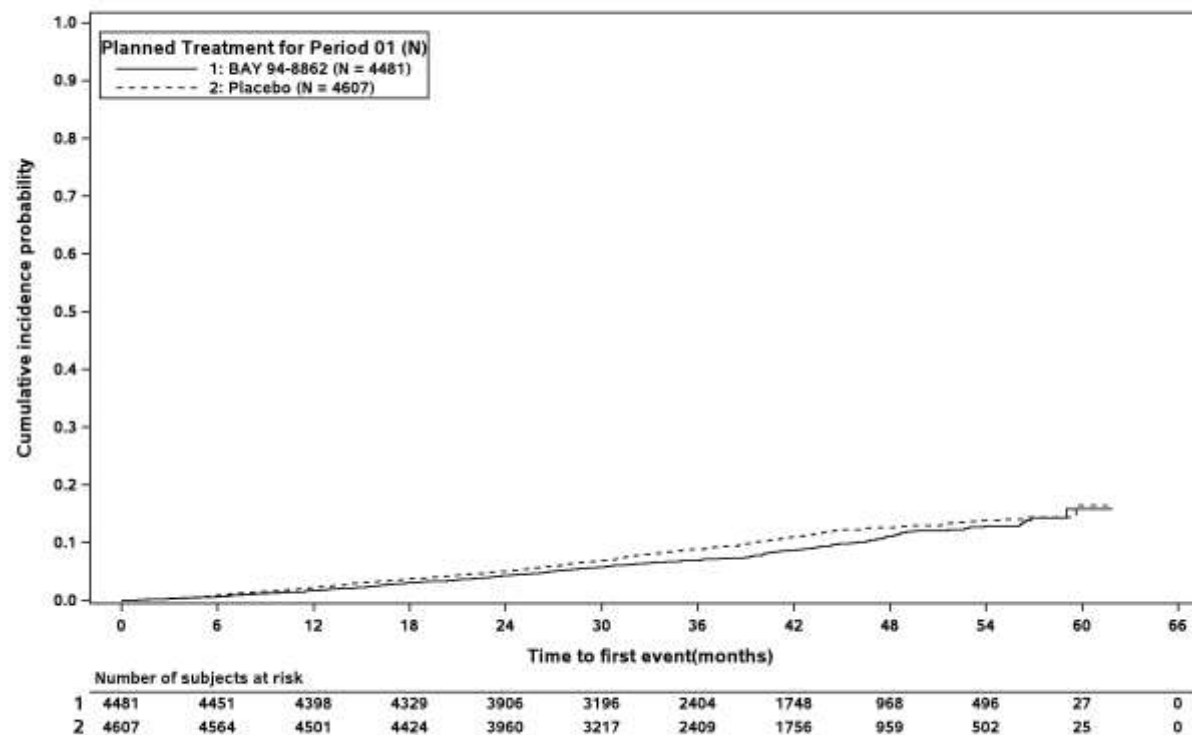
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Figure 1.3.1 / 9: Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



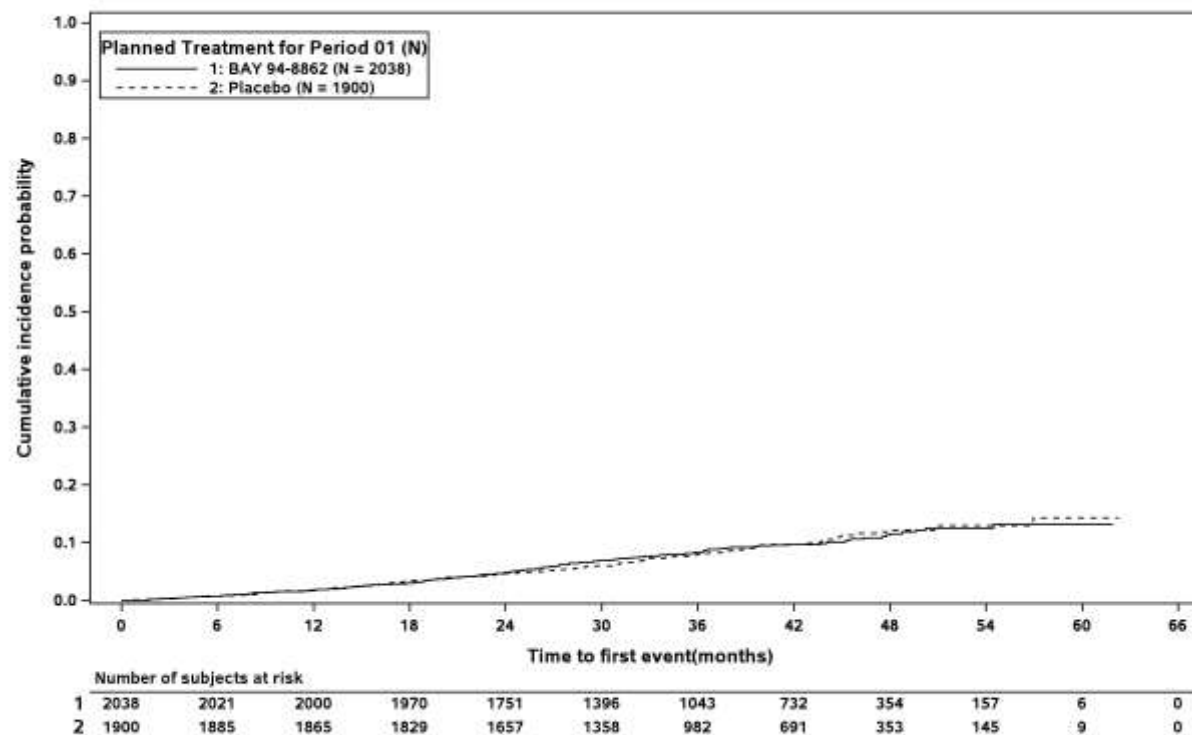
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 9: Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to all-cause mortality (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



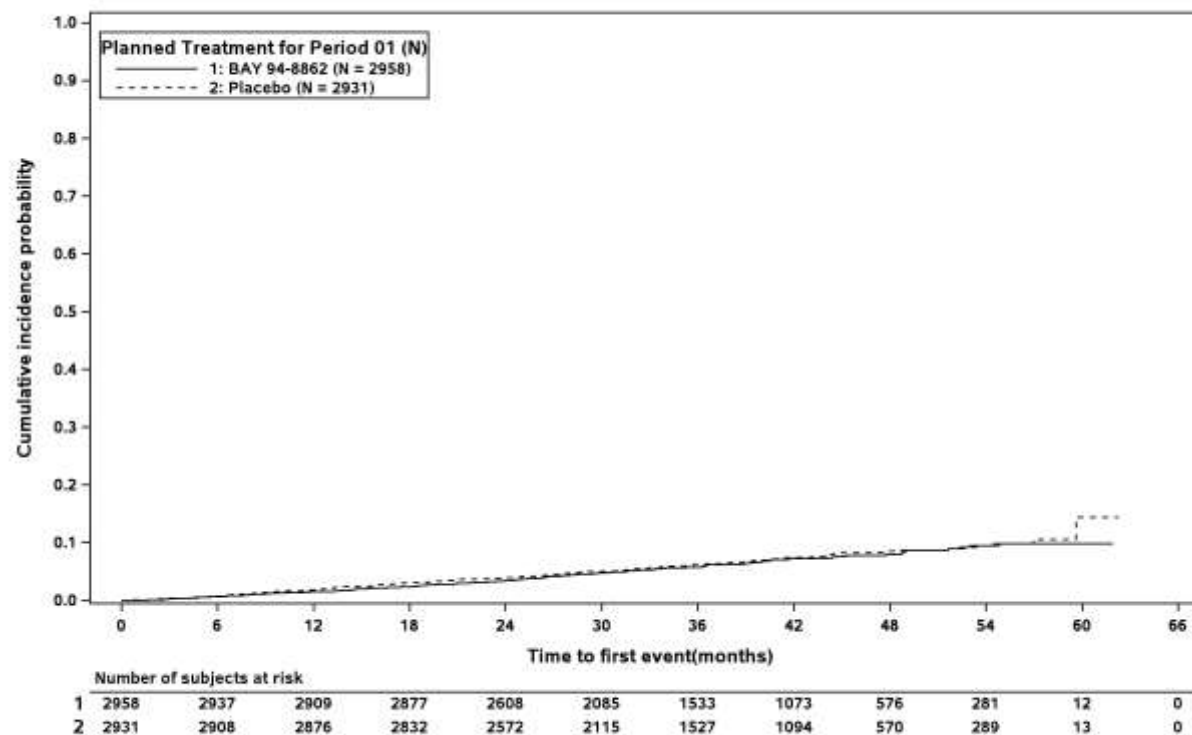
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 10: Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



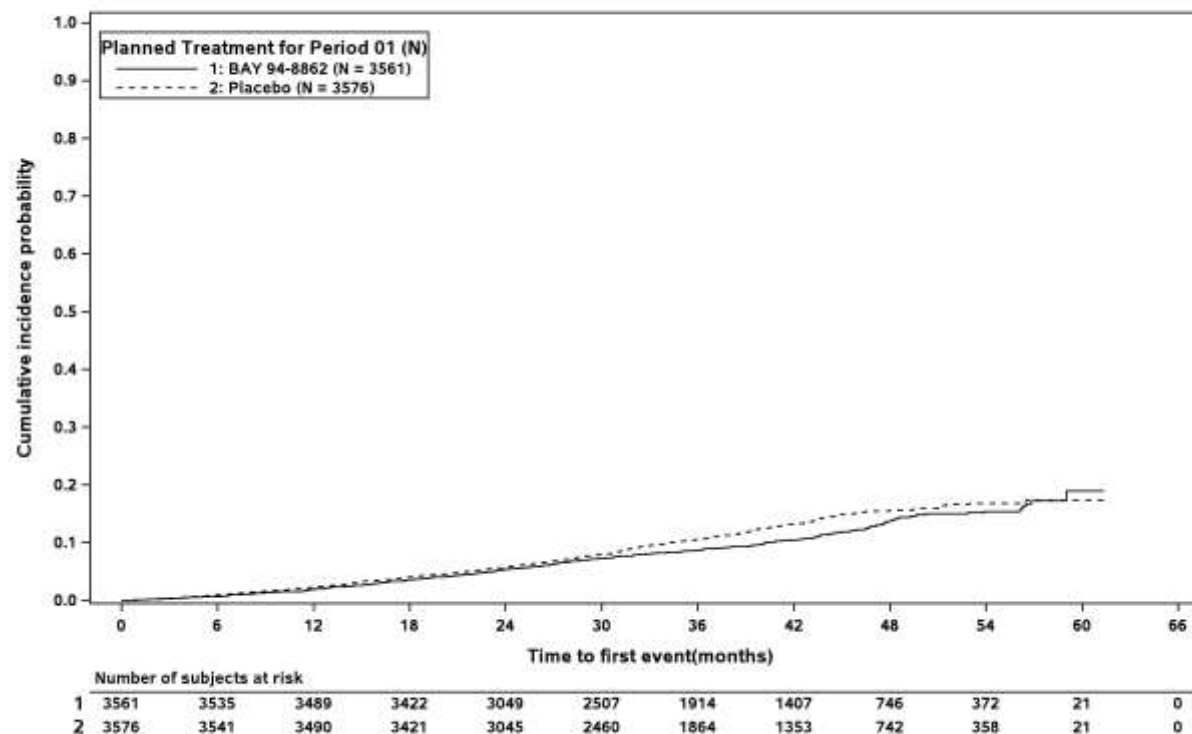
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 10: Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to all-cause mortality (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years

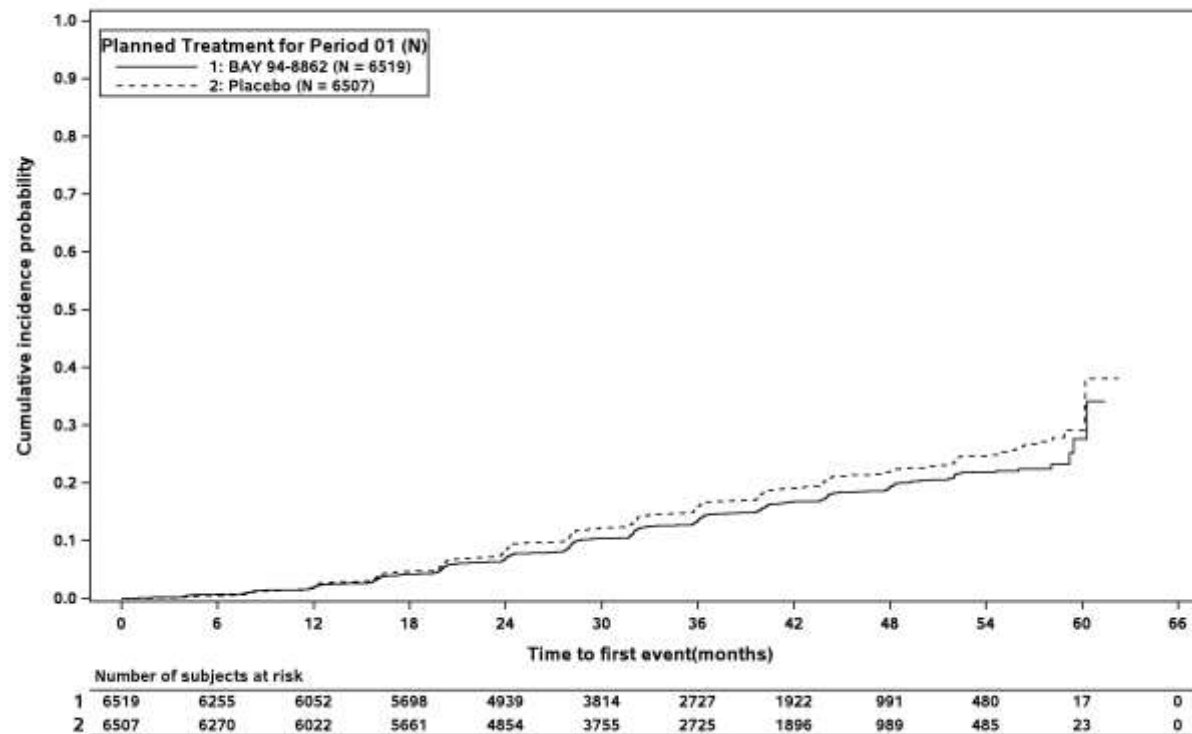


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 11: Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set)

Time to onset of kidney failure, a sustained decrease of eGFR 40% or renal death (months): Kaplan-Meier curves (full analysis set)

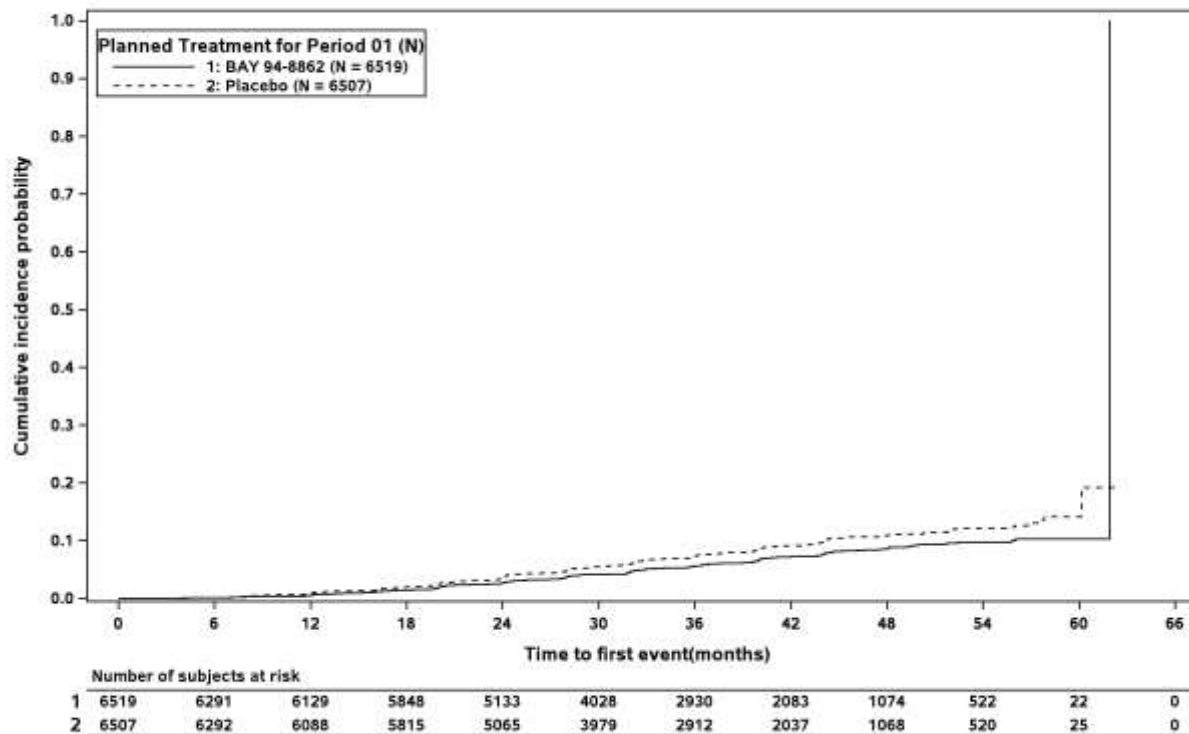


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 12: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves (full analysis set)



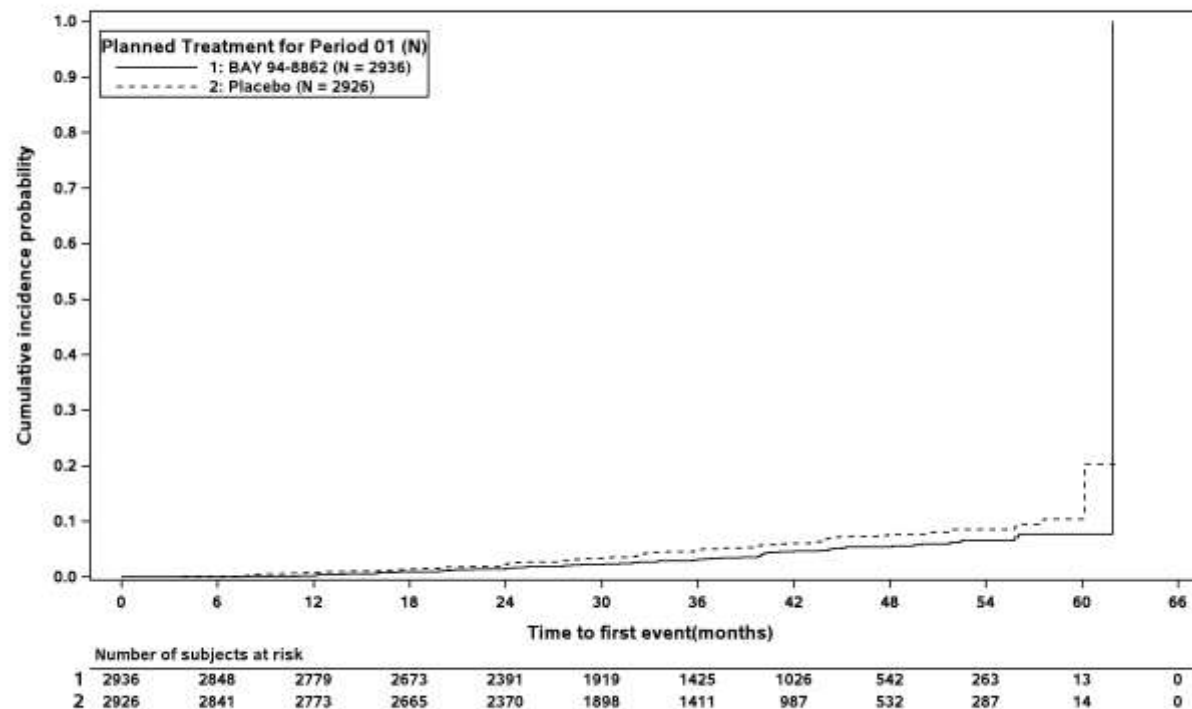
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



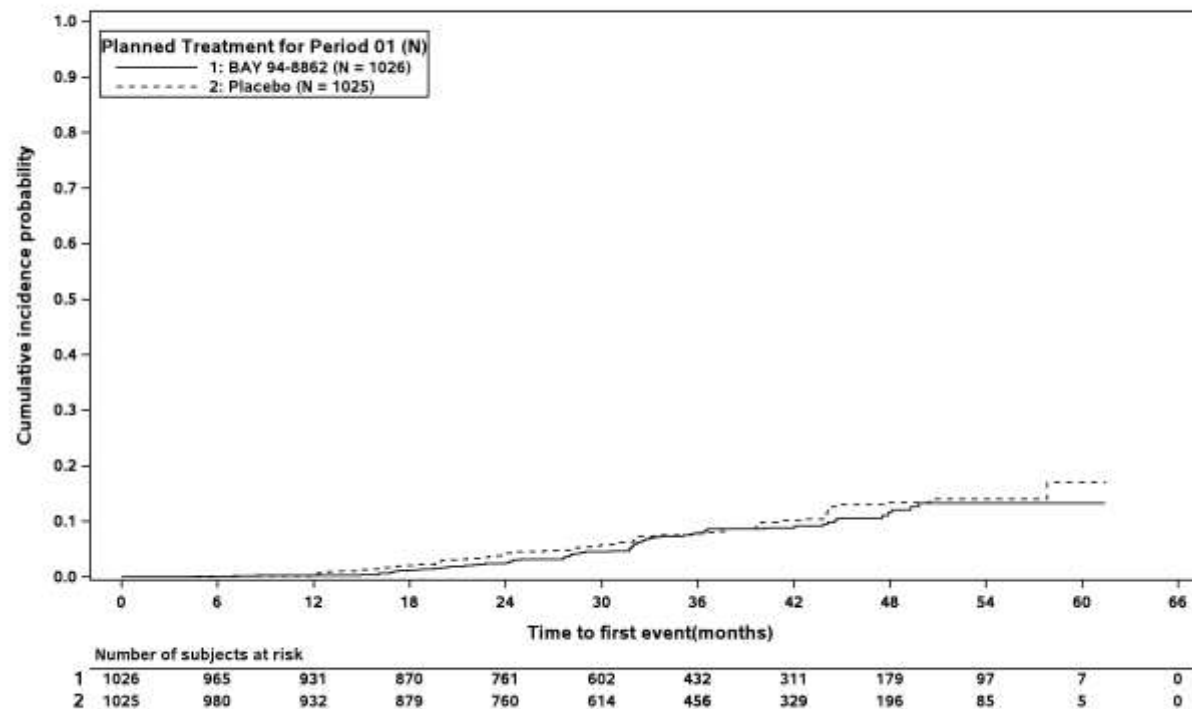
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



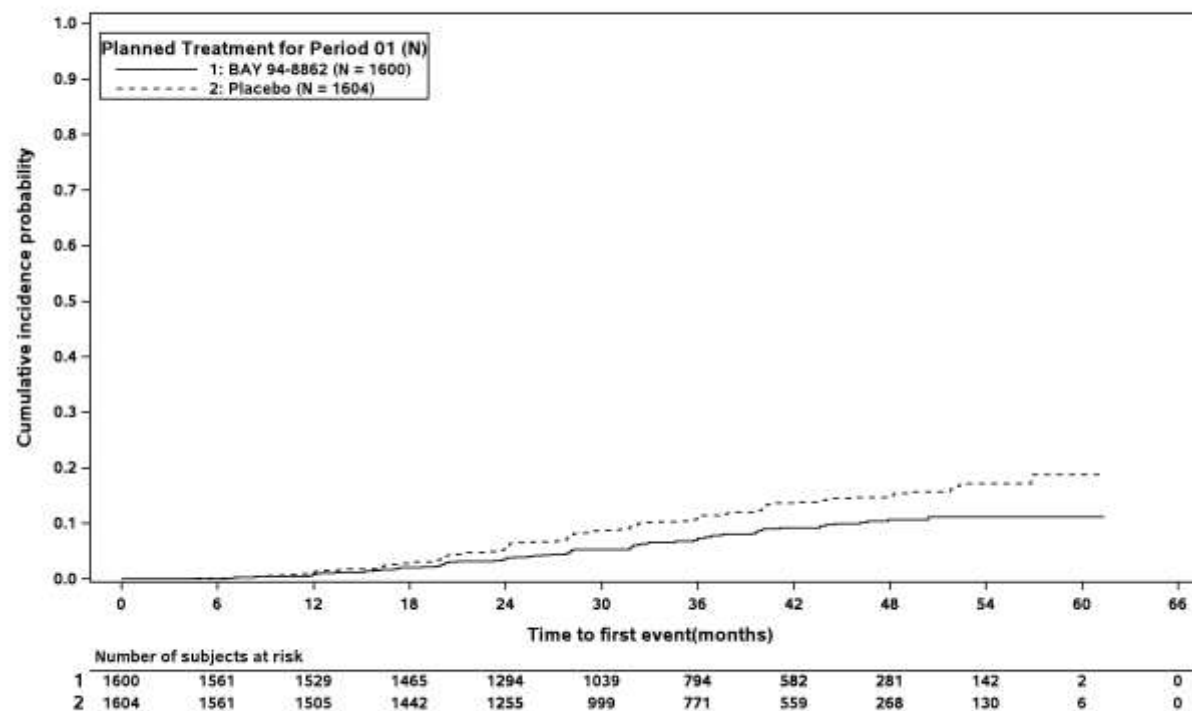
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



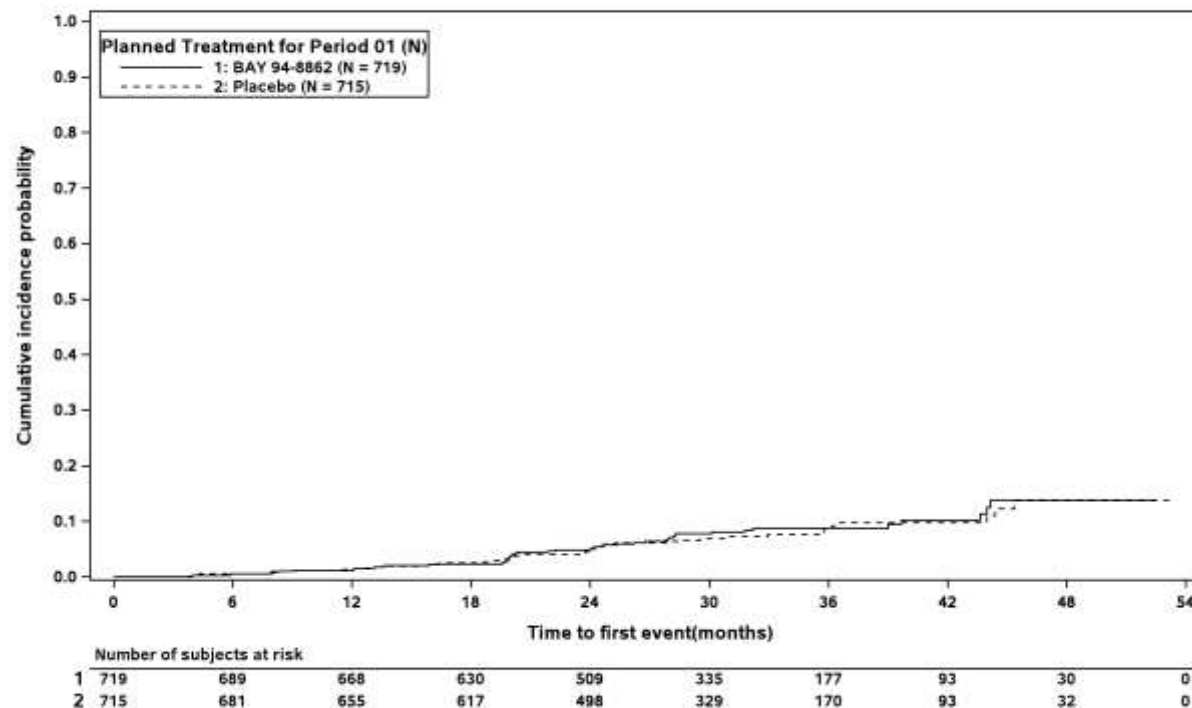
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



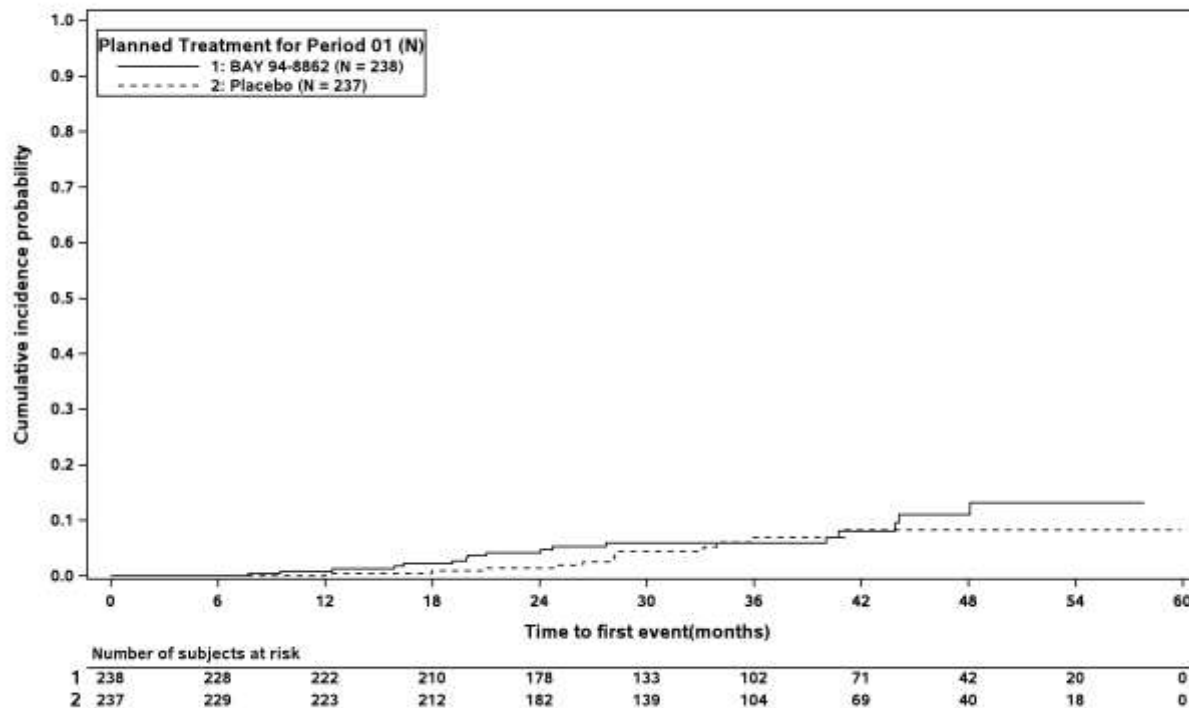
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 13: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



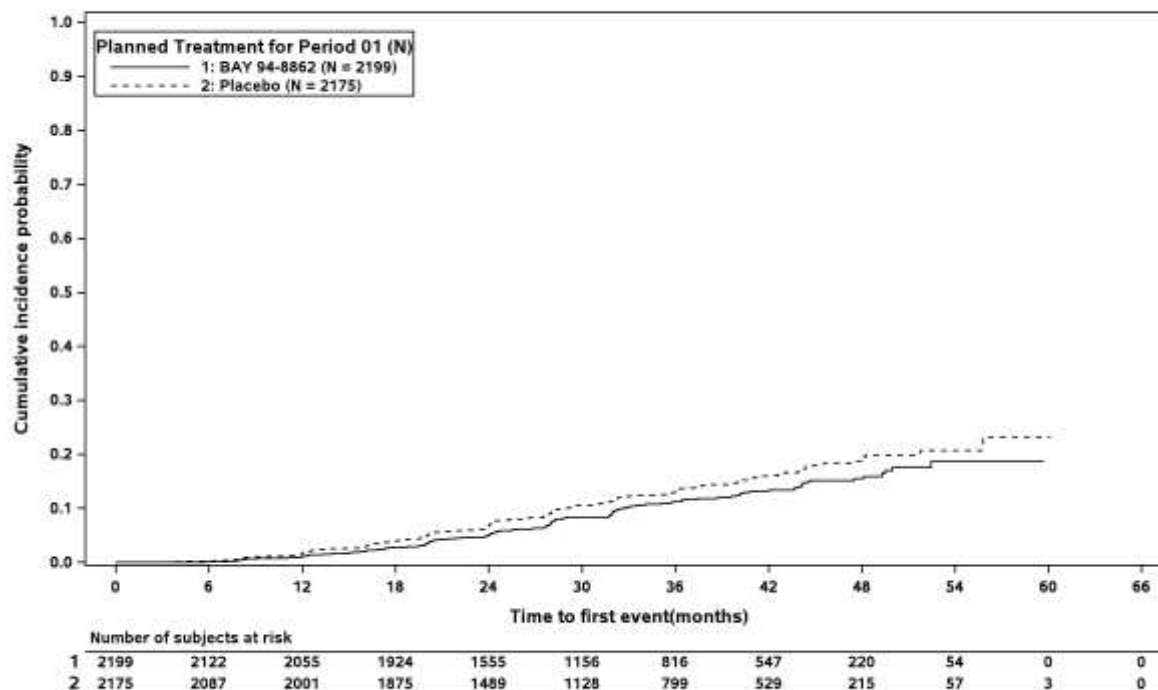
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



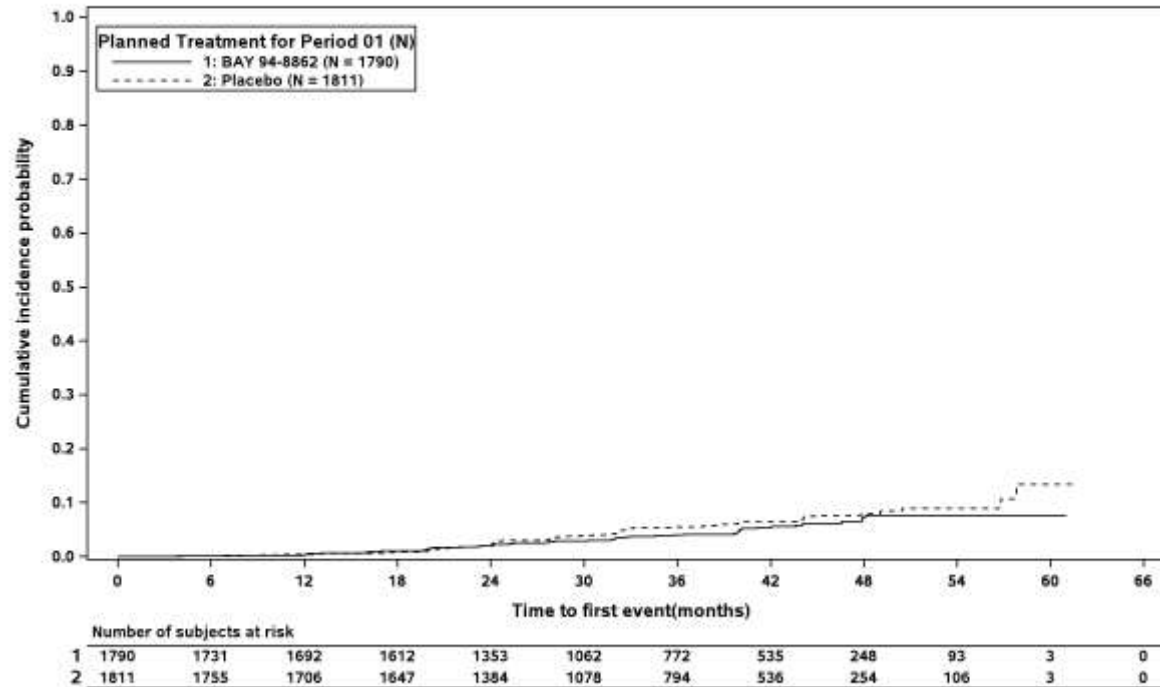
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



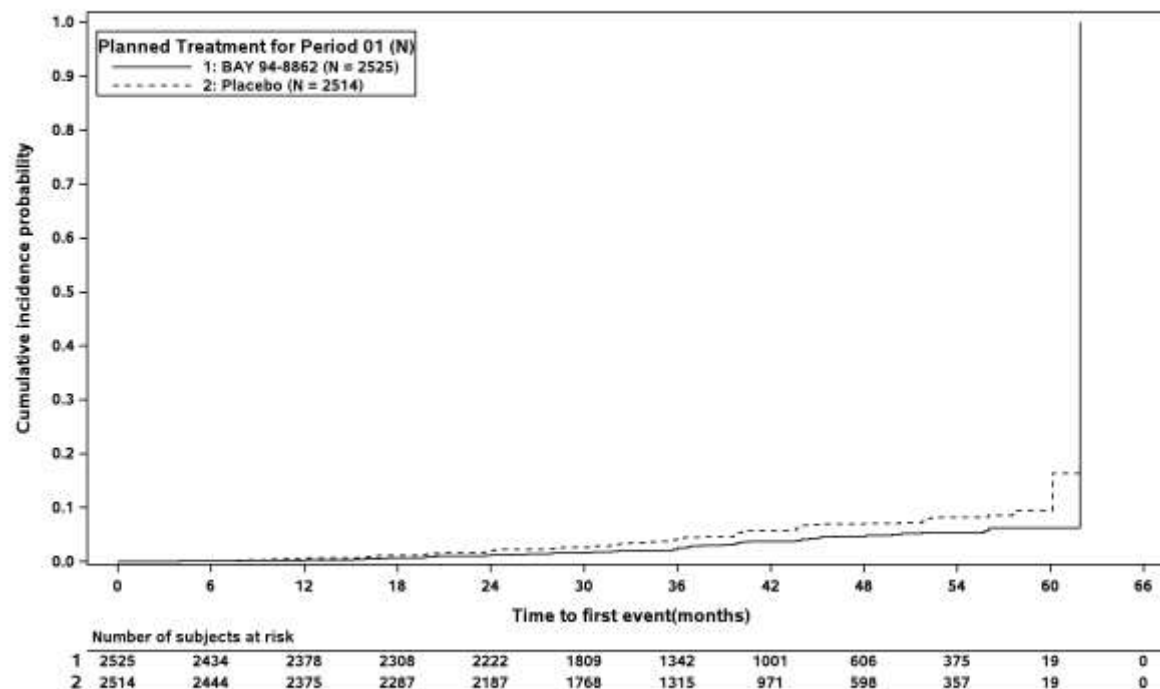
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 14: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2



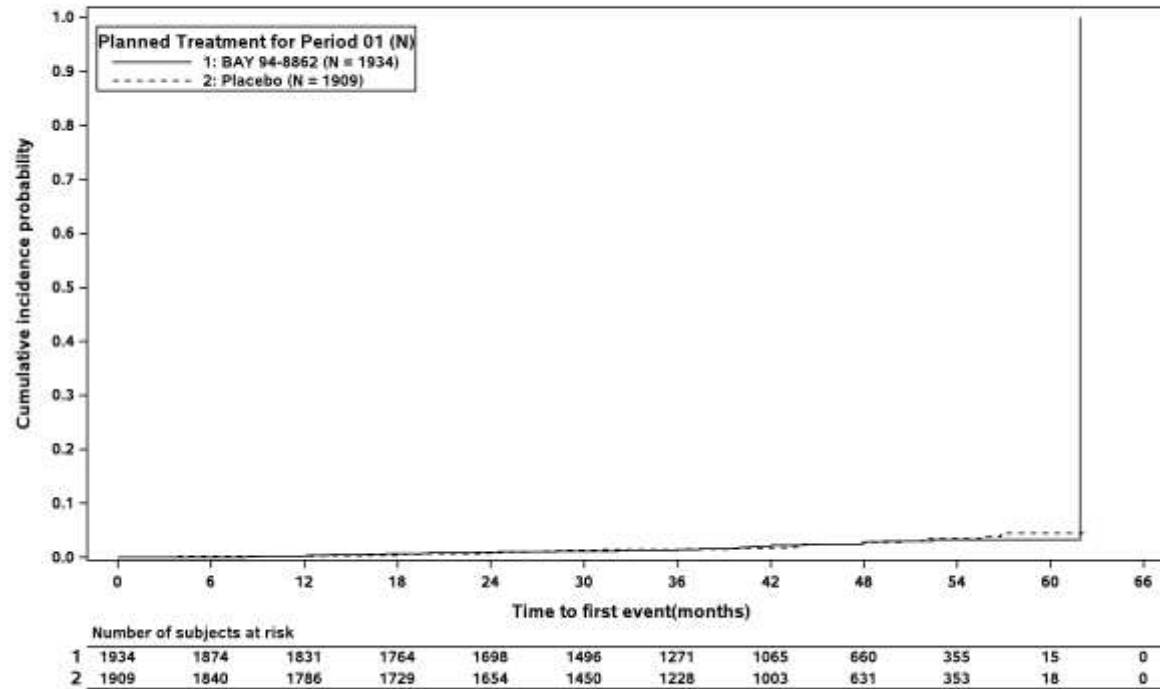
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 15: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



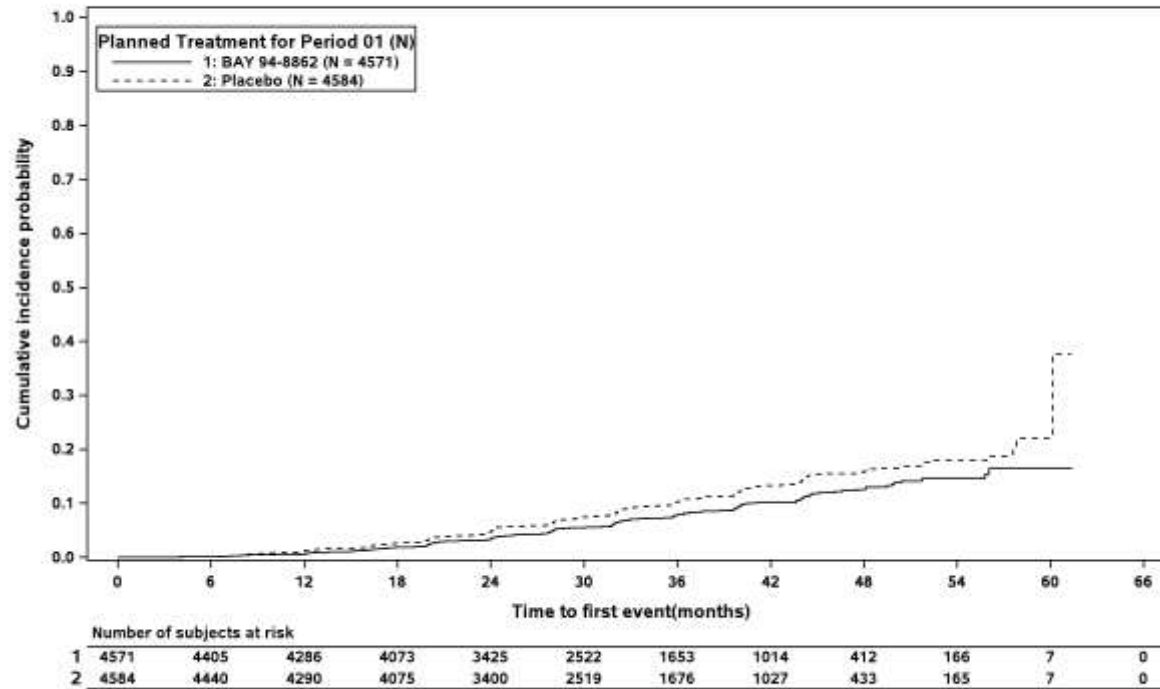
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 15: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



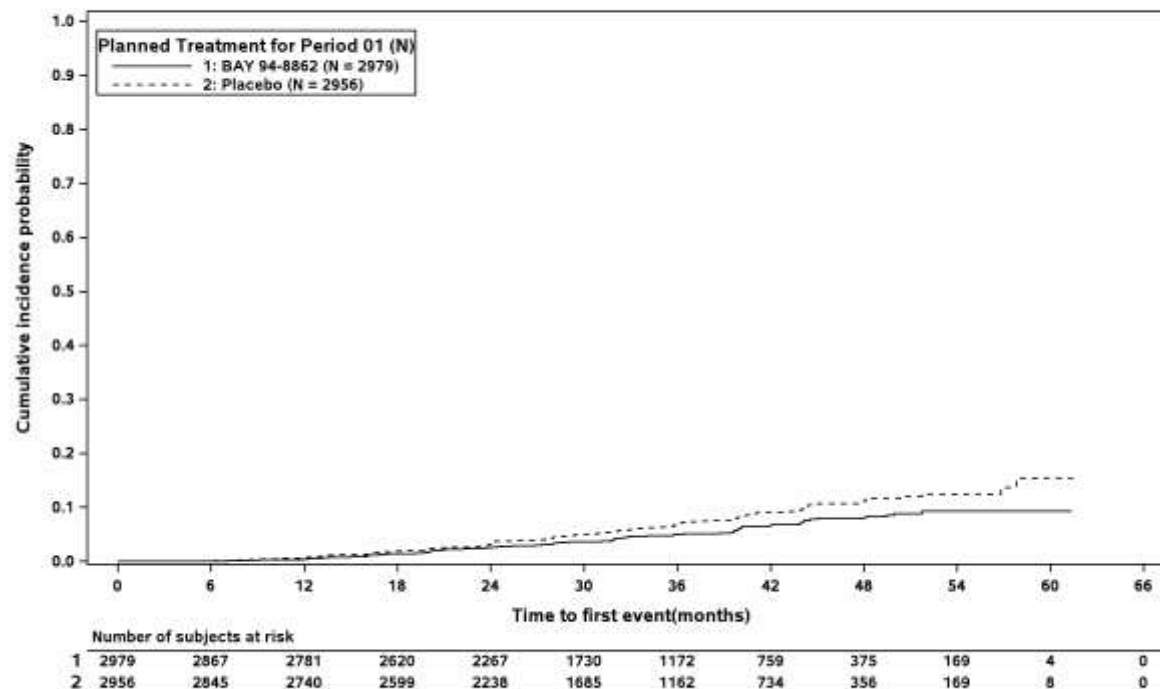
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

**Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present**



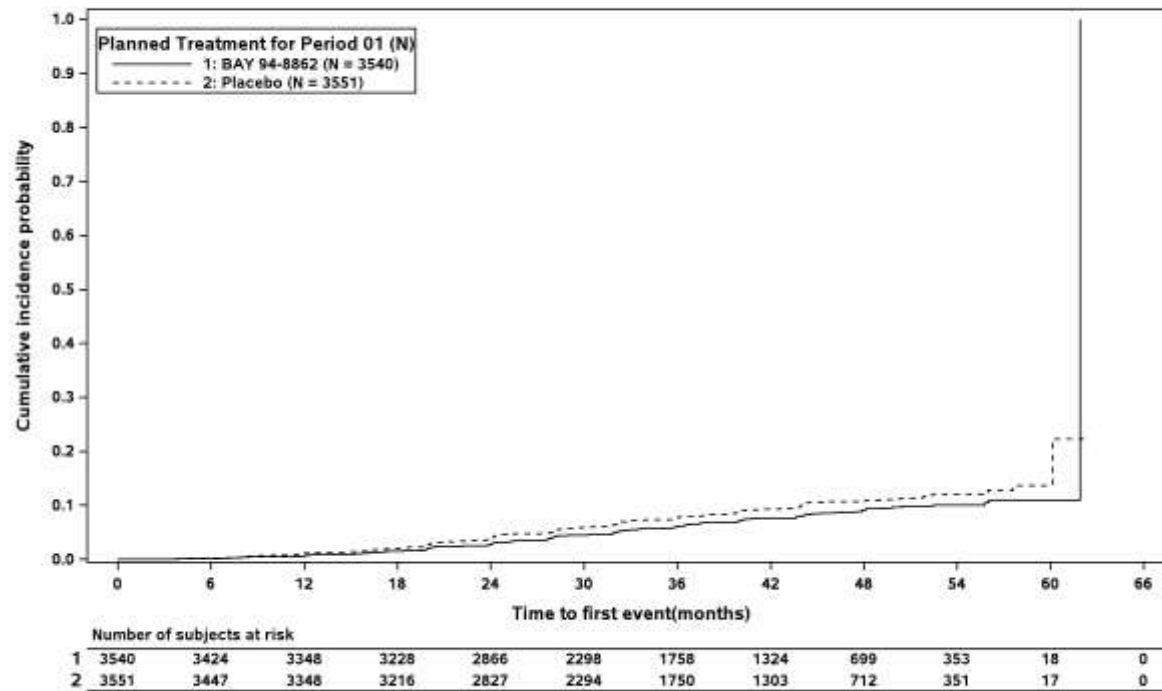
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 16: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

**Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent**



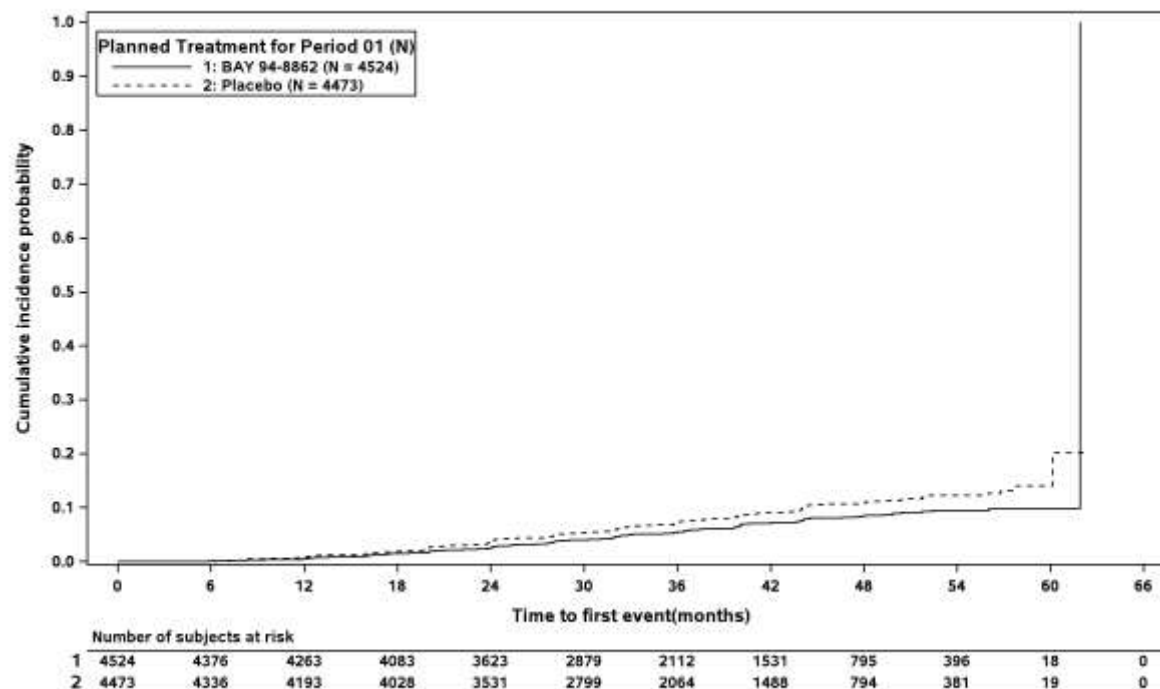
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
 Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L



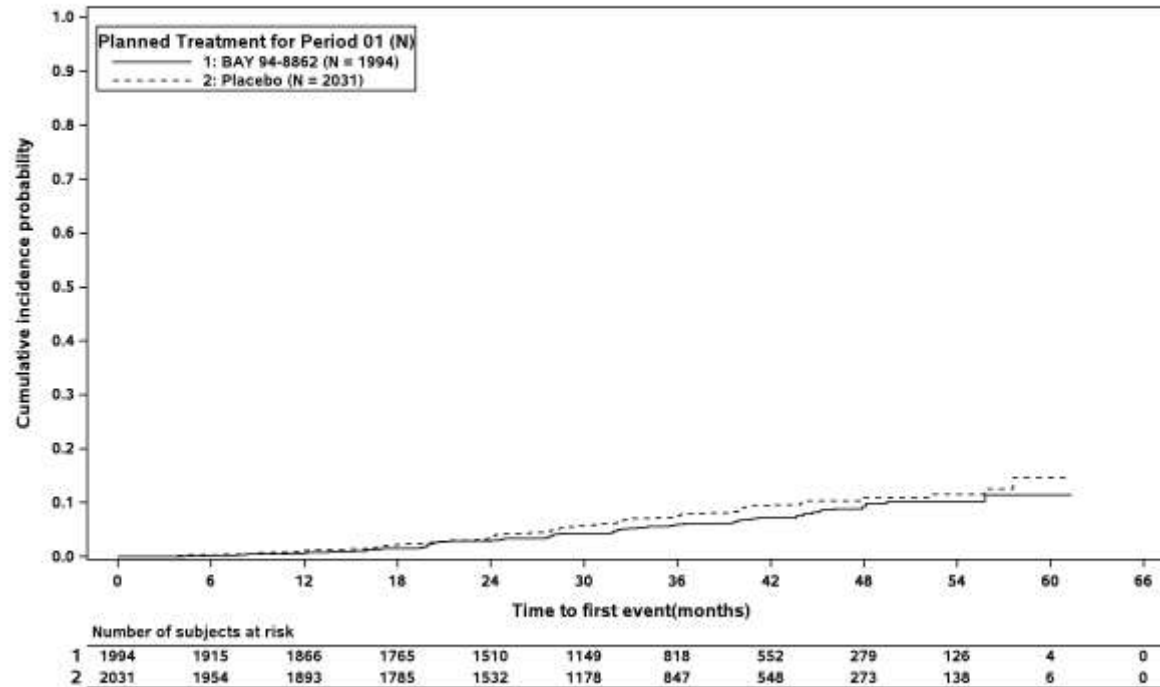
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 17: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



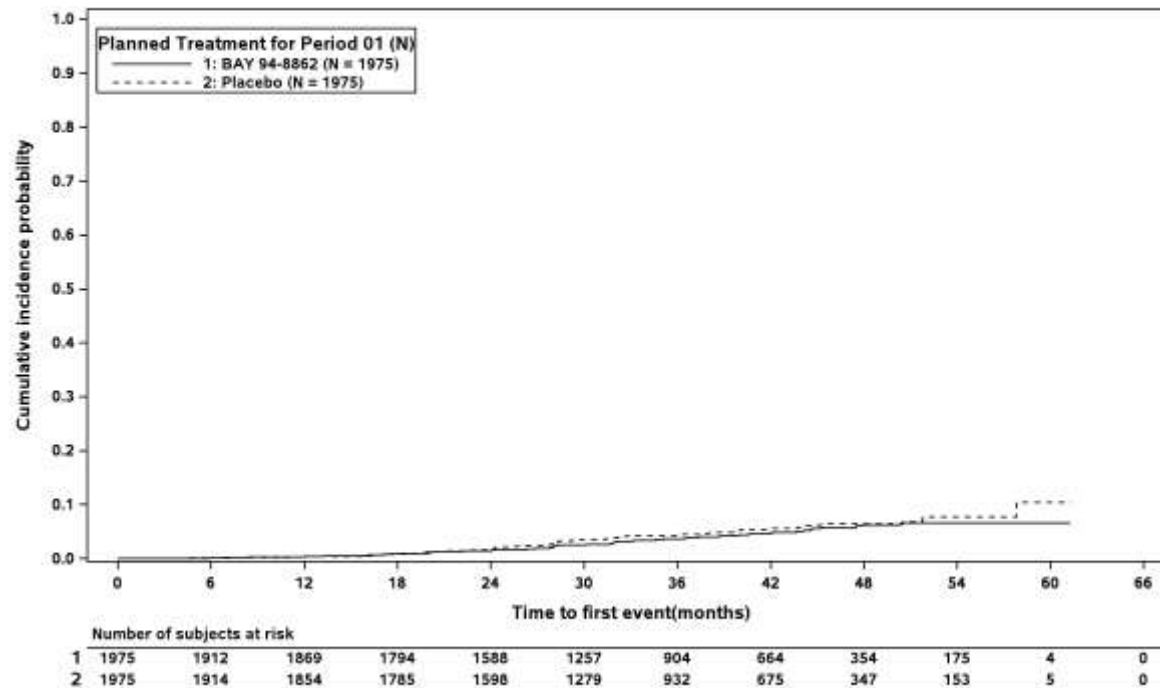
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



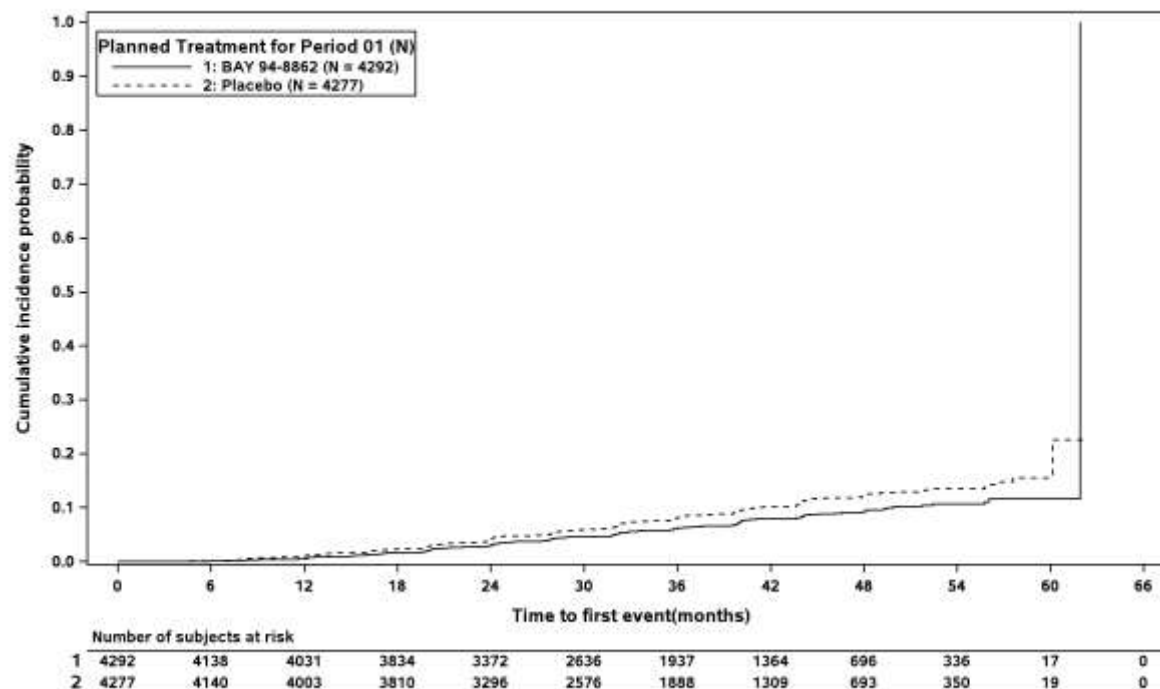
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



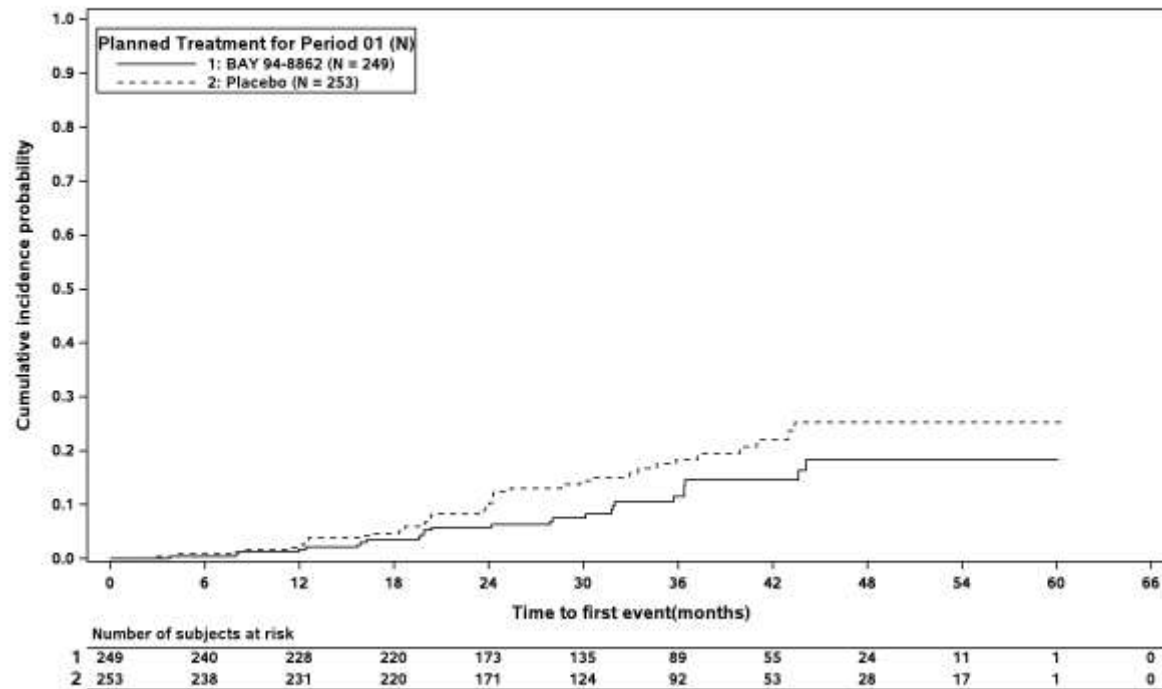
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 18: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



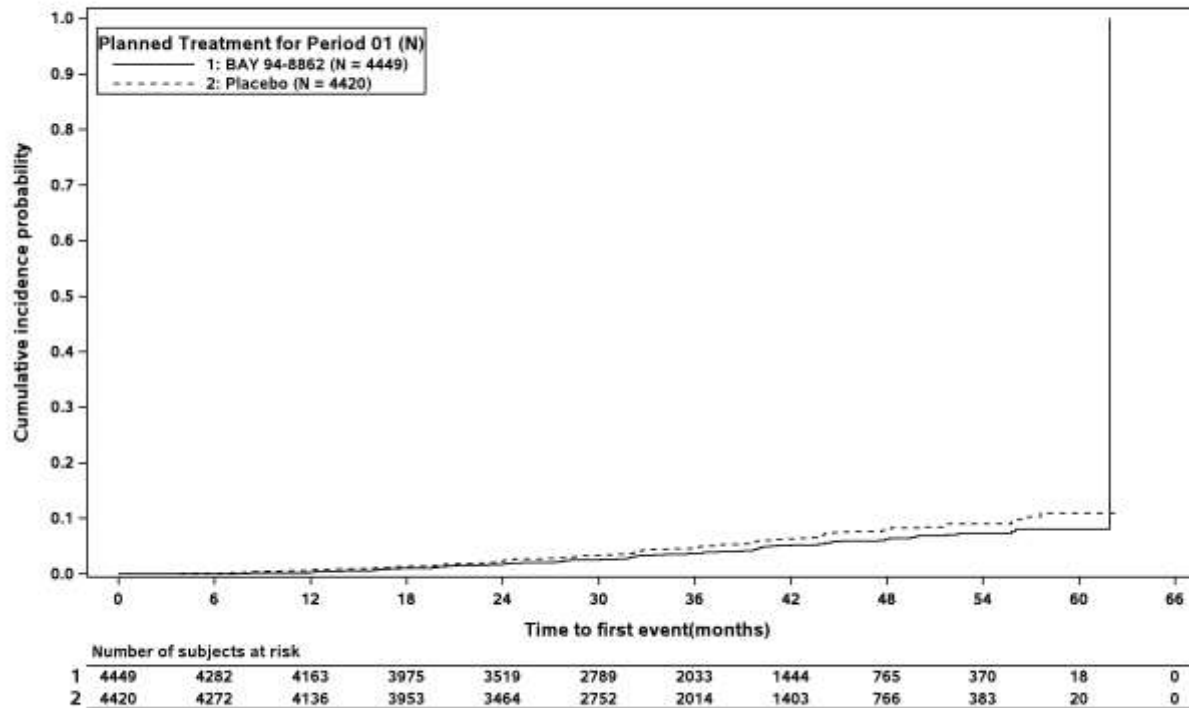
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



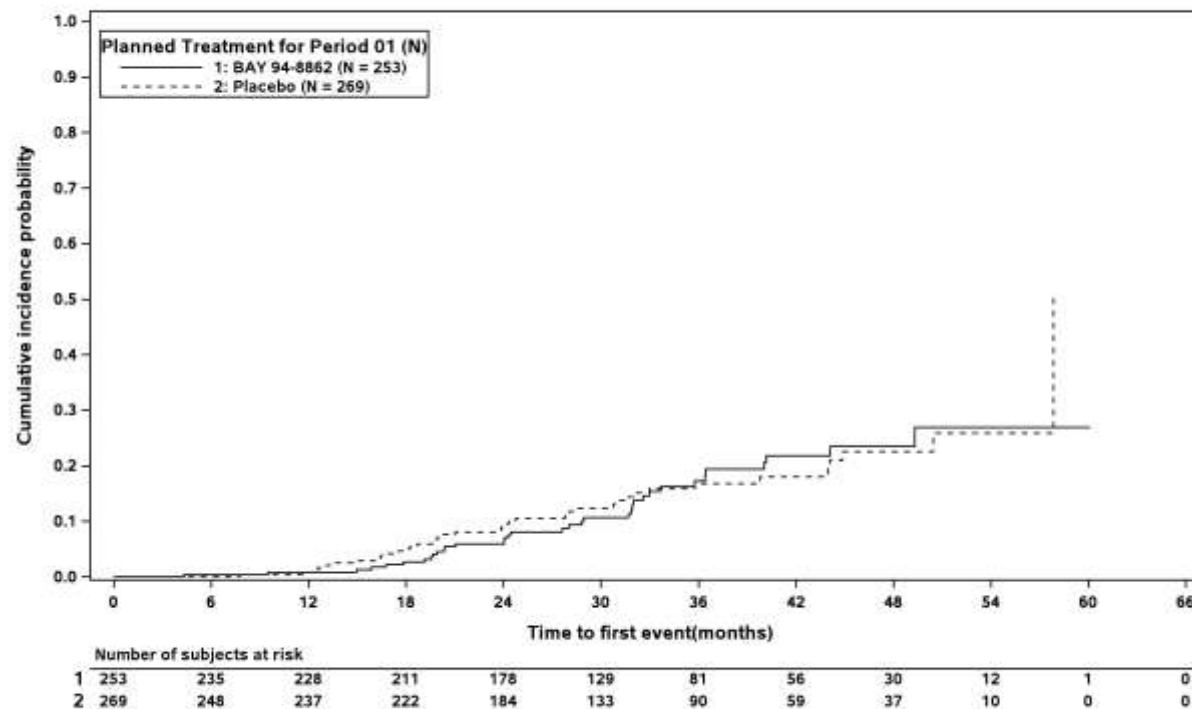
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



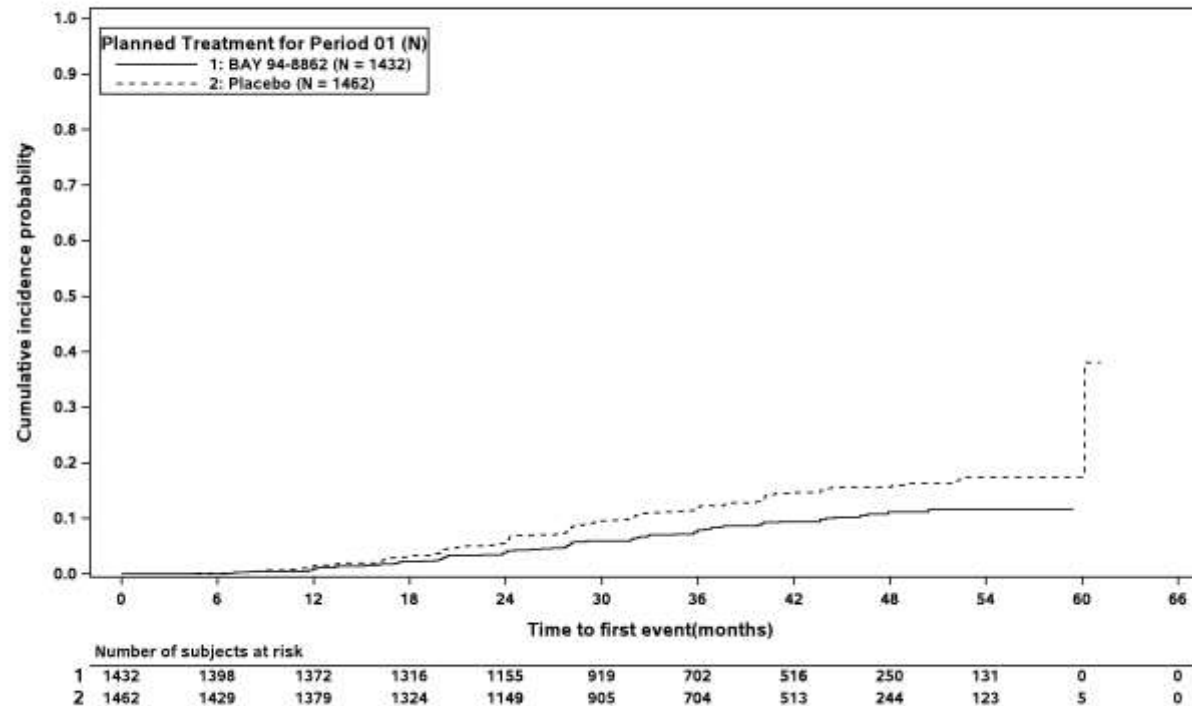
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



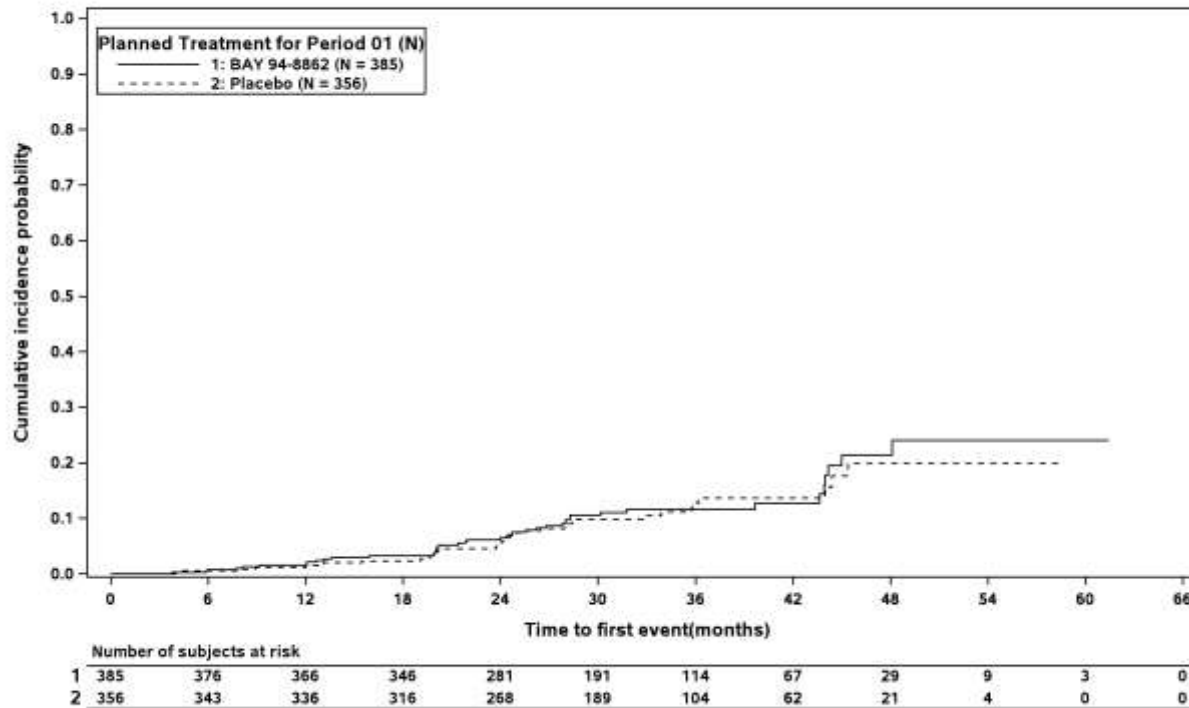
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 19: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



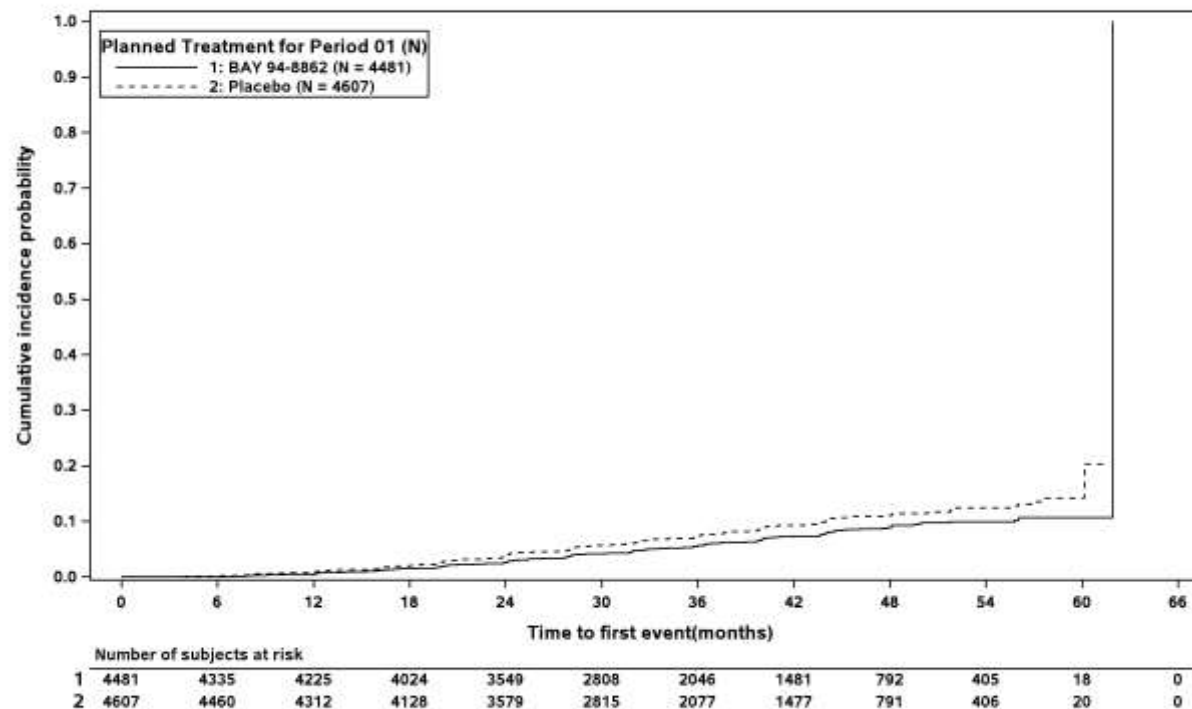
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 20: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



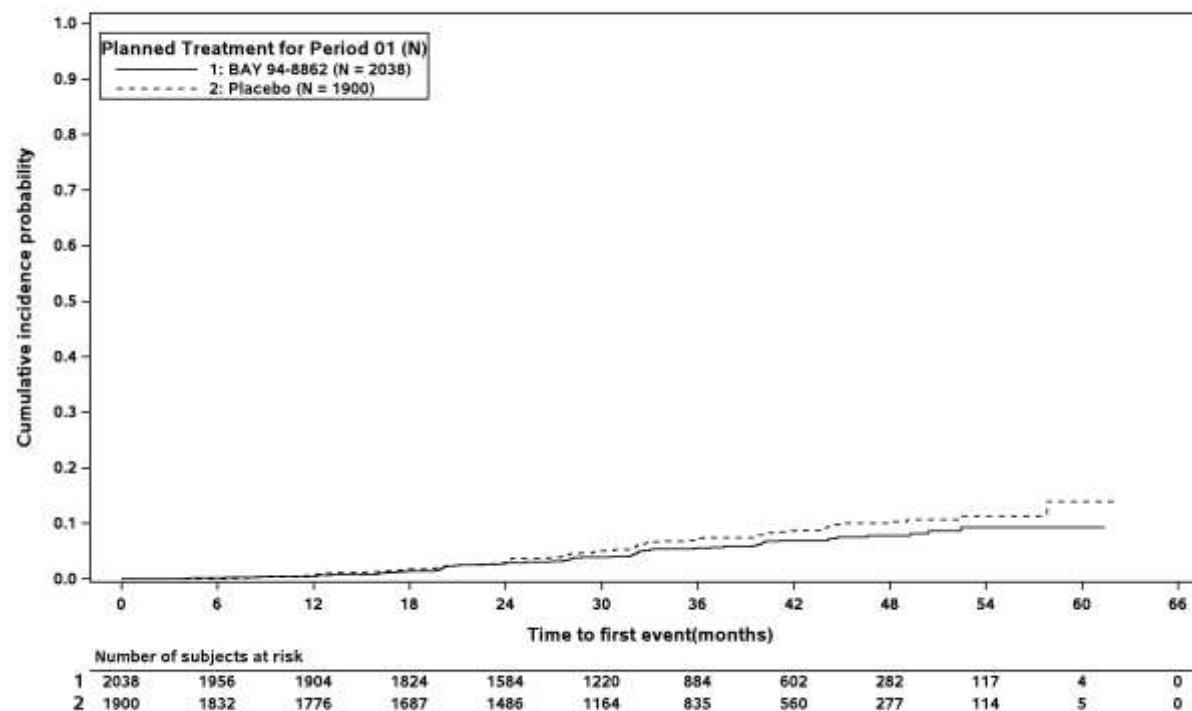
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 20: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



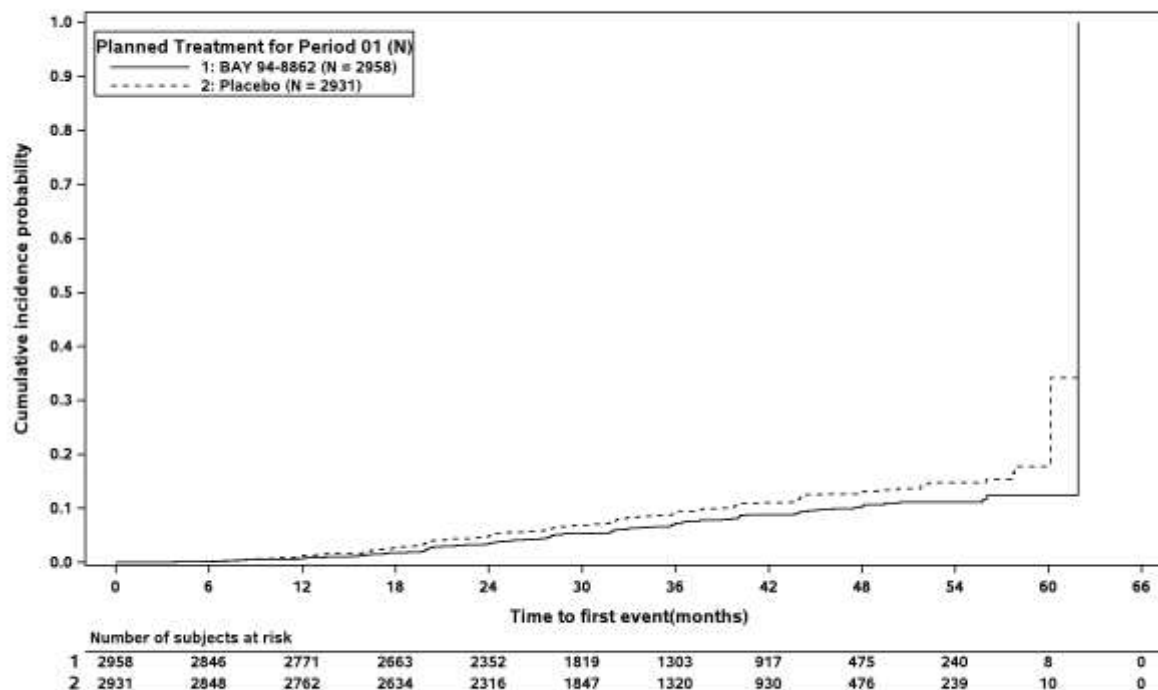
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



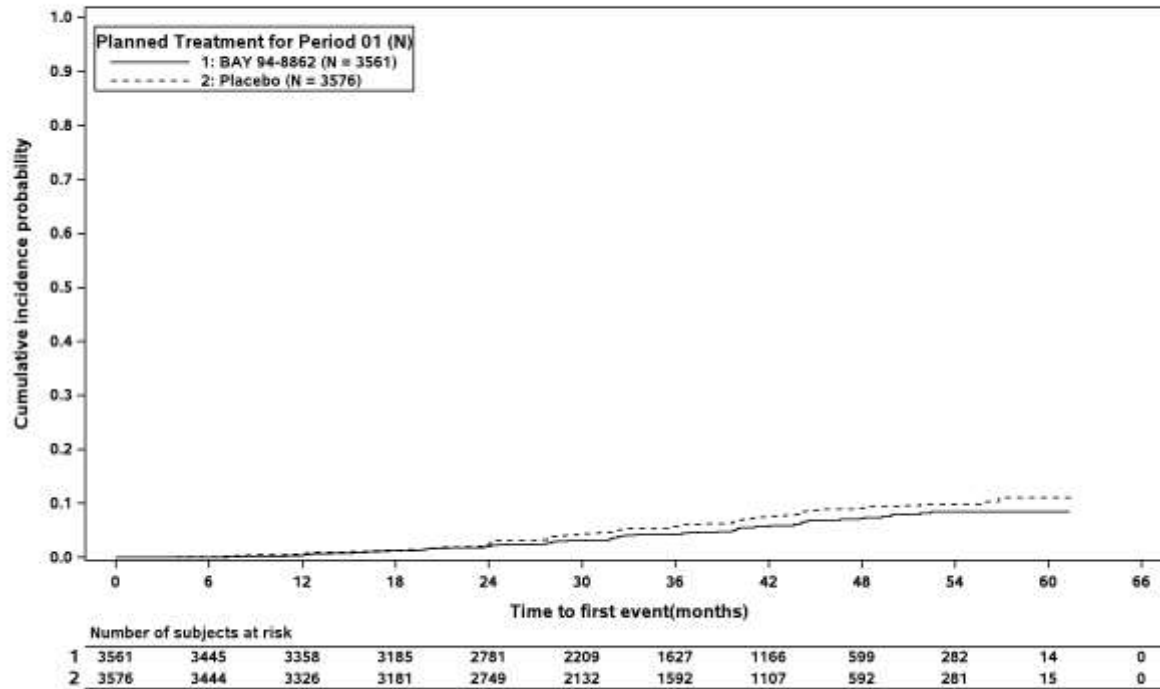
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 21: Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to onset of kidney failure, a sustained decrease of eGFR 57% or renal death (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years

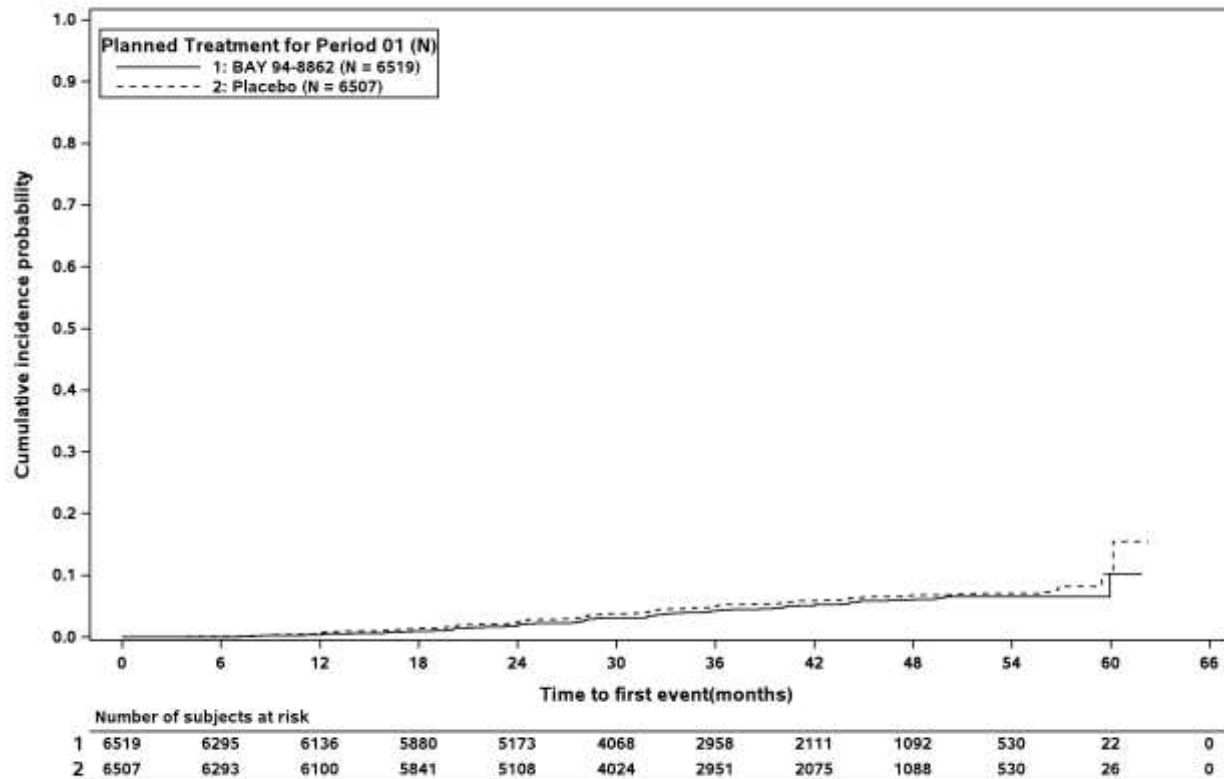


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 22: Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set)

Time to onset of kidney failure (months): Kaplan-Meier curves (full analysis set)



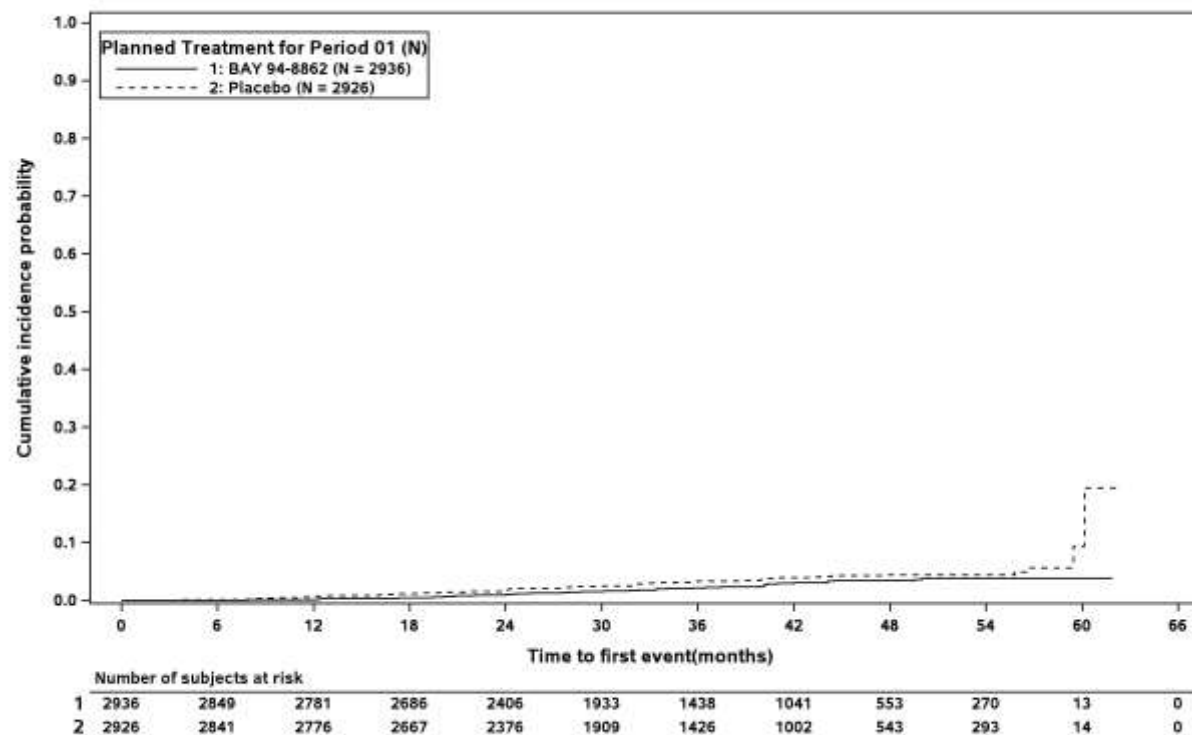
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



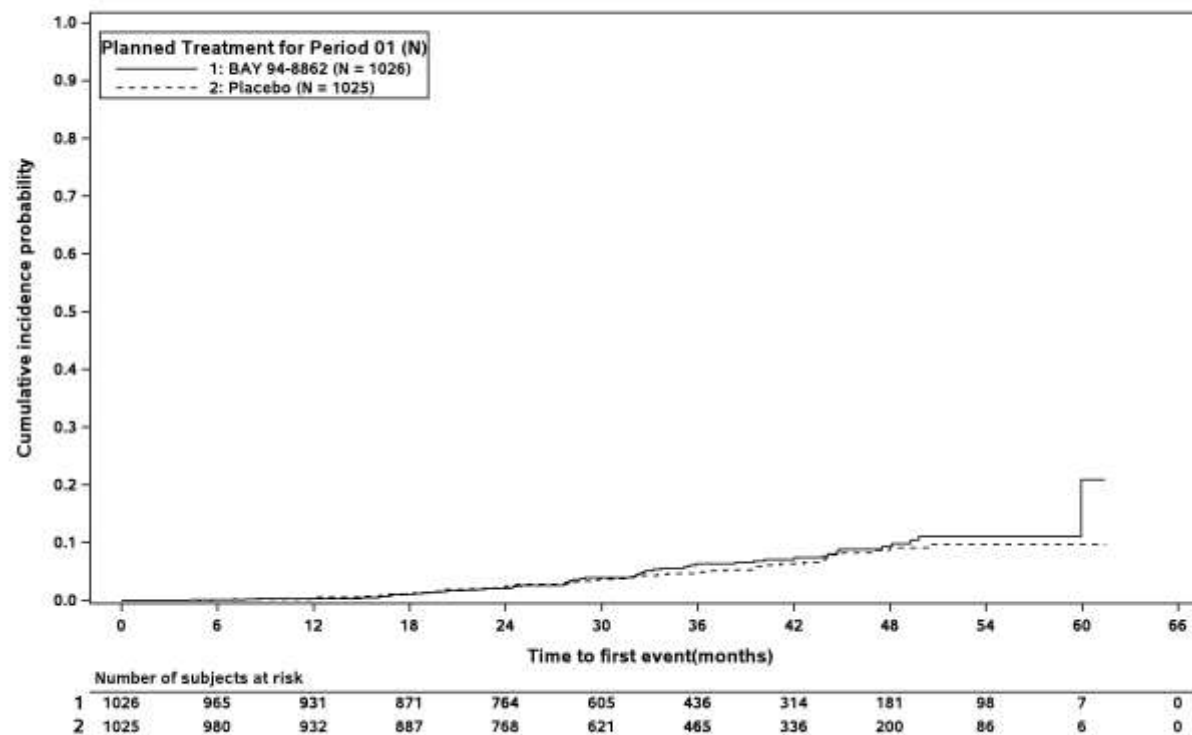
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



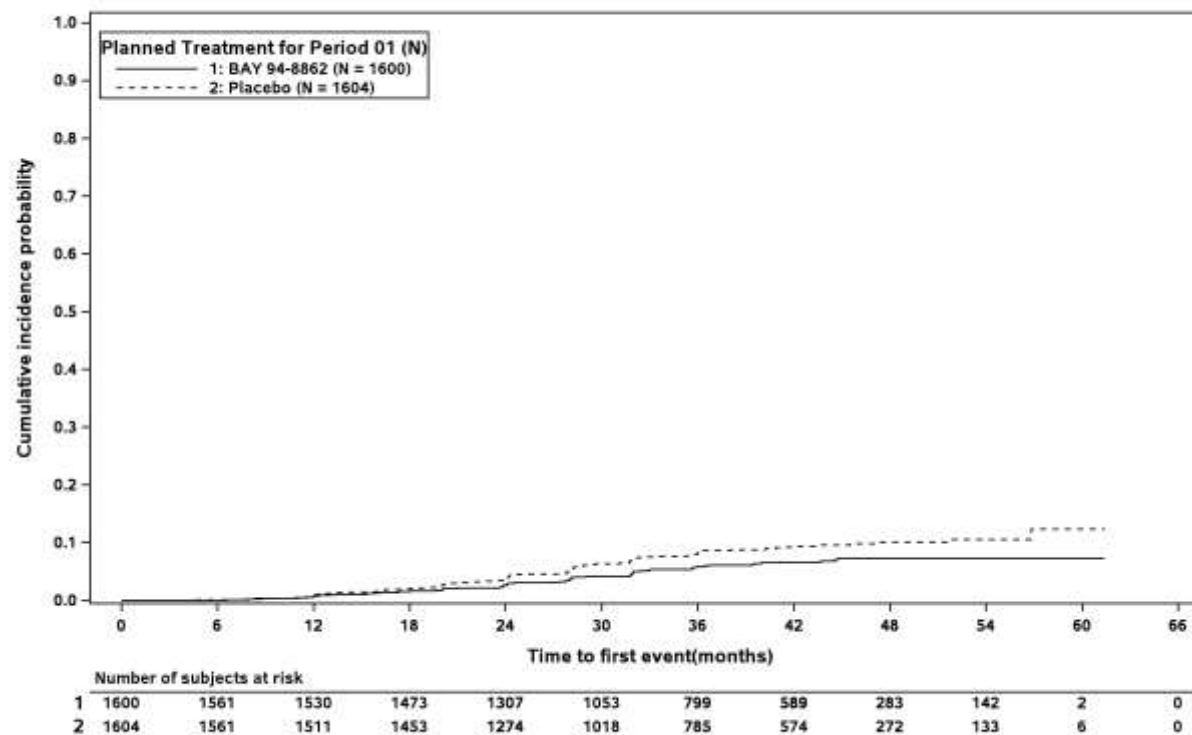
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



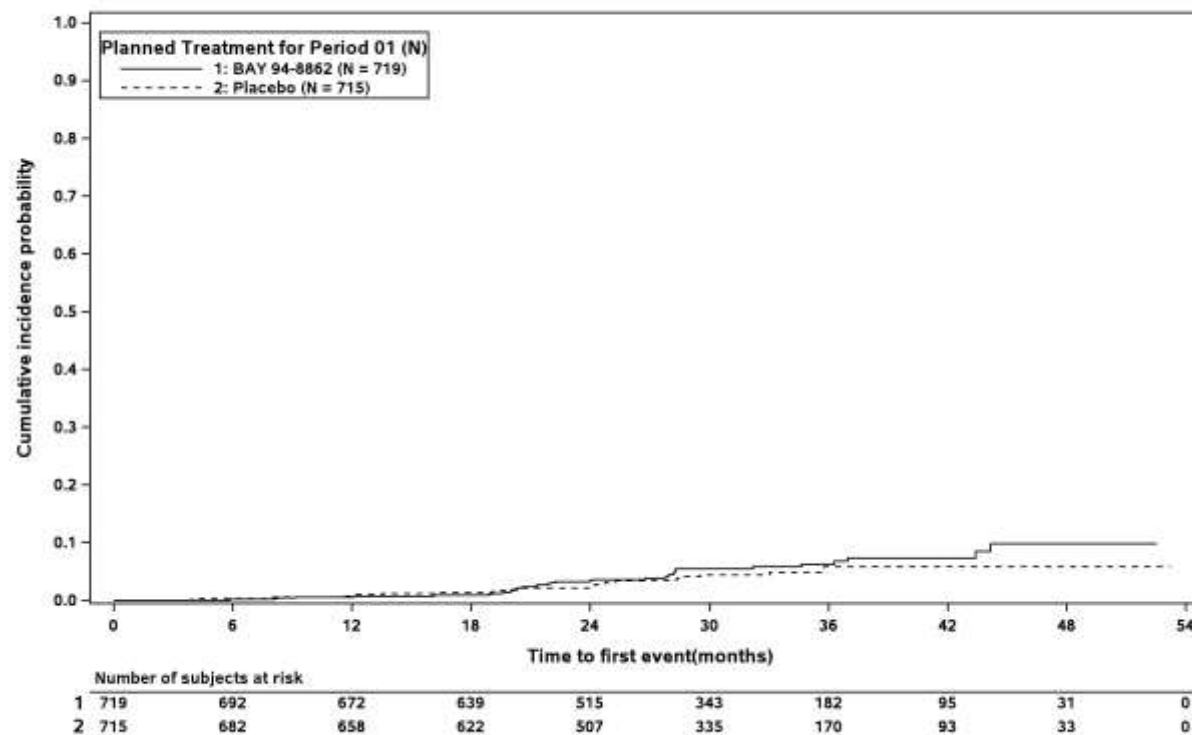
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



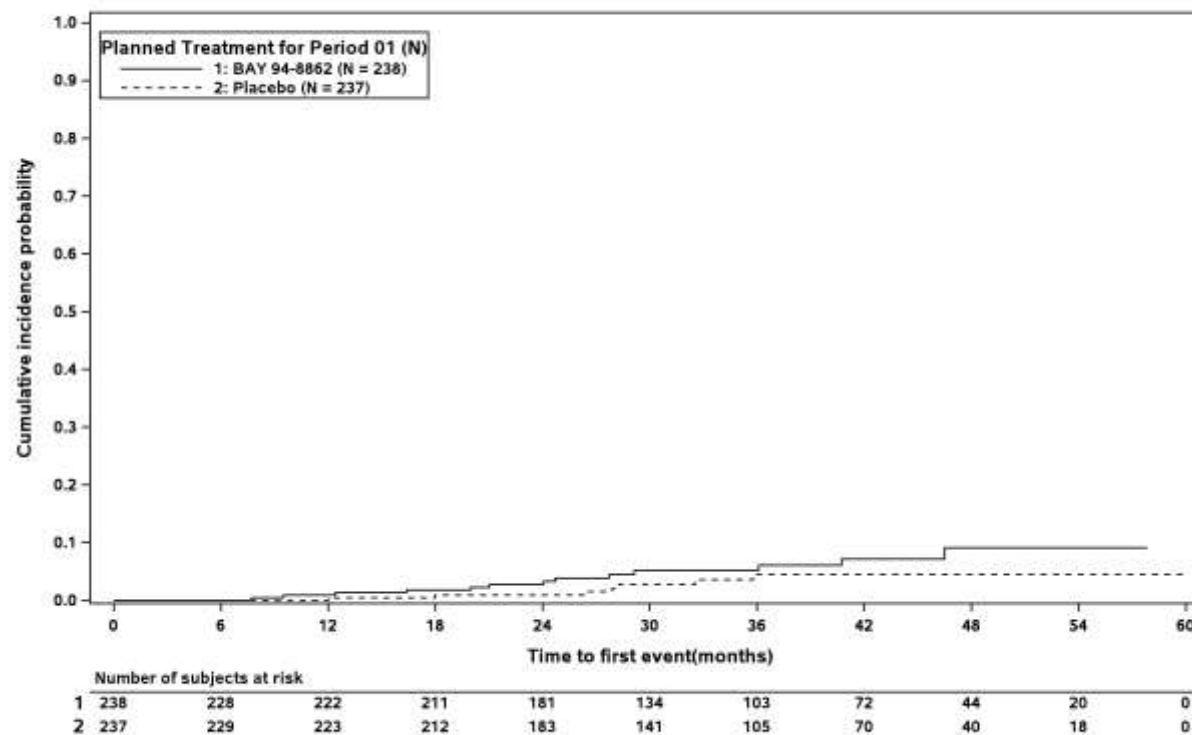
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 23: Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to onset of kidney failure (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



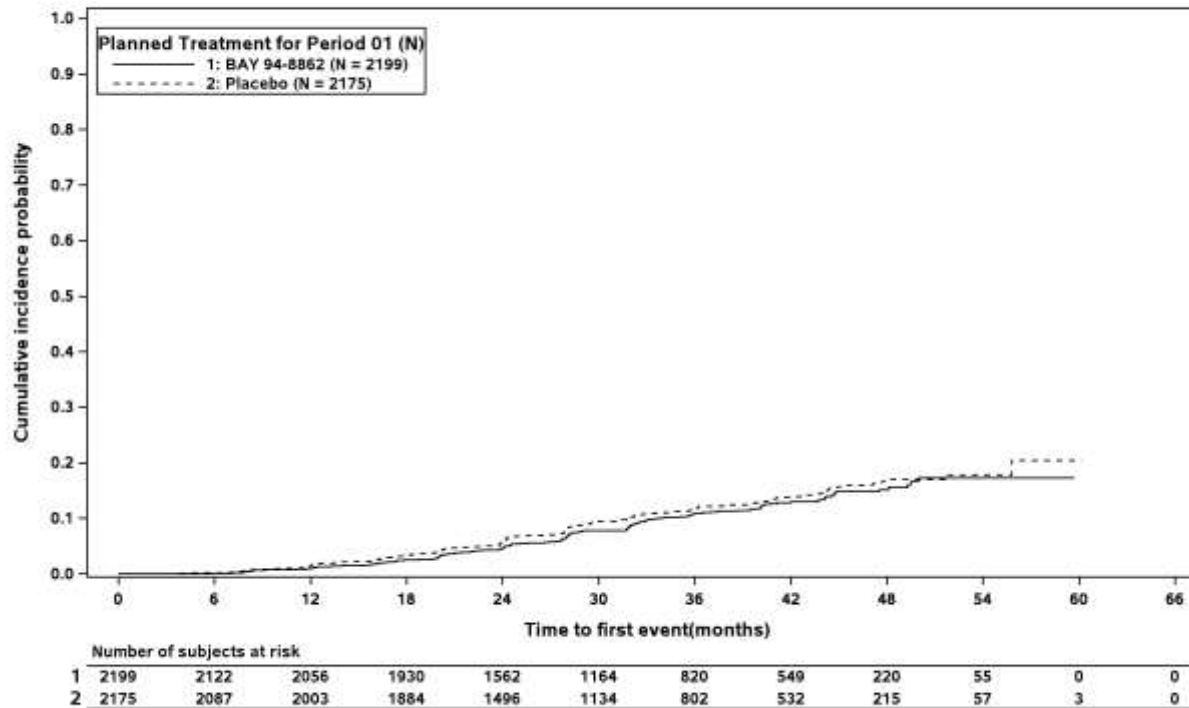
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



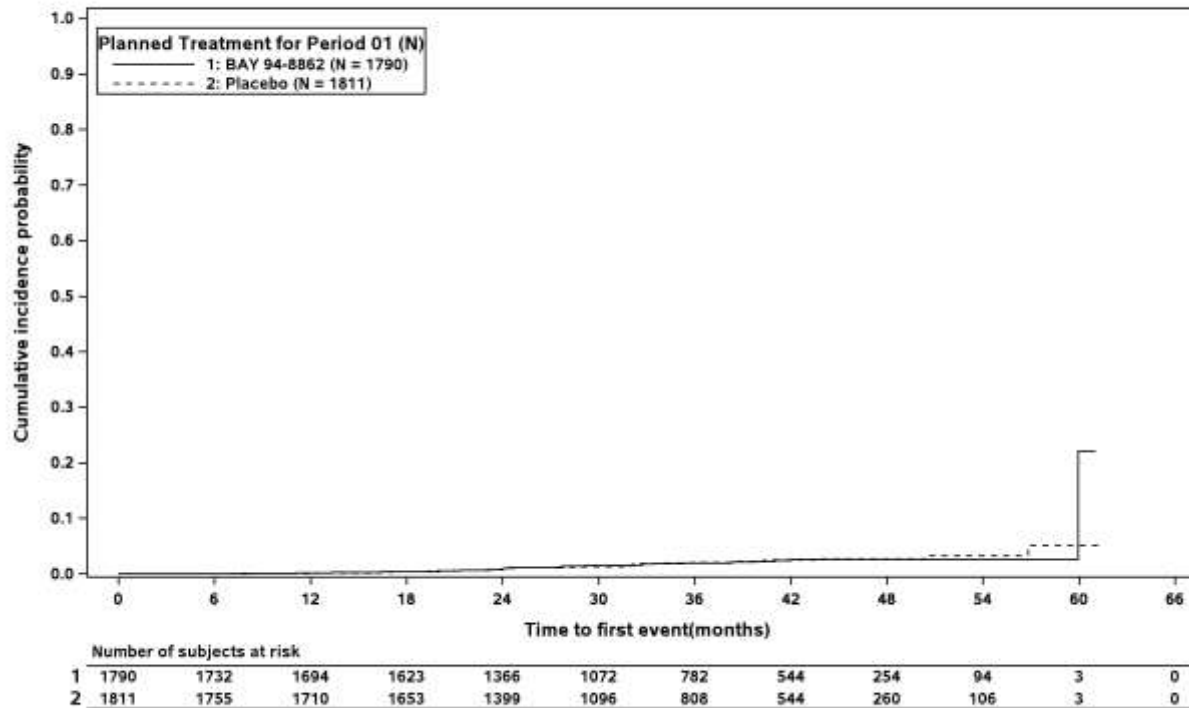
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



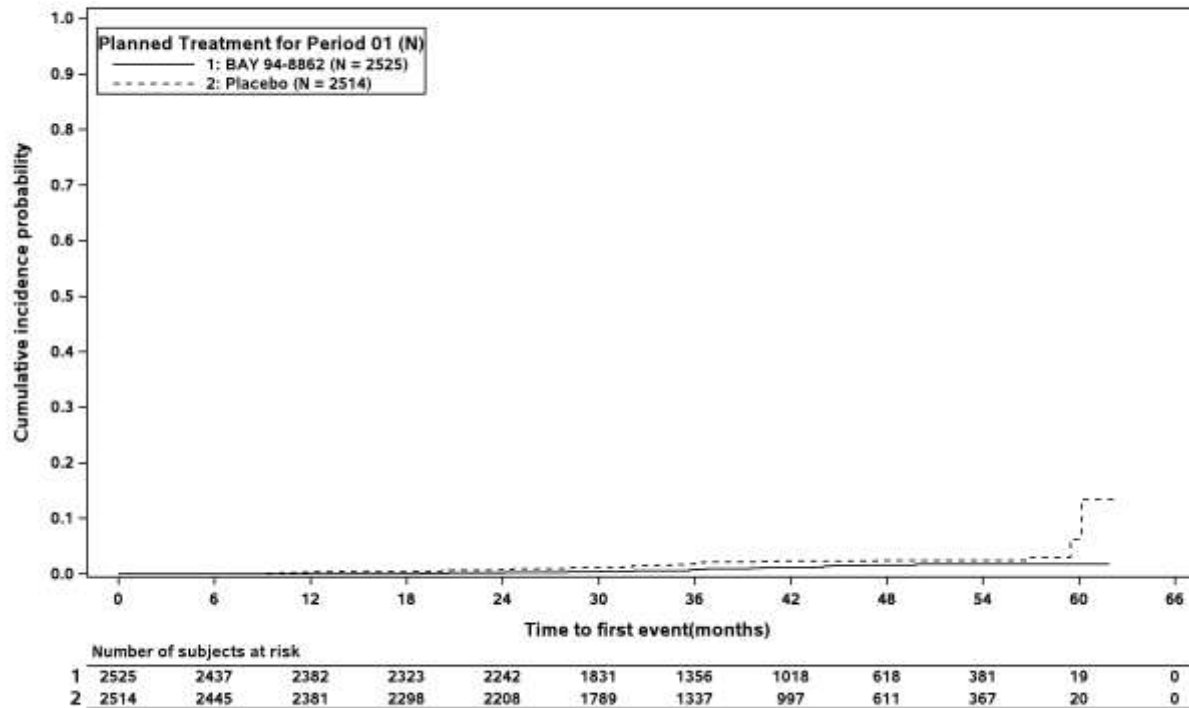
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 24: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2



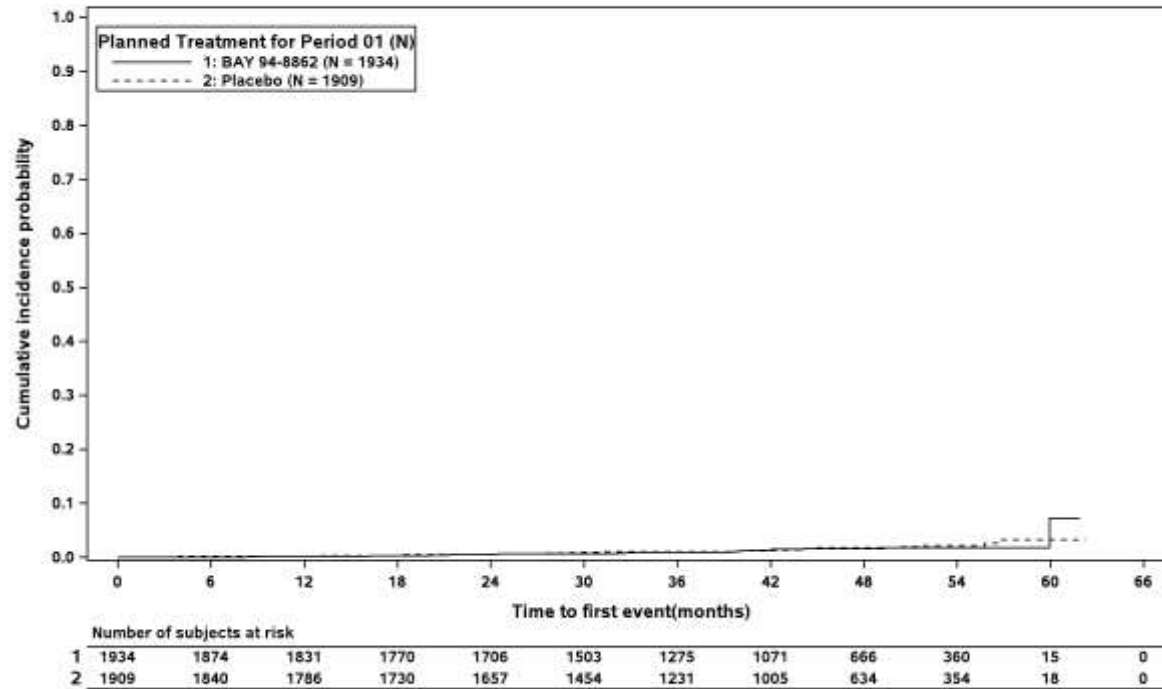
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



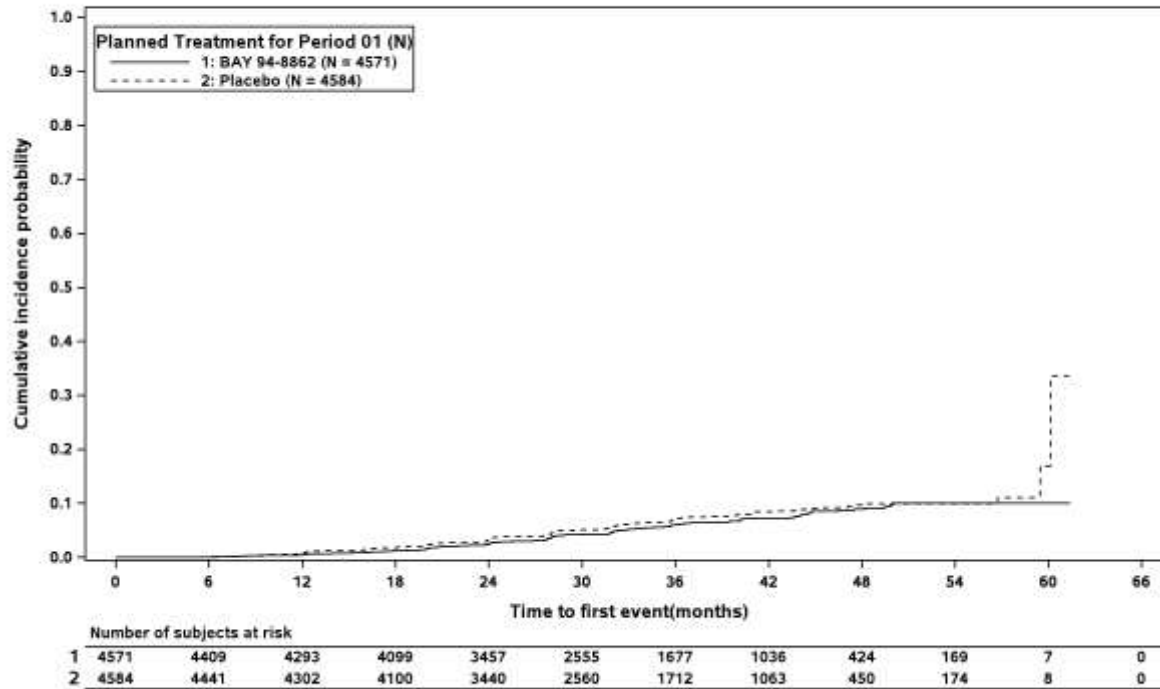
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 25: Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to onset of kidney failure (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



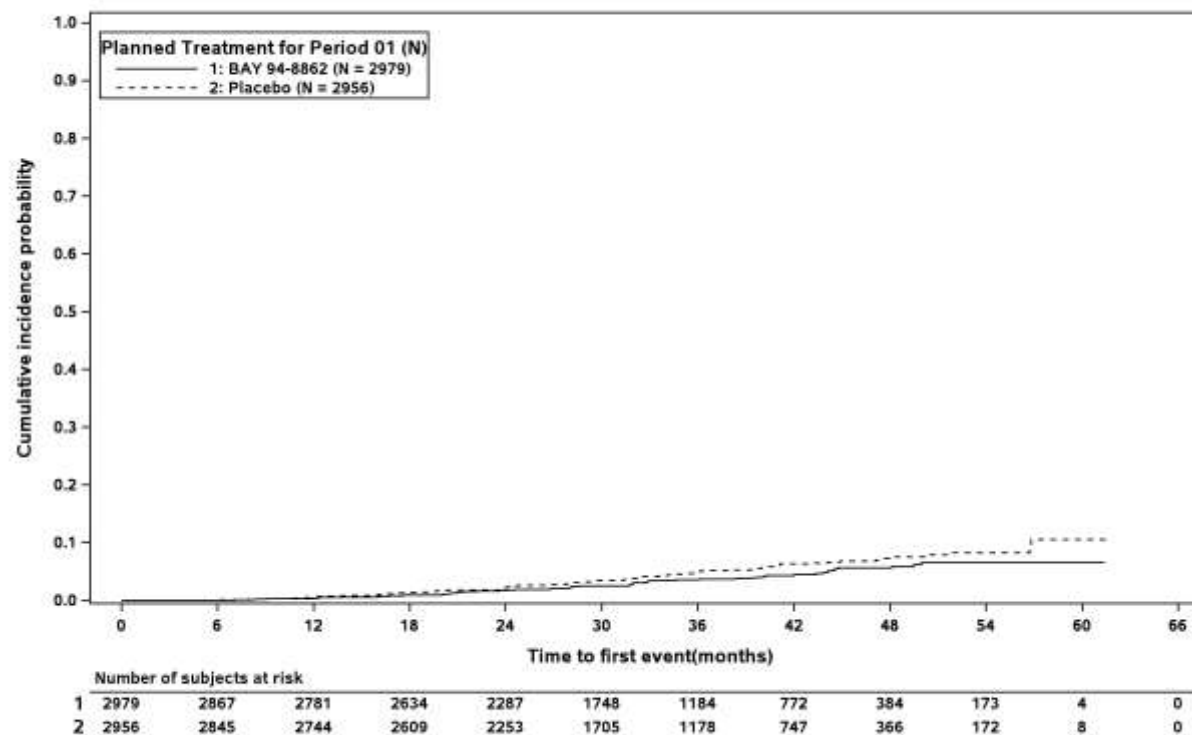
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



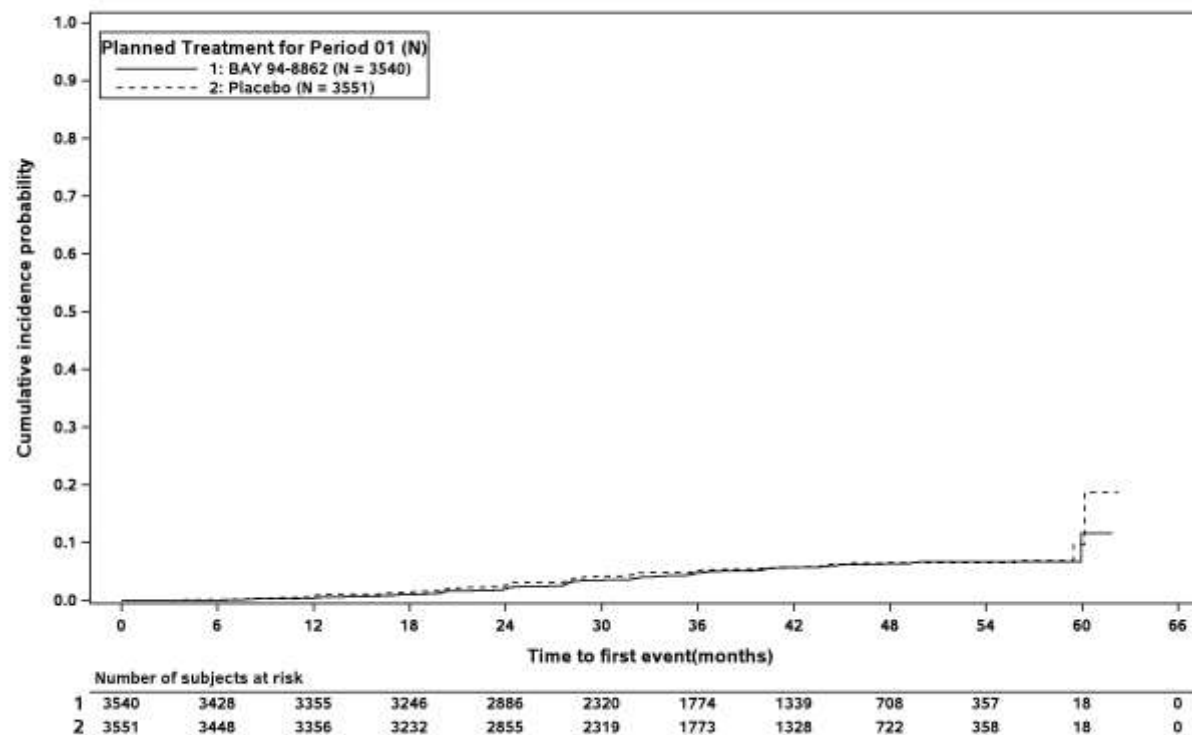
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 26: Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to onset of kidney failure (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



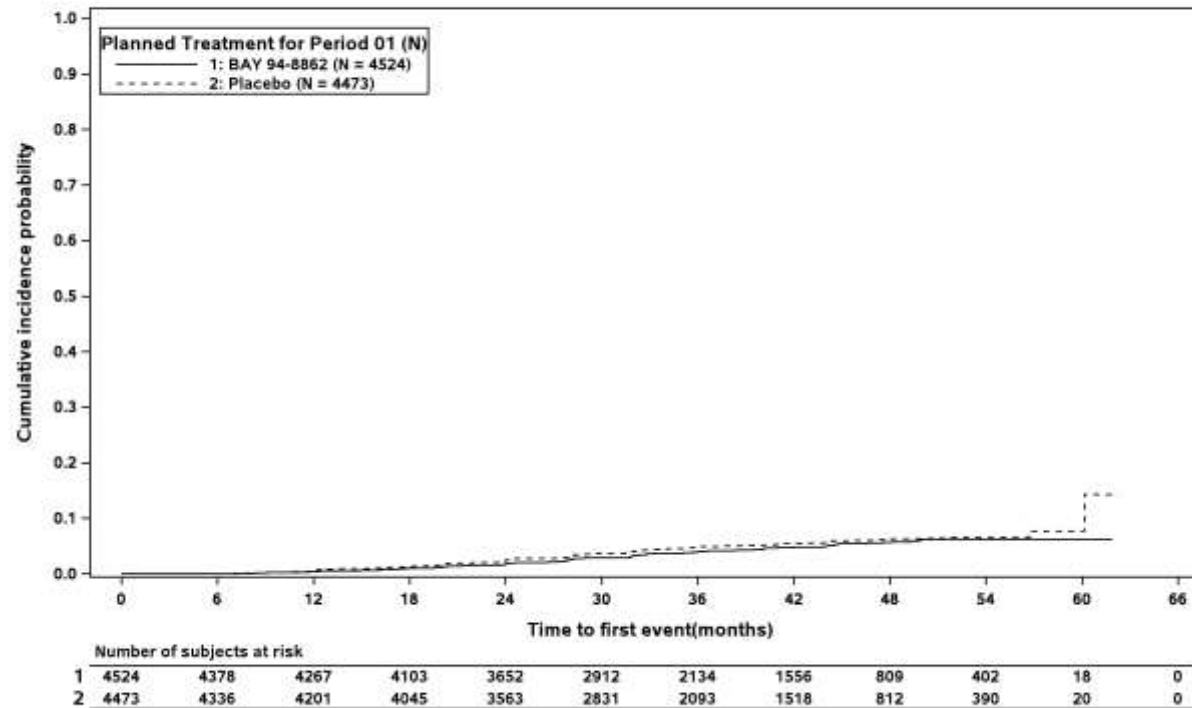
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 27: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



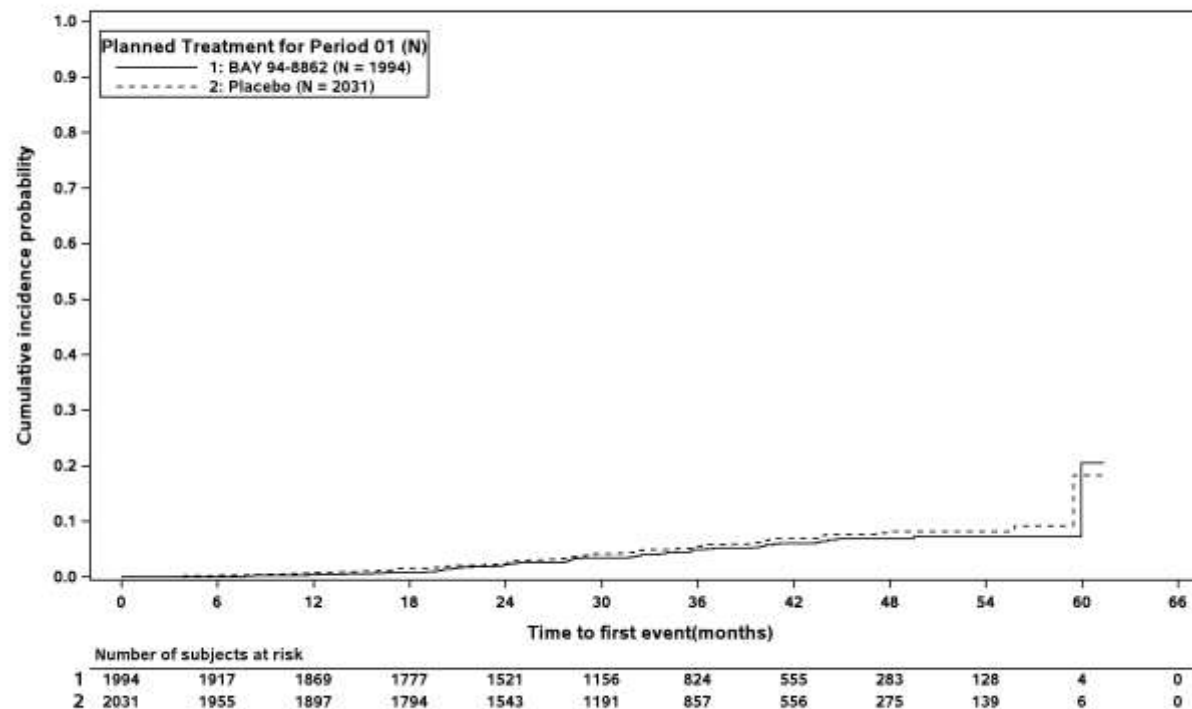
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 27: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



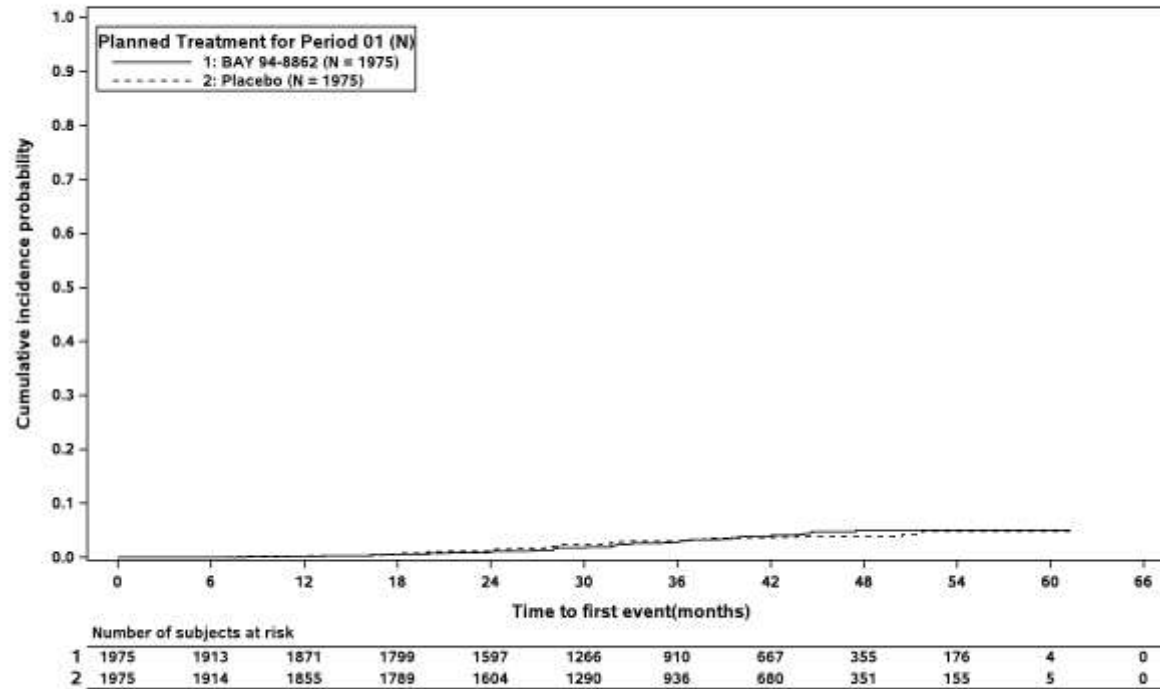
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



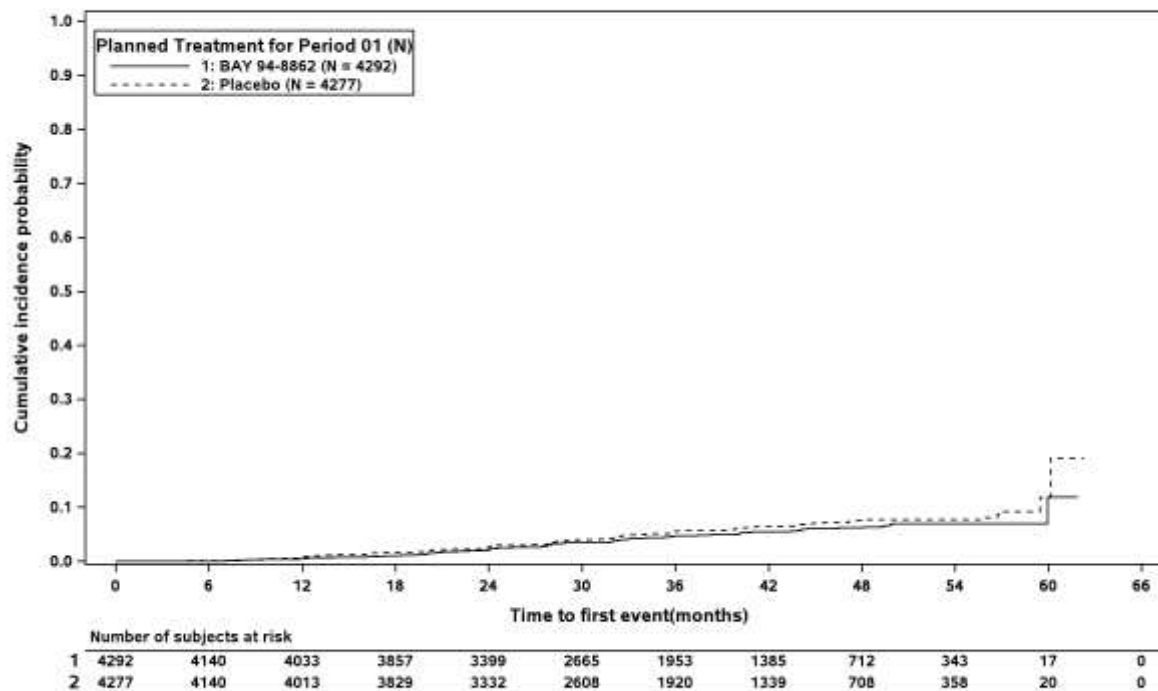
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



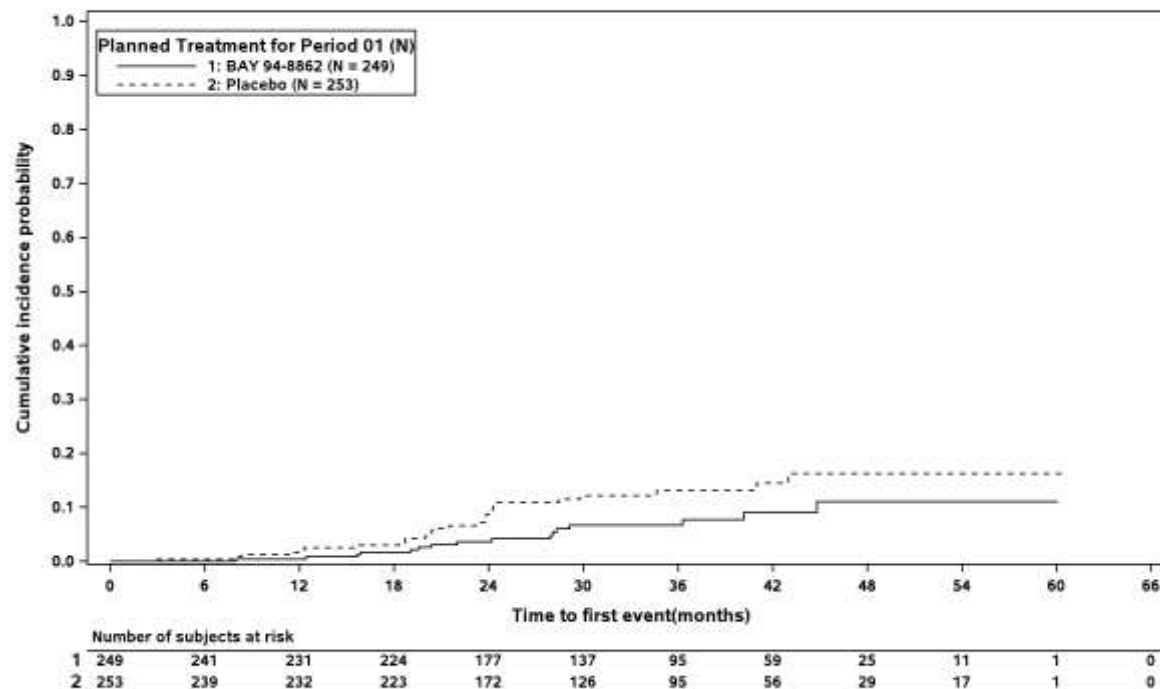
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 28: Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to onset of kidney failure (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



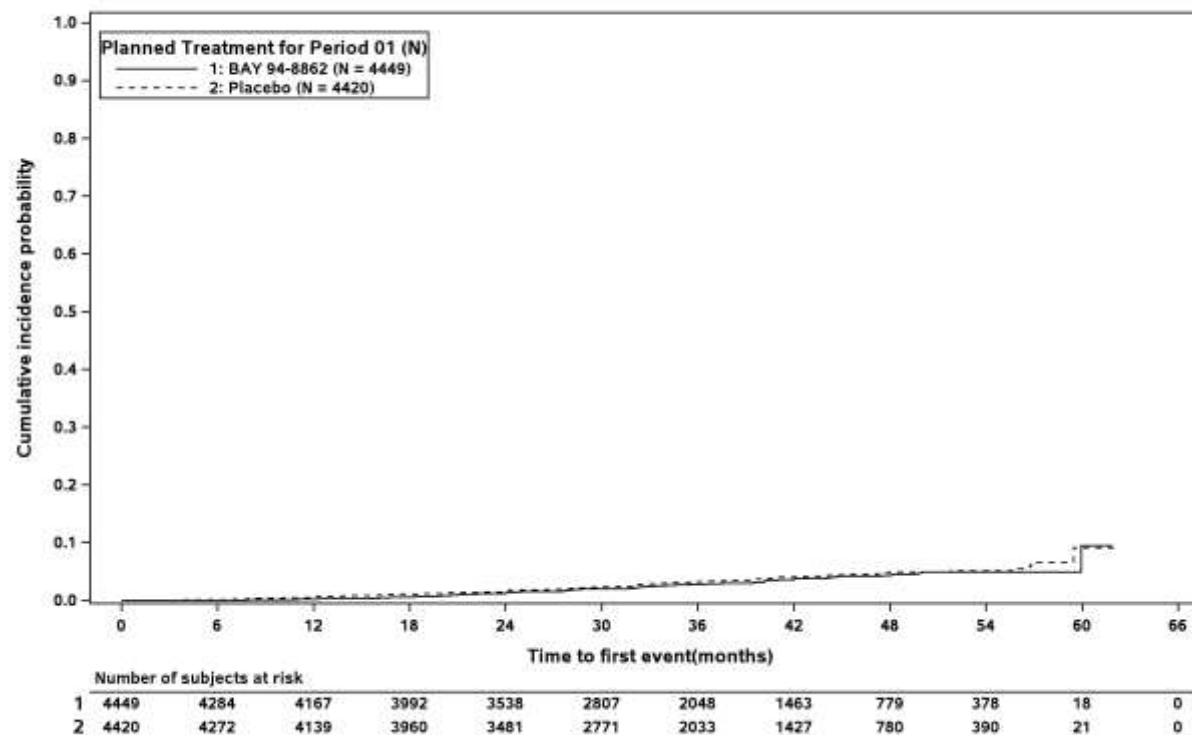
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 29: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



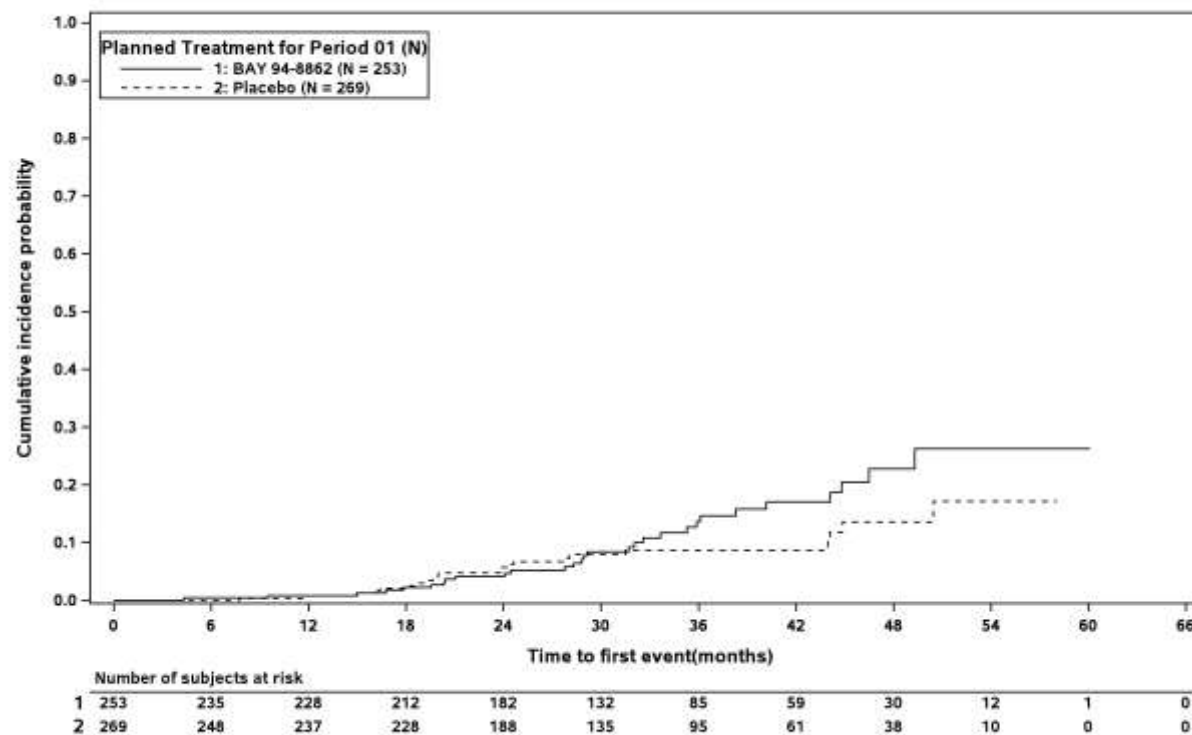
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 29: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



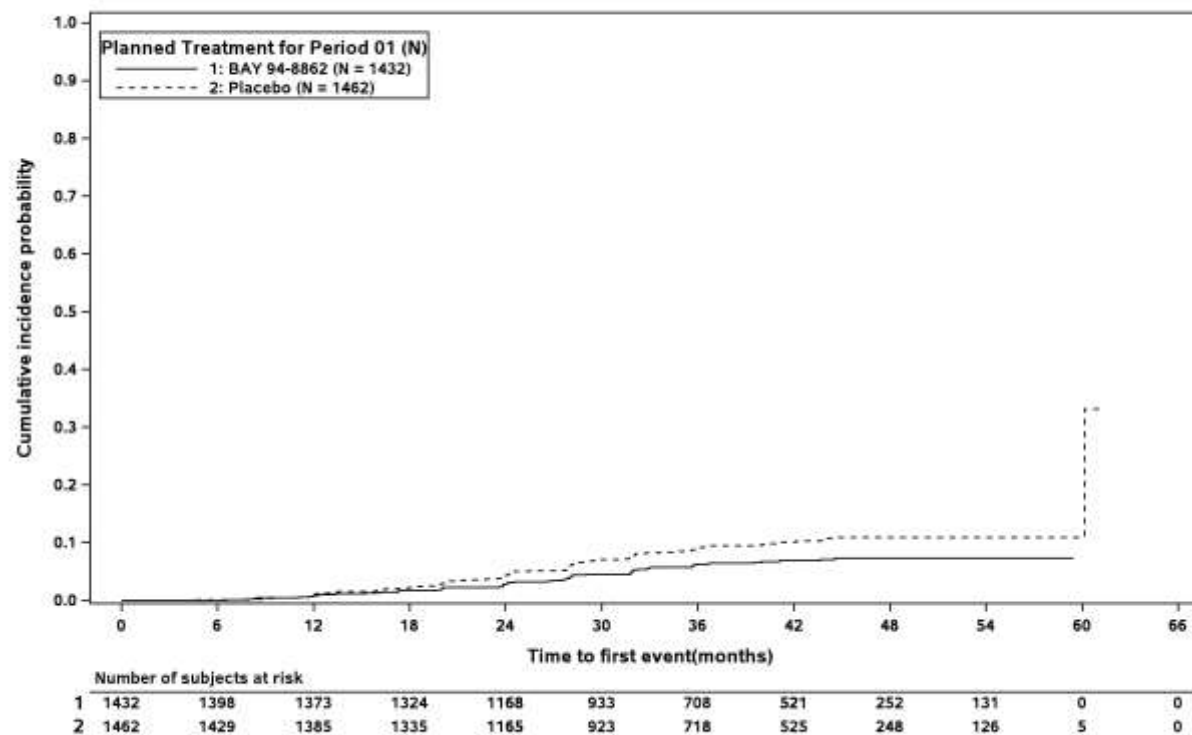
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 29: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



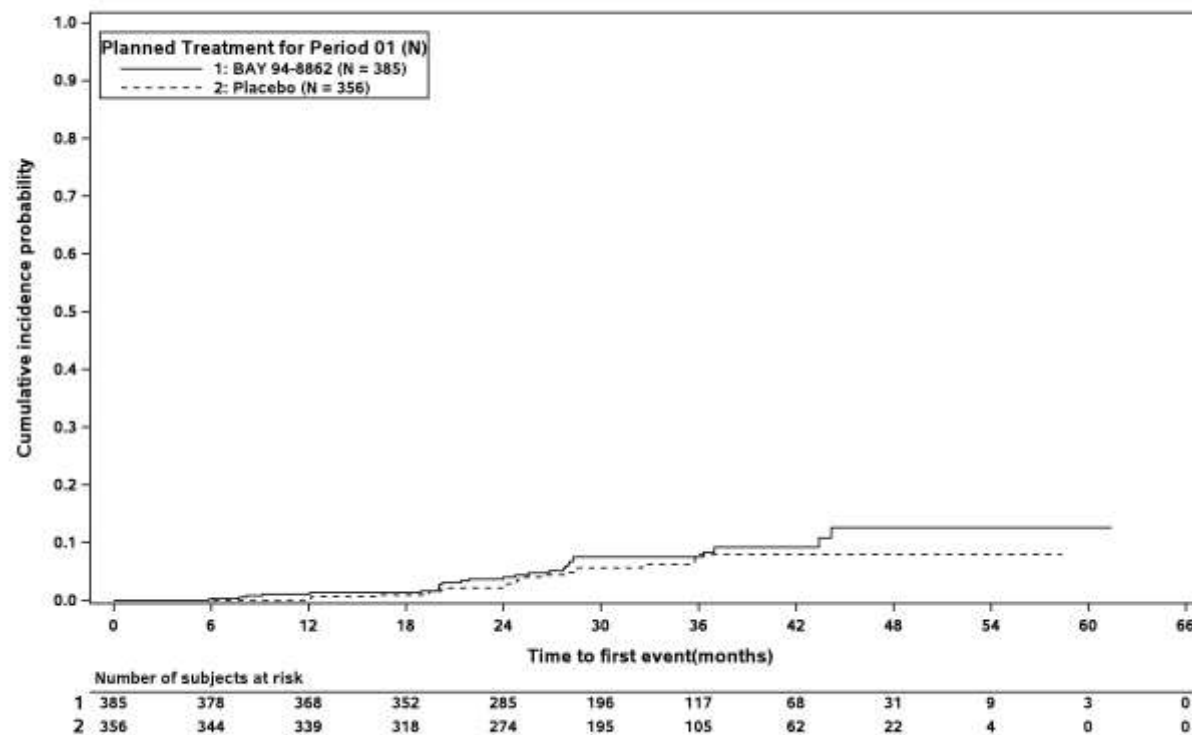
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 29: Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to onset of kidney failure (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



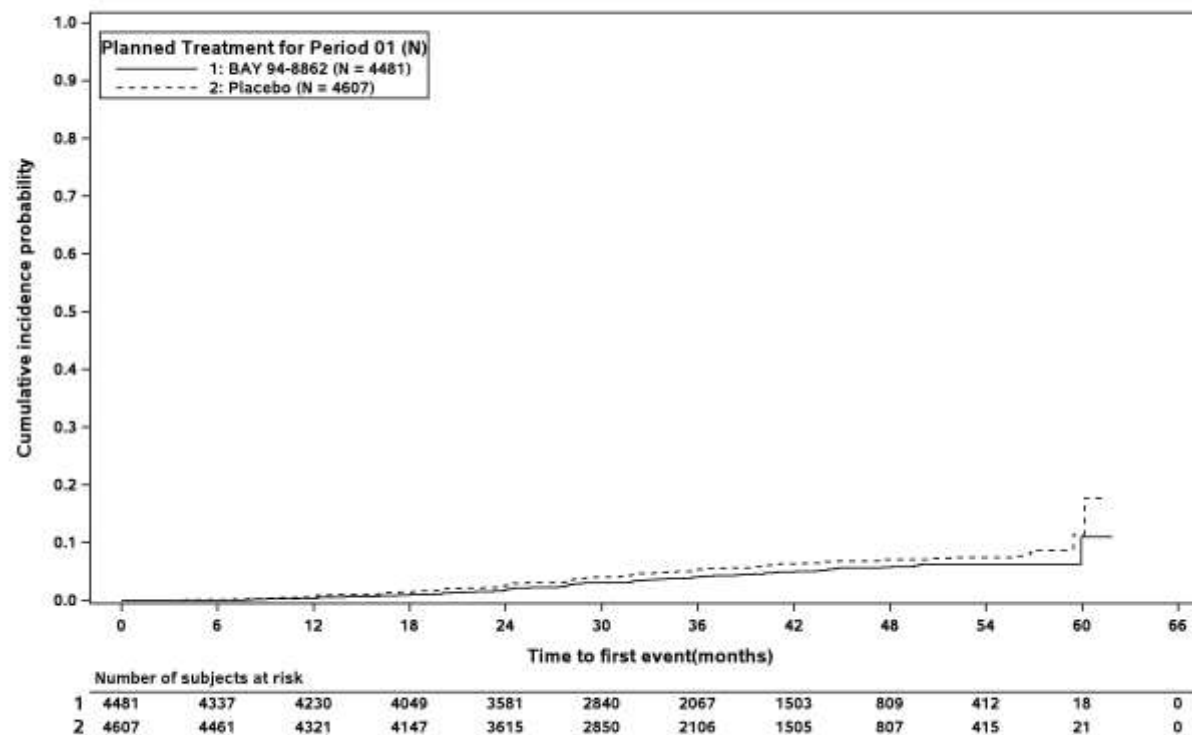
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 30: Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



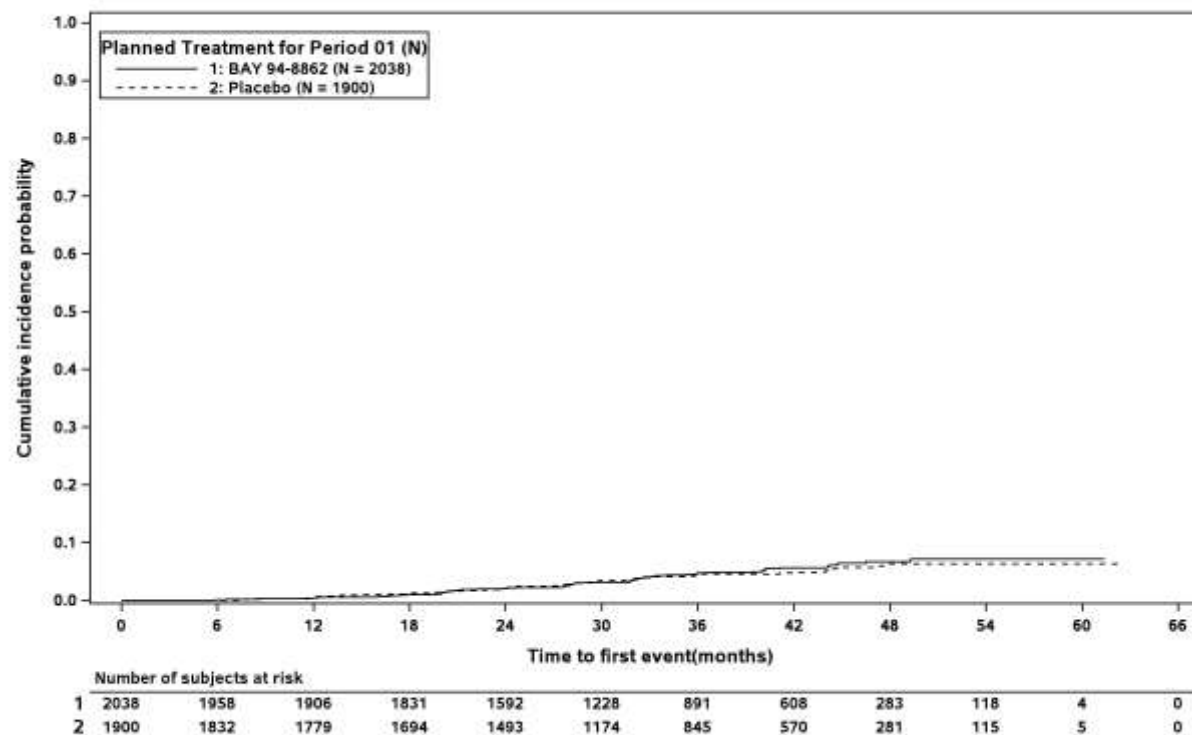
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 30: Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to onset of kidney failure (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



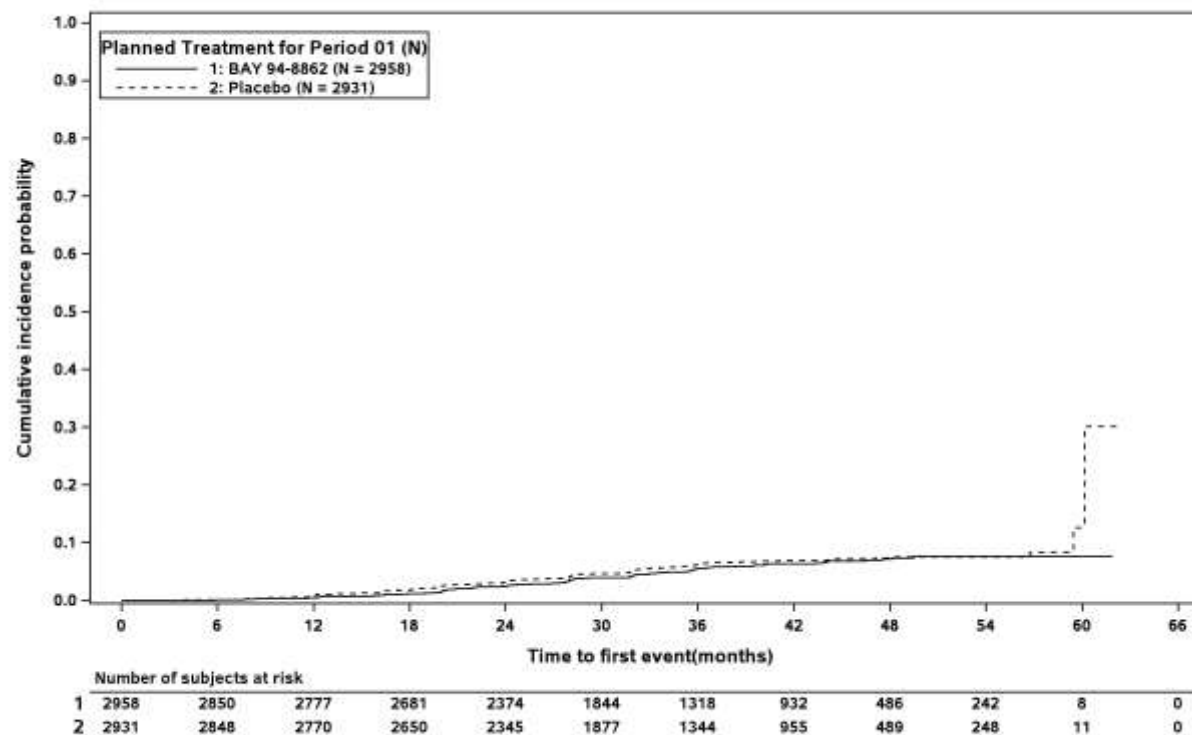
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 31: Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



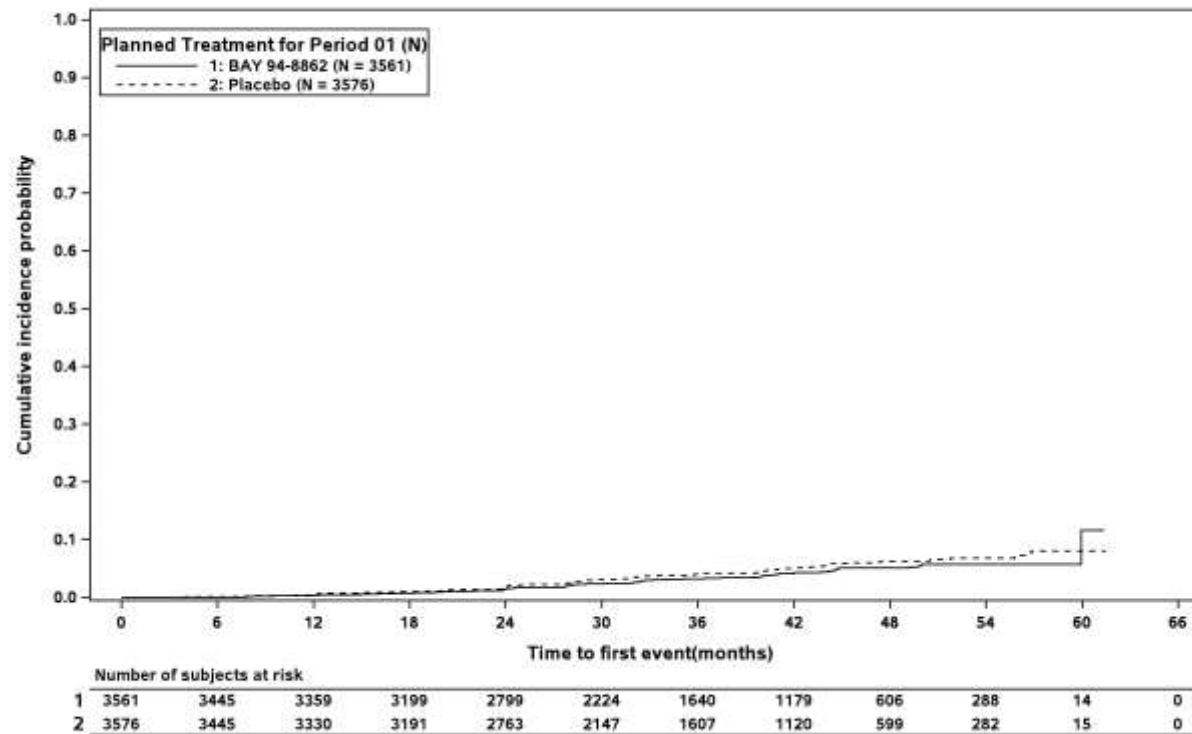
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 31: Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to onset of kidney failure (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years

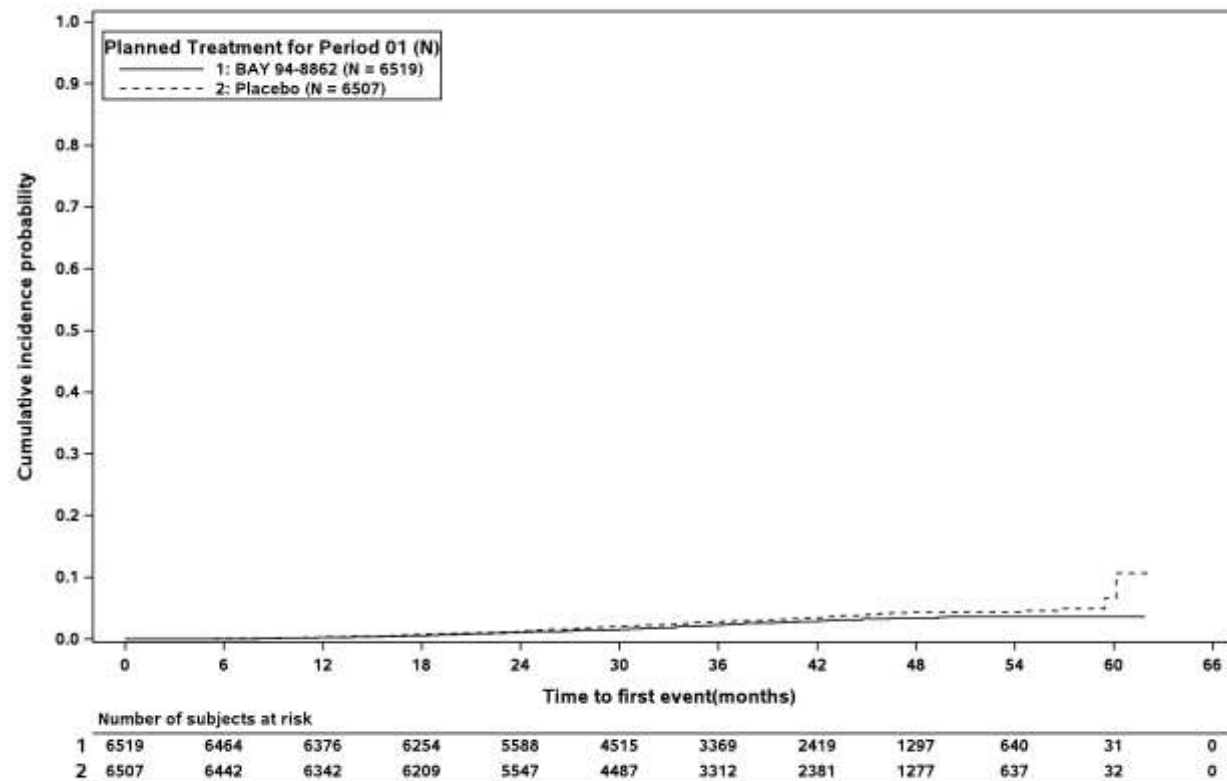


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 32: Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set)

Time to onset of ESRD (months): Kaplan-Meier curves (full analysis set)

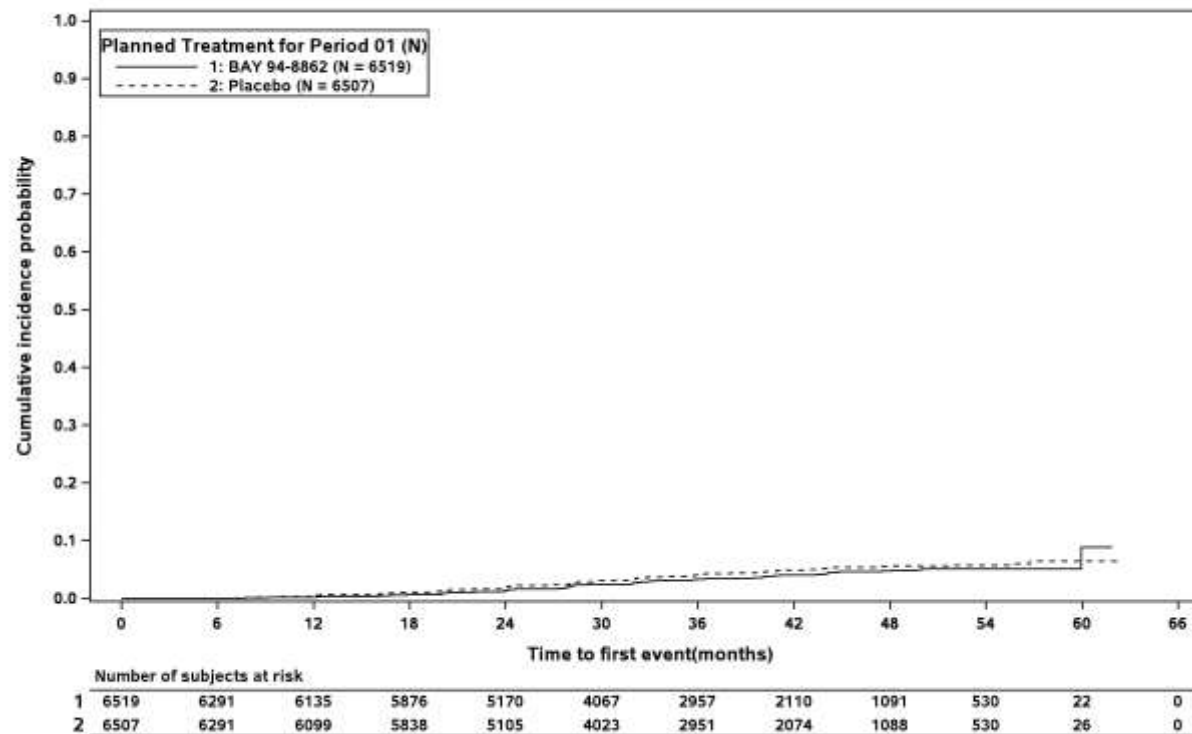


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 33: Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set)

Time to onset of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set)

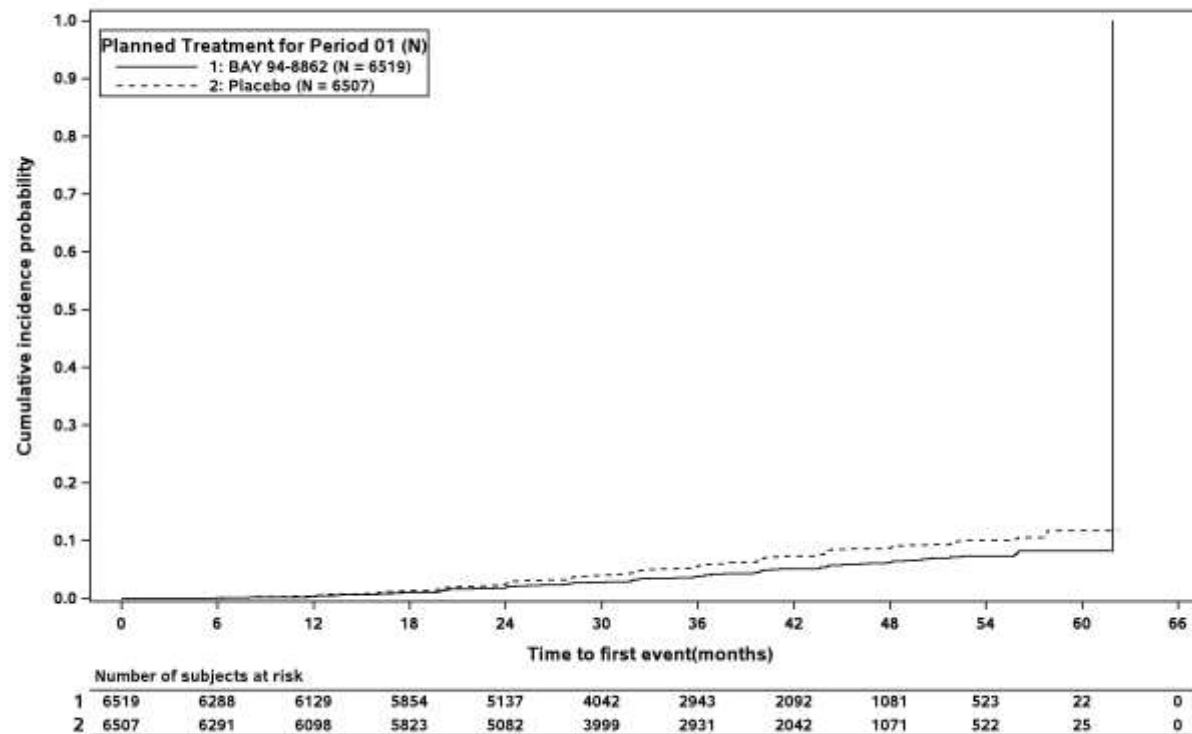


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 34: Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set)

Time to onset of eGFR decrease of $\geq 57\%$ sustained over at least 4 weeks (months): Kaplan-Meier curves (full analysis set)

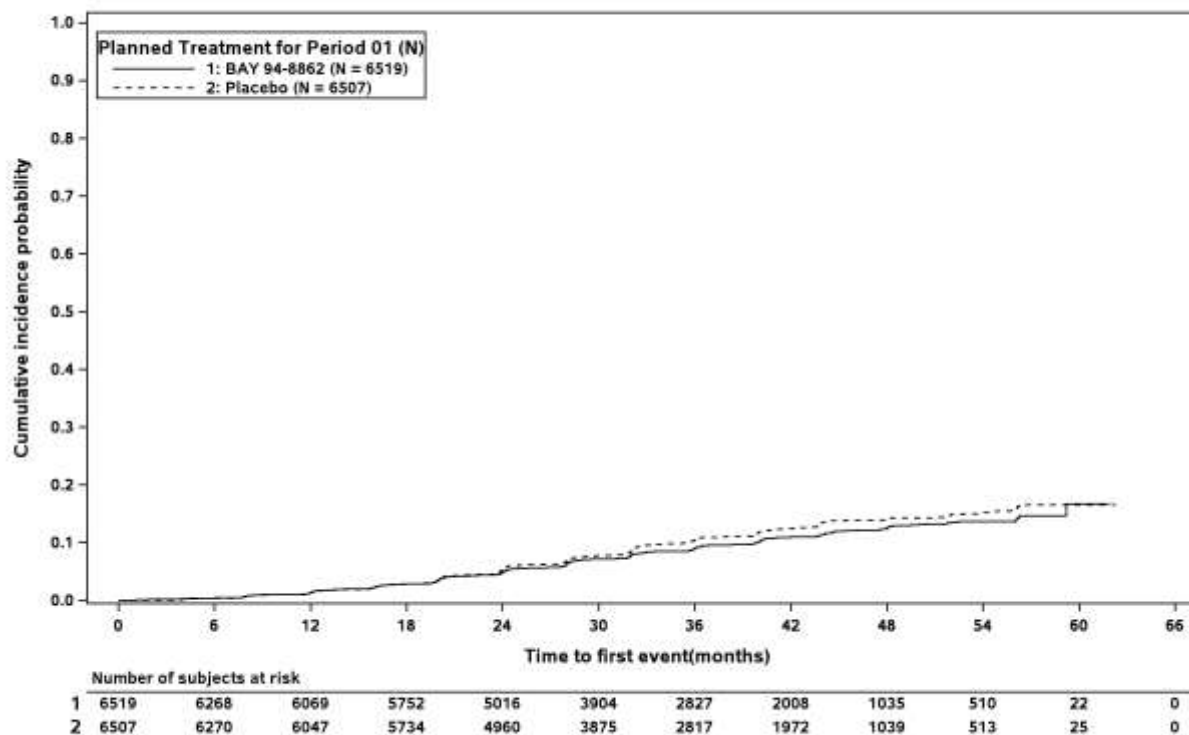


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 35: Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set)

Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively (months): Kaplan-Meier curves (full analysis set)

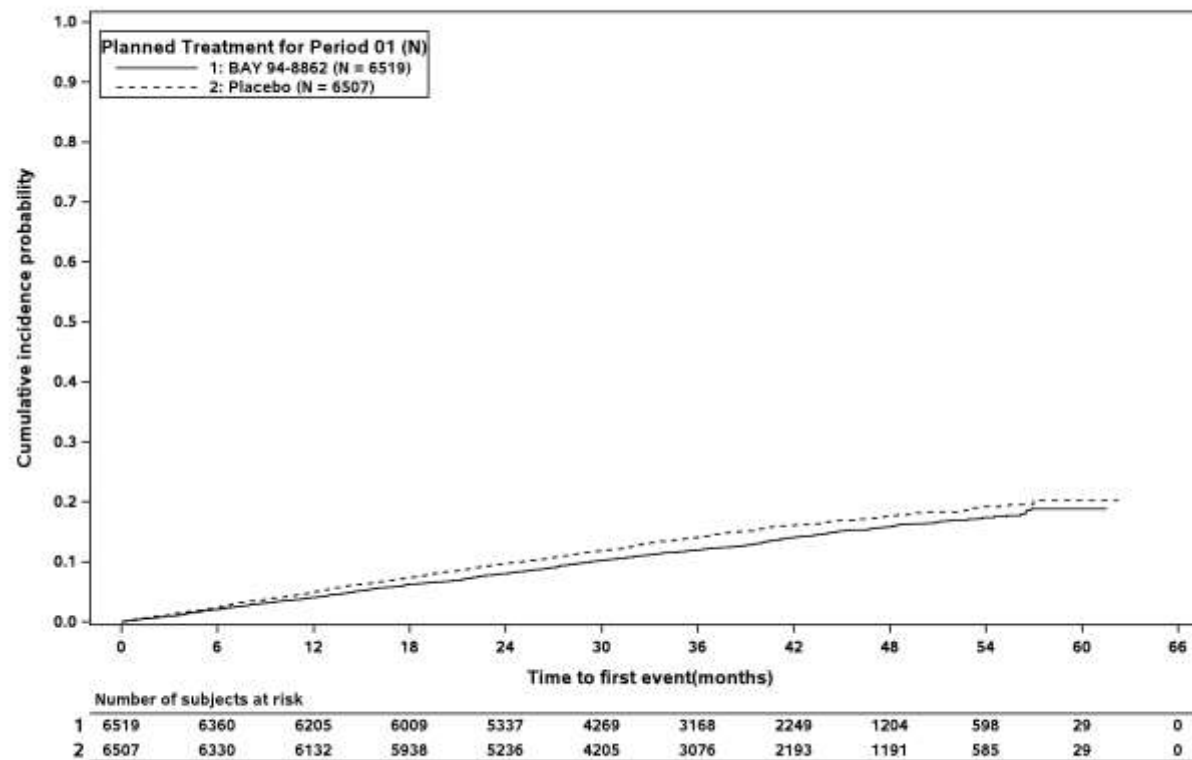


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 36: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves (full analysis set)



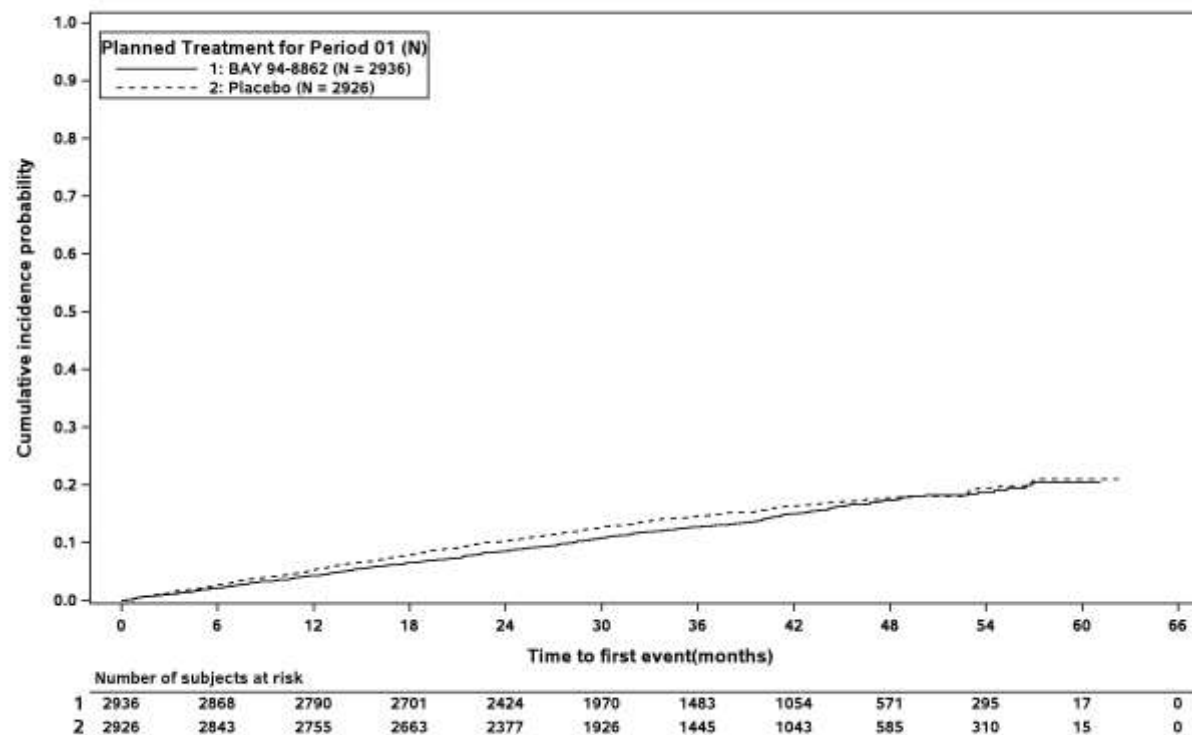
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



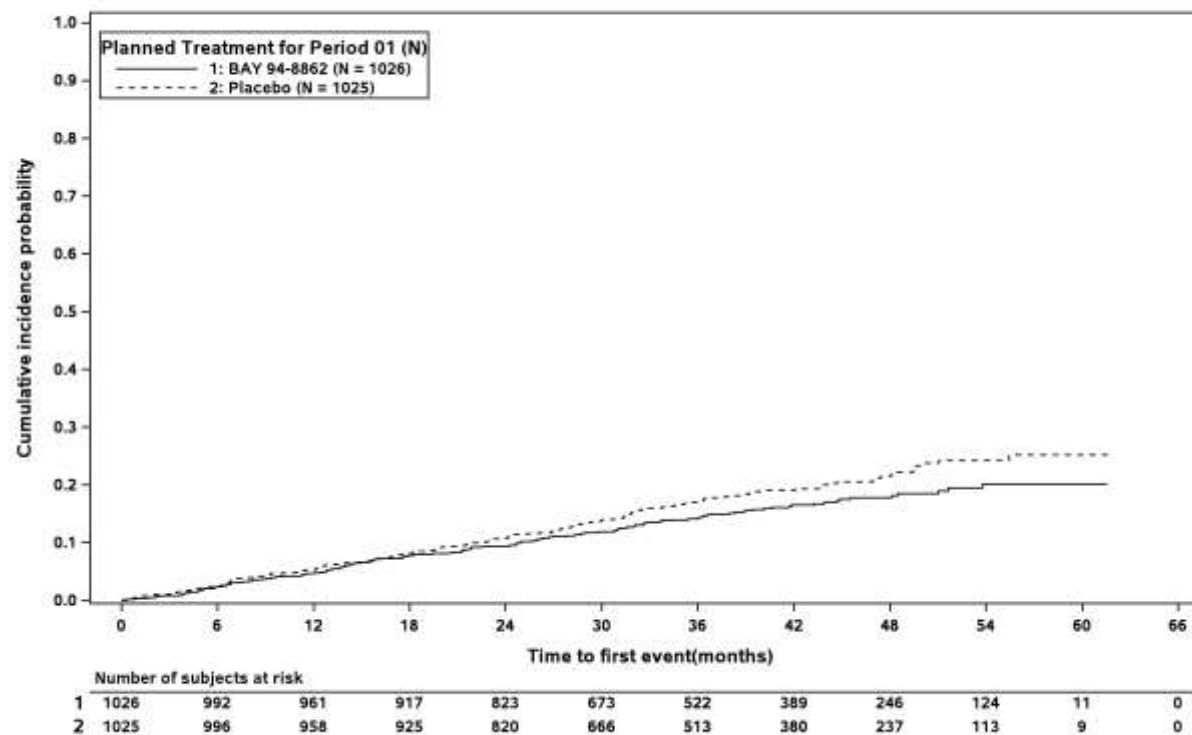
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



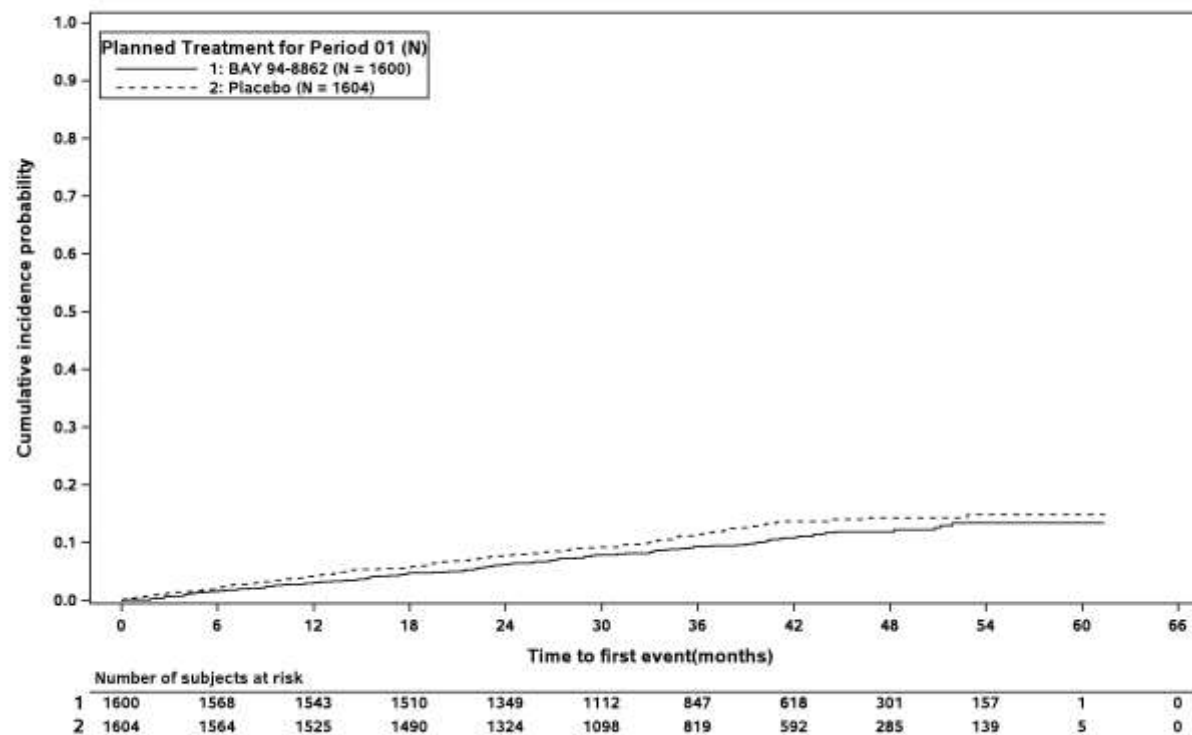
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



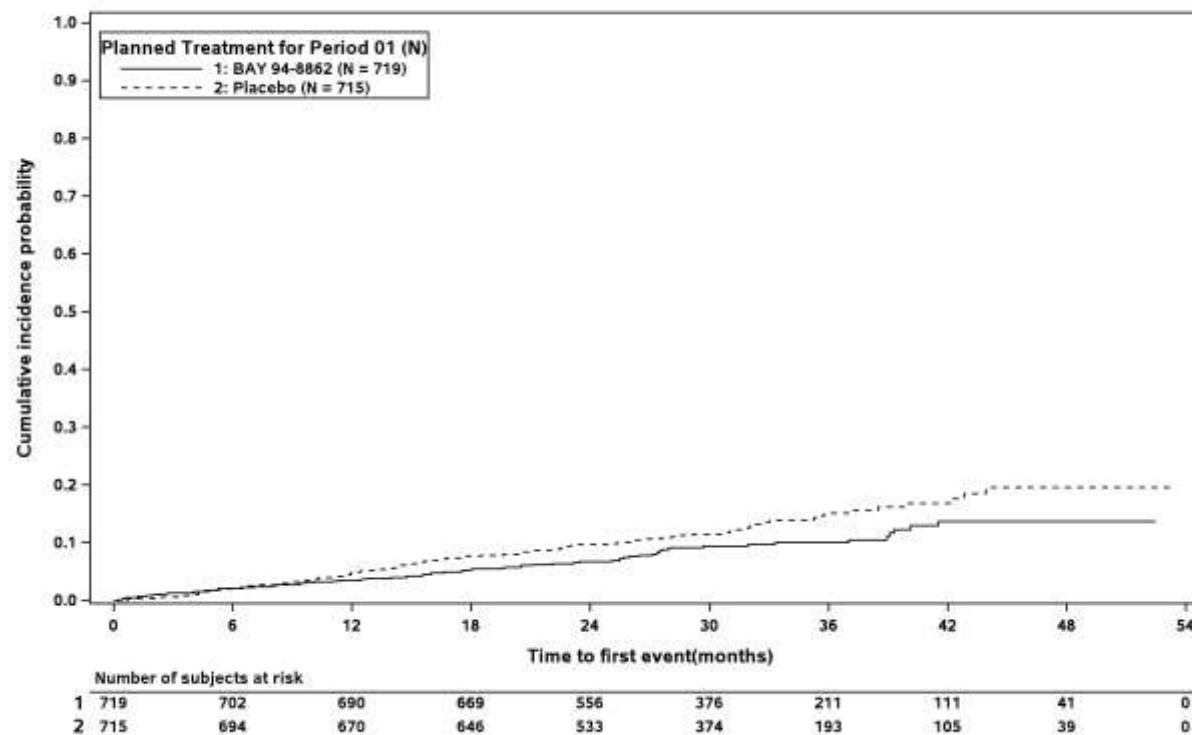
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



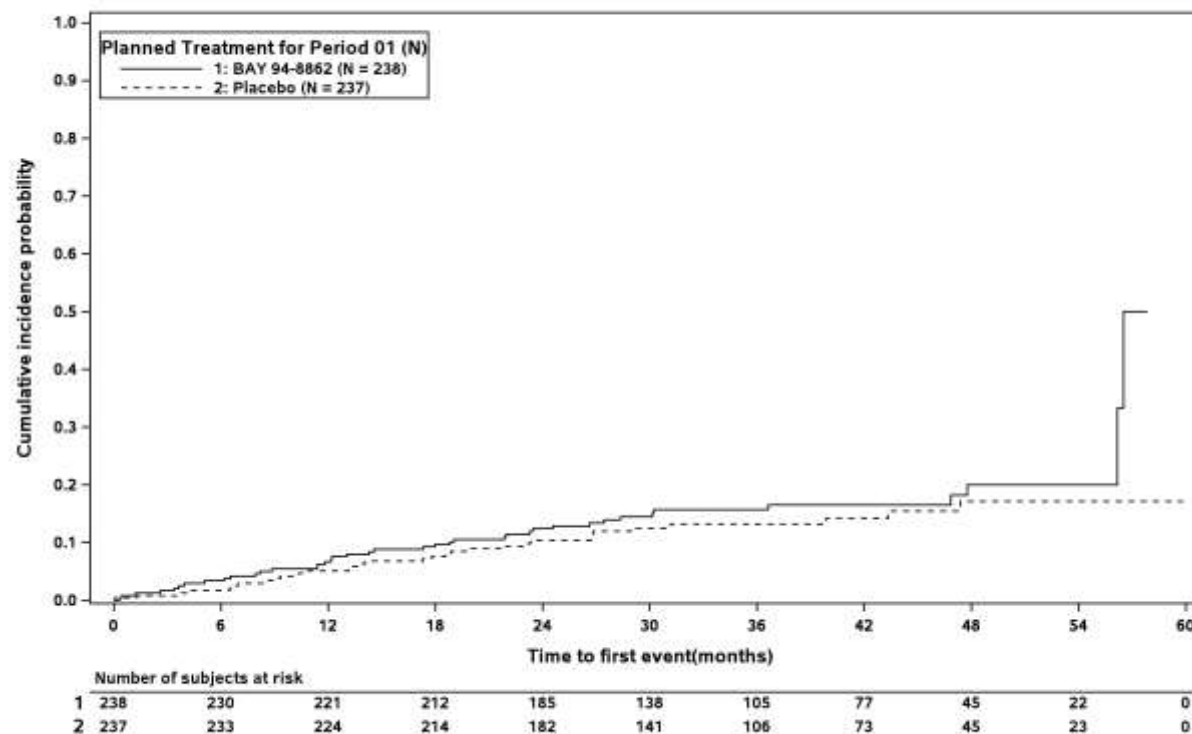
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 37: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



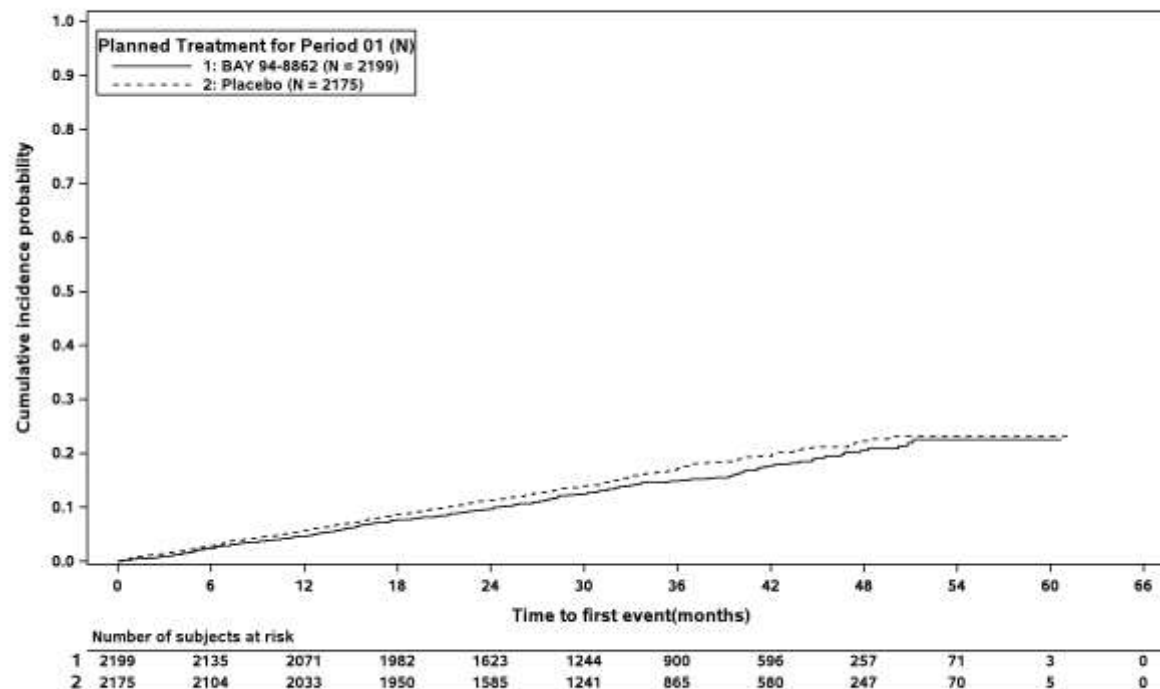
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



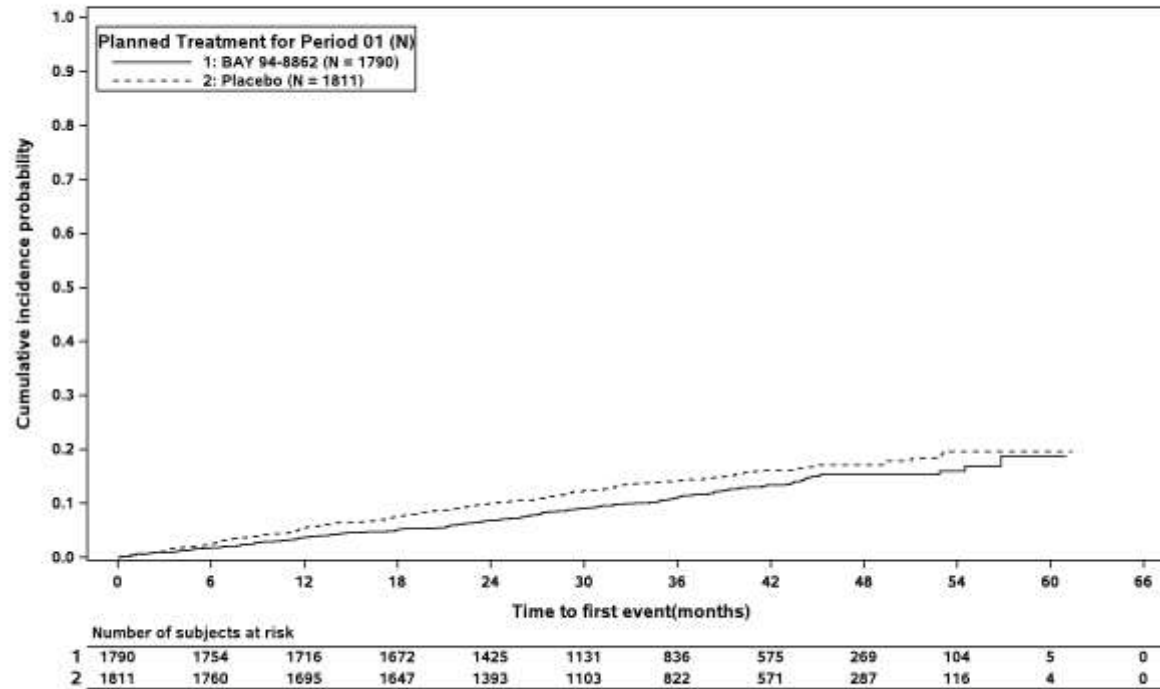
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtlr_km.sas 06FEB2023 12:28

Figure 1.3.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



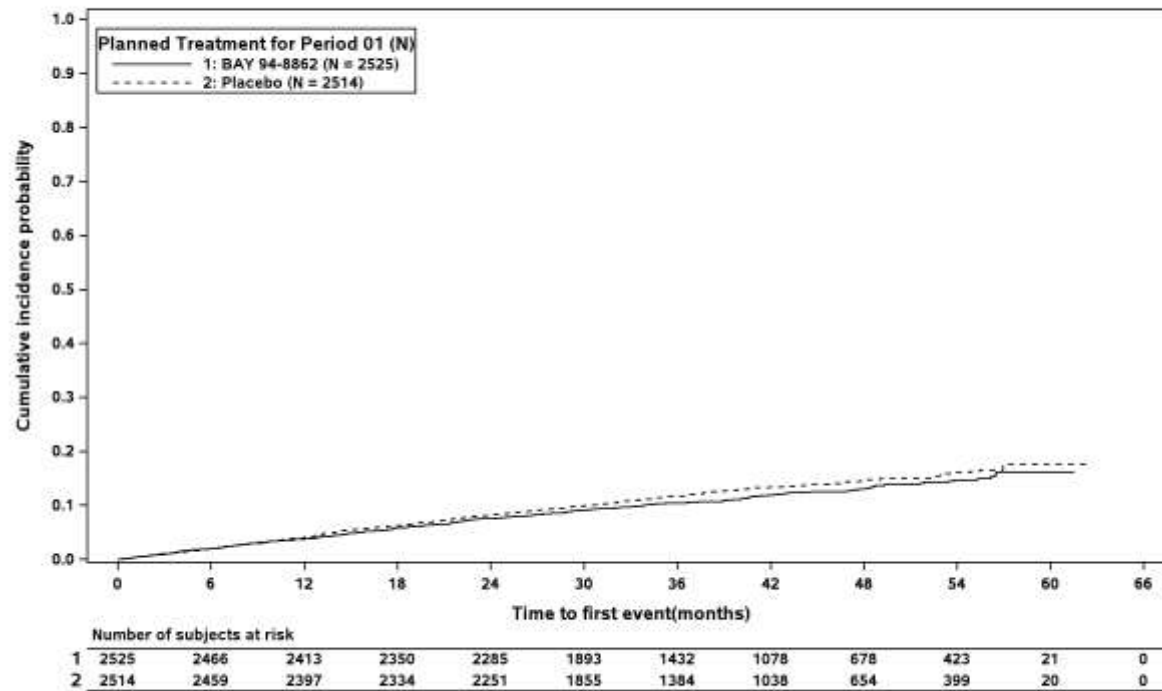
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17350/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 38: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: ≥ 60 mL/min/1.73m2

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: ≥ 60 mL/min/1.73m2



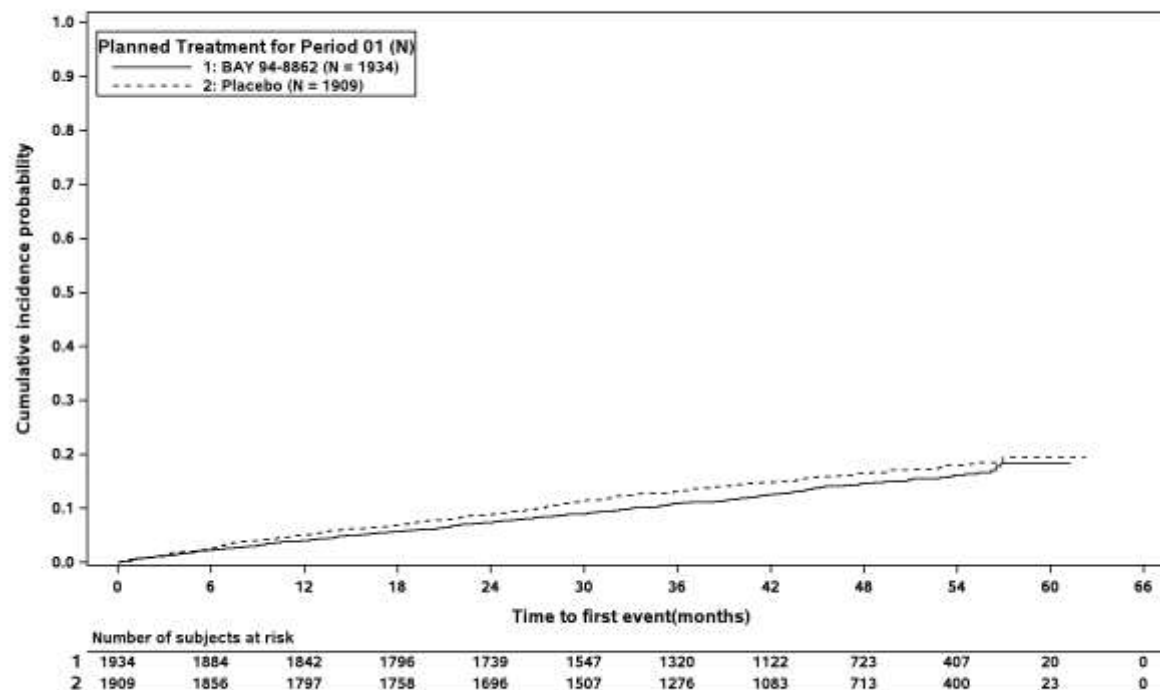
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
 Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



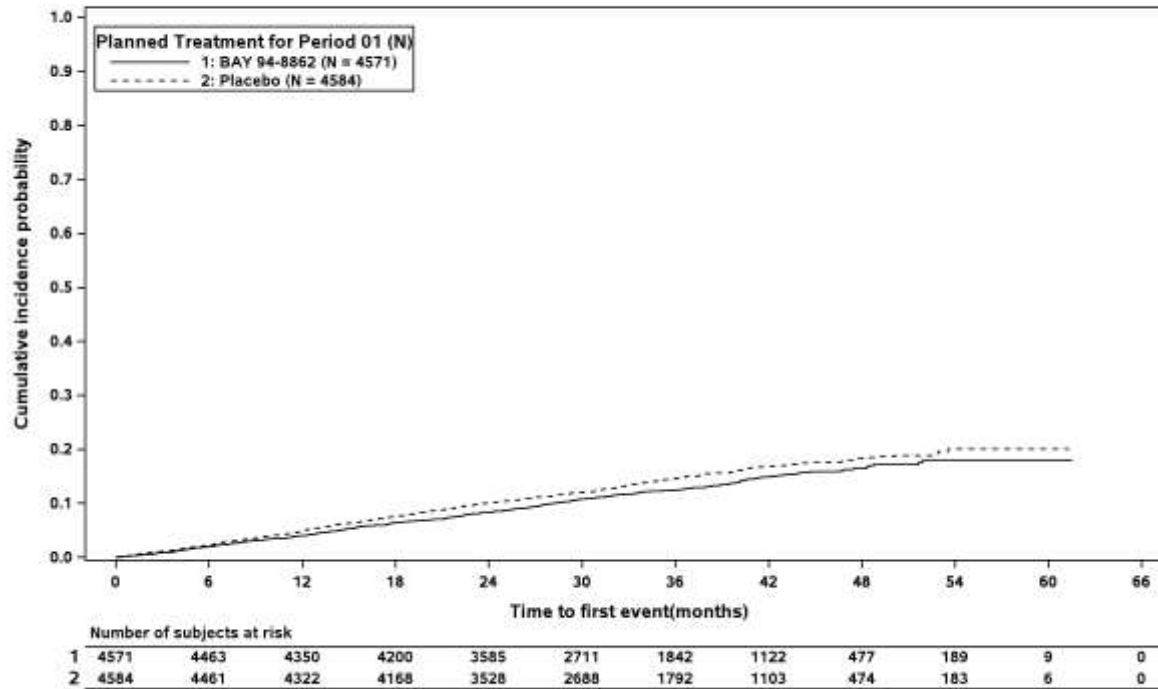
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17350/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 39: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



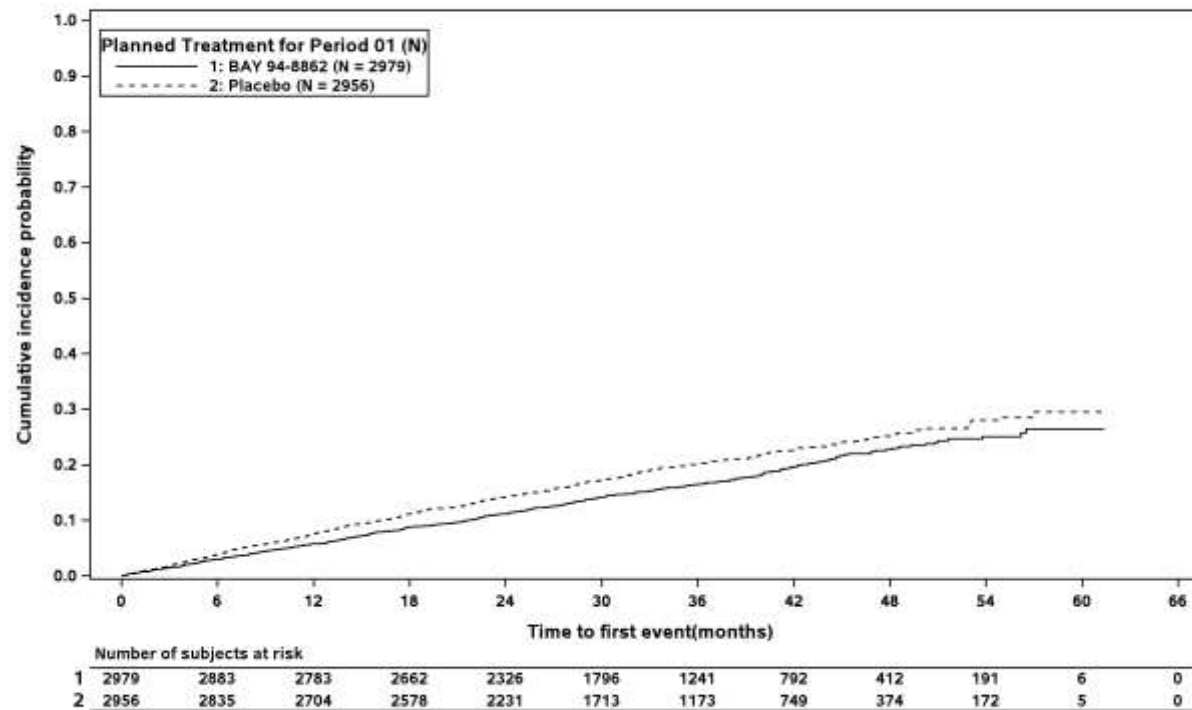
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17350/stat/query48/prod/pgms/f_adtlm_km.sas 06FEB2023 12:28

Figure 1.3.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



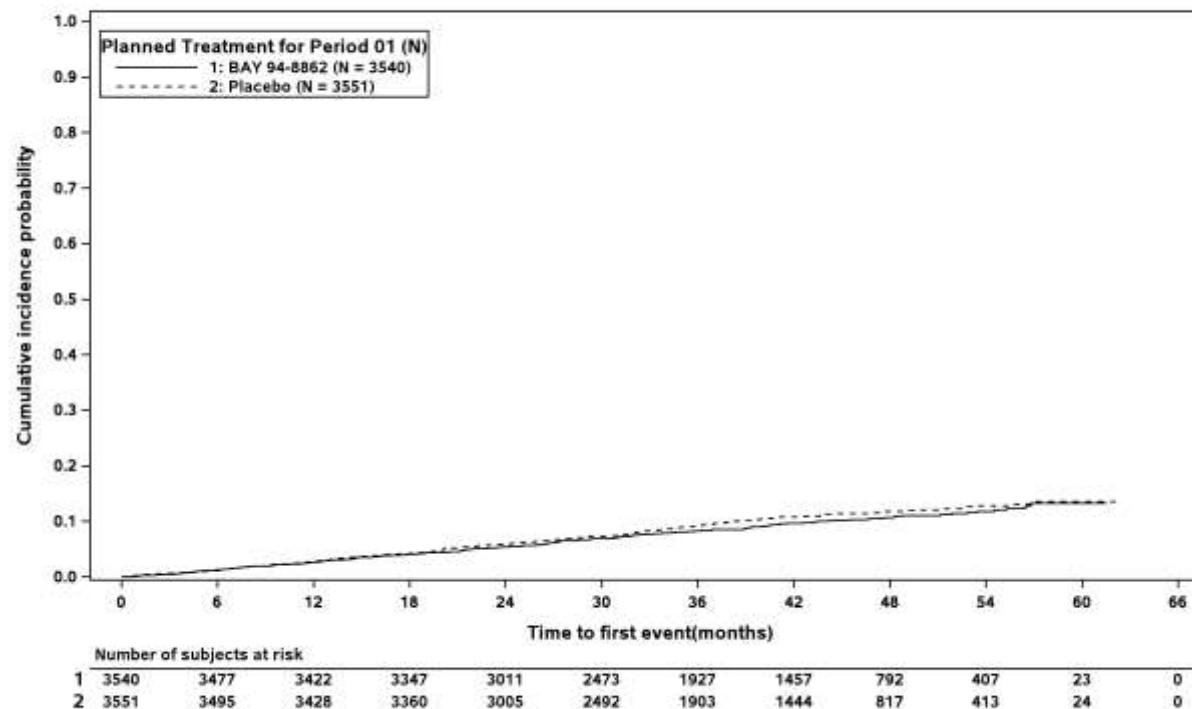
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 40: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



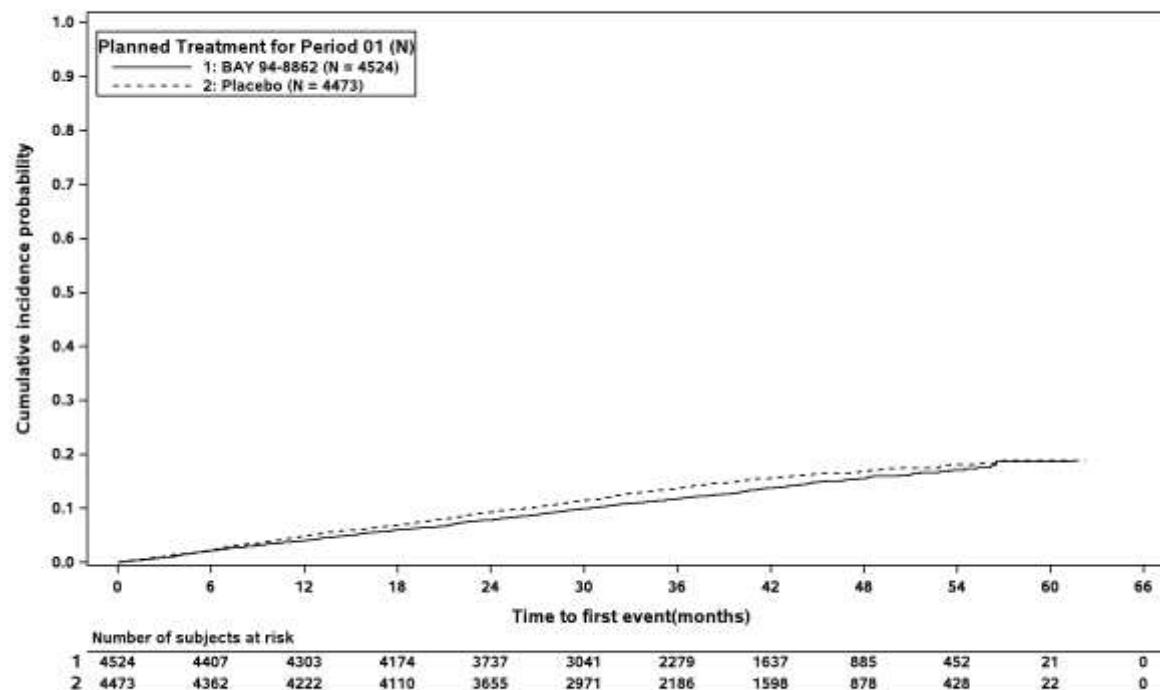
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 41: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L



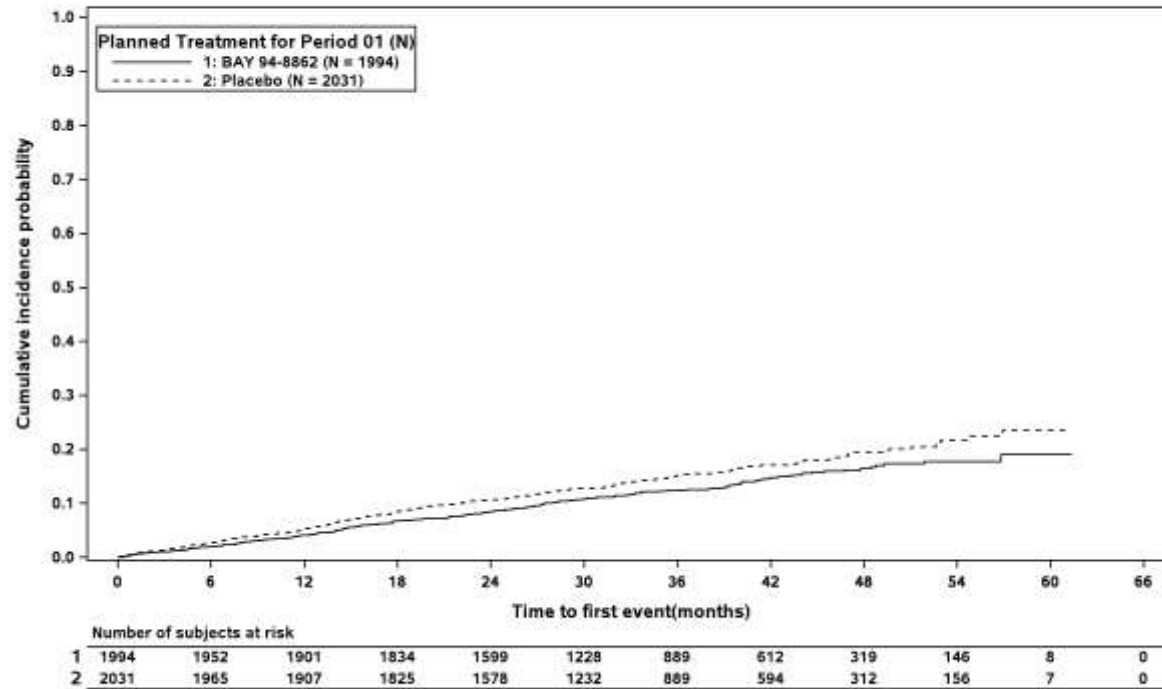
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 41: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



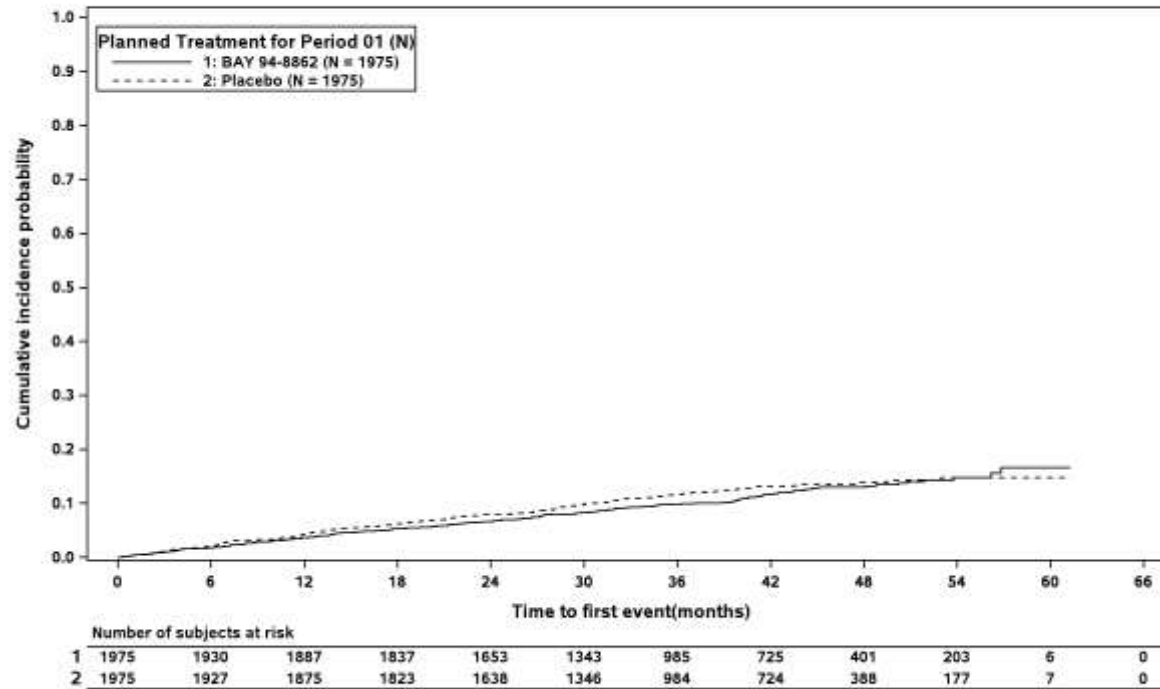
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17350/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



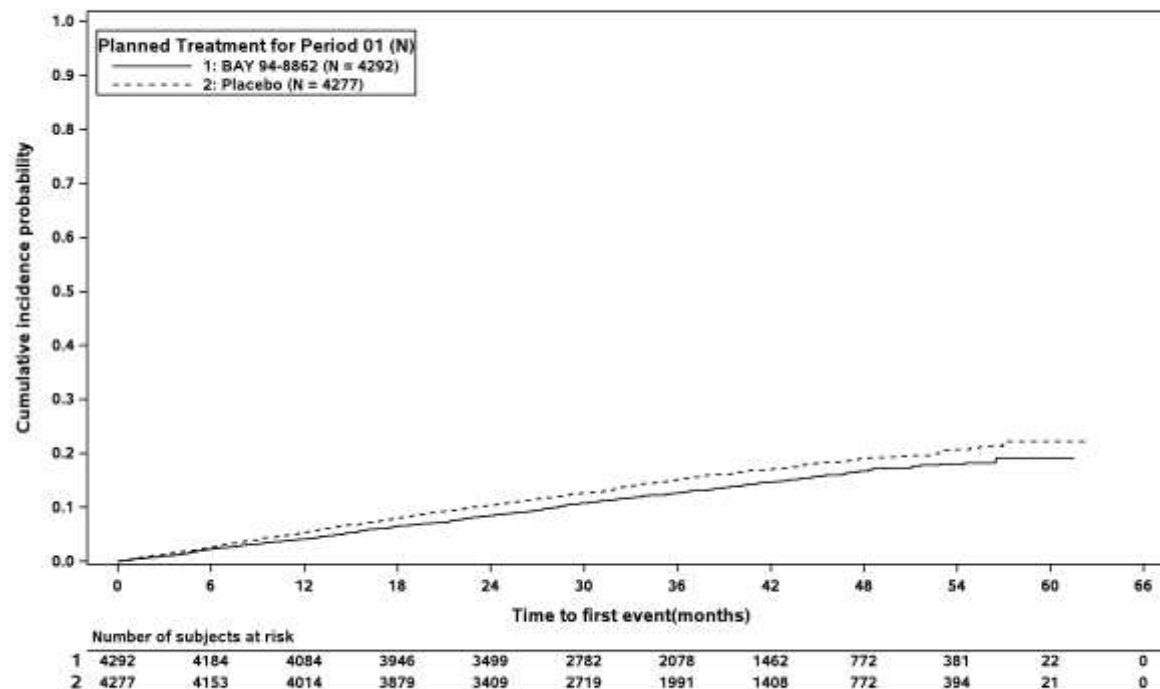
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



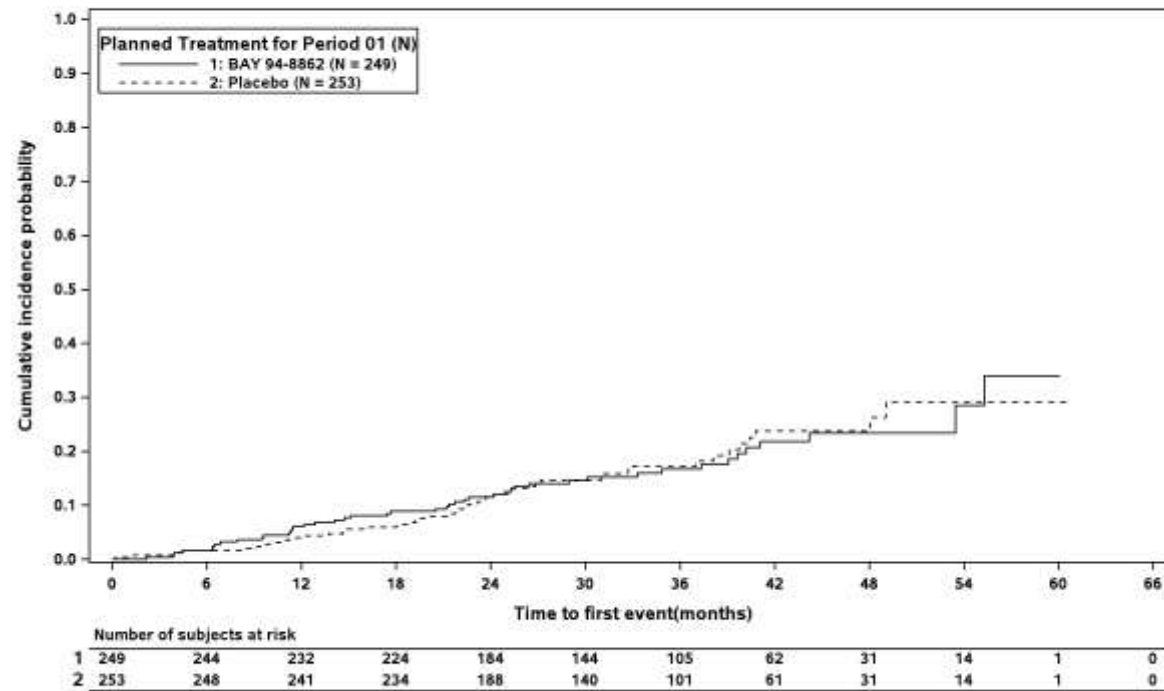
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 42: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



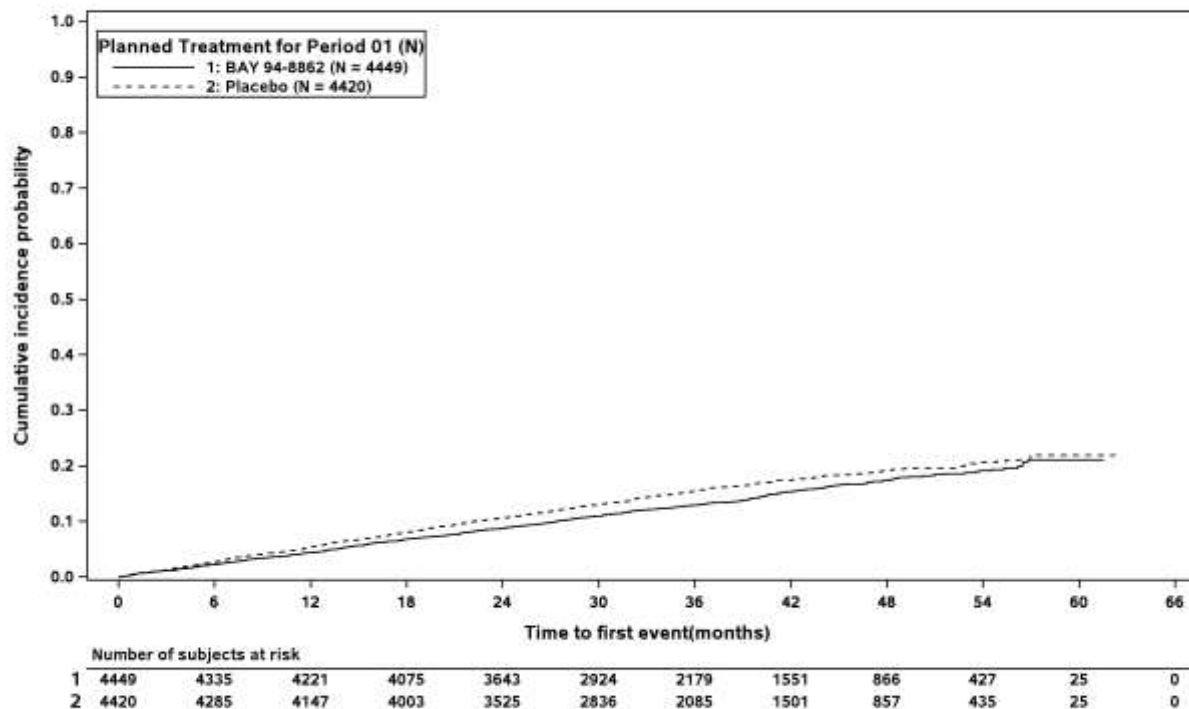
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 43: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



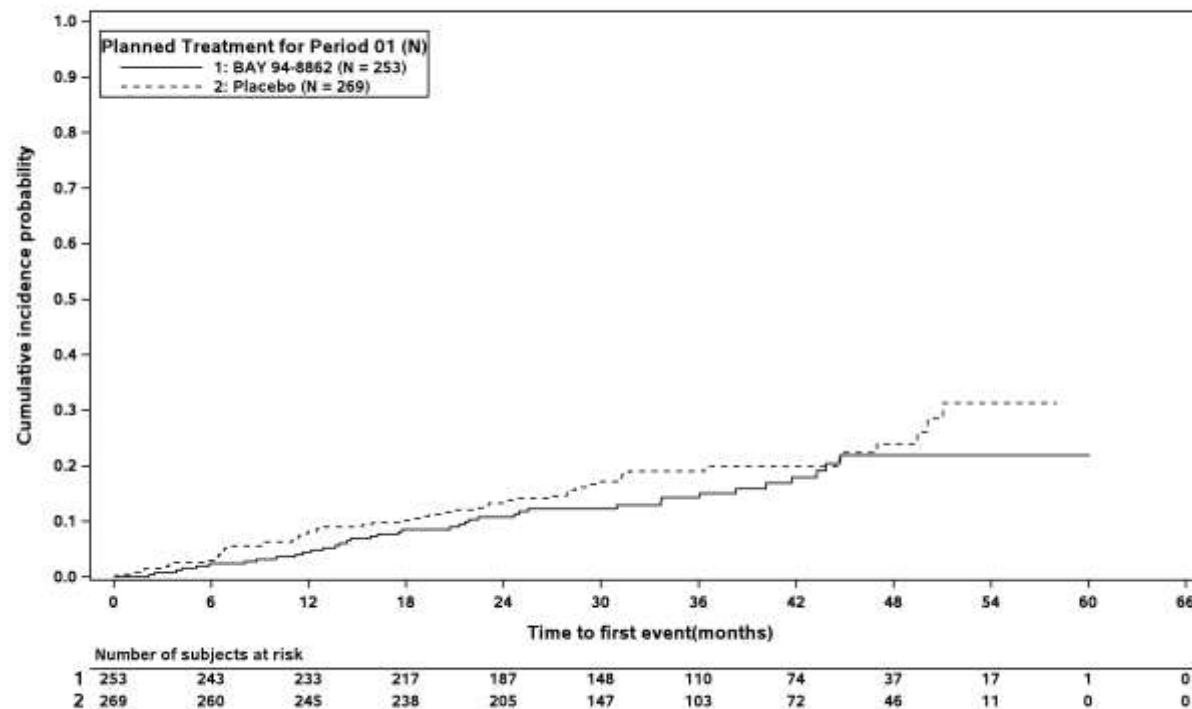
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 43: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



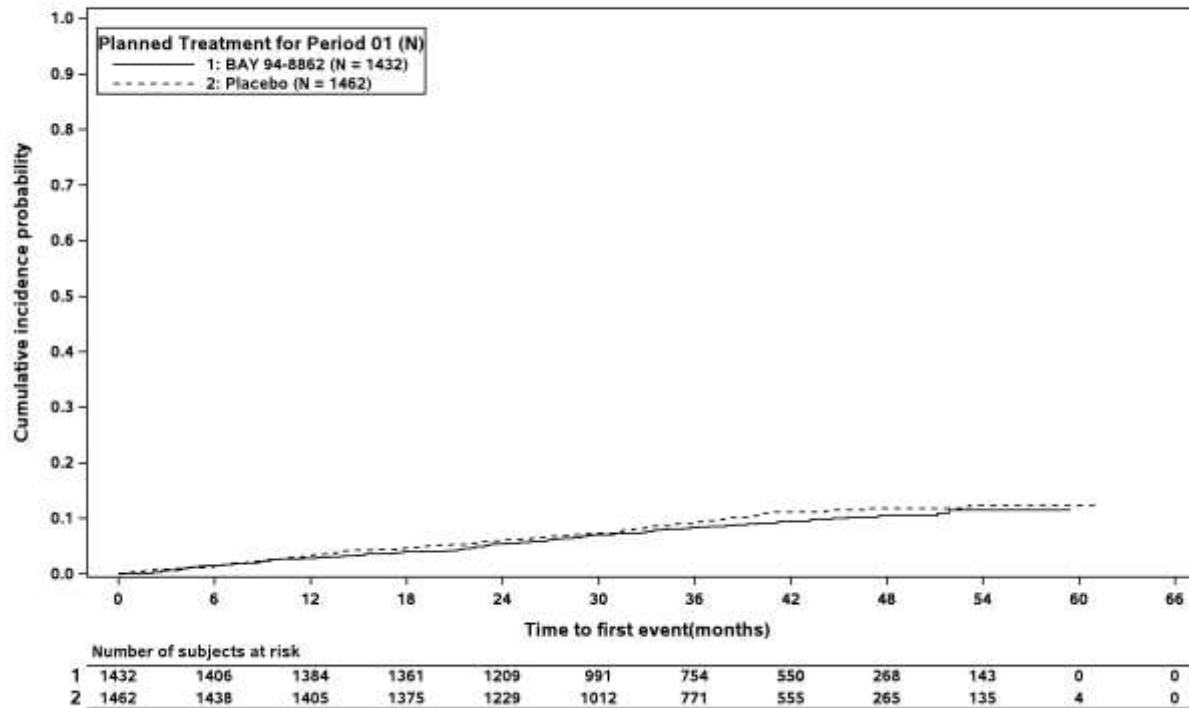
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 43: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



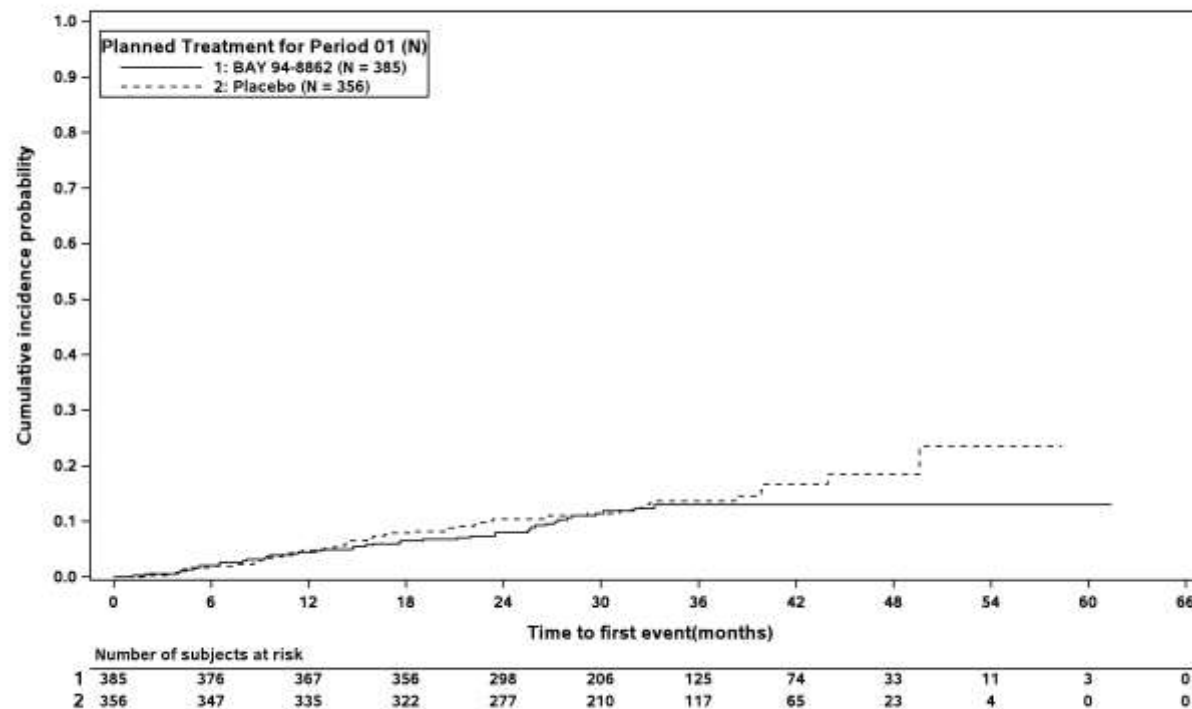
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 43: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



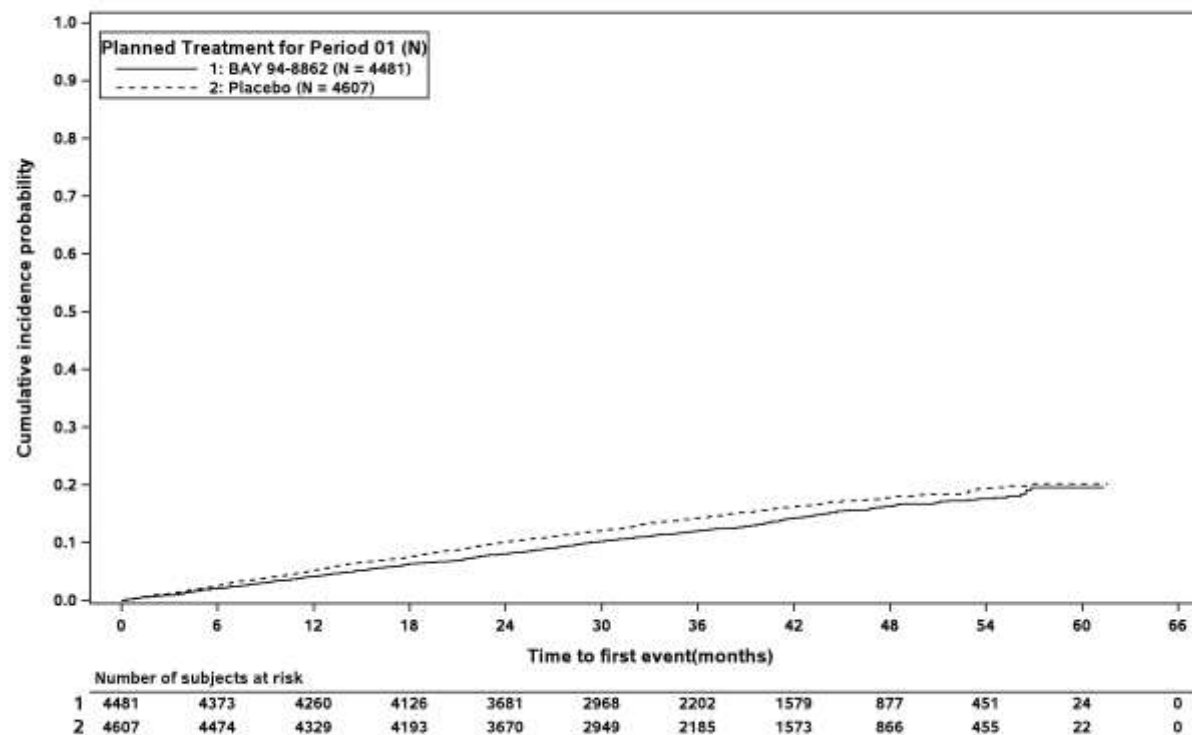
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 44: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



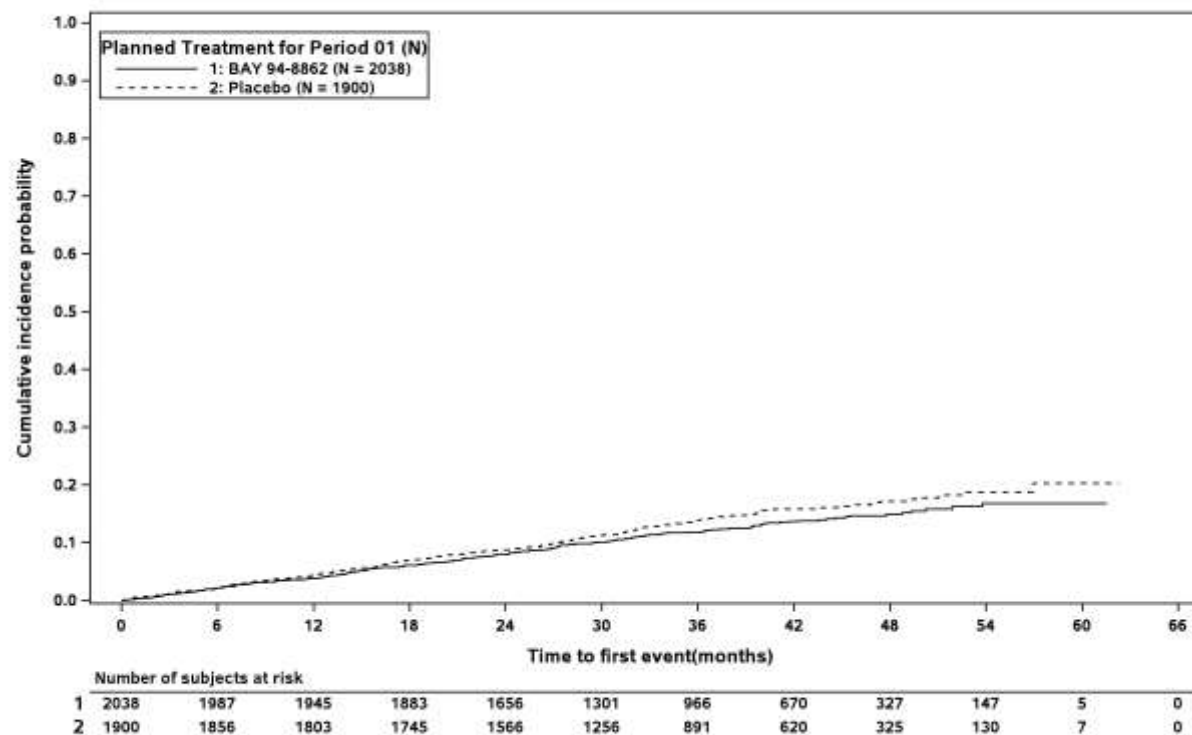
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 44: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



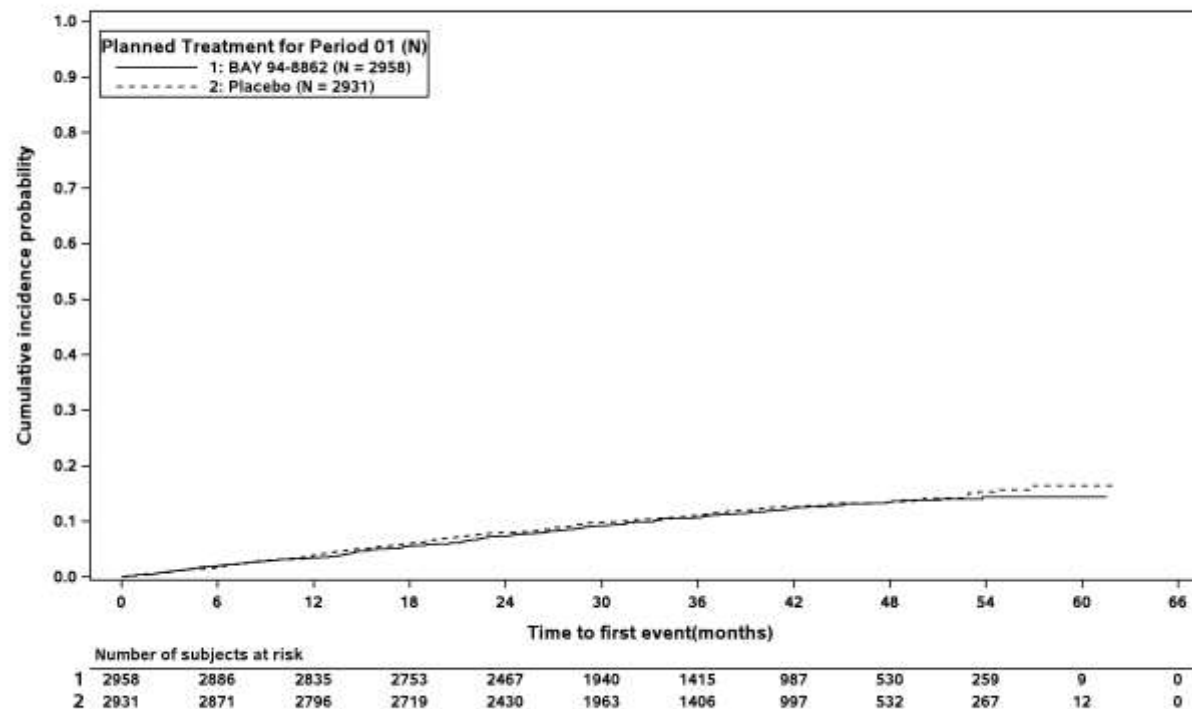
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 45: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
 Age group (years) 3rd category: < 65 years



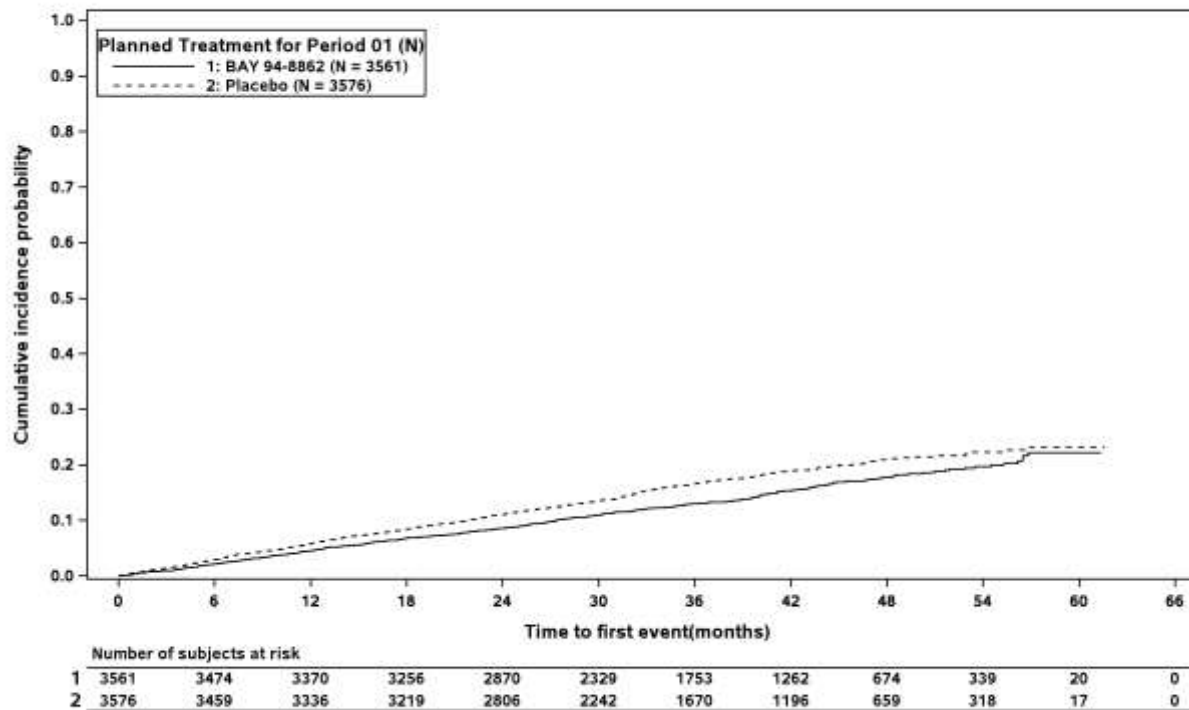
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 45: Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to first occurrence of CV death or non-fatal CV event (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years

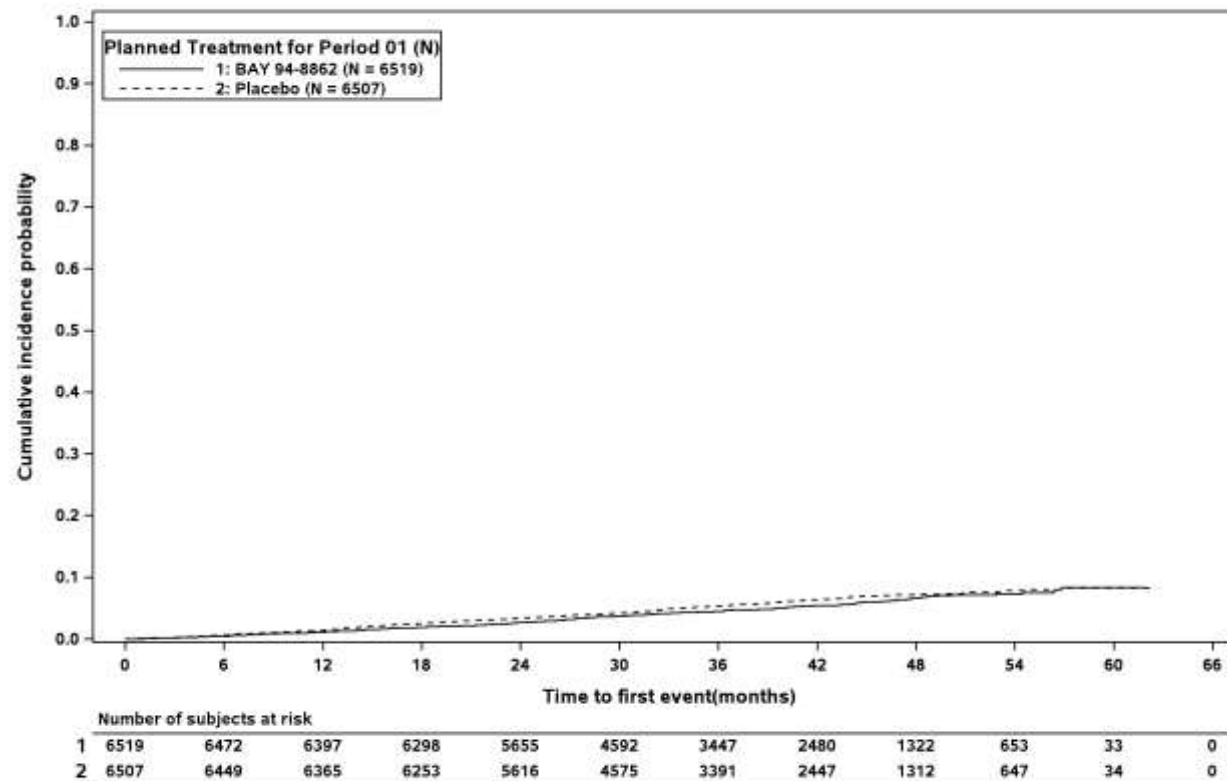


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 46: Time to CV death (months): Kaplan-Meier curves (full analysis set)

Time to CV death (months): Kaplan-Meier curves (full analysis set)

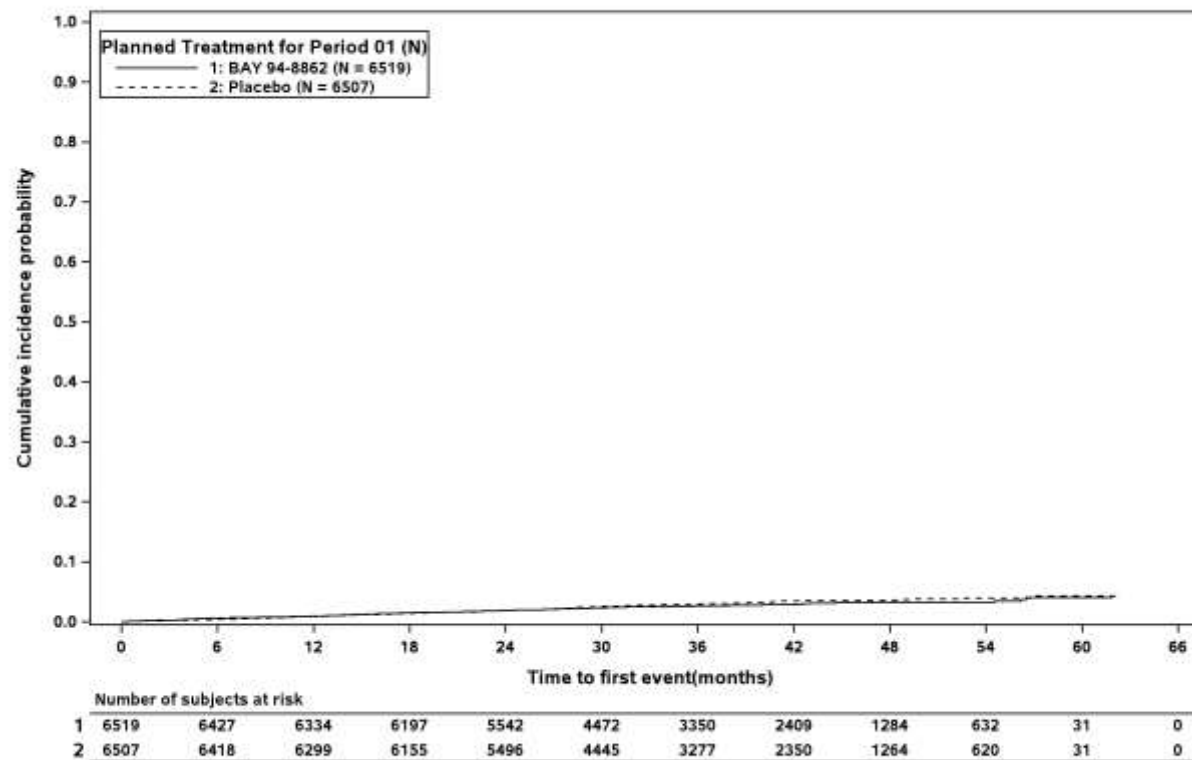


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 47: Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set)

Time to first occurrence of non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set)

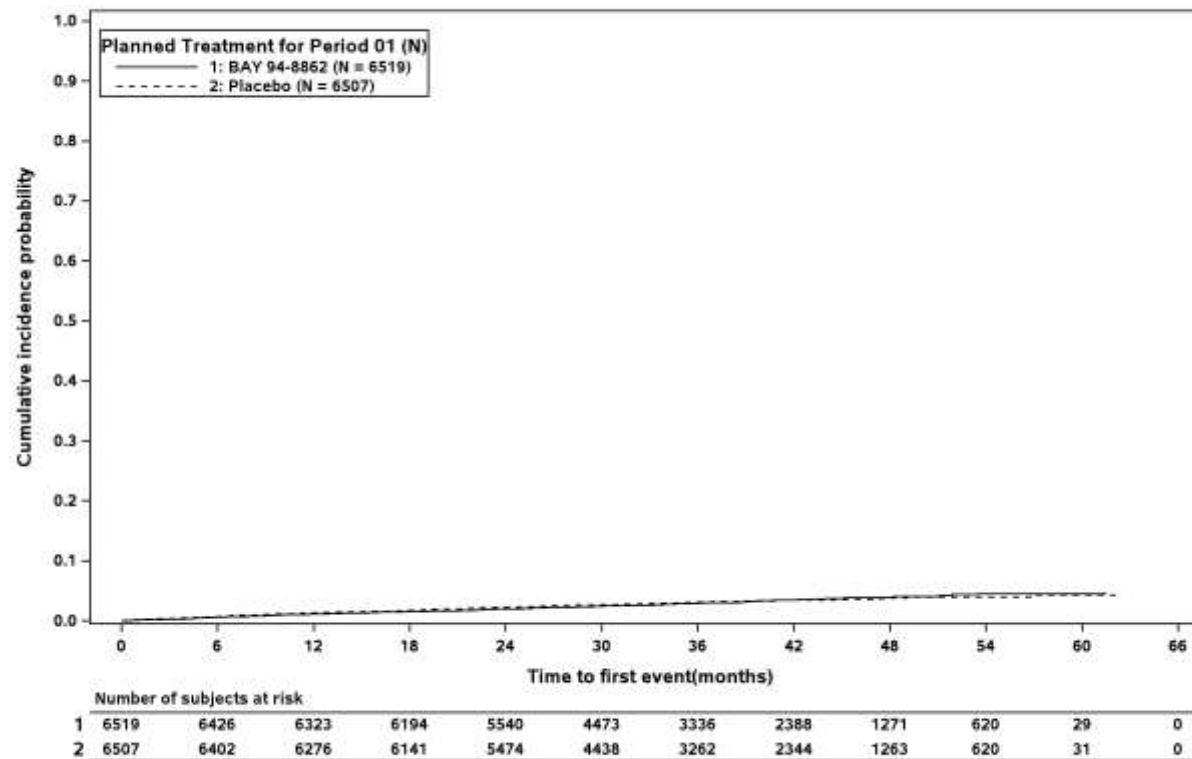


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 48: Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set)

Time to first occurrence of non-fatal stroke (months): Kaplan-Meier curves (full analysis set)

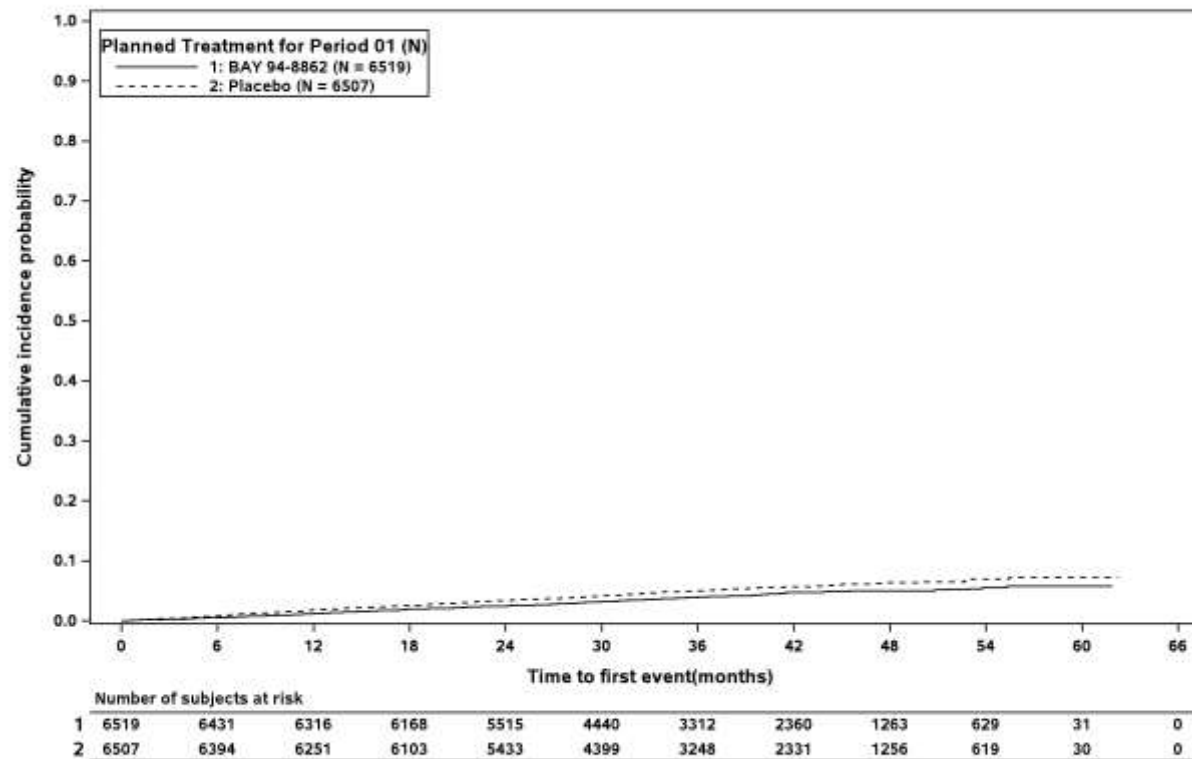


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 49: Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set)

Time to hospitalization due to heart failure (months): Kaplan-Meier curves (full analysis set)

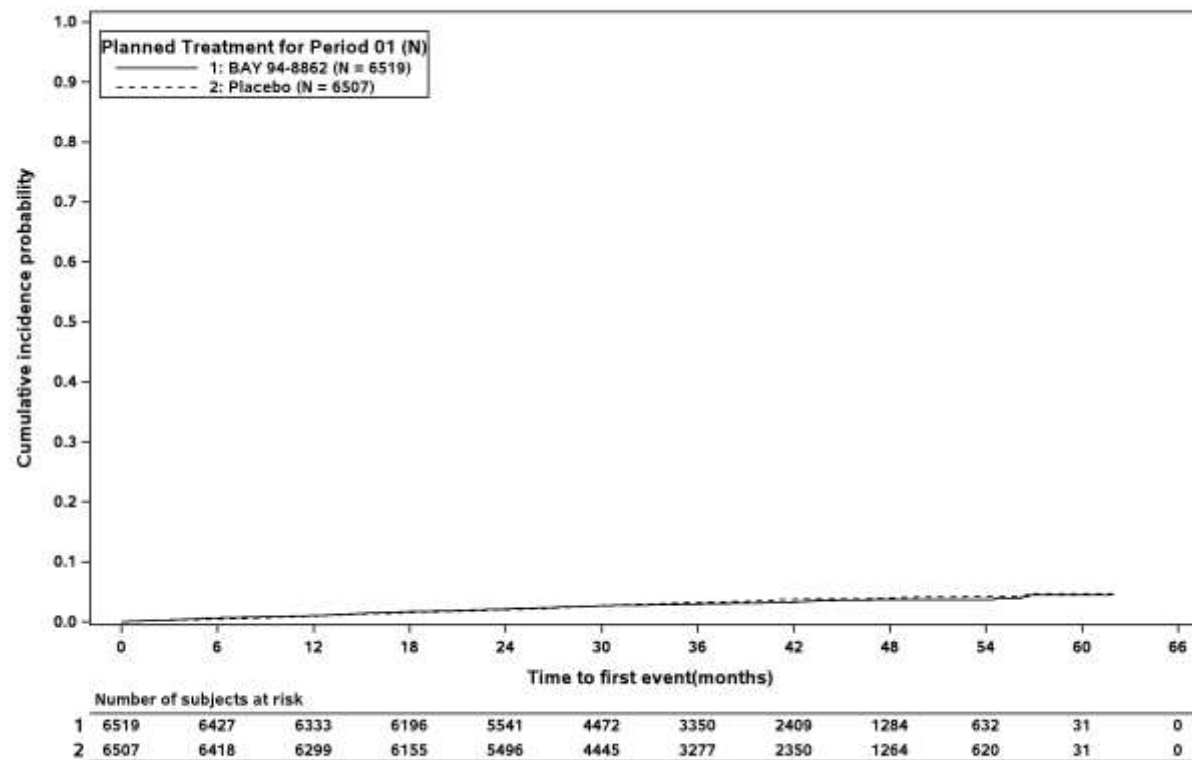


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 50: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves (full analysis set)



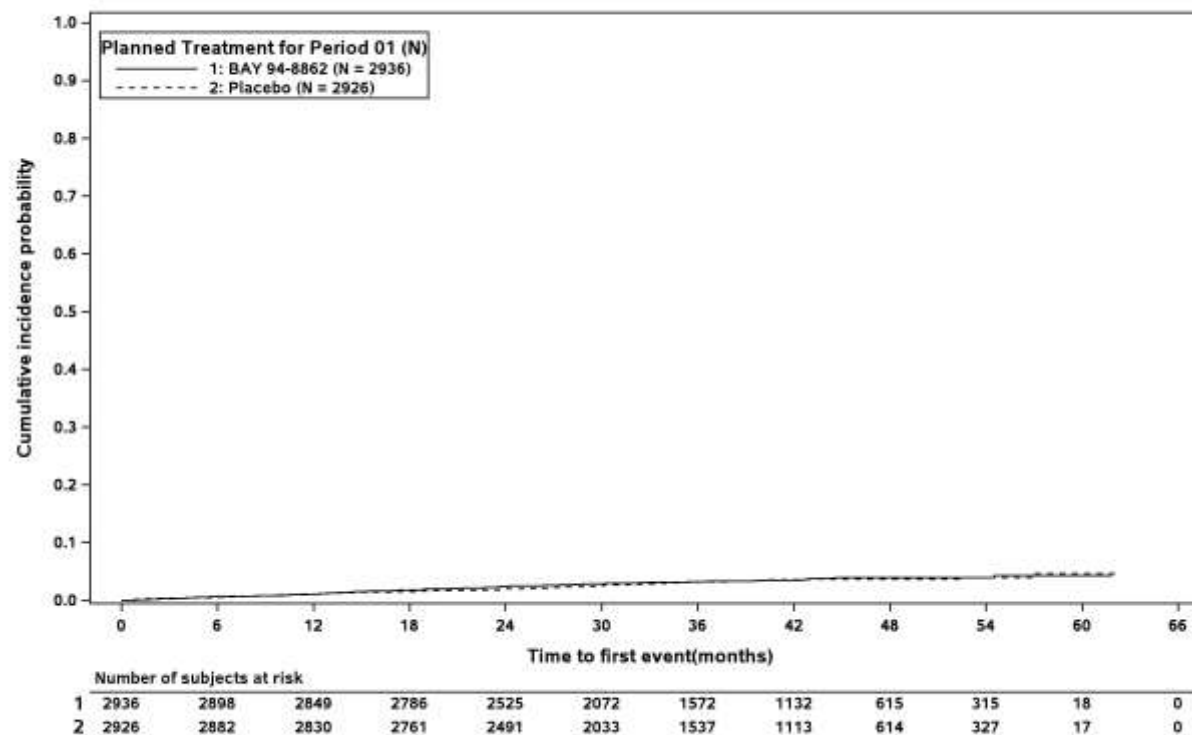
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



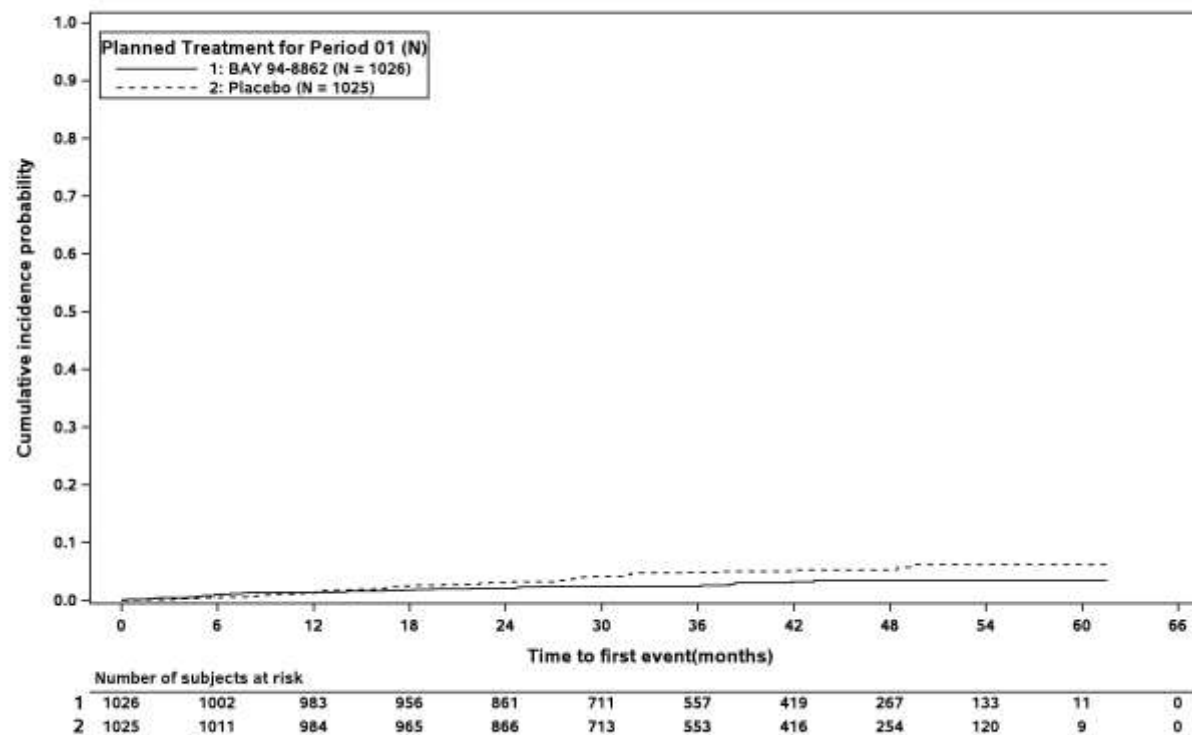
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



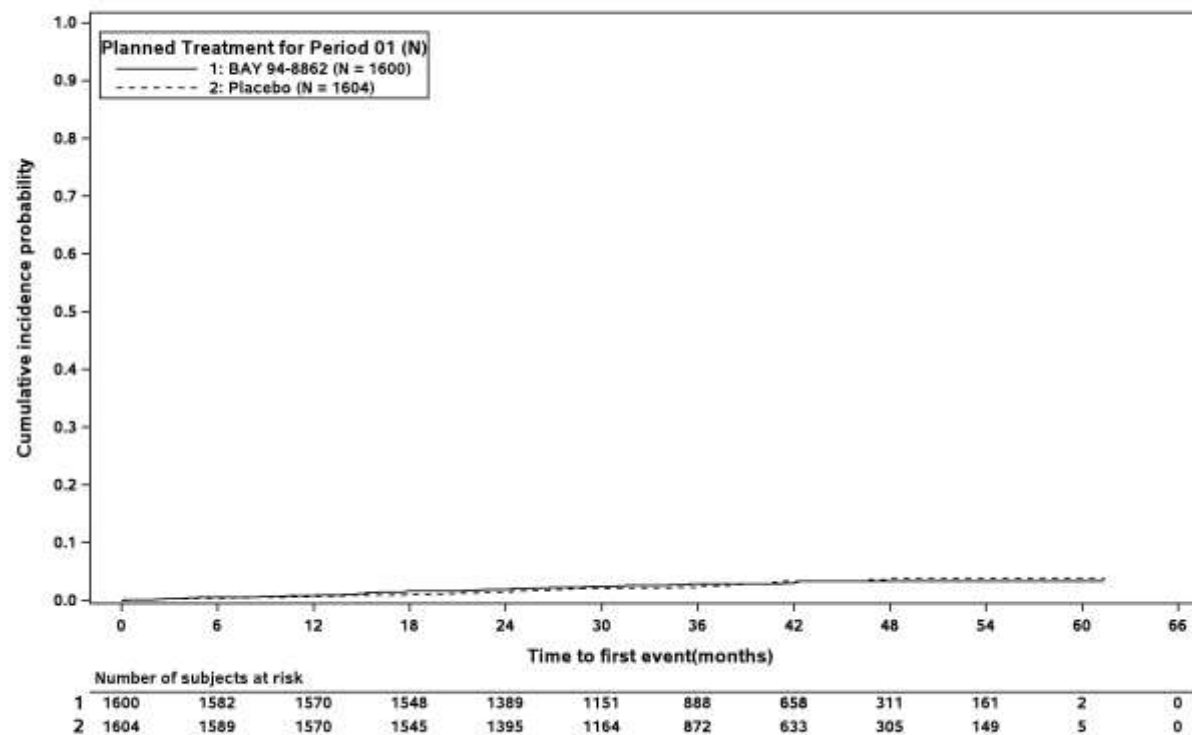
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



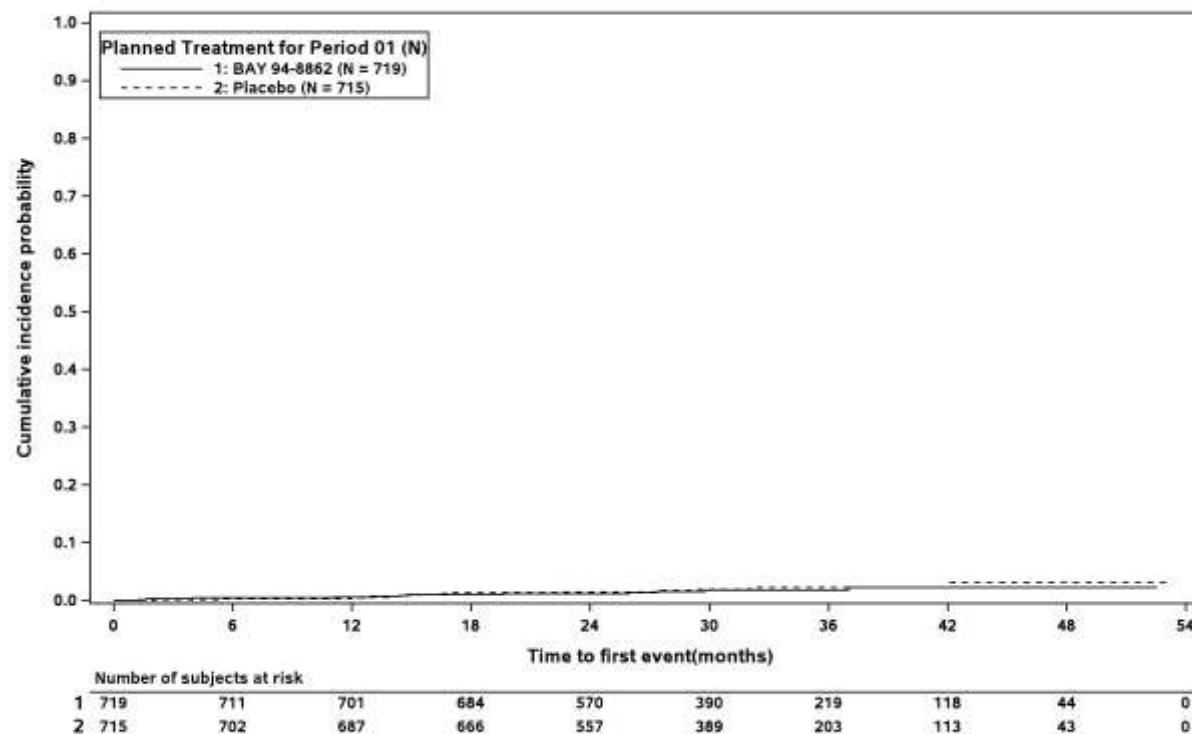
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



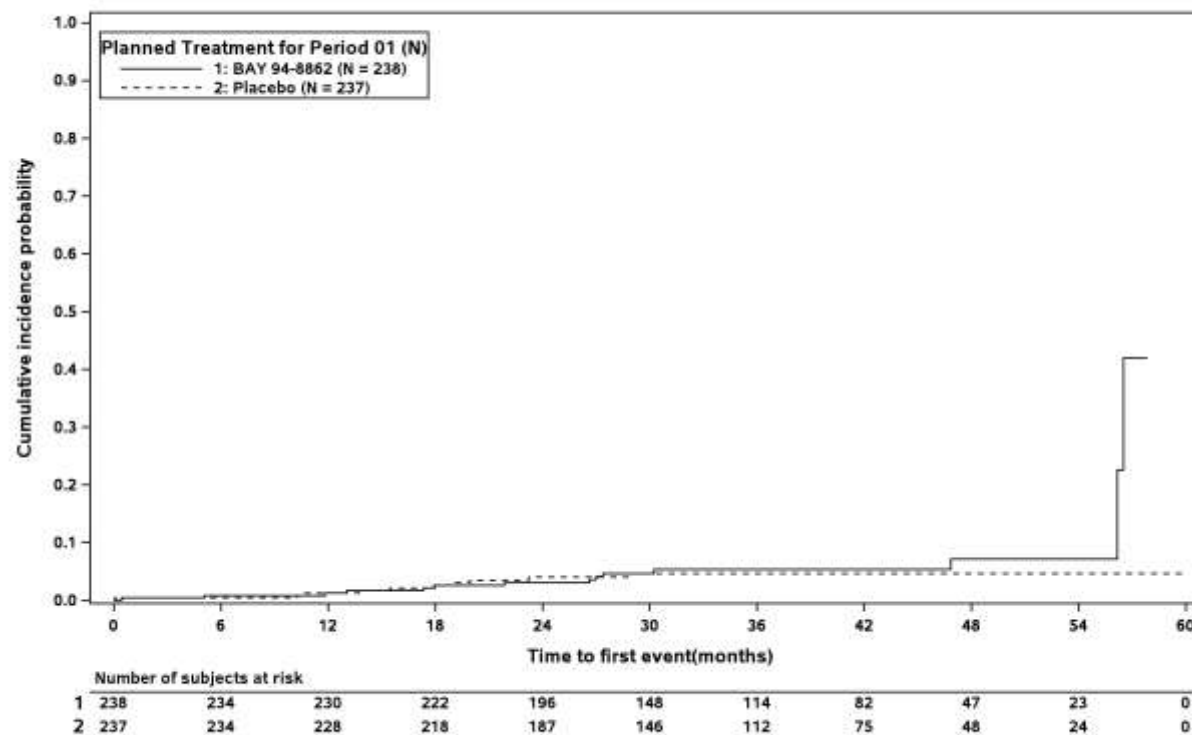
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 51: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



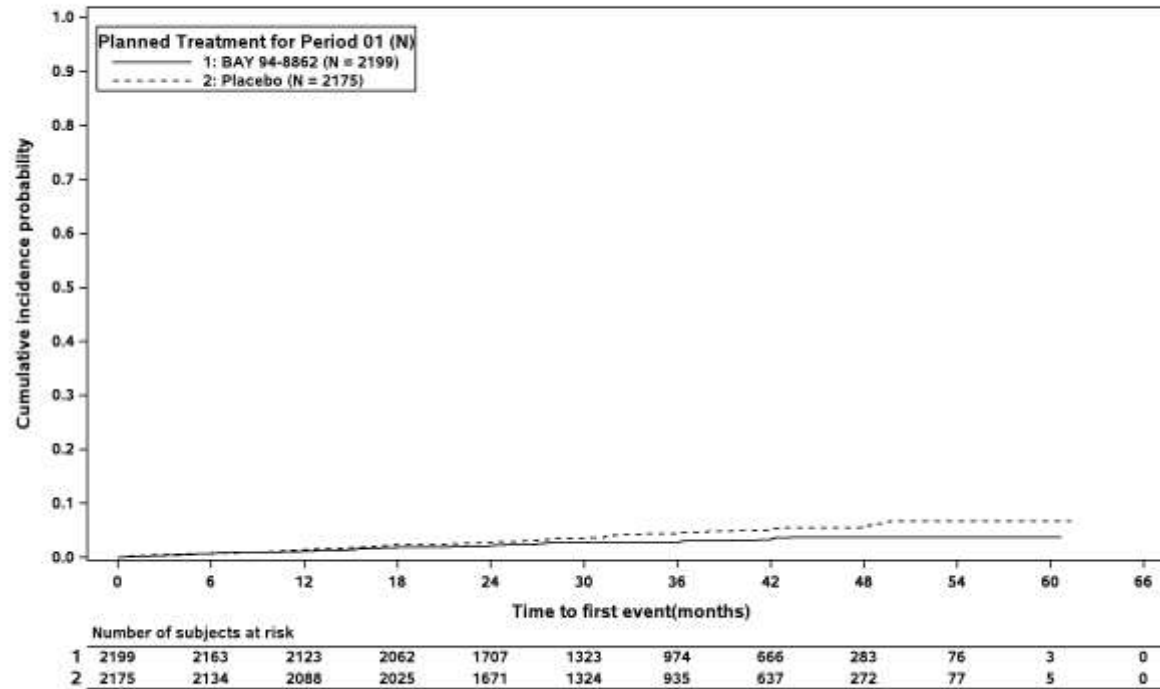
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



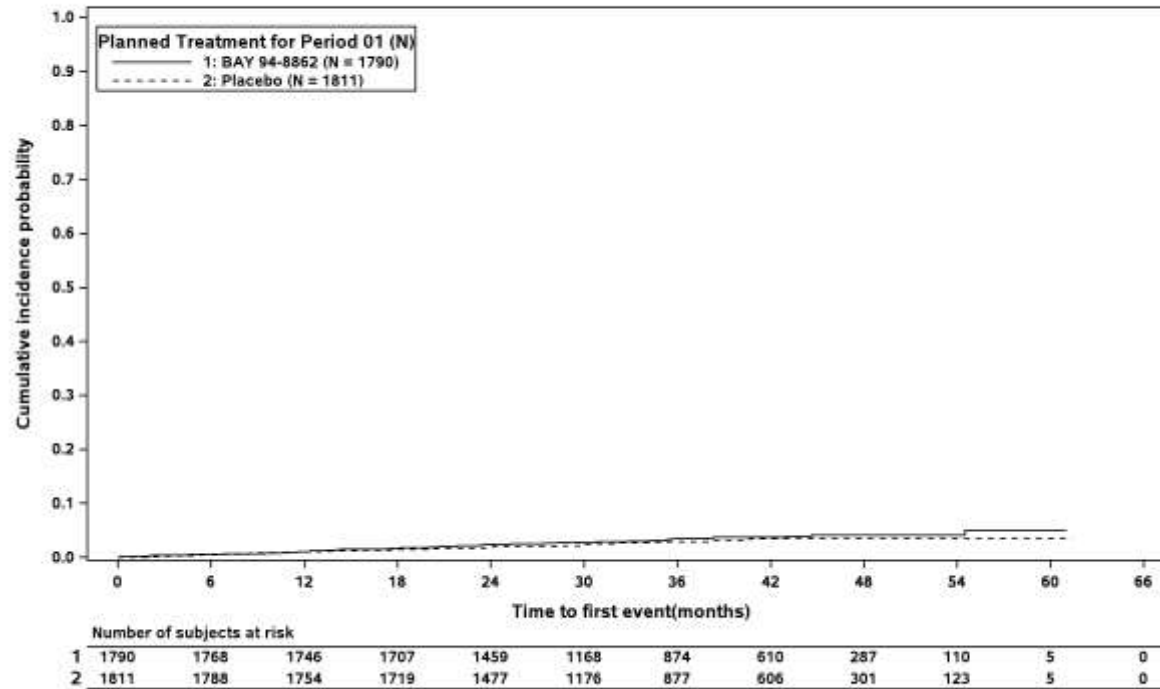
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



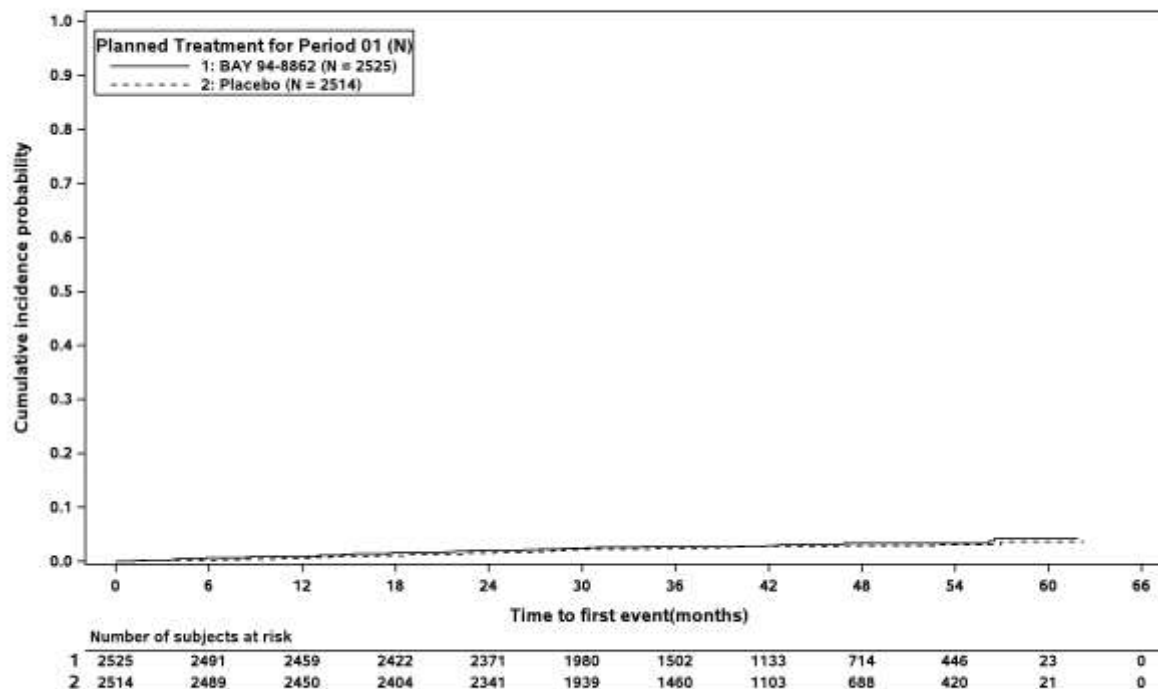
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 52: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2



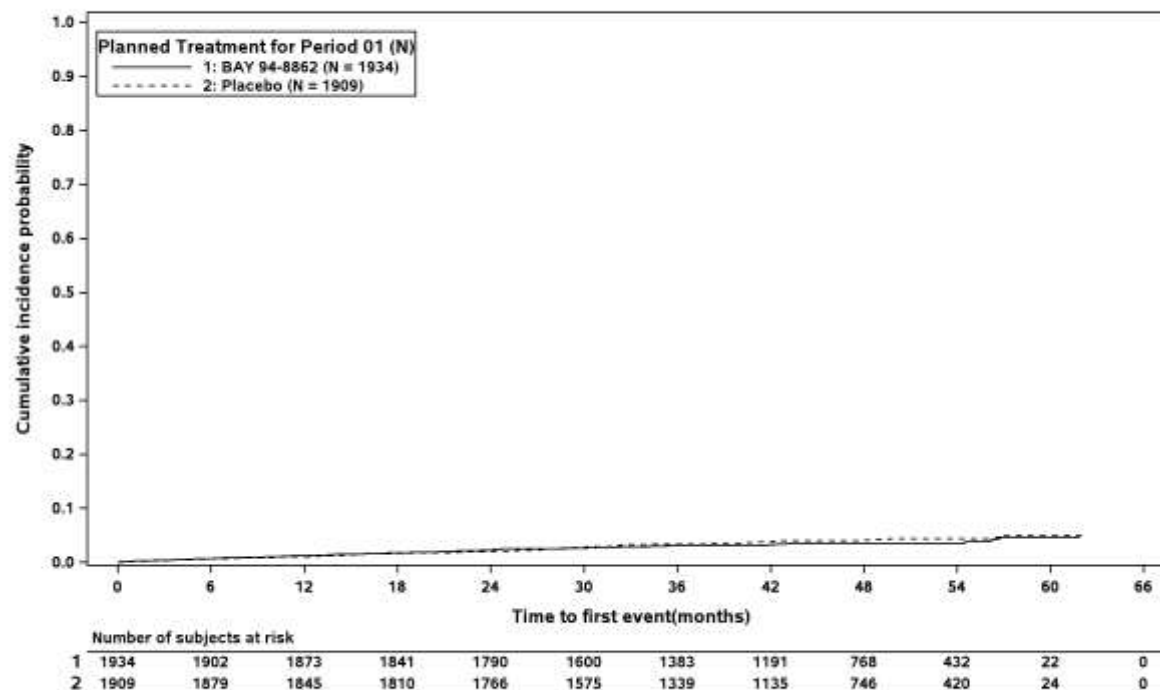
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



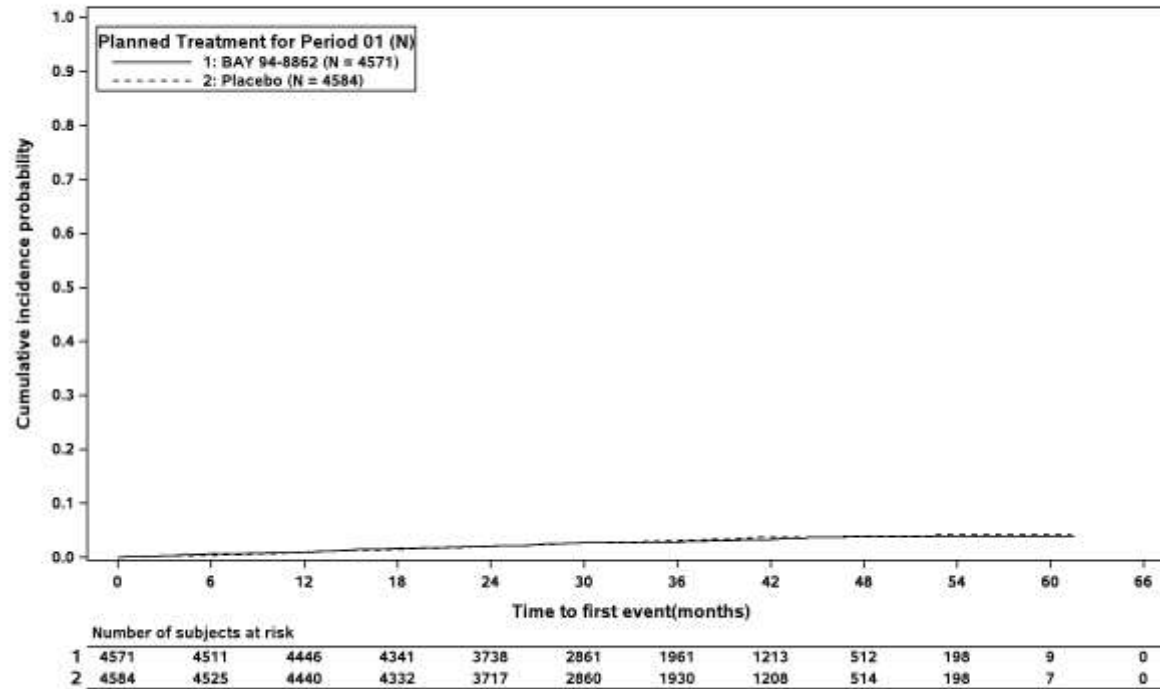
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 53: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



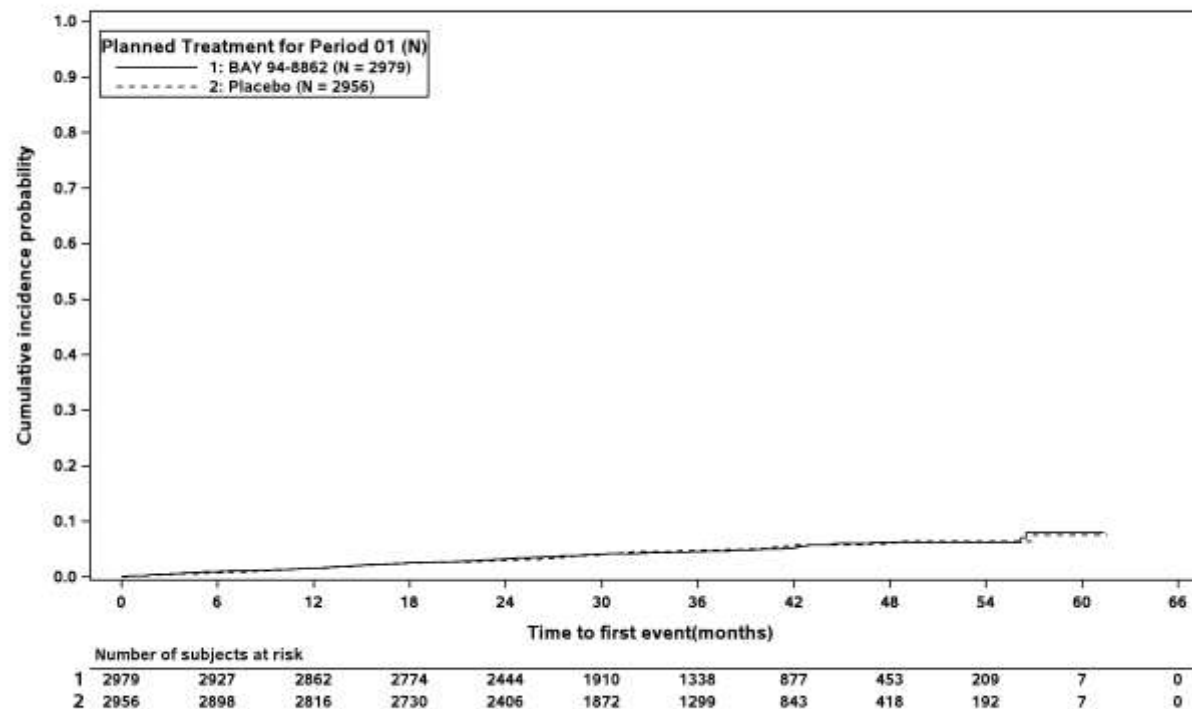
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 54: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



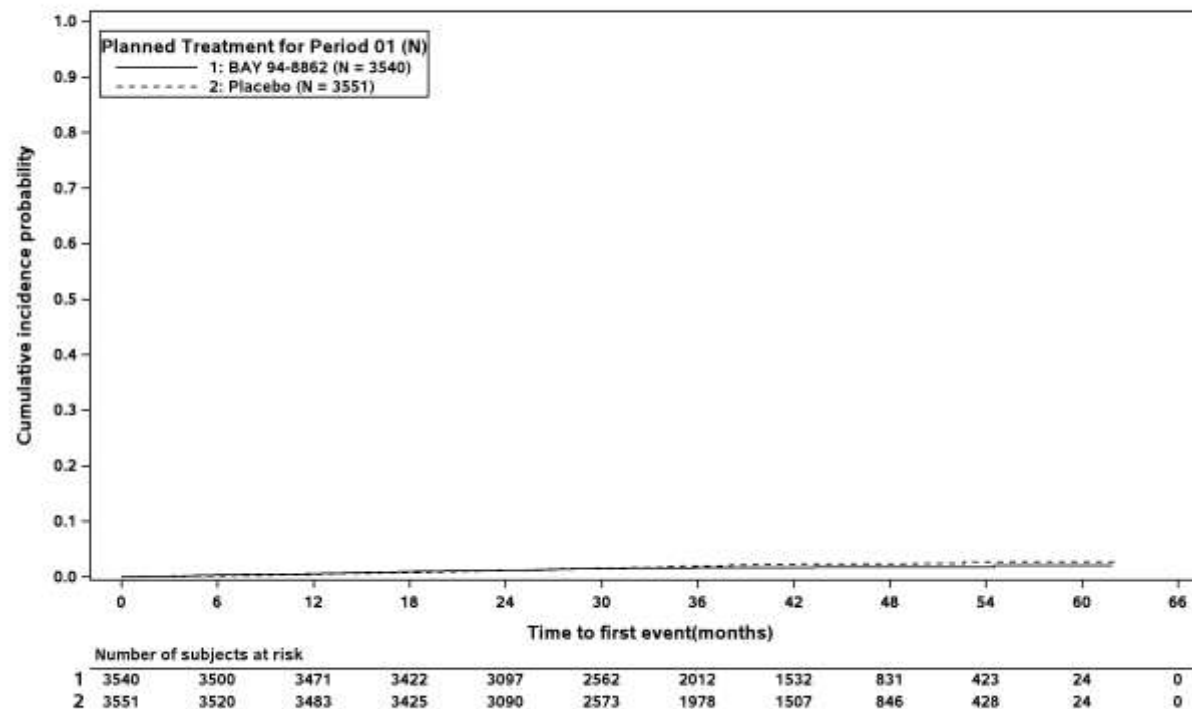
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 54: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



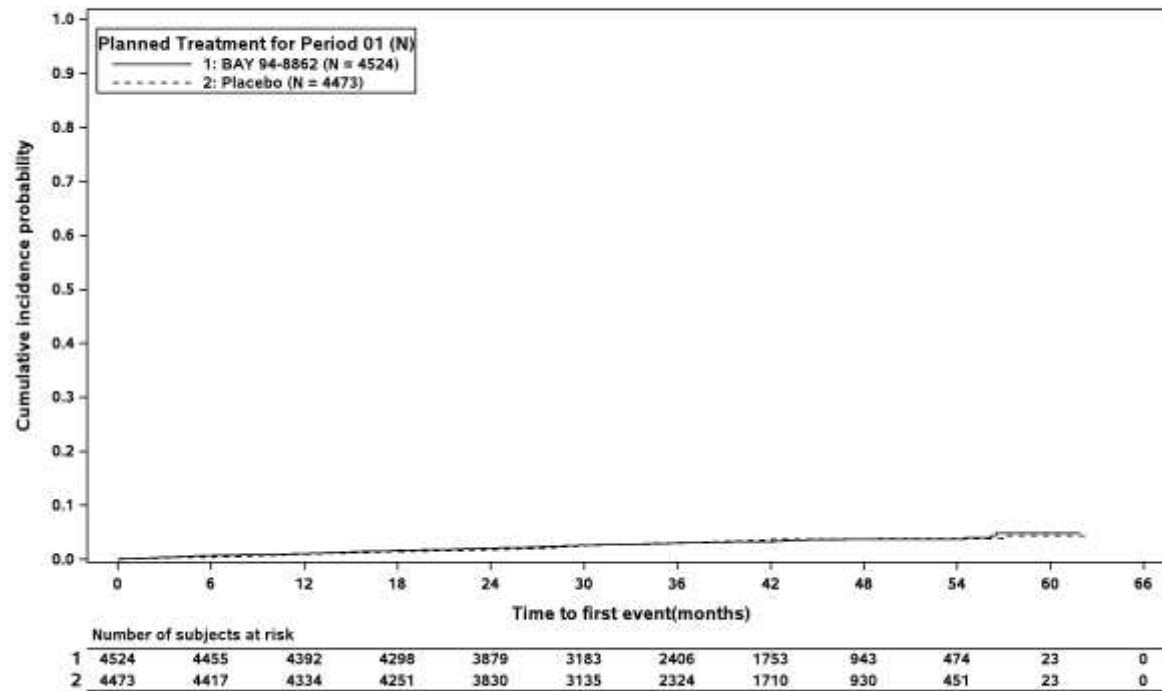
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 55: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L



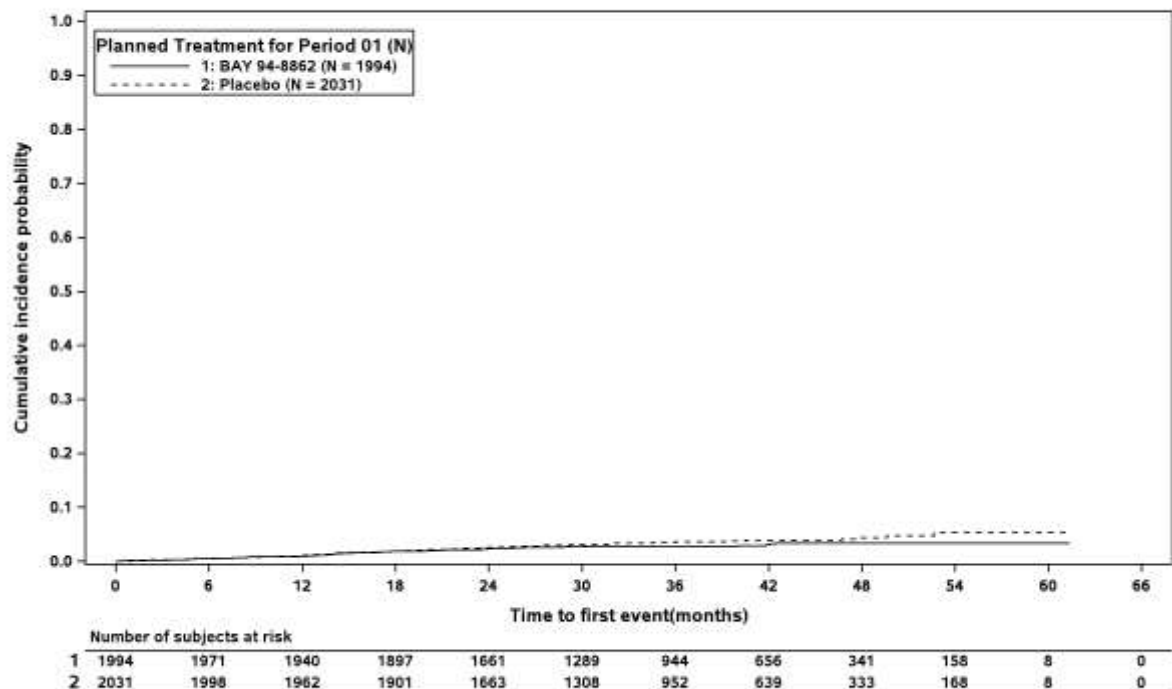
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Bayer: /var/swan/root/bhc/948862/17350/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 55: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



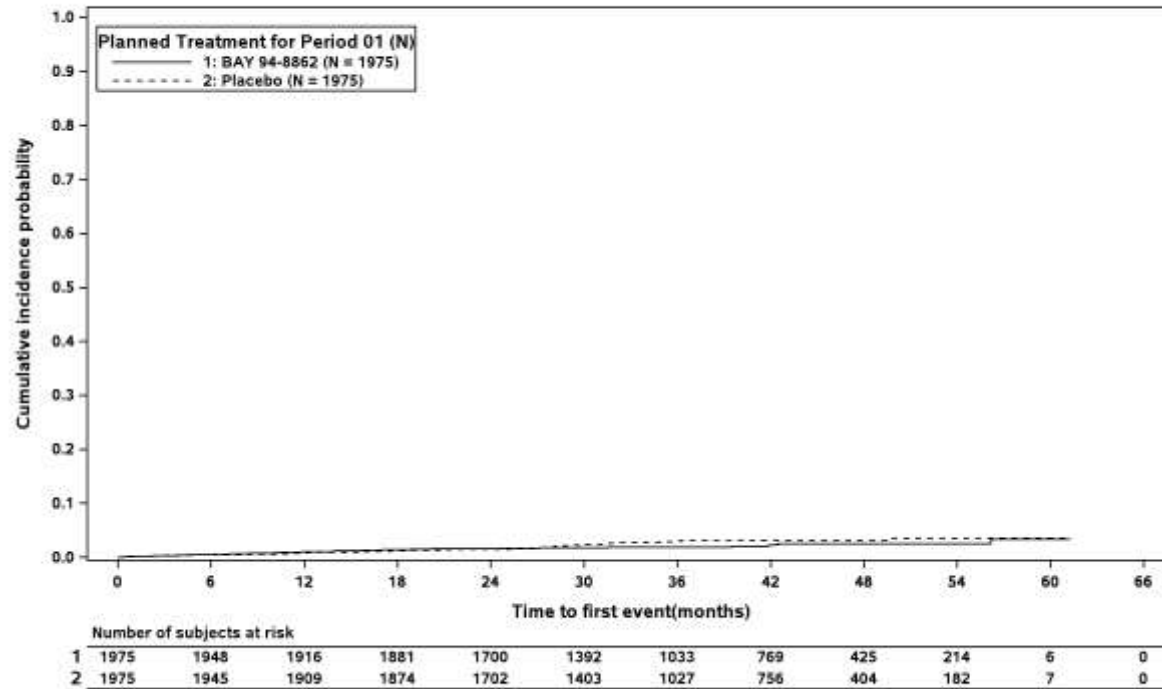
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 56: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



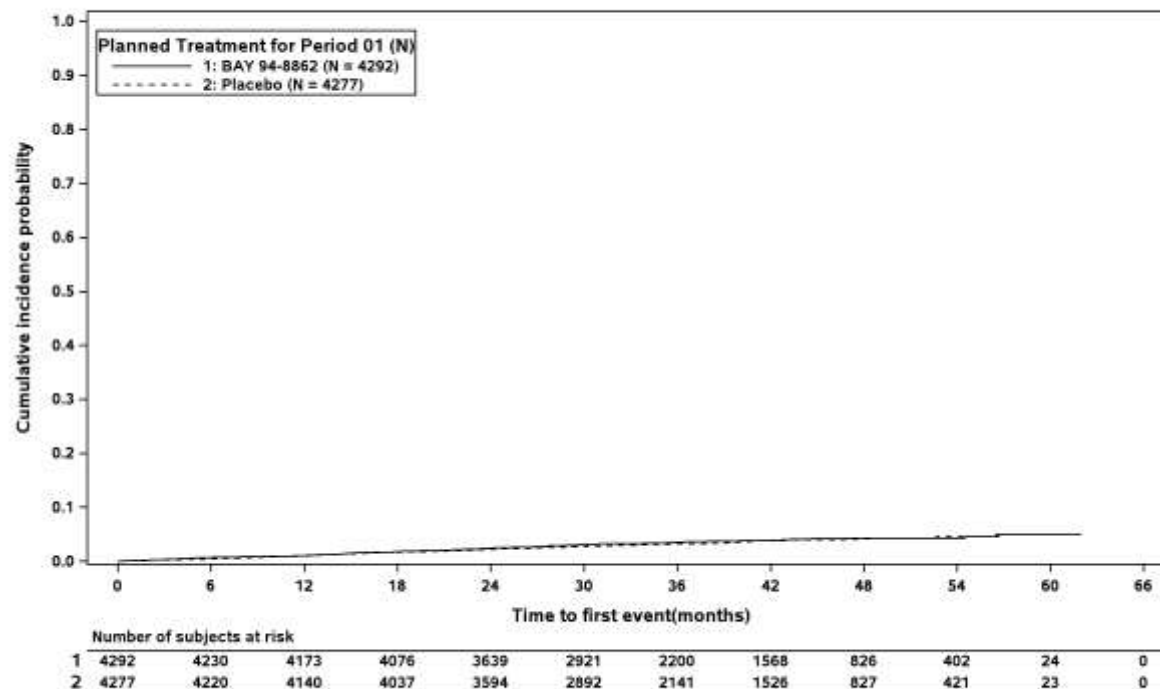
At-risk subject counts were calculated as at start of timepoint.

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Figure 1.3.1 / 56: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



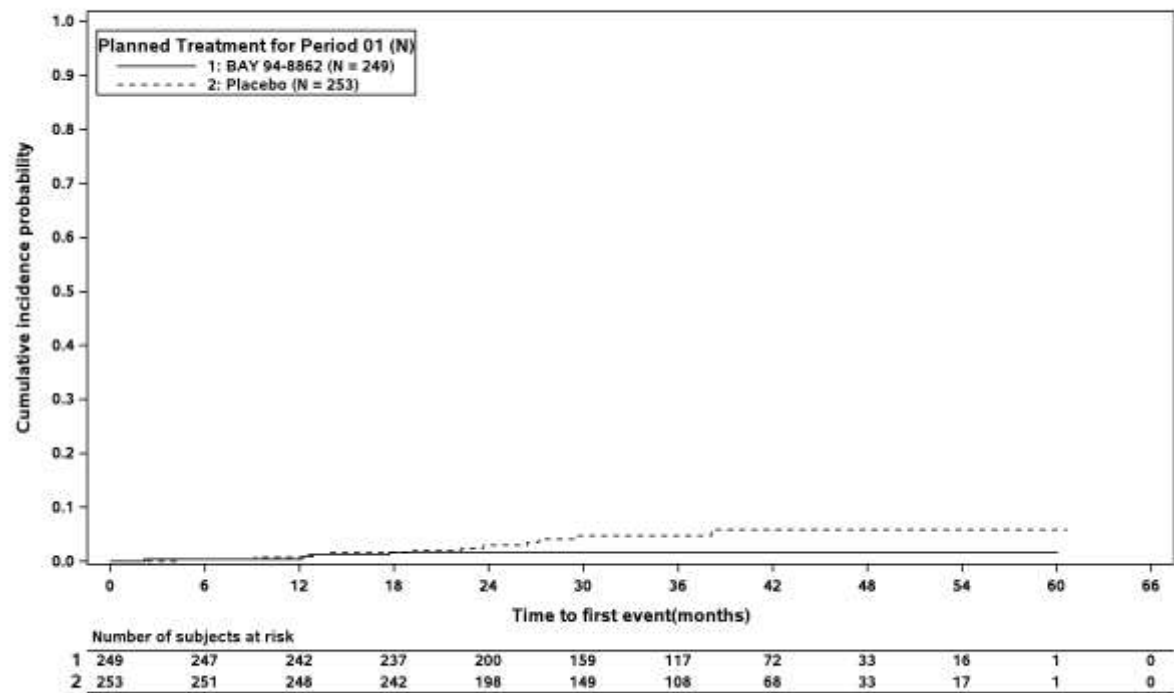
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 56: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



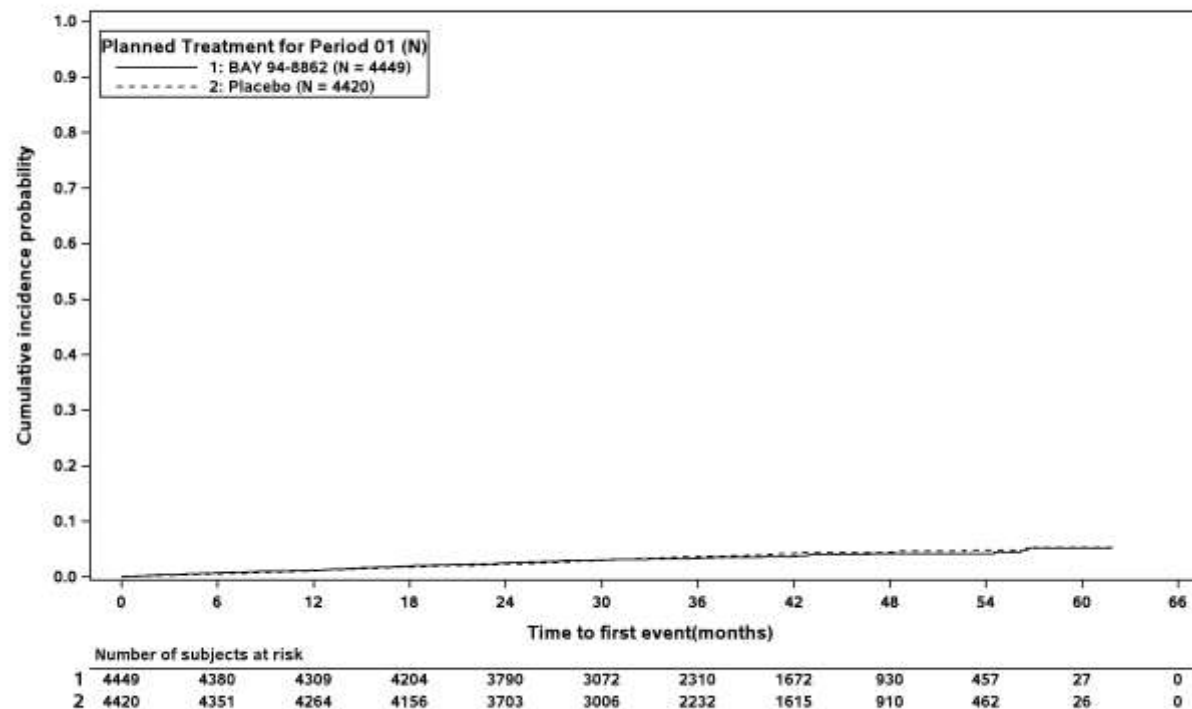
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 57: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



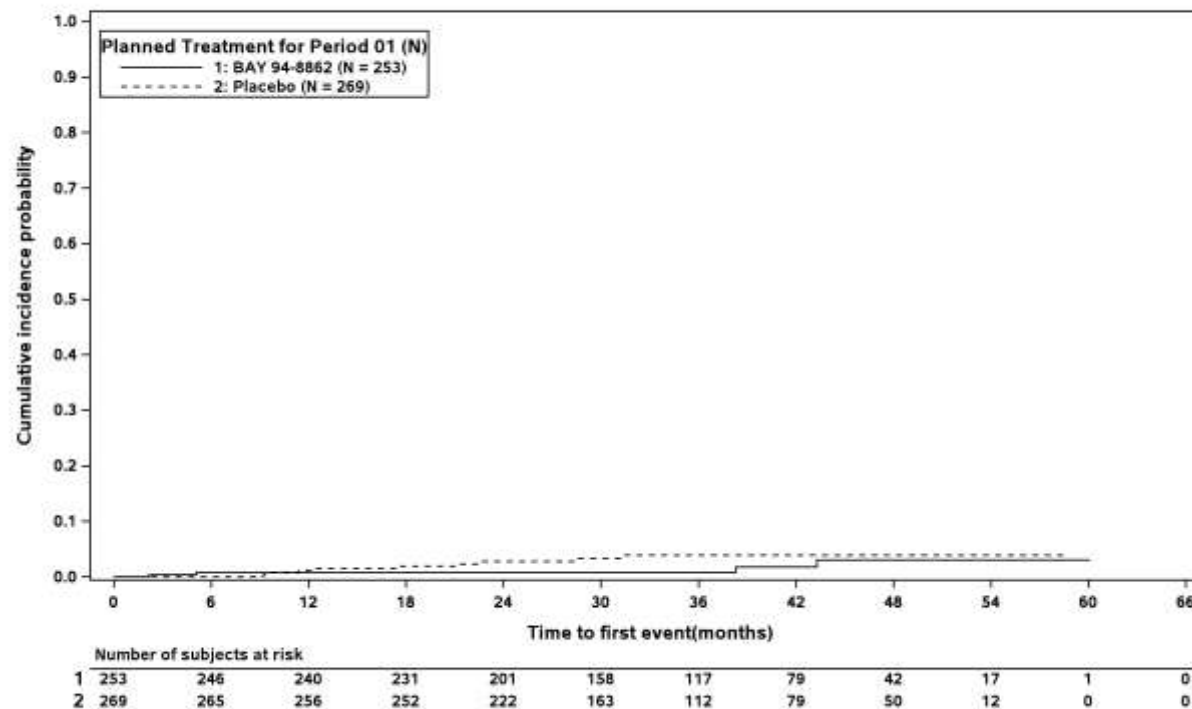
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 57: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



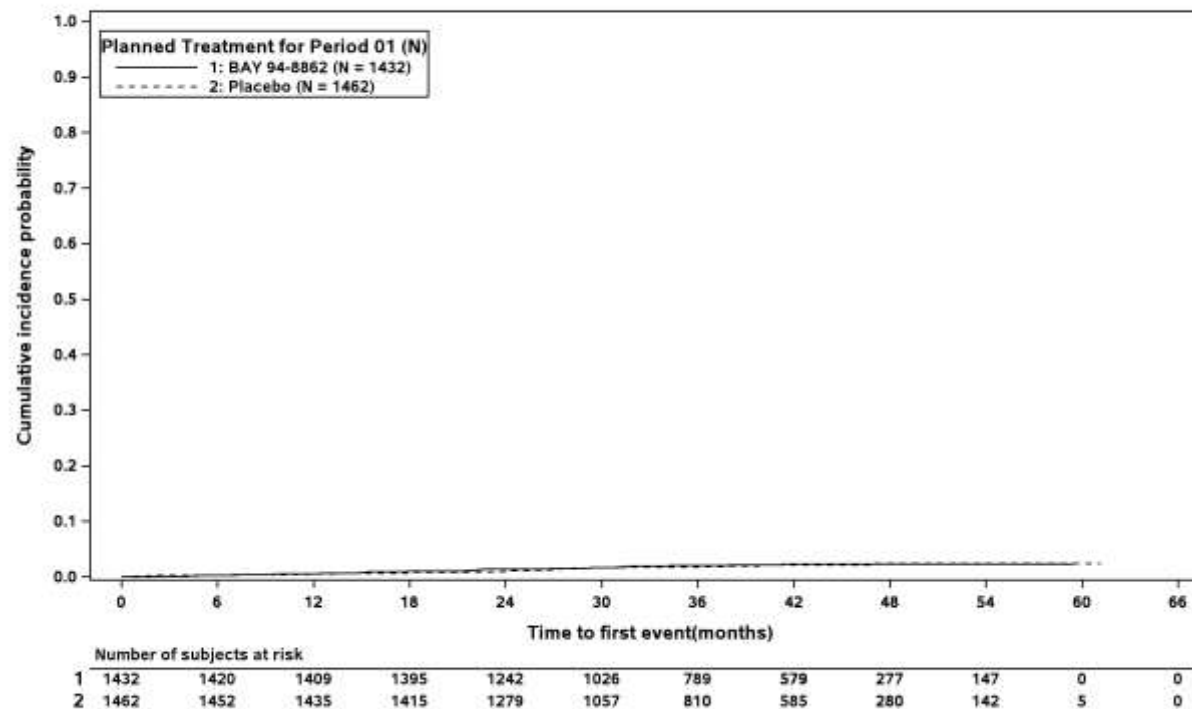
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 57: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



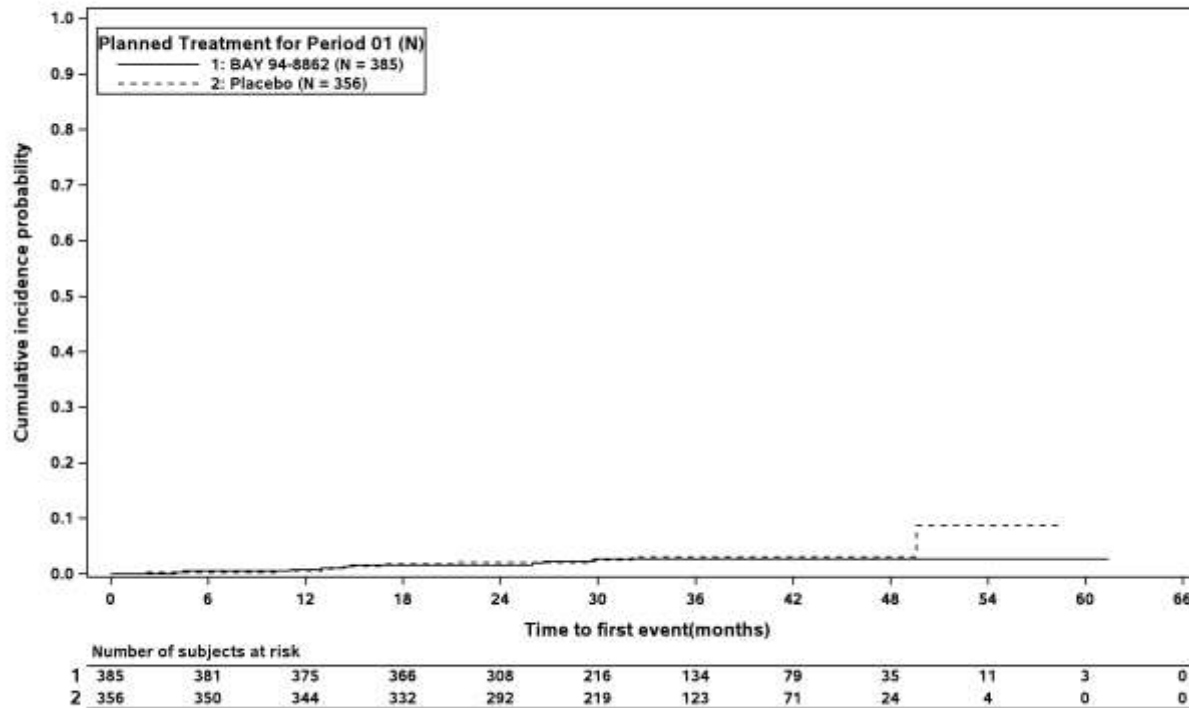
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 57: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



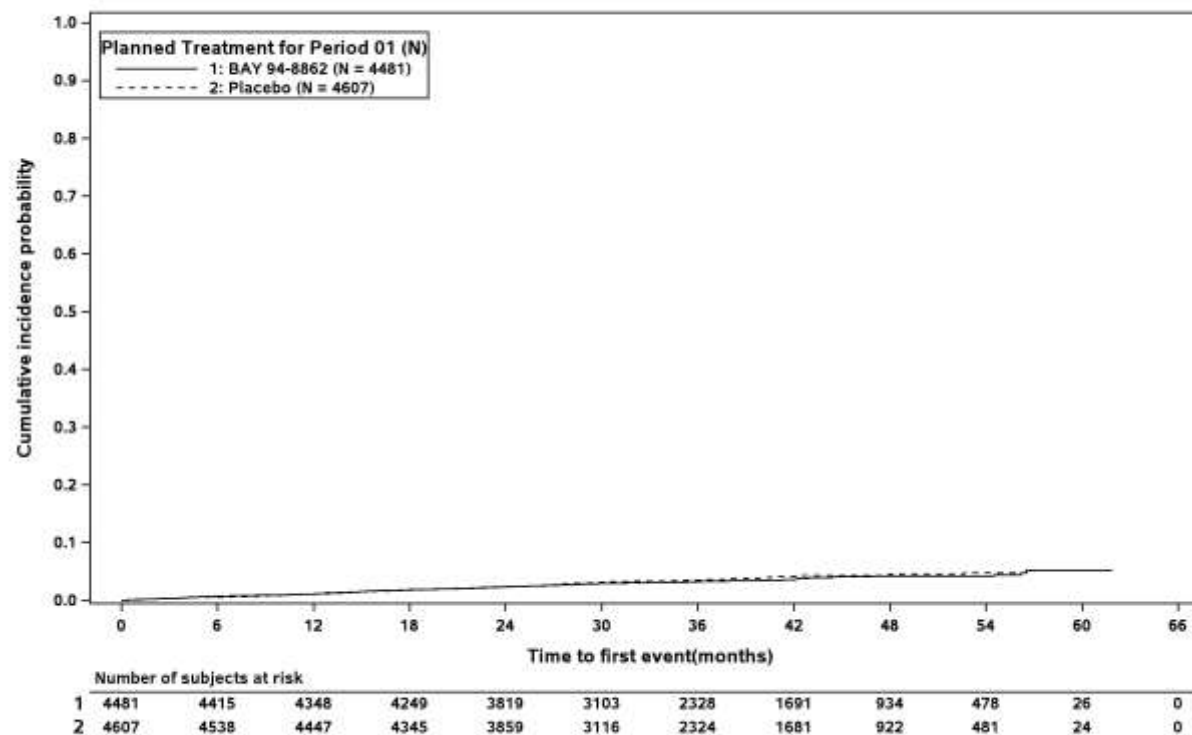
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Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 58: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



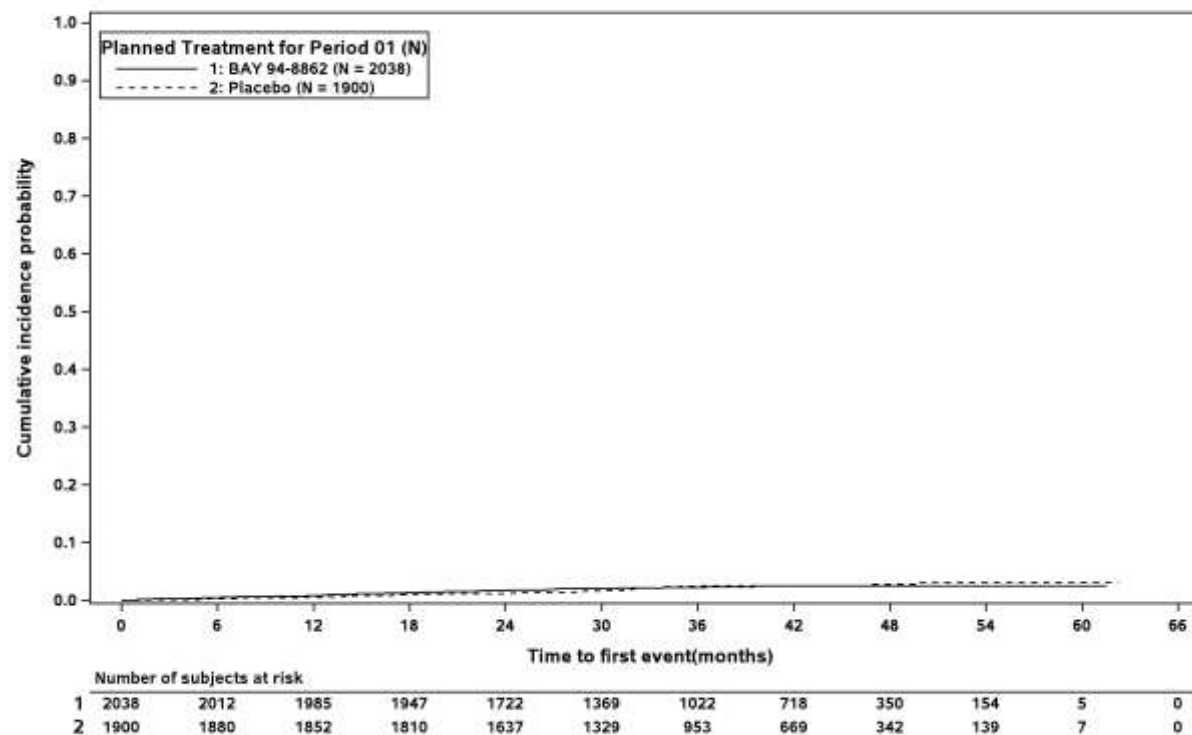
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 58: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



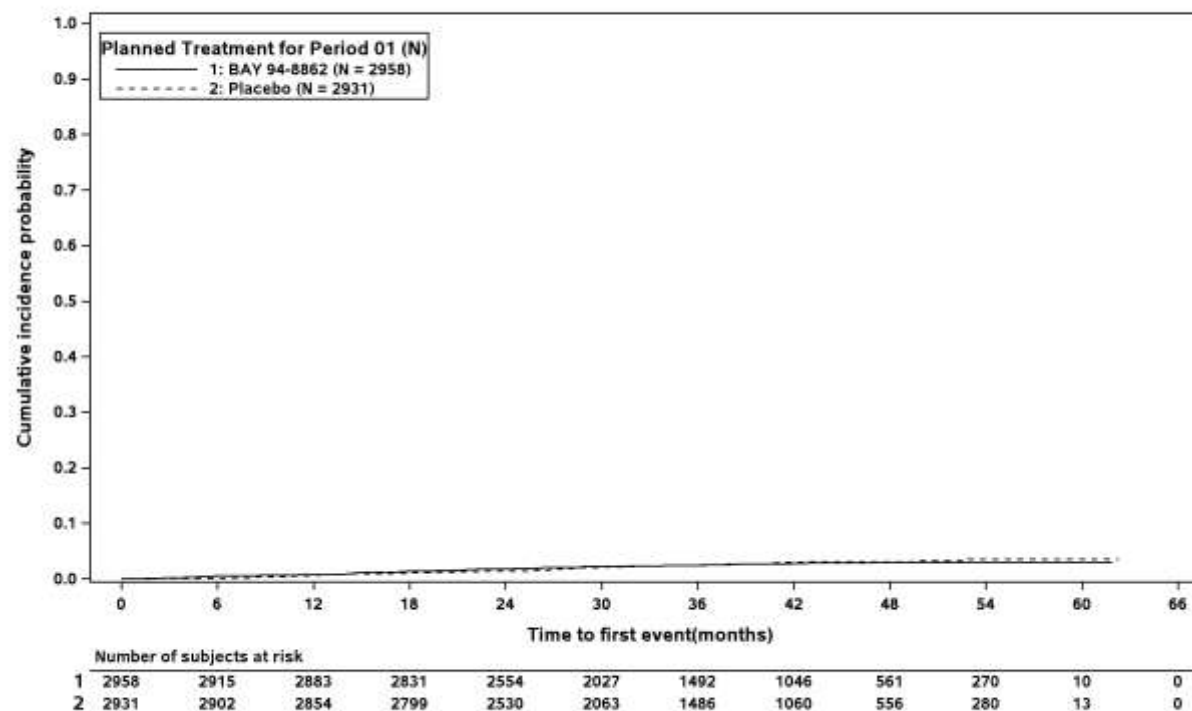
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 59: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



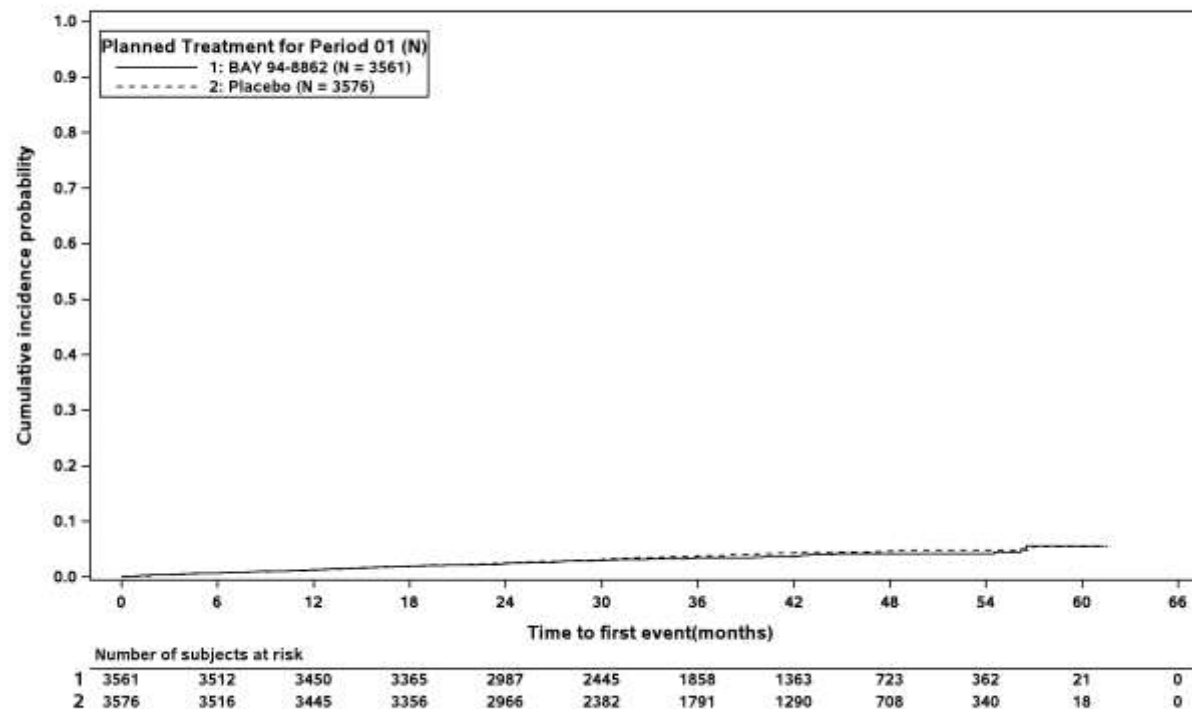
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 59: Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to fatal or non-fatal myocardial infarction (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years

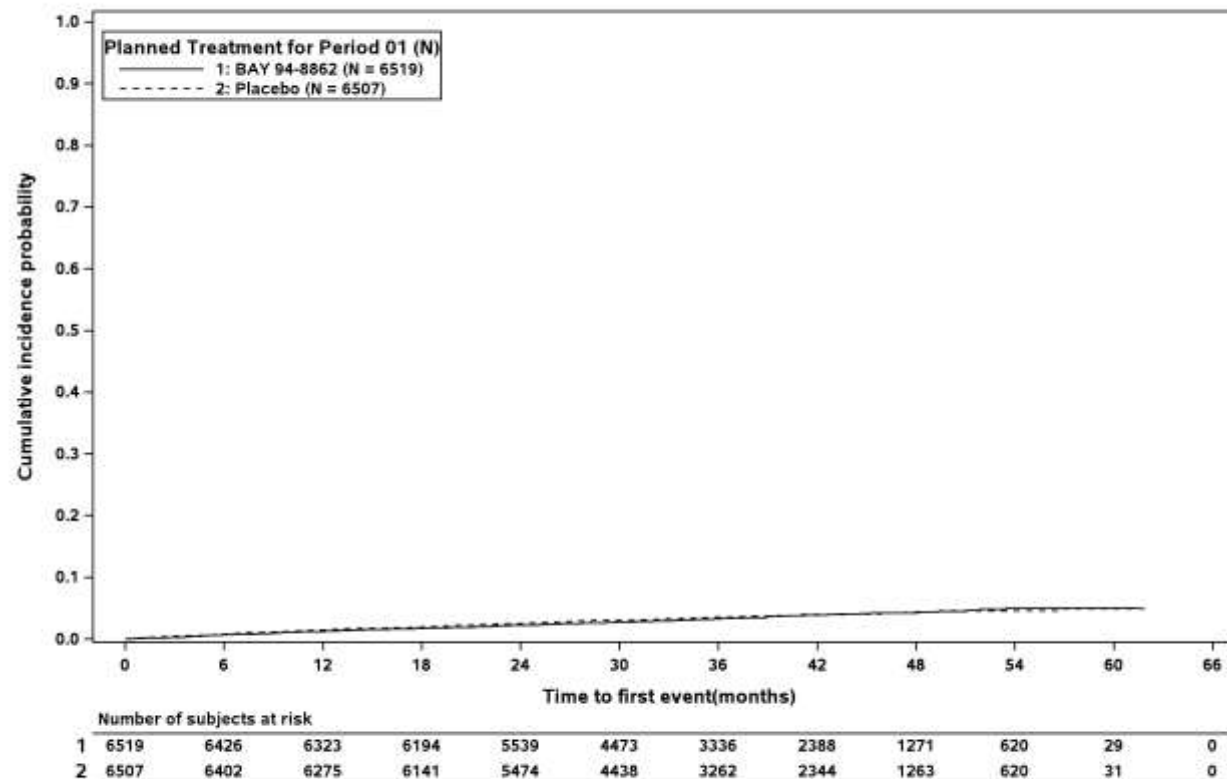


At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 60: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves (full analysis set)



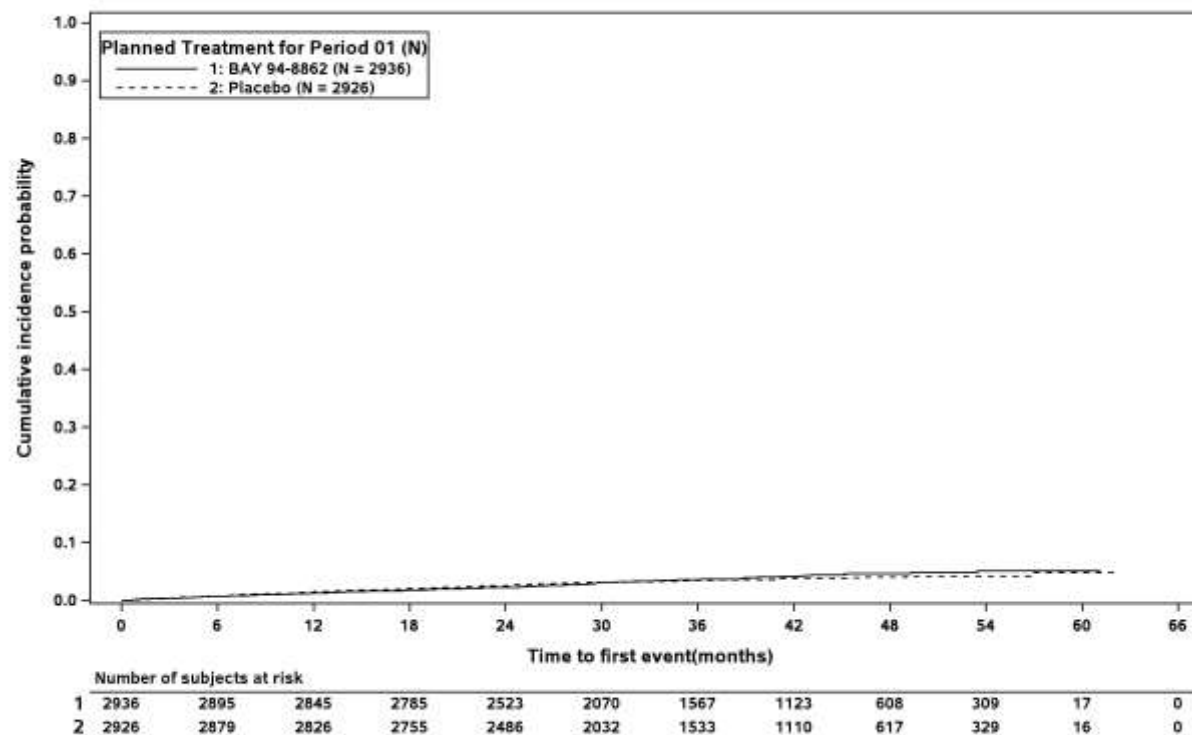
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



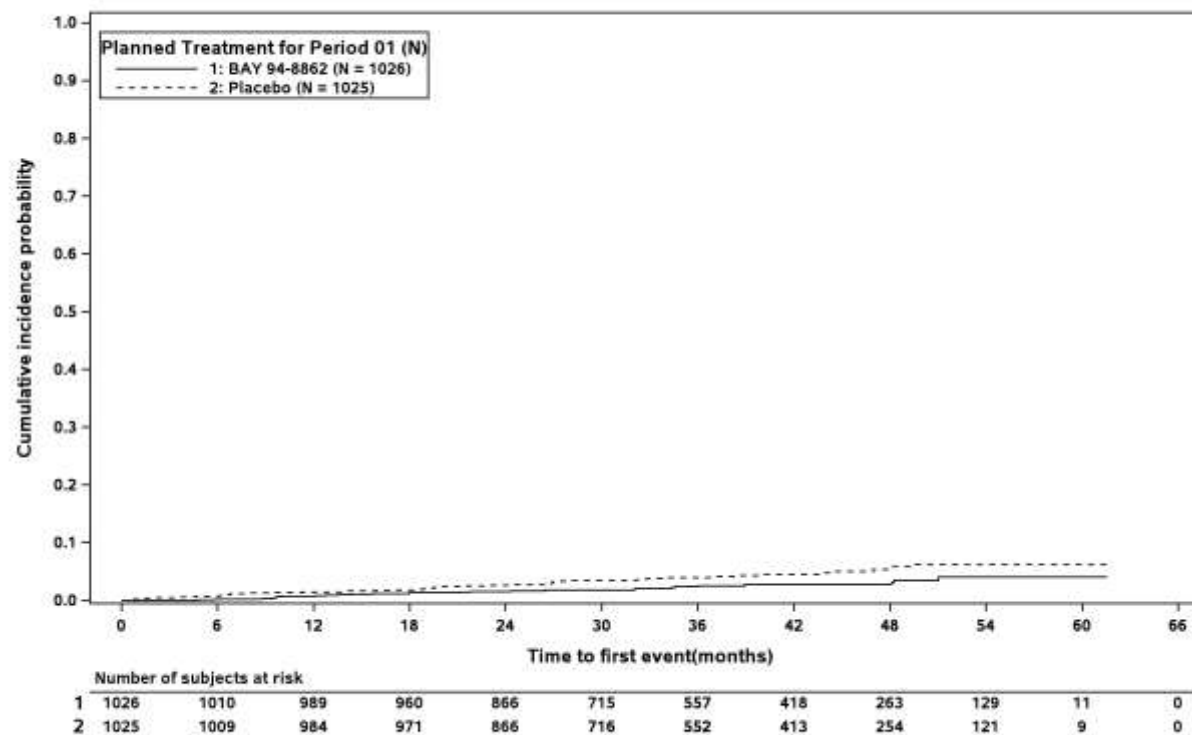
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



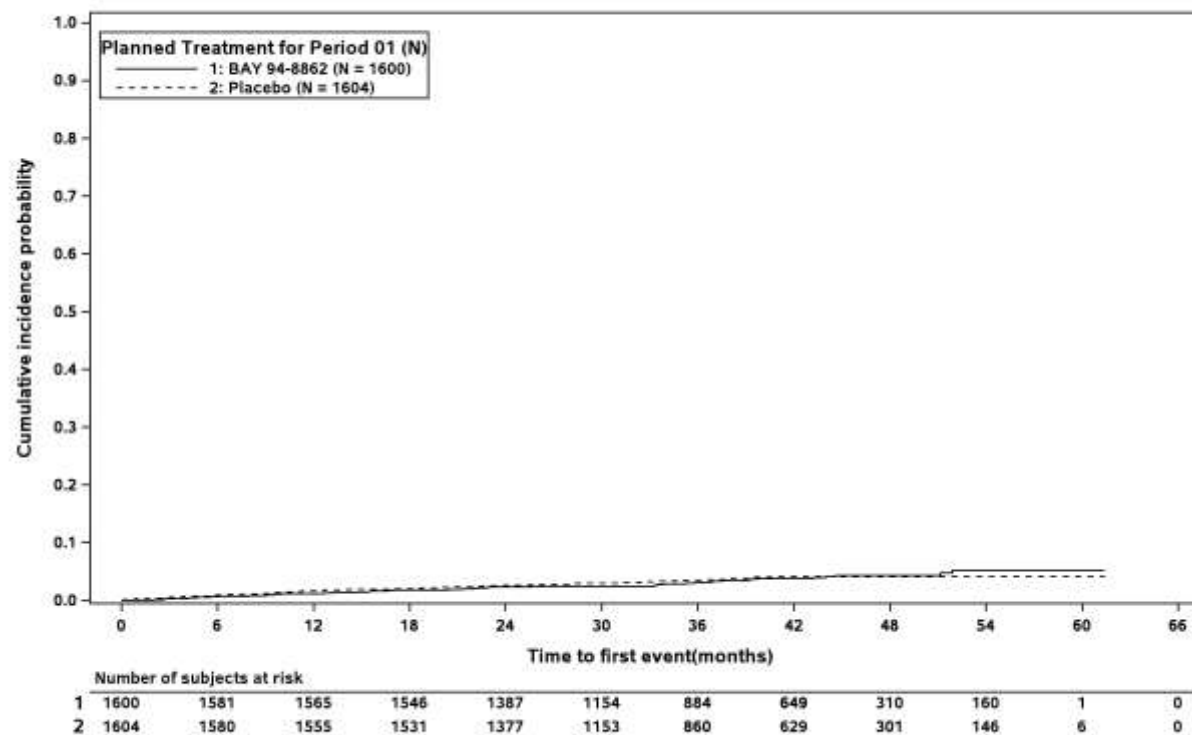
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



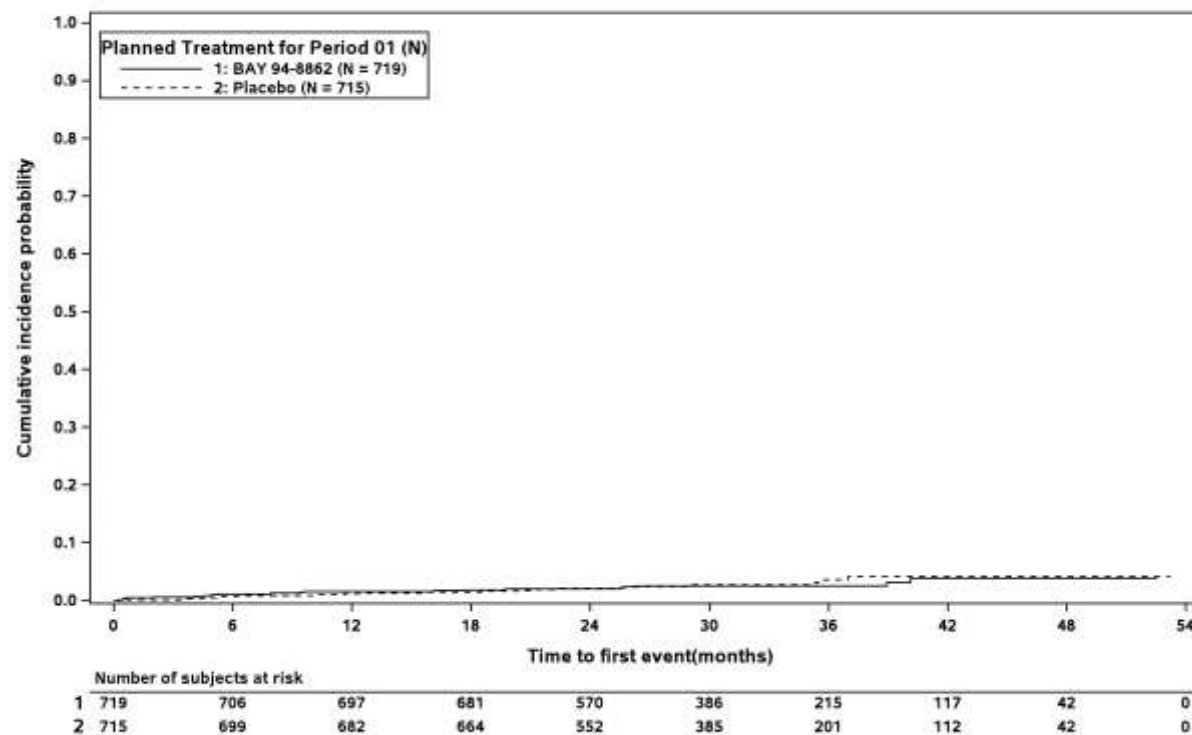
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



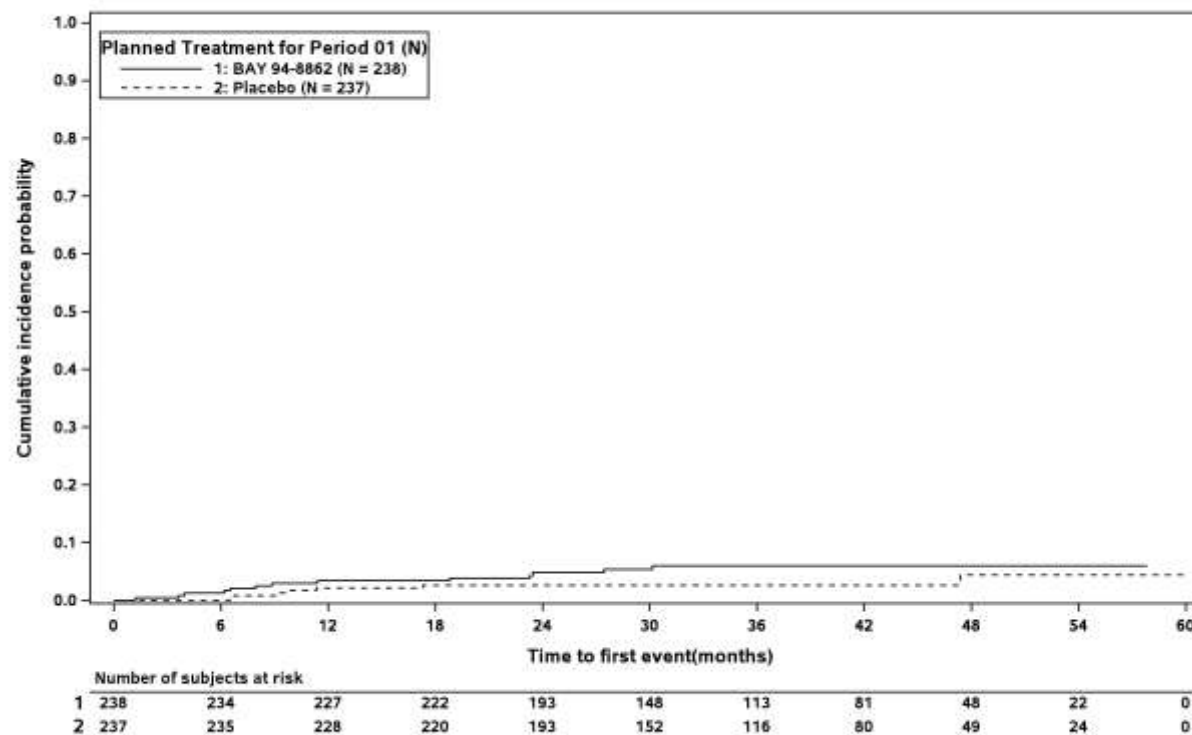
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 61: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



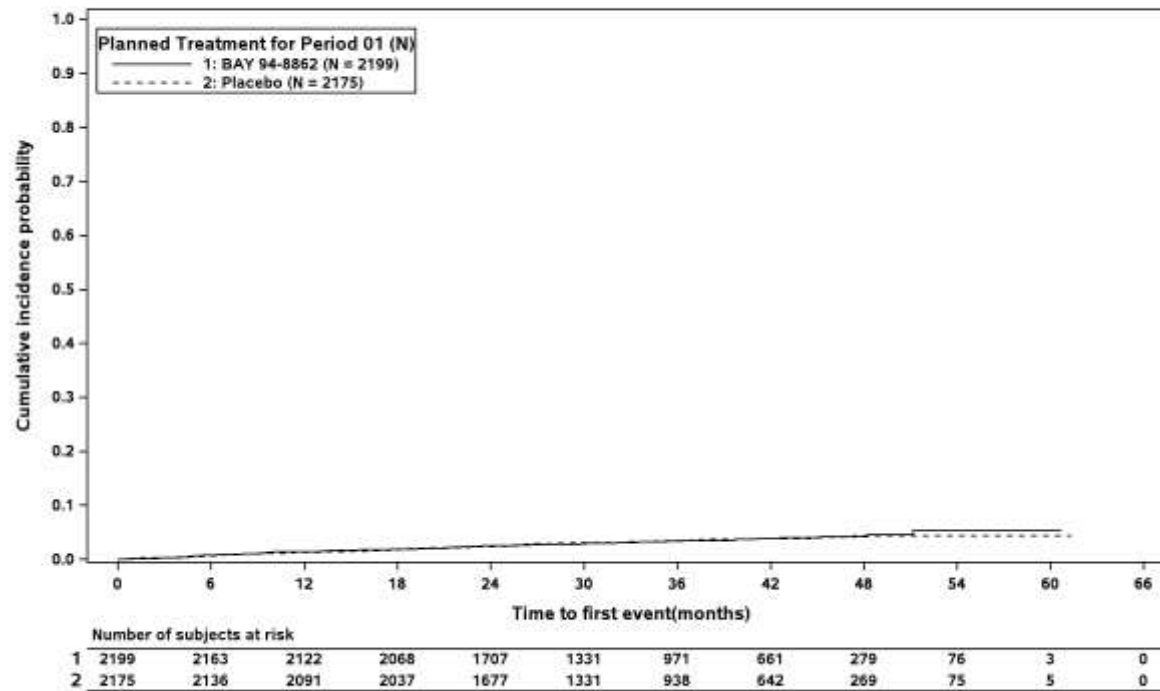
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



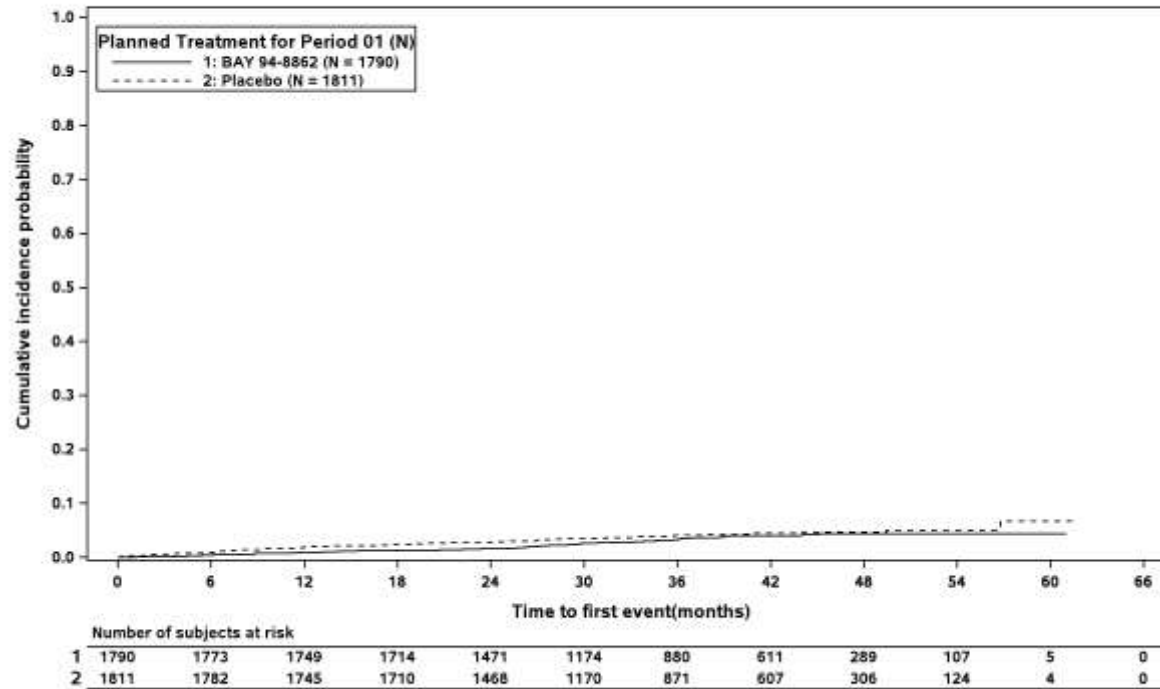
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



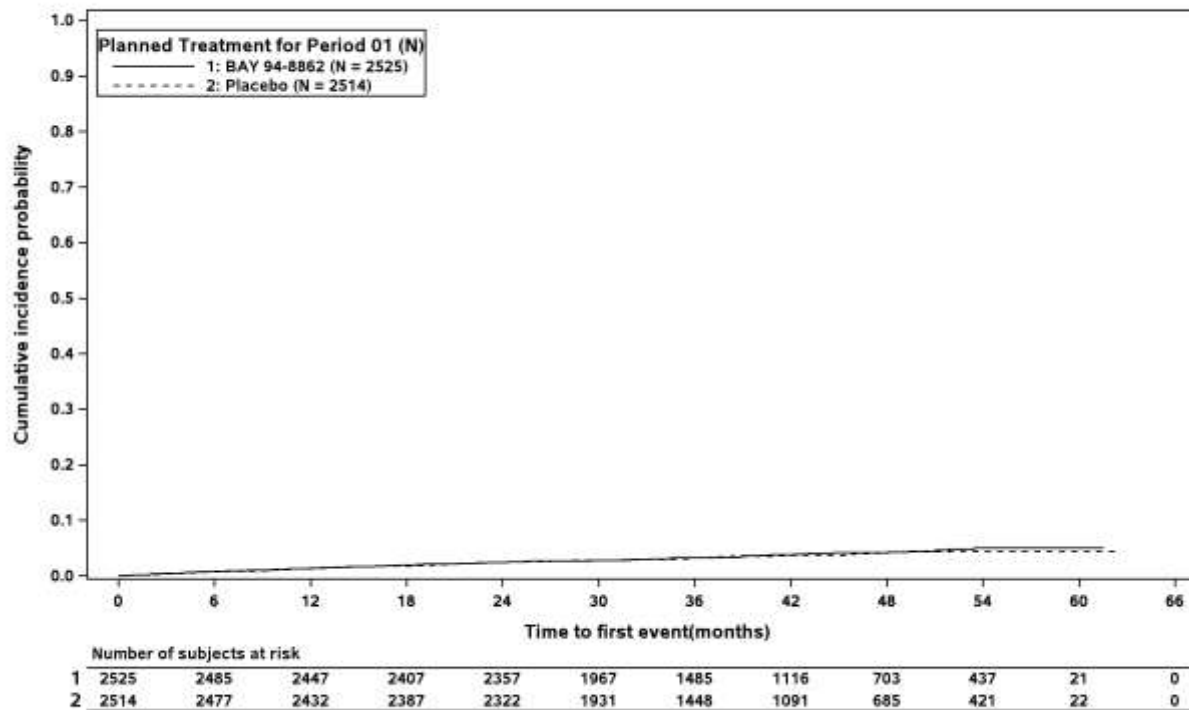
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 62: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2



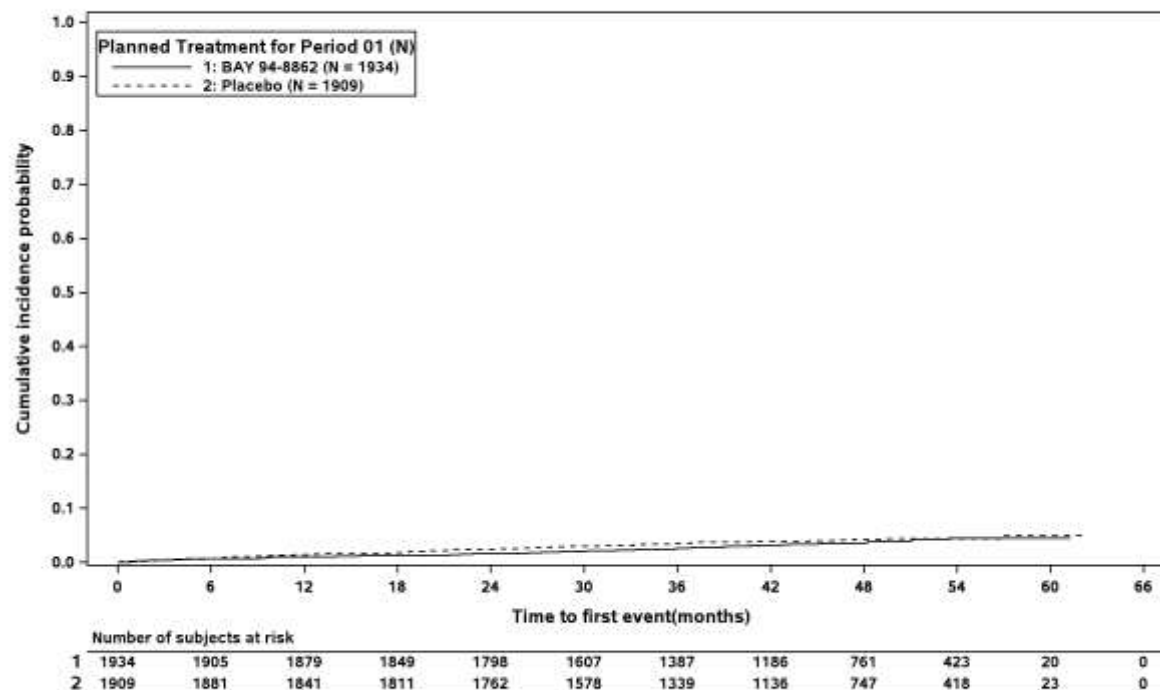
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 63: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



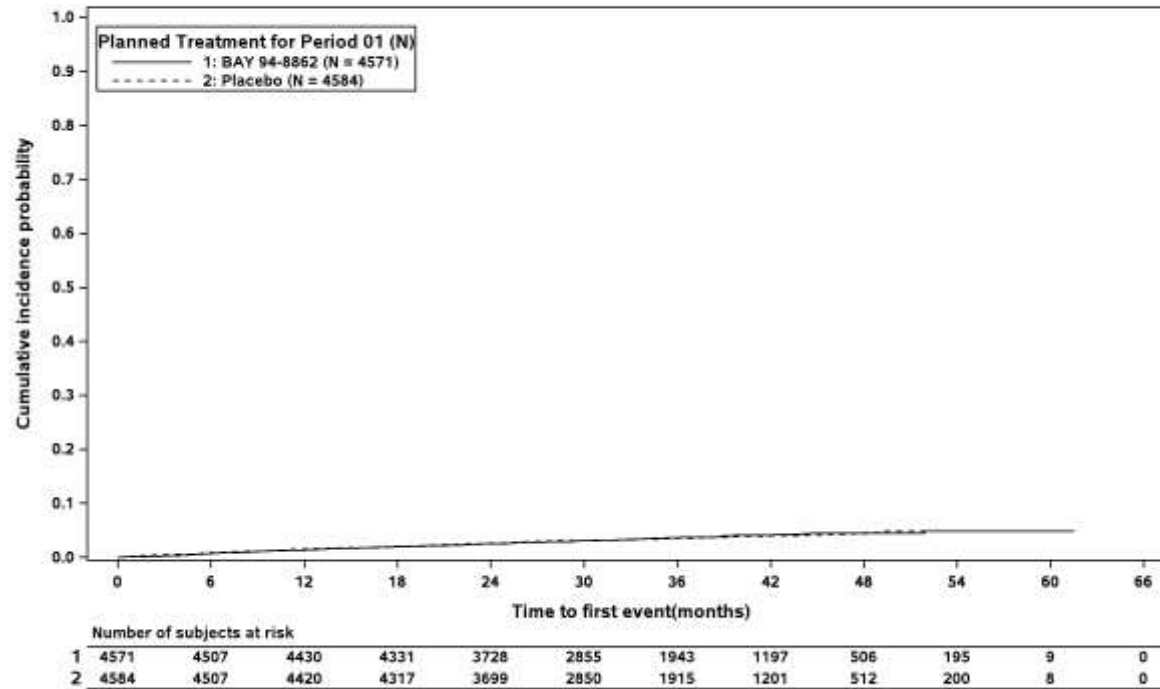
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Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 63: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



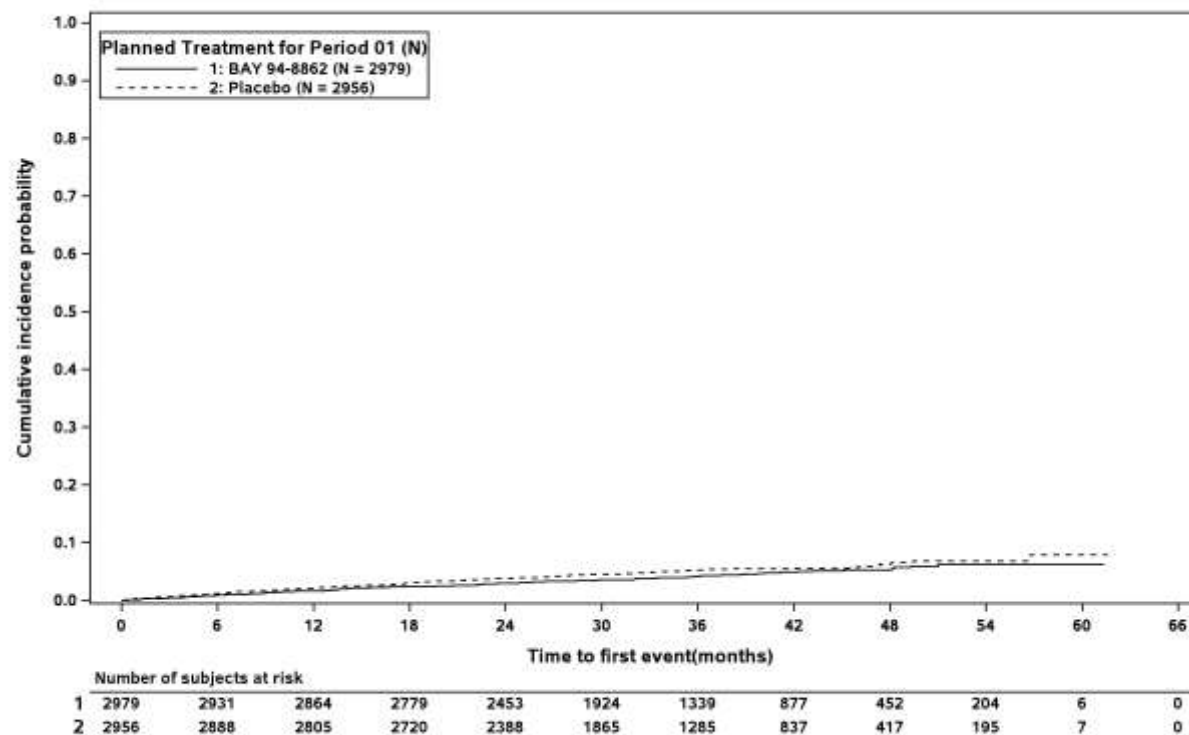
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 64: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



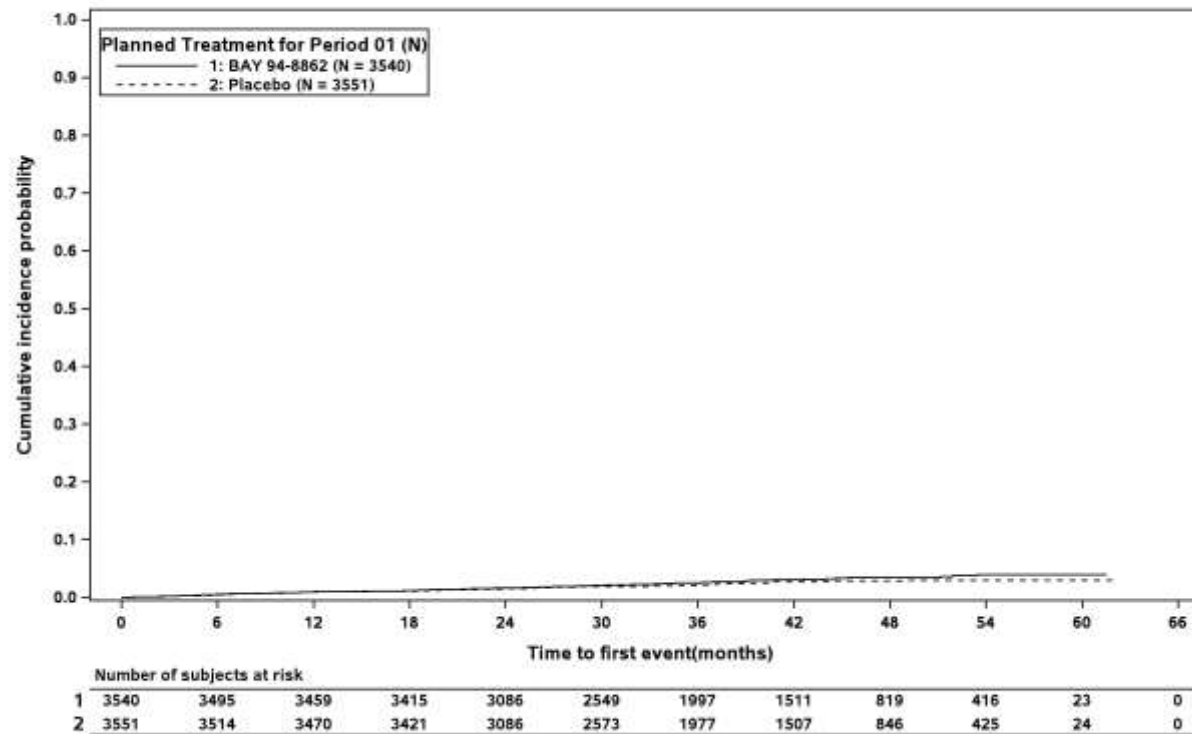
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 64: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



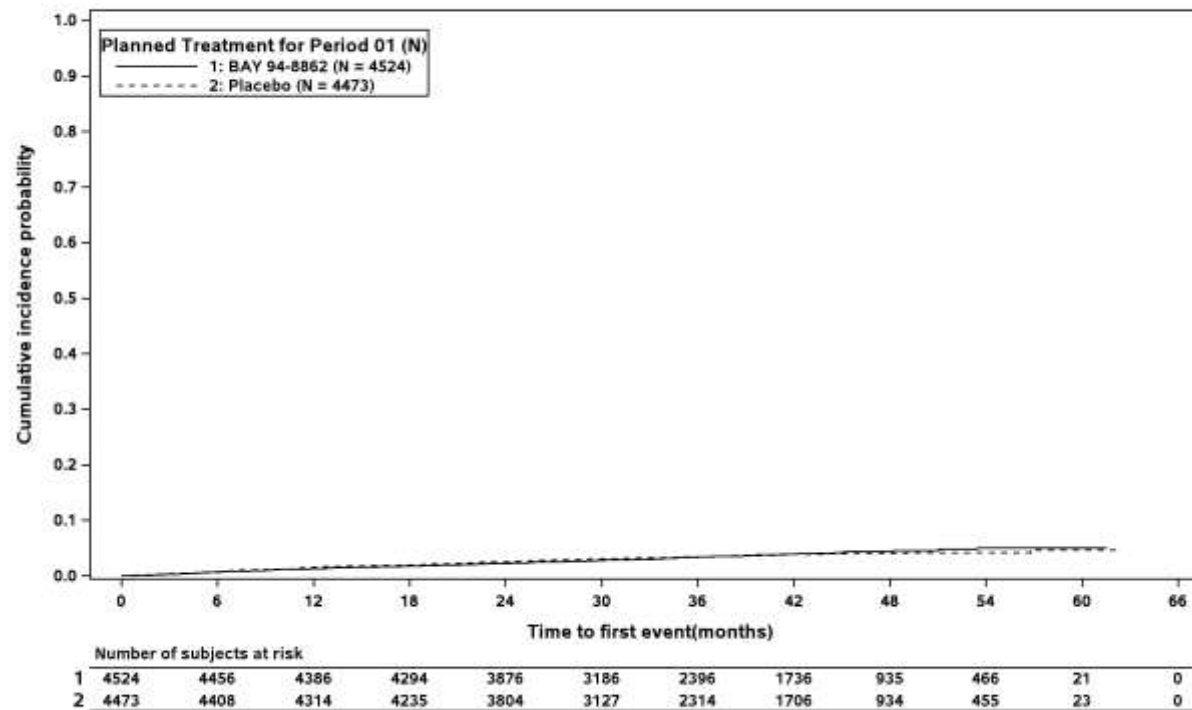
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 65: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: ≤ 4.5 mmol/L



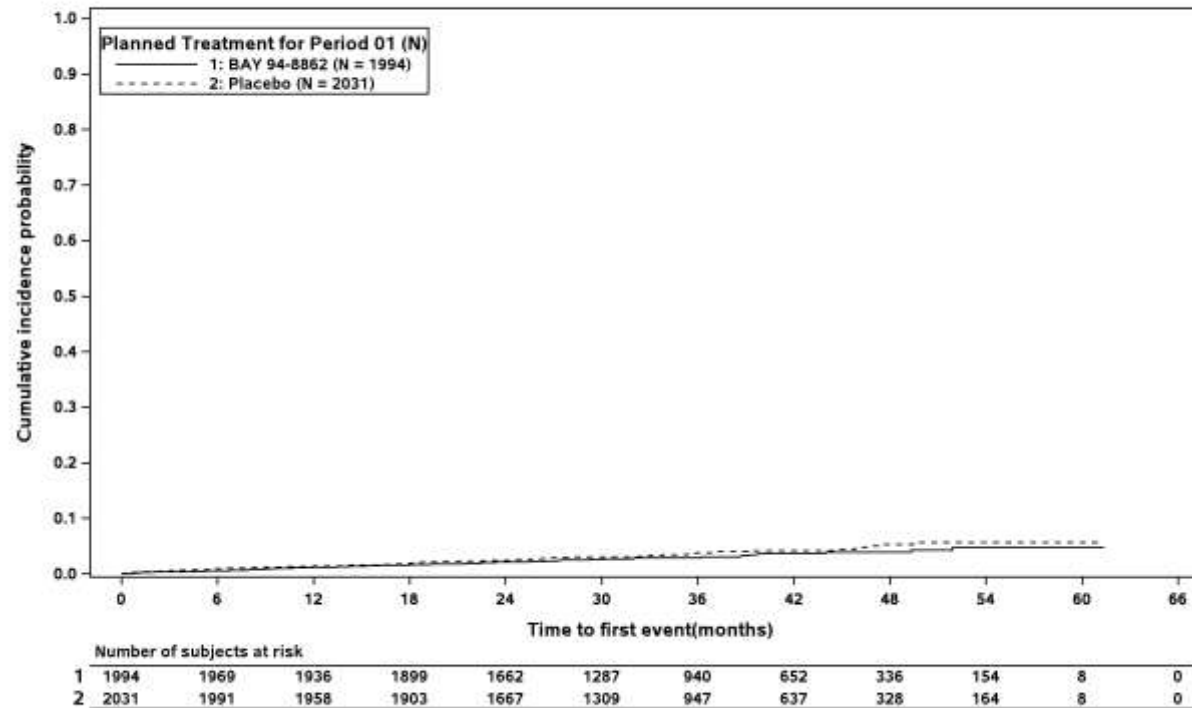
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 65: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



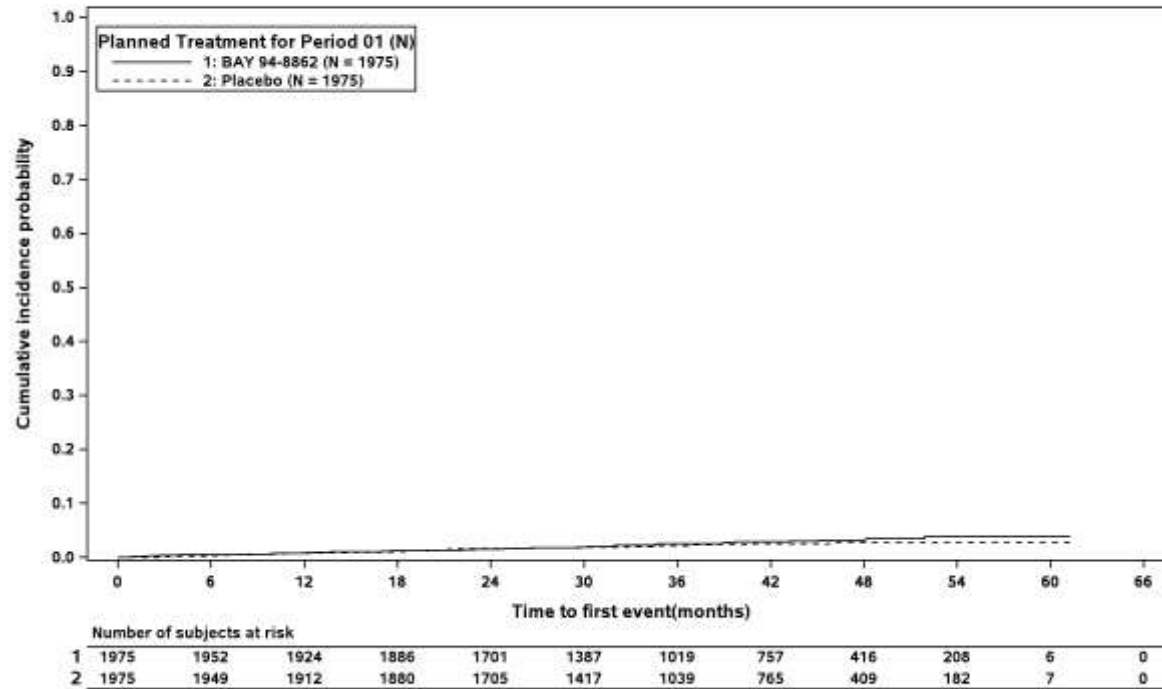
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 66: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



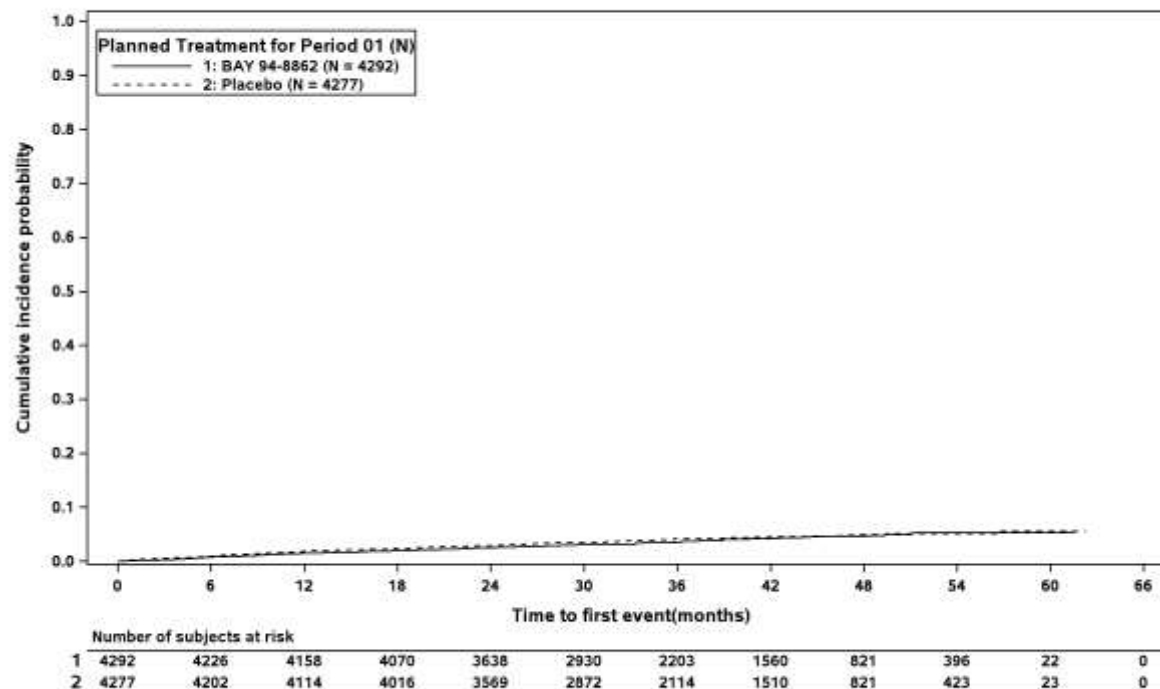
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtlm_km.sas 06FEB2023 12:28

Figure 1.3.1 / 66: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



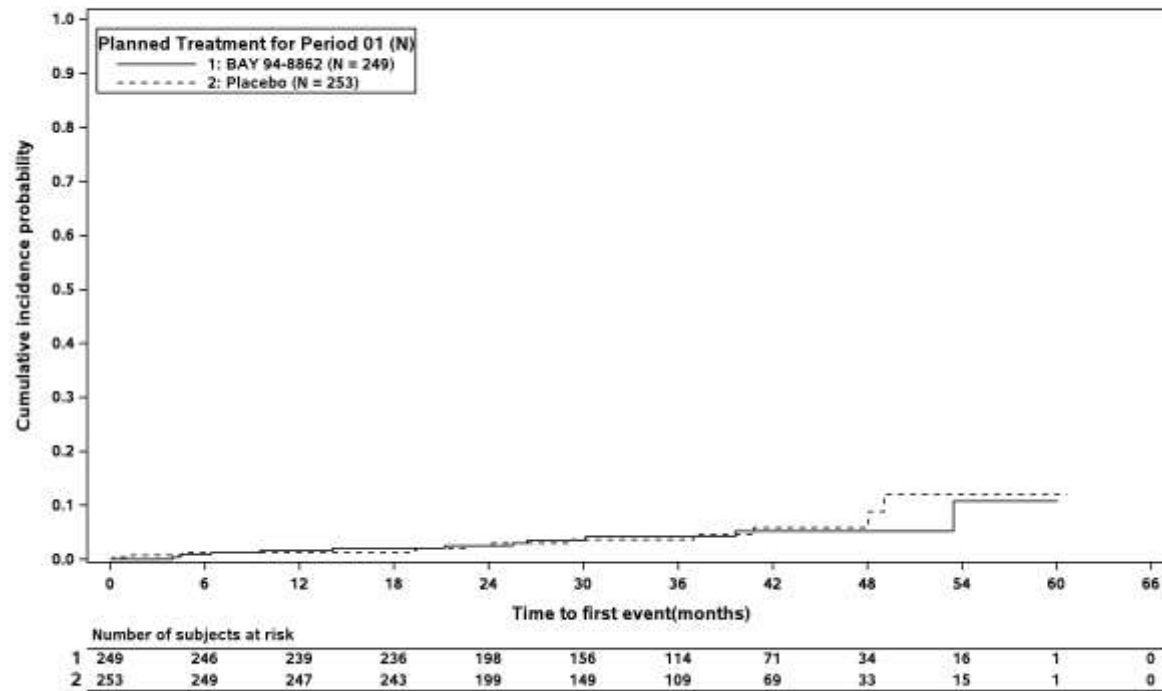
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 66: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



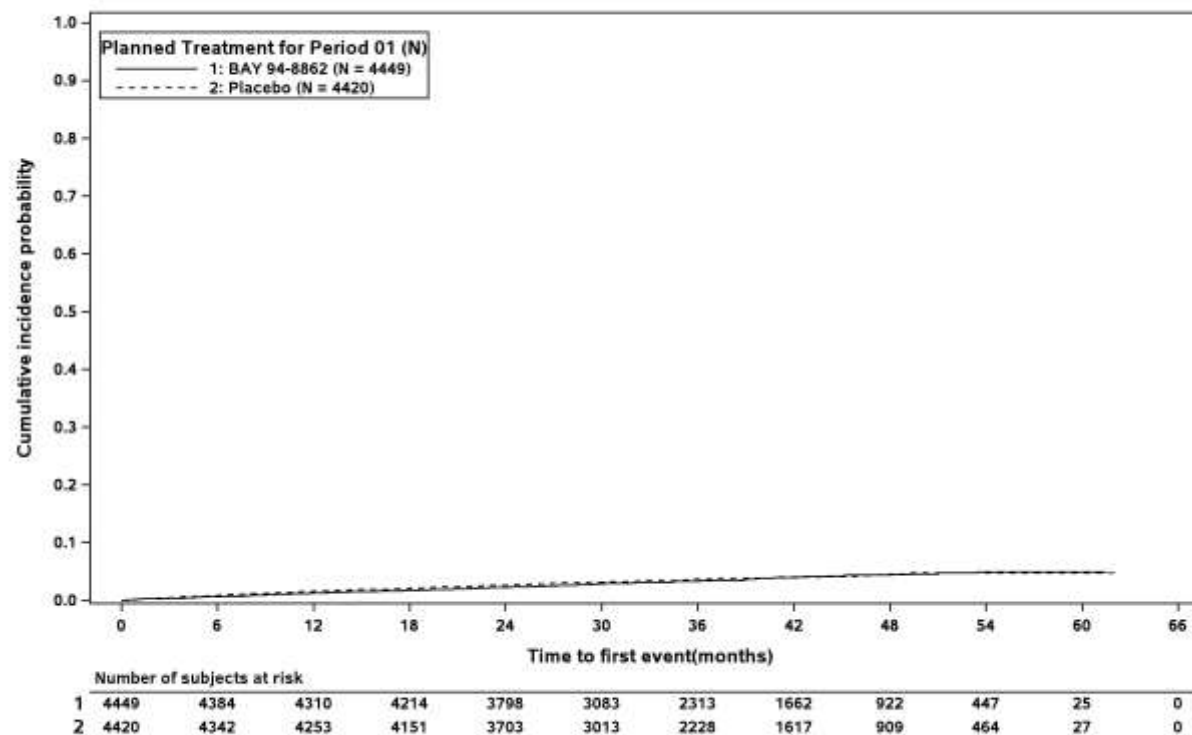
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 67: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



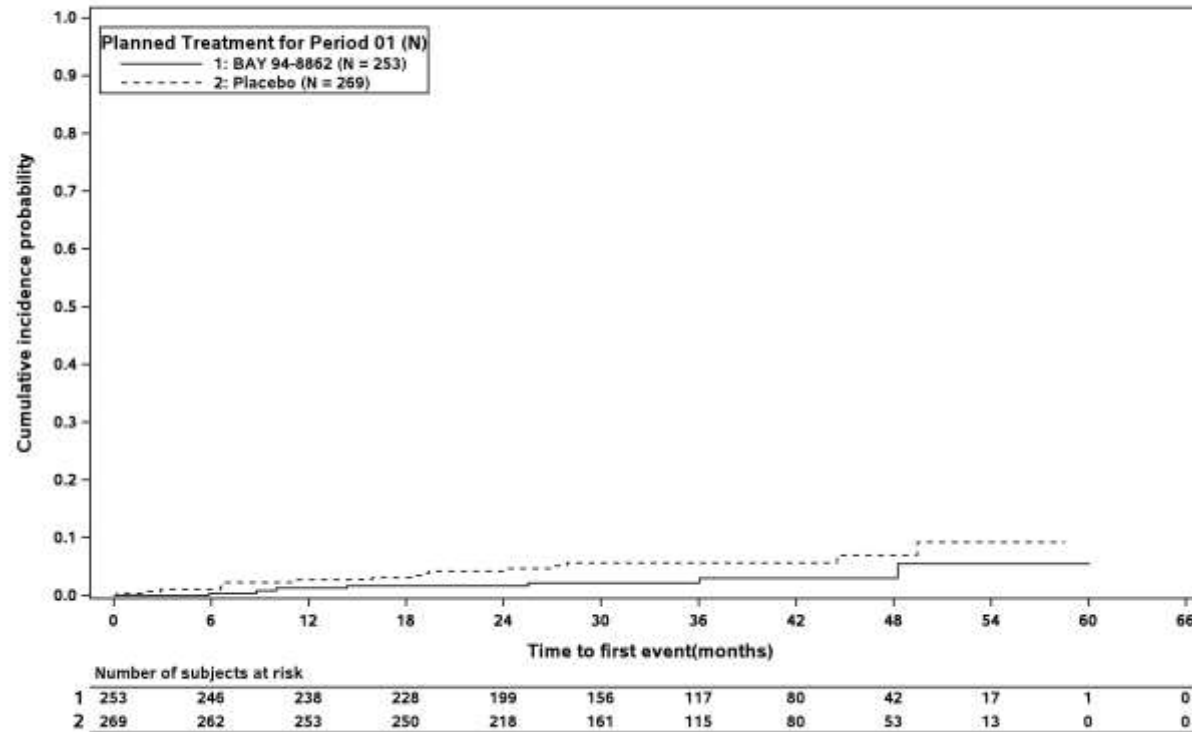
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 67: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



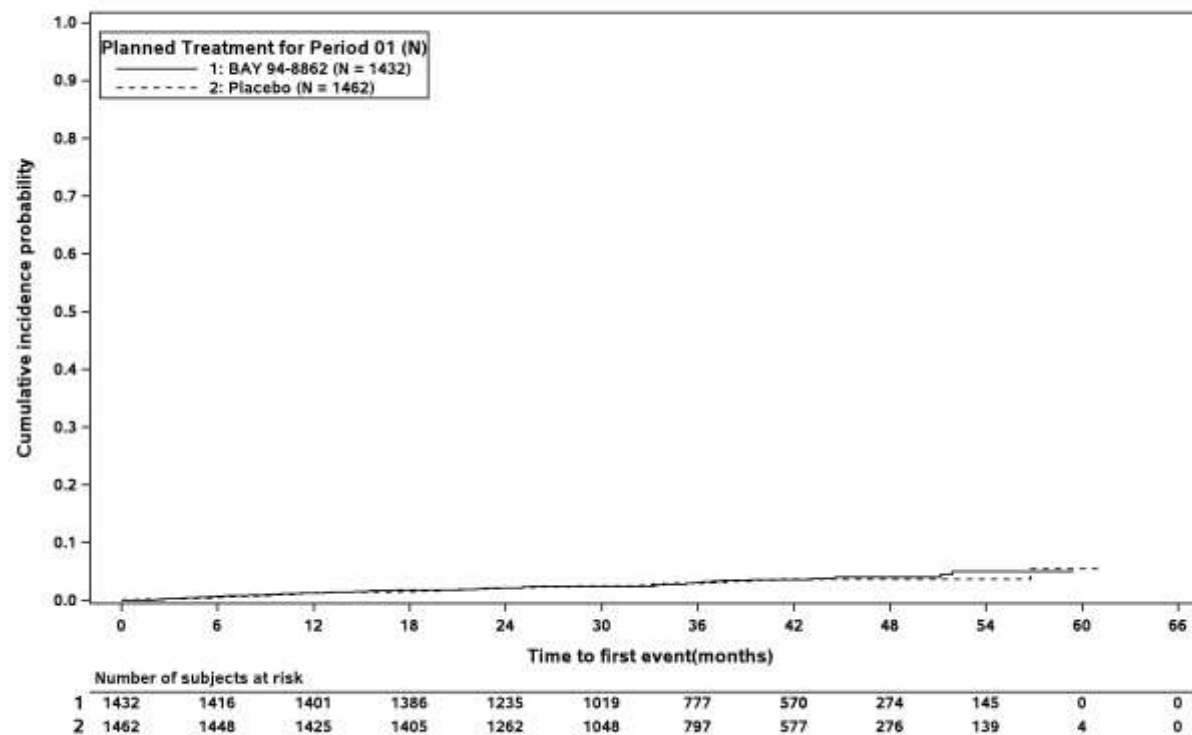
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 67: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



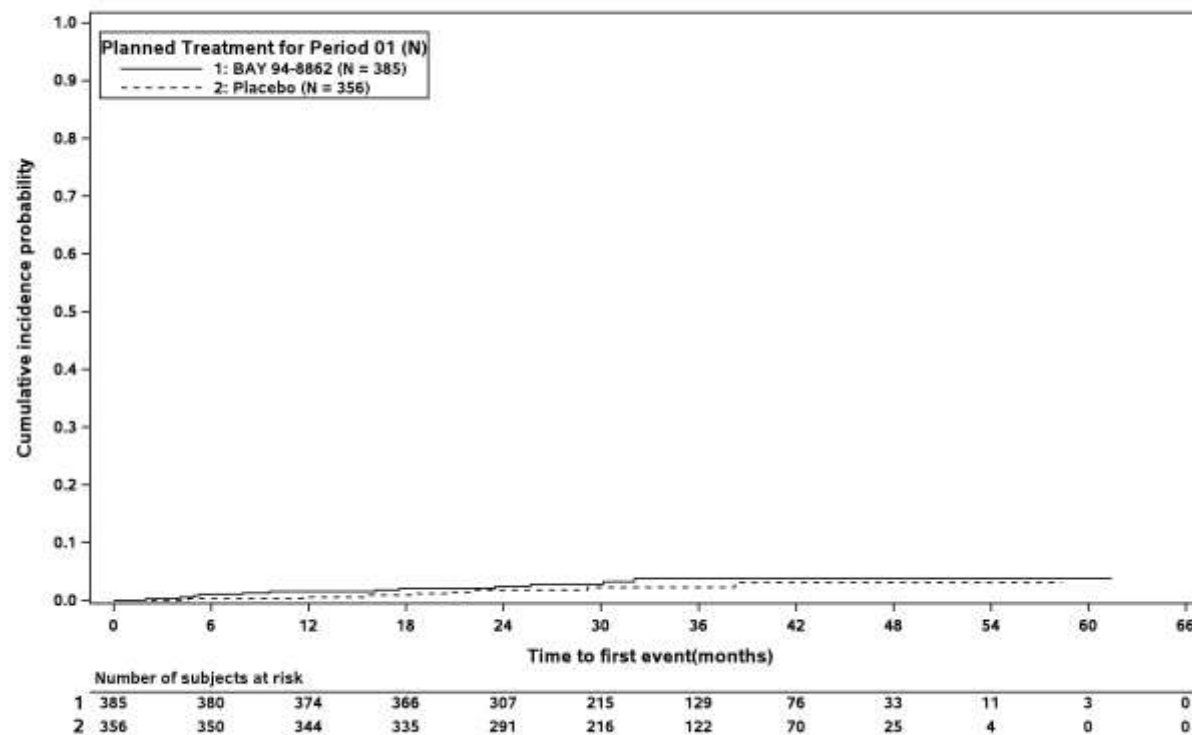
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 67: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



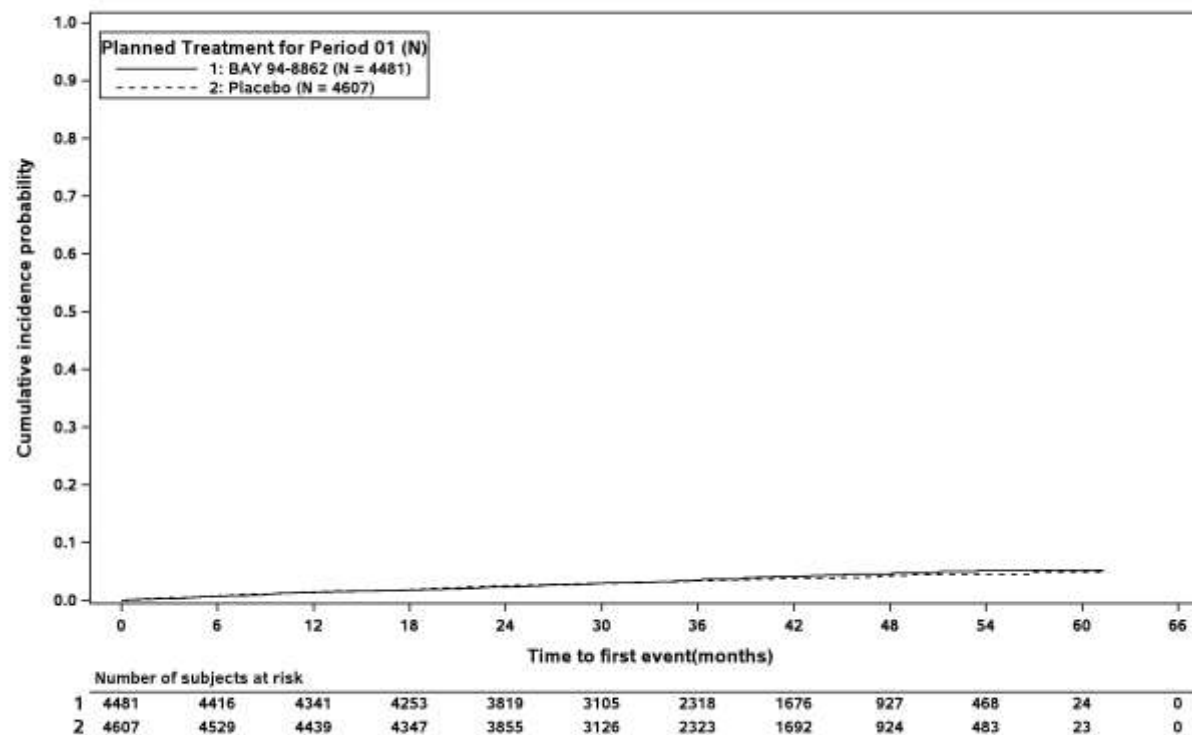
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 68: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



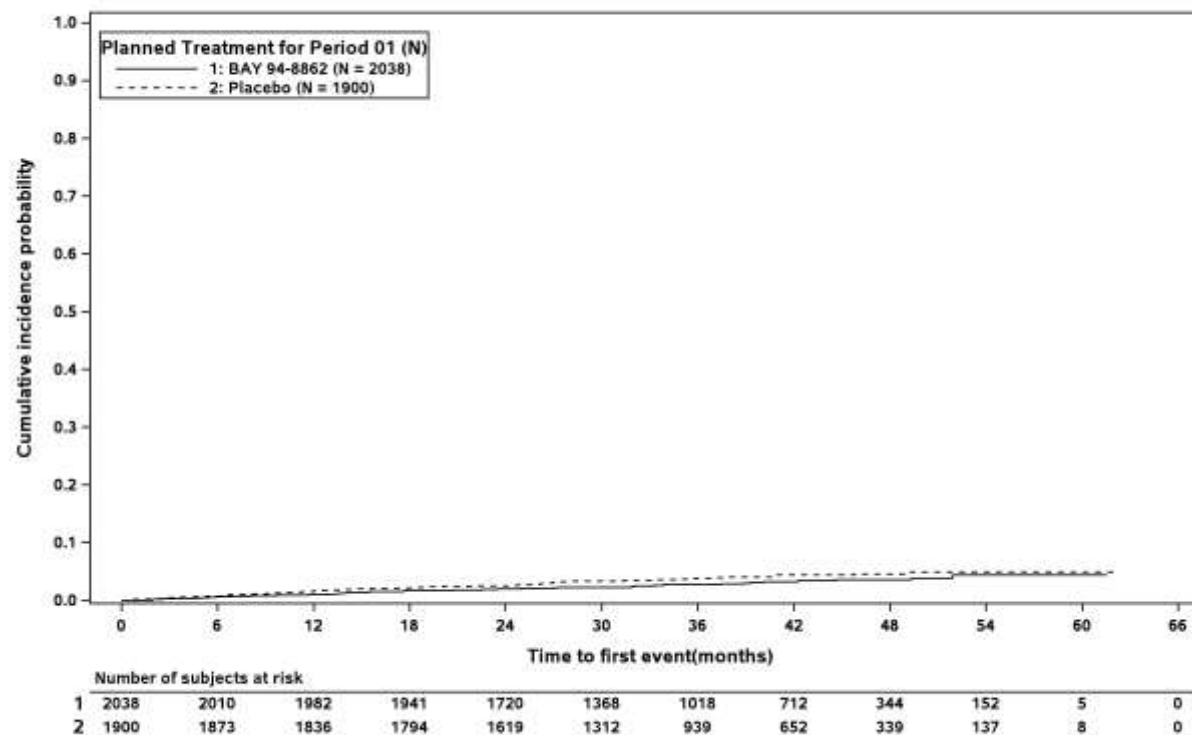
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 68: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



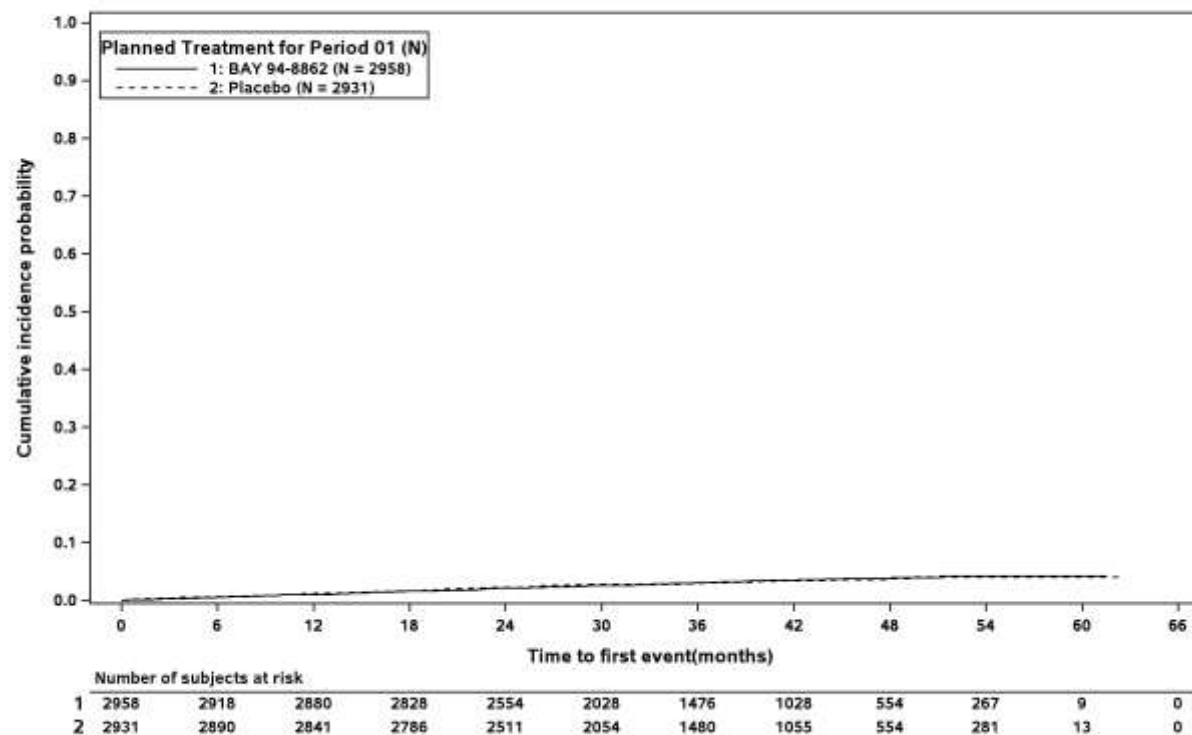
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 69: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



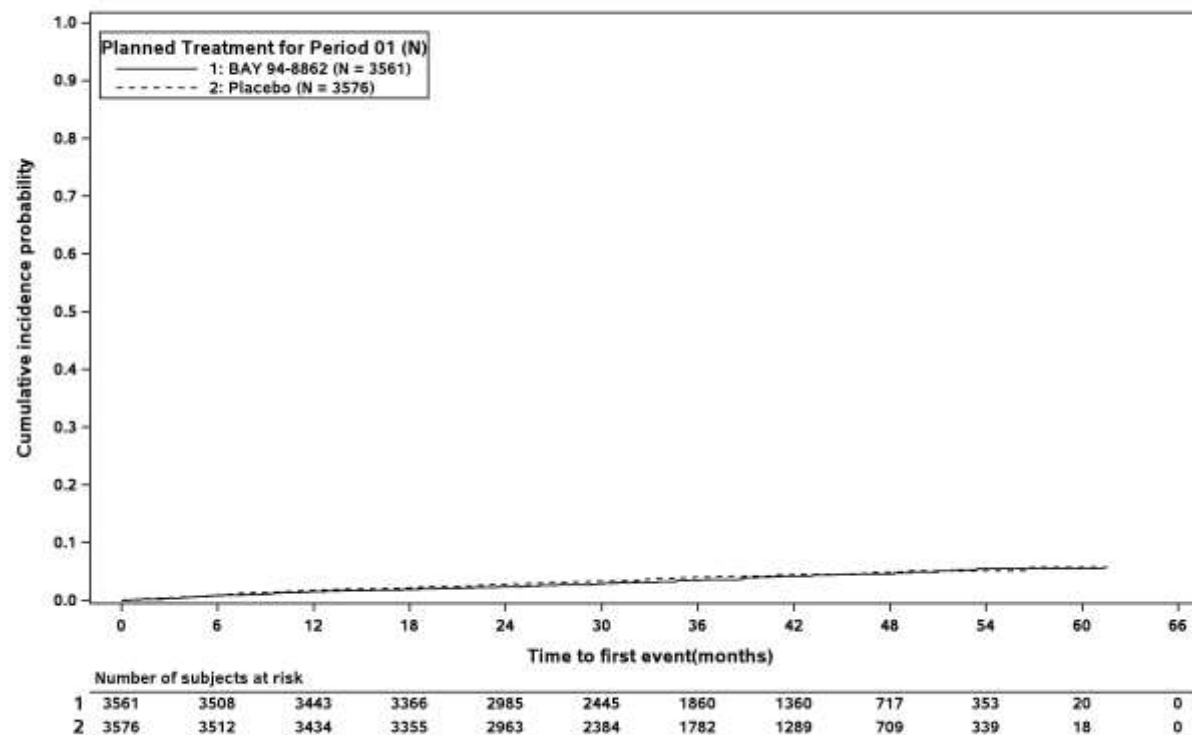
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 69: Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

**Time to fatal or non-fatal stroke (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years**

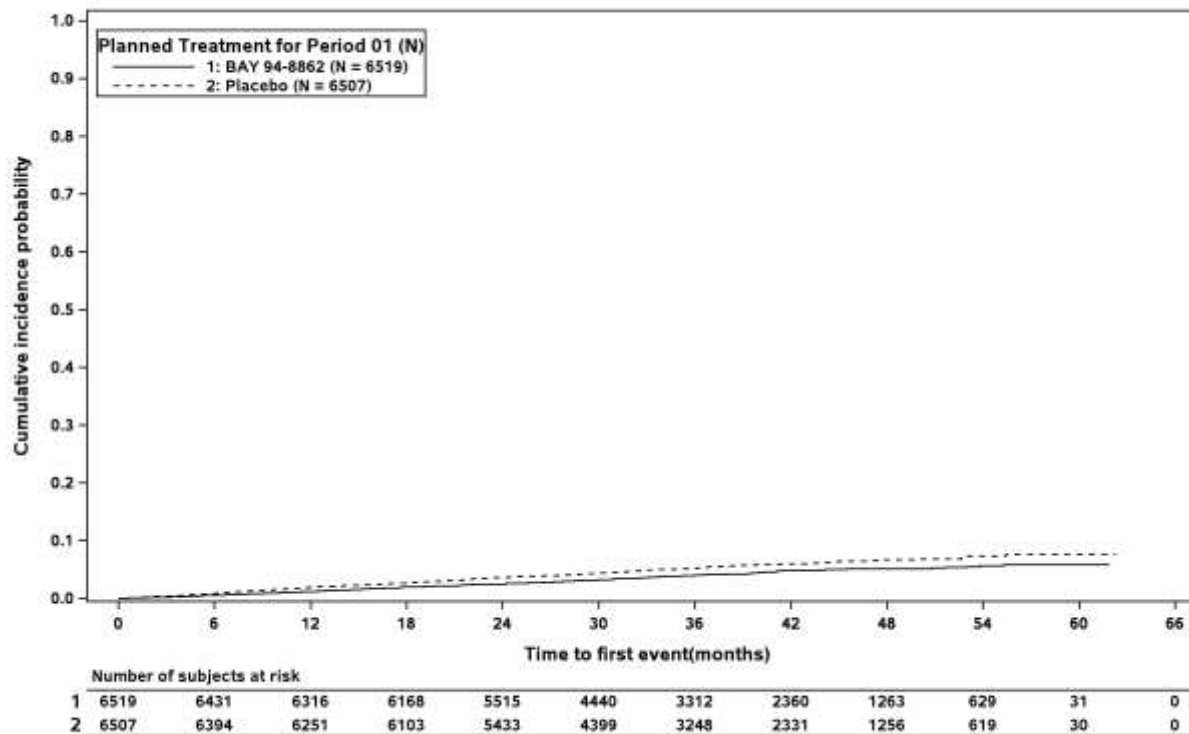


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 70: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves (full analysis set)



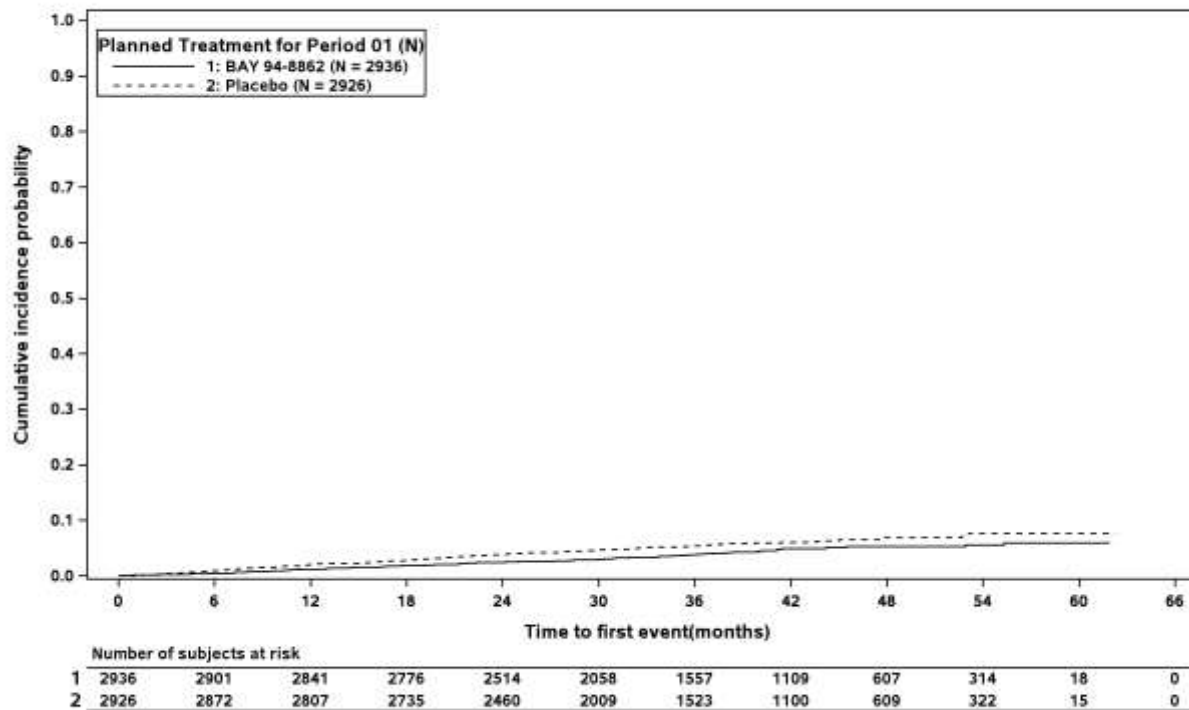
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



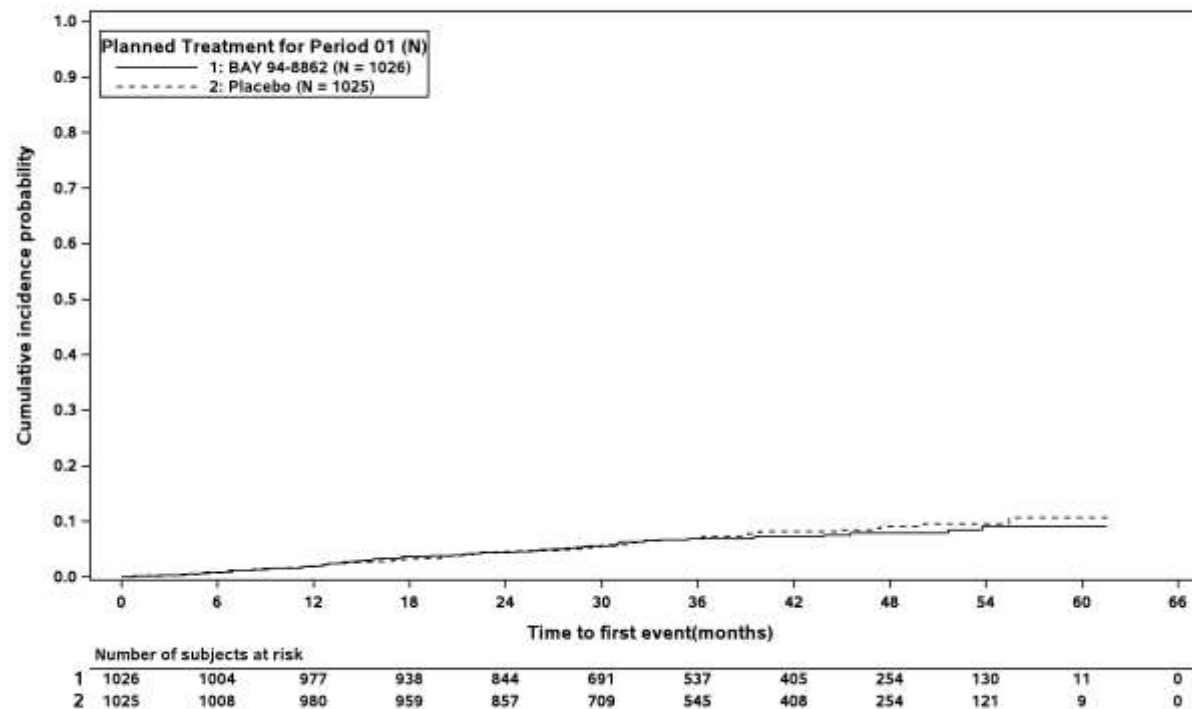
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



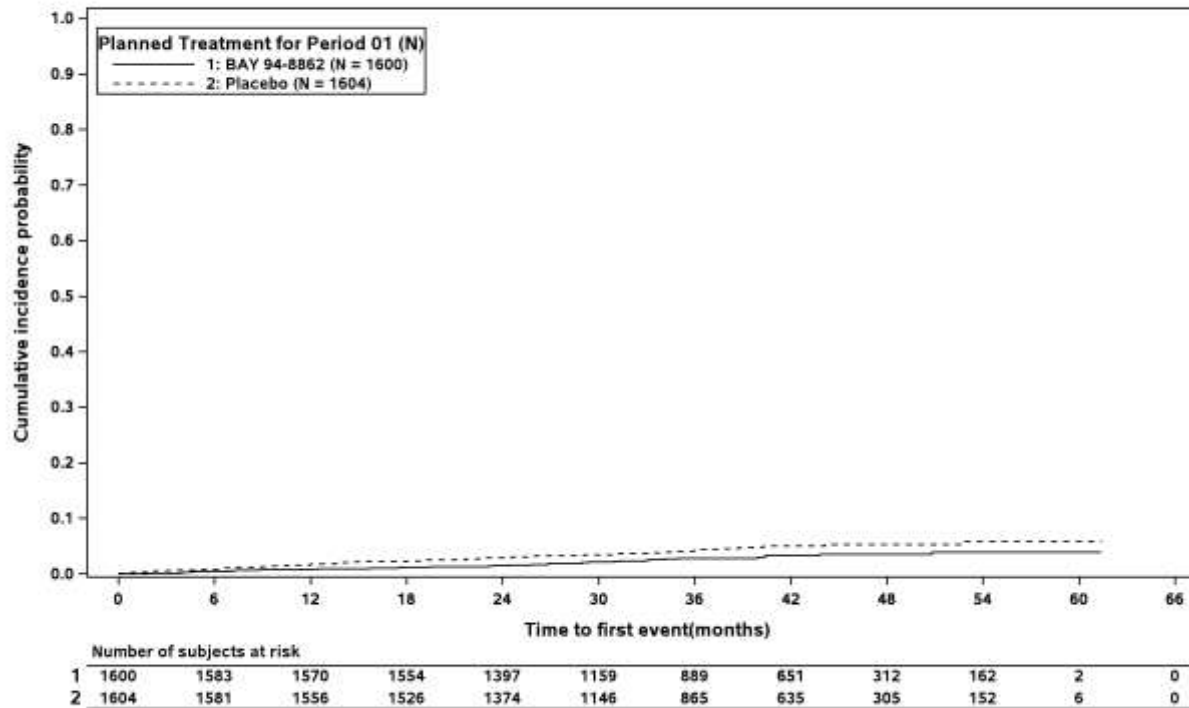
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



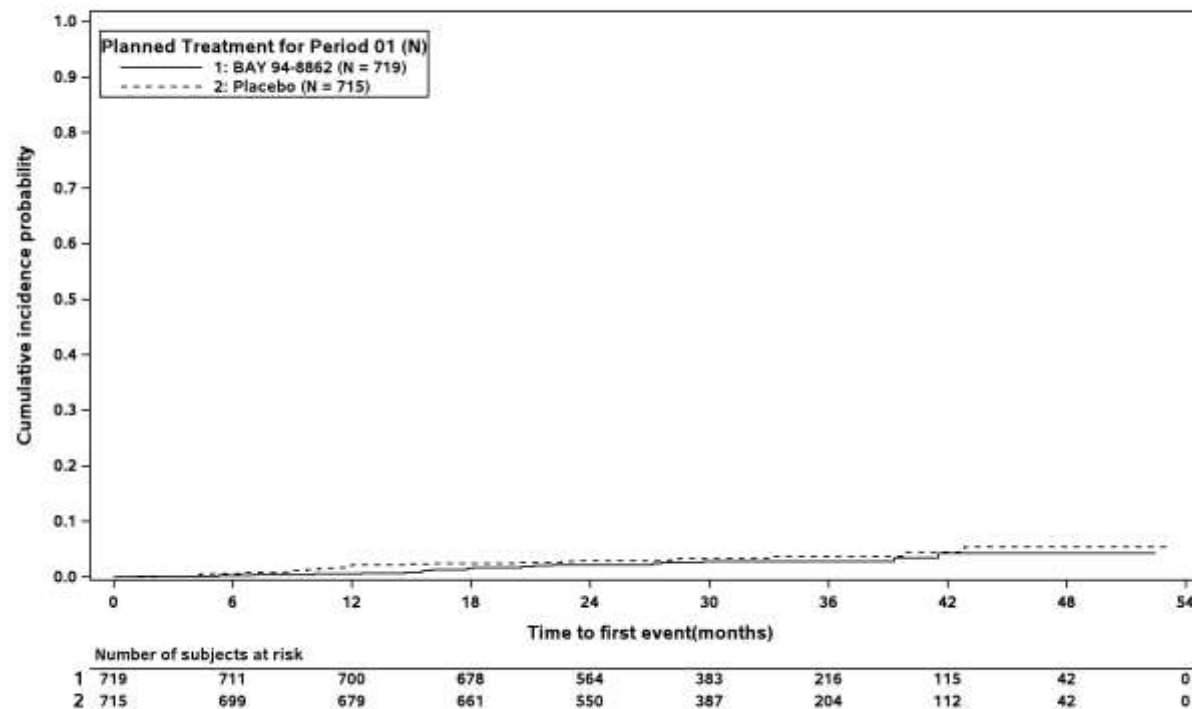
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



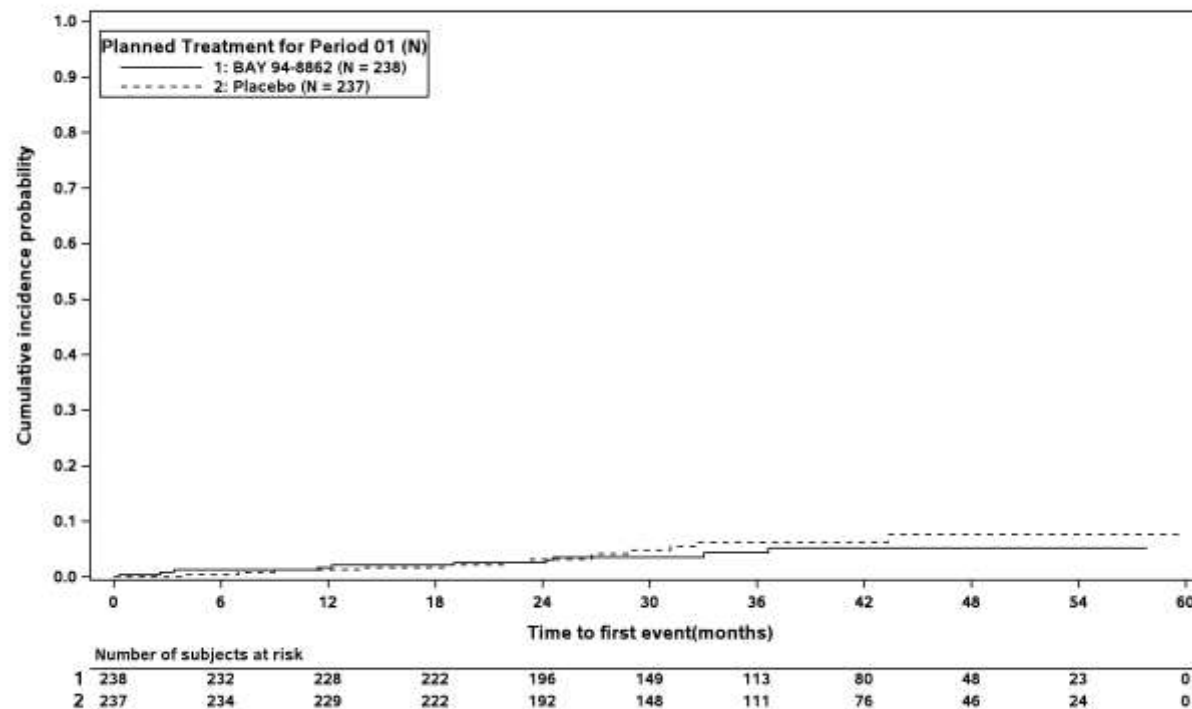
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 71: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



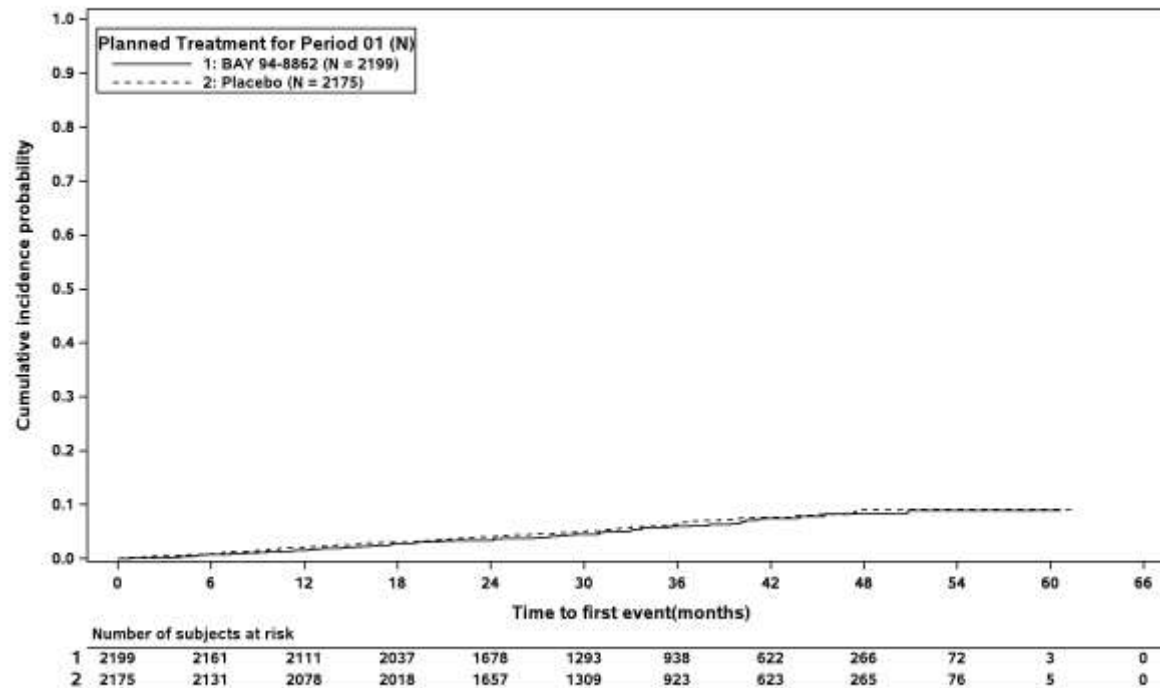
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



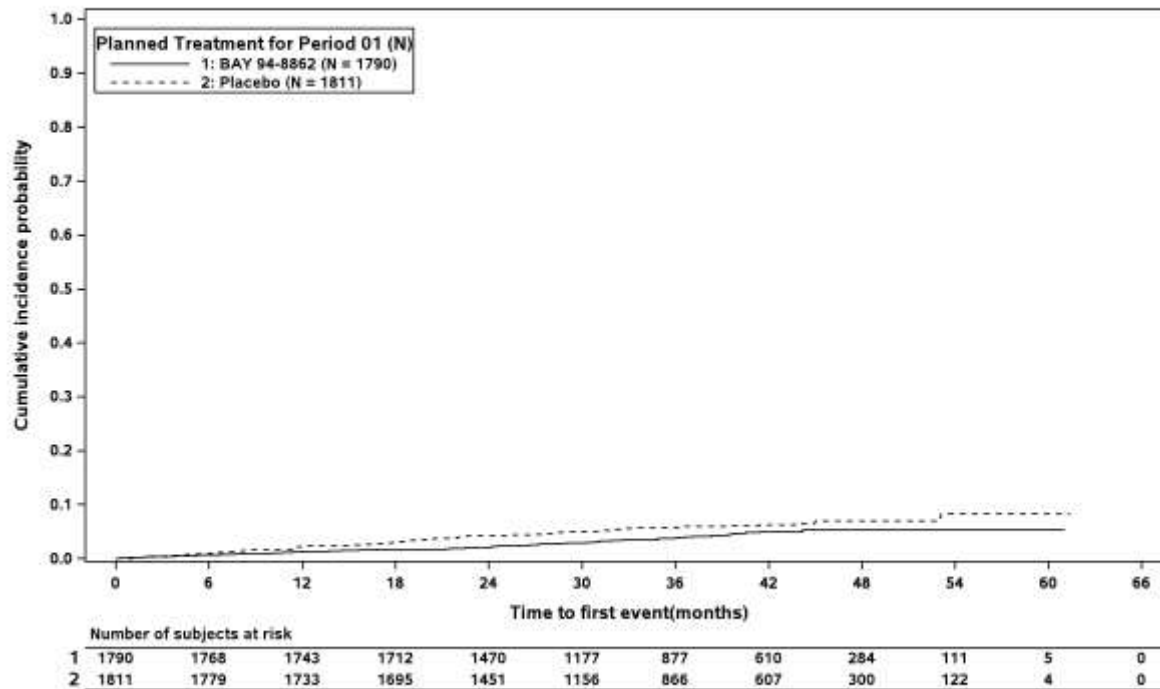
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



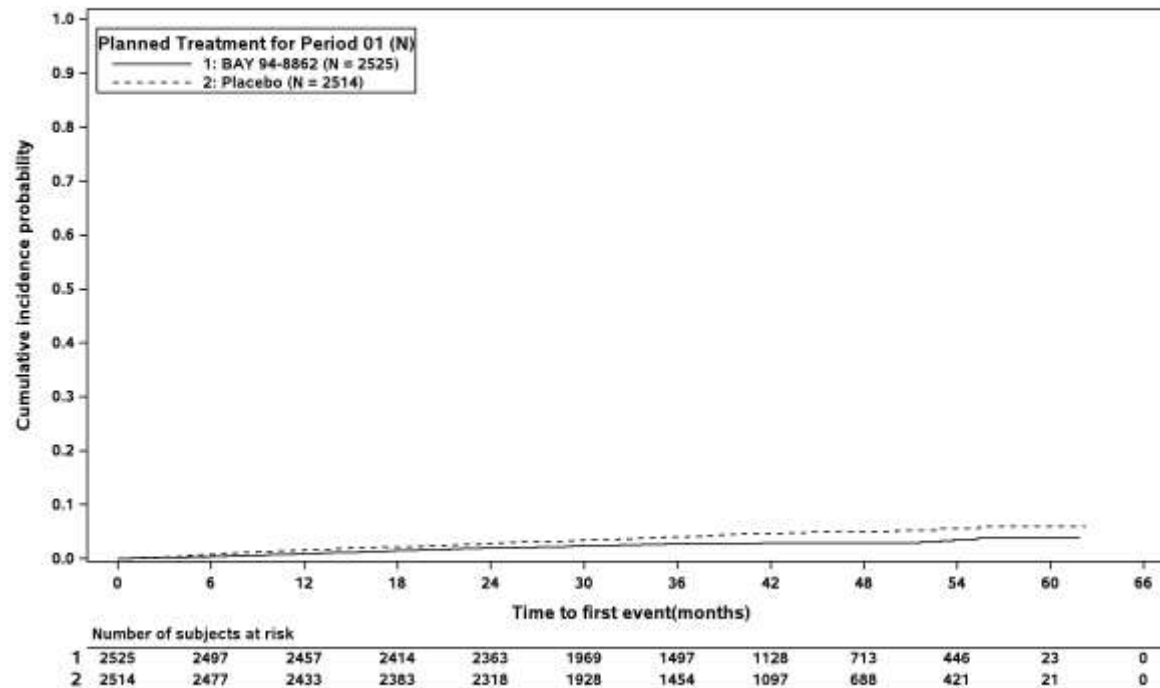
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 72: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: ≥ 60 mL/min/1.73m2

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: ≥ 60 mL/min/1.73m2



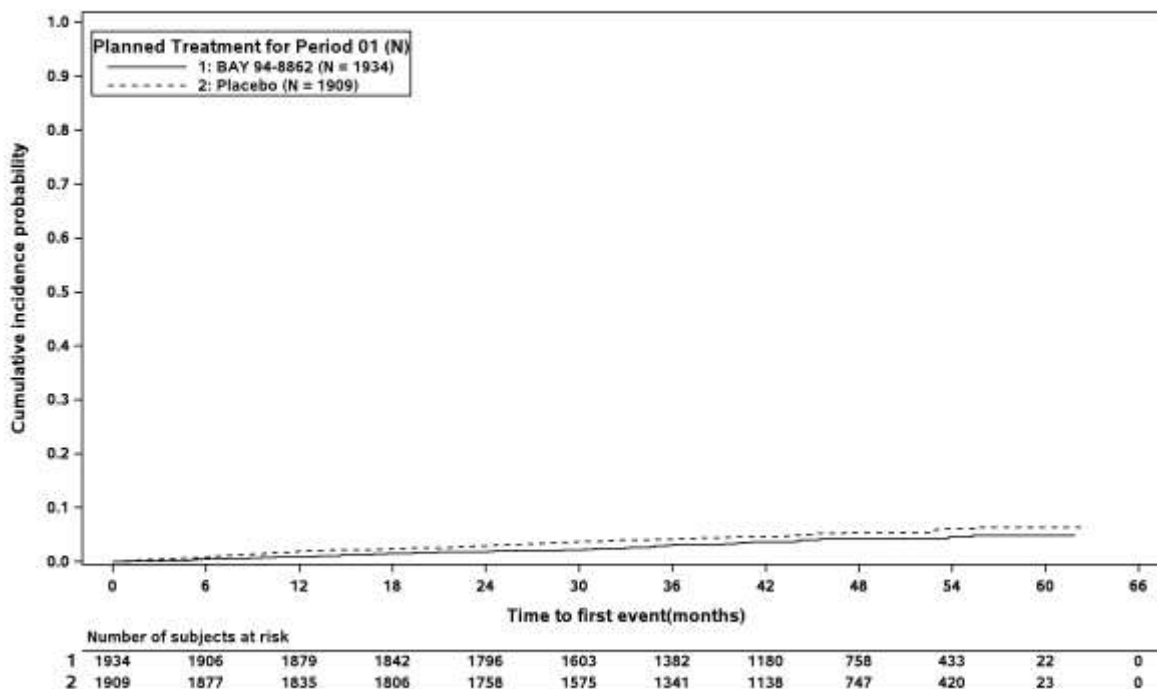
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 73: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



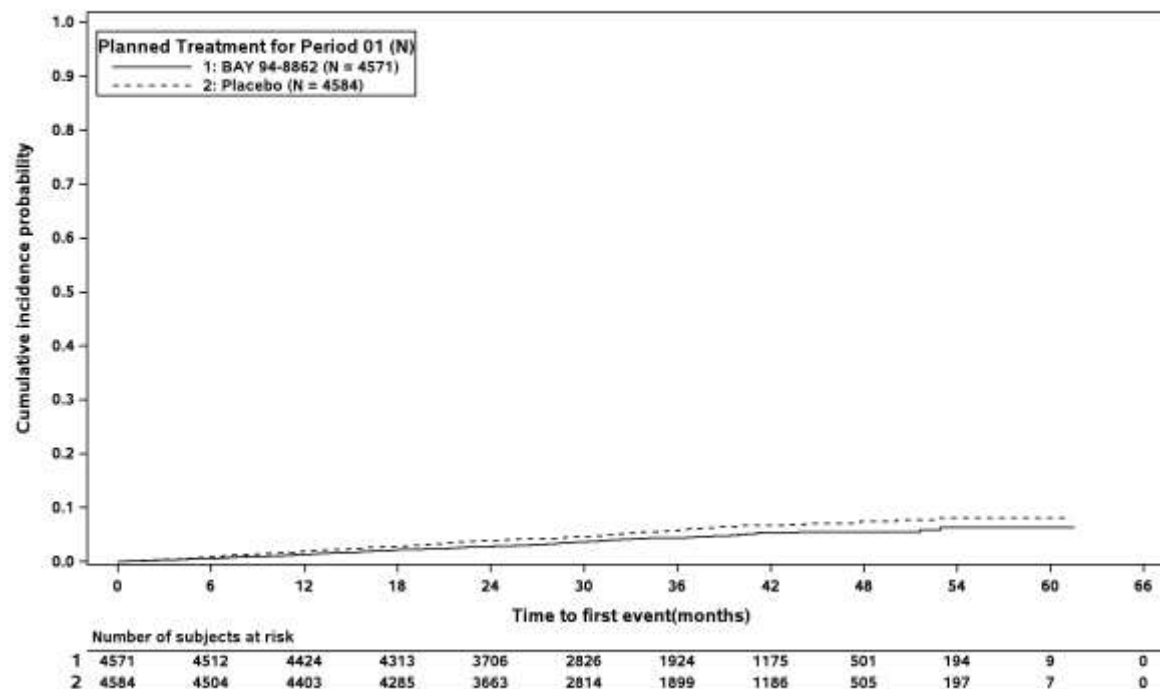
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 73: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



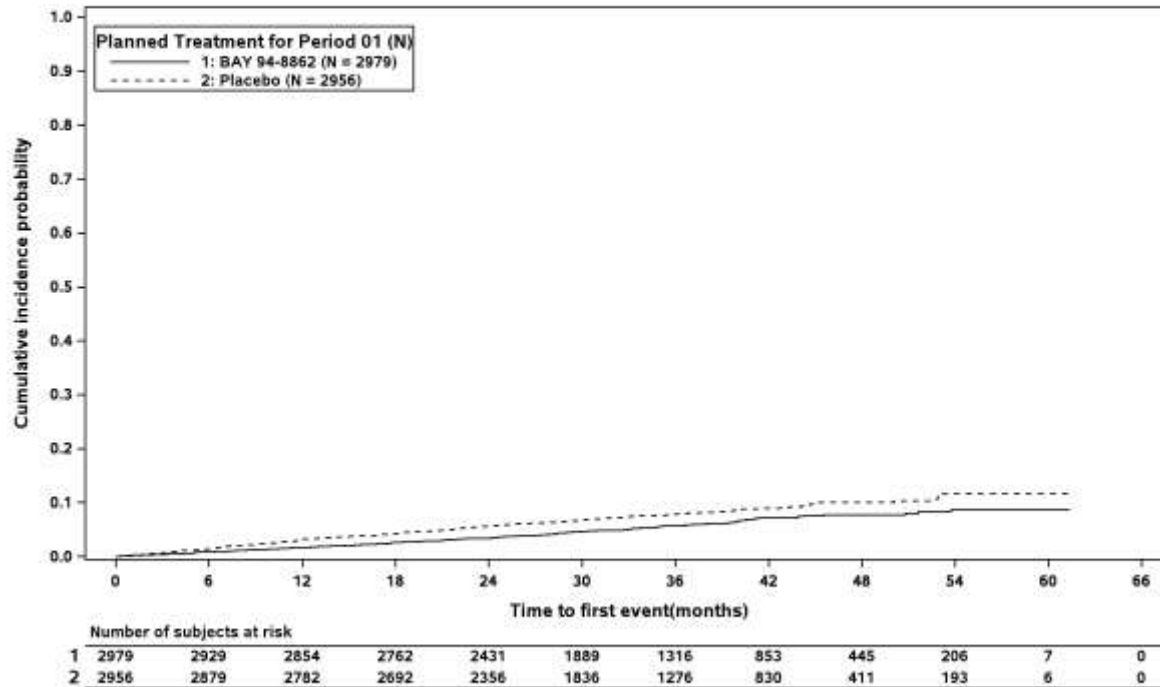
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 74: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



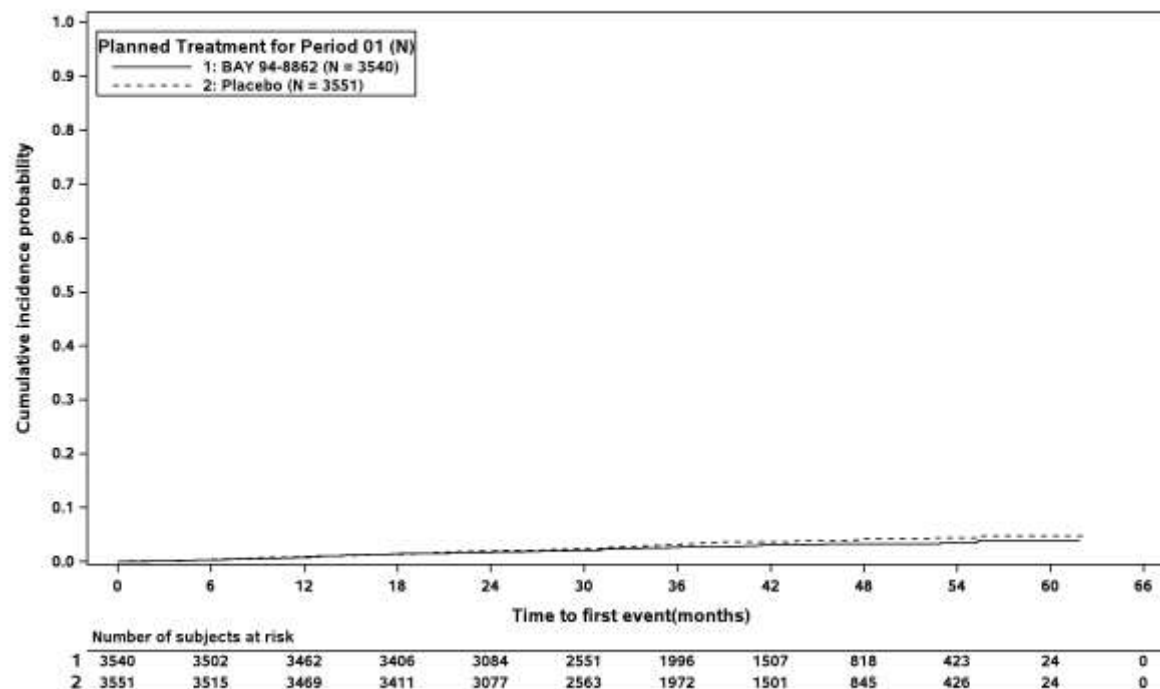
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 74: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



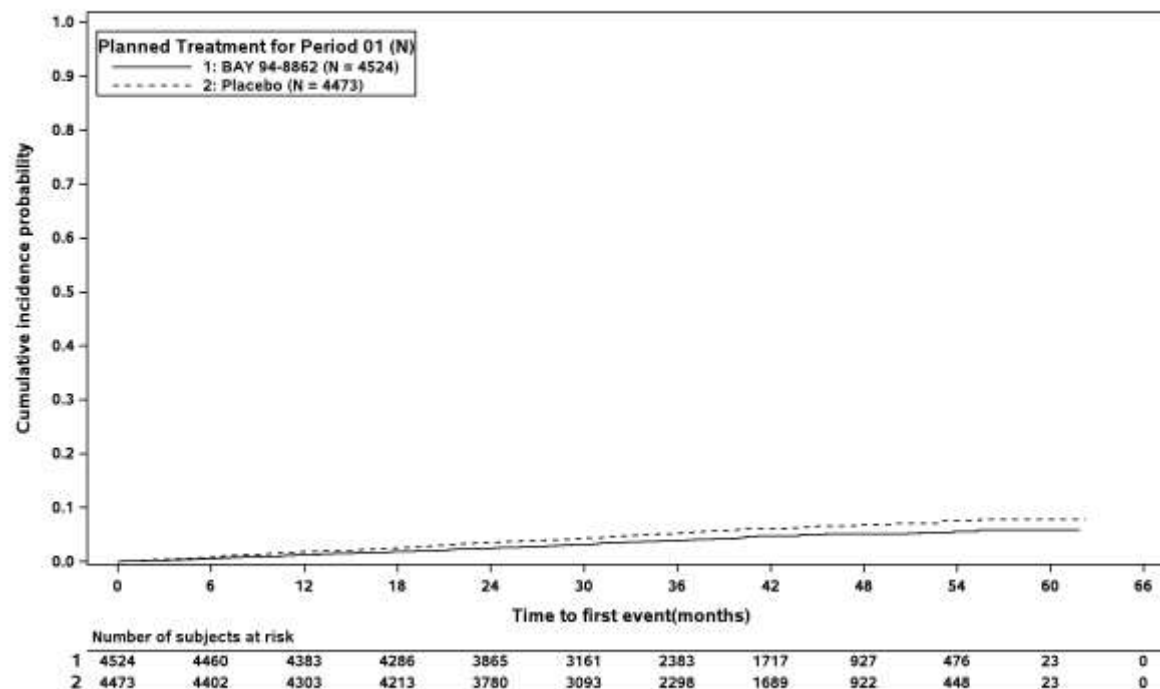
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 75: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
 Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L



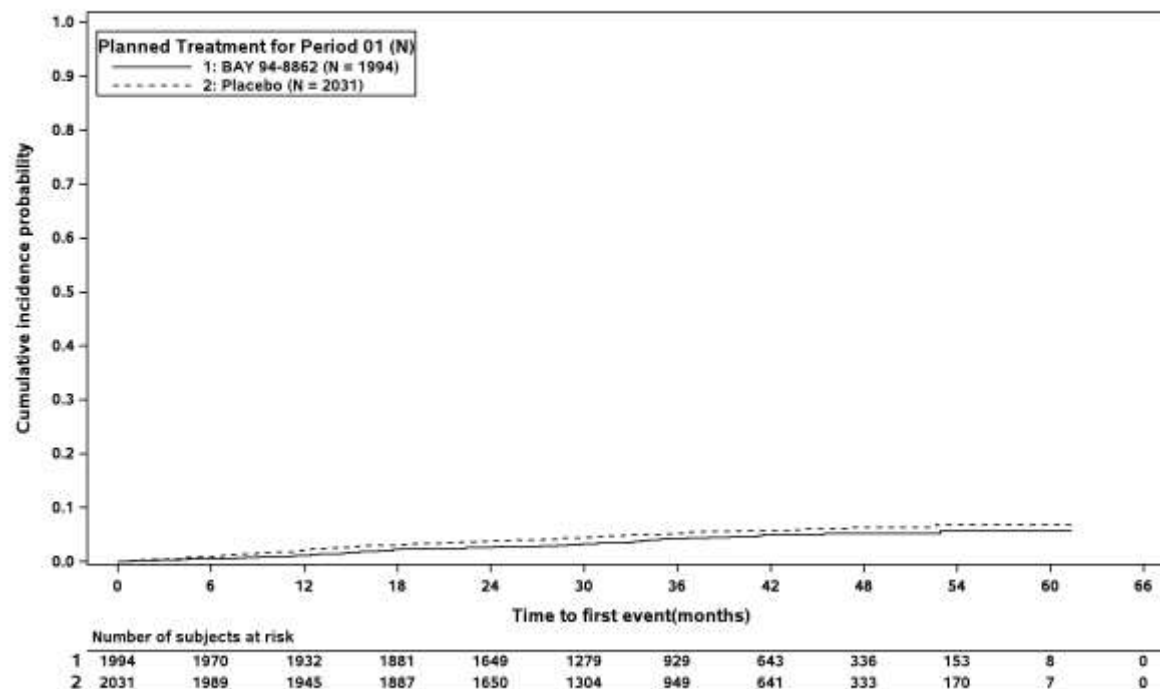
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 75: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



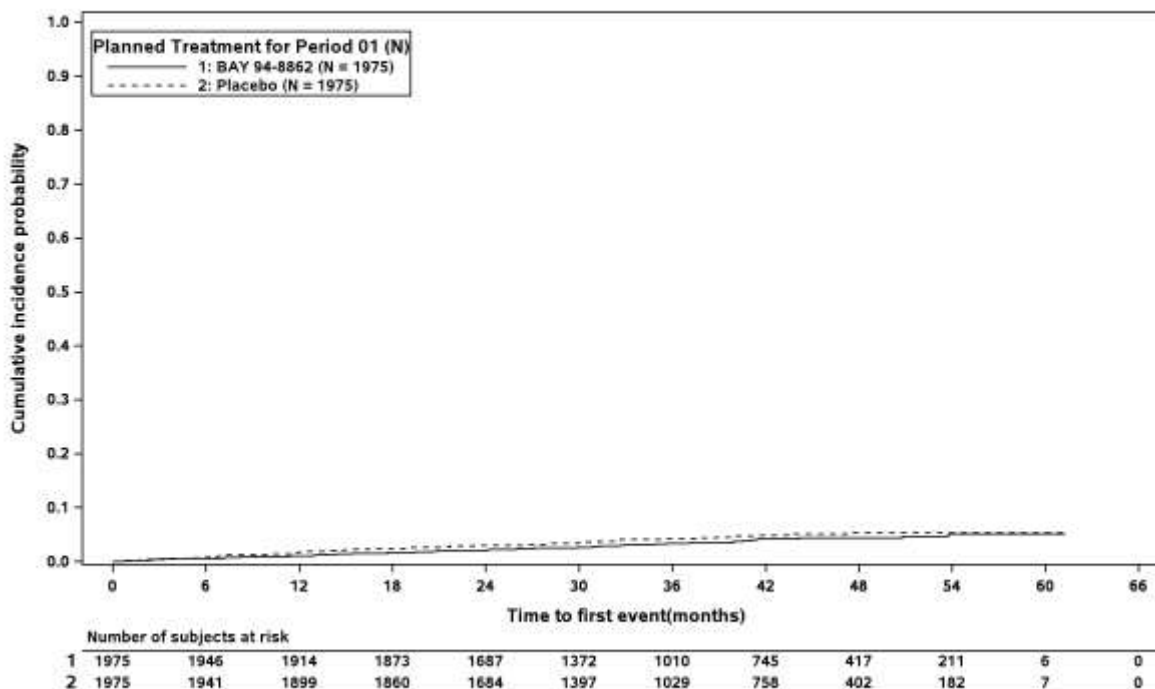
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 76: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



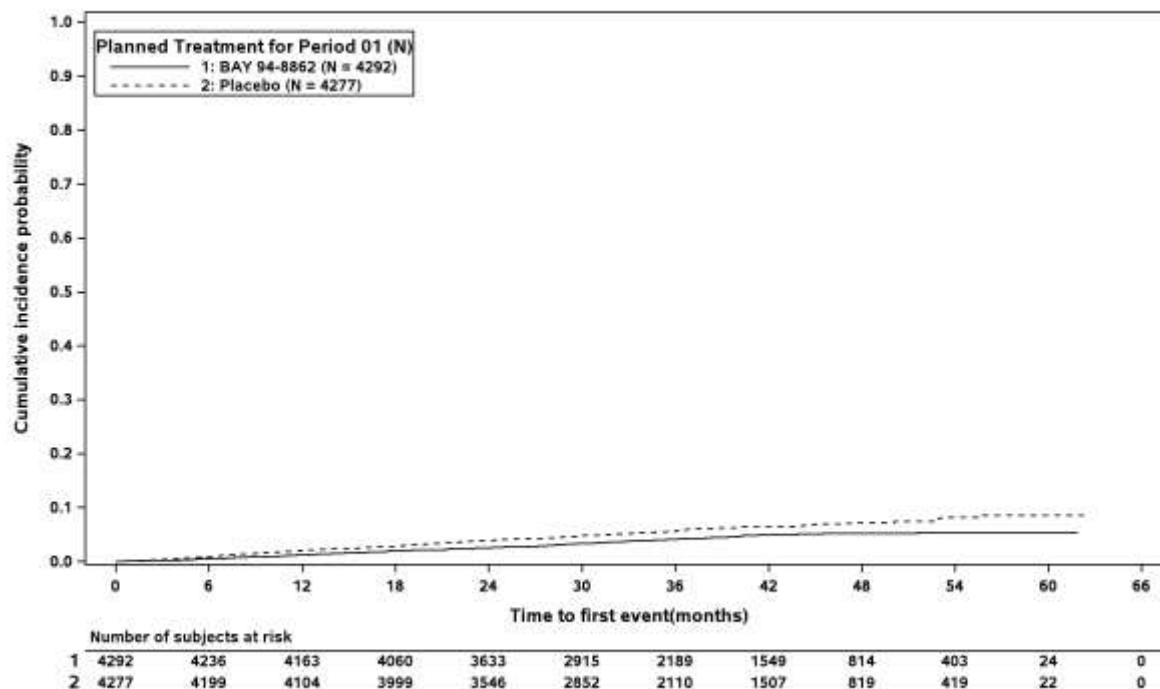
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 76: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



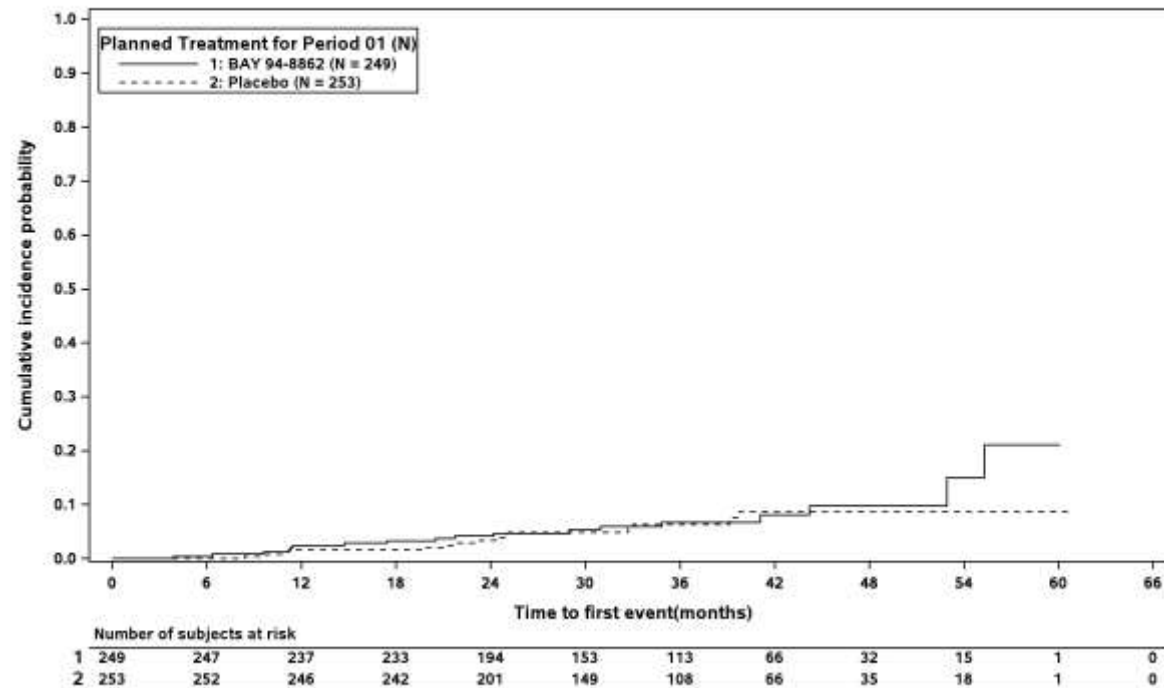
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 76: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



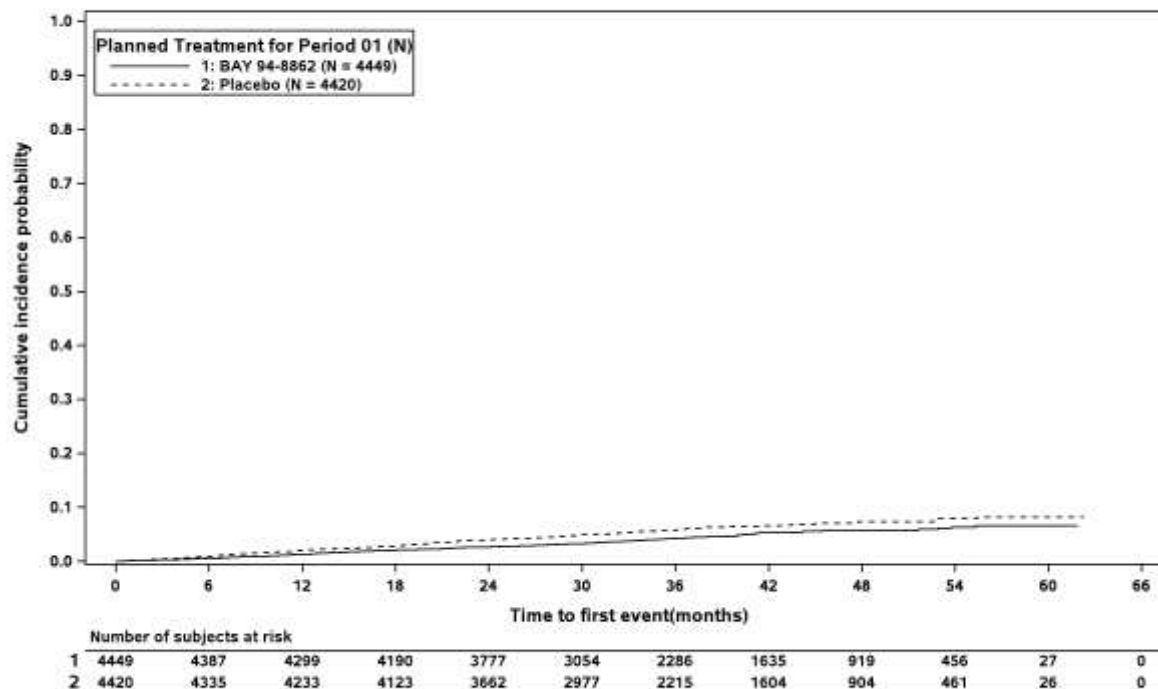
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 77: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



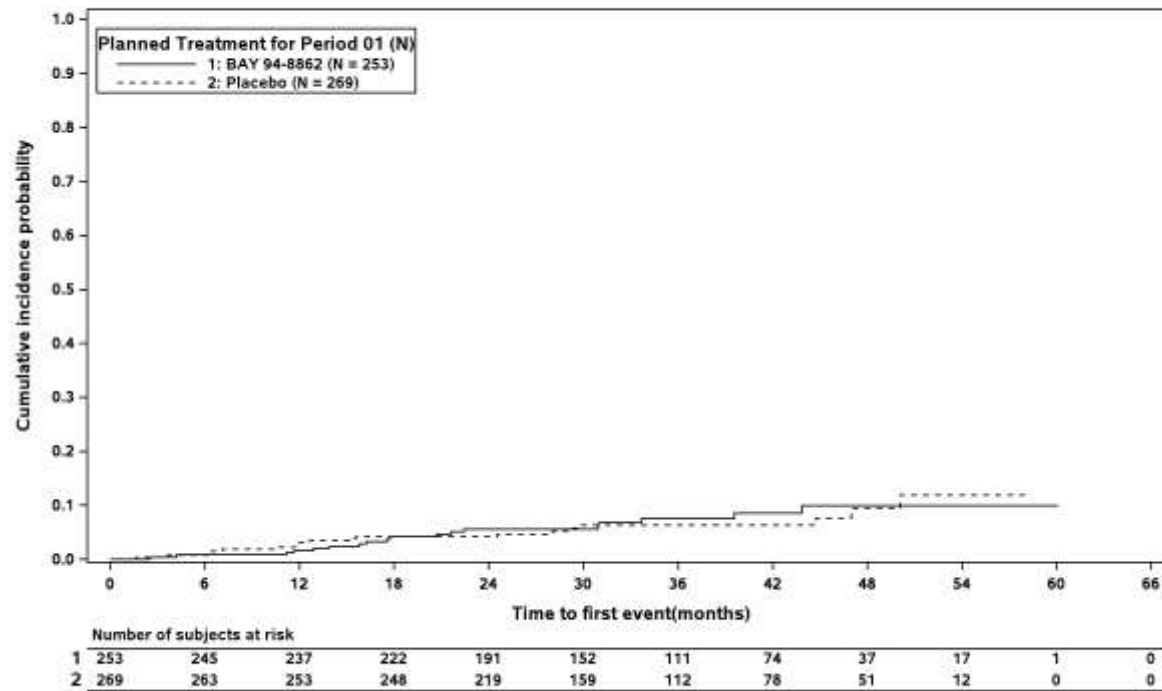
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 77: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



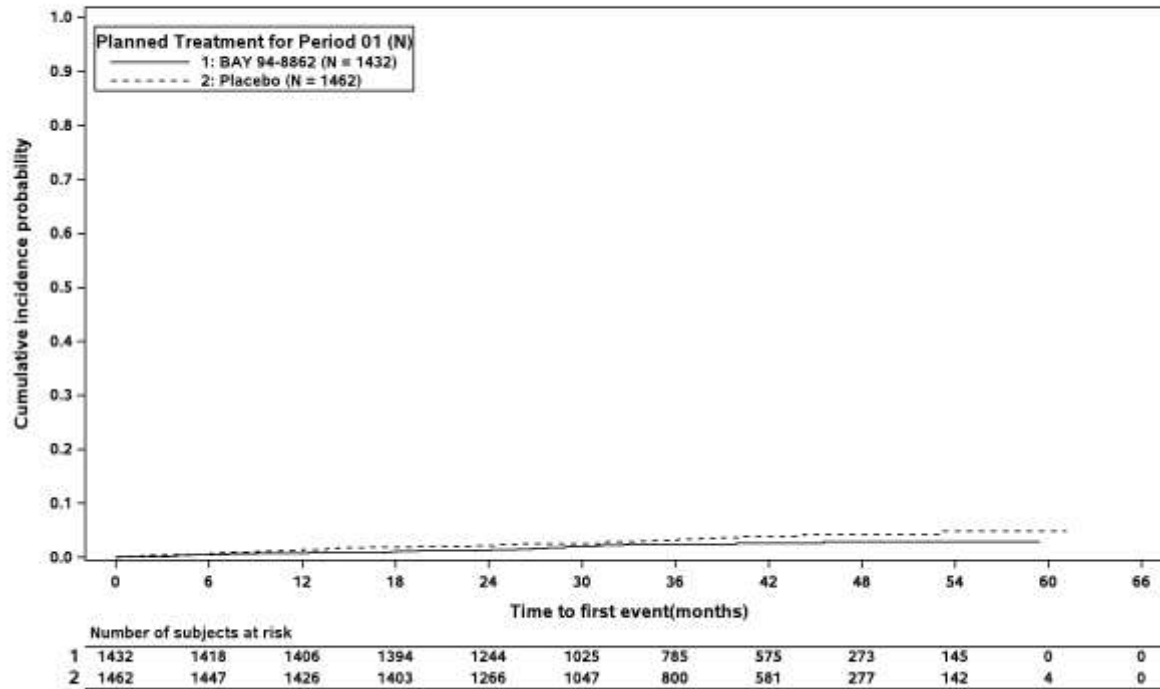
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 77: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



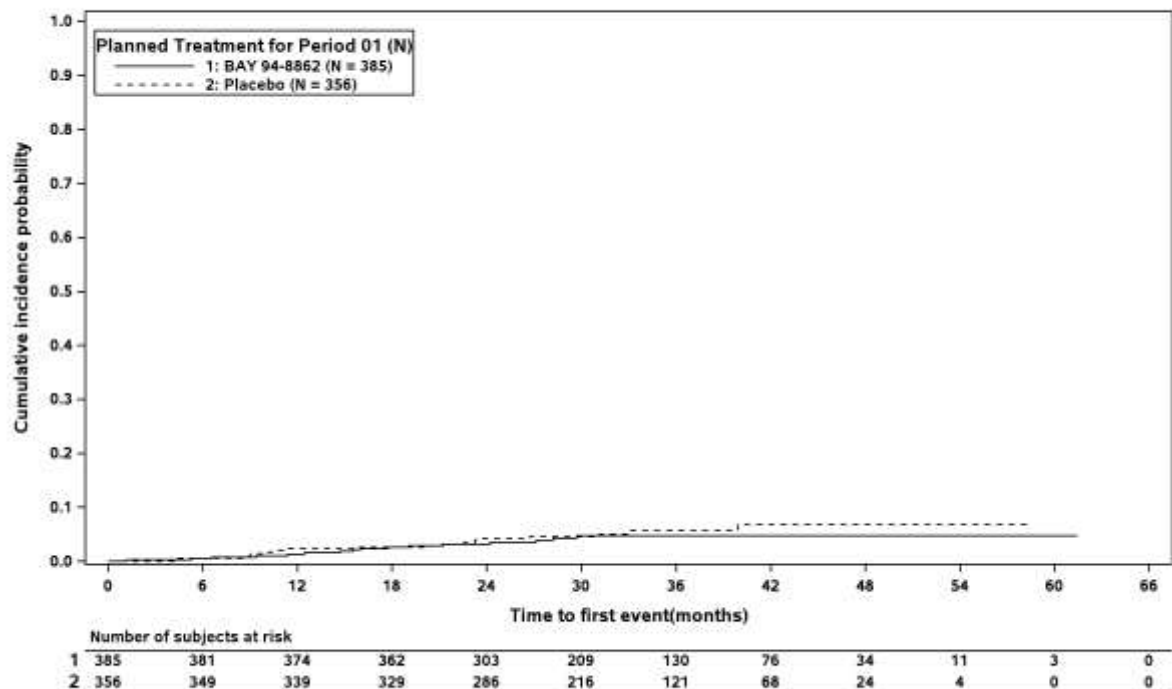
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 77: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



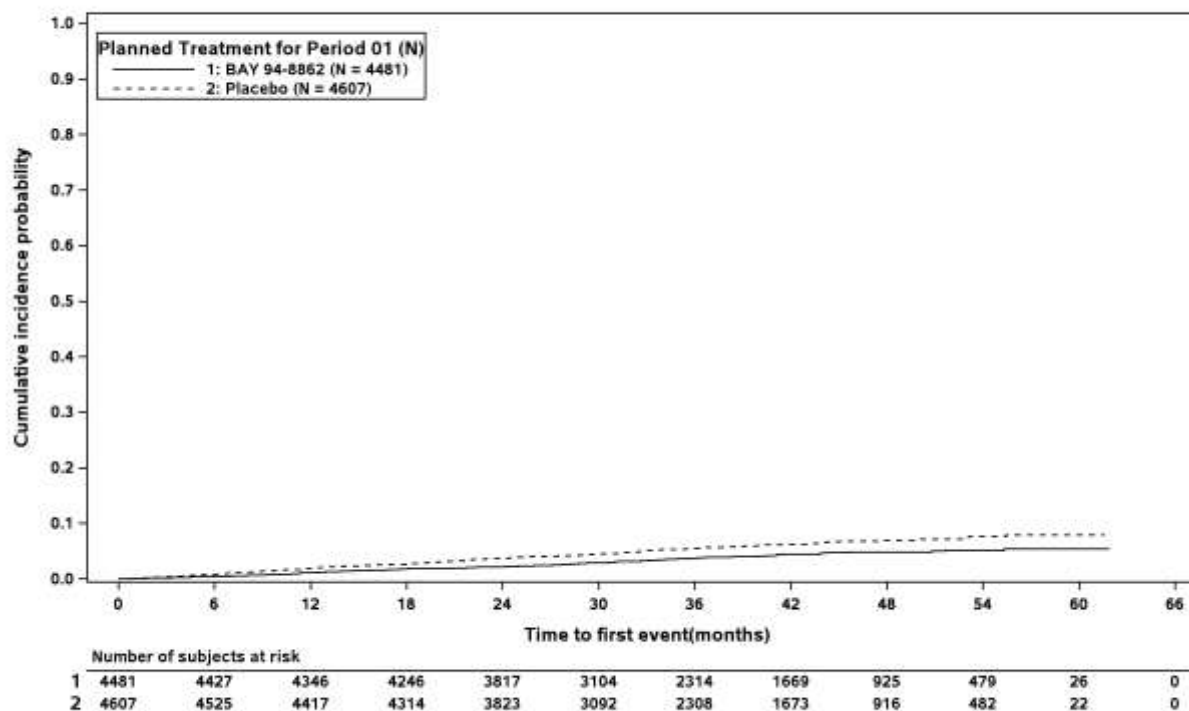
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 78: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



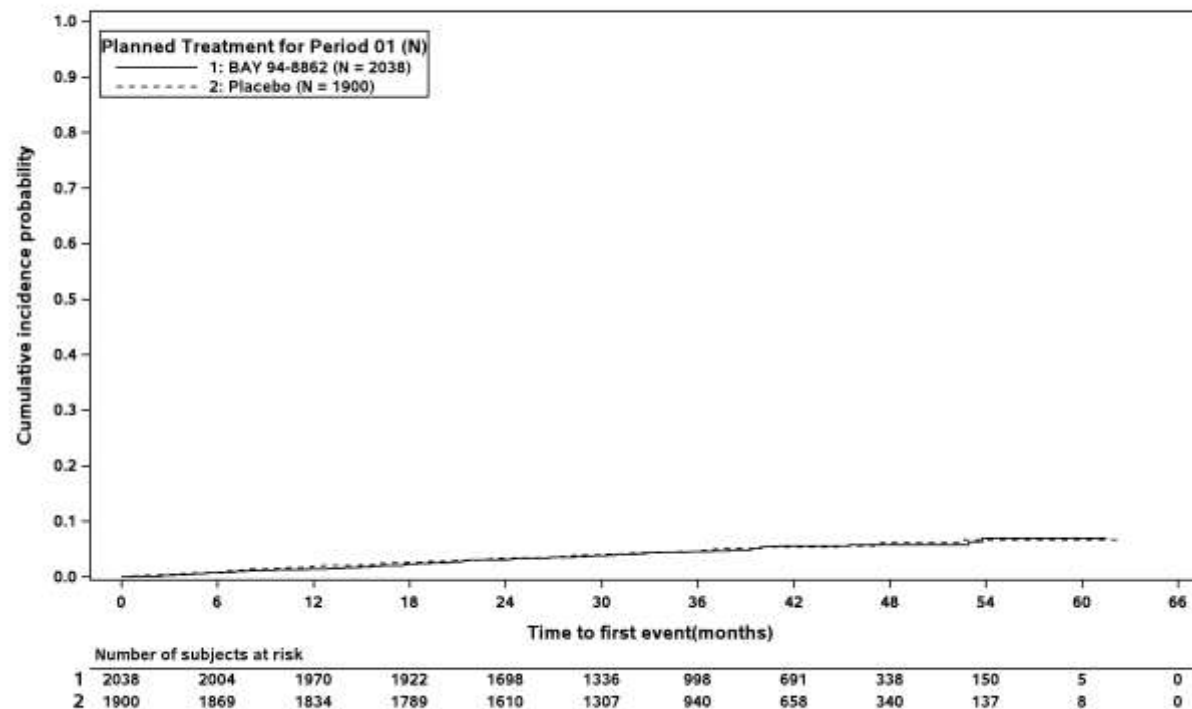
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 78: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



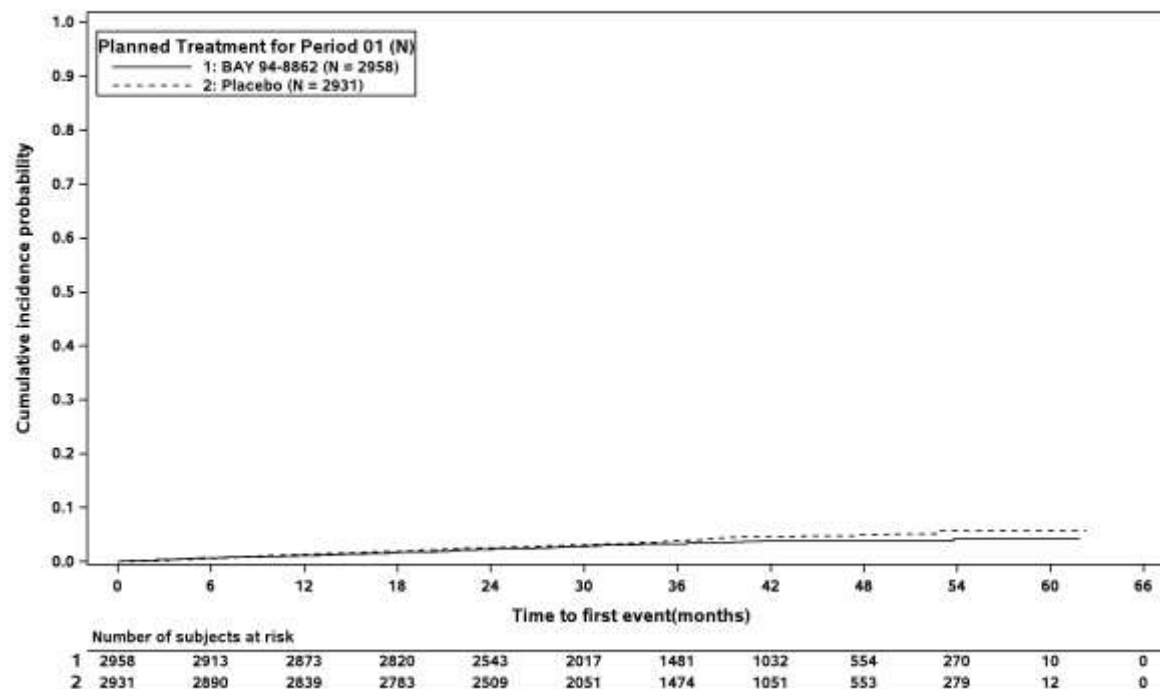
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 79: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



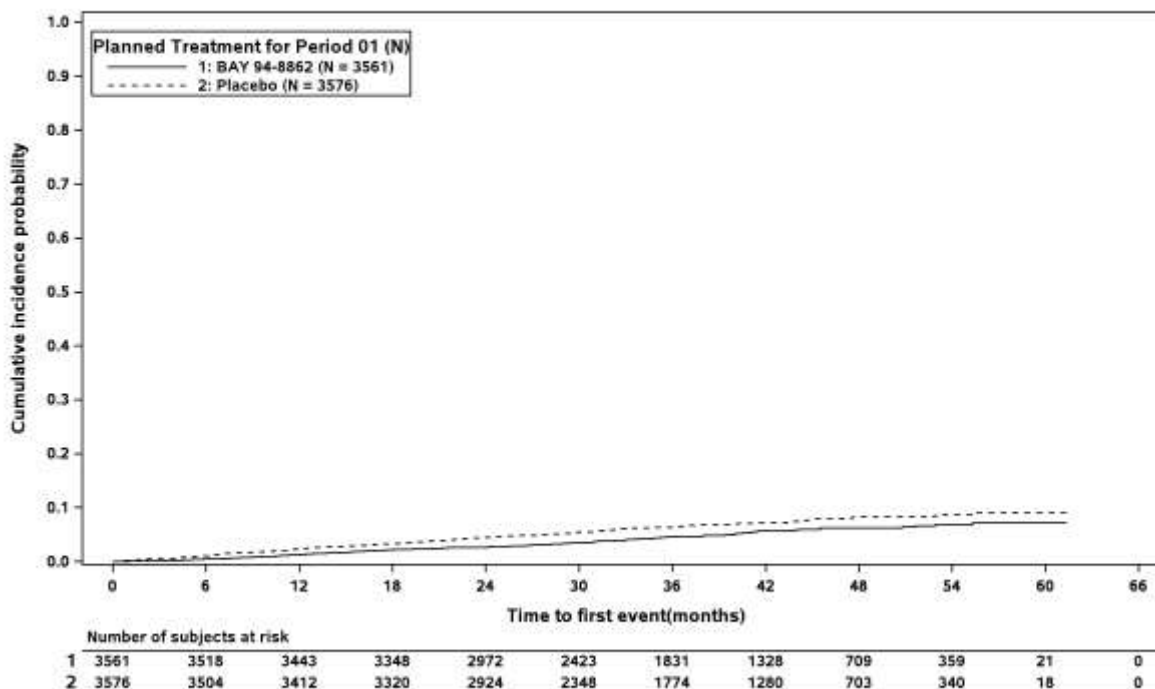
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 79: Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to first occurrence of the composite endpoint of CV death for HF or hospitalization for HF (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years

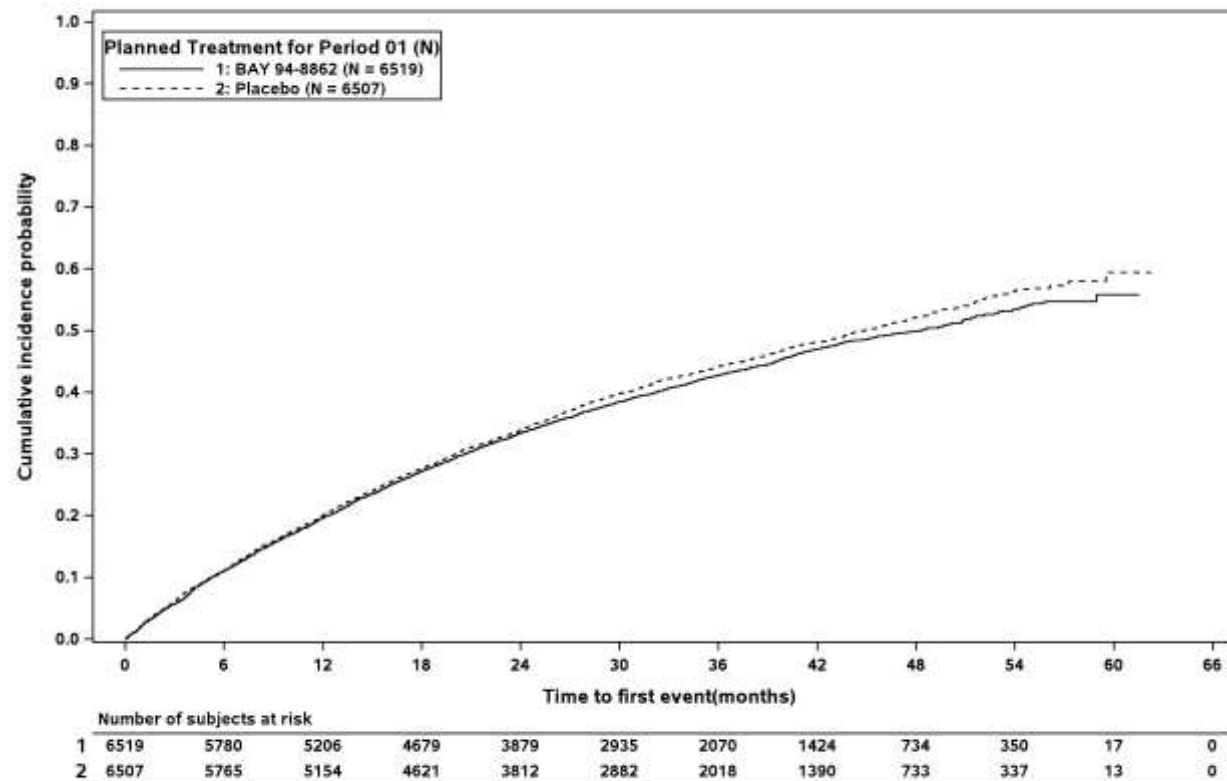


At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 80: Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set)

Time to all-cause hospitalization (months): Kaplan-Meier curves (full analysis set)



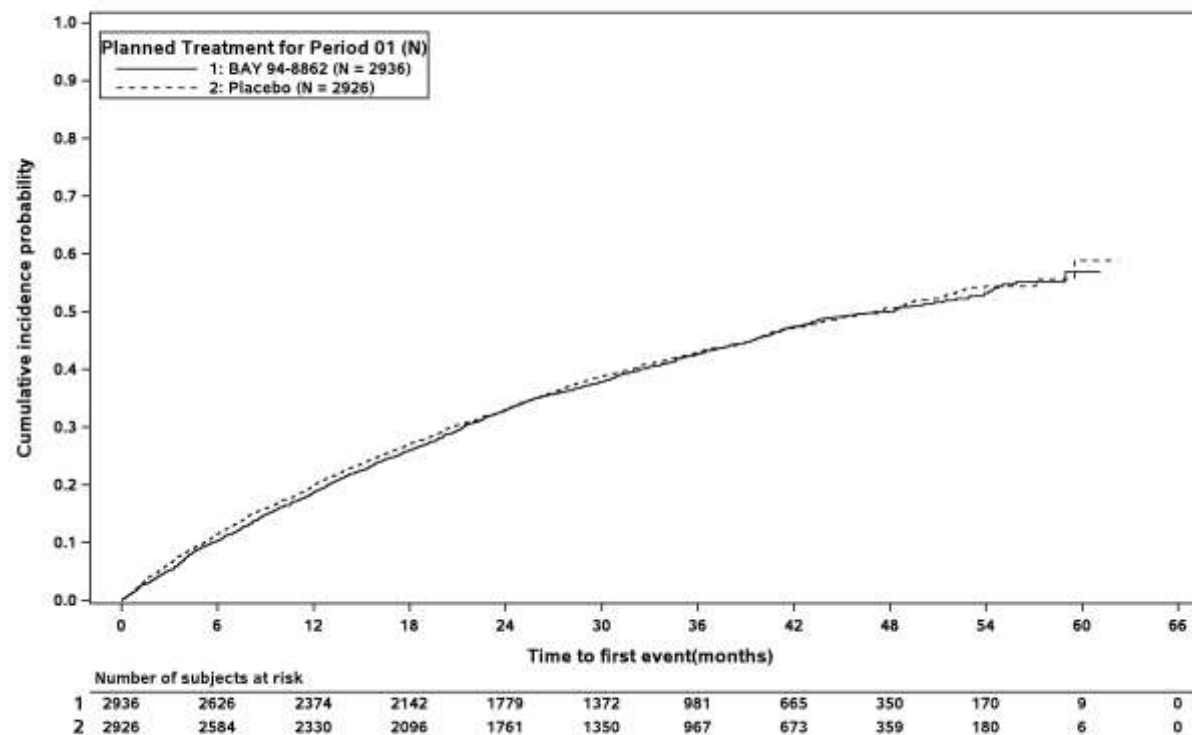
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set)

Region: Europe

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set)
Region: Europe



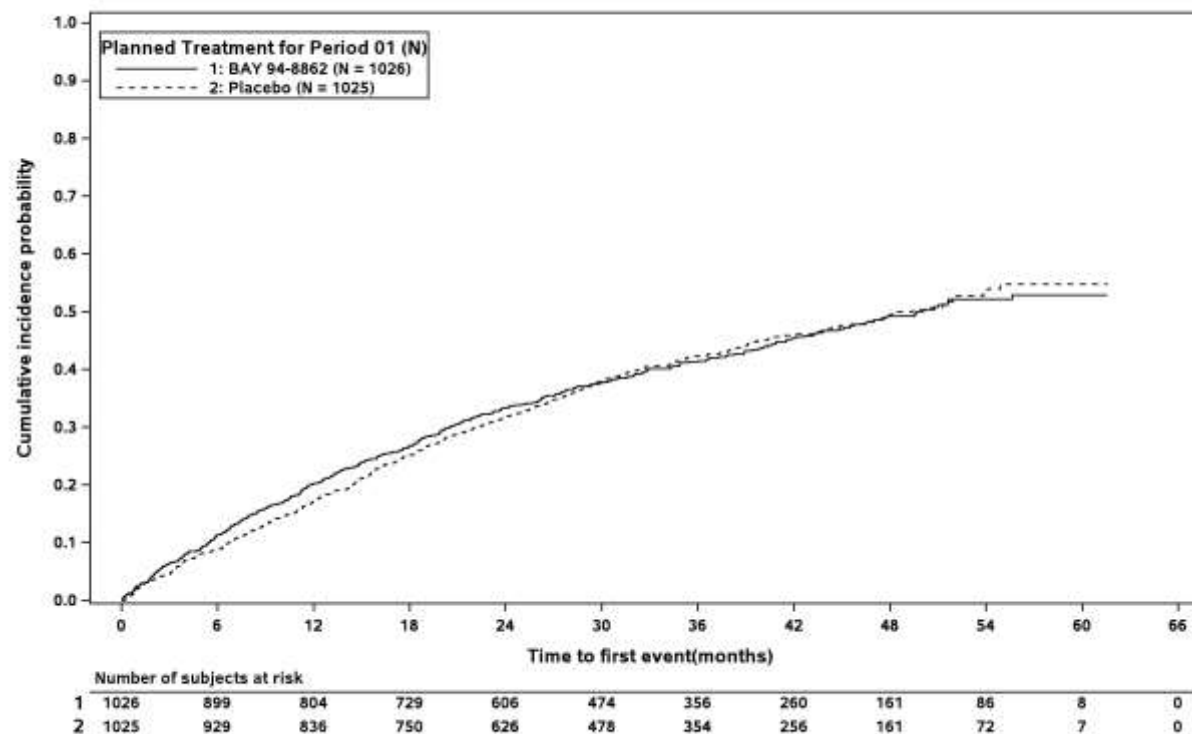
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: North America

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set)
Region: North America



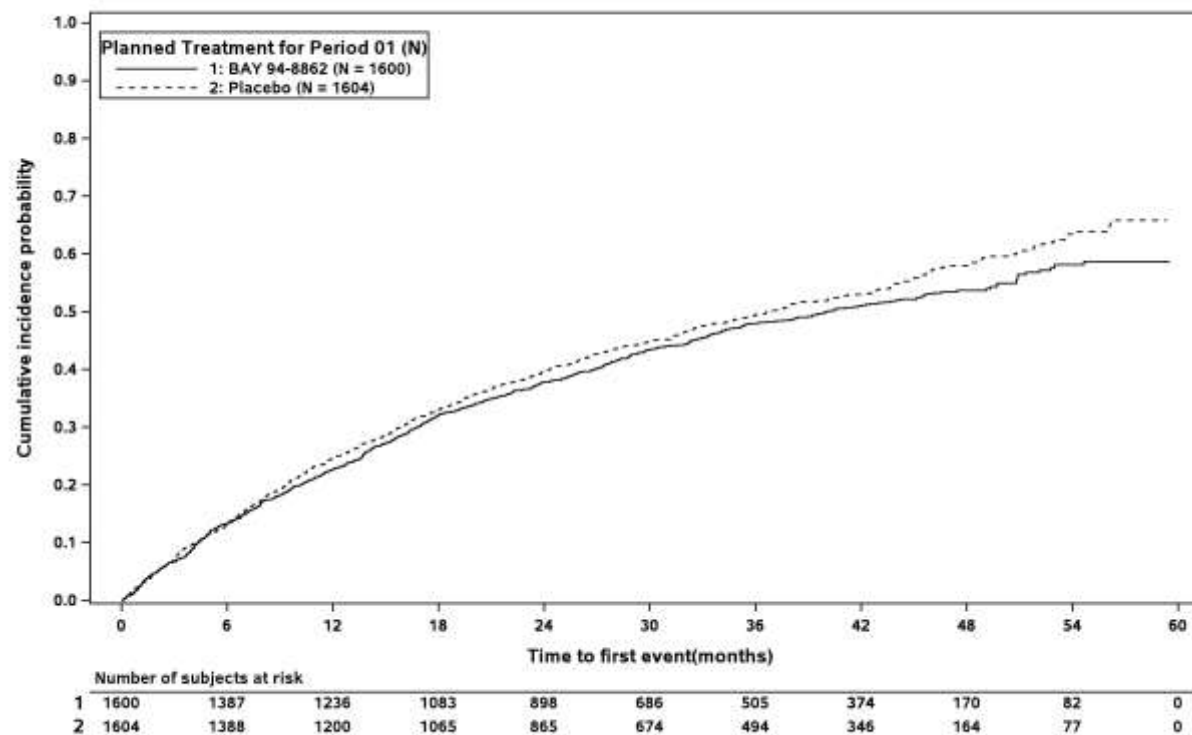
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Asia

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set)
Region: Asia



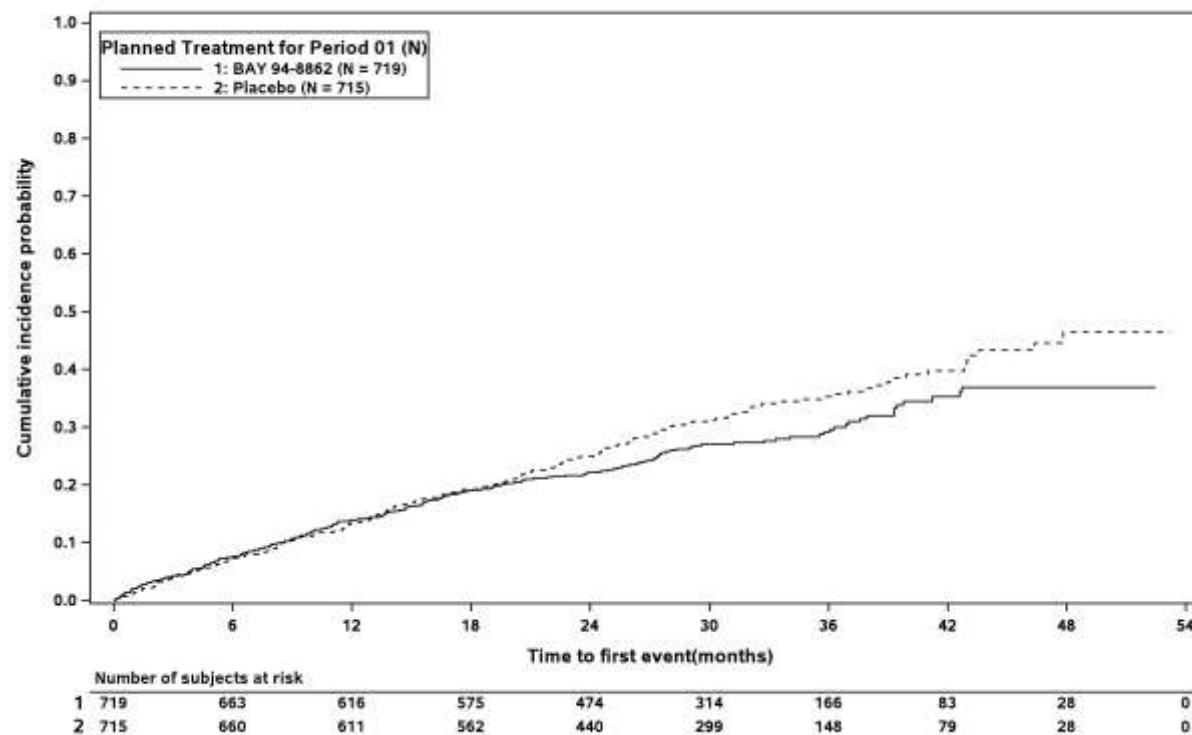
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Latin America

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set)
Region: Latin America



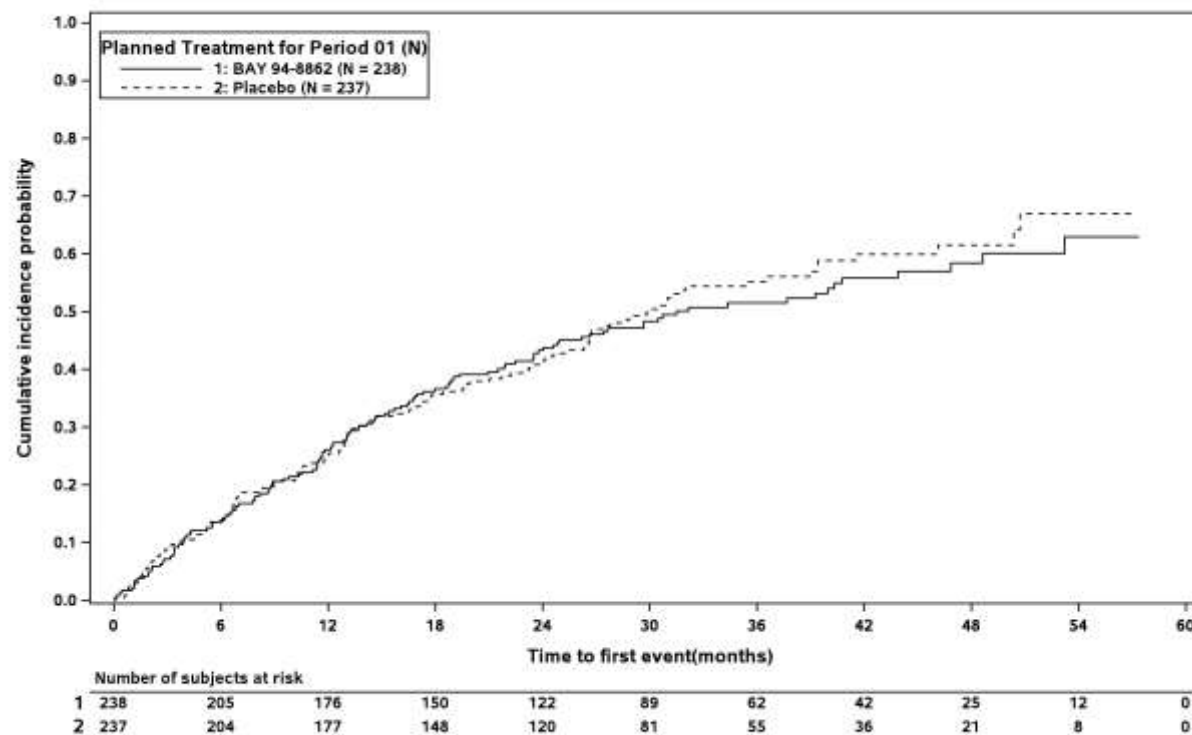
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 81: Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set) (cont.)

Region: Others

Time to all-cause hospitalization (months): Kaplan-Meier curves by Region (full analysis set)
Region: Others



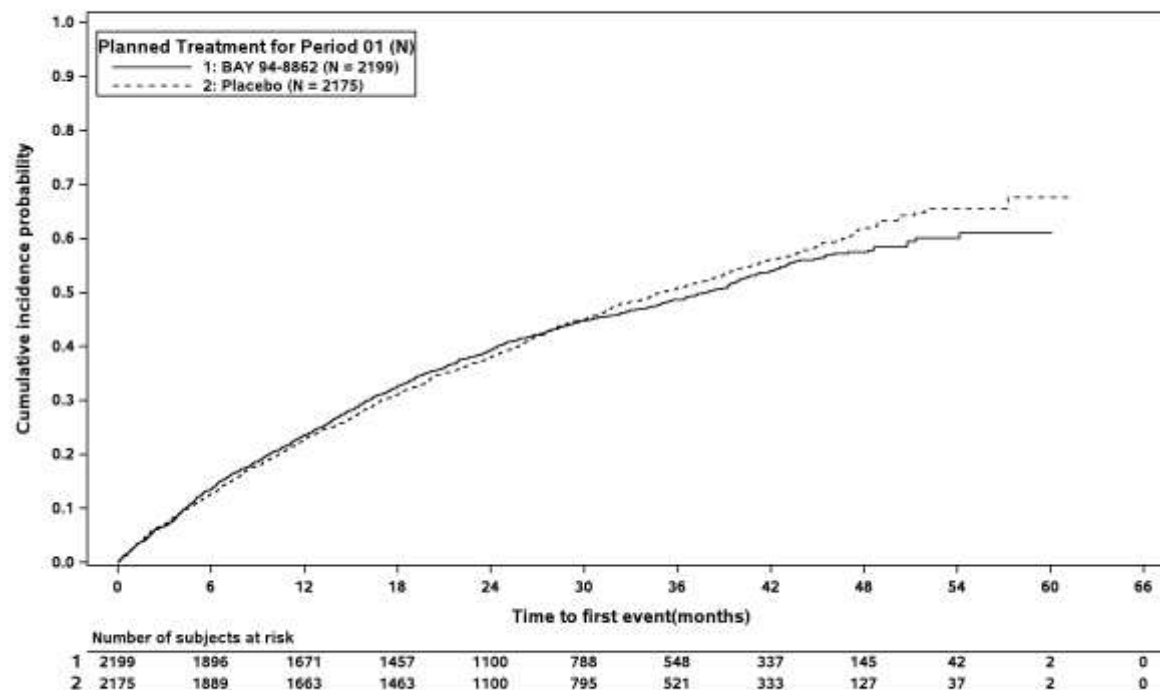
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)

Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 25 - < 45 mL/min/1.73m2



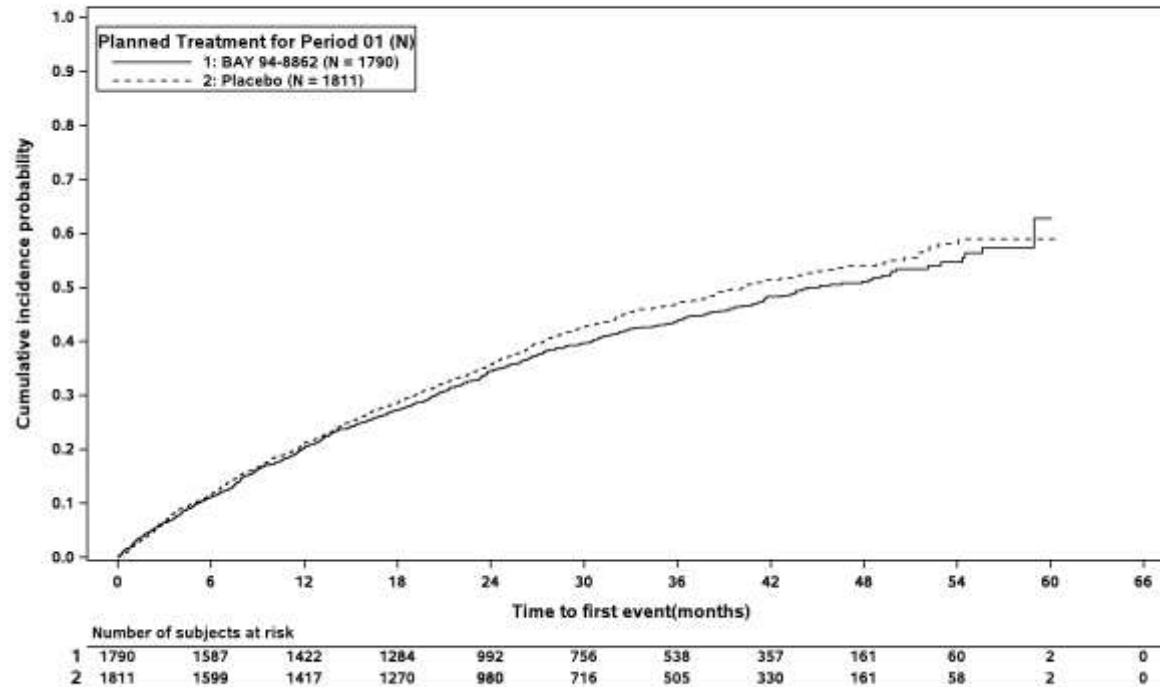
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtlr_km.sas 06FEB2023 12:28

Figure 1.3.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: 45 - < 60 mL/min/1.73m2



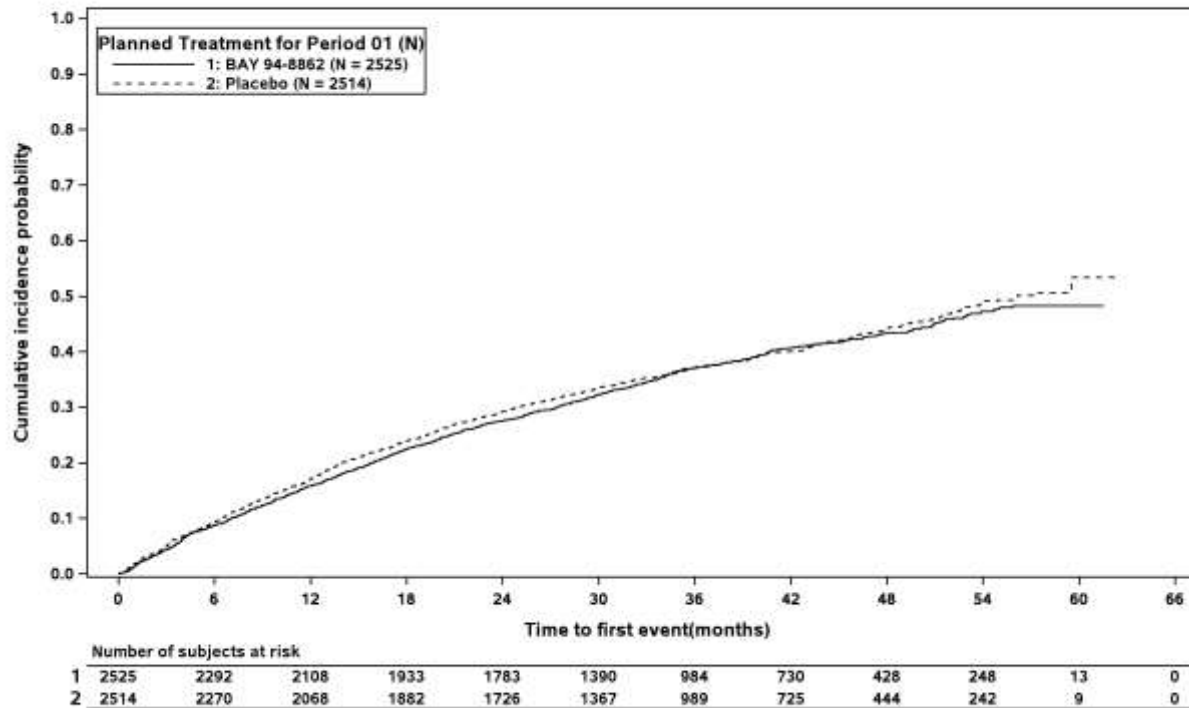
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 82: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set) (cont.)

Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening eGFR (mL/min/1.73m2) category (full analysis set)
Screening eGFR (mL/min/1.73m2) category: >= 60 mL/min/1.73m2



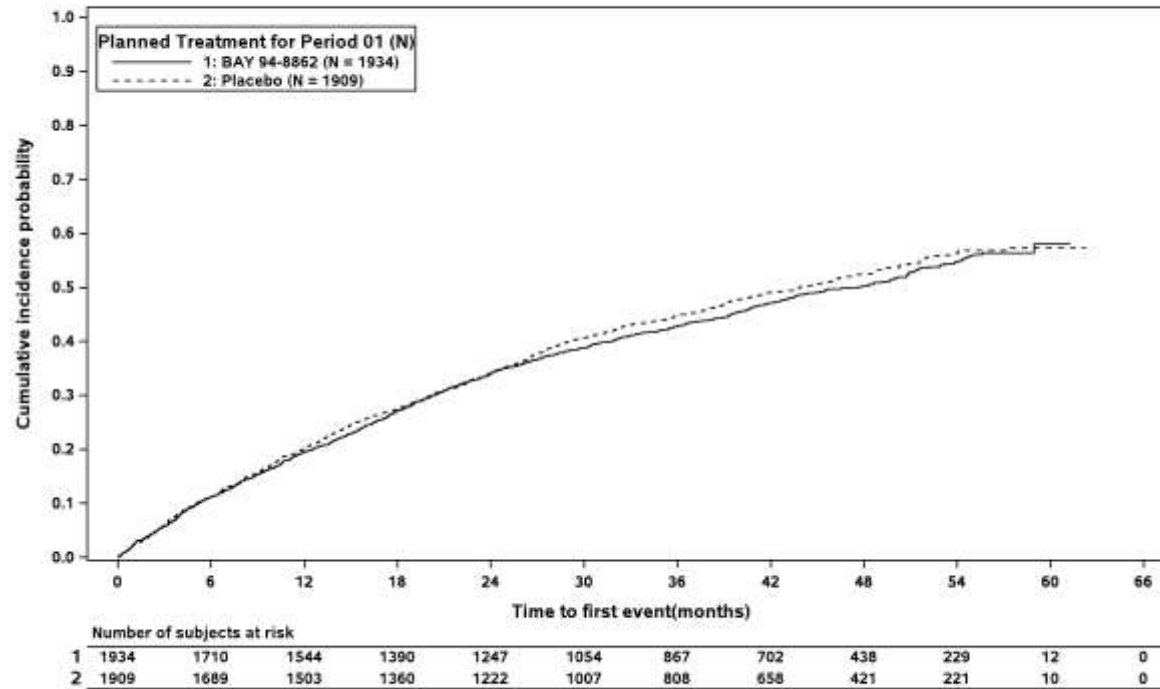
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 83: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)

Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: High albuminuria (30 mg/g - < 300 mg/g)



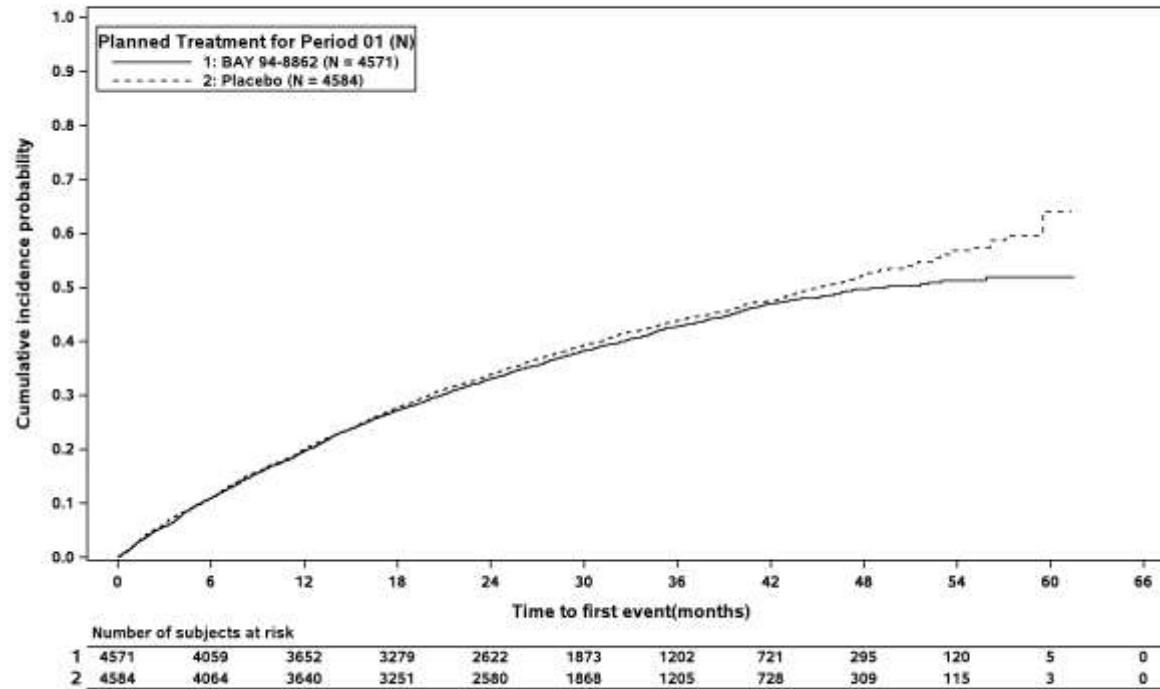
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 83: Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set) (cont.)

Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)

Time to all-cause hospitalization (months): Kaplan-Meier curves by Screening albuminuria (mg/g) category (full analysis set)
Screening albuminuria (mg/g) category: Very high albuminuria (≥ 300 mg/g)



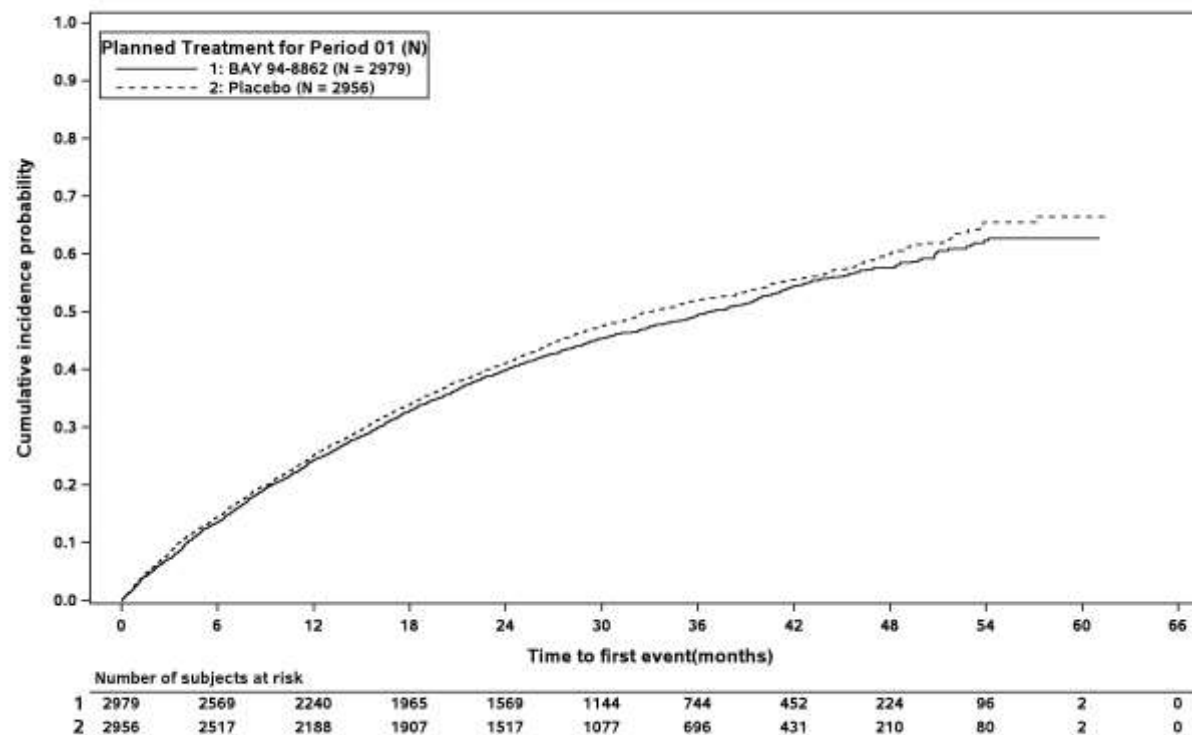
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 84: Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)

History of CVD (Medical history): present

Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): present



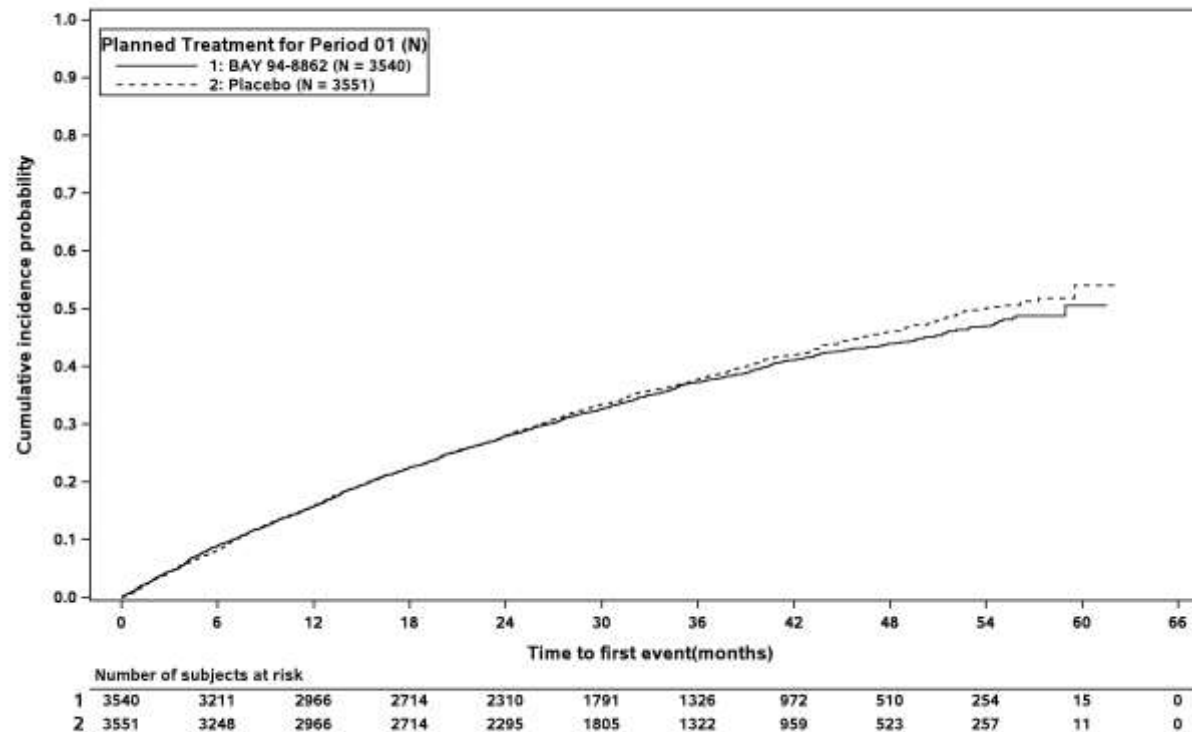
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 84: Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set) (cont.)

History of CVD (Medical history): absent

Time to all-cause hospitalization (months): Kaplan-Meier curves by History of CVD (Medical history) (full analysis set)
History of CVD (Medical history): absent



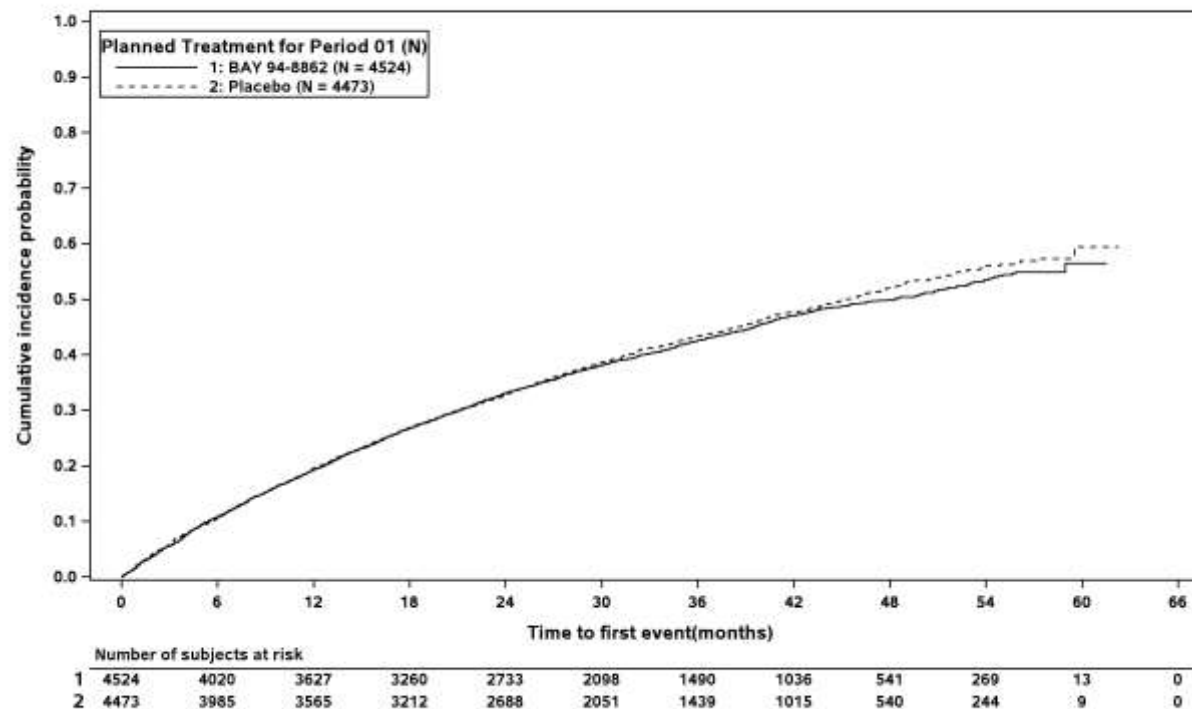
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 85: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)

Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: <= 4.5 mmol/L



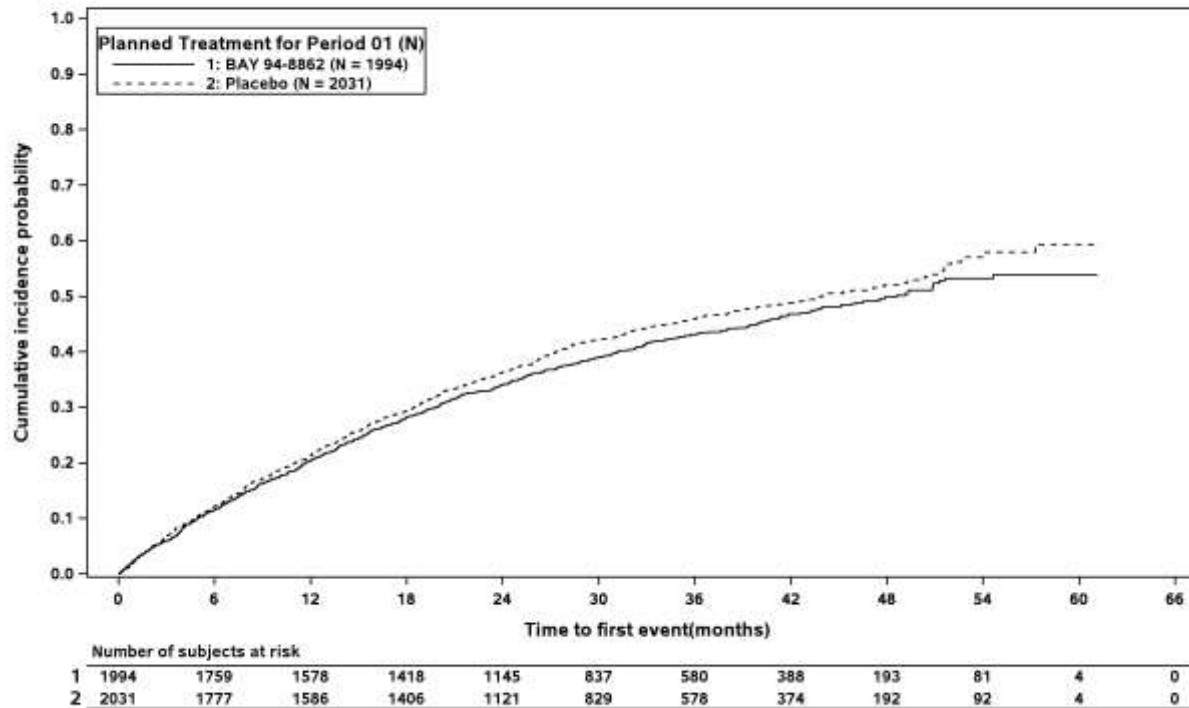
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 85: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set) (cont.)

Baseline serum potassium (mmol/L) category: > 4.5 mmol/L

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline serum potassium (mmol/L) category (full analysis set)
Baseline serum potassium (mmol/L) category: > 4.5 mmol/L



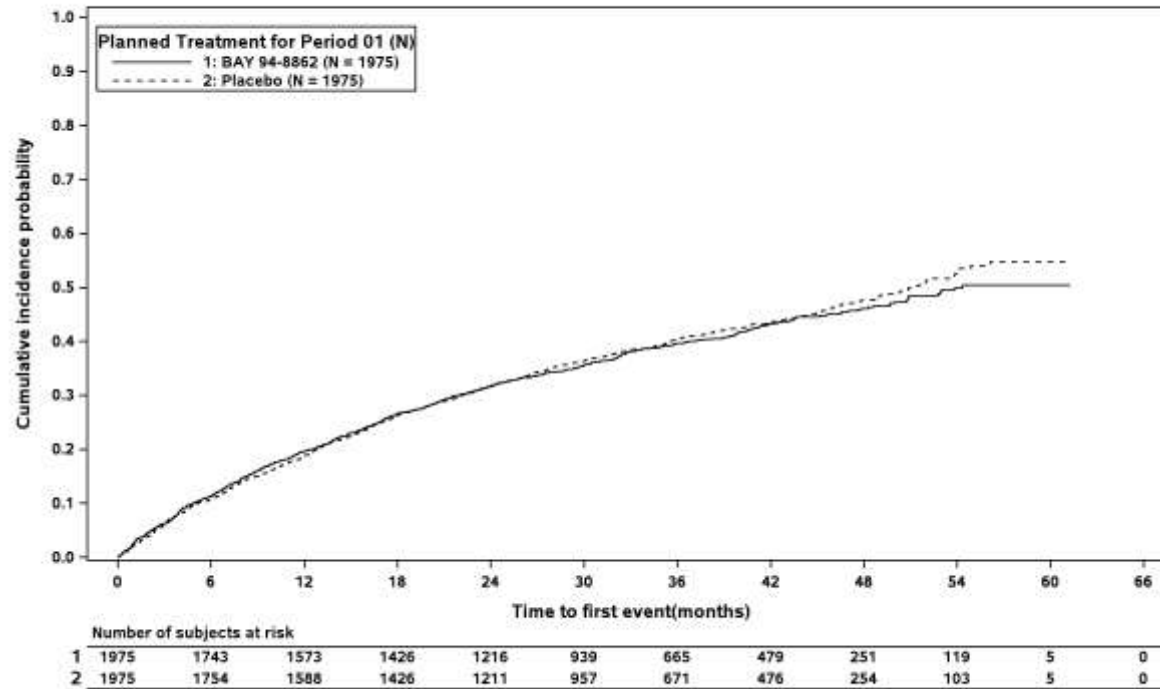
At-risk subject counts were calculated as at start of timepoint.

Bayer; /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 86: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)

Baseline systolic blood pressure (mmHg) category: < 130 mmHg

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: < 130 mmHg



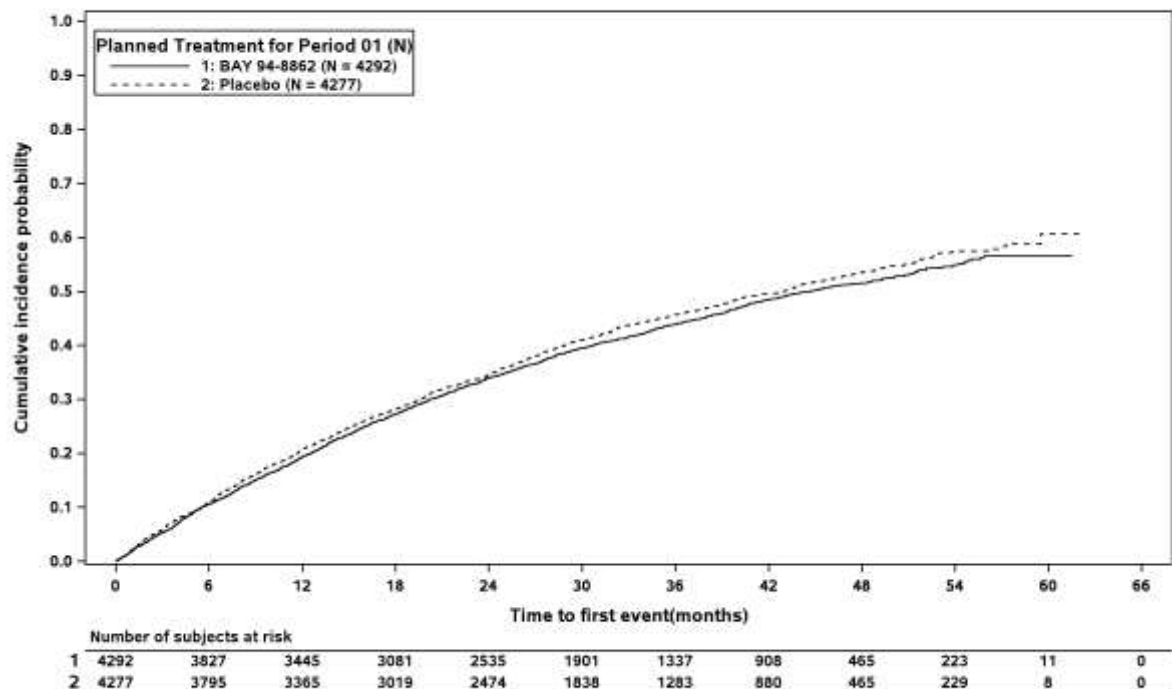
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 86: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: 130 - < 160 mmHg



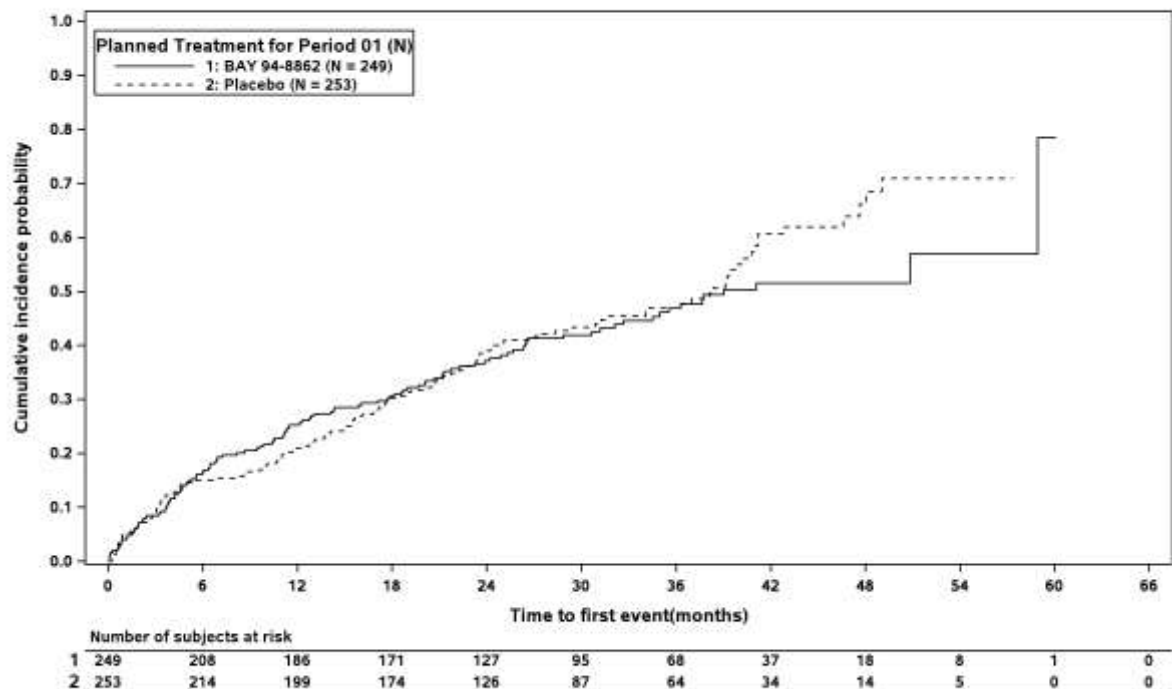
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 86: Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set) (cont.)

Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg

Time to all-cause hospitalization (months): Kaplan-Meier curves by Baseline systolic blood pressure (mmHg) category (full analysis set)
Baseline systolic blood pressure (mmHg) category: ≥ 160 mmHg



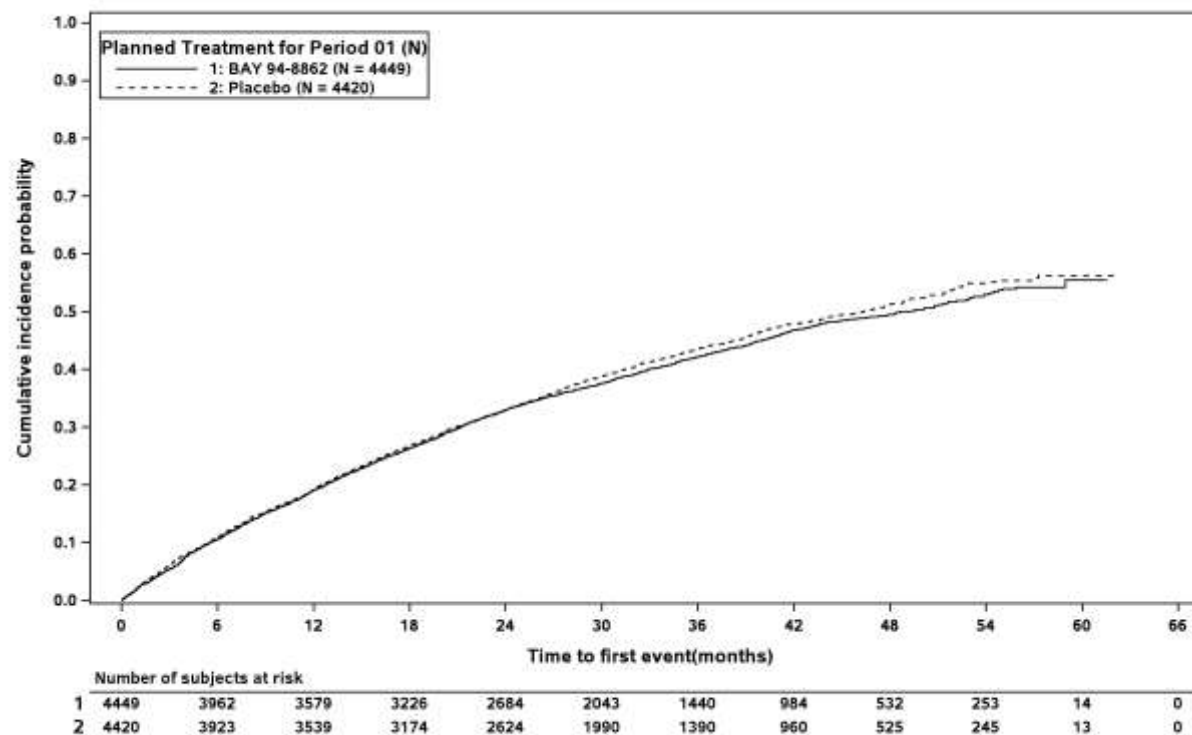
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 87: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)

Race (4 categories): White

Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): White



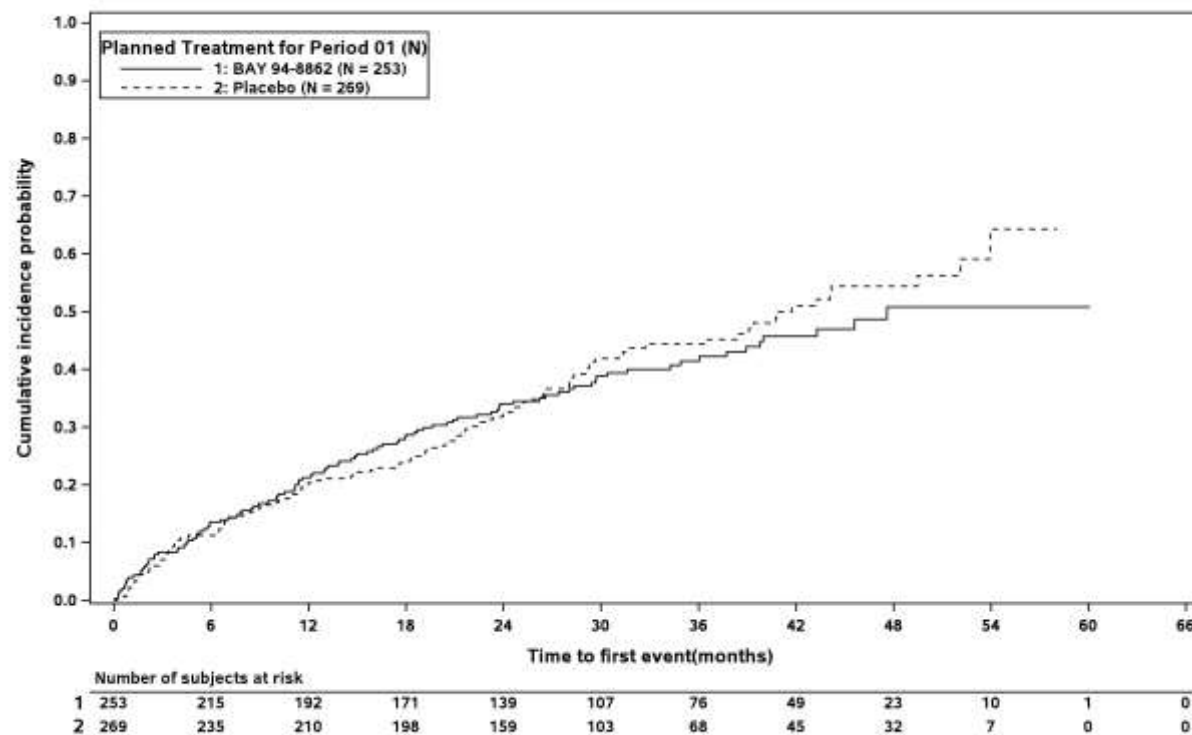
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 87: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Black

Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Black



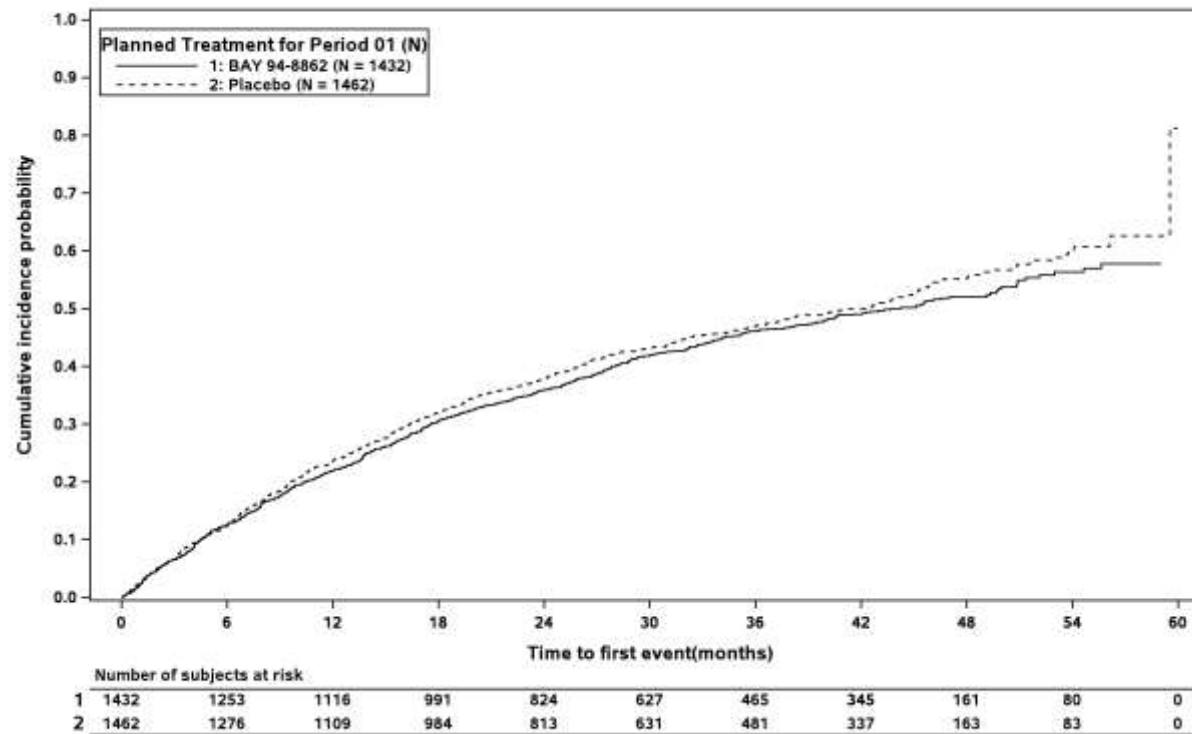
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 87: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Asian

Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Asian



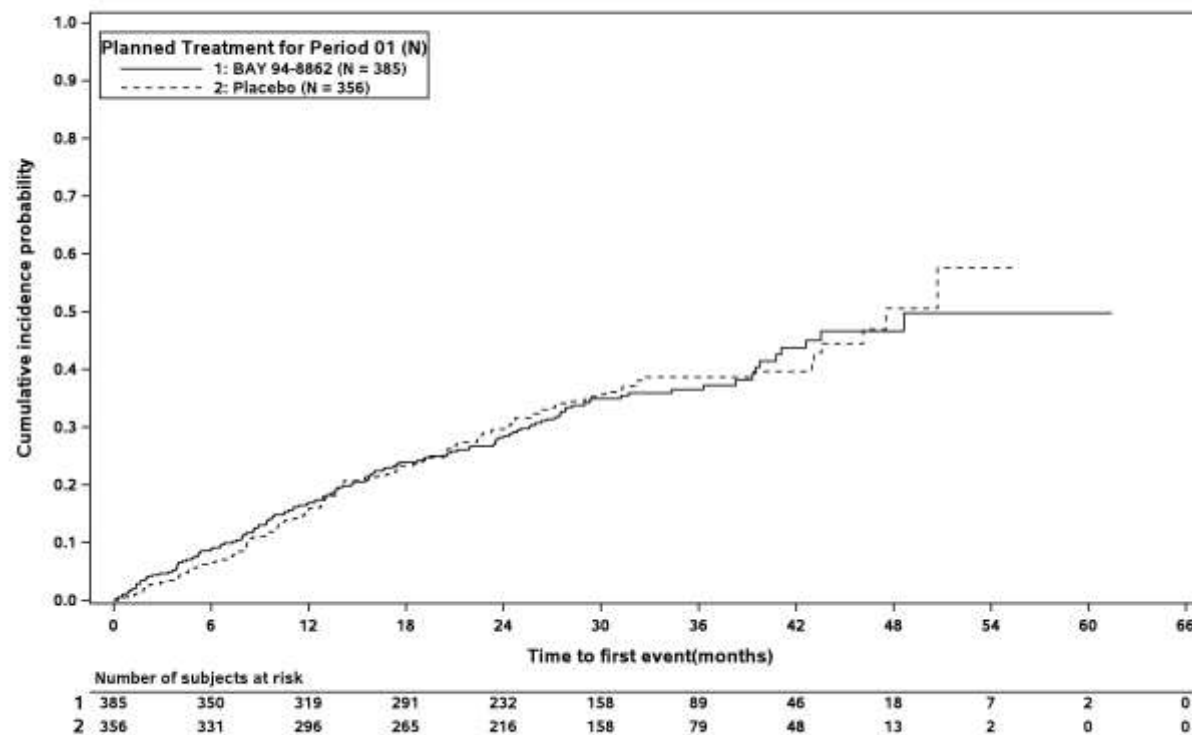
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 87: Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set) (cont.)

Race (4 categories): Other

Time to all-cause hospitalization (months): Kaplan-Meier curves by Race (4 categories) (full analysis set)
Race (4 categories): Other



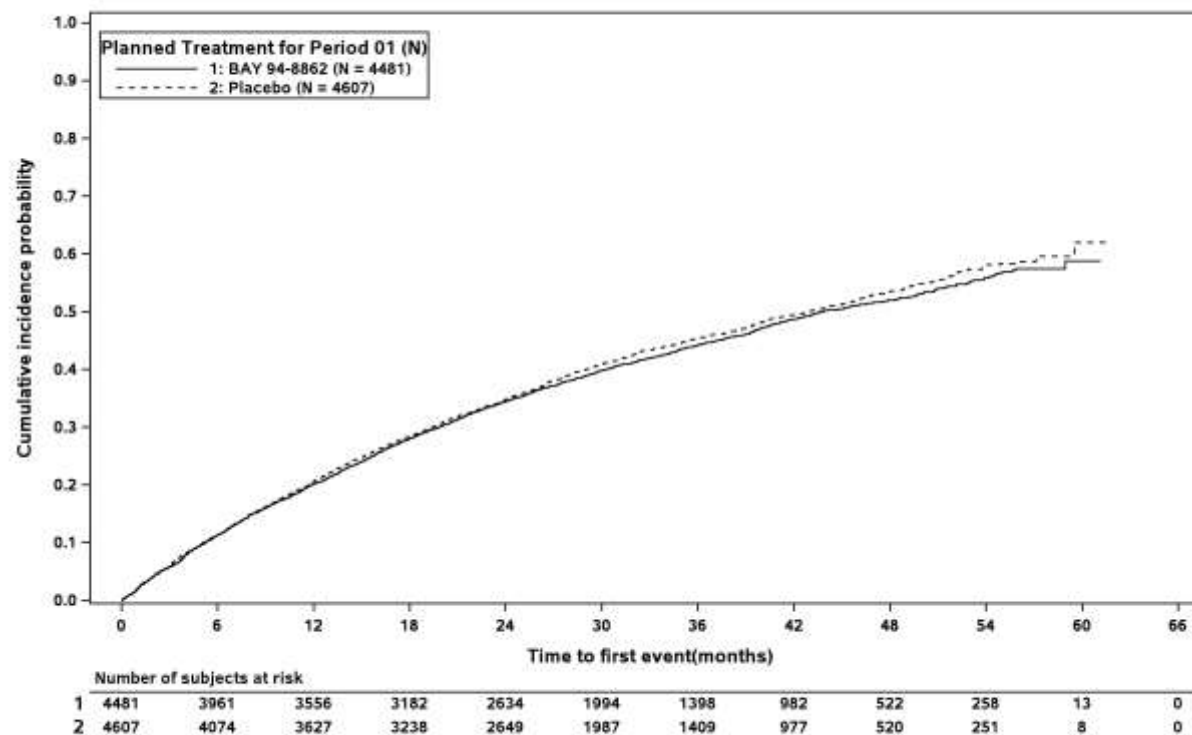
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 88: Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set)

Sex: Male

Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Male



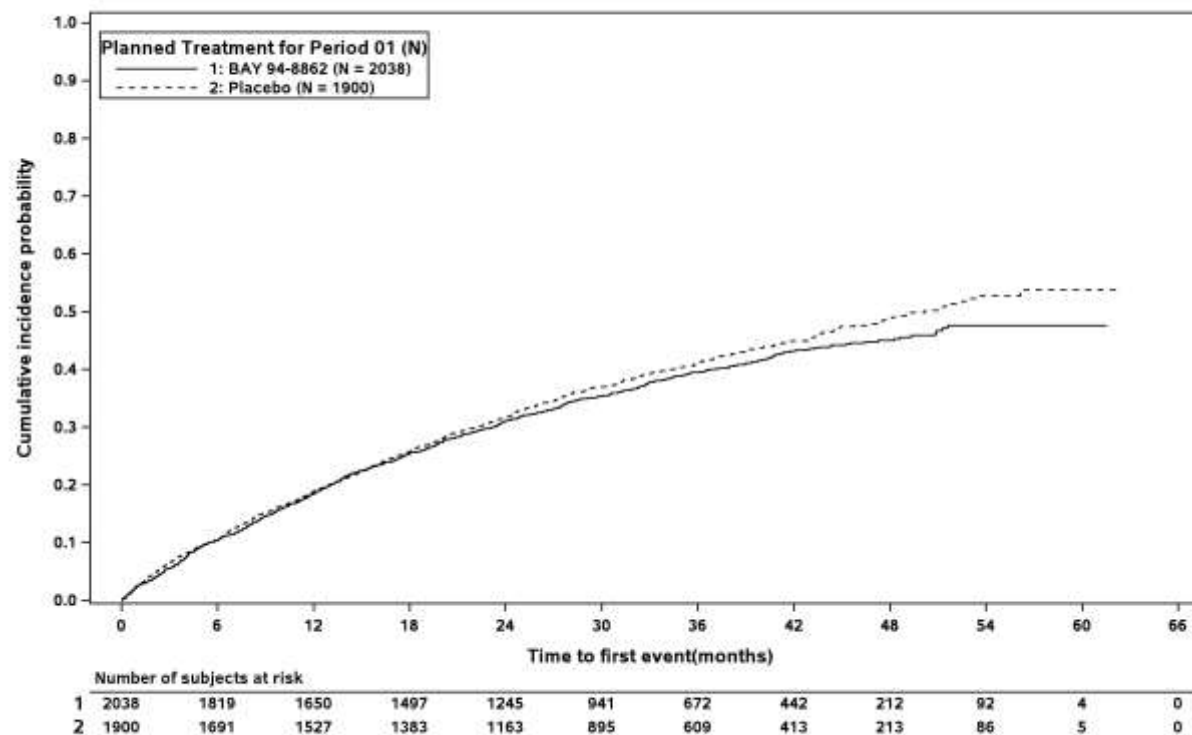
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 88: Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set) (cont.)

Sex: Female

Time to all-cause hospitalization (months): Kaplan-Meier curves by Sex (full analysis set)
Sex: Female



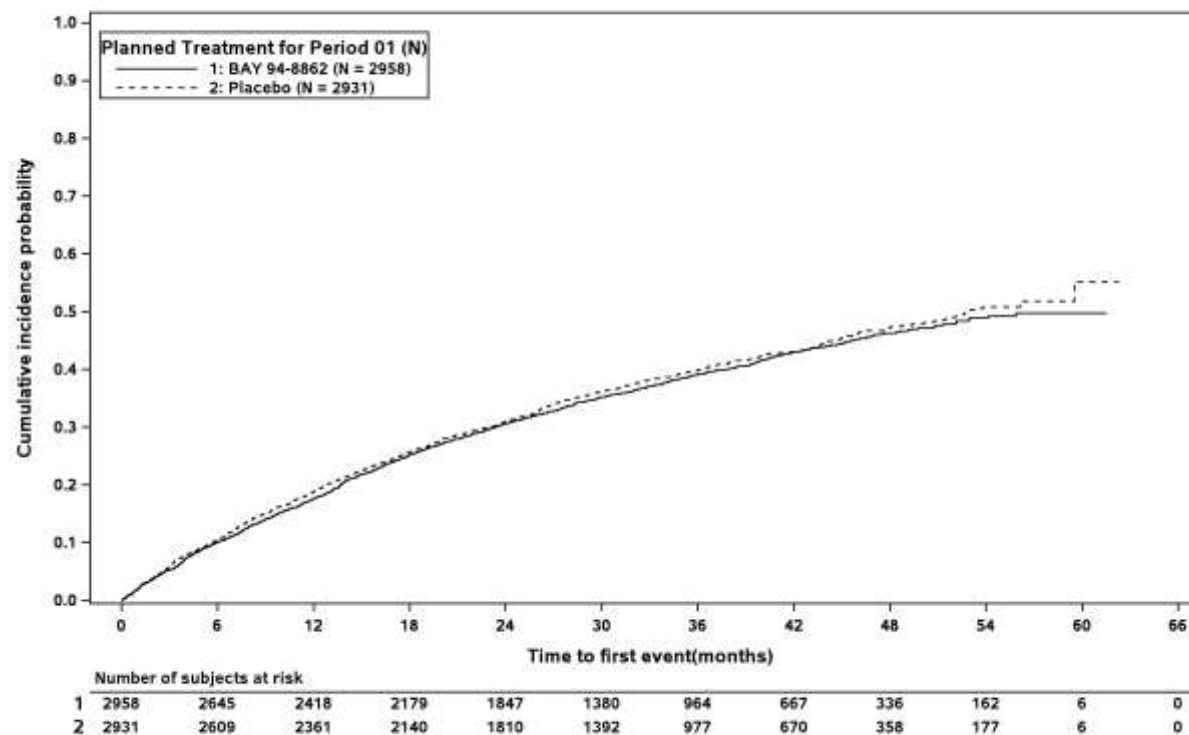
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 89: Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)

Age group (years) 3rd category: < 65 years

Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: < 65 years



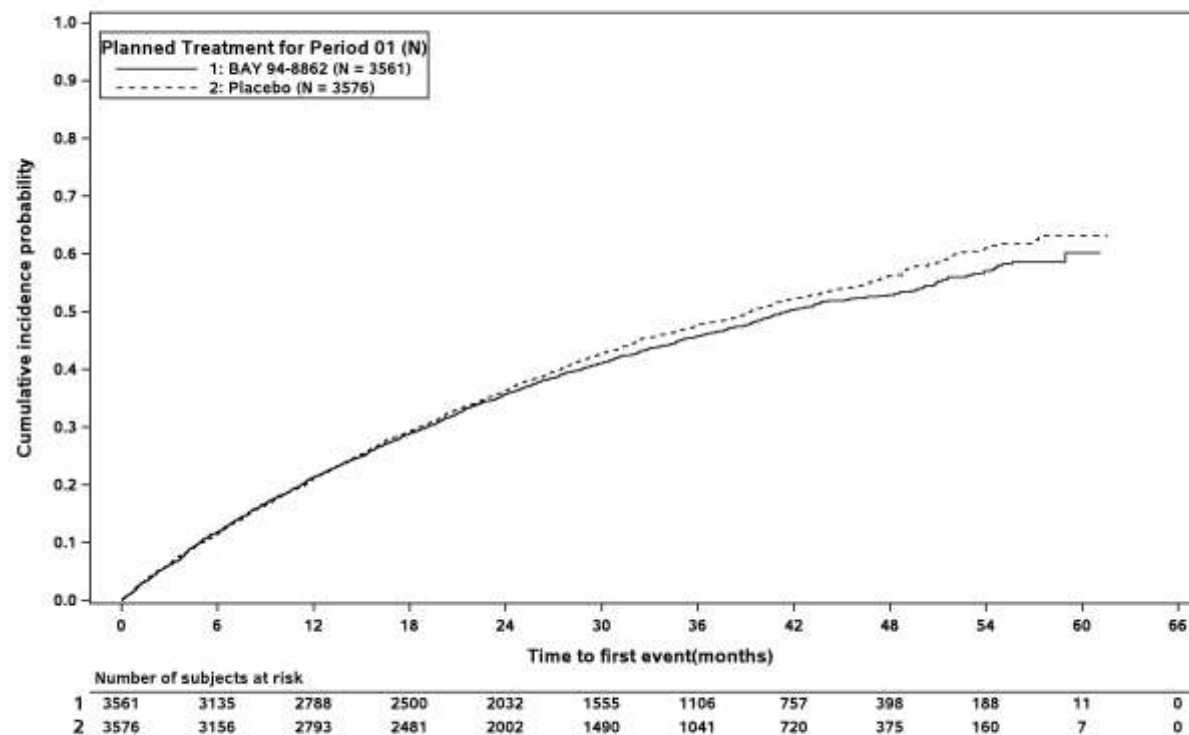
At-risk subject counts were calculated as at start of timepoint.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28

Figure 1.3.1 / 89: Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set) (cont.)

Age group (years) 3rd category: >= 65 years

Time to all-cause hospitalization (months): Kaplan-Meier curves by Age group (years) 3rd category (full analysis set)
Age group (years) 3rd category: >= 65 years



At-risk subject counts were calculated as at start of timepoint.

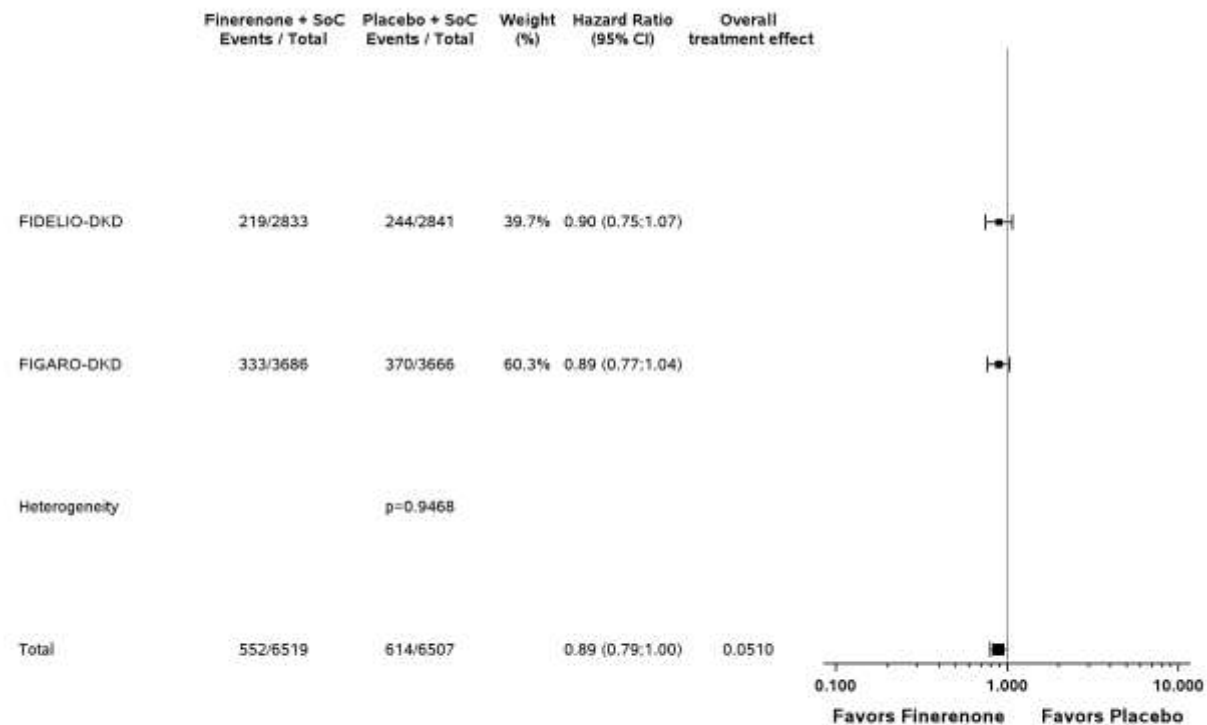
Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/f_adtte_km.sas 06FEB2023 12:28



1.3.2 Forest plots for time-to-event Analyses

Figure 1.3.2 / 1: Forest plot of all-cause mortality: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Overall and study ID (full analysis set)

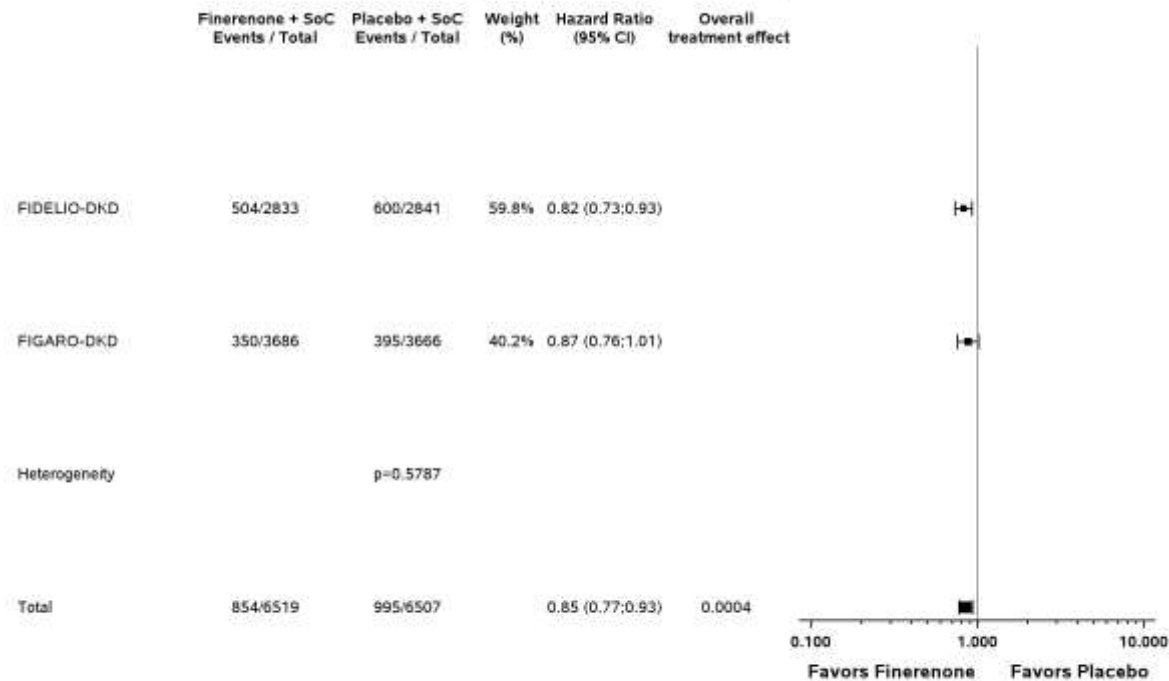


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 2: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 40\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 40\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set)

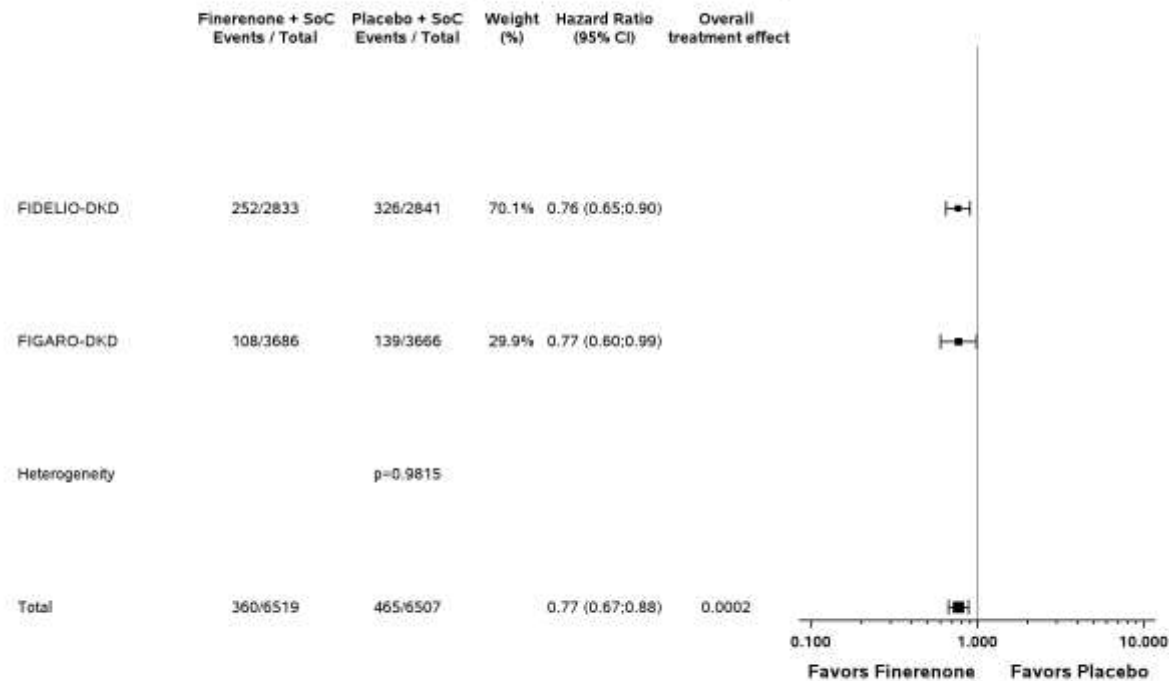


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 3: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set)

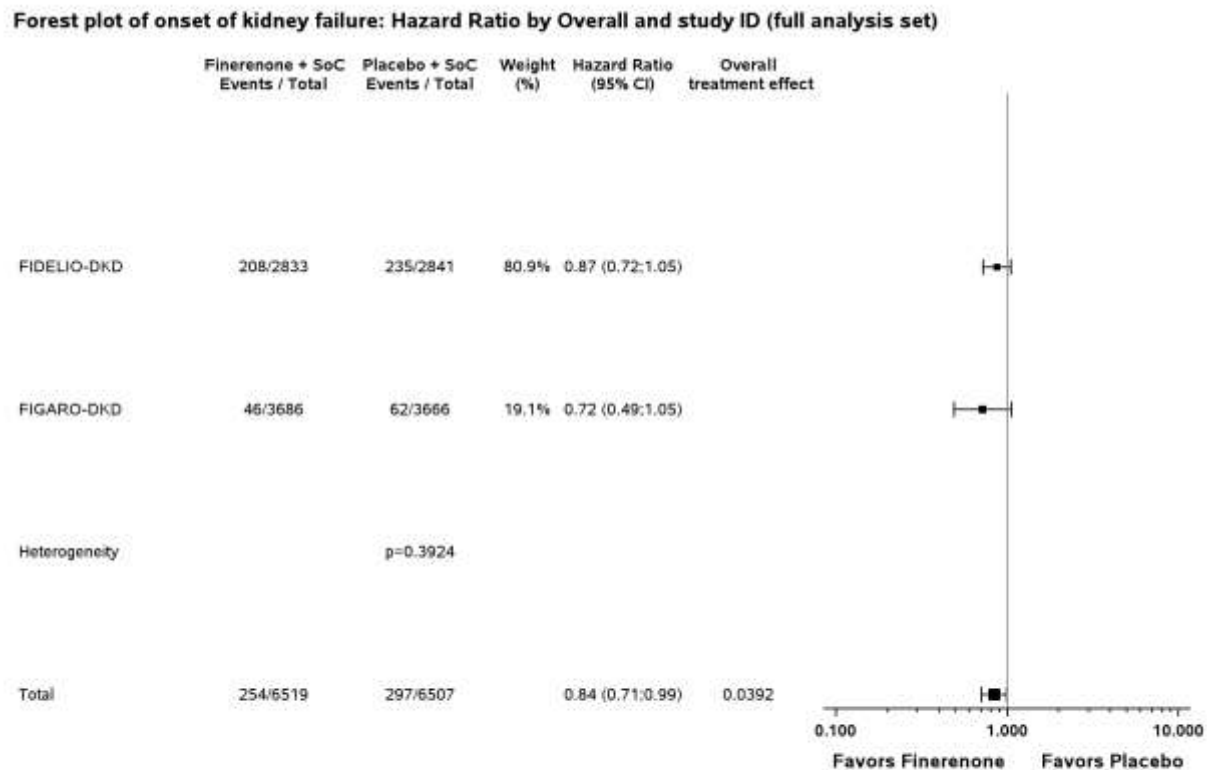
Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Overall and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study.sas 06FEB2023 12:01

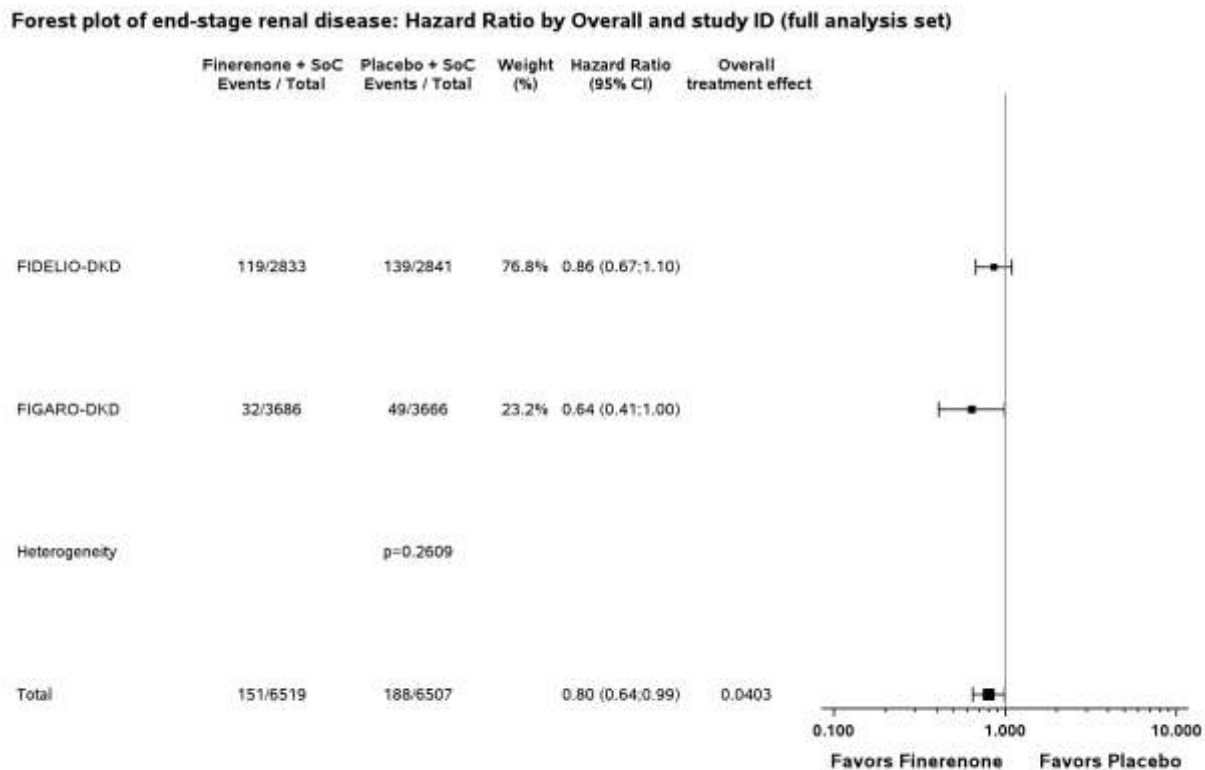
Figure 1.3.2 / 4: Forest plot of onset of kidney failure: Hazard Ratio by Overall and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 5: Forest plot of end-stage renal disease: Hazard Ratio by Overall and study ID (full analysis set)

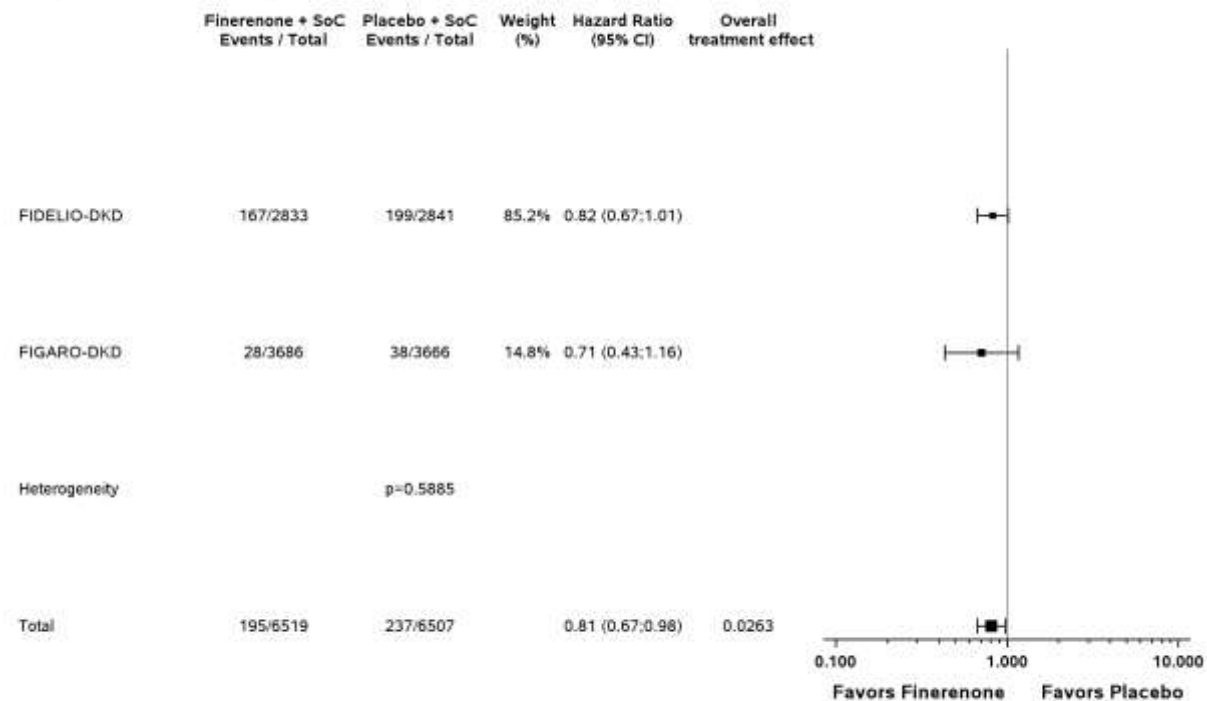


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 6: Forest plot of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of eGFR decrease to less than 15 mL/min sustained over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set)

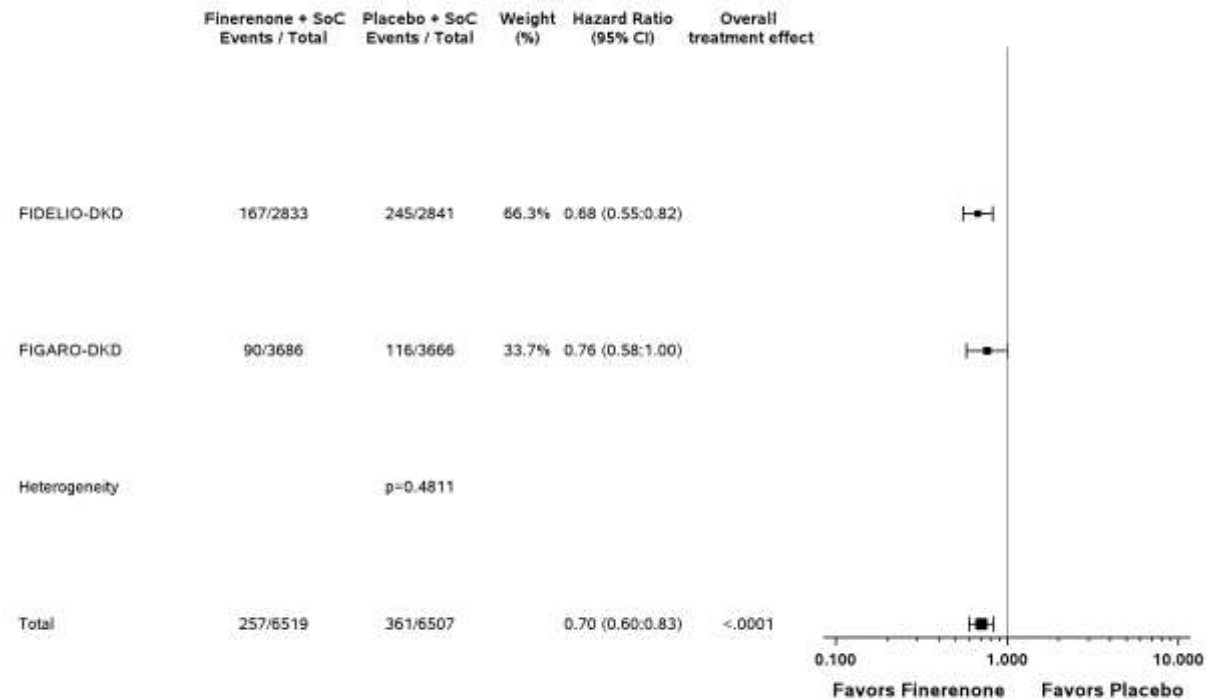


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 7: Forest plot of a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks: Hazard Ratio by Overall and study ID (full analysis set)

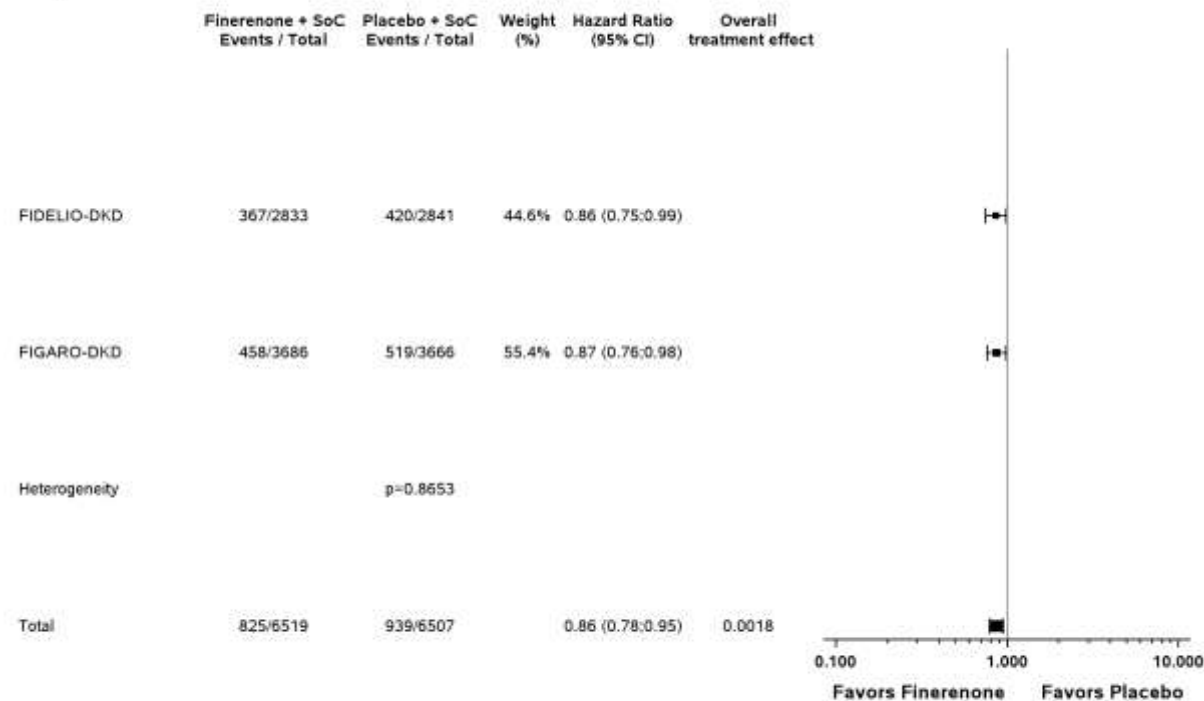


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 8: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Overall and study ID (full analysis set)

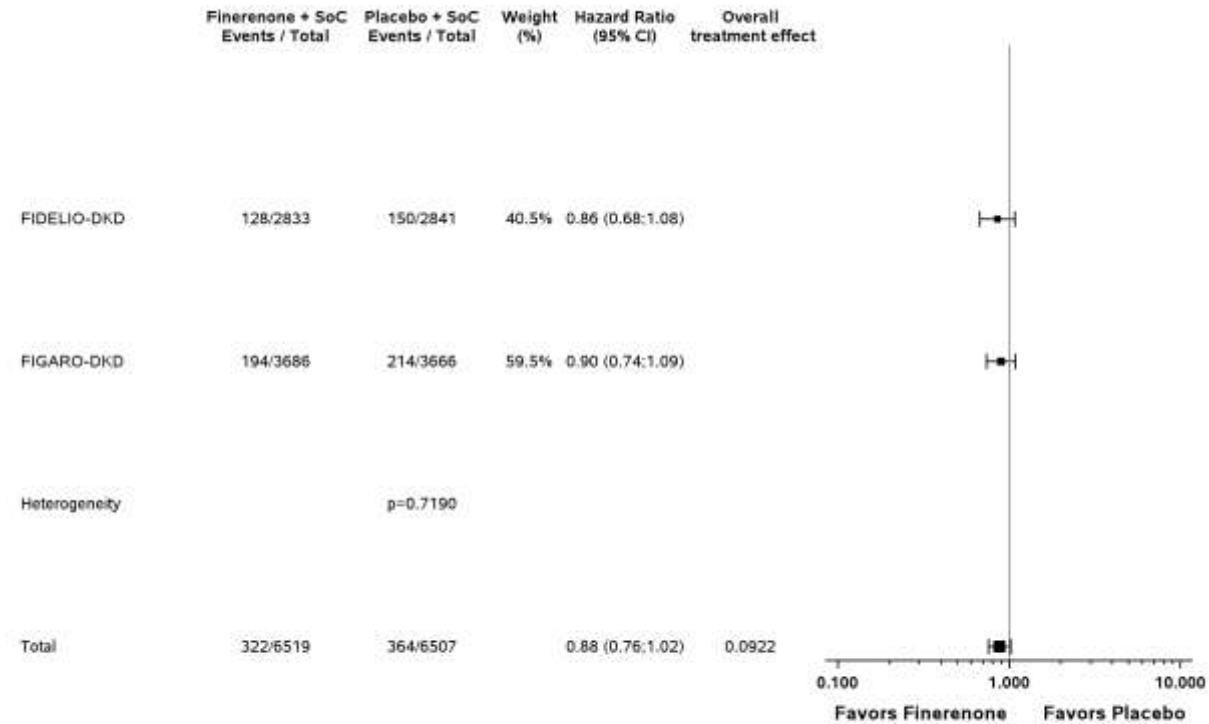


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 9: Forest plot of cardiovascular (CV) death: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of cardiovascular (CV) death: Hazard Ratio by Overall and study ID (full analysis set)

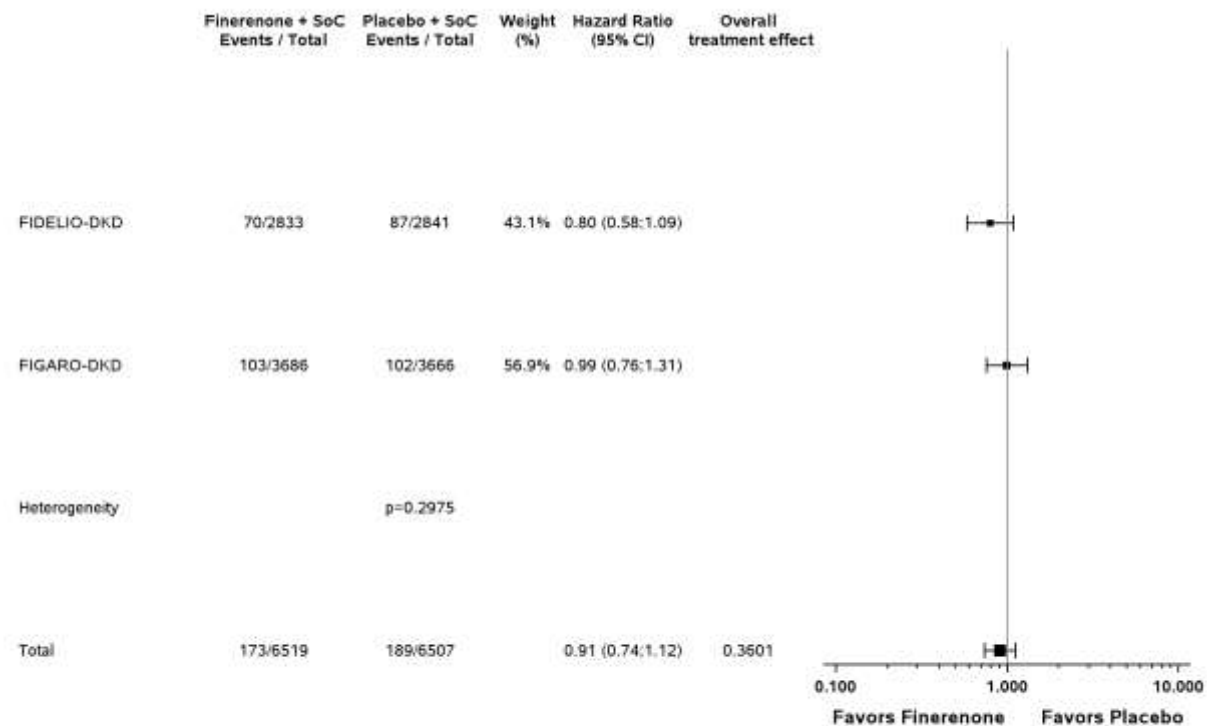


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 10: Forest plot of non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set)

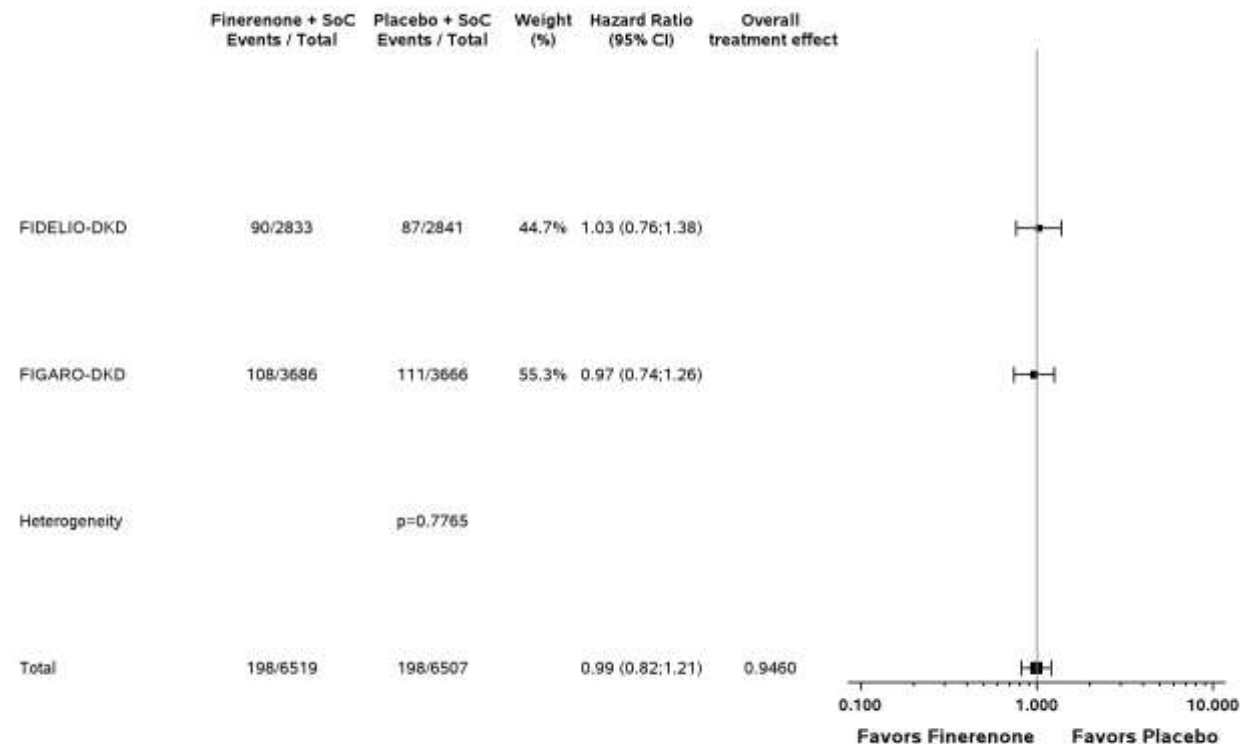


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 11: Forest plot of non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set)

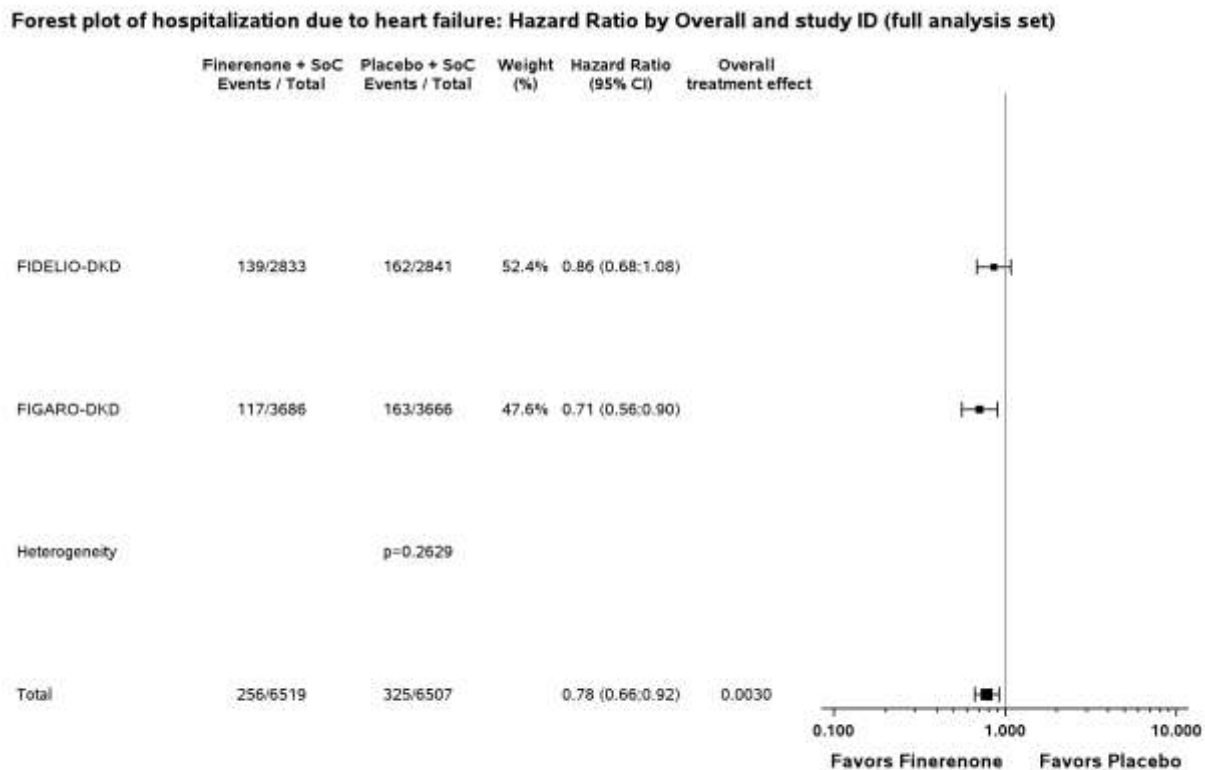
Forest plot of non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Baycr: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 12: Forest plot of hospitalization due to heart failure: Hazard Ratio by Overall and study ID (full analysis set)

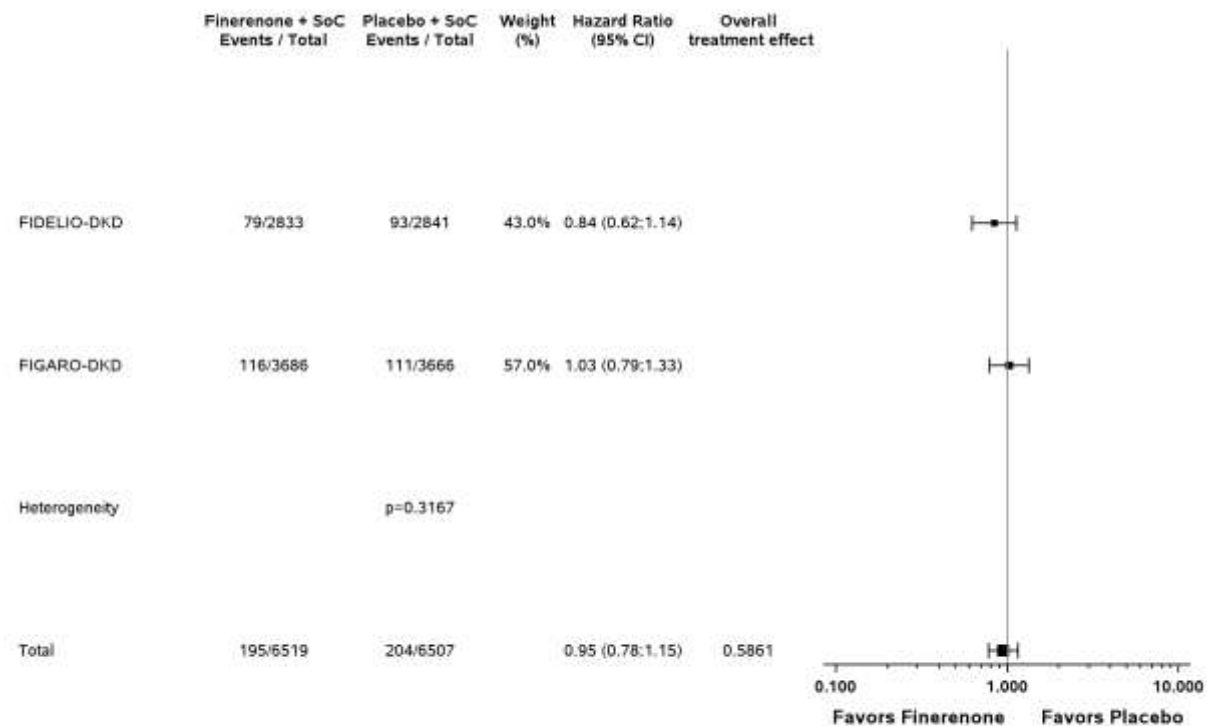


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 13: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set)

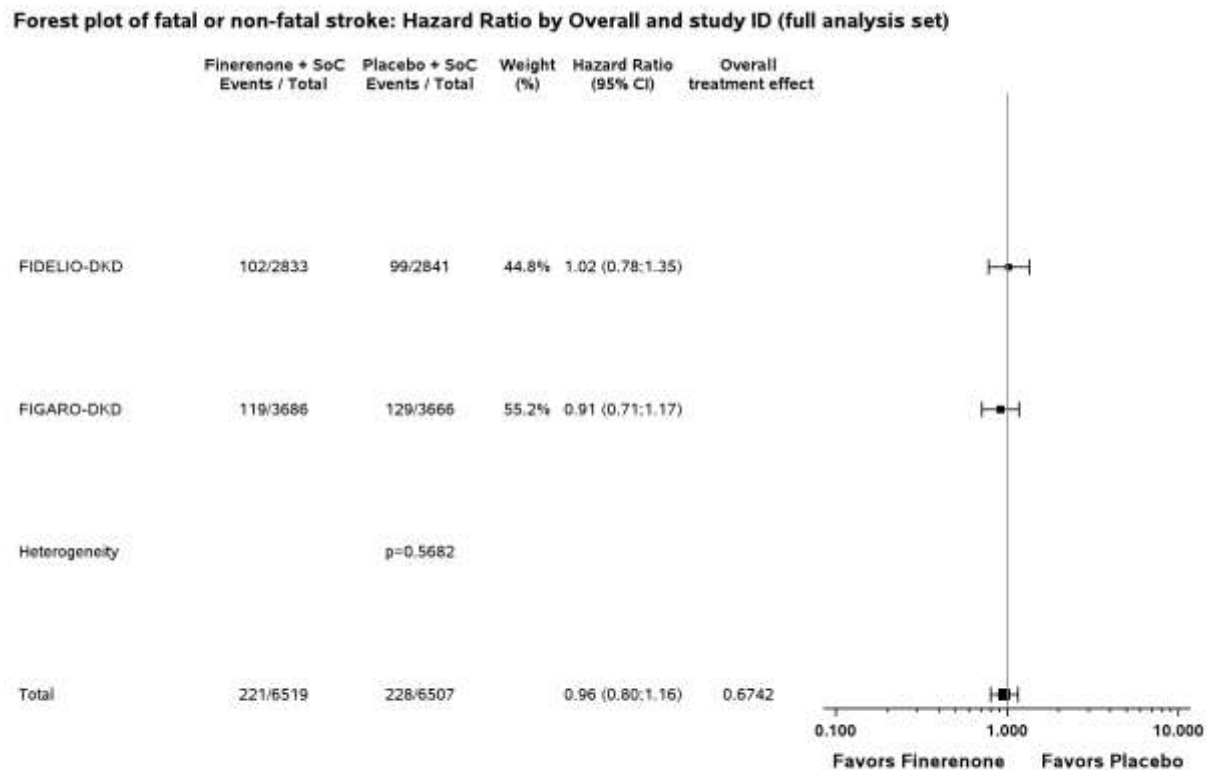
Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Overall and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 14: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Overall and study ID (full analysis set)

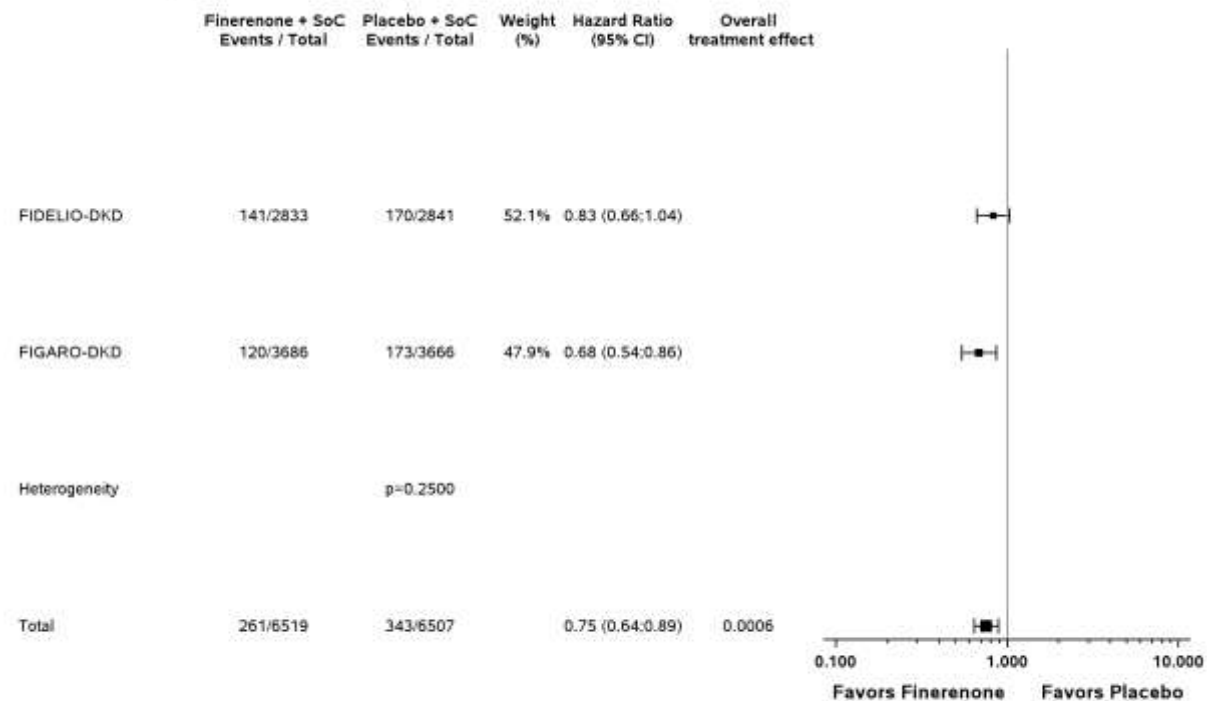


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 15: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Overall and study ID (full analysis set)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Overall and study ID (full analysis set)



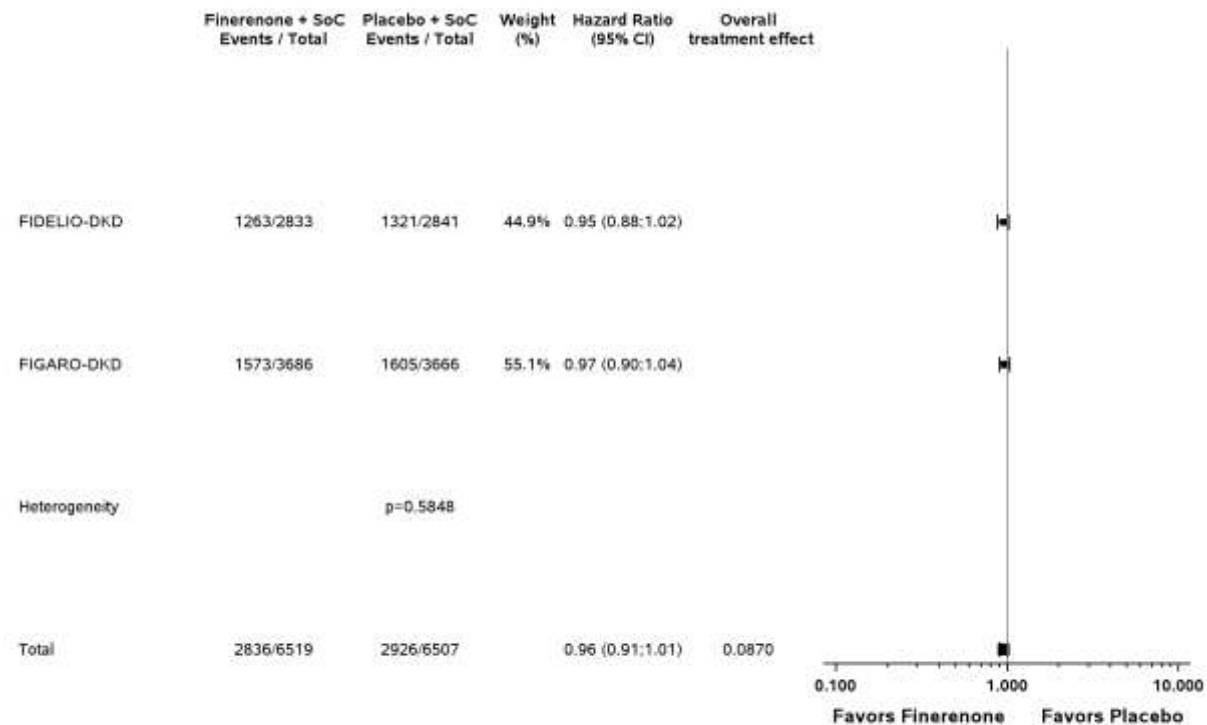
Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01



Figure 1.3.2 / 16: Forest plot of all-cause hospitalization: Hazard Ratio by Overall and study ID (full analysis set)

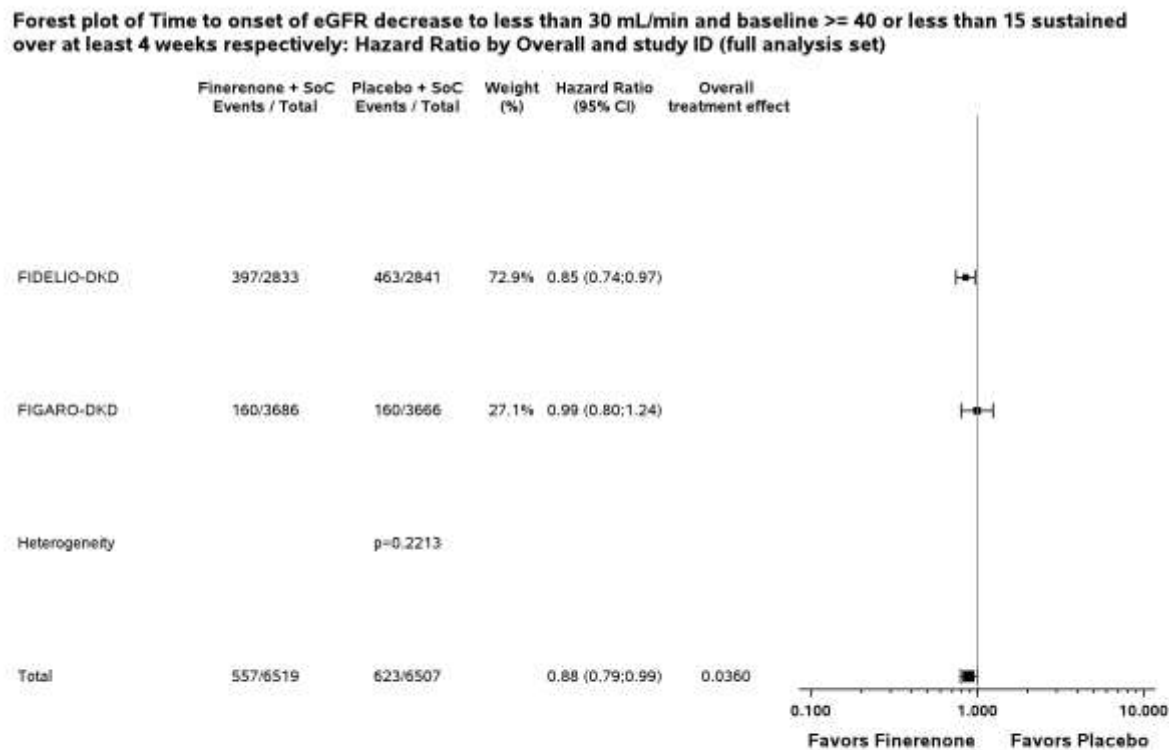
Forest plot of all-cause hospitalization: Hazard Ratio by Overall and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 17: Forest plot of Time to onset of eGFR decrease to less than 30 mL/min and baseline ≥ 40 or less than 15 sustained over at least 4 weeks respectively: Hazard Ratio by Overall and study ID (full analysis set)

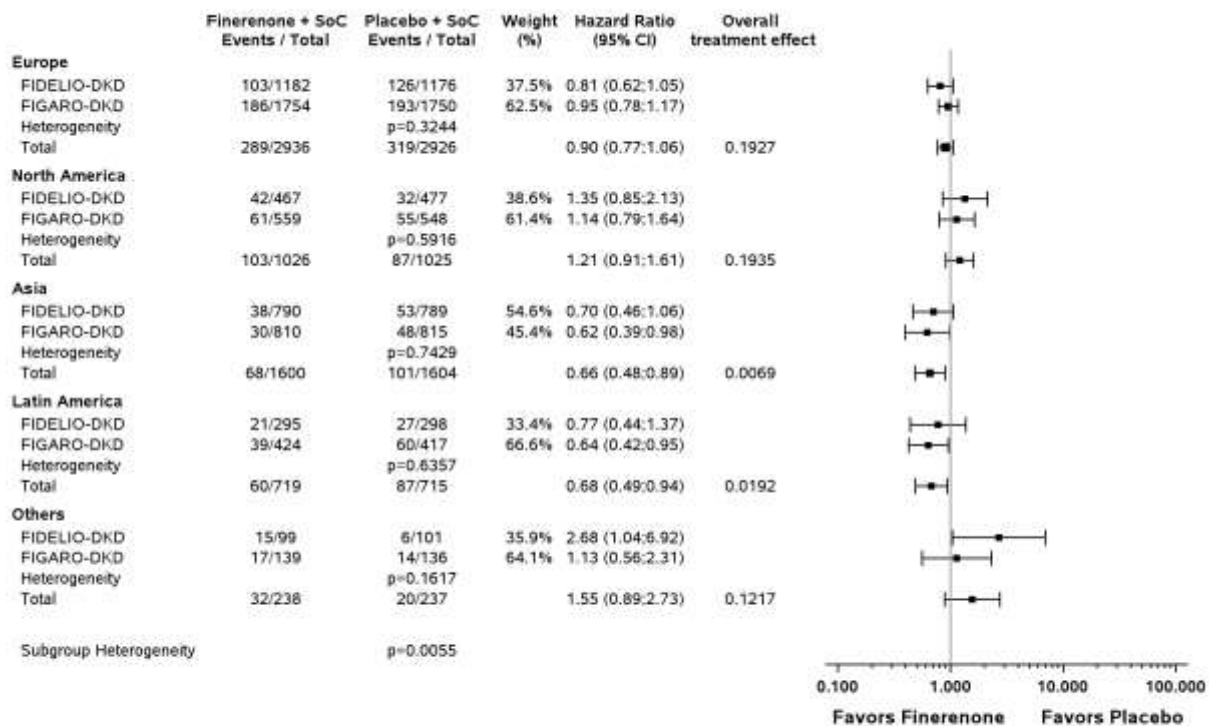


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study.sas 06FEB2023 12:01

Figure 1.3.2 / 18: Forest plot of all-cause mortality: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Region and study ID (full analysis set)

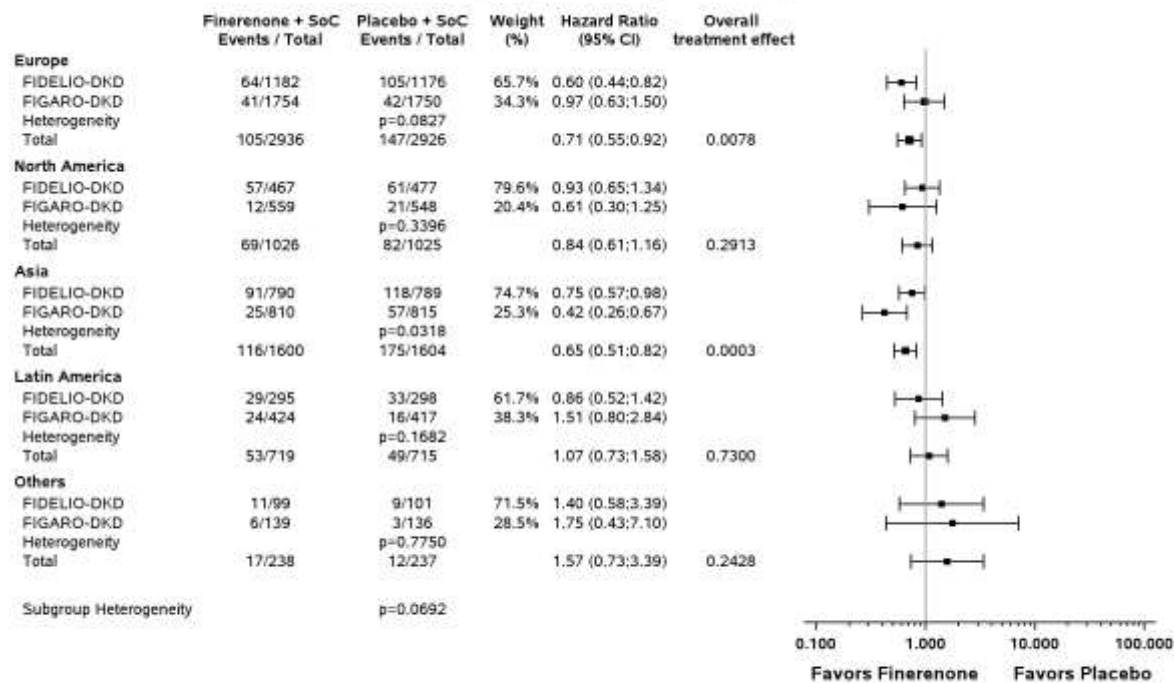


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ftf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 19: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Region and study ID (full analysis set)

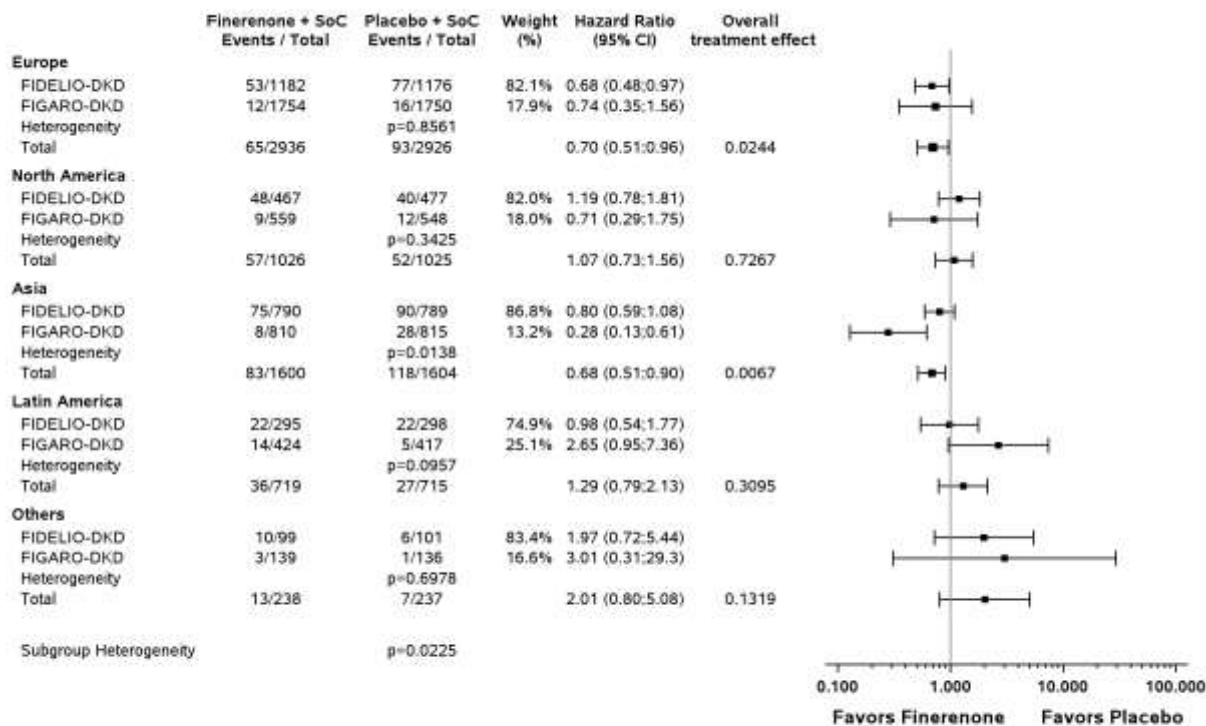


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17350/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 20: Forest plot of onset of kidney failure: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of onset of kidney failure: Hazard Ratio by Region and study ID (full analysis set)

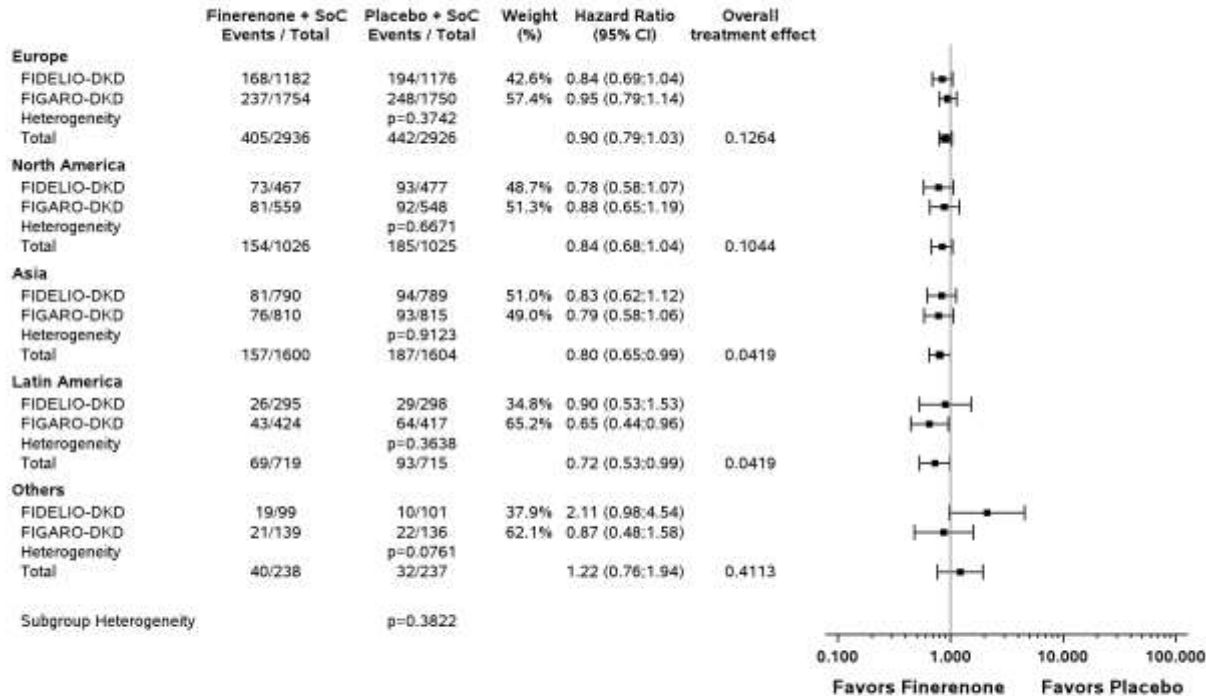


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 21: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Region and study ID (full analysis set)

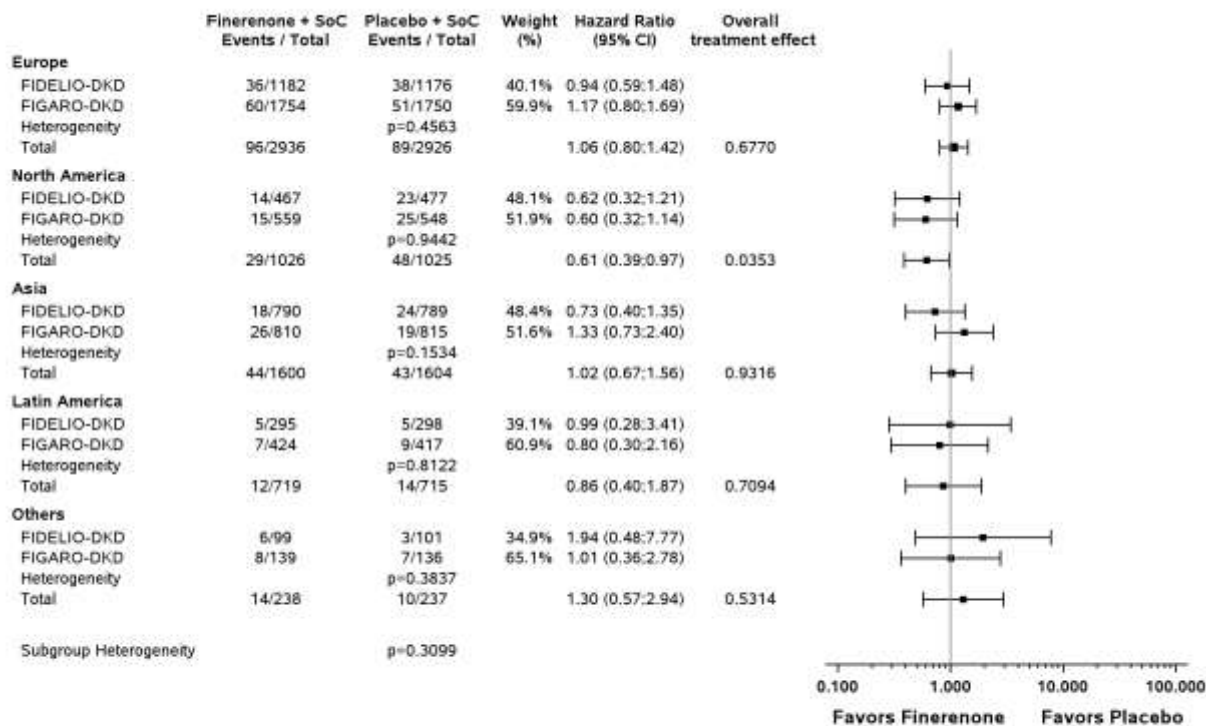


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ff_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 22: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Region and study ID (full analysis set)

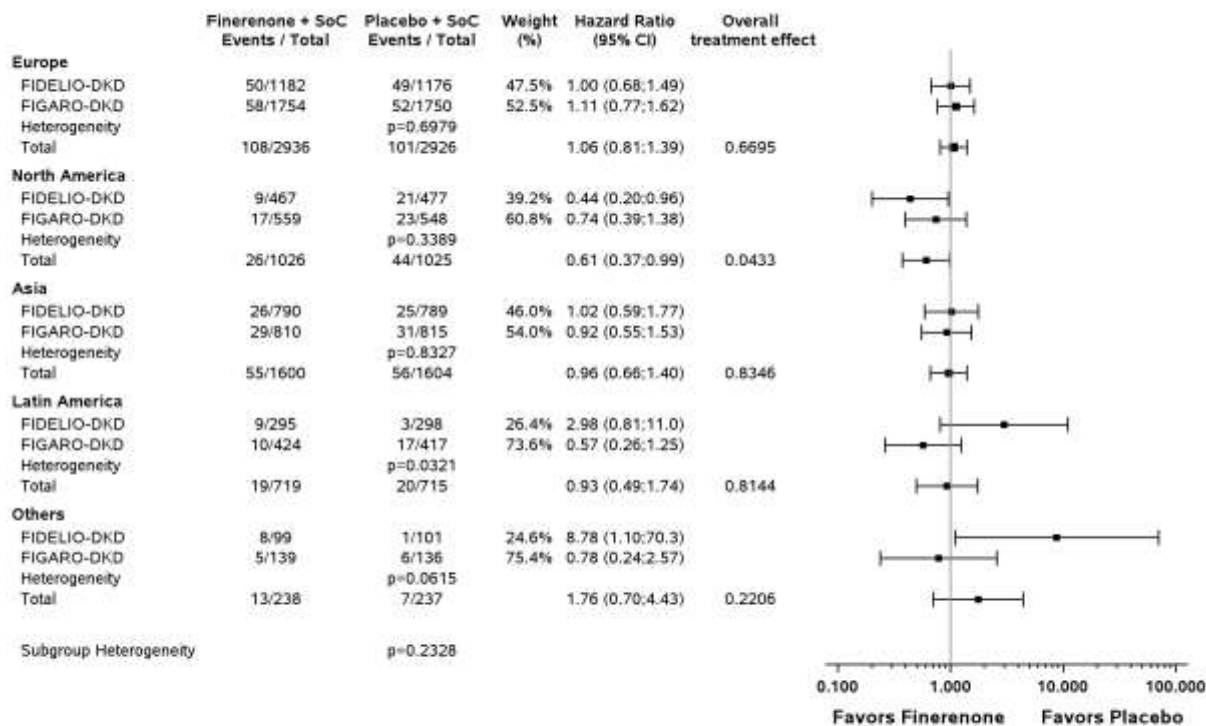


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 23: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Region and study ID (full analysis set)

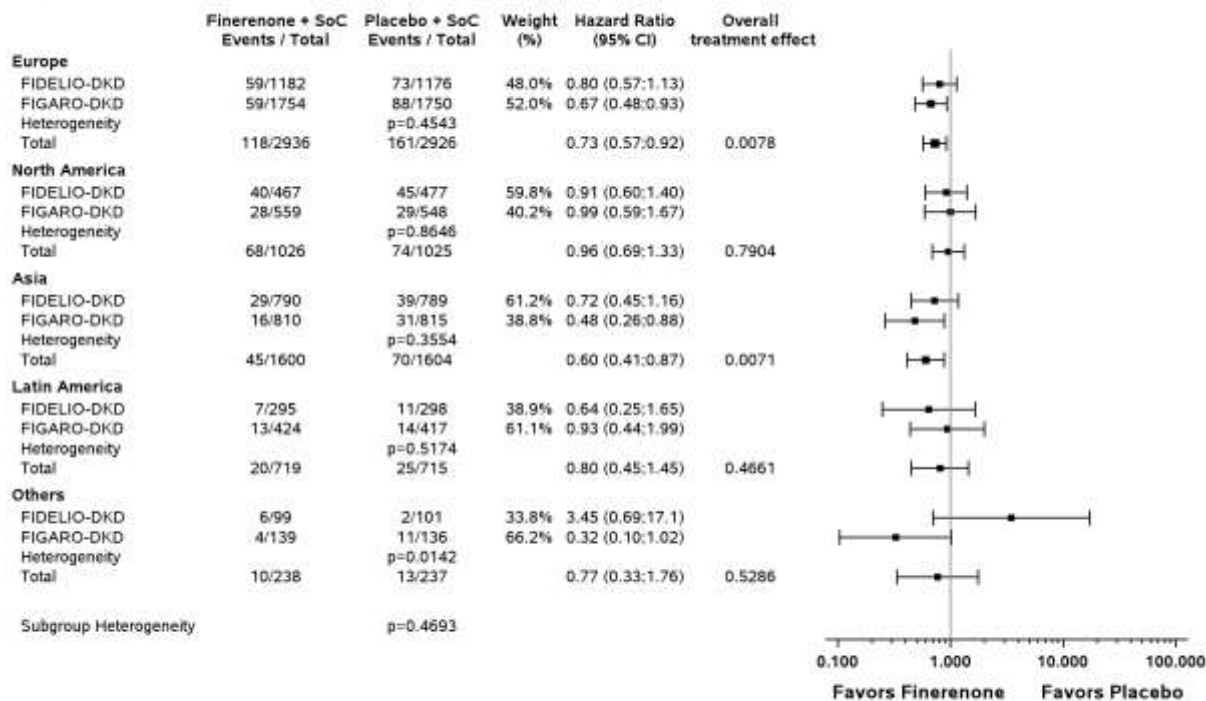


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 24: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Region and study ID (full analysis set)

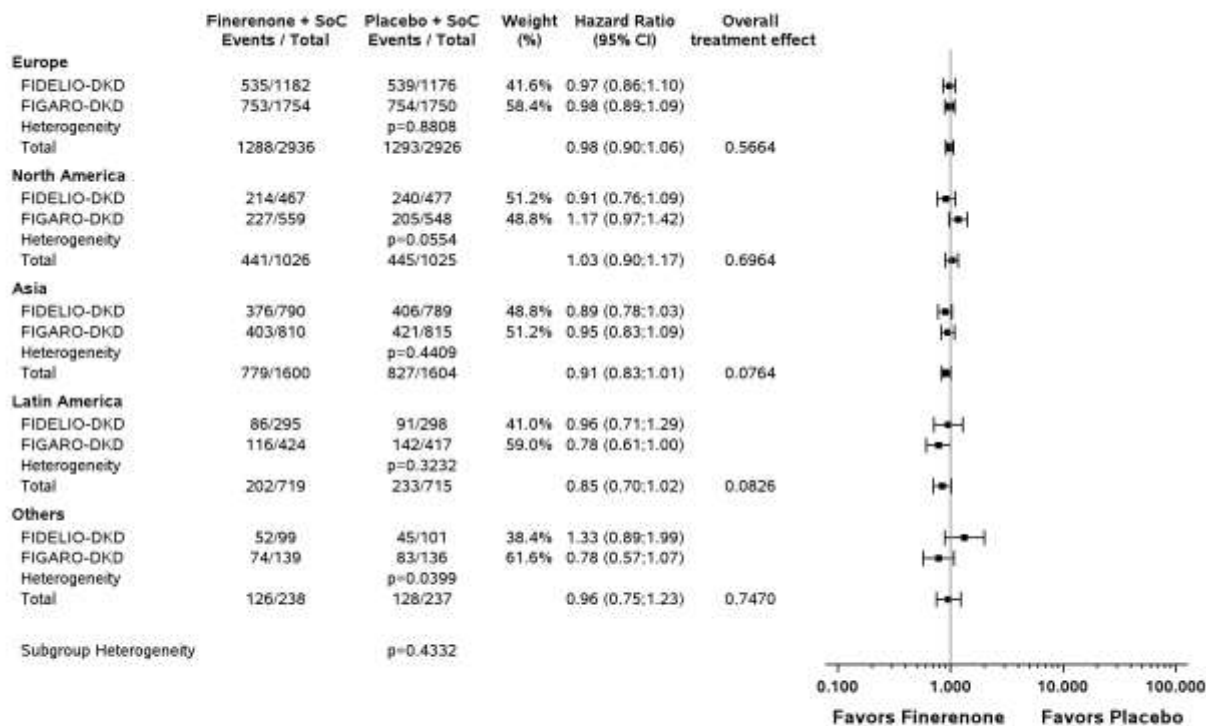


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 25: Forest plot of all-cause hospitalization: Hazard Ratio by Region and study ID (full analysis set)

Forest plot of all-cause hospitalization: Hazard Ratio by Region and study ID (full analysis set)

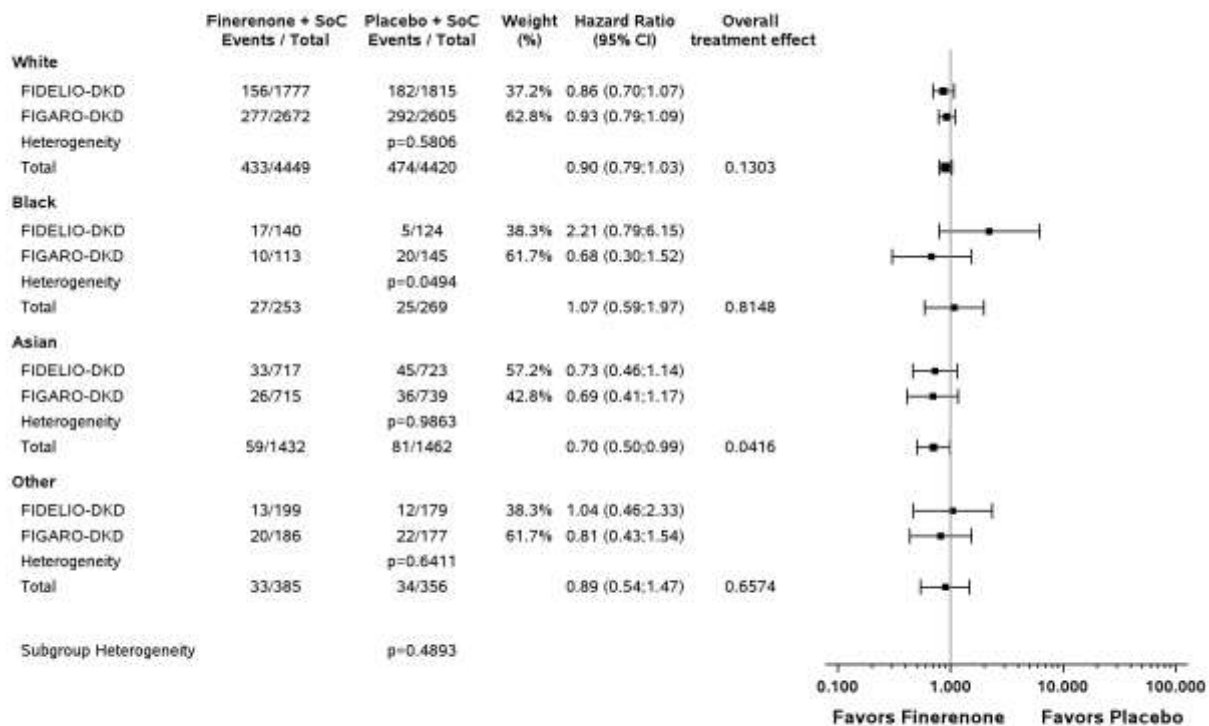


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 26: Forest plot of all-cause mortality: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

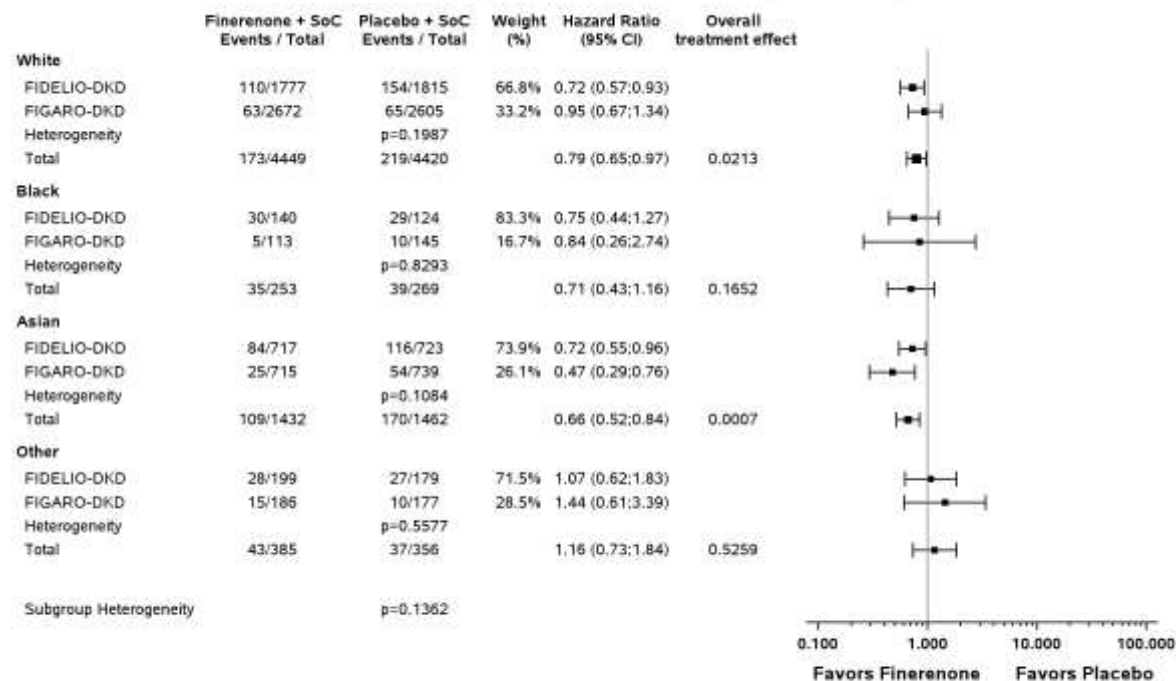


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 27: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

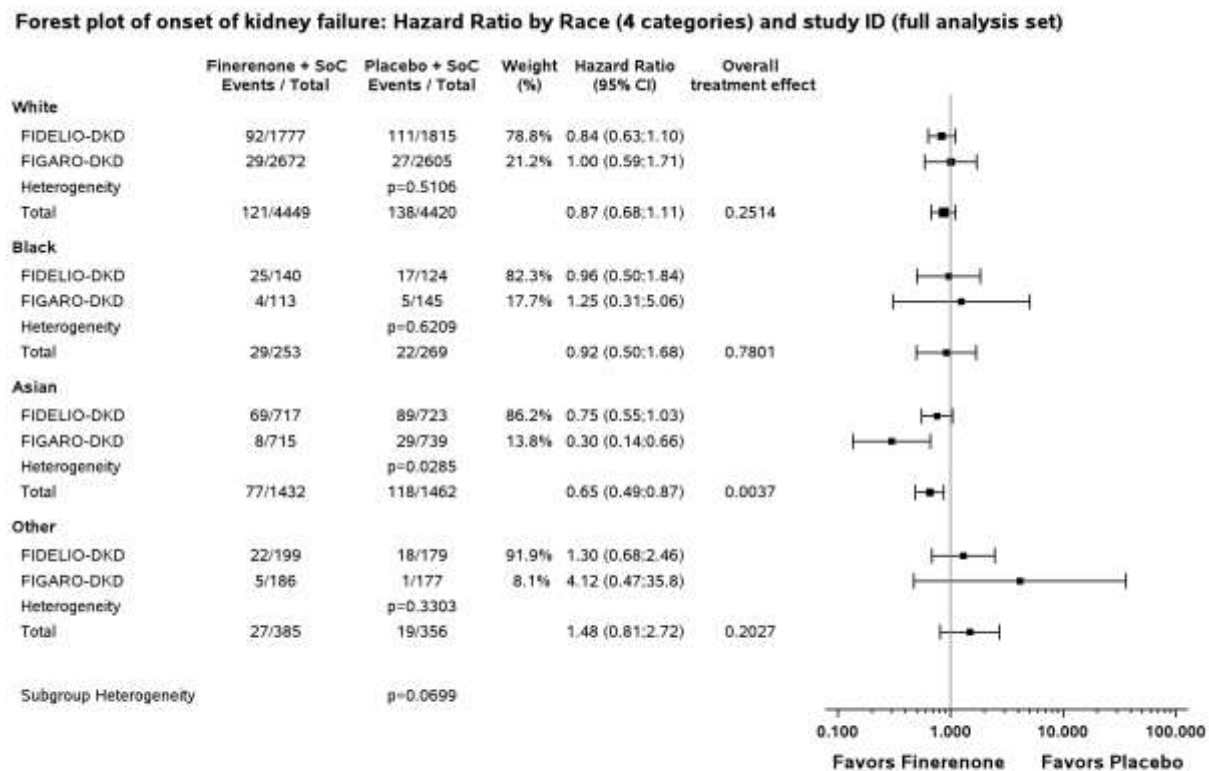
Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Race (4 categories) and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

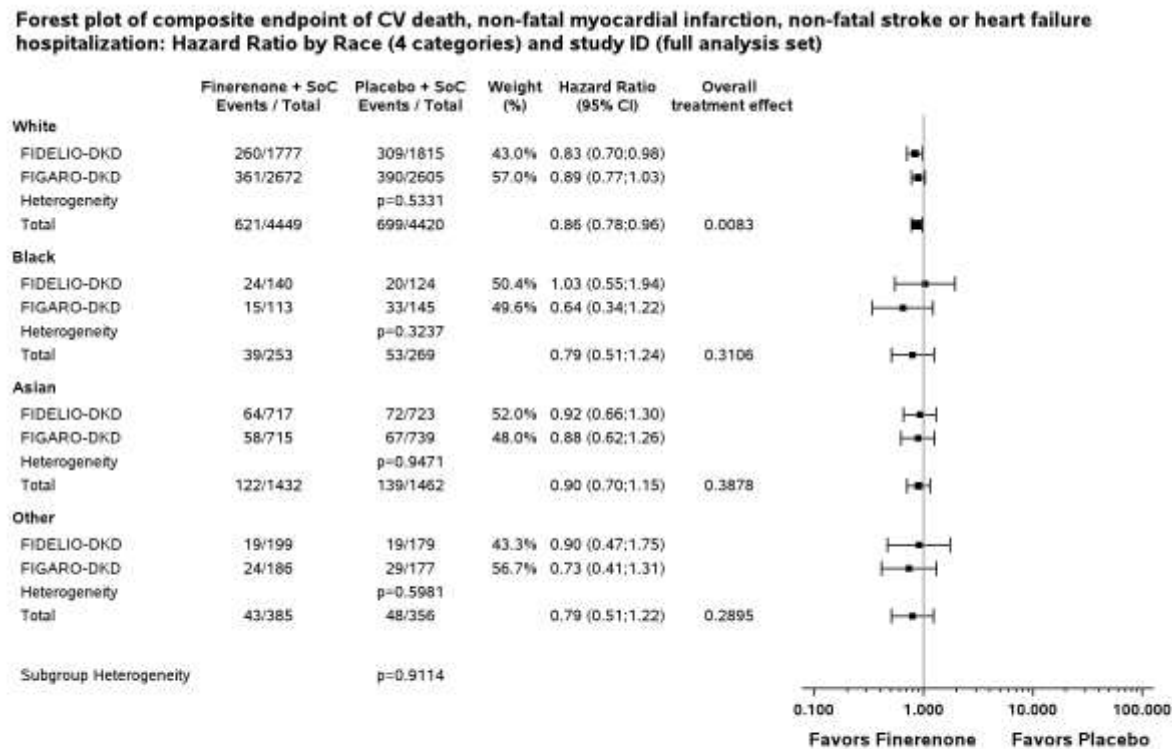
Figure 1.3.2 / 28: Forest plot of onset of kidney failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 29: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

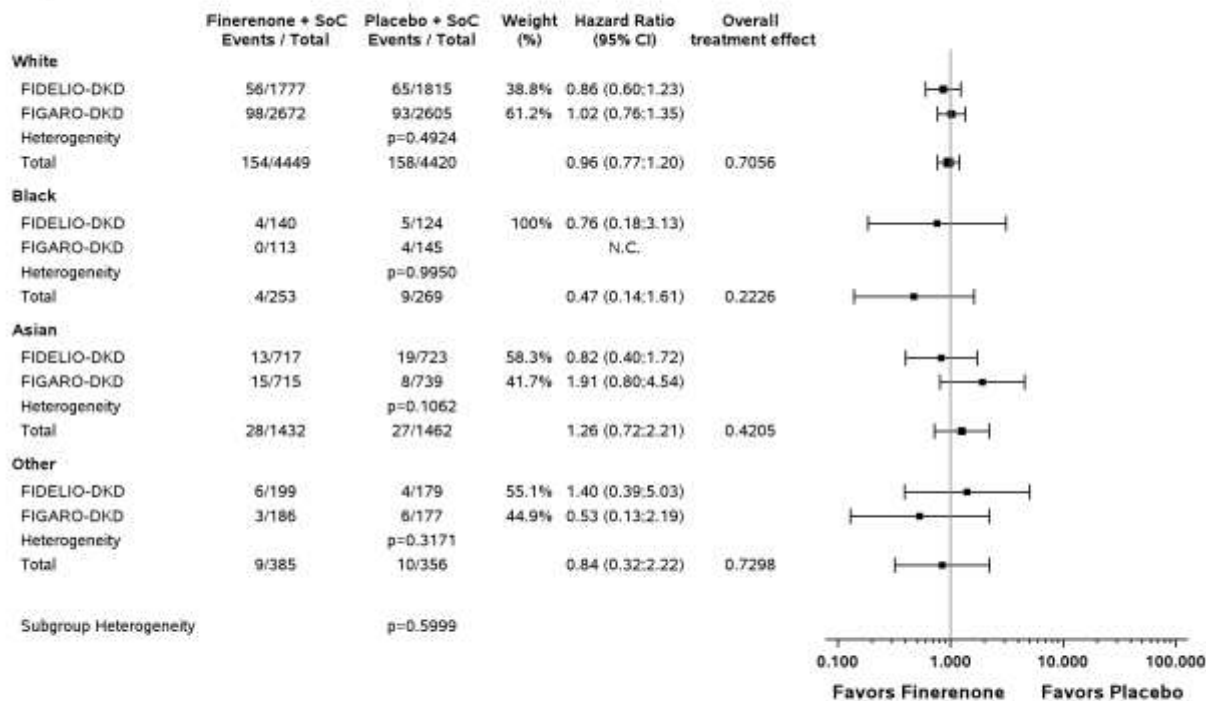


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 30: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

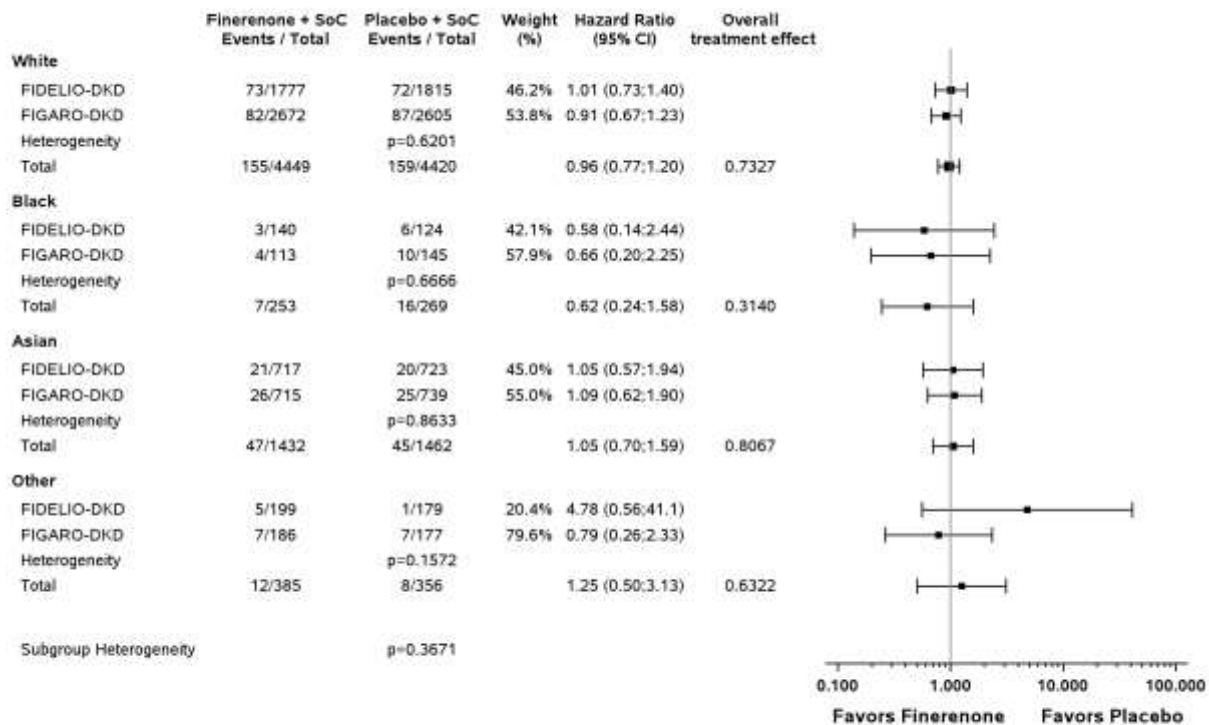


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 31: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

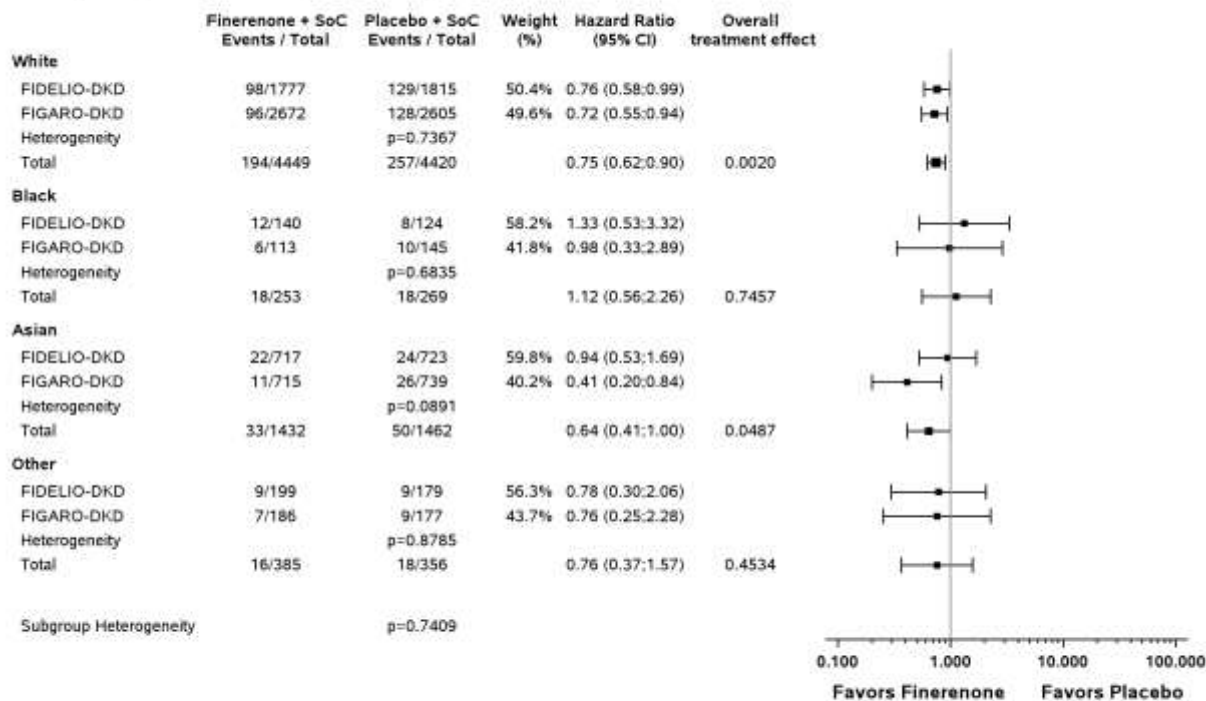


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 32: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

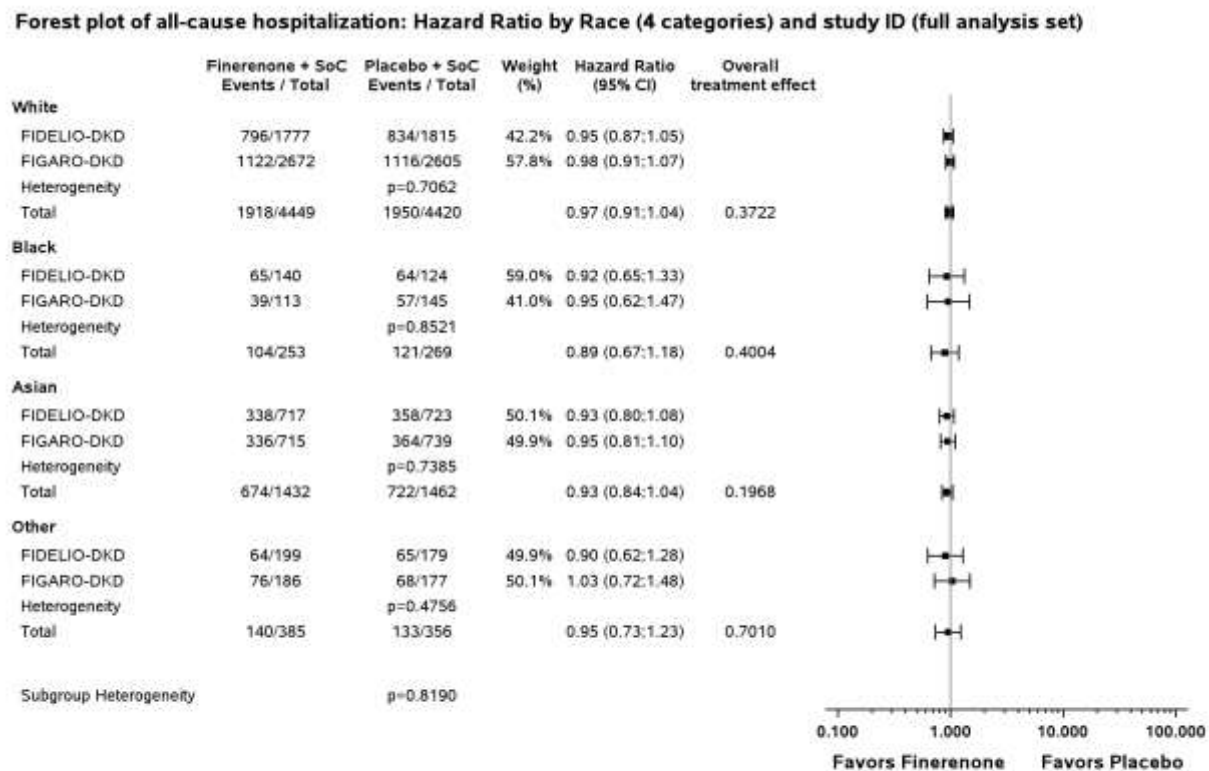
Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Race (4 categories) and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 33: Forest plot of all-cause hospitalization: Hazard Ratio by Race (4 categories) and study ID (full analysis set)

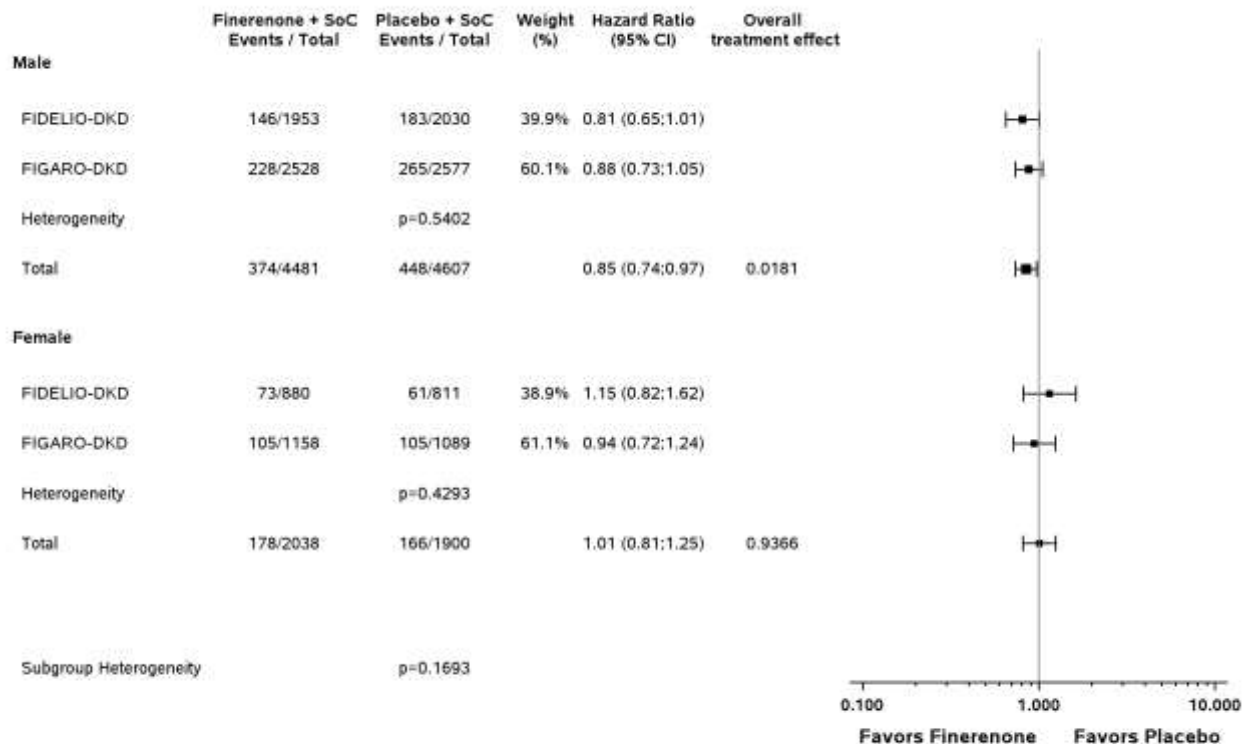


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 34: Forest plot of all-cause mortality: Hazard Ratio by Sex and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Sex and study ID (full analysis set)

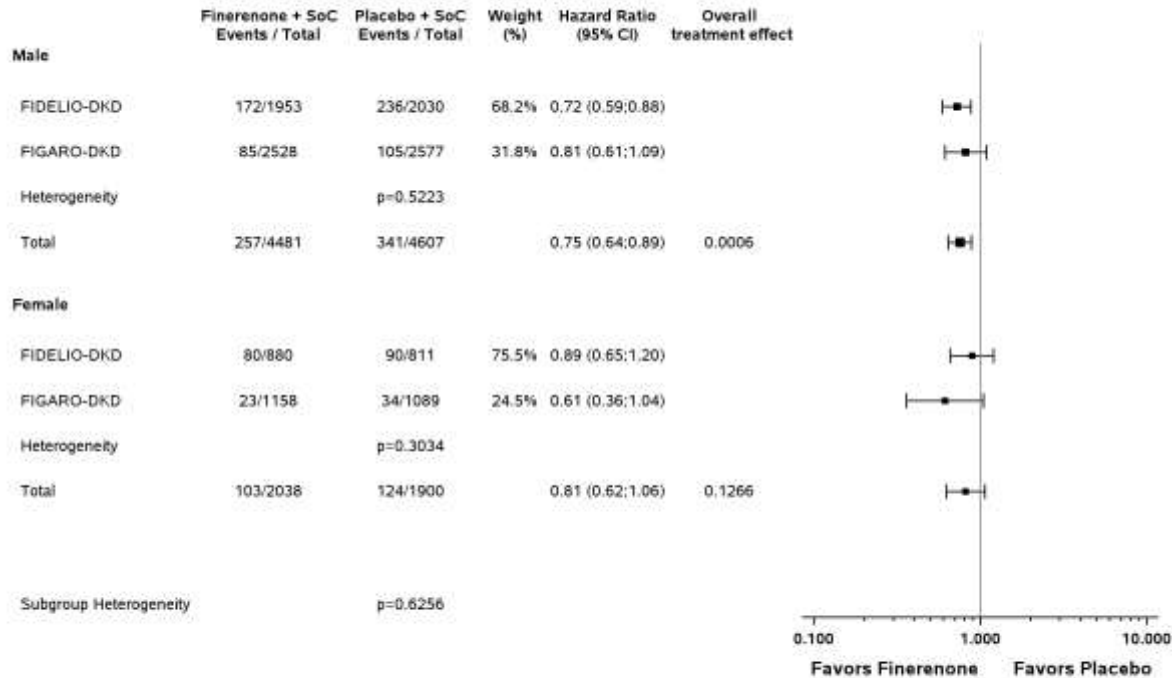


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ff_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 35: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Sex and study ID (full analysis set)

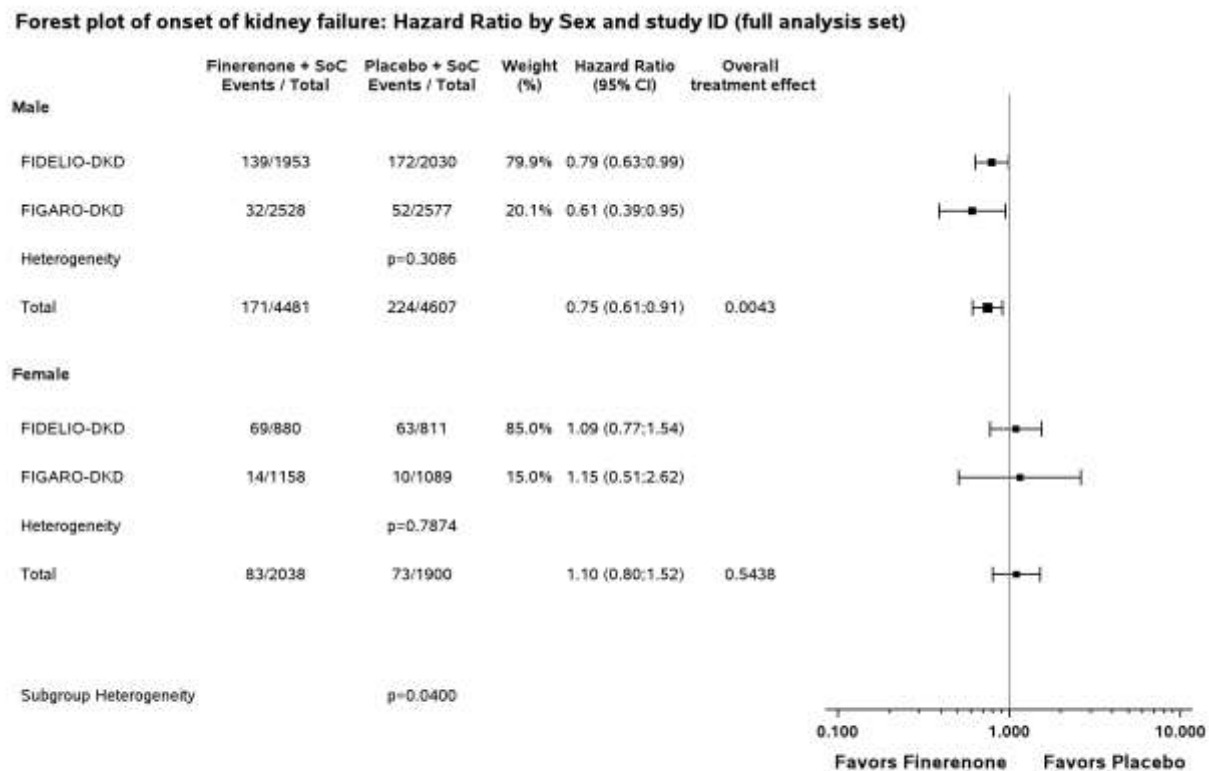
Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Sex and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

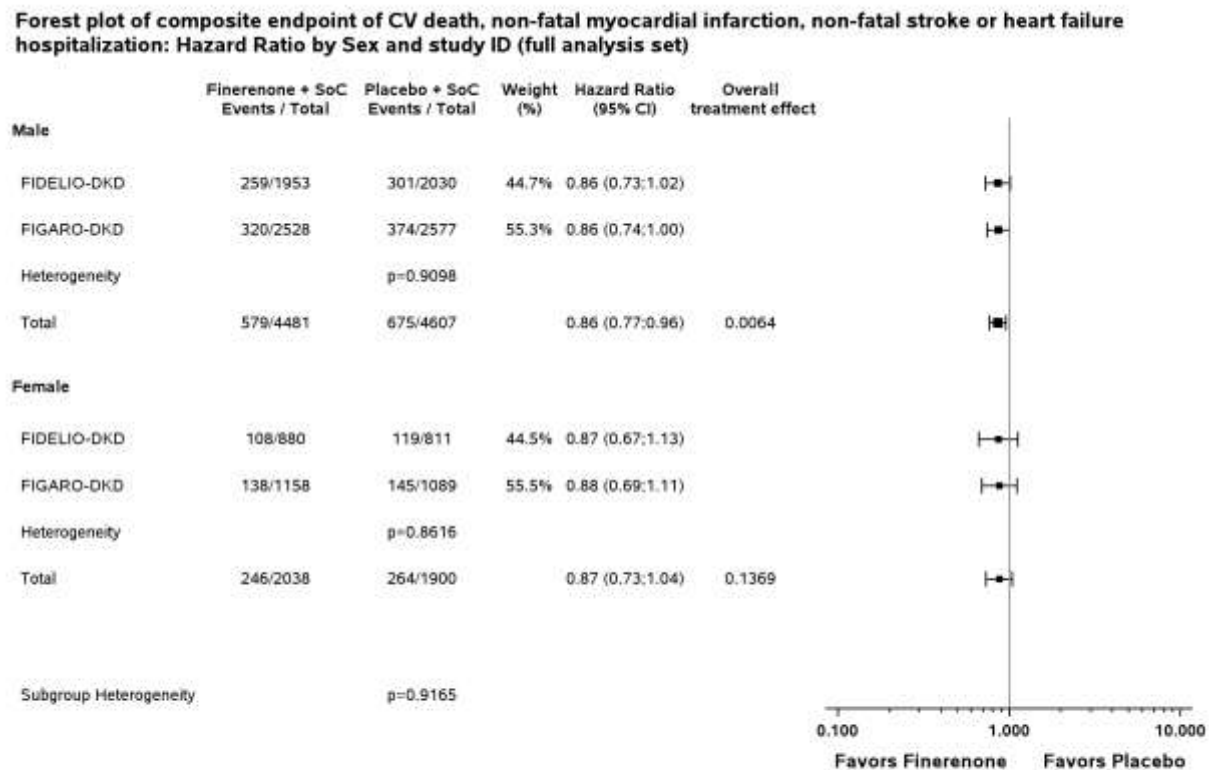
Figure 1.3.2 / 36: Forest plot of onset of kidney failure: Hazard Ratio by Sex and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 37: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Sex and study ID (full analysis set)

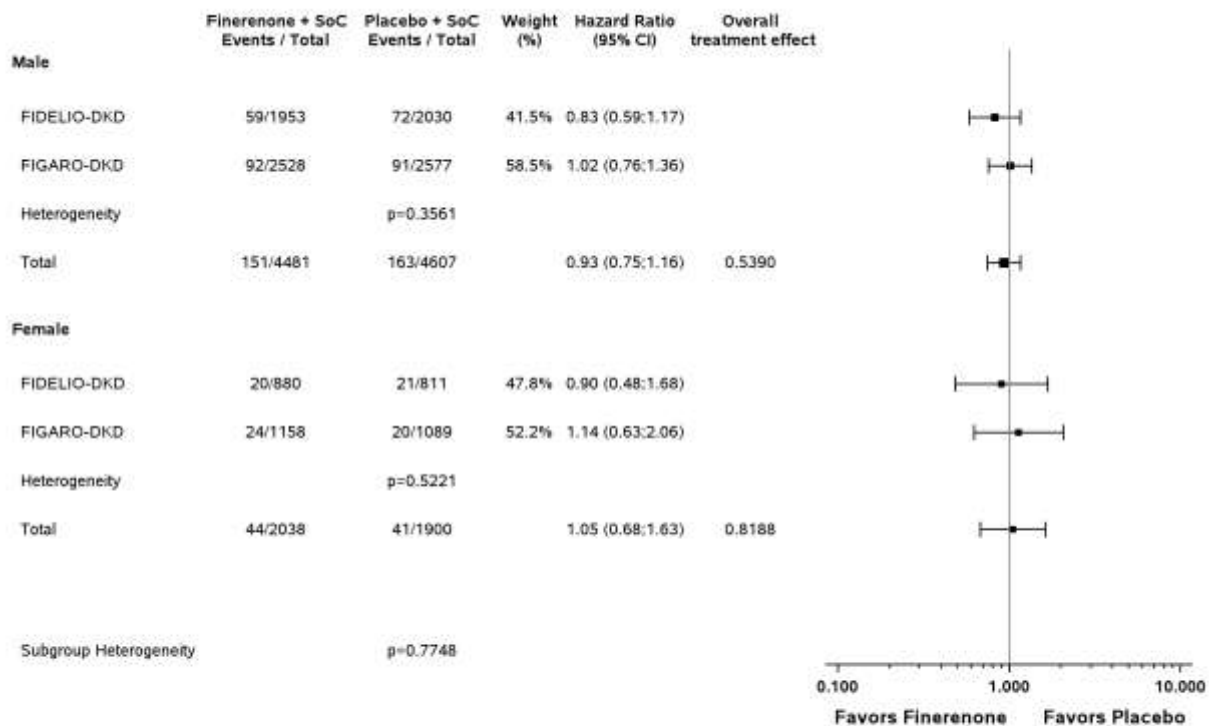


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 38: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Sex and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Sex and study ID (full analysis set)

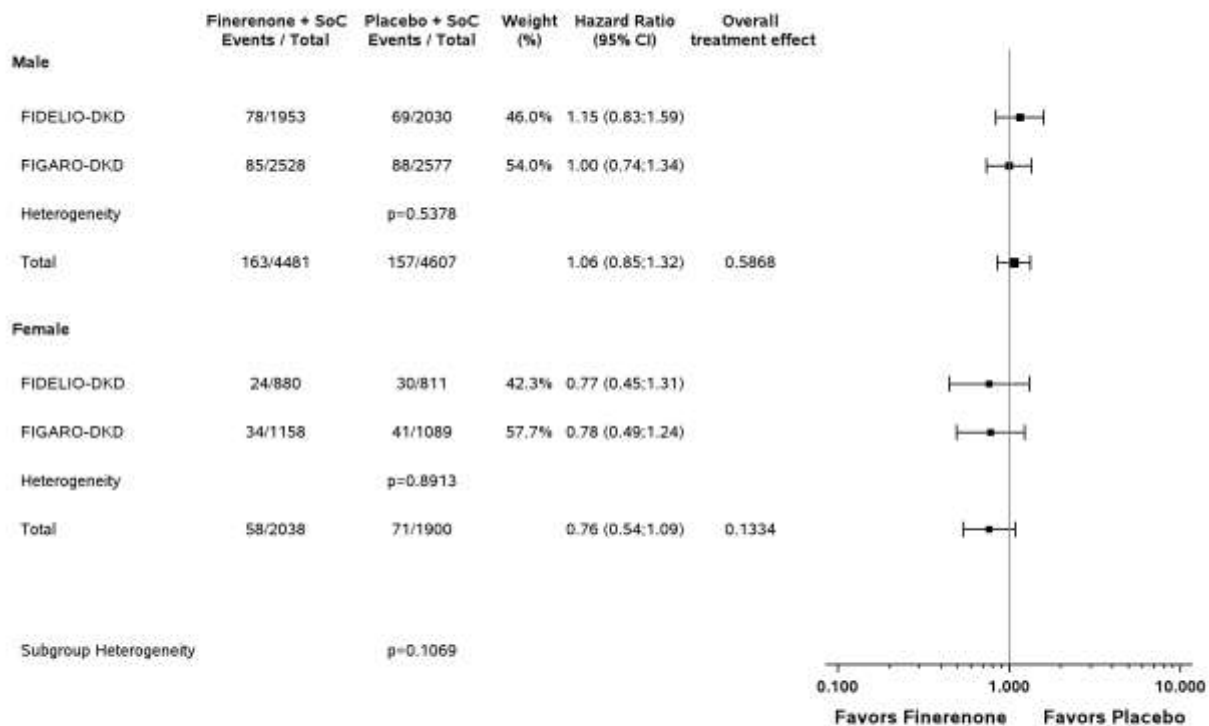


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 39: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Sex and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Sex and study ID (full analysis set)

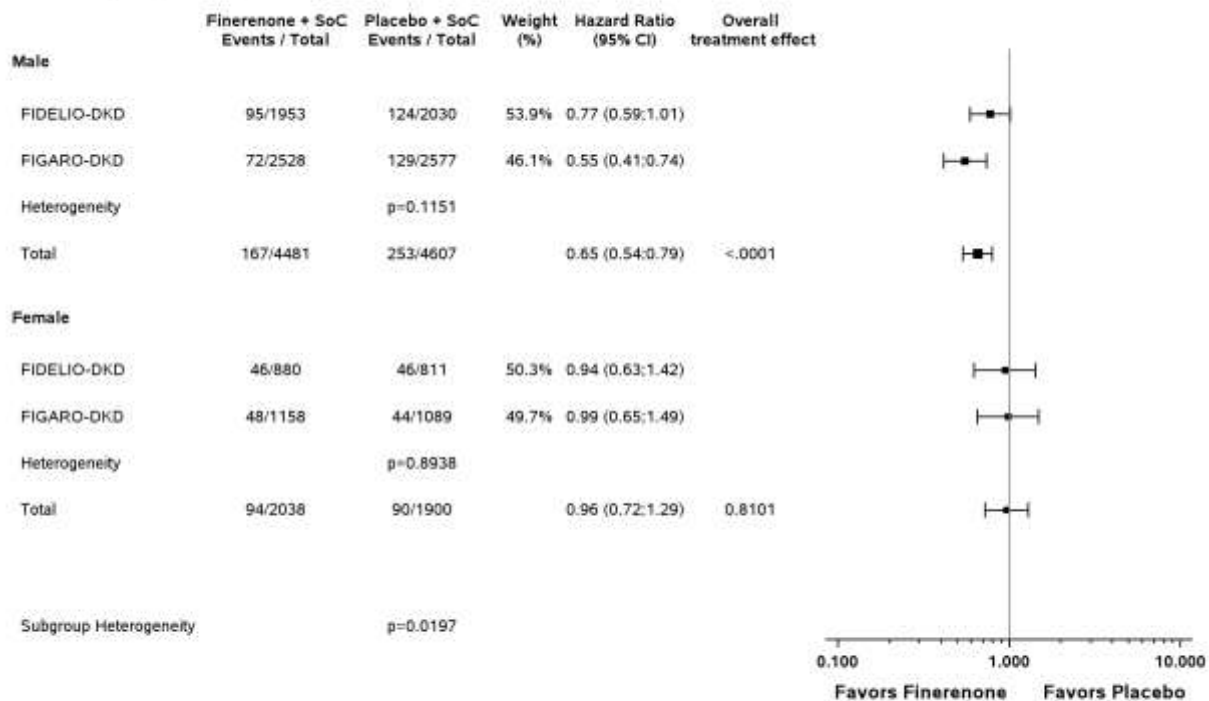


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 40: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Sex and study ID (full analysis set)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Sex and study ID (full analysis set)

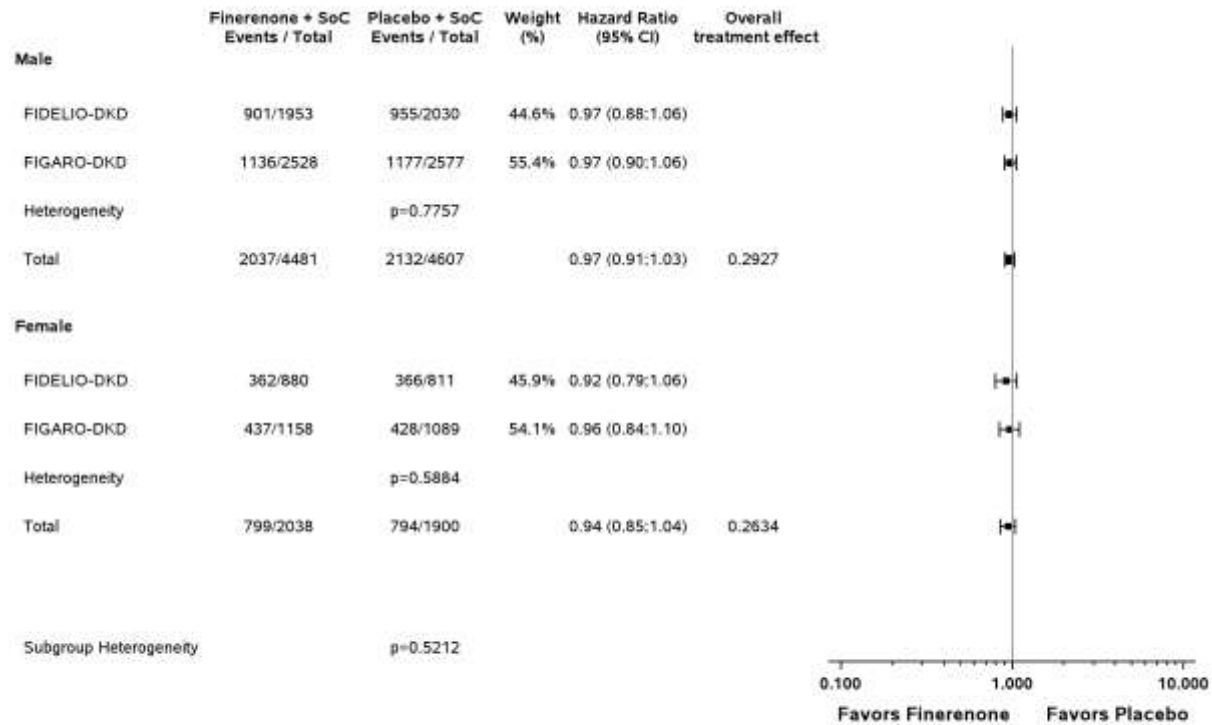


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 41: Forest plot of all-cause hospitalization: Hazard Ratio by Sex and study ID (full analysis set)

Forest plot of all-cause hospitalization: Hazard Ratio by Sex and study ID (full analysis set)

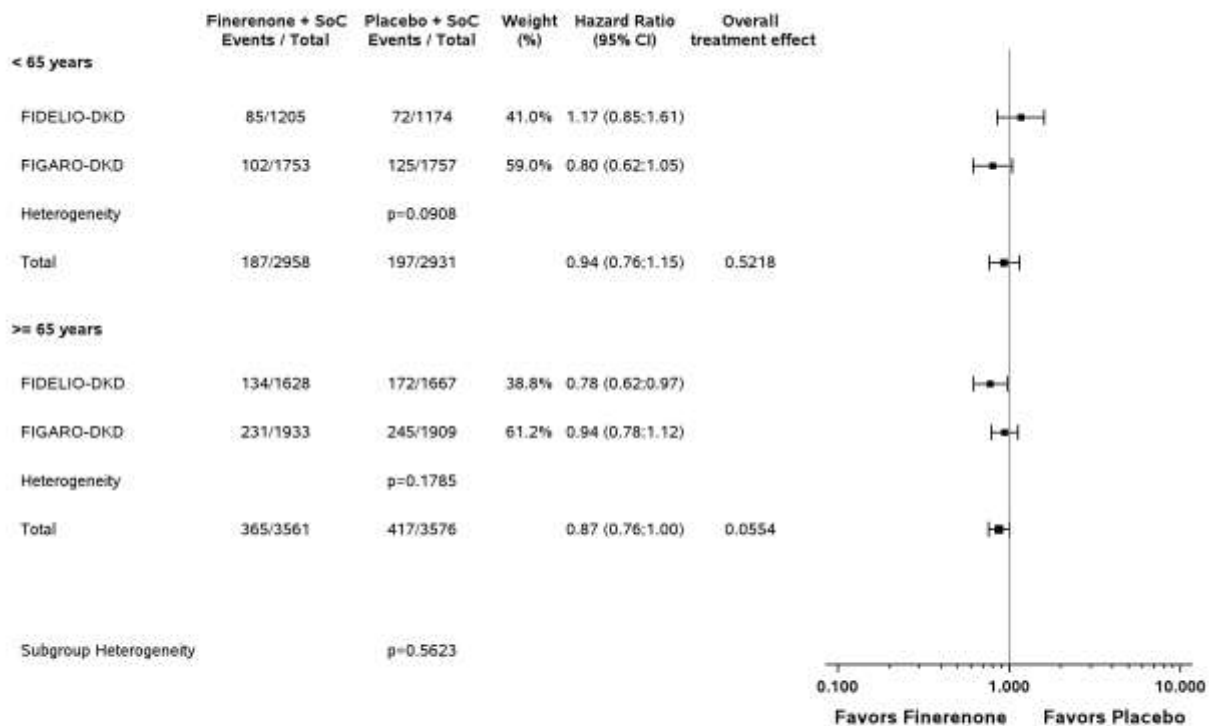


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 42: Forest plot of all-cause mortality: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

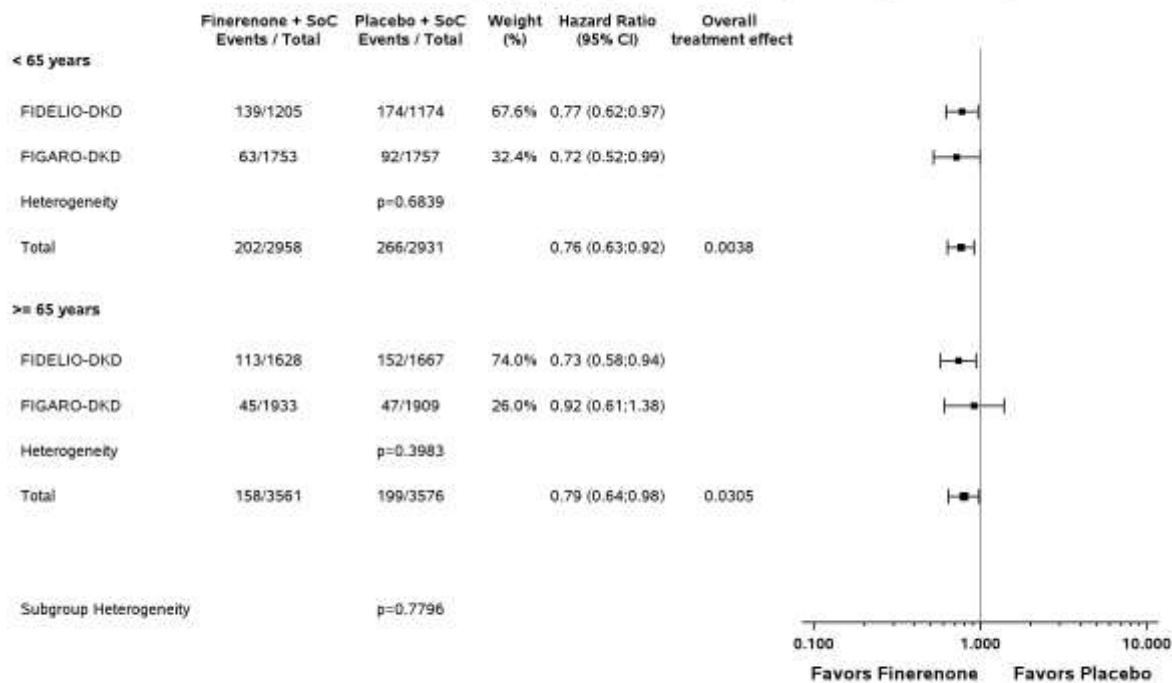


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 43: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

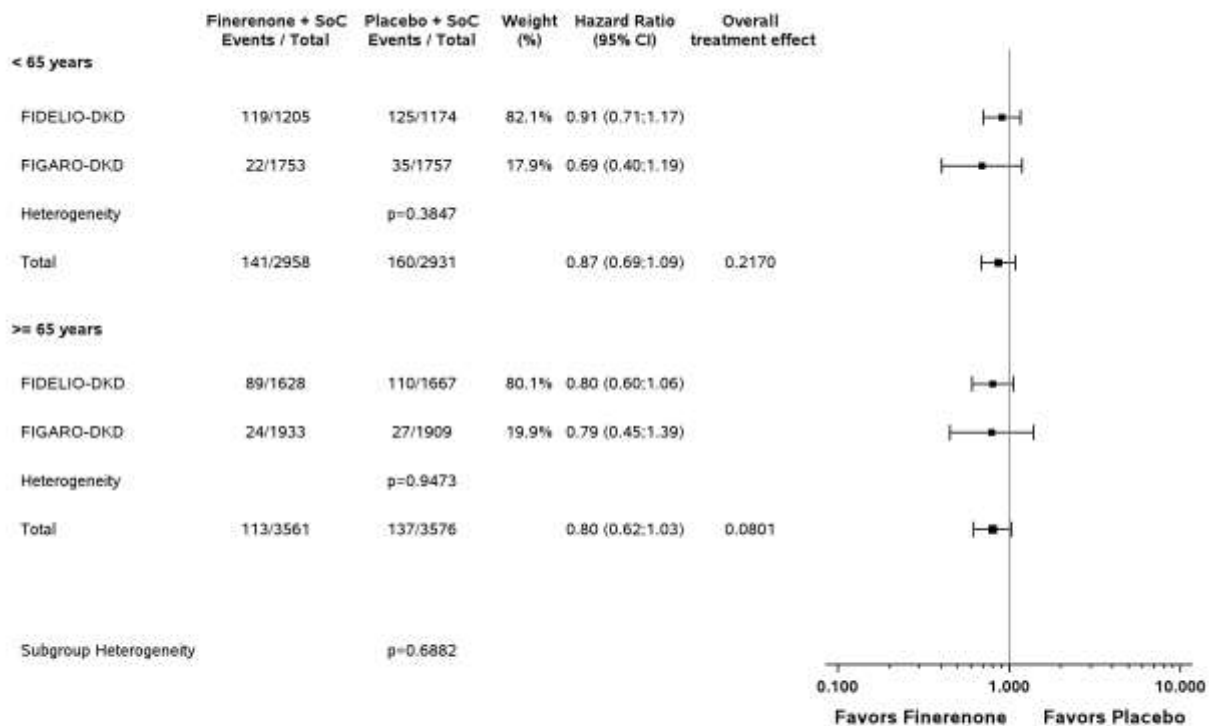


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 44: Forest plot of onset of kidney failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

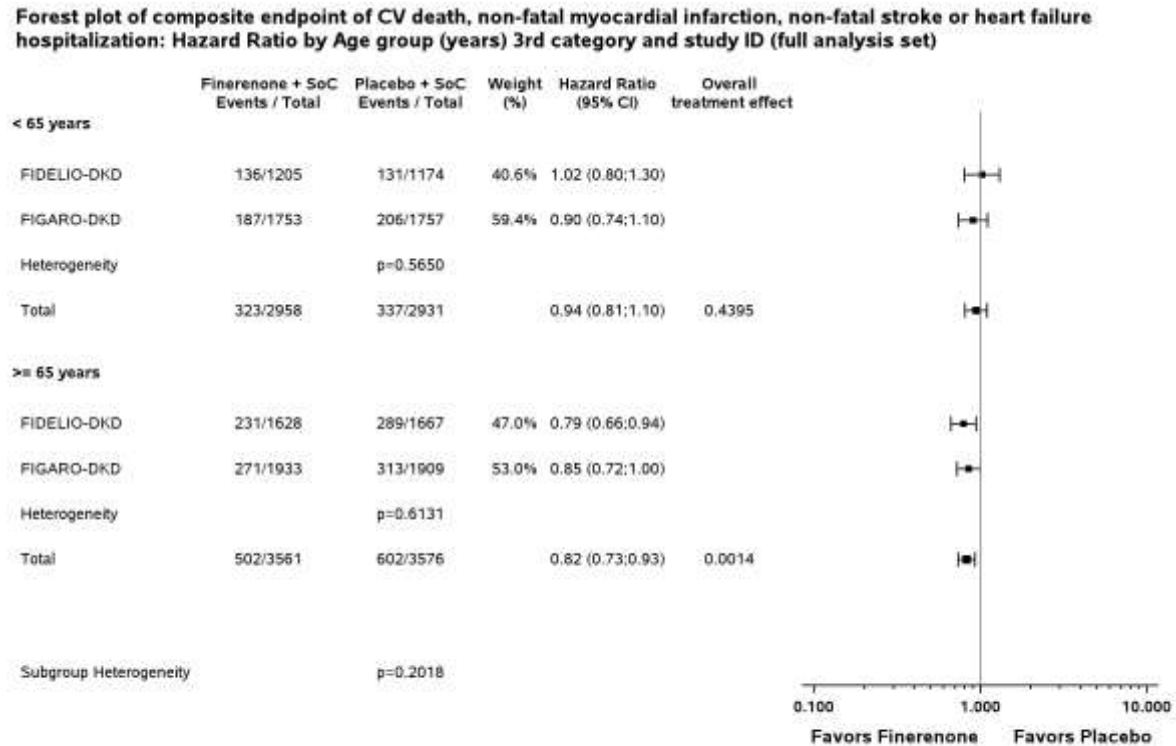
Forest plot of onset of kidney failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 45: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

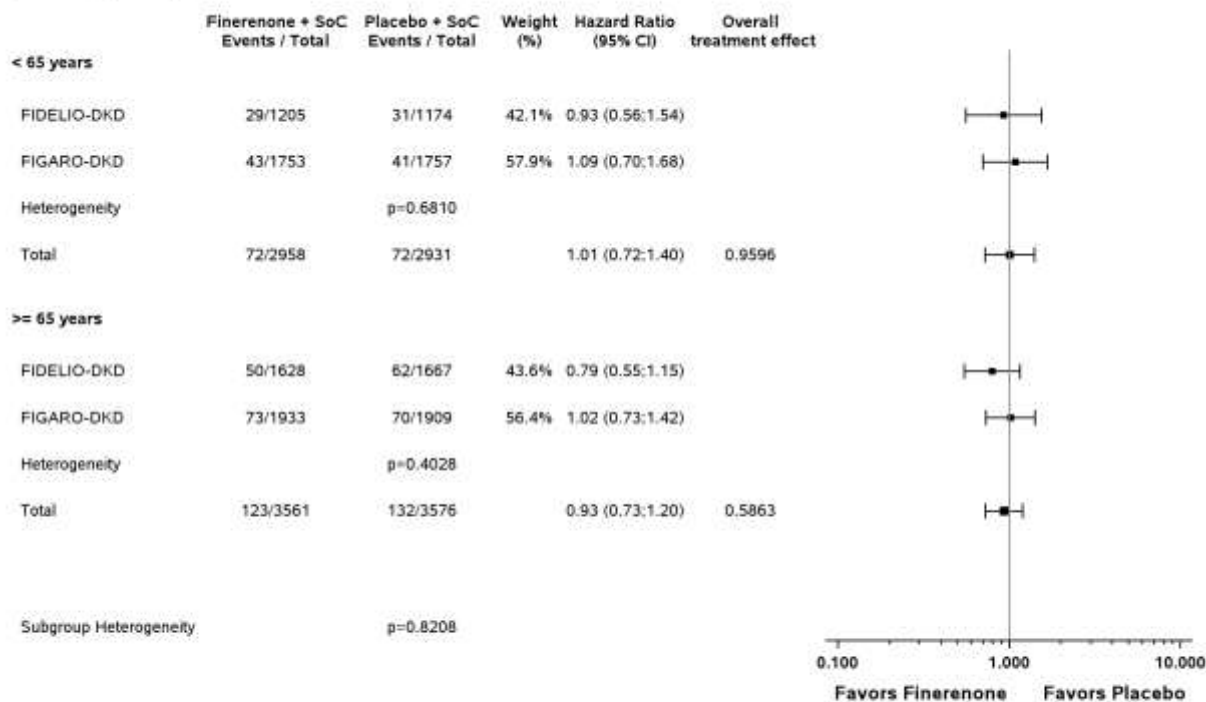


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 46: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

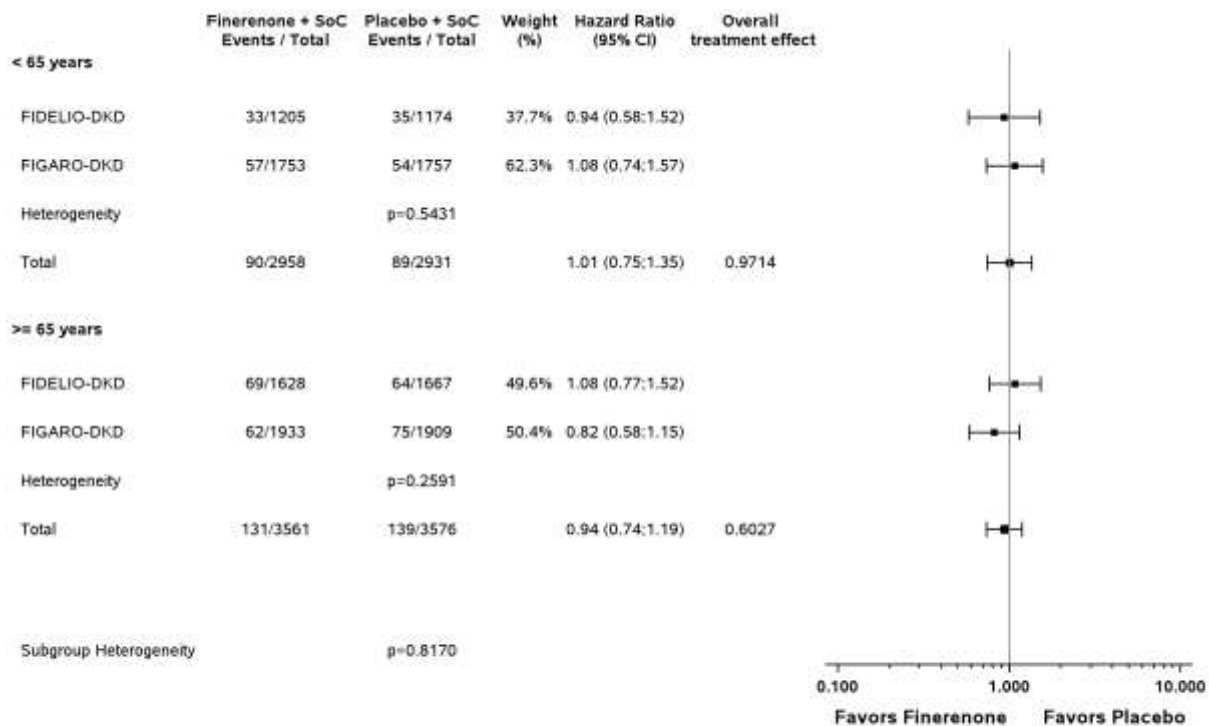


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 47: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

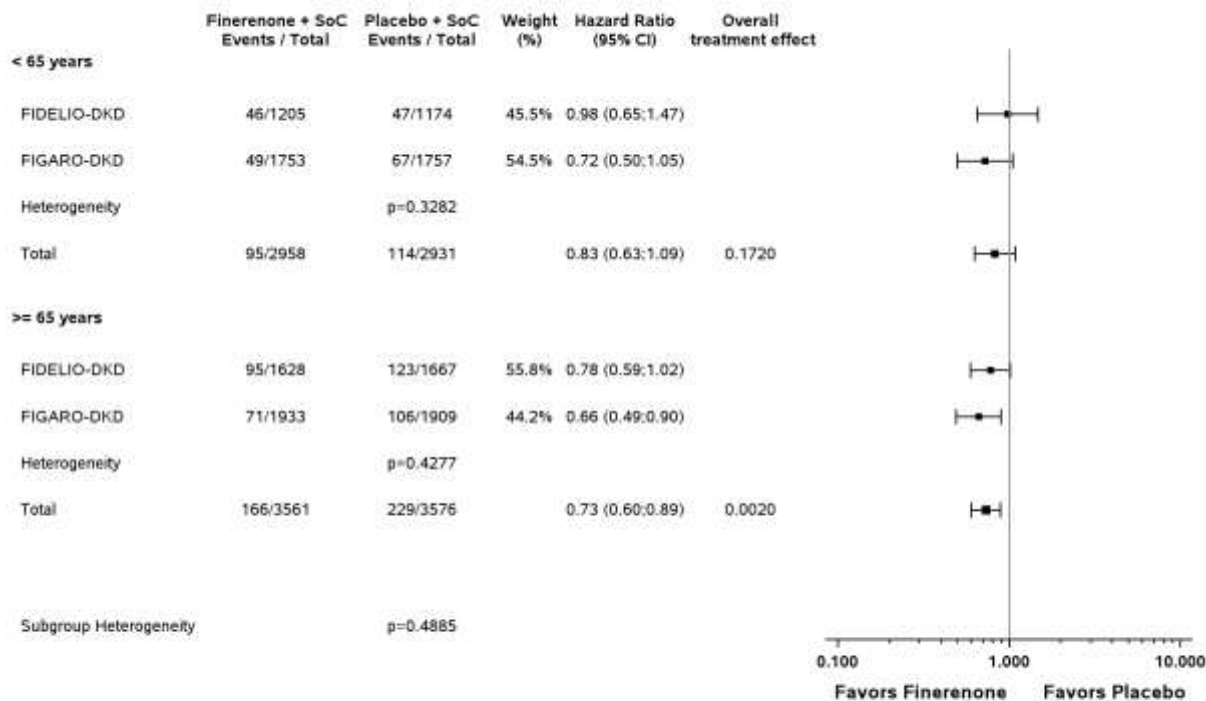


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 48: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

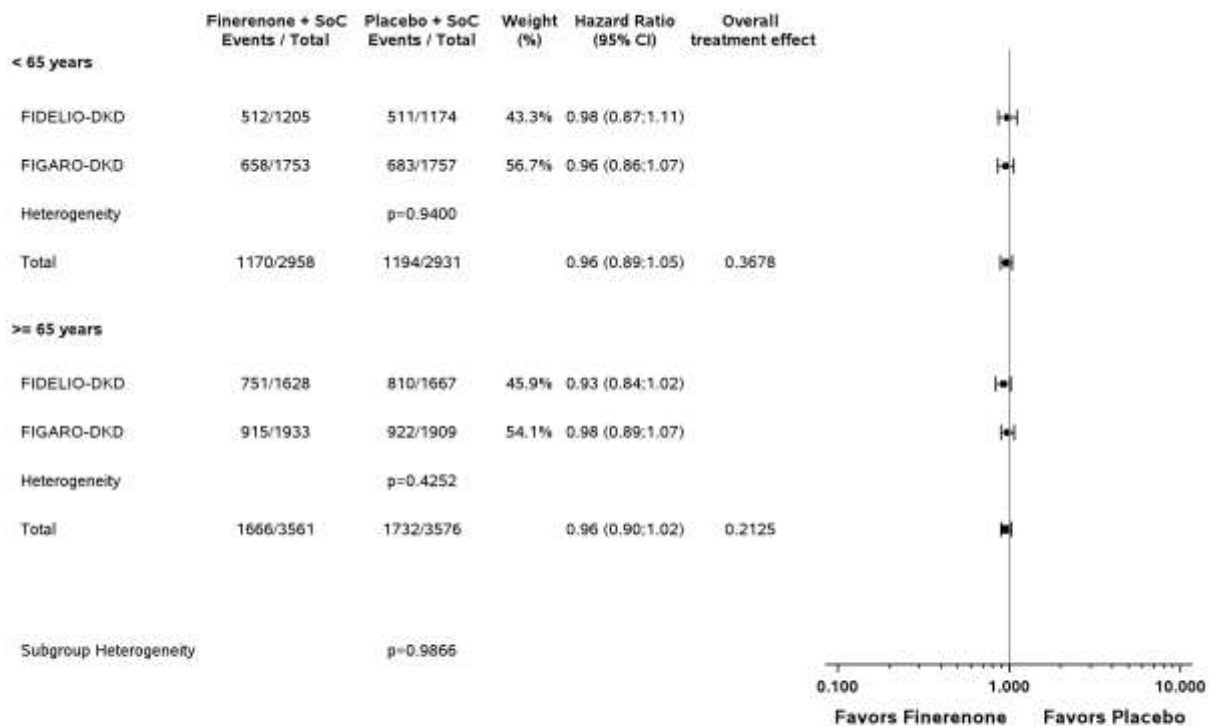


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 49: Forest plot of all-cause hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)

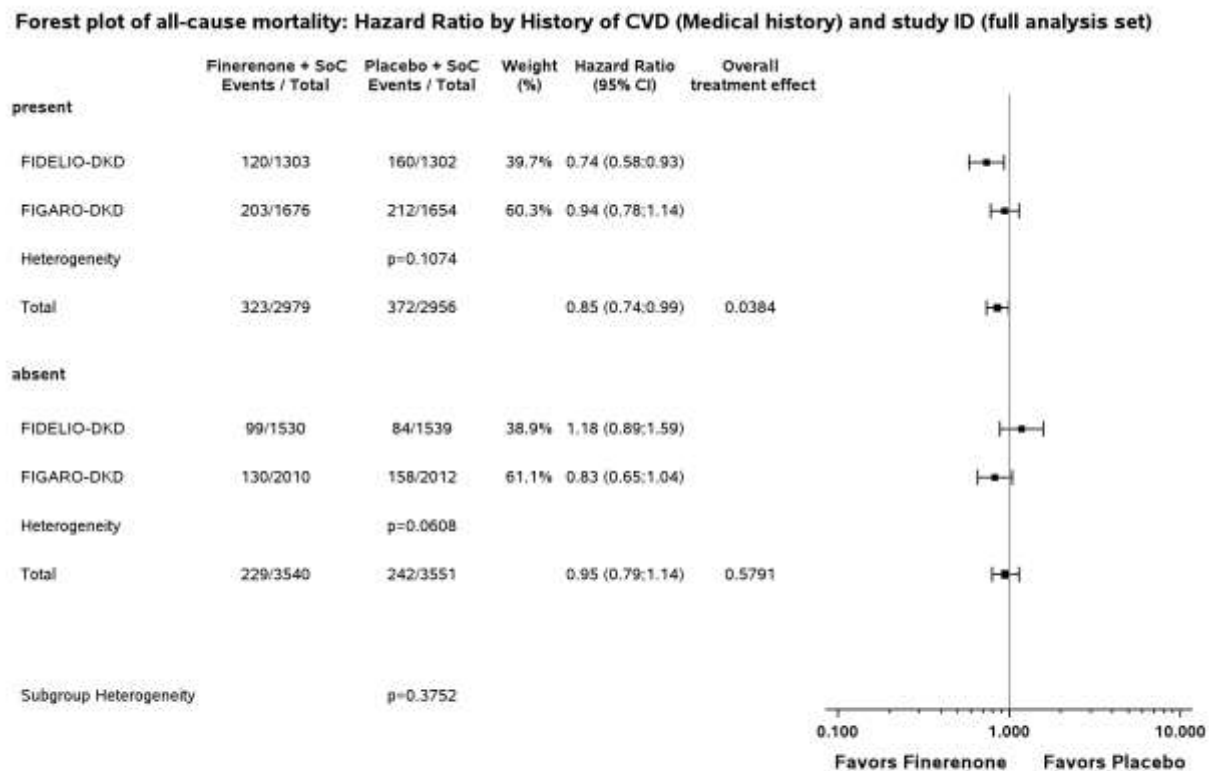
Forest plot of all-cause hospitalization: Hazard Ratio by Age group (years) 3rd category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

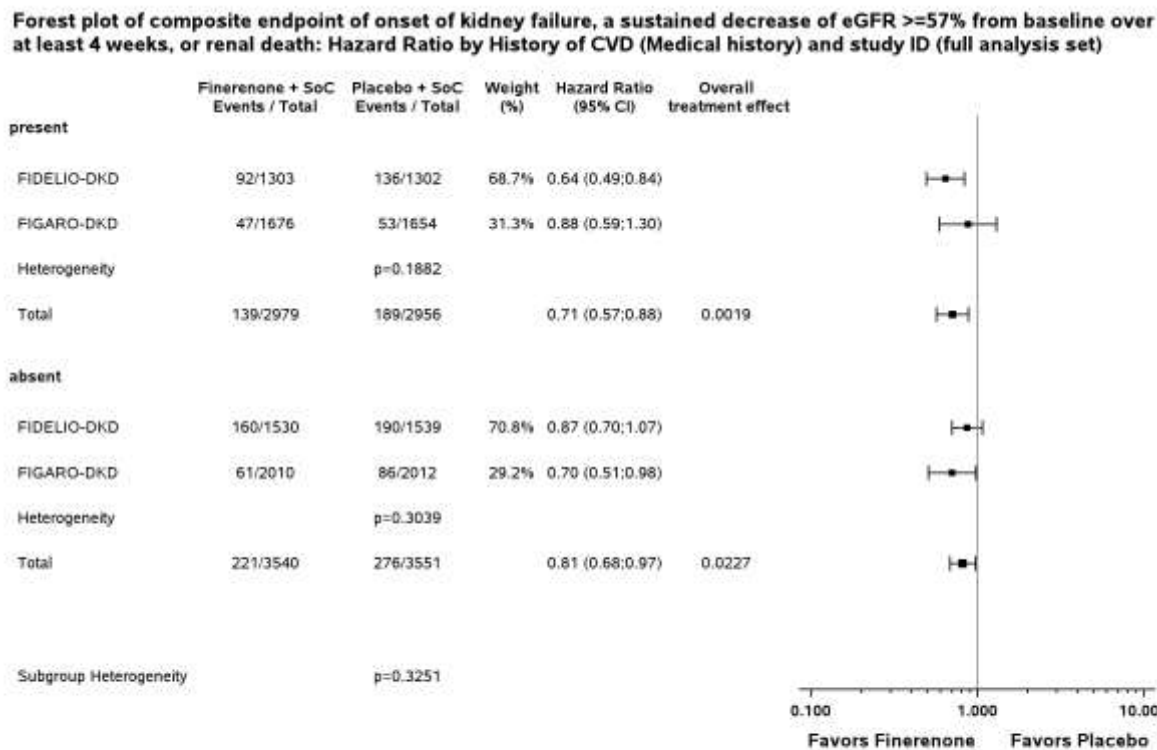
Figure 1.3.2 / 50: Forest plot of all-cause mortality: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 51: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

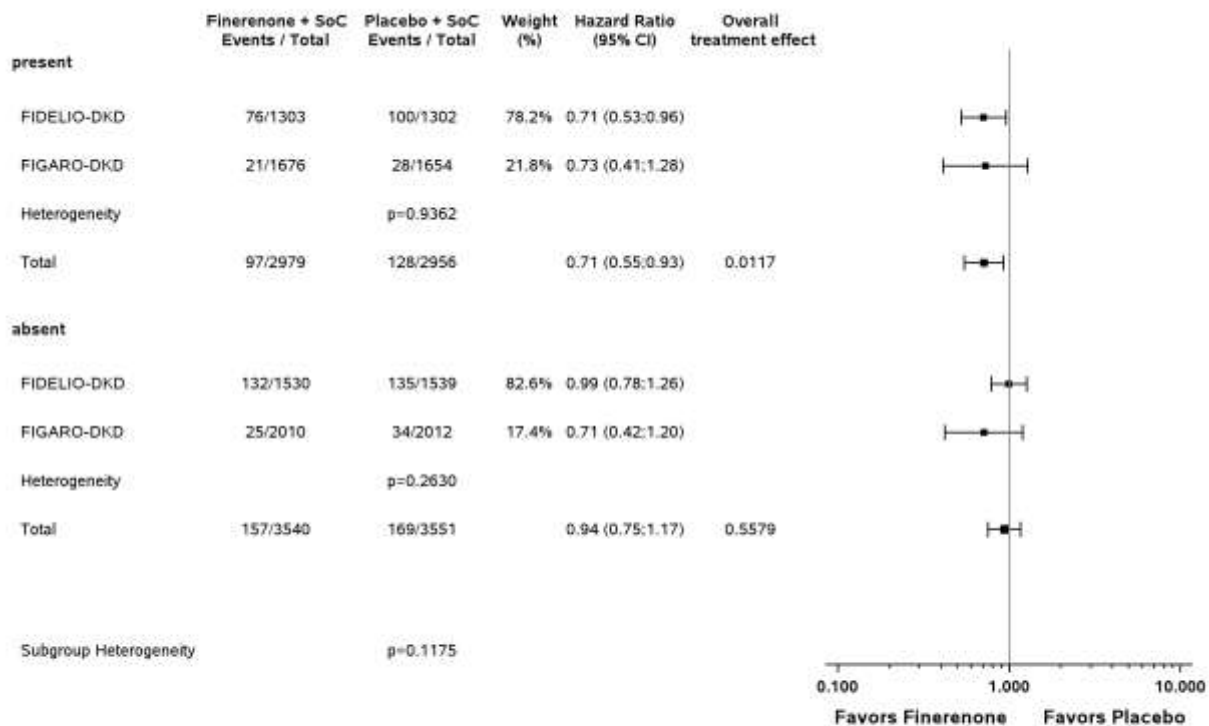


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 52: Forest plot of onset of kidney failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

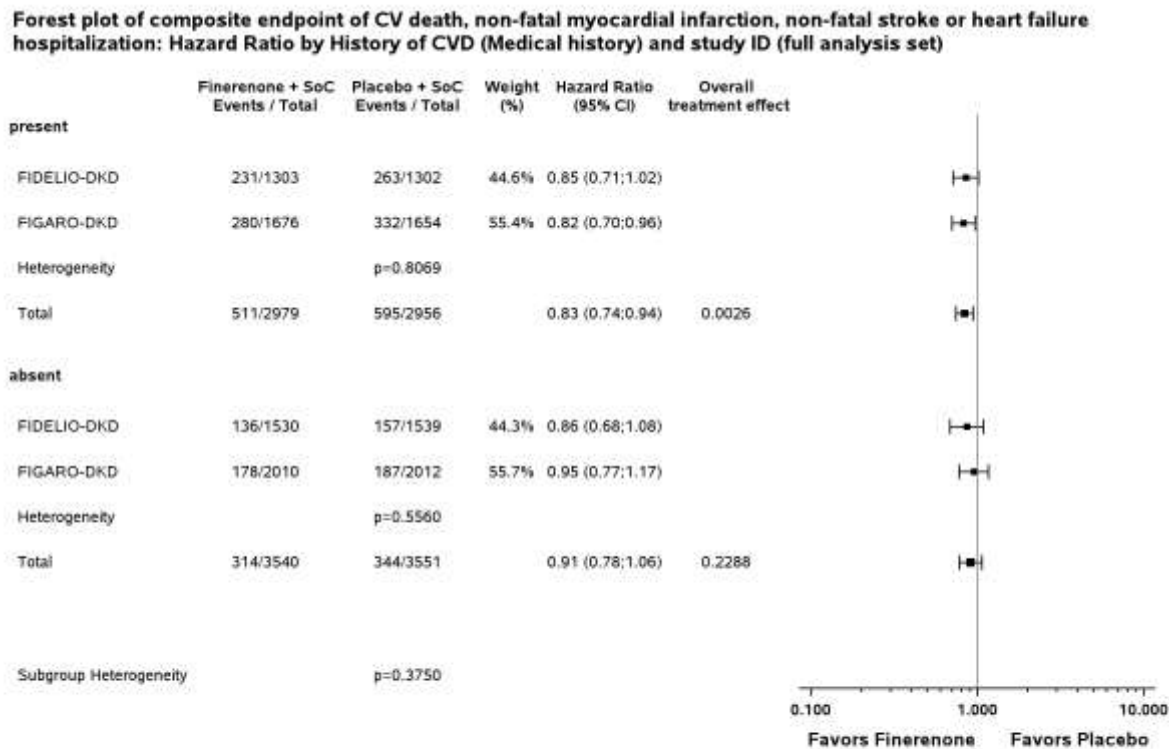
Forest plot of onset of kidney failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/af_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 53: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

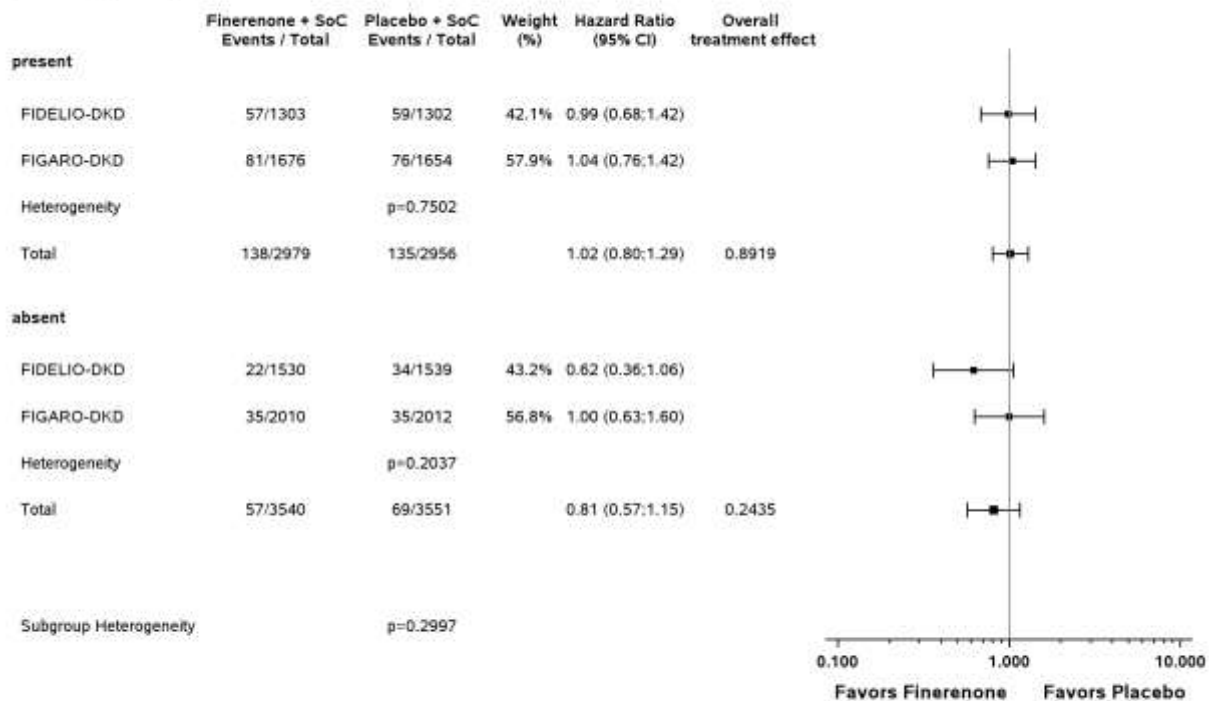


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 54: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

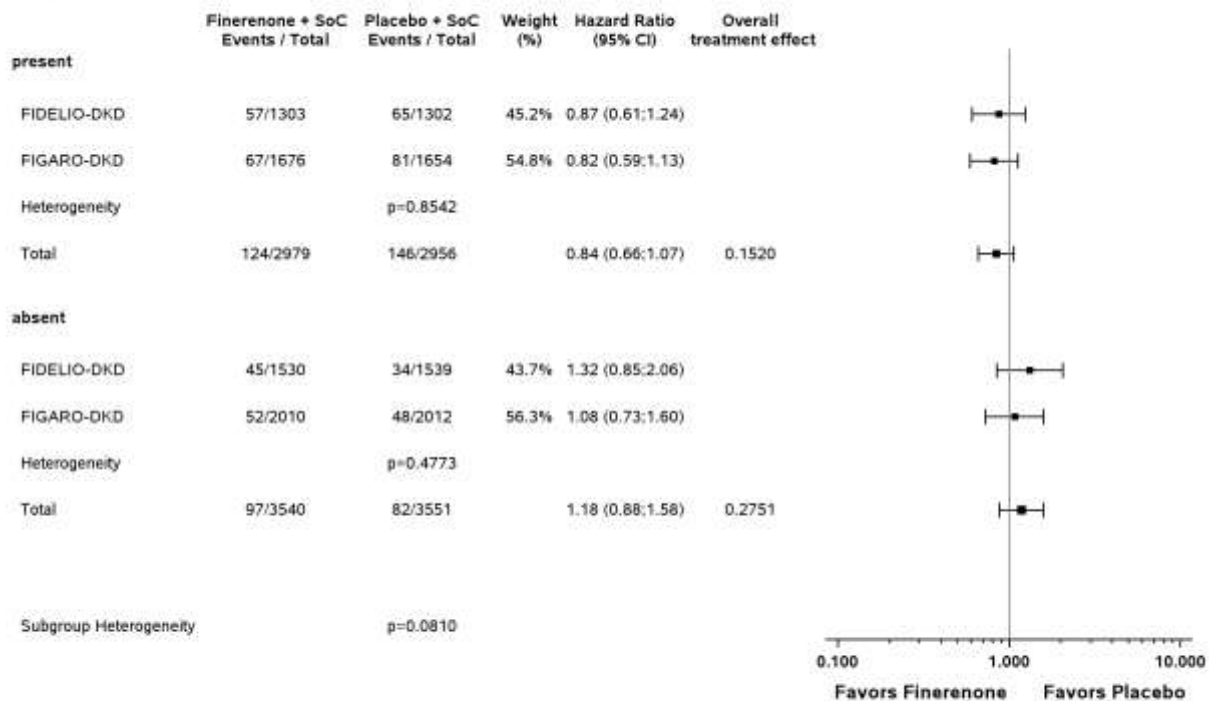


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 55: Forest plot of fatal or non-fatal stroke: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

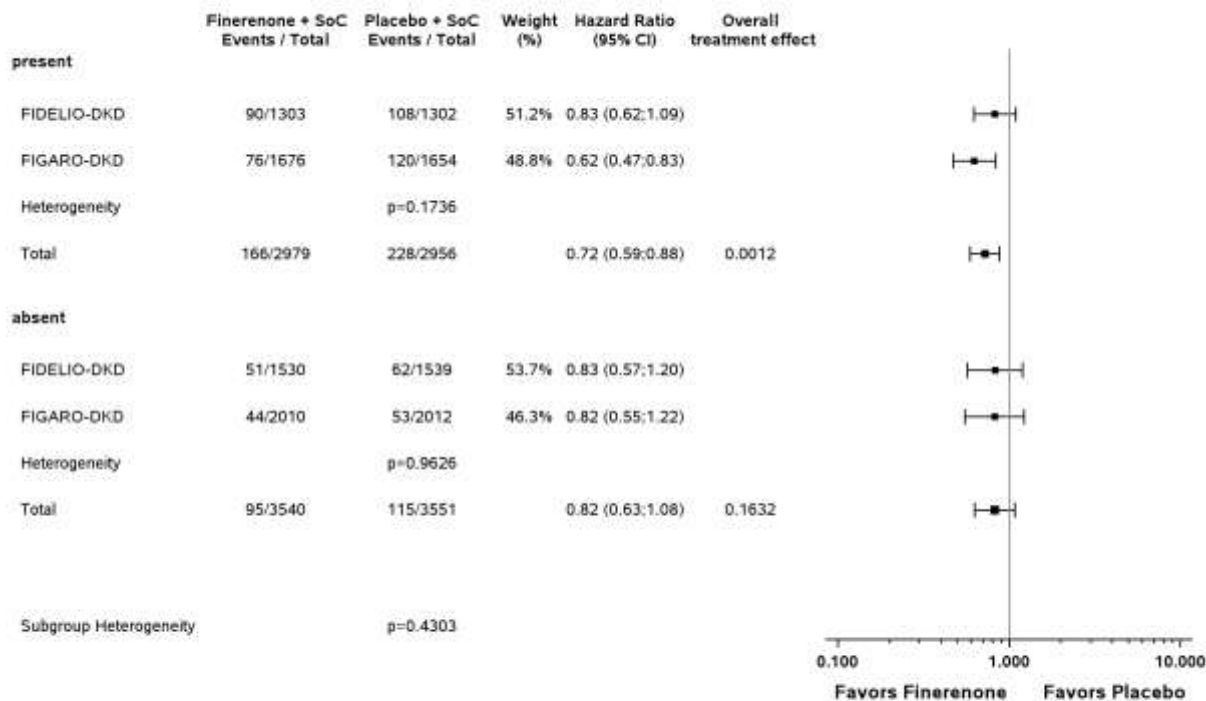


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 56: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

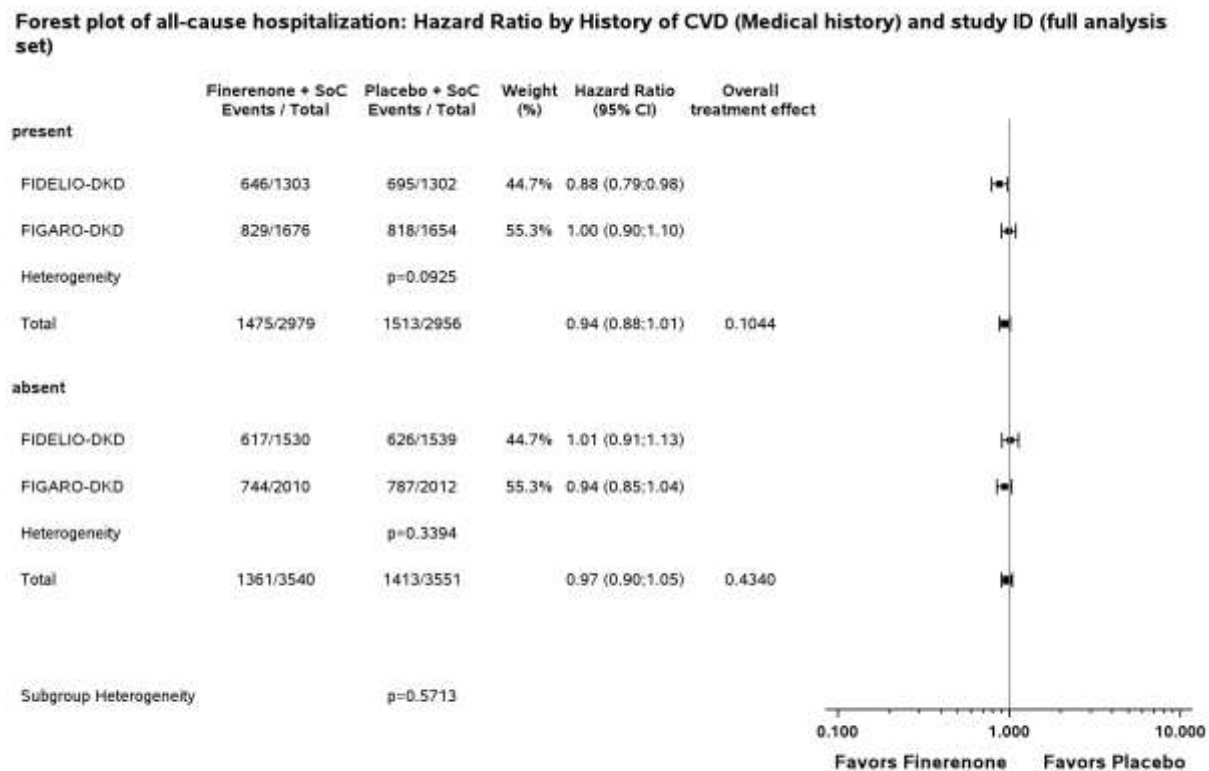
Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 57: Forest plot of all-cause hospitalization: Hazard Ratio by History of CVD (Medical history) and study ID (full analysis set)

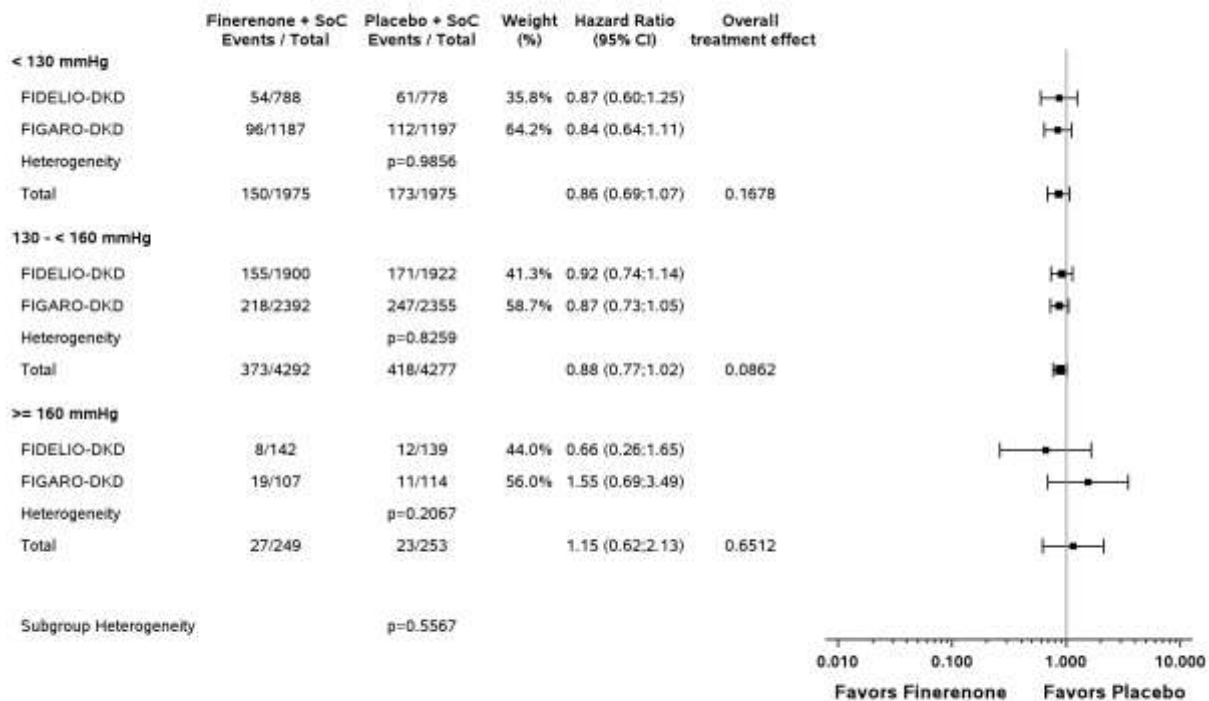


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 58: Forest plot of all-cause mortality: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

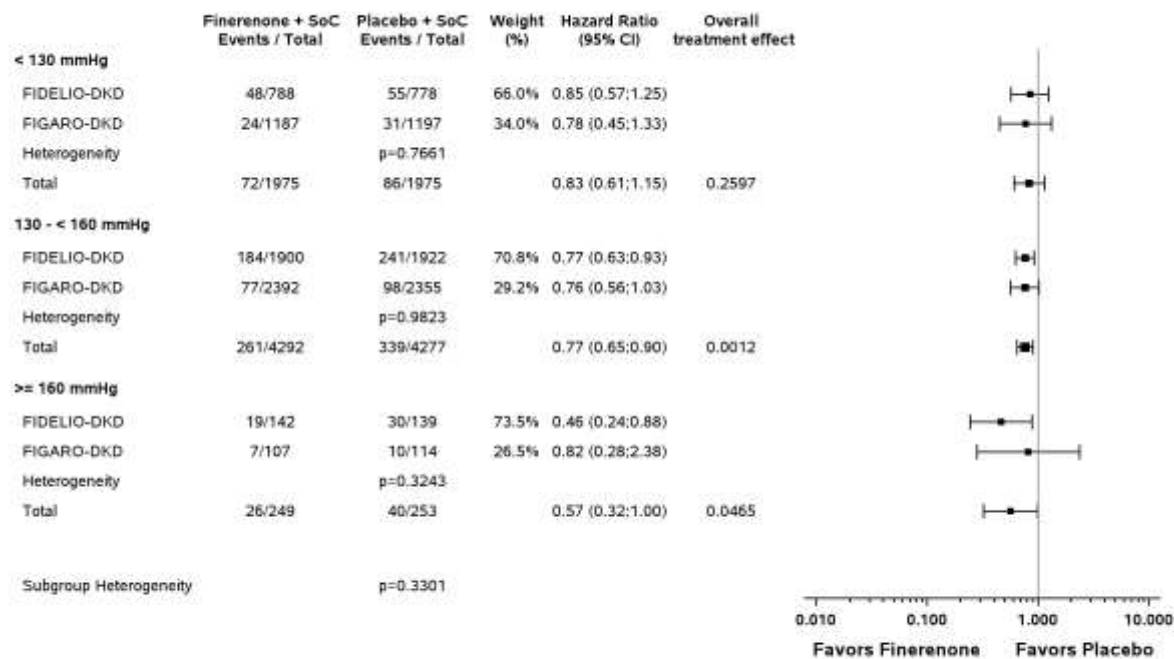


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 59: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

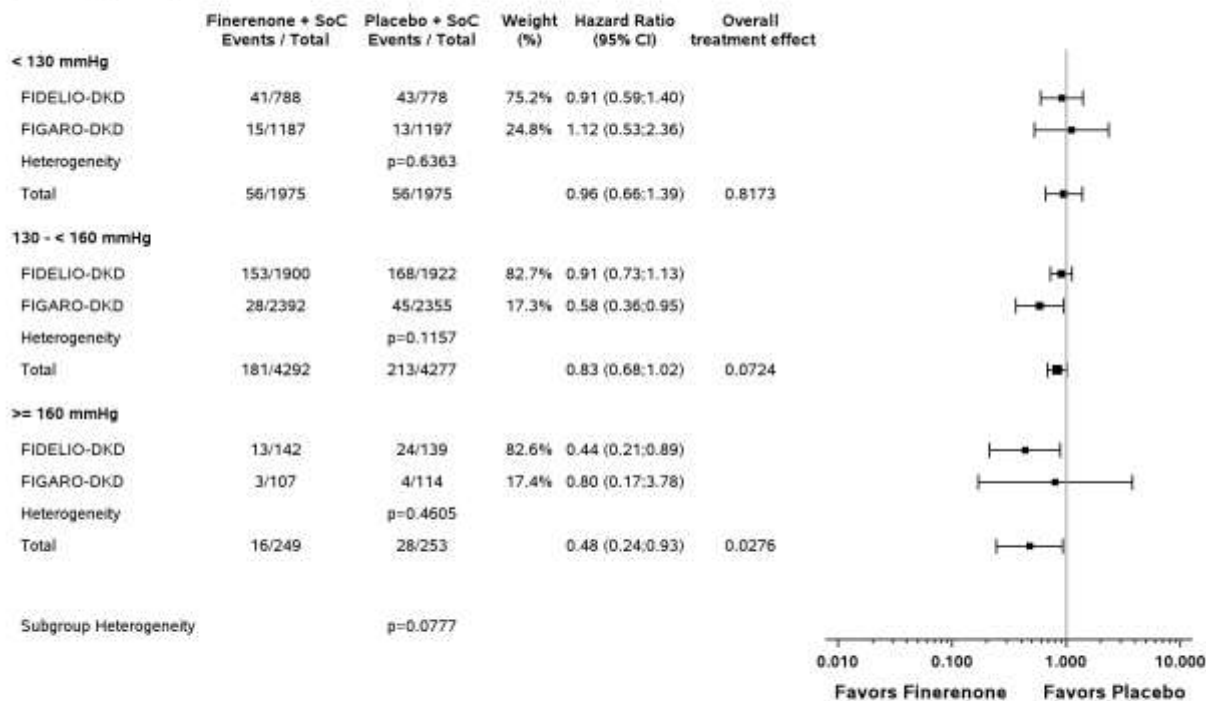


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 60: Forest plot of onset of kidney failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

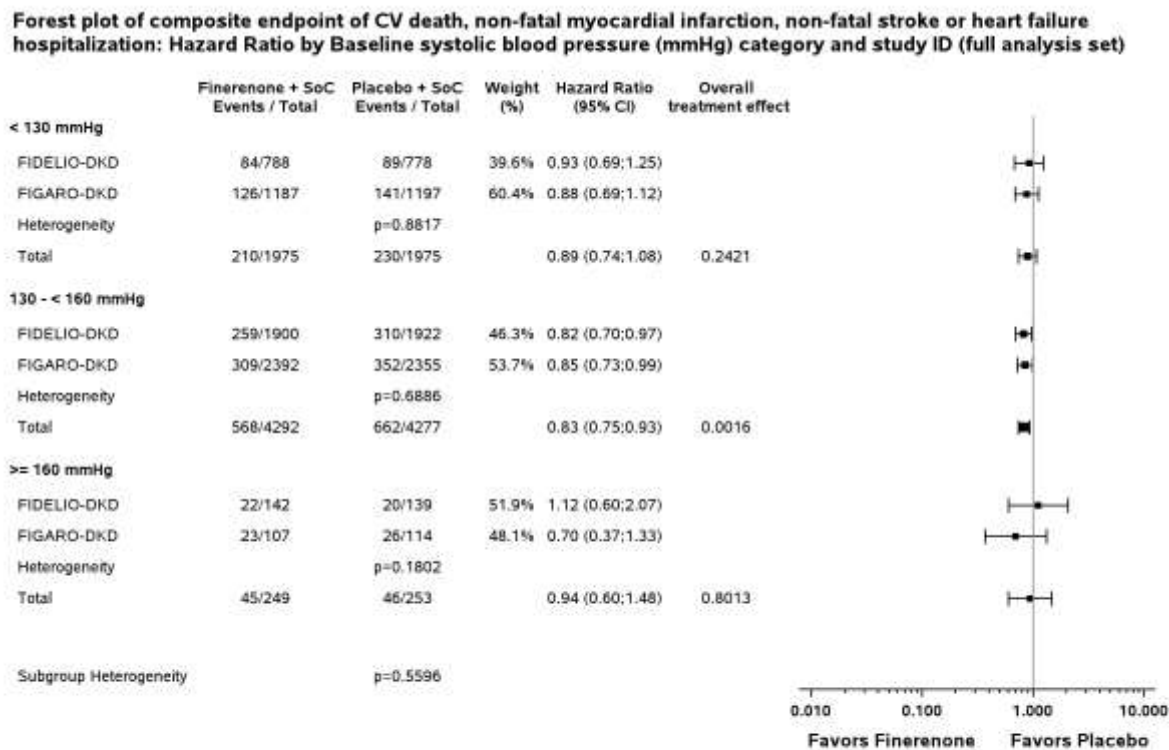
Forest plot of onset of kidney failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

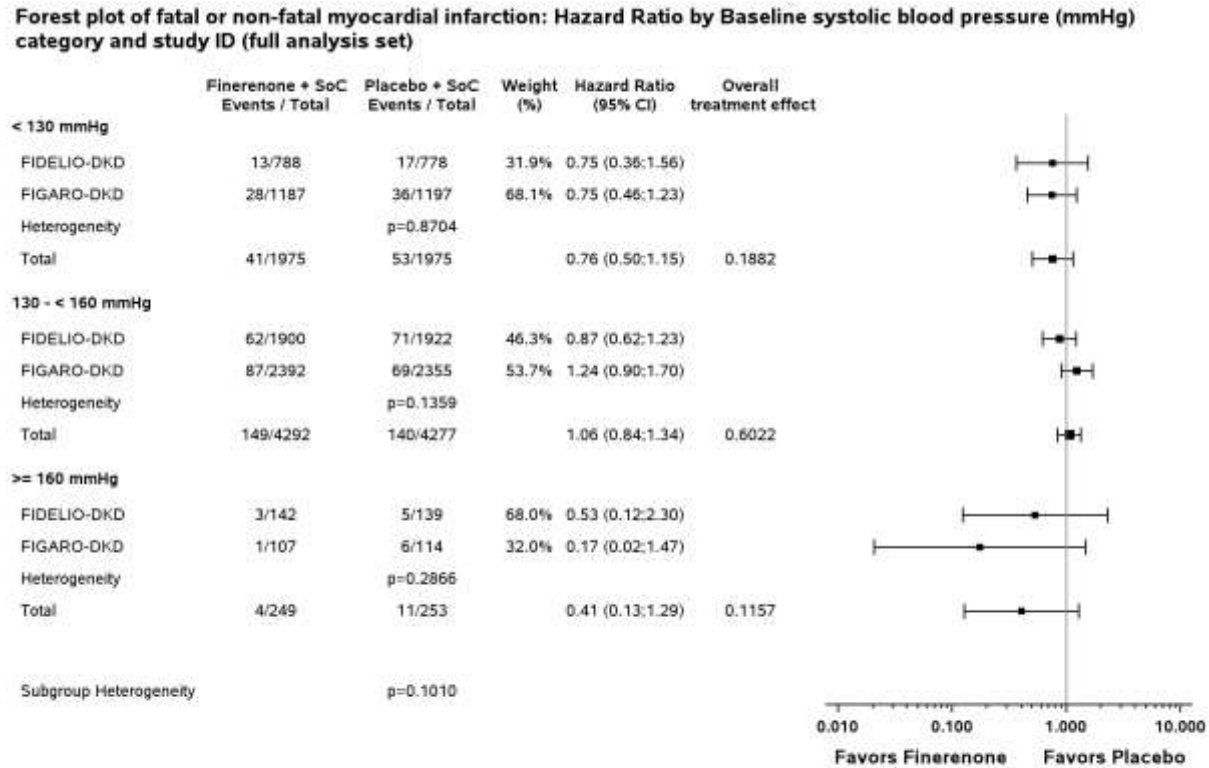
Figure 1.3.2 / 61: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 62: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

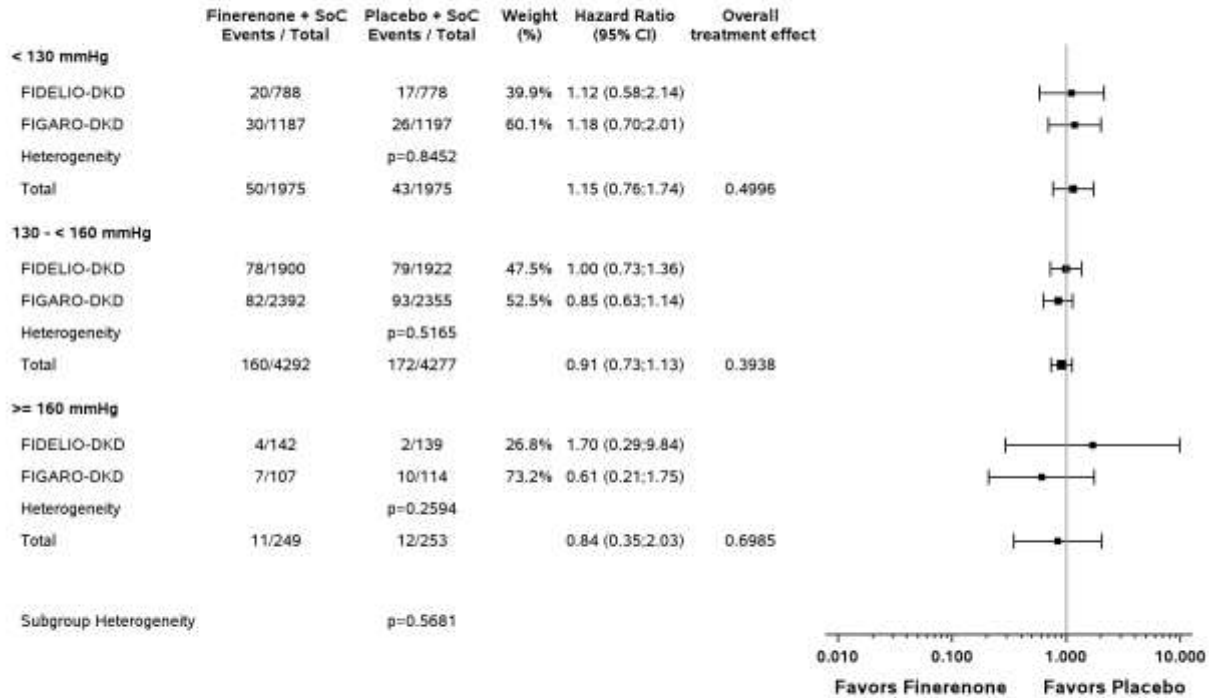


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 63: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

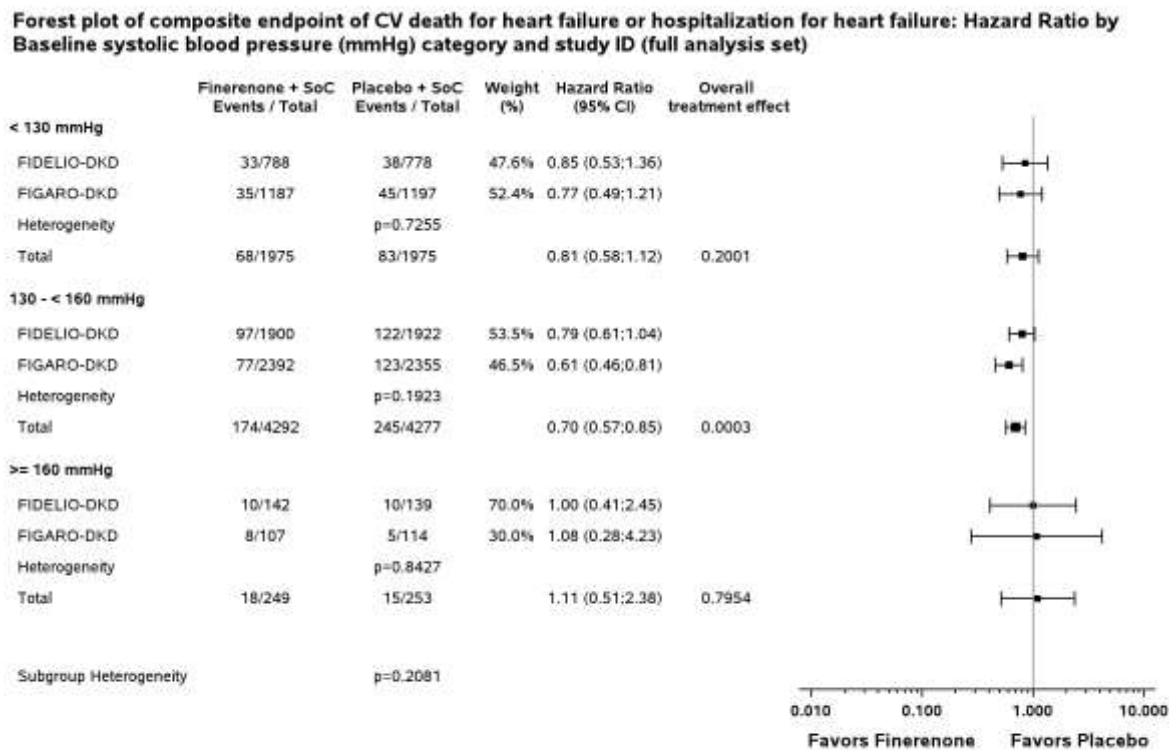
Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 64: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

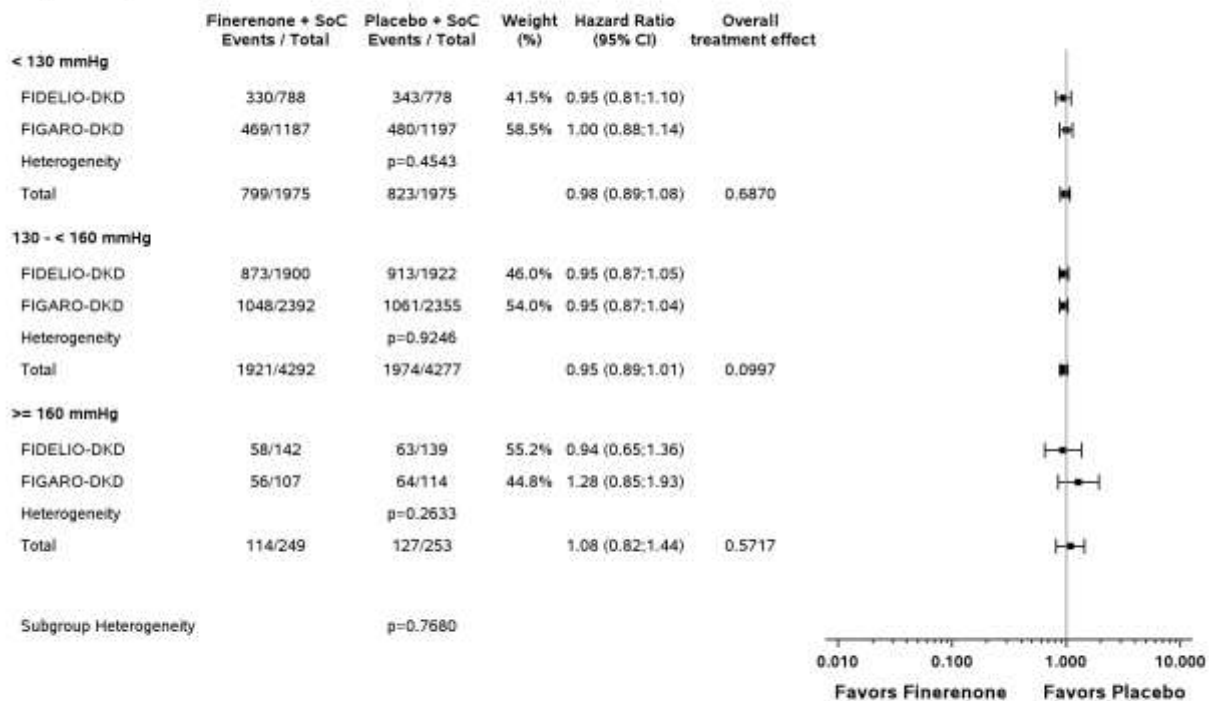


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 65: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)

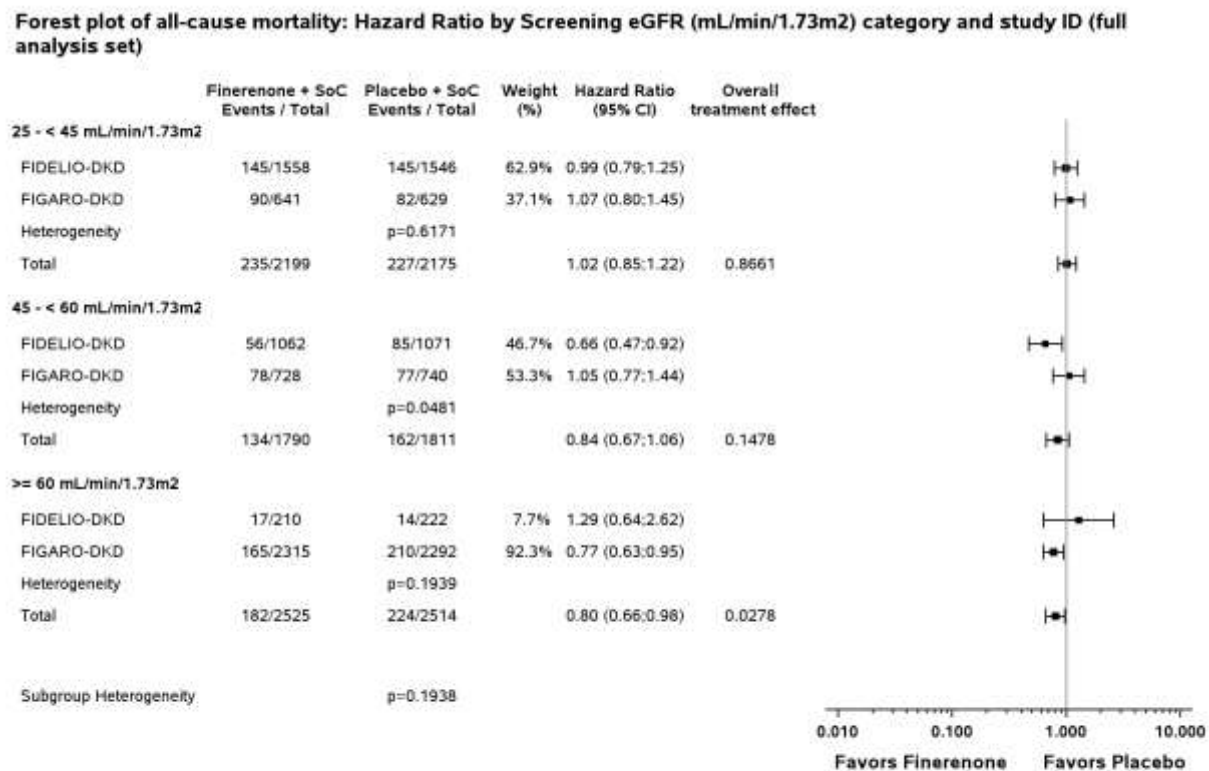
Forest plot of all-cause hospitalization: Hazard Ratio by Baseline systolic blood pressure (mmHg) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 66: Forest plot of all-cause mortality: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

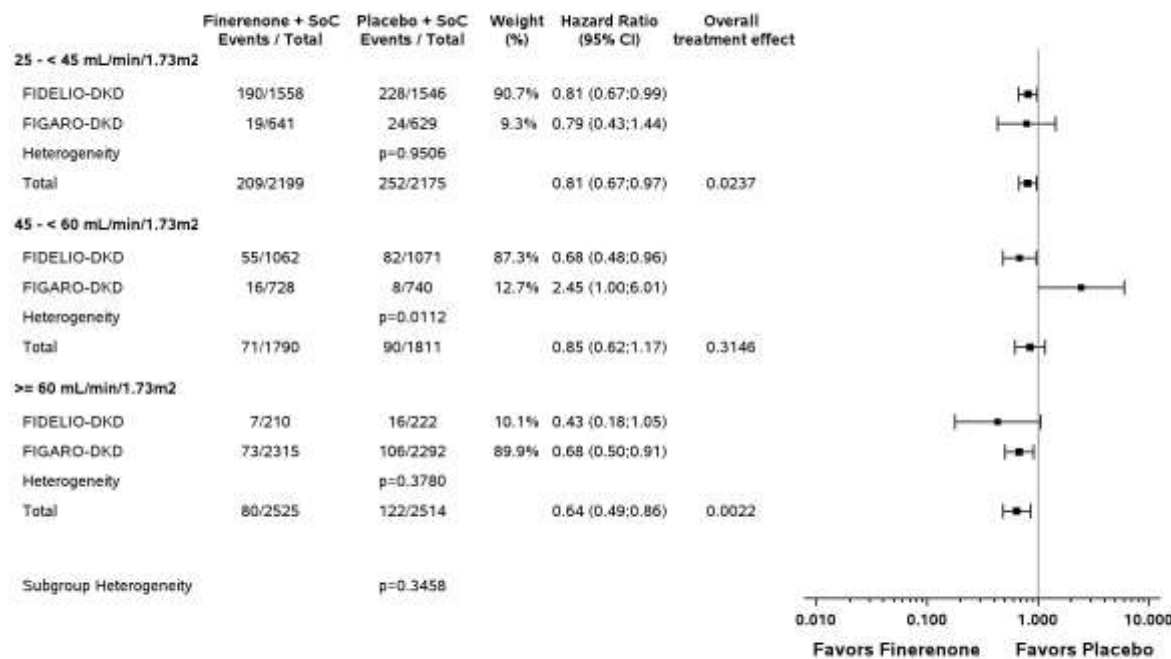


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 67: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening eGFR (mL/min/1.73m²) category and study ID (full analysis set)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening eGFR (mL/min/1.73m²) category and study ID (full analysis set)

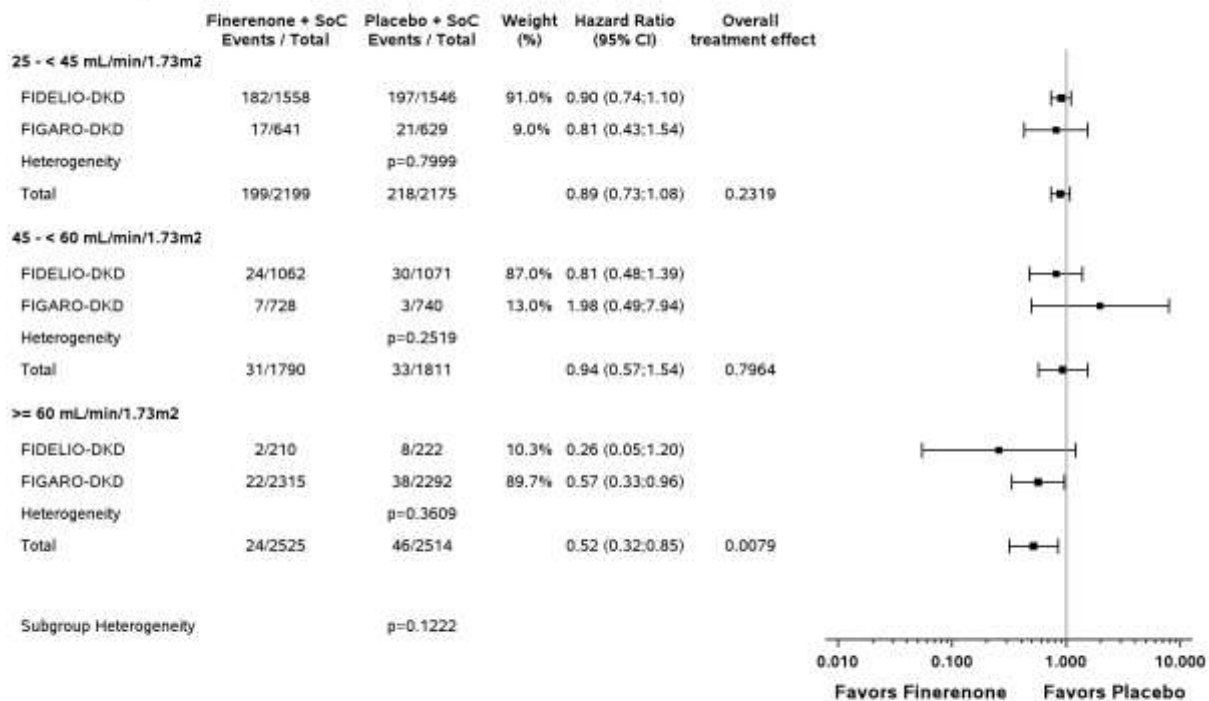


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 68: Forest plot of onset of kidney failure: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

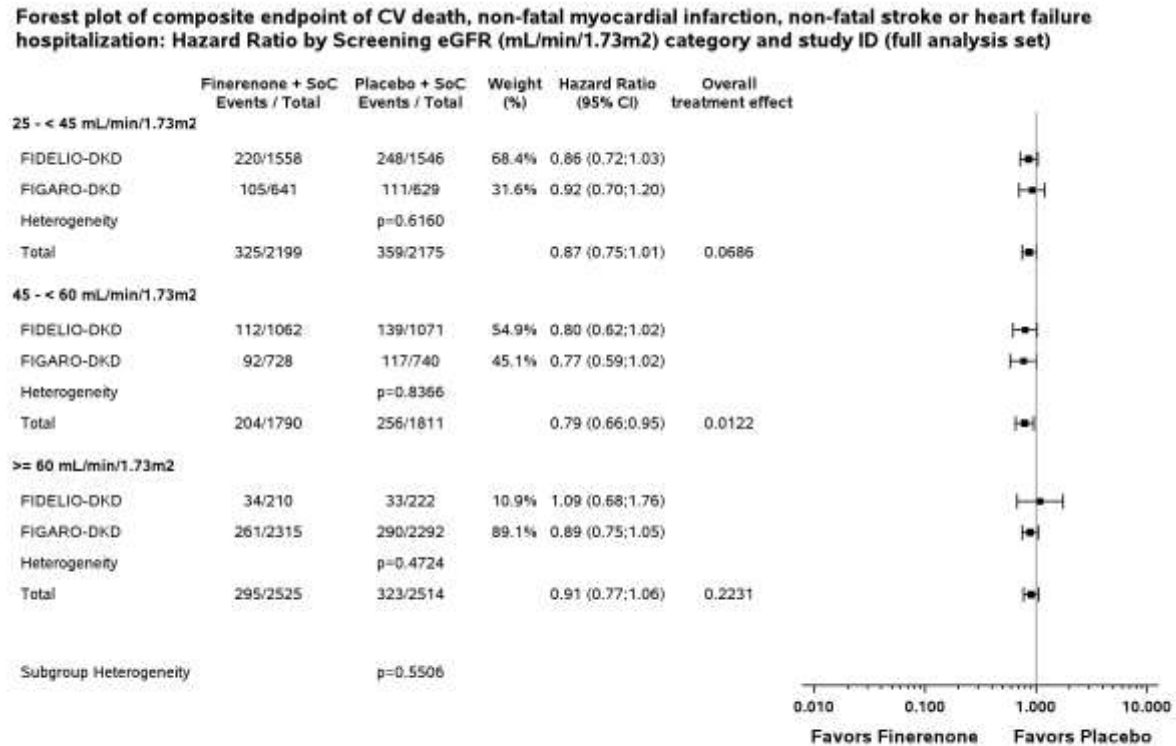
Forest plot of onset of kidney failure: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 69: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

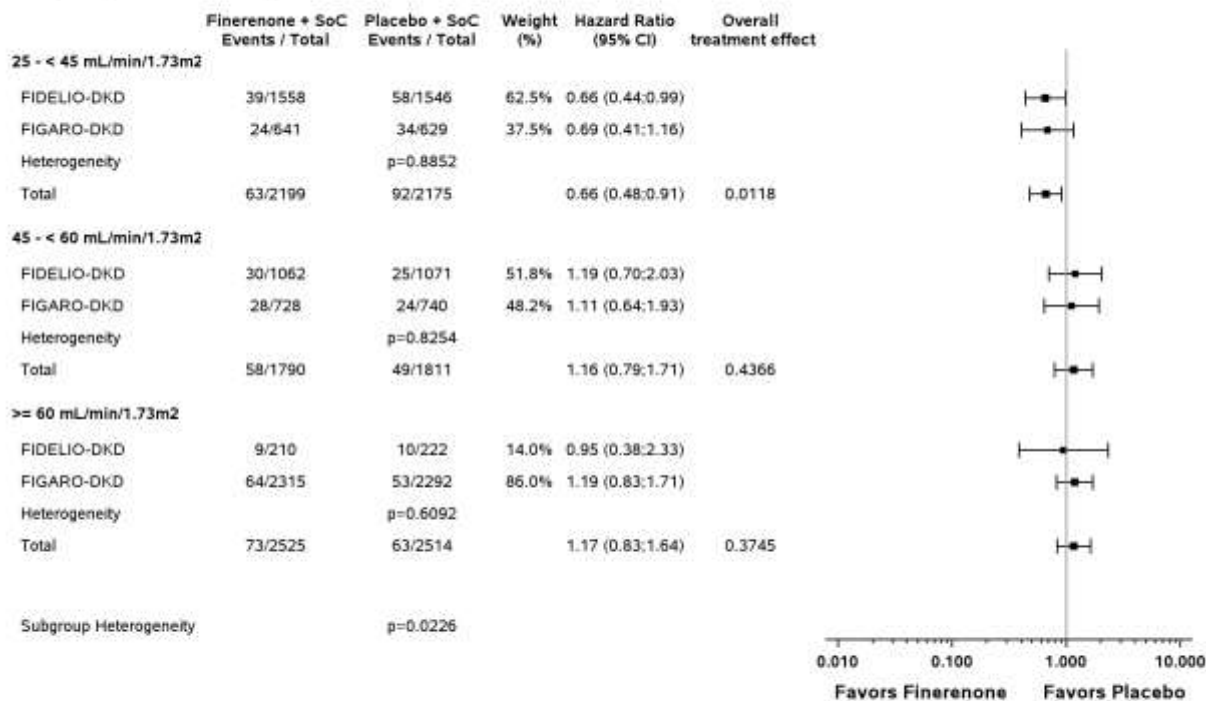


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 70: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

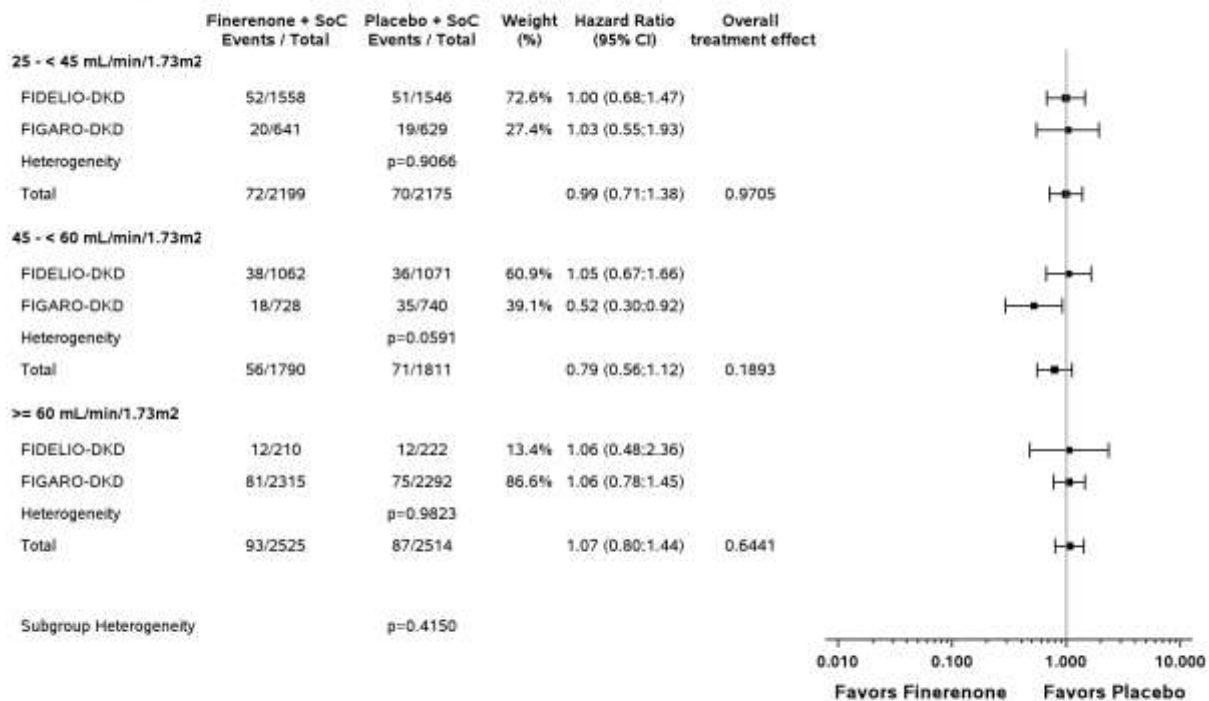


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 71: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

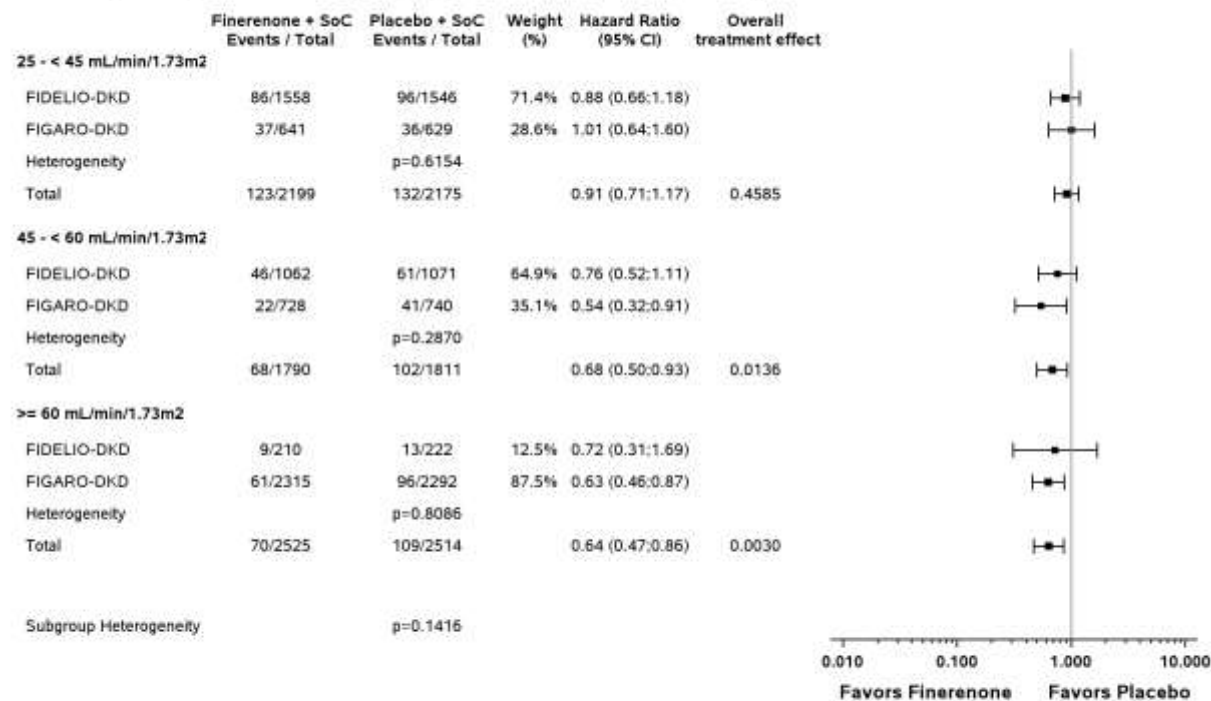


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 72: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

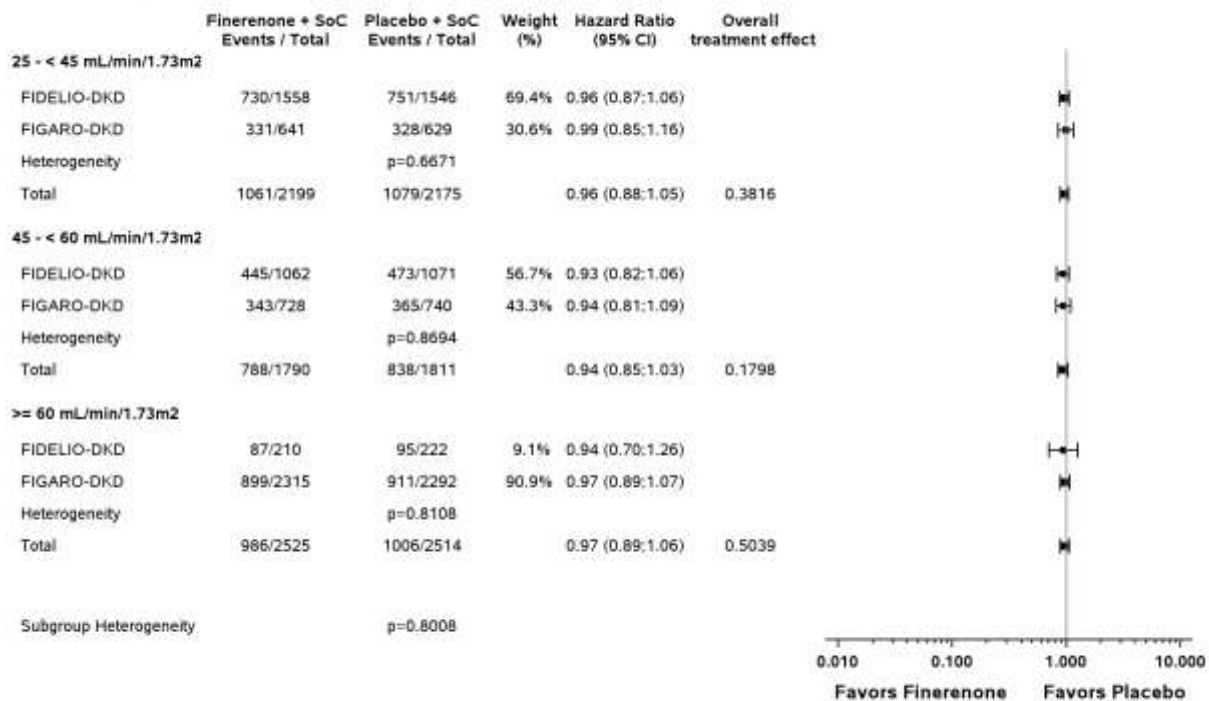


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 73: Forest plot of all-cause hospitalization: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

Forest plot of all-cause hospitalization: Hazard Ratio by Screening eGFR (mL/min/1.73m2) category and study ID (full analysis set)

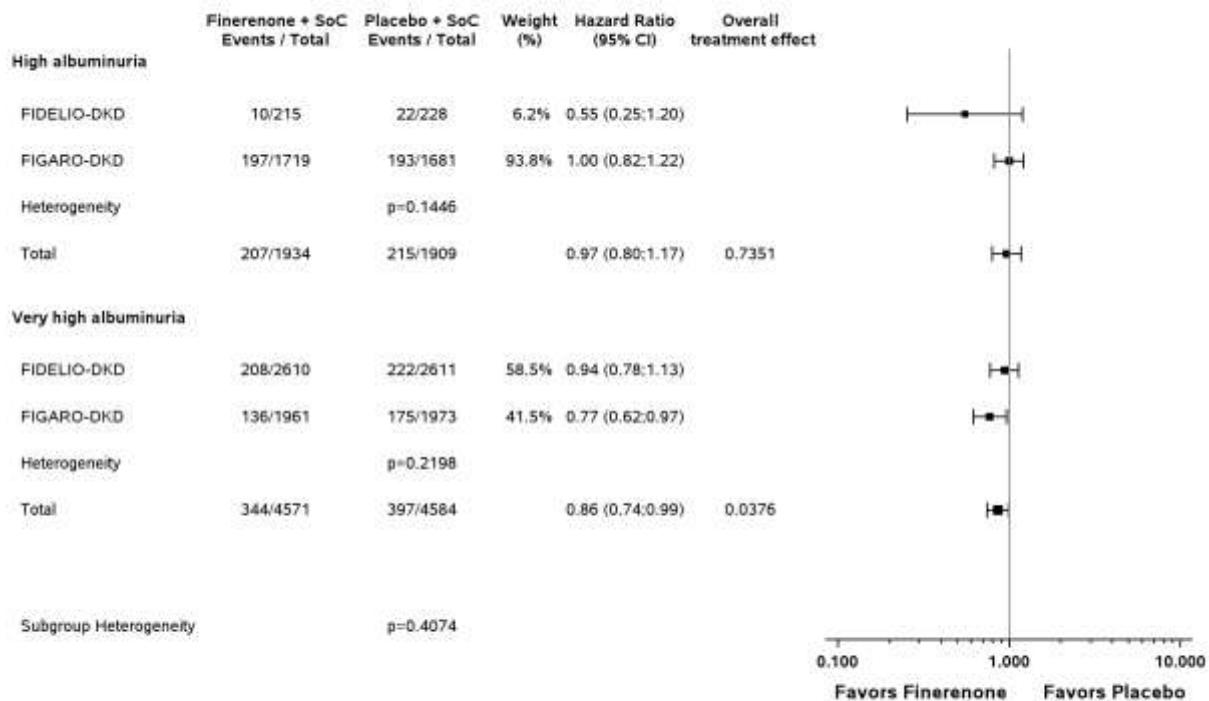


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/tf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 74: Forest plot of all-cause mortality: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

Forest plot of all-cause mortality: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

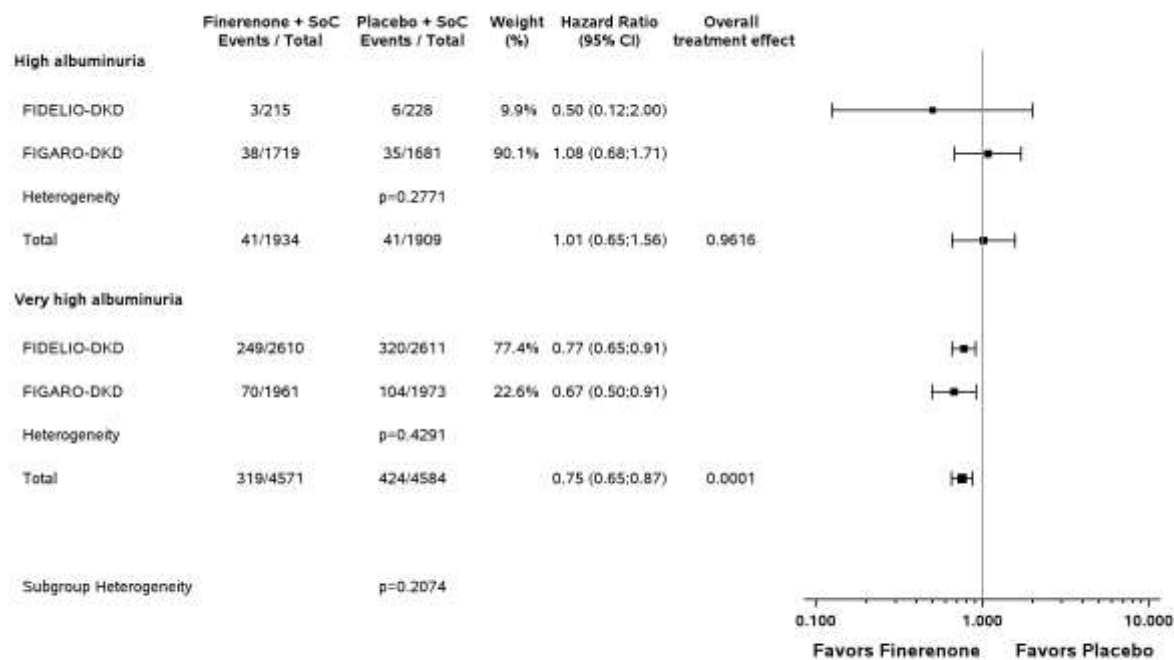


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 75: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

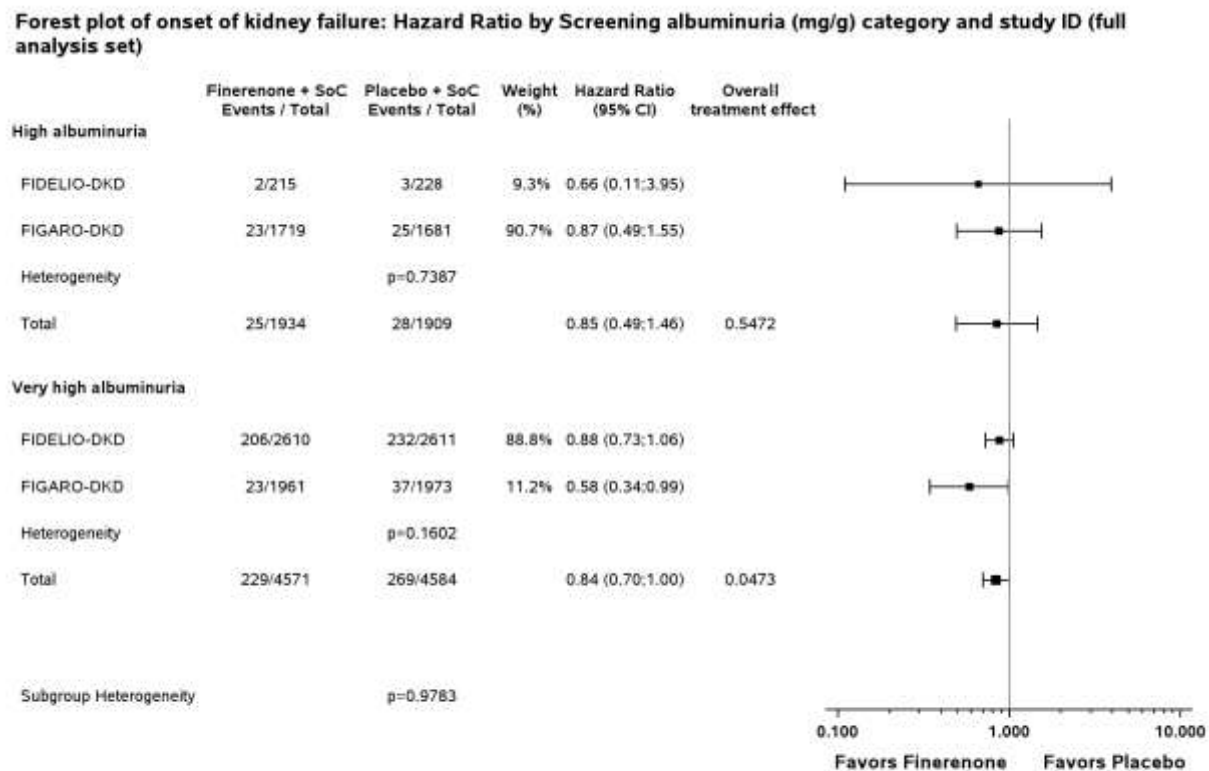
Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR \geq 57% from baseline over at least 4 weeks, or renal death: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

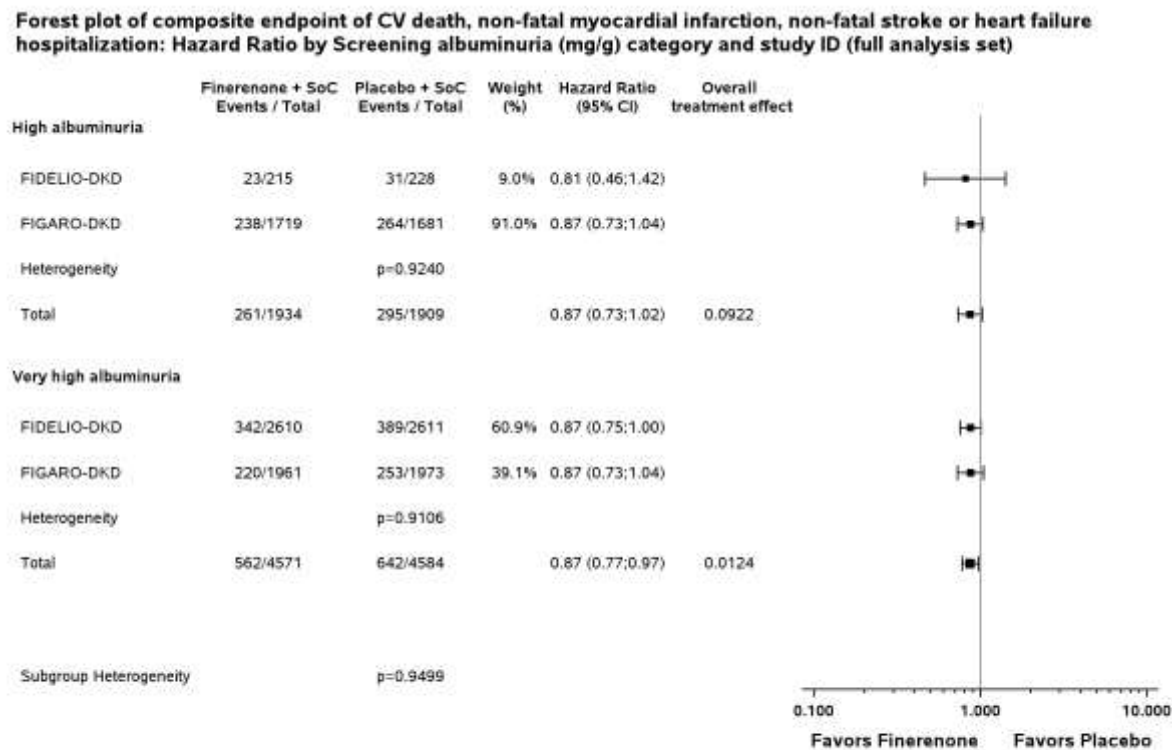
Figure 1.3.2 / 76: Forest plot of onset of kidney failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 77: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

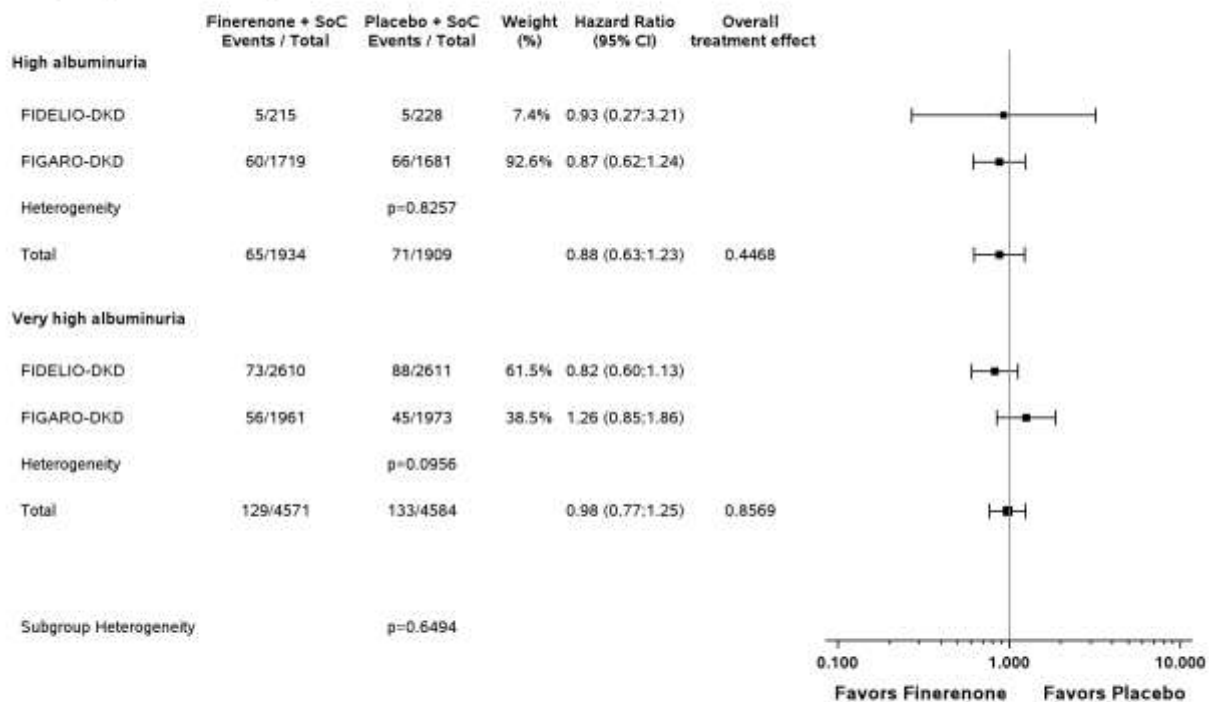


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 78: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

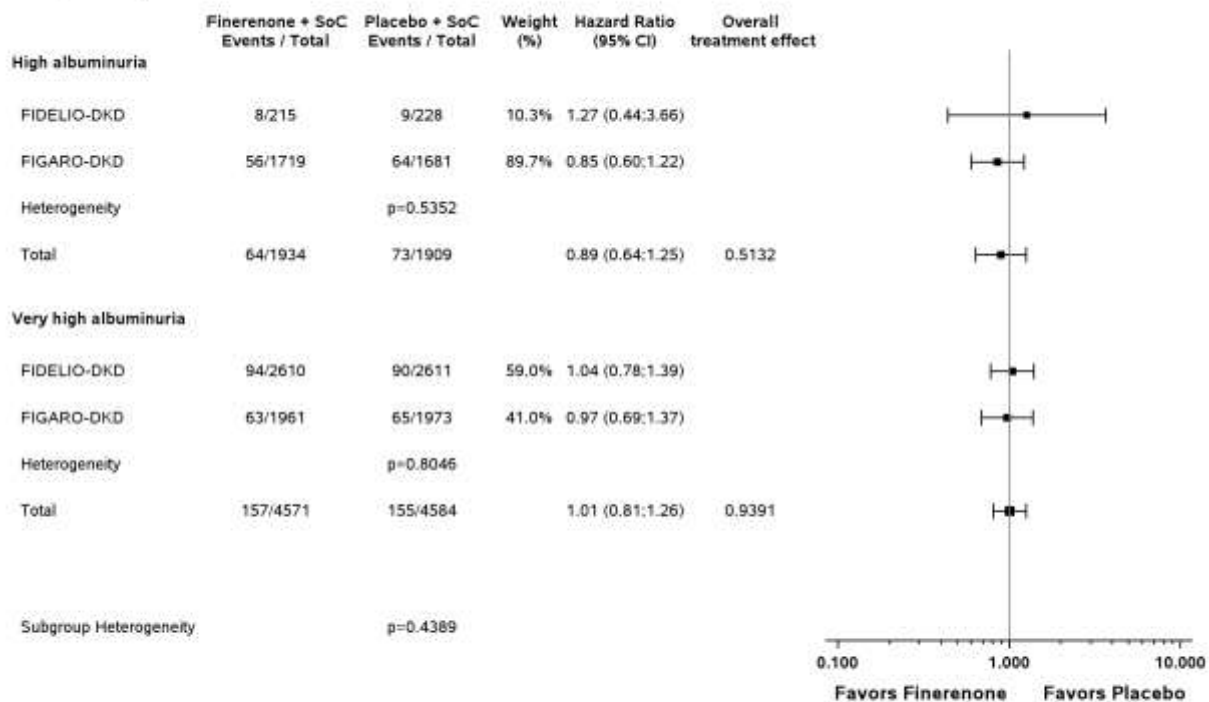


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 79: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

Forest plot of fatal or non-fatal stroke: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

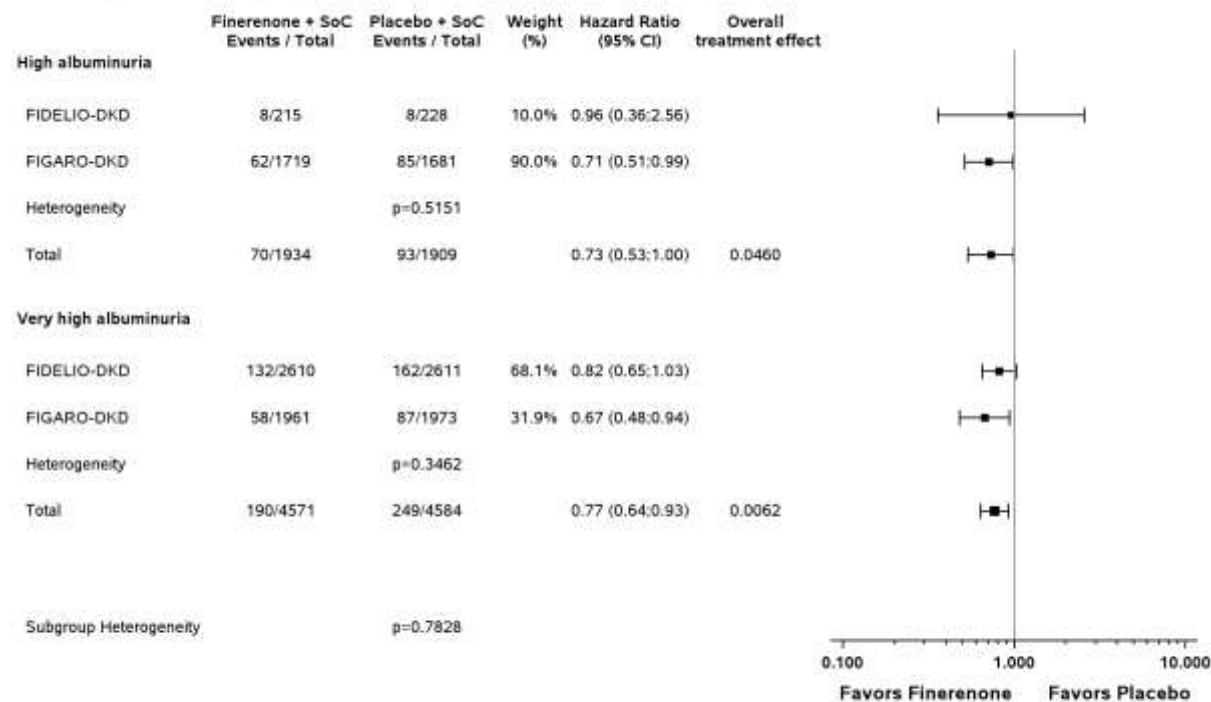


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 80: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

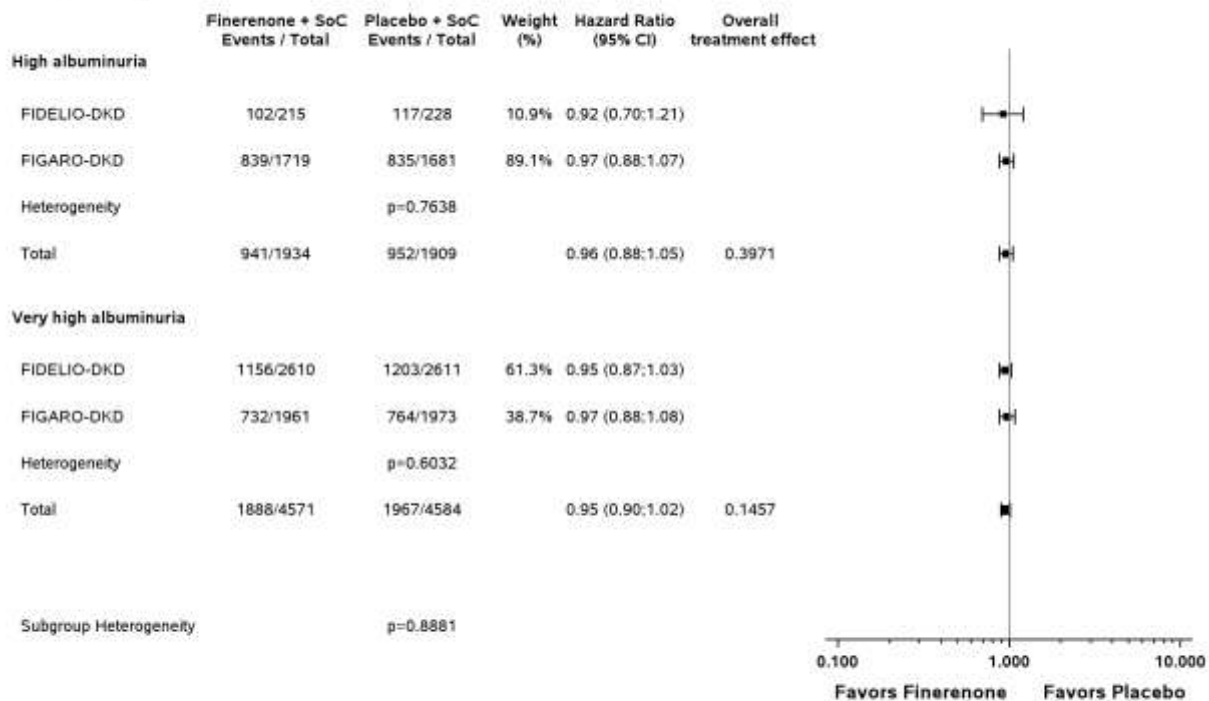


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 81: Forest plot of all-cause hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)

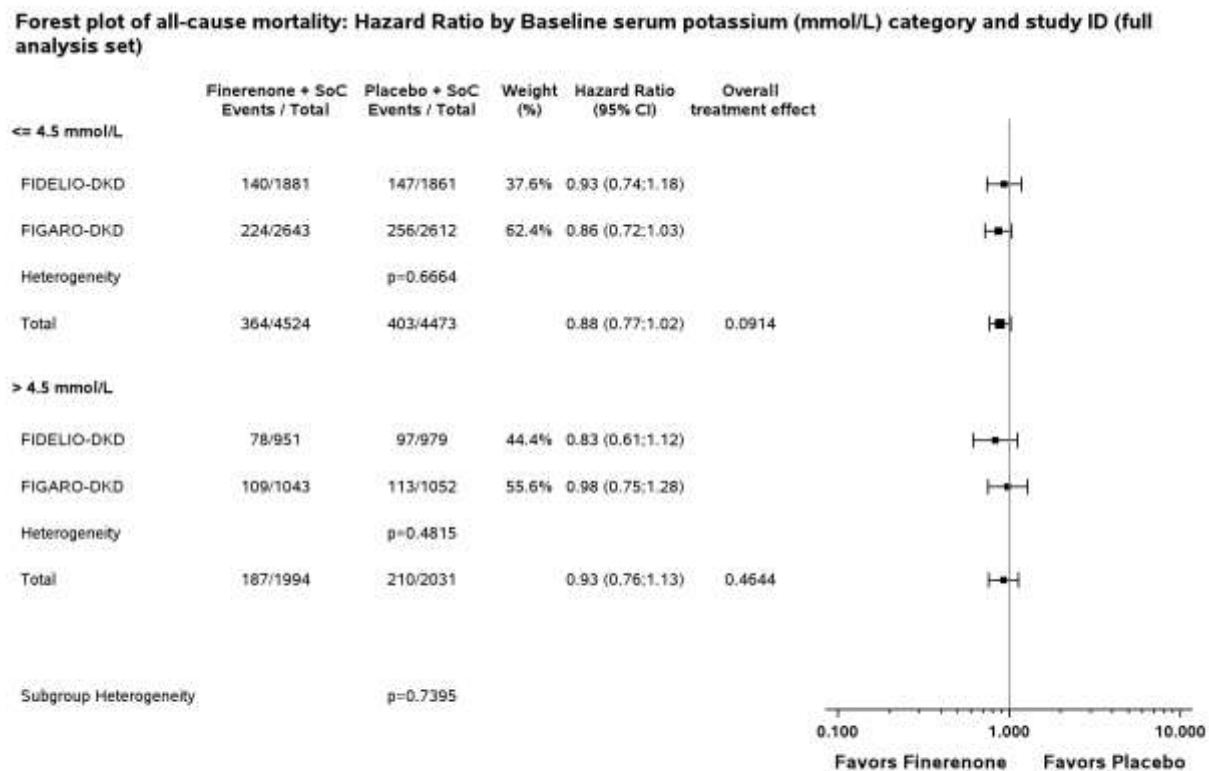
Forest plot of all-cause hospitalization: Hazard Ratio by Screening albuminuria (mg/g) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 82: Forest plot of all-cause mortality: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

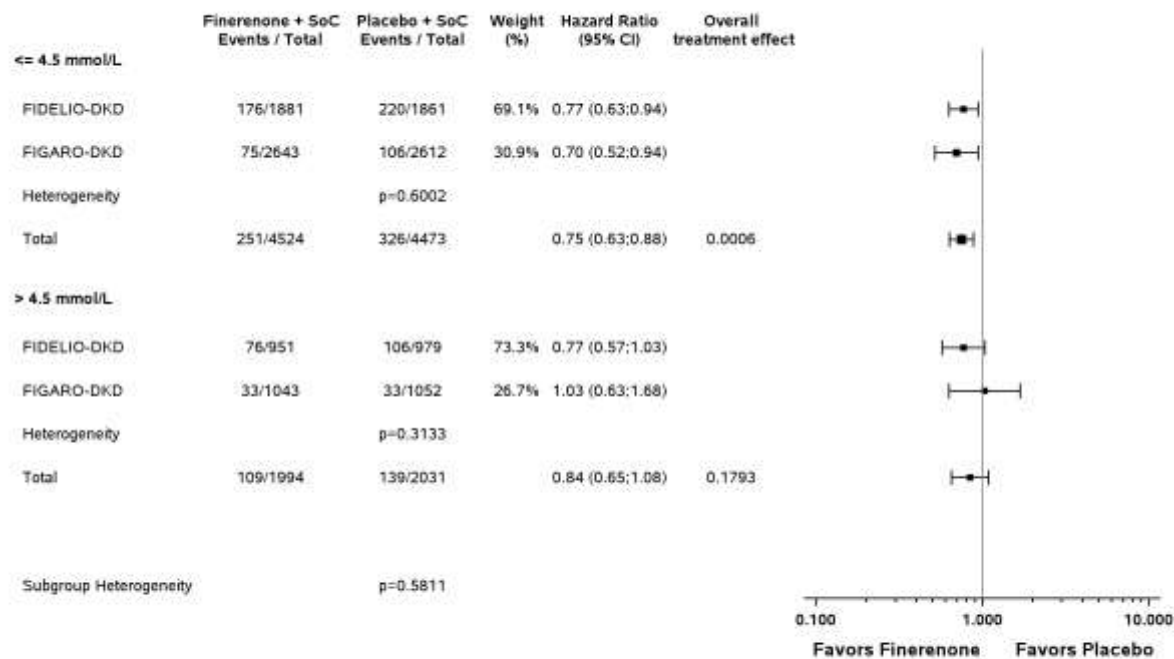


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 83: Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

Forest plot of composite endpoint of onset of kidney failure, a sustained decrease of eGFR $\geq 57\%$ from baseline over at least 4 weeks, or renal death: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

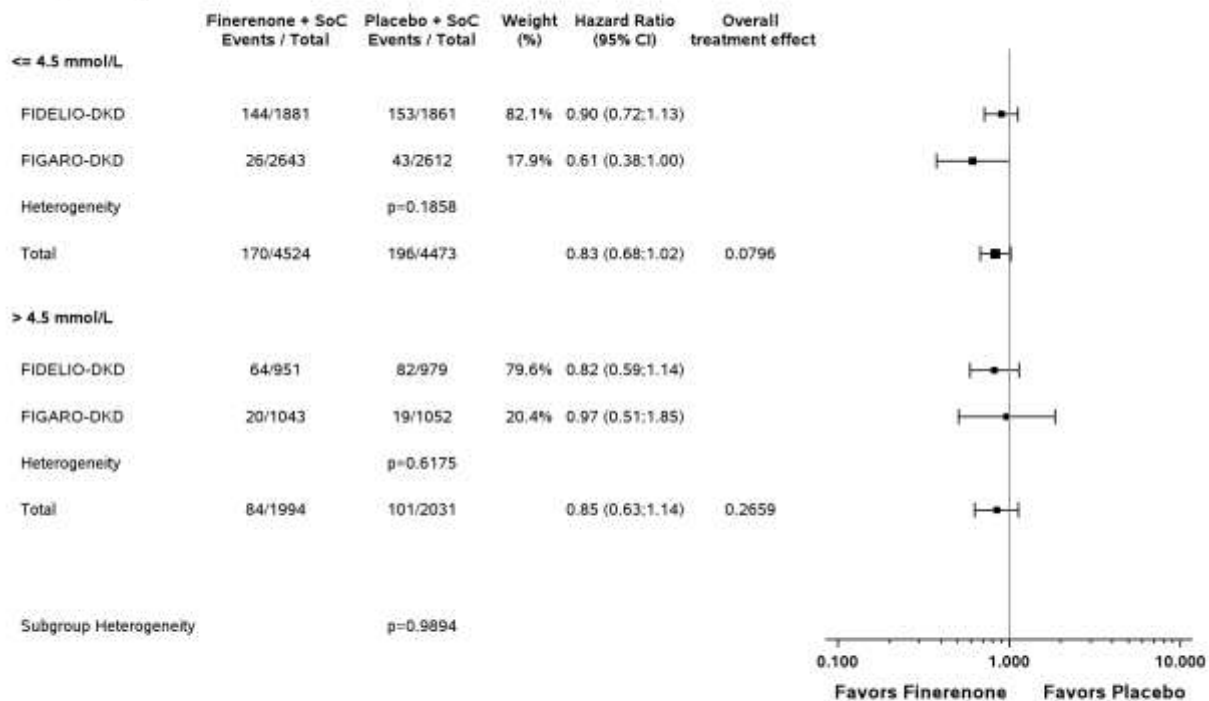


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 84: Forest plot of onset of kidney failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

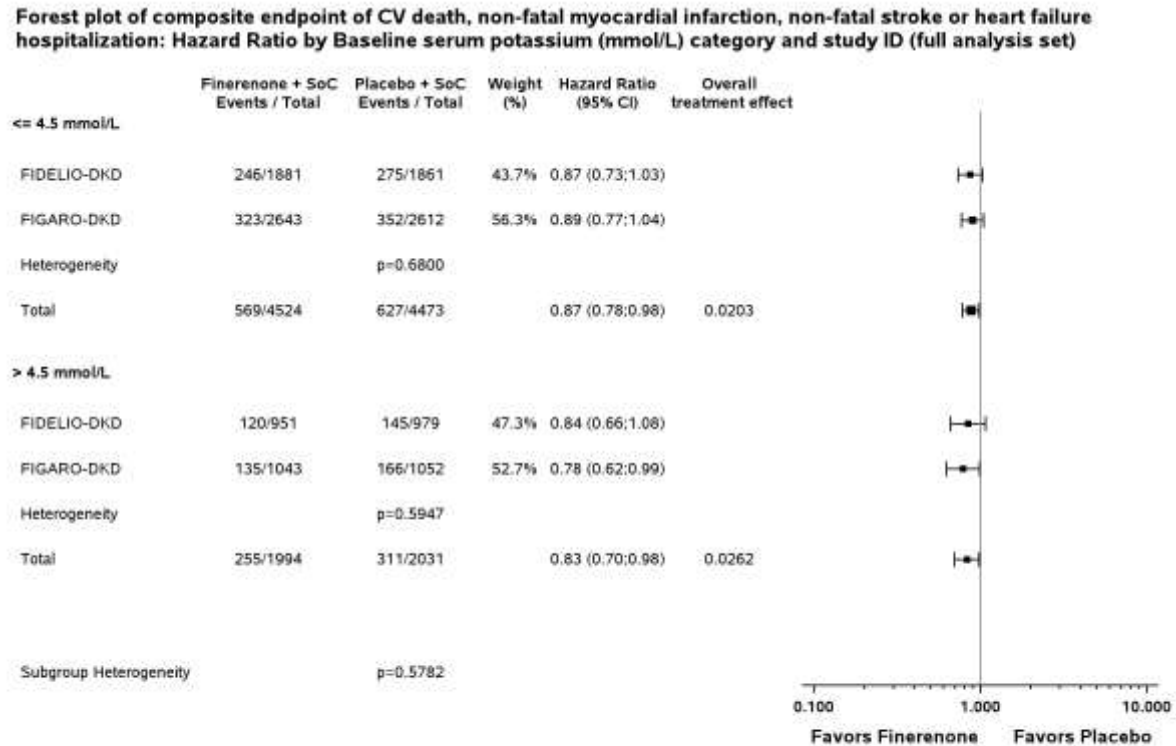
Forest plot of onset of kidney failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 85: Forest plot of composite endpoint of CV death, non-fatal myocardial infarction, non-fatal stroke or heart failure hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

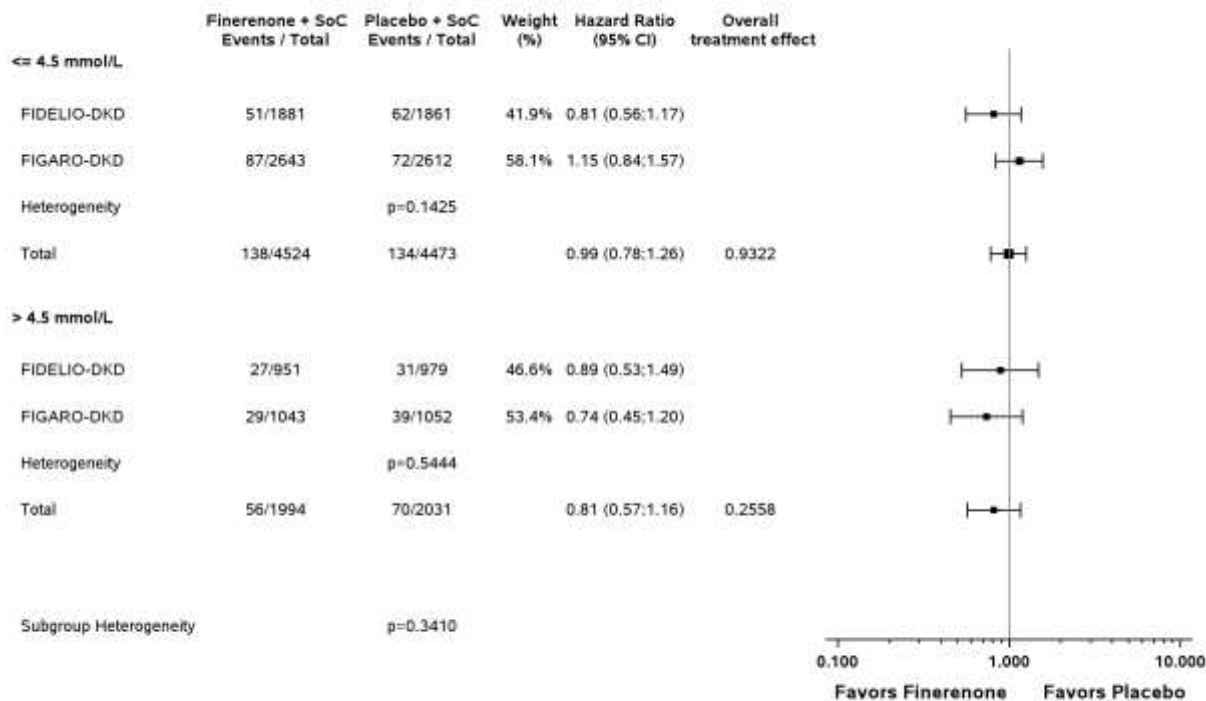


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/lf_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 86: Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

Forest plot of fatal or non-fatal myocardial infarction: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

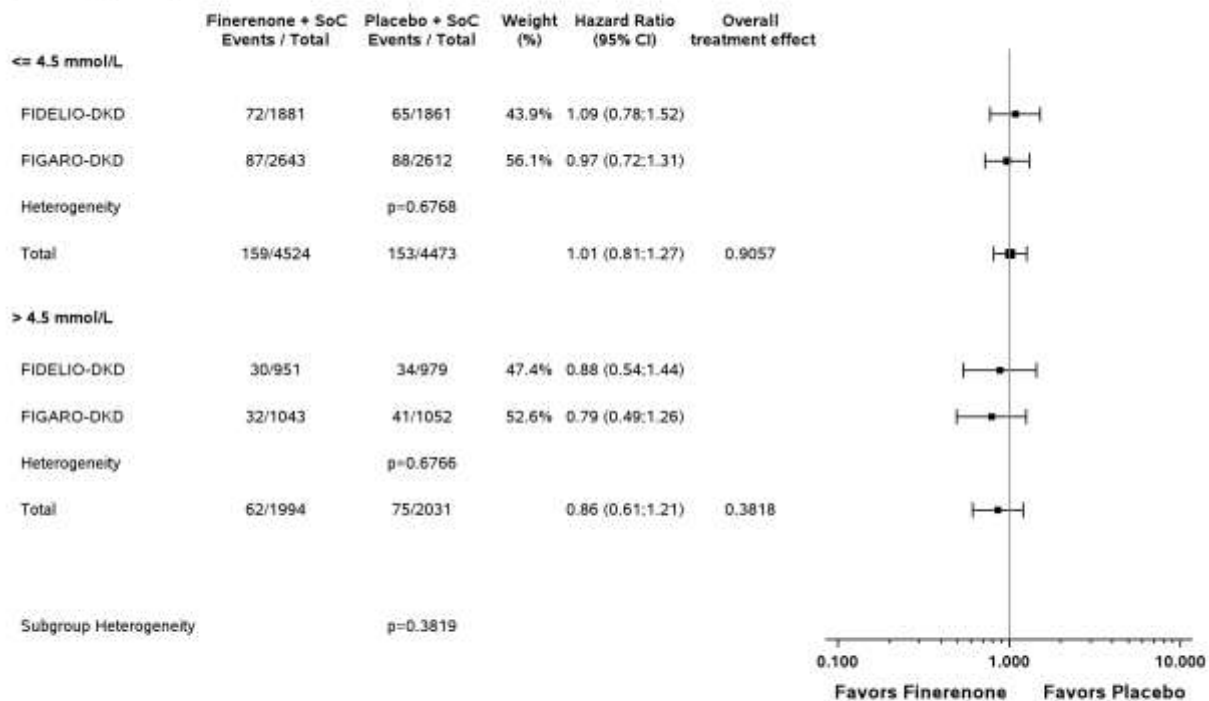


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 87: Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

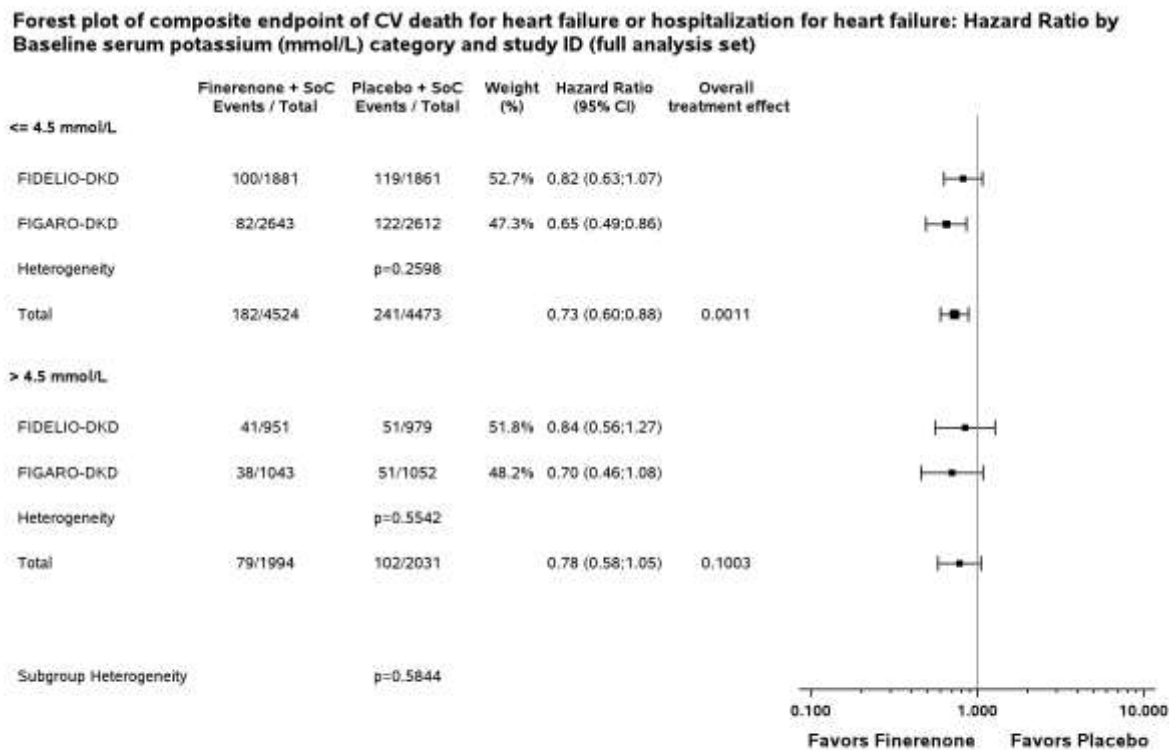
Forest plot of fatal or non-fatal stroke: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
n.c. = Not calculated.

Bayer: /var/swan/root/bhc/948862/17530/stat/query48/prod/pgms/ft_adtte_forest_subgroup_study_sub.sas 06FEB2023 12:10

Figure 1.3.2 / 88: Forest plot of composite endpoint of CV death for heart failure or hospitalization for heart failure: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

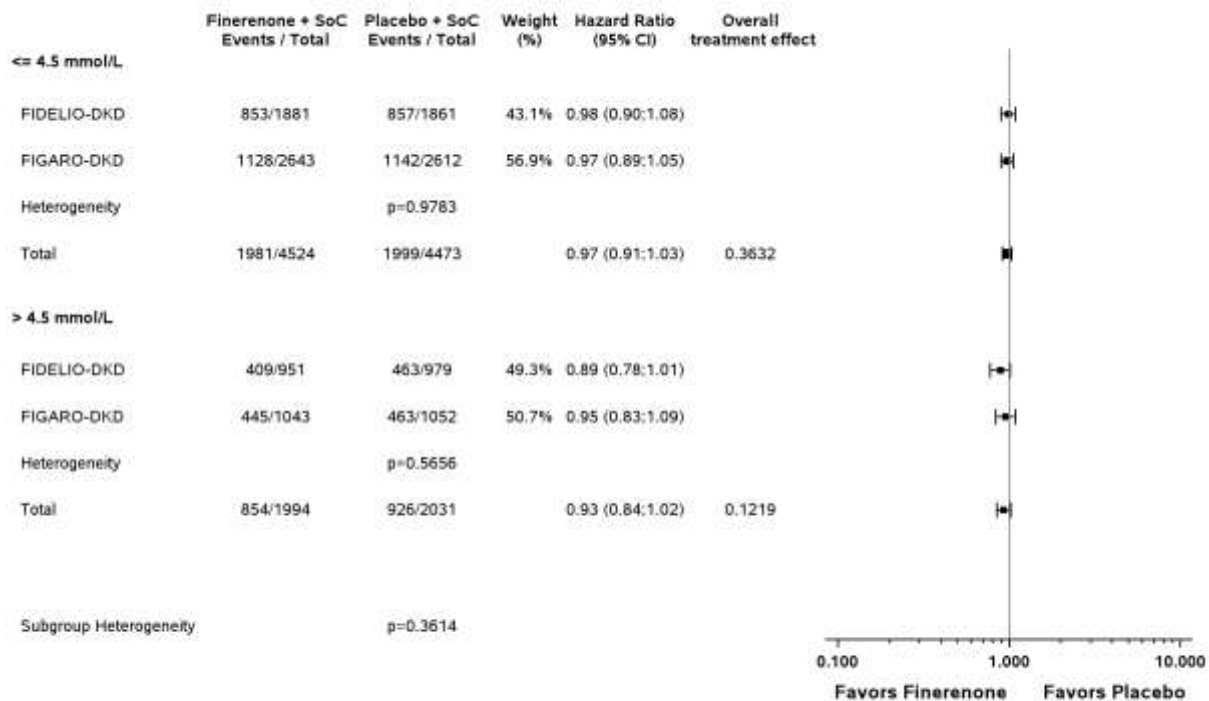


Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
 n.c. = Not calculated.

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Figure 1.3.2 / 89: Forest plot of all-cause hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)

Forest plot of all-cause hospitalization: Hazard Ratio by Baseline serum potassium (mmol/L) category and study ID (full analysis set)



Hazard ratios (95% confidence interval) and p-values for interaction terms and treatment effect (two-sided) are based on stratified Cox proportional hazards models including treatment, subgroup and a subgroup by treatment interaction term as fixed effects. For 'Total' the same model as for single studies including study as additional factor was applied.
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| | | |
|----------------|--|----|
| Figure 3.0.1 | EQ-5D VAS - Forest Plot for MMRM of Change from Baseline | 8 |
| Figure 3.0.2 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary | 9 |
| Figure 3.0.3 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary | 10 |
| Figure 3.0.4 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease | 11 |
| Figure 3.0.5 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems | 12 |
| Figure 3.0.6 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life | 13 |
| Figure 3.1.1 | EQ-5D VAS - Forest Plot for MMRM of Change from Baseline | 14 |
| Figure 3.1.2 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary | 15 |
| Figure 3.1.3 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary | 16 |
| Figure 3.1.4 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease | 17 |
| Figure 3.1.5 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems | 18 |
| Figure 3.1.6 | KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life | 19 |
| Figure 3.2.1 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 | 20 |
| Figure 3.2.1.1 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Region | 21 |
| Figure 3.2.1.2 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 22 |
| Figure 3.2.1.3 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening | 23 |
| Figure 3.2.1.4 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD | 24 |
| Figure 3.2.1.5 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 25 |
| Figure 3.2.1.6 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 26 |
| Figure 3.2.1.7 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Race | 27 |
| Figure 3.2.1.8 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex | 28 |
| Figure 3.2.1.9 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years) | 29 |
| Figure 3.2.2 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 | 30 |
| Figure 3.2.2.1 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Region | 31 |
| Figure 3.2.2.2 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 32 |
| Figure 3.2.2.3 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening | 33 |
| Figure 3.2.2.4 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD | 34 |
| Figure 3.2.2.5 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 35 |
| Figure 3.2.2.6 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 36 |
| Figure 3.2.2.7 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Race | 37 |
| Figure 3.2.2.8 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex | 38 |
| Figure 3.2.2.9 | EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years) | 39 |
| Figure 3.2.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 | 40 |
| Figure 3.2.3.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region | 41 |
| Figure 3.2.3.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m2) Category at Screening | 42 |
| Figure 3.2.3.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 43 |
| Figure 3.2.3.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD | 44 |
| Figure 3.2.3.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 45 |
| Figure 3.2.3.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 46 |
| Figure 3.2.3.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race | 47 |
| Figure 3.2.3.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex | 48 |
| Figure 3.2.3.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years) | 49 |
| Figure 3.2.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 | 50 |
| Figure 3.2.4.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region | 51 |
| Figure 3.2.4.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m2) Category at Screening | 52 |

| | | |
|----------------|--|----|
| Figure 3.2.4.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 53 |
| Figure 3.2.4.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD | 54 |
| Figure 3.2.4.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 55 |
| Figure 3.2.4.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 56 |
| Figure 3.2.4.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race | 57 |
| Figure 3.2.4.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex | 58 |
| Figure 3.2.4.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years) | 59 |
| Figure 3.2.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 | 60 |
| Figure 3.2.5.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region | 61 |
| Figure 3.2.5.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 62 |
| Figure 3.2.5.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 63 |
| Figure 3.2.5.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD | 64 |
| Figure 3.2.5.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 65 |
| Figure 3.2.5.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 66 |
| Figure 3.2.5.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race | 67 |
| Figure 3.2.5.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex | 68 |
| Figure 3.2.5.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 69 |
| Figure 3.2.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 | 70 |
| Figure 3.2.6.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region | 71 |
| Figure 3.2.6.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 72 |
| Figure 3.2.6.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 73 |
| Figure 3.2.6.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD | 74 |
| Figure 3.2.6.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 75 |
| Figure 3.2.6.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 76 |
| Figure 3.2.6.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race | 77 |
| Figure 3.2.6.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex | 78 |
| Figure 3.2.6.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years) | 79 |
| Figure 3.2.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 | 80 |
| Figure 3.2.7.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 81 |
| Figure 3.2.7.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 82 |
| Figure 3.2.7.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 83 |
| Figure 3.2.7.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 84 |
| Figure 3.2.7.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 85 |

| | | |
|-----------------|--|-----|
| Figure 3.2.7.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 86 |
| Figure 3.2.7.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 87 |
| Figure 3.2.7.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 88 |
| Figure 3.2.7.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 89 |
| Figure 3.2.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 | 90 |
| Figure 3.2.8.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region | 91 |
| Figure 3.2.8.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m2) Category at Screening | 92 |
| Figure 3.2.8.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 93 |
| Figure 3.2.8.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD | 94 |
| Figure 3.2.8.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 95 |
| Figure 3.2.8.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 96 |
| Figure 3.2.8.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race | 97 |
| Figure 3.2.8.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex | 98 |
| Figure 3.2.8.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years) | 99 |
| Figure 3.2.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 | 100 |
| Figure 3.2.9.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region | 101 |
| Figure 3.2.9.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m2) Category at Screening | 102 |
| Figure 3.2.9.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 103 |
| Figure 3.2.9.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD | 104 |
| Figure 3.2.9.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 105 |
| Figure 3.2.9.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 106 |
| Figure 3.2.9.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race | 107 |
| Figure 3.2.9.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex | 108 |
| Figure 3.2.9.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years) | 109 |
| Figure 3.2.10 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 | 110 |
| Figure 3.2.10.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region | 111 |
| Figure 3.2.10.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 112 |
| Figure 3.2.10.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 113 |
| Figure 3.2.10.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD | 114 |
| Figure 3.2.10.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 115 |
| Figure 3.2.10.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 116 |
| Figure 3.2.10.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race | 117 |
| Figure 3.2.10.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex | 118 |

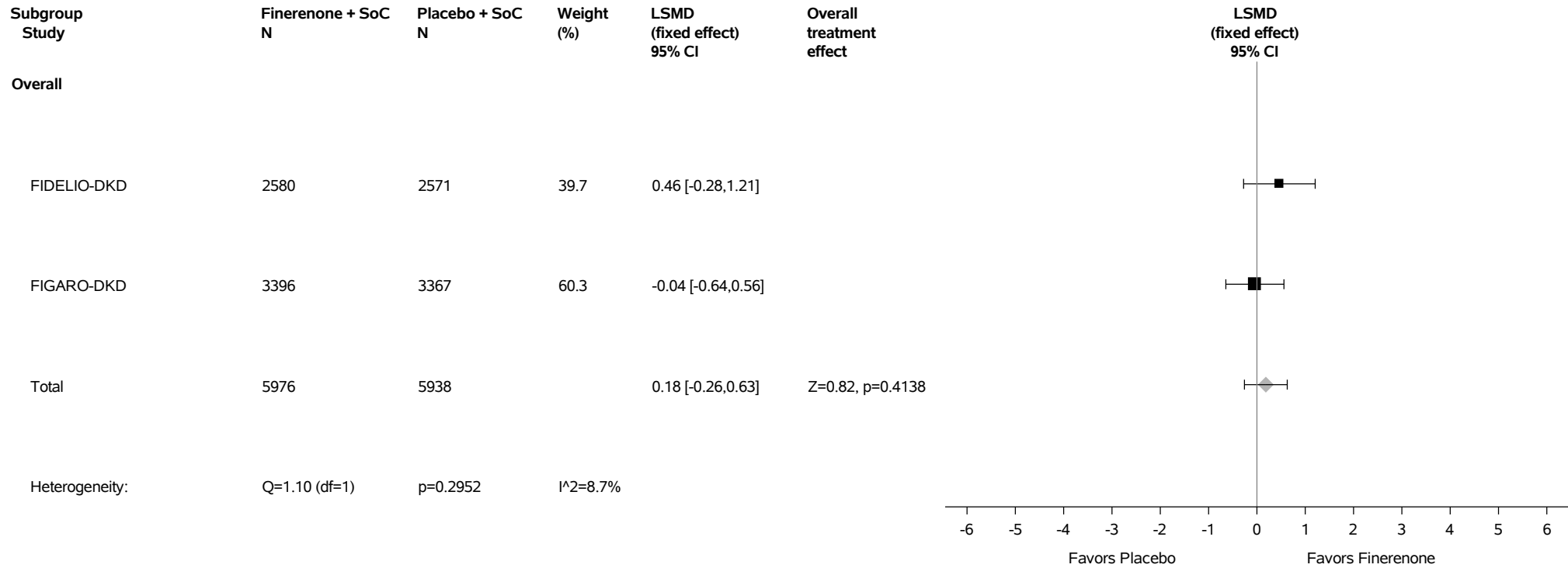
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|-----------------|--|-----|
| Figure 3.2.10.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 119 |
| Figure 3.2.11 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 | 120 |
| Figure 3.2.11.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region | 121 |
| Figure 3.2.11.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 122 |
| Figure 3.2.11.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 123 |
| Figure 3.2.11.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD | 124 |
| Figure 3.2.11.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 125 |
| Figure 3.2.11.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 126 |
| Figure 3.2.11.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race | 127 |
| Figure 3.2.11.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex | 128 |
| Figure 3.2.11.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years) | 129 |
| Figure 3.2.12 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 | 130 |
| Figure 3.2.12.1 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 131 |
| Figure 3.2.12.2 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 132 |
| Figure 3.2.12.3 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 133 |
| Figure 3.2.12.4 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 134 |
| Figure 3.2.12.5 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 135 |
| Figure 3.2.12.6 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 136 |
| Figure 3.2.12.7 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 137 |
| Figure 3.2.12.8 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 138 |
| Figure 3.2.12.9 | KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 139 |
| Figure 3.3.1 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 | 140 |
| Figure 3.3.1.1 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Region | 141 |
| Figure 3.3.1.2 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 142 |
| Figure 3.3.1.3 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening | 143 |
| Figure 3.3.1.4 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD | 144 |
| Figure 3.3.1.5 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 145 |
| Figure 3.3.1.6 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 146 |
| Figure 3.3.1.7 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Race | 147 |
| Figure 3.3.1.8 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex | 148 |
| Figure 3.3.1.9 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years) | 149 |
| Figure 3.3.2 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 | 150 |
| Figure 3.3.2.1 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Region | 151 |
| Figure 3.3.2.2 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 152 |
| Figure 3.3.2.3 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening | 153 |
| Figure 3.3.2.4 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD | 154 |
| Figure 3.3.2.5 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 155 |
| Figure 3.3.2.6 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 156 |

| | | |
|----------------|---|-----|
| Figure 3.3.2.7 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Race | 157 |
| Figure 3.3.2.8 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex | 158 |
| Figure 3.3.2.9 | EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years) | 159 |
| Figure 3.3.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 | 160 |
| Figure 3.3.3.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region | 161 |
| Figure 3.3.3.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m2) Category at Screening | 162 |
| Figure 3.3.3.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 163 |
| Figure 3.3.3.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD | 164 |
| Figure 3.3.3.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 165 |
| Figure 3.3.3.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 166 |
| Figure 3.3.3.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race | 167 |
| Figure 3.3.3.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex | 168 |
| Figure 3.3.3.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years) | 169 |
| Figure 3.3.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 | 170 |
| Figure 3.3.4.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region | 171 |
| Figure 3.3.4.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m2) Category at Screening | 172 |
| Figure 3.3.4.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 173 |
| Figure 3.3.4.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD | 174 |
| Figure 3.3.4.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 175 |
| Figure 3.3.4.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 176 |
| Figure 3.3.4.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race | 177 |
| Figure 3.3.4.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex | 178 |
| Figure 3.3.4.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years) | 179 |
| Figure 3.3.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 | 180 |
| Figure 3.3.5.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region | 181 |
| Figure 3.3.5.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 182 |
| Figure 3.3.5.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 183 |
| Figure 3.3.5.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD | 184 |
| Figure 3.3.5.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 185 |
| Figure 3.3.5.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 186 |
| Figure 3.3.5.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race | 187 |
| Figure 3.3.5.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex | 188 |
| Figure 3.3.5.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 189 |
| Figure 3.3.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 | 190 |
| Figure 3.3.6.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region | 191 |
| Figure 3.3.6.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 192 |

| | | |
|----------------|---|-----|
| Figure 3.3.6.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 193 |
| Figure 3.3.6.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD | 194 |
| Figure 3.3.6.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 195 |
| Figure 3.3.6.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 196 |
| Figure 3.3.6.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race | 197 |
| Figure 3.3.6.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex | 198 |
| Figure 3.3.6.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years) | 199 |
| Figure 3.3.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 | 200 |
| Figure 3.3.7.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 201 |
| Figure 3.3.7.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m ²) Category at Screening | 202 |
| Figure 3.3.7.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 203 |
| Figure 3.3.7.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 204 |
| Figure 3.3.7.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 205 |
| Figure 3.3.7.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 206 |
| Figure 3.3.7.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 207 |
| Figure 3.3.7.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 208 |
| Figure 3.3.7.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 209 |
| Figure 3.3.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 | 210 |
| Figure 3.3.8.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region | 211 |
| Figure 3.3.8.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m ²) Category at Screening | 212 |
| Figure 3.3.8.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening | 213 |
| Figure 3.3.8.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD | 214 |
| Figure 3.3.8.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline | 215 |
| Figure 3.3.8.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline | 216 |
| Figure 3.3.8.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race | 217 |
| Figure 3.3.8.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex | 218 |
| Figure 3.3.8.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years) | 219 |
| Figure 3.3.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 | 220 |
| Figure 3.3.9.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region | 221 |
| Figure 3.3.9.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m ²) Category at Screening | 222 |
| Figure 3.3.9.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening | 223 |
| Figure 3.3.9.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD | 224 |
| Figure 3.3.9.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline | 225 |

| | | |
|-----------------|---|-----|
| Figure 3.3.9.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline | 226 |
| Figure 3.3.9.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race | 227 |
| Figure 3.3.9.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex | 228 |
| Figure 3.3.9.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years) | 229 |
| Figure 3.3.10 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 | 230 |
| Figure 3.3.10.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region | 231 |
| Figure 3.3.10.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 232 |
| Figure 3.3.10.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening | 233 |
| Figure 3.3.10.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD | 234 |
| Figure 3.3.10.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 235 |
| Figure 3.3.10.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 236 |
| Figure 3.3.10.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race | 237 |
| Figure 3.3.10.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex | 238 |
| Figure 3.3.10.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years) | 239 |
| Figure 3.3.11 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 | 240 |
| Figure 3.3.11.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region | 241 |
| Figure 3.3.11.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 242 |
| Figure 3.3.11.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening | 243 |
| Figure 3.3.11.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD | 244 |
| Figure 3.3.11.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 245 |
| Figure 3.3.11.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 246 |
| Figure 3.3.11.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race | 247 |
| Figure 3.3.11.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex | 248 |
| Figure 3.3.11.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years) | 249 |
| Figure 3.3.12 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 | 250 |
| Figure 3.3.12.1 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region | 251 |
| Figure 3.3.12.2 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening | 252 |
| Figure 3.3.12.3 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening | 253 |
| Figure 3.3.12.4 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD | 254 |
| Figure 3.3.12.5 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline | 255 |
| Figure 3.3.12.6 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline | 256 |
| Figure 3.3.12.7 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race | 257 |
| Figure 3.3.12.8 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex | 258 |
| Figure 3.3.12.9 | KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) | 259 |

Figure 3.0.1: EQ-5D VAS - Forest Plot for MMRM of Change from Baseline Full Analysis Set

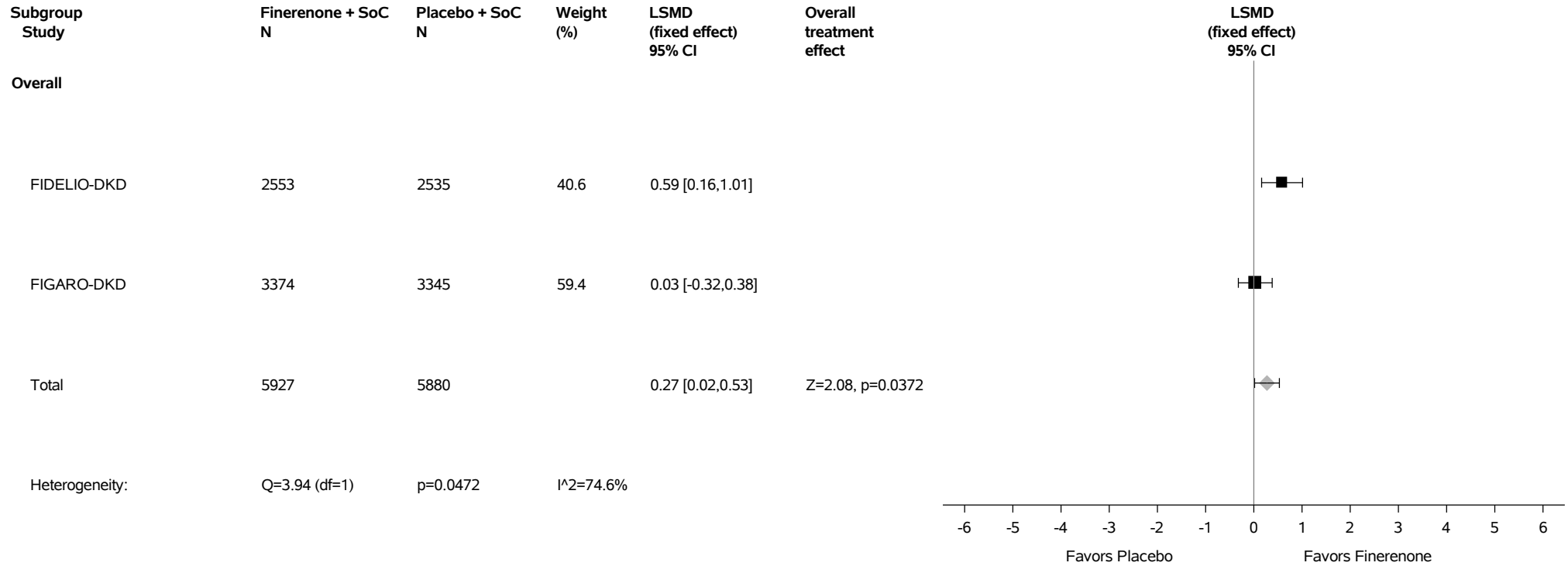


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, KDIGO=Kidney Disease: Improving Global Outcomes, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care, VAS=Visual Analogue Scale. Note: LSMD is derived on study level by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.0.2: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary Full Analysis Set

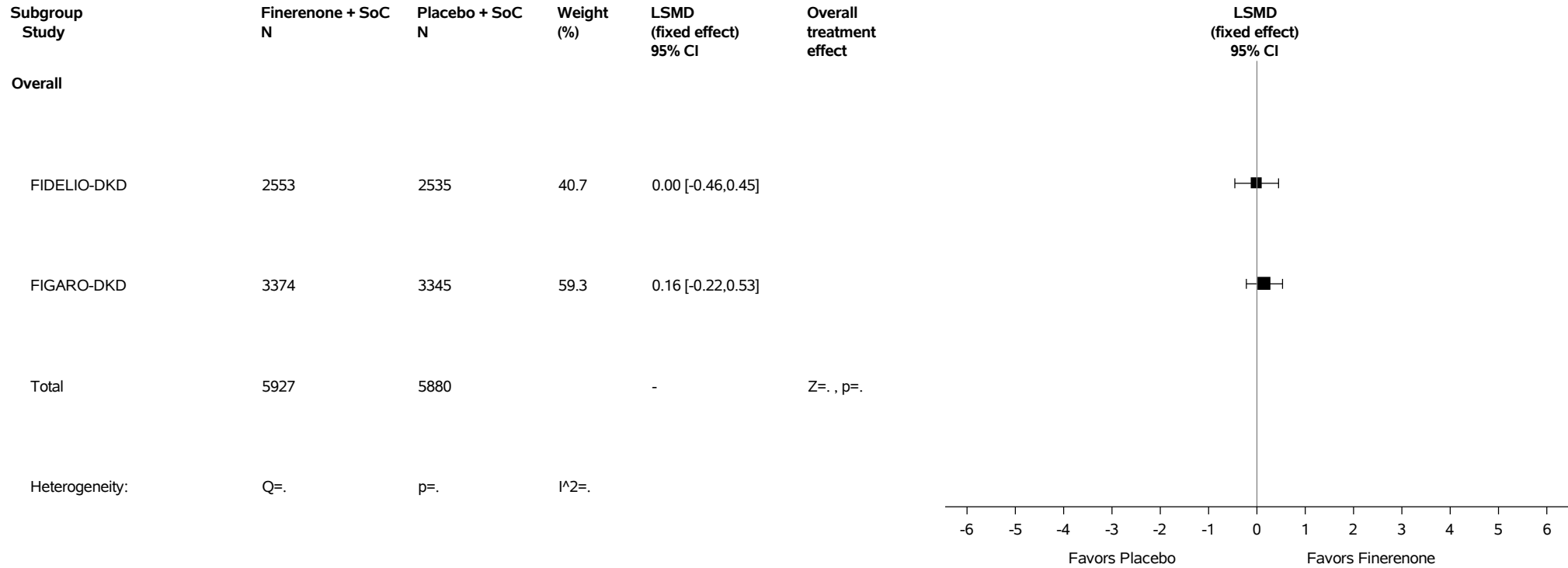


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care. Note: LSMD is derived on study level by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.0.3: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary Full Analysis Set

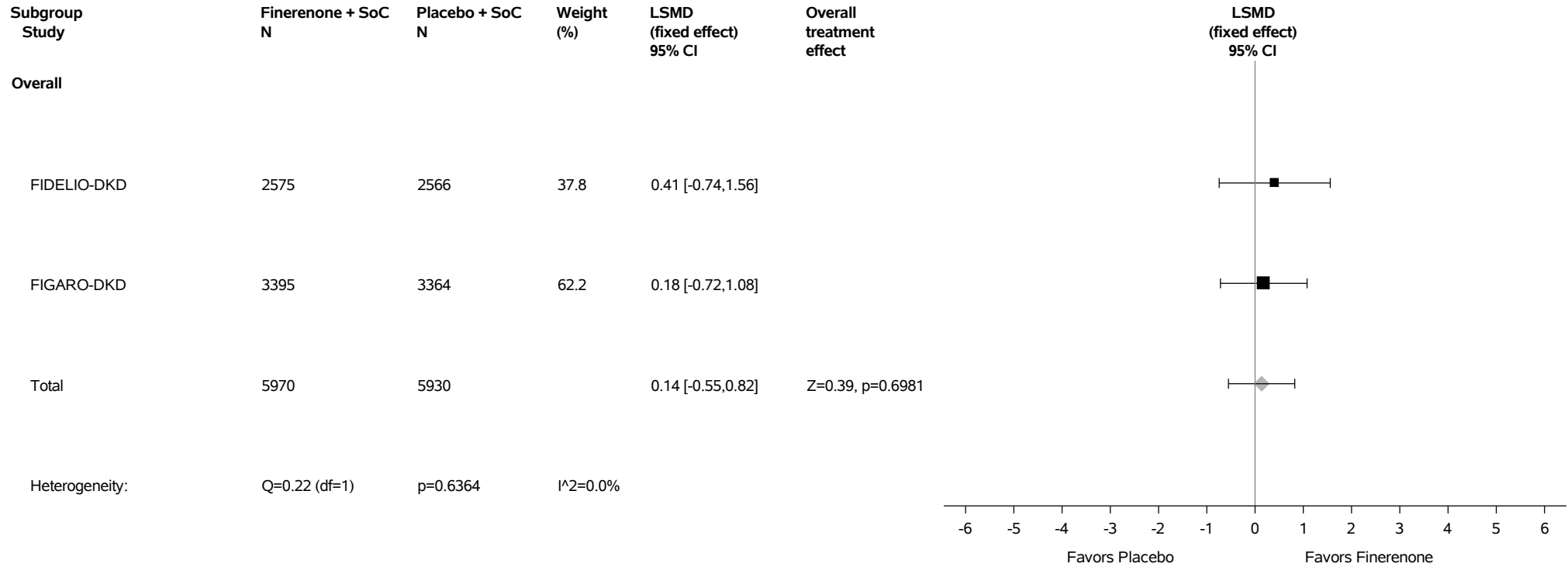


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care. Note: LSMD is derived on study level by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.0.4: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease Full Analysis Set

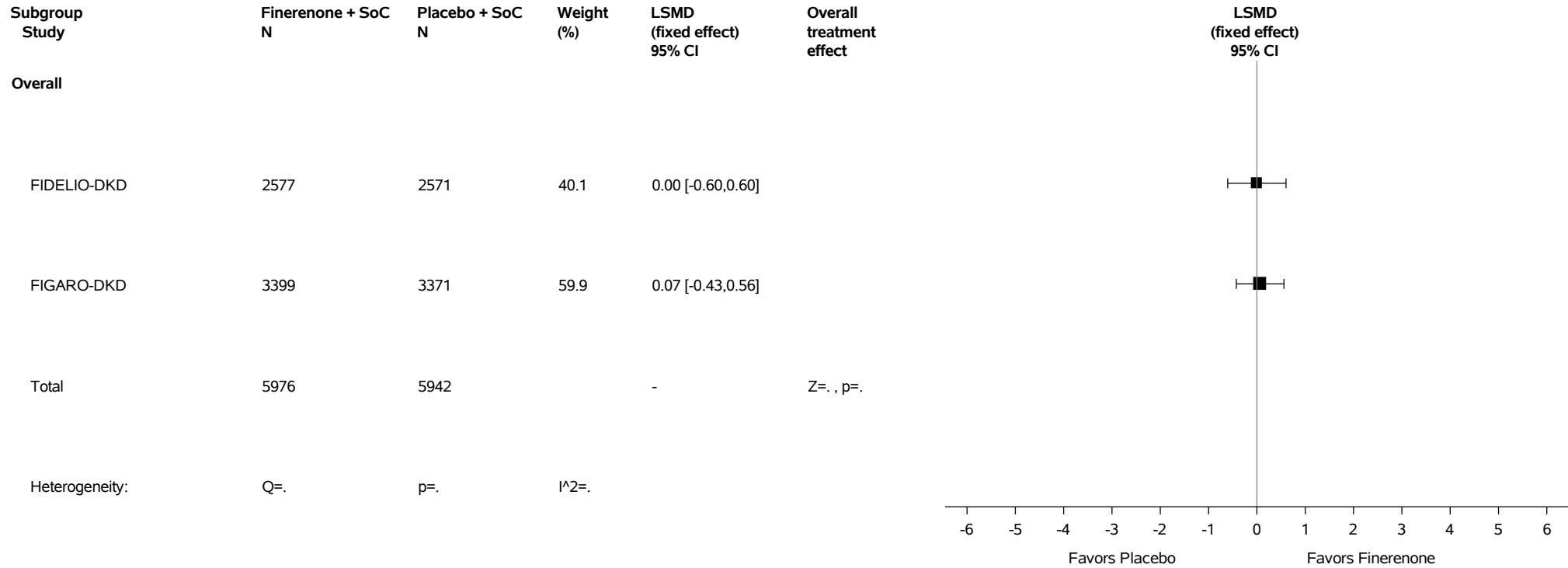


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care. Note: LSMD is derived on study level by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.0.5: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems Full Analysis Set

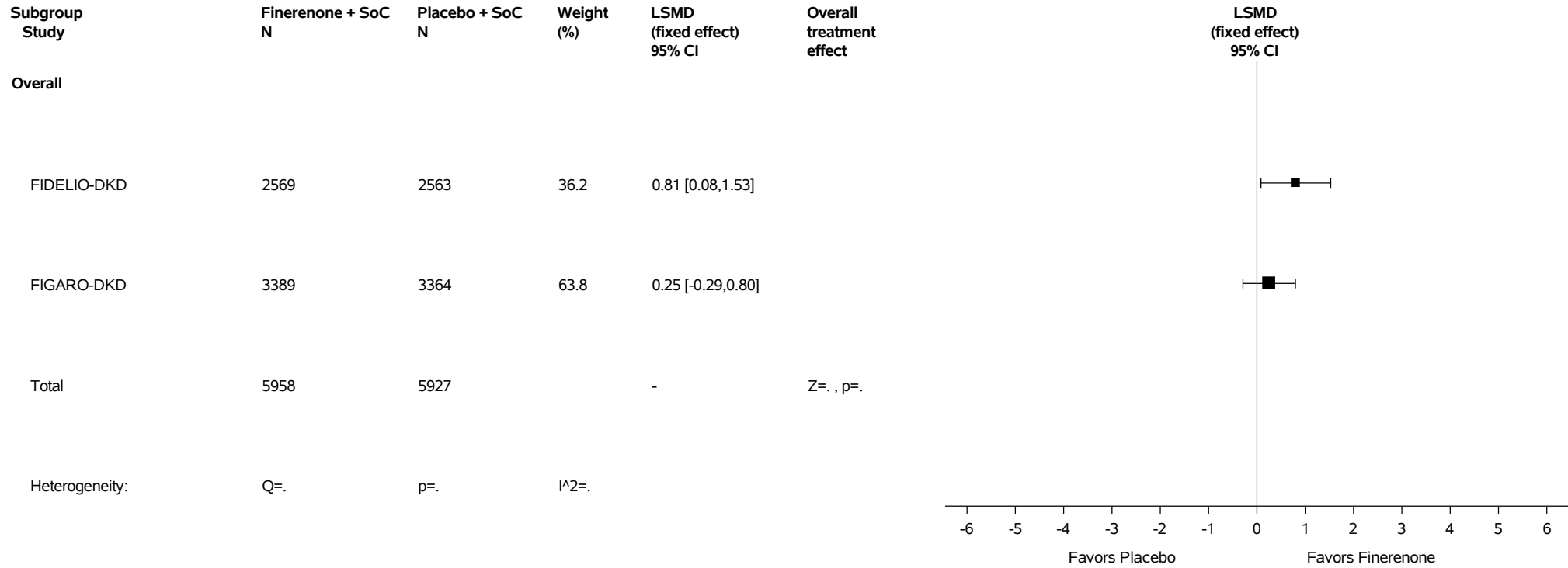


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care. Note: LSMD is derived on study level by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.0.6: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life Full Analysis Set

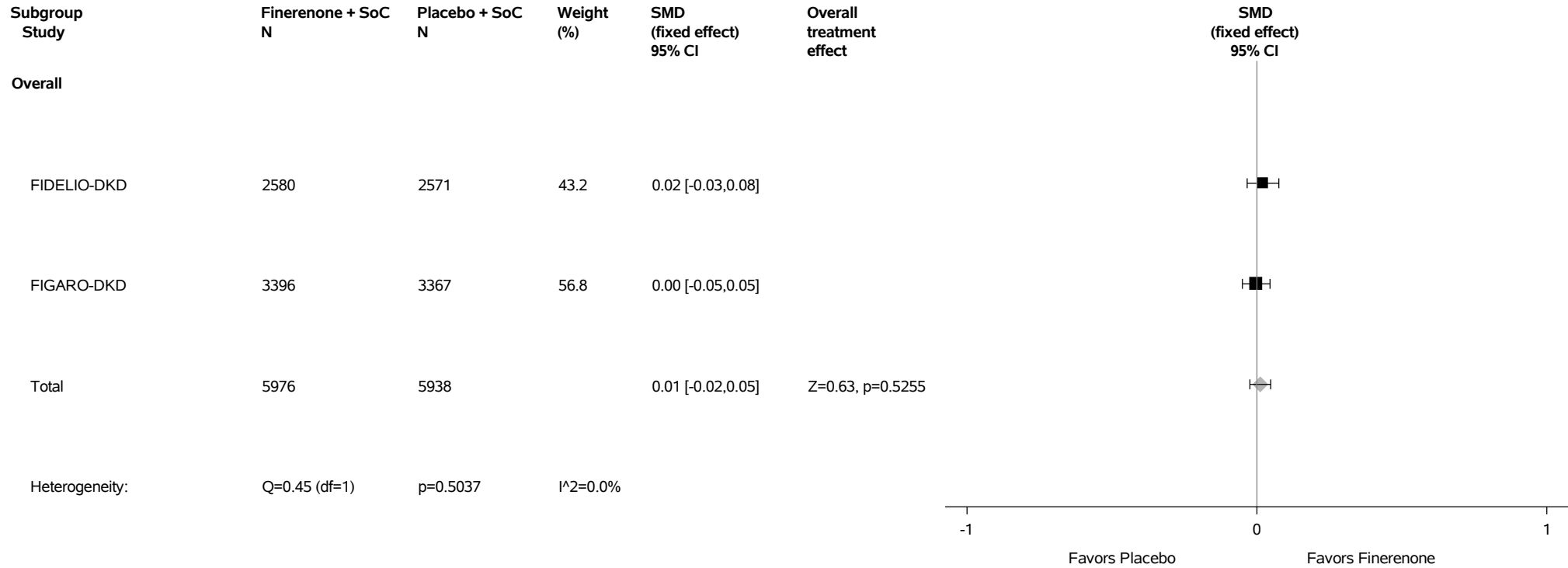


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, LSMD=least-squares mean difference, MMRM=Mixed Model Repeated Measures, N=number of subjects, SoC=standard of care. Note: LSMD is derived on study level by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

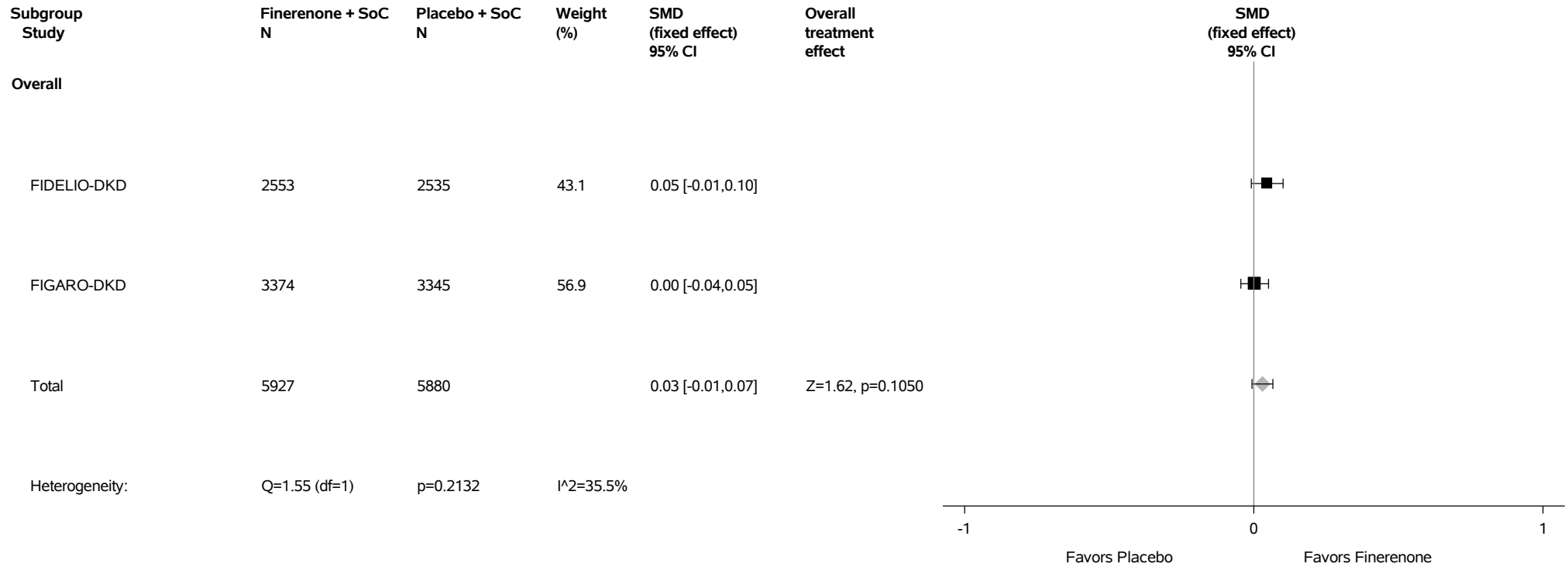
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.1.1: EQ-5D VAS - Forest Plot for MMRM of Change from Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, KDIGO=Kidney Disease: Improving Global Outcomes, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care, VAS=Visual Analogue Scale. Note: SMD is estimated by Hedges g. On study level this was derived by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate. For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.1.2: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Physical Component Summary Full Analysis Set



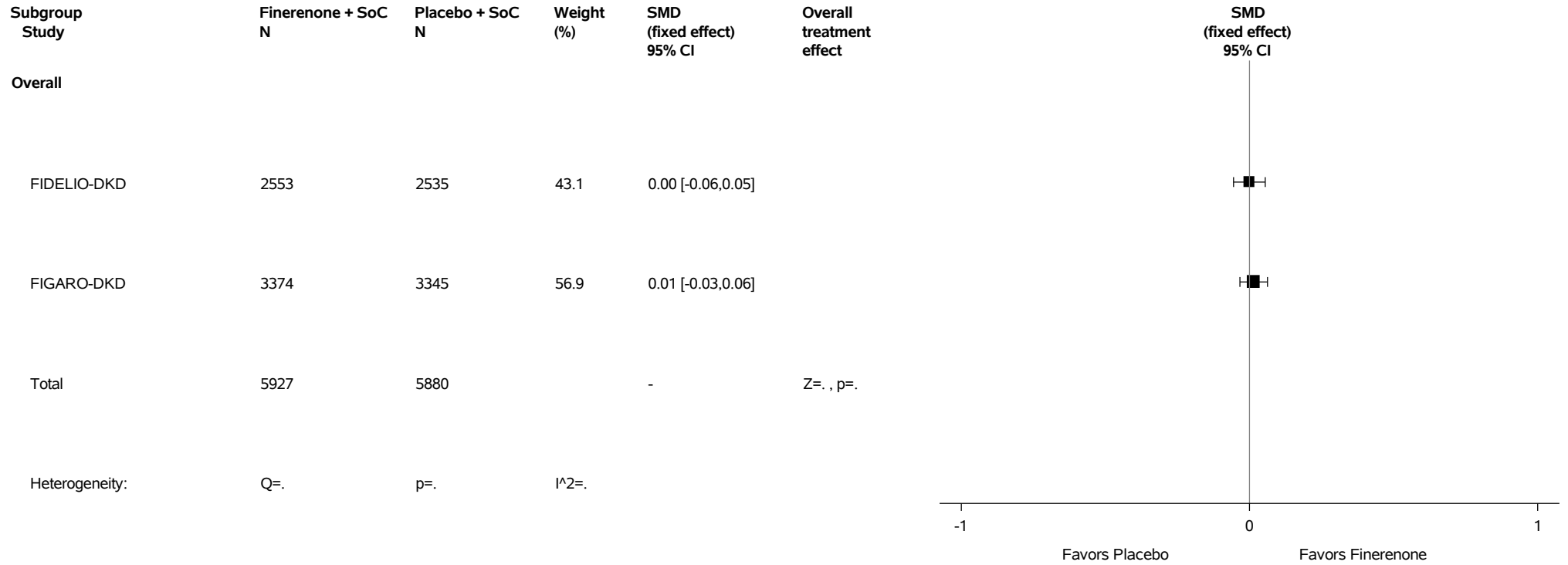
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.

Note: SMD is estimated by Hedges g. On study level this was derived by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

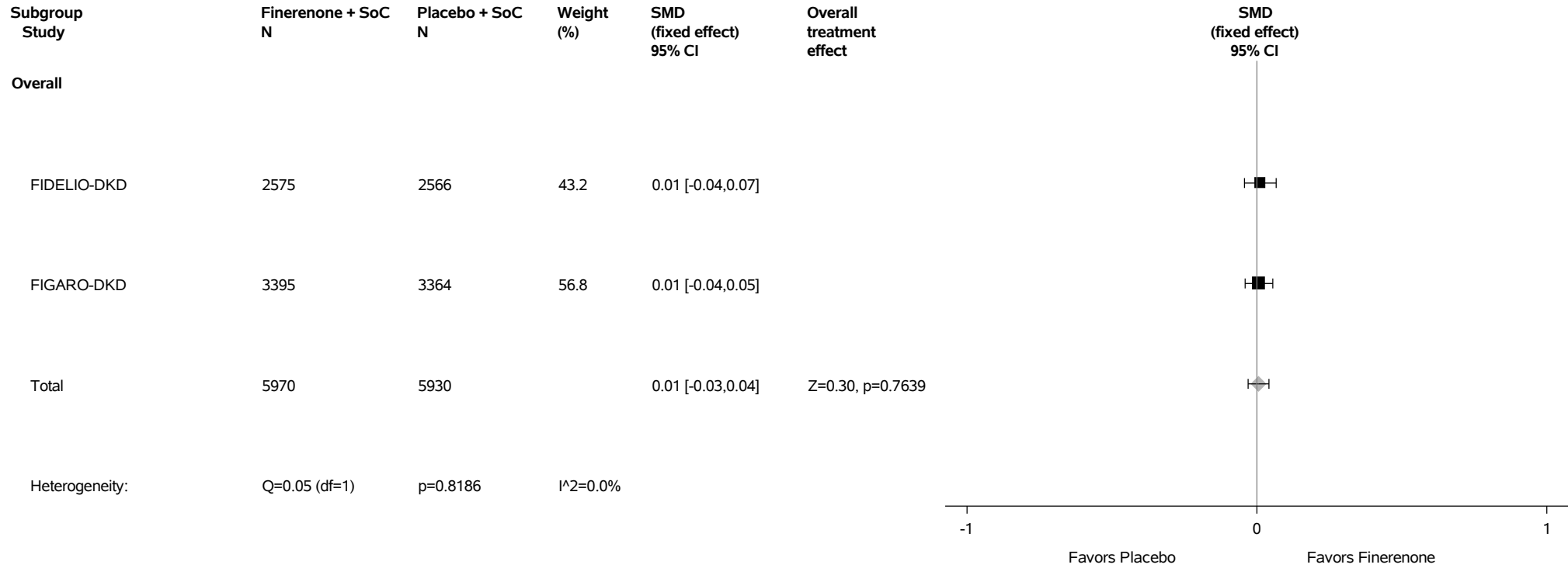
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 3.1.3: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Mental Component Summary Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care. Note: SMD is estimated by Hedges g. On study level this was derived by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate. For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14. The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 3.1.4: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Burden of Kidney Disease Full Analysis Set



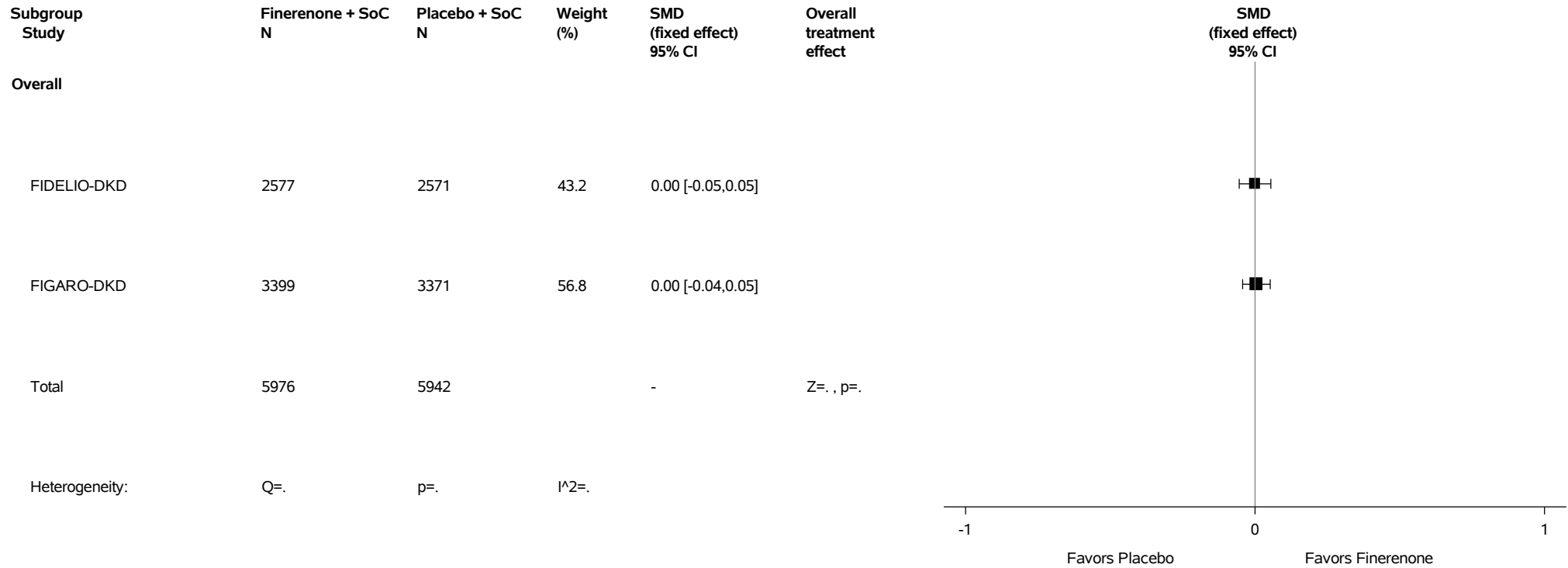
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.

Note: SMD is estimated by Hedges g. On study level this was derived by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 3.1.5: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Symptoms and Problems Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.

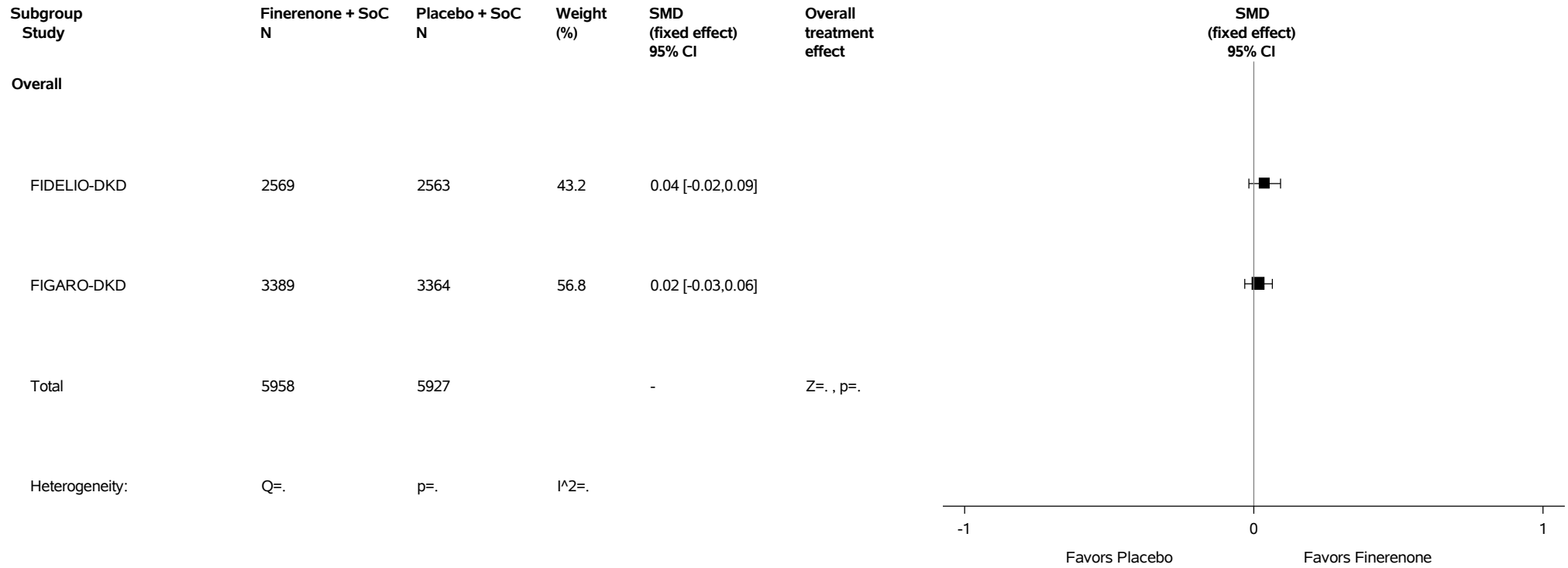
Note: SMD is estimated by Hedges g. On study level this was derived by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group.

For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 3.1.6: KDQoL-36 - Forest Plot for MMRM of Change from Baseline of Effects of Kidney Disease on Daily Life Full Analysis Set



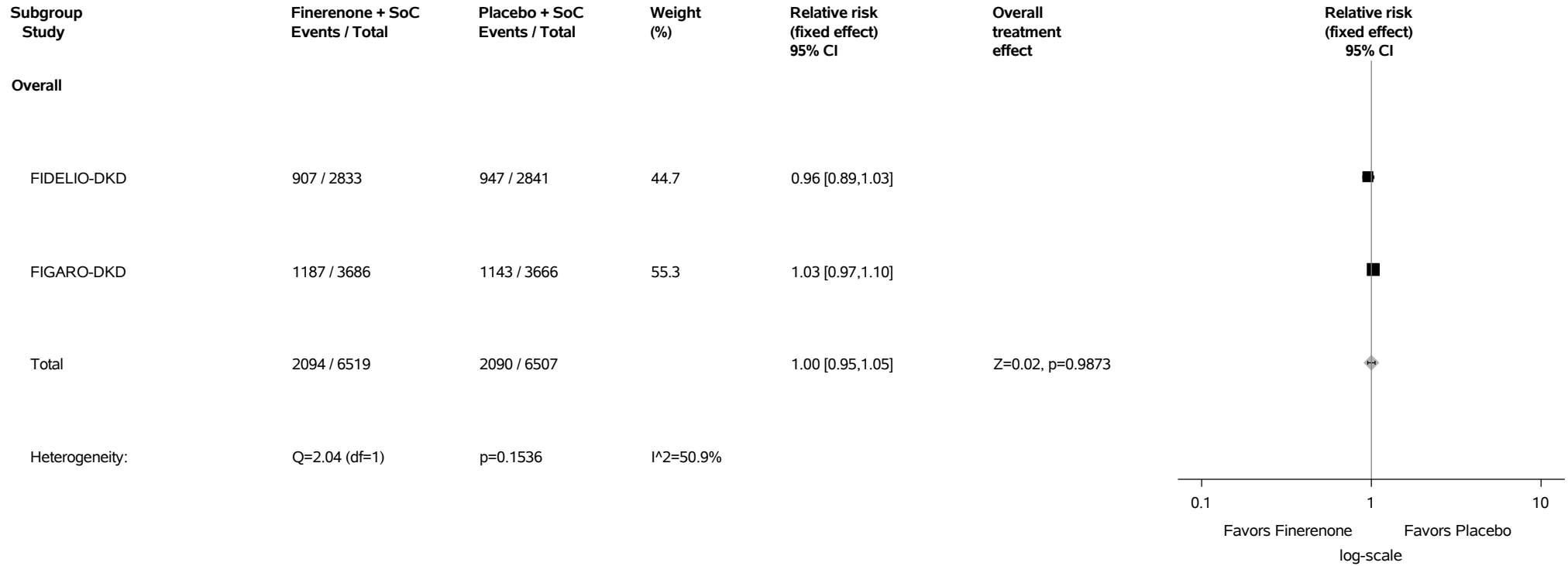
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MMRM=Mixed Model Repeated Measures, N=number of subjects, SMD=standardized mean difference, SoC=standard of care.

Note: SMD is estimated by Hedges g. On study level this was derived by a MIXED Model with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history, time, treatment*time, baseline value and baseline value*time as covariate.

For 'Total' the same model as for single studies including study as additional factor was applied using separate unstructured covariance patterns for each treatment group. For FIDELIO-DKD and 'Total' Visits 5, 8, 11 were included in the model and for FIGARO-DKD additionally Visit 14.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.1: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 Full Analysis Set



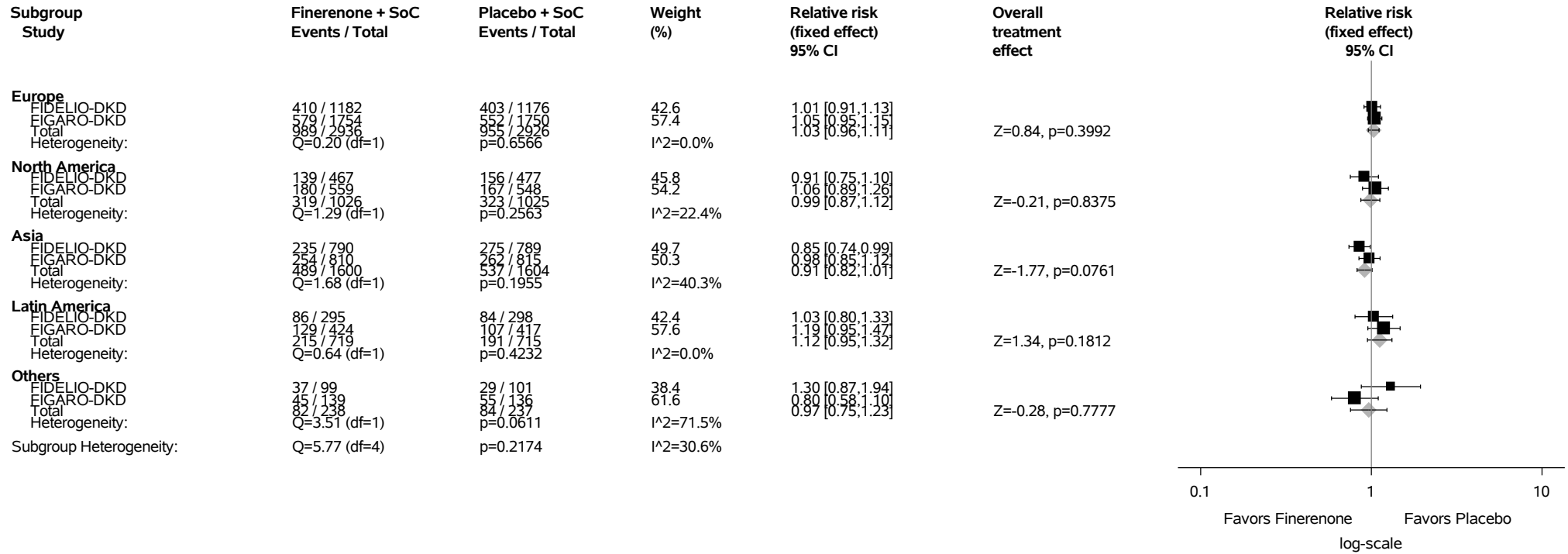
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.1.1: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

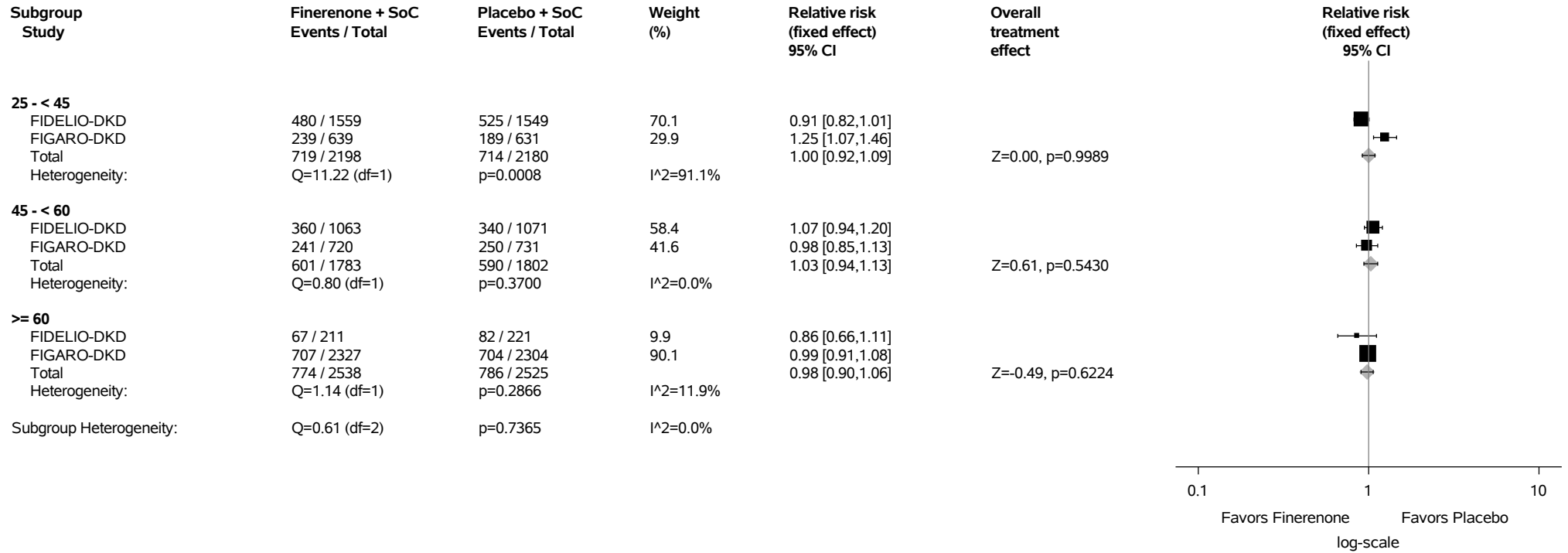
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.1.2: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

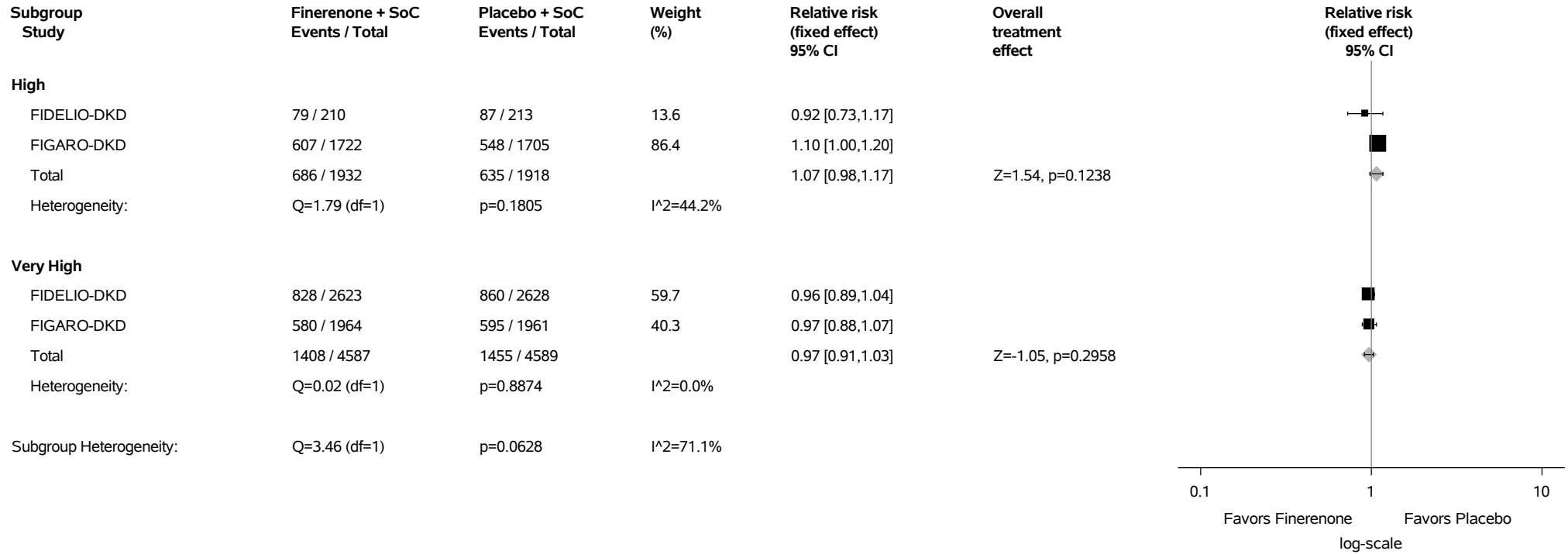
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.1.3: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

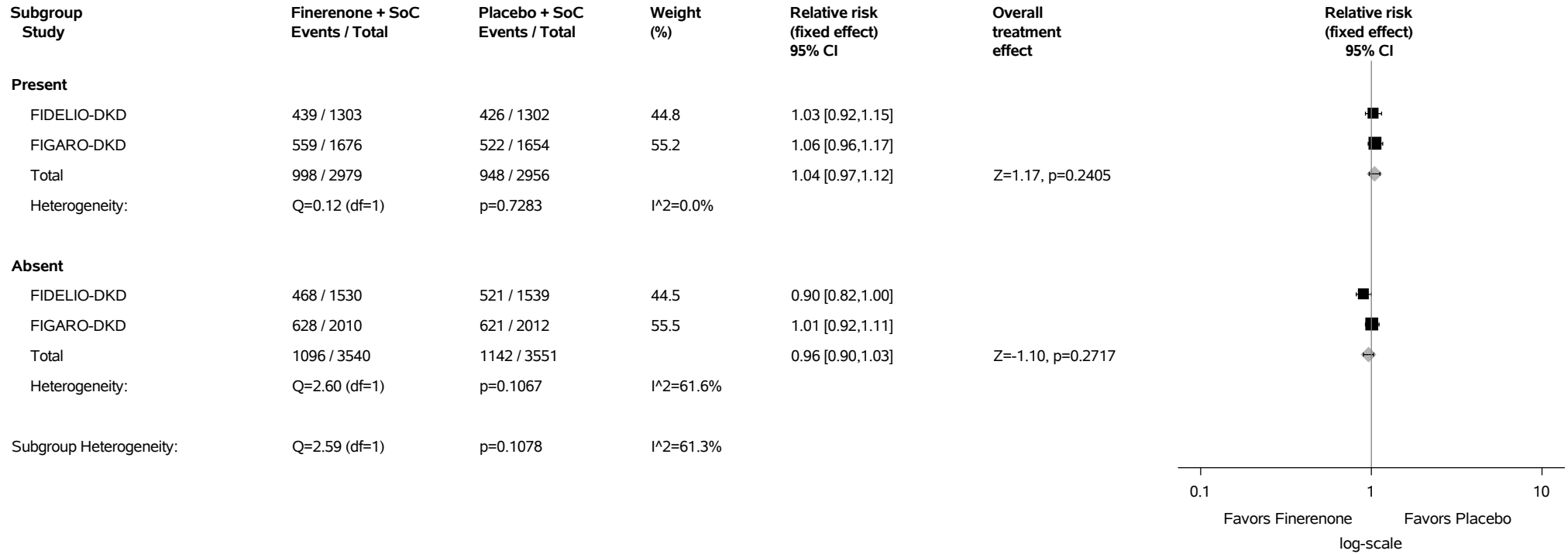
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.1.4: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

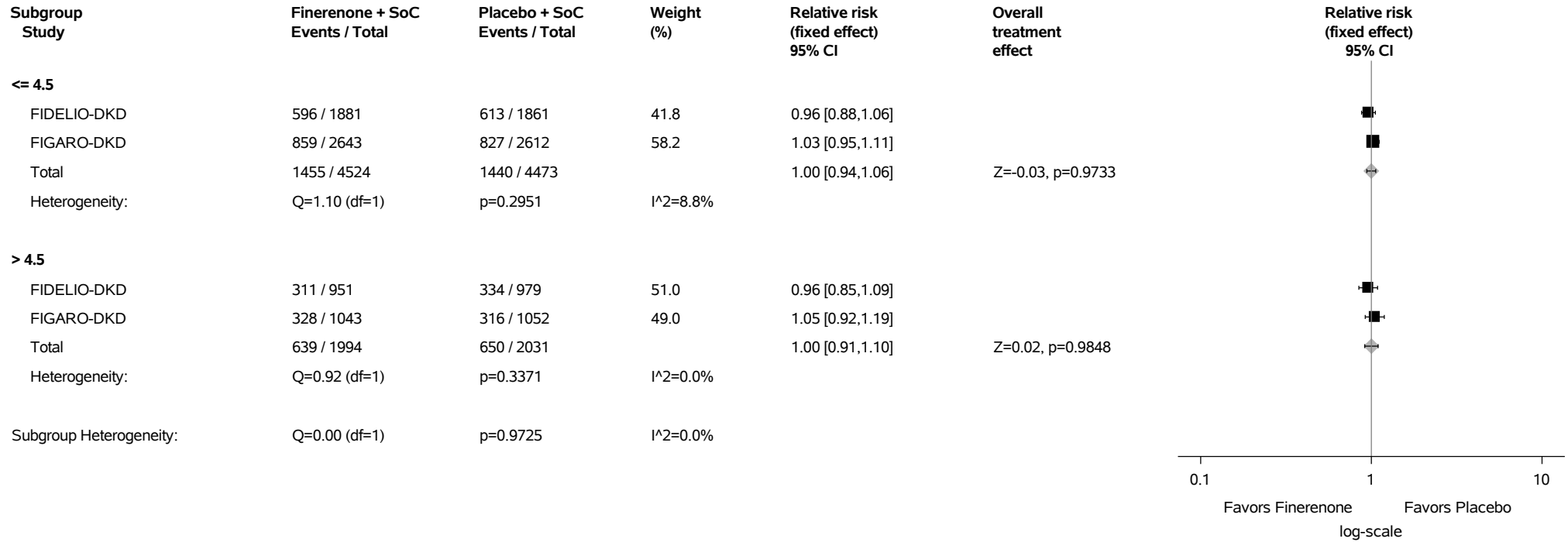
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.1.5: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

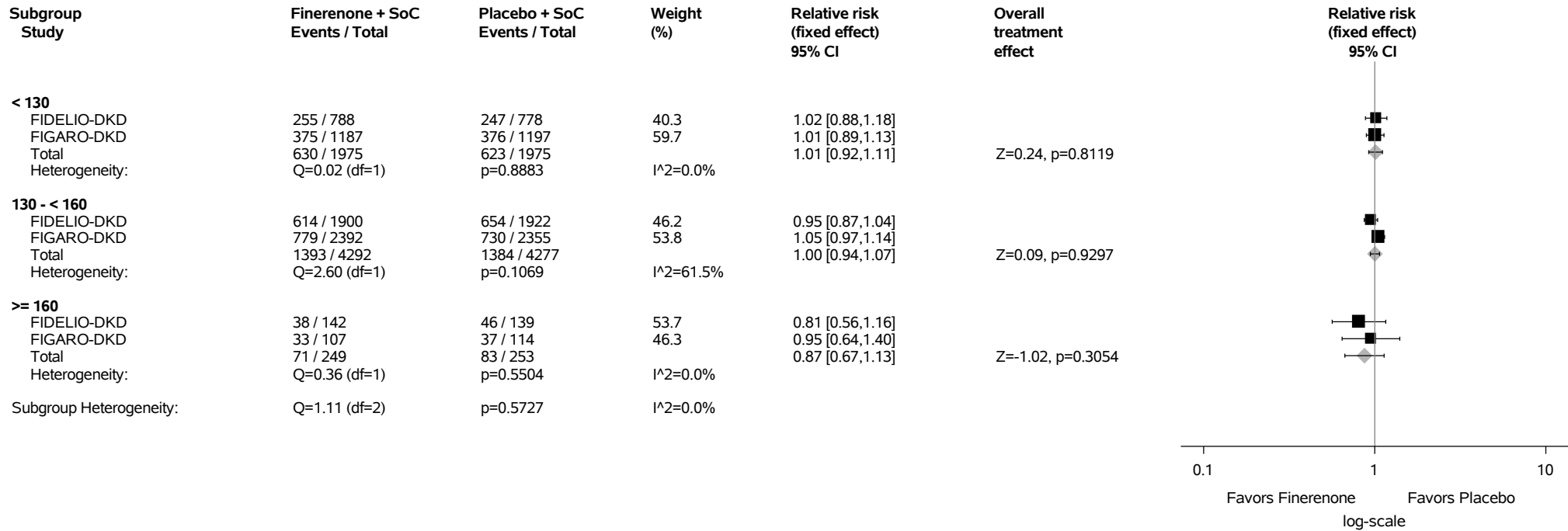
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.1.6: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

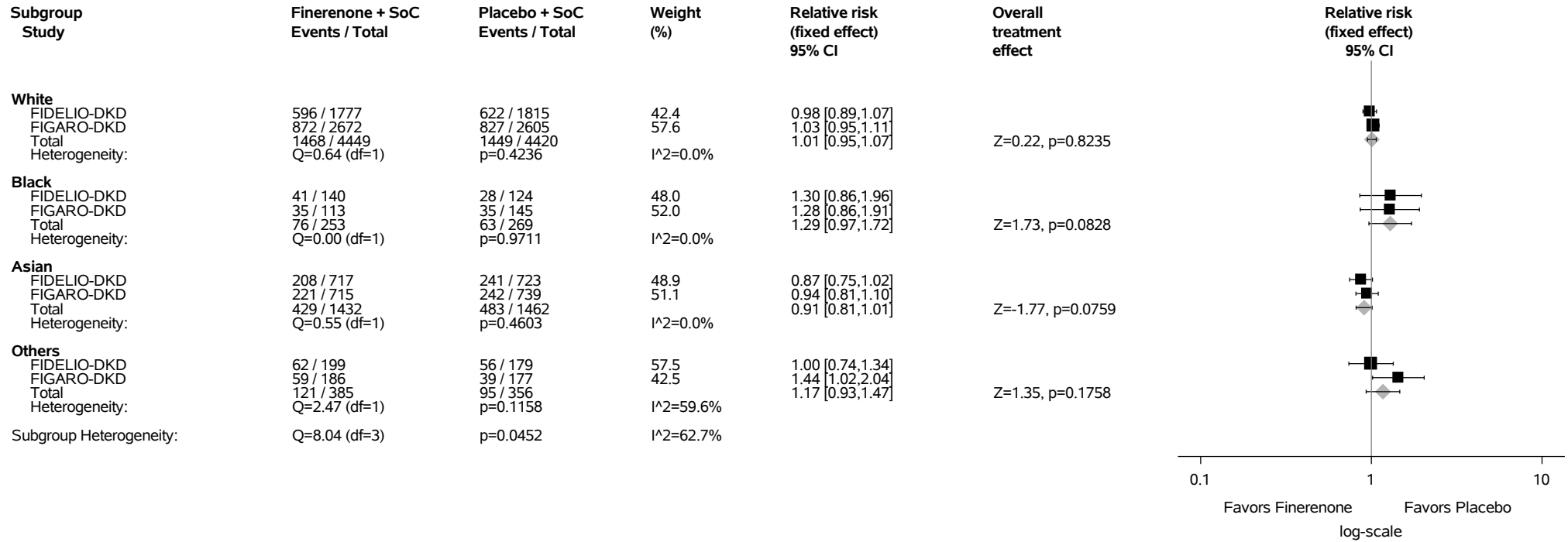
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.1.7: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

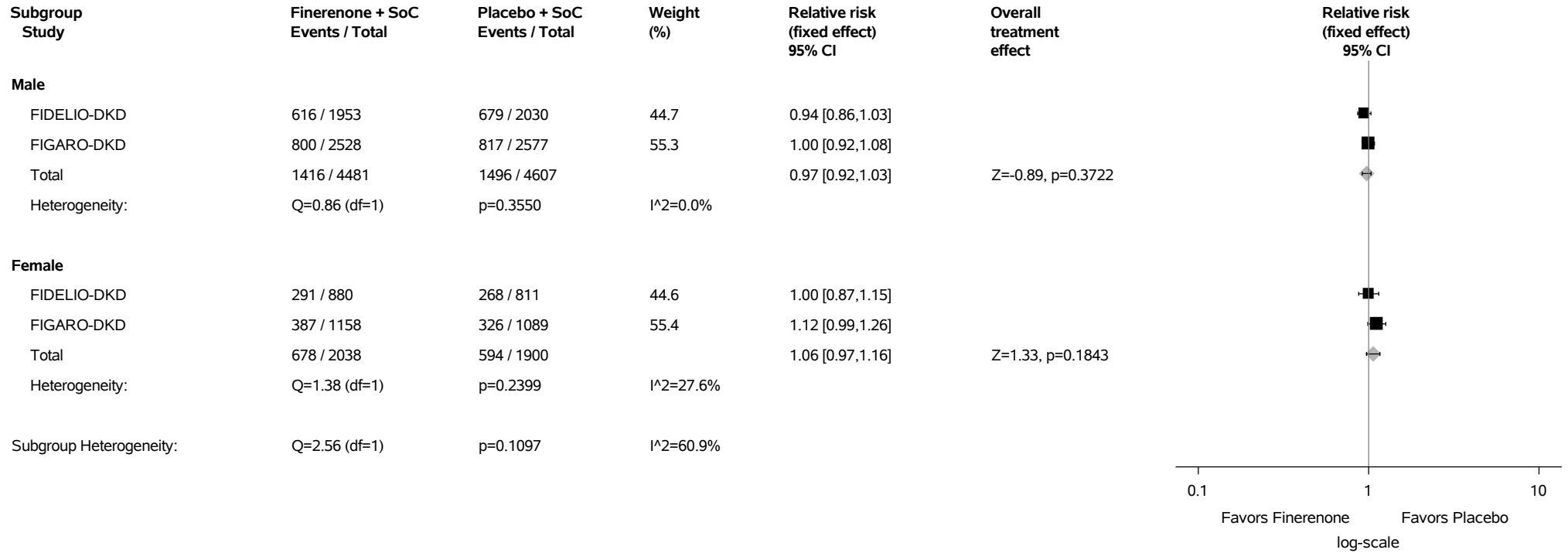
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.1.8: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

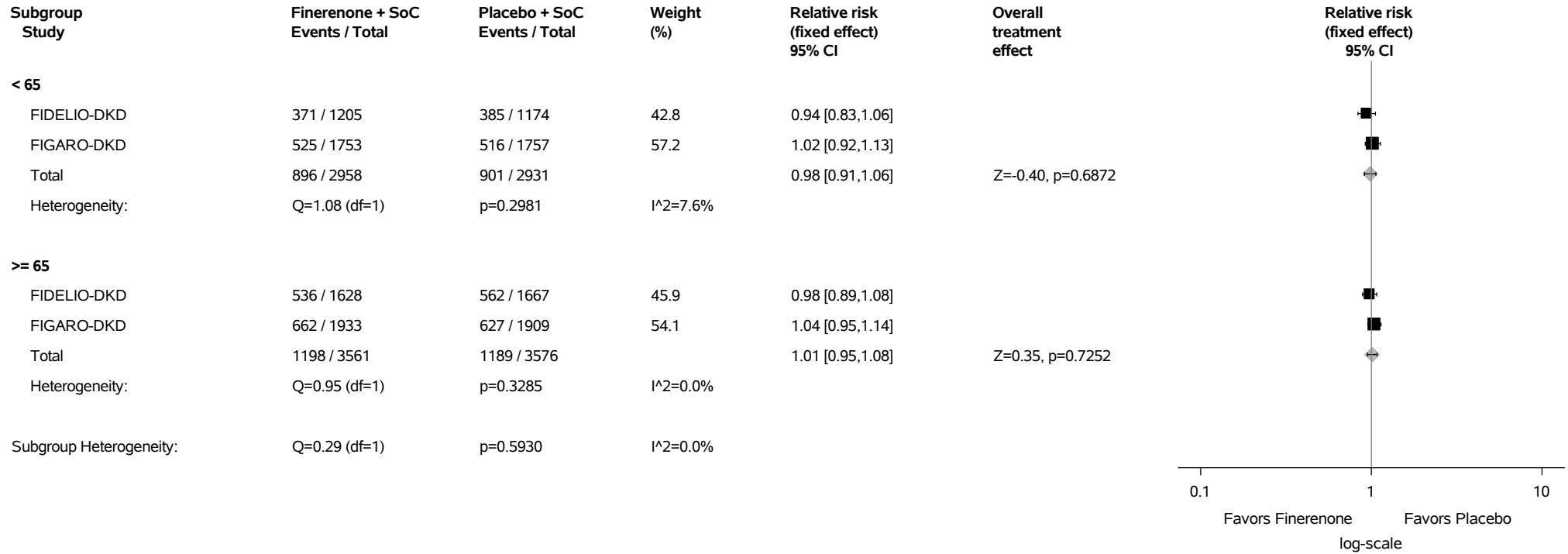
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.1.9: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

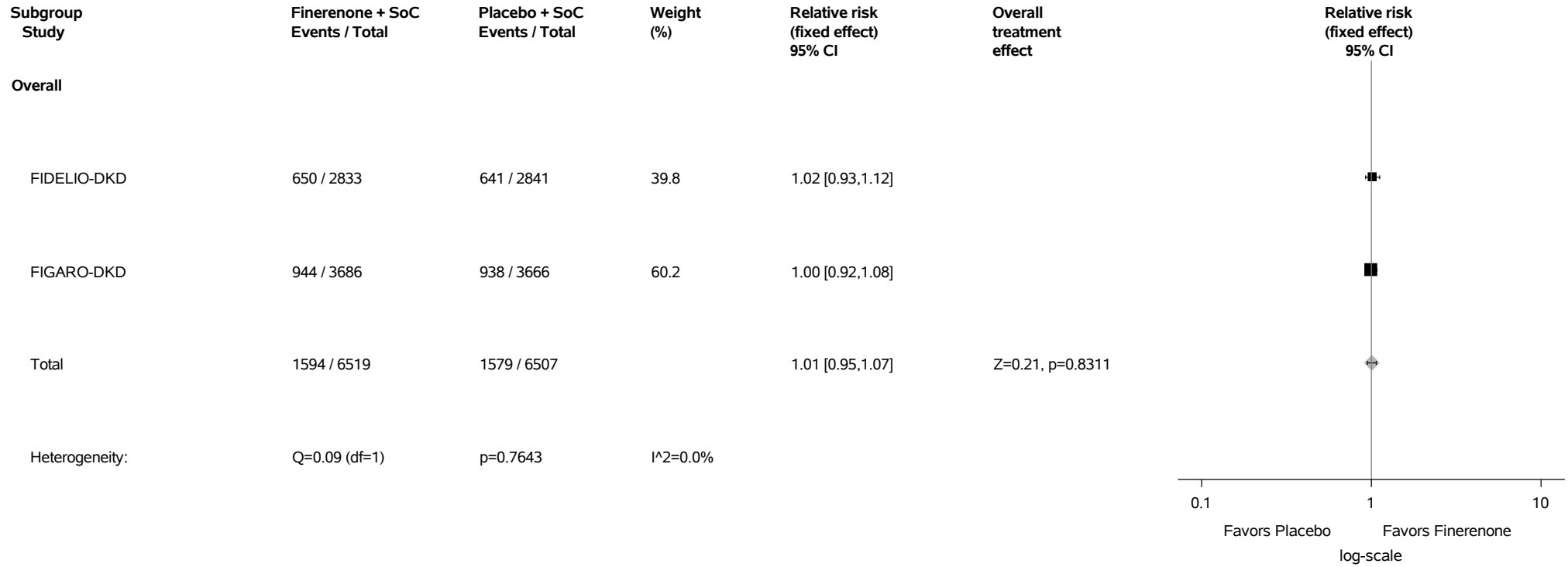
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.2: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 Full Analysis Set



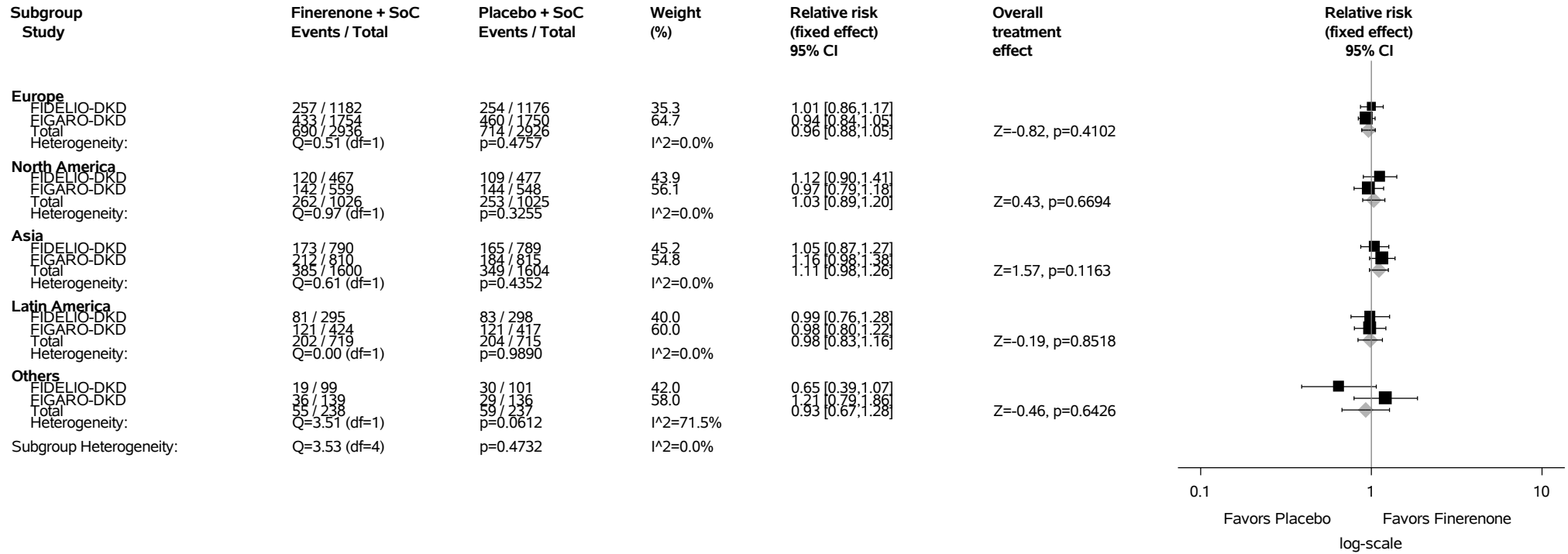
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.2.1: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

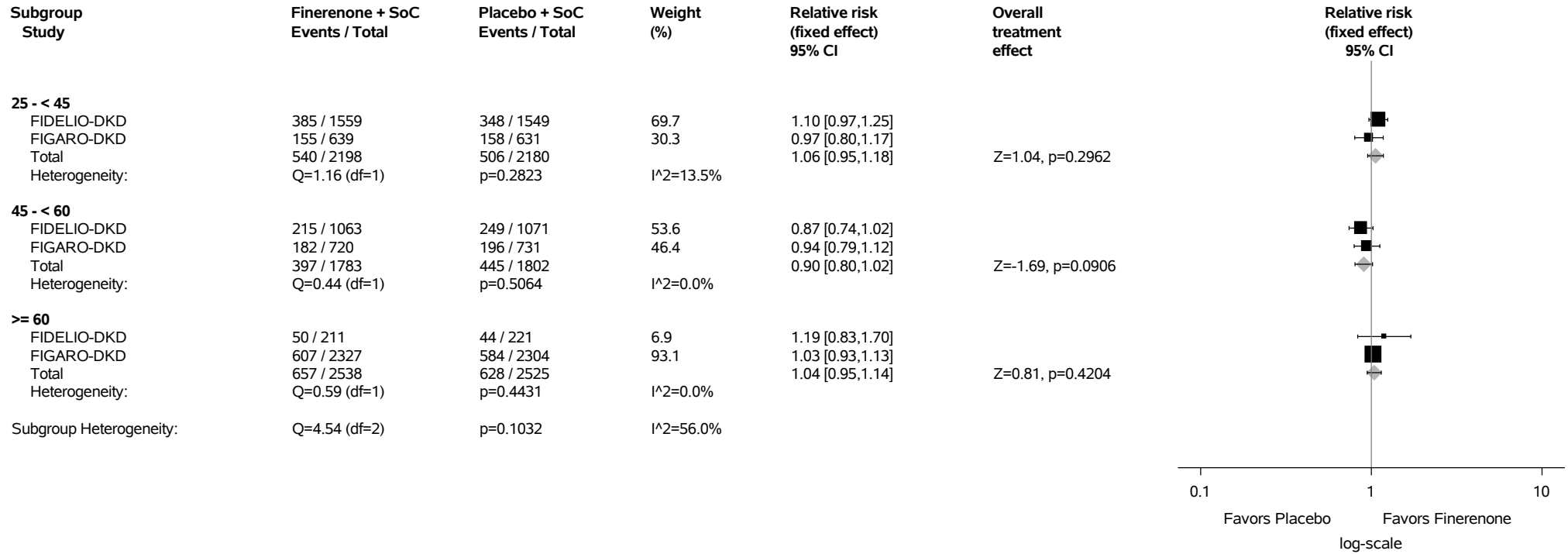
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.2.2: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by eGFR (mL/min/1.73m²) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

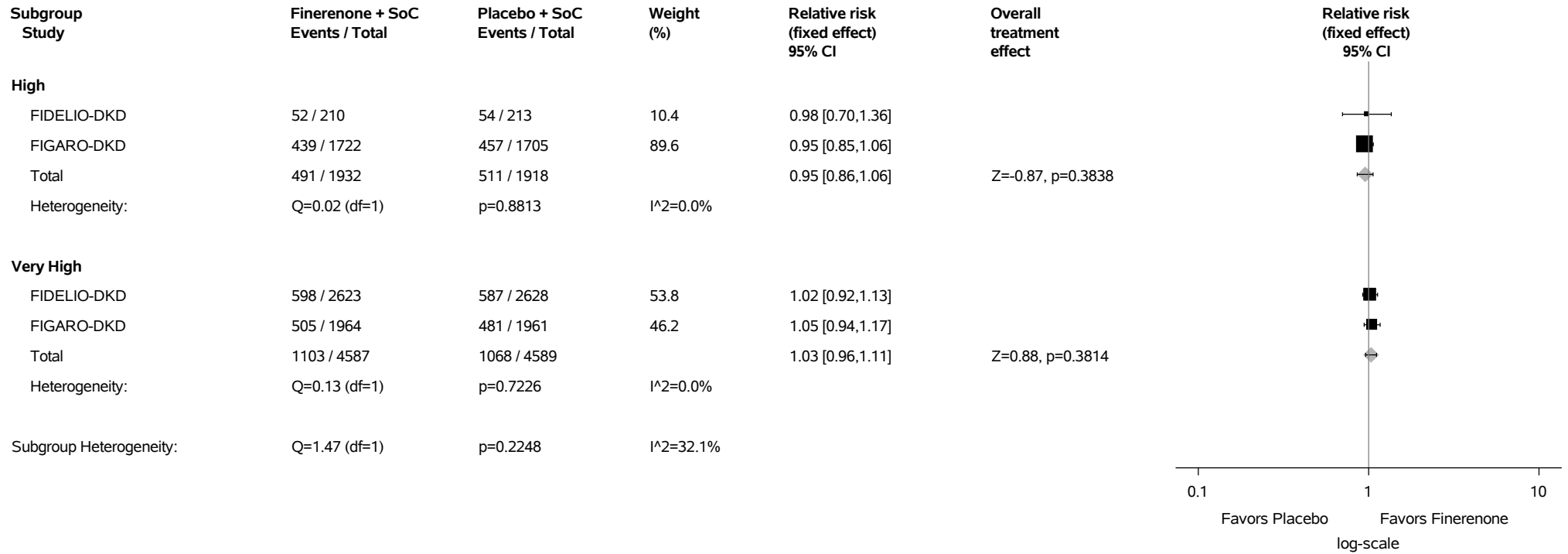
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.2.3: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

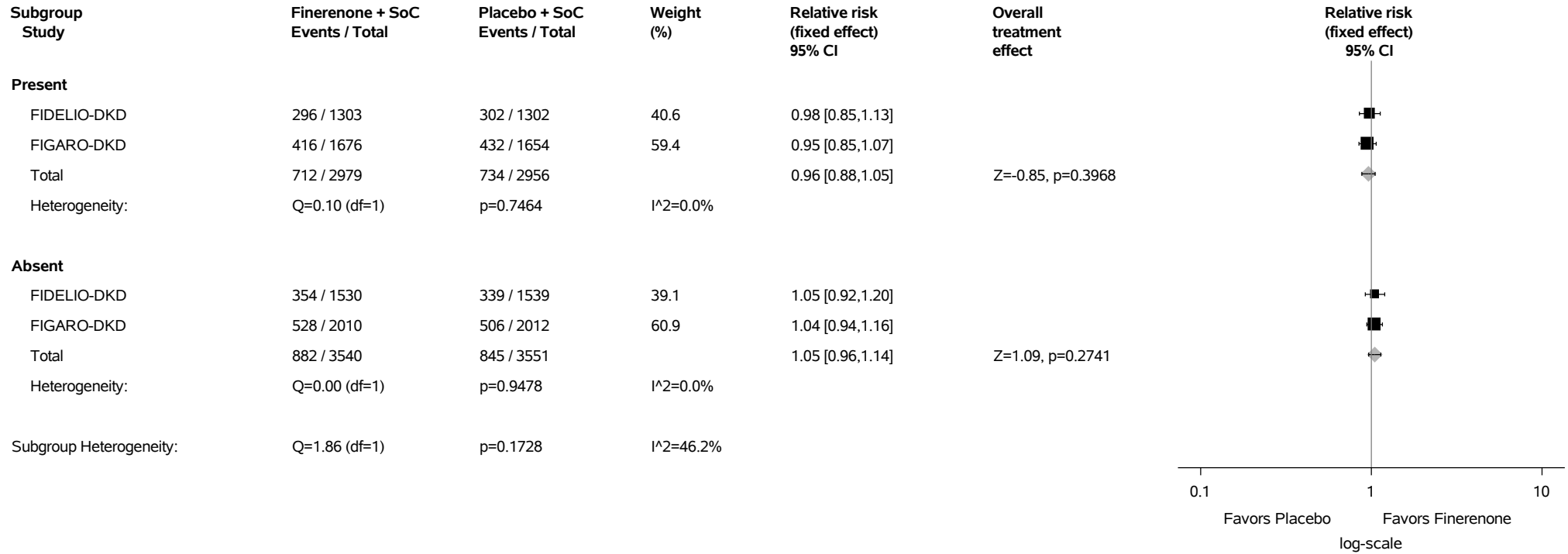
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.2.4: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

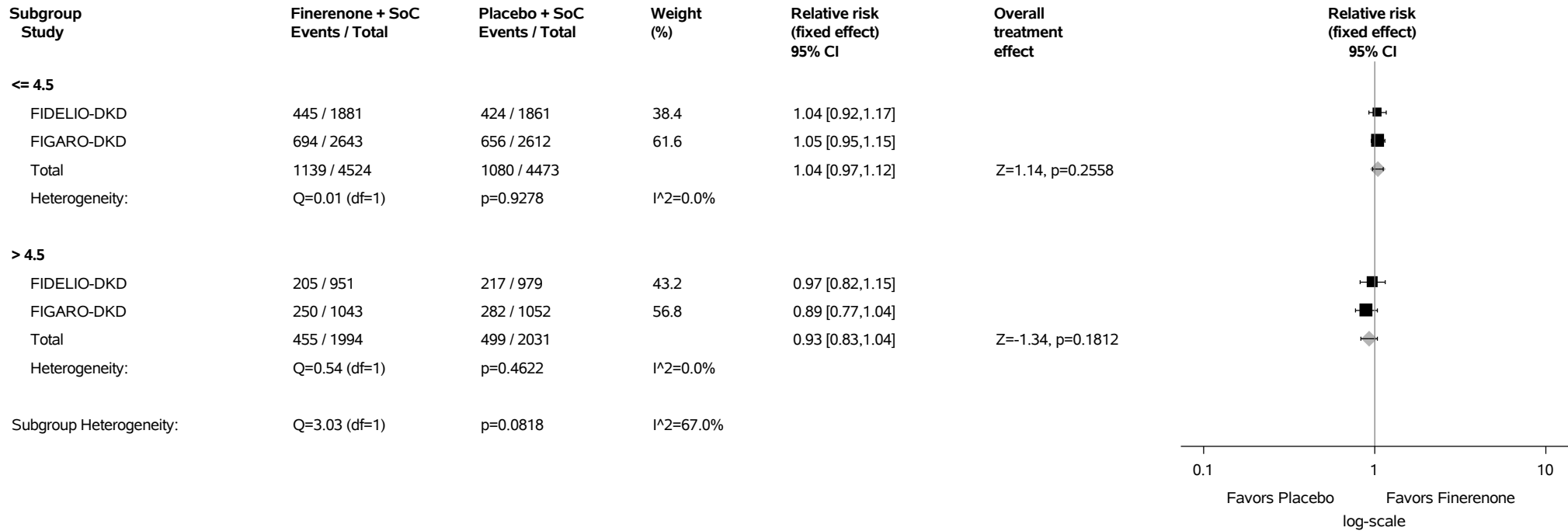
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.2.5: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

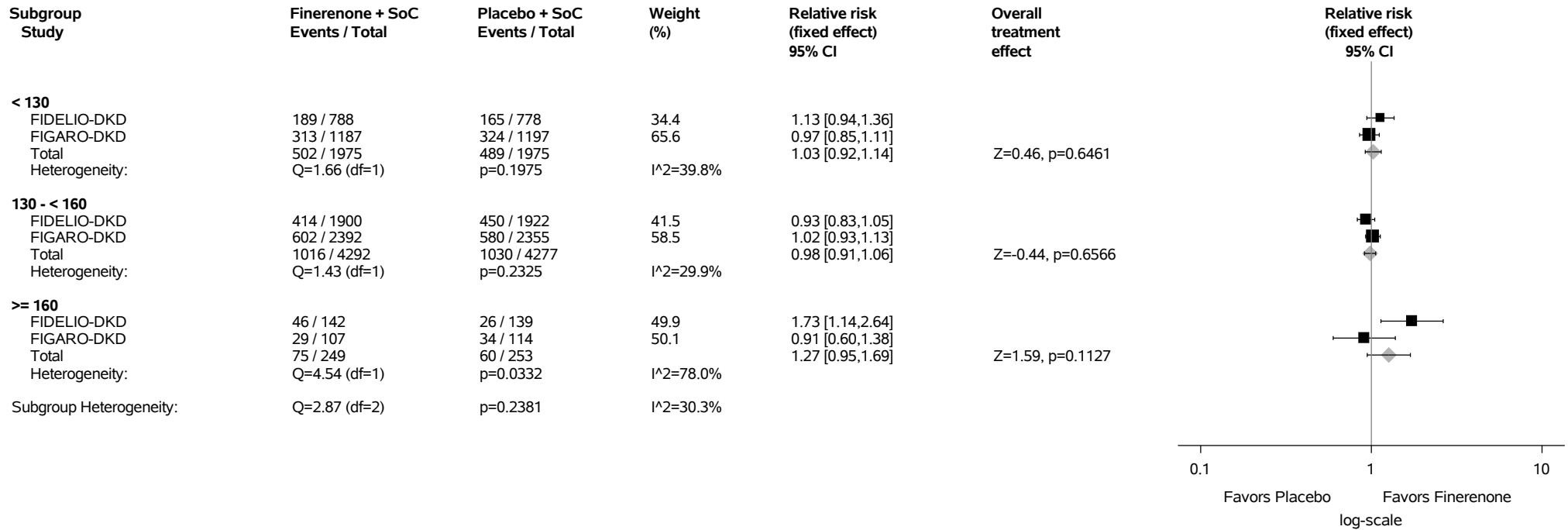
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.2.6: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

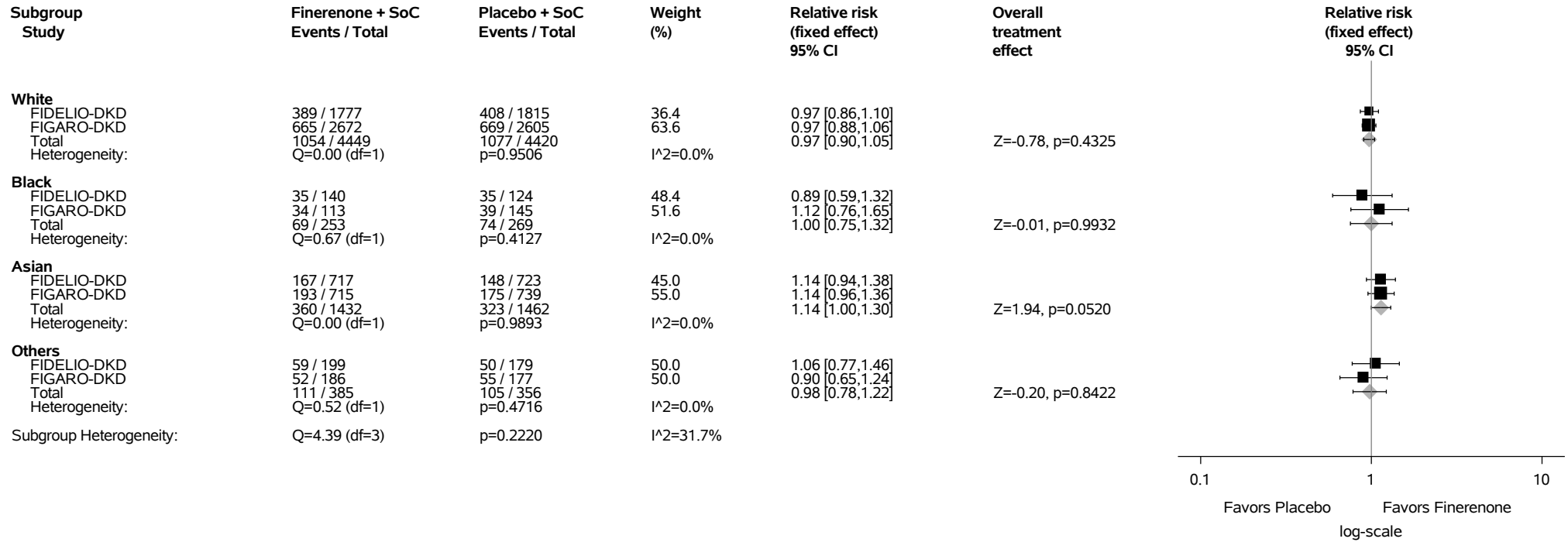
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.2.7: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

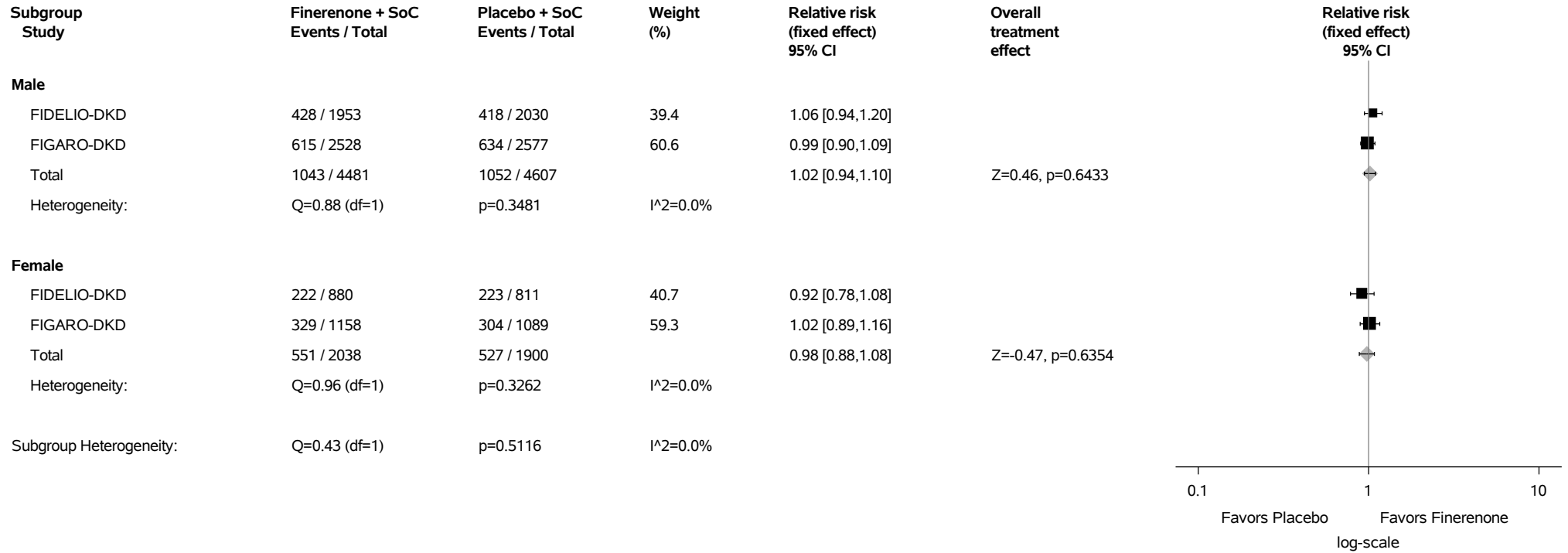
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.2.8: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

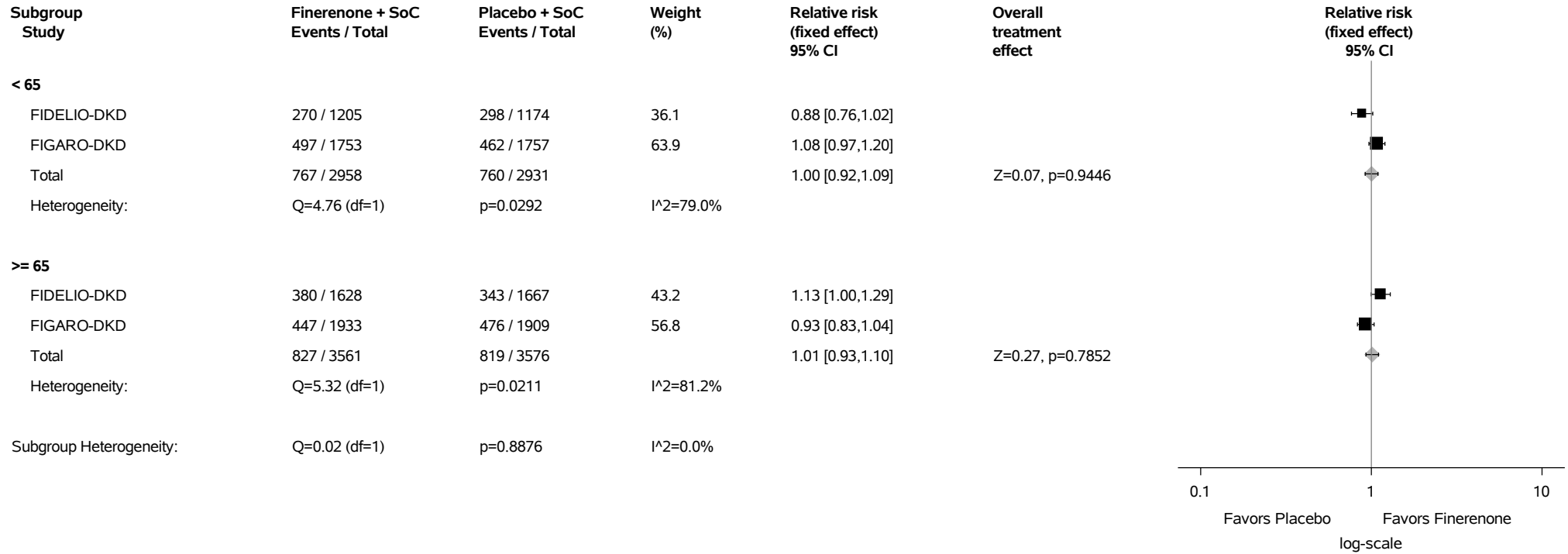
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.2.9: EQ-5D VAS - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care, VAS=Visual Analogue Scale.

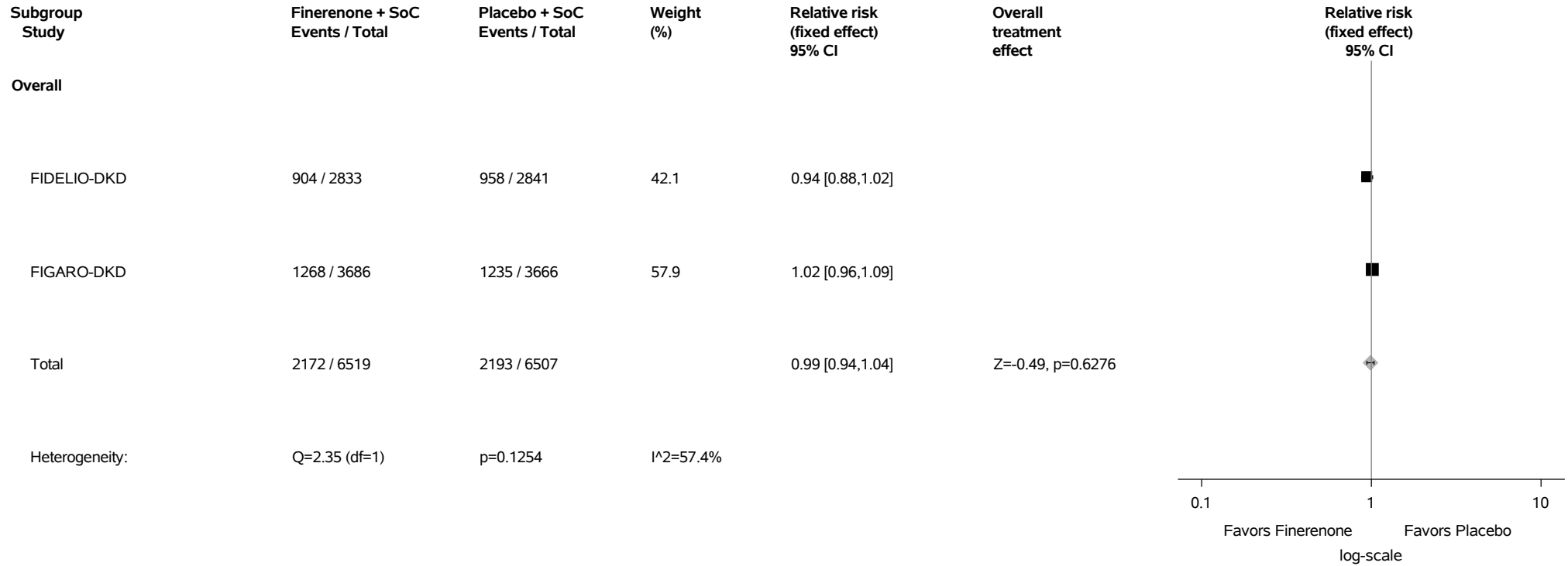
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 Full Analysis Set



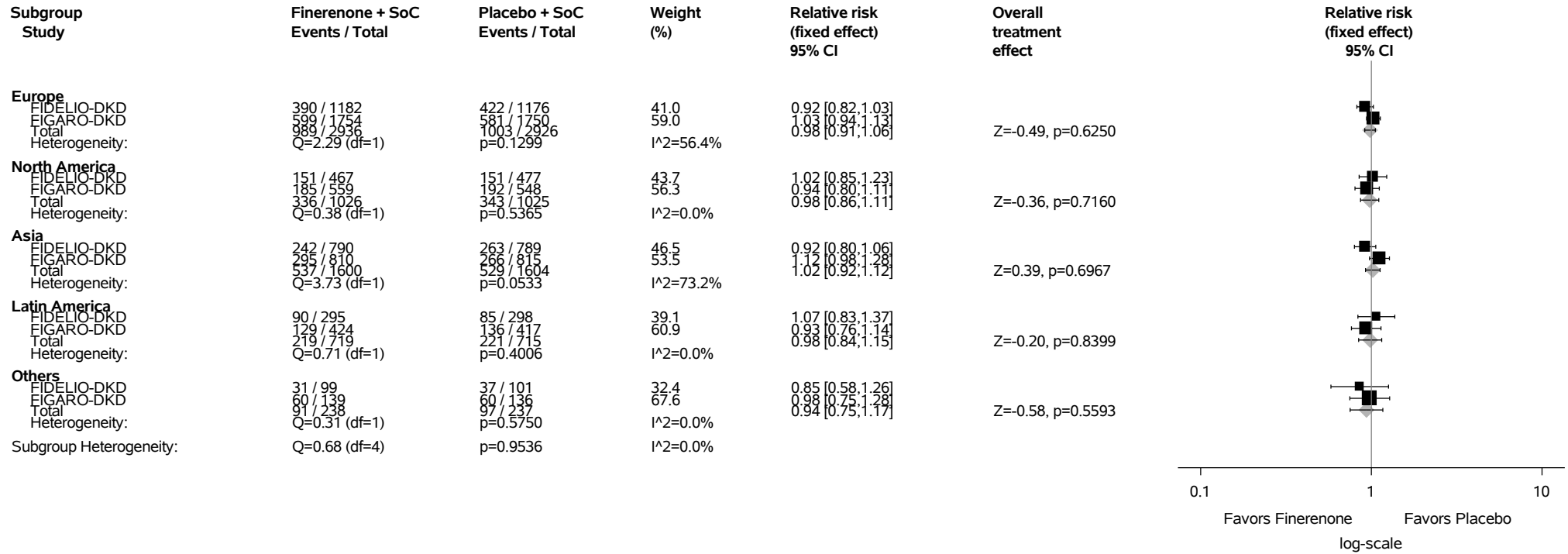
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.3.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

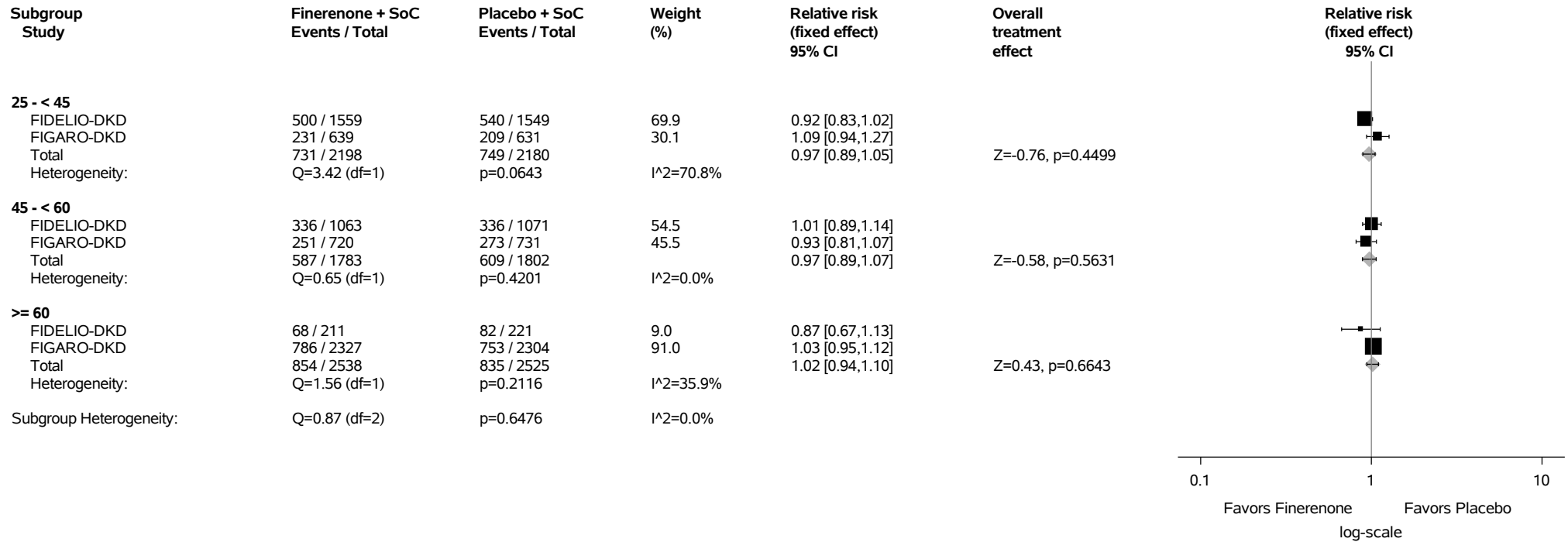
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.3.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

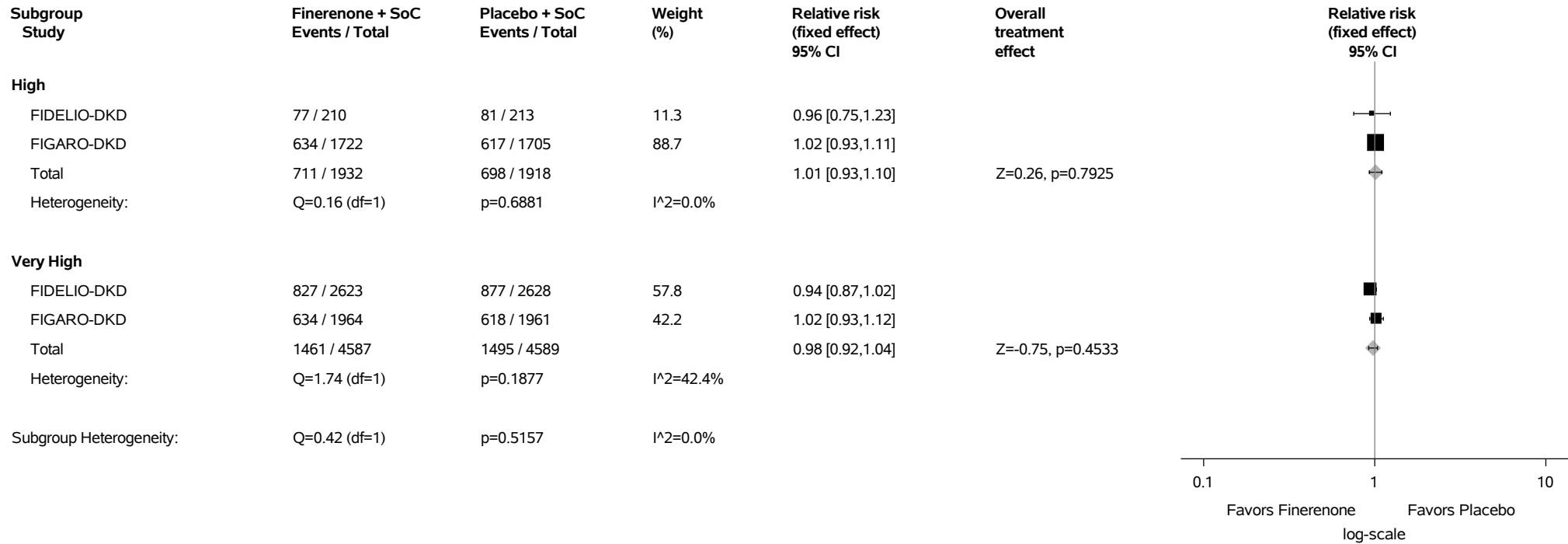
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.3.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

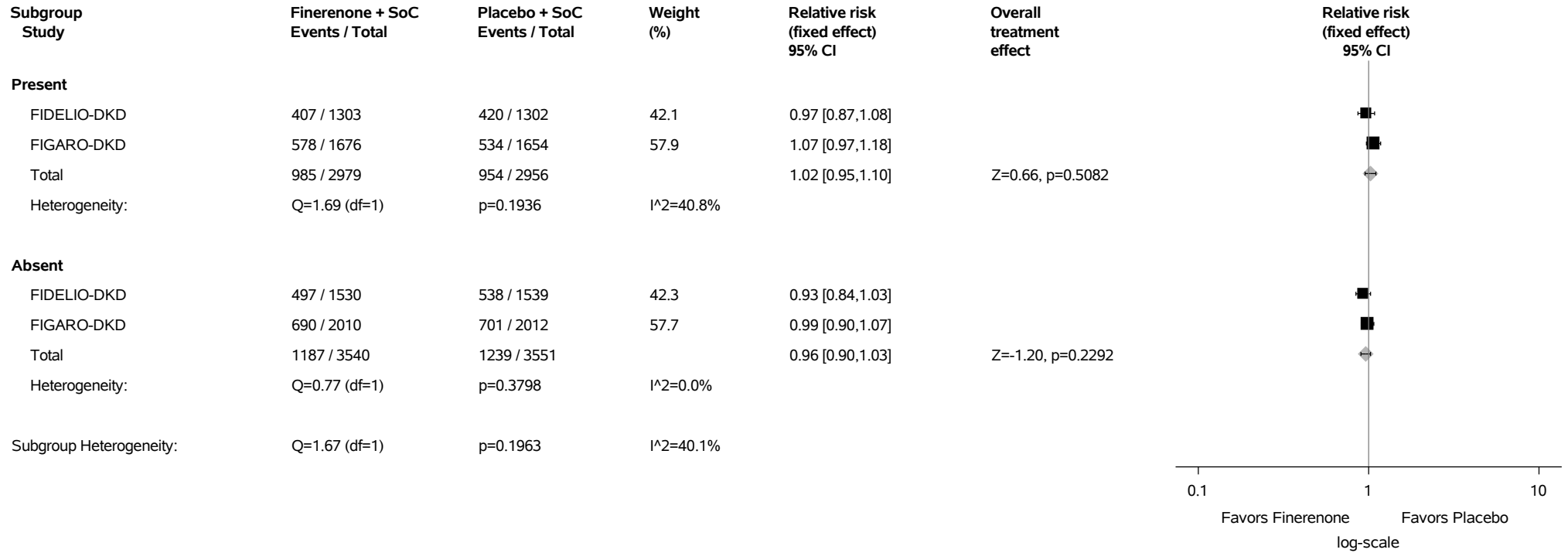
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.3.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

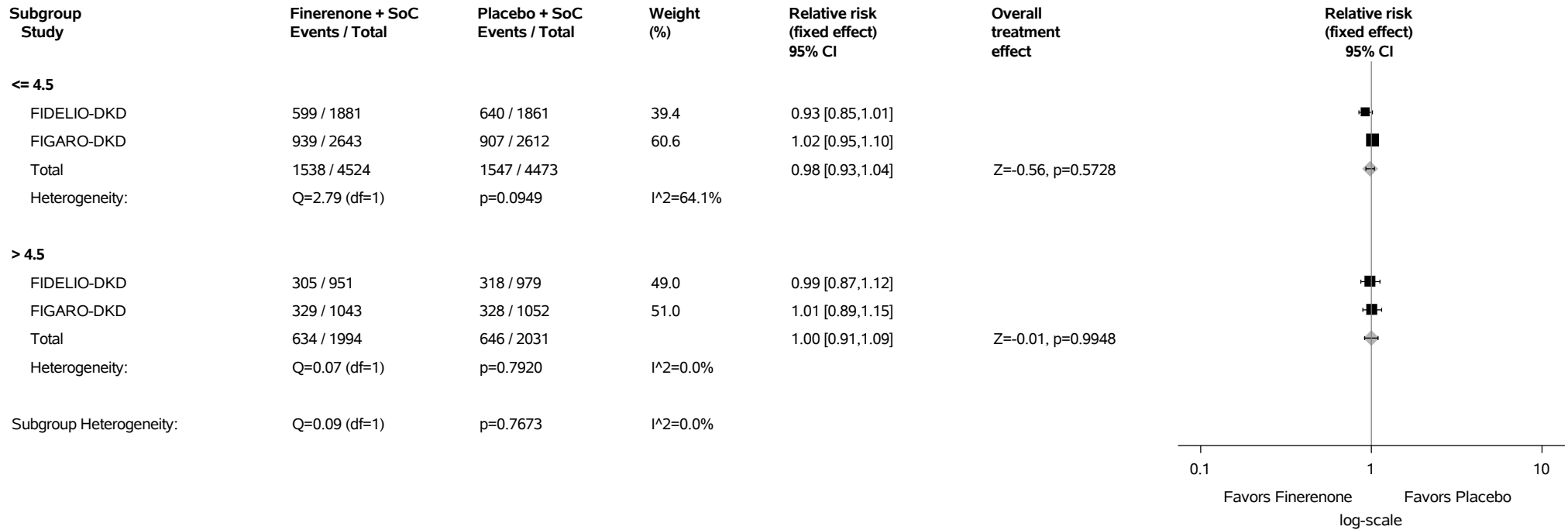
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.3.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

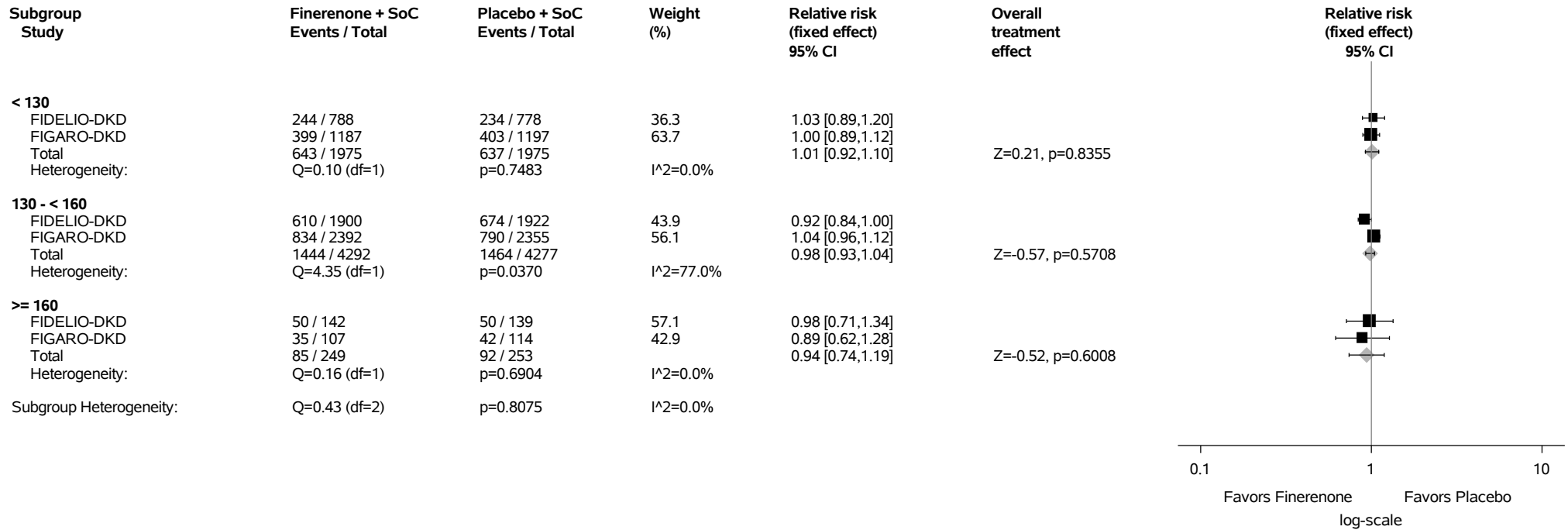
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.3.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

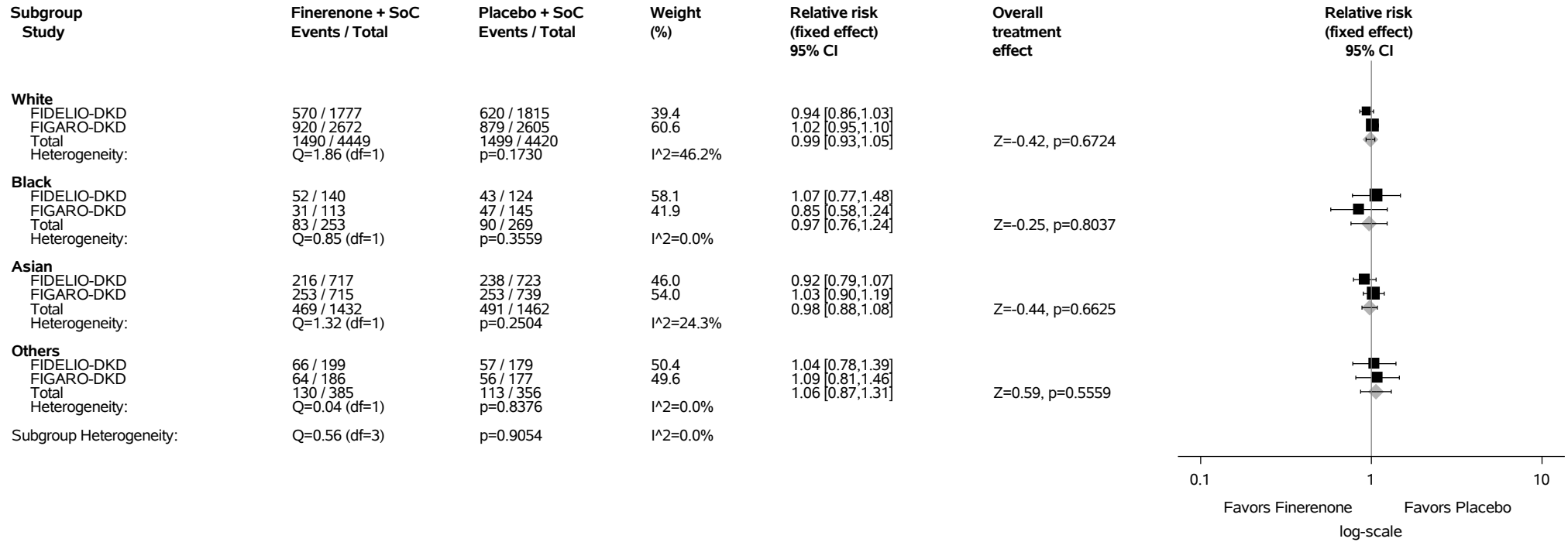
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.3.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

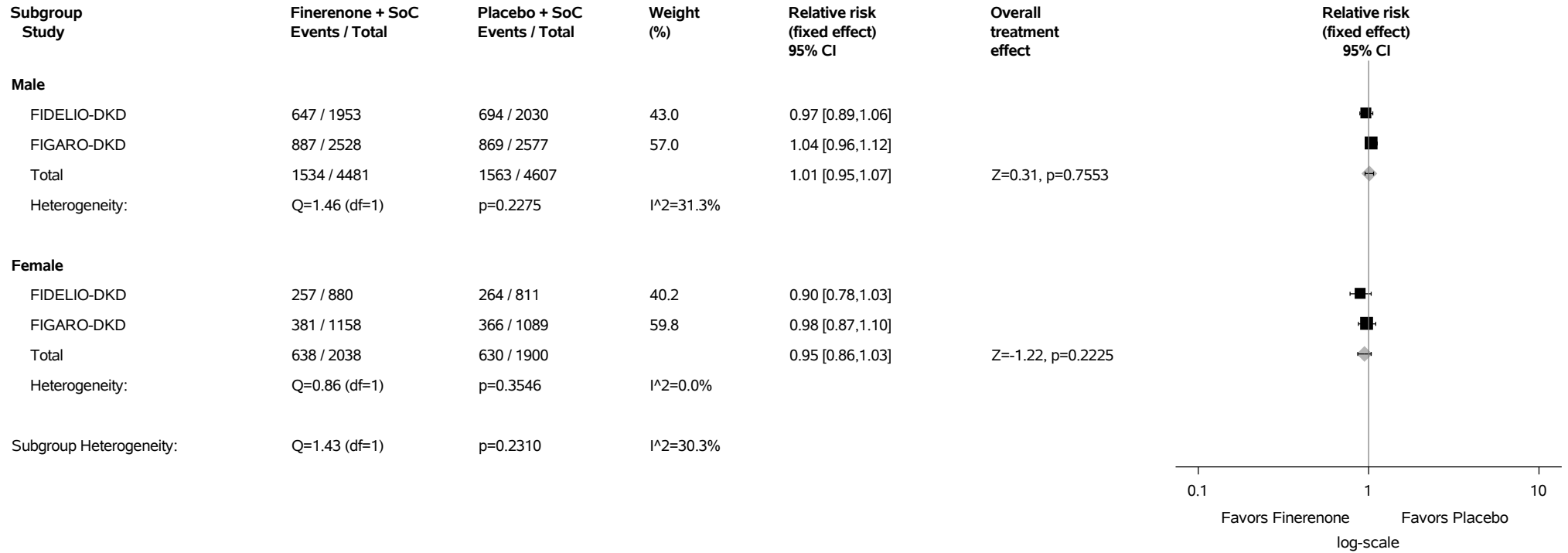
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.3.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

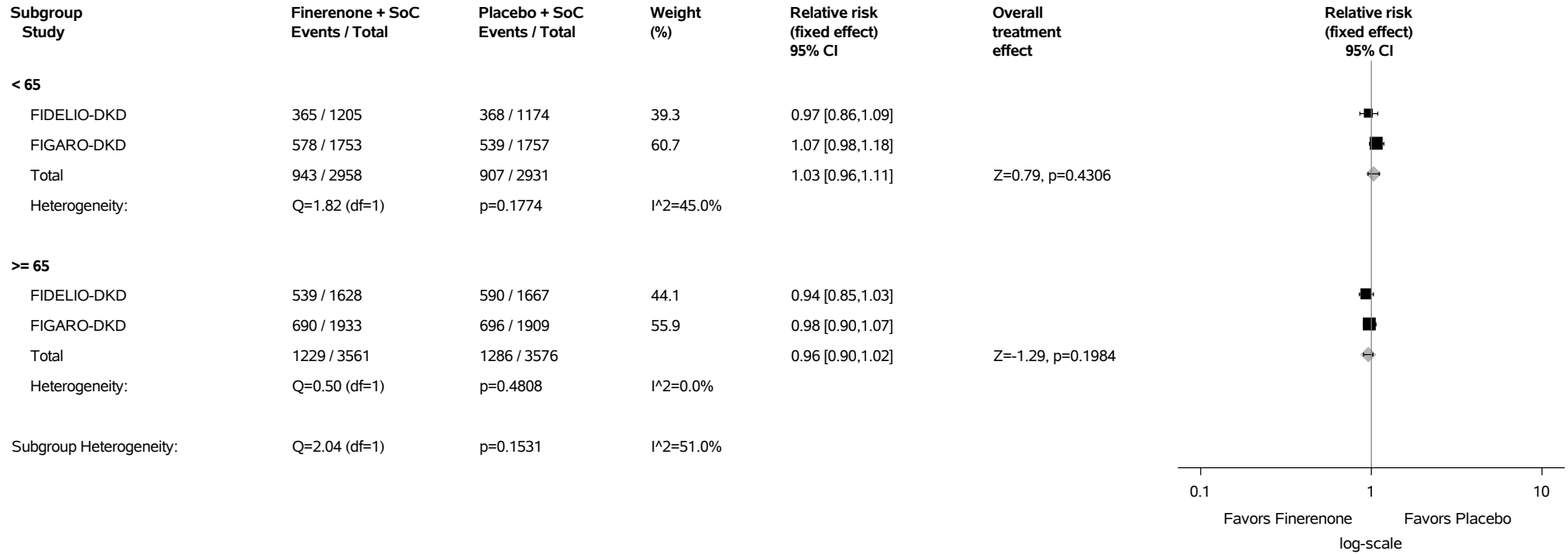
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.3.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

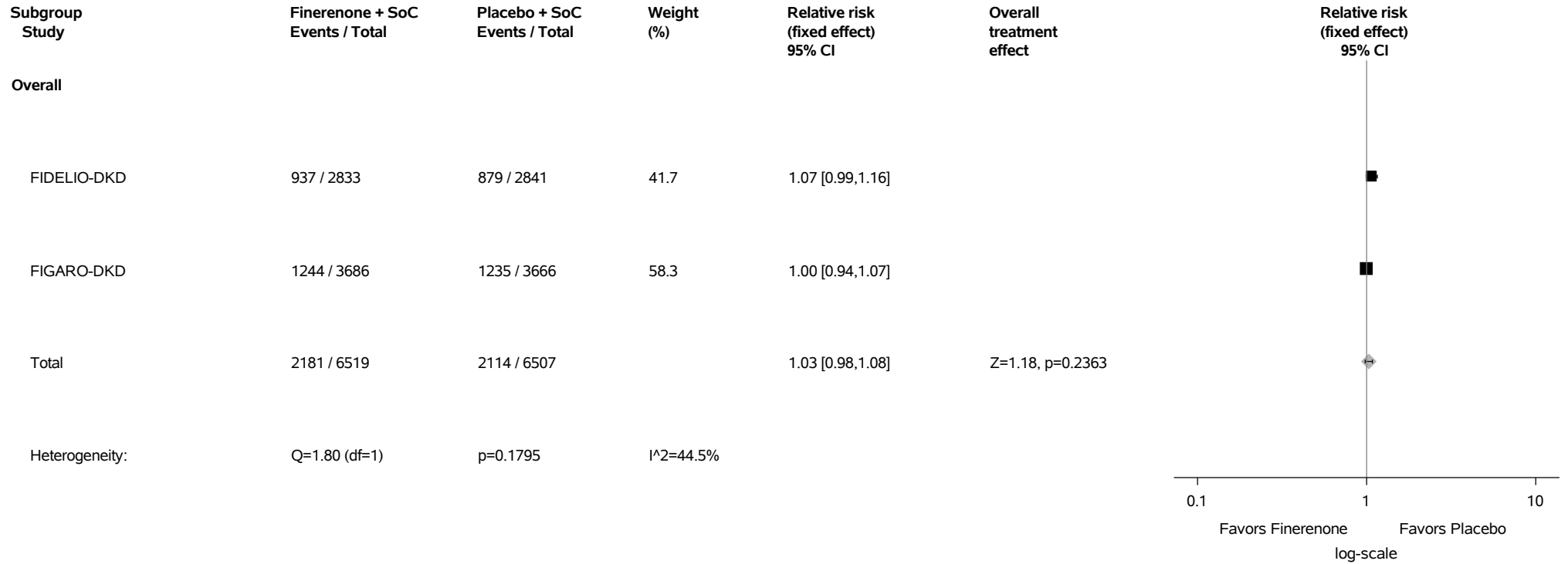
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 Full Analysis Set



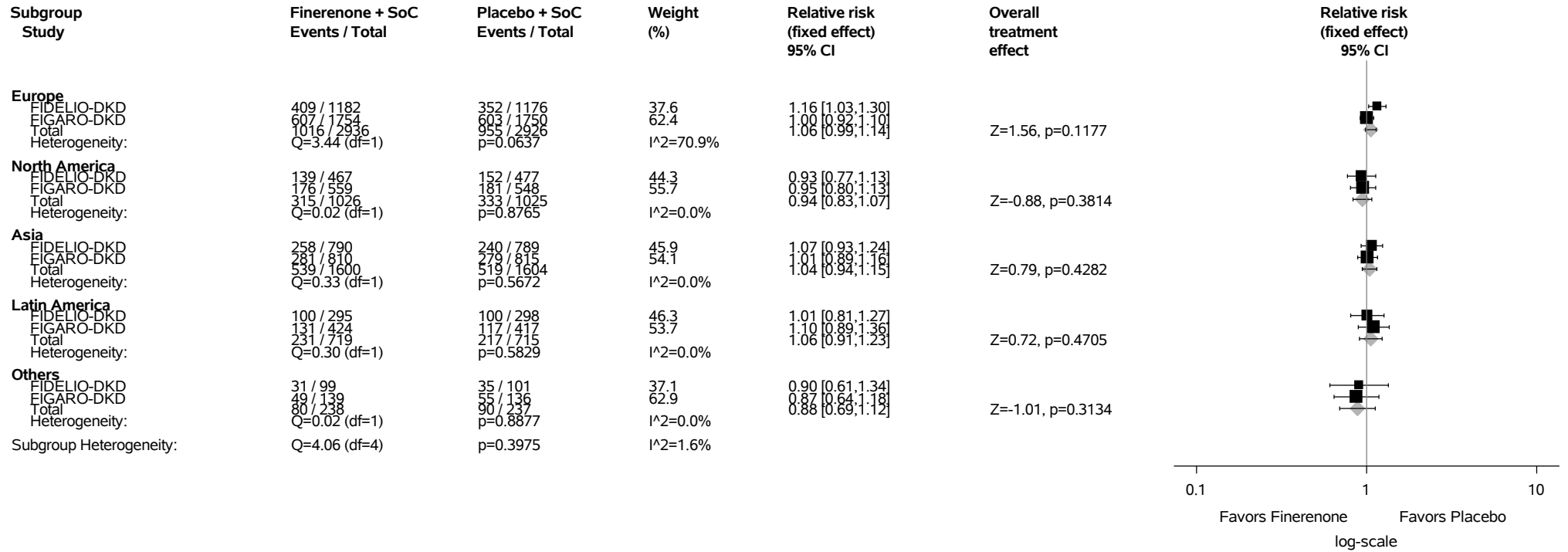
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.4.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

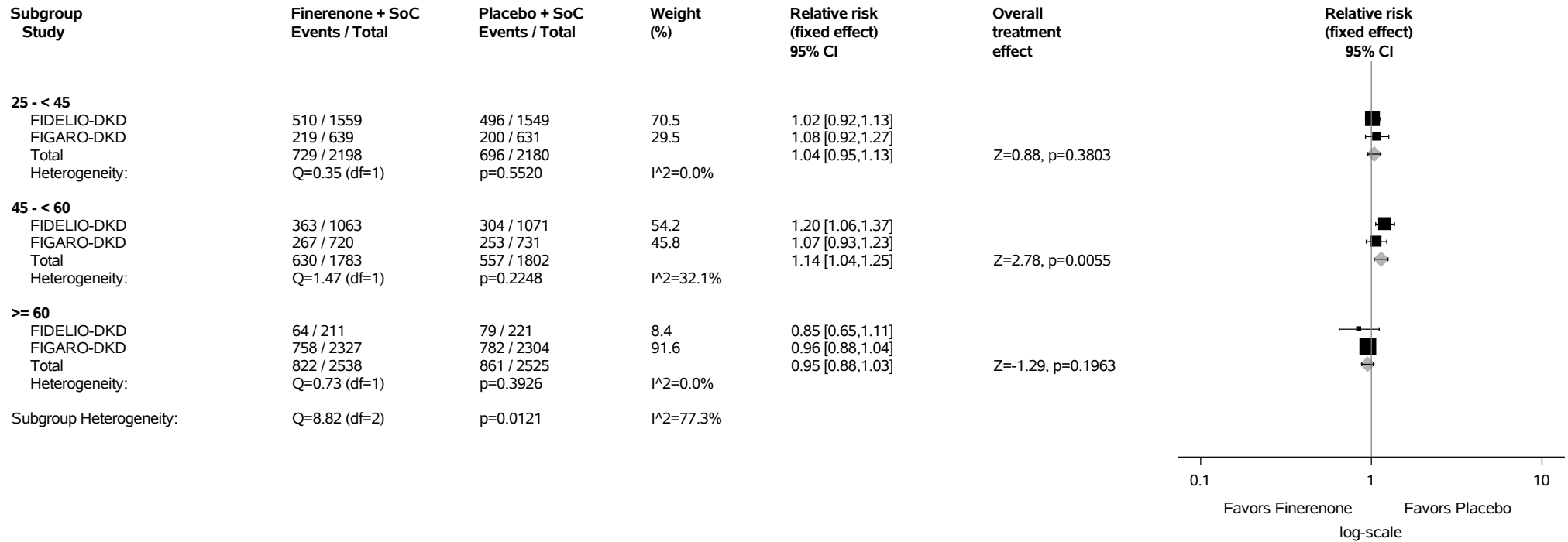
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.4.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

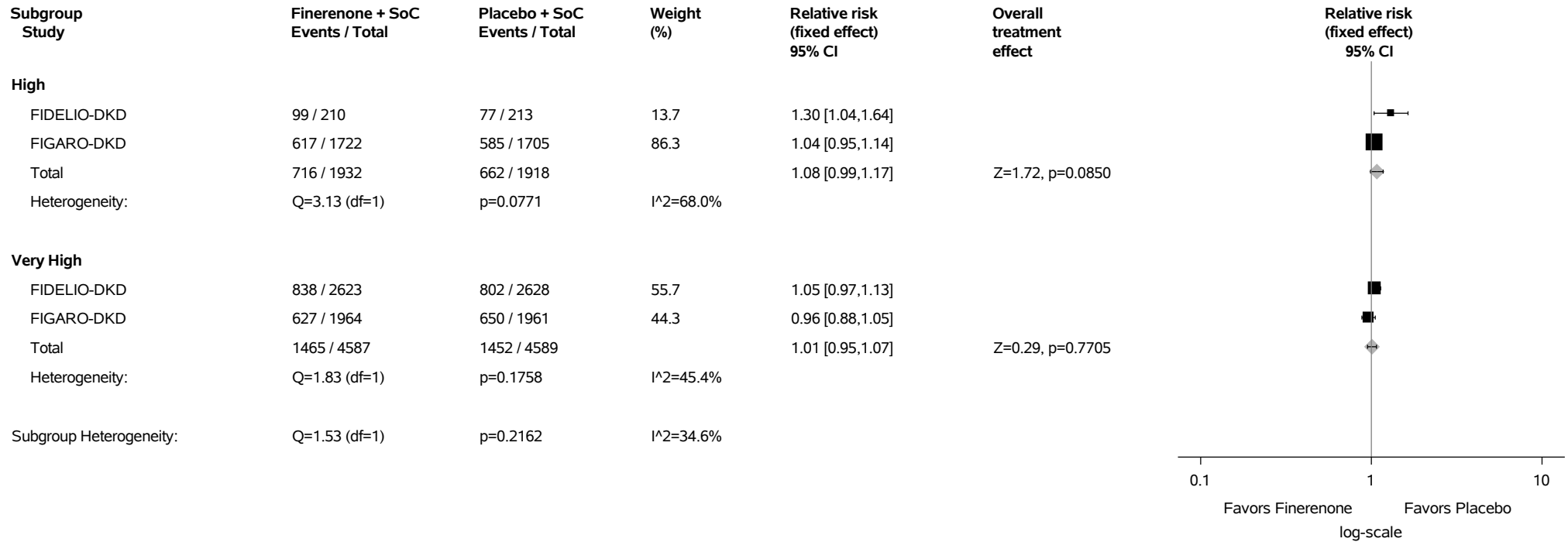
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.4.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

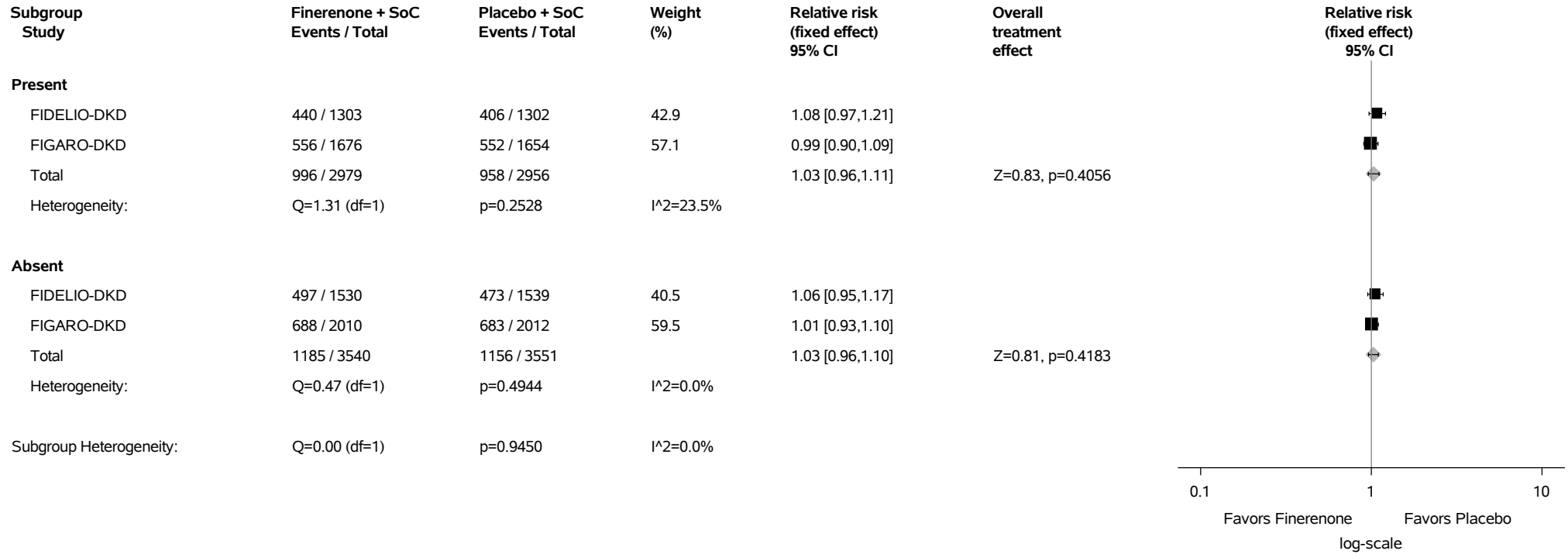
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.4.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

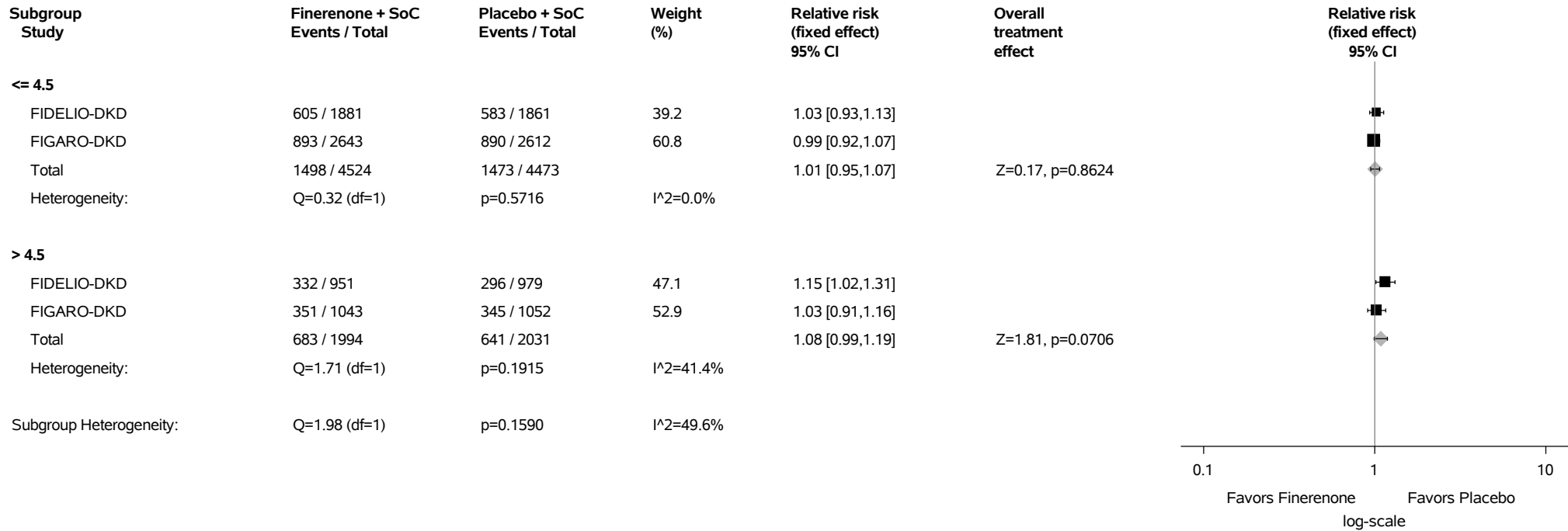
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.4.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

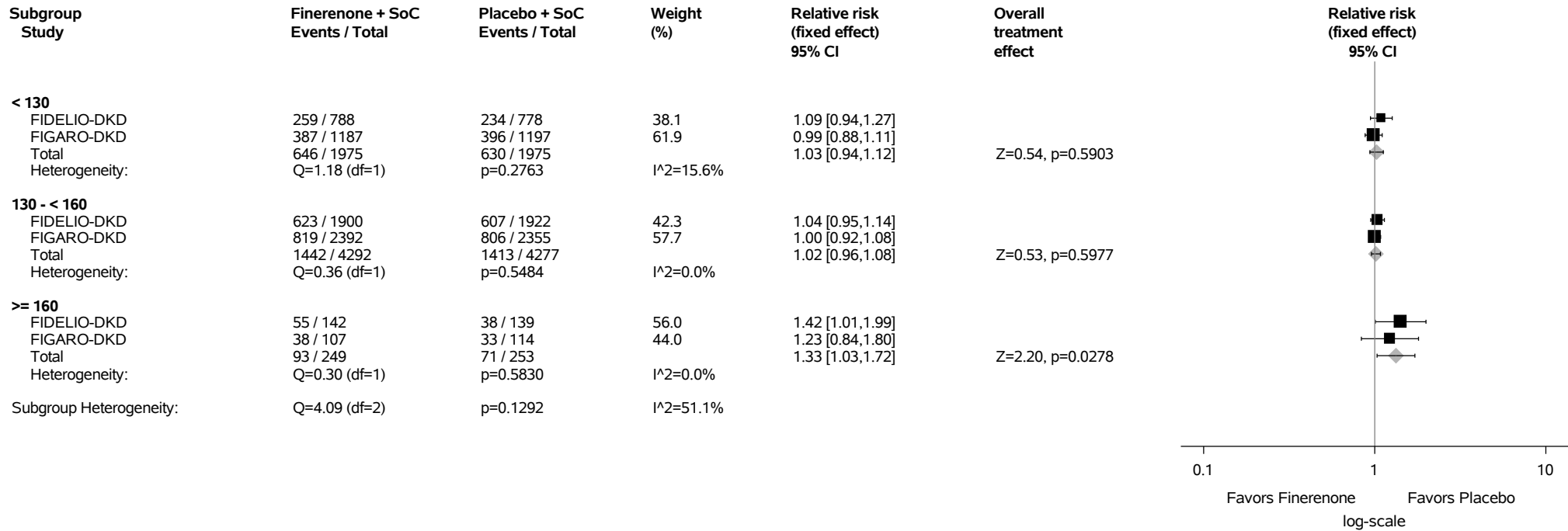
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.4.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

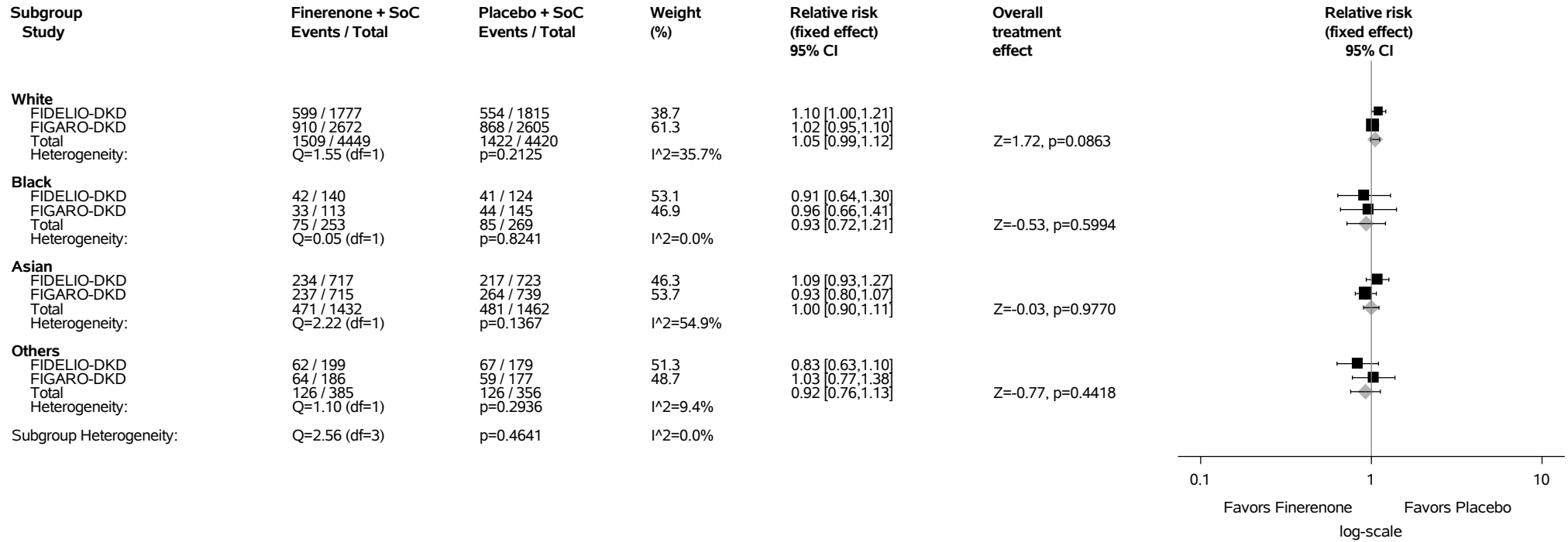
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.4.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

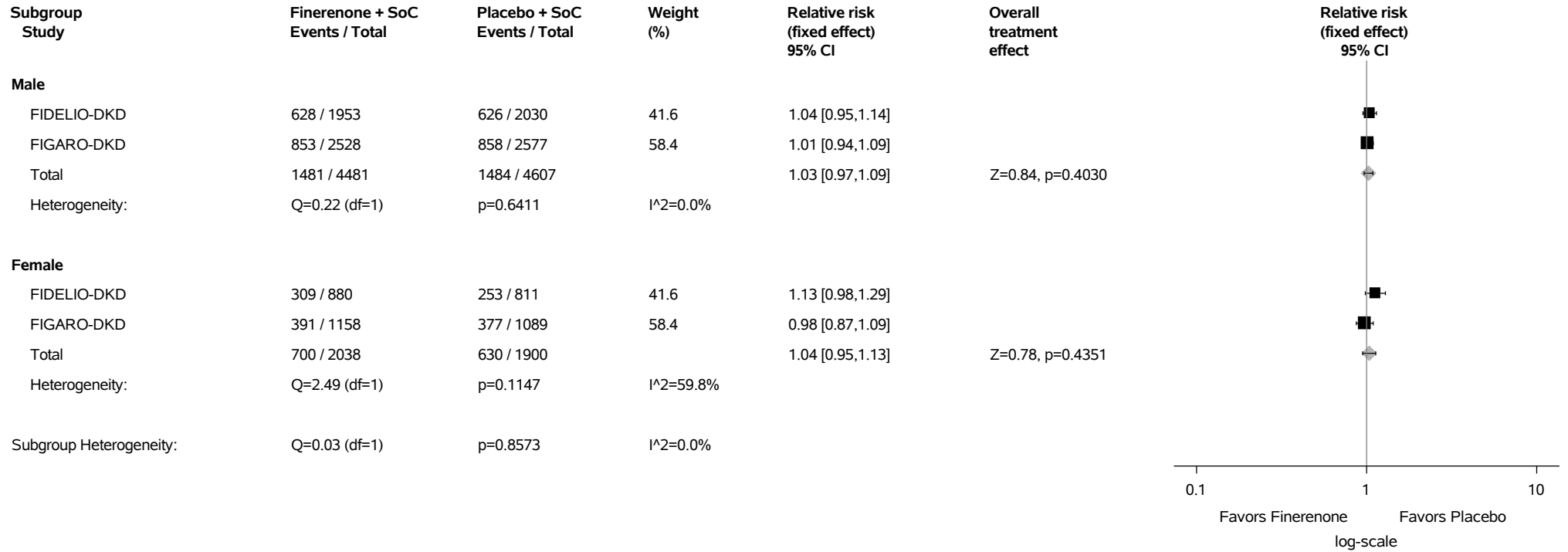
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.4.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

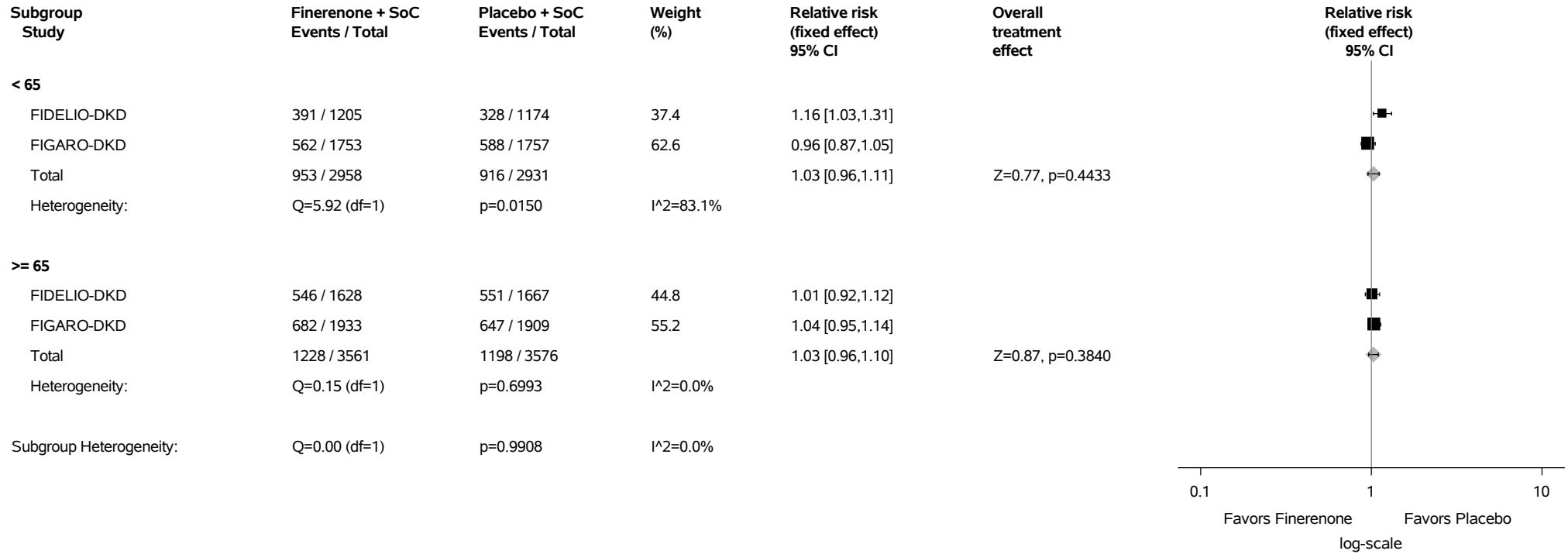
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.4.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

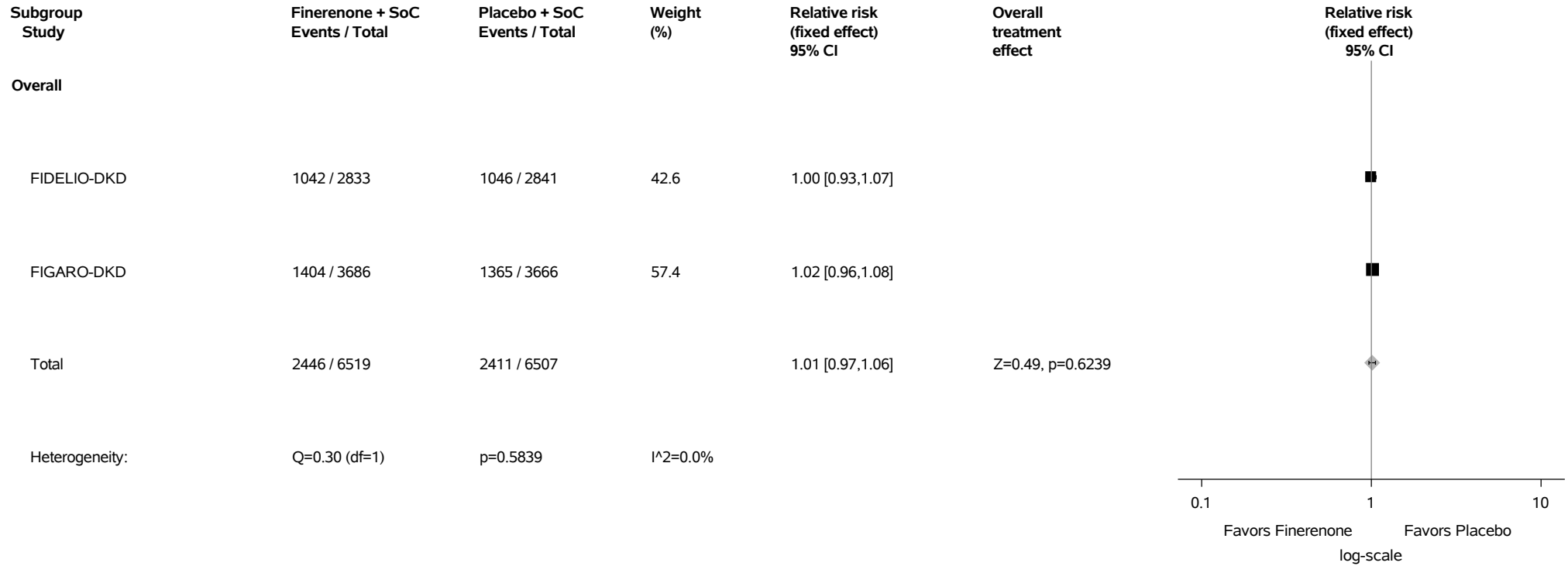
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 Full Analysis Set



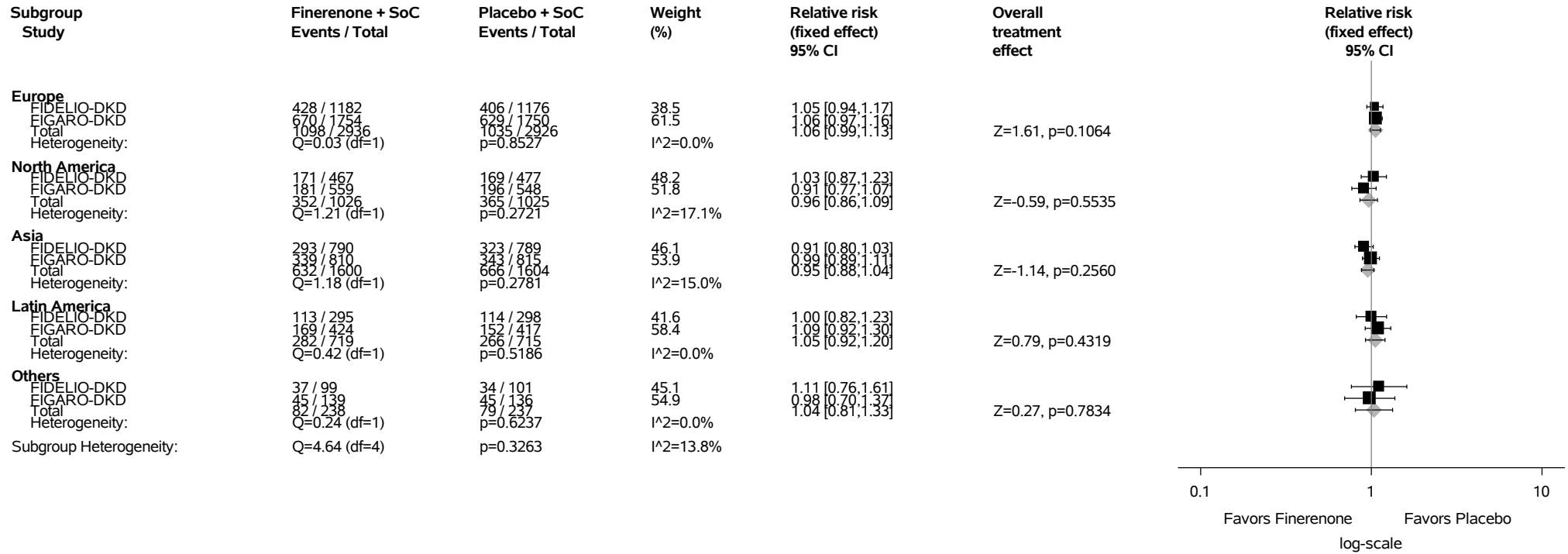
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.5.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

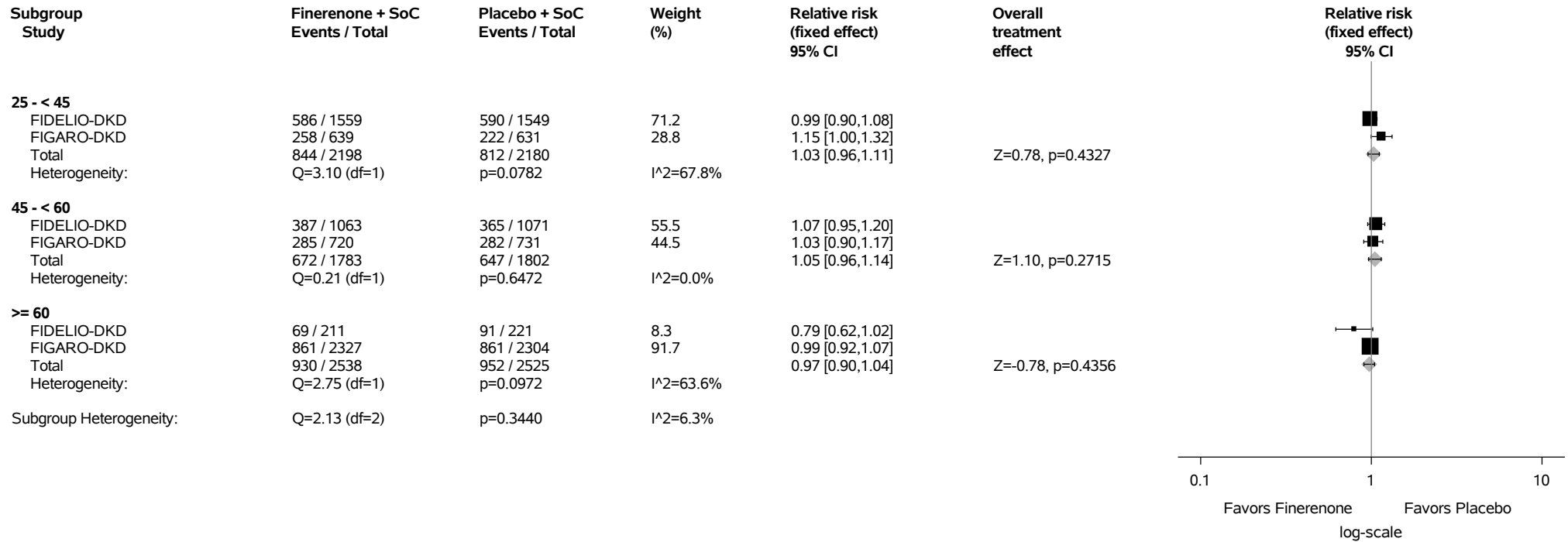
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.5.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

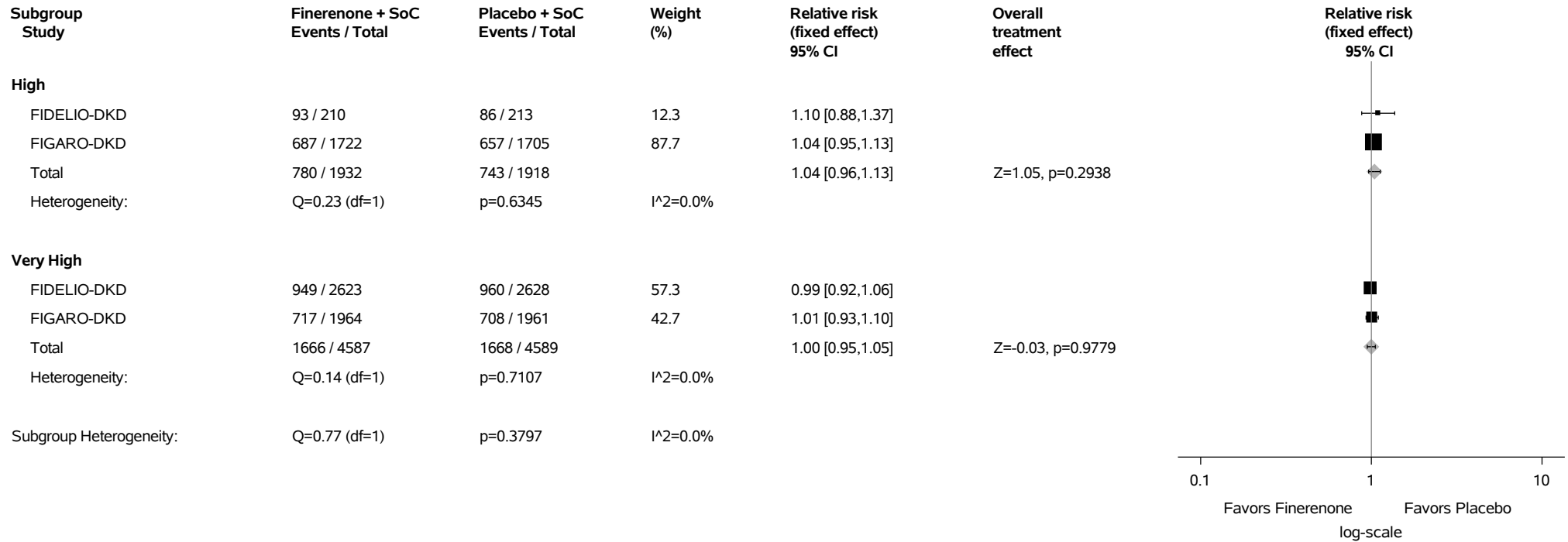
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.5.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

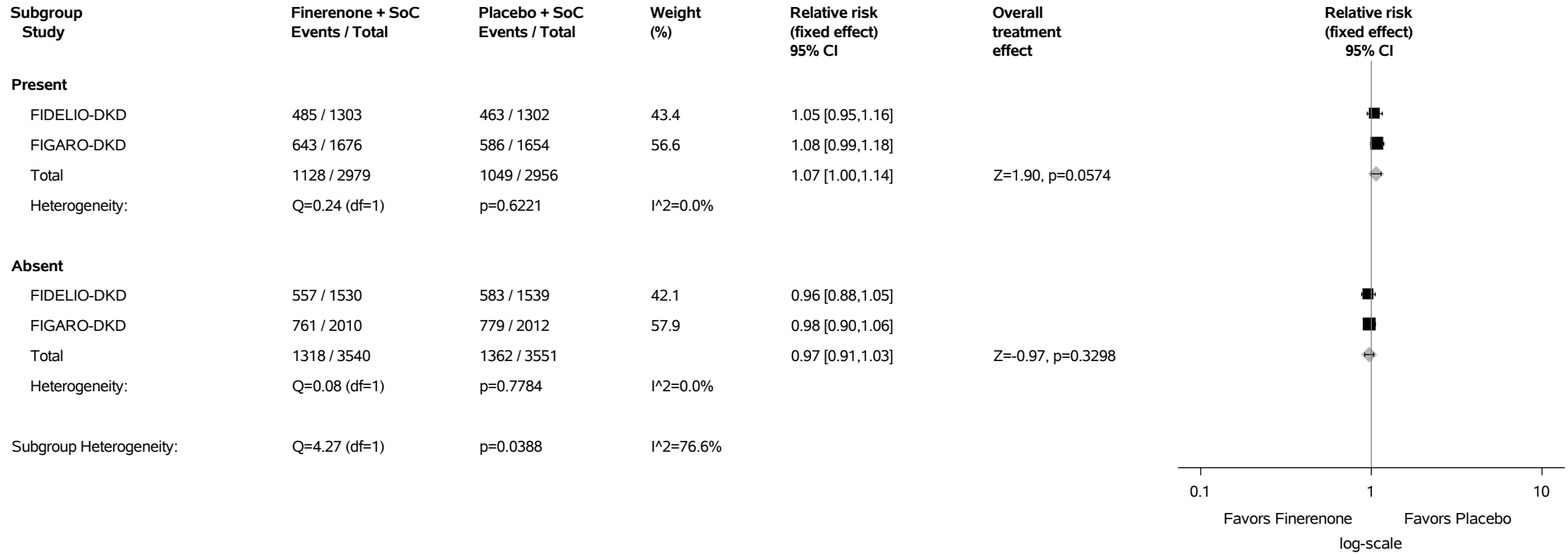
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.5.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

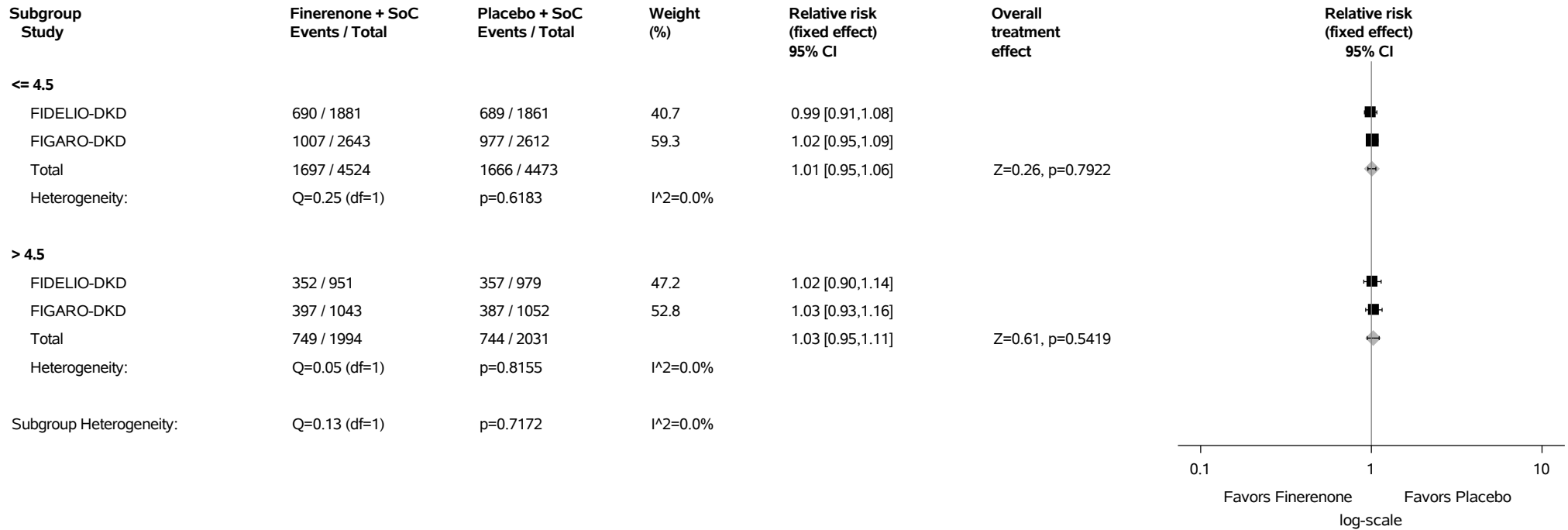
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.5.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

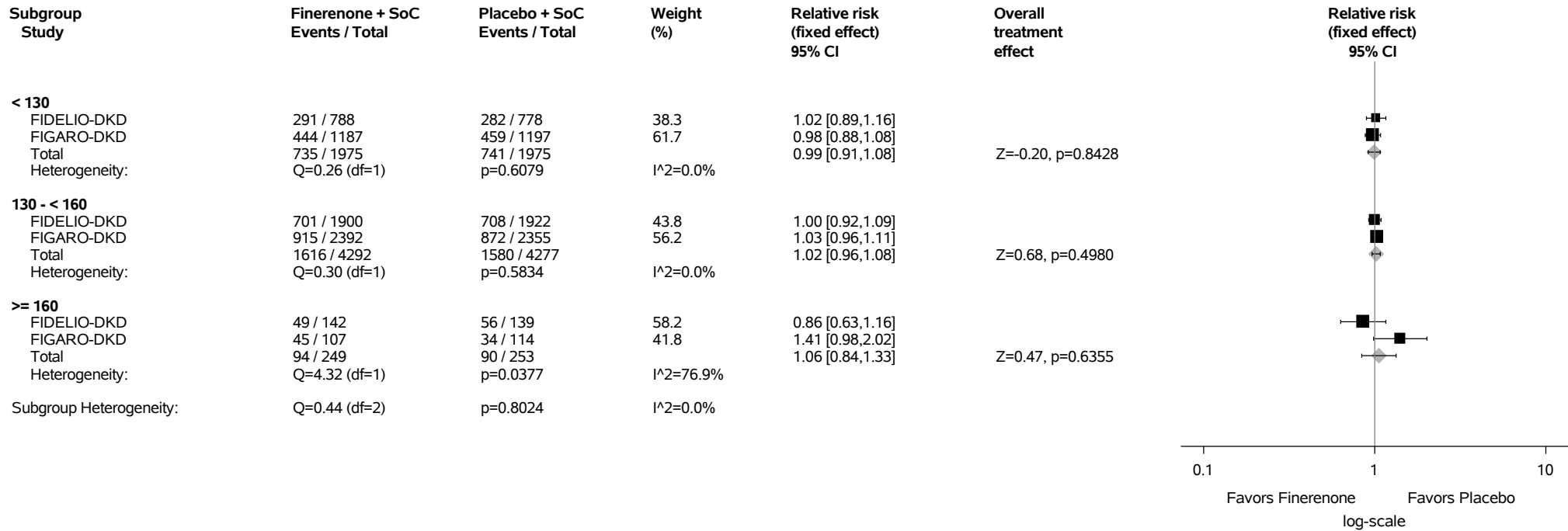
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.5.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

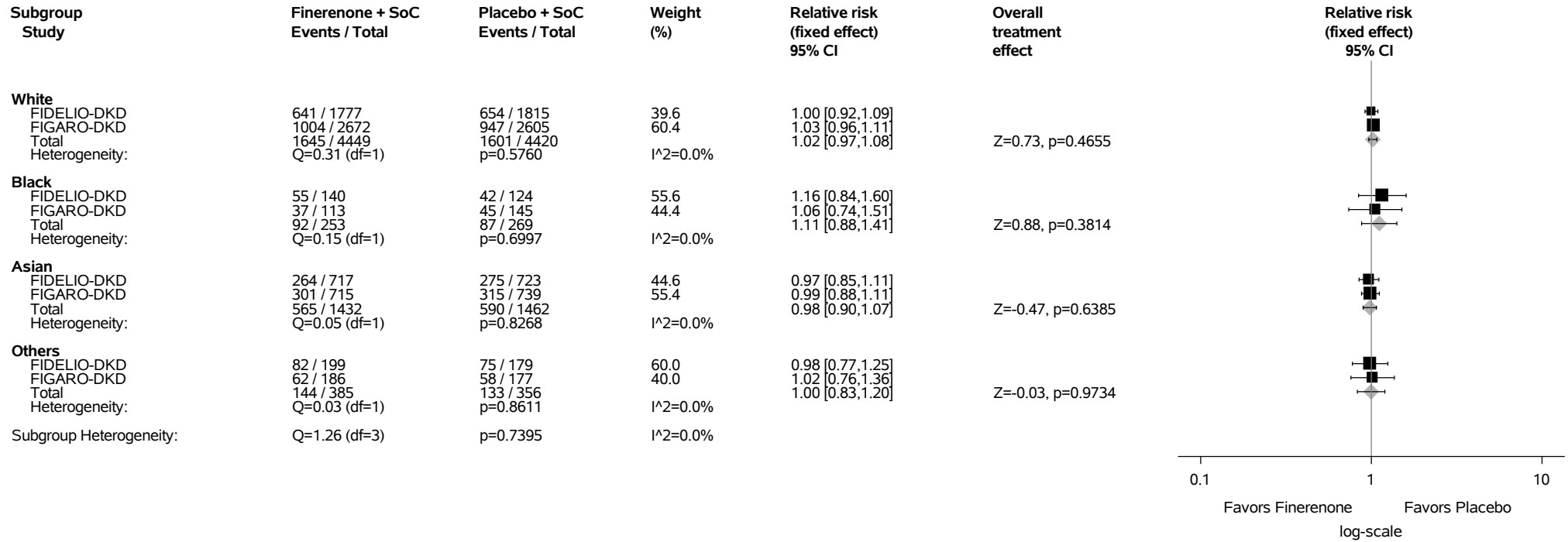
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.5.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

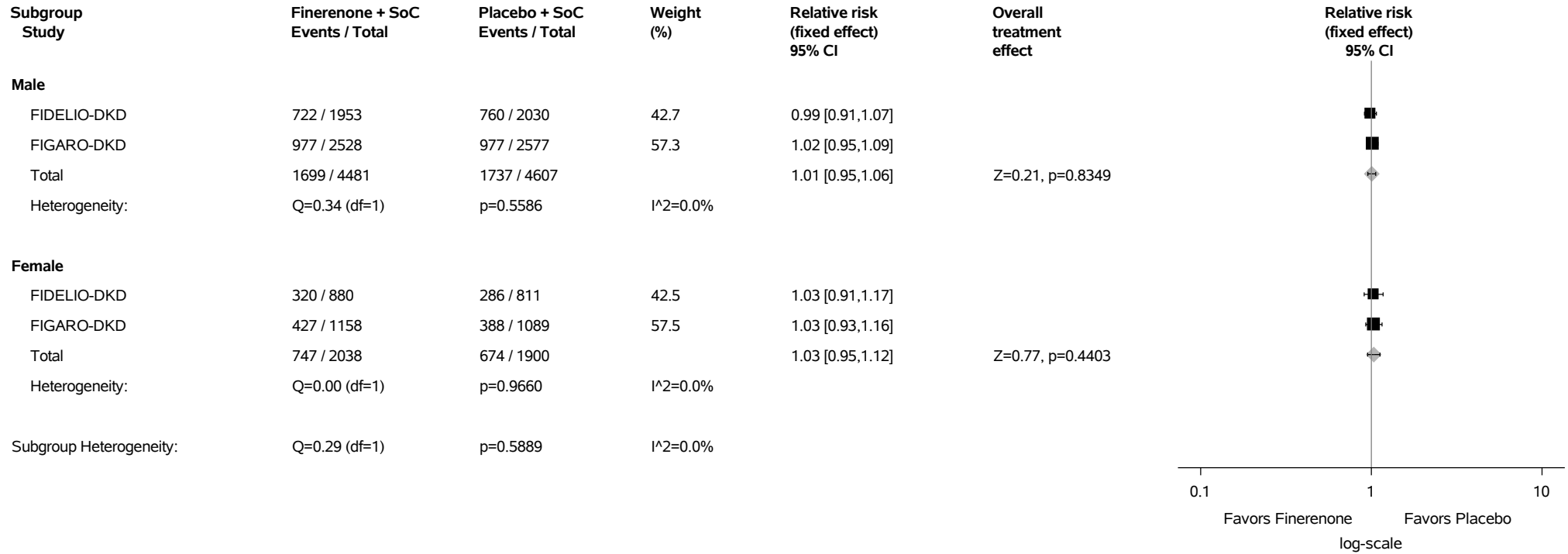
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.5.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

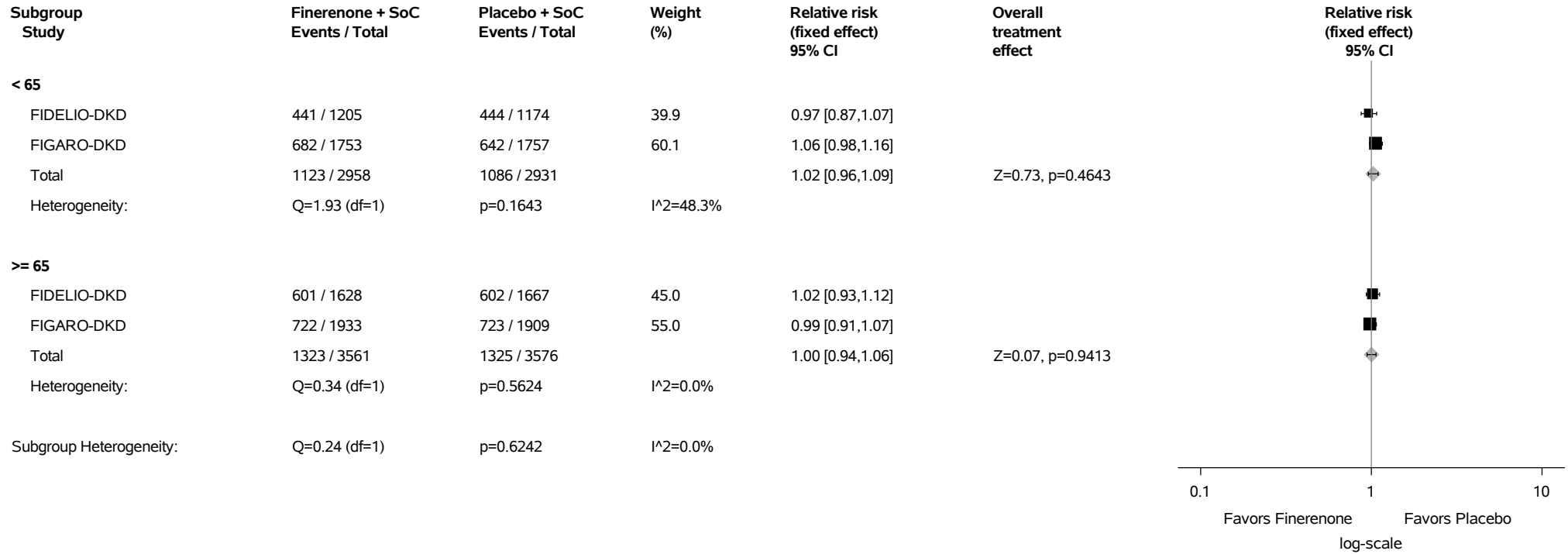
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.5.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

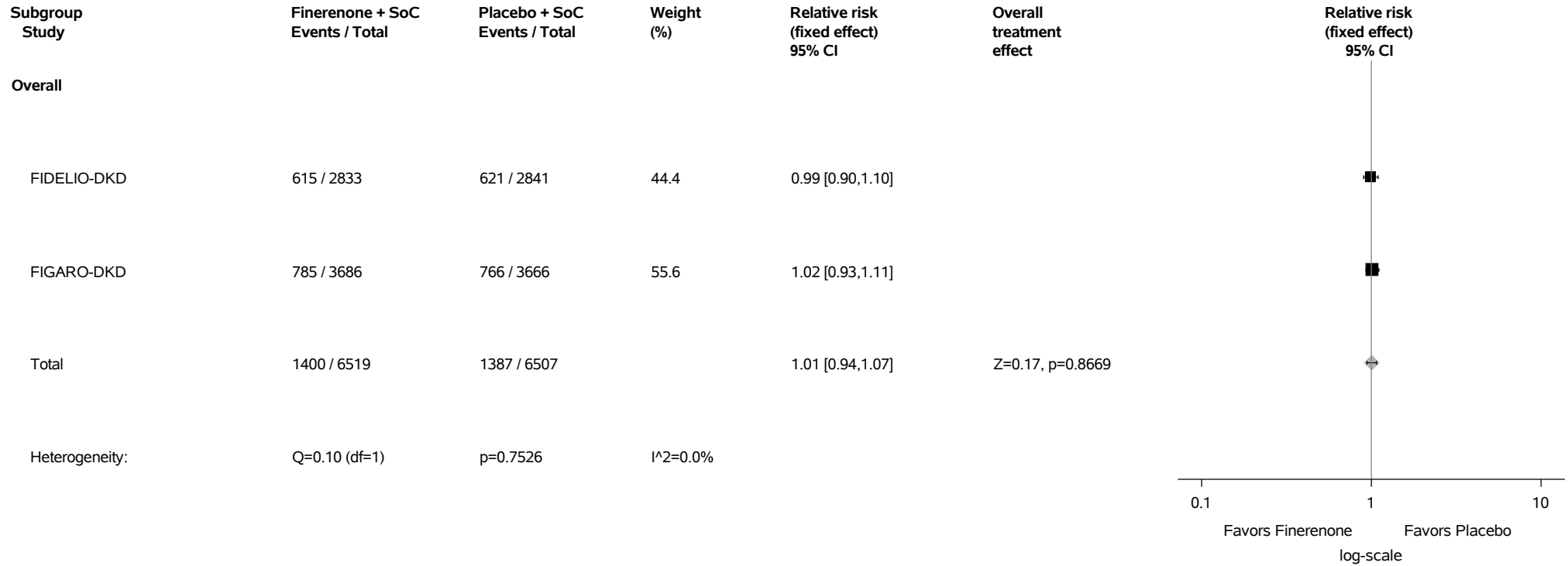
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 Full Analysis Set



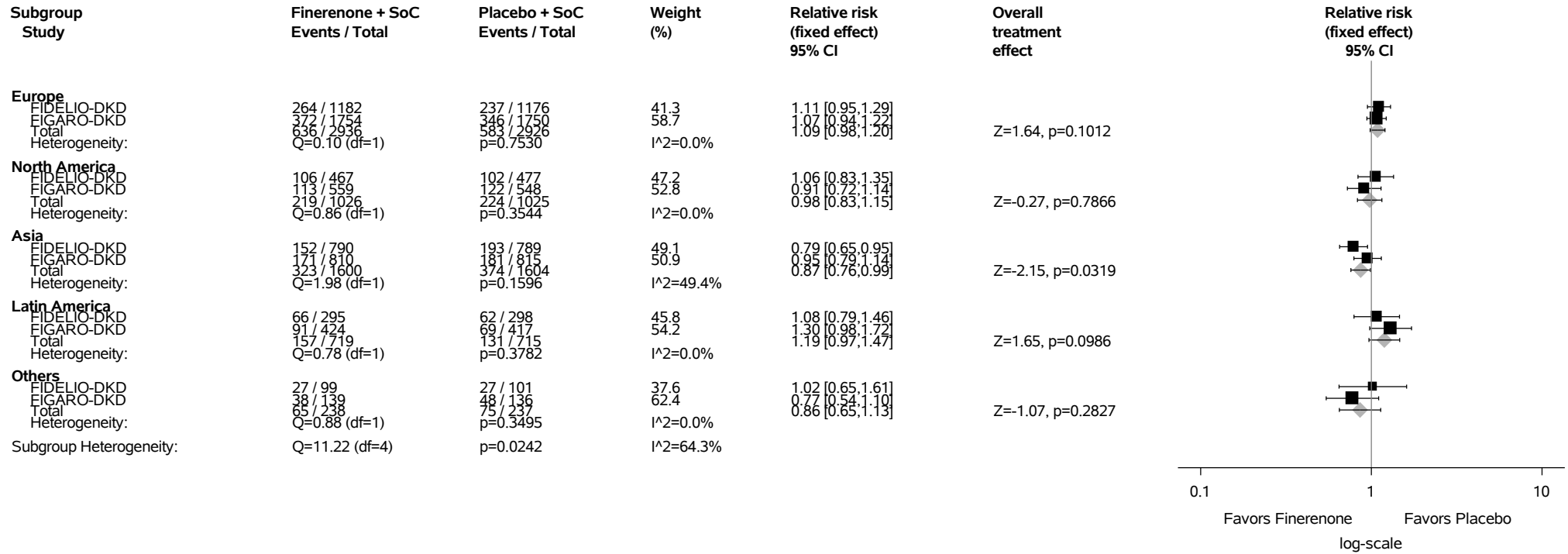
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.6.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

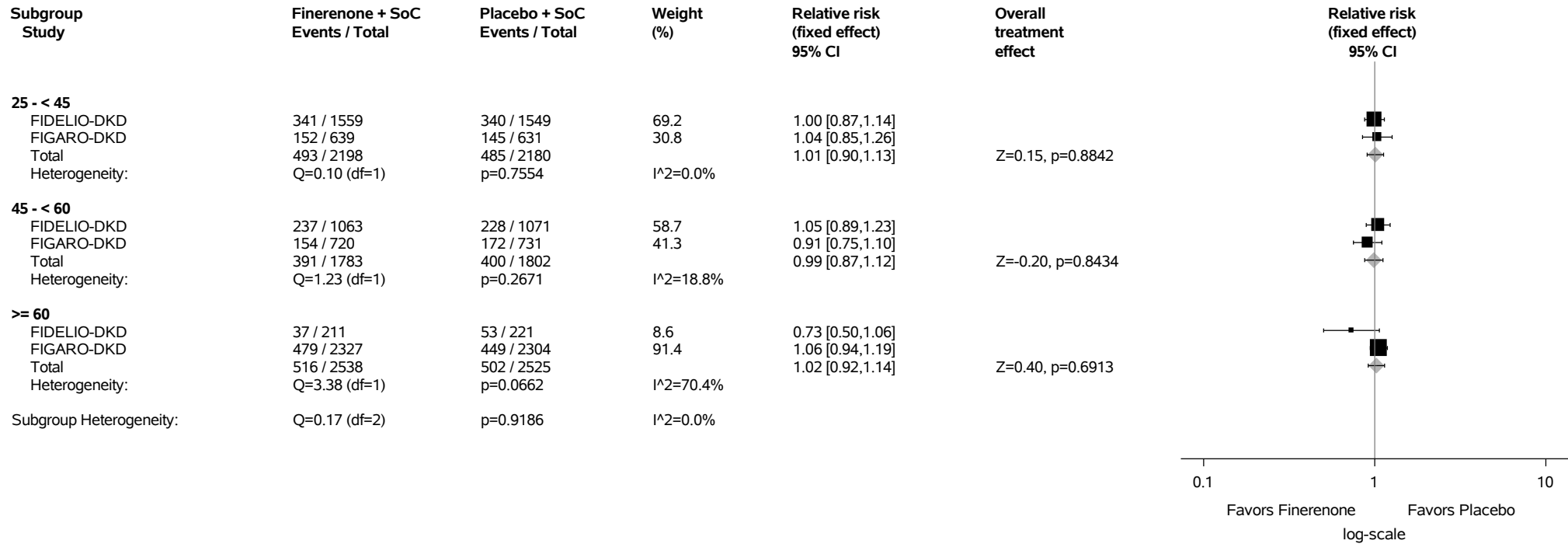
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.6.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

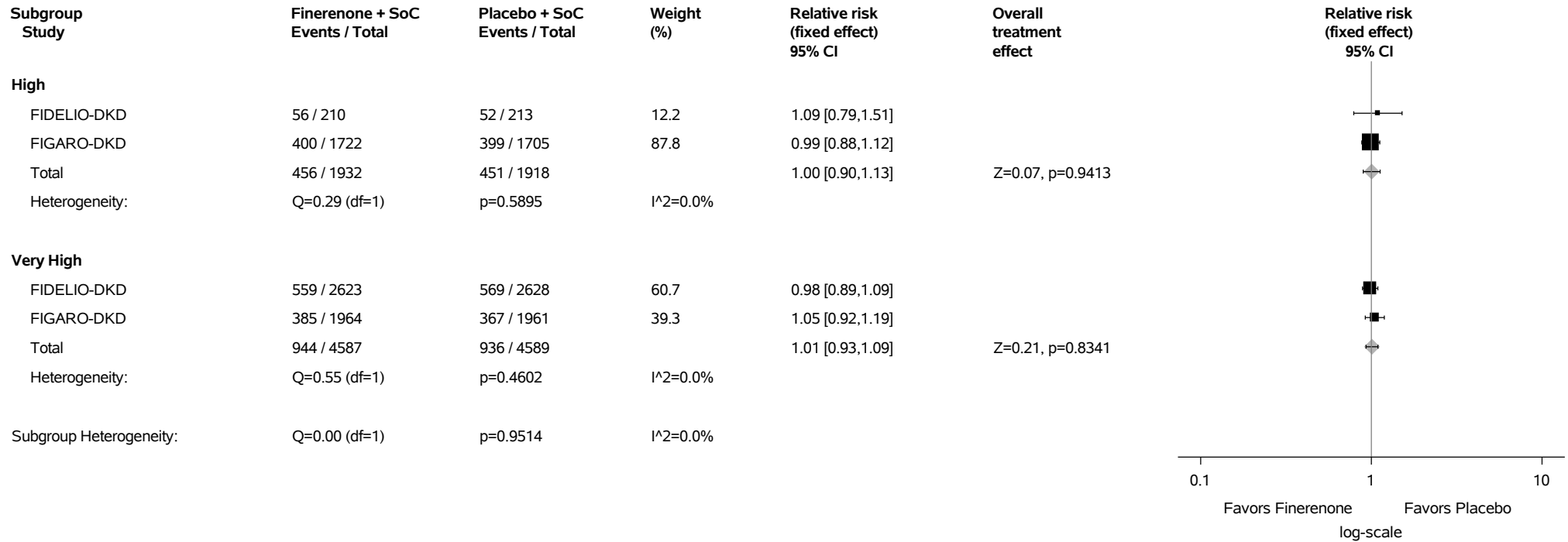
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.6.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

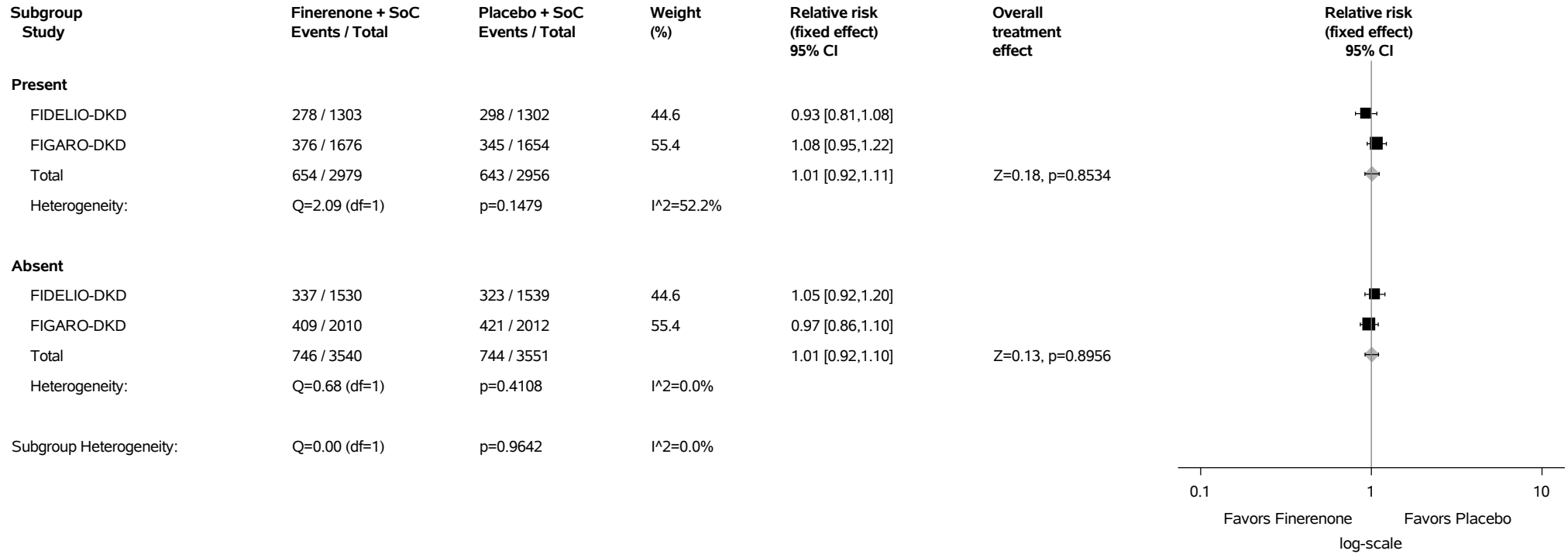
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.6.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

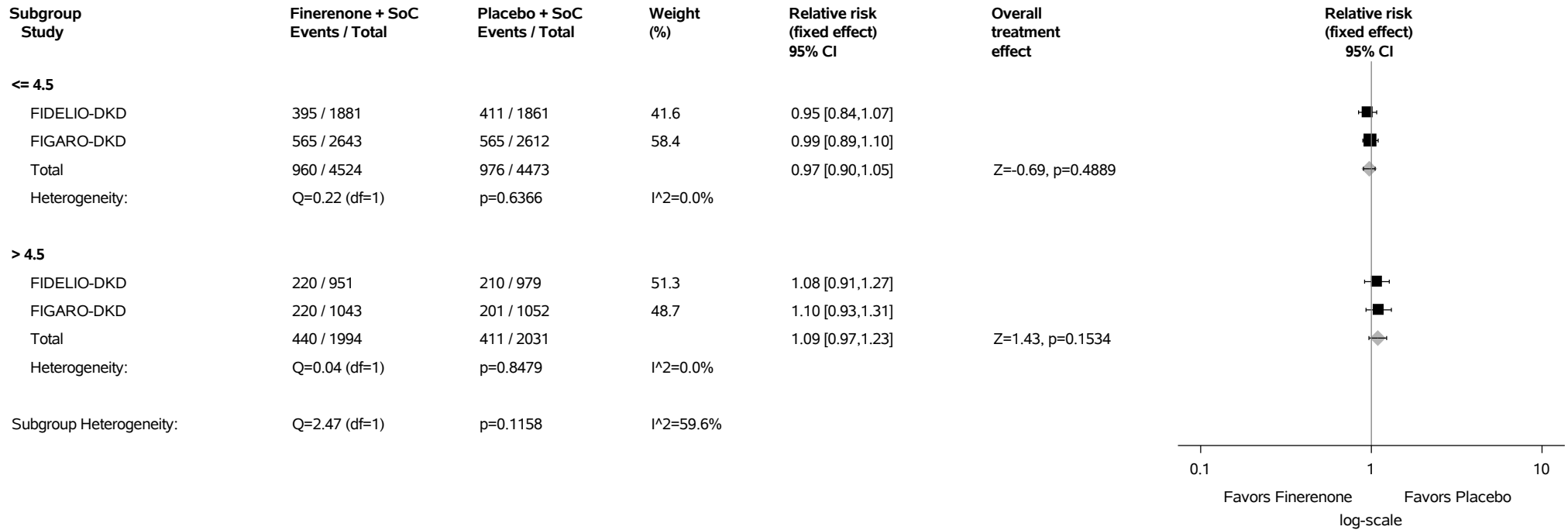
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.6.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

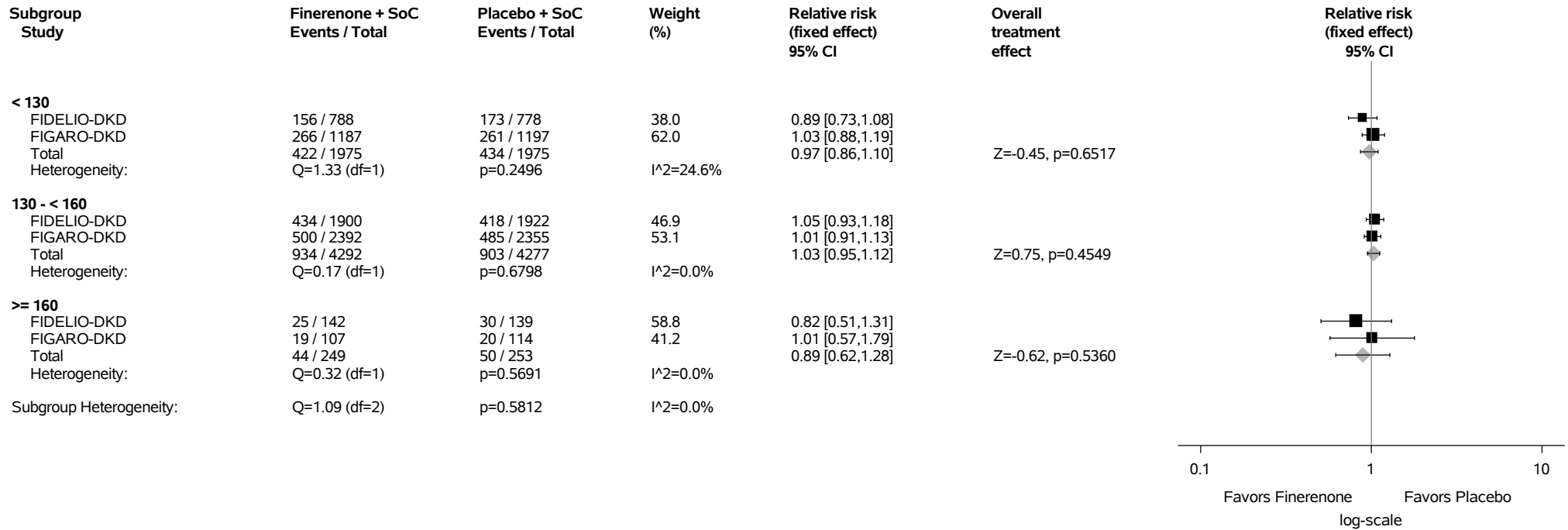
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.6.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

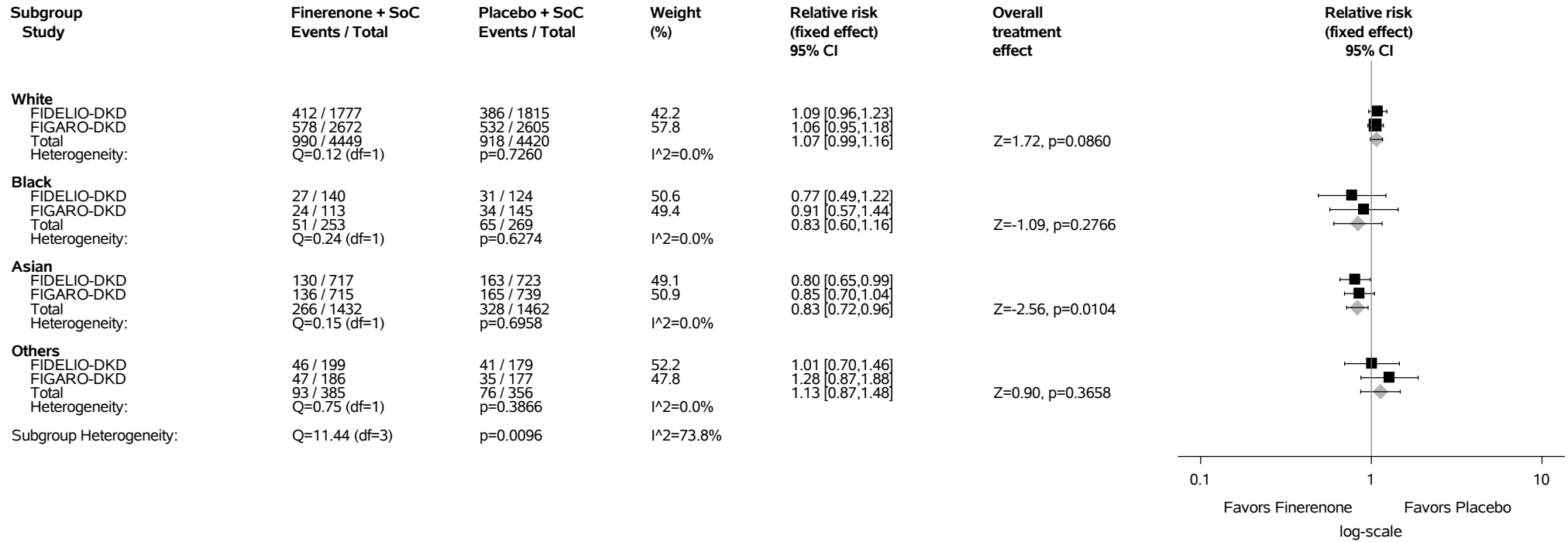
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.6.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

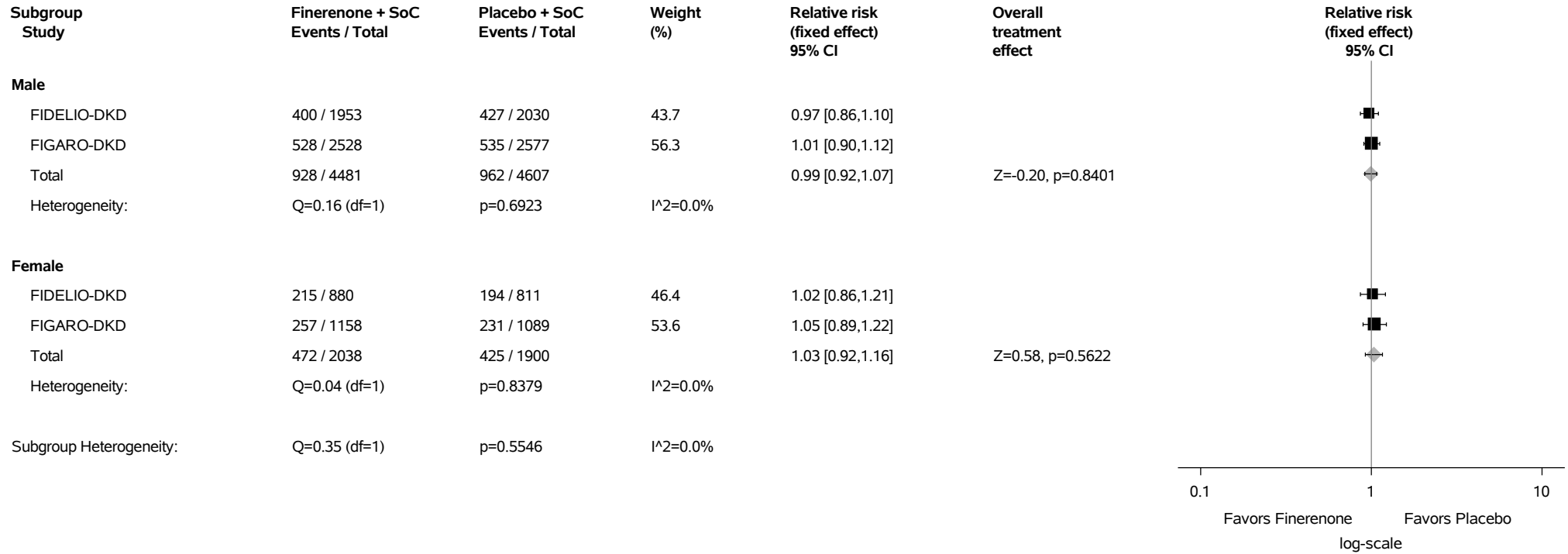
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.6.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

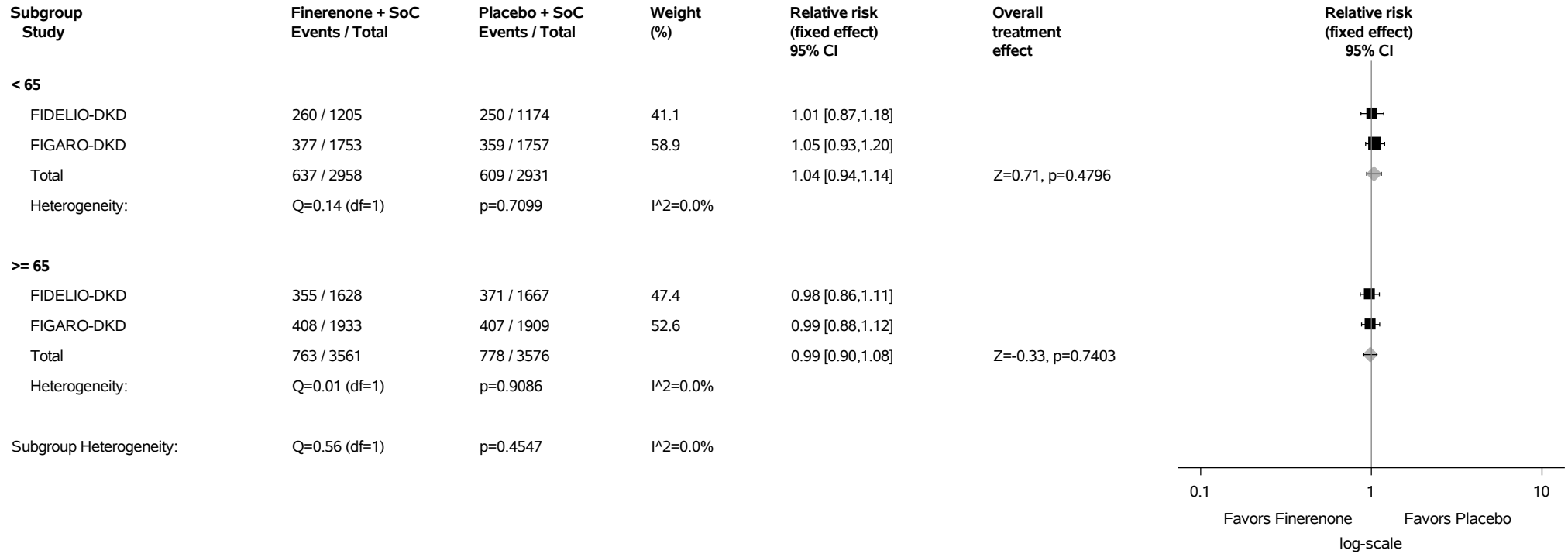
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.6.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

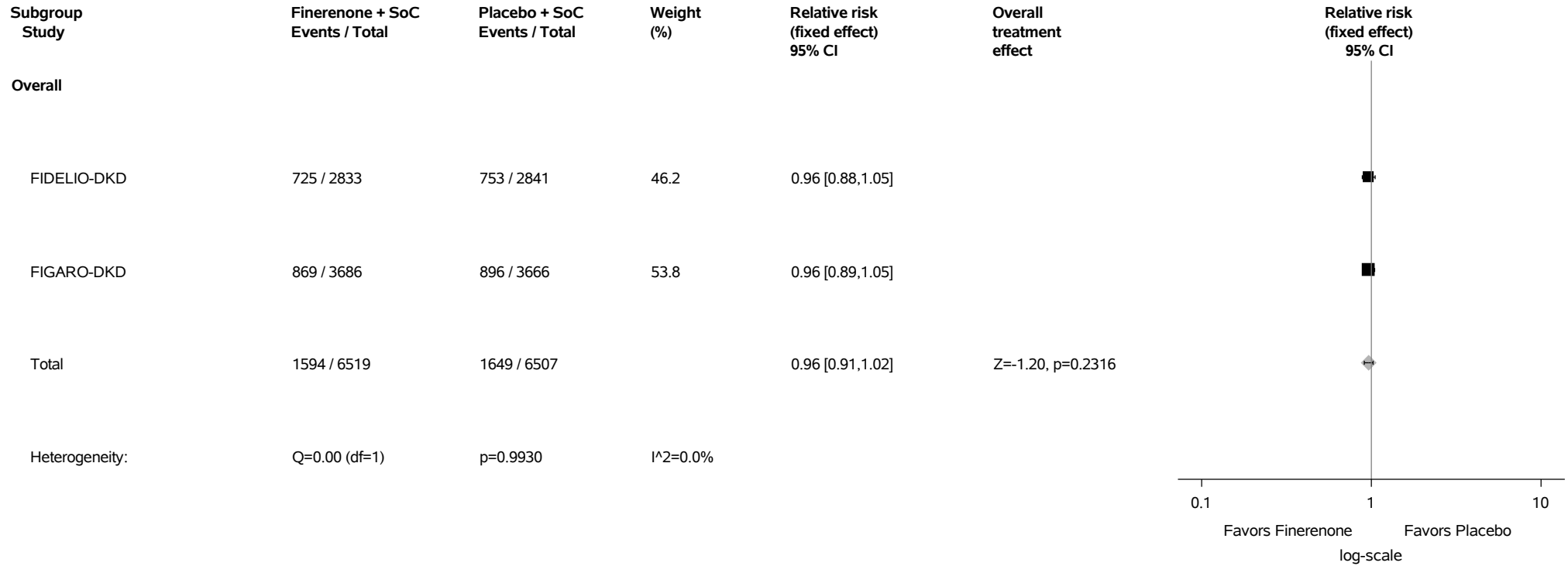
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set



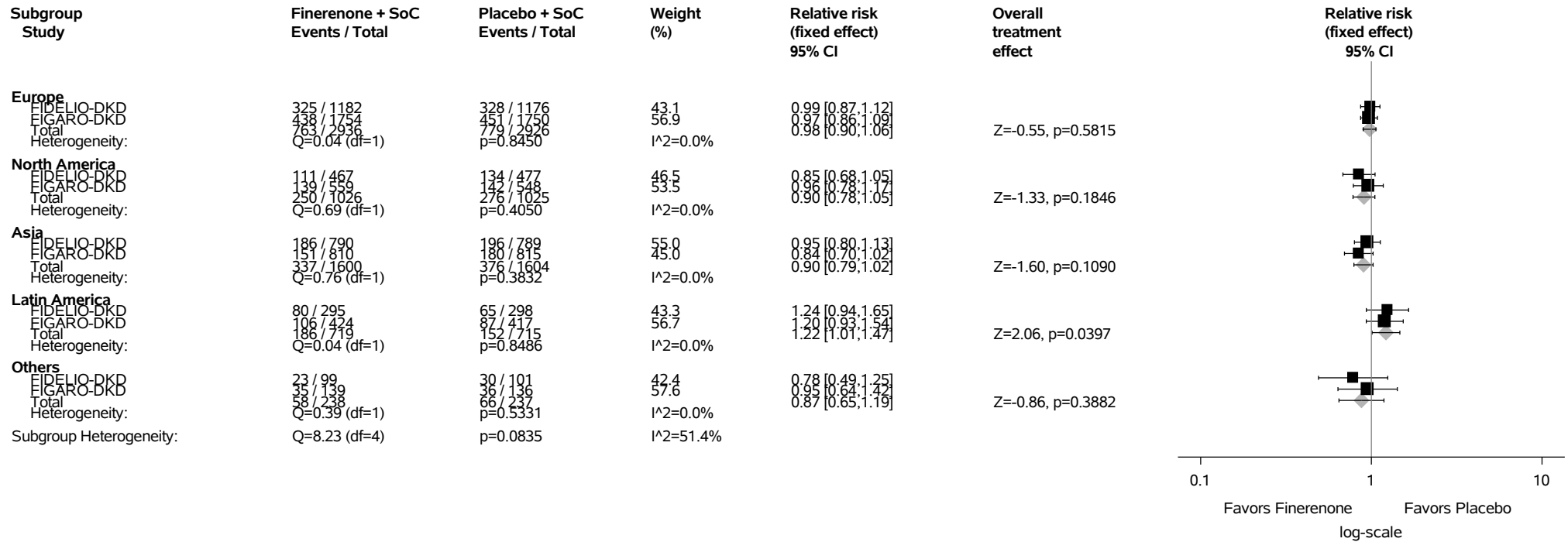
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.7.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

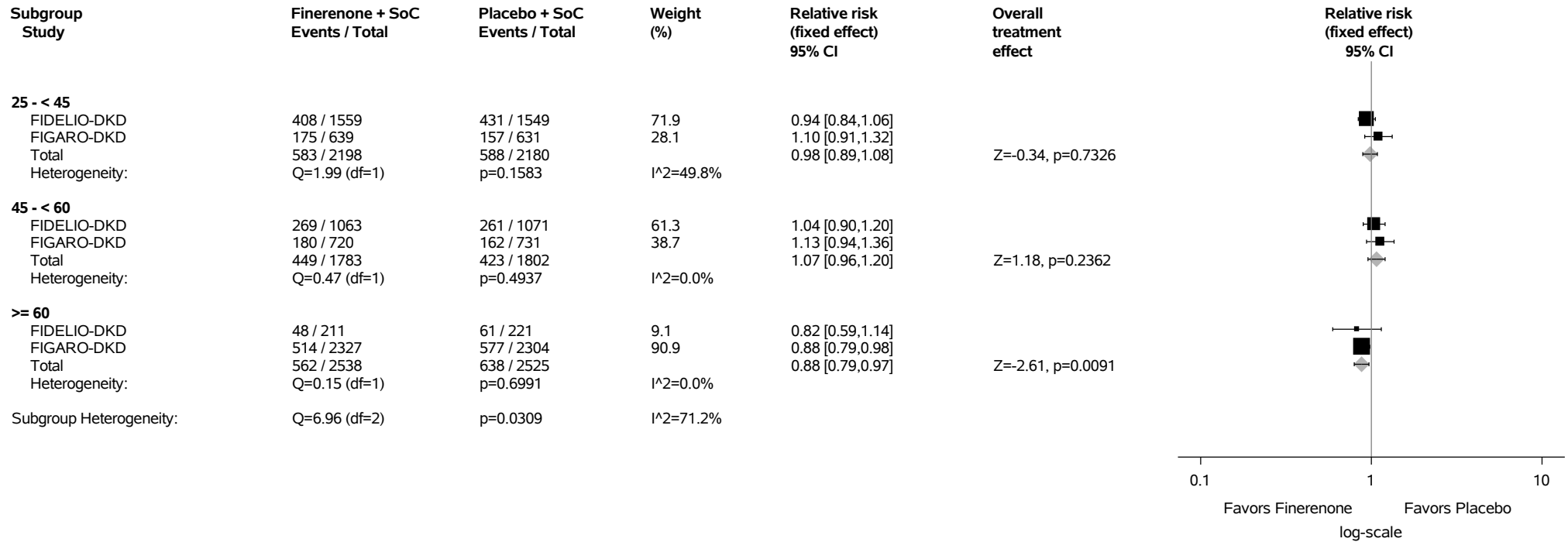
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.7.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

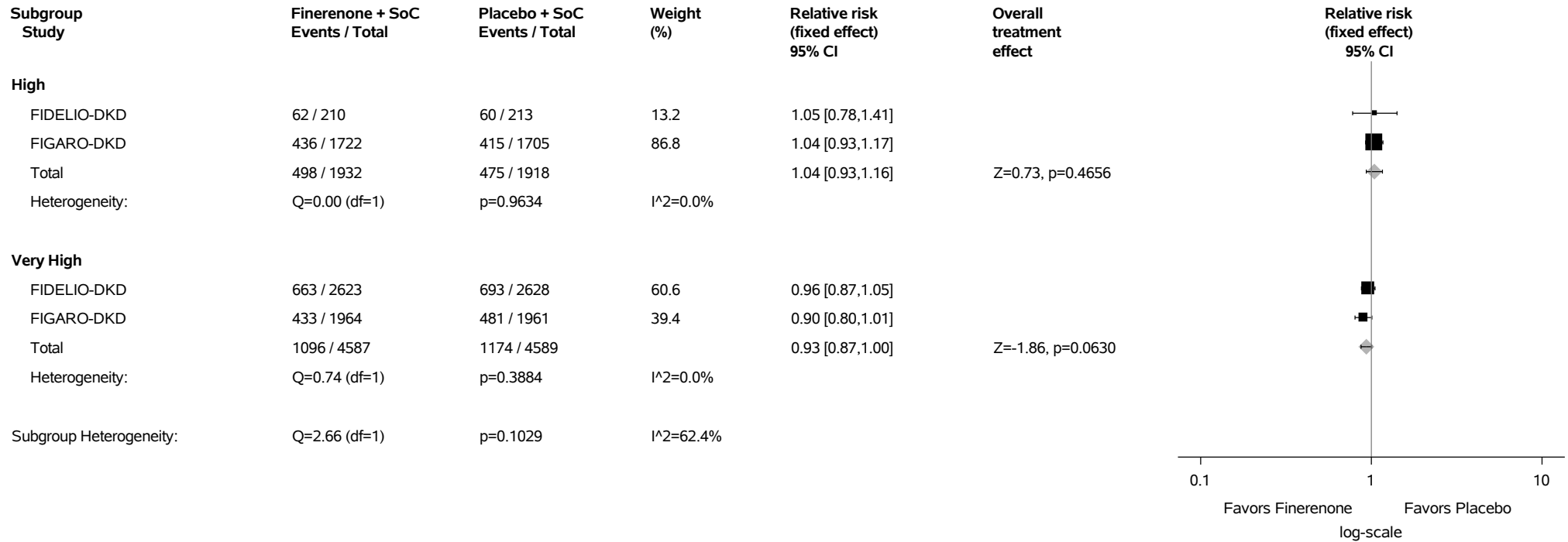
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.7.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

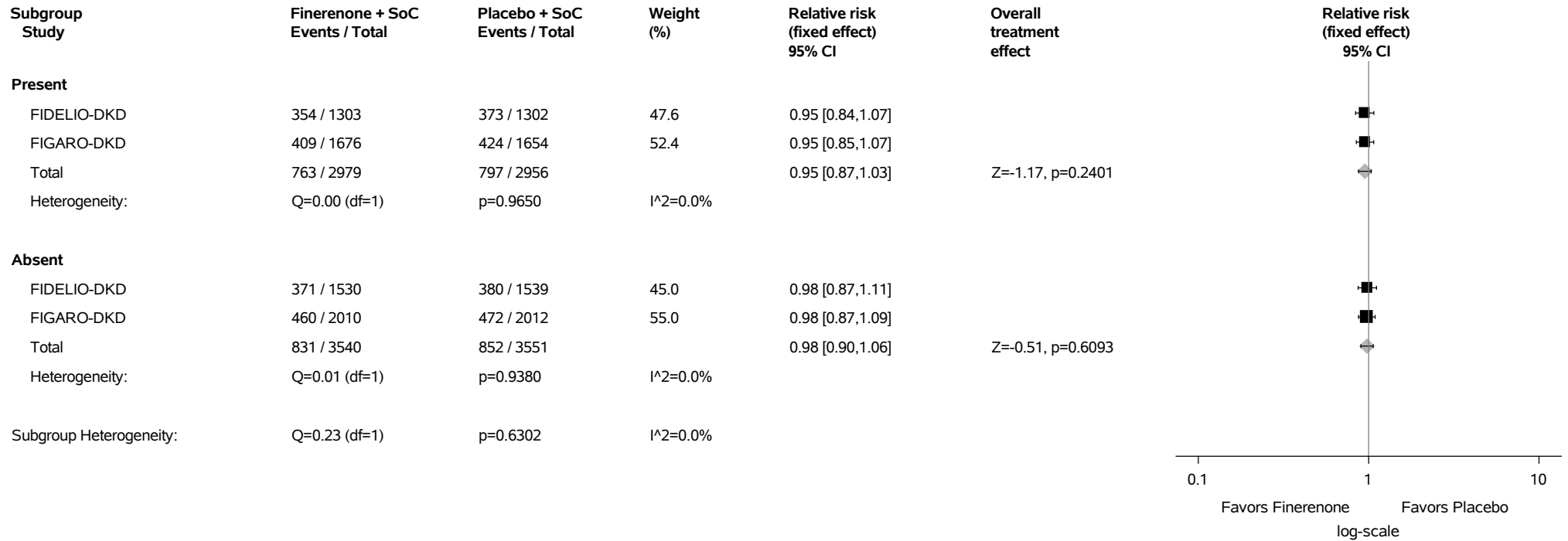
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.7.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

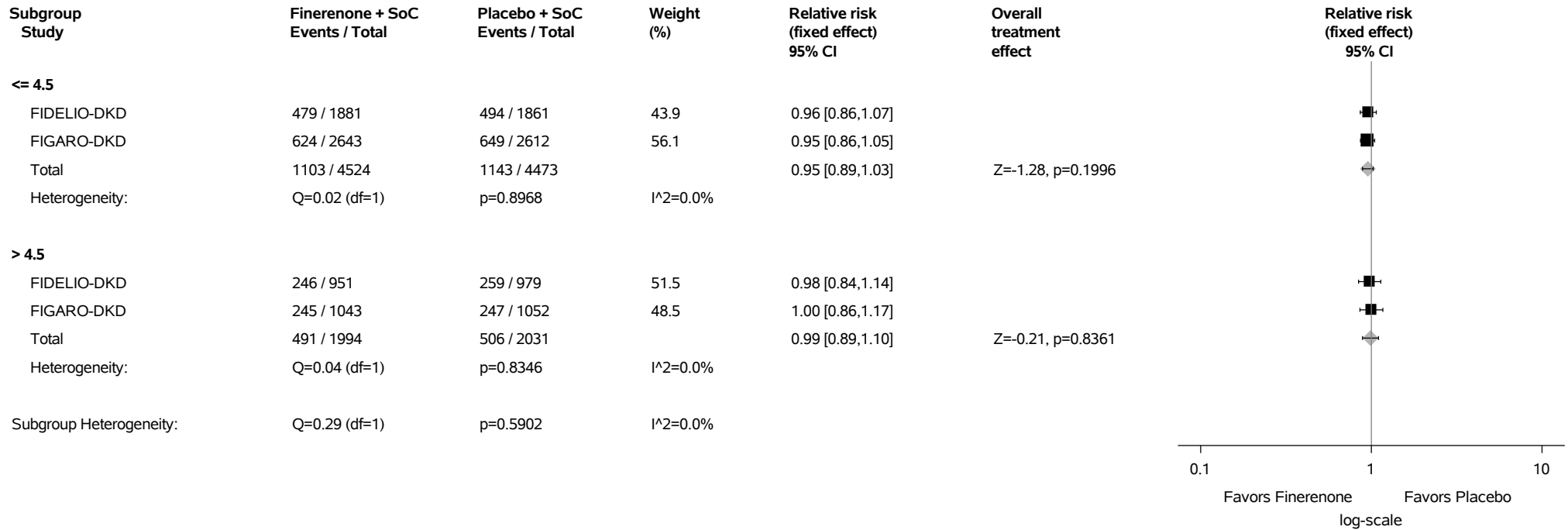
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.7.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

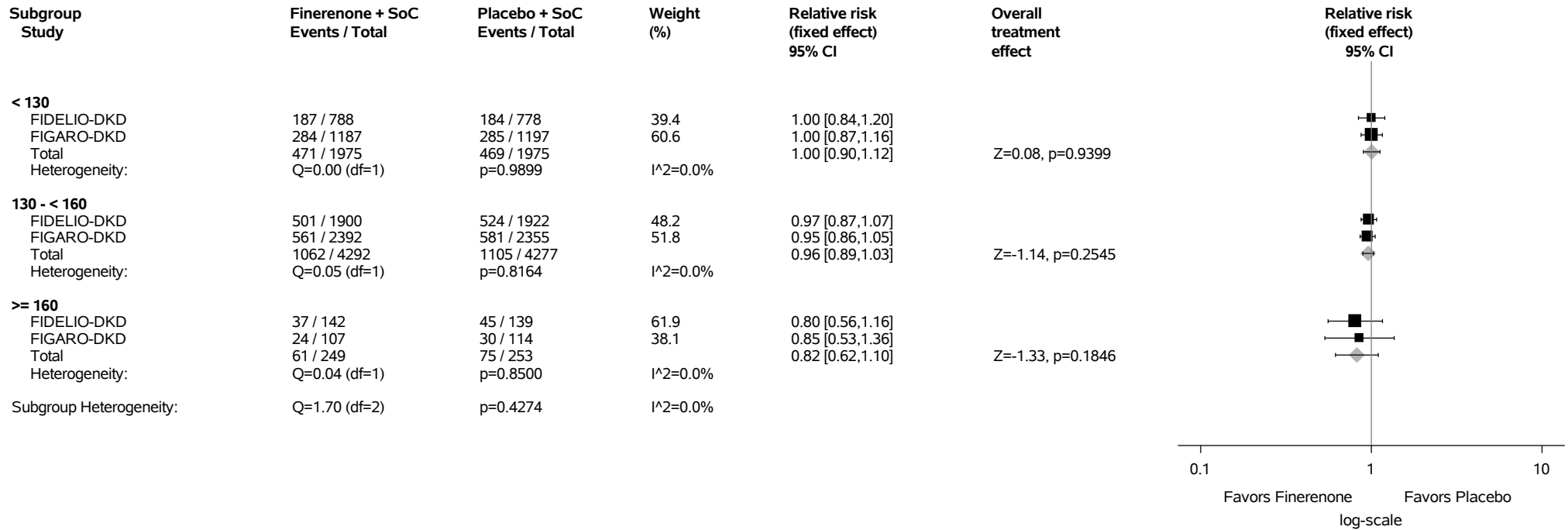
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.7.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

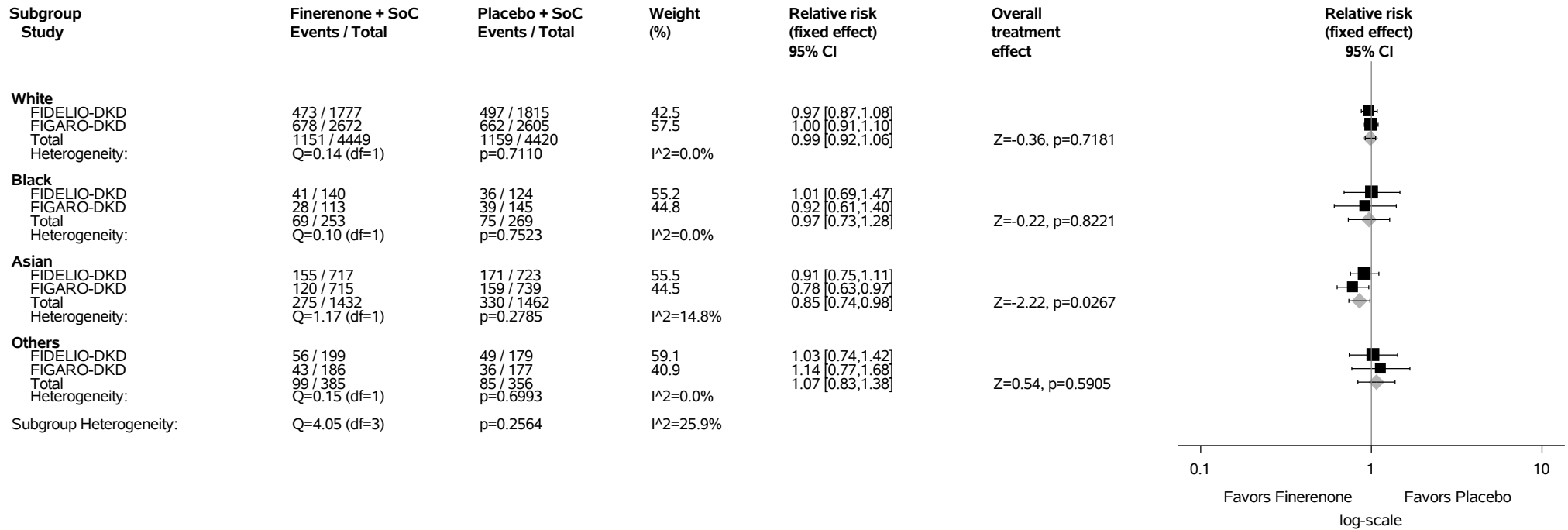
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.7.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

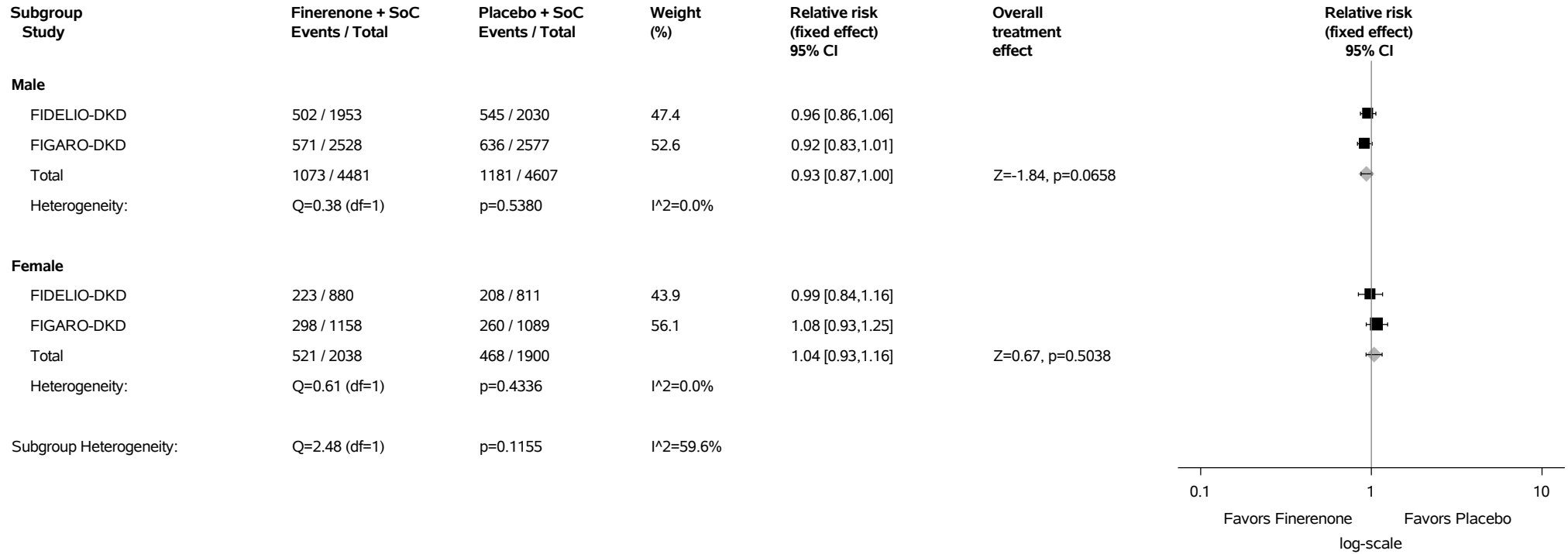
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.7.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

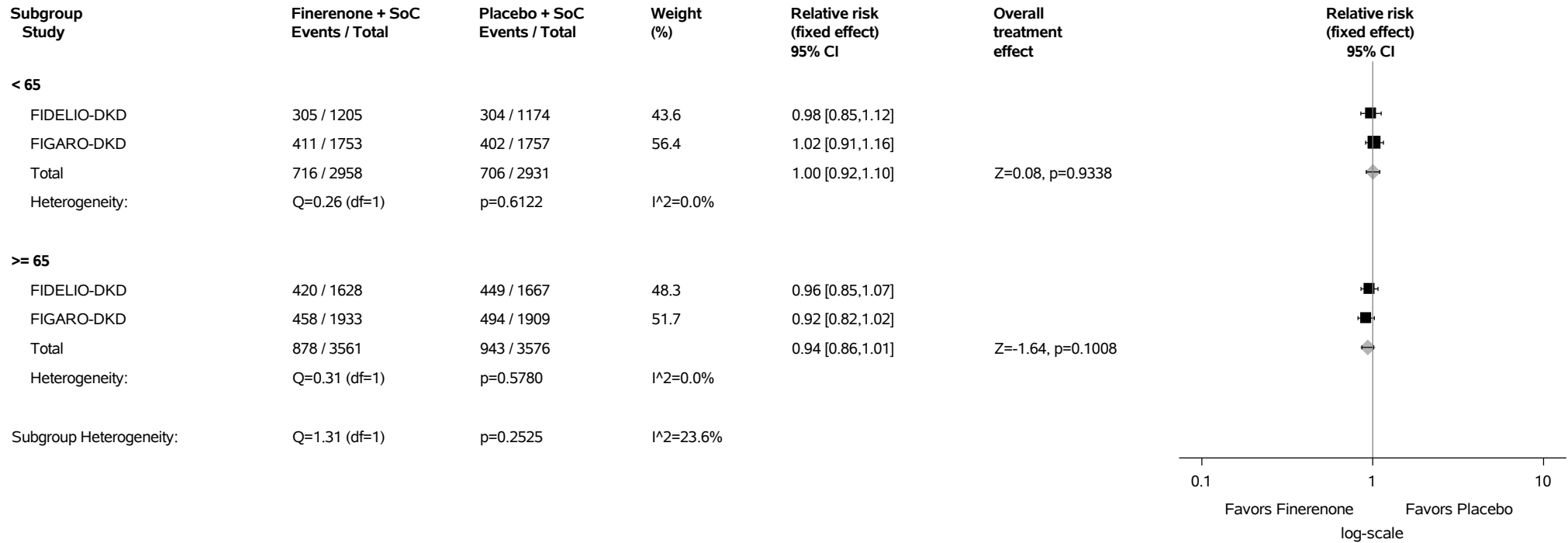
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.7.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

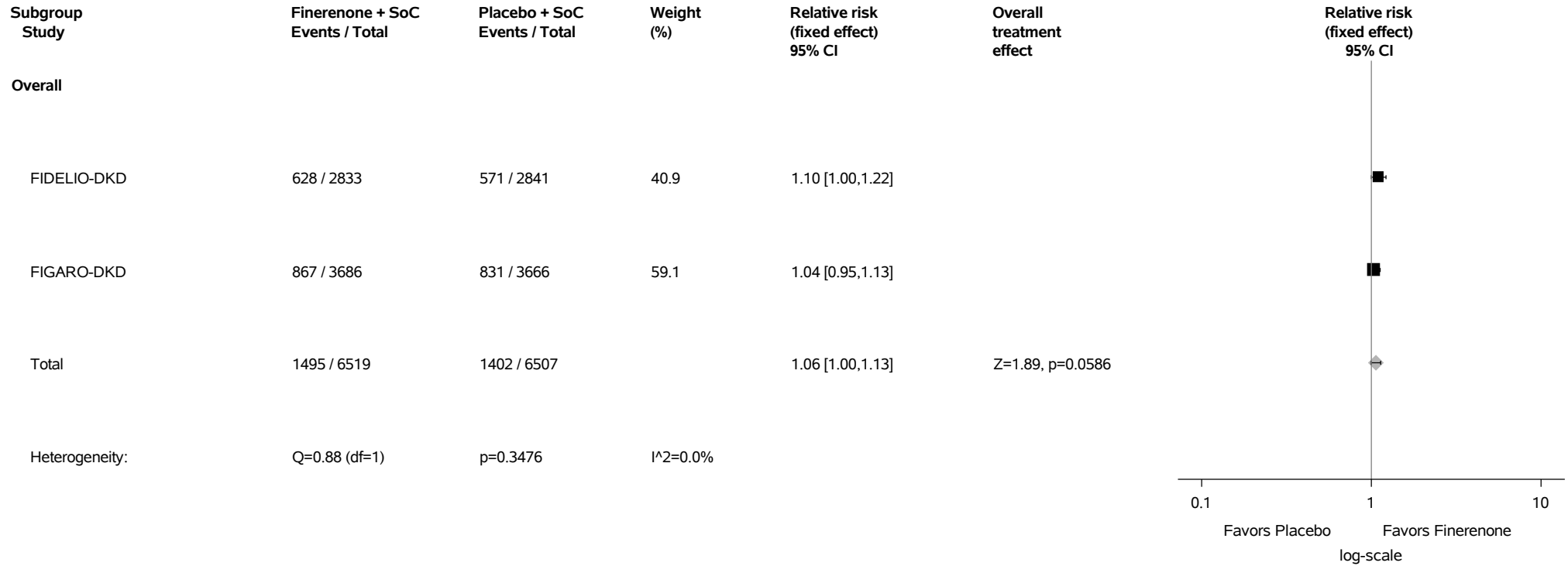
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 Full Analysis Set



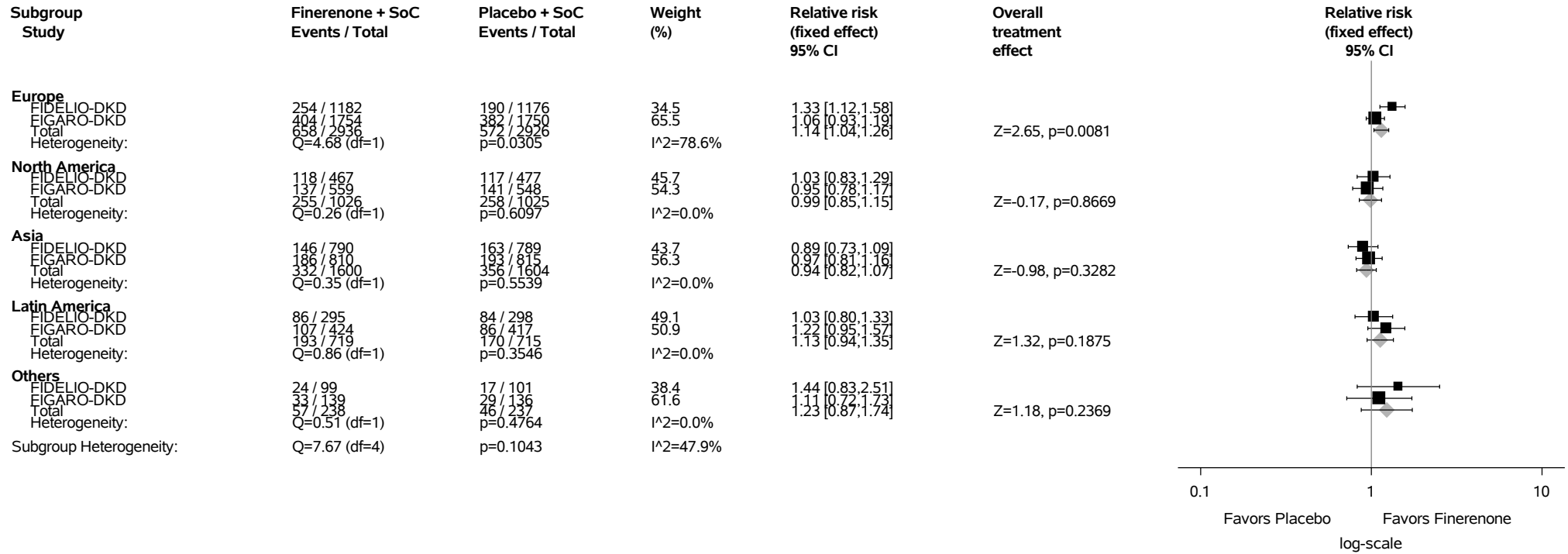
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.8.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

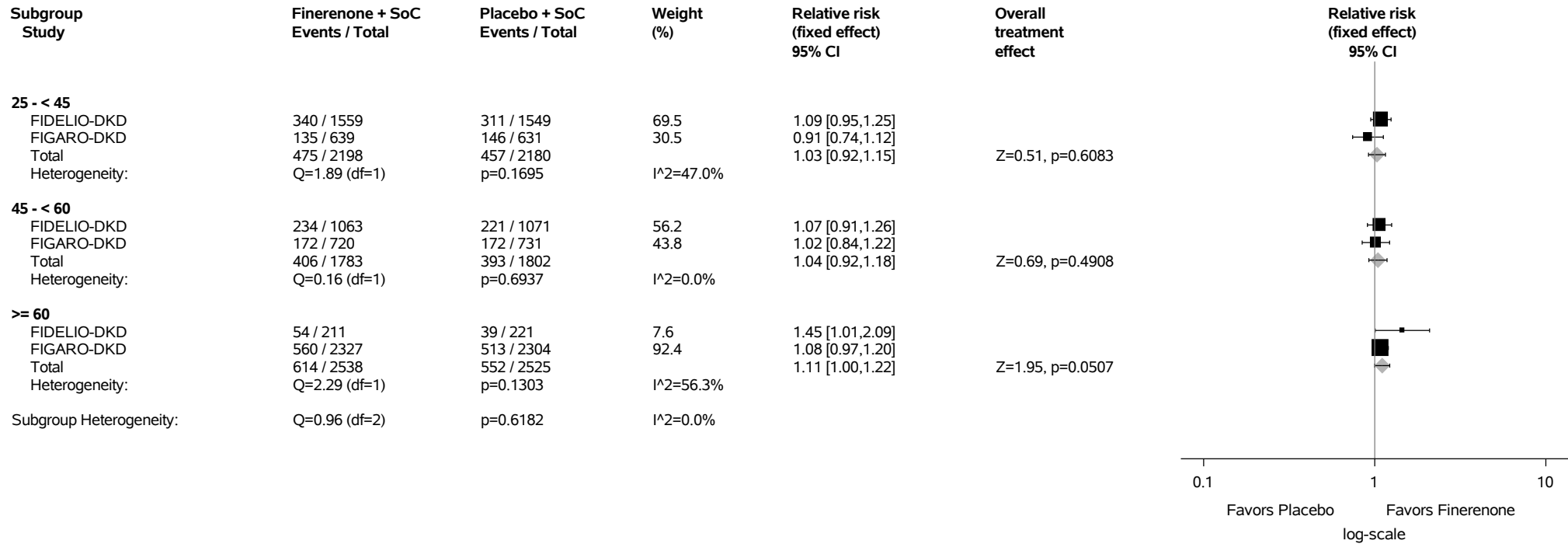
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.8.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

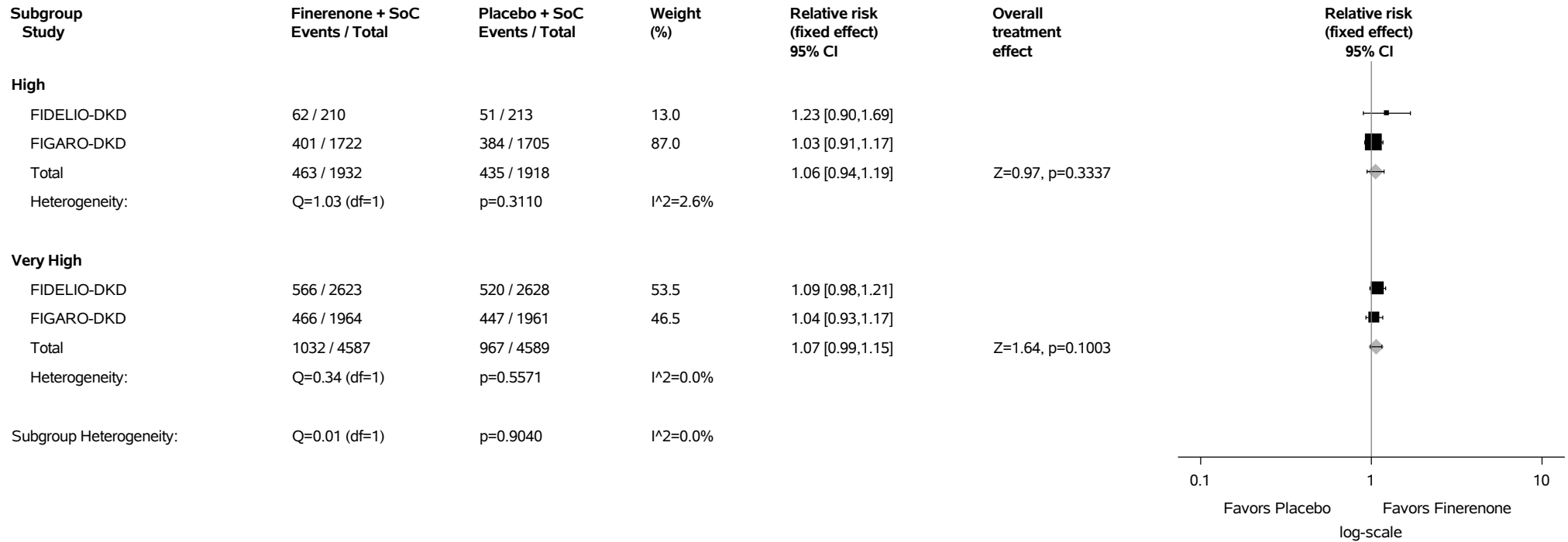
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.8.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

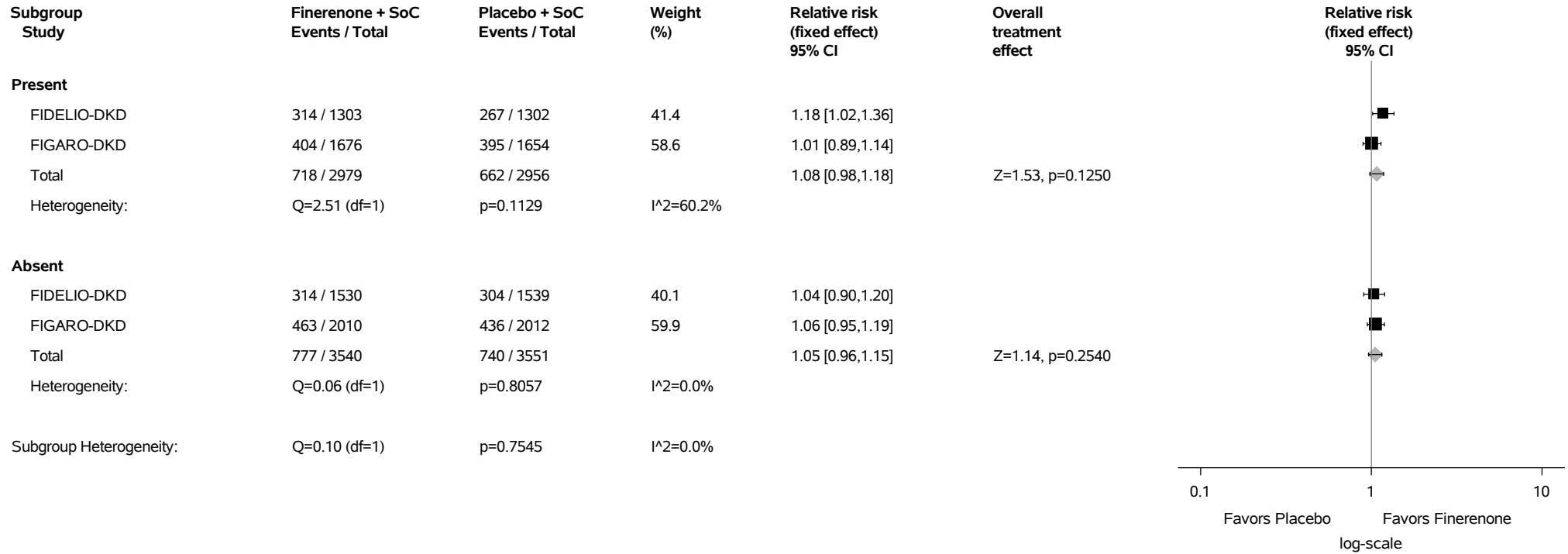
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.8.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

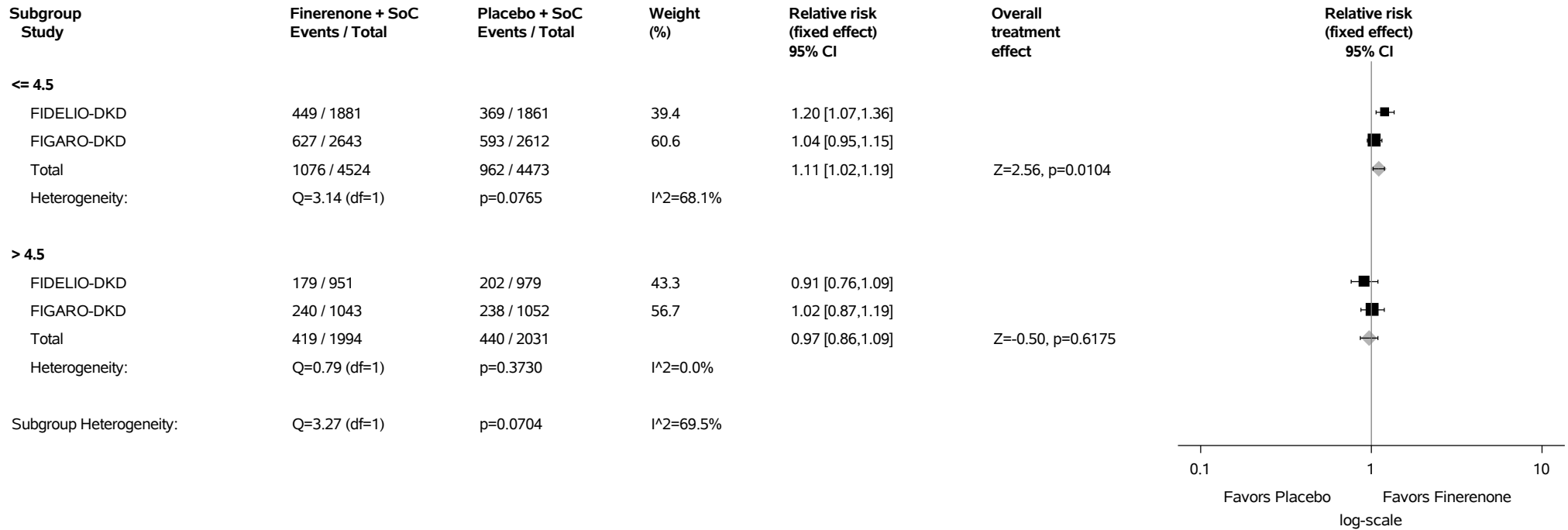
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.8.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

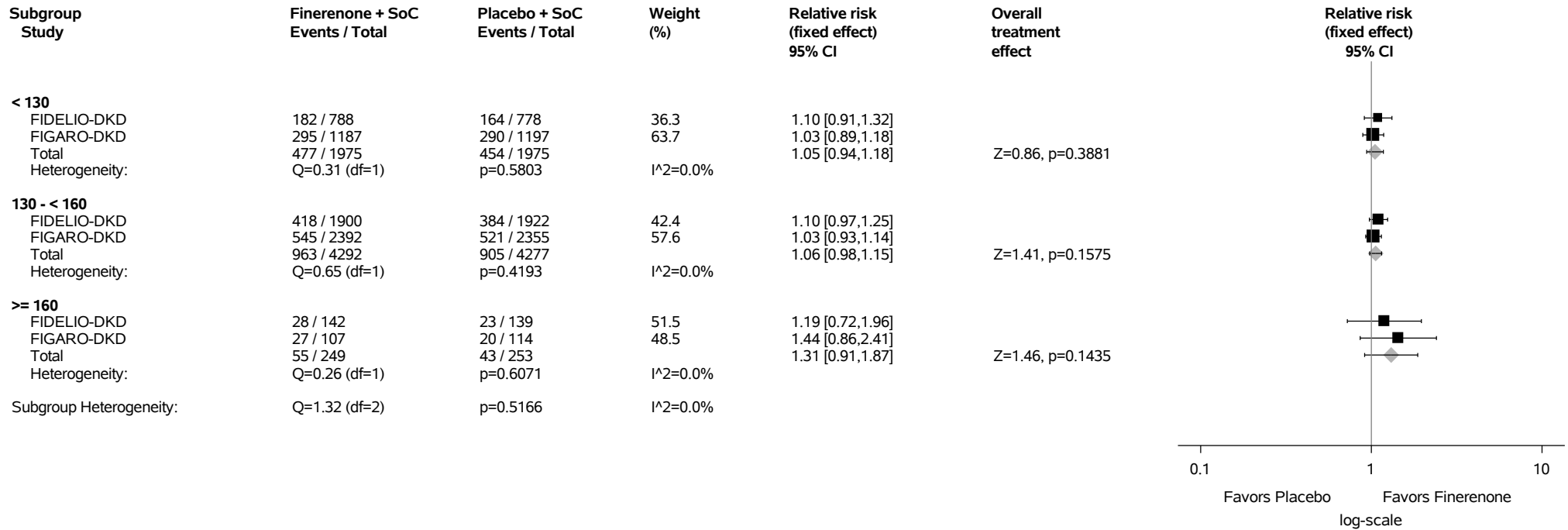
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.8.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

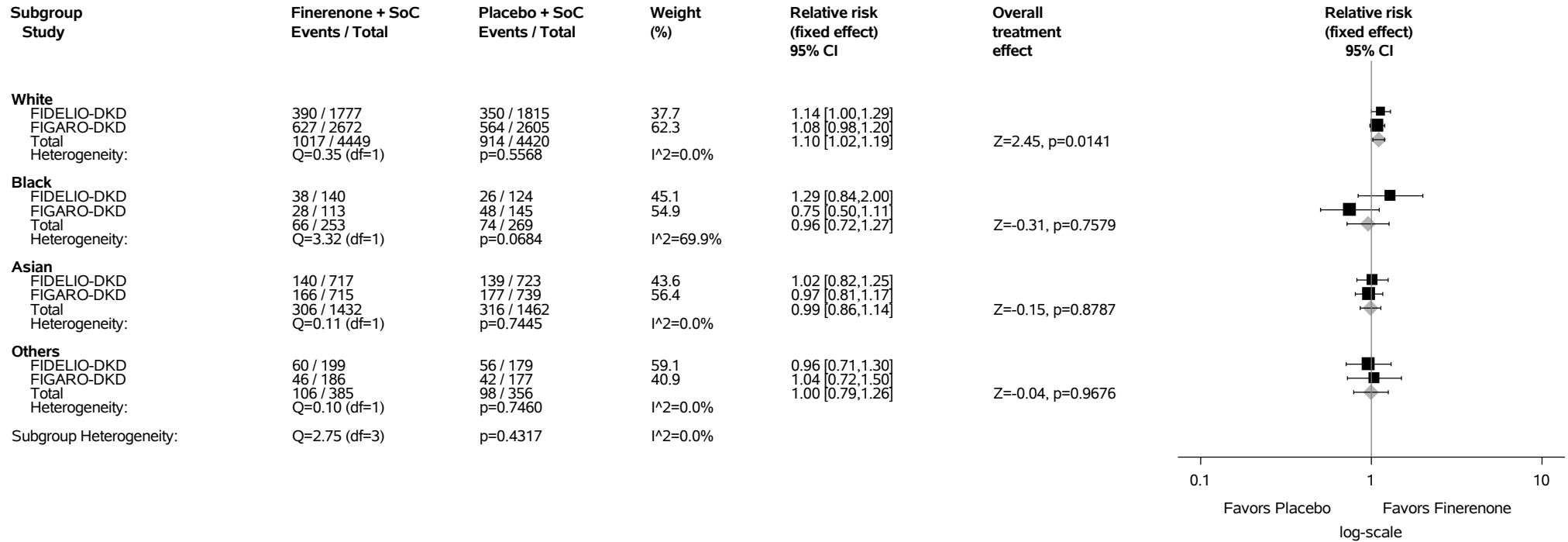
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.8.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

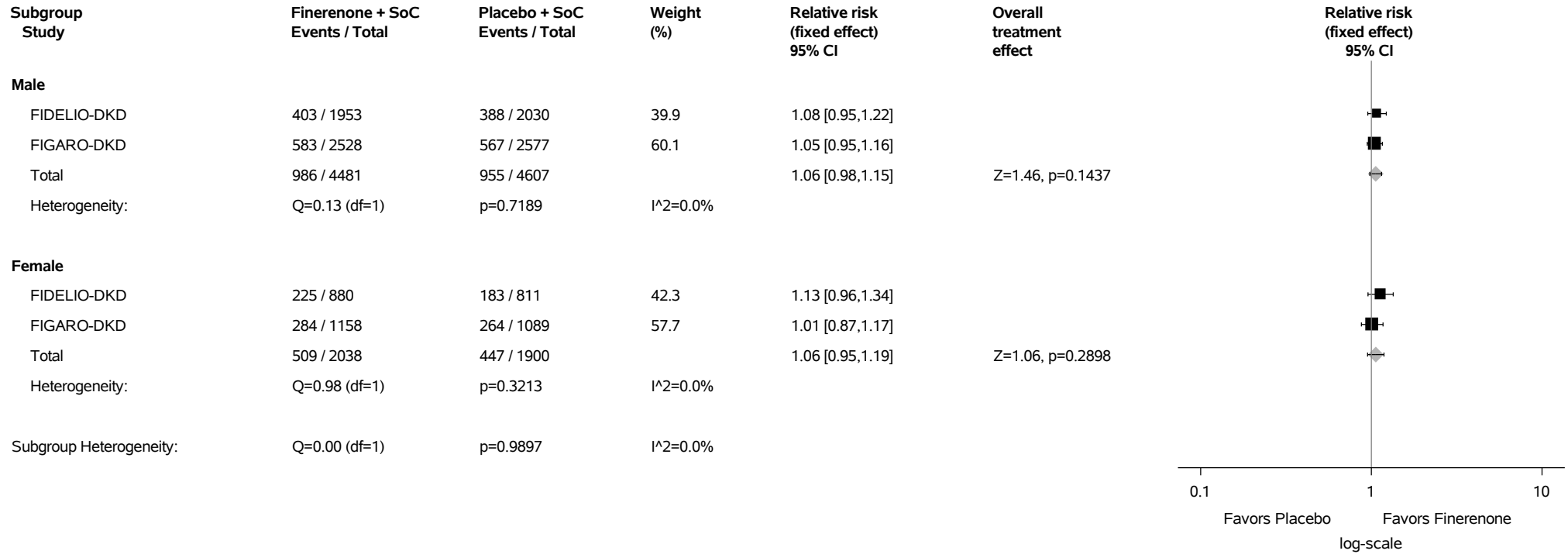
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.8.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

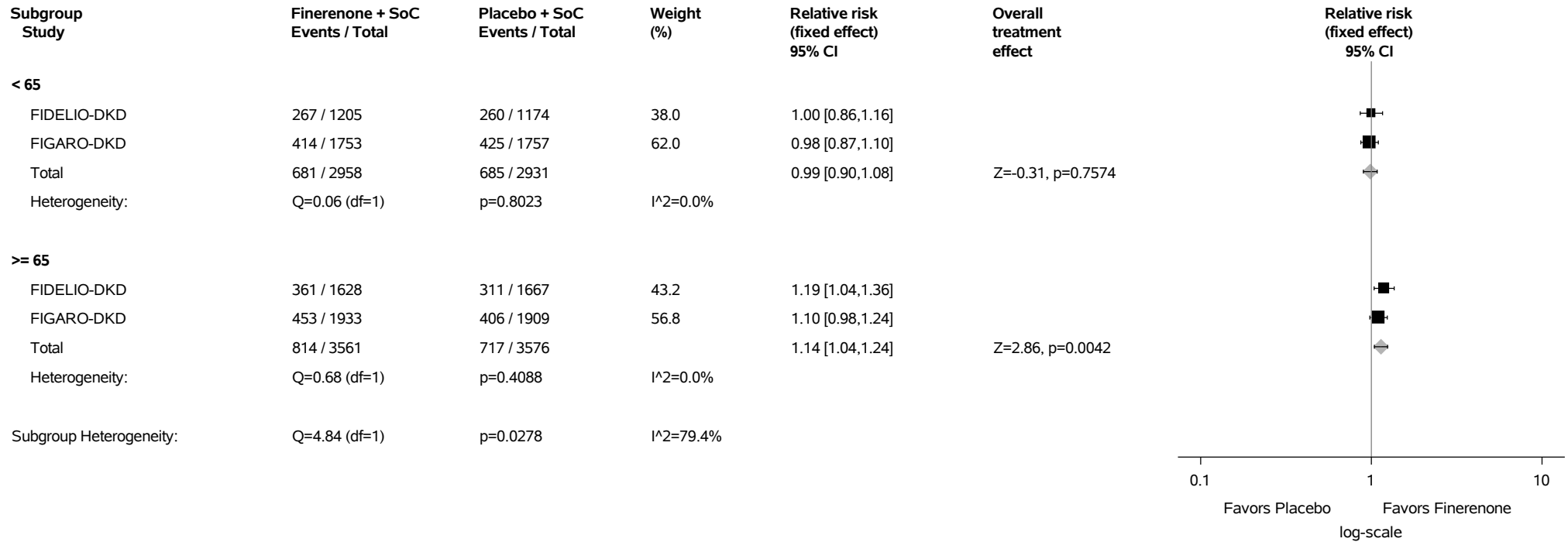
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.8.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years)
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

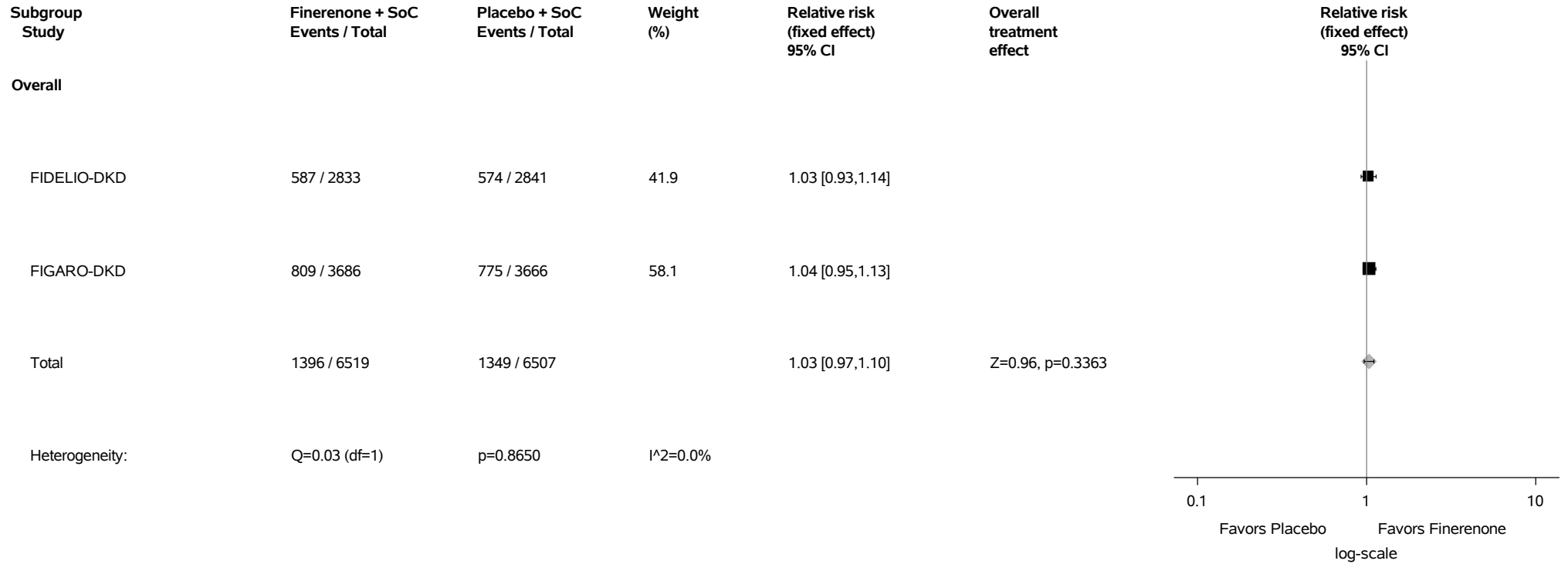
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 Full Analysis Set



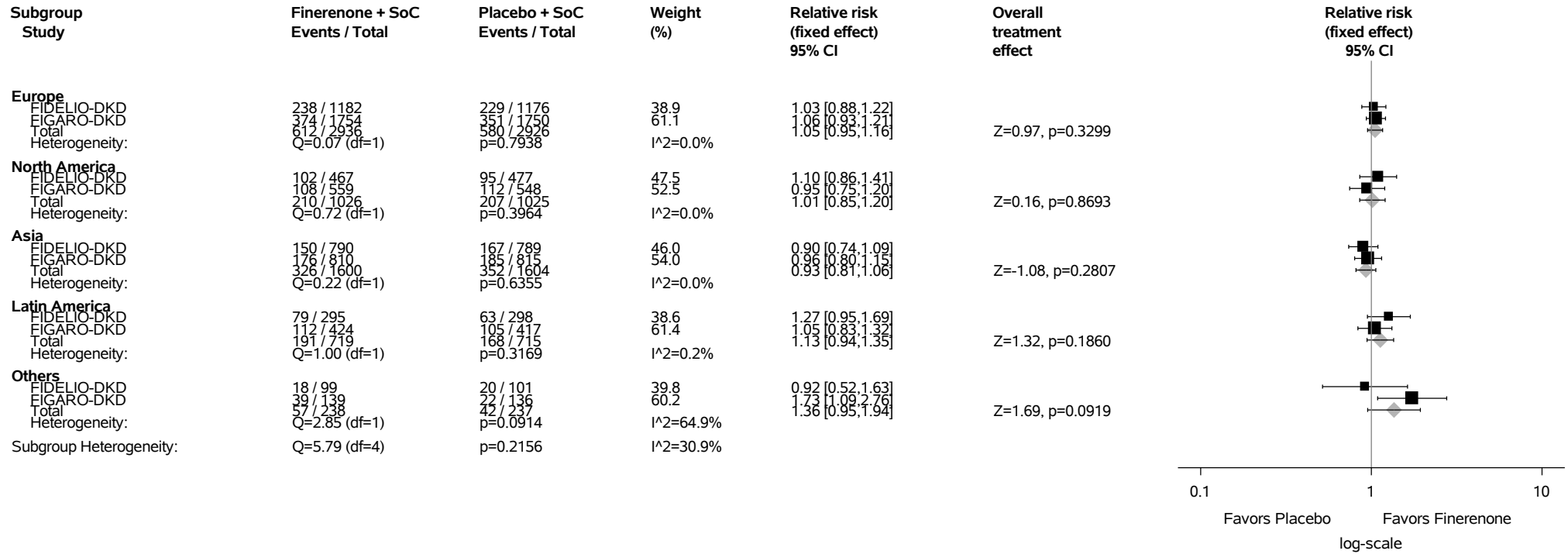
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.9.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

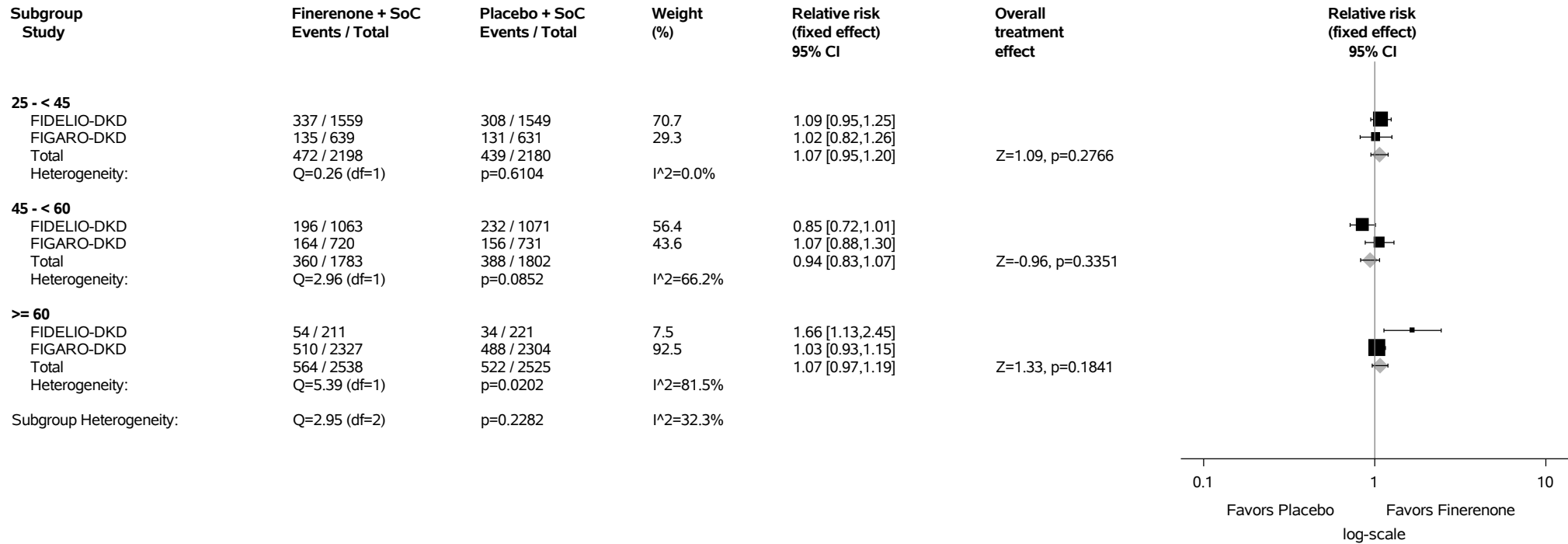
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.9.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

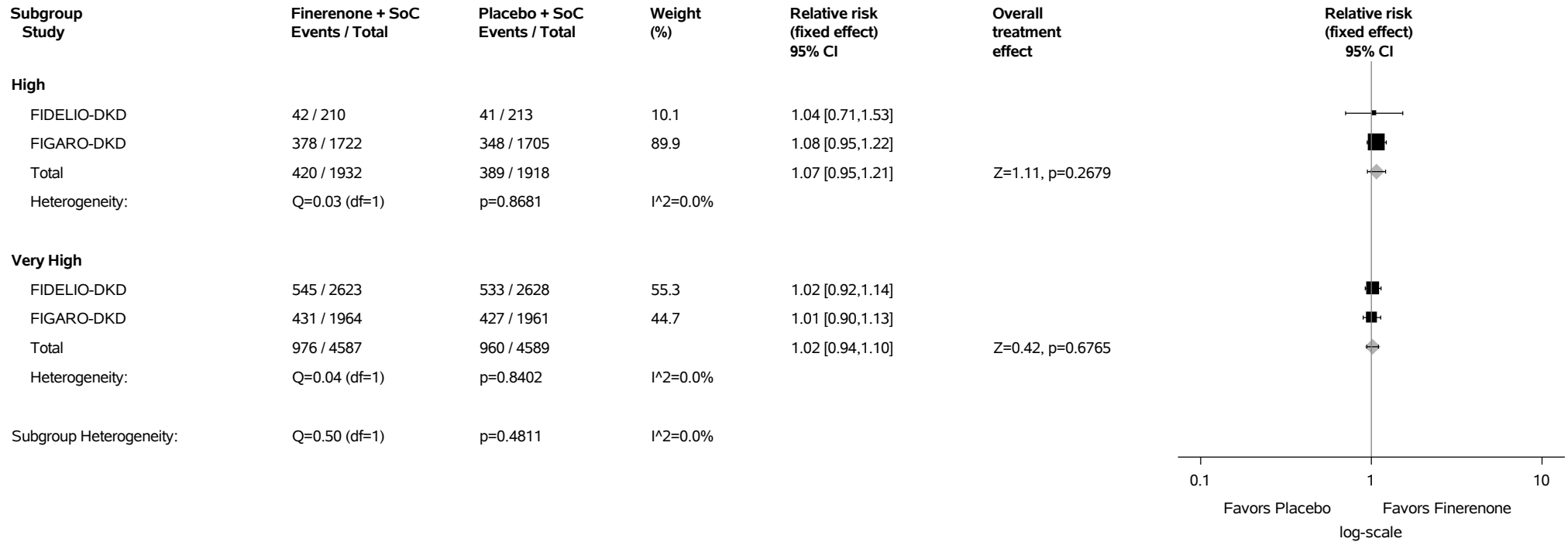
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.9.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

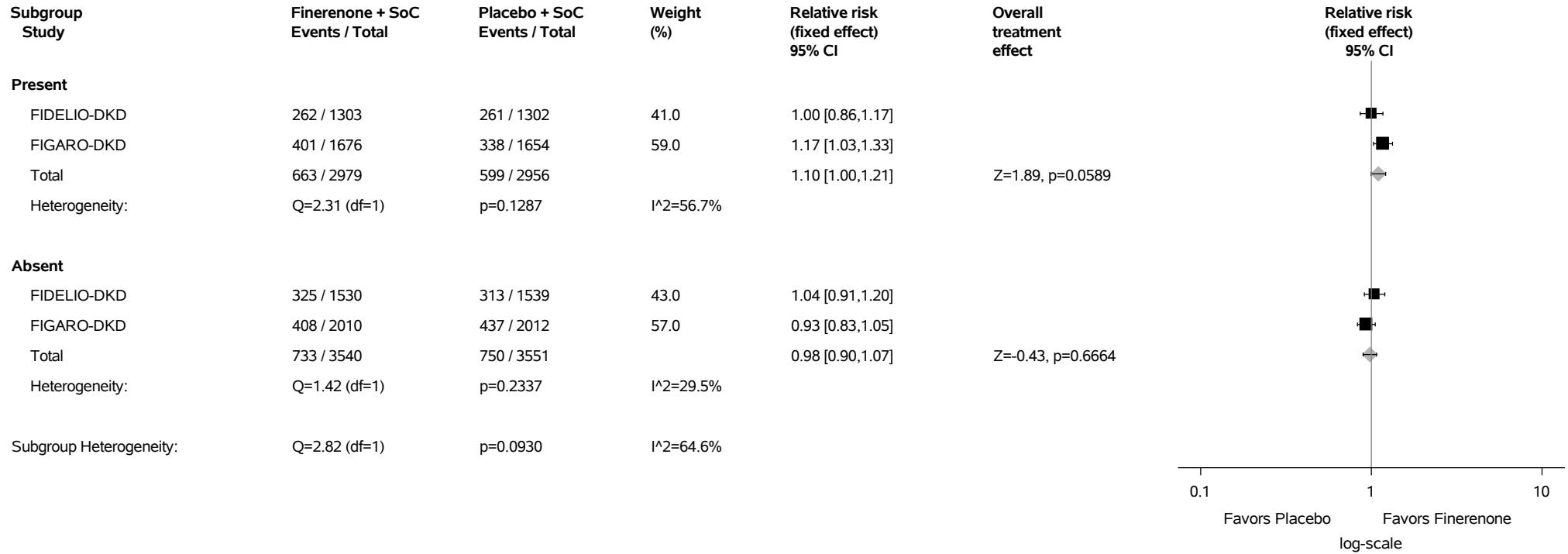
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.9.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

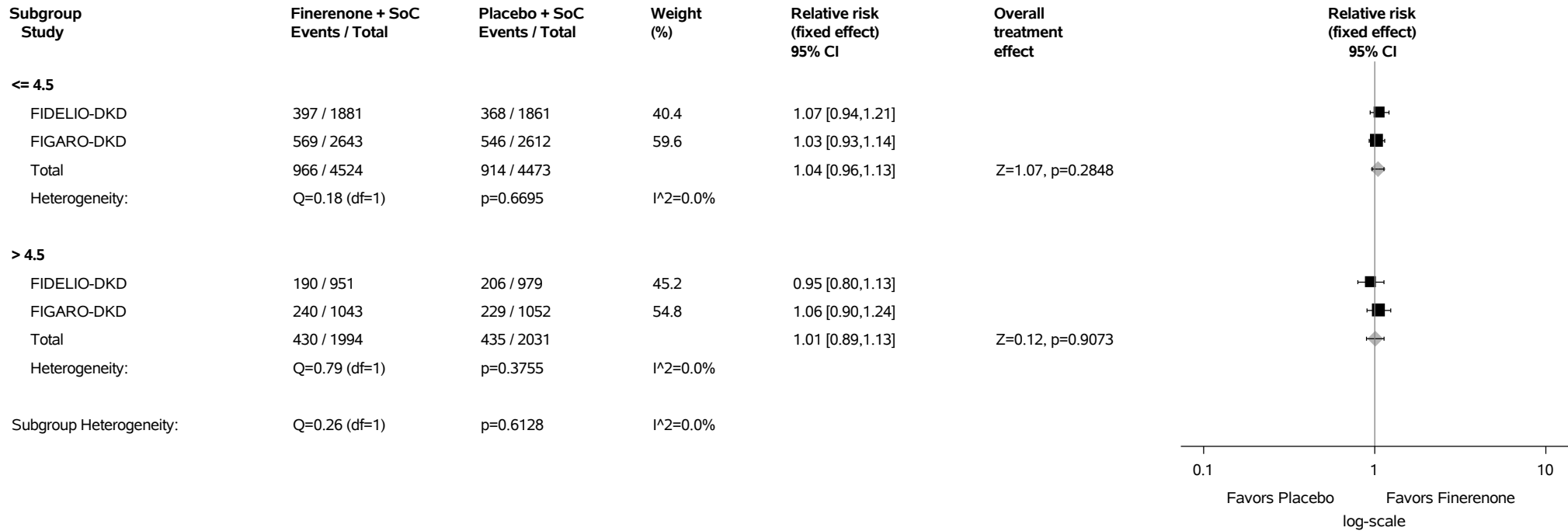
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.9.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

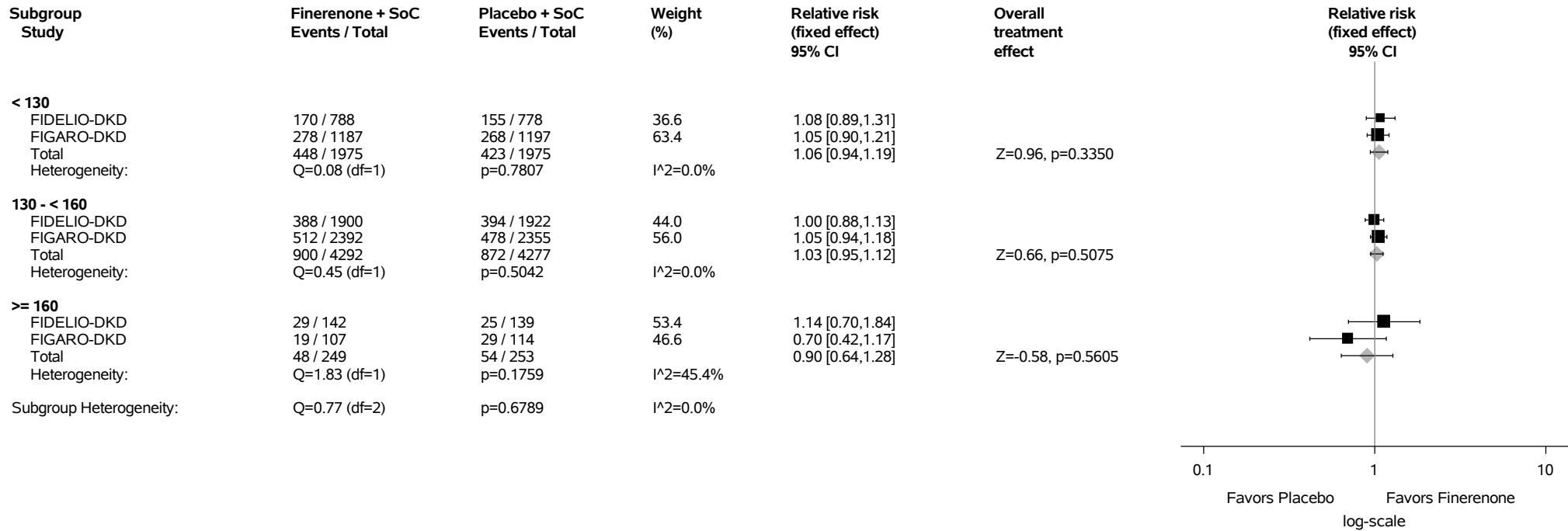
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.9.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

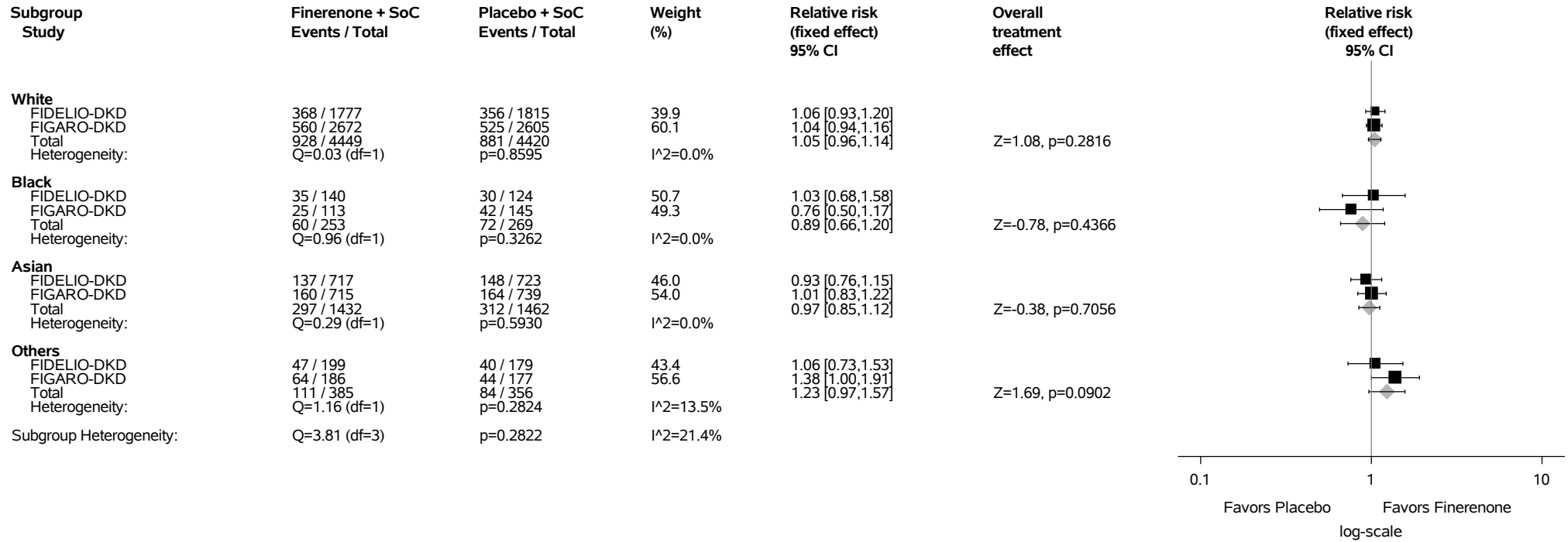
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.9.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

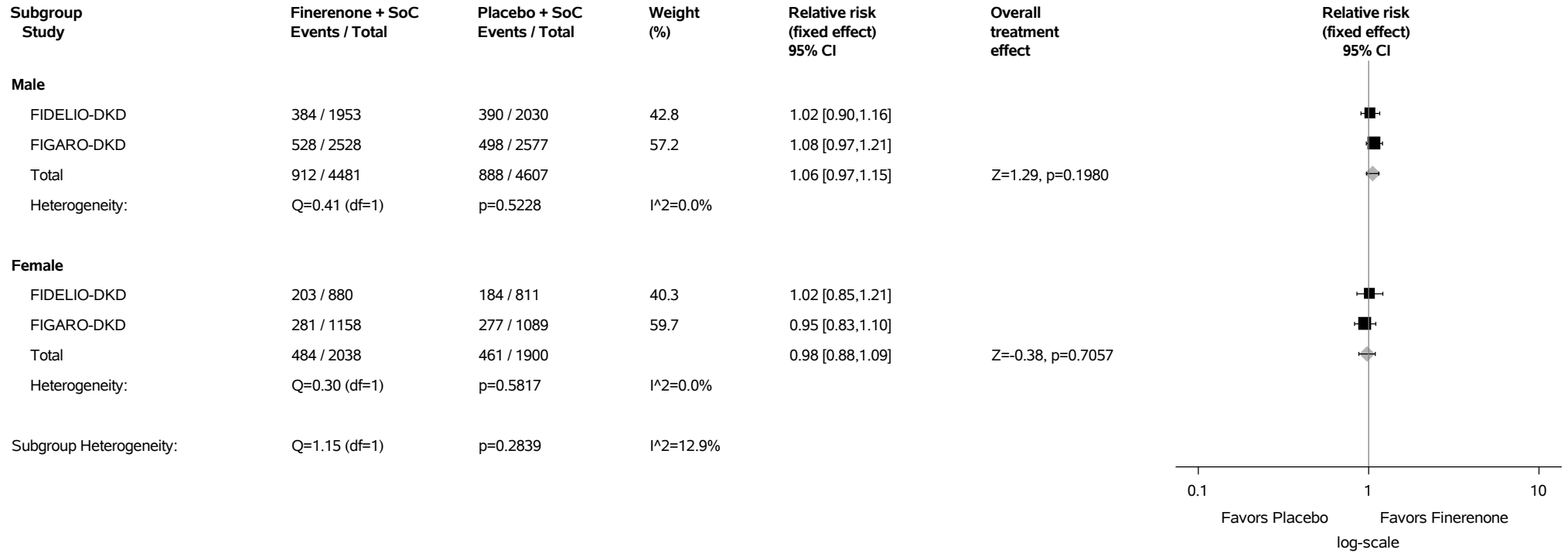
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.9.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

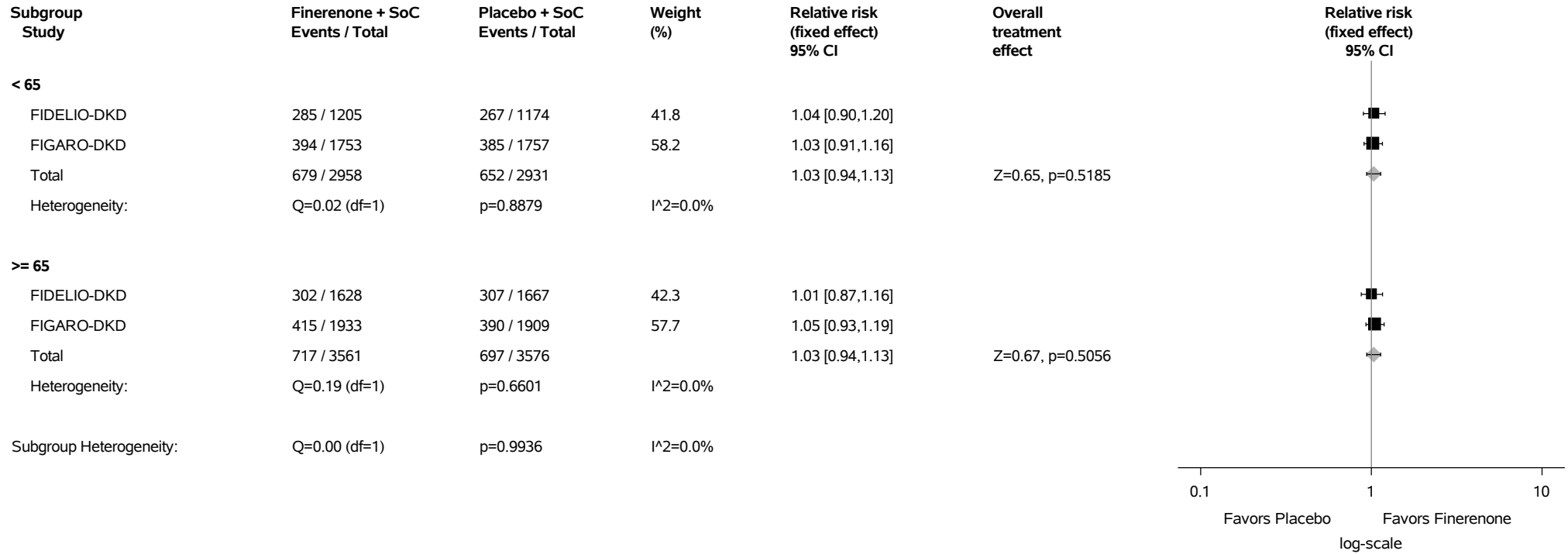
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.9.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

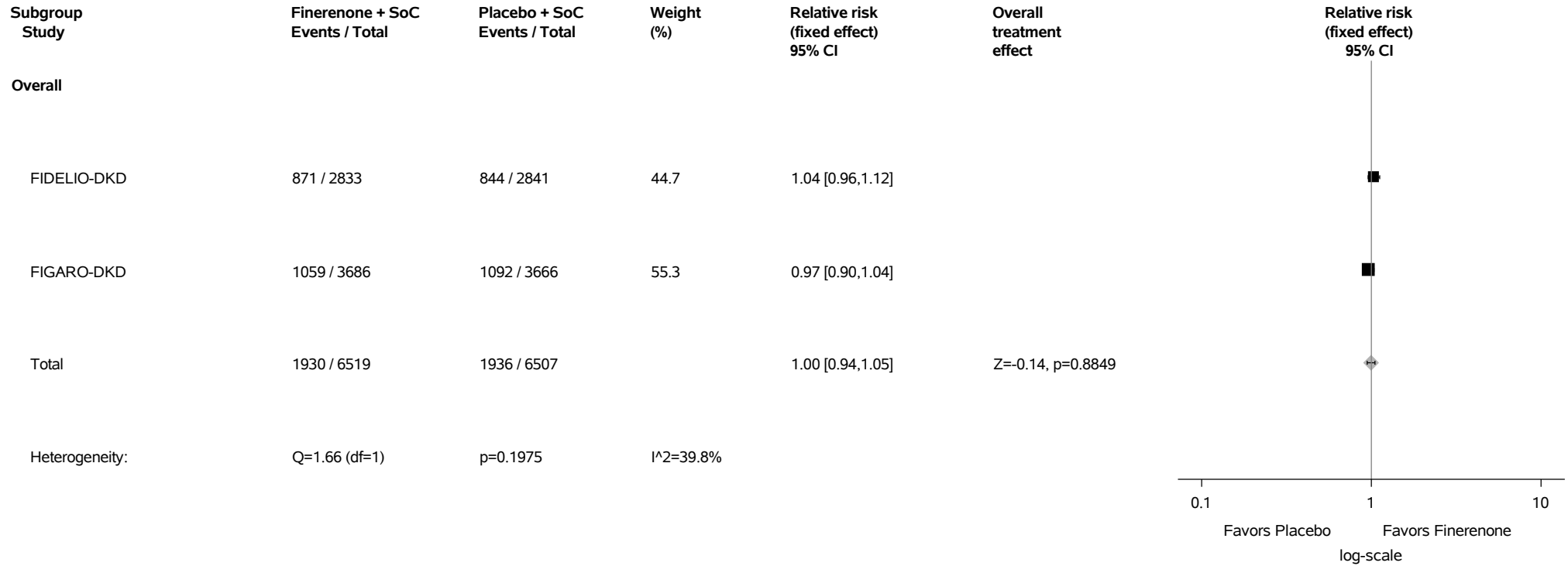
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.10: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 Full Analysis Set



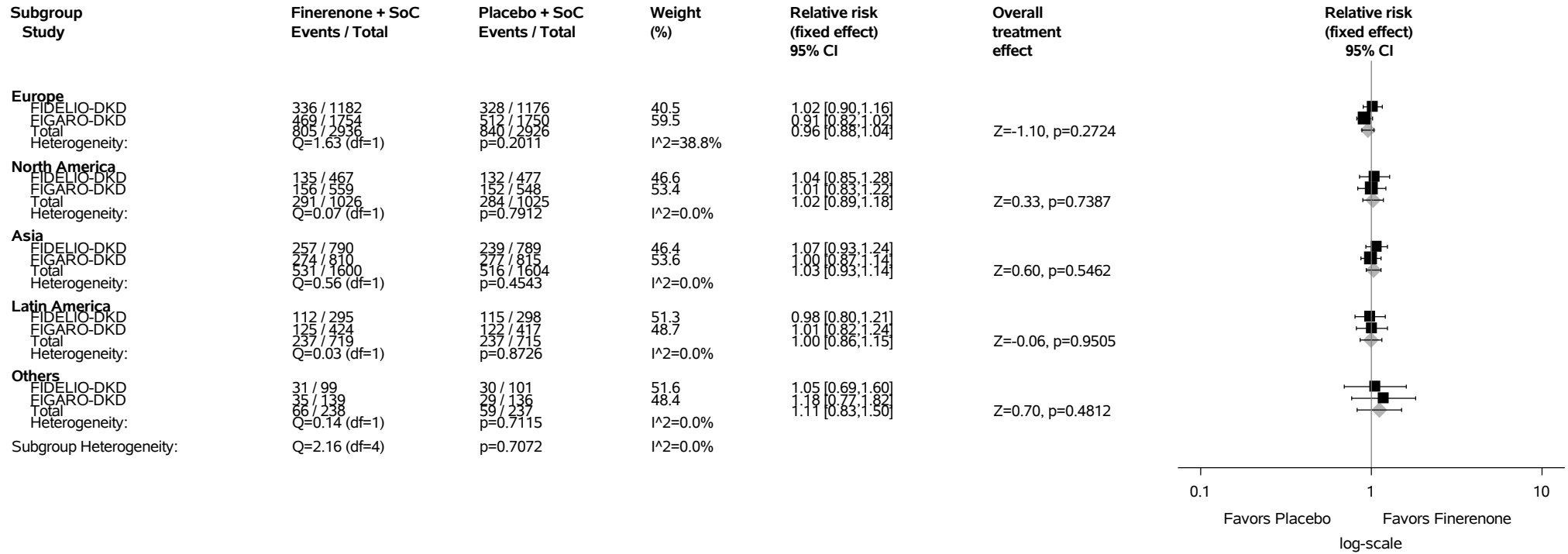
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.10.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

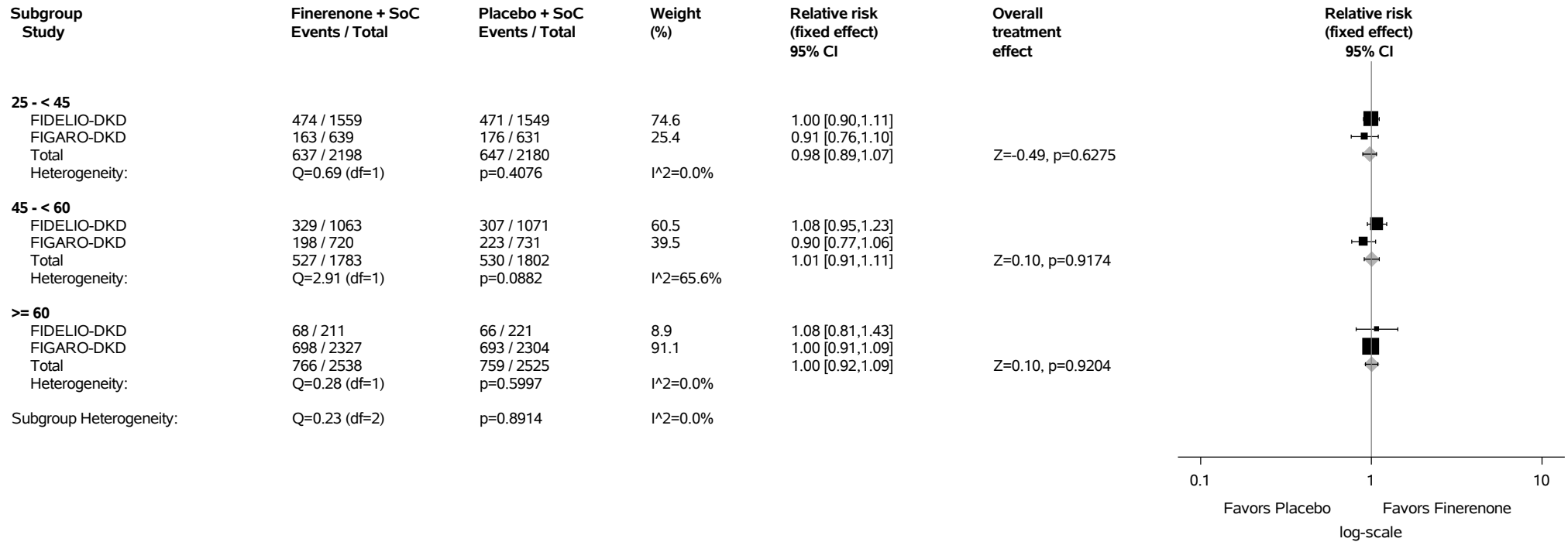
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.10.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

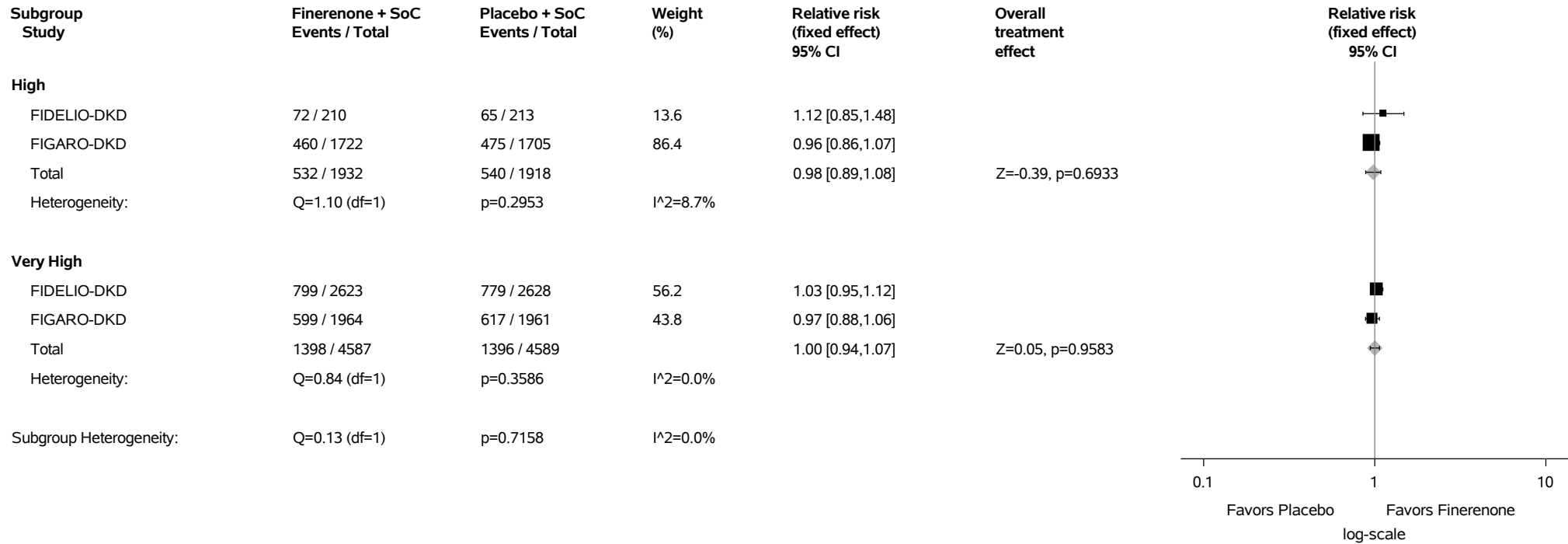
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.10.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

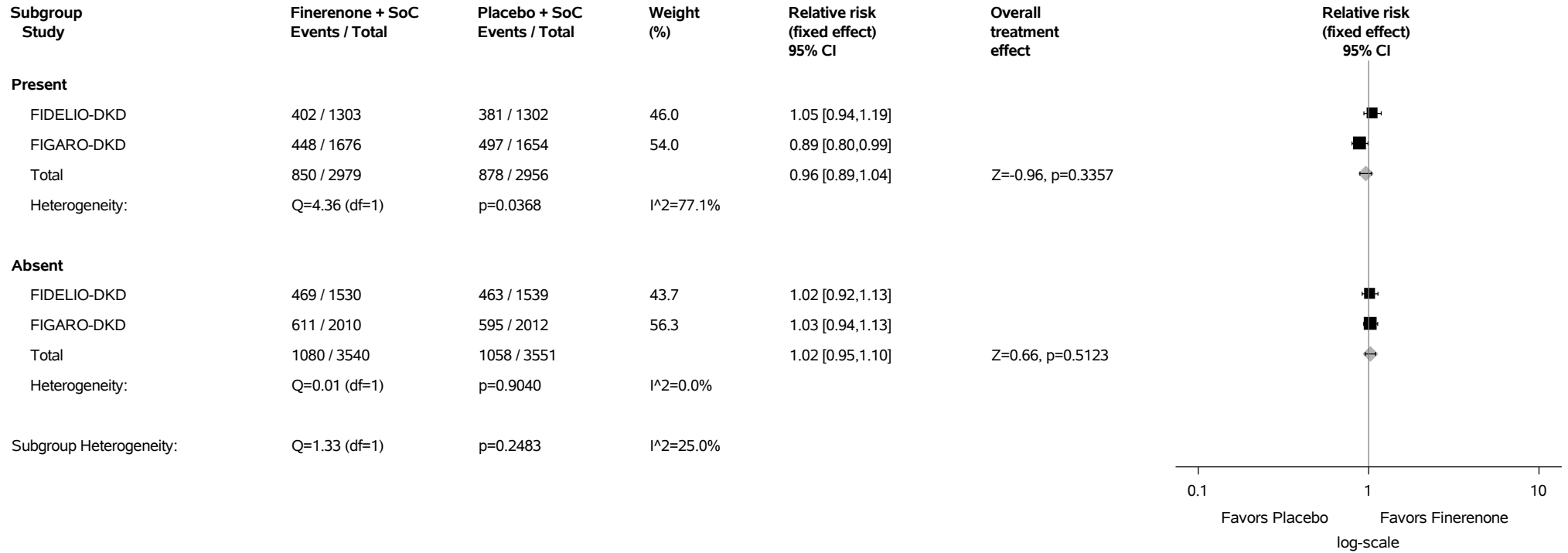
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.10.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

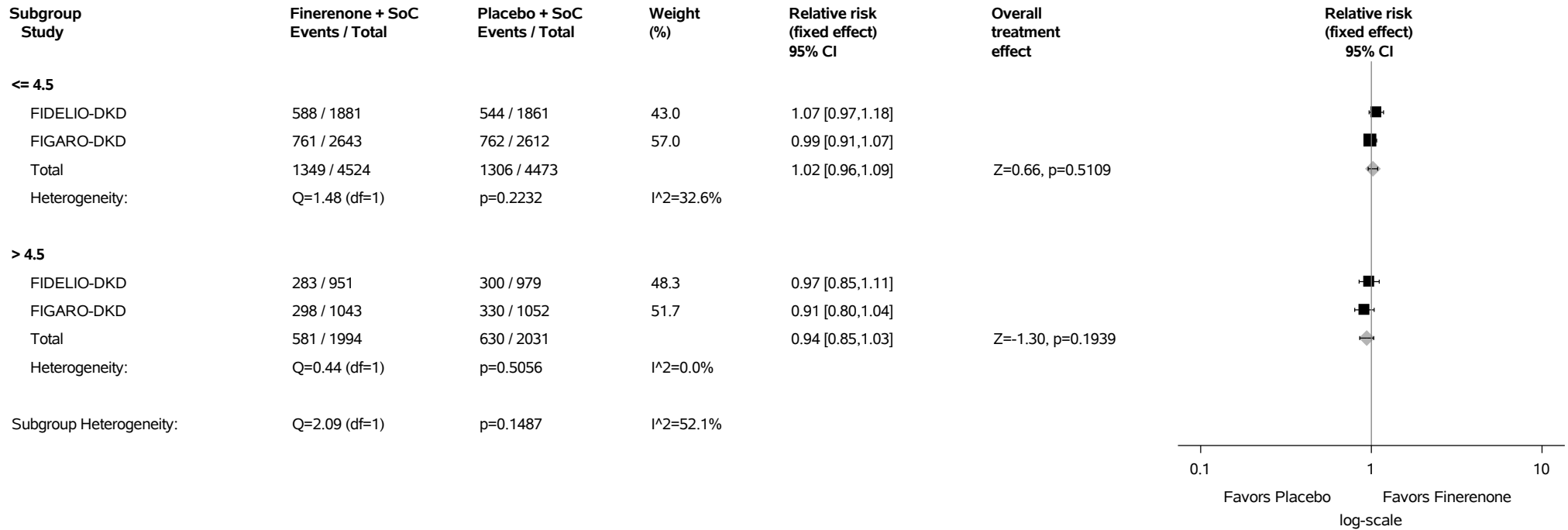
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.10.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

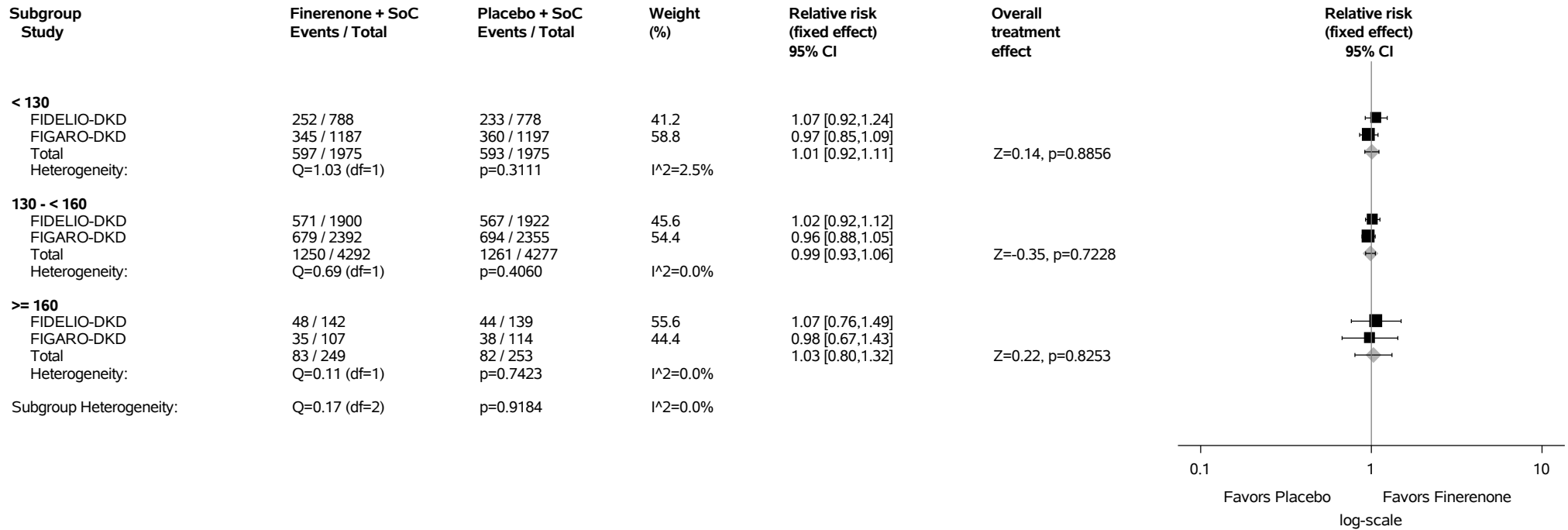
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.10.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

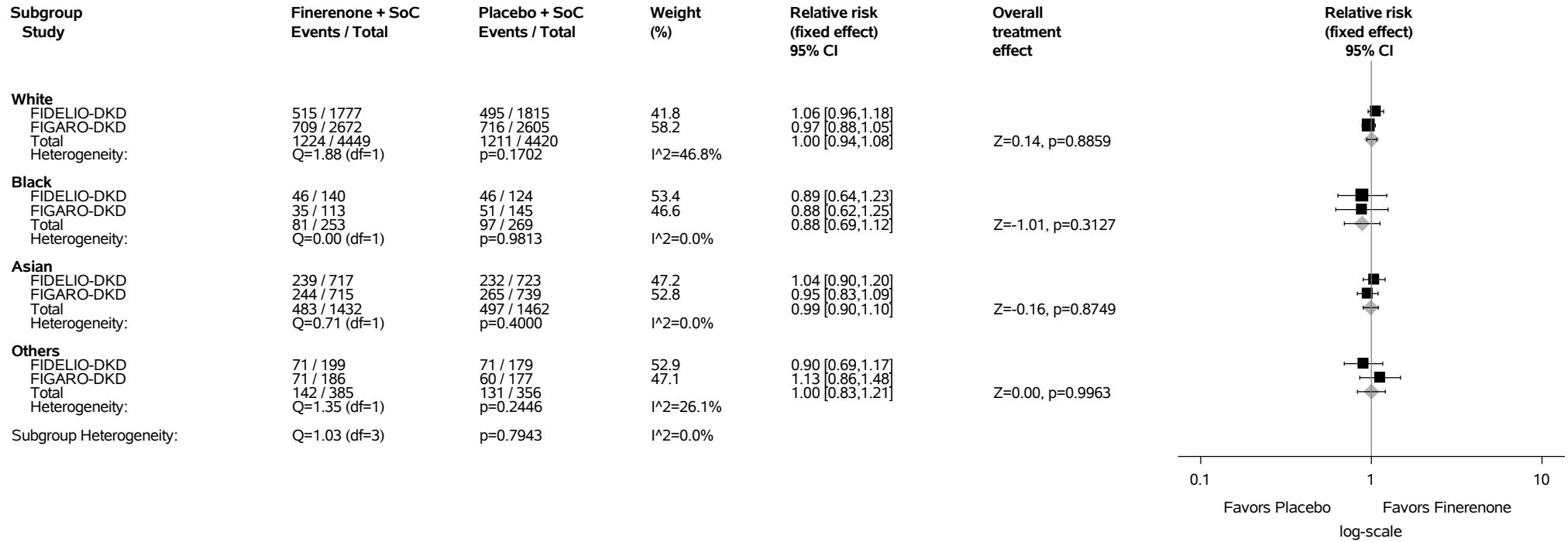
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.10.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

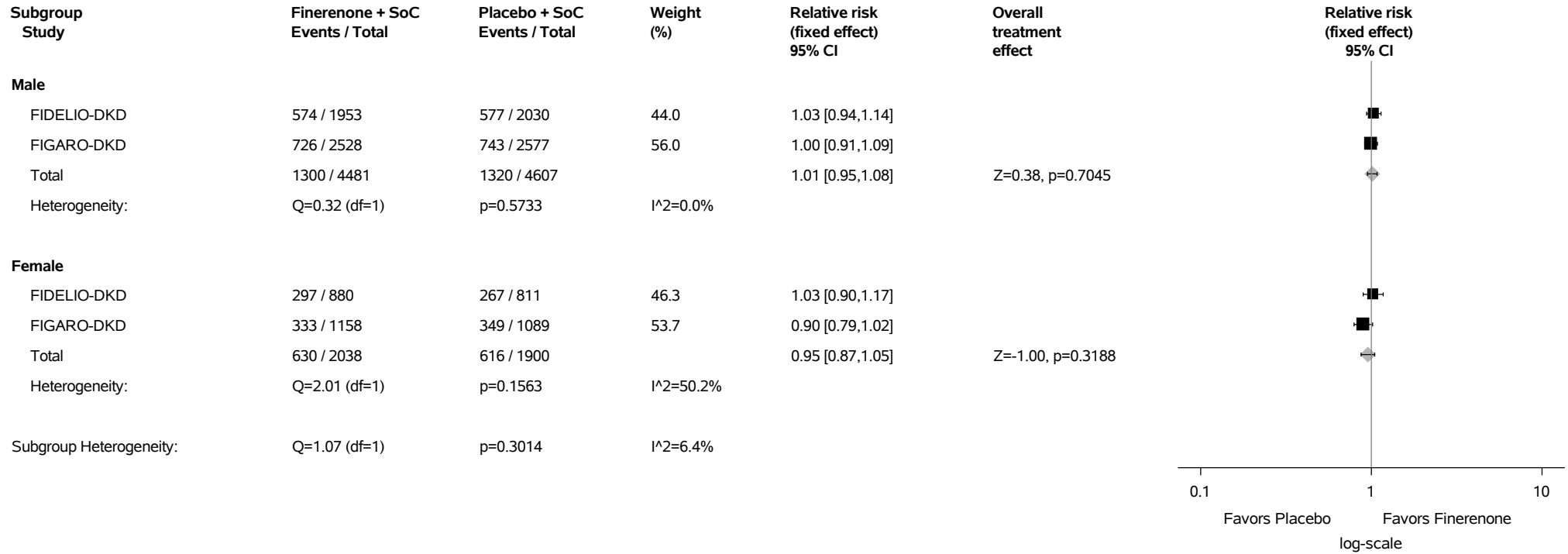
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.10.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

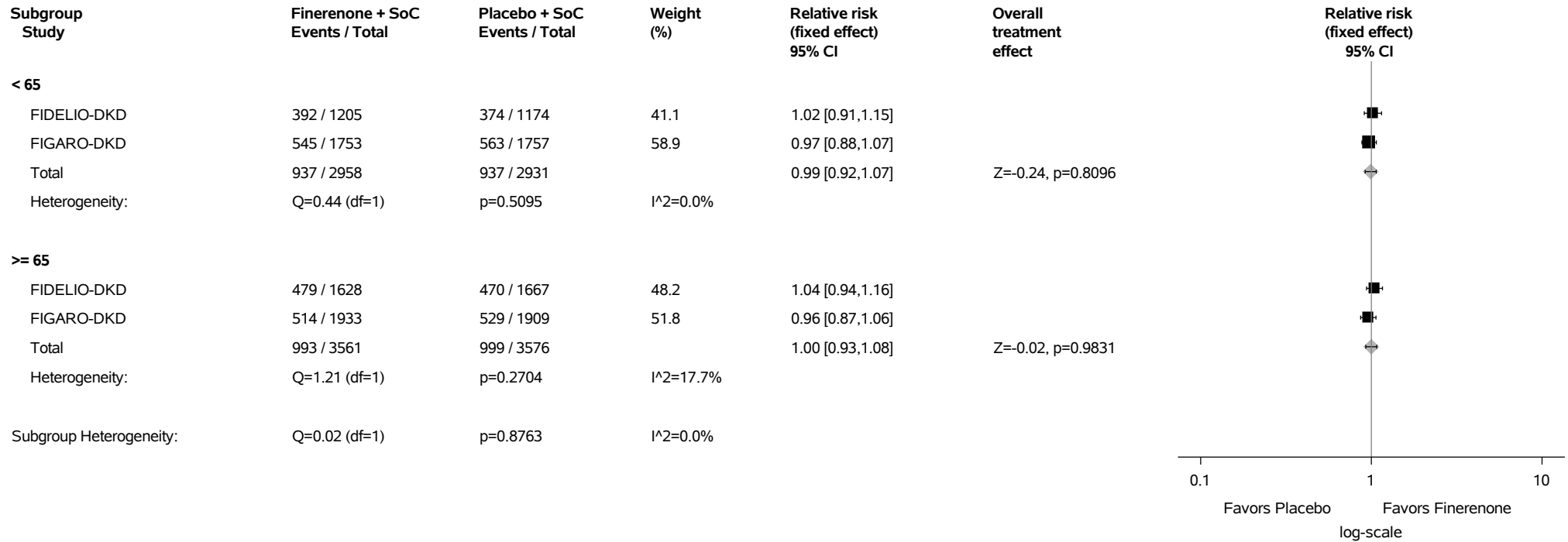
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.10.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years)
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

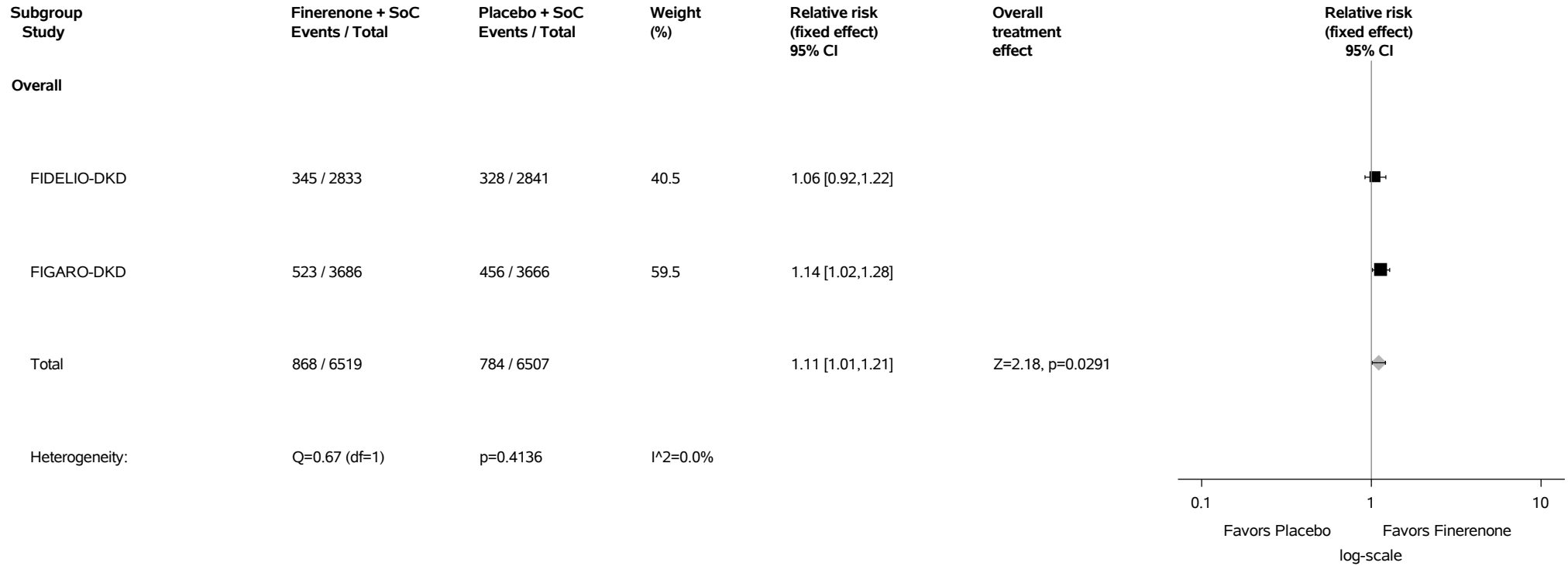
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.11: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 Full Analysis Set



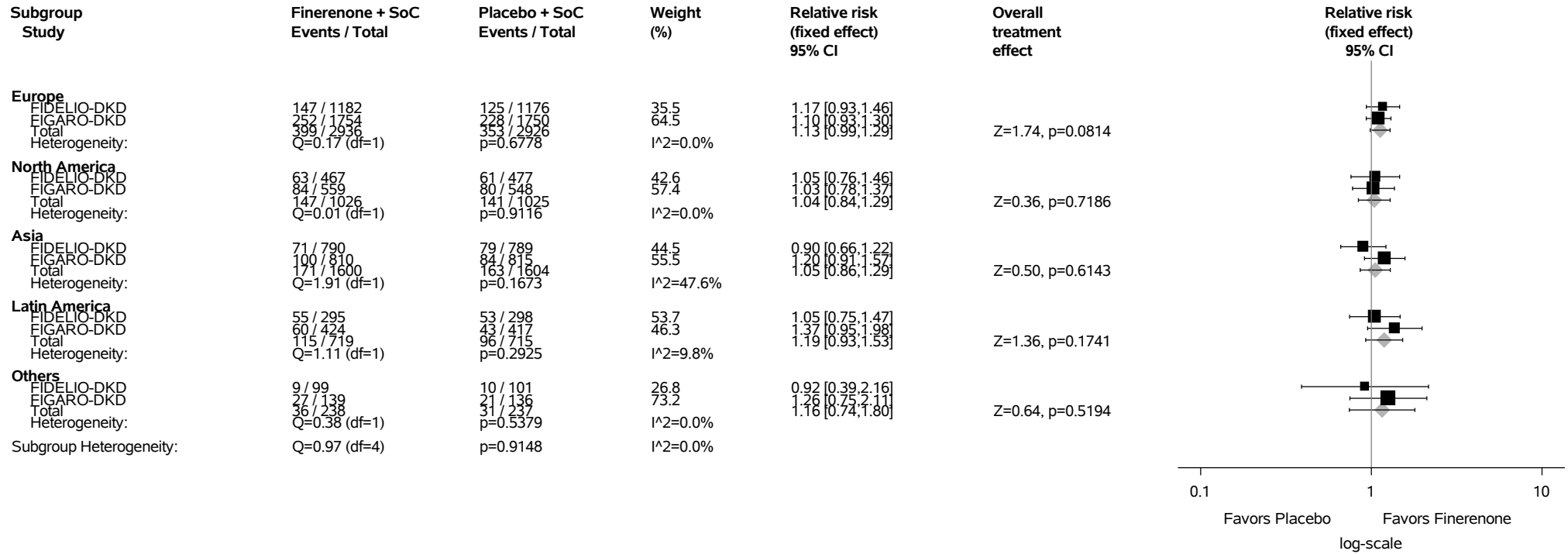
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.11.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

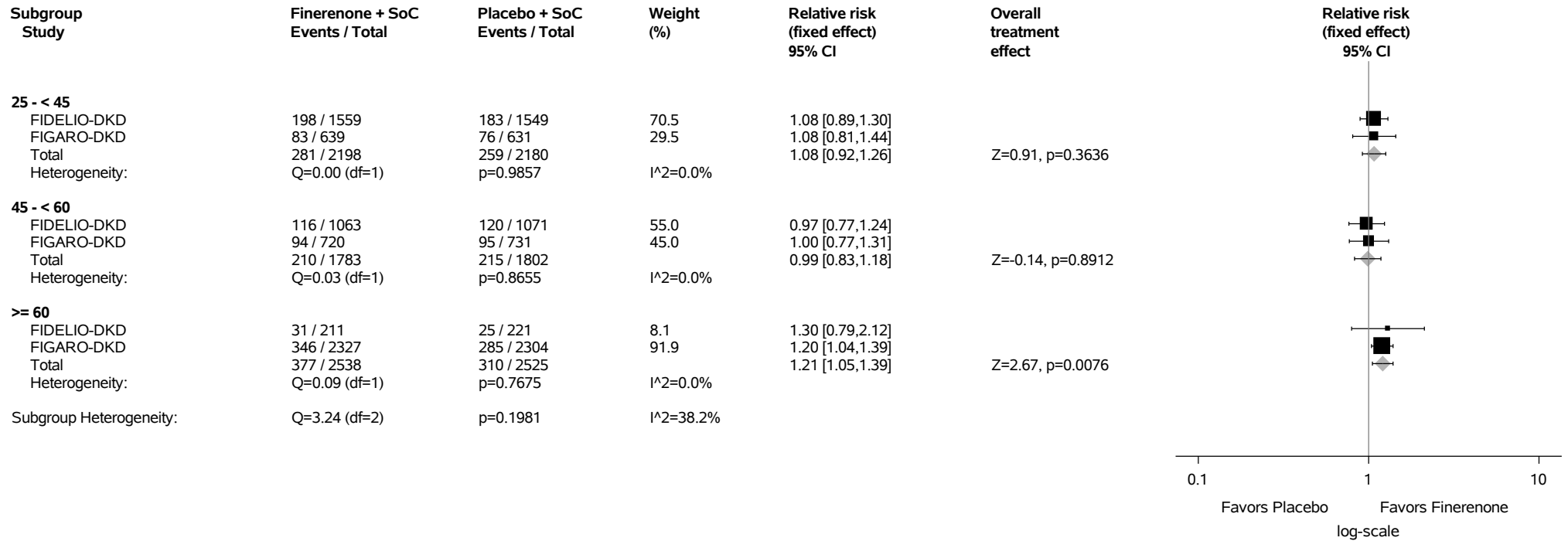
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.11.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

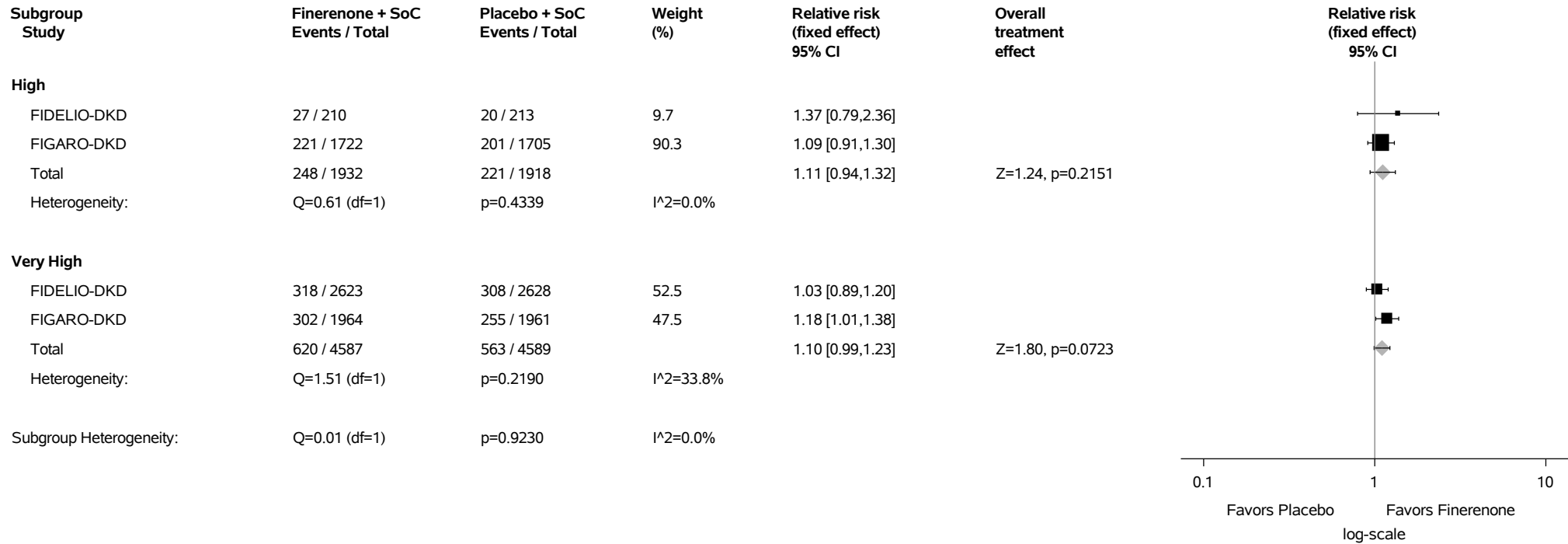
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.11.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

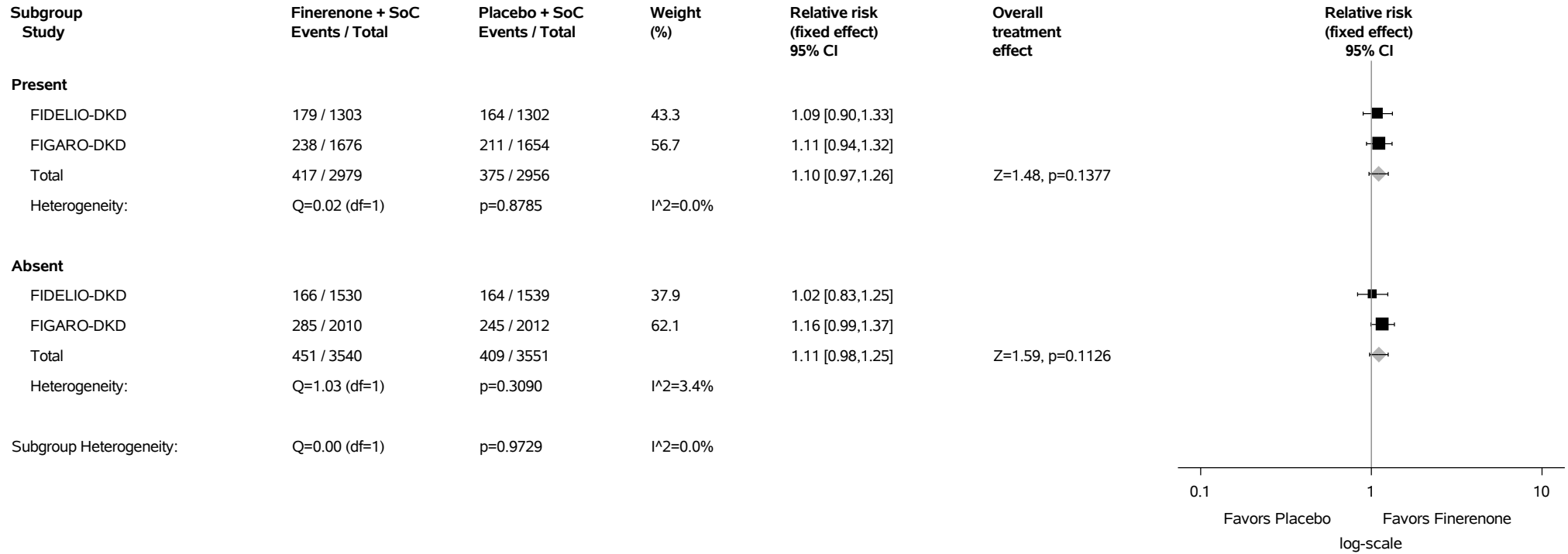
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.11.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

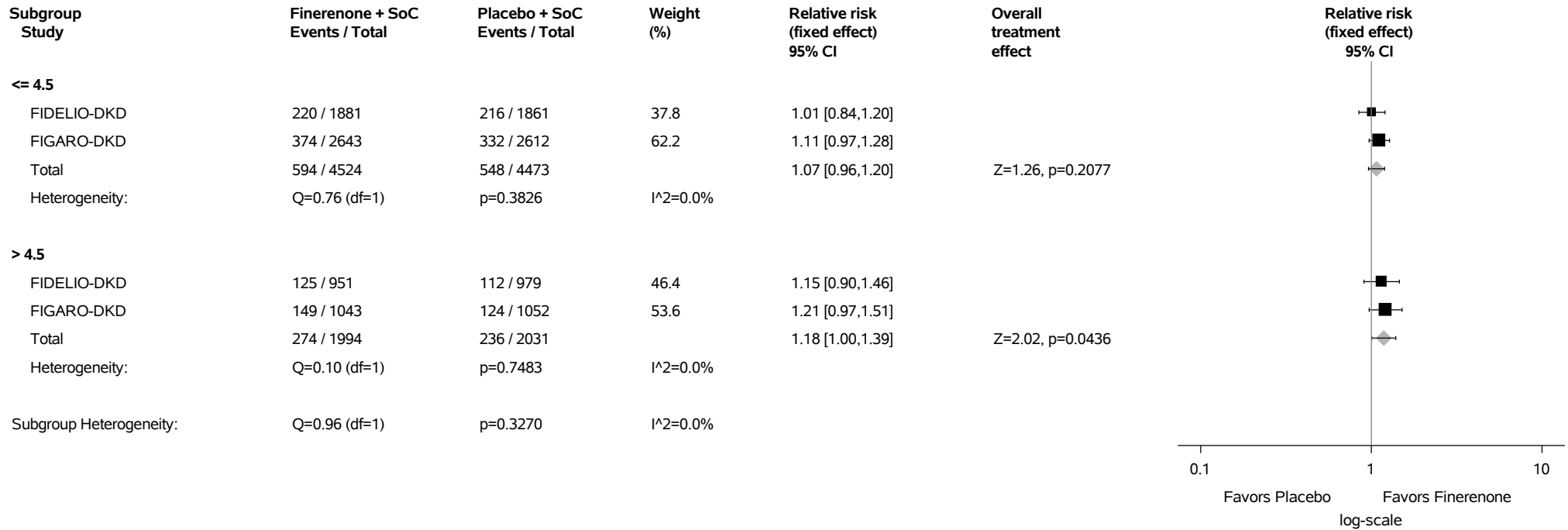
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.11.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

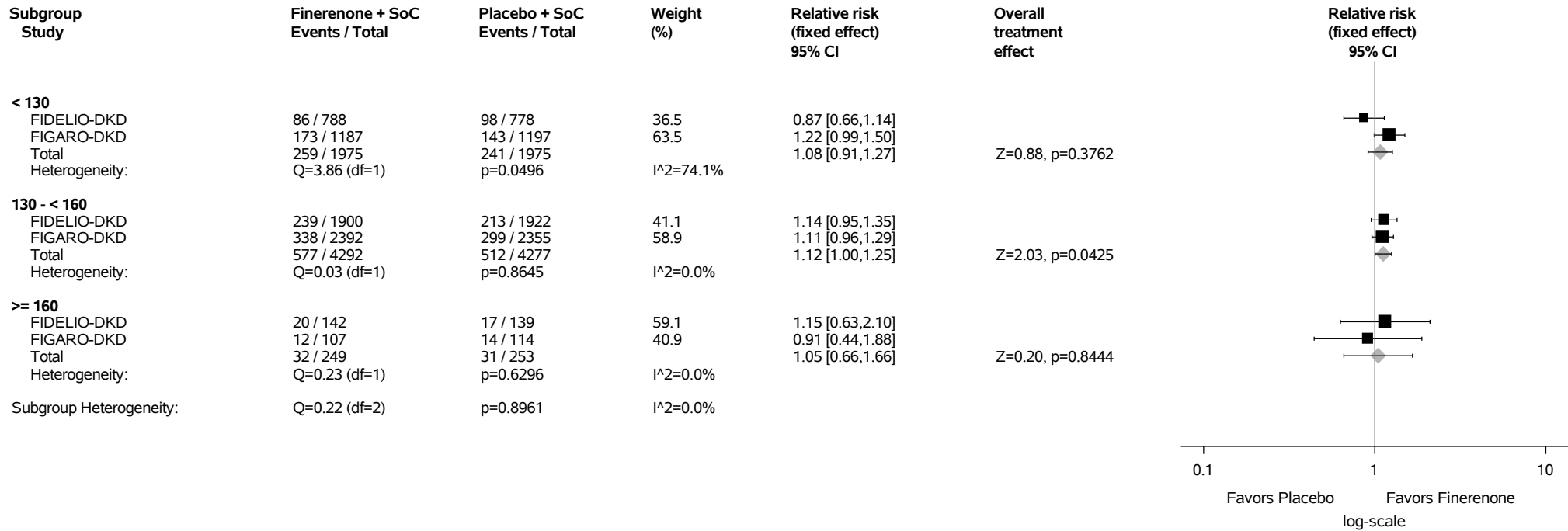
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.11.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

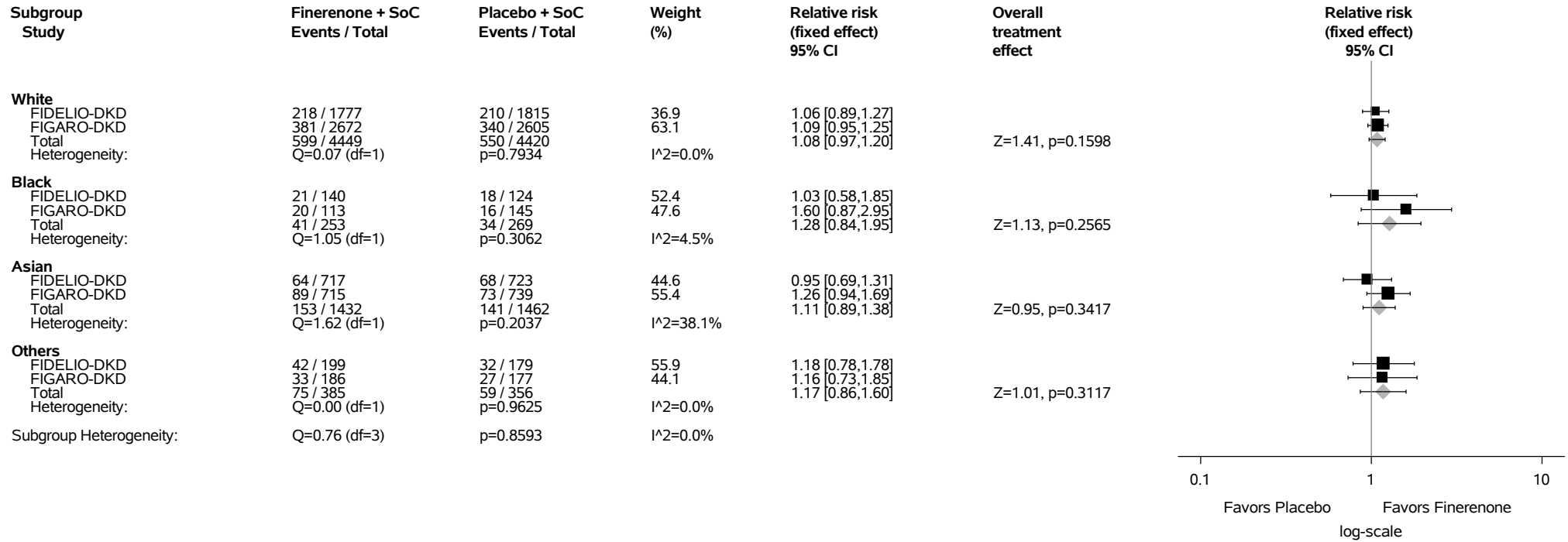
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.11.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

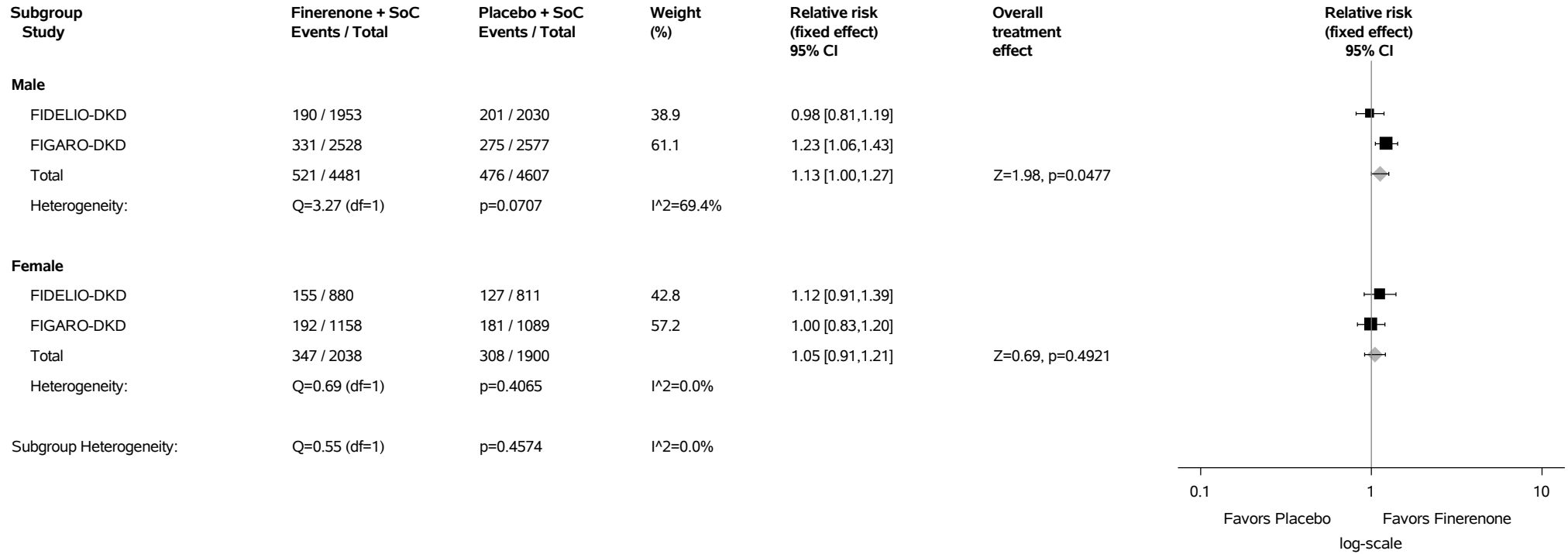
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.11.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

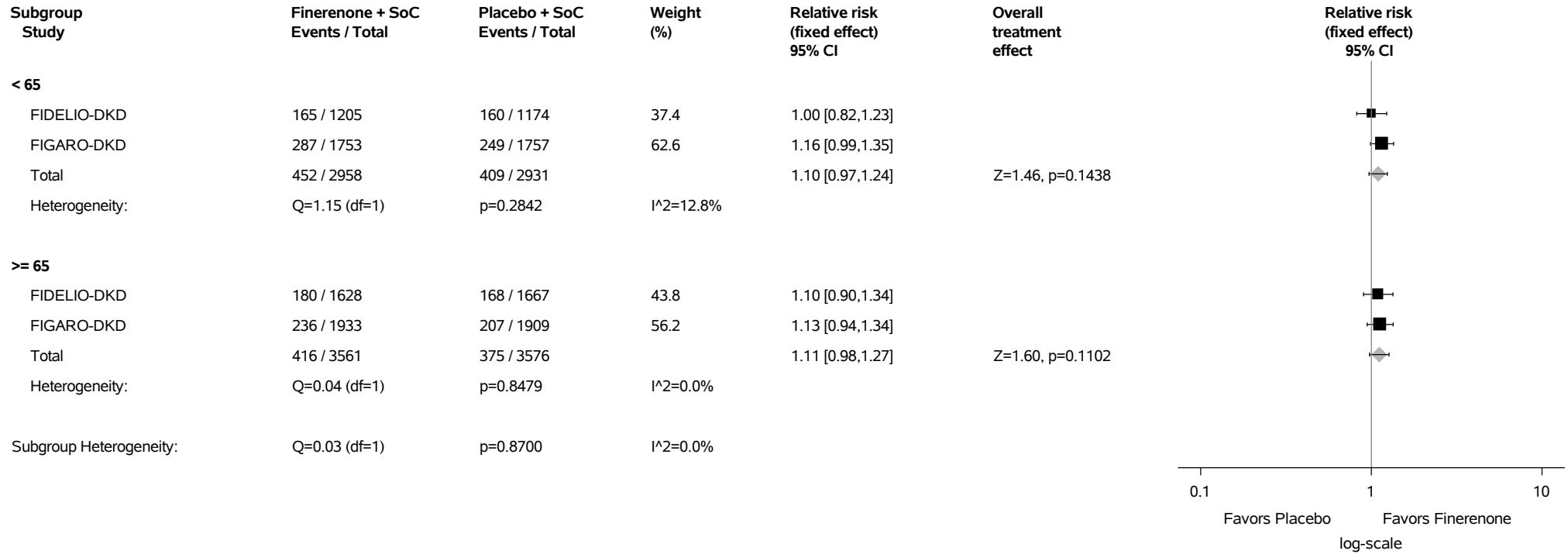
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.11.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

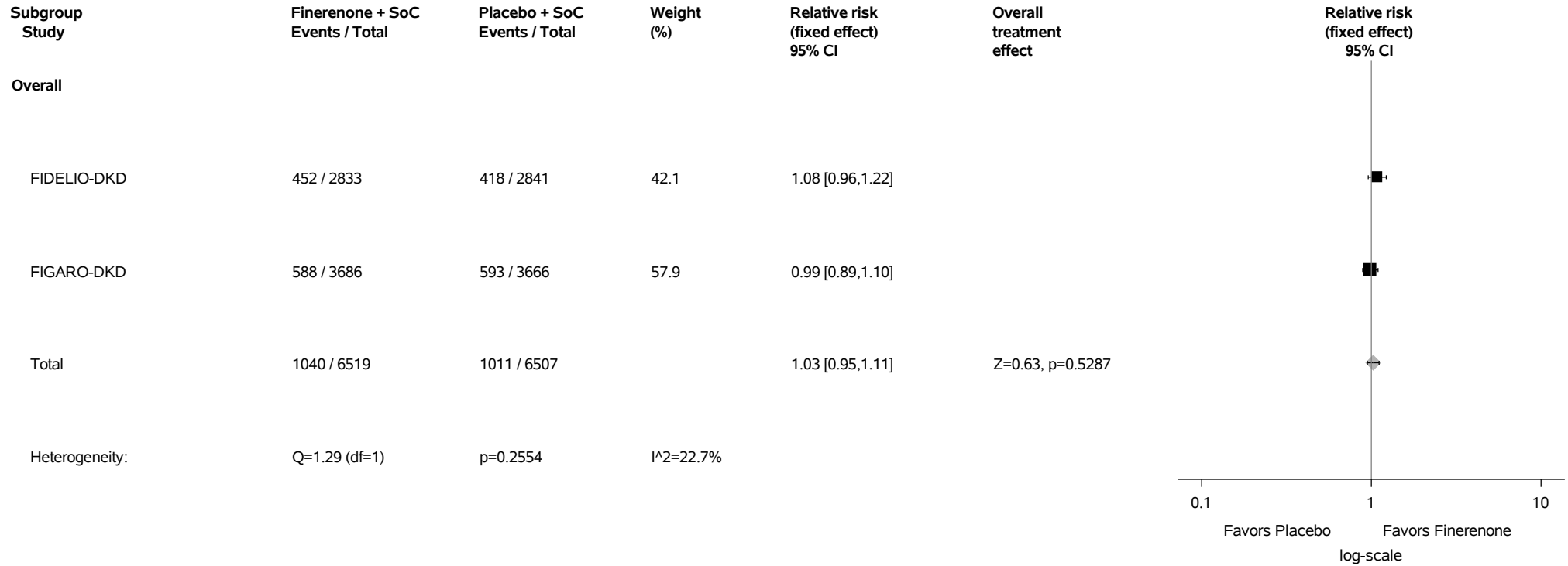
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.12: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set



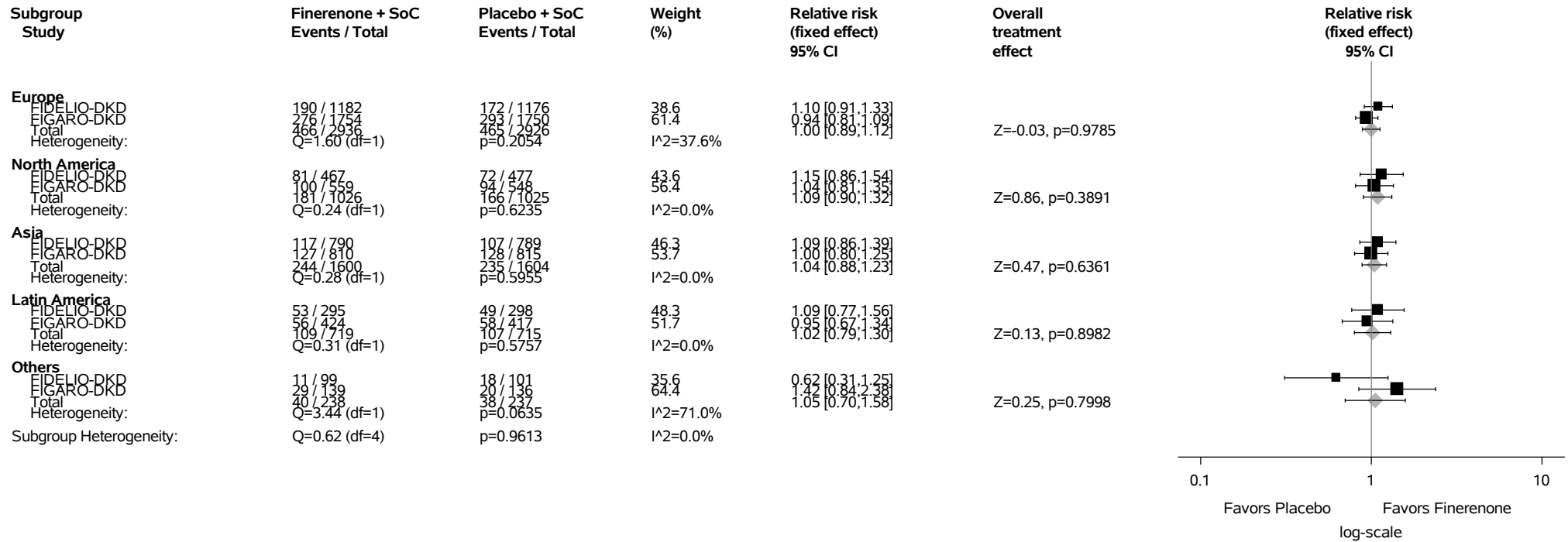
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.2.12.1: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

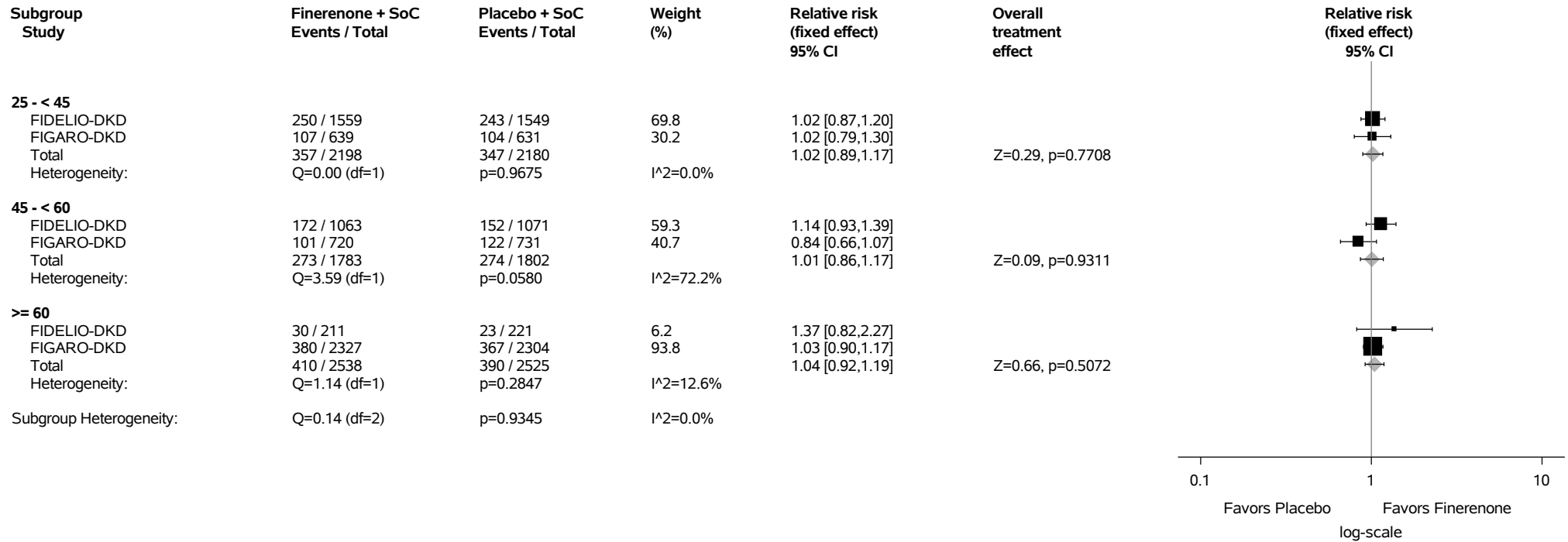
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.12.2: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

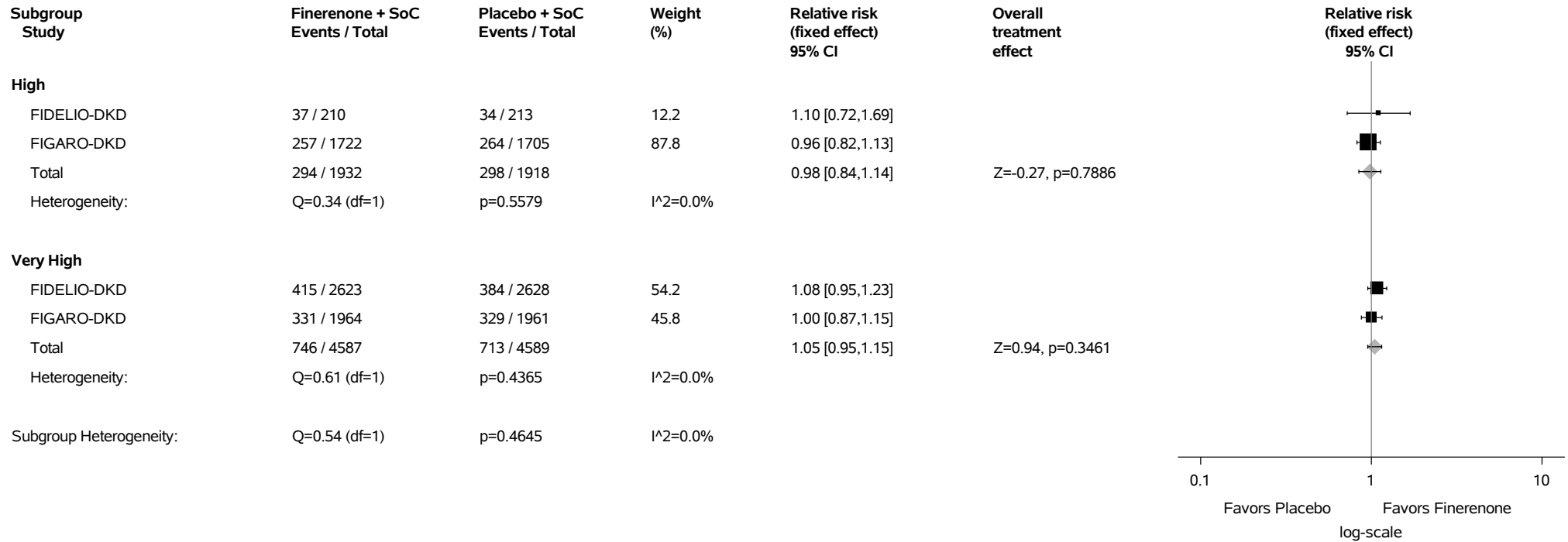
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.12.3: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

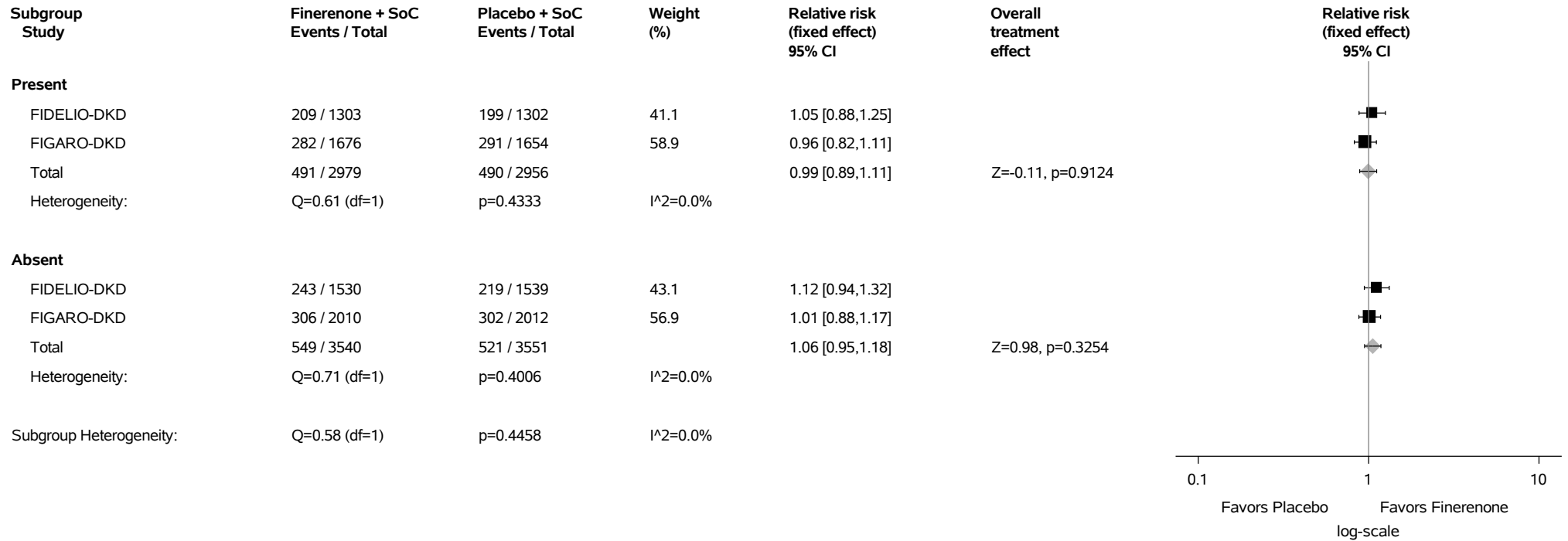
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.12.4: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

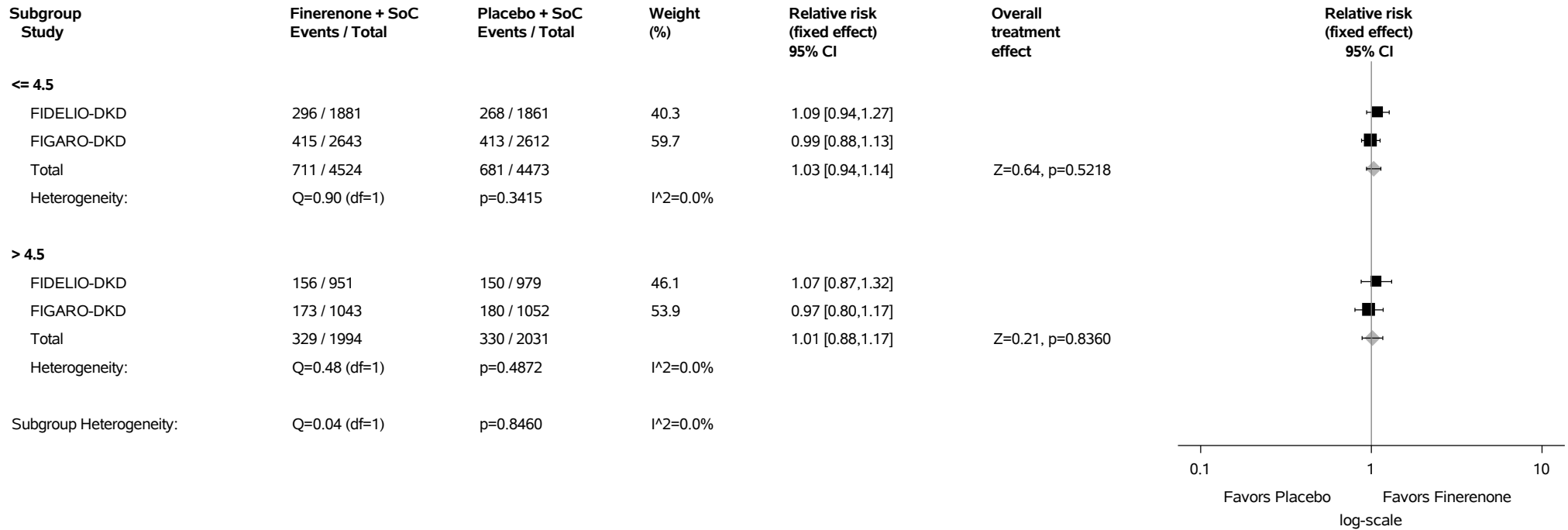
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.12.5: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

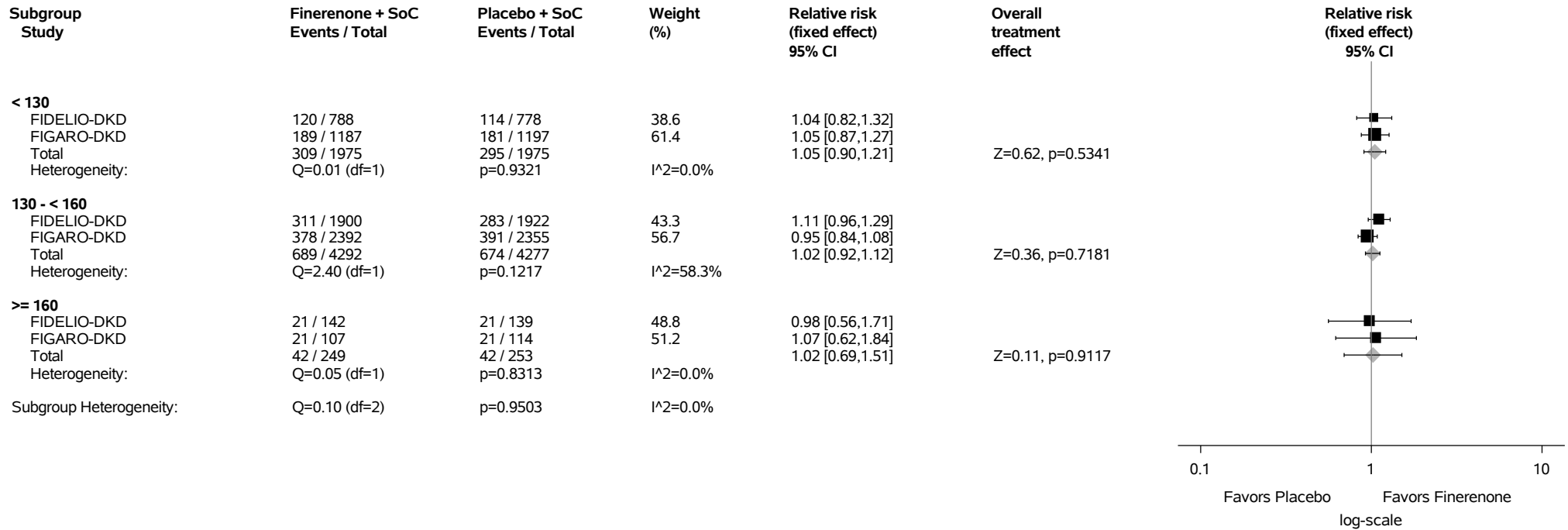
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.12.6: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

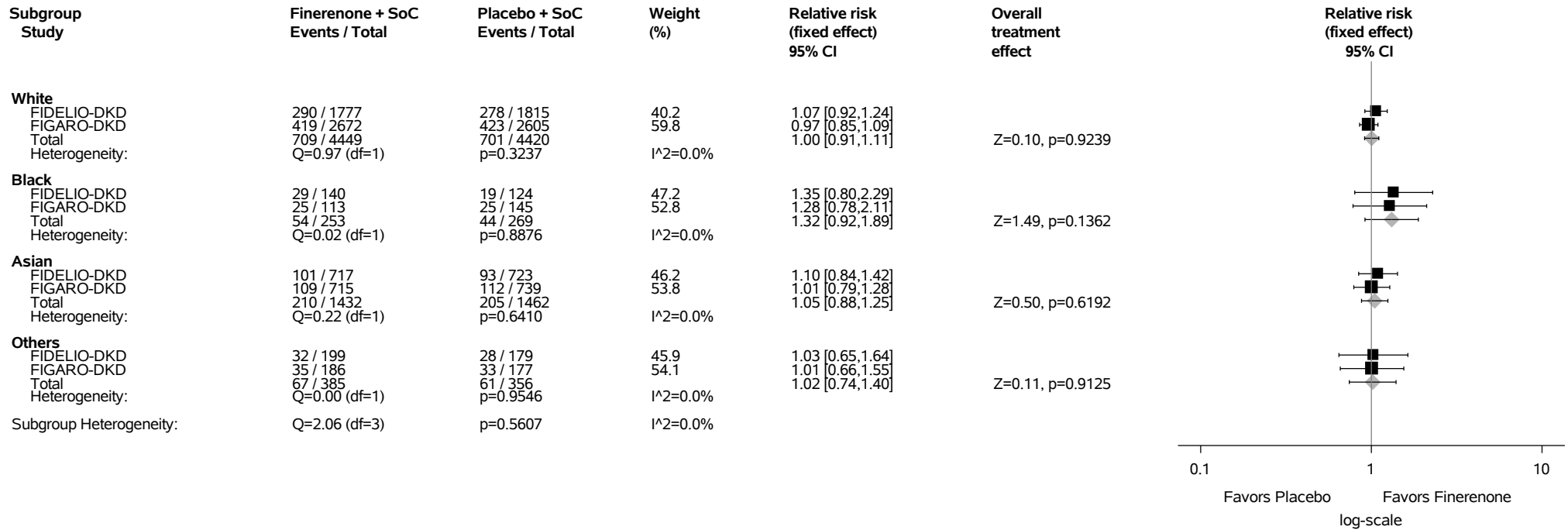
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.12.7: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

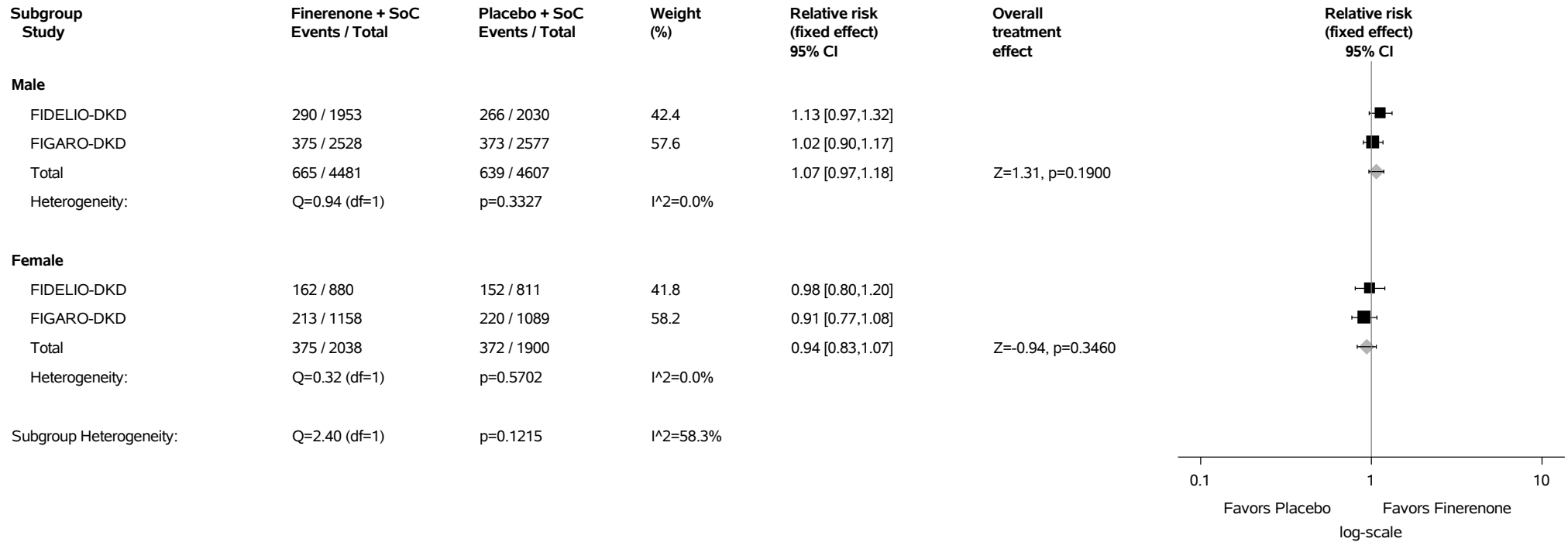
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.2.12.8: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

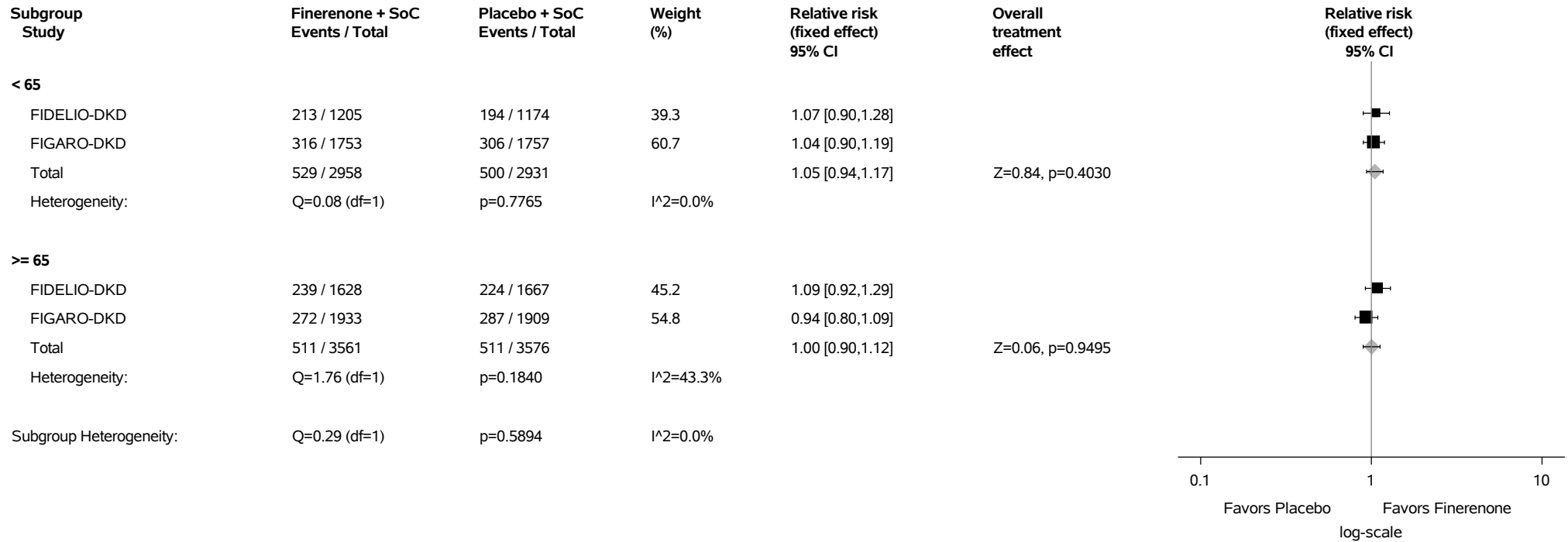
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.2.12.9: KDQoL-36 - Forestplot for Relative Risk of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, RR=relative risk, SoC=standard of care.

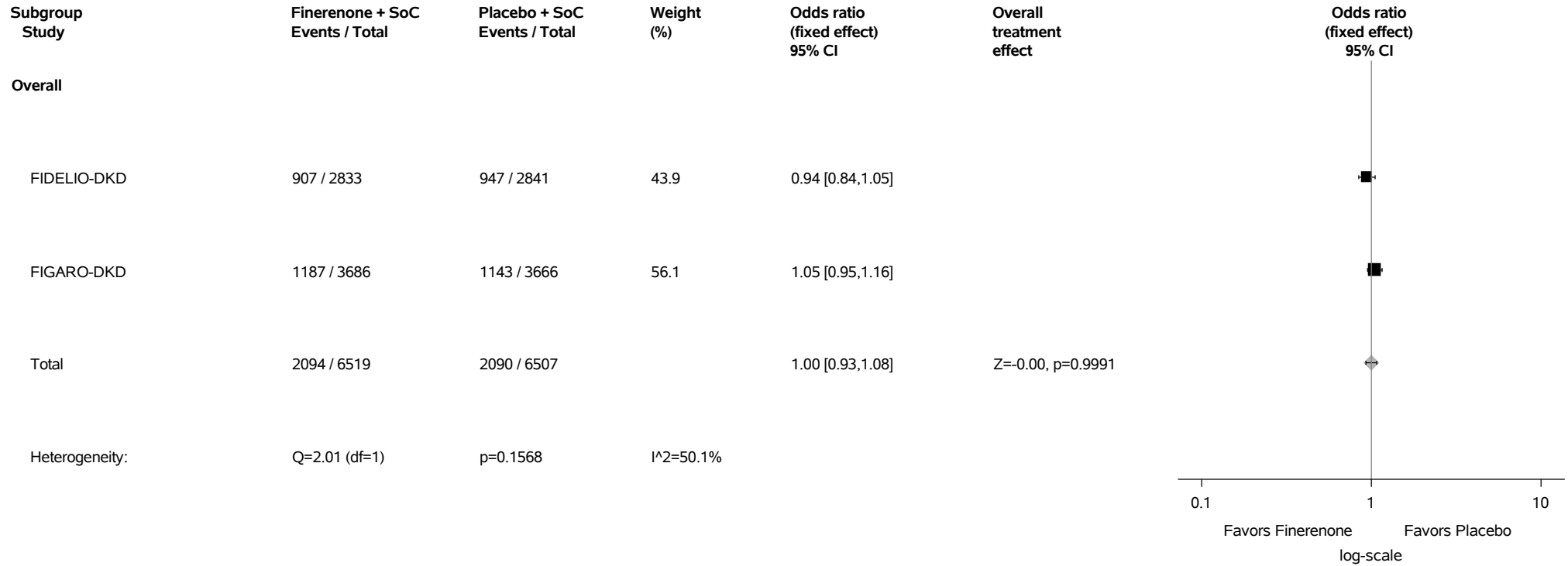
Note: For single studies the RR is estimated by a GLM with factor treatment group using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.1: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 Full Analysis Set



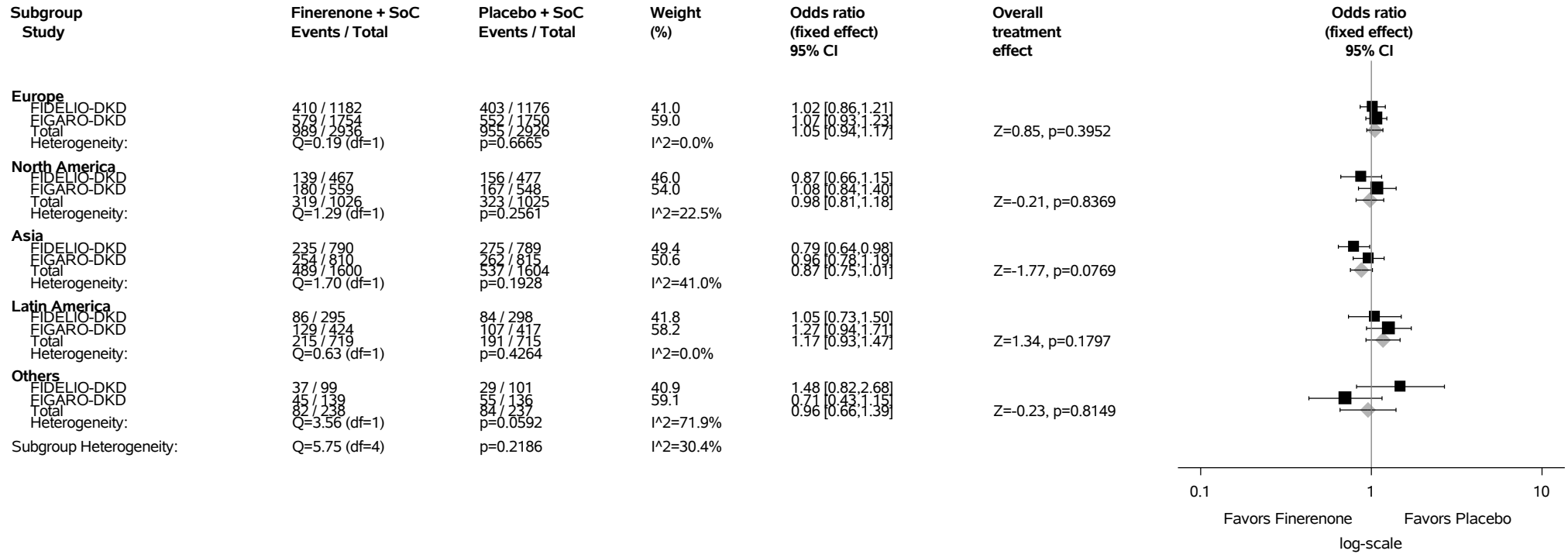
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.1.1: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

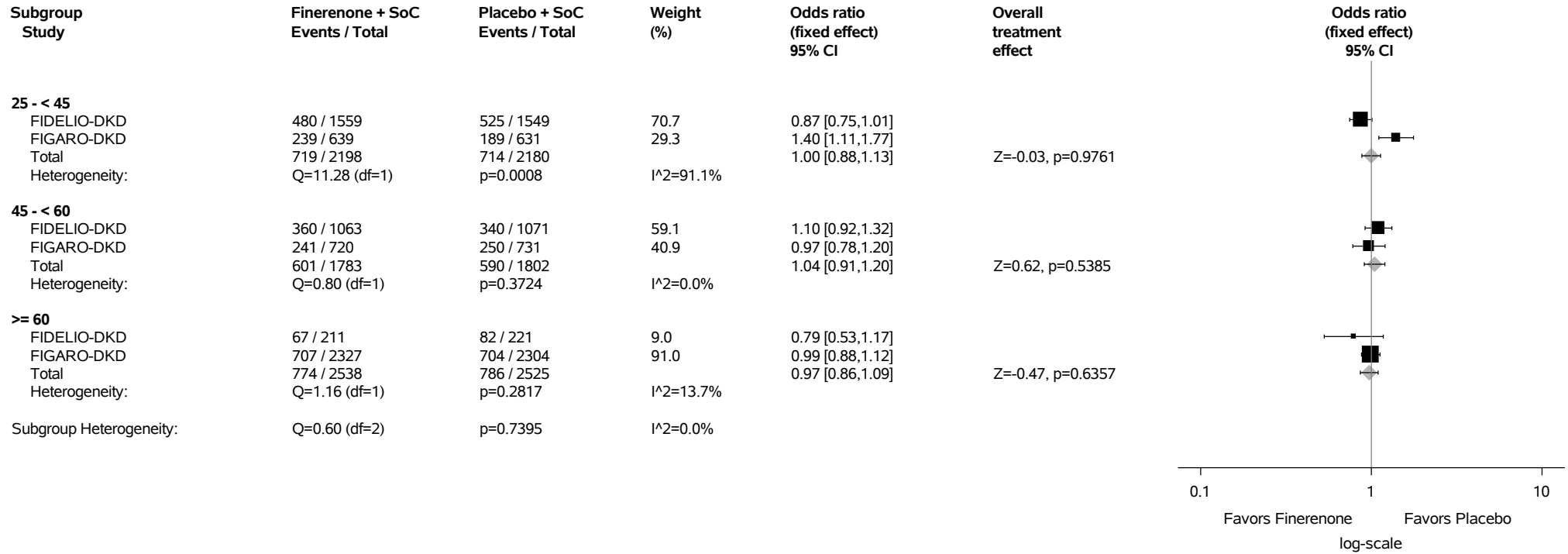
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.1.2: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

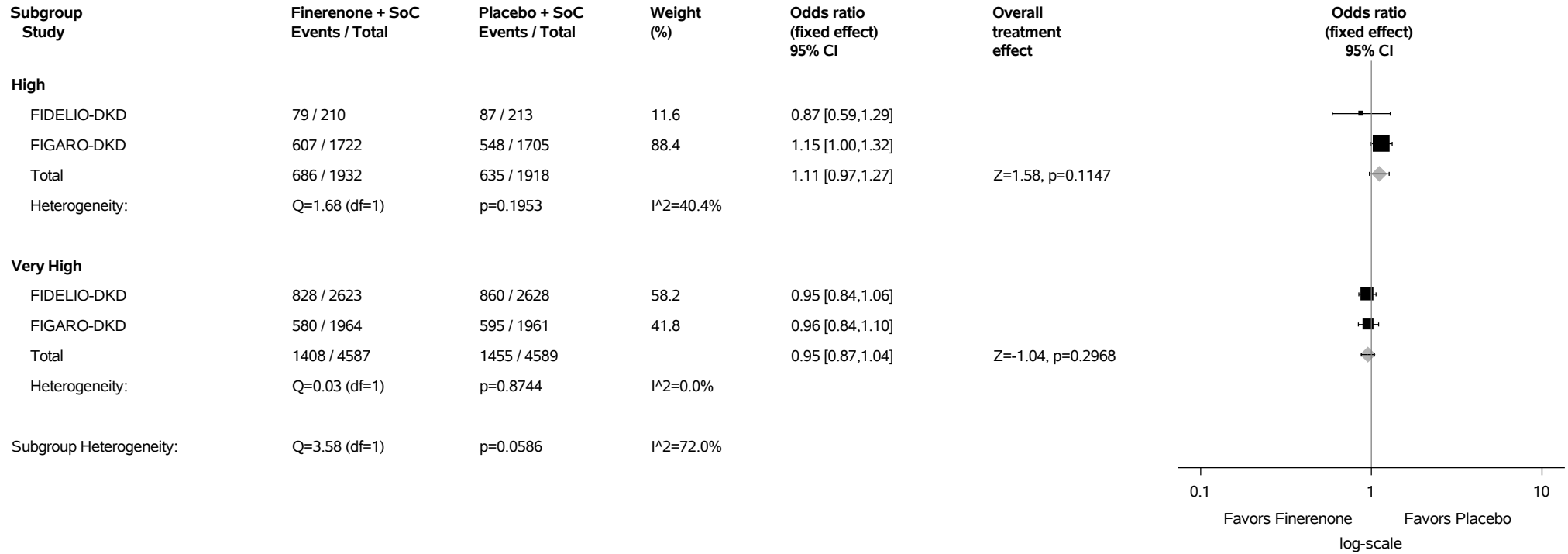
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.1.3: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

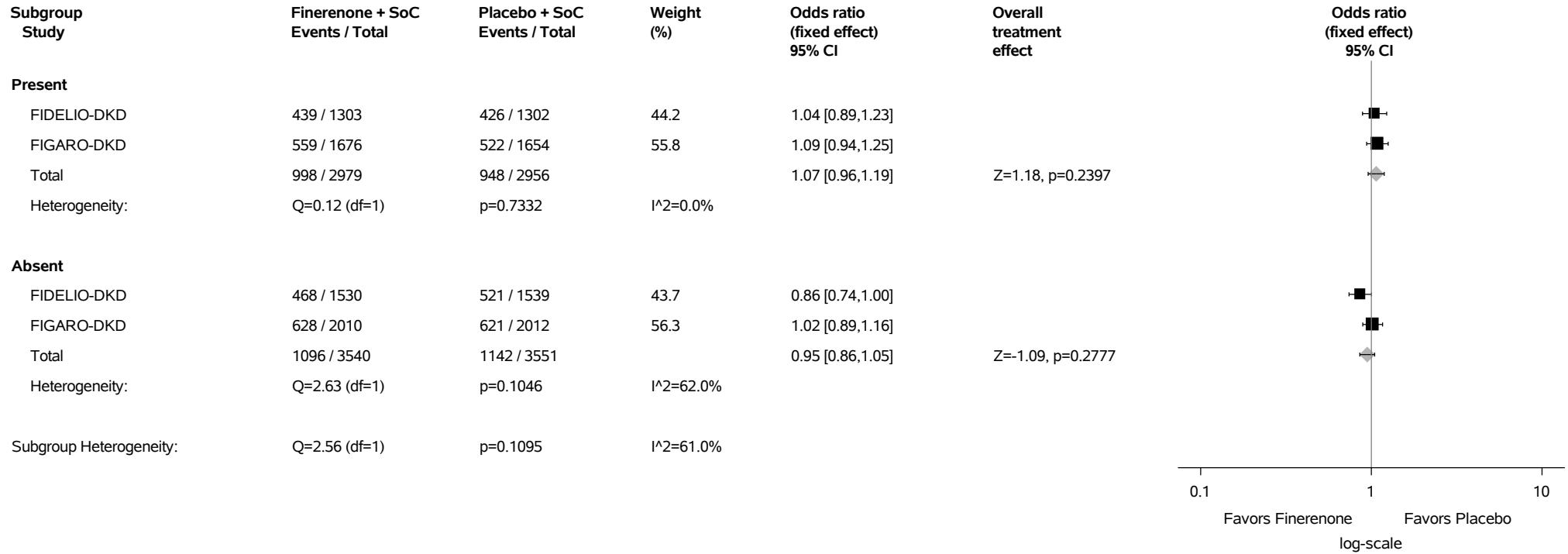
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.1.4: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

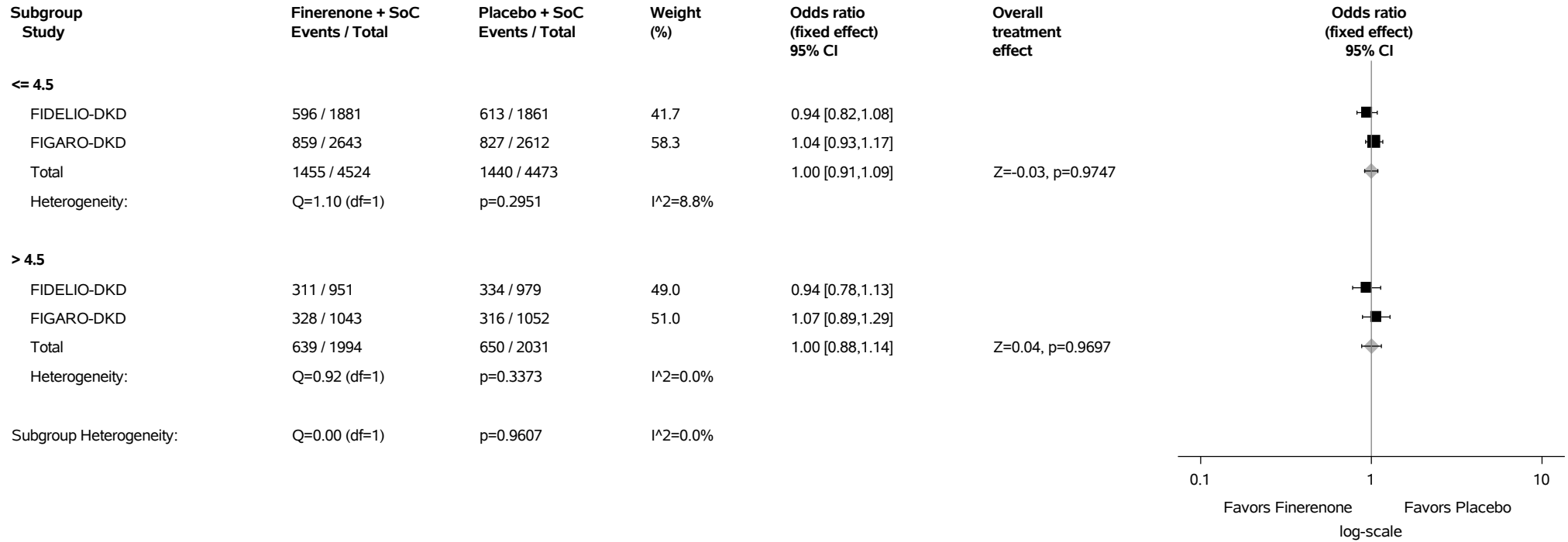
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.1.5: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

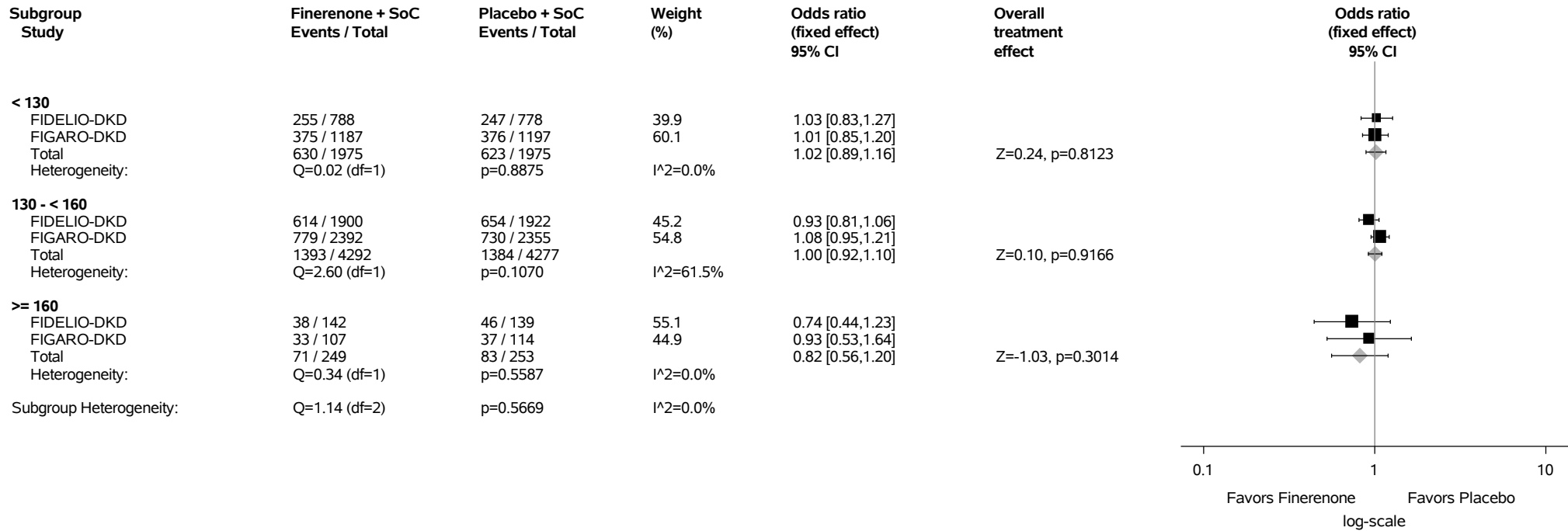
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.1.6: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

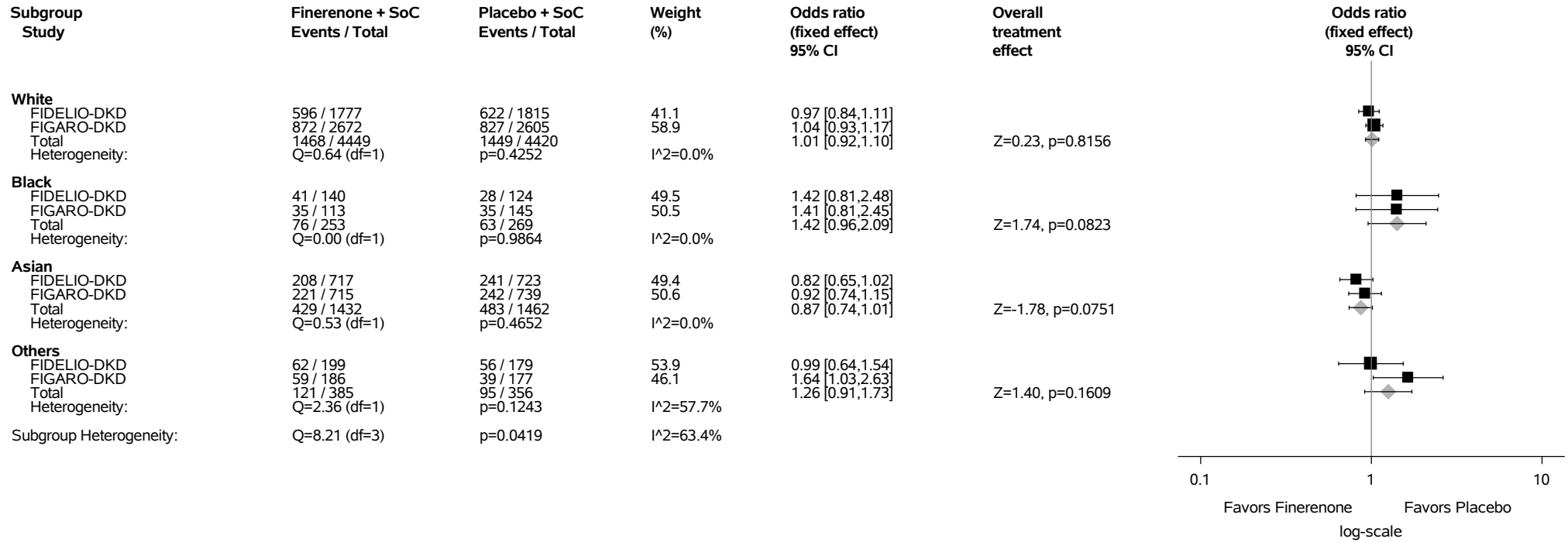
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.1.7: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

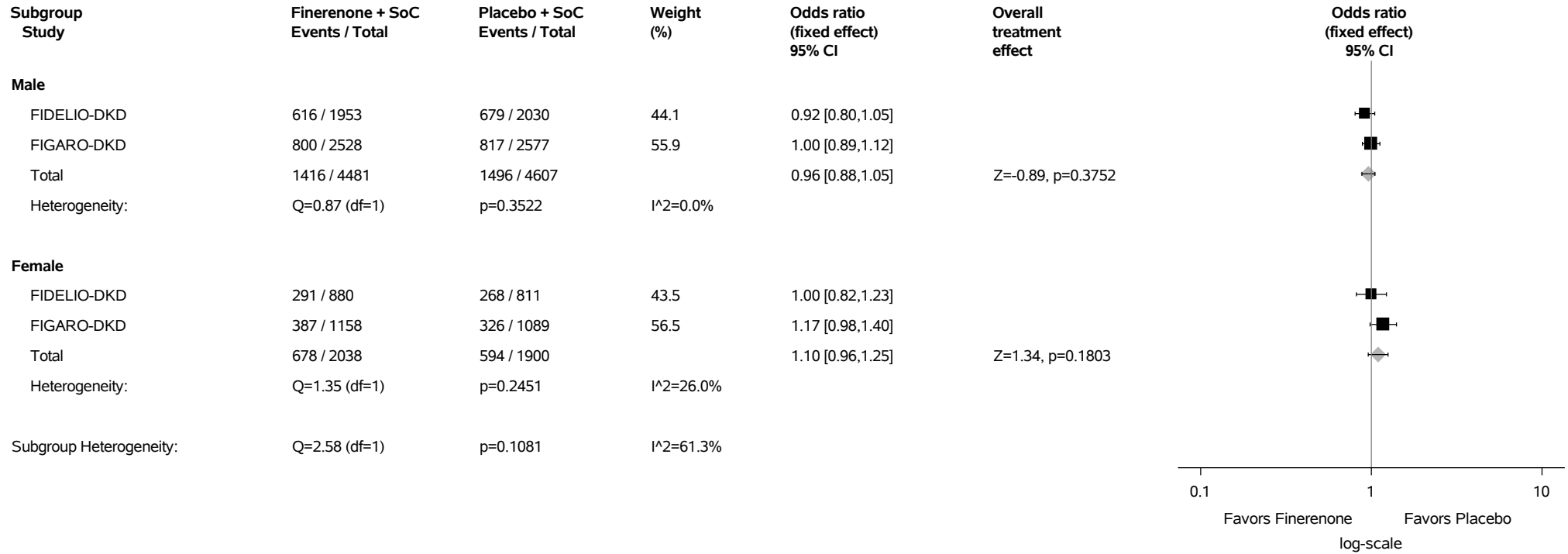
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.1.8: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

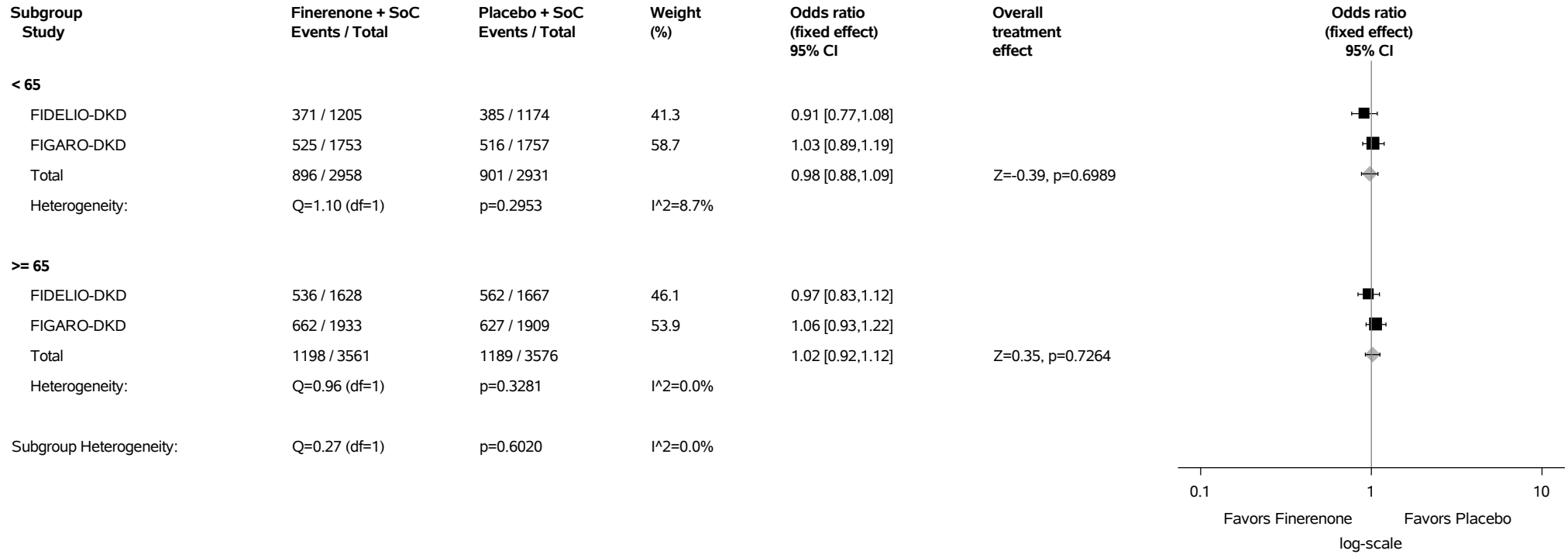
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.1.9: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

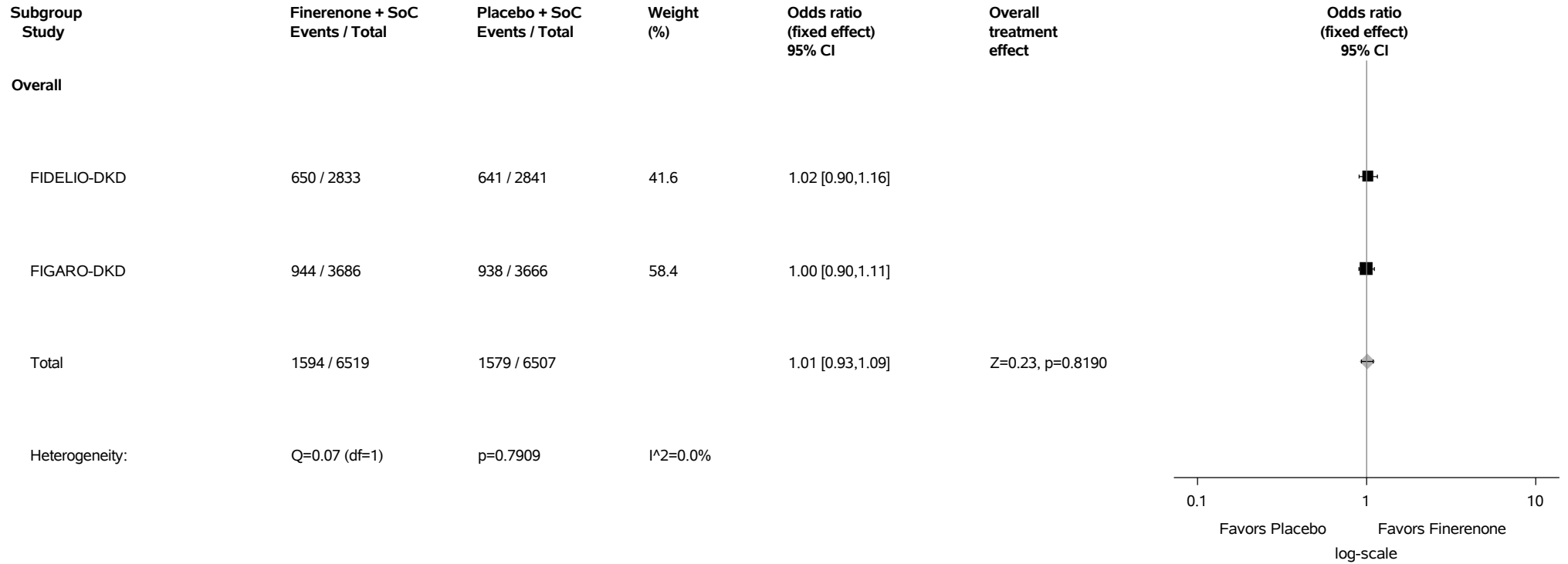
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.2: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 Full Analysis Set



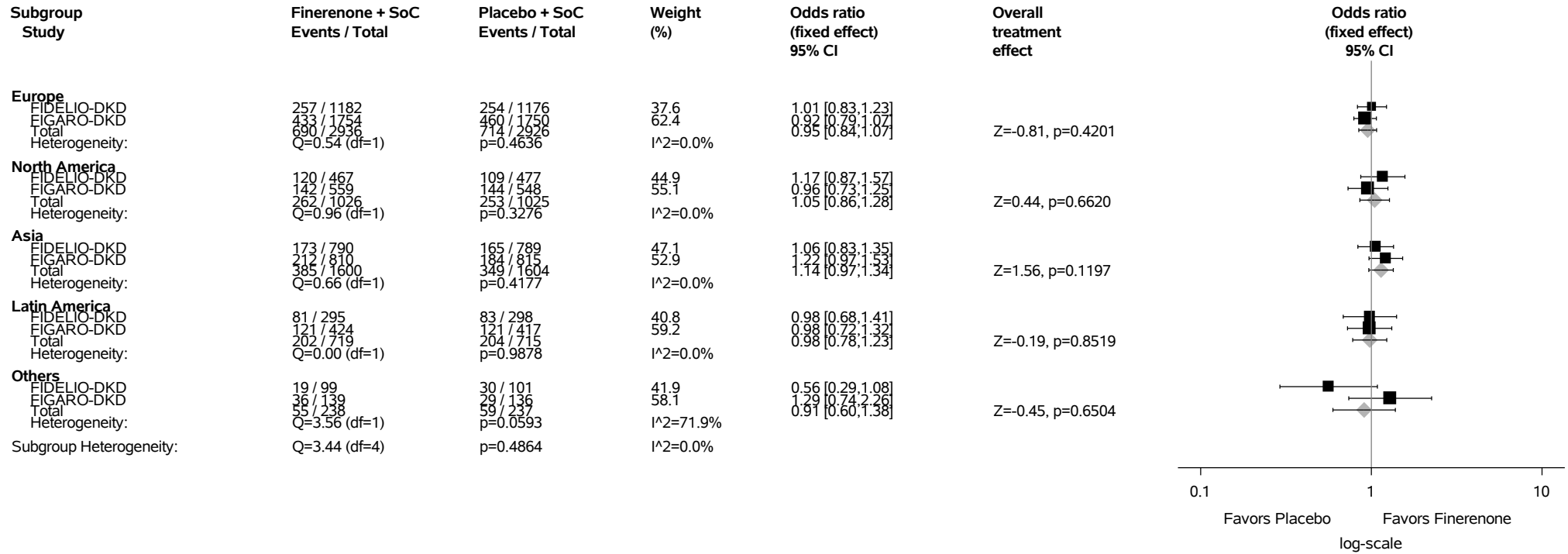
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.2.1: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

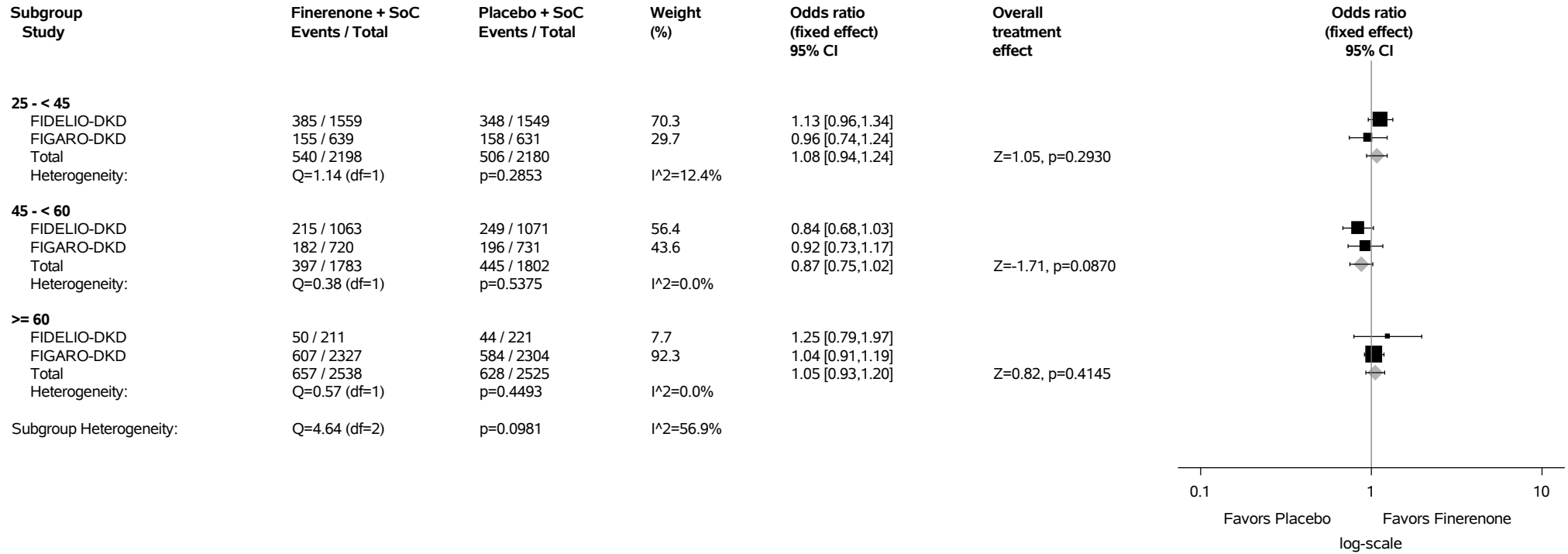
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.2.2: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by eGFR (mL/min/1.73m²) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

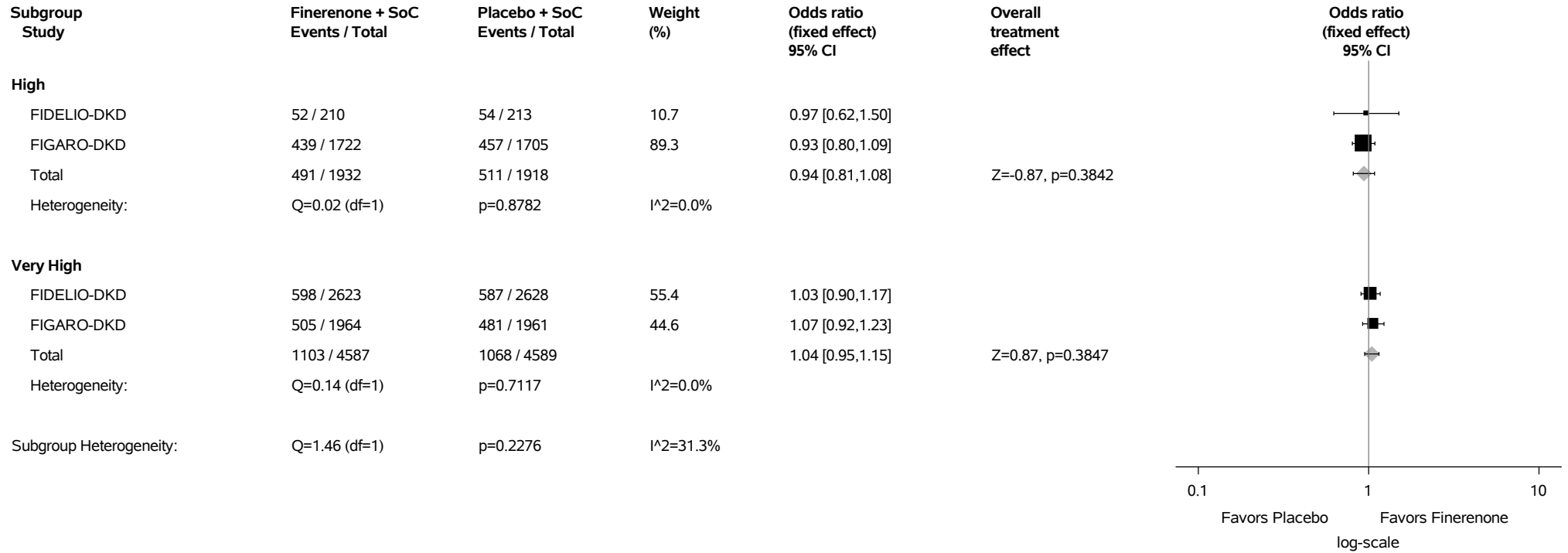
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.2.3: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

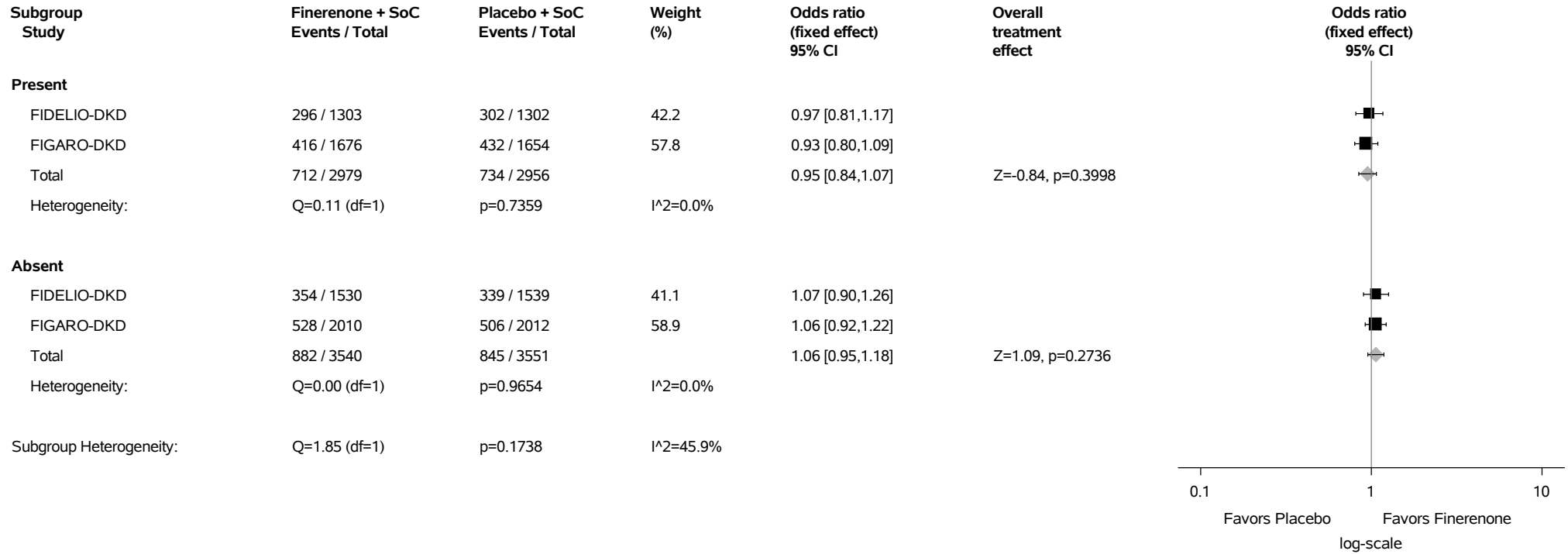
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.2.4: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

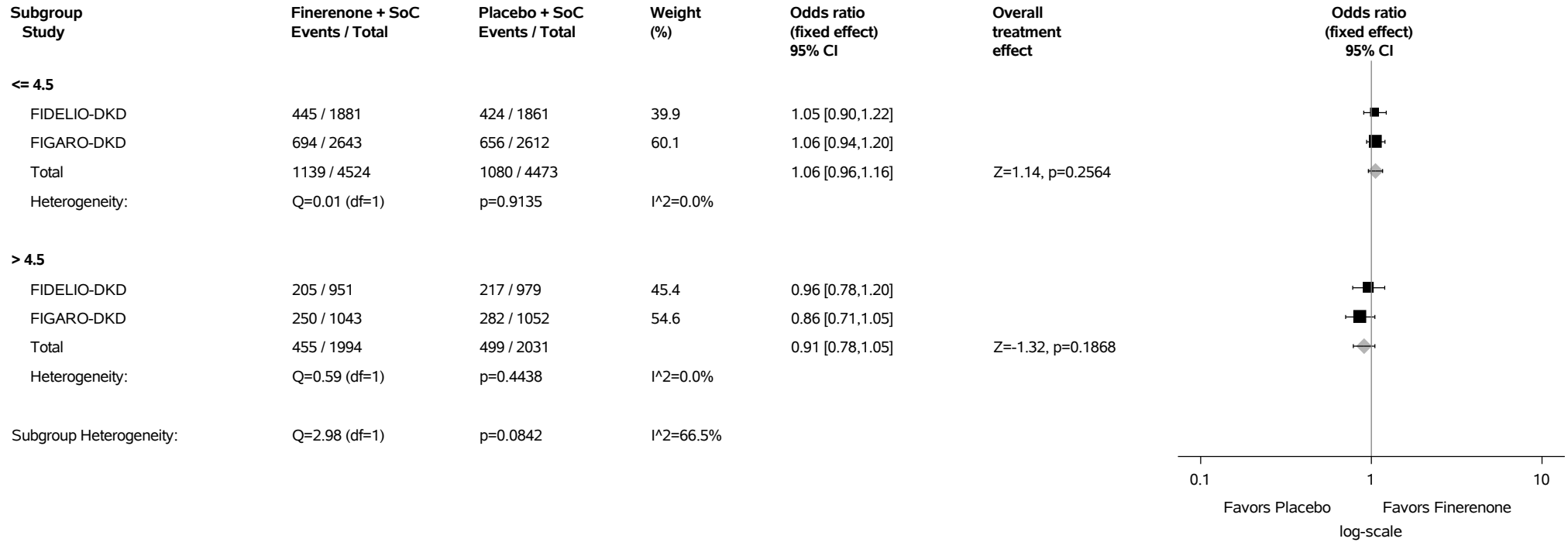
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.2.5: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

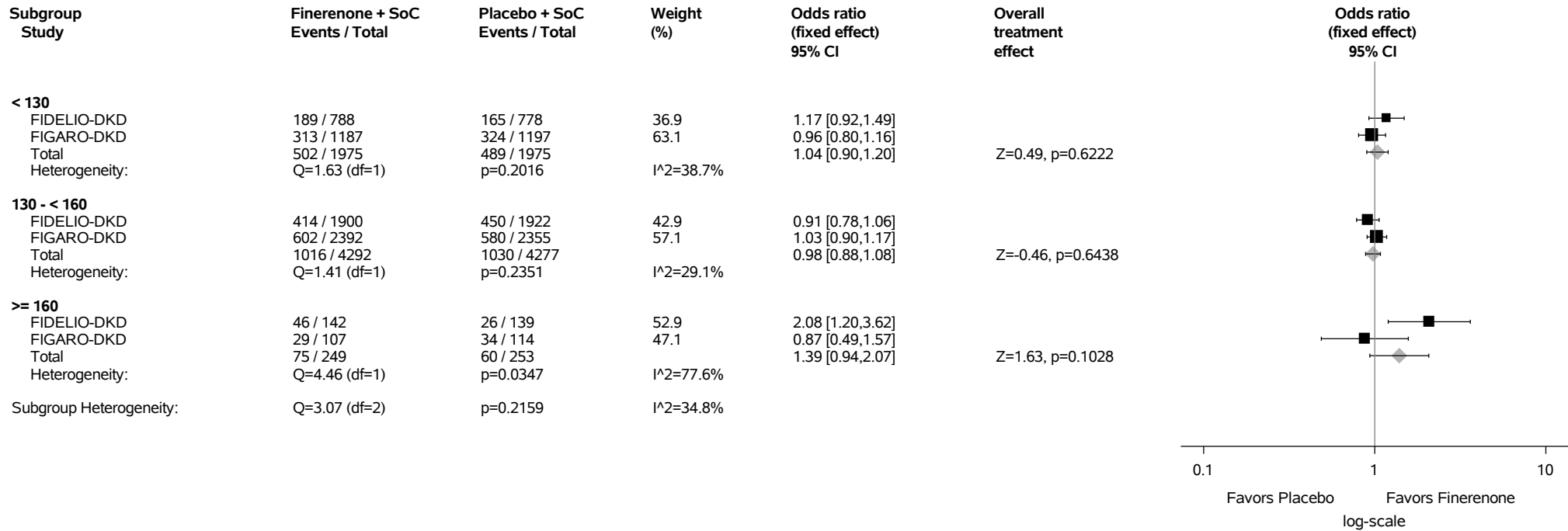
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.2.6: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

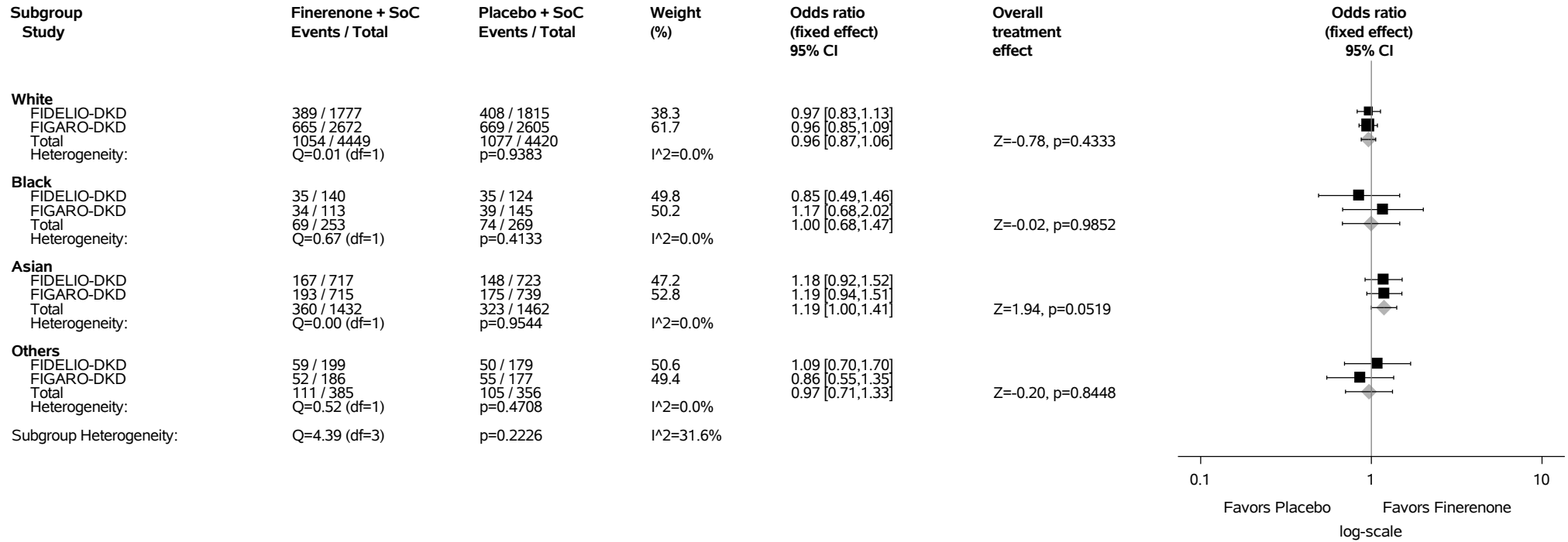
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.2.7: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

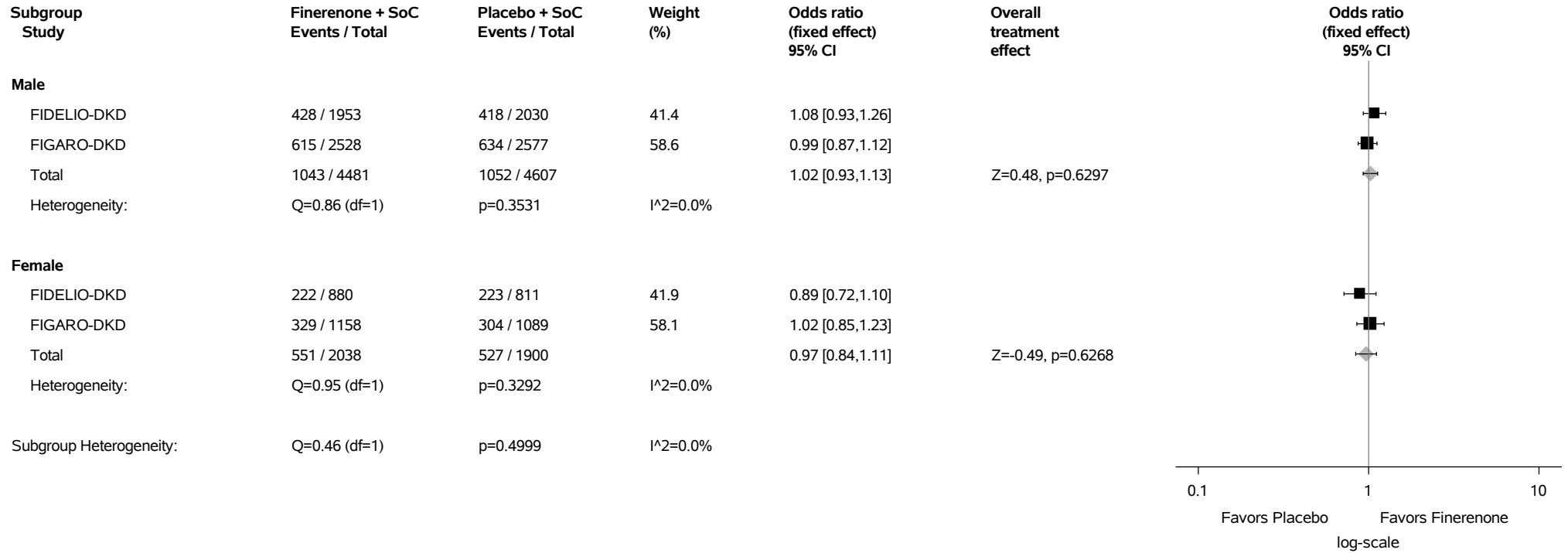
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.2.8: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

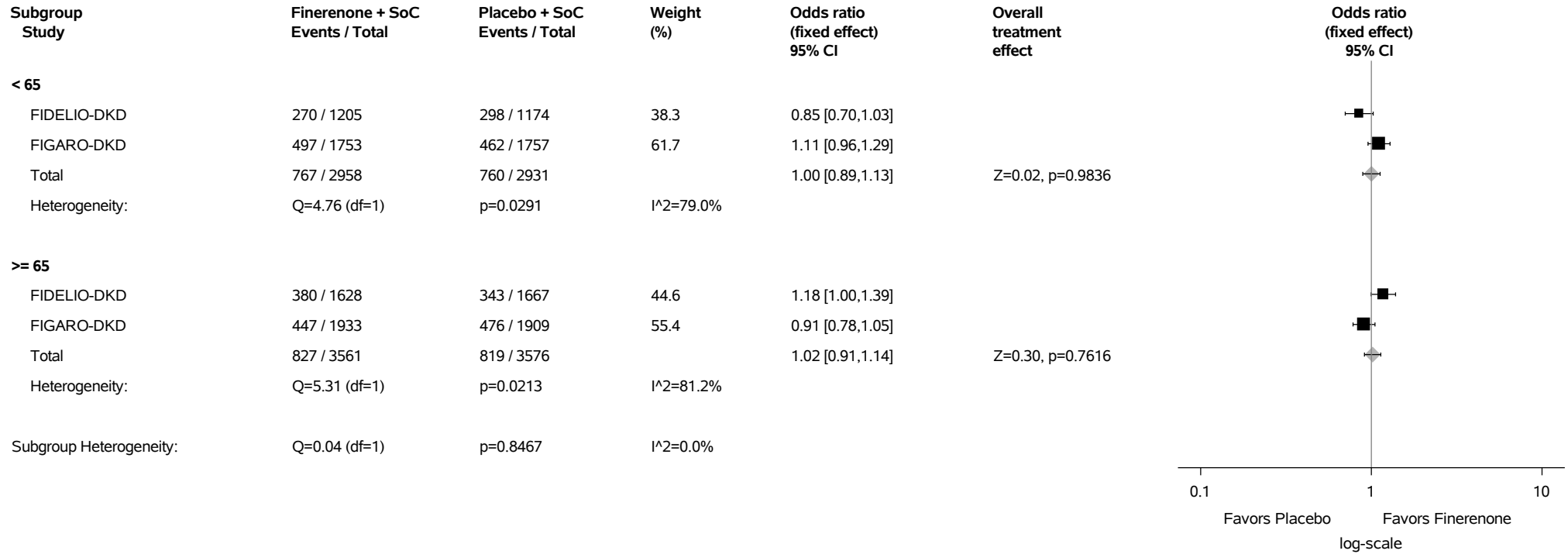
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.2.9: EQ-5D VAS - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, EQ-5D=EuroQOL group 5-dimension, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care, VAS=Visual Analogue Scale.

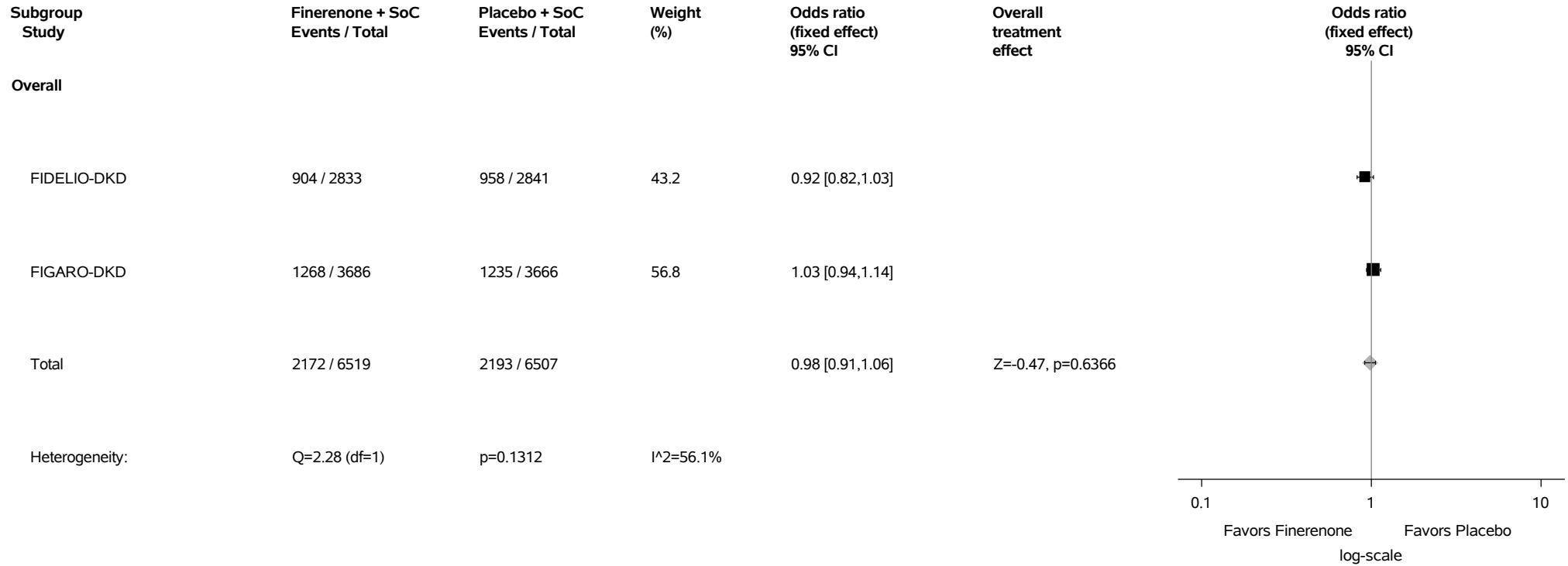
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 Full Analysis Set



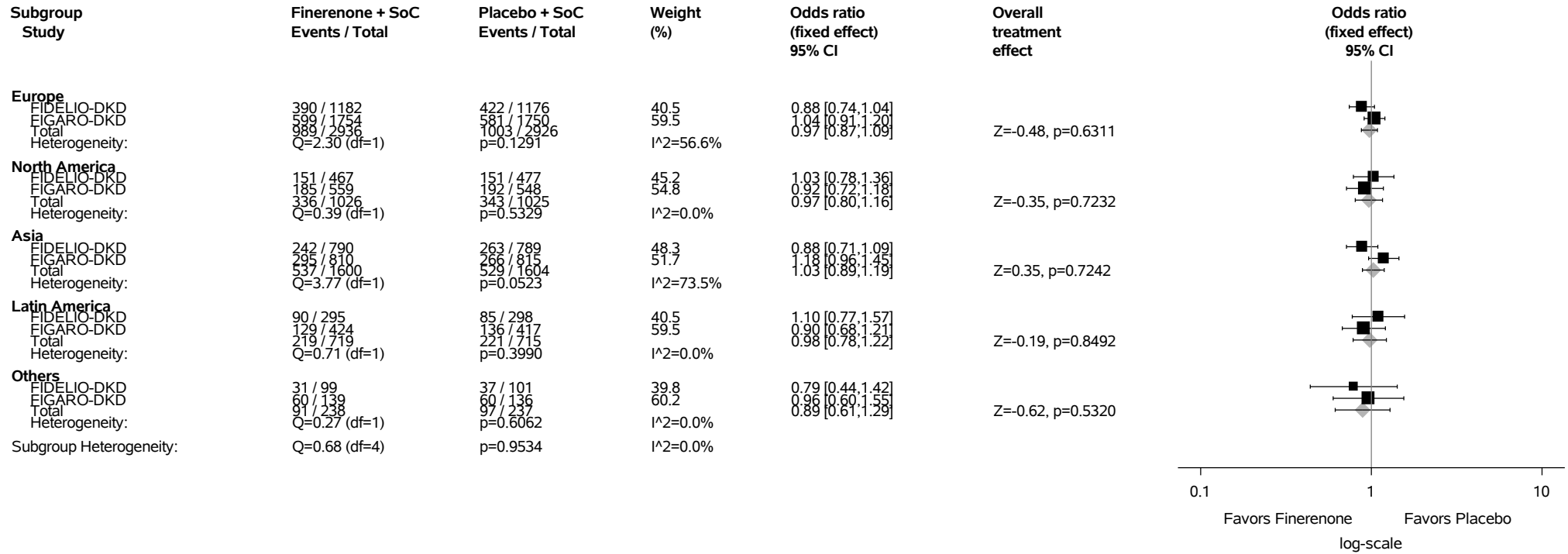
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.3.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

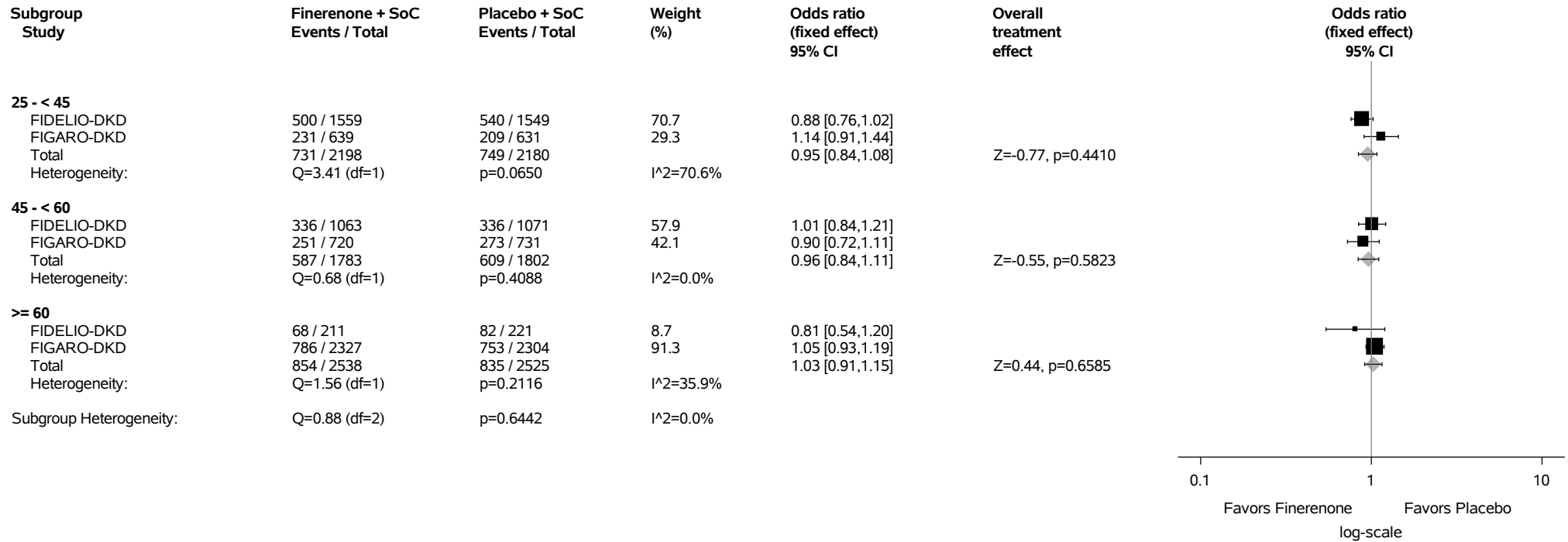
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.3.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m²) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

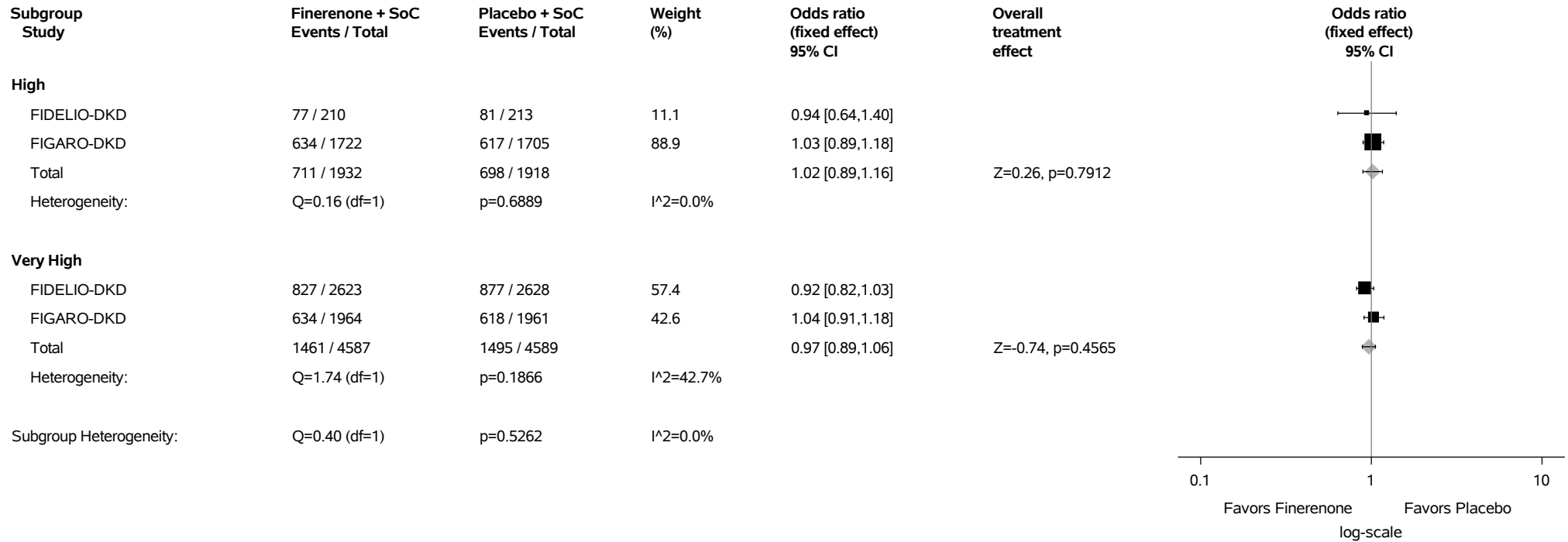
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.3.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

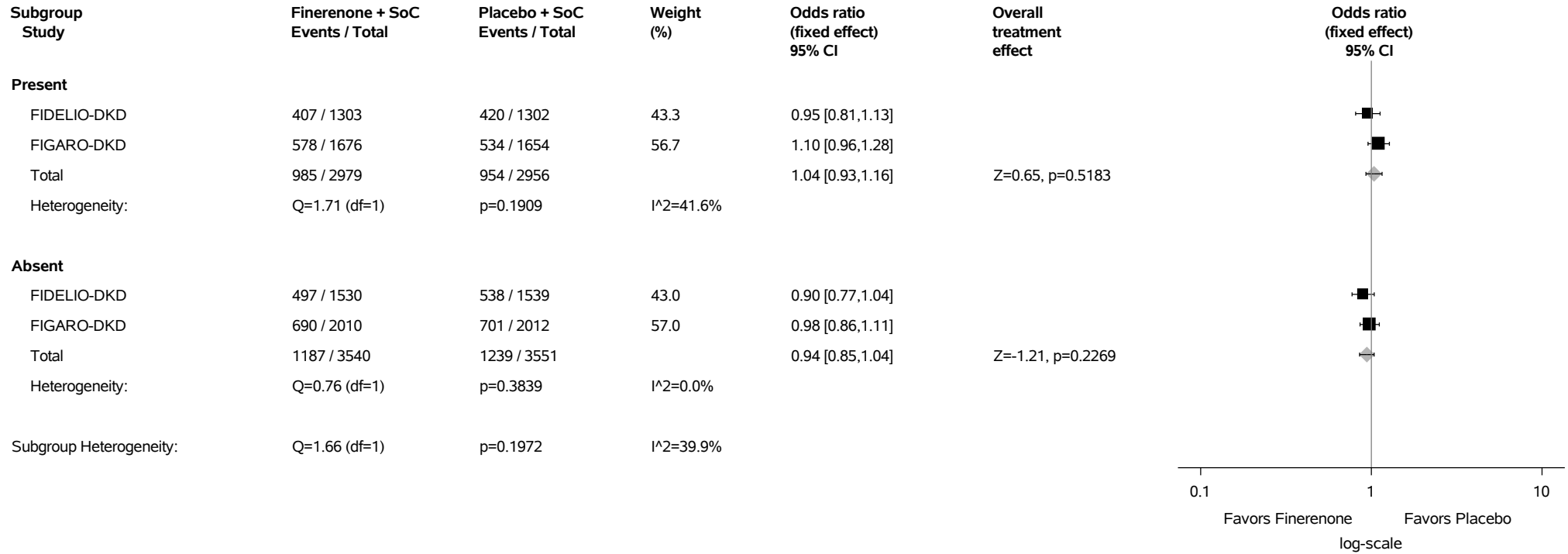
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.3.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

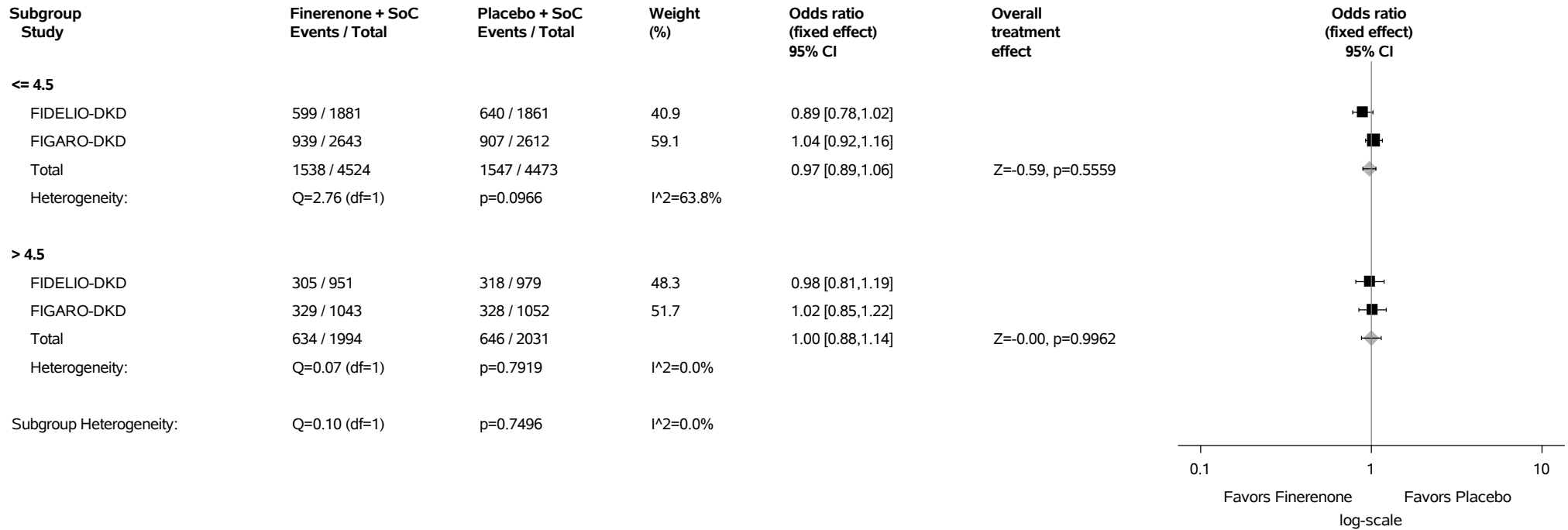
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.3.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

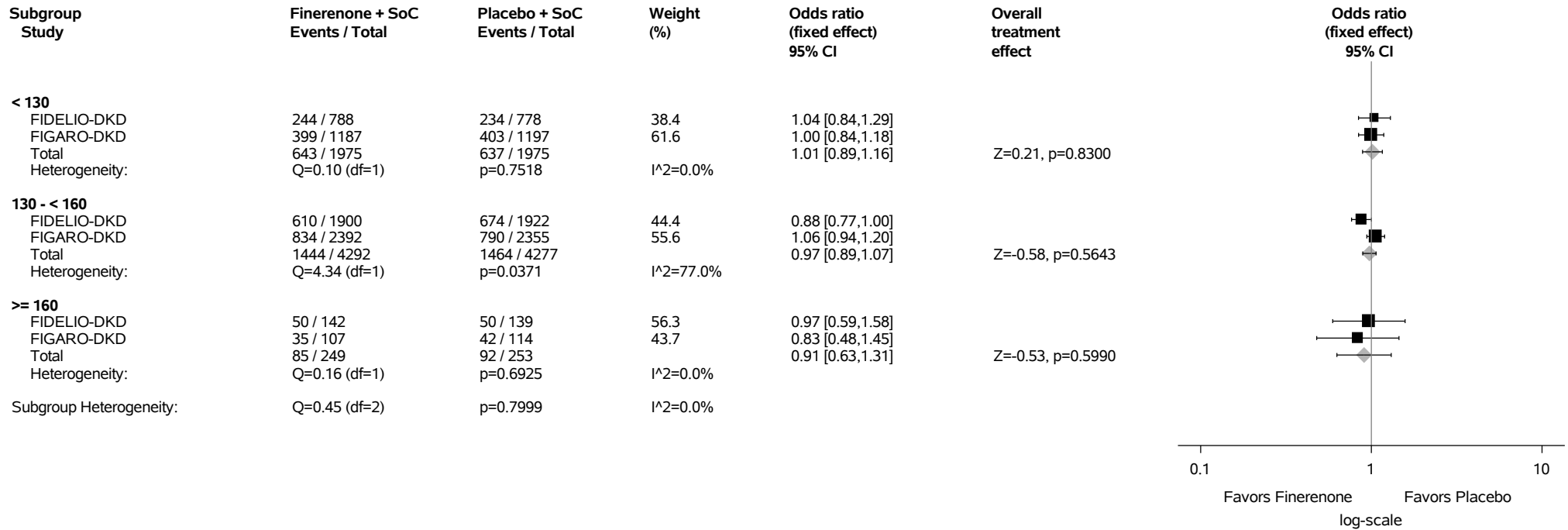
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.3.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

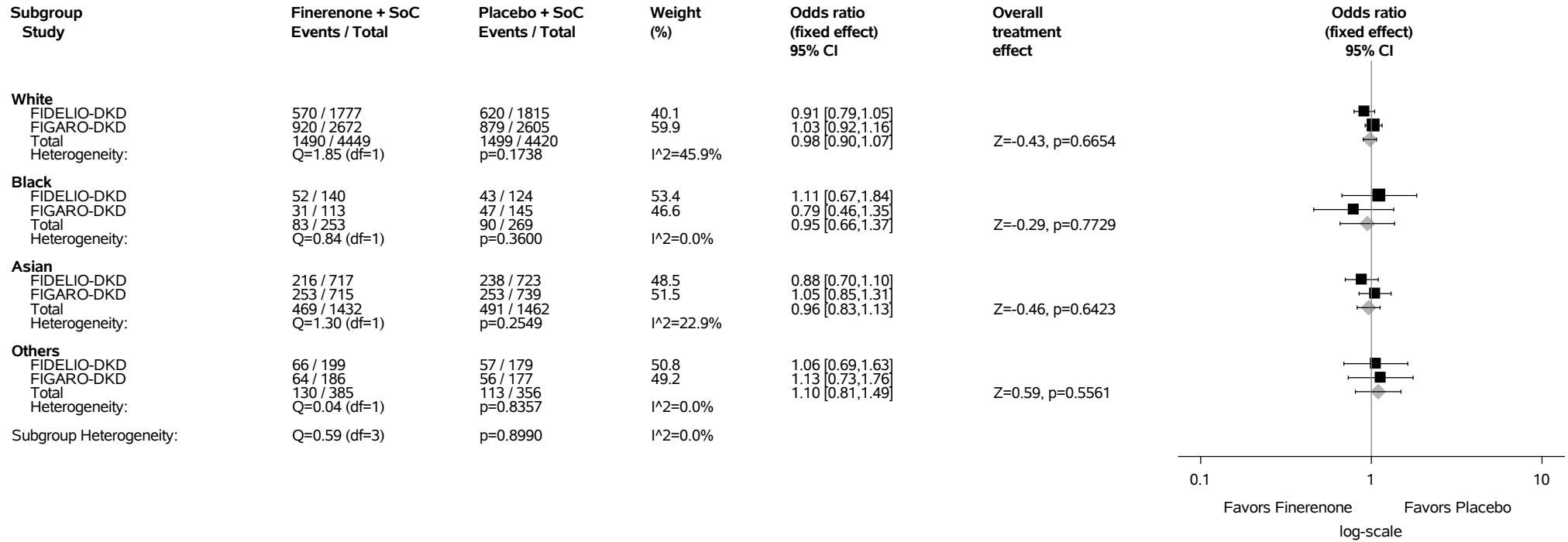
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.3.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

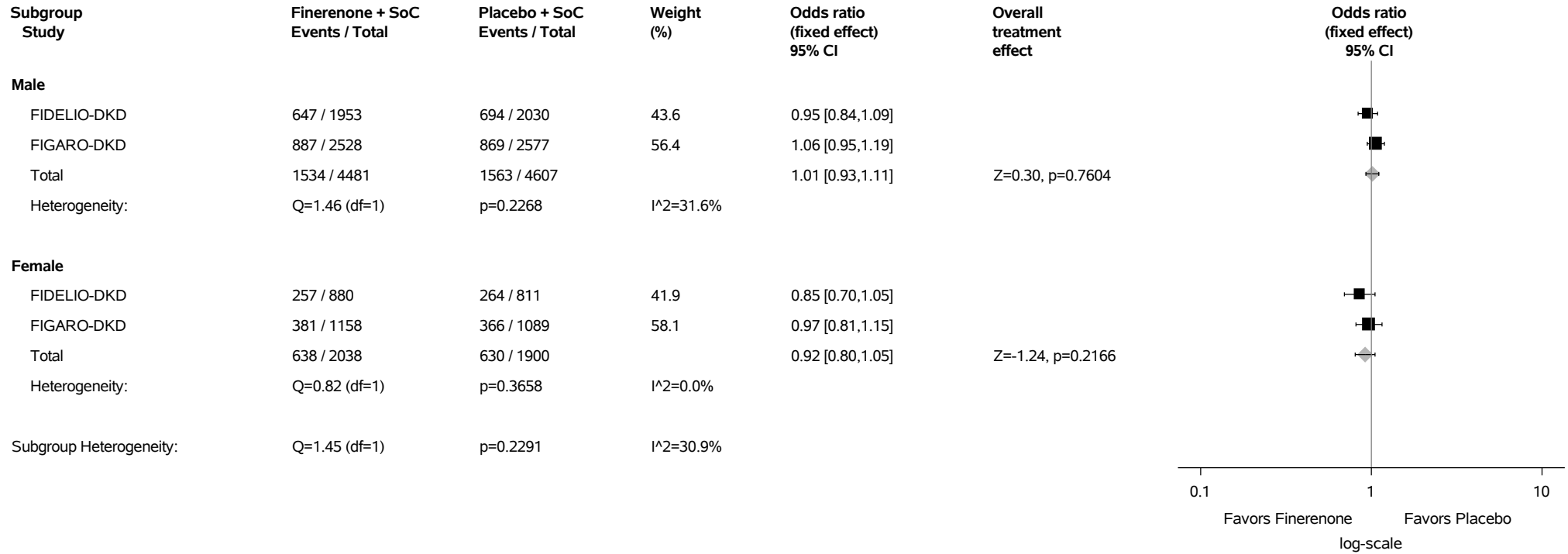
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.3.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

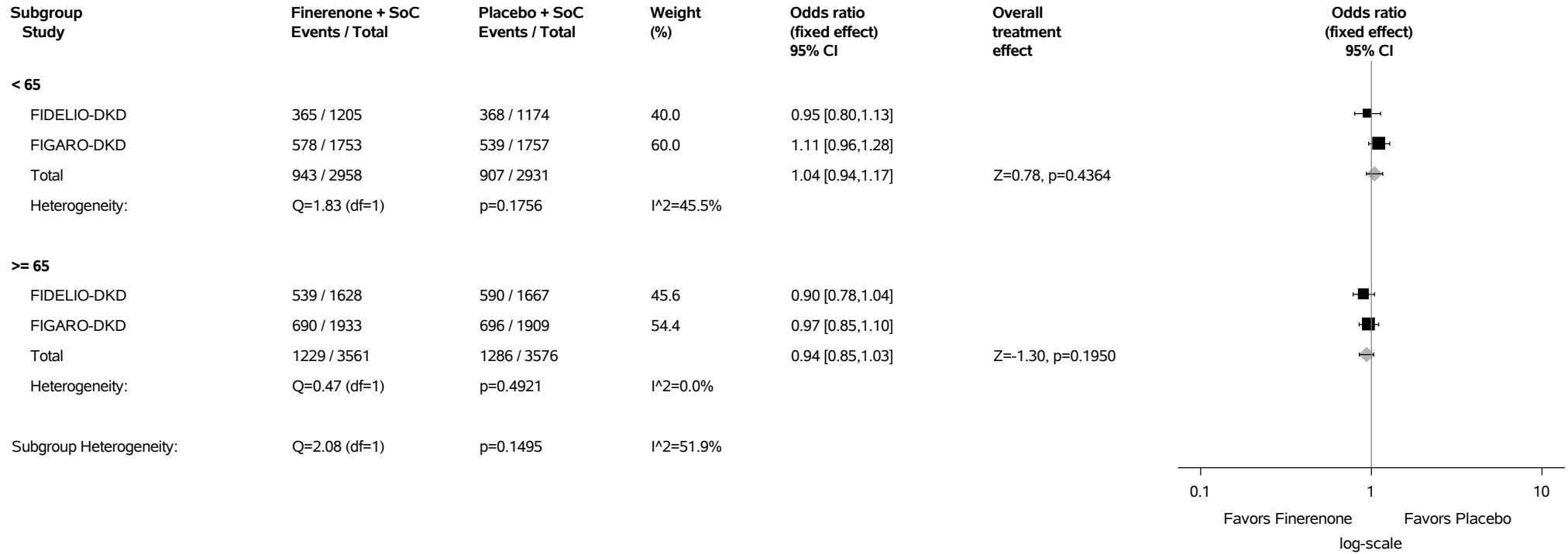
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.3.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Physical Component Summary of at least MID=8 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

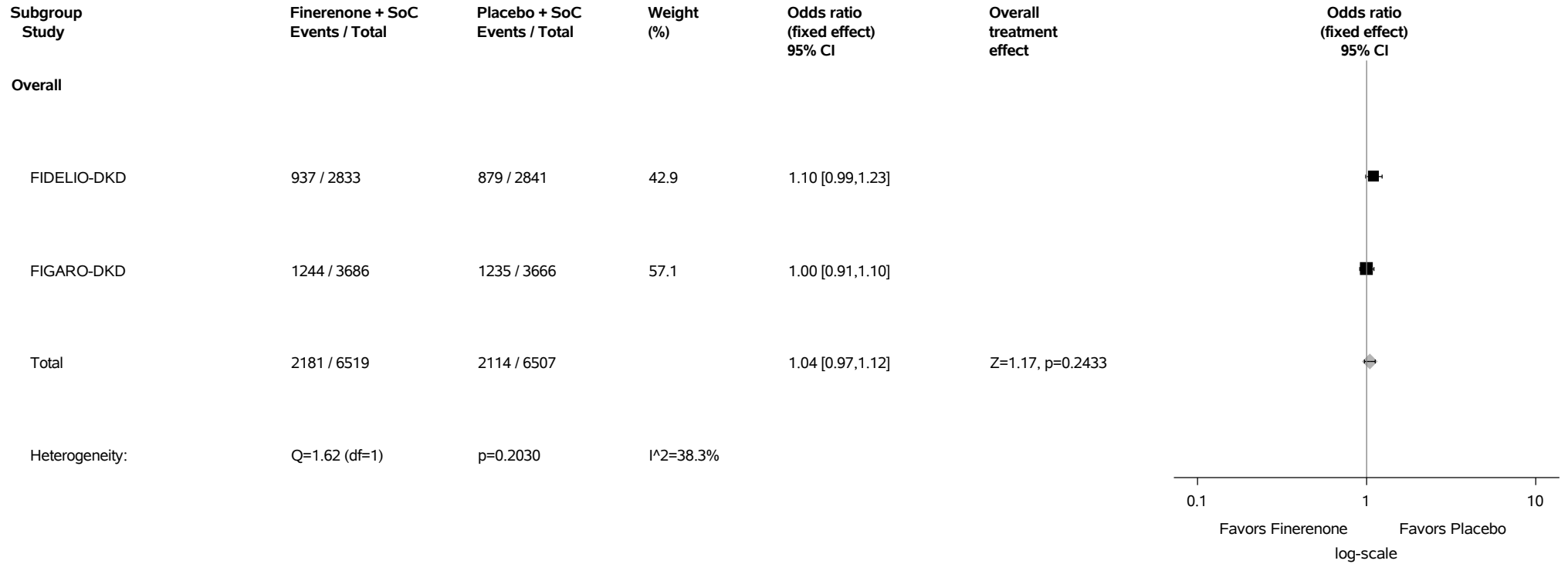
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 Full Analysis Set



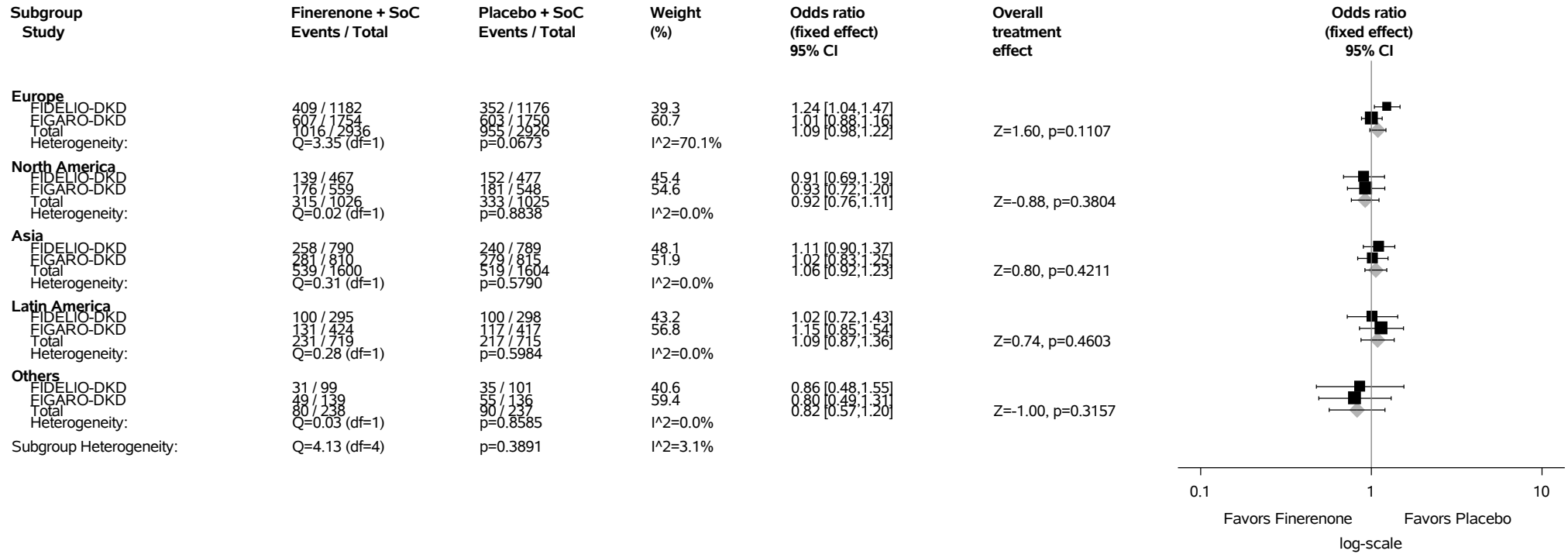
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.4.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at Least MID=9 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

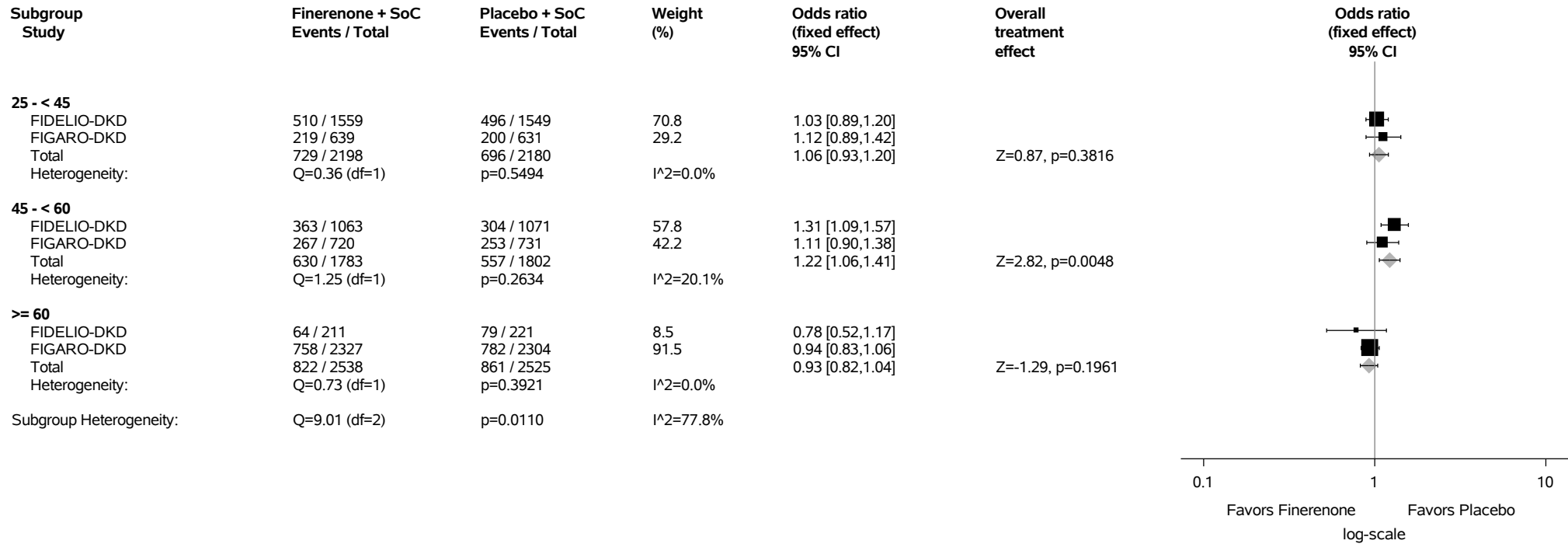
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.4.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

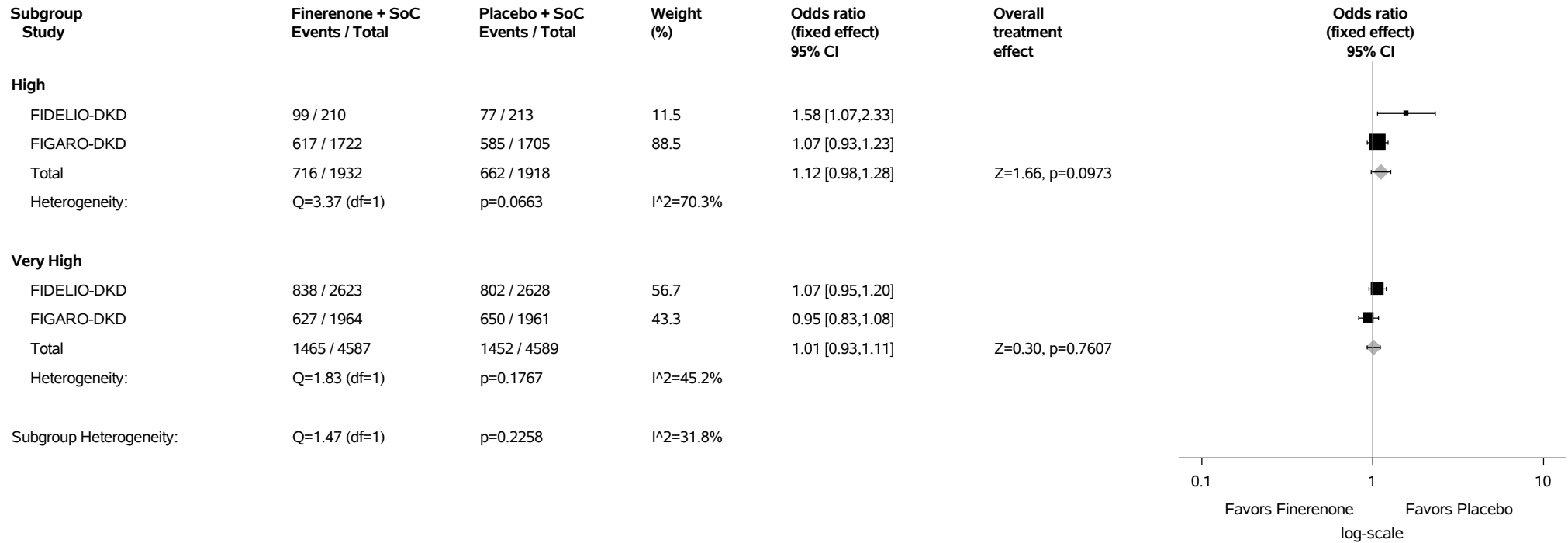
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.4.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

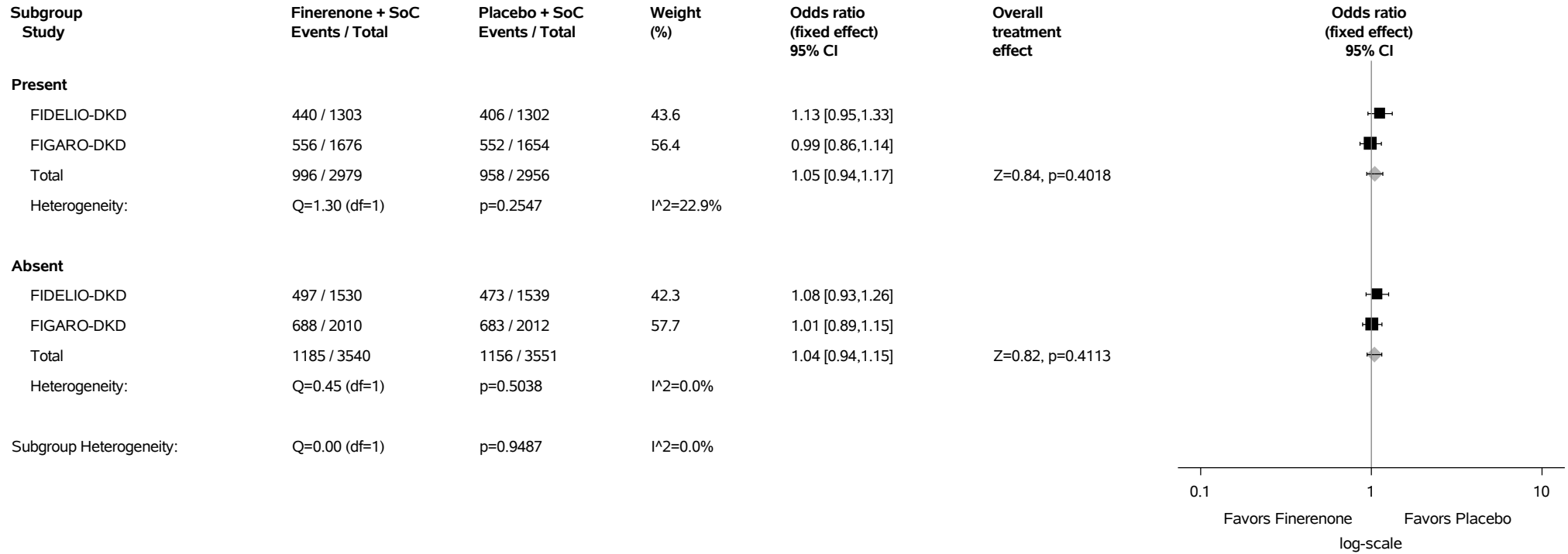
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.4.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

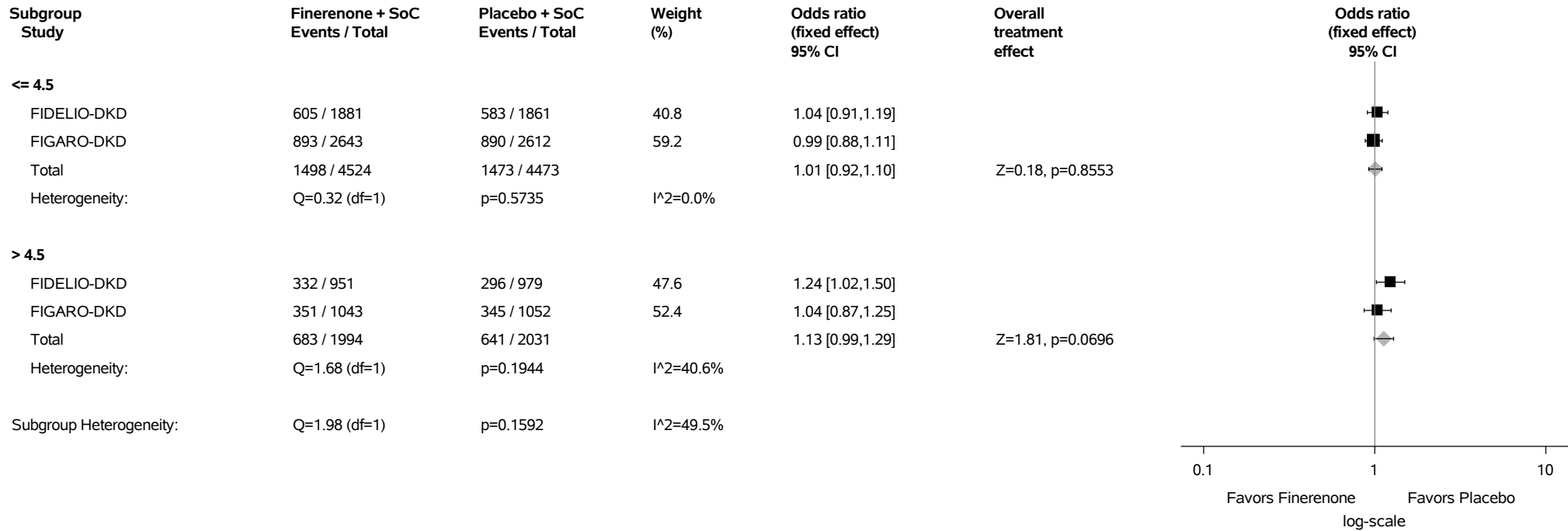
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.4.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

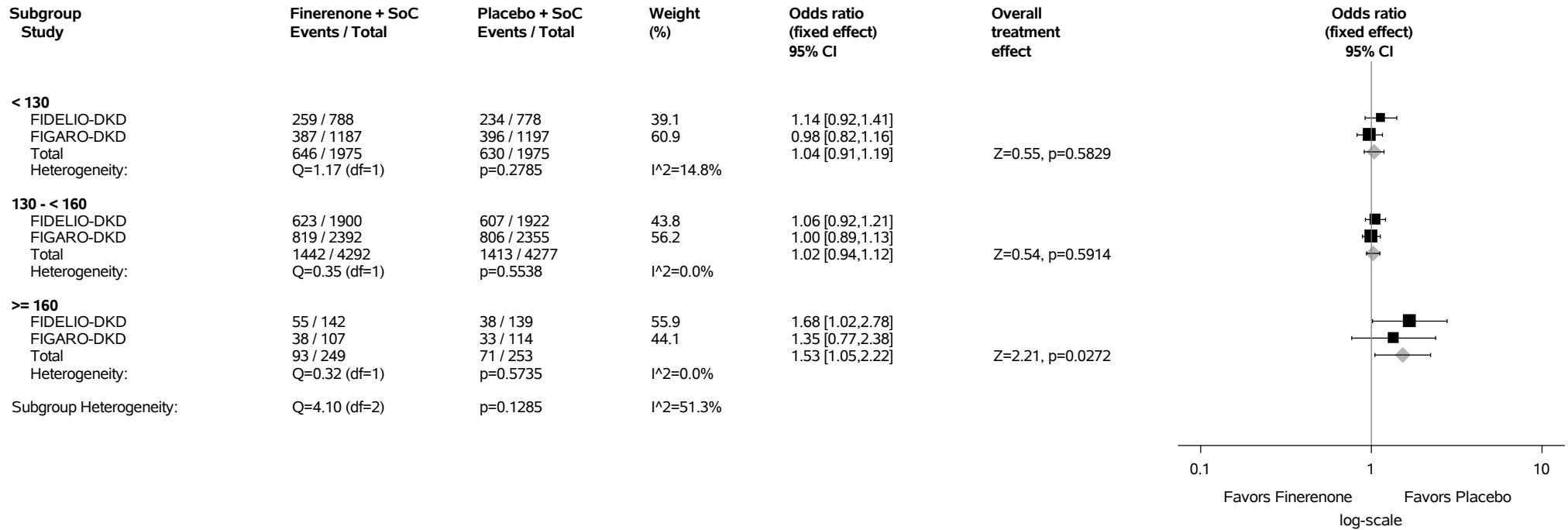
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.4.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

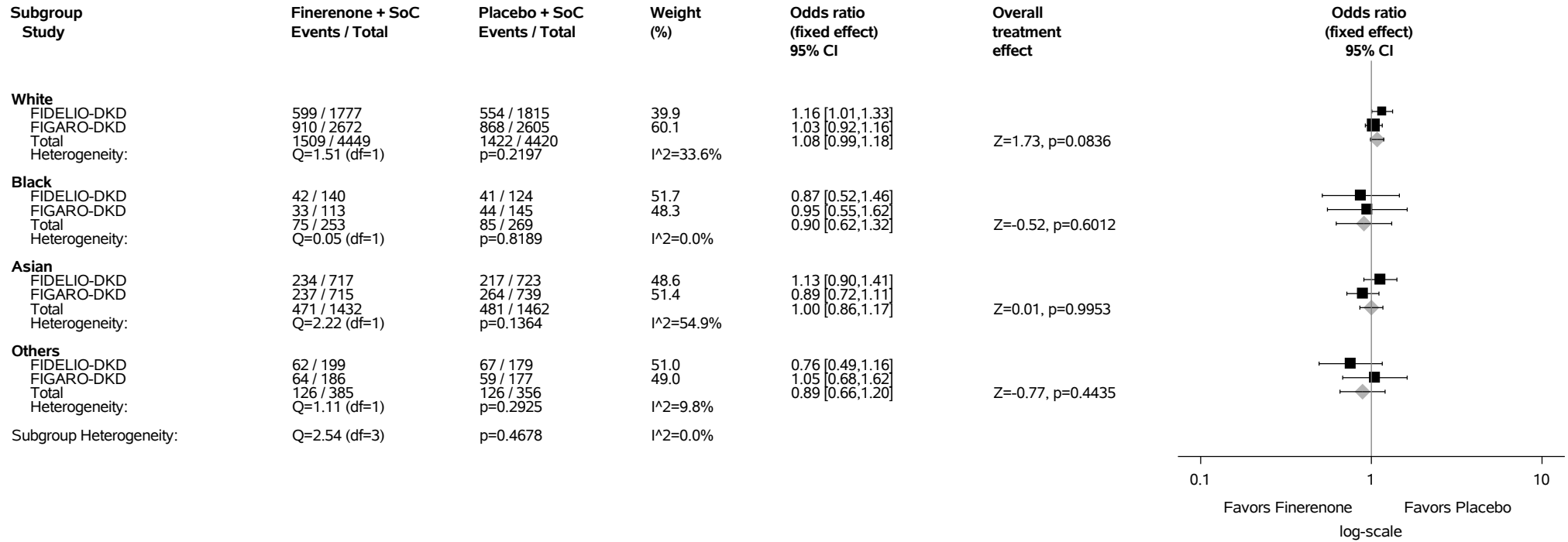
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.4.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at least MID=9 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

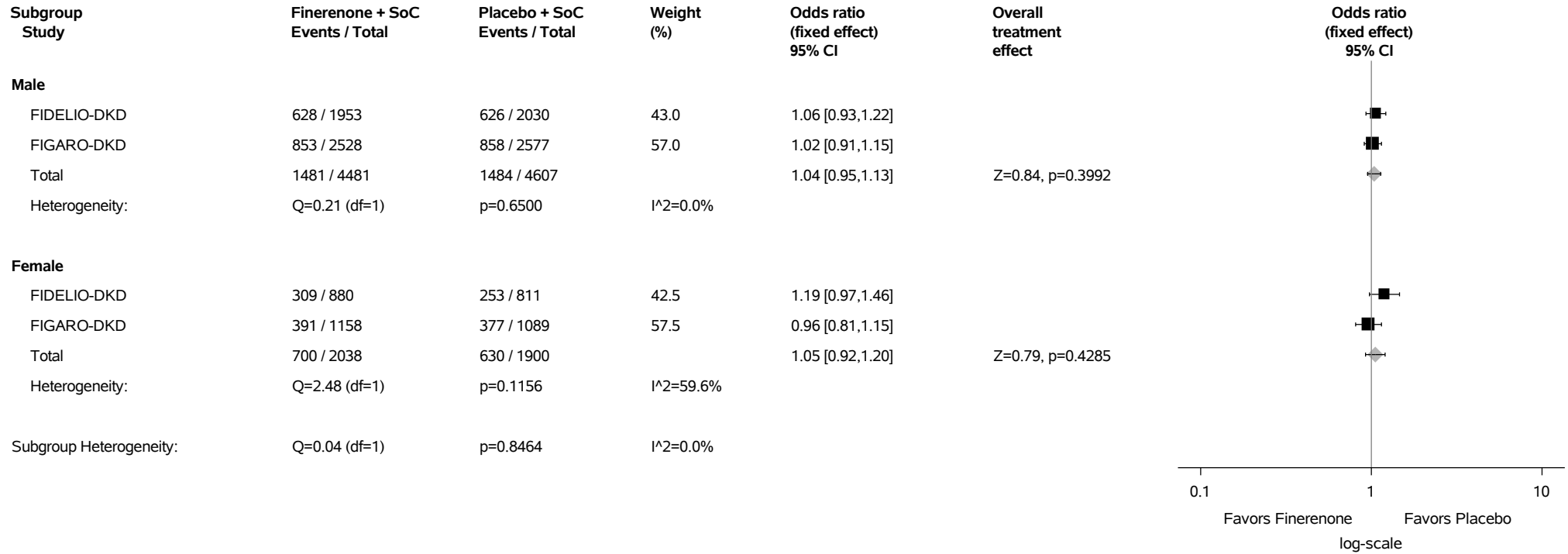
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.4.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at Least MID=9 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

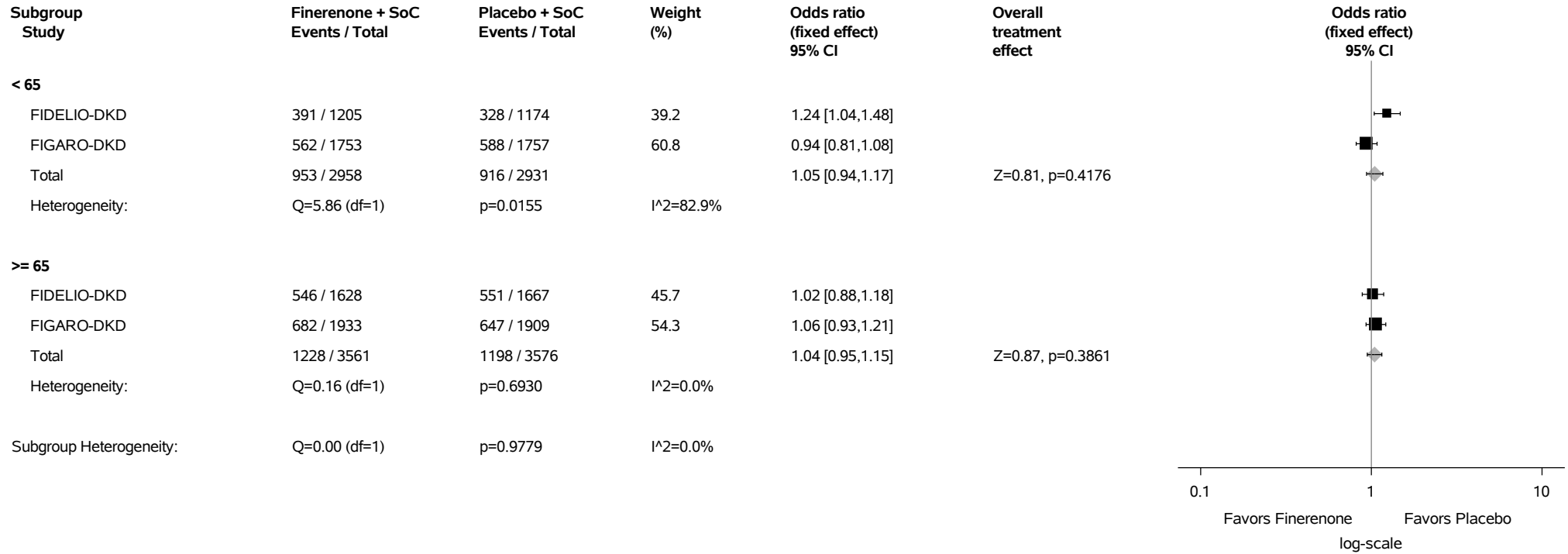
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.4.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Mental Component Summary of at Least MID=9 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

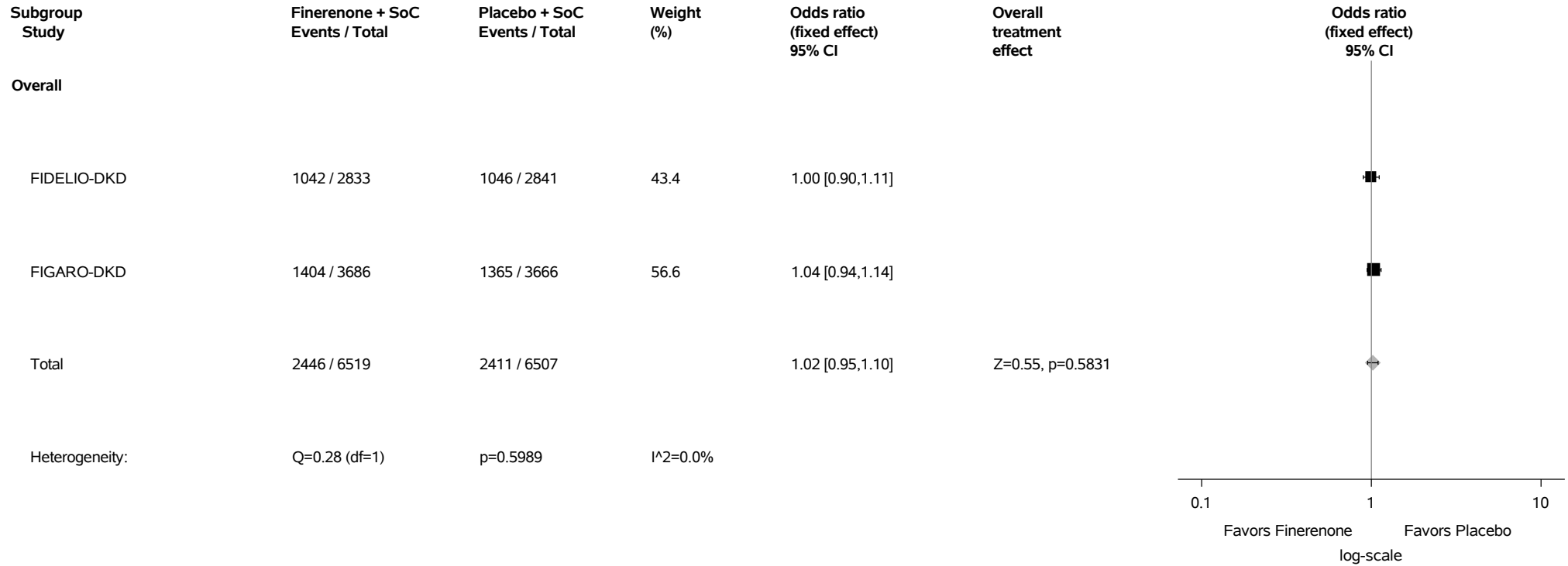
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 Full Analysis Set



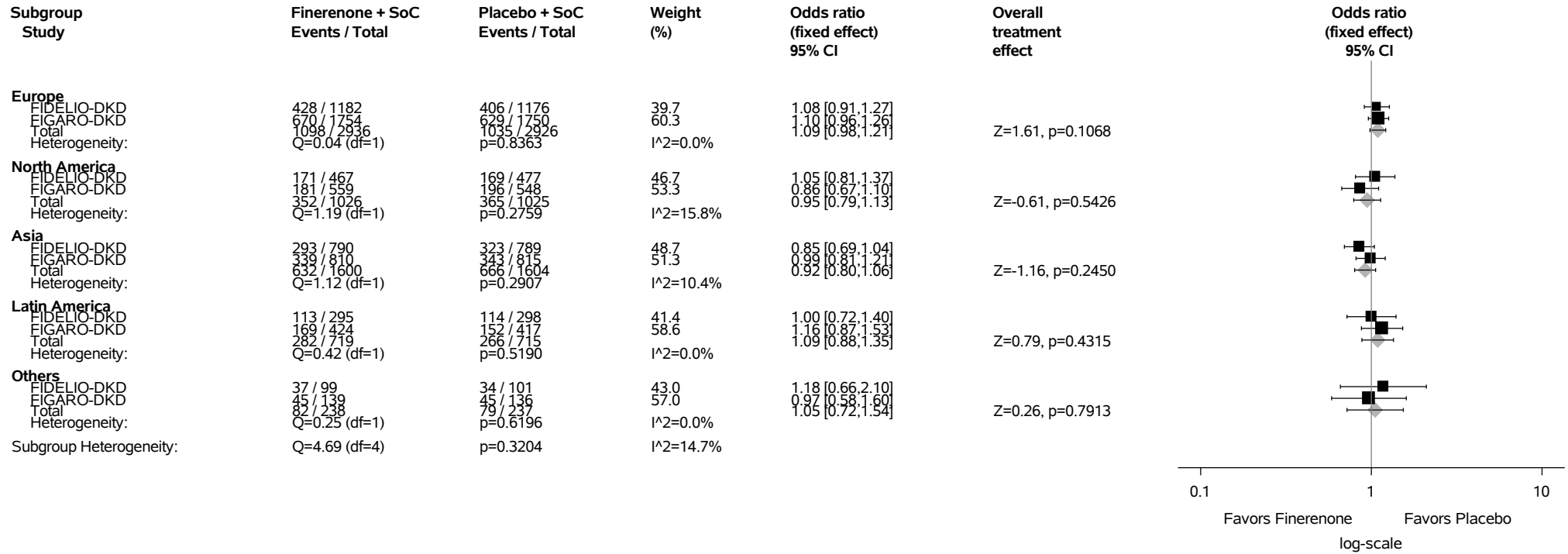
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.5.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

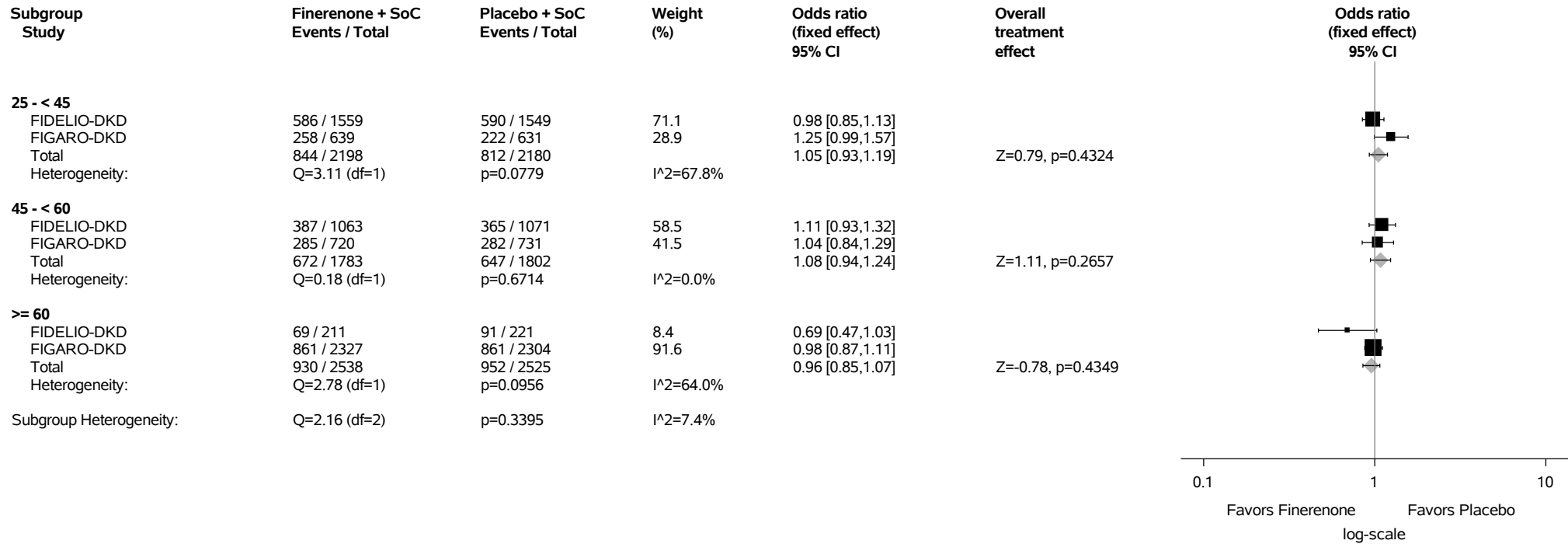
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.5.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

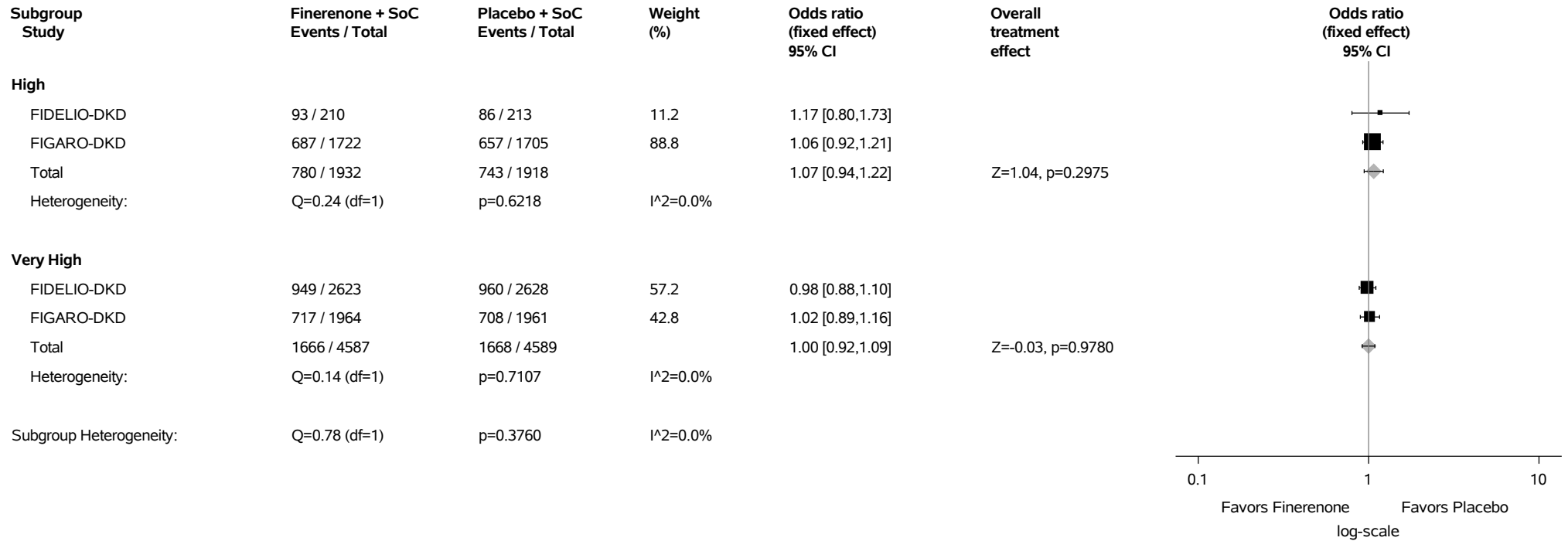
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.5.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

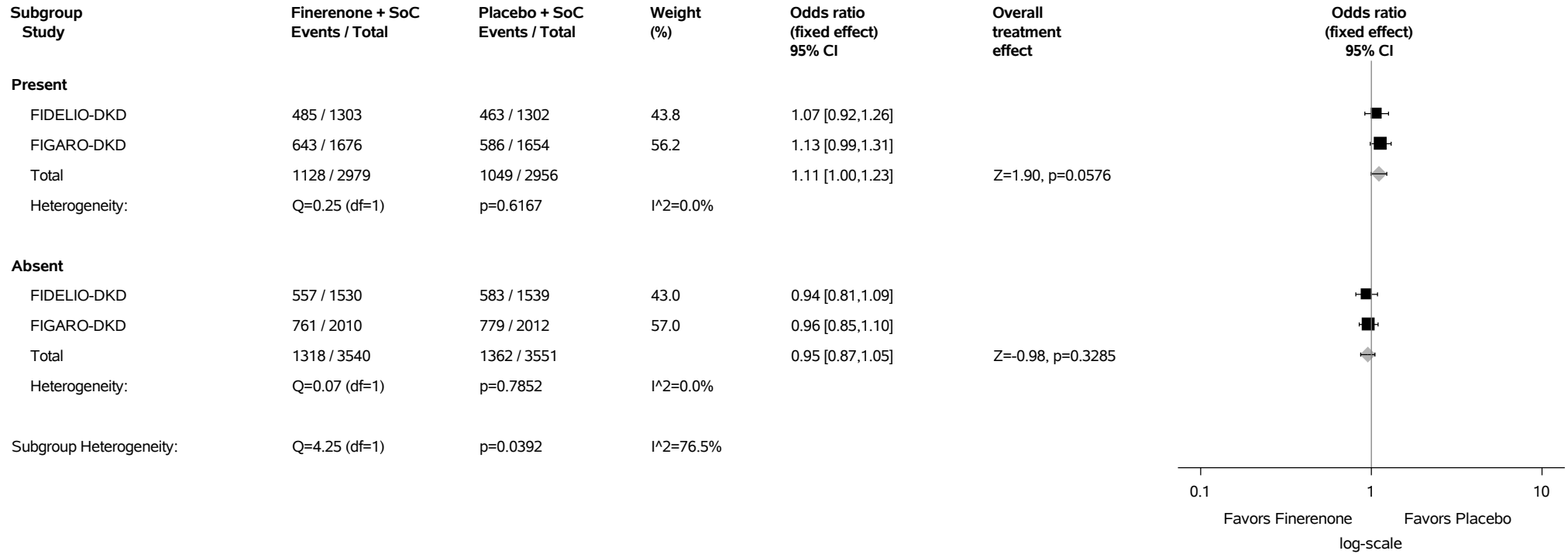
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.5.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

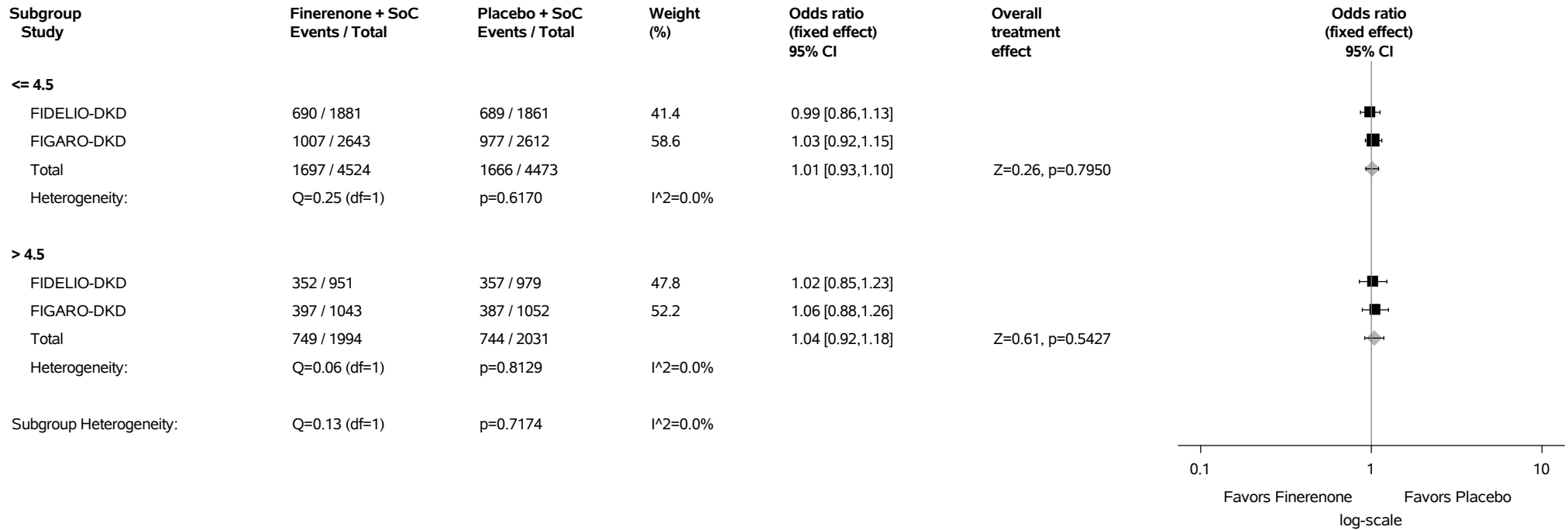
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.5.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

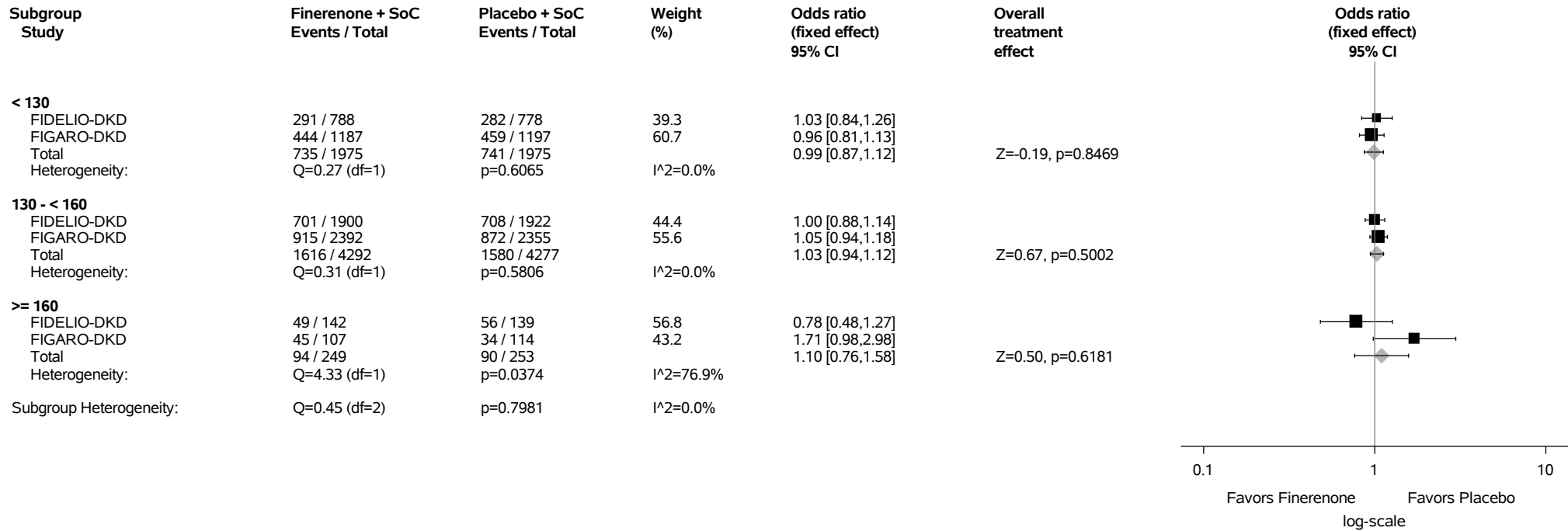
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.5.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

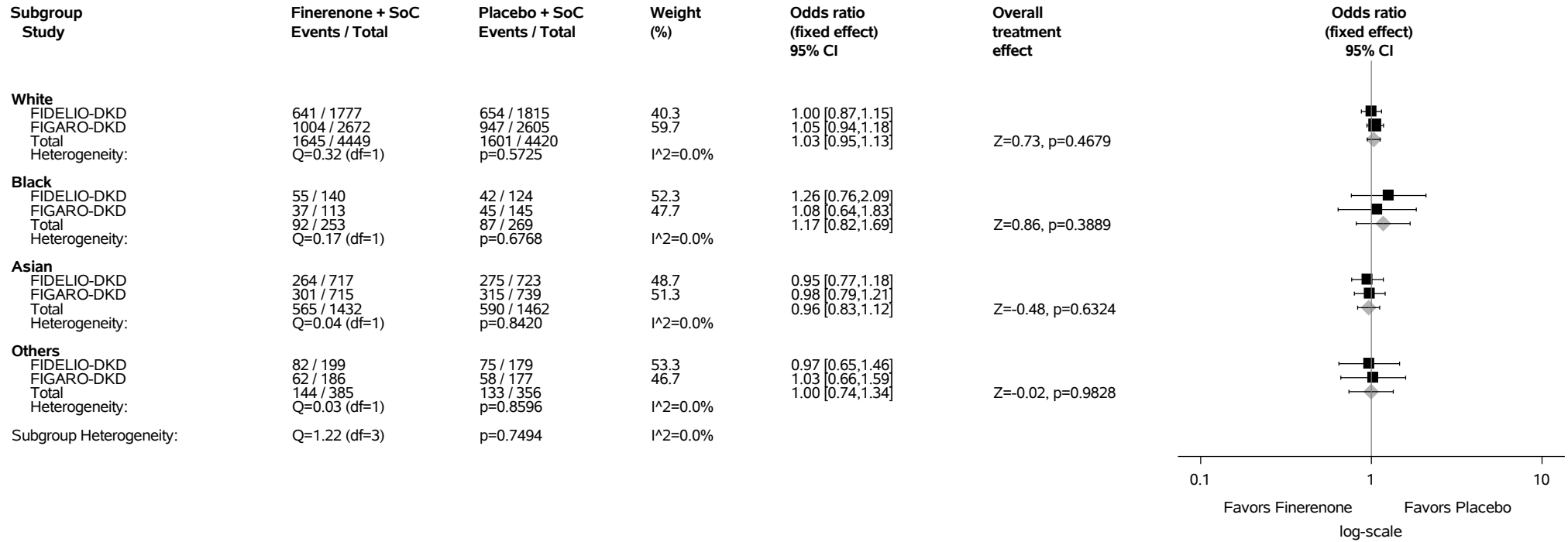
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.5.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

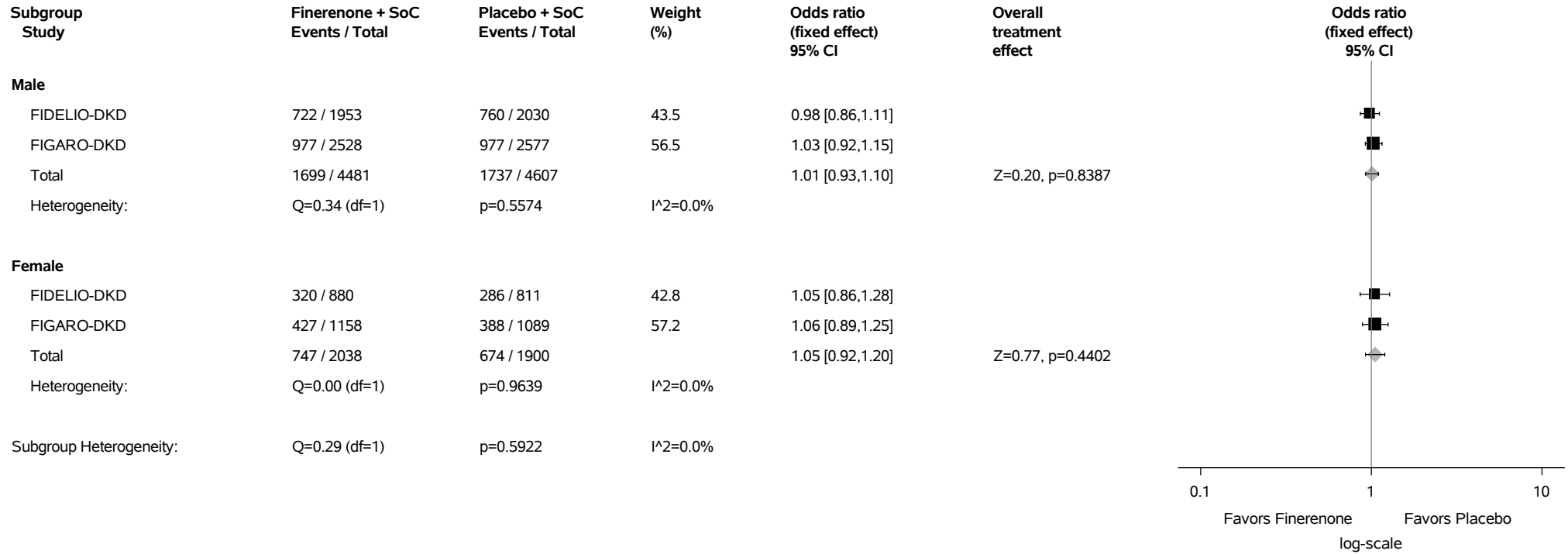
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.5.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

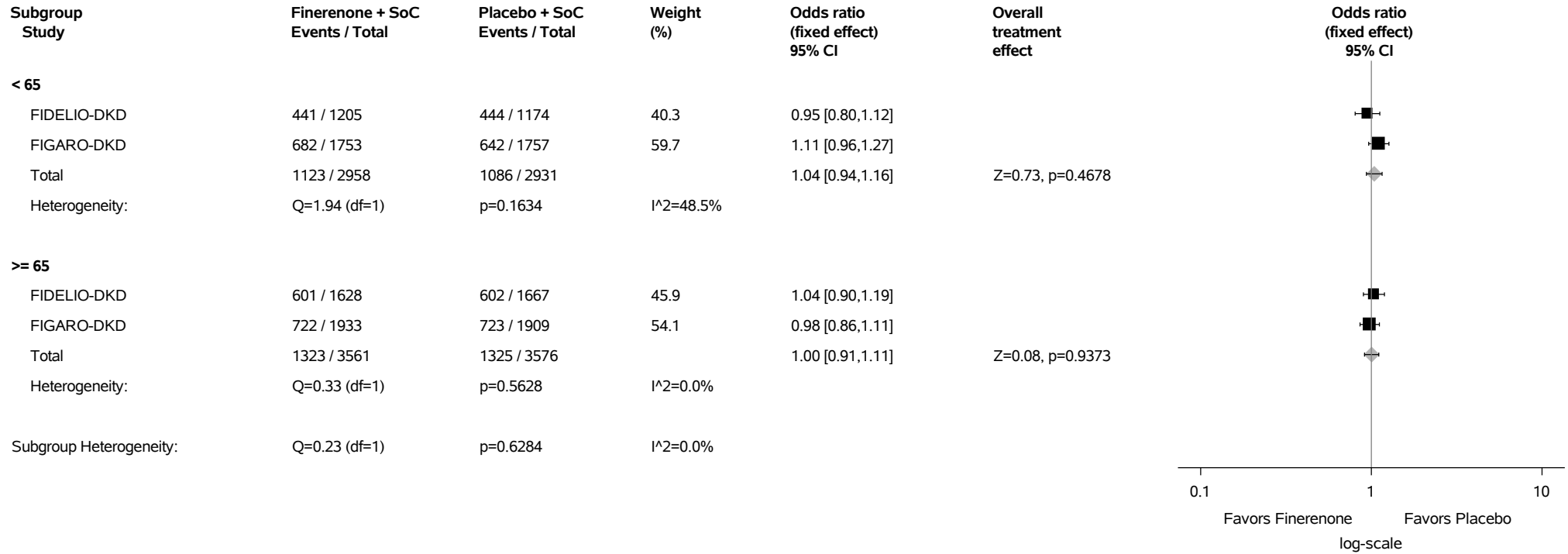
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.5.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Burden of Kidney Disease of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

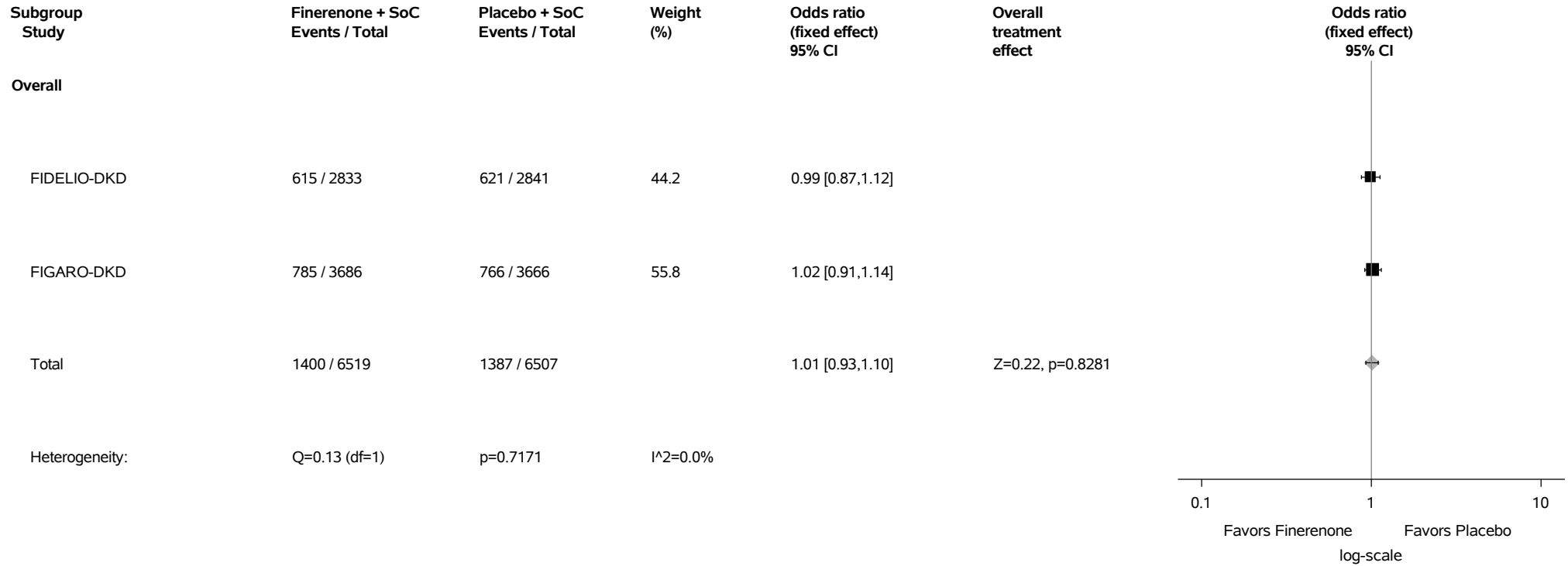
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 Full Analysis Set



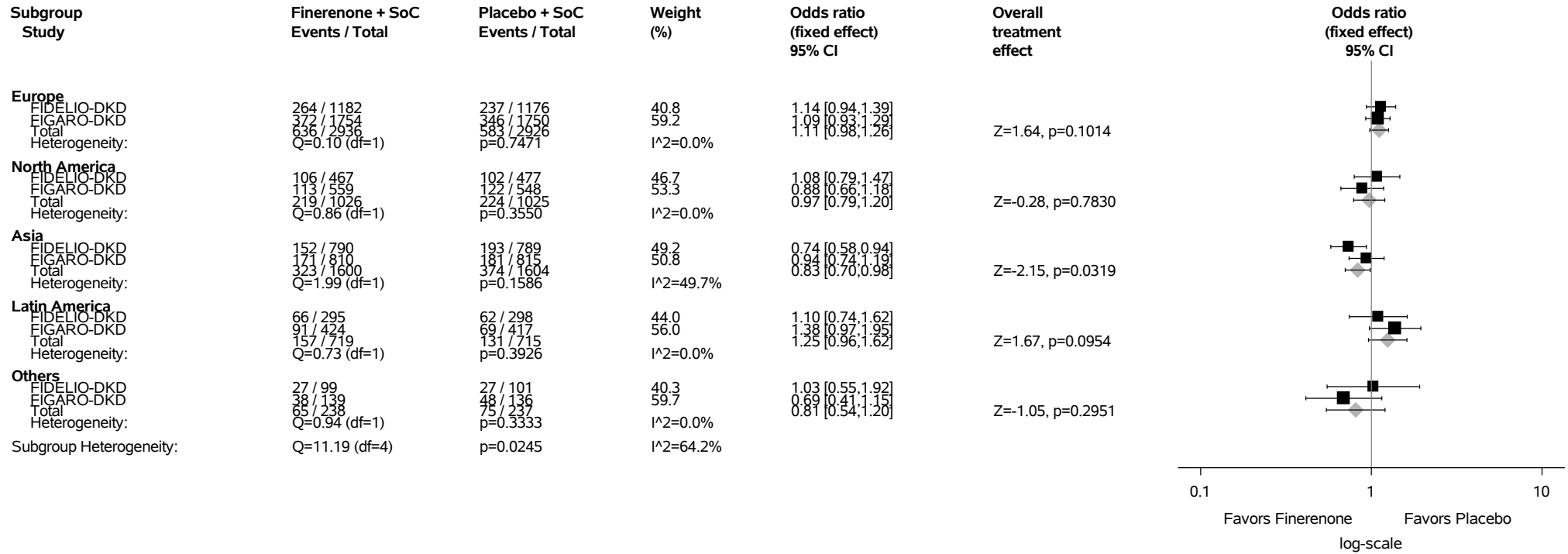
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.6.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

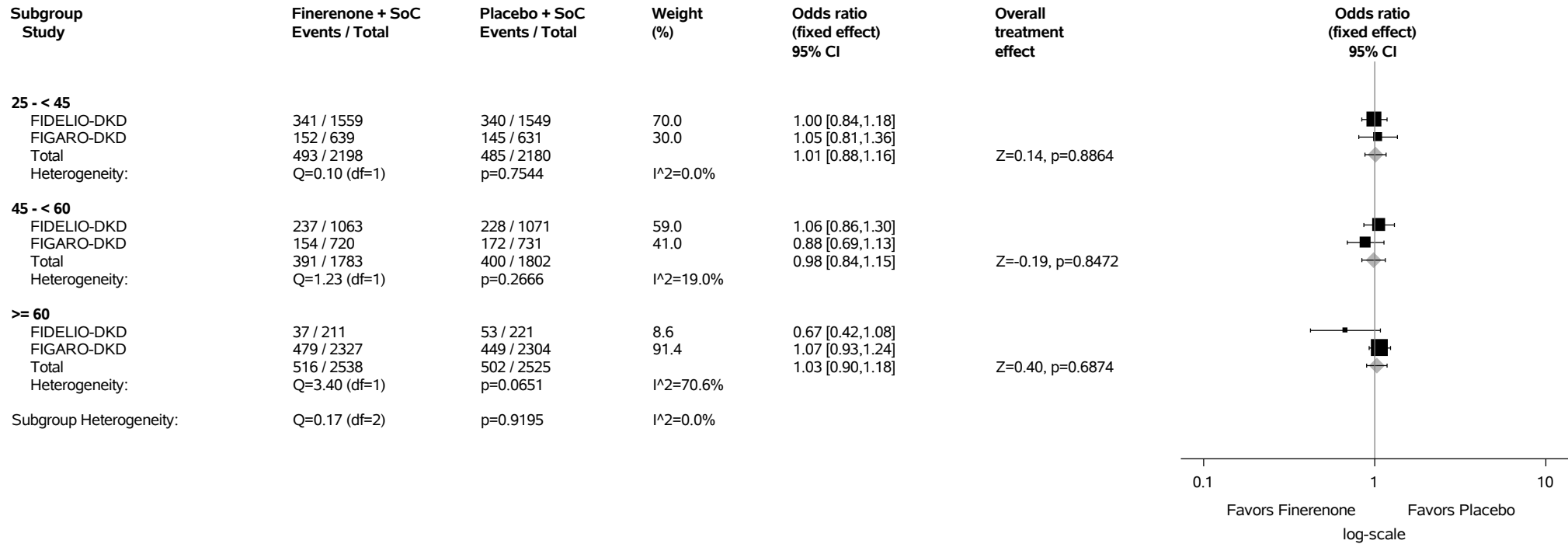
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.6.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m²) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

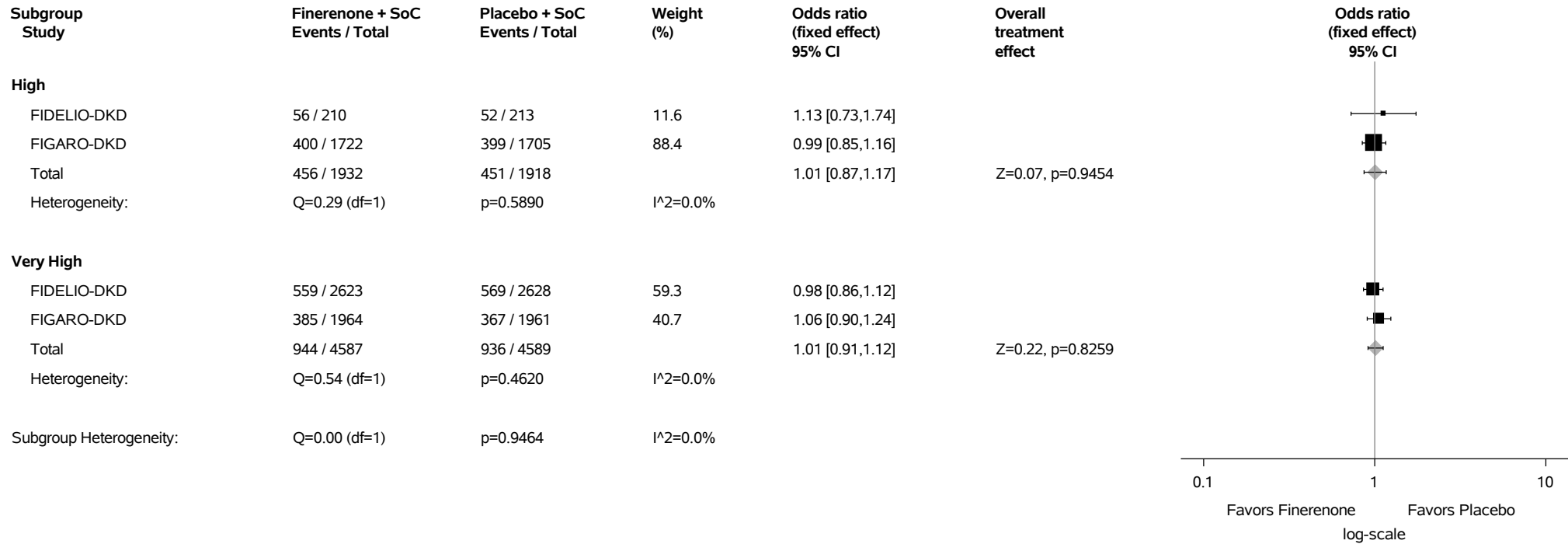
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.6.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

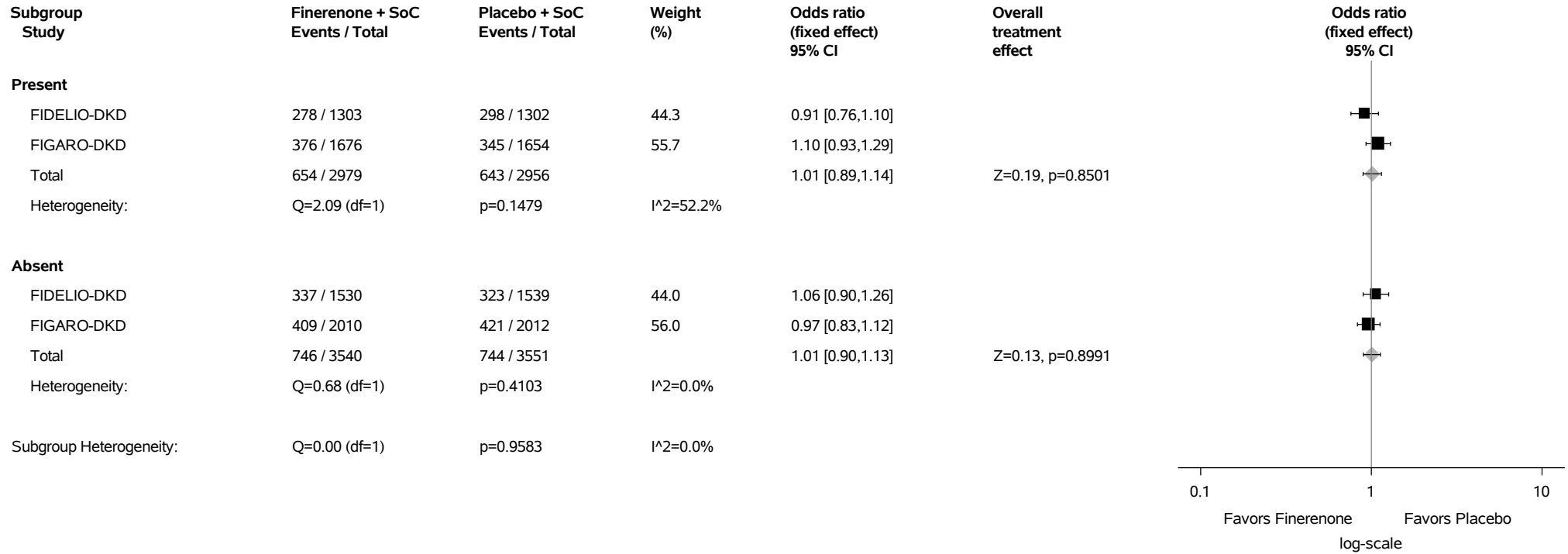
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.6.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

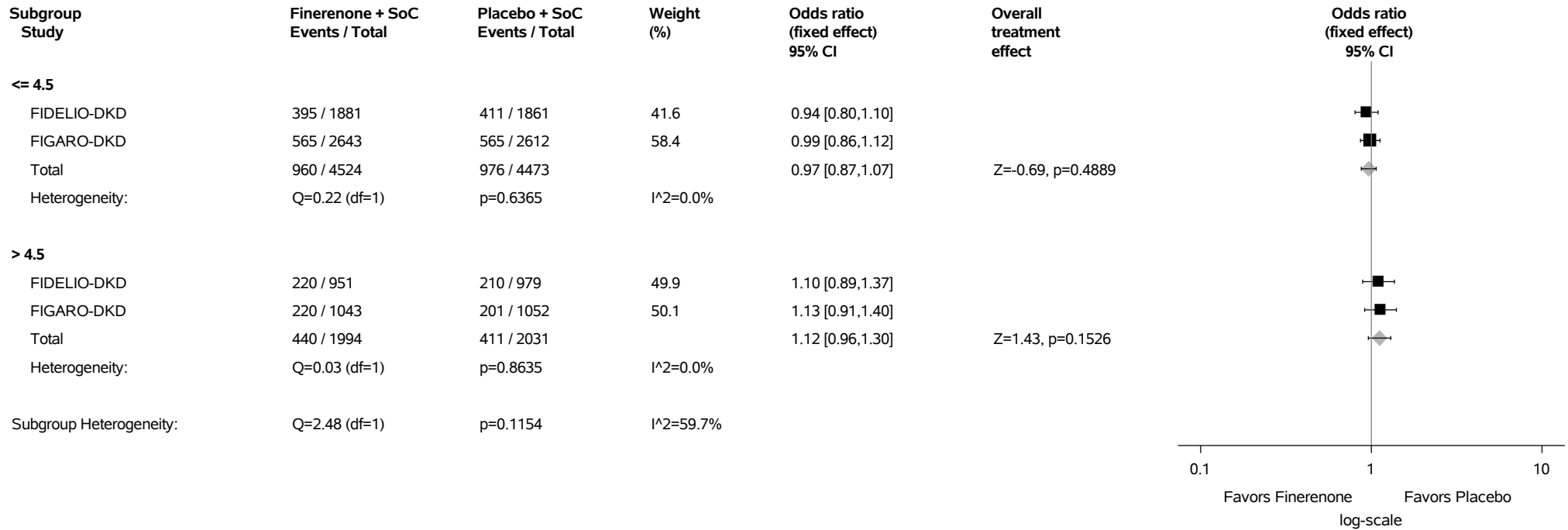
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.6.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

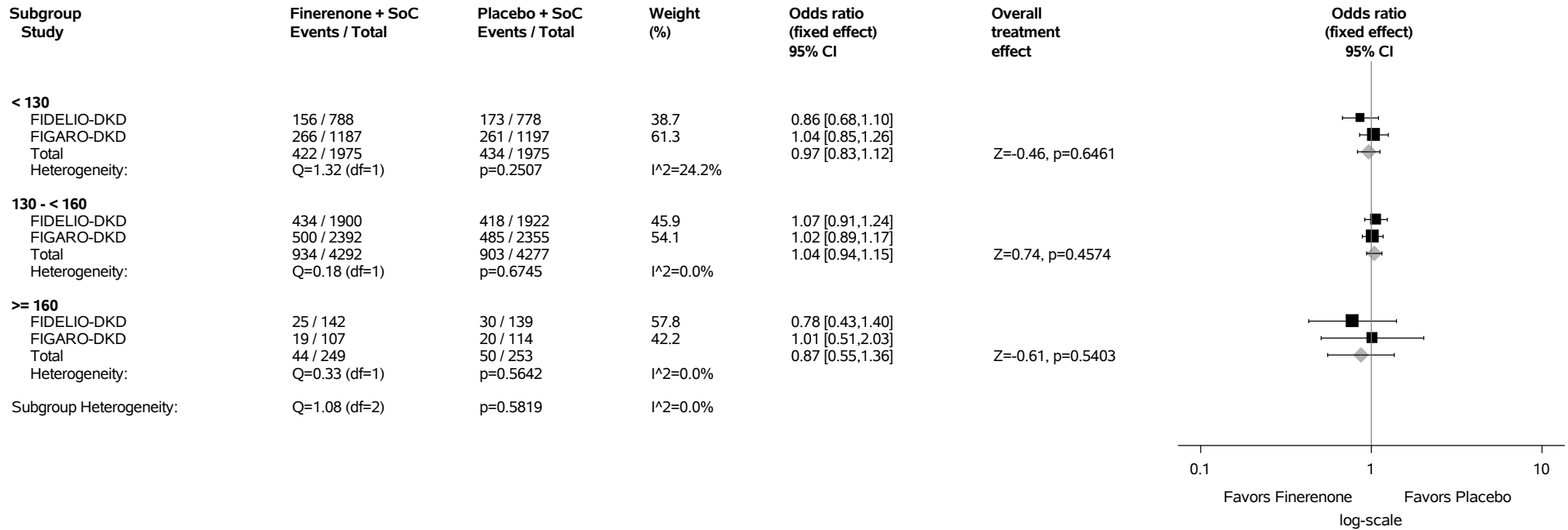
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.6.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

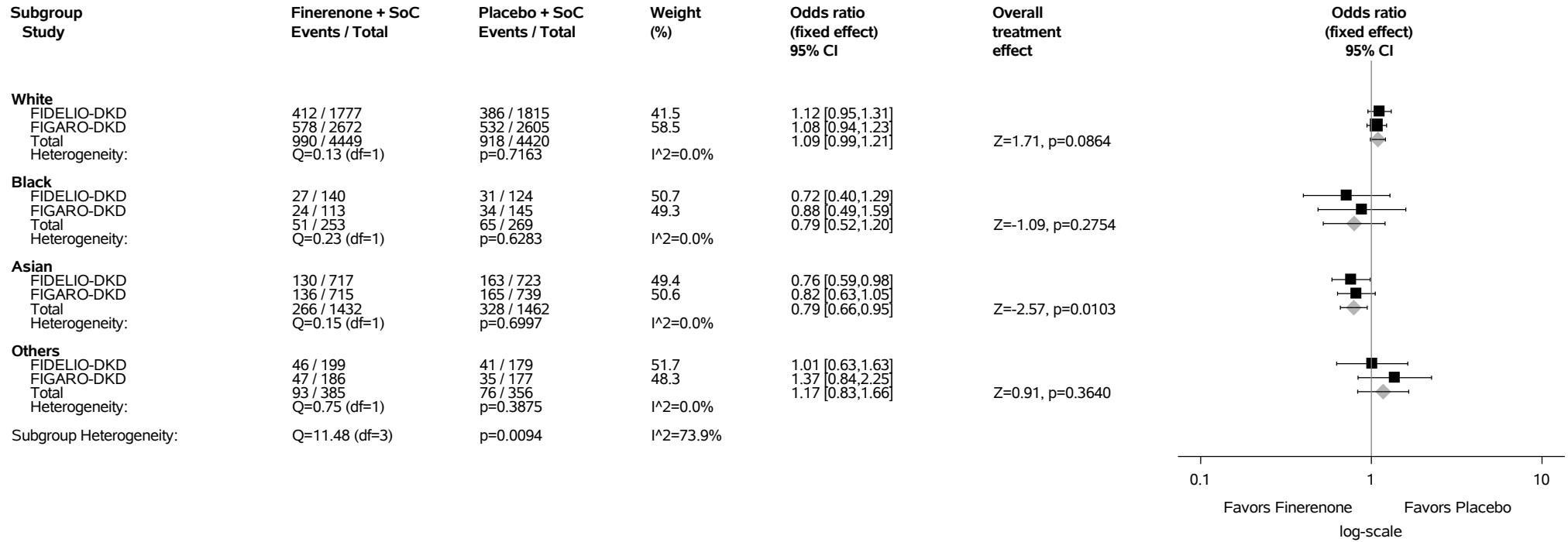
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.6.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

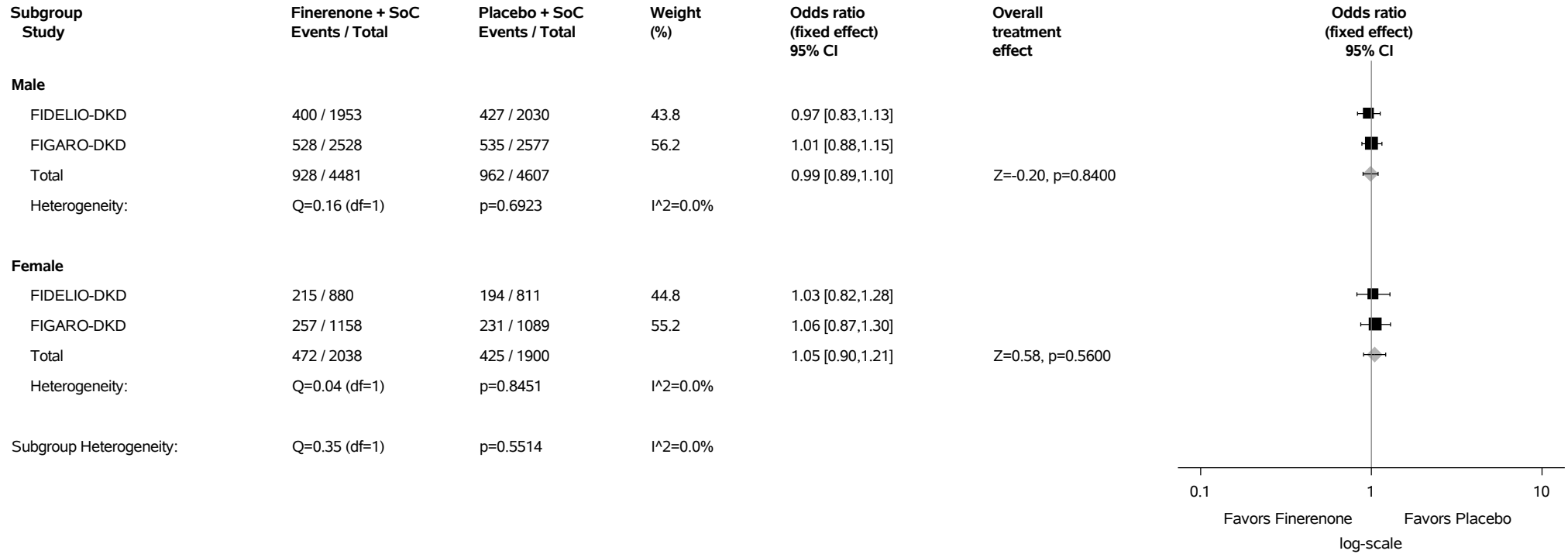
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.6.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

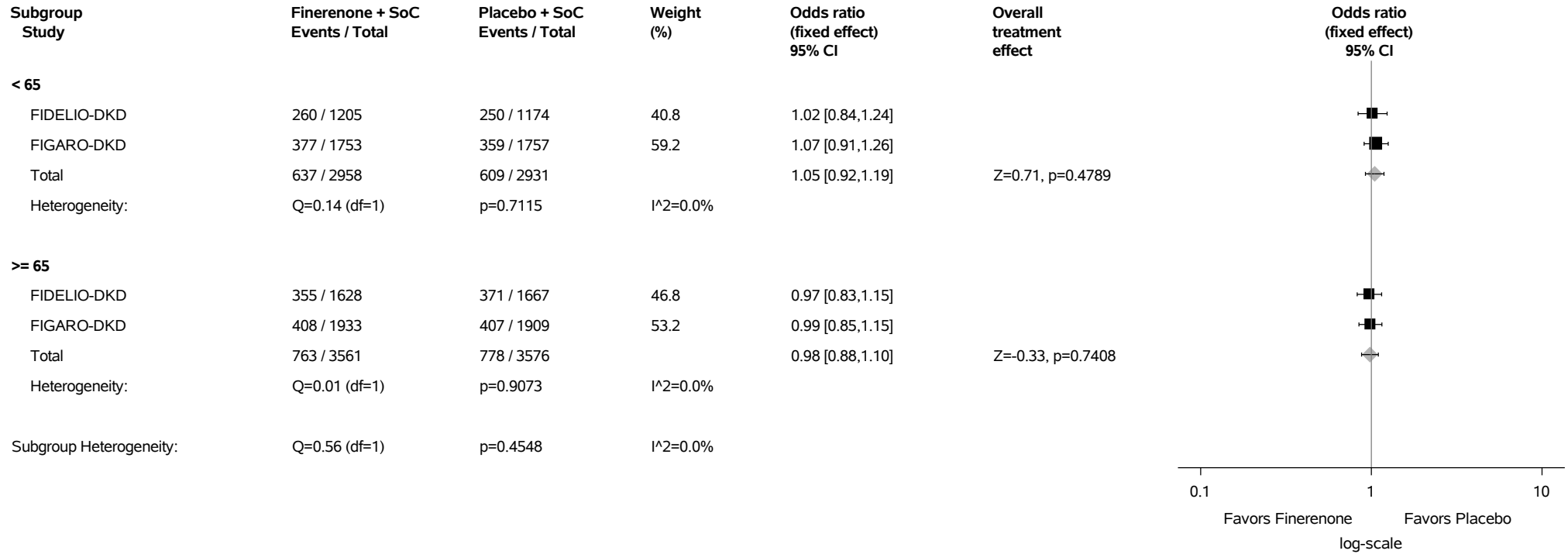
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.6.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Symptoms and Problems of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

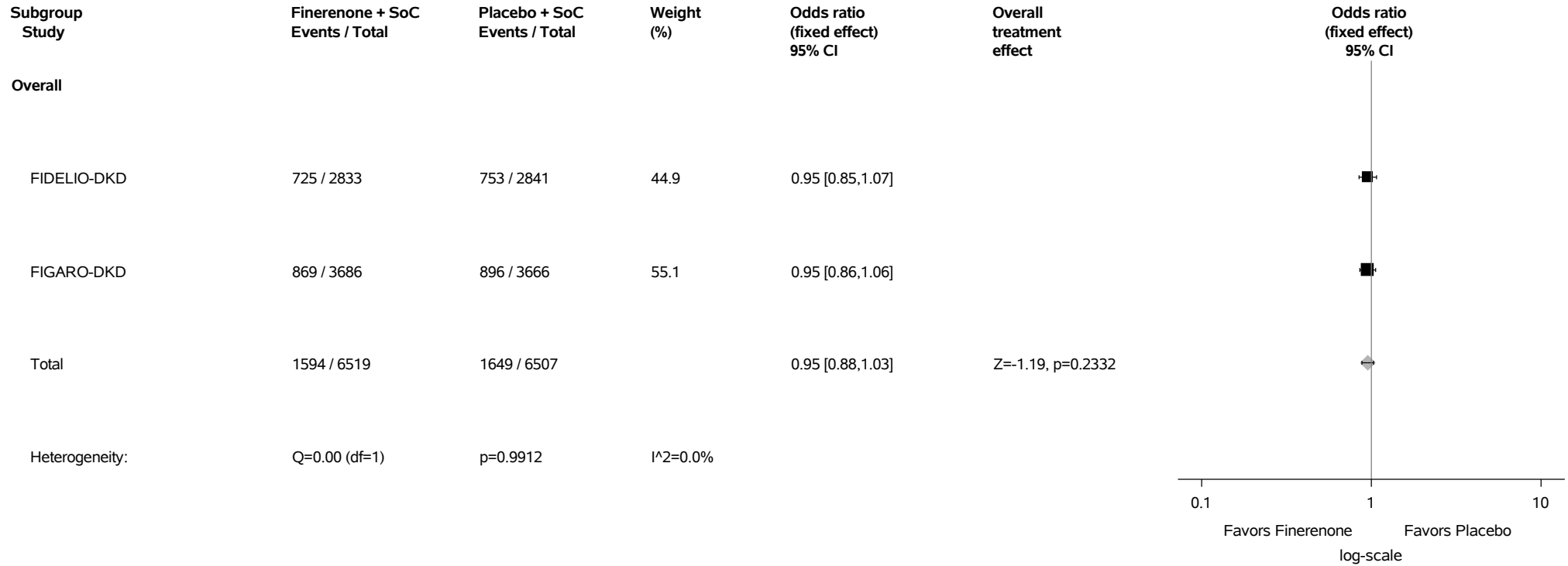
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set



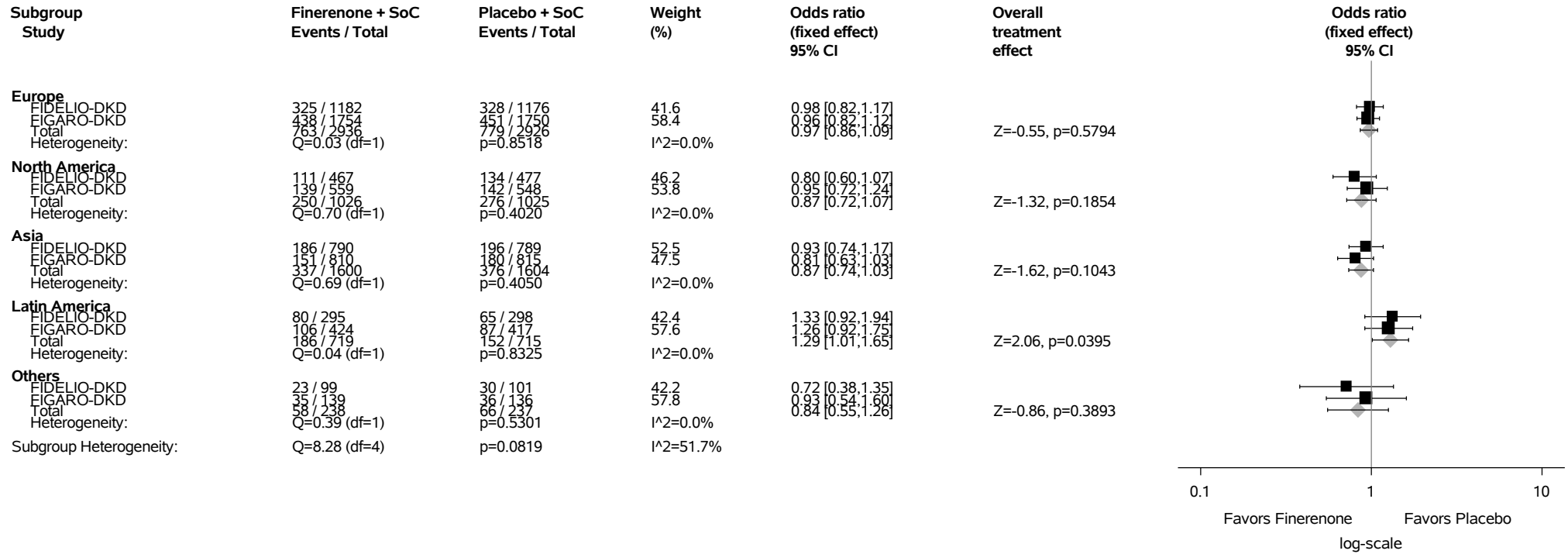
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.7.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

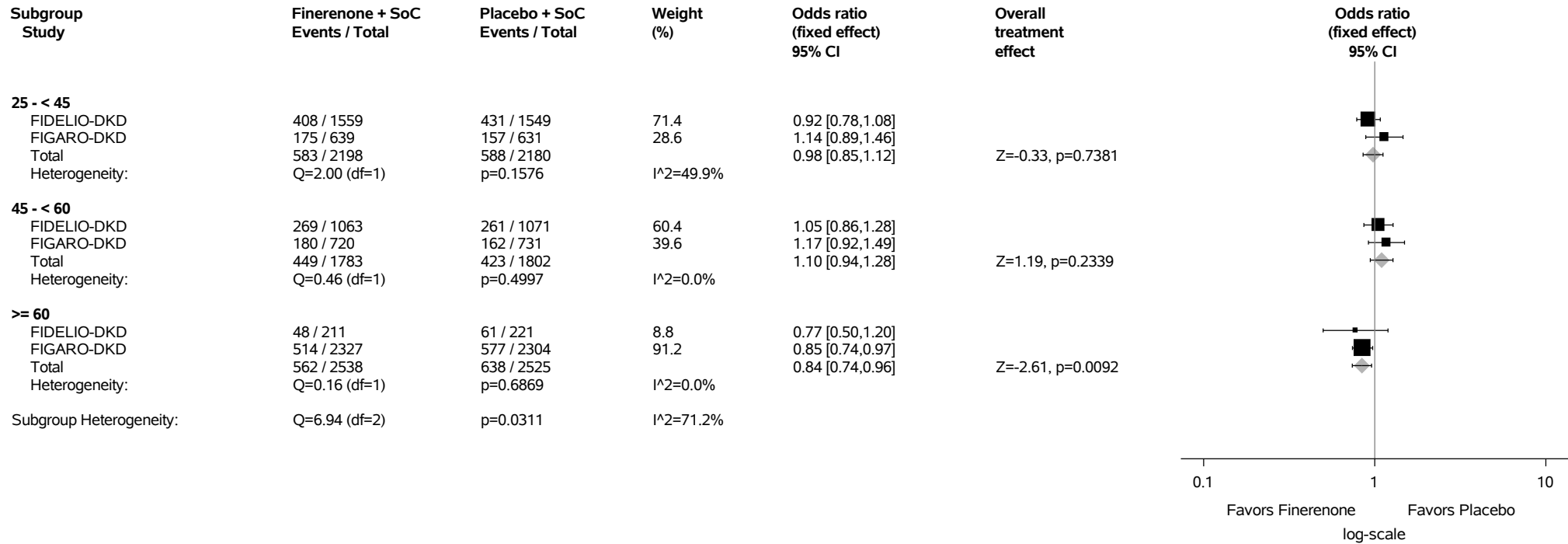
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.7.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

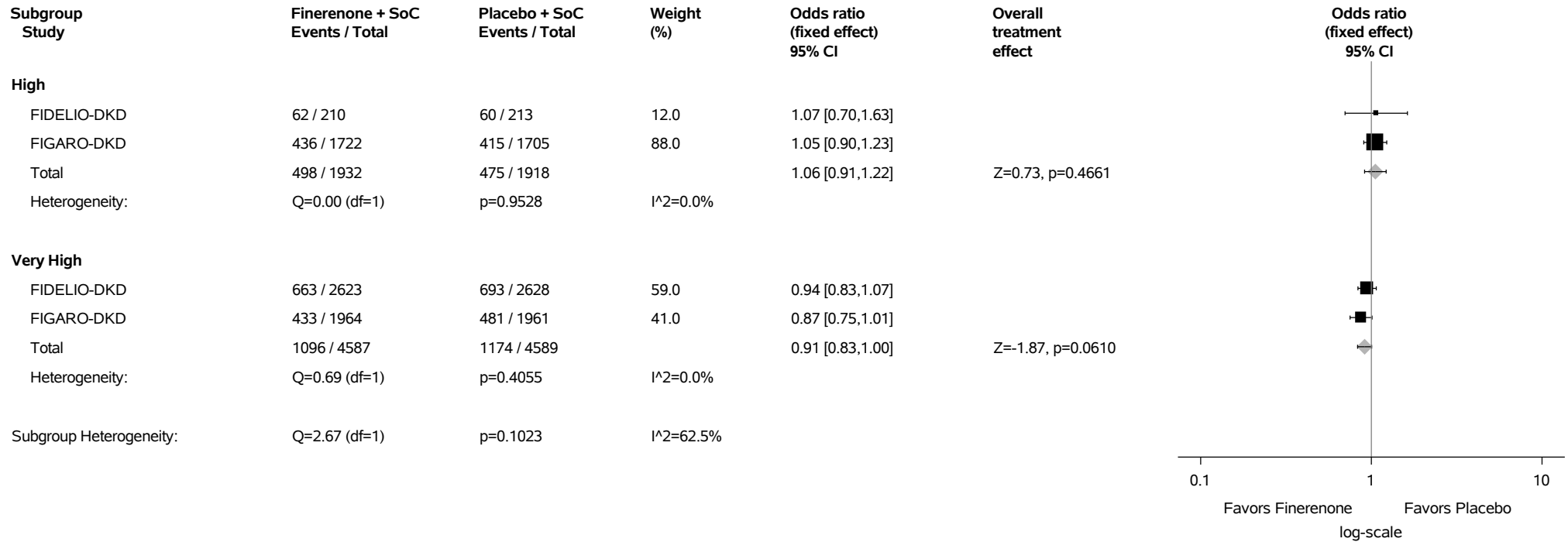
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.7.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

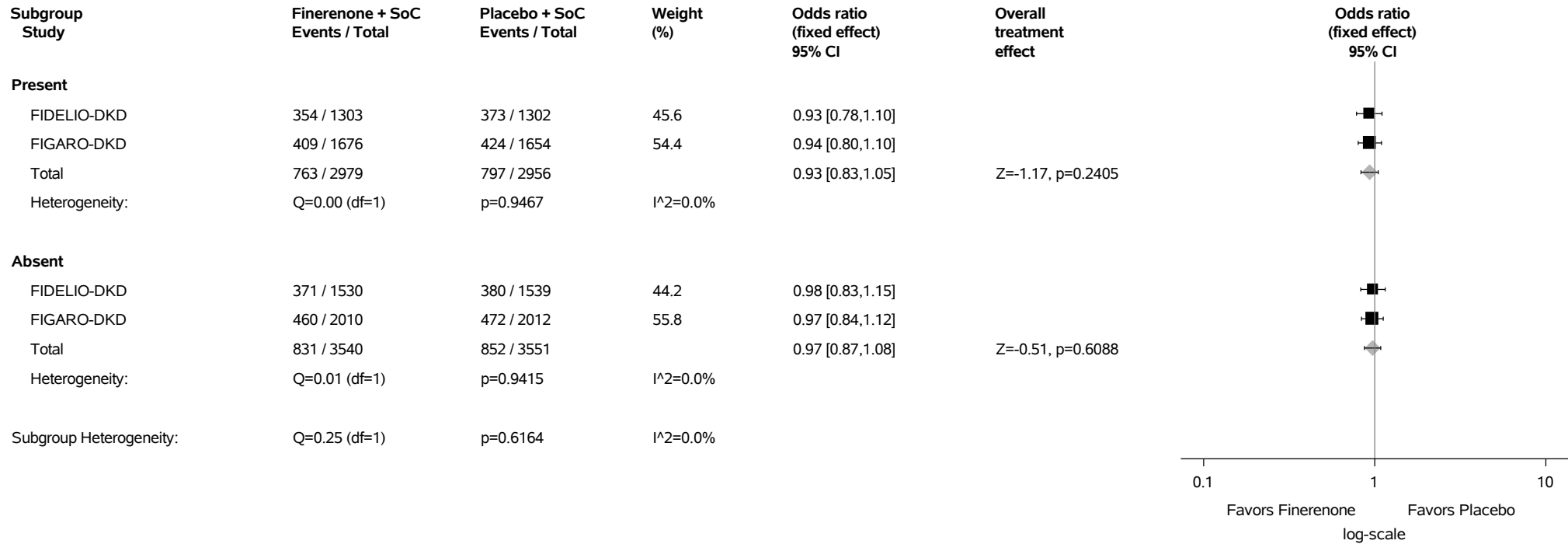
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.7.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

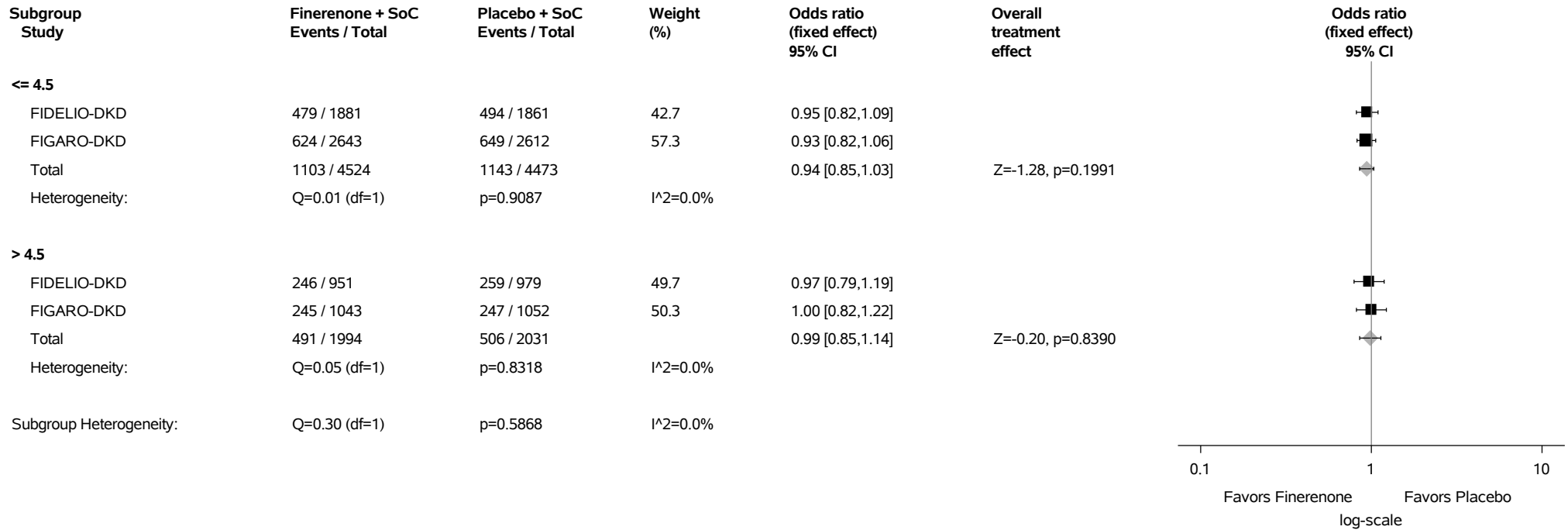
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.7.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

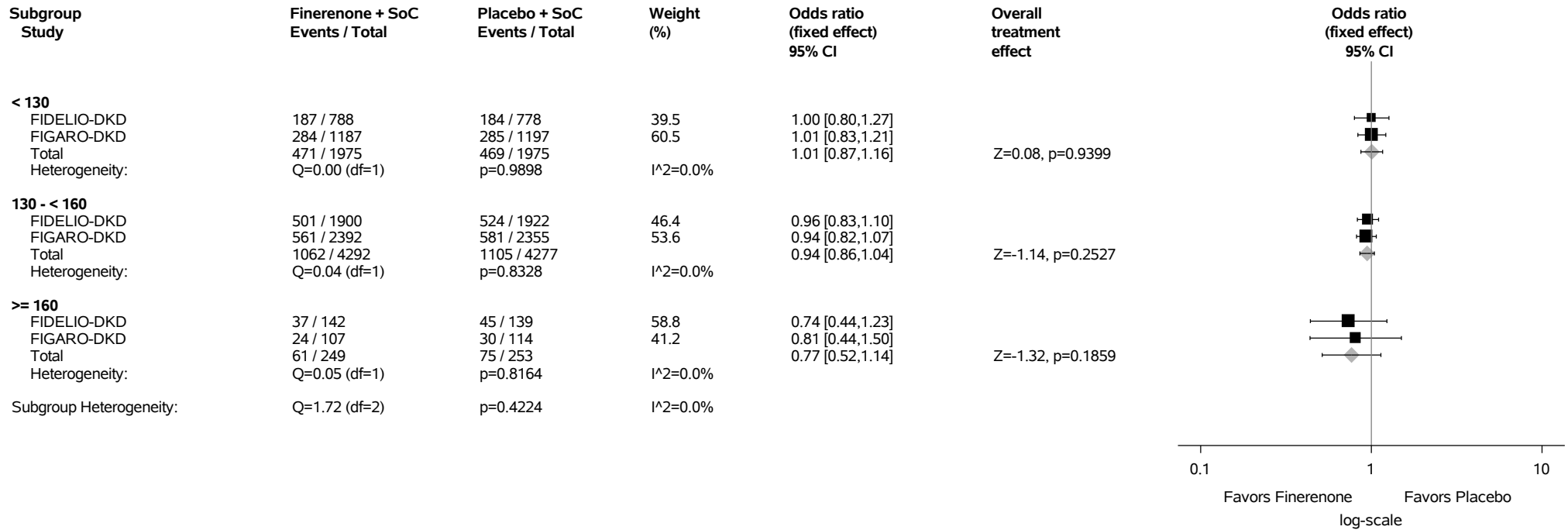
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.7.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

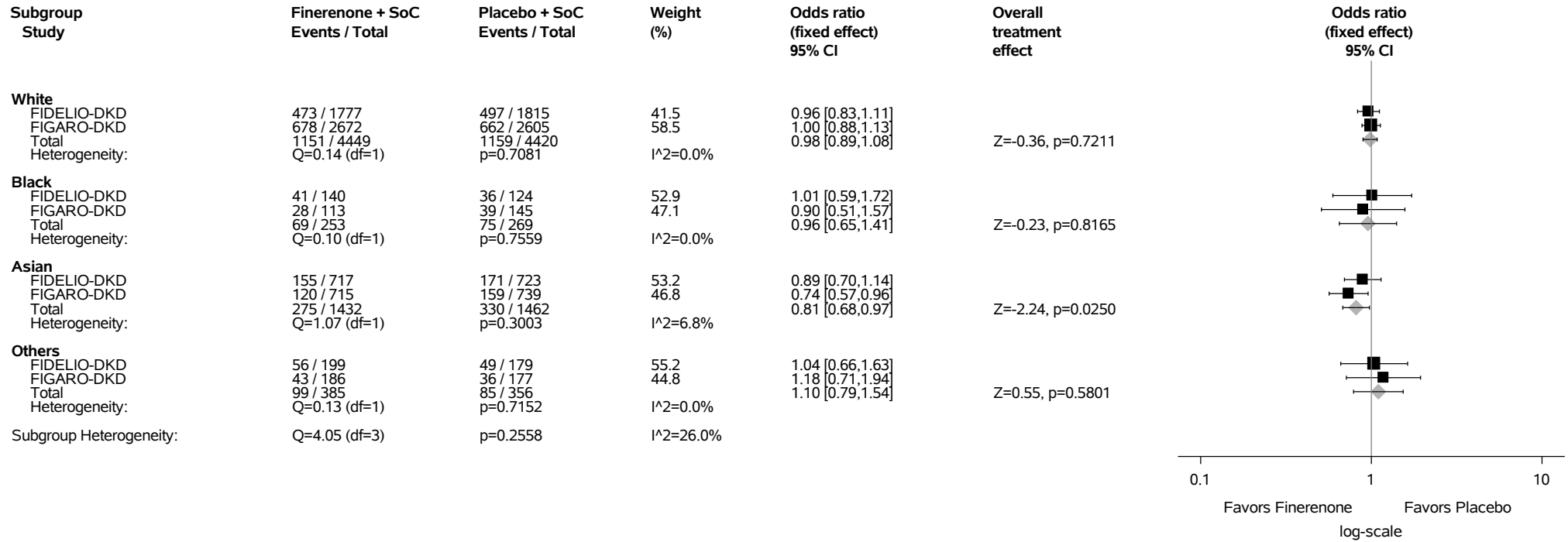
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.7.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

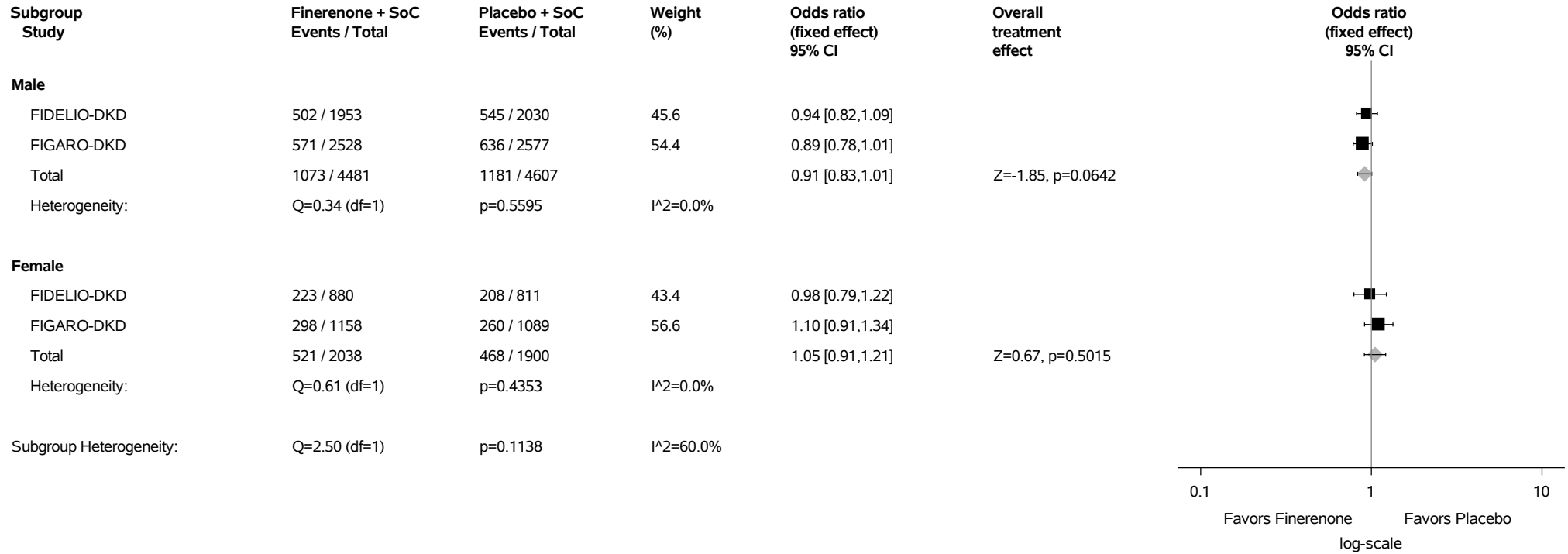
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.7.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

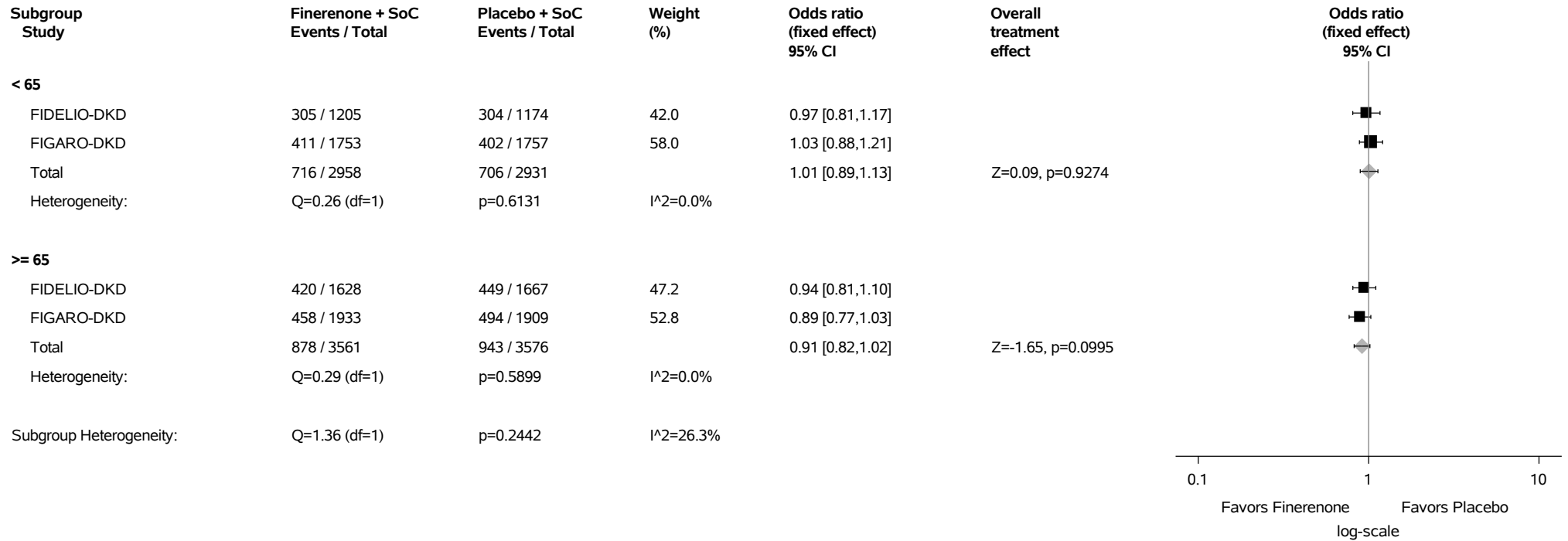
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.7.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Worsening of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

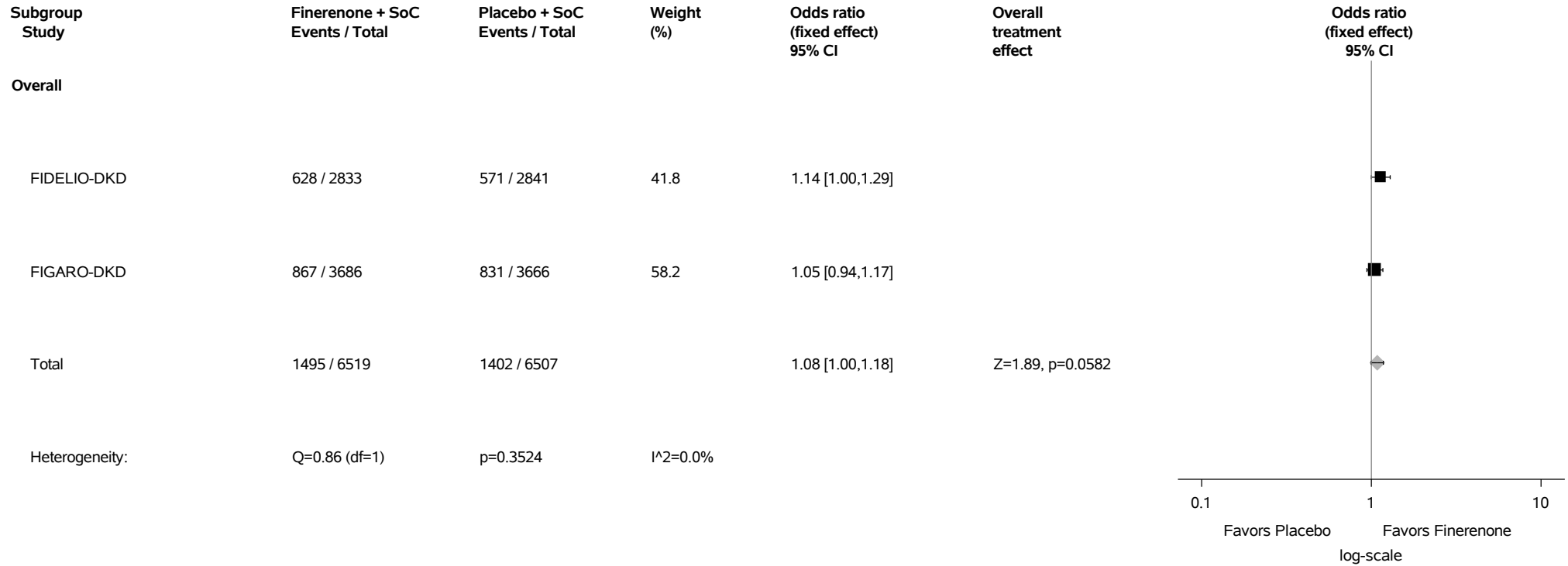
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 Full Analysis Set



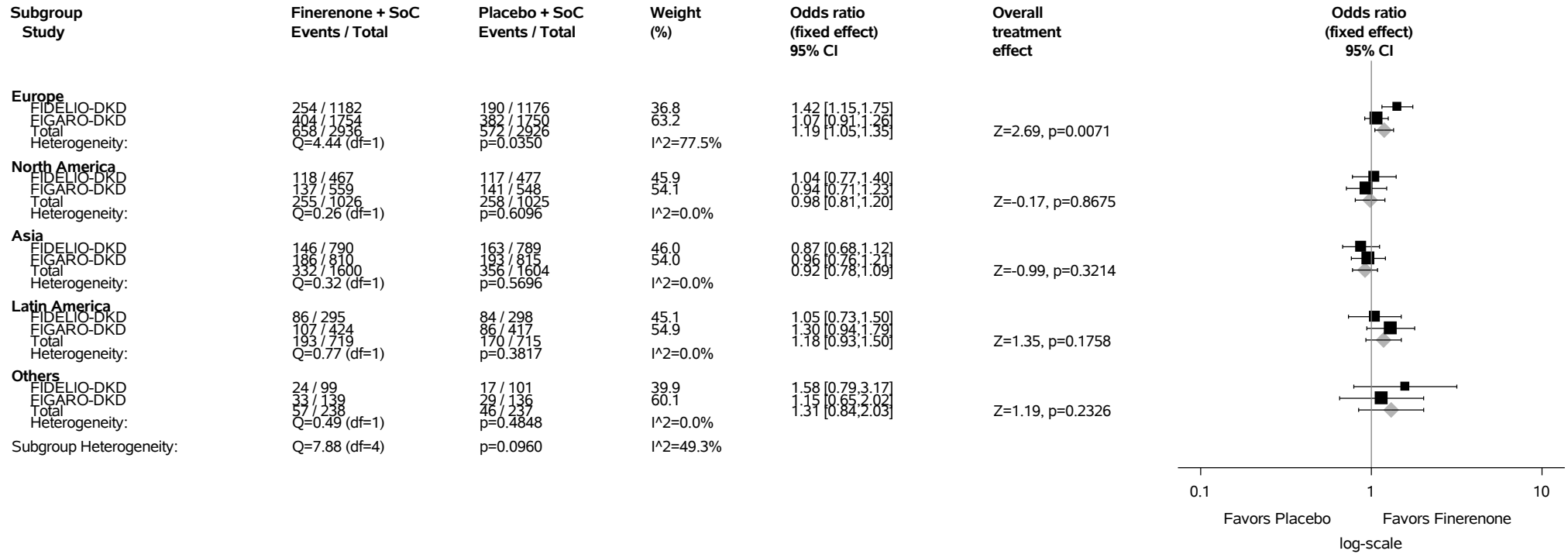
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.8.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

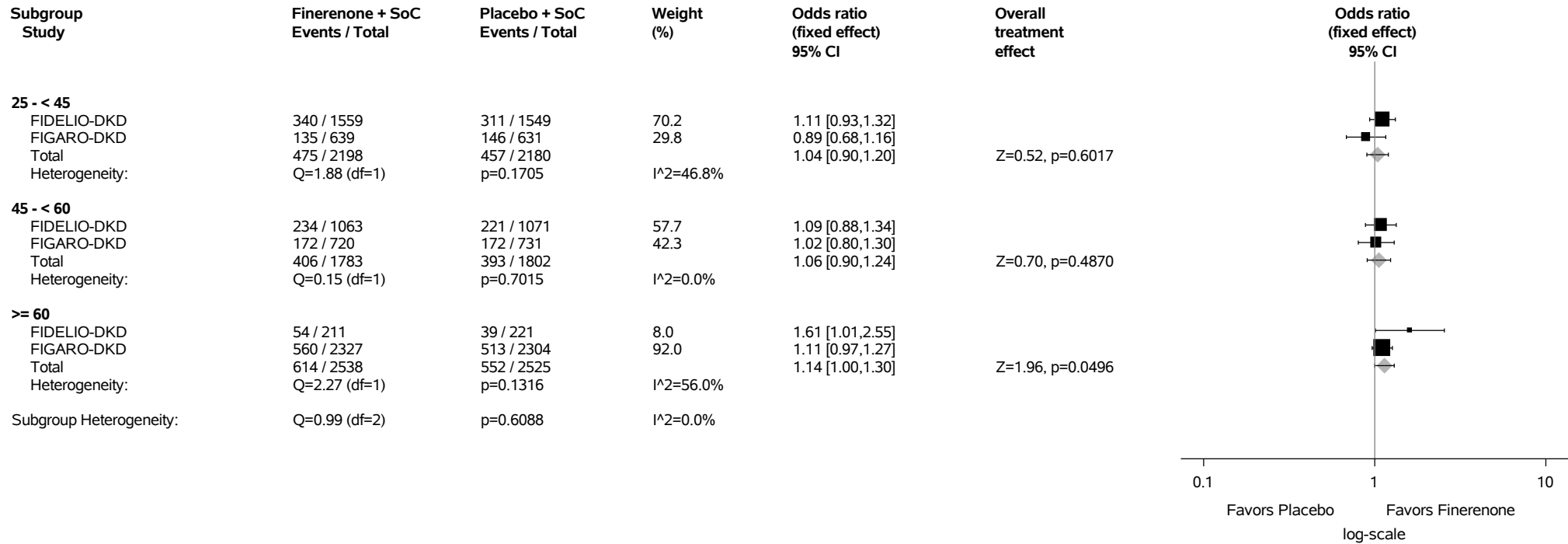
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.8.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

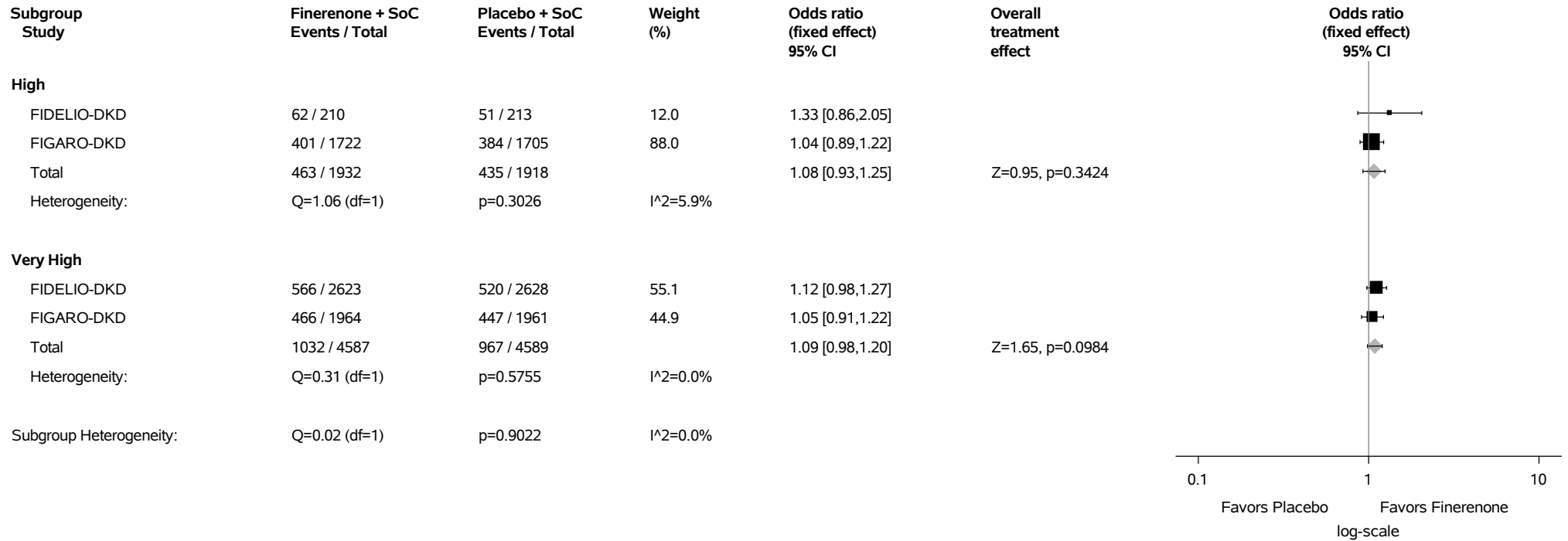
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.8.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

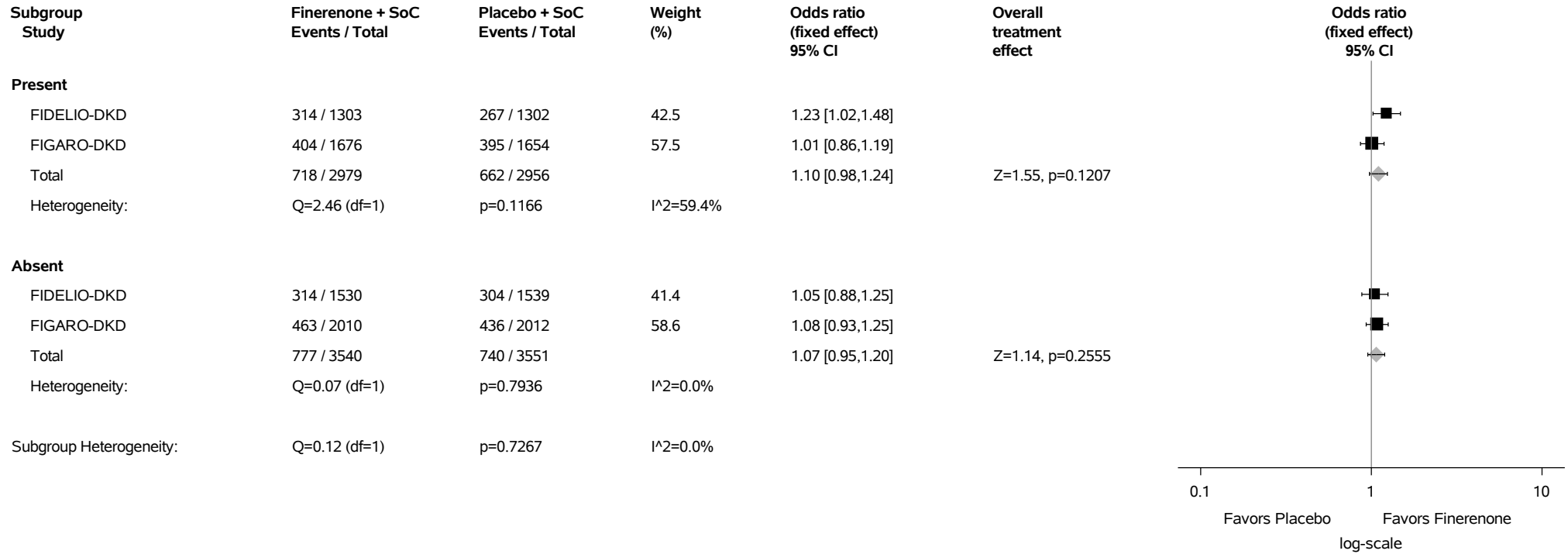
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.8.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

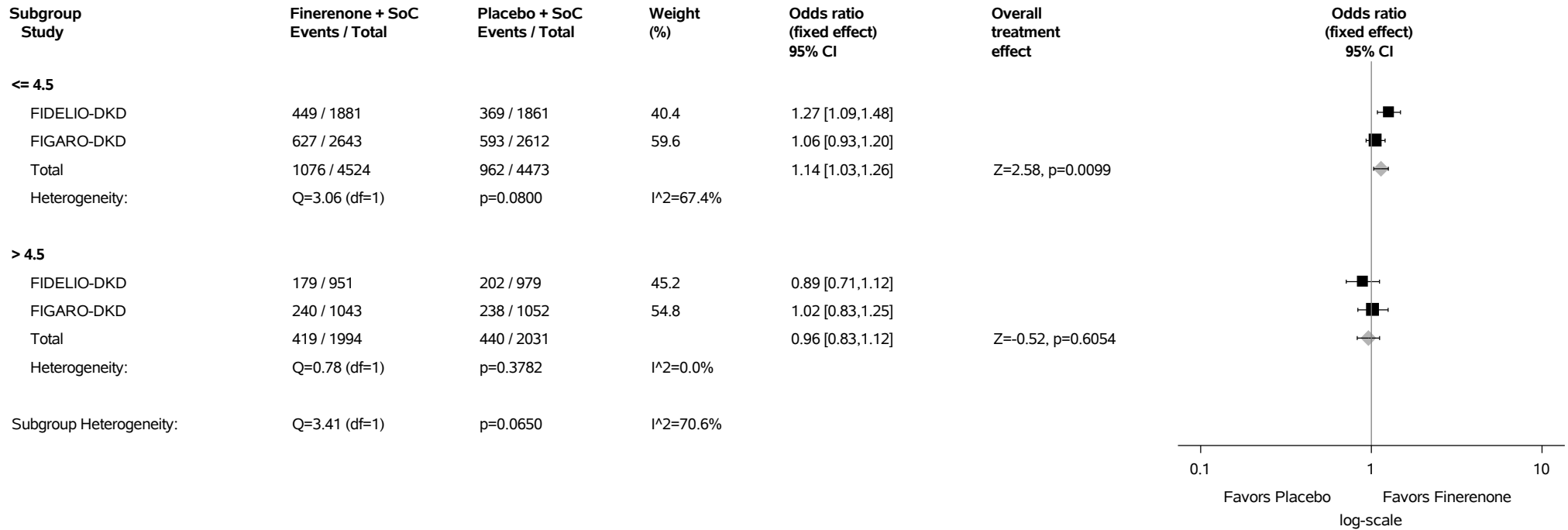
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.8.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

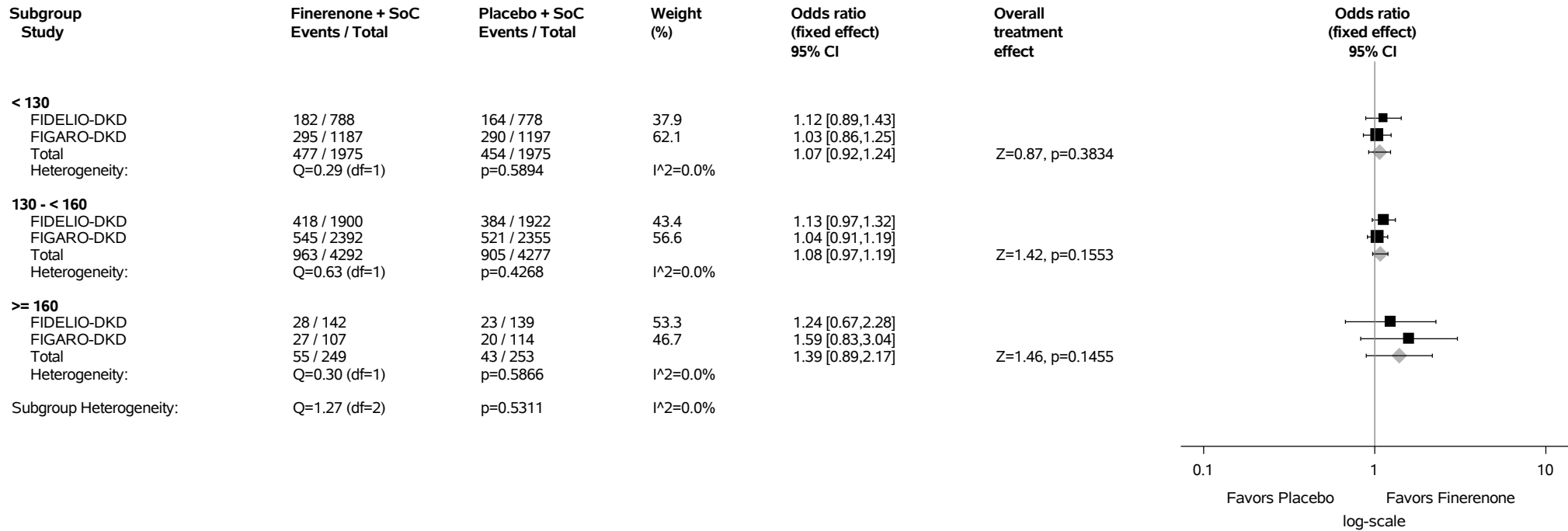
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.8.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

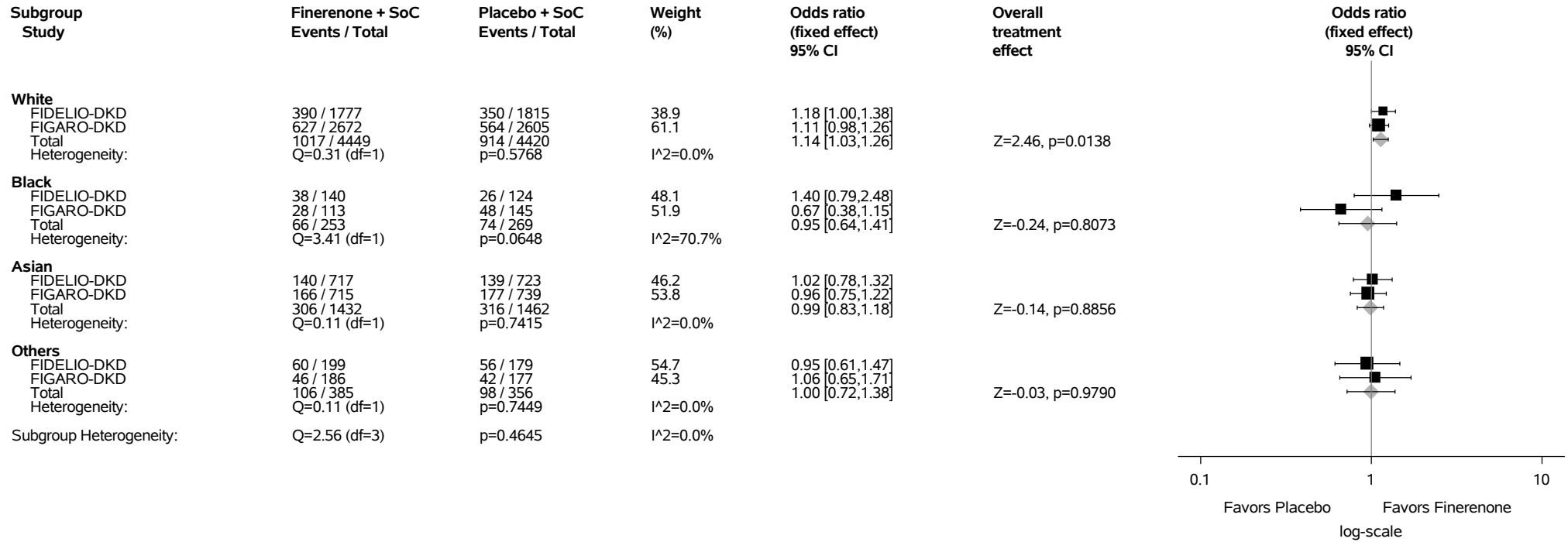
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.8.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

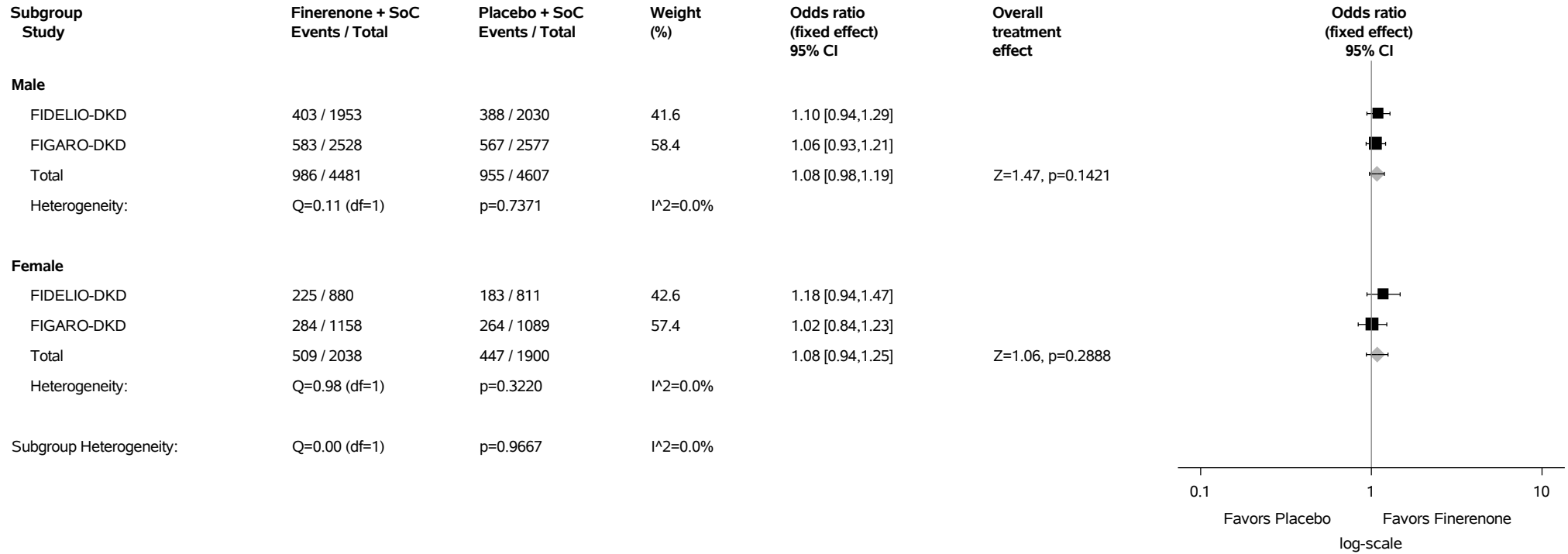
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.8.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

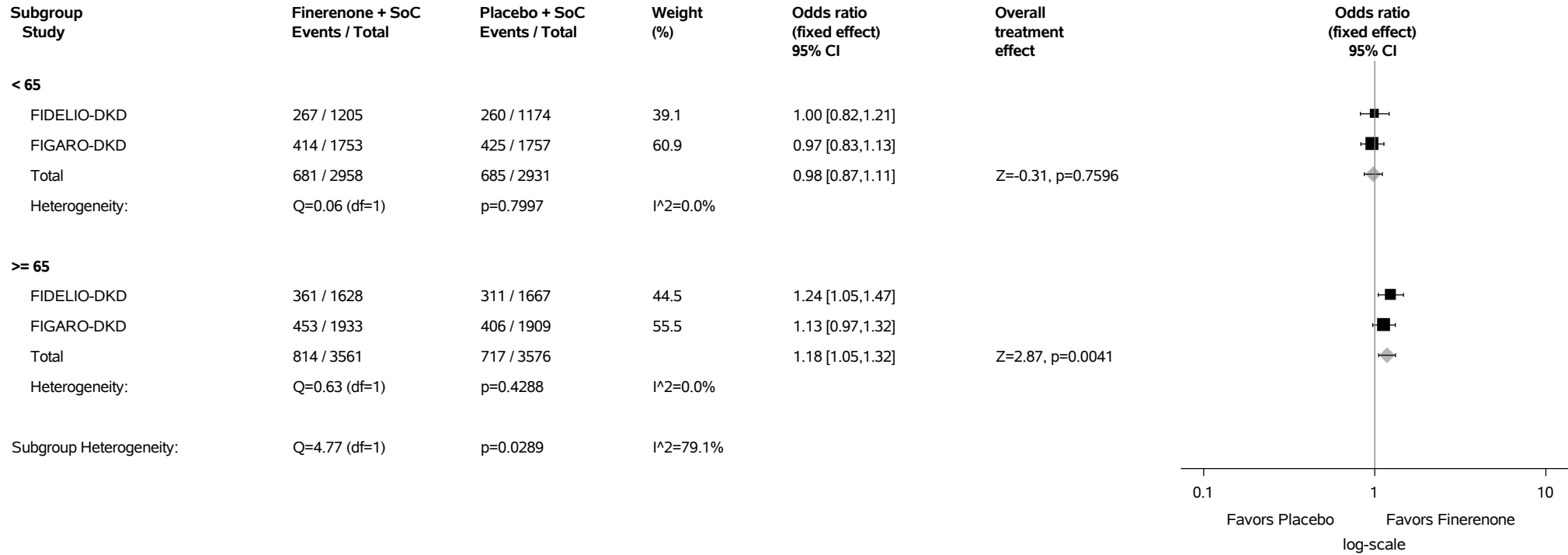
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.8.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Physical Component Summary of at least MID=8 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

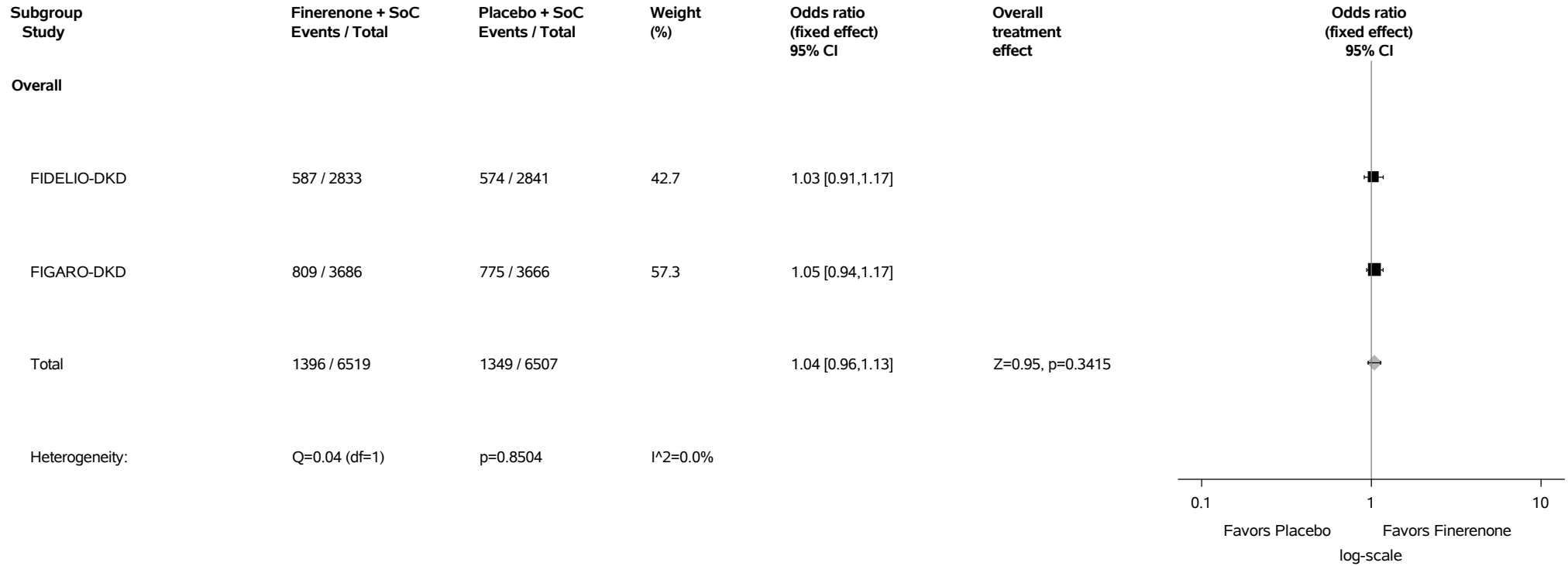
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 Full Analysis Set



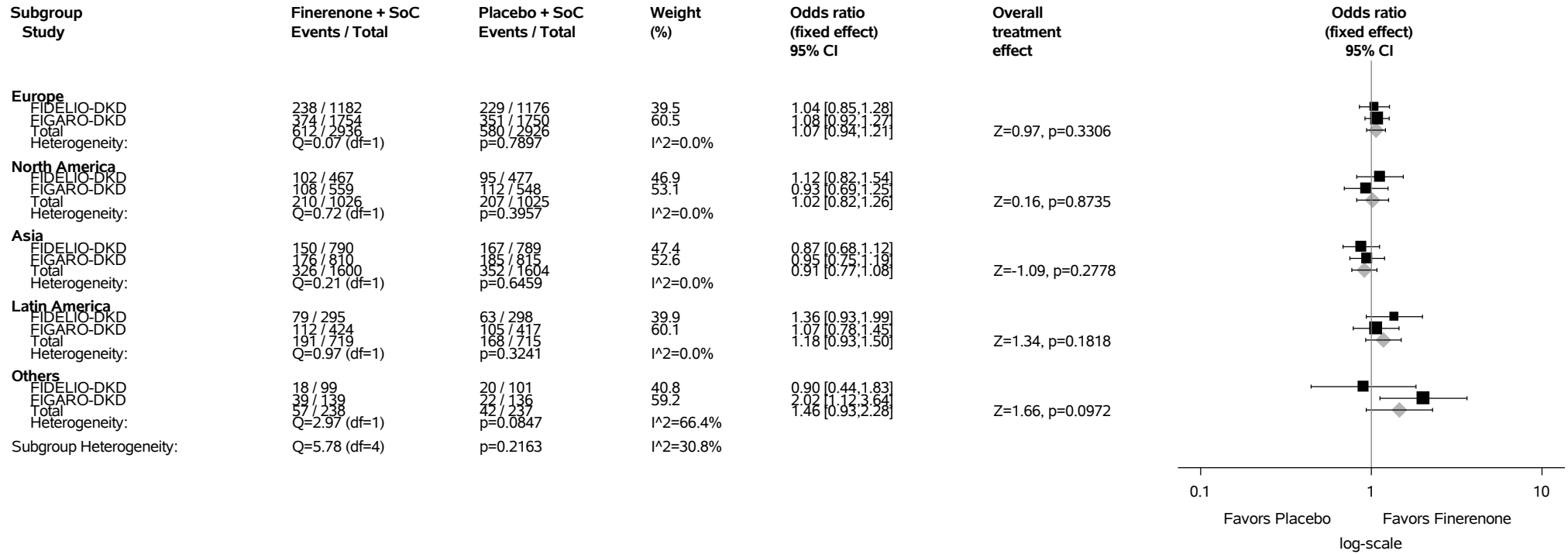
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.9.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

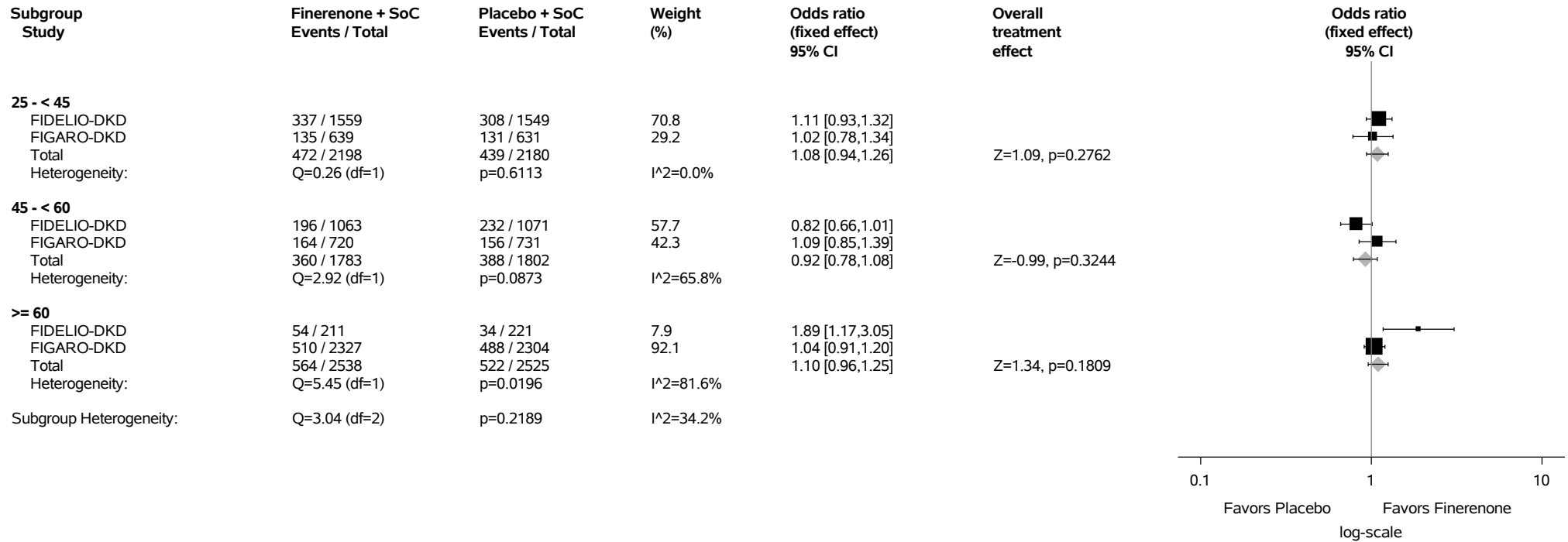
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.9.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by eGFR (mL/min/1.73m²) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

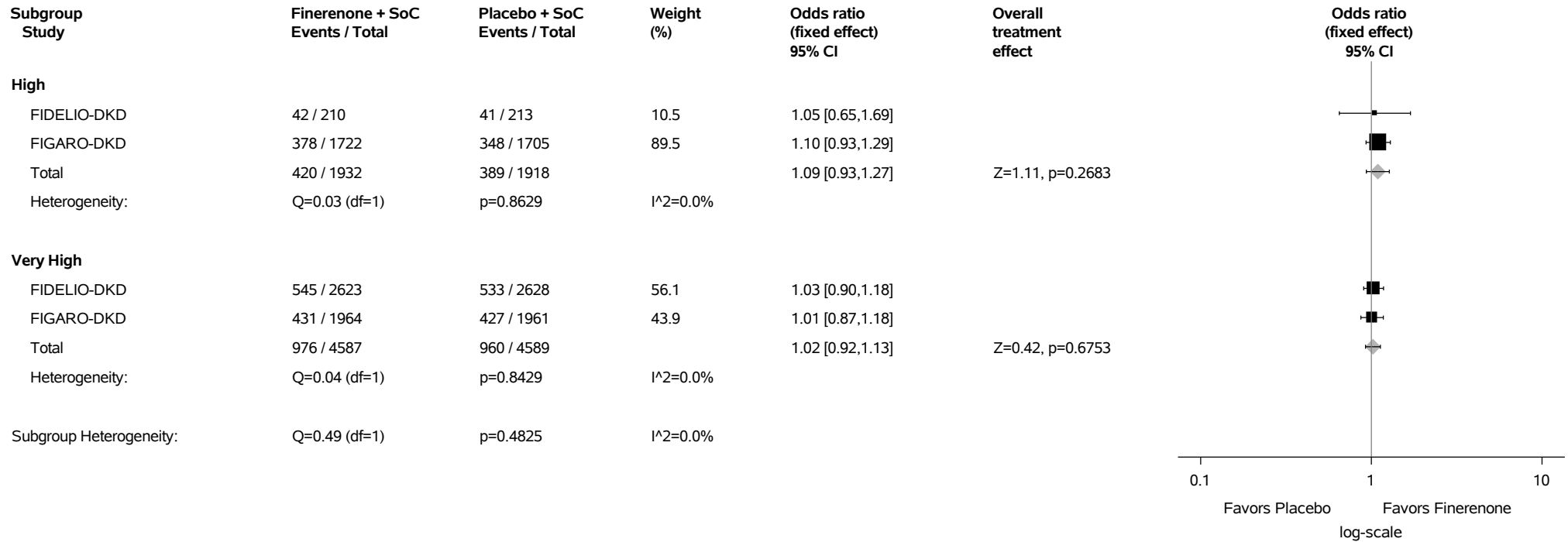
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.9.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Type of Albuminuria at Screening
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

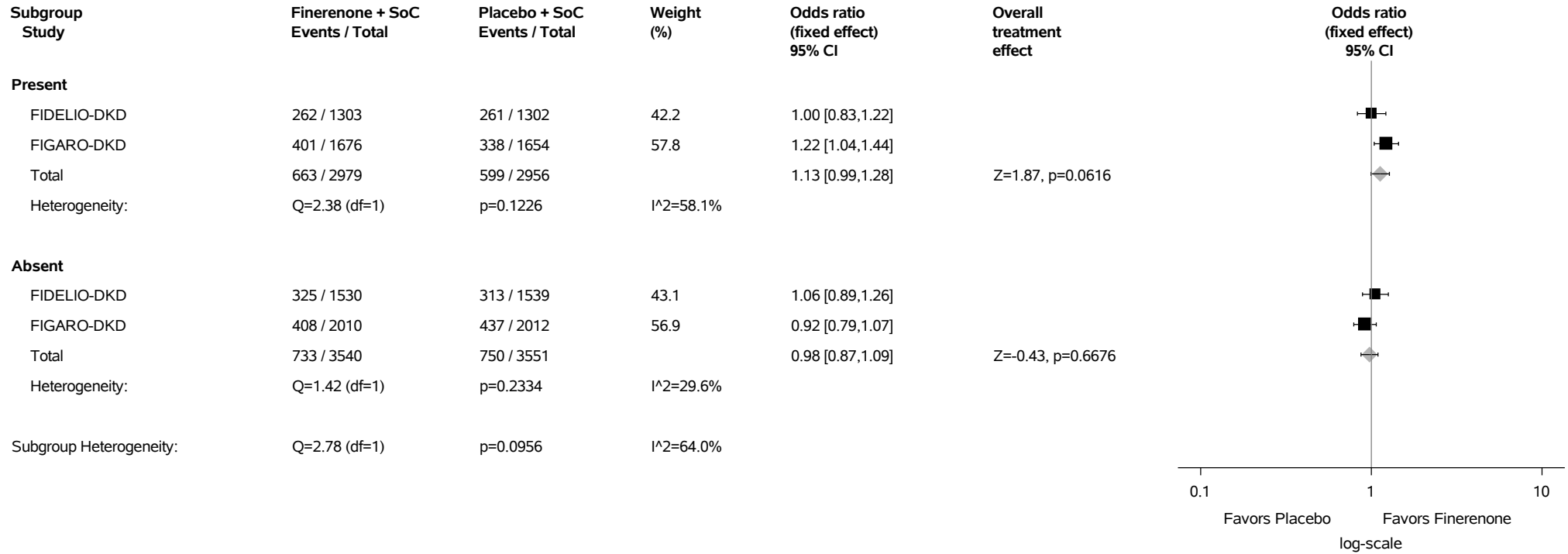
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.9.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

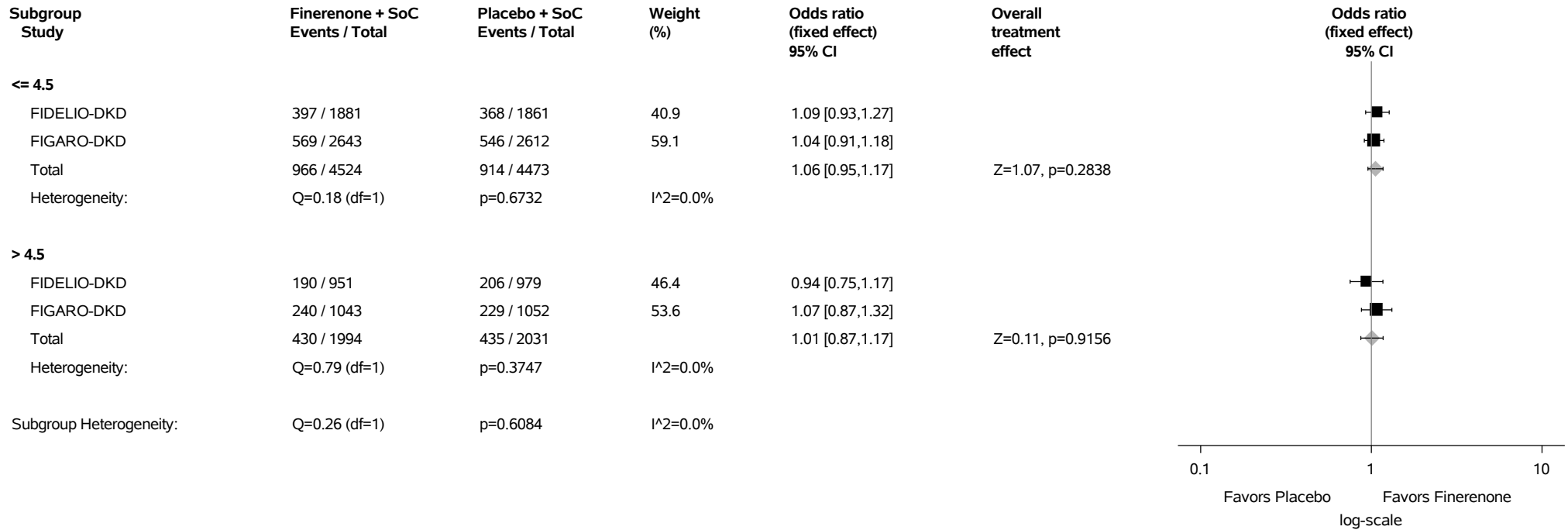
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.9.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

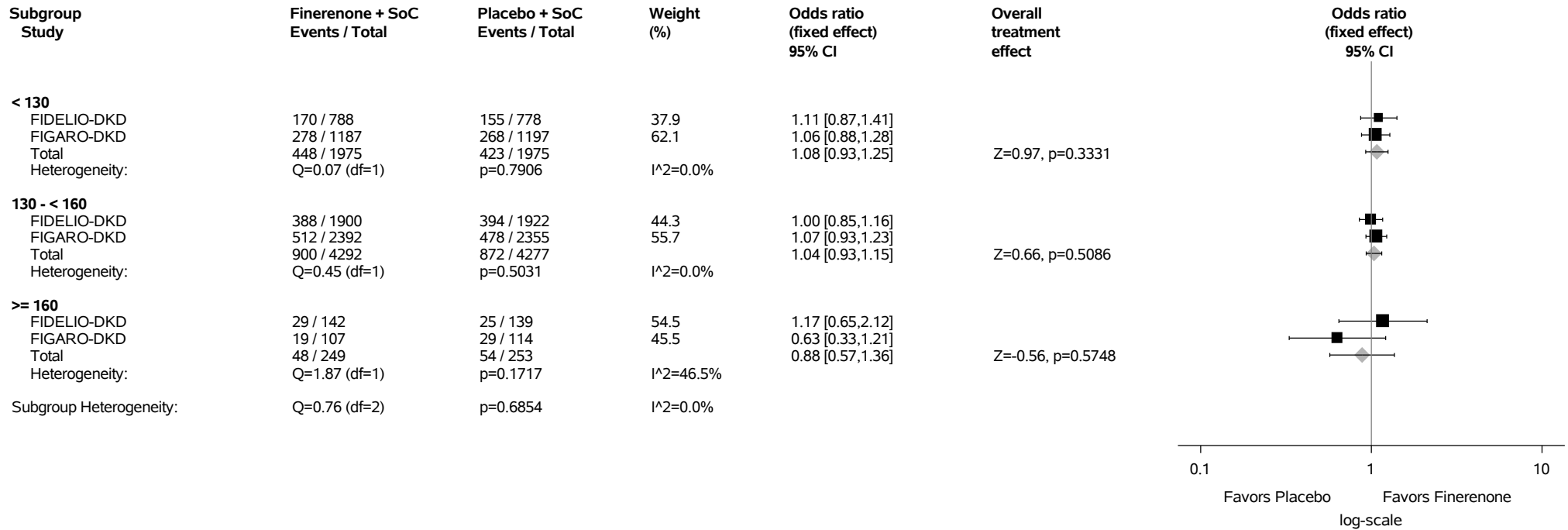
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.9.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

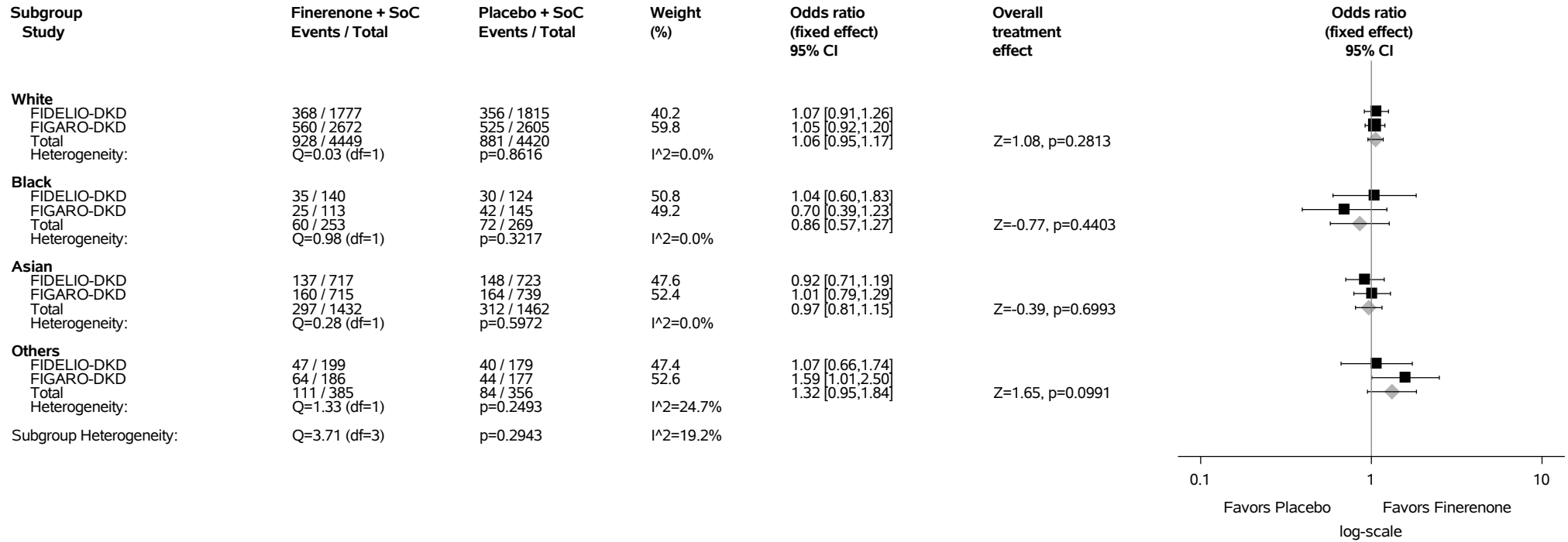
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.9.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

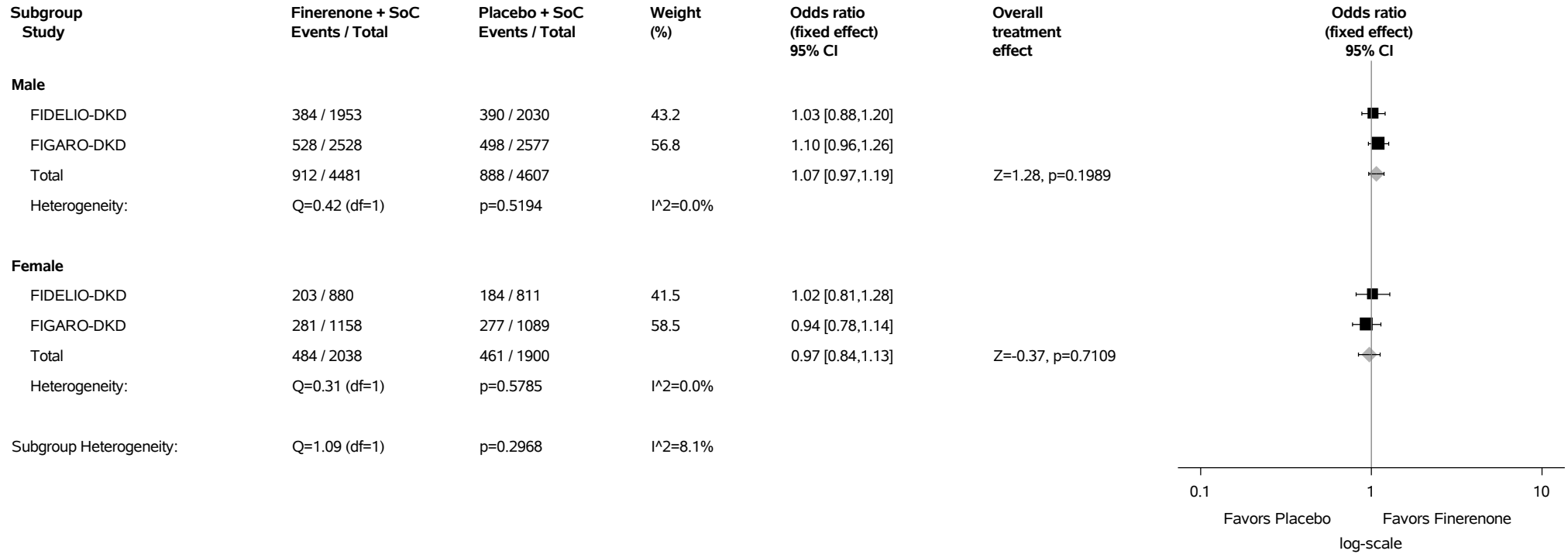
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.9.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

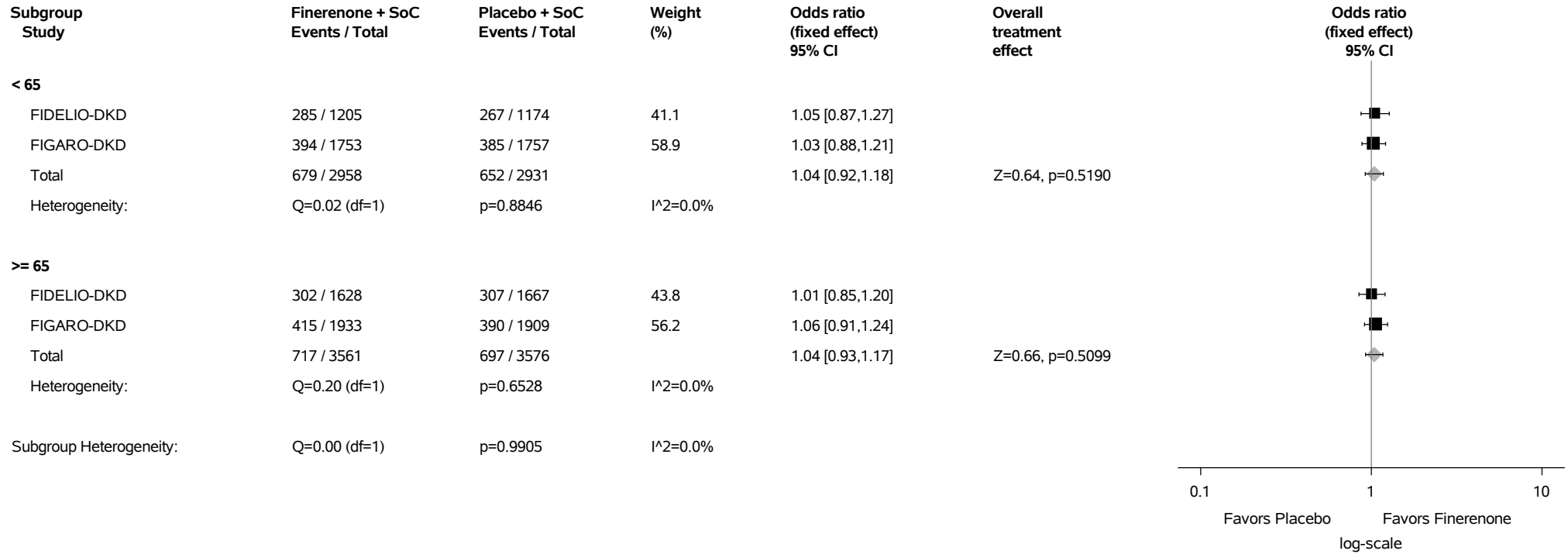
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.9.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Mental Component Summary of at least MID=9 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

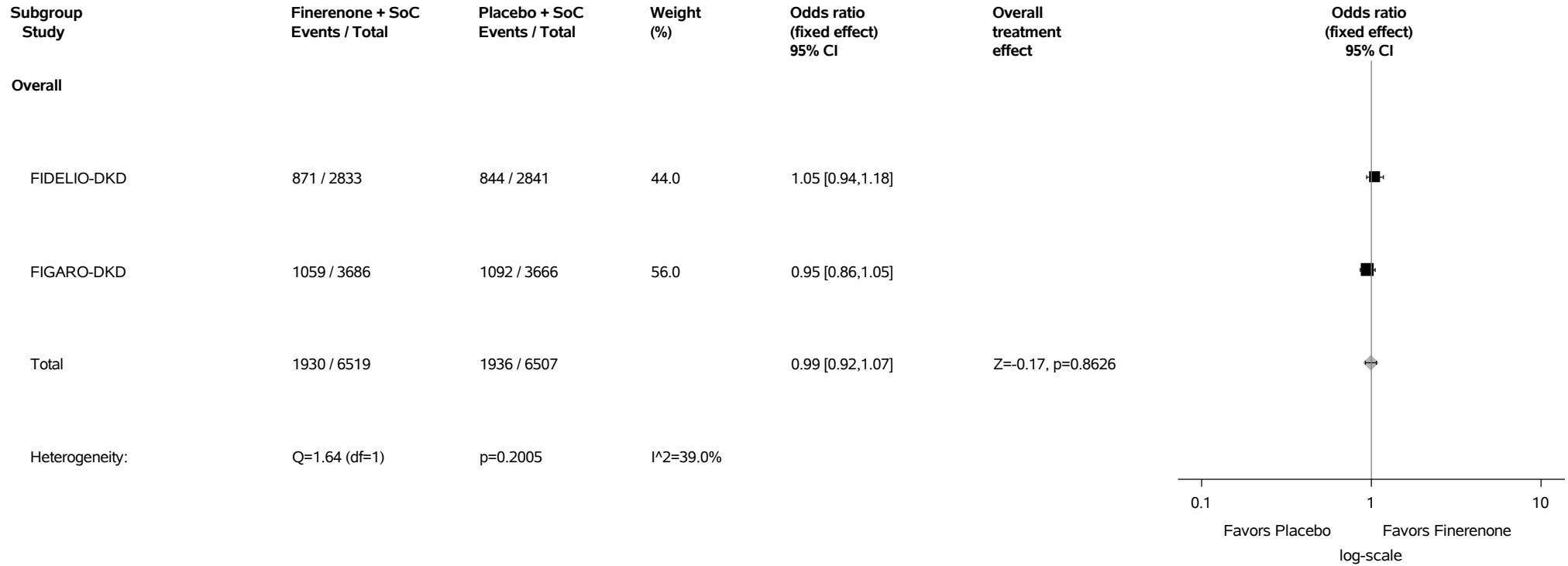
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.10: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 Full Analysis Set



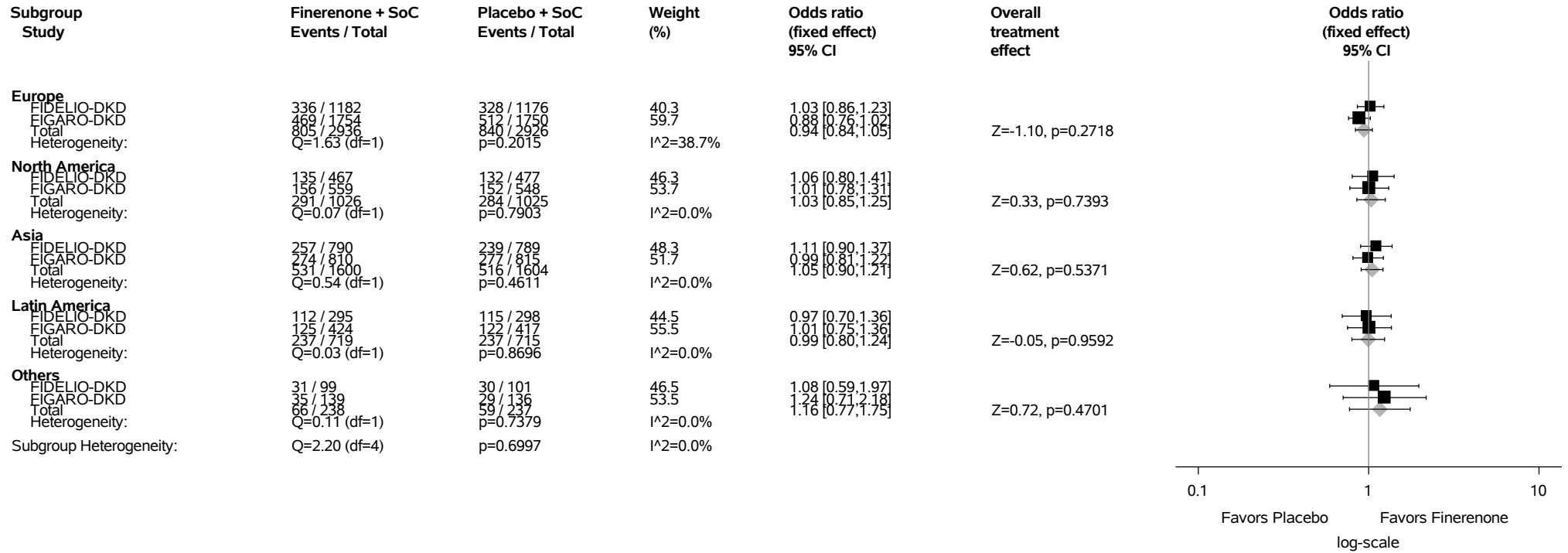
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.10.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

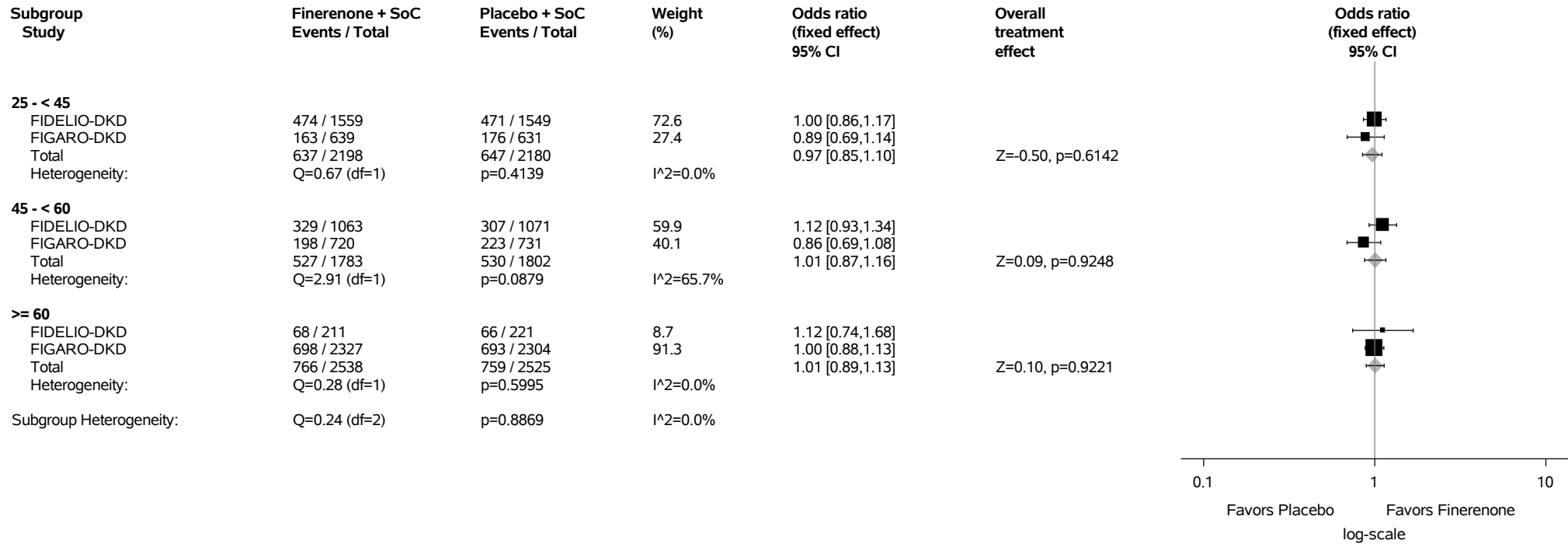
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.10.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

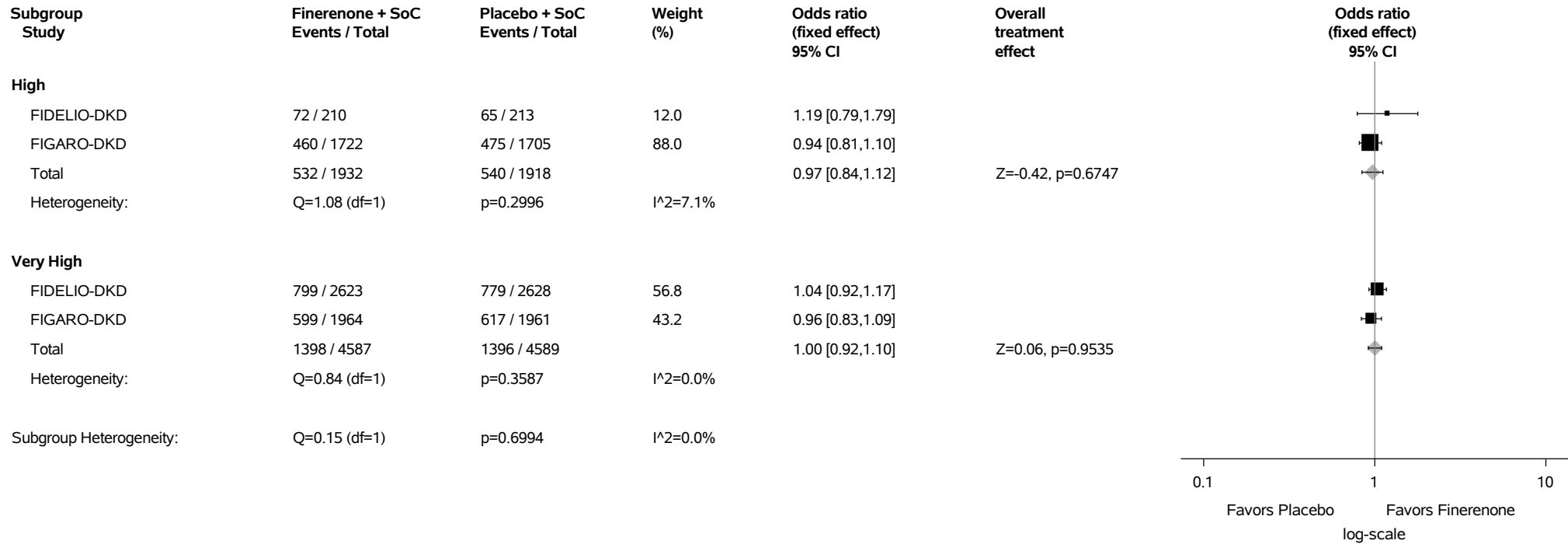
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.10.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

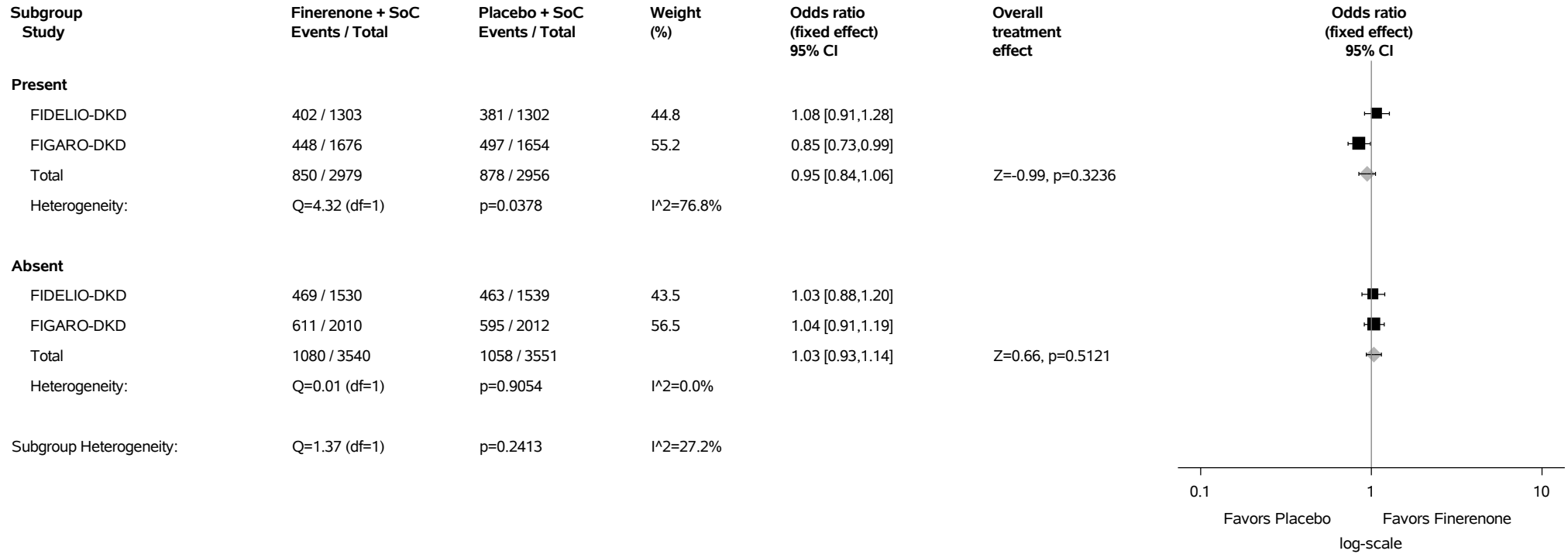
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.10.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

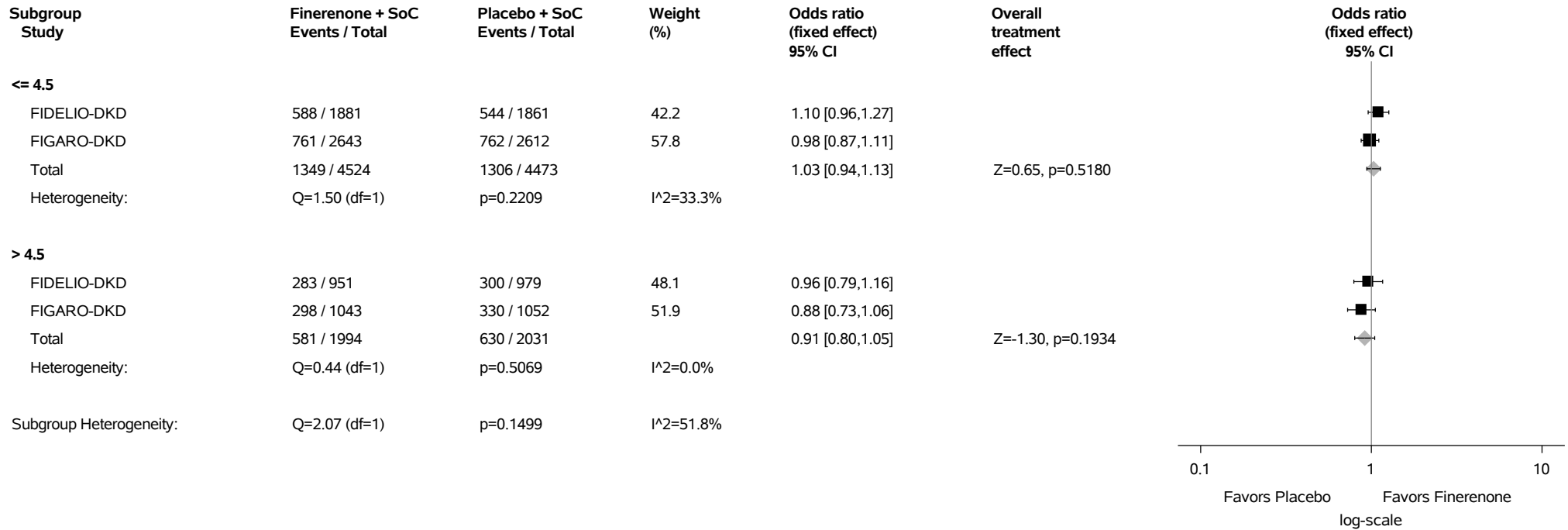
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.10.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

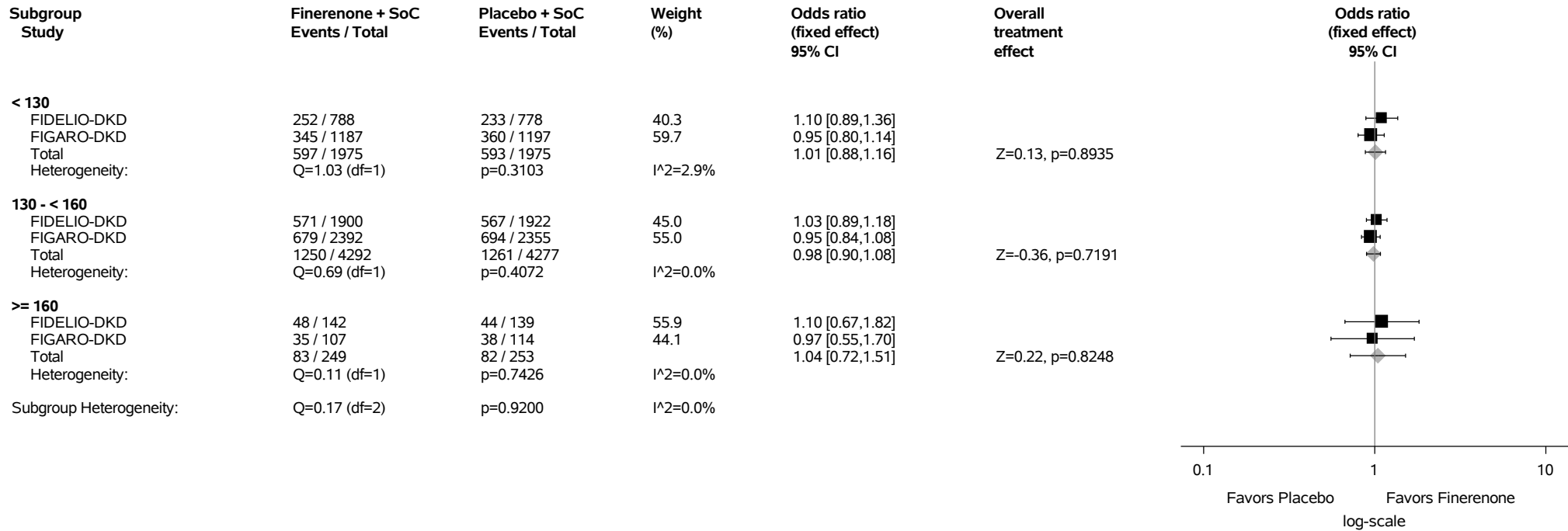
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.10.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

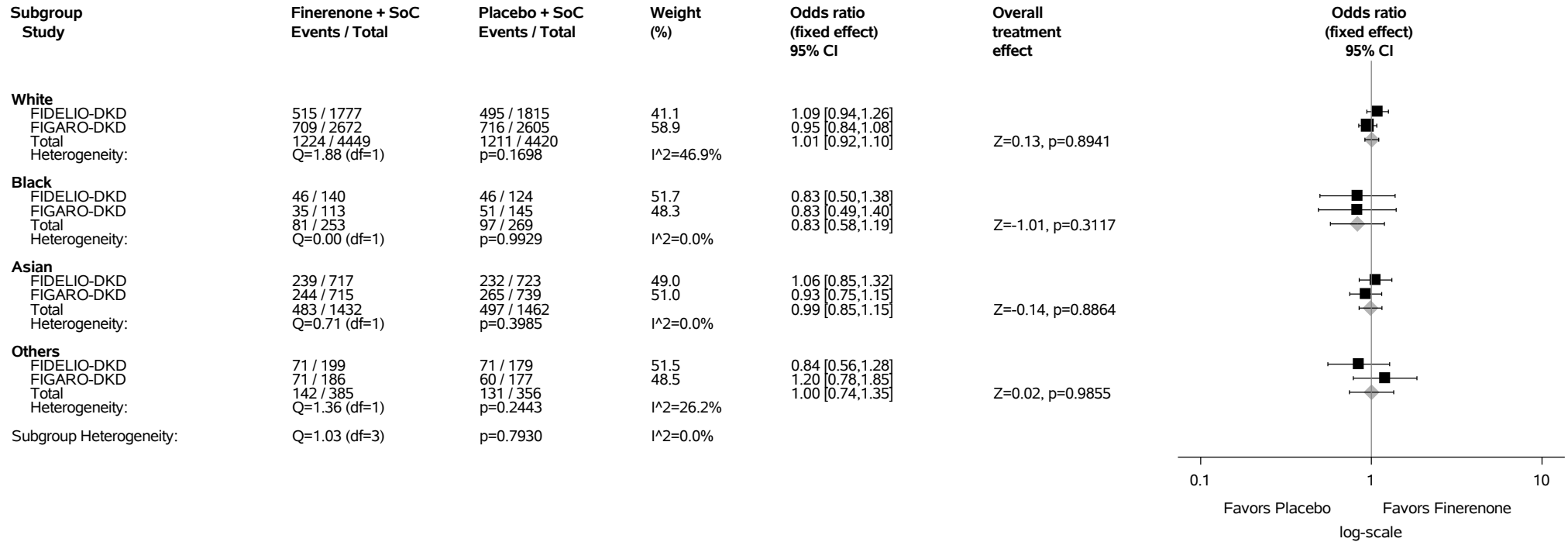
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.10.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

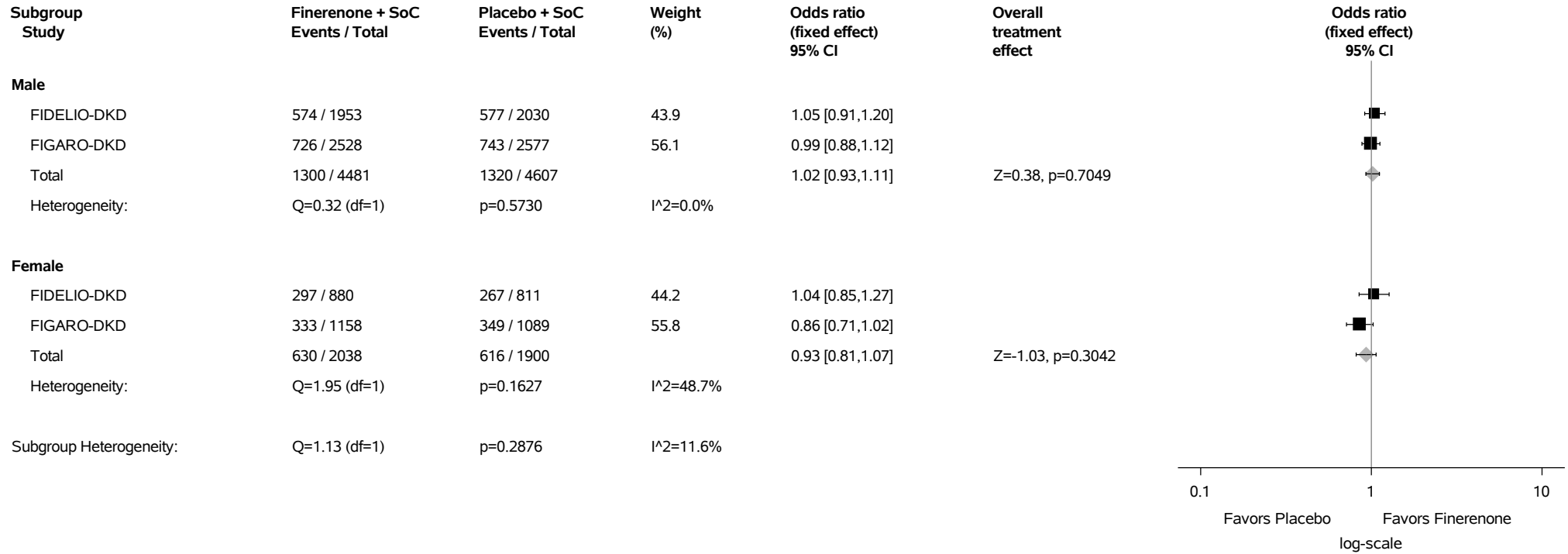
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.10.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

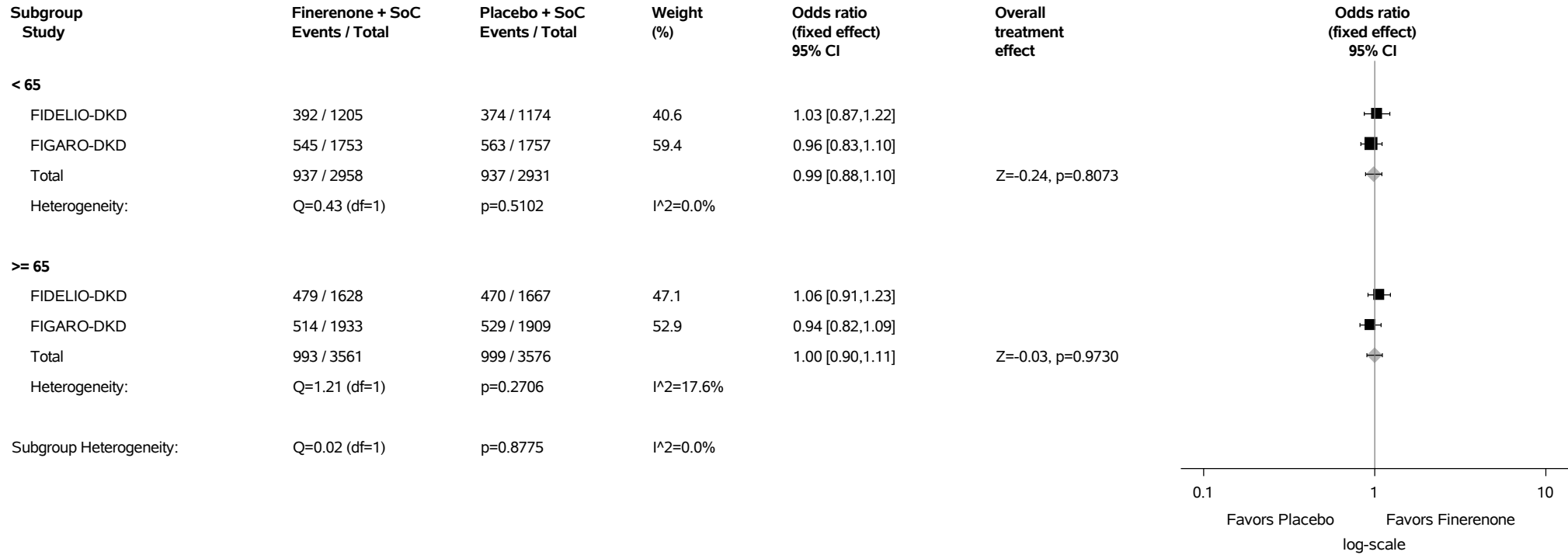
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.10.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Burden of Kidney Disease of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

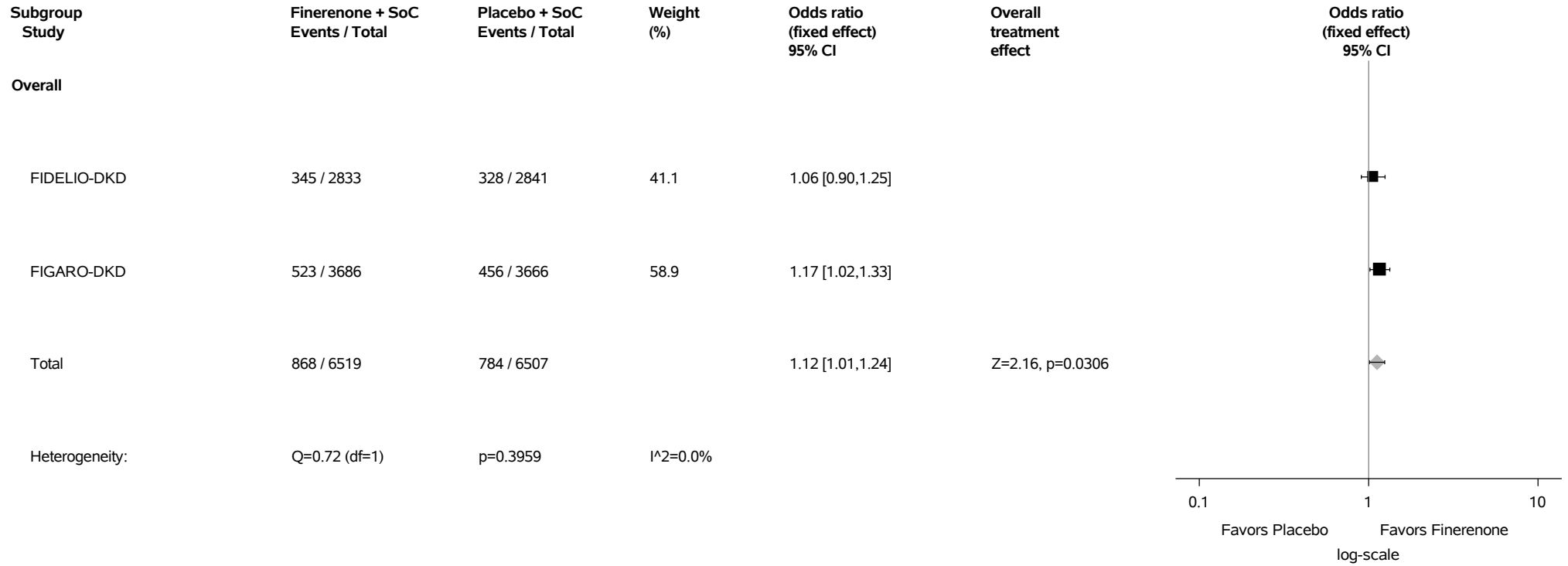
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.11: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 Full Analysis Set



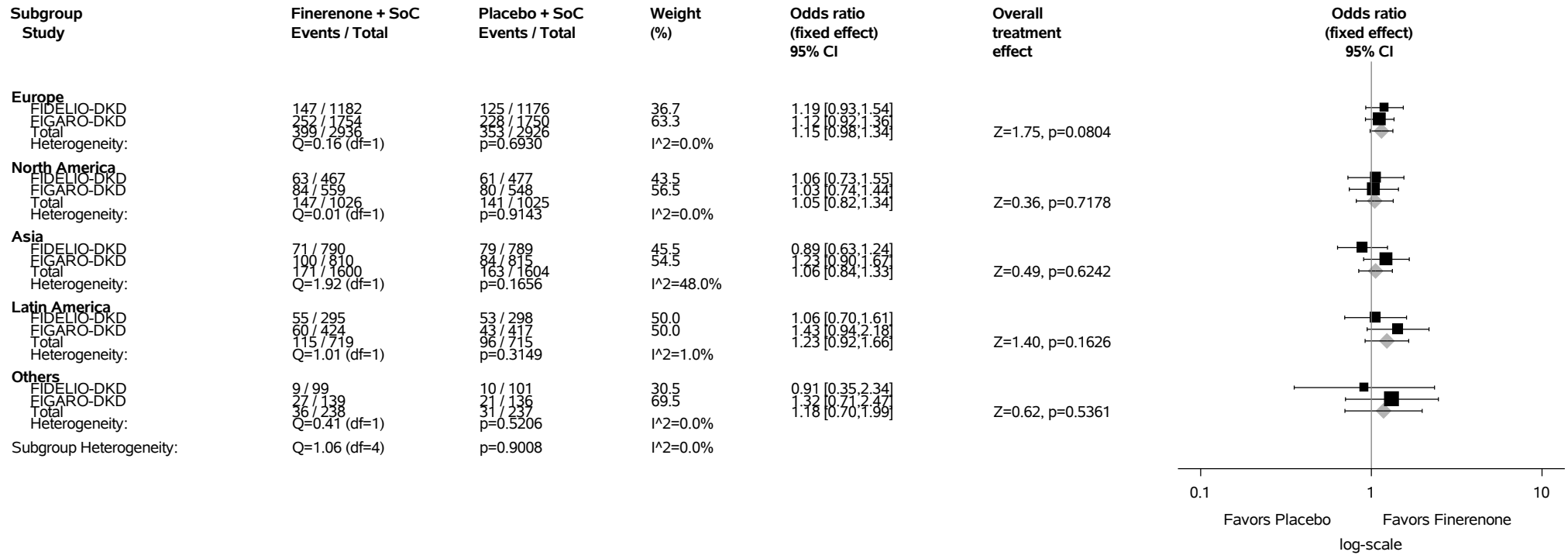
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.11.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Region Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

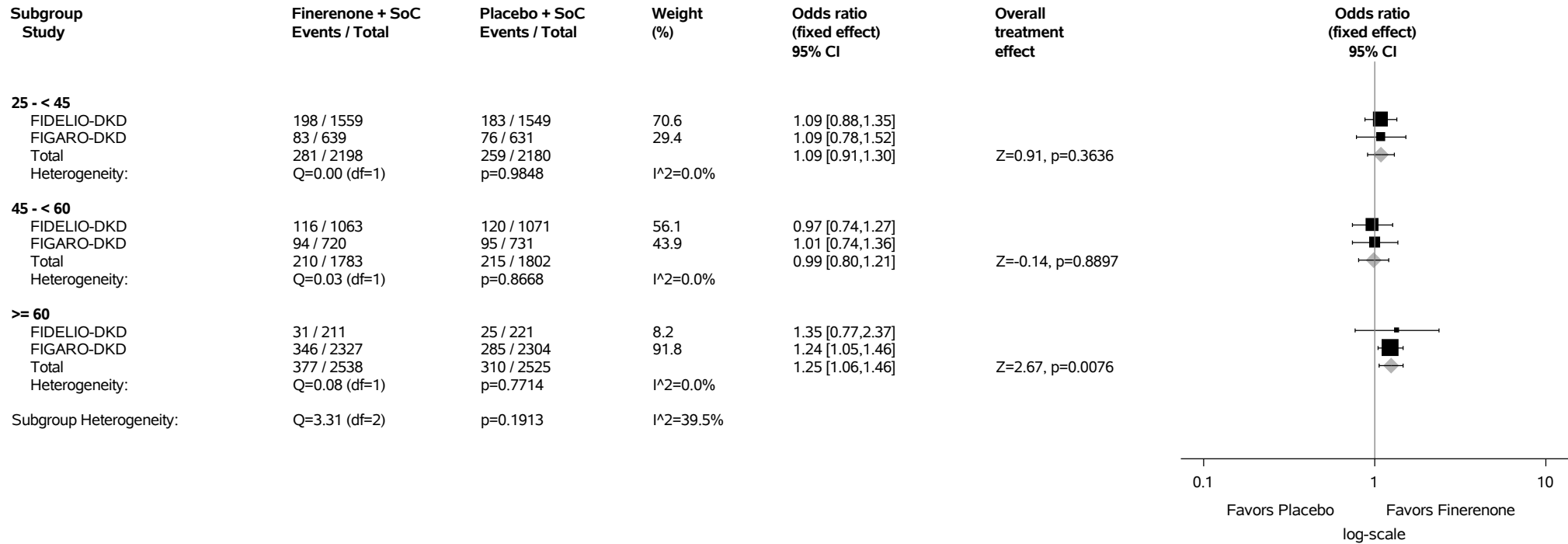
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.11.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by eGFR (mL/min/1.73m²) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

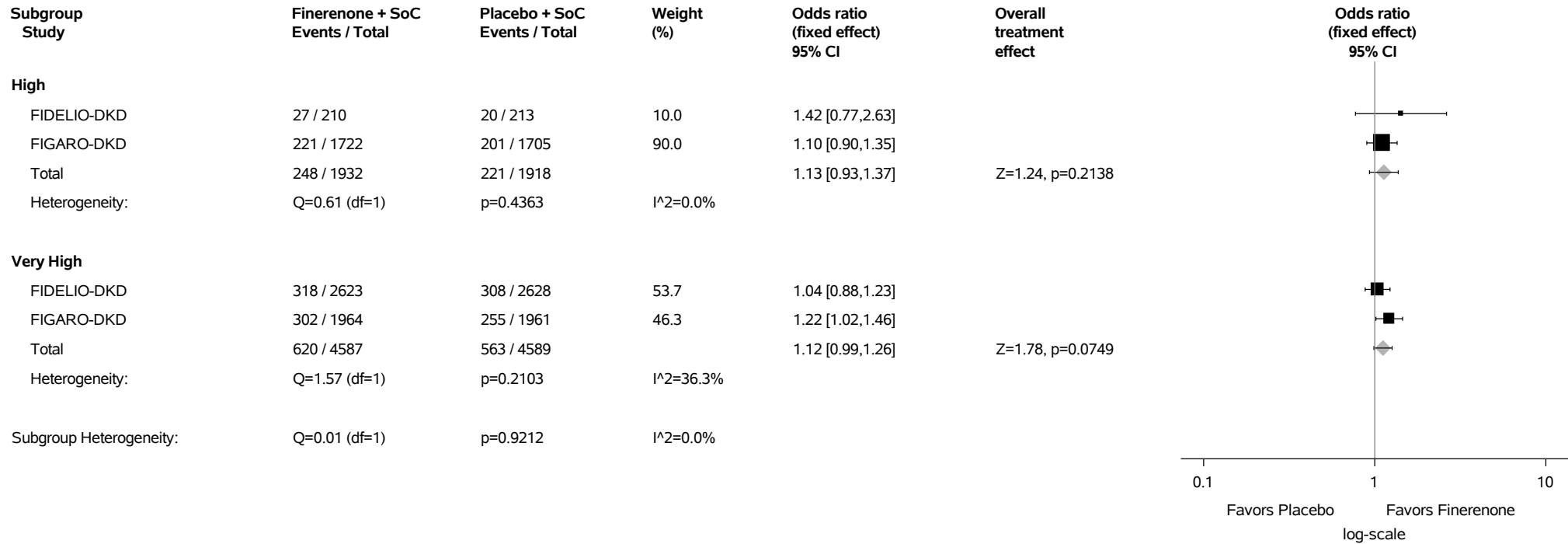
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.11.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Type of Albuminuria at Screening
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

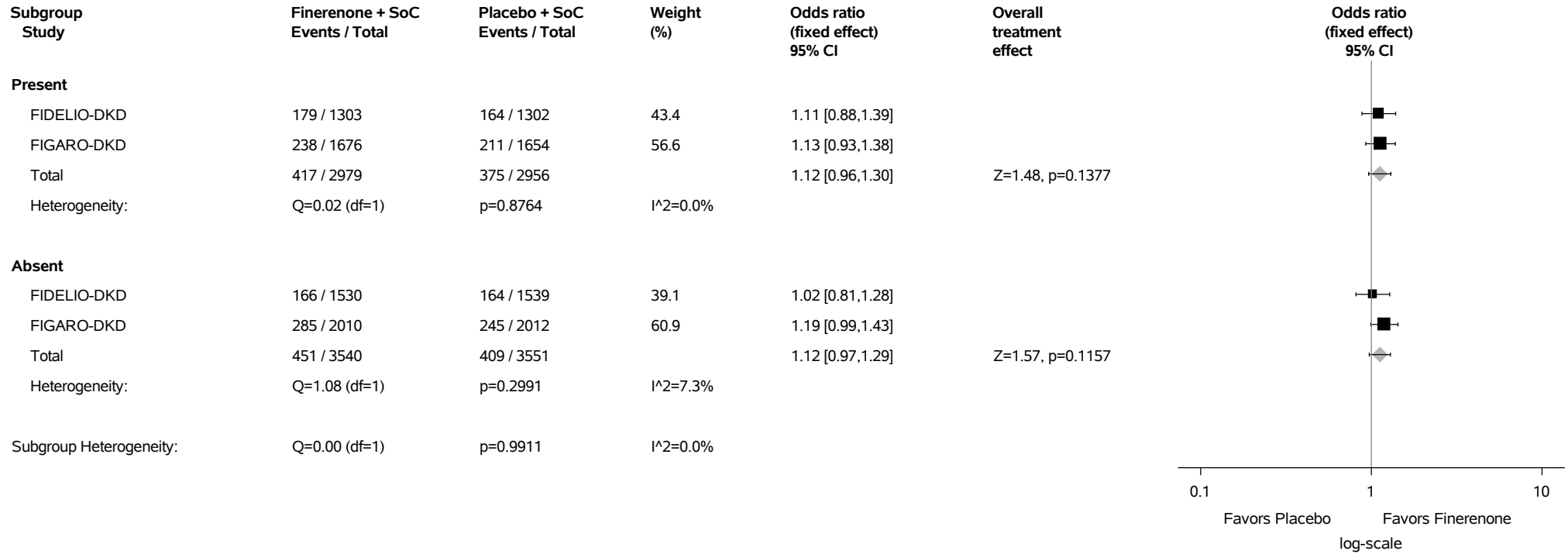
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.11.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by History of CVD Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

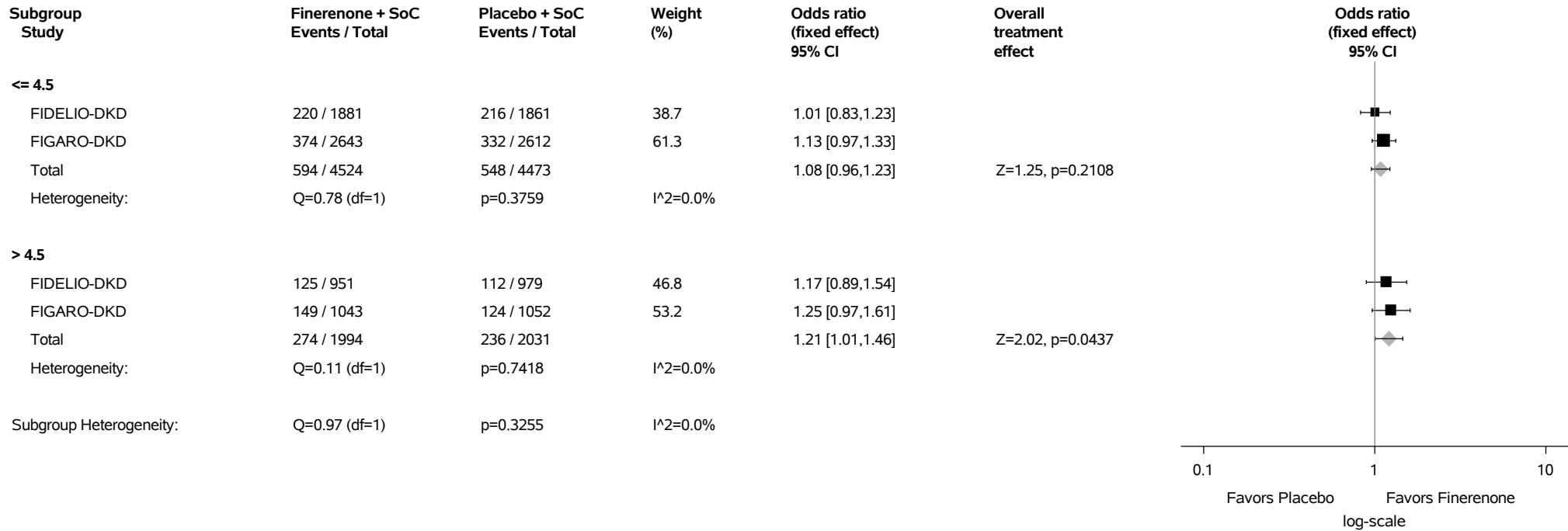
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.11.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

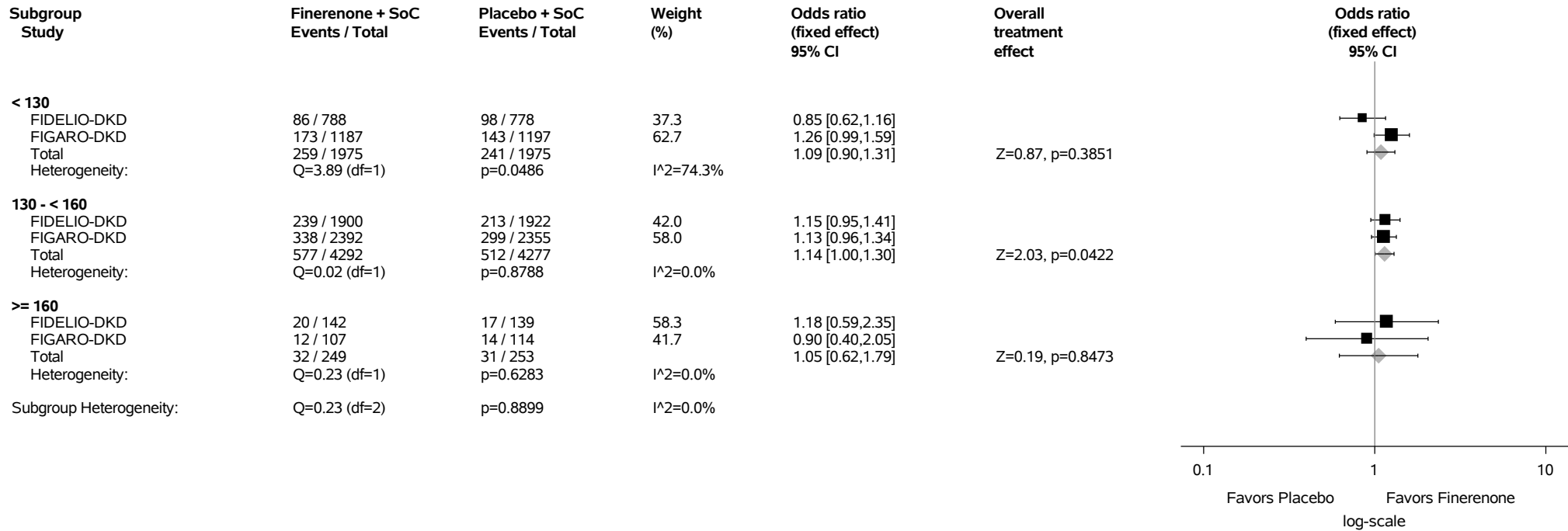
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.11.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

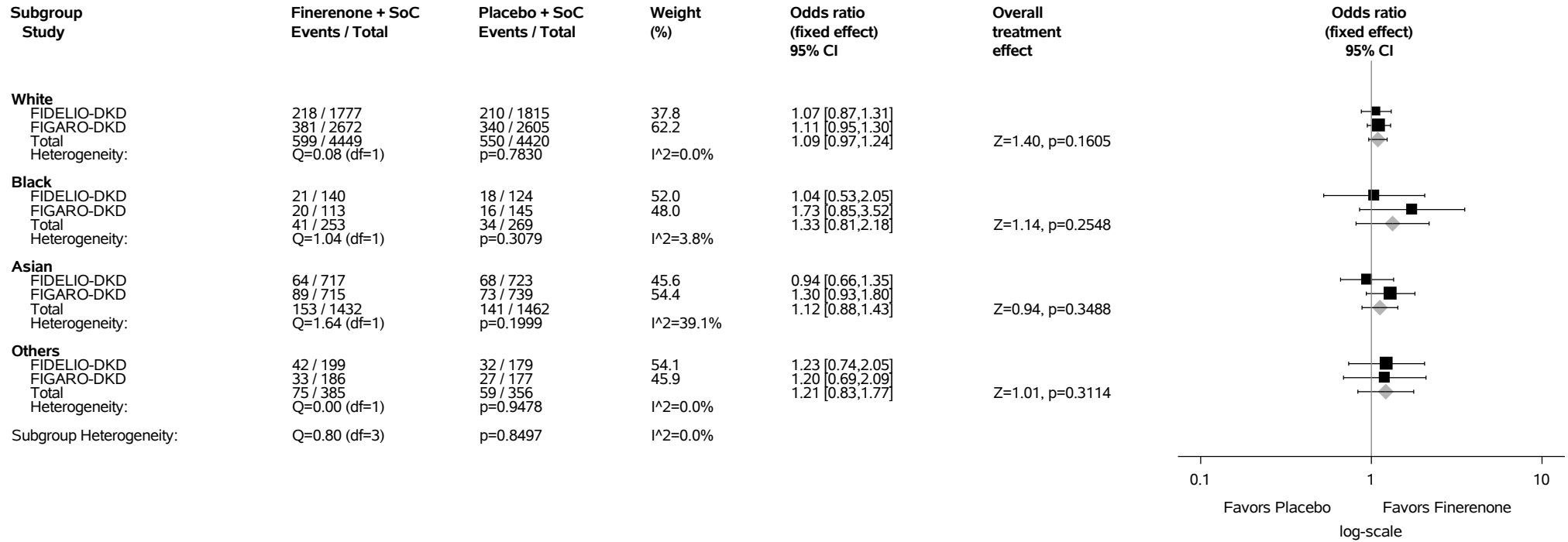
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.11.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Race Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

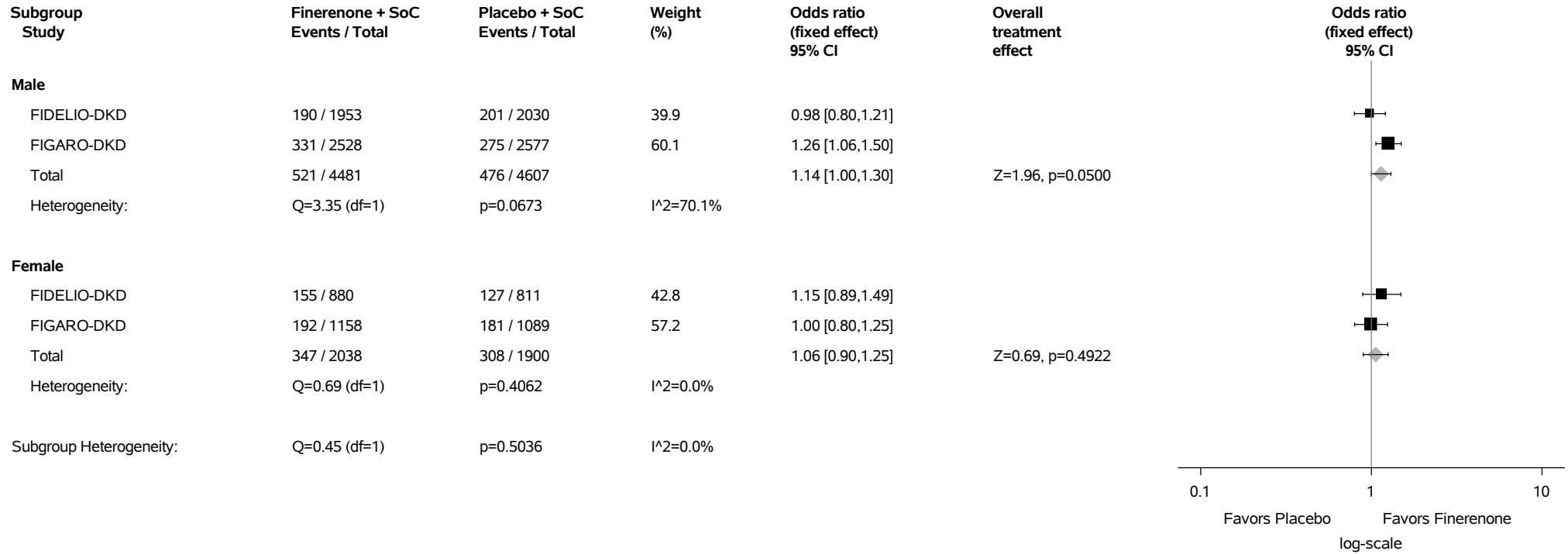
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.11.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

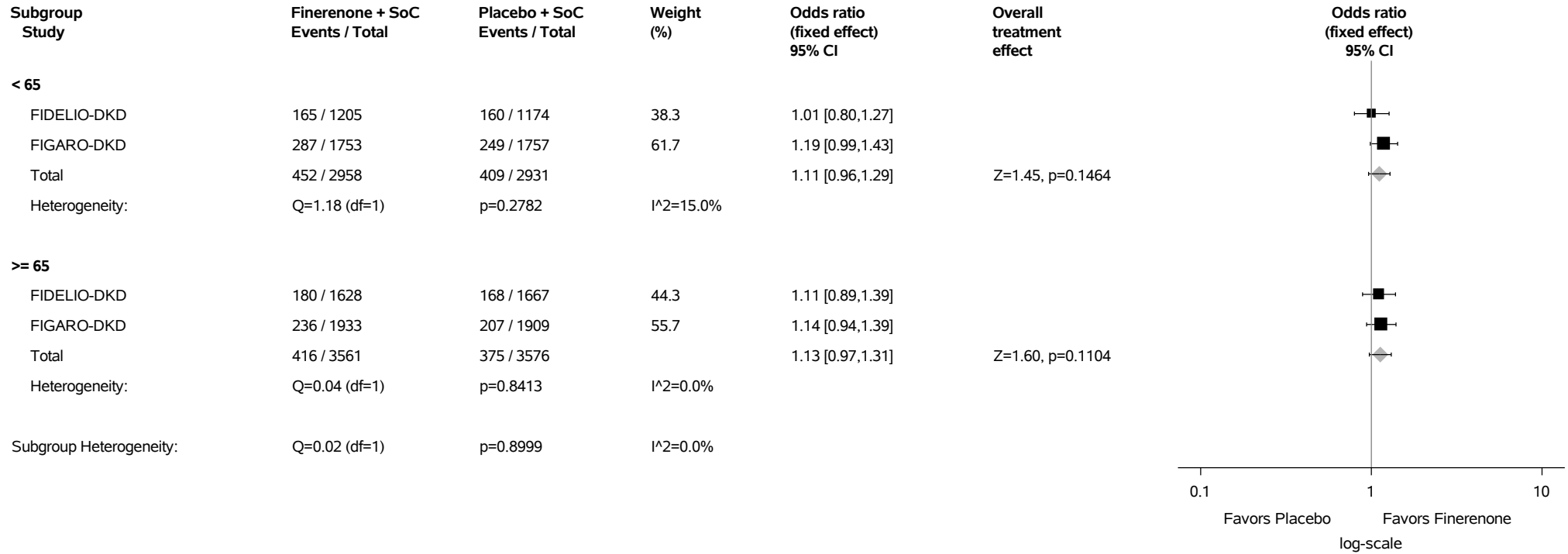
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.11.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Symptoms and Problems of at least MID=15 by Age Group (years) Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

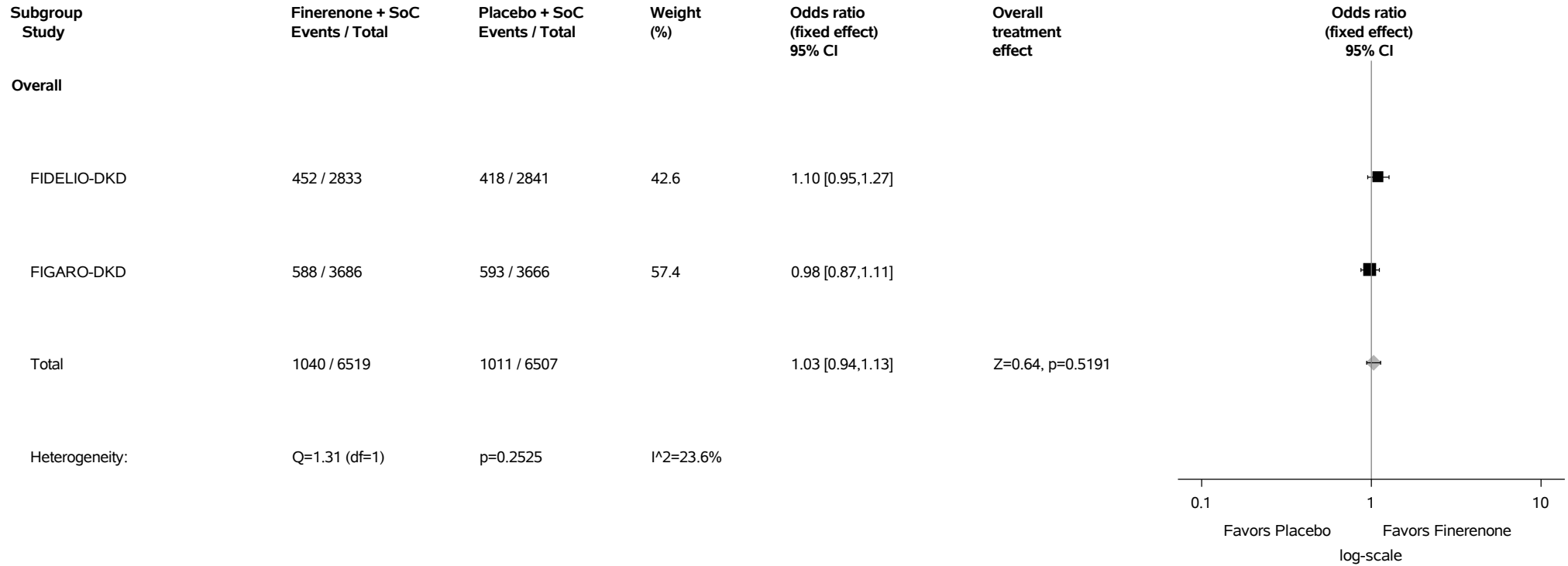
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.12: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 Full Analysis Set



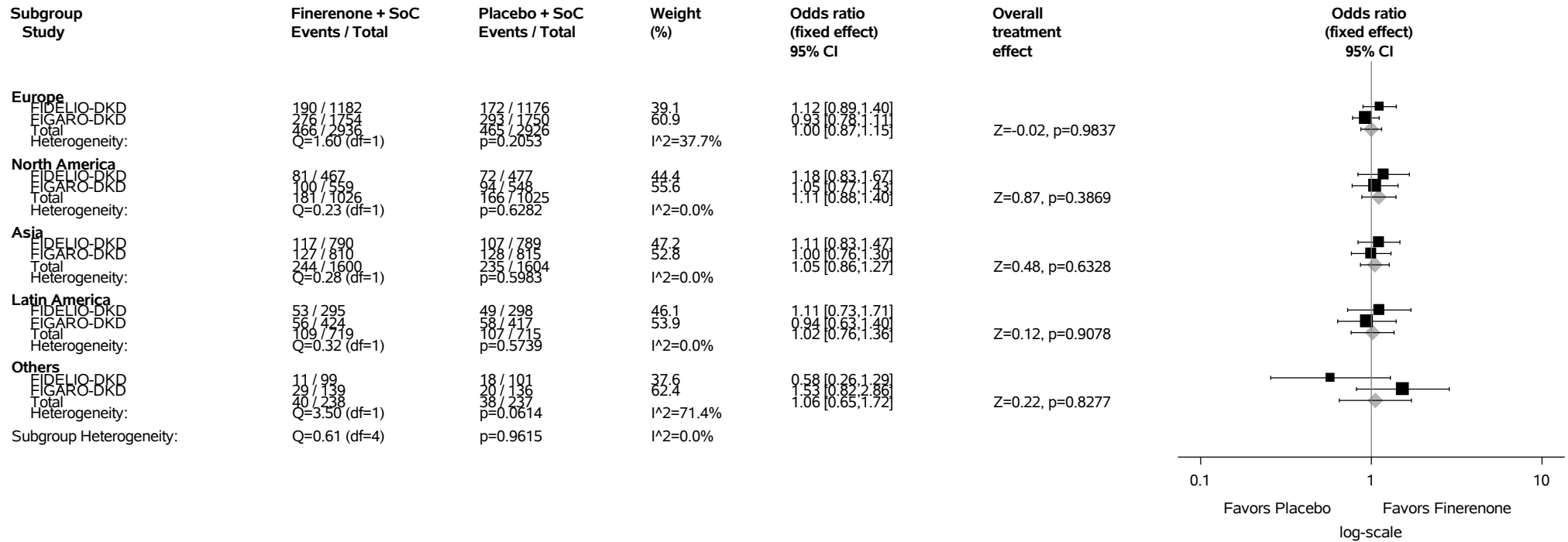
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factors treatment group, region, eGFR category at screening, type of albuminuria at screening, CVD history using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 3.3.12.1: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Region
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

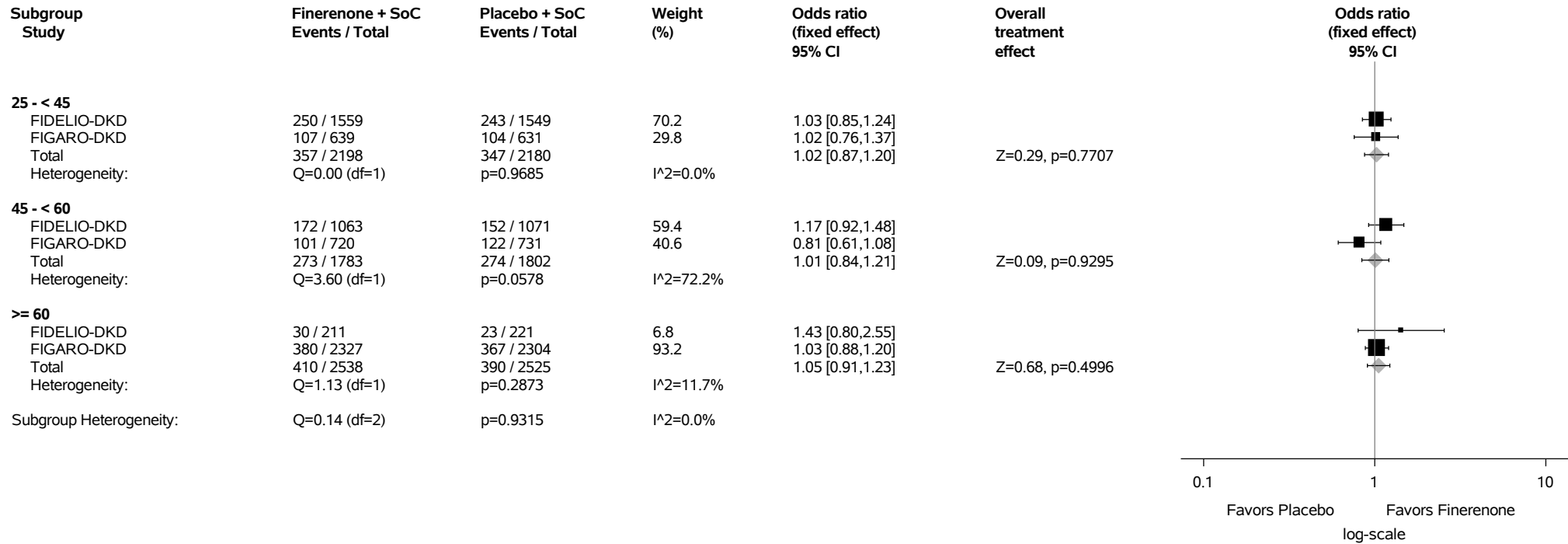
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.12.2: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by eGFR (mL/min/1.73m2) Category at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

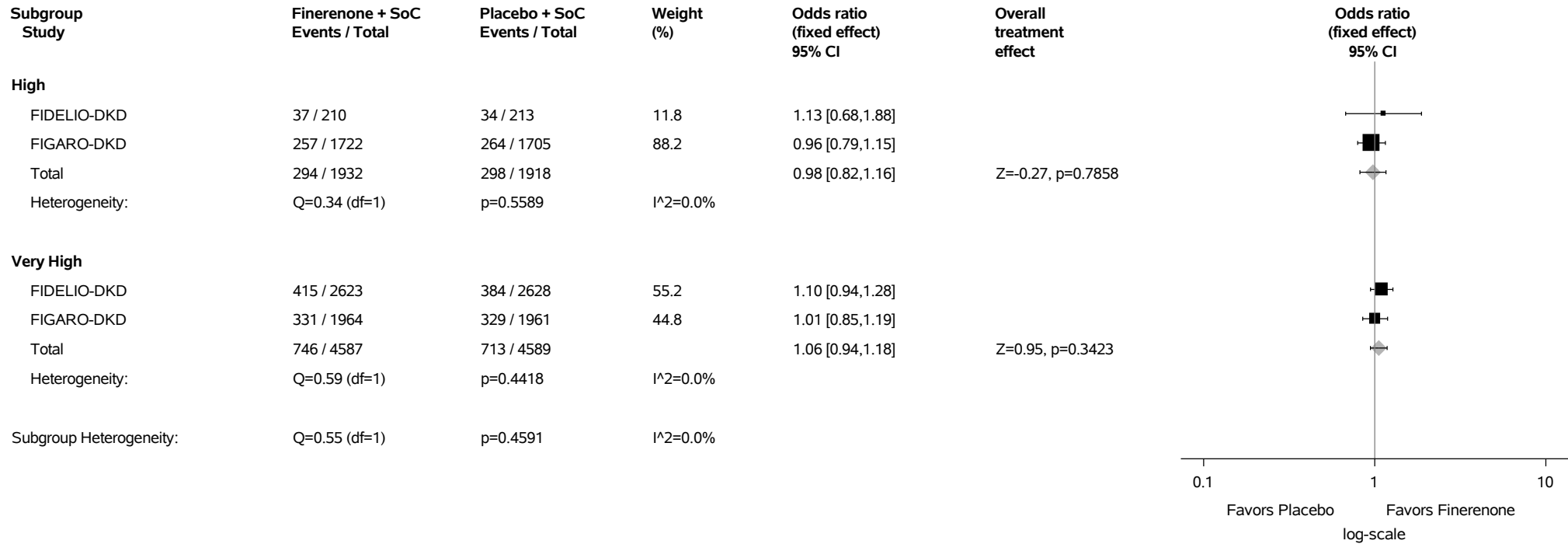
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.12.3: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Type of Albuminuria at Screening Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

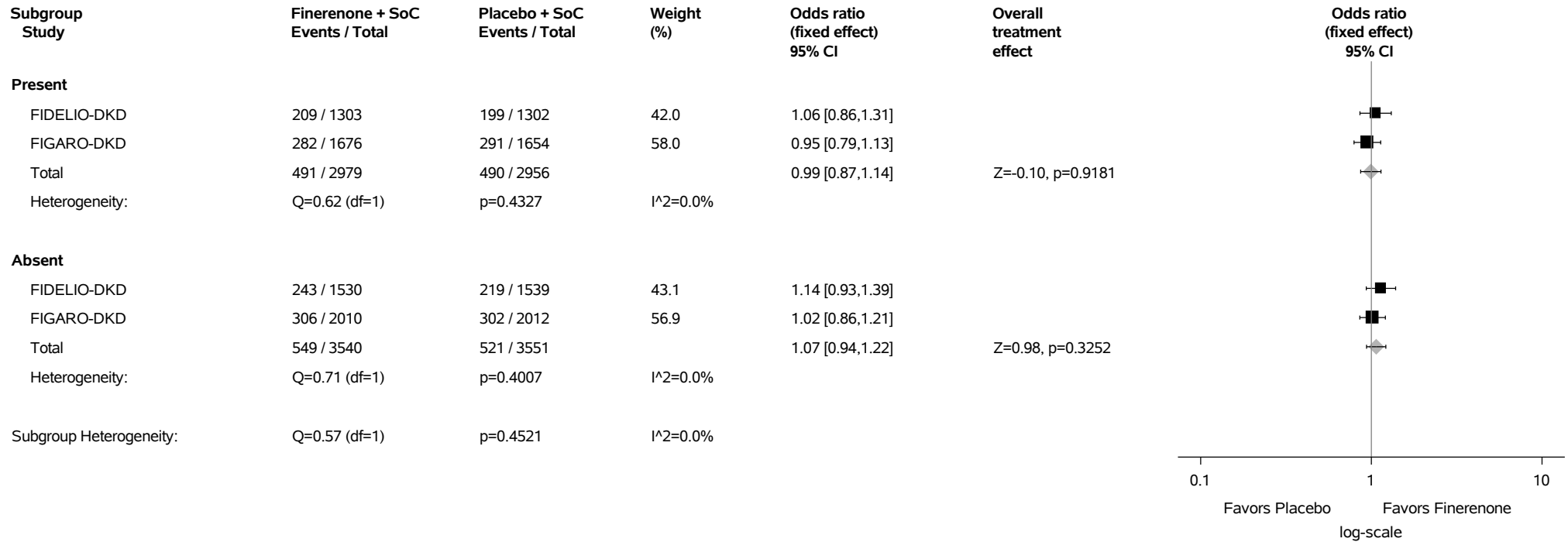
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.12.4: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by History of CVD
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

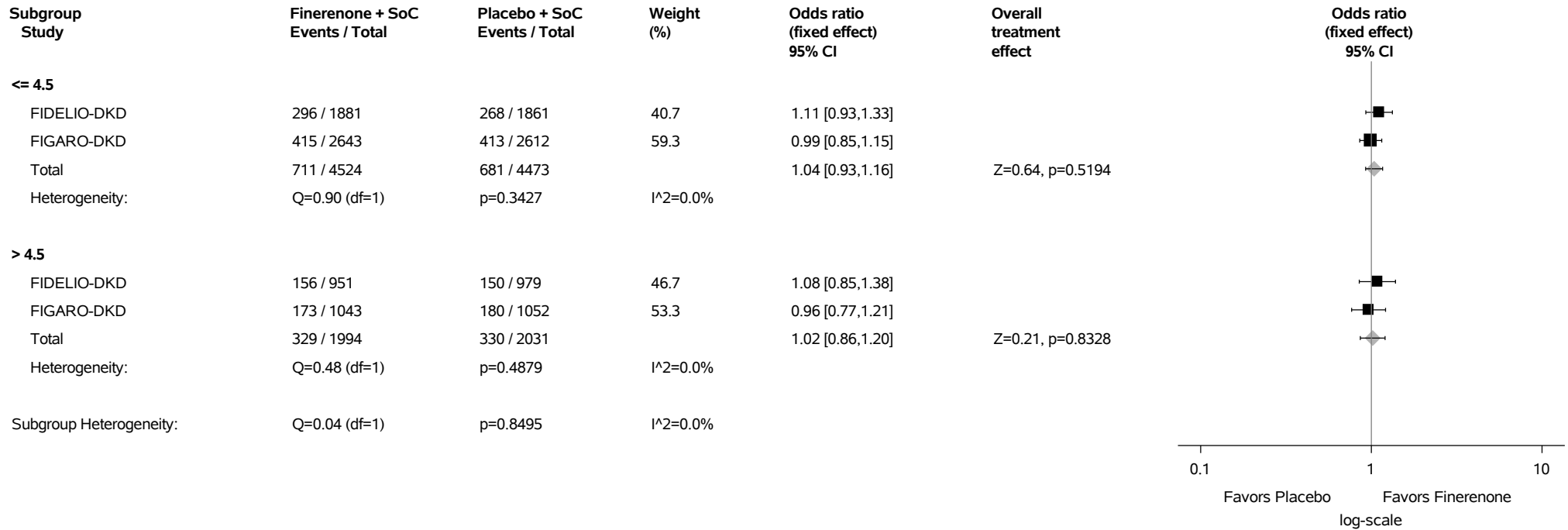
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.12.5: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Serum Potassium (mmol/L) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

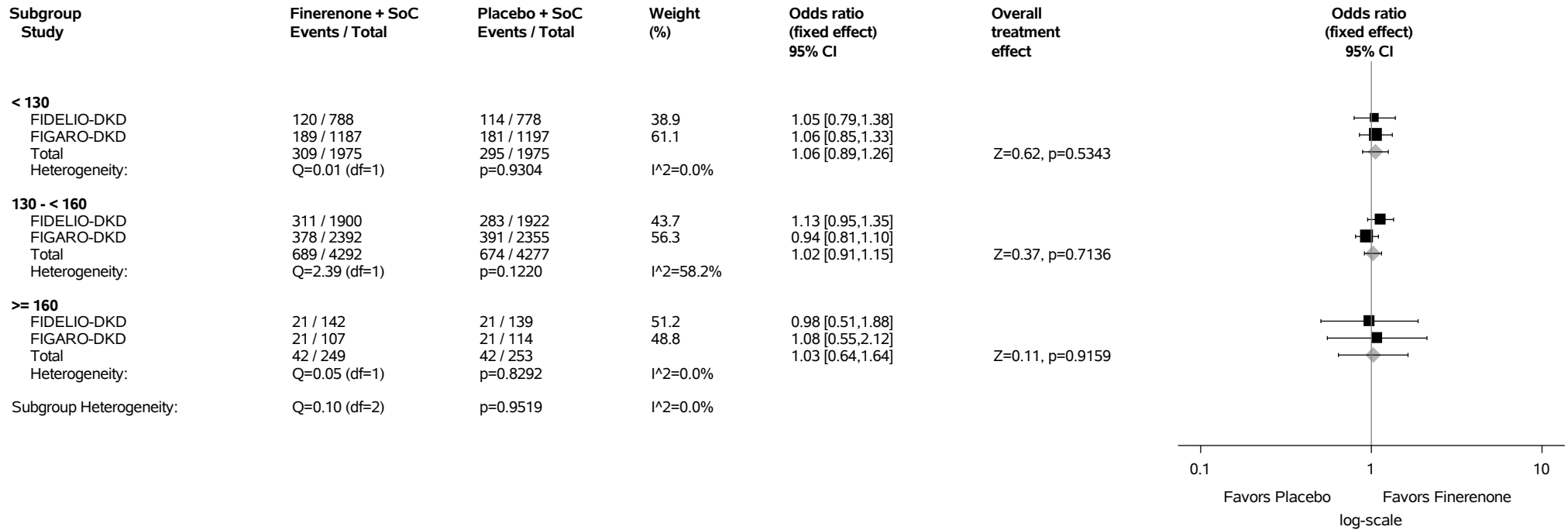
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.12.6: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Systolic Blood Pressure (mmHg) Category at Baseline Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

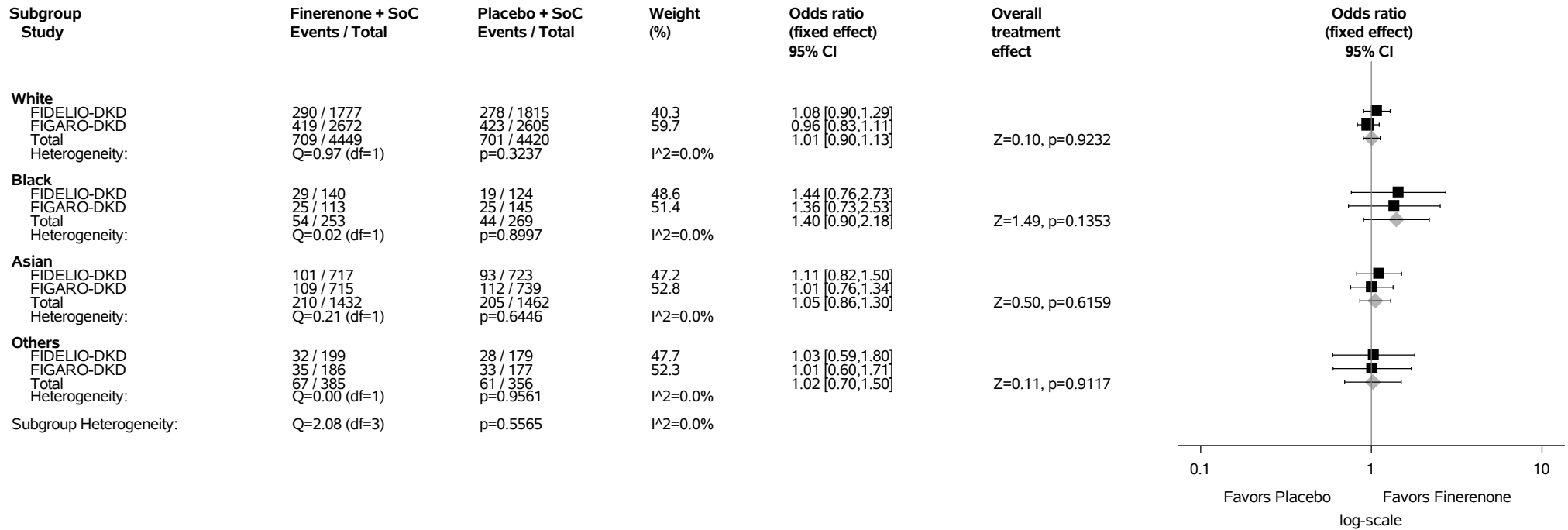
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.12.7: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Race
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

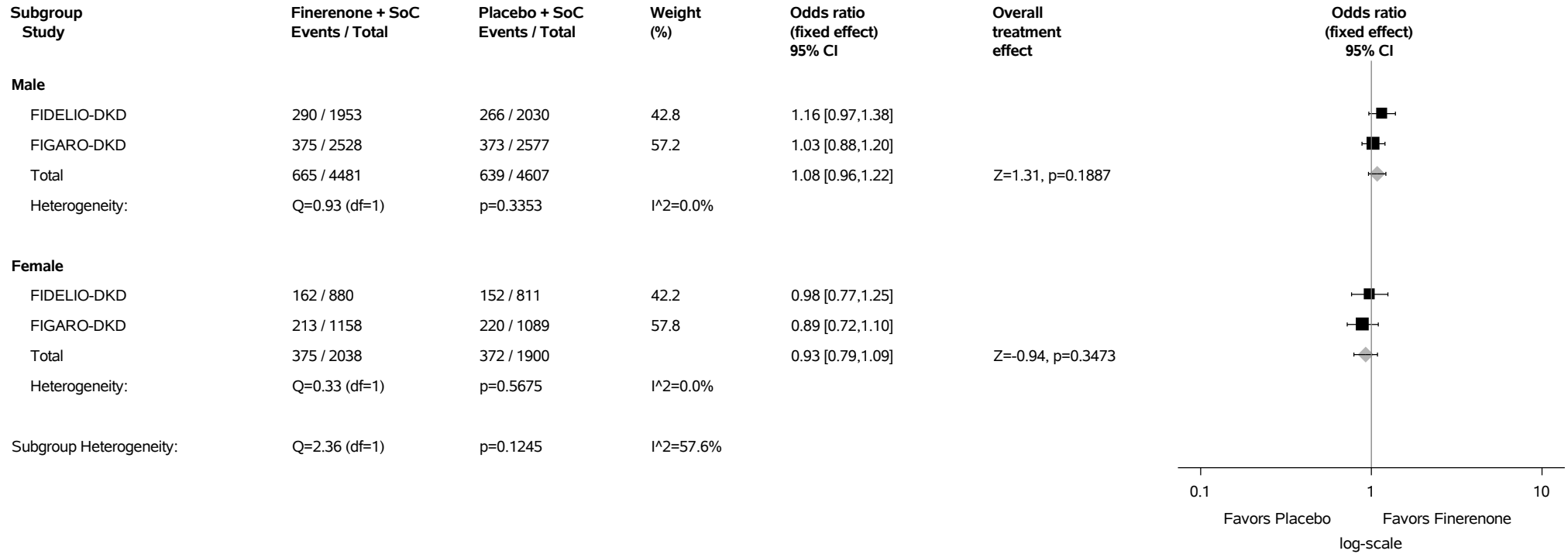
For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 3.3.12.8: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Sex Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

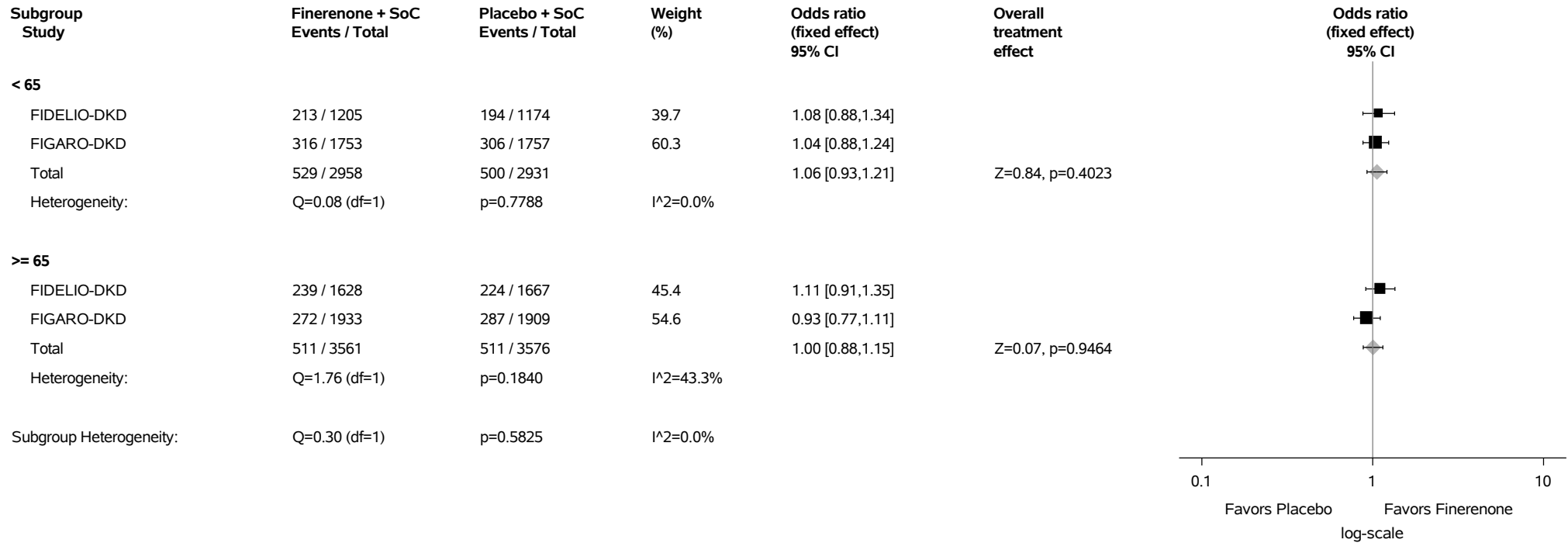
Note: For single studies the OR is estimated by a GLM with factor treatment group using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

Analysis is based on all post-baseline assessments available for this parameter.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 3.3.12.9: KDQoL-36 - Forestplot for Odds Ratio of Proportion of Subjects with at least one Improvement of Effects of Kidney Disease on Daily Life of at least MID=15 by Age Group (years)
Full Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, DF=degrees of freedom, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, KDQoL=Kidney Disease Quality of Life, MID=minimal important difference, N=number of subjects, OR=odds ratio, SoC=standard of care.

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| | | |
|-----------------|---|-----|
| Table 2.0.1 | Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set | 20 |
| Table 2.0.2 | Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set | 94 |
| Table 2.0.3 | Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set | 125 |
| Table 2.0.4 | Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set | 148 |
| Table 2.0.5 | Summary of Treatment Duration - Safety Analysis Set | 156 |
| Figure 2.1.1 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs | 157 |
| Figure 2.1.1.1 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Region | 158 |
| Figure 2.1.1.2 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m ²) Category at Screening | 159 |
| Figure 2.1.1.3 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening | 160 |
| Figure 2.1.1.4 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD | 161 |
| Figure 2.1.1.5 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline | 162 |
| Figure 2.1.1.6 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 163 |
| Figure 2.1.1.7 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Race | 164 |
| Figure 2.1.1.8 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Sex | 165 |
| Figure 2.1.1.9 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) | 166 |
| Figure 2.1.2 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs Excluding Progression-Related Events | 167 |
| Figure 2.1.3 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs | 168 |
| Figure 2.1.3.1 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Region | 169 |
| Figure 2.1.3.2 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m ²) Category at Screening | 170 |
| Figure 2.1.3.3 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening | 171 |
| Figure 2.1.3.4 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD | 172 |
| Figure 2.1.3.5 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline | 173 |
| Figure 2.1.3.6 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 174 |
| Figure 2.1.3.7 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Race | 175 |
| Figure 2.1.3.8 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Sex | 176 |
| Figure 2.1.3.9 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) | 177 |
| Figure 2.1.4 | Forestplot for Relative Risk of Proportion of Subjects with TESAEs Excluding Progression-Related Events | 178 |
| Figure 2.1.5 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs | 179 |
| Figure 2.1.5.1 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Region | 180 |
| Figure 2.1.5.2 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m ²) Category at Screening | 181 |
| Figure 2.1.5.3 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening | 182 |
| Figure 2.1.5.4 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by History of CVD | 183 |
| Figure 2.1.5.5 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline | 184 |
| Figure 2.1.5.6 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 185 |
| Figure 2.1.5.7 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Race | 186 |
| Figure 2.1.5.8 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Sex | 187 |
| Figure 2.1.5.9 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Age Group (years) | 188 |
| Figure 2.1.6 | Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events | 189 |
| Figure 2.1.7 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug | 190 |
| Figure 2.1.7.1 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region | 191 |
| Figure 2.1.7.2 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by eGFR (mL/min/1.73m ²) Category at Screening | 192 |
| Figure 2.1.7.3 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening | 193 |
| Figure 2.1.7.4 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD | 194 |
| Figure 2.1.7.5 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline | 195 |
| Figure 2.1.7.6 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline | 196 |
| Figure 2.1.7.7 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race | 197 |
| Figure 2.1.7.8 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex | 198 |
| Figure 2.1.7.9 | Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years) | 199 |
| Figure 2.1.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) | 200 |
| Figure 2.1.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) | 201 |
| Figure 2.1.10 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Iron deficiency anaemia (PT with Incidence >=1%) | 202 |
| Figure 2.1.11 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 203 |
| Figure 2.1.11.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Cardiac Disorders (SOC with Incidence >=1%) | 204 |
| Figure 2.1.11.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m ²) Category at Screening - Cardiac Disorders (SOC with Incidence >=1%) | 205 |
| Figure 2.1.11.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac Disorders (SOC with Incidence >=1%) | 206 |
| Figure 2.1.11.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Cardiac Disorders (SOC with Incidence >=1%) | 207 |
| Figure 2.1.11.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%) | 208 |
| Figure 2.1.11.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%) | 209 |
| Figure 2.1.11.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Cardiac Disorders (SOC with Incidence >=1%) | 210 |

| | | |
|-----------------|--|-----|
| Figure 2.1.11.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Cardiac Disorders (SOC with Incidence >=1%) | 211 |
| Figure 2.1.11.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac Disorders (SOC with Incidence >=1%) | 212 |
| Figure 2.1.12 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) | 213 |
| Figure 2.1.13 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) | 214 |
| Figure 2.1.13.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) | 215 |
| Figure 2.1.13.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Cardiac failure (PT with Incidence >=1%) | 216 |
| Figure 2.1.13.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) | 217 |
| Figure 2.1.13.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) | 218 |
| Figure 2.1.13.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) | 219 |
| Figure 2.1.13.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%) | 220 |
| Figure 2.1.13.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) | 221 |
| Figure 2.1.13.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%) | 222 |
| Figure 2.1.13.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) | 223 |
| Figure 2.1.14 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) | 224 |
| Figure 2.1.15 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) | 225 |
| Figure 2.1.16 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) | 226 |
| Figure 2.1.17 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) | 227 |
| Figure 2.1.18 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) | 228 |
| Figure 2.1.19 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) | 229 |
| Figure 2.1.20 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) | 230 |
| Figure 2.1.21 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) | 231 |
| Figure 2.1.22 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) | 232 |
| Figure 2.1.23 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 233 |
| Figure 2.1.24 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) | 234 |
| Figure 2.1.25 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) | 235 |
| Figure 2.1.26 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) | 236 |
| Figure 2.1.27 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) | 237 |
| Figure 2.1.28 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) | 238 |
| Figure 2.1.29 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) | 239 |
| Figure 2.1.30 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) | 240 |
| Figure 2.1.31 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) | 241 |
| Figure 2.1.32 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) | 242 |
| Figure 2.1.33 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) | 243 |
| Figure 2.1.33.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) | 244 |
| Figure 2.1.33.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Large intestine polyp (PT with Incidence >=1%) | 245 |
| Figure 2.1.33.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) | 246 |
| Figure 2.1.33.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) | 247 |
| Figure 2.1.33.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 248 |
| Figure 2.1.33.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 249 |
| Figure 2.1.33.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) | 250 |
| Figure 2.1.33.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) | 251 |
| Figure 2.1.33.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) | 252 |
| Figure 2.1.34 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) | 253 |
| Figure 2.1.35 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) | 254 |
| Figure 2.1.36 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 255 |
| Figure 2.1.36.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 256 |
| Figure 2.1.36.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 257 |
| Figure 2.1.36.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 258 |
| Figure 2.1.36.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 259 |
| Figure 2.1.36.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 260 |
| Figure 2.1.36.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 261 |

| | | |
|-----------------|--|-----|
| Figure 2.1.36.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 262 |
| Figure 2.1.36.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 263 |
| Figure 2.1.36.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 264 |
| Figure 2.1.37 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) | 265 |
| Figure 2.1.38 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) | 266 |
| Figure 2.1.39 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) | 267 |
| Figure 2.1.40 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%) | 268 |
| Figure 2.1.41 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) | 269 |
| Figure 2.1.41.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) | 270 |
| Figure 2.1.41.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Oedema peripheral (PT with Incidence >=1%) | 271 |
| Figure 2.1.41.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) | 272 |
| Figure 2.1.41.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) | 273 |
| Figure 2.1.41.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 274 |
| Figure 2.1.41.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 275 |
| Figure 2.1.41.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) | 276 |
| Figure 2.1.41.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) | 277 |
| Figure 2.1.41.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) | 278 |
| Figure 2.1.42 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) | 279 |
| Figure 2.1.43 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) | 280 |
| Figure 2.1.44 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 281 |
| Figure 2.1.45 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) | 282 |
| Figure 2.1.46 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) | 283 |
| Figure 2.1.47 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) | 284 |
| Figure 2.1.48 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 285 |
| Figure 2.1.49 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) | 286 |
| Figure 2.1.50 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) | 287 |
| Figure 2.1.51 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) | 288 |
| Figure 2.1.52 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cystitis (PT with Incidence >=1%) | 289 |
| Figure 2.1.53 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) | 290 |
| Figure 2.1.54 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) | 291 |
| Figure 2.1.55 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) | 292 |
| Figure 2.1.56 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) | 293 |
| Figure 2.1.57 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) | 294 |
| Figure 2.1.58 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) | 295 |
| Figure 2.1.59 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) | 296 |
| Figure 2.1.59.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) | 297 |
| Figure 2.1.59.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) | 298 |
| Figure 2.1.59.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 299 |
| Figure 2.1.59.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 300 |
| Figure 2.1.59.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 301 |
| Figure 2.1.59.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 302 |
| Figure 2.1.59.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) | 303 |
| Figure 2.1.59.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) | 304 |
| Figure 2.1.59.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 305 |
| Figure 2.1.60 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) | 306 |
| Figure 2.1.61 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) | 307 |
| Figure 2.1.62 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) | 308 |
| Figure 2.1.63 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) | 309 |
| Figure 2.1.64 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 310 |
| Figure 2.1.65 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%) | 311 |
| Figure 2.1.66 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) | 312 |
| Figure 2.1.67 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) | 313 |
| Figure 2.1.68 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) | 314 |
| Figure 2.1.69 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) | 315 |
| Figure 2.1.70 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 316 |

| | | |
|-----------------|---|-----|
| Figure 2.1.70.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 317 |
| Figure 2.1.70.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 318 |
| Figure 2.1.70.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 319 |
| Figure 2.1.70.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 320 |
| Figure 2.1.70.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 321 |
| Figure 2.1.70.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 322 |
| Figure 2.1.70.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 323 |
| Figure 2.1.70.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 324 |
| Figure 2.1.70.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 325 |
| Figure 2.1.71 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) | 326 |
| Figure 2.1.72 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) | 327 |
| Figure 2.1.72.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) | 328 |
| Figure 2.1.72.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Blood potassium increased (PT with Incidence >=1%) | 329 |
| Figure 2.1.72.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) | 330 |
| Figure 2.1.72.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) | 331 |
| Figure 2.1.72.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 332 |
| Figure 2.1.72.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 333 |
| Figure 2.1.72.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) | 334 |
| Figure 2.1.72.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) | 335 |
| Figure 2.1.72.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) | 336 |
| Figure 2.1.73 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) | 337 |
| Figure 2.1.74 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) | 338 |
| Figure 2.1.75 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) | 339 |
| Figure 2.1.76 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) | 340 |
| Figure 2.1.76.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Glomerular filtration rate decreased (PT with Incidence >=1%) | 341 |
| Figure 2.1.76.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%) | 342 |
| Figure 2.1.76.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%) | 343 |
| Figure 2.1.76.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Glomerular filtration rate decreased (PT with Incidence >=1%) | 344 |
| Figure 2.1.76.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%) | 345 |
| Figure 2.1.76.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%) | 346 |
| Figure 2.1.76.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Glomerular filtration rate decreased (PT with Incidence >=1%) | 347 |
| Figure 2.1.76.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Glomerular filtration rate decreased (PT with Incidence >=1%) | 348 |
| Figure 2.1.76.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Glomerular filtration rate decreased (PT with Incidence >=1%) | 349 |
| Figure 2.1.77 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) | 350 |
| Figure 2.1.78 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) | 351 |
| Figure 2.1.79 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 352 |
| Figure 2.1.79.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 353 |
| Figure 2.1.79.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 354 |
| Figure 2.1.79.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 355 |
| Figure 2.1.79.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 356 |
| Figure 2.1.79.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 357 |

| | | |
|-----------------|--|-----|
| Figure 2.1.79.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 358 |
| Figure 2.1.79.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 359 |
| Figure 2.1.79.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 360 |
| Figure 2.1.79.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 361 |
| Figure 2.1.80 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Decreased appetite (PT with Incidence >=1%) | 362 |
| Figure 2.1.81 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dehydration (PT with Incidence >=1%) | 363 |
| Figure 2.1.82 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) | 364 |
| Figure 2.1.82.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Diabetes mellitus (PT with Incidence >=1%) | 365 |
| Figure 2.1.82.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Diabetes mellitus (PT with Incidence >=1%) | 366 |
| Figure 2.1.82.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetes mellitus (PT with Incidence >=1%) | 367 |
| Figure 2.1.82.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Diabetes mellitus (PT with Incidence >=1%) | 368 |
| Figure 2.1.82.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%) | 369 |
| Figure 2.1.82.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%) | 370 |
| Figure 2.1.82.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Diabetes mellitus (PT with Incidence >=1%) | 371 |
| Figure 2.1.82.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Diabetes mellitus (PT with Incidence >=1%) | 372 |
| Figure 2.1.82.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Diabetes mellitus (PT with Incidence >=1%) | 373 |
| Figure 2.1.83 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 374 |
| Figure 2.1.84 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) | 375 |
| Figure 2.1.85 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) | 376 |
| Figure 2.1.86 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) | 377 |
| Figure 2.1.87 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) | 378 |
| Figure 2.1.87.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) | 379 |
| Figure 2.1.87.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) | 380 |
| Figure 2.1.87.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) | 381 |
| Figure 2.1.87.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) | 382 |
| Figure 2.1.87.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 383 |
| Figure 2.1.87.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 384 |
| Figure 2.1.87.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) | 385 |
| Figure 2.1.87.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) | 386 |
| Figure 2.1.87.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) | 387 |
| Figure 2.1.88 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) | 388 |
| Figure 2.1.89 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) | 389 |
| Figure 2.1.90 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) | 390 |
| Figure 2.1.90.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) | 391 |
| Figure 2.1.90.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperuricaemia (PT with Incidence >=1%) | 392 |
| Figure 2.1.90.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) | 393 |
| Figure 2.1.90.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) | 394 |
| Figure 2.1.90.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 395 |
| Figure 2.1.90.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 396 |
| Figure 2.1.90.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) | 397 |
| Figure 2.1.90.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) | 398 |
| Figure 2.1.90.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) | 399 |
| Figure 2.1.91 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) | 400 |
| Figure 2.1.92 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) | 401 |
| Figure 2.1.92.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) | 402 |
| Figure 2.1.92.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypokalaemia (PT with Incidence >=1%) | 403 |
| Figure 2.1.92.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) | 404 |
| Figure 2.1.92.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) | 405 |
| Figure 2.1.92.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 406 |

| | | |
|------------------|---|-----|
| Figure 2.1.92.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 407 |
| Figure 2.1.92.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) | 408 |
| Figure 2.1.92.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) | 409 |
| Figure 2.1.92.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) | 410 |
| Figure 2.1.93 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) | 411 |
| Figure 2.1.93.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) | 412 |
| Figure 2.1.93.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyponatraemia (PT with Incidence >=1%) | 413 |
| Figure 2.1.93.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) | 414 |
| Figure 2.1.93.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) | 415 |
| Figure 2.1.93.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 416 |
| Figure 2.1.93.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 417 |
| Figure 2.1.93.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) | 418 |
| Figure 2.1.93.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) | 419 |
| Figure 2.1.93.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) | 420 |
| Figure 2.1.94 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 421 |
| Figure 2.1.95 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) | 422 |
| Figure 2.1.96 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 423 |
| Figure 2.1.97 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) | 424 |
| Figure 2.1.98 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Arthritis (PT with Incidence >=1%) | 425 |
| Figure 2.1.99 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) | 426 |
| Figure 2.1.100 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) | 427 |
| Figure 2.1.101 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) | 428 |
| Figure 2.1.102 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%) | 429 |
| Figure 2.1.103 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) | 430 |
| Figure 2.1.104 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) | 431 |
| Figure 2.1.105 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) | 432 |
| Figure 2.1.106 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) | 433 |
| Figure 2.1.107 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 434 |
| Figure 2.1.108 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 435 |
| Figure 2.1.109 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) | 436 |
| Figure 2.1.110 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) | 437 |
| Figure 2.1.111 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) | 438 |
| Figure 2.1.112 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) | 439 |
| Figure 2.1.113 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) | 440 |
| Figure 2.1.114 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%) | 441 |
| Figure 2.1.114.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Syncope (PT with Incidence >=1%) | 442 |
| Figure 2.1.114.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Syncope (PT with Incidence >=1%) | 443 |
| Figure 2.1.114.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Syncope (PT with Incidence >=1%) | 444 |
| Figure 2.1.114.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Syncope (PT with Incidence >=1%) | 445 |
| Figure 2.1.114.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Syncope (PT with Incidence >=1%) | 446 |
| Figure 2.1.114.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Syncope (PT with Incidence >=1%) | 447 |
| Figure 2.1.114.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Syncope (PT with Incidence >=1%) | 448 |
| Figure 2.1.114.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Syncope (PT with Incidence >=1%) | 449 |
| Figure 2.1.114.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Syncope (PT with Incidence >=1%) | 450 |
| Figure 2.1.115 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) | 451 |
| Figure 2.1.115.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Psychiatric Disorders (SOC with Incidence >=1%) | 452 |
| Figure 2.1.115.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Psychiatric Disorders (SOC with Incidence >=1%) | 453 |
| Figure 2.1.115.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Psychiatric Disorders (SOC with Incidence >=1%) | 454 |
| Figure 2.1.115.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Psychiatric Disorders (SOC with Incidence >=1%) | 455 |
| Figure 2.1.115.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%) | 456 |
| Figure 2.1.115.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%) | 457 |
| Figure 2.1.115.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Psychiatric Disorders (SOC with Incidence >=1%) | 458 |
| Figure 2.1.115.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Psychiatric Disorders (SOC with Incidence >=1%) | 459 |

| | | |
|------------------|---|-----|
| Figure 2.1.115.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Psychiatric Disorders (SOC with Incidence >=1%) | 460 |
| Figure 2.1.116 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%) | 461 |
| Figure 2.1.116.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Anxiety (PT with Incidence >=1%) | 462 |
| Figure 2.1.116.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Anxiety (PT with Incidence >=1%) | 463 |
| Figure 2.1.116.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Anxiety (PT with Incidence >=1%) | 464 |
| Figure 2.1.116.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Anxiety (PT with Incidence >=1%) | 465 |
| Figure 2.1.116.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Anxiety (PT with Incidence >=1%) | 466 |
| Figure 2.1.116.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Anxiety (PT with Incidence >=1%) | 467 |
| Figure 2.1.116.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Anxiety (PT with Incidence >=1%) | 468 |
| Figure 2.1.116.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Anxiety (PT with Incidence >=1%) | 469 |
| Figure 2.1.116.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Anxiety (PT with Incidence >=1%) | 470 |
| Figure 2.1.117 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%) | 471 |
| Figure 2.1.118 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) | 472 |
| Figure 2.1.119 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 473 |
| Figure 2.1.119.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) | 474 |
| Figure 2.1.119.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) | 475 |
| Figure 2.1.119.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) | 476 |
| Figure 2.1.119.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) | 477 |
| Figure 2.1.119.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 478 |
| Figure 2.1.119.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 479 |
| Figure 2.1.119.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) | 480 |
| Figure 2.1.119.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) | 481 |
| Figure 2.1.119.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) | 482 |
| Figure 2.1.120 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%) | 483 |
| Figure 2.1.121 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic kidney disease (PT with Incidence >=1%) | 484 |
| Figure 2.1.122 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) | 485 |
| Figure 2.1.122.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) | 486 |
| Figure 2.1.122.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Haematuria (PT with Incidence >=1%) | 487 |
| Figure 2.1.122.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) | 488 |
| Figure 2.1.122.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) | 489 |
| Figure 2.1.122.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) | 490 |
| Figure 2.1.122.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) | 491 |
| Figure 2.1.122.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) | 492 |
| Figure 2.1.122.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) | 493 |
| Figure 2.1.122.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) | 494 |
| Figure 2.1.123 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) | 495 |
| Figure 2.1.124 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) | 496 |
| Figure 2.1.125 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) | 497 |
| Figure 2.1.126 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) | 498 |
| Figure 2.1.127 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) | 499 |
| Figure 2.1.128 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 500 |
| Figure 2.1.129 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) | 501 |
| Figure 2.1.130 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) | 502 |
| Figure 2.1.131 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) | 503 |
| Figure 2.1.132 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) | 504 |
| Figure 2.1.133 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) | 505 |
| Figure 2.1.134 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 506 |
| Figure 2.1.135 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) | 507 |
| Figure 2.1.136 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) | 508 |
| Figure 2.1.137 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) | 509 |
| Figure 2.1.137.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Pruritus (PT with Incidence >=1%) | 510 |
| Figure 2.1.137.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pruritus (PT with Incidence >=1%) | 511 |

| | | |
|------------------|---|-----|
| Figure 2.1.137.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pruritus (PT with Incidence >=1%) | 512 |
| Figure 2.1.137.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Pruritus (PT with Incidence >=1%) | 513 |
| Figure 2.1.137.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pruritus (PT with Incidence >=1%) | 514 |
| Figure 2.1.137.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pruritus (PT with Incidence >=1%) | 515 |
| Figure 2.1.137.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Pruritus (PT with Incidence >=1%) | 516 |
| Figure 2.1.137.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Pruritus (PT with Incidence >=1%) | 517 |
| Figure 2.1.137.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Pruritus (PT with Incidence >=1%) | 518 |
| Figure 2.1.138 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) | 519 |
| Figure 2.1.139 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) | 520 |
| Figure 2.1.140 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 521 |
| Figure 2.1.141 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) | 522 |
| Figure 2.1.142 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 523 |
| Figure 2.1.143 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) | 524 |
| Figure 2.1.143.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) | 525 |
| Figure 2.1.143.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypertension (PT with Incidence >=1%) | 526 |
| Figure 2.1.143.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) | 527 |
| Figure 2.1.143.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) | 528 |
| Figure 2.1.143.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) | 529 |
| Figure 2.1.143.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%) | 530 |
| Figure 2.1.143.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) | 531 |
| Figure 2.1.143.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) | 532 |
| Figure 2.1.143.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) | 533 |
| Figure 2.1.144 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) | 534 |
| Figure 2.1.144.1 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) | 535 |
| Figure 2.1.144.2 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypotension (PT with Incidence >=1%) | 536 |
| Figure 2.1.144.3 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) | 537 |
| Figure 2.1.144.4 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) | 538 |
| Figure 2.1.144.5 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) | 539 |
| Figure 2.1.144.6 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) | 540 |
| Figure 2.1.144.7 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) | 541 |
| Figure 2.1.144.8 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) | 542 |
| Figure 2.1.144.9 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) | 543 |
| Figure 2.1.145 | Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) | 544 |
| Figure 2.1.146 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) | 545 |
| Figure 2.1.147 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) | 546 |
| Figure 2.1.148 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 547 |
| Figure 2.1.149 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 548 |
| Figure 2.1.149.1 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 549 |
| Figure 2.1.149.2 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 550 |
| Figure 2.1.149.3 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 551 |
| Figure 2.1.149.4 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 552 |
| Figure 2.1.149.5 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 553 |
| Figure 2.1.149.6 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 554 |
| Figure 2.1.149.7 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 555 |
| Figure 2.1.149.8 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 556 |
| Figure 2.1.149.9 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 557 |

| | | |
|------------------|---|-----|
| Figure 2.1.150 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 558 |
| Figure 2.1.151 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) | 559 |
| Figure 2.1.152 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Cellulitis (PT with Incidence >=1%) | 560 |
| Figure 2.1.153 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) | 561 |
| Figure 2.1.153.1 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) | 562 |
| Figure 2.1.153.2 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) | 563 |
| Figure 2.1.153.3 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 564 |
| Figure 2.1.153.4 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 565 |
| Figure 2.1.153.5 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 566 |
| Figure 2.1.153.6 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 567 |
| Figure 2.1.153.7 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) | 568 |
| Figure 2.1.153.8 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) | 569 |
| Figure 2.1.153.9 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 570 |
| Figure 2.1.154 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Urinary tract infection (PT with Incidence >=1%) | 571 |
| Figure 2.1.155 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 572 |
| Figure 2.1.156 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) | 573 |
| Figure 2.1.156.1 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Investigations (SOC with Incidence >=1%) | 574 |
| Figure 2.1.156.2 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Investigations (SOC with Incidence >=1%) | 575 |
| Figure 2.1.156.3 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Investigations (SOC with Incidence >=1%) | 576 |
| Figure 2.1.156.4 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Investigations (SOC with Incidence >=1%) | 577 |
| Figure 2.1.156.5 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Investigations (SOC with Incidence >=1%) | 578 |
| Figure 2.1.156.6 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Investigations (SOC with Incidence >=1%) | 579 |
| Figure 2.1.156.7 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Investigations (SOC with Incidence >=1%) | 580 |
| Figure 2.1.156.8 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Investigations (SOC with Incidence >=1%) | 581 |
| Figure 2.1.156.9 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Investigations (SOC with Incidence >=1%) | 582 |
| Figure 2.1.157 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 583 |
| Figure 2.1.158 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Hyperkalaemia (PT with Incidence >=1%) | 584 |
| Figure 2.1.158.1 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Hyperkalaemia (PT with Incidence >=1%) | 585 |
| Figure 2.1.158.2 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) | 586 |
| Figure 2.1.158.3 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) | 587 |
| Figure 2.1.158.4 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) | 588 |
| Figure 2.1.158.5 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 589 |
| Figure 2.1.158.6 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 590 |
| Figure 2.1.158.7 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Hyperkalaemia (PT with Incidence >=1%) | 591 |
| Figure 2.1.158.8 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) | 592 |
| Figure 2.1.158.9 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) | 593 |
| Figure 2.1.159 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 594 |
| Figure 2.1.160 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 595 |
| Figure 2.1.161 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) | 596 |
| Figure 2.1.162 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 597 |
| Figure 2.1.163 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Acute kidney injury (PT with Incidence >=1%) | 598 |
| Figure 2.1.164 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 599 |
| Figure 2.1.165 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 600 |
| Figure 2.1.166 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 601 |
| Figure 2.1.167 | Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) | 602 |
| Figure 2.1.168 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 603 |
| Figure 2.1.169 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 604 |
| Figure 2.1.170 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 605 |
| Figure 2.1.171 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 606 |
| Figure 2.1.172 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) | 607 |

| | | |
|------------------|---|-----|
| Figure 2.1.172.1 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Region - Pneumonia (PT with Incidence >=1%) | 608 |
| Figure 2.1.172.2 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) | 609 |
| Figure 2.1.172.3 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 610 |
| Figure 2.1.172.4 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 611 |
| Figure 2.1.172.5 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 612 |
| Figure 2.1.172.6 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 613 |
| Figure 2.1.172.7 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Race - Pneumonia (PT with Incidence >=1%) | 614 |
| Figure 2.1.172.8 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Sex - Pneumonia (PT with Incidence >=1%) | 615 |
| Figure 2.1.172.9 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 616 |
| Figure 2.1.173 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 617 |
| Figure 2.1.174 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 618 |
| Figure 2.1.175 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 619 |
| Figure 2.1.176 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 620 |
| Figure 2.1.177 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 621 |
| Figure 2.1.178 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 622 |
| Figure 2.1.179 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Acute kidney injury (PT with Incidence >=1%) | 623 |
| Figure 2.1.180 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 624 |
| Figure 2.1.181 | Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 625 |
| Figure 2.1.182 | Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment AEs | 626 |
| Figure 2.1.183 | Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment SAEs | 627 |
| Figure 2.1.184 | Forestplot for Relative Risk of Proportion of Subjects with Severe Post-Treatment AEs | 628 |
| Figure 2.2.1 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs | 629 |
| Figure 2.2.1.1 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Region | 630 |
| Figure 2.2.1.2 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening | 631 |
| Figure 2.2.1.3 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening | 632 |
| Figure 2.2.1.4 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD | 633 |
| Figure 2.2.1.5 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline | 634 |
| Figure 2.2.1.6 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 635 |
| Figure 2.2.1.7 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Race | 636 |
| Figure 2.2.1.8 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Sex | 637 |
| Figure 2.2.1.9 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) | 638 |
| Figure 2.2.2 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs Excluding Progression-Related Events | 639 |
| Figure 2.2.3 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs | 640 |
| Figure 2.2.3.1 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Region | 641 |
| Figure 2.2.3.2 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening | 642 |
| Figure 2.2.3.3 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening | 643 |
| Figure 2.2.3.4 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD | 644 |
| Figure 2.2.3.5 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline | 645 |
| Figure 2.2.3.6 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 646 |
| Figure 2.2.3.7 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Race | 647 |
| Figure 2.2.3.8 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Sex | 648 |
| Figure 2.2.3.9 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) | 649 |
| Figure 2.2.4 | Forestplot for Odds Ratio of Proportion of Subjects with TESAEs Excluding Progression-Related Events | 650 |
| Figure 2.2.5 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs | 651 |
| Figure 2.2.5.1 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Region | 652 |
| Figure 2.2.5.2 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m2) Category at Screening | 653 |
| Figure 2.2.5.3 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening | 654 |
| Figure 2.2.5.4 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by History of CVD | 655 |
| Figure 2.2.5.5 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline | 656 |
| Figure 2.2.5.6 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline | 657 |
| Figure 2.2.5.7 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Race | 658 |
| Figure 2.2.5.8 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Sex | 659 |
| Figure 2.2.5.9 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Age Group (years) | 660 |
| Figure 2.2.6 | Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events | 661 |
| Figure 2.2.7 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug | 662 |
| Figure 2.2.7.1 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region | 663 |
| Figure 2.2.7.2 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by eGFR (mL/min/1.73m2) Category at Screening | 664 |
| Figure 2.2.7.3 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening | 665 |

| | | |
|-----------------|--|-----|
| Figure 2.2.7.4 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD | 666 |
| Figure 2.2.7.5 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline | 667 |
| Figure 2.2.7.6 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline | 668 |
| Figure 2.2.7.7 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race | 669 |
| Figure 2.2.7.8 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex | 670 |
| Figure 2.2.7.9 | Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years) | 671 |
| Figure 2.2.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) | 672 |
| Figure 2.2.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) | 673 |
| Figure 2.2.10 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Iron deficiency anaemia (PT with Incidence >=1%) | 674 |
| Figure 2.2.11 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 675 |
| Figure 2.2.11.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Cardiac Disorders (SOC with Incidence >=1%) | 676 |
| Figure 2.2.11.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Cardiac Disorders (SOC with Incidence >=1%) | 677 |
| Figure 2.2.11.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac Disorders (SOC with Incidence >=1%) | 678 |
| Figure 2.2.11.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Cardiac Disorders (SOC with Incidence >=1%) | 679 |
| Figure 2.2.11.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%) | 680 |
| Figure 2.2.11.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%) | 681 |
| Figure 2.2.11.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Cardiac Disorders (SOC with Incidence >=1%) | 682 |
| Figure 2.2.11.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Cardiac Disorders (SOC with Incidence >=1%) | 683 |
| Figure 2.2.11.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac Disorders (SOC with Incidence >=1%) | 684 |
| Figure 2.2.12 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) | 685 |
| Figure 2.2.13 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) | 686 |
| Figure 2.2.13.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) | 687 |
| Figure 2.2.13.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Cardiac failure (PT with Incidence >=1%) | 688 |
| Figure 2.2.13.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) | 689 |
| Figure 2.2.13.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) | 690 |
| Figure 2.2.13.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) | 691 |
| Figure 2.2.13.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%) | 692 |
| Figure 2.2.13.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) | 693 |
| Figure 2.2.13.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%) | 694 |
| Figure 2.2.13.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) | 695 |
| Figure 2.2.14 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) | 696 |
| Figure 2.2.15 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) | 697 |
| Figure 2.2.16 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) | 698 |
| Figure 2.2.17 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) | 699 |
| Figure 2.2.18 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) | 700 |
| Figure 2.2.19 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) | 701 |
| Figure 2.2.20 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) | 702 |
| Figure 2.2.21 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) | 703 |
| Figure 2.2.22 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) | 704 |
| Figure 2.2.23 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 705 |
| Figure 2.2.24 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) | 706 |
| Figure 2.2.25 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) | 707 |
| Figure 2.2.26 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) | 708 |
| Figure 2.2.27 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) | 709 |
| Figure 2.2.28 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) | 710 |
| Figure 2.2.29 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) | 711 |
| Figure 2.2.30 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) | 712 |
| Figure 2.2.31 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastrooesophageal reflux disease (PT with Incidence >=1%) | 713 |
| Figure 2.2.32 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) | 714 |
| Figure 2.2.33 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) | 715 |
| Figure 2.2.33.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) | 716 |
| Figure 2.2.33.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Large intestine polyp (PT with Incidence >=1%) | 717 |
| Figure 2.2.33.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) | 718 |
| Figure 2.2.33.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) | 719 |

| | | |
|-----------------|---|-----|
| Figure 2.2.33.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 720 |
| Figure 2.2.33.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) | 721 |
| Figure 2.2.33.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) | 722 |
| Figure 2.2.33.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) | 723 |
| Figure 2.2.33.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) | 724 |
| Figure 2.2.34 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) | 725 |
| Figure 2.2.35 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) | 726 |
| Figure 2.2.36 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 727 |
| Figure 2.2.36.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 728 |
| Figure 2.2.36.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 729 |
| Figure 2.2.36.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 730 |
| Figure 2.2.36.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 731 |
| Figure 2.2.36.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 732 |
| Figure 2.2.36.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 733 |
| Figure 2.2.36.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 734 |
| Figure 2.2.36.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 735 |
| Figure 2.2.36.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 736 |
| Figure 2.2.37 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) | 737 |
| Figure 2.2.38 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) | 738 |
| Figure 2.2.39 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) | 739 |
| Figure 2.2.40 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%) | 740 |
| Figure 2.2.41 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) | 741 |
| Figure 2.2.41.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) | 742 |
| Figure 2.2.41.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Oedema peripheral (PT with Incidence >=1%) | 743 |
| Figure 2.2.41.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) | 744 |
| Figure 2.2.41.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) | 745 |
| Figure 2.2.41.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 746 |
| Figure 2.2.41.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) | 747 |
| Figure 2.2.41.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) | 748 |
| Figure 2.2.41.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) | 749 |
| Figure 2.2.41.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) | 750 |
| Figure 2.2.42 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) | 751 |
| Figure 2.2.43 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) | 752 |
| Figure 2.2.44 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 753 |
| Figure 2.2.45 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) | 754 |
| Figure 2.2.46 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) | 755 |
| Figure 2.2.47 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) | 756 |
| Figure 2.2.48 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 757 |
| Figure 2.2.49 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) | 758 |
| Figure 2.2.50 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) | 759 |
| Figure 2.2.51 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) | 760 |
| Figure 2.2.52 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cystitis (PT with Incidence >=1%) | 761 |
| Figure 2.2.53 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) | 762 |
| Figure 2.2.54 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) | 763 |
| Figure 2.2.55 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) | 764 |
| Figure 2.2.56 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) | 765 |
| Figure 2.2.57 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) | 766 |
| Figure 2.2.58 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) | 767 |
| Figure 2.2.59 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) | 768 |
| Figure 2.2.59.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) | 769 |

| | | |
|-----------------|--|-----|
| Figure 2.2.59.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) | 770 |
| Figure 2.2.59.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 771 |
| Figure 2.2.59.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 772 |
| Figure 2.2.59.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 773 |
| Figure 2.2.59.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 774 |
| Figure 2.2.59.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) | 775 |
| Figure 2.2.59.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) | 776 |
| Figure 2.2.59.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 777 |
| Figure 2.2.60 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) | 778 |
| Figure 2.2.61 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) | 779 |
| Figure 2.2.62 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) | 780 |
| Figure 2.2.63 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) | 781 |
| Figure 2.2.64 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 782 |
| Figure 2.2.65 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%) | 783 |
| Figure 2.2.66 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) | 784 |
| Figure 2.2.67 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) | 785 |
| Figure 2.2.68 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) | 786 |
| Figure 2.2.69 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) | 787 |
| Figure 2.2.70 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 788 |
| Figure 2.2.70.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 789 |
| Figure 2.2.70.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 790 |
| Figure 2.2.70.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 791 |
| Figure 2.2.70.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 792 |
| Figure 2.2.70.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 793 |
| Figure 2.2.70.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 794 |
| Figure 2.2.70.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 795 |
| Figure 2.2.70.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 796 |
| Figure 2.2.70.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Blood creatine phosphokinase increased (PT with Incidence >=1%) | 797 |
| Figure 2.2.71 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) | 798 |
| Figure 2.2.72 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) | 799 |
| Figure 2.2.72.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) | 800 |
| Figure 2.2.72.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Blood potassium increased (PT with Incidence >=1%) | 801 |
| Figure 2.2.72.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) | 802 |
| Figure 2.2.72.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) | 803 |
| Figure 2.2.72.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 804 |
| Figure 2.2.72.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%) | 805 |
| Figure 2.2.72.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) | 806 |
| Figure 2.2.72.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) | 807 |
| Figure 2.2.72.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) | 808 |
| Figure 2.2.73 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) | 809 |
| Figure 2.2.74 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) | 810 |
| Figure 2.2.75 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) | 811 |
| Figure 2.2.76 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) | 812 |
| Figure 2.2.76.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Glomerular filtration rate decreased (PT with Incidence >=1%) | 813 |
| Figure 2.2.76.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%) | 814 |
| Figure 2.2.76.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%) | 815 |
| Figure 2.2.76.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Glomerular filtration rate decreased (PT with Incidence >=1%) | 816 |
| Figure 2.2.76.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%) | 817 |

| | | |
|-----------------|--|-----|
| Figure 2.2.76.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%) | 818 |
| Figure 2.2.76.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Glomerular filtration rate decreased (PT with Incidence >=1%) | 819 |
| Figure 2.2.76.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Glomerular filtration rate decreased (PT with Incidence >=1%) | 820 |
| Figure 2.2.76.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Glomerular filtration rate decreased (PT with Incidence >=1%) | 821 |
| Figure 2.2.77 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) | 822 |
| Figure 2.2.78 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) | 823 |
| Figure 2.2.79 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 824 |
| Figure 2.2.79.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 825 |
| Figure 2.2.79.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 826 |
| Figure 2.2.79.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 827 |
| Figure 2.2.79.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 828 |
| Figure 2.2.79.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 829 |
| Figure 2.2.79.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 830 |
| Figure 2.2.79.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 831 |
| Figure 2.2.79.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 832 |
| Figure 2.2.79.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 833 |
| Figure 2.2.80 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Decreased appetite (PT with Incidence >=1%) | 834 |
| Figure 2.2.81 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dehydration (PT with Incidence >=1%) | 835 |
| Figure 2.2.82 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) | 836 |
| Figure 2.2.82.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Diabetes mellitus (PT with Incidence >=1%) | 837 |
| Figure 2.2.82.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Diabetes mellitus (PT with Incidence >=1%) | 838 |
| Figure 2.2.82.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetes mellitus (PT with Incidence >=1%) | 839 |
| Figure 2.2.82.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Diabetes mellitus (PT with Incidence >=1%) | 840 |
| Figure 2.2.82.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%) | 841 |
| Figure 2.2.82.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%) | 842 |
| Figure 2.2.82.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Diabetes mellitus (PT with Incidence >=1%) | 843 |
| Figure 2.2.82.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Diabetes mellitus (PT with Incidence >=1%) | 844 |
| Figure 2.2.82.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Diabetes mellitus (PT with Incidence >=1%) | 845 |
| Figure 2.2.83 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) | 846 |
| Figure 2.2.84 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) | 847 |
| Figure 2.2.85 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) | 848 |
| Figure 2.2.86 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) | 849 |
| Figure 2.2.87 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) | 850 |
| Figure 2.2.87.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) | 851 |
| Figure 2.2.87.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) | 852 |
| Figure 2.2.87.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) | 853 |
| Figure 2.2.87.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) | 854 |
| Figure 2.2.87.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 855 |
| Figure 2.2.87.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 856 |
| Figure 2.2.87.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) | 857 |
| Figure 2.2.87.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) | 858 |
| Figure 2.2.87.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) | 859 |
| Figure 2.2.88 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) | 860 |
| Figure 2.2.89 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) | 861 |
| Figure 2.2.90 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) | 862 |
| Figure 2.2.90.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) | 863 |
| Figure 2.2.90.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperuricaemia (PT with Incidence >=1%) | 864 |
| Figure 2.2.90.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) | 865 |

| | | |
|------------------|--|-----|
| Figure 2.2.90.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) | 866 |
| Figure 2.2.90.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 867 |
| Figure 2.2.90.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) | 868 |
| Figure 2.2.90.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) | 869 |
| Figure 2.2.90.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) | 870 |
| Figure 2.2.90.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) | 871 |
| Figure 2.2.91 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) | 872 |
| Figure 2.2.92 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) | 873 |
| Figure 2.2.92.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) | 874 |
| Figure 2.2.92.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypokalaemia (PT with Incidence >=1%) | 875 |
| Figure 2.2.92.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) | 876 |
| Figure 2.2.92.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) | 877 |
| Figure 2.2.92.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 878 |
| Figure 2.2.92.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) | 879 |
| Figure 2.2.92.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) | 880 |
| Figure 2.2.92.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) | 881 |
| Figure 2.2.92.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) | 882 |
| Figure 2.2.93 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) | 883 |
| Figure 2.2.93.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) | 884 |
| Figure 2.2.93.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyponatraemia (PT with Incidence >=1%) | 885 |
| Figure 2.2.93.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) | 886 |
| Figure 2.2.93.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) | 887 |
| Figure 2.2.93.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 888 |
| Figure 2.2.93.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) | 889 |
| Figure 2.2.93.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) | 890 |
| Figure 2.2.93.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) | 891 |
| Figure 2.2.93.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) | 892 |
| Figure 2.2.94 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) | 893 |
| Figure 2.2.95 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) | 894 |
| Figure 2.2.96 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 895 |
| Figure 2.2.97 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) | 896 |
| Figure 2.2.98 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Arthritis (PT with Incidence >=1%) | 897 |
| Figure 2.2.99 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) | 898 |
| Figure 2.2.100 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) | 899 |
| Figure 2.2.101 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) | 900 |
| Figure 2.2.102 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%) | 901 |
| Figure 2.2.103 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) | 902 |
| Figure 2.2.104 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) | 903 |
| Figure 2.2.105 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) | 904 |
| Figure 2.2.106 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) | 905 |
| Figure 2.2.107 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 906 |
| Figure 2.2.108 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 907 |
| Figure 2.2.109 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) | 908 |
| Figure 2.2.110 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) | 909 |
| Figure 2.2.111 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) | 910 |
| Figure 2.2.112 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) | 911 |
| Figure 2.2.113 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) | 912 |
| Figure 2.2.114 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%) | 913 |
| Figure 2.2.114.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Syncope (PT with Incidence >=1%) | 914 |
| Figure 2.2.114.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Syncope (PT with Incidence >=1%) | 915 |
| Figure 2.2.114.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Syncope (PT with Incidence >=1%) | 916 |
| Figure 2.2.114.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Syncope (PT with Incidence >=1%) | 917 |
| Figure 2.2.114.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Syncope (PT with Incidence >=1%) | 918 |
| Figure 2.2.114.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Syncope (PT with Incidence >=1%) | 919 |

| | | |
|------------------|--|-----|
| Figure 2.2.114.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Syncope (PT with Incidence >=1%) | 920 |
| Figure 2.2.114.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Syncope (PT with Incidence >=1%) | 921 |
| Figure 2.2.114.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Syncope (PT with Incidence >=1%) | 922 |
| Figure 2.2.115 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) | 923 |
| Figure 2.2.115.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Psychiatric Disorders (SOC with Incidence >=1%) | 924 |
| Figure 2.2.115.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Psychiatric Disorders (SOC with Incidence >=1%) | 925 |
| Figure 2.2.115.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Psychiatric Disorders (SOC with Incidence >=1%) | 926 |
| Figure 2.2.115.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Psychiatric Disorders (SOC with Incidence >=1%) | 927 |
| Figure 2.2.115.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%) | 928 |
| Figure 2.2.115.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%) | 929 |
| Figure 2.2.115.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Psychiatric Disorders (SOC with Incidence >=1%) | 930 |
| Figure 2.2.115.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Psychiatric Disorders (SOC with Incidence >=1%) | 931 |
| Figure 2.2.115.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Psychiatric Disorders (SOC with Incidence >=1%) | 932 |
| Figure 2.2.116 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%) | 933 |
| Figure 2.2.116.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Anxiety (PT with Incidence >=1%) | 934 |
| Figure 2.2.116.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Anxiety (PT with Incidence >=1%) | 935 |
| Figure 2.2.116.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Anxiety (PT with Incidence >=1%) | 936 |
| Figure 2.2.116.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Anxiety (PT with Incidence >=1%) | 937 |
| Figure 2.2.116.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Anxiety (PT with Incidence >=1%) | 938 |
| Figure 2.2.116.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Anxiety (PT with Incidence >=1%) | 939 |
| Figure 2.2.116.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Anxiety (PT with Incidence >=1%) | 940 |
| Figure 2.2.116.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Anxiety (PT with Incidence >=1%) | 941 |
| Figure 2.2.116.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Anxiety (PT with Incidence >=1%) | 942 |
| Figure 2.2.117 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%) | 943 |
| Figure 2.2.118 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) | 944 |
| Figure 2.2.119 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 945 |
| Figure 2.2.119.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) | 946 |
| Figure 2.2.119.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) | 947 |
| Figure 2.2.119.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) | 948 |
| Figure 2.2.119.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) | 949 |
| Figure 2.2.119.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 950 |
| Figure 2.2.119.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) | 951 |
| Figure 2.2.119.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) | 952 |
| Figure 2.2.119.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) | 953 |
| Figure 2.2.119.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) | 954 |
| Figure 2.2.120 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%) | 955 |
| Figure 2.2.121 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic kidney disease (PT with Incidence >=1%) | 956 |
| Figure 2.2.122 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) | 957 |
| Figure 2.2.122.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) | 958 |
| Figure 2.2.122.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Haematuria (PT with Incidence >=1%) | 959 |
| Figure 2.2.122.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) | 960 |
| Figure 2.2.122.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) | 961 |
| Figure 2.2.122.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) | 962 |
| Figure 2.2.122.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) | 963 |
| Figure 2.2.122.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) | 964 |
| Figure 2.2.122.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) | 965 |
| Figure 2.2.122.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) | 966 |
| Figure 2.2.123 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) | 967 |
| Figure 2.2.124 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) | 968 |
| Figure 2.2.125 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) | 969 |
| Figure 2.2.126 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) | 970 |
| Figure 2.2.127 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) | 971 |

| | | |
|------------------|---|------|
| Figure 2.2.128 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 972 |
| Figure 2.2.129 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) | 973 |
| Figure 2.2.130 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) | 974 |
| Figure 2.2.131 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) | 975 |
| Figure 2.2.132 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) | 976 |
| Figure 2.2.133 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) | 977 |
| Figure 2.2.134 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 978 |
| Figure 2.2.135 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) | 979 |
| Figure 2.2.136 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) | 980 |
| Figure 2.2.137 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) | 981 |
| Figure 2.2.137.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Pruritus (PT with Incidence >=1%) | 982 |
| Figure 2.2.137.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pruritus (PT with Incidence >=1%) | 983 |
| Figure 2.2.137.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pruritus (PT with Incidence >=1%) | 984 |
| Figure 2.2.137.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Pruritus (PT with Incidence >=1%) | 985 |
| Figure 2.2.137.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pruritus (PT with Incidence >=1%) | 986 |
| Figure 2.2.137.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pruritus (PT with Incidence >=1%) | 987 |
| Figure 2.2.137.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Pruritus (PT with Incidence >=1%) | 988 |
| Figure 2.2.137.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Pruritus (PT with Incidence >=1%) | 989 |
| Figure 2.2.137.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Pruritus (PT with Incidence >=1%) | 990 |
| Figure 2.2.138 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) | 991 |
| Figure 2.2.139 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) | 992 |
| Figure 2.2.140 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 993 |
| Figure 2.2.141 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) | 994 |
| Figure 2.2.142 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 995 |
| Figure 2.2.143 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) | 996 |
| Figure 2.2.143.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) | 997 |
| Figure 2.2.143.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypertension (PT with Incidence >=1%) | 998 |
| Figure 2.2.143.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) | 999 |
| Figure 2.2.143.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) | 1000 |
| Figure 2.2.143.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) | 1001 |
| Figure 2.2.143.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%) | 1002 |
| Figure 2.2.143.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) | 1003 |
| Figure 2.2.143.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) | 1004 |
| Figure 2.2.143.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) | 1005 |
| Figure 2.2.144 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) | 1006 |
| Figure 2.2.144.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) | 1007 |
| Figure 2.2.144.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypotension (PT with Incidence >=1%) | 1008 |
| Figure 2.2.144.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) | 1009 |
| Figure 2.2.144.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) | 1010 |
| Figure 2.2.144.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) | 1011 |
| Figure 2.2.144.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) | 1012 |
| Figure 2.2.144.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) | 1013 |
| Figure 2.2.144.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) | 1014 |
| Figure 2.2.144.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) | 1015 |
| Figure 2.2.145 | Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) | 1016 |
| Figure 2.2.146 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) | 1017 |
| Figure 2.2.147 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) | 1018 |
| Figure 2.2.148 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 1019 |
| Figure 2.2.149 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1020 |
| Figure 2.2.149.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1021 |
| Figure 2.2.149.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1022 |
| Figure 2.2.149.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1023 |
| Figure 2.2.149.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1024 |

| | | |
|------------------|--|------|
| Figure 2.2.149.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1025 |
| Figure 2.2.149.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1026 |
| Figure 2.2.149.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1027 |
| Figure 2.2.149.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1028 |
| Figure 2.2.149.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1029 |
| Figure 2.2.150 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) | 1030 |
| Figure 2.2.151 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) | 1031 |
| Figure 2.2.152 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Cellulitis (PT with Incidence >=1%) | 1032 |
| Figure 2.2.153 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) | 1033 |
| Figure 2.2.153.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) | 1034 |
| Figure 2.2.153.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) | 1035 |
| Figure 2.2.153.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 1036 |
| Figure 2.2.153.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 1037 |
| Figure 2.2.153.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 1038 |
| Figure 2.2.153.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 1039 |
| Figure 2.2.153.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) | 1040 |
| Figure 2.2.153.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) | 1041 |
| Figure 2.2.153.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 1042 |
| Figure 2.2.154 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Urinary tract infection (PT with Incidence >=1%) | 1043 |
| Figure 2.2.155 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 1044 |
| Figure 2.2.156 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) | 1045 |
| Figure 2.2.156.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Investigations (SOC with Incidence >=1%) | 1046 |
| Figure 2.2.156.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Investigations (SOC with Incidence >=1%) | 1047 |
| Figure 2.2.156.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Investigations (SOC with Incidence >=1%) | 1048 |
| Figure 2.2.156.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Investigations (SOC with Incidence >=1%) | 1049 |
| Figure 2.2.156.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Investigations (SOC with Incidence >=1%) | 1050 |
| Figure 2.2.156.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Investigations (SOC with Incidence >=1%) | 1051 |
| Figure 2.2.156.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Investigations (SOC with Incidence >=1%) | 1052 |
| Figure 2.2.156.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Investigations (SOC with Incidence >=1%) | 1053 |
| Figure 2.2.156.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Investigations (SOC with Incidence >=1%) | 1054 |
| Figure 2.2.157 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 1055 |
| Figure 2.2.158 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Hyperkalaemia (PT with Incidence >=1%) | 1056 |
| Figure 2.2.158.1 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Hyperkalaemia (PT with Incidence >=1%) | 1057 |
| Figure 2.2.158.2 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) | 1058 |
| Figure 2.2.158.3 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) | 1059 |
| Figure 2.2.158.4 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) | 1060 |
| Figure 2.2.158.5 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 1061 |
| Figure 2.2.158.6 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) | 1062 |
| Figure 2.2.158.7 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Hyperkalaemia (PT with Incidence >=1%) | 1063 |
| Figure 2.2.158.8 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) | 1064 |
| Figure 2.2.158.9 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) | 1065 |
| Figure 2.2.159 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 1066 |
| Figure 2.2.160 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 1067 |
| Figure 2.2.161 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) | 1068 |
| Figure 2.2.162 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 1069 |
| Figure 2.2.163 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Acute kidney injury (PT with Incidence >=1%) | 1070 |
| Figure 2.2.164 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 1071 |

| | | |
|------------------|--|------|
| Figure 2.2.165 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) | 1072 |
| Figure 2.2.166 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) | 1073 |
| Figure 2.2.167 | Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) | 1074 |
| Figure 2.2.168 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) | 1075 |
| Figure 2.2.169 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) | 1076 |
| Figure 2.2.170 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) | 1077 |
| Figure 2.2.171 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) | 1078 |
| Figure 2.2.172 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) | 1079 |
| Figure 2.2.172.1 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Region - Pneumonia (PT with Incidence >=1%) | 1080 |
| Figure 2.2.172.2 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) | 1081 |
| Figure 2.2.172.3 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) | 1082 |
| Figure 2.2.172.4 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) | 1083 |
| Figure 2.2.172.5 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 1084 |
| Figure 2.2.172.6 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) | 1085 |
| Figure 2.2.172.7 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Race - Pneumonia (PT with Incidence >=1%) | 1086 |
| Figure 2.2.172.8 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Sex - Pneumonia (PT with Incidence >=1%) | 1087 |
| Figure 2.2.172.9 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) | 1088 |
| Figure 2.2.173 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) | 1089 |
| Figure 2.2.174 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) | 1090 |
| Figure 2.2.175 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) | 1091 |
| Figure 2.2.176 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) | 1092 |
| Figure 2.2.177 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) | 1093 |
| Figure 2.2.178 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) | 1094 |
| Figure 2.2.179 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Acute kidney injury (PT with Incidence >=1%) | 1095 |
| Figure 2.2.180 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) | 1096 |
| Figure 2.2.181 | Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) | 1097 |

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Any TEAE | 5602 (86.1%) | 5607 (86.4%) |
| Infections And Infestations | 2864 (44.0%) | 2911 (44.9%) |
| Nasopharyngitis | 559 (8.6%) | 577 (8.9%) |
| Urinary tract infection | 431 (6.6%) | 432 (6.7%) |
| Upper respiratory tract infection | 407 (6.3%) | 394 (6.1%) |
| Bronchitis | 328 (5.0%) | 332 (5.1%) |
| Pneumonia | 271 (4.2%) | 387 (6.0%) |
| Influenza | 257 (3.9%) | 269 (4.1%) |
| Cellulitis | 174 (2.7%) | 144 (2.2%) |
| Gastroenteritis | 124 (1.9%) | 136 (2.1%) |
| Respiratory tract infection | 117 (1.8%) | 96 (1.5%) |
| Conjunctivitis | 101 (1.6%) | 98 (1.5%) |
| Herpes zoster | 87 (1.3%) | 88 (1.4%) |
| Pharyngitis | 84 (1.3%) | 85 (1.3%) |
| Sinusitis | 73 (1.1%) | 78 (1.2%) |
| Cystitis | 65 (1.0%) | 65 (1.0%) |
| Localised infection | 57 (0.9%) | 43 (0.7%) |
| Periodontitis | 50 (0.8%) | 53 (0.8%) |
| Erysipelas | 46 (0.7%) | 63 (1.0%) |
| Viral infection | 44 (0.7%) | 54 (0.8%) |
| Lower respiratory tract infection | 41 (0.6%) | 46 (0.7%) |
| Osteomyelitis | 40 (0.6%) | 40 (0.6%) |
| Sepsis | 40 (0.6%) | 40 (0.6%) |
| COVID-19 | 37 (0.6%) | 57 (0.9%) |
| Tooth abscess | 37 (0.6%) | 21 (0.3%) |
| Rhinitis | 36 (0.6%) | 40 (0.6%) |
| Wound infection | 35 (0.5%) | 24 (0.4%) |
| Onychomycosis | 34 (0.5%) | 41 (0.6%) |
| Otitis externa | 34 (0.5%) | 30 (0.5%) |
| Abscess limb | 30 (0.5%) | 21 (0.3%) |
| Respiratory tract infection viral | 28 (0.4%) | 41 (0.6%) |
| Ear infection | 28 (0.4%) | 23 (0.4%) |
| Helicobacter infection | 28 (0.4%) | 19 (0.3%) |
| Skin infection | 27 (0.4%) | 28 (0.4%) |
| Gingivitis | 26 (0.4%) | 33 (0.5%) |
| Tooth infection | 26 (0.4%) | 32 (0.5%) |
| Fungal skin infection | 26 (0.4%) | 21 (0.3%) |
| Tonsillitis | 25 (0.4%) | 31 (0.5%) |
| Otitis media | 24 (0.4%) | 23 (0.4%) |
| Gastroenteritis viral | 24 (0.4%) | 21 (0.3%) |
| Pyelonephritis | 24 (0.4%) | 18 (0.3%) |
| Tinea pedis | 23 (0.4%) | 39 (0.6%) |
| Subcutaneous abscess | 23 (0.4%) | 14 (0.2%) |
| Acute sinusitis | 22 (0.3%) | 19 (0.3%) |
| Diverticulitis | 20 (0.3%) | 22 (0.3%) |
| Paronychia | 20 (0.3%) | 21 (0.3%) |
| Postoperative wound infection | 20 (0.3%) | 12 (0.2%) |
| Folliculitis | 18 (0.3%) | 14 (0.2%) |
| Pyelonephritis chronic | 18 (0.3%) | 12 (0.2%) |
| Urosepsis | 17 (0.3%) | 21 (0.3%) |
| Laryngitis | 17 (0.3%) | 11 (0.2%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Infected skin ulcer | 16 (0.2%) | 13 (0.2%) |
| Pulpitis dental | 15 (0.2%) | 7 (0.1%) |
| Dermatophytosis of nail | 14 (0.2%) | 6 (0.1%) |
| Diabetic foot infection | 13 (0.2%) | 19 (0.3%) |
| Gangrene | 13 (0.2%) | 13 (0.2%) |
| Pyelonephritis acute | 13 (0.2%) | 8 (0.1%) |
| Oral herpes | 13 (0.2%) | 6 (0.1%) |
| Viral upper respiratory tract infection | 12 (0.2%) | 21 (0.3%) |
| Hordeolum | 11 (0.2%) | 9 (0.1%) |
| Epididymitis | 11 (0.2%) | 8 (0.1%) |
| Acarodermatitis | 10 (0.2%) | 16 (0.2%) |
| COVID-19 pneumonia | 10 (0.2%) | 11 (0.2%) |
| Tracheobronchitis | 10 (0.2%) | 10 (0.2%) |
| Pharyngotonsillitis | 10 (0.2%) | 7 (0.1%) |
| Infected bite | 10 (0.2%) | 6 (0.1%) |
| Eye infection | 9 (0.1%) | 13 (0.2%) |
| Septic shock | 9 (0.1%) | 11 (0.2%) |
| Fungal infection | 9 (0.1%) | 9 (0.1%) |
| Soft tissue infection | 9 (0.1%) | 8 (0.1%) |
| Chronic sinusitis | 9 (0.1%) | 7 (0.1%) |
| Infected dermal cyst | 9 (0.1%) | 7 (0.1%) |
| Asymptomatic bacteriuria | 9 (0.1%) | 6 (0.1%) |
| Orchitis | 9 (0.1%) | 6 (0.1%) |
| Vaginal infection | 9 (0.1%) | 2 (0.0%) |
| Febrile infection | 9 (0.1%) | 1 (0.0%) |
| Infection | 8 (0.1%) | 16 (0.2%) |
| Oral candidiasis | 8 (0.1%) | 12 (0.2%) |
| Appendicitis | 8 (0.1%) | 10 (0.2%) |
| Labyrinthitis | 8 (0.1%) | 10 (0.2%) |
| Urinary tract infection bacterial | 8 (0.1%) | 9 (0.1%) |
| Tracheitis | 8 (0.1%) | 7 (0.1%) |
| Abscess | 8 (0.1%) | 6 (0.1%) |
| Oral fungal infection | 8 (0.1%) | 3 (0.0%) |
| Tinea cruris | 7 (0.1%) | 6 (0.1%) |
| Herpes dermatitis | 7 (0.1%) | 3 (0.0%) |
| Furuncle | 6 (0.1%) | 19 (0.3%) |
| Vulvovaginal candidiasis | 6 (0.1%) | 9 (0.1%) |
| Escherichia urinary tract infection | 6 (0.1%) | 8 (0.1%) |
| Pulmonary tuberculosis | 6 (0.1%) | 7 (0.1%) |
| Pulmonary sepsis | 6 (0.1%) | 4 (0.1%) |
| Hepatitis C | 6 (0.1%) | 3 (0.0%) |
| Pneumonia bacterial | 5 (0.1%) | 14 (0.2%) |
| Helicobacter gastritis | 5 (0.1%) | 9 (0.1%) |
| Anal abscess | 5 (0.1%) | 6 (0.1%) |
| Body tinea | 5 (0.1%) | 6 (0.1%) |
| Oesophageal candidiasis | 5 (0.1%) | 6 (0.1%) |
| Bacteraemia | 5 (0.1%) | 5 (0.1%) |
| Vulvovaginal mycotic infection | 5 (0.1%) | 5 (0.1%) |
| Groin abscess | 5 (0.1%) | 4 (0.1%) |
| Osteomyelitis chronic | 5 (0.1%) | 3 (0.0%) |
| Enteritis infectious | 5 (0.1%) | 2 (0.0%) |
| Arthritis bacterial | 5 (0.1%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Tinea infection | 4 (0.1%) | 8 (0.1%) |
| Herpes ophthalmic | 4 (0.1%) | 6 (0.1%) |
| Herpes simplex | 4 (0.1%) | 6 (0.1%) |
| Liver abscess | 4 (0.1%) | 6 (0.1%) |
| Otitis media chronic | 4 (0.1%) | 6 (0.1%) |
| Groin infection | 4 (0.1%) | 5 (0.1%) |
| Otitis media acute | 4 (0.1%) | 5 (0.1%) |
| Gingival abscess | 4 (0.1%) | 4 (0.1%) |
| Candida infection | 4 (0.1%) | 3 (0.0%) |
| Genitourinary tract infection | 4 (0.1%) | 3 (0.0%) |
| Sialoadenitis | 4 (0.1%) | 3 (0.0%) |
| Suspected COVID-19 | 4 (0.1%) | 3 (0.0%) |
| Abdominal abscess | 4 (0.1%) | 2 (0.0%) |
| Dengue fever | 4 (0.1%) | 2 (0.0%) |
| Conjunctivitis bacterial | 3 (0.0%) | 6 (0.1%) |
| Urethritis | 3 (0.0%) | 6 (0.1%) |
| Pneumonia viral | 3 (0.0%) | 5 (0.1%) |
| Carbuncle | 3 (0.0%) | 4 (0.1%) |
| Gastrointestinal viral infection | 3 (0.0%) | 4 (0.1%) |
| Mastoiditis | 3 (0.0%) | 4 (0.1%) |
| Post procedural infection | 3 (0.0%) | 4 (0.1%) |
| Bacteriuria | 3 (0.0%) | 2 (0.0%) |
| Bronchitis bacterial | 3 (0.0%) | 2 (0.0%) |
| Conjunctivitis viral | 3 (0.0%) | 2 (0.0%) |
| Genital candidiasis | 3 (0.0%) | 2 (0.0%) |
| Impetigo | 3 (0.0%) | 2 (0.0%) |
| Parotitis | 3 (0.0%) | 2 (0.0%) |
| Pustule | 3 (0.0%) | 2 (0.0%) |
| Pyuria | 3 (0.0%) | 2 (0.0%) |
| Staphylococcal infection | 3 (0.0%) | 2 (0.0%) |
| Staphylococcal sepsis | 3 (0.0%) | 2 (0.0%) |
| Tuberculosis | 3 (0.0%) | 2 (0.0%) |
| Viral diarrhoea | 3 (0.0%) | 2 (0.0%) |
| Viral rhinitis | 3 (0.0%) | 2 (0.0%) |
| Abdominal wall abscess | 3 (0.0%) | 1 (0.0%) |
| Bacterial infection | 3 (0.0%) | 1 (0.0%) |
| Pharyngitis streptococcal | 3 (0.0%) | 1 (0.0%) |
| Pyoderma | 3 (0.0%) | 1 (0.0%) |
| Staphylococcal bacteraemia | 3 (0.0%) | 1 (0.0%) |
| Tinea versicolour | 3 (0.0%) | 1 (0.0%) |
| Infected cyst | 3 (0.0%) | 0 |
| Pneumonia streptococcal | 3 (0.0%) | 0 |
| Atypical pneumonia | 2 (0.0%) | 8 (0.1%) |
| Genital infection fungal | 2 (0.0%) | 5 (0.1%) |
| Intervertebral discitis | 2 (0.0%) | 5 (0.1%) |
| Nail infection | 2 (0.0%) | 5 (0.1%) |
| Penile infection | 2 (0.0%) | 5 (0.1%) |
| Ear infection fungal | 2 (0.0%) | 4 (0.1%) |
| Infective exacerbation of chronic obstructive airways disease | 2 (0.0%) | 4 (0.1%) |
| Bronchitis viral | 2 (0.0%) | 3 (0.0%) |
| Clostridium difficile infection | 2 (0.0%) | 3 (0.0%) |
| Dacryocystitis | 2 (0.0%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Diarrhoea infectious | 2 (0.0%) | 3 (0.0%) |
| Gastrointestinal infection | 2 (0.0%) | 3 (0.0%) |
| Genital infection | 2 (0.0%) | 3 (0.0%) |
| Pharyngitis bacterial | 2 (0.0%) | 3 (0.0%) |
| Abscess oral | 2 (0.0%) | 2 (0.0%) |
| Diabetic gangrene | 2 (0.0%) | 2 (0.0%) |
| Endocarditis | 2 (0.0%) | 2 (0.0%) |
| Meningitis | 2 (0.0%) | 2 (0.0%) |
| Scrotal abscess | 2 (0.0%) | 2 (0.0%) |
| Abscess neck | 2 (0.0%) | 1 (0.0%) |
| Bacterial vaginosis | 2 (0.0%) | 1 (0.0%) |
| Chest wall abscess | 2 (0.0%) | 1 (0.0%) |
| Eyelid infection | 2 (0.0%) | 1 (0.0%) |
| Gastritis viral | 2 (0.0%) | 1 (0.0%) |
| Genital herpes | 2 (0.0%) | 1 (0.0%) |
| Herpes virus infection | 2 (0.0%) | 1 (0.0%) |
| Kidney infection | 2 (0.0%) | 1 (0.0%) |
| Oral infection | 2 (0.0%) | 1 (0.0%) |
| Urinary tract infection fungal | 2 (0.0%) | 1 (0.0%) |
| Varicella zoster virus infection | 2 (0.0%) | 1 (0.0%) |
| Abdominal infection | 2 (0.0%) | 0 |
| Appendicitis perforated | 2 (0.0%) | 0 |
| Ascariasis | 2 (0.0%) | 0 |
| Aspergilloma | 2 (0.0%) | 0 |
| Borrelia infection | 2 (0.0%) | 0 |
| Emphysematous pyelonephritis | 2 (0.0%) | 0 |
| Endophthalmitis | 2 (0.0%) | 0 |
| Enterocolitis viral | 2 (0.0%) | 0 |
| Eye infection viral | 2 (0.0%) | 0 |
| Otitis externa fungal | 2 (0.0%) | 0 |
| Otosalpingitis | 2 (0.0%) | 0 |
| Peritonitis bacterial | 2 (0.0%) | 0 |
| Prostatic abscess | 2 (0.0%) | 0 |
| Pyelocystitis | 2 (0.0%) | 0 |
| Sinusitis bacterial | 2 (0.0%) | 0 |
| Stoma site infection | 2 (0.0%) | 0 |
| Tongue fungal infection | 2 (0.0%) | 0 |
| Vulvovaginitis | 2 (0.0%) | 0 |
| Wound infection bacterial | 2 (0.0%) | 0 |
| Infective exacerbation of bronchiectasis | 1 (0.0%) | 5 (0.1%) |
| Large intestine infection | 1 (0.0%) | 4 (0.1%) |
| Myringitis | 1 (0.0%) | 4 (0.1%) |
| Arthritis infective | 1 (0.0%) | 3 (0.0%) |
| Gastroenteritis salmonella | 1 (0.0%) | 3 (0.0%) |
| Alveolar osteitis | 1 (0.0%) | 2 (0.0%) |
| Bronchiolitis | 1 (0.0%) | 2 (0.0%) |
| Cholecystitis infective | 1 (0.0%) | 2 (0.0%) |
| Clostridium difficile colitis | 1 (0.0%) | 2 (0.0%) |
| Erythema migrans | 1 (0.0%) | 2 (0.0%) |
| Fungal pharyngitis | 1 (0.0%) | 2 (0.0%) |
| Gastroenteritis norovirus | 1 (0.0%) | 2 (0.0%) |
| Haematoma infection | 1 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Hepatitis B | 1 (0.0%) | 2 (0.0%) |
| Injection site infection | 1 (0.0%) | 2 (0.0%) |
| Lymphangitis | 1 (0.0%) | 2 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 2 (0.0%) |
| Ophthalmic herpes simplex | 1 (0.0%) | 2 (0.0%) |
| Perineal abscess | 1 (0.0%) | 2 (0.0%) |
| Peritonitis | 1 (0.0%) | 2 (0.0%) |
| Urinary tract infection enterococcal | 1 (0.0%) | 2 (0.0%) |
| Vestibular neuronitis | 1 (0.0%) | 2 (0.0%) |
| Asymptomatic COVID-19 | 1 (0.0%) | 1 (0.0%) |
| Bacterial disease carrier | 1 (0.0%) | 1 (0.0%) |
| Bacterial sepsis | 1 (0.0%) | 1 (0.0%) |
| Blister infected | 1 (0.0%) | 1 (0.0%) |
| Burn infection | 1 (0.0%) | 1 (0.0%) |
| Campylobacter gastroenteritis | 1 (0.0%) | 1 (0.0%) |
| Cellulitis staphylococcal | 1 (0.0%) | 1 (0.0%) |
| Cystitis bacterial | 1 (0.0%) | 1 (0.0%) |
| Device related infection | 1 (0.0%) | 1 (0.0%) |
| Fournier's gangrene | 1 (0.0%) | 1 (0.0%) |
| Fungal oesophagitis | 1 (0.0%) | 1 (0.0%) |
| HIV infection | 1 (0.0%) | 1 (0.0%) |
| Herpes zoster infection neurological | 1 (0.0%) | 1 (0.0%) |
| Incision site abscess | 1 (0.0%) | 1 (0.0%) |
| Infective spondylitis | 1 (0.0%) | 1 (0.0%) |
| Latent tuberculosis | 1 (0.0%) | 1 (0.0%) |
| Lower respiratory tract infection viral | 1 (0.0%) | 1 (0.0%) |
| Lyme disease | 1 (0.0%) | 1 (0.0%) |
| Mastitis | 1 (0.0%) | 1 (0.0%) |
| Medical device site infection | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis acute | 1 (0.0%) | 1 (0.0%) |
| Pericoronitis | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia influenzal | 1 (0.0%) | 1 (0.0%) |
| Pseudomonas infection | 1 (0.0%) | 1 (0.0%) |
| Respiratory syncytial virus infection | 1 (0.0%) | 1 (0.0%) |
| Skin candida | 1 (0.0%) | 1 (0.0%) |
| Tinea blanca | 1 (0.0%) | 1 (0.0%) |
| Urogenital infection fungal | 1 (0.0%) | 1 (0.0%) |
| Viral pericarditis | 1 (0.0%) | 1 (0.0%) |
| Viral pharyngitis | 1 (0.0%) | 1 (0.0%) |
| Bladder diverticulitis | 1 (0.0%) | 0 |
| Bone abscess | 1 (0.0%) | 0 |
| Cervicitis | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Dacryocanaliculitis | 1 (0.0%) | 0 |
| Dermatitis infected | 1 (0.0%) | 0 |
| Device related sepsis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Ear infection staphylococcal | 1 (0.0%) | 0 |
| Encephalitis viral | 1 (0.0%) | 0 |
| Enterococcal sepsis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Escherichia bacteraemia | 1 (0.0%) | 0 |
| External ear cellulitis | 1 (0.0%) | 0 |
| Eye infection bacterial | 1 (0.0%) | 0 |
| Eyelid folliculitis | 1 (0.0%) | 0 |
| Fascioliasis | 1 (0.0%) | 0 |
| Gastroenteritis bacterial | 1 (0.0%) | 0 |
| Gastroenteritis rotavirus | 1 (0.0%) | 0 |
| Gastrointestinal candidiasis | 1 (0.0%) | 0 |
| Hand-foot-and-mouth disease | 1 (0.0%) | 0 |
| Helminthic infection | 1 (0.0%) | 0 |
| Hepatic infection | 1 (0.0%) | 0 |
| Hepatitis E | 1 (0.0%) | 0 |
| Herpangina | 1 (0.0%) | 0 |
| Infectious mononucleosis | 1 (0.0%) | 0 |
| Infectious pleural effusion | 1 (0.0%) | 0 |
| Infective myositis | 1 (0.0%) | 0 |
| Infective tenosynovitis | 1 (0.0%) | 0 |
| Infusion site infection | 1 (0.0%) | 0 |
| Injection site cellulitis | 1 (0.0%) | 0 |
| Intestinal sepsis | 1 (0.0%) | 0 |
| Keratitis bacterial | 1 (0.0%) | 0 |
| Leptospirosis | 1 (0.0%) | 0 |
| Ludwig angina | 1 (0.0%) | 0 |
| Lymphadenitis bacterial | 1 (0.0%) | 0 |
| Mastitis bacterial | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Nephritis bacterial | 1 (0.0%) | 0 |
| Oropharyngitis fungal | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Peritoneal tuberculosis | 1 (0.0%) | 0 |
| Pharyngeal abscess | 1 (0.0%) | 0 |
| Pilonidal cyst | 1 (0.0%) | 0 |
| Pneumococcal infection | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia klebsiella | 1 (0.0%) | 0 |
| Prostate infection | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Purulent discharge | 1 (0.0%) | 0 |
| Pyonephrosis | 1 (0.0%) | 0 |
| Q fever | 1 (0.0%) | 0 |
| Rectal abscess | 1 (0.0%) | 0 |
| Respiratory tract infection bacterial | 1 (0.0%) | 0 |
| Scrotal cellulitis | 1 (0.0%) | 0 |
| Septic rash | 1 (0.0%) | 0 |
| Spinal cord abscess | 1 (0.0%) | 0 |
| Splenic abscess | 1 (0.0%) | 0 |
| Sputum purulent | 1 (0.0%) | 0 |
| Stitch abscess | 1 (0.0%) | 0 |
| Streptococcal sepsis | 1 (0.0%) | 0 |
| Tracheobronchitis bacterial | 1 (0.0%) | 0 |
| Urinary tract infection staphylococcal | 1 (0.0%) | 0 |
| Viraemia | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Viral labyrinthitis | 1 (0.0%) | 0 |
| Viral sinusitis | 1 (0.0%) | 0 |
| Vulval abscess | 1 (0.0%) | 0 |
| Vulvitis | 1 (0.0%) | 0 |
| Chronic hepatitis C | 0 | 4 (0.1%) |
| Root canal infection | 0 | 4 (0.1%) |
| Acute hepatitis B | 0 | 3 (0.0%) |
| Bacterial vulvovaginitis | 0 | 3 (0.0%) |
| Tonsillitis bacterial | 0 | 3 (0.0%) |
| Balanitis candida | 0 | 2 (0.0%) |
| Breast abscess | 0 | 2 (0.0%) |
| Bullous erysipelas | 0 | 2 (0.0%) |
| Chronic hepatitis B | 0 | 2 (0.0%) |
| Dermatophytosis | 0 | 2 (0.0%) |
| Dysentery | 0 | 2 (0.0%) |
| Eczema infected | 0 | 2 (0.0%) |
| Enterococcal bacteraemia | 0 | 2 (0.0%) |
| Fungal balanitis | 0 | 2 (0.0%) |
| Genital infection female | 0 | 2 (0.0%) |
| Infected seroma | 0 | 2 (0.0%) |
| Medical device site joint infection | 0 | 2 (0.0%) |
| Nail bed infection | 0 | 2 (0.0%) |
| Ophthalmic herpes zoster | 0 | 2 (0.0%) |
| Periorbital cellulitis | 0 | 2 (0.0%) |
| Salmonellosis | 0 | 2 (0.0%) |
| Skin bacterial infection | 0 | 2 (0.0%) |
| Trichomoniasis | 0 | 2 (0.0%) |
| Urinary tract candidiasis | 0 | 2 (0.0%) |
| Abdominal sepsis | 0 | 1 (0.0%) |
| Abscess jaw | 0 | 1 (0.0%) |
| Abscess of eyelid | 0 | 1 (0.0%) |
| Abscess soft tissue | 0 | 1 (0.0%) |
| Adenoviral conjunctivitis | 0 | 1 (0.0%) |
| American trypanosomiasis | 0 | 1 (0.0%) |
| Anal fistula infection | 0 | 1 (0.0%) |
| Anorectal cellulitis | 0 | 1 (0.0%) |
| Anorectal infection bacterial | 0 | 1 (0.0%) |
| Arteriosclerotic gangrene | 0 | 1 (0.0%) |
| Arthropod-borne disease | 0 | 1 (0.0%) |
| Bacterial rhinitis | 0 | 1 (0.0%) |
| Bacterial tracheitis | 0 | 1 (0.0%) |
| Balanoposthitis infective | 0 | 1 (0.0%) |
| Bartholinitis | 0 | 1 (0.0%) |
| Beta haemolytic streptococcal infection | 0 | 1 (0.0%) |
| Catheter site infection | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Chikungunya virus infection | 0 | 1 (0.0%) |
| Chronic tonsillitis | 0 | 1 (0.0%) |
| Clostridium colitis | 0 | 1 (0.0%) |
| Coronavirus infection | 0 | 1 (0.0%) |
| Cryptococcosis | 0 | 1 (0.0%) |
| Dental fistula | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Dermo-hypodermatitis | 0 | 1 (0.0%) |
| Eczema herpeticum | 0 | 1 (0.0%) |
| Eczema impetiginous | 0 | 1 (0.0%) |
| Enterococcal infection | 0 | 1 (0.0%) |
| Epiglottitis | 0 | 1 (0.0%) |
| Epstein-Barr virus infection | 0 | 1 (0.0%) |
| Escherichia sepsis | 0 | 1 (0.0%) |
| Eye abscess | 0 | 1 (0.0%) |
| Gastrointestinal fungal infection | 0 | 1 (0.0%) |
| H1N1 influenza | 0 | 1 (0.0%) |
| Haemophilus infection | 0 | 1 (0.0%) |
| Hepatitis A | 0 | 1 (0.0%) |
| Hepatitis viral | 0 | 1 (0.0%) |
| Herpes zoster meningoencephalitis | 0 | 1 (0.0%) |
| Herpes zoster oticus | 0 | 1 (0.0%) |
| Herpes zoster reactivation | 0 | 1 (0.0%) |
| Infected varicose vein | 0 | 1 (0.0%) |
| Joint abscess | 0 | 1 (0.0%) |
| Klebsiella bacteraemia | 0 | 1 (0.0%) |
| Klebsiella infection | 0 | 1 (0.0%) |
| Laryngitis viral | 0 | 1 (0.0%) |
| Leprosy | 0 | 1 (0.0%) |
| Medical device site abscess | 0 | 1 (0.0%) |
| Muscle abscess | 0 | 1 (0.0%) |
| Mycoplasma infection | 0 | 1 (0.0%) |
| Nasal herpes | 0 | 1 (0.0%) |
| Neutropenic sepsis | 0 | 1 (0.0%) |
| Omphalitis | 0 | 1 (0.0%) |
| Parasitic gastroenteritis | 0 | 1 (0.0%) |
| Pelvic inflammatory disease | 0 | 1 (0.0%) |
| Perirectal abscess | 0 | 1 (0.0%) |
| Peritonsillar abscess | 0 | 1 (0.0%) |
| Pertussis | 0 | 1 (0.0%) |
| Pneumonia haemophilus | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Pneumonia pneumococcal | 0 | 1 (0.0%) |
| Pneumonia respiratory syncytial viral | 0 | 1 (0.0%) |
| Post procedural sepsis | 0 | 1 (0.0%) |
| Prostatitis Escherichia coli | 0 | 1 (0.0%) |
| Psoas abscess | 0 | 1 (0.0%) |
| Pyelitis | 0 | 1 (0.0%) |
| Rash pustular | 0 | 1 (0.0%) |
| Renal abscess | 0 | 1 (0.0%) |
| Retinitis | 0 | 1 (0.0%) |
| Retroperitoneal abscess | 0 | 1 (0.0%) |
| Rocky mountain spotted fever | 0 | 1 (0.0%) |
| Rotavirus infection | 0 | 1 (0.0%) |
| Salmonella sepsis | 0 | 1 (0.0%) |
| Salpingitis | 0 | 1 (0.0%) |
| Sinobronchitis | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Streptococcal bacteraemia | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Subacute endocarditis | 0 | 1 (0.0%) |
| Sweat gland infection | 0 | 1 (0.0%) |
| Testicular abscess | 0 | 1 (0.0%) |
| Tinea manuum | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Upper respiratory tract infection bacterial | 0 | 1 (0.0%) |
| Varicella | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Viral tracheitis | 0 | 1 (0.0%) |
| Vulvovaginitis trichomonal | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 2263 (34.8%) | 2018 (31.1%) |
| Hyperkalaemia | 781 (12.0%) | 382 (5.9%) |
| Hypoglycaemia | 340 (5.2%) | 375 (5.8%) |
| Hyperuricaemia | 292 (4.5%) | 220 (3.4%) |
| Hyperglycaemia | 180 (2.8%) | 162 (2.5%) |
| Gout | 169 (2.6%) | 167 (2.6%) |
| Diabetes mellitus inadequate control | 160 (2.5%) | 157 (2.4%) |
| Diabetes mellitus | 154 (2.4%) | 200 (3.1%) |
| Vitamin D deficiency | 116 (1.8%) | 116 (1.8%) |
| Type 2 diabetes mellitus | 110 (1.7%) | 111 (1.7%) |
| Hypertriglyceridaemia | 85 (1.3%) | 70 (1.1%) |
| Hyponatraemia | 75 (1.2%) | 45 (0.7%) |
| Dehydration | 72 (1.1%) | 64 (1.0%) |
| Hypokalaemia | 70 (1.1%) | 149 (2.3%) |
| Dyslipidaemia | 70 (1.1%) | 72 (1.1%) |
| Hyperlipidaemia | 67 (1.0%) | 66 (1.0%) |
| Decreased appetite | 62 (1.0%) | 62 (1.0%) |
| Diabetic metabolic decompensation | 57 (0.9%) | 61 (0.9%) |
| Metabolic acidosis | 50 (0.8%) | 33 (0.5%) |
| Hypomagnesaemia | 37 (0.6%) | 32 (0.5%) |
| Iron deficiency | 35 (0.5%) | 43 (0.7%) |
| Vitamin B12 deficiency | 32 (0.5%) | 18 (0.3%) |
| Obesity | 20 (0.3%) | 23 (0.4%) |
| Fluid overload | 19 (0.3%) | 22 (0.3%) |
| Hypercholesterolaemia | 19 (0.3%) | 18 (0.3%) |
| Hypocalcaemia | 18 (0.3%) | 29 (0.4%) |
| Hyperphosphataemia | 17 (0.3%) | 16 (0.2%) |
| Hypercalcaemia | 17 (0.3%) | 11 (0.2%) |
| Folate deficiency | 16 (0.2%) | 15 (0.2%) |
| Diabetic ketoacidosis | 14 (0.2%) | 16 (0.2%) |
| Hypovolaemia | 13 (0.2%) | 4 (0.1%) |
| Hypoproteinaemia | 12 (0.2%) | 16 (0.2%) |
| Metabolic disorder | 9 (0.1%) | 16 (0.2%) |
| Acidosis | 9 (0.1%) | 6 (0.1%) |
| Hypoalbuminaemia | 6 (0.1%) | 9 (0.1%) |
| Fluid retention | 6 (0.1%) | 6 (0.1%) |
| Overweight | 6 (0.1%) | 1 (0.0%) |
| Hypervolaemia | 5 (0.1%) | 5 (0.1%) |
| Hypernatraemia | 4 (0.1%) | 10 (0.2%) |
| Hyperglycaemic hyperosmolar nonketotic syndrome | 4 (0.1%) | 8 (0.1%) |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|----------------------------------|------------------------|---------------------|
| Malnutrition | 4 (0.1%) | 4 (0.1%) |
| Vitamin B complex deficiency | 4 (0.1%) | 3 (0.0%) |
| Abnormal loss of weight | 3 (0.0%) | 5 (0.1%) |
| Hypophosphataemia | 3 (0.0%) | 2 (0.0%) |
| Lipid metabolism disorder | 3 (0.0%) | 2 (0.0%) |
| Metabolic syndrome | 3 (0.0%) | 2 (0.0%) |
| Ketoacidosis | 3 (0.0%) | 1 (0.0%) |
| Ketosis | 3 (0.0%) | 0 |
| Hyperhomocysteinaemia | 2 (0.0%) | 6 (0.1%) |
| Hypochloraemia | 2 (0.0%) | 5 (0.1%) |
| Magnesium deficiency | 2 (0.0%) | 4 (0.1%) |
| Diabetic complication | 2 (0.0%) | 2 (0.0%) |
| Hypovitaminosis | 2 (0.0%) | 2 (0.0%) |
| Hypoglycaemia unawareness | 2 (0.0%) | 1 (0.0%) |
| Polydipsia | 2 (0.0%) | 1 (0.0%) |
| Food aversion | 2 (0.0%) | 0 |
| Increased appetite | 1 (0.0%) | 5 (0.1%) |
| Cachexia | 1 (0.0%) | 4 (0.1%) |
| Electrolyte imbalance | 1 (0.0%) | 3 (0.0%) |
| Hyperchloraemia | 1 (0.0%) | 2 (0.0%) |
| Diabetic ketosis | 1 (0.0%) | 1 (0.0%) |
| Lactic acidosis | 1 (0.0%) | 1 (0.0%) |
| Lactose intolerance | 1 (0.0%) | 1 (0.0%) |
| Acidosis hyperchloraemic | 1 (0.0%) | 0 |
| Alkalosis | 1 (0.0%) | 0 |
| Calciophylaxis | 1 (0.0%) | 0 |
| Calcium metabolism disorder | 1 (0.0%) | 0 |
| Decreased insulin requirement | 1 (0.0%) | 0 |
| Hyperferritinaemia | 1 (0.0%) | 0 |
| Hyperlipasaemia | 1 (0.0%) | 0 |
| Hyperphagia | 1 (0.0%) | 0 |
| Hypervitaminosis D | 1 (0.0%) | 0 |
| Hypocholesterolaemia | 1 (0.0%) | 0 |
| Hypometabolism | 1 (0.0%) | 0 |
| Mineral deficiency | 1 (0.0%) | 0 |
| Phosphorus metabolism disorder | 1 (0.0%) | 0 |
| Shock hypoglycaemic | 1 (0.0%) | 0 |
| Vitamin B1 deficiency | 1 (0.0%) | 0 |
| Metabolic alkalosis | 0 | 3 (0.0%) |
| Hypermagnesaemia | 0 | 2 (0.0%) |
| Periarthritis calcarea | 0 | 2 (0.0%) |
| Tumour lysis syndrome | 0 | 2 (0.0%) |
| Abnormal weight gain | 0 | 1 (0.0%) |
| Acid-base balance disorder mixed | 0 | 1 (0.0%) |
| Calcium deficiency | 0 | 1 (0.0%) |
| Central obesity | 0 | 1 (0.0%) |
| Food intolerance | 0 | 1 (0.0%) |
| Hyperalbuminaemia | 0 | 1 (0.0%) |
| Hyperlactacidaemia | 0 | 1 (0.0%) |
| Hyperosmolar state | 0 | 1 (0.0%) |
| Hyperproteinaemia | 0 | 1 (0.0%) |
| Hypervitaminosis B12 | 0 | 1 (0.0%) |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Hypozincaemia | 0 | 1 (0.0%) |
| Mineral metabolism disorder | 0 | 1 (0.0%) |
| Pancreatogenous diabetes | 0 | 1 (0.0%) |
| Protein deficiency | 0 | 1 (0.0%) |
| Pseudohyponatraemia | 0 | 1 (0.0%) |
| Weight loss poor | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 1838 (28.2%) | 1858 (28.6%) |
| Arthralgia | 496 (7.6%) | 459 (7.1%) |
| Back pain | 436 (6.7%) | 428 (6.6%) |
| Pain in extremity | 252 (3.9%) | 248 (3.8%) |
| Muscle spasms | 226 (3.5%) | 210 (3.2%) |
| Osteoarthritis | 182 (2.8%) | 202 (3.1%) |
| Myalgia | 125 (1.9%) | 111 (1.7%) |
| Spinal osteoarthritis | 74 (1.1%) | 97 (1.5%) |
| Neck pain | 71 (1.1%) | 77 (1.2%) |
| Arthritis | 65 (1.0%) | 56 (0.9%) |
| Intervertebral disc protrusion | 52 (0.8%) | 72 (1.1%) |
| Rotator cuff syndrome | 46 (0.7%) | 53 (0.8%) |
| Periarthritis | 40 (0.6%) | 34 (0.5%) |
| Gouty arthritis | 35 (0.5%) | 36 (0.6%) |
| Flank pain | 34 (0.5%) | 33 (0.5%) |
| Osteoporosis | 33 (0.5%) | 29 (0.4%) |
| Bursitis | 32 (0.5%) | 46 (0.7%) |
| Muscular weakness | 31 (0.5%) | 30 (0.5%) |
| Lumbar spinal stenosis | 30 (0.5%) | 30 (0.5%) |
| Trigger finger | 30 (0.5%) | 28 (0.4%) |
| Tendonitis | 29 (0.4%) | 30 (0.5%) |
| Joint swelling | 26 (0.4%) | 36 (0.6%) |
| Musculoskeletal chest pain | 26 (0.4%) | 26 (0.4%) |
| Tenosynovitis | 23 (0.4%) | 14 (0.2%) |
| Plantar fasciitis | 19 (0.3%) | 29 (0.4%) |
| Intervertebral disc disorder | 18 (0.3%) | 16 (0.2%) |
| Spinal pain | 18 (0.3%) | 14 (0.2%) |
| Musculoskeletal pain | 17 (0.3%) | 23 (0.4%) |
| Exostosis | 17 (0.3%) | 16 (0.2%) |
| Tendon disorder | 17 (0.3%) | 16 (0.2%) |
| Musculoskeletal stiffness | 17 (0.3%) | 13 (0.2%) |
| Spinal stenosis | 15 (0.2%) | 17 (0.3%) |
| Synovial cyst | 14 (0.2%) | 11 (0.2%) |
| Intervertebral disc degeneration | 13 (0.2%) | 12 (0.2%) |
| Rhabdomyolysis | 13 (0.2%) | 8 (0.1%) |
| Osteopenia | 11 (0.2%) | 10 (0.2%) |
| Foot deformity | 11 (0.2%) | 6 (0.1%) |
| Spondylolisthesis | 10 (0.2%) | 7 (0.1%) |
| Rheumatoid arthritis | 10 (0.2%) | 5 (0.1%) |
| Neuropathic arthropathy | 9 (0.1%) | 12 (0.2%) |
| Tenosynovitis stenosaurs | 8 (0.1%) | 7 (0.1%) |
| Scoliosis | 8 (0.1%) | 6 (0.1%) |
| Dupuytren's contracture | 7 (0.1%) | 10 (0.2%) |
| Osteochondrosis | 7 (0.1%) | 9 (0.1%) |
| Polymyalgia rheumatica | 7 (0.1%) | 9 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------|------------------------|---------------------|
| Arthropathy | 7 (0.1%) | 5 (0.1%) |
| Joint effusion | 6 (0.1%) | 6 (0.1%) |
| Limb discomfort | 6 (0.1%) | 5 (0.1%) |
| Polyarthritits | 5 (0.1%) | 5 (0.1%) |
| Limb mass | 5 (0.1%) | 3 (0.0%) |
| Synovitis | 5 (0.1%) | 2 (0.0%) |
| Osteitis | 4 (0.1%) | 11 (0.2%) |
| Costochondritis | 4 (0.1%) | 10 (0.2%) |
| Bone pain | 4 (0.1%) | 9 (0.1%) |
| Groin pain | 4 (0.1%) | 9 (0.1%) |
| Cervical spinal stenosis | 4 (0.1%) | 6 (0.1%) |
| Muscle fatigue | 4 (0.1%) | 6 (0.1%) |
| Chondrocalcinosis pyrophosphate | 4 (0.1%) | 5 (0.1%) |
| Mobility decreased | 4 (0.1%) | 3 (0.0%) |
| Myopathy | 4 (0.1%) | 3 (0.0%) |
| Muscle atrophy | 4 (0.1%) | 2 (0.0%) |
| Facet joint syndrome | 4 (0.1%) | 0 |
| Sacroiliitis | 4 (0.1%) | 0 |
| Muscle contracture | 3 (0.0%) | 8 (0.1%) |
| Myositis | 3 (0.0%) | 5 (0.1%) |
| Spondylitis | 3 (0.0%) | 5 (0.1%) |
| Coccydynia | 3 (0.0%) | 4 (0.1%) |
| Joint stiffness | 3 (0.0%) | 3 (0.0%) |
| Osteolysis | 3 (0.0%) | 3 (0.0%) |
| Chondropathy | 3 (0.0%) | 2 (0.0%) |
| Muscle twitching | 3 (0.0%) | 2 (0.0%) |
| Musculoskeletal disorder | 3 (0.0%) | 2 (0.0%) |
| Pain in jaw | 3 (0.0%) | 2 (0.0%) |
| Tendon pain | 3 (0.0%) | 2 (0.0%) |
| Kyphosis | 3 (0.0%) | 1 (0.0%) |
| Musculoskeletal discomfort | 2 (0.0%) | 6 (0.1%) |
| Vertebral foraminal stenosis | 2 (0.0%) | 5 (0.1%) |
| Chondrocalcinosis | 2 (0.0%) | 4 (0.1%) |
| Fibromyalgia | 2 (0.0%) | 4 (0.1%) |
| Joint range of motion decreased | 2 (0.0%) | 4 (0.1%) |
| Back disorder | 2 (0.0%) | 2 (0.0%) |
| Fasciitis | 2 (0.0%) | 2 (0.0%) |
| Metatarsalgia | 2 (0.0%) | 2 (0.0%) |
| Myalgia intercostal | 2 (0.0%) | 2 (0.0%) |
| Osteosclerosis | 2 (0.0%) | 2 (0.0%) |
| Fracture pain | 2 (0.0%) | 1 (0.0%) |
| Haematoma muscle | 2 (0.0%) | 1 (0.0%) |
| Meniscal degeneration | 2 (0.0%) | 1 (0.0%) |
| Muscle rigidity | 2 (0.0%) | 1 (0.0%) |
| Myofascial pain syndrome | 2 (0.0%) | 1 (0.0%) |
| Osteonecrosis | 2 (0.0%) | 1 (0.0%) |
| Bone swelling | 2 (0.0%) | 0 |
| Clubbing | 2 (0.0%) | 0 |
| Enthesopathy | 2 (0.0%) | 0 |
| Periostitis | 2 (0.0%) | 0 |
| Soft tissue swelling | 2 (0.0%) | 0 |
| Diastasis recti abdominis | 1 (0.0%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Joint contracture | 1 (0.0%) | 3 (0.0%) |
| Spinal ligament ossification | 1 (0.0%) | 3 (0.0%) |
| Arthritis reactive | 1 (0.0%) | 2 (0.0%) |
| Haemarthrosis | 1 (0.0%) | 2 (0.0%) |
| Osteochondritis | 1 (0.0%) | 2 (0.0%) |
| Temporomandibular joint syndrome | 1 (0.0%) | 2 (0.0%) |
| Tendon calcification | 1 (0.0%) | 2 (0.0%) |
| Chronic kidney disease-mineral and bone disorder | 1 (0.0%) | 1 (0.0%) |
| Degenerative bone disease | 1 (0.0%) | 1 (0.0%) |
| Fistula | 1 (0.0%) | 1 (0.0%) |
| Gouty tophus | 1 (0.0%) | 1 (0.0%) |
| Immobilisation syndrome | 1 (0.0%) | 1 (0.0%) |
| Muscle disorder | 1 (0.0%) | 1 (0.0%) |
| Rheumatic disorder | 1 (0.0%) | 1 (0.0%) |
| Spinal disorder | 1 (0.0%) | 1 (0.0%) |
| Torticollis | 1 (0.0%) | 1 (0.0%) |
| Vertebral osteophyte | 1 (0.0%) | 1 (0.0%) |
| Chest wall mass | 1 (0.0%) | 0 |
| Connective tissue inflammation | 1 (0.0%) | 0 |
| Enostosis | 1 (0.0%) | 0 |
| Exostosis of jaw | 1 (0.0%) | 0 |
| Femoroacetabular impingement | 1 (0.0%) | 0 |
| Finger deformity | 1 (0.0%) | 0 |
| Fracture nonunion | 1 (0.0%) | 0 |
| Hypercreatinemia | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Intervertebral disc compression | 1 (0.0%) | 0 |
| Joint noise | 1 (0.0%) | 0 |
| Knee deformity | 1 (0.0%) | 0 |
| Ligament pain | 1 (0.0%) | 0 |
| Ligamentitis | 1 (0.0%) | 0 |
| Mandibular mass | 1 (0.0%) | 0 |
| Muscle discomfort | 1 (0.0%) | 0 |
| Neuropathic muscular atrophy | 1 (0.0%) | 0 |
| Palindromic rheumatism | 1 (0.0%) | 0 |
| Polymyositis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Spinal deformity | 1 (0.0%) | 0 |
| Spinal flattening | 1 (0.0%) | 0 |
| Spinal synovial cyst | 1 (0.0%) | 0 |
| Tendon discomfort | 1 (0.0%) | 0 |
| Vertebral lateral recess stenosis | 1 (0.0%) | 0 |
| Spondyloarthropathy | 0 | 5 (0.1%) |
| Bone formation increased | 0 | 4 (0.1%) |
| Osteoarthropathy | 0 | 4 (0.1%) |
| Psoriatic arthropathy | 0 | 4 (0.1%) |
| Patellofemoral pain syndrome | 0 | 3 (0.0%) |
| Sjogren's syndrome | 0 | 3 (0.0%) |
| Chondromalacia | 0 | 2 (0.0%) |
| Crystal arthropathy | 0 | 2 (0.0%) |
| Muscle haemorrhage | 0 | 2 (0.0%) |
| Spinal instability | 0 | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Systemic lupus erythematosus | 0 | 2 (0.0%) |
| Amyotrophy | 0 | 1 (0.0%) |
| Ankylosing spondylitis | 0 | 1 (0.0%) |
| Articular calcification | 0 | 1 (0.0%) |
| Axillary mass | 0 | 1 (0.0%) |
| Bone callus excessive | 0 | 1 (0.0%) |
| Bursa disorder | 0 | 1 (0.0%) |
| Chest wall cyst | 0 | 1 (0.0%) |
| Chest wall haematoma | 0 | 1 (0.0%) |
| Chondritis | 0 | 1 (0.0%) |
| Connective tissue disorder | 0 | 1 (0.0%) |
| Intervertebral disc calcification | 0 | 1 (0.0%) |
| Jaw cyst | 0 | 1 (0.0%) |
| Kyphoscoliosis | 0 | 1 (0.0%) |
| Ligament calcification | 0 | 1 (0.0%) |
| Loose body in joint | 0 | 1 (0.0%) |
| Muscle swelling | 0 | 1 (0.0%) |
| Muscle tightness | 0 | 1 (0.0%) |
| Neck mass | 0 | 1 (0.0%) |
| Nodal osteoarthritis | 0 | 1 (0.0%) |
| Osteonecrosis of jaw | 0 | 1 (0.0%) |
| Osteoporotic fracture | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Plantar fascial fibromatosis | 0 | 1 (0.0%) |
| Rheumatoid nodule | 0 | 1 (0.0%) |
| Soft tissue disorder | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Soft tissue mass | 0 | 1 (0.0%) |
| Soft tissue necrosis | 0 | 1 (0.0%) |
| Spinal fusion acquired | 0 | 1 (0.0%) |
| Systemic scleroderma | 0 | 1 (0.0%) |
| Trismus | 0 | 1 (0.0%) |
| Undifferentiated connective tissue disease | 0 | 1 (0.0%) |
| Vertebral lesion | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 1770 (27.2%) | 1720 (26.5%) |
| Diarrhoea | 423 (6.5%) | 411 (6.3%) |
| Constipation | 317 (4.9%) | 334 (5.1%) |
| Nausea | 192 (2.9%) | 176 (2.7%) |
| Vomiting | 146 (2.2%) | 138 (2.1%) |
| Gastroesophageal reflux disease | 117 (1.8%) | 138 (2.1%) |
| Abdominal pain | 113 (1.7%) | 128 (2.0%) |
| Gastritis | 112 (1.7%) | 90 (1.4%) |
| Abdominal pain upper | 110 (1.7%) | 103 (1.6%) |
| Dyspepsia | 91 (1.4%) | 79 (1.2%) |
| Haemorrhoids | 89 (1.4%) | 68 (1.0%) |
| Large intestine polyp | 77 (1.2%) | 114 (1.8%) |
| Chronic gastritis | 65 (1.0%) | 54 (0.8%) |
| Toothache | 53 (0.8%) | 59 (0.9%) |
| Diverticulum intestinal | 39 (0.6%) | 33 (0.5%) |
| Dental caries | 36 (0.6%) | 29 (0.4%) |
| Abdominal distension | 35 (0.5%) | 30 (0.5%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------------|------------------------|---------------------|
| Gastritis erosive | 33 (0.5%) | 30 (0.5%) |
| Abdominal discomfort | 31 (0.5%) | 30 (0.5%) |
| Hiatus hernia | 26 (0.4%) | 41 (0.6%) |
| Gastric ulcer | 26 (0.4%) | 23 (0.4%) |
| Gastrointestinal haemorrhage | 26 (0.4%) | 23 (0.4%) |
| Umbilical hernia | 22 (0.3%) | 22 (0.3%) |
| Inguinal hernia | 20 (0.3%) | 31 (0.5%) |
| Gastric polyps | 20 (0.3%) | 17 (0.3%) |
| Duodenal ulcer | 20 (0.3%) | 16 (0.2%) |
| Flatulence | 19 (0.3%) | 24 (0.4%) |
| Pancreatitis acute | 19 (0.3%) | 13 (0.2%) |
| Dysphagia | 18 (0.3%) | 21 (0.3%) |
| Periodontal disease | 18 (0.3%) | 13 (0.2%) |
| Haematochezia | 17 (0.3%) | 20 (0.3%) |
| Abdominal pain lower | 17 (0.3%) | 18 (0.3%) |
| Colitis | 17 (0.3%) | 14 (0.2%) |
| Rectal haemorrhage | 17 (0.3%) | 13 (0.2%) |
| Dry mouth | 15 (0.2%) | 15 (0.2%) |
| Pancreatitis chronic | 14 (0.2%) | 18 (0.3%) |
| Irritable bowel syndrome | 14 (0.2%) | 17 (0.3%) |
| Diverticulum | 13 (0.2%) | 22 (0.3%) |
| Melaena | 12 (0.2%) | 8 (0.1%) |
| Oesophagitis | 11 (0.2%) | 17 (0.3%) |
| Duodenitis | 11 (0.2%) | 15 (0.2%) |
| Enteritis | 11 (0.2%) | 8 (0.1%) |
| Lower gastrointestinal haemorrhage | 11 (0.2%) | 5 (0.1%) |
| Gastrointestinal disorder | 10 (0.2%) | 11 (0.2%) |
| Ascites | 10 (0.2%) | 9 (0.1%) |
| Upper gastrointestinal haemorrhage | 9 (0.1%) | 13 (0.2%) |
| Peptic ulcer | 9 (0.1%) | 11 (0.2%) |
| Rectal polyp | 9 (0.1%) | 10 (0.2%) |
| Pancreatitis | 9 (0.1%) | 6 (0.1%) |
| Haemorrhoidal haemorrhage | 9 (0.1%) | 5 (0.1%) |
| Enterocolitis | 9 (0.1%) | 4 (0.1%) |
| Haematemesis | 9 (0.1%) | 3 (0.0%) |
| Food poisoning | 8 (0.1%) | 8 (0.1%) |
| Pancreatic cyst | 8 (0.1%) | 7 (0.1%) |
| Mouth ulceration | 8 (0.1%) | 5 (0.1%) |
| Tooth disorder | 6 (0.1%) | 9 (0.1%) |
| Abdominal hernia | 6 (0.1%) | 8 (0.1%) |
| Varices oesophageal | 6 (0.1%) | 5 (0.1%) |
| Intestinal obstruction | 5 (0.1%) | 10 (0.2%) |
| Anal fissure | 5 (0.1%) | 6 (0.1%) |
| Gastrointestinal motility disorder | 5 (0.1%) | 4 (0.1%) |
| Ileus | 5 (0.1%) | 3 (0.0%) |
| Angular cheilitis | 5 (0.1%) | 2 (0.0%) |
| Gastric disorder | 5 (0.1%) | 1 (0.0%) |
| Gastric haemorrhage | 5 (0.1%) | 1 (0.0%) |
| Gingival bleeding | 5 (0.1%) | 1 (0.0%) |
| Gingival pain | 4 (0.1%) | 7 (0.1%) |
| Small intestinal obstruction | 4 (0.1%) | 6 (0.1%) |
| Anal incontinence | 4 (0.1%) | 5 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------------|------------------------|---------------------|
| Gastrointestinal angiodysplasia | 4 (0.1%) | 5 (0.1%) |
| Gingival swelling | 4 (0.1%) | 5 (0.1%) |
| Abnormal faeces | 4 (0.1%) | 3 (0.0%) |
| Epigastric discomfort | 4 (0.1%) | 3 (0.0%) |
| Duodenal polyp | 4 (0.1%) | 2 (0.0%) |
| Gastritis haemorrhagic | 4 (0.1%) | 2 (0.0%) |
| Aphthous ulcer | 4 (0.1%) | 0 |
| Intestinal haemorrhage | 4 (0.1%) | 0 |
| Proctalgia | 4 (0.1%) | 0 |
| Stomatitis | 3 (0.0%) | 13 (0.2%) |
| Barrett's oesophagus | 3 (0.0%) | 6 (0.1%) |
| Eructation | 3 (0.0%) | 5 (0.1%) |
| Faecaloma | 3 (0.0%) | 5 (0.1%) |
| Change of bowel habit | 3 (0.0%) | 4 (0.1%) |
| Intestinal metaplasia | 3 (0.0%) | 4 (0.1%) |
| Colitis ischaemic | 3 (0.0%) | 3 (0.0%) |
| Faeces soft | 3 (0.0%) | 2 (0.0%) |
| Gastric ulcer haemorrhage | 3 (0.0%) | 2 (0.0%) |
| Functional gastrointestinal disorder | 3 (0.0%) | 1 (0.0%) |
| Gastroduodenal ulcer | 3 (0.0%) | 1 (0.0%) |
| Incarcerated umbilical hernia | 3 (0.0%) | 1 (0.0%) |
| Pancreatic steatosis | 3 (0.0%) | 1 (0.0%) |
| Parotid gland enlargement | 3 (0.0%) | 1 (0.0%) |
| Portal hypertensive gastropathy | 3 (0.0%) | 1 (0.0%) |
| Proctitis | 3 (0.0%) | 1 (0.0%) |
| Abdominal symptom | 3 (0.0%) | 0 |
| Swollen tongue | 3 (0.0%) | 0 |
| Tongue ulceration | 3 (0.0%) | 0 |
| Colon dysplasia | 2 (0.0%) | 5 (0.1%) |
| Intestinal polyp | 2 (0.0%) | 5 (0.1%) |
| Duodenal ulcer haemorrhage | 2 (0.0%) | 4 (0.1%) |
| Oral pain | 2 (0.0%) | 4 (0.1%) |
| Anal fistula | 2 (0.0%) | 3 (0.0%) |
| Odynophagia | 2 (0.0%) | 3 (0.0%) |
| Colitis microscopic | 2 (0.0%) | 2 (0.0%) |
| Faeces discoloured | 2 (0.0%) | 2 (0.0%) |
| Lip swelling | 2 (0.0%) | 2 (0.0%) |
| Lumbar hernia | 2 (0.0%) | 2 (0.0%) |
| Reflux gastritis | 2 (0.0%) | 2 (0.0%) |
| Diarrhoea haemorrhagic | 2 (0.0%) | 1 (0.0%) |
| Diverticulum intestinal haemorrhagic | 2 (0.0%) | 1 (0.0%) |
| Gastric mucosal lesion | 2 (0.0%) | 1 (0.0%) |
| Loose tooth | 2 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 2 (0.0%) | 1 (0.0%) |
| Oesophageal obstruction | 2 (0.0%) | 1 (0.0%) |
| Oesophageal ulcer | 2 (0.0%) | 1 (0.0%) |
| Pancreatic disorder | 2 (0.0%) | 1 (0.0%) |
| Tooth loss | 2 (0.0%) | 1 (0.0%) |
| Coeliac artery stenosis | 2 (0.0%) | 0 |
| Defaecation urgency | 2 (0.0%) | 0 |
| Duodenogastric reflux | 2 (0.0%) | 0 |
| Dyschezia | 2 (0.0%) | 0 |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------|------------------------|---------------------|
| Gastrointestinal polyp | 2 (0.0%) | 0 |
| Glossitis | 2 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 2 (0.0%) | 0 |
| Lip disorder | 2 (0.0%) | 0 |
| Mouth cyst | 2 (0.0%) | 0 |
| Oedematous pancreatitis | 2 (0.0%) | 0 |
| Small intestinal haemorrhage | 2 (0.0%) | 0 |
| Frequent bowel movements | 1 (0.0%) | 7 (0.1%) |
| Erosive duodenitis | 1 (0.0%) | 5 (0.1%) |
| Anal haemorrhage | 1 (0.0%) | 4 (0.1%) |
| Intestinal mass | 1 (0.0%) | 4 (0.1%) |
| Abdominal adhesions | 1 (0.0%) | 3 (0.0%) |
| Diaphragmatic hernia | 1 (0.0%) | 3 (0.0%) |
| Gastric mucosa erythema | 1 (0.0%) | 3 (0.0%) |
| Mesenteric panniculitis | 1 (0.0%) | 3 (0.0%) |
| Pancreatolithiasis | 1 (0.0%) | 3 (0.0%) |
| Salivary gland calculus | 1 (0.0%) | 3 (0.0%) |
| Subileus | 1 (0.0%) | 3 (0.0%) |
| Acquired oesophageal web | 1 (0.0%) | 2 (0.0%) |
| Faeces hard | 1 (0.0%) | 2 (0.0%) |
| Glossodynia | 1 (0.0%) | 2 (0.0%) |
| Noninfective gingivitis | 1 (0.0%) | 2 (0.0%) |
| Oesophageal polyp | 1 (0.0%) | 2 (0.0%) |
| Peptic ulcer haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Rectal prolapse | 1 (0.0%) | 2 (0.0%) |
| Abdominal mass | 1 (0.0%) | 1 (0.0%) |
| Anal pruritus | 1 (0.0%) | 1 (0.0%) |
| Diabetic gastroparesis | 1 (0.0%) | 1 (0.0%) |
| Gastric ulcer perforation | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal dysplasia | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal hypermotility | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal oedema | 1 (0.0%) | 1 (0.0%) |
| Hypoaesthesia oral | 1 (0.0%) | 1 (0.0%) |
| Ileal ulcer | 1 (0.0%) | 1 (0.0%) |
| Intestinal ischaemia | 1 (0.0%) | 1 (0.0%) |
| Mouth haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Oesophageal mass | 1 (0.0%) | 1 (0.0%) |
| Oesophageal varices haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Oral discomfort | 1 (0.0%) | 1 (0.0%) |
| Pancreatic duct stenosis | 1 (0.0%) | 1 (0.0%) |
| Peritoneal adhesions | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Abdominal rigidity | 1 (0.0%) | 0 |
| Acid peptic disease | 1 (0.0%) | 0 |
| Aerophagia | 1 (0.0%) | 0 |
| Alcoholic pancreatitis | 1 (0.0%) | 0 |
| Anal polyp | 1 (0.0%) | 0 |
| Anorectal swelling | 1 (0.0%) | 0 |
| Apical granuloma | 1 (0.0%) | 0 |
| Aptyalism | 1 (0.0%) | 0 |
| Bile acid malabsorption | 1 (0.0%) | 0 |
| Chilaiditi's syndrome | 1 (0.0%) | 0 |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Defaecation disorder | 1 (0.0%) | 0 |
| Dental alveolar anomaly | 1 (0.0%) | 0 |
| Dental attrition | 1 (0.0%) | 0 |
| Dental cyst | 1 (0.0%) | 0 |
| Duodenal perforation | 1 (0.0%) | 0 |
| Duodenitis haemorrhagic | 1 (0.0%) | 0 |
| Dysbiosis | 1 (0.0%) | 0 |
| Epulis | 1 (0.0%) | 0 |
| Gastric dilatation | 1 (0.0%) | 0 |
| Gastric xanthoma | 1 (0.0%) | 0 |
| Gastrointestinal necrosis | 1 (0.0%) | 0 |
| Gastrointestinal ulcer | 1 (0.0%) | 0 |
| Gastrointestinal vascular malformation haemorrhagic | 1 (0.0%) | 0 |
| Haemorrhoids thrombosed | 1 (0.0%) | 0 |
| Hyperaesthesia teeth | 1 (0.0%) | 0 |
| Infrequent bowel movements | 1 (0.0%) | 0 |
| Intestinal angina | 1 (0.0%) | 0 |
| Intestinal perforation | 1 (0.0%) | 0 |
| Intra-abdominal fluid collection | 1 (0.0%) | 0 |
| Large intestinal stenosis | 1 (0.0%) | 0 |
| Large intestinal ulcer | 1 (0.0%) | 0 |
| Lip pain | 1 (0.0%) | 0 |
| Lip pruritus | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Obstructive pancreatitis | 1 (0.0%) | 0 |
| Oesophageal haemorrhage | 1 (0.0%) | 0 |
| Oesophageal pain | 1 (0.0%) | 0 |
| Oesophageal ulcer haemorrhage | 1 (0.0%) | 0 |
| Oesophagitis ulcerative | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Paraesthesia oral | 1 (0.0%) | 0 |
| Precancerous lesion of digestive tract | 1 (0.0%) | 0 |
| Pyloric sphincter insufficiency | 1 (0.0%) | 0 |
| Rectal ulcer | 1 (0.0%) | 0 |
| Retching | 1 (0.0%) | 0 |
| Retroperitoneal mass | 1 (0.0%) | 0 |
| Salivary gland mass | 1 (0.0%) | 0 |
| Salivary hypersecretion | 1 (0.0%) | 0 |
| Splenic artery aneurysm | 1 (0.0%) | 0 |
| Stress ulcer | 1 (0.0%) | 0 |
| Submaxillary gland enlargement | 1 (0.0%) | 0 |
| Tongue haemorrhage | 1 (0.0%) | 0 |
| Tooth ankylosis | 1 (0.0%) | 0 |
| Tooth development disorder | 1 (0.0%) | 0 |
| Tooth impacted | 1 (0.0%) | 0 |
| Ulcerative duodenitis | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Impaired gastric emptying | 0 | 7 (0.1%) |
| Colitis ulcerative | 0 | 4 (0.1%) |
| Bowel movement irregularity | 0 | 3 (0.0%) |
| Erosive oesophagitis | 0 | 3 (0.0%) |
| Gastrointestinal inflammation | 0 | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Abdominal wall haematoma | 0 | 2 (0.0%) |
| Breath odour | 0 | 2 (0.0%) |
| Coeliac disease | 0 | 2 (0.0%) |
| Duodenal ulcer perforation | 0 | 2 (0.0%) |
| Enterovesical fistula | 0 | 2 (0.0%) |
| Gastrointestinal tract mucosal pigmentation | 0 | 2 (0.0%) |
| Gingival hypertrophy | 0 | 2 (0.0%) |
| Hernial eventration | 0 | 2 (0.0%) |
| Lip oedema | 0 | 2 (0.0%) |
| Oesophageal disorder | 0 | 2 (0.0%) |
| Oesophageal dysplasia | 0 | 2 (0.0%) |
| Pancreatic failure | 0 | 2 (0.0%) |
| Retroperitoneal haematoma | 0 | 2 (0.0%) |
| Abdominal strangulated hernia | 0 | 1 (0.0%) |
| Abdominal tenderness | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Anal inflammation | 0 | 1 (0.0%) |
| Anal rash | 0 | 1 (0.0%) |
| Anal skin tags | 0 | 1 (0.0%) |
| Brunner's gland hyperplasia | 0 | 1 (0.0%) |
| Chapped lips | 0 | 1 (0.0%) |
| Cheilitis | 0 | 1 (0.0%) |
| Crohn's disease | 0 | 1 (0.0%) |
| Diabetic gastroenteropathy | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Ectopic gastric mucosa | 0 | 1 (0.0%) |
| Gastric antral vascular ectasia | 0 | 1 (0.0%) |
| Gastric dysplasia | 0 | 1 (0.0%) |
| Gastric mucosal hypertrophy | 0 | 1 (0.0%) |
| Gastric varices haemorrhage | 0 | 1 (0.0%) |
| Gastrointestinal hypomotility | 0 | 1 (0.0%) |
| Gastrointestinal mucosa hyperaemia | 0 | 1 (0.0%) |
| Gastrointestinal obstruction | 0 | 1 (0.0%) |
| Gastrointestinal pain | 0 | 1 (0.0%) |
| Gastrointestinal scarring | 0 | 1 (0.0%) |
| Gastrointestinal ulcer haemorrhage | 0 | 1 (0.0%) |
| Gastrooesophageal sphincter insufficiency | 0 | 1 (0.0%) |
| Glycogenic acanthosis | 0 | 1 (0.0%) |
| Hyperchlorhydria | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Internal hernia | 0 | 1 (0.0%) |
| Lip blister | 0 | 1 (0.0%) |
| Lip ulceration | 0 | 1 (0.0%) |
| Lymphangiectasia intestinal | 0 | 1 (0.0%) |
| Malabsorption | 0 | 1 (0.0%) |
| Mesenteric artery stenosis | 0 | 1 (0.0%) |
| Oesophageal achalasia | 0 | 1 (0.0%) |
| Oesophageal stenosis | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Oral disorder | 0 | 1 (0.0%) |
| Oral mucosa erosion | 0 | 1 (0.0%) |
| Palatal disorder | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Palatal polyp | 0 | 1 (0.0%) |
| Pancreatic mass | 0 | 1 (0.0%) |
| Pancreatitis relapsing | 0 | 1 (0.0%) |
| Periodontal inflammation | 0 | 1 (0.0%) |
| Pneumoperitoneum | 0 | 1 (0.0%) |
| Rectal discharge | 0 | 1 (0.0%) |
| Rectal dysplasia | 0 | 1 (0.0%) |
| Rectal ulcer haemorrhage | 0 | 1 (0.0%) |
| Salivary gland cyst | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| Small intestinal perforation | 0 | 1 (0.0%) |
| Small intestine ulcer | 0 | 1 (0.0%) |
| Steatorrhoea | 0 | 1 (0.0%) |
| Strangulated umbilical hernia | 0 | 1 (0.0%) |
| Terminal ileitis | 0 | 1 (0.0%) |
| Tooth deposit | 0 | 1 (0.0%) |
| Uvulitis | 0 | 1 (0.0%) |
| Investigations | 1494 (22.9%) | 1495 (23.0%) |
| Glomerular filtration rate decreased | 348 (5.3%) | 274 (4.2%) |
| Blood creatinine increased | 170 (2.6%) | 151 (2.3%) |
| Blood creatine phosphokinase increased | 169 (2.6%) | 223 (3.4%) |
| C-reactive protein increased | 164 (2.5%) | 172 (2.7%) |
| Blood potassium increased | 151 (2.3%) | 75 (1.2%) |
| Blood pressure increased | 110 (1.7%) | 136 (2.1%) |
| Glycosylated haemoglobin increased | 88 (1.4%) | 73 (1.1%) |
| Gamma-glutamyltransferase increased | 72 (1.1%) | 69 (1.1%) |
| Weight decreased | 65 (1.0%) | 74 (1.1%) |
| Blood glucose increased | 48 (0.7%) | 52 (0.8%) |
| Blood uric acid increased | 42 (0.6%) | 37 (0.6%) |
| Blood triglycerides increased | 37 (0.6%) | 28 (0.4%) |
| Blood urea increased | 36 (0.6%) | 19 (0.3%) |
| Alanine aminotransferase increased | 31 (0.5%) | 36 (0.6%) |
| Weight increased | 29 (0.4%) | 42 (0.6%) |
| Aspartate aminotransferase increased | 28 (0.4%) | 22 (0.3%) |
| Haemoglobin decreased | 24 (0.4%) | 34 (0.5%) |
| Blood pressure decreased | 19 (0.3%) | 15 (0.2%) |
| Liver function test increased | 18 (0.3%) | 16 (0.2%) |
| Blood potassium decreased | 16 (0.2%) | 12 (0.2%) |
| Prostatic specific antigen increased | 15 (0.2%) | 22 (0.3%) |
| Blood alkaline phosphatase increased | 15 (0.2%) | 14 (0.2%) |
| Hepatic enzyme increased | 14 (0.2%) | 26 (0.4%) |
| White blood cell count increased | 14 (0.2%) | 7 (0.1%) |
| Cardiac murmur | 13 (0.2%) | 15 (0.2%) |
| Heart rate increased | 13 (0.2%) | 11 (0.2%) |
| Helicobacter test positive | 12 (0.2%) | 12 (0.2%) |
| Occult blood positive | 12 (0.2%) | 12 (0.2%) |
| Blood lactate dehydrogenase increased | 10 (0.2%) | 9 (0.1%) |
| Blood sodium decreased | 9 (0.1%) | 2 (0.0%) |
| Colonoscopy | 8 (0.1%) | 8 (0.1%) |
| Vitamin D decreased | 8 (0.1%) | 5 (0.1%) |
| Blood glucose decreased | 8 (0.1%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Blood urine present | 8 (0.1%) | 2 (0.0%) |
| Electrocardiogram QT prolonged | 7 (0.1%) | 8 (0.1%) |
| Transaminases increased | 6 (0.1%) | 9 (0.1%) |
| Angiocardiogram | 6 (0.1%) | 8 (0.1%) |
| Blood bicarbonate decreased | 6 (0.1%) | 7 (0.1%) |
| Blood cholesterol increased | 6 (0.1%) | 5 (0.1%) |
| Ejection fraction decreased | 6 (0.1%) | 5 (0.1%) |
| Troponin T increased | 6 (0.1%) | 3 (0.0%) |
| Troponin increased | 5 (0.1%) | 17 (0.3%) |
| Electrocardiogram T wave inversion | 5 (0.1%) | 9 (0.1%) |
| Platelet count decreased | 5 (0.1%) | 5 (0.1%) |
| Blood glucose fluctuation | 5 (0.1%) | 2 (0.0%) |
| Low density lipoprotein increased | 5 (0.1%) | 1 (0.0%) |
| N-terminal prohormone brain natriuretic peptide increased | 4 (0.1%) | 16 (0.2%) |
| Blood magnesium decreased | 4 (0.1%) | 8 (0.1%) |
| Polymerase chain reaction positive | 4 (0.1%) | 6 (0.1%) |
| Low density lipoprotein decreased | 4 (0.1%) | 5 (0.1%) |
| Liver function test abnormal | 4 (0.1%) | 4 (0.1%) |
| Blood calcium increased | 4 (0.1%) | 3 (0.0%) |
| Haemoglobin increased | 4 (0.1%) | 3 (0.0%) |
| Blood cholesterol decreased | 4 (0.1%) | 2 (0.0%) |
| Electrocardiogram T wave amplitude decreased | 4 (0.1%) | 1 (0.0%) |
| Catheterisation cardiac | 4 (0.1%) | 0 |
| Intraocular pressure increased | 3 (0.0%) | 10 (0.2%) |
| Urine albumin/creatinine ratio increased | 3 (0.0%) | 10 (0.2%) |
| Influenza A virus test positive | 3 (0.0%) | 9 (0.1%) |
| Electrocardiogram ST segment depression | 3 (0.0%) | 8 (0.1%) |
| Electrocardiogram abnormal | 3 (0.0%) | 5 (0.1%) |
| Protein urine present | 3 (0.0%) | 5 (0.1%) |
| Vitamin B12 decreased | 3 (0.0%) | 4 (0.1%) |
| Amylase increased | 3 (0.0%) | 3 (0.0%) |
| Biopsy kidney | 3 (0.0%) | 3 (0.0%) |
| Biopsy prostate | 3 (0.0%) | 3 (0.0%) |
| Carcinoembryonic antigen increased | 3 (0.0%) | 3 (0.0%) |
| Haematocrit decreased | 3 (0.0%) | 3 (0.0%) |
| Lipase increased | 3 (0.0%) | 3 (0.0%) |
| Red blood cell count decreased | 3 (0.0%) | 3 (0.0%) |
| Blood iron decreased | 3 (0.0%) | 2 (0.0%) |
| Bone density decreased | 3 (0.0%) | 2 (0.0%) |
| Blood parathyroid hormone increased | 3 (0.0%) | 1 (0.0%) |
| International normalised ratio increased | 3 (0.0%) | 1 (0.0%) |
| Lipids increased | 3 (0.0%) | 1 (0.0%) |
| Urine output decreased | 3 (0.0%) | 1 (0.0%) |
| Arthroscopy | 2 (0.0%) | 4 (0.1%) |
| Electrocardiogram T wave abnormal | 2 (0.0%) | 4 (0.1%) |
| High density lipoprotein decreased | 2 (0.0%) | 4 (0.1%) |
| Inflammatory marker increased | 2 (0.0%) | 4 (0.1%) |
| SARS-CoV-2 test positive | 2 (0.0%) | 4 (0.1%) |
| Blood folate decreased | 2 (0.0%) | 3 (0.0%) |
| Blood pressure diastolic decreased | 2 (0.0%) | 3 (0.0%) |
| Brain natriuretic peptide increased | 2 (0.0%) | 3 (0.0%) |
| ECG signs of myocardial ischaemia | 2 (0.0%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Blood albumin decreased | 2 (0.0%) | 2 (0.0%) |
| Blood thyroid stimulating hormone increased | 2 (0.0%) | 2 (0.0%) |
| Haematocrit increased | 2 (0.0%) | 2 (0.0%) |
| Scan myocardial perfusion abnormal | 2 (0.0%) | 2 (0.0%) |
| Bacterial test positive | 2 (0.0%) | 1 (0.0%) |
| Biopsy liver | 2 (0.0%) | 1 (0.0%) |
| Blood lactic acid increased | 2 (0.0%) | 1 (0.0%) |
| Blood testosterone decreased | 2 (0.0%) | 1 (0.0%) |
| Electrocardiogram Q wave abnormal | 2 (0.0%) | 1 (0.0%) |
| Electrocardiogram QRS complex abnormal | 2 (0.0%) | 1 (0.0%) |
| Electrocardiogram repolarisation abnormality | 2 (0.0%) | 1 (0.0%) |
| Glycosylated haemoglobin abnormal | 2 (0.0%) | 1 (0.0%) |
| White blood cell count decreased | 2 (0.0%) | 1 (0.0%) |
| Biopsy artery | 2 (0.0%) | 0 |
| Blood chloride decreased | 2 (0.0%) | 0 |
| Electrocardiogram change | 2 (0.0%) | 0 |
| Endoscopy | 2 (0.0%) | 0 |
| Escherichia test positive | 2 (0.0%) | 0 |
| Pulmonary arterial pressure increased | 2 (0.0%) | 0 |
| Transaminases abnormal | 2 (0.0%) | 0 |
| Waist circumference increased | 2 (0.0%) | 0 |
| Heart rate decreased | 1 (0.0%) | 7 (0.1%) |
| QRS axis abnormal | 1 (0.0%) | 6 (0.1%) |
| Anticoagulation drug level above therapeutic | 1 (0.0%) | 4 (0.1%) |
| Blood phosphorus increased | 1 (0.0%) | 3 (0.0%) |
| Fibrin D dimer increased | 1 (0.0%) | 3 (0.0%) |
| Biopsy skin | 1 (0.0%) | 2 (0.0%) |
| Blood calcium decreased | 1 (0.0%) | 2 (0.0%) |
| Blood creatine phosphokinase MB increased | 1 (0.0%) | 2 (0.0%) |
| Chest X-ray abnormal | 1 (0.0%) | 2 (0.0%) |
| Electrocardiogram ST segment elevation | 1 (0.0%) | 2 (0.0%) |
| Glomerular filtration rate increased | 1 (0.0%) | 2 (0.0%) |
| Oxygen consumption increased | 1 (0.0%) | 2 (0.0%) |
| Transferrin saturation decreased | 1 (0.0%) | 2 (0.0%) |
| Aspiration pleural cavity | 1 (0.0%) | 1 (0.0%) |
| Blood bilirubin increased | 1 (0.0%) | 1 (0.0%) |
| Blood pressure systolic increased | 1 (0.0%) | 1 (0.0%) |
| Blood sodium increased | 1 (0.0%) | 1 (0.0%) |
| Clostridium test positive | 1 (0.0%) | 1 (0.0%) |
| Haematology test abnormal | 1 (0.0%) | 1 (0.0%) |
| Imaging procedure abnormal | 1 (0.0%) | 1 (0.0%) |
| Mean cell volume increased | 1 (0.0%) | 1 (0.0%) |
| Proteus test positive | 1 (0.0%) | 1 (0.0%) |
| Pulmonary imaging procedure abnormal | 1 (0.0%) | 1 (0.0%) |
| Renal function test abnormal | 1 (0.0%) | 1 (0.0%) |
| Respiratory syncytial virus test positive | 1 (0.0%) | 1 (0.0%) |
| Vascular resistance systemic increased | 1 (0.0%) | 1 (0.0%) |
| White blood cells urine positive | 1 (0.0%) | 1 (0.0%) |
| Albumin urine present | 1 (0.0%) | 0 |
| Angiogram | 1 (0.0%) | 0 |
| Angiogram peripheral | 1 (0.0%) | 0 |
| Angiogram retina | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Antinuclear antibody positive | 1 (0.0%) | 0 |
| Arteriogram | 1 (0.0%) | 0 |
| Arteriogram carotid abnormal | 1 (0.0%) | 0 |
| Aspiration joint | 1 (0.0%) | 0 |
| Biopsy bladder | 1 (0.0%) | 0 |
| Blood albumin abnormal | 1 (0.0%) | 0 |
| Blood albumin increased | 1 (0.0%) | 0 |
| Blood alkaline phosphatase abnormal | 1 (0.0%) | 0 |
| Blood growth hormone decreased | 1 (0.0%) | 0 |
| Blood osmolarity decreased | 1 (0.0%) | 0 |
| Blood phosphorus decreased | 1 (0.0%) | 0 |
| Blood pressure abnormal | 1 (0.0%) | 0 |
| Blood pressure diastolic increased | 1 (0.0%) | 0 |
| Blood pressure orthostatic decreased | 1 (0.0%) | 0 |
| Breath sounds abnormal | 1 (0.0%) | 0 |
| Brucella test positive | 1 (0.0%) | 0 |
| C-reactive protein abnormal | 1 (0.0%) | 0 |
| Cancer staging | 1 (0.0%) | 0 |
| Carbohydrate antigen 125 increased | 1 (0.0%) | 0 |
| Cardiac function test abnormal | 1 (0.0%) | 0 |
| Cardiac imaging procedure abnormal | 1 (0.0%) | 0 |
| Cardiac pacemaker evaluation | 1 (0.0%) | 0 |
| Cardiac stress test abnormal | 1 (0.0%) | 0 |
| Colonoscopy abnormal | 1 (0.0%) | 0 |
| Colonoscopy normal | 1 (0.0%) | 0 |
| Computerised tomogram | 1 (0.0%) | 0 |
| Cystoscopy | 1 (0.0%) | 0 |
| Electrocardiogram P wave abnormal | 1 (0.0%) | 0 |
| Electrocardiogram PR prolongation | 1 (0.0%) | 0 |
| Electrocardiogram ST-T segment depression | 1 (0.0%) | 0 |
| Endoscopy upper gastrointestinal tract | 1 (0.0%) | 0 |
| False positive investigation result | 1 (0.0%) | 0 |
| Hepatic enzyme abnormal | 1 (0.0%) | 0 |
| Hepatitis B core antibody positive | 1 (0.0%) | 0 |
| Hepatitis B surface antibody positive | 1 (0.0%) | 0 |
| Human chorionic gonadotropin increased | 1 (0.0%) | 0 |
| Intestinal transit time decreased | 1 (0.0%) | 0 |
| Intracardiac pressure increased | 1 (0.0%) | 0 |
| Investigation | 1 (0.0%) | 0 |
| Klebsiella test positive | 1 (0.0%) | 0 |
| Legionella test positive | 1 (0.0%) | 0 |
| Lipids abnormal | 1 (0.0%) | 0 |
| Mean cell haemoglobin concentration decreased | 1 (0.0%) | 0 |
| Myoglobin blood increased | 1 (0.0%) | 0 |
| Neurone-specific enolase increased | 1 (0.0%) | 0 |
| Nitrite urine present | 1 (0.0%) | 0 |
| Optic nerve cup/disc ratio increased | 1 (0.0%) | 0 |
| Protein S decreased | 1 (0.0%) | 0 |
| Protein total increased | 1 (0.0%) | 0 |
| Prothrombin time prolonged | 1 (0.0%) | 0 |
| Pulse abnormal | 1 (0.0%) | 0 |
| Pulse absent | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Red blood cell sedimentation rate decreased | 1 (0.0%) | 0 |
| Rheumatoid factor increased | 1 (0.0%) | 0 |
| Serratia test positive | 1 (0.0%) | 0 |
| Serum ferritin increased | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Sputum abnormal | 1 (0.0%) | 0 |
| Tumour marker increased | 1 (0.0%) | 0 |
| Urine alcohol test positive | 1 (0.0%) | 0 |
| Urinary occult blood positive | 0 | 5 (0.1%) |
| Carotid bruit | 0 | 4 (0.1%) |
| Electrocardiogram ST segment abnormal | 0 | 4 (0.1%) |
| Platelet count increased | 0 | 4 (0.1%) |
| Serum ferritin decreased | 0 | 4 (0.1%) |
| Quality of life decreased | 0 | 3 (0.0%) |
| Red blood cell sedimentation rate increased | 0 | 3 (0.0%) |
| Ultrasound kidney abnormal | 0 | 3 (0.0%) |
| Angiogram cerebral | 0 | 2 (0.0%) |
| Blood magnesium increased | 0 | 2 (0.0%) |
| Body temperature increased | 0 | 2 (0.0%) |
| Carbohydrate antigen 19-9 increased | 0 | 2 (0.0%) |
| Endoscopy small intestine | 0 | 2 (0.0%) |
| Eosinophil count increased | 0 | 2 (0.0%) |
| Gastric pH decreased | 0 | 2 (0.0%) |
| Influenza B virus test positive | 0 | 2 (0.0%) |
| Left ventricular end-diastolic pressure increased | 0 | 2 (0.0%) |
| Light chain analysis increased | 0 | 2 (0.0%) |
| Myocardial necrosis marker increased | 0 | 2 (0.0%) |
| Neutrophil count increased | 0 | 2 (0.0%) |
| Peripheral arteriogram | 0 | 2 (0.0%) |
| Troponin I increased | 0 | 2 (0.0%) |
| Ultrasound Doppler abnormal | 0 | 2 (0.0%) |
| Alpha 1 foetoprotein increased | 0 | 1 (0.0%) |
| Anticoagulation drug level below therapeutic | 0 | 1 (0.0%) |
| Anticoagulation drug level increased | 0 | 1 (0.0%) |
| Biopsy | 0 | 1 (0.0%) |
| Biopsy breast | 0 | 1 (0.0%) |
| Biopsy thyroid gland | 0 | 1 (0.0%) |
| Blood chromium decreased | 0 | 1 (0.0%) |
| Blood chromogranin A increased | 0 | 1 (0.0%) |
| Blood creatine phosphokinase abnormal | 0 | 1 (0.0%) |
| Blood thyroid stimulating hormone decreased | 0 | 1 (0.0%) |
| Brain scan abnormal | 0 | 1 (0.0%) |
| Carbohydrate antigen 50 increased | 0 | 1 (0.0%) |
| Cardiac index decreased | 0 | 1 (0.0%) |
| Cardiovascular examination | 0 | 1 (0.0%) |
| Coagulation time prolonged | 0 | 1 (0.0%) |
| Computerised tomogram abdomen | 0 | 1 (0.0%) |
| Cytogenetic analysis abnormal | 0 | 1 (0.0%) |
| Electrocardiogram QRS complex prolonged | 0 | 1 (0.0%) |
| Electrocardiogram QT interval abnormal | 0 | 1 (0.0%) |
| Electrocardiogram ST-T segment abnormal | 0 | 1 (0.0%) |
| Electroencephalogram abnormal | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|----------------------|
| Endobronchial ultrasound | 0 | 1 (0.0%) |
| Face and mouth X-ray abnormal | 0 | 1 (0.0%) |
| Gastrin-releasing peptide precursor increased | 0 | 1 (0.0%) |
| Gastrointestinal stoma output increased | 0 | 1 (0.0%) |
| Haematocrit abnormal | 0 | 1 (0.0%) |
| Haemoglobin abnormal | 0 | 1 (0.0%) |
| Heart rate irregular | 0 | 1 (0.0%) |
| Hepatitis C virus test positive | 0 | 1 (0.0%) |
| Herpes simplex test positive | 0 | 1 (0.0%) |
| Human rhinovirus test positive | 0 | 1 (0.0%) |
| Laboratory test abnormal | 0 | 1 (0.0%) |
| Magnetic resonance imaging brain abnormal | 0 | 1 (0.0%) |
| Mean cell volume decreased | 0 | 1 (0.0%) |
| Muscle enzyme increased | 0 | 1 (0.0%) |
| Mycobacterium tuberculosis complex test positive | 0 | 1 (0.0%) |
| Oral soft tissue biopsy | 0 | 1 (0.0%) |
| Oxygen saturation decreased | 0 | 1 (0.0%) |
| Protein total decreased | 0 | 1 (0.0%) |
| Pulmonary function test decreased | 0 | 1 (0.0%) |
| Red blood cell count increased | 0 | 1 (0.0%) |
| Red blood cells urine positive | 0 | 1 (0.0%) |
| Reticulocyte count increased | 0 | 1 (0.0%) |
| SARS-CoV-2 test negative | 0 | 1 (0.0%) |
| Scan adrenal gland abnormal | 0 | 1 (0.0%) |
| Staphylococcus test positive | 0 | 1 (0.0%) |
| Stool analysis abnormal | 0 | 1 (0.0%) |
| Thyroid hormones increased | 0 | 1 (0.0%) |
| Treponema test positive | 0 | 1 (0.0%) |
| Ultrasound liver abnormal | 0 | 1 (0.0%) |
| Ultrasound thyroid abnormal | 0 | 1 (0.0%) |
| Urine analysis abnormal | 0 | 1 (0.0%) |
| Urine output increased | 0 | 1 (0.0%) |
| Urine protein/creatinine ratio increased | 0 | 1 (0.0%) |
| Vitamin B12 increased | 0 | 1 (0.0%) |
| White blood cell analysis abnormal | 0 | 1 (0.0%) |
| Nervous System Disorders | 1362 (20.9%) | 1387 (21.4%) |
| Dizziness | 341 (5.2%) | 322 (5.0%) |
| Headache | 209 (3.2%) | 210 (3.2%) |
| Diabetic neuropathy | 135 (2.1%) | 137 (2.1%) |
| Syncope | 76 (1.2%) | 111 (1.7%) |
| Hypoaesthesia | 72 (1.1%) | 74 (1.1%) |
| Sciatica | 60 (0.9%) | 71 (1.1%) |
| Neuropathy peripheral | 52 (0.8%) | 44 (0.7%) |
| Carpal tunnel syndrome | 47 (0.7%) | 42 (0.6%) |
| Paraesthesia | 39 (0.6%) | 45 (0.7%) |
| Carotid artery stenosis | 38 (0.6%) | 42 (0.6%) |
| Carotid arteriosclerosis | 37 (0.6%) | 42 (0.6%) |
| Dizziness postural | 25 (0.4%) | 16 (0.2%) |
| Presyncope | 25 (0.4%) | 12 (0.2%) |
| Cognitive disorder | 24 (0.4%) | 24 (0.4%) |
| Tremor | 23 (0.4%) | 26 (0.4%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Facial paralysis | 20 (0.3%) | 21 (0.3%) |
| Loss of consciousness | 19 (0.3%) | 7 (0.1%) |
| Neuralgia | 18 (0.3%) | 24 (0.4%) |
| Memory impairment | 18 (0.3%) | 16 (0.2%) |
| Lacunar infarction | 18 (0.3%) | 11 (0.2%) |
| Polyneuropathy | 17 (0.3%) | 20 (0.3%) |
| Transient ischaemic attack | 16 (0.2%) | 19 (0.3%) |
| Cerebral ischaemia | 15 (0.2%) | 14 (0.2%) |
| Lethargy | 15 (0.2%) | 10 (0.2%) |
| Dementia | 14 (0.2%) | 19 (0.3%) |
| Somnolence | 13 (0.2%) | 21 (0.3%) |
| Cerebrovascular disorder | 13 (0.2%) | 12 (0.2%) |
| Restless legs syndrome | 13 (0.2%) | 7 (0.1%) |
| Parkinson's disease | 12 (0.2%) | 16 (0.2%) |
| Cerebral infarction | 12 (0.2%) | 13 (0.2%) |
| Hemiparesis | 12 (0.2%) | 9 (0.1%) |
| Seizure | 11 (0.2%) | 9 (0.1%) |
| Tension headache | 11 (0.2%) | 4 (0.1%) |
| Amnesia | 10 (0.2%) | 19 (0.3%) |
| Cervicobrachial syndrome | 10 (0.2%) | 10 (0.2%) |
| Cerebral atrophy | 10 (0.2%) | 9 (0.1%) |
| Radiculopathy | 9 (0.1%) | 9 (0.1%) |
| Cerebral arteriosclerosis | 8 (0.1%) | 12 (0.2%) |
| Dysarthria | 8 (0.1%) | 7 (0.1%) |
| Balance disorder | 7 (0.1%) | 15 (0.2%) |
| Cervical radiculopathy | 7 (0.1%) | 9 (0.1%) |
| Dysgeusia | 7 (0.1%) | 8 (0.1%) |
| Lumbar radiculopathy | 7 (0.1%) | 7 (0.1%) |
| Subarachnoid haemorrhage | 7 (0.1%) | 7 (0.1%) |
| Vascular encephalopathy | 7 (0.1%) | 7 (0.1%) |
| Epilepsy | 7 (0.1%) | 5 (0.1%) |
| Poor quality sleep | 7 (0.1%) | 2 (0.0%) |
| Migraine | 6 (0.1%) | 14 (0.2%) |
| Dementia Alzheimer's type | 6 (0.1%) | 8 (0.1%) |
| Parkinsonism | 6 (0.1%) | 6 (0.1%) |
| Post herpetic neuralgia | 6 (0.1%) | 6 (0.1%) |
| Peripheral sensorimotor neuropathy | 6 (0.1%) | 5 (0.1%) |
| Nerve compression | 6 (0.1%) | 3 (0.0%) |
| Encephalopathy | 5 (0.1%) | 13 (0.2%) |
| Cerebral microangiopathy | 5 (0.1%) | 3 (0.0%) |
| Hemianaesthesia | 5 (0.1%) | 3 (0.0%) |
| Normal pressure hydrocephalus | 5 (0.1%) | 2 (0.0%) |
| Orthostatic intolerance | 5 (0.1%) | 2 (0.0%) |
| Burning sensation | 4 (0.1%) | 6 (0.1%) |
| Aphasia | 4 (0.1%) | 4 (0.1%) |
| Carotid artery disease | 4 (0.1%) | 4 (0.1%) |
| Metabolic encephalopathy | 4 (0.1%) | 4 (0.1%) |
| Myelopathy | 4 (0.1%) | 4 (0.1%) |
| Cerebral small vessel ischaemic disease | 4 (0.1%) | 2 (0.0%) |
| Leukoencephalopathy | 4 (0.1%) | 2 (0.0%) |
| Altered state of consciousness | 4 (0.1%) | 1 (0.0%) |
| Cerebral haemorrhage | 4 (0.1%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-------------------------------|------------------------|---------------------|
| Vertebral artery occlusion | 4 (0.1%) | 1 (0.0%) |
| Sensory disturbance | 3 (0.0%) | 8 (0.1%) |
| Essential tremor | 3 (0.0%) | 7 (0.1%) |
| Facial paresis | 3 (0.0%) | 5 (0.1%) |
| IIIrd nerve paralysis | 3 (0.0%) | 5 (0.1%) |
| Carotid artery occlusion | 3 (0.0%) | 4 (0.1%) |
| Lumbosacral radiculopathy | 3 (0.0%) | 4 (0.1%) |
| Phantom limb syndrome | 3 (0.0%) | 4 (0.1%) |
| Cerebrovascular accident | 3 (0.0%) | 3 (0.0%) |
| Intercostal neuralgia | 3 (0.0%) | 3 (0.0%) |
| Visual field defect | 3 (0.0%) | 3 (0.0%) |
| Cubital tunnel syndrome | 3 (0.0%) | 2 (0.0%) |
| Dysaesthesia | 3 (0.0%) | 2 (0.0%) |
| Vocal cord paralysis | 3 (0.0%) | 2 (0.0%) |
| Autonomic neuropathy | 3 (0.0%) | 0 |
| IVth nerve paralysis | 3 (0.0%) | 0 |
| Motor dysfunction | 3 (0.0%) | 0 |
| Cerebral artery stenosis | 2 (0.0%) | 7 (0.1%) |
| Intracranial aneurysm | 2 (0.0%) | 4 (0.1%) |
| Peripheral sensory neuropathy | 2 (0.0%) | 4 (0.1%) |
| Hemiparaesthesia | 2 (0.0%) | 3 (0.0%) |
| Vertebral artery stenosis | 2 (0.0%) | 3 (0.0%) |
| Ageusia | 2 (0.0%) | 2 (0.0%) |
| Decreased vibratory sense | 2 (0.0%) | 2 (0.0%) |
| Myoclonus | 2 (0.0%) | 2 (0.0%) |
| Trigeminal neuralgia | 2 (0.0%) | 2 (0.0%) |
| Ataxia | 2 (0.0%) | 1 (0.0%) |
| Cerebellar stroke | 2 (0.0%) | 1 (0.0%) |
| Cerebral circulatory failure | 2 (0.0%) | 1 (0.0%) |
| Cerebrovascular insufficiency | 2 (0.0%) | 1 (0.0%) |
| Demyelination | 2 (0.0%) | 1 (0.0%) |
| Head discomfort | 2 (0.0%) | 1 (0.0%) |
| Hyporeflexia | 2 (0.0%) | 1 (0.0%) |
| Ischaemic stroke | 2 (0.0%) | 1 (0.0%) |
| Meralgia paraesthetica | 2 (0.0%) | 1 (0.0%) |
| Parosmia | 2 (0.0%) | 1 (0.0%) |
| Partial seizures | 2 (0.0%) | 1 (0.0%) |
| Amputation stump pain | 2 (0.0%) | 0 |
| Cerebral artery occlusion | 2 (0.0%) | 0 |
| Coordination abnormal | 2 (0.0%) | 0 |
| Dyskinesia | 2 (0.0%) | 0 |
| Hepatic encephalopathy | 2 (0.0%) | 0 |
| Migraine without aura | 2 (0.0%) | 0 |
| Sinus headache | 2 (0.0%) | 0 |
| Spinal claudication | 2 (0.0%) | 0 |
| Transient global amnesia | 2 (0.0%) | 0 |
| VIth nerve paralysis | 2 (0.0%) | 0 |
| Vascular headache | 2 (0.0%) | 0 |
| Vascular parkinsonism | 2 (0.0%) | 0 |
| Vocal cord paresis | 2 (0.0%) | 0 |
| White matter lesion | 2 (0.0%) | 0 |
| Anosmia | 1 (0.0%) | 4 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Vascular dementia | 1 (0.0%) | 4 (0.1%) |
| Hydrocephalus | 1 (0.0%) | 3 (0.0%) |
| Neurodegenerative disorder | 1 (0.0%) | 3 (0.0%) |
| Brain oedema | 1 (0.0%) | 2 (0.0%) |
| Central nervous system lesion | 1 (0.0%) | 2 (0.0%) |
| Facial nerve disorder | 1 (0.0%) | 2 (0.0%) |
| Hypersomnia | 1 (0.0%) | 2 (0.0%) |
| Mixed dementia | 1 (0.0%) | 2 (0.0%) |
| Monoparesis | 1 (0.0%) | 2 (0.0%) |
| Muscle contractions involuntary | 1 (0.0%) | 2 (0.0%) |
| Paraparesis | 1 (0.0%) | 2 (0.0%) |
| Senile dementia | 1 (0.0%) | 2 (0.0%) |
| Vertebrobasilar insufficiency | 1 (0.0%) | 2 (0.0%) |
| Cerebellar infarction | 1 (0.0%) | 1 (0.0%) |
| Cerebral calcification | 1 (0.0%) | 1 (0.0%) |
| Cervicogenic headache | 1 (0.0%) | 1 (0.0%) |
| Dementia with Lewy bodies | 1 (0.0%) | 1 (0.0%) |
| Dizziness exertional | 1 (0.0%) | 1 (0.0%) |
| Focal dyscognitive seizures | 1 (0.0%) | 1 (0.0%) |
| Generalised tonic-clonic seizure | 1 (0.0%) | 1 (0.0%) |
| Hemianopia | 1 (0.0%) | 1 (0.0%) |
| Hypogeusia | 1 (0.0%) | 1 (0.0%) |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 1 (0.0%) |
| Mononeuropathy | 1 (0.0%) | 1 (0.0%) |
| Nervous system disorder | 1 (0.0%) | 1 (0.0%) |
| Neuritis | 1 (0.0%) | 1 (0.0%) |
| Peroneal nerve palsy | 1 (0.0%) | 1 (0.0%) |
| Spinal cord compression | 1 (0.0%) | 1 (0.0%) |
| Subdural effusion | 1 (0.0%) | 1 (0.0%) |
| Allodynia | 1 (0.0%) | 0 |
| Angiopathic neuropathy | 1 (0.0%) | 0 |
| Basilar artery occlusion | 1 (0.0%) | 0 |
| Basilar artery stenosis | 1 (0.0%) | 0 |
| Brachial plexopathy | 1 (0.0%) | 0 |
| Brain injury | 1 (0.0%) | 0 |
| Bulbar palsy | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral hypoperfusion | 1 (0.0%) | 0 |
| Cerebral microhaemorrhage | 1 (0.0%) | 0 |
| Cerebral vasoconstriction | 1 (0.0%) | 0 |
| Cerebrospinal fluid leakage | 1 (0.0%) | 0 |
| Cerebrovascular stenosis | 1 (0.0%) | 0 |
| Complex regional pain syndrome | 1 (0.0%) | 0 |
| Demyelinating polyneuropathy | 1 (0.0%) | 0 |
| Drop attacks | 1 (0.0%) | 0 |
| Dysmetria | 1 (0.0%) | 0 |
| Frontotemporal dementia | 1 (0.0%) | 0 |
| Guillain-Barre syndrome | 1 (0.0%) | 0 |
| Hemianopia homonymous | 1 (0.0%) | 0 |
| Intention tremor | 1 (0.0%) | 0 |
| Intracranial hypotension | 1 (0.0%) | 0 |
| Lacunar stroke | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Monoplegia | 1 (0.0%) | 0 |
| Moyamoya disease | 1 (0.0%) | 0 |
| Neuroglycopenia | 1 (0.0%) | 0 |
| Neuromuscular blockade | 1 (0.0%) | 0 |
| Peripheral motor neuropathy | 1 (0.0%) | 0 |
| Peripheral nerve lesion | 1 (0.0%) | 0 |
| Post stroke epilepsy | 1 (0.0%) | 0 |
| Post-traumatic headache | 1 (0.0%) | 0 |
| Resting tremor | 1 (0.0%) | 0 |
| Sleep deficit | 1 (0.0%) | 0 |
| Slow speech | 1 (0.0%) | 0 |
| Speech disorder | 1 (0.0%) | 0 |
| Thrombotic cerebral infarction | 1 (0.0%) | 0 |
| Toxic encephalopathy | 1 (0.0%) | 0 |
| Ulnar neuritis | 1 (0.0%) | 0 |
| Unresponsive to stimuli | 1 (0.0%) | 0 |
| Vertebrobasilar dolichoectasia | 1 (0.0%) | 0 |
| Wernicke-Korsakoff syndrome | 1 (0.0%) | 0 |
| Radicular pain | 0 | 4 (0.1%) |
| Hypoxic-ischaemic encephalopathy | 0 | 3 (0.0%) |
| Anaesthesia | 0 | 2 (0.0%) |
| Arachnoid cyst | 0 | 2 (0.0%) |
| Axonal neuropathy | 0 | 2 (0.0%) |
| Carotid artery aneurysm | 0 | 2 (0.0%) |
| Cerebellar atrophy | 0 | 2 (0.0%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 2 (0.0%) |
| Coma | 0 | 2 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 2 (0.0%) |
| Disturbance in attention | 0 | 2 (0.0%) |
| Dysstasia | 0 | 2 (0.0%) |
| Hemiplegia | 0 | 2 (0.0%) |
| Hypoglycaemic coma | 0 | 2 (0.0%) |
| Postural tremor | 0 | 2 (0.0%) |
| Spondylitic myelopathy | 0 | 2 (0.0%) |
| Toxic neuropathy | 0 | 2 (0.0%) |
| Vertigo CNS origin | 0 | 2 (0.0%) |
| Alcohol induced persisting dementia | 0 | 1 (0.0%) |
| Amnestic disorder | 0 | 1 (0.0%) |
| Basal ganglia haemorrhage | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Brain stem infarction | 0 | 1 (0.0%) |
| Brown-Sequard syndrome | 0 | 1 (0.0%) |
| Carotid artery thrombosis | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebral disorder | 0 | 1 (0.0%) |
| Cerebral vascular occlusion | 0 | 1 (0.0%) |
| Cerebrovascular pseudoaneurysm | 0 | 1 (0.0%) |
| Clonus | 0 | 1 (0.0%) |
| Cranial nerve palsies multiple | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Epidural lipomatosis | 0 | 1 (0.0%) |
| Facial neuralgia | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Facial spasm | 0 | 1 (0.0%) |
| Gliosis | 0 | 1 (0.0%) |
| Head titubation | 0 | 1 (0.0%) |
| Hyperglycaemic unconsciousness | 0 | 1 (0.0%) |
| Hypertensive encephalopathy | 0 | 1 (0.0%) |
| Hypotonia | 0 | 1 (0.0%) |
| IVth nerve paresis | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Intraventricular haemorrhage | 0 | 1 (0.0%) |
| Ischaemic cerebral infarction | 0 | 1 (0.0%) |
| Ischaemic neuropathy | 0 | 1 (0.0%) |
| Mental impairment | 0 | 1 (0.0%) |
| Migraine with aura | 0 | 1 (0.0%) |
| Mononeuropathy multiplex | 0 | 1 (0.0%) |
| Multiple sclerosis | 0 | 1 (0.0%) |
| Multiple sclerosis relapse | 0 | 1 (0.0%) |
| Multiple system atrophy | 0 | 1 (0.0%) |
| Muscle tone disorder | 0 | 1 (0.0%) |
| Myasthenia gravis | 0 | 1 (0.0%) |
| Myelitis transverse | 0 | 1 (0.0%) |
| Myelomalacia | 0 | 1 (0.0%) |
| Neuralgic amyotrophy | 0 | 1 (0.0%) |
| Neurological symptom | 0 | 1 (0.0%) |
| Neuromyopathy | 0 | 1 (0.0%) |
| Nystagmus | 0 | 1 (0.0%) |
| Occipital neuralgia | 0 | 1 (0.0%) |
| Optic neuritis | 0 | 1 (0.0%) |
| Paraplegia | 0 | 1 (0.0%) |
| Peripheral nerve paresis | 0 | 1 (0.0%) |
| Piriformis syndrome | 0 | 1 (0.0%) |
| Posthaemorrhagic hydrocephalus | 0 | 1 (0.0%) |
| Preocerebral arteriosclerosis | 0 | 1 (0.0%) |
| Pronator teres syndrome | 0 | 1 (0.0%) |
| Radiculitis brachial | 0 | 1 (0.0%) |
| Sacral radiculopathy | 0 | 1 (0.0%) |
| Sciatic nerve neuropathy | 0 | 1 (0.0%) |
| Secondary cerebellar degeneration | 0 | 1 (0.0%) |
| Spinal cord haematoma | 0 | 1 (0.0%) |
| Subdural hygroma | 0 | 1 (0.0%) |
| Tarsal tunnel syndrome | 0 | 1 (0.0%) |
| Taste disorder | 0 | 1 (0.0%) |
| Thalamic infarction | 0 | 1 (0.0%) |
| Thalamus haemorrhage | 0 | 1 (0.0%) |
| Transverse sinus thrombosis | 0 | 1 (0.0%) |
| Ulnar nerve palsy | 0 | 1 (0.0%) |
| Ulnar tunnel syndrome | 0 | 1 (0.0%) |
| VIth nerve paresis | 0 | 1 (0.0%) |
| Vertebral artery arteriosclerosis | 0 | 1 (0.0%) |
| Vascular Disorders | 1153 (17.7%) | 1183 (18.2%) |
| Hypertension | 419 (6.4%) | 581 (9.0%) |
| Hypotension | 282 (4.3%) | 177 (2.7%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Peripheral arterial occlusive disease | 95 (1.5%) | 103 (1.6%) |
| Hypertensive crisis | 51 (0.8%) | 54 (0.8%) |
| Orthostatic hypotension | 46 (0.7%) | 39 (0.6%) |
| Intermittent claudication | 37 (0.6%) | 31 (0.5%) |
| Peripheral venous disease | 34 (0.5%) | 29 (0.4%) |
| Aortic stenosis | 30 (0.5%) | 25 (0.4%) |
| Varicose vein | 27 (0.4%) | 21 (0.3%) |
| Aortic arteriosclerosis | 24 (0.4%) | 34 (0.5%) |
| Deep vein thrombosis | 23 (0.4%) | 18 (0.3%) |
| Arteriosclerosis | 20 (0.3%) | 16 (0.2%) |
| Peripheral artery occlusion | 19 (0.3%) | 8 (0.1%) |
| Peripheral artery stenosis | 18 (0.3%) | 19 (0.3%) |
| Peripheral vascular disorder | 17 (0.3%) | 26 (0.4%) |
| Haematoma | 17 (0.3%) | 19 (0.3%) |
| Peripheral ischaemia | 14 (0.2%) | 9 (0.1%) |
| Aortic aneurysm | 13 (0.2%) | 20 (0.3%) |
| Diabetic vascular disorder | 12 (0.2%) | 15 (0.2%) |
| Blood pressure inadequately controlled | 11 (0.2%) | 19 (0.3%) |
| Hypertensive urgency | 11 (0.2%) | 11 (0.2%) |
| Extremity necrosis | 10 (0.2%) | 3 (0.0%) |
| Lymphoedema | 9 (0.1%) | 8 (0.1%) |
| Hypertensive emergency | 7 (0.1%) | 9 (0.1%) |
| Thrombophlebitis | 7 (0.1%) | 6 (0.1%) |
| Phlebitis | 6 (0.1%) | 9 (0.1%) |
| Hot flush | 5 (0.1%) | 10 (0.2%) |
| Circulatory collapse | 5 (0.1%) | 6 (0.1%) |
| Brachiocephalic arteriosclerosis | 5 (0.1%) | 1 (0.0%) |
| Thrombophlebitis superficial | 5 (0.1%) | 1 (0.0%) |
| Aortic dilatation | 4 (0.1%) | 9 (0.1%) |
| Peripheral coldness | 4 (0.1%) | 6 (0.1%) |
| Iliac artery stenosis | 4 (0.1%) | 2 (0.0%) |
| Thrombosis | 4 (0.1%) | 2 (0.0%) |
| Peripheral embolism | 4 (0.1%) | 0 |
| Phlebitis superficial | 4 (0.1%) | 0 |
| Blood pressure fluctuation | 3 (0.0%) | 5 (0.1%) |
| Peripheral artery aneurysm | 3 (0.0%) | 3 (0.0%) |
| Peripheral artery thrombosis | 3 (0.0%) | 3 (0.0%) |
| Giant cell arteritis | 3 (0.0%) | 2 (0.0%) |
| Arterial occlusive disease | 3 (0.0%) | 1 (0.0%) |
| Labile hypertension | 3 (0.0%) | 1 (0.0%) |
| Lymphostasis | 3 (0.0%) | 1 (0.0%) |
| Macroangiopathy | 3 (0.0%) | 1 (0.0%) |
| Aortic dissection | 3 (0.0%) | 0 |
| Labile blood pressure | 3 (0.0%) | 0 |
| Raynaud's phenomenon | 3 (0.0%) | 0 |
| Arterial disorder | 2 (0.0%) | 1 (0.0%) |
| Dry gangrene | 2 (0.0%) | 1 (0.0%) |
| Post thrombotic syndrome | 2 (0.0%) | 1 (0.0%) |
| Cyanosis | 2 (0.0%) | 0 |
| Diastolic hypotension | 2 (0.0%) | 0 |
| Essential hypertension | 1 (0.0%) | 6 (0.1%) |
| Microangiopathy | 1 (0.0%) | 4 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Diabetic macroangiopathy | 1 (0.0%) | 3 (0.0%) |
| Poor peripheral circulation | 1 (0.0%) | 3 (0.0%) |
| Venous thrombosis limb | 1 (0.0%) | 3 (0.0%) |
| Arterial stenosis | 1 (0.0%) | 2 (0.0%) |
| Hypovolaemic shock | 1 (0.0%) | 2 (0.0%) |
| Subclavian artery stenosis | 1 (0.0%) | 2 (0.0%) |
| Aortic occlusion | 1 (0.0%) | 1 (0.0%) |
| Arteriosclerosis Moenckeberg-type | 1 (0.0%) | 1 (0.0%) |
| Arteriovenous fistula | 1 (0.0%) | 1 (0.0%) |
| Embolism venous | 1 (0.0%) | 1 (0.0%) |
| Internal haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Ischaemia | 1 (0.0%) | 1 (0.0%) |
| Neovascularisation | 1 (0.0%) | 1 (0.0%) |
| Subclavian steal syndrome | 1 (0.0%) | 1 (0.0%) |
| Vasculitis | 1 (0.0%) | 1 (0.0%) |
| Vein disorder | 1 (0.0%) | 1 (0.0%) |
| Vein rupture | 1 (0.0%) | 1 (0.0%) |
| Angiodysplasia | 1 (0.0%) | 0 |
| Aortitis | 1 (0.0%) | 0 |
| Artery dissection | 1 (0.0%) | 0 |
| Collateral circulation | 1 (0.0%) | 0 |
| Dialysis hypotension | 1 (0.0%) | 0 |
| Haematocoele | 1 (0.0%) | 0 |
| Iliac artery occlusion | 1 (0.0%) | 0 |
| Ischaemic limb pain | 1 (0.0%) | 0 |
| Lymphocele | 1 (0.0%) | 0 |
| Lymphorrhoea | 1 (0.0%) | 0 |
| Penetrating aortic ulcer | 1 (0.0%) | 0 |
| Phleboscclerosis | 1 (0.0%) | 0 |
| Subclavian artery dissection | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Varicose ulceration | 1 (0.0%) | 0 |
| Vascular wall hypertrophy | 1 (0.0%) | 0 |
| Vasodilatation | 1 (0.0%) | 0 |
| Venous occlusion | 1 (0.0%) | 0 |
| White coat hypertension | 1 (0.0%) | 0 |
| Accelerated hypertension | 0 | 4 (0.1%) |
| Aortic disorder | 0 | 3 (0.0%) |
| Flushing | 0 | 3 (0.0%) |
| Hypertensive angiopathy | 0 | 3 (0.0%) |
| Systolic hypertension | 0 | 3 (0.0%) |
| Angiosclerosis | 0 | 2 (0.0%) |
| Aortic thrombosis | 0 | 2 (0.0%) |
| Arteritis | 0 | 2 (0.0%) |
| Hyperaemia | 0 | 2 (0.0%) |
| Malignant hypertension | 0 | 2 (0.0%) |
| Angiopathy | 0 | 1 (0.0%) |
| Aortic aneurysm rupture | 0 | 1 (0.0%) |
| Arterial thrombosis | 0 | 1 (0.0%) |
| Brachiocephalic artery stenosis | 0 | 1 (0.0%) |
| Inferior vena cava syndrome | 0 | 1 (0.0%) |
| Leriche syndrome | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Orthostatic hypertension | 0 | 1 (0.0%) |
| Peripheral artery aneurysm rupture | 0 | 1 (0.0%) |
| Phlebolith | 0 | 1 (0.0%) |
| Renovascular hypertension | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Shock haemorrhagic | 0 | 1 (0.0%) |
| Supra-aortic trunk stenosis | 0 | 1 (0.0%) |
| Thromboangiitis obliterans | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 1122 (17.2%) | 1170 (18.0%) |
| Cough | 284 (4.4%) | 300 (4.6%) |
| Dyspnoea | 201 (3.1%) | 219 (3.4%) |
| Chronic obstructive pulmonary disease | 106 (1.6%) | 95 (1.5%) |
| Oropharyngeal pain | 62 (1.0%) | 51 (0.8%) |
| Sleep apnoea syndrome | 61 (0.9%) | 75 (1.2%) |
| Dyspnoea exertional | 59 (0.9%) | 60 (0.9%) |
| Epistaxis | 48 (0.7%) | 45 (0.7%) |
| Rhinitis allergic | 46 (0.7%) | 37 (0.6%) |
| Pulmonary mass | 41 (0.6%) | 29 (0.4%) |
| Pleural effusion | 40 (0.6%) | 37 (0.6%) |
| Asthma | 38 (0.6%) | 51 (0.8%) |
| Bronchitis chronic | 33 (0.5%) | 22 (0.3%) |
| Respiratory disorder | 30 (0.5%) | 17 (0.3%) |
| Rhinorrhoea | 26 (0.4%) | 27 (0.4%) |
| Respiratory failure | 23 (0.4%) | 28 (0.4%) |
| Acute respiratory failure | 23 (0.4%) | 27 (0.4%) |
| Productive cough | 22 (0.3%) | 36 (0.6%) |
| Upper respiratory tract inflammation | 18 (0.3%) | 15 (0.2%) |
| Pulmonary embolism | 16 (0.2%) | 17 (0.3%) |
| Interstitial lung disease | 16 (0.2%) | 13 (0.2%) |
| Catarrh | 16 (0.2%) | 11 (0.2%) |
| Pulmonary hypertension | 15 (0.2%) | 23 (0.4%) |
| Emphysema | 13 (0.2%) | 11 (0.2%) |
| Nasal congestion | 12 (0.2%) | 13 (0.2%) |
| Atelectasis | 10 (0.2%) | 11 (0.2%) |
| Pulmonary fibrosis | 10 (0.2%) | 10 (0.2%) |
| Hypoxia | 9 (0.1%) | 9 (0.1%) |
| Sinus congestion | 8 (0.1%) | 5 (0.1%) |
| Acute pulmonary oedema | 7 (0.1%) | 10 (0.2%) |
| Hiccups | 7 (0.1%) | 5 (0.1%) |
| Obstructive airways disorder | 7 (0.1%) | 2 (0.0%) |
| Pulmonary congestion | 6 (0.1%) | 13 (0.2%) |
| Bronchospasm | 6 (0.1%) | 11 (0.2%) |
| Pneumonia aspiration | 6 (0.1%) | 7 (0.1%) |
| Bronchiectasis | 6 (0.1%) | 4 (0.1%) |
| Pleurisy | 6 (0.1%) | 3 (0.0%) |
| Pulmonary oedema | 5 (0.1%) | 23 (0.4%) |
| Dysphonia | 5 (0.1%) | 11 (0.2%) |
| Haemoptysis | 5 (0.1%) | 8 (0.1%) |
| Upper-airway cough syndrome | 5 (0.1%) | 5 (0.1%) |
| Restrictive pulmonary disease | 5 (0.1%) | 4 (0.1%) |
| Dyspnoea paroxysmal nocturnal | 4 (0.1%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------------|------------------------|---------------------|
| Pneumothorax | 4 (0.1%) | 3 (0.0%) |
| Nasal septum deviation | 4 (0.1%) | 2 (0.0%) |
| Sneezing | 4 (0.1%) | 1 (0.0%) |
| Pneumonitis | 3 (0.0%) | 7 (0.1%) |
| Rales | 3 (0.0%) | 7 (0.1%) |
| Wheezing | 3 (0.0%) | 7 (0.1%) |
| Nasal obstruction | 3 (0.0%) | 6 (0.1%) |
| Orthopnoea | 3 (0.0%) | 4 (0.1%) |
| Lung disorder | 3 (0.0%) | 3 (0.0%) |
| Respiratory tract congestion | 3 (0.0%) | 3 (0.0%) |
| Chronic respiratory failure | 3 (0.0%) | 2 (0.0%) |
| Laryngeal oedema | 3 (0.0%) | 1 (0.0%) |
| Lung opacity | 3 (0.0%) | 1 (0.0%) |
| Hyperventilation | 3 (0.0%) | 0 |
| Oropharyngeal discomfort | 3 (0.0%) | 0 |
| Pulmonary arterial hypertension | 2 (0.0%) | 4 (0.1%) |
| Aphonia | 2 (0.0%) | 2 (0.0%) |
| Cystic lung disease | 2 (0.0%) | 2 (0.0%) |
| Nasal turbinate hypertrophy | 2 (0.0%) | 2 (0.0%) |
| Laryngeal mass | 2 (0.0%) | 1 (0.0%) |
| Lower respiratory tract inflammation | 2 (0.0%) | 1 (0.0%) |
| Paranasal cyst | 2 (0.0%) | 1 (0.0%) |
| Vasomotor rhinitis | 2 (0.0%) | 1 (0.0%) |
| Asthmatic crisis | 2 (0.0%) | 0 |
| Choking sensation | 2 (0.0%) | 0 |
| Lung consolidation | 2 (0.0%) | 0 |
| Lung infiltration | 2 (0.0%) | 0 |
| Nasal crusting | 2 (0.0%) | 0 |
| Nasal disorder | 2 (0.0%) | 0 |
| Pharyngeal erythema | 2 (0.0%) | 0 |
| Pleuritic pain | 2 (0.0%) | 0 |
| Cough variant asthma | 1 (0.0%) | 6 (0.1%) |
| Bronchial hyperreactivity | 1 (0.0%) | 3 (0.0%) |
| Hydrothorax | 1 (0.0%) | 3 (0.0%) |
| Idiopathic pulmonary fibrosis | 1 (0.0%) | 3 (0.0%) |
| Respiratory acidosis | 1 (0.0%) | 3 (0.0%) |
| Throat irritation | 1 (0.0%) | 3 (0.0%) |
| Dry throat | 1 (0.0%) | 2 (0.0%) |
| Dyspnoea at rest | 1 (0.0%) | 2 (0.0%) |
| Hypercapnia | 1 (0.0%) | 2 (0.0%) |
| Paranasal sinus hypersecretion | 1 (0.0%) | 2 (0.0%) |
| Pharyngeal inflammation | 1 (0.0%) | 2 (0.0%) |
| Respiratory distress | 1 (0.0%) | 2 (0.0%) |
| Rhonchi | 1 (0.0%) | 2 (0.0%) |
| Sinus disorder | 1 (0.0%) | 2 (0.0%) |
| Vocal cord polyp | 1 (0.0%) | 2 (0.0%) |
| Increased bronchial secretion | 1 (0.0%) | 1 (0.0%) |
| Nasal dryness | 1 (0.0%) | 1 (0.0%) |
| Nasal polyps | 1 (0.0%) | 1 (0.0%) |
| Paranasal sinus inflammation | 1 (0.0%) | 1 (0.0%) |
| Respiratory tract inflammation | 1 (0.0%) | 1 (0.0%) |
| Small airways disease | 1 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Tonsillar hypertrophy | 1 (0.0%) | 1 (0.0%) |
| Allergic bronchitis | 1 (0.0%) | 0 |
| Alveolar lung disease | 1 (0.0%) | 0 |
| Asphyxia | 1 (0.0%) | 0 |
| Bronchial disorder | 1 (0.0%) | 0 |
| Combined pulmonary fibrosis and emphysema | 1 (0.0%) | 0 |
| Epiglottic cyst | 1 (0.0%) | 0 |
| Laryngeal cyst | 1 (0.0%) | 0 |
| Laryngeal dysplasia | 1 (0.0%) | 0 |
| Laryngeal polyp | 1 (0.0%) | 0 |
| Laryngitis allergic | 1 (0.0%) | 0 |
| Lung hyperinflation | 1 (0.0%) | 0 |
| Nasal mucosal disorder | 1 (0.0%) | 0 |
| Nasal mucosal erosion | 1 (0.0%) | 0 |
| Nasal pruritus | 1 (0.0%) | 0 |
| Oropharyngeal dysplasia | 1 (0.0%) | 0 |
| Pharyngeal disorder | 1 (0.0%) | 0 |
| Pharyngeal mass | 1 (0.0%) | 0 |
| Pharyngeal oedema | 1 (0.0%) | 0 |
| Pharyngeal paraesthesia | 1 (0.0%) | 0 |
| Pleural fibrosis | 1 (0.0%) | 0 |
| Pulmonary alveolar haemorrhage | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Reversible airways obstruction | 1 (0.0%) | 0 |
| Rhinitis hypertrophic | 1 (0.0%) | 0 |
| Sputum discoloured | 1 (0.0%) | 0 |
| Stridor | 1 (0.0%) | 0 |
| Tonsillar cyst | 1 (0.0%) | 0 |
| Tonsillar inflammation | 1 (0.0%) | 0 |
| Tracheal squamous cell metaplasia | 1 (0.0%) | 0 |
| Tracheal stenosis | 1 (0.0%) | 0 |
| Vocal cord cyst | 1 (0.0%) | 0 |
| Vocal cord inflammation | 1 (0.0%) | 0 |
| Upper respiratory tract congestion | 0 | 4 (0.1%) |
| Aspiration | 0 | 3 (0.0%) |
| Lung cyst | 0 | 3 (0.0%) |
| Haemothorax | 0 | 2 (0.0%) |
| Paranasal sinus discomfort | 0 | 2 (0.0%) |
| Pickwickian syndrome | 0 | 2 (0.0%) |
| Pulmonary granuloma | 0 | 2 (0.0%) |
| Reflux laryngitis | 0 | 2 (0.0%) |
| Respiration abnormal | 0 | 2 (0.0%) |
| Sinus pain | 0 | 2 (0.0%) |
| Sinus polyp | 0 | 2 (0.0%) |
| Snoring | 0 | 2 (0.0%) |
| Acute respiratory distress syndrome | 0 | 1 (0.0%) |
| Allergic cough | 0 | 1 (0.0%) |
| Allergic respiratory disease | 0 | 1 (0.0%) |
| Allergic sinusitis | 0 | 1 (0.0%) |
| Apnoea | 0 | 1 (0.0%) |
| Atopic cough | 0 | 1 (0.0%) |
| Bronchial secretion retention | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Bronchopneumopathy | 0 | 1 (0.0%) |
| Choking | 0 | 1 (0.0%) |
| Chronic respiratory disease | 0 | 1 (0.0%) |
| Diaphragmatic abnormal relaxation | 0 | 1 (0.0%) |
| Epiglottic oedema | 0 | 1 (0.0%) |
| Hepatic hydrothorax | 0 | 1 (0.0%) |
| Hypersensitivity pneumonitis | 0 | 1 (0.0%) |
| Hypopnoea | 0 | 1 (0.0%) |
| Laryngeal disorder | 0 | 1 (0.0%) |
| Laryngeal inflammation | 0 | 1 (0.0%) |
| Laryngeal stenosis | 0 | 1 (0.0%) |
| Laryngospasm | 0 | 1 (0.0%) |
| Lung hypoinflation | 0 | 1 (0.0%) |
| Lung perforation | 0 | 1 (0.0%) |
| Nasal varices | 0 | 1 (0.0%) |
| Nocturnal dyspnoea | 0 | 1 (0.0%) |
| Paranasal sinus mucosal hypertrophy | 0 | 1 (0.0%) |
| Pharyngeal stenosis | 0 | 1 (0.0%) |
| Pleural thickening | 0 | 1 (0.0%) |
| Pulmonary calcification | 0 | 1 (0.0%) |
| Pulmonary haematoma | 0 | 1 (0.0%) |
| Pulmonary hilum mass | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Rhinitis perennial | 0 | 1 (0.0%) |
| Sputum increased | 0 | 1 (0.0%) |
| Thoracic haemorrhage | 0 | 1 (0.0%) |
| Throat tightness | 0 | 1 (0.0%) |
| Vocal cord disorder | 0 | 1 (0.0%) |
| Vocal cord leukoplakia | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 1107 (17.0%) | 1329 (20.5%) |
| Oedema peripheral | 384 (5.9%) | 584 (9.0%) |
| Chest pain | 169 (2.6%) | 190 (2.9%) |
| Fatigue | 140 (2.2%) | 133 (2.0%) |
| Pyrexia | 98 (1.5%) | 93 (1.4%) |
| Asthenia | 90 (1.4%) | 113 (1.7%) |
| Oedema | 69 (1.1%) | 93 (1.4%) |
| Peripheral swelling | 67 (1.0%) | 84 (1.3%) |
| Chest discomfort | 40 (0.6%) | 37 (0.6%) |
| Influenza like illness | 36 (0.6%) | 37 (0.6%) |
| Malaise | 28 (0.4%) | 25 (0.4%) |
| Pain | 26 (0.4%) | 27 (0.4%) |
| Inflammation | 19 (0.3%) | 26 (0.4%) |
| Gait disturbance | 12 (0.2%) | 21 (0.3%) |
| Chills | 11 (0.2%) | 9 (0.1%) |
| Generalised oedema | 10 (0.2%) | 13 (0.2%) |
| Death | 10 (0.2%) | 10 (0.2%) |
| Non-cardiac chest pain | 9 (0.1%) | 13 (0.2%) |
| General physical health deterioration | 9 (0.1%) | 11 (0.2%) |
| Impaired healing | 9 (0.1%) | 3 (0.0%) |
| Face oedema | 7 (0.1%) | 8 (0.1%) |
| Cyst | 6 (0.1%) | 9 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Feeling cold | 6 (0.1%) | 6 (0.1%) |
| Mass | 6 (0.1%) | 6 (0.1%) |
| Illness | 6 (0.1%) | 5 (0.1%) |
| Drug intolerance | 5 (0.1%) | 6 (0.1%) |
| Feeling abnormal | 5 (0.1%) | 4 (0.1%) |
| Nodule | 5 (0.1%) | 4 (0.1%) |
| Hernia | 5 (0.1%) | 0 |
| Unevaluable event | 5 (0.1%) | 0 |
| Polyp | 4 (0.1%) | 9 (0.1%) |
| Oedema due to renal disease | 4 (0.1%) | 3 (0.0%) |
| Swelling face | 4 (0.1%) | 3 (0.0%) |
| Hyperthermia | 4 (0.1%) | 1 (0.0%) |
| Exercise tolerance decreased | 4 (0.1%) | 0 |
| Gravitational oedema | 3 (0.0%) | 3 (0.0%) |
| Multiple organ dysfunction syndrome | 3 (0.0%) | 3 (0.0%) |
| Discomfort | 3 (0.0%) | 2 (0.0%) |
| Localised oedema | 2 (0.0%) | 4 (0.1%) |
| Thirst | 2 (0.0%) | 3 (0.0%) |
| Vascular stent stenosis | 2 (0.0%) | 2 (0.0%) |
| Granuloma | 2 (0.0%) | 1 (0.0%) |
| Medical device site reaction | 2 (0.0%) | 0 |
| Stent-graft endoleak | 2 (0.0%) | 0 |
| Feeling hot | 1 (0.0%) | 2 (0.0%) |
| Hunger | 1 (0.0%) | 2 (0.0%) |
| Suprapubic pain | 1 (0.0%) | 2 (0.0%) |
| Swelling | 1 (0.0%) | 2 (0.0%) |
| Xerosis | 1 (0.0%) | 2 (0.0%) |
| Adverse drug reaction | 1 (0.0%) | 1 (0.0%) |
| Axillary pain | 1 (0.0%) | 1 (0.0%) |
| Calcinosis | 1 (0.0%) | 1 (0.0%) |
| Early satiety | 1 (0.0%) | 1 (0.0%) |
| Hernia pain | 1 (0.0%) | 1 (0.0%) |
| Hypothermia | 1 (0.0%) | 1 (0.0%) |
| Injection site atrophy | 1 (0.0%) | 1 (0.0%) |
| Injection site pain | 1 (0.0%) | 1 (0.0%) |
| Injection site pruritus | 1 (0.0%) | 1 (0.0%) |
| Medical device site pain | 1 (0.0%) | 1 (0.0%) |
| Sensation of foreign body | 1 (0.0%) | 1 (0.0%) |
| Soft tissue inflammation | 1 (0.0%) | 1 (0.0%) |
| Systemic inflammatory response syndrome | 1 (0.0%) | 1 (0.0%) |
| Adverse event | 1 (0.0%) | 0 |
| Application site reaction | 1 (0.0%) | 0 |
| Catheter site inflammation | 1 (0.0%) | 0 |
| Catheter site pain | 1 (0.0%) | 0 |
| Chronic fatigue syndrome | 1 (0.0%) | 0 |
| Complication associated with device | 1 (0.0%) | 0 |
| Crepitations | 1 (0.0%) | 0 |
| Cyst rupture | 1 (0.0%) | 0 |
| Hanging | 1 (0.0%) | 0 |
| Implant site erosion | 1 (0.0%) | 0 |
| Injection site erosion | 1 (0.0%) | 0 |
| Injection site extravasation | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Injection site nodule | 1 (0.0%) | 0 |
| Medical device pain | 1 (0.0%) | 0 |
| Oedema due to cardiac disease | 1 (0.0%) | 0 |
| Physical deconditioning | 1 (0.0%) | 0 |
| Precancerous condition | 1 (0.0%) | 0 |
| Pseudocyst | 1 (0.0%) | 0 |
| Pseudopolyp | 1 (0.0%) | 0 |
| Puncture site swelling | 1 (0.0%) | 0 |
| Facial pain | 0 | 3 (0.0%) |
| Induration | 0 | 2 (0.0%) |
| Medical device site ulcer | 0 | 2 (0.0%) |
| Puncture site pain | 0 | 2 (0.0%) |
| Secretion discharge | 0 | 2 (0.0%) |
| Temperature intolerance | 0 | 2 (0.0%) |
| Vessel puncture site bruise | 0 | 2 (0.0%) |
| Adhesion | 0 | 1 (0.0%) |
| Catheter site discharge | 0 | 1 (0.0%) |
| Catheter site erythema | 0 | 1 (0.0%) |
| Device intolerance | 0 | 1 (0.0%) |
| Drug ineffective | 0 | 1 (0.0%) |
| Facial discomfort | 0 | 1 (0.0%) |
| Haemorrhagic cyst | 0 | 1 (0.0%) |
| Hyperpyrexia | 0 | 1 (0.0%) |
| Injection site erythema | 0 | 1 (0.0%) |
| Injection site swelling | 0 | 1 (0.0%) |
| Medical device site nerve damage | 0 | 1 (0.0%) |
| Medical device site pruritus | 0 | 1 (0.0%) |
| Non-pitting oedema | 0 | 1 (0.0%) |
| Pacemaker generated arrhythmia | 0 | 1 (0.0%) |
| Performance status decreased | 0 | 1 (0.0%) |
| Sense of oppression | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Vascular stent thrombosis | 0 | 1 (0.0%) |
| Vessel puncture site haematoma | 0 | 1 (0.0%) |
| Vessel puncture site haemorrhage | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 1081 (16.6%) | 1065 (16.4%) |
| Limb injury | 165 (2.5%) | 137 (2.1%) |
| Contusion | 130 (2.0%) | 128 (2.0%) |
| Fall | 119 (1.8%) | 133 (2.0%) |
| Ligament sprain | 72 (1.1%) | 65 (1.0%) |
| Skin abrasion | 49 (0.8%) | 45 (0.7%) |
| Rib fracture | 39 (0.6%) | 42 (0.6%) |
| Thermal burn | 37 (0.6%) | 31 (0.5%) |
| Foot fracture | 35 (0.5%) | 31 (0.5%) |
| Joint injury | 34 (0.5%) | 22 (0.3%) |
| Head injury | 31 (0.5%) | 35 (0.5%) |
| Skin laceration | 30 (0.5%) | 34 (0.5%) |
| Post-traumatic pain | 27 (0.4%) | 14 (0.2%) |
| Procedural pain | 26 (0.4%) | 20 (0.3%) |
| Ankle fracture | 24 (0.4%) | 26 (0.4%) |
| Radius fracture | 22 (0.3%) | 20 (0.3%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------|------------------------|---------------------|
| Muscle strain | 21 (0.3%) | 27 (0.4%) |
| Accident | 20 (0.3%) | 15 (0.2%) |
| Bone contusion | 17 (0.3%) | 11 (0.2%) |
| Meniscus injury | 16 (0.2%) | 21 (0.3%) |
| Upper limb fracture | 16 (0.2%) | 13 (0.2%) |
| Hand fracture | 16 (0.2%) | 12 (0.2%) |
| Tibia fracture | 15 (0.2%) | 5 (0.1%) |
| Femur fracture | 14 (0.2%) | 19 (0.3%) |
| Skin wound | 13 (0.2%) | 13 (0.2%) |
| Road traffic accident | 13 (0.2%) | 11 (0.2%) |
| Humerus fracture | 12 (0.2%) | 28 (0.4%) |
| Arthropod bite | 12 (0.2%) | 11 (0.2%) |
| Tooth fracture | 12 (0.2%) | 11 (0.2%) |
| Hip fracture | 12 (0.2%) | 7 (0.1%) |
| Heat illness | 12 (0.2%) | 5 (0.1%) |
| Scratch | 12 (0.2%) | 5 (0.1%) |
| Joint dislocation | 11 (0.2%) | 14 (0.2%) |
| Chest injury | 11 (0.2%) | 7 (0.1%) |
| Femoral neck fracture | 11 (0.2%) | 3 (0.0%) |
| Epicondylitis | 10 (0.2%) | 14 (0.2%) |
| Spinal compression fracture | 10 (0.2%) | 12 (0.2%) |
| Tendon rupture | 10 (0.2%) | 12 (0.2%) |
| Wound | 10 (0.2%) | 9 (0.1%) |
| Subdural haematoma | 9 (0.1%) | 14 (0.2%) |
| Soft tissue injury | 9 (0.1%) | 9 (0.1%) |
| Fibula fracture | 9 (0.1%) | 7 (0.1%) |
| Muscle rupture | 9 (0.1%) | 7 (0.1%) |
| Arthropod sting | 9 (0.1%) | 5 (0.1%) |
| Lower limb fracture | 9 (0.1%) | 4 (0.1%) |
| Wrist fracture | 8 (0.1%) | 13 (0.2%) |
| Lumbar vertebral fracture | 8 (0.1%) | 11 (0.2%) |
| Subcutaneous haematoma | 8 (0.1%) | 11 (0.2%) |
| Animal bite | 8 (0.1%) | 9 (0.1%) |
| Patella fracture | 8 (0.1%) | 5 (0.1%) |
| Clavicle fracture | 8 (0.1%) | 2 (0.0%) |
| Face injury | 7 (0.1%) | 6 (0.1%) |
| Muscle injury | 7 (0.1%) | 3 (0.0%) |
| Concussion | 6 (0.1%) | 6 (0.1%) |
| Craniocerebral injury | 6 (0.1%) | 6 (0.1%) |
| Traumatic haematoma | 6 (0.1%) | 5 (0.1%) |
| Eye injury | 6 (0.1%) | 4 (0.1%) |
| Ulna fracture | 6 (0.1%) | 4 (0.1%) |
| Ligament rupture | 6 (0.1%) | 3 (0.0%) |
| Foreign body in eye | 6 (0.1%) | 1 (0.0%) |
| Facial bones fracture | 5 (0.1%) | 13 (0.2%) |
| Injury | 5 (0.1%) | 11 (0.2%) |
| Burns second degree | 5 (0.1%) | 6 (0.1%) |
| Fractured coccyx | 5 (0.1%) | 5 (0.1%) |
| Back injury | 5 (0.1%) | 4 (0.1%) |
| Toxicity to various agents | 5 (0.1%) | 4 (0.1%) |
| Inflammation of wound | 5 (0.1%) | 0 |
| Accidental overdose | 4 (0.1%) | 6 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Heat stroke | 4 (0.1%) | 4 (0.1%) |
| Subdural haemorrhage | 4 (0.1%) | 4 (0.1%) |
| Chillblains | 4 (0.1%) | 1 (0.0%) |
| Ligament injury | 4 (0.1%) | 1 (0.0%) |
| Scar | 4 (0.1%) | 1 (0.0%) |
| Tendon injury | 4 (0.1%) | 1 (0.0%) |
| Foreign body | 4 (0.1%) | 0 |
| Scapula fracture | 4 (0.1%) | 0 |
| Overdose | 3 (0.0%) | 9 (0.1%) |
| Traumatic fracture | 3 (0.0%) | 6 (0.1%) |
| Incisional hernia | 3 (0.0%) | 4 (0.1%) |
| Post procedural complication | 3 (0.0%) | 4 (0.1%) |
| Spinal column injury | 3 (0.0%) | 4 (0.1%) |
| Anaemia postoperative | 3 (0.0%) | 3 (0.0%) |
| Corneal abrasion | 3 (0.0%) | 3 (0.0%) |
| Cervical vertebral fracture | 3 (0.0%) | 2 (0.0%) |
| Multiple fractures | 3 (0.0%) | 2 (0.0%) |
| Wound complication | 3 (0.0%) | 2 (0.0%) |
| Foreign body in throat | 3 (0.0%) | 1 (0.0%) |
| Nail avulsion | 3 (0.0%) | 1 (0.0%) |
| Postoperative wound complication | 3 (0.0%) | 1 (0.0%) |
| Skin injury | 2 (0.0%) | 6 (0.1%) |
| Incision site pain | 2 (0.0%) | 5 (0.1%) |
| Post procedural haemorrhage | 2 (0.0%) | 4 (0.1%) |
| Hyphaema | 2 (0.0%) | 3 (0.0%) |
| Lip injury | 2 (0.0%) | 3 (0.0%) |
| Procedural haemorrhage | 2 (0.0%) | 3 (0.0%) |
| Injury corneal | 2 (0.0%) | 2 (0.0%) |
| Wound dehiscence | 2 (0.0%) | 2 (0.0%) |
| Limb crushing injury | 2 (0.0%) | 1 (0.0%) |
| Mallet finger | 2 (0.0%) | 1 (0.0%) |
| Mouth injury | 2 (0.0%) | 1 (0.0%) |
| Nerve injury | 2 (0.0%) | 1 (0.0%) |
| Post procedural haematoma | 2 (0.0%) | 1 (0.0%) |
| Tongue injury | 2 (0.0%) | 1 (0.0%) |
| Foreign body in ear | 2 (0.0%) | 0 |
| Ocular procedural complication | 2 (0.0%) | 0 |
| Poisoning | 2 (0.0%) | 0 |
| Postoperative delirium | 2 (0.0%) | 0 |
| Radiation proctitis | 2 (0.0%) | 0 |
| Skeletal injury | 2 (0.0%) | 0 |
| Splenic rupture | 2 (0.0%) | 0 |
| Traumatic arthritis | 2 (0.0%) | 0 |
| Vascular injury | 2 (0.0%) | 0 |
| Wound necrosis | 2 (0.0%) | 0 |
| Wound secretion | 2 (0.0%) | 0 |
| Spinal fracture | 1 (0.0%) | 6 (0.1%) |
| Nasal injury | 1 (0.0%) | 5 (0.1%) |
| Seroma | 1 (0.0%) | 5 (0.1%) |
| Thoracic vertebral fracture | 1 (0.0%) | 5 (0.1%) |
| Eye contusion | 1 (0.0%) | 4 (0.1%) |
| Arteriovenous fistula site complication | 1 (0.0%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Brain contusion | 1 (0.0%) | 3 (0.0%) |
| Cartilage injury | 1 (0.0%) | 3 (0.0%) |
| Nail injury | 1 (0.0%) | 3 (0.0%) |
| Vascular pseudoaneurysm | 1 (0.0%) | 3 (0.0%) |
| Abdominal injury | 1 (0.0%) | 2 (0.0%) |
| Alcohol poisoning | 1 (0.0%) | 2 (0.0%) |
| Cataract operation complication | 1 (0.0%) | 2 (0.0%) |
| Dental restoration failure | 1 (0.0%) | 2 (0.0%) |
| Exposure to communicable disease | 1 (0.0%) | 2 (0.0%) |
| Fracture | 1 (0.0%) | 2 (0.0%) |
| Pelvic fracture | 1 (0.0%) | 2 (0.0%) |
| Post procedural hypothyroidism | 1 (0.0%) | 2 (0.0%) |
| Post procedural inflammation | 1 (0.0%) | 2 (0.0%) |
| Post-traumatic neck syndrome | 1 (0.0%) | 2 (0.0%) |
| Reactive gastropathy | 1 (0.0%) | 2 (0.0%) |
| Skull fracture | 1 (0.0%) | 2 (0.0%) |
| Spinal cord injury cervical | 1 (0.0%) | 2 (0.0%) |
| Stomal hernia | 1 (0.0%) | 2 (0.0%) |
| Wound haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Acetabulum fracture | 1 (0.0%) | 1 (0.0%) |
| Burns third degree | 1 (0.0%) | 1 (0.0%) |
| Cardiac procedure complication | 1 (0.0%) | 1 (0.0%) |
| Dislocation of vertebra | 1 (0.0%) | 1 (0.0%) |
| Ear canal injury | 1 (0.0%) | 1 (0.0%) |
| Ear injury | 1 (0.0%) | 1 (0.0%) |
| Incision site haematoma | 1 (0.0%) | 1 (0.0%) |
| Multiple injuries | 1 (0.0%) | 1 (0.0%) |
| Muscle contusion | 1 (0.0%) | 1 (0.0%) |
| Peripheral nerve injury | 1 (0.0%) | 1 (0.0%) |
| Radiation skin injury | 1 (0.0%) | 1 (0.0%) |
| Sternal fracture | 1 (0.0%) | 1 (0.0%) |
| Superficial injury of eye | 1 (0.0%) | 1 (0.0%) |
| Synovial rupture | 1 (0.0%) | 1 (0.0%) |
| Urinary retention postoperative | 1 (0.0%) | 1 (0.0%) |
| Abdominal wound dehiscence | 1 (0.0%) | 0 |
| Arterial bypass occlusion | 1 (0.0%) | 0 |
| Arterial bypass stenosis | 1 (0.0%) | 0 |
| Asbestosis | 1 (0.0%) | 0 |
| Avulsion fracture | 1 (0.0%) | 0 |
| Barotitis media | 1 (0.0%) | 0 |
| Barotrauma | 1 (0.0%) | 0 |
| Bladder injury | 1 (0.0%) | 0 |
| Buttock injury | 1 (0.0%) | 0 |
| Cardiac contusion | 1 (0.0%) | 0 |
| Cerebral hyperperfusion syndrome | 1 (0.0%) | 0 |
| Closed globe injury | 1 (0.0%) | 0 |
| Colon injury | 1 (0.0%) | 0 |
| Device placement issue | 1 (0.0%) | 0 |
| Extradural haematoma | 1 (0.0%) | 0 |
| Foreign body aspiration | 1 (0.0%) | 0 |
| Foreign body in gastrointestinal tract | 1 (0.0%) | 0 |
| Gun shot wound | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------|------------------------|---------------------|
| Incision site complication | 1 (0.0%) | 0 |
| Incision site inflammation | 1 (0.0%) | 0 |
| Injury of conjunctiva | 1 (0.0%) | 0 |
| Intentional overdose | 1 (0.0%) | 0 |
| Intervertebral disc injury | 1 (0.0%) | 0 |
| Limb traumatic amputation | 1 (0.0%) | 0 |
| Musculoskeletal injury | 1 (0.0%) | 0 |
| Nerve root injury lumbar | 1 (0.0%) | 0 |
| Periorbital haematoma | 1 (0.0%) | 0 |
| Peripheral arterial reocclusion | 1 (0.0%) | 0 |
| Post concussion syndrome | 1 (0.0%) | 0 |
| Post procedural discomfort | 1 (0.0%) | 0 |
| Post procedural haematuria | 1 (0.0%) | 0 |
| Post procedural hypotension | 1 (0.0%) | 0 |
| Radial head dislocation | 1 (0.0%) | 0 |
| Radiation proctopathy | 1 (0.0%) | 0 |
| Sciatic nerve injury | 1 (0.0%) | 0 |
| Scrotal injury | 1 (0.0%) | 0 |
| Skull fractured base | 1 (0.0%) | 0 |
| Snake bite | 1 (0.0%) | 0 |
| Splenic injury | 1 (0.0%) | 0 |
| Testicular injury | 1 (0.0%) | 0 |
| Tooth injury | 1 (0.0%) | 0 |
| Traumatic haemorrhage | 1 (0.0%) | 0 |
| Urostomy complication | 1 (0.0%) | 0 |
| Vaccination complication | 1 (0.0%) | 0 |
| Vascular access malfunction | 1 (0.0%) | 0 |
| Vascular access site haematoma | 1 (0.0%) | 0 |
| Vascular access site thrombosis | 1 (0.0%) | 0 |
| Vascular access steal syndrome | 1 (0.0%) | 0 |
| Wound contamination | 1 (0.0%) | 0 |
| Traumatic ulcer | 0 | 7 (0.1%) |
| Burns first degree | 0 | 3 (0.0%) |
| Procedural nausea | 0 | 3 (0.0%) |
| Sunburn | 0 | 3 (0.0%) |
| Animal scratch | 0 | 2 (0.0%) |
| Exposure to SARS-CoV-2 | 0 | 2 (0.0%) |
| Fractured sacrum | 0 | 2 (0.0%) |
| Procedural vomiting | 0 | 2 (0.0%) |
| Auricular haematoma | 0 | 1 (0.0%) |
| Bite | 0 | 1 (0.0%) |
| Bone fissure | 0 | 1 (0.0%) |
| Brachial plexus injury | 0 | 1 (0.0%) |
| Burn oral cavity | 0 | 1 (0.0%) |
| Chemical burns of eye | 0 | 1 (0.0%) |
| Cold burn | 0 | 1 (0.0%) |
| Compression fracture | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Eschar | 0 | 1 (0.0%) |
| Extra-axial haemorrhage | 0 | 1 (0.0%) |
| Eyelid injury | 0 | 1 (0.0%) |
| Forearm fracture | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Gastroenteritis radiation | 0 | 1 (0.0%) |
| Iliotibial band syndrome | 0 | 1 (0.0%) |
| Ilium fracture | 0 | 1 (0.0%) |
| Incarcerated incisional hernia | 0 | 1 (0.0%) |
| Incorrect dose administered | 0 | 1 (0.0%) |
| Laryngeal injury | 0 | 1 (0.0%) |
| Limb fracture | 0 | 1 (0.0%) |
| Neck injury | 0 | 1 (0.0%) |
| Open globe injury | 0 | 1 (0.0%) |
| Pelvic bone injury | 0 | 1 (0.0%) |
| Pelvic organ injury | 0 | 1 (0.0%) |
| Penis injury | 0 | 1 (0.0%) |
| Periprosthetic fracture | 0 | 1 (0.0%) |
| Pneumocephalus | 0 | 1 (0.0%) |
| Poisoning deliberate | 0 | 1 (0.0%) |
| Post procedural constipation | 0 | 1 (0.0%) |
| Post procedural fever | 0 | 1 (0.0%) |
| Post procedural hypoparathyroidism | 0 | 1 (0.0%) |
| Post procedural oedema | 0 | 1 (0.0%) |
| Postoperative ileus | 0 | 1 (0.0%) |
| Procedural complication | 0 | 1 (0.0%) |
| Procedural hypertension | 0 | 1 (0.0%) |
| Procedural intestinal perforation | 0 | 1 (0.0%) |
| Radiation associated pain | 0 | 1 (0.0%) |
| Reproductive tract procedural complication | 0 | 1 (0.0%) |
| Retinal injury | 0 | 1 (0.0%) |
| Shunt malfunction | 0 | 1 (0.0%) |
| Stab wound | 0 | 1 (0.0%) |
| Stress fracture | 0 | 1 (0.0%) |
| Tooth dislocation | 0 | 1 (0.0%) |
| Tracheal deviation | 0 | 1 (0.0%) |
| Transfusion reaction | 0 | 1 (0.0%) |
| Traumatic haemothorax | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Trunk injury | 0 | 1 (0.0%) |
| Ulnar nerve injury | 0 | 1 (0.0%) |
| Urethral injury | 0 | 1 (0.0%) |
| VIIIth nerve injury | 0 | 1 (0.0%) |
| Vascular anastomosis aneurysm | 0 | 1 (0.0%) |
| Vascular graft occlusion | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 1028 (15.8%) | 1007 (15.5%) |
| Pruritus | 191 (2.9%) | 146 (2.2%) |
| Skin ulcer | 147 (2.3%) | 154 (2.4%) |
| Eczema | 104 (1.6%) | 92 (1.4%) |
| Rash | 89 (1.4%) | 84 (1.3%) |
| Diabetic foot | 79 (1.2%) | 76 (1.2%) |
| Dermatitis | 45 (0.7%) | 46 (0.7%) |
| Dry skin | 45 (0.7%) | 45 (0.7%) |
| Urticaria | 42 (0.6%) | 30 (0.5%) |
| Hyperkeratosis | 30 (0.5%) | 24 (0.4%) |
| Dermatitis allergic | 28 (0.4%) | 19 (0.3%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------|------------------------|---------------------|
| Skin lesion | 27 (0.4%) | 33 (0.5%) |
| Erythema | 22 (0.3%) | 35 (0.5%) |
| Actinic keratosis | 20 (0.3%) | 27 (0.4%) |
| Dermatitis contact | 20 (0.3%) | 22 (0.3%) |
| Psoriasis | 18 (0.3%) | 17 (0.3%) |
| Decubitus ulcer | 18 (0.3%) | 15 (0.2%) |
| Blister | 17 (0.3%) | 30 (0.5%) |
| Hyperhidrosis | 17 (0.3%) | 12 (0.2%) |
| Eczema asteatotic | 17 (0.3%) | 10 (0.2%) |
| Skin disorder | 16 (0.2%) | 0 |
| Dermal cyst | 15 (0.2%) | 20 (0.3%) |
| Alopecia | 15 (0.2%) | 14 (0.2%) |
| Stasis dermatitis | 15 (0.2%) | 9 (0.1%) |
| Ingrowing nail | 14 (0.2%) | 17 (0.3%) |
| Dermatitis atopic | 12 (0.2%) | 10 (0.2%) |
| Angioedema | 10 (0.2%) | 7 (0.1%) |
| Skin exfoliation | 10 (0.2%) | 5 (0.1%) |
| Seborrhoeic dermatitis | 8 (0.1%) | 13 (0.2%) |
| Hand dermatitis | 8 (0.1%) | 6 (0.1%) |
| Palmoplantar keratoderma | 8 (0.1%) | 5 (0.1%) |
| Xeroderma | 8 (0.1%) | 4 (0.1%) |
| Neurodermatitis | 8 (0.1%) | 3 (0.0%) |
| Drug eruption | 7 (0.1%) | 10 (0.2%) |
| Acne | 7 (0.1%) | 8 (0.1%) |
| Rosacea | 6 (0.1%) | 7 (0.1%) |
| Skin fissures | 6 (0.1%) | 5 (0.1%) |
| Hidradenitis | 6 (0.1%) | 4 (0.1%) |
| Skin discolouration | 5 (0.1%) | 7 (0.1%) |
| Eczema nummular | 5 (0.1%) | 4 (0.1%) |
| Ecchymosis | 4 (0.1%) | 9 (0.1%) |
| Rash pruritic | 4 (0.1%) | 8 (0.1%) |
| Pemphigoid | 4 (0.1%) | 6 (0.1%) |
| Rash macular | 4 (0.1%) | 4 (0.1%) |
| Rash papular | 4 (0.1%) | 4 (0.1%) |
| Dyshidrotic eczema | 4 (0.1%) | 2 (0.0%) |
| Night sweats | 4 (0.1%) | 2 (0.0%) |
| Nail dystrophy | 4 (0.1%) | 1 (0.0%) |
| Skin necrosis | 4 (0.1%) | 1 (0.0%) |
| Diabetic ulcer | 3 (0.0%) | 6 (0.1%) |
| Dermatitis bullous | 3 (0.0%) | 5 (0.1%) |
| Intertrigo | 3 (0.0%) | 5 (0.1%) |
| Prurigo | 3 (0.0%) | 5 (0.1%) |
| Asteatosis | 3 (0.0%) | 3 (0.0%) |
| Pigmentation disorder | 3 (0.0%) | 3 (0.0%) |
| Rash maculo-papular | 3 (0.0%) | 3 (0.0%) |
| Onychoclasia | 3 (0.0%) | 2 (0.0%) |
| Petechiae | 3 (0.0%) | 2 (0.0%) |
| Onycholysis | 3 (0.0%) | 1 (0.0%) |
| Papule | 3 (0.0%) | 1 (0.0%) |
| Skin hypertrophy | 3 (0.0%) | 1 (0.0%) |
| Erythema nodosum | 3 (0.0%) | 0 |
| Skin reaction | 3 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Skin hyperpigmentation | 2 (0.0%) | 5 (0.1%) |
| Skin mass | 2 (0.0%) | 4 (0.1%) |
| Miliaria | 2 (0.0%) | 3 (0.0%) |
| Haemorrhage subcutaneous | 2 (0.0%) | 2 (0.0%) |
| Pruritus allergic | 2 (0.0%) | 2 (0.0%) |
| Vitiligo | 2 (0.0%) | 2 (0.0%) |
| Itching scar | 2 (0.0%) | 1 (0.0%) |
| Nail disorder | 2 (0.0%) | 1 (0.0%) |
| Neuropathic ulcer | 2 (0.0%) | 1 (0.0%) |
| Scab | 2 (0.0%) | 1 (0.0%) |
| Toxic skin eruption | 2 (0.0%) | 1 (0.0%) |
| Androgenetic alopecia | 2 (0.0%) | 0 |
| Angiodermatitis | 2 (0.0%) | 0 |
| Blood blister | 2 (0.0%) | 0 |
| Diabetic bullosis | 2 (0.0%) | 0 |
| Diffuse alopecia | 2 (0.0%) | 0 |
| Exfoliative rash | 2 (0.0%) | 0 |
| Solar lentigo | 2 (0.0%) | 0 |
| Skin irritation | 1 (0.0%) | 6 (0.1%) |
| Lipodystrophy acquired | 1 (0.0%) | 3 (0.0%) |
| Rash erythematous | 1 (0.0%) | 3 (0.0%) |
| Dermatitis | 1 (0.0%) | 2 (0.0%) |
| Purpura | 1 (0.0%) | 2 (0.0%) |
| Skin haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Alopecia areata | 1 (0.0%) | 1 (0.0%) |
| Angiokeratoma | 1 (0.0%) | 1 (0.0%) |
| Dandruff | 1 (0.0%) | 1 (0.0%) |
| Dermatitis psoriasiform | 1 (0.0%) | 1 (0.0%) |
| Lichen planopilaris | 1 (0.0%) | 1 (0.0%) |
| Lichen sclerosus | 1 (0.0%) | 1 (0.0%) |
| Nail bed inflammation | 1 (0.0%) | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 1 (0.0%) | 1 (0.0%) |
| Pain of skin | 1 (0.0%) | 1 (0.0%) |
| Pustular psoriasis | 1 (0.0%) | 1 (0.0%) |
| Reactive perforating collagenosis | 1 (0.0%) | 1 (0.0%) |
| Skin dystrophy | 1 (0.0%) | 1 (0.0%) |
| Skin erosion | 1 (0.0%) | 1 (0.0%) |
| Acanthosis nigricans | 1 (0.0%) | 0 |
| Alopecia scarring | 1 (0.0%) | 0 |
| Autoimmune dermatitis | 1 (0.0%) | 0 |
| Brow ptosis | 1 (0.0%) | 0 |
| Chronic pigmented purpura | 1 (0.0%) | 0 |
| Chronic spontaneous urticaria | 1 (0.0%) | 0 |
| Cold sweat | 1 (0.0%) | 0 |
| Dermatitis exfoliative | 1 (0.0%) | 0 |
| Dermatitis herpetiformis | 1 (0.0%) | 0 |
| Erythema ab igne | 1 (0.0%) | 0 |
| Erythematotelangiectatic rosacea | 1 (0.0%) | 0 |
| Fixed eruption | 1 (0.0%) | 0 |
| Granuloma annulare | 1 (0.0%) | 0 |
| Lichen planus | 1 (0.0%) | 0 |
| Lichenoid keratosis | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Macule | 1 (0.0%) | 0 |
| Myxoid cyst | 1 (0.0%) | 0 |
| Nail fold inflammation | 1 (0.0%) | 0 |
| Nail hypertrophy | 1 (0.0%) | 0 |
| Onychomadesis | 1 (0.0%) | 0 |
| Pemphigus | 1 (0.0%) | 0 |
| Photosensitivity reaction | 1 (0.0%) | 0 |
| Post inflammatory pigmentation change | 1 (0.0%) | 0 |
| Rhinophyma | 1 (0.0%) | 0 |
| Scar pain | 1 (0.0%) | 0 |
| Sebaceous adenitis | 1 (0.0%) | 0 |
| Seborrhoea | 1 (0.0%) | 0 |
| Senile xerosis | 1 (0.0%) | 0 |
| Skin burning sensation | 1 (0.0%) | 0 |
| Skin discomfort | 1 (0.0%) | 0 |
| Skin fibrosis | 1 (0.0%) | 0 |
| Urticaria chronic | 1 (0.0%) | 0 |
| Urticarial dermatitis | 1 (0.0%) | 0 |
| Lipohypertrophy | 0 | 7 (0.1%) |
| Ischaemic skin ulcer | 0 | 3 (0.0%) |
| Diabetic dermopathy | 0 | 2 (0.0%) |
| Erythema multiforme | 0 | 2 (0.0%) |
| Nail discolouration | 0 | 2 (0.0%) |
| Palmoplantar pustulosis | 0 | 2 (0.0%) |
| Parapsoriasis | 0 | 2 (0.0%) |
| Skin induration | 0 | 2 (0.0%) |
| Skin oedema | 0 | 2 (0.0%) |
| Blister rupture | 0 | 1 (0.0%) |
| Circumoral oedema | 0 | 1 (0.0%) |
| Cutaneous amyloidosis | 0 | 1 (0.0%) |
| Dermatomyositis | 0 | 1 (0.0%) |
| Diabetic cheiroarthropathy | 0 | 1 (0.0%) |
| Erythema annulare | 0 | 1 (0.0%) |
| Excessive skin | 0 | 1 (0.0%) |
| Fracture blisters | 0 | 1 (0.0%) |
| Granuloma skin | 0 | 1 (0.0%) |
| Hangnail | 0 | 1 (0.0%) |
| Hypersensitivity vasculitis | 0 | 1 (0.0%) |
| Hypertrophic scar | 0 | 1 (0.0%) |
| Hypotrichosis | 0 | 1 (0.0%) |
| Ingrown hair | 0 | 1 (0.0%) |
| Lentigo | 0 | 1 (0.0%) |
| Leukoderma | 0 | 1 (0.0%) |
| Leukoplakia | 0 | 1 (0.0%) |
| Nail bed bleeding | 0 | 1 (0.0%) |
| Penile ulceration | 0 | 1 (0.0%) |
| Pityriasis rosea | 0 | 1 (0.0%) |
| Skin depigmentation | 0 | 1 (0.0%) |
| Skin weeping | 0 | 1 (0.0%) |
| Stevens-Johnson syndrome | 0 | 1 (0.0%) |
| Trichorrhexis | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------|------------------------|---------------------|
| Renal And Urinary Disorders | 1019 (15.7%) | 1100 (17.0%) |
| Acute kidney injury | 220 (3.4%) | 234 (3.6%) |
| Renal impairment | 177 (2.7%) | 159 (2.5%) |
| Renal cyst | 87 (1.3%) | 98 (1.5%) |
| Nephrolithiasis | 84 (1.3%) | 93 (1.4%) |
| Haematuria | 68 (1.0%) | 93 (1.4%) |
| Chronic kidney disease | 67 (1.0%) | 85 (1.3%) |
| Urinary incontinence | 51 (0.8%) | 38 (0.6%) |
| Diabetic nephropathy | 48 (0.7%) | 52 (0.8%) |
| Urinary retention | 46 (0.7%) | 48 (0.7%) |
| Renal failure | 42 (0.6%) | 36 (0.6%) |
| Dysuria | 41 (0.6%) | 59 (0.9%) |
| Pollakiuria | 27 (0.4%) | 46 (0.7%) |
| Nocturia | 24 (0.4%) | 37 (0.6%) |
| Proteinuria | 16 (0.2%) | 29 (0.4%) |
| Ureterolithiasis | 15 (0.2%) | 15 (0.2%) |
| Renal colic | 14 (0.2%) | 17 (0.3%) |
| Polyuria | 14 (0.2%) | 11 (0.2%) |
| Hydronephrosis | 13 (0.2%) | 26 (0.4%) |
| Nephropathy | 12 (0.2%) | 16 (0.2%) |
| Micturition urgency | 11 (0.2%) | 9 (0.1%) |
| Nephrotic syndrome | 8 (0.1%) | 23 (0.4%) |
| Calculus urinary | 8 (0.1%) | 13 (0.2%) |
| Urinary tract obstruction | 8 (0.1%) | 5 (0.1%) |
| Hypertonic bladder | 7 (0.1%) | 20 (0.3%) |
| Albuminuria | 7 (0.1%) | 10 (0.2%) |
| Urethral stenosis | 7 (0.1%) | 8 (0.1%) |
| Neurogenic bladder | 7 (0.1%) | 6 (0.1%) |
| Lower urinary tract symptoms | 6 (0.1%) | 11 (0.2%) |
| End stage renal disease | 6 (0.1%) | 7 (0.1%) |
| Urge incontinence | 6 (0.1%) | 6 (0.1%) |
| Calculus bladder | 5 (0.1%) | 8 (0.1%) |
| Azotaemia | 5 (0.1%) | 5 (0.1%) |
| Oliguria | 5 (0.1%) | 2 (0.0%) |
| Urinary hesitation | 5 (0.1%) | 2 (0.0%) |
| Urine flow decreased | 5 (0.1%) | 2 (0.0%) |
| Acquired cystic kidney disease | 4 (0.1%) | 4 (0.1%) |
| Renal artery stenosis | 4 (0.1%) | 4 (0.1%) |
| Renal atrophy | 4 (0.1%) | 4 (0.1%) |
| Urinary tract disorder | 4 (0.1%) | 3 (0.0%) |
| Nephropathy toxic | 4 (0.1%) | 1 (0.0%) |
| Bladder irritation | 4 (0.1%) | 0 |
| Renal disorder | 3 (0.0%) | 6 (0.1%) |
| Perinephritis | 3 (0.0%) | 4 (0.1%) |
| Stress urinary incontinence | 3 (0.0%) | 3 (0.0%) |
| Bladder spasm | 3 (0.0%) | 2 (0.0%) |
| Microalbuminuria | 3 (0.0%) | 1 (0.0%) |
| Micturition disorder | 3 (0.0%) | 1 (0.0%) |
| Renal mass | 2 (0.0%) | 11 (0.2%) |
| Bladder hypertrophy | 2 (0.0%) | 4 (0.1%) |
| Nephrosclerosis | 2 (0.0%) | 4 (0.1%) |
| Bladder diverticulum | 2 (0.0%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------------|------------------------|---------------------|
| Eyelocaliectasis | 2 (0.0%) | 3 (0.0%) |
| Renal injury | 2 (0.0%) | 3 (0.0%) |
| Bladder outlet obstruction | 2 (0.0%) | 2 (0.0%) |
| Nephroangiosclerosis | 2 (0.0%) | 2 (0.0%) |
| Urinary bladder polyp | 2 (0.0%) | 2 (0.0%) |
| Chromaturia | 2 (0.0%) | 1 (0.0%) |
| Strangury | 2 (0.0%) | 1 (0.0%) |
| Ureteric obstruction | 2 (0.0%) | 1 (0.0%) |
| Bladder disorder | 2 (0.0%) | 0 |
| Bladder pain | 2 (0.0%) | 0 |
| Focal segmental glomerulosclerosis | 2 (0.0%) | 0 |
| Subacute kidney injury | 2 (0.0%) | 0 |
| Urate nephropathy | 2 (0.0%) | 0 |
| Renal pain | 1 (0.0%) | 5 (0.1%) |
| Tubulointerstitial nephritis | 1 (0.0%) | 4 (0.1%) |
| Urine odour abnormal | 1 (0.0%) | 4 (0.1%) |
| Incontinence | 1 (0.0%) | 3 (0.0%) |
| Hypertensive nephropathy | 1 (0.0%) | 2 (0.0%) |
| Nephrocalcinosis | 1 (0.0%) | 2 (0.0%) |
| Renal aneurysm | 1 (0.0%) | 2 (0.0%) |
| Renal hypertrophy | 1 (0.0%) | 2 (0.0%) |
| Haemorrhage urinary tract | 1 (0.0%) | 1 (0.0%) |
| Hydroureter | 1 (0.0%) | 1 (0.0%) |
| Nephroptosis | 1 (0.0%) | 1 (0.0%) |
| Prerenal failure | 1 (0.0%) | 1 (0.0%) |
| Renal hypertension | 1 (0.0%) | 1 (0.0%) |
| Bladder cyst | 1 (0.0%) | 0 |
| Bladder dilatation | 1 (0.0%) | 0 |
| Bladder dysfunction | 1 (0.0%) | 0 |
| Bladder hyperaemia | 1 (0.0%) | 0 |
| Bladder neck sclerosis | 1 (0.0%) | 0 |
| Bladder obstruction | 1 (0.0%) | 0 |
| Bladder perforation | 1 (0.0%) | 0 |
| Cystitis haemorrhagic | 1 (0.0%) | 0 |
| Cystitis noninfective | 1 (0.0%) | 0 |
| Hydrocalyx | 1 (0.0%) | 0 |
| Hypocitraturia | 1 (0.0%) | 0 |
| Hyponatriuria | 1 (0.0%) | 0 |
| Hypotonic urinary bladder | 1 (0.0%) | 0 |
| Renal cyst haemorrhage | 1 (0.0%) | 0 |
| Renal infarct | 1 (0.0%) | 0 |
| Renal tubular acidosis | 1 (0.0%) | 0 |
| Renal tubular necrosis | 1 (0.0%) | 0 |
| Renal vessel disorder | 1 (0.0%) | 0 |
| Urethral pain | 1 (0.0%) | 0 |
| Vesicoureteric reflux | 1 (0.0%) | 0 |
| Glomerulonephritis chronic | 0 | 4 (0.1%) |
| Interacapillary glomerulosclerosis | 0 | 4 (0.1%) |
| Renal artery arteriosclerosis | 0 | 3 (0.0%) |
| Urine abnormality | 0 | 3 (0.0%) |
| Anuria | 0 | 2 (0.0%) |
| Glomerulonephritis membranous | 0 | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------|------------------------|---------------------|
| Renal haemorrhage | 0 | 2 (0.0%) |
| Sterile pyuria | 0 | 2 (0.0%) |
| Subcapsular renal haematoma | 0 | 2 (0.0%) |
| Ureteric stenosis | 0 | 2 (0.0%) |
| Bladder mass | 0 | 1 (0.0%) |
| Bladder neck obstruction | 0 | 1 (0.0%) |
| Cystitis ulcerative | 0 | 1 (0.0%) |
| Glomerular vascular disorder | 0 | 1 (0.0%) |
| Glycosuria | 0 | 1 (0.0%) |
| Hyperuricosuria | 0 | 1 (0.0%) |
| Kidney enlargement | 0 | 1 (0.0%) |
| Kidney fibrosis | 0 | 1 (0.0%) |
| Nephritic syndrome | 0 | 1 (0.0%) |
| Nephritis | 0 | 1 (0.0%) |
| Pelvi-ureteric obstruction | 0 | 1 (0.0%) |
| Perinephric collection | 0 | 1 (0.0%) |
| Post micturition dribble | 0 | 1 (0.0%) |
| Renal haematoma | 0 | 1 (0.0%) |
| Ureteric dilatation | 0 | 1 (0.0%) |
| Urethral meatus stenosis | 0 | 1 (0.0%) |
| Urinary tract inflammation | 0 | 1 (0.0%) |
| Vesical fistula | 0 | 1 (0.0%) |
| Eye Disorders | 800 (12.3%) | 845 (13.0%) |
| Cataract | 279 (4.3%) | 285 (4.4%) |
| Diabetic retinopathy | 145 (2.2%) | 168 (2.6%) |
| Vitreous haemorrhage | 68 (1.0%) | 57 (0.9%) |
| Glaucoma | 44 (0.7%) | 45 (0.7%) |
| Dry eye | 44 (0.7%) | 40 (0.6%) |
| Macular oedema | 32 (0.5%) | 32 (0.5%) |
| Visual impairment | 30 (0.5%) | 33 (0.5%) |
| Vision blurred | 28 (0.4%) | 27 (0.4%) |
| Retinal haemorrhage | 23 (0.4%) | 33 (0.5%) |
| Blepharitis | 19 (0.3%) | 18 (0.3%) |
| Diabetic retinal oedema | 18 (0.3%) | 16 (0.2%) |
| Conjunctivitis allergic | 16 (0.2%) | 17 (0.3%) |
| Conjunctival haemorrhage | 14 (0.2%) | 11 (0.2%) |
| Retinal detachment | 13 (0.2%) | 12 (0.2%) |
| Retinopathy | 12 (0.2%) | 10 (0.2%) |
| Macular fibrosis | 11 (0.2%) | 12 (0.2%) |
| Eye haemorrhage | 11 (0.2%) | 4 (0.1%) |
| Macular degeneration | 10 (0.2%) | 12 (0.2%) |
| Retinopathy hypertensive | 10 (0.2%) | 12 (0.2%) |
| Ocular hypertension | 10 (0.2%) | 7 (0.1%) |
| Asthenopia | 10 (0.2%) | 1 (0.0%) |
| Diplopia | 8 (0.1%) | 6 (0.1%) |
| Eye pain | 7 (0.1%) | 10 (0.2%) |
| Posterior capsule opacification | 7 (0.1%) | 9 (0.1%) |
| Vitreous opacities | 7 (0.1%) | 6 (0.1%) |
| Maculopathy | 7 (0.1%) | 4 (0.1%) |
| Visual acuity reduced | 7 (0.1%) | 4 (0.1%) |
| Eye pruritus | 6 (0.1%) | 11 (0.2%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------------|------------------------|---------------------|
| Vitreous floaters | 6 (0.1%) | 8 (0.1%) |
| Keratitis | 6 (0.1%) | 7 (0.1%) |
| Blindness unilateral | 6 (0.1%) | 6 (0.1%) |
| Age-related macular degeneration | 6 (0.1%) | 3 (0.0%) |
| Chalazion | 6 (0.1%) | 3 (0.0%) |
| Astigmatism | 6 (0.1%) | 1 (0.0%) |
| Retinal vein occlusion | 5 (0.1%) | 6 (0.1%) |
| Lacrimation increased | 5 (0.1%) | 5 (0.1%) |
| Tractional retinal detachment | 5 (0.1%) | 5 (0.1%) |
| Eye inflammation | 5 (0.1%) | 3 (0.0%) |
| Open angle glaucoma | 5 (0.1%) | 3 (0.0%) |
| Ocular hyperaemia | 5 (0.1%) | 2 (0.0%) |
| Eyelid ptosis | 4 (0.1%) | 6 (0.1%) |
| Vitreous detachment | 4 (0.1%) | 5 (0.1%) |
| Pterygium | 4 (0.1%) | 4 (0.1%) |
| Retinopathy proliferative | 4 (0.1%) | 4 (0.1%) |
| Ulcerative keratitis | 4 (0.1%) | 4 (0.1%) |
| Periorbital oedema | 4 (0.1%) | 3 (0.0%) |
| Refraction disorder | 4 (0.1%) | 3 (0.0%) |
| Retinal vascular disorder | 4 (0.1%) | 2 (0.0%) |
| Meibomian gland dysfunction | 4 (0.1%) | 1 (0.0%) |
| Presbyopia | 3 (0.0%) | 6 (0.1%) |
| Ocular discomfort | 3 (0.0%) | 4 (0.1%) |
| Cataract nuclear | 3 (0.0%) | 3 (0.0%) |
| Eye irritation | 3 (0.0%) | 3 (0.0%) |
| Periorbital swelling | 3 (0.0%) | 3 (0.0%) |
| Iritis | 3 (0.0%) | 2 (0.0%) |
| Vitreoretinal traction syndrome | 3 (0.0%) | 2 (0.0%) |
| Entropion | 3 (0.0%) | 1 (0.0%) |
| Strabismus | 3 (0.0%) | 1 (0.0%) |
| Sudden visual loss | 3 (0.0%) | 0 |
| Eyelid oedema | 2 (0.0%) | 7 (0.1%) |
| Retinal tear | 2 (0.0%) | 4 (0.1%) |
| Blindness | 2 (0.0%) | 3 (0.0%) |
| Non-proliferative retinopathy | 2 (0.0%) | 3 (0.0%) |
| Optic atrophy | 2 (0.0%) | 3 (0.0%) |
| Retinal degeneration | 2 (0.0%) | 3 (0.0%) |
| Retinal oedema | 2 (0.0%) | 3 (0.0%) |
| Cataract subcapsular | 2 (0.0%) | 2 (0.0%) |
| Dermatochalasis | 2 (0.0%) | 2 (0.0%) |
| Dry age-related macular degeneration | 2 (0.0%) | 2 (0.0%) |
| Photophobia | 2 (0.0%) | 2 (0.0%) |
| Retinal aneurysm | 2 (0.0%) | 2 (0.0%) |
| Conjunctival hyperaemia | 2 (0.0%) | 1 (0.0%) |
| Hypermetropia | 2 (0.0%) | 1 (0.0%) |
| Lens dislocation | 2 (0.0%) | 1 (0.0%) |
| Myopia | 2 (0.0%) | 1 (0.0%) |
| Punctate keratitis | 2 (0.0%) | 1 (0.0%) |
| Retinal neovascularisation | 2 (0.0%) | 1 (0.0%) |
| Rhegmatogenous retinal detachment | 2 (0.0%) | 1 (0.0%) |
| Swelling of eyelid | 2 (0.0%) | 1 (0.0%) |
| Conjunctival deposit | 2 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Conjunctival oedema | 2 (0.0%) | 0 |
| Diabetic eye disease | 2 (0.0%) | 0 |
| Eye disorder | 2 (0.0%) | 0 |
| Polypoidal choroidal vasculopathy | 2 (0.0%) | 0 |
| Dacryostenosis acquired | 1 (0.0%) | 6 (0.1%) |
| Corneal erosion | 1 (0.0%) | 5 (0.1%) |
| Eye discharge | 1 (0.0%) | 5 (0.1%) |
| Uveitis | 1 (0.0%) | 5 (0.1%) |
| Xerophthalmia | 1 (0.0%) | 5 (0.1%) |
| Arteriosclerotic retinopathy | 1 (0.0%) | 4 (0.1%) |
| Cystoid macular oedema | 1 (0.0%) | 4 (0.1%) |
| Macular hole | 1 (0.0%) | 4 (0.1%) |
| Ectropion | 1 (0.0%) | 3 (0.0%) |
| Eyelid cyst | 1 (0.0%) | 3 (0.0%) |
| Retinal artery occlusion | 1 (0.0%) | 3 (0.0%) |
| Cataract diabetic | 1 (0.0%) | 2 (0.0%) |
| Eye allergy | 1 (0.0%) | 2 (0.0%) |
| Photopsia | 1 (0.0%) | 2 (0.0%) |
| Vitreous degeneration | 1 (0.0%) | 2 (0.0%) |
| Choroidal neovascularisation | 1 (0.0%) | 1 (0.0%) |
| Corneal disorder | 1 (0.0%) | 1 (0.0%) |
| Corneal leukoma | 1 (0.0%) | 1 (0.0%) |
| Corneal oedema | 1 (0.0%) | 1 (0.0%) |
| Eczema eyelids | 1 (0.0%) | 1 (0.0%) |
| Extraocular muscle paresis | 1 (0.0%) | 1 (0.0%) |
| Foreign body sensation in eyes | 1 (0.0%) | 1 (0.0%) |
| Keratopathy | 1 (0.0%) | 1 (0.0%) |
| Macular cyst | 1 (0.0%) | 1 (0.0%) |
| Optic disc haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Papilloedema | 1 (0.0%) | 1 (0.0%) |
| Retinal vein thrombosis | 1 (0.0%) | 1 (0.0%) |
| Scleral haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Scleritis | 1 (0.0%) | 1 (0.0%) |
| Amaurosis | 1 (0.0%) | 0 |
| Atrophy of globe | 1 (0.0%) | 0 |
| Blepharochalasis | 1 (0.0%) | 0 |
| Chorioretinopathy | 1 (0.0%) | 0 |
| Conjunctival disorder | 1 (0.0%) | 0 |
| Corneal epithelium defect | 1 (0.0%) | 0 |
| Deformity of orbit | 1 (0.0%) | 0 |
| Diabetic glaucoma | 1 (0.0%) | 0 |
| Erythema of eyelid | 1 (0.0%) | 0 |
| Exposure keratitis | 1 (0.0%) | 0 |
| Eye haematoma | 1 (0.0%) | 0 |
| Eye ulcer | 1 (0.0%) | 0 |
| Eyelid skin dryness | 1 (0.0%) | 0 |
| Lacrimation decreased | 1 (0.0%) | 0 |
| Noninfective retinitis | 1 (0.0%) | 0 |
| Normal tension glaucoma | 1 (0.0%) | 0 |
| Ocular ischaemic syndrome | 1 (0.0%) | 0 |
| Ocular myasthenia | 1 (0.0%) | 0 |
| Optic nerve cupping | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Orbit atrophy | 1 (0.0%) | 0 |
| Pathologic myopia | 1 (0.0%) | 0 |
| Pupils unequal | 1 (0.0%) | 0 |
| Retinal artery spasm | 1 (0.0%) | 0 |
| Retinal deposits | 1 (0.0%) | 0 |
| Retinal disorder | 1 (0.0%) | 0 |
| Retinal exudates | 1 (0.0%) | 0 |
| Staphyloma | 1 (0.0%) | 0 |
| Trichiasis | 1 (0.0%) | 0 |
| Vernal keratoconjunctivitis | 1 (0.0%) | 0 |
| Amaurosis fugax | 0 | 3 (0.0%) |
| Cataract cortical | 0 | 3 (0.0%) |
| Iridocyclitis | 0 | 3 (0.0%) |
| Meibomianitis | 0 | 3 (0.0%) |
| Angle closure glaucoma | 0 | 2 (0.0%) |
| Blepharitis allergic | 0 | 2 (0.0%) |
| Eye swelling | 0 | 2 (0.0%) |
| Keratoconus | 0 | 2 (0.0%) |
| Lenticular opacities | 0 | 2 (0.0%) |
| Optic ischaemic neuropathy | 0 | 2 (0.0%) |
| Abnormal sensation in eye | 0 | 1 (0.0%) |
| Amblyopia | 0 | 1 (0.0%) |
| Aphakia | 0 | 1 (0.0%) |
| Borderline glaucoma | 0 | 1 (0.0%) |
| Cholesterolosis bulbi | 0 | 1 (0.0%) |
| Chorioretinal atrophy | 0 | 1 (0.0%) |
| Corneal infiltrates | 0 | 1 (0.0%) |
| Endocrine ophthalmopathy | 0 | 1 (0.0%) |
| Episcleritis | 0 | 1 (0.0%) |
| Eye oedema | 0 | 1 (0.0%) |
| Eyelid retraction | 0 | 1 (0.0%) |
| Glaucomatous optic disc atrophy | 0 | 1 (0.0%) |
| Halo vision | 0 | 1 (0.0%) |
| Hyalosis asteroid | 0 | 1 (0.0%) |
| Iris disorder | 0 | 1 (0.0%) |
| Lacrimal disorder | 0 | 1 (0.0%) |
| Lacrimal passage granuloma | 0 | 1 (0.0%) |
| Lens disorder | 0 | 1 (0.0%) |
| Macular rupture | 0 | 1 (0.0%) |
| Metamorphopsia | 0 | 1 (0.0%) |
| Ophthalmoplegia | 0 | 1 (0.0%) |
| Optic disc disorder | 0 | 1 (0.0%) |
| Orbital oedema | 0 | 1 (0.0%) |
| Retinal artery embolism | 0 | 1 (0.0%) |
| Retinal pigmentation | 0 | 1 (0.0%) |
| Retinal vascular occlusion | 0 | 1 (0.0%) |
| Retinoschisis | 0 | 1 (0.0%) |
| Visual acuity reduced transiently | 0 | 1 (0.0%) |
| Vitreous prolapse | 0 | 1 (0.0%) |
| Cardiac Disorders | 788 (12.1%) | 906 (14.0%) |
| Cardiac failure | 73 (1.1%) | 128 (2.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------------|------------------------|---------------------|
| Angina pectoris | 70 (1.1%) | 83 (1.3%) |
| Coronary artery disease | 58 (0.9%) | 71 (1.1%) |
| Atrial fibrillation | 49 (0.8%) | 47 (0.7%) |
| Myocardial ischaemia | 48 (0.7%) | 62 (1.0%) |
| Bradycardia | 46 (0.7%) | 54 (0.8%) |
| Ventricular extrasystoles | 45 (0.7%) | 46 (0.7%) |
| Palpitations | 44 (0.7%) | 47 (0.7%) |
| Mitral valve incompetence | 40 (0.6%) | 45 (0.7%) |
| Cardiac failure chronic | 36 (0.6%) | 59 (0.9%) |
| Sinus bradycardia | 36 (0.6%) | 25 (0.4%) |
| Atrioventricular block first degree | 34 (0.5%) | 31 (0.5%) |
| Bundle branch block right | 31 (0.5%) | 23 (0.4%) |
| Cardiac failure congestive | 30 (0.5%) | 47 (0.7%) |
| Bundle branch block left | 29 (0.4%) | 29 (0.4%) |
| Left ventricular hypertrophy | 27 (0.4%) | 30 (0.5%) |
| Arteriosclerosis coronary artery | 26 (0.4%) | 19 (0.3%) |
| Supraventricular extrasystoles | 24 (0.4%) | 20 (0.3%) |
| Tricuspid valve incompetence | 23 (0.4%) | 27 (0.4%) |
| Tachycardia | 21 (0.3%) | 27 (0.4%) |
| Atrioventricular block second degree | 20 (0.3%) | 17 (0.3%) |
| Angina unstable | 16 (0.2%) | 22 (0.3%) |
| Aortic valve stenosis | 15 (0.2%) | 24 (0.4%) |
| Coronary artery stenosis | 15 (0.2%) | 20 (0.3%) |
| Aortic valve incompetence | 14 (0.2%) | 19 (0.3%) |
| Left ventricular dysfunction | 14 (0.2%) | 8 (0.1%) |
| Hypertensive heart disease | 14 (0.2%) | 5 (0.1%) |
| Diastolic dysfunction | 13 (0.2%) | 16 (0.2%) |
| Atrial flutter | 13 (0.2%) | 8 (0.1%) |
| Sinus tachycardia | 12 (0.2%) | 18 (0.3%) |
| Arrhythmia | 10 (0.2%) | 17 (0.3%) |
| Cardiomegaly | 8 (0.1%) | 12 (0.2%) |
| Pericardial effusion | 8 (0.1%) | 12 (0.2%) |
| Left ventricular failure | 8 (0.1%) | 6 (0.1%) |
| Ischaemic cardiomyopathy | 7 (0.1%) | 9 (0.1%) |
| Ventricular tachycardia | 7 (0.1%) | 9 (0.1%) |
| Left atrial enlargement | 7 (0.1%) | 7 (0.1%) |
| Congestive cardiomyopathy | 7 (0.1%) | 4 (0.1%) |
| Ventricular hypokinesia | 7 (0.1%) | 4 (0.1%) |
| Supraventricular tachycardia | 6 (0.1%) | 13 (0.2%) |
| Sinus node dysfunction | 6 (0.1%) | 6 (0.1%) |
| Cardiac failure acute | 6 (0.1%) | 5 (0.1%) |
| Extrasystoles | 5 (0.1%) | 10 (0.2%) |
| Sinus arrhythmia | 5 (0.1%) | 6 (0.1%) |
| Myocardial infarction | 5 (0.1%) | 2 (0.0%) |
| Left atrial dilatation | 4 (0.1%) | 8 (0.1%) |
| Aortic valve sclerosis | 4 (0.1%) | 6 (0.1%) |
| Atrioventricular block | 4 (0.1%) | 6 (0.1%) |
| Aortic valve calcification | 4 (0.1%) | 4 (0.1%) |
| Myocardial fibrosis | 4 (0.1%) | 3 (0.0%) |
| Pericarditis | 4 (0.1%) | 2 (0.0%) |
| Acute coronary syndrome | 3 (0.0%) | 7 (0.1%) |
| Aortic valve disease mixed | 3 (0.0%) | 4 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------------|------------------------|---------------------|
| Cardiac valve disease | 3 (0.0%) | 4 (0.1%) |
| Cardiomyopathy | 3 (0.0%) | 4 (0.1%) |
| Acute left ventricular failure | 3 (0.0%) | 3 (0.0%) |
| Mitral valve sclerosis | 3 (0.0%) | 3 (0.0%) |
| Mitral valve stenosis | 3 (0.0%) | 3 (0.0%) |
| Mitral valve calcification | 3 (0.0%) | 2 (0.0%) |
| Arrhythmia supraventricular | 3 (0.0%) | 1 (0.0%) |
| Chronic left ventricular failure | 3 (0.0%) | 1 (0.0%) |
| Degenerative aortic valve disease | 3 (0.0%) | 1 (0.0%) |
| Ventricular hypertrophy | 3 (0.0%) | 0 |
| Left ventricular dilatation | 2 (0.0%) | 3 (0.0%) |
| Pulmonary valve incompetence | 2 (0.0%) | 3 (0.0%) |
| Atrial thrombosis | 2 (0.0%) | 2 (0.0%) |
| Mitral valve disease | 2 (0.0%) | 2 (0.0%) |
| Atrial tachycardia | 2 (0.0%) | 1 (0.0%) |
| Cardiac hypertrophy | 2 (0.0%) | 1 (0.0%) |
| Cardio-respiratory arrest | 2 (0.0%) | 1 (0.0%) |
| Degenerative mitral valve disease | 2 (0.0%) | 1 (0.0%) |
| Cardiac discomfort | 2 (0.0%) | 0 |
| Defect conduction intraventricular | 2 (0.0%) | 0 |
| Ventricular fibrillation | 2 (0.0%) | 0 |
| Atrioventricular block complete | 1 (0.0%) | 6 (0.1%) |
| Cardiac arrest | 1 (0.0%) | 5 (0.1%) |
| Conduction disorder | 1 (0.0%) | 4 (0.1%) |
| Cardiac asthma | 1 (0.0%) | 3 (0.0%) |
| Systolic dysfunction | 1 (0.0%) | 3 (0.0%) |
| Aortic valve disease | 1 (0.0%) | 2 (0.0%) |
| Bifascicular block | 1 (0.0%) | 2 (0.0%) |
| Cardiac aneurysm | 1 (0.0%) | 2 (0.0%) |
| Coronary artery occlusion | 1 (0.0%) | 2 (0.0%) |
| Metabolic cardiomyopathy | 1 (0.0%) | 2 (0.0%) |
| Wandering pacemaker | 1 (0.0%) | 2 (0.0%) |
| Cardiac disorder | 1 (0.0%) | 1 (0.0%) |
| Cardiac septal hypertrophy | 1 (0.0%) | 1 (0.0%) |
| Cardiovascular insufficiency | 1 (0.0%) | 1 (0.0%) |
| Diabetic cardiomyopathy | 1 (0.0%) | 1 (0.0%) |
| Tachyarrhythmia | 1 (0.0%) | 1 (0.0%) |
| Atrial enlargement | 1 (0.0%) | 0 |
| Bundle branch block bilateral | 1 (0.0%) | 0 |
| Cor pulmonale | 1 (0.0%) | 0 |
| Coronary ostial stenosis | 1 (0.0%) | 0 |
| Degenerative multivalvular disease | 1 (0.0%) | 0 |
| Dilatation atrial | 1 (0.0%) | 0 |
| Intracardiac mass | 1 (0.0%) | 0 |
| Myocarditis | 1 (0.0%) | 0 |
| Paroxysmal atrioventricular block | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis adhesive | 1 (0.0%) | 0 |
| Pulseless electrical activity | 1 (0.0%) | 0 |
| Rheumatic heart disease | 1 (0.0%) | 0 |
| Rhythm idioventricular | 1 (0.0%) | 0 |
| Right atrial dilatation | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------------|------------------------|---------------------|
| Sigmoid-shaped ventricular septum | 1 (0.0%) | 0 |
| Stress cardiomyopathy | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Tachycardia paroxysmal | 1 (0.0%) | 0 |
| Ventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Wellens' syndrome | 1 (0.0%) | 0 |
| Cardiogenic shock | 0 | 4 (0.1%) |
| Acute myocardial infarction | 0 | 3 (0.0%) |
| Cardiac dysfunction | 0 | 3 (0.0%) |
| Cardiovascular disorder | 0 | 3 (0.0%) |
| Coronary artery insufficiency | 0 | 3 (0.0%) |
| Ventricular arrhythmia | 0 | 3 (0.0%) |
| Cor pulmonale chronic | 0 | 2 (0.0%) |
| Hypertensive cardiomyopathy | 0 | 2 (0.0%) |
| Mitral valve prolapse | 0 | 2 (0.0%) |
| Right ventricular dilatation | 0 | 2 (0.0%) |
| Sinoatrial block | 0 | 2 (0.0%) |
| Atrial conduction time prolongation | 0 | 1 (0.0%) |
| Bradyarrhythmia | 0 | 1 (0.0%) |
| Bundle branch block | 0 | 1 (0.0%) |
| Cardiac amyloidosis | 0 | 1 (0.0%) |
| Cardiac tamponade | 0 | 1 (0.0%) |
| Cardiac valve sclerosis | 0 | 1 (0.0%) |
| Cardiac valve thickening | 0 | 1 (0.0%) |
| Cardiomyopathy acute | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cardiorenal syndrome | 0 | 1 (0.0%) |
| Coronary artery perforation | 0 | 1 (0.0%) |
| Heart valve incompetence | 0 | 1 (0.0%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.0%) |
| Left atrial hypertrophy | 0 | 1 (0.0%) |
| Long QT syndrome | 0 | 1 (0.0%) |
| Nodal arrhythmia | 0 | 1 (0.0%) |
| Nodal rhythm | 0 | 1 (0.0%) |
| Paroxysmal arrhythmia | 0 | 1 (0.0%) |
| Pericardial disease | 0 | 1 (0.0%) |
| Prinzmetal angina | 0 | 1 (0.0%) |
| Right atrial enlargement | 0 | 1 (0.0%) |
| Right ventricular failure | 0 | 1 (0.0%) |
| Ventricular dysfunction | 0 | 1 (0.0%) |
| Ventricular remodelling | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 649 (10.0%) | 634 (9.8%) |
| Anaemia | 425 (6.5%) | 397 (6.1%) |
| Iron deficiency anaemia | 63 (1.0%) | 69 (1.1%) |
| Nephrogenic anaemia | 42 (0.6%) | 34 (0.5%) |
| Thrombocytopenia | 36 (0.6%) | 34 (0.5%) |
| Lymphadenopathy | 16 (0.2%) | 19 (0.3%) |
| Leukocytosis | 13 (0.2%) | 19 (0.3%) |
| Normocytic anaemia | 13 (0.2%) | 8 (0.1%) |
| Blood loss anaemia | 12 (0.2%) | 8 (0.1%) |
| Microcytic anaemia | 10 (0.2%) | 10 (0.2%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------|------------------------|---------------------|
| Splenomegaly | 9 (0.1%) | 13 (0.2%) |
| Polycythaemia | 9 (0.1%) | 9 (0.1%) |
| Thrombocytosis | 7 (0.1%) | 9 (0.1%) |
| Hypochromic anaemia | 5 (0.1%) | 8 (0.1%) |
| Lymphadenopathy mediastinal | 5 (0.1%) | 4 (0.1%) |
| Leukopenia | 5 (0.1%) | 3 (0.0%) |
| Abdominal lymphadenopathy | 4 (0.1%) | 3 (0.0%) |
| Macrocytosis | 4 (0.1%) | 2 (0.0%) |
| Normochromic normocytic anaemia | 3 (0.0%) | 8 (0.1%) |
| Lymphadenitis | 3 (0.0%) | 4 (0.1%) |
| Anaemia of chronic disease | 3 (0.0%) | 1 (0.0%) |
| Pancytopenia | 2 (0.0%) | 7 (0.1%) |
| Eosinophilia | 2 (0.0%) | 4 (0.1%) |
| Anaemia macrocytic | 2 (0.0%) | 1 (0.0%) |
| Coagulopathy | 2 (0.0%) | 1 (0.0%) |
| Immune thrombocytopenia | 2 (0.0%) | 0 |
| Neutrophilia | 2 (0.0%) | 0 |
| Spontaneous haematoma | 2 (0.0%) | 0 |
| Anaemia folate deficiency | 1 (0.0%) | 1 (0.0%) |
| Hypocoagulable state | 1 (0.0%) | 1 (0.0%) |
| Normochromic anaemia | 1 (0.0%) | 1 (0.0%) |
| Anaemia vitamin B12 deficiency | 1 (0.0%) | 0 |
| Bone marrow failure | 1 (0.0%) | 0 |
| Hilar lymphadenopathy | 1 (0.0%) | 0 |
| Hypereosinophilic syndrome | 1 (0.0%) | 0 |
| Lymph node calcification | 1 (0.0%) | 0 |
| Lymph node pain | 1 (0.0%) | 0 |
| Lymphocytic infiltration | 1 (0.0%) | 0 |
| Lymphocytosis | 1 (0.0%) | 0 |
| Lymphopenia | 1 (0.0%) | 0 |
| Pseudolymphoma | 1 (0.0%) | 0 |
| Retroperitoneal lymphadenopathy | 1 (0.0%) | 0 |
| Splenic granuloma | 1 (0.0%) | 0 |
| Febrile neutropenia | 0 | 2 (0.0%) |
| Neutropenia | 0 | 2 (0.0%) |
| Acquired haemophilia | 0 | 1 (0.0%) |
| Anaemia megaloblastic | 0 | 1 (0.0%) |
| Anaemia of malignant disease | 0 | 1 (0.0%) |
| Antiphospholipid syndrome | 0 | 1 (0.0%) |
| B-lymphocyte abnormalities | 0 | 1 (0.0%) |
| Bicytopenia | 0 | 1 (0.0%) |
| Bone marrow oedema | 0 | 1 (0.0%) |
| Haemoconcentration | 0 | 1 (0.0%) |
| Haemoglobinaemia | 0 | 1 (0.0%) |
| Haemorrhagic diathesis | 0 | 1 (0.0%) |
| Hypercoagulation | 0 | 1 (0.0%) |
| Hyperglobulinaemia | 0 | 1 (0.0%) |
| Hyperviscosity syndrome | 0 | 1 (0.0%) |
| Increased tendency to bruise | 0 | 1 (0.0%) |
| Spleen disorder | 0 | 1 (0.0%) |
| Splenic calcification | 0 | 1 (0.0%) |
| Splenic embolism | 0 | 1 (0.0%) |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Splenic lesion | 0 | 1 (0.0%) |
| Splenic vein thrombosis | 0 | 1 (0.0%) |
| Spontaneous haemorrhage | 0 | 1 (0.0%) |
| White blood cell disorder | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 499 (7.7%) | 510 (7.9%) |
| Basal cell carcinoma | 42 (0.6%) | 46 (0.7%) |
| Prostate cancer | 38 (0.6%) | 42 (0.6%) |
| Skin papilloma | 20 (0.3%) | 20 (0.3%) |
| Colon cancer | 19 (0.3%) | 13 (0.2%) |
| Colon adenoma | 18 (0.3%) | 21 (0.3%) |
| Lung neoplasm malignant | 18 (0.3%) | 15 (0.2%) |
| Bladder cancer | 16 (0.2%) | 11 (0.2%) |
| Lipoma | 14 (0.2%) | 18 (0.3%) |
| Squamous cell carcinoma of skin | 14 (0.2%) | 12 (0.2%) |
| Seborrhoeic keratosis | 11 (0.2%) | 10 (0.2%) |
| Renal neoplasm | 11 (0.2%) | 7 (0.1%) |
| Uterine leiomyoma | 10 (0.2%) | 7 (0.1%) |
| Breast cancer | 9 (0.1%) | 9 (0.1%) |
| Haemangioma of liver | 9 (0.1%) | 7 (0.1%) |
| Adrenal adenoma | 7 (0.1%) | 12 (0.2%) |
| Pancreatic carcinoma | 7 (0.1%) | 8 (0.1%) |
| Adenoma benign | 7 (0.1%) | 6 (0.1%) |
| Hepatocellular carcinoma | 7 (0.1%) | 6 (0.1%) |
| Bladder cancer recurrent | 7 (0.1%) | 1 (0.0%) |
| Bladder neoplasm | 6 (0.1%) | 5 (0.1%) |
| Squamous cell carcinoma | 6 (0.1%) | 4 (0.1%) |
| Renal cell carcinoma | 6 (0.1%) | 1 (0.0%) |
| Melanocytic naevus | 5 (0.1%) | 9 (0.1%) |
| Plasma cell myeloma | 5 (0.1%) | 5 (0.1%) |
| Prostatic adenoma | 5 (0.1%) | 5 (0.1%) |
| Hepatic cancer | 5 (0.1%) | 4 (0.1%) |
| Meningioma | 5 (0.1%) | 4 (0.1%) |
| Neoplasm | 5 (0.1%) | 4 (0.1%) |
| Metastases to lung | 5 (0.1%) | 3 (0.0%) |
| Transitional cell carcinoma | 5 (0.1%) | 3 (0.0%) |
| Clear cell renal cell carcinoma | 5 (0.1%) | 1 (0.0%) |
| Malignant melanoma | 4 (0.1%) | 10 (0.2%) |
| Adenocarcinoma of colon | 4 (0.1%) | 6 (0.1%) |
| Metastases to liver | 4 (0.1%) | 6 (0.1%) |
| Lung adenocarcinoma | 4 (0.1%) | 5 (0.1%) |
| Bladder transitional cell carcinoma | 4 (0.1%) | 4 (0.1%) |
| Metastases to lymph nodes | 4 (0.1%) | 4 (0.1%) |
| Pancreatic neoplasm | 4 (0.1%) | 2 (0.0%) |
| Prostate cancer recurrent | 4 (0.1%) | 2 (0.0%) |
| Chronic lymphocytic leukaemia | 4 (0.1%) | 1 (0.0%) |
| Oesophageal adenocarcinoma | 4 (0.1%) | 0 |
| Lung neoplasm | 3 (0.0%) | 8 (0.1%) |
| Large intestine benign neoplasm | 3 (0.0%) | 4 (0.1%) |
| Neoplasm skin | 3 (0.0%) | 4 (0.1%) |
| Skin cancer | 3 (0.0%) | 4 (0.1%) |
| Adenocarcinoma | 3 (0.0%) | 3 (0.0%) |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Anogenital warts | 3 (0.0%) | 3 (0.0%) |
| Hypergammaglobulinaemia benign monoclonal | 3 (0.0%) | 3 (0.0%) |
| Pancreatic carcinoma metastatic | 3 (0.0%) | 3 (0.0%) |
| Metastases to bone | 3 (0.0%) | 2 (0.0%) |
| Rectal adenocarcinoma | 3 (0.0%) | 2 (0.0%) |
| Metastases to central nervous system | 3 (0.0%) | 1 (0.0%) |
| Metastases to spine | 3 (0.0%) | 1 (0.0%) |
| Benign renal neoplasm | 3 (0.0%) | 0 |
| Intraductal papillary mucinous neoplasm | 3 (0.0%) | 0 |
| Renal cancer | 2 (0.0%) | 7 (0.1%) |
| Gastric cancer | 2 (0.0%) | 5 (0.1%) |
| Oesophageal carcinoma | 2 (0.0%) | 5 (0.1%) |
| Acrochordon | 2 (0.0%) | 4 (0.1%) |
| Colorectal cancer | 2 (0.0%) | 4 (0.1%) |
| Renal hamartoma | 2 (0.0%) | 4 (0.1%) |
| Small cell lung cancer | 2 (0.0%) | 4 (0.1%) |
| Adrenal neoplasm | 2 (0.0%) | 3 (0.0%) |
| Monoclonal gammopathy | 2 (0.0%) | 3 (0.0%) |
| Benign lung neoplasm | 2 (0.0%) | 2 (0.0%) |
| Benign neoplasm of thyroid gland | 2 (0.0%) | 2 (0.0%) |
| Cholangiocarcinoma | 2 (0.0%) | 2 (0.0%) |
| Endometrial cancer | 2 (0.0%) | 2 (0.0%) |
| Squamous cell carcinoma of lung | 2 (0.0%) | 2 (0.0%) |
| Thyroid cancer | 2 (0.0%) | 2 (0.0%) |
| Endometrial adenocarcinoma | 2 (0.0%) | 1 (0.0%) |
| Gastrointestinal carcinoma | 2 (0.0%) | 1 (0.0%) |
| Haemangioma | 2 (0.0%) | 1 (0.0%) |
| Keratoacanthoma | 2 (0.0%) | 1 (0.0%) |
| Lung cancer metastatic | 2 (0.0%) | 1 (0.0%) |
| Lymphoma | 2 (0.0%) | 1 (0.0%) |
| Metastatic malignant melanoma | 2 (0.0%) | 1 (0.0%) |
| Myelodysplastic syndrome | 2 (0.0%) | 1 (0.0%) |
| Oral papilloma | 2 (0.0%) | 1 (0.0%) |
| Prostate cancer metastatic | 2 (0.0%) | 1 (0.0%) |
| Squamous cell carcinoma of the oral cavity | 2 (0.0%) | 1 (0.0%) |
| Benign bone neoplasm | 2 (0.0%) | 0 |
| Benign breast neoplasm | 2 (0.0%) | 0 |
| Benign neoplasm of skin | 2 (0.0%) | 0 |
| Brain neoplasm malignant | 2 (0.0%) | 0 |
| Breast cancer metastatic | 2 (0.0%) | 0 |
| Cancer pain | 2 (0.0%) | 0 |
| Cerebral haemangioma | 2 (0.0%) | 0 |
| Fibroma | 2 (0.0%) | 0 |
| Gastrointestinal stromal tumour | 2 (0.0%) | 0 |
| Invasive ductal breast carcinoma | 2 (0.0%) | 0 |
| Neuroendocrine tumour | 2 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 2 (0.0%) | 0 |
| Bowen's disease | 1 (0.0%) | 4 (0.1%) |
| Adenocarcinoma gastric | 1 (0.0%) | 3 (0.0%) |
| Blepharal papilloma | 1 (0.0%) | 3 (0.0%) |
| Breast neoplasm | 1 (0.0%) | 3 (0.0%) |
| Eye naevus | 1 (0.0%) | 3 (0.0%) |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Pituitary tumour benign | 1 (0.0%) | 3 (0.0%) |
| Salivary gland neoplasm | 1 (0.0%) | 3 (0.0%) |
| Acute myeloid leukaemia | 1 (0.0%) | 2 (0.0%) |
| B-cell lymphoma | 1 (0.0%) | 2 (0.0%) |
| Benign hepatic neoplasm | 1 (0.0%) | 2 (0.0%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.0%) |
| Enchondromatosis | 1 (0.0%) | 2 (0.0%) |
| Haemangioma of bone | 1 (0.0%) | 2 (0.0%) |
| Lip squamous cell carcinoma | 1 (0.0%) | 2 (0.0%) |
| Papillary renal cell carcinoma | 1 (0.0%) | 2 (0.0%) |
| Papillary thyroid cancer | 1 (0.0%) | 2 (0.0%) |
| Papilloma | 1 (0.0%) | 2 (0.0%) |
| Pituitary tumour | 1 (0.0%) | 2 (0.0%) |
| Rectal adenoma | 1 (0.0%) | 2 (0.0%) |
| Bladder transitional cell carcinoma recurrent | 1 (0.0%) | 1 (0.0%) |
| Bronchial carcinoma | 1 (0.0%) | 1 (0.0%) |
| Epithelioid mesothelioma | 1 (0.0%) | 1 (0.0%) |
| Fibroadenoma of breast | 1 (0.0%) | 1 (0.0%) |
| Gastric adenoma | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal tract adenoma | 1 (0.0%) | 1 (0.0%) |
| Hepatic neoplasm | 1 (0.0%) | 1 (0.0%) |
| Infected neoplasm | 1 (0.0%) | 1 (0.0%) |
| Laryngeal squamous cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Lipofibroma | 1 (0.0%) | 1 (0.0%) |
| Malignant pleural effusion | 1 (0.0%) | 1 (0.0%) |
| Neoplasm malignant | 1 (0.0%) | 1 (0.0%) |
| Oesophageal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Pancreatic carcinoma stage IV | 1 (0.0%) | 1 (0.0%) |
| Pyogenic granuloma | 1 (0.0%) | 1 (0.0%) |
| Rectal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Retroperitoneal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Sarcoma | 1 (0.0%) | 1 (0.0%) |
| Schwannoma | 1 (0.0%) | 1 (0.0%) |
| Soft tissue neoplasm | 1 (0.0%) | 1 (0.0%) |
| Tonsil cancer | 1 (0.0%) | 1 (0.0%) |
| Angiomyofibroblastoma | 1 (0.0%) | 0 |
| Angiomyolipoma | 1 (0.0%) | 0 |
| Atypical fibroxanthoma | 1 (0.0%) | 0 |
| Benign gastric neoplasm | 1 (0.0%) | 0 |
| Benign mediastinal neoplasm | 1 (0.0%) | 0 |
| Benign neoplasm | 1 (0.0%) | 0 |
| Benign neoplasm of conjunctiva | 1 (0.0%) | 0 |
| Benign ovarian tumour | 1 (0.0%) | 0 |
| Benign salivary gland neoplasm | 1 (0.0%) | 0 |
| Choroid neoplasm | 1 (0.0%) | 0 |
| Colon cancer stage IV | 1 (0.0%) | 0 |
| Dermatofibrosarcoma protuberans | 1 (0.0%) | 0 |
| Fallopian tube leiomyoma | 1 (0.0%) | 0 |
| Female reproductive neoplasm | 1 (0.0%) | 0 |
| Fibrosarcoma | 1 (0.0%) | 0 |
| Gastrointestinal submucosal tumour | 1 (0.0%) | 0 |
| Haemangioma of spleen | 1 (0.0%) | 0 |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Hepatobiliary cancer | 1 (0.0%) | 0 |
| Hypopharyngeal cancer | 1 (0.0%) | 0 |
| Inflammatory carcinoma of the breast | 1 (0.0%) | 0 |
| Intraocular melanoma | 1 (0.0%) | 0 |
| Invasive lobular breast carcinoma | 1 (0.0%) | 0 |
| Langerhans' cell histiocytosis | 1 (0.0%) | 0 |
| Light chain disease | 1 (0.0%) | 0 |
| Lip and/or oral cavity cancer stage 0 | 1 (0.0%) | 0 |
| Lung carcinoma cell type unspecified stage IV | 1 (0.0%) | 0 |
| Lung squamous cell carcinoma stage IV | 1 (0.0%) | 0 |
| Malignant neoplasm of ampulla of Vater | 1 (0.0%) | 0 |
| Malignant neoplasm progression | 1 (0.0%) | 0 |
| Malignant urinary tract neoplasm | 1 (0.0%) | 0 |
| Metastatic renal cell carcinoma | 1 (0.0%) | 0 |
| Muscle neoplasm | 1 (0.0%) | 0 |
| Nervous system neoplasm benign | 1 (0.0%) | 0 |
| Neuroendocrine carcinoma of the skin | 1 (0.0%) | 0 |
| Non-Hodgkin's lymphoma stage III | 1 (0.0%) | 0 |
| Ocular neoplasm | 1 (0.0%) | 0 |
| Oral fibroma | 1 (0.0%) | 0 |
| Oral neoplasm | 1 (0.0%) | 0 |
| Oropharyngeal squamous cell carcinoma | 1 (0.0%) | 0 |
| Osteochondroma | 1 (0.0%) | 0 |
| Pancreatic neuroendocrine tumour | 1 (0.0%) | 0 |
| Paraneoplastic syndrome | 1 (0.0%) | 0 |
| Pharyngeal neoplasm | 1 (0.0%) | 0 |
| Polycythaemia vera | 1 (0.0%) | 0 |
| Rectal cancer metastatic | 1 (0.0%) | 0 |
| Respiratory papilloma | 1 (0.0%) | 0 |
| Sarcoma metastatic | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the parotid gland | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the vulva | 1 (0.0%) | 0 |
| Thyroid adenoma | 1 (0.0%) | 0 |
| Tongue neoplasm | 1 (0.0%) | 0 |
| Tongue neoplasm benign | 1 (0.0%) | 0 |
| Tongue neoplasm malignant stage unspecified | 1 (0.0%) | 0 |
| Transitional cell carcinoma recurrent | 1 (0.0%) | 0 |
| Tumour invasion | 1 (0.0%) | 0 |
| Tumour rupture | 1 (0.0%) | 0 |
| Tumour ulceration | 1 (0.0%) | 0 |
| Undifferentiated sarcoma | 1 (0.0%) | 0 |
| Uterine cancer | 1 (0.0%) | 0 |
| Brain neoplasm | 0 | 3 (0.0%) |
| Cholesteatoma | 0 | 3 (0.0%) |
| Malignant melanoma in situ | 0 | 3 (0.0%) |
| Adenocarcinoma pancreas | 0 | 2 (0.0%) |
| Benign neoplasm of bladder | 0 | 2 (0.0%) |
| Benign pancreatic neoplasm | 0 | 2 (0.0%) |
| Colon neoplasm | 0 | 2 (0.0%) |
| Colorectal adenocarcinoma | 0 | 2 (0.0%) |
| Intraductal papilloma of breast | 0 | 2 (0.0%) |
| Lentigo maligna | 0 | 2 (0.0%) |

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Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Malignant neoplasm of unknown primary site | 0 | 2 (0.0%) |
| Neoplasm prostate | 0 | 2 (0.0%) |
| Papillary cystadenoma lymphomatosum | 0 | 2 (0.0%) |
| Thyroid neoplasm | 0 | 2 (0.0%) |
| Acoustic neuroma | 0 | 1 (0.0%) |
| Adenocarcinoma metastatic | 0 | 1 (0.0%) |
| Anal cancer | 0 | 1 (0.0%) |
| B-cell lymphoma stage IV | 0 | 1 (0.0%) |
| Benign anorectal neoplasm | 0 | 1 (0.0%) |
| Benign gastrointestinal neoplasm | 0 | 1 (0.0%) |
| Benign neoplasm of eyelid | 0 | 1 (0.0%) |
| Benign neoplasm of prostate | 0 | 1 (0.0%) |
| Bladder papilloma | 0 | 1 (0.0%) |
| Bladder squamous cell carcinoma stage unspecified | 0 | 1 (0.0%) |
| Bone cancer | 0 | 1 (0.0%) |
| Carcinoma in situ of skin | 0 | 1 (0.0%) |
| Cervix carcinoma | 0 | 1 (0.0%) |
| Diffuse large B-cell lymphoma recurrent | 0 | 1 (0.0%) |
| Ductal adenocarcinoma of pancreas | 0 | 1 (0.0%) |
| Dysplastic naevus | 0 | 1 (0.0%) |
| Ear neoplasm malignant | 0 | 1 (0.0%) |
| Eyelid tumour | 0 | 1 (0.0%) |
| Gallbladder adenocarcinoma | 0 | 1 (0.0%) |
| Ganglioneuroma | 0 | 1 (0.0%) |
| Gastrointestinal cancer metastatic | 0 | 1 (0.0%) |
| Gastrointestinal carcinoma in situ | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Haemangioblastoma | 0 | 1 (0.0%) |
| Hepatic cancer metastatic | 0 | 1 (0.0%) |
| Intraductal papillary-mucinous carcinoma of pancreas | 0 | 1 (0.0%) |
| Intraductal proliferative breast lesion | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Invasive papillary breast carcinoma | 0 | 1 (0.0%) |
| Kaposi's sarcoma | 0 | 1 (0.0%) |
| Lymphocytic leukaemia | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Mesenteric neoplasm | 0 | 1 (0.0%) |
| Metastases to spleen | 0 | 1 (0.0%) |
| Metastasis | 0 | 1 (0.0%) |
| Nasal cavity cancer | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oesophageal cancer metastatic | 0 | 1 (0.0%) |
| Oropharyngeal cancer | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Ovarian neoplasm | 0 | 1 (0.0%) |
| Paraproteinaemia | 0 | 1 (0.0%) |
| Penile cancer | 0 | 1 (0.0%) |
| Pleomorphic adenoma | 0 | 1 (0.0%) |
| Prostate cancer stage IV | 0 | 1 (0.0%) |
| Renal adenoma | 0 | 1 (0.0%) |
| Salivary gland adenoma | 0 | 1 (0.0%) |
| Sarcomatoid carcinoma of the lung | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Seminoma | 0 | 1 (0.0%) |
| Small cell lung cancer metastatic | 0 | 1 (0.0%) |
| Superficial spreading melanoma stage unspecified | 0 | 1 (0.0%) |
| Sweat gland tumour | 0 | 1 (0.0%) |
| Testis cancer | 0 | 1 (0.0%) |
| Thymoma | 0 | 1 (0.0%) |
| Triple negative breast cancer | 0 | 1 (0.0%) |
| Urethral neoplasm | 0 | 1 (0.0%) |
| Vulval cancer stage 0 | 0 | 1 (0.0%) |
| Vulvovaginal warts | 0 | 1 (0.0%) |
| Waldenstrom's macroglobulinaemia | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 435 (6.7%) | 406 (6.3%) |
| Cataract operation | 89 (1.4%) | 99 (1.5%) |
| Tooth extraction | 41 (0.6%) | 35 (0.5%) |
| Toe amputation | 16 (0.2%) | 12 (0.2%) |
| Knee arthroplasty | 14 (0.2%) | 18 (0.3%) |
| Skin neoplasm excision | 13 (0.2%) | 7 (0.1%) |
| Large intestinal polypectomy | 12 (0.2%) | 11 (0.2%) |
| Intraocular lens implant | 12 (0.2%) | 10 (0.2%) |
| Vitrectomy | 9 (0.1%) | 13 (0.2%) |
| Hip arthroplasty | 8 (0.1%) | 9 (0.1%) |
| Polypectomy | 8 (0.1%) | 8 (0.1%) |
| Dental implantation | 7 (0.1%) | 8 (0.1%) |
| Carpal tunnel decompression | 7 (0.1%) | 7 (0.1%) |
| Skin lesion removal | 7 (0.1%) | 4 (0.1%) |
| Arteriovenous fistula operation | 7 (0.1%) | 3 (0.0%) |
| Leg amputation | 6 (0.1%) | 5 (0.1%) |
| Tendon sheath incision | 6 (0.1%) | 5 (0.1%) |
| Diabetes mellitus management | 6 (0.1%) | 1 (0.0%) |
| Cholecystectomy | 5 (0.1%) | 13 (0.2%) |
| Gastric bypass | 5 (0.1%) | 2 (0.0%) |
| Eye operation | 5 (0.1%) | 0 |
| Cardiac pacemaker insertion | 4 (0.1%) | 3 (0.0%) |
| Colectomy | 4 (0.1%) | 1 (0.0%) |
| Endodontic procedure | 4 (0.1%) | 1 (0.0%) |
| Hysterectomy | 4 (0.1%) | 1 (0.0%) |
| Eye laser surgery | 3 (0.0%) | 5 (0.1%) |
| Intervertebral disc operation | 3 (0.0%) | 5 (0.1%) |
| Foot amputation | 3 (0.0%) | 4 (0.1%) |
| Circumcision | 3 (0.0%) | 1 (0.0%) |
| Metabolic surgery | 3 (0.0%) | 1 (0.0%) |
| Parathyroidectomy | 3 (0.0%) | 1 (0.0%) |
| Peripheral artery angioplasty | 3 (0.0%) | 1 (0.0%) |
| Retinal laser coagulation | 3 (0.0%) | 1 (0.0%) |
| Spinal laminectomy | 3 (0.0%) | 1 (0.0%) |
| Foot operation | 3 (0.0%) | 0 |
| Removal of internal fixation | 3 (0.0%) | 0 |
| Roux loop conversion | 3 (0.0%) | 0 |
| Skin graft | 3 (0.0%) | 0 |
| Spinal decompression | 3 (0.0%) | 0 |
| Lens extraction | 2 (0.0%) | 8 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-------------------------------------|------------------------|---------------------|
| Umbilical hernia repair | 2 (0.0%) | 6 (0.1%) |
| Transurethral prostatectomy | 2 (0.0%) | 5 (0.1%) |
| Coronary angioplasty | 2 (0.0%) | 3 (0.0%) |
| Gastrectomy | 2 (0.0%) | 3 (0.0%) |
| Haemodialysis | 2 (0.0%) | 3 (0.0%) |
| Coronary artery bypass | 2 (0.0%) | 2 (0.0%) |
| Debridement | 2 (0.0%) | 2 (0.0%) |
| Inguinal hernia repair | 2 (0.0%) | 2 (0.0%) |
| Prostatectomy | 2 (0.0%) | 2 (0.0%) |
| Spinal operation | 2 (0.0%) | 2 (0.0%) |
| Transurethral bladder resection | 2 (0.0%) | 2 (0.0%) |
| Aortic valve replacement | 2 (0.0%) | 1 (0.0%) |
| Blepharoplasty | 2 (0.0%) | 1 (0.0%) |
| Cardioversion | 2 (0.0%) | 1 (0.0%) |
| Coronary revascularisation | 2 (0.0%) | 1 (0.0%) |
| Dental operation | 2 (0.0%) | 1 (0.0%) |
| Peripheral artery bypass | 2 (0.0%) | 1 (0.0%) |
| Chemotherapy | 2 (0.0%) | 0 |
| Dental care | 2 (0.0%) | 0 |
| Dialysis | 2 (0.0%) | 0 |
| Finger amputation | 2 (0.0%) | 0 |
| Internal fixation of fracture | 2 (0.0%) | 0 |
| Lens capsulotomy | 2 (0.0%) | 0 |
| Lithotripsy | 2 (0.0%) | 0 |
| Metatarsal excision | 2 (0.0%) | 0 |
| Nail operation | 2 (0.0%) | 0 |
| Ostectomy | 2 (0.0%) | 0 |
| Parotidectomy | 2 (0.0%) | 0 |
| Rehabilitation therapy | 2 (0.0%) | 0 |
| Renal stone removal | 2 (0.0%) | 0 |
| Shoulder arthroplasty | 2 (0.0%) | 0 |
| Shoulder operation | 2 (0.0%) | 0 |
| Spinal fusion surgery | 2 (0.0%) | 0 |
| Tooth repair | 2 (0.0%) | 0 |
| Vasectomy | 2 (0.0%) | 0 |
| Abscess drainage | 1 (0.0%) | 3 (0.0%) |
| Percutaneous coronary intervention | 1 (0.0%) | 3 (0.0%) |
| Dialysis device insertion | 1 (0.0%) | 2 (0.0%) |
| Dupuytren's contracture operation | 1 (0.0%) | 2 (0.0%) |
| Intestinal polypectomy | 1 (0.0%) | 2 (0.0%) |
| Intra-ocular injection | 1 (0.0%) | 2 (0.0%) |
| Knee operation | 1 (0.0%) | 2 (0.0%) |
| Retinal operation | 1 (0.0%) | 2 (0.0%) |
| Aortic aneurysm repair | 1 (0.0%) | 1 (0.0%) |
| Cardiac ablation | 1 (0.0%) | 1 (0.0%) |
| Central venous catheterisation | 1 (0.0%) | 1 (0.0%) |
| Coronary arterial stent insertion | 1 (0.0%) | 1 (0.0%) |
| Drug delivery device placement | 1 (0.0%) | 1 (0.0%) |
| Eyelid operation | 1 (0.0%) | 1 (0.0%) |
| Glaucoma drainage device placement | 1 (0.0%) | 1 (0.0%) |
| Glaucoma surgery | 1 (0.0%) | 1 (0.0%) |
| Implantable defibrillator insertion | 1 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Joint injection | 1 (0.0%) | 1 (0.0%) |
| Laser therapy | 1 (0.0%) | 1 (0.0%) |
| Meniscus operation | 1 (0.0%) | 1 (0.0%) |
| Papilloma excision | 1 (0.0%) | 1 (0.0%) |
| Peripheral artery stent insertion | 1 (0.0%) | 1 (0.0%) |
| Preoperative care | 1 (0.0%) | 1 (0.0%) |
| Pterygium operation | 1 (0.0%) | 1 (0.0%) |
| Radical prostatectomy | 1 (0.0%) | 1 (0.0%) |
| Rhinoplasty | 1 (0.0%) | 1 (0.0%) |
| Tenotomy | 1 (0.0%) | 1 (0.0%) |
| Thyroidectomy | 1 (0.0%) | 1 (0.0%) |
| Uterine polypectomy | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia repair | 1 (0.0%) | 0 |
| Acrochordon excision | 1 (0.0%) | 0 |
| Aneurysm repair | 1 (0.0%) | 0 |
| Ankle operation | 1 (0.0%) | 0 |
| Atrial appendage closure | 1 (0.0%) | 0 |
| Benign tumour excision | 1 (0.0%) | 0 |
| Bile duct stent removal | 1 (0.0%) | 0 |
| Biliary catheter removal | 1 (0.0%) | 0 |
| Bladder calculus removal | 1 (0.0%) | 0 |
| Bowel preparation | 1 (0.0%) | 0 |
| Brachytherapy | 1 (0.0%) | 0 |
| Breast conserving surgery | 1 (0.0%) | 0 |
| Breast prosthesis removal | 1 (0.0%) | 0 |
| Cancer surgery | 1 (0.0%) | 0 |
| Canthoplasty | 1 (0.0%) | 0 |
| Carotid endarterectomy | 1 (0.0%) | 0 |
| Cerumen removal | 1 (0.0%) | 0 |
| Drug therapy | 1 (0.0%) | 0 |
| Epidural injection | 1 (0.0%) | 0 |
| Fasciotomy | 1 (0.0%) | 0 |
| Femoral hernia repair | 1 (0.0%) | 0 |
| Finger repair operation | 1 (0.0%) | 0 |
| Fistula repair | 1 (0.0%) | 0 |
| Gastric polypectomy | 1 (0.0%) | 0 |
| Gingival operation | 1 (0.0%) | 0 |
| Hernia repair | 1 (0.0%) | 0 |
| Infiltration anaesthesia | 1 (0.0%) | 0 |
| Internal fixation of spine | 1 (0.0%) | 0 |
| Intestinal operation | 1 (0.0%) | 0 |
| Large intestine operation | 1 (0.0%) | 0 |
| Lymphadenectomy | 1 (0.0%) | 0 |
| Mass excision | 1 (0.0%) | 0 |
| Maxillofacial operation | 1 (0.0%) | 0 |
| Medical device removal | 1 (0.0%) | 0 |
| Micrographic skin surgery | 1 (0.0%) | 0 |
| Mole excision | 1 (0.0%) | 0 |
| Myomectomy | 1 (0.0%) | 0 |
| Nephrectomy | 1 (0.0%) | 0 |
| Nerve block | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Ocular stem cell transplant | 1 (0.0%) | 0 |
| Oophorectomy | 1 (0.0%) | 0 |
| Oophorectomy bilateral | 1 (0.0%) | 0 |
| Oral surgery | 1 (0.0%) | 0 |
| Orthopaedic procedure | 1 (0.0%) | 0 |
| Pancreatic stent placement | 1 (0.0%) | 0 |
| Pancreaticosplenectomy | 1 (0.0%) | 0 |
| Peripheral nerve decompression | 1 (0.0%) | 0 |
| Platelet rich plasma therapy | 1 (0.0%) | 0 |
| Proctocolectomy | 1 (0.0%) | 0 |
| Ptosis repair | 1 (0.0%) | 0 |
| Radical hysterectomy | 1 (0.0%) | 0 |
| Radical mastectomy | 1 (0.0%) | 0 |
| Removal of foreign body from eye | 1 (0.0%) | 0 |
| Scar excision | 1 (0.0%) | 0 |
| Sequestrectomy | 1 (0.0%) | 0 |
| Small intestinal polypectomy | 1 (0.0%) | 0 |
| Suture insertion | 1 (0.0%) | 0 |
| Synovectomy | 1 (0.0%) | 0 |
| Tenolysis | 1 (0.0%) | 0 |
| Therapeutic nerve ablation | 1 (0.0%) | 0 |
| Tumour excision | 1 (0.0%) | 0 |
| Ureteric calculus removal | 1 (0.0%) | 0 |
| Urethral bulking agent injection | 1 (0.0%) | 0 |
| Uterine prolapse repair | 1 (0.0%) | 0 |
| Vascular stent insertion | 1 (0.0%) | 0 |
| Wound treatment | 1 (0.0%) | 0 |
| Insertion of ambulatory peritoneal catheter | 0 | 4 (0.1%) |
| Limb operation | 0 | 4 (0.1%) |
| Lipoma excision | 0 | 4 (0.1%) |
| Stent placement | 0 | 4 (0.1%) |
| Hydrocele operation | 0 | 3 (0.0%) |
| Retinopexy | 0 | 3 (0.0%) |
| Sebaceous cyst excision | 0 | 3 (0.0%) |
| Varicose vein operation | 0 | 3 (0.0%) |
| Amputation | 0 | 2 (0.0%) |
| Angioplasty | 0 | 2 (0.0%) |
| Cardiac pacemaker replacement | 0 | 2 (0.0%) |
| Haemorrhoid operation | 0 | 2 (0.0%) |
| Skin ulcer excision | 0 | 2 (0.0%) |
| Antitussive therapy | 0 | 1 (0.0%) |
| Aortic surgery | 0 | 1 (0.0%) |
| Appendicectomy | 0 | 1 (0.0%) |
| Arthrodesis | 0 | 1 (0.0%) |
| Artificial crown procedure | 0 | 1 (0.0%) |
| Astringent therapy | 0 | 1 (0.0%) |
| Bladder neck operation | 0 | 1 (0.0%) |
| Bladder neck resection | 0 | 1 (0.0%) |
| Bladder polypectomy | 0 | 1 (0.0%) |
| Bone operation | 0 | 1 (0.0%) |
| Bunion operation | 0 | 1 (0.0%) |
| Caecum operation | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Cardiac pacemaker removal | 0 | 1 (0.0%) |
| Cardiac rehabilitation therapy | 0 | 1 (0.0%) |
| Central venous catheter removal | 0 | 1 (0.0%) |
| Cheilectomy | 0 | 1 (0.0%) |
| Colon operation | 0 | 1 (0.0%) |
| Colostomy | 0 | 1 (0.0%) |
| Continuous positive airway pressure | 0 | 1 (0.0%) |
| Corneal transplant | 0 | 1 (0.0%) |
| Cyst removal | 0 | 1 (0.0%) |
| Cystostomy | 0 | 1 (0.0%) |
| Dermal filler injection | 0 | 1 (0.0%) |
| Ear tube insertion | 0 | 1 (0.0%) |
| Eye excision | 0 | 1 (0.0%) |
| Facial lesion excision | 0 | 1 (0.0%) |
| Gastric banding | 0 | 1 (0.0%) |
| Gastric banding reversal | 0 | 1 (0.0%) |
| Gastric electrical stimulation | 0 | 1 (0.0%) |
| Incisional hernia repair | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Intraocular lens repositioning | 0 | 1 (0.0%) |
| Intravitreal implant | 0 | 1 (0.0%) |
| Iridotomy | 0 | 1 (0.0%) |
| Keratomileusis | 0 | 1 (0.0%) |
| Ligament operation | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Matrixectomy | 0 | 1 (0.0%) |
| Mitral valve repair | 0 | 1 (0.0%) |
| Nasal operation | 0 | 1 (0.0%) |
| Nasal polypectomy | 0 | 1 (0.0%) |
| Nephroureterectomy | 0 | 1 (0.0%) |
| Neurosurgery | 0 | 1 (0.0%) |
| Peripheral nerve operation | 0 | 1 (0.0%) |
| Pharyngeal polypectomy | 0 | 1 (0.0%) |
| Phlebotomy | 0 | 1 (0.0%) |
| Physiotherapy | 0 | 1 (0.0%) |
| Posterior lens capsulotomy | 0 | 1 (0.0%) |
| Radioactive iodine therapy | 0 | 1 (0.0%) |
| Rectocele repair | 0 | 1 (0.0%) |
| Removal of foreign body from larynx | 0 | 1 (0.0%) |
| Renal cyst excision | 0 | 1 (0.0%) |
| Renal disorder prophylaxis | 0 | 1 (0.0%) |
| Sclerotherapy | 0 | 1 (0.0%) |
| Sinus operation | 0 | 1 (0.0%) |
| Toe operation | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Urethral dilation procedure | 0 | 1 (0.0%) |
| Urinary cystectomy | 0 | 1 (0.0%) |
| Vascular catheterisation | 0 | 1 (0.0%) |
| Vascular graft | 0 | 1 (0.0%) |
| Wisdom teeth removal | 0 | 1 (0.0%) |
| Zonulolysis | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Psychiatric Disorders | 378 (5.8%) | 449 (6.9%) |
| Insomnia | 142 (2.2%) | 145 (2.2%) |
| Depression | 92 (1.4%) | 117 (1.8%) |
| Anxiety | 51 (0.8%) | 74 (1.1%) |
| Sleep disorder | 25 (0.4%) | 23 (0.4%) |
| Confusional state | 14 (0.2%) | 14 (0.2%) |
| Stress | 7 (0.1%) | 5 (0.1%) |
| Depressed mood | 6 (0.1%) | 16 (0.2%) |
| Delirium | 6 (0.1%) | 11 (0.2%) |
| Major depression | 6 (0.1%) | 5 (0.1%) |
| Mixed anxiety and depressive disorder | 6 (0.1%) | 3 (0.0%) |
| Mental status changes | 5 (0.1%) | 7 (0.1%) |
| Hallucination | 5 (0.1%) | 6 (0.1%) |
| Nervousness | 4 (0.1%) | 3 (0.0%) |
| Bipolar disorder | 4 (0.1%) | 0 |
| Anxiety disorder | 3 (0.0%) | 5 (0.1%) |
| Restlessness | 3 (0.0%) | 4 (0.1%) |
| Aggression | 3 (0.0%) | 2 (0.0%) |
| Disorientation | 3 (0.0%) | 2 (0.0%) |
| Nightmare | 3 (0.0%) | 1 (0.0%) |
| Apathy | 2 (0.0%) | 3 (0.0%) |
| Middle insomnia | 2 (0.0%) | 1 (0.0%) |
| Nicotine dependence | 2 (0.0%) | 1 (0.0%) |
| Tension | 2 (0.0%) | 1 (0.0%) |
| Affective disorder | 2 (0.0%) | 0 |
| Completed suicide | 2 (0.0%) | 0 |
| Personality change due to a general medical condition | 2 (0.0%) | 0 |
| Tic | 2 (0.0%) | 0 |
| Adjustment disorder with depressed mood | 1 (0.0%) | 6 (0.1%) |
| Suicidal ideation | 1 (0.0%) | 3 (0.0%) |
| Abulia | 1 (0.0%) | 2 (0.0%) |
| Alcohol abuse | 1 (0.0%) | 2 (0.0%) |
| Libido decreased | 1 (0.0%) | 2 (0.0%) |
| Drug use disorder | 1 (0.0%) | 1 (0.0%) |
| Enuresis | 1 (0.0%) | 1 (0.0%) |
| Generalised anxiety disorder | 1 (0.0%) | 1 (0.0%) |
| Grief reaction | 1 (0.0%) | 1 (0.0%) |
| Initial insomnia | 1 (0.0%) | 1 (0.0%) |
| Irritability | 1 (0.0%) | 1 (0.0%) |
| Mental disorder due to a general medical condition | 1 (0.0%) | 1 (0.0%) |
| Neurosis | 1 (0.0%) | 1 (0.0%) |
| Psychotic disorder | 1 (0.0%) | 1 (0.0%) |
| Abnormal behaviour | 1 (0.0%) | 0 |
| Agitation | 1 (0.0%) | 0 |
| Alcohol withdrawal syndrome | 1 (0.0%) | 0 |
| Attention deficit hyperactivity disorder | 1 (0.0%) | 0 |
| Autism spectrum disorder | 1 (0.0%) | 0 |
| Drug dependence | 1 (0.0%) | 0 |
| Mania | 1 (0.0%) | 0 |
| Mental disorder | 1 (0.0%) | 0 |
| Panic attack | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Persistent depressive disorder | 1 (0.0%) | 0 |
| Phonophobia | 1 (0.0%) | 0 |
| Schizophrenia | 1 (0.0%) | 0 |
| Schizophreniform disorder | 1 (0.0%) | 0 |
| Suicide attempt | 1 (0.0%) | 0 |
| Post-traumatic stress disorder | 0 | 5 (0.1%) |
| Adjustment disorder | 0 | 3 (0.0%) |
| Panic disorder | 0 | 3 (0.0%) |
| Drug abuse | 0 | 2 (0.0%) |
| Mood altered | 0 | 2 (0.0%) |
| Abnormal dreams | 0 | 1 (0.0%) |
| Acute stress disorder | 0 | 1 (0.0%) |
| Affect lability | 0 | 1 (0.0%) |
| Alcoholism | 0 | 1 (0.0%) |
| Anorgasmia | 0 | 1 (0.0%) |
| Behaviour disorder | 0 | 1 (0.0%) |
| Claustrophobia | 0 | 1 (0.0%) |
| Daydreaming | 0 | 1 (0.0%) |
| Delusional disorder, unspecified type | 0 | 1 (0.0%) |
| Dysphemia | 0 | 1 (0.0%) |
| Dyssomnia | 0 | 1 (0.0%) |
| Executive dysfunction | 0 | 1 (0.0%) |
| Impulse-control disorder | 0 | 1 (0.0%) |
| Parasomnia | 0 | 1 (0.0%) |
| Personality change | 0 | 1 (0.0%) |
| Polydipsia psychogenic | 0 | 1 (0.0%) |
| Social avoidant behaviour | 0 | 1 (0.0%) |
| Substance-induced psychotic disorder | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Tearfulness | 0 | 1 (0.0%) |
| Tobacco abuse | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 362 (5.6%) | 361 (5.6%) |
| Benign prostatic hyperplasia | 159 (2.4%) | 153 (2.4%) |
| Erectile dysfunction | 42 (0.6%) | 45 (0.7%) |
| Prostatomegaly | 22 (0.3%) | 24 (0.4%) |
| Prostatitis | 17 (0.3%) | 19 (0.3%) |
| Breast pain | 10 (0.2%) | 5 (0.1%) |
| Pelvic pain | 9 (0.1%) | 5 (0.1%) |
| Gynaecomastia | 8 (0.1%) | 11 (0.2%) |
| Balanoposthitis | 8 (0.1%) | 9 (0.1%) |
| Prostatism | 7 (0.1%) | 6 (0.1%) |
| Atrophic vulvovaginitis | 6 (0.1%) | 2 (0.0%) |
| Vulvovaginal pruritus | 6 (0.1%) | 2 (0.0%) |
| Prostatic calcification | 5 (0.1%) | 8 (0.1%) |
| Vaginal haemorrhage | 5 (0.1%) | 4 (0.1%) |
| Uterine haemorrhage | 5 (0.1%) | 2 (0.0%) |
| Postmenopausal haemorrhage | 5 (0.1%) | 1 (0.0%) |
| Pruritus genital | 4 (0.1%) | 3 (0.0%) |
| Sexual dysfunction | 4 (0.1%) | 2 (0.0%) |
| Breast mass | 3 (0.0%) | 5 (0.1%) |
| Uterine polyp | 3 (0.0%) | 5 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|----------------------------|------------------------|---------------------|
| Testicular pain | 3 (0.0%) | 3 (0.0%) |
| Prostatic mass | 3 (0.0%) | 1 (0.0%) |
| Ovarian cyst | 2 (0.0%) | 10 (0.2%) |
| Prostatic disorder | 2 (0.0%) | 6 (0.1%) |
| Cervical dysplasia | 2 (0.0%) | 3 (0.0%) |
| Endometrial hyperplasia | 2 (0.0%) | 3 (0.0%) |
| Metrorrhagia | 2 (0.0%) | 3 (0.0%) |
| Nipple pain | 2 (0.0%) | 2 (0.0%) |
| Breast disorder | 2 (0.0%) | 1 (0.0%) |
| Cervical polyp | 2 (0.0%) | 1 (0.0%) |
| Penile pain | 2 (0.0%) | 1 (0.0%) |
| Vaginal disorder | 2 (0.0%) | 1 (0.0%) |
| Menstruation irregular | 2 (0.0%) | 0 |
| Vulvovaginal dryness | 2 (0.0%) | 0 |
| Fibrocystic breast disease | 1 (0.0%) | 2 (0.0%) |
| Genital lesion | 1 (0.0%) | 2 (0.0%) |
| Breast calcifications | 1 (0.0%) | 1 (0.0%) |
| Breast cyst | 1 (0.0%) | 1 (0.0%) |
| Breast dysplasia | 1 (0.0%) | 1 (0.0%) |
| Cystocele | 1 (0.0%) | 1 (0.0%) |
| Menopausal symptoms | 1 (0.0%) | 1 (0.0%) |
| Pelvic fluid collection | 1 (0.0%) | 1 (0.0%) |
| Penile erythema | 1 (0.0%) | 1 (0.0%) |
| Perineal pain | 1 (0.0%) | 1 (0.0%) |
| Scrotal dermatitis | 1 (0.0%) | 1 (0.0%) |
| Uterine prolapse | 1 (0.0%) | 1 (0.0%) |
| Amenorrhoea | 1 (0.0%) | 0 |
| Breast discharge | 1 (0.0%) | 0 |
| Breast necrosis | 1 (0.0%) | 0 |
| Breast tenderness | 1 (0.0%) | 0 |
| Dysmenorrhoea | 1 (0.0%) | 0 |
| Ectropion of cervix | 1 (0.0%) | 0 |
| Endometriosis | 1 (0.0%) | 0 |
| Fallopian tube cyst | 1 (0.0%) | 0 |
| Ovarian mass | 1 (0.0%) | 0 |
| Pelvic adhesions | 1 (0.0%) | 0 |
| Pelvic haematoma | 1 (0.0%) | 0 |
| Peyronie's disease | 1 (0.0%) | 0 |
| Prostatic dysplasia | 1 (0.0%) | 0 |
| Prostatovesiculitis | 1 (0.0%) | 0 |
| Scrotal disorder | 1 (0.0%) | 0 |
| Testicular perforation | 1 (0.0%) | 0 |
| Uterine disorder | 1 (0.0%) | 0 |
| Breast hyperplasia | 0 | 5 (0.1%) |
| Menorrhagia | 0 | 3 (0.0%) |
| Varicocele | 0 | 3 (0.0%) |
| Vulvovaginal pain | 0 | 3 (0.0%) |
| Prostatic cyst | 0 | 2 (0.0%) |
| Scrotal pain | 0 | 2 (0.0%) |
| Adnexa uteri cyst | 0 | 1 (0.0%) |
| Adnexa uteri mass | 0 | 1 (0.0%) |
| Breast inflammation | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|----------------------------------|------------------------|---------------------|
| Calculus prostatic | 0 | 1 (0.0%) |
| Cervical cyst | 0 | 1 (0.0%) |
| Dysfunctional uterine bleeding | 0 | 1 (0.0%) |
| Ejaculation disorder | 0 | 1 (0.0%) |
| Endometrial thickening | 0 | 1 (0.0%) |
| Epididymal enlargement | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Galactorrhoea | 0 | 1 (0.0%) |
| Genital atrophy | 0 | 1 (0.0%) |
| Genital discomfort | 0 | 1 (0.0%) |
| Genital hypoaesthesia | 0 | 1 (0.0%) |
| Genital tract inflammation | 0 | 1 (0.0%) |
| Haemospermia | 0 | 1 (0.0%) |
| Hydrometra | 0 | 1 (0.0%) |
| Nipple exudate bloody | 0 | 1 (0.0%) |
| Nipple inflammation | 0 | 1 (0.0%) |
| Ovarian enlargement | 0 | 1 (0.0%) |
| Ovarian failure | 0 | 1 (0.0%) |
| Pelvic cyst | 0 | 1 (0.0%) |
| Pelvic discomfort | 0 | 1 (0.0%) |
| Penile vascular disorder | 0 | 1 (0.0%) |
| Rectocele | 0 | 1 (0.0%) |
| Scrotal oedema | 0 | 1 (0.0%) |
| Scrotal swelling | 0 | 1 (0.0%) |
| Testicular mass | 0 | 1 (0.0%) |
| Testicular swelling | 0 | 1 (0.0%) |
| Uterine inflammation | 0 | 1 (0.0%) |
| Uterine mass | 0 | 1 (0.0%) |
| Vaginal oedema | 0 | 1 (0.0%) |
| Vulval eczema | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 343 (5.3%) | 335 (5.2%) |
| Hepatic steatosis | 101 (1.6%) | 111 (1.7%) |
| Cholelithiasis | 88 (1.4%) | 82 (1.3%) |
| Hepatic function abnormal | 32 (0.5%) | 26 (0.4%) |
| Hepatic cirrhosis | 21 (0.3%) | 20 (0.3%) |
| Gallbladder polyp | 20 (0.3%) | 12 (0.2%) |
| Cholecystitis | 19 (0.3%) | 17 (0.3%) |
| Cholecystitis acute | 13 (0.2%) | 18 (0.3%) |
| Hepatomegaly | 12 (0.2%) | 6 (0.1%) |
| Hepatic cyst | 10 (0.2%) | 8 (0.1%) |
| Cholecystitis chronic | 9 (0.1%) | 13 (0.2%) |
| Bile duct stone | 9 (0.1%) | 8 (0.1%) |
| Biliary colic | 9 (0.1%) | 6 (0.1%) |
| Cholestasis | 7 (0.1%) | 8 (0.1%) |
| Hepatic lesion | 5 (0.1%) | 4 (0.1%) |
| Liver disorder | 5 (0.1%) | 3 (0.0%) |
| Cholangitis | 4 (0.1%) | 8 (0.1%) |
| Non-alcoholic steatohepatitis | 4 (0.1%) | 5 (0.1%) |
| Nonalcoholic fatty liver disease | 4 (0.1%) | 4 (0.1%) |
| Hepatitis | 4 (0.1%) | 1 (0.0%) |
| Hepatocellular injury | 3 (0.0%) | 3 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------|------------------------|---------------------|
| Drug-induced liver injury | 3 (0.0%) | 2 (0.0%) |
| Hepatic calcification | 3 (0.0%) | 1 (0.0%) |
| Biliary dyskinesia | 3 (0.0%) | 0 |
| Chronic hepatitis | 3 (0.0%) | 0 |
| Hepatosplenomegaly | 2 (0.0%) | 3 (0.0%) |
| Jaundice cholestatic | 2 (0.0%) | 3 (0.0%) |
| Portal hypertension | 2 (0.0%) | 3 (0.0%) |
| Biliary dilatation | 2 (0.0%) | 2 (0.0%) |
| Hyperplastic cholecystopathy | 2 (0.0%) | 2 (0.0%) |
| Gallbladder disorder | 2 (0.0%) | 1 (0.0%) |
| Hepatic failure | 2 (0.0%) | 1 (0.0%) |
| Hepatitis acute | 2 (0.0%) | 1 (0.0%) |
| Hypertransaminasaemia | 2 (0.0%) | 1 (0.0%) |
| Biliary obstruction | 2 (0.0%) | 0 |
| Hepatic fibrosis | 2 (0.0%) | 0 |
| Ocular icterus | 2 (0.0%) | 0 |
| Cholangitis acute | 1 (0.0%) | 5 (0.1%) |
| Hepatic mass | 1 (0.0%) | 5 (0.1%) |
| Alcoholic liver disease | 1 (0.0%) | 2 (0.0%) |
| Gallbladder cholesterolosis | 1 (0.0%) | 2 (0.0%) |
| Steatohepatitis | 1 (0.0%) | 2 (0.0%) |
| Biliary tract disorder | 1 (0.0%) | 1 (0.0%) |
| Gallbladder enlargement | 1 (0.0%) | 1 (0.0%) |
| Hepatic pain | 1 (0.0%) | 1 (0.0%) |
| Hyperbilirubinaemia | 1 (0.0%) | 1 (0.0%) |
| Jaundice | 1 (0.0%) | 1 (0.0%) |
| Porcelain gallbladder | 1 (0.0%) | 1 (0.0%) |
| Bile duct stenosis | 1 (0.0%) | 0 |
| Cholangiectasis acquired | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Gallbladder fistula | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Hepatotoxicity | 1 (0.0%) | 0 |
| Congestive hepatopathy | 0 | 2 (0.0%) |
| Hepatitis alcoholic | 0 | 2 (0.0%) |
| Hydrocholecystis | 0 | 2 (0.0%) |
| Biliary fistula | 0 | 1 (0.0%) |
| Cardiac cirrhosis | 0 | 1 (0.0%) |
| Cholecystocholangitis | 0 | 1 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Granulomatous liver disease | 0 | 1 (0.0%) |
| Hepatic vascular thrombosis | 0 | 1 (0.0%) |
| Hepatitis toxic | 0 | 1 (0.0%) |
| Hepatobiliary disease | 0 | 1 (0.0%) |
| Liver injury | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Primary biliary cholangitis | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 290 (4.5%) | 268 (4.1%) |
| Vertigo | 129 (2.0%) | 115 (1.8%) |
| Tinnitus | 35 (0.5%) | 41 (0.6%) |
| Ear pain | 19 (0.3%) | 19 (0.3%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-------------------------------|------------------------|---------------------|
| Vertigo positional | 16 (0.2%) | 12 (0.2%) |
| Hypoacusis | 16 (0.2%) | 8 (0.1%) |
| Cerumen impaction | 11 (0.2%) | 13 (0.2%) |
| Deafness neurosensory | 11 (0.2%) | 9 (0.1%) |
| Deafness | 10 (0.2%) | 11 (0.2%) |
| Sudden hearing loss | 9 (0.1%) | 11 (0.2%) |
| Vestibular disorder | 7 (0.1%) | 8 (0.1%) |
| Presbycusis | 7 (0.1%) | 2 (0.0%) |
| Excessive cerumen production | 6 (0.1%) | 11 (0.2%) |
| Ear pruritus | 6 (0.1%) | 2 (0.0%) |
| Deafness unilateral | 4 (0.1%) | 4 (0.1%) |
| Meniere's disease | 4 (0.1%) | 1 (0.0%) |
| Tympanic membrane perforation | 3 (0.0%) | 4 (0.1%) |
| Ear discomfort | 3 (0.0%) | 1 (0.0%) |
| Motion sickness | 2 (0.0%) | 2 (0.0%) |
| Auricular pseudocyst | 2 (0.0%) | 0 |
| Inner ear disorder | 2 (0.0%) | 0 |
| Auditory disorder | 1 (0.0%) | 1 (0.0%) |
| Middle ear inflammation | 1 (0.0%) | 1 (0.0%) |
| Mixed deafness | 1 (0.0%) | 1 (0.0%) |
| Acute vestibular syndrome | 1 (0.0%) | 0 |
| Aural polyp | 1 (0.0%) | 0 |
| Conductive deafness | 1 (0.0%) | 0 |
| Otolithiasis | 1 (0.0%) | 0 |
| Deafness bilateral | 0 | 9 (0.1%) |
| Ear congestion | 0 | 1 (0.0%) |
| Ear disorder | 0 | 1 (0.0%) |
| Ear swelling | 0 | 1 (0.0%) |
| Eustachian tube dysfunction | 0 | 1 (0.0%) |
| Eustachian tube patulous | 0 | 1 (0.0%) |
| External ear inflammation | 0 | 1 (0.0%) |
| Neurosensory hypoacusis | 0 | 1 (0.0%) |
| Tympanic membrane hyperaemia | 0 | 1 (0.0%) |
| Vestibular ataxia | 0 | 1 (0.0%) |
| Endocrine Disorders | 173 (2.7%) | 183 (2.8%) |
| Hypothyroidism | 60 (0.9%) | 55 (0.8%) |
| Hyperparathyroidism secondary | 26 (0.4%) | 22 (0.3%) |
| Thyroid mass | 25 (0.4%) | 23 (0.4%) |
| Goitre | 12 (0.2%) | 16 (0.2%) |
| Hyperthyroidism | 12 (0.2%) | 16 (0.2%) |
| Hyperparathyroidism | 10 (0.2%) | 17 (0.3%) |
| Adrenal mass | 5 (0.1%) | 5 (0.1%) |
| Autoimmune thyroiditis | 3 (0.0%) | 2 (0.0%) |
| Adrenomegaly | 3 (0.0%) | 0 |
| Thyroid disorder | 3 (0.0%) | 0 |
| Hypogonadism | 2 (0.0%) | 5 (0.1%) |
| Thyroid cyst | 2 (0.0%) | 5 (0.1%) |
| Basedow's disease | 2 (0.0%) | 2 (0.0%) |
| Euthyroid sick syndrome | 2 (0.0%) | 2 (0.0%) |
| Primary hypothyroidism | 2 (0.0%) | 1 (0.0%) |
| Androgen deficiency | 2 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Empty sella syndrome | 2 (0.0%) | 0 |
| Hypoparathyroidism | 1 (0.0%) | 2 (0.0%) |
| Primary hyperaldosteronism | 1 (0.0%) | 2 (0.0%) |
| Hyperparathyroidism primary | 1 (0.0%) | 1 (0.0%) |
| Hyperprolactinaemia | 1 (0.0%) | 1 (0.0%) |
| Autoimmune thyroid disorder | 1 (0.0%) | 0 |
| Cushing's syndrome | 1 (0.0%) | 0 |
| Hyperandrogenism | 1 (0.0%) | 0 |
| Hyperpituitarism | 1 (0.0%) | 0 |
| Hypopituitarism | 1 (0.0%) | 0 |
| Primary adrenal insufficiency | 1 (0.0%) | 0 |
| Thyroiditis subacute | 1 (0.0%) | 0 |
| Toxic nodular goitre | 1 (0.0%) | 0 |
| Adrenal cyst | 0 | 3 (0.0%) |
| Adrenal disorder | 0 | 3 (0.0%) |
| Hyperplasia adrenal | 0 | 3 (0.0%) |
| Pituitary-dependent Cushing's syndrome | 0 | 2 (0.0%) |
| Adrenal insufficiency | 0 | 1 (0.0%) |
| Secondary hyperthyroidism | 0 | 1 (0.0%) |
| Testicular failure | 0 | 1 (0.0%) |
| Thyroiditis | 0 | 1 (0.0%) |
| Immune System Disorders | 76 (1.2%) | 60 (0.9%) |
| Seasonal allergy | 30 (0.5%) | 24 (0.4%) |
| Drug hypersensitivity | 16 (0.2%) | 7 (0.1%) |
| Hypersensitivity | 15 (0.2%) | 18 (0.3%) |
| Anaphylactic reaction | 2 (0.0%) | 3 (0.0%) |
| Allergy to arthropod sting | 2 (0.0%) | 1 (0.0%) |
| Allergy to animal | 2 (0.0%) | 0 |
| Allergy to arthropod bite | 2 (0.0%) | 0 |
| Amyloidosis | 2 (0.0%) | 0 |
| Anaphylactic shock | 1 (0.0%) | 2 (0.0%) |
| Food allergy | 1 (0.0%) | 2 (0.0%) |
| Sarcoidosis | 1 (0.0%) | 2 (0.0%) |
| Dust allergy | 1 (0.0%) | 0 |
| Multiple allergies | 1 (0.0%) | 0 |
| Selective IgM immunodeficiency | 1 (0.0%) | 0 |
| Allergy to vaccine | 0 | 1 (0.0%) |
| Contrast media allergy | 0 | 1 (0.0%) |
| Mite allergy | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 35 (0.5%) | 43 (0.7%) |
| Phimosis | 6 (0.1%) | 10 (0.2%) |
| Hydrocele | 4 (0.1%) | 7 (0.1%) |
| Congenital cystic kidney disease | 4 (0.1%) | 1 (0.0%) |
| Hypertrophic cardiomyopathy | 3 (0.0%) | 1 (0.0%) |
| Adenomatous polyposis coli | 2 (0.0%) | 2 (0.0%) |
| Type V hyperlipidaemia | 2 (0.0%) | 2 (0.0%) |
| Congenital renal cyst | 2 (0.0%) | 1 (0.0%) |
| Arteriovenous malformation | 2 (0.0%) | 0 |
| Thalassaemia | 1 (0.0%) | 1 (0.0%) |
| Accessory spleen | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.1: Frequency Summary of Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Arnold-Chiari malformation | 1 (0.0%) | 0 |
| Bicuspid aortic valve | 1 (0.0%) | 0 |
| Factor VIII deficiency | 1 (0.0%) | 0 |
| Factor XII deficiency | 1 (0.0%) | 0 |
| Keratosis follicular | 1 (0.0%) | 0 |
| Limb malformation | 1 (0.0%) | 0 |
| Thalassaemia alpha | 1 (0.0%) | 0 |
| Truncus arteriosus persistent | 1 (0.0%) | 0 |
| Ventricular septal defect | 1 (0.0%) | 0 |
| Atrial septal defect | 0 | 2 (0.0%) |
| Anomaly of middle ear congenital | 0 | 1 (0.0%) |
| Birth mark | 0 | 1 (0.0%) |
| Cone dystrophy | 0 | 1 (0.0%) |
| Congenital aortic anomaly | 0 | 1 (0.0%) |
| Congenital poikiloderma | 0 | 1 (0.0%) |
| Dermoid cyst | 0 | 1 (0.0%) |
| Distichiasis | 0 | 1 (0.0%) |
| Ectrodactyly | 0 | 1 (0.0%) |
| Epidermolysis bullosa | 0 | 1 (0.0%) |
| Familial tremor | 0 | 1 (0.0%) |
| Haemophilia | 0 | 1 (0.0%) |
| Hereditary palmoplantar keratoderma | 0 | 1 (0.0%) |
| Hypospadias | 0 | 1 (0.0%) |
| Kidney duplex | 0 | 1 (0.0%) |
| Left-to-right cardiac shunt | 0 | 1 (0.0%) |
| Rathke's cleft cyst | 0 | 1 (0.0%) |
| Tornwaldt cyst | 0 | 1 (0.0%) |
| Product Issues | 8 (0.1%) | 11 (0.2%) |
| Device loosening | 2 (0.0%) | 1 (0.0%) |
| Lead dislodgement | 2 (0.0%) | 0 |
| Device malfunction | 1 (0.0%) | 3 (0.0%) |
| Device leakage | 1 (0.0%) | 1 (0.0%) |
| Device capturing issue | 1 (0.0%) | 0 |
| Device expulsion | 1 (0.0%) | 0 |
| Device lead damage | 1 (0.0%) | 0 |
| Device dislocation | 0 | 3 (0.0%) |
| Device breakage | 0 | 2 (0.0%) |
| Patient-device incompatibility | 0 | 1 (0.0%) |
| Social Circumstances | 2 (0.0%) | 4 (0.1%) |
| Social stay hospitalisation | 1 (0.0%) | 0 |
| Substance use | 1 (0.0%) | 0 |
| Walking disability | 0 | 2 (0.0%) |
| Menopause | 0 | 1 (0.0%) |
| Pregnancy of partner | 0 | 1 (0.0%) |
| Pregnancy, Puerperium And Perinatal Conditions | 0 | 1 (0.0%) |
| Umbilical granuloma | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Any TEAE | 2060 (31.6%) | 2186 (33.7%) |
| Infections And Infestations | 623 (9.6%) | 680 (10.5%) |
| Pneumonia | 143 (2.2%) | 216 (3.3%) |
| Cellulitis | 66 (1.0%) | 50 (0.8%) |
| Urinary tract infection | 49 (0.8%) | 62 (1.0%) |
| Sepsis | 31 (0.5%) | 37 (0.6%) |
| Osteomyelitis | 26 (0.4%) | 25 (0.4%) |
| Erysipelas | 21 (0.3%) | 29 (0.4%) |
| Gastroenteritis | 20 (0.3%) | 28 (0.4%) |
| COVID-19 | 17 (0.3%) | 22 (0.3%) |
| Urosepsis | 17 (0.3%) | 20 (0.3%) |
| Bronchitis | 16 (0.2%) | 22 (0.3%) |
| Localised infection | 16 (0.2%) | 8 (0.1%) |
| Pyelonephritis | 16 (0.2%) | 8 (0.1%) |
| Influenza | 12 (0.2%) | 9 (0.1%) |
| Abscess limb | 12 (0.2%) | 6 (0.1%) |
| Diabetic foot infection | 11 (0.2%) | 10 (0.2%) |
| Gangrene | 10 (0.2%) | 11 (0.2%) |
| COVID-19 pneumonia | 9 (0.1%) | 11 (0.2%) |
| Respiratory tract infection | 9 (0.1%) | 8 (0.1%) |
| Pyelonephritis acute | 9 (0.1%) | 3 (0.0%) |
| Postoperative wound infection | 8 (0.1%) | 2 (0.0%) |
| Septic shock | 7 (0.1%) | 10 (0.2%) |
| Diverticulitis | 7 (0.1%) | 9 (0.1%) |
| Appendicitis | 7 (0.1%) | 8 (0.1%) |
| Lower respiratory tract infection | 6 (0.1%) | 10 (0.2%) |
| Wound infection | 6 (0.1%) | 7 (0.1%) |
| Infected skin ulcer | 6 (0.1%) | 4 (0.1%) |
| Gastroenteritis viral | 6 (0.1%) | 0 |
| Pulmonary sepsis | 5 (0.1%) | 3 (0.0%) |
| Herpes zoster | 5 (0.1%) | 2 (0.0%) |
| Subcutaneous abscess | 5 (0.1%) | 0 |
| Upper respiratory tract infection | 4 (0.1%) | 10 (0.2%) |
| Cystitis | 4 (0.1%) | 5 (0.1%) |
| Osteomyelitis chronic | 4 (0.1%) | 2 (0.0%) |
| Arthritis bacterial | 4 (0.1%) | 1 (0.0%) |
| Bacteraemia | 4 (0.1%) | 1 (0.0%) |
| Pneumonia bacterial | 3 (0.0%) | 9 (0.1%) |
| Anal abscess | 3 (0.0%) | 5 (0.1%) |
| Infection | 3 (0.0%) | 5 (0.1%) |
| Pulmonary tuberculosis | 3 (0.0%) | 4 (0.1%) |
| Staphylococcal sepsis | 3 (0.0%) | 2 (0.0%) |
| Pneumonia streptococcal | 3 (0.0%) | 0 |
| Intervertebral discitis | 2 (0.0%) | 5 (0.1%) |
| Liver abscess | 2 (0.0%) | 5 (0.1%) |
| Soft tissue infection | 2 (0.0%) | 4 (0.1%) |
| Orchitis | 2 (0.0%) | 2 (0.0%) |
| Pyelonephritis chronic | 2 (0.0%) | 2 (0.0%) |
| Tracheobronchitis | 2 (0.0%) | 2 (0.0%) |
| Viral infection | 2 (0.0%) | 2 (0.0%) |
| Abdominal abscess | 2 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Clostridium difficile infection | 2 (0.0%) | 1 (0.0%) |
| Febrile infection | 2 (0.0%) | 1 (0.0%) |
| Otitis externa | 2 (0.0%) | 1 (0.0%) |
| Otitis media | 2 (0.0%) | 1 (0.0%) |
| Pneumonia viral | 2 (0.0%) | 1 (0.0%) |
| Appendicitis perforated | 2 (0.0%) | 0 |
| Aspergilloma | 2 (0.0%) | 0 |
| Bacterial infection | 2 (0.0%) | 0 |
| Bronchitis bacterial | 2 (0.0%) | 0 |
| Chronic sinusitis | 2 (0.0%) | 0 |
| Dengue fever | 2 (0.0%) | 0 |
| Emphysematous pyelonephritis | 2 (0.0%) | 0 |
| Groin abscess | 2 (0.0%) | 0 |
| Prostatic abscess | 2 (0.0%) | 0 |
| Pyelocystitis | 2 (0.0%) | 0 |
| Epididymitis | 1 (0.0%) | 4 (0.1%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 3 (0.0%) |
| Cholecystitis infective | 1 (0.0%) | 2 (0.0%) |
| Diabetic gangrene | 1 (0.0%) | 2 (0.0%) |
| Escherichia urinary tract infection | 1 (0.0%) | 2 (0.0%) |
| Labyrinthitis | 1 (0.0%) | 2 (0.0%) |
| Large intestine infection | 1 (0.0%) | 2 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 2 (0.0%) |
| Abdominal wall abscess | 1 (0.0%) | 1 (0.0%) |
| Campylobacter gastroenteritis | 1 (0.0%) | 1 (0.0%) |
| Clostridium difficile colitis | 1 (0.0%) | 1 (0.0%) |
| Endocarditis | 1 (0.0%) | 1 (0.0%) |
| Fournier's gangrene | 1 (0.0%) | 1 (0.0%) |
| Gastroenteritis norovirus | 1 (0.0%) | 1 (0.0%) |
| Gastroenteritis salmonella | 1 (0.0%) | 1 (0.0%) |
| Infected bite | 1 (0.0%) | 1 (0.0%) |
| Mastoiditis | 1 (0.0%) | 1 (0.0%) |
| Paronychia | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Peritonsillitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia influenzal | 1 (0.0%) | 1 (0.0%) |
| Tuberculosis | 1 (0.0%) | 1 (0.0%) |
| Abdominal infection | 1 (0.0%) | 0 |
| Abscess neck | 1 (0.0%) | 0 |
| Acute sinusitis | 1 (0.0%) | 0 |
| Arthritis infective | 1 (0.0%) | 0 |
| Bacterial sepsis | 1 (0.0%) | 0 |
| Borrelia infection | 1 (0.0%) | 0 |
| Chest wall abscess | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Device related sepsis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Endophthalmitis | 1 (0.0%) | 0 |
| Enteritis infectious | 1 (0.0%) | 0 |
| Enterococcal sepsis | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Escherichia bacteraemia | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Gastroenteritis rotavirus | 1 (0.0%) | 0 |
| Genitourinary tract infection | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Haematoma infection | 1 (0.0%) | 0 |
| Herpes ophthalmic | 1 (0.0%) | 0 |
| Infectious mononucleosis | 1 (0.0%) | 0 |
| Infectious pleural effusion | 1 (0.0%) | 0 |
| Infective myositis | 1 (0.0%) | 0 |
| Infective spondylitis | 1 (0.0%) | 0 |
| Infective tenosynovitis | 1 (0.0%) | 0 |
| Intestinal sepsis | 1 (0.0%) | 0 |
| Kidney infection | 1 (0.0%) | 0 |
| Leptospirosis | 1 (0.0%) | 0 |
| Lymphadenitis bacterial | 1 (0.0%) | 0 |
| Medical device site infection | 1 (0.0%) | 0 |
| Meningitis | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Nephritis bacterial | 1 (0.0%) | 0 |
| Oral infection | 1 (0.0%) | 0 |
| Osteomyelitis acute | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Peritoneal tuberculosis | 1 (0.0%) | 0 |
| Peritonitis bacterial | 1 (0.0%) | 0 |
| Pharyngitis | 1 (0.0%) | 0 |
| Pharyngitis streptococcal | 1 (0.0%) | 0 |
| Pilonidal cyst | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia klebsiella | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Pyonephrosis | 1 (0.0%) | 0 |
| Rectal abscess | 1 (0.0%) | 0 |
| Sialoadenitis | 1 (0.0%) | 0 |
| Sinusitis | 1 (0.0%) | 0 |
| Spinal cord abscess | 1 (0.0%) | 0 |
| Splenic abscess | 1 (0.0%) | 0 |
| Stoma site infection | 1 (0.0%) | 0 |
| Streptococcal sepsis | 1 (0.0%) | 0 |
| Urinary tract infection fungal | 1 (0.0%) | 0 |
| Urinary tract infection staphylococcal | 1 (0.0%) | 0 |
| Viraemia | 1 (0.0%) | 0 |
| Viral pericarditis | 1 (0.0%) | 0 |
| Wound infection bacterial | 1 (0.0%) | 0 |
| Infective exacerbation of bronchiectasis | 0 | 5 (0.1%) |
| Atypical pneumonia | 0 | 4 (0.1%) |
| Skin infection | 0 | 4 (0.1%) |
| Acute hepatitis B | 0 | 3 (0.0%) |
| Abscess | 0 | 2 (0.0%) |
| Periodontitis | 0 | 2 (0.0%) |
| Post procedural infection | 0 | 2 (0.0%) |
| Vestibular neuronitis | 0 | 2 (0.0%) |
| Abdominal sepsis | 0 | 1 (0.0%) |
| Abscess soft tissue | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Anorectal cellulitis | 0 | 1 (0.0%) |
| Arteriosclerotic gangrene | 0 | 1 (0.0%) |
| Bullous erysipelas | 0 | 1 (0.0%) |
| Burn infection | 0 | 1 (0.0%) |
| Carbuncle | 0 | 1 (0.0%) |
| Catheter site infection | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chronic hepatitis C | 0 | 1 (0.0%) |
| Coronavirus infection | 0 | 1 (0.0%) |
| Cystitis bacterial | 0 | 1 (0.0%) |
| Dermo-hypodermatitis | 0 | 1 (0.0%) |
| Device related infection | 0 | 1 (0.0%) |
| Ear infection | 0 | 1 (0.0%) |
| Enterococcal bacteraemia | 0 | 1 (0.0%) |
| Epiglottitis | 0 | 1 (0.0%) |
| Escherichia sepsis | 0 | 1 (0.0%) |
| Eye infection | 0 | 1 (0.0%) |
| Furuncle | 0 | 1 (0.0%) |
| Gastritis viral | 0 | 1 (0.0%) |
| Gastrointestinal viral infection | 0 | 1 (0.0%) |
| H1N1 influenza | 0 | 1 (0.0%) |
| Hepatitis B | 0 | 1 (0.0%) |
| Hepatitis viral | 0 | 1 (0.0%) |
| Herpes zoster meningoencephalitis | 0 | 1 (0.0%) |
| Infected seroma | 0 | 1 (0.0%) |
| Klebsiella bacteraemia | 0 | 1 (0.0%) |
| Medical device site joint infection | 0 | 1 (0.0%) |
| Neutropenic sepsis | 0 | 1 (0.0%) |
| Oesophageal candidiasis | 0 | 1 (0.0%) |
| Pelvic inflammatory disease | 0 | 1 (0.0%) |
| Periorbital cellulitis | 0 | 1 (0.0%) |
| Perirectal abscess | 0 | 1 (0.0%) |
| Peritonsillar abscess | 0 | 1 (0.0%) |
| Pneumonia haemophilus | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Pneumonia pneumococcal | 0 | 1 (0.0%) |
| Pneumonia respiratory syncytial viral | 0 | 1 (0.0%) |
| Post procedural sepsis | 0 | 1 (0.0%) |
| Pyelitis | 0 | 1 (0.0%) |
| Renal abscess | 0 | 1 (0.0%) |
| Respiratory syncytial virus infection | 0 | 1 (0.0%) |
| Salpingitis | 0 | 1 (0.0%) |
| Sinobronchitis | 0 | 1 (0.0%) |
| Staphylococcal bacteraemia | 0 | 1 (0.0%) |
| Staphylococcal infection | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Subacute endocarditis | 0 | 1 (0.0%) |
| Tooth abscess | 0 | 1 (0.0%) |
| Tooth infection | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |
| Urethritis | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Urinary tract infection bacterial | 0 | 1 (0.0%) |
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Viral tracheitis | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 343 (5.3%) | 323 (5.0%) |
| Hyperkalaemia | 65 (1.0%) | 16 (0.2%) |
| Type 2 diabetes mellitus | 47 (0.7%) | 47 (0.7%) |
| Hyperglycaemia | 40 (0.6%) | 34 (0.5%) |
| Diabetes mellitus inadequate control | 39 (0.6%) | 36 (0.6%) |
| Hypoglycaemia | 38 (0.6%) | 59 (0.9%) |
| Diabetes mellitus | 30 (0.5%) | 41 (0.6%) |
| Diabetic metabolic decompensation | 30 (0.5%) | 27 (0.4%) |
| Dehydration | 15 (0.2%) | 15 (0.2%) |
| Hyponatraemia | 14 (0.2%) | 8 (0.1%) |
| Diabetic ketoacidosis | 10 (0.2%) | 15 (0.2%) |
| Fluid overload | 7 (0.1%) | 9 (0.1%) |
| Hypovolaemia | 5 (0.1%) | 2 (0.0%) |
| Hypercalcaemia | 5 (0.1%) | 0 |
| Hyperglycaemic hyperosmolar nonketotic syndrome | 4 (0.1%) | 7 (0.1%) |
| Obesity | 4 (0.1%) | 3 (0.0%) |
| Hypokalaemia | 3 (0.0%) | 11 (0.2%) |
| Gout | 3 (0.0%) | 9 (0.1%) |
| Metabolic acidosis | 3 (0.0%) | 4 (0.1%) |
| Diabetic complication | 2 (0.0%) | 2 (0.0%) |
| Fluid retention | 2 (0.0%) | 2 (0.0%) |
| Hypomagnesaemia | 2 (0.0%) | 1 (0.0%) |
| Hypervolaemia | 2 (0.0%) | 0 |
| Hypocalcaemia | 1 (0.0%) | 2 (0.0%) |
| Ketoacidosis | 1 (0.0%) | 1 (0.0%) |
| Calciophylaxis | 1 (0.0%) | 0 |
| Electrolyte imbalance | 1 (0.0%) | 0 |
| Hypoglycaemia unawareness | 1 (0.0%) | 0 |
| Malnutrition | 1 (0.0%) | 0 |
| Metabolic syndrome | 1 (0.0%) | 0 |
| Cachexia | 0 | 2 (0.0%) |
| Decreased appetite | 0 | 2 (0.0%) |
| Hypoproteinaemia | 0 | 2 (0.0%) |
| Metabolic disorder | 0 | 2 (0.0%) |
| Hyperosmolar state | 0 | 1 (0.0%) |
| Mineral metabolism disorder | 0 | 1 (0.0%) |
| Periarthritis calcarea | 0 | 1 (0.0%) |
| Tumour lysis syndrome | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 246 (3.8%) | 256 (3.9%) |
| Prostate cancer | 23 (0.4%) | 29 (0.4%) |
| Colon cancer | 18 (0.3%) | 13 (0.2%) |
| Lung neoplasm malignant | 16 (0.2%) | 12 (0.2%) |
| Bladder cancer | 13 (0.2%) | 9 (0.1%) |
| Pancreatic carcinoma | 7 (0.1%) | 7 (0.1%) |
| Hepatocellular carcinoma | 6 (0.1%) | 5 (0.1%) |
| Breast cancer | 5 (0.1%) | 9 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Renal neoplasm | 5 (0.1%) | 5 (0.1%) |
| Hepatic cancer | 5 (0.1%) | 4 (0.1%) |
| Plasma cell myeloma | 5 (0.1%) | 2 (0.0%) |
| Renal cell carcinoma | 5 (0.1%) | 1 (0.0%) |
| Bladder cancer recurrent | 5 (0.1%) | 0 |
| Colon adenoma | 5 (0.1%) | 0 |
| Basal cell carcinoma | 4 (0.1%) | 5 (0.1%) |
| Lung adenocarcinoma | 4 (0.1%) | 5 (0.1%) |
| Bladder transitional cell carcinoma | 4 (0.1%) | 4 (0.1%) |
| Clear cell renal cell carcinoma | 4 (0.1%) | 1 (0.0%) |
| Oesophageal adenocarcinoma | 4 (0.1%) | 0 |
| Adenocarcinoma of colon | 3 (0.0%) | 6 (0.1%) |
| Metastases to liver | 3 (0.0%) | 5 (0.1%) |
| Bladder neoplasm | 3 (0.0%) | 4 (0.1%) |
| Metastases to lymph nodes | 3 (0.0%) | 4 (0.1%) |
| Pancreatic carcinoma metastatic | 3 (0.0%) | 3 (0.0%) |
| Adenocarcinoma | 3 (0.0%) | 2 (0.0%) |
| Metastases to lung | 3 (0.0%) | 2 (0.0%) |
| Transitional cell carcinoma | 3 (0.0%) | 2 (0.0%) |
| Metastases to central nervous system | 3 (0.0%) | 1 (0.0%) |
| Squamous cell carcinoma of skin | 3 (0.0%) | 1 (0.0%) |
| Malignant melanoma | 2 (0.0%) | 5 (0.1%) |
| Oesophageal carcinoma | 2 (0.0%) | 5 (0.1%) |
| Renal cancer | 2 (0.0%) | 5 (0.1%) |
| Gastric cancer | 2 (0.0%) | 4 (0.1%) |
| Small cell lung cancer | 2 (0.0%) | 4 (0.1%) |
| Colorectal cancer | 2 (0.0%) | 3 (0.0%) |
| Cholangiocarcinoma | 2 (0.0%) | 2 (0.0%) |
| Metastases to bone | 2 (0.0%) | 2 (0.0%) |
| Pancreatic neoplasm | 2 (0.0%) | 2 (0.0%) |
| Rectal adenocarcinoma | 2 (0.0%) | 2 (0.0%) |
| Squamous cell carcinoma of lung | 2 (0.0%) | 2 (0.0%) |
| Gastrointestinal carcinoma | 2 (0.0%) | 1 (0.0%) |
| Lipoma | 2 (0.0%) | 1 (0.0%) |
| Lung cancer metastatic | 2 (0.0%) | 1 (0.0%) |
| Neoplasm | 2 (0.0%) | 1 (0.0%) |
| Prostate cancer metastatic | 2 (0.0%) | 1 (0.0%) |
| Prostate cancer recurrent | 2 (0.0%) | 1 (0.0%) |
| Squamous cell carcinoma | 2 (0.0%) | 1 (0.0%) |
| Squamous cell carcinoma of the oral cavity | 2 (0.0%) | 1 (0.0%) |
| Breast cancer metastatic | 2 (0.0%) | 0 |
| Endometrial adenocarcinoma | 2 (0.0%) | 0 |
| Metastases to spine | 2 (0.0%) | 0 |
| Metastatic malignant melanoma | 2 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 2 (0.0%) | 0 |
| Lung neoplasm | 1 (0.0%) | 6 (0.1%) |
| Adenocarcinoma gastric | 1 (0.0%) | 3 (0.0%) |
| Acute myeloid leukaemia | 1 (0.0%) | 2 (0.0%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.0%) |
| Endometrial cancer | 1 (0.0%) | 2 (0.0%) |
| Papillary renal cell carcinoma | 1 (0.0%) | 2 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| B-cell lymphoma | 1 (0.0%) | 1 (0.0%) |
| Bladder transitional cell carcinoma recurrent | 1 (0.0%) | 1 (0.0%) |
| Breast neoplasm | 1 (0.0%) | 1 (0.0%) |
| Bronchial carcinoma | 1 (0.0%) | 1 (0.0%) |
| Chronic lymphocytic leukaemia | 1 (0.0%) | 1 (0.0%) |
| Epithelioid mesothelioma | 1 (0.0%) | 1 (0.0%) |
| Hypergammaglobulinaemia benign monoclonal | 1 (0.0%) | 1 (0.0%) |
| Laryngeal squamous cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Lymphoma | 1 (0.0%) | 1 (0.0%) |
| Myelodysplastic syndrome | 1 (0.0%) | 1 (0.0%) |
| Pancreatic carcinoma stage IV | 1 (0.0%) | 1 (0.0%) |
| Retroperitoneal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Sarcoma | 1 (0.0%) | 1 (0.0%) |
| Tonsil cancer | 1 (0.0%) | 1 (0.0%) |
| Adenoma benign | 1 (0.0%) | 0 |
| Angiomyofibroblastoma | 1 (0.0%) | 0 |
| Benign salivary gland neoplasm | 1 (0.0%) | 0 |
| Cancer pain | 1 (0.0%) | 0 |
| Choroid neoplasm | 1 (0.0%) | 0 |
| Colon cancer stage IV | 1 (0.0%) | 0 |
| Enchondromatosis | 1 (0.0%) | 0 |
| Female reproductive neoplasm | 1 (0.0%) | 0 |
| Fibrosarcoma | 1 (0.0%) | 0 |
| Gastrointestinal stromal tumour | 1 (0.0%) | 0 |
| Haemangioma | 1 (0.0%) | 0 |
| Haemangioma of spleen | 1 (0.0%) | 0 |
| Hepatobiliary cancer | 1 (0.0%) | 0 |
| Hypopharyngeal cancer | 1 (0.0%) | 0 |
| Infected neoplasm | 1 (0.0%) | 0 |
| Invasive lobular breast carcinoma | 1 (0.0%) | 0 |
| Lung carcinoma cell type unspecified stage IV | 1 (0.0%) | 0 |
| Lung squamous cell carcinoma stage IV | 1 (0.0%) | 0 |
| Malignant neoplasm of ampulla of Vater | 1 (0.0%) | 0 |
| Malignant urinary tract neoplasm | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Metastatic renal cell carcinoma | 1 (0.0%) | 0 |
| Neuroendocrine carcinoma of the skin | 1 (0.0%) | 0 |
| Oropharyngeal squamous cell carcinoma | 1 (0.0%) | 0 |
| Prostatic adenoma | 1 (0.0%) | 0 |
| Rectal cancer metastatic | 1 (0.0%) | 0 |
| Rectal neoplasm | 1 (0.0%) | 0 |
| Respiratory papilloma | 1 (0.0%) | 0 |
| Sarcoma metastatic | 1 (0.0%) | 0 |
| Skin cancer | 1 (0.0%) | 0 |
| Skin papilloma | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the parotid gland | 1 (0.0%) | 0 |
| Thyroid adenoma | 1 (0.0%) | 0 |
| Tongue neoplasm | 1 (0.0%) | 0 |
| Tongue neoplasm malignant stage unspecified | 1 (0.0%) | 0 |
| Transitional cell carcinoma recurrent | 1 (0.0%) | 0 |
| Tumour invasion | 1 (0.0%) | 0 |
| Tumour rupture | 1 (0.0%) | 0 |

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Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Tumour ulceration | 1 (0.0%) | 0 |
| Uterine cancer | 1 (0.0%) | 0 |
| Uterine leiomyoma | 1 (0.0%) | 0 |
| Brain neoplasm | 0 | 3 (0.0%) |
| Adenocarcinoma pancreas | 0 | 2 (0.0%) |
| Adrenal adenoma | 0 | 2 (0.0%) |
| Benign pancreatic neoplasm | 0 | 2 (0.0%) |
| Colorectal adenocarcinoma | 0 | 2 (0.0%) |
| Malignant neoplasm of unknown primary site | 0 | 2 (0.0%) |
| Neoplasm prostate | 0 | 2 (0.0%) |
| Papillary thyroid cancer | 0 | 2 (0.0%) |
| Adenocarcinoma metastatic | 0 | 1 (0.0%) |
| Adrenal neoplasm | 0 | 1 (0.0%) |
| Anal cancer | 0 | 1 (0.0%) |
| B-cell lymphoma stage IV | 0 | 1 (0.0%) |
| Benign anorectal neoplasm | 0 | 1 (0.0%) |
| Benign gastrointestinal neoplasm | 0 | 1 (0.0%) |
| Benign neoplasm of bladder | 0 | 1 (0.0%) |
| Benign neoplasm of prostate | 0 | 1 (0.0%) |
| Bladder squamous cell carcinoma stage unspecified | 0 | 1 (0.0%) |
| Bone cancer | 0 | 1 (0.0%) |
| Bowen's disease | 0 | 1 (0.0%) |
| Cervix carcinoma | 0 | 1 (0.0%) |
| Colon neoplasm | 0 | 1 (0.0%) |
| Diffuse large B-cell lymphoma recurrent | 0 | 1 (0.0%) |
| Ductal adenocarcinoma of pancreas | 0 | 1 (0.0%) |
| Ear neoplasm malignant | 0 | 1 (0.0%) |
| Fibroadenoma of breast | 0 | 1 (0.0%) |
| Gallbladder adenocarcinoma | 0 | 1 (0.0%) |
| Gastrointestinal cancer metastatic | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Haemangioblastoma | 0 | 1 (0.0%) |
| Hepatic cancer metastatic | 0 | 1 (0.0%) |
| Intraductal proliferative breast lesion | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Invasive papillary breast carcinoma | 0 | 1 (0.0%) |
| Lentigo maligna | 0 | 1 (0.0%) |
| Malignant pleural effusion | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Metastases to spleen | 0 | 1 (0.0%) |
| Metastasis | 0 | 1 (0.0%) |
| Monoclonal gammopathy | 0 | 1 (0.0%) |
| Nasal cavity cancer | 0 | 1 (0.0%) |
| Neoplasm malignant | 0 | 1 (0.0%) |
| Neoplasm skin | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oesophageal cancer metastatic | 0 | 1 (0.0%) |
| Oesophageal neoplasm | 0 | 1 (0.0%) |
| Oropharyngeal cancer | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Ovarian neoplasm | 0 | 1 (0.0%) |
| Papillary cystadenoma lymphomatosum | 0 | 1 (0.0%) |

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Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Papilloma | 0 | 1 (0.0%) |
| Penile cancer | 0 | 1 (0.0%) |
| Pituitary tumour | 0 | 1 (0.0%) |
| Pituitary tumour benign | 0 | 1 (0.0%) |
| Salivary gland adenoma | 0 | 1 (0.0%) |
| Salivary gland neoplasm | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |
| Small cell lung cancer metastatic | 0 | 1 (0.0%) |
| Superficial spreading melanoma stage unspecified | 0 | 1 (0.0%) |
| Testis cancer | 0 | 1 (0.0%) |
| Thymoma | 0 | 1 (0.0%) |
| Triple negative breast cancer | 0 | 1 (0.0%) |
| Urethral neoplasm | 0 | 1 (0.0%) |
| Vulval cancer stage 0 | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 236 (3.6%) | 270 (4.2%) |
| Acute kidney injury | 94 (1.4%) | 97 (1.5%) |
| Diabetic nephropathy | 28 (0.4%) | 41 (0.6%) |
| Nephrolithiasis | 18 (0.3%) | 9 (0.1%) |
| Chronic kidney disease | 14 (0.2%) | 28 (0.4%) |
| Renal failure | 11 (0.2%) | 9 (0.1%) |
| Urinary retention | 11 (0.2%) | 8 (0.1%) |
| Renal impairment | 10 (0.2%) | 12 (0.2%) |
| Haematuria | 8 (0.1%) | 10 (0.2%) |
| Ureterolithiasis | 7 (0.1%) | 8 (0.1%) |
| End stage renal disease | 5 (0.1%) | 6 (0.1%) |
| Urinary tract obstruction | 5 (0.1%) | 3 (0.0%) |
| Hydronephrosis | 4 (0.1%) | 5 (0.1%) |
| Renal colic | 4 (0.1%) | 3 (0.0%) |
| Urinary incontinence | 4 (0.1%) | 0 |
| Nephrotic syndrome | 3 (0.0%) | 11 (0.2%) |
| Nephropathy | 3 (0.0%) | 4 (0.1%) |
| Calculus bladder | 3 (0.0%) | 3 (0.0%) |
| Urethral stenosis | 3 (0.0%) | 2 (0.0%) |
| Calculus urinary | 2 (0.0%) | 4 (0.1%) |
| Bladder outlet obstruction | 2 (0.0%) | 1 (0.0%) |
| Dysuria | 1 (0.0%) | 2 (0.0%) |
| Tubulointerstitial nephritis | 1 (0.0%) | 2 (0.0%) |
| Renal artery stenosis | 1 (0.0%) | 1 (0.0%) |
| Renal cyst | 1 (0.0%) | 1 (0.0%) |
| Urinary bladder polyp | 1 (0.0%) | 1 (0.0%) |
| Albuminuria | 1 (0.0%) | 0 |
| Bladder cyst | 1 (0.0%) | 0 |
| Bladder neck sclerosis | 1 (0.0%) | 0 |
| Chromaturia | 1 (0.0%) | 0 |
| Nephropathy toxic | 1 (0.0%) | 0 |
| Nocturia | 1 (0.0%) | 0 |
| Renal tubular acidosis | 1 (0.0%) | 0 |
| Subacute kidney injury | 1 (0.0%) | 0 |
| Ureteric obstruction | 1 (0.0%) | 0 |
| Urinary hesitation | 1 (0.0%) | 0 |
| Vesicoureteric reflux | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------------|------------------------|---------------------|
| Proteinuria | 0 | 4 (0.1%) |
| Azotaemia | 0 | 2 (0.0%) |
| Interacapillary glomerulosclerosis | 0 | 2 (0.0%) |
| Renal haemorrhage | 0 | 2 (0.0%) |
| Cystitis ulcerative | 0 | 1 (0.0%) |
| Glomerular vascular disorder | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Glomerulonephritis membranous | 0 | 1 (0.0%) |
| Hypertensive nephropathy | 0 | 1 (0.0%) |
| Lower urinary tract symptoms | 0 | 1 (0.0%) |
| Nephrosclerosis | 0 | 1 (0.0%) |
| Perinephritis | 0 | 1 (0.0%) |
| Renal mass | 0 | 1 (0.0%) |
| Stress urinary incontinence | 0 | 1 (0.0%) |
| Subcapsular renal haematoma | 0 | 1 (0.0%) |
| Urinary tract disorder | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 236 (3.6%) | 214 (3.3%) |
| Gastrointestinal haemorrhage | 20 (0.3%) | 16 (0.2%) |
| Large intestine polyp | 19 (0.3%) | 18 (0.3%) |
| Pancreatitis acute | 19 (0.3%) | 12 (0.2%) |
| Diarrhoea | 14 (0.2%) | 10 (0.2%) |
| Abdominal pain | 11 (0.2%) | 11 (0.2%) |
| Rectal haemorrhage | 9 (0.1%) | 4 (0.1%) |
| Vomiting | 8 (0.1%) | 5 (0.1%) |
| Lower gastrointestinal haemorrhage | 8 (0.1%) | 1 (0.0%) |
| Upper gastrointestinal haemorrhage | 6 (0.1%) | 11 (0.2%) |
| Abdominal pain upper | 6 (0.1%) | 8 (0.1%) |
| Duodenal ulcer | 6 (0.1%) | 4 (0.1%) |
| Pancreatitis | 6 (0.1%) | 4 (0.1%) |
| Haemorrhoids | 6 (0.1%) | 1 (0.0%) |
| Constipation | 5 (0.1%) | 4 (0.1%) |
| Intestinal obstruction | 4 (0.1%) | 9 (0.1%) |
| Gastritis | 4 (0.1%) | 5 (0.1%) |
| Nausea | 4 (0.1%) | 2 (0.0%) |
| Colitis | 4 (0.1%) | 0 |
| Inguinal hernia | 3 (0.0%) | 13 (0.2%) |
| Small intestinal obstruction | 3 (0.0%) | 6 (0.1%) |
| Gastroesophageal reflux disease | 3 (0.0%) | 4 (0.1%) |
| Pancreatitis chronic | 3 (0.0%) | 4 (0.1%) |
| Umbilical hernia | 3 (0.0%) | 4 (0.1%) |
| Gastric ulcer haemorrhage | 3 (0.0%) | 2 (0.0%) |
| Dyspepsia | 3 (0.0%) | 1 (0.0%) |
| Gastritis haemorrhagic | 3 (0.0%) | 1 (0.0%) |
| Gastric haemorrhage | 3 (0.0%) | 0 |
| Gastroduodenal ulcer | 3 (0.0%) | 0 |
| Duodenal ulcer haemorrhage | 2 (0.0%) | 4 (0.1%) |
| Chronic gastritis | 2 (0.0%) | 3 (0.0%) |
| Colitis ischaemic | 2 (0.0%) | 3 (0.0%) |
| Gastritis erosive | 2 (0.0%) | 2 (0.0%) |
| Haematemesis | 2 (0.0%) | 2 (0.0%) |
| Haematochezia | 2 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Melaena | 2 (0.0%) | 2 (0.0%) |
| Gastric ulcer | 2 (0.0%) | 1 (0.0%) |
| Ileus | 2 (0.0%) | 1 (0.0%) |
| Incarcerated umbilical hernia | 2 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 2 (0.0%) | 1 (0.0%) |
| Varices oesophageal | 2 (0.0%) | 1 (0.0%) |
| Diverticulum intestinal haemorrhagic | 2 (0.0%) | 0 |
| Functional gastrointestinal disorder | 2 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 2 (0.0%) | 0 |
| Haemorrhoidal haemorrhage | 2 (0.0%) | 0 |
| Oedematous pancreatitis | 2 (0.0%) | 0 |
| Peptic ulcer | 2 (0.0%) | 0 |
| Small intestinal haemorrhage | 2 (0.0%) | 0 |
| Ascites | 1 (0.0%) | 5 (0.1%) |
| Abdominal hernia | 1 (0.0%) | 2 (0.0%) |
| Gastric polyps | 1 (0.0%) | 2 (0.0%) |
| Anal fistula | 1 (0.0%) | 1 (0.0%) |
| Dental caries | 1 (0.0%) | 1 (0.0%) |
| Diverticulum intestinal | 1 (0.0%) | 1 (0.0%) |
| Food poisoning | 1 (0.0%) | 1 (0.0%) |
| Gastric mucosal lesion | 1 (0.0%) | 1 (0.0%) |
| Gastric ulcer perforation | 1 (0.0%) | 1 (0.0%) |
| Intestinal ischaemia | 1 (0.0%) | 1 (0.0%) |
| Oesophageal varices haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Oesophagitis | 1 (0.0%) | 1 (0.0%) |
| Pancreatic cyst | 1 (0.0%) | 1 (0.0%) |
| Pancreatic duct stenosis | 1 (0.0%) | 1 (0.0%) |
| Subileus | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Abdominal symptom | 1 (0.0%) | 0 |
| Alcoholic pancreatitis | 1 (0.0%) | 0 |
| Chilaiditi's syndrome | 1 (0.0%) | 0 |
| Dental cyst | 1 (0.0%) | 0 |
| Diarrhoea haemorrhagic | 1 (0.0%) | 0 |
| Duodenal perforation | 1 (0.0%) | 0 |
| Duodenal polyp | 1 (0.0%) | 0 |
| Duodenitis haemorrhagic | 1 (0.0%) | 0 |
| Enteritis | 1 (0.0%) | 0 |
| Enterocolitis | 1 (0.0%) | 0 |
| Gastrointestinal disorder | 1 (0.0%) | 0 |
| Gastrointestinal necrosis | 1 (0.0%) | 0 |
| Gastrointestinal oedema | 1 (0.0%) | 0 |
| Gastrointestinal vascular malformation haemorrhagic | 1 (0.0%) | 0 |
| Intestinal angina | 1 (0.0%) | 0 |
| Intestinal mass | 1 (0.0%) | 0 |
| Intestinal perforation | 1 (0.0%) | 0 |
| Intra-abdominal fluid collection | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Obstructive pancreatitis | 1 (0.0%) | 0 |
| Oesophageal haemorrhage | 1 (0.0%) | 0 |
| Oesophageal obstruction | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Oesophageal ulcer haemorrhage | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Parotid gland enlargement | 1 (0.0%) | 0 |
| Proctitis | 1 (0.0%) | 0 |
| Retroperitoneal mass | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Impaired gastric emptying | 0 | 3 (0.0%) |
| Abdominal pain lower | 0 | 2 (0.0%) |
| Abdominal wall haematoma | 0 | 2 (0.0%) |
| Anal haemorrhage | 0 | 2 (0.0%) |
| Diverticulum | 0 | 2 (0.0%) |
| Duodenal ulcer perforation | 0 | 2 (0.0%) |
| Peptic ulcer haemorrhage | 0 | 2 (0.0%) |
| Rectal polyp | 0 | 2 (0.0%) |
| Abdominal adhesions | 0 | 1 (0.0%) |
| Abdominal mass | 0 | 1 (0.0%) |
| Abdominal strangulated hernia | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Barrett's oesophagus | 0 | 1 (0.0%) |
| Change of bowel habit | 0 | 1 (0.0%) |
| Colitis ulcerative | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Faecaloma | 0 | 1 (0.0%) |
| Gastric dysplasia | 0 | 1 (0.0%) |
| Gastric varices haemorrhage | 0 | 1 (0.0%) |
| Gastrointestinal inflammation | 0 | 1 (0.0%) |
| Gastrointestinal motility disorder | 0 | 1 (0.0%) |
| Gastrointestinal pain | 0 | 1 (0.0%) |
| Gastrointestinal ulcer haemorrhage | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Internal hernia | 0 | 1 (0.0%) |
| Oesophageal achalasia | 0 | 1 (0.0%) |
| Oesophageal dysplasia | 0 | 1 (0.0%) |
| Oesophageal polyp | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Pancreatic mass | 0 | 1 (0.0%) |
| Pancreatitis relapsing | 0 | 1 (0.0%) |
| Rectal discharge | 0 | 1 (0.0%) |
| Reflux gastritis | 0 | 1 (0.0%) |
| Retroperitoneal haematoma | 0 | 1 (0.0%) |
| Salivary gland calculus | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| Small intestinal perforation | 0 | 1 (0.0%) |
| Strangulated umbilical hernia | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 202 (3.1%) | 179 (2.8%) |
| Femur fracture | 14 (0.2%) | 17 (0.3%) |
| Ankle fracture | 13 (0.2%) | 11 (0.2%) |
| Hip fracture | 11 (0.2%) | 5 (0.1%) |
| Femoral neck fracture | 10 (0.2%) | 3 (0.0%) |
| Rib fracture | 9 (0.1%) | 8 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|----------------------------------|------------------------|---------------------|
| Subdural haematoma | 7 (0.1%) | 10 (0.2%) |
| Tibia fracture | 7 (0.1%) | 3 (0.0%) |
| Fall | 6 (0.1%) | 11 (0.2%) |
| Limb injury | 6 (0.1%) | 4 (0.1%) |
| Contusion | 6 (0.1%) | 2 (0.0%) |
| Radius fracture | 5 (0.1%) | 6 (0.1%) |
| Meniscus injury | 5 (0.1%) | 4 (0.1%) |
| Humerus fracture | 4 (0.1%) | 11 (0.2%) |
| Craniocerebral injury | 4 (0.1%) | 3 (0.0%) |
| Foot fracture | 4 (0.1%) | 3 (0.0%) |
| Road traffic accident | 4 (0.1%) | 3 (0.0%) |
| Lower limb fracture | 4 (0.1%) | 1 (0.0%) |
| Clavicle fracture | 4 (0.1%) | 0 |
| Joint injury | 4 (0.1%) | 0 |
| Head injury | 3 (0.0%) | 4 (0.1%) |
| Subdural haemorrhage | 3 (0.0%) | 4 (0.1%) |
| Toxicity to various agents | 3 (0.0%) | 3 (0.0%) |
| Accidental overdose | 3 (0.0%) | 2 (0.0%) |
| Tendon rupture | 3 (0.0%) | 2 (0.0%) |
| Chest injury | 3 (0.0%) | 0 |
| Lumbar vertebral fracture | 2 (0.0%) | 3 (0.0%) |
| Post procedural haemorrhage | 2 (0.0%) | 3 (0.0%) |
| Thermal burn | 2 (0.0%) | 3 (0.0%) |
| Traumatic fracture | 2 (0.0%) | 3 (0.0%) |
| Fibula fracture | 2 (0.0%) | 2 (0.0%) |
| Incisional hernia | 2 (0.0%) | 2 (0.0%) |
| Spinal compression fracture | 2 (0.0%) | 2 (0.0%) |
| Ulna fracture | 2 (0.0%) | 2 (0.0%) |
| Accident | 2 (0.0%) | 1 (0.0%) |
| Facial bones fracture | 2 (0.0%) | 1 (0.0%) |
| Injury | 2 (0.0%) | 1 (0.0%) |
| Multiple fractures | 2 (0.0%) | 1 (0.0%) |
| Skin laceration | 2 (0.0%) | 1 (0.0%) |
| Upper limb fracture | 2 (0.0%) | 1 (0.0%) |
| Cervical vertebral fracture | 2 (0.0%) | 0 |
| Ocular procedural complication | 2 (0.0%) | 0 |
| Patella fracture | 2 (0.0%) | 0 |
| Postoperative wound complication | 2 (0.0%) | 0 |
| Radiation proctitis | 2 (0.0%) | 0 |
| Scapula fracture | 2 (0.0%) | 0 |
| Vascular injury | 2 (0.0%) | 0 |
| Spinal fracture | 1 (0.0%) | 3 (0.0%) |
| Brain contusion | 1 (0.0%) | 2 (0.0%) |
| Joint dislocation | 1 (0.0%) | 2 (0.0%) |
| Pelvic fracture | 1 (0.0%) | 2 (0.0%) |
| Acetabulum fracture | 1 (0.0%) | 1 (0.0%) |
| Concussion | 1 (0.0%) | 1 (0.0%) |
| Spinal cord injury cervical | 1 (0.0%) | 1 (0.0%) |
| Sternal fracture | 1 (0.0%) | 1 (0.0%) |
| Tendon injury | 1 (0.0%) | 1 (0.0%) |
| Thoracic vertebral fracture | 1 (0.0%) | 1 (0.0%) |
| Abdominal injury | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Abdominal wound dehiscence | 1 (0.0%) | 0 |
| Animal bite | 1 (0.0%) | 0 |
| Back injury | 1 (0.0%) | 0 |
| Bone contusion | 1 (0.0%) | 0 |
| Cardiac contusion | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Cartilage injury | 1 (0.0%) | 0 |
| Cerebral hyperperfusion syndrome | 1 (0.0%) | 0 |
| Foreign body aspiration | 1 (0.0%) | 0 |
| Gun shot wound | 1 (0.0%) | 0 |
| Incision site haematoma | 1 (0.0%) | 0 |
| Inflammation of wound | 1 (0.0%) | 0 |
| Injury corneal | 1 (0.0%) | 0 |
| Intentional overdose | 1 (0.0%) | 0 |
| Intervertebral disc injury | 1 (0.0%) | 0 |
| Ligament injury | 1 (0.0%) | 0 |
| Ligament rupture | 1 (0.0%) | 0 |
| Muscle strain | 1 (0.0%) | 0 |
| Poisoning | 1 (0.0%) | 0 |
| Post concussion syndrome | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Skin abrasion | 1 (0.0%) | 0 |
| Skull fractured base | 1 (0.0%) | 0 |
| Soft tissue injury | 1 (0.0%) | 0 |
| Splenic injury | 1 (0.0%) | 0 |
| Vascular access malfunction | 1 (0.0%) | 0 |
| Wound contamination | 1 (0.0%) | 0 |
| Wound necrosis | 1 (0.0%) | 0 |
| Wrist fracture | 1 (0.0%) | 0 |
| Overdose | 0 | 3 (0.0%) |
| Hand fracture | 0 | 2 (0.0%) |
| Heat illness | 0 | 2 (0.0%) |
| Skull fracture | 0 | 2 (0.0%) |
| Alcohol poisoning | 0 | 1 (0.0%) |
| Anaemia postoperative | 0 | 1 (0.0%) |
| Arteriovenous fistula site complication | 0 | 1 (0.0%) |
| Burns second degree | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Dental restoration failure | 0 | 1 (0.0%) |
| Dislocation of vertebra | 0 | 1 (0.0%) |
| Eye contusion | 0 | 1 (0.0%) |
| Forearm fracture | 0 | 1 (0.0%) |
| Heat stroke | 0 | 1 (0.0%) |
| Incarcerated incisional hernia | 0 | 1 (0.0%) |
| Multiple injuries | 0 | 1 (0.0%) |
| Muscle rupture | 0 | 1 (0.0%) |
| Periprosthetic fracture | 0 | 1 (0.0%) |
| Poisoning deliberate | 0 | 1 (0.0%) |
| Post procedural haematoma | 0 | 1 (0.0%) |
| Post procedural inflammation | 0 | 1 (0.0%) |
| Procedural complication | 0 | 1 (0.0%) |
| Procedural haemorrhage | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Procedural intestinal perforation | 0 | 1 (0.0%) |
| Reproductive tract procedural complication | 0 | 1 (0.0%) |
| Shunt malfunction | 0 | 1 (0.0%) |
| Skin injury | 0 | 1 (0.0%) |
| Skin wound | 0 | 1 (0.0%) |
| Stomal hernia | 0 | 1 (0.0%) |
| Traumatic haemothorax | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Traumatic ulcer | 0 | 1 (0.0%) |
| Vascular anastomosis aneurysm | 0 | 1 (0.0%) |
| Vascular pseudoaneurysm | 0 | 1 (0.0%) |
| Nervous System Disorders | 173 (2.7%) | 185 (2.9%) |
| Syncope | 26 (0.4%) | 38 (0.6%) |
| Diabetic neuropathy | 17 (0.3%) | 10 (0.2%) |
| Dizziness | 13 (0.2%) | 18 (0.3%) |
| Subarachnoid haemorrhage | 7 (0.1%) | 6 (0.1%) |
| Presyncope | 7 (0.1%) | 4 (0.1%) |
| Seizure | 6 (0.1%) | 4 (0.1%) |
| Facial paralysis | 6 (0.1%) | 3 (0.0%) |
| Loss of consciousness | 5 (0.1%) | 3 (0.0%) |
| Cerebrovascular disorder | 5 (0.1%) | 2 (0.0%) |
| Carotid artery stenosis | 4 (0.1%) | 6 (0.1%) |
| Headache | 4 (0.1%) | 3 (0.0%) |
| Transient ischaemic attack | 3 (0.0%) | 3 (0.0%) |
| Sciatica | 3 (0.0%) | 2 (0.0%) |
| Balance disorder | 3 (0.0%) | 1 (0.0%) |
| Cerebral haemorrhage | 3 (0.0%) | 1 (0.0%) |
| Cerebral ischaemia | 3 (0.0%) | 1 (0.0%) |
| Myelopathy | 3 (0.0%) | 1 (0.0%) |
| Dysarthria | 3 (0.0%) | 0 |
| Normal pressure hydrocephalus | 3 (0.0%) | 0 |
| Hemiparesis | 2 (0.0%) | 4 (0.1%) |
| Epilepsy | 2 (0.0%) | 3 (0.0%) |
| Lacunar infarction | 2 (0.0%) | 3 (0.0%) |
| Cerebral infarction | 2 (0.0%) | 2 (0.0%) |
| Radiculopathy | 2 (0.0%) | 2 (0.0%) |
| IIIrd nerve paralysis | 2 (0.0%) | 1 (0.0%) |
| Ischaemic stroke | 2 (0.0%) | 1 (0.0%) |
| Polyneuropathy | 2 (0.0%) | 1 (0.0%) |
| Vascular encephalopathy | 2 (0.0%) | 1 (0.0%) |
| Hepatic encephalopathy | 2 (0.0%) | 0 |
| Metabolic encephalopathy | 2 (0.0%) | 0 |
| Vascular headache | 2 (0.0%) | 0 |
| Cervicobrachial syndrome | 1 (0.0%) | 3 (0.0%) |
| Neuralgia | 1 (0.0%) | 3 (0.0%) |
| Aphasia | 1 (0.0%) | 2 (0.0%) |
| Lumbar radiculopathy | 1 (0.0%) | 2 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 1 (0.0%) |
| Brain oedema | 1 (0.0%) | 1 (0.0%) |
| Cognitive disorder | 1 (0.0%) | 1 (0.0%) |
| Dementia Alzheimer's type | 1 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-------------------------------------|------------------------|---------------------|
| Dizziness postural | 1 (0.0%) | 1 (0.0%) |
| Generalised tonic-clonic seizure | 1 (0.0%) | 1 (0.0%) |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 1 (0.0%) |
| Lethargy | 1 (0.0%) | 1 (0.0%) |
| Mononeuropathy | 1 (0.0%) | 1 (0.0%) |
| Sensory disturbance | 1 (0.0%) | 1 (0.0%) |
| Spinal cord compression | 1 (0.0%) | 1 (0.0%) |
| Amnesia | 1 (0.0%) | 0 |
| Amputation stump pain | 1 (0.0%) | 0 |
| Angiopathic neuropathy | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral vasoconstriction | 1 (0.0%) | 0 |
| Cerebrospinal fluid leakage | 1 (0.0%) | 0 |
| Dementia with Lewy bodies | 1 (0.0%) | 0 |
| Drop attacks | 1 (0.0%) | 0 |
| Dyskinesia | 1 (0.0%) | 0 |
| Guillain-Barre syndrome | 1 (0.0%) | 0 |
| Hemianaesthesia | 1 (0.0%) | 0 |
| Hypoaesthesia | 1 (0.0%) | 0 |
| Memory impairment | 1 (0.0%) | 0 |
| Moyamoya disease | 1 (0.0%) | 0 |
| Neuroglycopenia | 1 (0.0%) | 0 |
| Partial seizures | 1 (0.0%) | 0 |
| Post stroke epilepsy | 1 (0.0%) | 0 |
| Tension headache | 1 (0.0%) | 0 |
| Thrombotic cerebral infarction | 1 (0.0%) | 0 |
| Toxic encephalopathy | 1 (0.0%) | 0 |
| Ulnar neuritis | 1 (0.0%) | 0 |
| Vertebral artery occlusion | 1 (0.0%) | 0 |
| Vertebrobasilar insufficiency | 1 (0.0%) | 0 |
| Facial paresis | 0 | 5 (0.1%) |
| Cervical radiculopathy | 0 | 3 (0.0%) |
| Carpal tunnel syndrome | 0 | 2 (0.0%) |
| Cerebrovascular accident | 0 | 2 (0.0%) |
| Coma | 0 | 2 (0.0%) |
| Encephalopathy | 0 | 2 (0.0%) |
| Hypoxic-ischaemic encephalopathy | 0 | 2 (0.0%) |
| Migraine | 0 | 2 (0.0%) |
| Neuropathy peripheral | 0 | 2 (0.0%) |
| Spondylitic myelopathy | 0 | 2 (0.0%) |
| Alcohol induced persisting dementia | 0 | 1 (0.0%) |
| Arachnoid cyst | 0 | 1 (0.0%) |
| Ataxia | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Brown-Sequard syndrome | 0 | 1 (0.0%) |
| Carotid arteriosclerosis | 0 | 1 (0.0%) |
| Carotid artery occlusion | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebral arteriosclerosis | 0 | 1 (0.0%) |
| Cerebral disorder | 0 | 1 (0.0%) |
| Cerebral microangiopathy | 0 | 1 (0.0%) |
| Cerebral vascular occlusion | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Cerebrovascular insufficiency | 0 | 1 (0.0%) |
| Chronic inflammatory demyelinating polyradiculoneuropathy | 0 | 1 (0.0%) |
| Cranial nerve palsies multiple | 0 | 1 (0.0%) |
| Dementia | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Dysstasia | 0 | 1 (0.0%) |
| Facial nerve disorder | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hyperglycaemic unconsciousness | 0 | 1 (0.0%) |
| Hypertensive encephalopathy | 0 | 1 (0.0%) |
| Hypoglycaemic coma | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Intracranial aneurysm | 0 | 1 (0.0%) |
| Intraventricular haemorrhage | 0 | 1 (0.0%) |
| Ischaemic cerebral infarction | 0 | 1 (0.0%) |
| Lumbosacral radiculopathy | 0 | 1 (0.0%) |
| Meralgia paraesthetica | 0 | 1 (0.0%) |
| Neurodegenerative disorder | 0 | 1 (0.0%) |
| Paraesthesia | 0 | 1 (0.0%) |
| Parkinson's disease | 0 | 1 (0.0%) |
| Peripheral nerve paresis | 0 | 1 (0.0%) |
| Post herpetic neuralgia | 0 | 1 (0.0%) |
| Posthaemorrhagic hydrocephalus | 0 | 1 (0.0%) |
| Secondary cerebellar degeneration | 0 | 1 (0.0%) |
| Somnolence | 0 | 1 (0.0%) |
| Vertigo CNS origin | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 160 (2.5%) | 155 (2.4%) |
| Knee arthroplasty | 12 (0.2%) | 15 (0.2%) |
| Cataract operation | 11 (0.2%) | 15 (0.2%) |
| Toe amputation | 8 (0.1%) | 7 (0.1%) |
| Hip arthroplasty | 7 (0.1%) | 8 (0.1%) |
| Arteriovenous fistula operation | 5 (0.1%) | 3 (0.0%) |
| Diabetes mellitus management | 5 (0.1%) | 0 |
| Vitrectomy | 4 (0.1%) | 6 (0.1%) |
| Leg amputation | 4 (0.1%) | 5 (0.1%) |
| Gastric bypass | 4 (0.1%) | 2 (0.0%) |
| Colectomy | 4 (0.1%) | 1 (0.0%) |
| Hysterectomy | 4 (0.1%) | 1 (0.0%) |
| Cholecystectomy | 3 (0.0%) | 10 (0.2%) |
| Metabolic surgery | 3 (0.0%) | 1 (0.0%) |
| Spinal laminectomy | 3 (0.0%) | 1 (0.0%) |
| Roux loop conversion | 3 (0.0%) | 0 |
| Spinal decompression | 3 (0.0%) | 0 |
| Intervertebral disc operation | 2 (0.0%) | 5 (0.1%) |
| Transurethral prostatectomy | 2 (0.0%) | 5 (0.1%) |
| Polypectomy | 2 (0.0%) | 4 (0.1%) |
| Foot amputation | 2 (0.0%) | 3 (0.0%) |
| Gastrectomy | 2 (0.0%) | 3 (0.0%) |
| Prostatectomy | 2 (0.0%) | 2 (0.0%) |
| Skin neoplasm excision | 2 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-------------------------------------|------------------------|---------------------|
| Aortic valve replacement | 2 (0.0%) | 1 (0.0%) |
| Coronary artery bypass | 2 (0.0%) | 1 (0.0%) |
| Parathyroidectomy | 2 (0.0%) | 1 (0.0%) |
| Peripheral artery angioplasty | 2 (0.0%) | 1 (0.0%) |
| Peripheral artery bypass | 2 (0.0%) | 1 (0.0%) |
| Cardiac pacemaker insertion | 2 (0.0%) | 0 |
| Chemotherapy | 2 (0.0%) | 0 |
| Eye operation | 2 (0.0%) | 0 |
| Intraocular lens implant | 2 (0.0%) | 0 |
| Removal of internal fixation | 2 (0.0%) | 0 |
| Renal stone removal | 2 (0.0%) | 0 |
| Skin graft | 2 (0.0%) | 0 |
| Spinal operation | 1 (0.0%) | 2 (0.0%) |
| Transurethral bladder resection | 1 (0.0%) | 2 (0.0%) |
| Aortic aneurysm repair | 1 (0.0%) | 1 (0.0%) |
| Dialysis device insertion | 1 (0.0%) | 1 (0.0%) |
| Haemodialysis | 1 (0.0%) | 1 (0.0%) |
| Implantable defibrillator insertion | 1 (0.0%) | 1 (0.0%) |
| Radical prostatectomy | 1 (0.0%) | 1 (0.0%) |
| Rhinoplasty | 1 (0.0%) | 1 (0.0%) |
| Thyroidectomy | 1 (0.0%) | 1 (0.0%) |
| Aneurysm repair | 1 (0.0%) | 0 |
| Atrial appendage closure | 1 (0.0%) | 0 |
| Bile duct stent removal | 1 (0.0%) | 0 |
| Biliary catheter removal | 1 (0.0%) | 0 |
| Bladder calculus removal | 1 (0.0%) | 0 |
| Bowel preparation | 1 (0.0%) | 0 |
| Brachytherapy | 1 (0.0%) | 0 |
| Breast conserving surgery | 1 (0.0%) | 0 |
| Cardiac ablation | 1 (0.0%) | 0 |
| Carotid endarterectomy | 1 (0.0%) | 0 |
| Circumcision | 1 (0.0%) | 0 |
| Coronary angioplasty | 1 (0.0%) | 0 |
| Drug therapy | 1 (0.0%) | 0 |
| Eyelid operation | 1 (0.0%) | 0 |
| Finger amputation | 1 (0.0%) | 0 |
| Foot operation | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Internal fixation of spine | 1 (0.0%) | 0 |
| Intestinal operation | 1 (0.0%) | 0 |
| Lithotripsy | 1 (0.0%) | 0 |
| Lymphadenectomy | 1 (0.0%) | 0 |
| Maxillofacial operation | 1 (0.0%) | 0 |
| Metatarsal excision | 1 (0.0%) | 0 |
| Myomectomy | 1 (0.0%) | 0 |
| Nail operation | 1 (0.0%) | 0 |
| Nephrectomy | 1 (0.0%) | 0 |
| Neurolysis | 1 (0.0%) | 0 |
| Ocular stem cell transplant | 1 (0.0%) | 0 |
| Oophorectomy | 1 (0.0%) | 0 |
| Pancreatic stent placement | 1 (0.0%) | 0 |
| Pancreaticosplenectomy | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Parotidectomy | 1 (0.0%) | 0 |
| Percutaneous coronary intervention | 1 (0.0%) | 0 |
| Peripheral nerve decompression | 1 (0.0%) | 0 |
| Proctocolectomy | 1 (0.0%) | 0 |
| Radical hysterectomy | 1 (0.0%) | 0 |
| Rehabilitation therapy | 1 (0.0%) | 0 |
| Retinal operation | 1 (0.0%) | 0 |
| Scar excision | 1 (0.0%) | 0 |
| Shoulder arthroplasty | 1 (0.0%) | 0 |
| Spinal fusion surgery | 1 (0.0%) | 0 |
| Tenotomy | 1 (0.0%) | 0 |
| Therapeutic nerve ablation | 1 (0.0%) | 0 |
| Uterine prolapse repair | 1 (0.0%) | 0 |
| Vascular stent insertion | 1 (0.0%) | 0 |
| Wound treatment | 1 (0.0%) | 0 |
| Abscess drainage | 0 | 3 (0.0%) |
| Insertion of ambulatory peritoneal catheter | 0 | 3 (0.0%) |
| Umbilical hernia repair | 0 | 3 (0.0%) |
| Hydrocele operation | 0 | 2 (0.0%) |
| Inguinal hernia repair | 0 | 2 (0.0%) |
| Large intestinal polypectomy | 0 | 2 (0.0%) |
| Amputation | 0 | 1 (0.0%) |
| Aortic surgery | 0 | 1 (0.0%) |
| Appendicectomy | 0 | 1 (0.0%) |
| Arthrodesis | 0 | 1 (0.0%) |
| Bladder neck operation | 0 | 1 (0.0%) |
| Bladder neck resection | 0 | 1 (0.0%) |
| Bladder polypectomy | 0 | 1 (0.0%) |
| Bone operation | 0 | 1 (0.0%) |
| Caecum operation | 0 | 1 (0.0%) |
| Cardiac pacemaker replacement | 0 | 1 (0.0%) |
| Cardiac rehabilitation therapy | 0 | 1 (0.0%) |
| Cheilectomy | 0 | 1 (0.0%) |
| Colon operation | 0 | 1 (0.0%) |
| Continuous positive airway pressure | 0 | 1 (0.0%) |
| Corneal transplant | 0 | 1 (0.0%) |
| Coronary revascularisation | 0 | 1 (0.0%) |
| Drug delivery device placement | 0 | 1 (0.0%) |
| Gastric banding reversal | 0 | 1 (0.0%) |
| Incisional hernia repair | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Knee operation | 0 | 1 (0.0%) |
| Limb operation | 0 | 1 (0.0%) |
| Lipoma excision | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Meniscus operation | 0 | 1 (0.0%) |
| Nasal polypectomy | 0 | 1 (0.0%) |
| Nephroureterectomy | 0 | 1 (0.0%) |
| Neurosurgery | 0 | 1 (0.0%) |
| Physiotherapy | 0 | 1 (0.0%) |
| Preoperative care | 0 | 1 (0.0%) |
| Pterygium operation | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Radioactive iodine therapy | 0 | 1 (0.0%) |
| Rectocele repair | 0 | 1 (0.0%) |
| Removal of foreign body from larynx | 0 | 1 (0.0%) |
| Renal cyst excision | 0 | 1 (0.0%) |
| Renal disorder prophylaxis | 0 | 1 (0.0%) |
| Retinopexy | 0 | 1 (0.0%) |
| Skin ulcer excision | 0 | 1 (0.0%) |
| Tooth extraction | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Urethral dilation procedure | 0 | 1 (0.0%) |
| Uterine polypectomy | 0 | 1 (0.0%) |
| Varicose vein operation | 0 | 1 (0.0%) |
| Vascular graft | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 153 (2.4%) | 177 (2.7%) |
| Chronic obstructive pulmonary disease | 36 (0.6%) | 28 (0.4%) |
| Acute respiratory failure | 18 (0.3%) | 24 (0.4%) |
| Dyspnoea | 17 (0.3%) | 16 (0.2%) |
| Pulmonary embolism | 14 (0.2%) | 15 (0.2%) |
| Respiratory failure | 11 (0.2%) | 16 (0.2%) |
| Pleural effusion | 9 (0.1%) | 9 (0.1%) |
| Sleep apnoea syndrome | 7 (0.1%) | 6 (0.1%) |
| Pulmonary mass | 6 (0.1%) | 0 |
| Asthma | 5 (0.1%) | 11 (0.2%) |
| Acute pulmonary oedema | 4 (0.1%) | 6 (0.1%) |
| Epistaxis | 4 (0.1%) | 2 (0.0%) |
| Pulmonary oedema | 3 (0.0%) | 9 (0.1%) |
| Interstitial lung disease | 3 (0.0%) | 5 (0.1%) |
| Pneumonia aspiration | 3 (0.0%) | 4 (0.1%) |
| Pneumothorax | 3 (0.0%) | 3 (0.0%) |
| Hypoxia | 3 (0.0%) | 2 (0.0%) |
| Dyspnoea exertional | 2 (0.0%) | 3 (0.0%) |
| Chronic respiratory failure | 2 (0.0%) | 2 (0.0%) |
| Cough | 2 (0.0%) | 2 (0.0%) |
| Laryngeal oedema | 2 (0.0%) | 0 |
| Pulmonary congestion | 1 (0.0%) | 4 (0.1%) |
| Nasal septum deviation | 1 (0.0%) | 1 (0.0%) |
| Obstructive airways disorder | 1 (0.0%) | 1 (0.0%) |
| Respiratory distress | 1 (0.0%) | 1 (0.0%) |
| Alveolar lung disease | 1 (0.0%) | 0 |
| Asphyxia | 1 (0.0%) | 0 |
| Asthmatic crisis | 1 (0.0%) | 0 |
| Dyspnoea at rest | 1 (0.0%) | 0 |
| Epiglottic cyst | 1 (0.0%) | 0 |
| Laryngeal dysplasia | 1 (0.0%) | 0 |
| Laryngeal mass | 1 (0.0%) | 0 |
| Lung disorder | 1 (0.0%) | 0 |
| Pharyngeal mass | 1 (0.0%) | 0 |
| Pharyngeal oedema | 1 (0.0%) | 0 |
| Pleurisy | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Restrictive pulmonary disease | 1 (0.0%) | 0 |
| Vocal cord cyst | 1 (0.0%) | 0 |
| Bronchitis chronic | 0 | 3 (0.0%) |
| Aspiration | 0 | 2 (0.0%) |
| Bronchiectasis | 0 | 2 (0.0%) |
| Bronchospasm | 0 | 2 (0.0%) |
| Haemoptysis | 0 | 2 (0.0%) |
| Idiopathic pulmonary fibrosis | 0 | 2 (0.0%) |
| Pneumonitis | 0 | 2 (0.0%) |
| Pulmonary hypertension | 0 | 2 (0.0%) |
| Bronchial hyperreactivity | 0 | 1 (0.0%) |
| Bronchopneumopathy | 0 | 1 (0.0%) |
| Dysphonia | 0 | 1 (0.0%) |
| Emphysema | 0 | 1 (0.0%) |
| Hepatic hydrothorax | 0 | 1 (0.0%) |
| Hiccups | 0 | 1 (0.0%) |
| Hypercapnia | 0 | 1 (0.0%) |
| Laryngeal disorder | 0 | 1 (0.0%) |
| Laryngeal stenosis | 0 | 1 (0.0%) |
| Lung perforation | 0 | 1 (0.0%) |
| Pulmonary hilum mass | 0 | 1 (0.0%) |
| Respiratory acidosis | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Respiratory disorder | 0 | 1 (0.0%) |
| Small airways disease | 0 | 1 (0.0%) |
| Vocal cord polyp | 0 | 1 (0.0%) |
| Wheezing | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 128 (2.0%) | 145 (2.2%) |
| Osteoarthritis | 33 (0.5%) | 17 (0.3%) |
| Intervertebral disc protrusion | 15 (0.2%) | 22 (0.3%) |
| Back pain | 11 (0.2%) | 8 (0.1%) |
| Lumbar spinal stenosis | 7 (0.1%) | 8 (0.1%) |
| Arthralgia | 6 (0.1%) | 12 (0.2%) |
| Spinal osteoarthritis | 5 (0.1%) | 6 (0.1%) |
| Gouty arthritis | 5 (0.1%) | 4 (0.1%) |
| Spinal stenosis | 4 (0.1%) | 3 (0.0%) |
| Spondylolisthesis | 4 (0.1%) | 1 (0.0%) |
| Arthritis | 3 (0.0%) | 6 (0.1%) |
| Pain in extremity | 3 (0.0%) | 4 (0.1%) |
| Rotator cuff syndrome | 3 (0.0%) | 4 (0.1%) |
| Rhabdomyolysis | 3 (0.0%) | 2 (0.0%) |
| Muscular weakness | 2 (0.0%) | 2 (0.0%) |
| Intervertebral disc disorder | 2 (0.0%) | 1 (0.0%) |
| Myalgia | 2 (0.0%) | 0 |
| Osteitis | 2 (0.0%) | 0 |
| Bursitis | 1 (0.0%) | 5 (0.1%) |
| Foot deformity | 1 (0.0%) | 3 (0.0%) |
| Intervertebral disc degeneration | 1 (0.0%) | 3 (0.0%) |
| Neuropathic arthropathy | 1 (0.0%) | 2 (0.0%) |
| Periarthritis | 1 (0.0%) | 2 (0.0%) |
| Polymyalgia rheumatica | 1 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Vertebral foraminal stenosis | 1 (0.0%) | 2 (0.0%) |
| Cervical spinal stenosis | 1 (0.0%) | 1 (0.0%) |
| Osteonecrosis | 1 (0.0%) | 1 (0.0%) |
| Synovial cyst | 1 (0.0%) | 1 (0.0%) |
| Connective tissue inflammation | 1 (0.0%) | 0 |
| Dupuytren's contracture | 1 (0.0%) | 0 |
| Facet joint syndrome | 1 (0.0%) | 0 |
| Fasciitis | 1 (0.0%) | 0 |
| Flank pain | 1 (0.0%) | 0 |
| Groin pain | 1 (0.0%) | 0 |
| Haematoma muscle | 1 (0.0%) | 0 |
| Immobilisation syndrome | 1 (0.0%) | 0 |
| Inclusion body myositis | 1 (0.0%) | 0 |
| Intervertebral disc compression | 1 (0.0%) | 0 |
| Muscle spasms | 1 (0.0%) | 0 |
| Myositis | 1 (0.0%) | 0 |
| Osteoporosis | 1 (0.0%) | 0 |
| Resorption bone increased | 1 (0.0%) | 0 |
| Spondylitis | 1 (0.0%) | 0 |
| Tendon discomfort | 1 (0.0%) | 0 |
| Tenosynovitis | 1 (0.0%) | 0 |
| Tenosynovitis stenosans | 1 (0.0%) | 0 |
| Vertebral lateral recess stenosis | 1 (0.0%) | 0 |
| Neck pain | 0 | 6 (0.1%) |
| Costochondritis | 0 | 4 (0.1%) |
| Spinal pain | 0 | 3 (0.0%) |
| Musculoskeletal chest pain | 0 | 2 (0.0%) |
| Ankylosing spondylitis | 0 | 1 (0.0%) |
| Arthritis reactive | 0 | 1 (0.0%) |
| Arthropathy | 0 | 1 (0.0%) |
| Back disorder | 0 | 1 (0.0%) |
| Chondromalacia | 0 | 1 (0.0%) |
| Diastasis recti abdominis | 0 | 1 (0.0%) |
| Exostosis | 0 | 1 (0.0%) |
| Haemarthrosis | 0 | 1 (0.0%) |
| Limb mass | 0 | 1 (0.0%) |
| Muscle haemorrhage | 0 | 1 (0.0%) |
| Musculoskeletal discomfort | 0 | 1 (0.0%) |
| Musculoskeletal disorder | 0 | 1 (0.0%) |
| Osteoarthropathy | 0 | 1 (0.0%) |
| Osteolysis | 0 | 1 (0.0%) |
| Osteonecrosis of jaw | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Plantar fascial fibromatosis | 0 | 1 (0.0%) |
| Psoriatic arthropathy | 0 | 1 (0.0%) |
| Rheumatoid arthritis | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Soft tissue necrosis | 0 | 1 (0.0%) |
| Spinal instability | 0 | 1 (0.0%) |
| Spinal ligament ossification | 0 | 1 (0.0%) |
| Spondyloarthropathy | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Vascular Disorders | 119 (1.8%) | 142 (2.2%) |
| Hypertension | 27 (0.4%) | 45 (0.7%) |
| Hypotension | 9 (0.1%) | 8 (0.1%) |
| Deep vein thrombosis | 7 (0.1%) | 5 (0.1%) |
| Hypertensive crisis | 6 (0.1%) | 13 (0.2%) |
| Aortic stenosis | 6 (0.1%) | 3 (0.0%) |
| Hypertensive urgency | 5 (0.1%) | 5 (0.1%) |
| Aortic aneurysm | 5 (0.1%) | 3 (0.0%) |
| Orthostatic hypotension | 5 (0.1%) | 3 (0.0%) |
| Extremity necrosis | 5 (0.1%) | 2 (0.0%) |
| Hypertensive emergency | 4 (0.1%) | 7 (0.1%) |
| Peripheral ischaemia | 3 (0.0%) | 6 (0.1%) |
| Circulatory collapse | 3 (0.0%) | 2 (0.0%) |
| Peripheral artery occlusion | 3 (0.0%) | 2 (0.0%) |
| Diabetic vascular disorder | 3 (0.0%) | 1 (0.0%) |
| Peripheral arterial occlusive disease | 2 (0.0%) | 12 (0.2%) |
| Peripheral vascular disorder | 2 (0.0%) | 3 (0.0%) |
| Giant cell arteritis | 2 (0.0%) | 2 (0.0%) |
| Peripheral artery stenosis | 2 (0.0%) | 2 (0.0%) |
| Thrombophlebitis | 2 (0.0%) | 2 (0.0%) |
| Thrombosis | 2 (0.0%) | 2 (0.0%) |
| Dry gangrene | 2 (0.0%) | 1 (0.0%) |
| Aortic dissection | 2 (0.0%) | 0 |
| Peripheral embolism | 2 (0.0%) | 0 |
| Haematoma | 1 (0.0%) | 2 (0.0%) |
| Peripheral artery thrombosis | 1 (0.0%) | 2 (0.0%) |
| Hypovolaemic shock | 1 (0.0%) | 1 (0.0%) |
| Peripheral artery aneurysm | 1 (0.0%) | 1 (0.0%) |
| Aortitis | 1 (0.0%) | 0 |
| Arteriovenous fistula | 1 (0.0%) | 0 |
| Intermittent claudication | 1 (0.0%) | 0 |
| Phlebitis | 1 (0.0%) | 0 |
| Post thrombotic syndrome | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Thrombophlebitis superficial | 1 (0.0%) | 0 |
| Varicose ulceration | 1 (0.0%) | 0 |
| Varicose vein | 1 (0.0%) | 0 |
| Vasculitis | 1 (0.0%) | 0 |
| Venous occlusion | 1 (0.0%) | 0 |
| Essential hypertension | 0 | 2 (0.0%) |
| Malignant hypertension | 0 | 2 (0.0%) |
| Arterial thrombosis | 0 | 1 (0.0%) |
| Blood pressure fluctuation | 0 | 1 (0.0%) |
| Embolism venous | 0 | 1 (0.0%) |
| Labile hypertension | 0 | 1 (0.0%) |
| Lymphoedema | 0 | 1 (0.0%) |
| Microangiopathy | 0 | 1 (0.0%) |
| Peripheral artery aneurysm rupture | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Shock haemorrhagic | 0 | 1 (0.0%) |
| Subclavian steal syndrome | 0 | 1 (0.0%) |
| Systolic hypertension | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Thromboangiitis obliterans | 0 | 1 (0.0%) |
| Eye Disorders | 98 (1.5%) | 87 (1.3%) |
| Cataract | 34 (0.5%) | 23 (0.4%) |
| Vitreous haemorrhage | 22 (0.3%) | 14 (0.2%) |
| Diabetic retinopathy | 14 (0.2%) | 14 (0.2%) |
| Glaucoma | 10 (0.2%) | 4 (0.1%) |
| Retinal detachment | 6 (0.1%) | 5 (0.1%) |
| Macular fibrosis | 4 (0.1%) | 3 (0.0%) |
| Retinal haemorrhage | 3 (0.0%) | 4 (0.1%) |
| Eye haemorrhage | 3 (0.0%) | 1 (0.0%) |
| Visual impairment | 2 (0.0%) | 1 (0.0%) |
| Macular oedema | 1 (0.0%) | 4 (0.1%) |
| Cataract diabetic | 1 (0.0%) | 2 (0.0%) |
| Ulcerative keratitis | 1 (0.0%) | 2 (0.0%) |
| Lens dislocation | 1 (0.0%) | 1 (0.0%) |
| Retinopathy | 1 (0.0%) | 1 (0.0%) |
| Retinopathy proliferative | 1 (0.0%) | 1 (0.0%) |
| Rhegmatogenous retinal detachment | 1 (0.0%) | 1 (0.0%) |
| Tractional retinal detachment | 1 (0.0%) | 1 (0.0%) |
| Age-related macular degeneration | 1 (0.0%) | 0 |
| Cataract subcapsular | 1 (0.0%) | 0 |
| Diabetic eye disease | 1 (0.0%) | 0 |
| Diabetic retinal oedema | 1 (0.0%) | 0 |
| Diplopia | 1 (0.0%) | 0 |
| Extraocular muscle paresis | 1 (0.0%) | 0 |
| Eye disorder | 1 (0.0%) | 0 |
| Ocular ischaemic syndrome | 1 (0.0%) | 0 |
| Vision blurred | 1 (0.0%) | 0 |
| Macular hole | 0 | 3 (0.0%) |
| Cataract nuclear | 0 | 2 (0.0%) |
| Pterygium | 0 | 2 (0.0%) |
| Retinal artery occlusion | 0 | 2 (0.0%) |
| Blindness | 0 | 1 (0.0%) |
| Dermatochalasis | 0 | 1 (0.0%) |
| Ectropion | 0 | 1 (0.0%) |
| Eyelid cyst | 0 | 1 (0.0%) |
| Open angle glaucoma | 0 | 1 (0.0%) |
| Ophthalmoplegia | 0 | 1 (0.0%) |
| Optic disc haemorrhage | 0 | 1 (0.0%) |
| Optic ischaemic neuropathy | 0 | 1 (0.0%) |
| Papilloedema | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 89 (1.4%) | 118 (1.8%) |
| Chest pain | 31 (0.5%) | 38 (0.6%) |
| Death | 10 (0.2%) | 10 (0.2%) |
| Pyrexia | 10 (0.2%) | 7 (0.1%) |
| Oedema peripheral | 9 (0.1%) | 16 (0.2%) |
| Oedema | 6 (0.1%) | 3 (0.0%) |
| Asthenia | 5 (0.1%) | 3 (0.0%) |
| General physical health deterioration | 3 (0.0%) | 8 (0.1%) |
| Multiple organ dysfunction syndrome | 3 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Malaise | 2 (0.0%) | 3 (0.0%) |
| Peripheral swelling | 2 (0.0%) | 3 (0.0%) |
| Fatigue | 2 (0.0%) | 2 (0.0%) |
| Generalised oedema | 1 (0.0%) | 4 (0.1%) |
| Non-cardiac chest pain | 1 (0.0%) | 4 (0.1%) |
| Gait disturbance | 1 (0.0%) | 2 (0.0%) |
| Polyp | 1 (0.0%) | 1 (0.0%) |
| Systemic inflammatory response syndrome | 1 (0.0%) | 1 (0.0%) |
| Complication associated with device | 1 (0.0%) | 0 |
| Drug intolerance | 1 (0.0%) | 0 |
| Hanging | 1 (0.0%) | 0 |
| Impaired healing | 1 (0.0%) | 0 |
| Mass | 1 (0.0%) | 0 |
| Oedema due to cardiac disease | 1 (0.0%) | 0 |
| Swelling face | 1 (0.0%) | 0 |
| Chest discomfort | 0 | 2 (0.0%) |
| Oedema due to renal disease | 0 | 2 (0.0%) |
| Pain | 0 | 2 (0.0%) |
| Adhesion | 0 | 1 (0.0%) |
| Device intolerance | 0 | 1 (0.0%) |
| Haemorrhagic cyst | 0 | 1 (0.0%) |
| Hernia pain | 0 | 1 (0.0%) |
| Hypothermia | 0 | 1 (0.0%) |
| Inflammation | 0 | 1 (0.0%) |
| Soft tissue inflammation | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Vascular stent stenosis | 0 | 1 (0.0%) |
| Cardiac Disorders | 80 (1.2%) | 106 (1.6%) |
| Coronary artery disease | 13 (0.2%) | 11 (0.2%) |
| Cardiac failure | 6 (0.1%) | 20 (0.3%) |
| Bradycardia | 5 (0.1%) | 5 (0.1%) |
| Arteriosclerosis coronary artery | 5 (0.1%) | 1 (0.0%) |
| Cardiac failure acute | 5 (0.1%) | 1 (0.0%) |
| Angina unstable | 4 (0.1%) | 6 (0.1%) |
| Angina pectoris | 4 (0.1%) | 4 (0.1%) |
| Myocardial ischaemia | 3 (0.0%) | 7 (0.1%) |
| Aortic valve stenosis | 3 (0.0%) | 5 (0.1%) |
| Atrial fibrillation | 3 (0.0%) | 4 (0.1%) |
| Cardiac failure chronic | 3 (0.0%) | 4 (0.1%) |
| Sinus node dysfunction | 3 (0.0%) | 2 (0.0%) |
| Aortic valve disease mixed | 3 (0.0%) | 0 |
| Acute coronary syndrome | 2 (0.0%) | 3 (0.0%) |
| Coronary artery stenosis | 2 (0.0%) | 2 (0.0%) |
| Acute left ventricular failure | 2 (0.0%) | 1 (0.0%) |
| Arrhythmia | 2 (0.0%) | 1 (0.0%) |
| Cardio-respiratory arrest | 2 (0.0%) | 1 (0.0%) |
| Pericarditis | 2 (0.0%) | 0 |
| Ventricular fibrillation | 2 (0.0%) | 0 |
| Cardiac arrest | 1 (0.0%) | 4 (0.1%) |
| Atrial flutter | 1 (0.0%) | 2 (0.0%) |
| Cardiomyopathy | 1 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Palpitations | 1 (0.0%) | 1 (0.0%) |
| Aortic valve calcification | 1 (0.0%) | 0 |
| Atrioventricular block second degree | 1 (0.0%) | 0 |
| Bifascicular block | 1 (0.0%) | 0 |
| Extrasystoles | 1 (0.0%) | 0 |
| Hypertensive heart disease | 1 (0.0%) | 0 |
| Left ventricular dysfunction | 1 (0.0%) | 0 |
| Left ventricular failure | 1 (0.0%) | 0 |
| Mitral valve disease | 1 (0.0%) | 0 |
| Paroxysmal atrioventricular block | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pulseless electrical activity | 1 (0.0%) | 0 |
| Stress cardiomyopathy | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular hypokinesia | 1 (0.0%) | 0 |
| Ventricular tachycardia | 1 (0.0%) | 0 |
| Cardiac failure congestive | 0 | 9 (0.1%) |
| Acute myocardial infarction | 0 | 2 (0.0%) |
| Atrial thrombosis | 0 | 2 (0.0%) |
| Atrioventricular block complete | 0 | 2 (0.0%) |
| Bundle branch block left | 0 | 2 (0.0%) |
| Cardiogenic shock | 0 | 2 (0.0%) |
| Aortic valve incompetence | 0 | 1 (0.0%) |
| Atrioventricular block | 0 | 1 (0.0%) |
| Cardiac asthma | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac valve disease | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cardiorenal syndrome | 0 | 1 (0.0%) |
| Cor pulmonale chronic | 0 | 1 (0.0%) |
| Coronary artery occlusion | 0 | 1 (0.0%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.0%) |
| Left ventricular hypertrophy | 0 | 1 (0.0%) |
| Sinoatrial block | 0 | 1 (0.0%) |
| Supraventricular tachycardia | 0 | 1 (0.0%) |
| Tachycardia | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 73 (1.1%) | 91 (1.4%) |
| Diabetic foot | 36 (0.6%) | 36 (0.6%) |
| Skin ulcer | 21 (0.3%) | 31 (0.5%) |
| Angioedema | 5 (0.1%) | 2 (0.0%) |
| Pemphigoid | 2 (0.0%) | 2 (0.0%) |
| Rash | 2 (0.0%) | 1 (0.0%) |
| Skin necrosis | 2 (0.0%) | 0 |
| Blister | 1 (0.0%) | 2 (0.0%) |
| Decubitus ulcer | 1 (0.0%) | 2 (0.0%) |
| Dermatitis | 1 (0.0%) | 1 (0.0%) |
| Ingrowing nail | 1 (0.0%) | 1 (0.0%) |
| Neuropathic ulcer | 1 (0.0%) | 1 (0.0%) |
| Angiokeratoma | 1 (0.0%) | 0 |
| Dermatitis herpetiformis | 1 (0.0%) | 0 |
| Diabetic ulcer | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Drug eruption | 1 (0.0%) | 0 |
| Hidradenitis | 1 (0.0%) | 0 |
| Palmoplantar keratoderma | 1 (0.0%) | 0 |
| Skin disorder | 1 (0.0%) | 0 |
| Stasis dermatitis | 1 (0.0%) | 0 |
| Toxic skin eruption | 1 (0.0%) | 0 |
| Dermatitis allergic | 0 | 2 (0.0%) |
| Actinic keratosis | 0 | 1 (0.0%) |
| Dermal cyst | 0 | 1 (0.0%) |
| Dermatitis bullous | 0 | 1 (0.0%) |
| Diabetic cheiroarthropathy | 0 | 1 (0.0%) |
| Ecchymosis | 0 | 1 (0.0%) |
| Eczema | 0 | 1 (0.0%) |
| Hyperkeratosis | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Parapsoriasis | 0 | 1 (0.0%) |
| Purpura | 0 | 1 (0.0%) |
| Reactive perforating collagenosis | 0 | 1 (0.0%) |
| Stevens-Johnson syndrome | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 65 (1.0%) | 64 (1.0%) |
| Cholelithiasis | 17 (0.3%) | 8 (0.1%) |
| Cholecystitis acute | 11 (0.2%) | 16 (0.2%) |
| Cholecystitis | 11 (0.2%) | 8 (0.1%) |
| Bile duct stone | 7 (0.1%) | 3 (0.0%) |
| Cholangitis | 4 (0.1%) | 7 (0.1%) |
| Biliary colic | 3 (0.0%) | 2 (0.0%) |
| Cholecystitis chronic | 3 (0.0%) | 1 (0.0%) |
| Hepatic cirrhosis | 2 (0.0%) | 7 (0.1%) |
| Hepatitis acute | 2 (0.0%) | 1 (0.0%) |
| Biliary dyskinesia | 2 (0.0%) | 0 |
| Biliary obstruction | 2 (0.0%) | 0 |
| Hepatic function abnormal | 2 (0.0%) | 0 |
| Cholangitis acute | 1 (0.0%) | 4 (0.1%) |
| Jaundice cholestatic | 1 (0.0%) | 3 (0.0%) |
| Liver disorder | 1 (0.0%) | 1 (0.0%) |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Hepatic lesion | 1 (0.0%) | 0 |
| Hepatitis | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Non-alcoholic steatohepatitis | 1 (0.0%) | 0 |
| Biliary dilatation | 0 | 1 (0.0%) |
| Biliary fistula | 0 | 1 (0.0%) |
| Cholecystocholangitis | 0 | 1 (0.0%) |
| Cholestasis | 0 | 1 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Drug-induced liver injury | 0 | 1 (0.0%) |
| Gallbladder polyp | 0 | 1 (0.0%) |
| Hepatic failure | 0 | 1 (0.0%) |
| Hepatitis alcoholic | 0 | 1 (0.0%) |
| Jaundice | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Portal hypertension | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Primary biliary cholangitis | 0 | 1 (0.0%) |
| Investigations | 57 (0.9%) | 80 (1.2%) |
| Glomerular filtration rate decreased | 9 (0.1%) | 5 (0.1%) |
| Blood glucose increased | 6 (0.1%) | 6 (0.1%) |
| Colonoscopy | 6 (0.1%) | 4 (0.1%) |
| Blood potassium increased | 4 (0.1%) | 0 |
| Blood creatinine increased | 3 (0.0%) | 7 (0.1%) |
| Weight decreased | 3 (0.0%) | 4 (0.1%) |
| Biopsy kidney | 2 (0.0%) | 3 (0.0%) |
| Angiocardiogram | 2 (0.0%) | 2 (0.0%) |
| Endoscopy | 2 (0.0%) | 0 |
| Blood pressure increased | 1 (0.0%) | 4 (0.1%) |
| Influenza A virus test positive | 1 (0.0%) | 4 (0.1%) |
| Glycosylated haemoglobin increased | 1 (0.0%) | 3 (0.0%) |
| C-reactive protein increased | 1 (0.0%) | 1 (0.0%) |
| Ejection fraction decreased | 1 (0.0%) | 1 (0.0%) |
| Electrocardiogram abnormal | 1 (0.0%) | 1 (0.0%) |
| Alanine aminotransferase increased | 1 (0.0%) | 0 |
| Angiogram | 1 (0.0%) | 0 |
| Arteriogram | 1 (0.0%) | 0 |
| Aspartate aminotransferase increased | 1 (0.0%) | 0 |
| Biopsy bladder | 1 (0.0%) | 0 |
| Blood alkaline phosphatase increased | 1 (0.0%) | 0 |
| Blood potassium decreased | 1 (0.0%) | 0 |
| Blood pressure orthostatic decreased | 1 (0.0%) | 0 |
| Cancer staging | 1 (0.0%) | 0 |
| Cardiac function test abnormal | 1 (0.0%) | 0 |
| Cardiac pacemaker evaluation | 1 (0.0%) | 0 |
| Cardiac stress test abnormal | 1 (0.0%) | 0 |
| Colonoscopy normal | 1 (0.0%) | 0 |
| Computerised tomogram | 1 (0.0%) | 0 |
| Gamma-glutamyltransferase increased | 1 (0.0%) | 0 |
| Haematocrit decreased | 1 (0.0%) | 0 |
| International normalised ratio increased | 1 (0.0%) | 0 |
| Investigation | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Blood creatine phosphokinase increased | 0 | 4 (0.1%) |
| Arthroscopy | 0 | 3 (0.0%) |
| Hepatic enzyme increased | 0 | 3 (0.0%) |
| Liver function test increased | 0 | 3 (0.0%) |
| Angiogram cerebral | 0 | 1 (0.0%) |
| Anticoagulation drug level above therapeutic | 0 | 1 (0.0%) |
| Anticoagulation drug level below therapeutic | 0 | 1 (0.0%) |
| Biopsy liver | 0 | 1 (0.0%) |
| Biopsy prostate | 0 | 1 (0.0%) |
| Blood creatine phosphokinase MB increased | 0 | 1 (0.0%) |
| Blood magnesium decreased | 0 | 1 (0.0%) |
| Blood urine present | 0 | 1 (0.0%) |
| Cardiovascular examination | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Computerised tomogram abdomen | 0 | 1 (0.0%) |
| Endobronchial ultrasound | 0 | 1 (0.0%) |
| Endoscopy small intestine | 0 | 1 (0.0%) |
| Gastrointestinal stoma output increased | 0 | 1 (0.0%) |
| Heart rate increased | 0 | 1 (0.0%) |
| Inflammatory marker increased | 0 | 1 (0.0%) |
| Light chain analysis increased | 0 | 1 (0.0%) |
| Peripheral arteriogram | 0 | 1 (0.0%) |
| Protein urine present | 0 | 1 (0.0%) |
| Respiratory syncytial virus test positive | 0 | 1 (0.0%) |
| SARS-CoV-2 test negative | 0 | 1 (0.0%) |
| SARS-CoV-2 test positive | 0 | 1 (0.0%) |
| Troponin T increased | 0 | 1 (0.0%) |
| Troponin increased | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 51 (0.8%) | 60 (0.9%) |
| Anaemia | 32 (0.5%) | 34 (0.5%) |
| Iron deficiency anaemia | 6 (0.1%) | 7 (0.1%) |
| Blood loss anaemia | 4 (0.1%) | 2 (0.0%) |
| Microcytic anaemia | 2 (0.0%) | 1 (0.0%) |
| Lymphadenopathy | 2 (0.0%) | 0 |
| Lymphadenopathy mediastinal | 1 (0.0%) | 1 (0.0%) |
| Pancytopenia | 1 (0.0%) | 1 (0.0%) |
| Coagulopathy | 1 (0.0%) | 0 |
| Hilar lymphadenopathy | 1 (0.0%) | 0 |
| Hypereosinophilic syndrome | 1 (0.0%) | 0 |
| Hypocoagulable state | 1 (0.0%) | 0 |
| Immune thrombocytopenia | 1 (0.0%) | 0 |
| Nephrogenic anaemia | 0 | 5 (0.1%) |
| Febrile neutropenia | 0 | 2 (0.0%) |
| Neutropenia | 0 | 2 (0.0%) |
| Thrombocytopenia | 0 | 2 (0.0%) |
| Acquired haemophilia | 0 | 1 (0.0%) |
| Bicytopenia | 0 | 1 (0.0%) |
| Leukocytosis | 0 | 1 (0.0%) |
| Normochromic normocytic anaemia | 0 | 1 (0.0%) |
| Normocytic anaemia | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 33 (0.5%) | 36 (0.6%) |
| Benign prostatic hyperplasia | 17 (0.3%) | 20 (0.3%) |
| Prostatomegaly | 2 (0.0%) | 3 (0.0%) |
| Endometrial hyperplasia | 2 (0.0%) | 0 |
| Prostatism | 2 (0.0%) | 0 |
| Ovarian cyst | 1 (0.0%) | 4 (0.1%) |
| Prostatitis | 1 (0.0%) | 3 (0.0%) |
| Uterine polyp | 1 (0.0%) | 1 (0.0%) |
| Balanoposthitis | 1 (0.0%) | 0 |
| Breast mass | 1 (0.0%) | 0 |
| Breast necrosis | 1 (0.0%) | 0 |
| Metrorrhagia | 1 (0.0%) | 0 |
| Prostatic disorder | 1 (0.0%) | 0 |
| Scrotal dermatitis | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Vaginal haemorrhage | 1 (0.0%) | 0 |
| Dysfunctional uterine bleeding | 0 | 1 (0.0%) |
| Endometrial thickening | 0 | 1 (0.0%) |
| Erectile dysfunction | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Testicular mass | 0 | 1 (0.0%) |
| Uterine haemorrhage | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 22 (0.3%) | 26 (0.4%) |
| Vertigo | 10 (0.2%) | 10 (0.2%) |
| Sudden hearing loss | 4 (0.1%) | 6 (0.1%) |
| Vestibular disorder | 2 (0.0%) | 3 (0.0%) |
| Tympanic membrane perforation | 2 (0.0%) | 1 (0.0%) |
| Vertigo positional | 2 (0.0%) | 1 (0.0%) |
| Acute vestibular syndrome | 1 (0.0%) | 0 |
| Deafness neurosensory | 1 (0.0%) | 0 |
| Deafness | 0 | 1 (0.0%) |
| Deafness unilateral | 0 | 1 (0.0%) |
| Ear pain | 0 | 1 (0.0%) |
| Tinnitus | 0 | 1 (0.0%) |
| Vestibular ataxia | 0 | 1 (0.0%) |
| Psychiatric Disorders | 22 (0.3%) | 16 (0.2%) |
| Anxiety | 4 (0.1%) | 0 |
| Depression | 3 (0.0%) | 5 (0.1%) |
| Mental status changes | 3 (0.0%) | 5 (0.1%) |
| Confusional state | 3 (0.0%) | 2 (0.0%) |
| Major depression | 2 (0.0%) | 1 (0.0%) |
| Bipolar disorder | 2 (0.0%) | 0 |
| Completed suicide | 2 (0.0%) | 0 |
| Alcohol abuse | 1 (0.0%) | 0 |
| Insomnia | 1 (0.0%) | 0 |
| Mania | 1 (0.0%) | 0 |
| Mental disorder due to a general medical condition | 1 (0.0%) | 0 |
| Suicide attempt | 1 (0.0%) | 0 |
| Delusional disorder, unspecified type | 0 | 1 (0.0%) |
| Drug abuse | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Endocrine Disorders | 6 (0.1%) | 7 (0.1%) |
| Goitre | 2 (0.0%) | 2 (0.0%) |
| Hyperparathyroidism | 1 (0.0%) | 0 |
| Hypothyroidism | 1 (0.0%) | 0 |
| Primary hyperaldosteronism | 1 (0.0%) | 0 |
| Toxic nodular goitre | 1 (0.0%) | 0 |
| Thyroid mass | 0 | 2 (0.0%) |
| Hyperthyroidism | 0 | 1 (0.0%) |
| Pituitary-dependent Cushing's syndrome | 0 | 1 (0.0%) |
| Thyroiditis | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 6 (0.1%) | 3 (0.0%) |
| Phimosis | 2 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.2: Frequency Summary of Treatment-Emergent Serious Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|----------------------------------|------------------------|---------------------|
| Adenomatous polyposis coli | 1 (0.0%) | 0 |
| Arnold-Chiari malformation | 1 (0.0%) | 0 |
| Factor VIII deficiency | 1 (0.0%) | 0 |
| Truncus arteriosus persistent | 1 (0.0%) | 0 |
| Anomaly of middle ear congenital | 0 | 1 (0.0%) |
| Dermoid cyst | 0 | 1 (0.0%) |
| Hypospadias | 0 | 1 (0.0%) |
| Immune System Disorders | 3 (0.0%) | 1 (0.0%) |
| Drug hypersensitivity | 2 (0.0%) | 0 |
| Anaphylactic shock | 1 (0.0%) | 1 (0.0%) |
| Anaphylactic reaction | 0 | 1 (0.0%) |
| Product Issues | 1 (0.0%) | 4 (0.1%) |
| Device malfunction | 1 (0.0%) | 1 (0.0%) |
| Device dislocation | 0 | 2 (0.0%) |
| Device loosening | 0 | 1 (0.0%) |
| Social Circumstances | 1 (0.0%) | 0 |
| Social stay hospitalisation | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Any TEAE | 1140 (17.5%) | 1261 (19.4%) |
| Infections And Infestations | 306 (4.7%) | 348 (5.4%) |
| Pneumonia | 60 (0.9%) | 100 (1.5%) |
| Cellulitis | 23 (0.4%) | 30 (0.5%) |
| Sepsis | 21 (0.3%) | 30 (0.5%) |
| COVID-19 | 16 (0.2%) | 18 (0.3%) |
| Urinary tract infection | 13 (0.2%) | 21 (0.3%) |
| Osteomyelitis | 11 (0.2%) | 18 (0.3%) |
| Urosepsis | 11 (0.2%) | 9 (0.1%) |
| Localised infection | 11 (0.2%) | 7 (0.1%) |
| Septic shock | 8 (0.1%) | 9 (0.1%) |
| Erysipelas | 8 (0.1%) | 6 (0.1%) |
| Gastroenteritis | 7 (0.1%) | 11 (0.2%) |
| Influenza | 7 (0.1%) | 8 (0.1%) |
| Bronchitis | 7 (0.1%) | 5 (0.1%) |
| Respiratory tract infection | 7 (0.1%) | 3 (0.0%) |
| COVID-19 pneumonia | 6 (0.1%) | 7 (0.1%) |
| Pyelonephritis | 6 (0.1%) | 4 (0.1%) |
| Abscess limb | 6 (0.1%) | 3 (0.0%) |
| Diabetic foot infection | 5 (0.1%) | 7 (0.1%) |
| Gangrene | 4 (0.1%) | 10 (0.2%) |
| Herpes zoster | 4 (0.1%) | 4 (0.1%) |
| Pulmonary sepsis | 4 (0.1%) | 2 (0.0%) |
| Infected skin ulcer | 4 (0.1%) | 1 (0.0%) |
| Postoperative wound infection | 4 (0.1%) | 1 (0.0%) |
| Appendicitis | 3 (0.0%) | 4 (0.1%) |
| Pyelonephritis acute | 3 (0.0%) | 2 (0.0%) |
| Bacteraemia | 3 (0.0%) | 0 |
| Lower respiratory tract infection | 2 (0.0%) | 6 (0.1%) |
| Intervertebral discitis | 2 (0.0%) | 3 (0.0%) |
| Pulmonary tuberculosis | 2 (0.0%) | 3 (0.0%) |
| Wound infection | 2 (0.0%) | 3 (0.0%) |
| Nasopharyngitis | 2 (0.0%) | 2 (0.0%) |
| Pneumonia bacterial | 2 (0.0%) | 2 (0.0%) |
| Staphylococcal sepsis | 2 (0.0%) | 2 (0.0%) |
| Cystitis | 2 (0.0%) | 1 (0.0%) |
| Meningitis | 2 (0.0%) | 1 (0.0%) |
| Viral infection | 2 (0.0%) | 1 (0.0%) |
| Appendicitis perforated | 2 (0.0%) | 0 |
| Emphysematous pyelonephritis | 2 (0.0%) | 0 |
| Groin abscess | 2 (0.0%) | 0 |
| Subcutaneous abscess | 2 (0.0%) | 0 |
| Anal abscess | 1 (0.0%) | 4 (0.1%) |
| Skin infection | 1 (0.0%) | 4 (0.1%) |
| Upper respiratory tract infection | 1 (0.0%) | 4 (0.1%) |
| Diverticulitis | 1 (0.0%) | 3 (0.0%) |
| Liver abscess | 1 (0.0%) | 3 (0.0%) |
| Soft tissue infection | 1 (0.0%) | 3 (0.0%) |
| Endocarditis | 1 (0.0%) | 2 (0.0%) |
| Arthritis bacterial | 1 (0.0%) | 1 (0.0%) |
| Bacterial sepsis | 1 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Campylobacter gastroenteritis | 1 (0.0%) | 1 (0.0%) |
| Clostridium difficile colitis | 1 (0.0%) | 1 (0.0%) |
| Epididymitis | 1 (0.0%) | 1 (0.0%) |
| Fournier's gangrene | 1 (0.0%) | 1 (0.0%) |
| Infective exacerbation of chronic obstructive airways disease | 1 (0.0%) | 1 (0.0%) |
| Necrotising fasciitis | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis chronic | 1 (0.0%) | 1 (0.0%) |
| Otitis media | 1 (0.0%) | 1 (0.0%) |
| Paronychia | 1 (0.0%) | 1 (0.0%) |
| Peritonitis | 1 (0.0%) | 1 (0.0%) |
| Pharyngitis | 1 (0.0%) | 1 (0.0%) |
| Pneumonia viral | 1 (0.0%) | 1 (0.0%) |
| Staphylococcal bacteraemia | 1 (0.0%) | 1 (0.0%) |
| Abdominal abscess | 1 (0.0%) | 0 |
| Abdominal infection | 1 (0.0%) | 0 |
| Acute sinusitis | 1 (0.0%) | 0 |
| Arthritis infective | 1 (0.0%) | 0 |
| Bacterial infection | 1 (0.0%) | 0 |
| Chest wall abscess | 1 (0.0%) | 0 |
| Cholecystitis infective | 1 (0.0%) | 0 |
| Corneal abscess | 1 (0.0%) | 0 |
| Device related sepsis | 1 (0.0%) | 0 |
| Diverticulitis intestinal haemorrhagic | 1 (0.0%) | 0 |
| Encephalitis viral | 1 (0.0%) | 0 |
| Enterocolitis bacterial | 1 (0.0%) | 0 |
| Eye infection | 1 (0.0%) | 0 |
| Genital candidiasis | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Haematoma infection | 1 (0.0%) | 0 |
| Herpes ophthalmic | 1 (0.0%) | 0 |
| Infected bite | 1 (0.0%) | 0 |
| Infectious mononucleosis | 1 (0.0%) | 0 |
| Kidney infection | 1 (0.0%) | 0 |
| Large intestine infection | 1 (0.0%) | 0 |
| Medical device site infection | 1 (0.0%) | 0 |
| Necrotising soft tissue infection | 1 (0.0%) | 0 |
| Nephritis bacterial | 1 (0.0%) | 0 |
| Onychomycosis | 1 (0.0%) | 0 |
| Oral infection | 1 (0.0%) | 0 |
| Orchitis | 1 (0.0%) | 0 |
| Osteomyelitis acute | 1 (0.0%) | 0 |
| Otitis externa bacterial | 1 (0.0%) | 0 |
| Parotitis | 1 (0.0%) | 0 |
| Periodontitis | 1 (0.0%) | 0 |
| Peritoneal tuberculosis | 1 (0.0%) | 0 |
| Peritonitis bacterial | 1 (0.0%) | 0 |
| Pneumocystis jirovecii pneumonia | 1 (0.0%) | 0 |
| Pneumonia influenzal | 1 (0.0%) | 0 |
| Pneumonia klebsiella | 1 (0.0%) | 0 |
| Pseudomonas infection | 1 (0.0%) | 0 |
| Pulmonary mycosis | 1 (0.0%) | 0 |
| Rectal abscess | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Splenic abscess | 1 (0.0%) | 0 |
| Viraemia | 1 (0.0%) | 0 |
| Viral pericarditis | 1 (0.0%) | 0 |
| Viral upper respiratory tract infection | 1 (0.0%) | 0 |
| Vulvovaginitis | 1 (0.0%) | 0 |
| Wound infection bacterial | 1 (0.0%) | 0 |
| Atypical pneumonia | 0 | 4 (0.1%) |
| Infection | 0 | 4 (0.1%) |
| Diabetic gangrene | 0 | 2 (0.0%) |
| Enterococcal bacteraemia | 0 | 2 (0.0%) |
| Mastoiditis | 0 | 2 (0.0%) |
| Medical device site joint infection | 0 | 2 (0.0%) |
| Oral candidiasis | 0 | 2 (0.0%) |
| Otitis externa | 0 | 2 (0.0%) |
| Post procedural infection | 0 | 2 (0.0%) |
| Tooth infection | 0 | 2 (0.0%) |
| Urinary tract infection bacterial | 0 | 2 (0.0%) |
| Acute hepatitis B | 0 | 1 (0.0%) |
| Anorectal infection bacterial | 0 | 1 (0.0%) |
| Arteriosclerotic gangrene | 0 | 1 (0.0%) |
| Bacterial rhinitis | 0 | 1 (0.0%) |
| Bacterial tracheitis | 0 | 1 (0.0%) |
| Burn infection | 0 | 1 (0.0%) |
| Carbuncle | 0 | 1 (0.0%) |
| Cellulitis gangrenous | 0 | 1 (0.0%) |
| Cellulitis staphylococcal | 0 | 1 (0.0%) |
| Chronic hepatitis C | 0 | 1 (0.0%) |
| Conjunctivitis | 0 | 1 (0.0%) |
| Coronavirus infection | 0 | 1 (0.0%) |
| Dermo-hypodermatitis | 0 | 1 (0.0%) |
| Ear infection | 0 | 1 (0.0%) |
| Enterococcal infection | 0 | 1 (0.0%) |
| Escherichia sepsis | 0 | 1 (0.0%) |
| Escherichia urinary tract infection | 0 | 1 (0.0%) |
| Gastritis viral | 0 | 1 (0.0%) |
| Gastroenteritis norovirus | 0 | 1 (0.0%) |
| Gastroenteritis salmonella | 0 | 1 (0.0%) |
| Infected seroma | 0 | 1 (0.0%) |
| Infective exacerbation of bronchiectasis | 0 | 1 (0.0%) |
| Klebsiella bacteraemia | 0 | 1 (0.0%) |
| Medical device site abscess | 0 | 1 (0.0%) |
| Neutropenic sepsis | 0 | 1 (0.0%) |
| Ophthalmic herpes zoster | 0 | 1 (0.0%) |
| Peritonitis | 0 | 1 (0.0%) |
| Pharyngitis bacterial | 0 | 1 (0.0%) |
| Pneumonia legionella | 0 | 1 (0.0%) |
| Post procedural sepsis | 0 | 1 (0.0%) |
| Psoas abscess | 0 | 1 (0.0%) |
| Salmonella sepsis | 0 | 1 (0.0%) |
| Stenotrophomonas sepsis | 0 | 1 (0.0%) |
| Subacute endocarditis | 0 | 1 (0.0%) |
| Tracheobronchitis viral | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Vascular device infection | 0 | 1 (0.0%) |
| Vascular graft infection | 0 | 1 (0.0%) |
| Viral tracheitis | 0 | 1 (0.0%) |
| Metabolism And Nutrition Disorders | 179 (2.7%) | 162 (2.5%) |
| Hyperkalaemia | 53 (0.8%) | 13 (0.2%) |
| Hypoglycaemia | 41 (0.6%) | 48 (0.7%) |
| Hyperglycaemia | 13 (0.2%) | 15 (0.2%) |
| Dehydration | 12 (0.2%) | 9 (0.1%) |
| Diabetes mellitus | 11 (0.2%) | 10 (0.2%) |
| Diabetes mellitus inadequate control | 7 (0.1%) | 14 (0.2%) |
| Hyponatraemia | 7 (0.1%) | 3 (0.0%) |
| Type 2 diabetes mellitus | 5 (0.1%) | 8 (0.1%) |
| Gout | 5 (0.1%) | 7 (0.1%) |
| Diabetic ketoacidosis | 5 (0.1%) | 6 (0.1%) |
| Fluid overload | 3 (0.0%) | 7 (0.1%) |
| Hypertriglyceridaemia | 3 (0.0%) | 3 (0.0%) |
| Metabolic acidosis | 3 (0.0%) | 3 (0.0%) |
| Hypercalcaemia | 3 (0.0%) | 0 |
| Hyperglycaemic hyperosmolar nonketotic syndrome | 2 (0.0%) | 5 (0.1%) |
| Vitamin D deficiency | 2 (0.0%) | 5 (0.1%) |
| Hypokalaemia | 2 (0.0%) | 4 (0.1%) |
| Hyperlipidaemia | 2 (0.0%) | 1 (0.0%) |
| Hypovolaemia | 2 (0.0%) | 1 (0.0%) |
| Obesity | 2 (0.0%) | 1 (0.0%) |
| Hypoproteinaemia | 1 (0.0%) | 4 (0.1%) |
| Decreased appetite | 1 (0.0%) | 3 (0.0%) |
| Hypocalcaemia | 1 (0.0%) | 3 (0.0%) |
| Diabetic metabolic decompensation | 1 (0.0%) | 2 (0.0%) |
| Fluid retention | 1 (0.0%) | 1 (0.0%) |
| Hypomagnesaemia | 1 (0.0%) | 1 (0.0%) |
| Ketoacidosis | 1 (0.0%) | 1 (0.0%) |
| Calciophylaxis | 1 (0.0%) | 0 |
| Hypercholesterolaemia | 1 (0.0%) | 0 |
| Lactic acidosis | 1 (0.0%) | 0 |
| Cachexia | 0 | 2 (0.0%) |
| Diabetic complication | 0 | 1 (0.0%) |
| Electrolyte imbalance | 0 | 1 (0.0%) |
| Hyperphosphataemia | 0 | 1 (0.0%) |
| Metabolic disorder | 0 | 1 (0.0%) |
| Tumour lysis syndrome | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 141 (2.2%) | 157 (2.4%) |
| Prostate cancer | 11 (0.2%) | 16 (0.2%) |
| Colon cancer | 11 (0.2%) | 8 (0.1%) |
| Lung neoplasm malignant | 9 (0.1%) | 7 (0.1%) |
| Renal neoplasm | 6 (0.1%) | 5 (0.1%) |
| Pancreatic carcinoma | 5 (0.1%) | 7 (0.1%) |
| Bladder cancer | 5 (0.1%) | 5 (0.1%) |
| Hepatic cancer | 5 (0.1%) | 3 (0.0%) |
| Hepatocellular carcinoma | 4 (0.1%) | 3 (0.0%) |
| Adenocarcinoma of colon | 3 (0.0%) | 4 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Bladder transitional cell carcinoma | 3 (0.0%) | 3 (0.0%) |
| Metastases to liver | 3 (0.0%) | 3 (0.0%) |
| Pancreatic carcinoma metastatic | 3 (0.0%) | 2 (0.0%) |
| Transitional cell carcinoma | 3 (0.0%) | 2 (0.0%) |
| Pancreatic neoplasm | 3 (0.0%) | 1 (0.0%) |
| Renal cell carcinoma | 3 (0.0%) | 1 (0.0%) |
| Colon adenoma | 3 (0.0%) | 0 |
| Metastases to central nervous system | 3 (0.0%) | 0 |
| Metastases to lymph nodes | 3 (0.0%) | 0 |
| Oesophageal adenocarcinoma | 3 (0.0%) | 0 |
| Breast cancer | 2 (0.0%) | 5 (0.1%) |
| Lung adenocarcinoma | 2 (0.0%) | 4 (0.1%) |
| Oesophageal carcinoma | 2 (0.0%) | 4 (0.1%) |
| Small cell lung cancer | 2 (0.0%) | 3 (0.0%) |
| Metastases to bone | 2 (0.0%) | 2 (0.0%) |
| Plasma cell myeloma | 2 (0.0%) | 2 (0.0%) |
| Endometrial cancer | 2 (0.0%) | 1 (0.0%) |
| Lung cancer metastatic | 2 (0.0%) | 1 (0.0%) |
| Metastases to spine | 2 (0.0%) | 1 (0.0%) |
| Squamous cell carcinoma of the oral cavity | 2 (0.0%) | 1 (0.0%) |
| Bladder cancer recurrent | 2 (0.0%) | 0 |
| Metastases to lung | 2 (0.0%) | 0 |
| Prostate cancer recurrent | 2 (0.0%) | 0 |
| Squamous cell carcinoma of lung | 2 (0.0%) | 0 |
| Lung neoplasm | 1 (0.0%) | 4 (0.1%) |
| Malignant melanoma | 1 (0.0%) | 3 (0.0%) |
| Cholangiocarcinoma | 1 (0.0%) | 2 (0.0%) |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 2 (0.0%) |
| Thyroid cancer | 1 (0.0%) | 2 (0.0%) |
| Acute myeloid leukaemia | 1 (0.0%) | 1 (0.0%) |
| Basal cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Bronchial carcinoma | 1 (0.0%) | 1 (0.0%) |
| Clear cell renal cell carcinoma | 1 (0.0%) | 1 (0.0%) |
| Colorectal cancer | 1 (0.0%) | 1 (0.0%) |
| Epithelioid mesothelioma | 1 (0.0%) | 1 (0.0%) |
| Gastrointestinal carcinoma | 1 (0.0%) | 1 (0.0%) |
| Pancreatic carcinoma stage IV | 1 (0.0%) | 1 (0.0%) |
| Prostate cancer metastatic | 1 (0.0%) | 1 (0.0%) |
| Rectal adenocarcinoma | 1 (0.0%) | 1 (0.0%) |
| Rectal neoplasm | 1 (0.0%) | 1 (0.0%) |
| Sarcoma | 1 (0.0%) | 1 (0.0%) |
| Adenocarcinoma | 1 (0.0%) | 0 |
| Breast neoplasm | 1 (0.0%) | 0 |
| Chronic lymphocytic leukaemia | 1 (0.0%) | 0 |
| Colon cancer stage IV | 1 (0.0%) | 0 |
| Endometrial adenocarcinoma | 1 (0.0%) | 0 |
| Fibrosarcoma | 1 (0.0%) | 0 |
| Infected neoplasm | 1 (0.0%) | 0 |
| Invasive ductal breast carcinoma | 1 (0.0%) | 0 |
| Invasive lobular breast carcinoma | 1 (0.0%) | 0 |
| Lung carcinoma cell type unspecified stage IV | 1 (0.0%) | 0 |
| Malignant neoplasm progression | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Meningioma | 1 (0.0%) | 0 |
| Metastatic malignant melanoma | 1 (0.0%) | 0 |
| Myelodysplastic syndrome | 1 (0.0%) | 0 |
| Neoplasm malignant | 1 (0.0%) | 0 |
| Oropharyngeal squamous cell carcinoma | 1 (0.0%) | 0 |
| Sarcoma metastatic | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the parotid gland | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the tongue | 1 (0.0%) | 0 |
| Squamous cell carcinoma of the vulva | 1 (0.0%) | 0 |
| Tonsil cancer | 1 (0.0%) | 0 |
| Transitional cell carcinoma recurrent | 1 (0.0%) | 0 |
| Tumour rupture | 1 (0.0%) | 0 |
| Undifferentiated sarcoma | 1 (0.0%) | 0 |
| Brain neoplasm | 0 | 3 (0.0%) |
| Renal cancer | 0 | 3 (0.0%) |
| Adenocarcinoma gastric | 0 | 2 (0.0%) |
| Adenocarcinoma pancreas | 0 | 2 (0.0%) |
| Adrenal adenoma | 0 | 2 (0.0%) |
| B-cell lymphoma | 0 | 2 (0.0%) |
| Colorectal adenocarcinoma | 0 | 2 (0.0%) |
| Malignant neoplasm of unknown primary site | 0 | 2 (0.0%) |
| Papillary renal cell carcinoma | 0 | 2 (0.0%) |
| Pituitary tumour benign | 0 | 2 (0.0%) |
| Adenocarcinoma metastatic | 0 | 1 (0.0%) |
| B-cell lymphoma stage IV | 0 | 1 (0.0%) |
| Bladder neoplasm | 0 | 1 (0.0%) |
| Bladder squamous cell carcinoma stage unspecified | 0 | 1 (0.0%) |
| Bone cancer | 0 | 1 (0.0%) |
| Bowen's disease | 0 | 1 (0.0%) |
| Colon neoplasm | 0 | 1 (0.0%) |
| Diffuse large B-cell lymphoma recurrent | 0 | 1 (0.0%) |
| Ductal adenocarcinoma of pancreas | 0 | 1 (0.0%) |
| Fibroadenoma of breast | 0 | 1 (0.0%) |
| Gallbladder adenocarcinoma | 0 | 1 (0.0%) |
| Gastric cancer | 0 | 1 (0.0%) |
| Gastrointestinal cancer metastatic | 0 | 1 (0.0%) |
| Gastrointestinal carcinoma in situ | 0 | 1 (0.0%) |
| Glioblastoma | 0 | 1 (0.0%) |
| Hepatic cancer metastatic | 0 | 1 (0.0%) |
| Invasive papillary breast carcinoma | 0 | 1 (0.0%) |
| Lentigo maligna | 0 | 1 (0.0%) |
| Malignant pleural effusion | 0 | 1 (0.0%) |
| Meningioma benign | 0 | 1 (0.0%) |
| Metastasis | 0 | 1 (0.0%) |
| Neuroendocrine carcinoma | 0 | 1 (0.0%) |
| Oesophageal cancer metastatic | 0 | 1 (0.0%) |
| Oropharyngeal cancer | 0 | 1 (0.0%) |
| Papilloma | 0 | 1 (0.0%) |
| Penile cancer | 0 | 1 (0.0%) |
| Prostate cancer stage IV | 0 | 1 (0.0%) |
| Retroperitoneal neoplasm | 0 | 1 (0.0%) |
| Seminoma | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Skin cancer | 0 | 1 (0.0%) |
| Small cell lung cancer metastatic | 0 | 1 (0.0%) |
| Squamous cell carcinoma | 0 | 1 (0.0%) |
| Squamous cell carcinoma of skin | 0 | 1 (0.0%) |
| Superficial spreading melanoma stage unspecified | 0 | 1 (0.0%) |
| Vulval cancer stage 0 | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 118 (1.8%) | 145 (2.2%) |
| Acute kidney injury | 52 (0.8%) | 68 (1.0%) |
| Renal failure | 11 (0.2%) | 9 (0.1%) |
| Renal impairment | 8 (0.1%) | 7 (0.1%) |
| Nephrolithiasis | 7 (0.1%) | 5 (0.1%) |
| Chronic kidney disease | 6 (0.1%) | 16 (0.2%) |
| Urinary retention | 5 (0.1%) | 2 (0.0%) |
| End stage renal disease | 4 (0.1%) | 4 (0.1%) |
| Diabetic nephropathy | 3 (0.0%) | 7 (0.1%) |
| Urinary tract obstruction | 3 (0.0%) | 2 (0.0%) |
| Nephropathy | 2 (0.0%) | 6 (0.1%) |
| Hydronephrosis | 2 (0.0%) | 5 (0.1%) |
| Urethral stenosis | 2 (0.0%) | 0 |
| Nephrotic syndrome | 1 (0.0%) | 4 (0.1%) |
| Haematuria | 1 (0.0%) | 3 (0.0%) |
| Ureterolithiasis | 1 (0.0%) | 3 (0.0%) |
| Bladder outlet obstruction | 1 (0.0%) | 1 (0.0%) |
| Pollakiuria | 1 (0.0%) | 1 (0.0%) |
| Urinary incontinence | 1 (0.0%) | 1 (0.0%) |
| Bladder perforation | 1 (0.0%) | 0 |
| Dysuria | 1 (0.0%) | 0 |
| Micturition disorder | 1 (0.0%) | 0 |
| Nephropathy toxic | 1 (0.0%) | 0 |
| Oliguria | 1 (0.0%) | 0 |
| Renal artery stenosis | 1 (0.0%) | 0 |
| Renal cyst | 1 (0.0%) | 0 |
| Renal mass | 1 (0.0%) | 0 |
| Renal tubular acidosis | 1 (0.0%) | 0 |
| Ureteric obstruction | 1 (0.0%) | 0 |
| Calculus urinary | 0 | 2 (0.0%) |
| Proteinuria | 0 | 2 (0.0%) |
| Azotaemia | 0 | 1 (0.0%) |
| Cystitis ulcerative | 0 | 1 (0.0%) |
| Glomerulonephritis chronic | 0 | 1 (0.0%) |
| Hypertonic bladder | 0 | 1 (0.0%) |
| Pelvi-ureteric obstruction | 0 | 1 (0.0%) |
| Polyuria | 0 | 1 (0.0%) |
| Renal colic | 0 | 1 (0.0%) |
| Renal haemorrhage | 0 | 1 (0.0%) |
| Urinary bladder polyp | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 115 (1.8%) | 118 (1.8%) |
| Chronic obstructive pulmonary disease | 22 (0.3%) | 16 (0.2%) |
| Acute respiratory failure | 17 (0.3%) | 23 (0.4%) |
| Respiratory failure | 15 (0.2%) | 13 (0.2%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------|------------------------|---------------------|
| Dyspnoea | 13 (0.2%) | 11 (0.2%) |
| Pulmonary embolism | 12 (0.2%) | 10 (0.2%) |
| Sleep apnoea syndrome | 7 (0.1%) | 9 (0.1%) |
| Acute pulmonary oedema | 6 (0.1%) | 6 (0.1%) |
| Pulmonary mass | 5 (0.1%) | 0 |
| Hypoxia | 4 (0.1%) | 2 (0.0%) |
| Pulmonary oedema | 3 (0.0%) | 9 (0.1%) |
| Pleural effusion | 3 (0.0%) | 8 (0.1%) |
| Pulmonary hypertension | 3 (0.0%) | 3 (0.0%) |
| Asthma | 3 (0.0%) | 2 (0.0%) |
| Pneumothorax | 3 (0.0%) | 1 (0.0%) |
| Pneumonia aspiration | 2 (0.0%) | 3 (0.0%) |
| Chronic respiratory failure | 2 (0.0%) | 0 |
| Cough | 1 (0.0%) | 3 (0.0%) |
| Pneumonitis | 1 (0.0%) | 2 (0.0%) |
| Dyspnoea exertional | 1 (0.0%) | 1 (0.0%) |
| Interstitial lung disease | 1 (0.0%) | 1 (0.0%) |
| Obstructive airways disorder | 1 (0.0%) | 1 (0.0%) |
| Respiratory acidosis | 1 (0.0%) | 1 (0.0%) |
| Alveolar lung disease | 1 (0.0%) | 0 |
| Asphyxia | 1 (0.0%) | 0 |
| Atelectasis | 1 (0.0%) | 0 |
| Bronchitis chronic | 1 (0.0%) | 0 |
| Haemoptysis | 1 (0.0%) | 0 |
| Hypercapnia | 1 (0.0%) | 0 |
| Laryngeal oedema | 1 (0.0%) | 0 |
| Pharyngeal oedema | 1 (0.0%) | 0 |
| Pleurisy | 1 (0.0%) | 0 |
| Pulmonary alveolar haemorrhage | 1 (0.0%) | 0 |
| Pulmonary fibrosis | 1 (0.0%) | 0 |
| Pulmonary infarction | 1 (0.0%) | 0 |
| Respiratory distress | 1 (0.0%) | 0 |
| Restrictive pulmonary disease | 1 (0.0%) | 0 |
| Haemothorax | 0 | 2 (0.0%) |
| Apnoea | 0 | 1 (0.0%) |
| Aspiration | 0 | 1 (0.0%) |
| Bronchiectasis | 0 | 1 (0.0%) |
| Bronchospasm | 0 | 1 (0.0%) |
| Emphysema | 0 | 1 (0.0%) |
| Epistaxis | 0 | 1 (0.0%) |
| Idiopathic pulmonary fibrosis | 0 | 1 (0.0%) |
| Laryngeal stenosis | 0 | 1 (0.0%) |
| Productive cough | 0 | 1 (0.0%) |
| Pulmonary congestion | 0 | 1 (0.0%) |
| Rales | 0 | 1 (0.0%) |
| Respiratory arrest | 0 | 1 (0.0%) |
| Respiratory disorder | 0 | 1 (0.0%) |
| Small airways disease | 0 | 1 (0.0%) |
| Thoracic haemorrhage | 0 | 1 (0.0%) |
| Wheezing | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 93 (1.4%) | 100 (1.5%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Diarrhoea | 9 (0.1%) | 5 (0.1%) |
| Gastrointestinal haemorrhage | 8 (0.1%) | 8 (0.1%) |
| Pancreatitis acute | 8 (0.1%) | 6 (0.1%) |
| Vomiting | 7 (0.1%) | 1 (0.0%) |
| Abdominal pain | 5 (0.1%) | 8 (0.1%) |
| Rectal haemorrhage | 3 (0.0%) | 2 (0.0%) |
| Pancreatitis | 3 (0.0%) | 1 (0.0%) |
| Upper gastrointestinal haemorrhage | 2 (0.0%) | 10 (0.2%) |
| Intestinal obstruction | 2 (0.0%) | 7 (0.1%) |
| Small intestinal obstruction | 2 (0.0%) | 5 (0.1%) |
| Chronic gastritis | 2 (0.0%) | 1 (0.0%) |
| Dyspepsia | 2 (0.0%) | 1 (0.0%) |
| Lower gastrointestinal haemorrhage | 2 (0.0%) | 1 (0.0%) |
| Mechanical ileus | 2 (0.0%) | 1 (0.0%) |
| Functional gastrointestinal disorder | 2 (0.0%) | 0 |
| Gastric ulcer haemorrhage | 2 (0.0%) | 0 |
| Haemorrhagic erosive gastritis | 2 (0.0%) | 0 |
| Haemorrhoids | 2 (0.0%) | 0 |
| Constipation | 1 (0.0%) | 4 (0.1%) |
| Gastritis | 1 (0.0%) | 3 (0.0%) |
| Haematochezia | 1 (0.0%) | 3 (0.0%) |
| Nausea | 1 (0.0%) | 3 (0.0%) |
| Abdominal pain upper | 1 (0.0%) | 2 (0.0%) |
| Duodenal ulcer haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Abdominal discomfort | 1 (0.0%) | 1 (0.0%) |
| Colitis ischaemic | 1 (0.0%) | 1 (0.0%) |
| Duodenal ulcer | 1 (0.0%) | 1 (0.0%) |
| Pancreatitis chronic | 1 (0.0%) | 1 (0.0%) |
| Abdominal hernia perforation | 1 (0.0%) | 0 |
| Abdominal mass | 1 (0.0%) | 0 |
| Alcoholic pancreatitis | 1 (0.0%) | 0 |
| Diarrhoea haemorrhagic | 1 (0.0%) | 0 |
| Diverticulum intestinal haemorrhagic | 1 (0.0%) | 0 |
| Duodenal perforation | 1 (0.0%) | 0 |
| Duodenal polyp | 1 (0.0%) | 0 |
| Duodenitis haemorrhagic | 1 (0.0%) | 0 |
| Enterocolitis | 1 (0.0%) | 0 |
| Faecaloma | 1 (0.0%) | 0 |
| Gastritis haemorrhagic | 1 (0.0%) | 0 |
| Gastrointestinal polyp | 1 (0.0%) | 0 |
| Gastrointestinal ulcer | 1 (0.0%) | 0 |
| Gastrointestinal vascular malformation haemorrhagic | 1 (0.0%) | 0 |
| Glossitis | 1 (0.0%) | 0 |
| Haematemesis | 1 (0.0%) | 0 |
| Ileus | 1 (0.0%) | 0 |
| Incarcerated umbilical hernia | 1 (0.0%) | 0 |
| Intestinal mass | 1 (0.0%) | 0 |
| Intestinal perforation | 1 (0.0%) | 0 |
| Mesenteric vein thrombosis | 1 (0.0%) | 0 |
| Mouth haemorrhage | 1 (0.0%) | 0 |
| Pancreatitis necrotising | 1 (0.0%) | 0 |
| Peptic ulcer | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Retroperitoneal mass | 1 (0.0%) | 0 |
| Toothache | 1 (0.0%) | 0 |
| Volvulus | 1 (0.0%) | 0 |
| Ascites | 0 | 4 (0.1%) |
| Large intestine polyp | 0 | 4 (0.1%) |
| Inguinal hernia | 0 | 3 (0.0%) |
| Abdominal wall haematoma | 0 | 2 (0.0%) |
| Duodenal ulcer perforation | 0 | 2 (0.0%) |
| Dysphagia | 0 | 2 (0.0%) |
| Varices oesophageal | 0 | 2 (0.0%) |
| Abdominal adhesions | 0 | 1 (0.0%) |
| Abdominal pain lower | 0 | 1 (0.0%) |
| Abdominal wall haemorrhage | 0 | 1 (0.0%) |
| Anal fistula | 0 | 1 (0.0%) |
| Colitis | 0 | 1 (0.0%) |
| Colitis ulcerative | 0 | 1 (0.0%) |
| Colon dysplasia | 0 | 1 (0.0%) |
| Dental caries | 0 | 1 (0.0%) |
| Diverticular perforation | 0 | 1 (0.0%) |
| Diverticulum | 0 | 1 (0.0%) |
| Enteritis | 0 | 1 (0.0%) |
| Food poisoning | 0 | 1 (0.0%) |
| Gastric mucosal hypertrophy | 0 | 1 (0.0%) |
| Gastrointestinal inflammation | 0 | 1 (0.0%) |
| Gastrointestinal ulcer haemorrhage | 0 | 1 (0.0%) |
| Ileus paralytic | 0 | 1 (0.0%) |
| Intestinal ischaemia | 0 | 1 (0.0%) |
| Melaena | 0 | 1 (0.0%) |
| Oesophageal dysplasia | 0 | 1 (0.0%) |
| Omental infarction | 0 | 1 (0.0%) |
| Retroperitoneal haematoma | 0 | 1 (0.0%) |
| Salivary gland disorder | 0 | 1 (0.0%) |
| Strangulated umbilical hernia | 0 | 1 (0.0%) |
| Subileus | 0 | 1 (0.0%) |
| Vascular Disorders | 93 (1.4%) | 100 (1.5%) |
| Hypertension | 15 (0.2%) | 37 (0.6%) |
| Hypotension | 15 (0.2%) | 4 (0.1%) |
| Aortic stenosis | 9 (0.1%) | 2 (0.0%) |
| Peripheral ischaemia | 5 (0.1%) | 6 (0.1%) |
| Hypertensive emergency | 5 (0.1%) | 5 (0.1%) |
| Peripheral arterial occlusive disease | 4 (0.1%) | 9 (0.1%) |
| Deep vein thrombosis | 4 (0.1%) | 1 (0.0%) |
| Orthostatic hypotension | 4 (0.1%) | 0 |
| Hypertensive crisis | 3 (0.0%) | 6 (0.1%) |
| Hypertensive urgency | 3 (0.0%) | 5 (0.1%) |
| Peripheral artery stenosis | 3 (0.0%) | 5 (0.1%) |
| Extremity necrosis | 3 (0.0%) | 2 (0.0%) |
| Peripheral artery occlusion | 3 (0.0%) | 1 (0.0%) |
| Giant cell arteritis | 2 (0.0%) | 2 (0.0%) |
| Aortic dissection | 2 (0.0%) | 0 |
| Dry gangrene | 2 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Aortic aneurysm | 1 (0.0%) | 2 (0.0%) |
| Haematoma | 1 (0.0%) | 2 (0.0%) |
| Hypovolaemic shock | 1 (0.0%) | 2 (0.0%) |
| Peripheral vascular disorder | 1 (0.0%) | 2 (0.0%) |
| Circulatory collapse | 1 (0.0%) | 1 (0.0%) |
| Intermittent claudication | 1 (0.0%) | 1 (0.0%) |
| Lymphoedema | 1 (0.0%) | 1 (0.0%) |
| Peripheral artery aneurysm | 1 (0.0%) | 1 (0.0%) |
| Thrombosis | 1 (0.0%) | 1 (0.0%) |
| Aortic occlusion | 1 (0.0%) | 0 |
| Aortitis | 1 (0.0%) | 0 |
| Brachiocephalic arteriosclerosis | 1 (0.0%) | 0 |
| Diabetic vascular disorder | 1 (0.0%) | 0 |
| Ischaemic limb pain | 1 (0.0%) | 0 |
| Peripheral embolism | 1 (0.0%) | 0 |
| Subclavian artery occlusion | 1 (0.0%) | 0 |
| Thrombophlebitis | 1 (0.0%) | 0 |
| Varicose ulceration | 1 (0.0%) | 0 |
| Vasculitis | 1 (0.0%) | 0 |
| Aortic aneurysm rupture | 0 | 1 (0.0%) |
| Arterial stenosis | 0 | 1 (0.0%) |
| Arterial thrombosis | 0 | 1 (0.0%) |
| Arteriosclerosis | 0 | 1 (0.0%) |
| Blood pressure inadequately controlled | 0 | 1 (0.0%) |
| Iliac artery stenosis | 0 | 1 (0.0%) |
| Microangiopathy | 0 | 1 (0.0%) |
| Peripheral artery aneurysm rupture | 0 | 1 (0.0%) |
| Peripheral venous disease | 0 | 1 (0.0%) |
| Phlebitis | 0 | 1 (0.0%) |
| Shock | 0 | 1 (0.0%) |
| Shock haemorrhagic | 0 | 1 (0.0%) |
| Subclavian steal syndrome | 0 | 1 (0.0%) |
| Systolic hypertension | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 92 (1.4%) | 85 (1.3%) |
| Hip fracture | 9 (0.1%) | 4 (0.1%) |
| Femoral neck fracture | 9 (0.1%) | 0 |
| Femur fracture | 8 (0.1%) | 7 (0.1%) |
| Fall | 6 (0.1%) | 6 (0.1%) |
| Ankle fracture | 4 (0.1%) | 3 (0.0%) |
| Road traffic accident | 4 (0.1%) | 3 (0.0%) |
| Rib fracture | 3 (0.0%) | 6 (0.1%) |
| Procedural pain | 3 (0.0%) | 2 (0.0%) |
| Radius fracture | 2 (0.0%) | 5 (0.1%) |
| Humerus fracture | 2 (0.0%) | 3 (0.0%) |
| Spinal compression fracture | 2 (0.0%) | 3 (0.0%) |
| Craniocerebral injury | 2 (0.0%) | 2 (0.0%) |
| Skin laceration | 2 (0.0%) | 2 (0.0%) |
| Foot fracture | 2 (0.0%) | 1 (0.0%) |
| Cervical vertebral fracture | 2 (0.0%) | 0 |
| Joint injury | 2 (0.0%) | 0 |
| Patella fracture | 2 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|----------------------------------|------------------------|---------------------|
| Toxicity to various agents | 2 (0.0%) | 0 |
| Brain contusion | 1 (0.0%) | 2 (0.0%) |
| Contusion | 1 (0.0%) | 2 (0.0%) |
| Head injury | 1 (0.0%) | 2 (0.0%) |
| Limb injury | 1 (0.0%) | 2 (0.0%) |
| Lumbar vertebral fracture | 1 (0.0%) | 2 (0.0%) |
| Post procedural haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Subdural haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Thoracic vertebral fracture | 1 (0.0%) | 2 (0.0%) |
| Traumatic fracture | 1 (0.0%) | 2 (0.0%) |
| Spinal fracture | 1 (0.0%) | 1 (0.0%) |
| Thermal burn | 1 (0.0%) | 1 (0.0%) |
| Tibia fracture | 1 (0.0%) | 1 (0.0%) |
| Ulna fracture | 1 (0.0%) | 1 (0.0%) |
| Abdominal injury | 1 (0.0%) | 0 |
| Accidental overdose | 1 (0.0%) | 0 |
| Back injury | 1 (0.0%) | 0 |
| Cardiac procedure complication | 1 (0.0%) | 0 |
| Chest injury | 1 (0.0%) | 0 |
| Clavicle fracture | 1 (0.0%) | 0 |
| Fibula fracture | 1 (0.0%) | 0 |
| Gun shot wound | 1 (0.0%) | 0 |
| Hand fracture | 1 (0.0%) | 0 |
| Incision site pain | 1 (0.0%) | 0 |
| Ligament rupture | 1 (0.0%) | 0 |
| Lower limb fracture | 1 (0.0%) | 0 |
| Muscle injury | 1 (0.0%) | 0 |
| Peripheral arterial reocclusion | 1 (0.0%) | 0 |
| Poisoning | 1 (0.0%) | 0 |
| Post procedural haematoma | 1 (0.0%) | 0 |
| Postoperative delirium | 1 (0.0%) | 0 |
| Postoperative wound complication | 1 (0.0%) | 0 |
| Radiation proctitis | 1 (0.0%) | 0 |
| Skull fractured base | 1 (0.0%) | 0 |
| Spinal cord injury cervical | 1 (0.0%) | 0 |
| Splenic injury | 1 (0.0%) | 0 |
| Sternal fracture | 1 (0.0%) | 0 |
| Tendon rupture | 1 (0.0%) | 0 |
| Traumatic haematoma | 1 (0.0%) | 0 |
| Upper limb fracture | 1 (0.0%) | 0 |
| Wound necrosis | 1 (0.0%) | 0 |
| Subdural haematoma | 0 | 6 (0.1%) |
| Skull fracture | 0 | 2 (0.0%) |
| Acetabulum fracture | 0 | 1 (0.0%) |
| Alcohol poisoning | 0 | 1 (0.0%) |
| Burns third degree | 0 | 1 (0.0%) |
| Cold burn | 0 | 1 (0.0%) |
| Cystitis radiation | 0 | 1 (0.0%) |
| Epicondylitis | 0 | 1 (0.0%) |
| Eye contusion | 0 | 1 (0.0%) |
| Forearm fracture | 0 | 1 (0.0%) |
| Heat illness | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------------|------------------------|---------------------|
| Heat stroke | 0 | 1 (0.0%) |
| Hyphaema | 0 | 1 (0.0%) |
| Injury | 0 | 1 (0.0%) |
| Joint dislocation | 0 | 1 (0.0%) |
| Laryngeal injury | 0 | 1 (0.0%) |
| Ligament sprain | 0 | 1 (0.0%) |
| Multiple fractures | 0 | 1 (0.0%) |
| Multiple injuries | 0 | 1 (0.0%) |
| Nasal injury | 0 | 1 (0.0%) |
| Overdose | 0 | 1 (0.0%) |
| Pelvic fracture | 0 | 1 (0.0%) |
| Pneumocephalus | 0 | 1 (0.0%) |
| Post-traumatic pain | 0 | 1 (0.0%) |
| Procedural haemorrhage | 0 | 1 (0.0%) |
| Tooth fracture | 0 | 1 (0.0%) |
| Traumatic haemothorax | 0 | 1 (0.0%) |
| Traumatic intracranial haemorrhage | 0 | 1 (0.0%) |
| Nervous System Disorders | 91 (1.4%) | 106 (1.6%) |
| Syncope | 11 (0.2%) | 16 (0.2%) |
| Dizziness | 6 (0.1%) | 6 (0.1%) |
| Diabetic neuropathy | 5 (0.1%) | 4 (0.1%) |
| Seizure | 5 (0.1%) | 4 (0.1%) |
| Loss of consciousness | 5 (0.1%) | 1 (0.0%) |
| Subarachnoid haemorrhage | 4 (0.1%) | 4 (0.1%) |
| Carotid artery stenosis | 3 (0.0%) | 7 (0.1%) |
| Sciatica | 3 (0.0%) | 3 (0.0%) |
| Facial paralysis | 3 (0.0%) | 1 (0.0%) |
| Headache | 3 (0.0%) | 0 |
| Carpal tunnel syndrome | 2 (0.0%) | 5 (0.1%) |
| Cognitive disorder | 2 (0.0%) | 2 (0.0%) |
| Hemiparesis | 2 (0.0%) | 2 (0.0%) |
| Presyncope | 2 (0.0%) | 2 (0.0%) |
| Cerebrovascular disorder | 2 (0.0%) | 1 (0.0%) |
| Cerebral haemorrhage | 2 (0.0%) | 0 |
| Hepatic encephalopathy | 2 (0.0%) | 0 |
| Hypoaesthesia | 2 (0.0%) | 0 |
| Myelopathy | 2 (0.0%) | 0 |
| Partial seizures | 2 (0.0%) | 0 |
| Vertebral artery occlusion | 2 (0.0%) | 0 |
| Epilepsy | 1 (0.0%) | 4 (0.1%) |
| Encephalopathy | 1 (0.0%) | 3 (0.0%) |
| Transient ischaemic attack | 1 (0.0%) | 2 (0.0%) |
| Altered state of consciousness | 1 (0.0%) | 1 (0.0%) |
| Brain oedema | 1 (0.0%) | 1 (0.0%) |
| Cerebrovascular accident | 1 (0.0%) | 1 (0.0%) |
| Facial paresis | 1 (0.0%) | 1 (0.0%) |
| Generalised tonic-clonic seizure | 1 (0.0%) | 1 (0.0%) |
| Hypoglycaemic unconsciousness | 1 (0.0%) | 1 (0.0%) |
| Metabolic encephalopathy | 1 (0.0%) | 1 (0.0%) |
| Paraparesis | 1 (0.0%) | 1 (0.0%) |
| Parkinson's disease | 1 (0.0%) | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Brain injury | 1 (0.0%) | 0 |
| Carotid arteriosclerosis | 1 (0.0%) | 0 |
| Central nervous system vasculitis | 1 (0.0%) | 0 |
| Cerebral ischaemia | 1 (0.0%) | 0 |
| Dementia with Lewy bodies | 1 (0.0%) | 0 |
| Dizziness postural | 1 (0.0%) | 0 |
| Guillain-Barre syndrome | 1 (0.0%) | 0 |
| Hemianaesthesia | 1 (0.0%) | 0 |
| IIIrd nerve paralysis | 1 (0.0%) | 0 |
| IVth nerve paralysis | 1 (0.0%) | 0 |
| Ischaemic stroke | 1 (0.0%) | 0 |
| Neuroglycopenia | 1 (0.0%) | 0 |
| Normal pressure hydrocephalus | 1 (0.0%) | 0 |
| Post stroke epilepsy | 1 (0.0%) | 0 |
| Tension headache | 1 (0.0%) | 0 |
| Toxic encephalopathy | 1 (0.0%) | 0 |
| Unresponsive to stimuli | 1 (0.0%) | 0 |
| Wernicke-Korsakoff syndrome | 1 (0.0%) | 0 |
| Cervical radiculopathy | 0 | 2 (0.0%) |
| Coma | 0 | 2 (0.0%) |
| Migraine | 0 | 2 (0.0%) |
| Spondylitic myelopathy | 0 | 2 (0.0%) |
| Aphasia | 0 | 1 (0.0%) |
| Brain stem haemorrhage | 0 | 1 (0.0%) |
| Brain stem infarction | 0 | 1 (0.0%) |
| Brown-Sequard syndrome | 0 | 1 (0.0%) |
| Carotid artery occlusion | 0 | 1 (0.0%) |
| Cauda equina syndrome | 0 | 1 (0.0%) |
| Cerebral arteriosclerosis | 0 | 1 (0.0%) |
| Cerebral disorder | 0 | 1 (0.0%) |
| Cervicobrachial syndrome | 0 | 1 (0.0%) |
| Cranial nerve palsies multiple | 0 | 1 (0.0%) |
| Dementia | 0 | 1 (0.0%) |
| Dementia Alzheimer's type | 0 | 1 (0.0%) |
| Diabetic hyperosmolar coma | 0 | 1 (0.0%) |
| Diabetic ketoacidotic hyperglycaemic coma | 0 | 1 (0.0%) |
| Hydrocephalus | 0 | 1 (0.0%) |
| Hypertensive encephalopathy | 0 | 1 (0.0%) |
| Hypoglycaemic coma | 0 | 1 (0.0%) |
| Hypoxic-ischaemic encephalopathy | 0 | 1 (0.0%) |
| Intensive care unit acquired weakness | 0 | 1 (0.0%) |
| Intraventricular haemorrhage | 0 | 1 (0.0%) |
| Ischaemic cerebral infarction | 0 | 1 (0.0%) |
| Lacunar infarction | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Myelitis transverse | 0 | 1 (0.0%) |
| Myelomalacia | 0 | 1 (0.0%) |
| Neuralgia | 0 | 1 (0.0%) |
| Neurodegenerative disorder | 0 | 1 (0.0%) |
| Paraplegia | 0 | 1 (0.0%) |
| Spinal cord compression | 0 | 1 (0.0%) |
| Spinal cord haematoma | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Thalamic infarction | 0 | 1(0.0%) |
| Thalamus haemorrhage | 0 | 1(0.0%) |
| Transverse sinus thrombosis | 0 | 1(0.0%) |
| Vascular encephalopathy | 0 | 1(0.0%) |
| Vertebral artery stenosis | 0 | 1(0.0%) |
| Vertigo CNS origin | 0 | 1(0.0%) |
| Vocal cord paralysis | 0 | 1(0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 82(1.3%) | 92(1.4%) |
| Osteoarthritis | 16(0.2%) | 10(0.2%) |
| Back pain | 11(0.2%) | 11(0.2%) |
| Arthralgia | 7(0.1%) | 11(0.2%) |
| Pain in extremity | 6(0.1%) | 6(0.1%) |
| Intervertebral disc protrusion | 5(0.1%) | 6(0.1%) |
| Spinal osteoarthritis | 4(0.1%) | 4(0.1%) |
| Gouty arthritis | 3(0.0%) | 2(0.0%) |
| Rhabdomyolysis | 3(0.0%) | 2(0.0%) |
| Rotator cuff syndrome | 2(0.0%) | 6(0.1%) |
| Muscle spasms | 2(0.0%) | 4(0.1%) |
| Arthritis | 2(0.0%) | 2(0.0%) |
| Lumbar spinal stenosis | 2(0.0%) | 2(0.0%) |
| Osteitis | 2(0.0%) | 1(0.0%) |
| Musculoskeletal pain | 2(0.0%) | 0 |
| Myalgia | 1(0.0%) | 4(0.1%) |
| Cervical spinal stenosis | 1(0.0%) | 2(0.0%) |
| Intervertebral disc degeneration | 1(0.0%) | 2(0.0%) |
| Muscular weakness | 1(0.0%) | 1(0.0%) |
| Polymyalgia rheumatica | 1(0.0%) | 1(0.0%) |
| Facet joint syndrome | 1(0.0%) | 0 |
| Groin pain | 1(0.0%) | 0 |
| Immobilisation syndrome | 1(0.0%) | 0 |
| Inclusion body myositis | 1(0.0%) | 0 |
| Intervertebral disc compression | 1(0.0%) | 0 |
| Kyphosis | 1(0.0%) | 0 |
| Musculoskeletal chest pain | 1(0.0%) | 0 |
| Myositis | 1(0.0%) | 0 |
| Osteochondrosis | 1(0.0%) | 0 |
| Osteoporosis | 1(0.0%) | 0 |
| Resorption bone increased | 1(0.0%) | 0 |
| Rheumatoid arthritis | 1(0.0%) | 0 |
| Spinal synovial cyst | 1(0.0%) | 0 |
| Spondylitis | 1(0.0%) | 0 |
| Tendonitis | 1(0.0%) | 0 |
| Tenosynovitis | 1(0.0%) | 0 |
| Torticollis | 1(0.0%) | 0 |
| Trigger finger | 1(0.0%) | 0 |
| Bursitis | 0 | 3(0.0%) |
| Neuropathic arthropathy | 0 | 3(0.0%) |
| Costochondritis | 0 | 2(0.0%) |
| Osteolysis | 0 | 2(0.0%) |
| Spinal stenosis | 0 | 2(0.0%) |
| Back disorder | 0 | 1(0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--------------------------------------|------------------------|---------------------|
| Chondrocalcinosis pyrophosphate | 0 | 1 (0.0%) |
| Flank pain | 0 | 1 (0.0%) |
| Foot deformity | 0 | 1 (0.0%) |
| Intervertebral disc disorder | 0 | 1 (0.0%) |
| Limb discomfort | 0 | 1 (0.0%) |
| Neck pain | 0 | 1 (0.0%) |
| Osteonecrosis of jaw | 0 | 1 (0.0%) |
| Osteopenia | 0 | 1 (0.0%) |
| Pathological fracture | 0 | 1 (0.0%) |
| Psoriatic arthropathy | 0 | 1 (0.0%) |
| Soft tissue haemorrhage | 0 | 1 (0.0%) |
| Soft tissue necrosis | 0 | 1 (0.0%) |
| Spinal instability | 0 | 1 (0.0%) |
| Spondylolisthesis | 0 | 1 (0.0%) |
| Cardiac Disorders | 77 (1.2%) | 99 (1.5%) |
| Coronary artery disease | 16 (0.2%) | 9 (0.1%) |
| Cardiac failure | 6 (0.1%) | 23 (0.4%) |
| Cardiac failure acute | 6 (0.1%) | 1 (0.0%) |
| Cardiac failure congestive | 5 (0.1%) | 8 (0.1%) |
| Bradycardia | 5 (0.1%) | 4 (0.1%) |
| Aortic valve stenosis | 4 (0.1%) | 6 (0.1%) |
| Angina unstable | 4 (0.1%) | 5 (0.1%) |
| Angina pectoris | 3 (0.0%) | 2 (0.0%) |
| Ischaemic cardiomyopathy | 2 (0.0%) | 3 (0.0%) |
| Acute coronary syndrome | 2 (0.0%) | 2 (0.0%) |
| Aortic valve disease mixed | 2 (0.0%) | 1 (0.0%) |
| Cardio-respiratory arrest | 2 (0.0%) | 1 (0.0%) |
| Acute left ventricular failure | 2 (0.0%) | 0 |
| Left ventricular dysfunction | 2 (0.0%) | 0 |
| Sinus node dysfunction | 2 (0.0%) | 0 |
| Ventricular fibrillation | 2 (0.0%) | 0 |
| Cardiac failure chronic | 1 (0.0%) | 5 (0.1%) |
| Cardiac arrest | 1 (0.0%) | 4 (0.1%) |
| Atrioventricular block second degree | 1 (0.0%) | 2 (0.0%) |
| Aortic valve incompetence | 1 (0.0%) | 1 (0.0%) |
| Coronary artery stenosis | 1 (0.0%) | 1 (0.0%) |
| Mitral valve incompetence | 1 (0.0%) | 1 (0.0%) |
| Aortic valve calcification | 1 (0.0%) | 0 |
| Arrhythmia | 1 (0.0%) | 0 |
| Arrhythmia supraventricular | 1 (0.0%) | 0 |
| Atrial enlargement | 1 (0.0%) | 0 |
| Atrioventricular block | 1 (0.0%) | 0 |
| Cardiac disorder | 1 (0.0%) | 0 |
| Cardiovascular insufficiency | 1 (0.0%) | 0 |
| Congestive cardiomyopathy | 1 (0.0%) | 0 |
| Mitral valve calcification | 1 (0.0%) | 0 |
| Mitral valve disease | 1 (0.0%) | 0 |
| Myocardial ischaemia | 1 (0.0%) | 0 |
| Myocarditis | 1 (0.0%) | 0 |
| Pericardial haemorrhage | 1 (0.0%) | 0 |
| Pericarditis | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Pulseless electrical activity | 1 (0.0%) | 0 |
| Stress cardiomyopathy | 1 (0.0%) | 0 |
| Supraventricular tachyarrhythmia | 1 (0.0%) | 0 |
| Ventricular hypokinesia | 1 (0.0%) | 0 |
| Ventricular tachycardia | 1 (0.0%) | 0 |
| Atrial fibrillation | 0 | 5 (0.1%) |
| Cardiogenic shock | 0 | 3 (0.0%) |
| Atrial flutter | 0 | 2 (0.0%) |
| Cardiomyopathy | 0 | 2 (0.0%) |
| Left atrial dilatation | 0 | 2 (0.0%) |
| Left ventricular hypertrophy | 0 | 2 (0.0%) |
| Arteriosclerosis coronary artery | 0 | 1 (0.0%) |
| Atrial thrombosis | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Bundle branch block left | 0 | 1 (0.0%) |
| Cardiac dysfunction | 0 | 1 (0.0%) |
| Cardiac tamponade | 0 | 1 (0.0%) |
| Cardiomegaly | 0 | 1 (0.0%) |
| Cardiopulmonary failure | 0 | 1 (0.0%) |
| Cardiorenal syndrome | 0 | 1 (0.0%) |
| Conduction disorder | 0 | 1 (0.0%) |
| Cor pulmonale chronic | 0 | 1 (0.0%) |
| Coronary artery perforation | 0 | 1 (0.0%) |
| Diastolic dysfunction | 0 | 1 (0.0%) |
| Ischaemic mitral regurgitation | 0 | 1 (0.0%) |
| Left ventricular failure | 0 | 1 (0.0%) |
| Mitral valve prolapse | 0 | 1 (0.0%) |
| Nodal arrhythmia | 0 | 1 (0.0%) |
| Palpitations | 0 | 1 (0.0%) |
| Sinoatrial block | 0 | 1 (0.0%) |
| Supraventricular tachycardia | 0 | 1 (0.0%) |
| Tricuspid valve incompetence | 0 | 1 (0.0%) |
| Wandering pacemaker | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 55 (0.8%) | 68 (1.0%) |
| Death | 10 (0.2%) | 10 (0.2%) |
| Chest pain | 9 (0.1%) | 16 (0.2%) |
| Oedema peripheral | 8 (0.1%) | 6 (0.1%) |
| General physical health deterioration | 4 (0.1%) | 5 (0.1%) |
| Fatigue | 4 (0.1%) | 4 (0.1%) |
| Pyrexia | 4 (0.1%) | 2 (0.0%) |
| Multiple organ dysfunction syndrome | 3 (0.0%) | 3 (0.0%) |
| Peripheral swelling | 2 (0.0%) | 3 (0.0%) |
| Oedema | 2 (0.0%) | 1 (0.0%) |
| Malaise | 2 (0.0%) | 0 |
| Asthenia | 1 (0.0%) | 8 (0.1%) |
| Systemic inflammatory response syndrome | 1 (0.0%) | 1 (0.0%) |
| Feeling abnormal | 1 (0.0%) | 0 |
| Hanging | 1 (0.0%) | 0 |
| Oedema due to cardiac disease | 1 (0.0%) | 0 |
| Pain | 1 (0.0%) | 0 |
| Swelling face | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Generalised oedema | 0 | 3 (0.0%) |
| Gait disturbance | 0 | 2 (0.0%) |
| Non-cardiac chest pain | 0 | 2 (0.0%) |
| Adhesion | 0 | 1 (0.0%) |
| Chest discomfort | 0 | 1 (0.0%) |
| Discomfort | 0 | 1 (0.0%) |
| Polyp | 0 | 1 (0.0%) |
| Sudden death | 0 | 1 (0.0%) |
| Investigations | 55 (0.8%) | 56 (0.9%) |
| Glomerular filtration rate decreased | 20 (0.3%) | 18 (0.3%) |
| Blood potassium increased | 4 (0.1%) | 1 (0.0%) |
| Blood creatinine increased | 3 (0.0%) | 4 (0.1%) |
| Weight decreased | 2 (0.0%) | 3 (0.0%) |
| Blood pressure increased | 2 (0.0%) | 2 (0.0%) |
| Blood triglycerides increased | 2 (0.0%) | 1 (0.0%) |
| Gamma-glutamyltransferase increased | 2 (0.0%) | 0 |
| Glycosylated haemoglobin increased | 2 (0.0%) | 0 |
| Haemoglobin decreased | 2 (0.0%) | 0 |
| International normalised ratio increased | 2 (0.0%) | 0 |
| Blood creatine phosphokinase increased | 1 (0.0%) | 4 (0.1%) |
| Influenza A virus test positive | 1 (0.0%) | 3 (0.0%) |
| C-reactive protein increased | 1 (0.0%) | 1 (0.0%) |
| Ejection fraction decreased | 1 (0.0%) | 1 (0.0%) |
| Anticoagulation drug level above therapeutic | 1 (0.0%) | 0 |
| Blood alkaline phosphatase increased | 1 (0.0%) | 0 |
| Blood calcium decreased | 1 (0.0%) | 0 |
| Blood sodium decreased | 1 (0.0%) | 0 |
| Blood testosterone decreased | 1 (0.0%) | 0 |
| Catheterisation cardiac | 1 (0.0%) | 0 |
| Intracardiac pressure increased | 1 (0.0%) | 0 |
| Low density lipoprotein decreased | 1 (0.0%) | 0 |
| Oxygen consumption increased | 1 (0.0%) | 0 |
| Prostatic specific antigen increased | 1 (0.0%) | 0 |
| Sleep study | 1 (0.0%) | 0 |
| Liver function test increased | 0 | 2 (0.0%) |
| Angiocardiogram | 0 | 1 (0.0%) |
| Anticoagulation drug level below therapeutic | 0 | 1 (0.0%) |
| Biopsy kidney | 0 | 1 (0.0%) |
| Biopsy prostate | 0 | 1 (0.0%) |
| Blood magnesium decreased | 0 | 1 (0.0%) |
| Blood urine present | 0 | 1 (0.0%) |
| Colonoscopy | 0 | 1 (0.0%) |
| Electrocardiogram T wave inversion | 0 | 1 (0.0%) |
| Haematology test abnormal | 0 | 1 (0.0%) |
| Heart rate increased | 0 | 1 (0.0%) |
| Light chain analysis increased | 0 | 1 (0.0%) |
| N-terminal prohormone brain natriuretic peptide increased | 0 | 1 (0.0%) |
| Peripheral arteriogram | 0 | 1 (0.0%) |
| Protein total decreased | 0 | 1 (0.0%) |
| Respiratory syncytial virus test positive | 0 | 1 (0.0%) |
| Troponin increased | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Urine albumin/creatinine ratio increased | 0 | 1 (0.0%) |
| White blood cell count increased | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 46 (0.7%) | 52 (0.8%) |
| Diabetic foot | 20 (0.3%) | 20 (0.3%) |
| Skin ulcer | 7 (0.1%) | 13 (0.2%) |
| Angioedema | 4 (0.1%) | 0 |
| Skin necrosis | 3 (0.0%) | 0 |
| Decubitus ulcer | 2 (0.0%) | 2 (0.0%) |
| Pemphigoid | 2 (0.0%) | 2 (0.0%) |
| Skin lesion | 2 (0.0%) | 1 (0.0%) |
| Dry skin | 2 (0.0%) | 0 |
| Pruritus | 1 (0.0%) | 2 (0.0%) |
| Blister | 1 (0.0%) | 1 (0.0%) |
| Hidradenitis | 1 (0.0%) | 1 (0.0%) |
| Ingrowing nail | 1 (0.0%) | 1 (0.0%) |
| Dermatitis allergic | 1 (0.0%) | 0 |
| Diabetic bullosis | 1 (0.0%) | 0 |
| Drug eruption | 1 (0.0%) | 0 |
| Palmoplantar keratoderma | 1 (0.0%) | 0 |
| Actinic keratosis | 0 | 1 (0.0%) |
| Dermatitis | 0 | 1 (0.0%) |
| Dermatitis bullous | 0 | 1 (0.0%) |
| Diabetic cheiroarthropathy | 0 | 1 (0.0%) |
| Necrobiosis lipoidica diabetorum | 0 | 1 (0.0%) |
| Psoriasis | 0 | 1 (0.0%) |
| Rash | 0 | 1 (0.0%) |
| Rash pruritic | 0 | 1 (0.0%) |
| Stevens-Johnson syndrome | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 44 (0.7%) | 48 (0.7%) |
| Toe amputation | 4 (0.1%) | 9 (0.1%) |
| Cataract operation | 4 (0.1%) | 3 (0.0%) |
| Leg amputation | 4 (0.1%) | 3 (0.0%) |
| Hip arthroplasty | 4 (0.1%) | 1 (0.0%) |
| Foot amputation | 2 (0.0%) | 2 (0.0%) |
| Gastric bypass | 2 (0.0%) | 1 (0.0%) |
| Vitrectomy | 2 (0.0%) | 1 (0.0%) |
| Colectomy | 2 (0.0%) | 0 |
| Hysterectomy | 2 (0.0%) | 0 |
| Intervertebral disc operation | 1 (0.0%) | 3 (0.0%) |
| Knee arthroplasty | 1 (0.0%) | 3 (0.0%) |
| Prostatectomy | 1 (0.0%) | 1 (0.0%) |
| Radical prostatectomy | 1 (0.0%) | 1 (0.0%) |
| Bladder calculus removal | 1 (0.0%) | 0 |
| Carotid endarterectomy | 1 (0.0%) | 0 |
| Coronary angioplasty | 1 (0.0%) | 0 |
| Coronary artery bypass | 1 (0.0%) | 0 |
| Finger amputation | 1 (0.0%) | 0 |
| Internal fixation of fracture | 1 (0.0%) | 0 |
| Lymphadenectomy | 1 (0.0%) | 0 |
| Metabolic surgery | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Neurolysis | 1 (0.0%) | 0 |
| Parotidectomy | 1 (0.0%) | 0 |
| Rehabilitation therapy | 1 (0.0%) | 0 |
| Roux loop conversion | 1 (0.0%) | 0 |
| Spinal fusion surgery | 1 (0.0%) | 0 |
| Spinal laminectomy | 1 (0.0%) | 0 |
| Therapeutic nerve ablation | 1 (0.0%) | 0 |
| Uterine prolapse repair | 1 (0.0%) | 0 |
| Gastrectomy | 0 | 2 (0.0%) |
| Haemodialysis | 0 | 2 (0.0%) |
| Abscess drainage | 0 | 1 (0.0%) |
| Amputation | 0 | 1 (0.0%) |
| Arthrodesis | 0 | 1 (0.0%) |
| Cardiac pacemaker insertion | 0 | 1 (0.0%) |
| Cardiac pacemaker removal | 0 | 1 (0.0%) |
| Cardiac pacemaker replacement | 0 | 1 (0.0%) |
| Cheilectomy | 0 | 1 (0.0%) |
| Cholecystectomy | 0 | 1 (0.0%) |
| Drug delivery device placement | 0 | 1 (0.0%) |
| Gastric banding | 0 | 1 (0.0%) |
| Gastric banding reversal | 0 | 1 (0.0%) |
| Haemorrhoid operation | 0 | 1 (0.0%) |
| Insertion of ambulatory peritoneal catheter | 0 | 1 (0.0%) |
| Intensive care | 0 | 1 (0.0%) |
| Lens extraction | 0 | 1 (0.0%) |
| Lung lobectomy | 0 | 1 (0.0%) |
| Nasal polypectomy | 0 | 1 (0.0%) |
| Radioactive iodine therapy | 0 | 1 (0.0%) |
| Skin ulcer excision | 0 | 1 (0.0%) |
| Spinal operation | 0 | 1 (0.0%) |
| Stent placement | 0 | 1 (0.0%) |
| Transcatheter aortic valve implantation | 0 | 1 (0.0%) |
| Transurethral prostatectomy | 0 | 1 (0.0%) |
| Umbilical hernia repair | 0 | 1 (0.0%) |
| Ureteral stent insertion | 0 | 1 (0.0%) |
| Blood And Lymphatic System Disorders | 35 (0.5%) | 42 (0.6%) |
| Anaemia | 20 (0.3%) | 27 (0.4%) |
| Iron deficiency anaemia | 4 (0.1%) | 5 (0.1%) |
| Blood loss anaemia | 4 (0.1%) | 1 (0.0%) |
| Lymphadenopathy mediastinal | 2 (0.0%) | 1 (0.0%) |
| Thrombocytopenia | 1 (0.0%) | 2 (0.0%) |
| Normocytic anaemia | 1 (0.0%) | 1 (0.0%) |
| Pancytopenia | 1 (0.0%) | 1 (0.0%) |
| Abdominal lymphadenopathy | 1 (0.0%) | 0 |
| Coagulopathy | 1 (0.0%) | 0 |
| Hilar lymphadenopathy | 1 (0.0%) | 0 |
| Hypereosinophilic syndrome | 1 (0.0%) | 0 |
| Immune thrombocytopenia | 1 (0.0%) | 0 |
| Lymphadenopathy | 1 (0.0%) | 0 |
| Splenomegaly | 1 (0.0%) | 0 |
| Febrile neutropenia | 0 | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|-----------------------------------|------------------------|---------------------|
| Acquired haemophilia | 0 | 1 (0.0%) |
| Bicytopenia | 0 | 1 (0.0%) |
| Leukocytosis | 0 | 1 (0.0%) |
| Microcytic anaemia | 0 | 1 (0.0%) |
| Nephrogenic anaemia | 0 | 1 (0.0%) |
| Splenic embolism | 0 | 1 (0.0%) |
| Eye Disorders | 34 (0.5%) | 38 (0.6%) |
| Cataract | 10 (0.2%) | 8 (0.1%) |
| Diabetic retinopathy | 10 (0.2%) | 7 (0.1%) |
| Vitreous haemorrhage | 5 (0.1%) | 8 (0.1%) |
| Retinal detachment | 3 (0.0%) | 3 (0.0%) |
| Glaucoma | 3 (0.0%) | 2 (0.0%) |
| Retinal vein occlusion | 2 (0.0%) | 2 (0.0%) |
| Visual impairment | 2 (0.0%) | 2 (0.0%) |
| Macular fibrosis | 2 (0.0%) | 1 (0.0%) |
| Eye haemorrhage | 2 (0.0%) | 0 |
| Sudden visual loss | 2 (0.0%) | 0 |
| Blindness | 1 (0.0%) | 2 (0.0%) |
| Retinal haemorrhage | 1 (0.0%) | 1 (0.0%) |
| Tractional retinal detachment | 1 (0.0%) | 1 (0.0%) |
| Amaurosis | 1 (0.0%) | 0 |
| Diabetic eye disease | 1 (0.0%) | 0 |
| Eye disorder | 1 (0.0%) | 0 |
| Blindness unilateral | 0 | 3 (0.0%) |
| Dermatochalasis | 0 | 1 (0.0%) |
| Diabetic retinal oedema | 0 | 1 (0.0%) |
| Diplopia | 0 | 1 (0.0%) |
| Macular oedema | 0 | 1 (0.0%) |
| Retinopathy | 0 | 1 (0.0%) |
| Retinopathy proliferative | 0 | 1 (0.0%) |
| Rhegmatogenous retinal detachment | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 28 (0.4%) | 33 (0.5%) |
| Cholecystitis | 5 (0.1%) | 4 (0.1%) |
| Cholelithiasis | 5 (0.1%) | 3 (0.0%) |
| Cholecystitis acute | 3 (0.0%) | 7 (0.1%) |
| Cholangitis | 3 (0.0%) | 5 (0.1%) |
| Bile duct stone | 2 (0.0%) | 0 |
| Biliary colic | 2 (0.0%) | 0 |
| Cholecystitis chronic | 2 (0.0%) | 0 |
| Hepatic cirrhosis | 1 (0.0%) | 4 (0.1%) |
| Cholangitis acute | 1 (0.0%) | 2 (0.0%) |
| Liver disorder | 1 (0.0%) | 1 (0.0%) |
| Biliary dyskinesia | 1 (0.0%) | 0 |
| Fatty liver alcoholic | 1 (0.0%) | 0 |
| Gallbladder fistula | 1 (0.0%) | 0 |
| Hepatic steatosis | 1 (0.0%) | 0 |
| Hepatitis | 1 (0.0%) | 0 |
| Hepatomegaly | 1 (0.0%) | 0 |
| Hepatorenal syndrome | 1 (0.0%) | 0 |
| Non-alcoholic steatohepatitis | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Jaundice cholestatic | 0 | 3 (0.0%) |
| Cirrhosis alcoholic | 0 | 1 (0.0%) |
| Hepatic failure | 0 | 1 (0.0%) |
| Hepatic lesion | 0 | 1 (0.0%) |
| Hepatic mass | 0 | 1 (0.0%) |
| Portal hypertension | 0 | 1 (0.0%) |
| Portal vein thrombosis | 0 | 1 (0.0%) |
| Reproductive System And Breast Disorders | 14 (0.2%) | 12 (0.2%) |
| Benign prostatic hyperplasia | 4 (0.1%) | 6 (0.1%) |
| Uterine haemorrhage | 2 (0.0%) | 1 (0.0%) |
| Prostatomegaly | 2 (0.0%) | 0 |
| Vaginal haemorrhage | 2 (0.0%) | 0 |
| Prostatitis | 1 (0.0%) | 2 (0.0%) |
| Endometrial hyperplasia | 1 (0.0%) | 1 (0.0%) |
| Breast necrosis | 1 (0.0%) | 0 |
| Prostatism | 1 (0.0%) | 0 |
| Uterine prolapse | 1 (0.0%) | 0 |
| Dysfunctional uterine bleeding | 0 | 1 (0.0%) |
| Female genital tract fistula | 0 | 1 (0.0%) |
| Ovarian cyst | 0 | 1 (0.0%) |
| Testicular mass | 0 | 1 (0.0%) |
| Uterine mass | 0 | 1 (0.0%) |
| Psychiatric Disorders | 11 (0.2%) | 20 (0.3%) |
| Anxiety | 3 (0.0%) | 1 (0.0%) |
| Depression | 2 (0.0%) | 6 (0.1%) |
| Completed suicide | 2 (0.0%) | 0 |
| Mental status changes | 1 (0.0%) | 3 (0.0%) |
| Confusional state | 1 (0.0%) | 1 (0.0%) |
| Aggression | 1 (0.0%) | 0 |
| Alcohol withdrawal syndrome | 1 (0.0%) | 0 |
| Disorientation | 1 (0.0%) | 0 |
| Major depression | 1 (0.0%) | 0 |
| Delirium | 0 | 2 (0.0%) |
| Insomnia | 0 | 2 (0.0%) |
| Delusional disorder, unspecified type | 0 | 1 (0.0%) |
| Depressed mood | 0 | 1 (0.0%) |
| Drug abuse | 0 | 1 (0.0%) |
| Hallucination | 0 | 1 (0.0%) |
| Substance-induced psychotic disorder | 0 | 1 (0.0%) |
| Suicide threat | 0 | 1 (0.0%) |
| Ear And Labyrinth Disorders | 4 (0.1%) | 7 (0.1%) |
| Vertigo | 2 (0.0%) | 3 (0.0%) |
| Tympanic membrane perforation | 1 (0.0%) | 0 |
| Vertigo positional | 1 (0.0%) | 0 |
| Sudden hearing loss | 0 | 2 (0.0%) |
| Deafness | 0 | 1 (0.0%) |
| Vestibular disorder | 0 | 1 (0.0%) |
| Immune System Disorders | 2 (0.0%) | 2 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.3: Frequency Summary of Severe Treatment-Emergent Adverse Events - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Anaphylactic shock | 1 (0.0%) | 2 (0.0%) |
| Drug hypersensitivity | 1 (0.0%) | 0 |
| Endocrine Disorders | 2 (0.0%) | 1 (0.0%) |
| Hypothyroidism | 1 (0.0%) | 0 |
| Primary hyperaldosteronism | 1 (0.0%) | 0 |
| Thyroiditis | 0 | 1 (0.0%) |
| Congenital, Familial And Genetic Disorders | 1 (0.0%) | 1 (0.0%) |
| Truncus arteriosus persistent | 1 (0.0%) | 0 |
| Type V hyperlipidaemia | 0 | 1 (0.0%) |
| Product Issues | 0 | 4 (0.1%) |
| Device dislocation | 0 | 1 (0.0%) |
| Device leakage | 0 | 1 (0.0%) |
| Device loosening | 0 | 1 (0.0%) |
| Device malfunction | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---|------------------------|---------------------|
| Any TEAE | 414 (6.4%) | 351 (5.4%) |
| Metabolism And Nutrition Disorders | 95 (1.5%) | 42 (0.6%) |
| Hyperkalaemia | 87 (1.3%) | 31 (0.5%) |
| Hyponatraemia | 5 (0.1%) | 1 (0.0%) |
| Decreased appetite | 1 (0.0%) | 1 (0.0%) |
| Diabetes mellitus | 1 (0.0%) | 0 |
| Hypercalcaemia | 1 (0.0%) | 0 |
| Cachexia | 0 | 1 (0.0%) |
| Diabetic ketoacidosis | 0 | 1 (0.0%) |
| Fluid overload | 0 | 1 (0.0%) |
| Fluid retention | 0 | 1 (0.0%) |
| Gout | 0 | 1 (0.0%) |
| Hyperglycaemia | 0 | 1 (0.0%) |
| Hypoglycaemia | 0 | 1 (0.0%) |
| Hypokalaemia | 0 | 1 (0.0%) |
| Metabolic disorder | 0 | 1 (0.0%) |
| Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) | 51 (0.8%) | 65 (1.0%) |
| Lung neoplasm malignant | 6 (0.1%) | 2 (0.0%) |
| Colon cancer | 4 (0.1%) | 4 (0.1%) |
| Transitional cell carcinoma | 3 (0.0%) | 1 (0.0%) |
| Renal neoplasm | 2 (0.0%) | 3 (0.0%) |
| Small cell lung cancer | 2 (0.0%) | 3 (0.0%) |
| Pancreatic carcinoma metastatic | 2 (0.0%) | 2 (0.0%) |
| Oesophageal adenocarcinoma | 2 (0.0%) | 0 |
| Prostate cancer | 2 (0.0%) | 0 |
| Lung adenocarcinoma | 1 (0.0%) | 3 (0.0%) |
| Pancreatic carcinoma | 1 (0.0%) | 3 (0.0%) |
| Breast cancer | 1 (0.0%) | 2 (0.0%) |
| Cholangiocarcinoma | 1 (0.0%) | 2 (0.0%) |
| Metastases to lymph nodes | 1 (0.0%) | 2 (0.0%) |
| Pancreatic neoplasm | 1 (0.0%) | 2 (0.0%) |
| Adenocarcinoma gastric | 1 (0.0%) | 1 (0.0%) |
| Lung cancer metastatic | 1 (0.0%) | 1 (0.0%) |
| Metastases to liver | 1 (0.0%) | 1 (0.0%) |
| Plasma cell myeloma | 1 (0.0%) | 1 (0.0%) |
| Benign salivary gland neoplasm | 1 (0.0%) | 0 |
| Brain neoplasm malignant | 1 (0.0%) | 0 |
| Clear cell renal cell carcinoma | 1 (0.0%) | 0 |
| Diffuse large B-cell lymphoma | 1 (0.0%) | 0 |
| Fibrosarcoma | 1 (0.0%) | 0 |
| Gastric cancer | 1 (0.0%) | 0 |
| Hepatobiliary cancer | 1 (0.0%) | 0 |
| Lymphoma | 1 (0.0%) | 0 |
| Malignant neoplasm of ampulla of Vater | 1 (0.0%) | 0 |
| Meningioma | 1 (0.0%) | 0 |
| Metastases to lung | 1 (0.0%) | 0 |
| Metastatic malignant melanoma | 1 (0.0%) | 0 |
| Myelodysplastic syndrome | 1 (0.0%) | 0 |
| Non-Hodgkin's lymphoma stage III | 1 (0.0%) | 0 |
| Pancreatic carcinoma stage IV | 1 (0.0%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Prostate cancer metastatic | 1 (0.0%) | 0 |
| Rectal adenocarcinoma | 1 (0.0%) | 0 |
| Renal cell carcinoma | 1 (0.0%) | 0 |
| Squamous cell carcinoma of lung | 1 (0.0%) | 0 |
| Hepatocellular carcinoma | 0 | 3 (0.0%) |
| Adenocarcinoma pancreas | 0 | 2 (0.0%) |
| Adrenal adenoma | 0 | 2 (0.0%) |
| Bladder cancer | 0 | 2 (0.0%) |
| Brain neoplasm | 0 | 2 (0.0%) |
| Colon neoplasm | 0 | 2 (0.0%) |
| Lung neoplasm | 0 | 2 (0.0%) |
| Acoustic neuroma | 0 | 1 (0.0%) |
| Acute myeloid leukaemia | 0 | 1 (0.0%) |
| Adenocarcinoma of colon | 0 | 1 (0.0%) |
| Cervix carcinoma | 0 | 1 (0.0%) |
| Colorectal adenocarcinoma | 0 | 1 (0.0%) |
| Colorectal cancer | 0 | 1 (0.0%) |
| Ductal adenocarcinoma of pancreas | 0 | 1 (0.0%) |
| Endometrial adenocarcinoma | 0 | 1 (0.0%) |
| Gastrointestinal cancer metastatic | 0 | 1 (0.0%) |
| Hepatic cancer | 0 | 1 (0.0%) |
| Invasive breast carcinoma | 0 | 1 (0.0%) |
| Malignant neoplasm of unknown primary site | 0 | 1 (0.0%) |
| Malignant pleural effusion | 0 | 1 (0.0%) |
| Metastases to spleen | 0 | 1 (0.0%) |
| Neoplasm prostate | 0 | 1 (0.0%) |
| Oesophageal cancer metastatic | 0 | 1 (0.0%) |
| Oesophageal carcinoma | 0 | 1 (0.0%) |
| Ovarian cancer | 0 | 1 (0.0%) |
| Papillary renal cell carcinoma | 0 | 1 (0.0%) |
| Renal cancer | 0 | 1 (0.0%) |
| Small cell lung cancer metastatic | 0 | 1 (0.0%) |
| Tonsil cancer | 0 | 1 (0.0%) |
| Investigations | 50 (0.8%) | 30 (0.5%) |
| Blood potassium increased | 23 (0.4%) | 7 (0.1%) |
| Glomerular filtration rate decreased | 16 (0.2%) | 12 (0.2%) |
| Blood creatinine increased | 7 (0.1%) | 6 (0.1%) |
| Blood pressure increased | 1 (0.0%) | 1 (0.0%) |
| Protein urine present | 1 (0.0%) | 1 (0.0%) |
| Blood urea increased | 1 (0.0%) | 0 |
| Gamma-glutamyltransferase increased | 1 (0.0%) | 0 |
| Liver function test increased | 1 (0.0%) | 0 |
| Weight decreased | 1 (0.0%) | 0 |
| Amylase increased | 0 | 1 (0.0%) |
| Blood glucose increased | 0 | 1 (0.0%) |
| Hepatic enzyme increased | 0 | 1 (0.0%) |
| Lipase increased | 0 | 1 (0.0%) |
| Occult blood positive | 0 | 1 (0.0%) |
| Renal And Urinary Disorders | 42 (0.6%) | 44 (0.7%) |
| Acute kidney injury | 14 (0.2%) | 10 (0.2%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|------------------------------------|------------------------|---------------------|
| Renal impairment | 10 (0.2%) | 10 (0.2%) |
| Renal failure | 5 (0.1%) | 5 (0.1%) |
| Chronic kidney disease | 2 (0.0%) | 8 (0.1%) |
| Proteinuria | 2 (0.0%) | 2 (0.0%) |
| Diabetic nephropathy | 2 (0.0%) | 1 (0.0%) |
| Urinary retention | 2 (0.0%) | 0 |
| End stage renal disease | 1 (0.0%) | 1 (0.0%) |
| Nephropathy | 1 (0.0%) | 1 (0.0%) |
| Nephrolithiasis | 1 (0.0%) | 0 |
| Nephrotic syndrome | 1 (0.0%) | 0 |
| Subacute kidney injury | 1 (0.0%) | 0 |
| Tubulointerstitial nephritis | 0 | 3 (0.0%) |
| Renal mass | 0 | 2 (0.0%) |
| Glomerulonephritis membranous | 0 | 1 (0.0%) |
| Perinephritis | 0 | 1 (0.0%) |
| Pollakiuria | 0 | 1 (0.0%) |
| Renal colic | 0 | 1 (0.0%) |
| Renal pain | 0 | 1 (0.0%) |
| Gastrointestinal Disorders | 38 (0.6%) | 42 (0.6%) |
| Diarrhoea | 14 (0.2%) | 13 (0.2%) |
| Nausea | 5 (0.1%) | 14 (0.2%) |
| Vomiting | 4 (0.1%) | 5 (0.1%) |
| Constipation | 3 (0.0%) | 6 (0.1%) |
| Ascites | 1 (0.0%) | 3 (0.0%) |
| Abdominal pain | 1 (0.0%) | 2 (0.0%) |
| Abdominal discomfort | 1 (0.0%) | 1 (0.0%) |
| Dyspepsia | 1 (0.0%) | 1 (0.0%) |
| Chronic gastritis | 1 (0.0%) | 0 |
| Gastric haemorrhage | 1 (0.0%) | 0 |
| Gastrointestinal haemorrhage | 1 (0.0%) | 0 |
| Gastrointestinal motility disorder | 1 (0.0%) | 0 |
| Intestinal mass | 1 (0.0%) | 0 |
| Intestinal perforation | 1 (0.0%) | 0 |
| Mechanical ileus | 1 (0.0%) | 0 |
| Pancreatic cyst | 1 (0.0%) | 0 |
| Pancreatitis | 1 (0.0%) | 0 |
| Pancreatitis acute | 1 (0.0%) | 0 |
| Retroperitoneal mass | 1 (0.0%) | 0 |
| Swollen tongue | 1 (0.0%) | 0 |
| Abdominal pain upper | 0 | 4 (0.1%) |
| Abdominal distension | 0 | 1 (0.0%) |
| Anal fistula | 0 | 1 (0.0%) |
| Diabetic gastroenteropathy | 0 | 1 (0.0%) |
| Faeces discoloured | 0 | 1 (0.0%) |
| Gastrooesophageal reflux disease | 0 | 1 (0.0%) |
| Oesophageal varices haemorrhage | 0 | 1 (0.0%) |
| Oesophagitis | 0 | 1 (0.0%) |
| Nervous System Disorders | 27 (0.4%) | 38 (0.6%) |
| Dizziness | 6 (0.1%) | 7 (0.1%) |
| Dementia | 4 (0.1%) | 7 (0.1%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Cognitive disorder | 4 (0.1%) | 4 (0.1%) |
| Headache | 3 (0.0%) | 1 (0.0%) |
| Somnolence | 1 (0.0%) | 3 (0.0%) |
| Subarachnoid haemorrhage | 1 (0.0%) | 2 (0.0%) |
| Syncope | 1 (0.0%) | 2 (0.0%) |
| Dementia Alzheimer's type | 1 (0.0%) | 1 (0.0%) |
| Memory impairment | 1 (0.0%) | 1 (0.0%) |
| Presyncope | 1 (0.0%) | 1 (0.0%) |
| Dementia with Lewy bodies | 1 (0.0%) | 0 |
| Hemiparesis | 1 (0.0%) | 0 |
| Seizure | 1 (0.0%) | 0 |
| Tremor | 1 (0.0%) | 0 |
| Amnestic disorder | 0 | 1 (0.0%) |
| Carotid artery stenosis | 0 | 1 (0.0%) |
| Cerebral atrophy | 0 | 1 (0.0%) |
| Disturbance in attention | 0 | 1 (0.0%) |
| Dizziness postural | 0 | 1 (0.0%) |
| Epilepsy | 0 | 1 (0.0%) |
| Loss of consciousness | 0 | 1 (0.0%) |
| Mixed dementia | 0 | 1 (0.0%) |
| Paraesthesia | 0 | 1 (0.0%) |
| Spinal cord compression | 0 | 1 (0.0%) |
| Transient ischaemic attack | 0 | 1 (0.0%) |
| Trigeminal neuralgia | 0 | 1 (0.0%) |
| Vocal cord paralysis | 0 | 1 (0.0%) |
| Infections And Infestations | 24 (0.4%) | 19 (0.3%) |
| Sepsis | 3 (0.0%) | 3 (0.0%) |
| Pneumonia | 2 (0.0%) | 6 (0.1%) |
| COVID-19 | 1 (0.0%) | 2 (0.0%) |
| COVID-19 pneumonia | 1 (0.0%) | 1 (0.0%) |
| Cellulitis | 1 (0.0%) | 1 (0.0%) |
| Localised infection | 1 (0.0%) | 1 (0.0%) |
| Osteomyelitis | 1 (0.0%) | 1 (0.0%) |
| Acarodermatitis | 1 (0.0%) | 0 |
| Dengue fever | 1 (0.0%) | 0 |
| HIV infection | 1 (0.0%) | 0 |
| Helicobacter infection | 1 (0.0%) | 0 |
| Influenza | 1 (0.0%) | 0 |
| Medical device site infection | 1 (0.0%) | 0 |
| Necrotising fasciitis | 1 (0.0%) | 0 |
| Peritoneal tuberculosis | 1 (0.0%) | 0 |
| Pulmonary sepsis | 1 (0.0%) | 0 |
| Pulmonary tuberculosis | 1 (0.0%) | 0 |
| Soft tissue infection | 1 (0.0%) | 0 |
| Streptococcal sepsis | 1 (0.0%) | 0 |
| Tuberculosis | 1 (0.0%) | 0 |
| Urinary tract infection | 1 (0.0%) | 0 |
| Diabetic foot infection | 0 | 1 (0.0%) |
| Onychomycosis | 0 | 1 (0.0%) |
| Pneumonia respiratory syncytial viral | 0 | 1 (0.0%) |
| Upper respiratory tract infection | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Urosepsis | 0 | 1 (0.0%) |
| Skin And Subcutaneous Tissue Disorders | 20 (0.3%) | 19 (0.3%) |
| Rash | 8 (0.1%) | 5 (0.1%) |
| Pruritus | 5 (0.1%) | 3 (0.0%) |
| Dermatitis allergic | 2 (0.0%) | 2 (0.0%) |
| Rash papular | 2 (0.0%) | 0 |
| Eczema | 1 (0.0%) | 3 (0.0%) |
| Decubitus ulcer | 1 (0.0%) | 0 |
| Diabetic foot | 1 (0.0%) | 0 |
| Psoriasis | 1 (0.0%) | 0 |
| Blister | 0 | 1 (0.0%) |
| Dermatitis psoriasiform | 0 | 1 (0.0%) |
| Hyperhidrosis | 0 | 1 (0.0%) |
| Hypersensitivity vasculitis | 0 | 1 (0.0%) |
| Stevens-Johnson syndrome | 0 | 1 (0.0%) |
| Urticaria | 0 | 1 (0.0%) |
| General Disorders And Administration Site Conditions | 13 (0.2%) | 17 (0.3%) |
| Fatigue | 4 (0.1%) | 1 (0.0%) |
| Malaise | 3 (0.0%) | 1 (0.0%) |
| Asthenia | 2 (0.0%) | 2 (0.0%) |
| General physical health deterioration | 1 (0.0%) | 2 (0.0%) |
| Peripheral swelling | 1 (0.0%) | 2 (0.0%) |
| Chest pain | 1 (0.0%) | 1 (0.0%) |
| Pain | 1 (0.0%) | 1 (0.0%) |
| Oedema | 1 (0.0%) | 0 |
| Oedema peripheral | 0 | 3 (0.0%) |
| Chills | 0 | 1 (0.0%) |
| Generalised oedema | 0 | 1 (0.0%) |
| Multiple organ dysfunction syndrome | 0 | 1 (0.0%) |
| Pyrexia | 0 | 1 (0.0%) |
| Swelling | 0 | 1 (0.0%) |
| Musculoskeletal And Connective Tissue Disorders | 13 (0.2%) | 7 (0.1%) |
| Myalgia | 2 (0.0%) | 1 (0.0%) |
| Arthralgia | 2 (0.0%) | 0 |
| Muscle spasms | 2 (0.0%) | 0 |
| Musculoskeletal pain | 1 (0.0%) | 1 (0.0%) |
| Pain in extremity | 1 (0.0%) | 1 (0.0%) |
| Connective tissue inflammation | 1 (0.0%) | 0 |
| Flank pain | 1 (0.0%) | 0 |
| Muscle rigidity | 1 (0.0%) | 0 |
| Polymyalgia rheumatica | 1 (0.0%) | 0 |
| Rhabdomyolysis | 1 (0.0%) | 0 |
| Fibromyalgia | 0 | 1 (0.0%) |
| Intervertebral disc protrusion | 0 | 1 (0.0%) |
| Joint swelling | 0 | 1 (0.0%) |
| Rotator cuff syndrome | 0 | 1 (0.0%) |
| Respiratory, Thoracic And Mediastinal Disorders | 13 (0.2%) | 7 (0.1%) |
| Respiratory failure | 4 (0.1%) | 0 |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|---------------------------------------|------------------------|---------------------|
| Dyspnoea | 2 (0.0%) | 3 (0.0%) |
| Dyspnoea exertional | 1 (0.0%) | 1 (0.0%) |
| Interstitial lung disease | 1 (0.0%) | 1 (0.0%) |
| Lung disorder | 1 (0.0%) | 0 |
| Oropharyngeal pain | 1 (0.0%) | 0 |
| Pleural effusion | 1 (0.0%) | 0 |
| Productive cough | 1 (0.0%) | 0 |
| Pulmonary mass | 1 (0.0%) | 0 |
| Acute respiratory failure | 0 | 2 (0.0%) |
| Vascular Disorders | 9 (0.1%) | 9 (0.1%) |
| Hypotension | 3 (0.0%) | 0 |
| Hypertension | 2 (0.0%) | 2 (0.0%) |
| Hypertensive crisis | 1 (0.0%) | 1 (0.0%) |
| Deep vein thrombosis | 1 (0.0%) | 0 |
| Hypertensive urgency | 1 (0.0%) | 0 |
| Peripheral ischaemia | 1 (0.0%) | 0 |
| Arterial thrombosis | 0 | 1 (0.0%) |
| Flushing | 0 | 1 (0.0%) |
| Inferior vena cava syndrome | 0 | 1 (0.0%) |
| Orthostatic hypotension | 0 | 1 (0.0%) |
| Peripheral arterial occlusive disease | 0 | 1 (0.0%) |
| Vein disorder | 0 | 1 (0.0%) |
| Hepatobiliary Disorders | 9 (0.1%) | 8 (0.1%) |
| Hepatic cirrhosis | 4 (0.1%) | 1 (0.0%) |
| Liver disorder | 2 (0.0%) | 2 (0.0%) |
| Cholecystitis | 1 (0.0%) | 0 |
| Chronic hepatitis | 1 (0.0%) | 0 |
| Non-alcoholic steatohepatitis | 1 (0.0%) | 0 |
| Nonalcoholic fatty liver disease | 1 (0.0%) | 0 |
| Hepatic function abnormal | 0 | 1 (0.0%) |
| Hepatic mass | 0 | 1 (0.0%) |
| Hepatic pain | 0 | 1 (0.0%) |
| Jaundice cholestatic | 0 | 1 (0.0%) |
| Liver injury | 0 | 1 (0.0%) |
| Cardiac Disorders | 7 (0.1%) | 14 (0.2%) |
| Cardiac failure | 1 (0.0%) | 5 (0.1%) |
| Palpitations | 1 (0.0%) | 2 (0.0%) |
| Atrioventricular block | 1 (0.0%) | 0 |
| Cardiac failure acute | 1 (0.0%) | 0 |
| Cardiac failure congestive | 1 (0.0%) | 0 |
| Ischaemic cardiomyopathy | 1 (0.0%) | 0 |
| Stress cardiomyopathy | 1 (0.0%) | 0 |
| Aortic valve stenosis | 0 | 1 (0.0%) |
| Atrial fibrillation | 0 | 1 (0.0%) |
| Atrioventricular block complete | 0 | 1 (0.0%) |
| Bradycardia | 0 | 1 (0.0%) |
| Myocardial ischaemia | 0 | 1 (0.0%) |
| Pericardial effusion | 0 | 1 (0.0%) |
| Tachycardia | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Psychiatric Disorders | 5 (0.1%) | 8 (0.1%) |
| Depression | 1 (0.0%) | 1 (0.0%) |
| Alcohol abuse | 1 (0.0%) | 0 |
| Anxiety | 1 (0.0%) | 0 |
| Bipolar disorder | 1 (0.0%) | 0 |
| Mental status changes | 1 (0.0%) | 0 |
| Confusional state | 0 | 2 (0.0%) |
| Anorgasmia | 0 | 1 (0.0%) |
| Behaviour disorder | 0 | 1 (0.0%) |
| Depressed mood | 0 | 1 (0.0%) |
| Nervousness | 0 | 1 (0.0%) |
| Suicidal ideation | 0 | 1 (0.0%) |
| Injury, Poisoning And Procedural Complications | 5 (0.1%) | 6 (0.1%) |
| Craniocerebral injury | 1 (0.0%) | 1 (0.0%) |
| Road traffic accident | 1 (0.0%) | 1 (0.0%) |
| Femoral neck fracture | 1 (0.0%) | 0 |
| Hip fracture | 1 (0.0%) | 0 |
| Subdural haemorrhage | 1 (0.0%) | 0 |
| Brain contusion | 0 | 1 (0.0%) |
| Concussion | 0 | 1 (0.0%) |
| Fall | 0 | 1 (0.0%) |
| Femur fracture | 0 | 1 (0.0%) |
| Ilium fracture | 0 | 1 (0.0%) |
| Lumbar vertebral fracture | 0 | 1 (0.0%) |
| Radius fracture | 0 | 1 (0.0%) |
| Rib fracture | 0 | 1 (0.0%) |
| Skull fracture | 0 | 1 (0.0%) |
| Subdural haematoma | 0 | 1 (0.0%) |
| Traumatic haemothorax | 0 | 1 (0.0%) |
| Surgical And Medical Procedures | 4 (0.1%) | 0 |
| Dialysis | 1 (0.0%) | 0 |
| Leg amputation | 1 (0.0%) | 0 |
| Pancreaticosplenectomy | 1 (0.0%) | 0 |
| Spinal decompression | 1 (0.0%) | 0 |
| Blood And Lymphatic System Disorders | 3 (0.0%) | 4 (0.1%) |
| Anaemia | 2 (0.0%) | 1 (0.0%) |
| Pancytopenia | 1 (0.0%) | 0 |
| Blood loss anaemia | 0 | 2 (0.0%) |
| Iron deficiency anaemia | 0 | 1 (0.0%) |
| Immune System Disorders | 3 (0.0%) | 1 (0.0%) |
| Hypersensitivity | 2 (0.0%) | 1 (0.0%) |
| Drug hypersensitivity | 1 (0.0%) | 0 |
| Eye Disorders | 1 (0.0%) | 2 (0.0%) |
| Scleritis | 1 (0.0%) | 0 |
| Optic ischaemic neuropathy | 0 | 1 (0.0%) |
| Periorbital swelling | 0 | 1 (0.0%) |

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.4: Frequency Summary of Treatment-Emergent Adverse Events leading to Discontinuation of Study Drug - Safety Analysis Set

| MedDRA SOC and PT | Finerenone (N=6510) | Placebo (N=6489) |
|--|------------------------|---------------------|
| Reproductive System And Breast Disorders | 1 (0.0%) | 1 (0.0%) |
| Erectile dysfunction | 1 (0.0%) | 1 (0.0%) |
| Ear And Labyrinth Disorders | 0 | 5 (0.1%) |
| Vertigo | 0 | 5 (0.1%) |

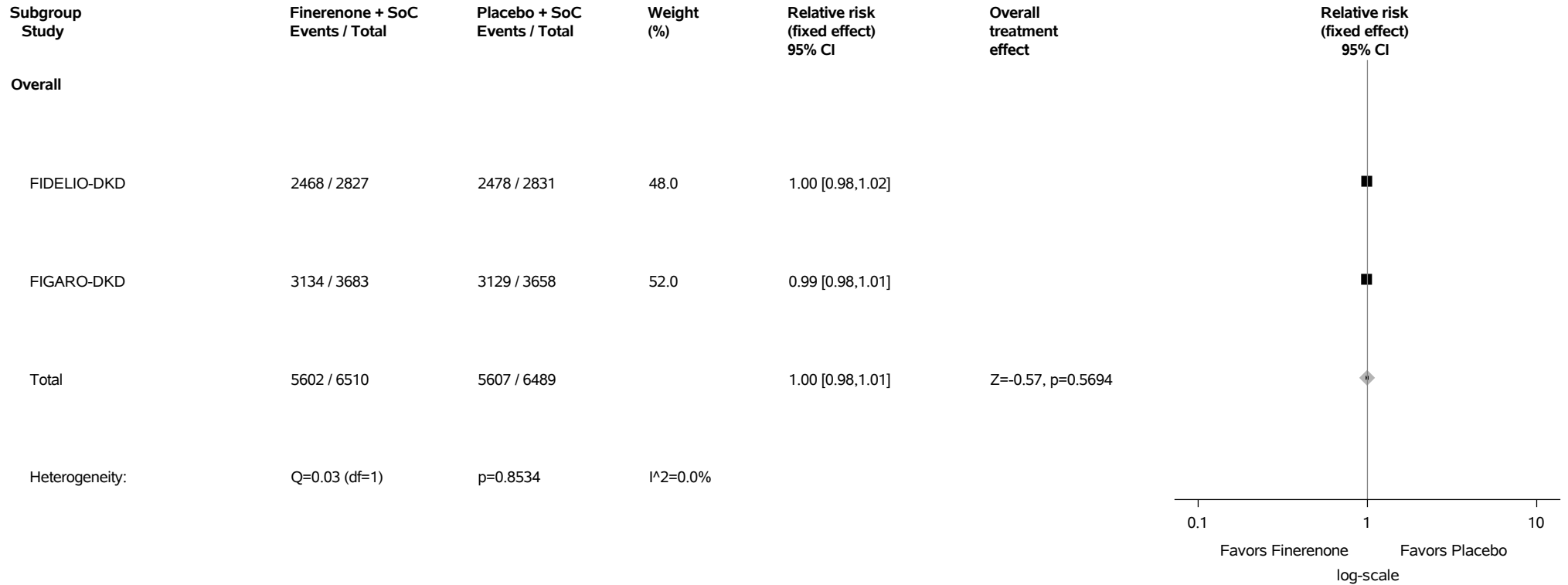
Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities; N=number of subjects; PT=preferred term; SOC=system organ class; TE(S)AE=treatment-emergent (serious) adverse event.

Table 2.0.5: Summary of Treatment Duration - Safety Analysis Set

| | Finerenone (N=6510) | Placebo (N=6489) | Total (N=12999) |
|-----------------------------|------------------------|---------------------|--------------------|
| Treatment duration (months) | | | |
| n | 6510 | 6489 | 12999 |
| Mean | 31.6 | 31.8 | 31.7 |
| SD | 14.42 | 14.18 | 14.30 |
| Median | 31.7 | 31.7 | 31.7 |
| Q1-Q3 | 22.3 - 43.0 | 22.8 - 43.2 | 22.6 - 43.1 |
| Range | 0.03 - 61.01 | 0.03 - 61.37 | 0.03 - 61.37 |

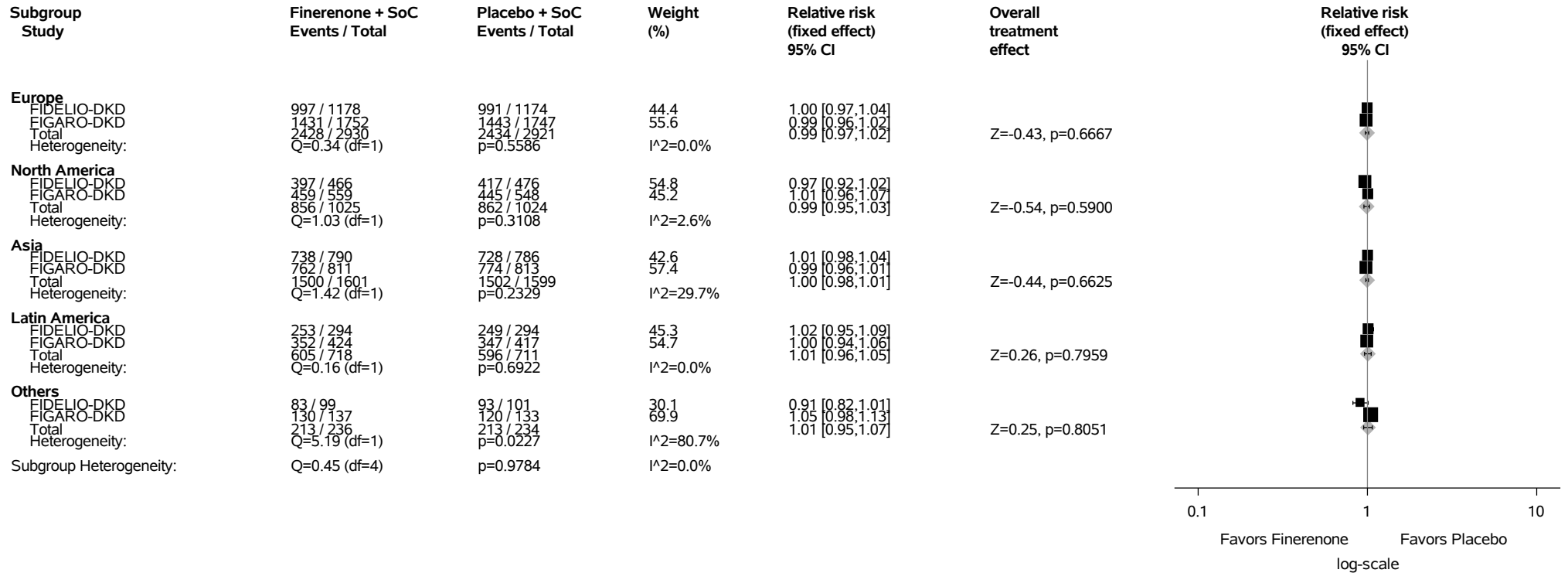
Abbreviations: N=number of subjects, n=number of subjects with non-missing values in category, Q1=first quartile, Q3=third quartile, SD=standard deviation.
 Note: Treatment duration is defined as the time from start of study drug to permanent stop of study drug (in months).

Figure 2.1.1: Forestplot for Relative Risk of Proportion of Subjects with TEAEs Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.1.1: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Region
Safety Analysis Set



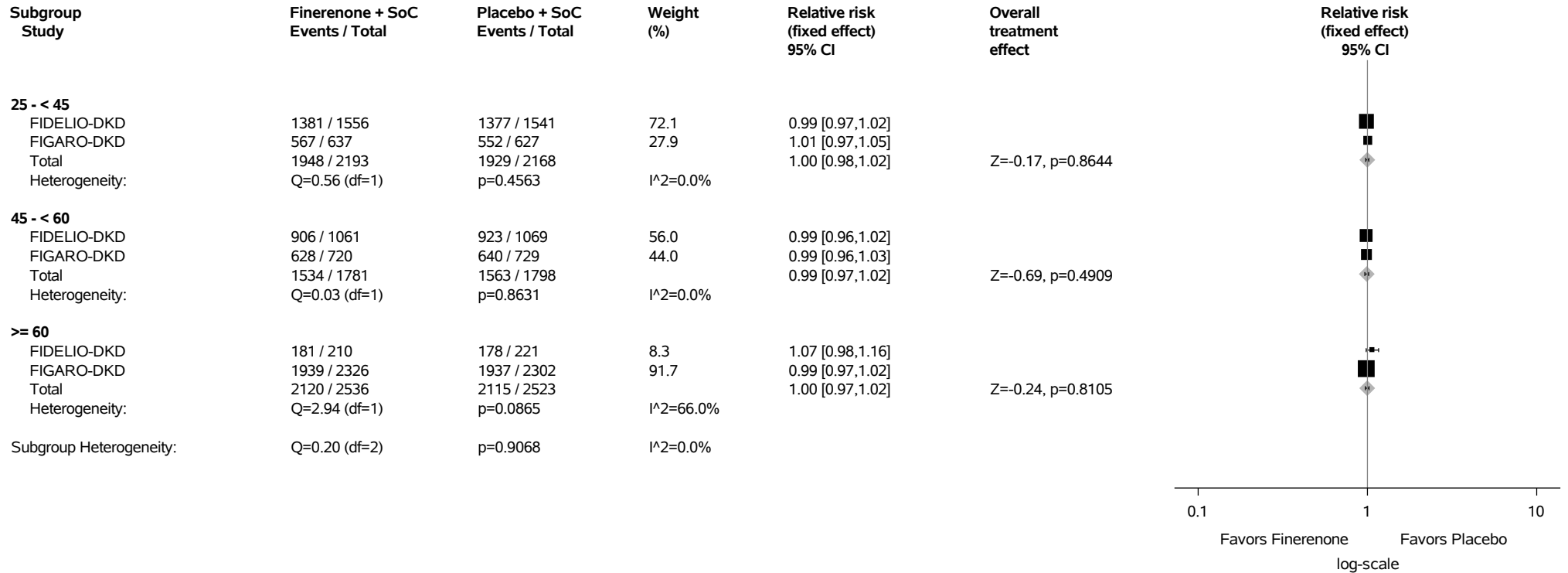
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.1.2: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening Safety Analysis Set



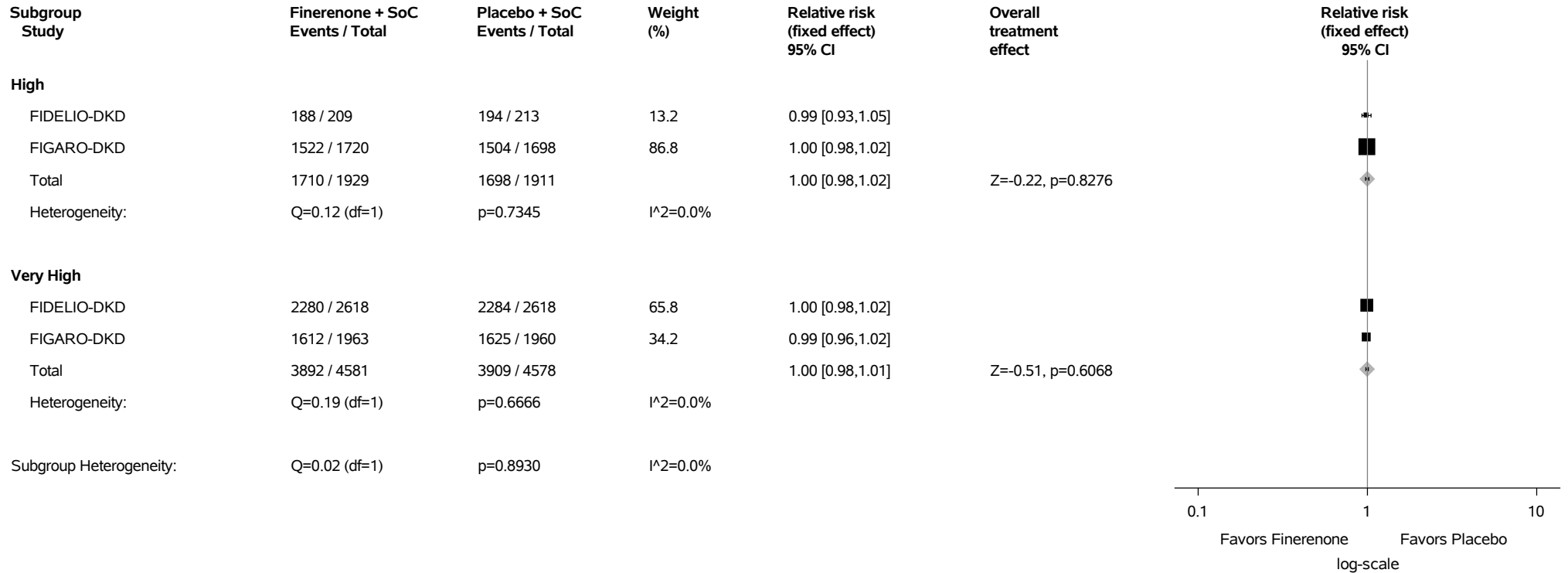
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

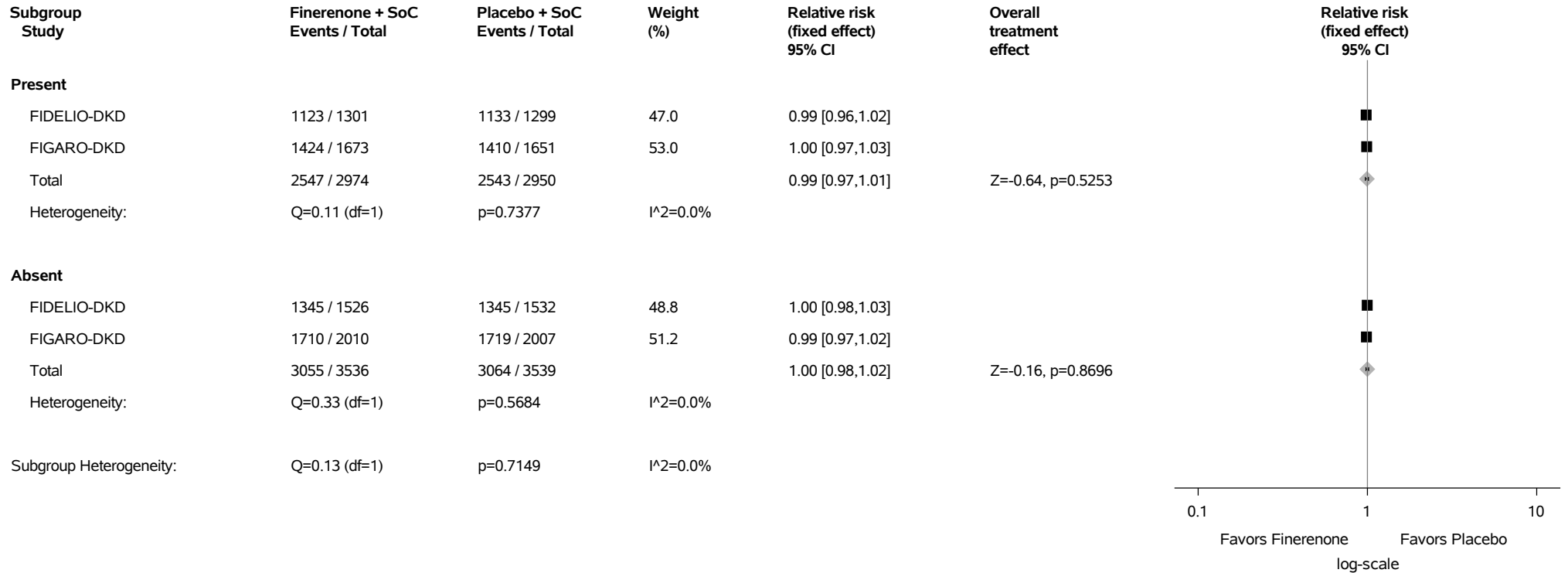
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.1.3: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening Safety Analysis Set



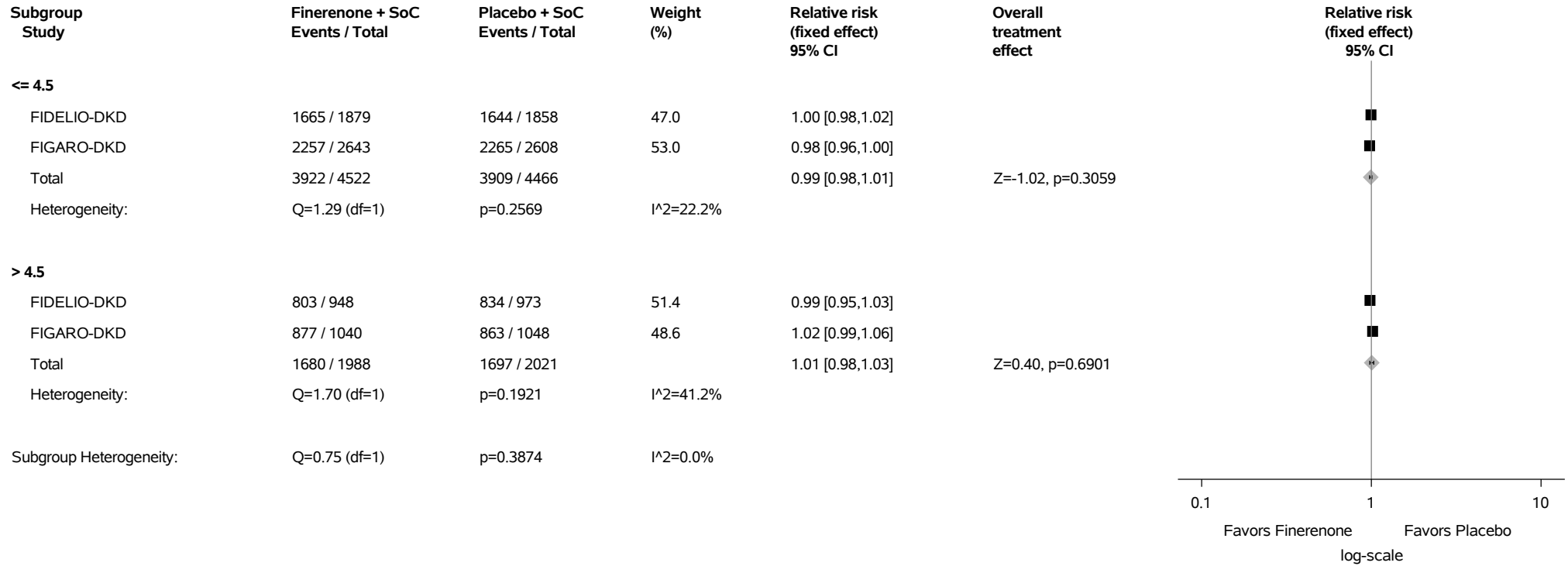
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.1.4: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.1.5: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

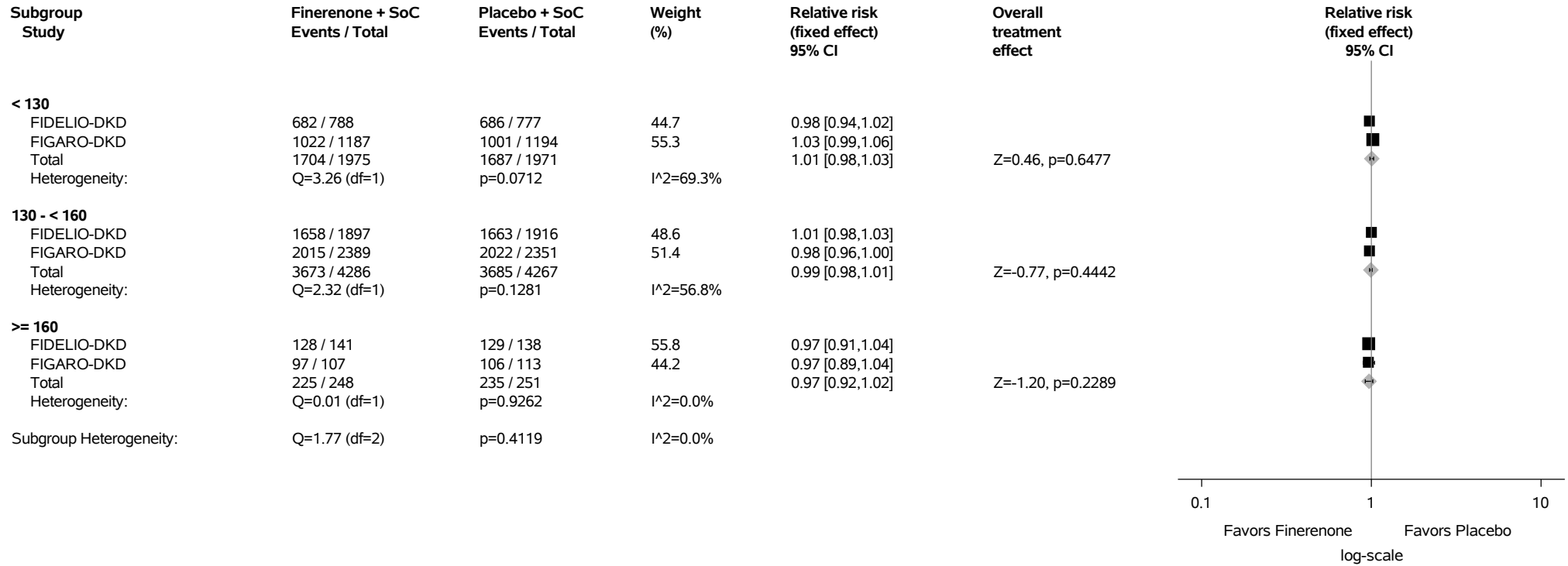
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.1.6: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

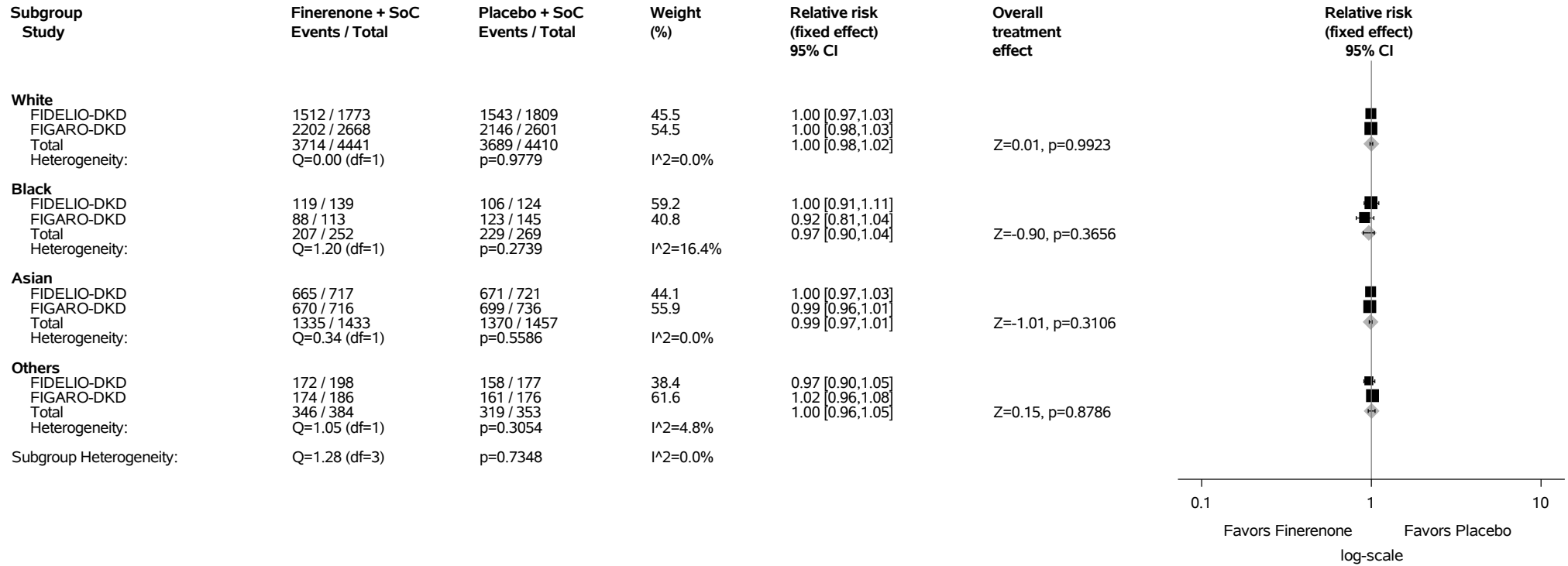
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.1.7: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

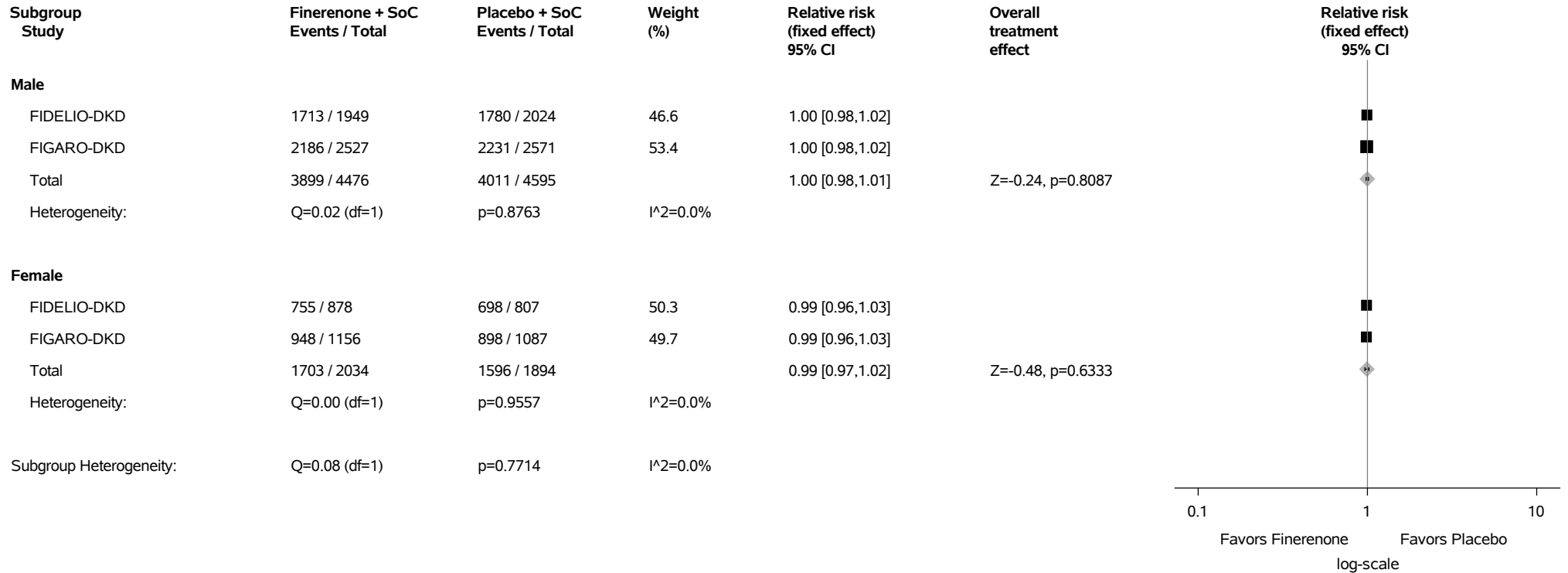
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

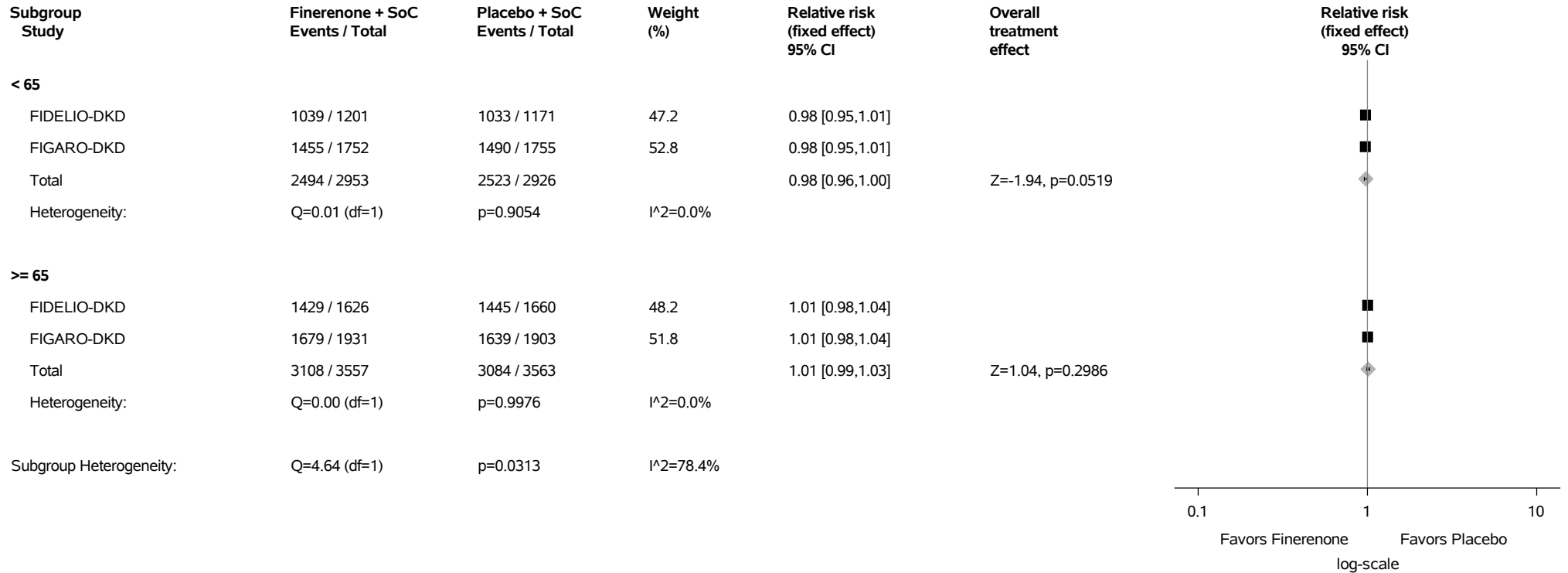
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.1.8: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Sex Safety Analysis Set



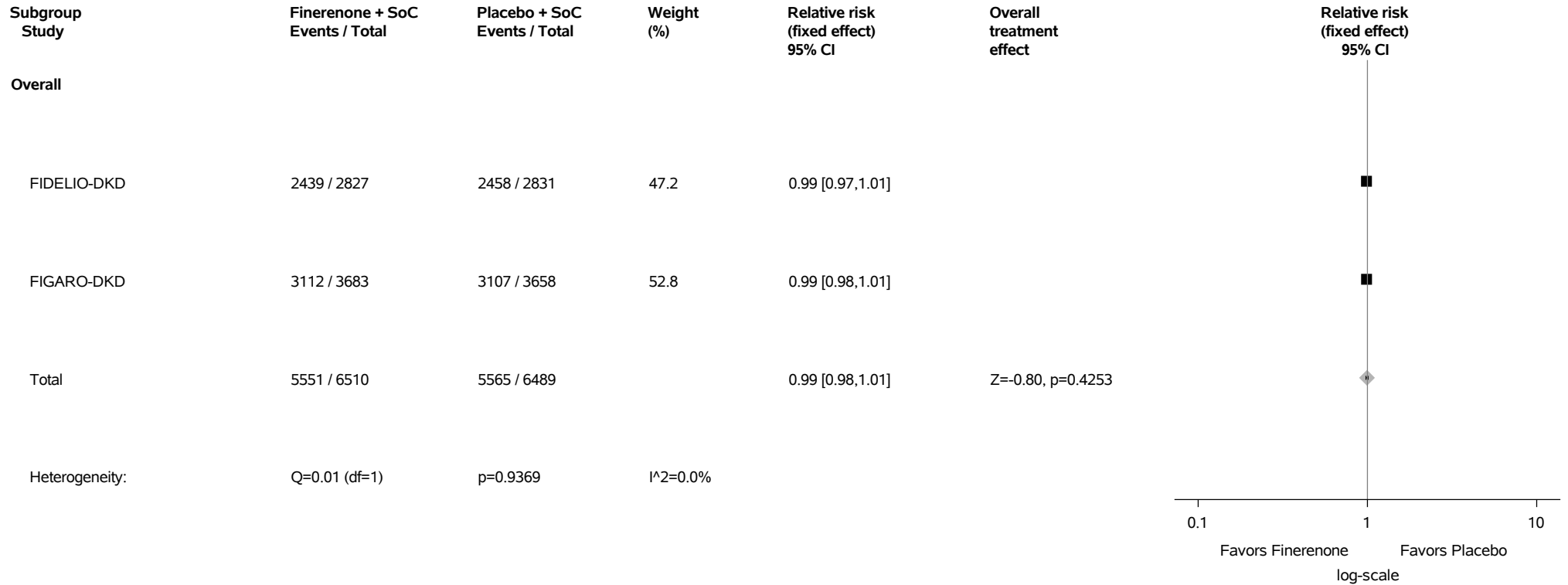
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.1.9: Forestplot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.2: Forestplot for Relative Risk of Proportion of Subjects with TEAEs Excluding Progression-Related Events Safety Analysis Set



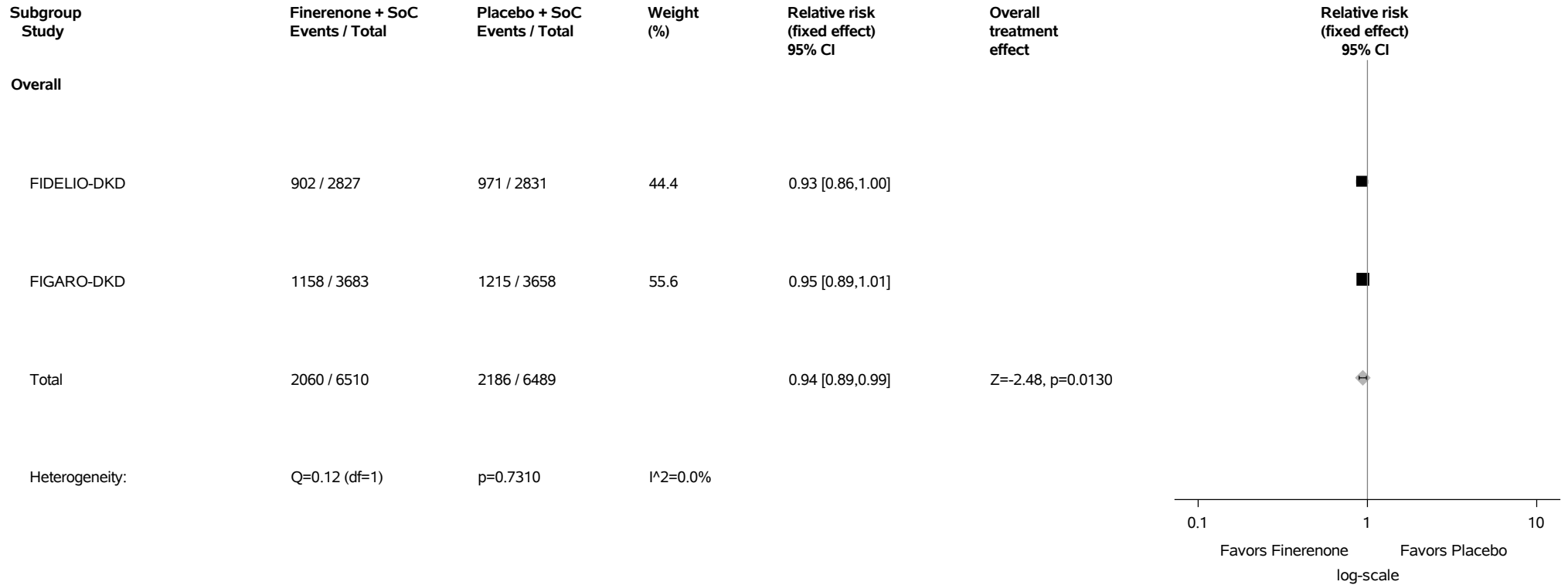
Abbreviations: CI=confidence interval, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

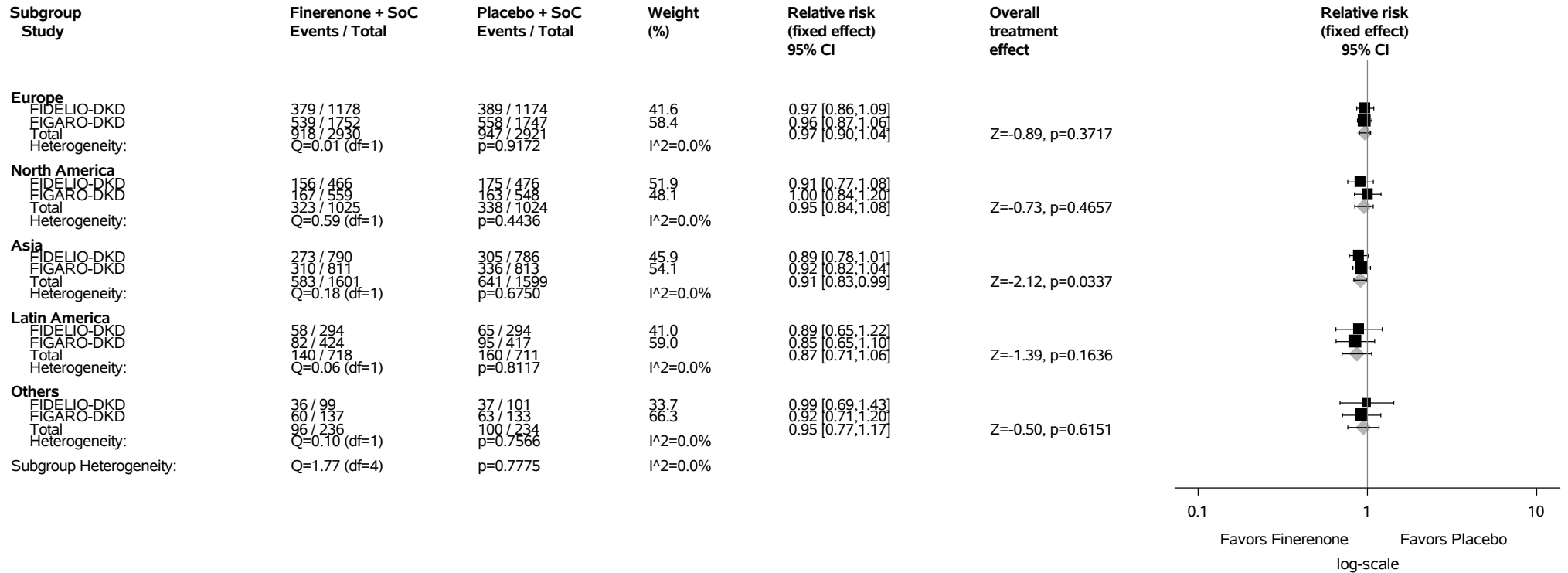
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.3: Forestplot for Relative Risk of Proportion of Subjects with TESAEs Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.3.1: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Region
Safety Analysis Set



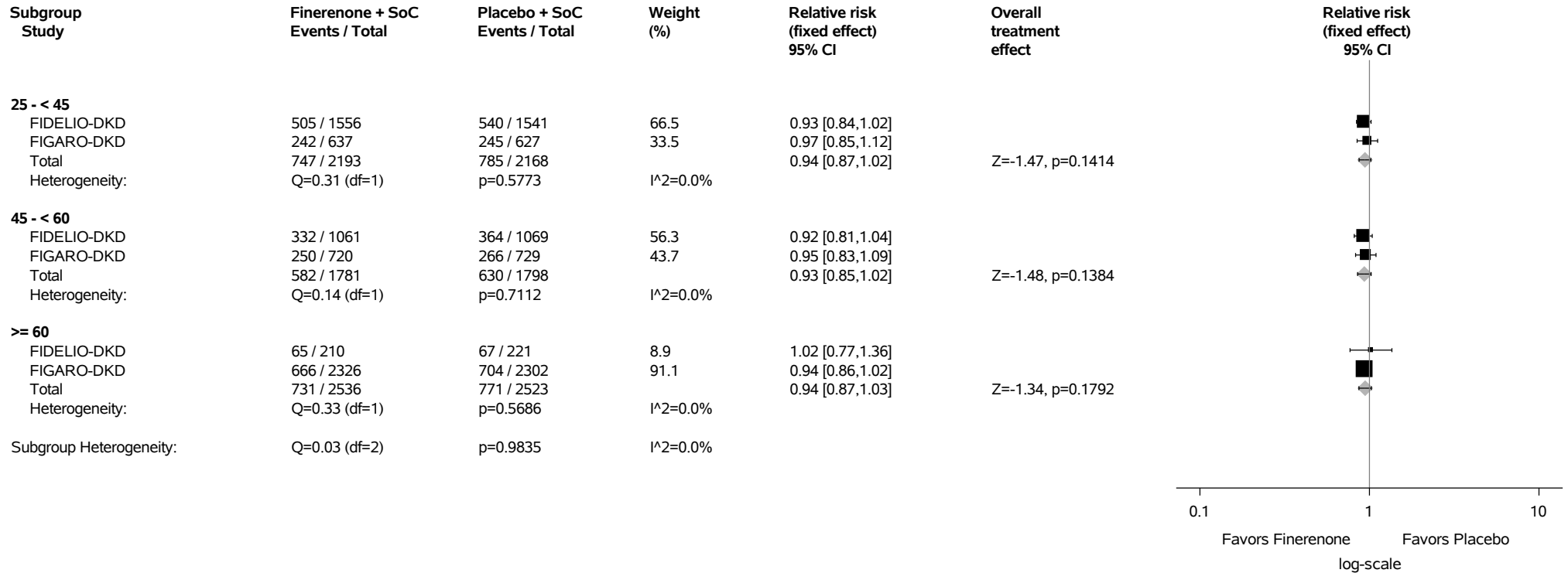
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

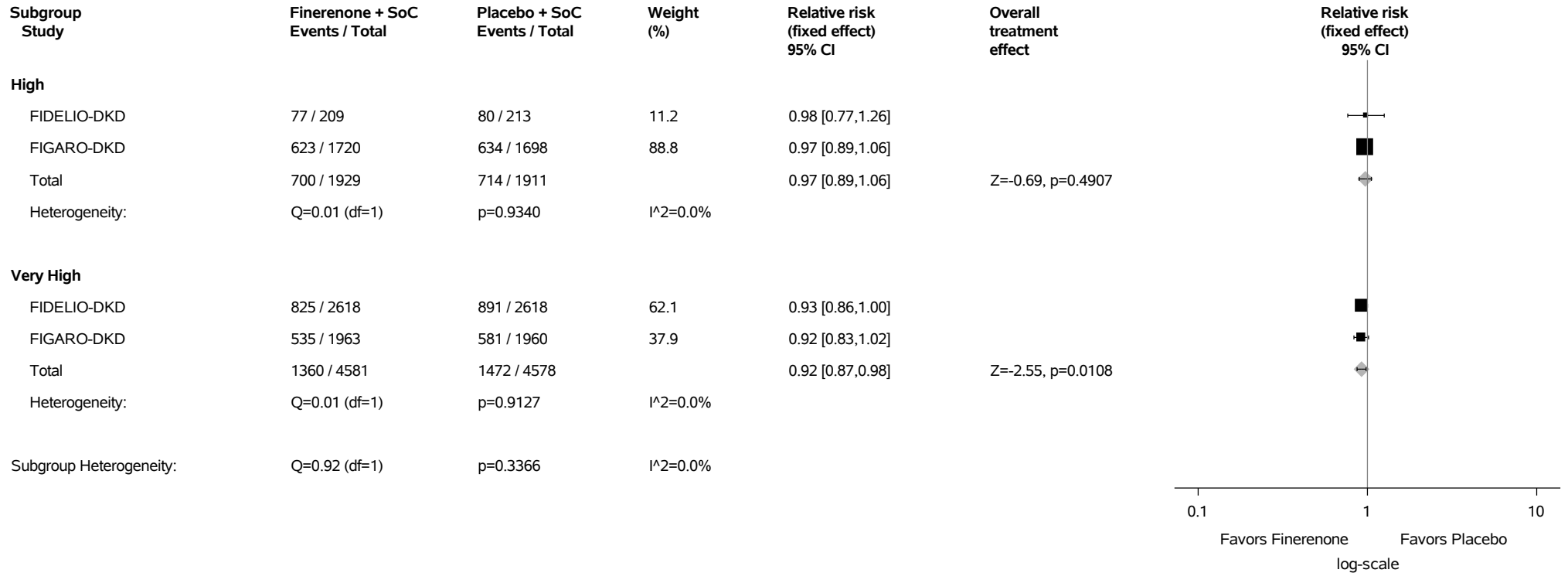
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.3.2: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening Safety Analysis Set



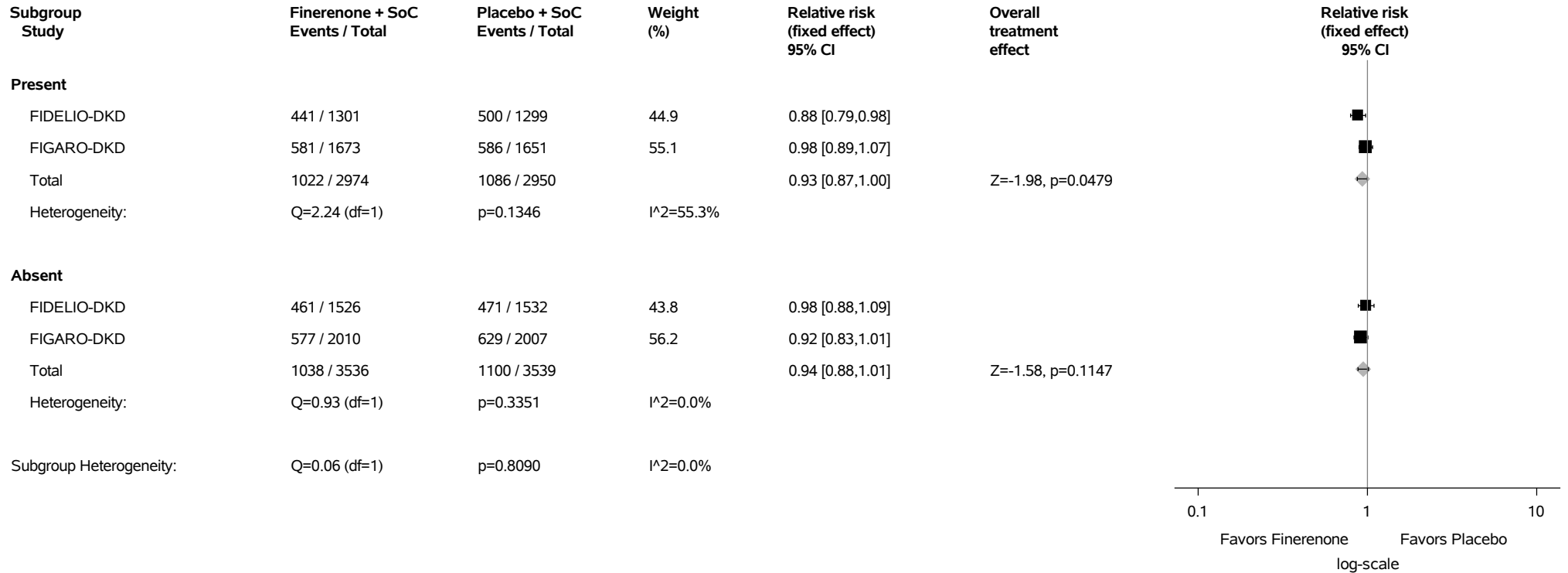
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.3.3: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening Safety Analysis Set



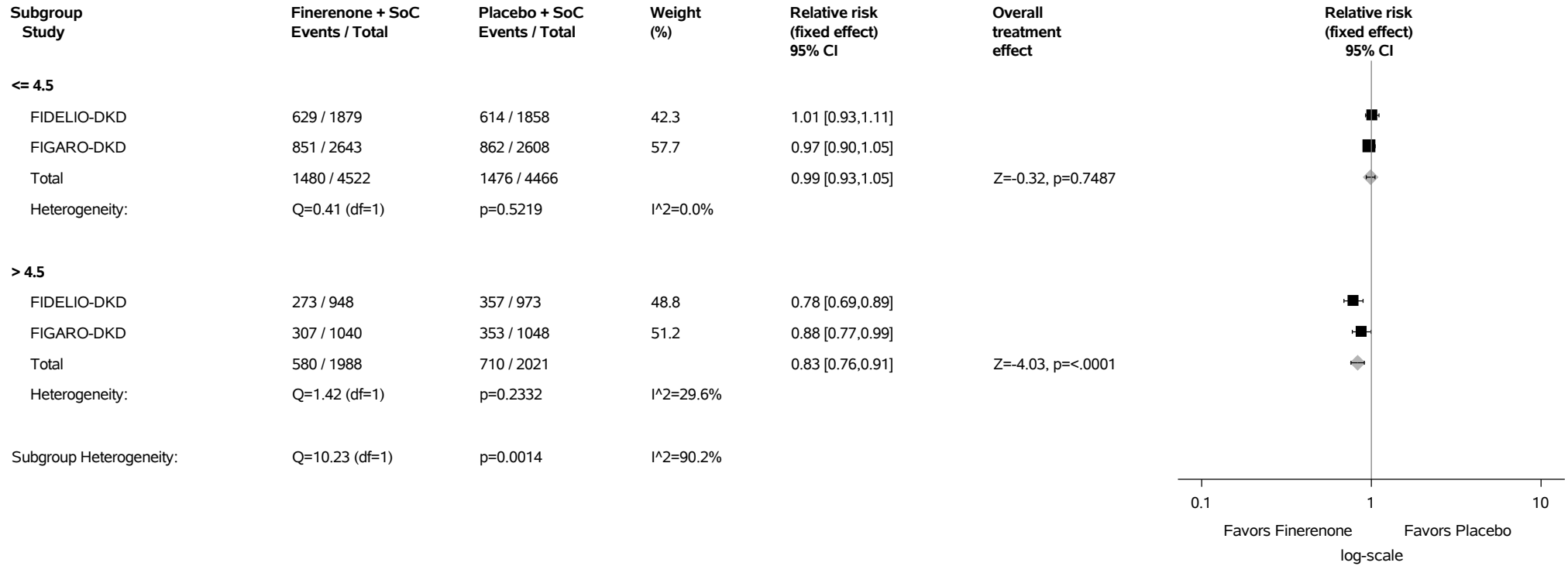
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.3.4: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.3.5: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

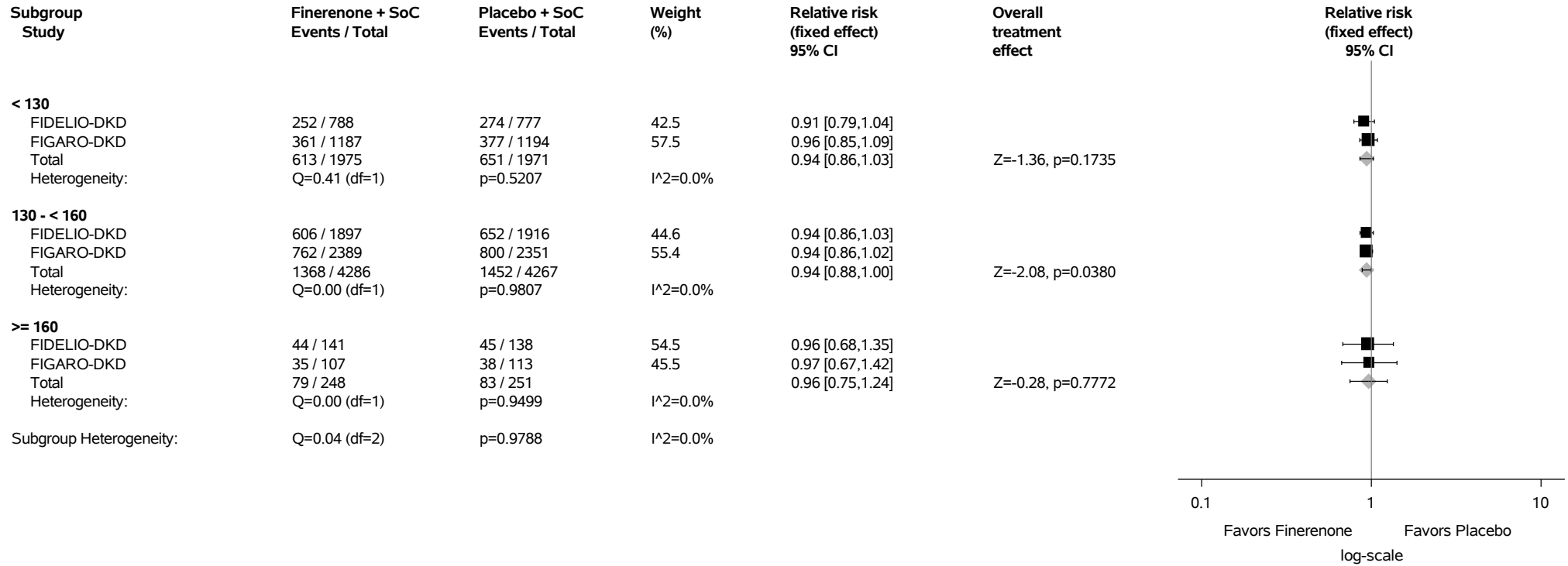
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.3.6: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

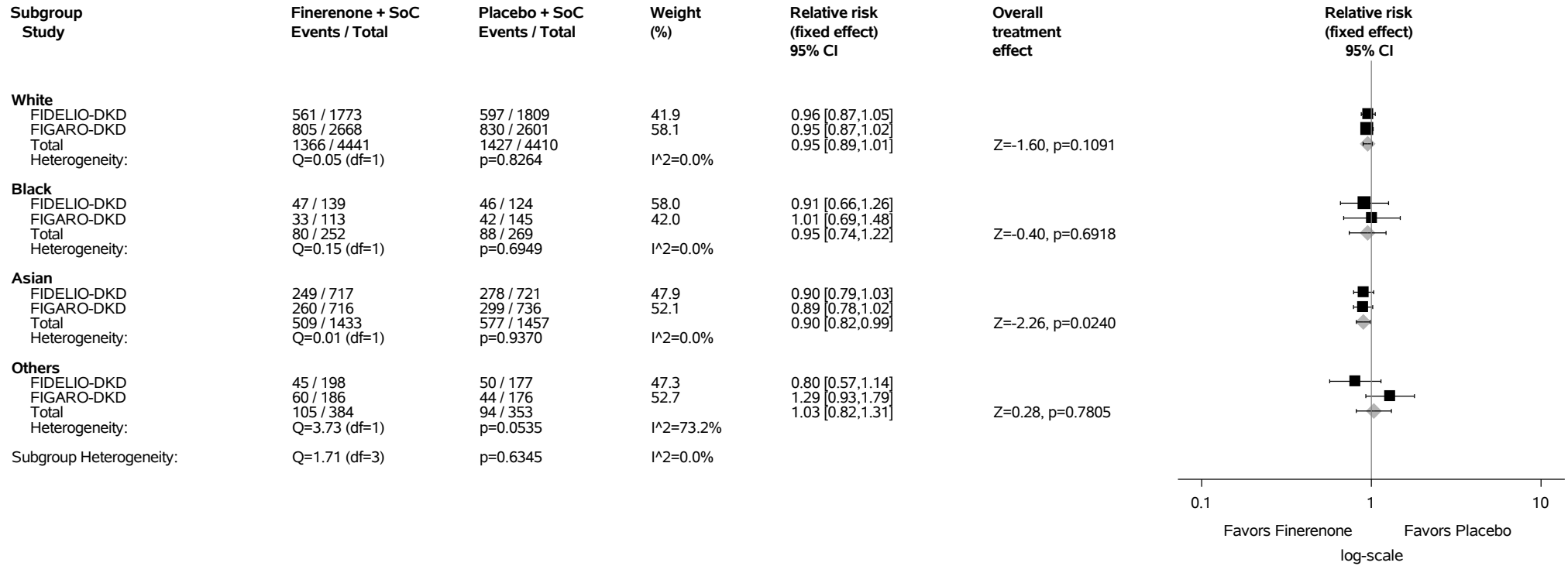
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.3.7: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

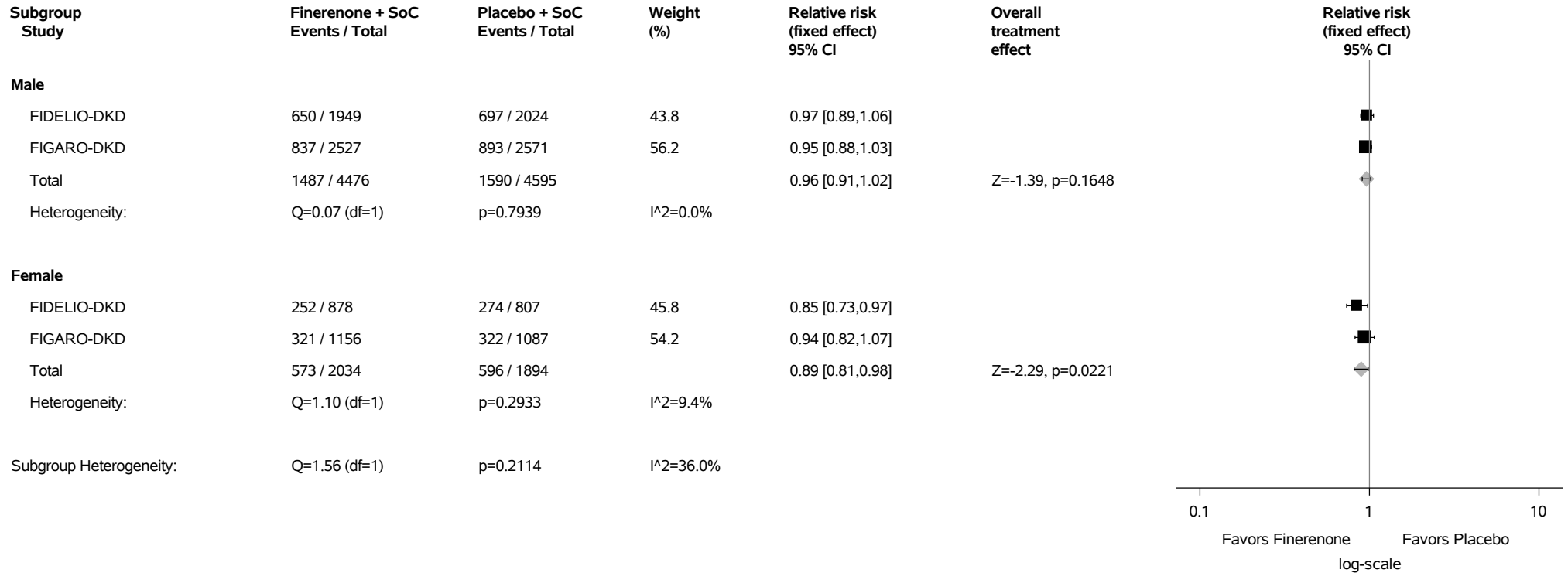
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

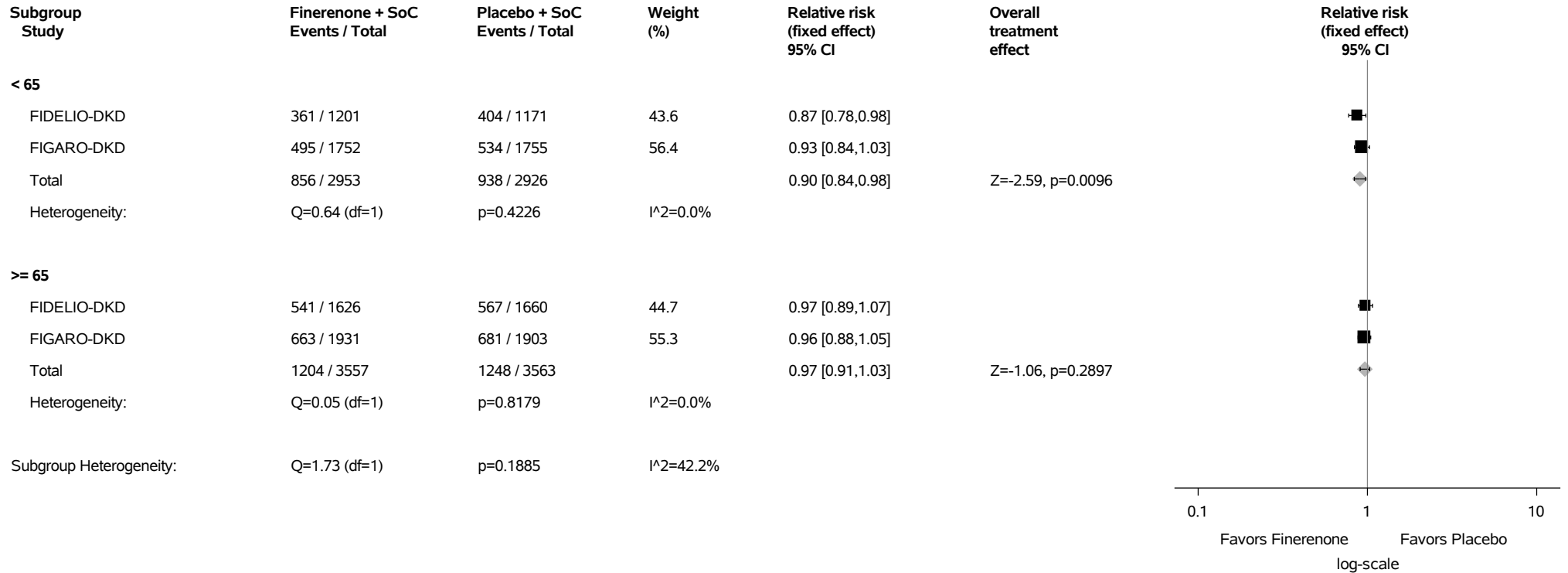
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.3.8: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Sex Safety Analysis Set



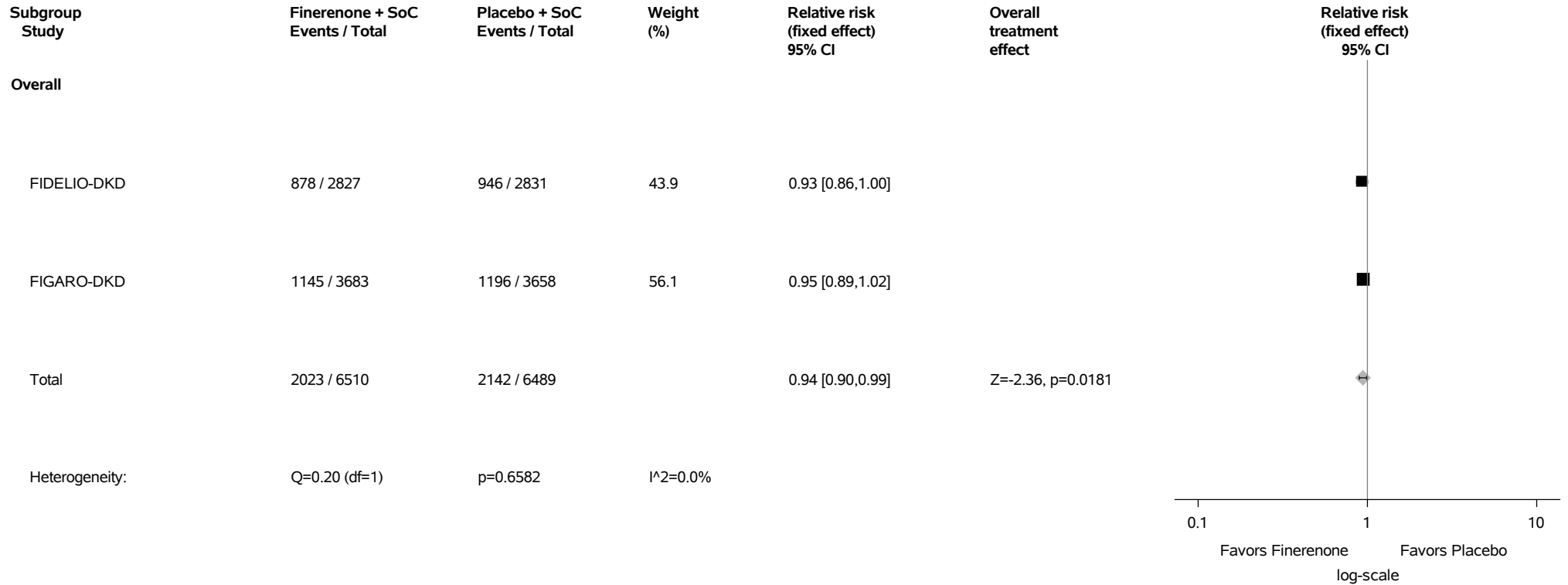
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.3.9: Forestplot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.4: Forestplot for Relative Risk of Proportion of Subjects with TESAEs Excluding Progression-Related Events Safety Analysis Set



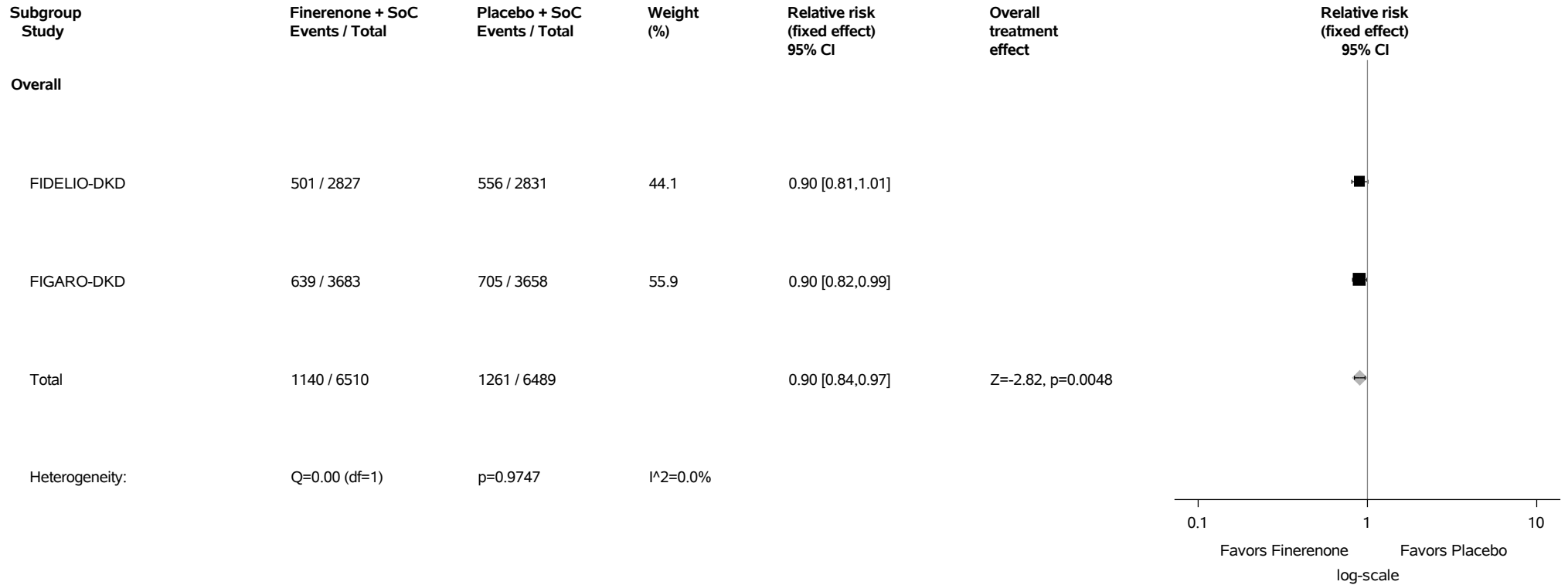
Abbreviations: CI=confidence interval, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

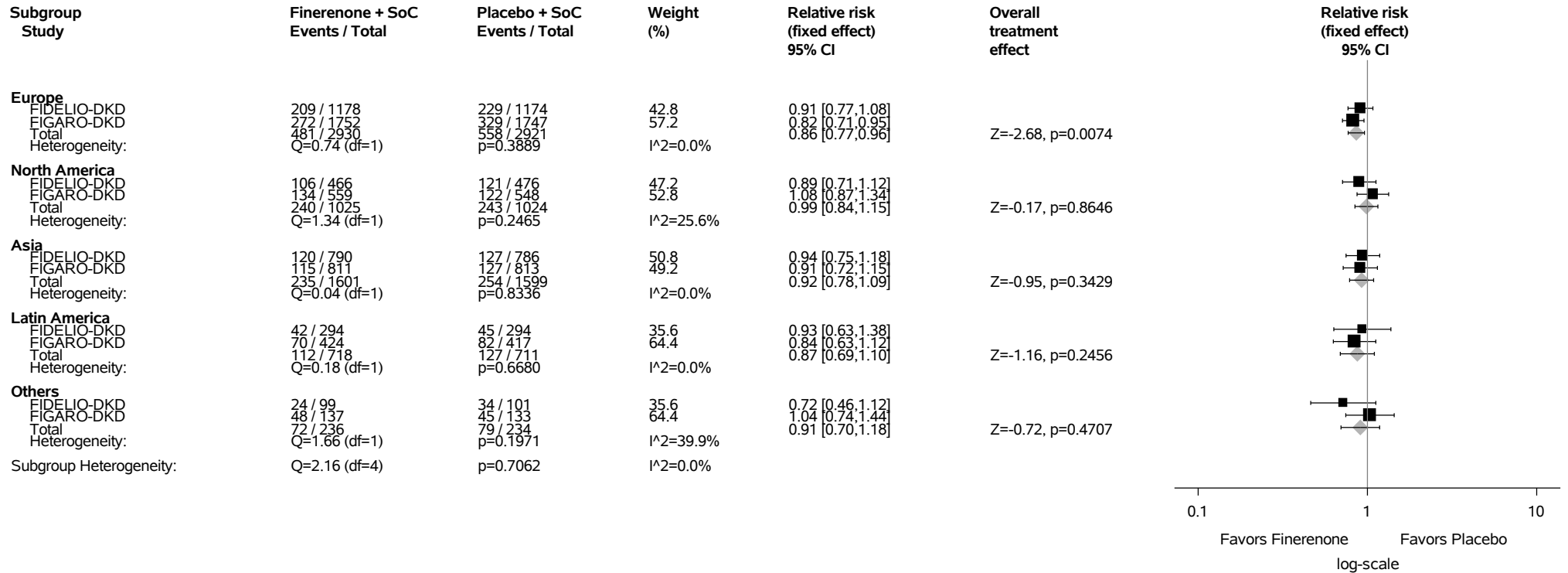
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.5: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.5.1: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Region
Safety Analysis Set



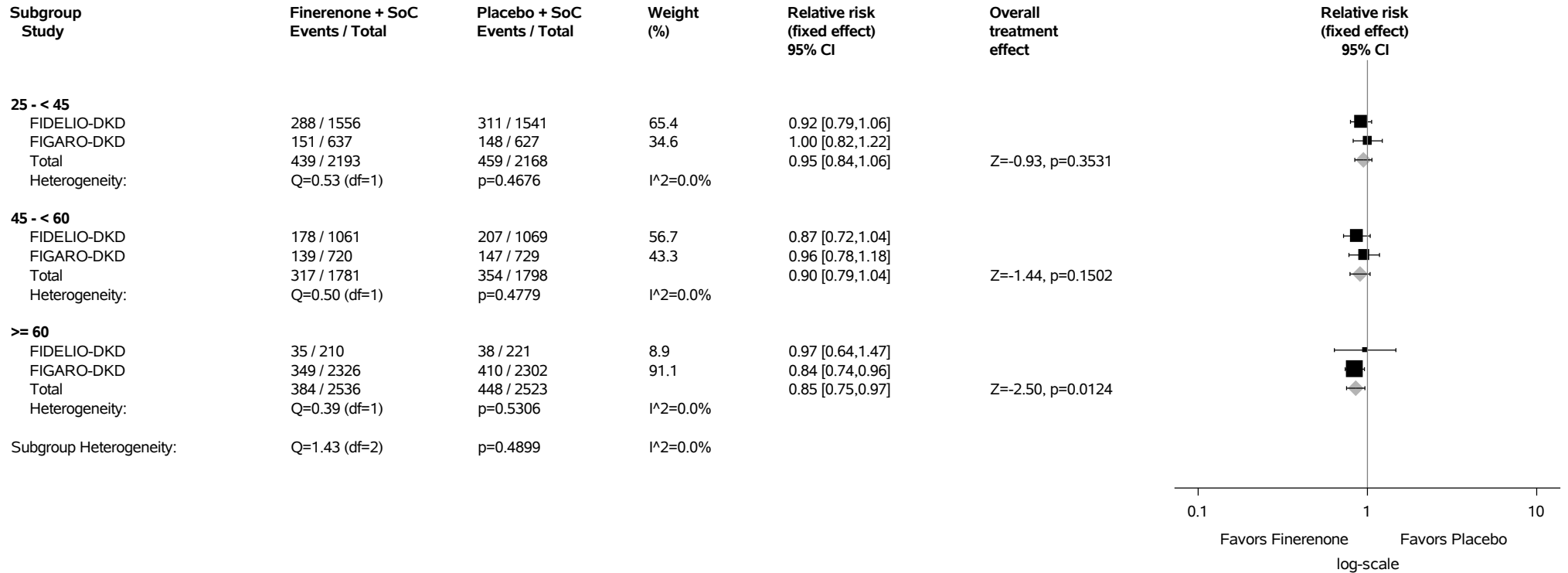
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.5.2: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m2) Category at Screening Safety Analysis Set



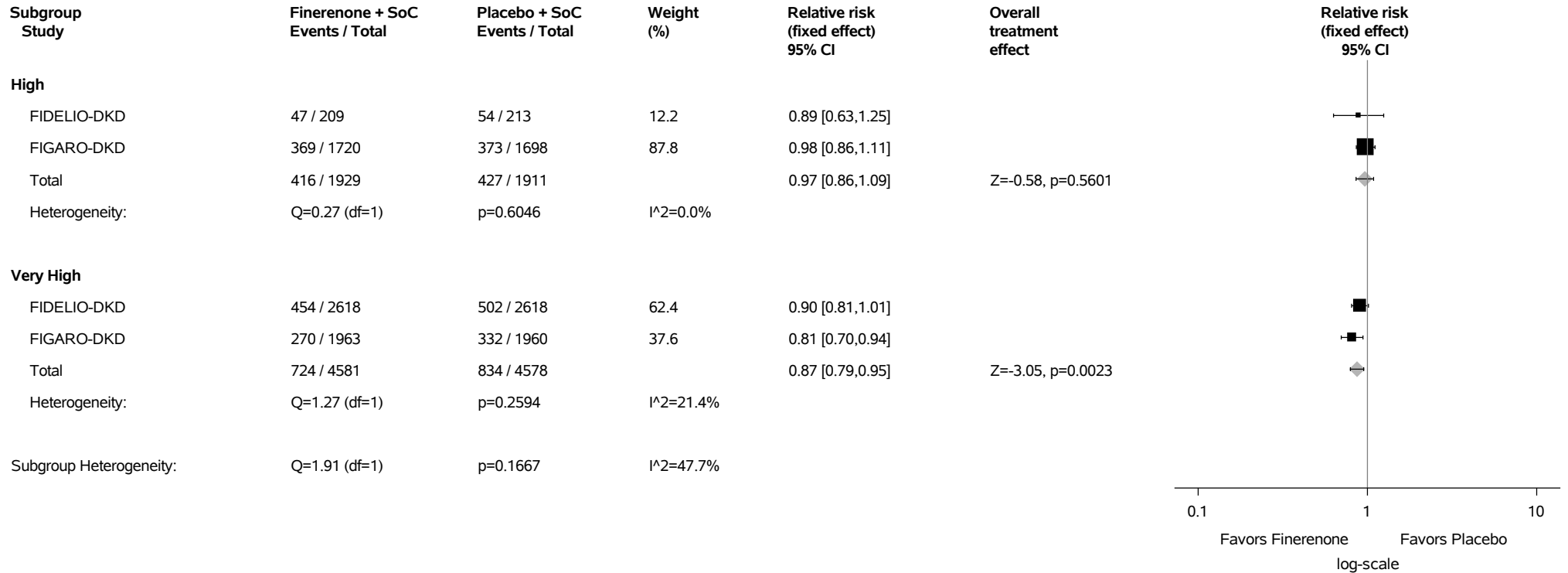
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

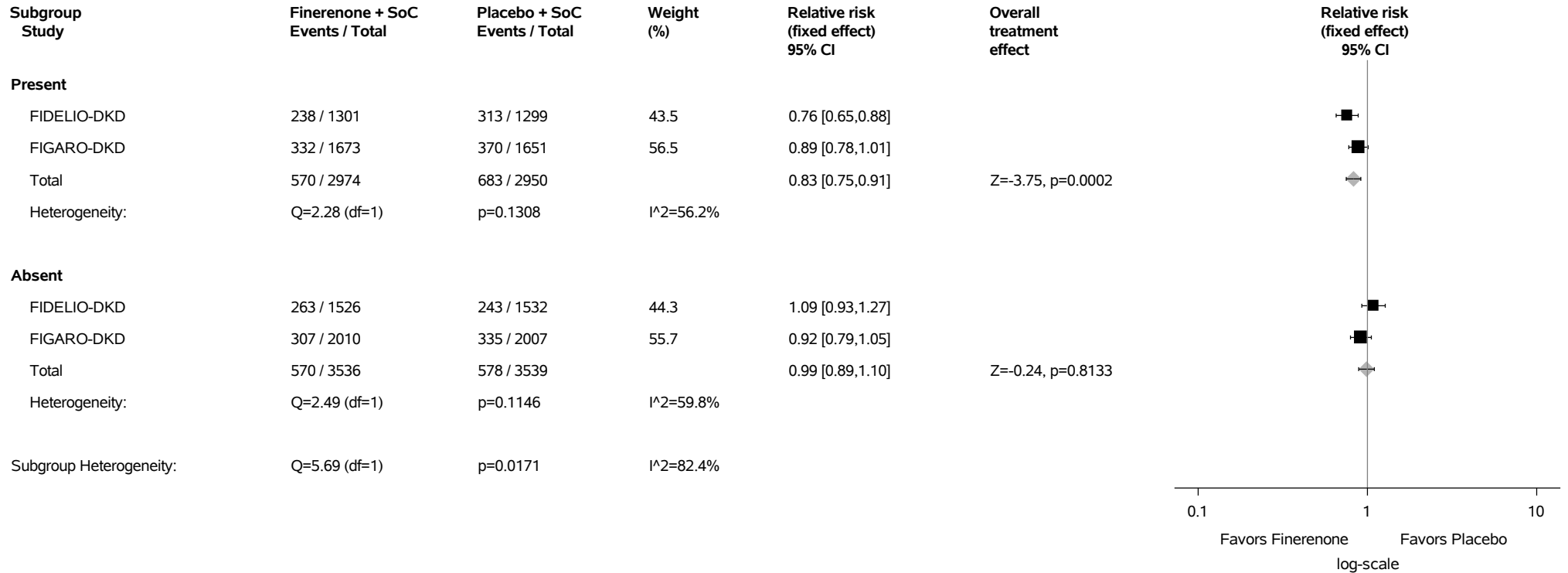
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.5.3: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening Safety Analysis Set



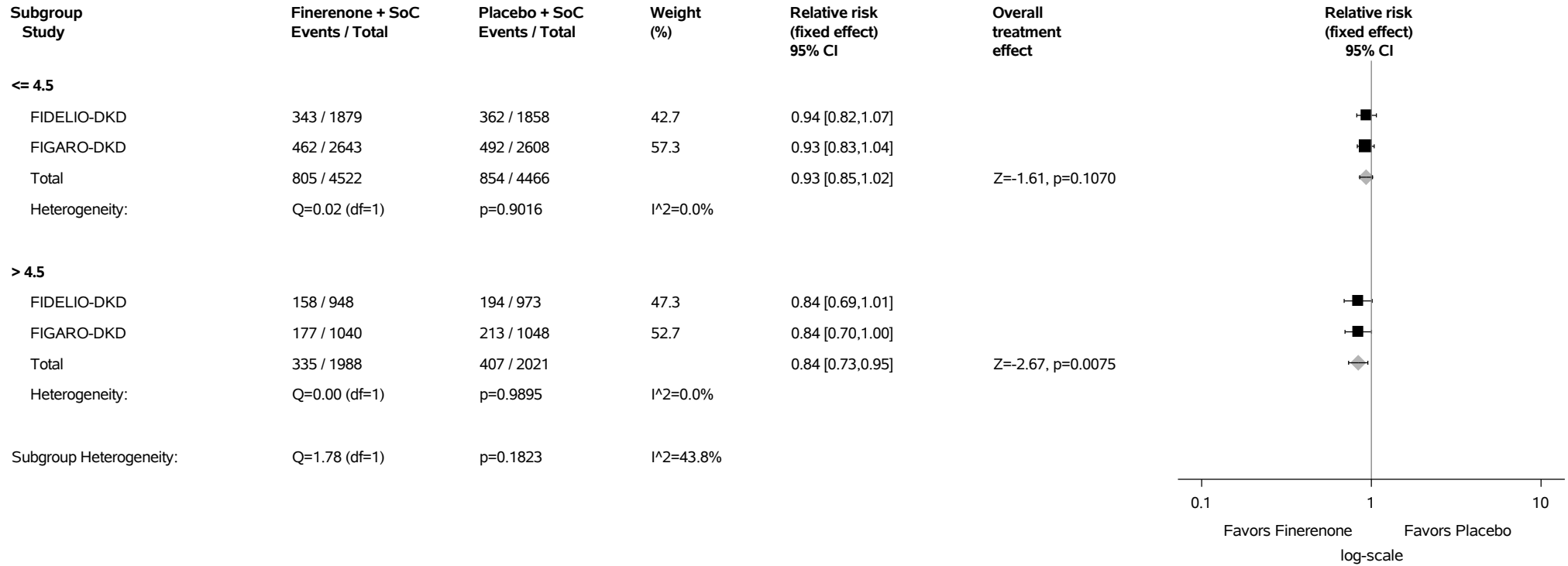
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.5.4: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.5.5: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

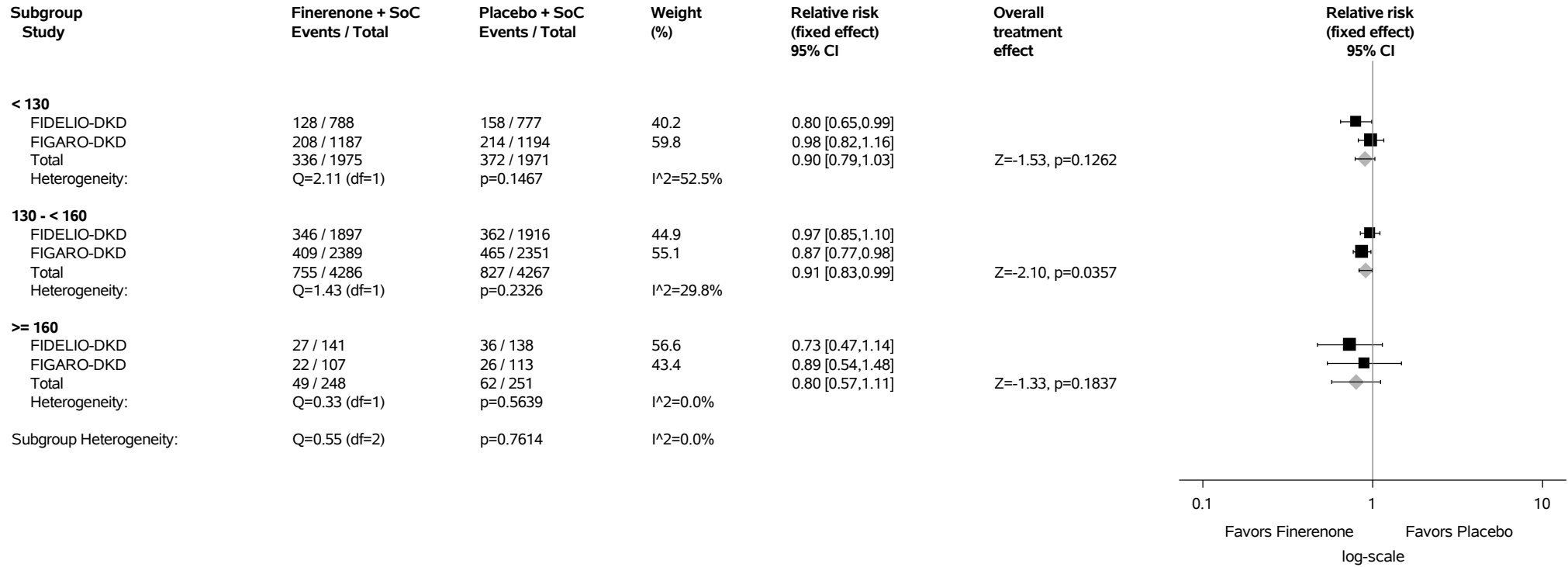
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.5.6: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

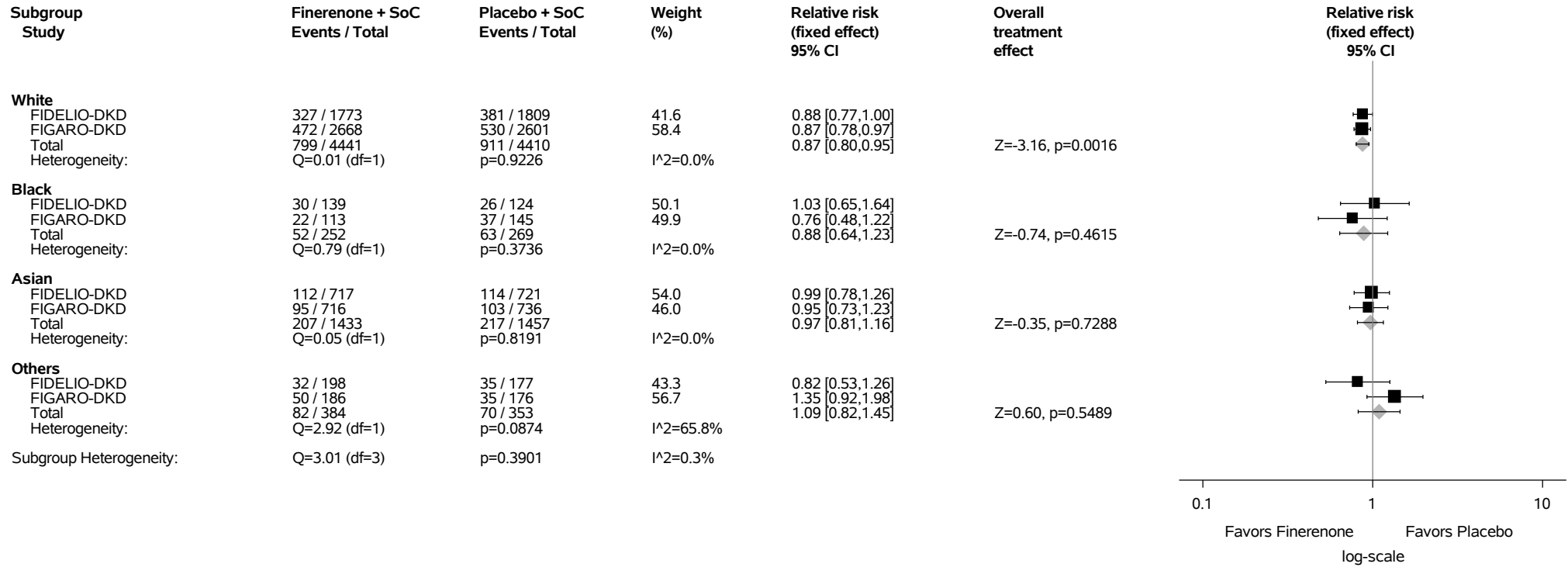
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.5.7: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

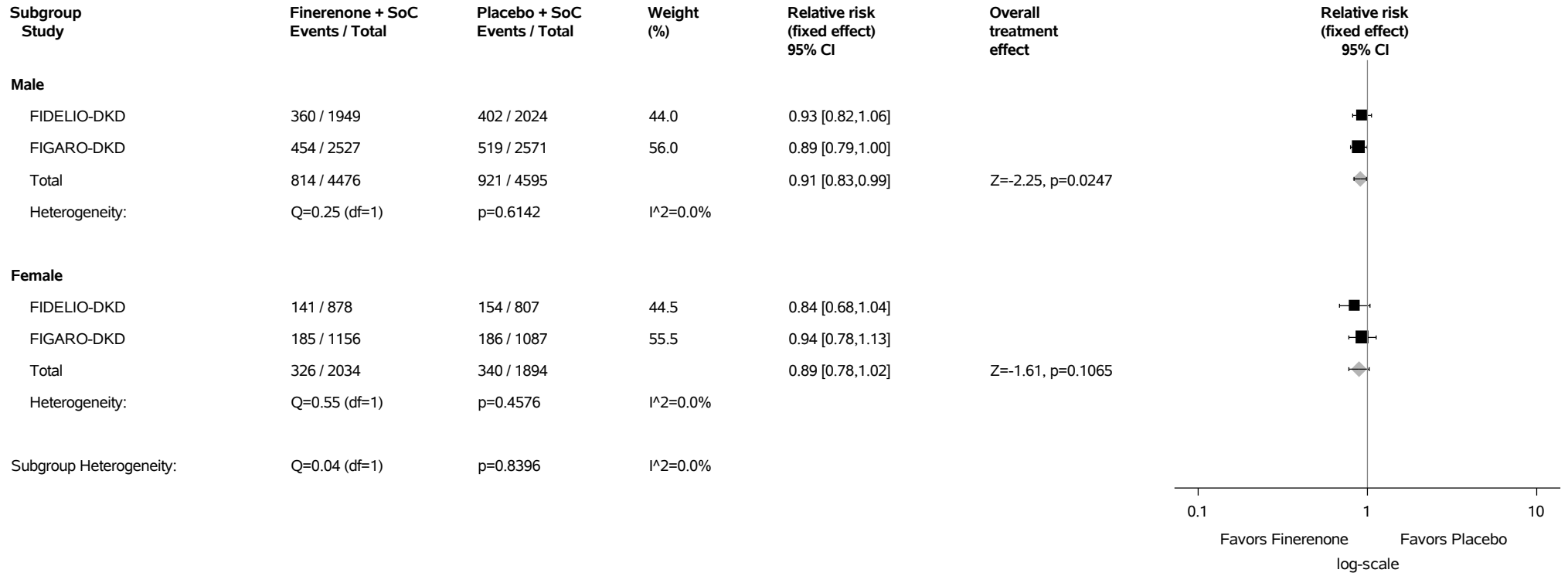
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

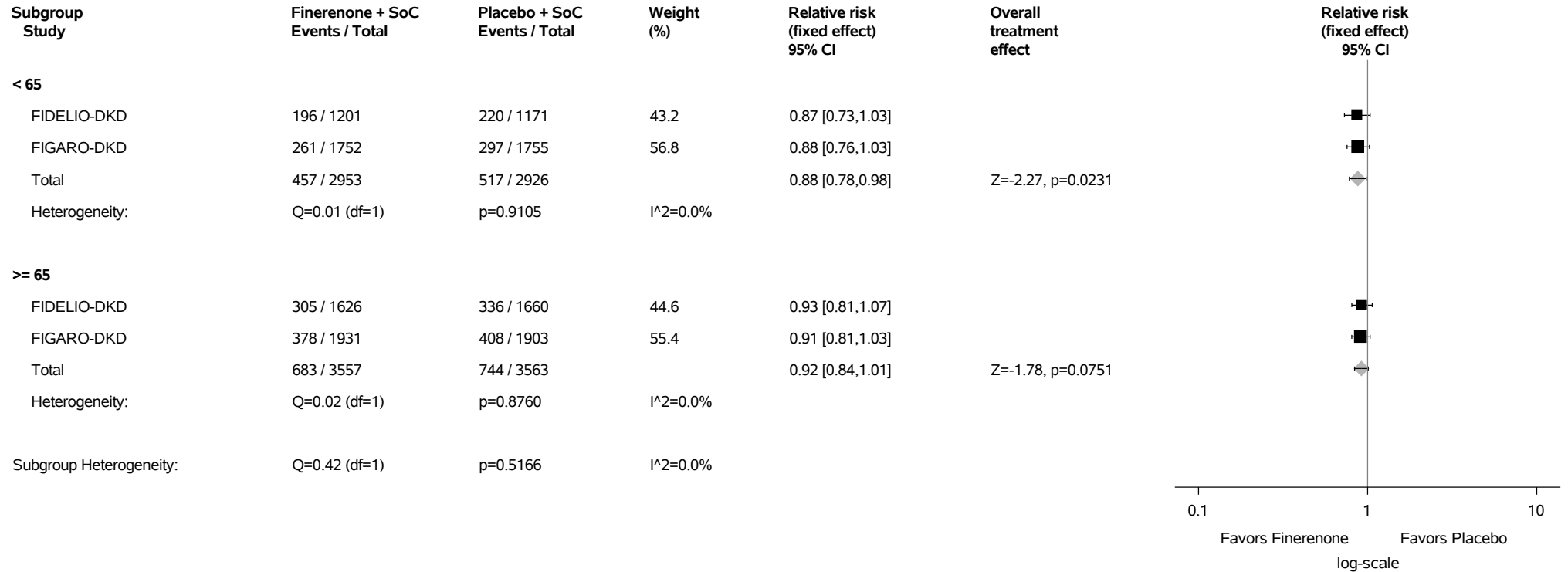
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.5.8: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Sex Safety Analysis Set



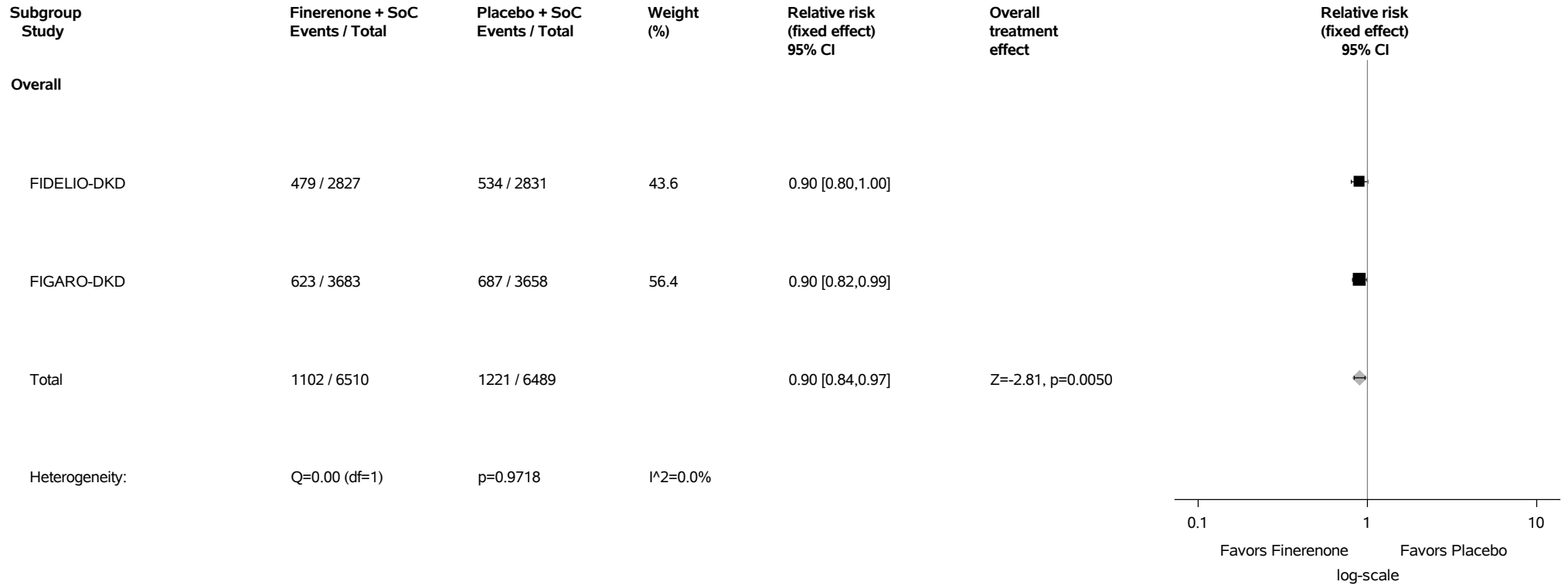
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.5.9: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs by Age Group (years) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.6: Forestplot for Relative Risk of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events Safety Analysis Set



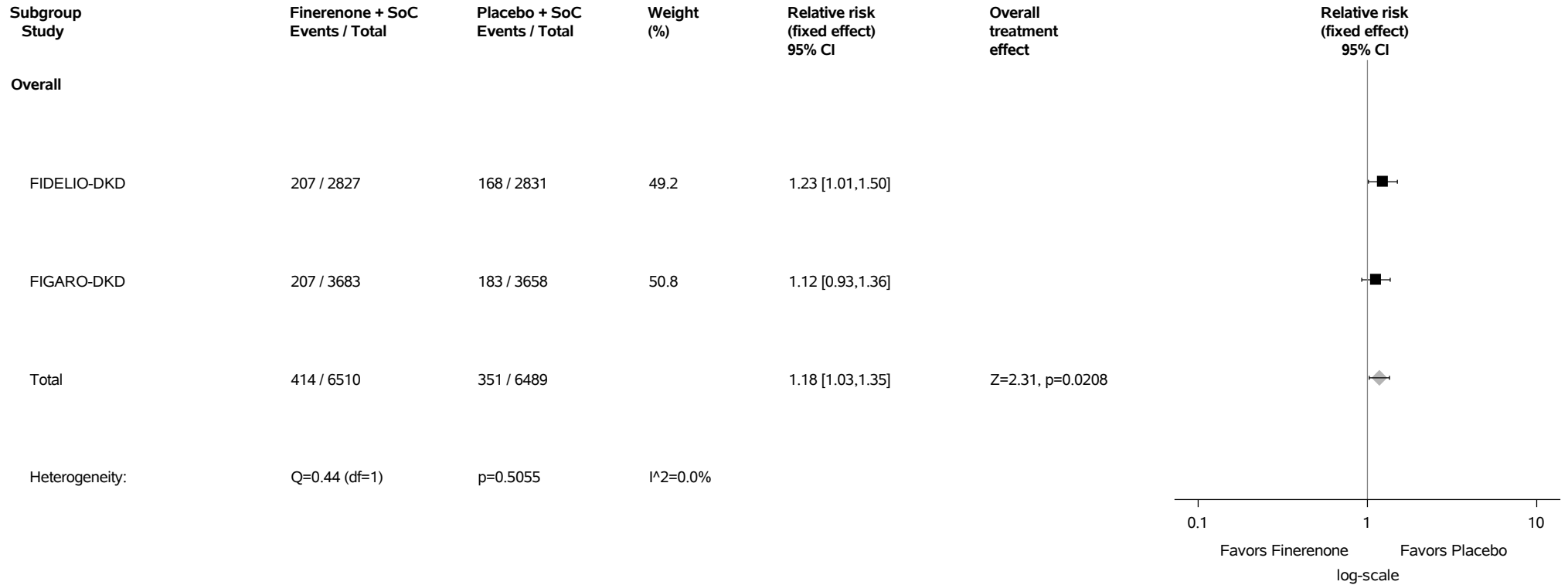
Abbreviations: CI=confidence interval, GLM=generalized linear model, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

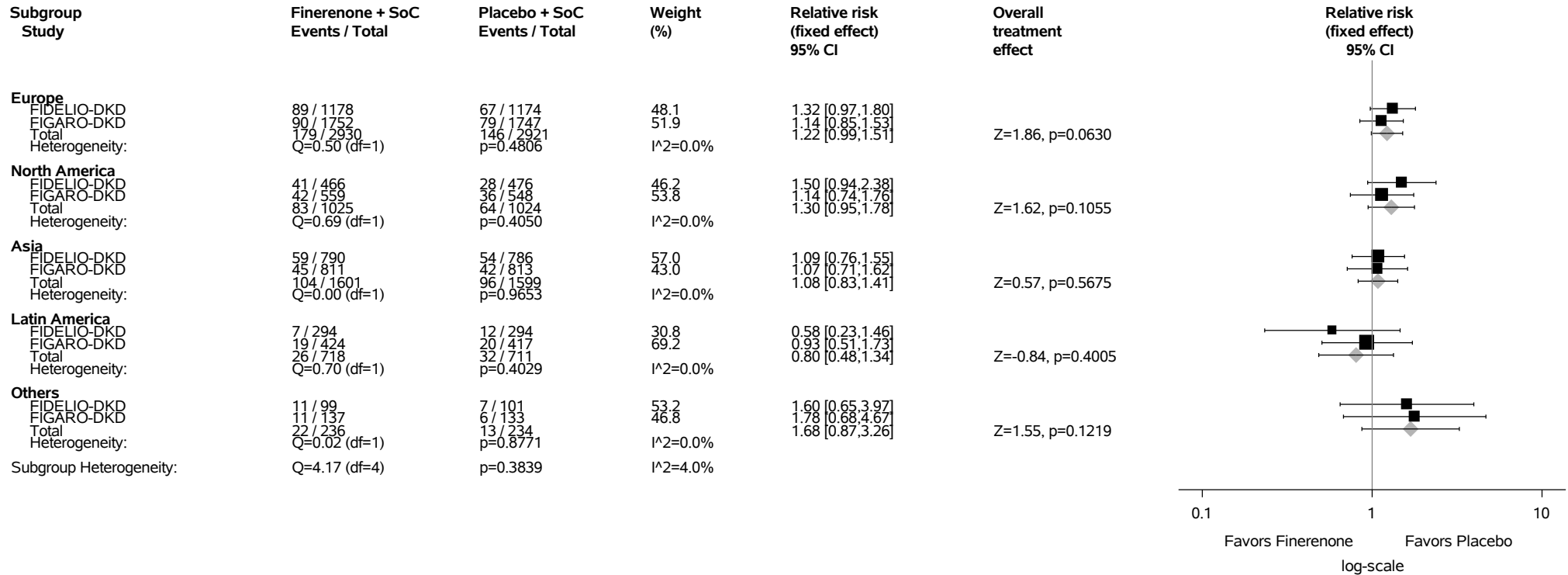
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.7: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.7.1: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region Safety Analysis Set

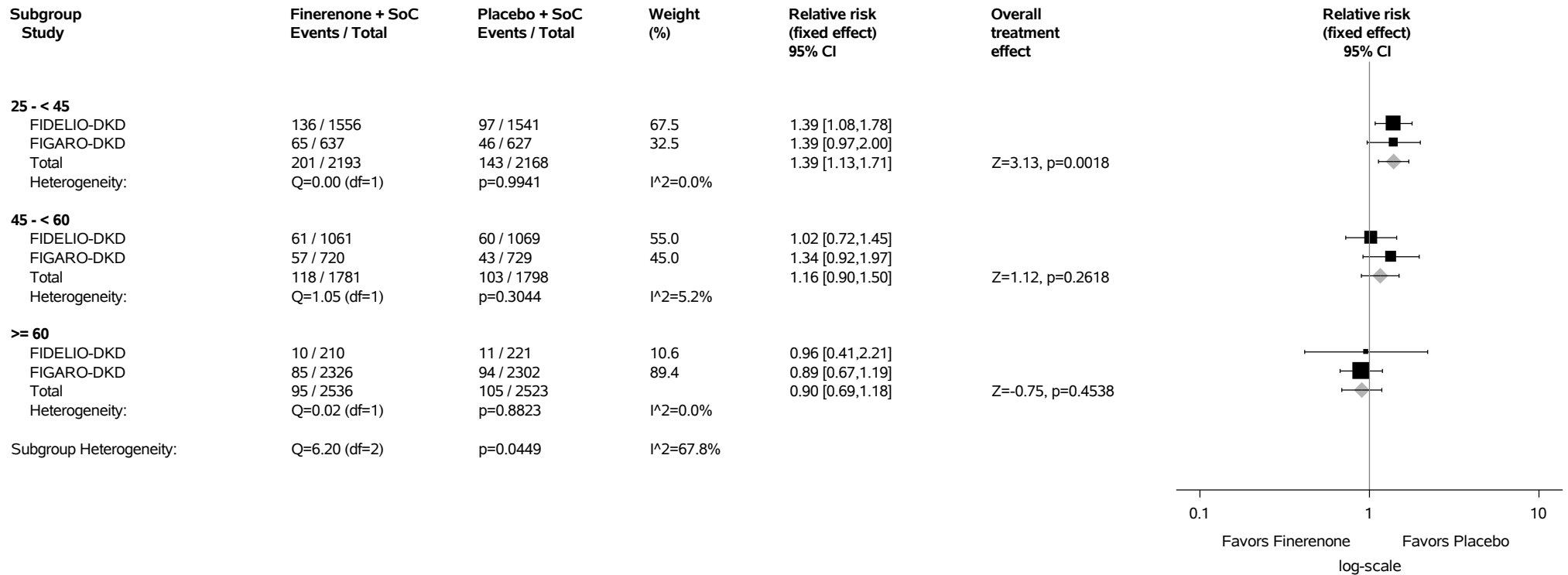


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.7.2: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by eGFR (mL/min/1.73m²) Category at Screening Safety Analysis Set

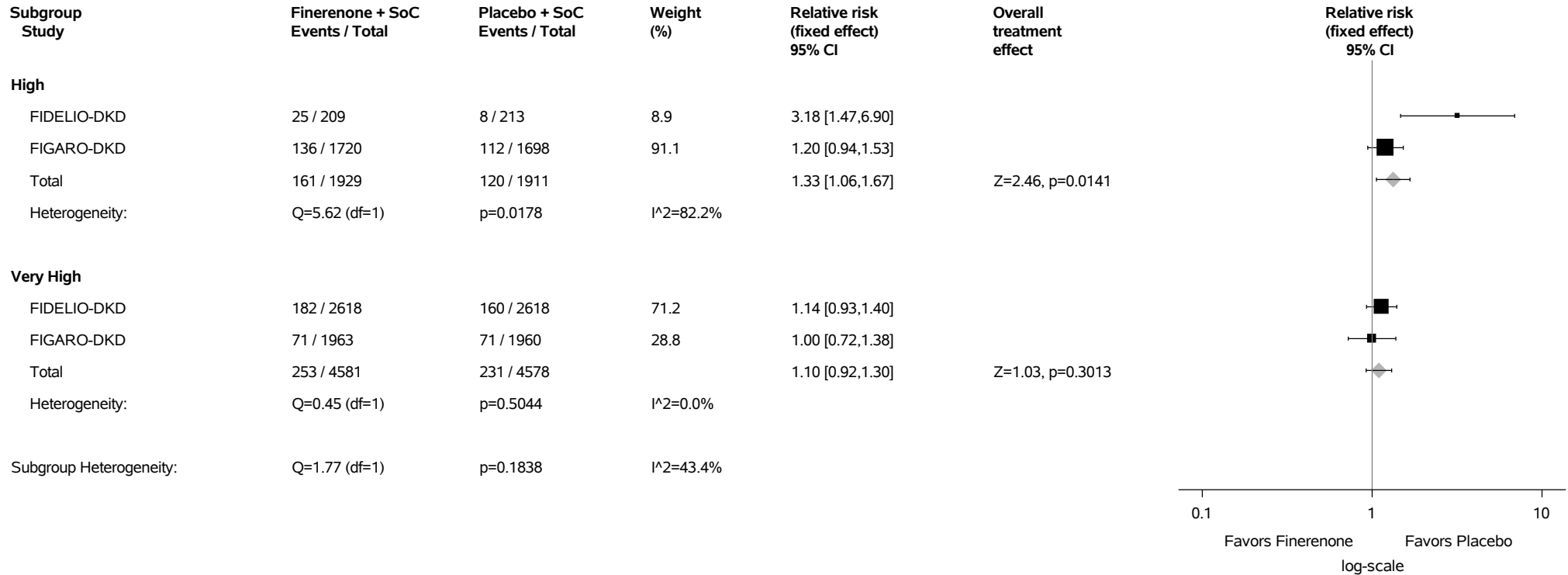
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

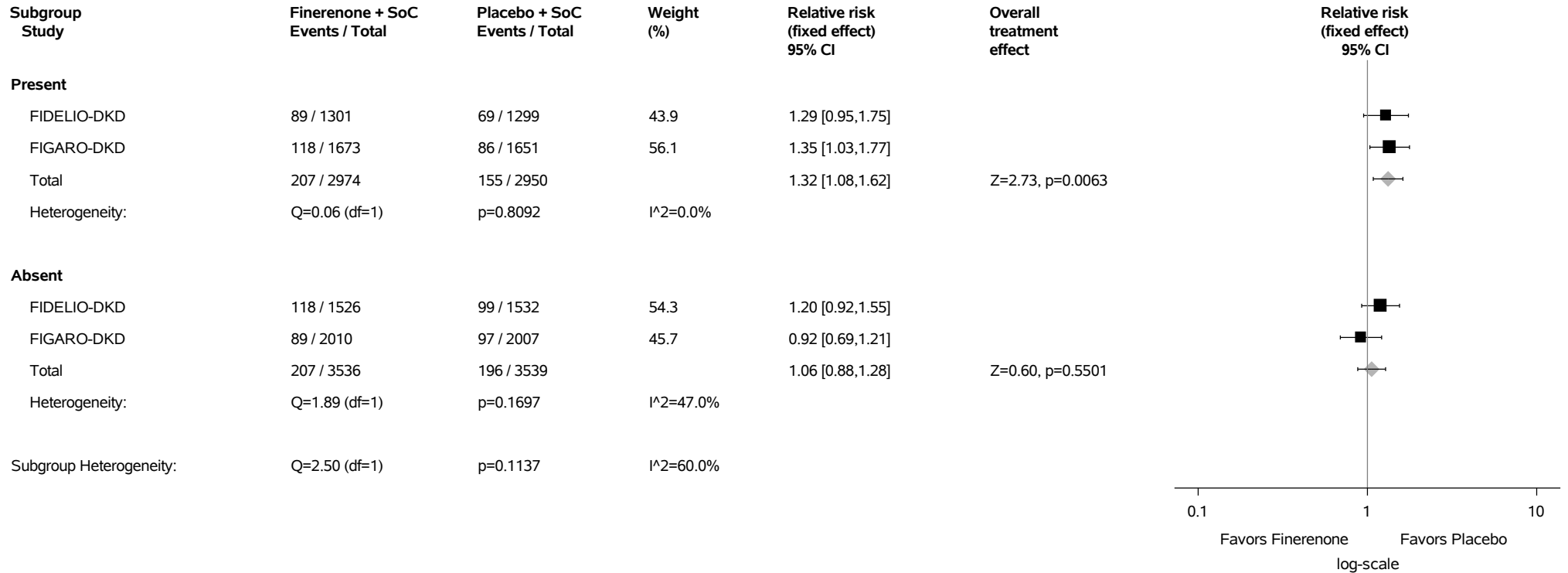
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.7.3: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening Safety Analysis Set



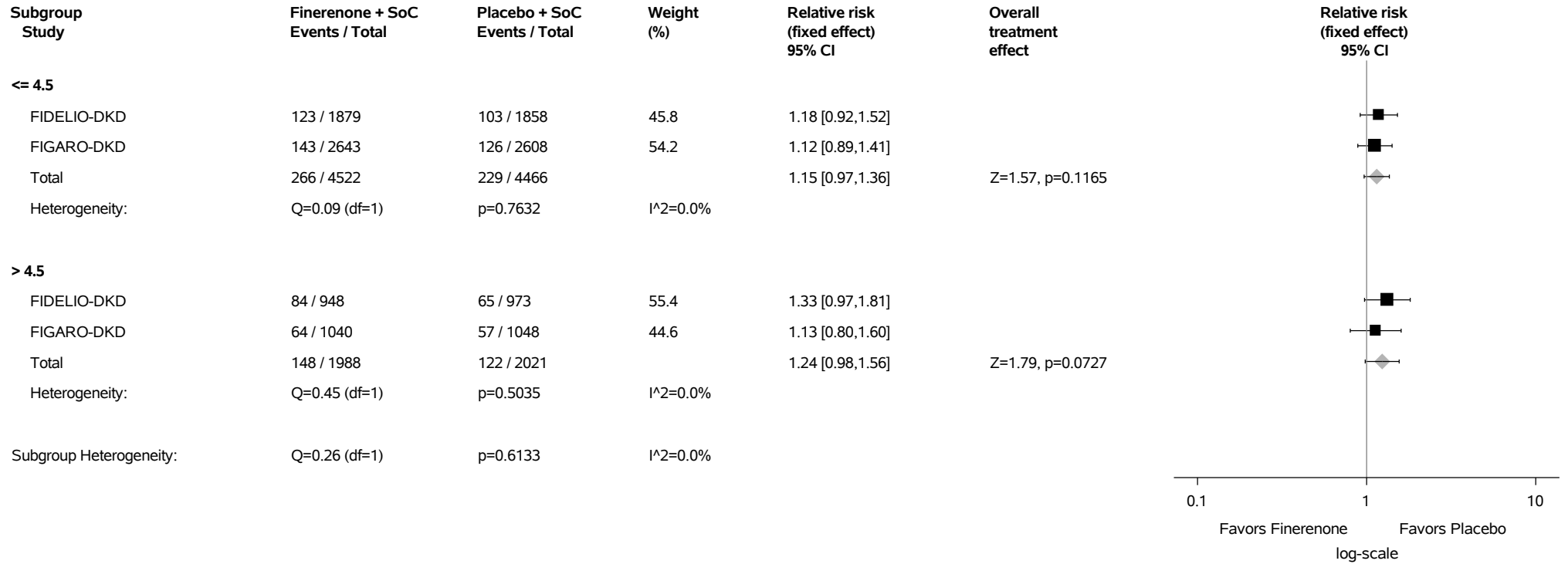
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.7.4: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.7.5: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

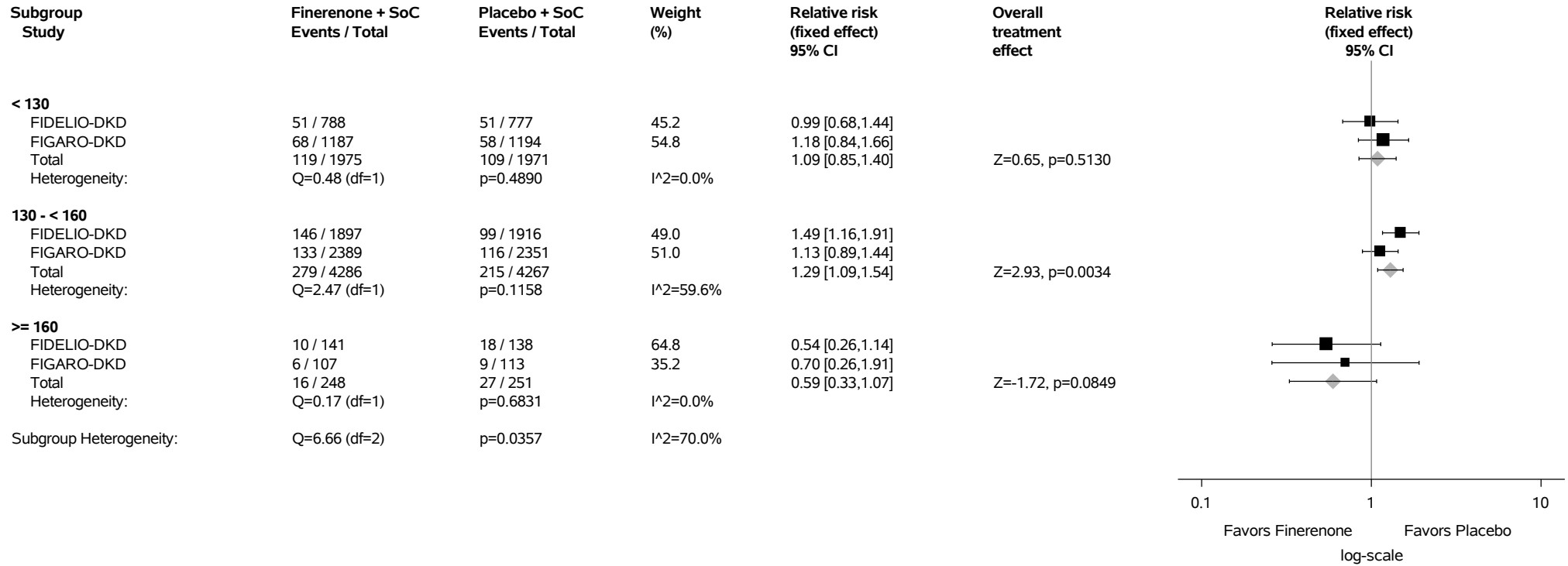
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.7.6: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

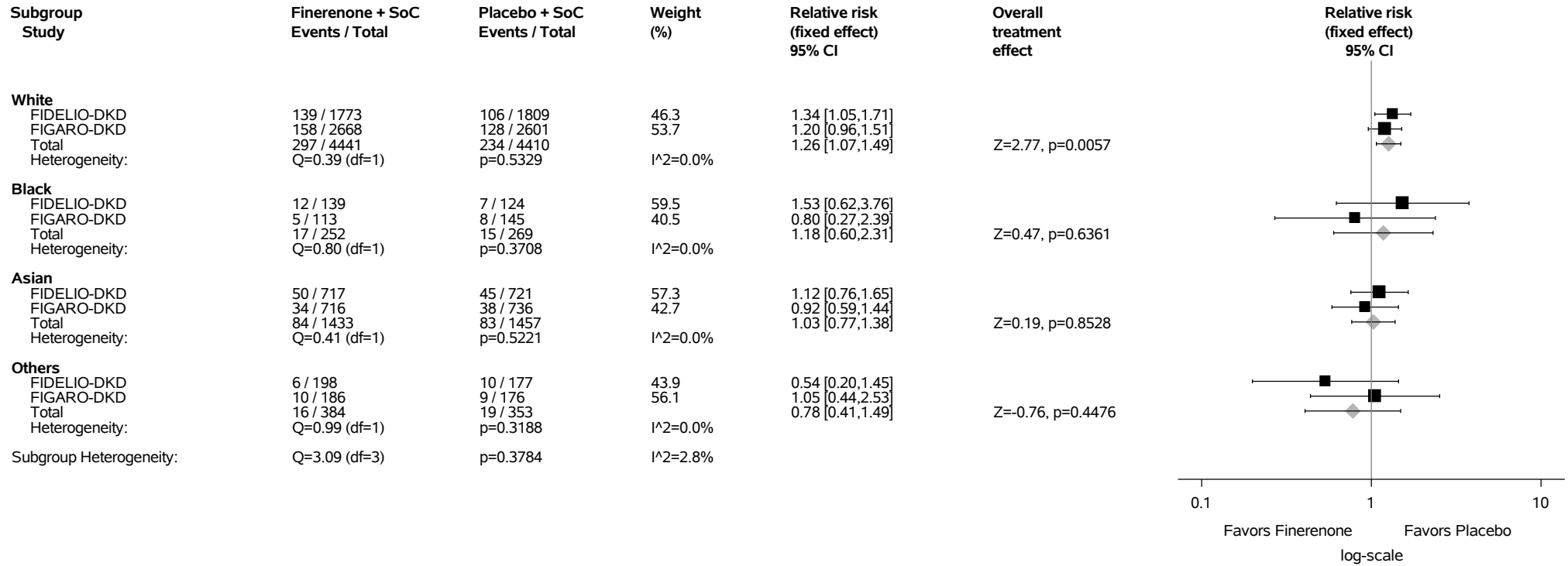
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.7.7: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

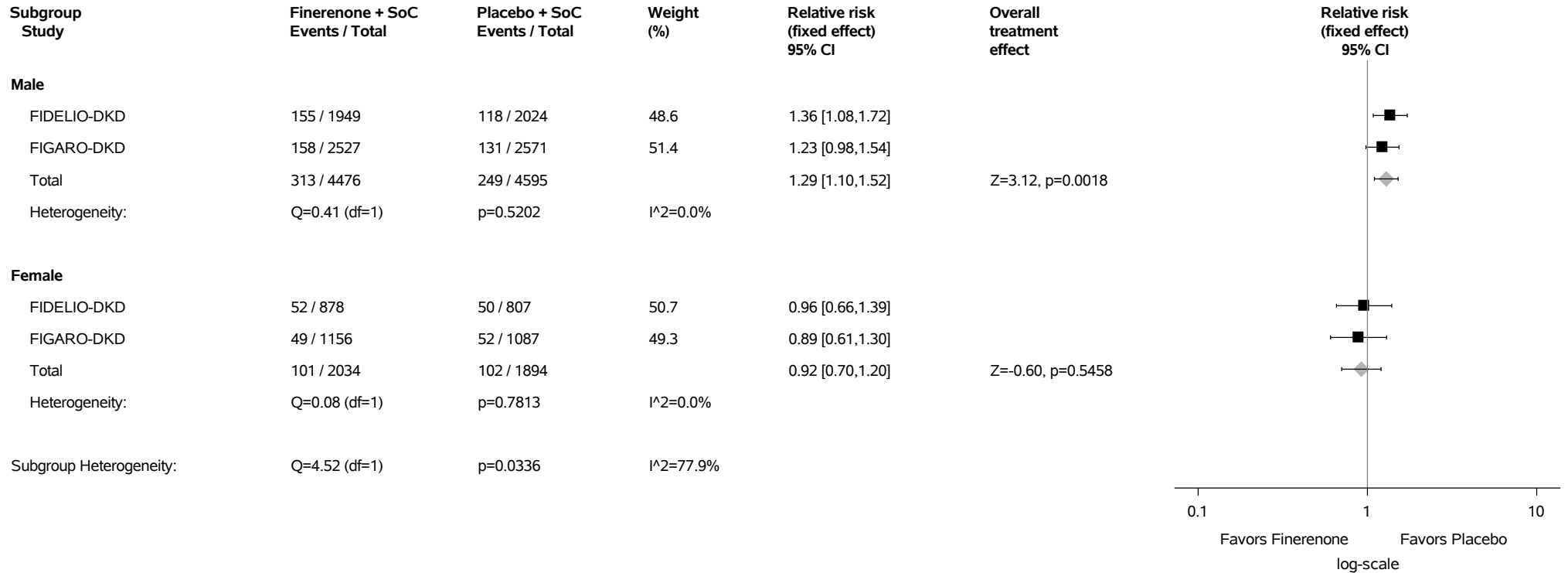
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

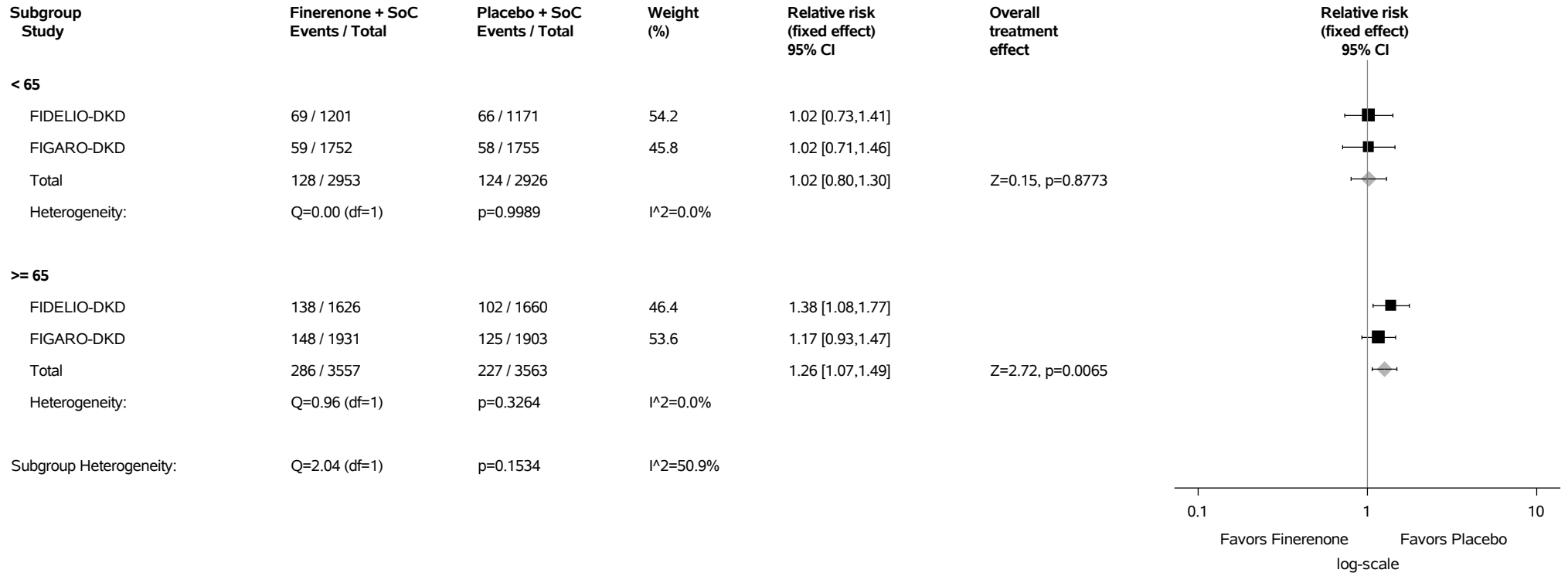
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.7.8: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex Safety Analysis Set



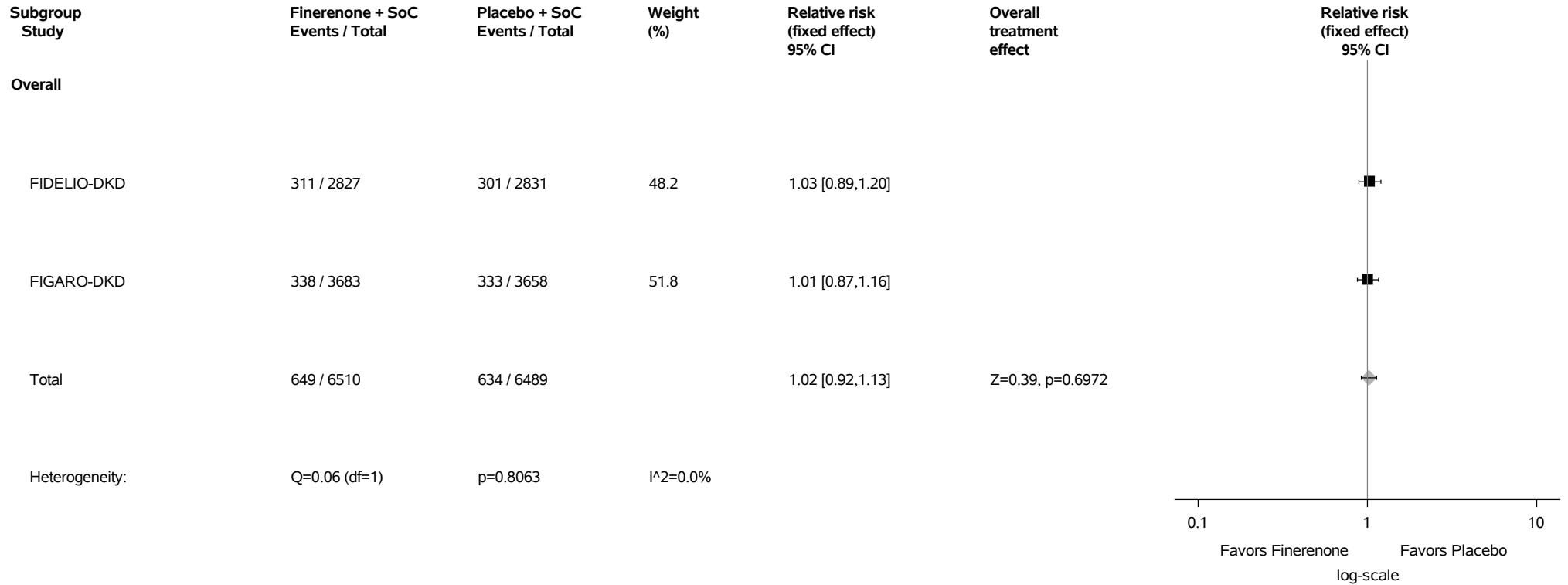
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.7.9: Forestplot for Relative Risk of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years) Safety Analysis Set



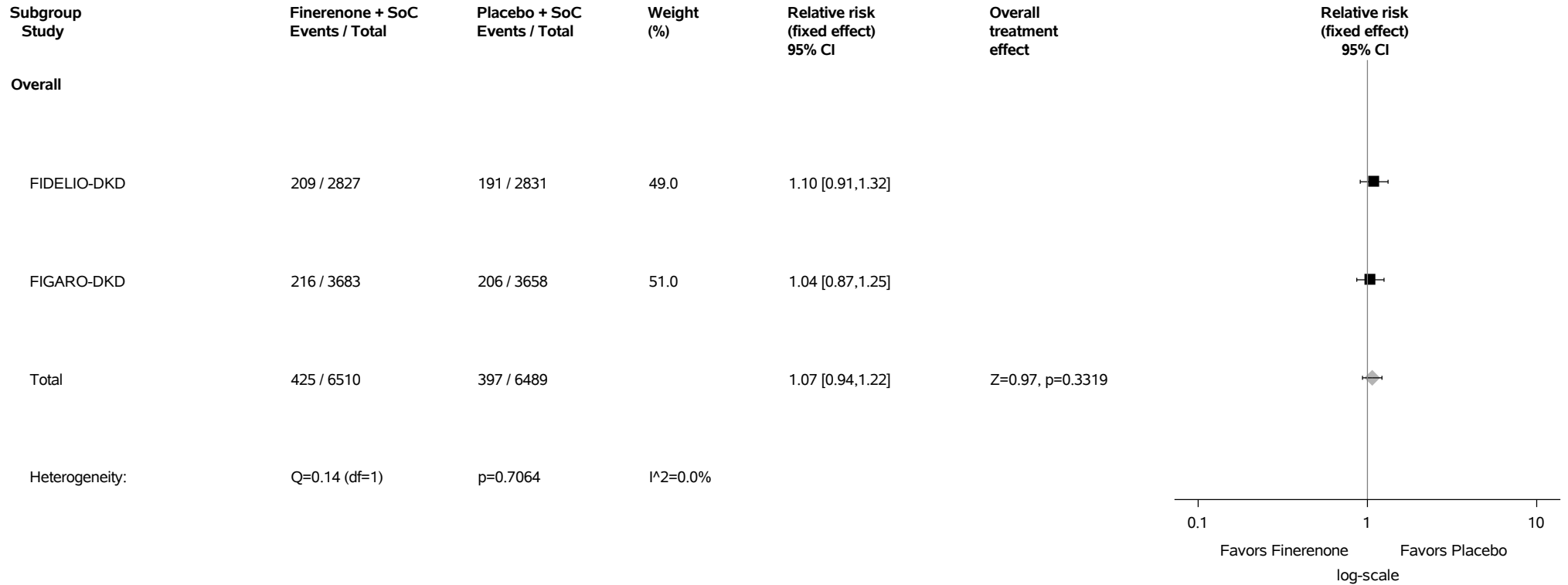
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, RR=relative risk, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) Safety Analysis Set



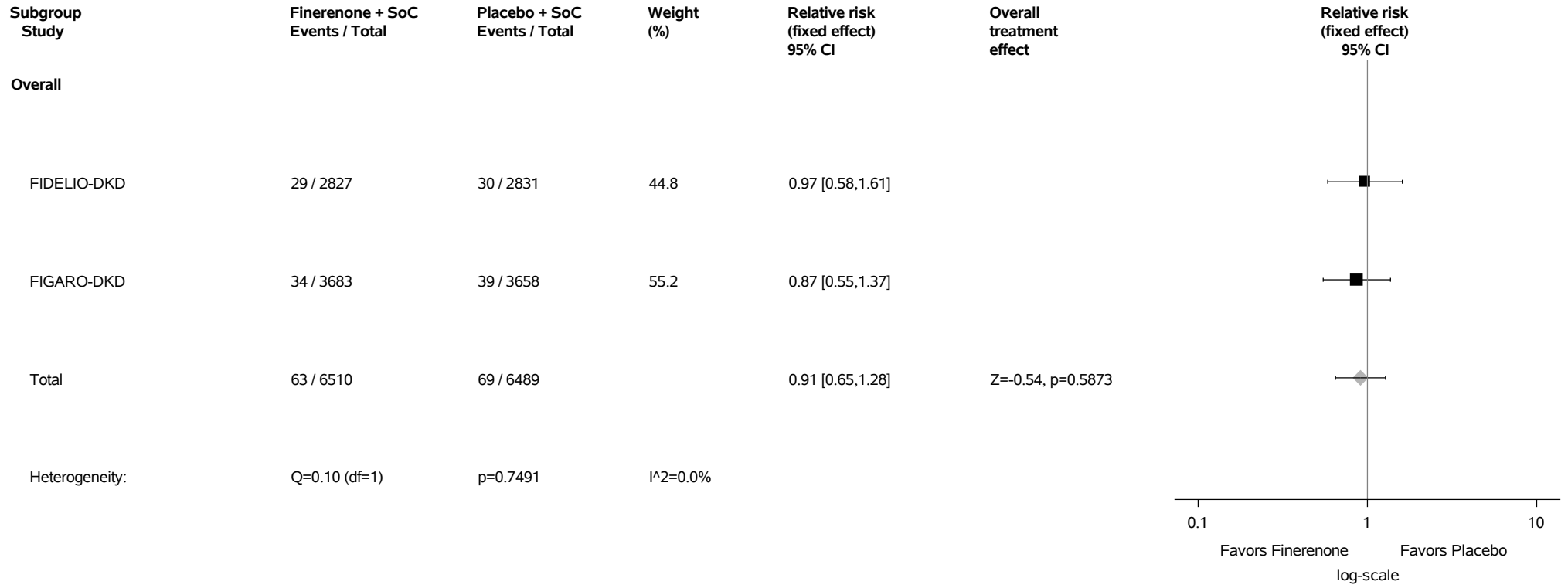
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.10: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Iron deficiency anaemia (PT with Incidence >=1%) Safety Analysis Set



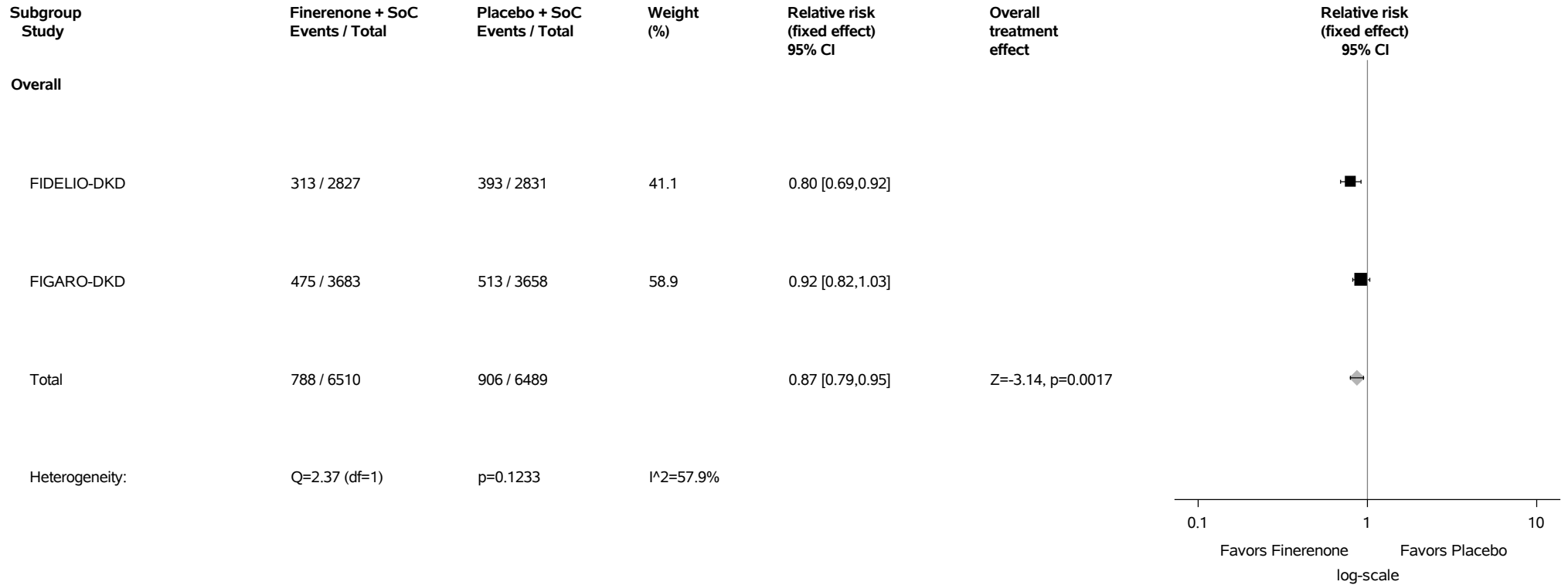
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

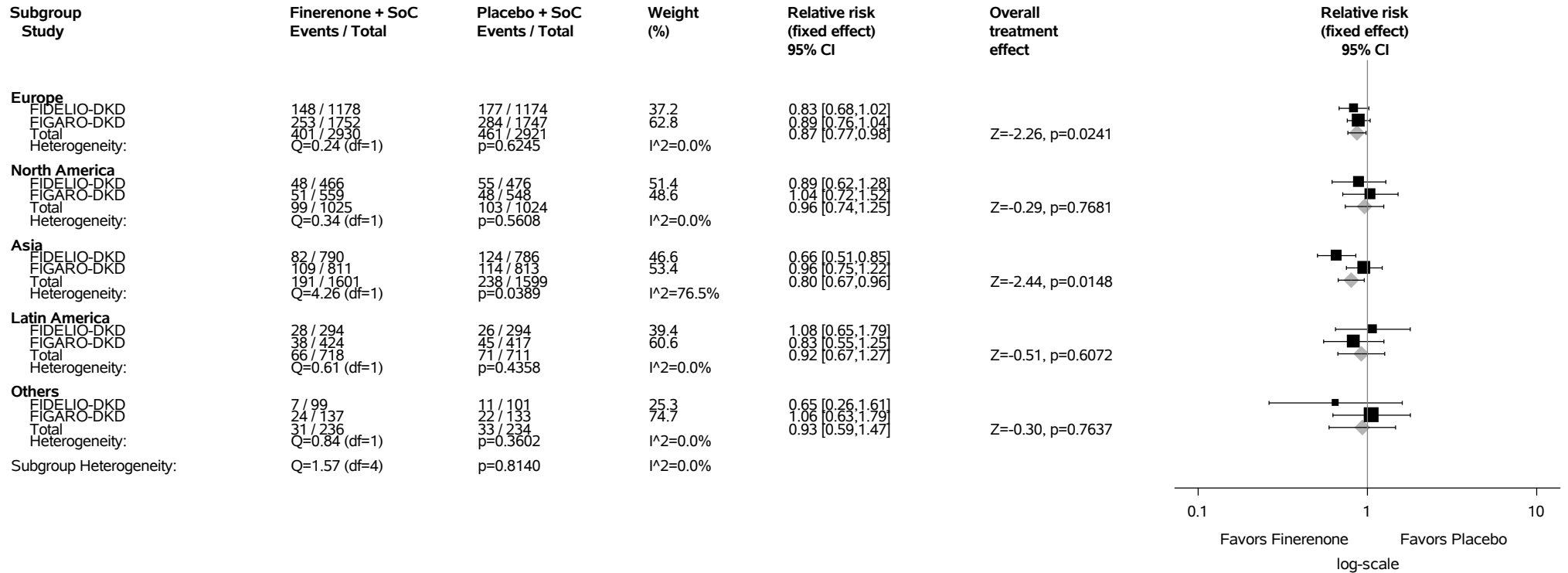
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.11: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.11.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Cardiac Disorders (SoC with Incidence >=1%) Safety Analysis Set



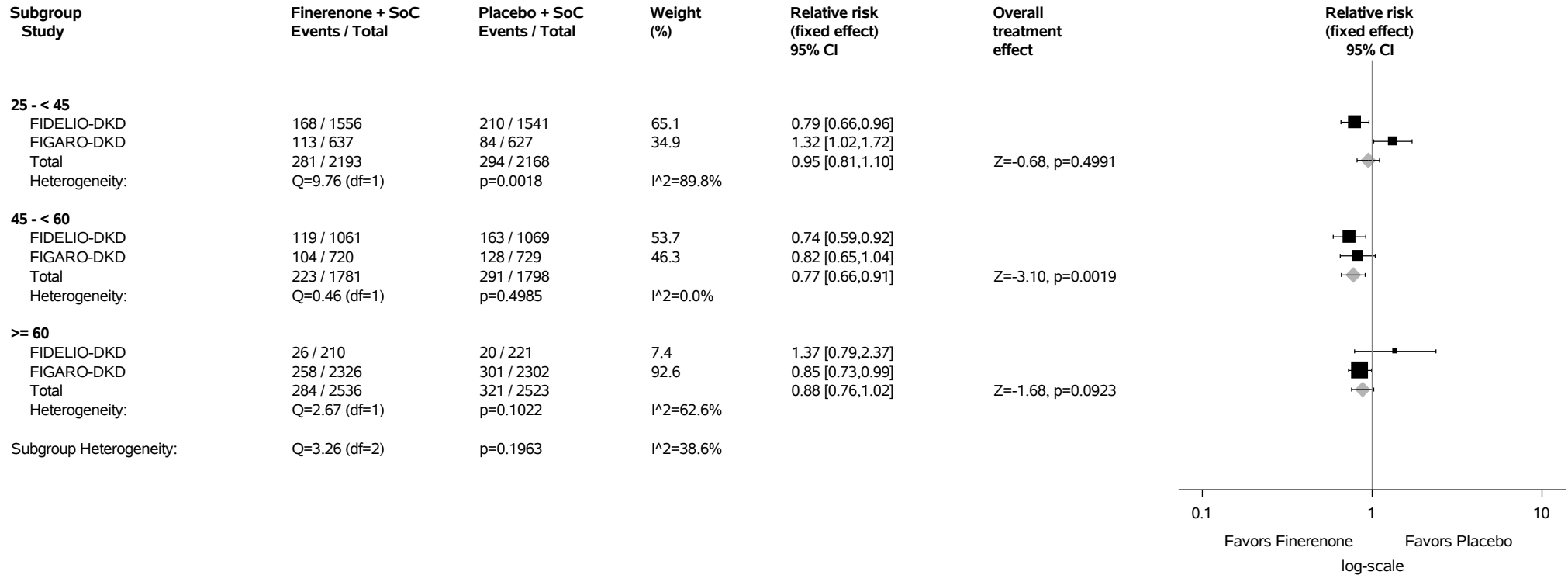
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.11.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



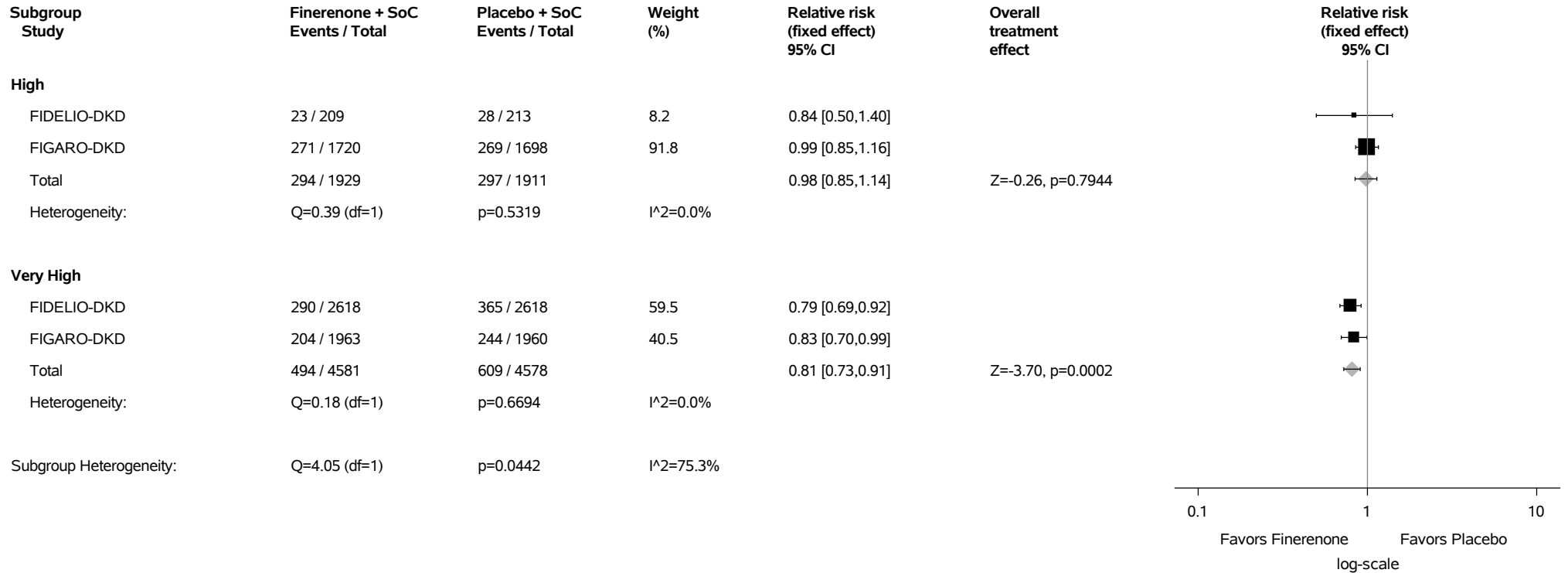
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.11.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



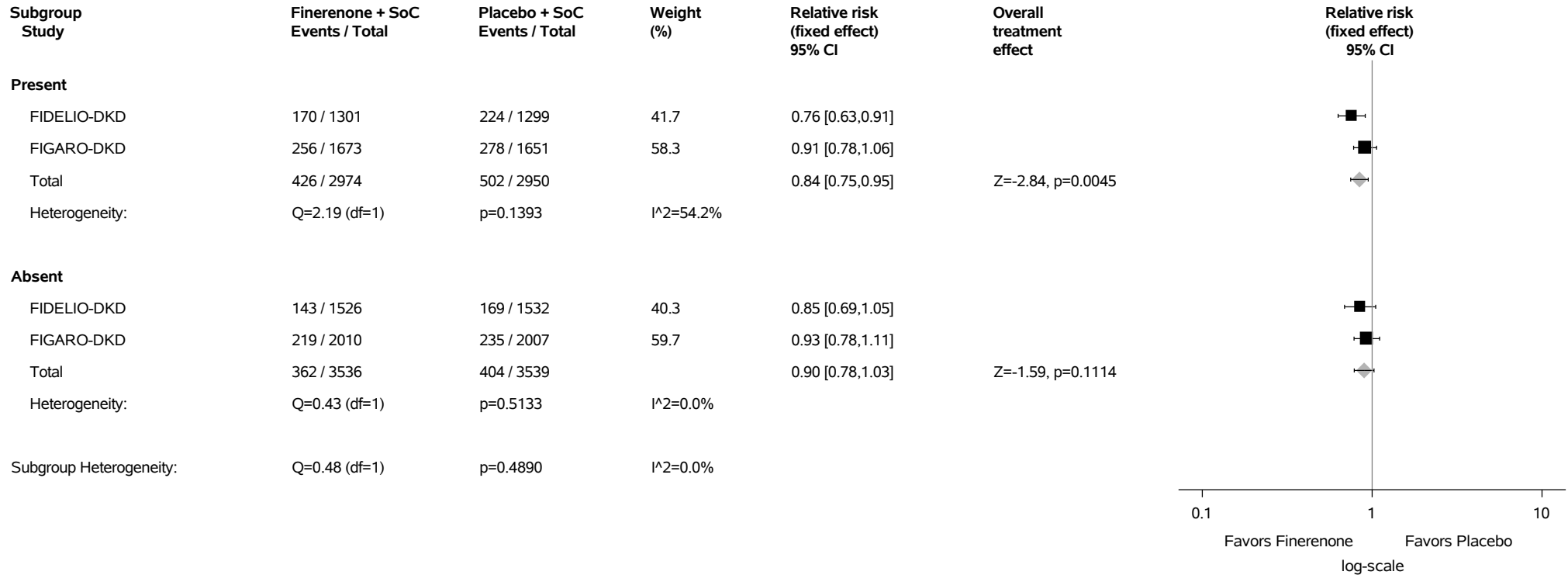
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.11.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



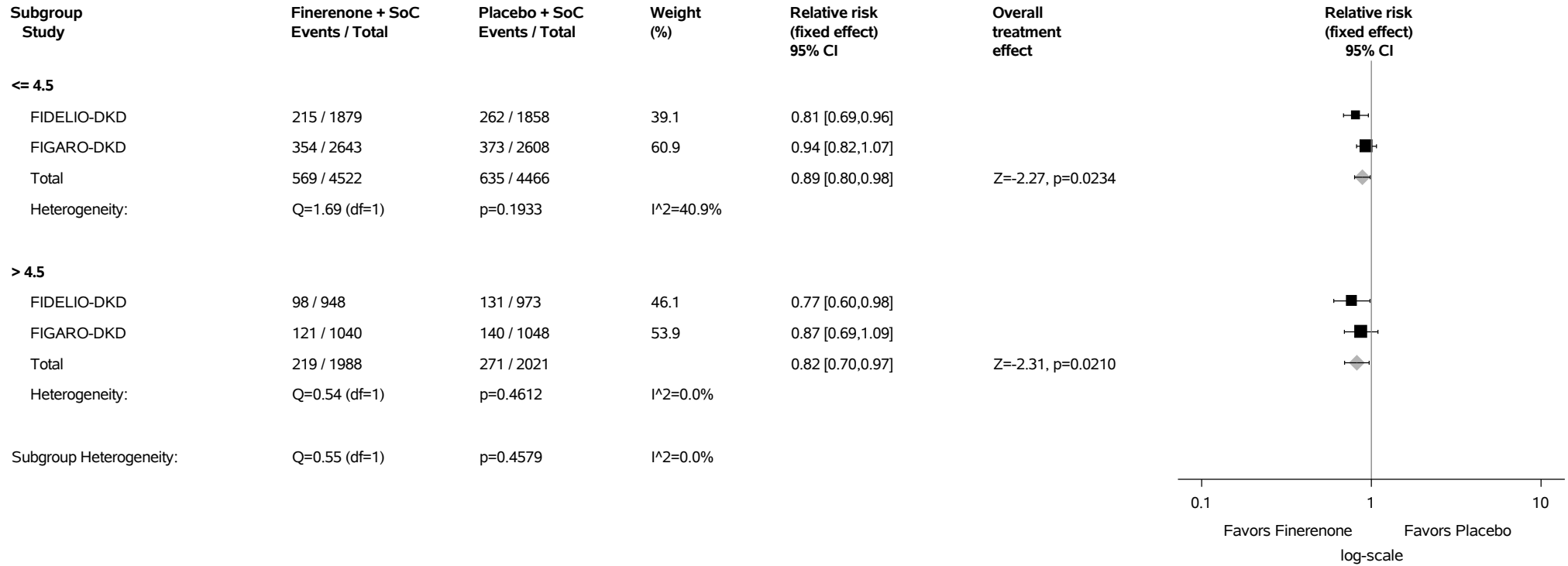
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.11.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

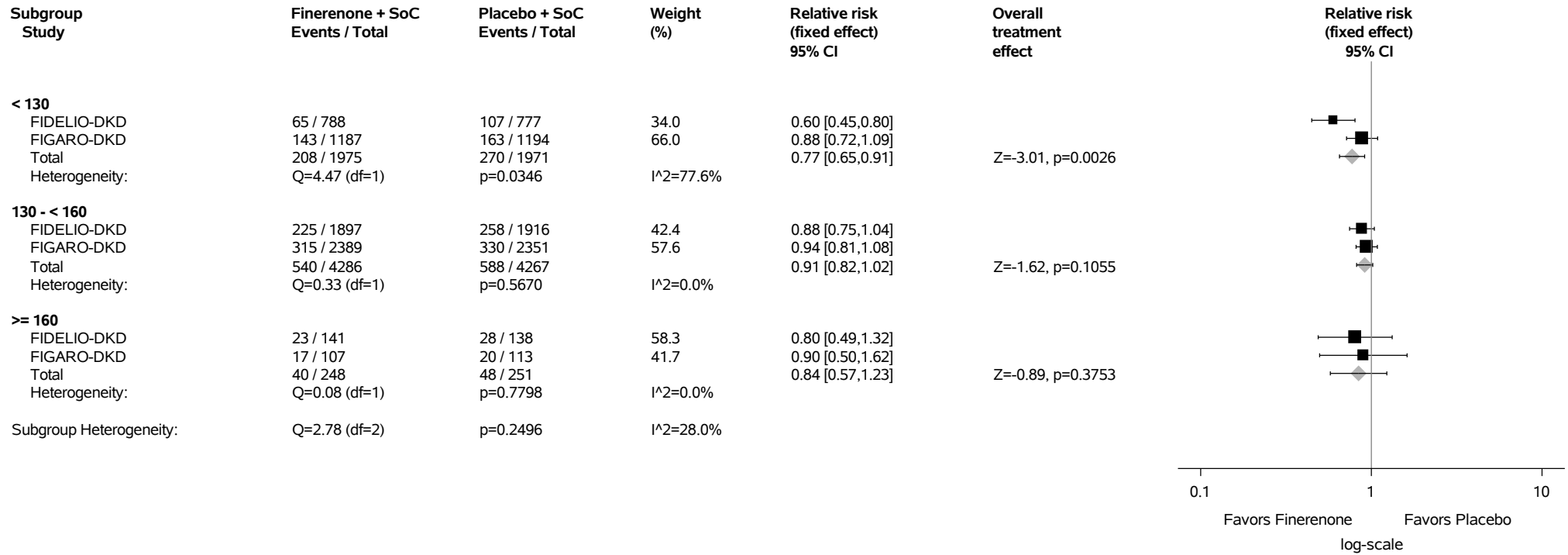
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.11.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

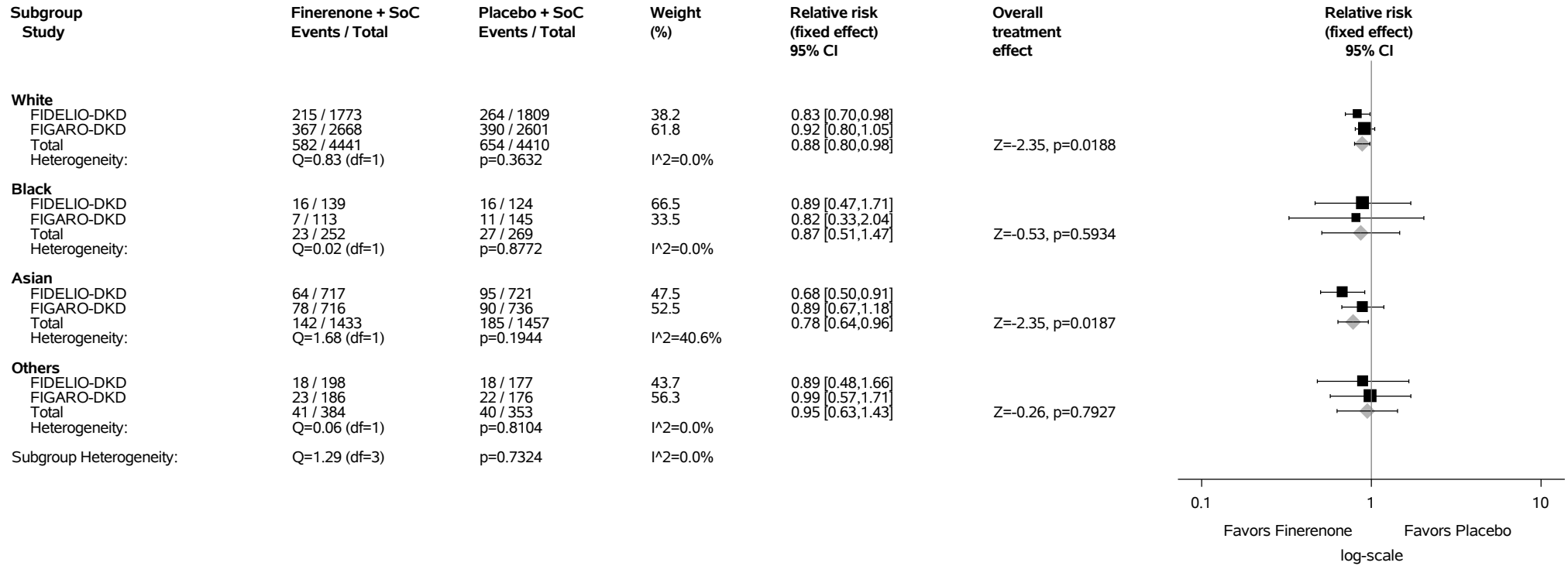
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.11.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



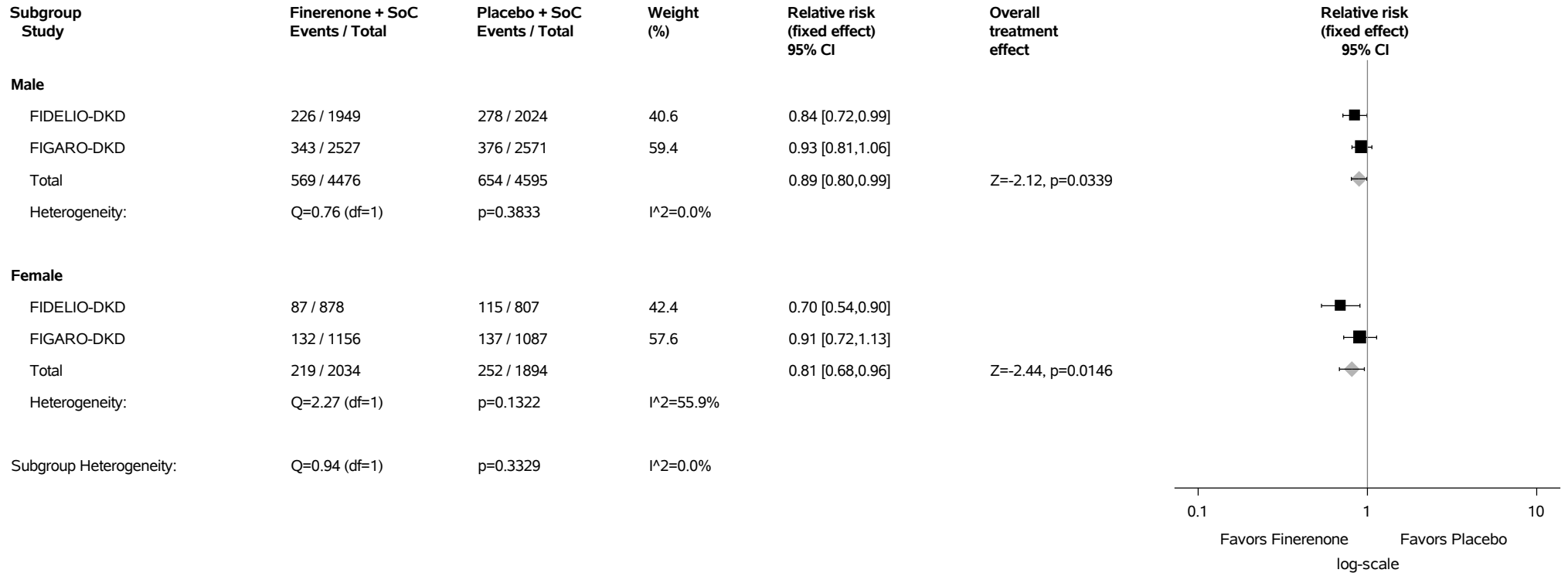
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

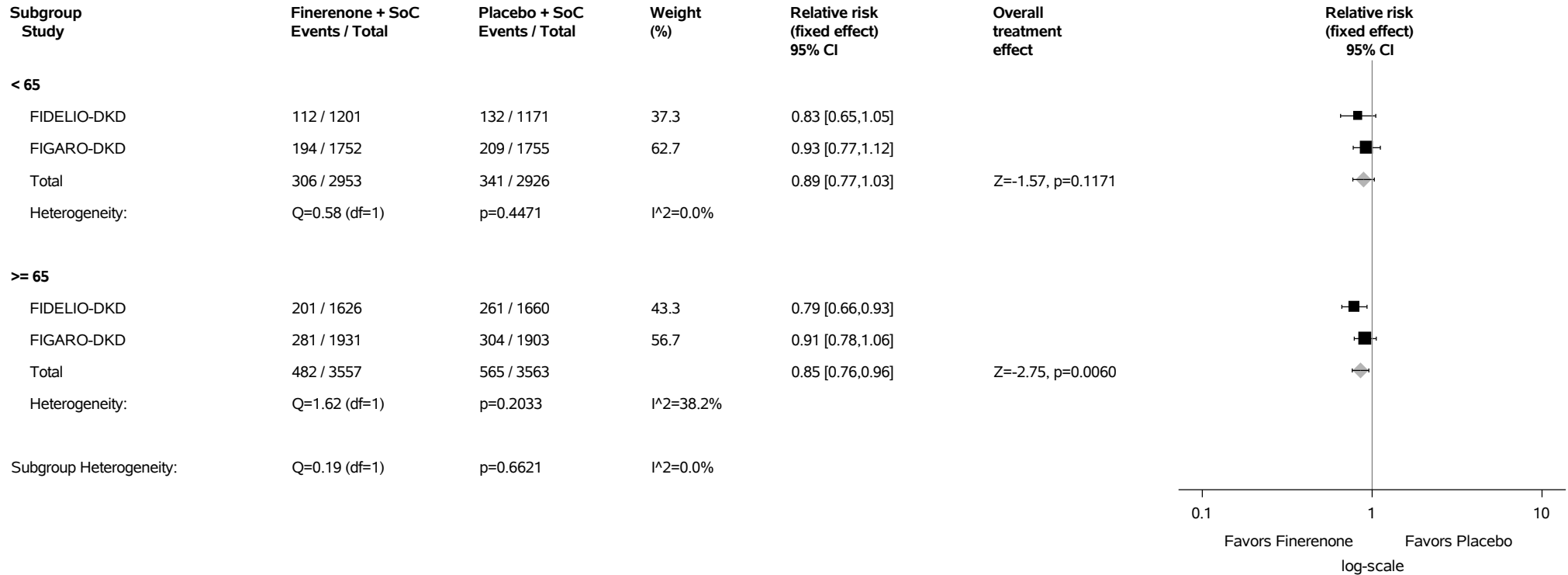
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.11.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.11.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



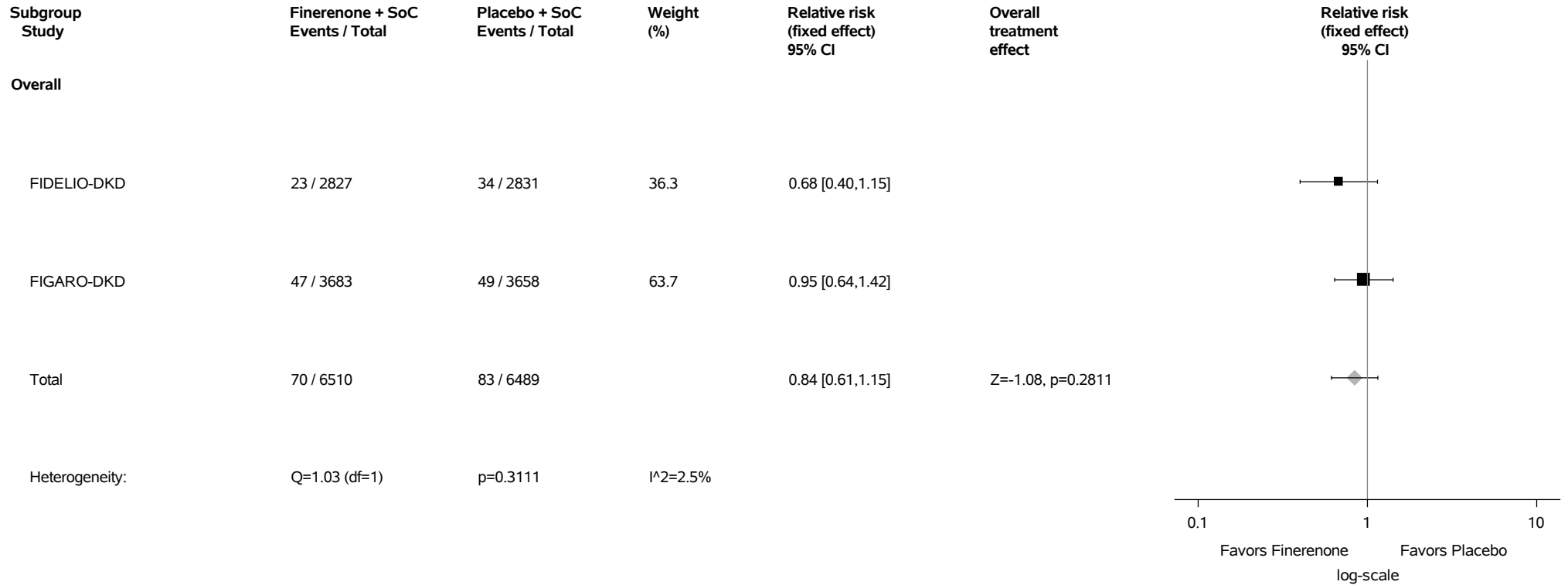
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.12: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) Safety Analysis Set



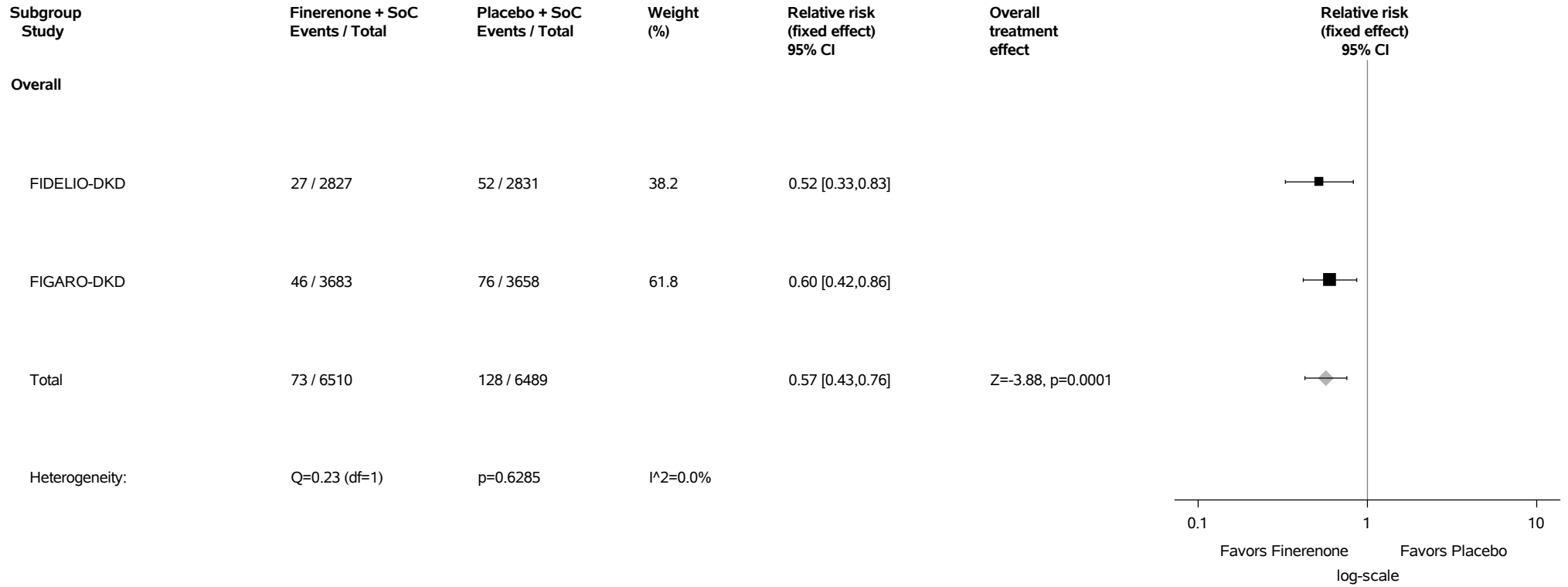
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.13: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



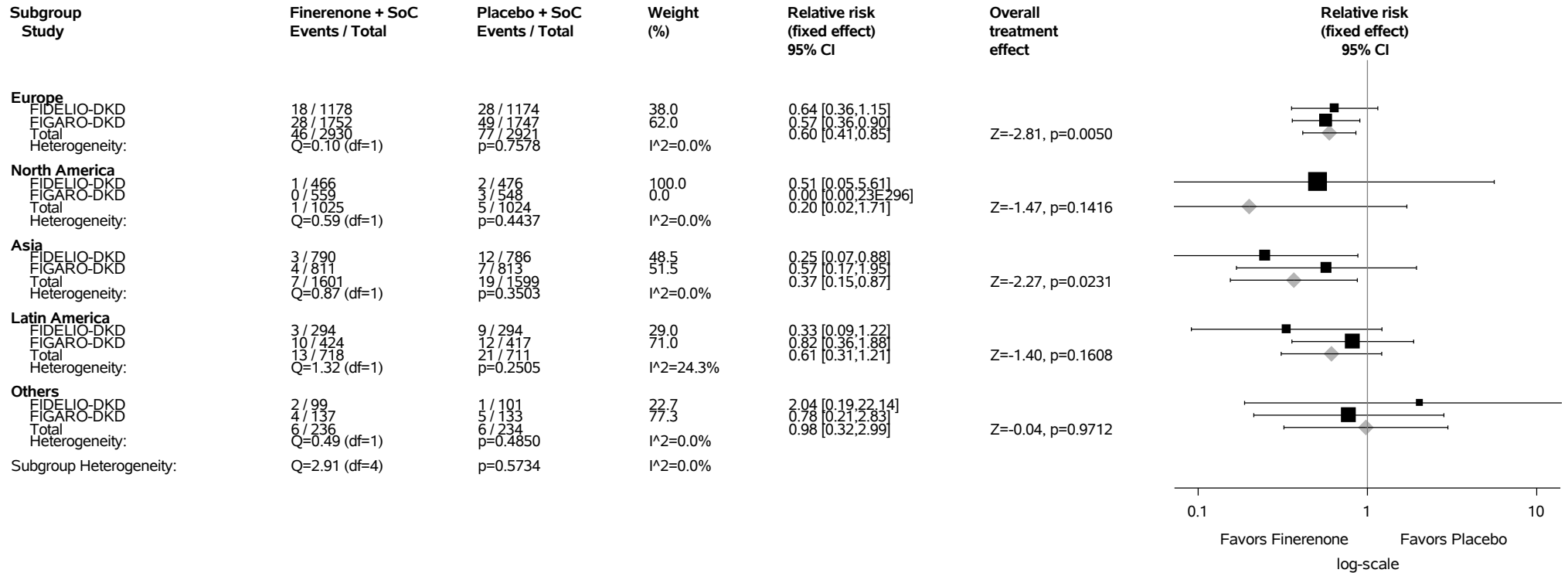
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.13.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



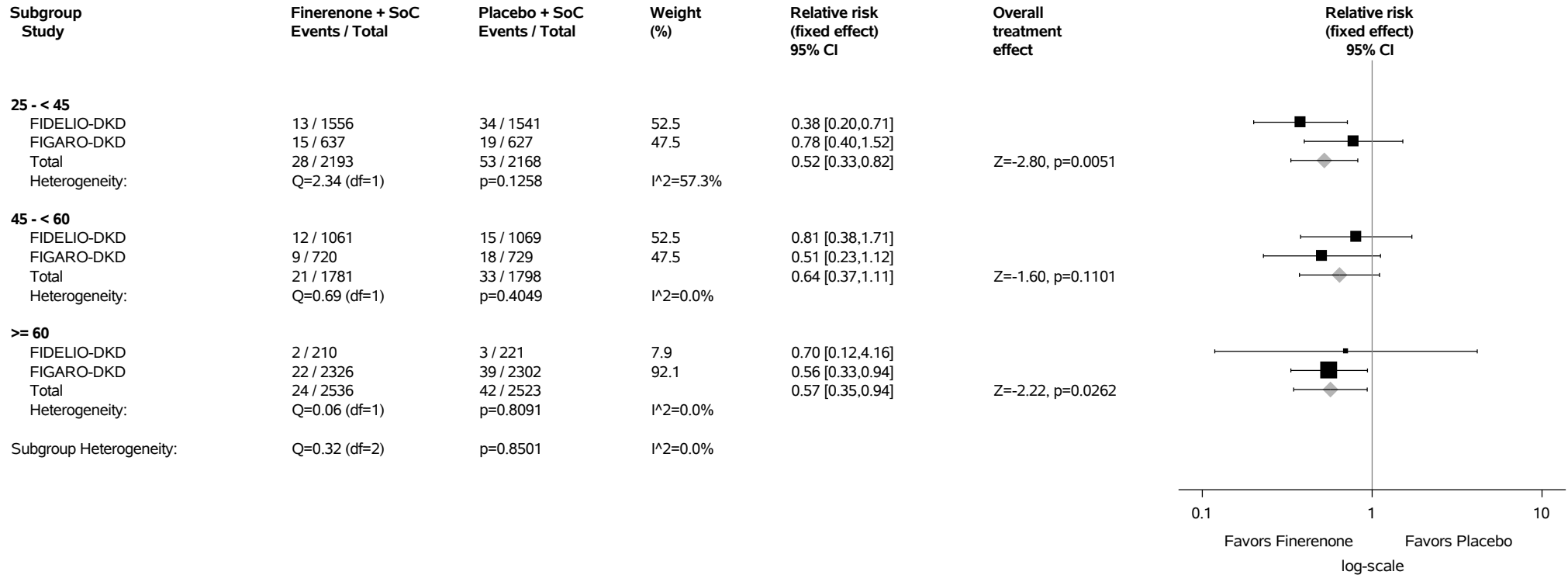
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.13.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



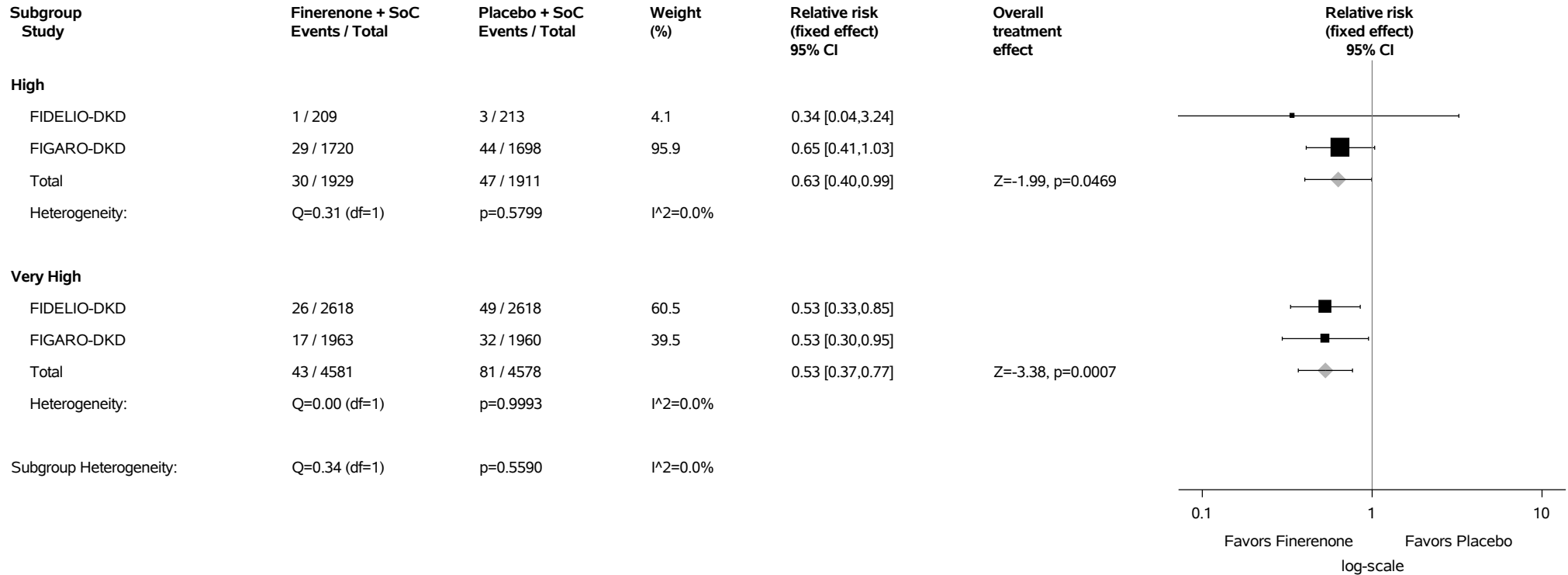
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.13.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



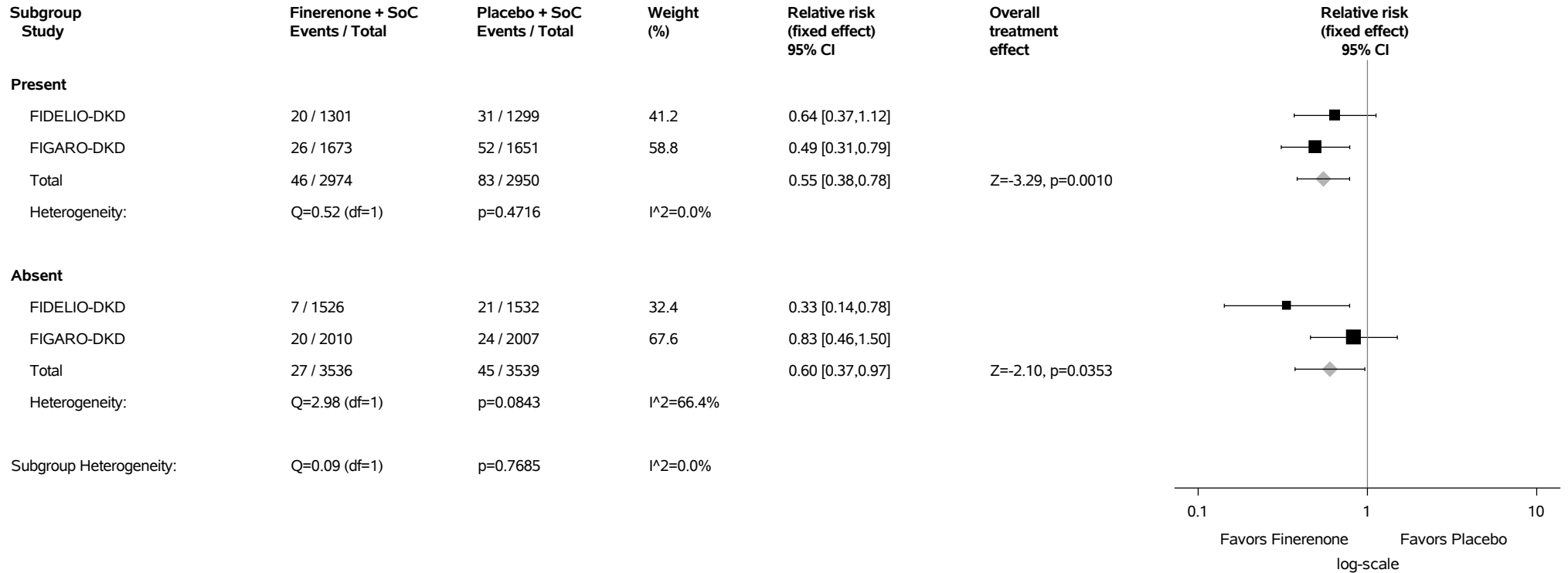
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.13.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



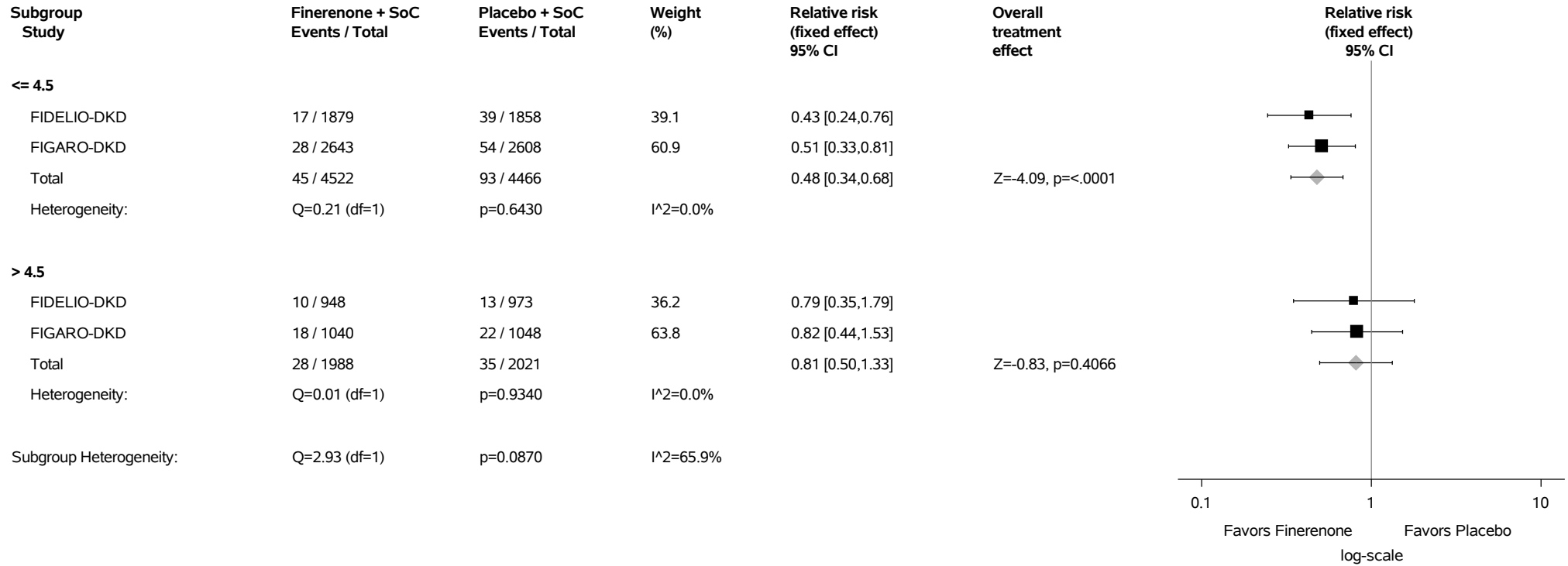
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.13.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

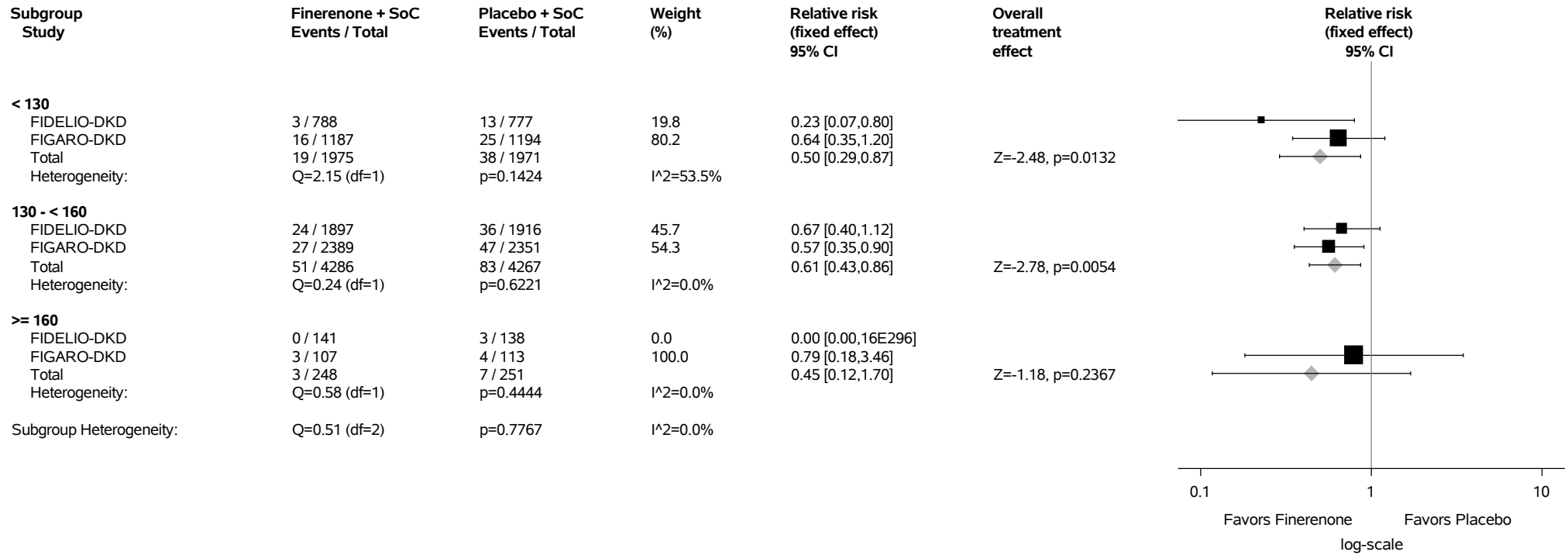
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.13.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

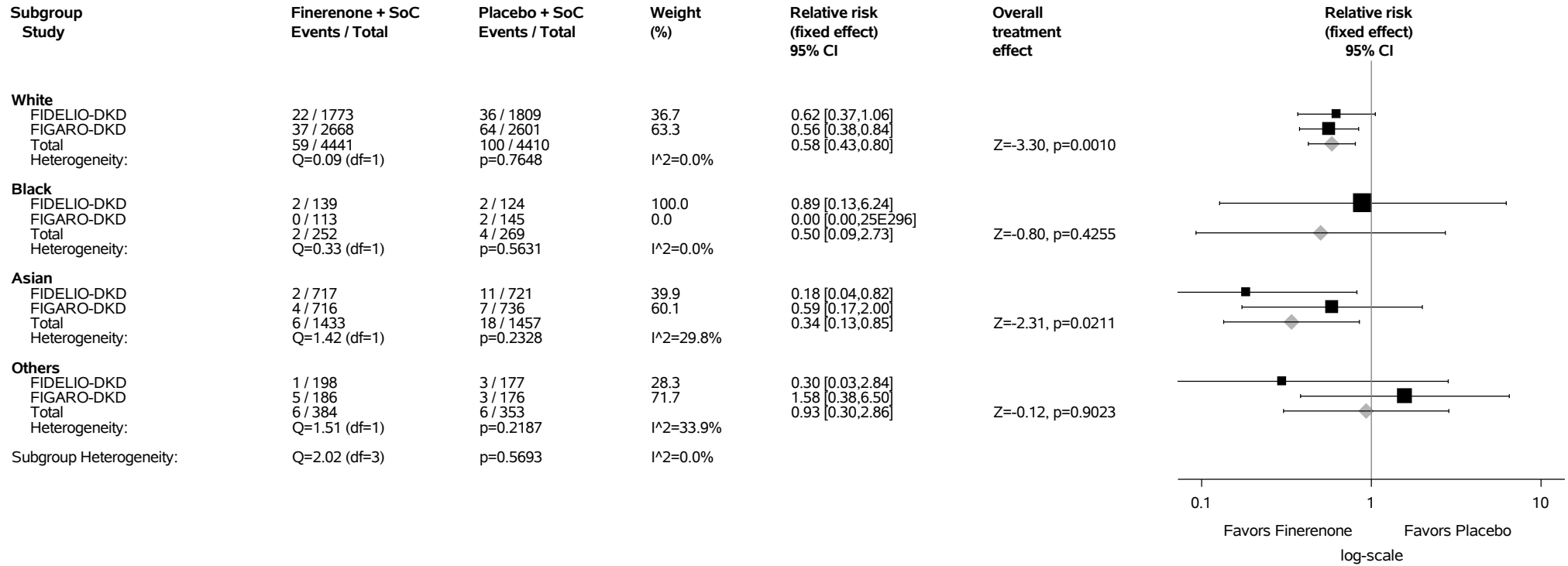
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.13.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



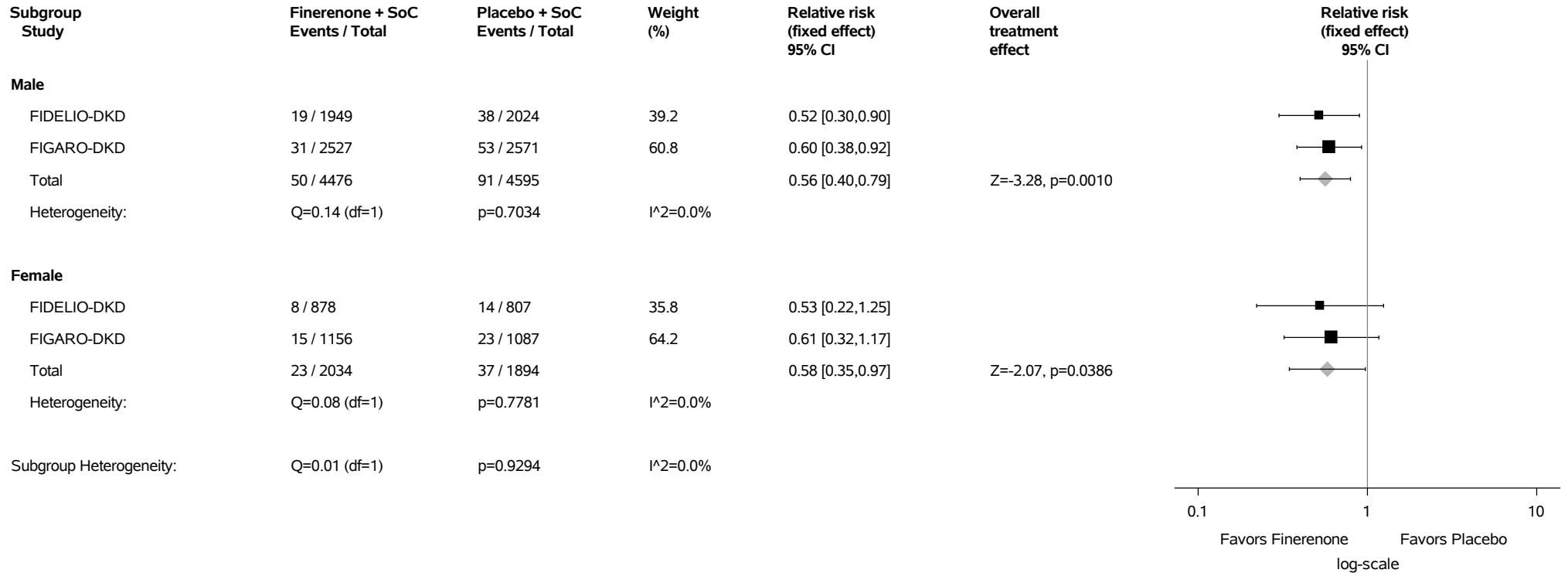
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

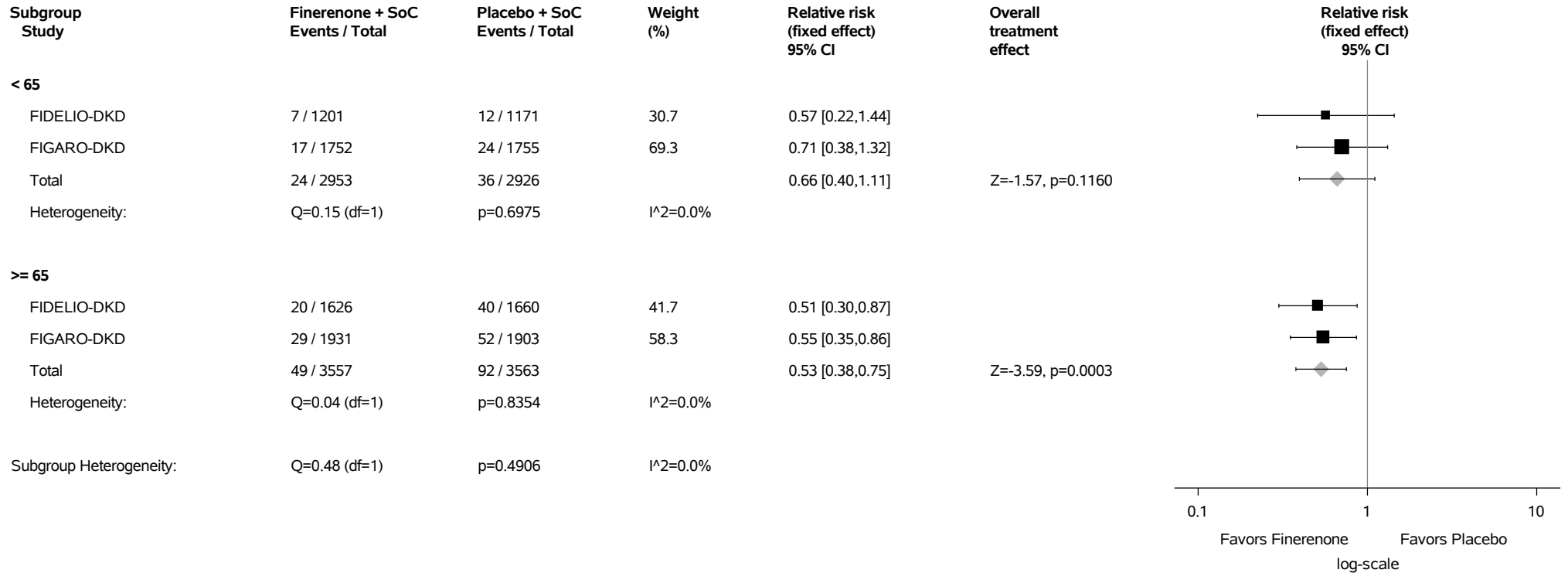
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.13.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.13.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



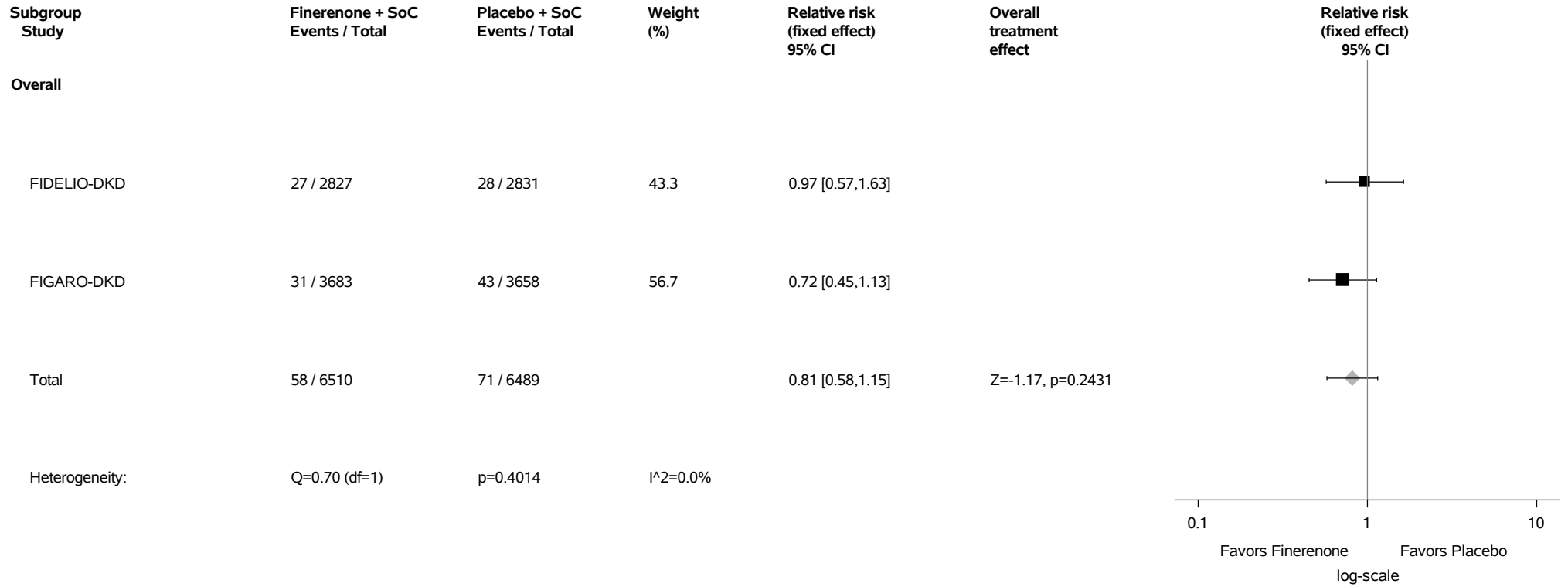
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

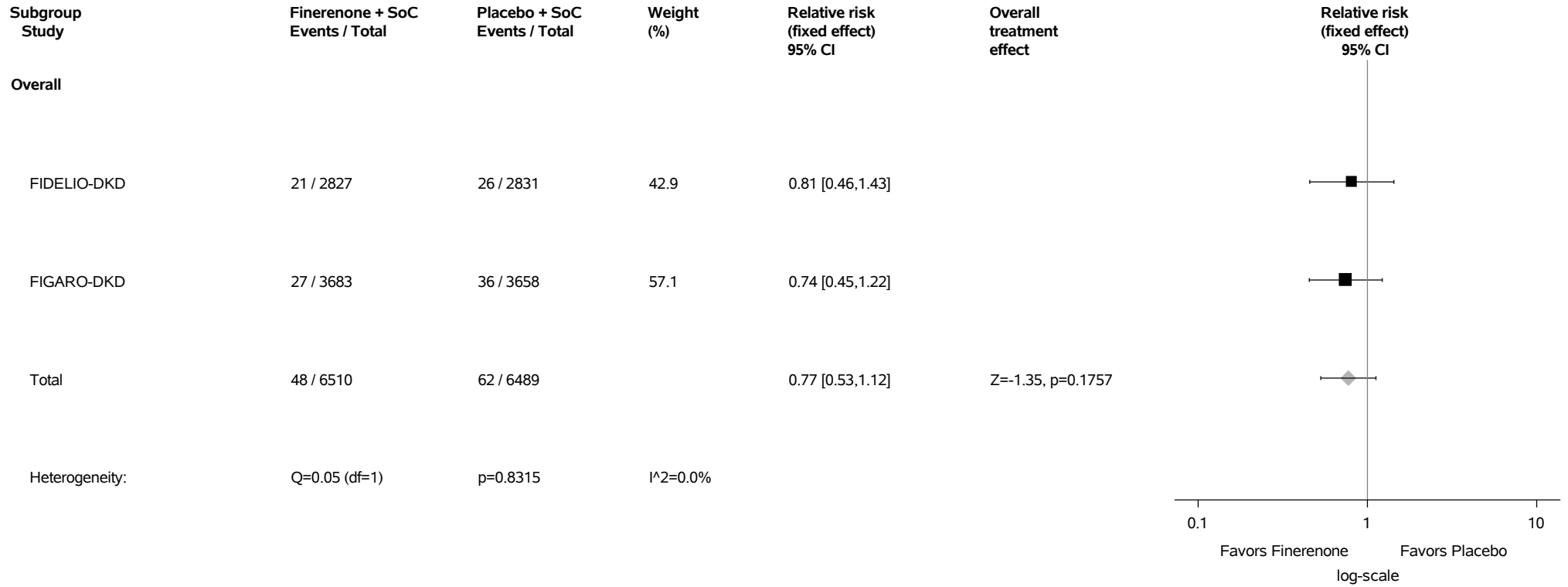
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.14: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) Safety Analysis Set



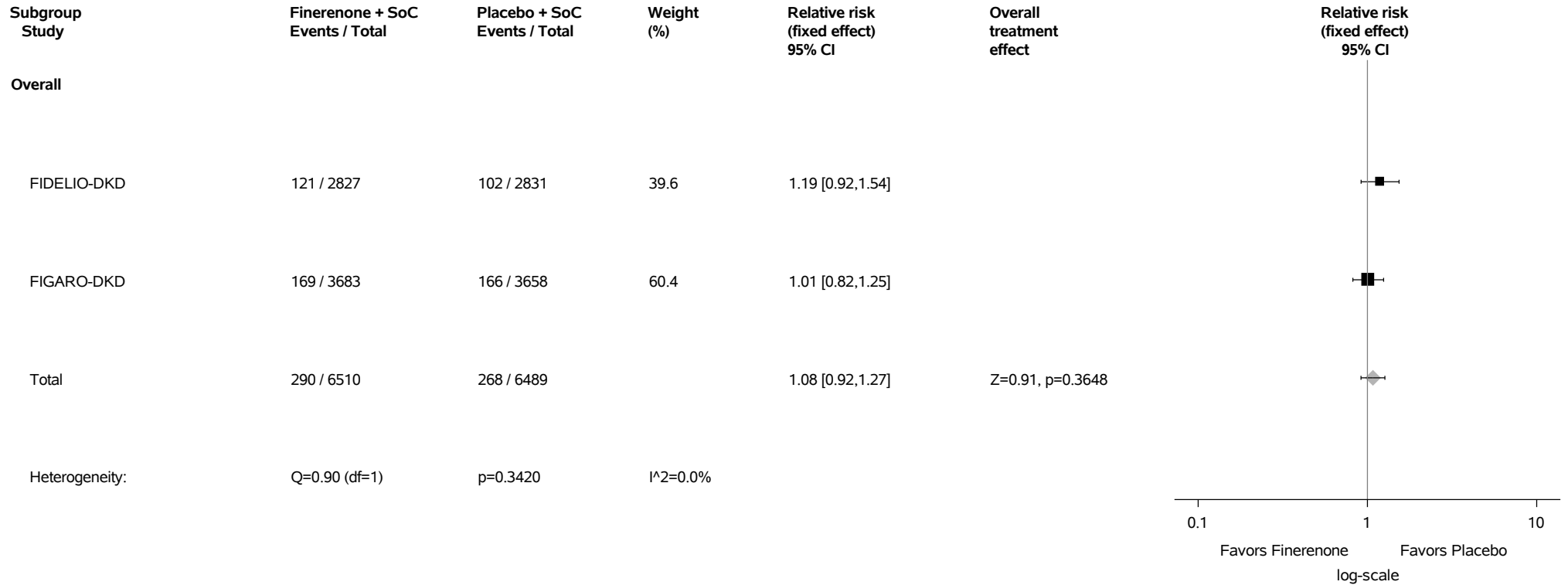
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.15: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.16: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) Safety Analysis Set



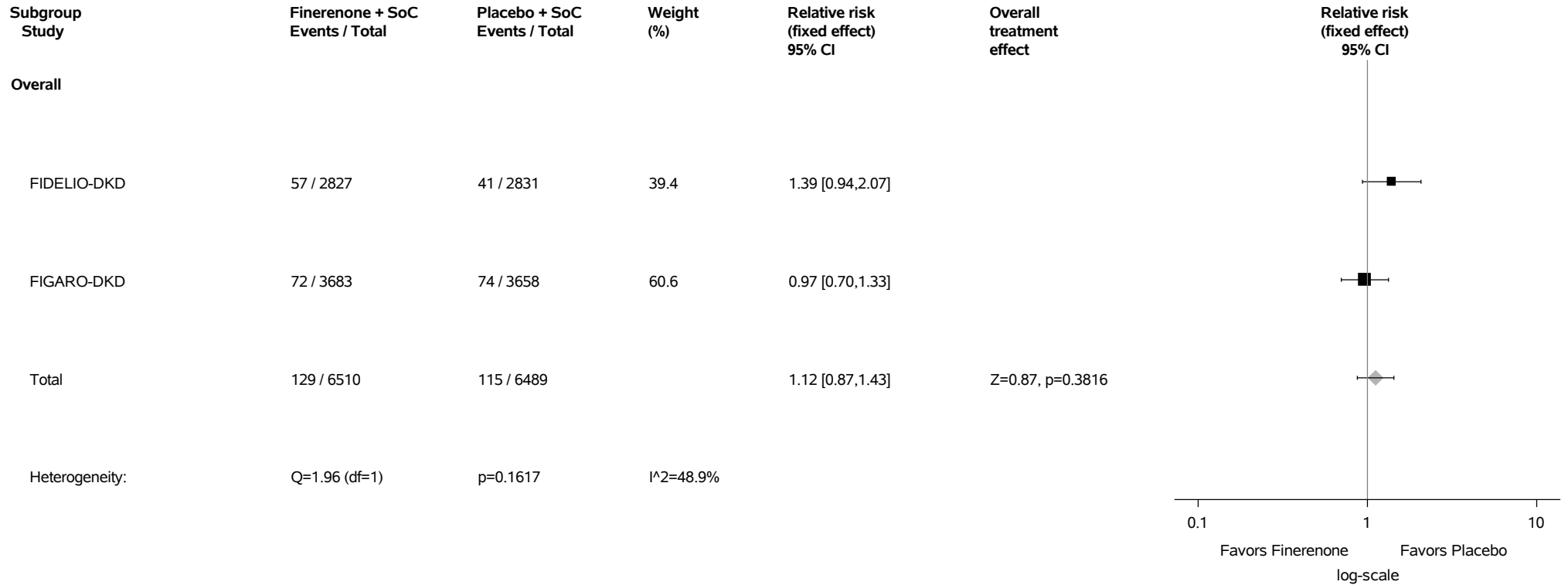
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

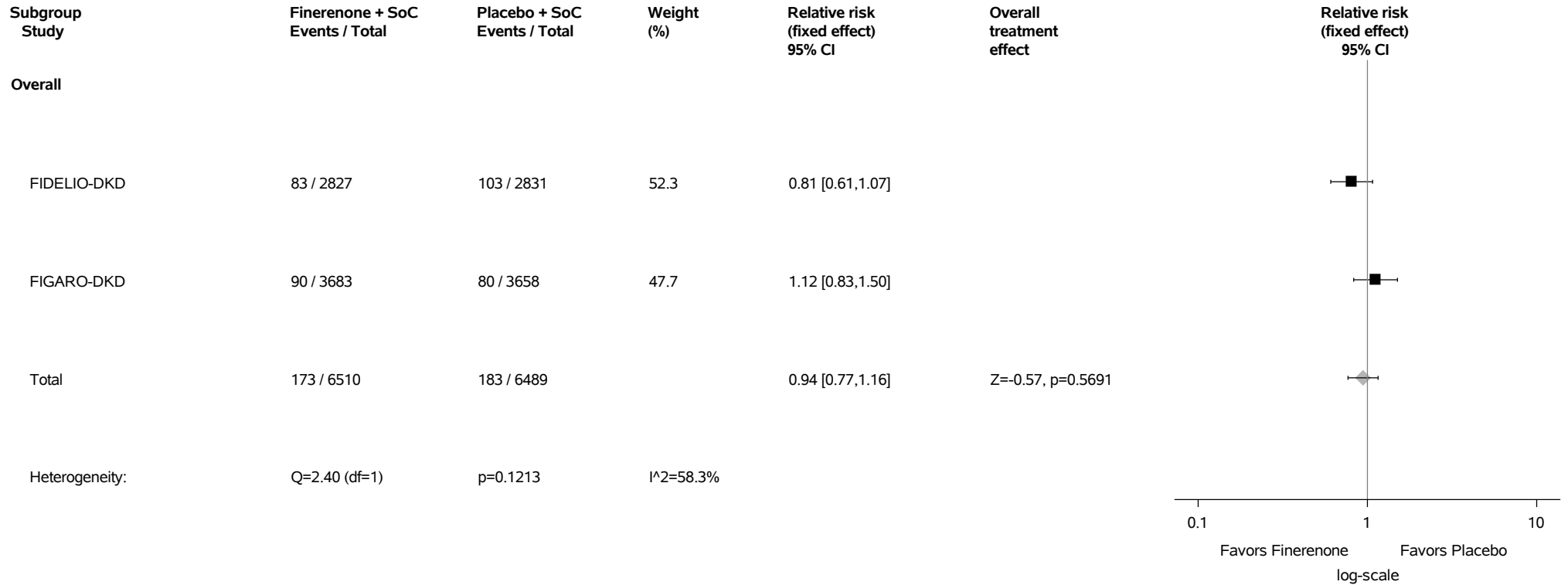
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.17: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) Safety Analysis Set



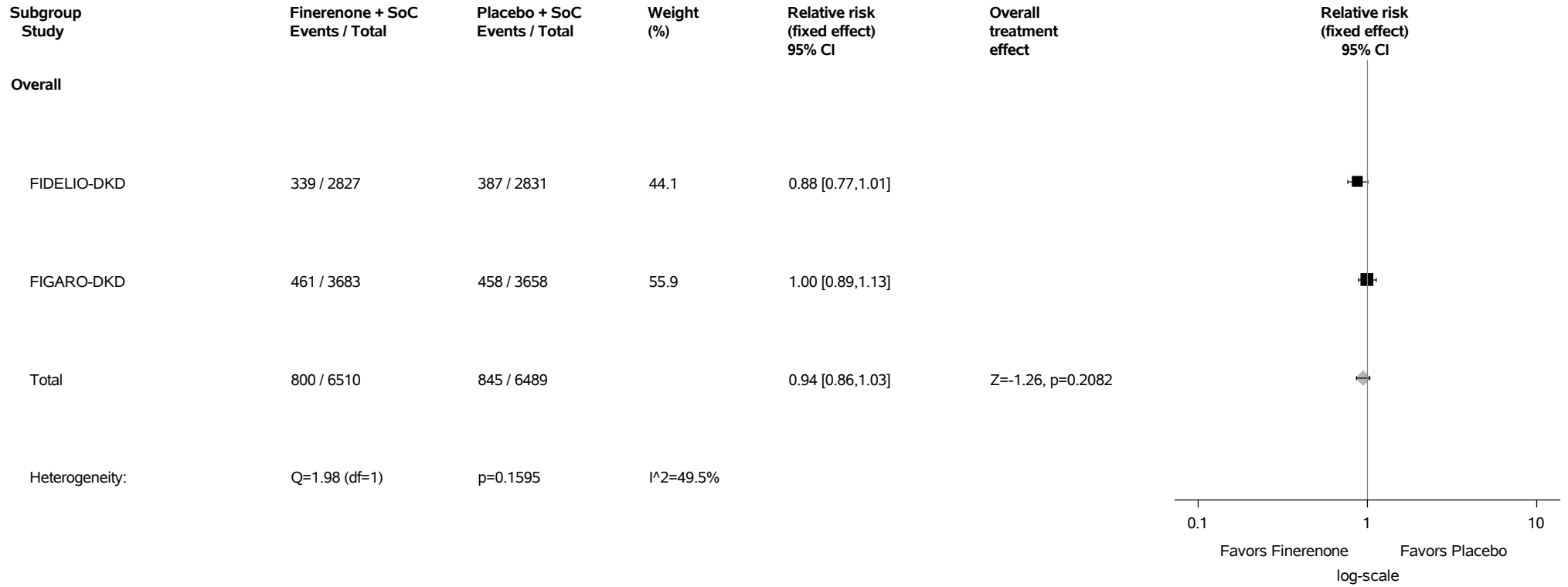
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.18: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) Safety Analysis Set



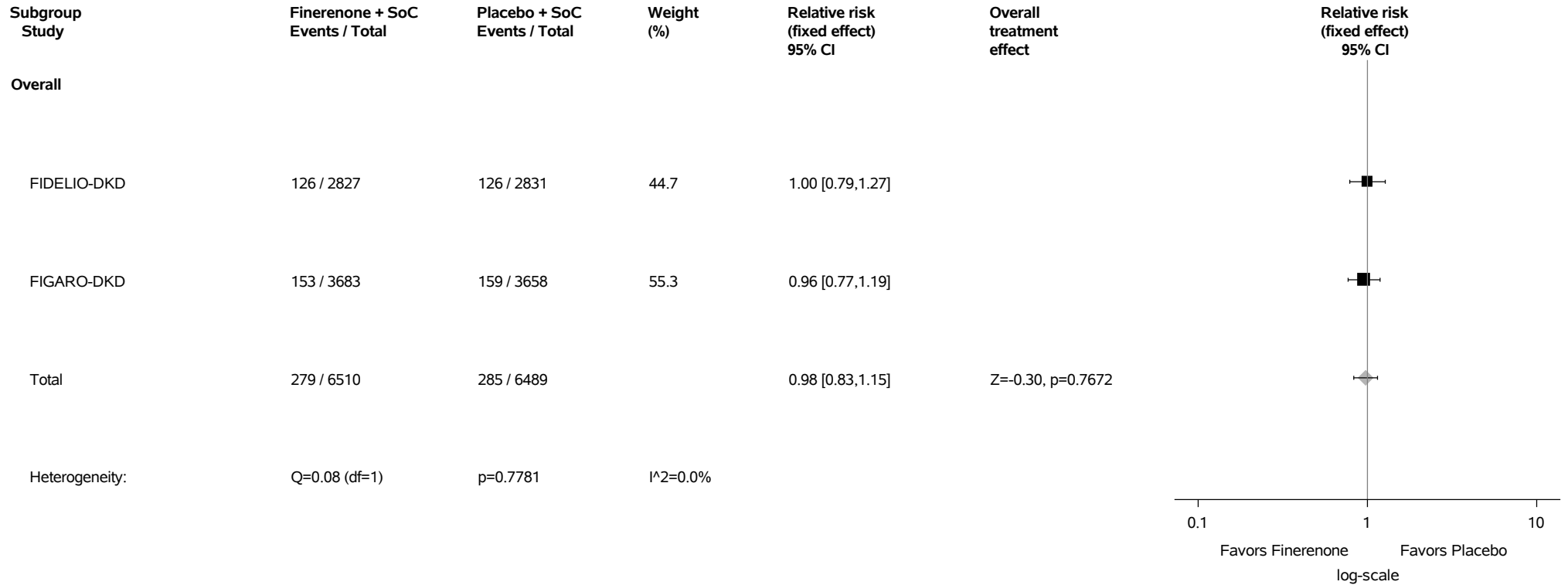
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.19: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.20: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) Safety Analysis Set



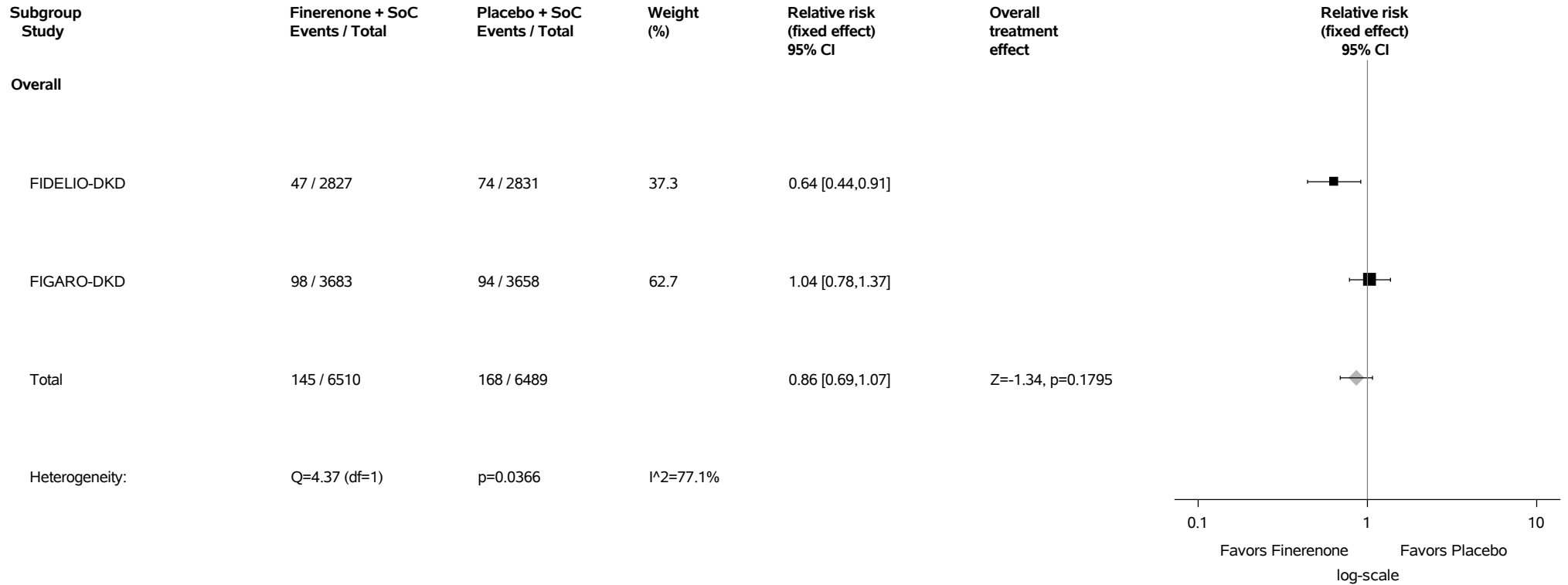
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

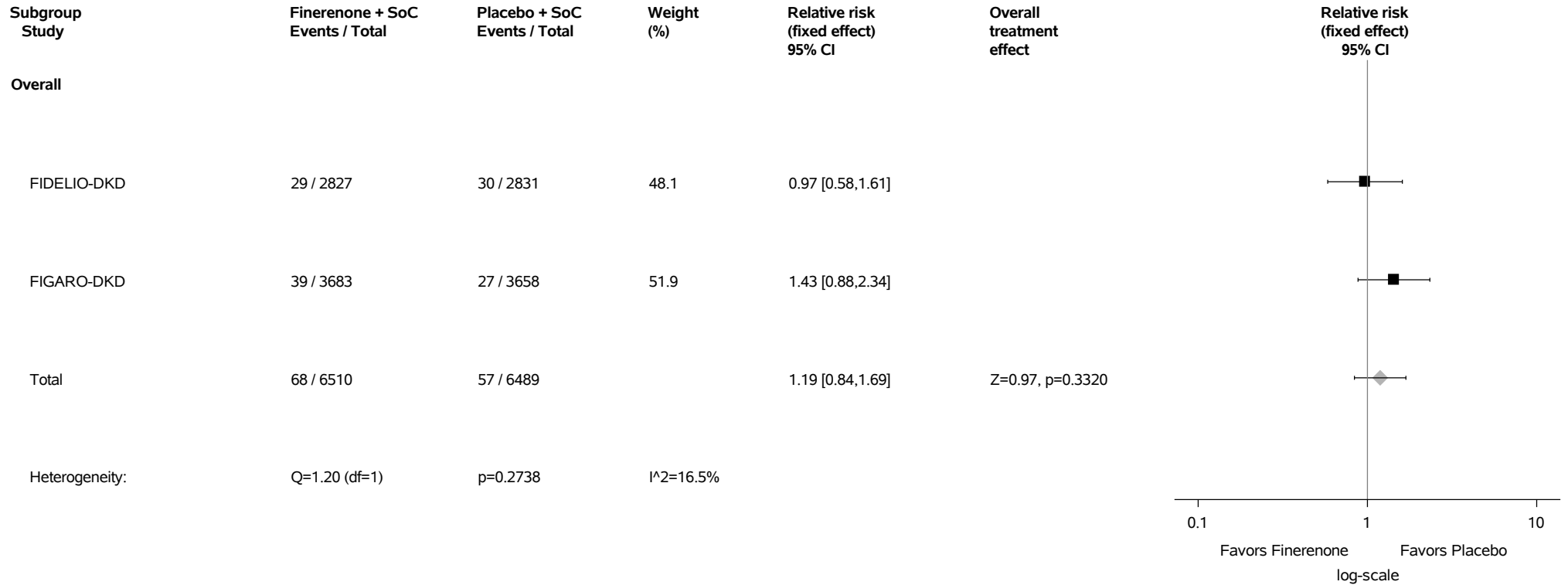
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.21: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.22: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) Safety Analysis Set



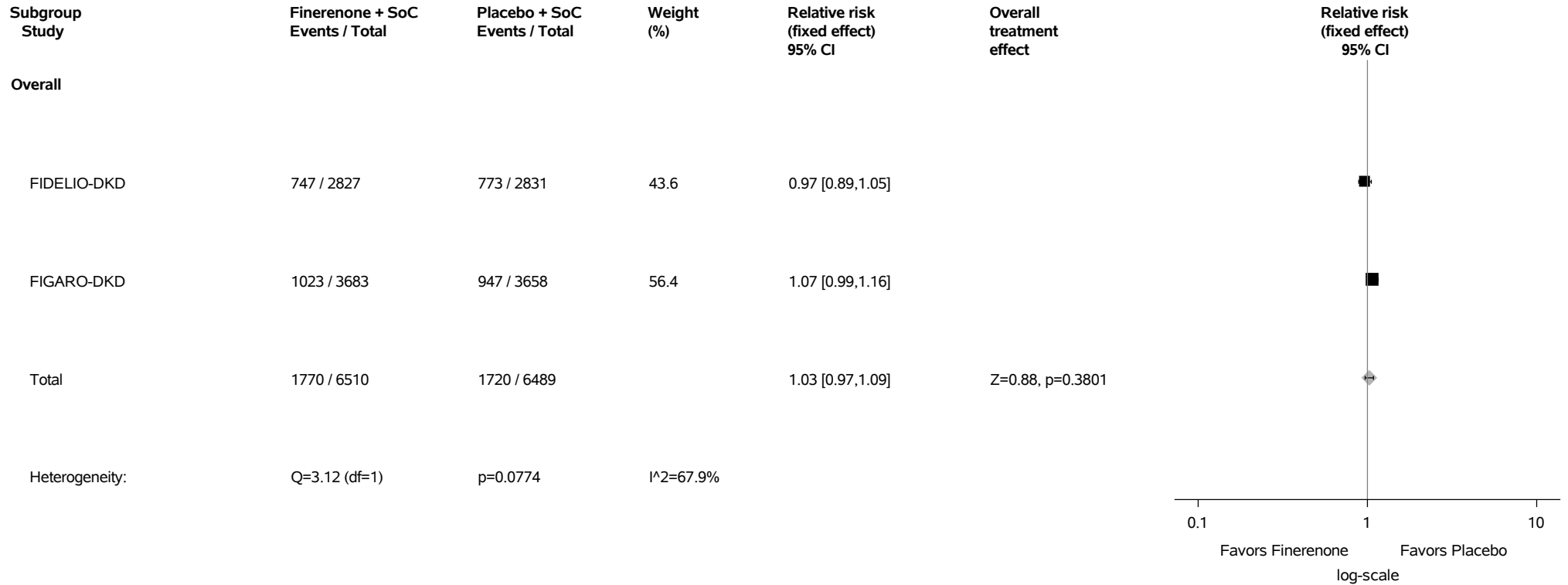
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

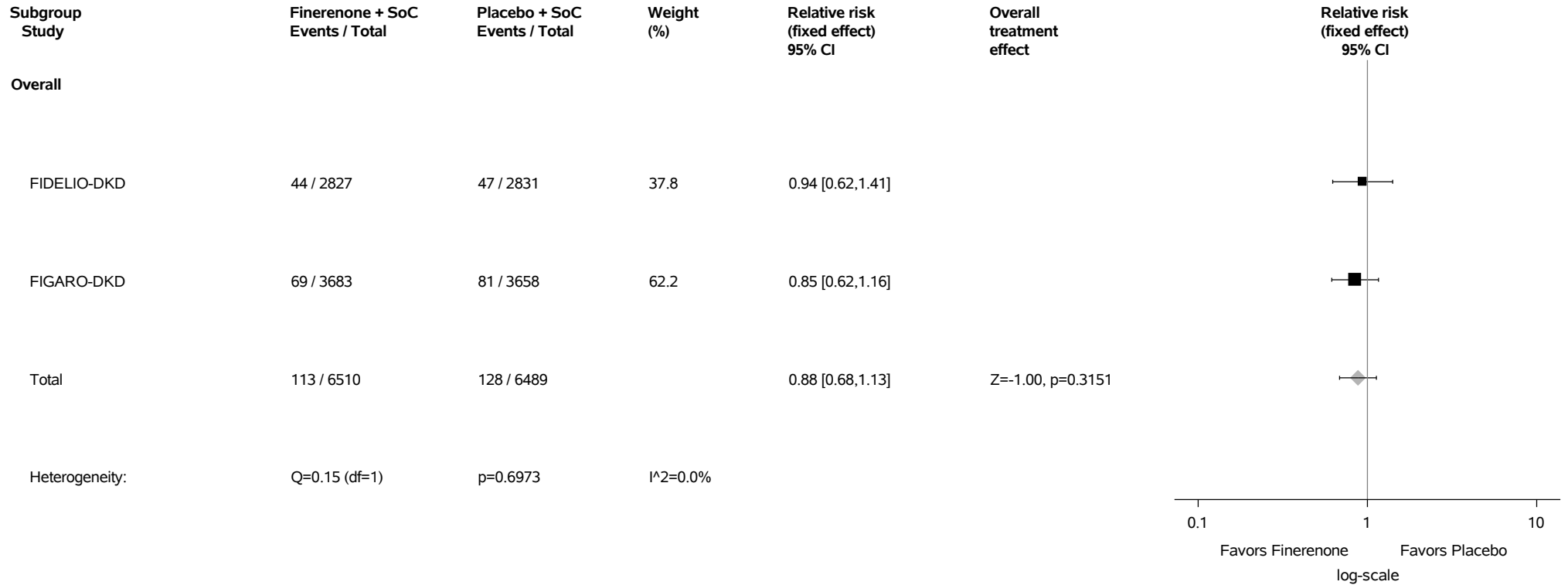
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.23: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.24: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) Safety Analysis Set



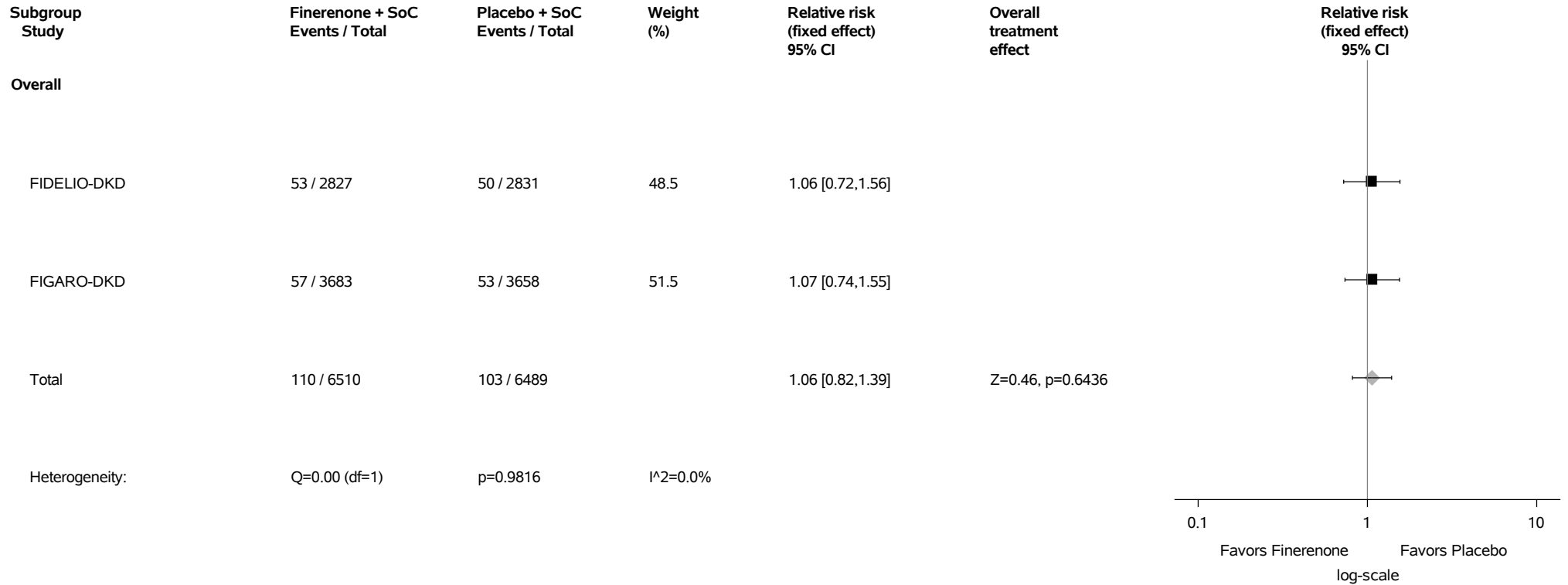
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.25: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) Safety Analysis Set



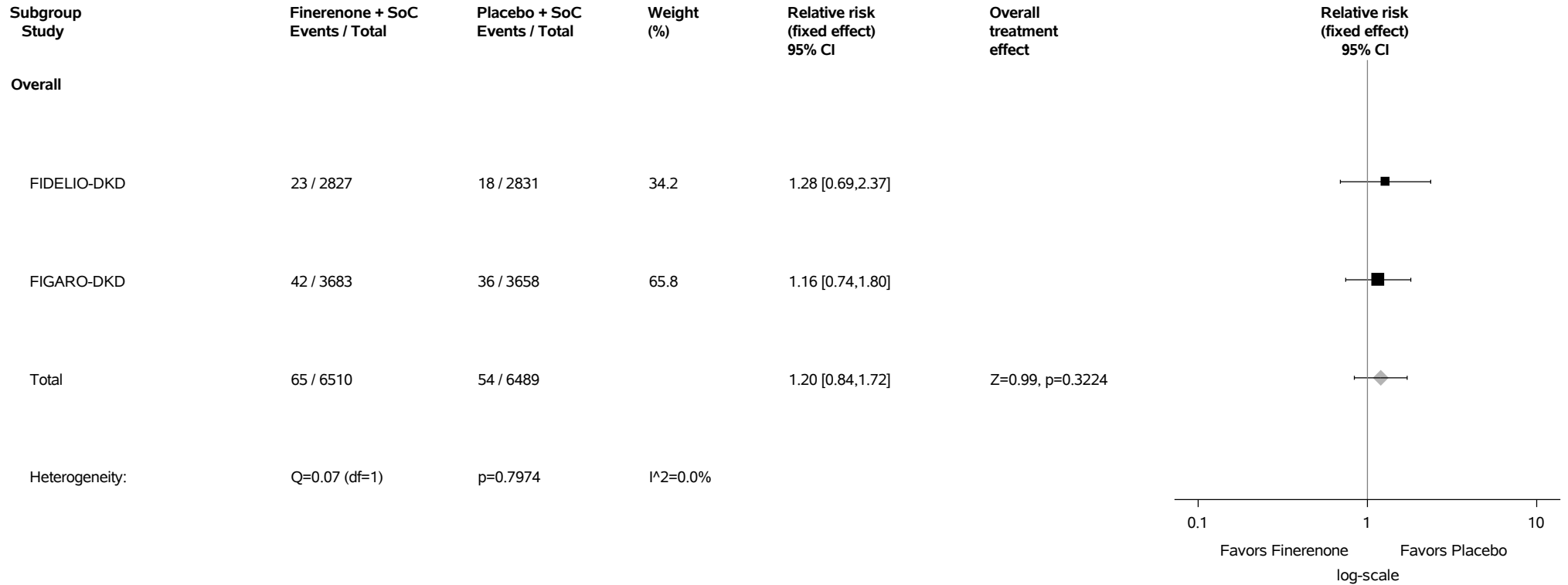
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.26: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) Safety Analysis Set



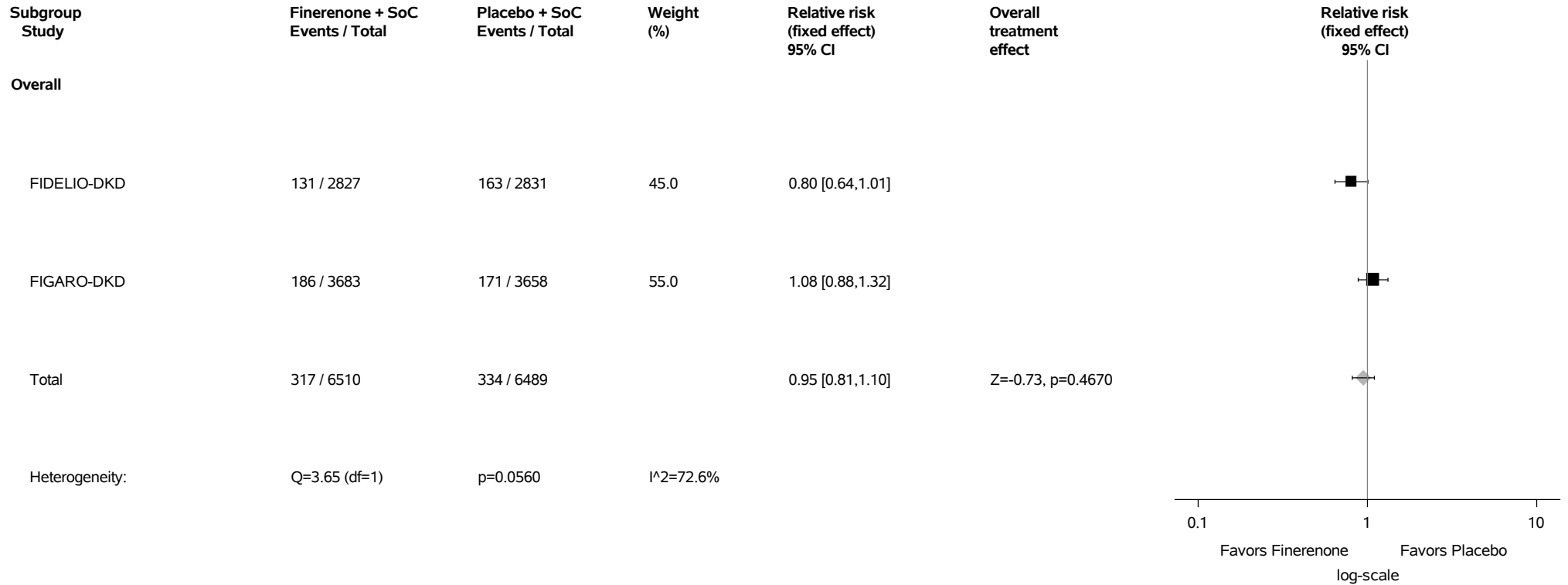
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

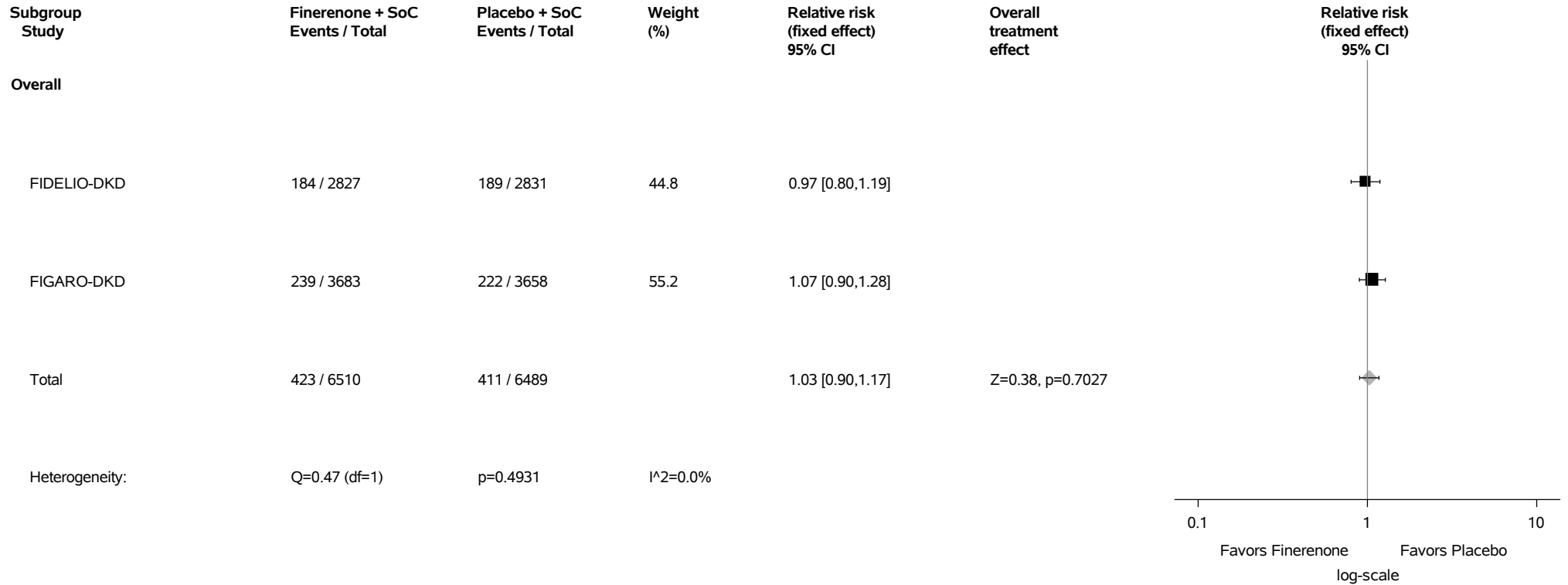
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.27: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.28: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) Safety Analysis Set



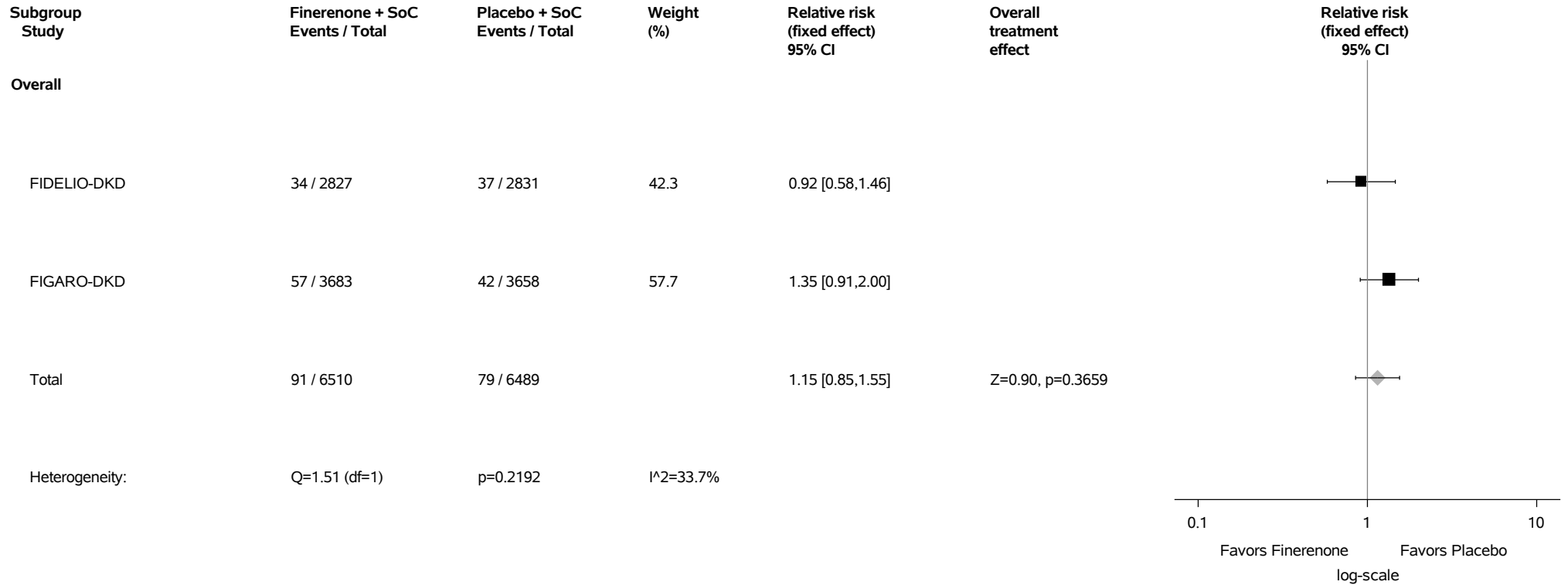
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

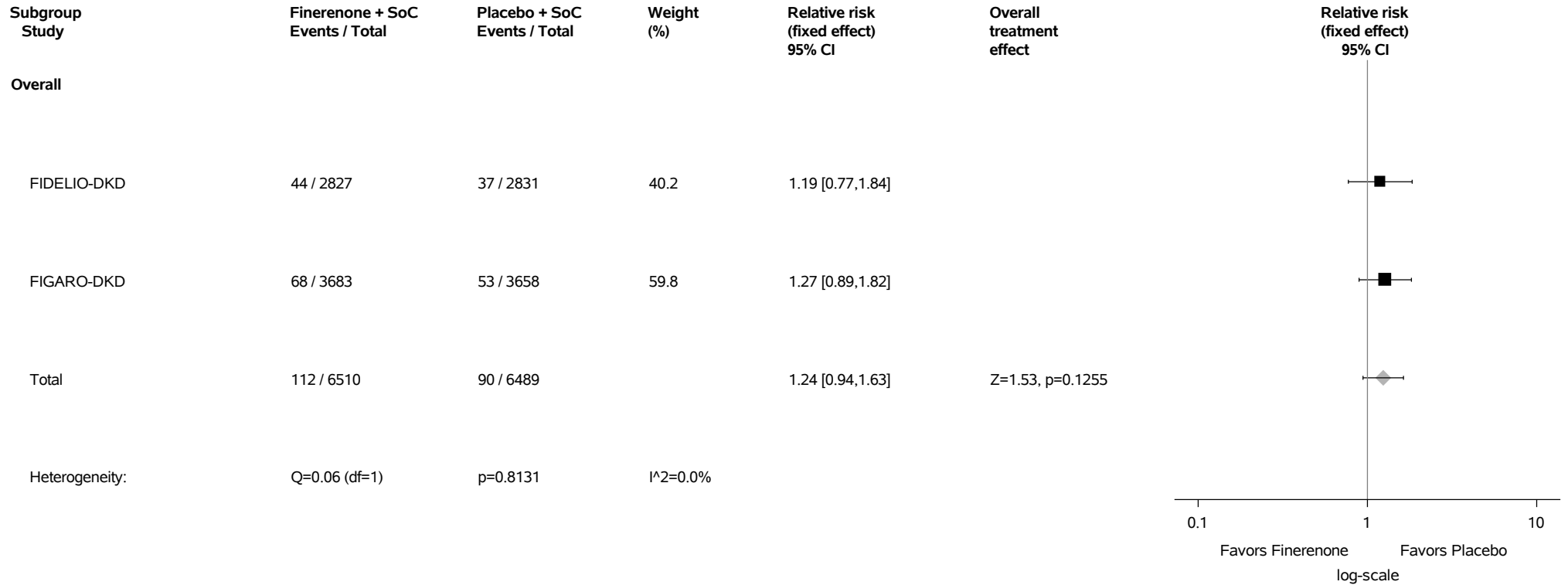
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.29: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.30: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) Safety Analysis Set



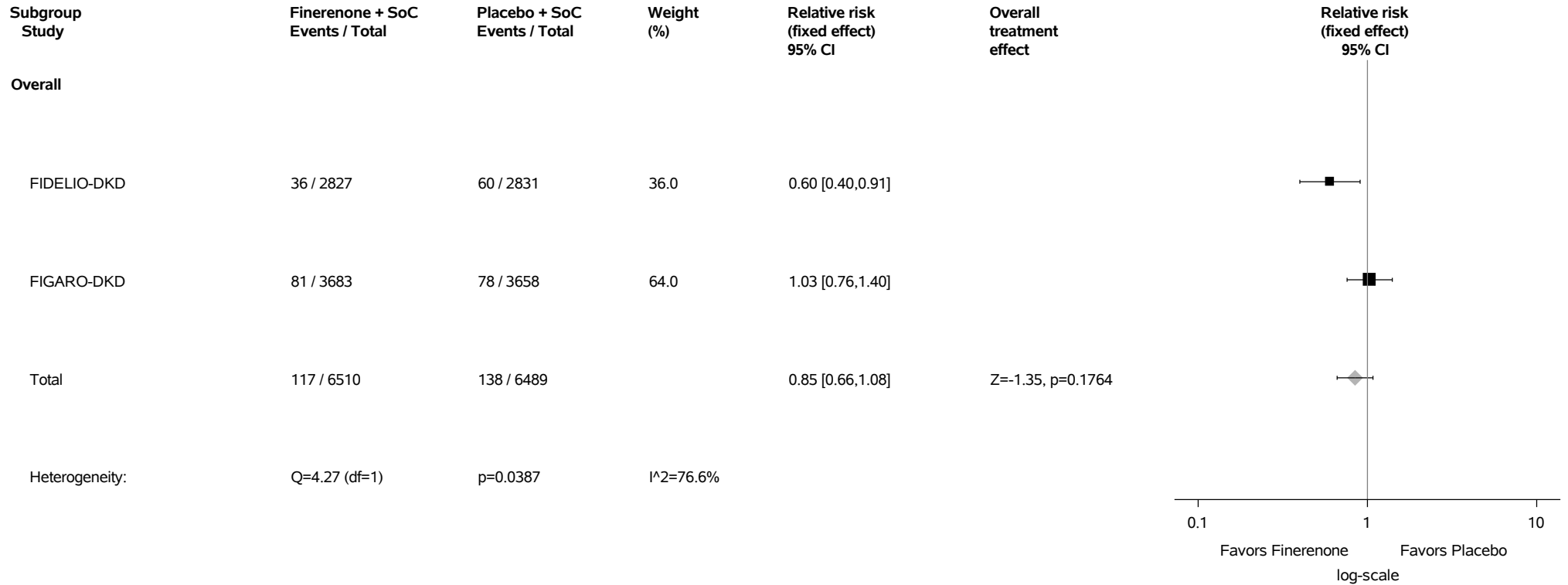
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.31: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) Safety Analysis Set



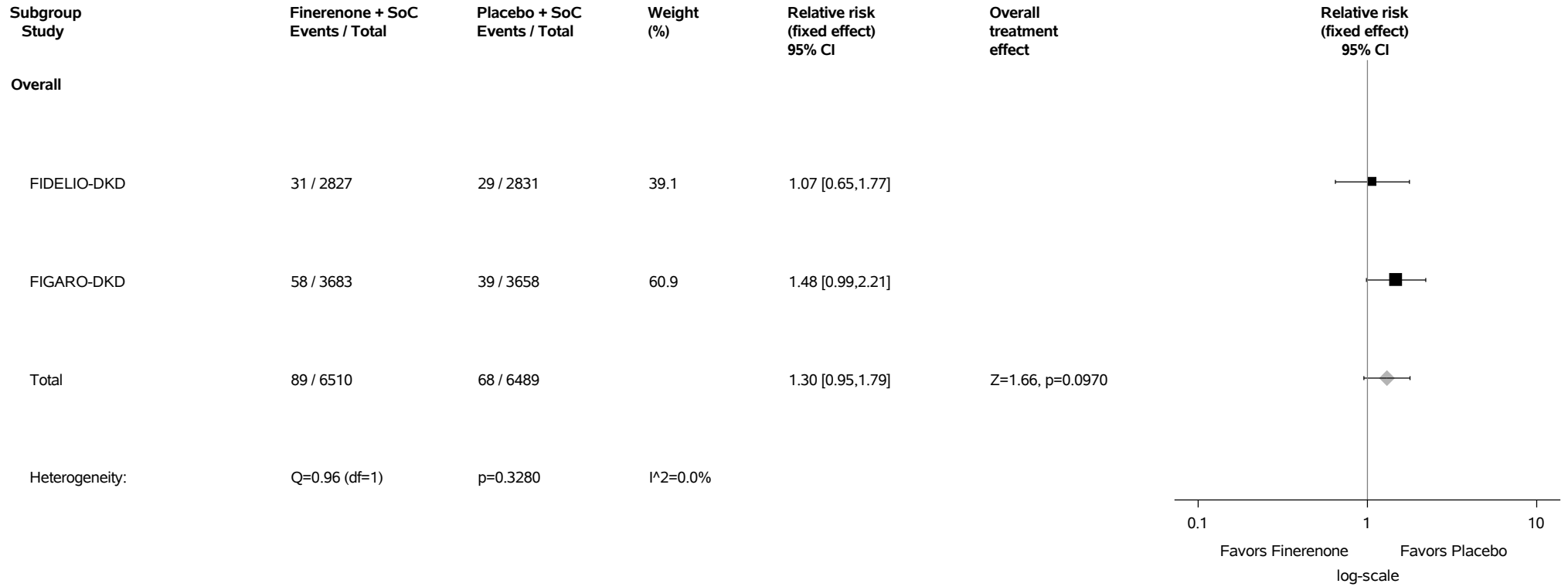
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

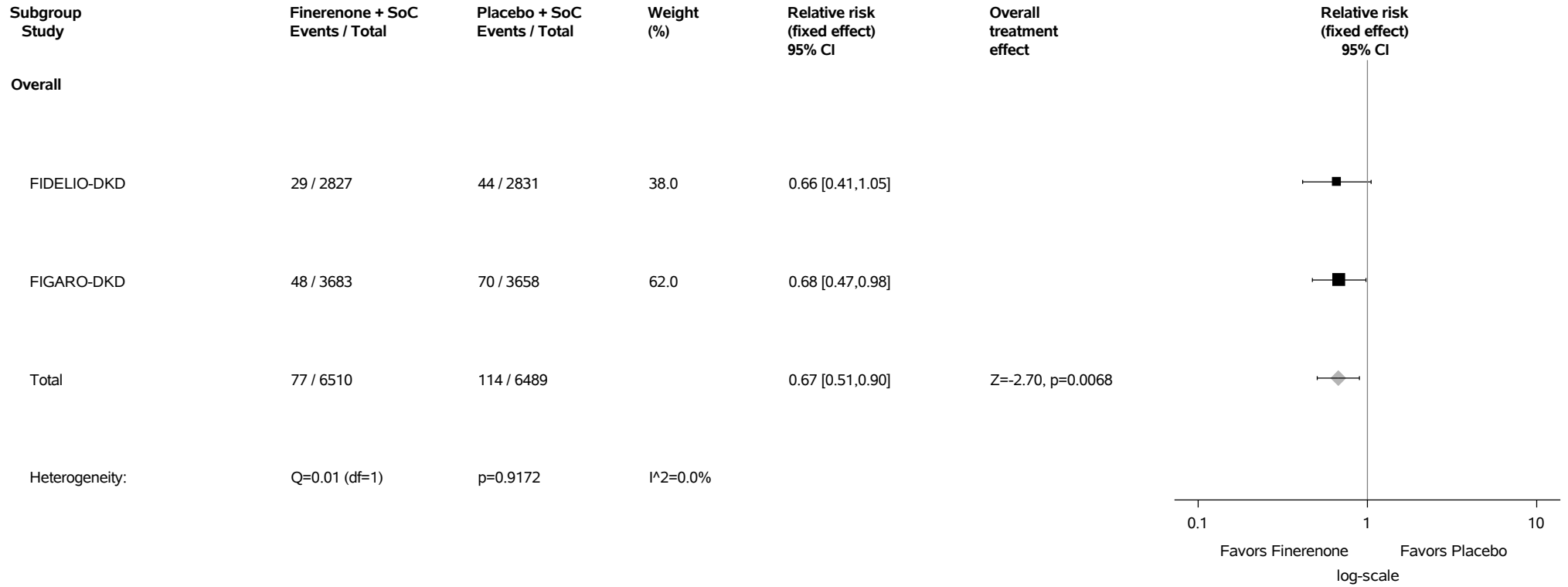
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.32: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) Safety Analysis Set



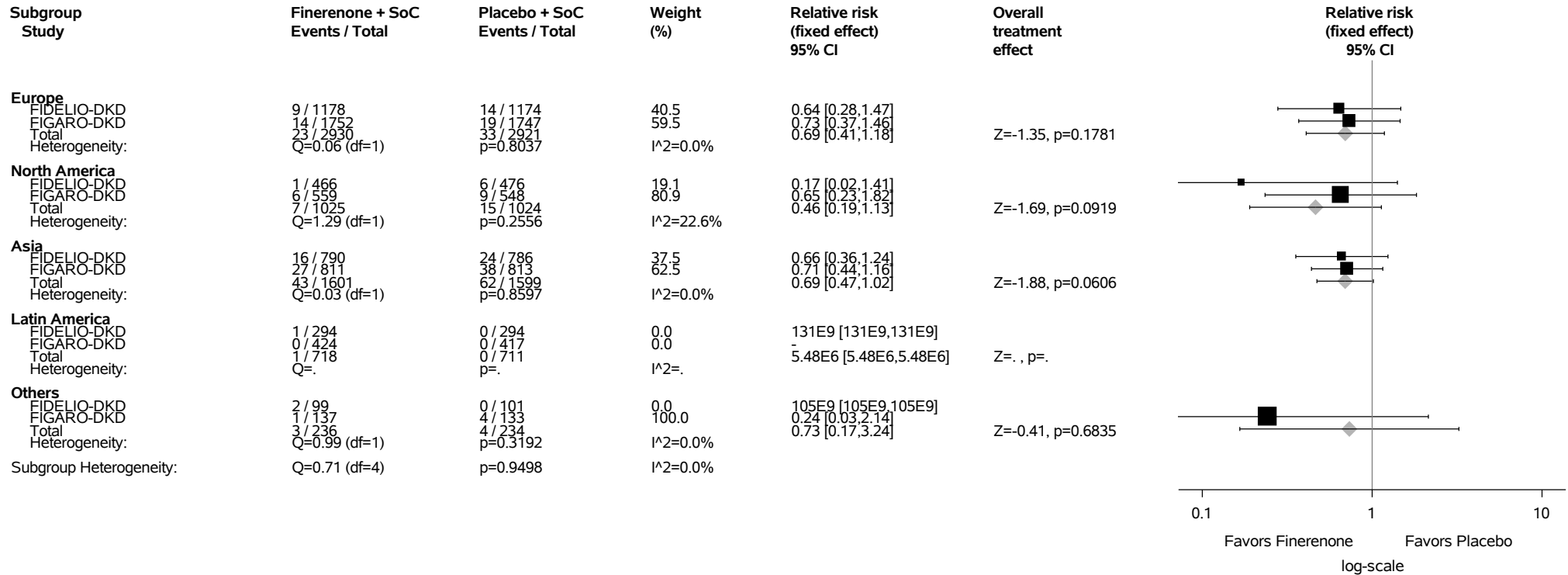
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.33: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.33.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



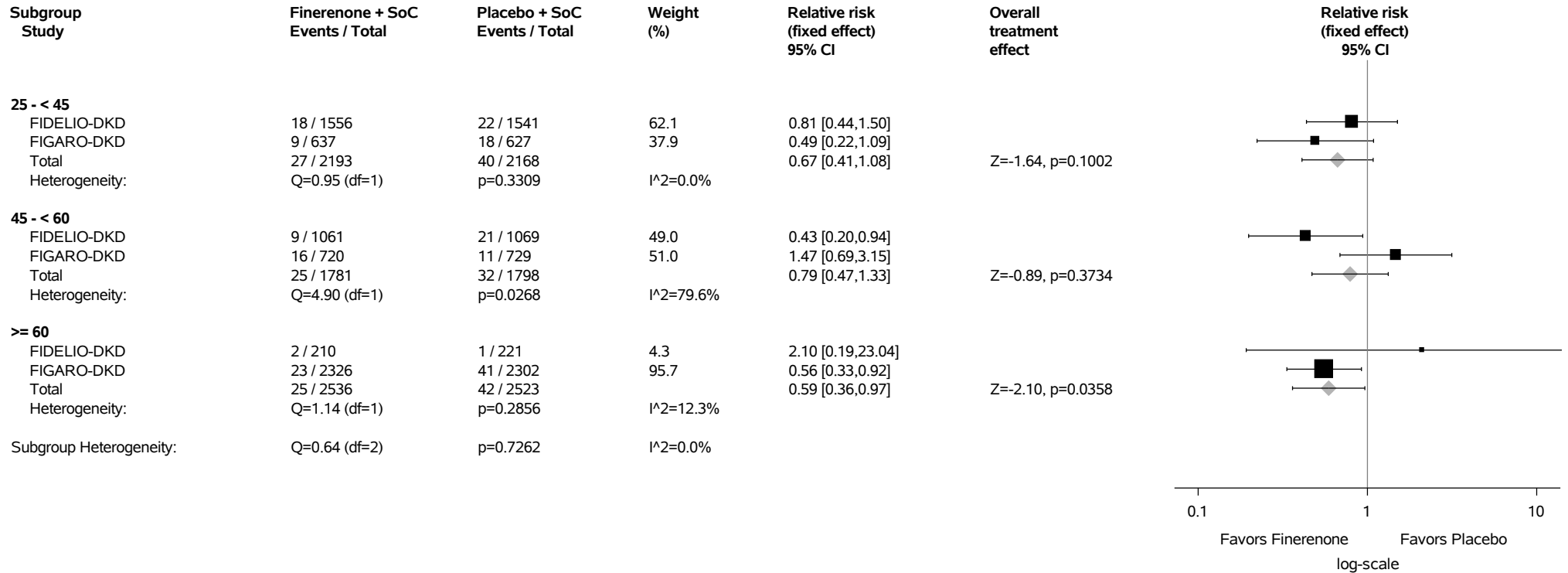
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.33.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



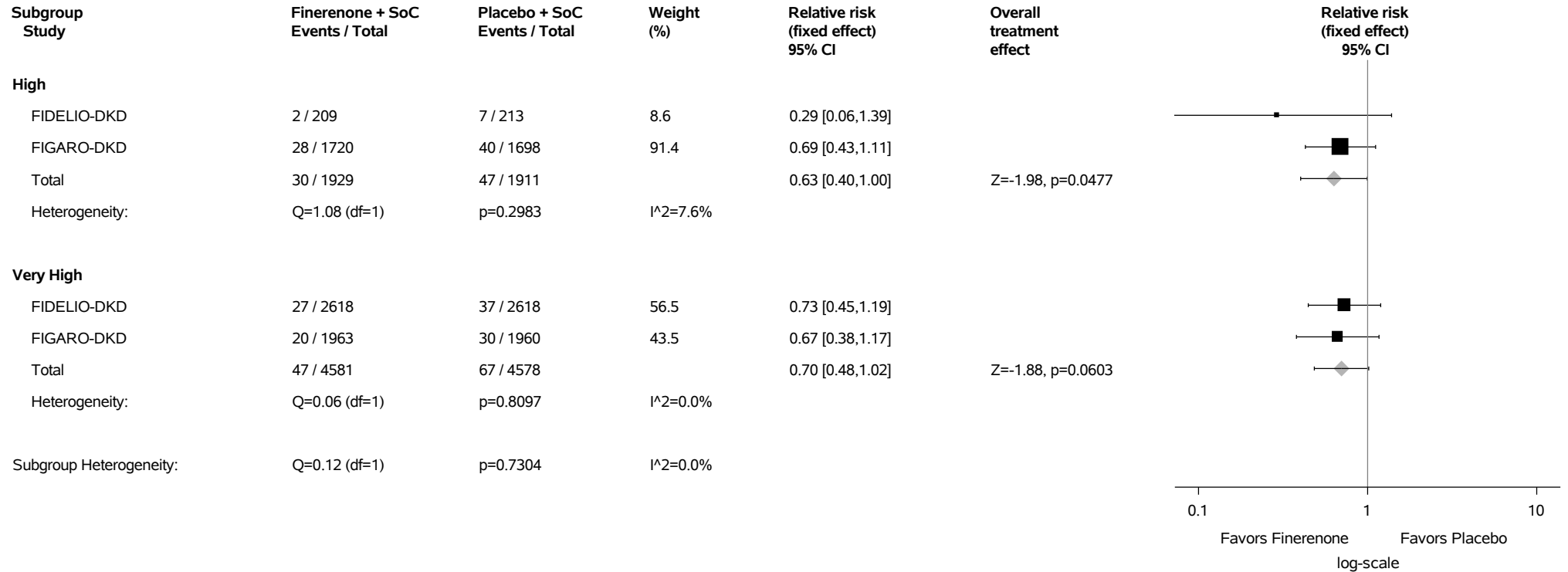
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.33.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



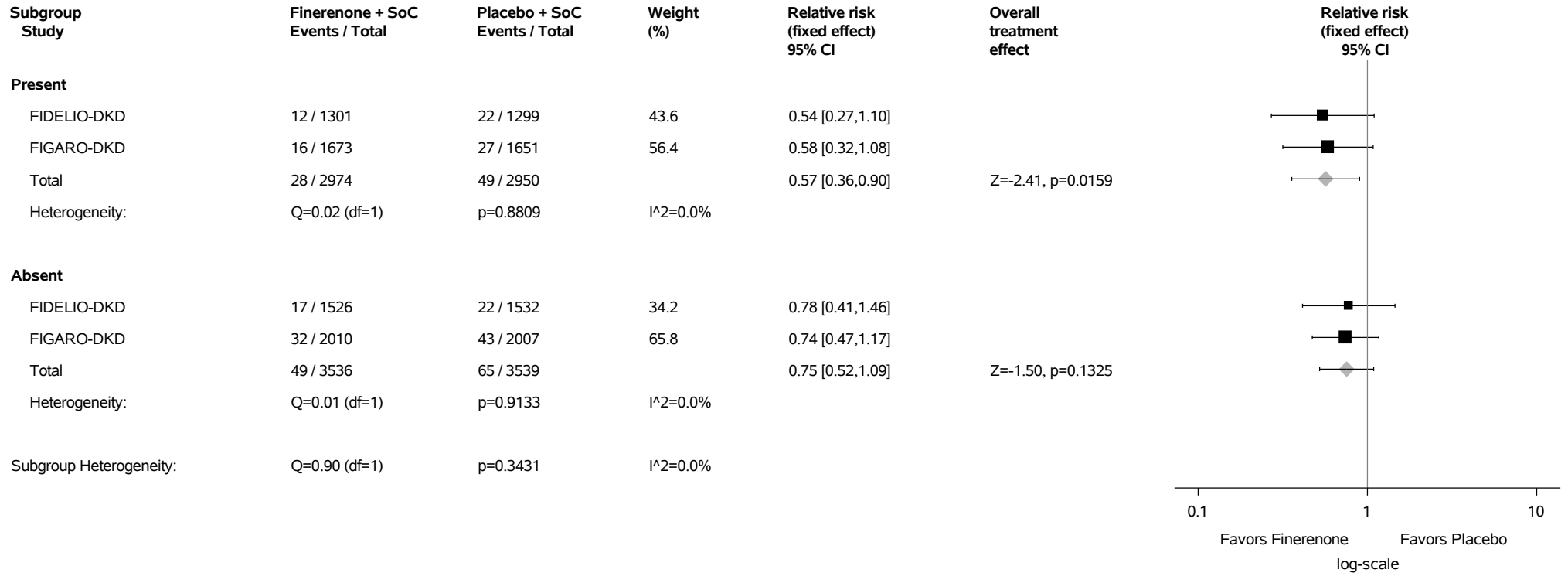
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

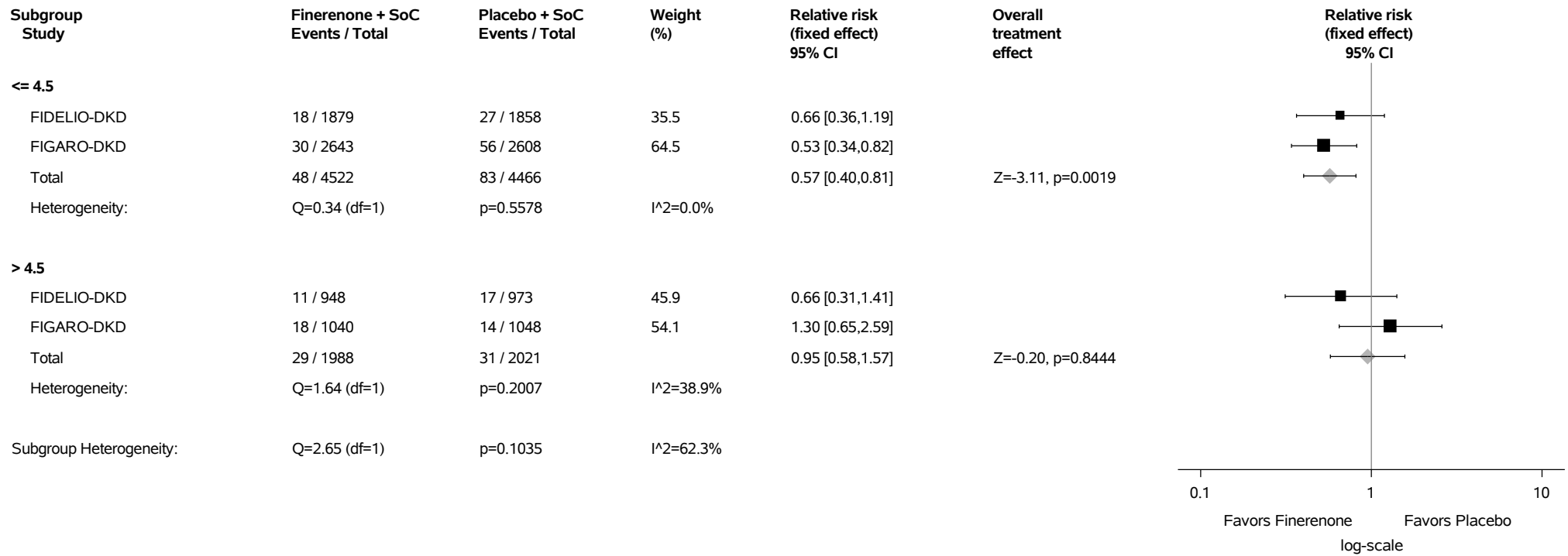
Figure 2.1.33.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.33.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

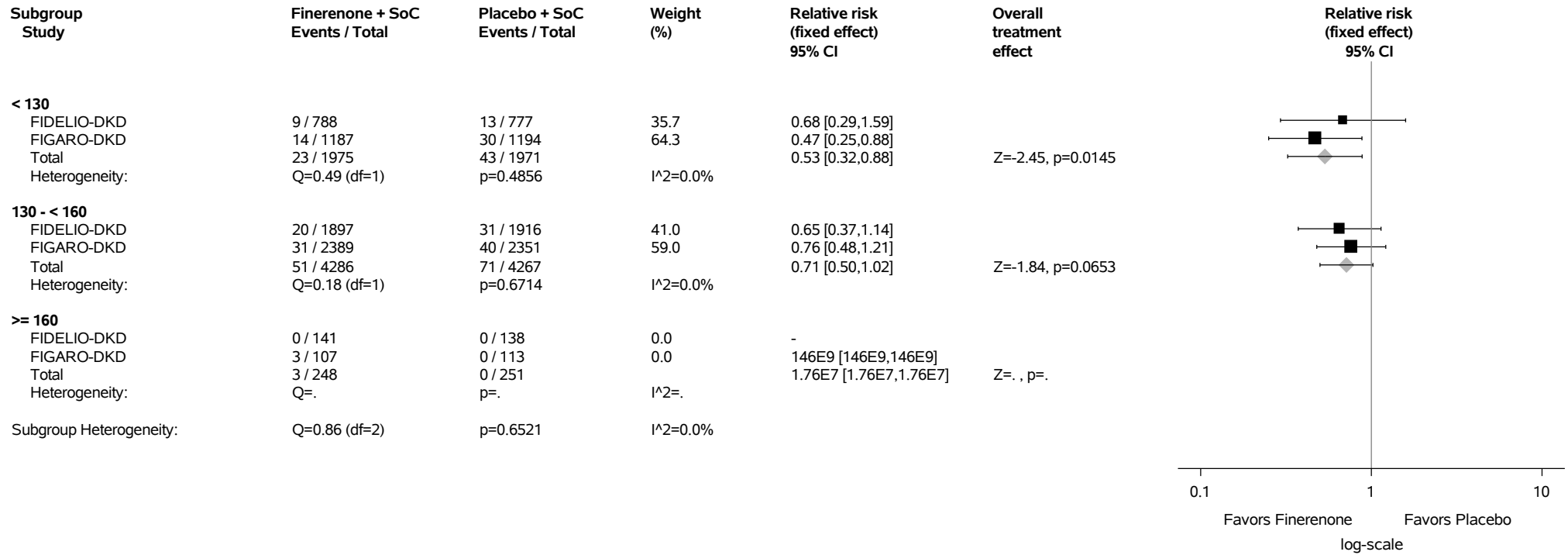
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.33.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)
Safety Analysis Set



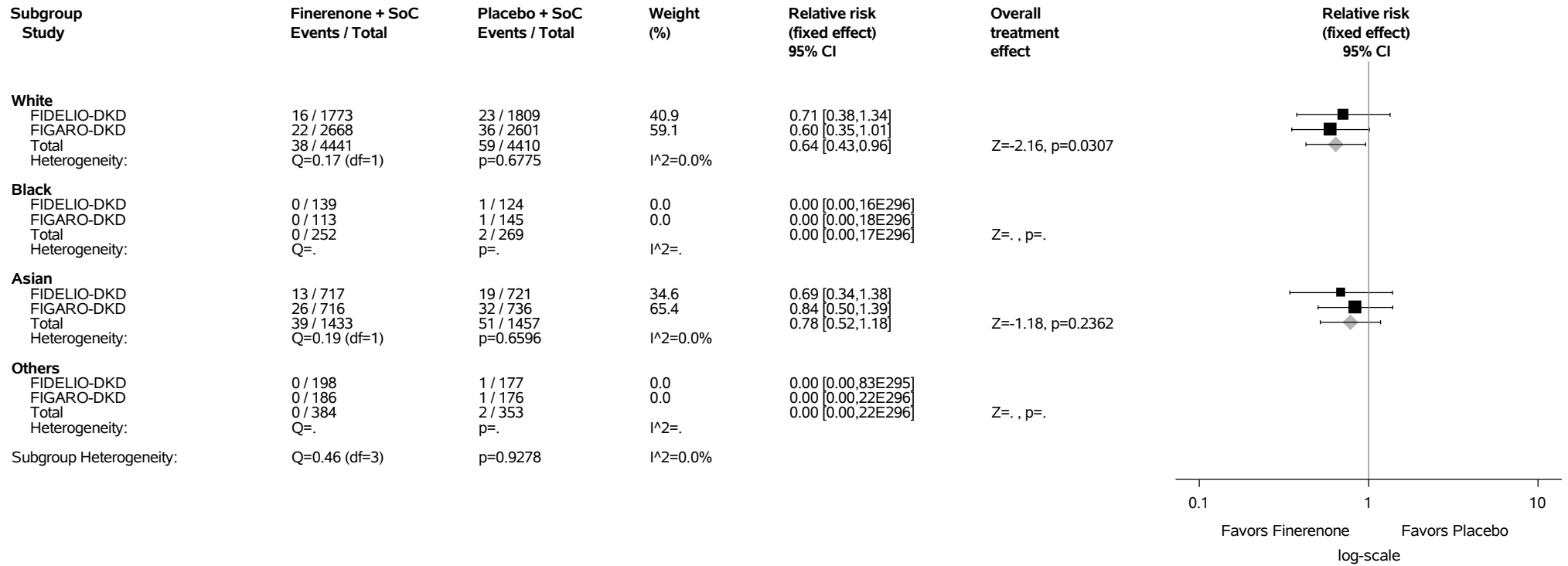
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.33.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

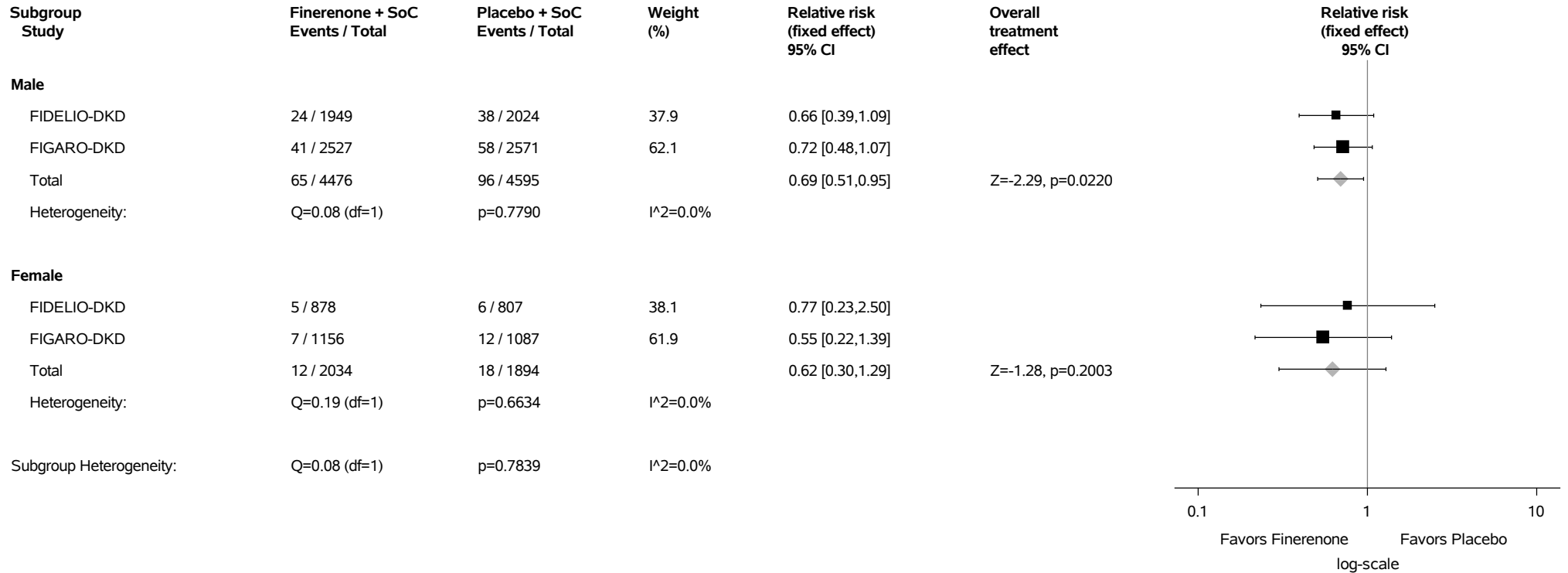
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

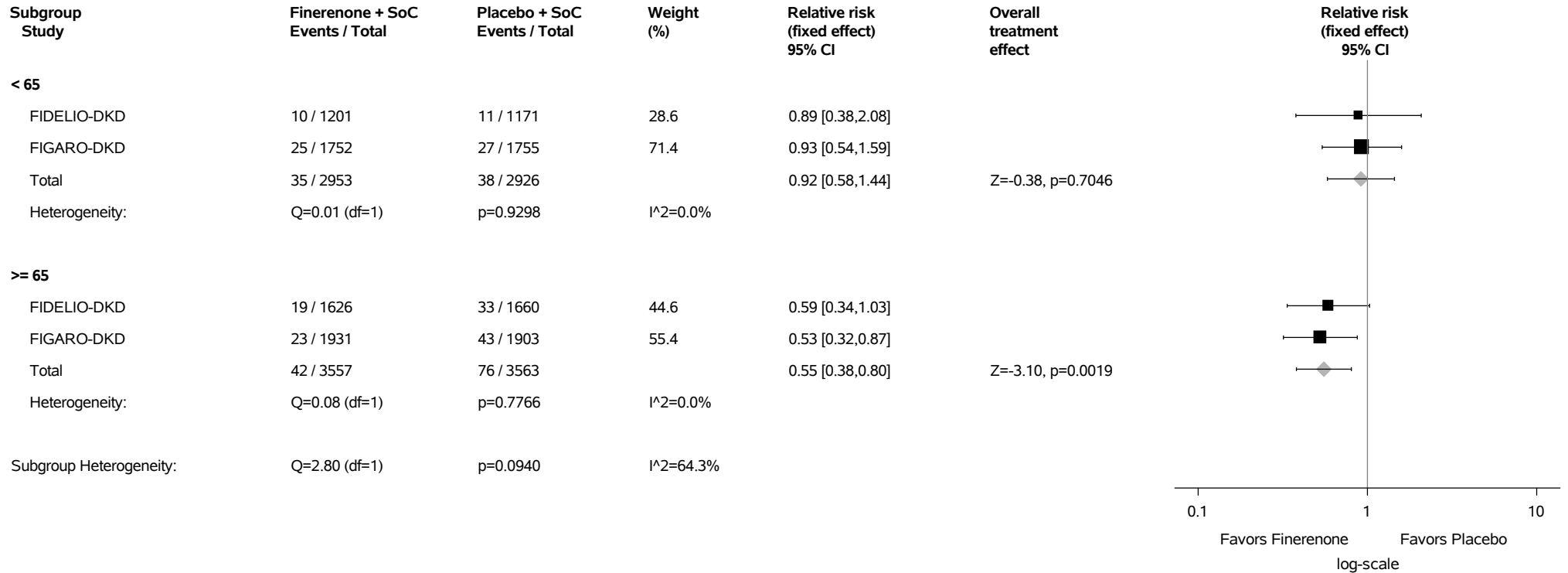
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.33.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



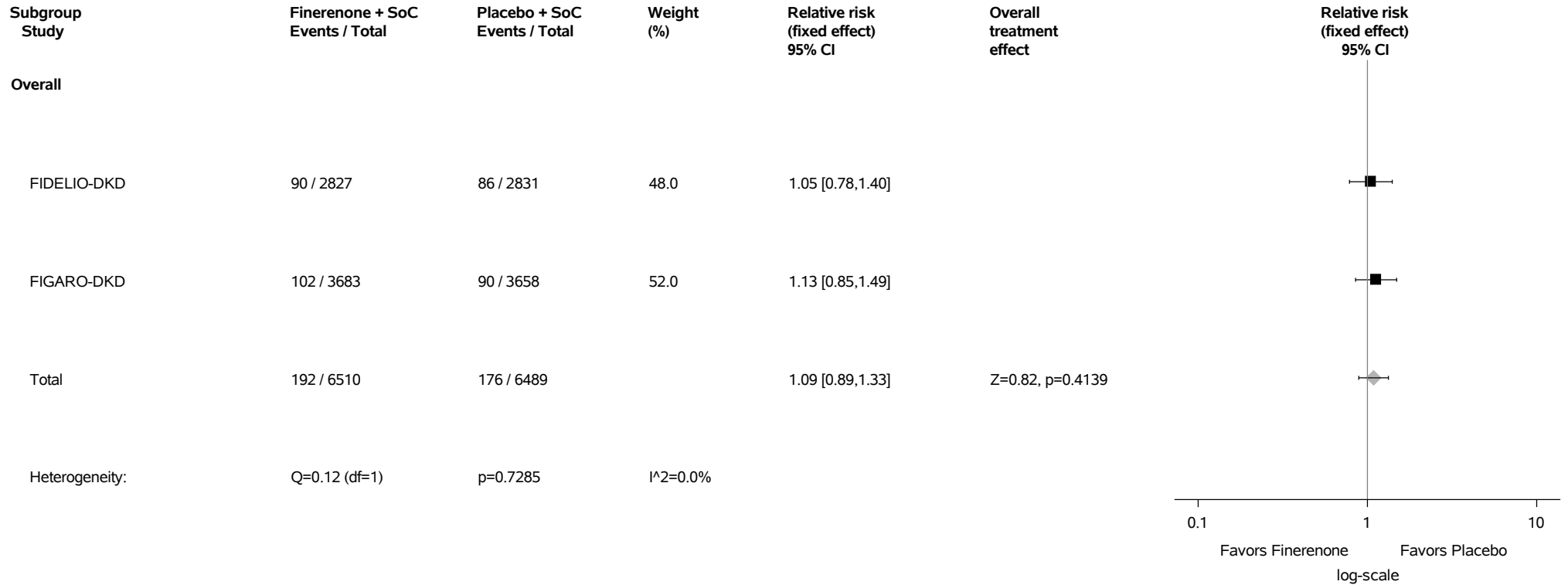
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.33.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.34: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) Safety Analysis Set



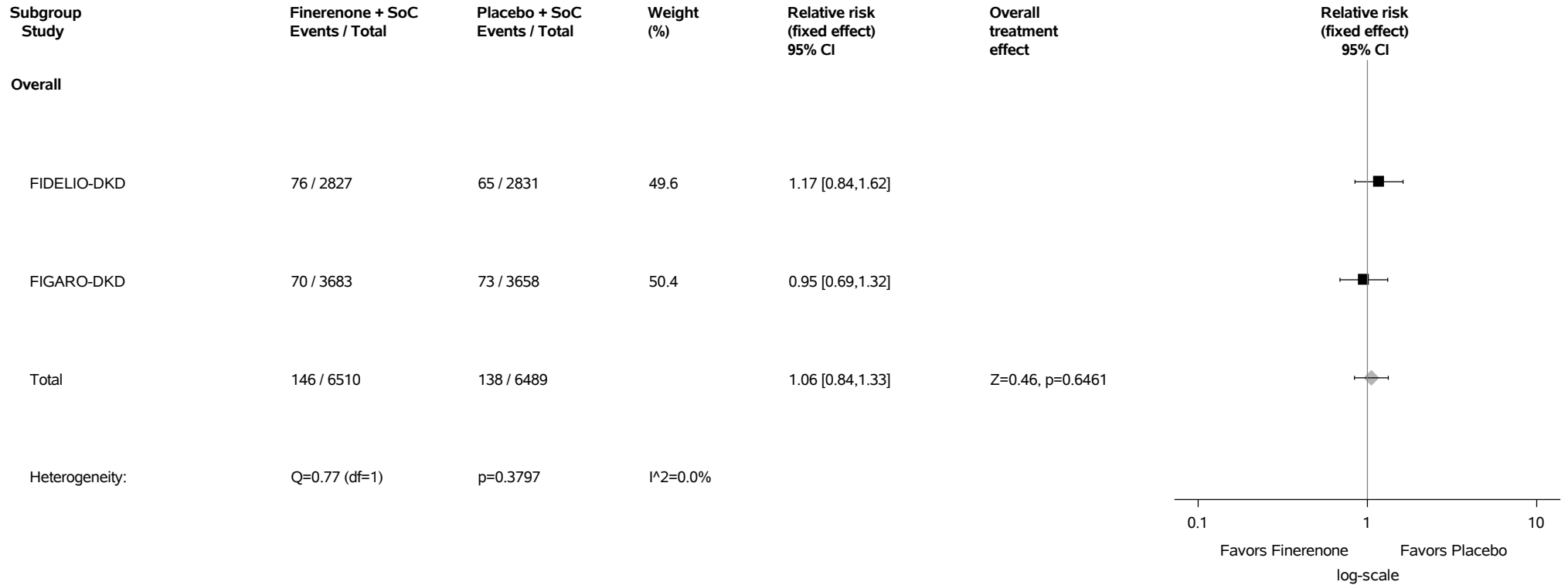
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

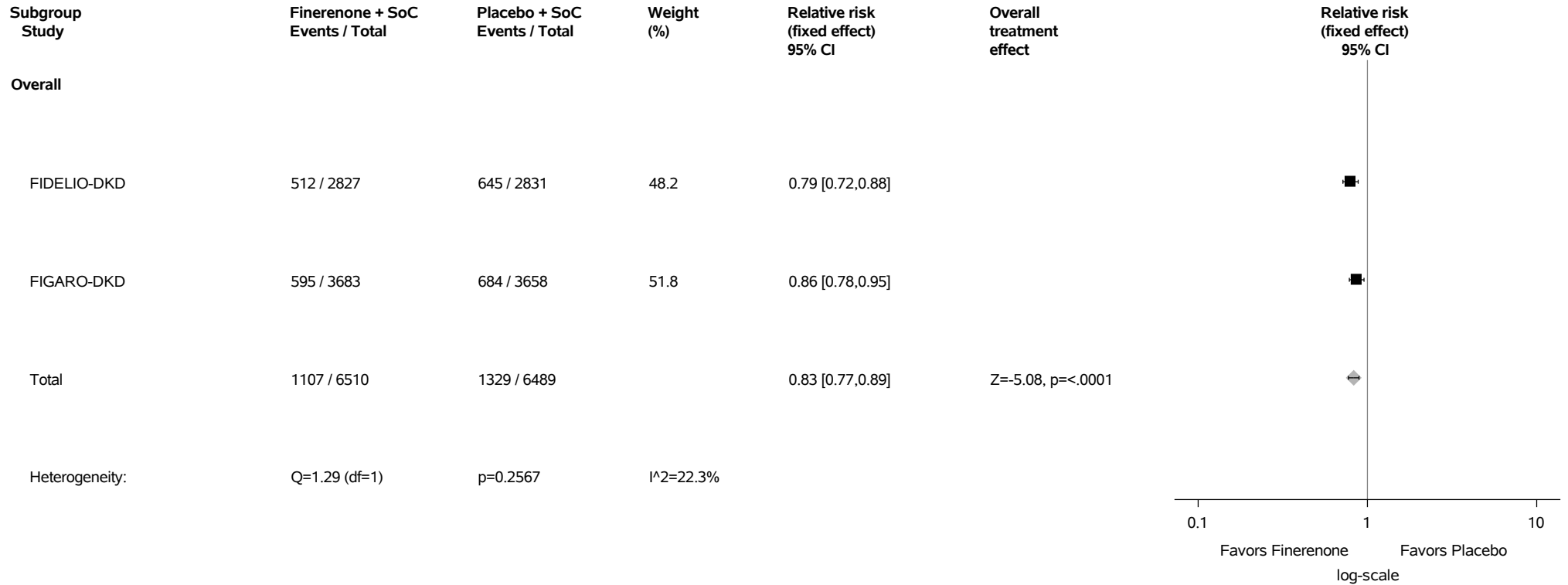
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.35: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.36: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



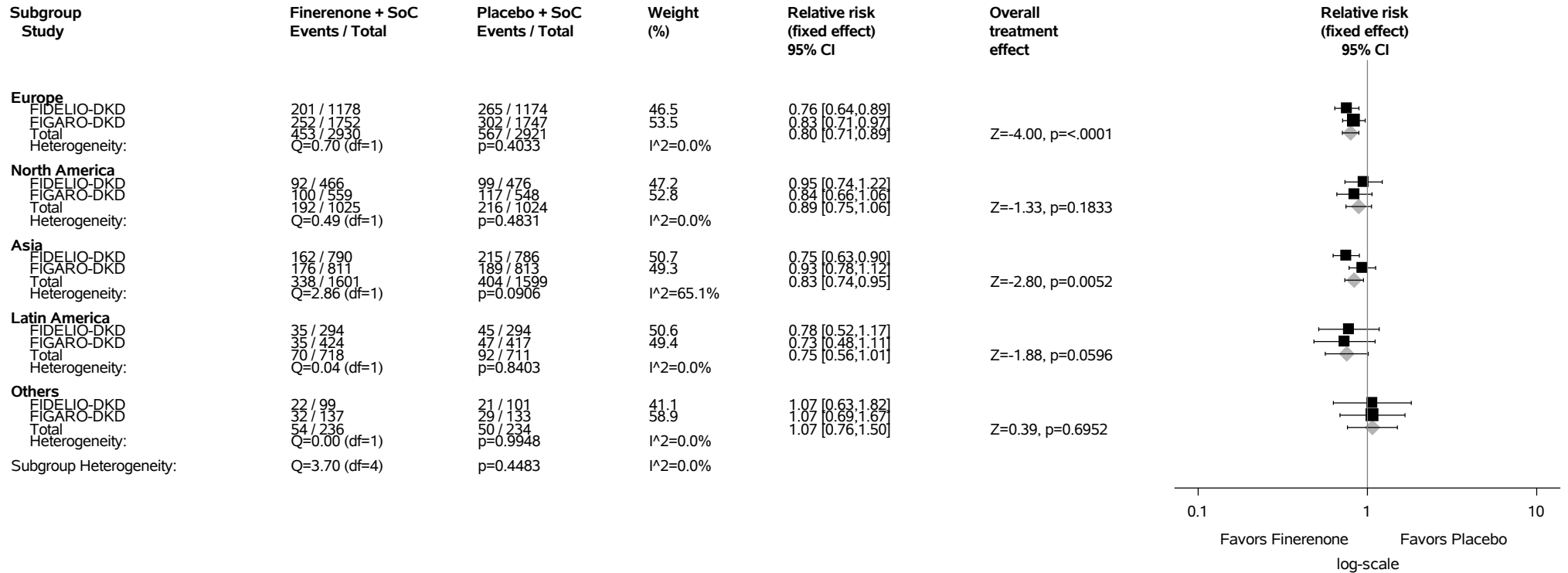
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.36.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



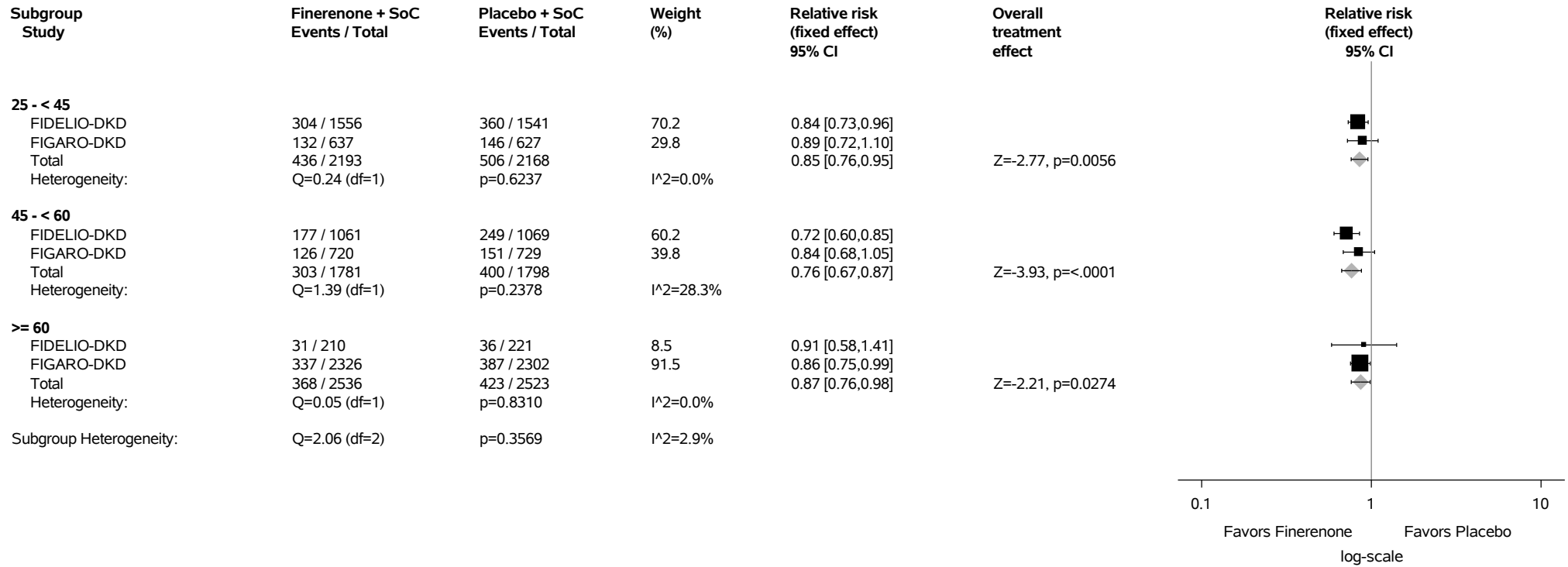
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

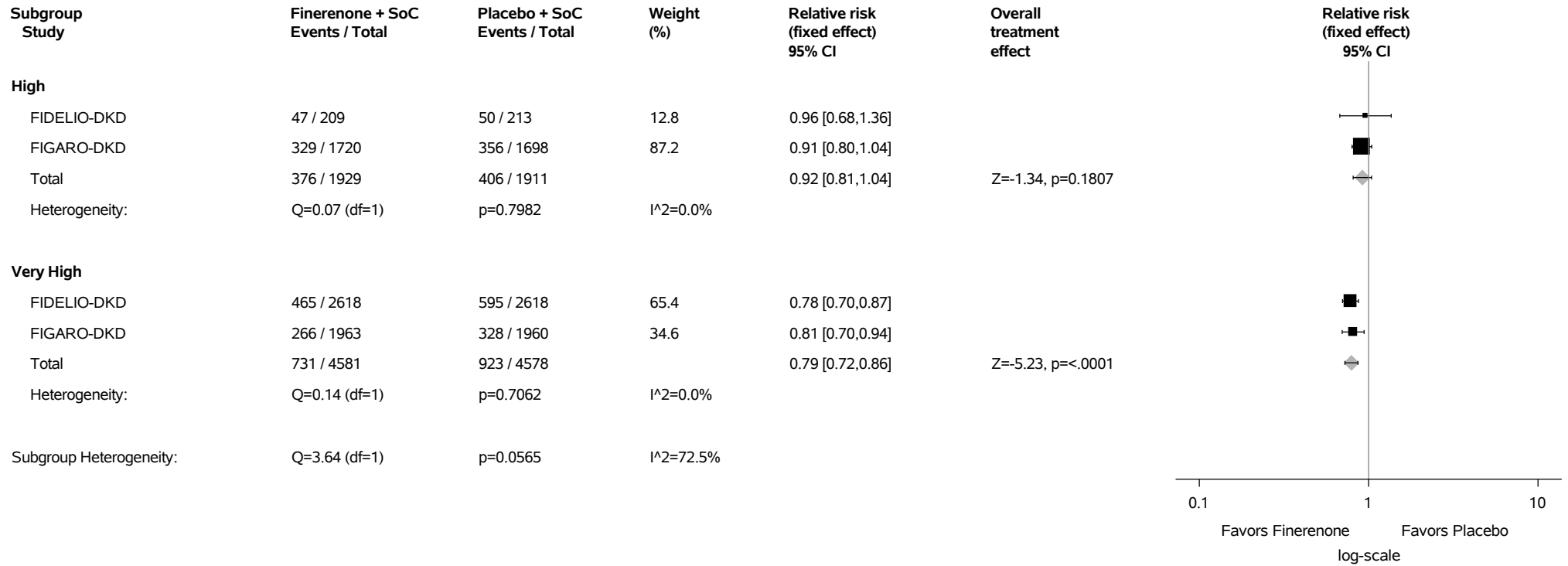
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.36.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.36.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

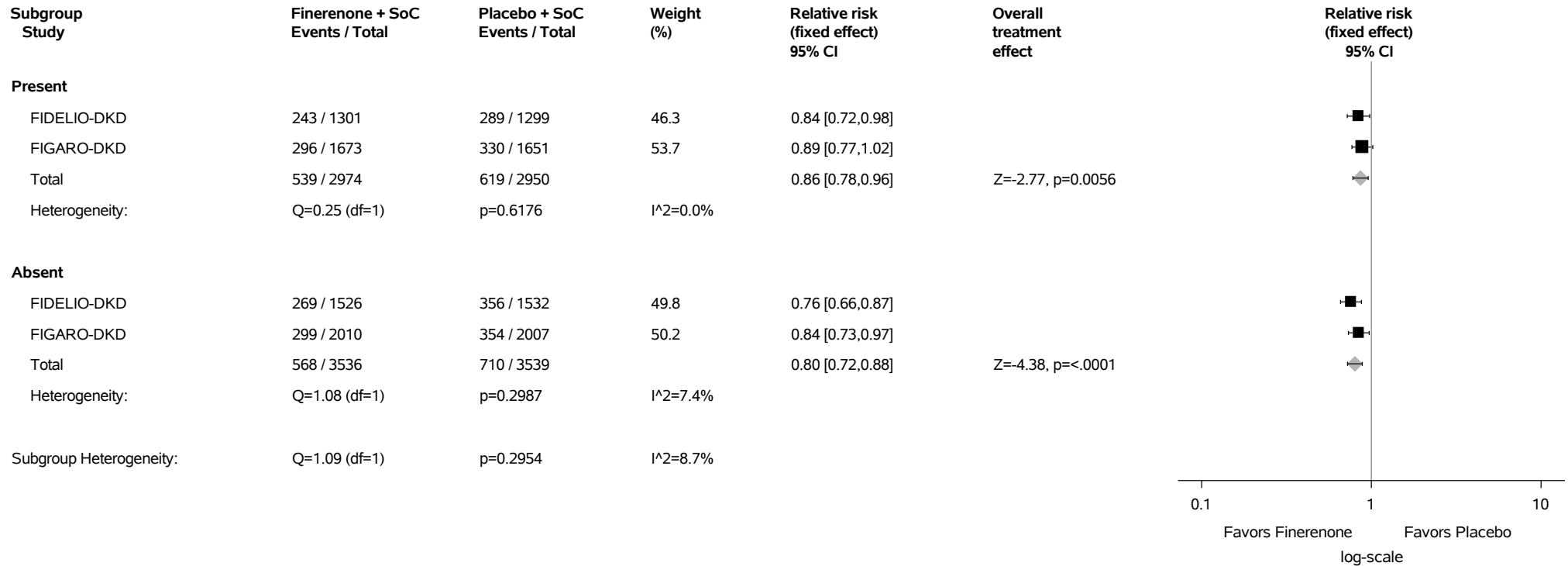
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.36.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set



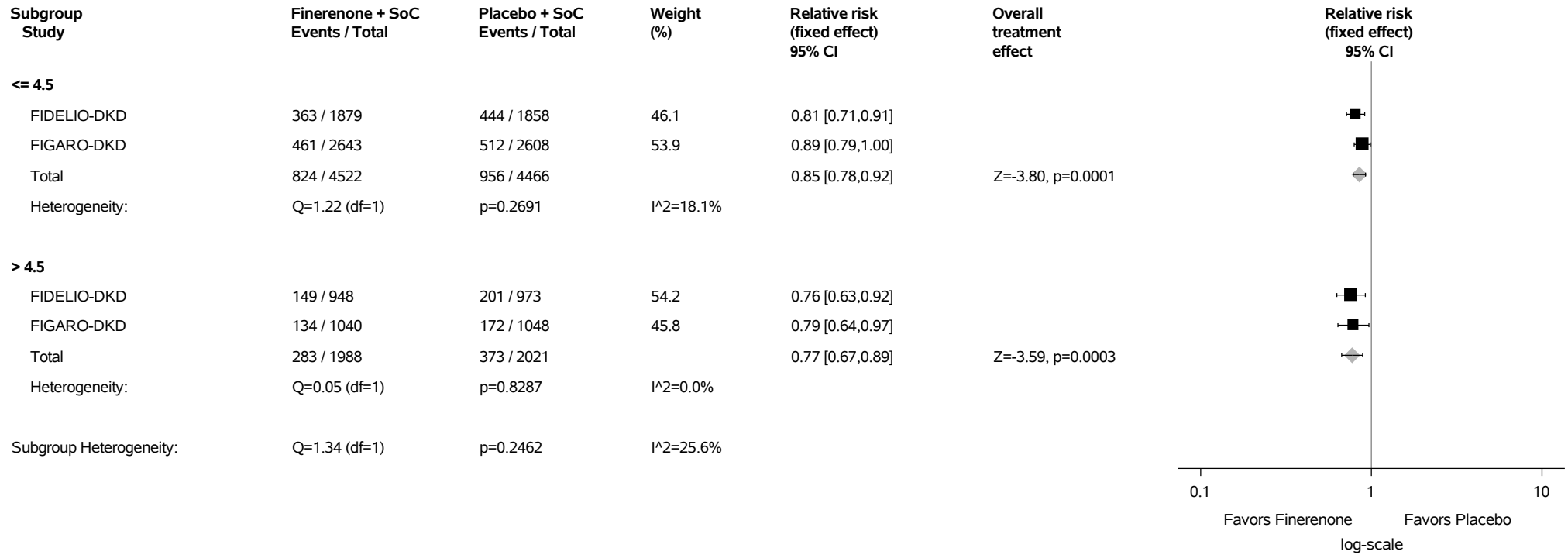
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.36.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

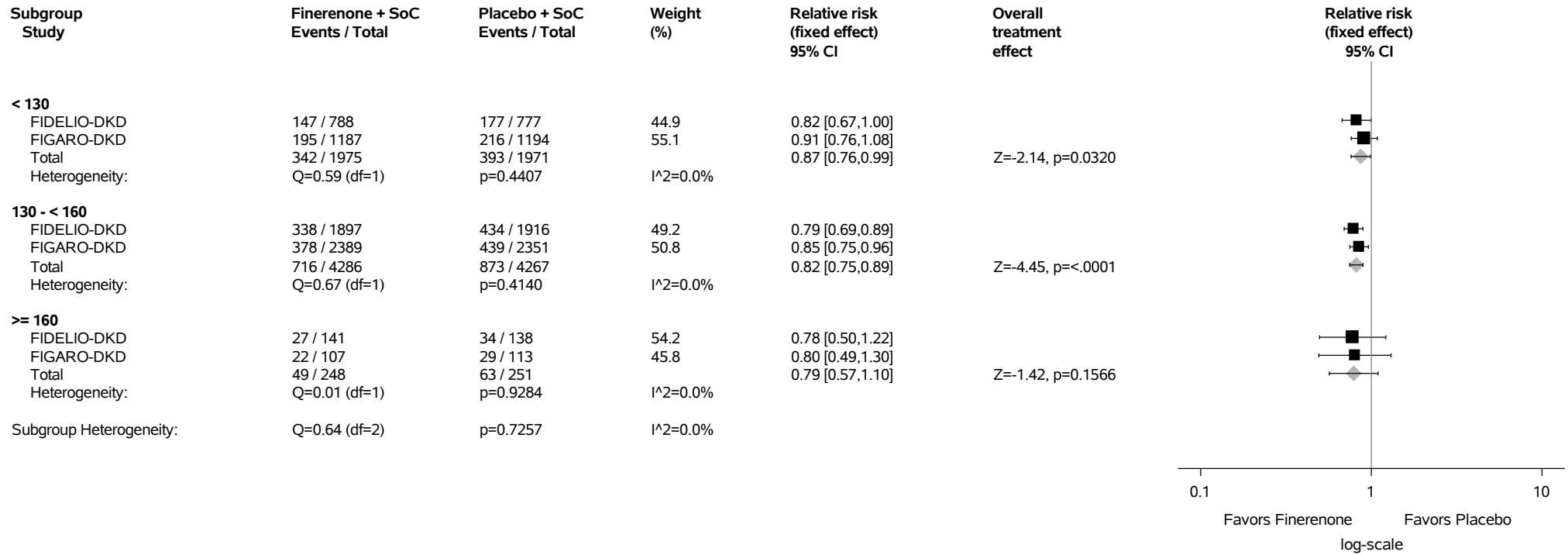
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.36.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

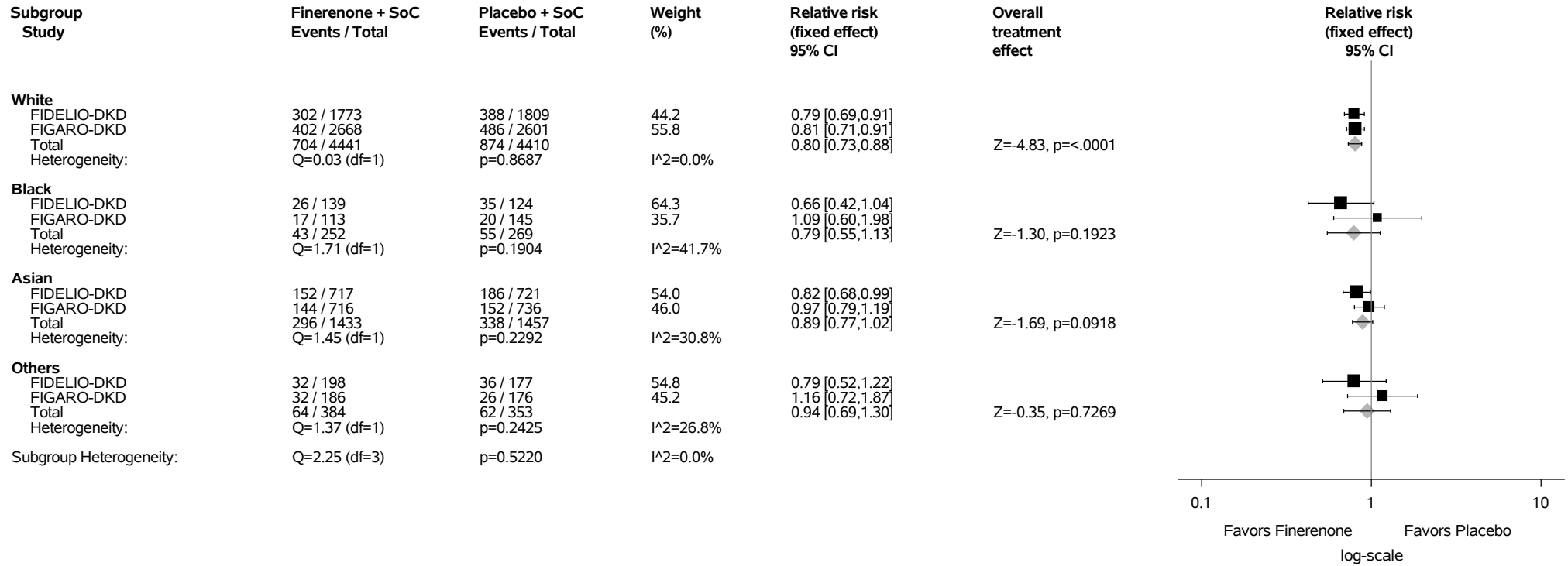
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.36.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

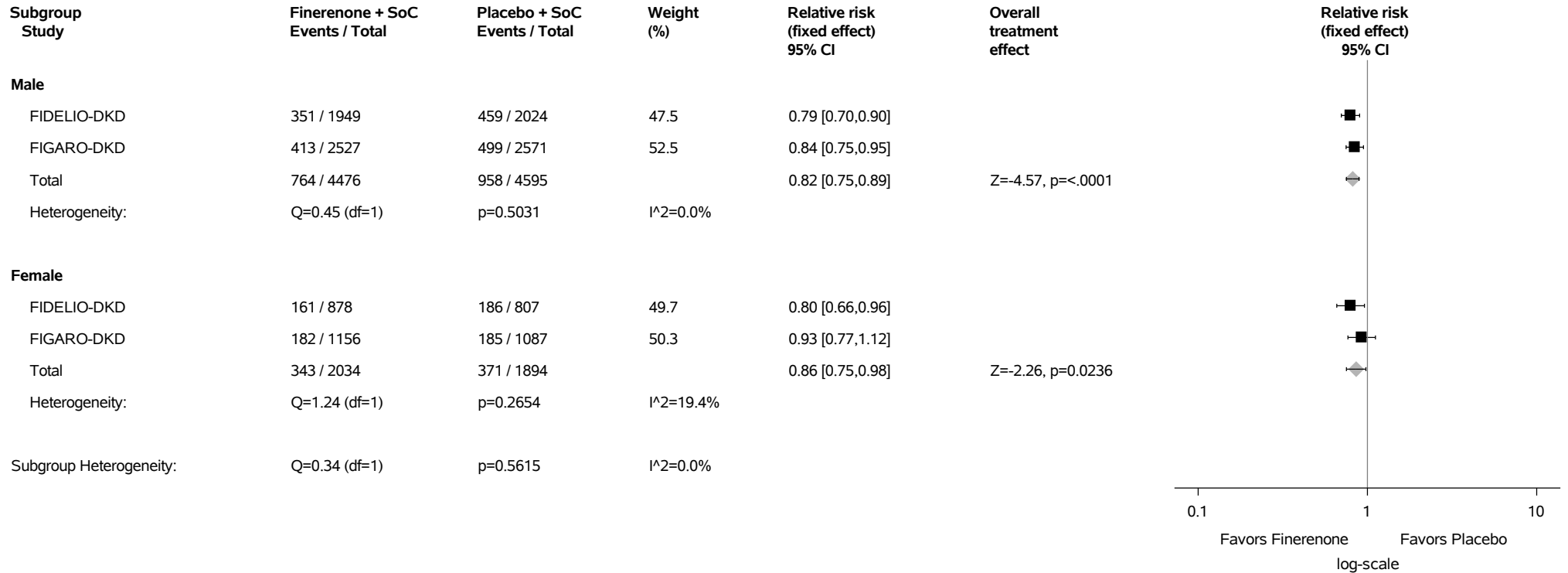
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.36.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



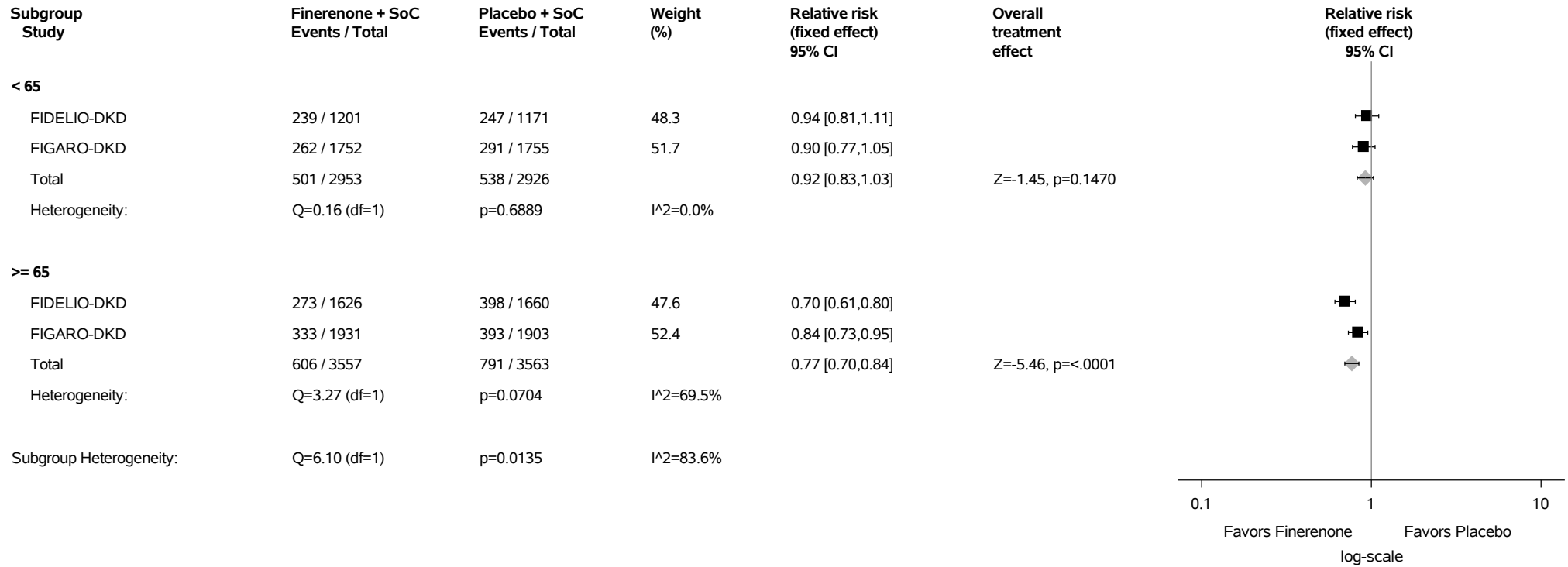
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

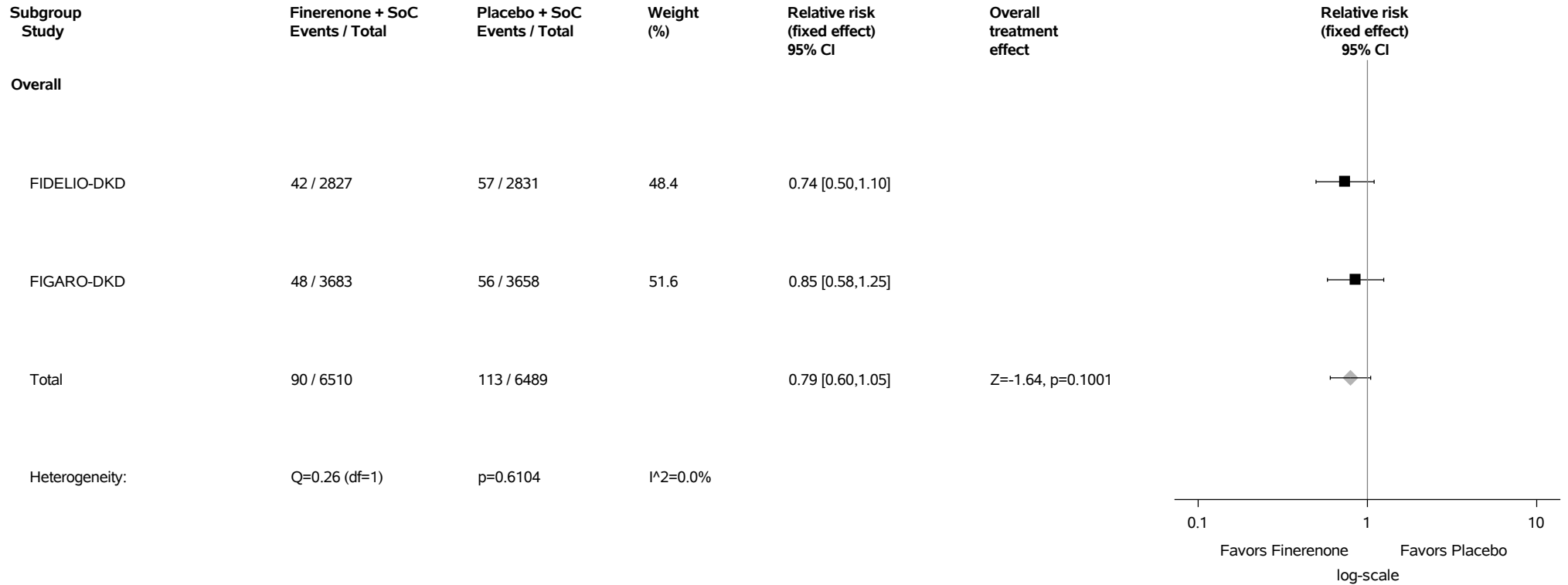
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.36.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set



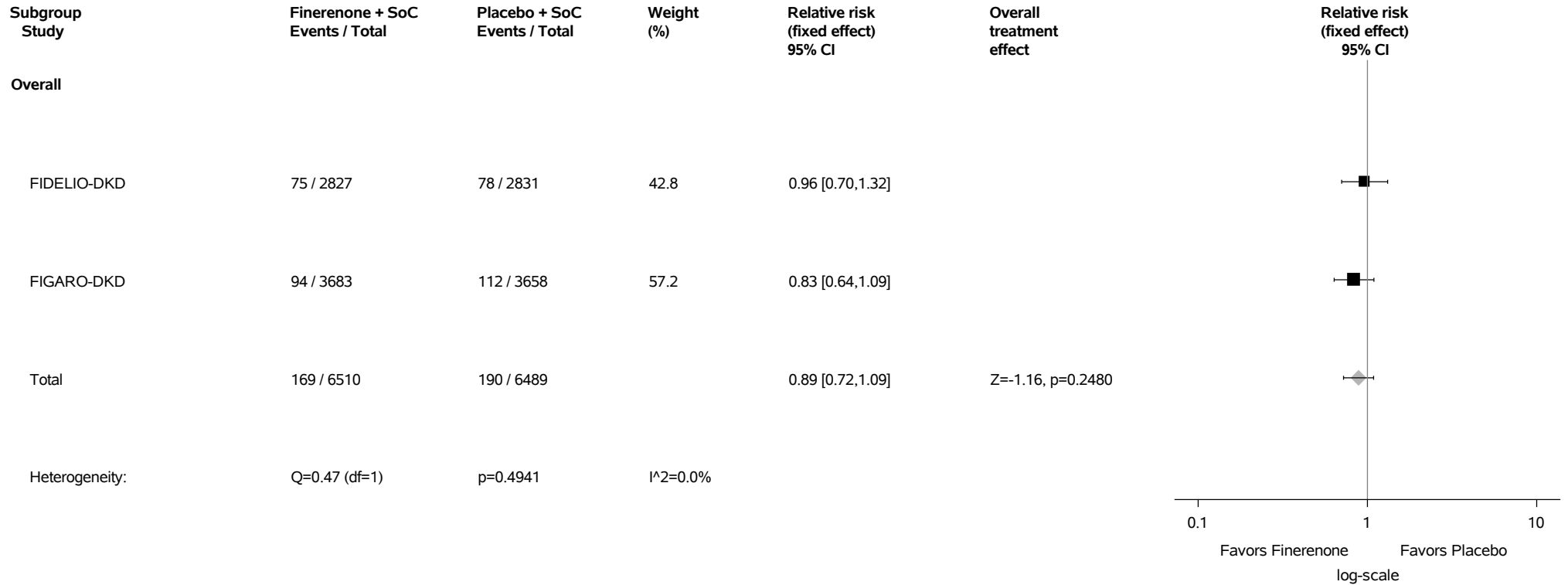
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.37: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.38: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) Safety Analysis Set



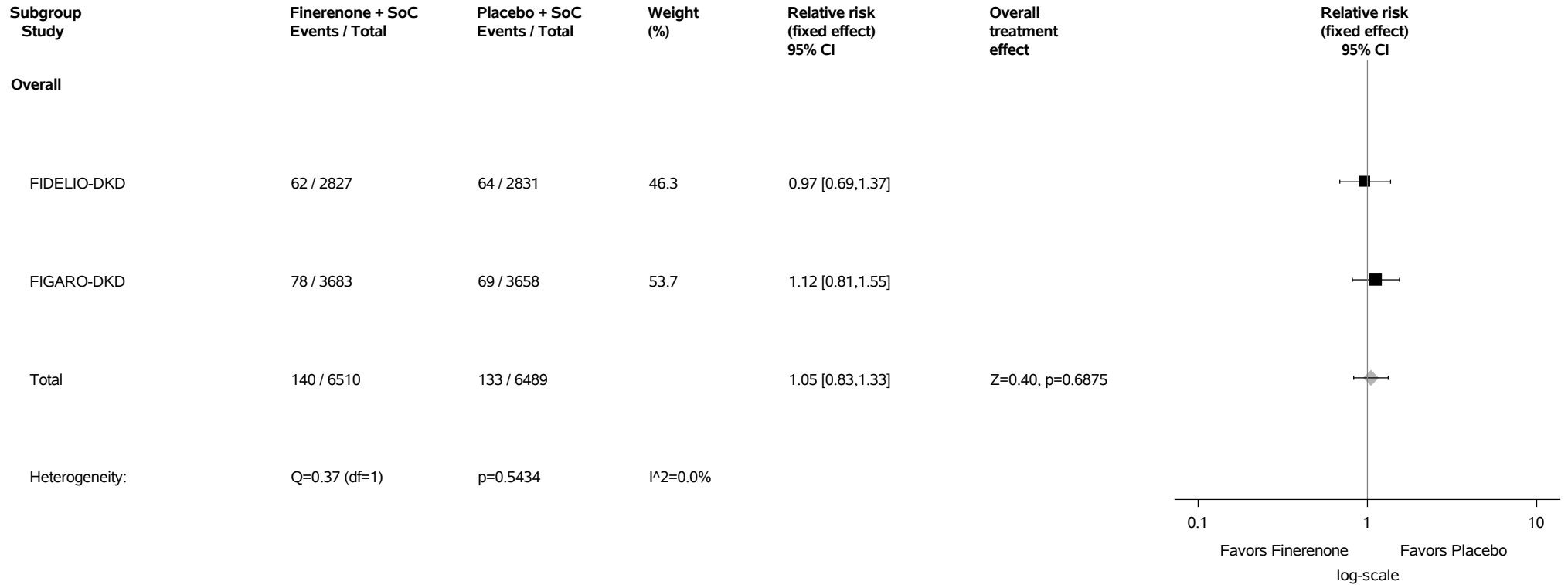
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

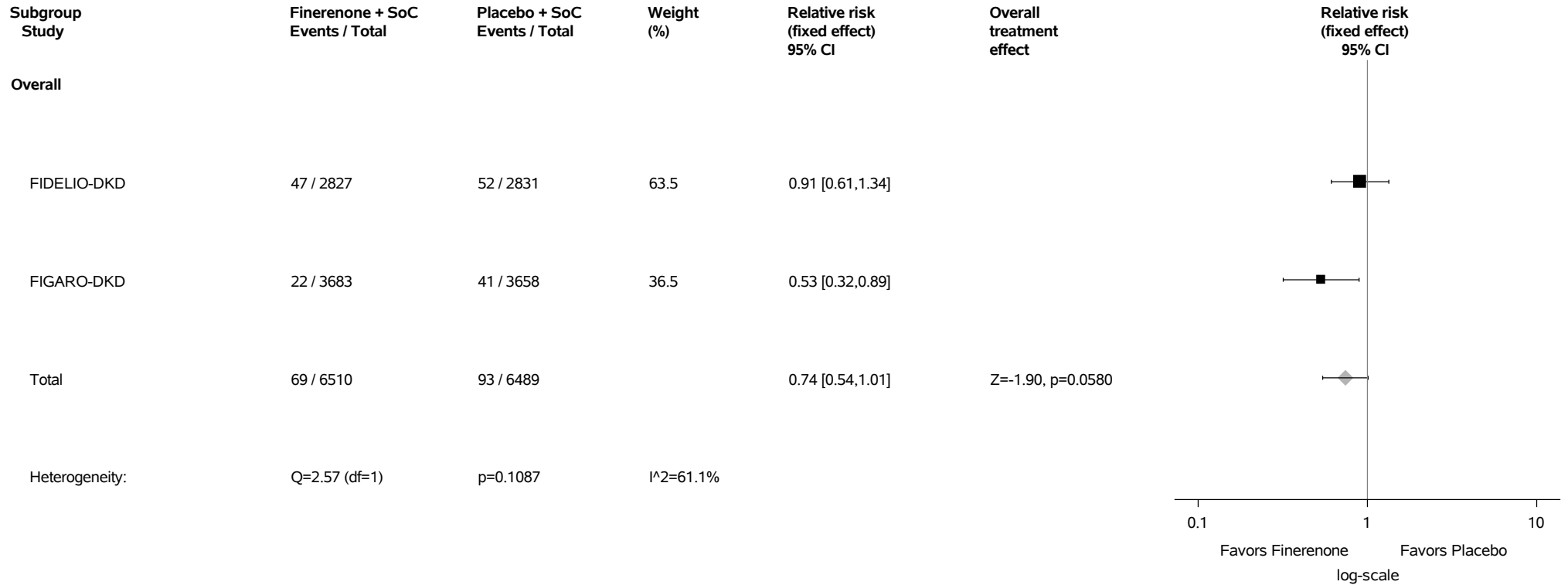
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.39: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.40: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%) Safety Analysis Set



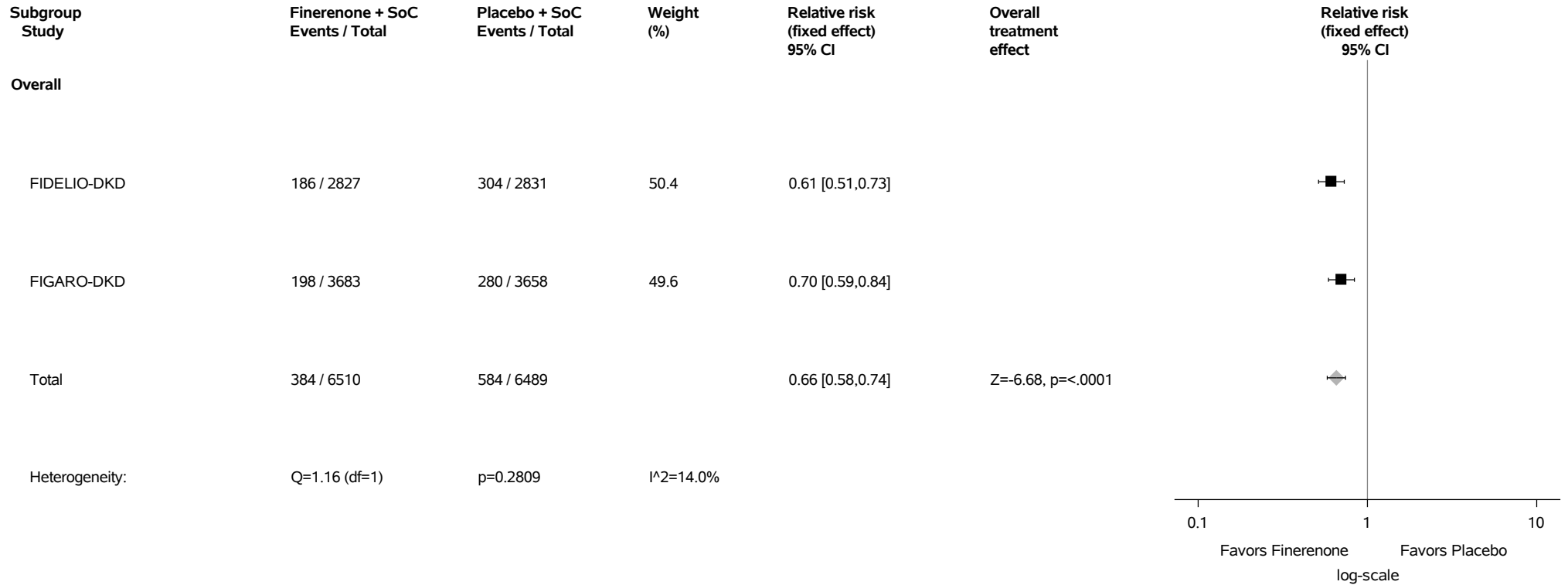
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

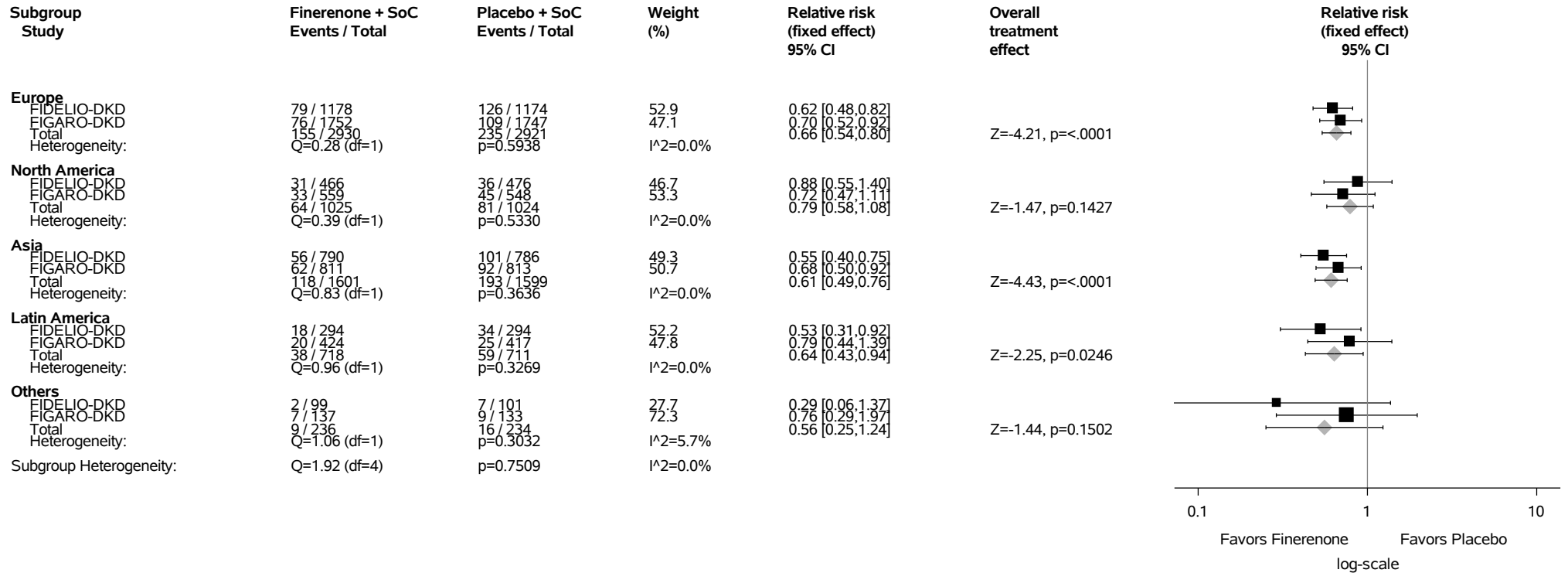
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.41: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.41.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



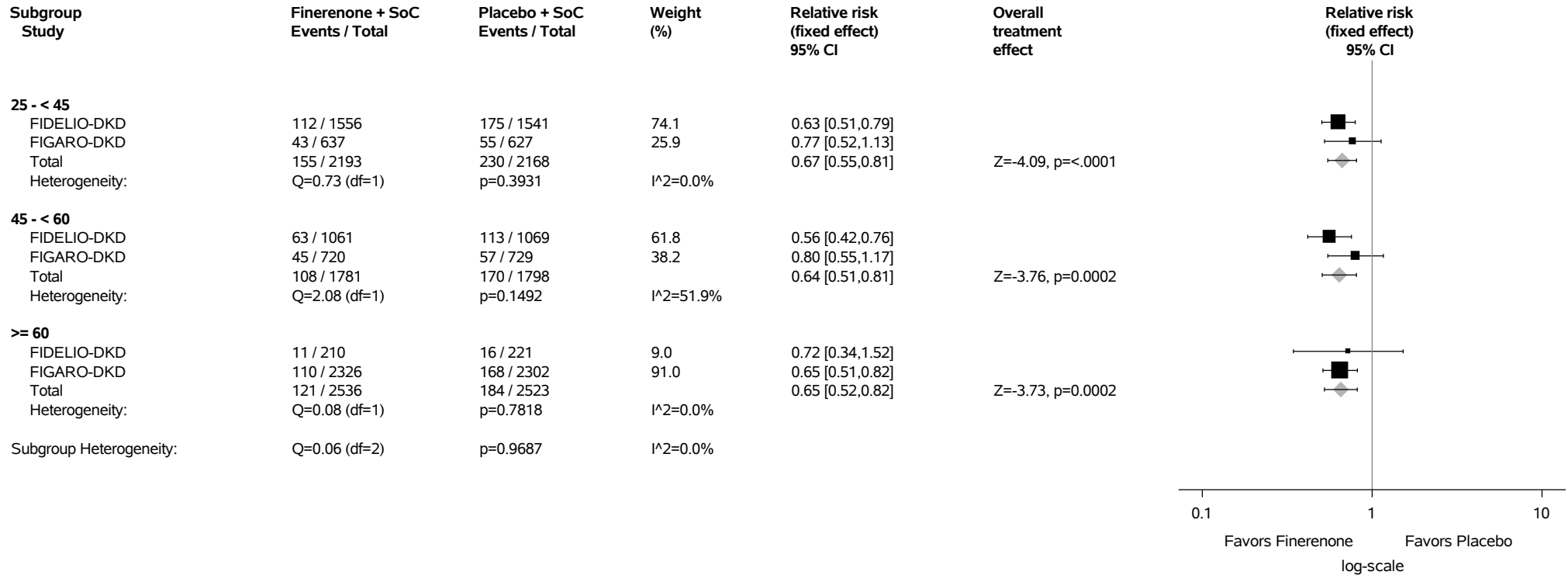
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

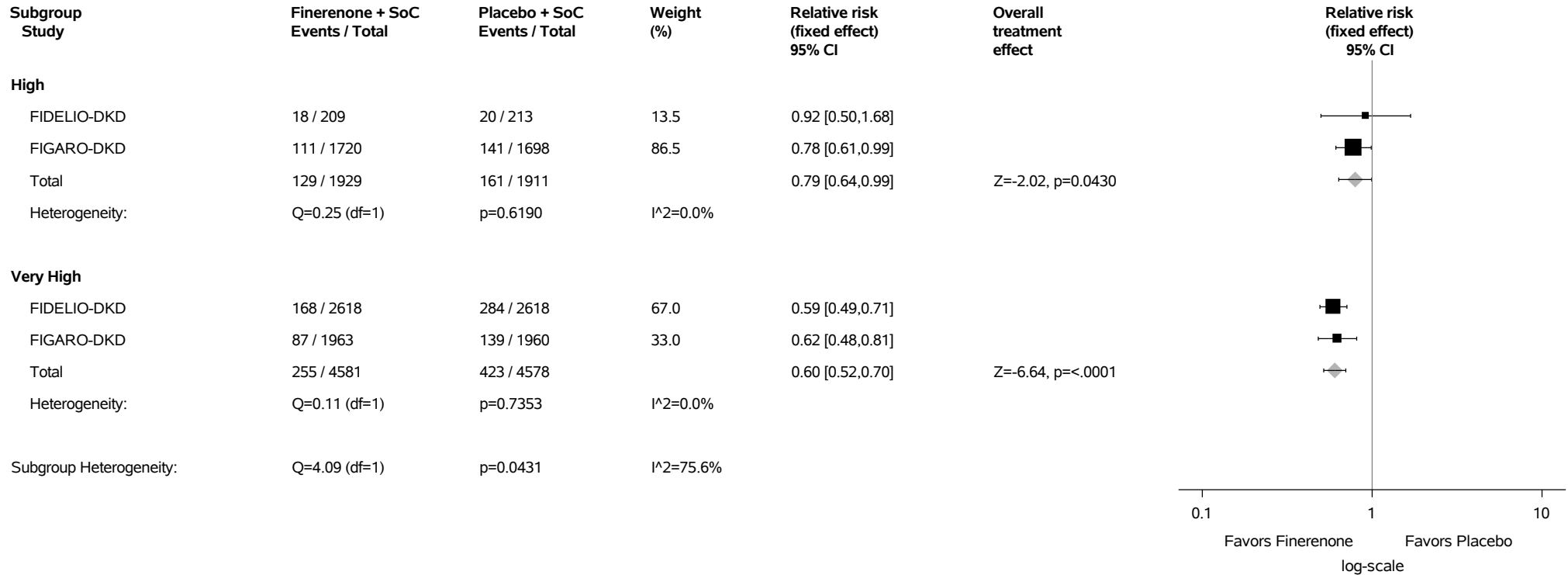
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.41.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.41.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



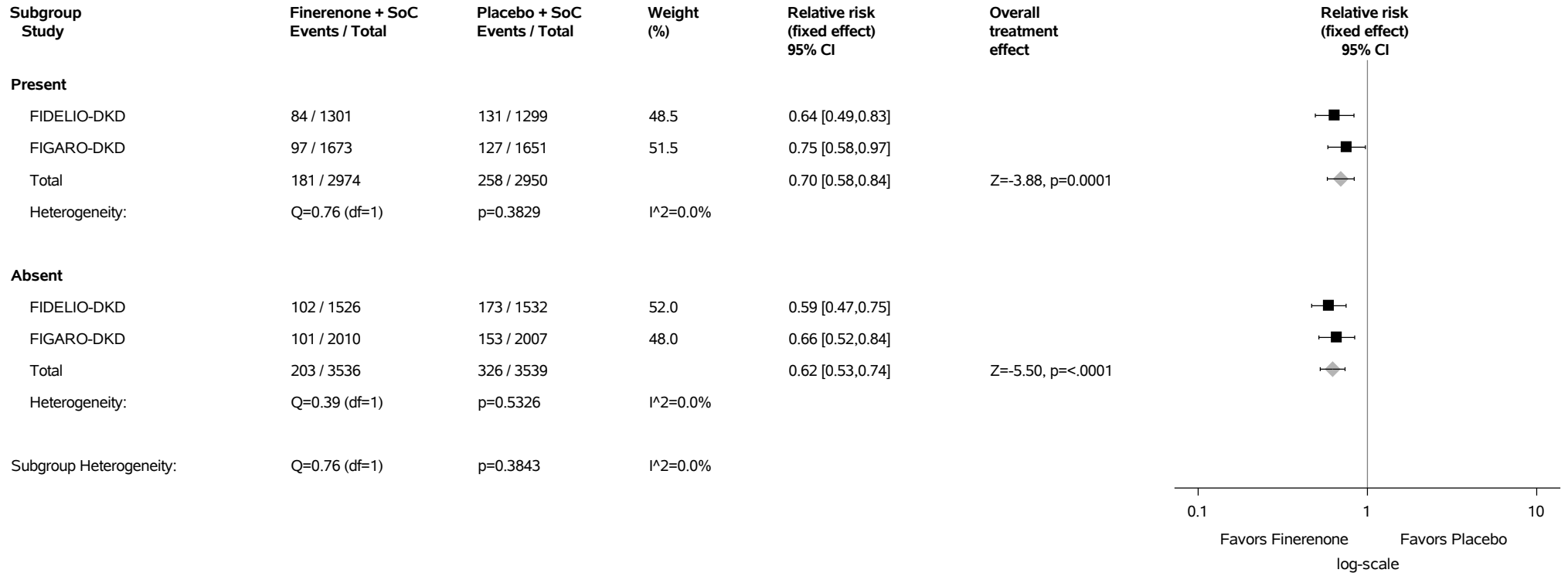
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.41.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



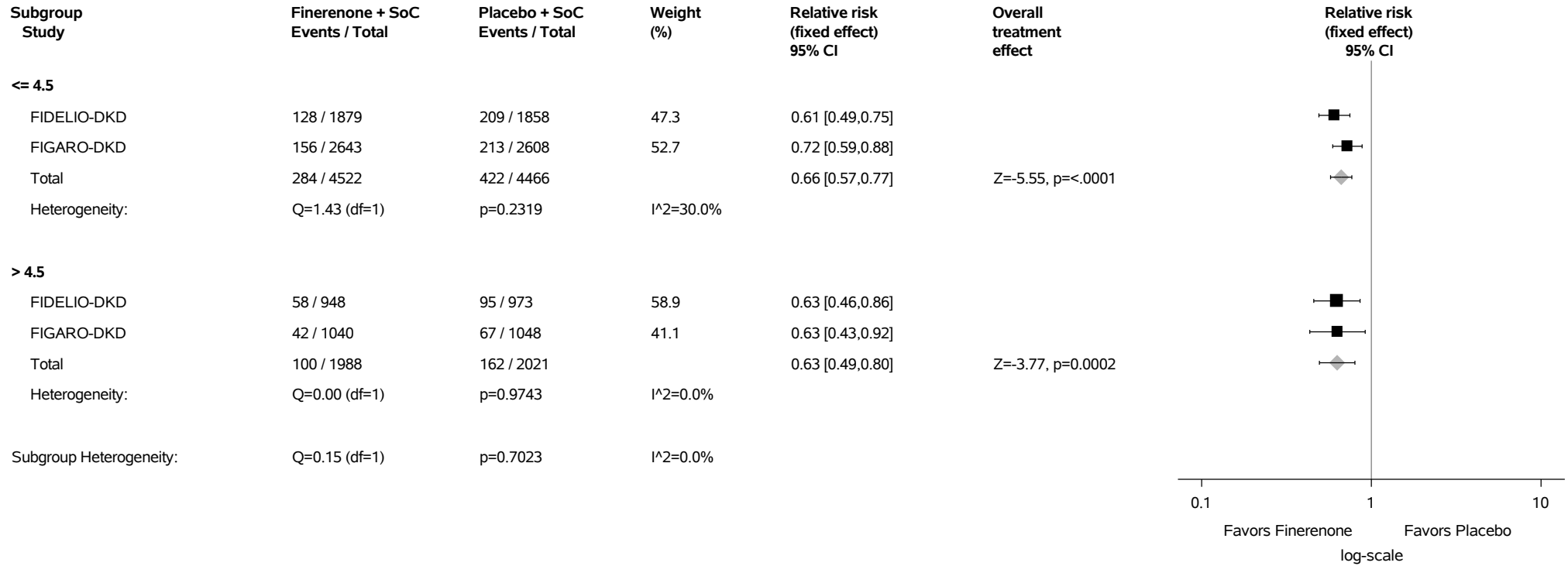
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.41.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

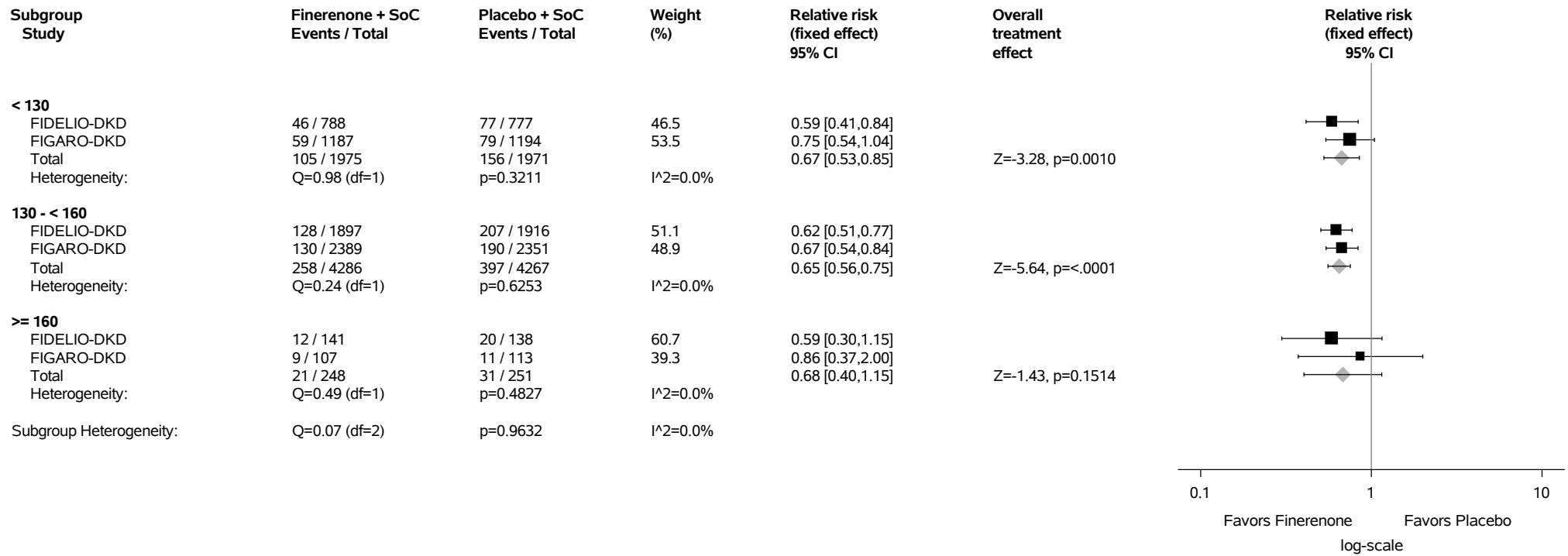
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.41.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

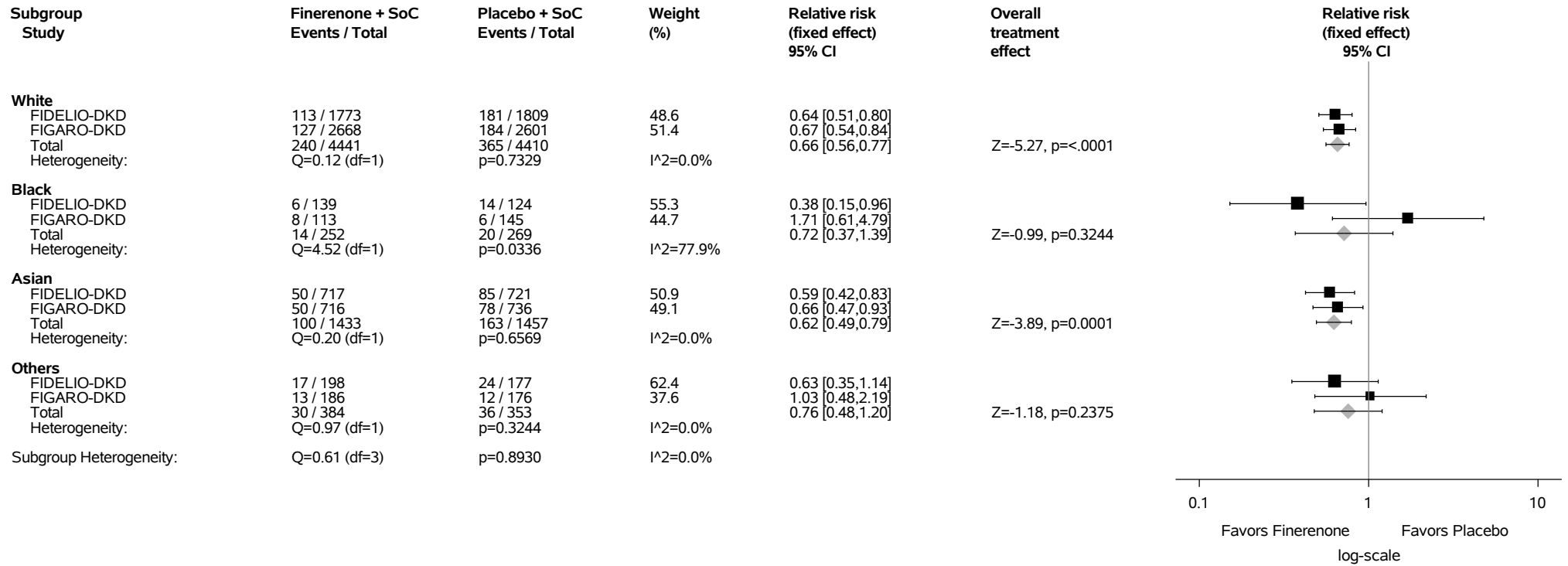
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.41.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

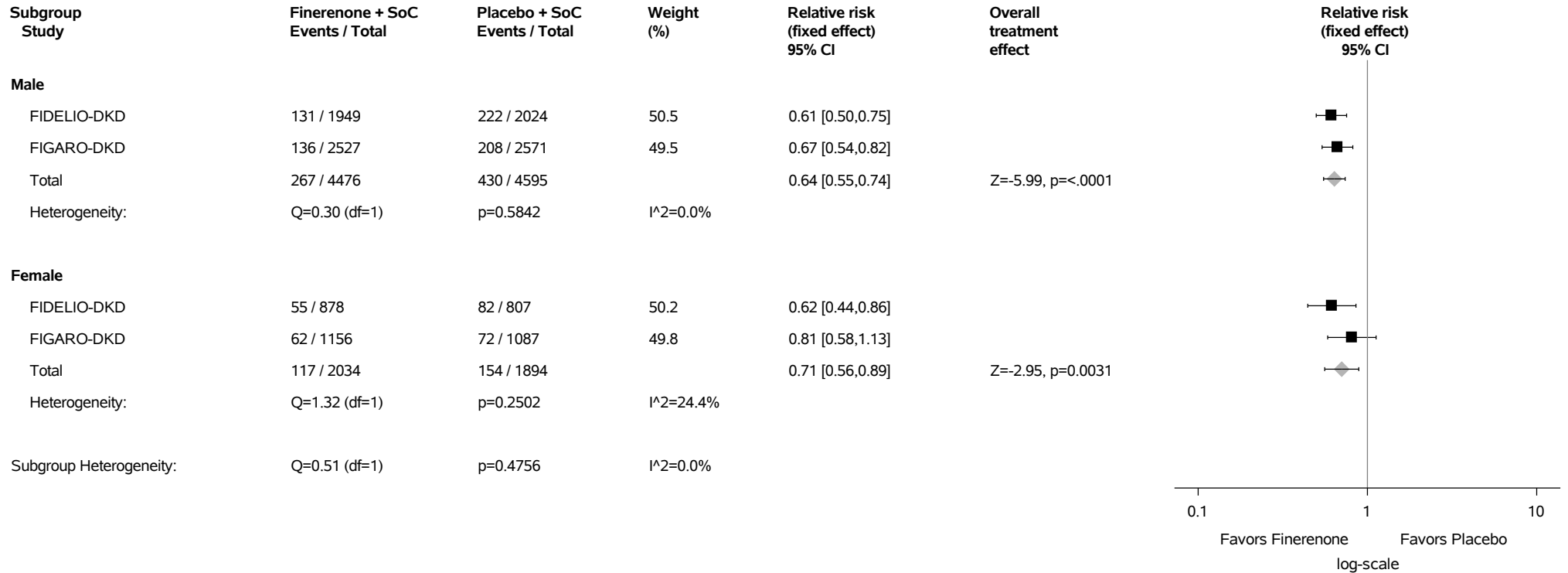
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.41.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



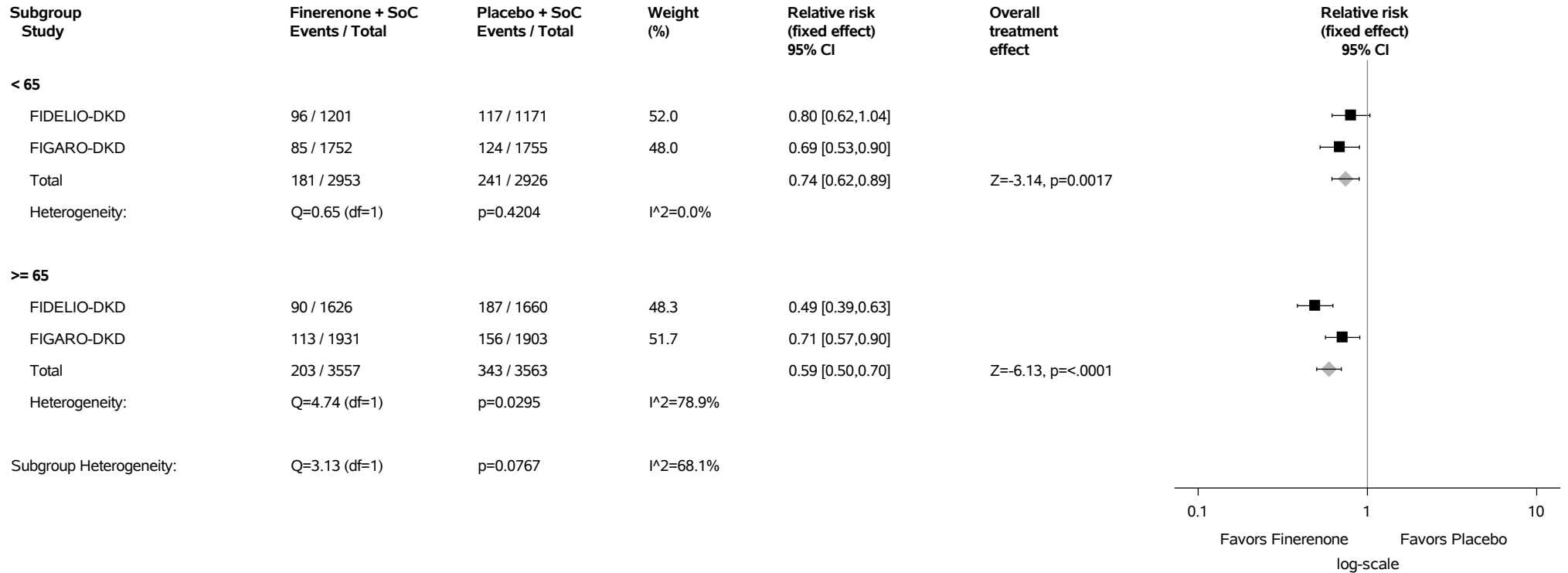
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.41.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



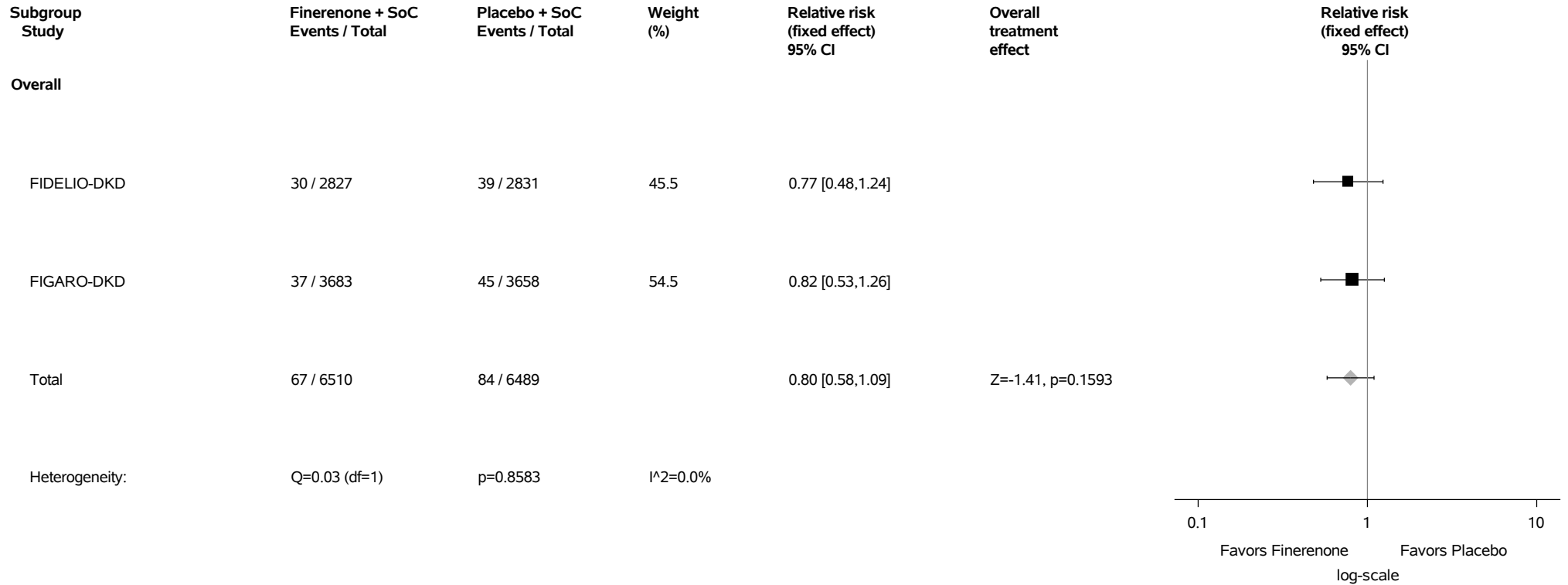
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

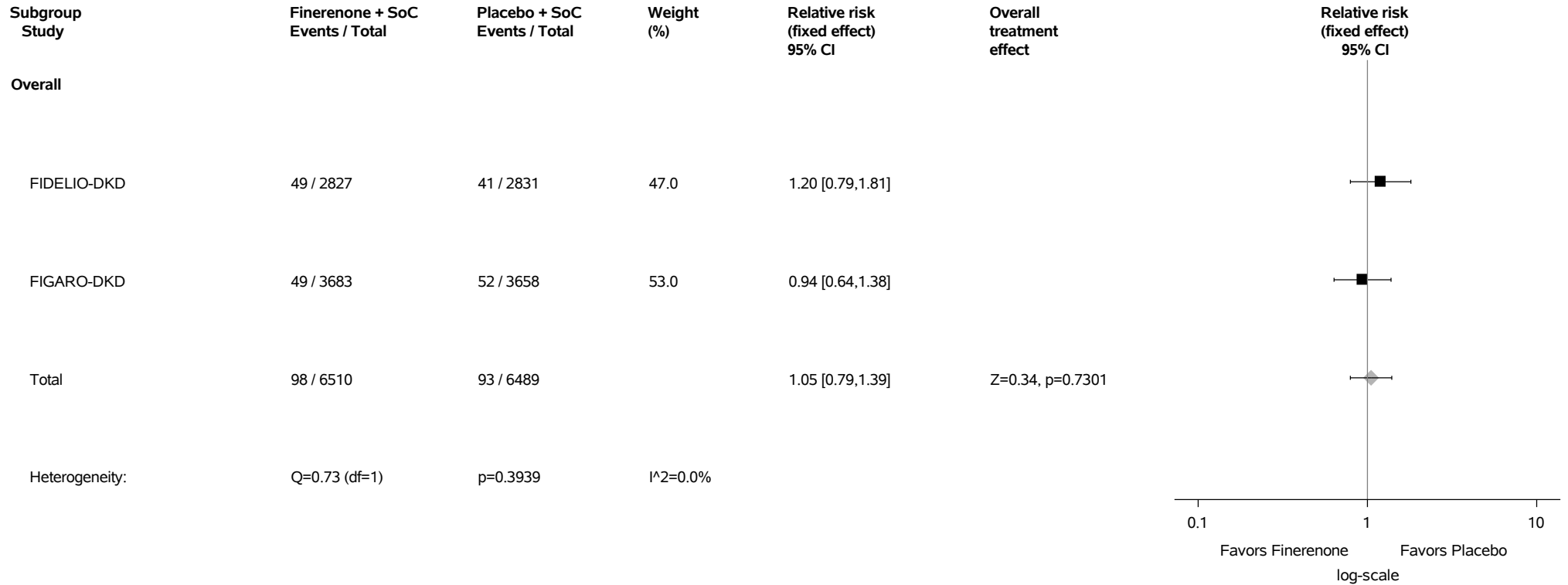
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.42: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) Safety Analysis Set



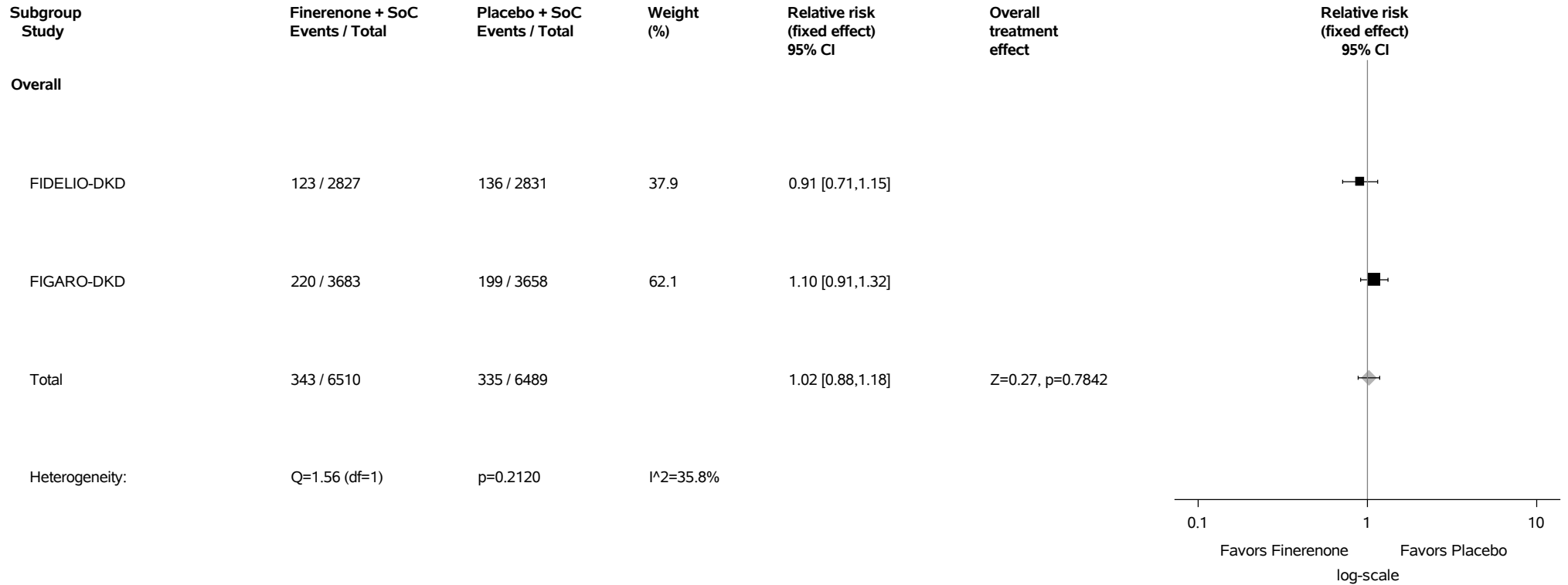
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.43: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) Safety Analysis Set



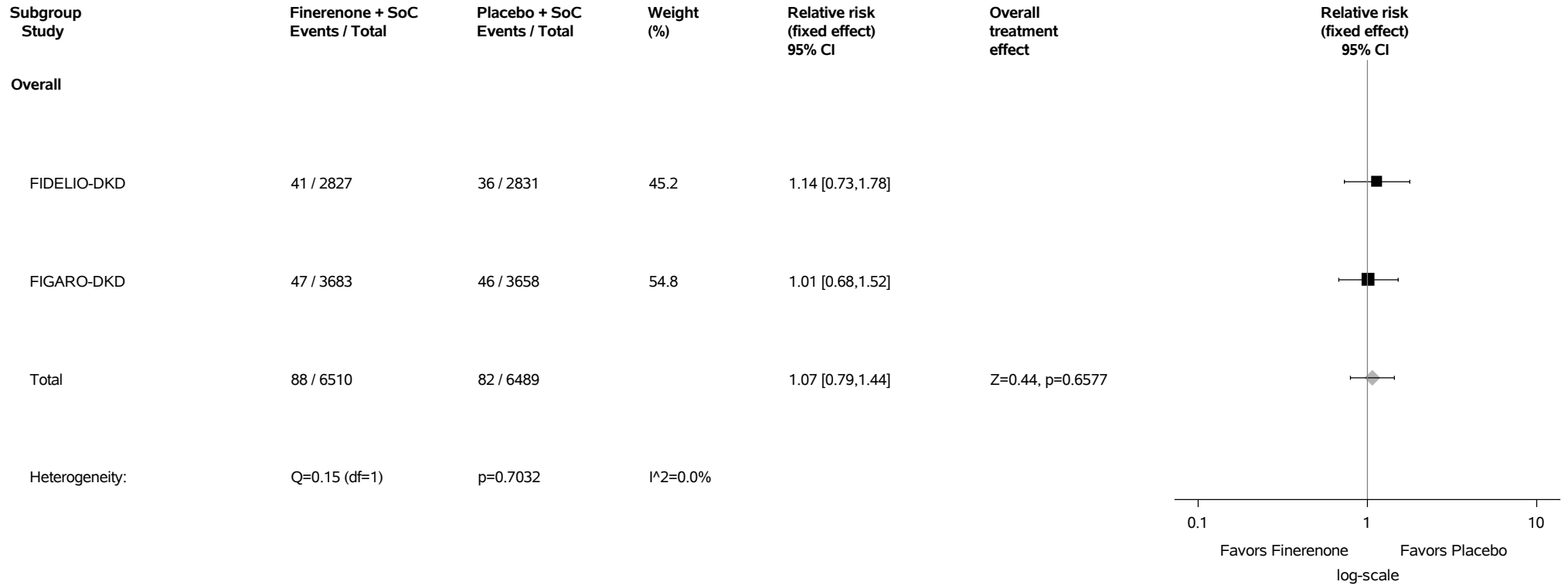
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.44: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.45: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) Safety Analysis Set



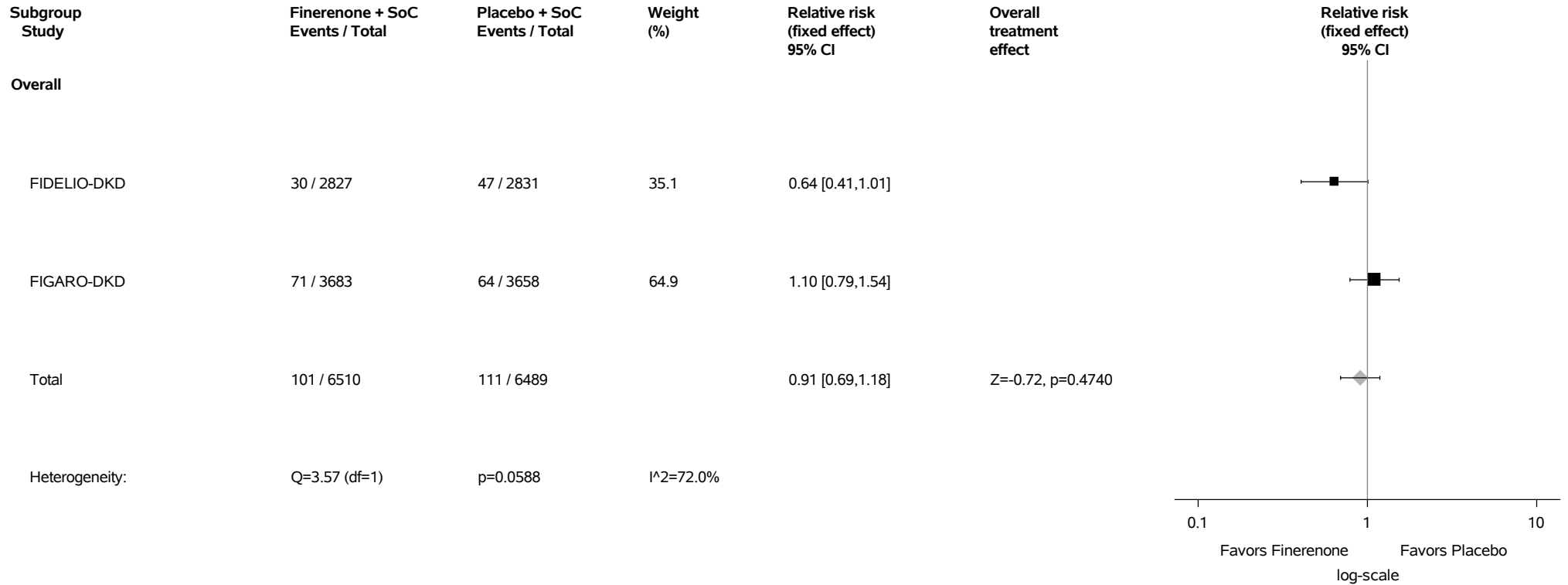
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

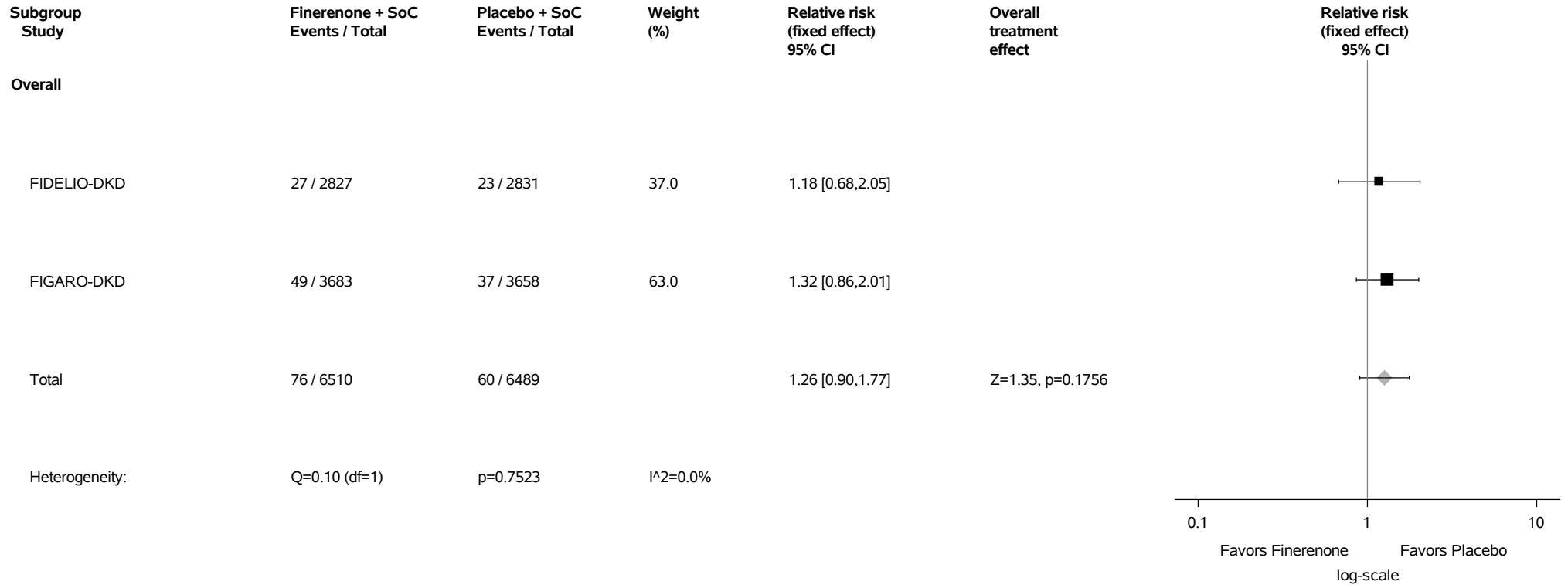
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.46: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.47: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) Safety Analysis Set



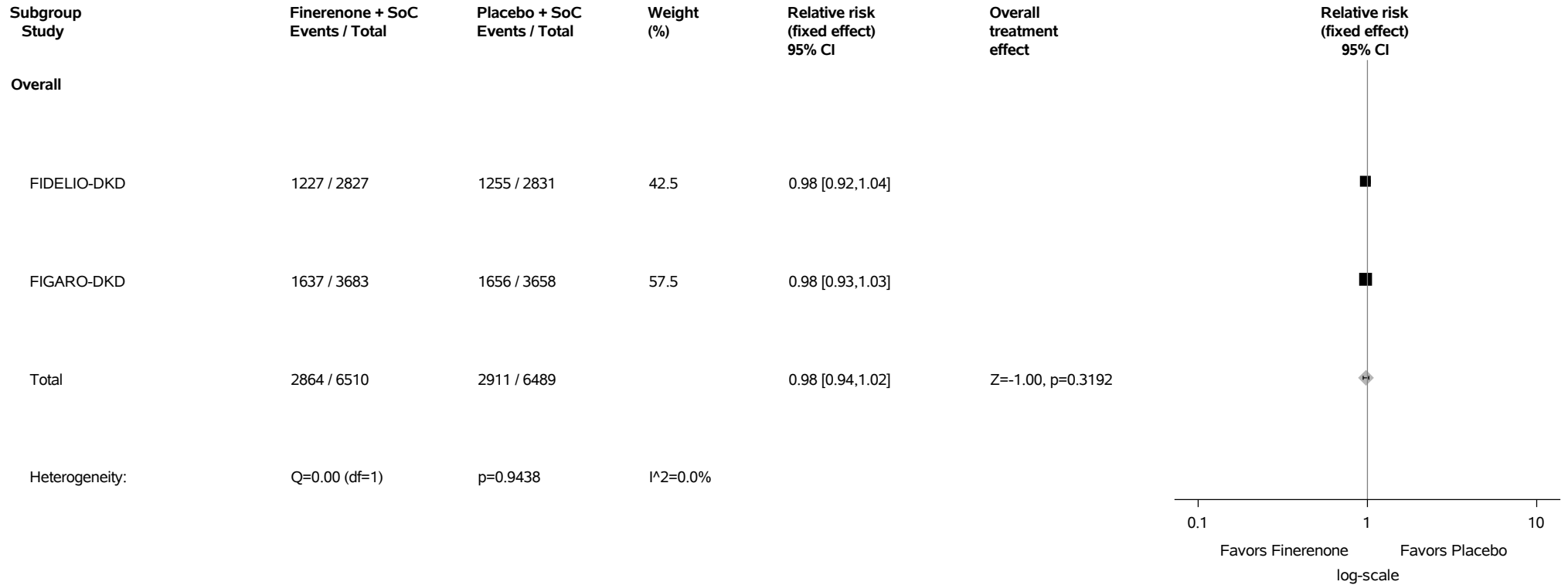
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.48: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set



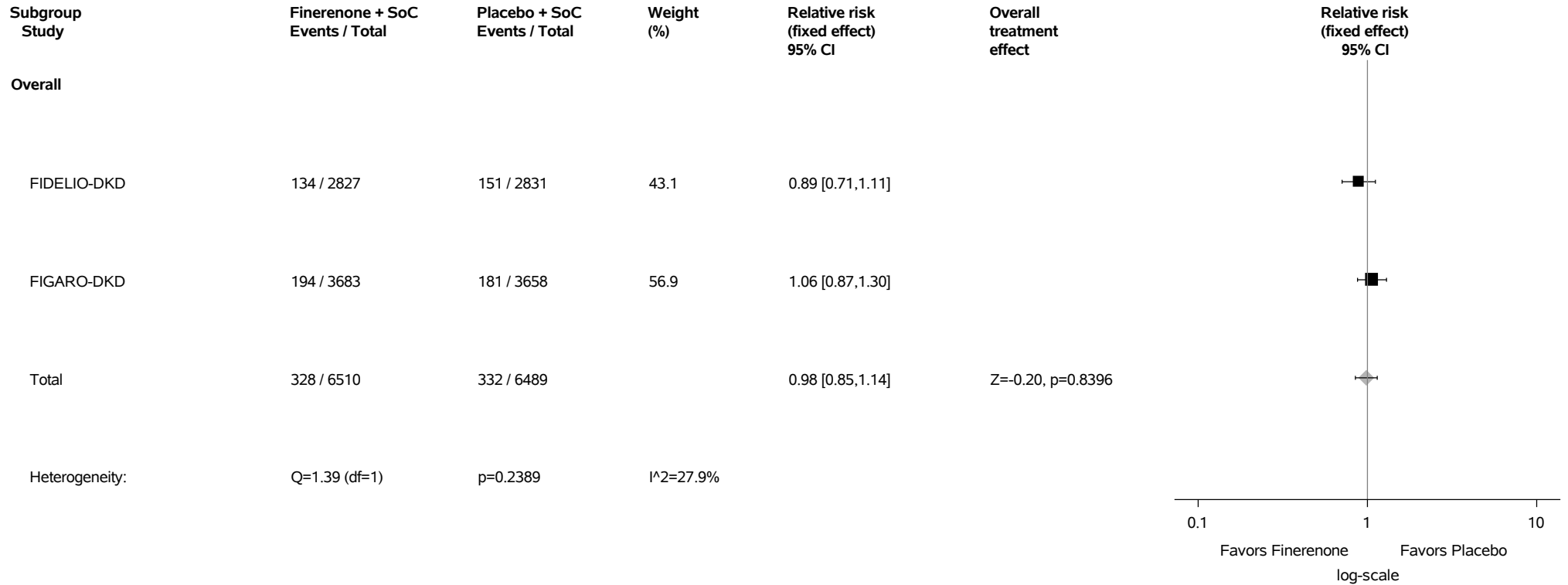
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.49: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) Safety Analysis Set



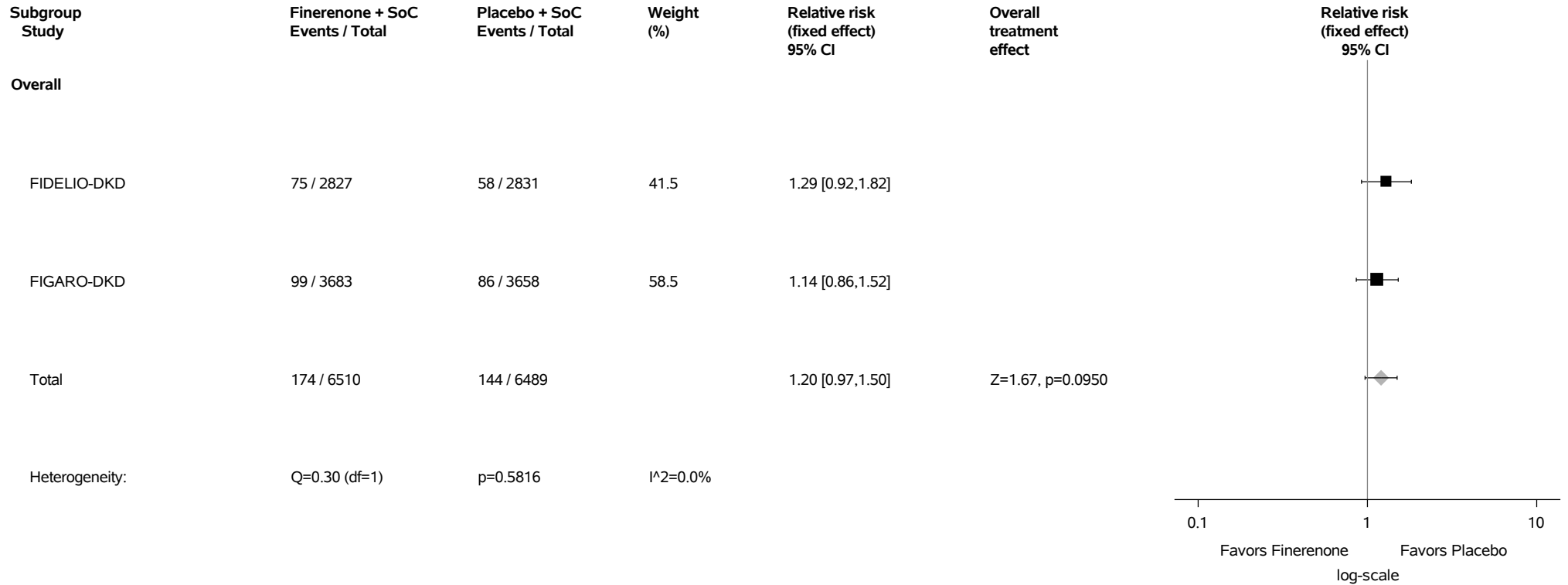
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.50: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) Safety Analysis Set



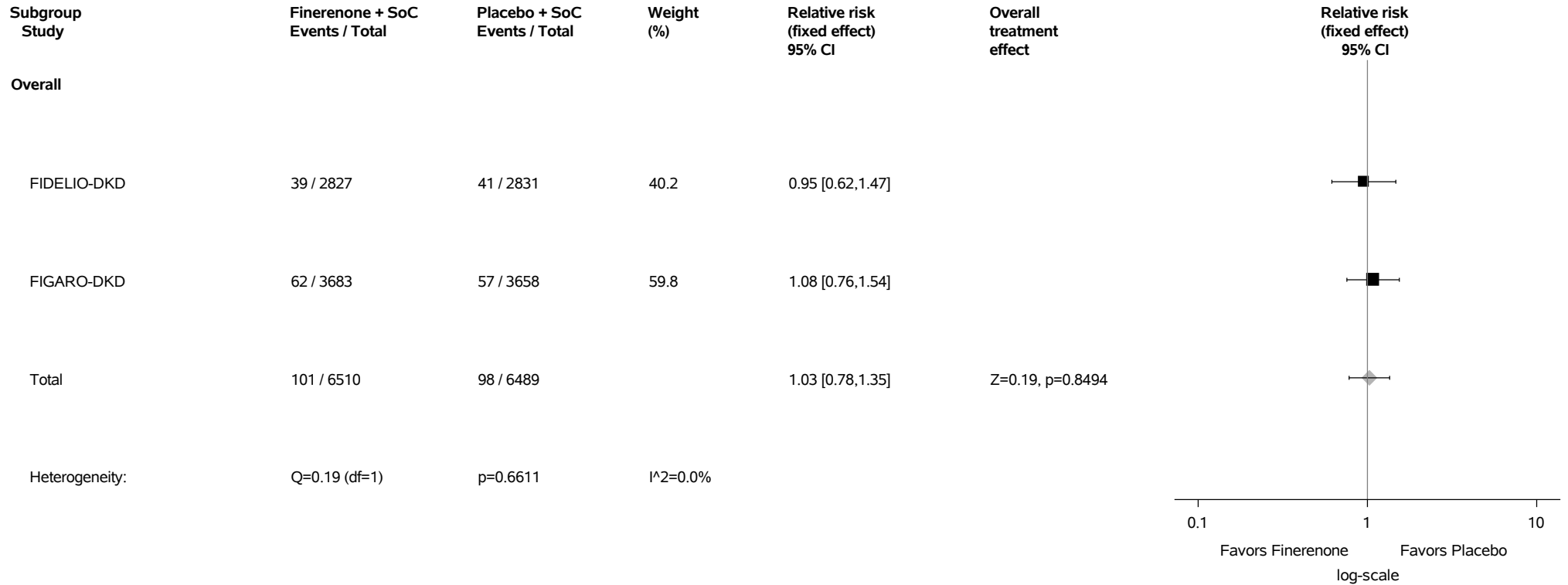
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

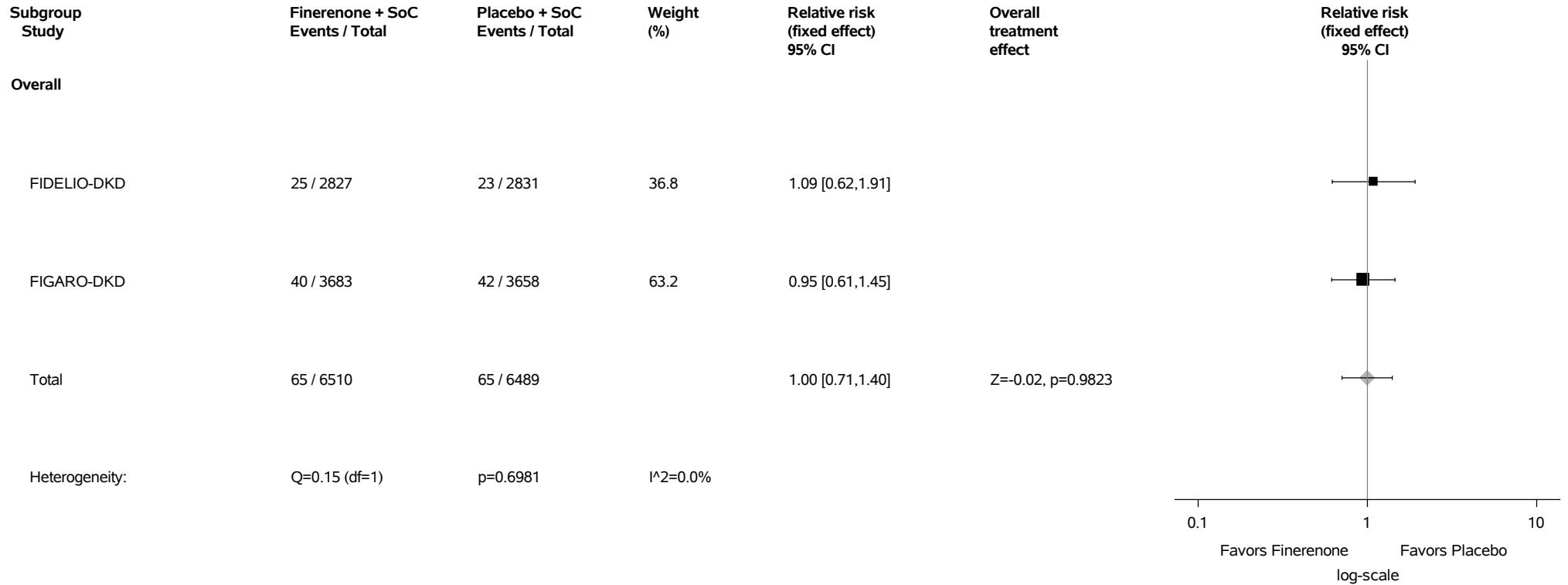
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.51: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) Safety Analysis Set



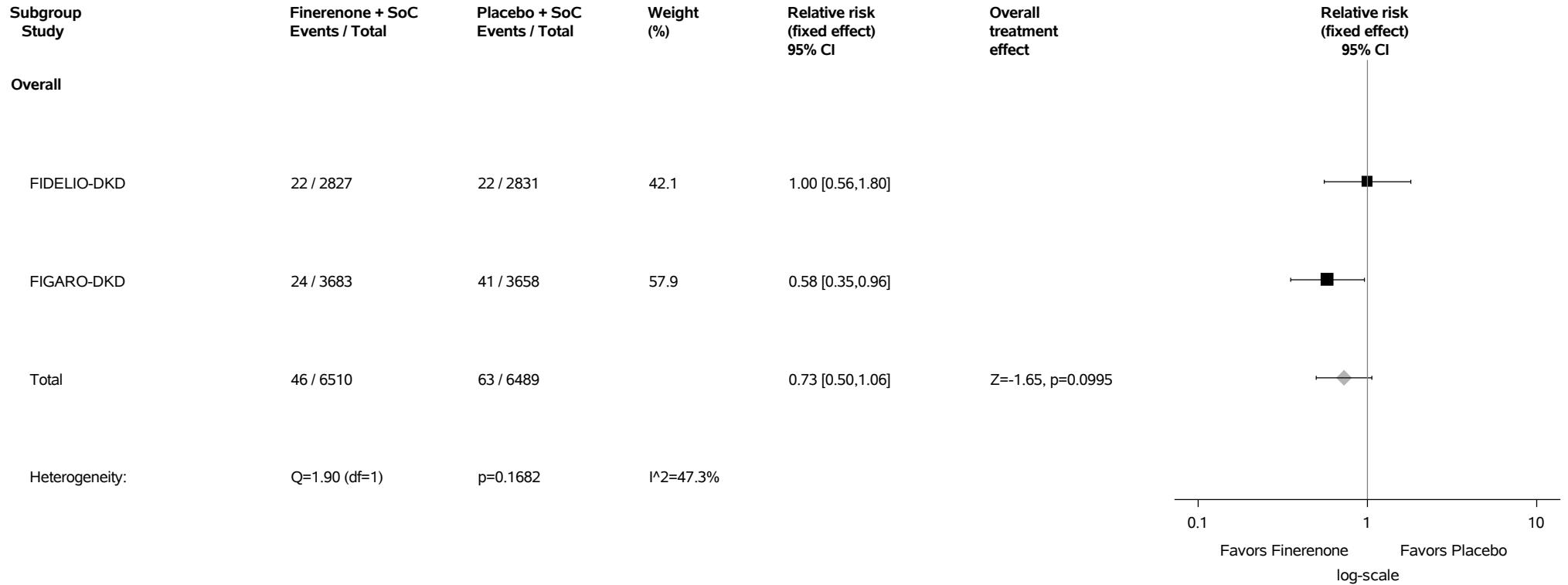
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.52: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cystitis (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.53: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) Safety Analysis Set



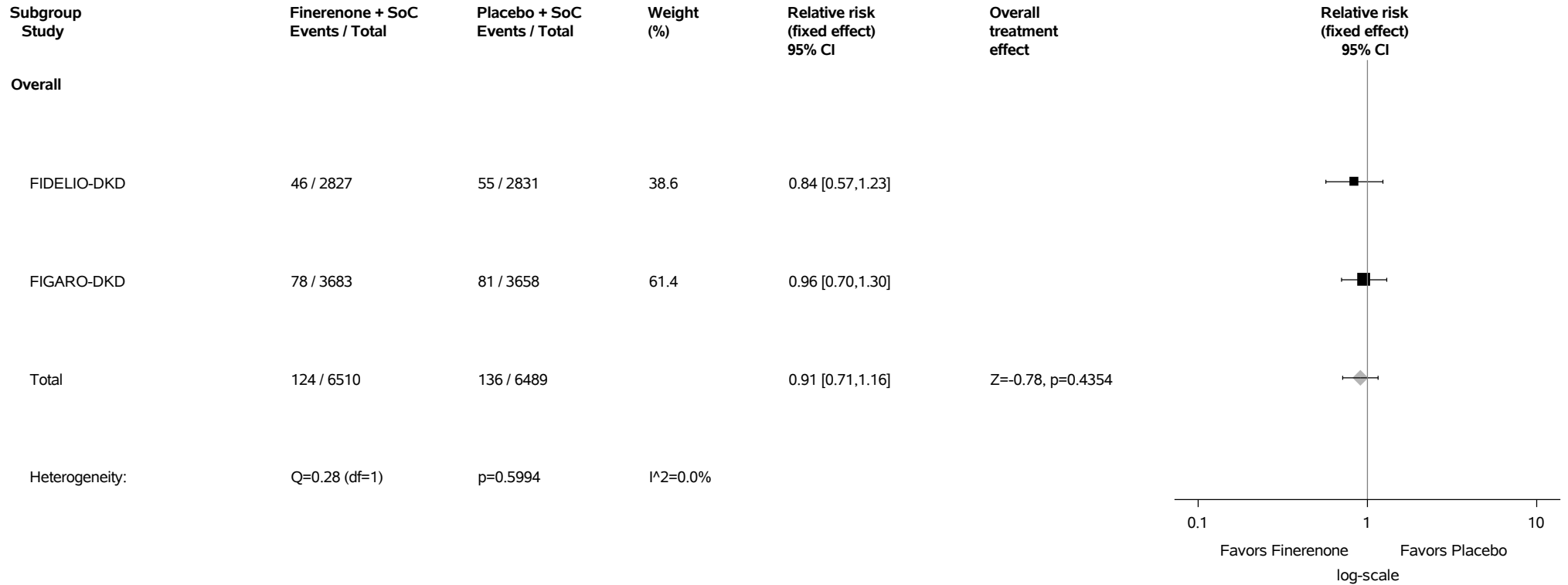
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

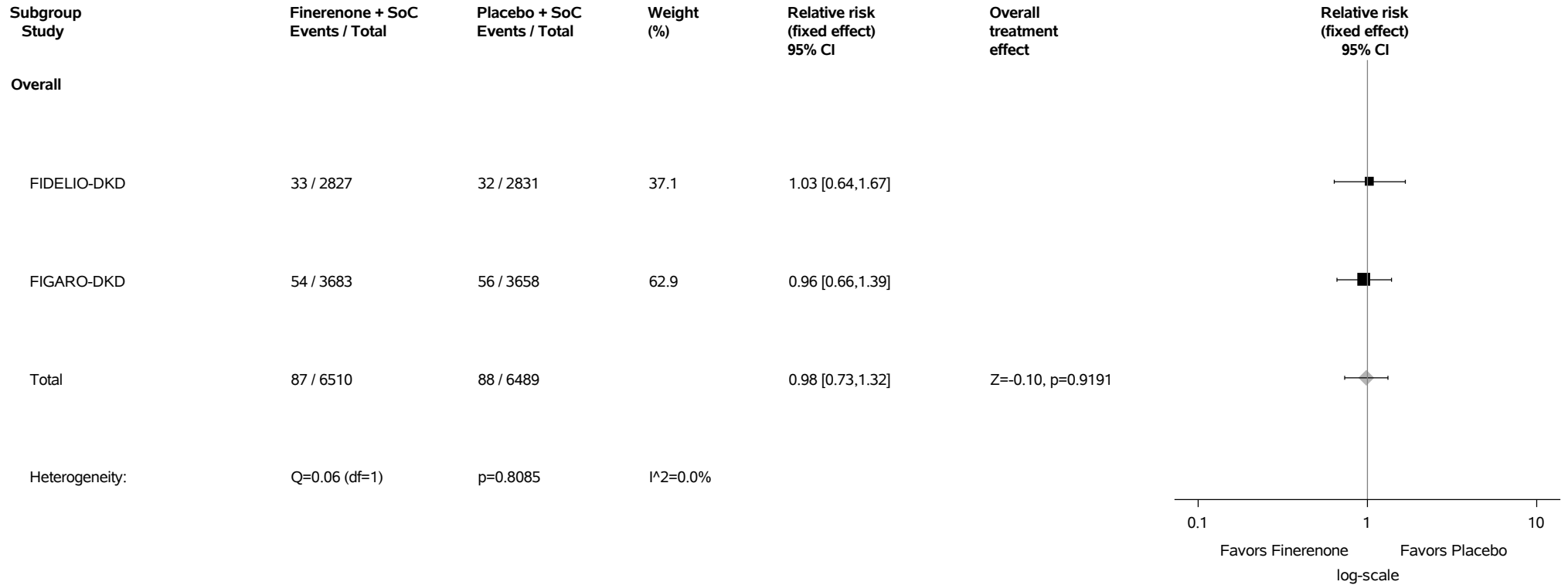
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.54: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.55: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) Safety Analysis Set



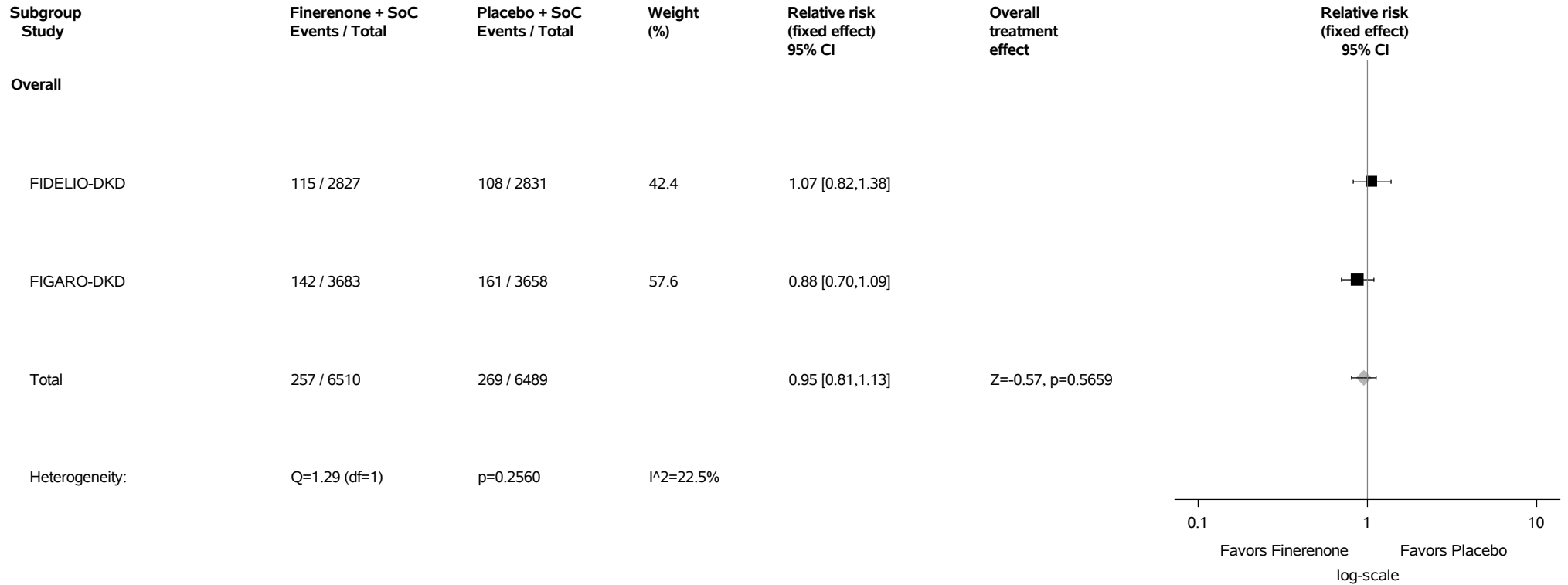
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

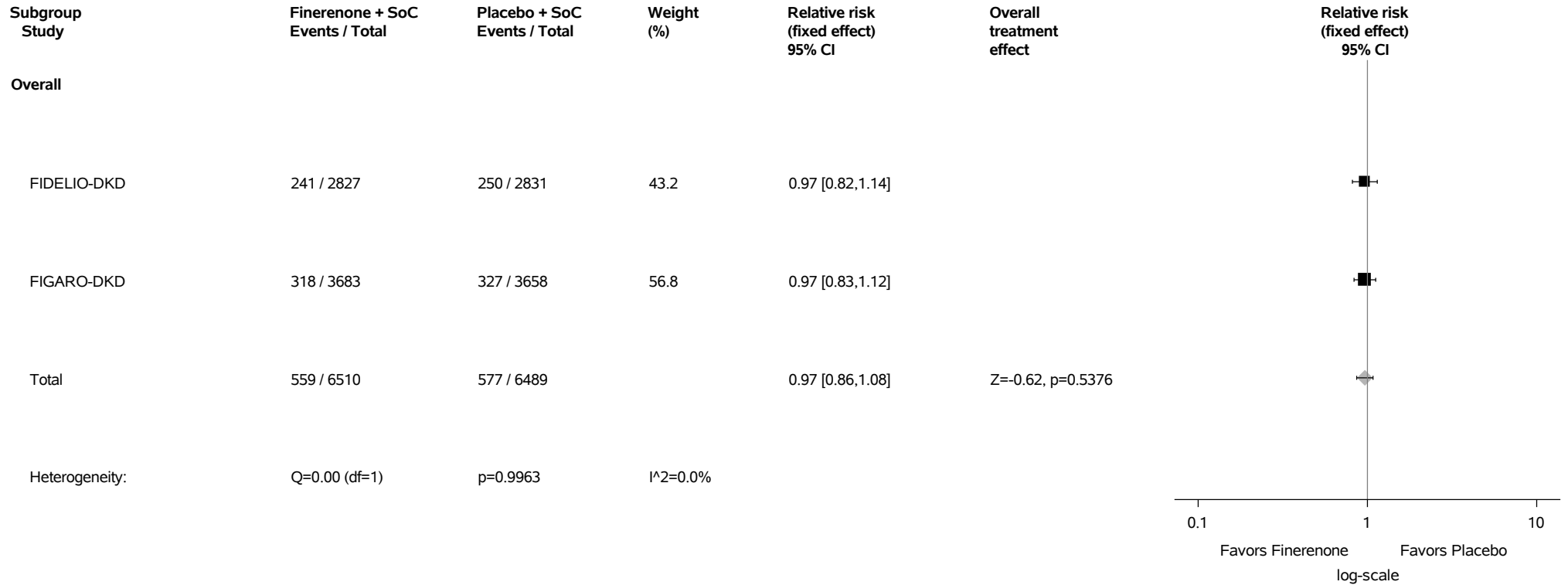
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.56: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.57: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) Safety Analysis Set



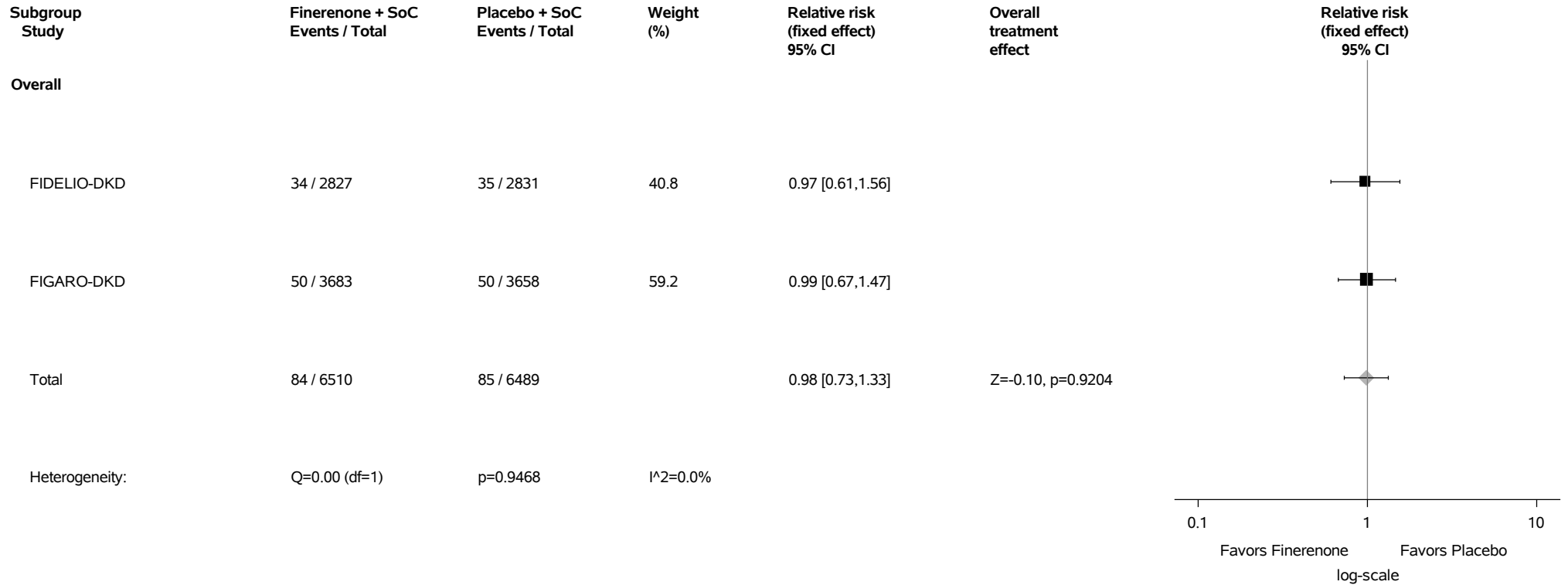
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

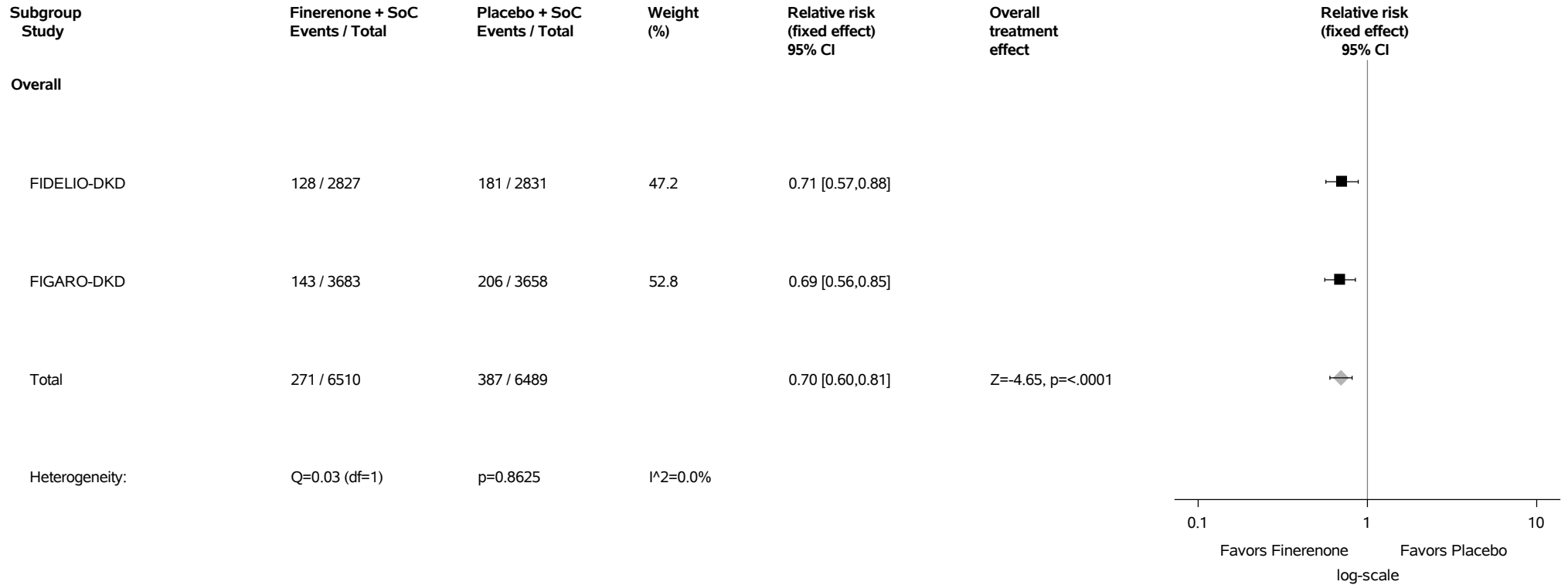
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.58: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.59: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



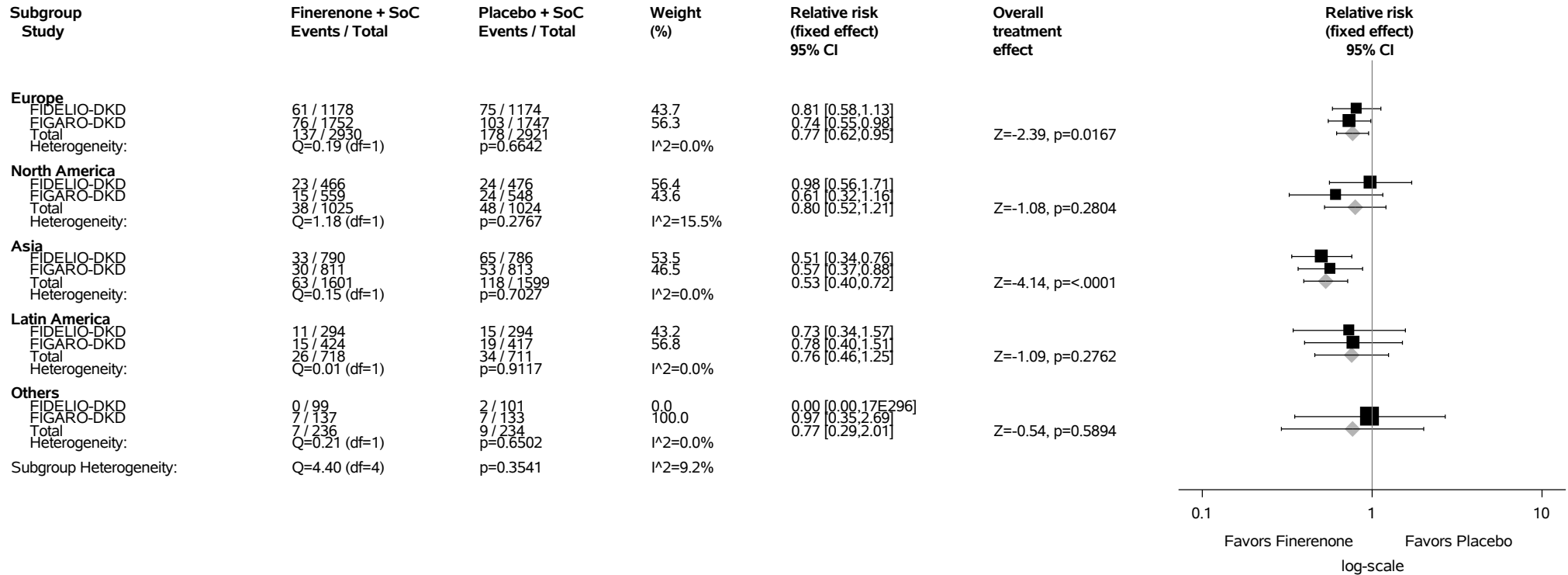
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.59.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



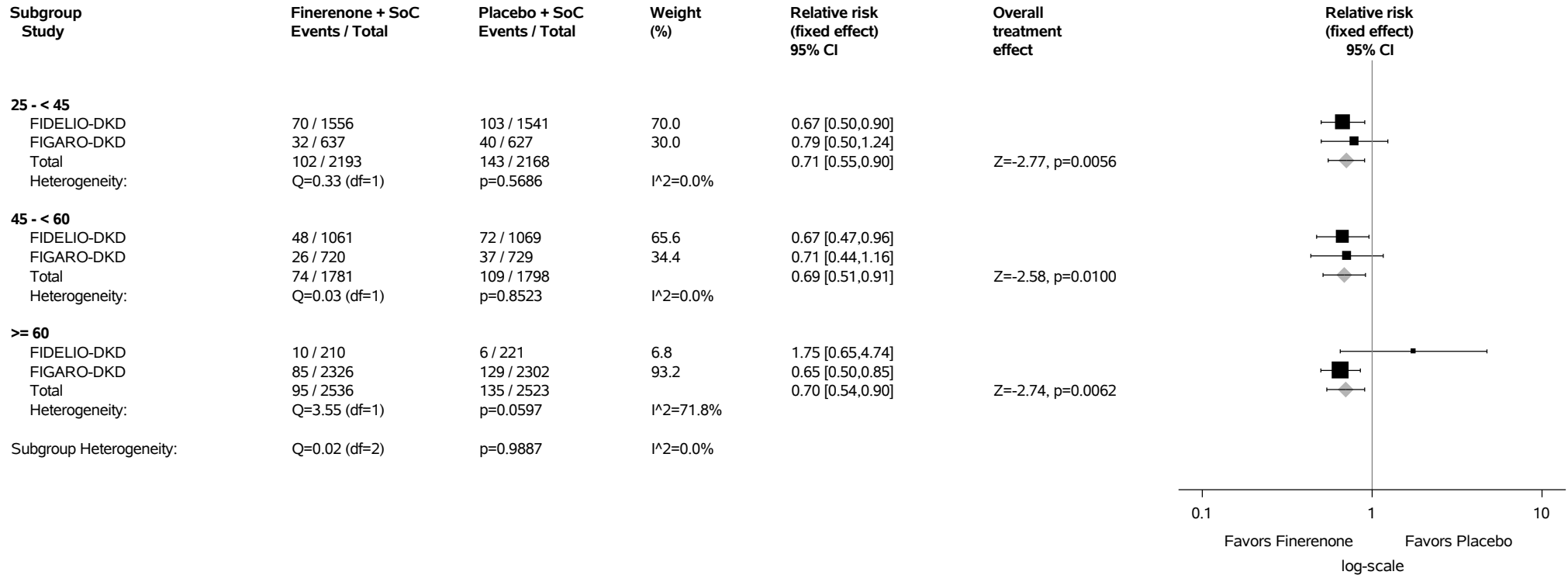
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.59.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



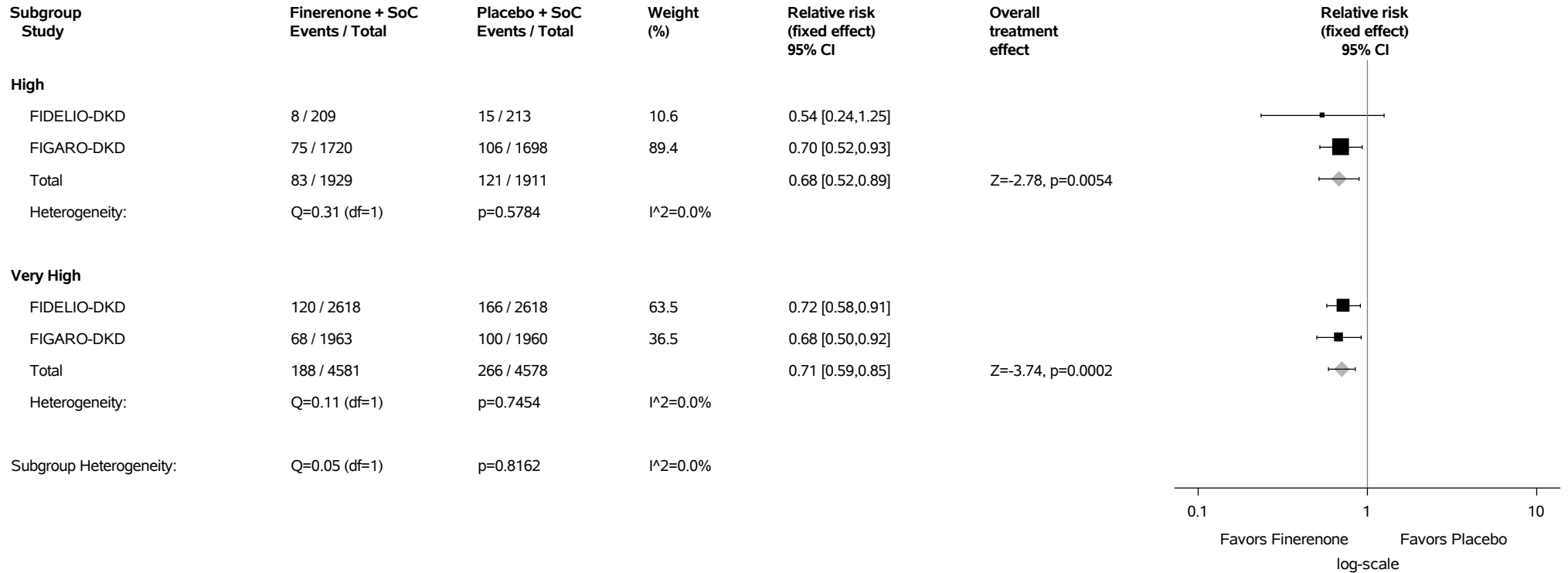
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.59.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



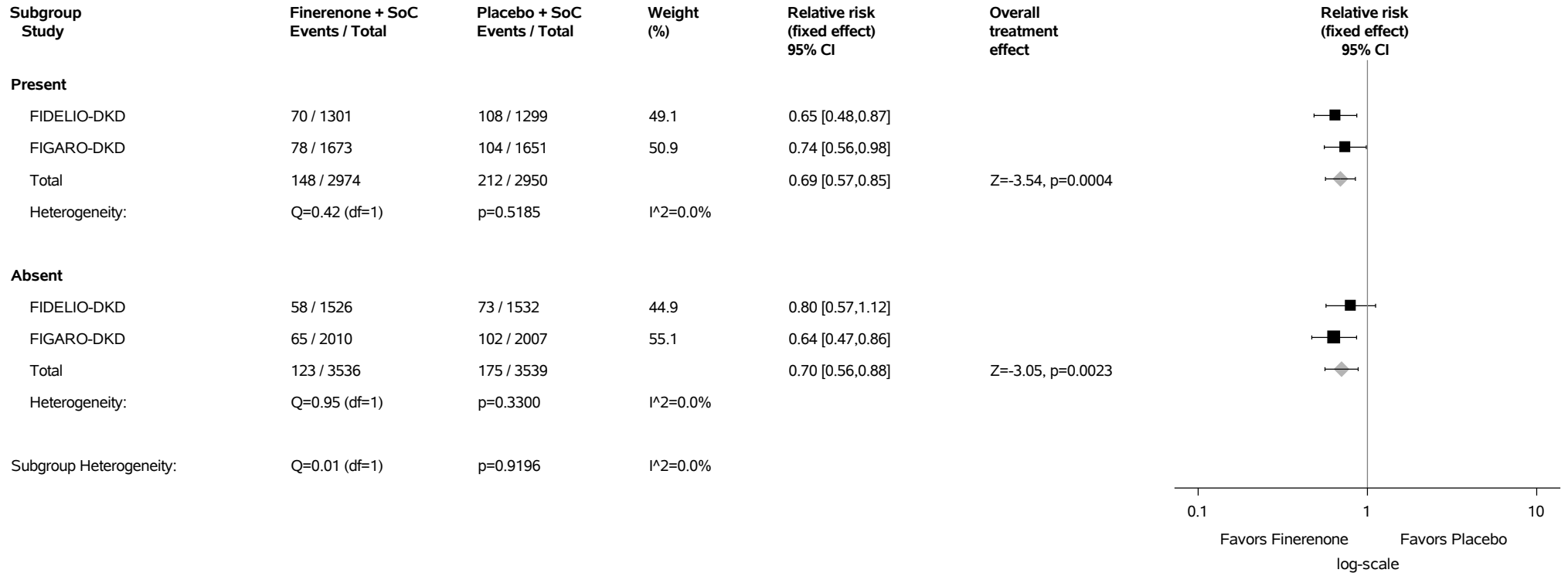
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

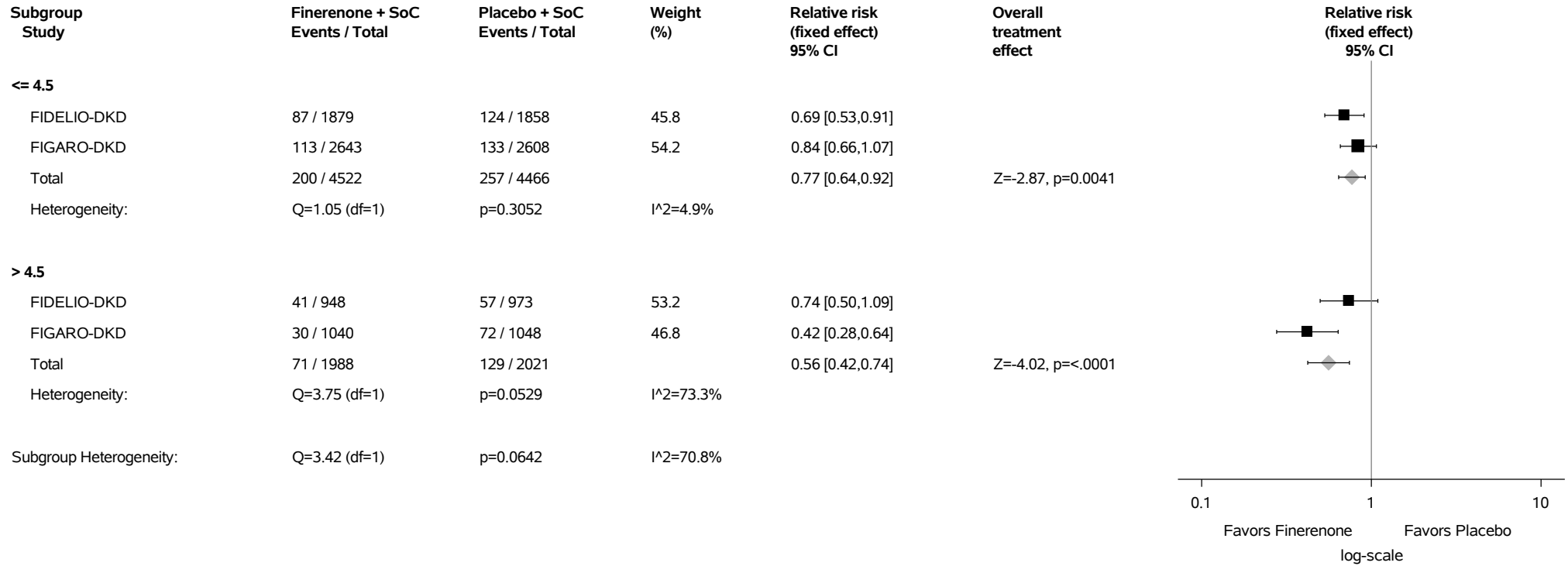
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.59.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.59.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



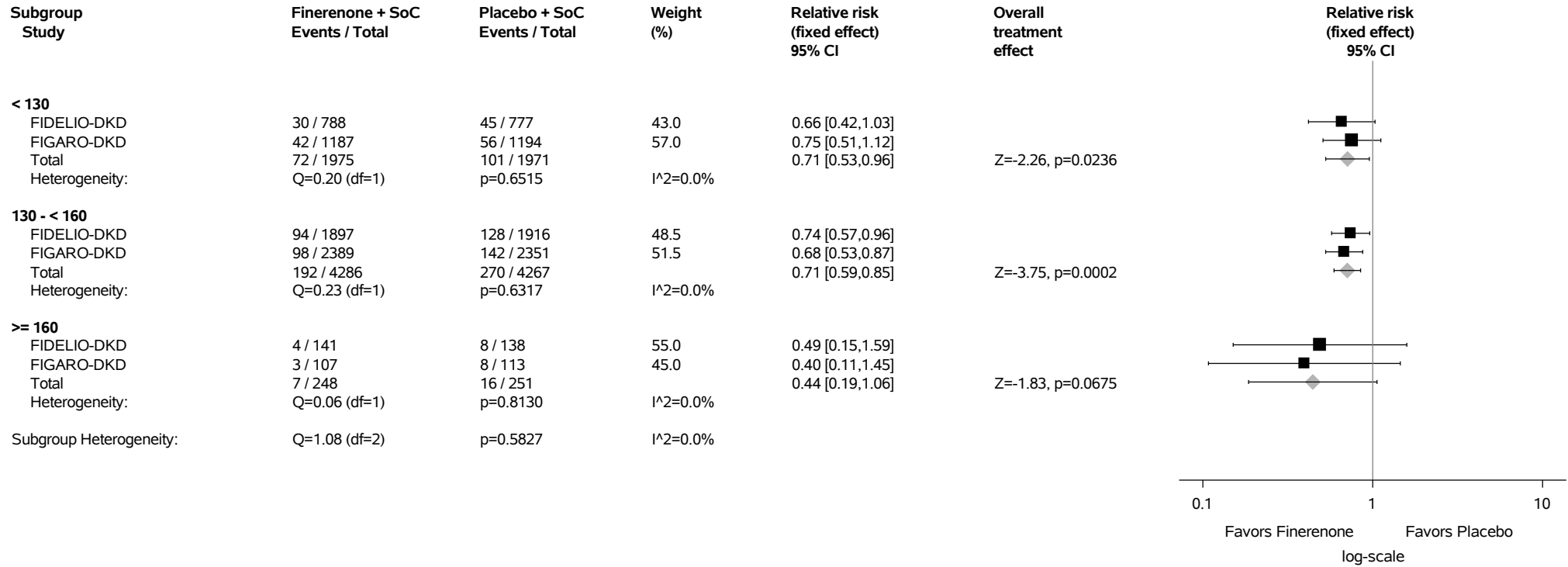
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.59.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

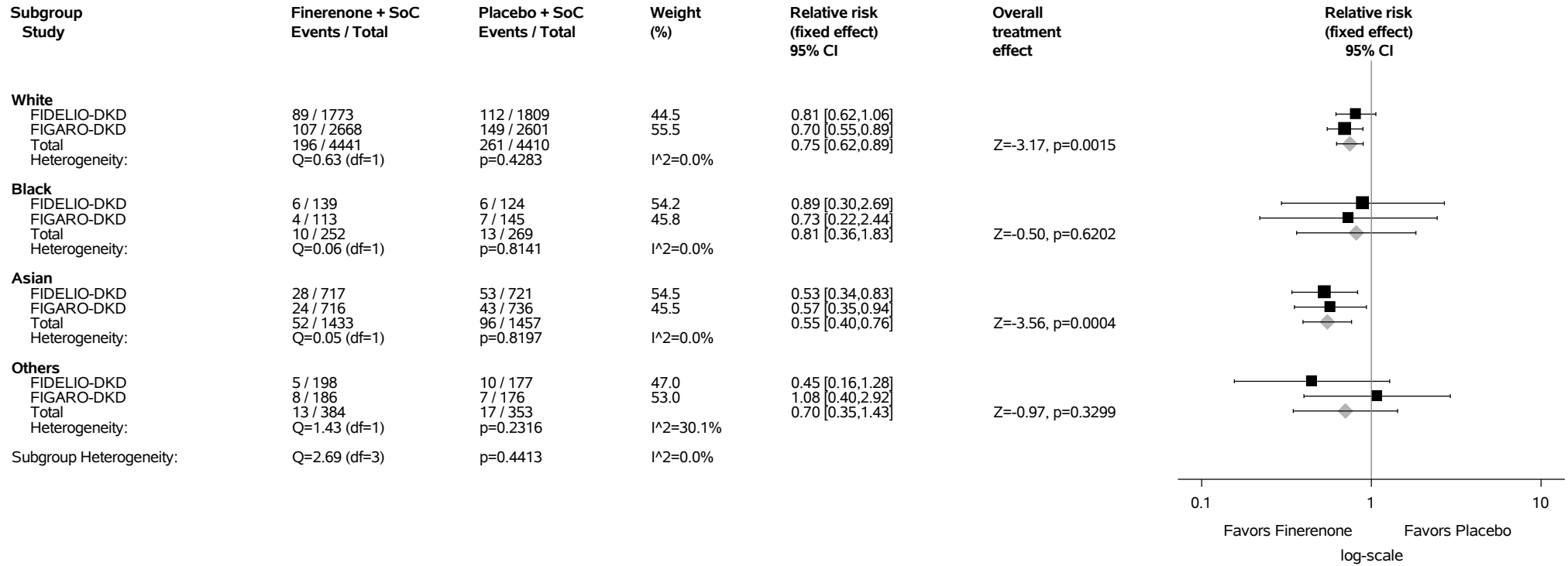
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.59.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



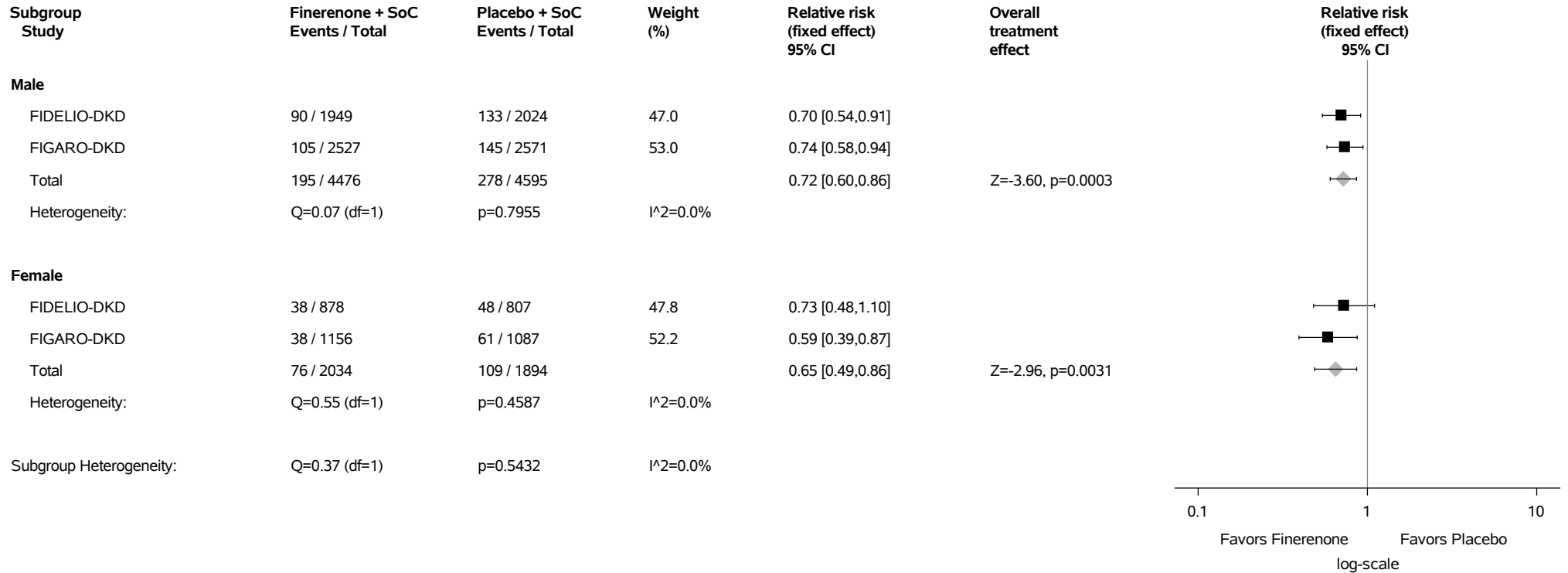
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.59.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



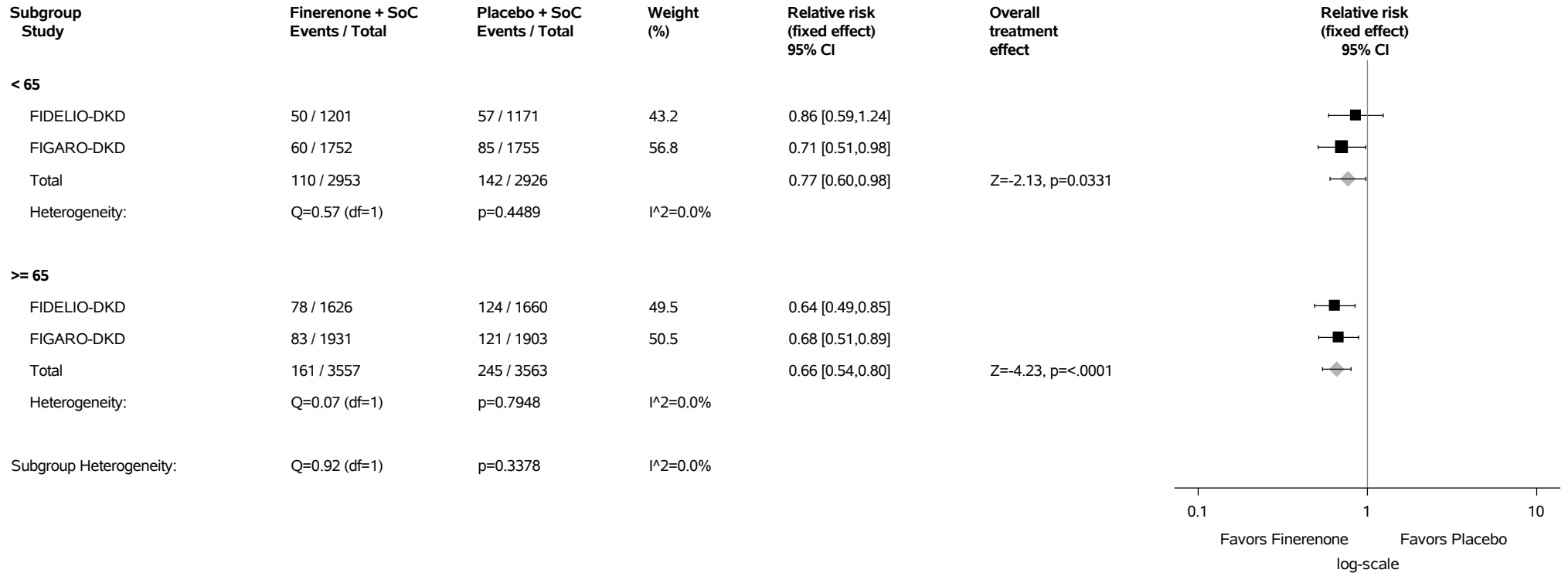
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.59.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



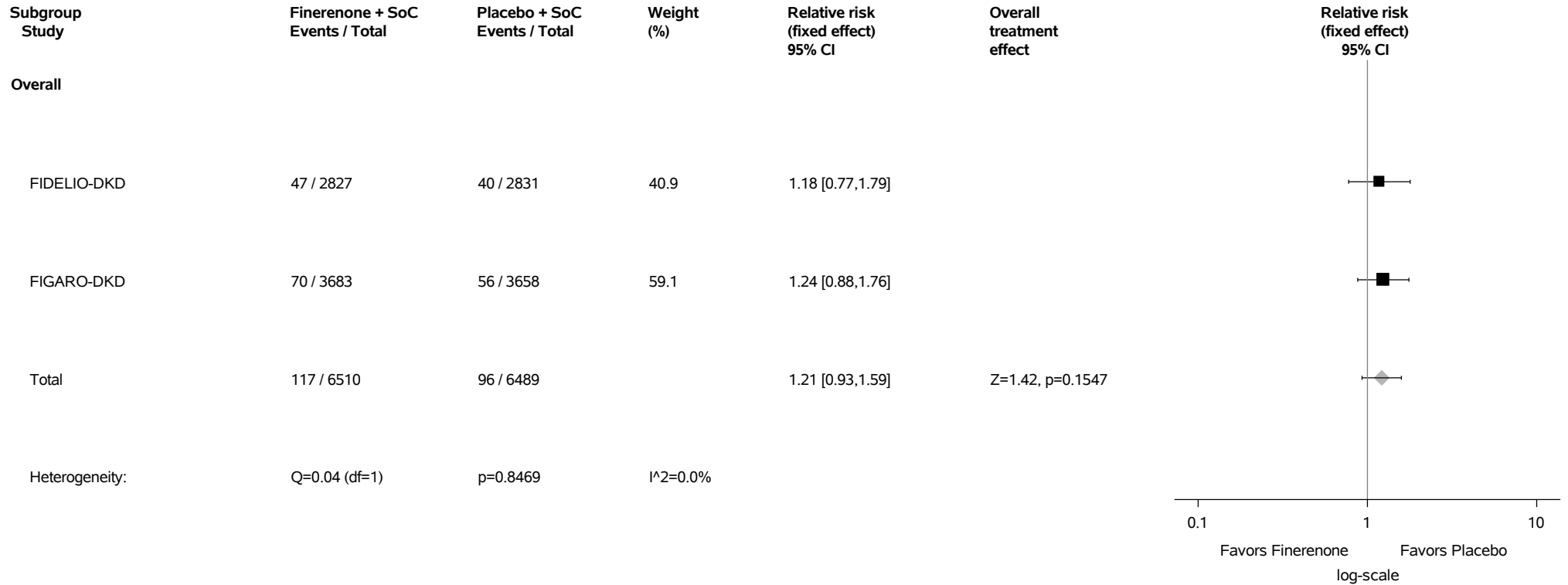
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.60: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set



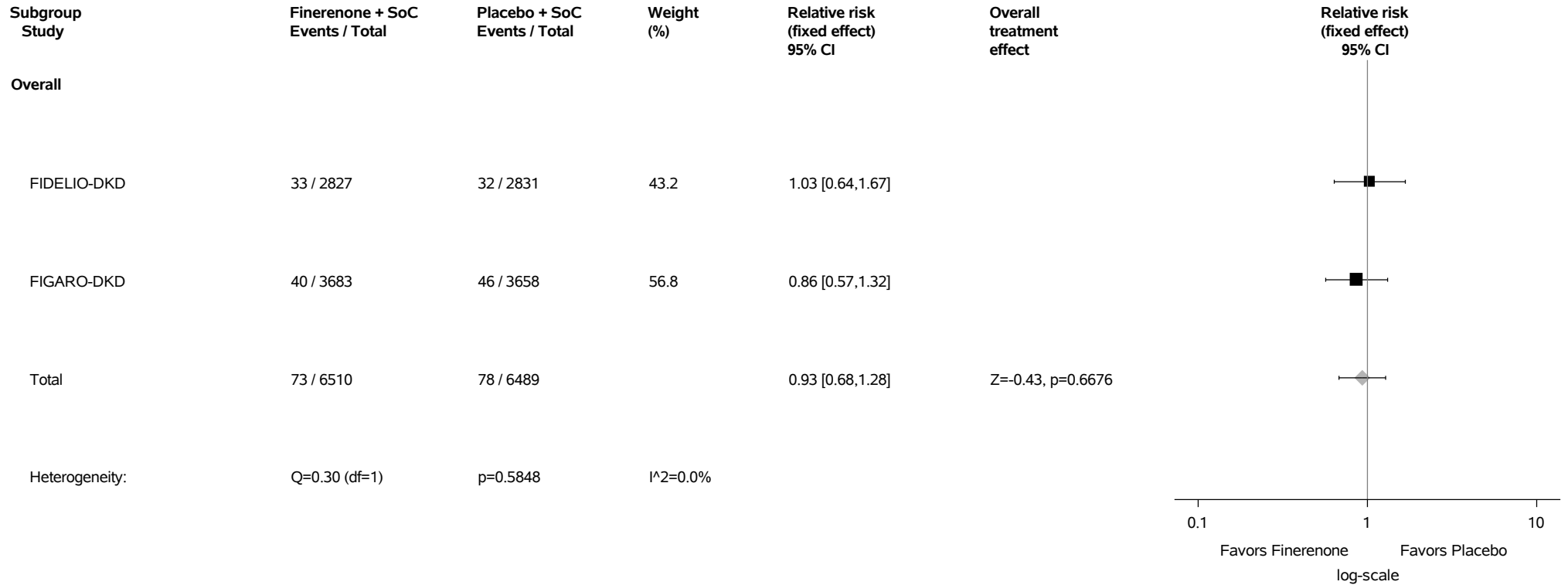
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

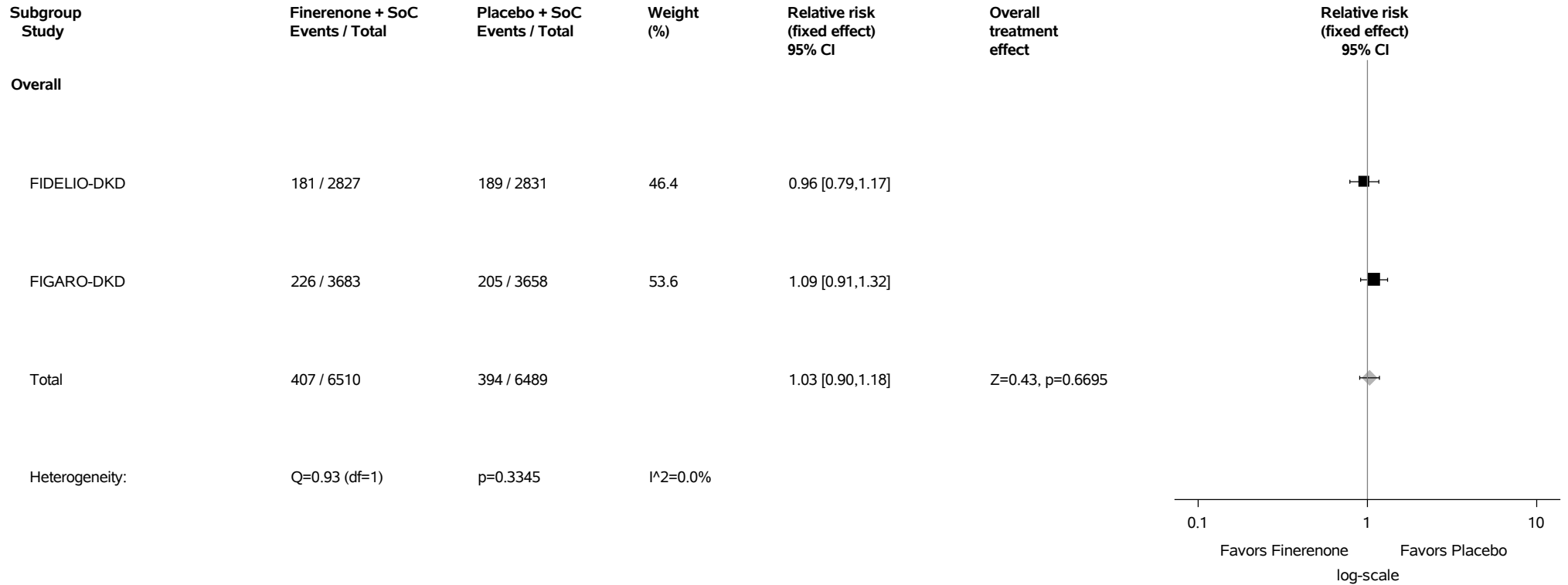
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.61: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.62: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set



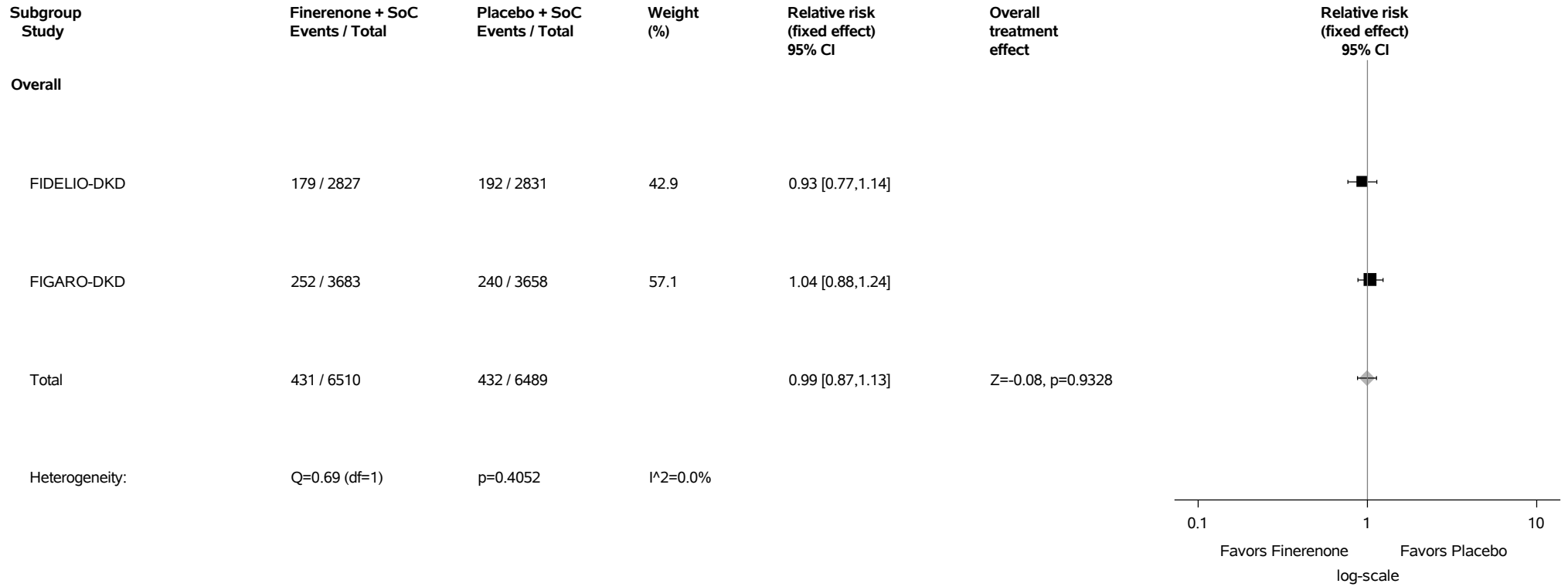
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

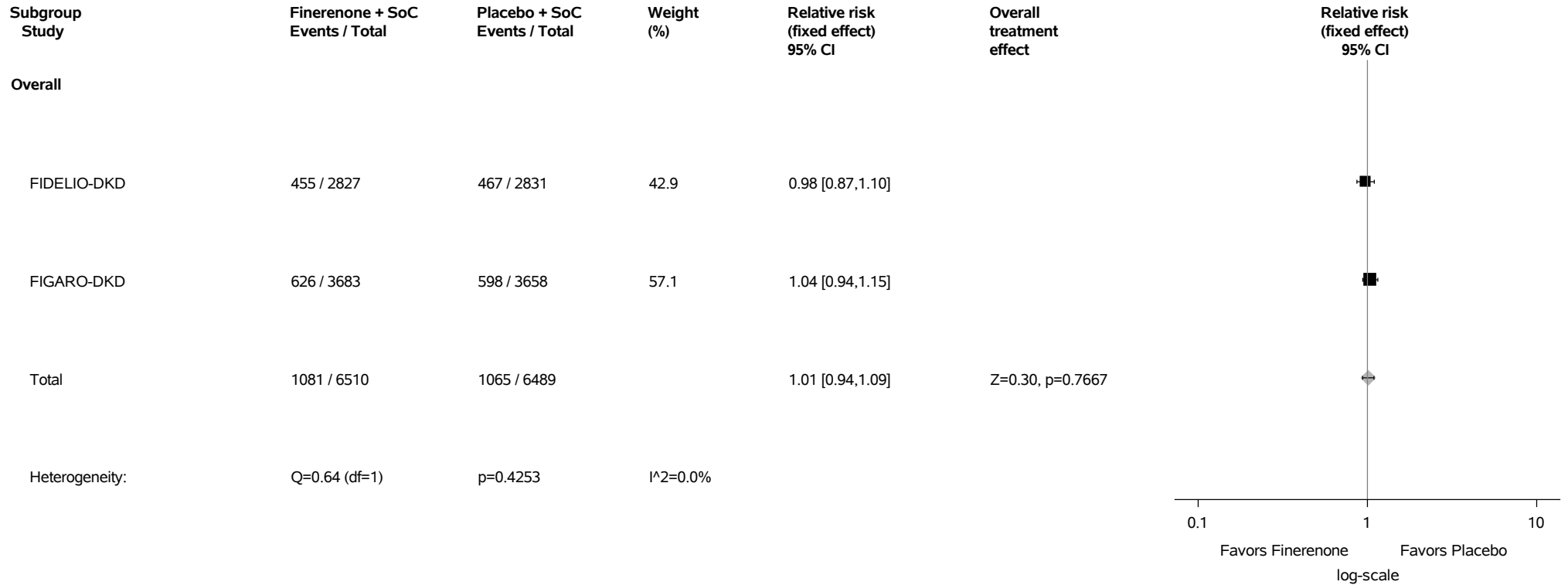
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.63: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) Safety Analysis Set



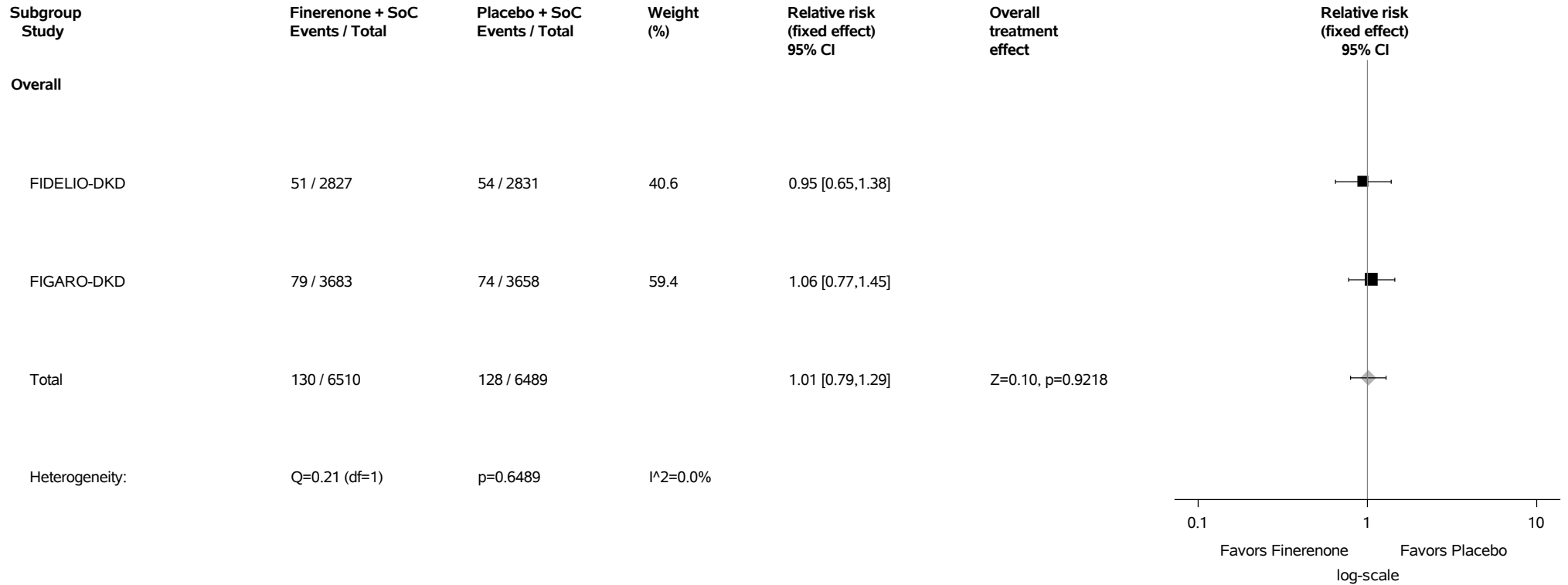
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.64: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set



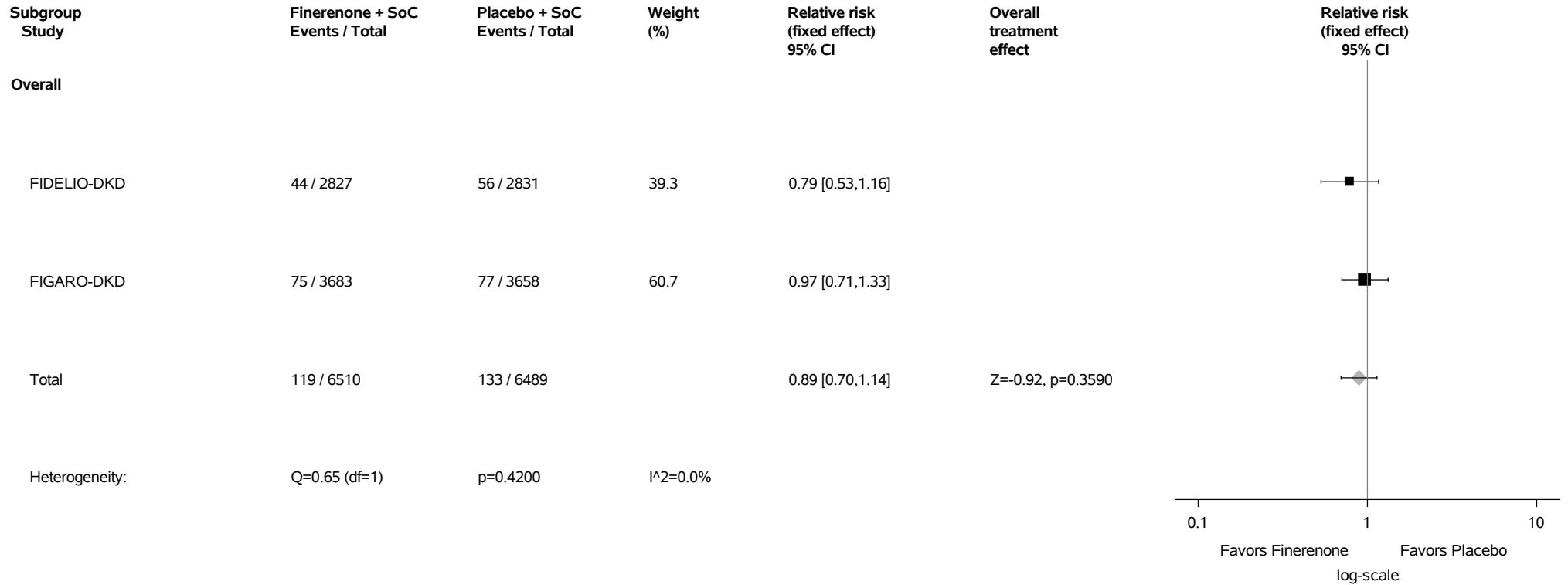
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.65: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%) Safety Analysis Set



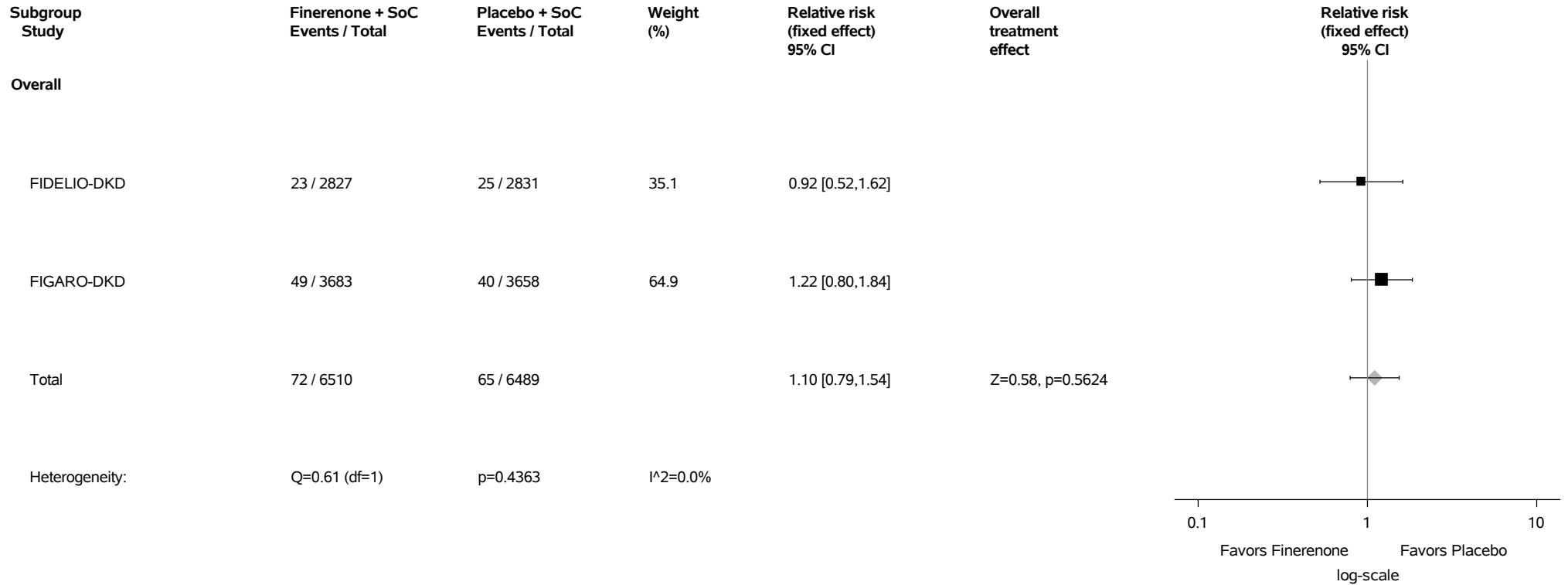
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.66: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.67: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) Safety Analysis Set



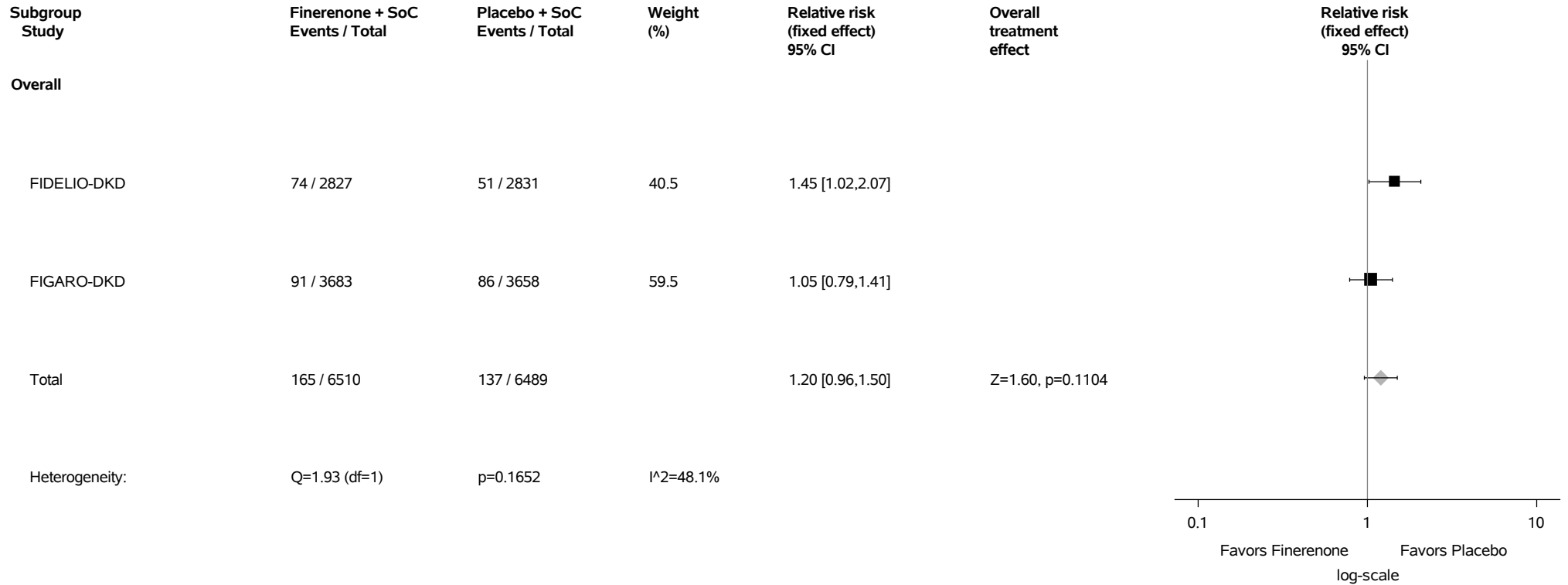
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

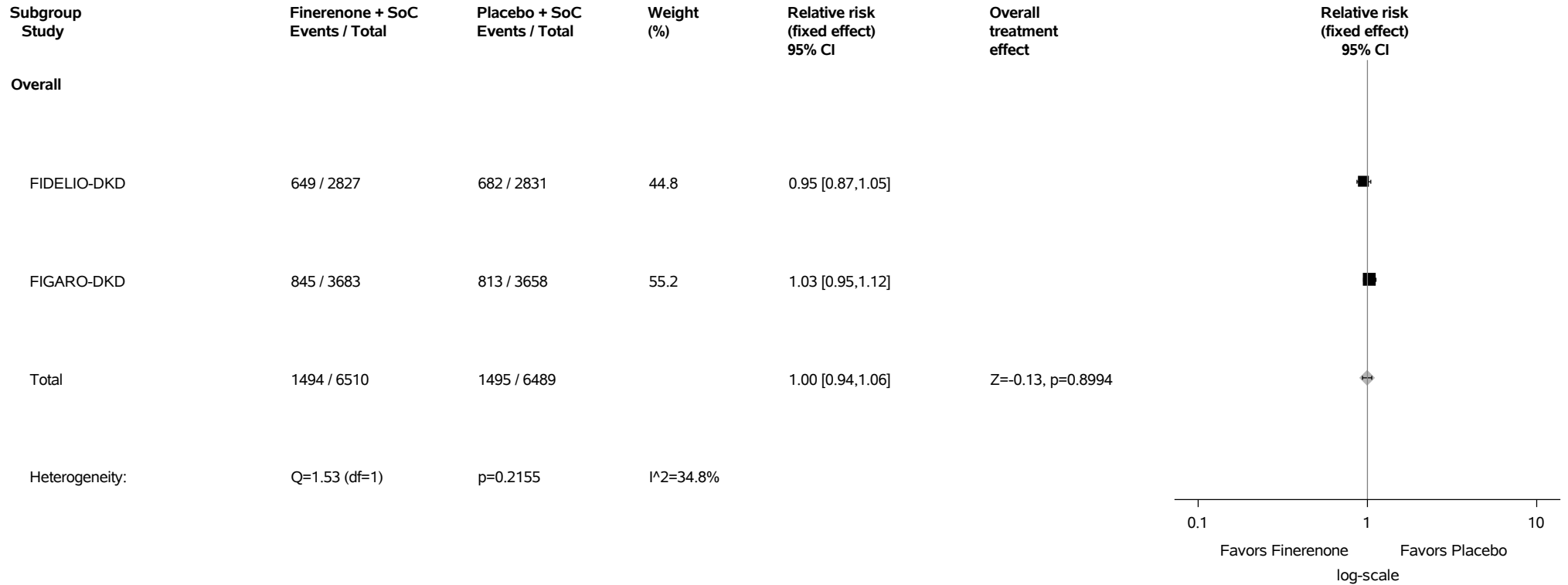
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.68: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.69: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set



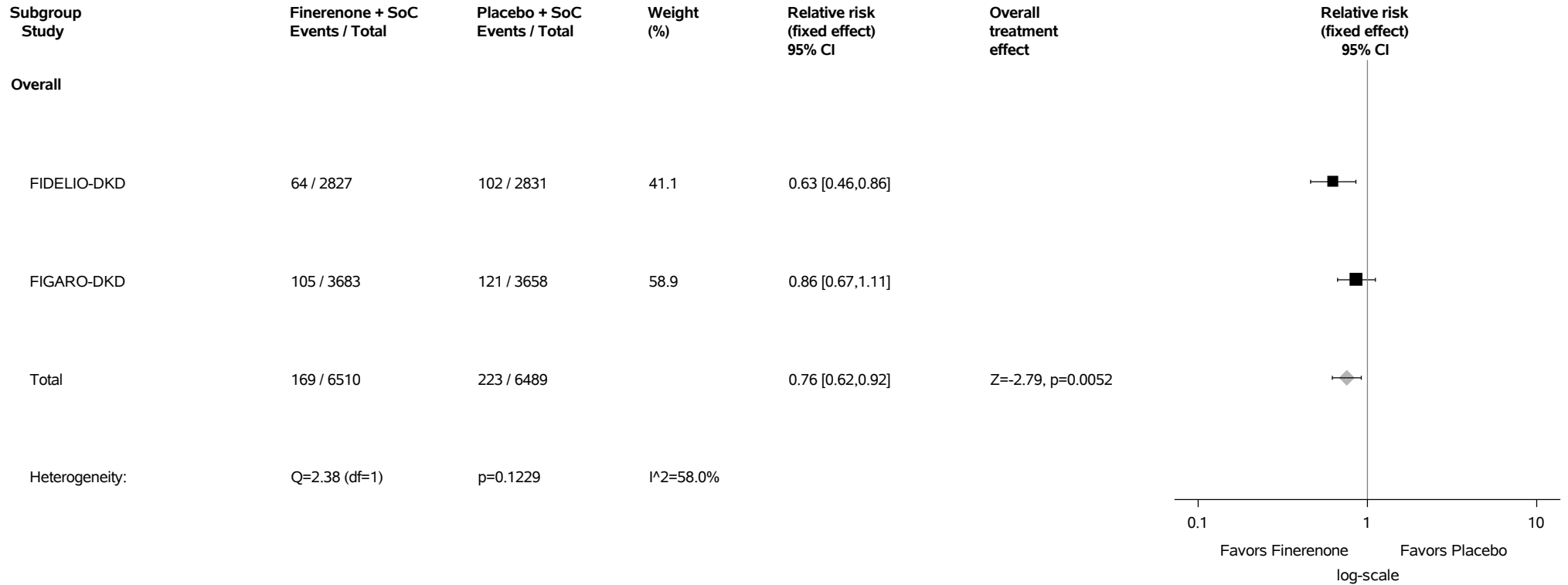
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

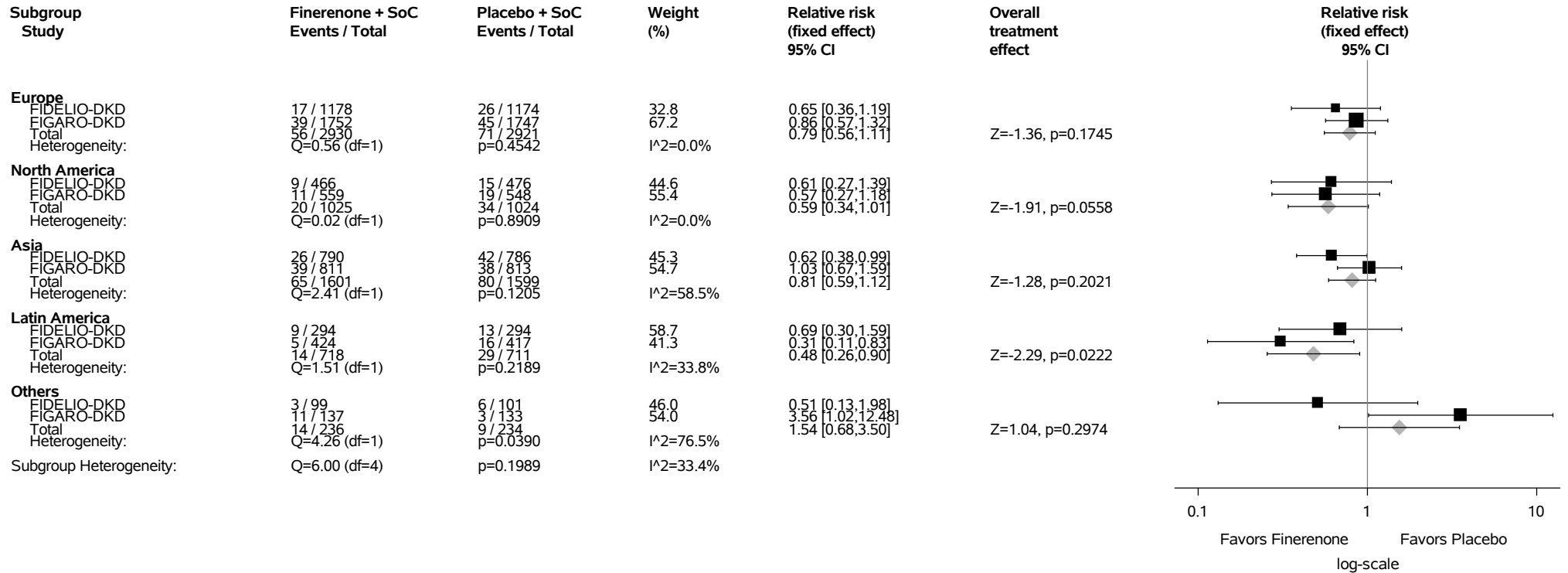
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.70: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.70.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



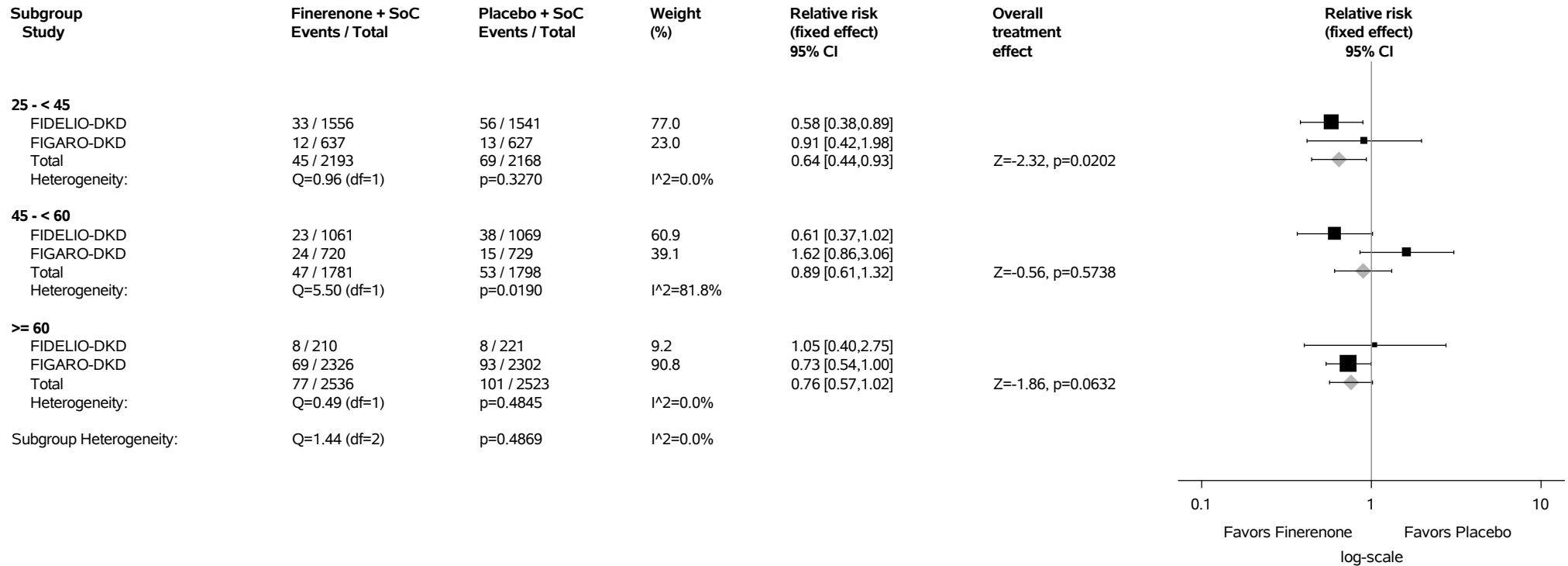
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

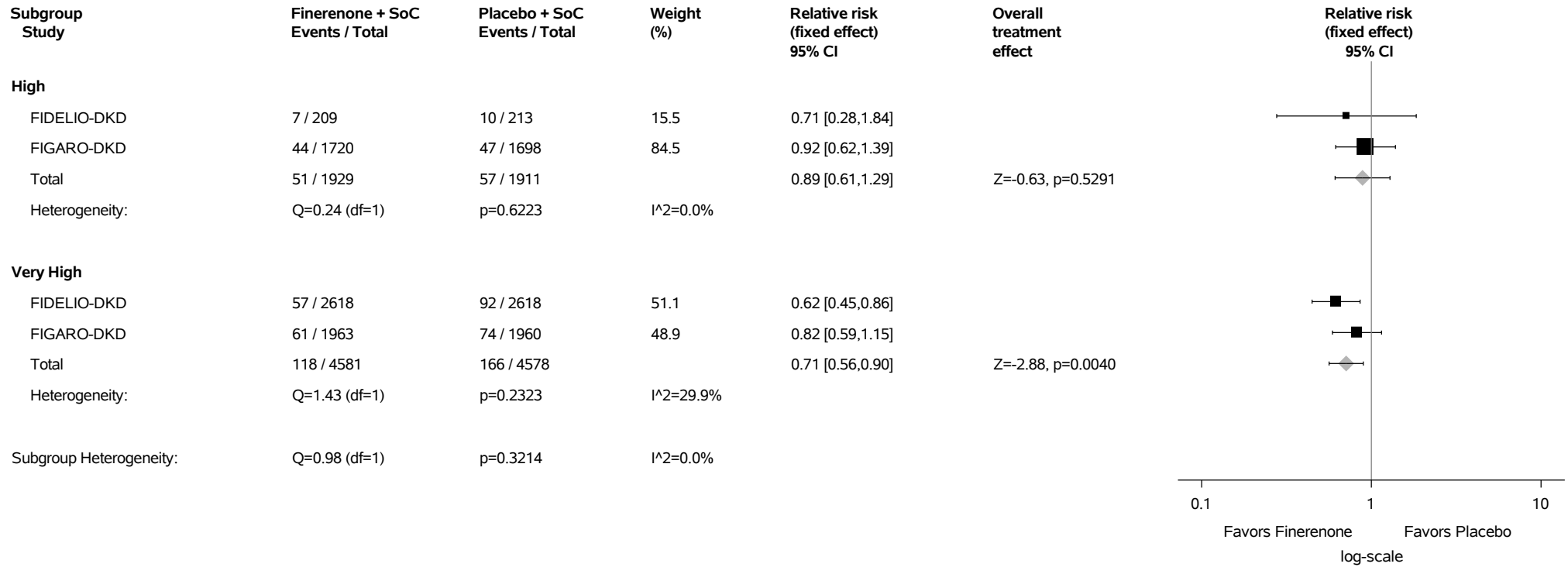
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.70.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.70.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



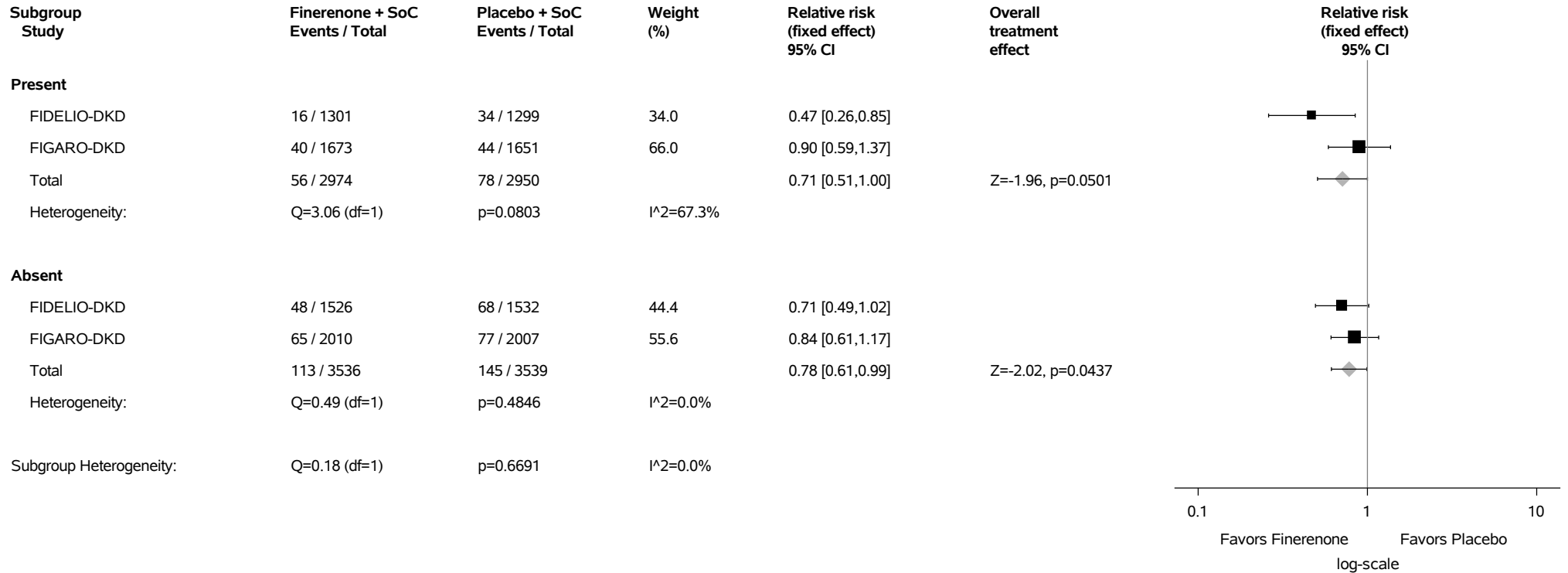
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.70.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



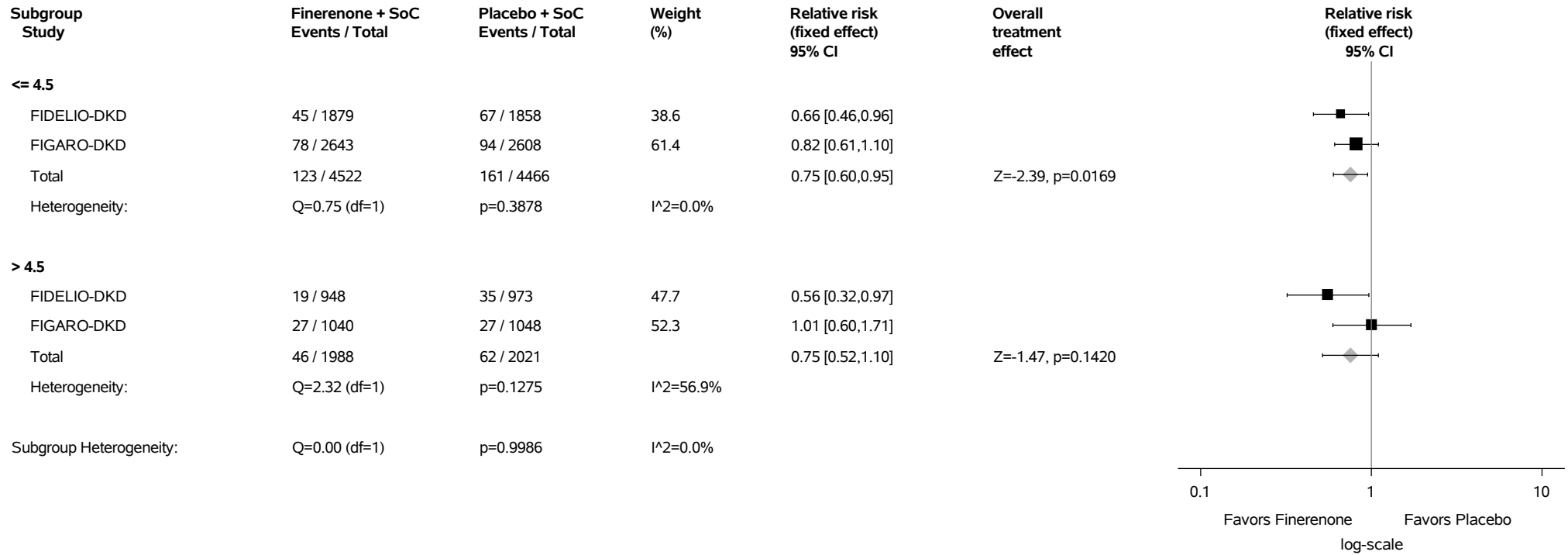
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.70.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

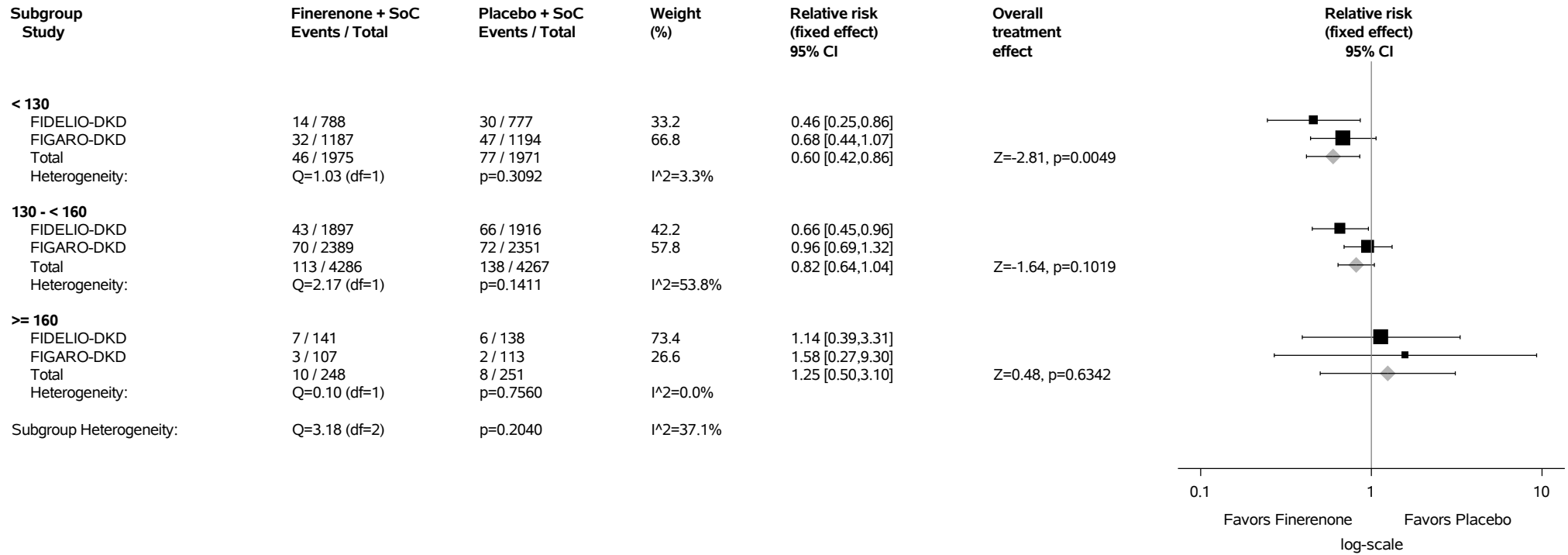
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.70.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



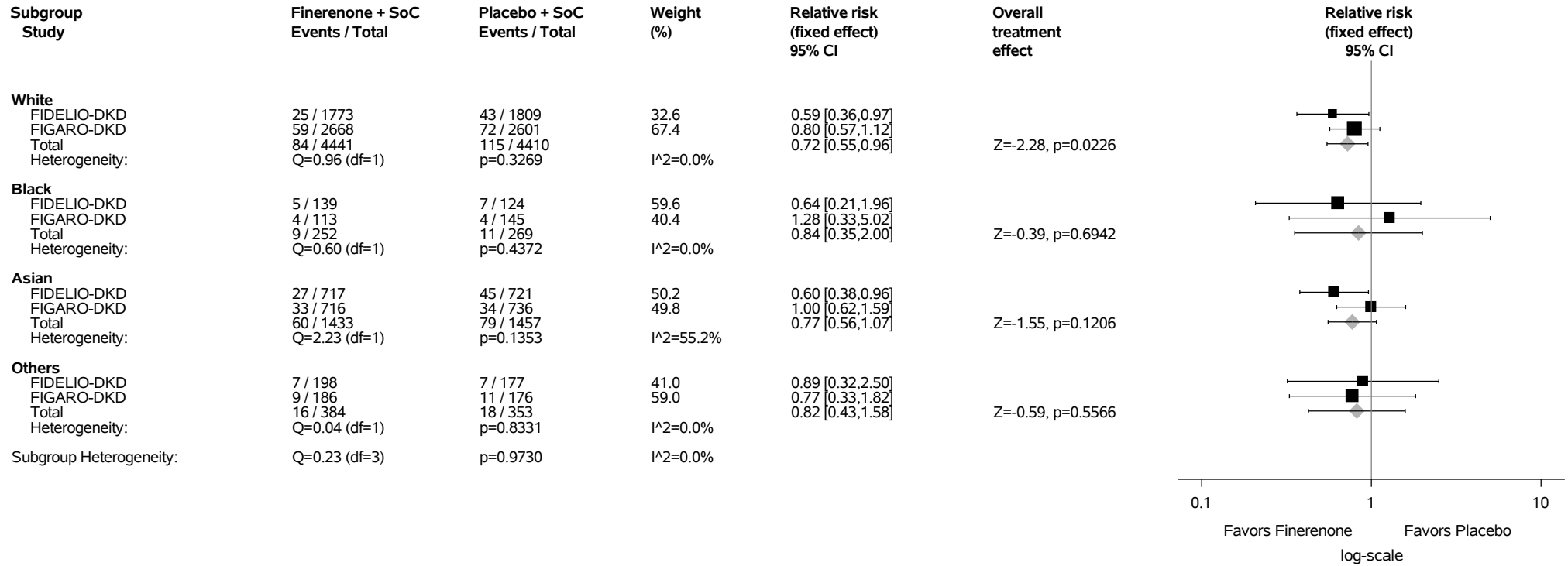
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.70.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

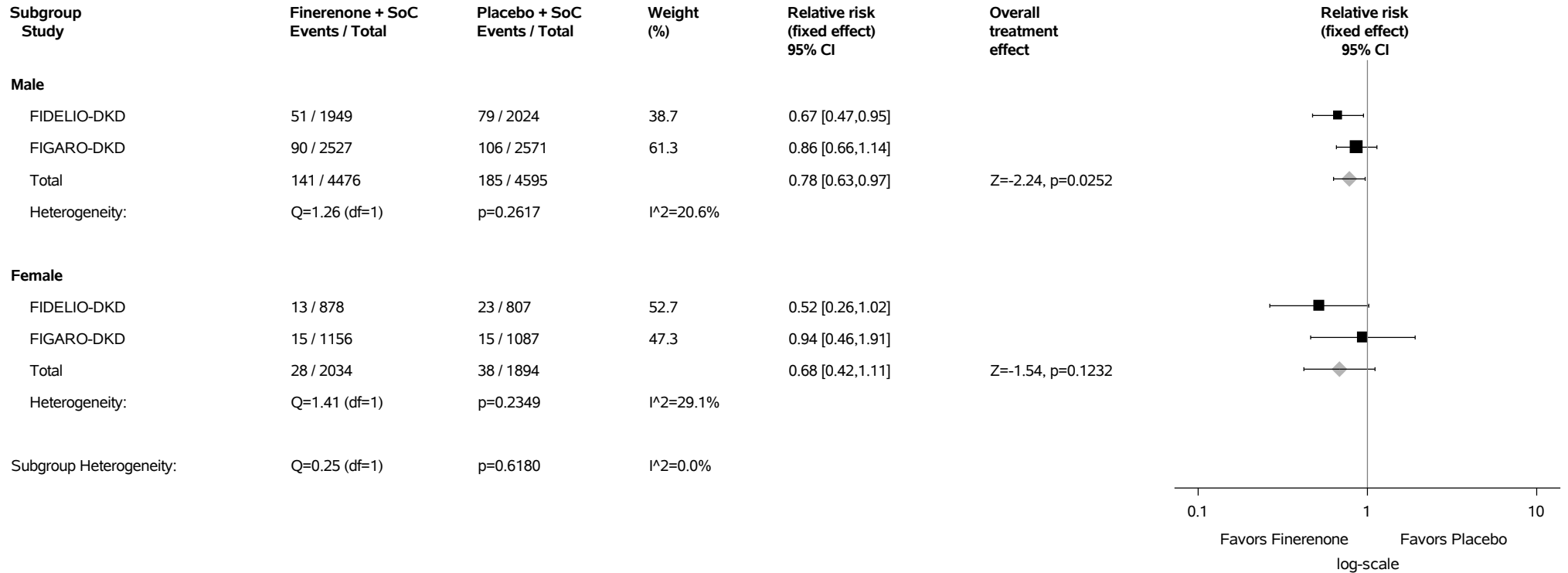
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

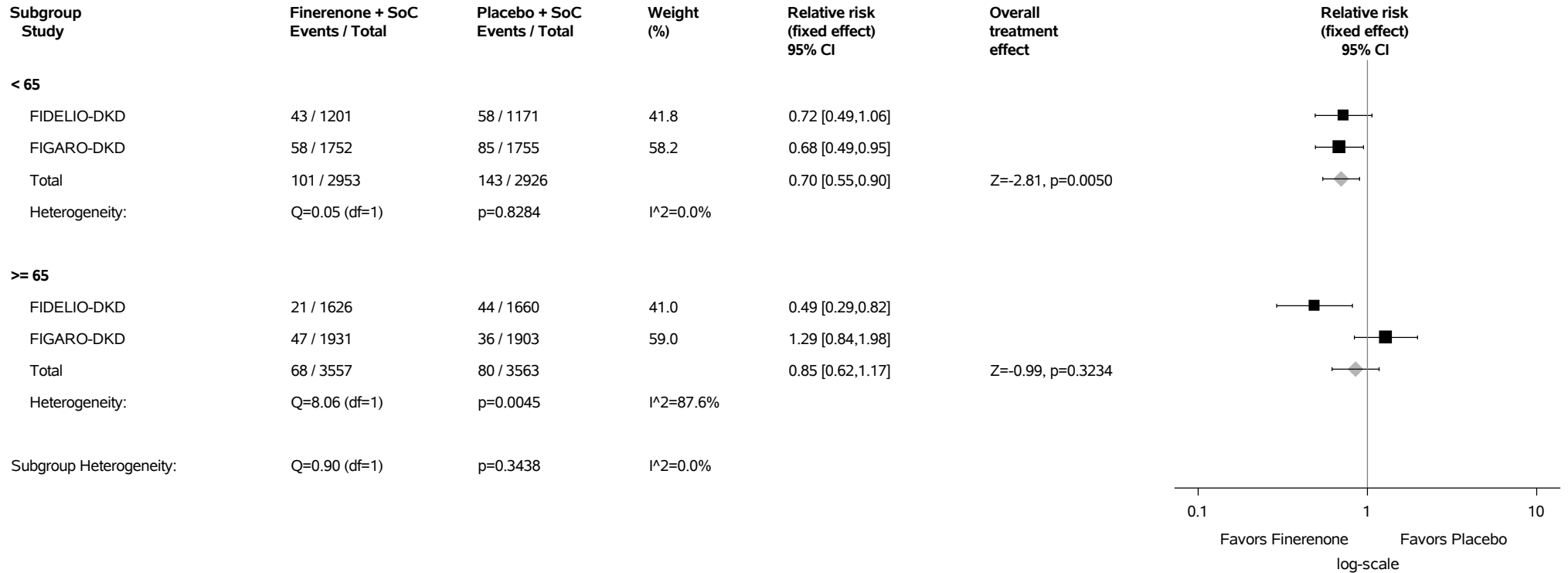
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.70.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.70.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



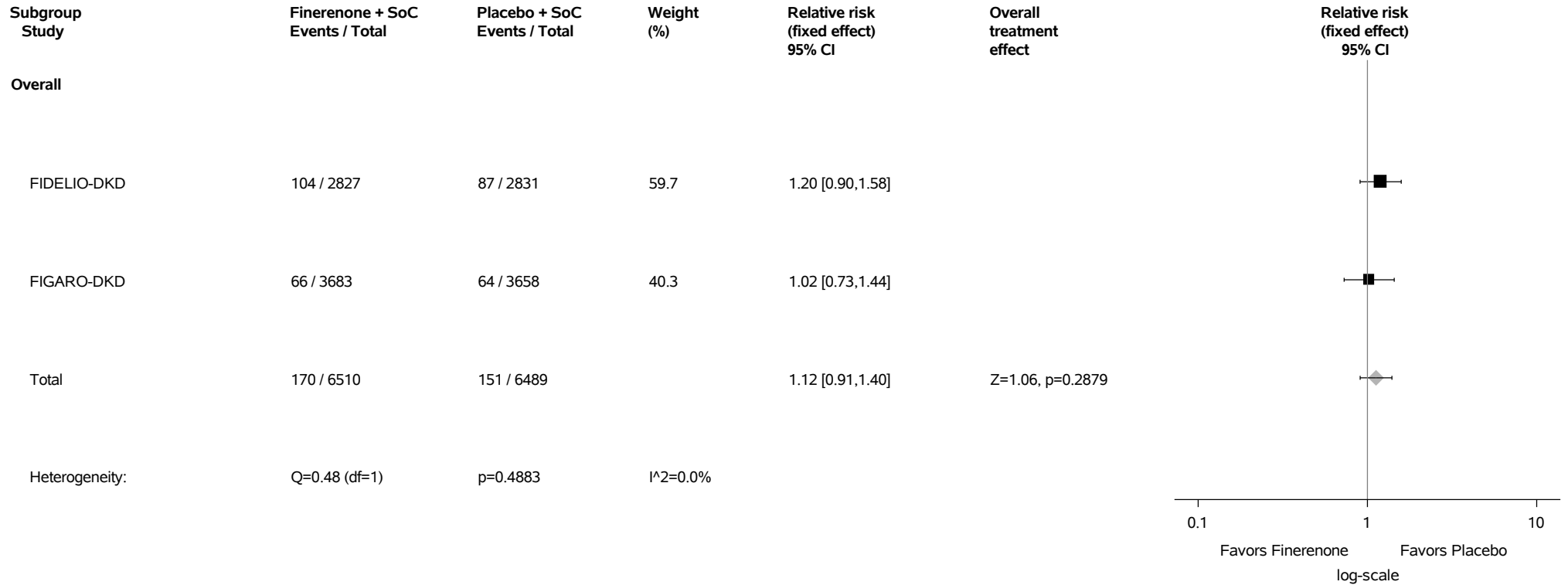
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.71: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) Safety Analysis Set



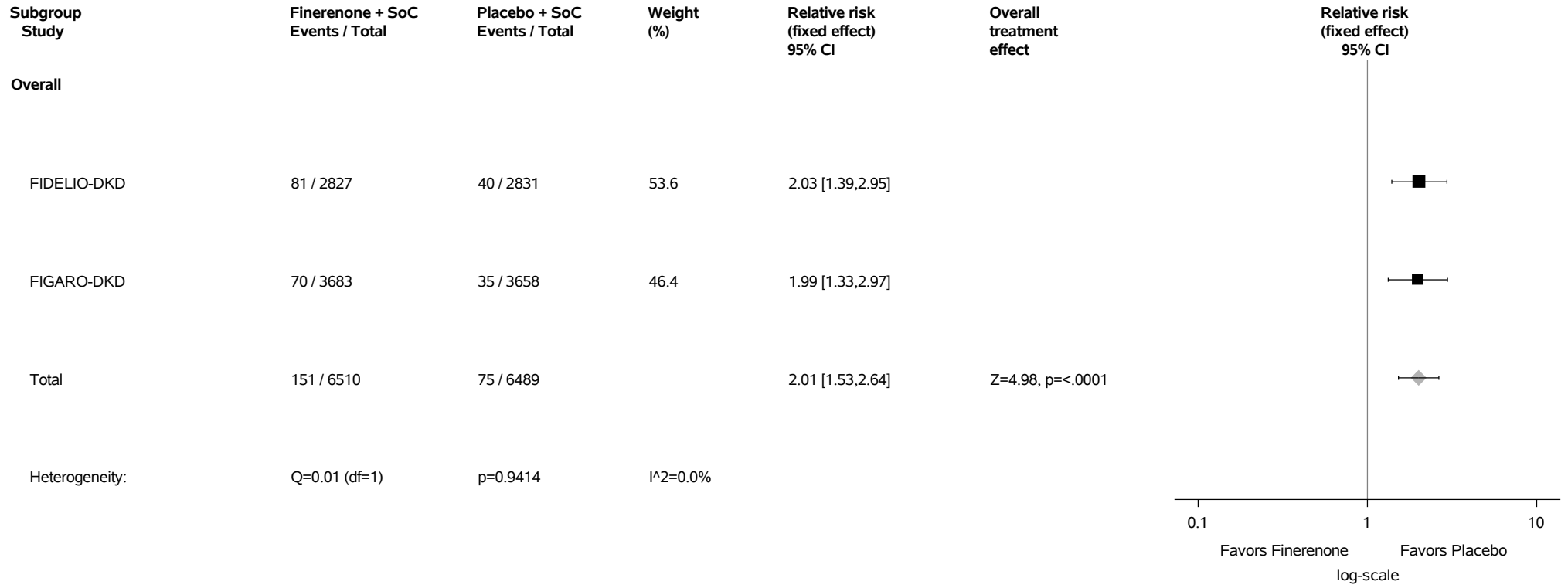
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

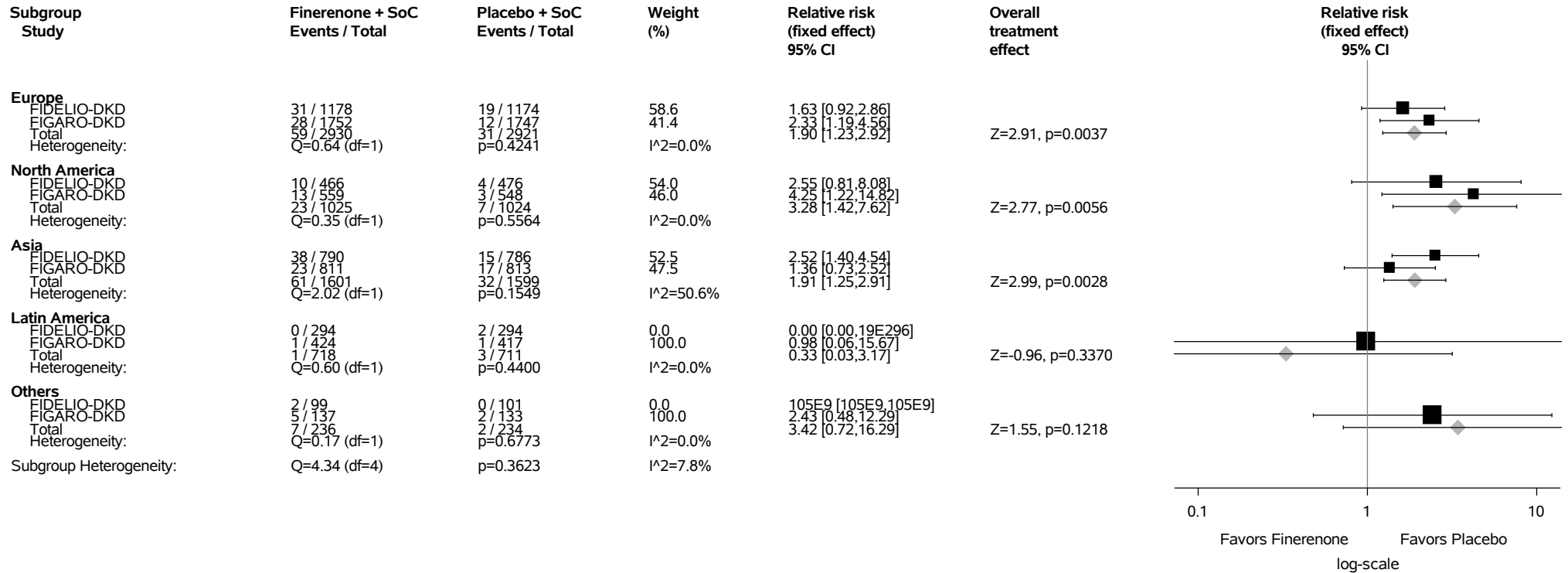
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.72: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.72.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

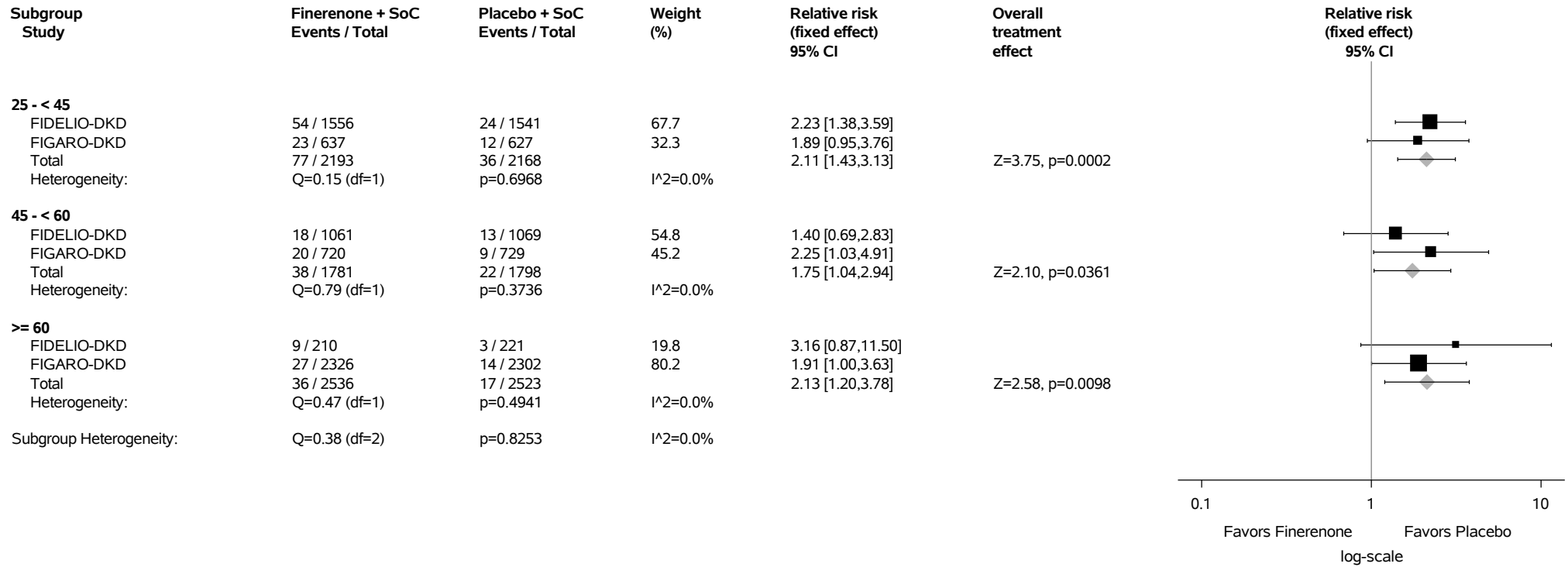
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

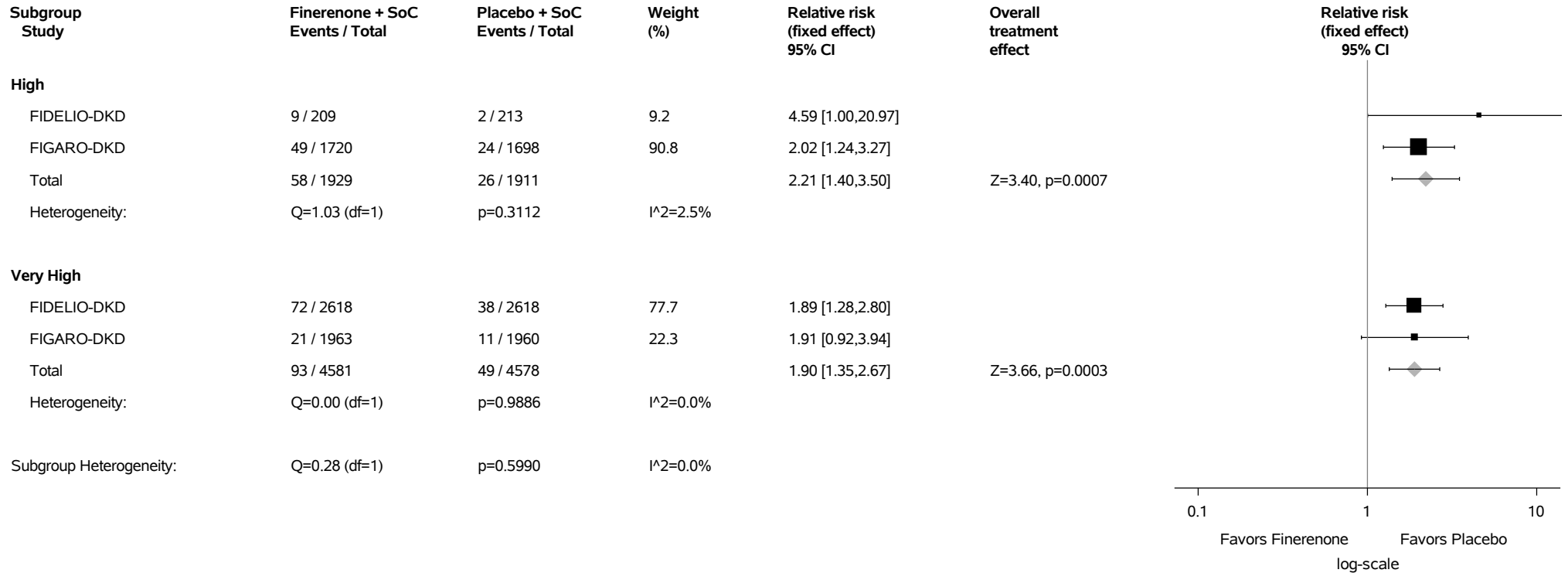
Figure 2.1.72.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Blood potassium increased (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.72.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



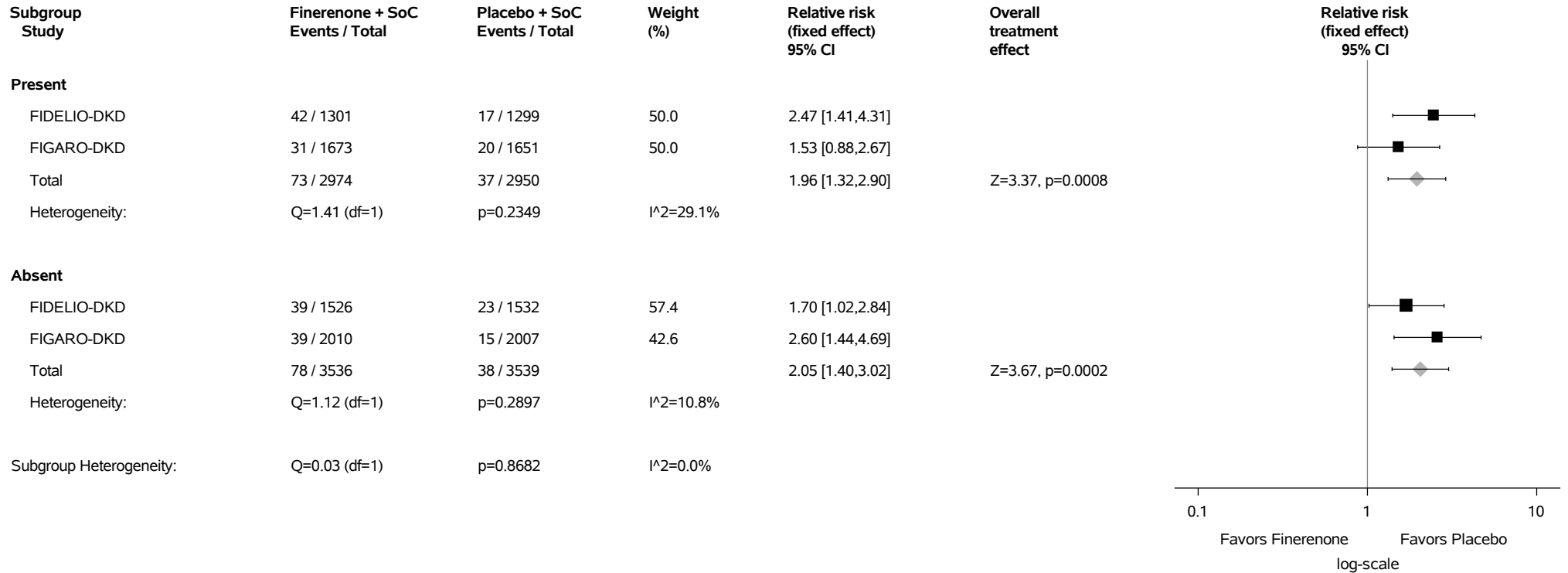
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

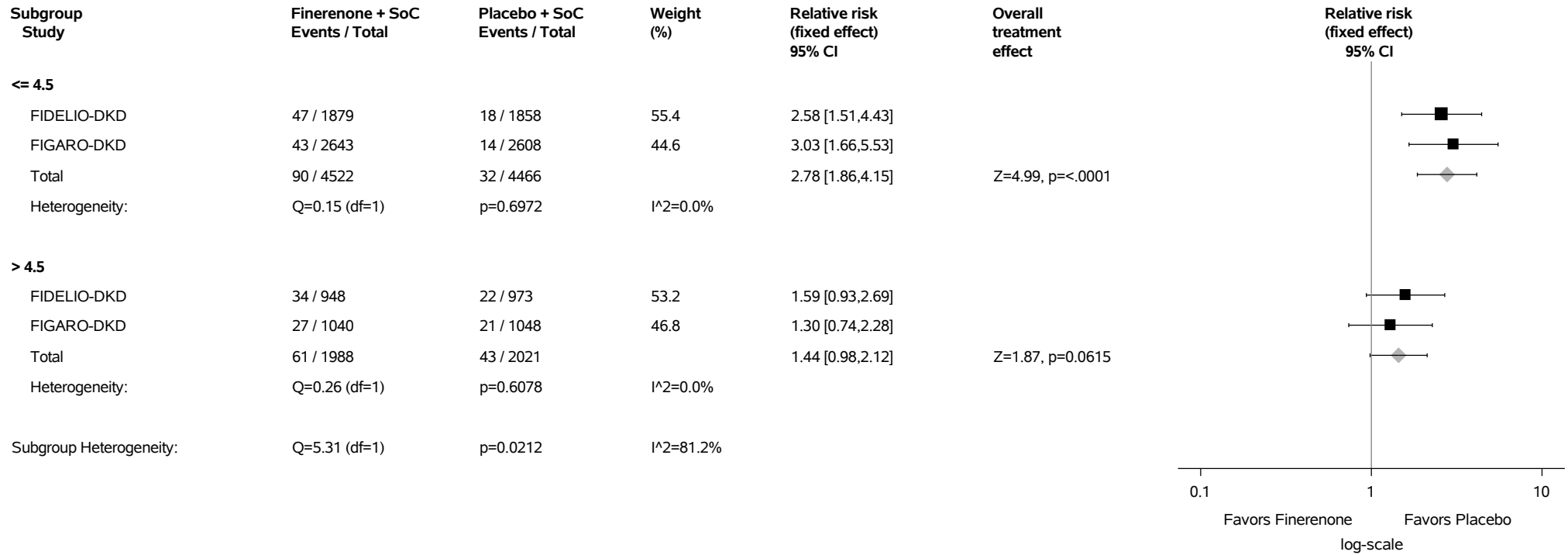
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.72.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



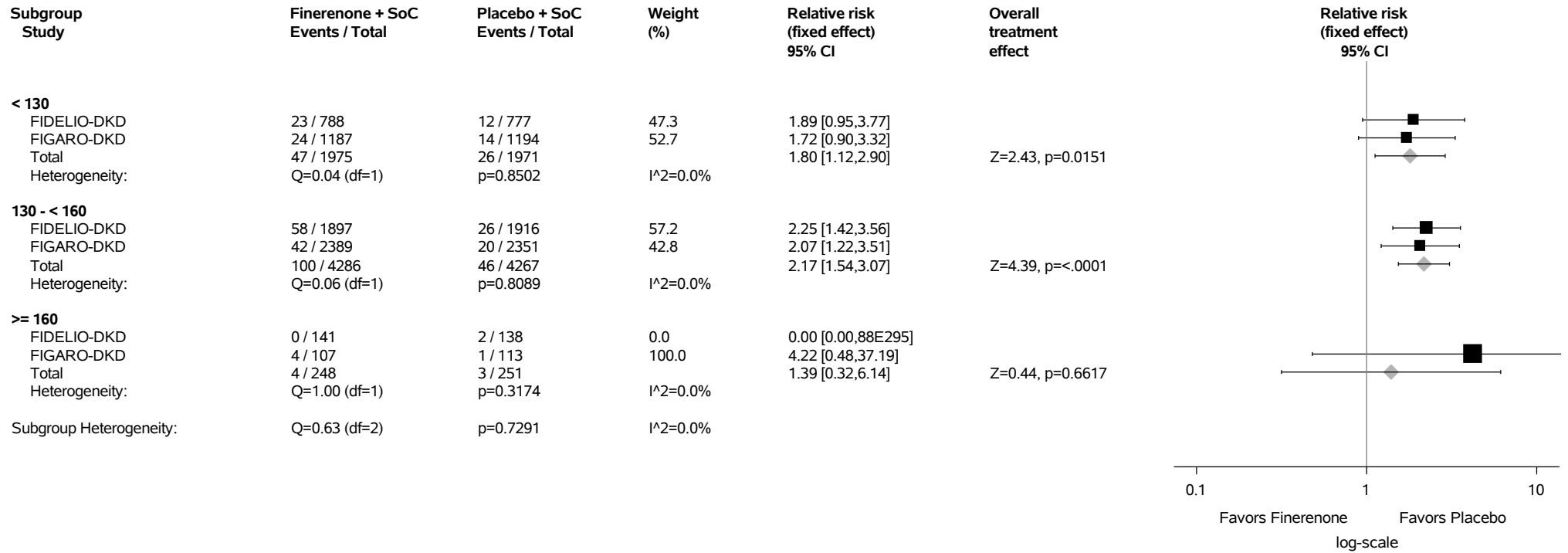
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.72.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.72.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
Safety Analysis Set



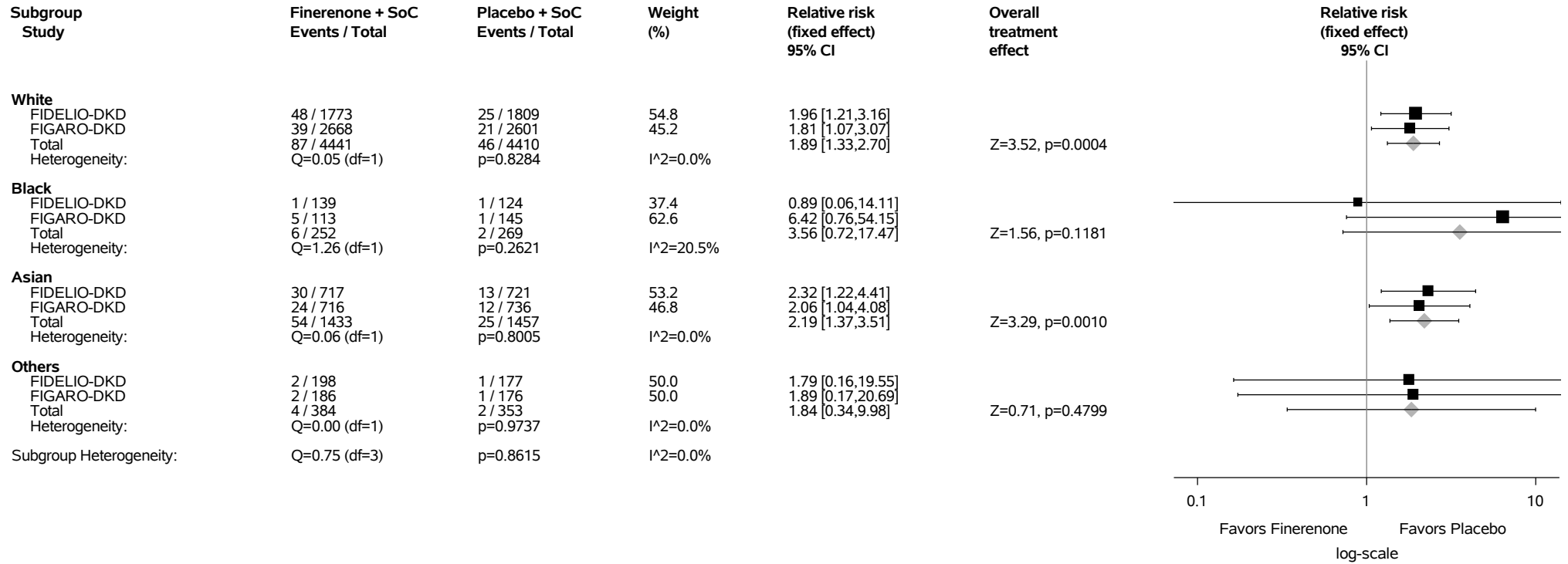
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.72.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

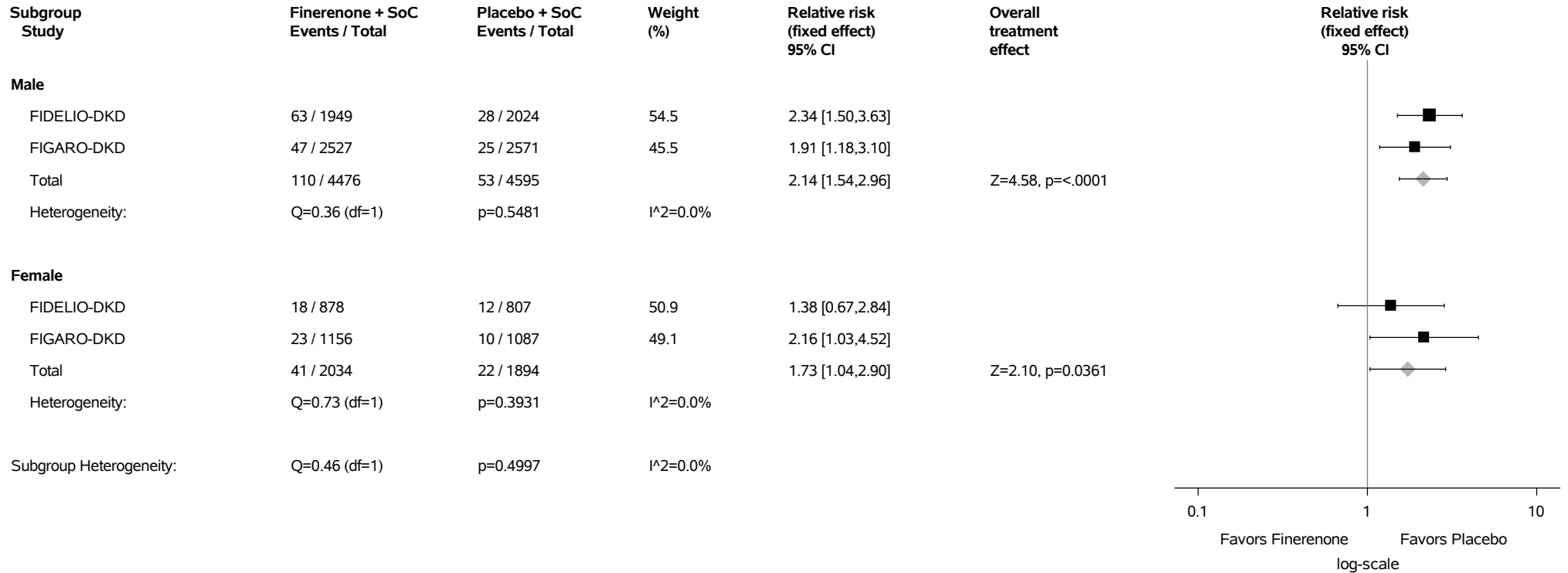
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

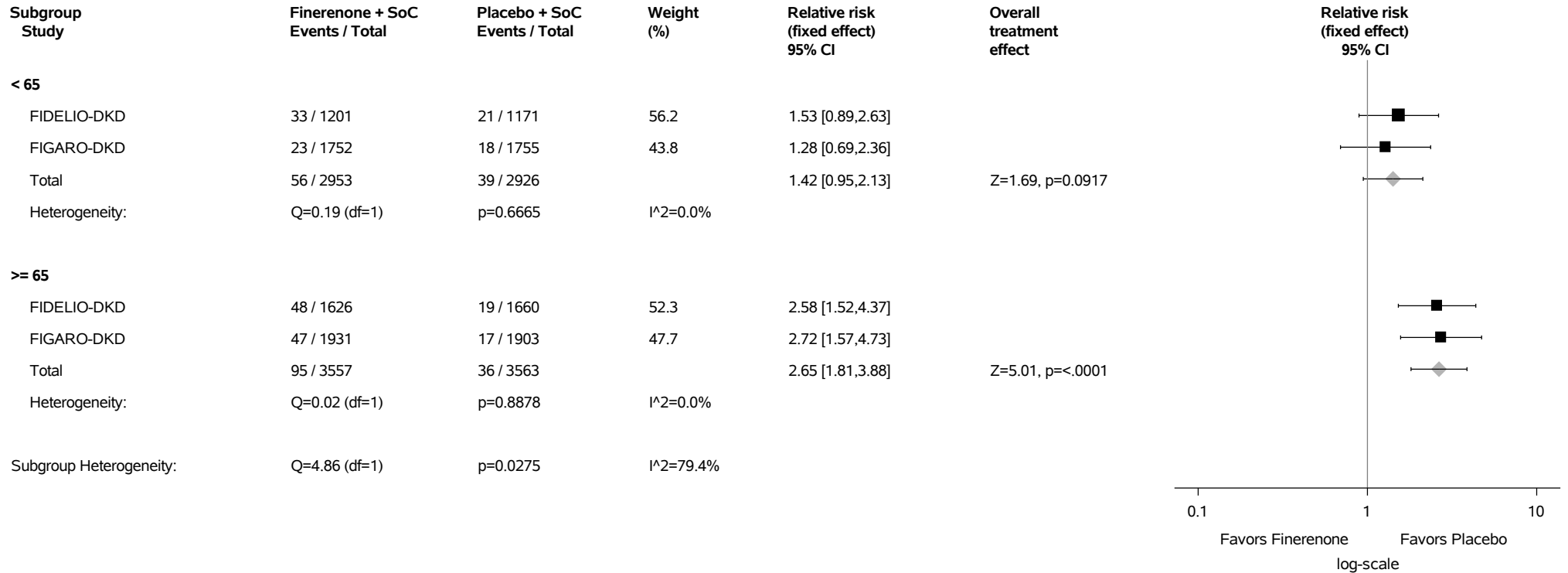
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.72.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



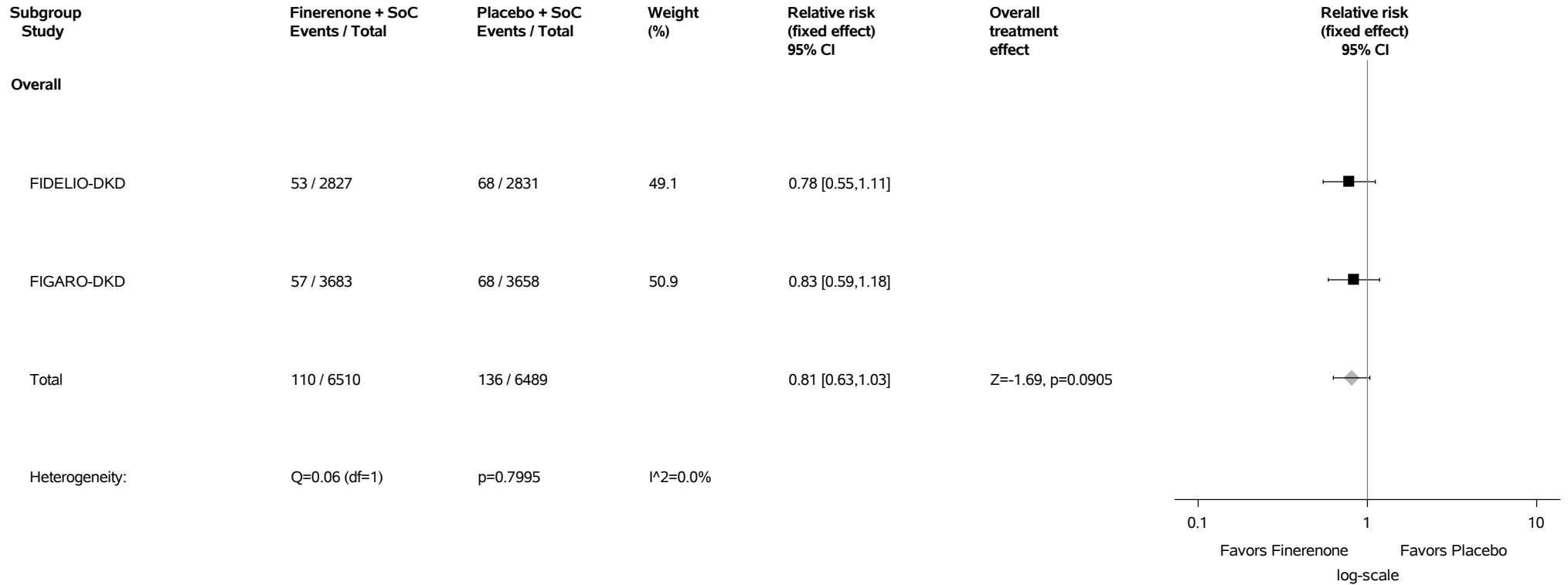
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.72.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



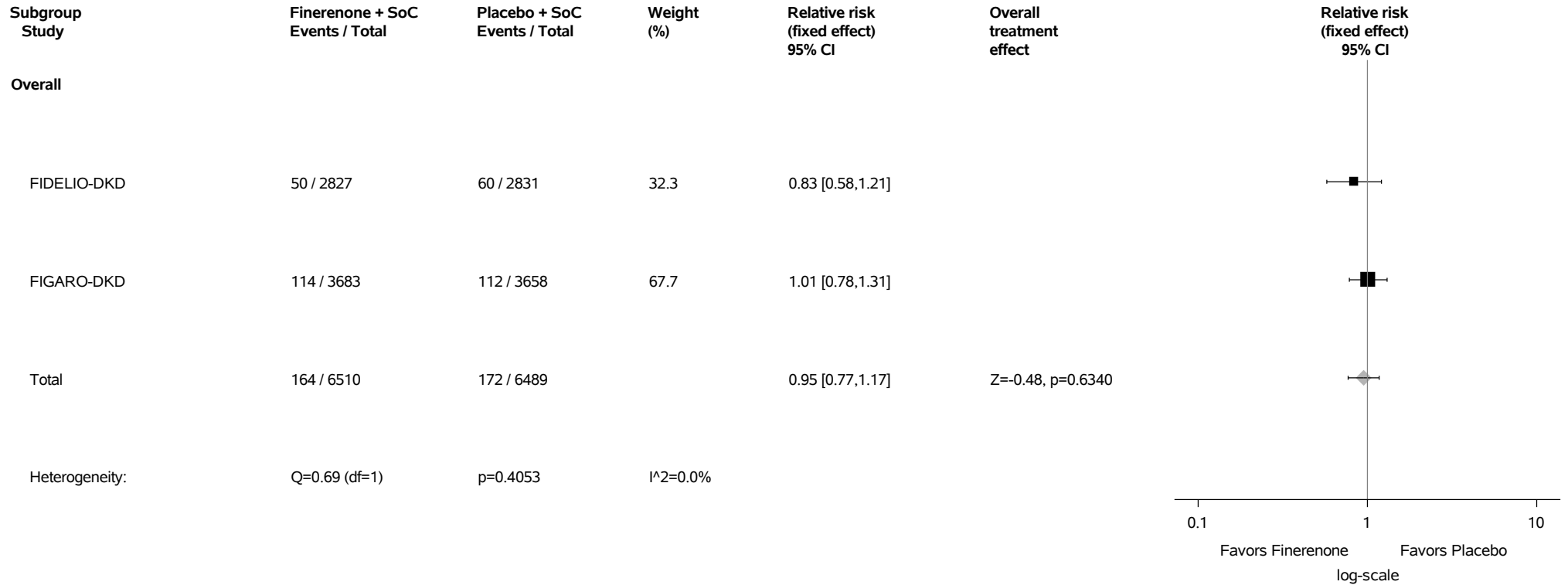
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.73: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) Safety Analysis Set



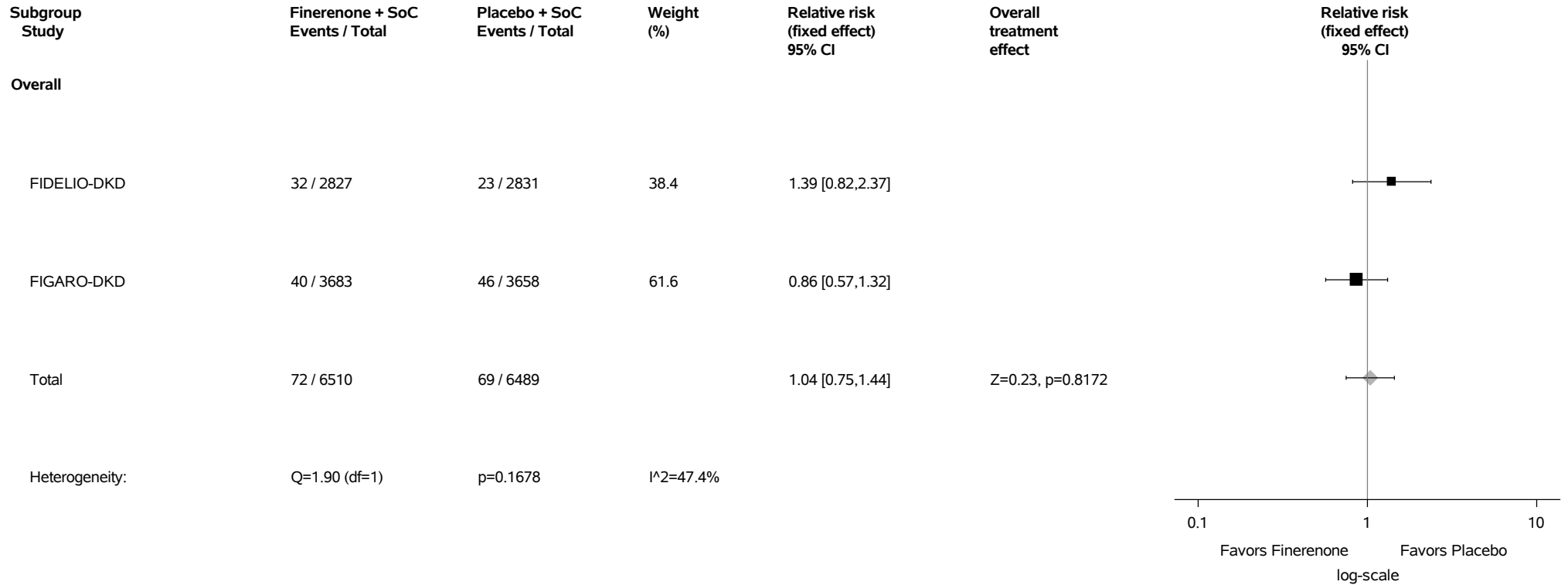
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.74: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) Safety Analysis Set



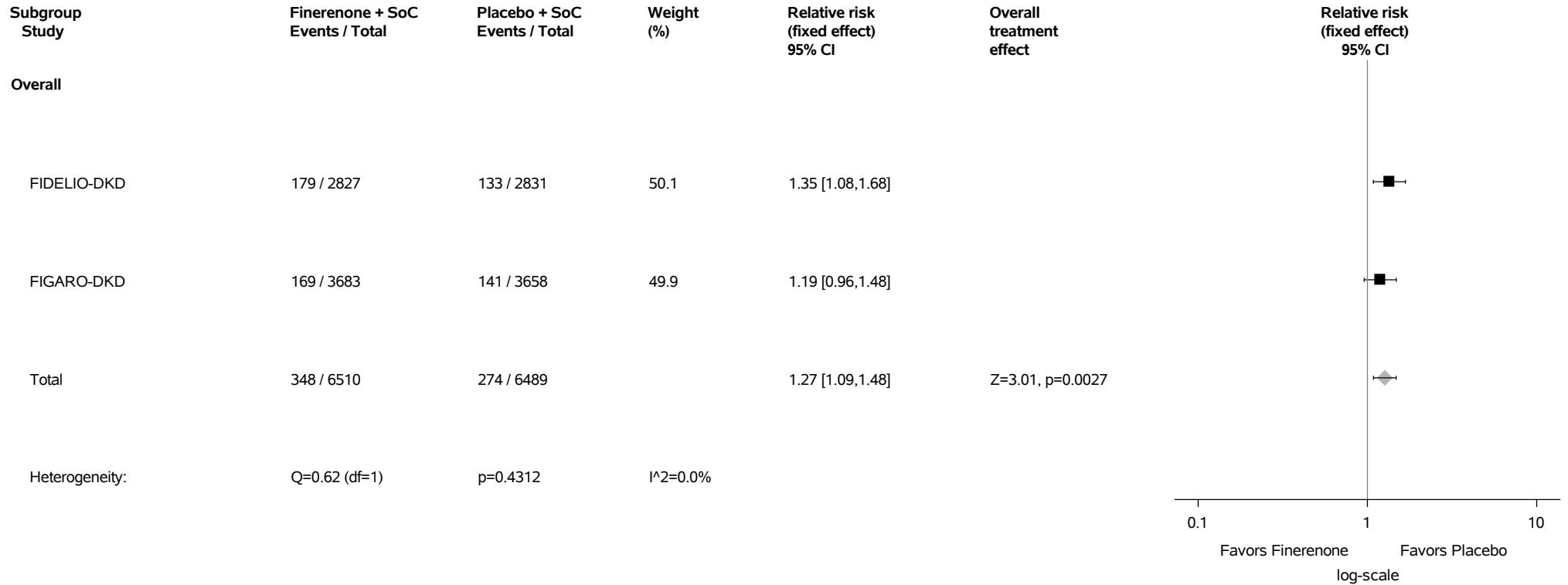
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.75: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) Safety Analysis Set



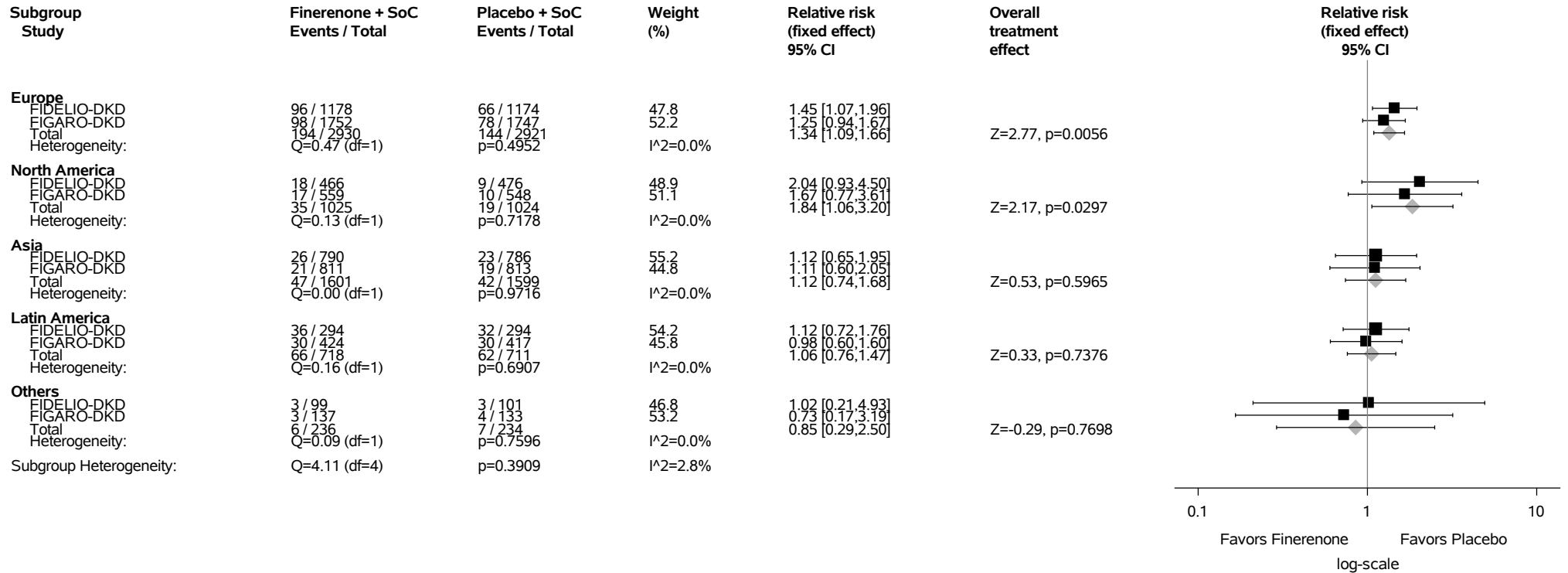
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.76: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.76.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



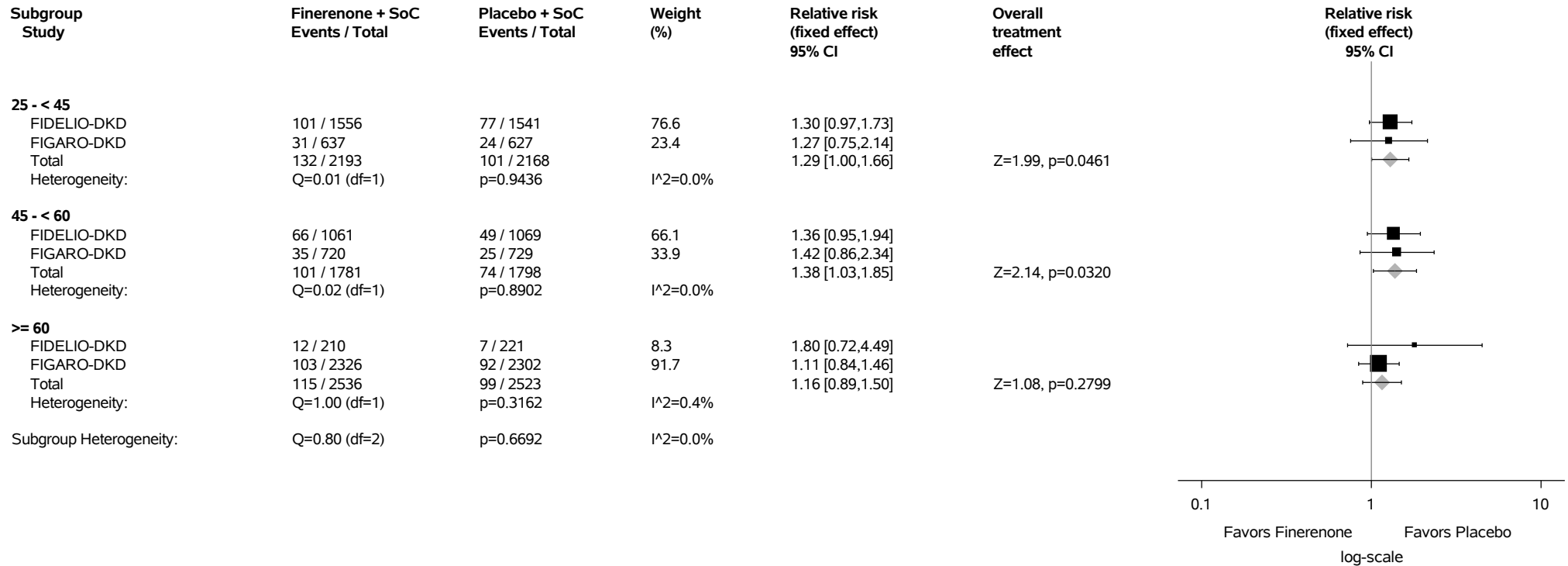
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.76.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

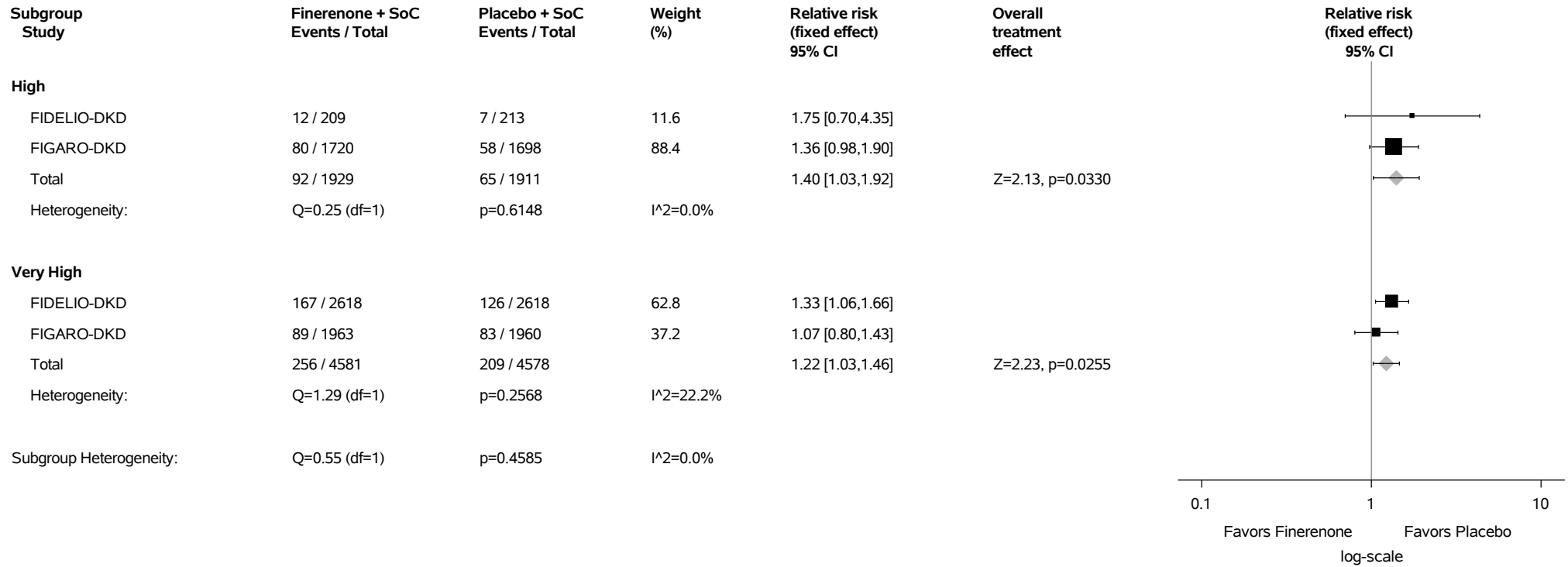
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.76.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%)

Safety Analysis Set



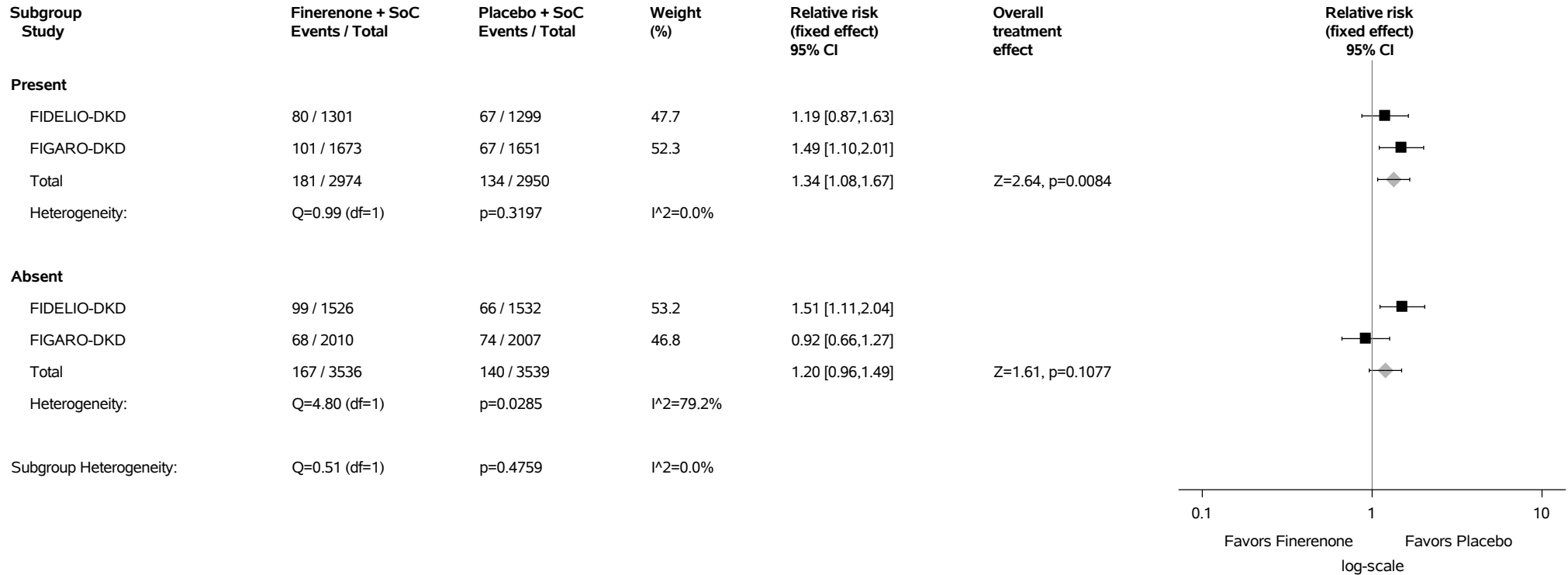
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

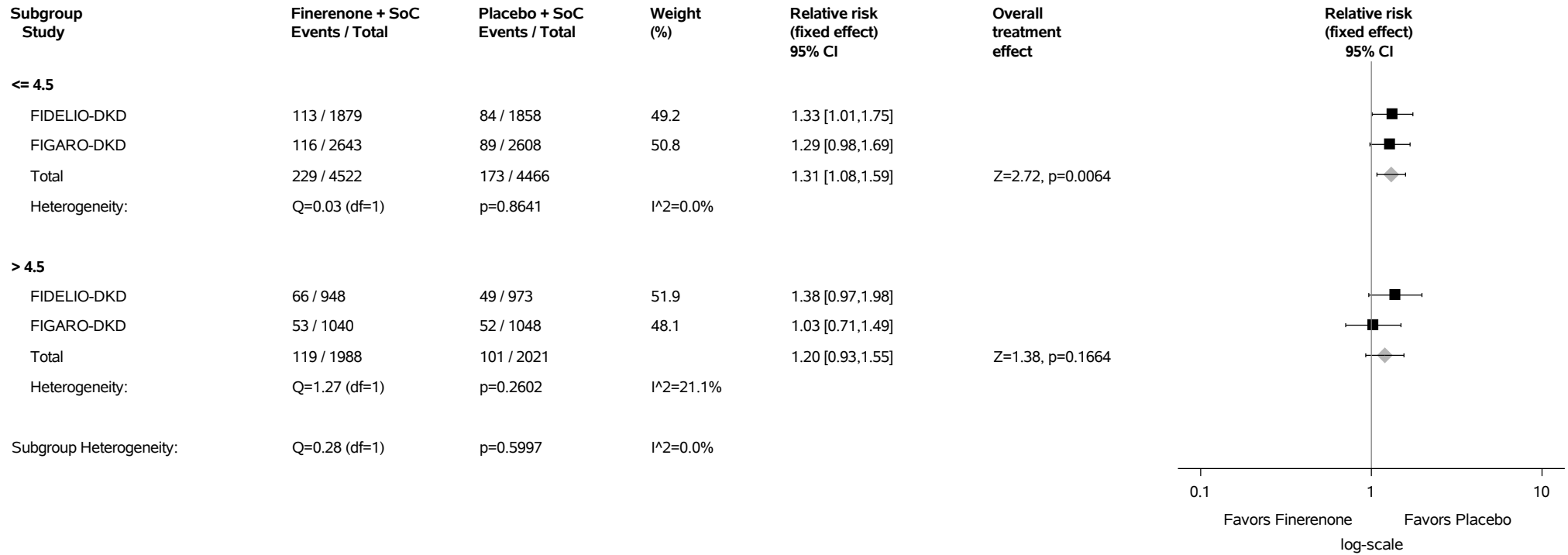
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.76.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



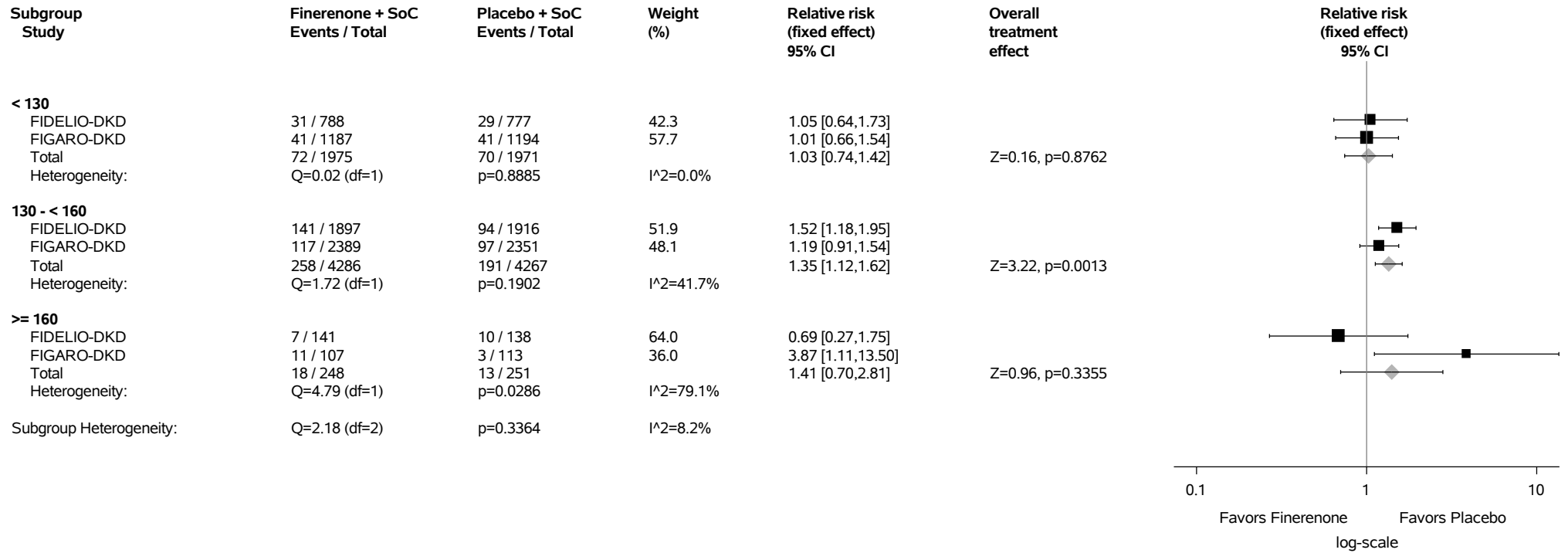
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.76.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure 2.1.76.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



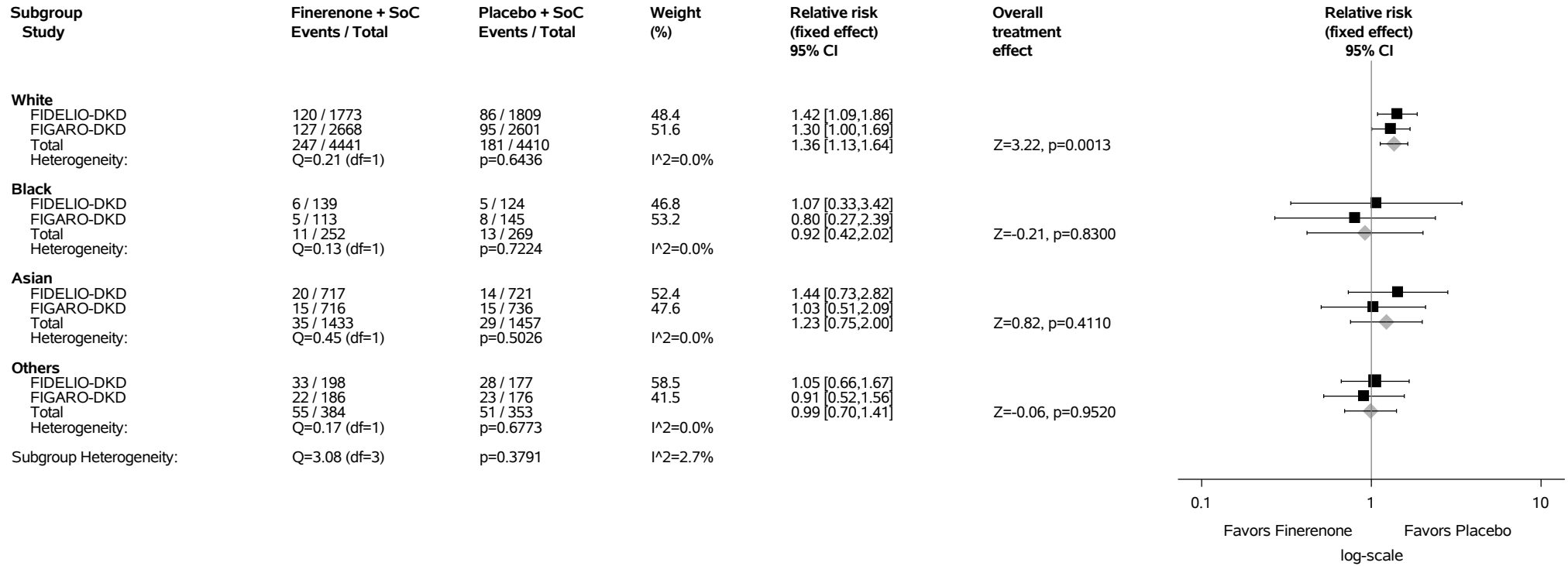
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.76.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

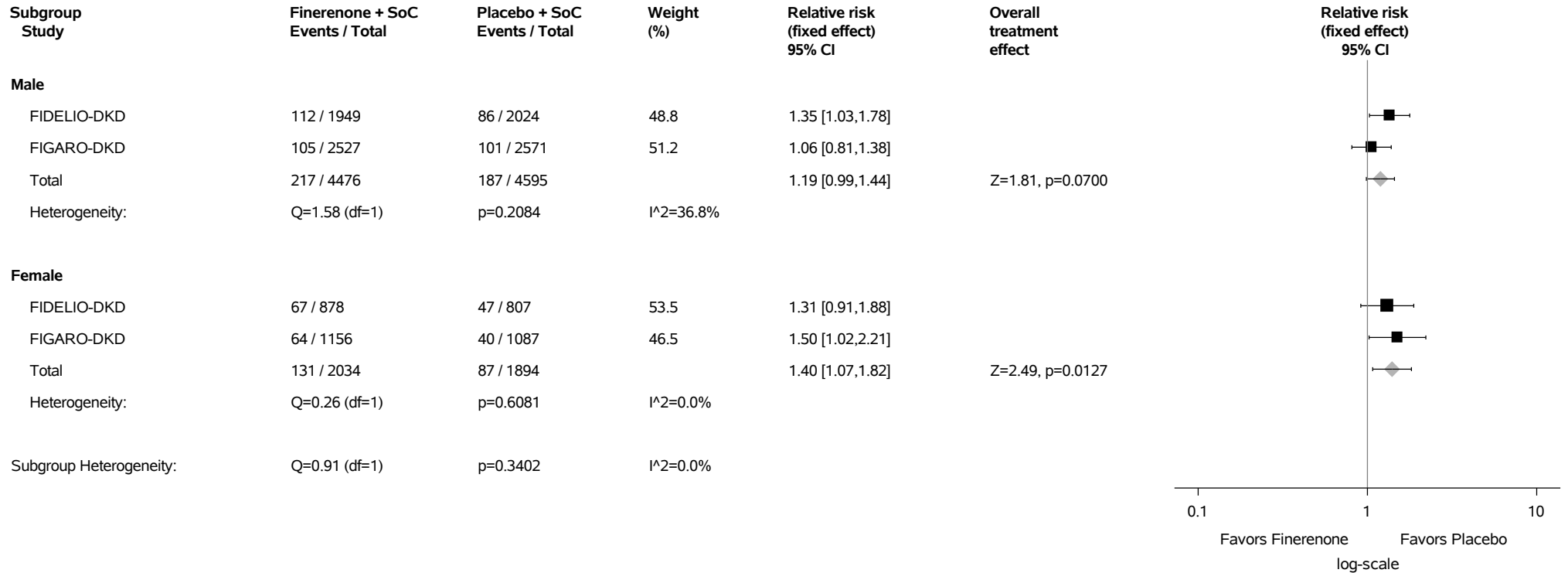
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

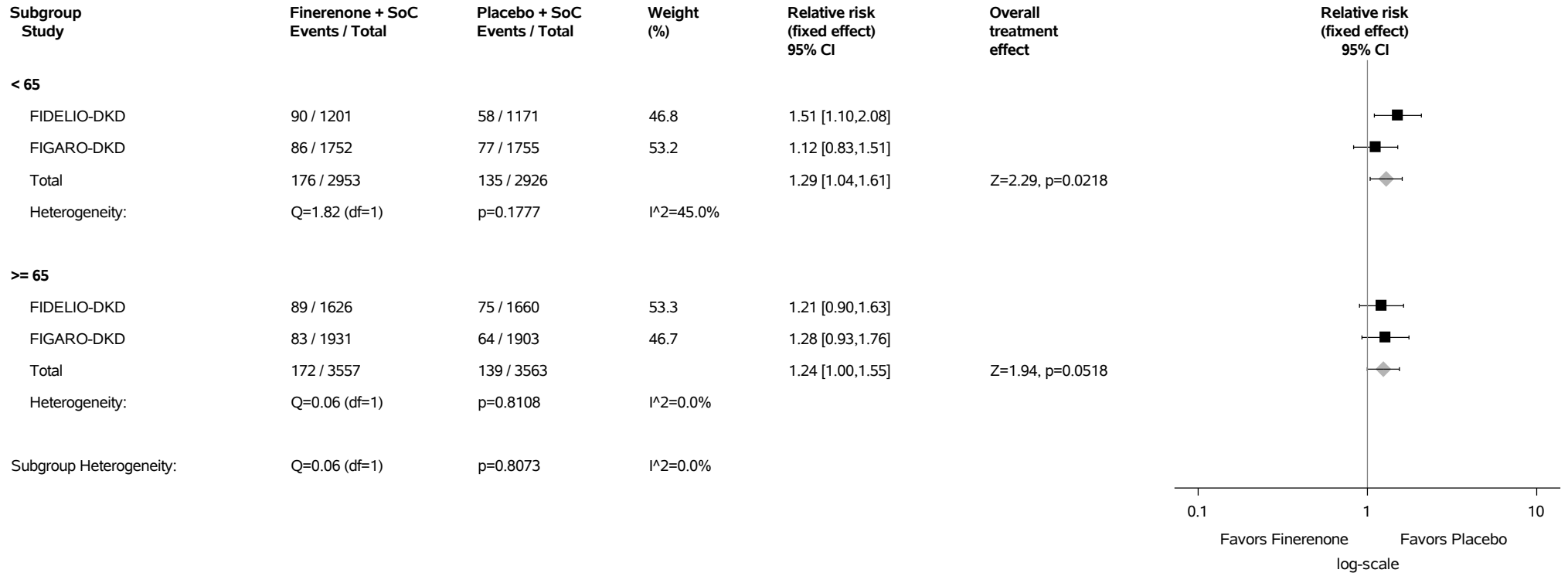
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.76.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



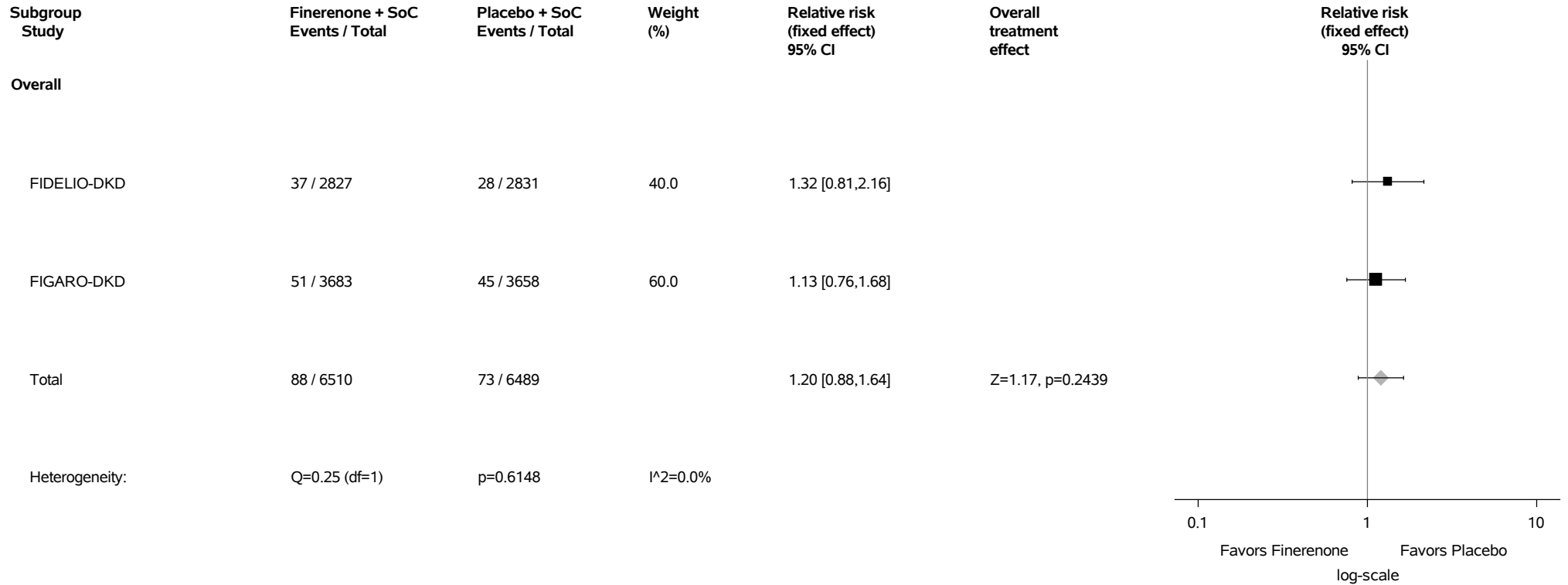
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.76.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



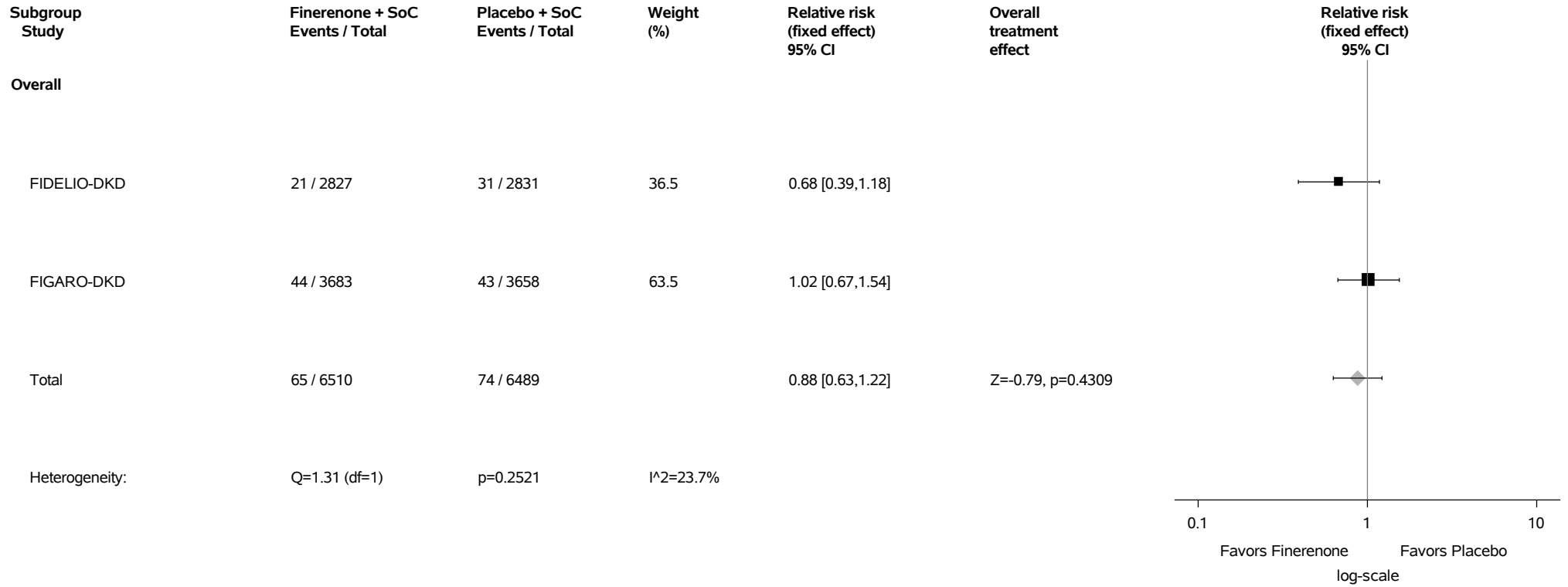
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.77: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) Safety Analysis Set



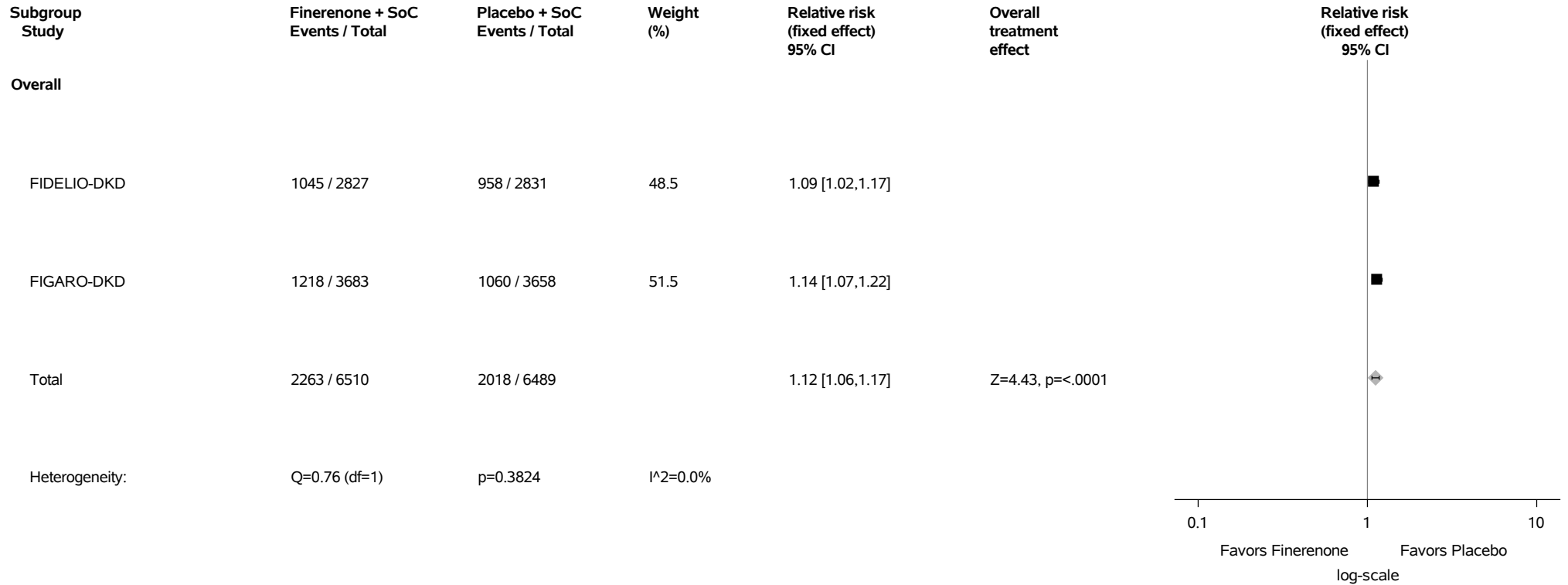
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.78: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) Safety Analysis Set



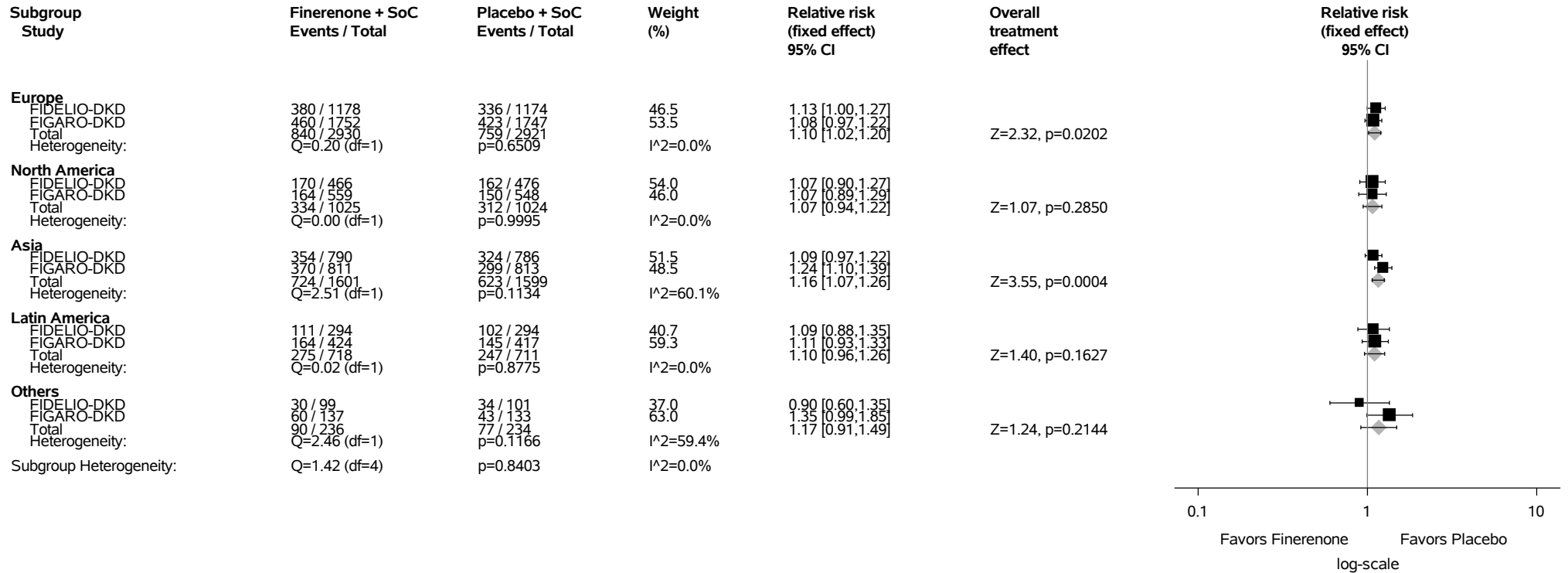
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.79: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.79.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



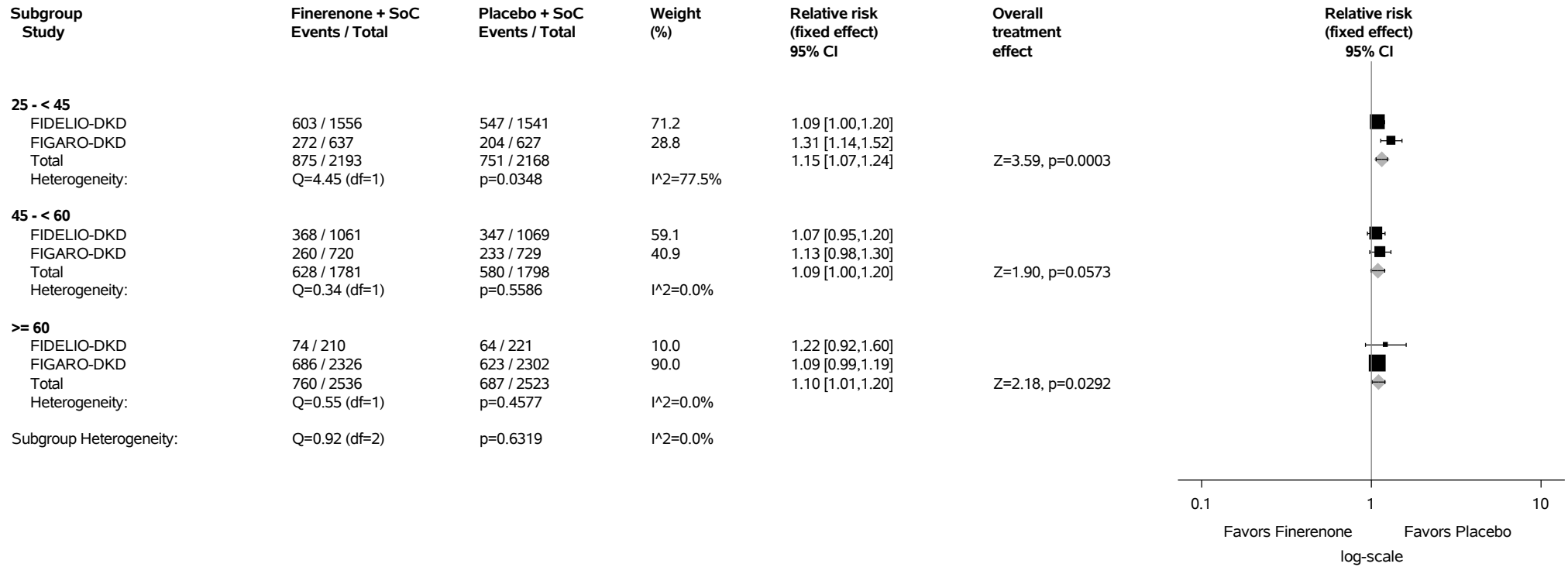
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

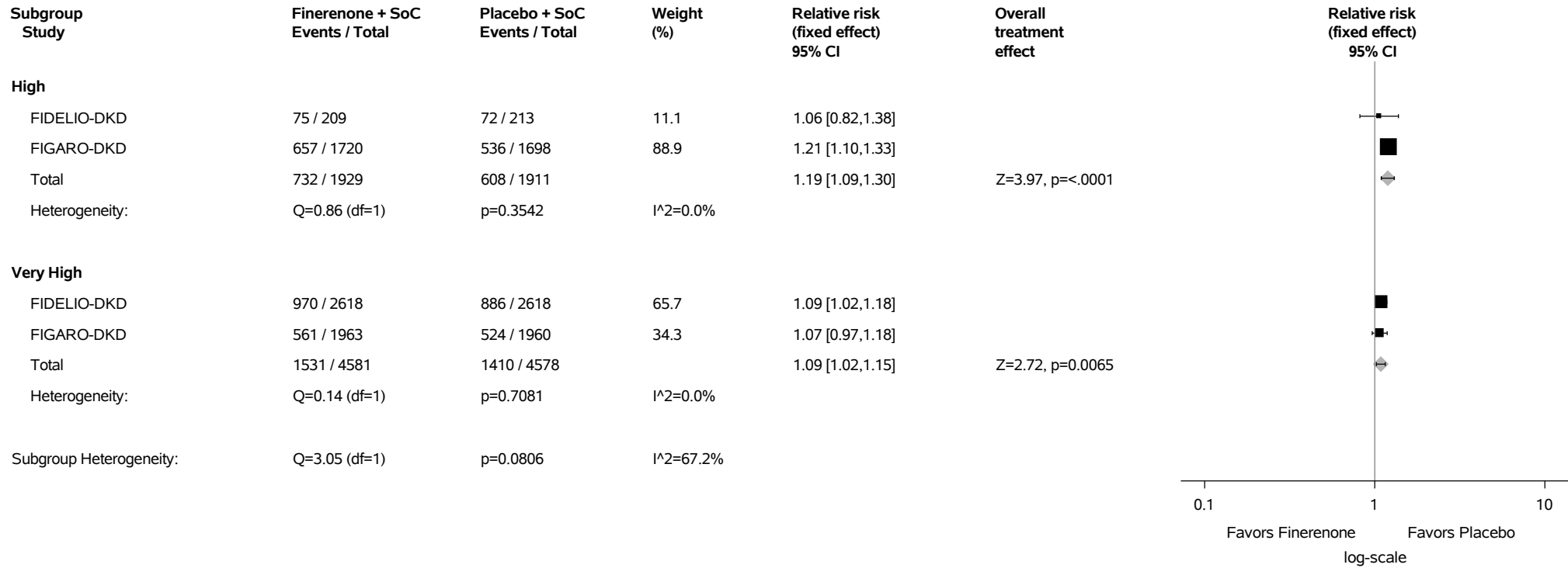
Figure 2.1.79.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.79.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)

Safety Analysis Set



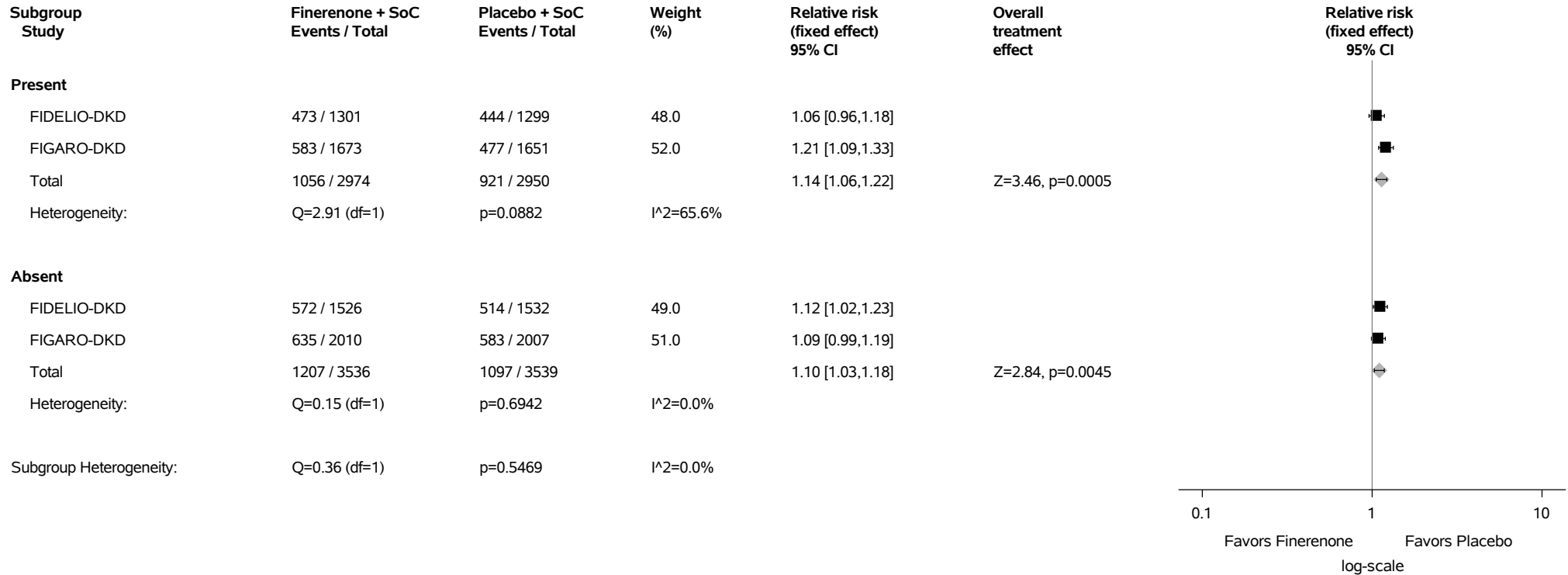
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.79.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



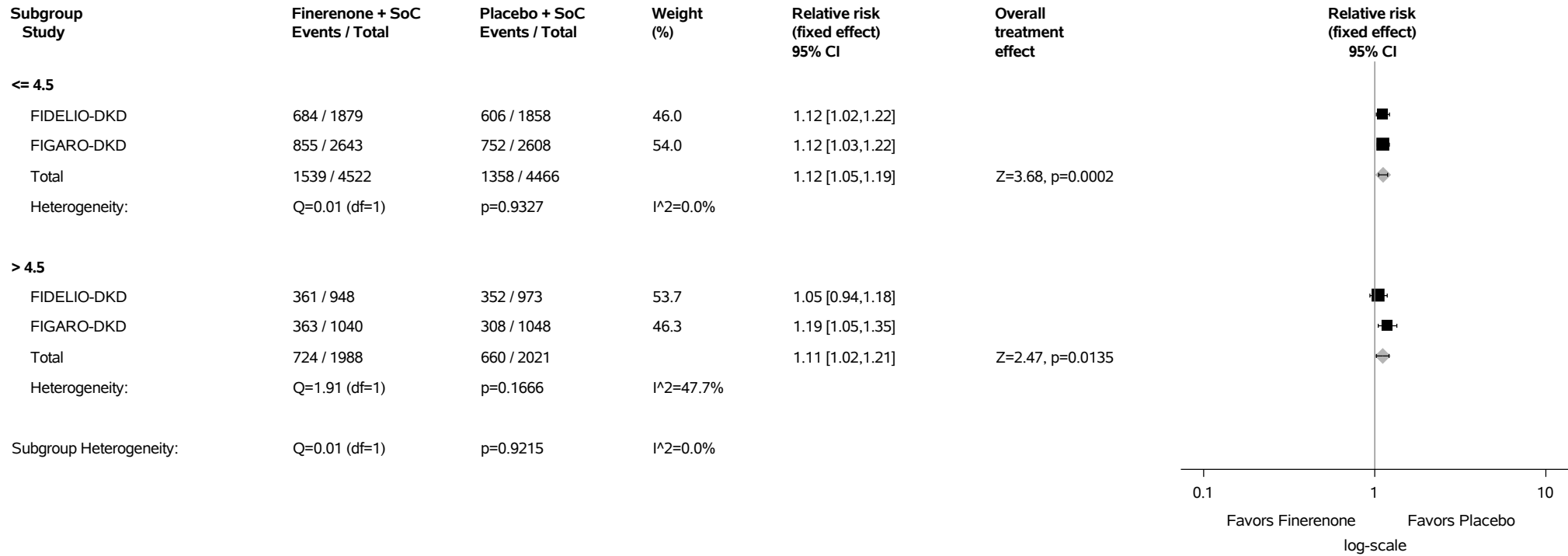
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

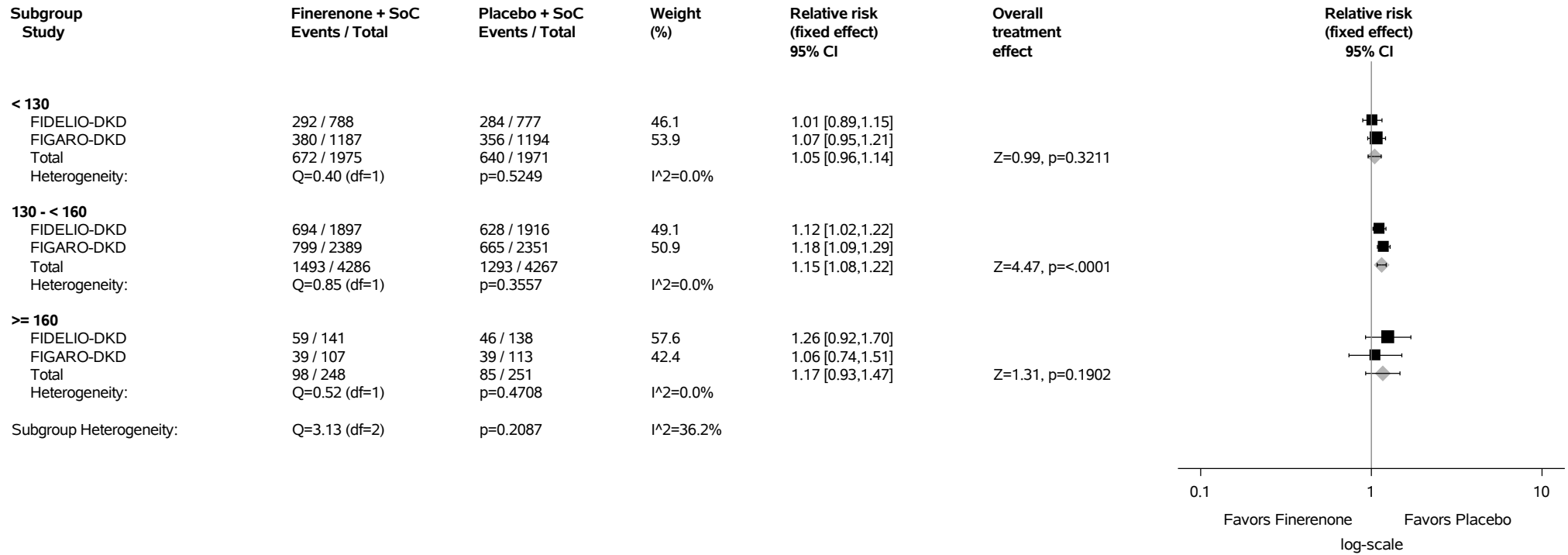
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.79.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
 Category 'Missing' was excluded from meta-analysis.

Figure 2.1.79.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

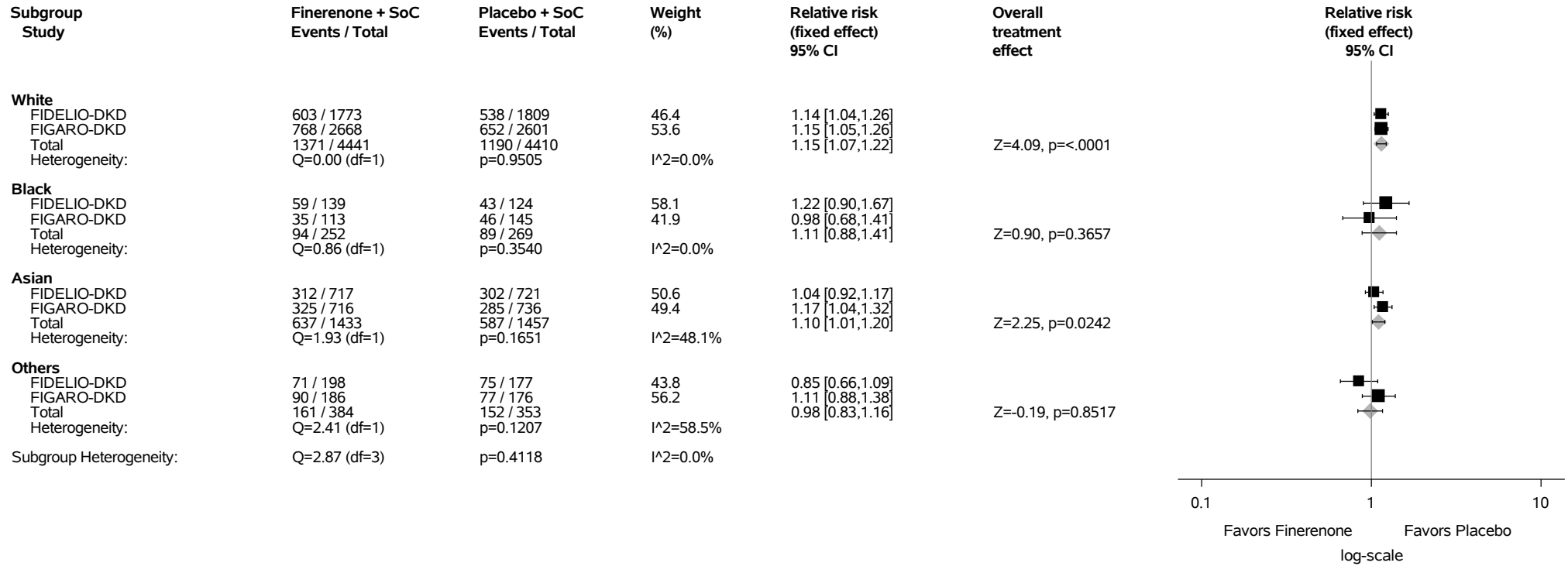
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.79.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

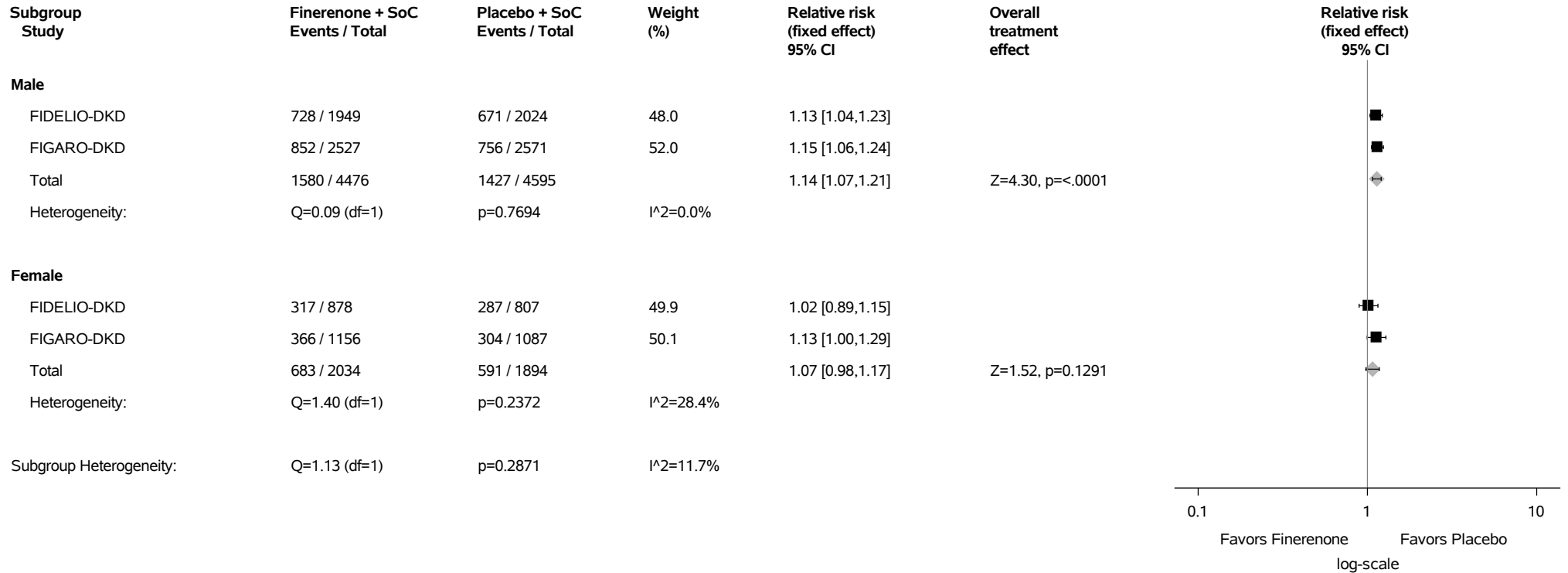
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.79.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



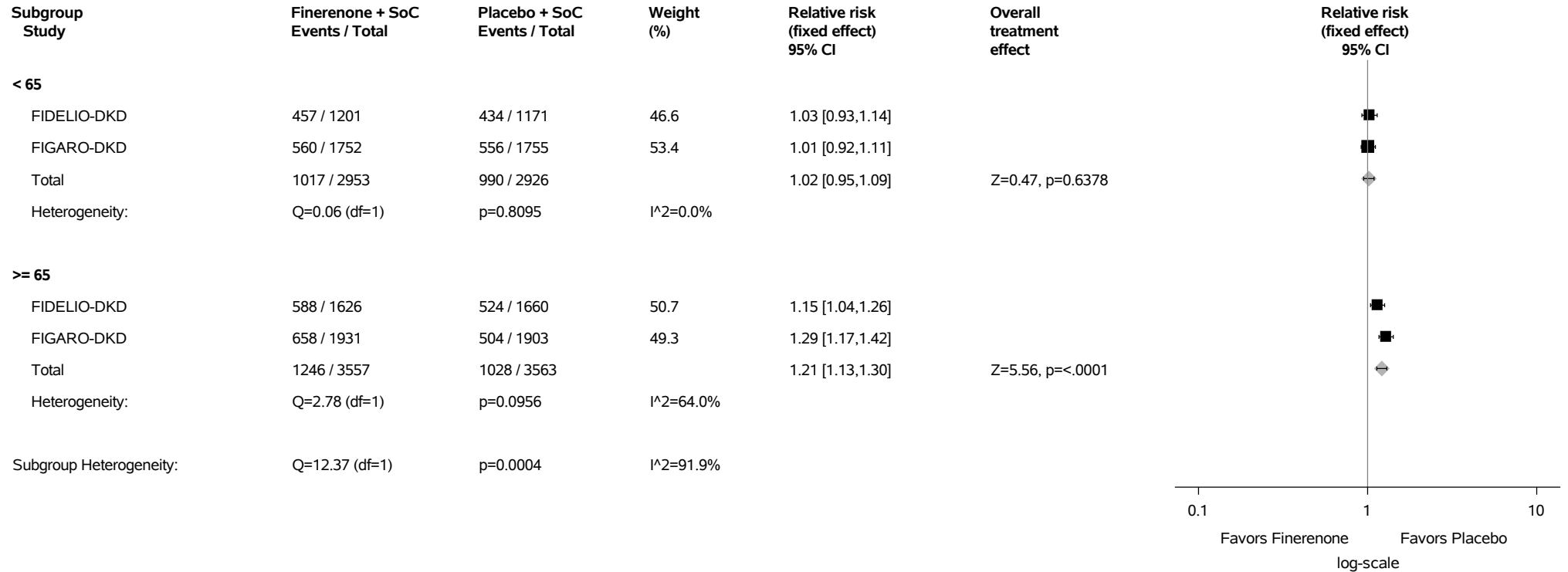
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.79.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



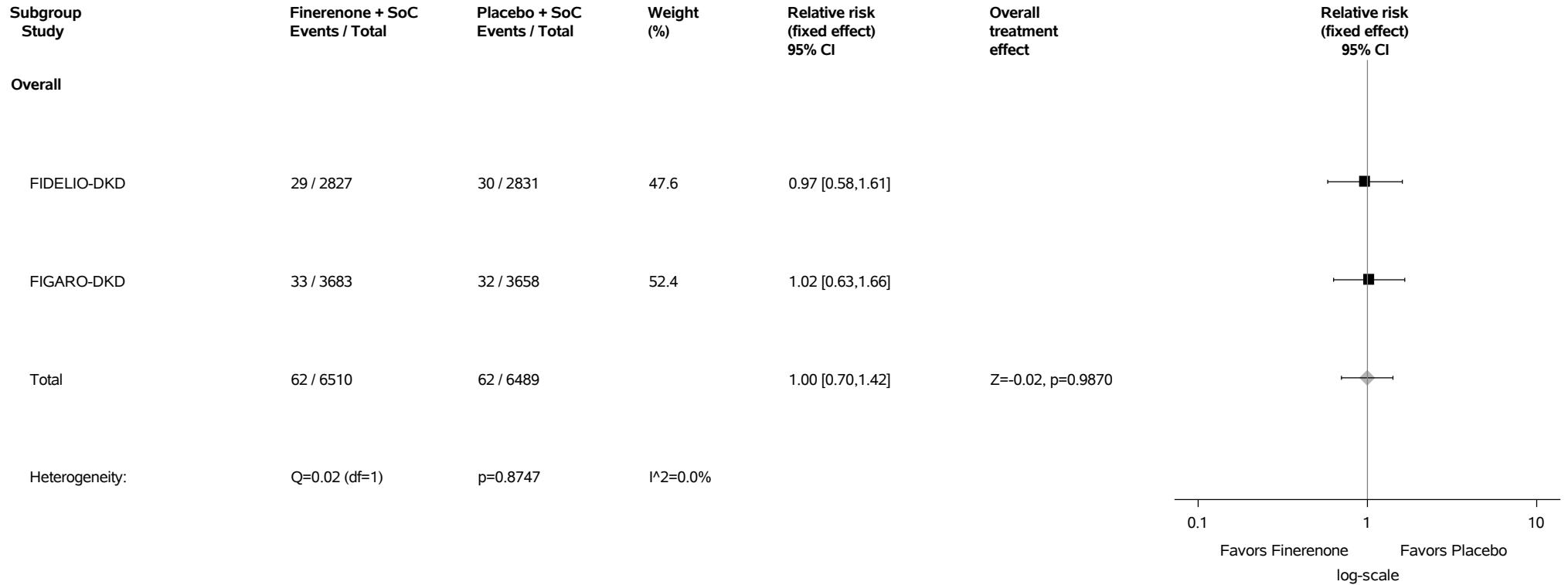
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.80: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Decreased appetite (PT with Incidence >=1%) Safety Analysis Set



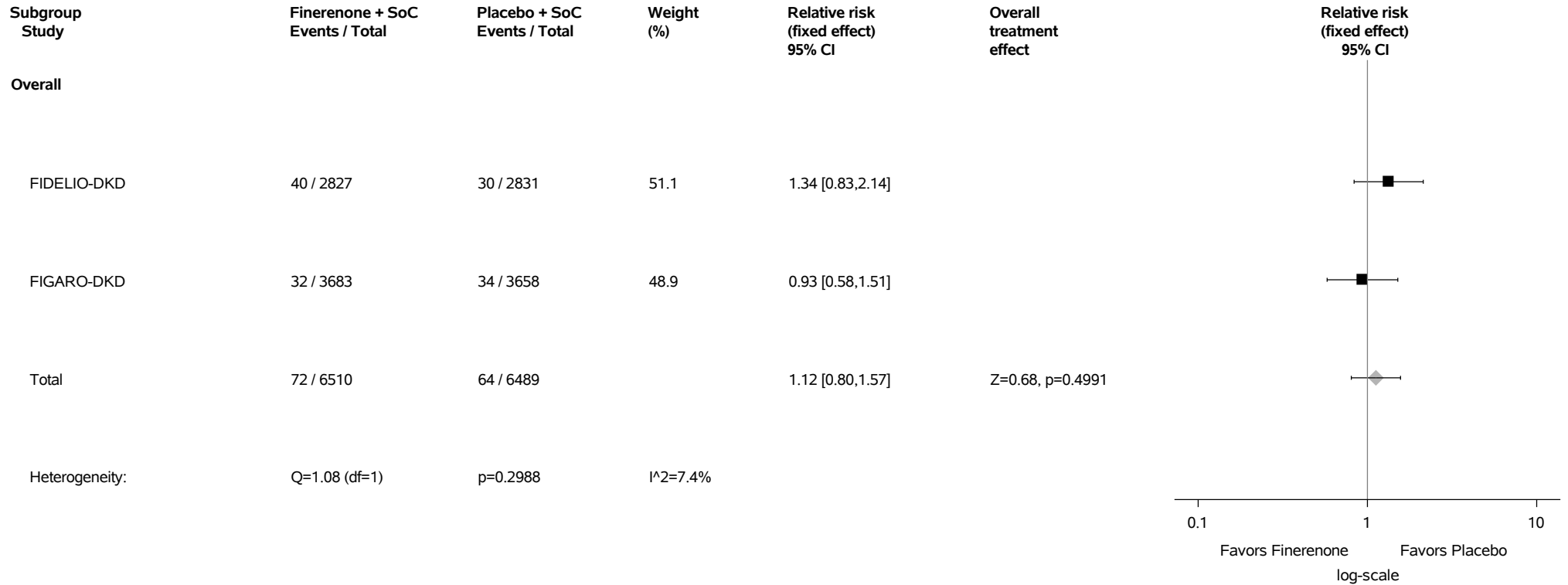
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.81: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dehydration (PT with Incidence >=1%) Safety Analysis Set



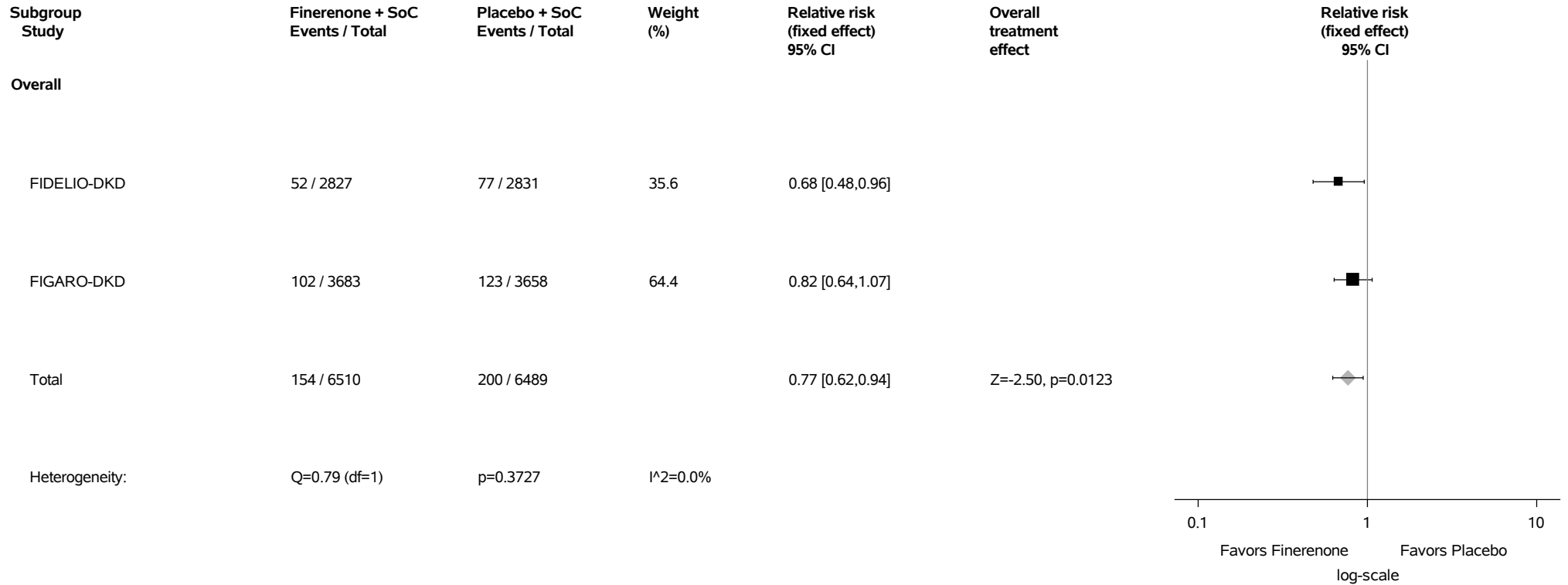
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

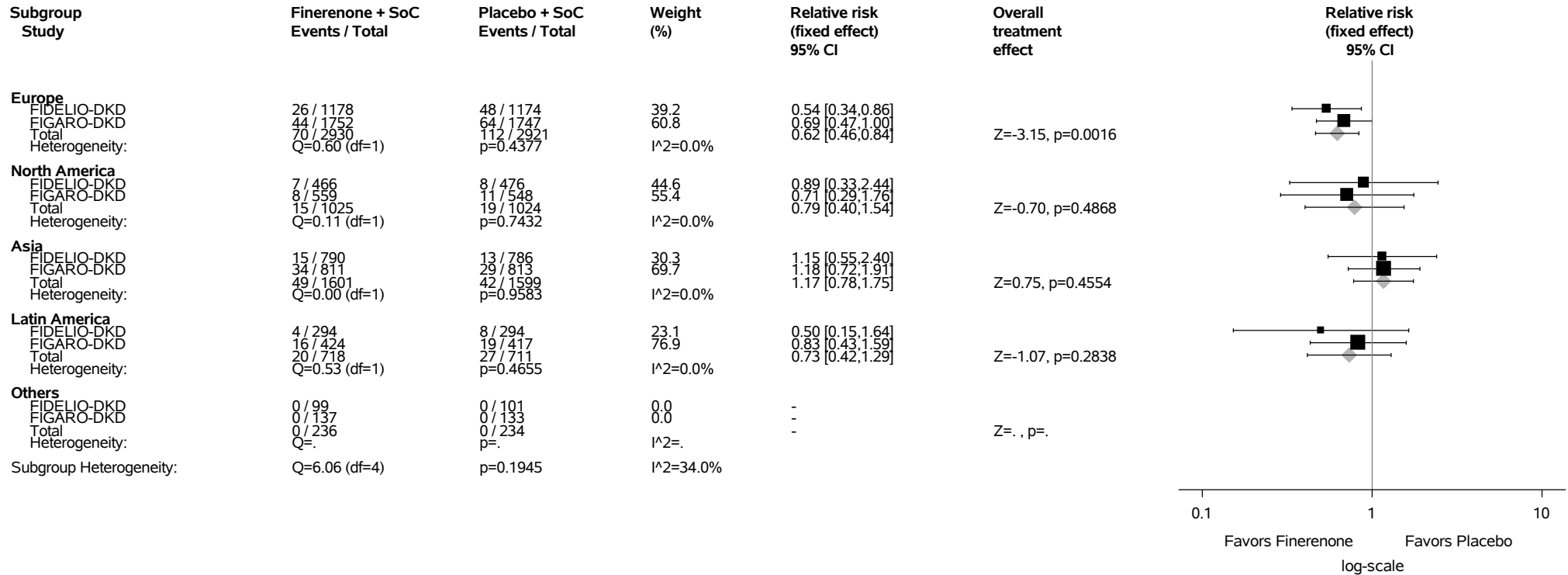
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.82: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.82.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



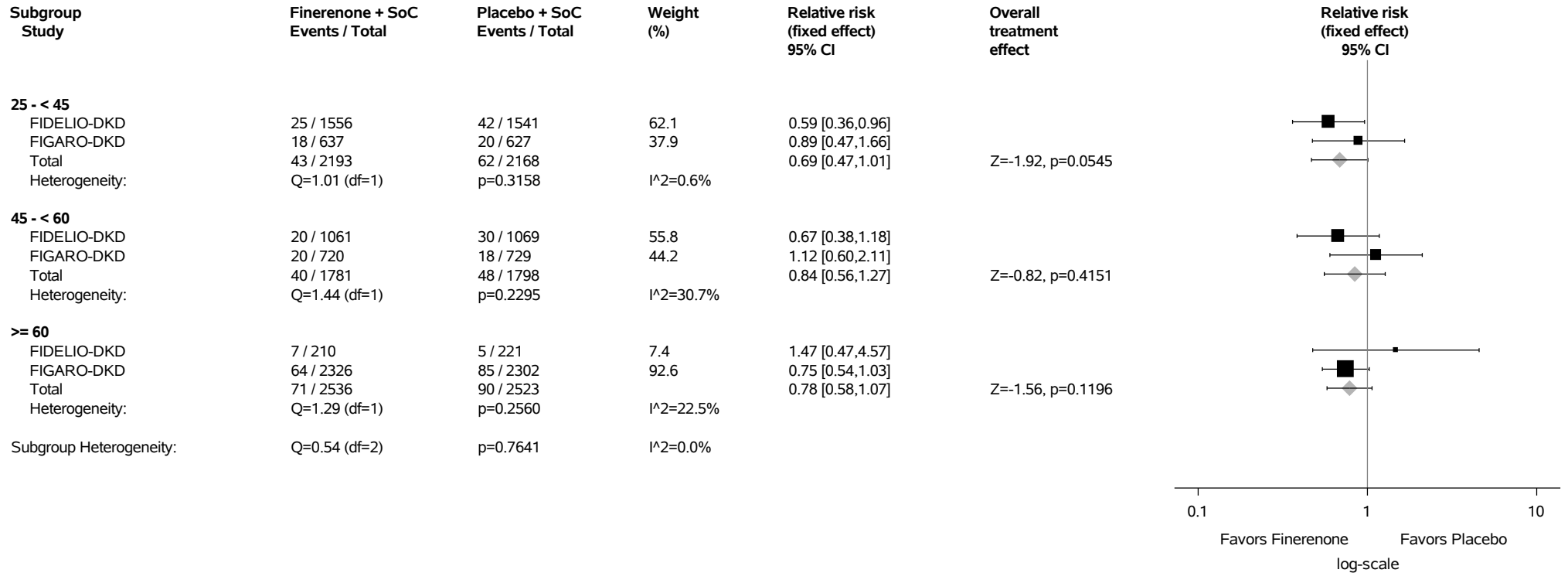
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

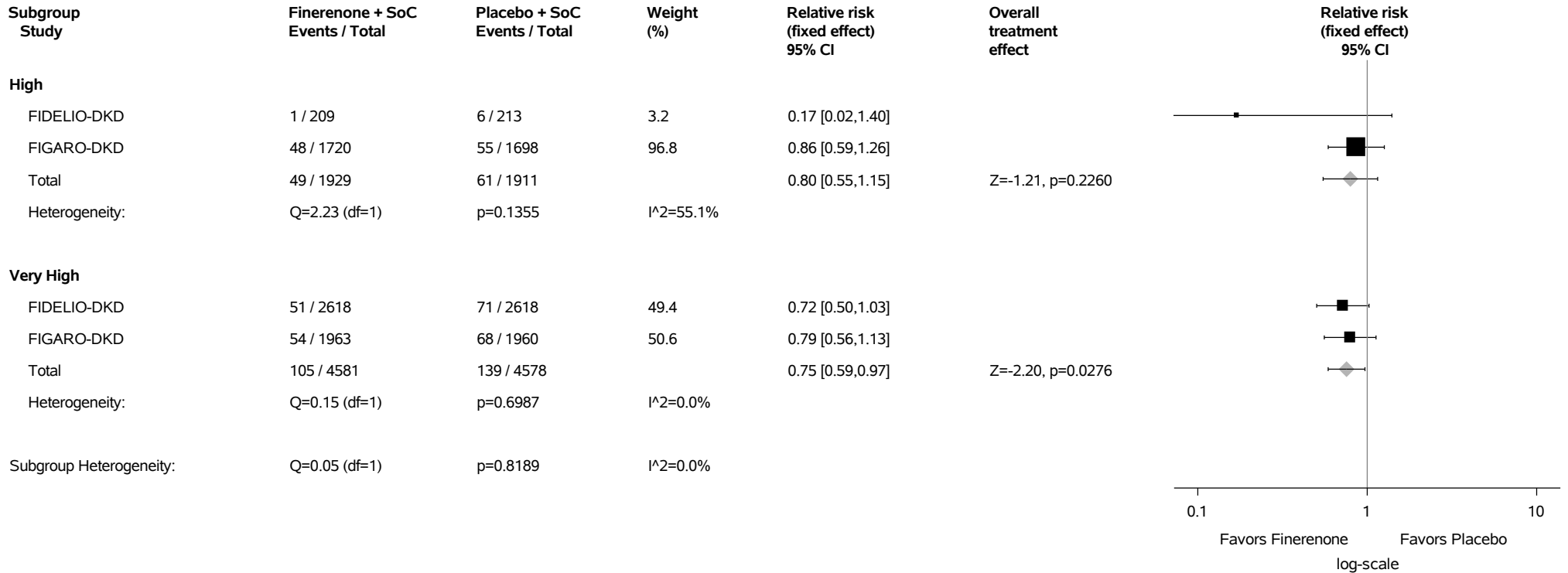
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.82.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.82.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



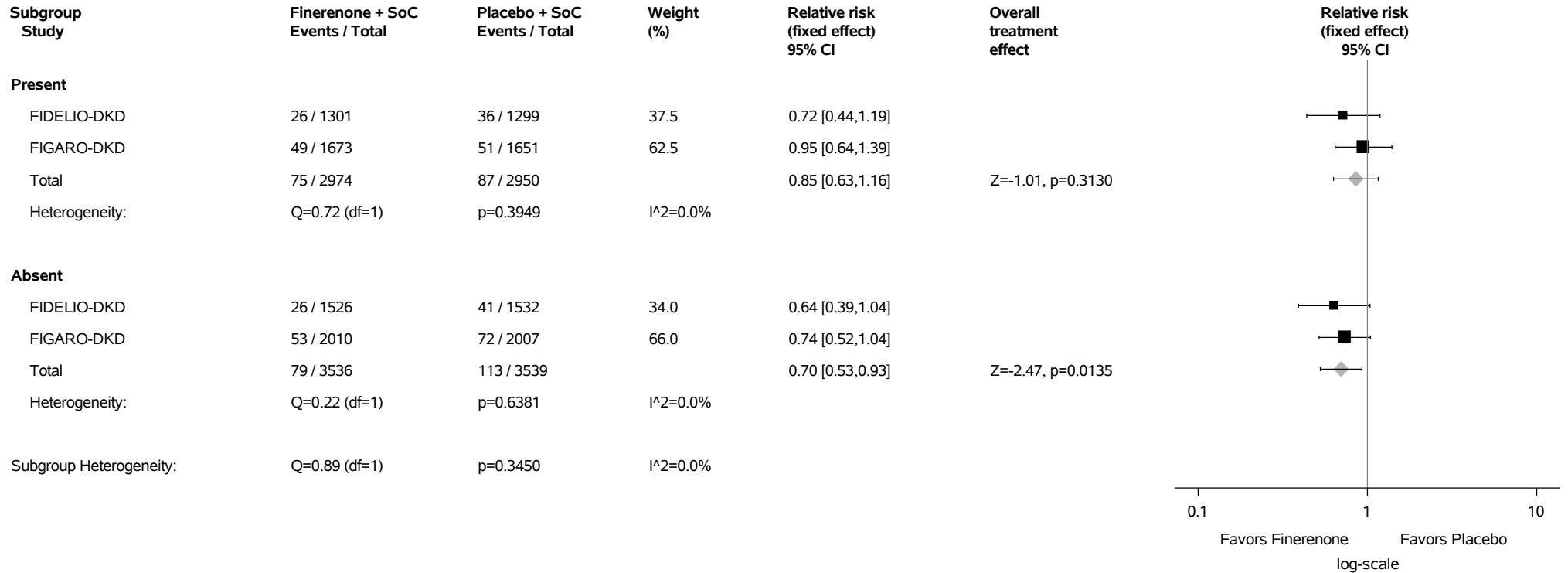
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

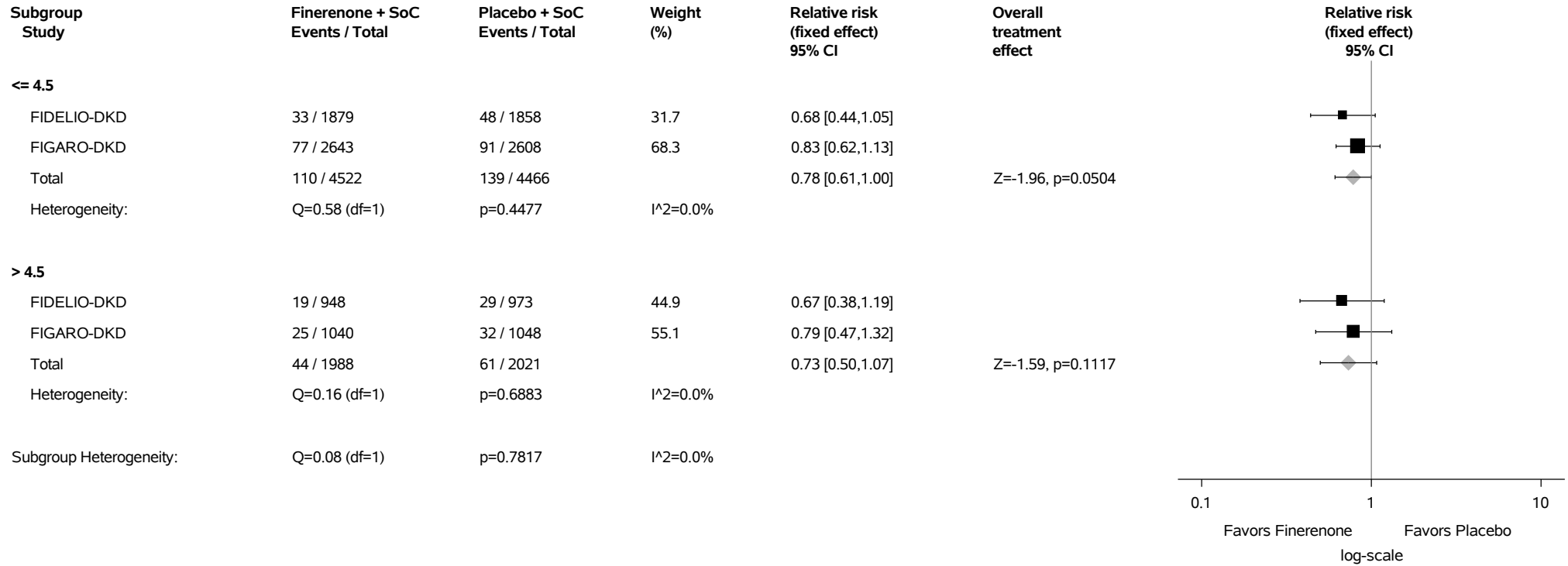
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.82.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.82.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

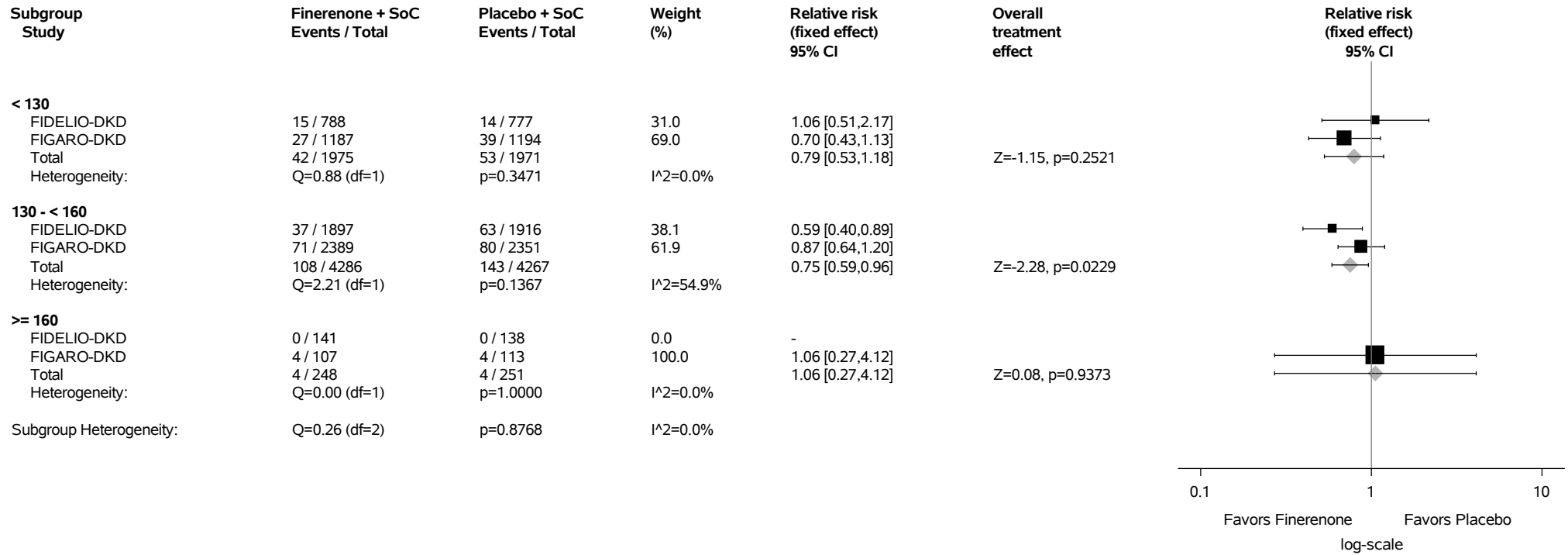
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.82.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

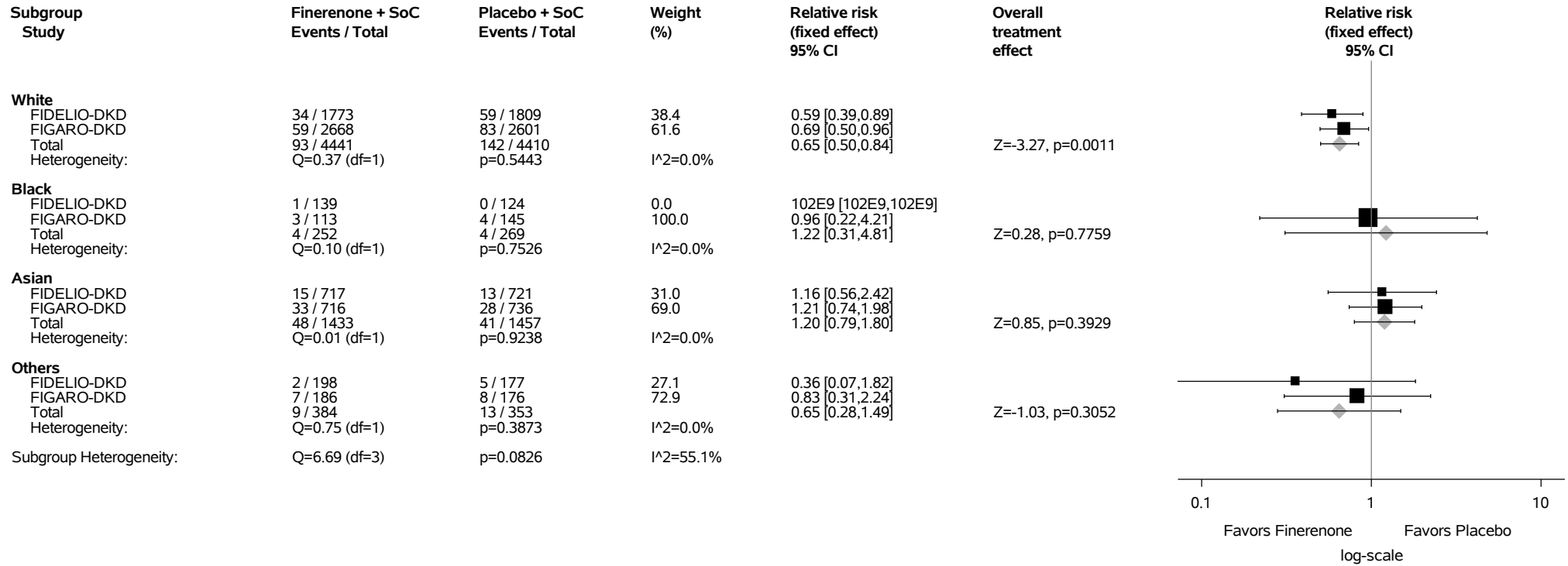
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.82.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

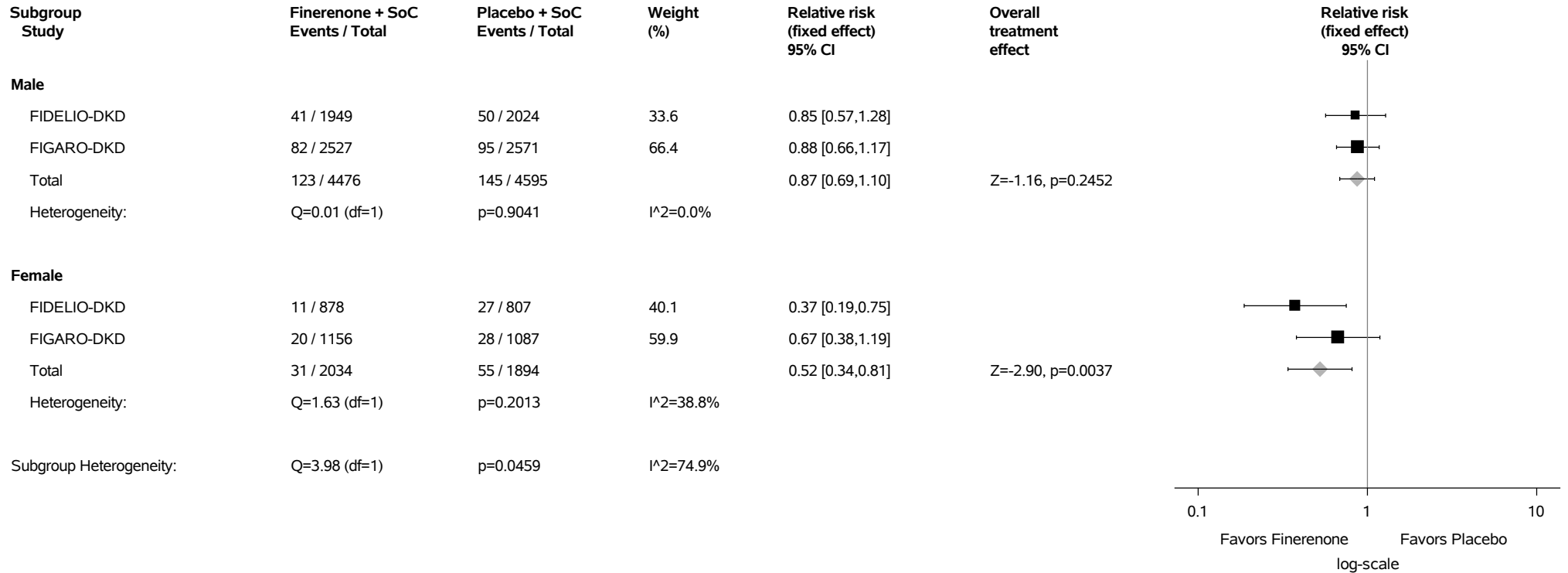
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

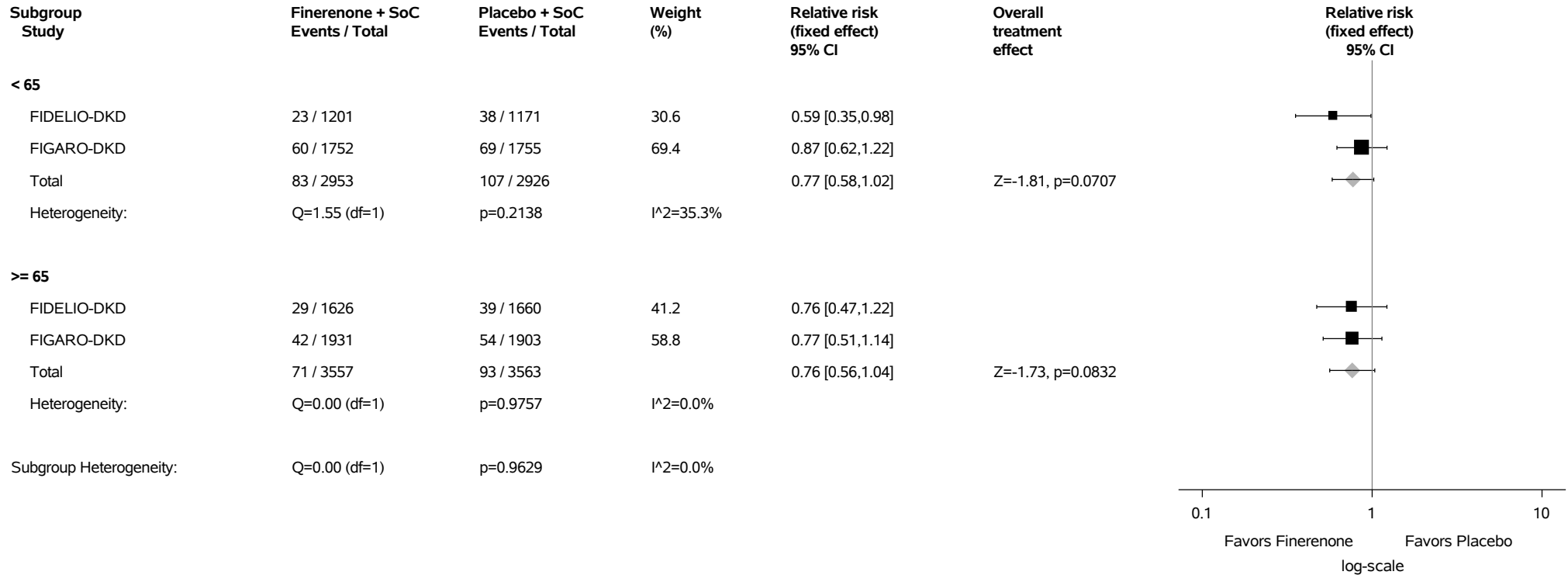
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.82.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.82.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



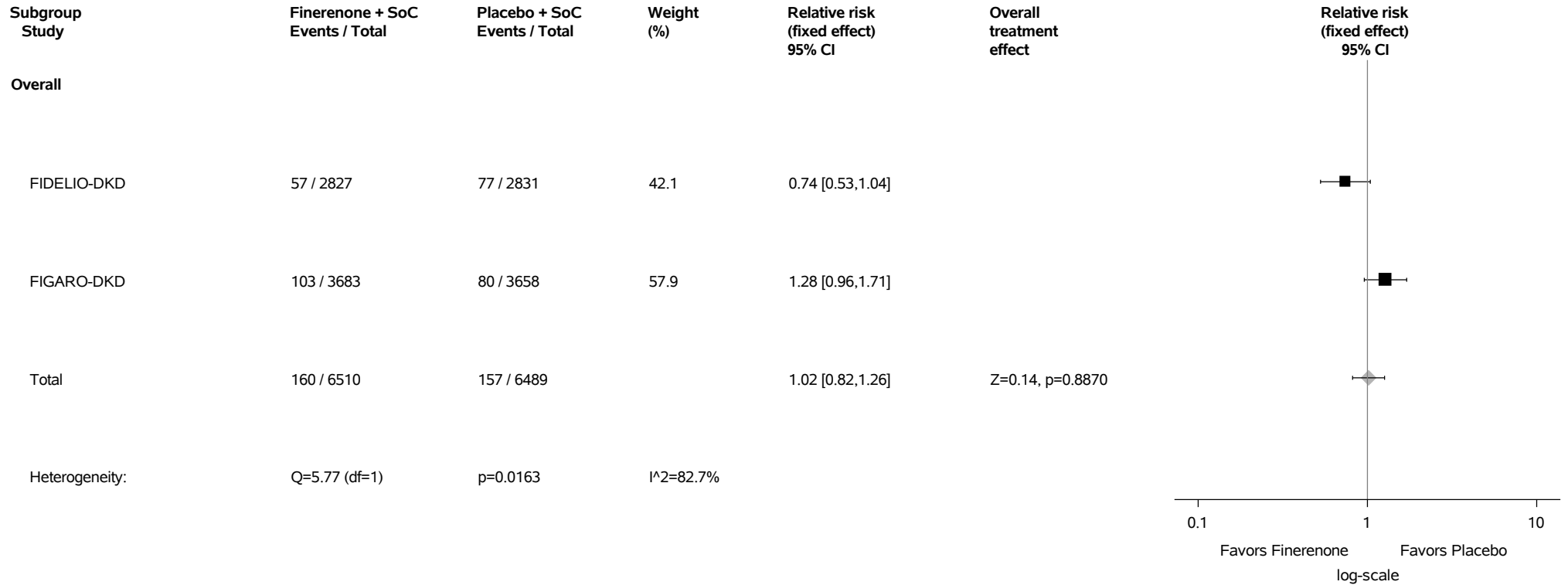
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

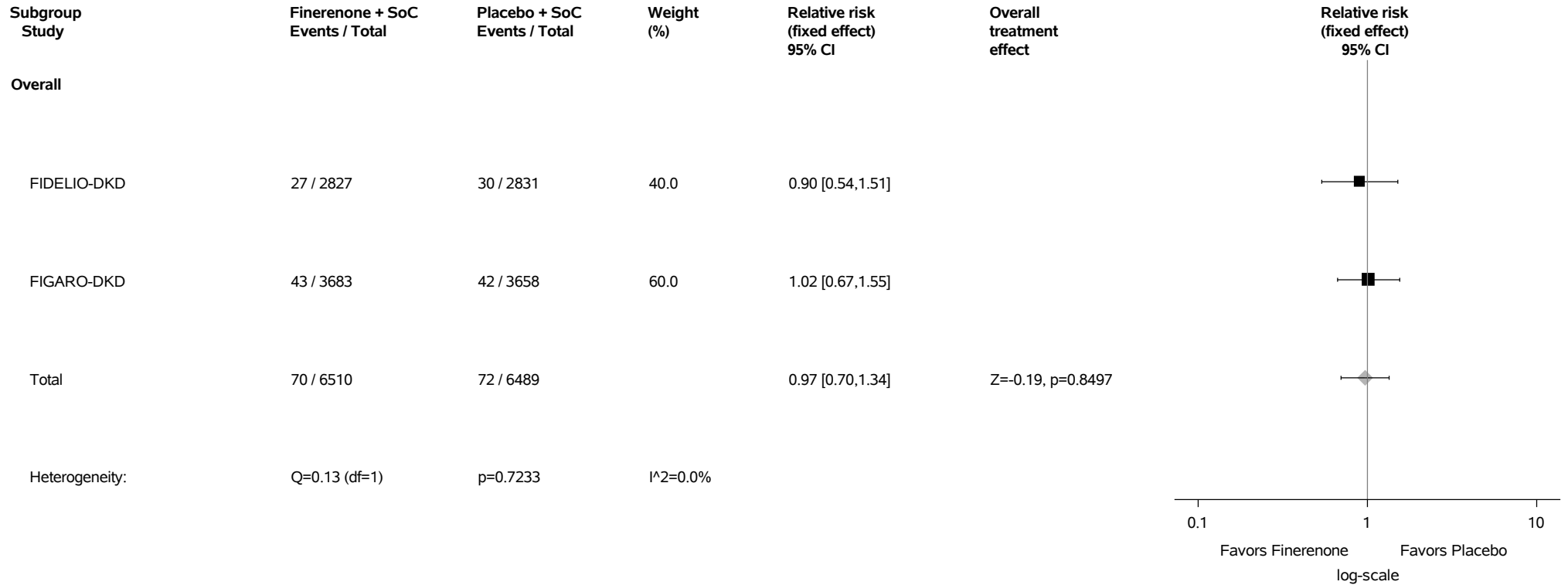
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.83: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.84: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) Safety Analysis Set



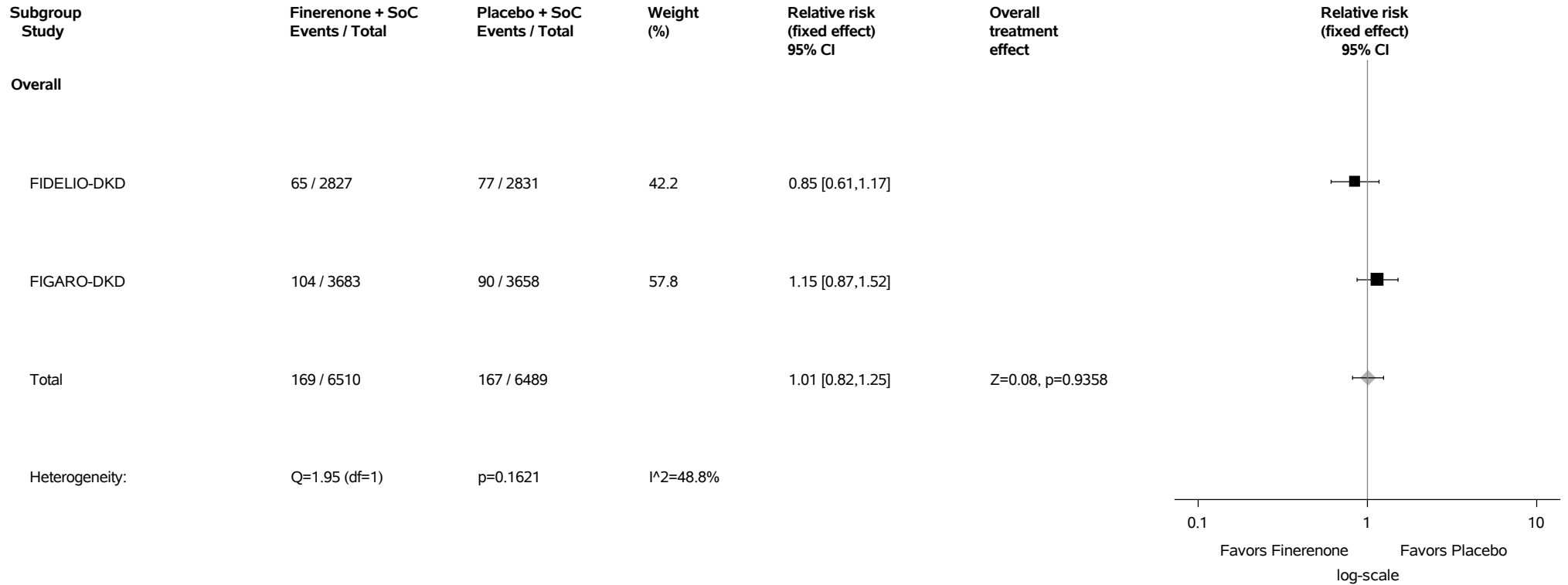
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

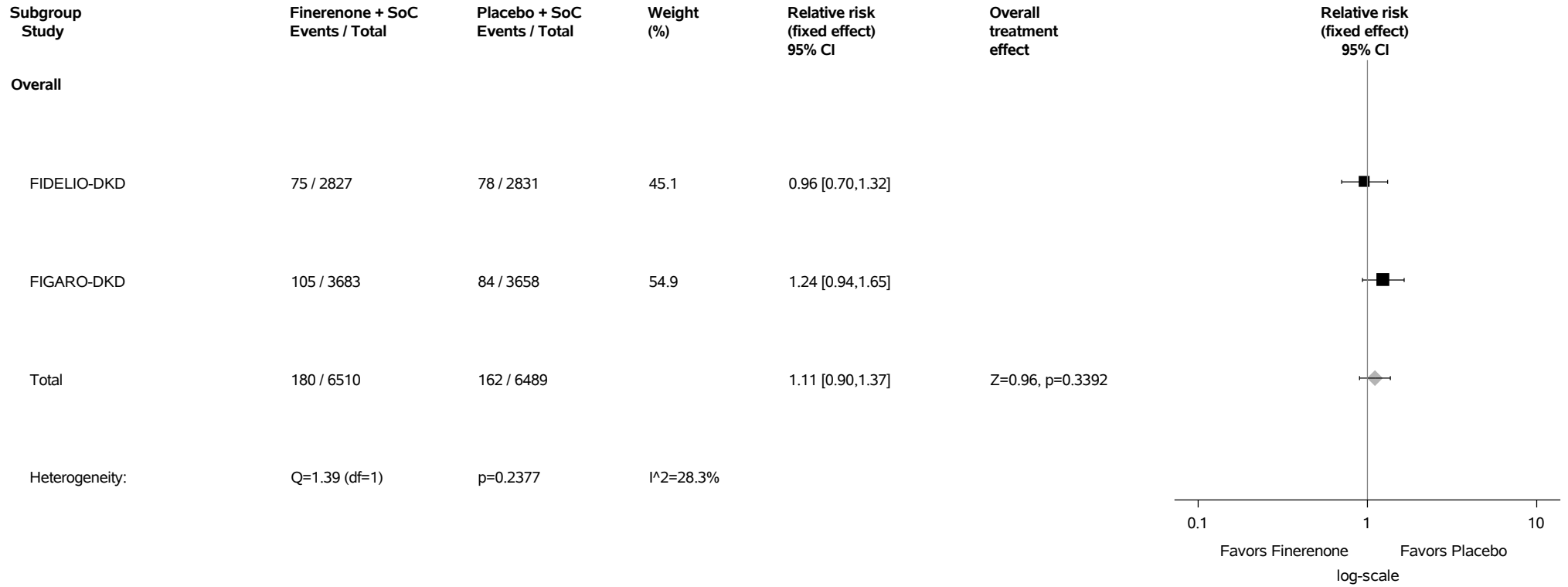
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.85: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) Safety Analysis Set



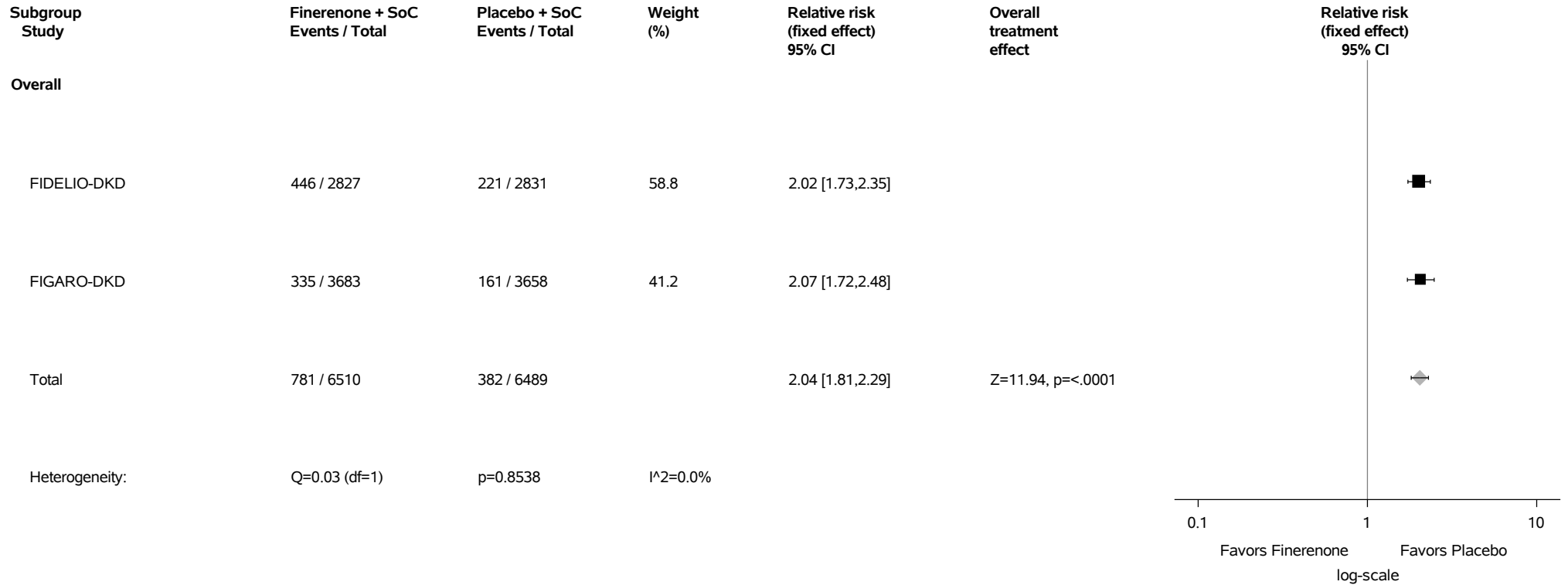
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.86: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.87: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



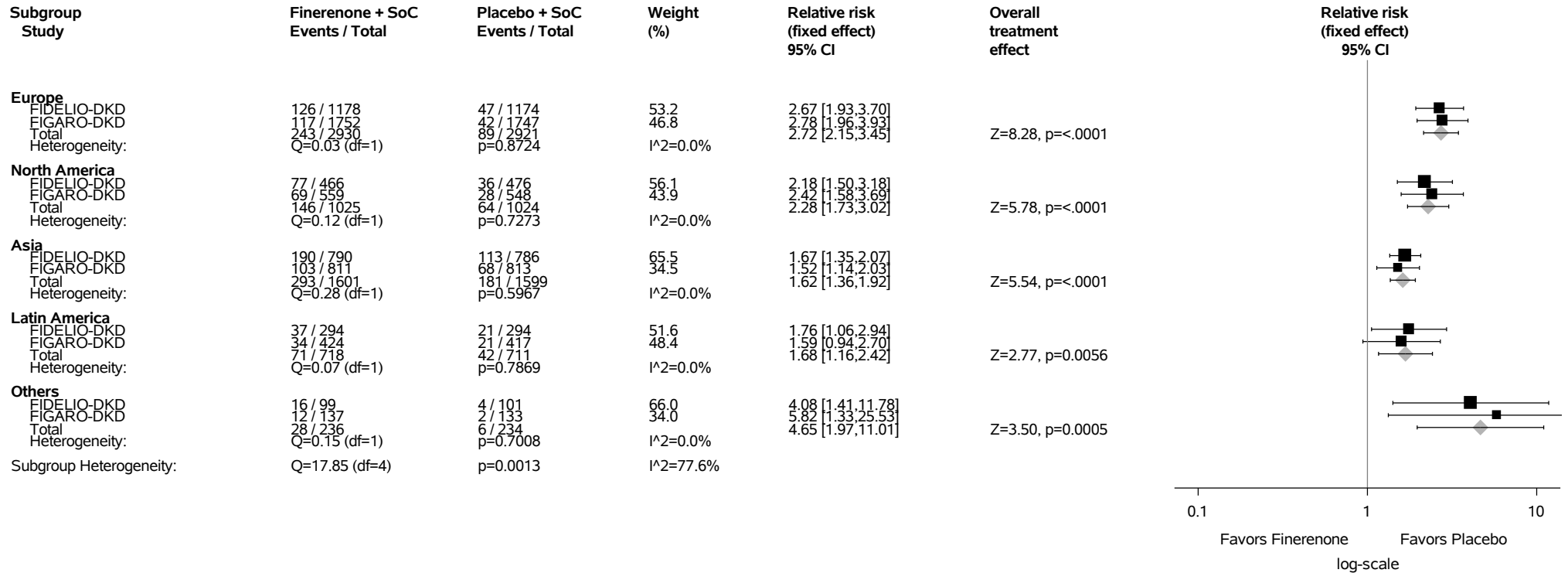
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.87.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



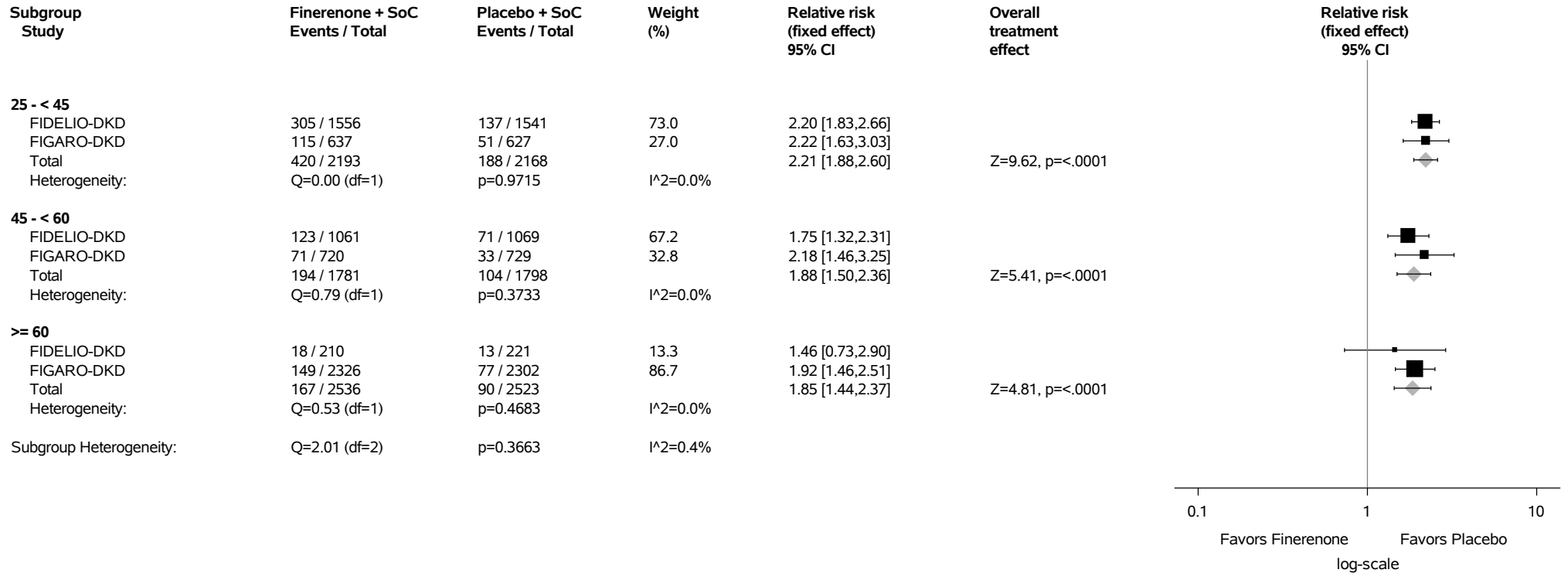
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.87.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



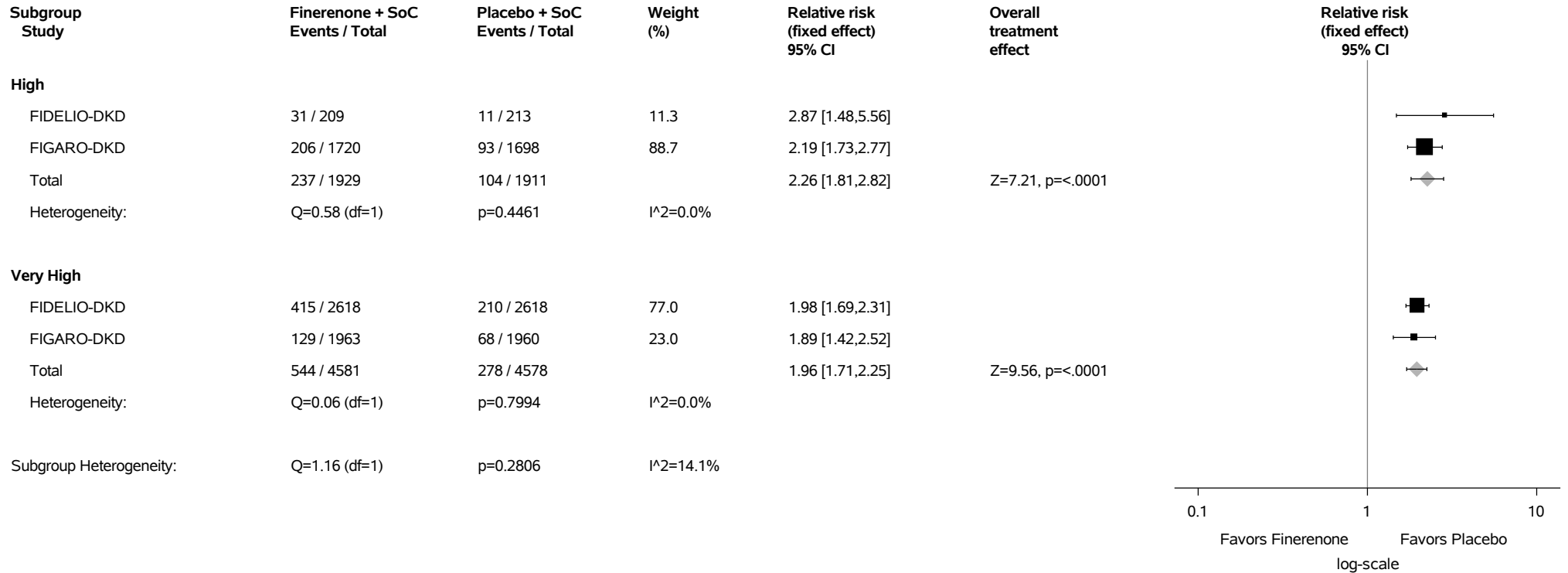
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.87.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



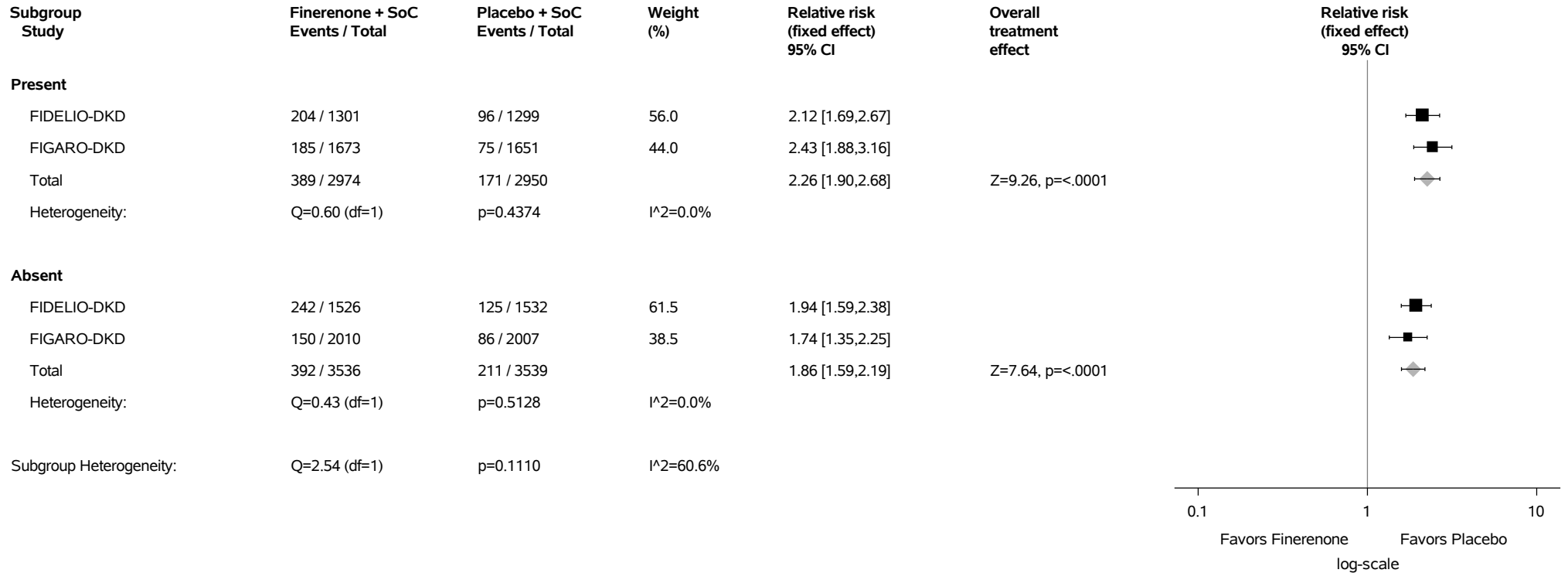
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.87.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



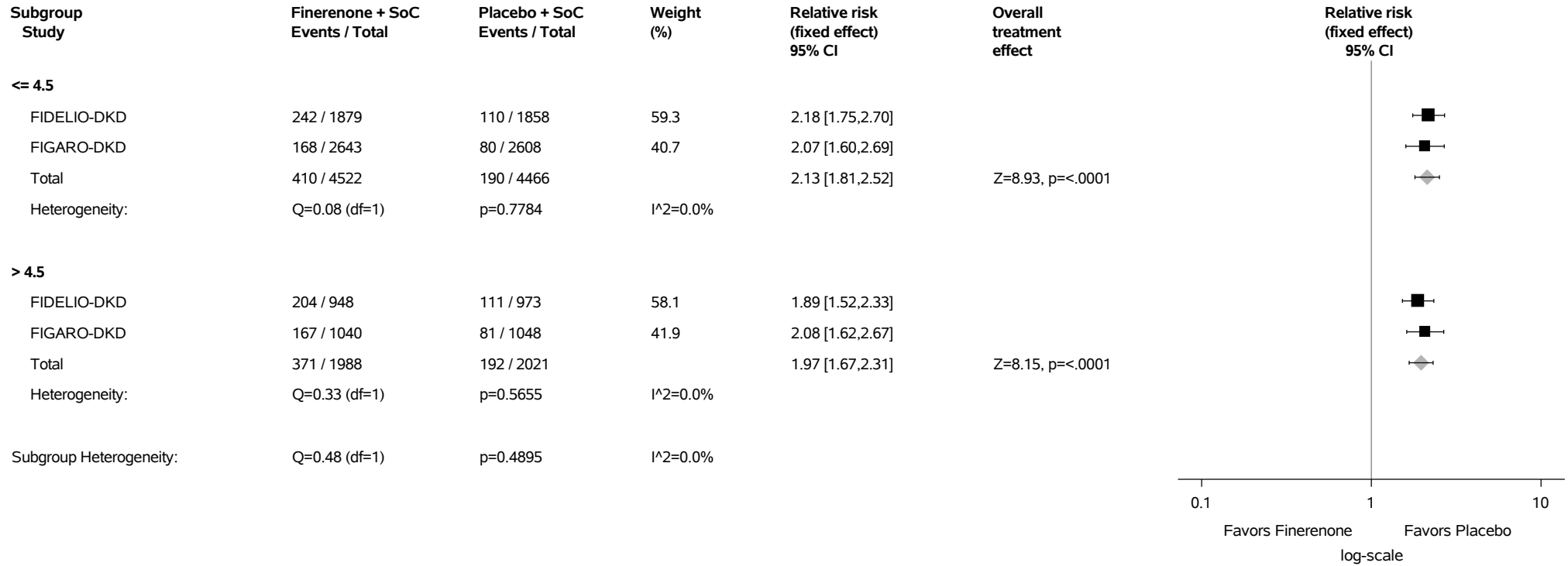
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.87.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

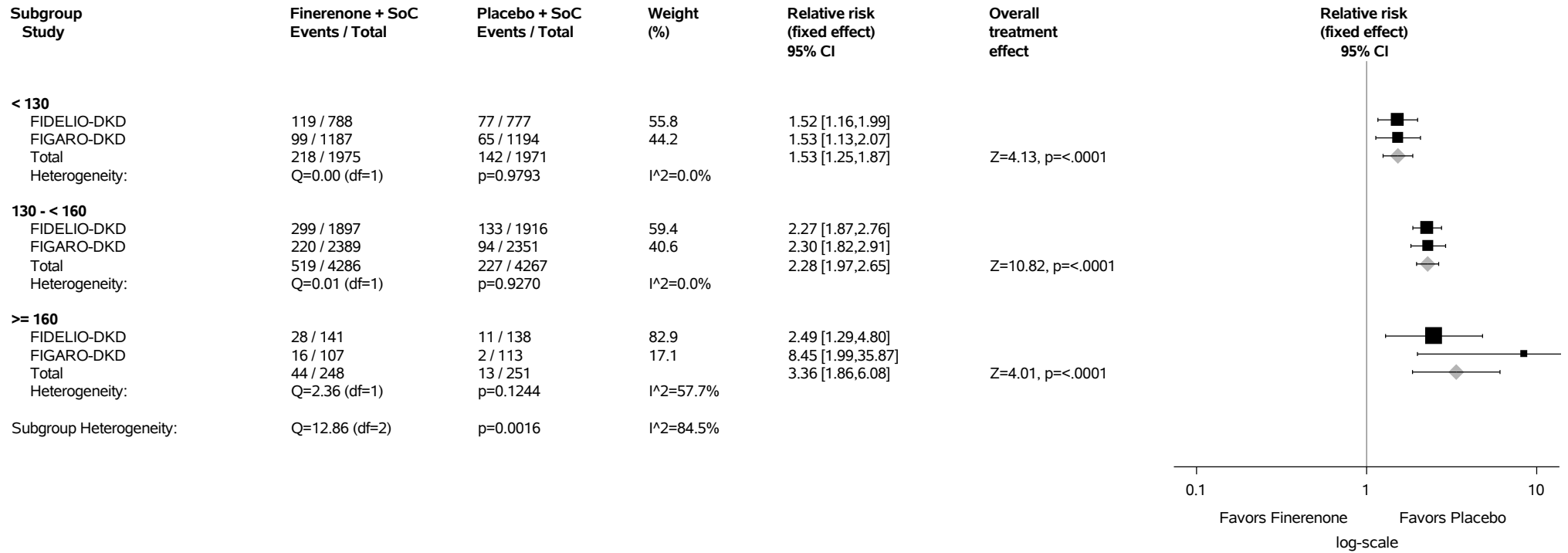
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.87.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

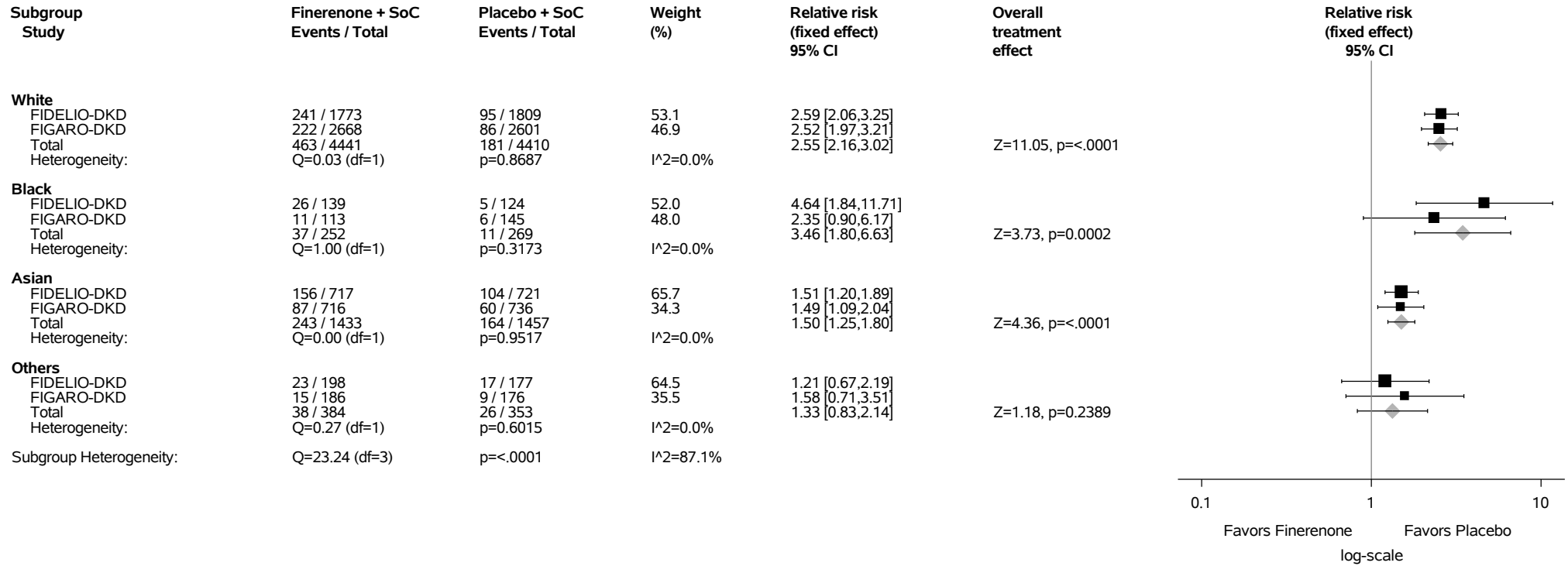
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.87.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



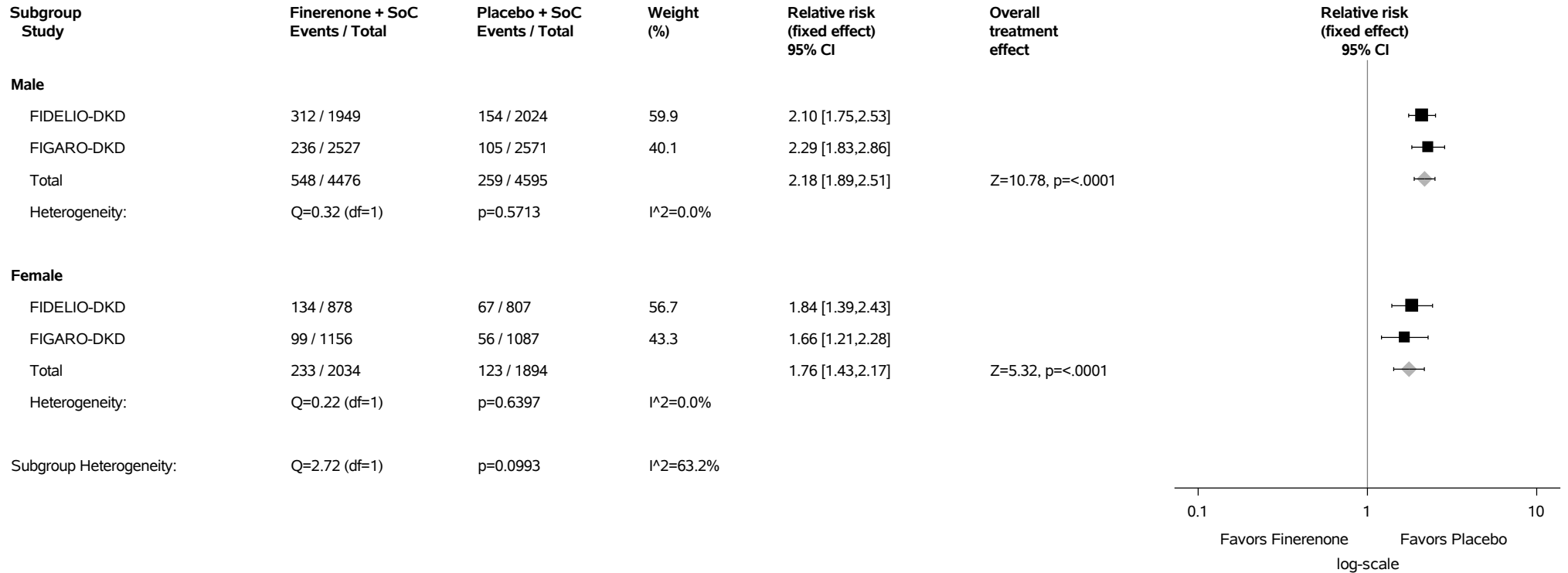
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.87.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



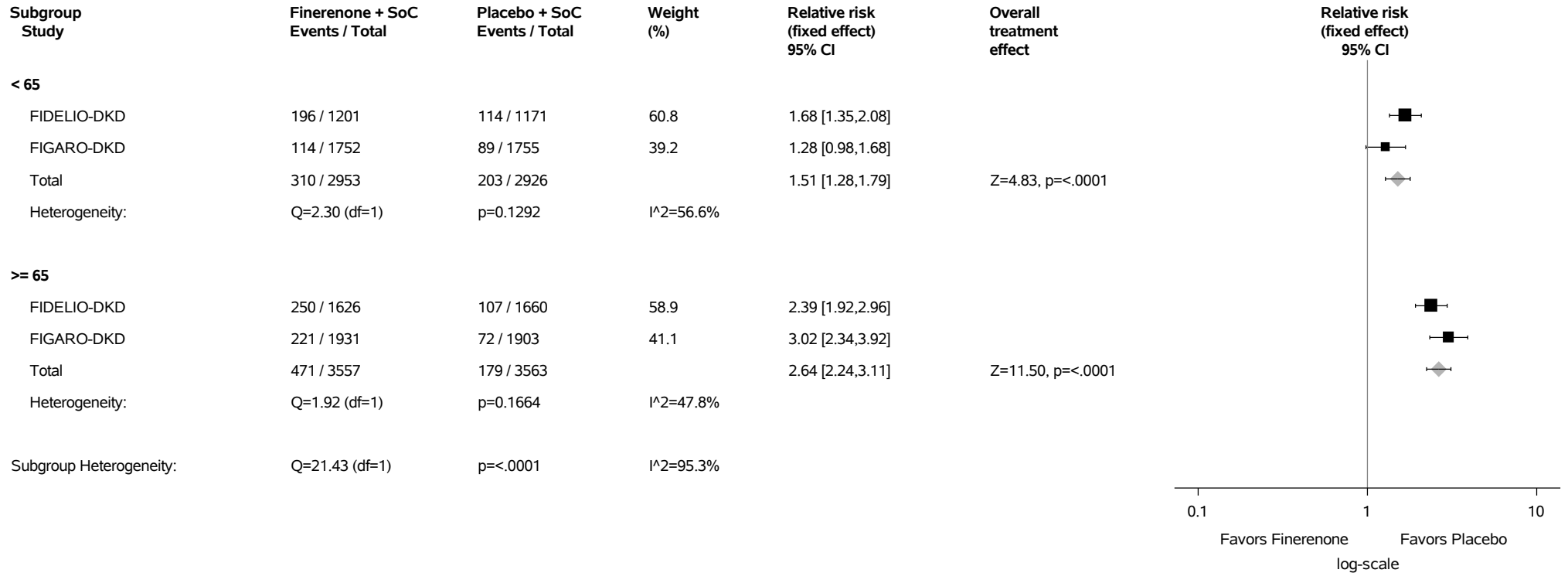
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

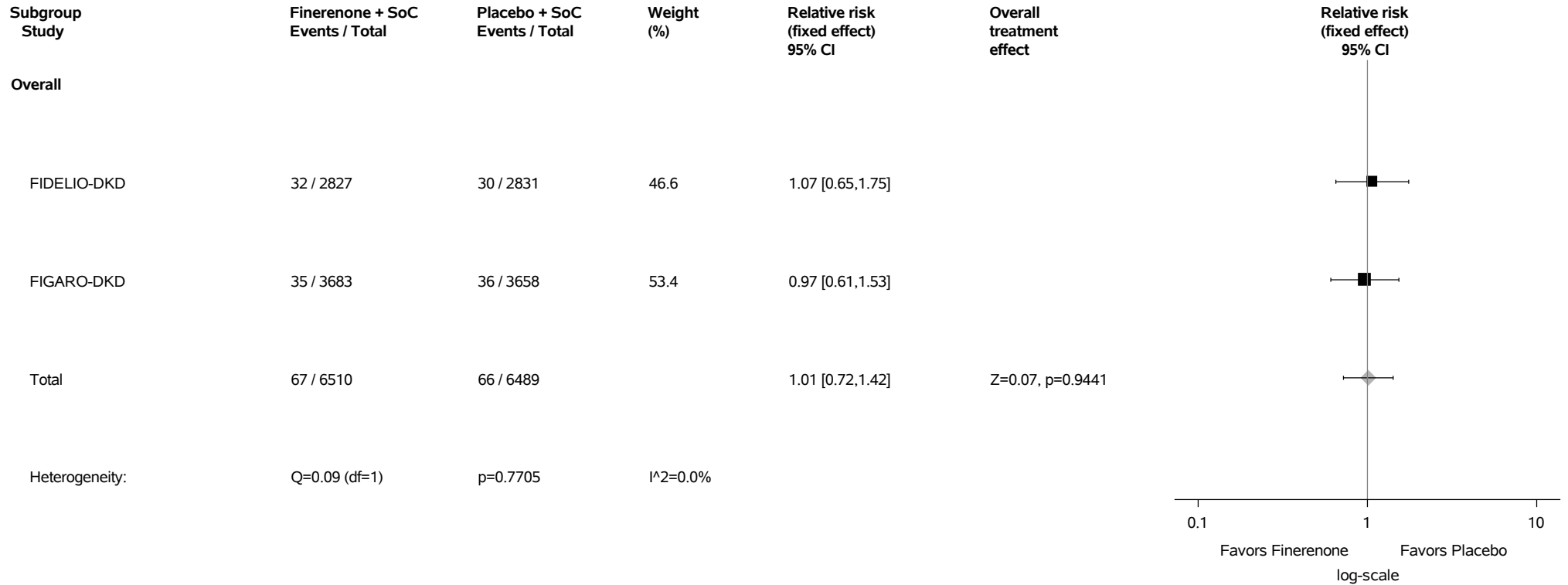
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.87.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.88: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) Safety Analysis Set



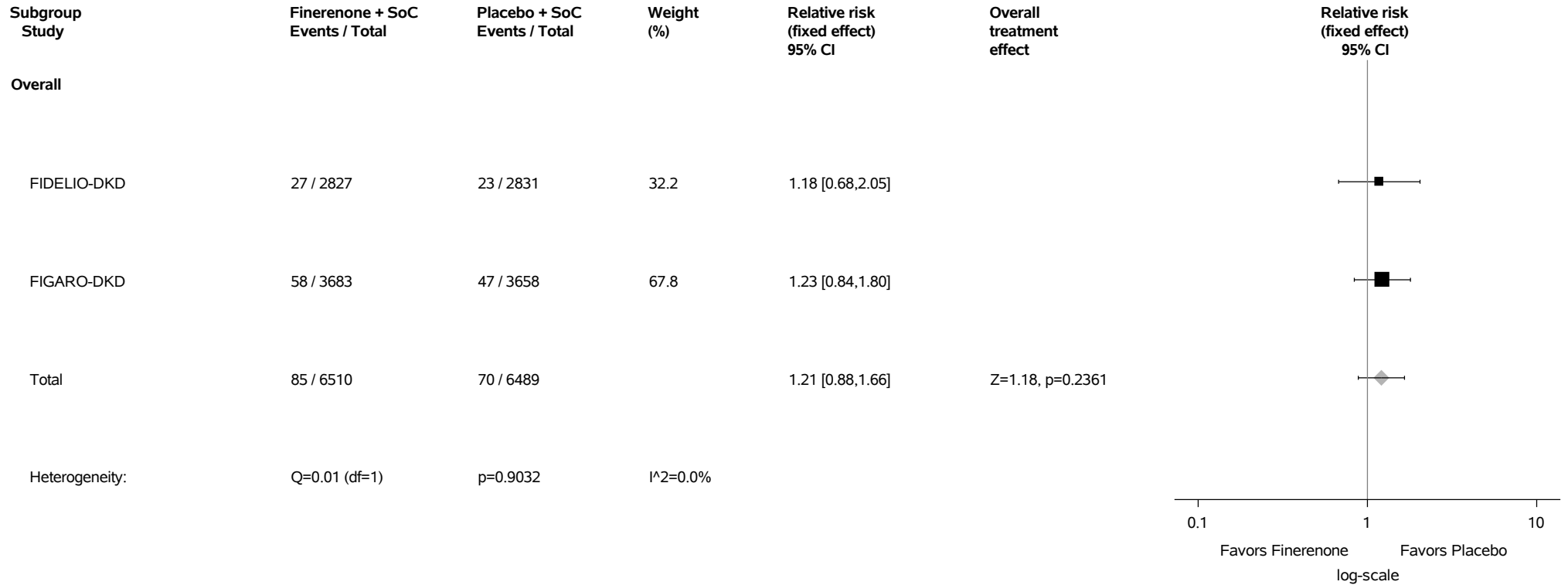
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.89: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) Safety Analysis Set



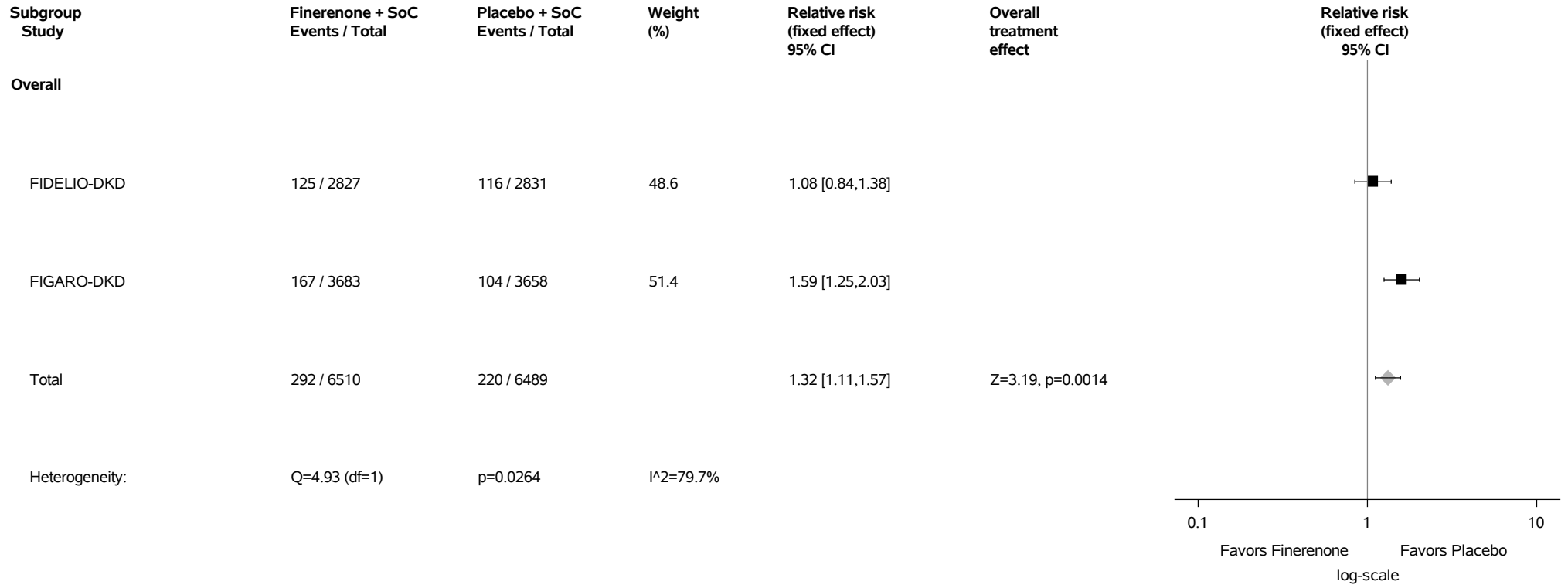
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

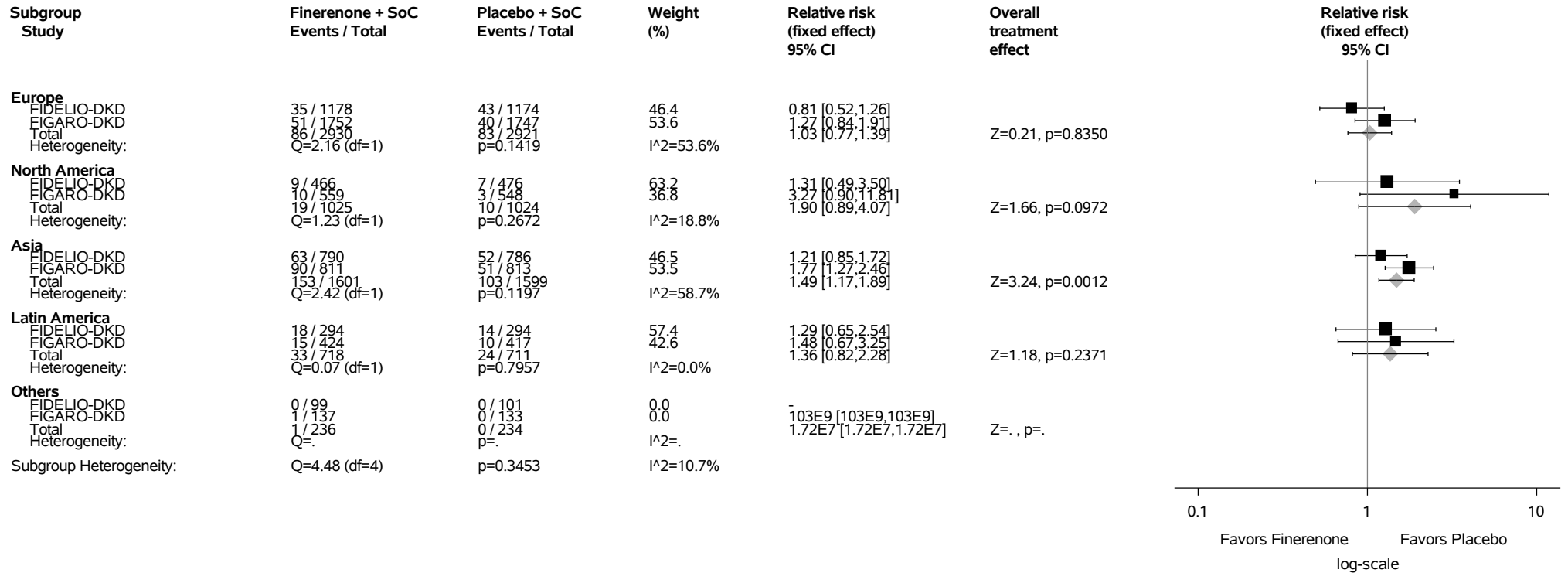
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.90: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.90.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



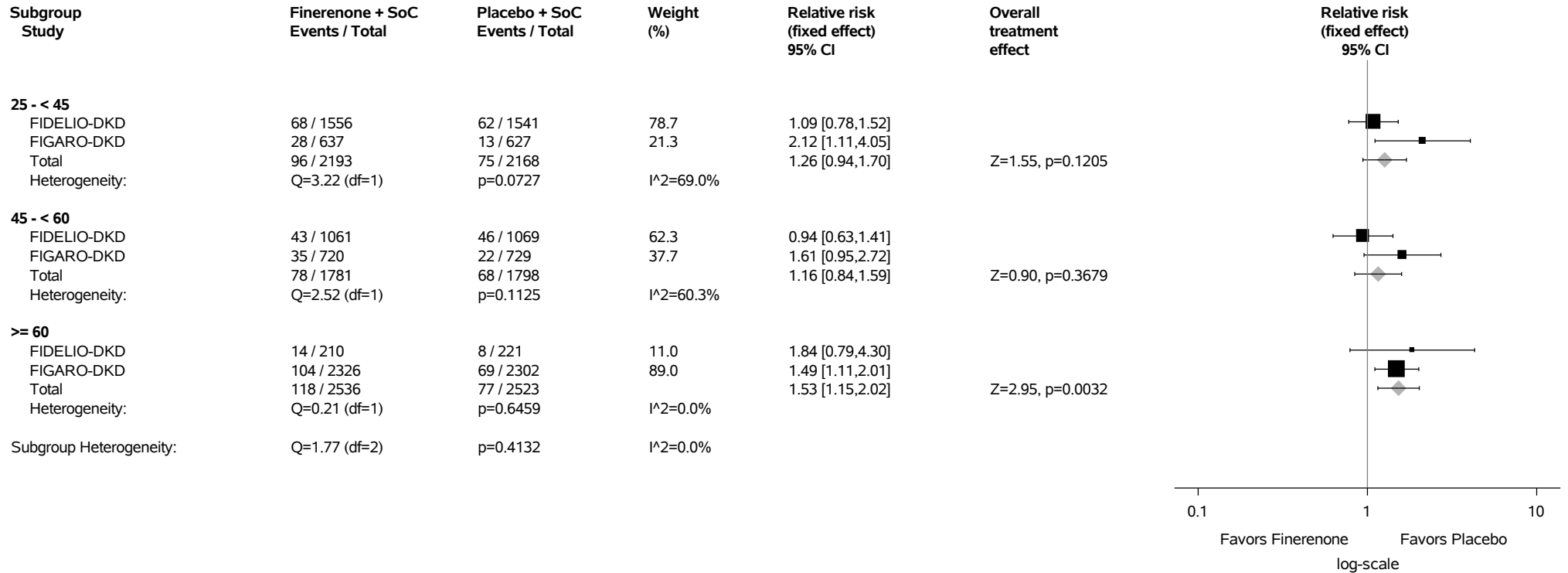
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

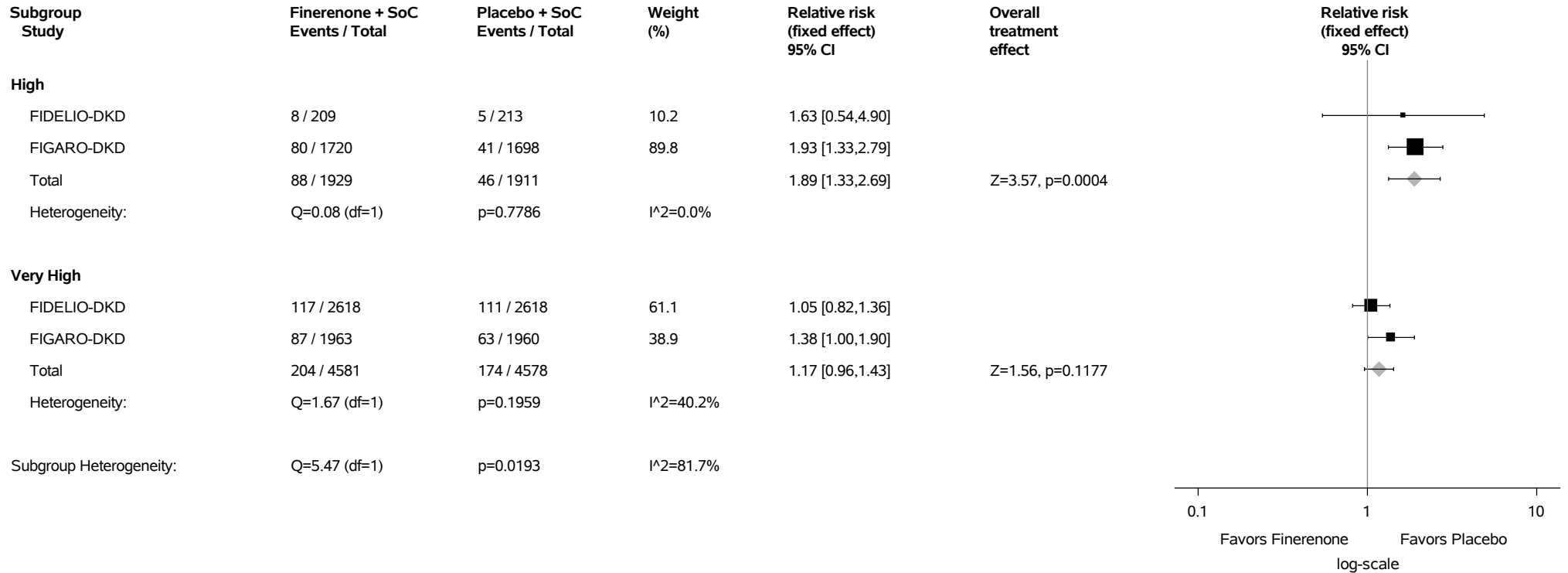
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.90.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.90.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



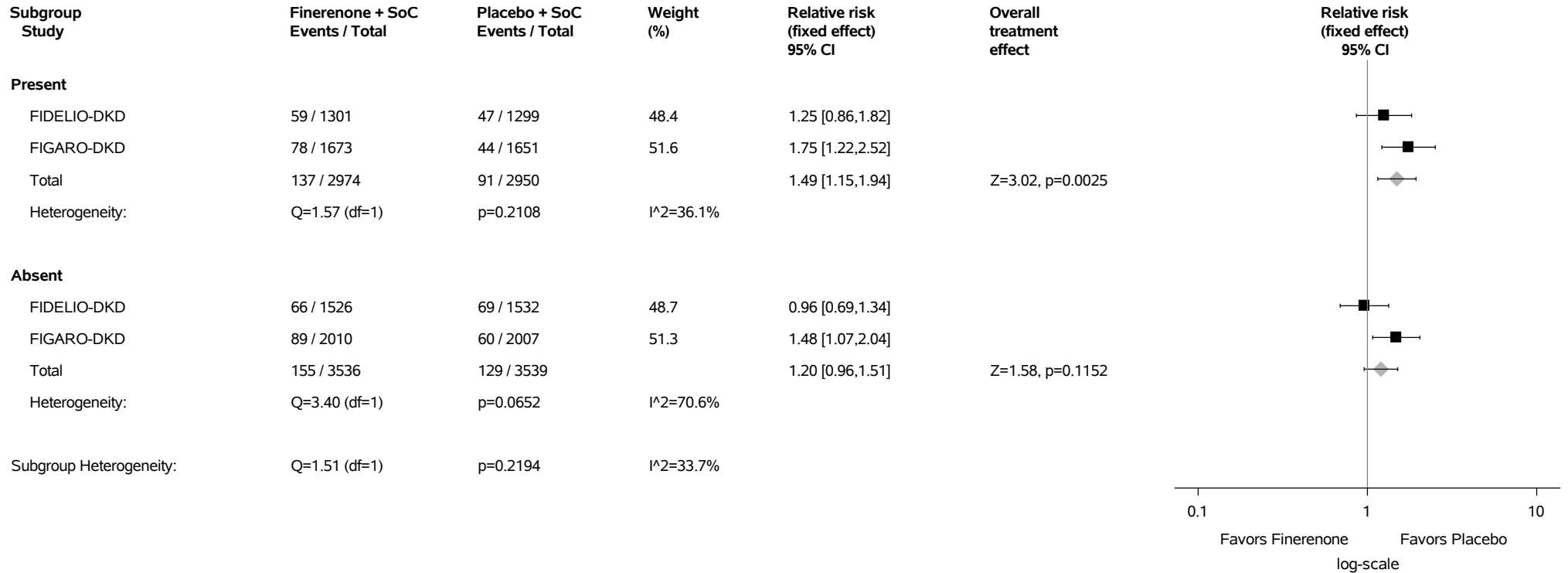
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

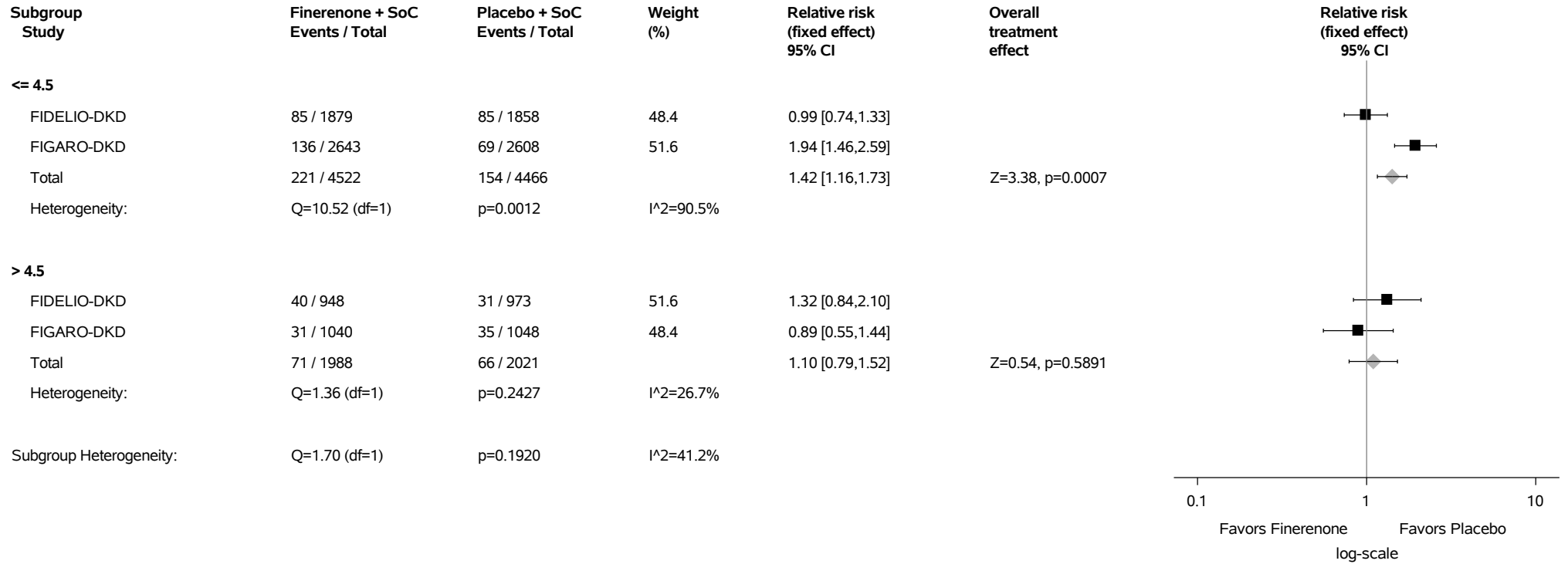
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.90.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.90.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

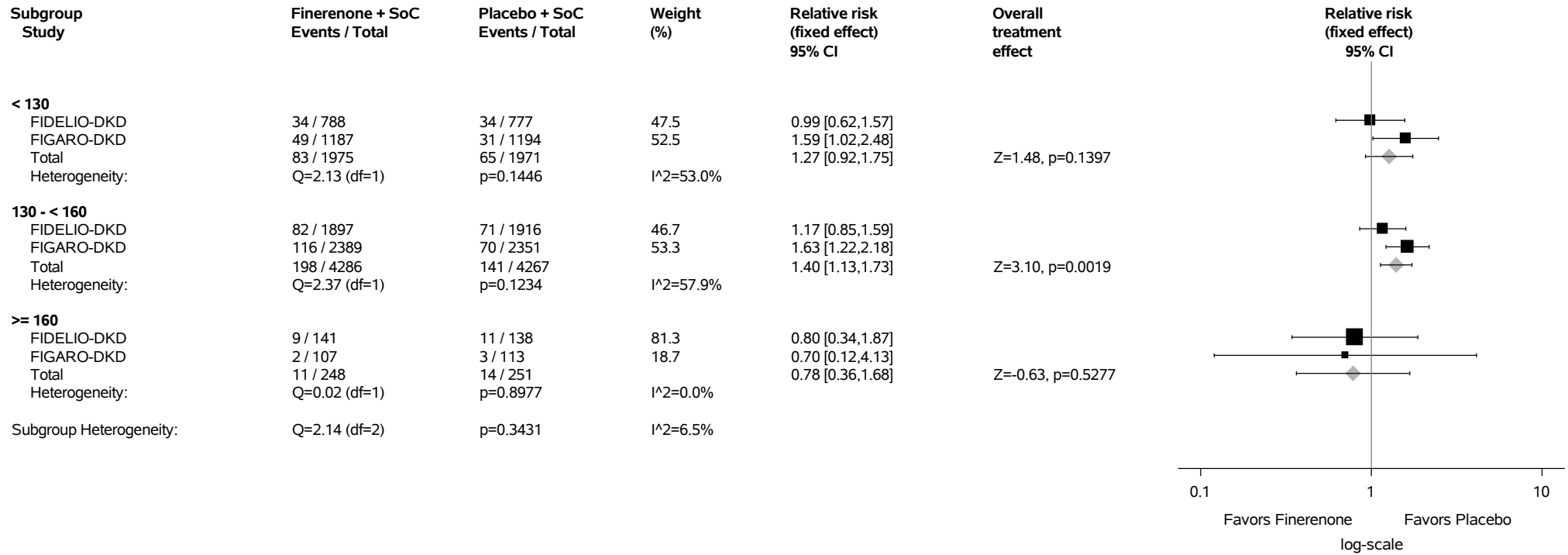
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.90.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

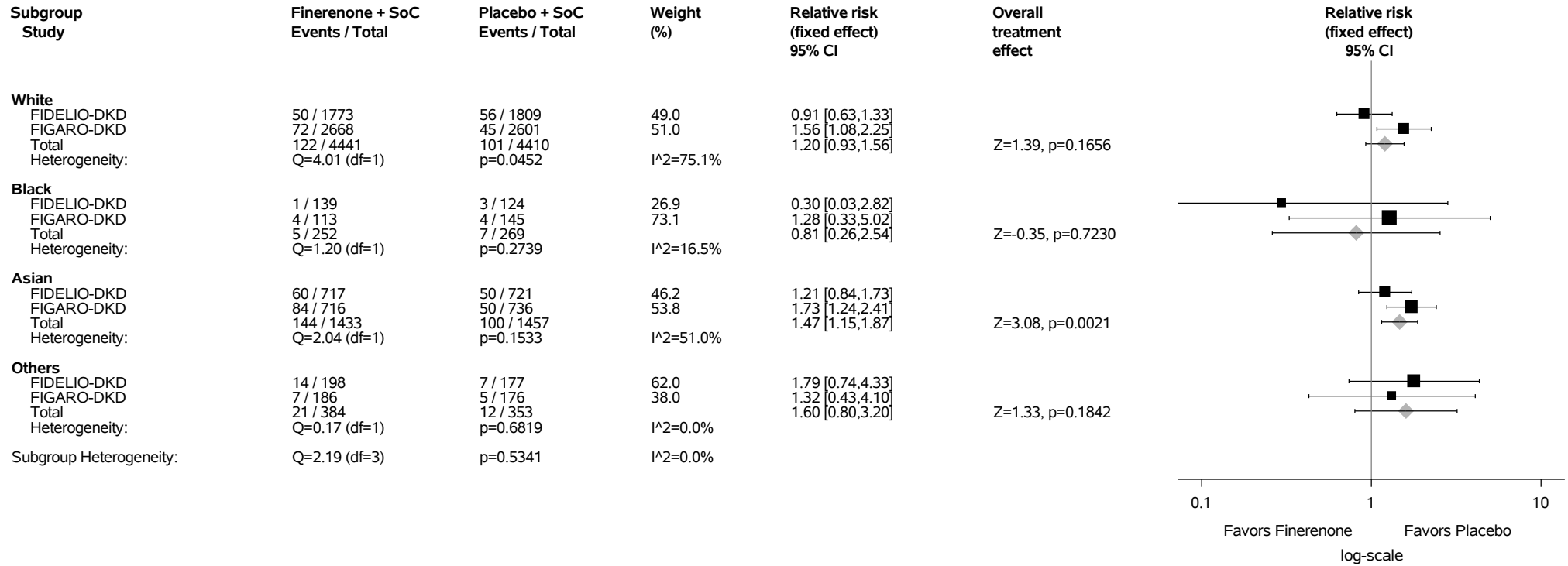
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.90.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

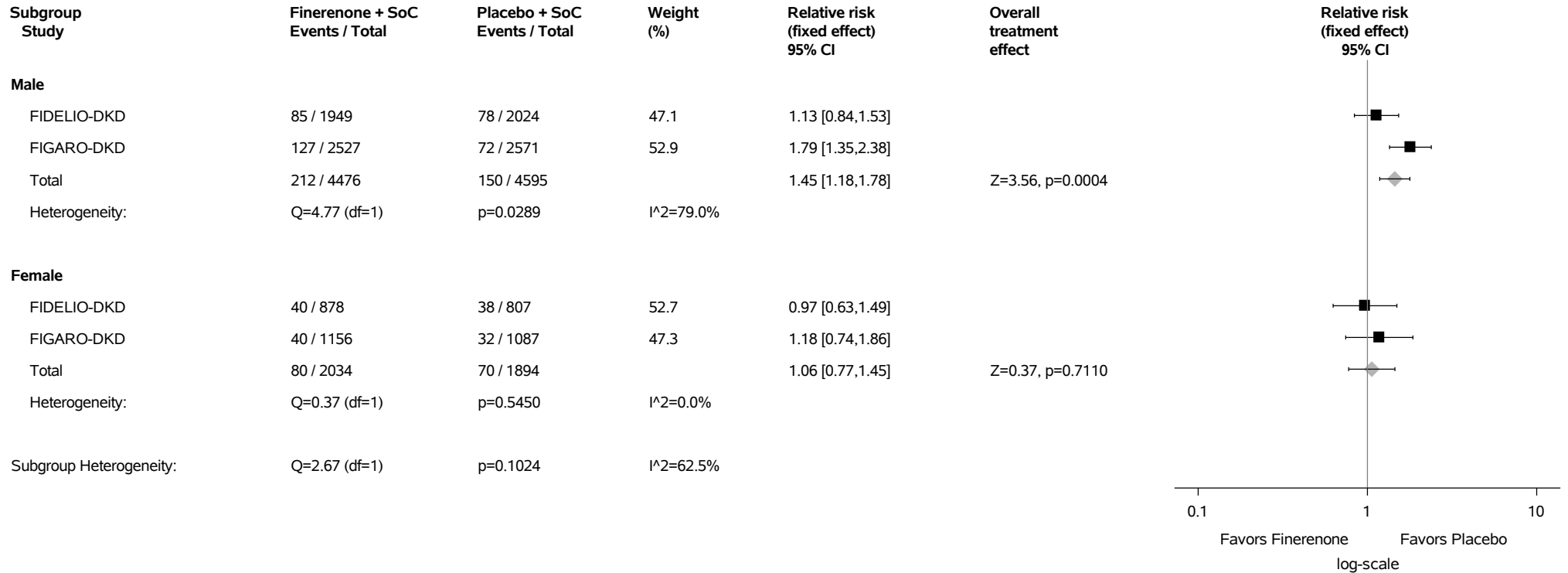
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.90.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



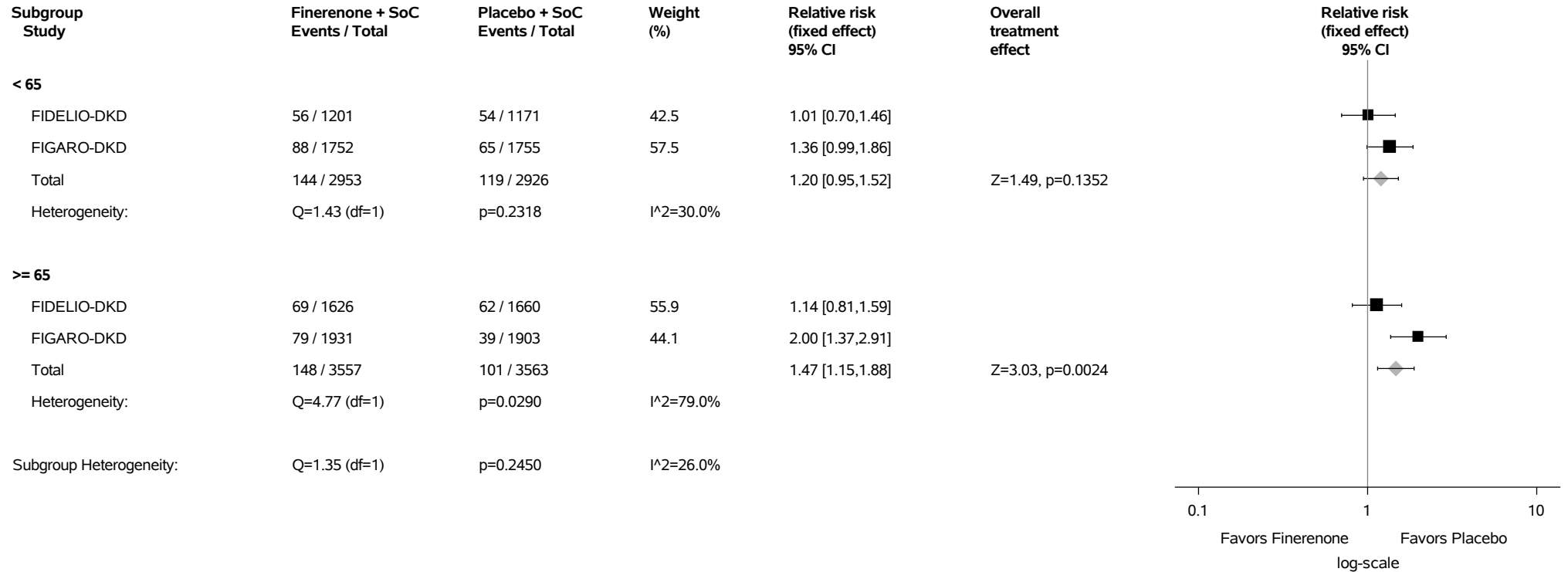
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.90.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



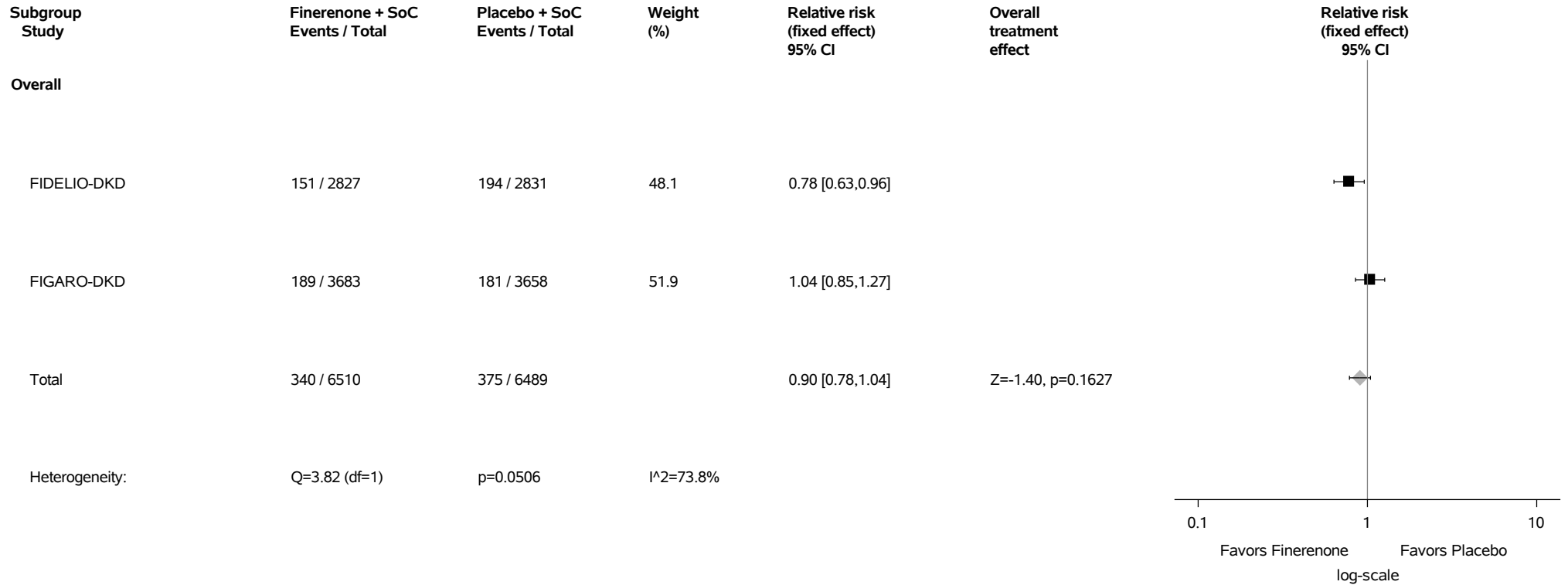
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.91: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) Safety Analysis Set



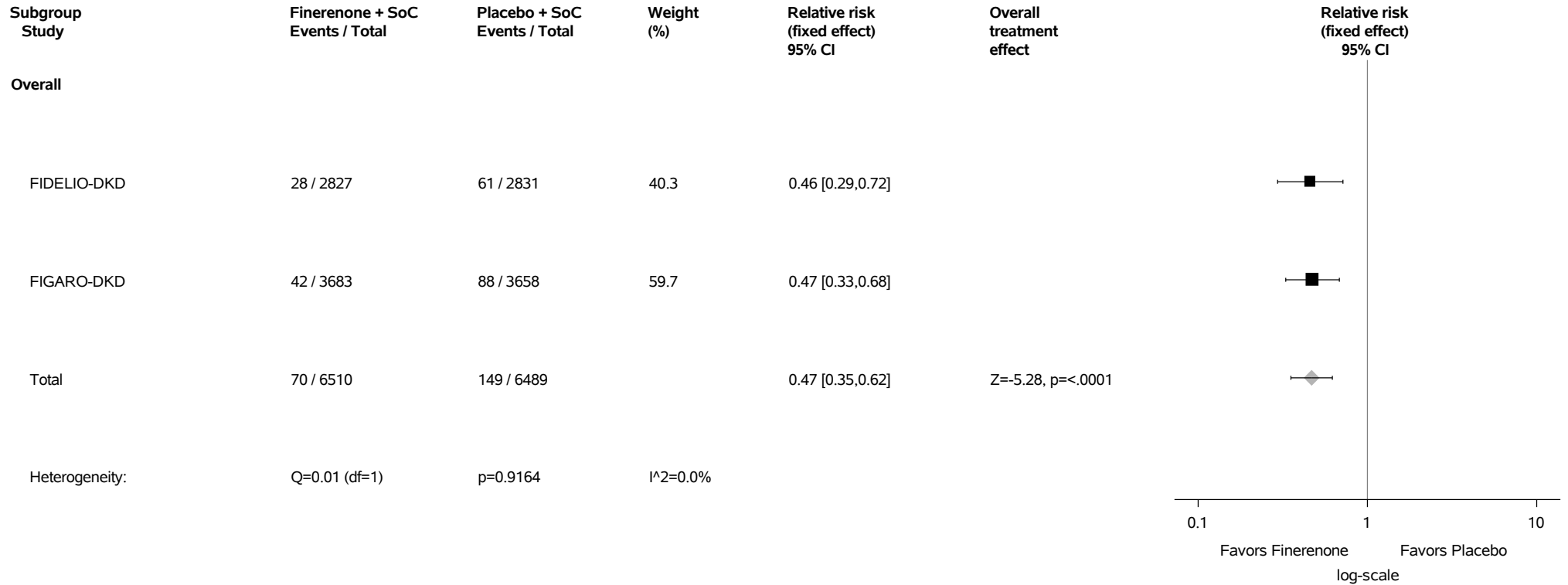
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

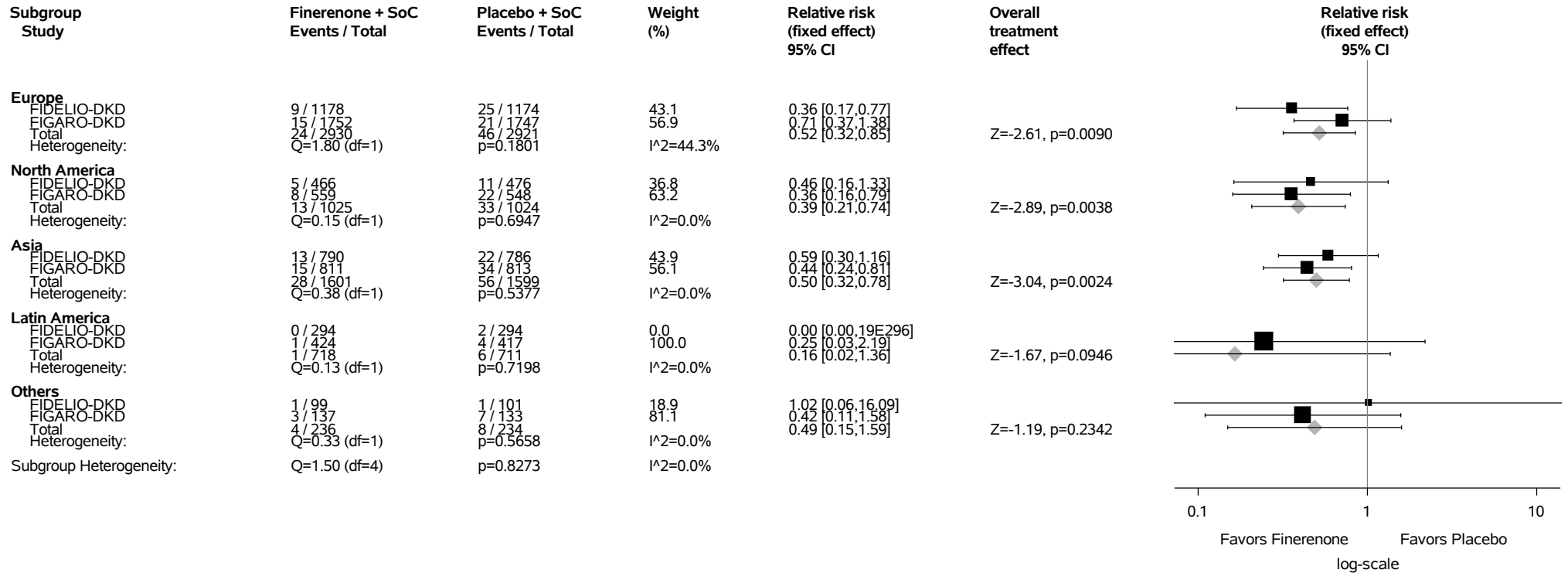
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.92: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.92.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



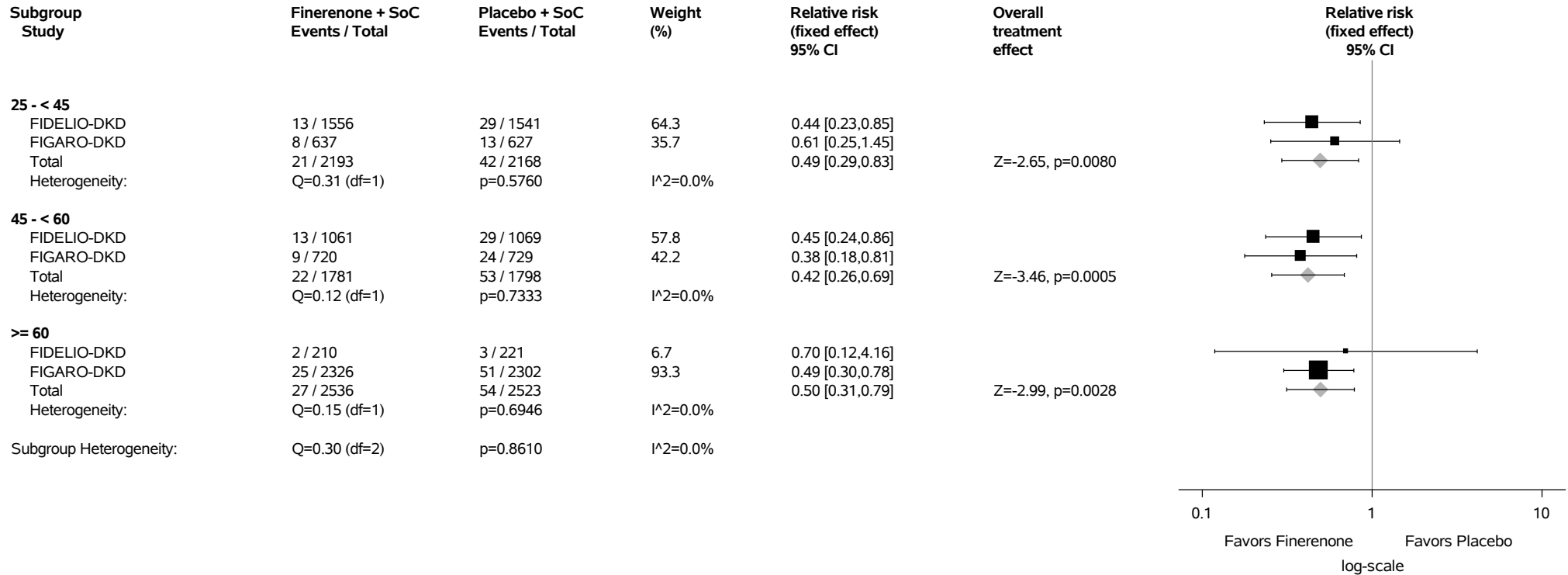
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

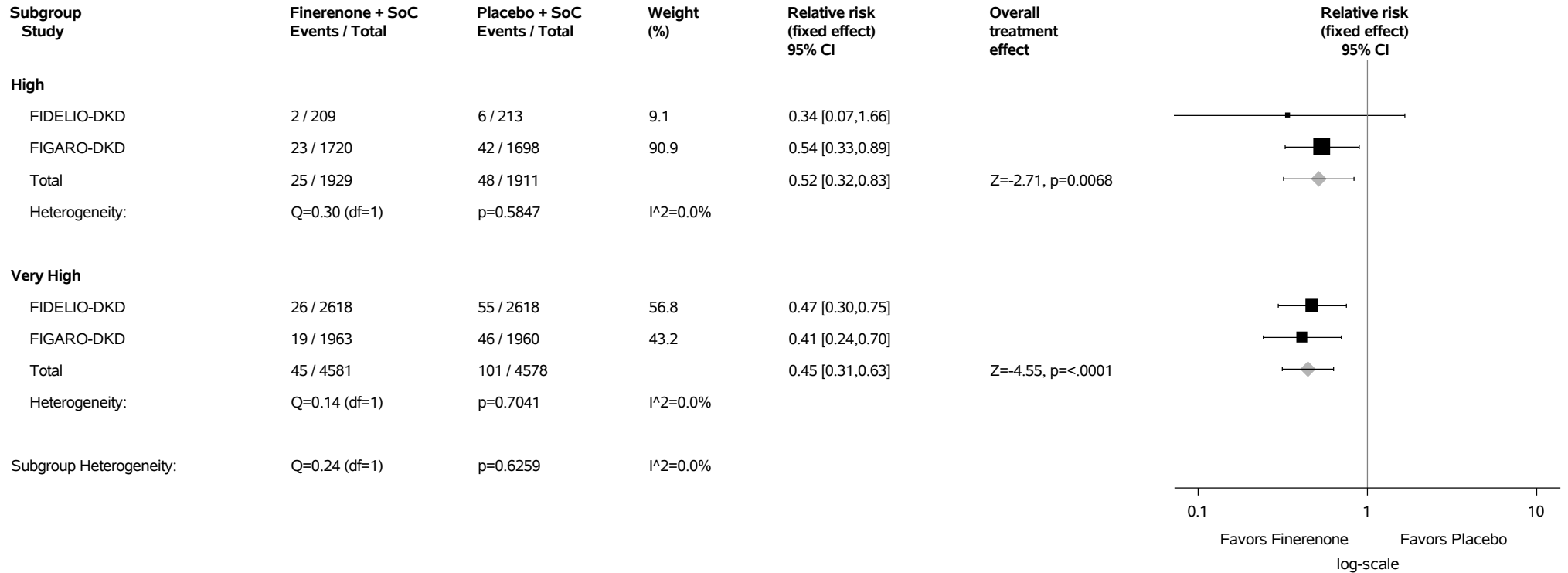
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.92.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.92.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



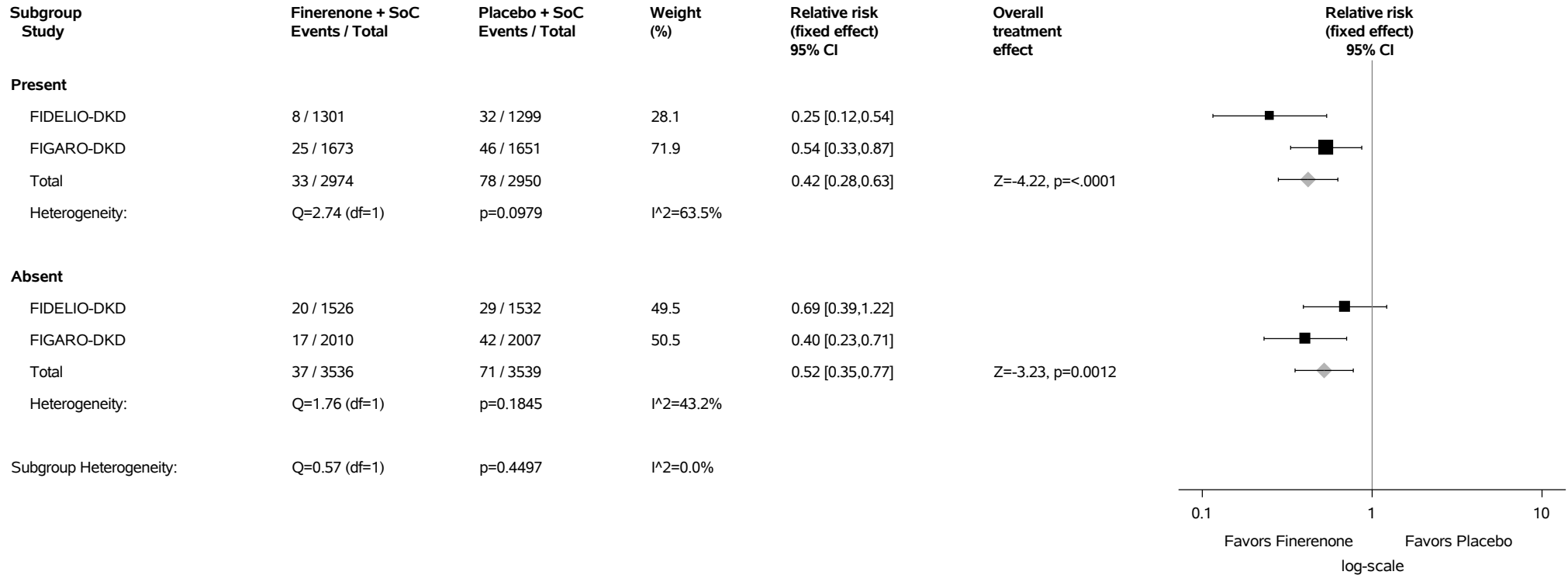
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

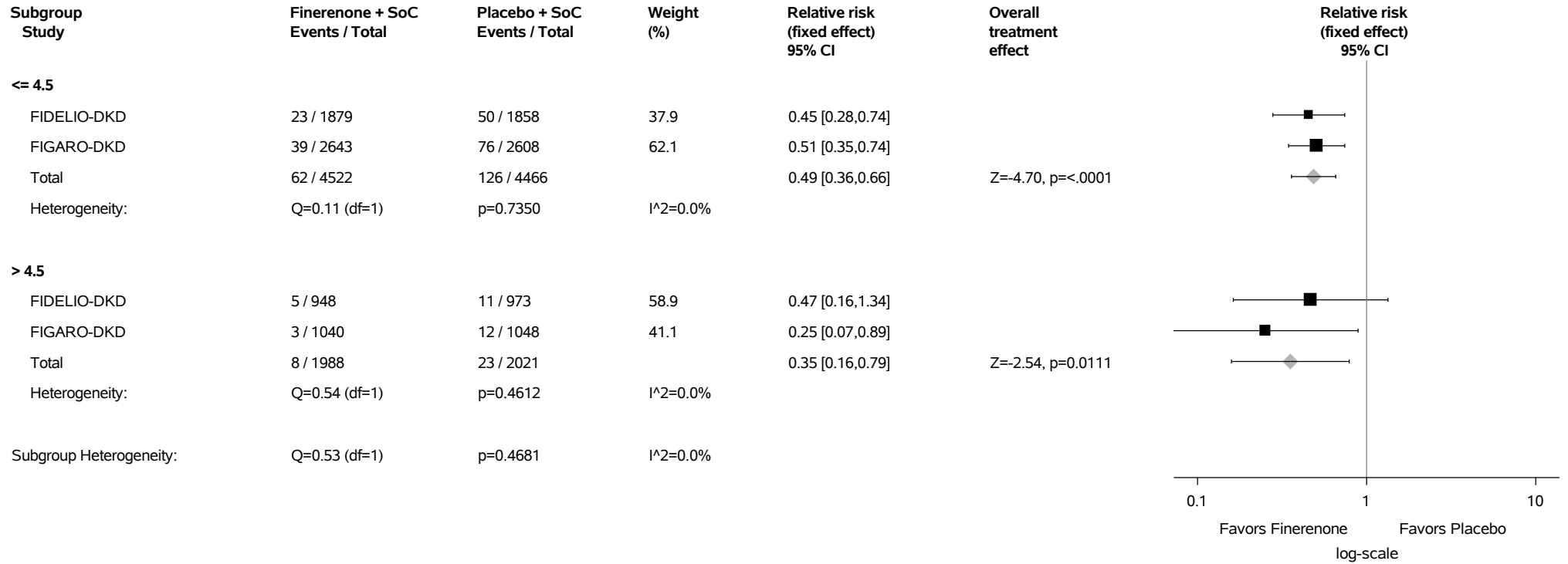
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.92.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.92.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

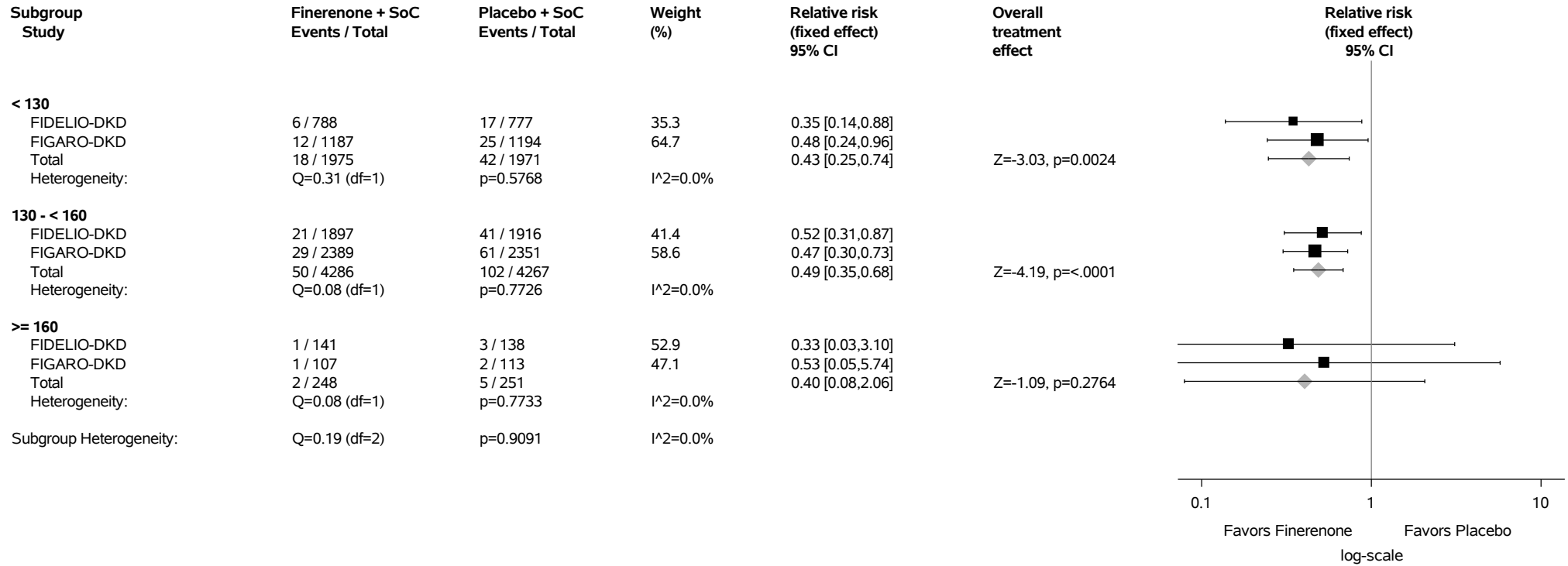
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.92.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

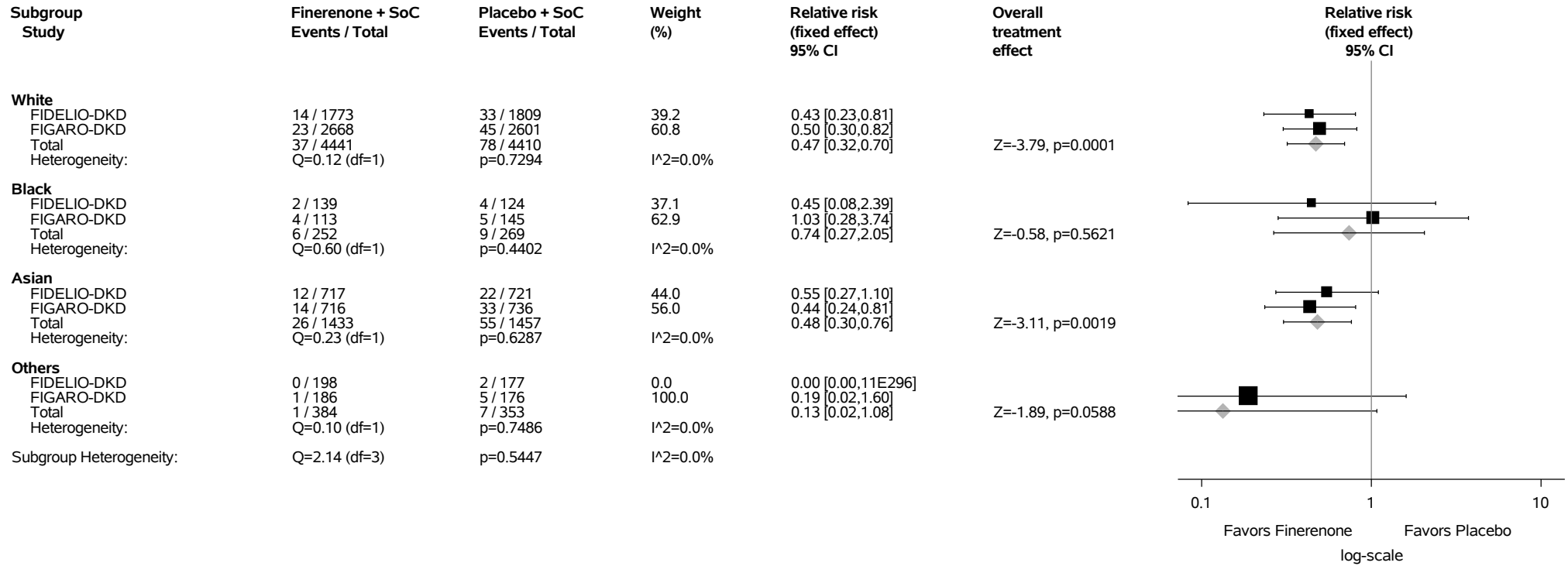
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.92.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

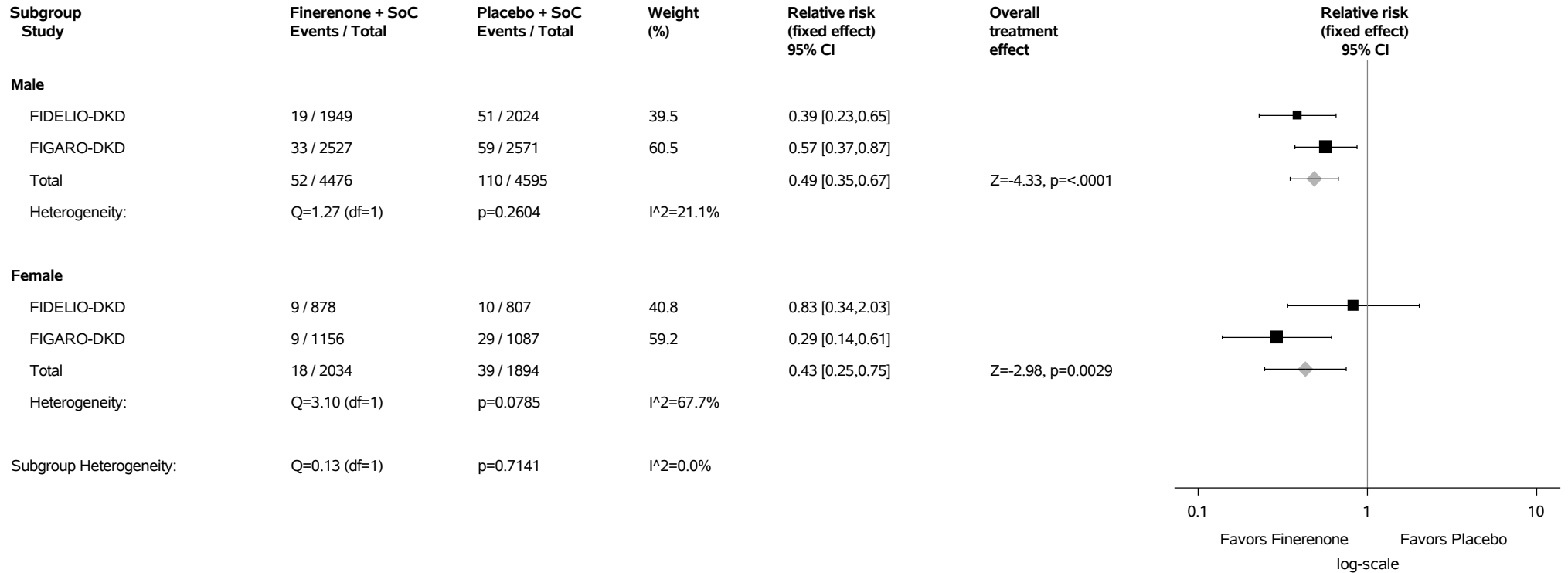
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

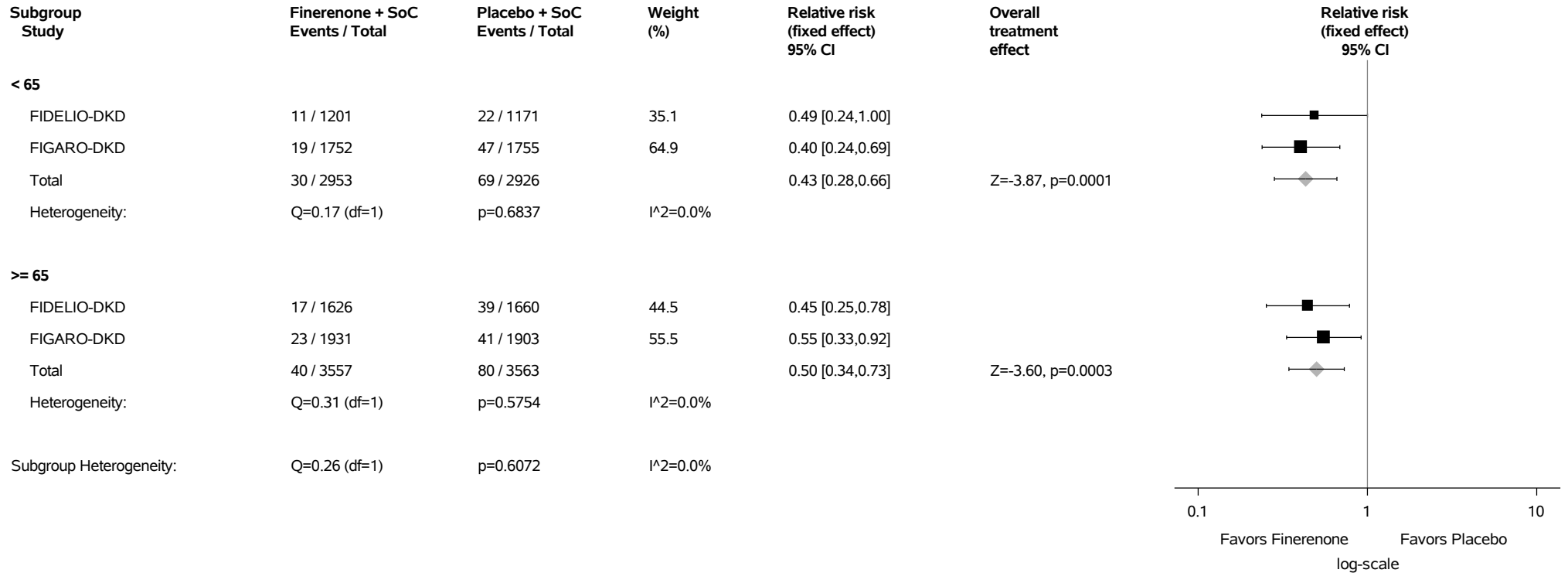
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.92.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.92.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



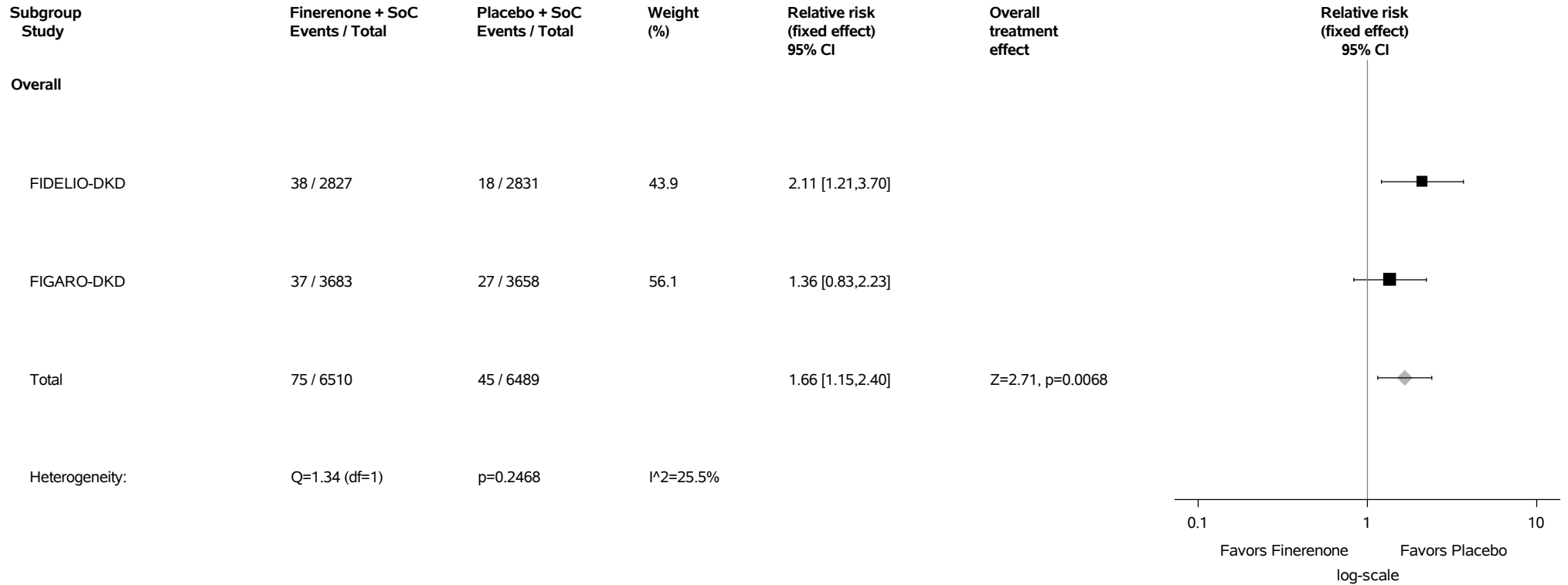
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.93: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



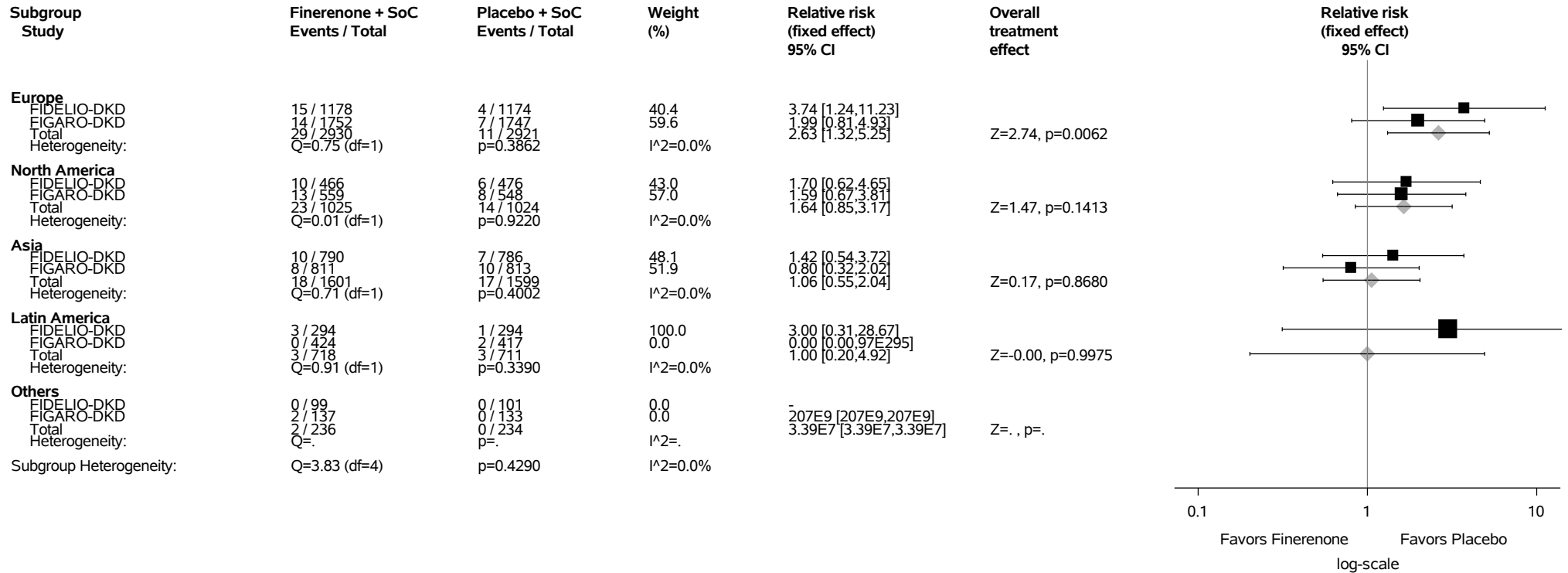
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.93.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



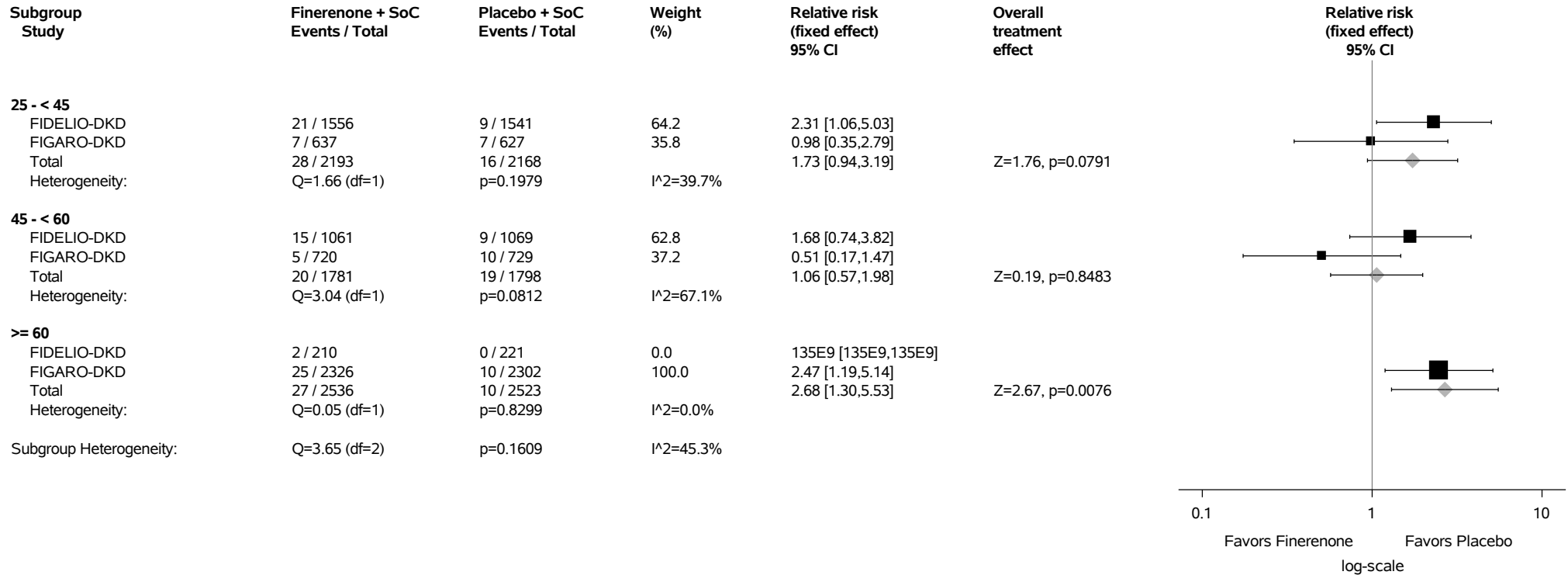
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.93.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



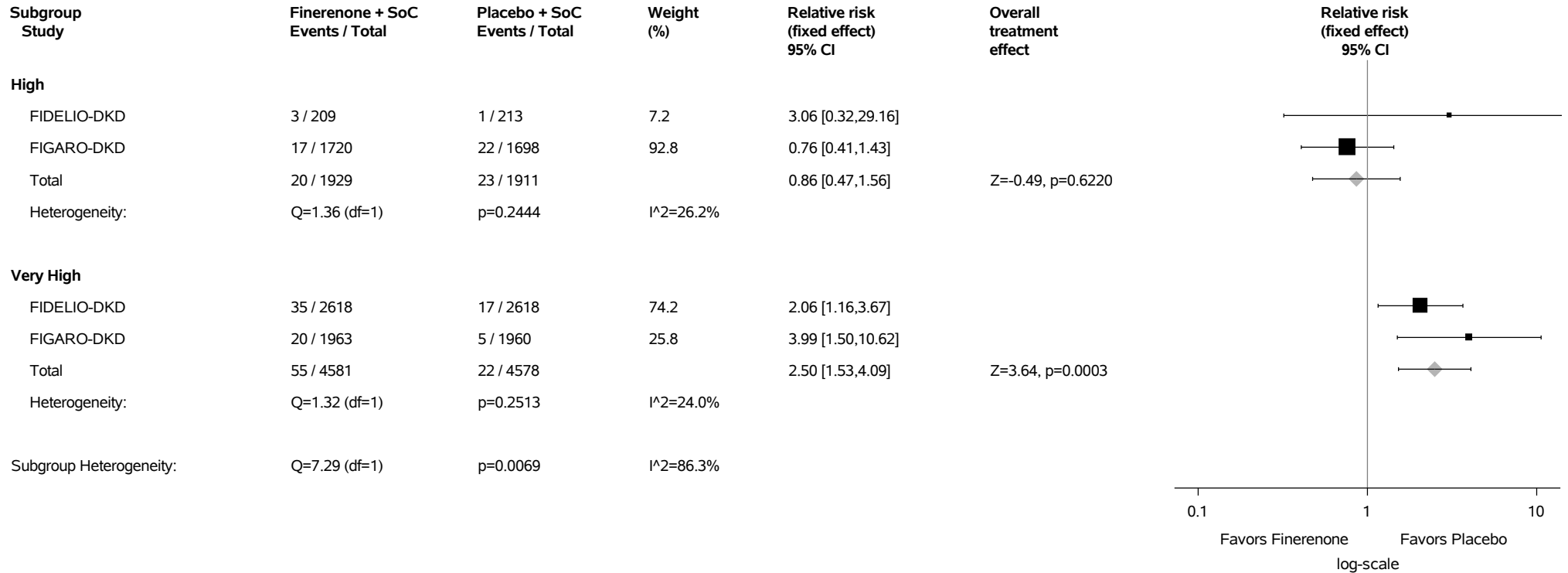
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.93.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



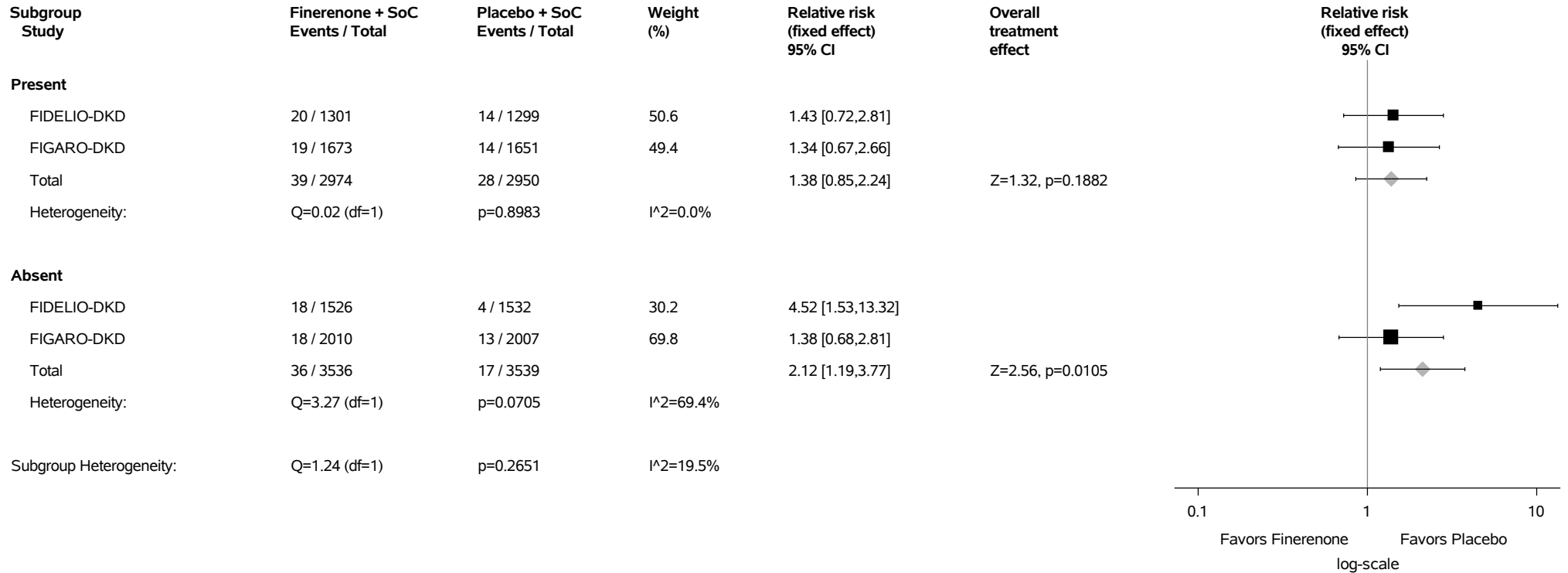
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

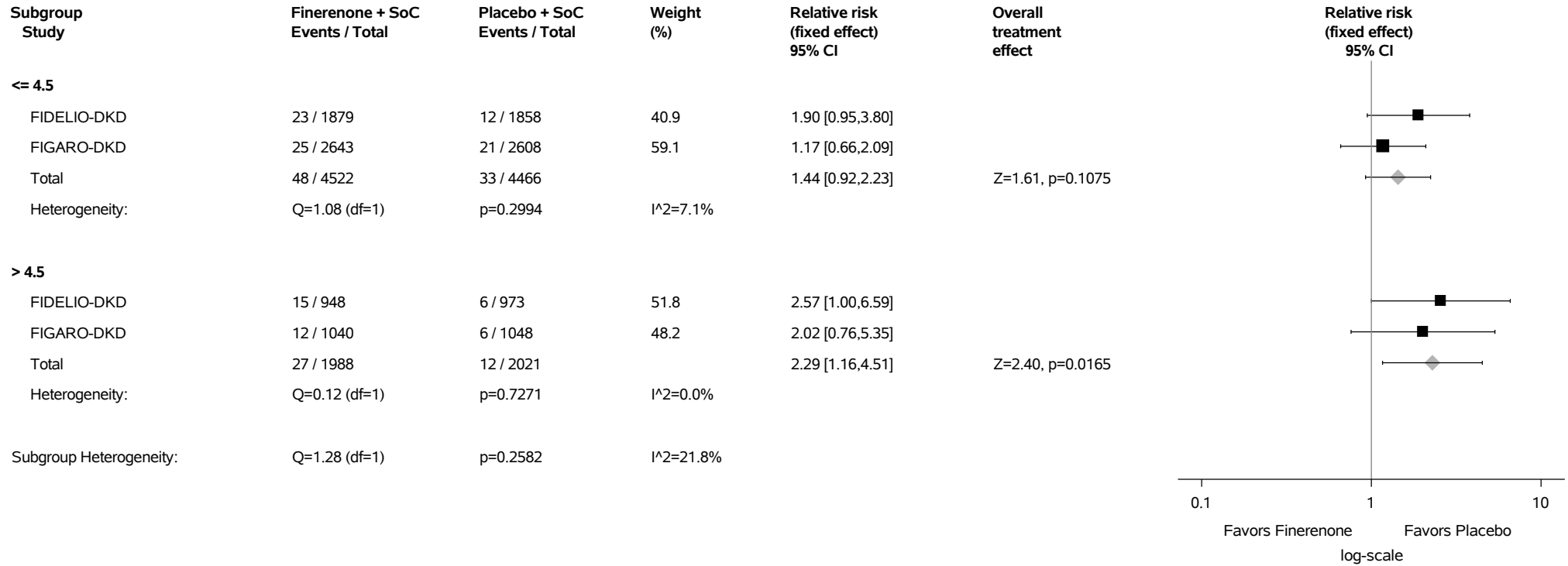
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.93.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.93.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

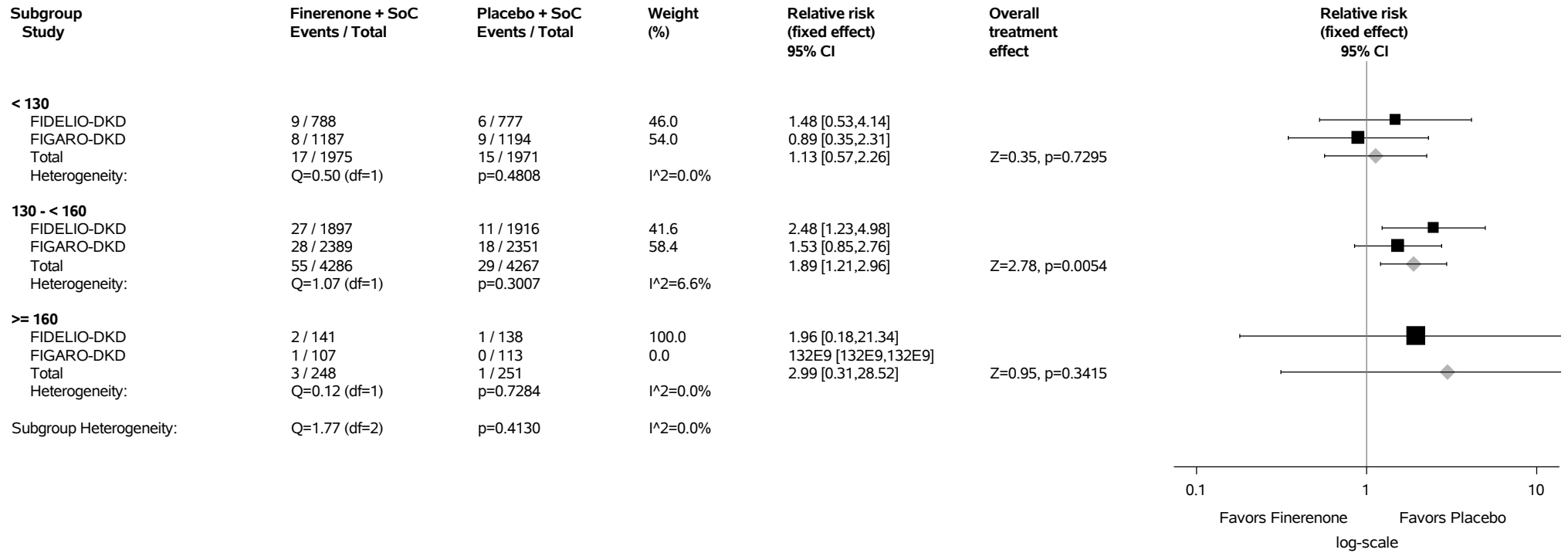
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.93.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

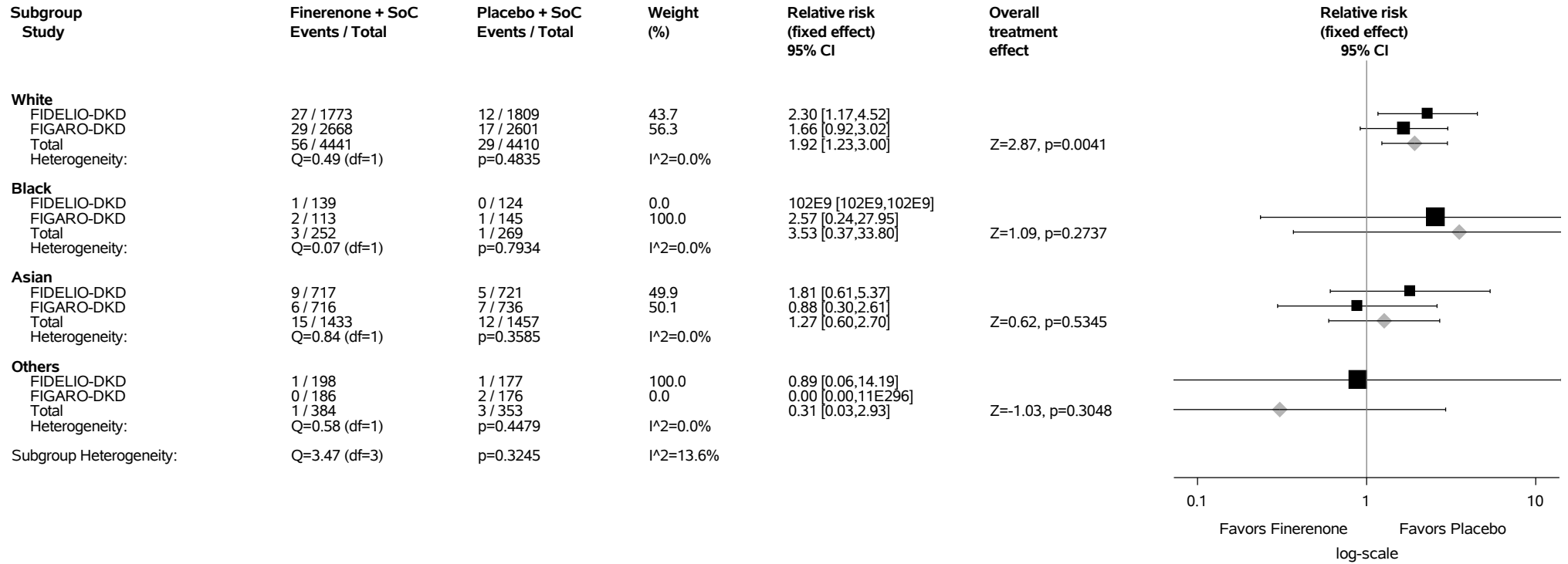
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.93.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

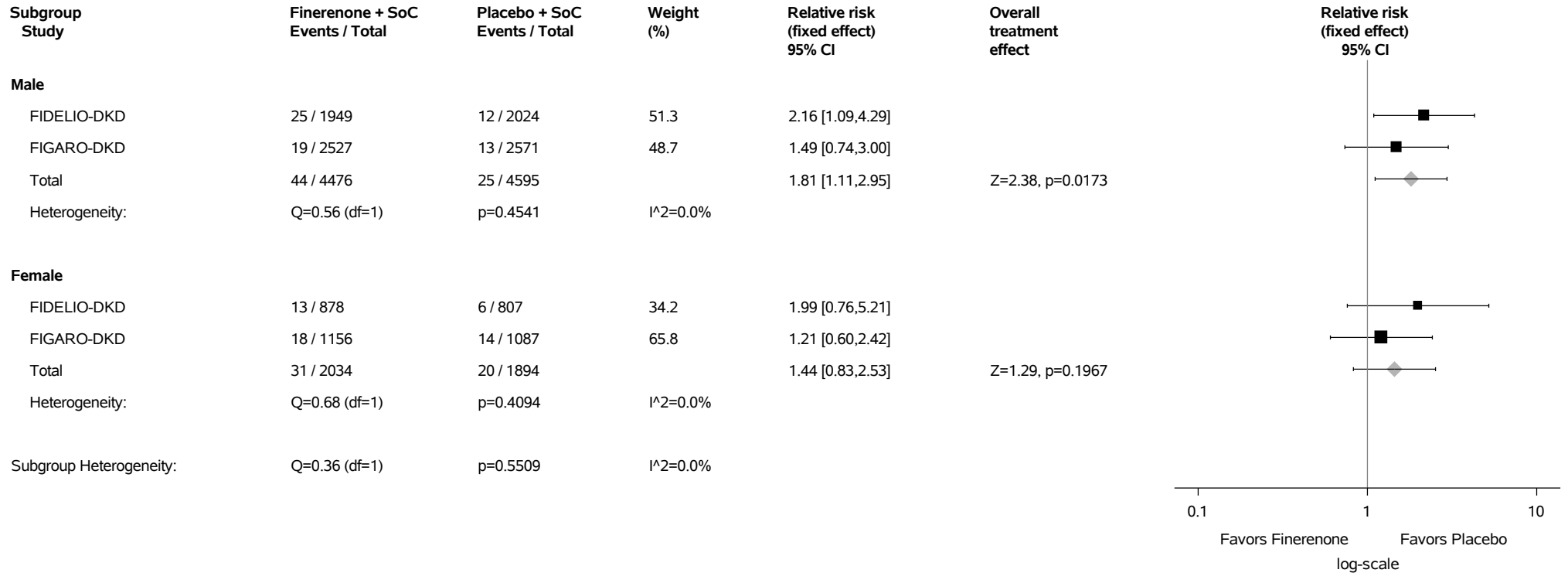
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

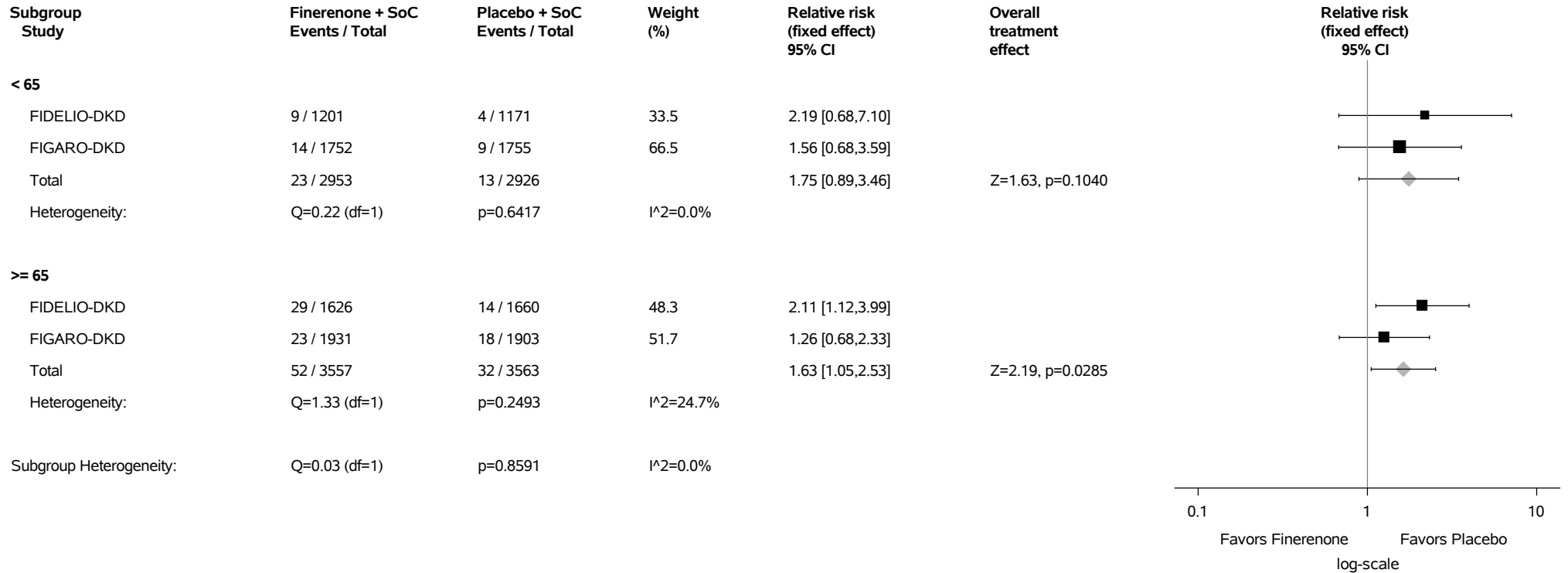
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.93.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.93.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



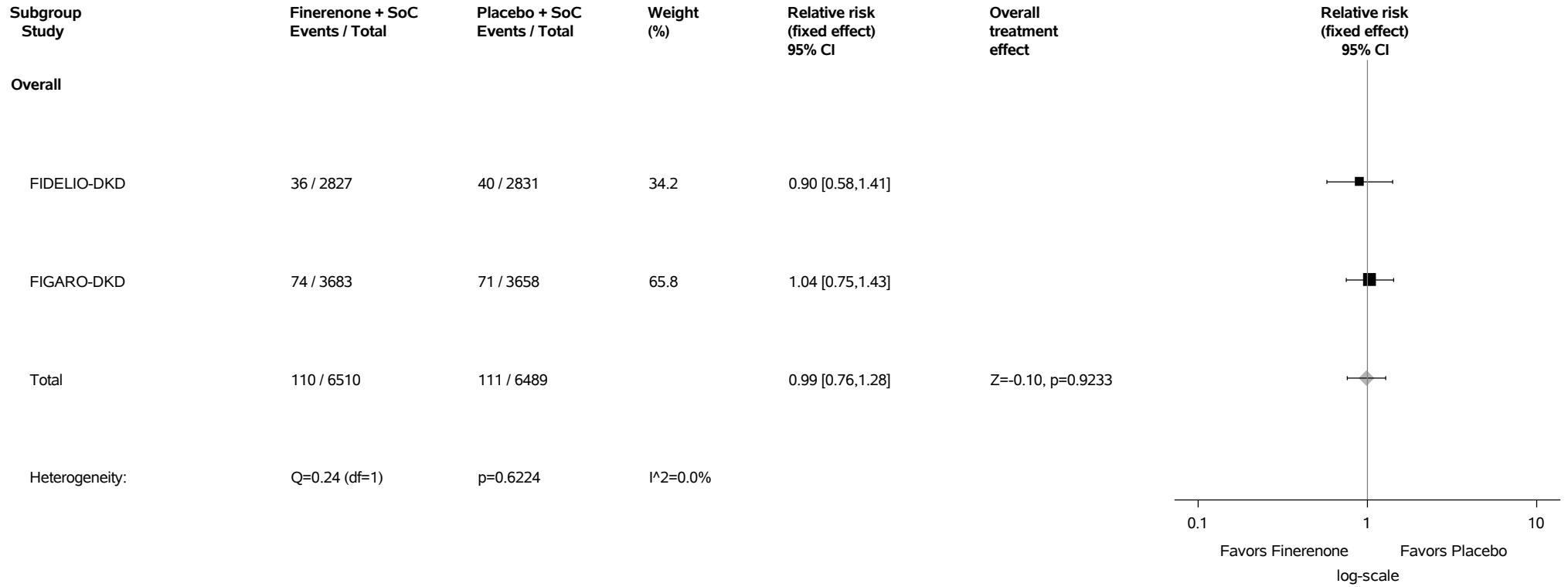
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

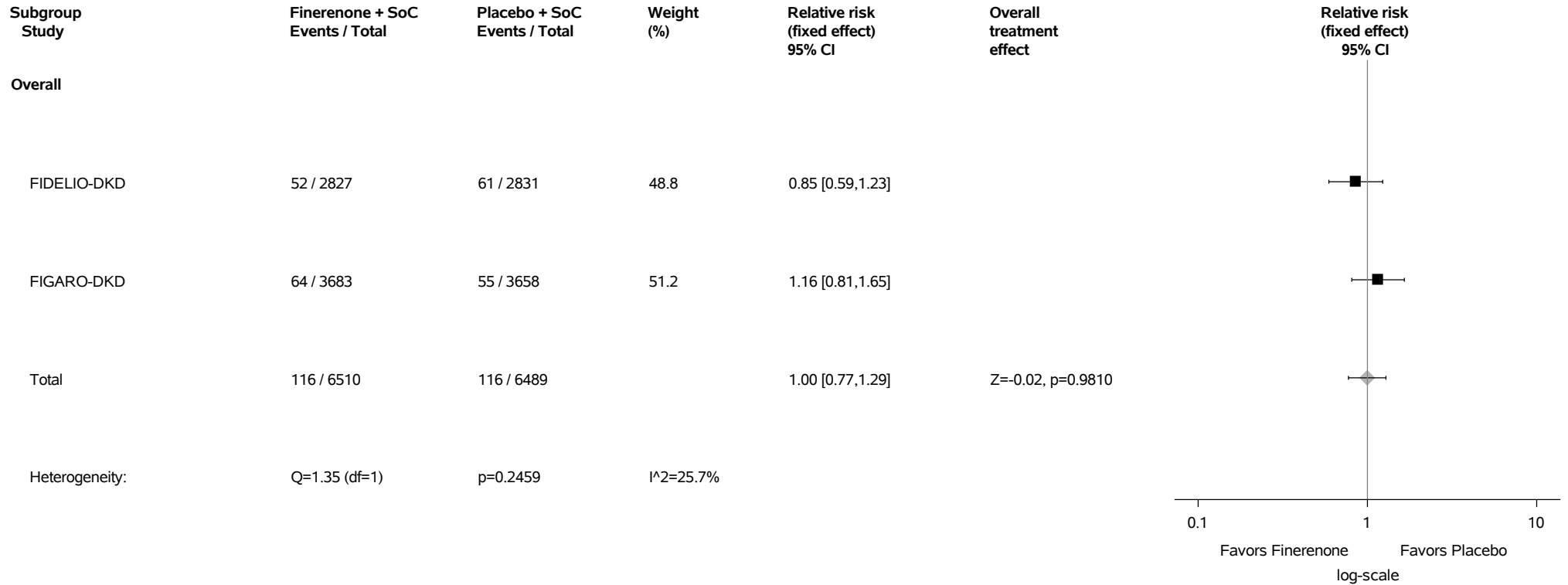
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.94: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.95: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) Safety Analysis Set



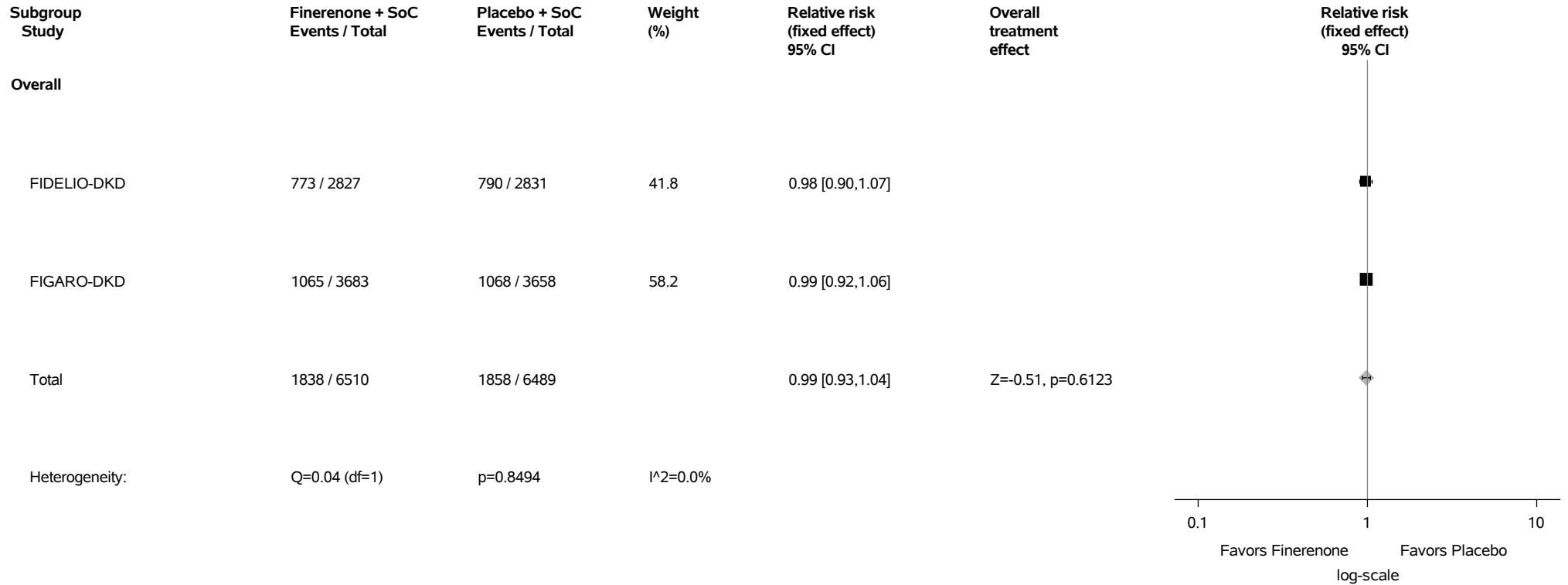
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

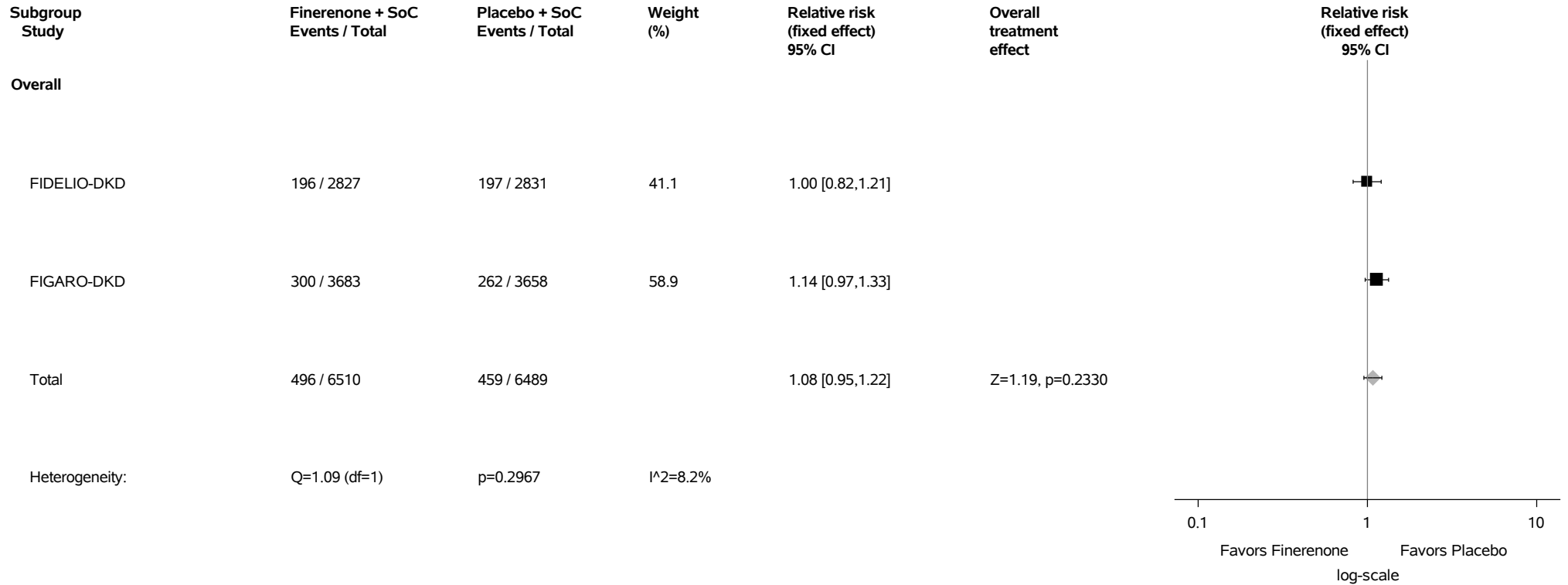
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.96: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.97: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) Safety Analysis Set



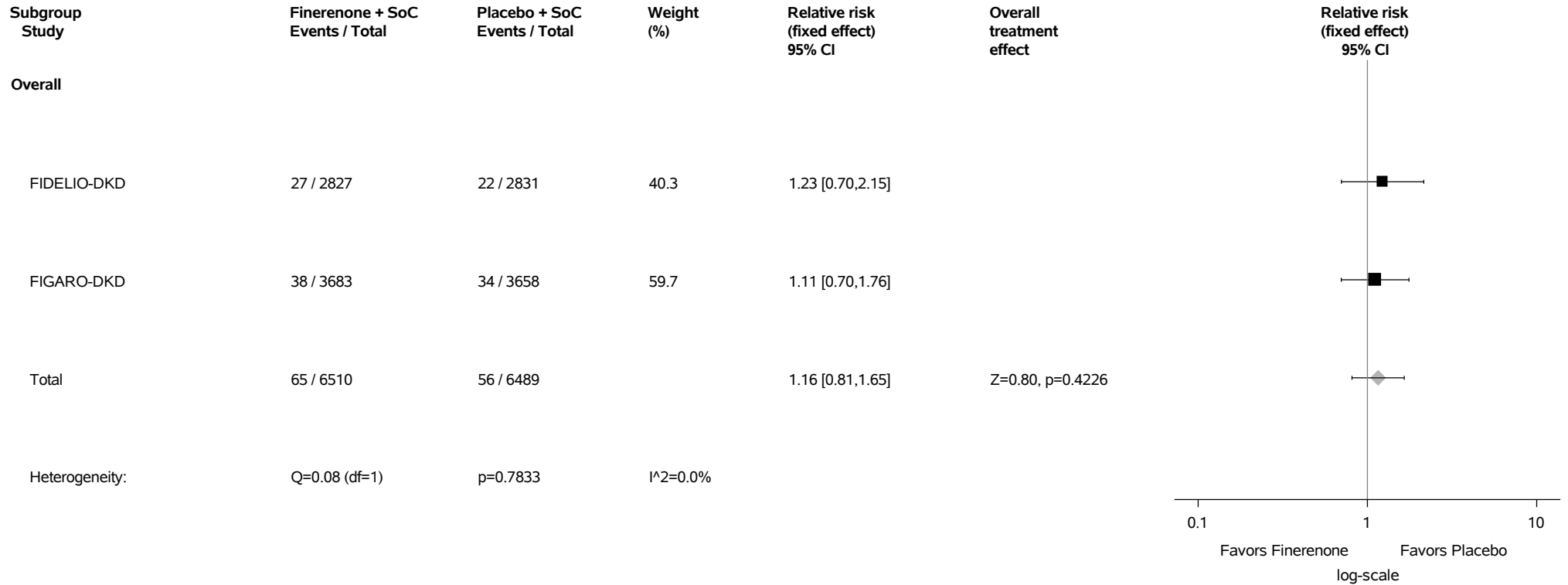
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

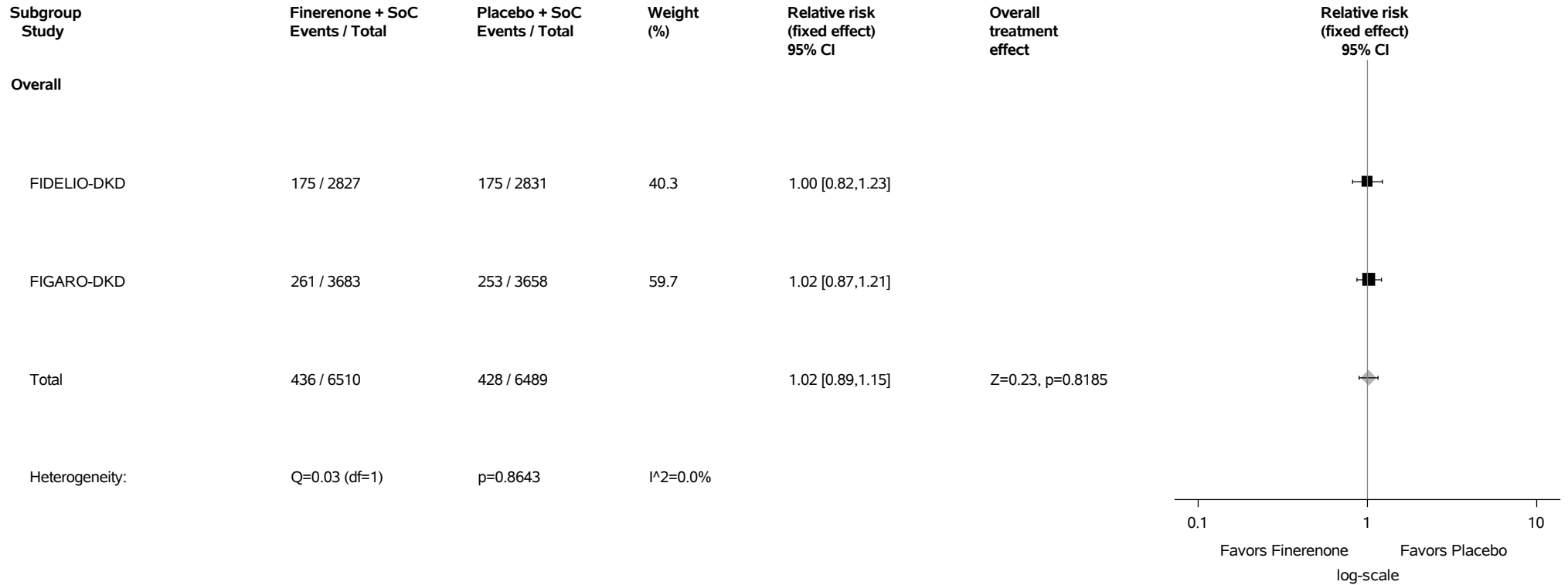
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.98: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Arthritis (PT with Incidence >=1%) Safety Analysis Set



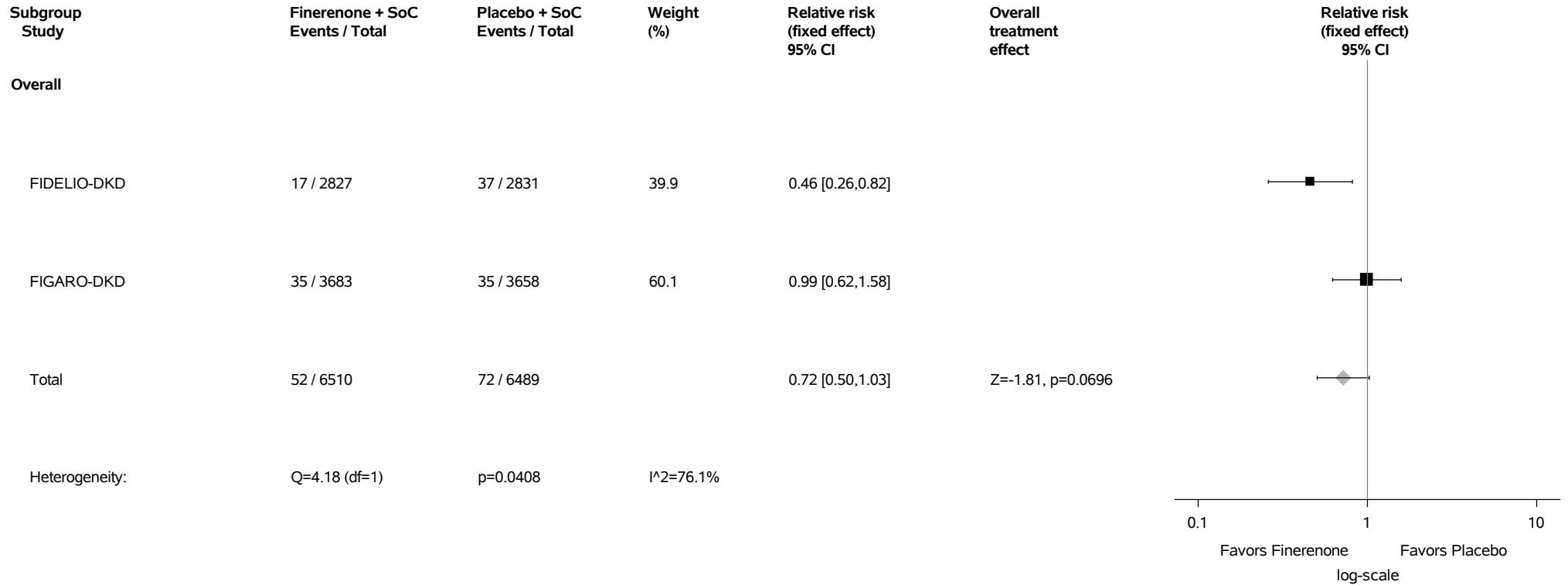
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.99: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.100: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) Safety Analysis Set



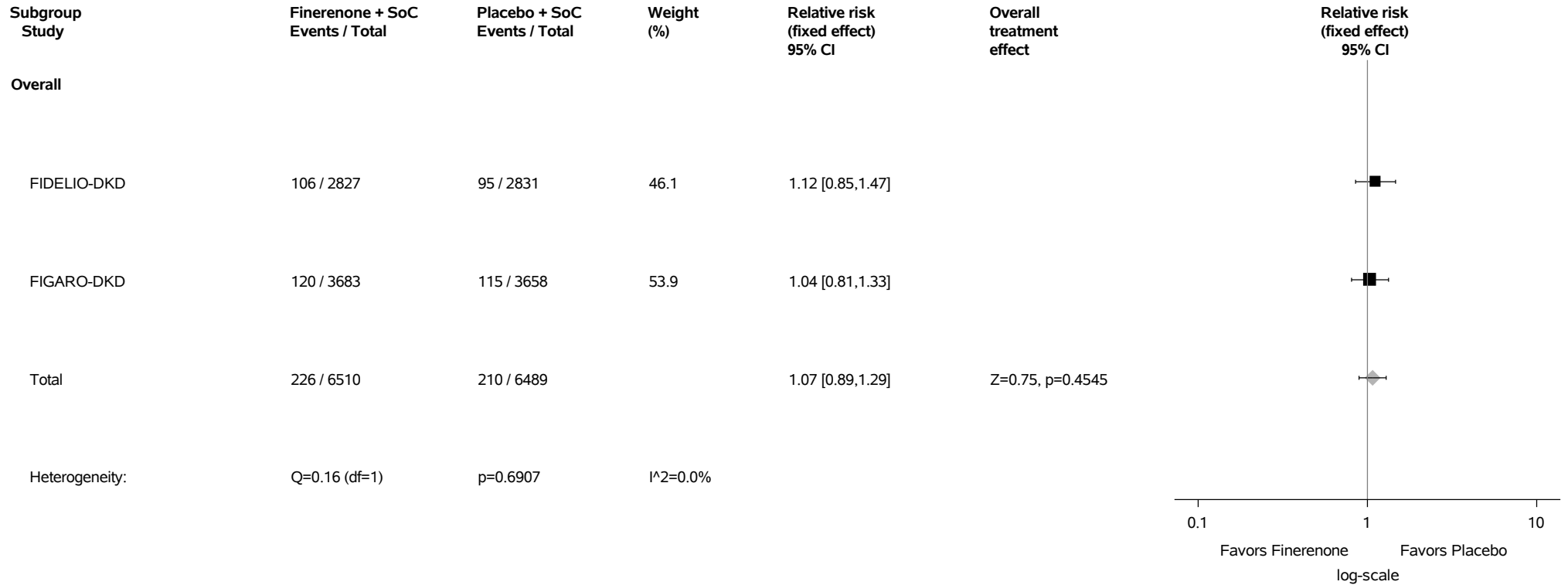
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

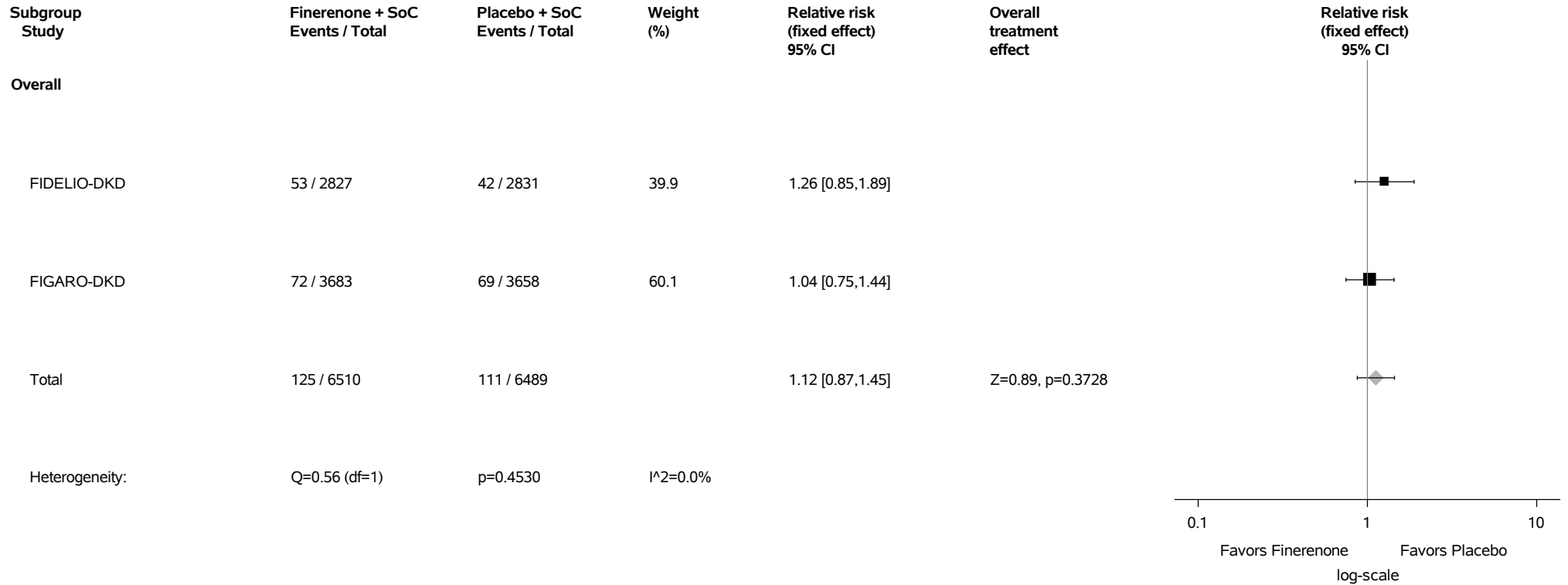
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.101: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.102: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%) Safety Analysis Set



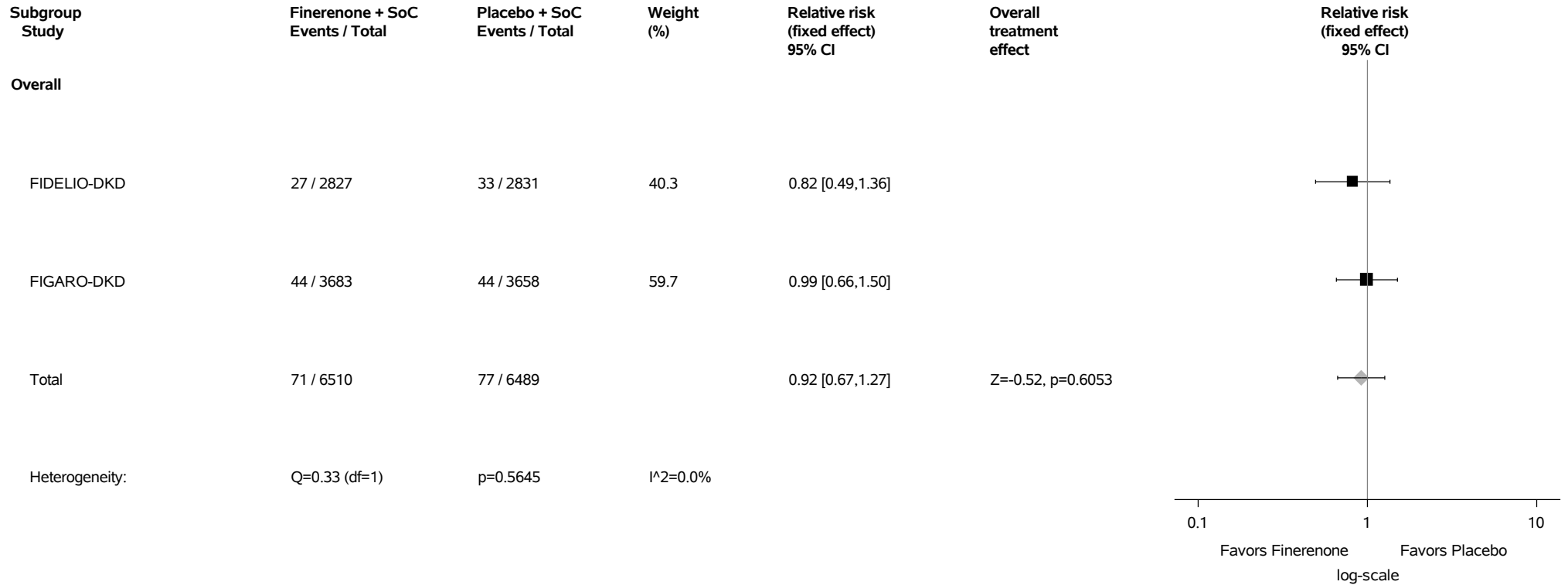
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

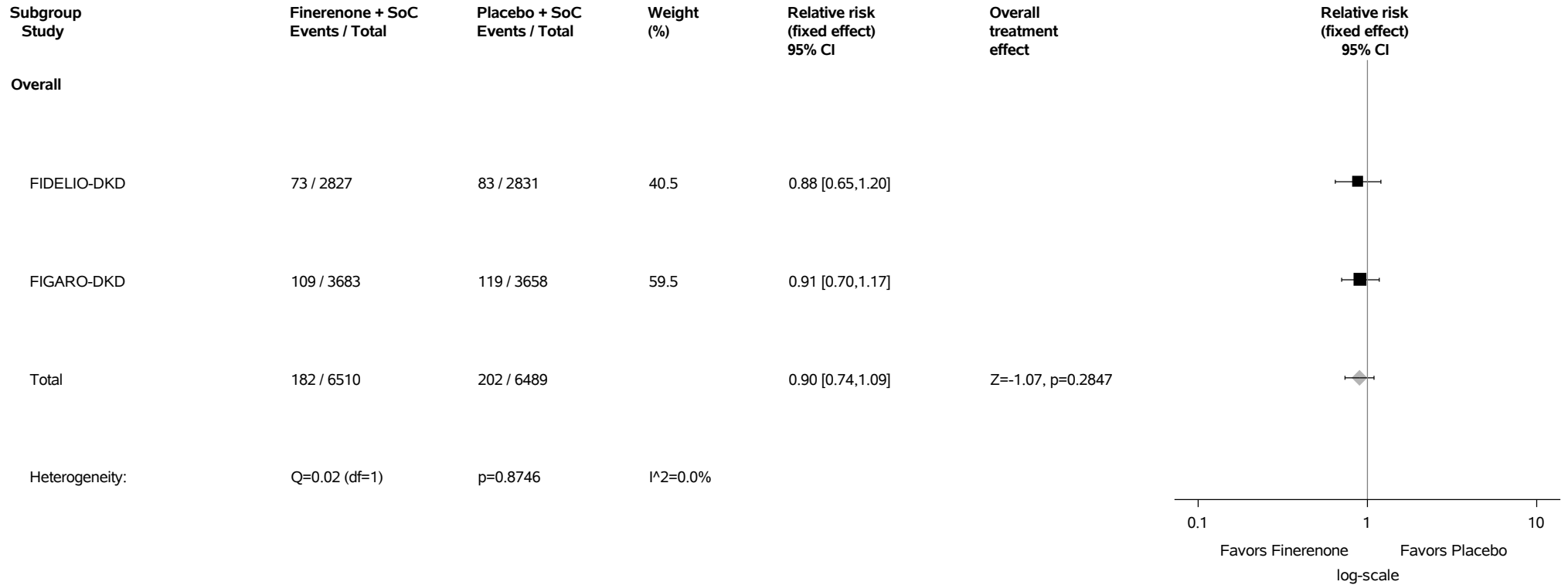
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.103: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.104: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) Safety Analysis Set



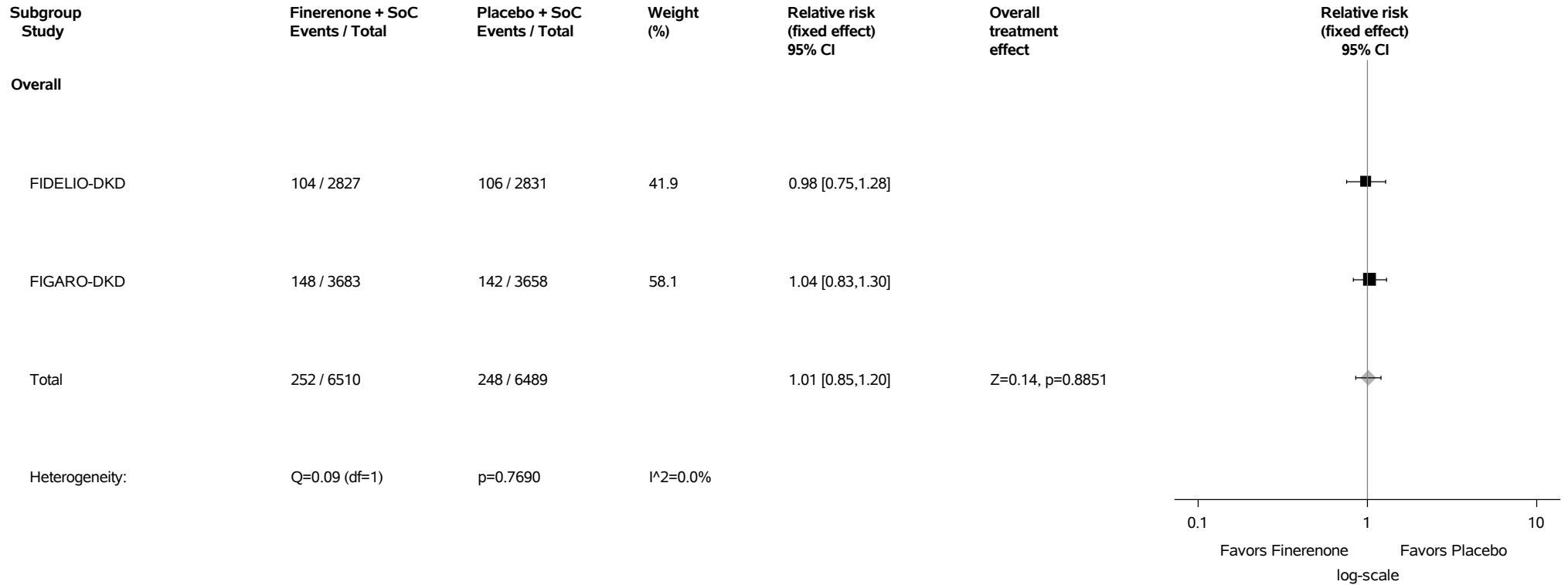
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

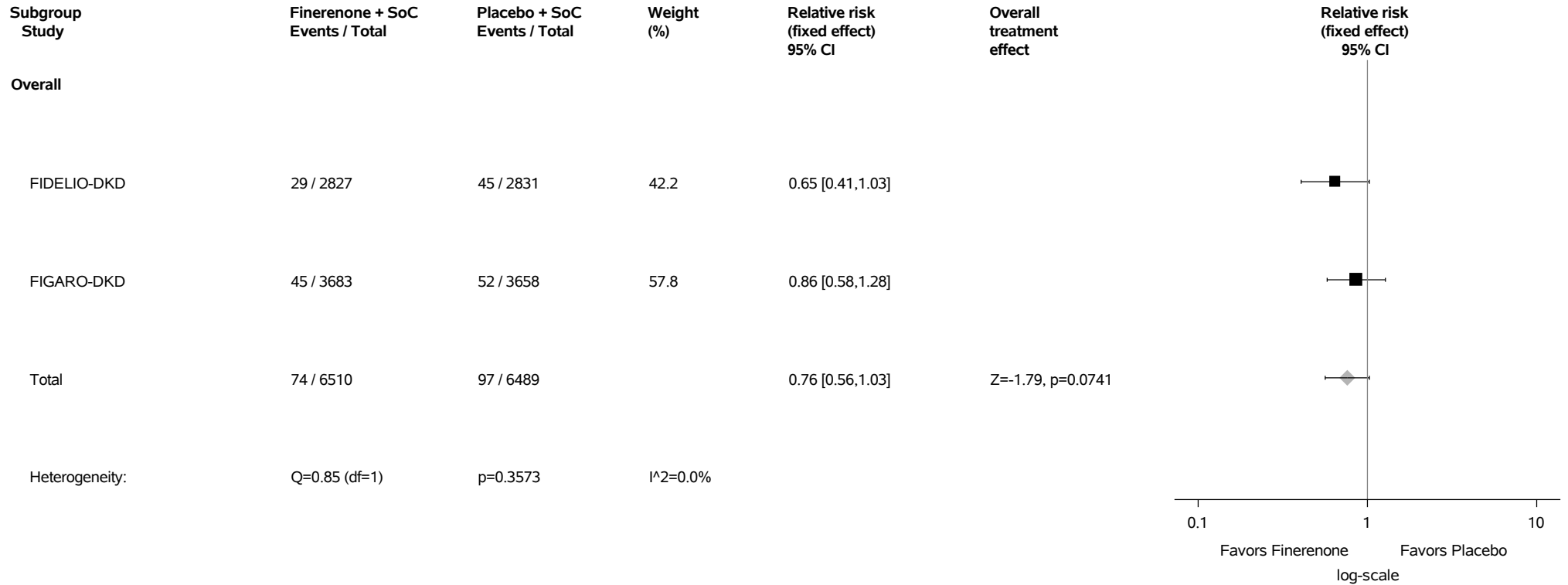
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.105: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.106: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) Safety Analysis Set



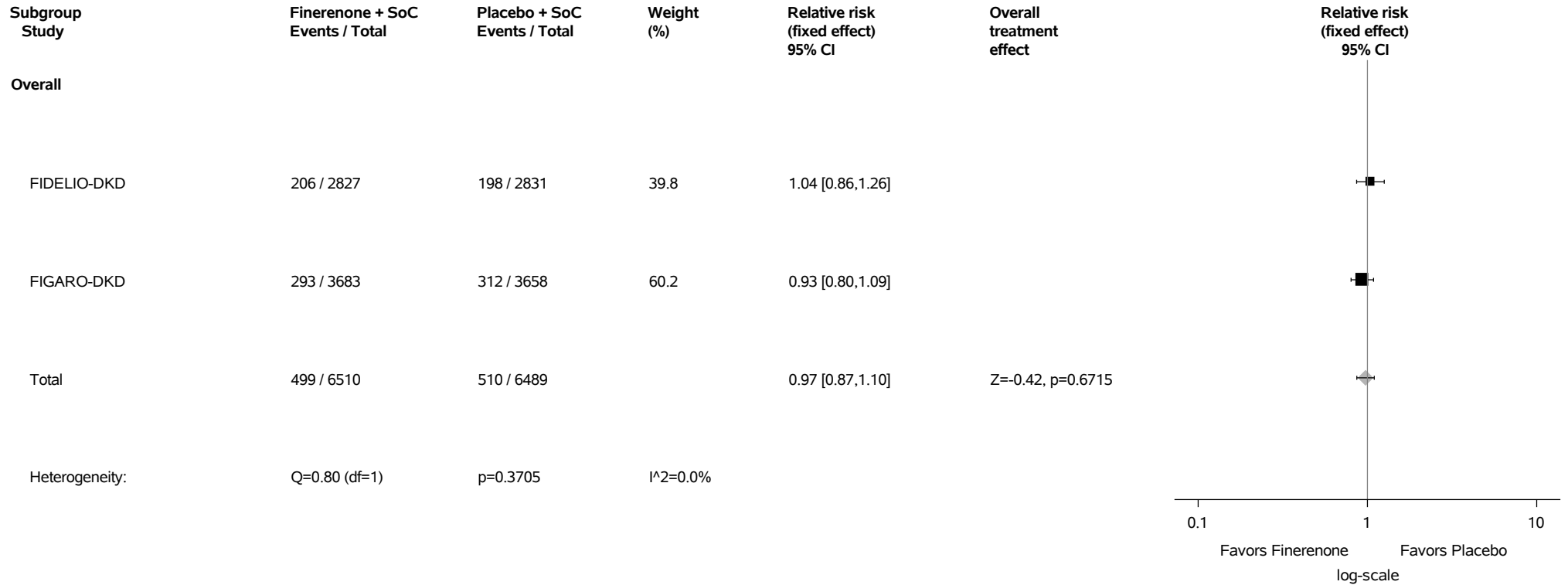
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

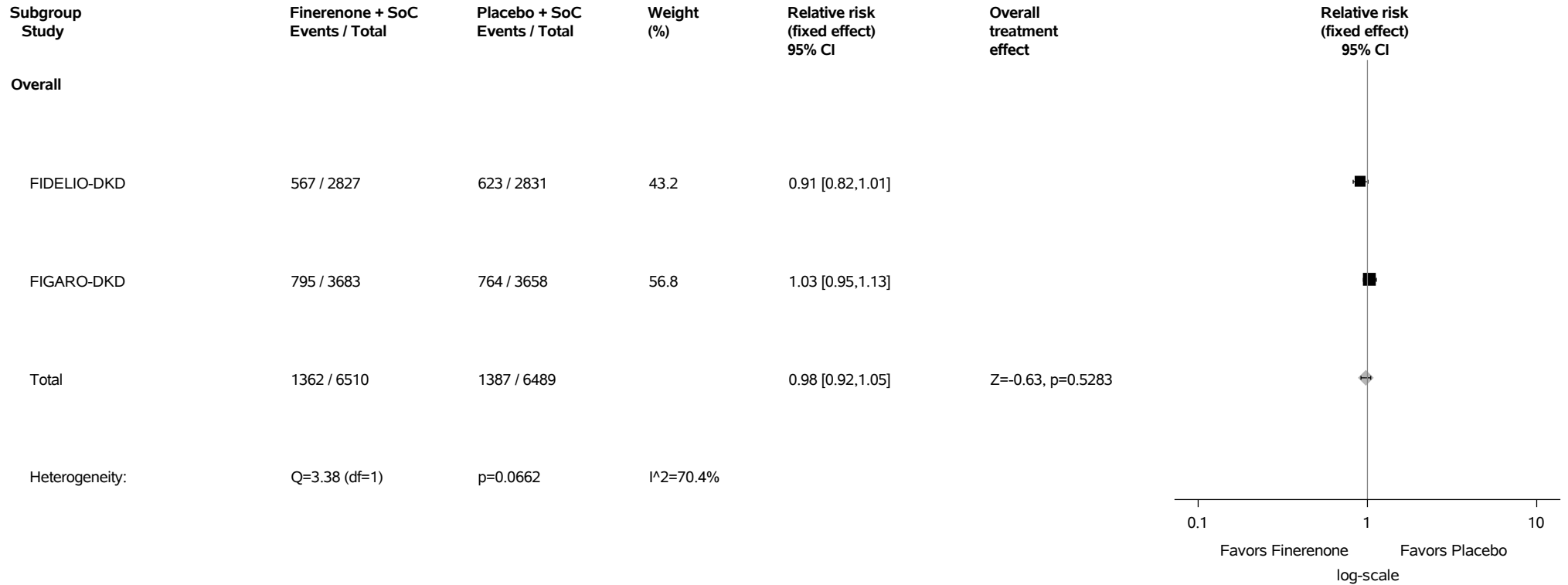
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.107: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) Safety Analysis Set



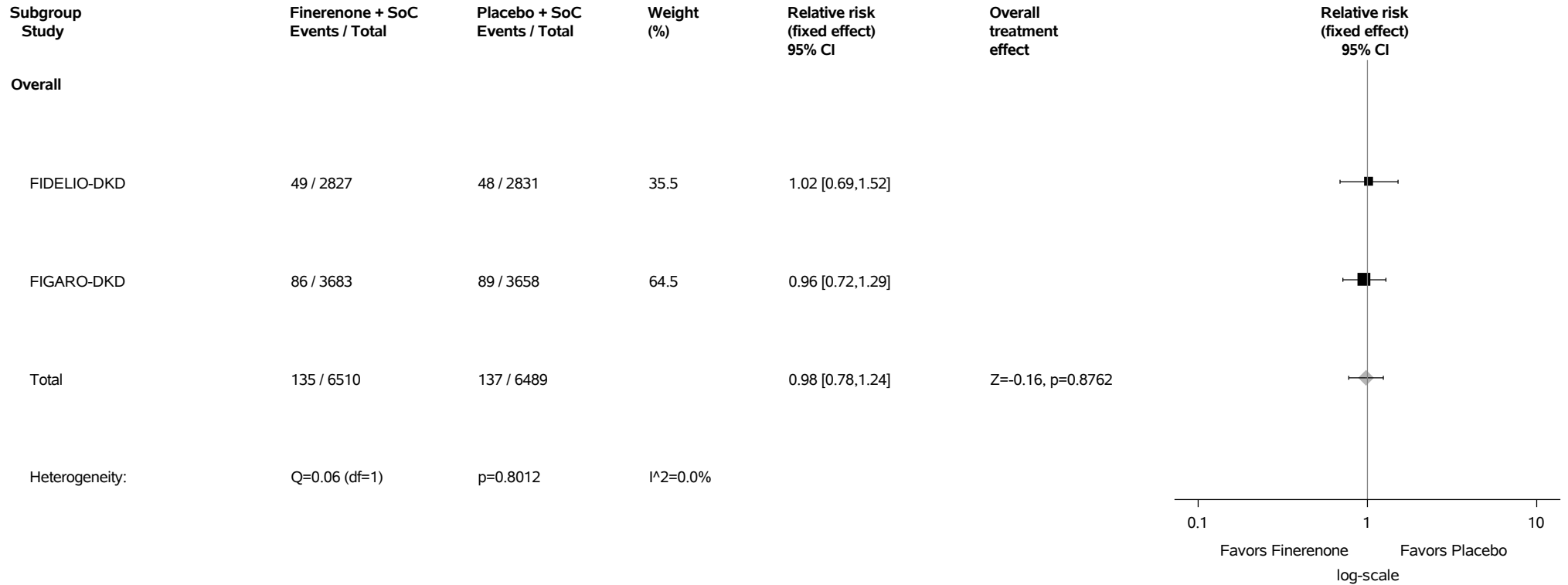
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.108: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.109: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) Safety Analysis Set



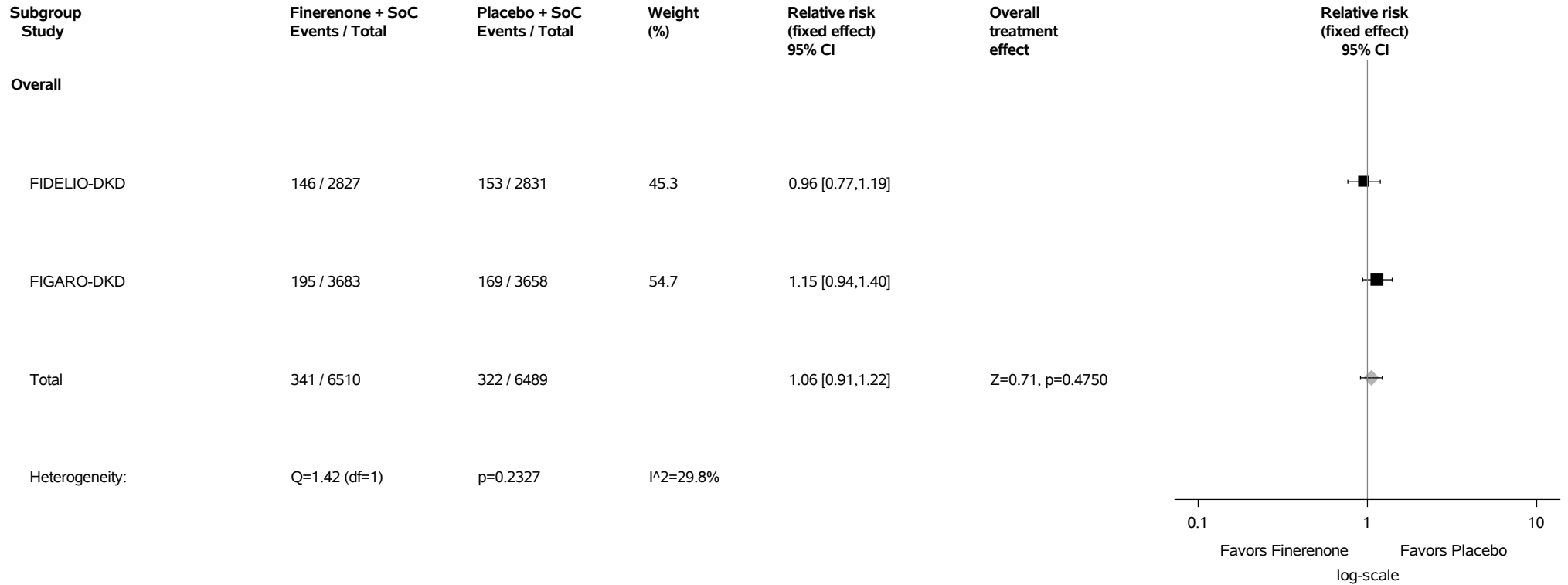
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.110: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) Safety Analysis Set



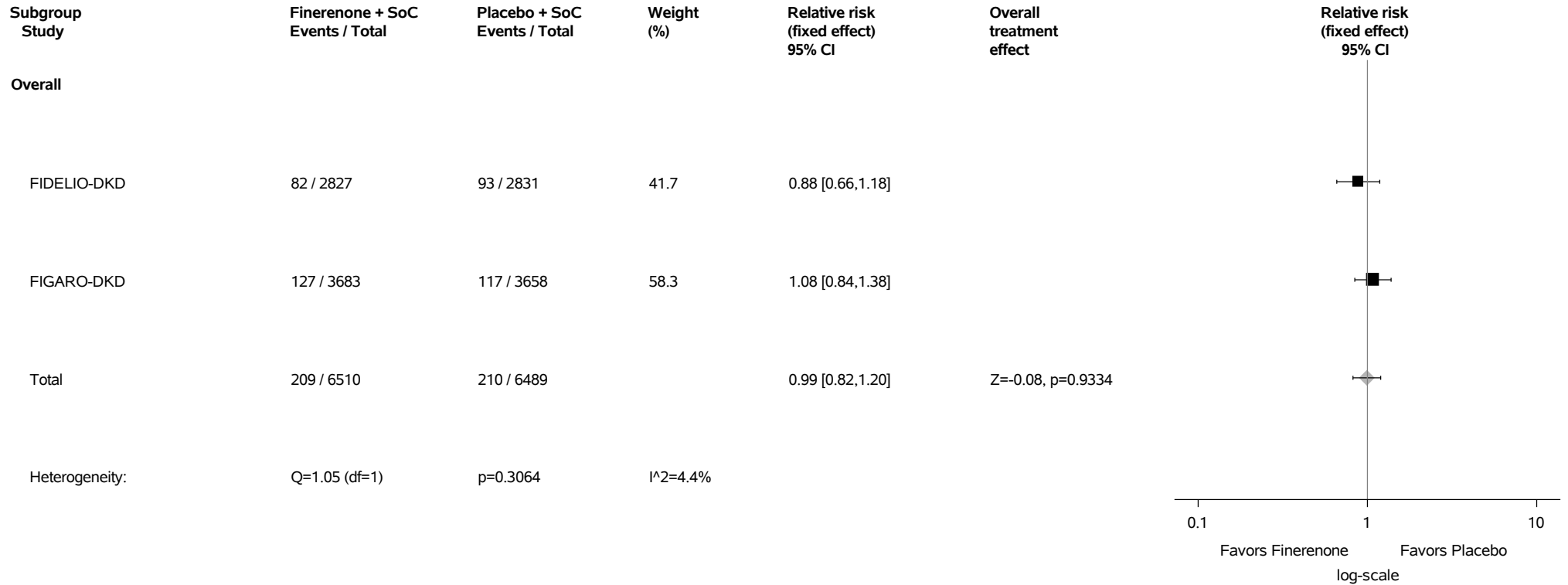
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

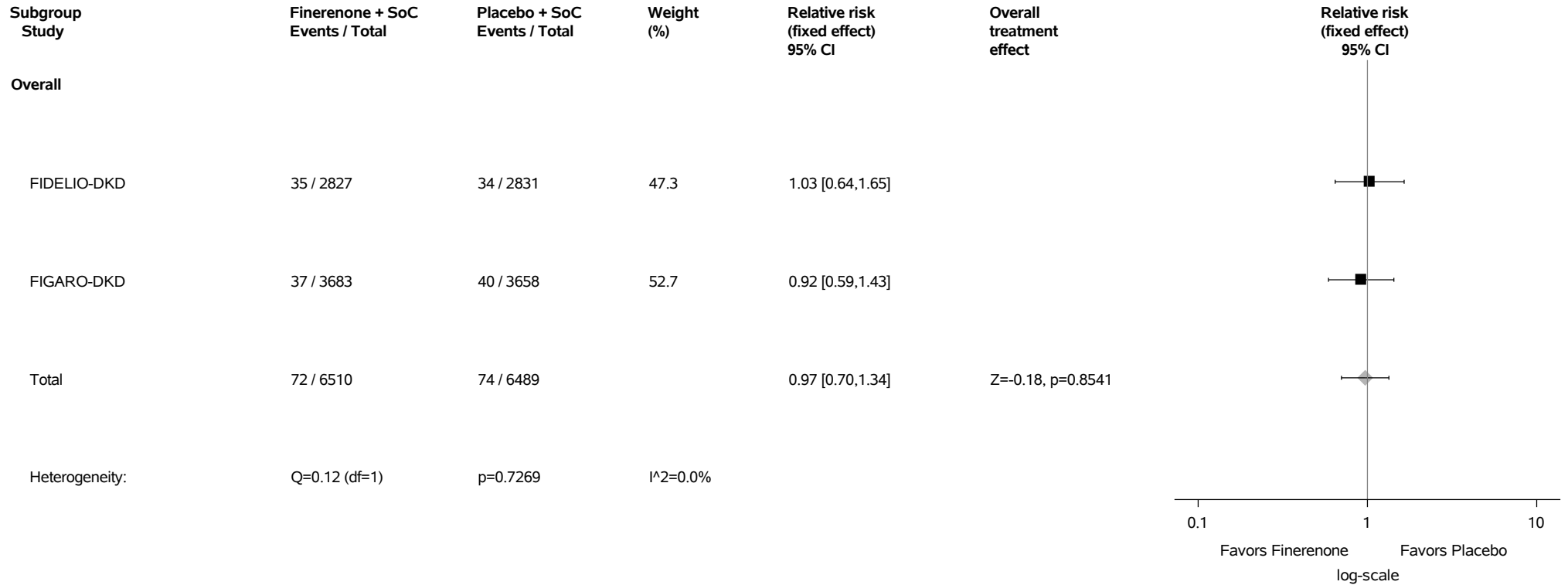
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.111: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.112: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) Safety Analysis Set



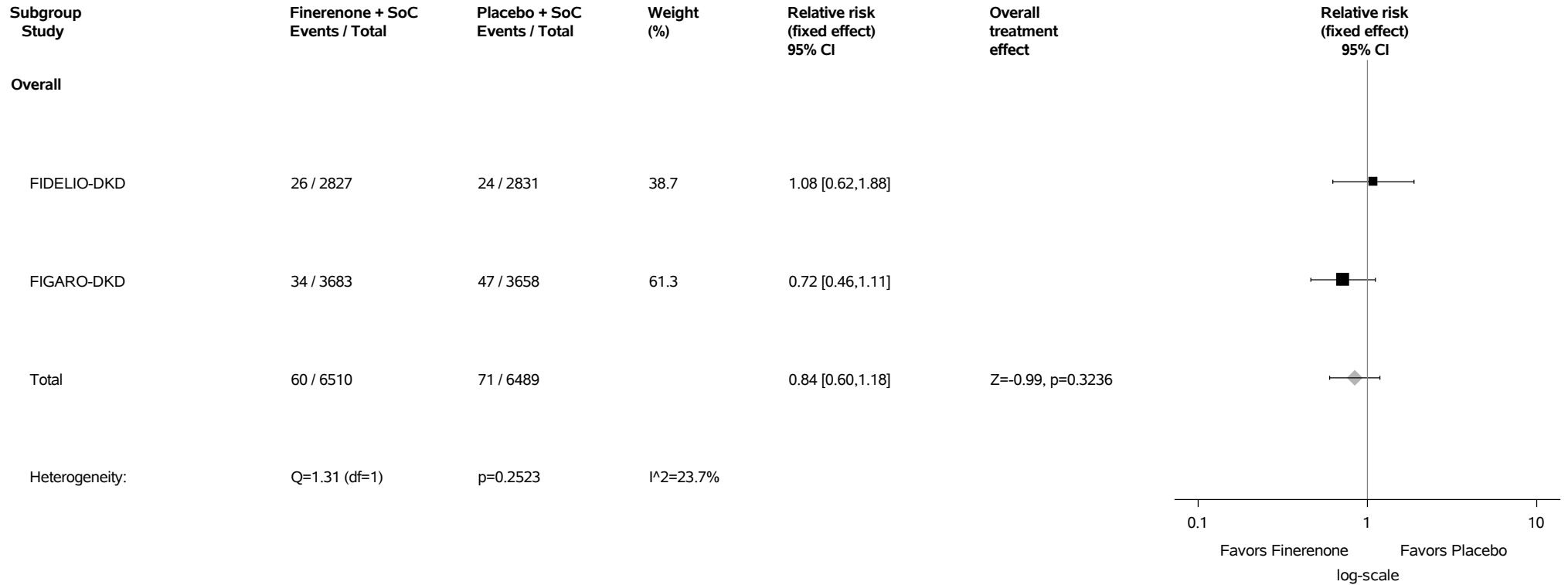
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

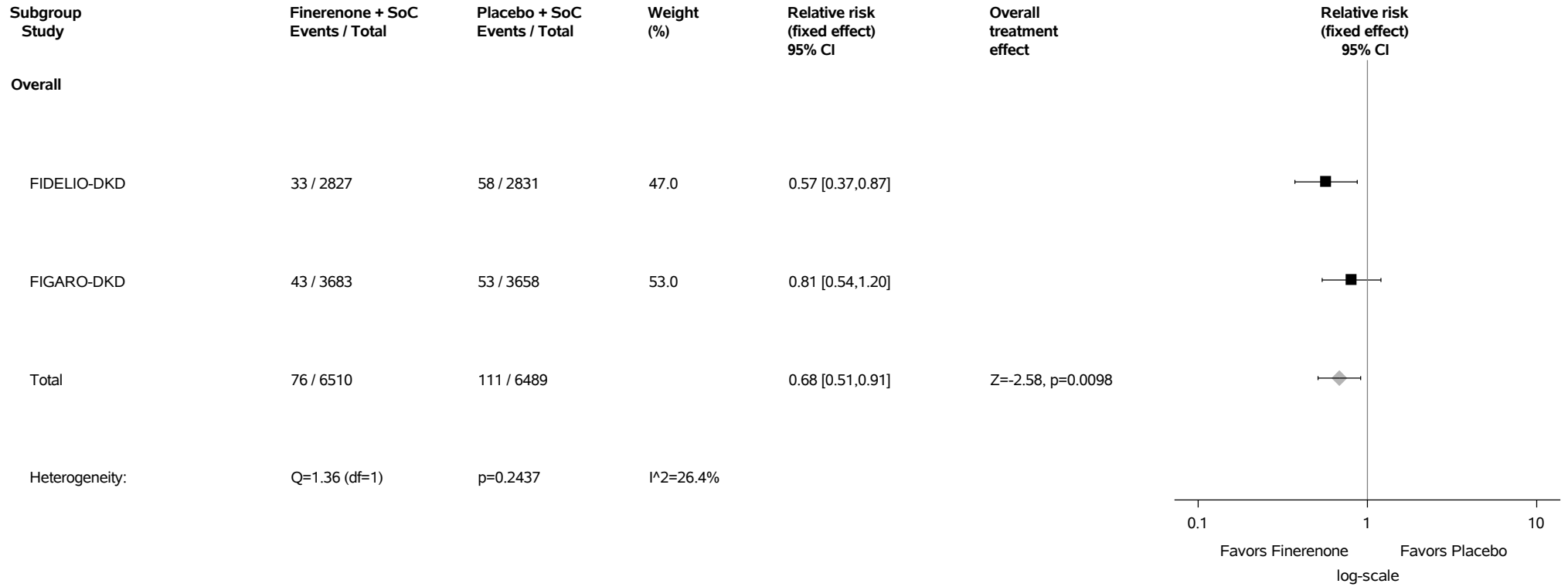
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.113: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) Safety Analysis Set



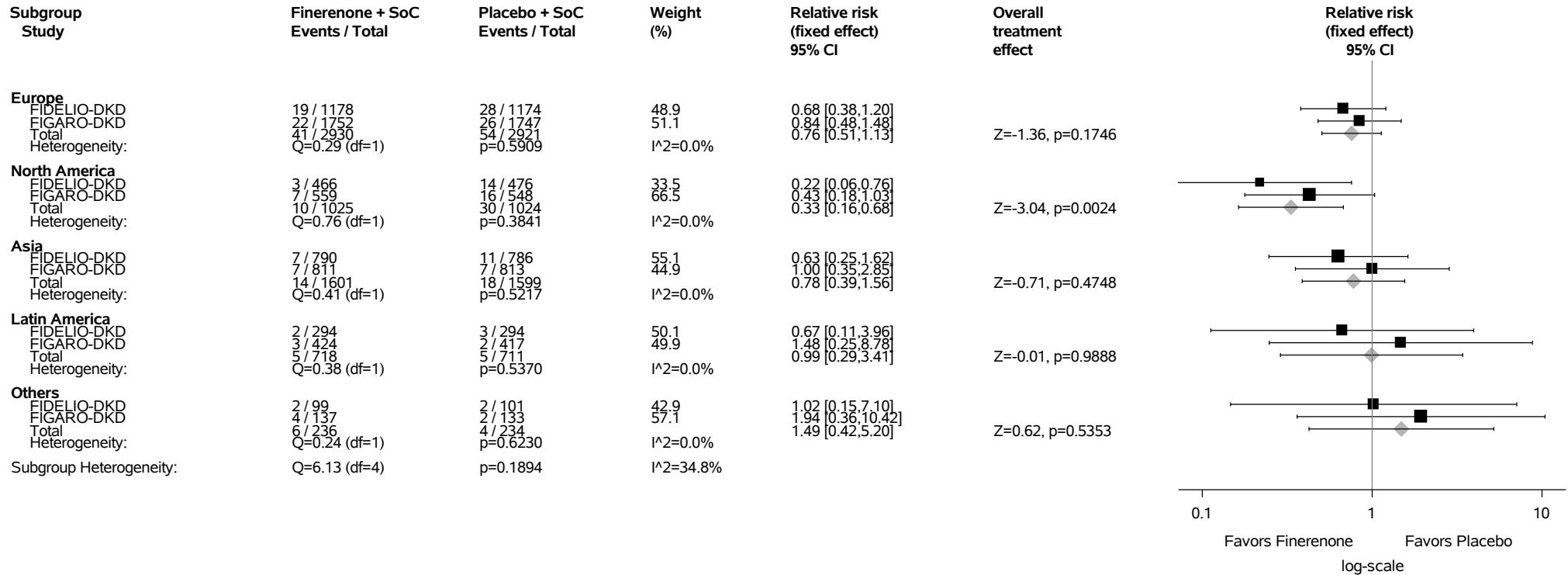
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.114: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.114.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Syncope (PT with Incidence >=1%) Safety Analysis Set

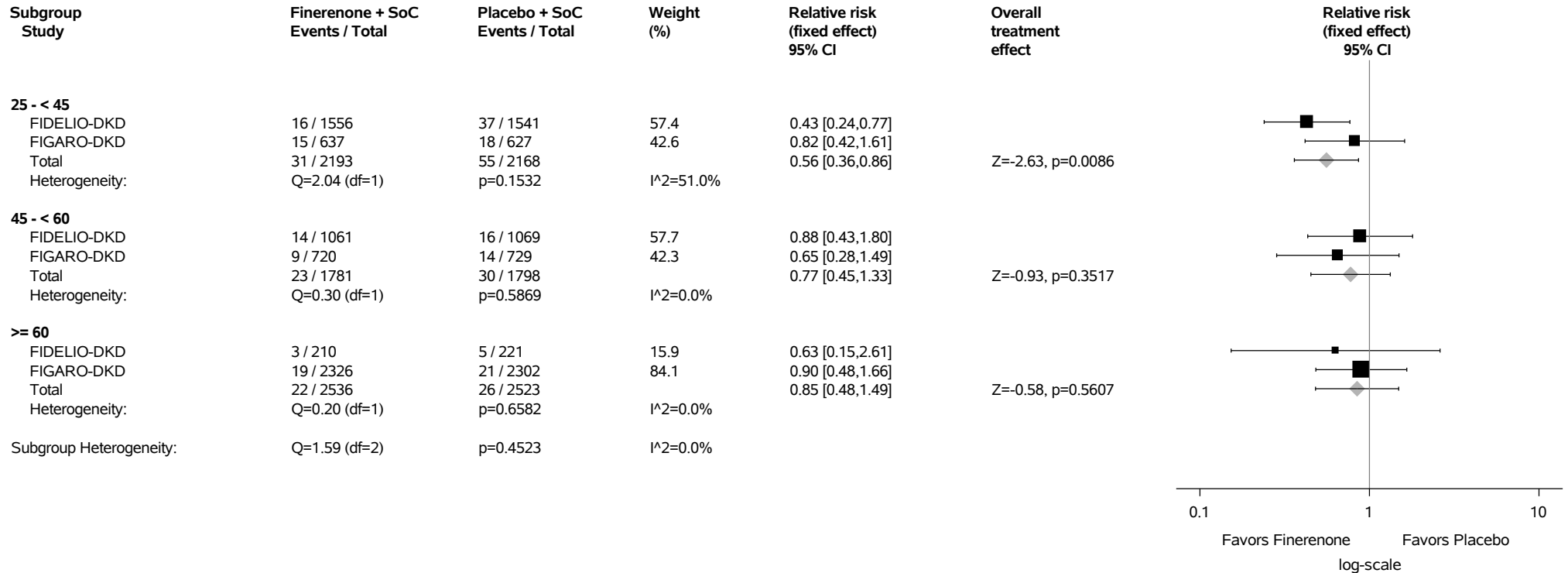


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.114.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Syncope (PT with Incidence >=1%) Safety Analysis Set

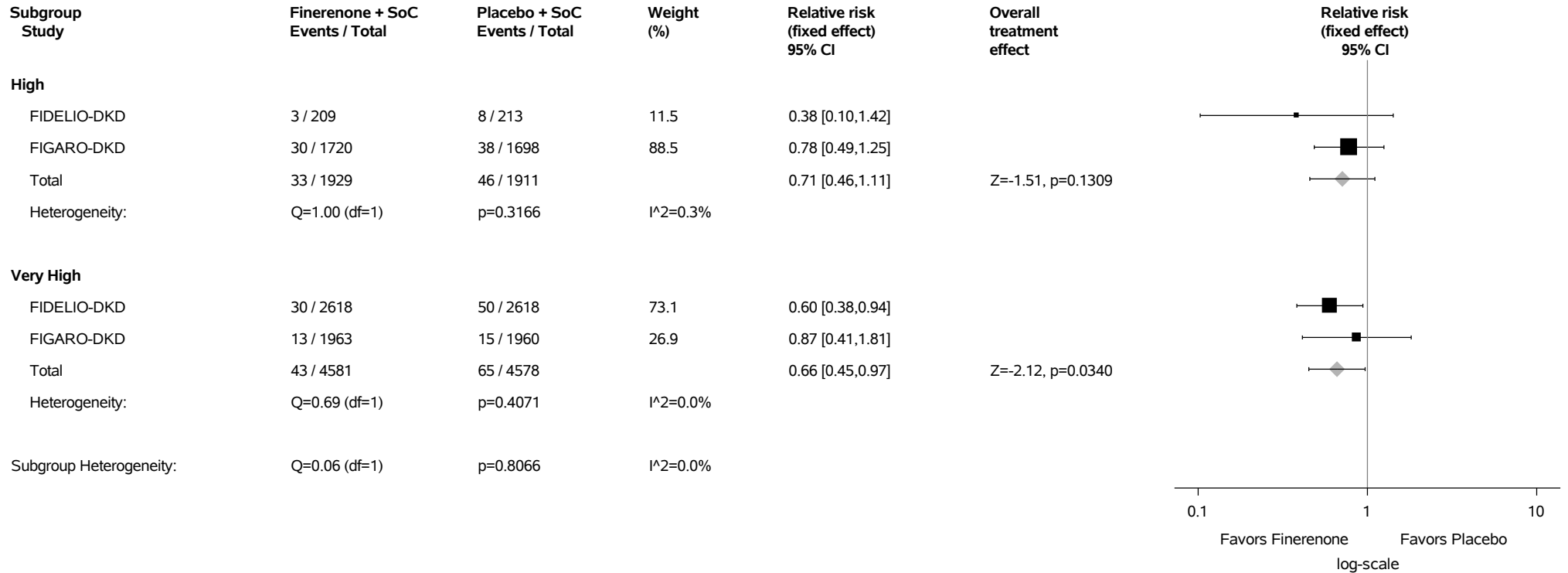
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.114.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Syncope (PT with Incidence >=1%) Safety Analysis Set



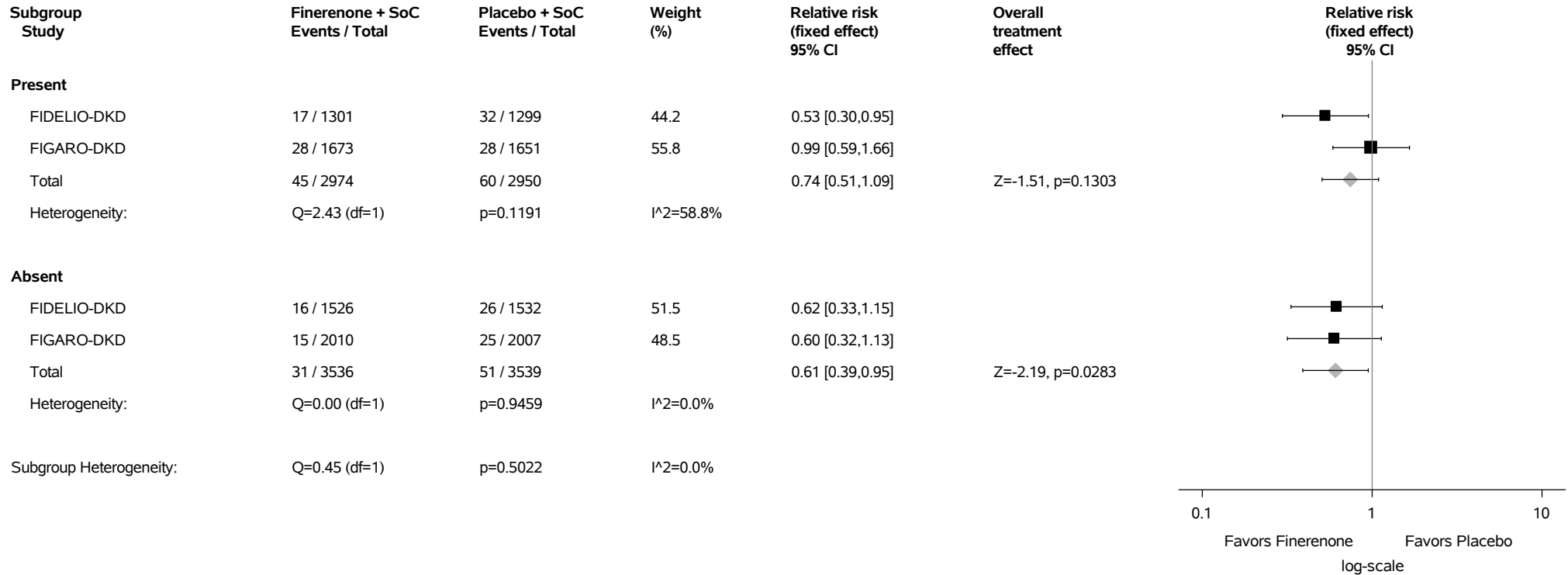
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.114.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Syncope (PT with Incidence >=1%) Safety Analysis Set



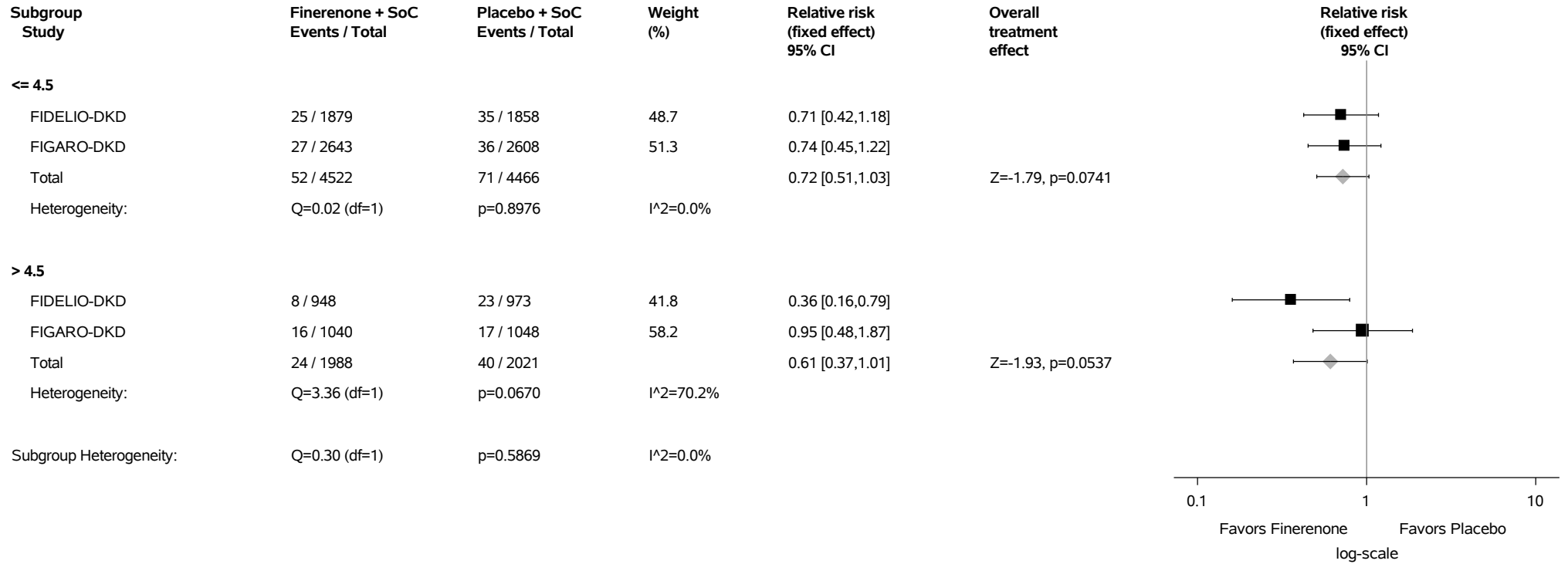
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.114.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

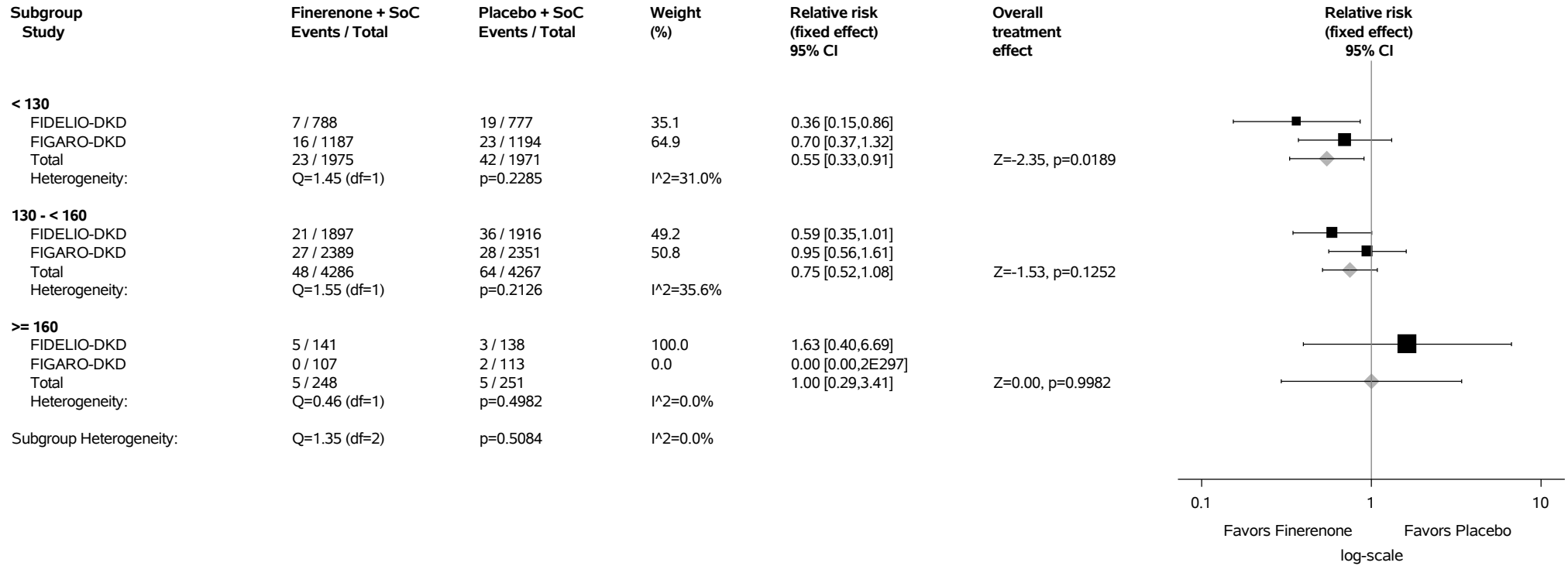
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.114.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

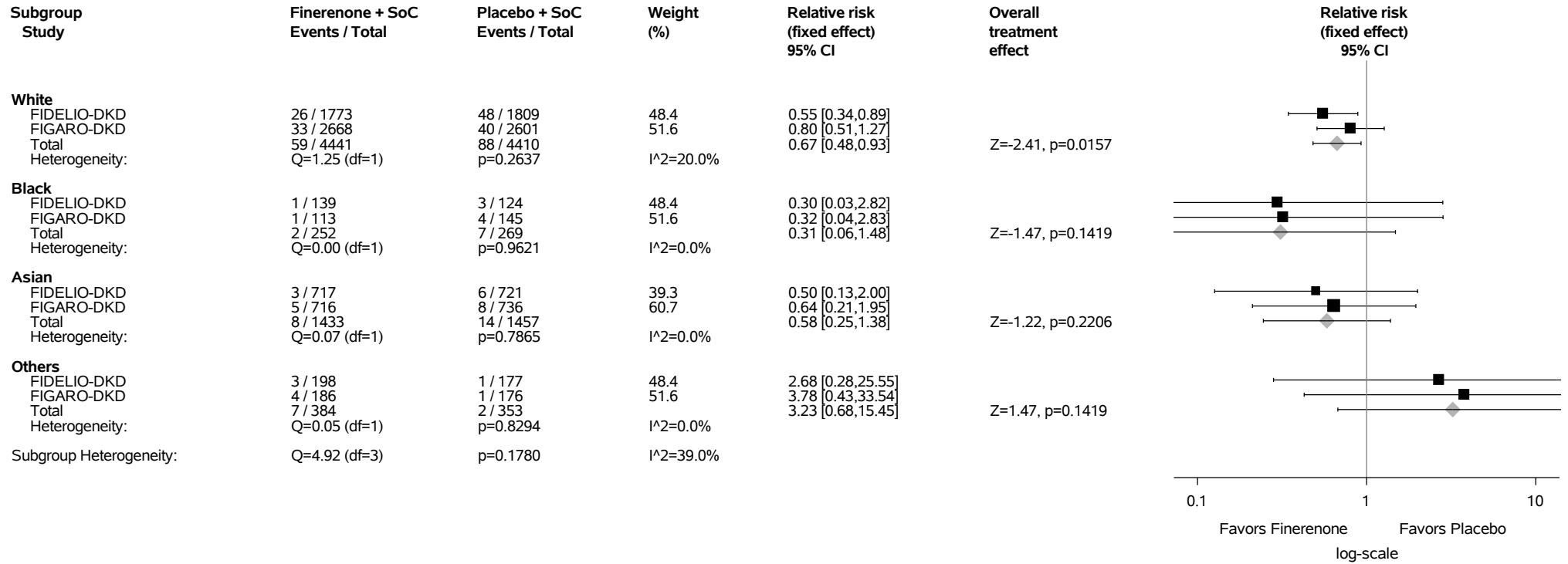
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.114.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

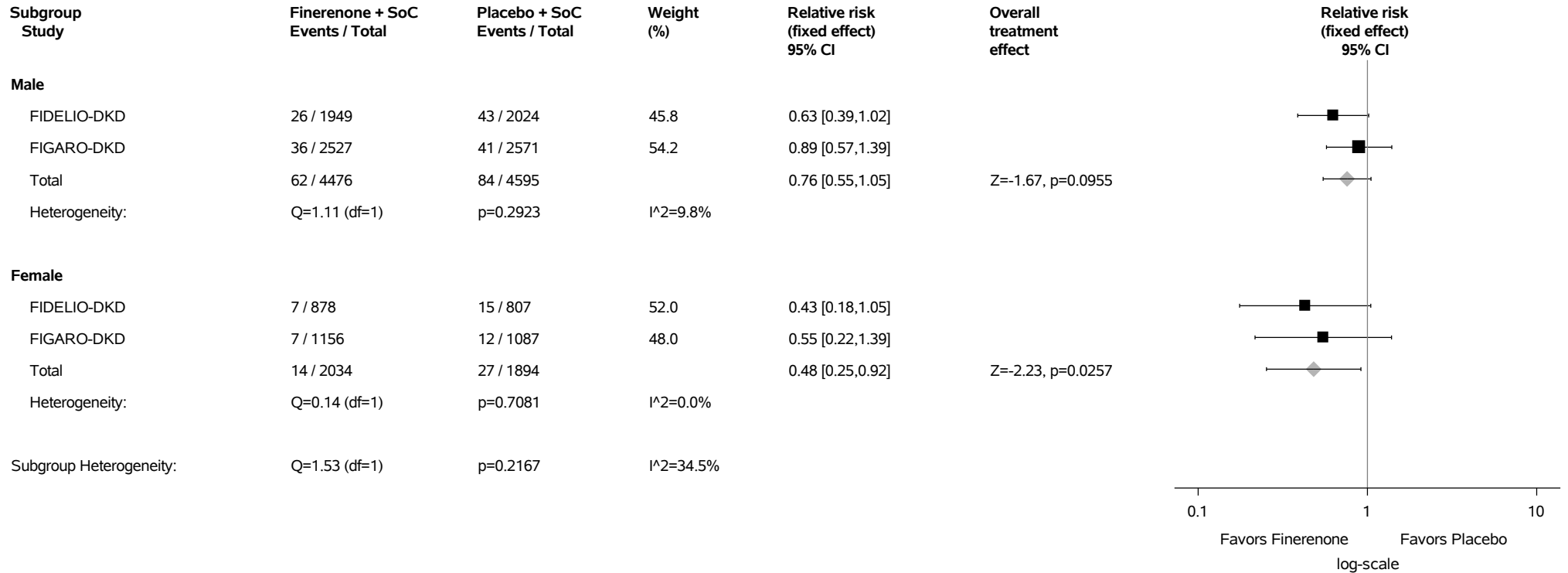
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

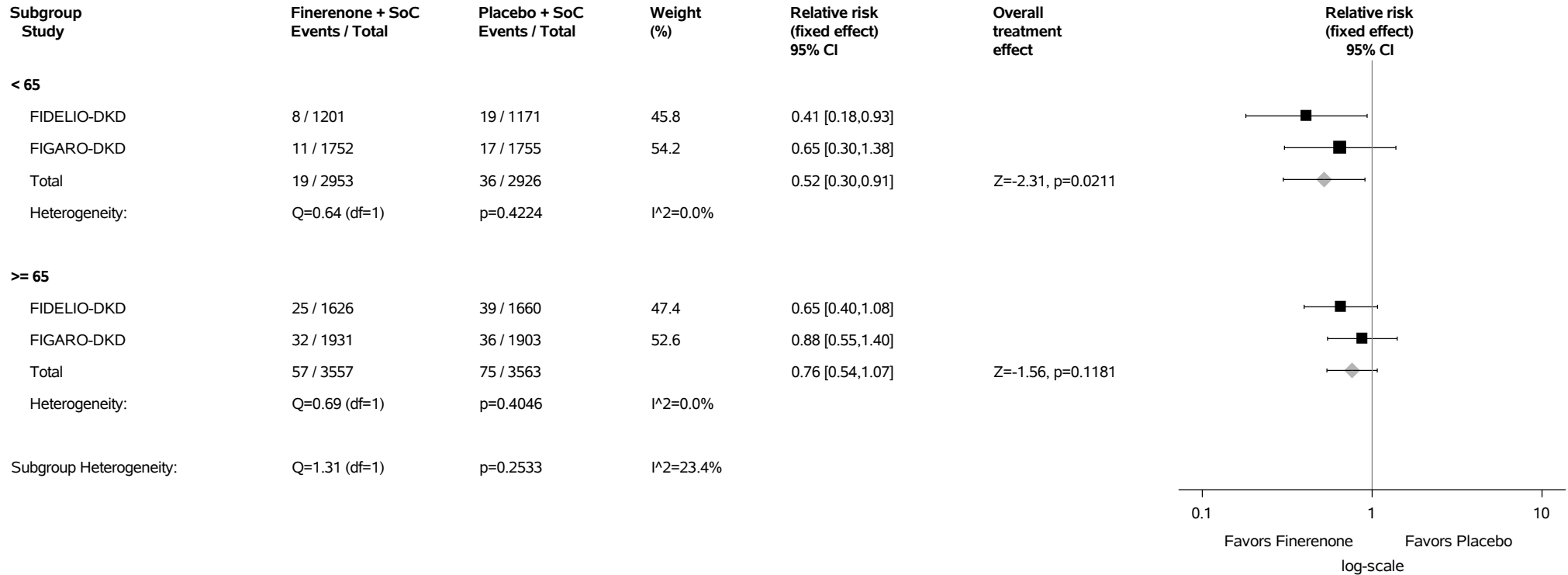
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.114.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Syncope (PT with Incidence >=1%) Safety Analysis Set



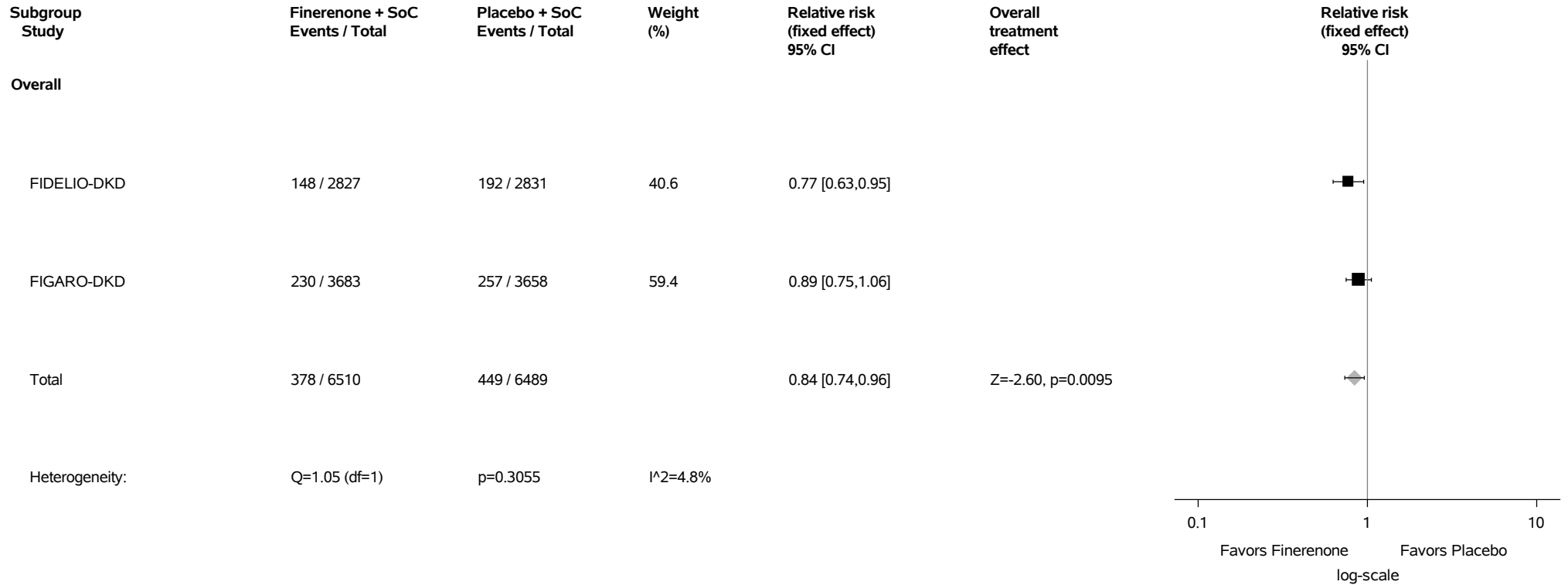
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.114.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Syncope (PT with Incidence >=1%) Safety Analysis Set



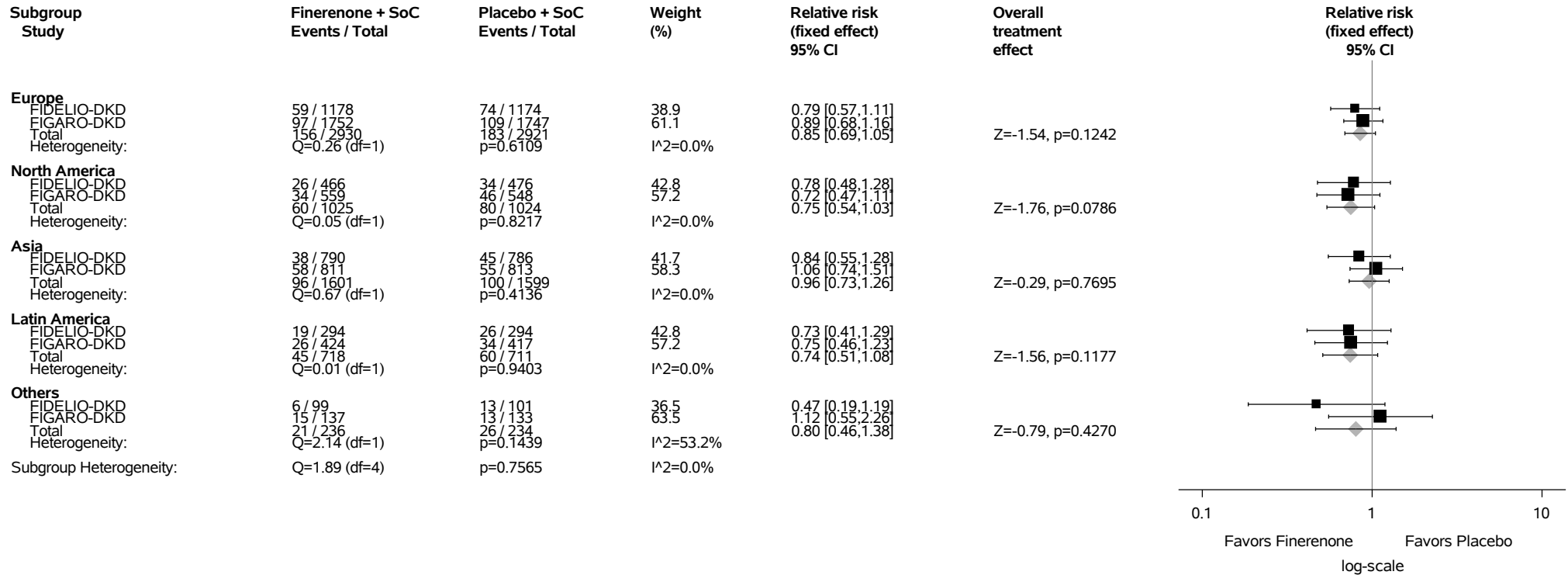
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.115: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.115.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

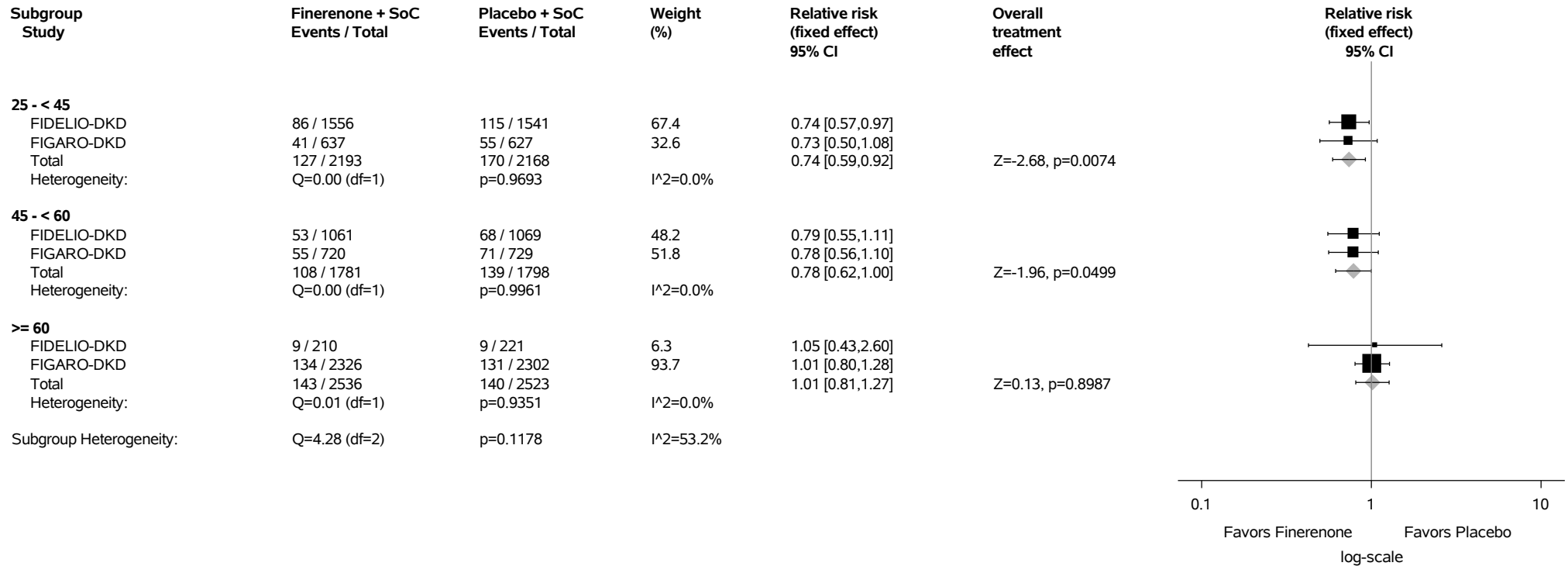
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.115.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Psychiatric Disorders (SOC with Incidence >=1%)

Safety Analysis Set



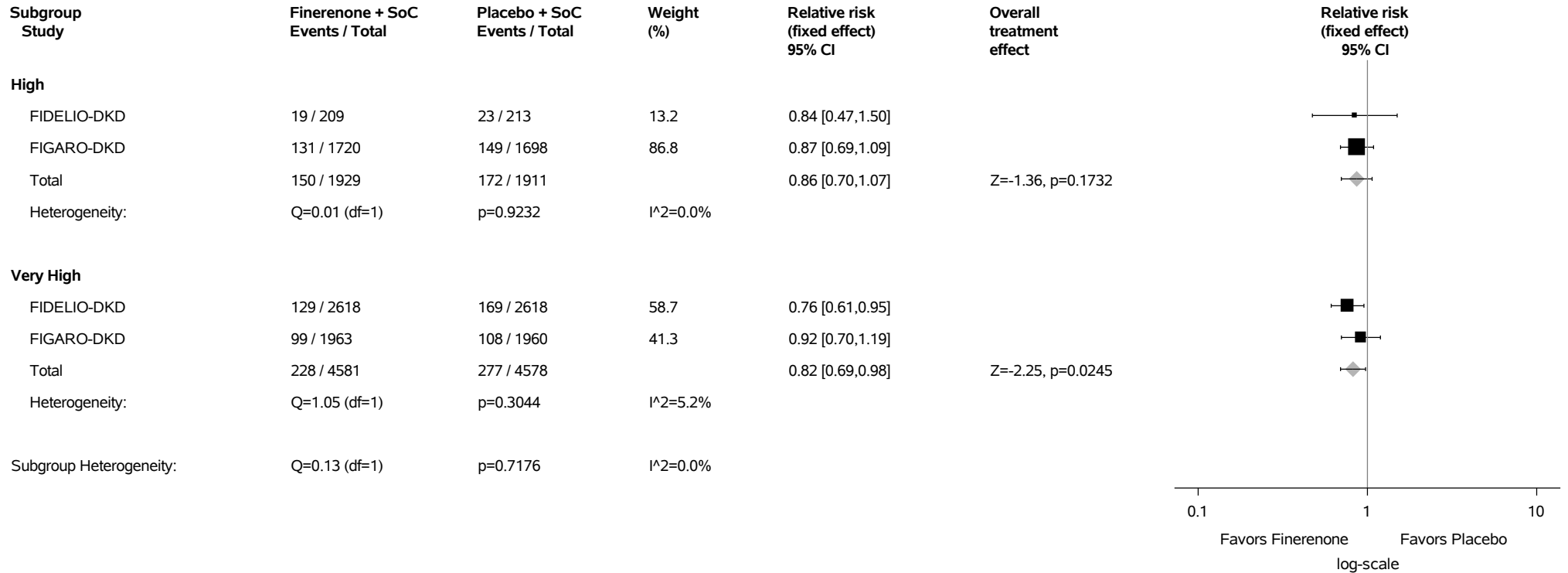
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.115.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



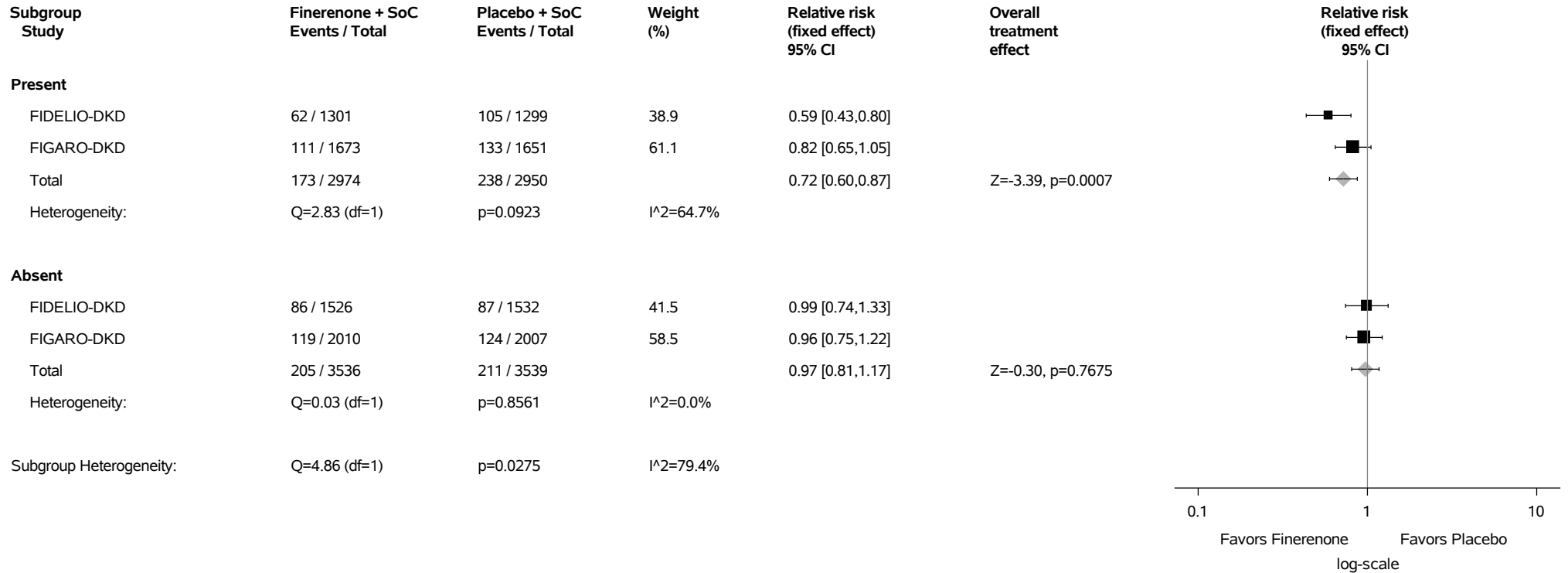
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.115.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

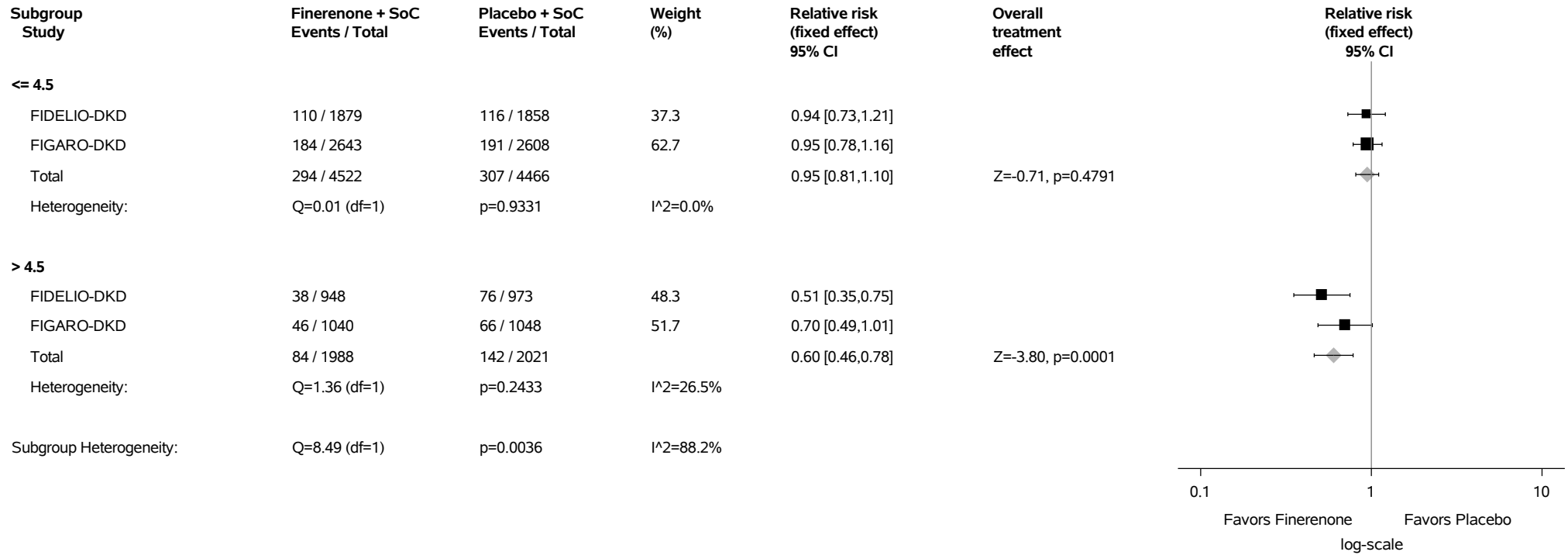
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.115.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

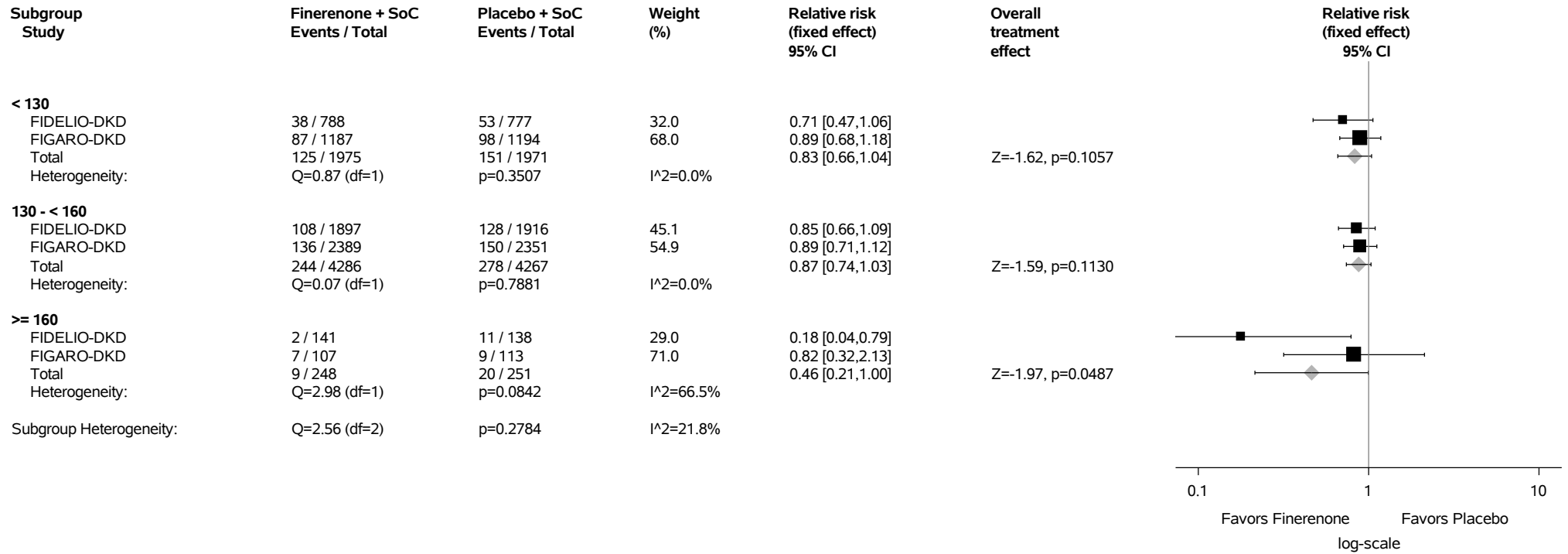
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.115.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

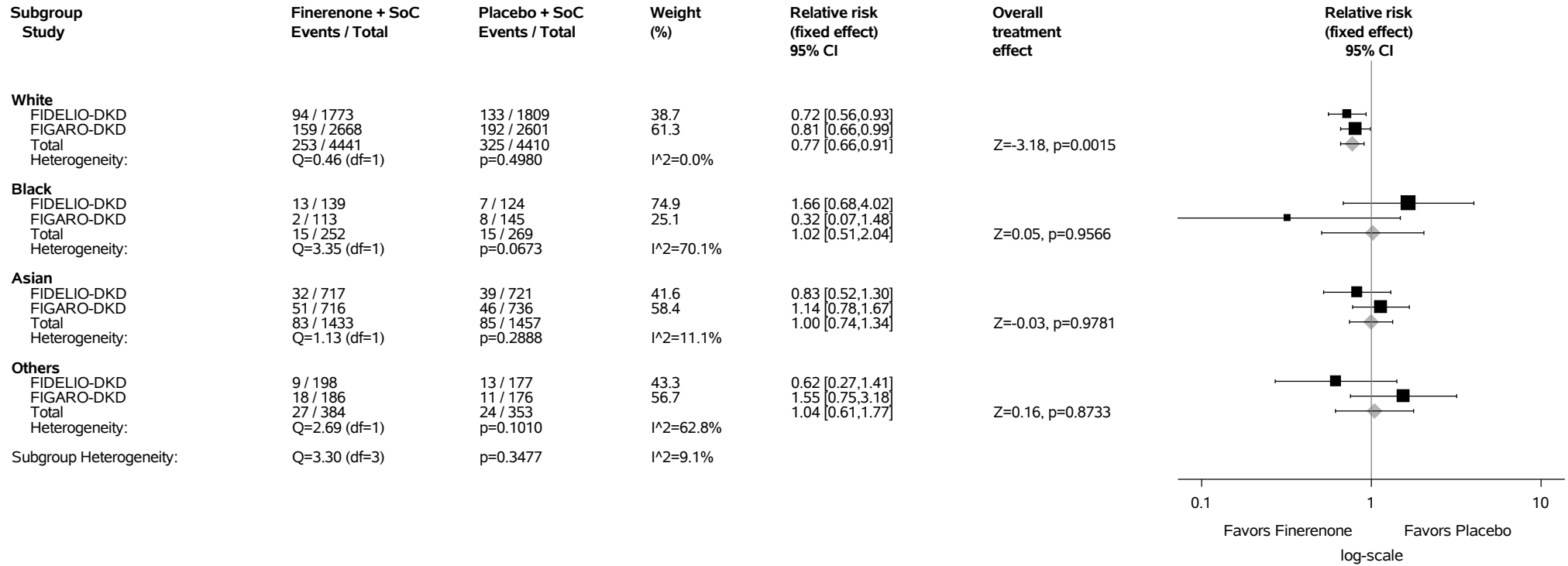
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.115.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



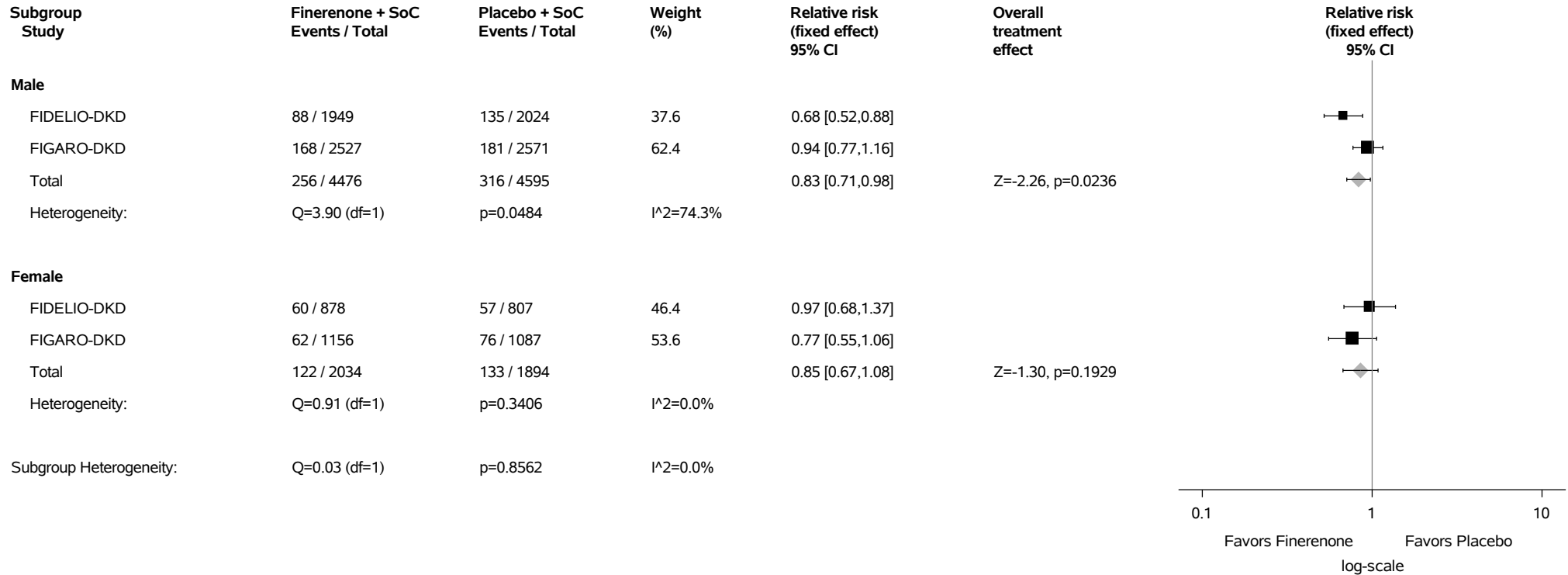
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.115.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



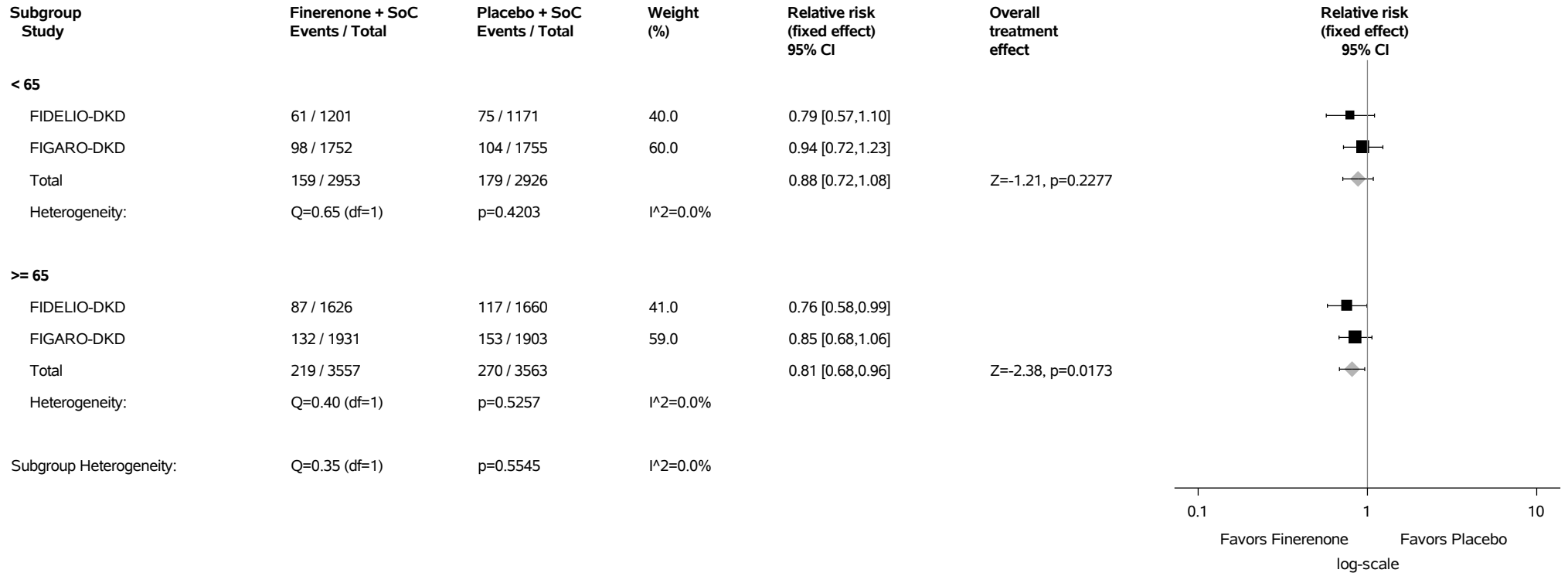
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.115.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



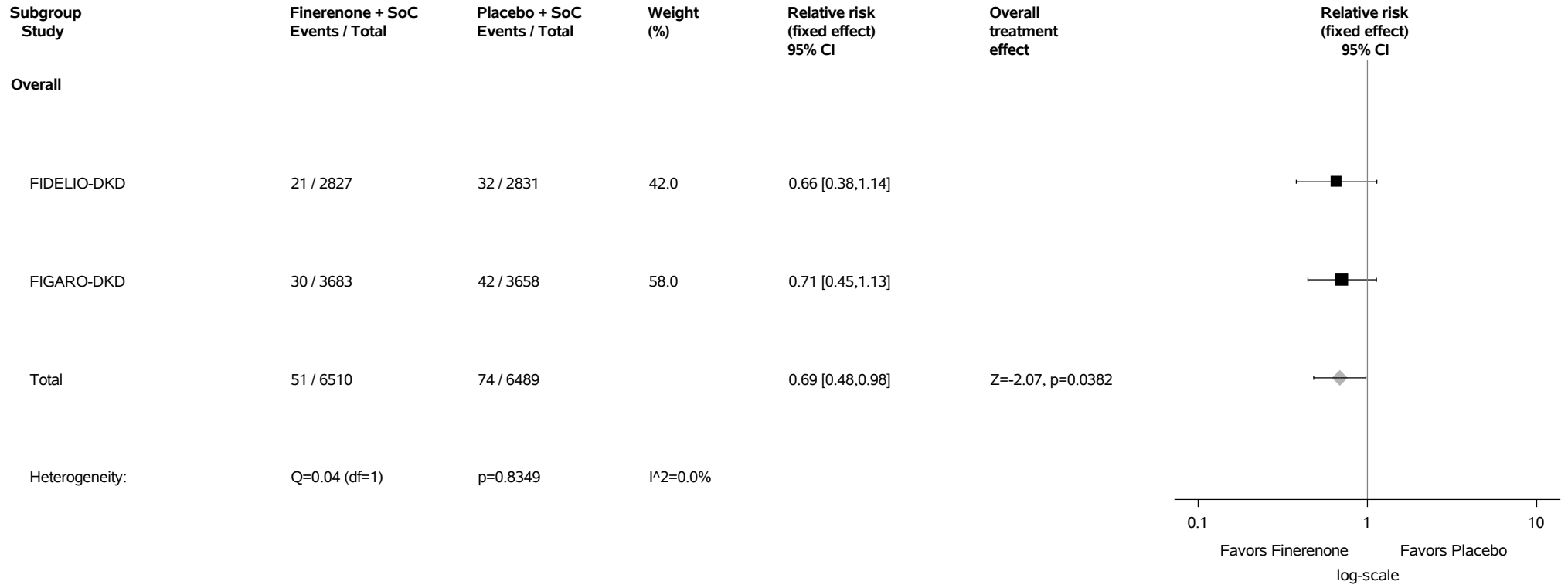
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

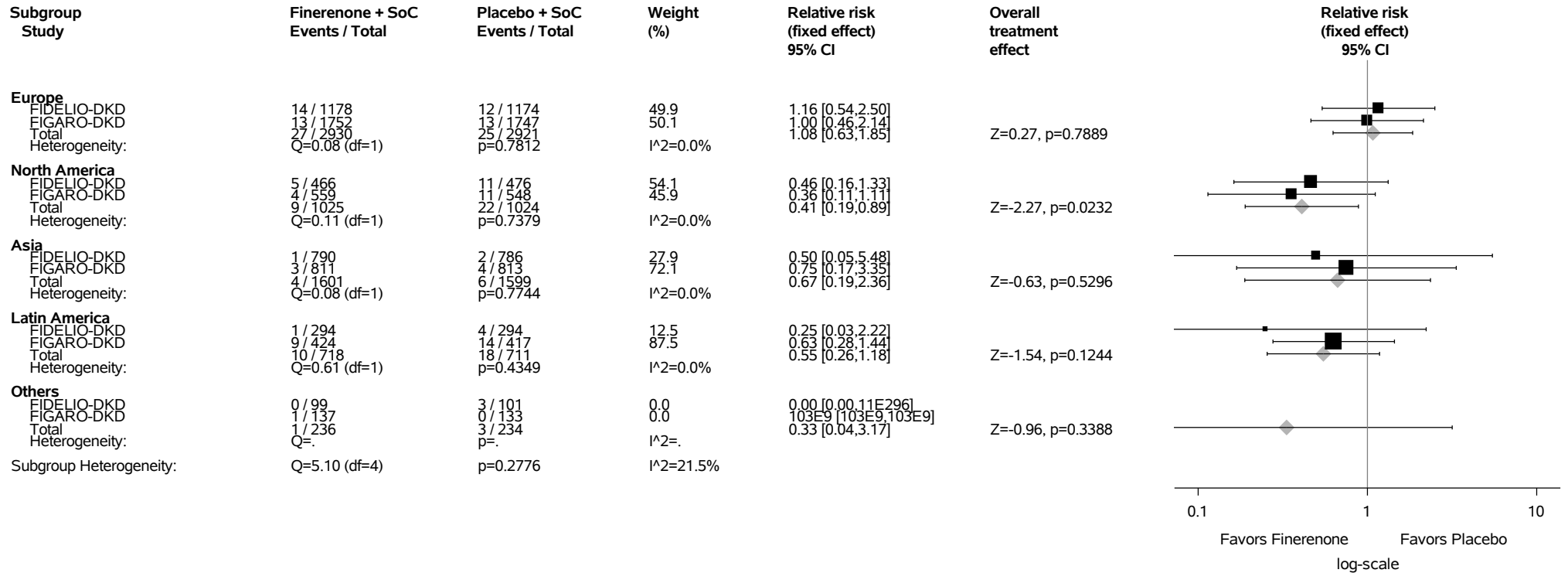
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.116: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.116.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Anxiety (PT with Incidence >=1%) Safety Analysis Set



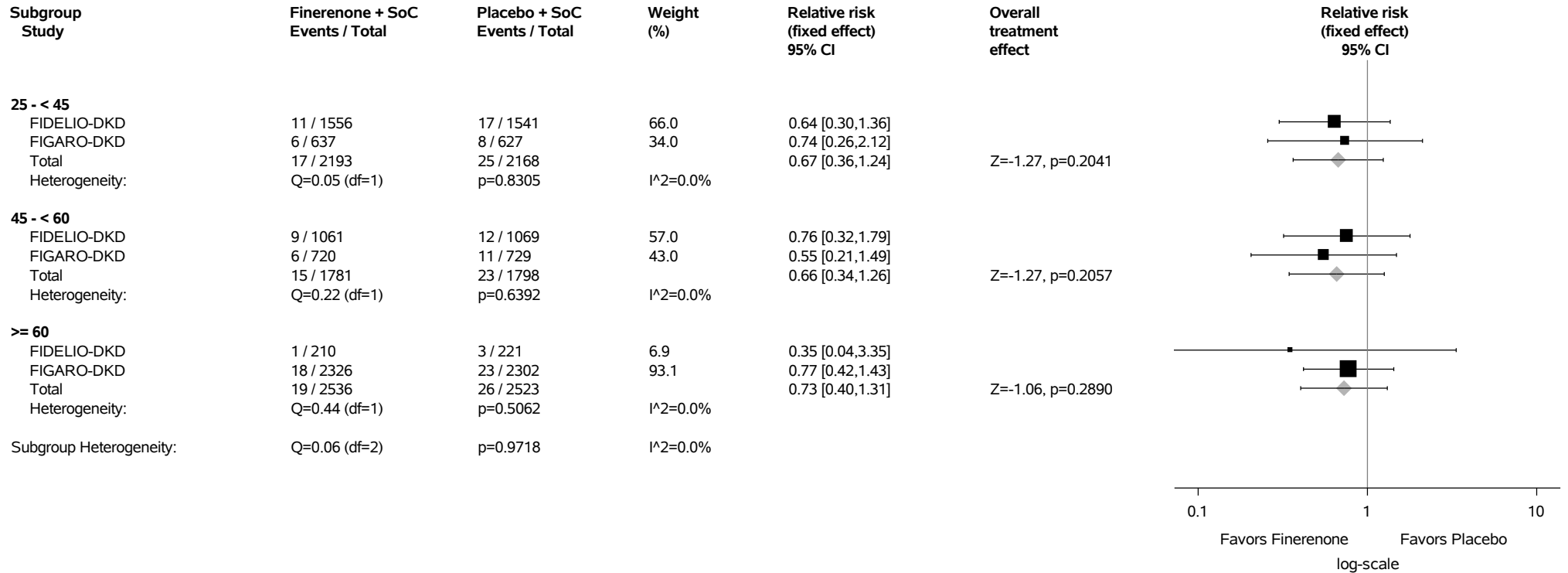
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.116.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Anxiety (PT with Incidence >=1%) Safety Analysis Set



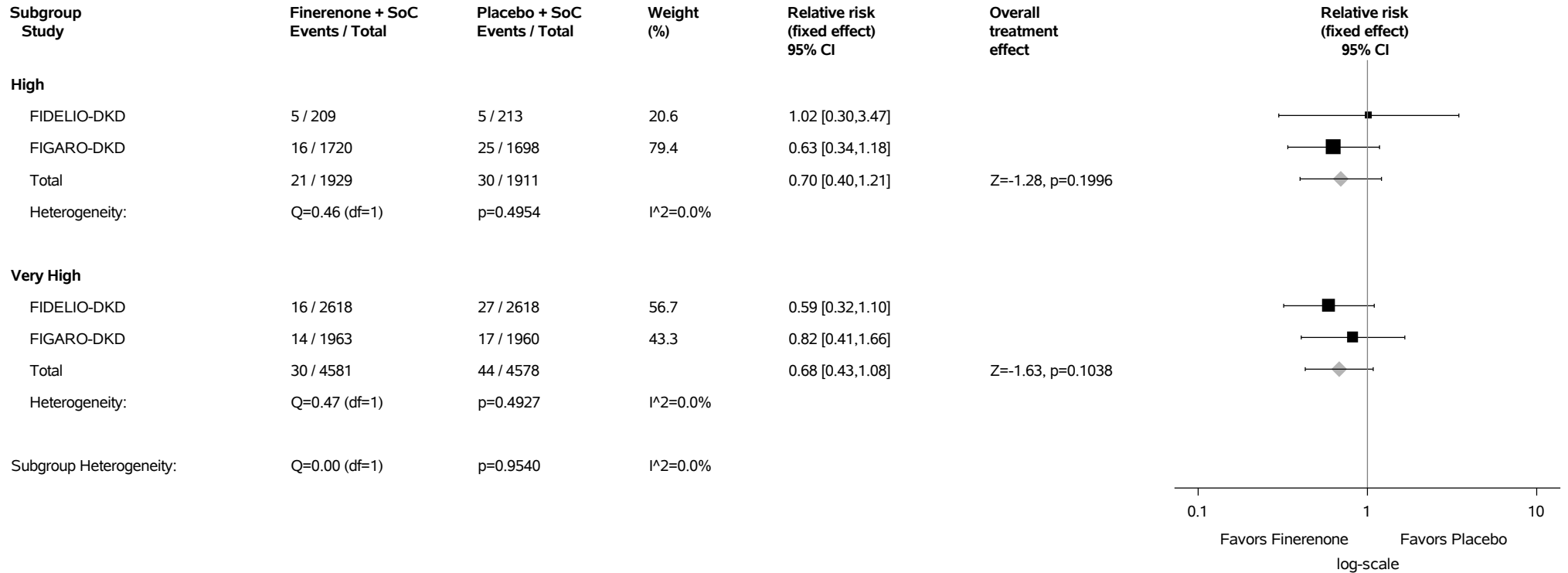
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.116.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Anxiety (PT with Incidence >=1%) Safety Analysis Set



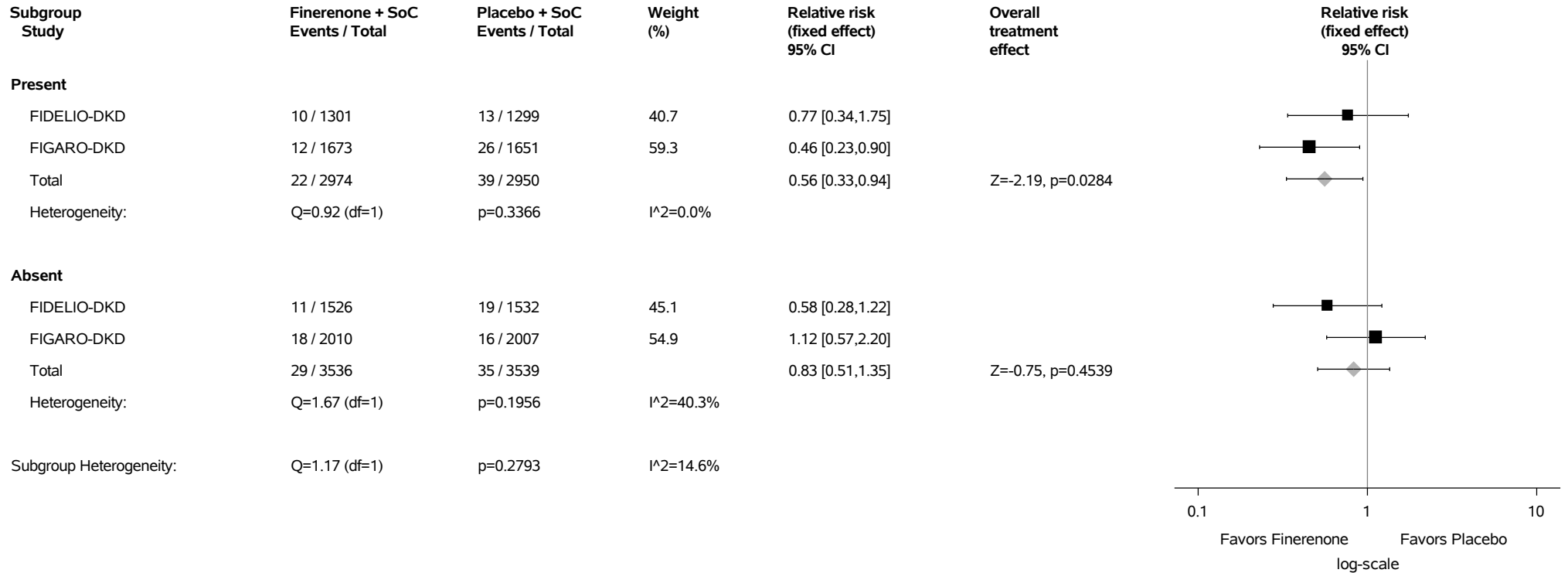
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

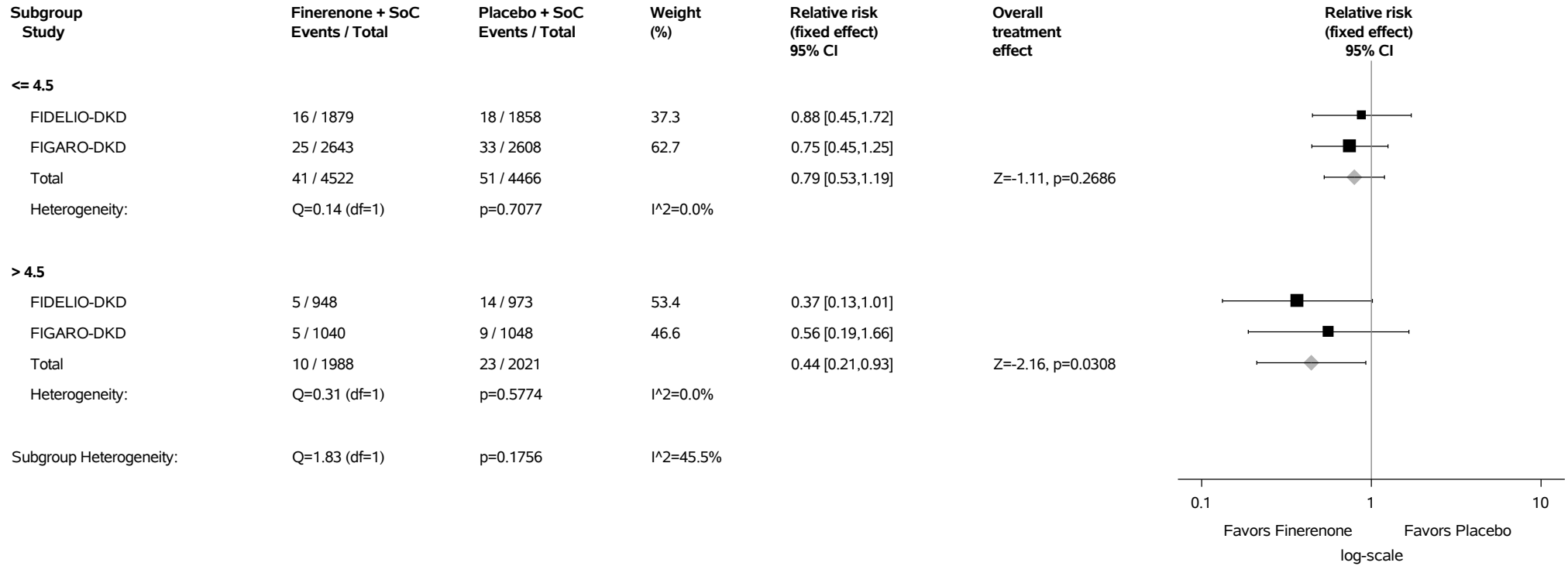
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.116.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.116.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

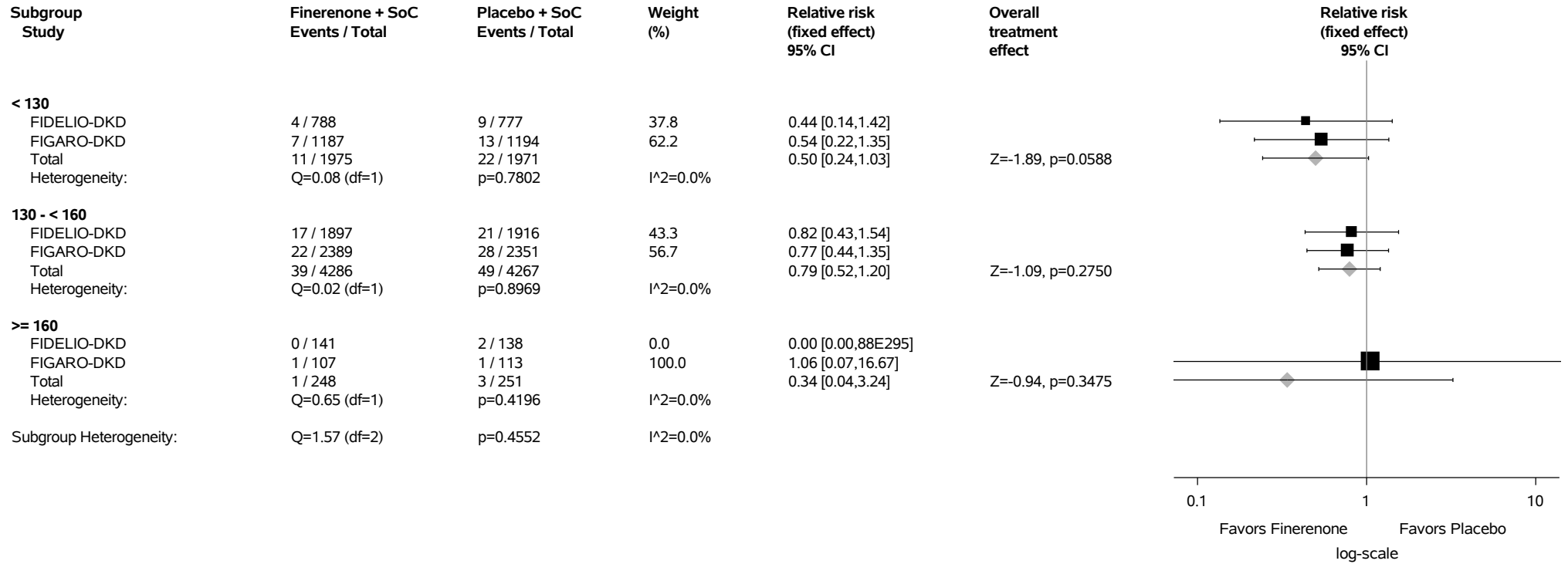
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.116.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Anxiety (PT with Incidence >=1%) Safety Analysis Set



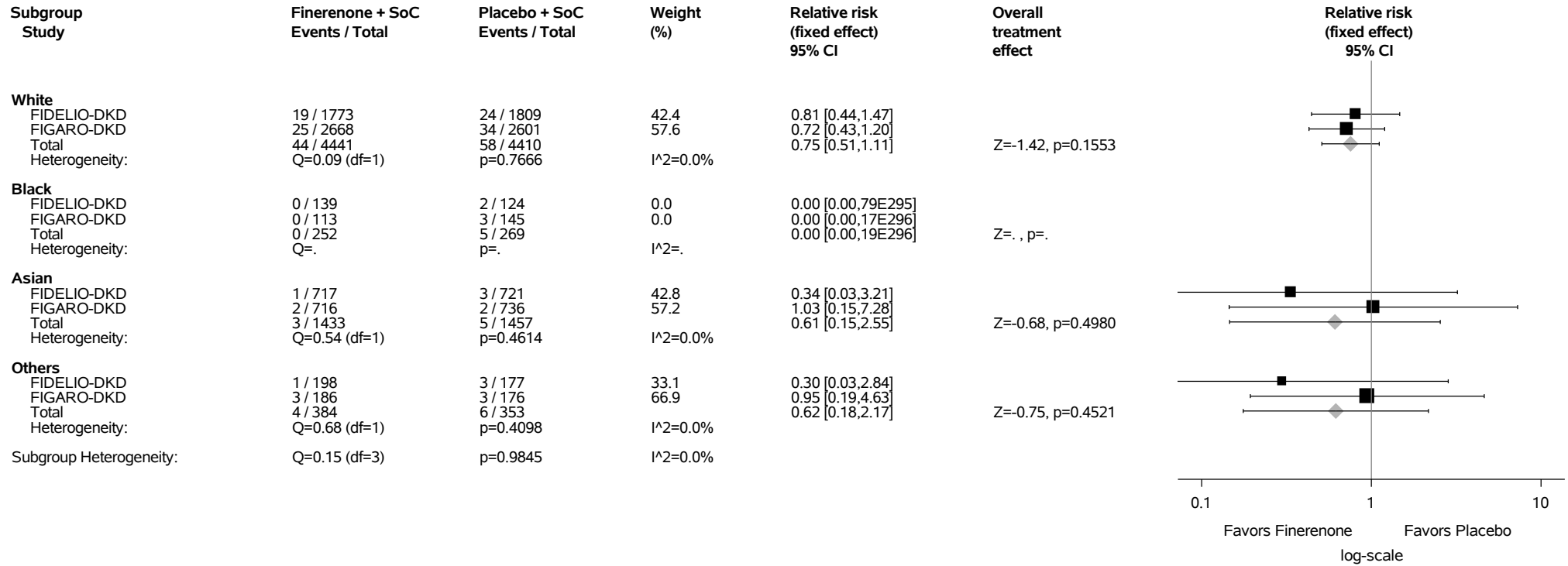
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.116.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

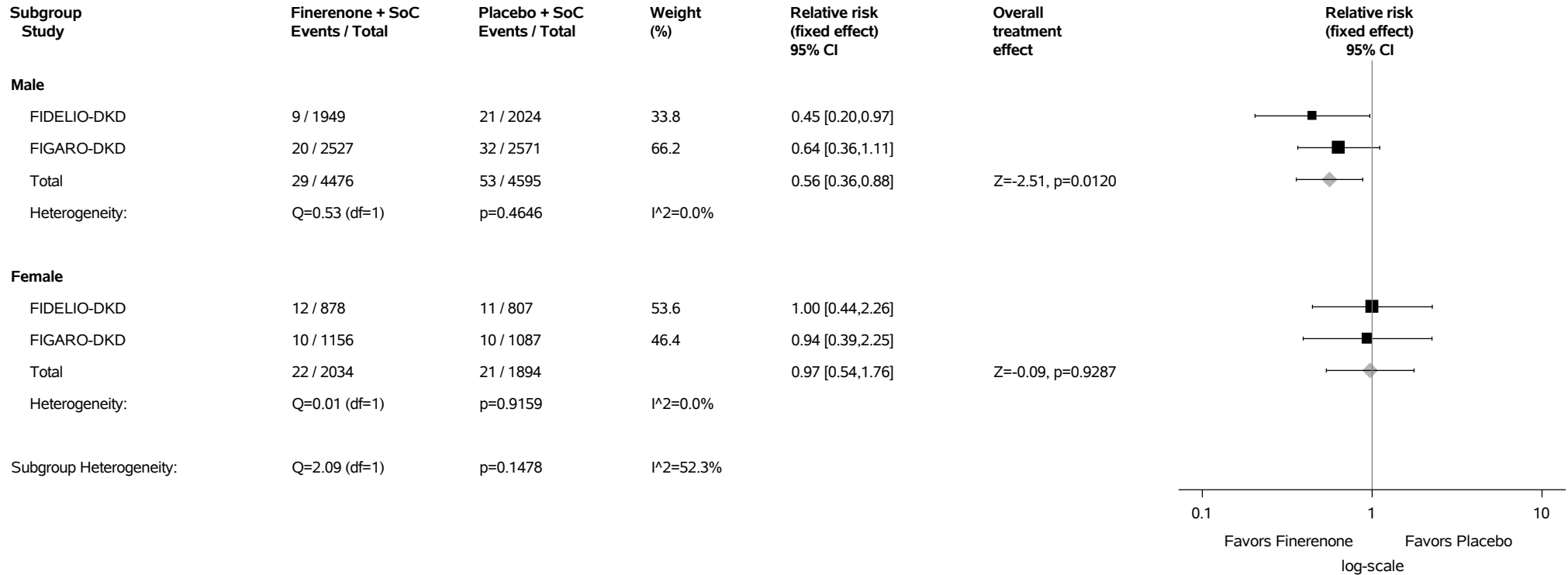
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

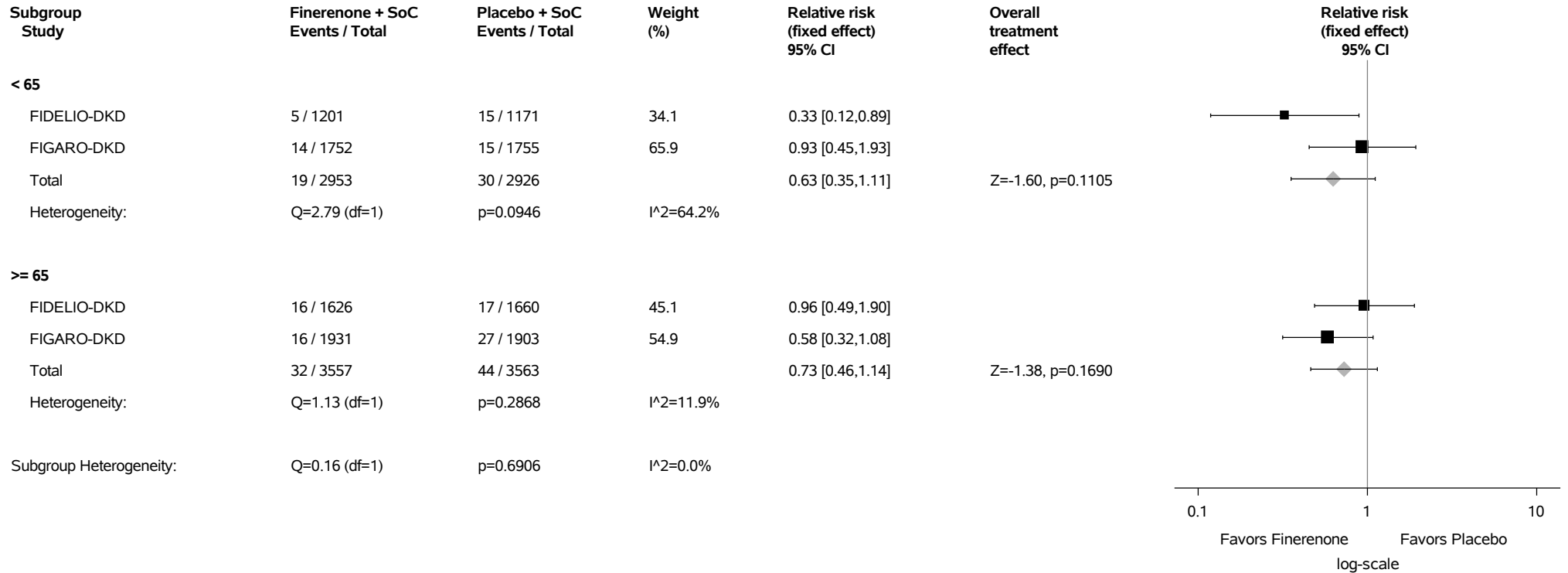
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.116.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.116.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Anxiety (PT with Incidence >=1%) Safety Analysis Set



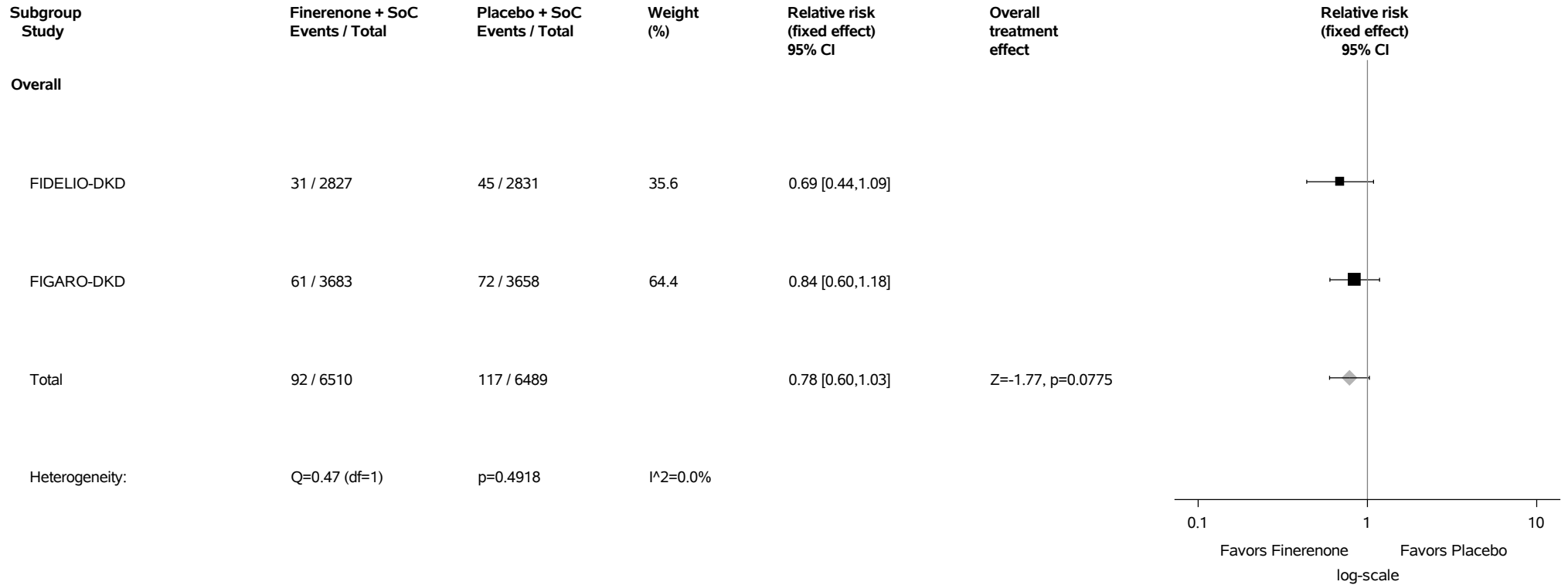
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.117: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%) Safety Analysis Set



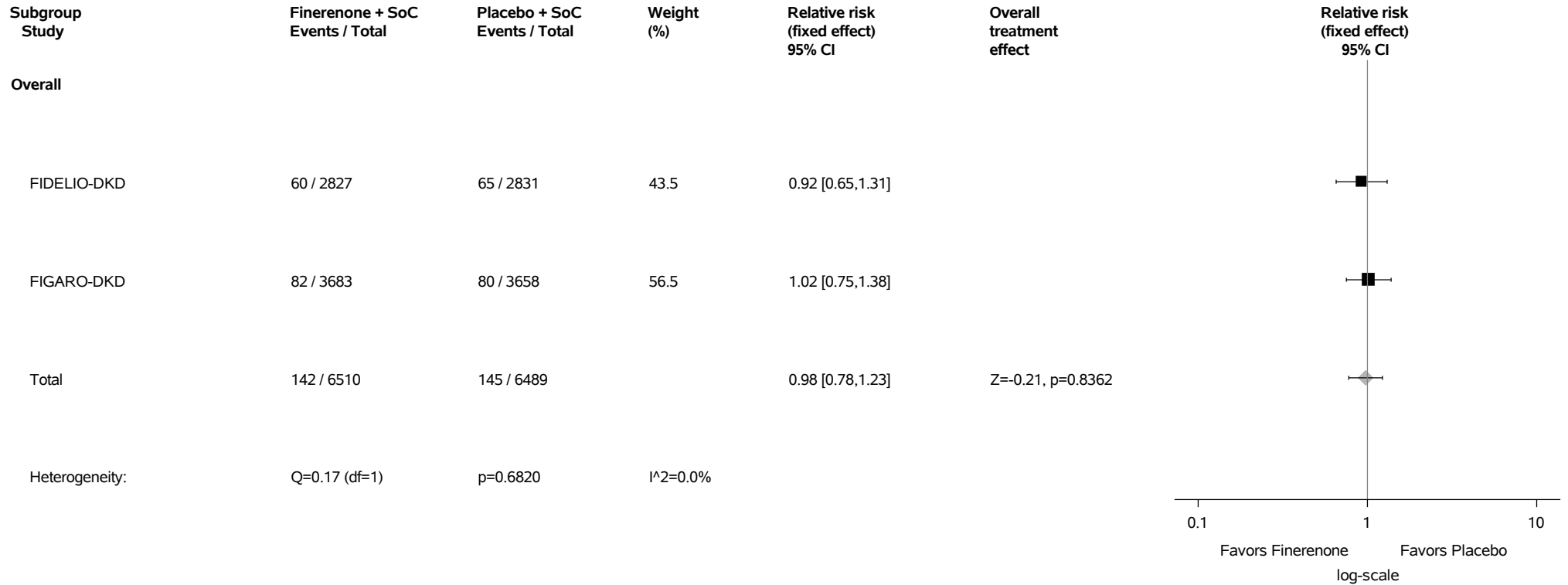
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

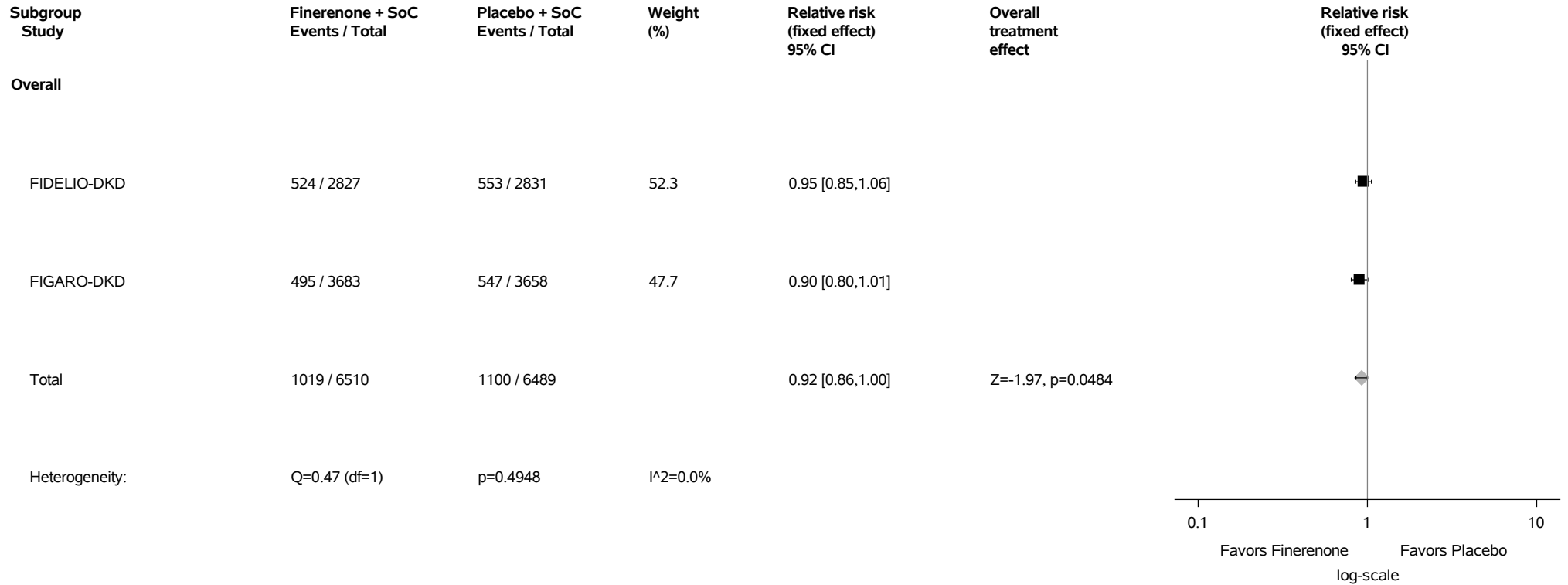
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.118: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) Safety Analysis Set



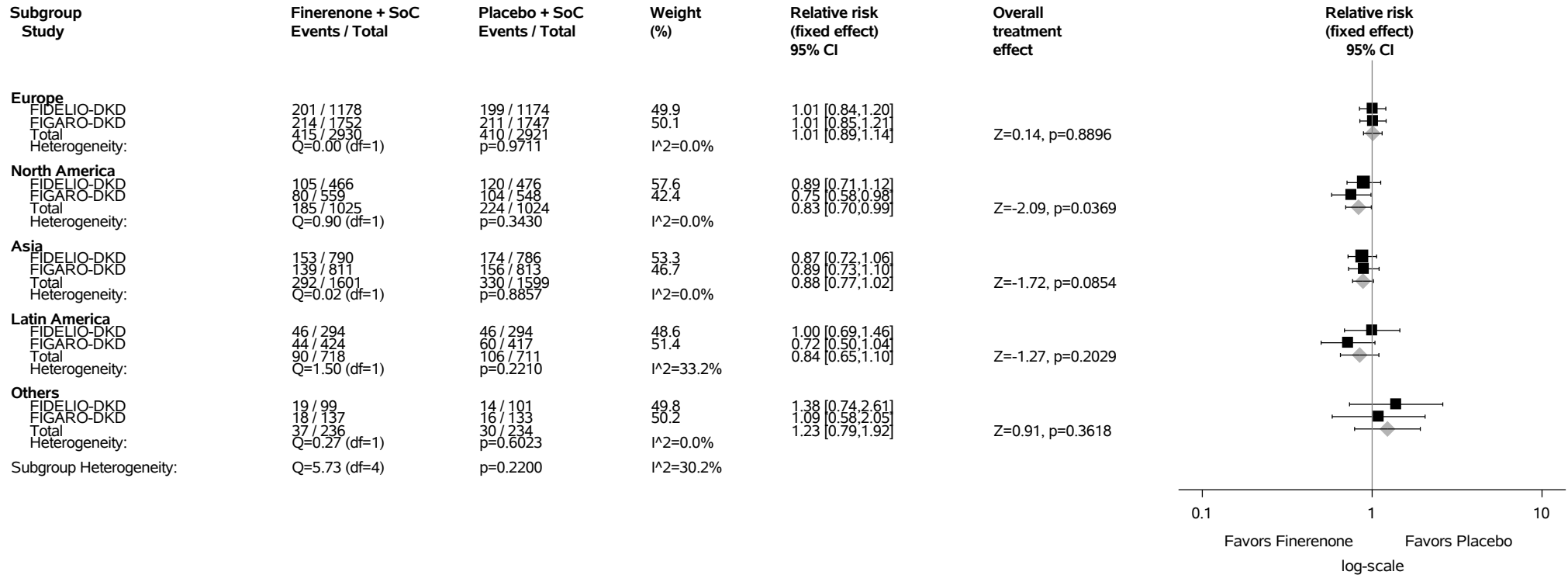
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.119: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.119.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



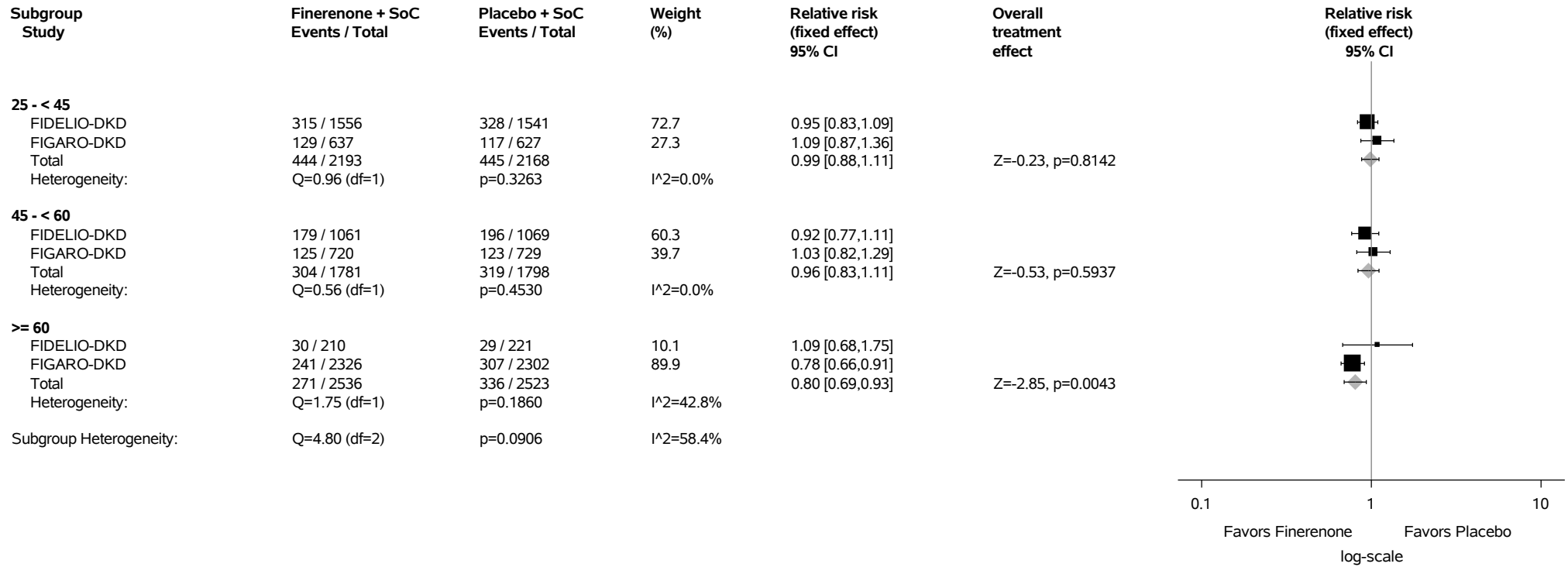
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

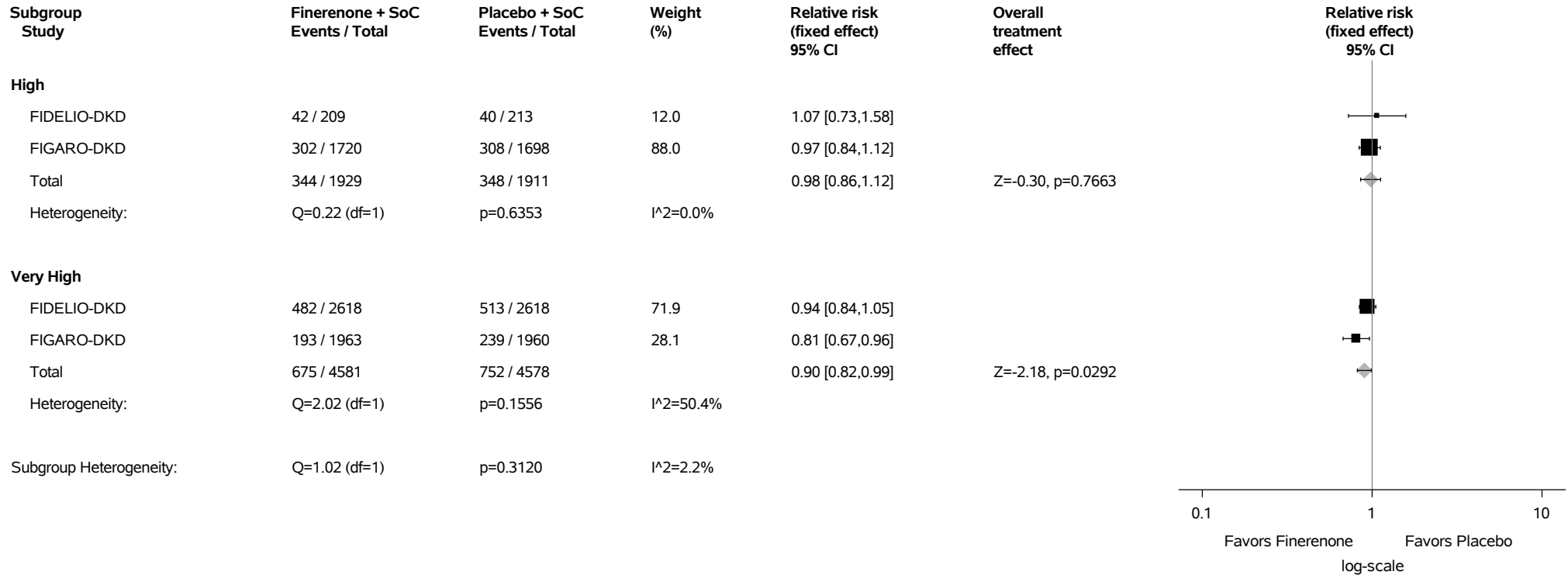
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.119.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.119.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



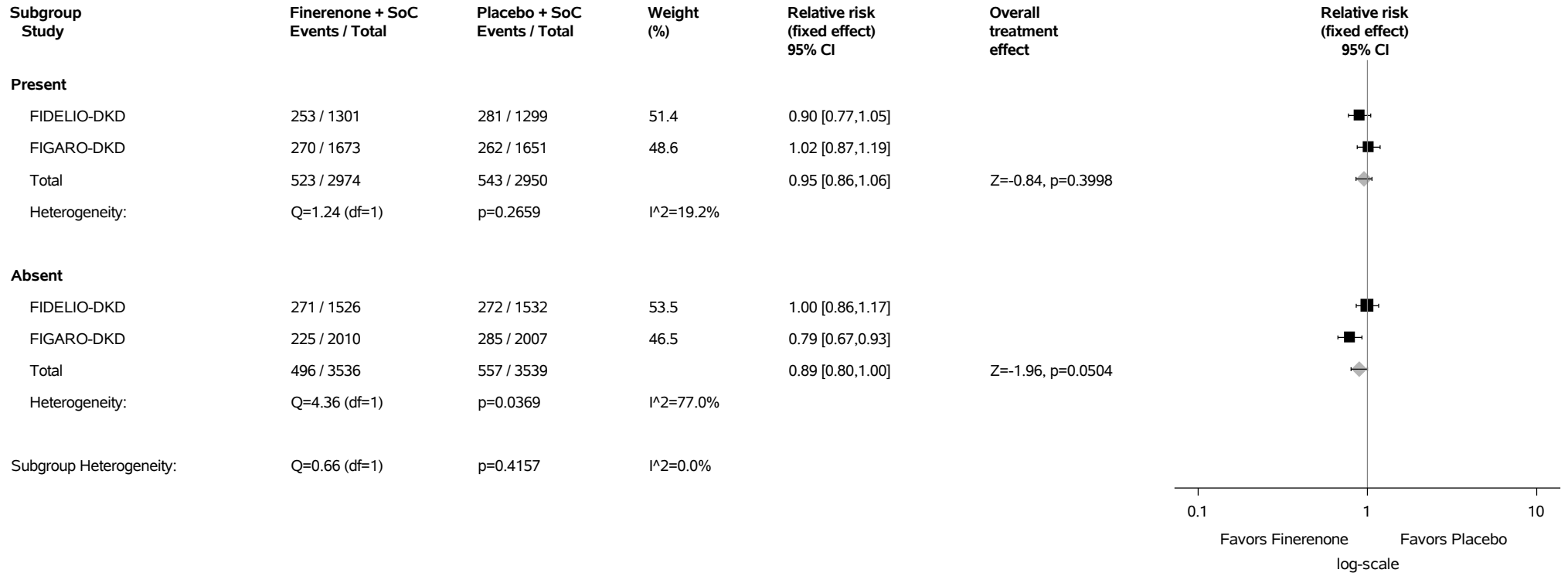
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.119.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



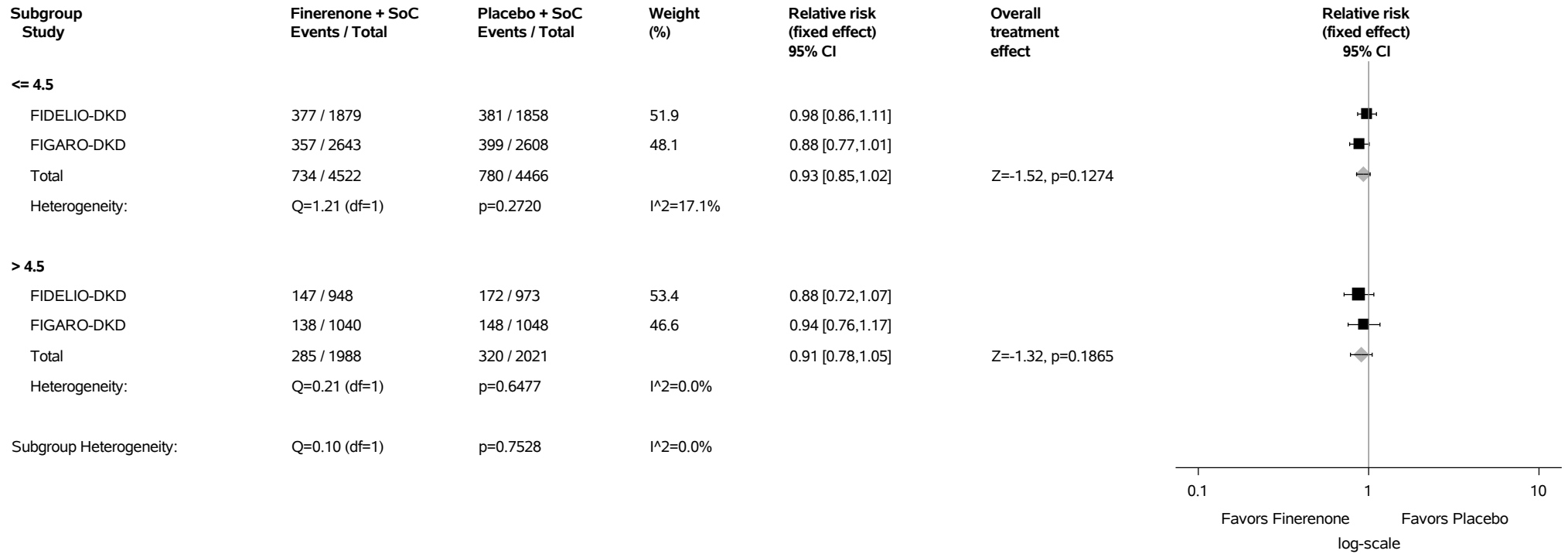
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.119.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

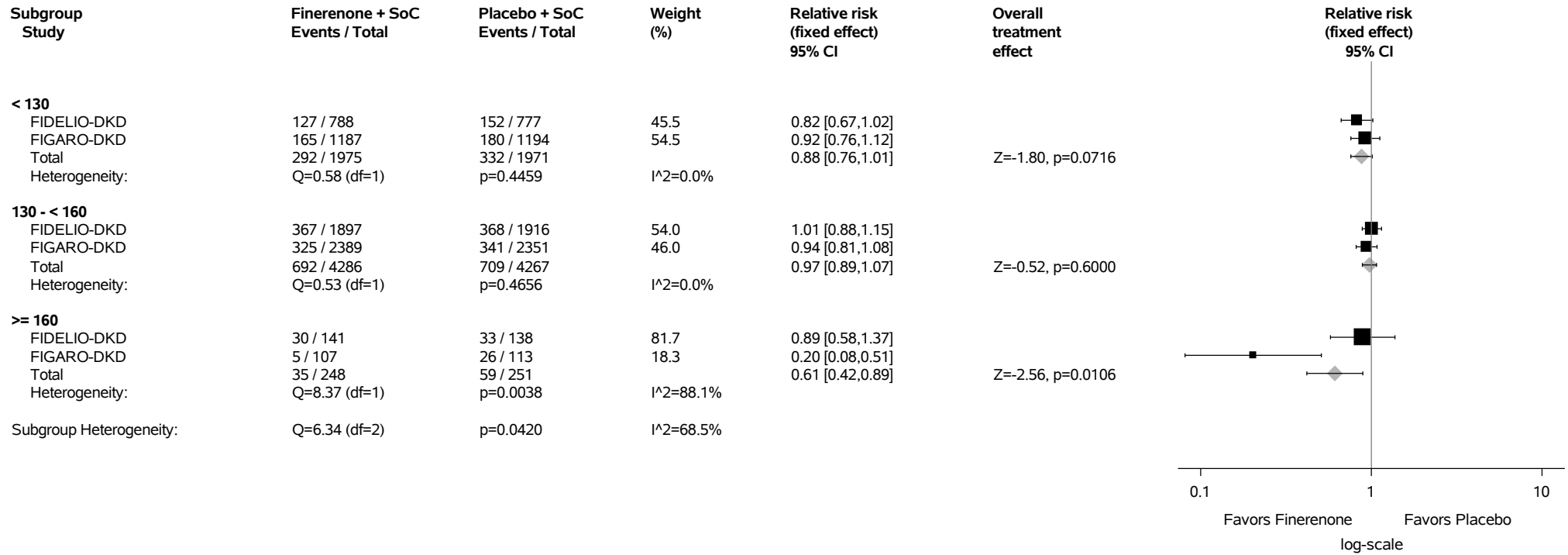
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.119.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



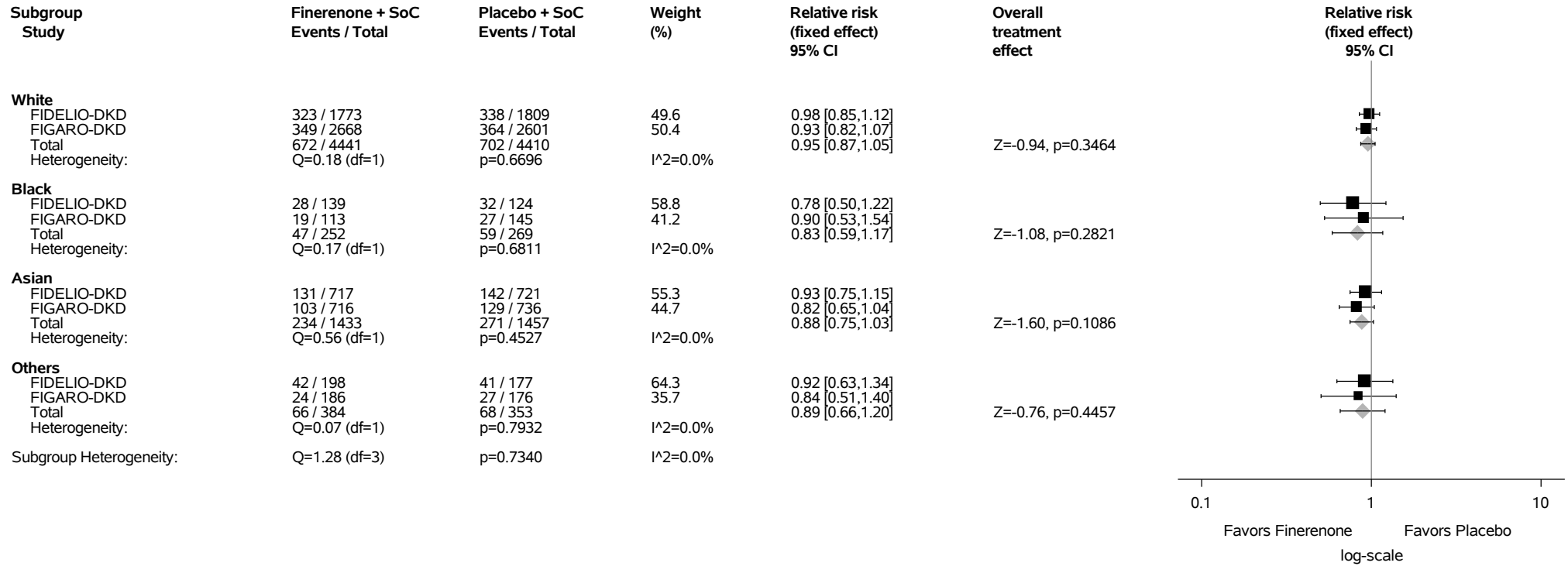
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.119.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



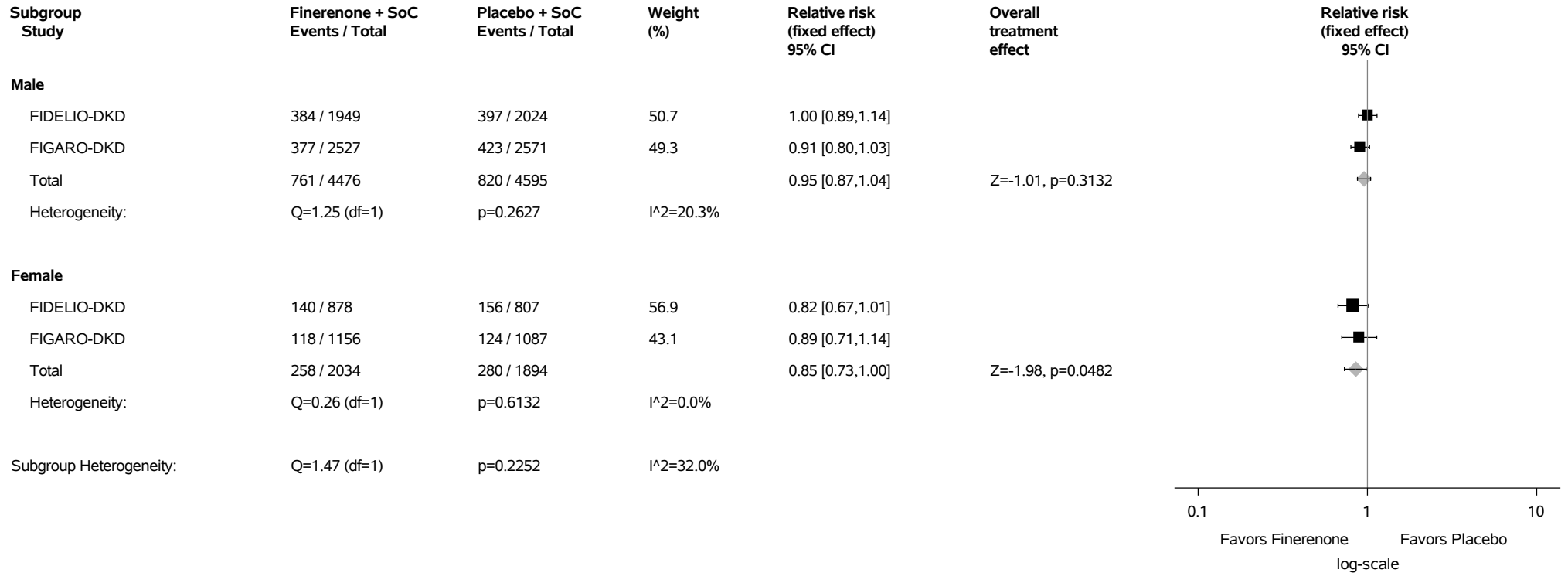
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.119.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



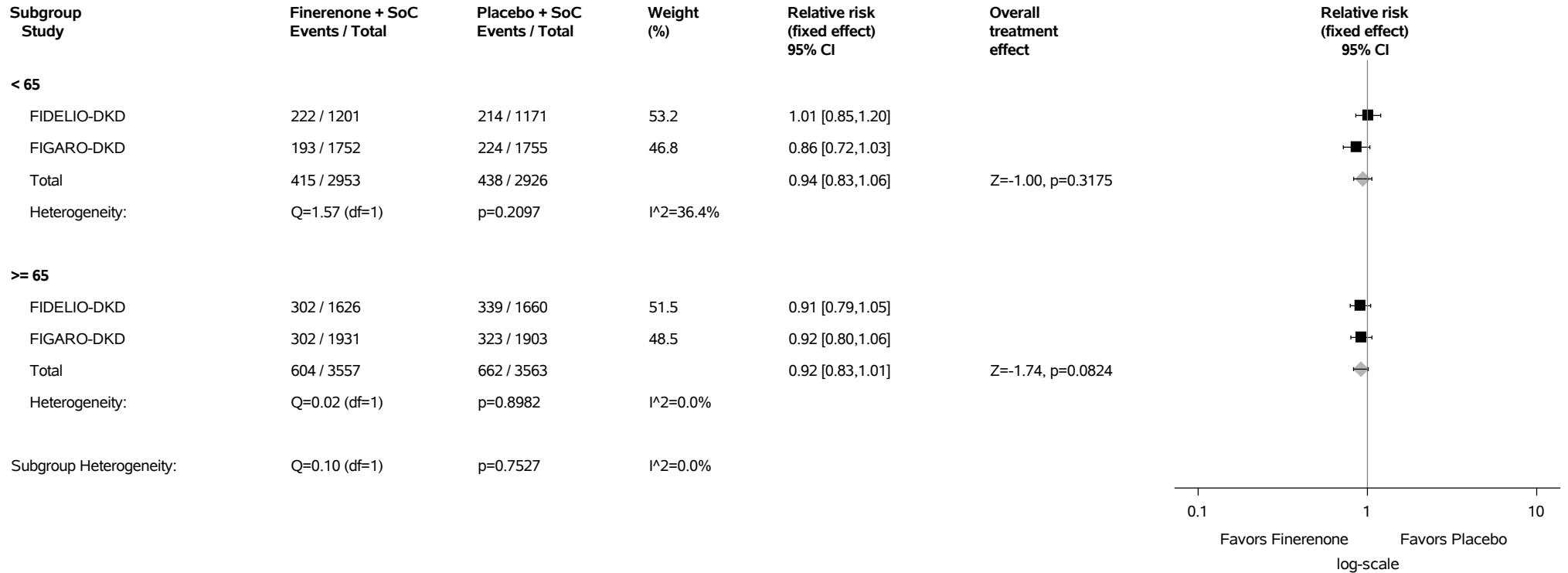
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

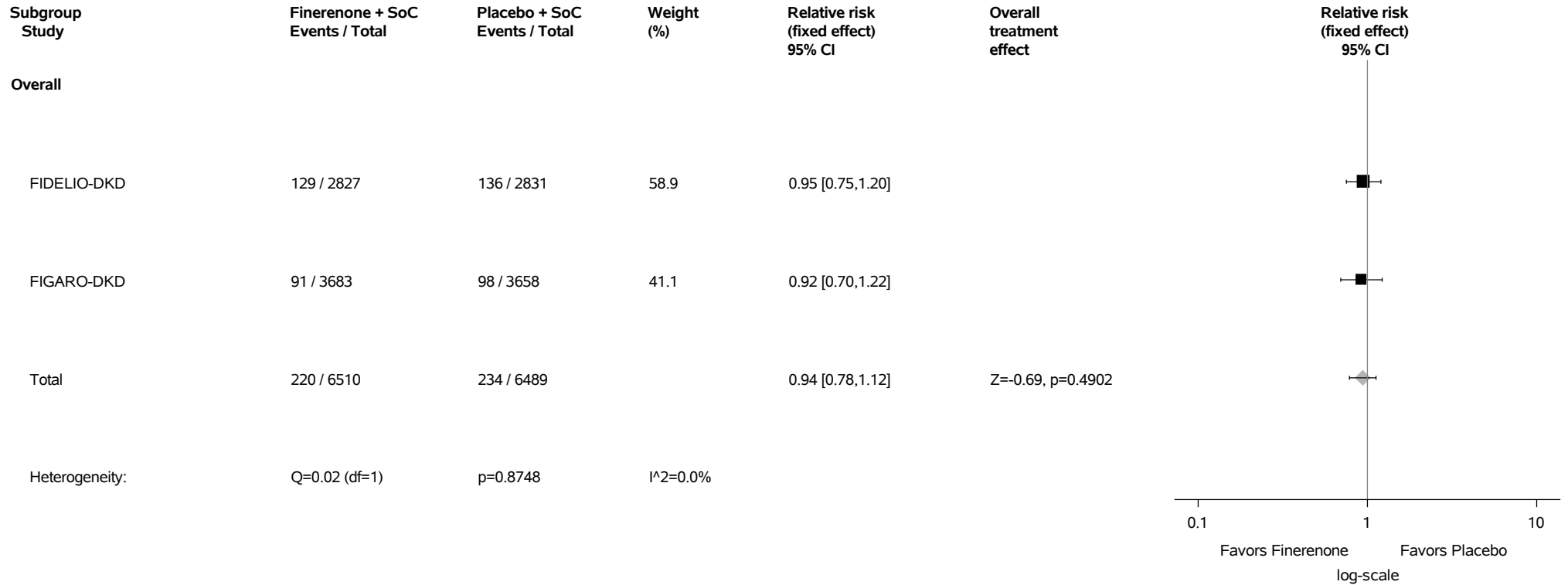
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.119.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



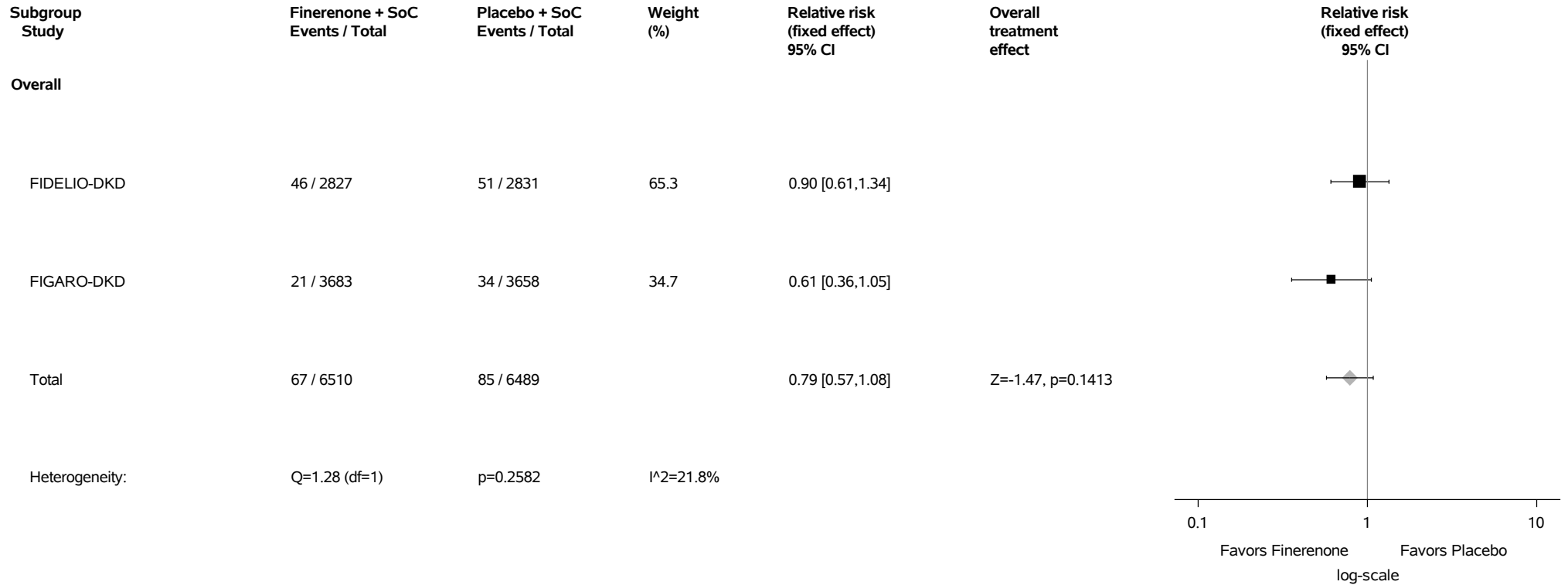
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.120: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.121: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic kidney disease (PT with Incidence >=1%) Safety Analysis Set



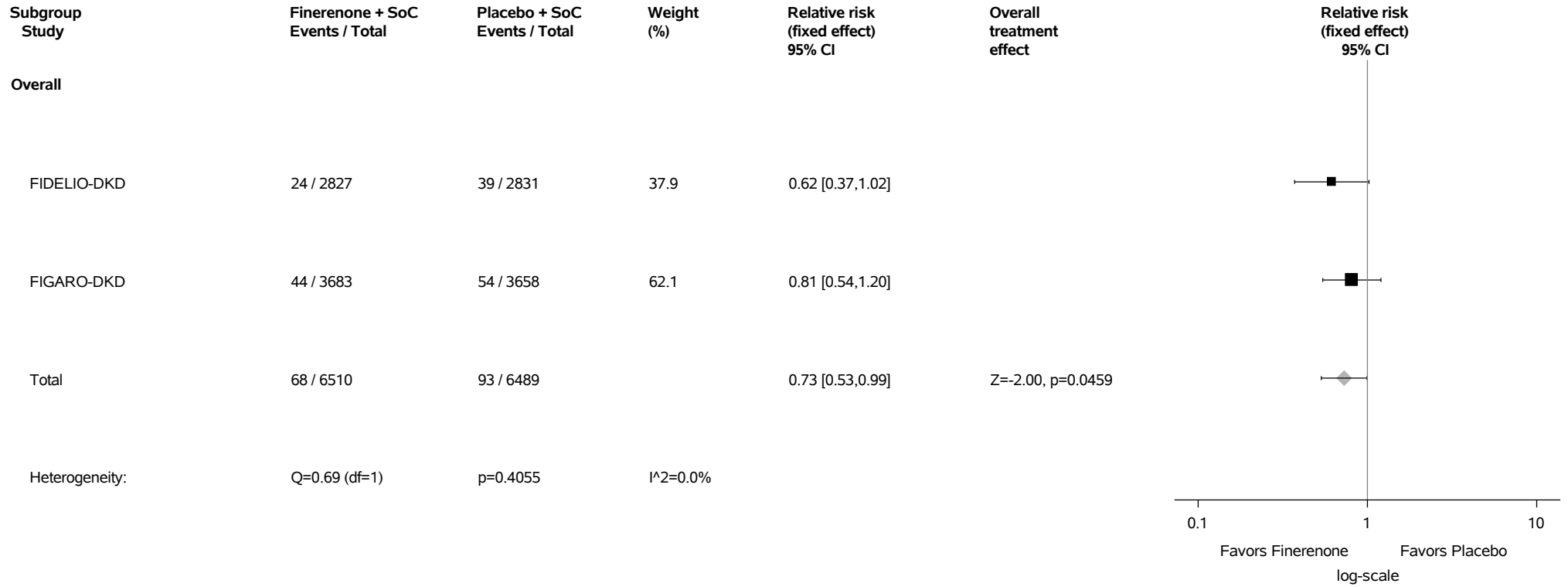
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

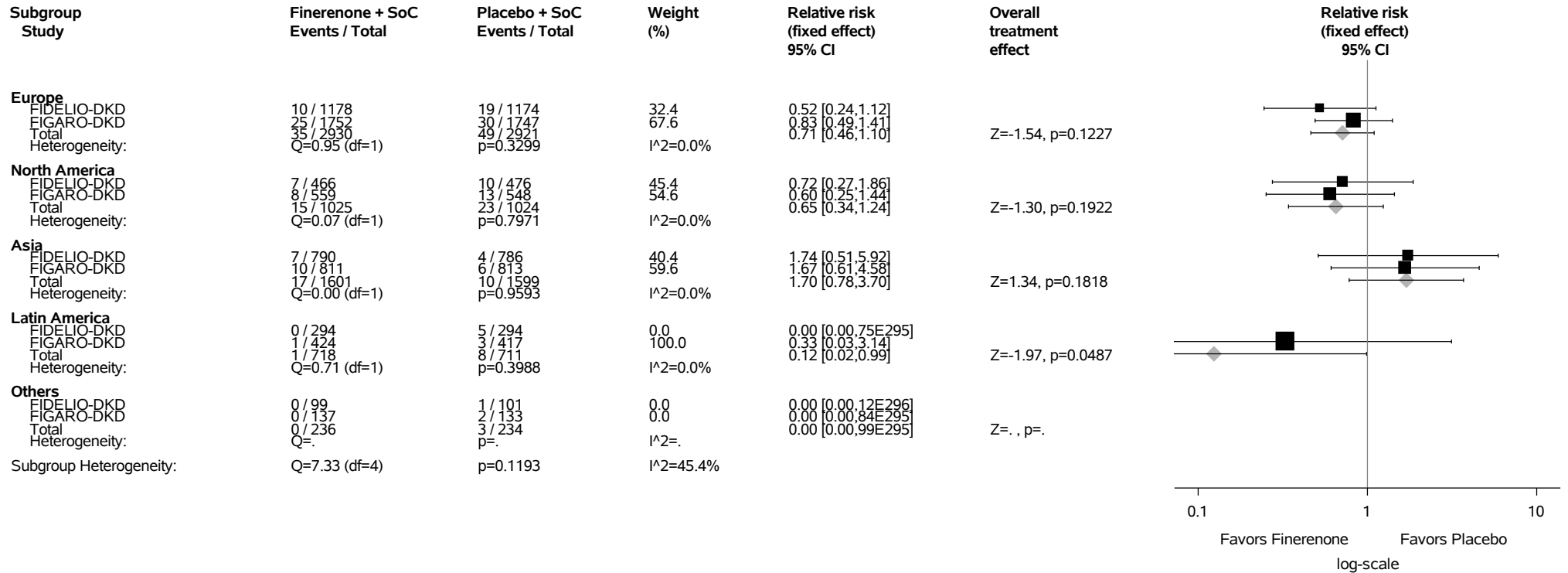
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.122: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.122.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) Safety Analysis Set



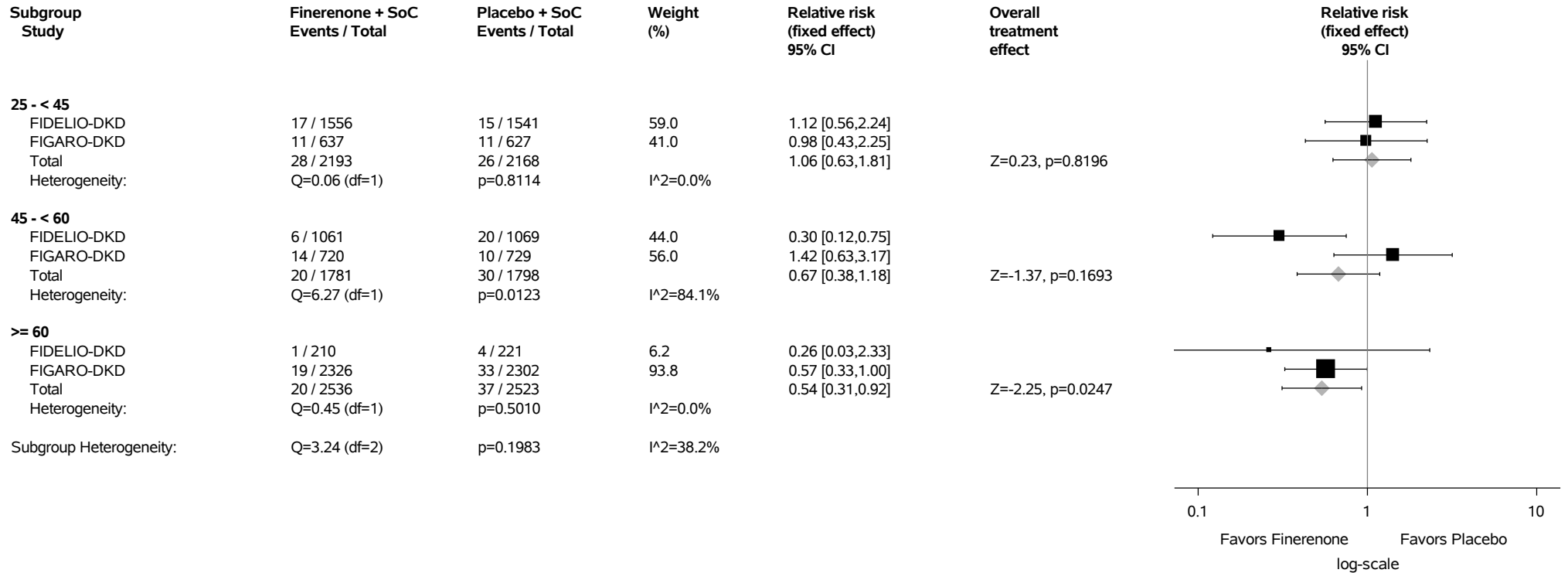
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

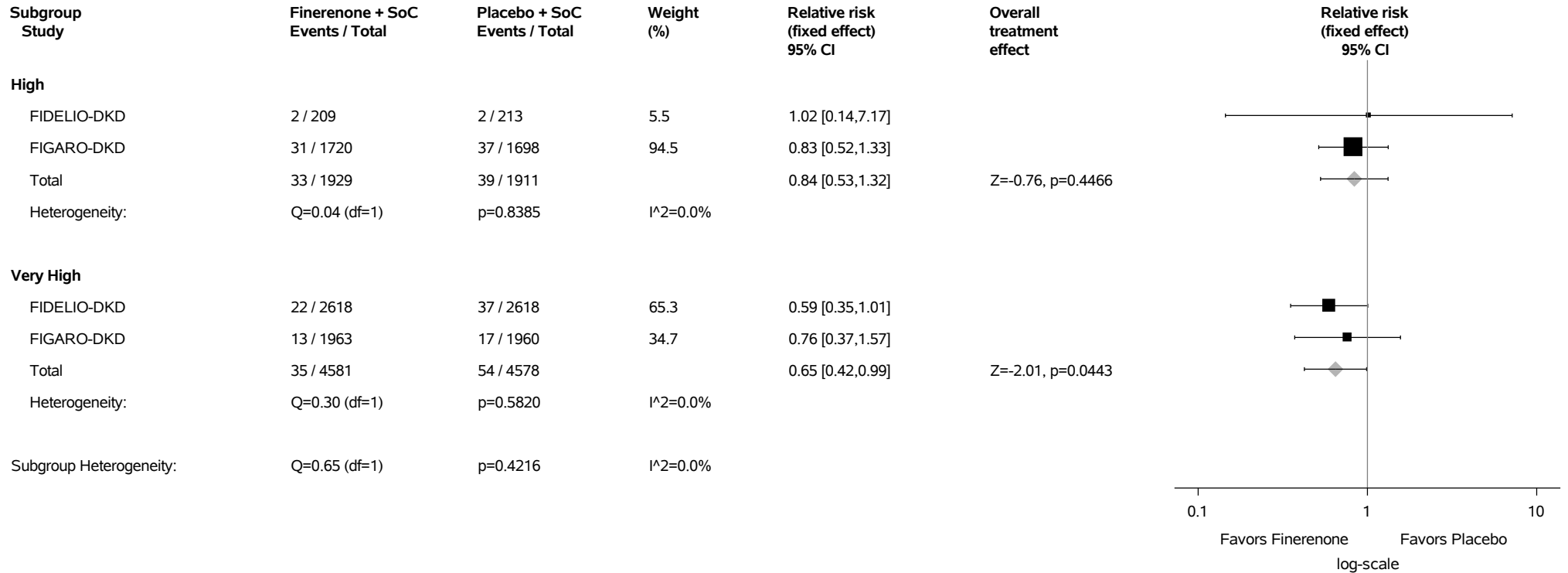
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.122.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.122.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) Safety Analysis Set



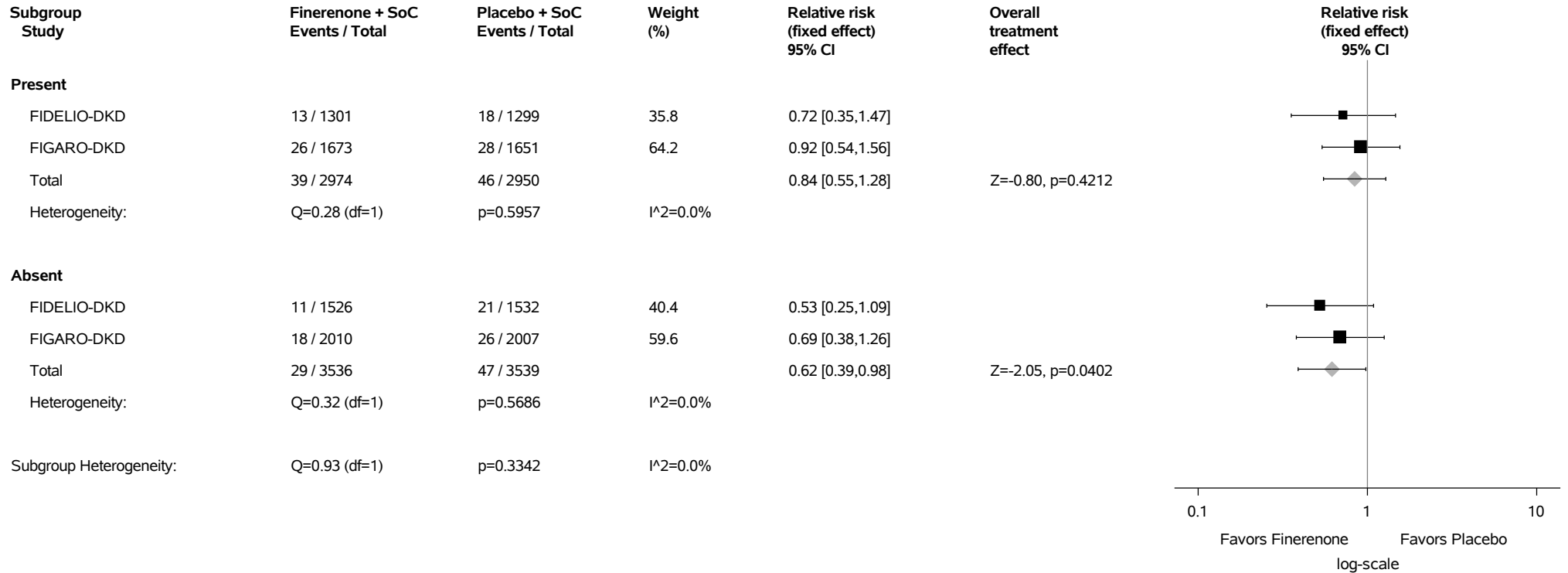
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.122.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) Safety Analysis Set



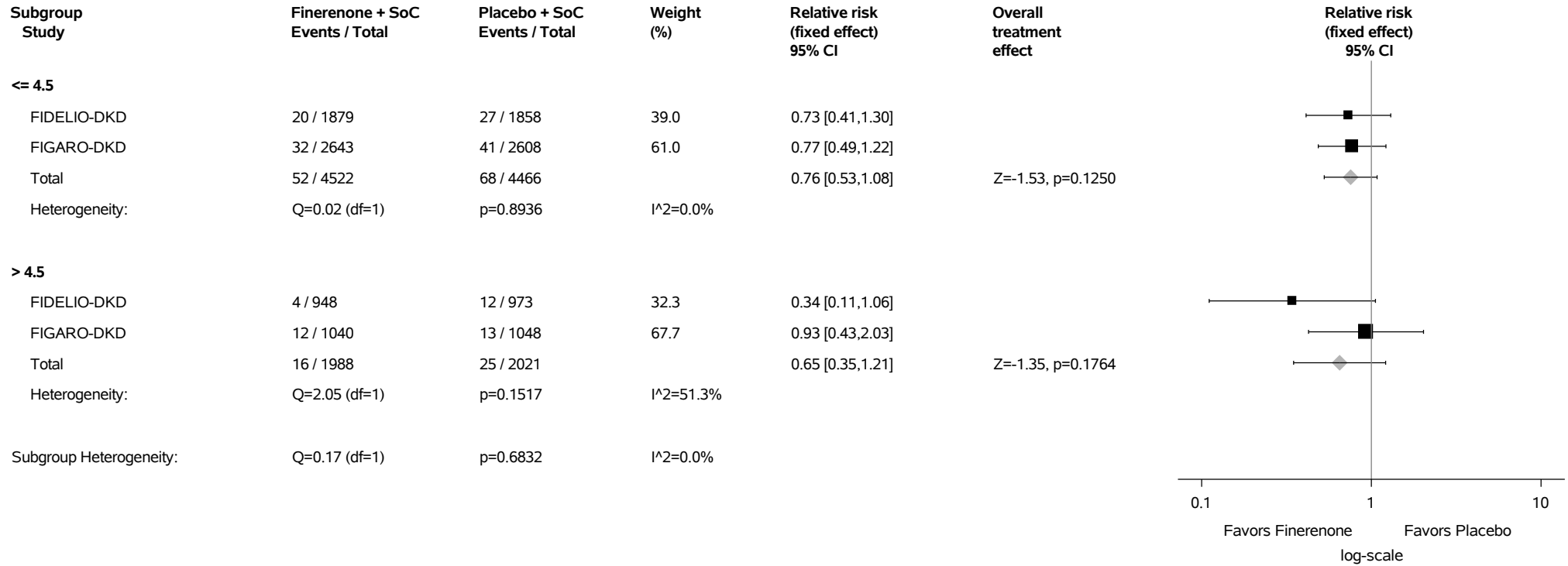
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.122.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

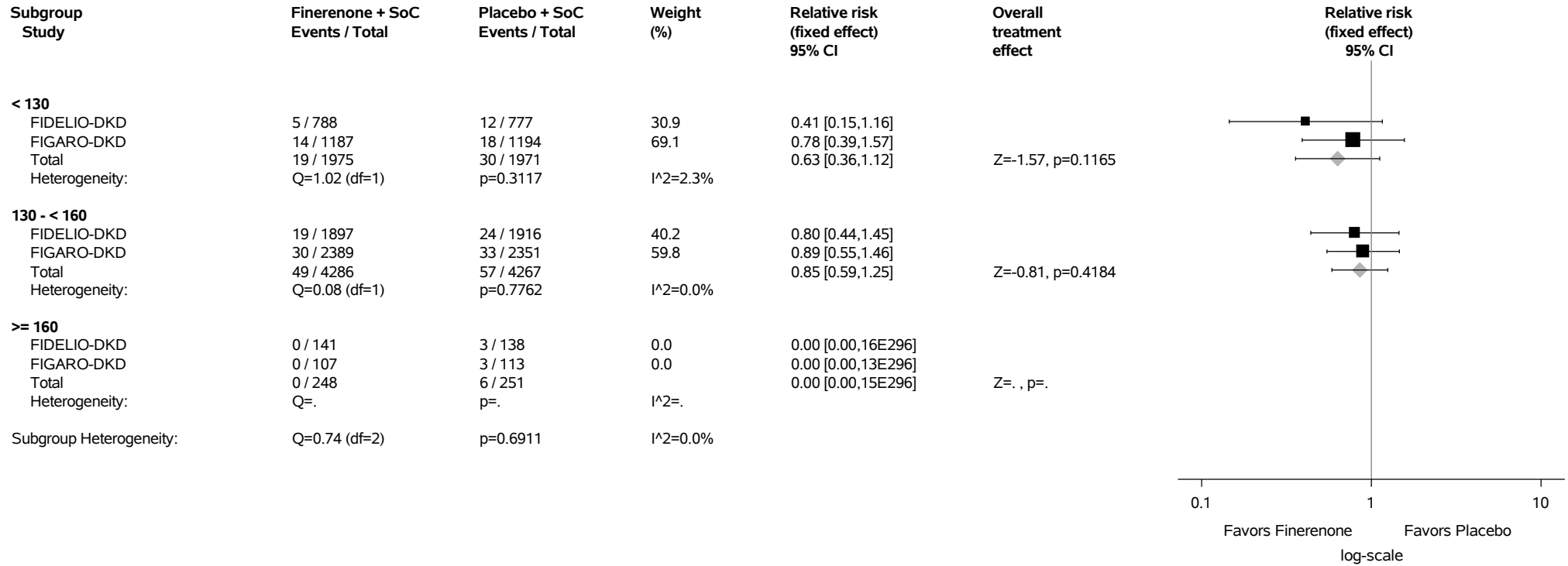
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.122.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

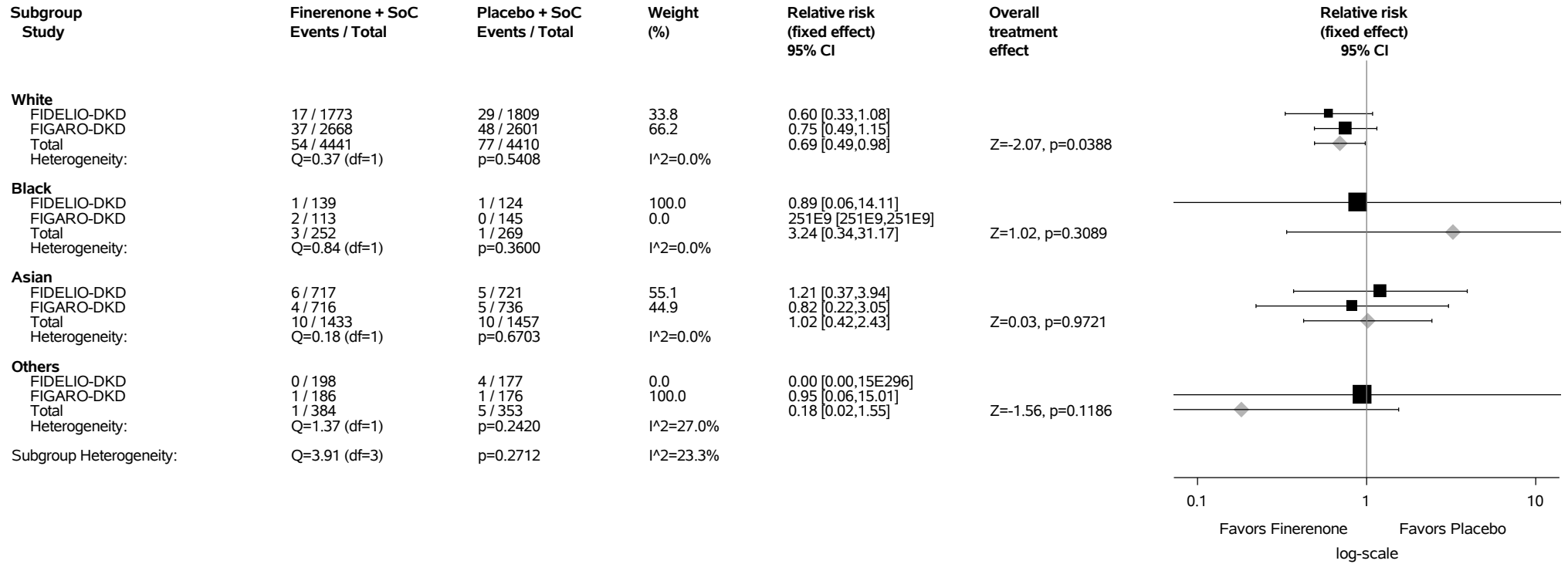
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.122.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

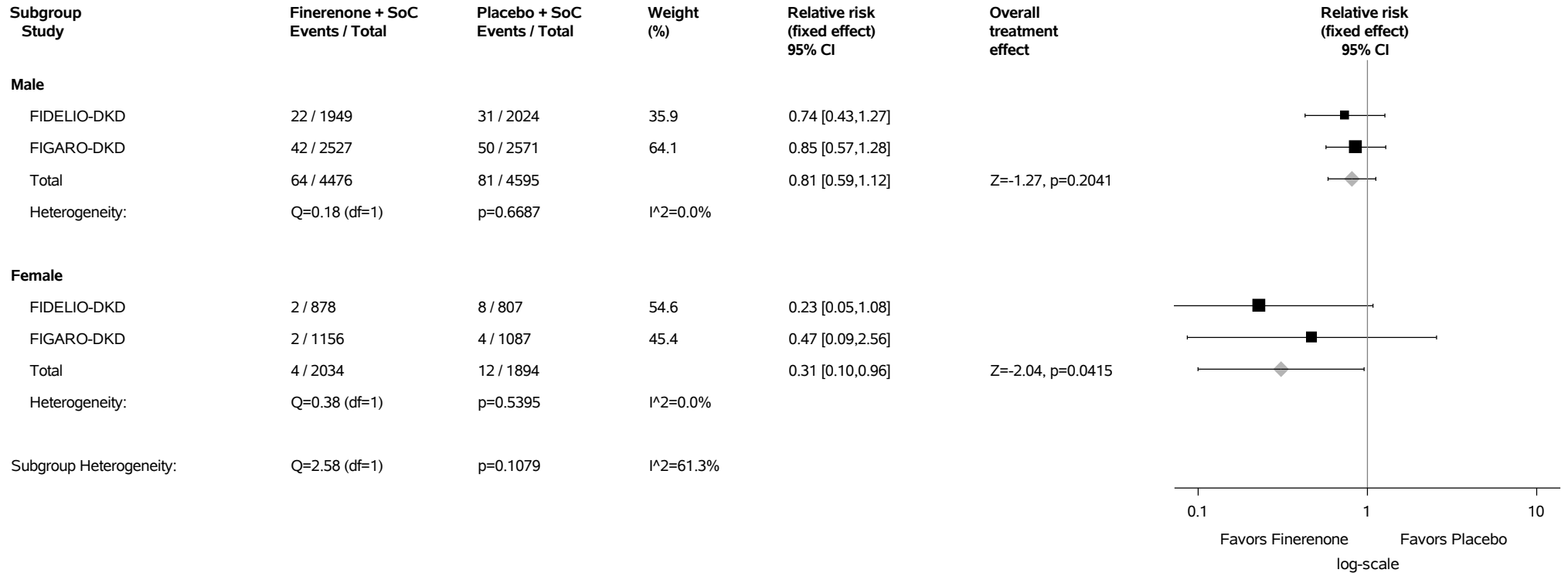
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

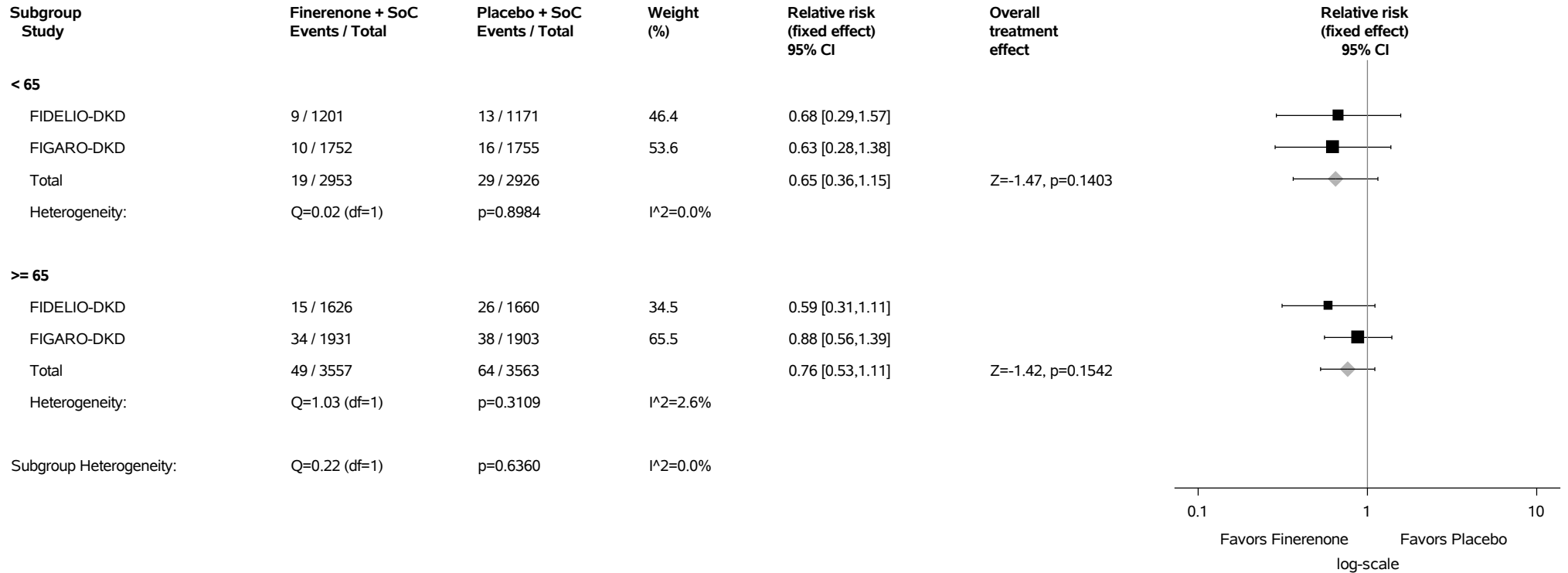
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.122.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) Safety Analysis Set



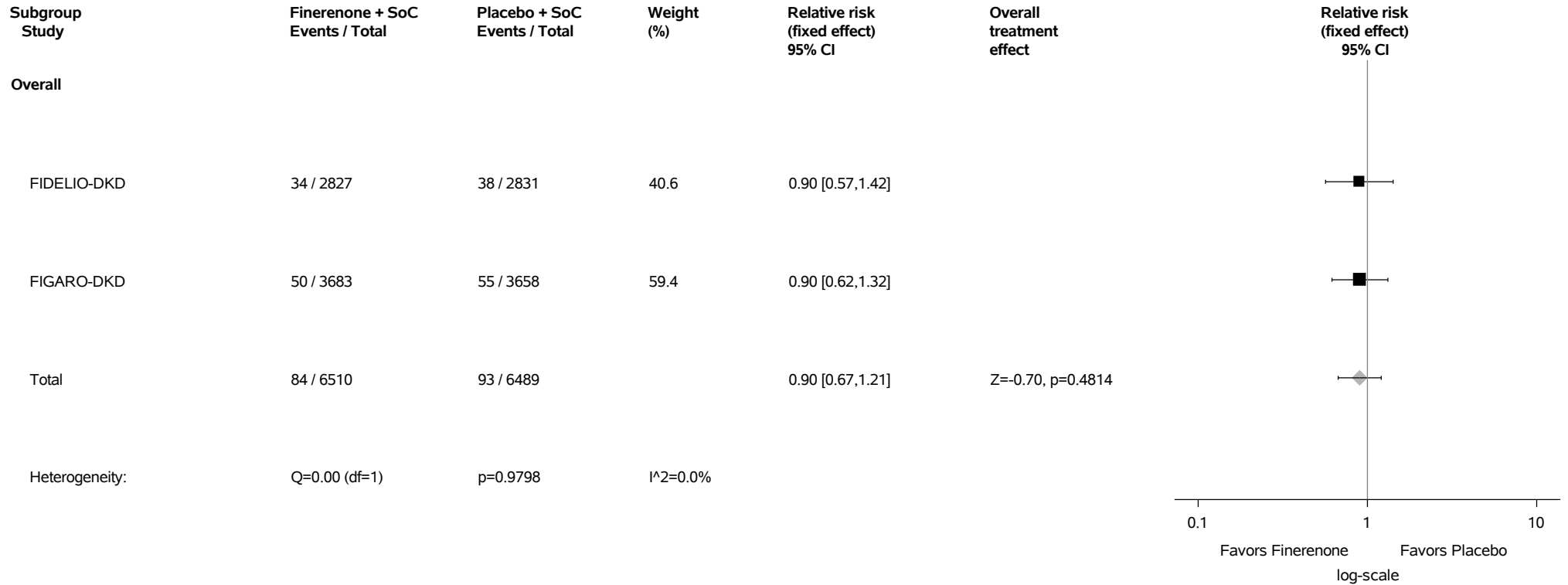
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.122.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.123: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) Safety Analysis Set



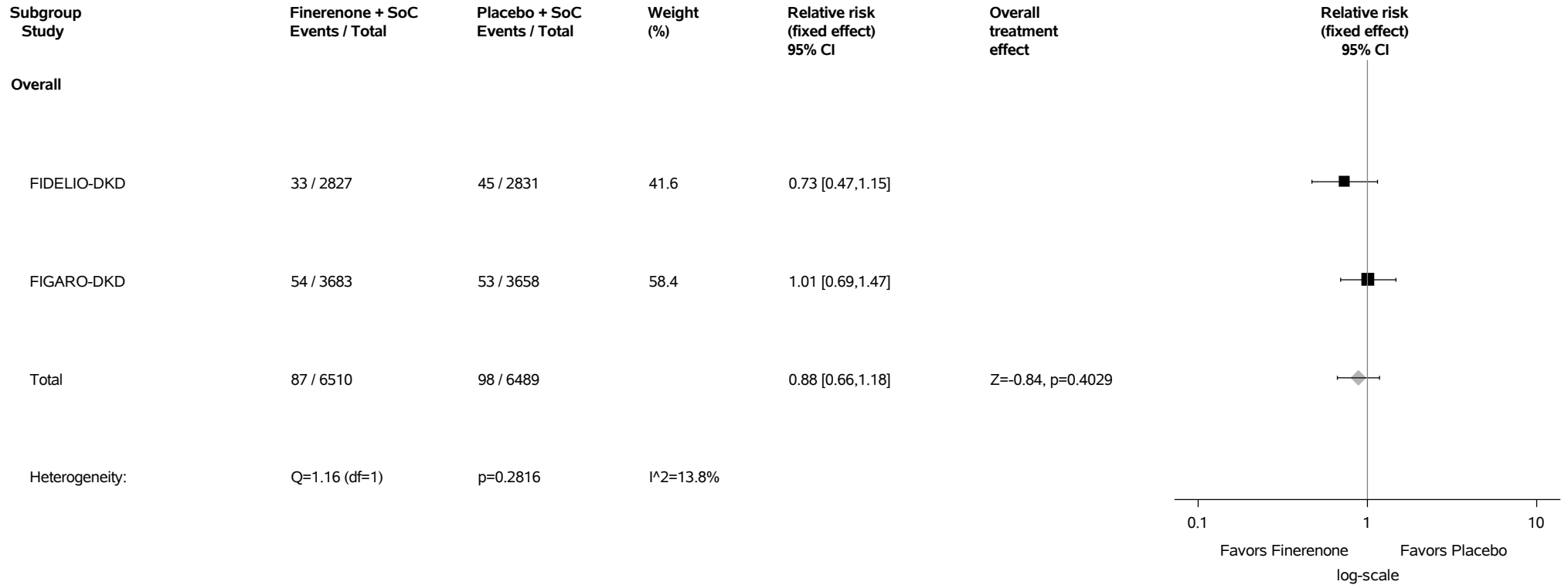
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

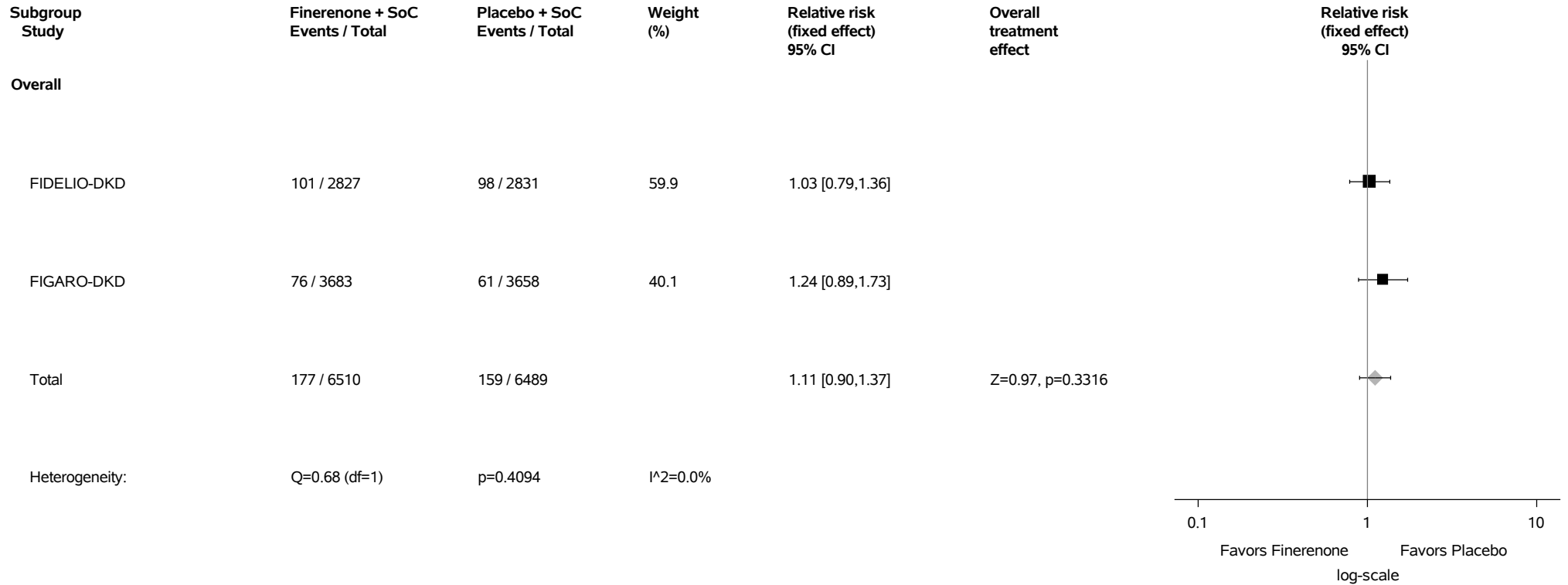
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.124: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.125: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) Safety Analysis Set



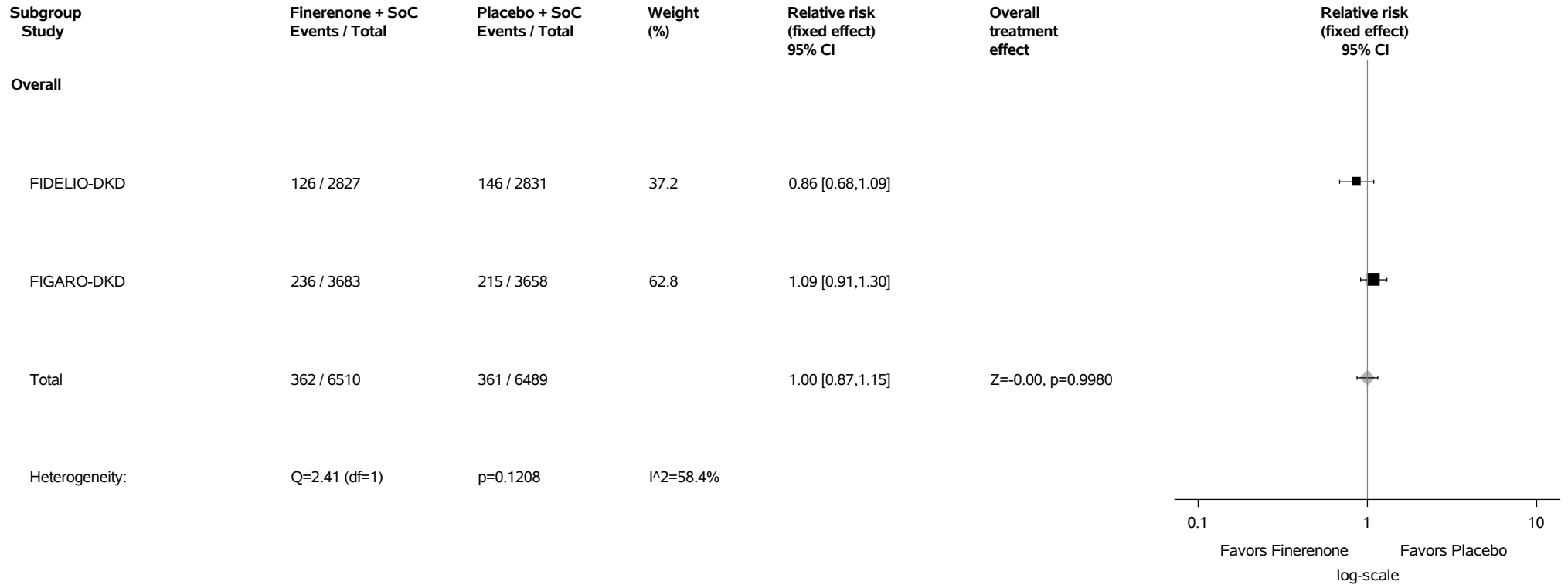
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

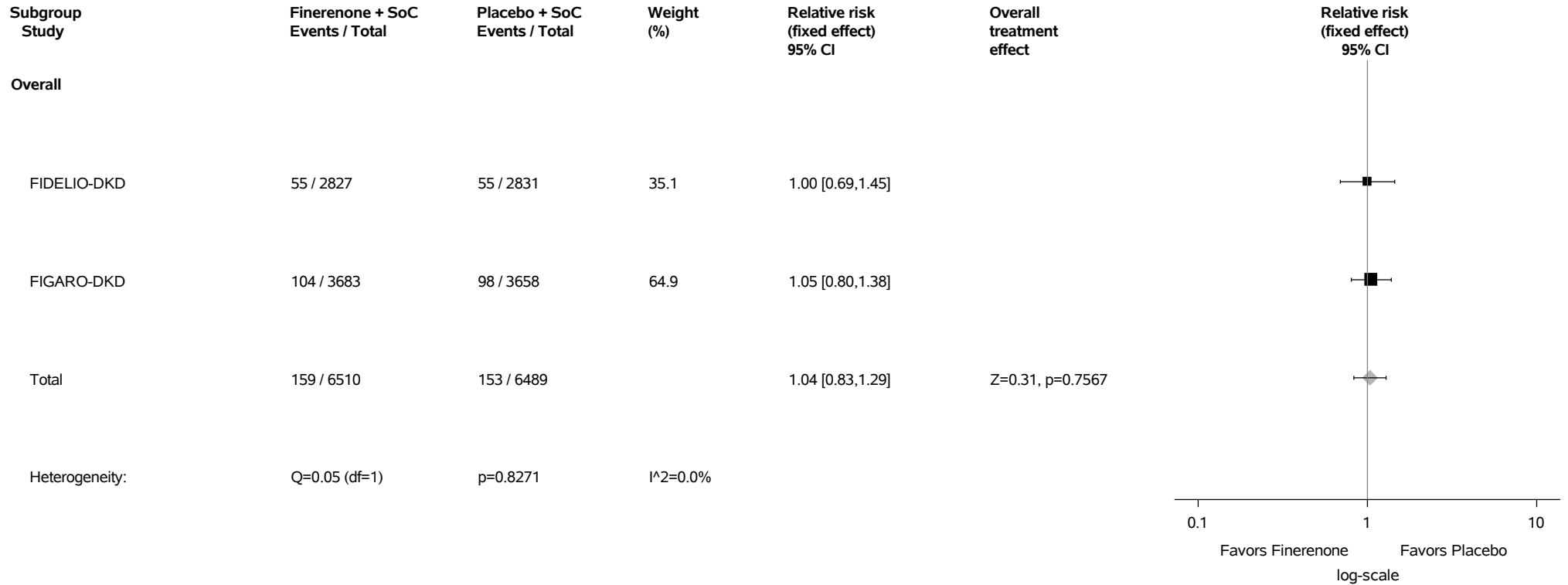
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.126: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.127: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) Safety Analysis Set



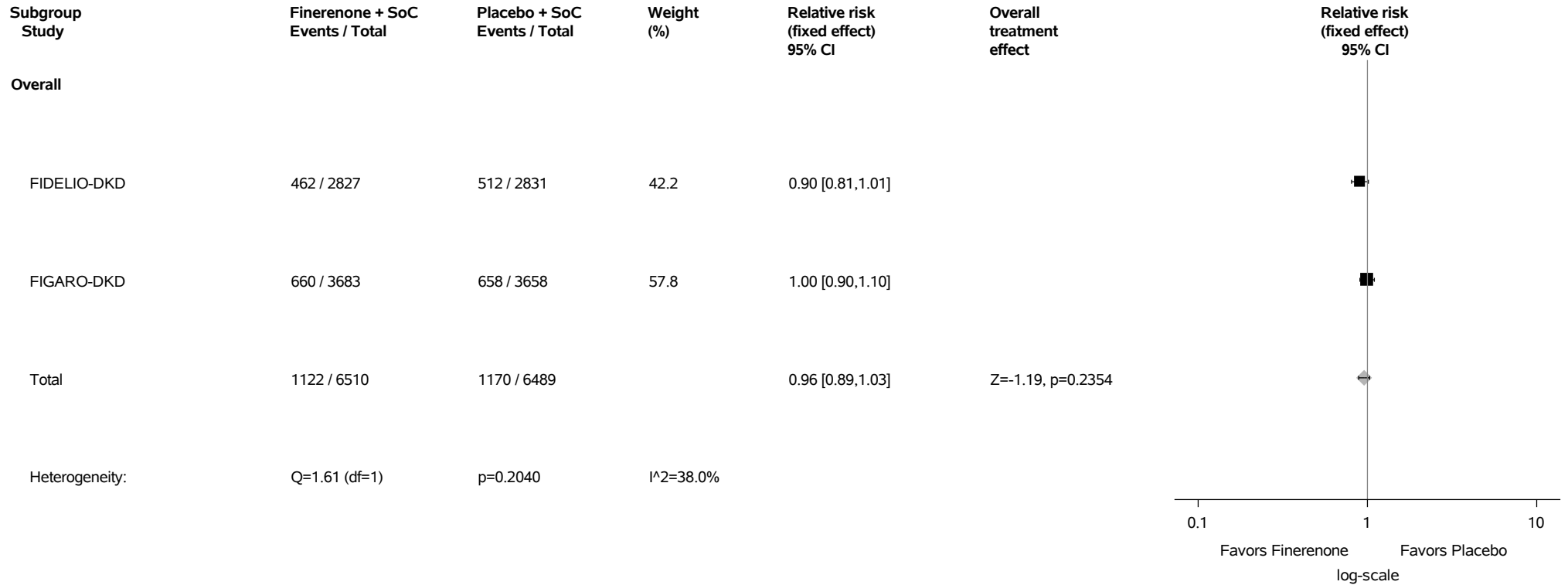
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

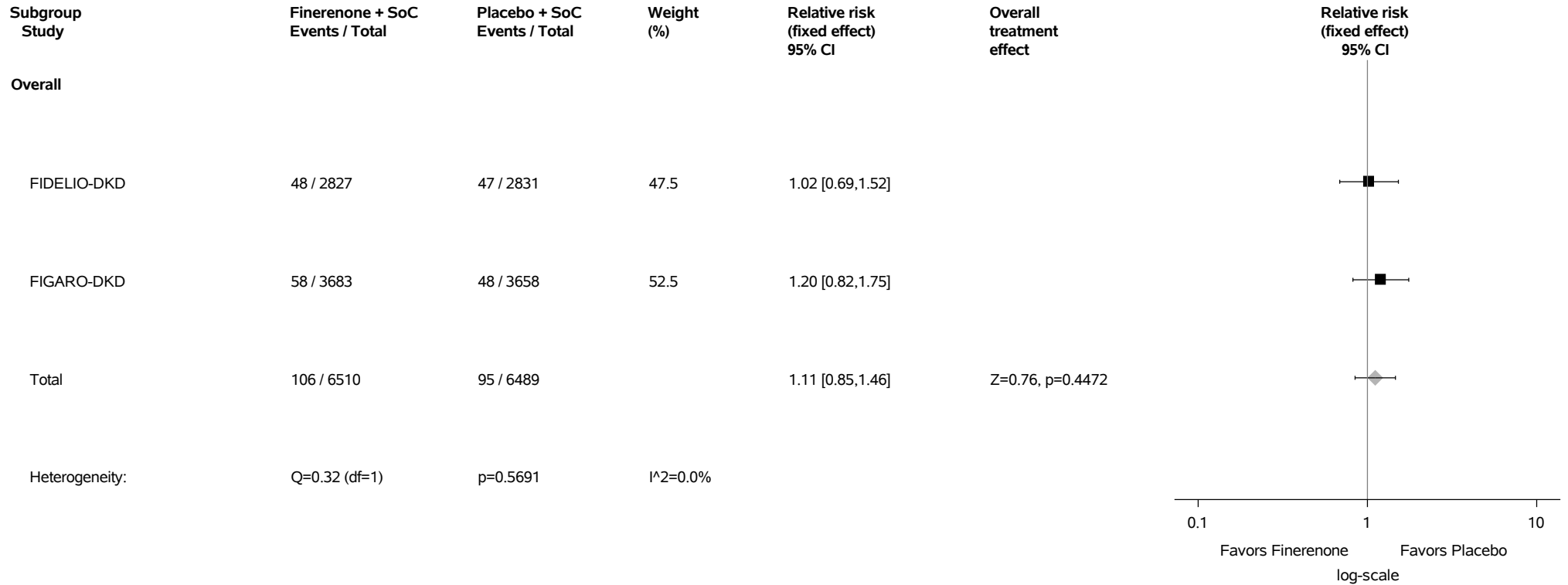
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.128: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.129: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) Safety Analysis Set



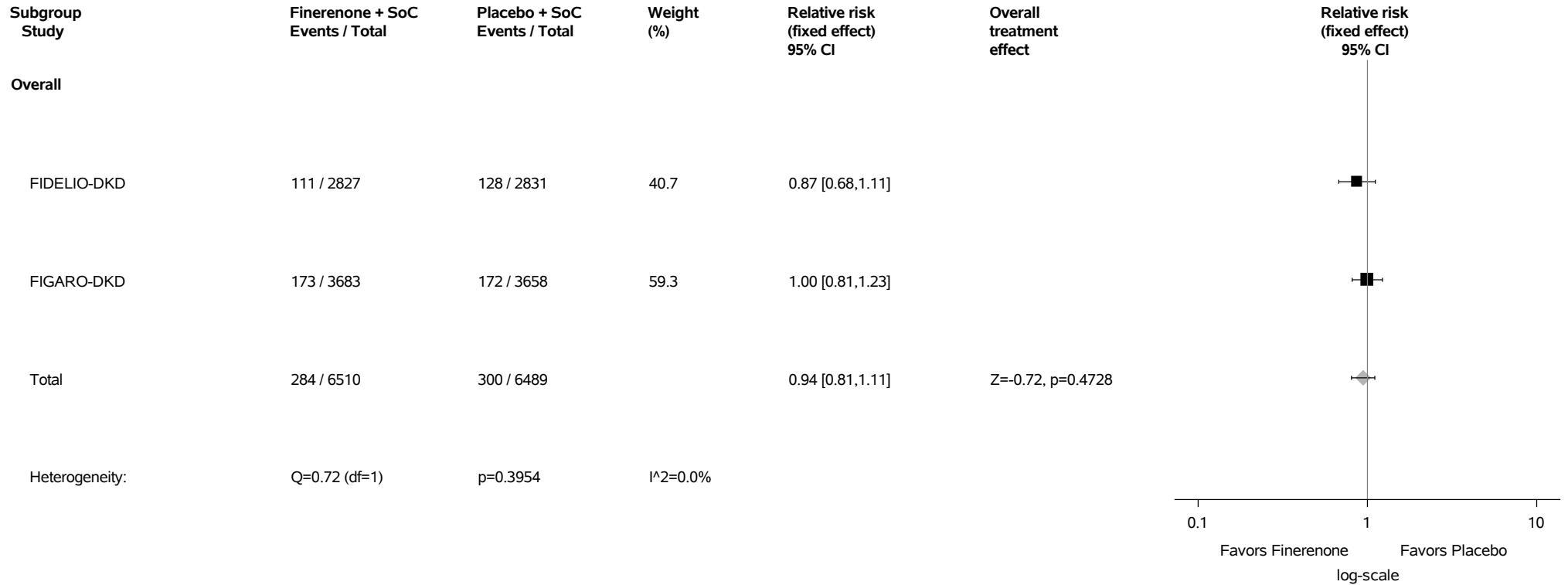
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

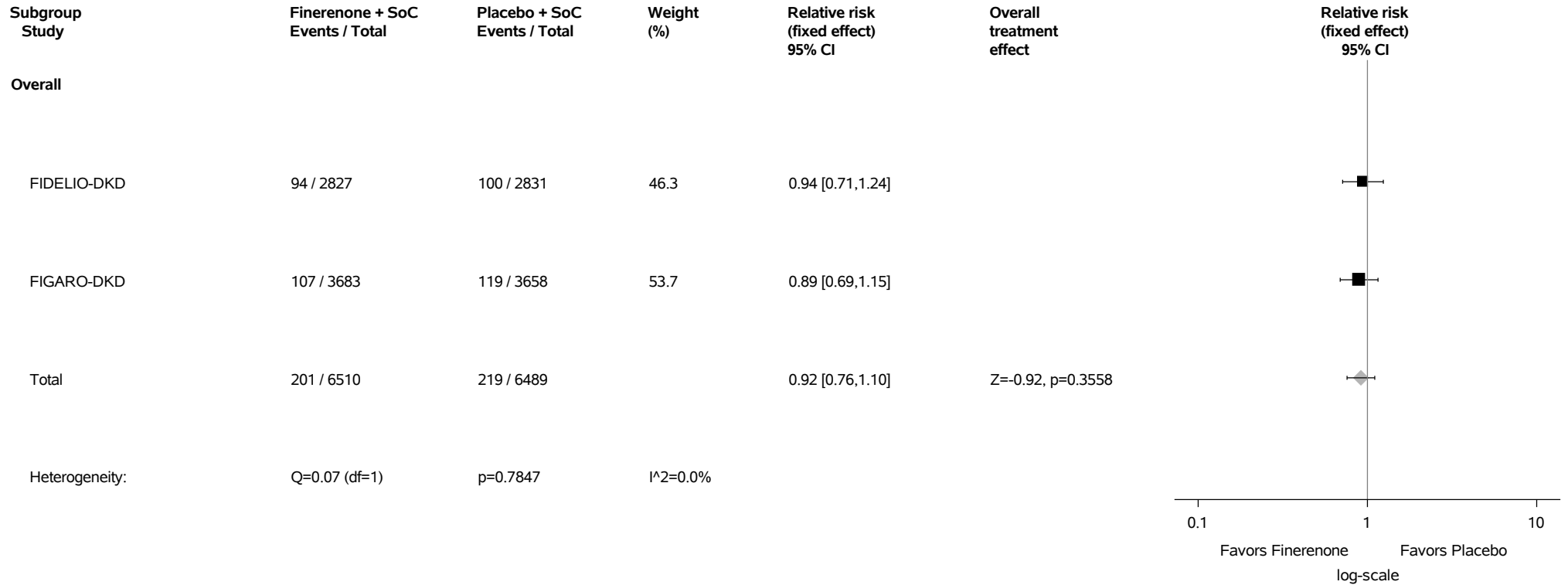
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.130: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.131: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set



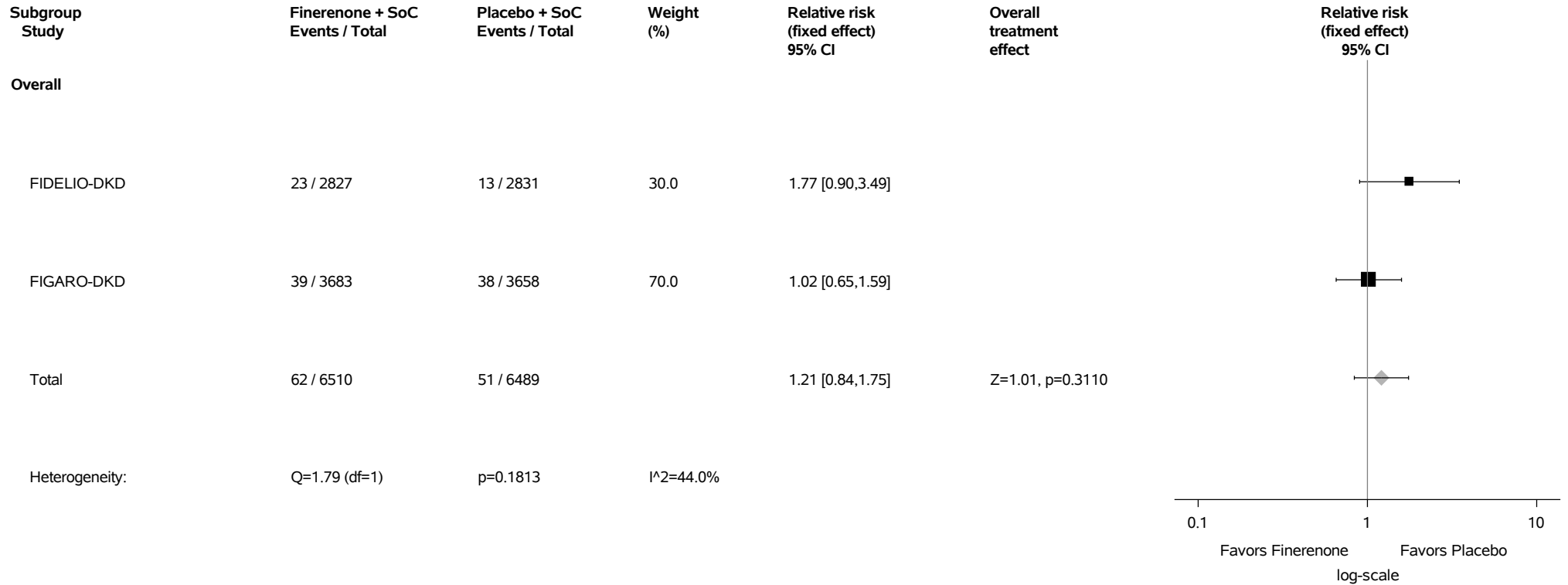
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.132: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) Safety Analysis Set



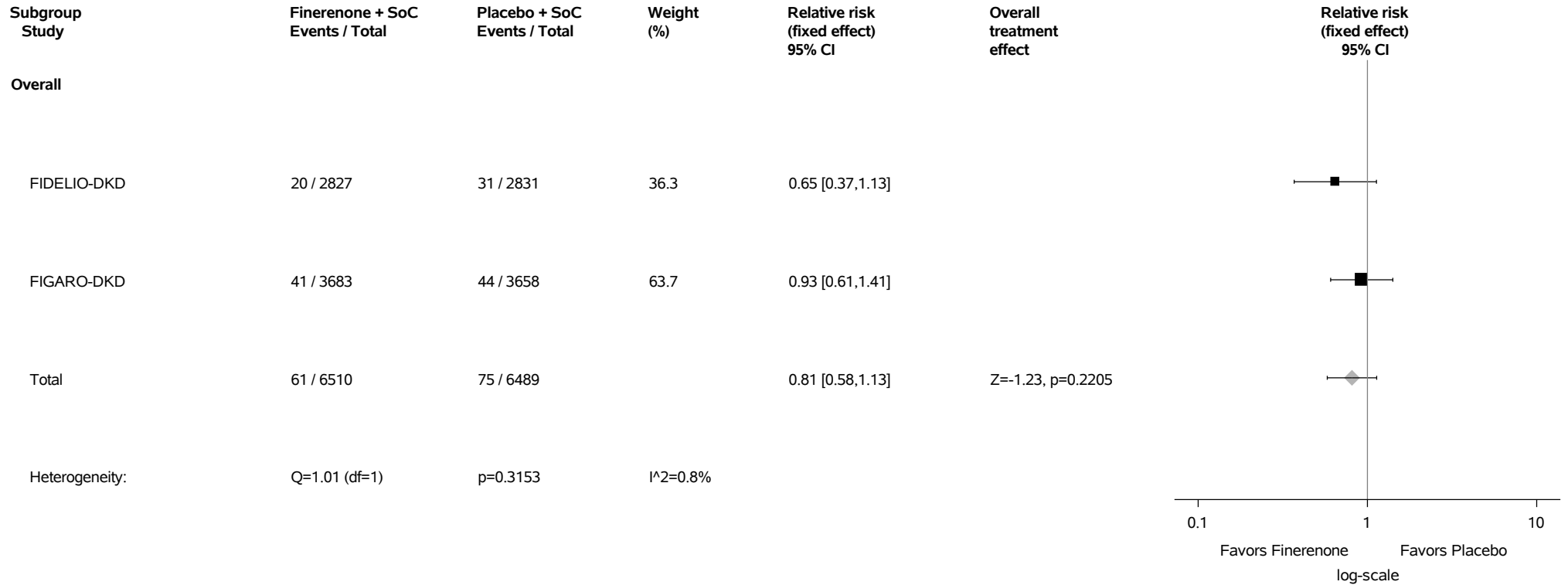
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.133: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) Safety Analysis Set



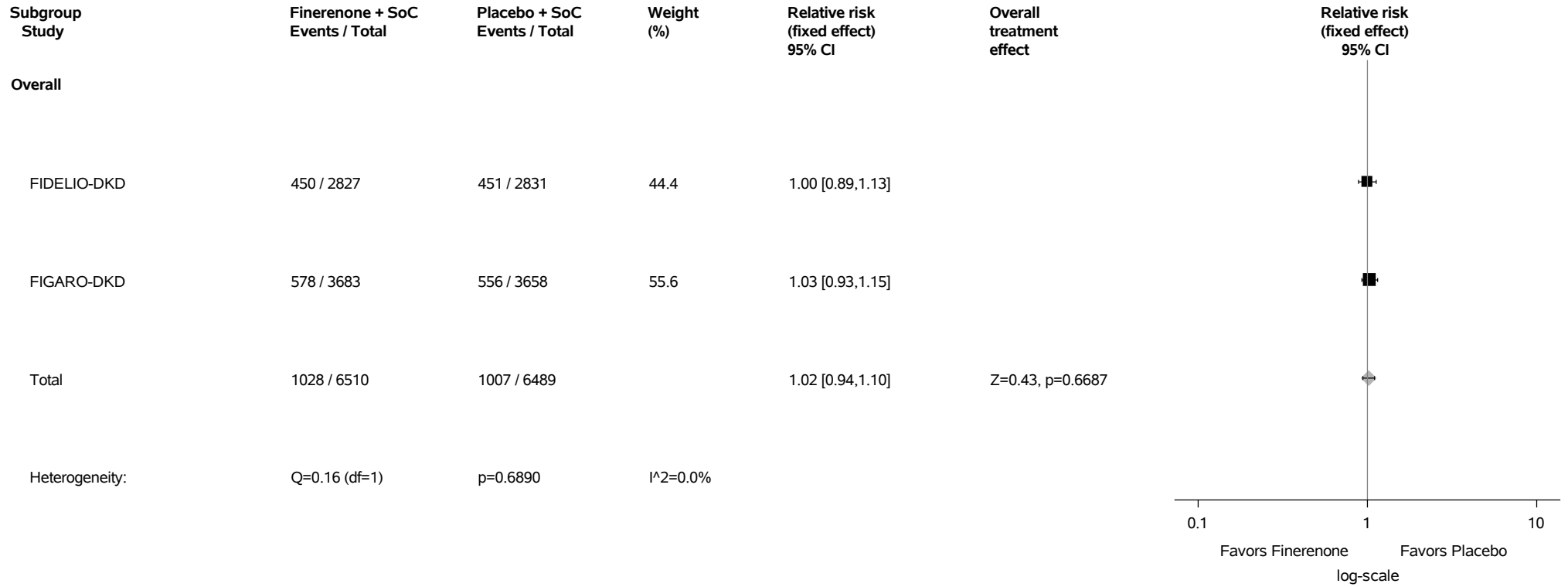
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

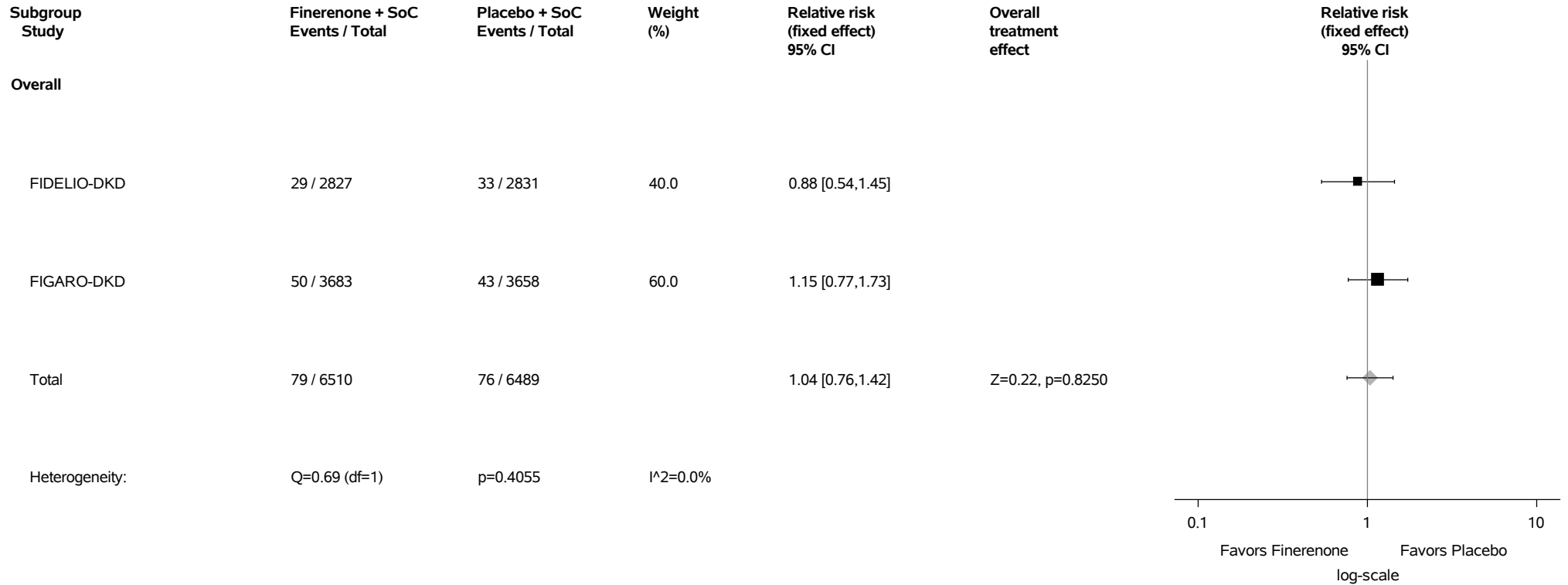
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.134: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



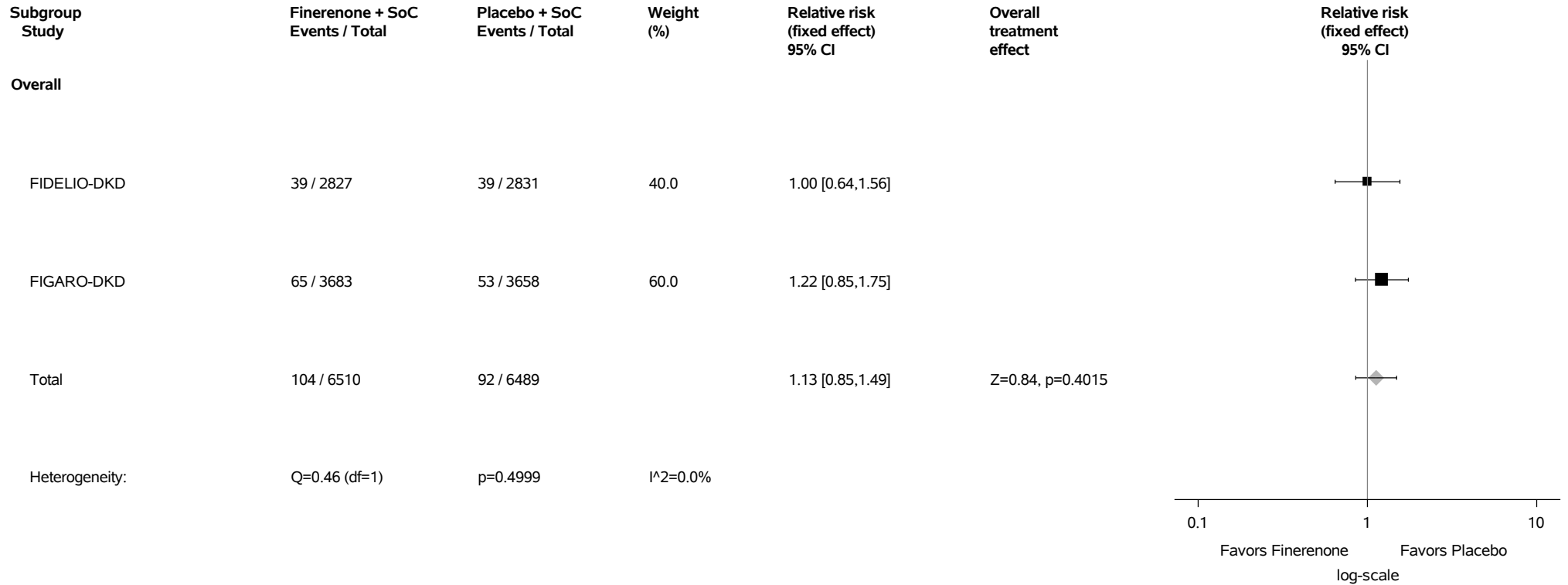
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.135: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) Safety Analysis Set



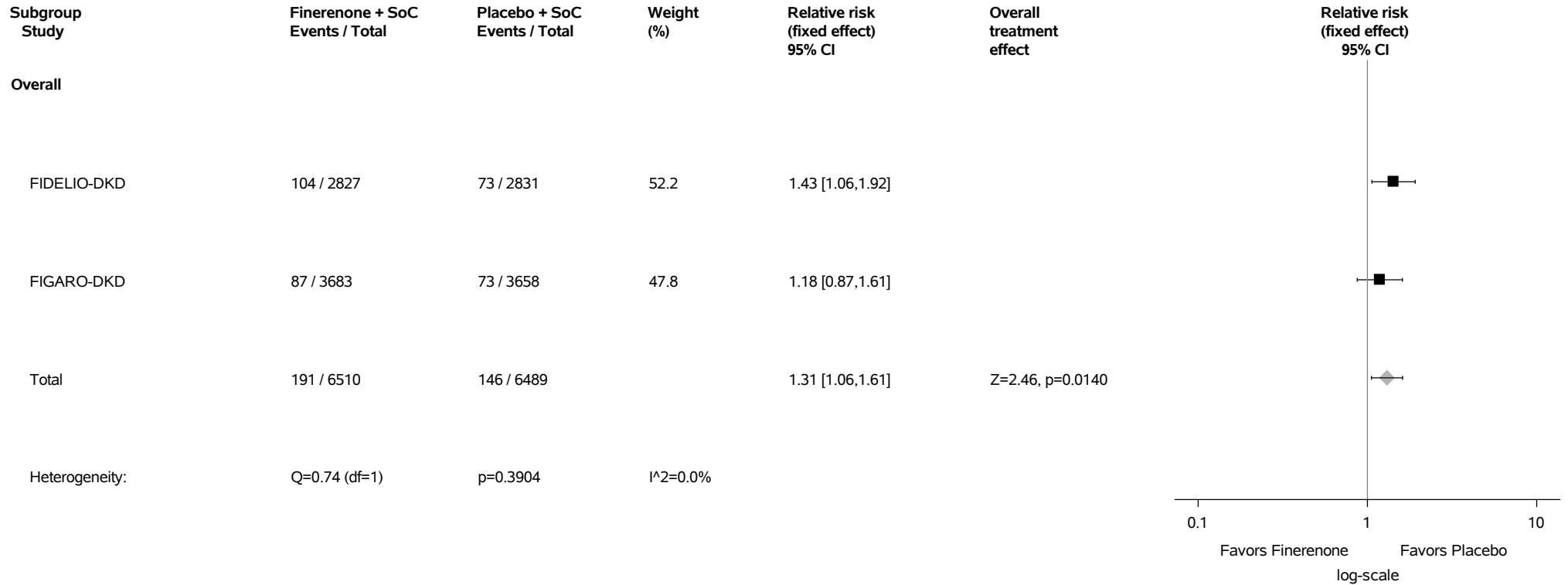
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.136: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.137: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) Safety Analysis Set



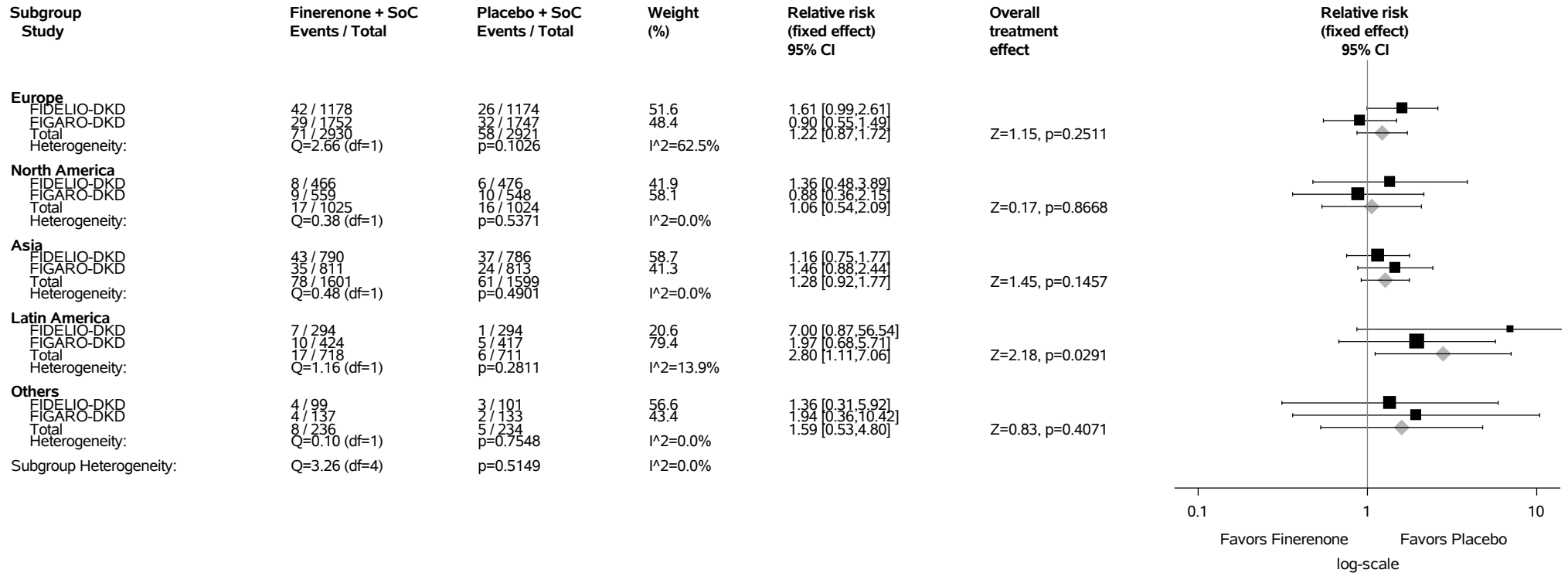
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.137.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Pruritus (PT with Incidence >=1%) Safety Analysis Set



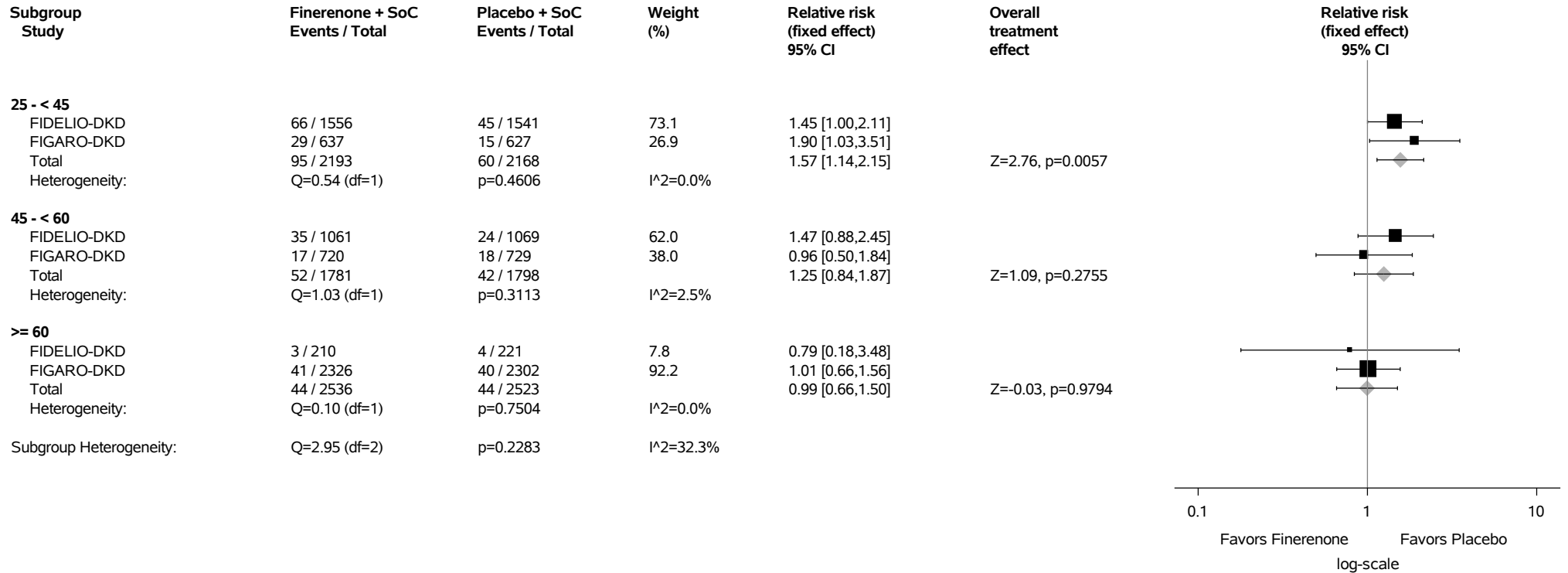
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

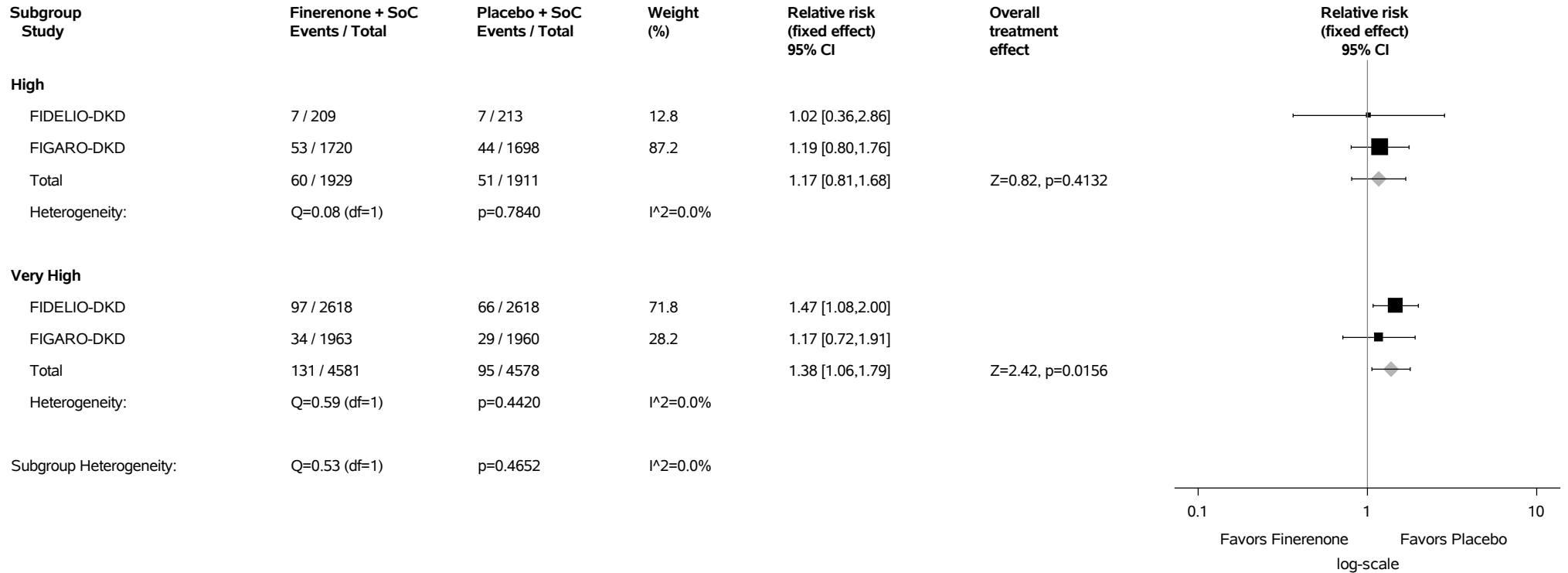
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.137.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.137.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pruritus (PT with Incidence >=1%) Safety Analysis Set



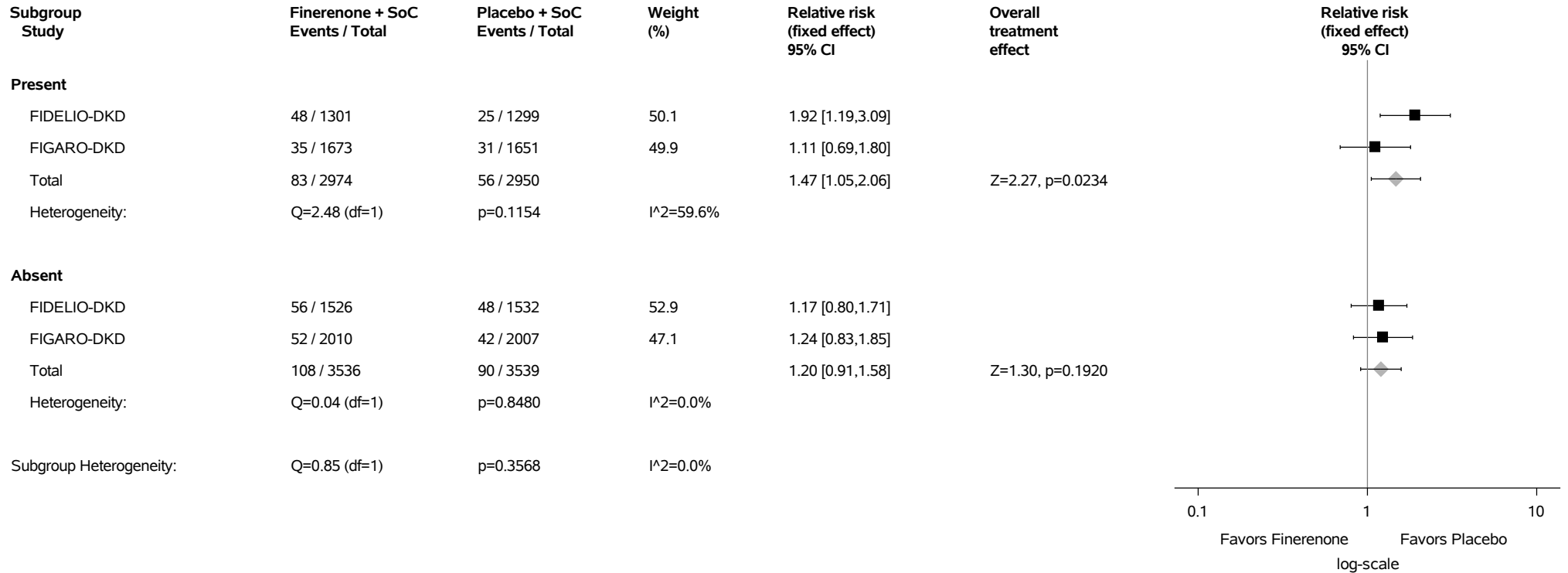
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

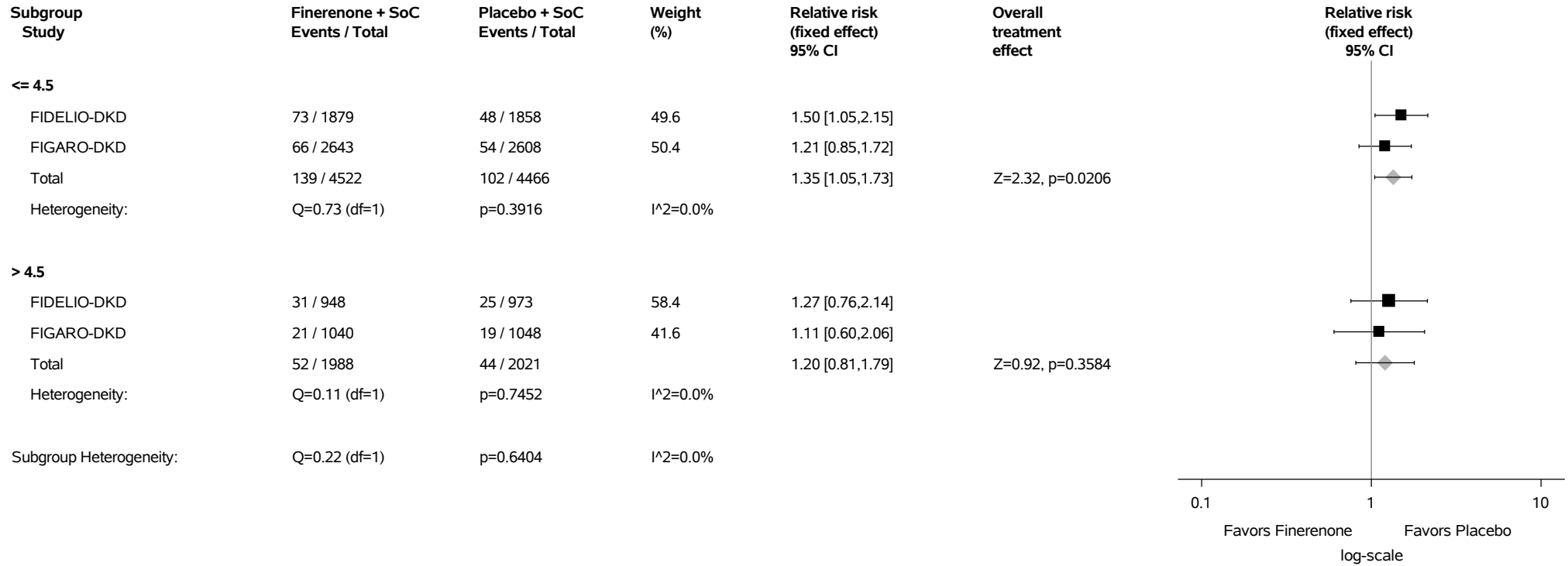
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.137.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.137.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

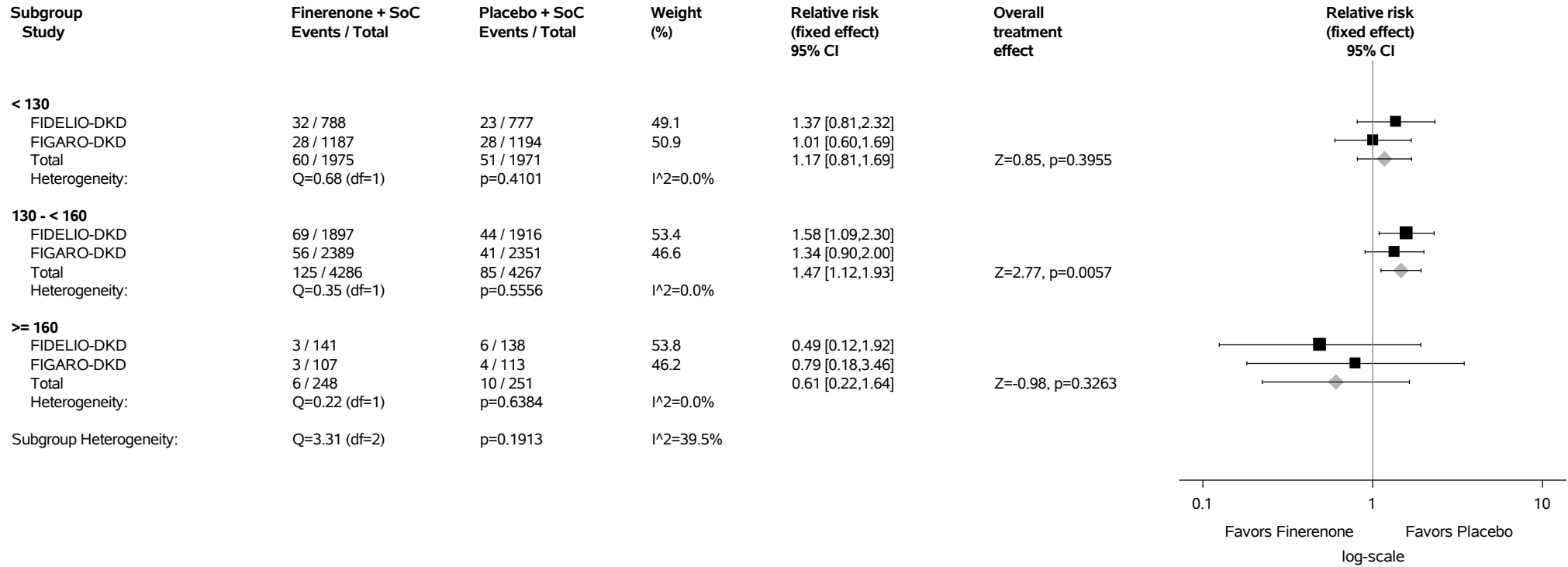
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.137.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

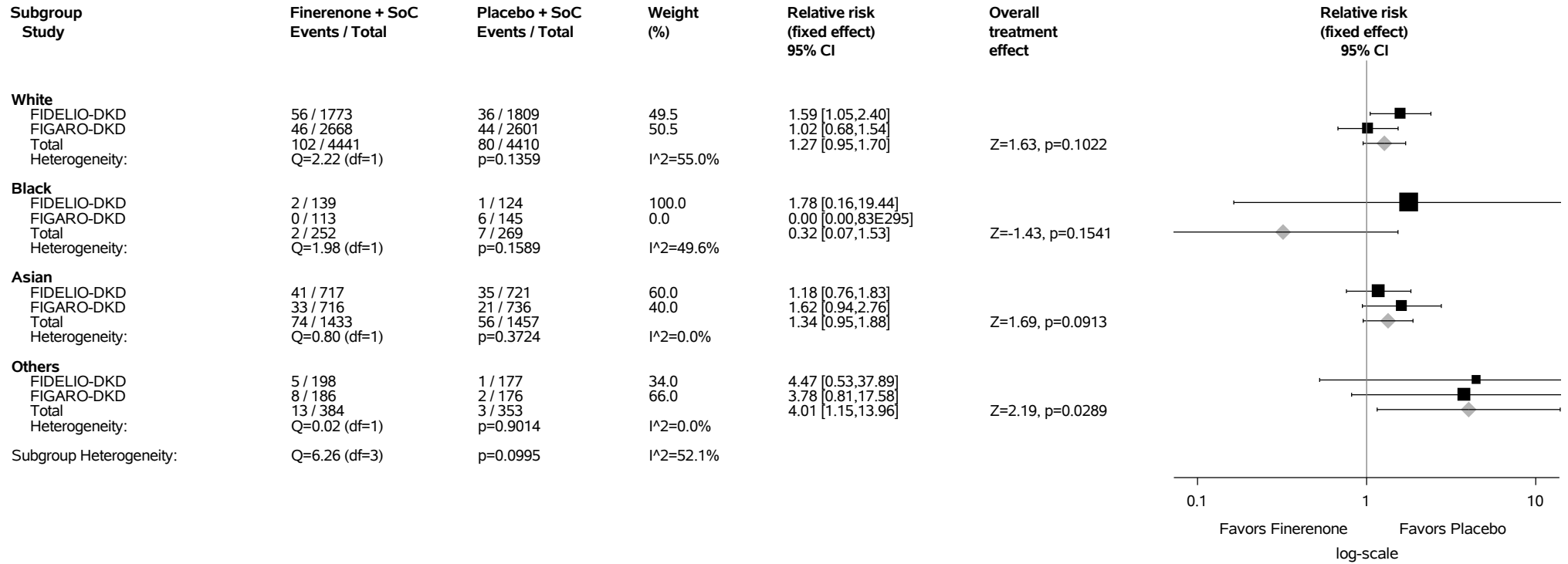
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.137.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

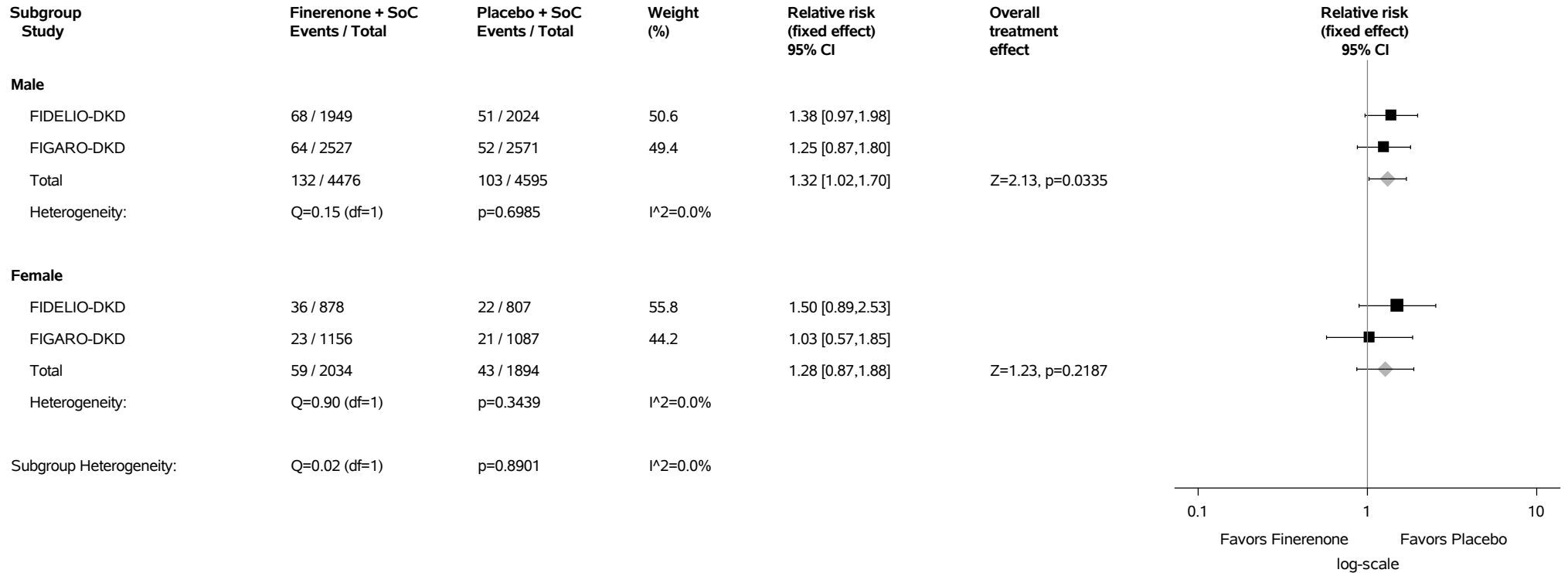
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

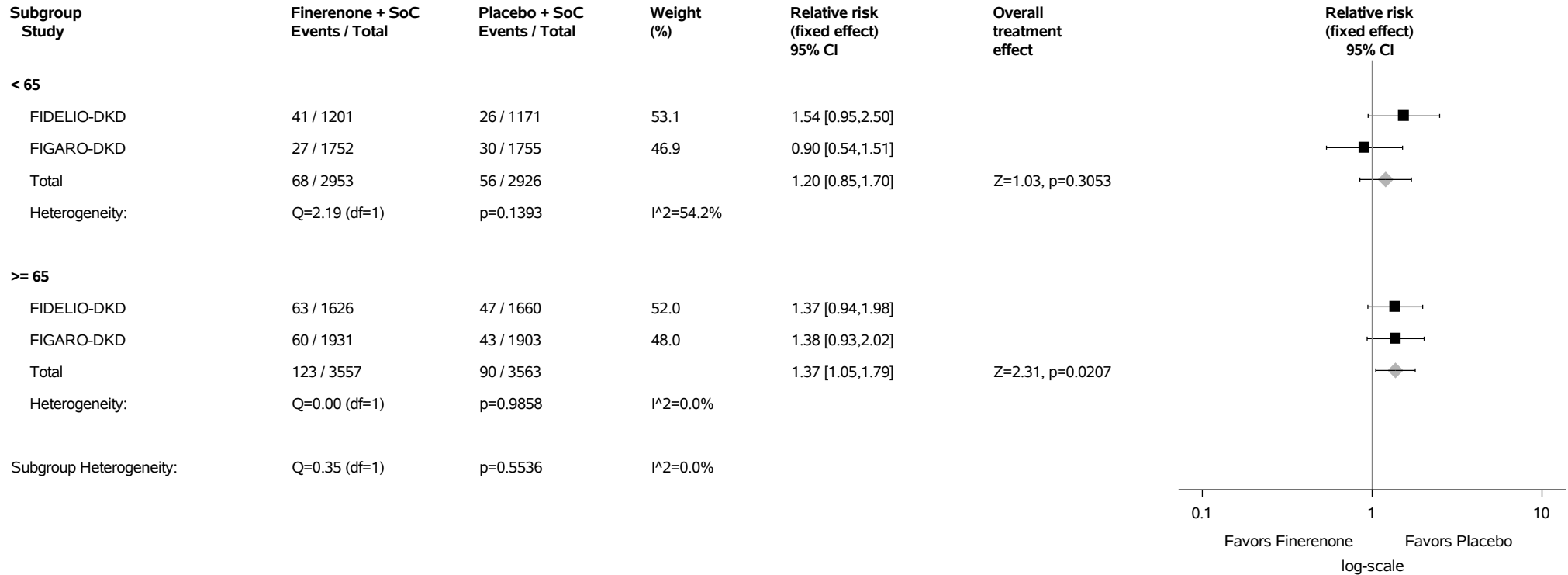
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.137.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Pruritus (PT with Incidence >=1%) Safety Analysis Set



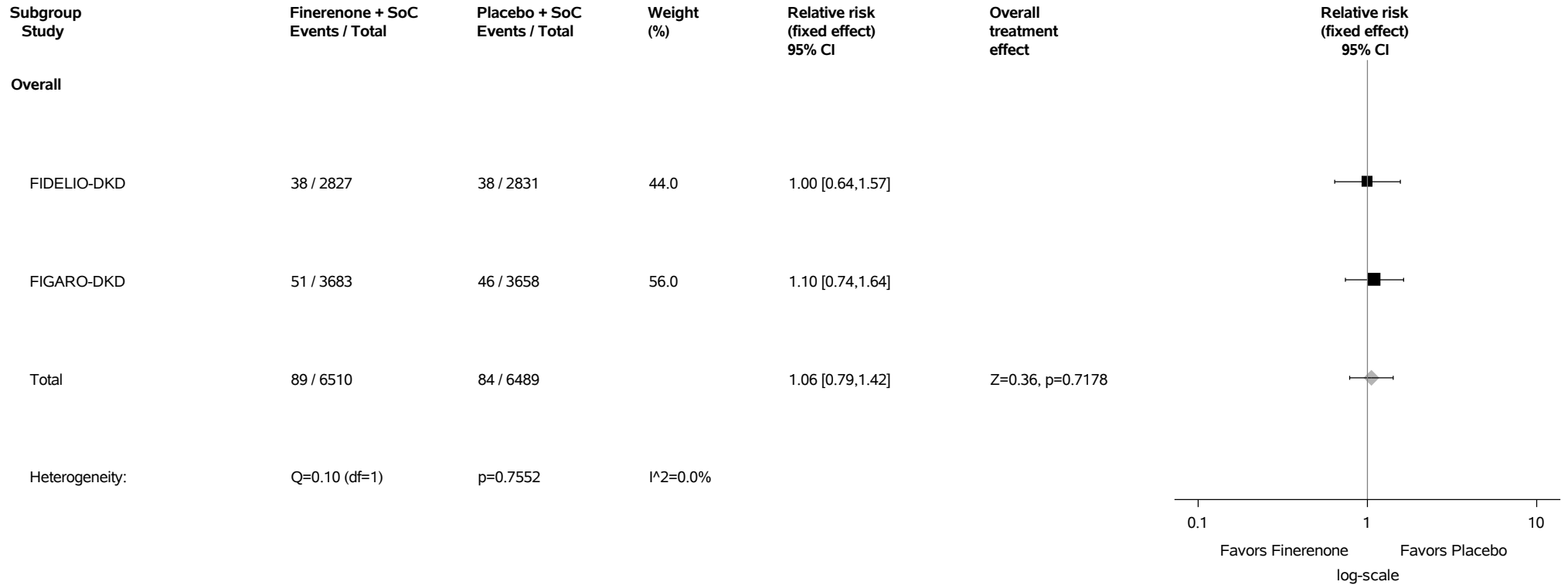
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.137.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Pruritus (PT with Incidence >=1%) Safety Analysis Set



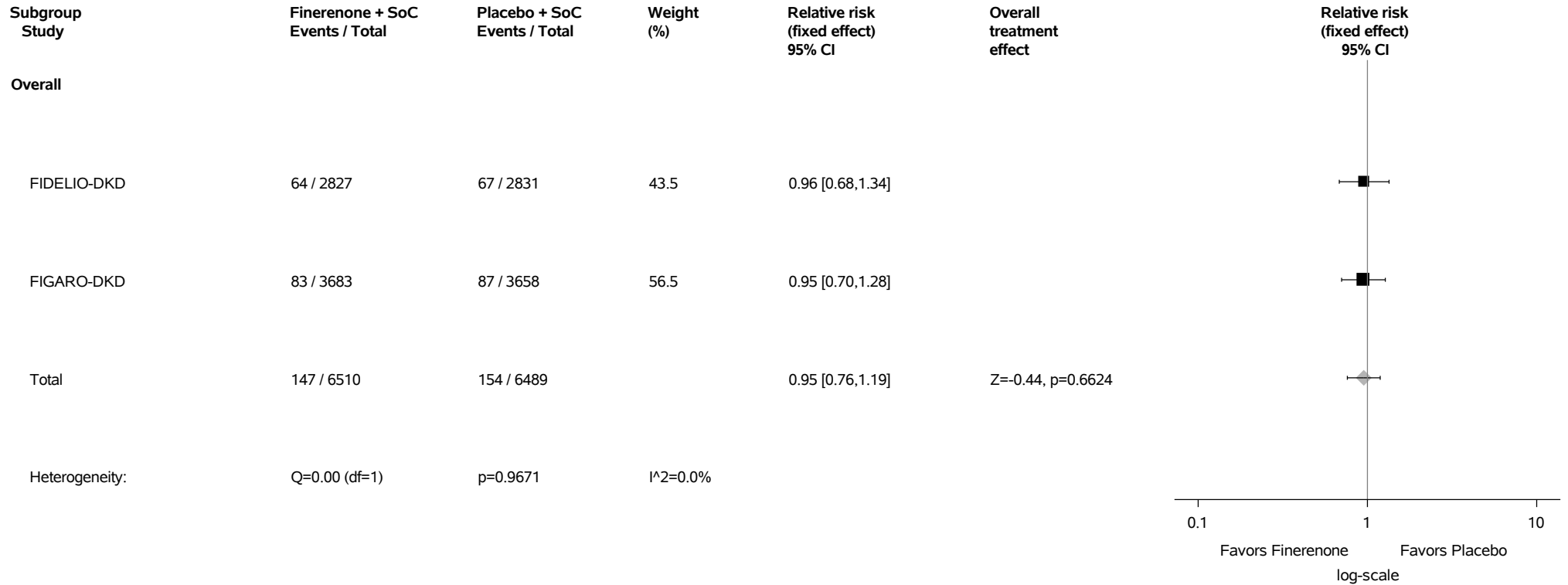
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.138: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) Safety Analysis Set



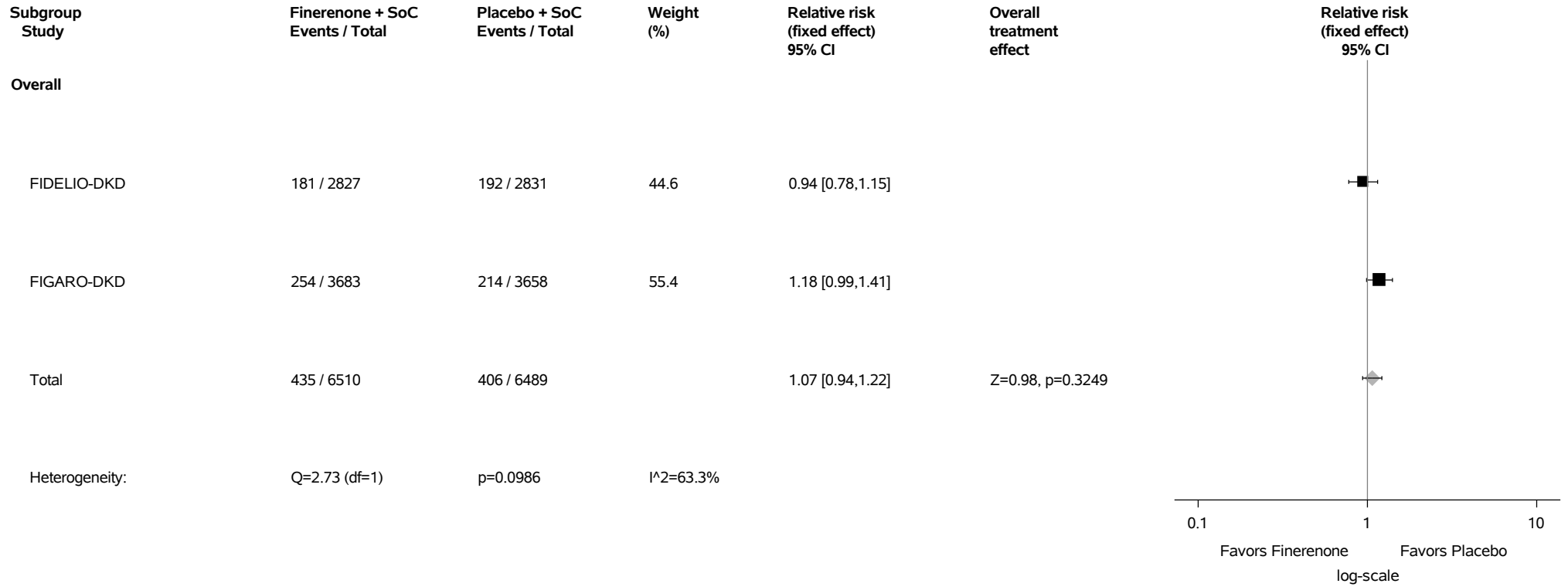
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.139: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) Safety Analysis Set



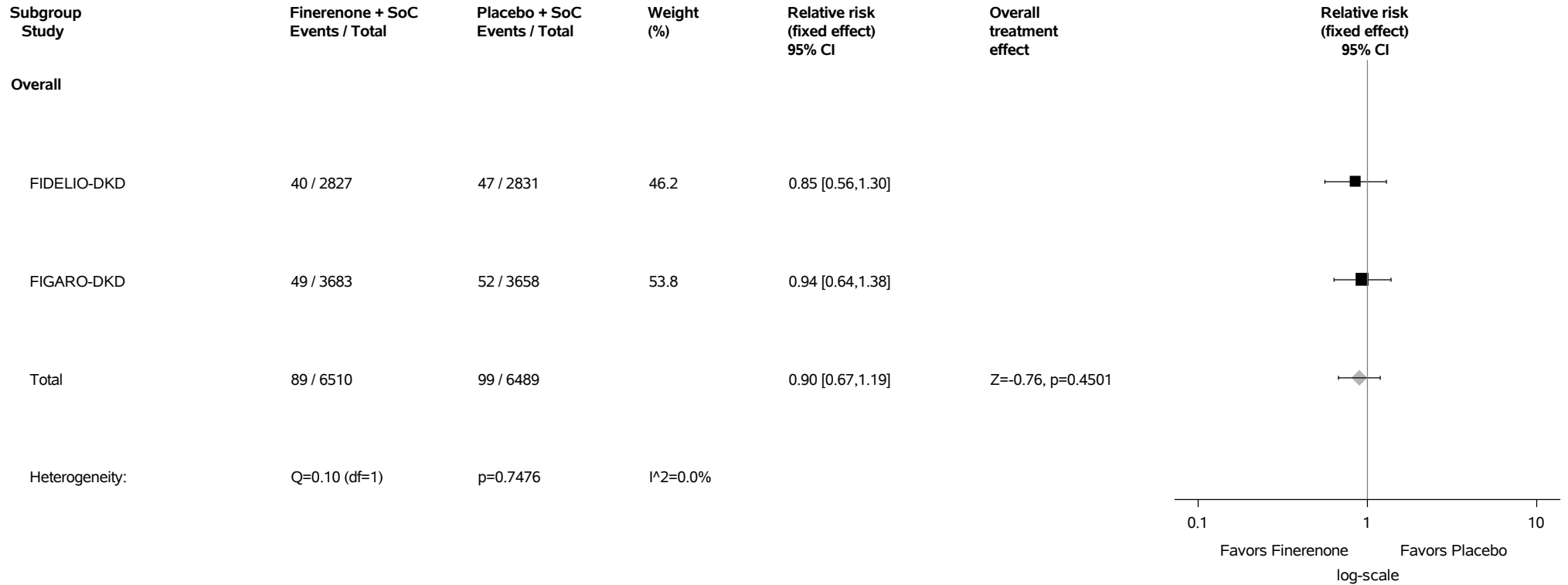
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.140: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set



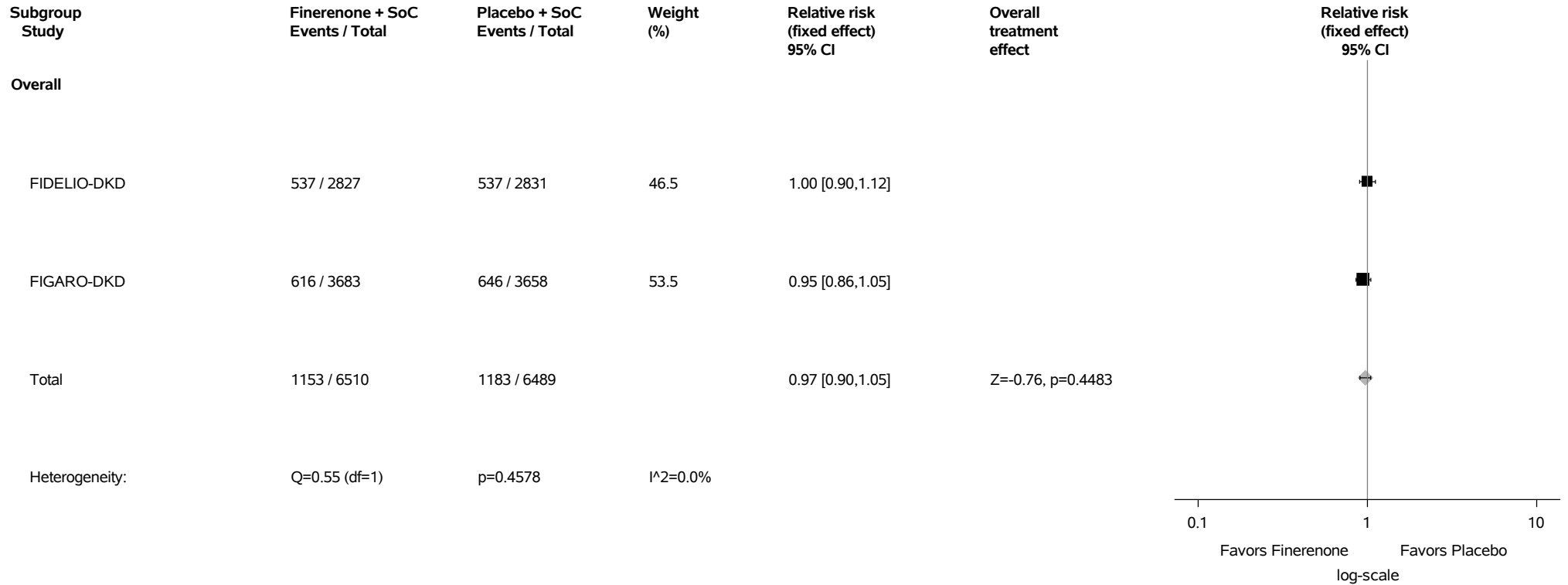
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.141: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.142: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set



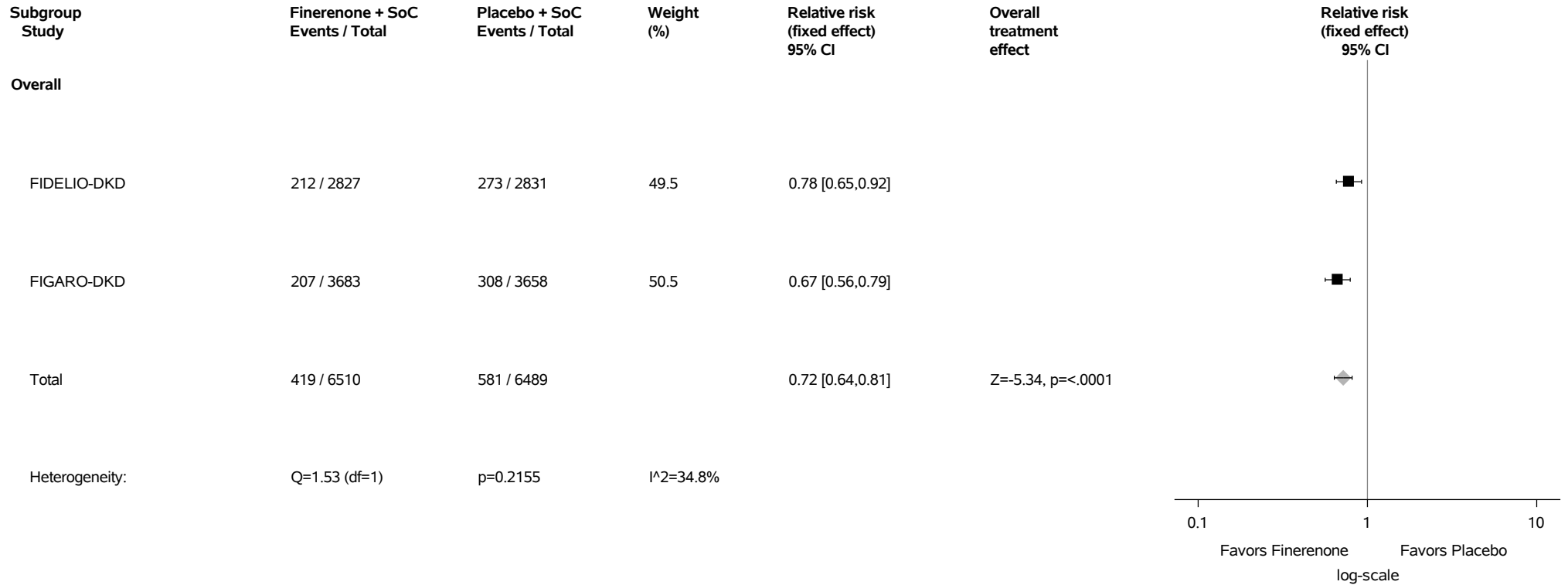
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.143: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) Safety Analysis Set



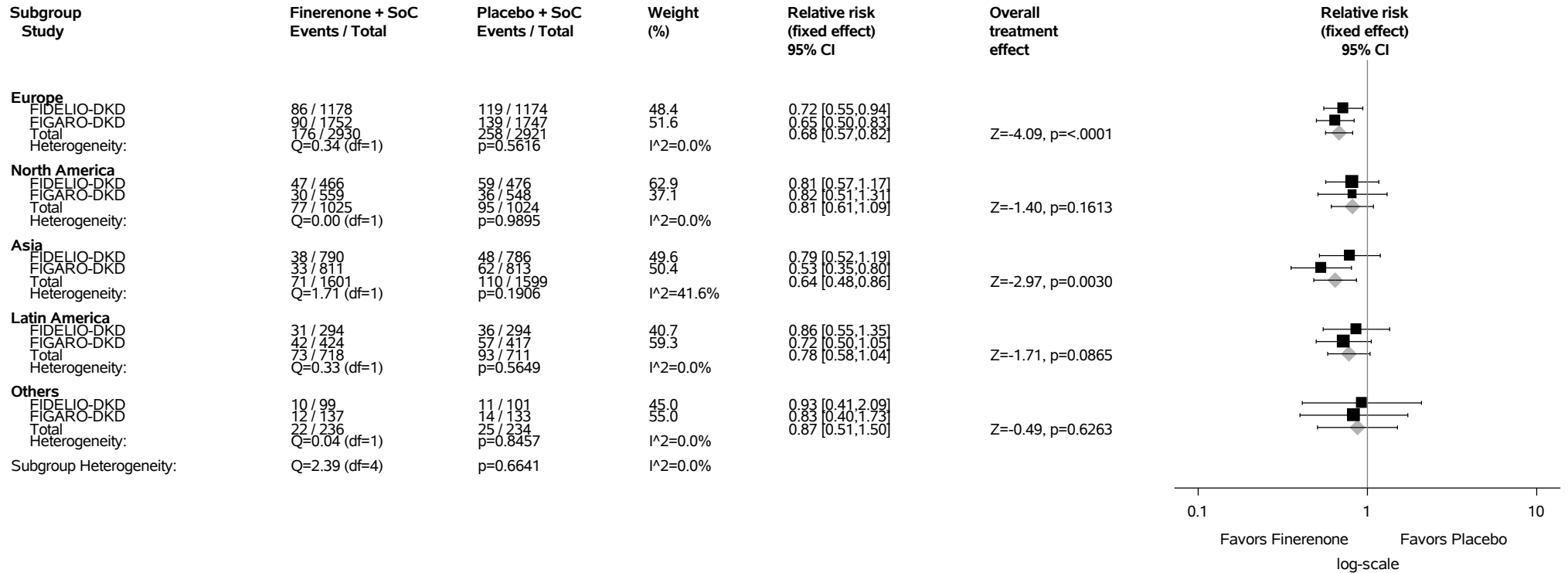
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.143.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) Safety Analysis Set



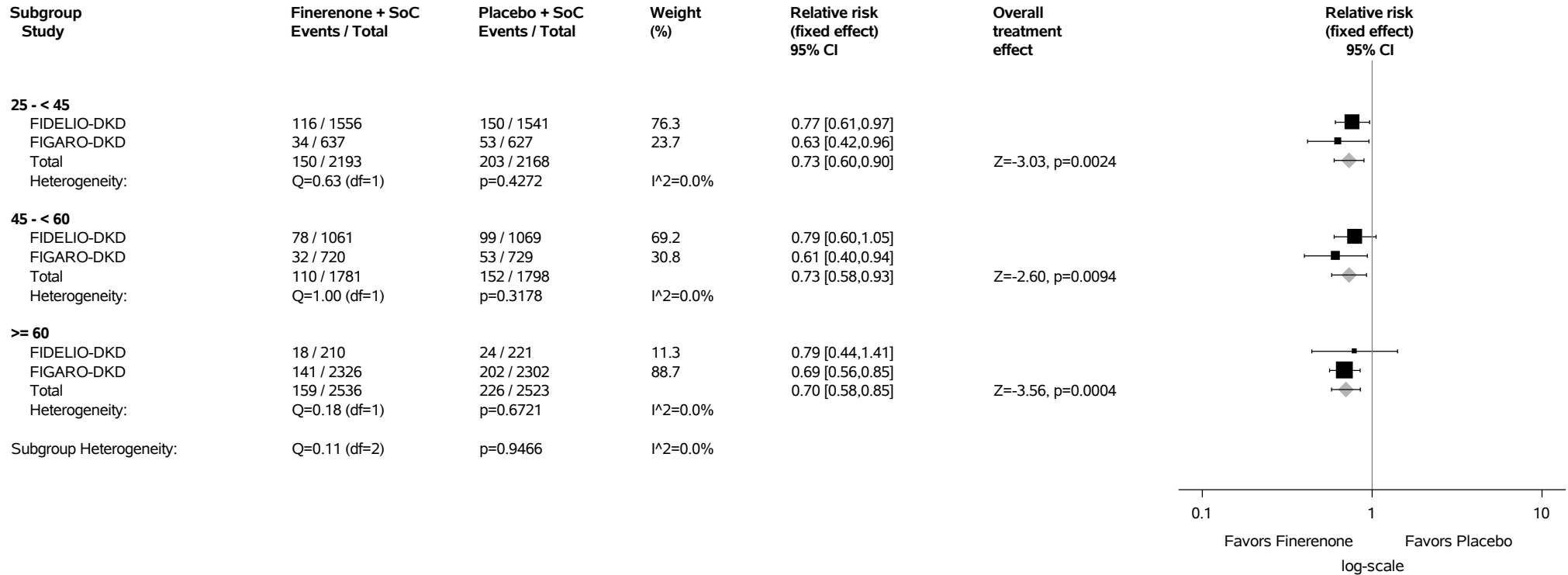
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.143.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypertension (PT with Incidence >=1%) Safety Analysis Set



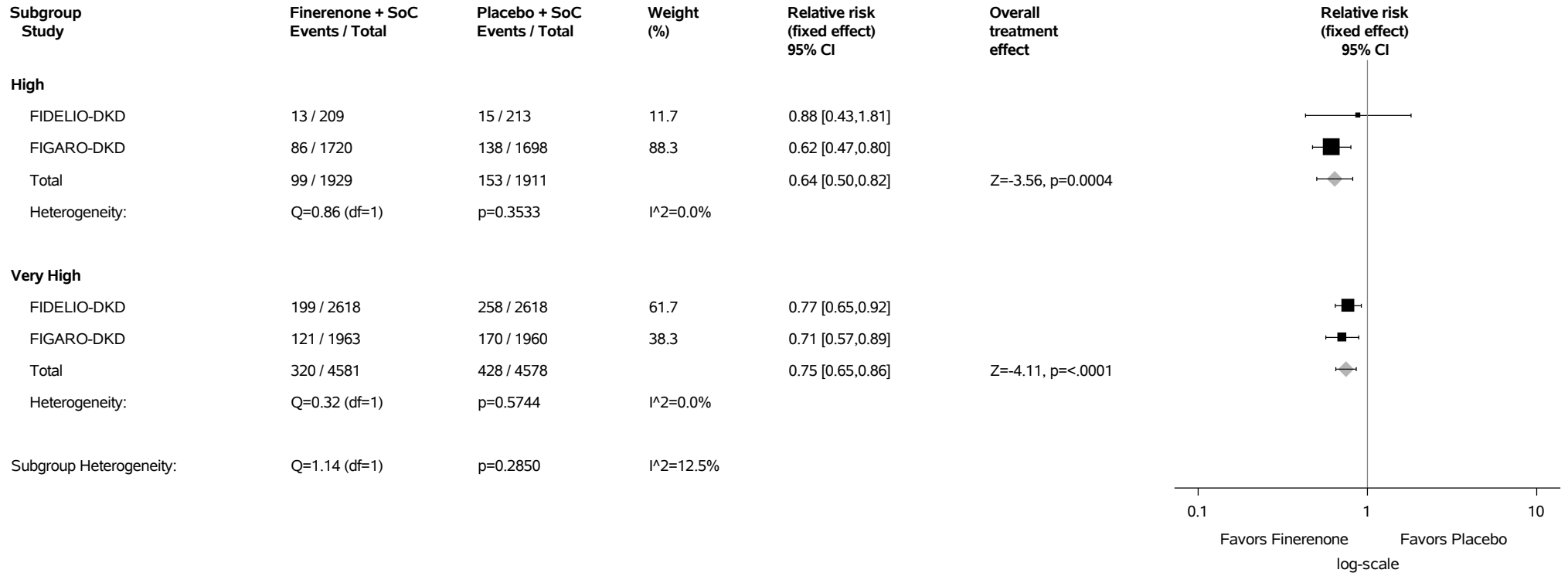
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.143.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) Safety Analysis Set



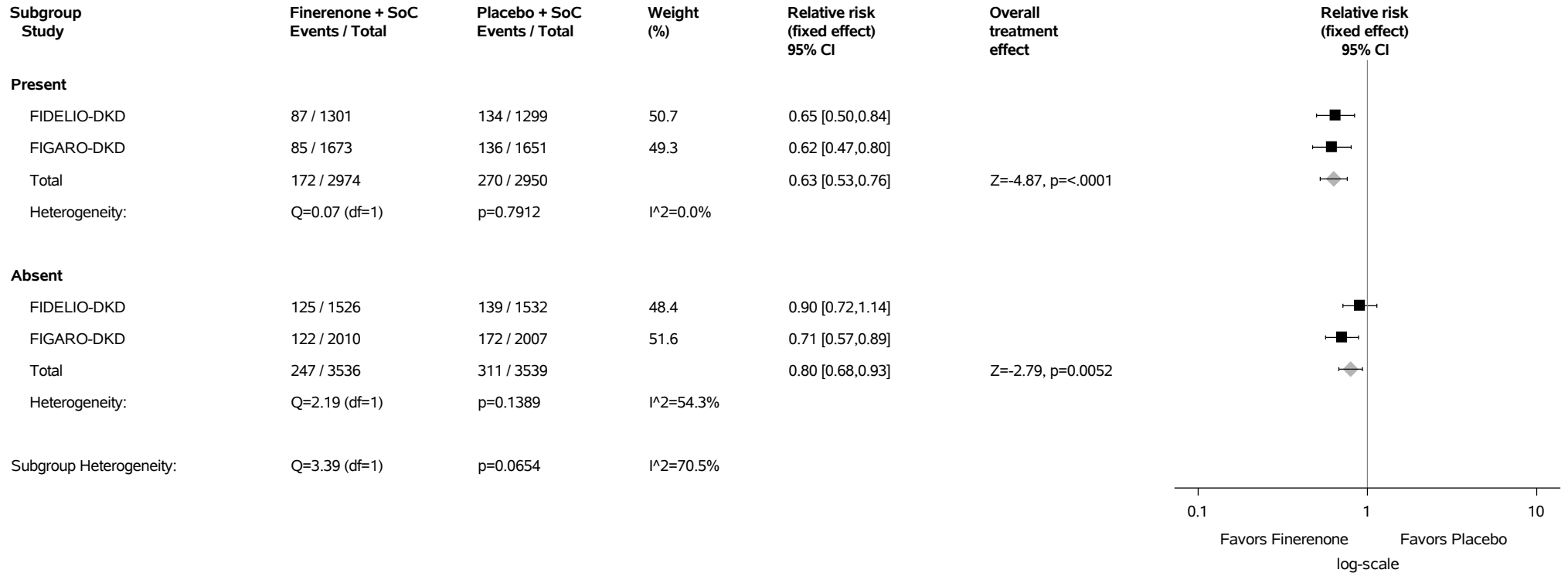
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.143.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) Safety Analysis Set



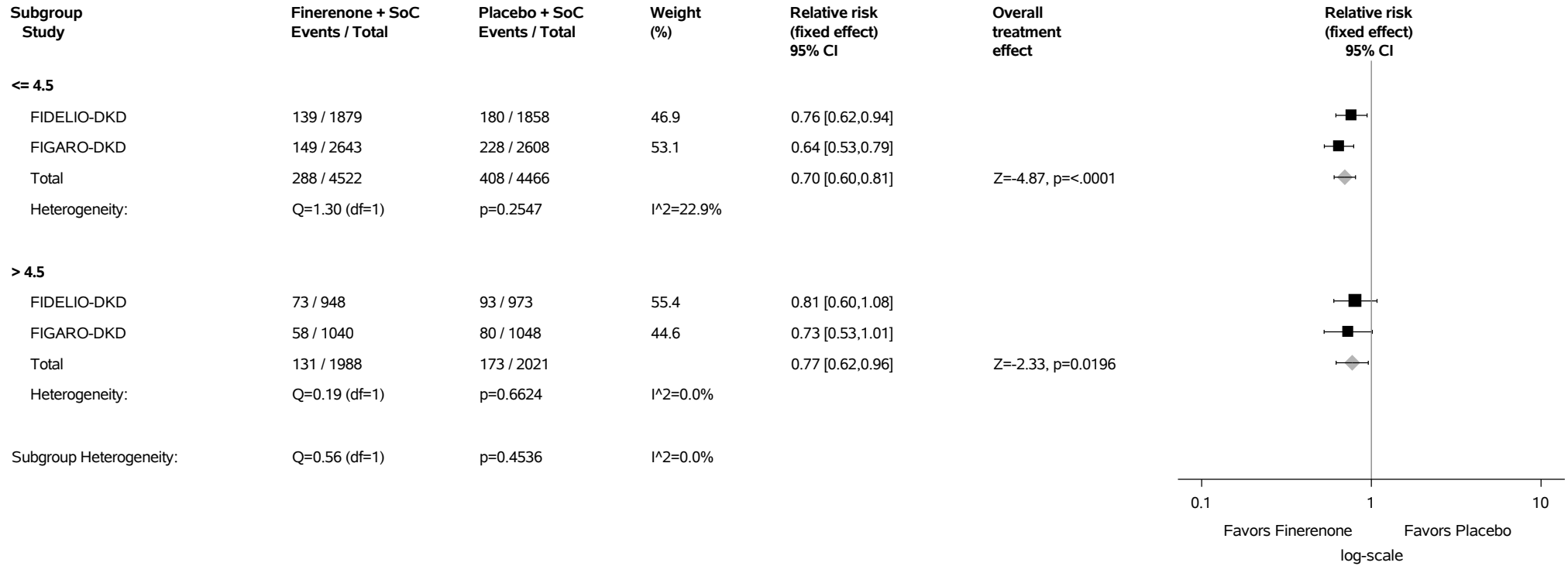
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.143.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

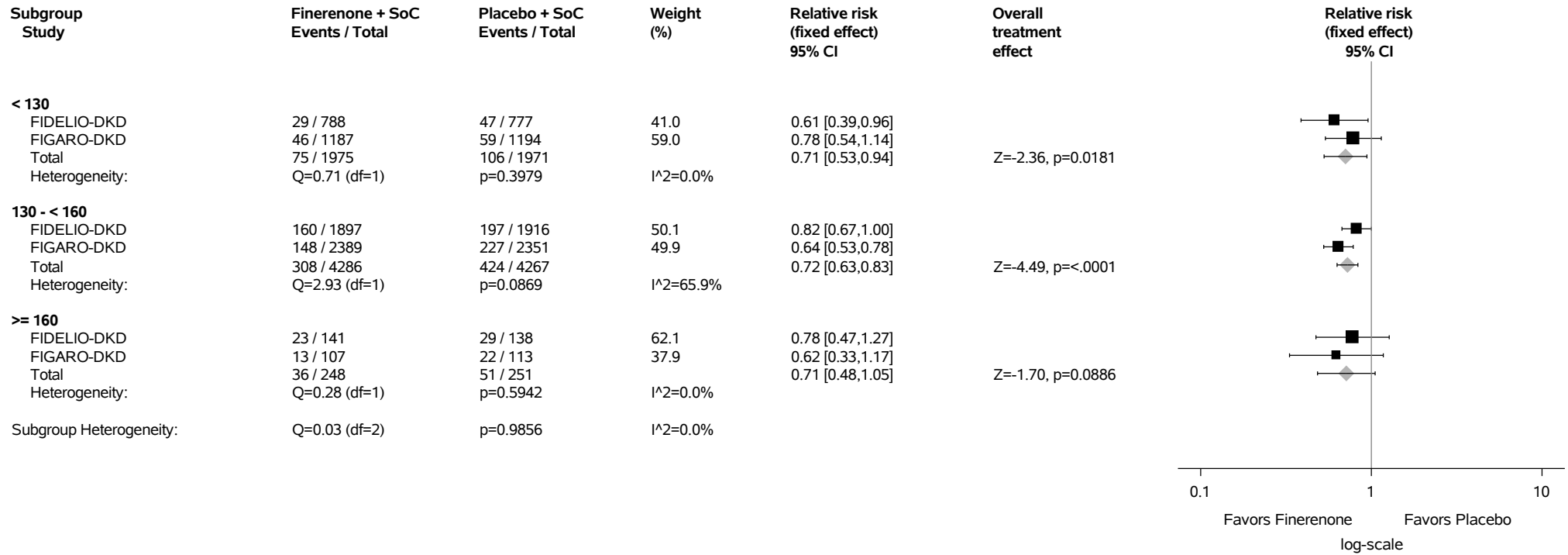
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.143.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

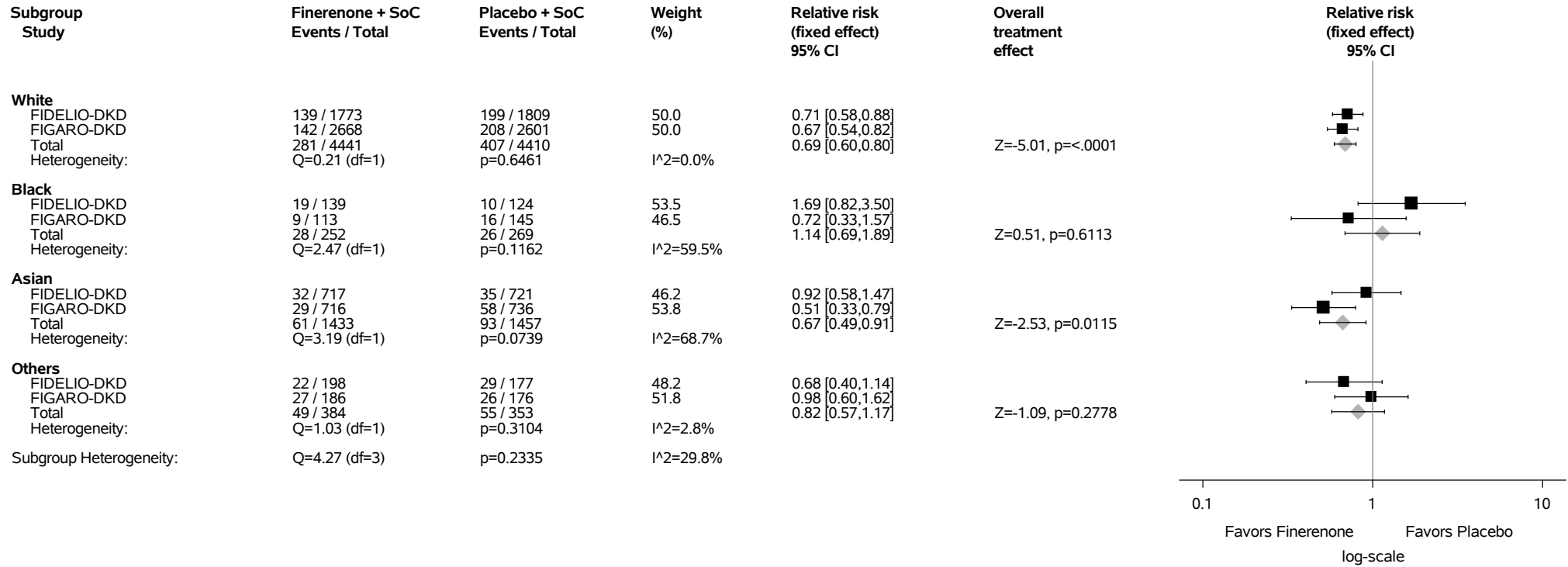
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.143.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) Safety Analysis Set



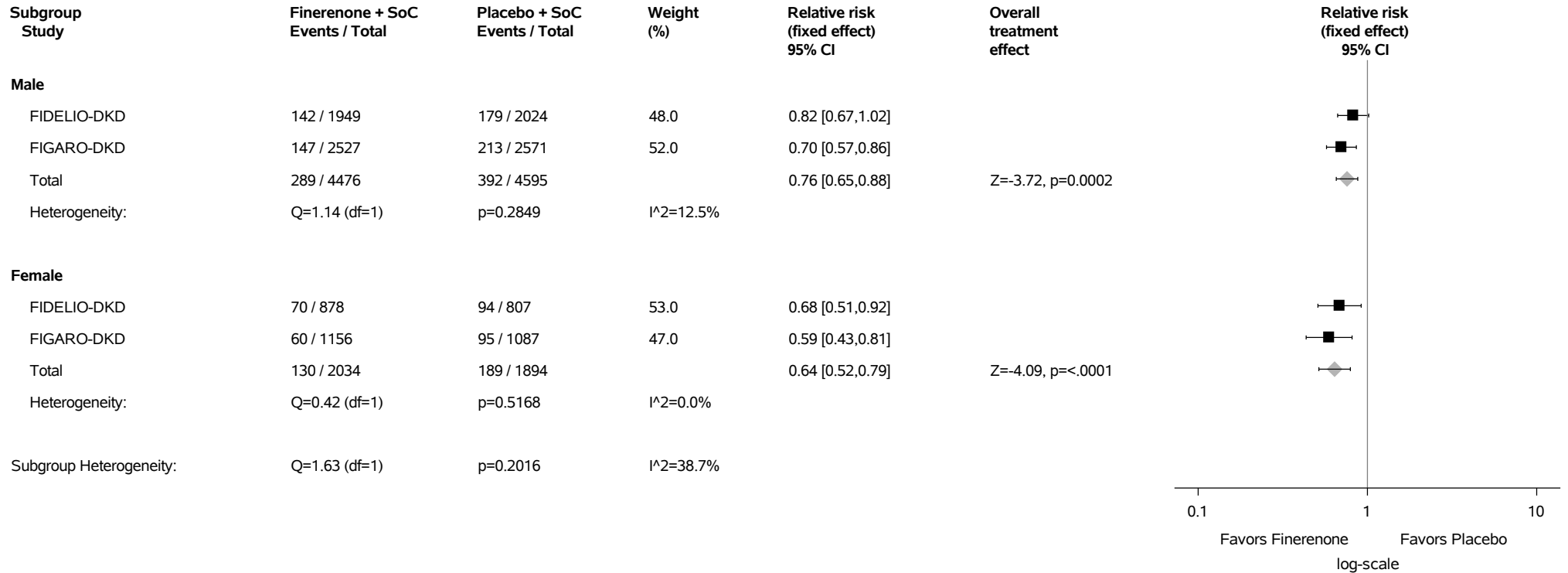
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.143.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) Safety Analysis Set



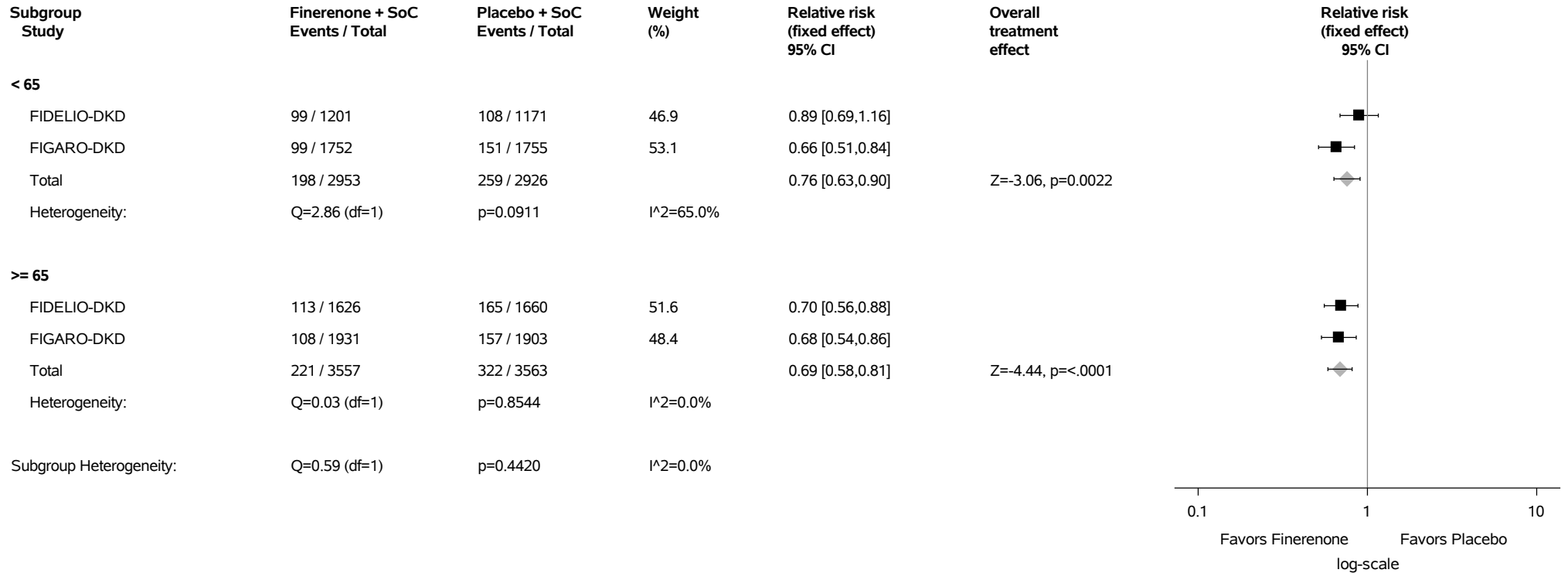
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.143.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) Safety Analysis Set



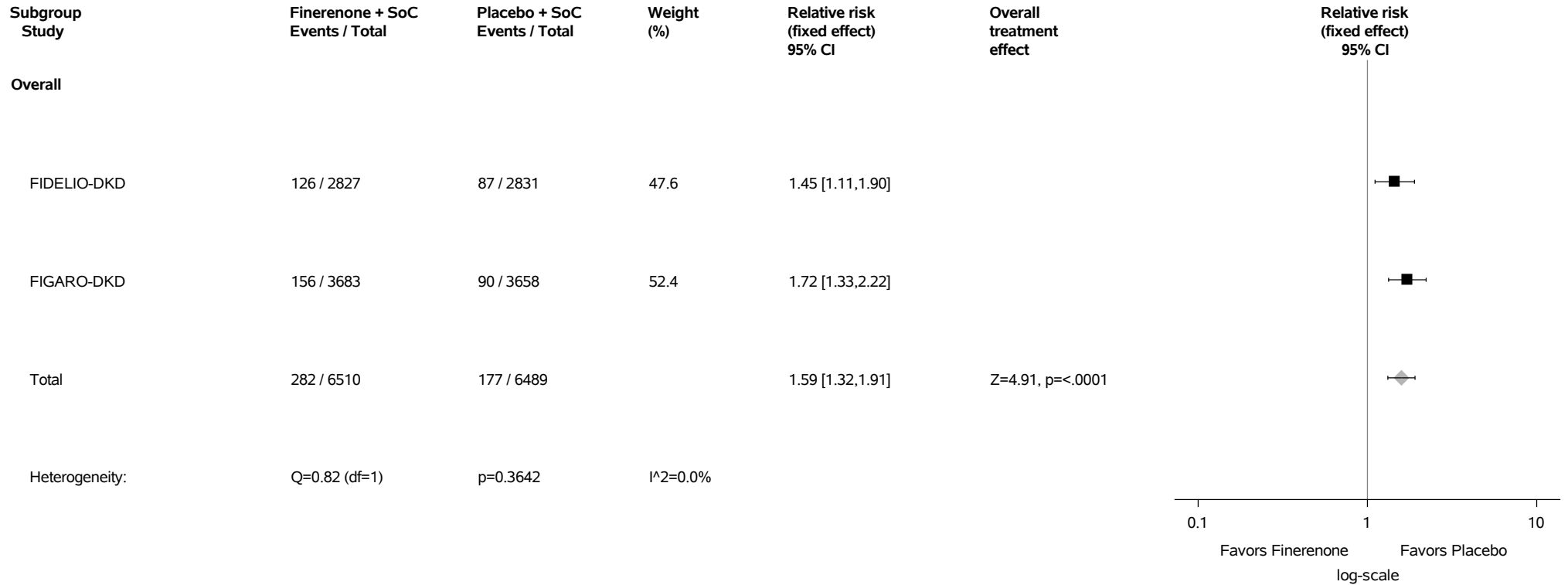
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.144: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) Safety Analysis Set



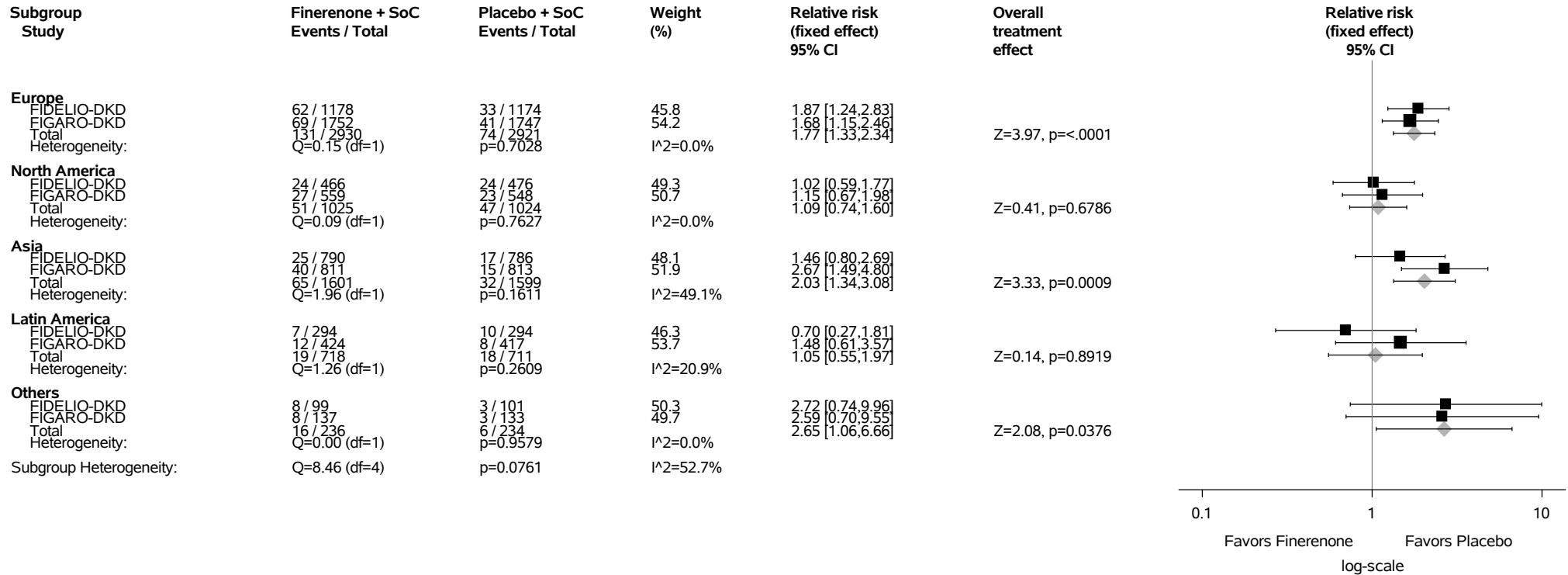
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.1.144.1: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) Safety Analysis Set



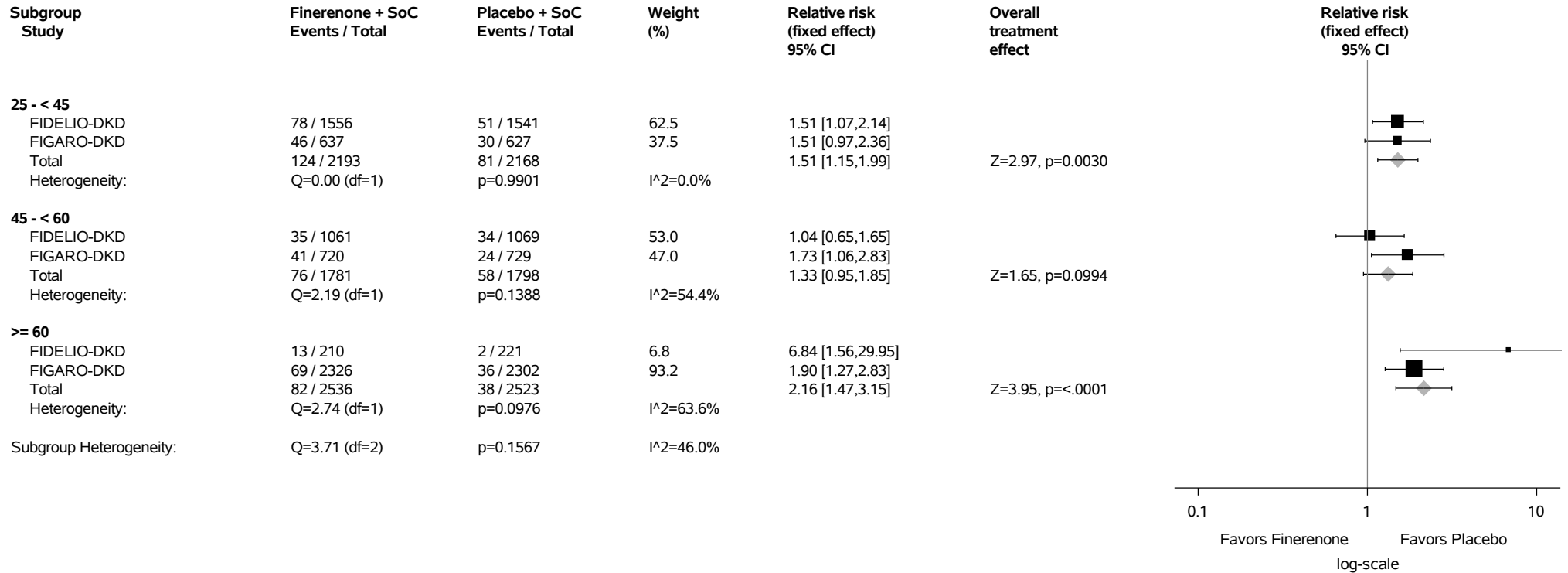
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

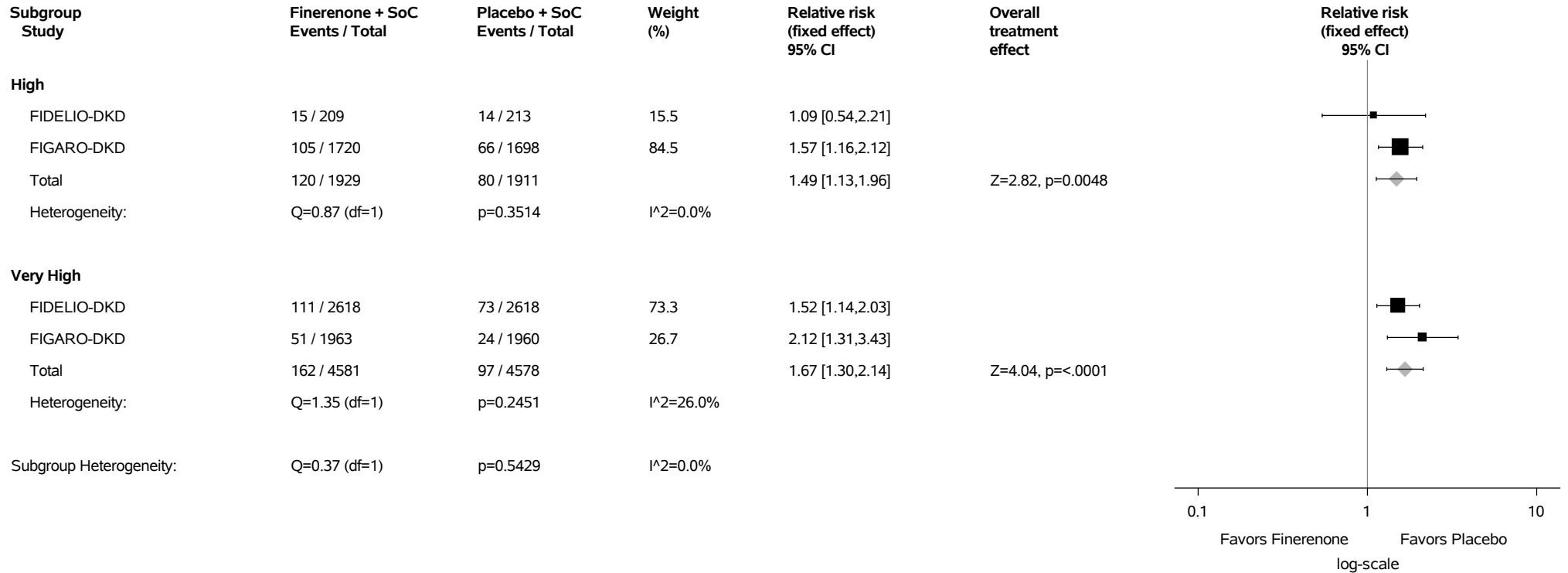
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.144.2: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.144.3: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) Safety Analysis Set



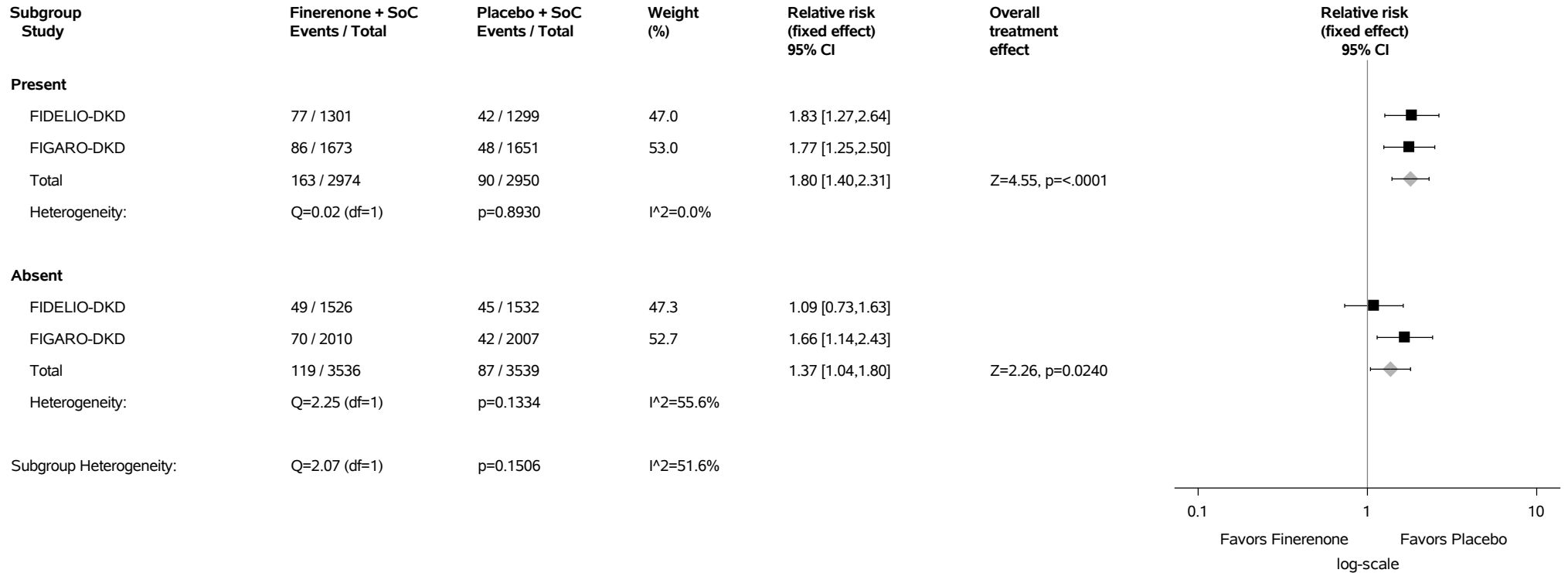
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

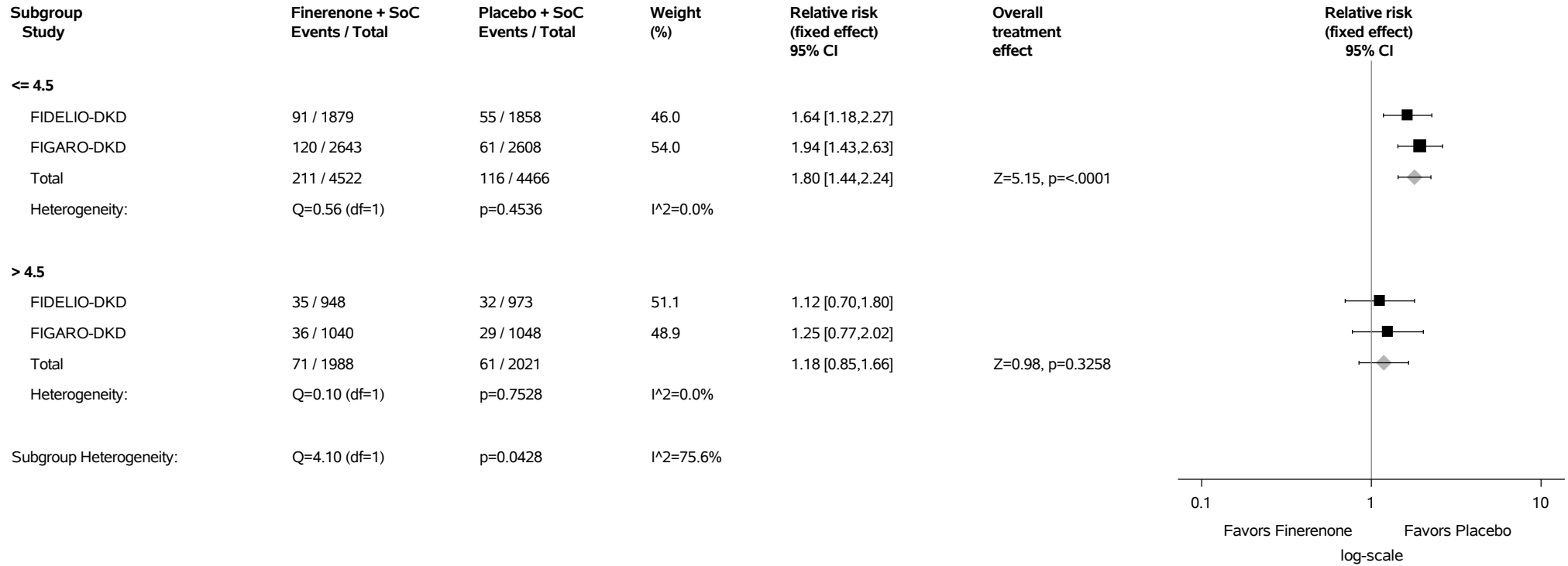
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.144.4: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.144.5: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

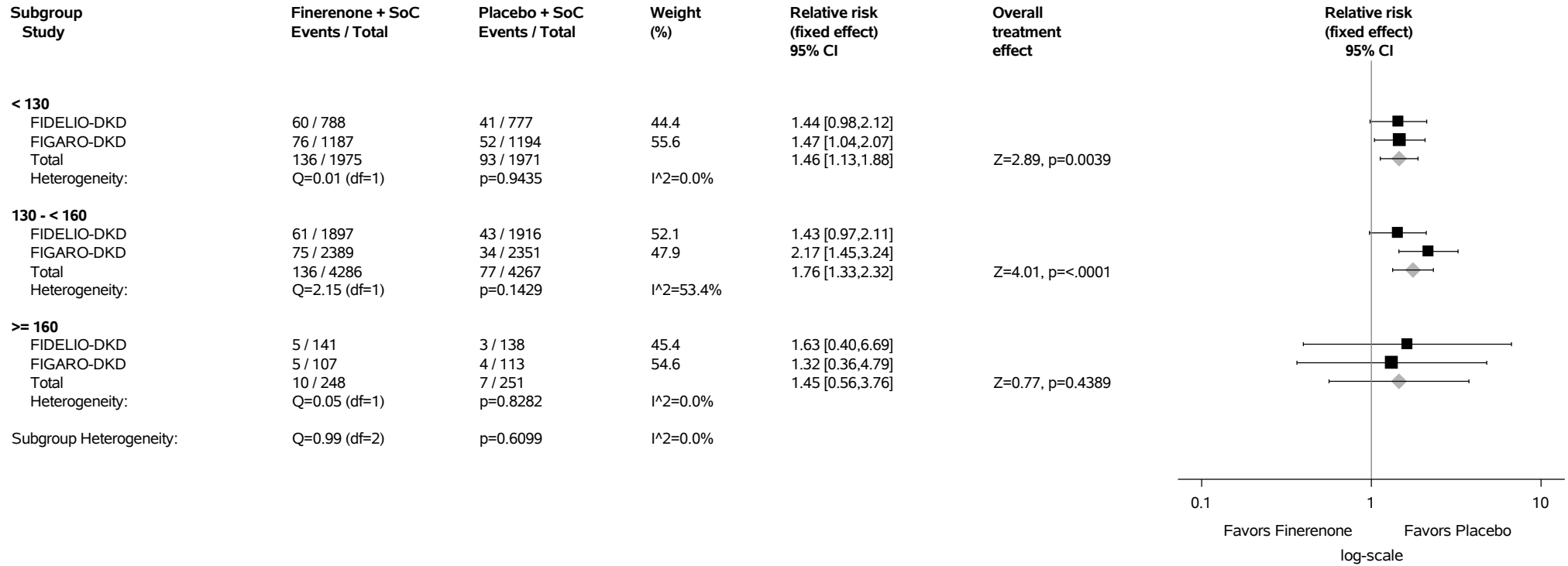
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.144.6: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

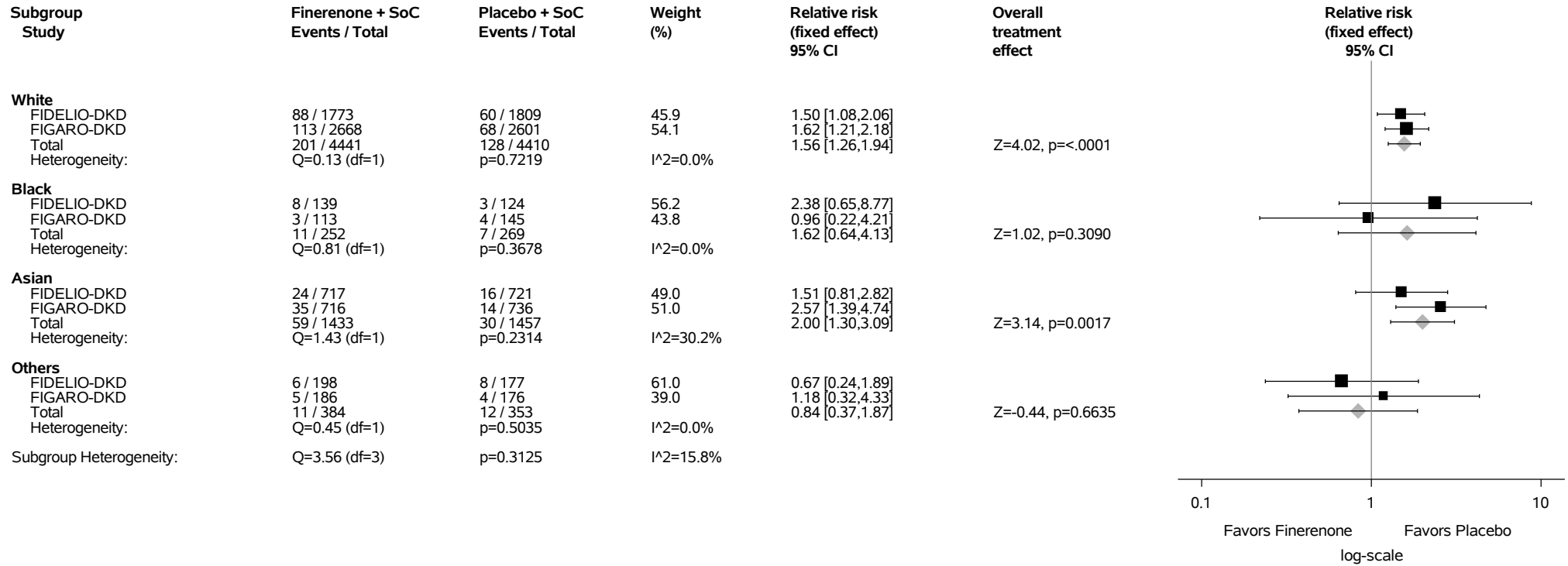
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.144.7: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) Safety Analysis Set



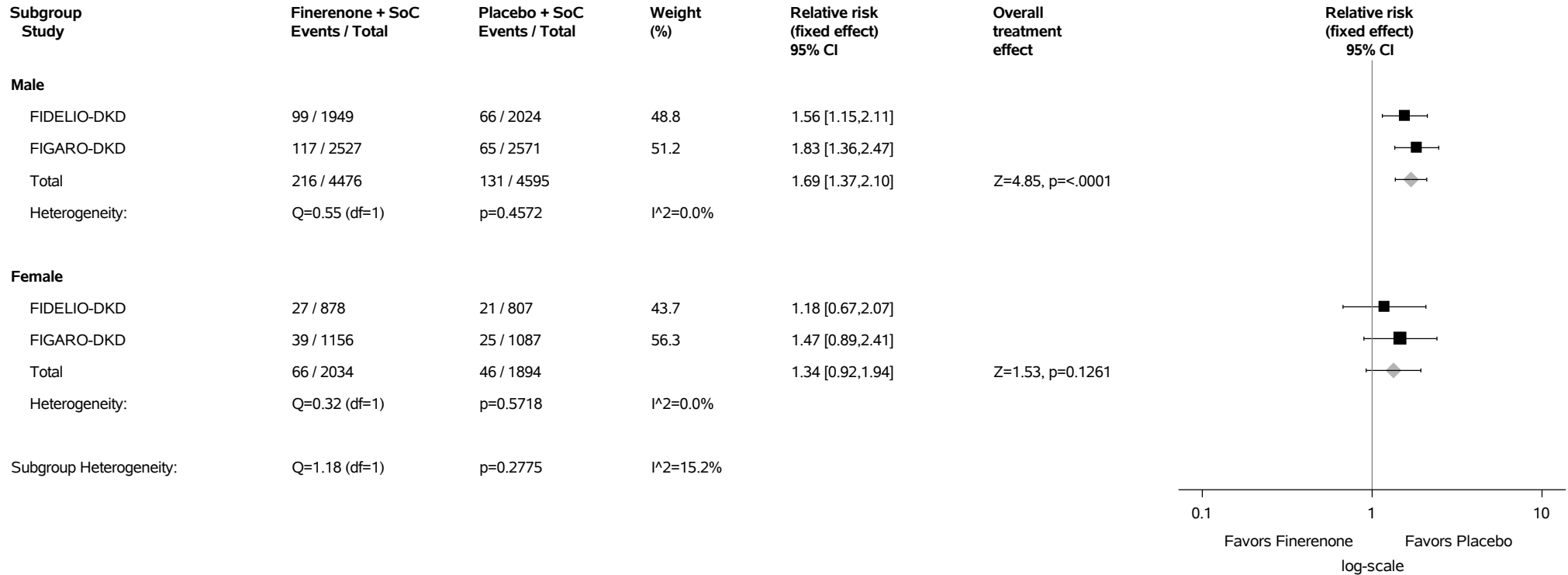
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

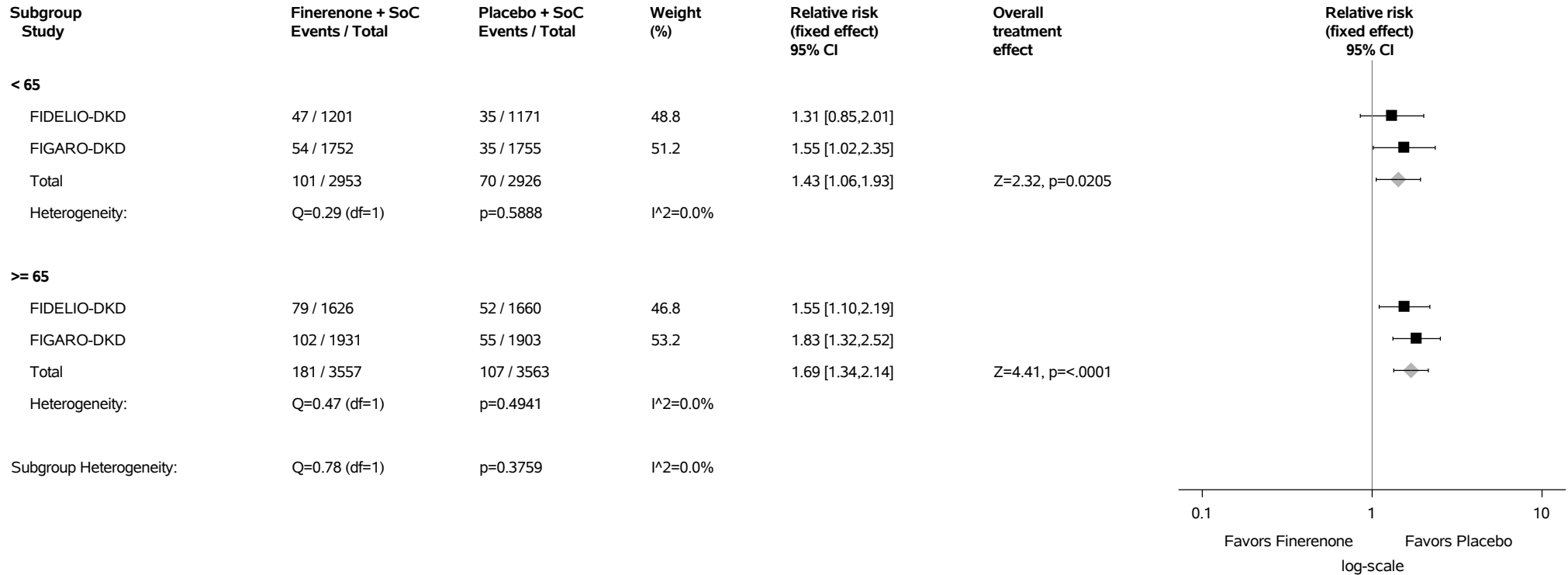
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.144.8: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.144.9: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) Safety Analysis Set



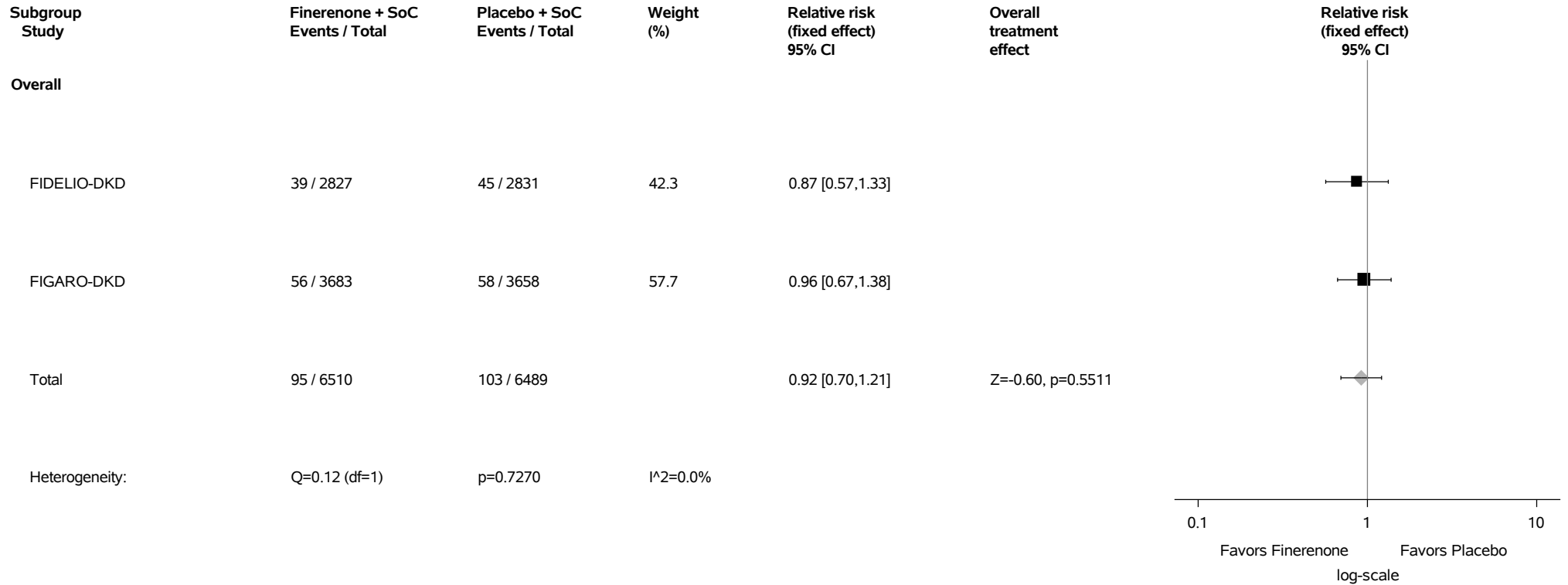
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.145: Forest Plot for Relative Risk of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) Safety Analysis Set



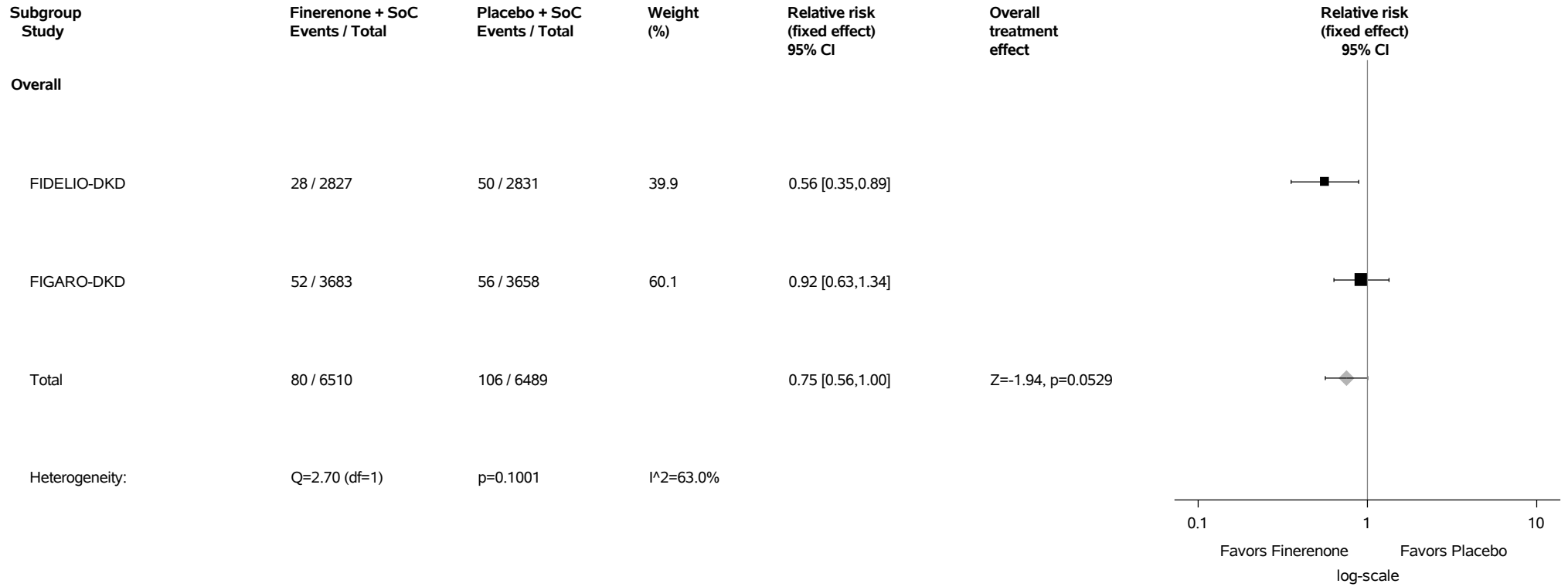
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

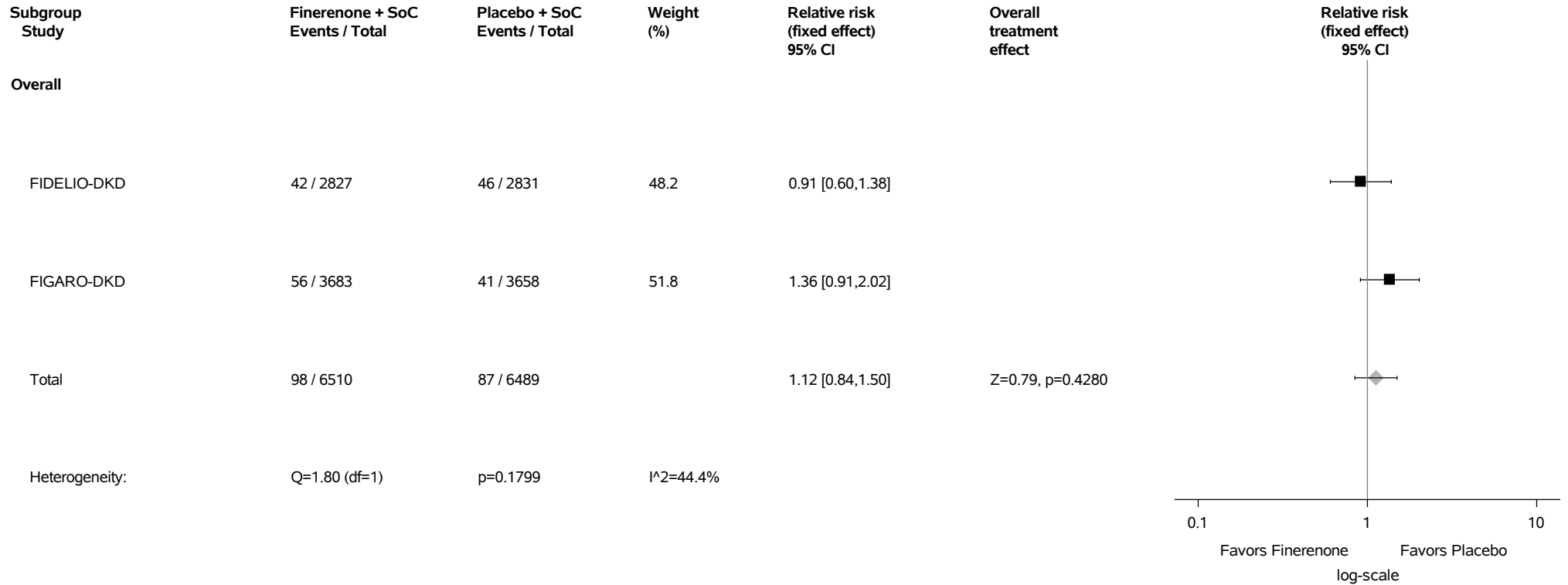
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.146: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



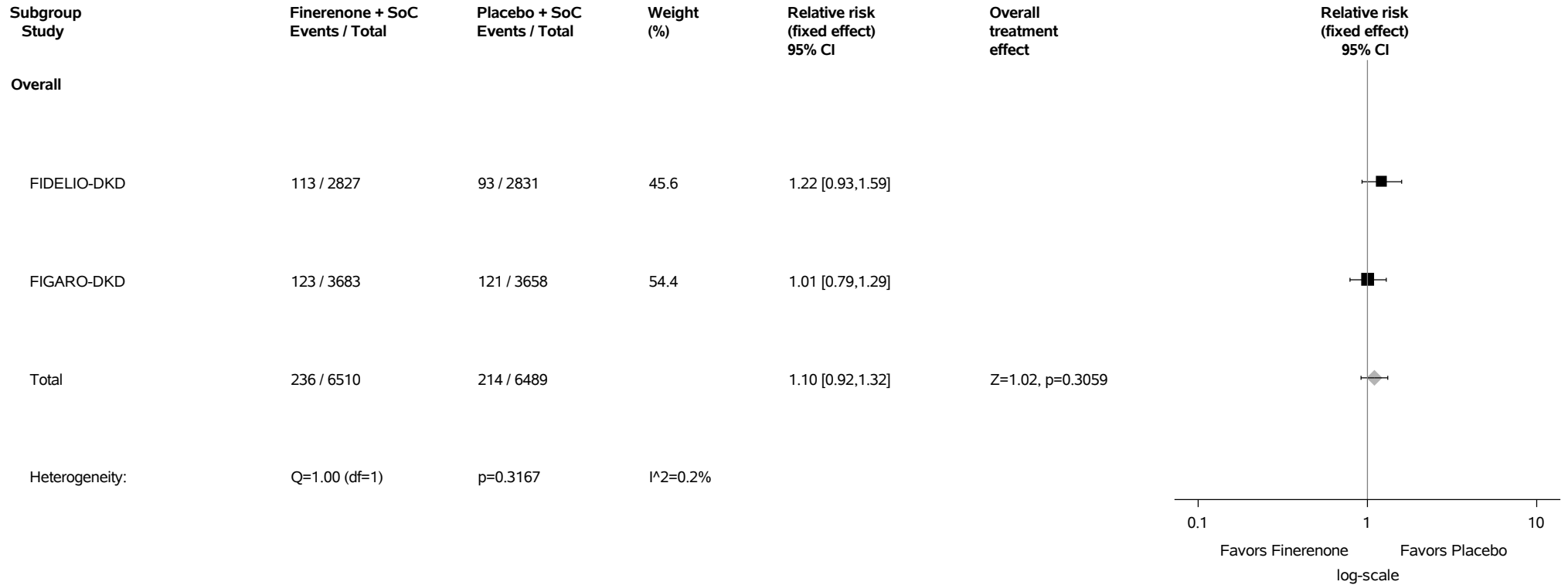
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.147: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.148: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



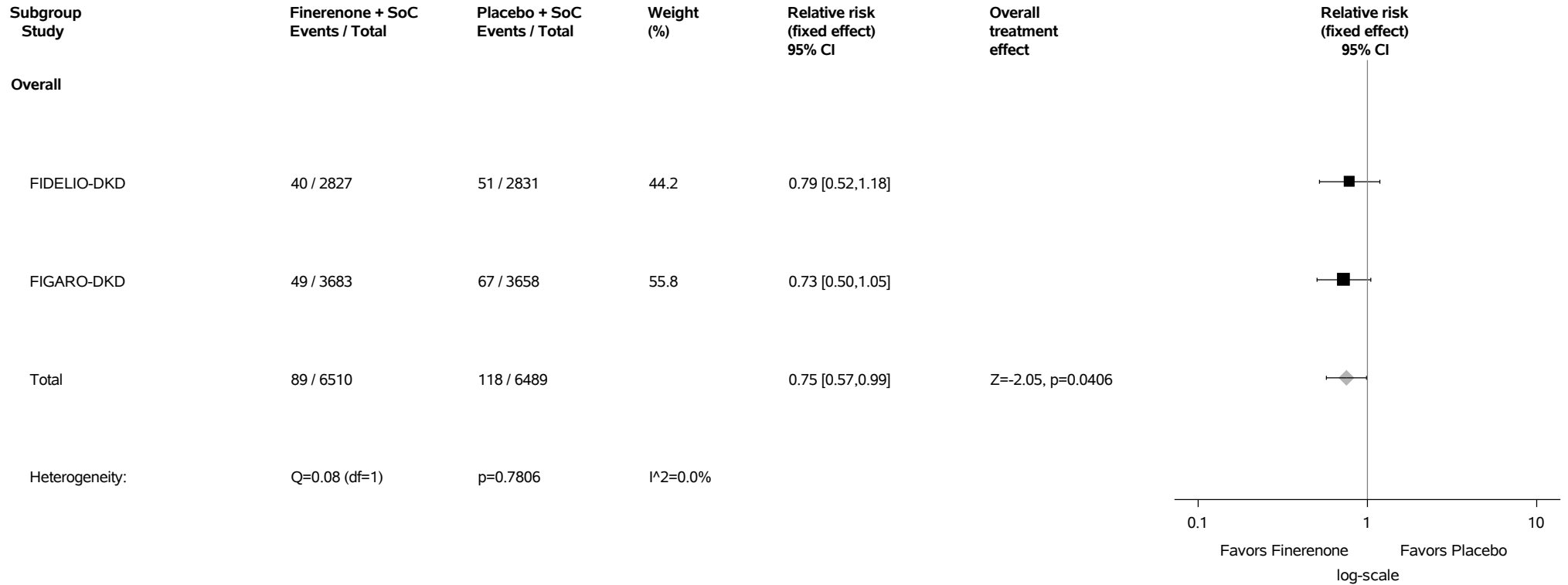
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

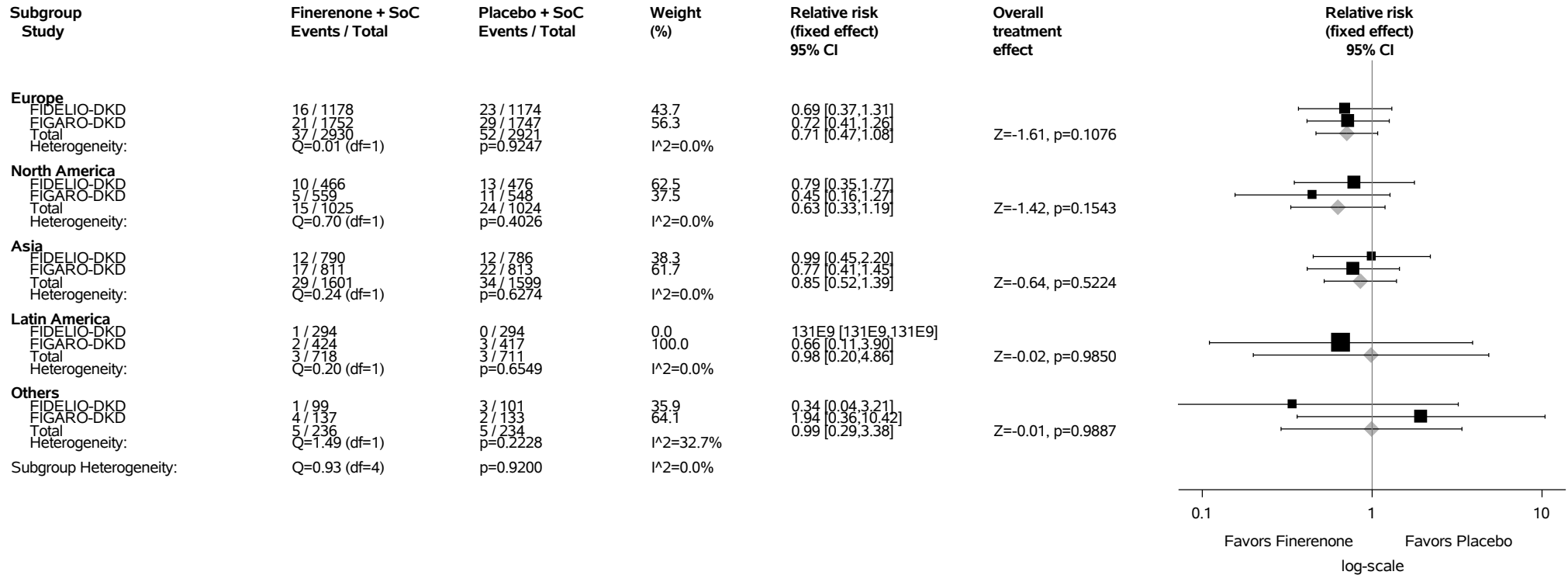
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.149: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.149.1: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



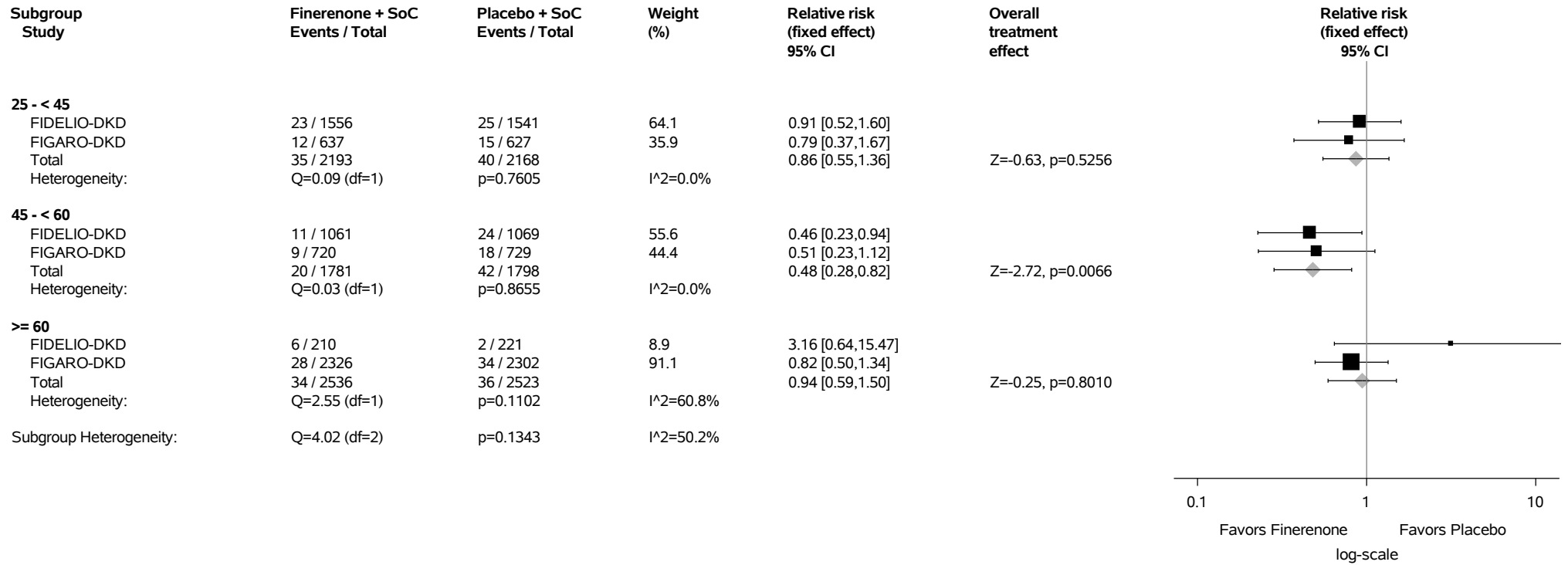
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

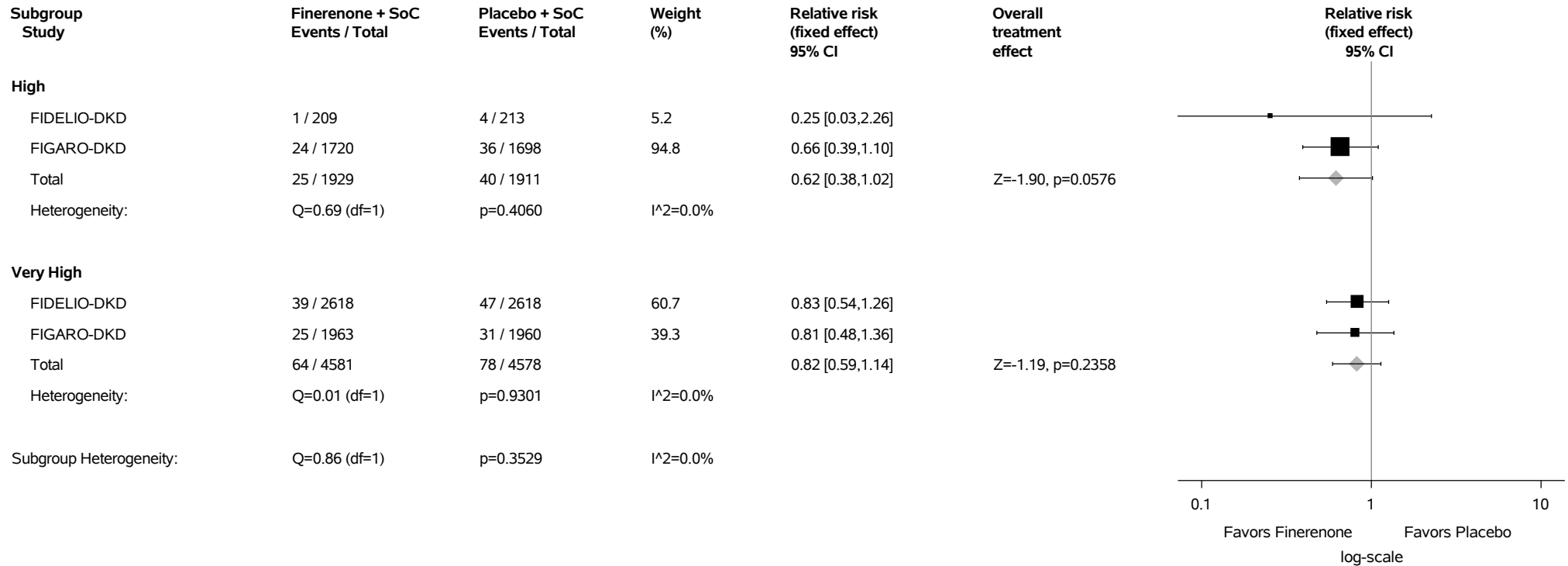
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.149.2: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.149.3: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

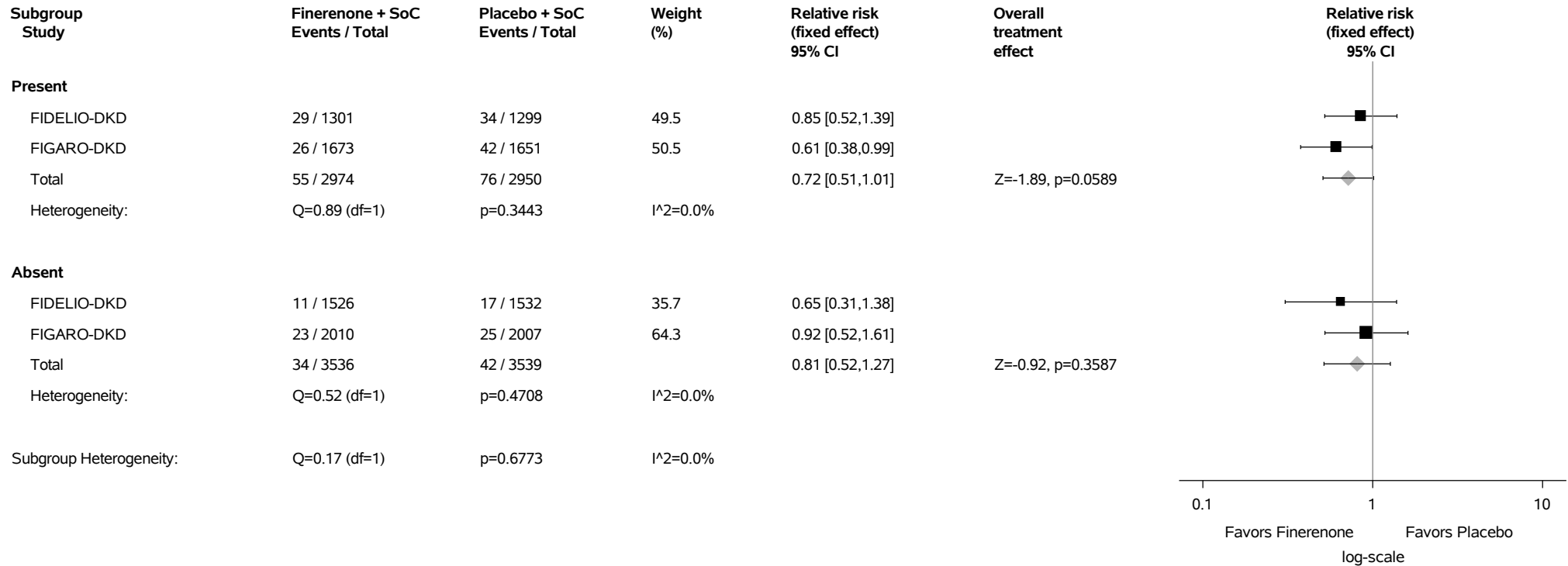
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.149.4: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set



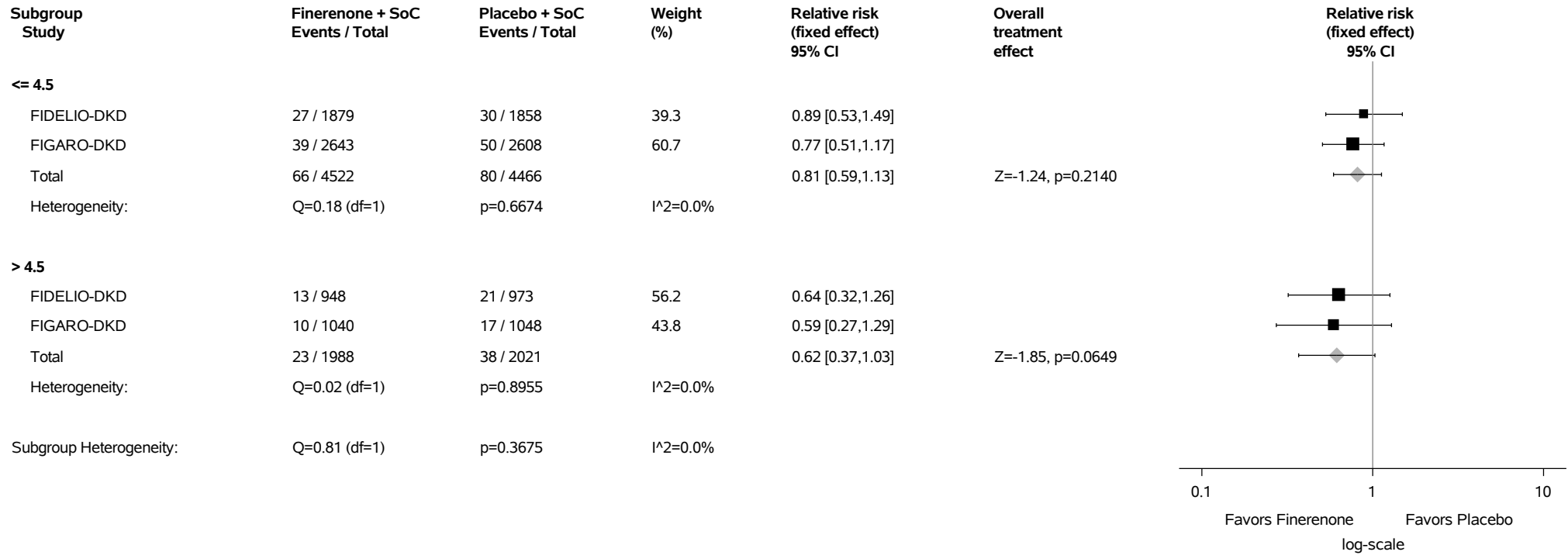
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.149.5: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



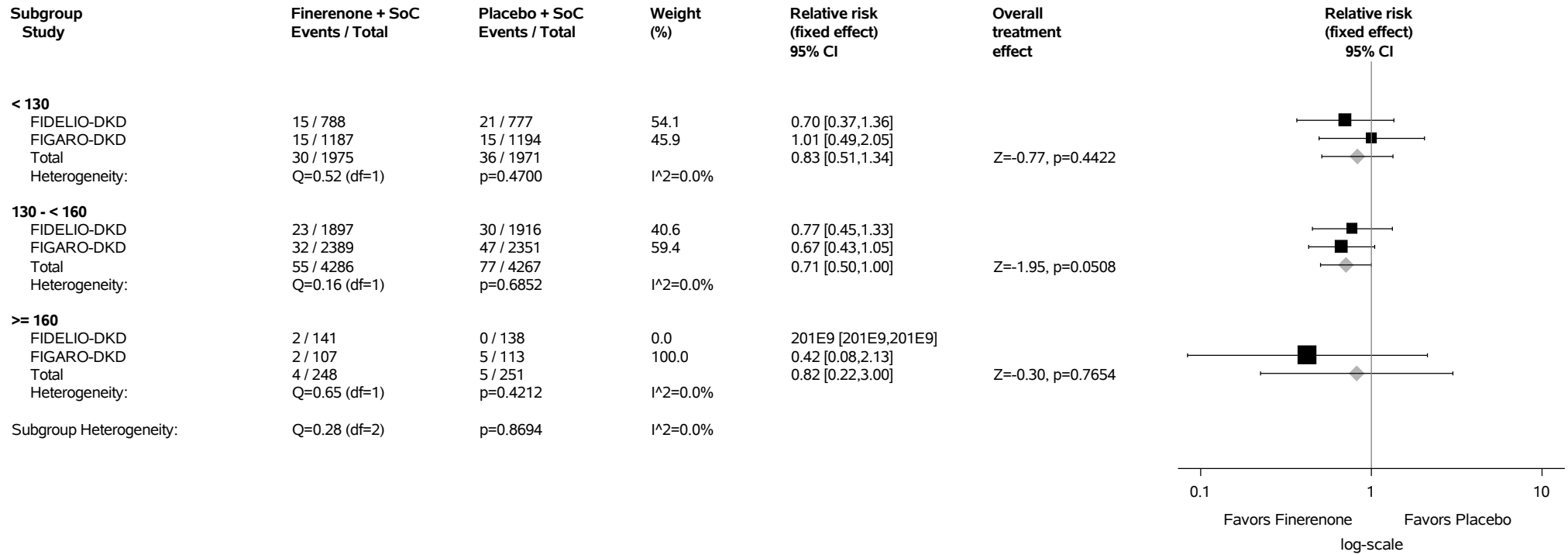
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.149.6: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



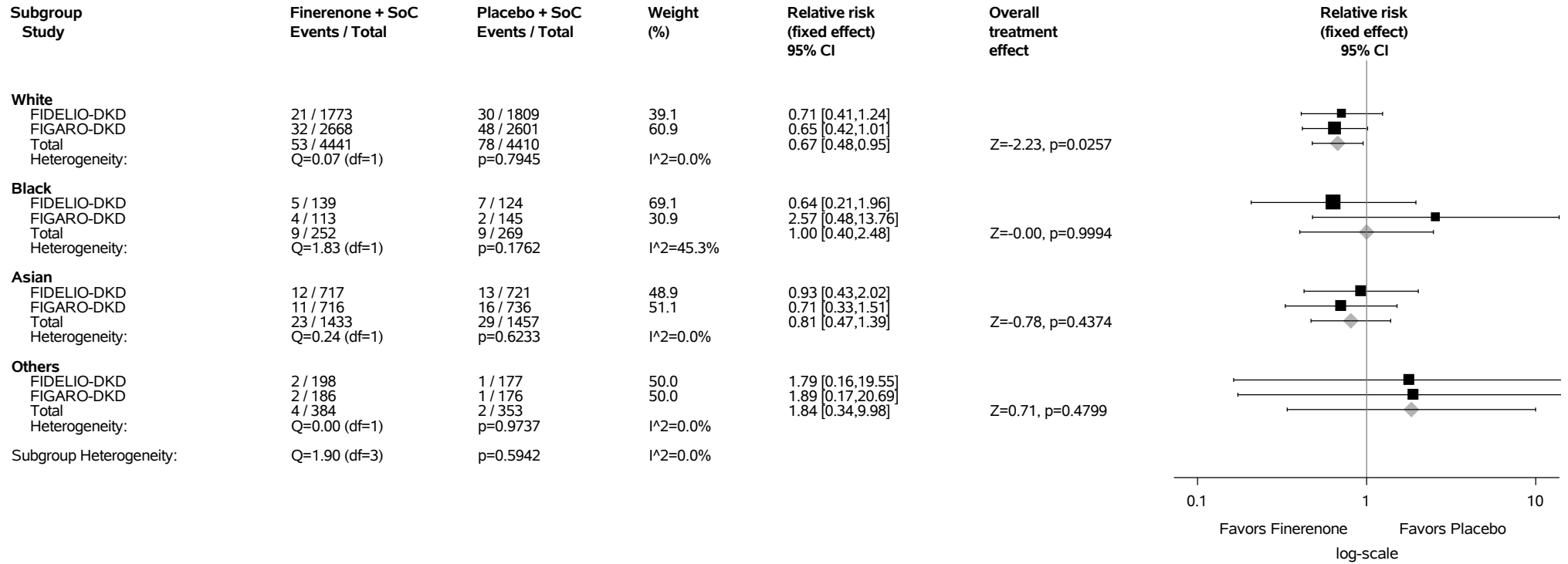
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.149.7: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

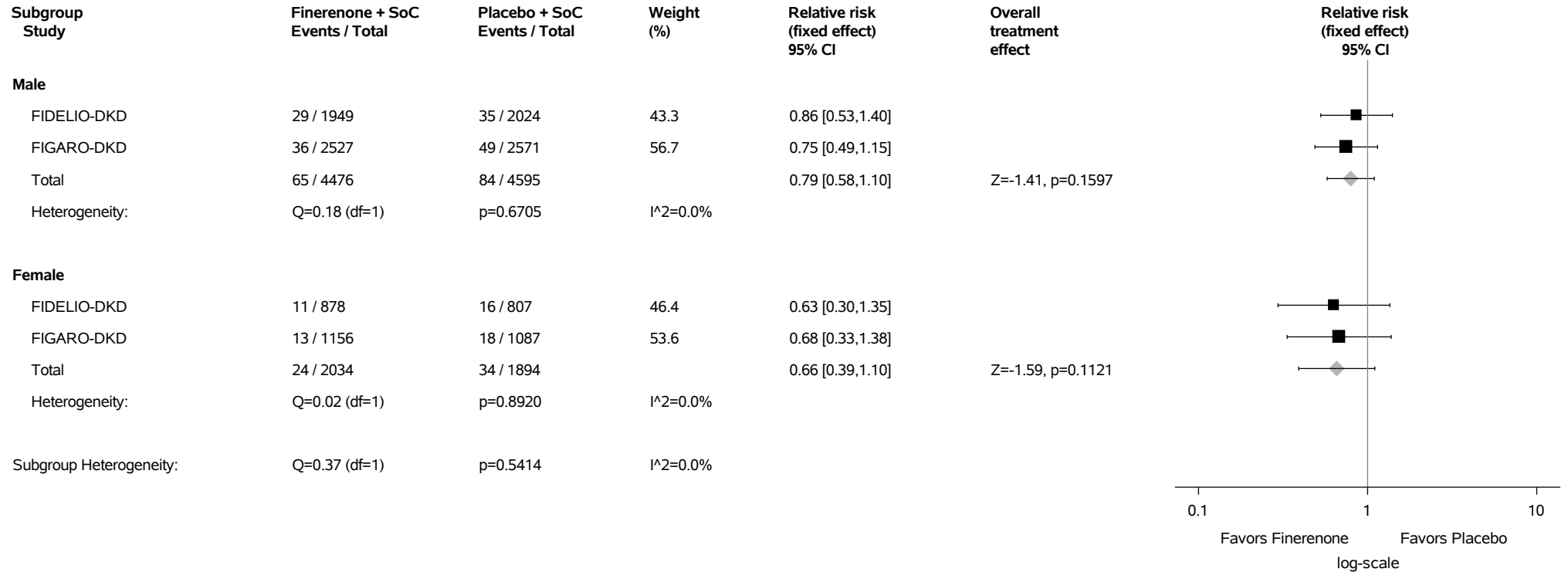
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

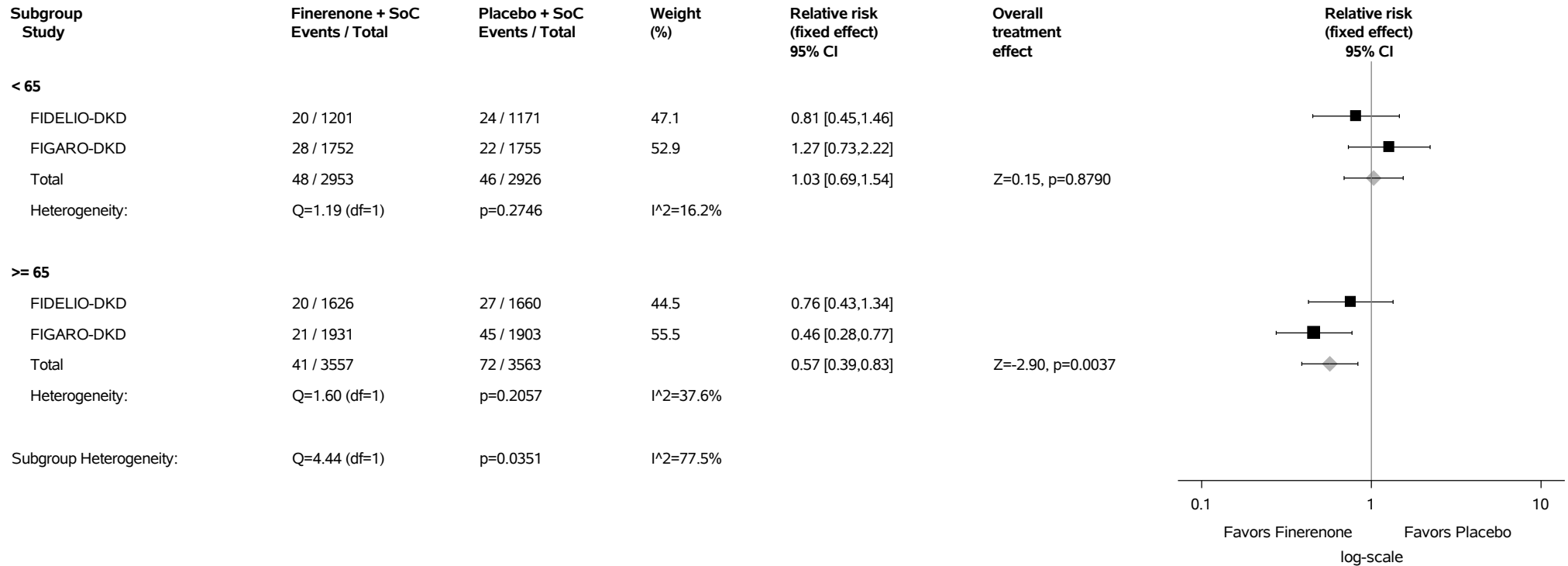
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.149.8: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



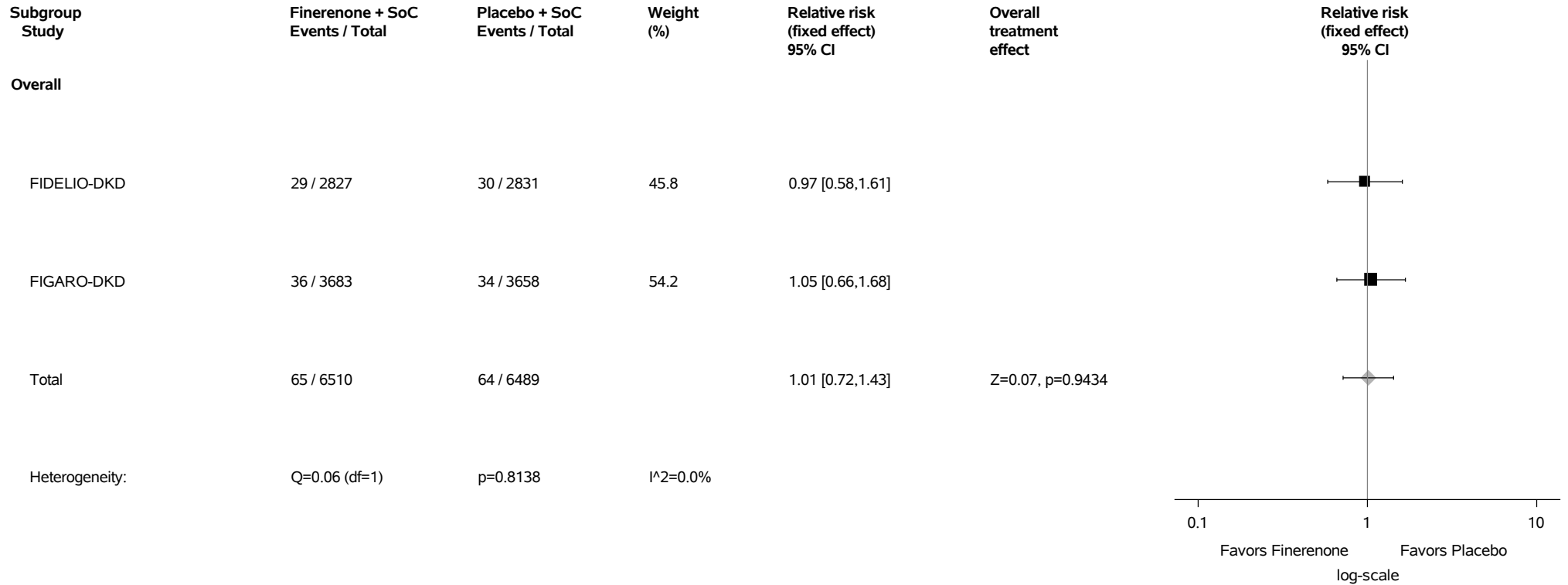
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.149.9: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set



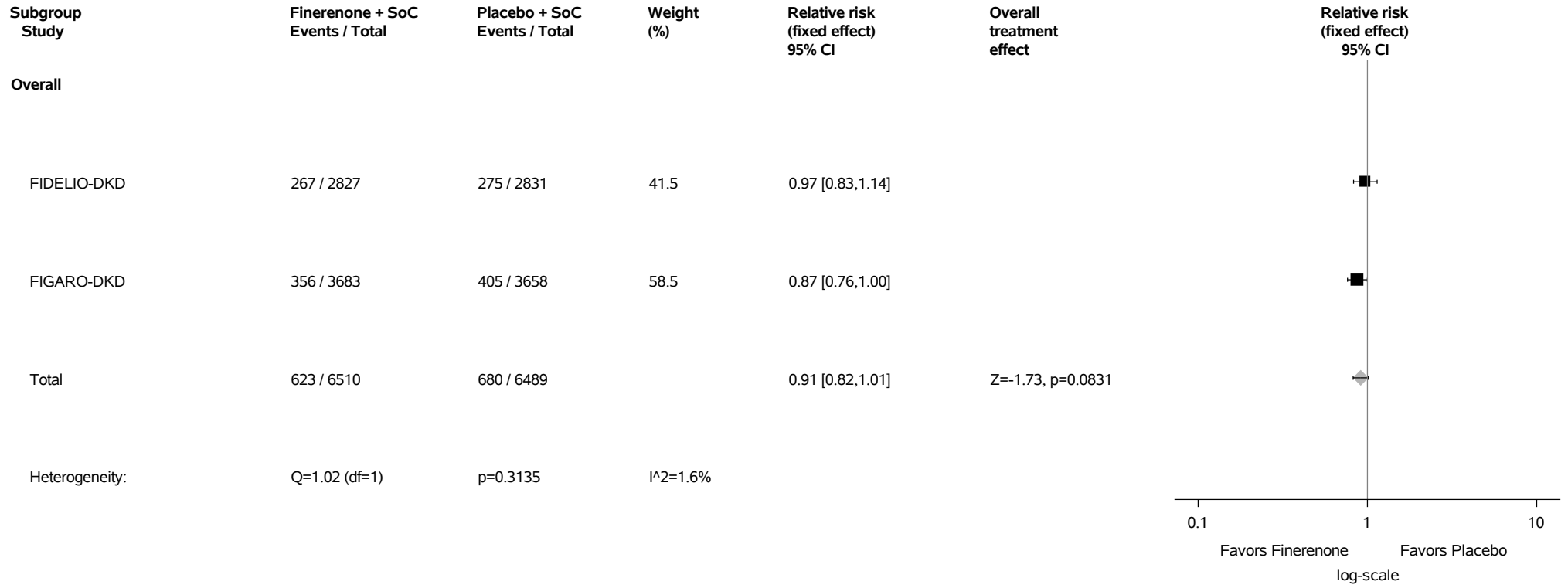
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.150: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.151: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set



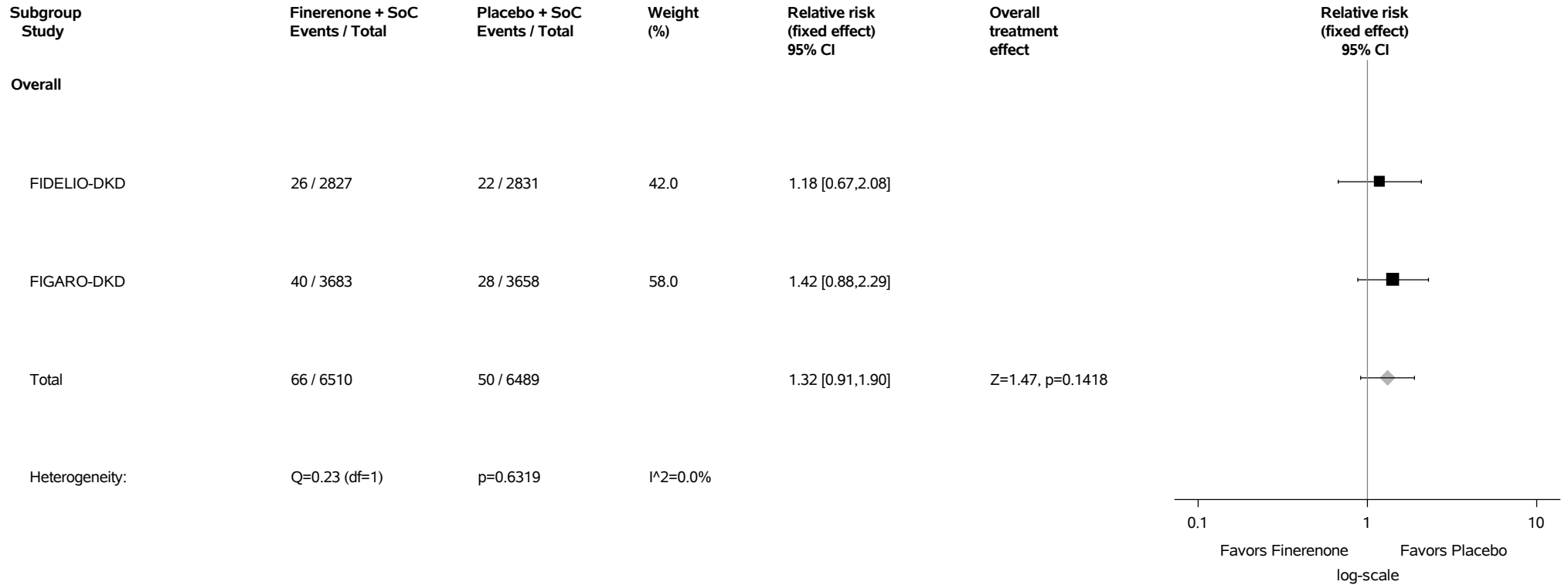
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

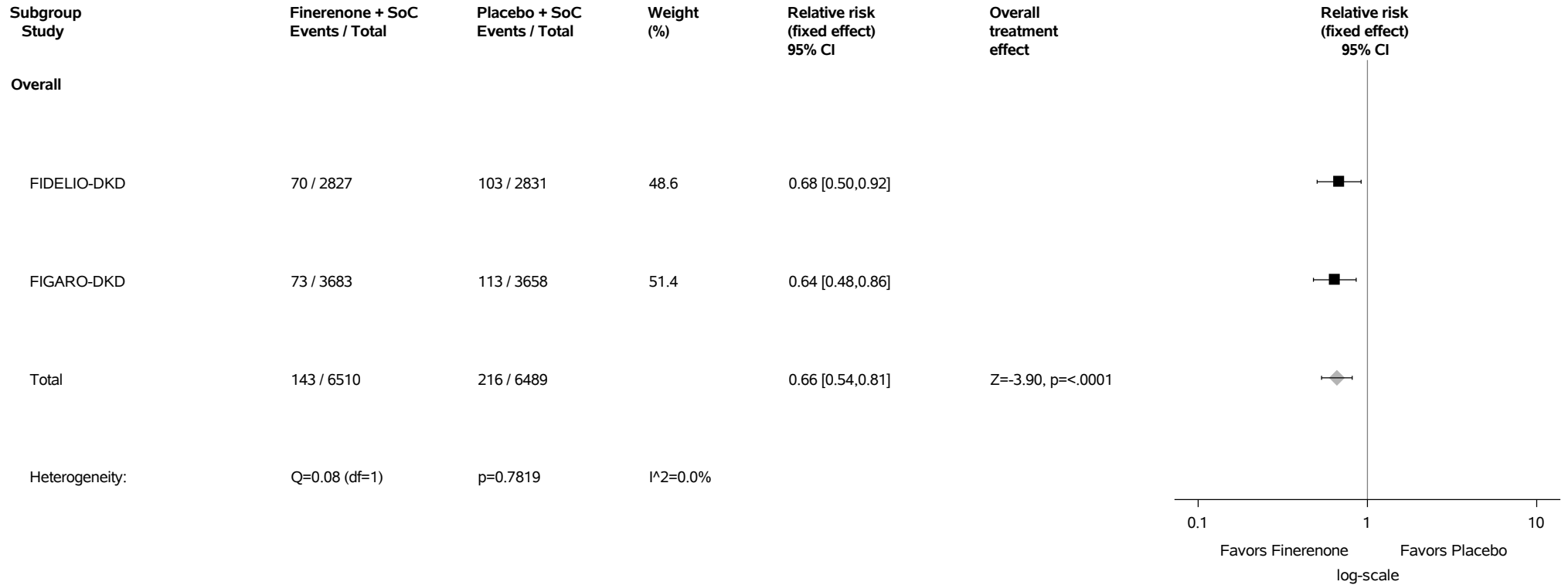
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.152: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Cellulitis (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.153: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



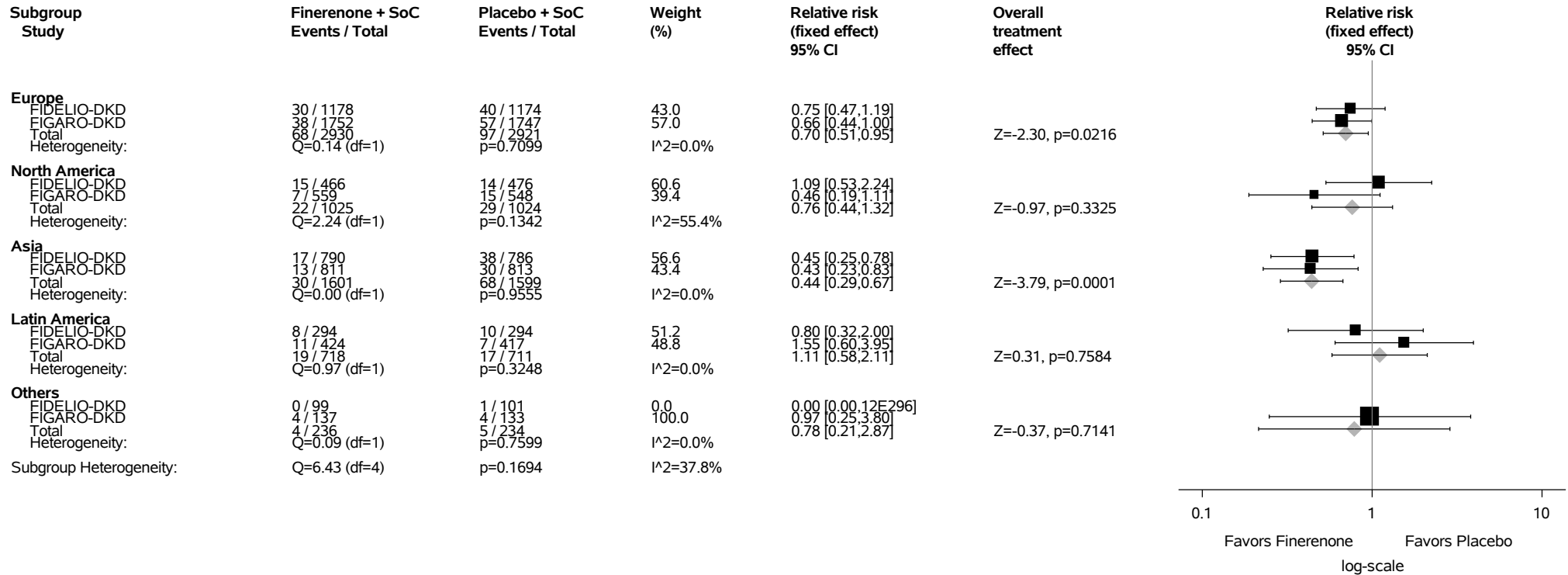
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.153.1: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set

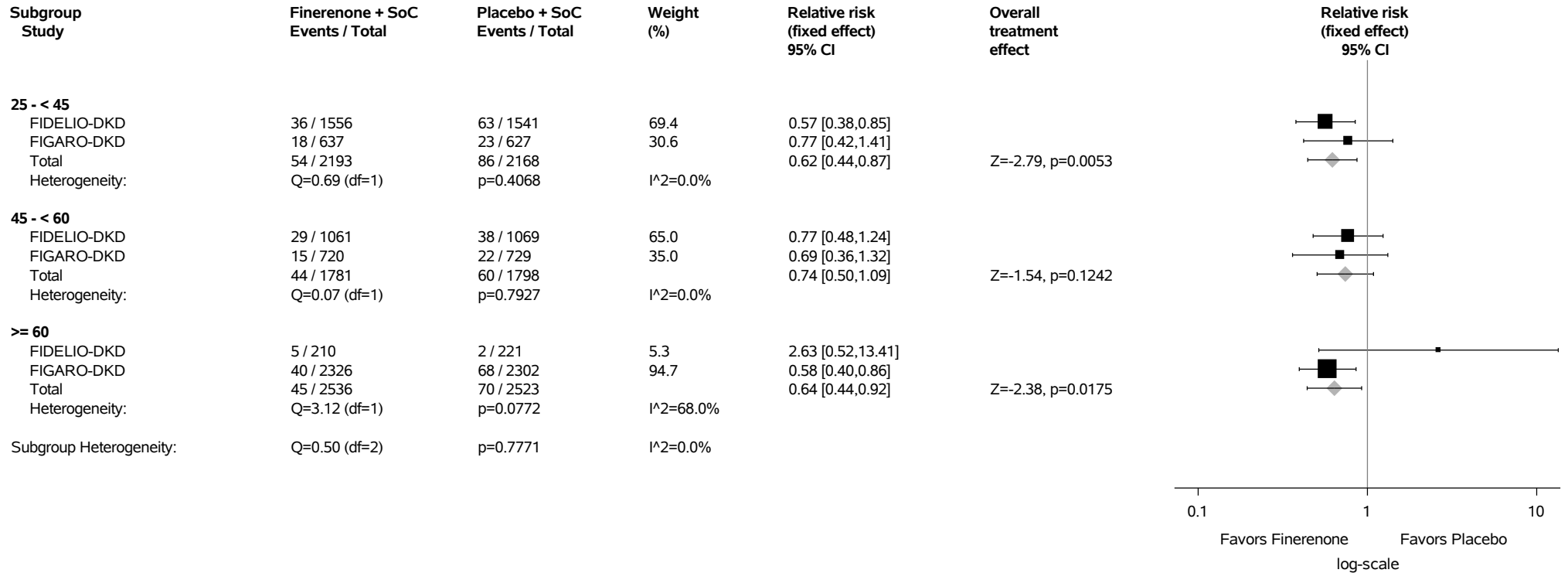


Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.153.2: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m²) Category at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set

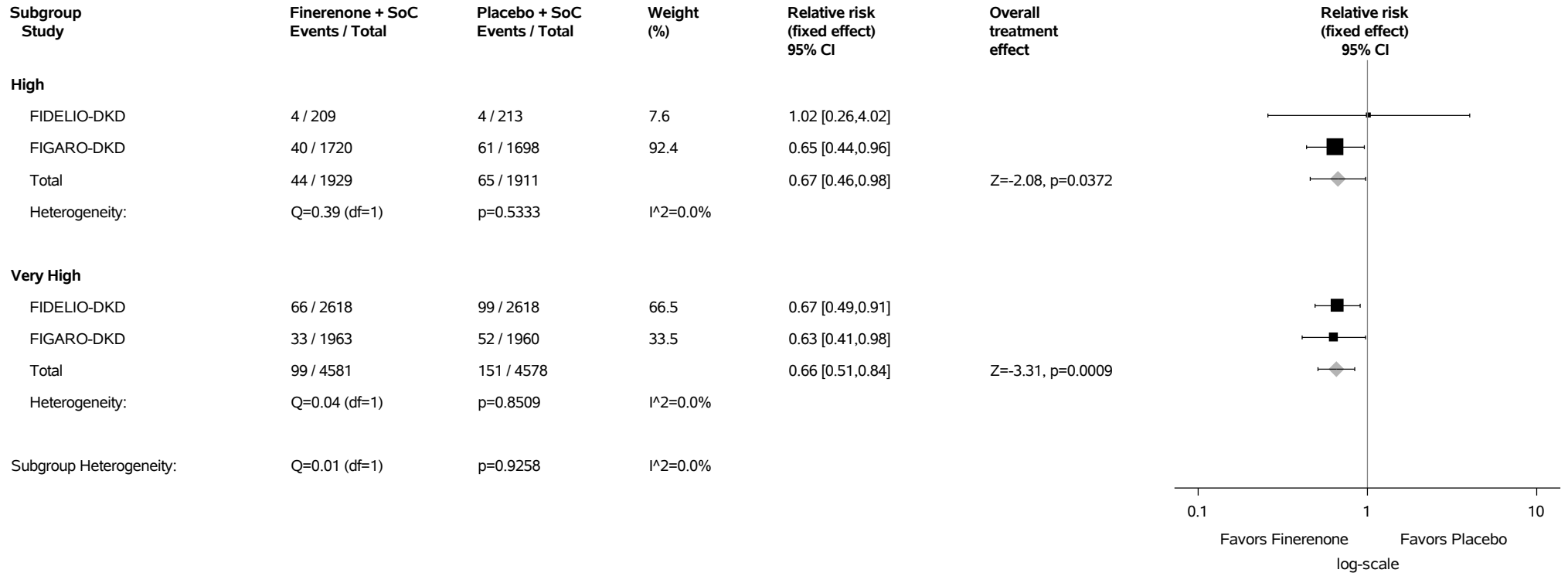
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.153.3: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



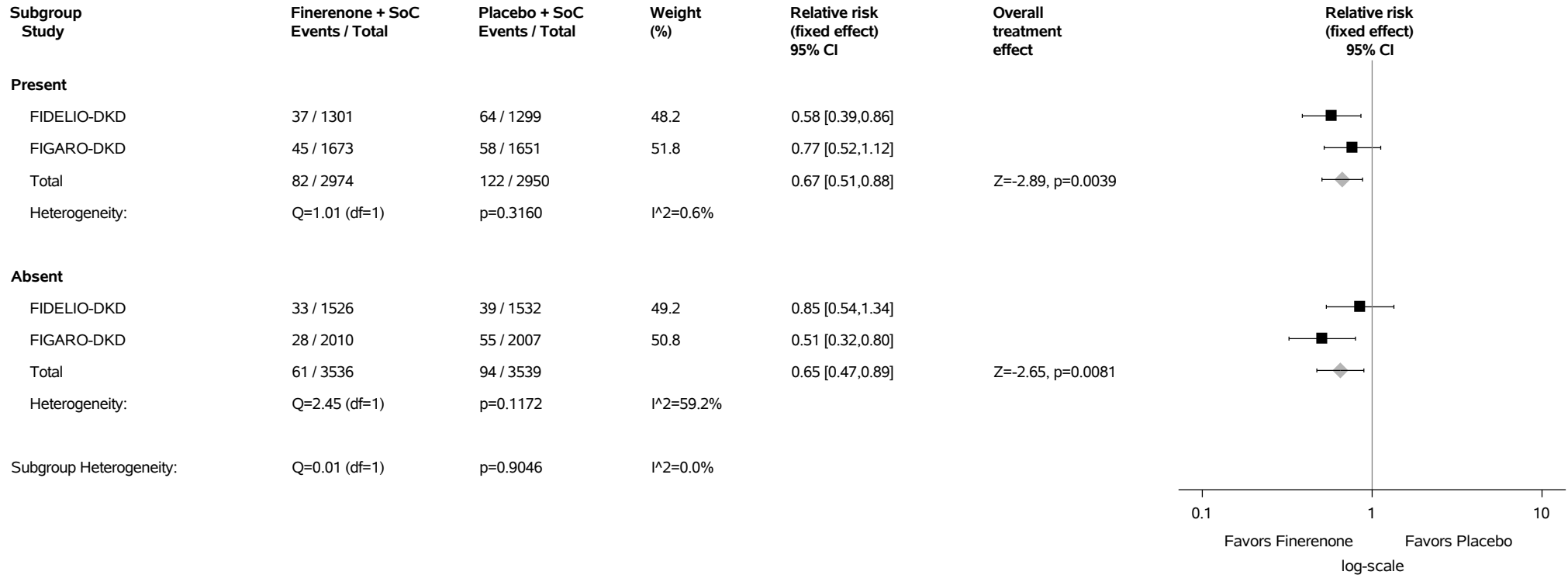
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.153.4: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



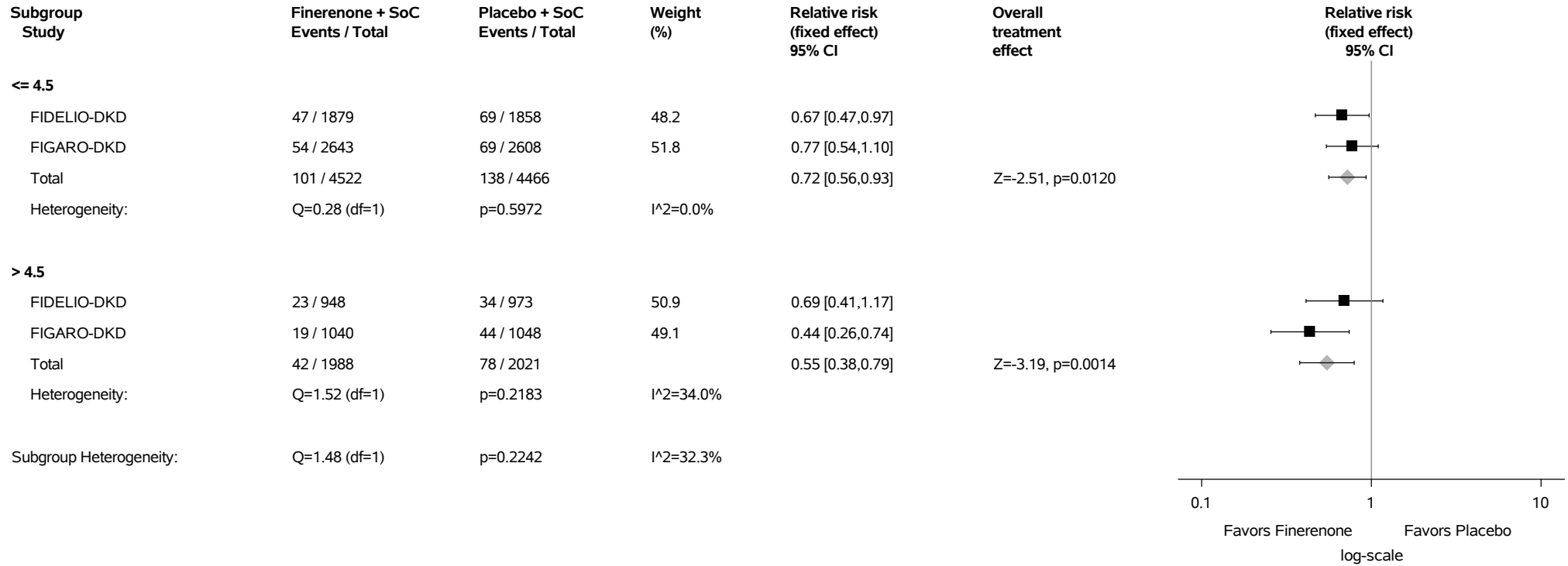
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.153.5: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

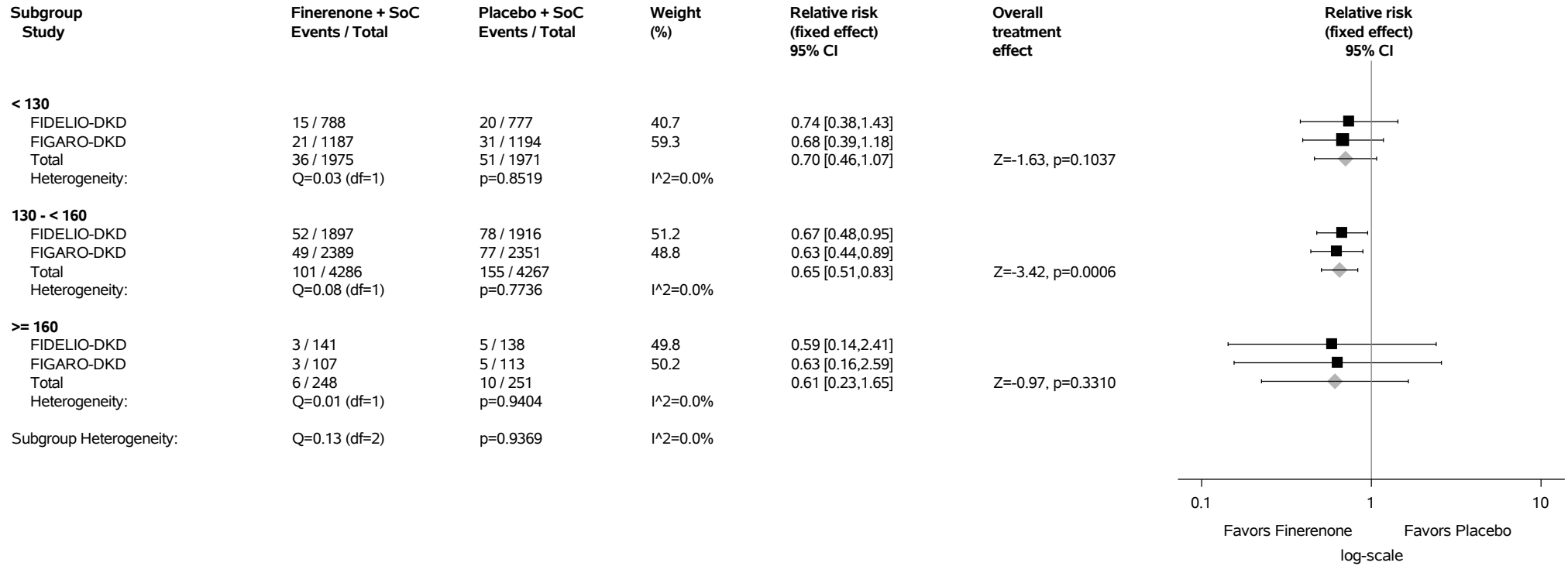
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.153.6: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

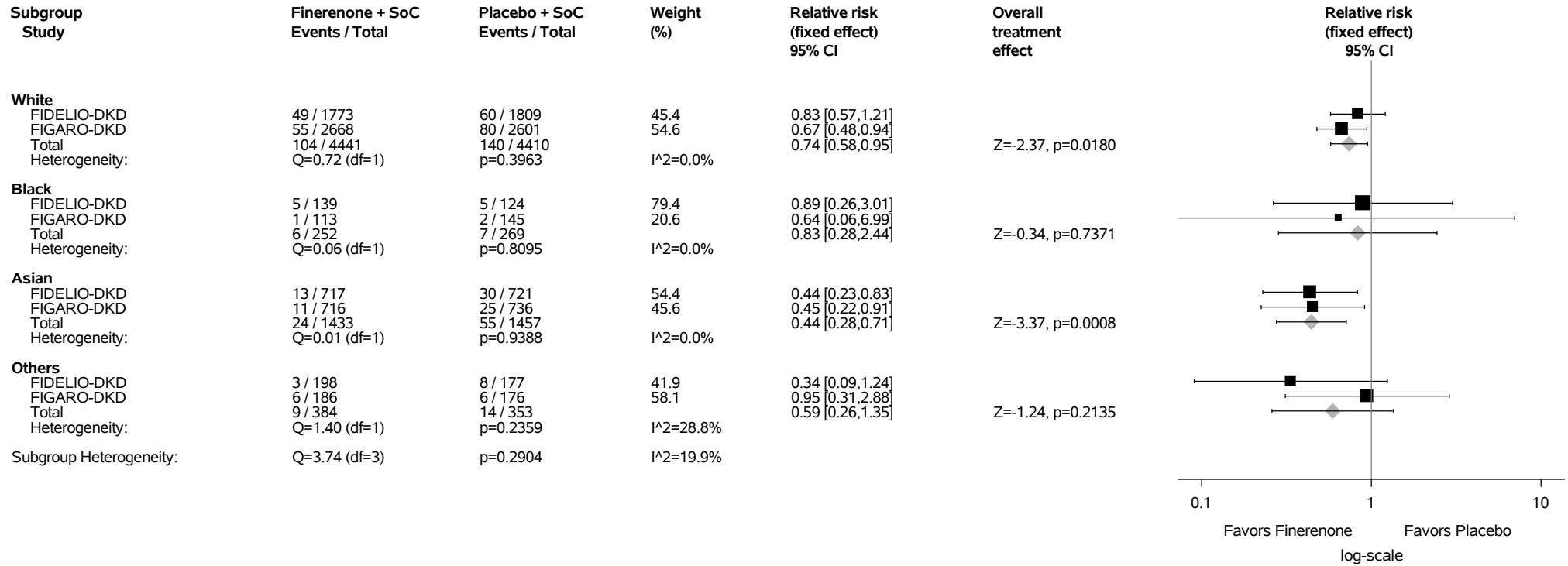
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.153.7: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

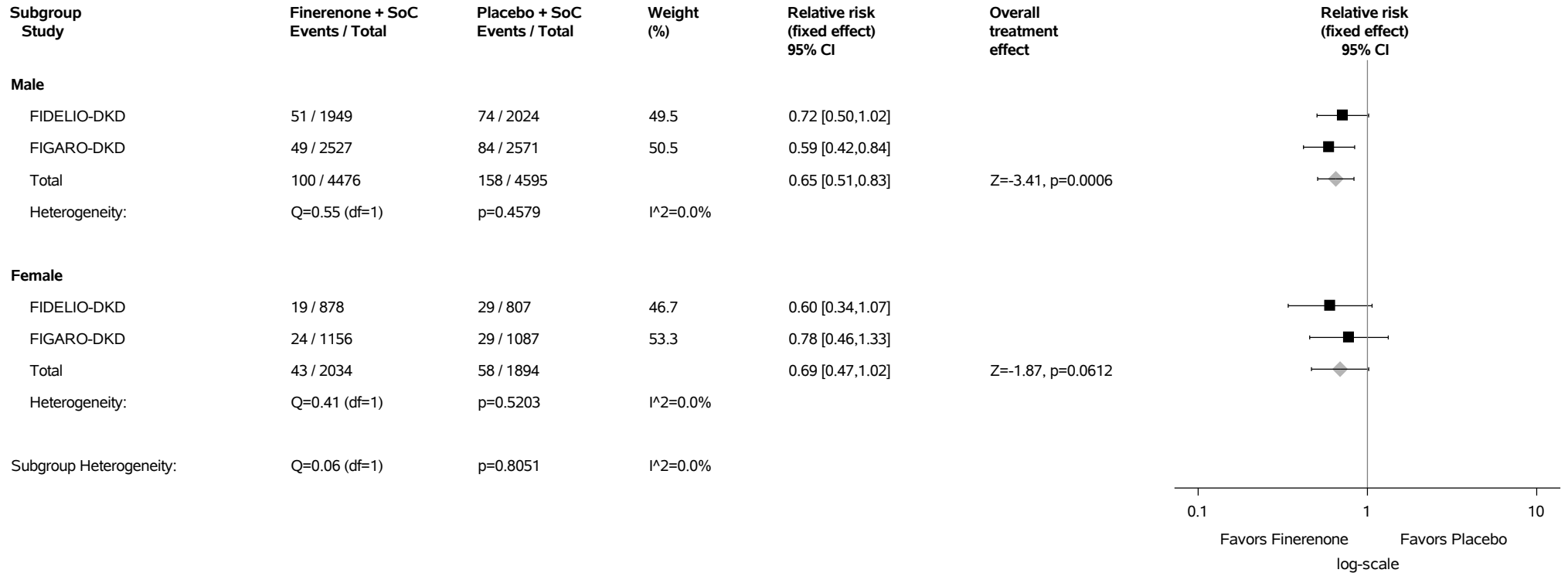
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

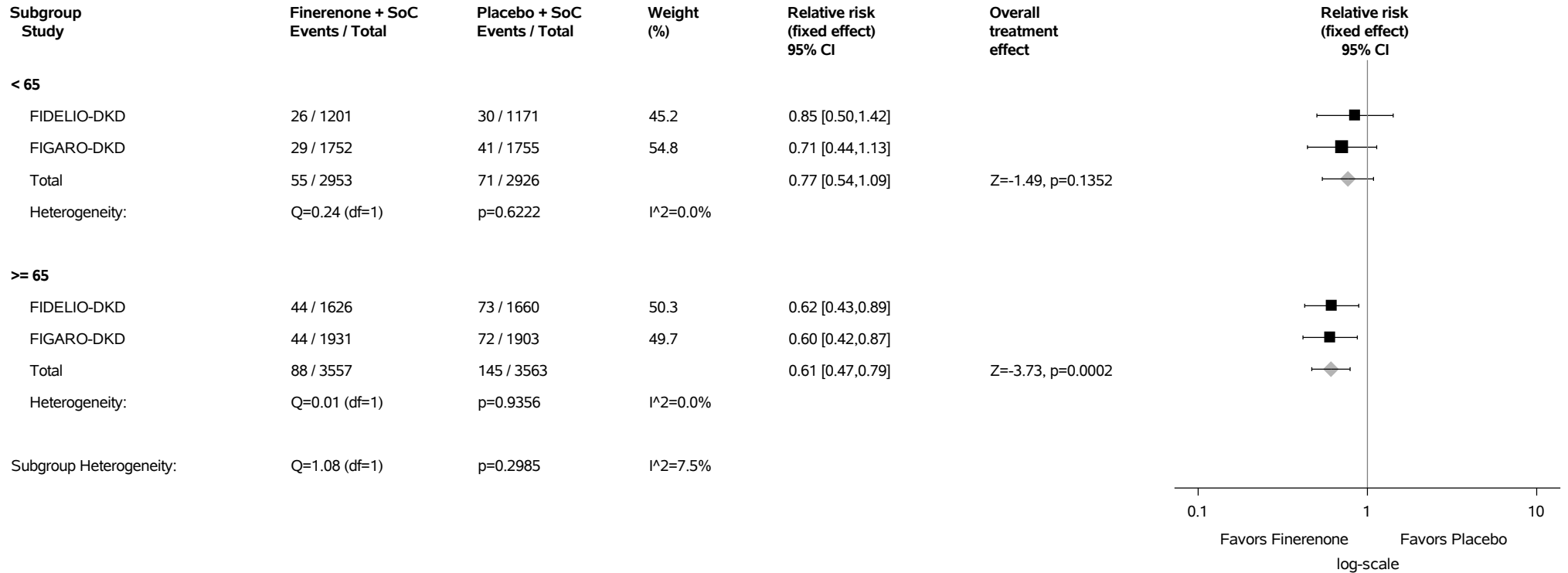
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.153.8: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.153.9: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



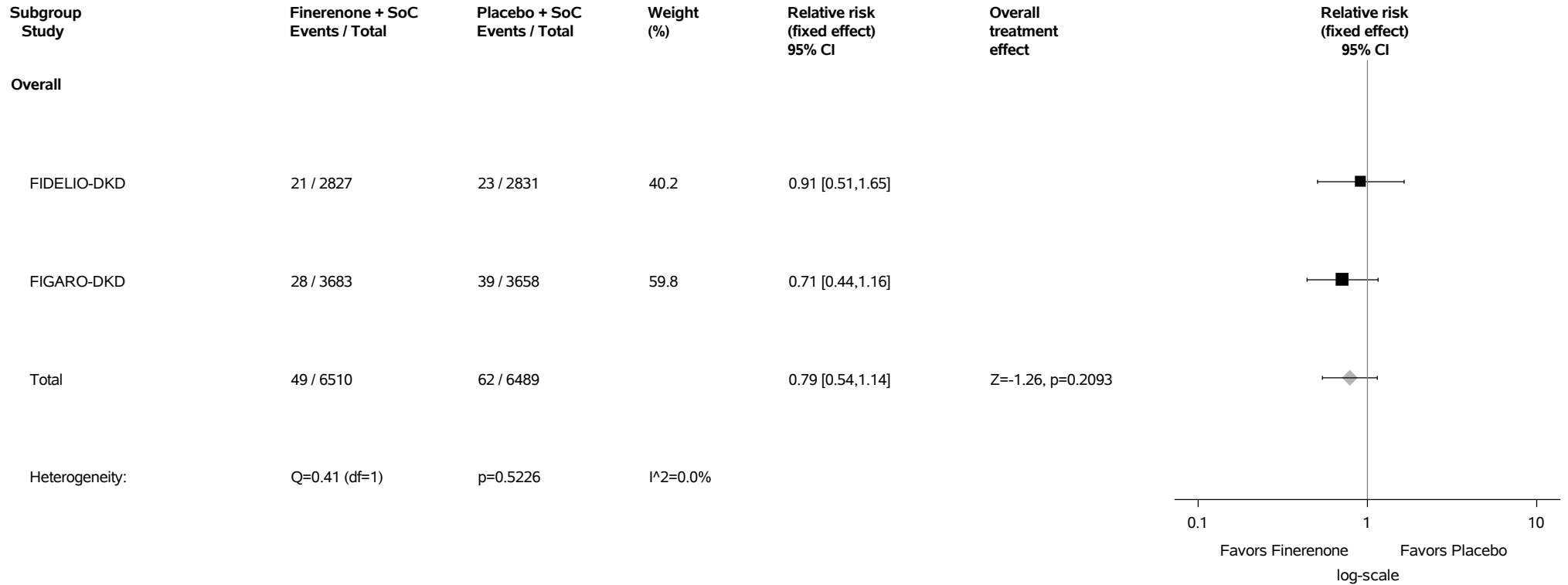
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

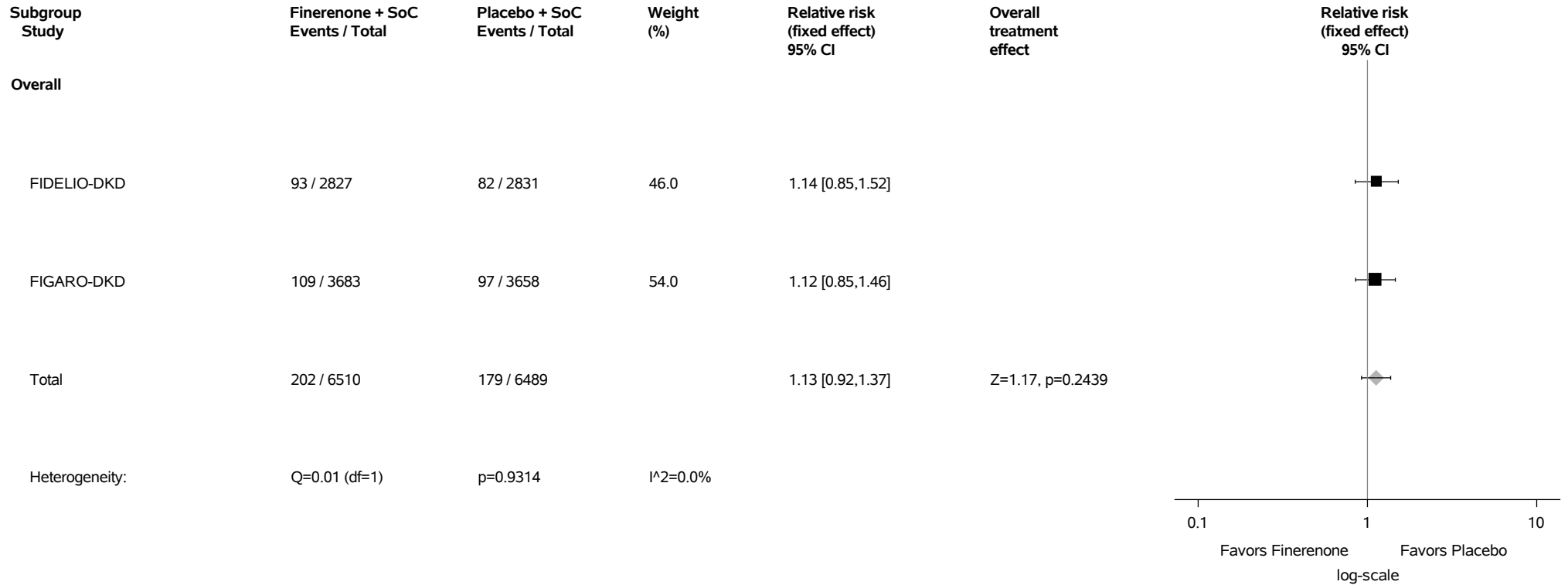
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.154: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Urinary tract infection (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.155: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set



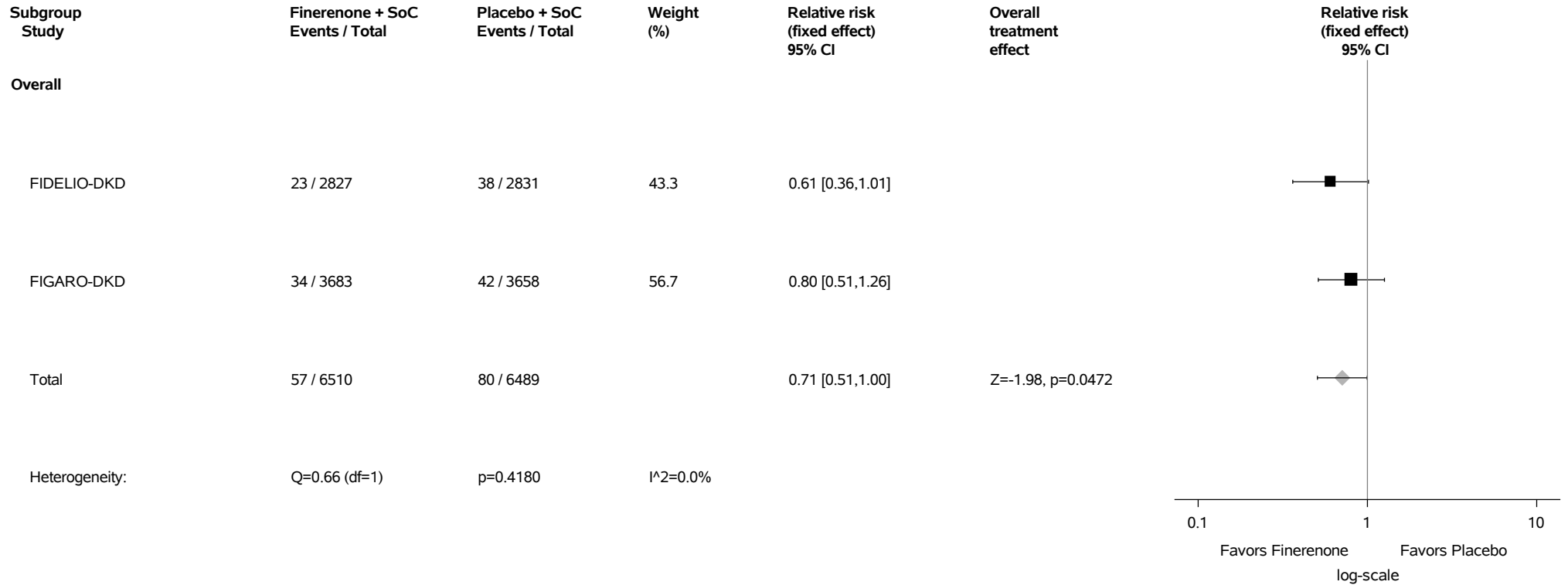
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.156: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set



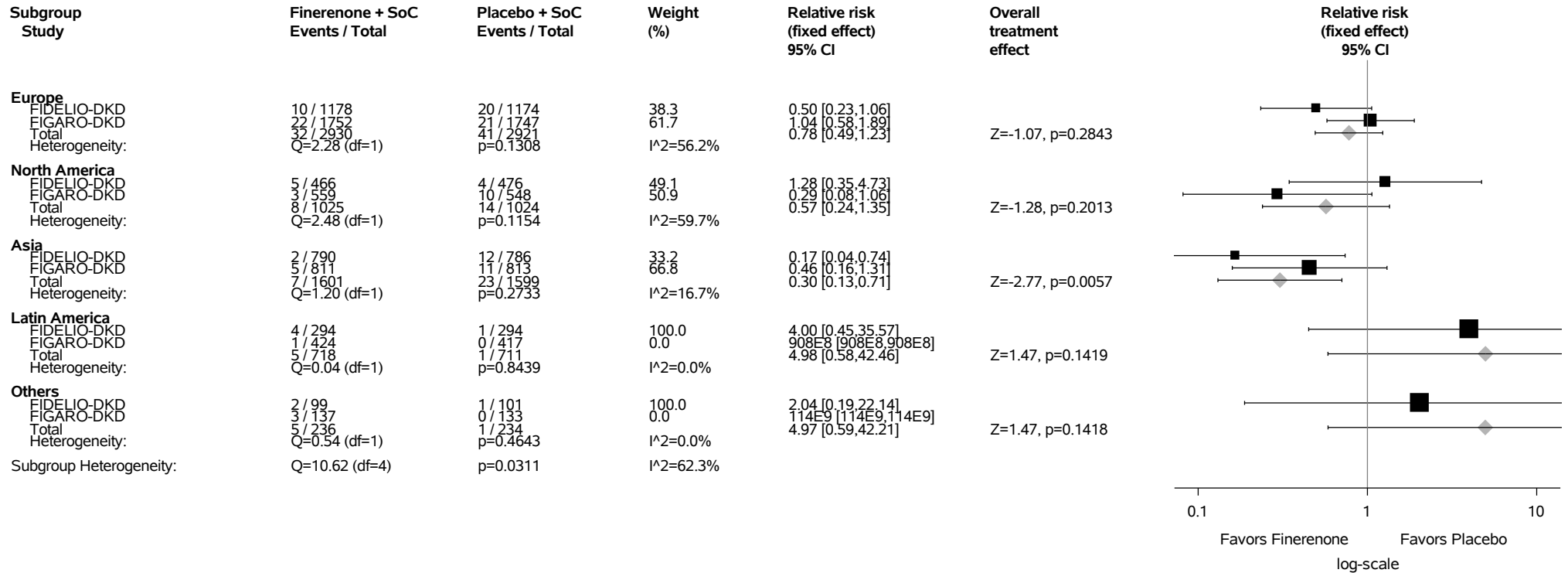
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.156.1: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Investigations (SOC with Incidence >=1%) Safety Analysis Set



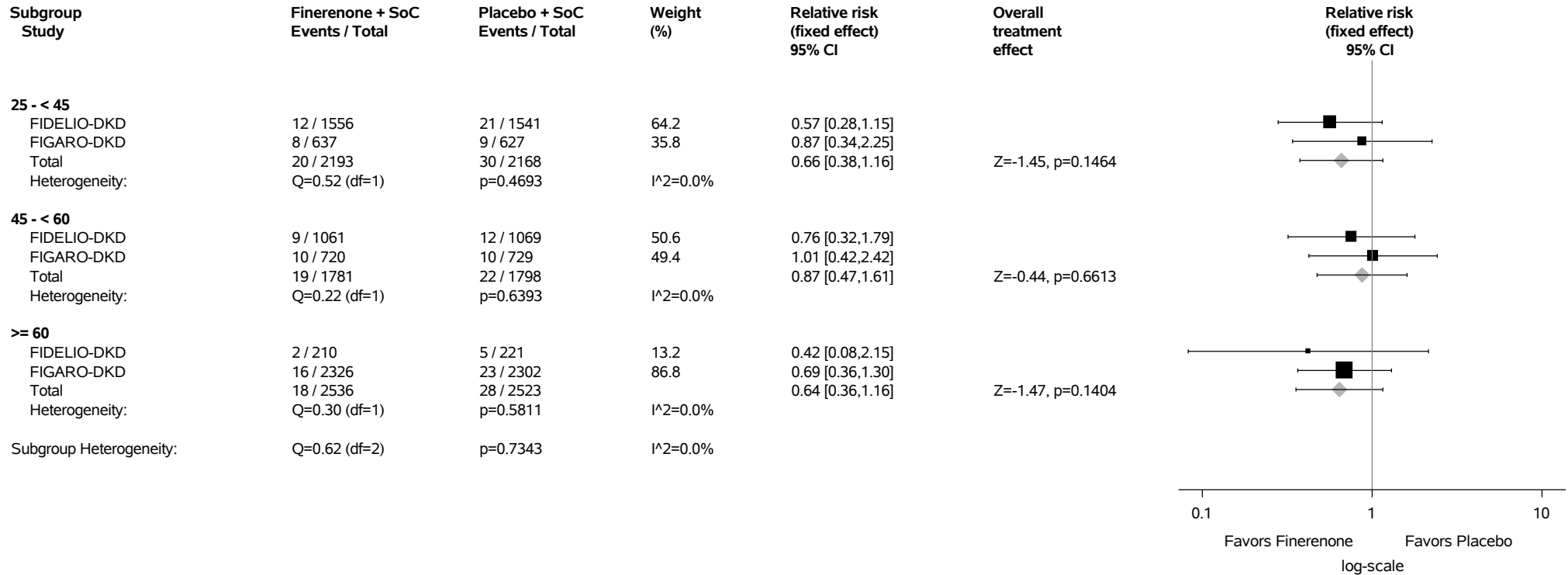
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.156.2: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Investigations (SOC with Incidence >=1%) Safety Analysis Set



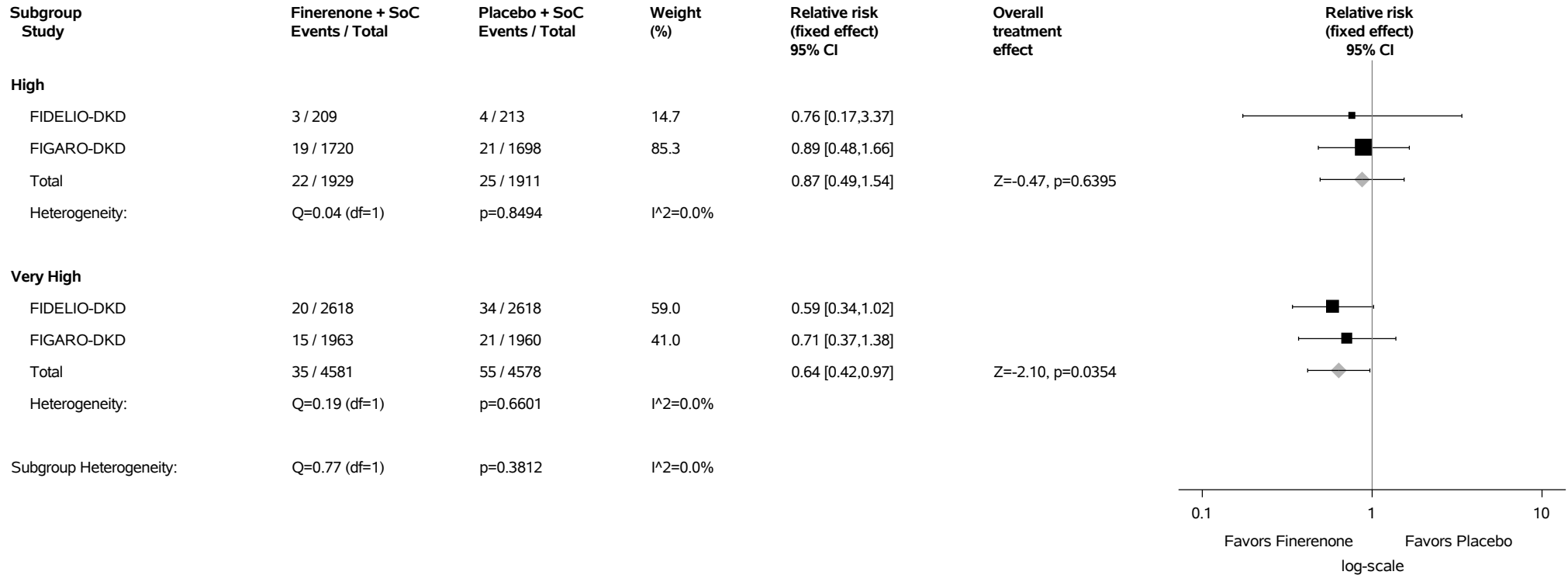
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.156.3: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Investigations (SOC with Incidence >=1%) Safety Analysis Set



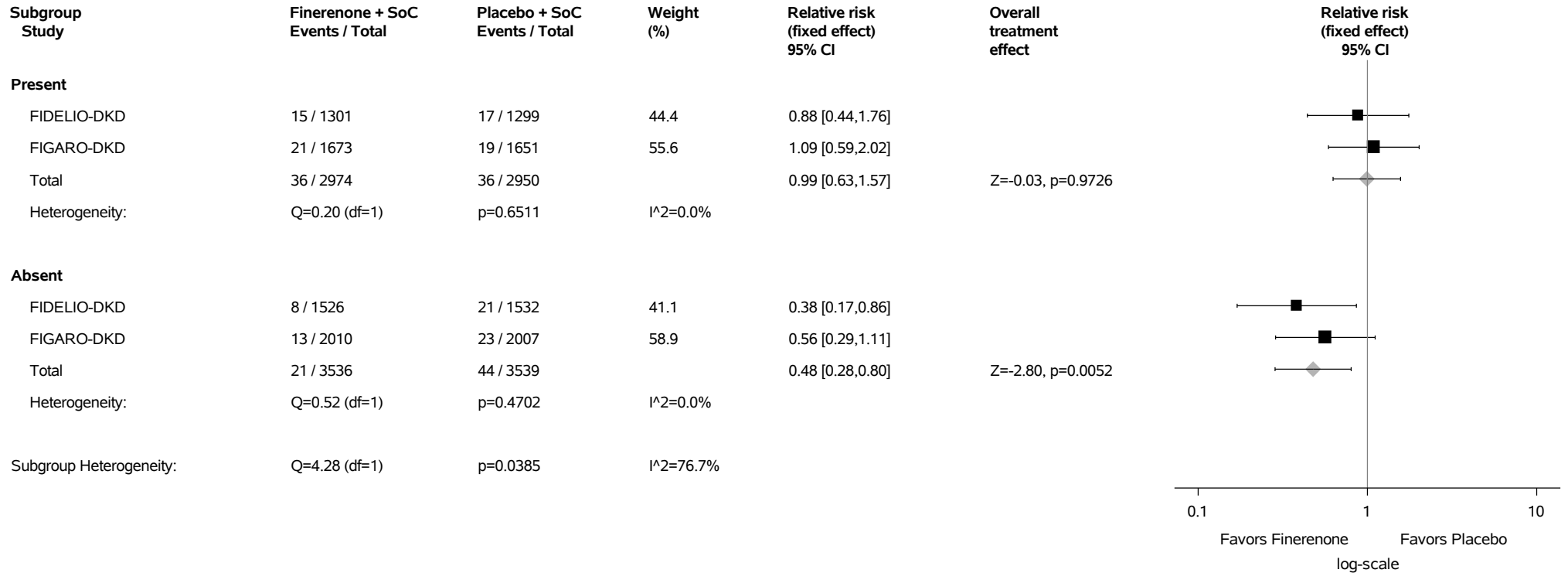
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

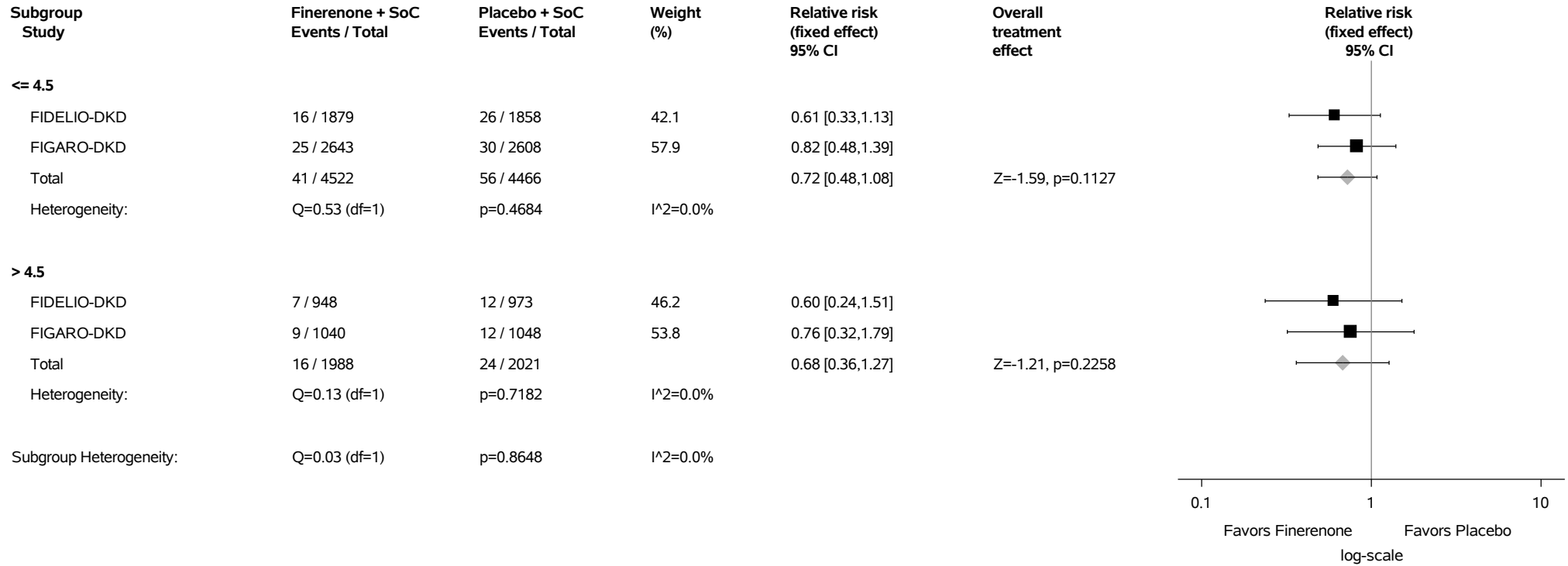
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.156.4: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.156.5: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

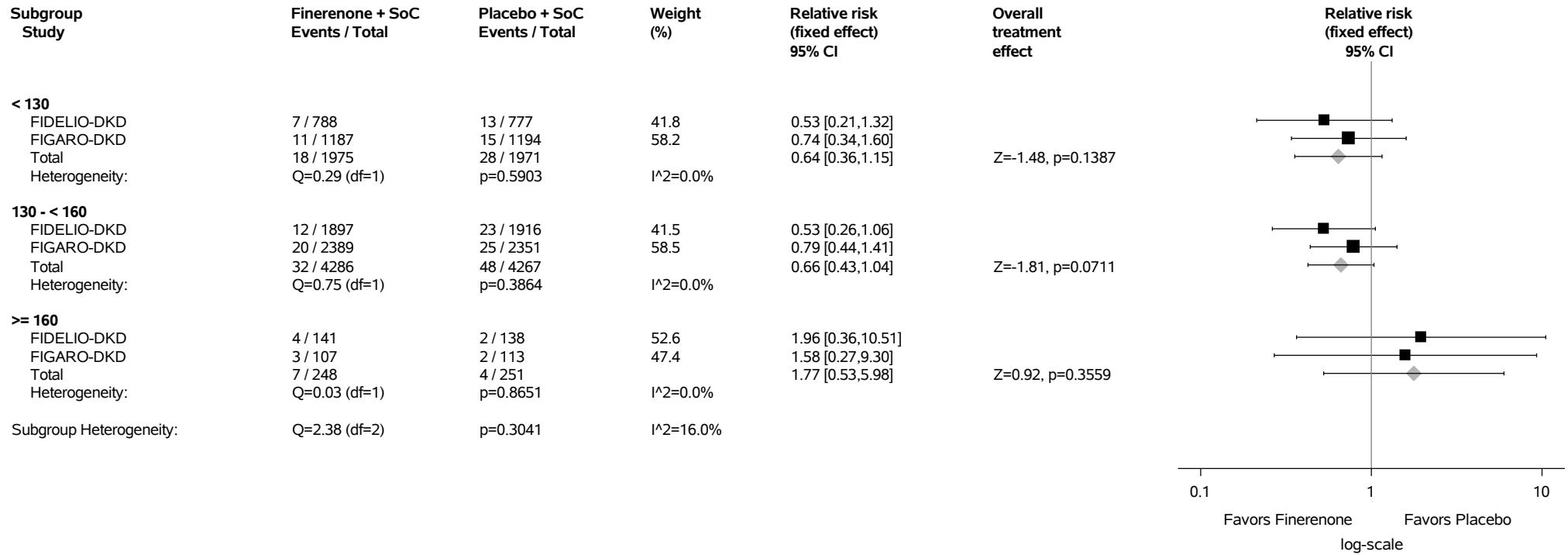
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.156.6: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Investigations (SOC with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

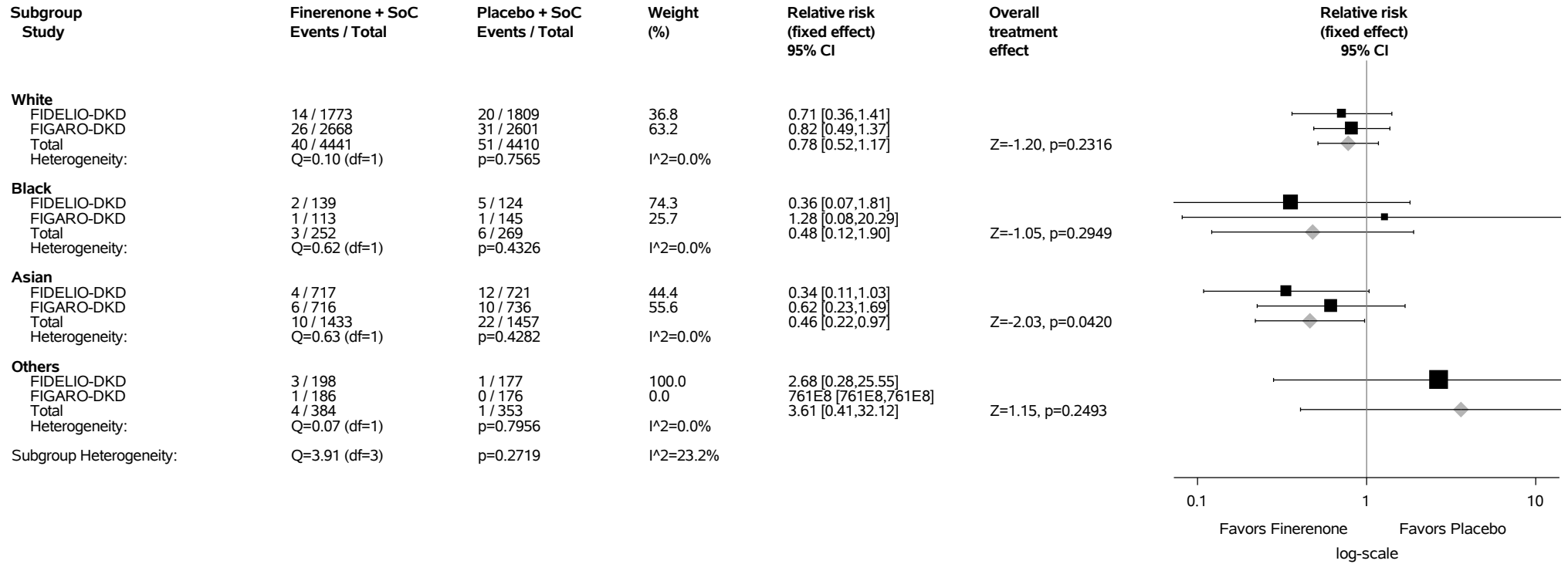
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.156.7: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

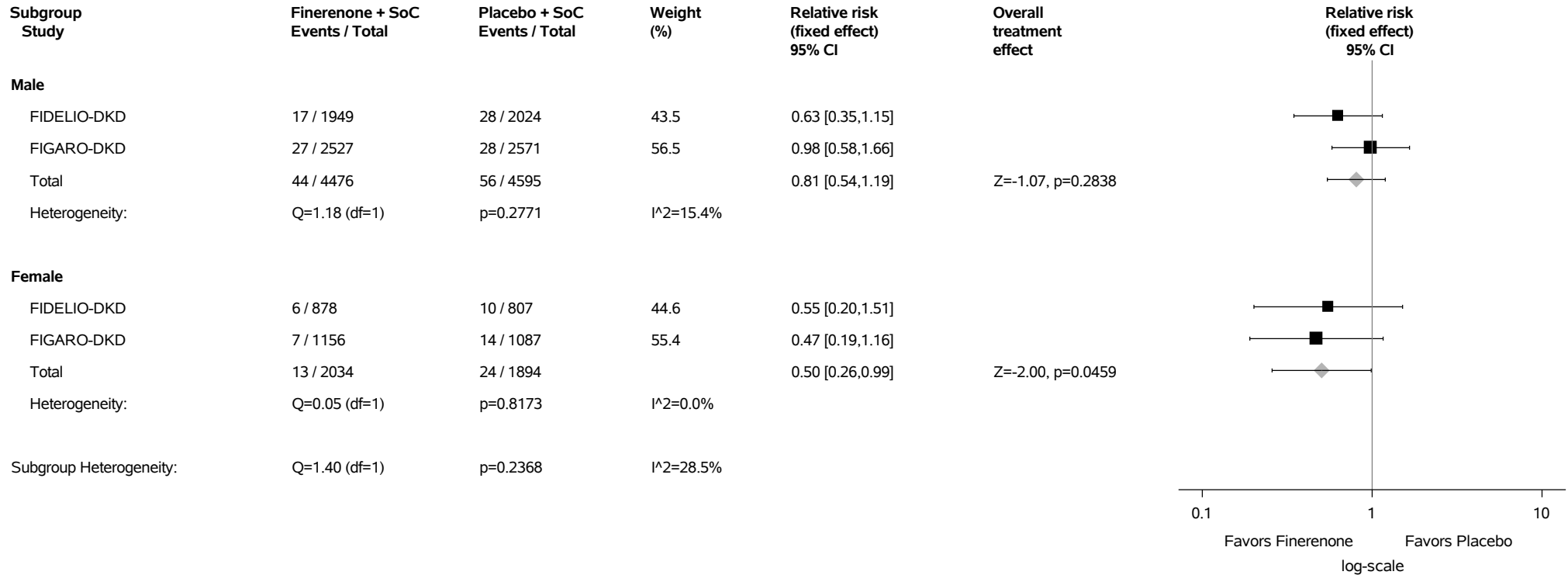
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

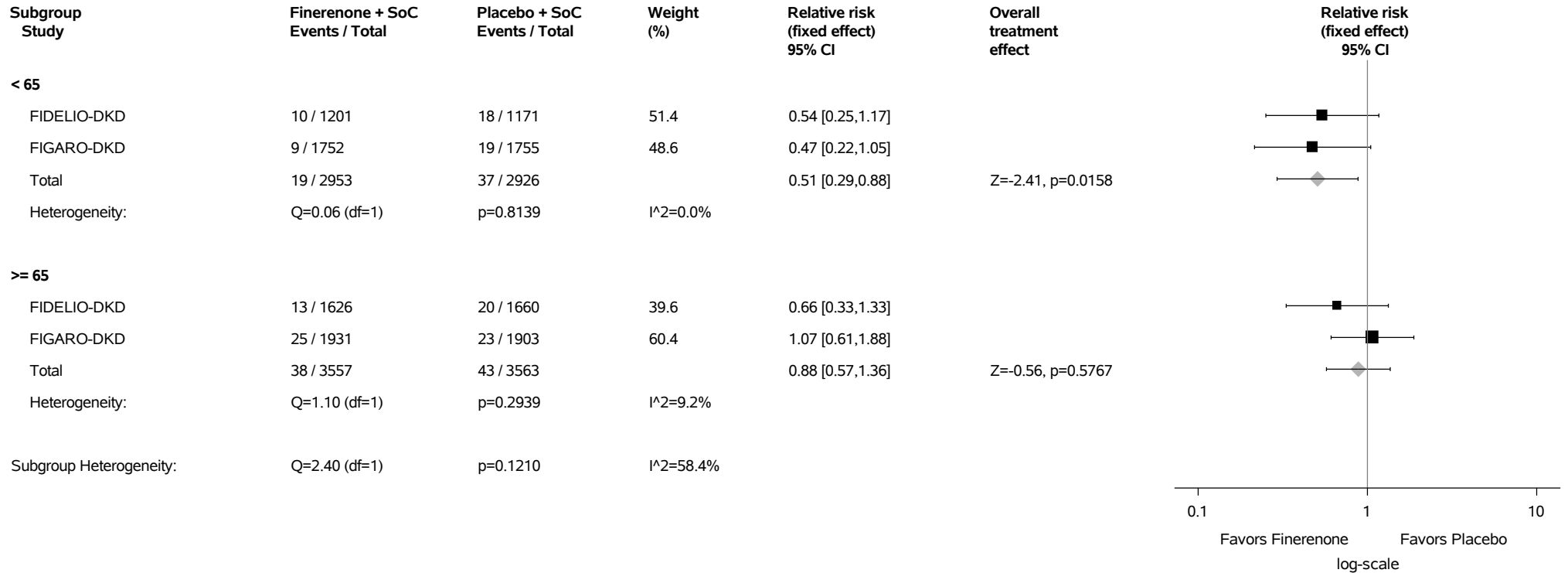
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.156.8: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Investigations (SOC with Incidence >=1%) Safety Analysis Set



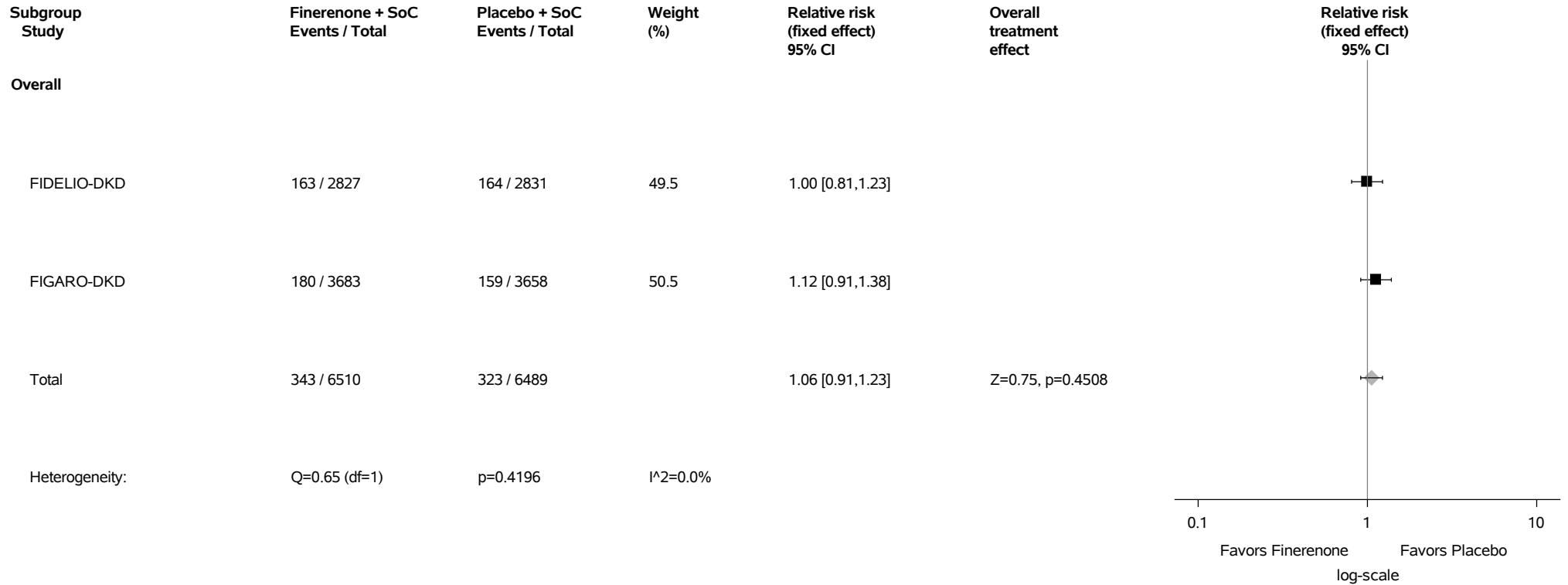
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.156.9: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.157: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



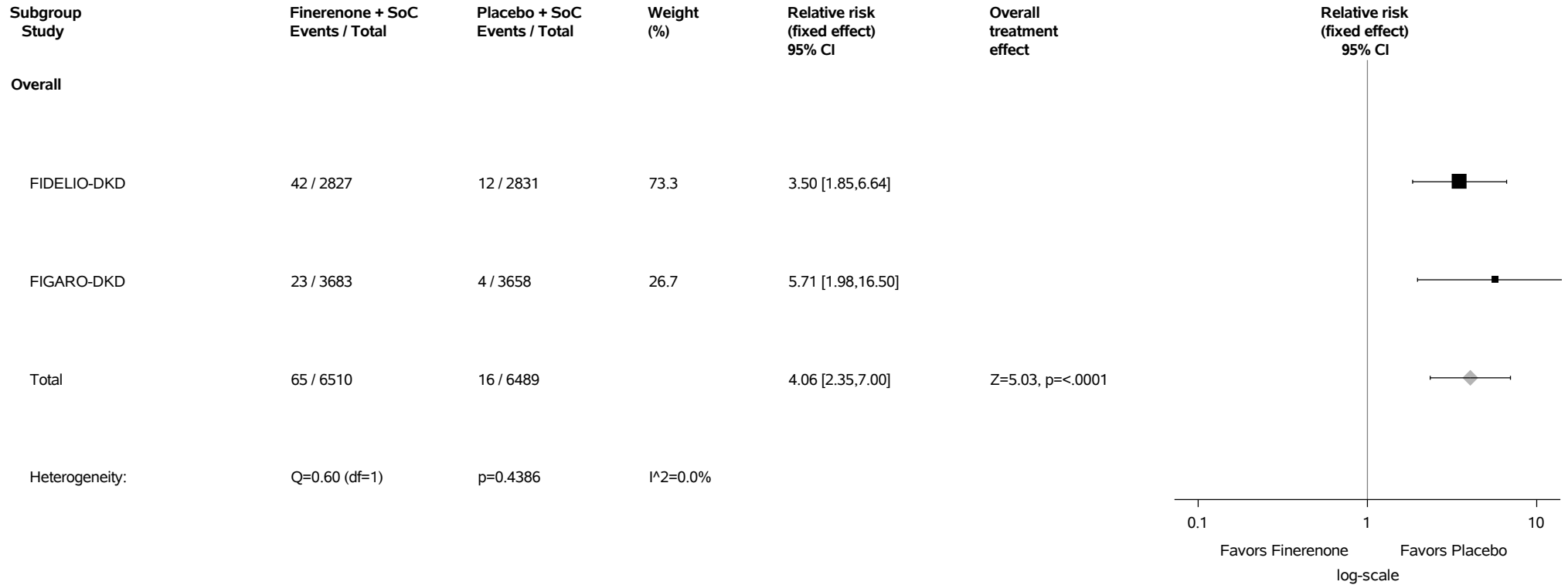
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.158: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



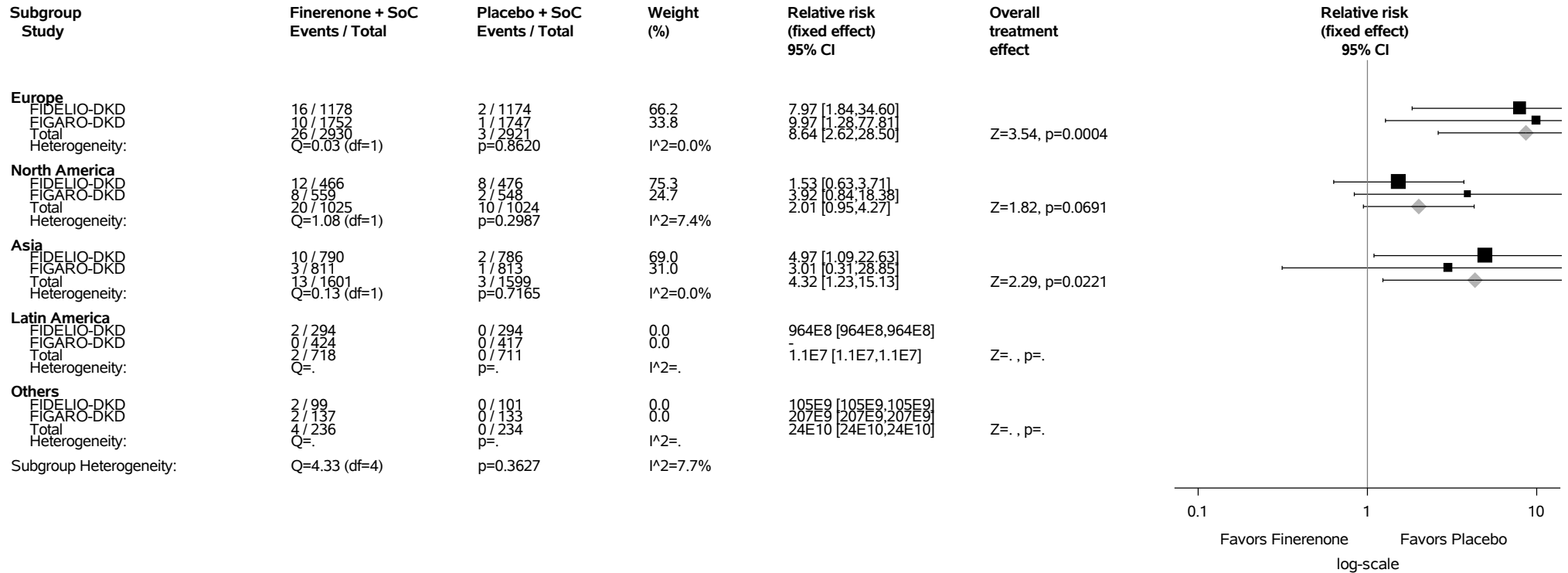
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

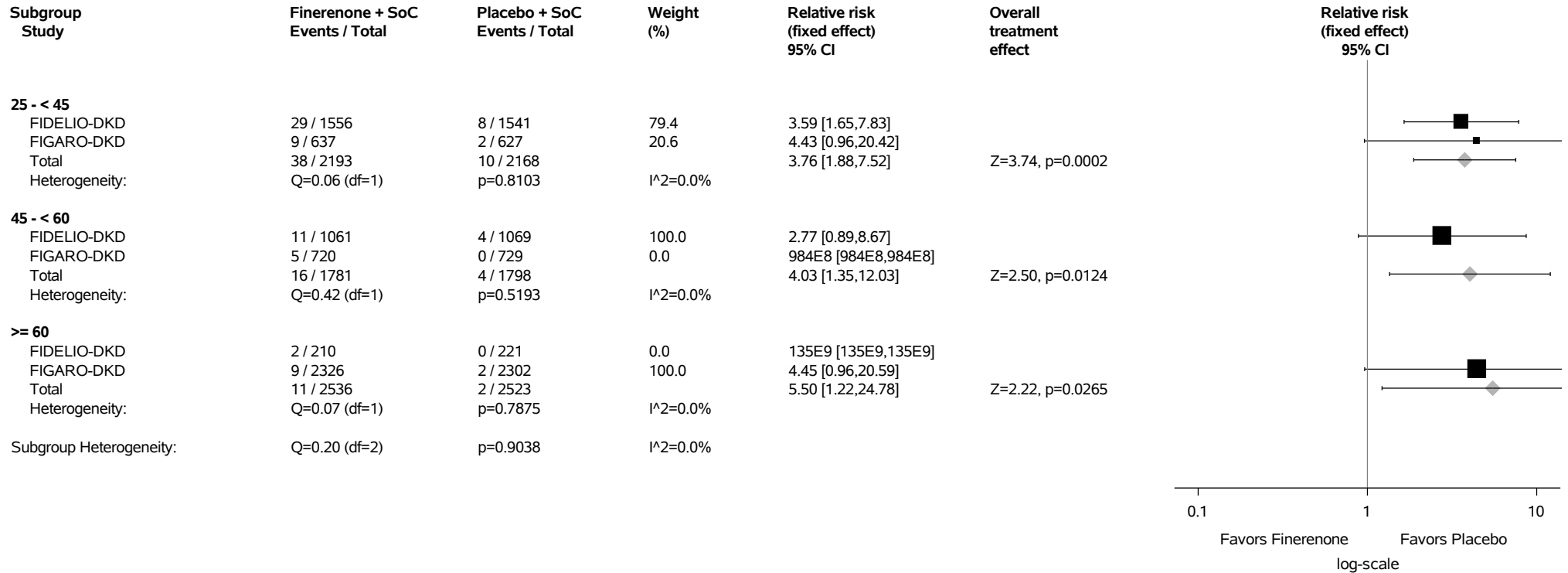
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.158.1: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Region - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.158.2: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



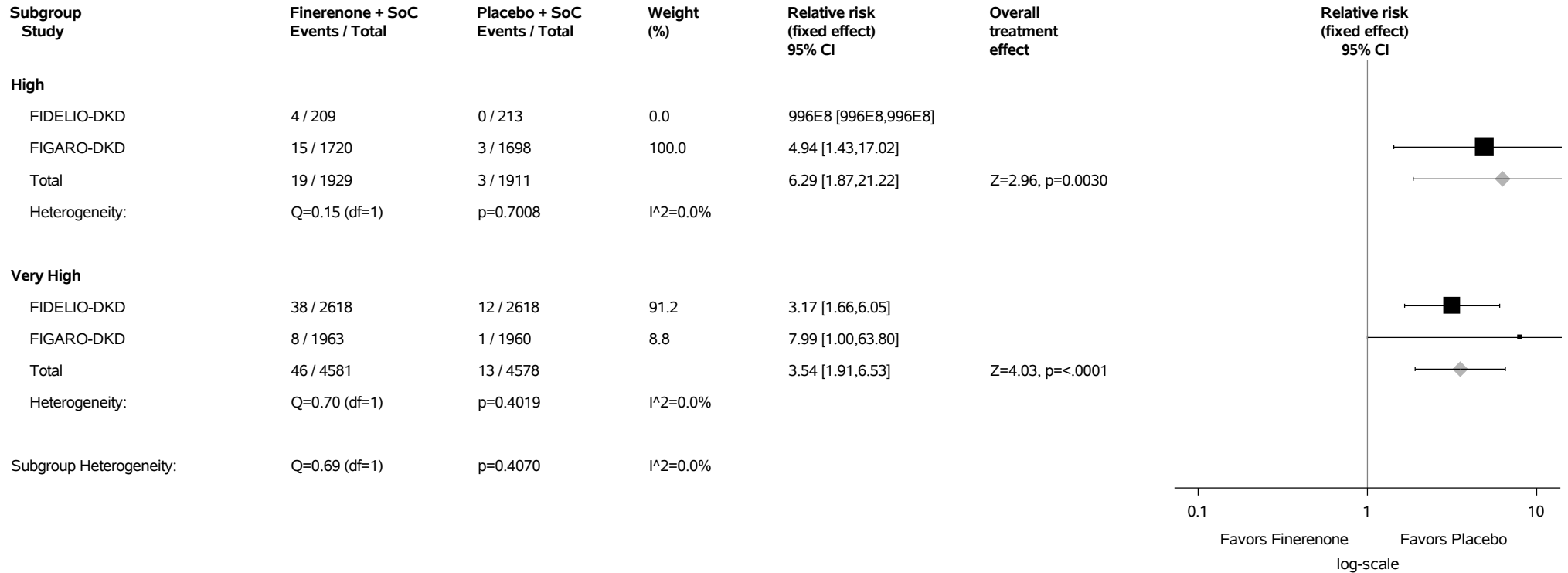
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.158.3: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



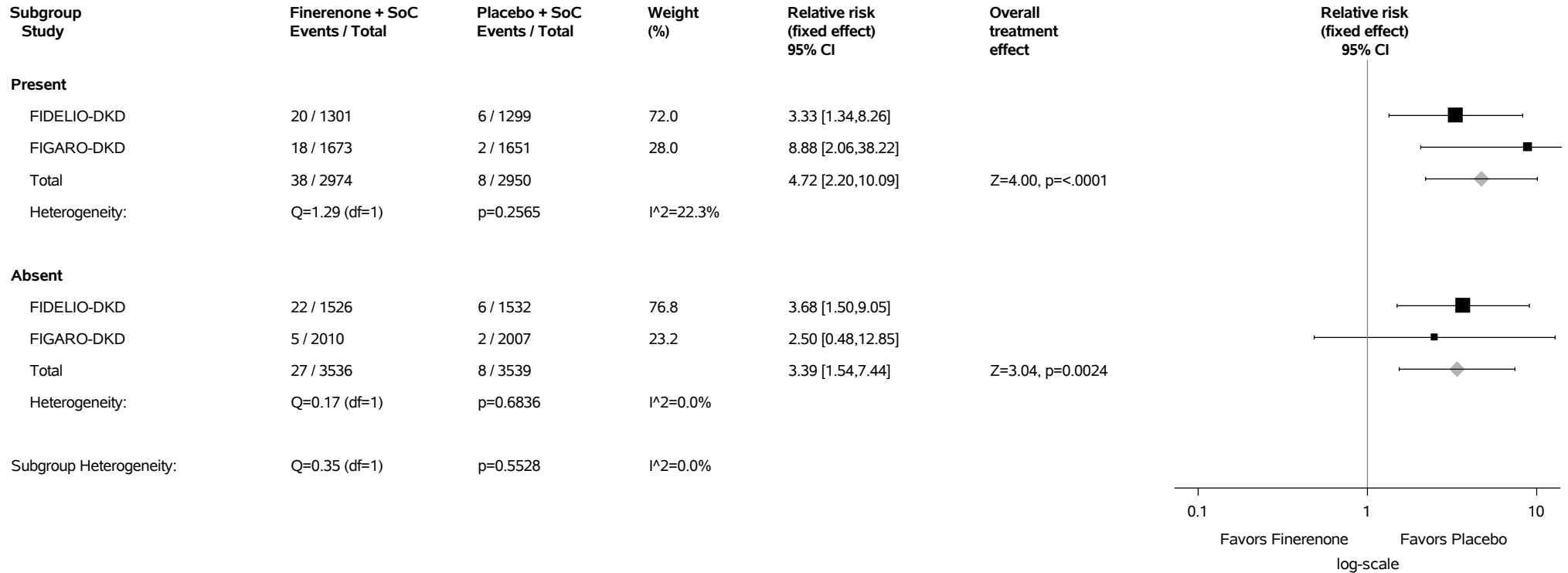
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

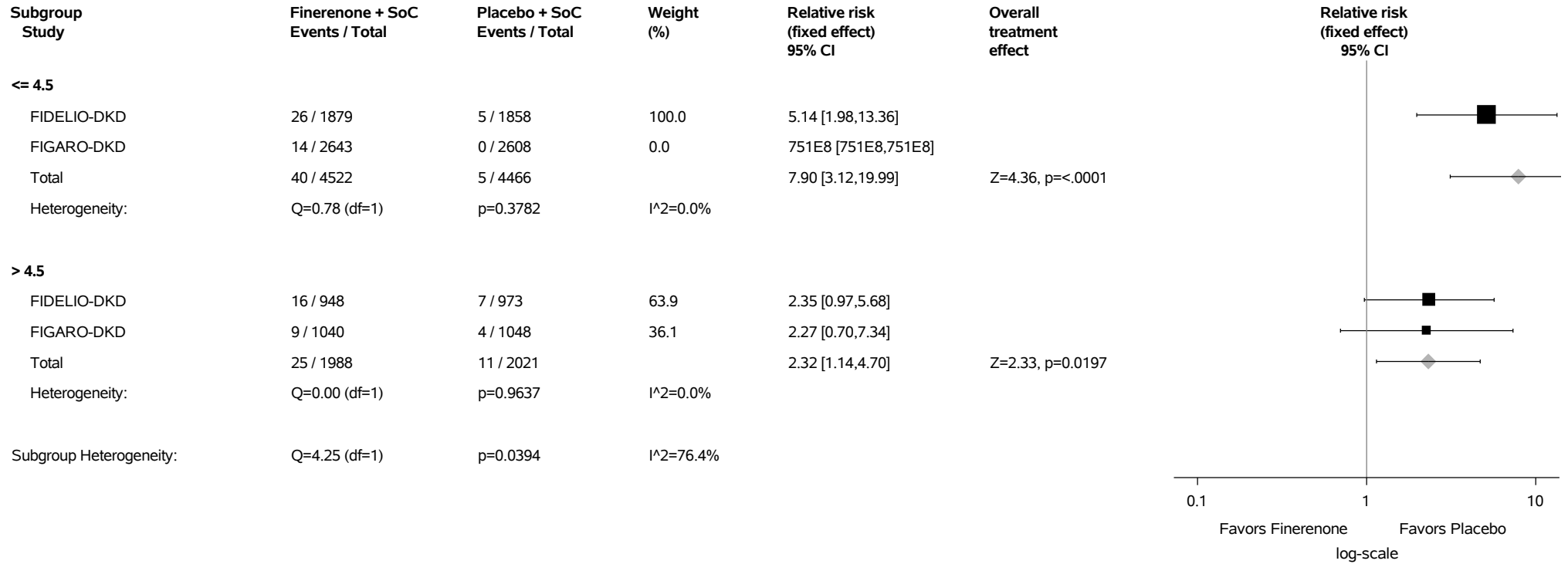
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.158.4: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.158.5: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

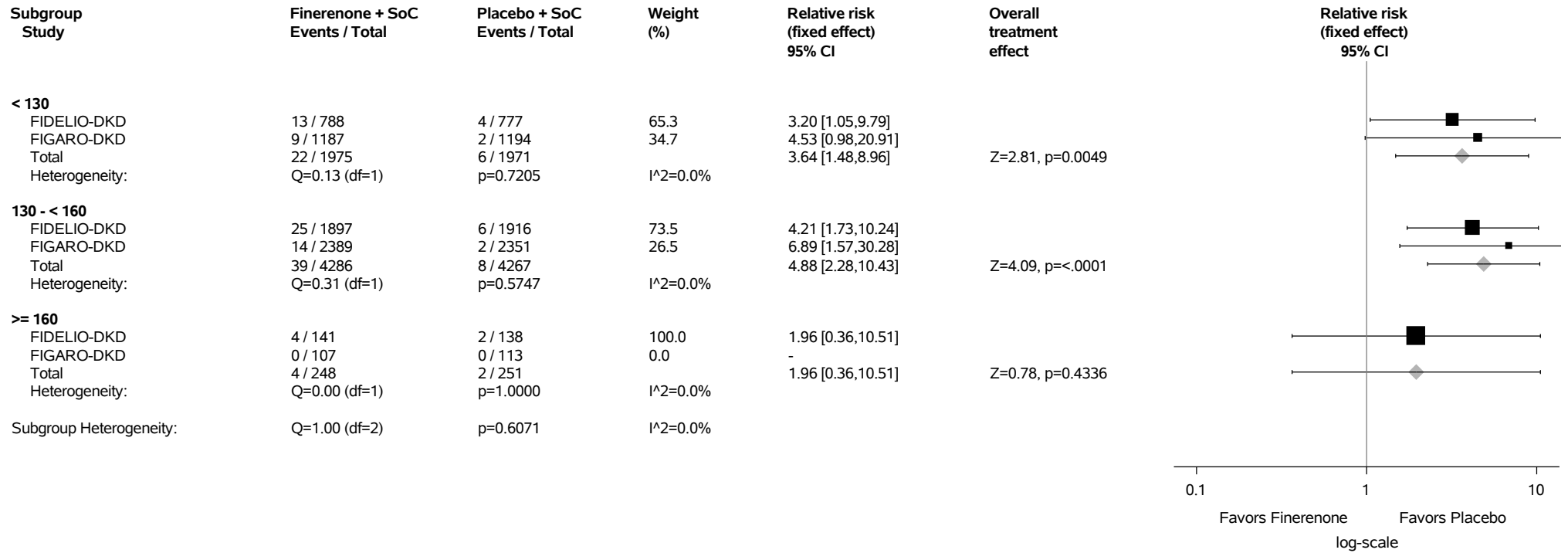
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.158.6: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

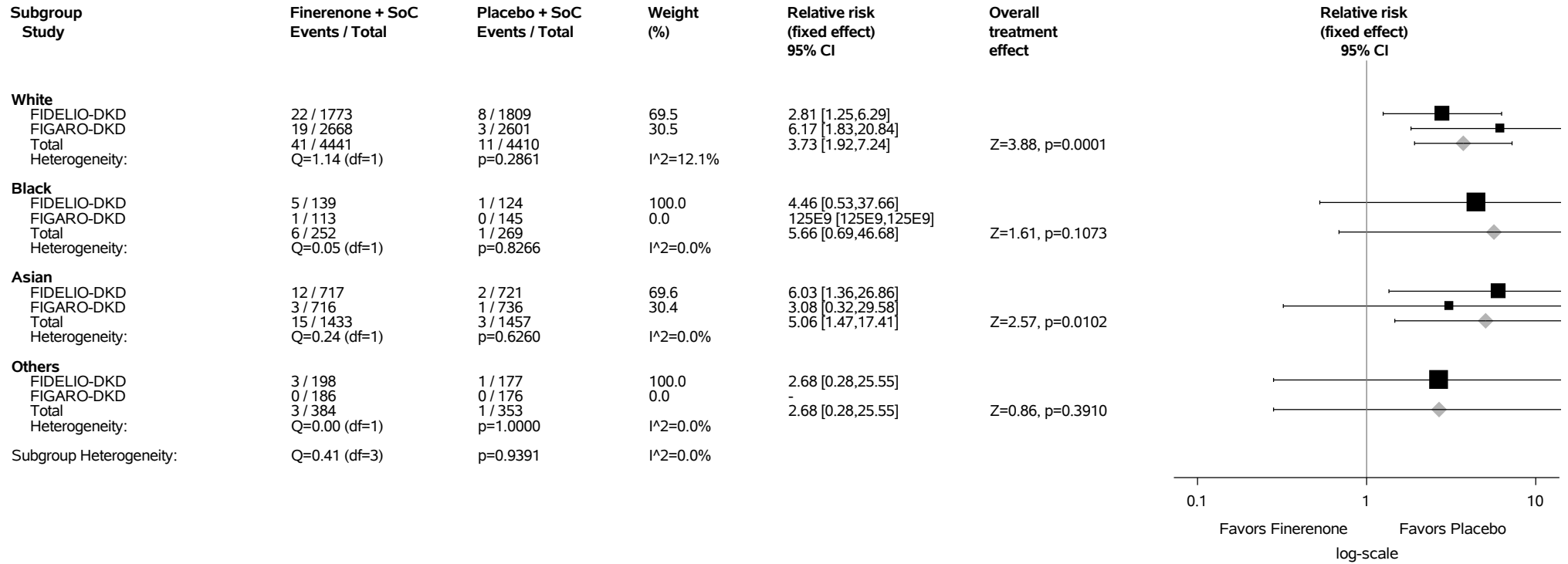
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.158.7: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Race - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

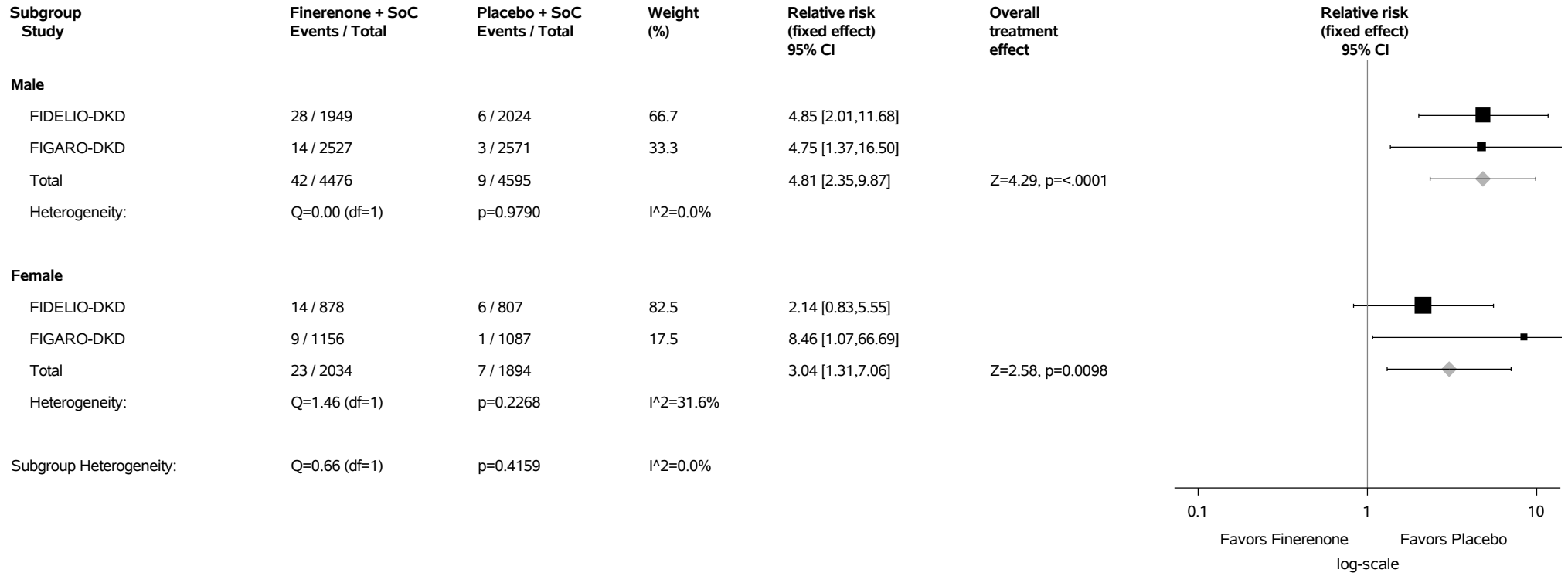
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

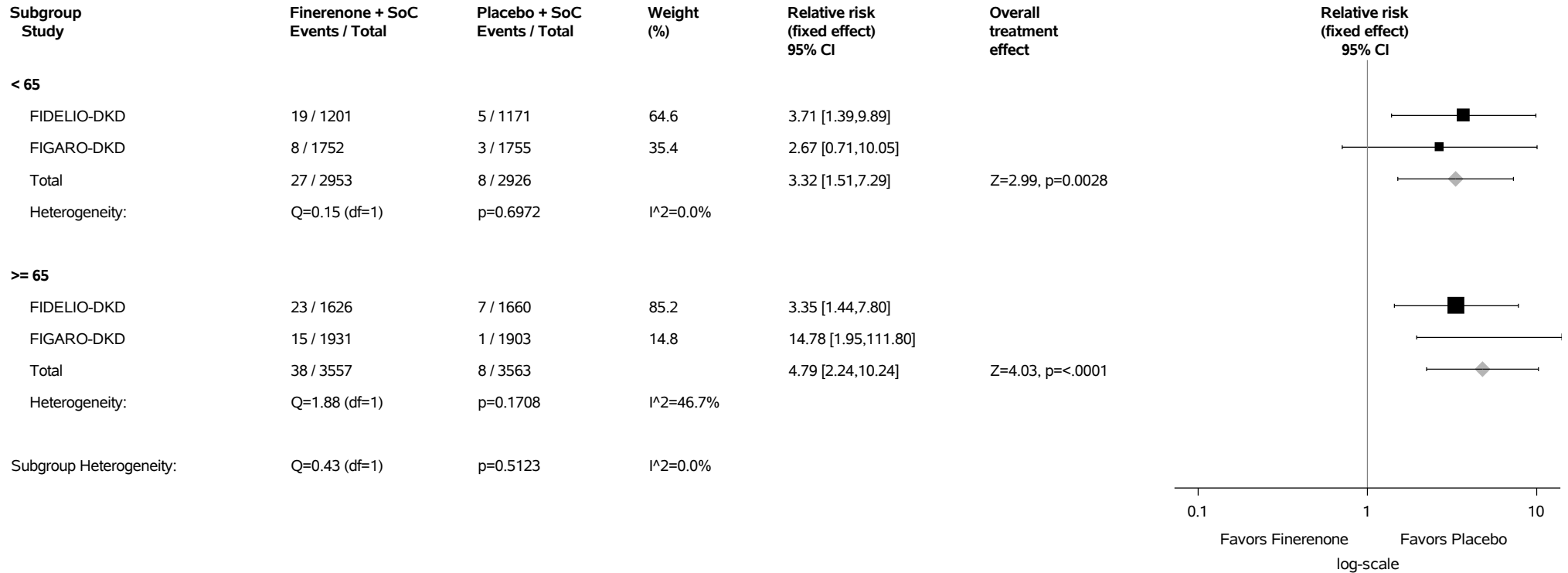
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.158.8: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



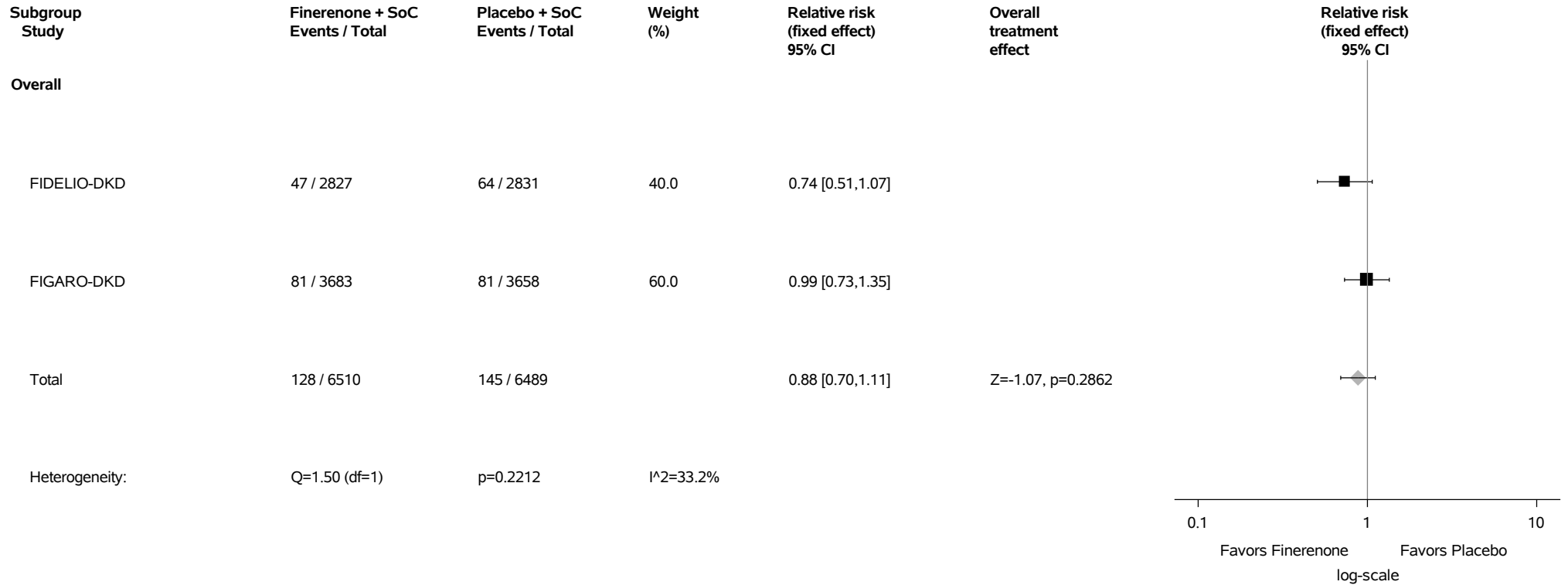
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.158.9: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.159: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



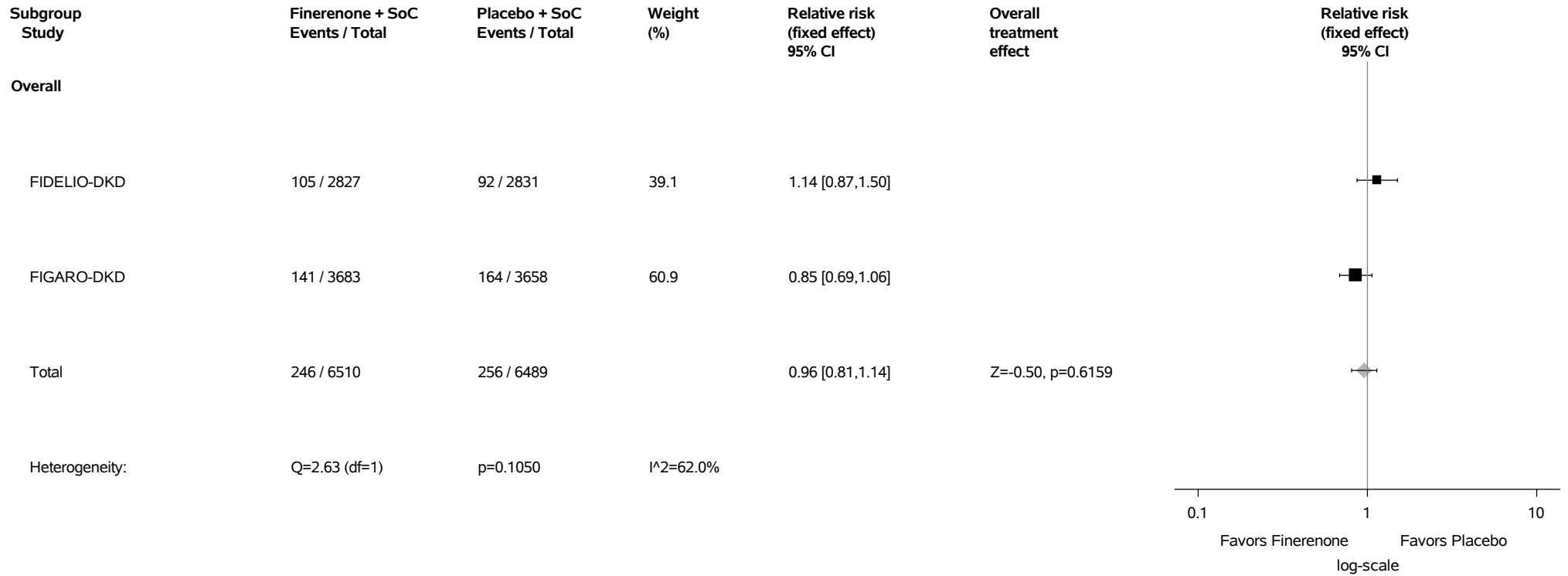
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

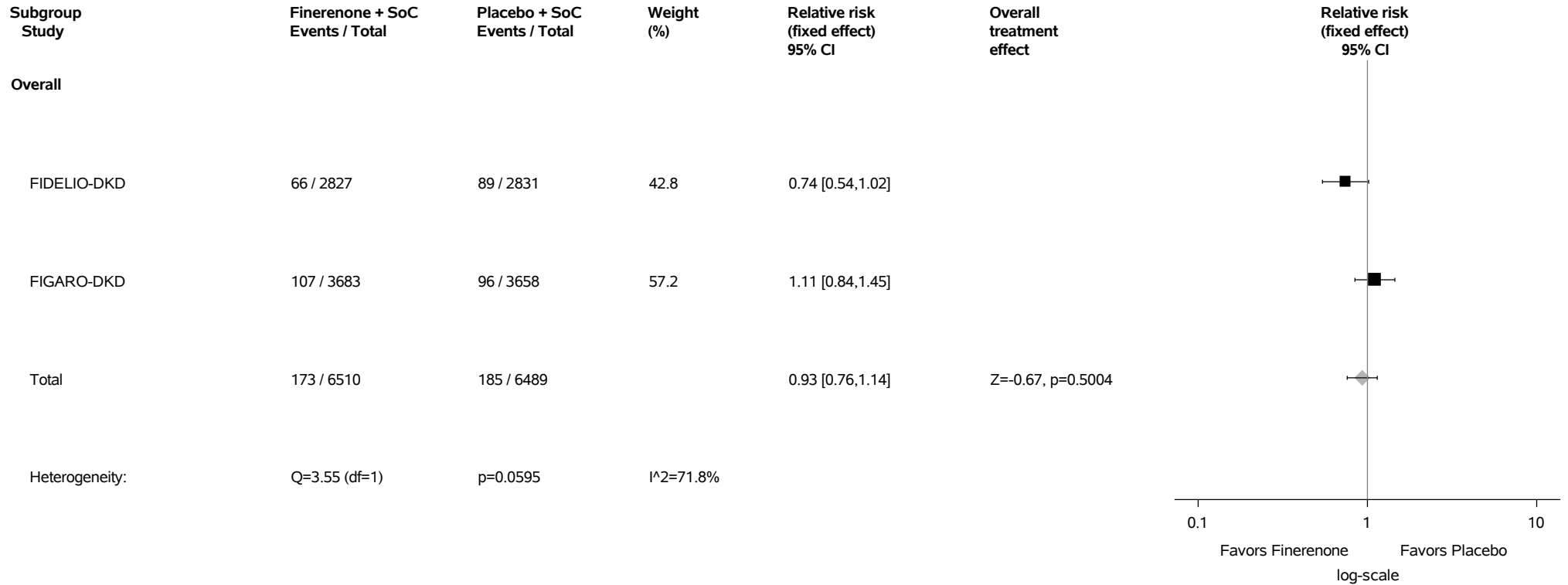
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.160: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.161: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set



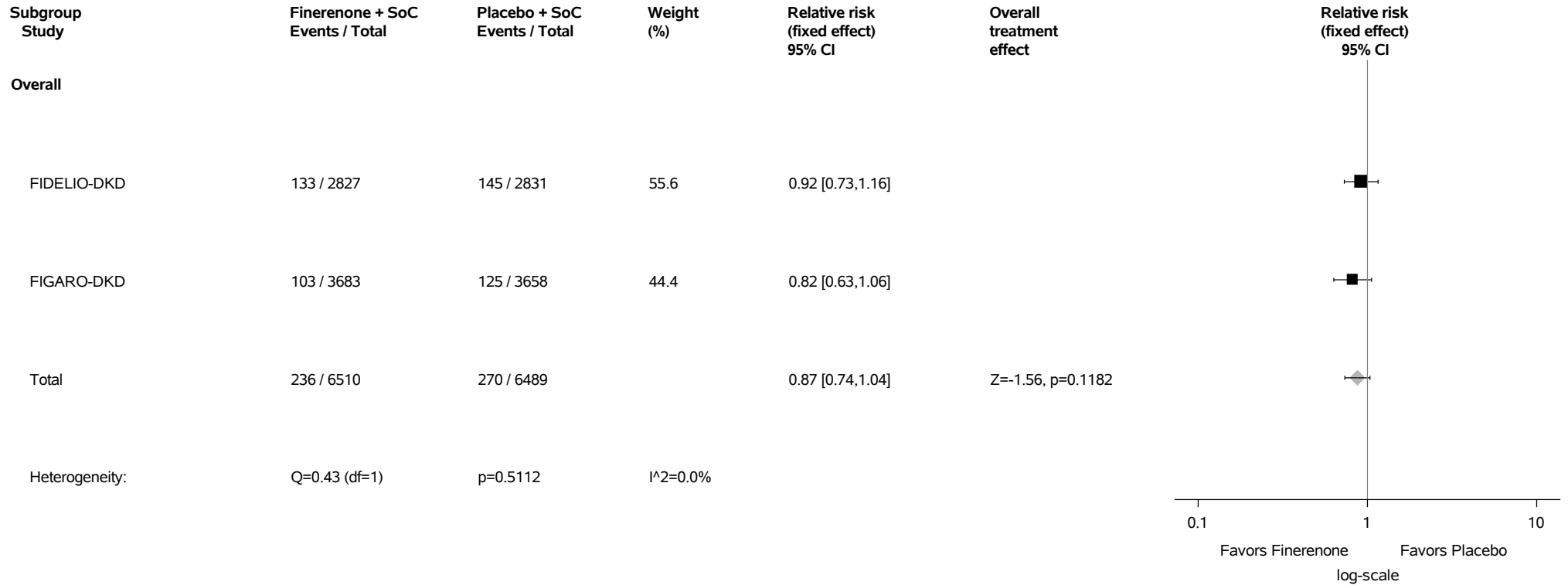
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.162: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



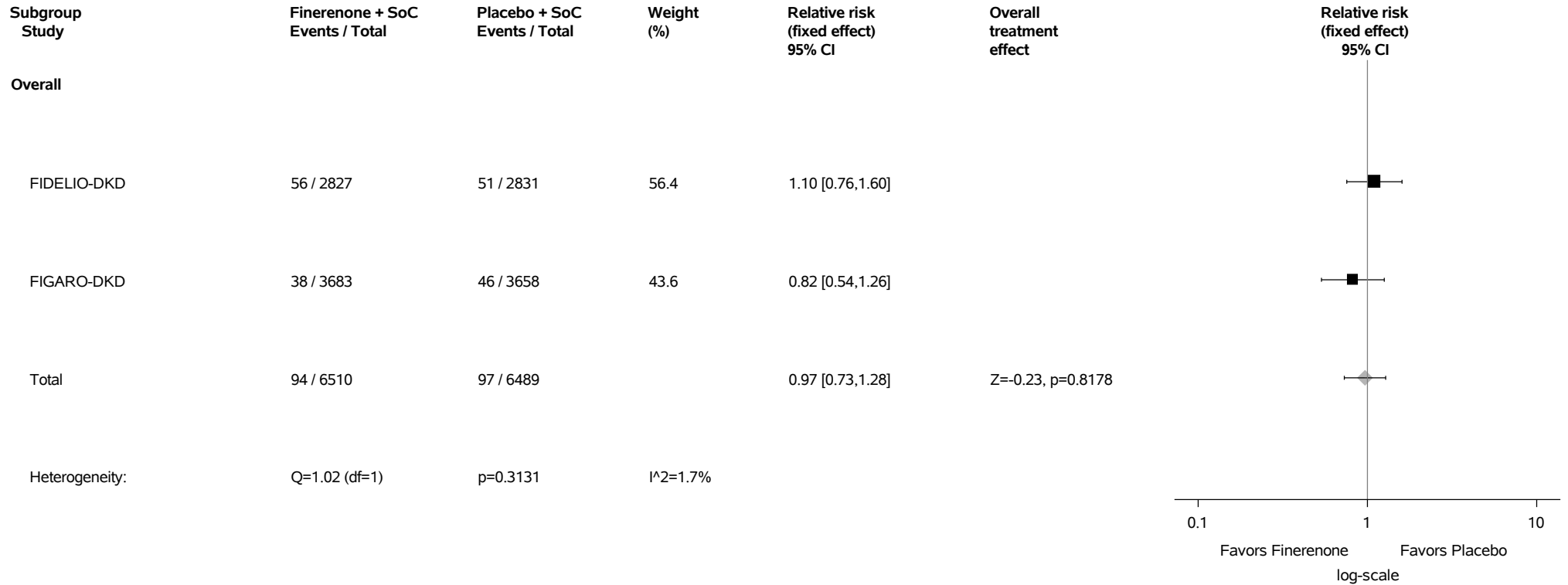
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

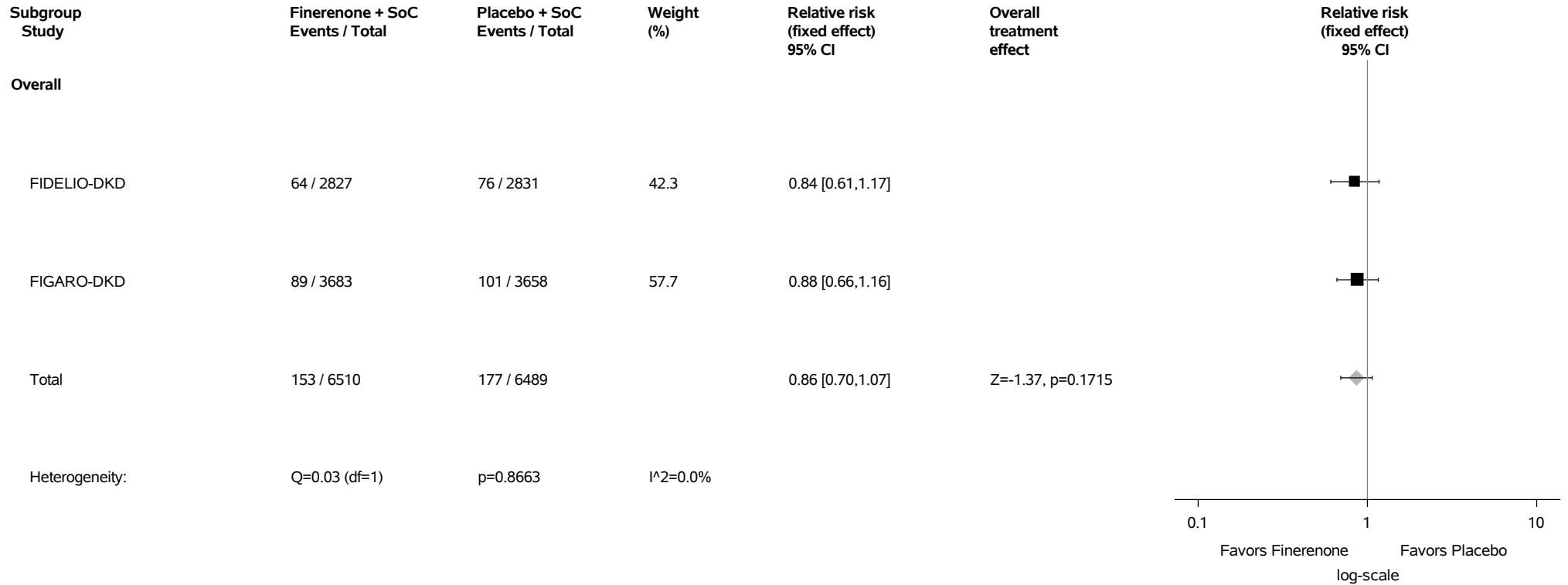
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.163: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Acute kidney injury (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.164: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



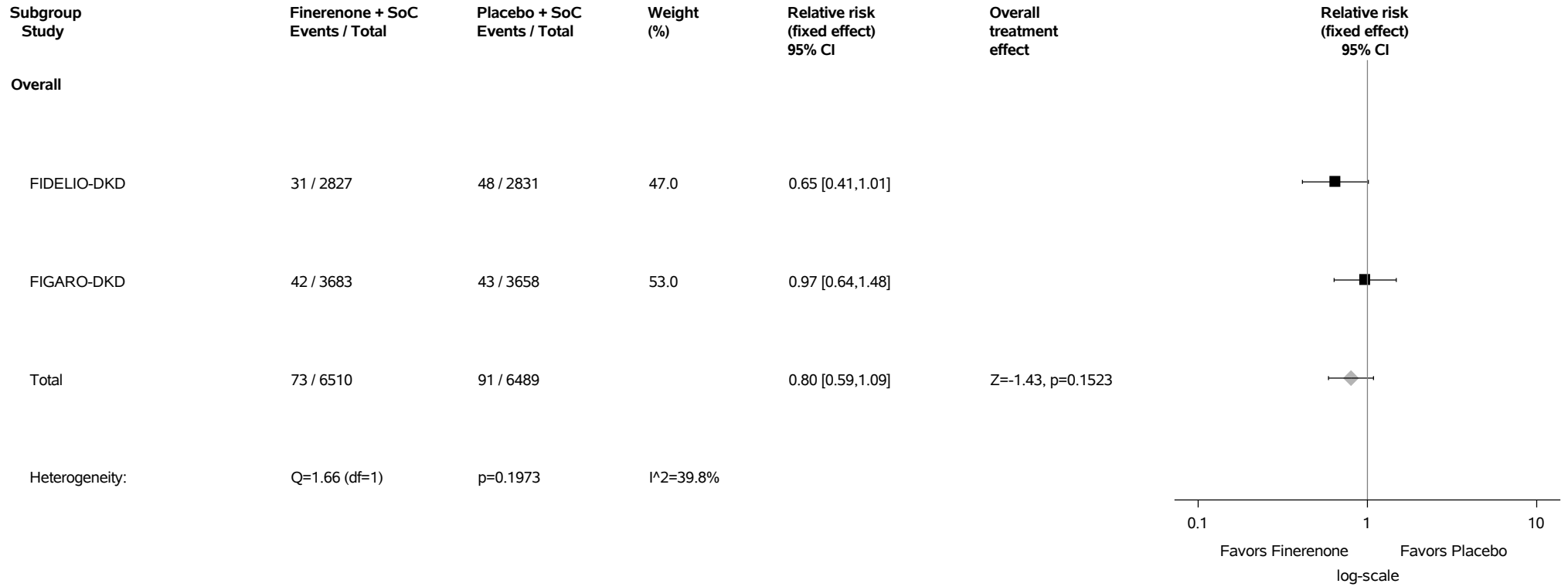
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

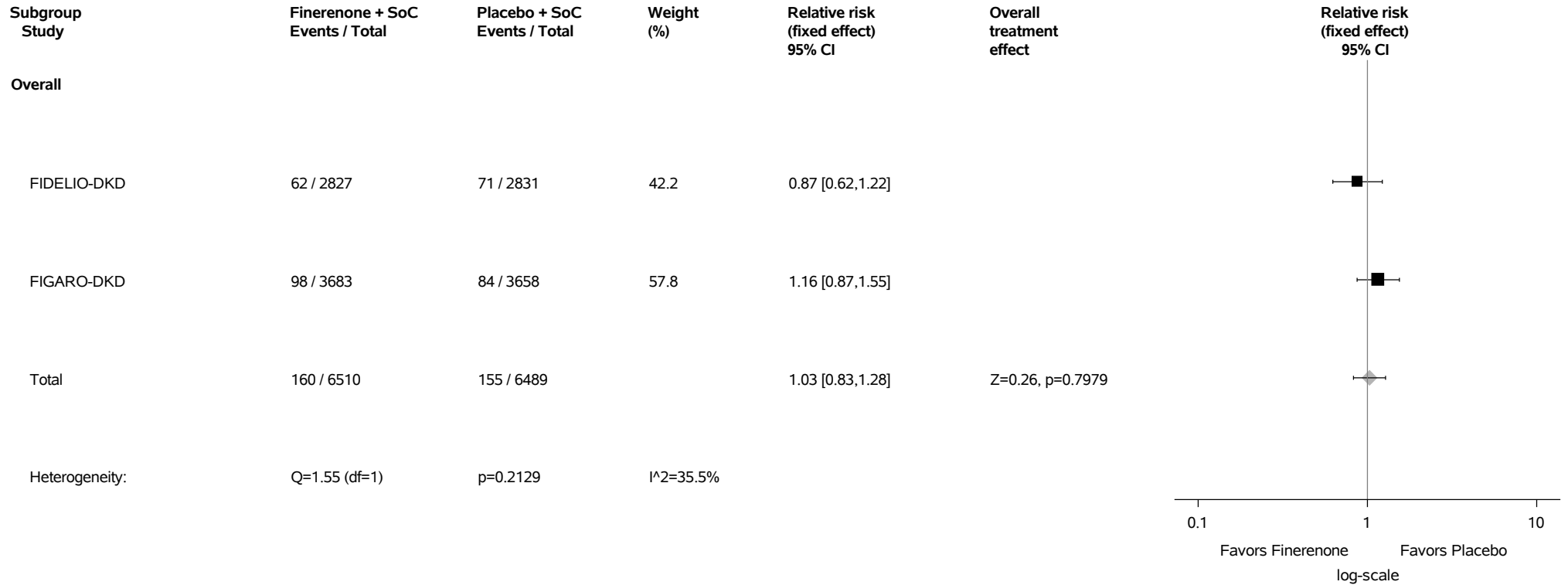
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.165: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.166: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set



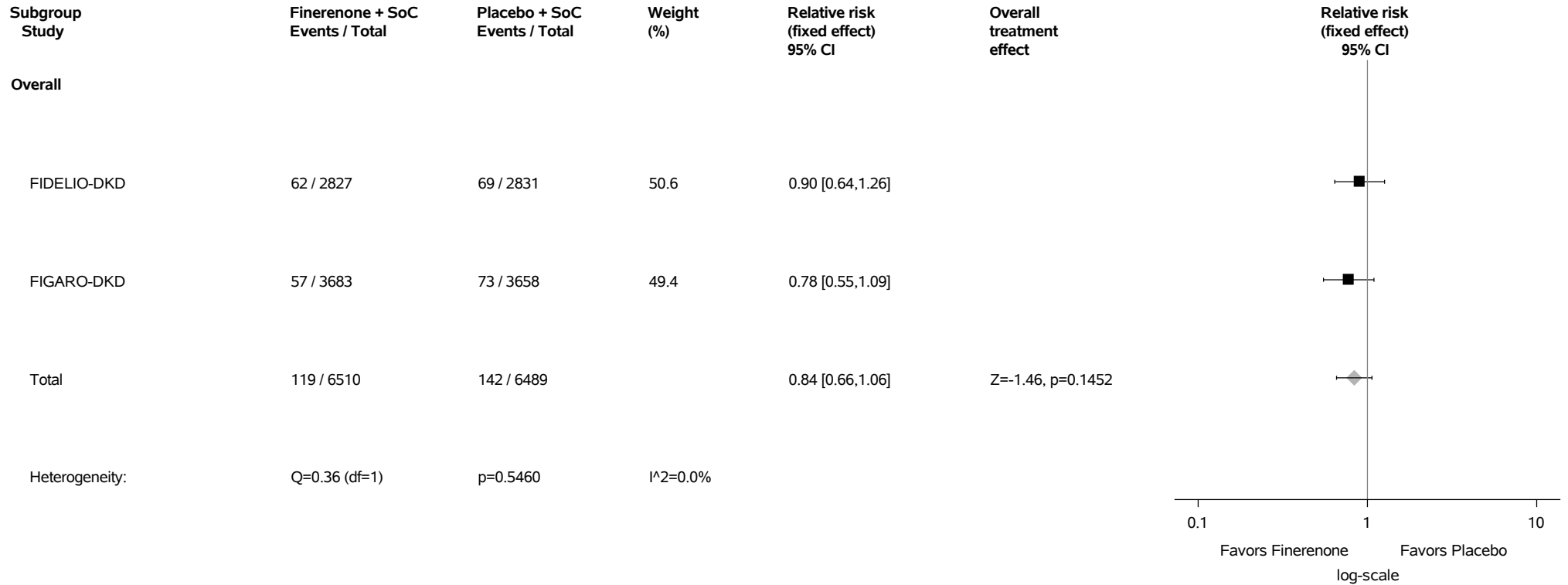
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.167: Forest Plot for Relative Risk of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set



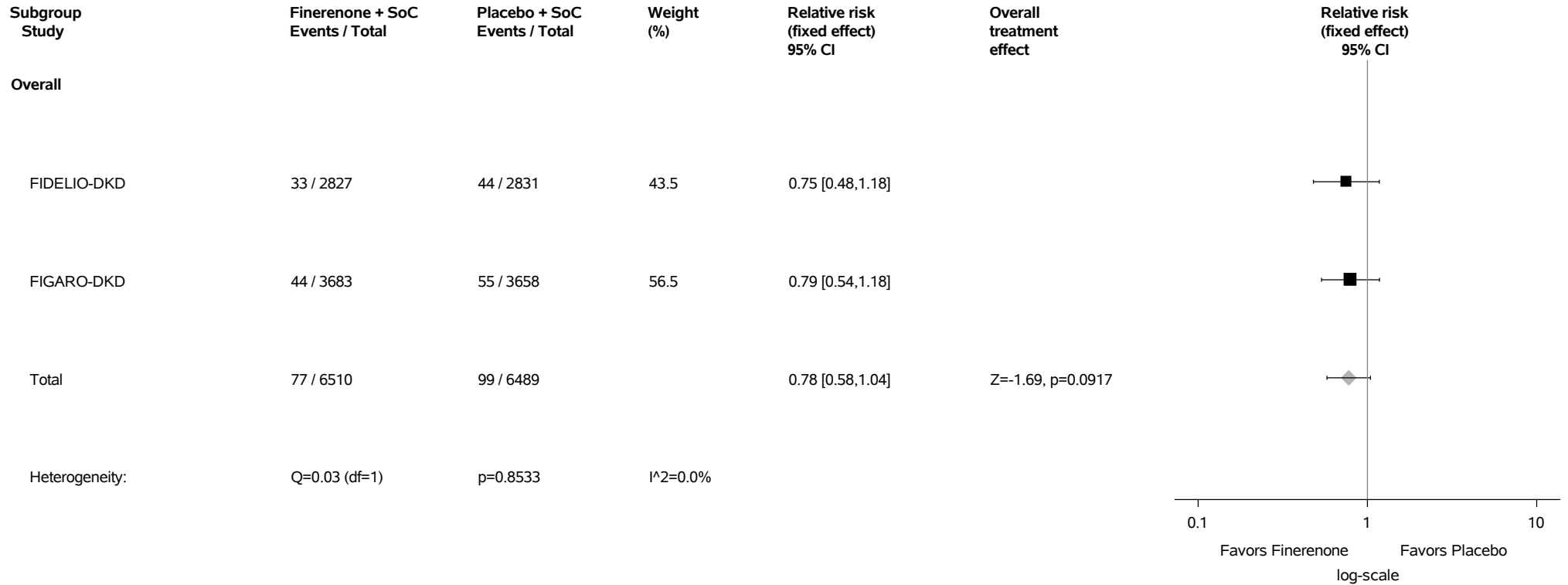
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

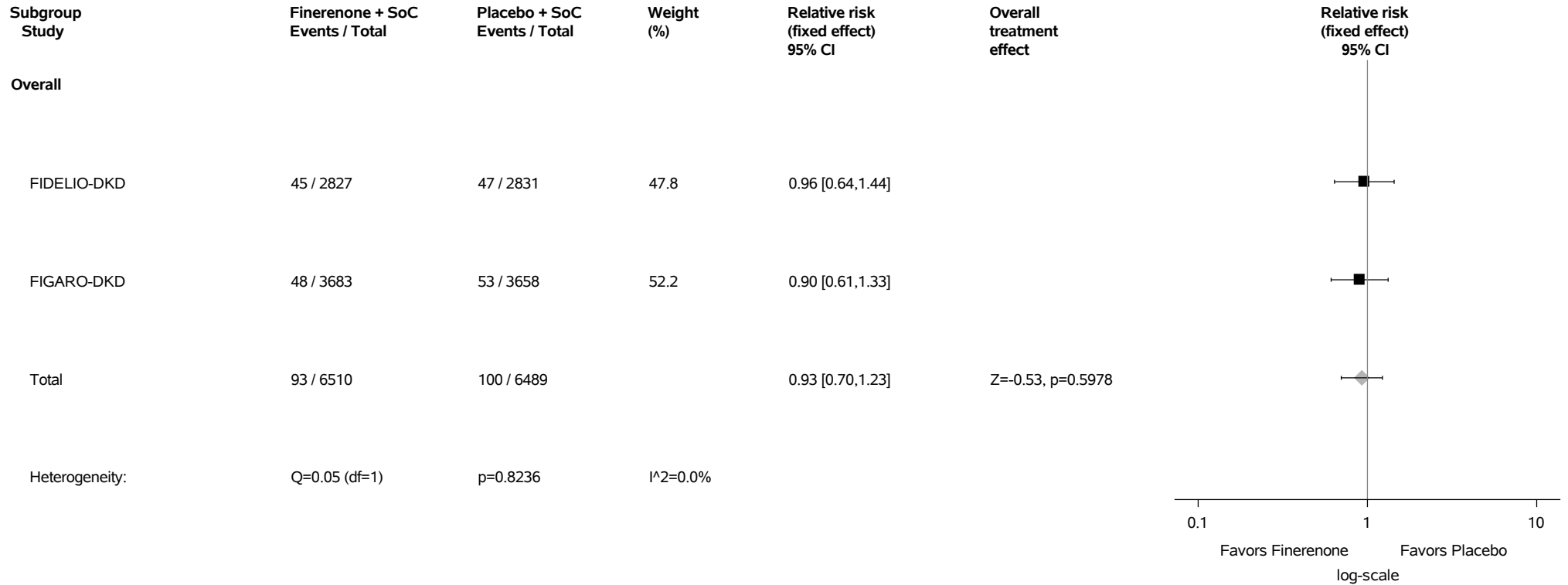
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.168: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



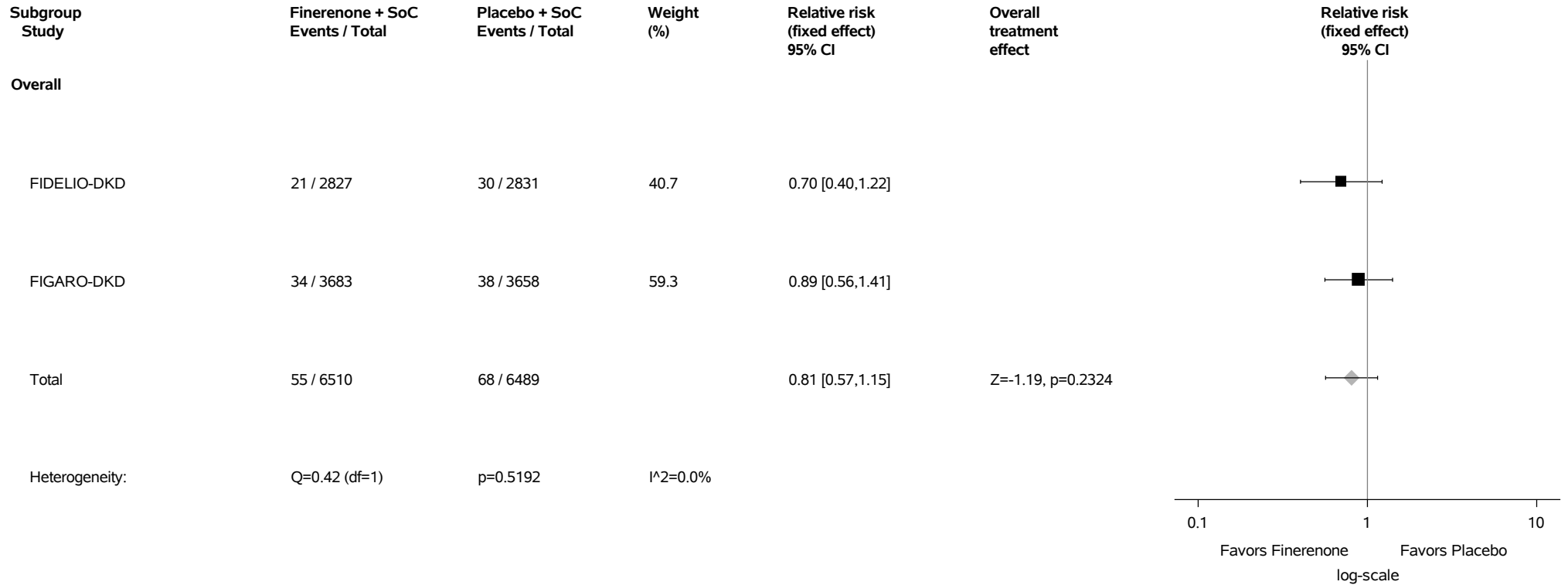
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.169: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



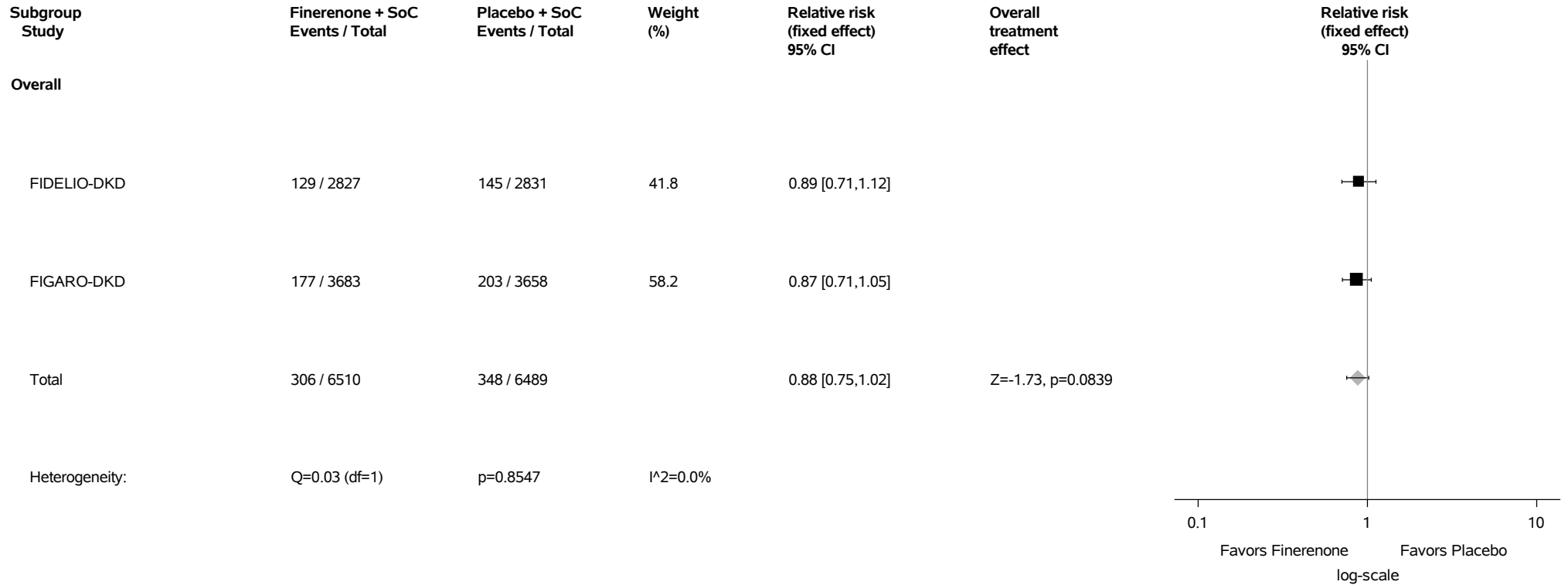
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.170: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



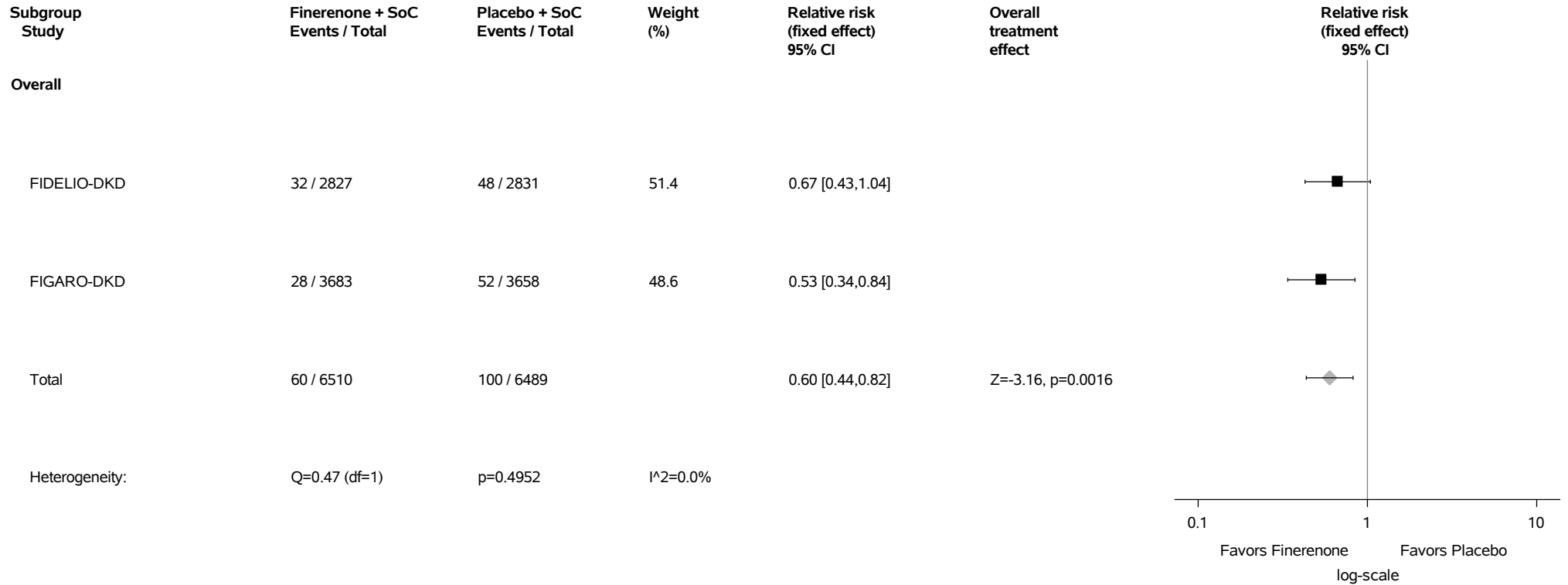
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.171: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set



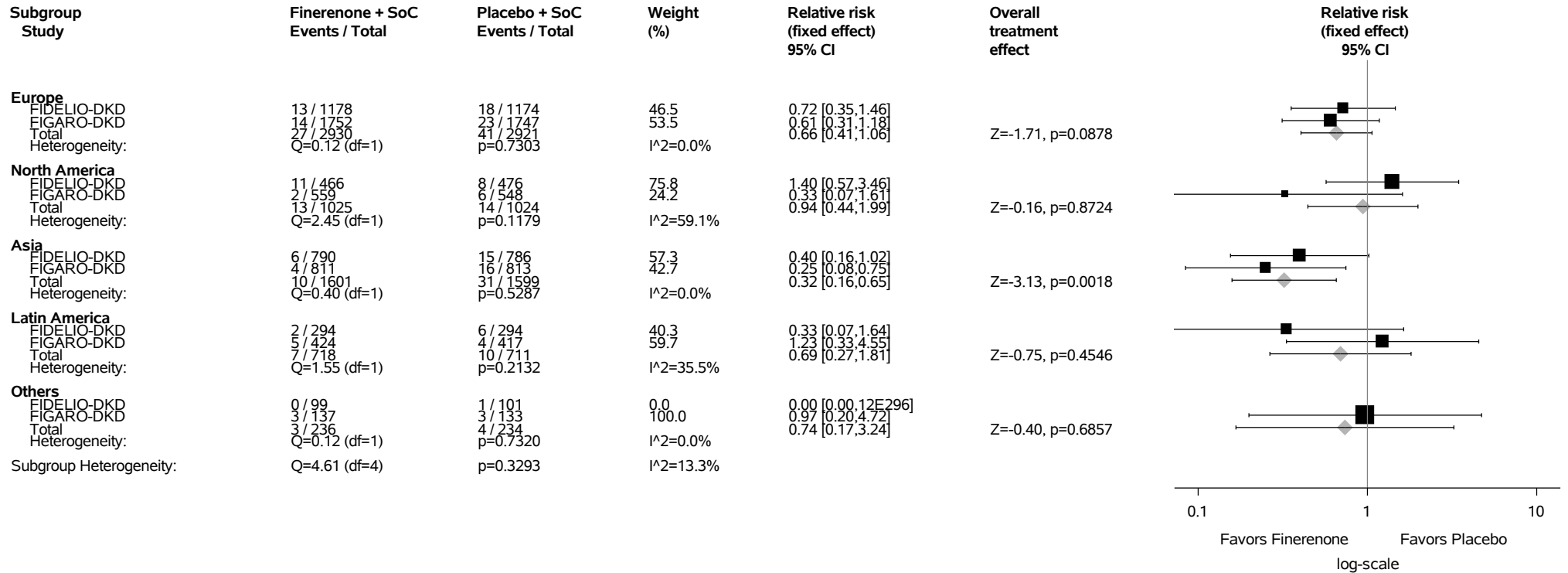
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.172: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.172.1: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



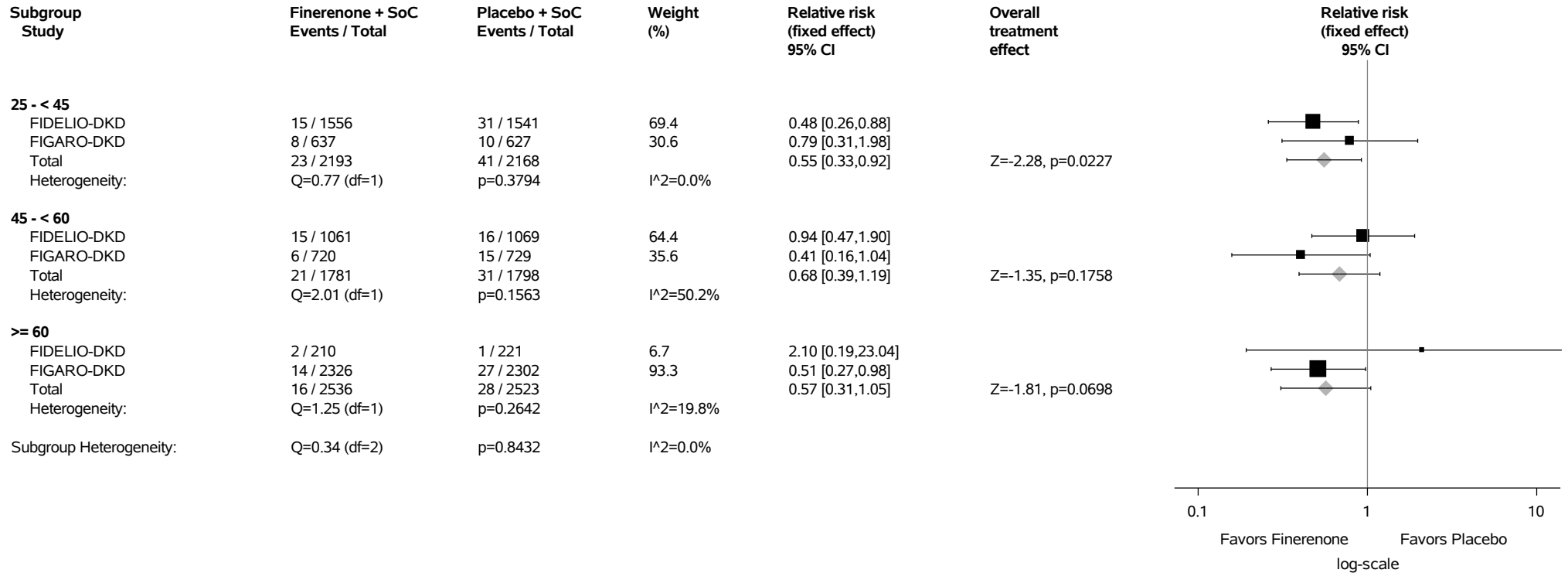
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

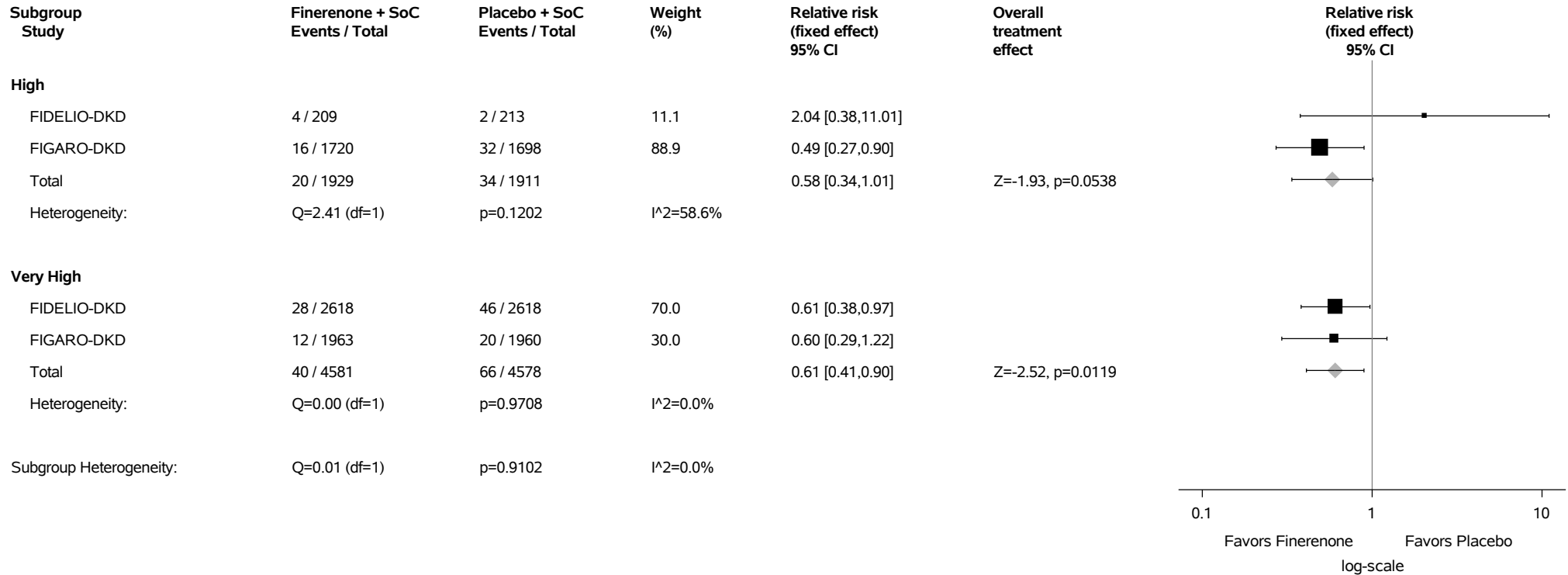
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.172.2: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.172.3: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



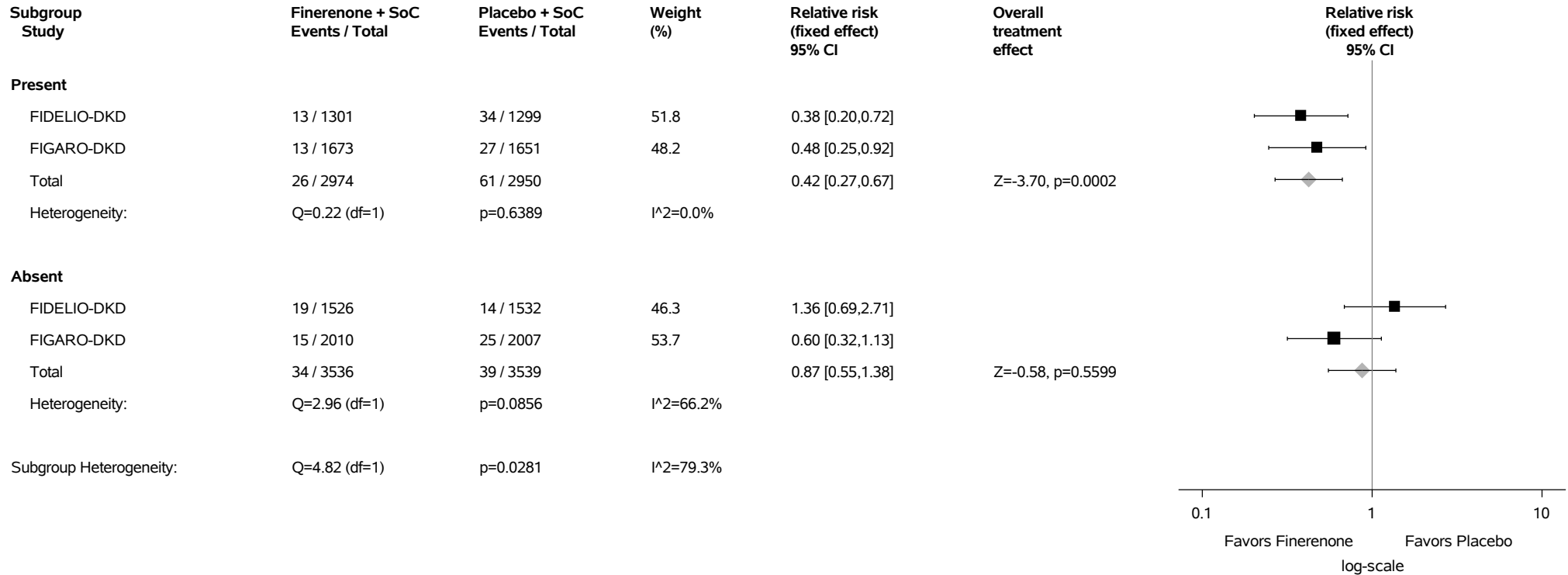
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

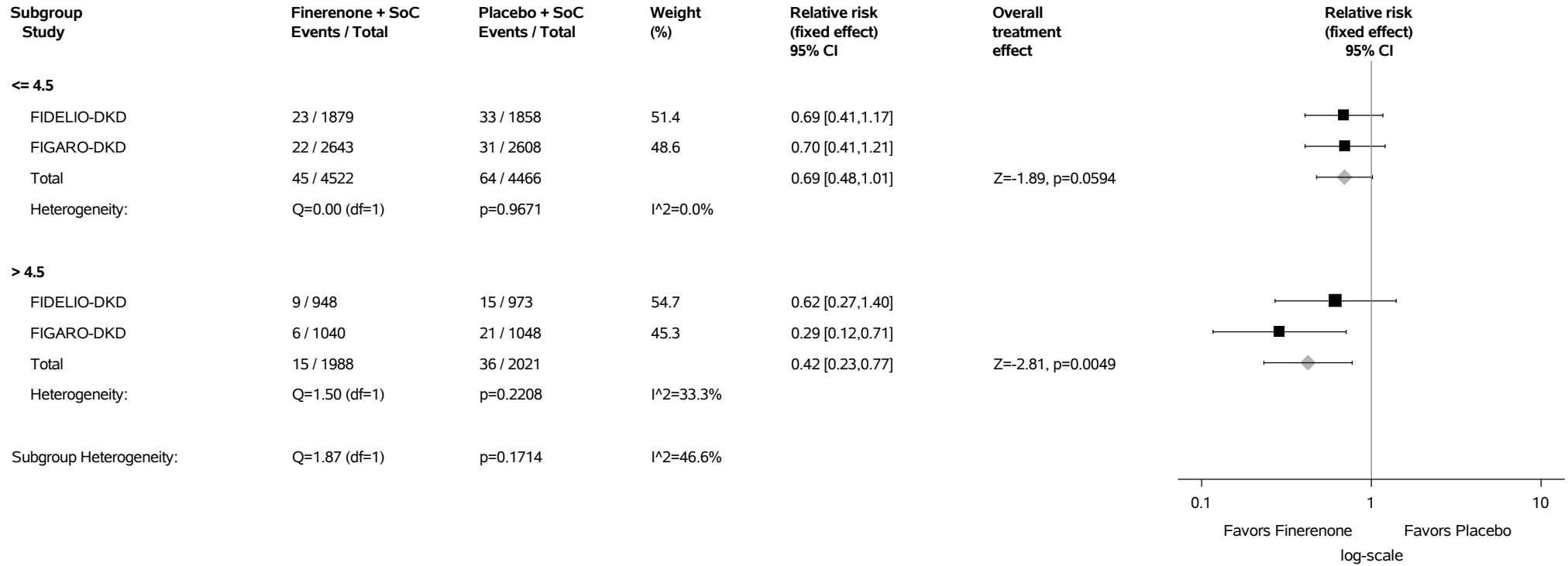
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.172.4: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.172.5: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

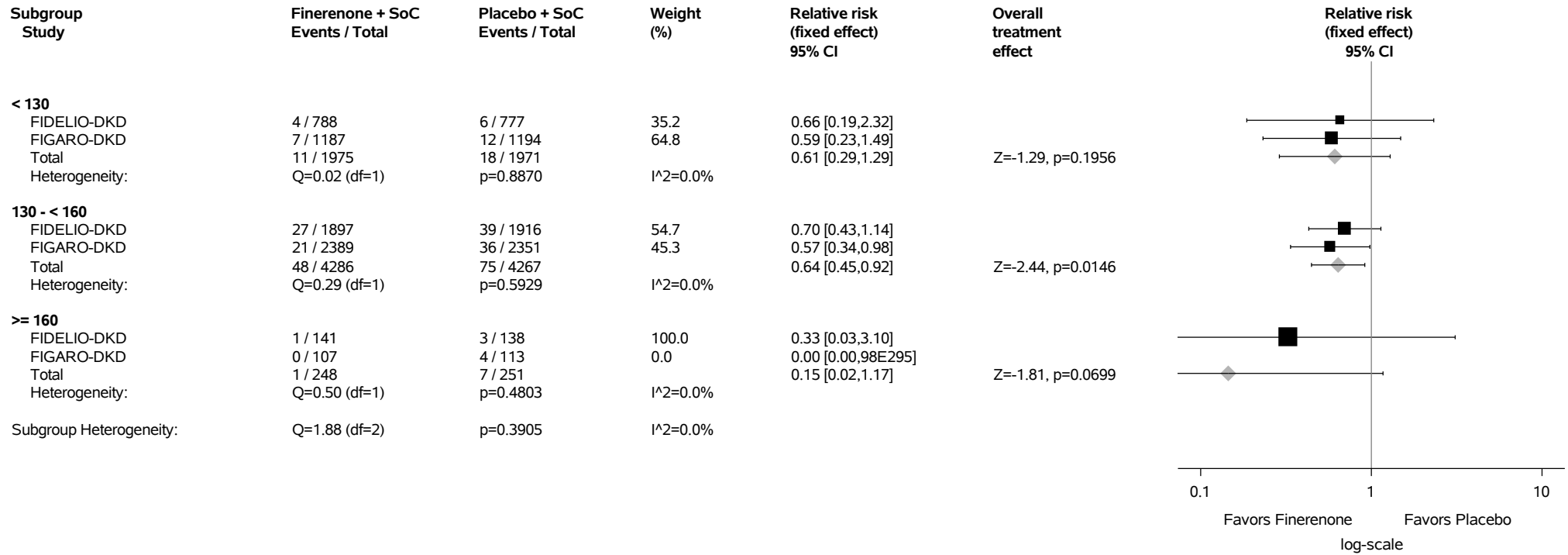
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.172.6: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

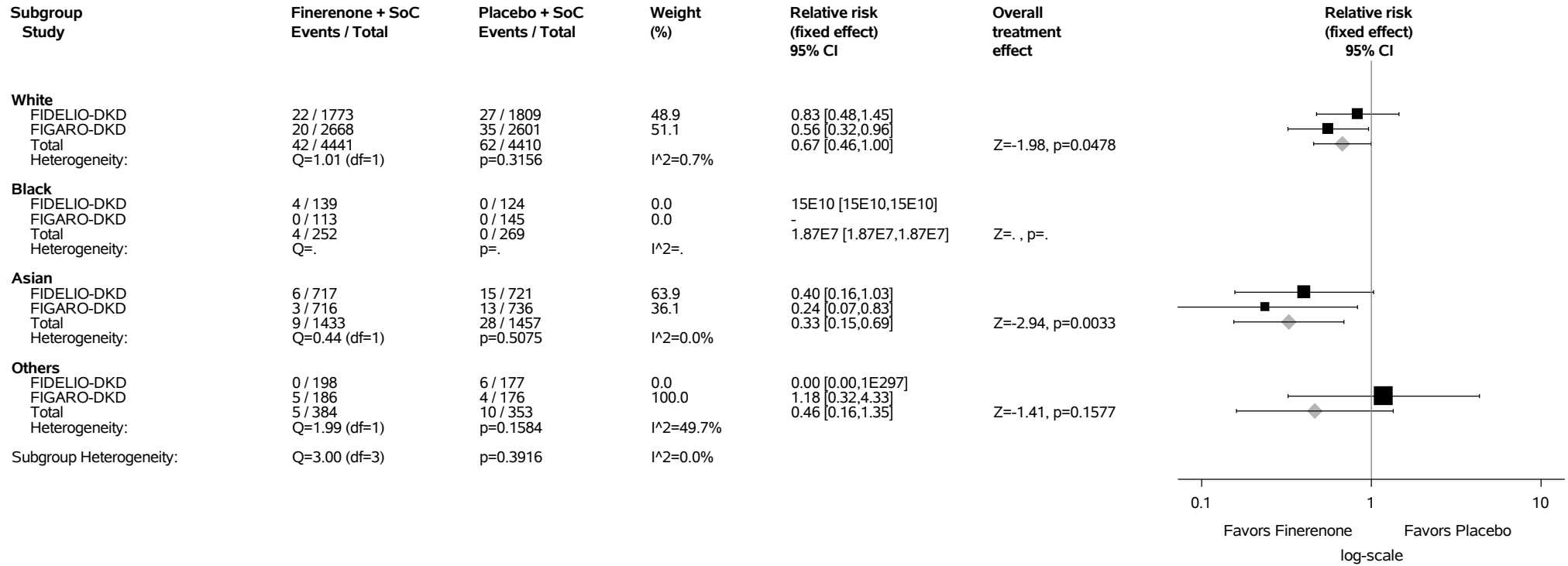
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.1.172.7: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

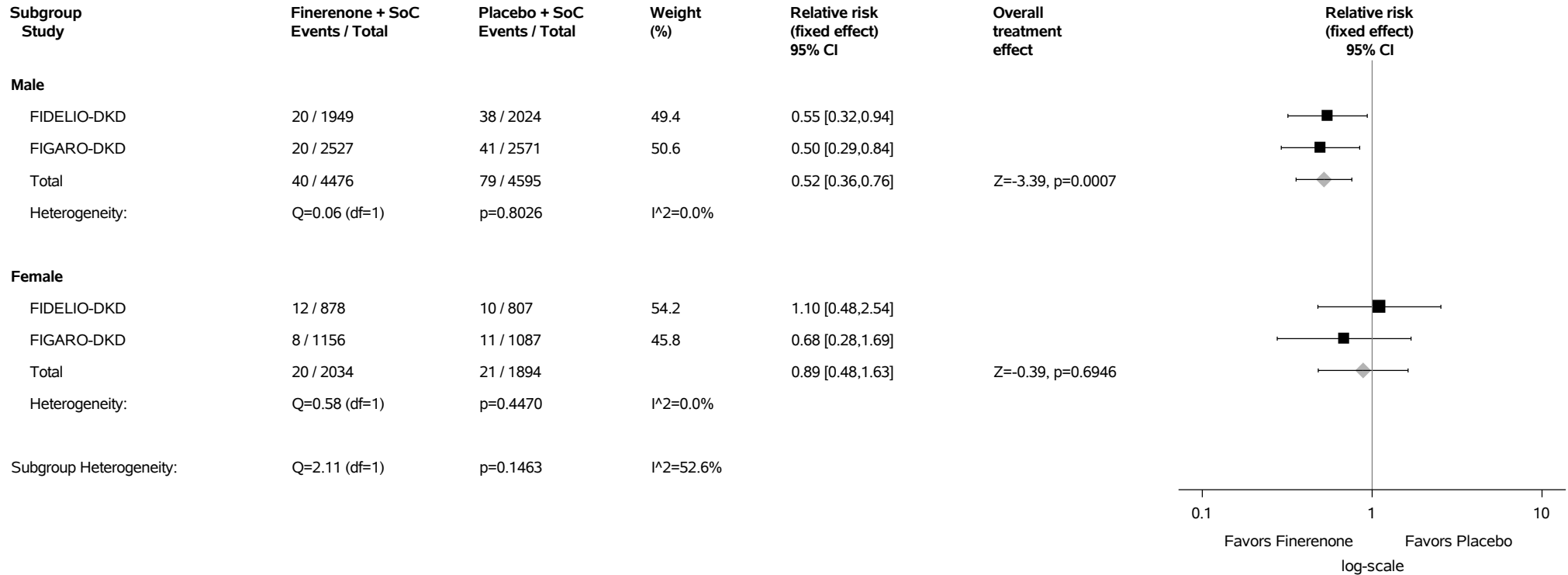
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

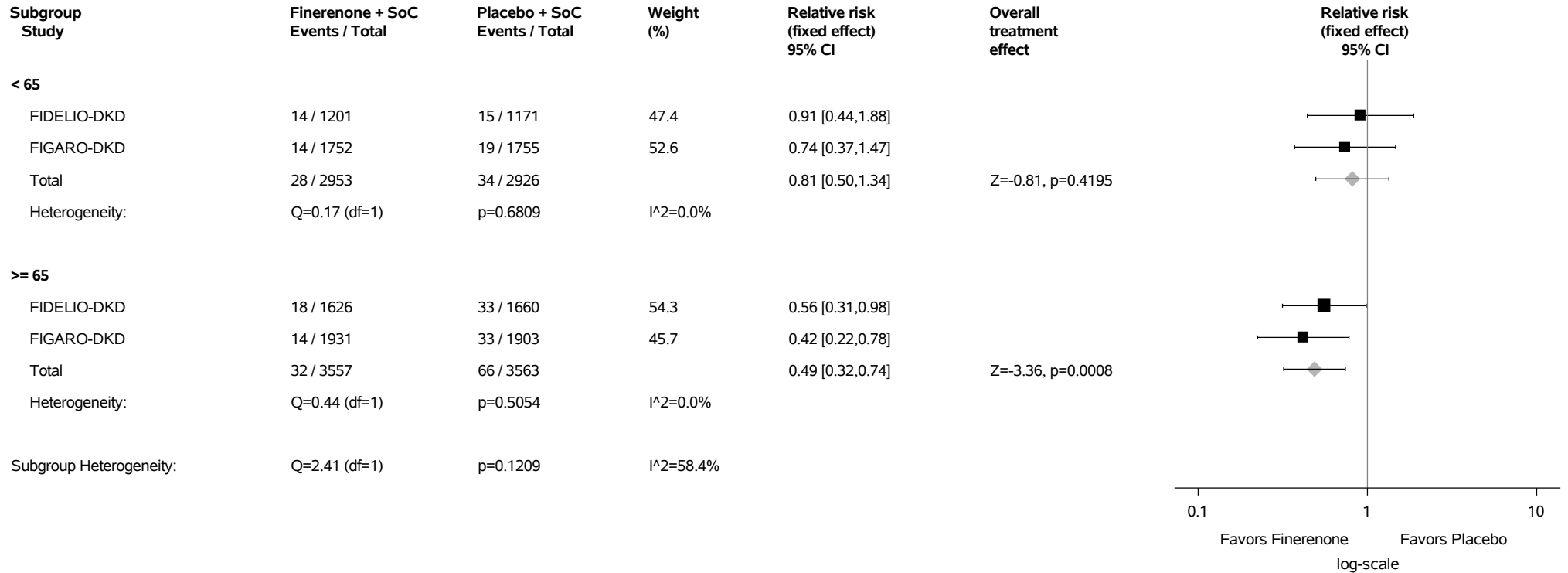
Category 'Missing' was excluded from meta-analysis.

Figure 2.1.172.8: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



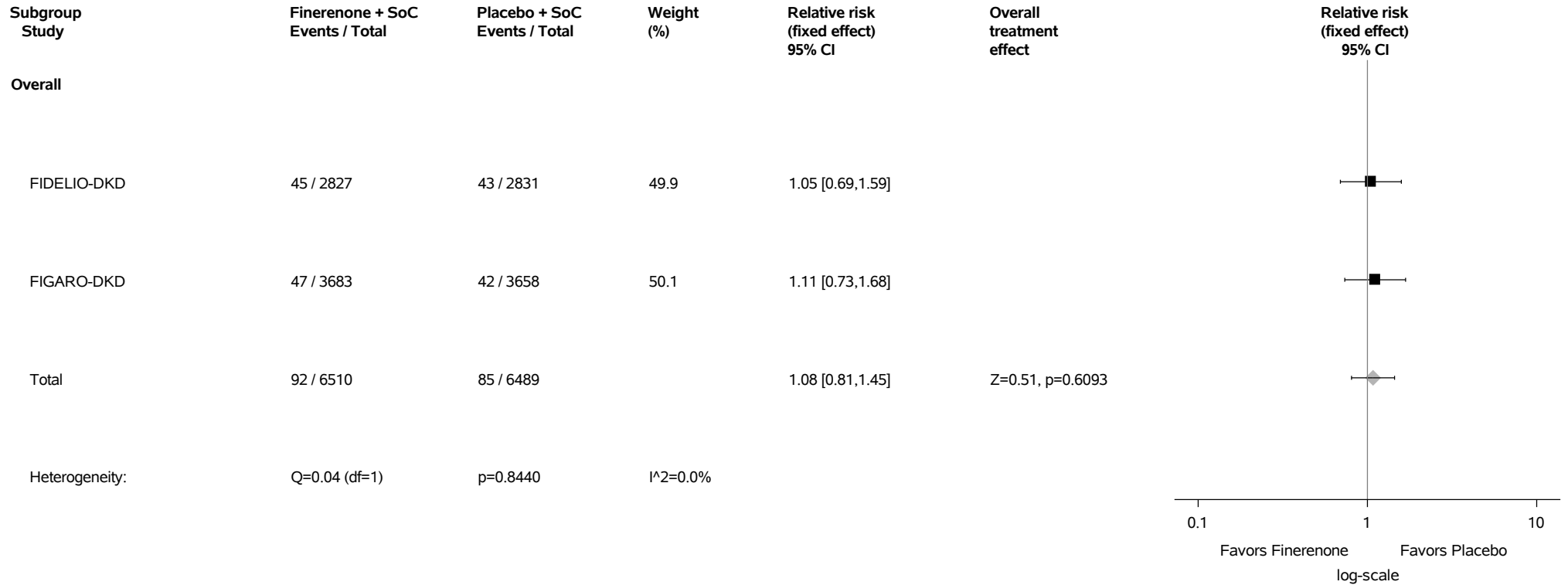
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.172.9: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.1.173: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set



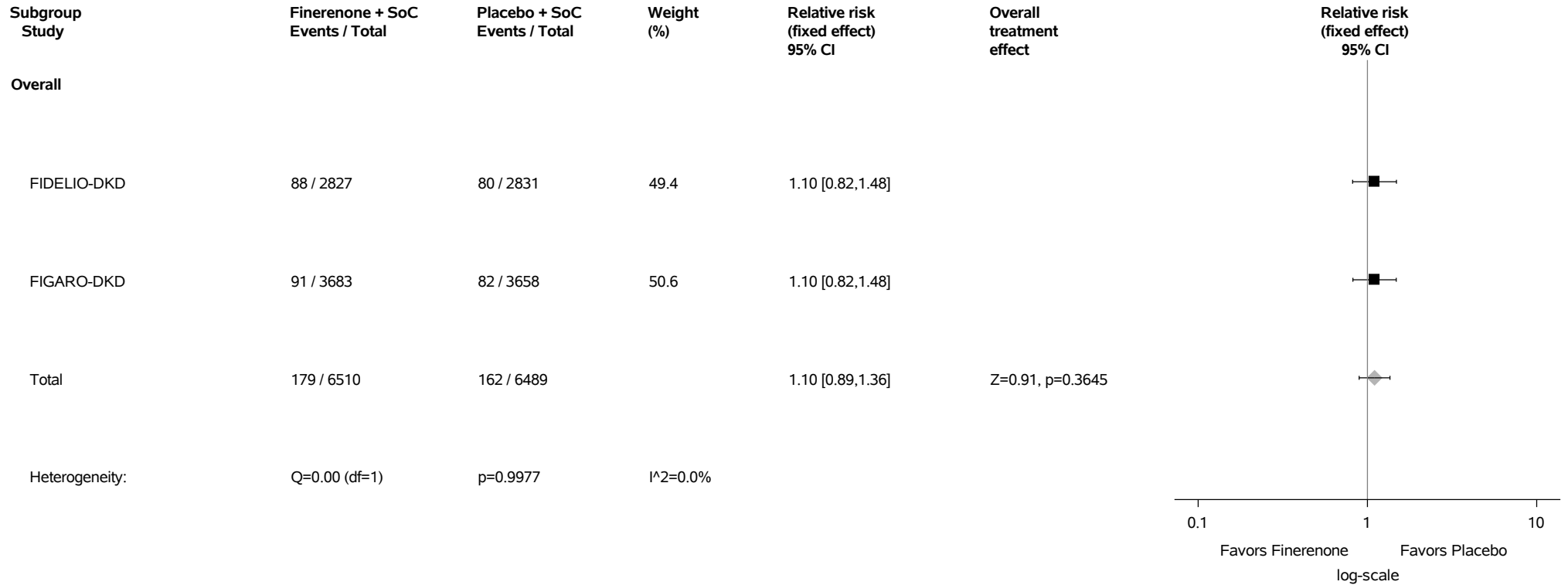
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

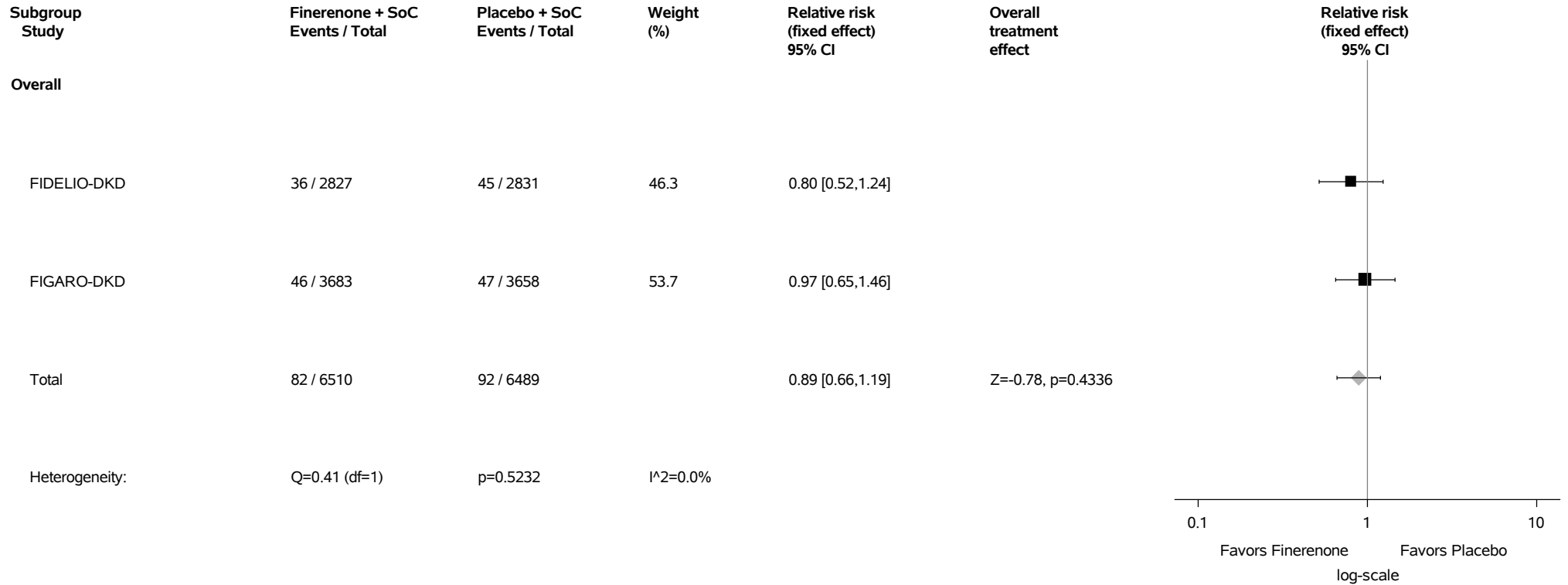
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.174: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



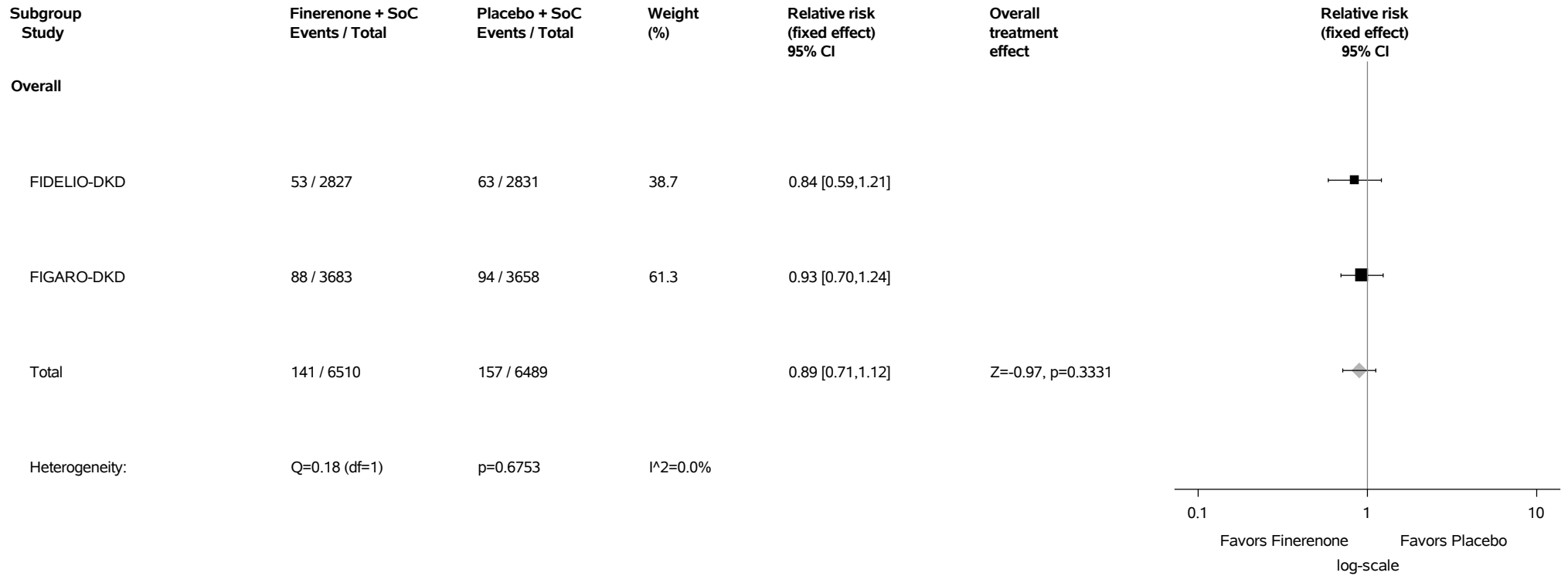
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.175: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



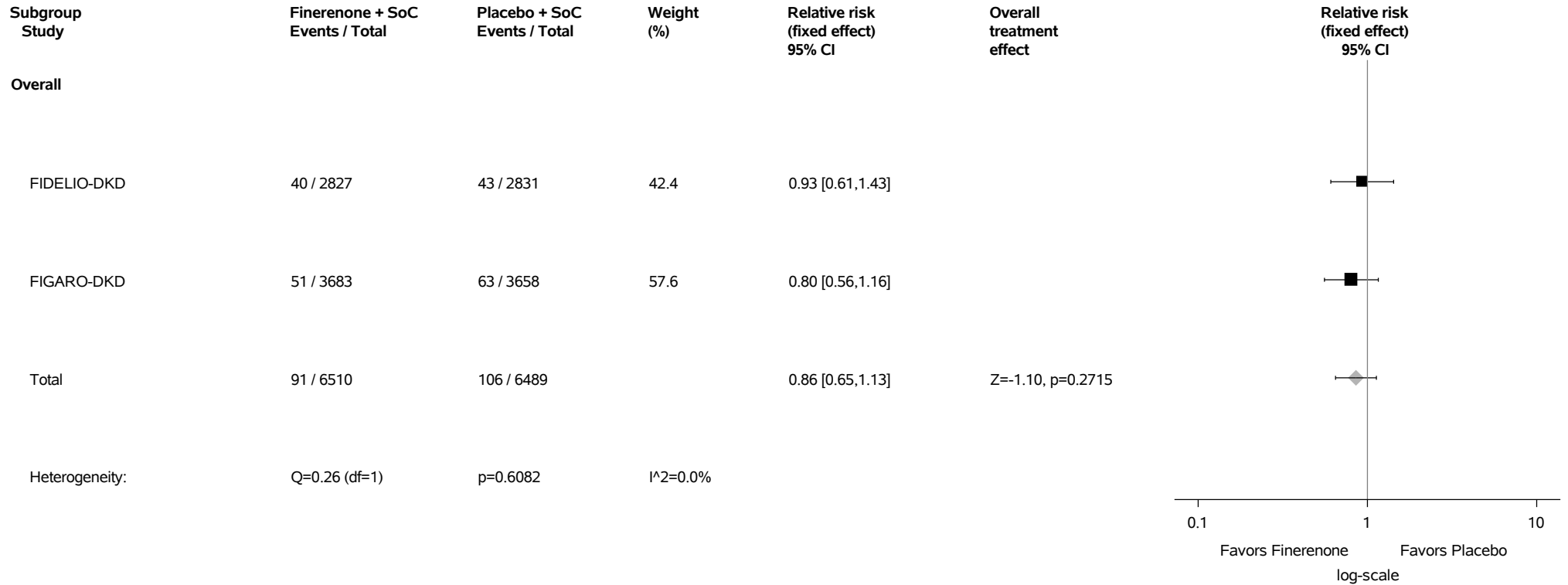
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.176: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)
Safety Analysis Set



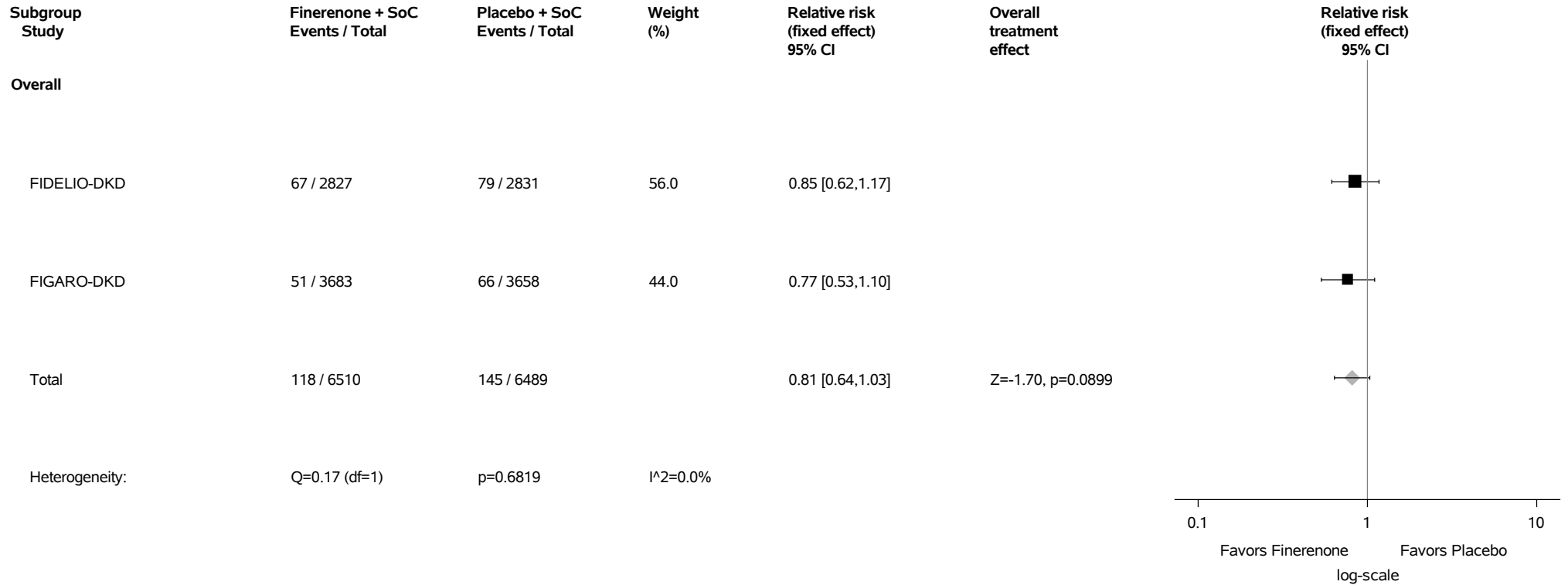
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.177: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set



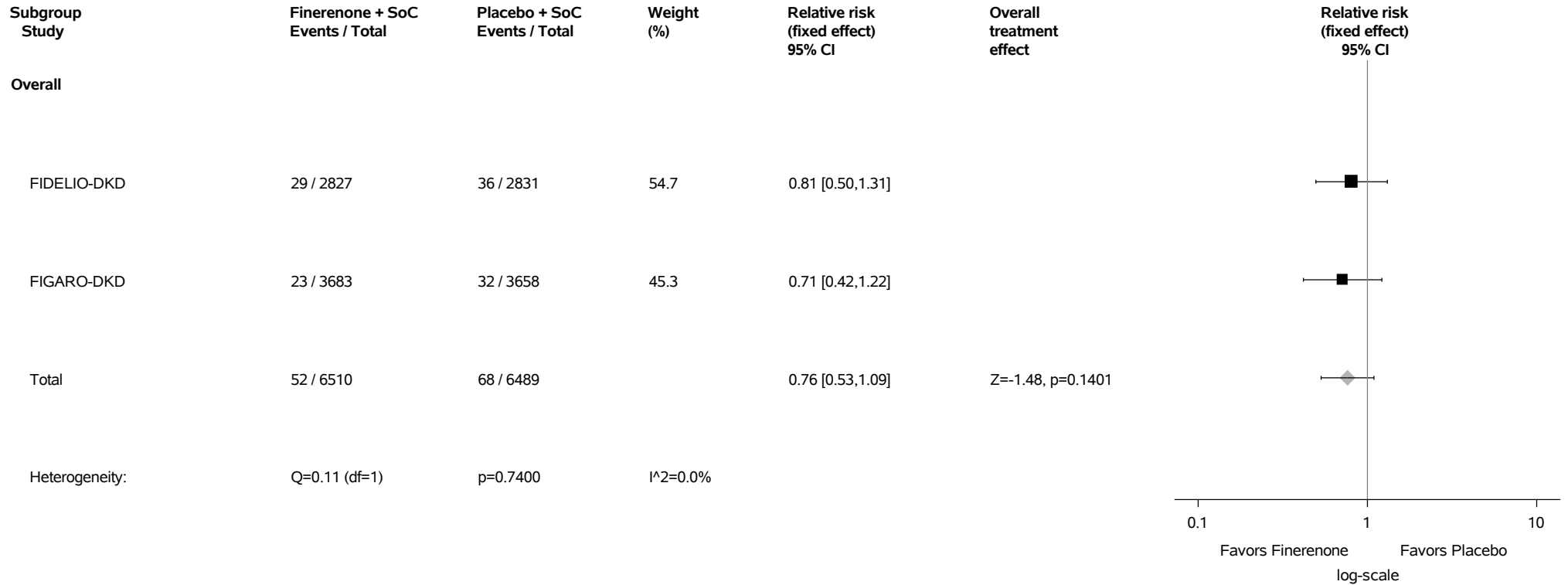
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.178: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



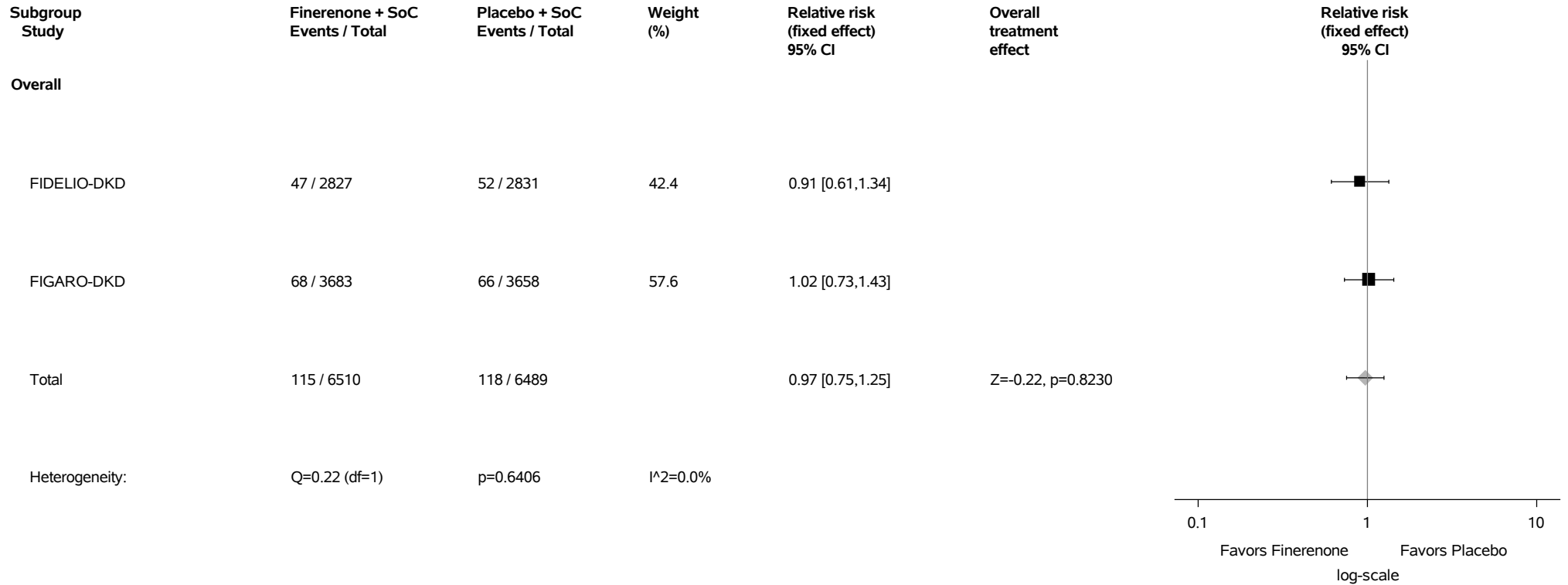
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.179: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Acute kidney injury (PT with Incidence >=1%) Safety Analysis Set



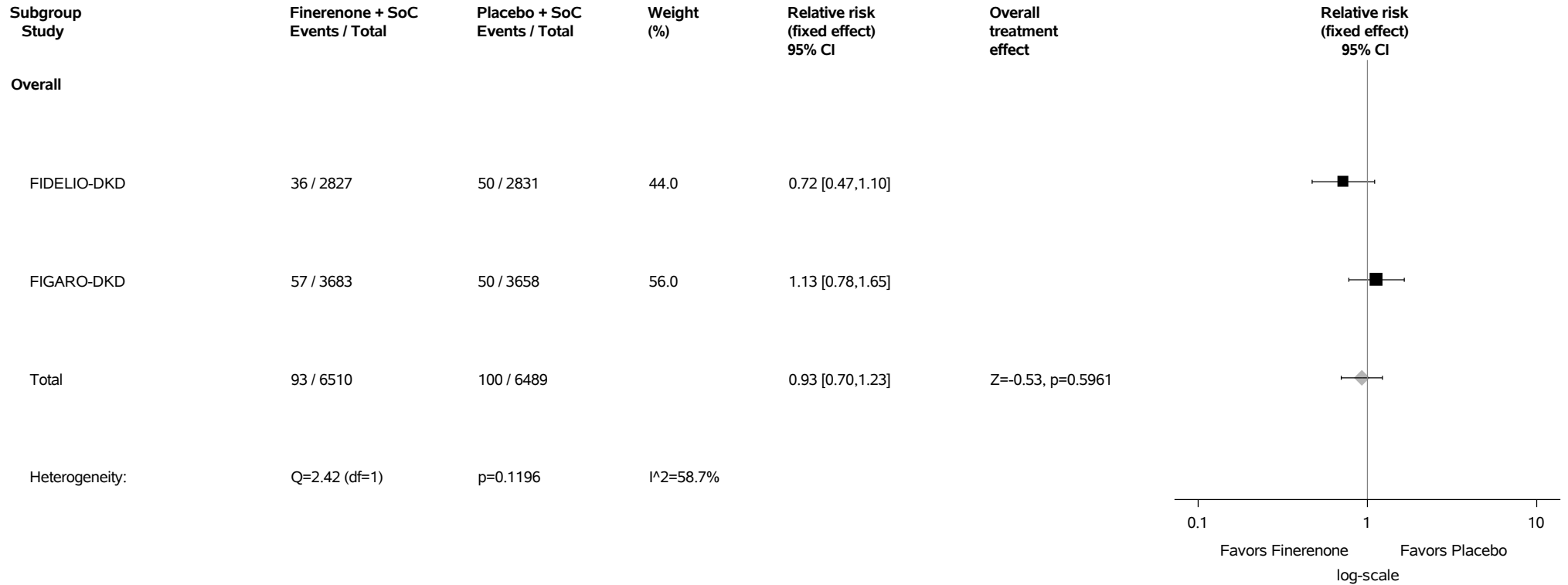
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.180: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



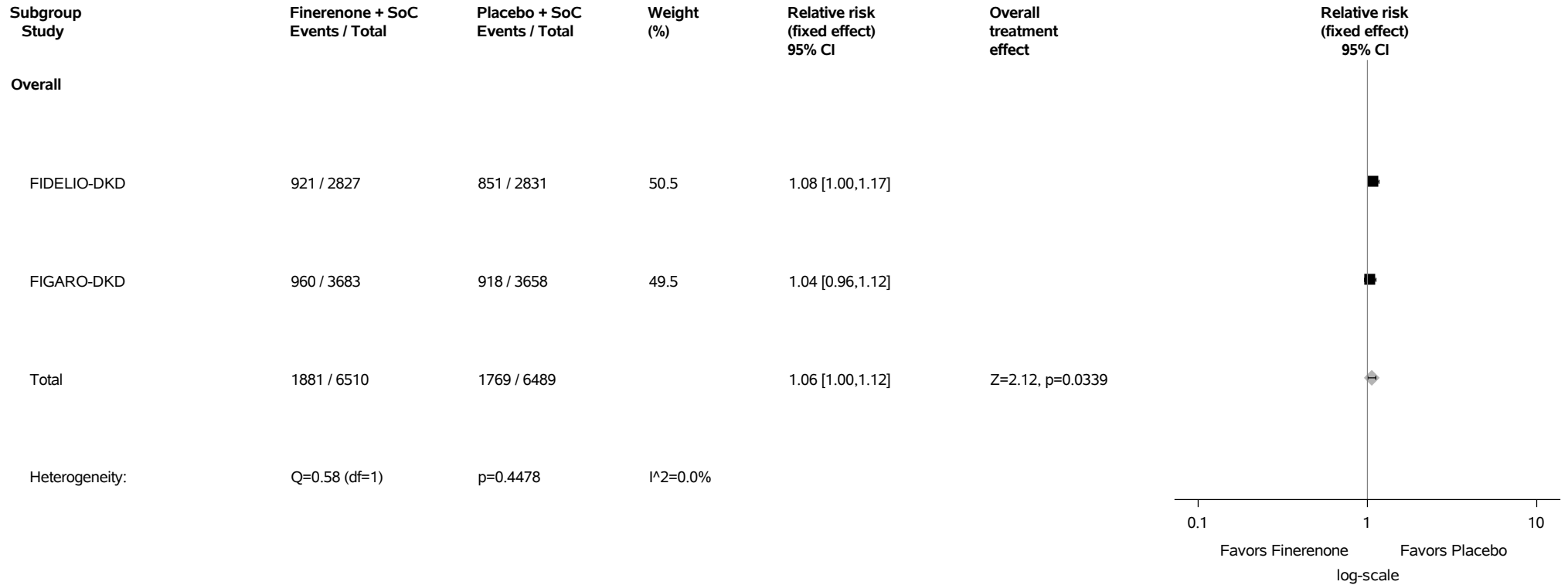
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.181: Forest Plot for Relative Risk of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set



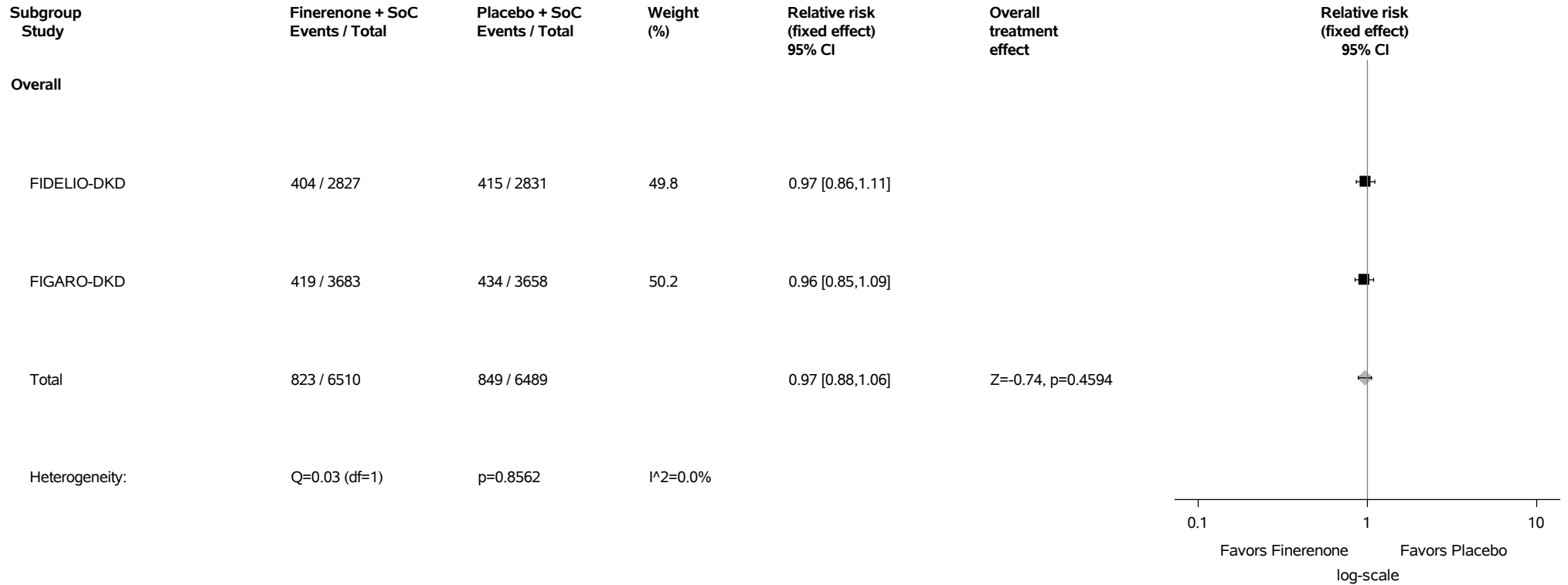
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, PT=preferred term, RR=relative risk, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.182: Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment AEs Safety Analysis Set



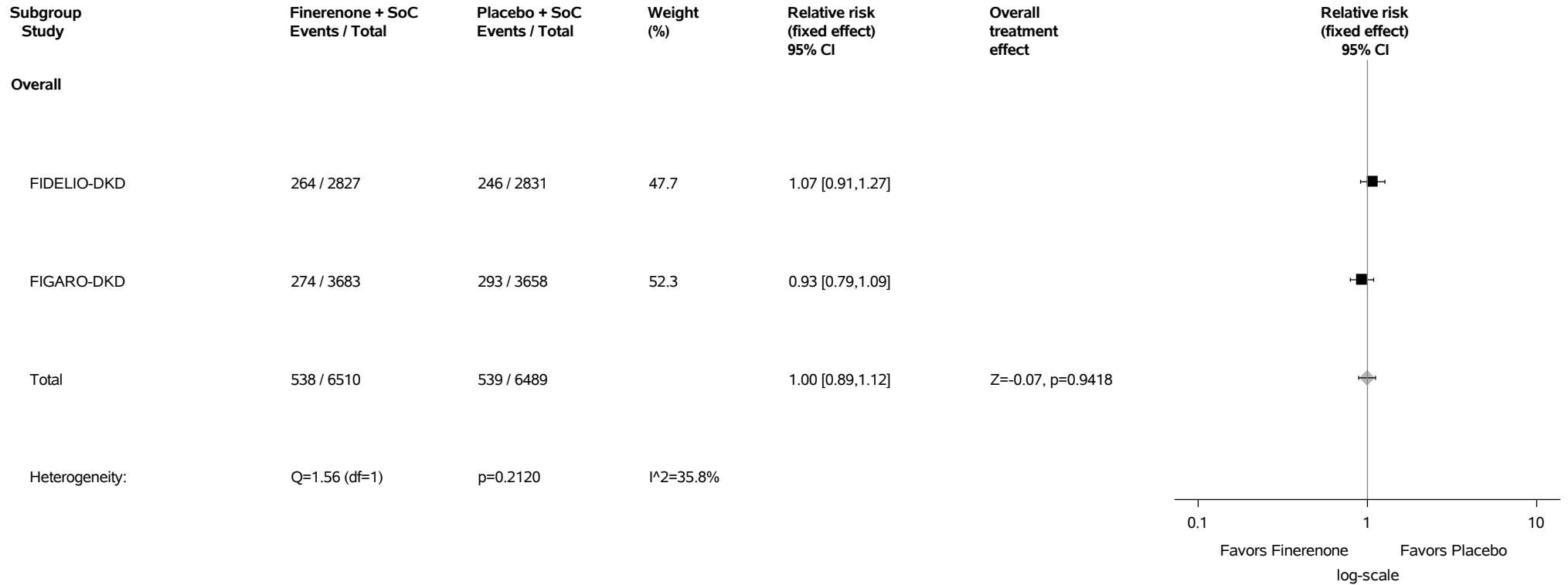
Abbreviations: CI=confidence interval, GLM=generalized linear model, RR=relative risk, (S)AE=(serious) adverse event, SoC=standard of care.
 Note: Post-treatment AEs are AEs that occurred more than 3 days after temporary (study drug interruption) or permanent stop of study drug.
 For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.183: Forestplot for Relative Risk of Proportion of Subjects with Post-Treatment SAEs Safety Analysis Set



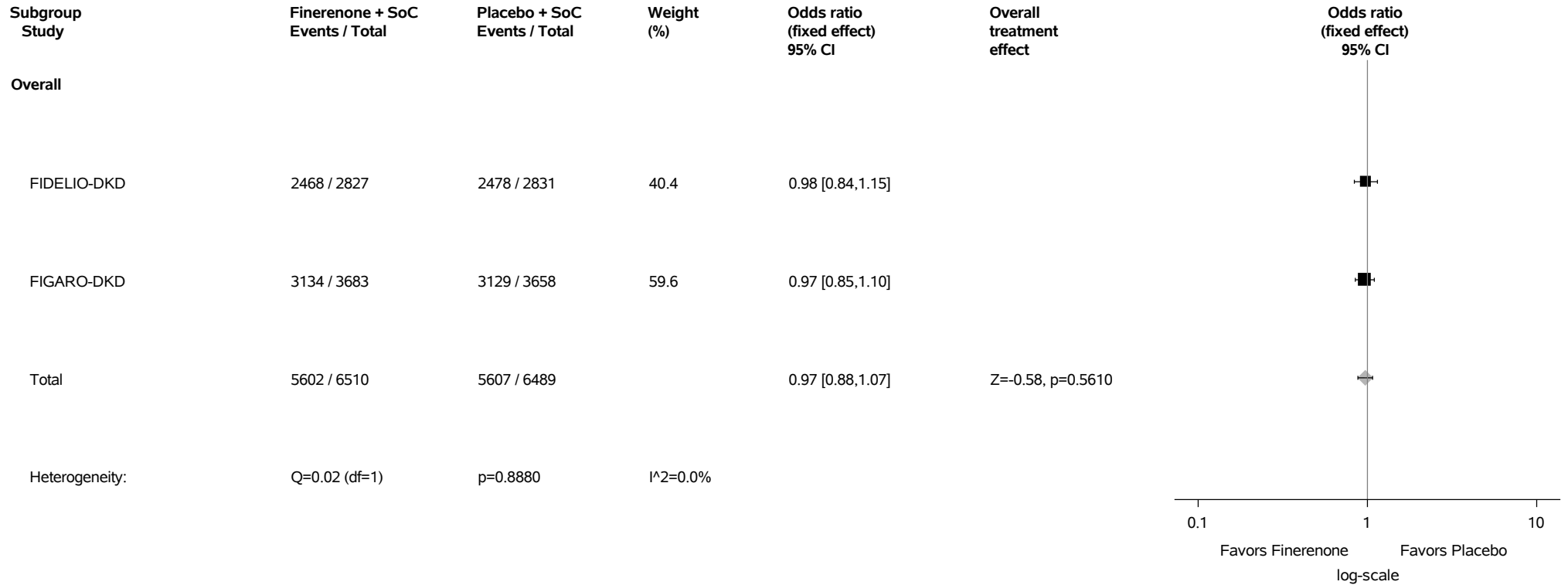
Abbreviations: CI=confidence interval, GLM=generalized linear model, RR=relative risk, (S)AE=(serious) adverse event, SoC=standard of care.
 Note: Post-treatment AEs are AEs that occurred more than 3 days after temporary (study drug interruption) or permanent stop of study drug.
 For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.1.184: Forestplot for Relative Risk of Proportion of Subjects with Severe Post-Treatment AEs Safety Analysis Set



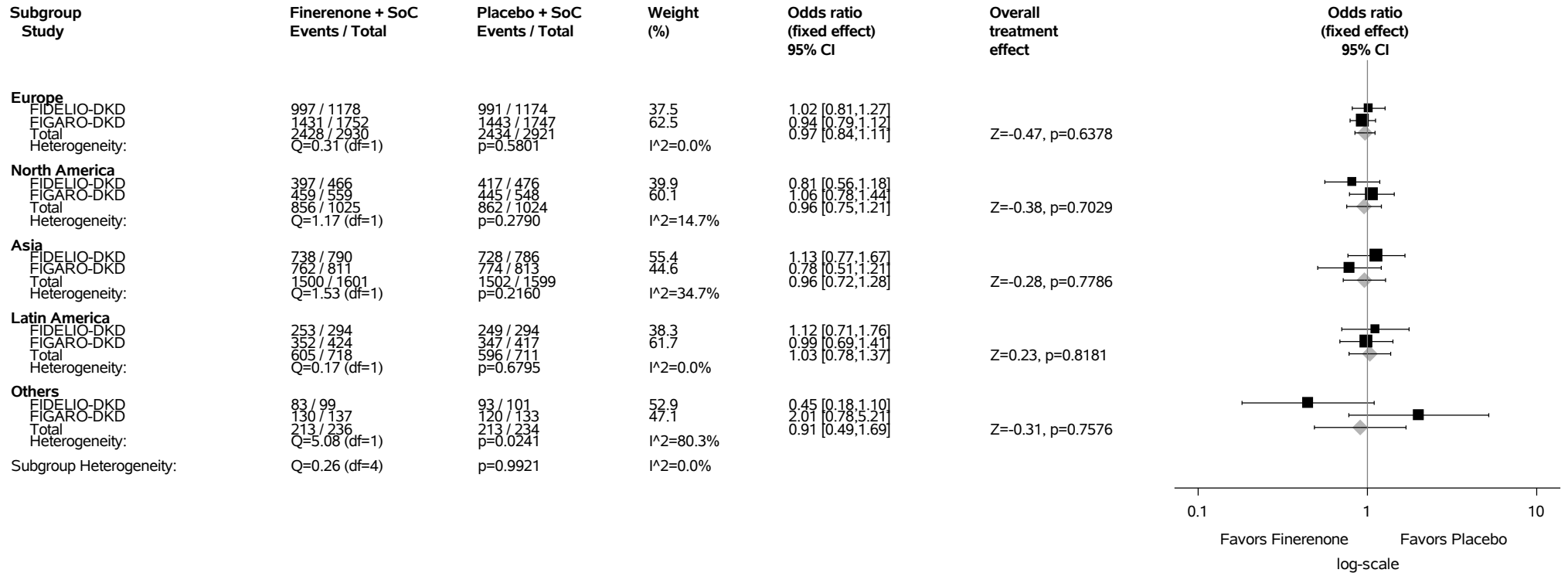
Abbreviations: CI=confidence interval, GLM=generalized linear model, RR=relative risk, (S)AE=(serious) adverse event, SoC=standard of care.
 Note: Post-treatment AEs are AEs that occurred more than 3 days after temporary (study drug interruption) or permanent stop of study drug.
 For single studies the RR is estimated by a GLM with classification term for treatment using a binomial distribution and log as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.1: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.1.1: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Region
Safety Analysis Set



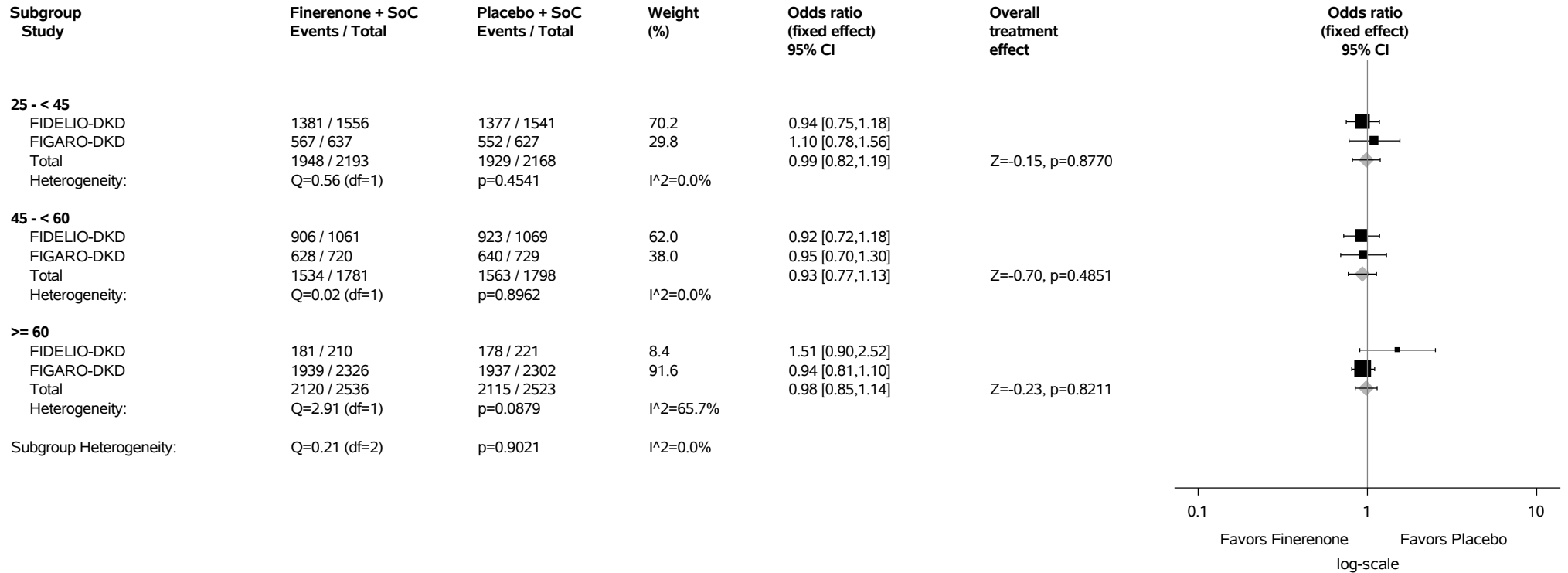
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

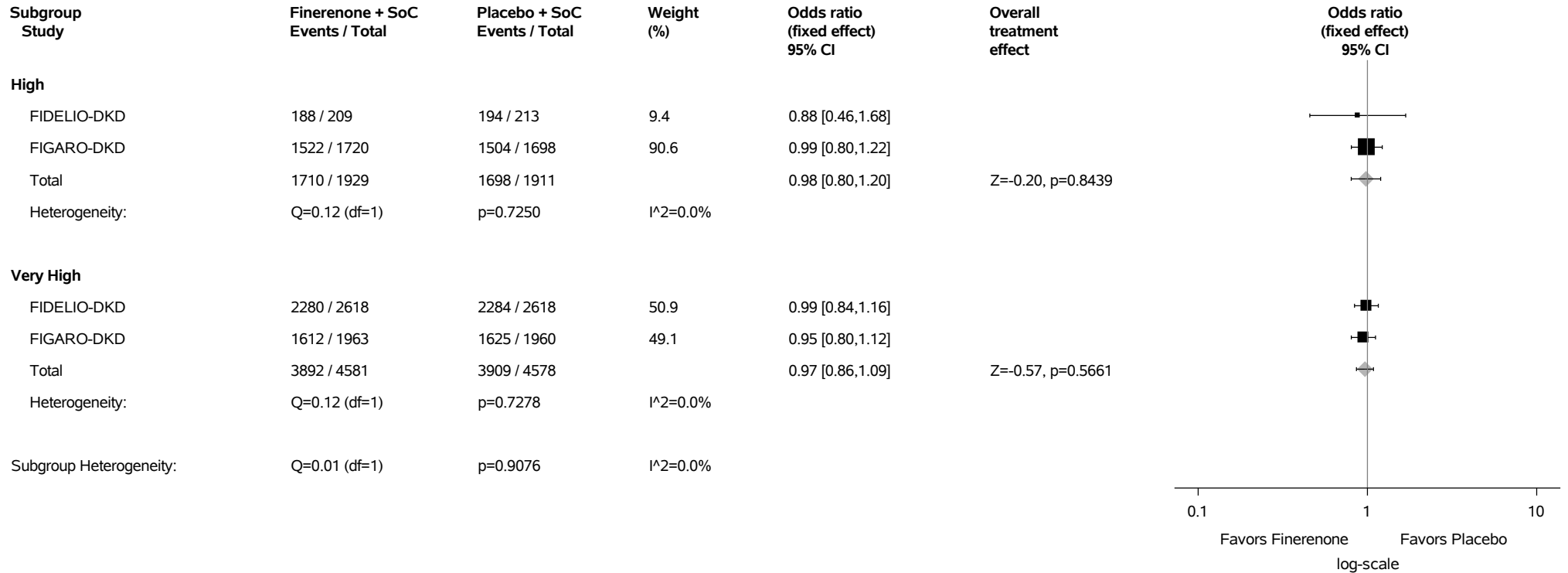
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.1.2: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening Safety Analysis Set



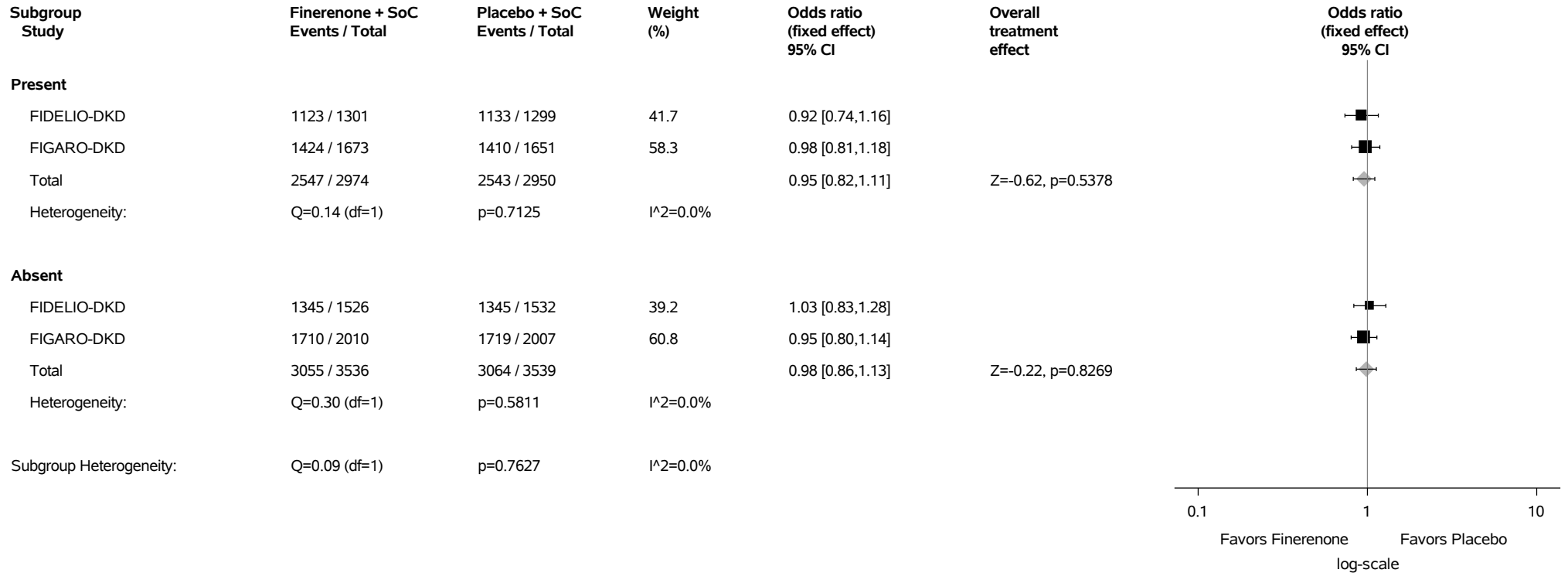
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.1.3: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening Safety Analysis Set



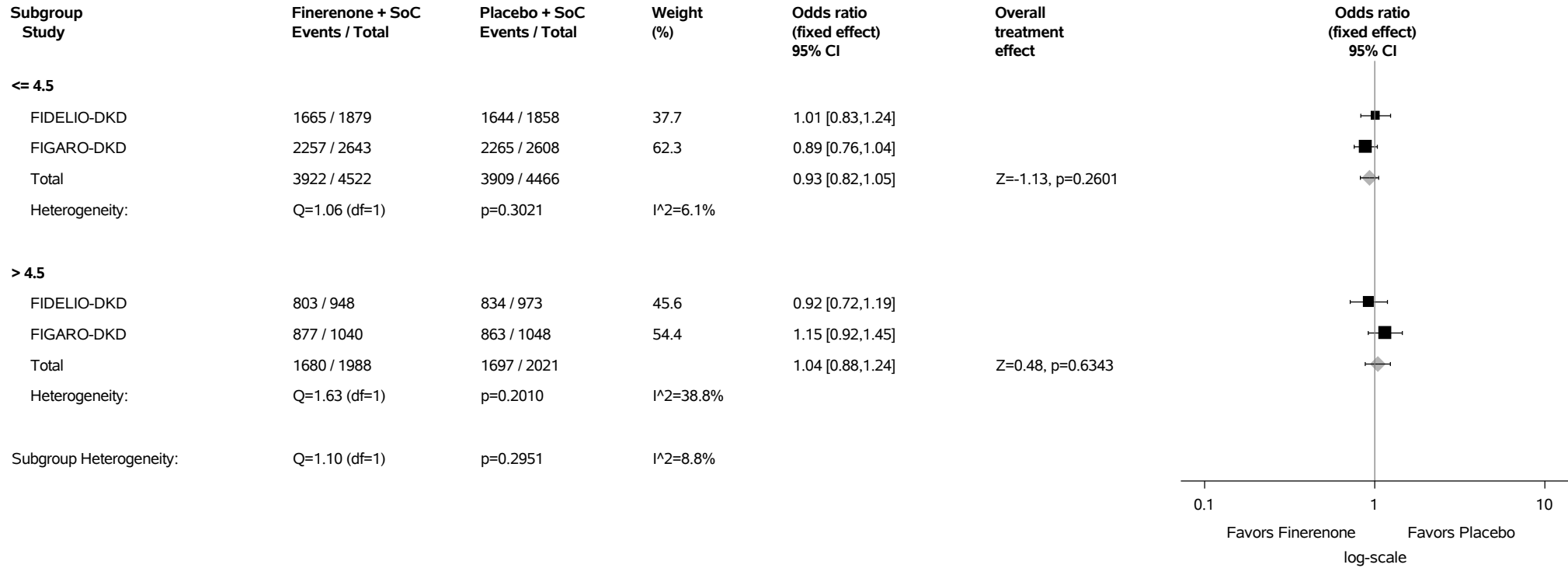
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.1.4: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.1.5: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

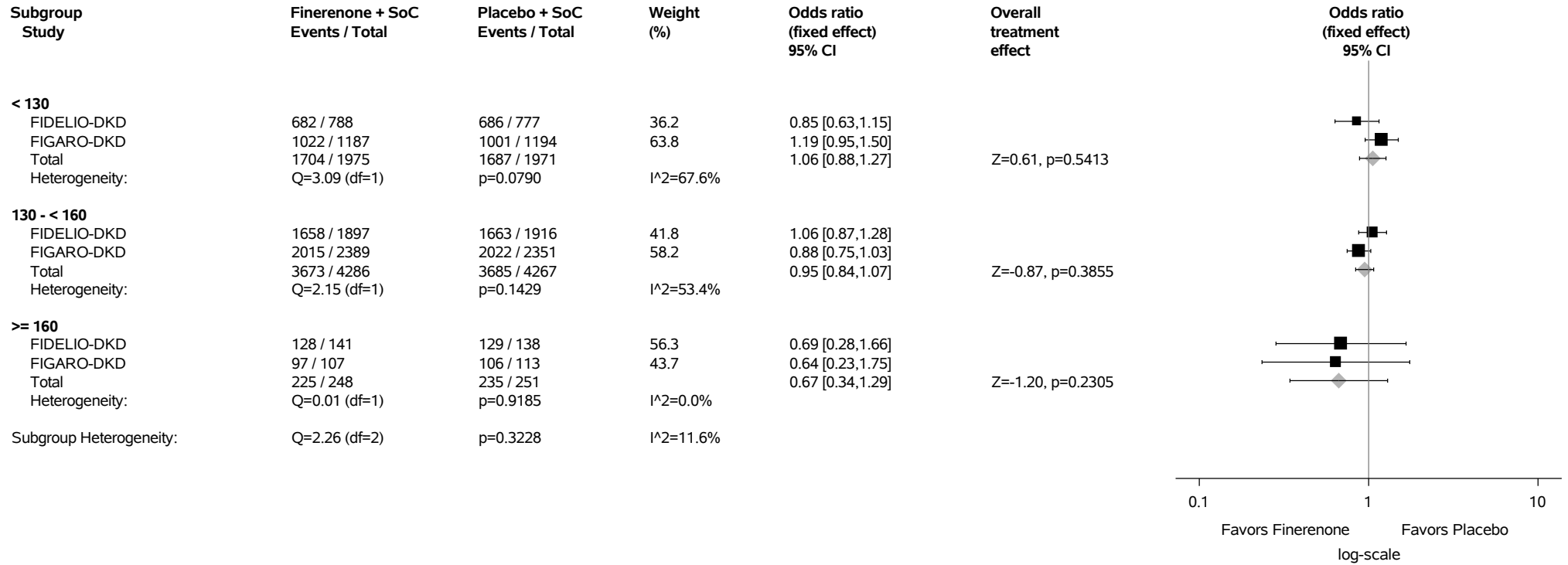
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.1.6: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

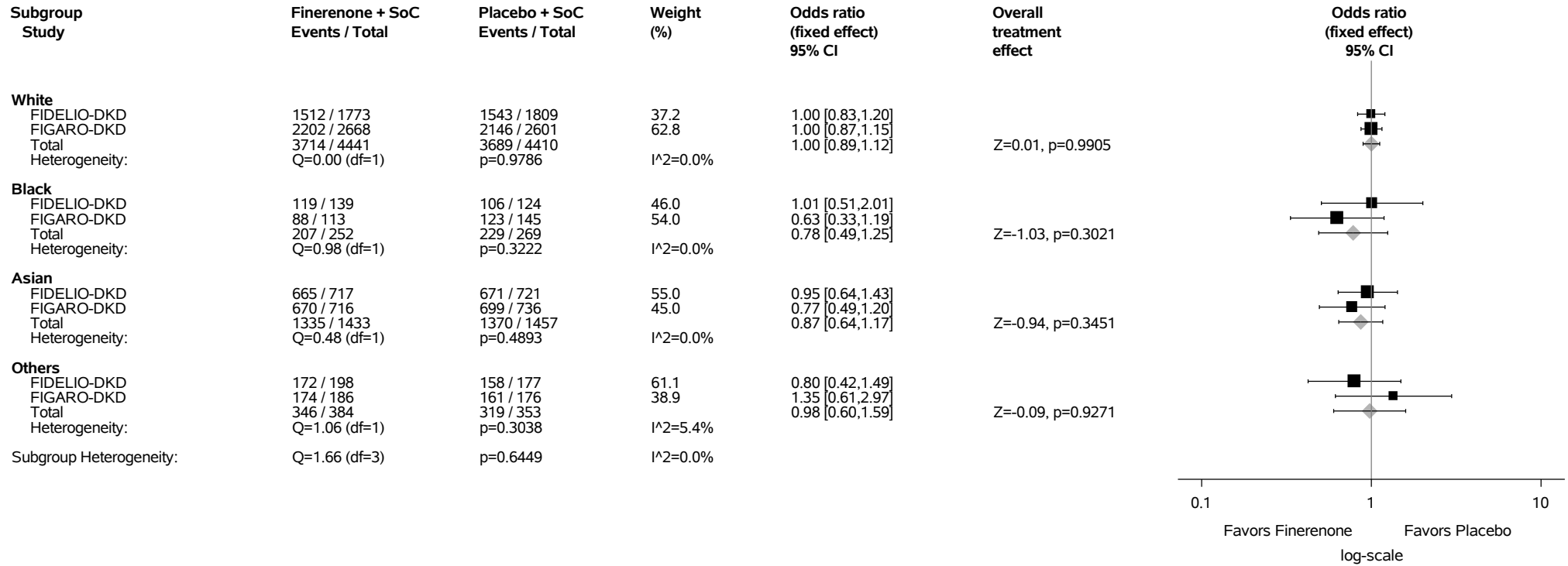
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.1.7: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

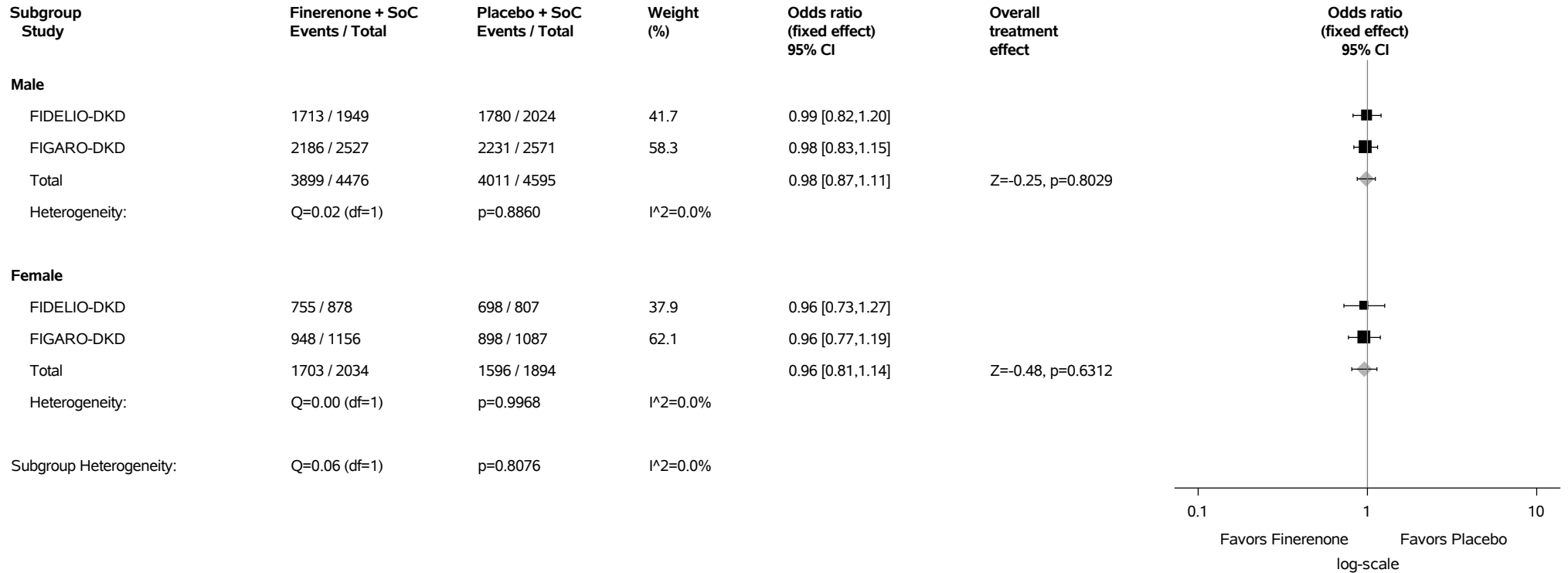
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

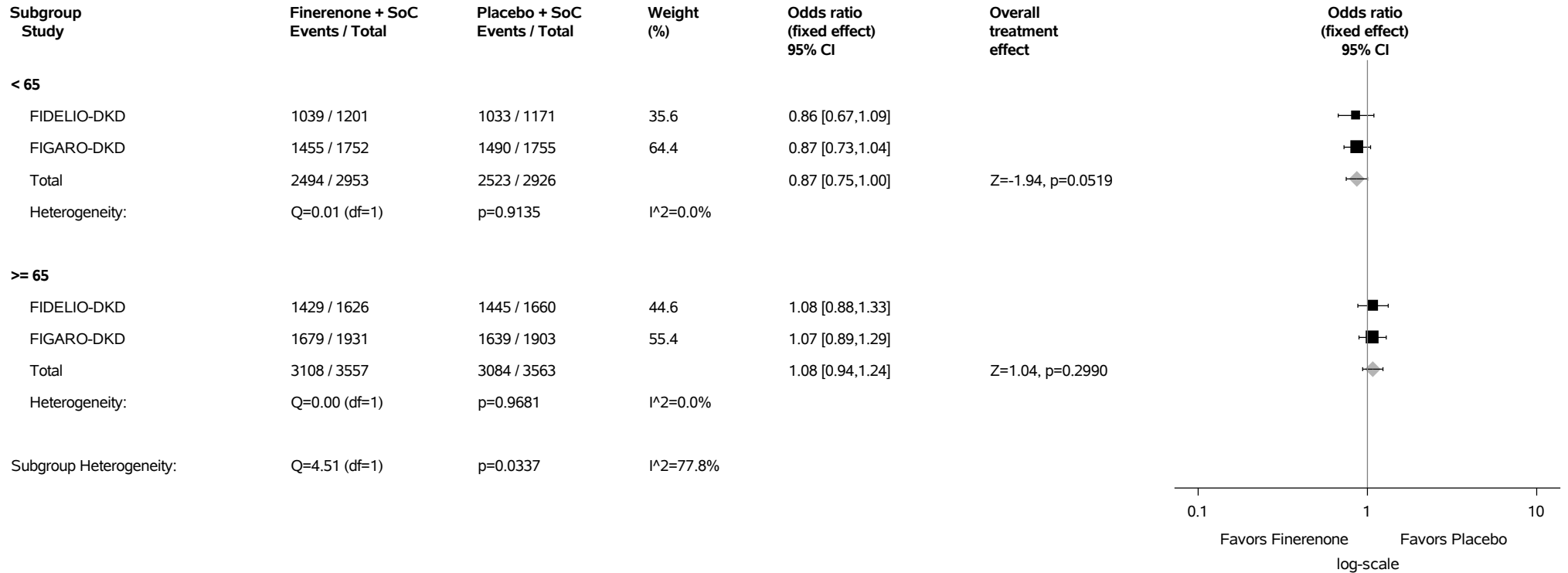
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.1.8: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Sex Safety Analysis Set



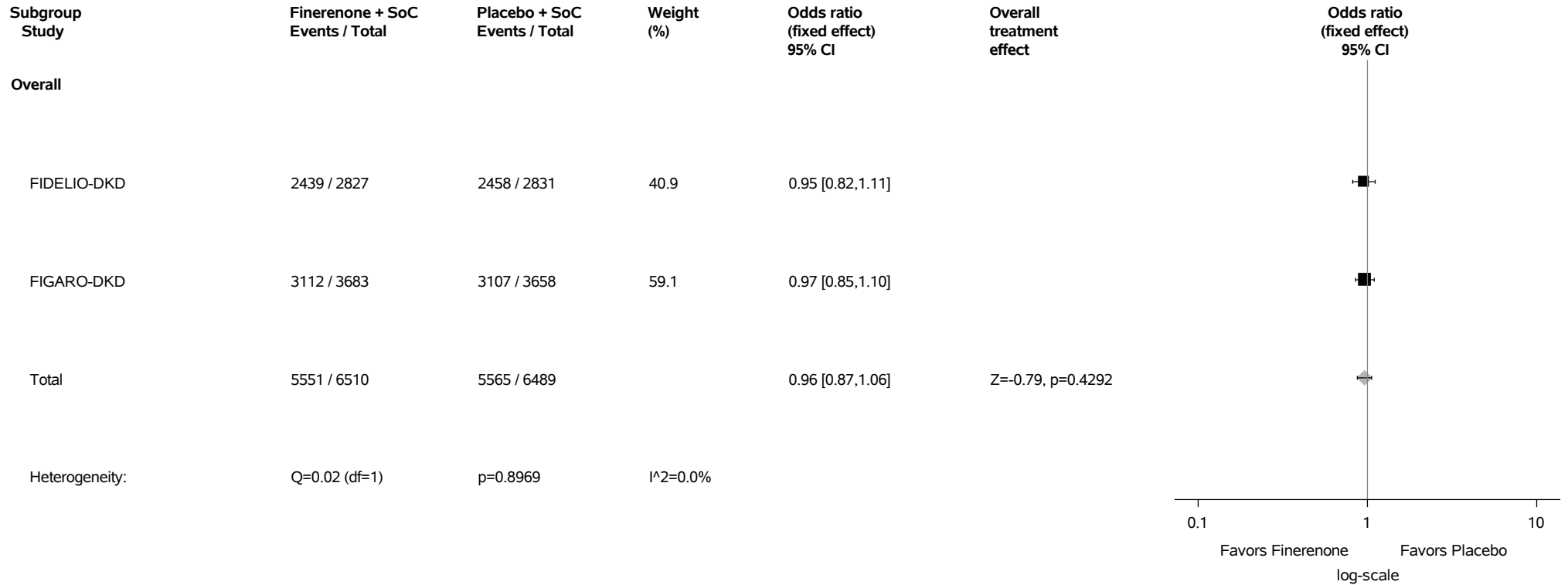
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.1.9: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.2: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs Excluding Progression-Related Events Safety Analysis Set

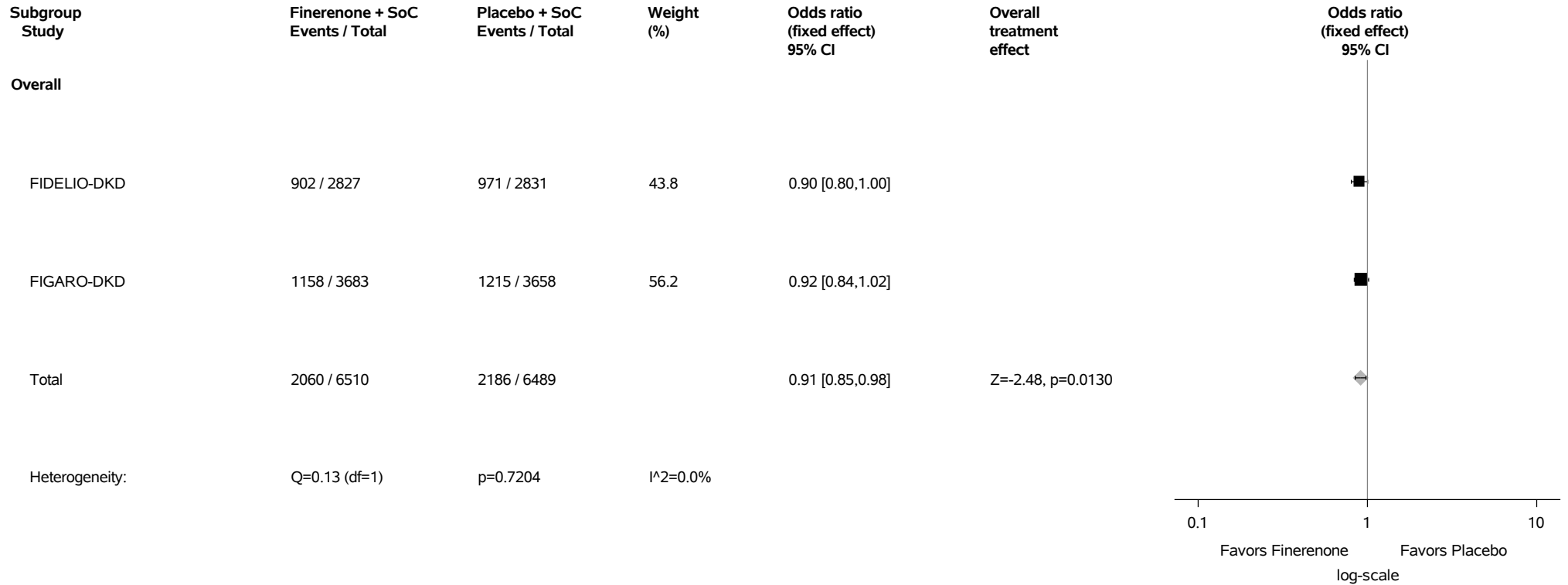


Abbreviations: CI=confidence interval, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.3: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs Safety Analysis Set



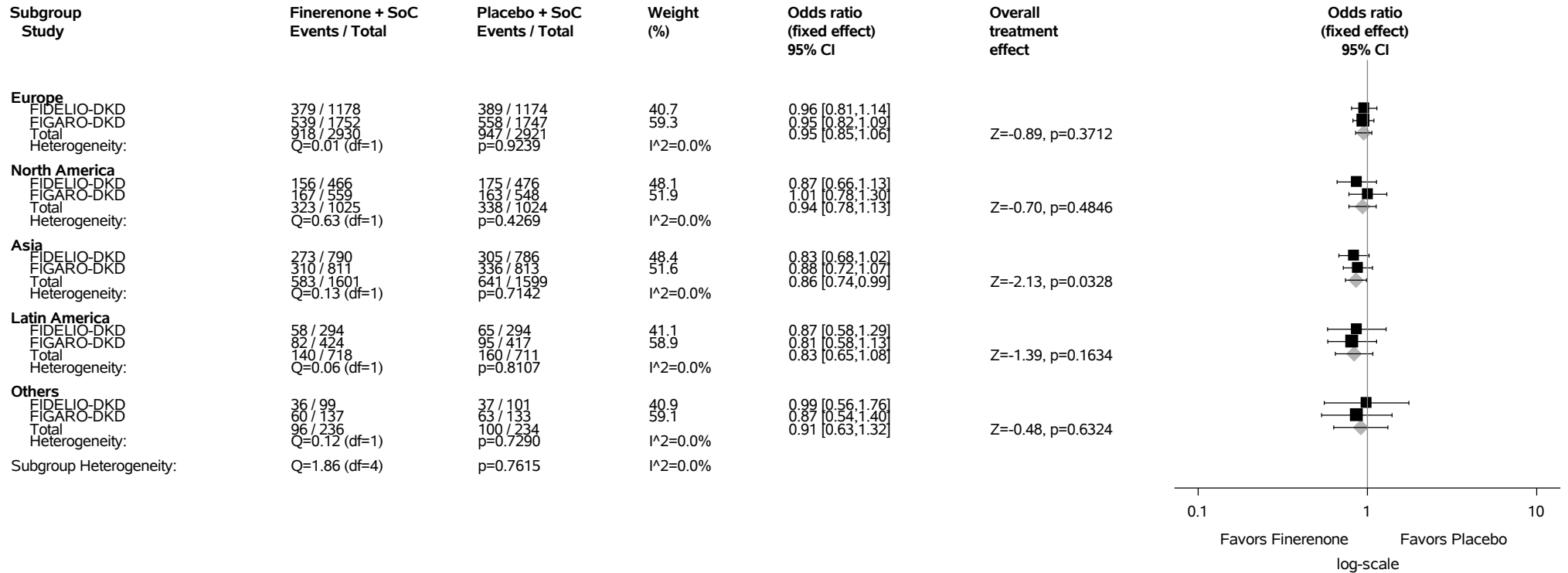
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.3.1: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Region
Safety Analysis Set



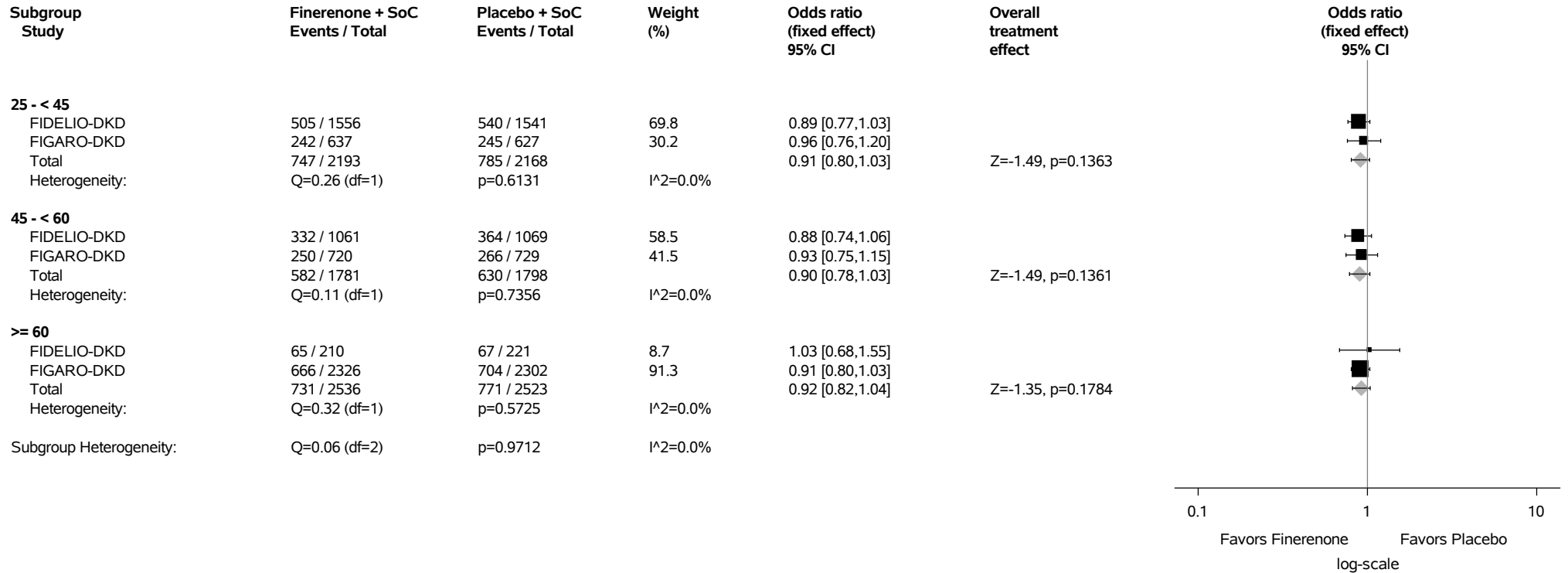
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

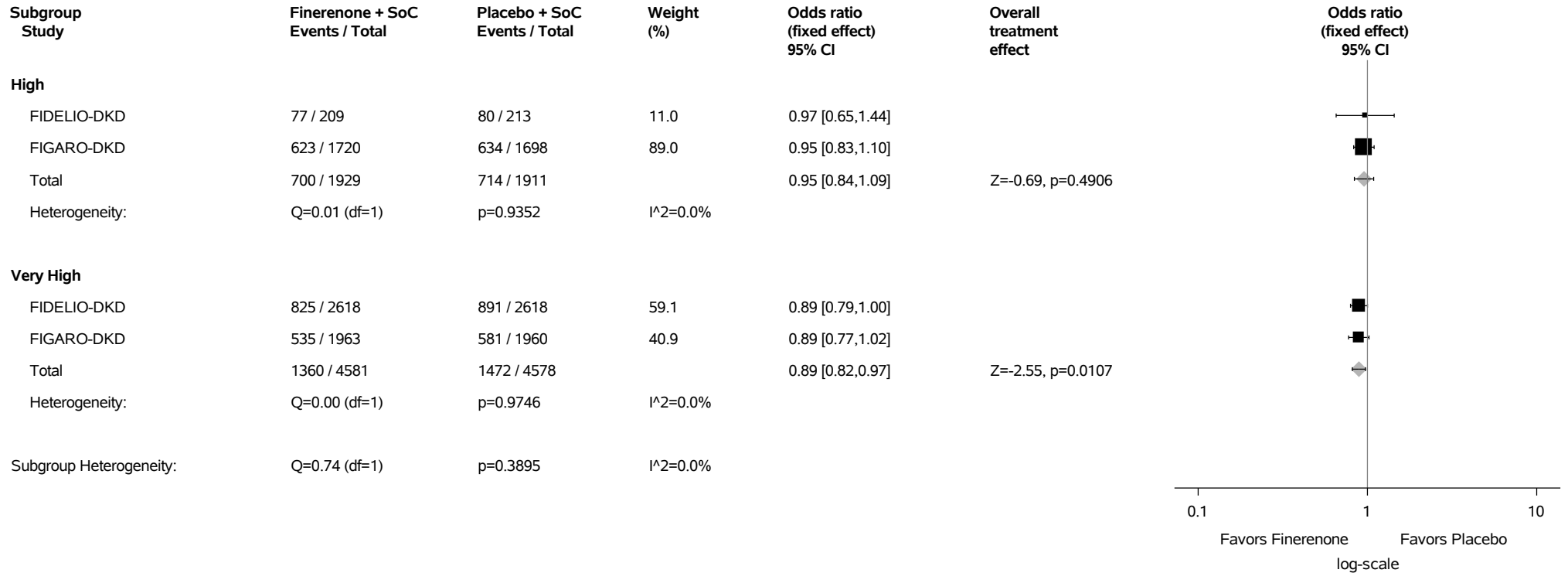
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.3.2: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening Safety Analysis Set



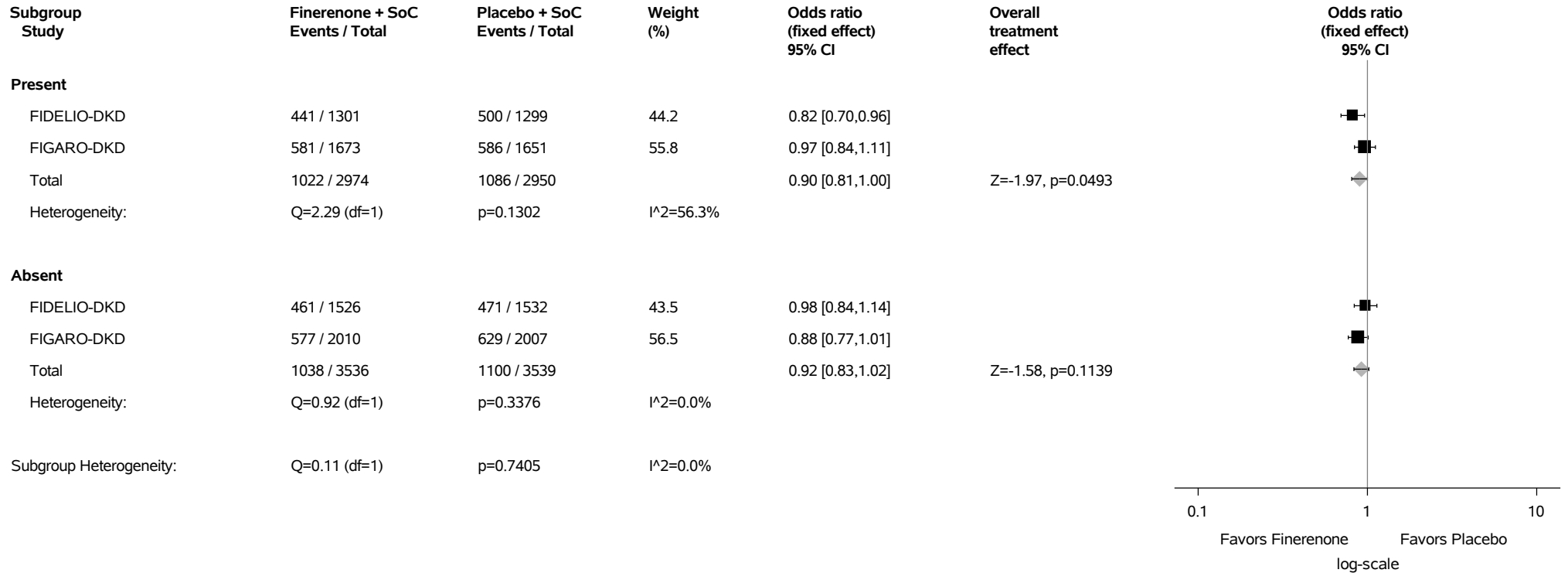
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.3.3: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening Safety Analysis Set



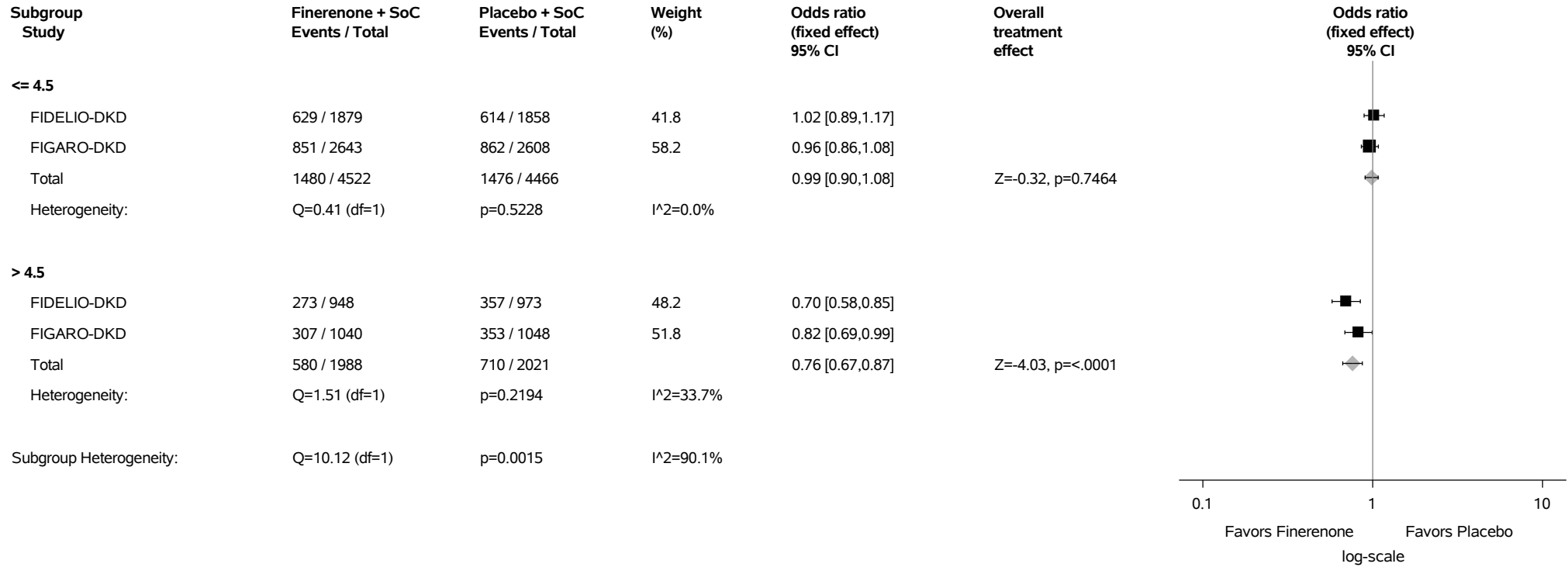
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.3.4: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.3.5: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

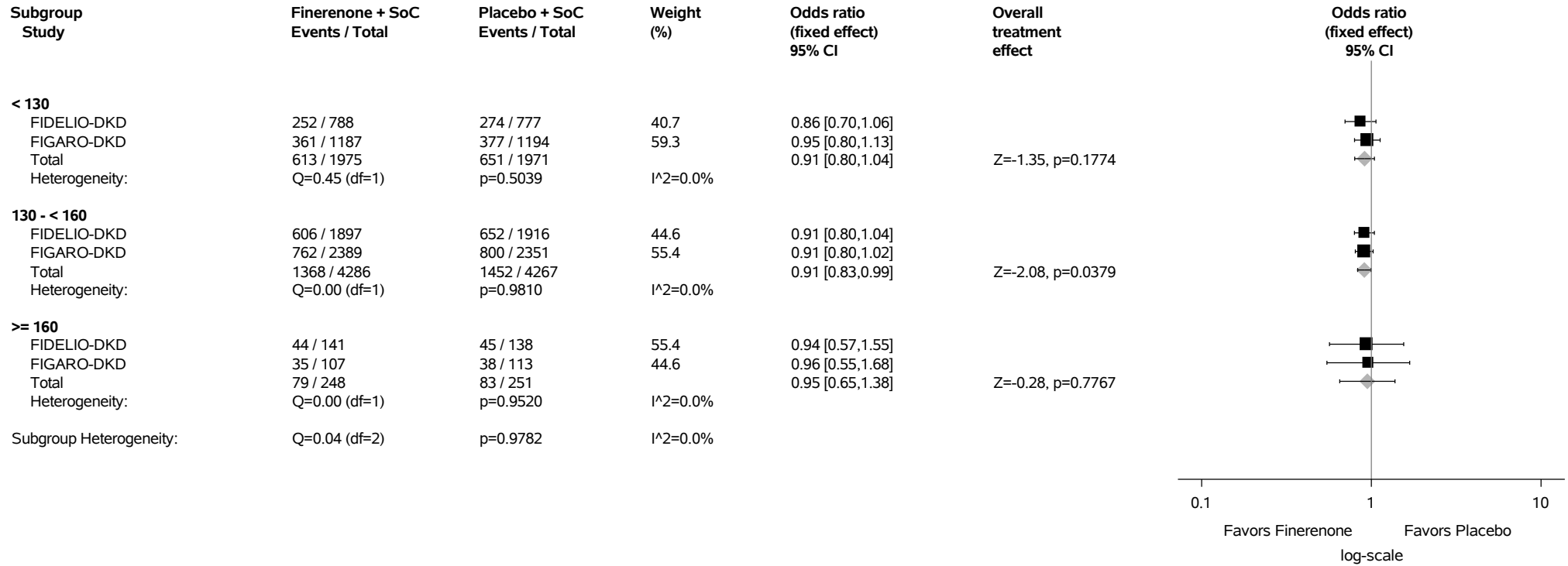
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.3.6: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

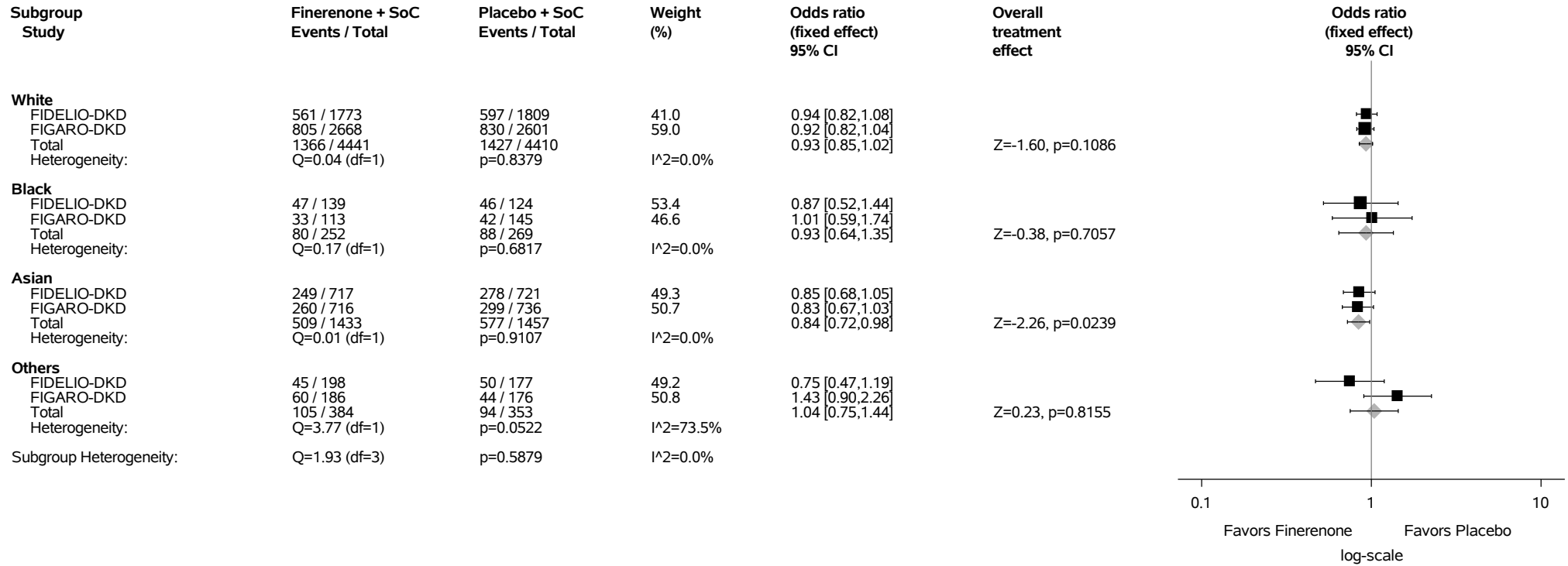
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.3.7: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

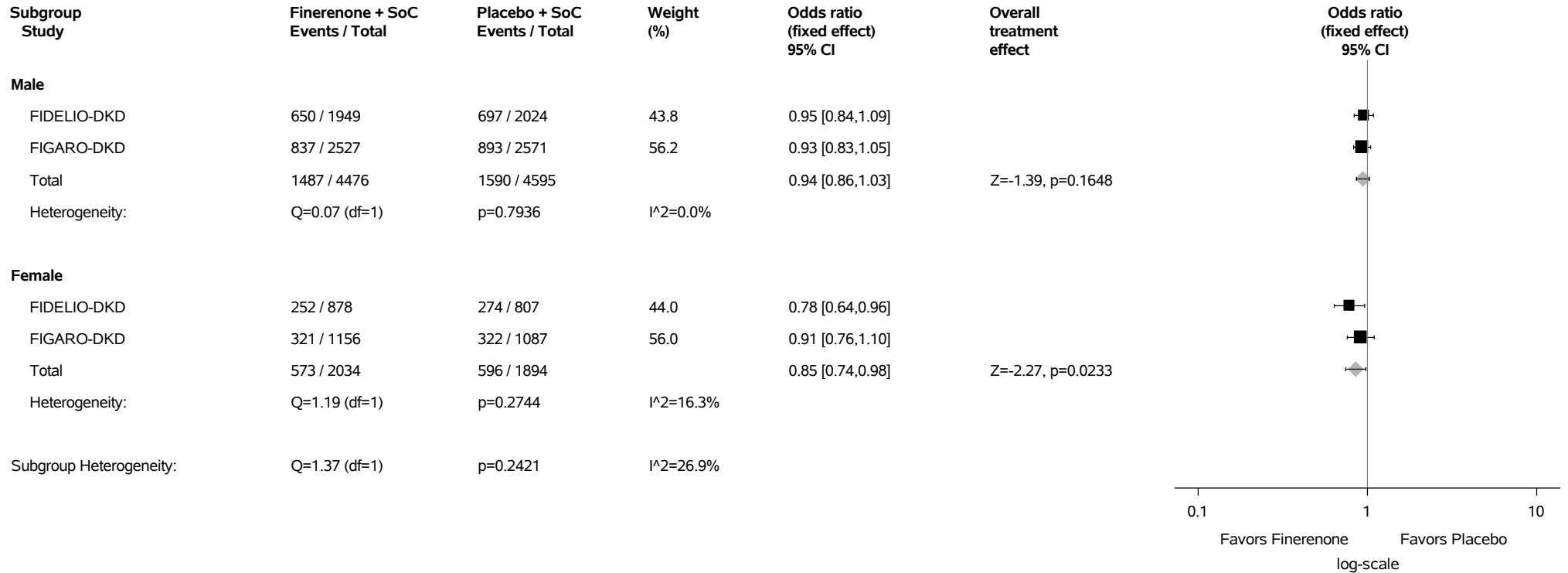
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

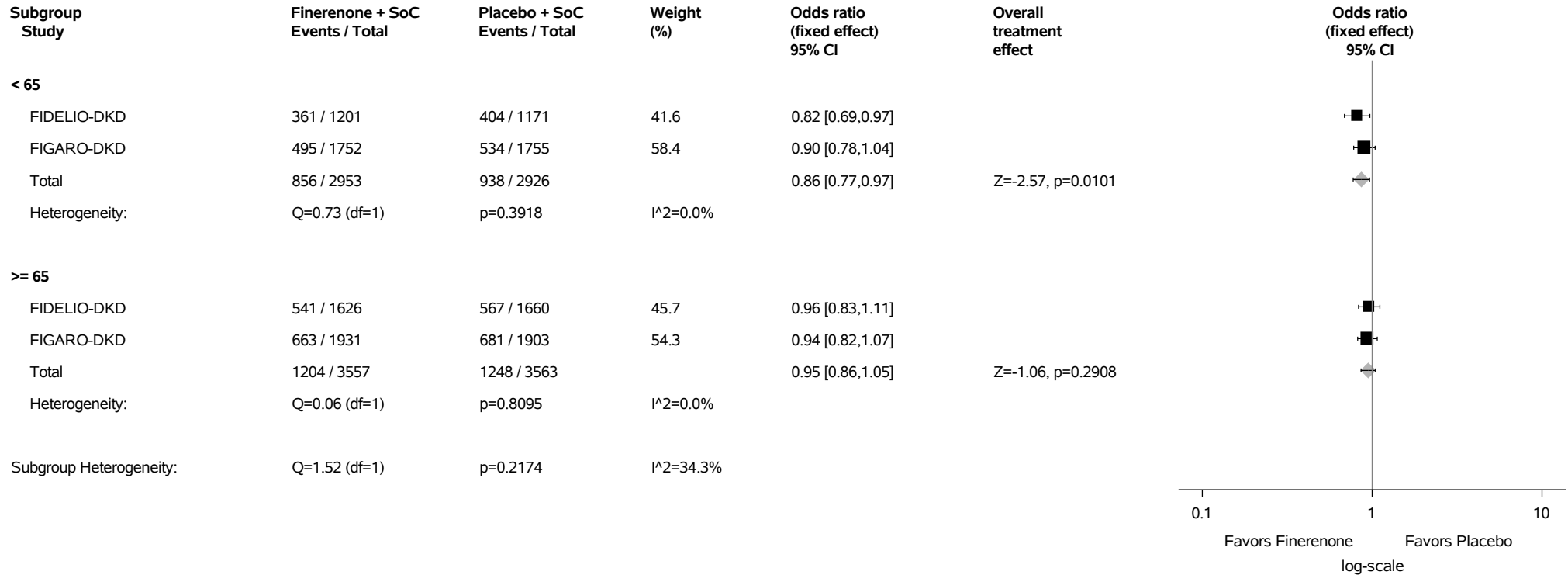
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.3.8: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Sex Safety Analysis Set



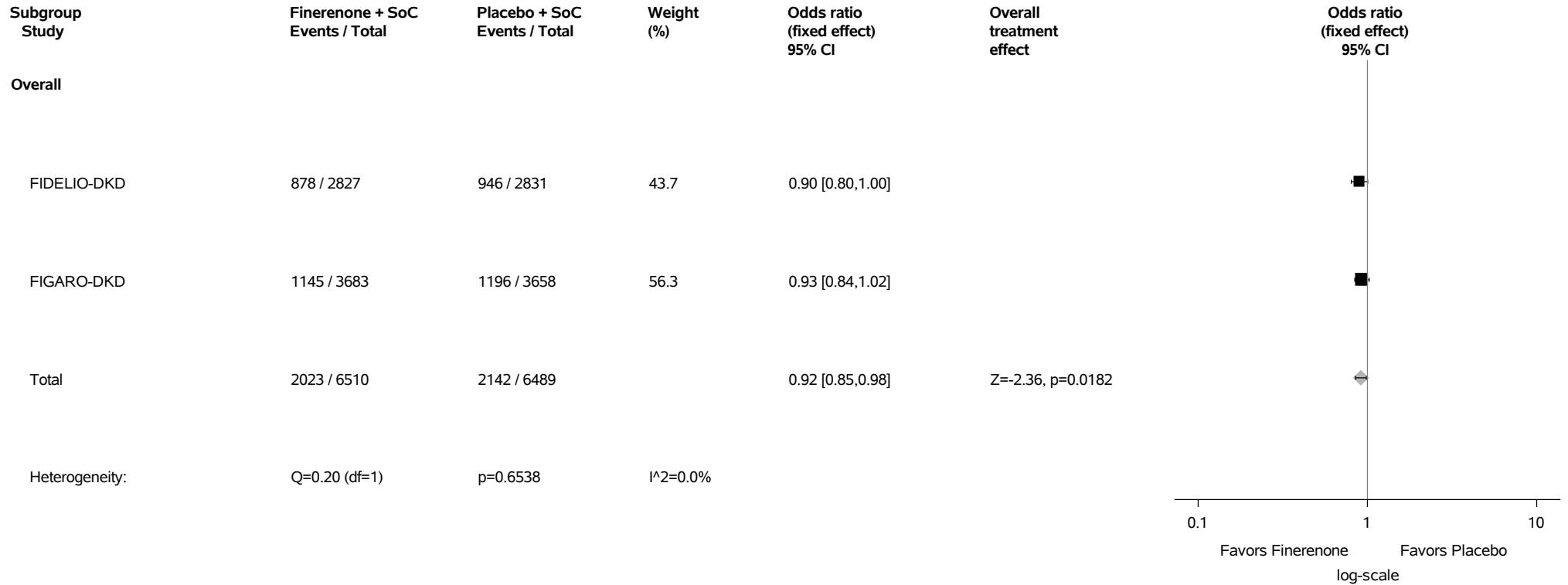
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.3.9: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.4: Forestplot for Odds Ratio of Proportion of Subjects with TESAEs Excluding Progression-Related Events Safety Analysis Set

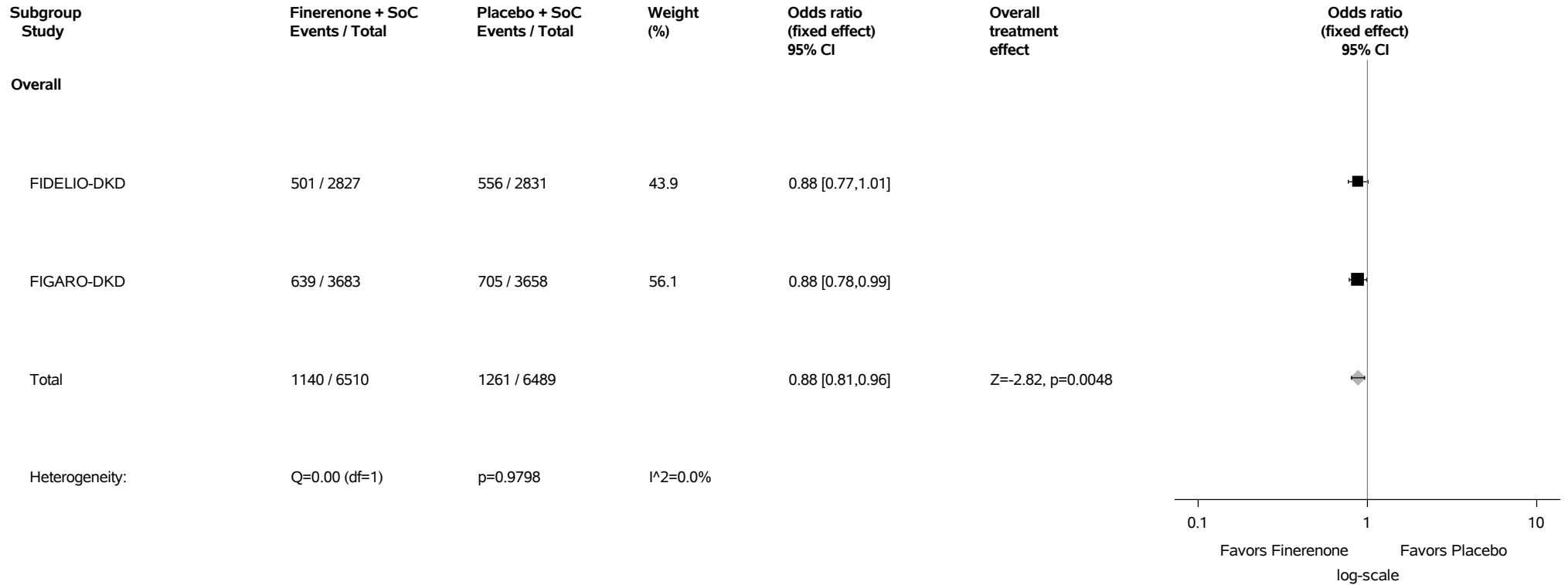


Abbreviations: CI=confidence interval, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

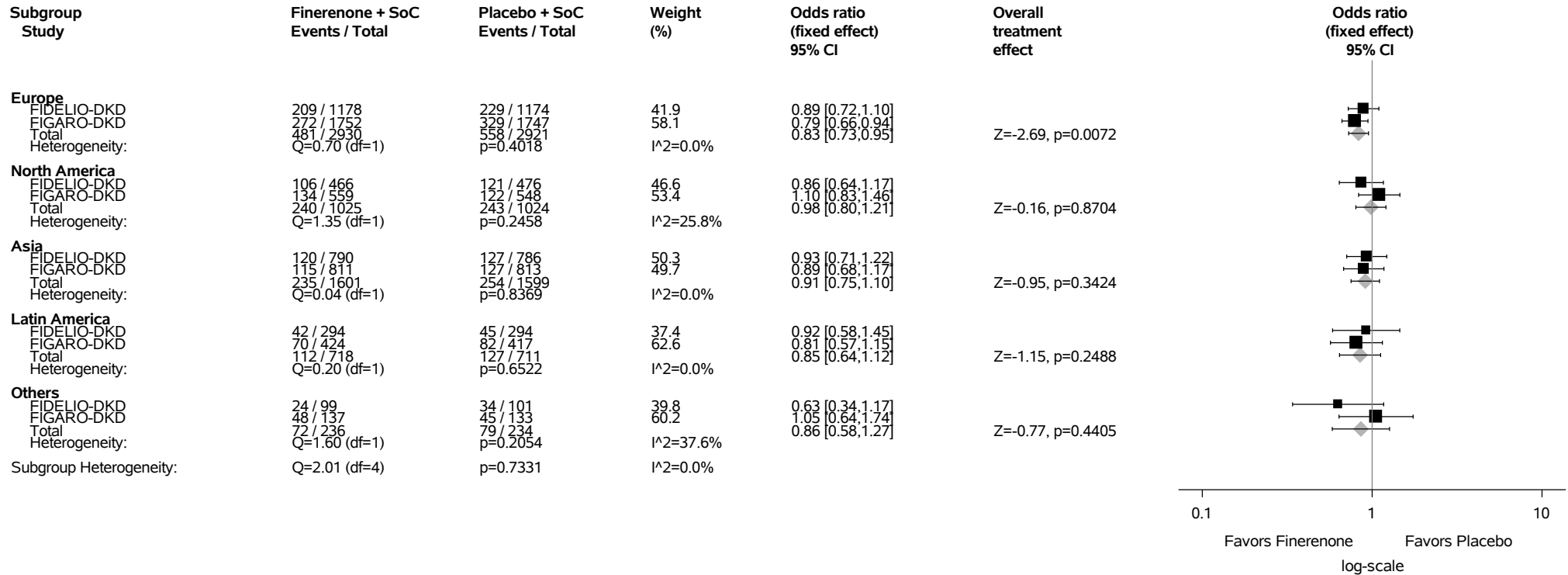
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.5: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.5.1: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Region
Safety Analysis Set



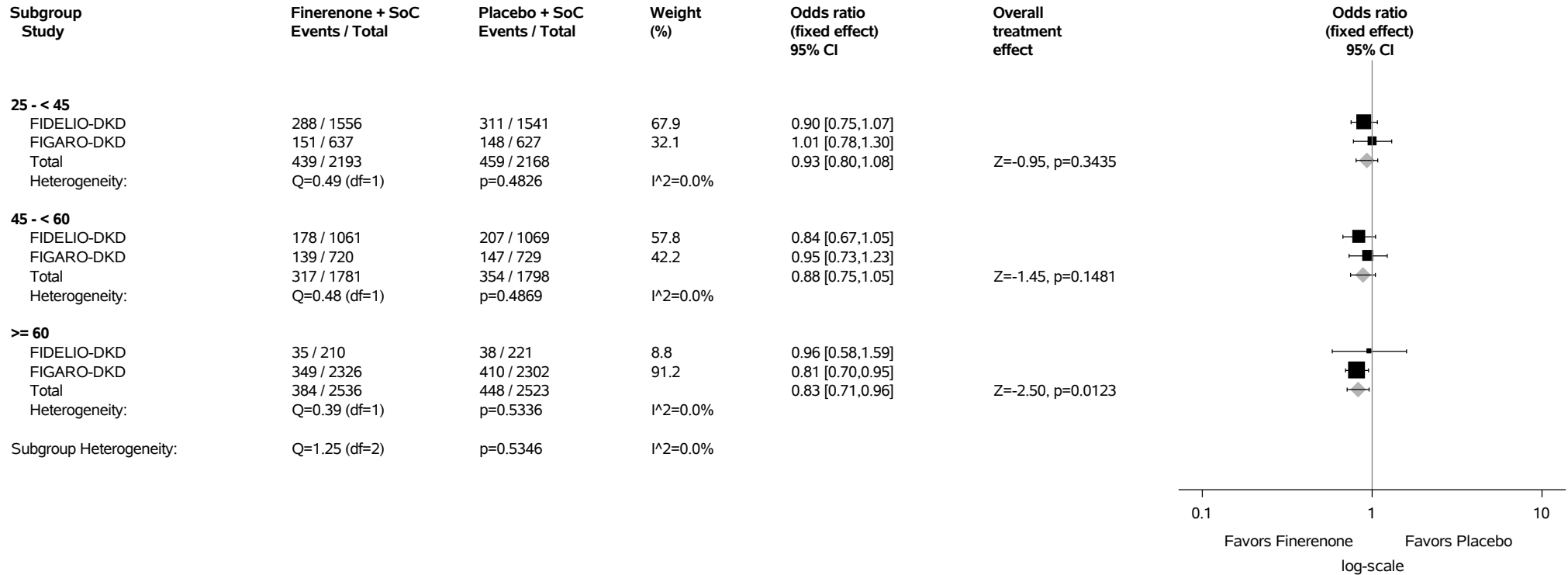
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

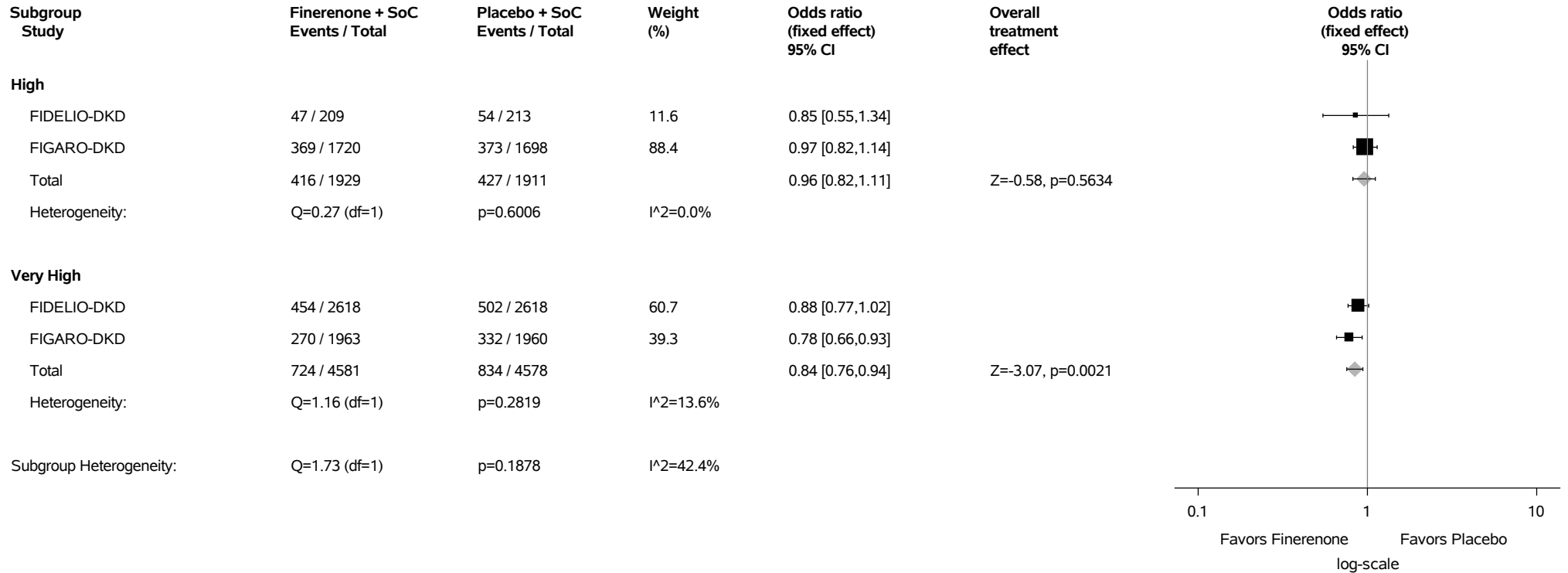
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.5.2: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m2) Category at Screening Safety Analysis Set



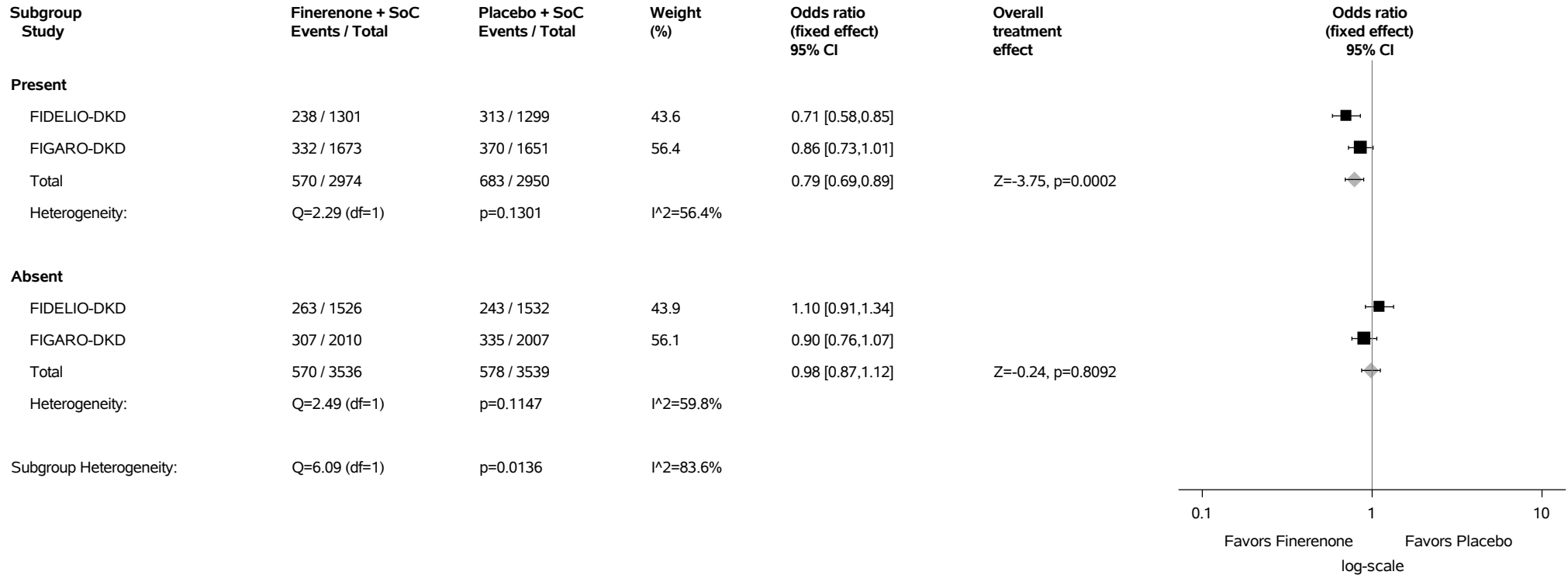
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.5.3: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening Safety Analysis Set



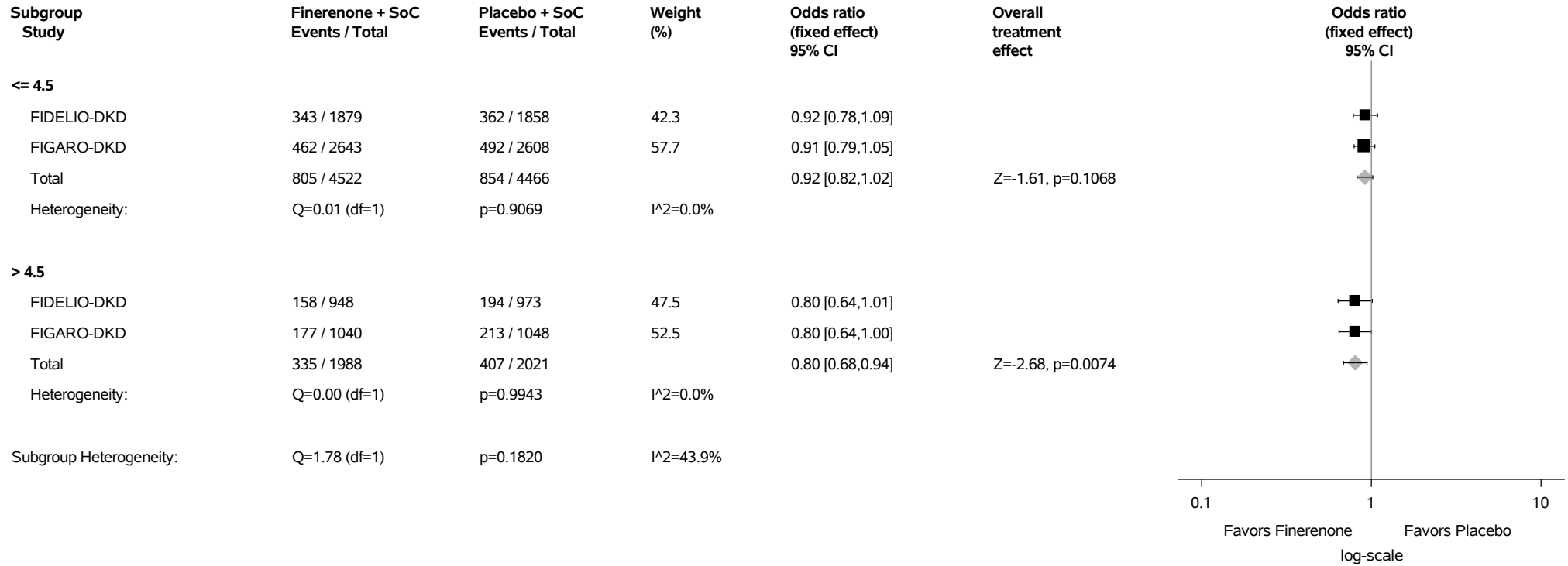
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.5.4: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.5.5: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

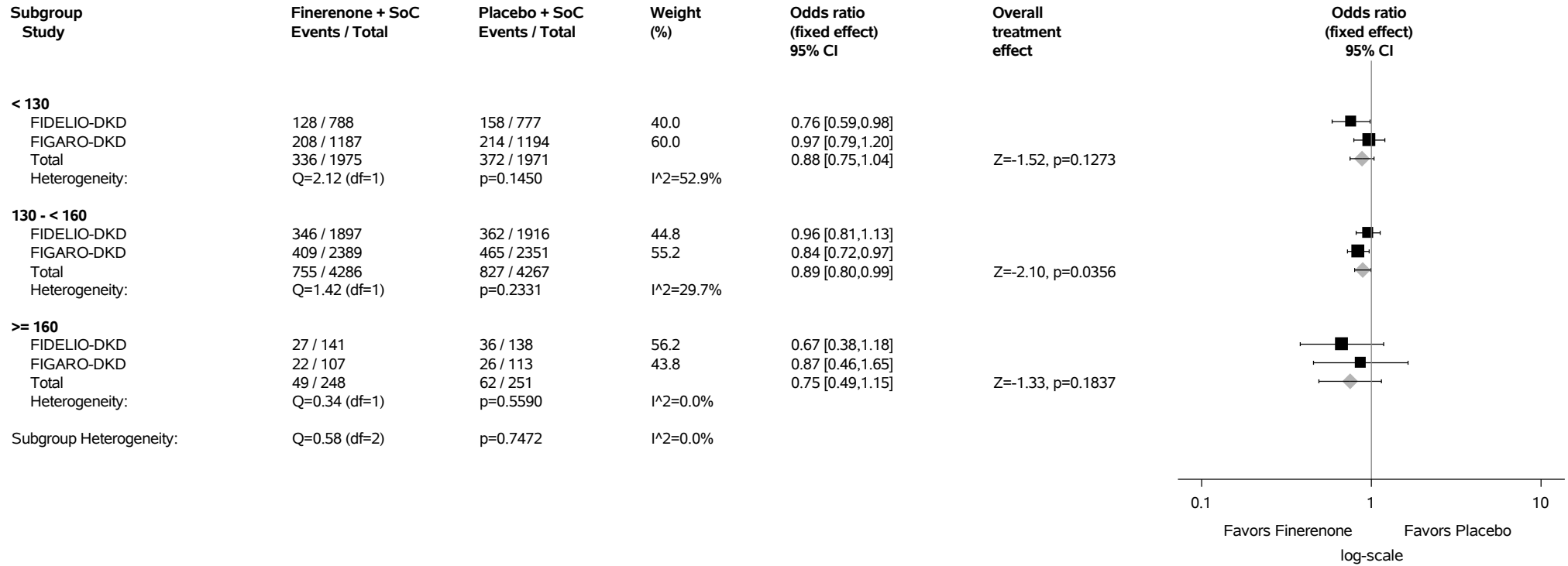
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.5.6: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

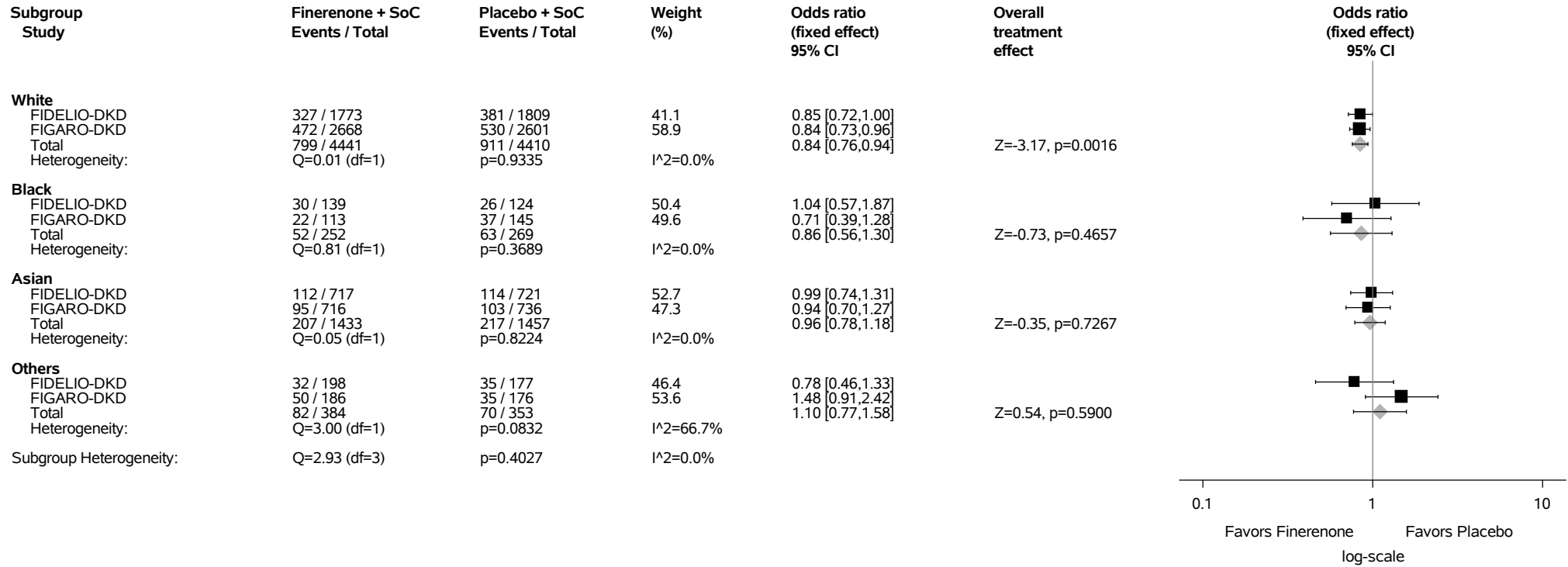
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.5.7: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Race
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

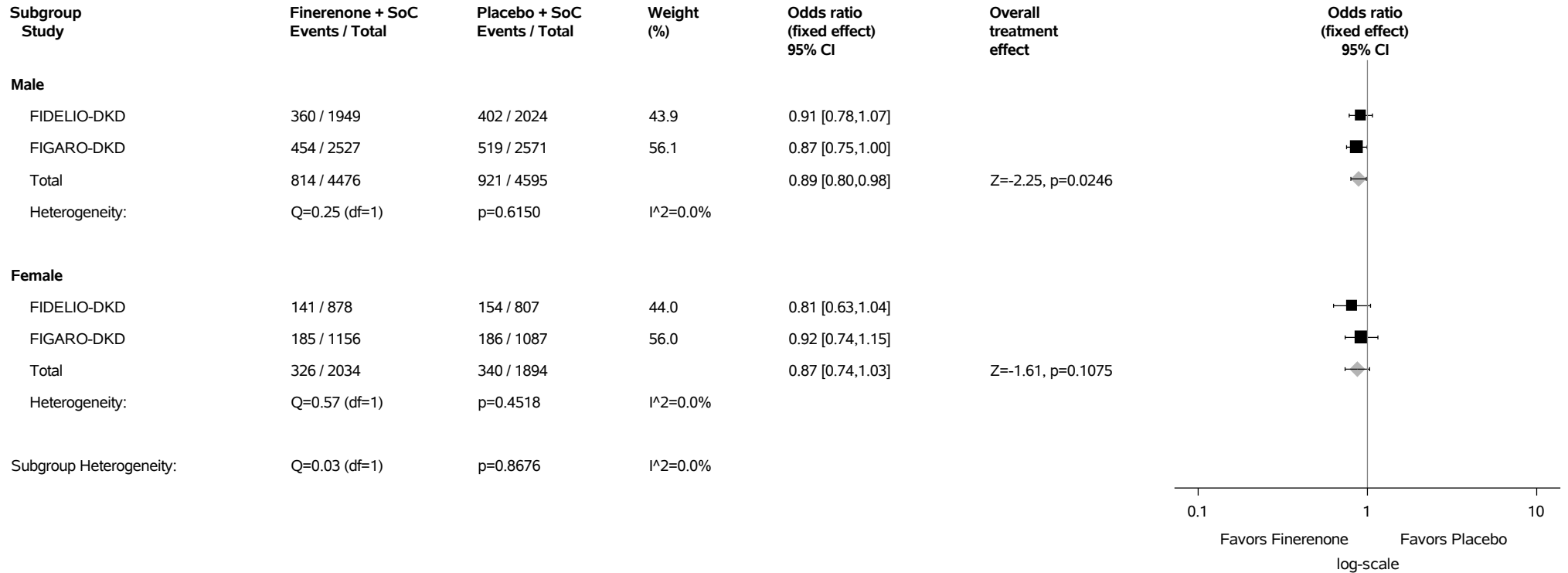
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

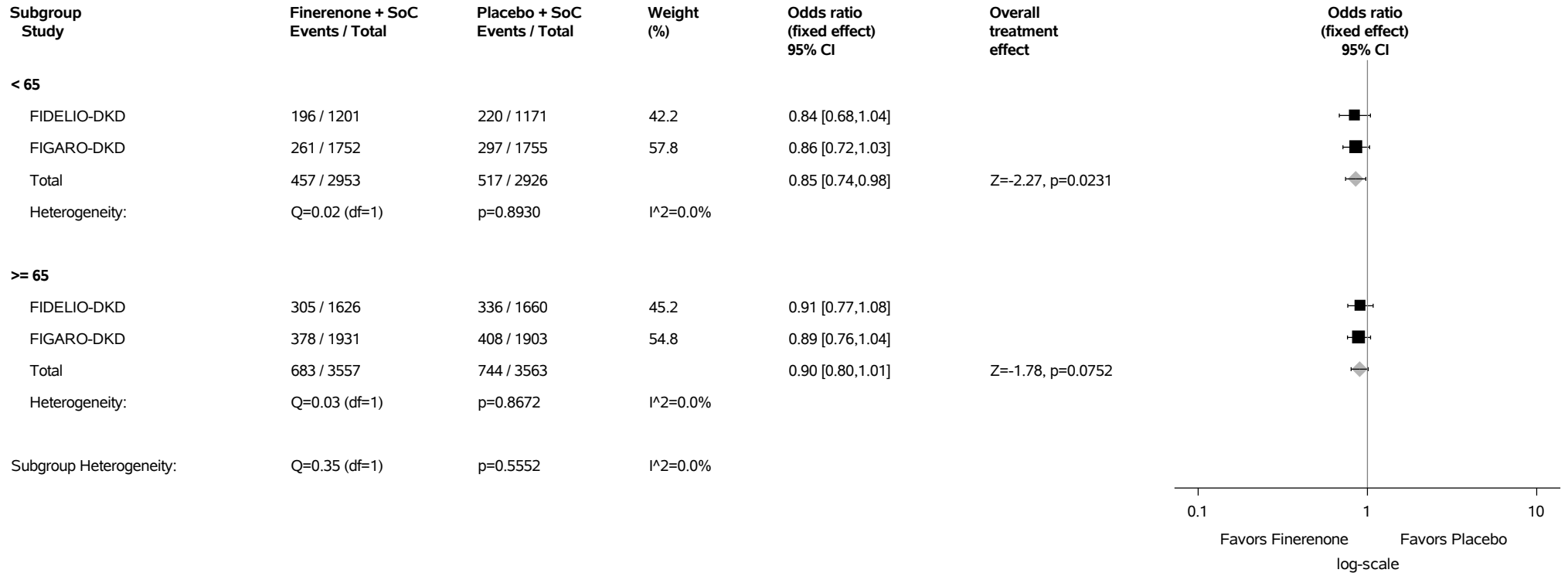
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.5.8: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Sex Safety Analysis Set



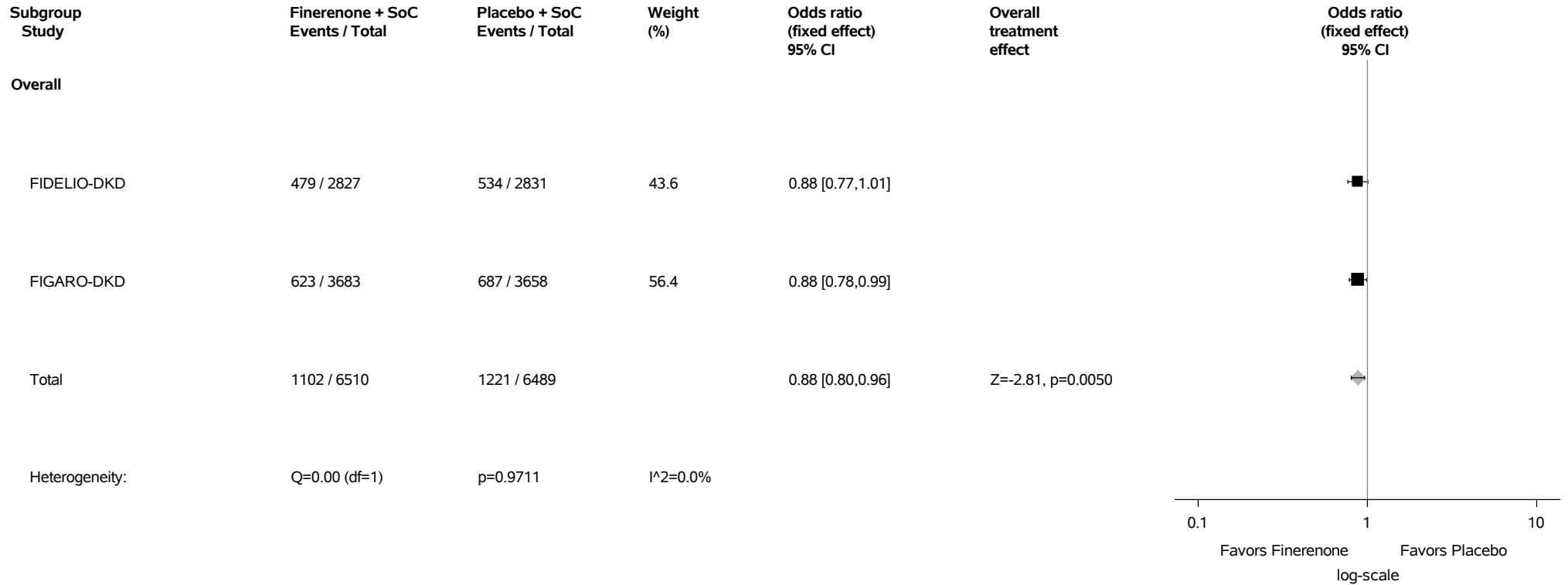
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.5.9: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Age Group (years)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.6: Forestplot for Odds Ratio of Proportion of Subjects with Severe TEAEs Excluding Progression-Related Events Safety Analysis Set

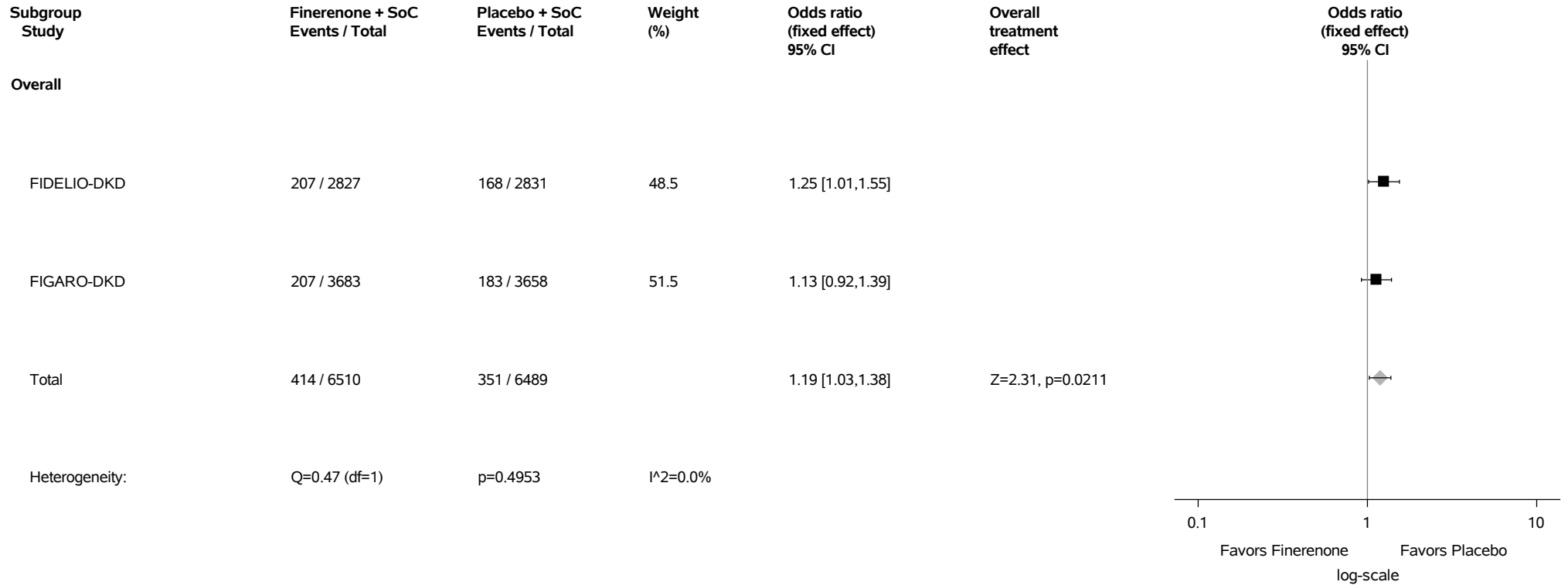


Abbreviations: CI=confidence interval, GLM=generalized linear model, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.7: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug Safety Analysis Set



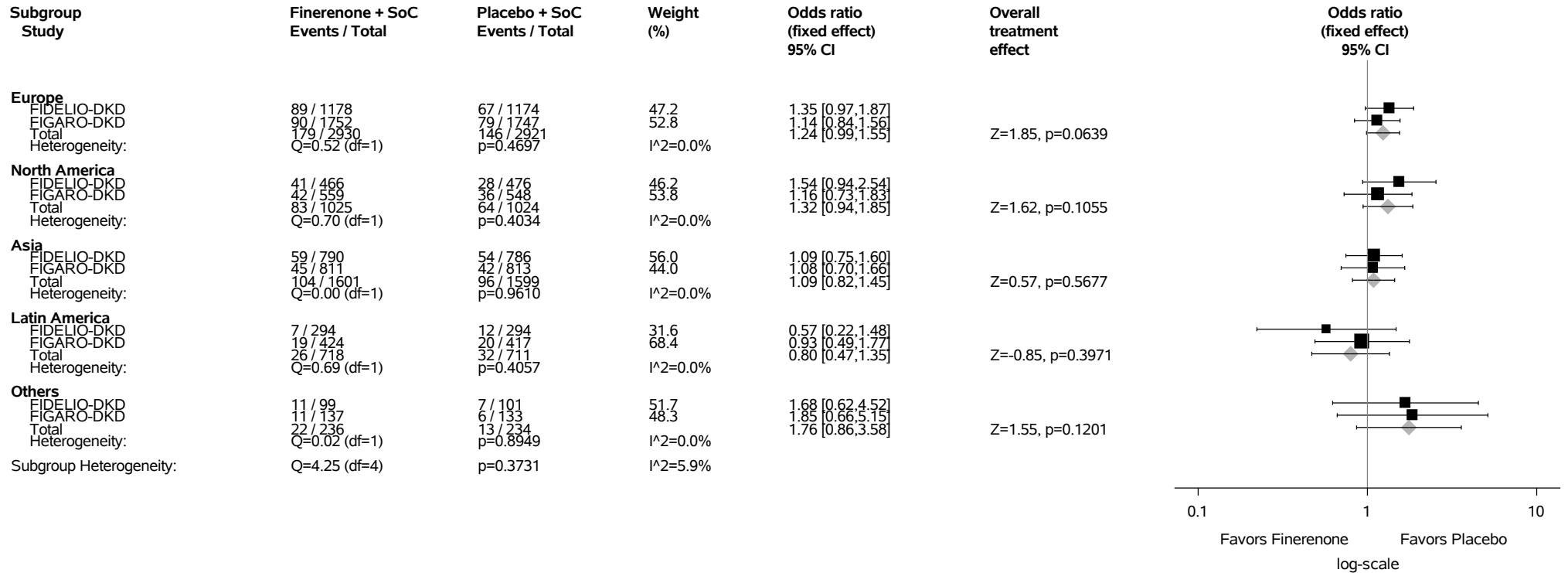
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.7.1: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Region Safety Analysis Set



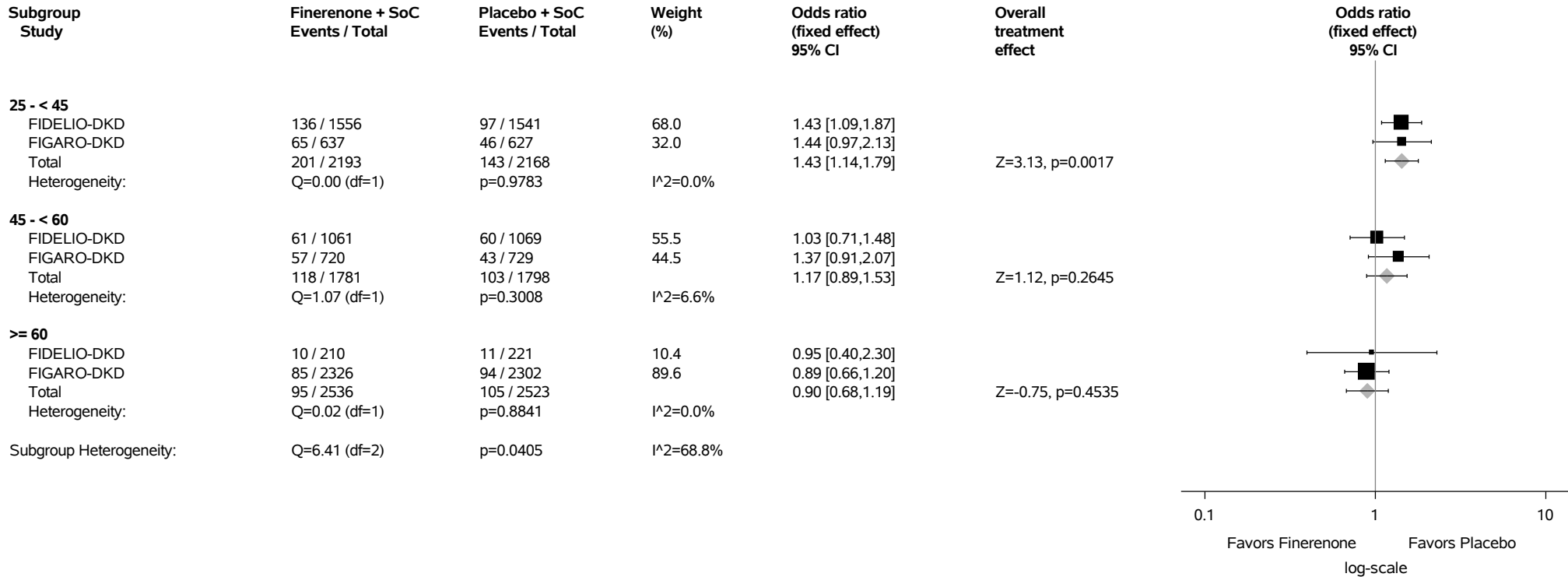
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

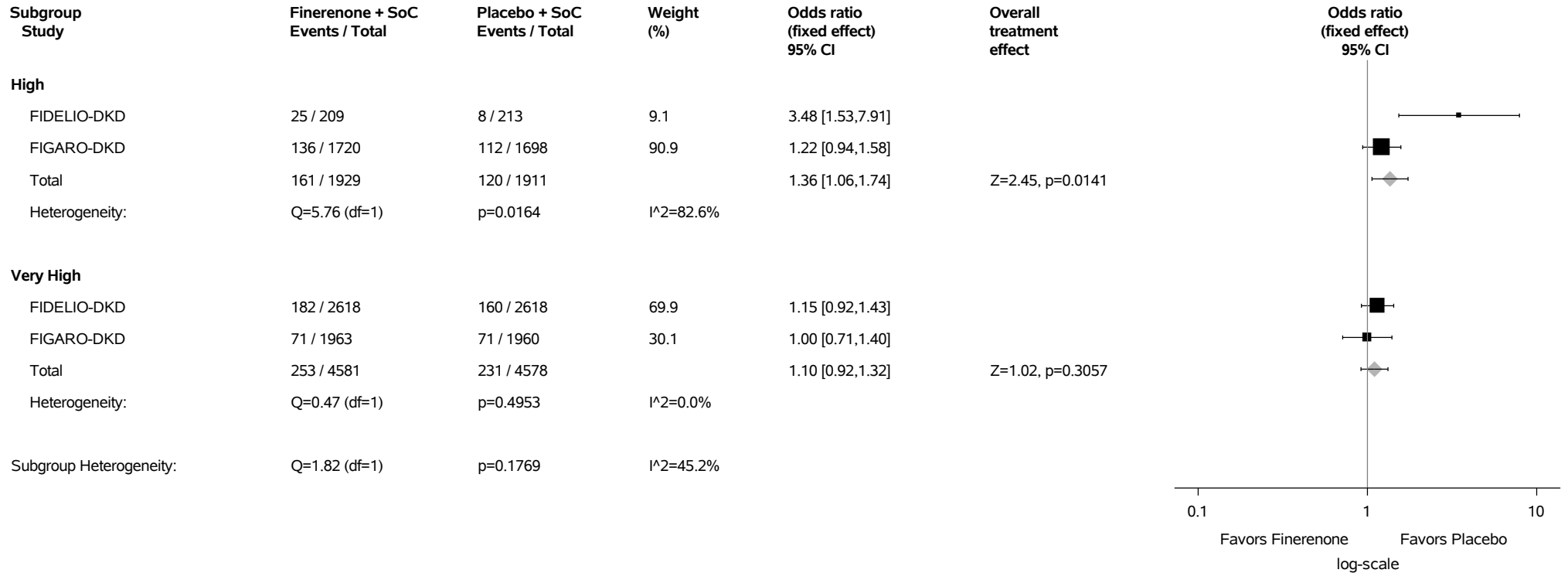
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.7.2: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by eGFR (mL/min/1.73m²) Category at Screening Safety Analysis Set



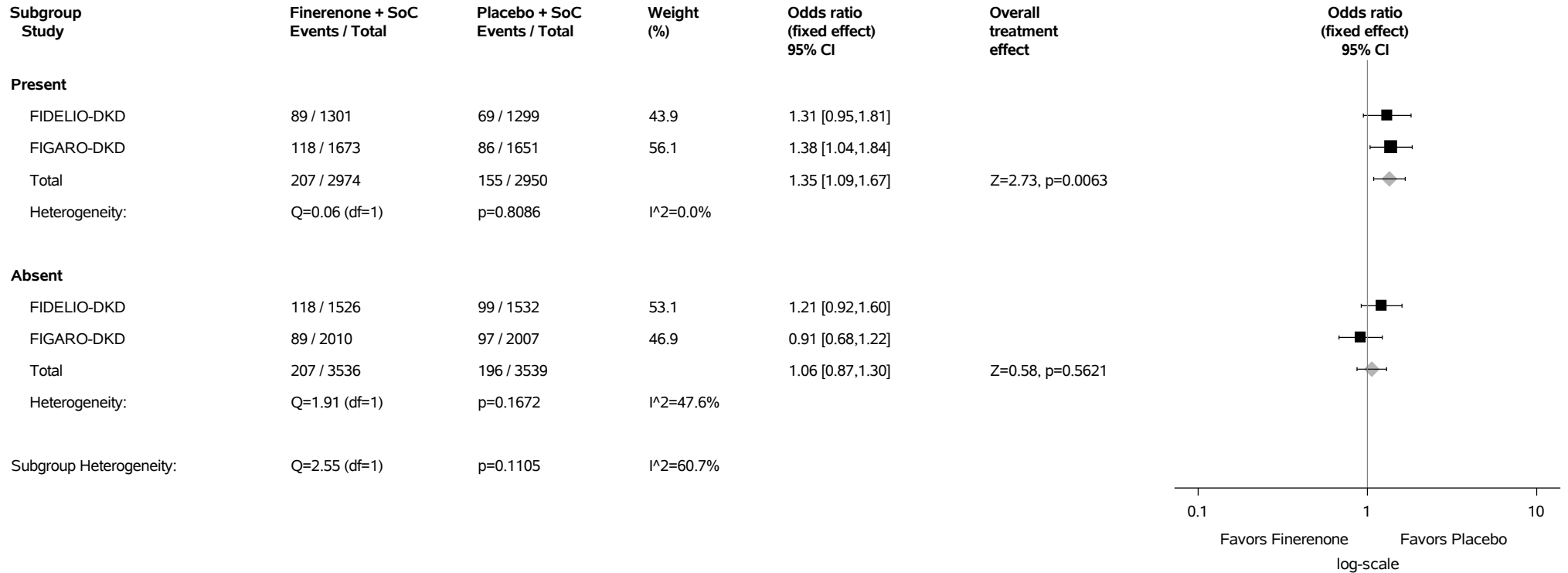
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.7.3: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Type of Albuminuria at Screening Safety Analysis Set



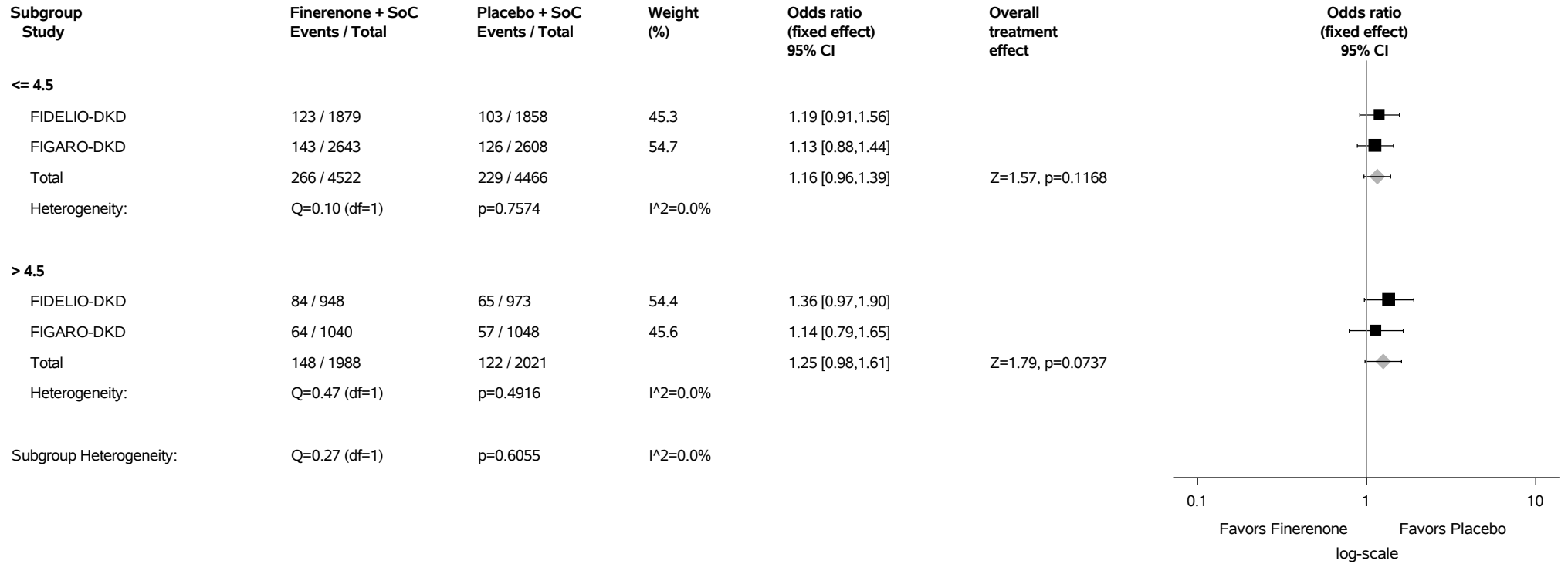
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.7.4: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by History of CVD Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.7.5: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Serum Potassium (mmol/L) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

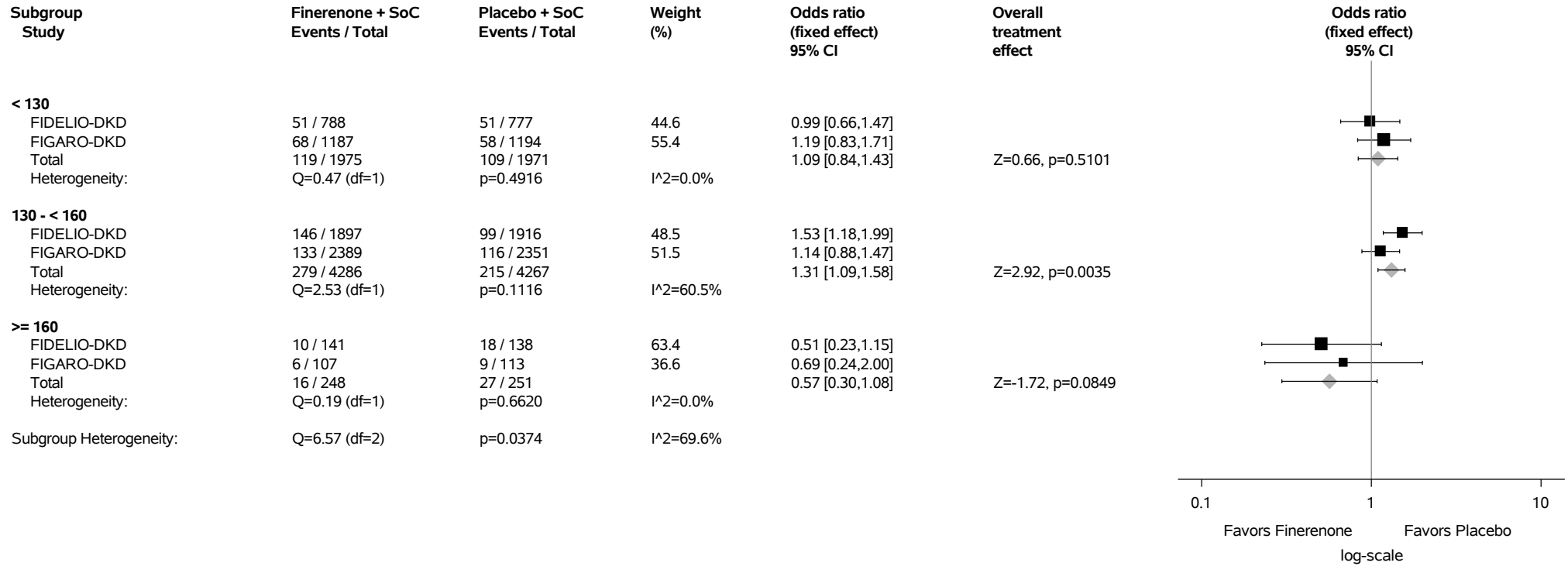
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.7.6: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Systolic Blood Pressure (mmHg) Category at Baseline Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

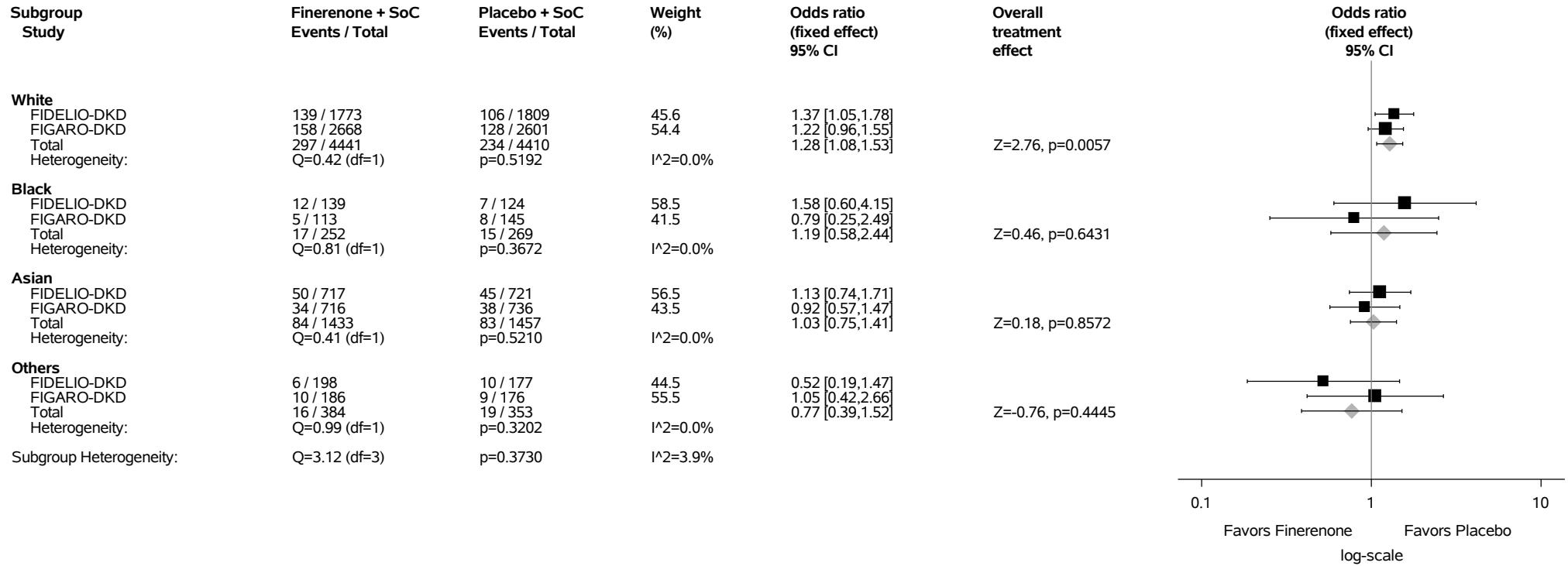
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.7.7: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Race Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

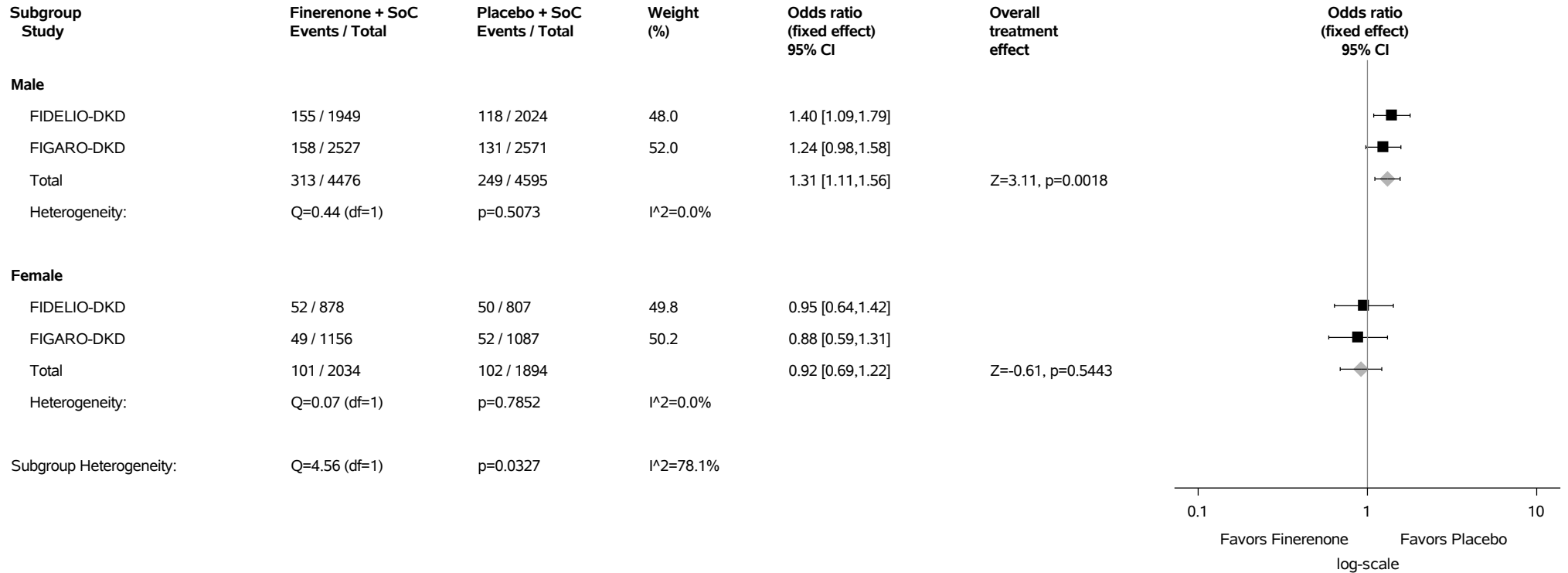
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

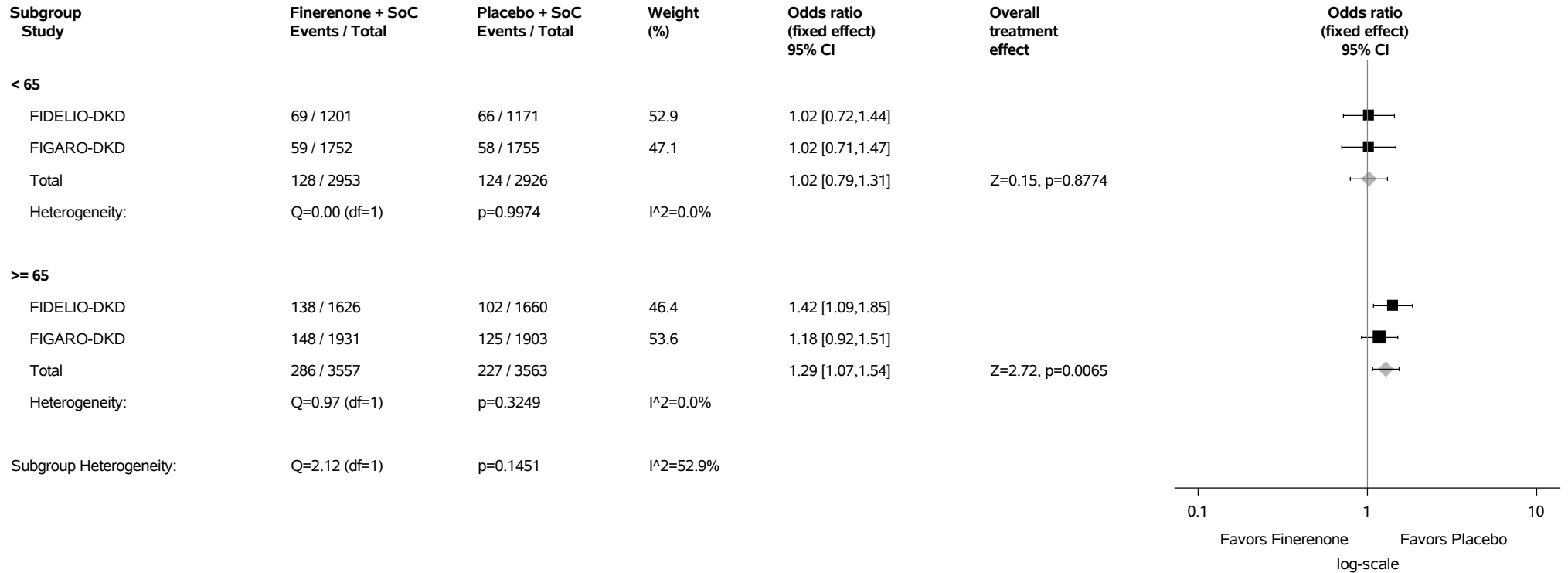
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.7.8: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Sex Safety Analysis Set



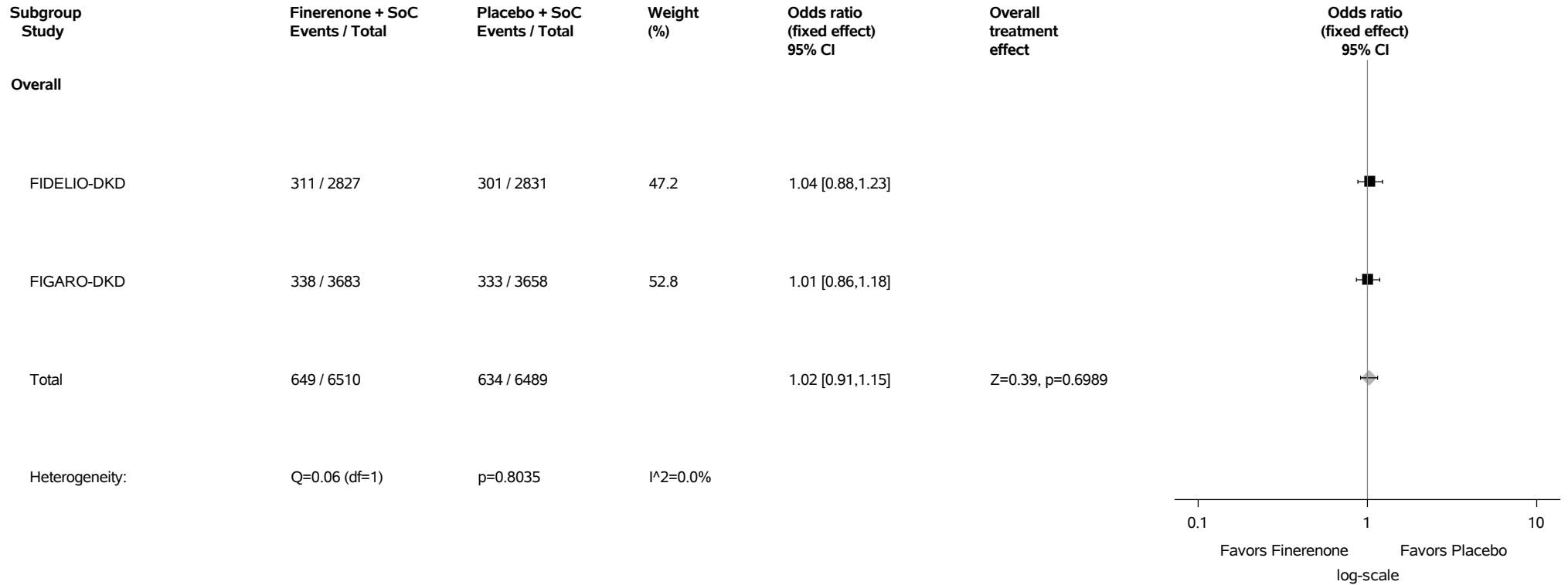
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.7.9: Forestplot for Odds Ratio of Proportion of Subjects with TEAEs leading to Discontinuation of Study Drug by Age Group (years) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, OR=odds ratio, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood And Lymphatic System Disorders (SOC with Incidence >=1%) Safety Analysis Set



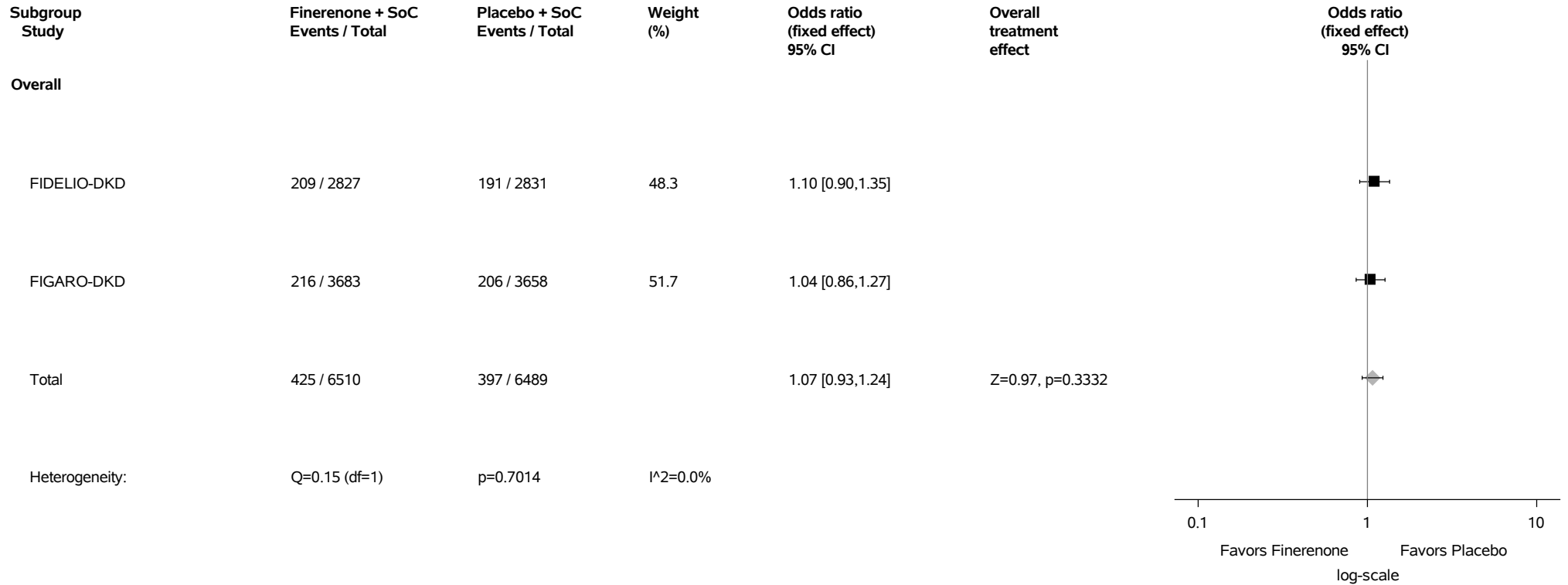
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anaemia (PT with Incidence >=1%) Safety Analysis Set



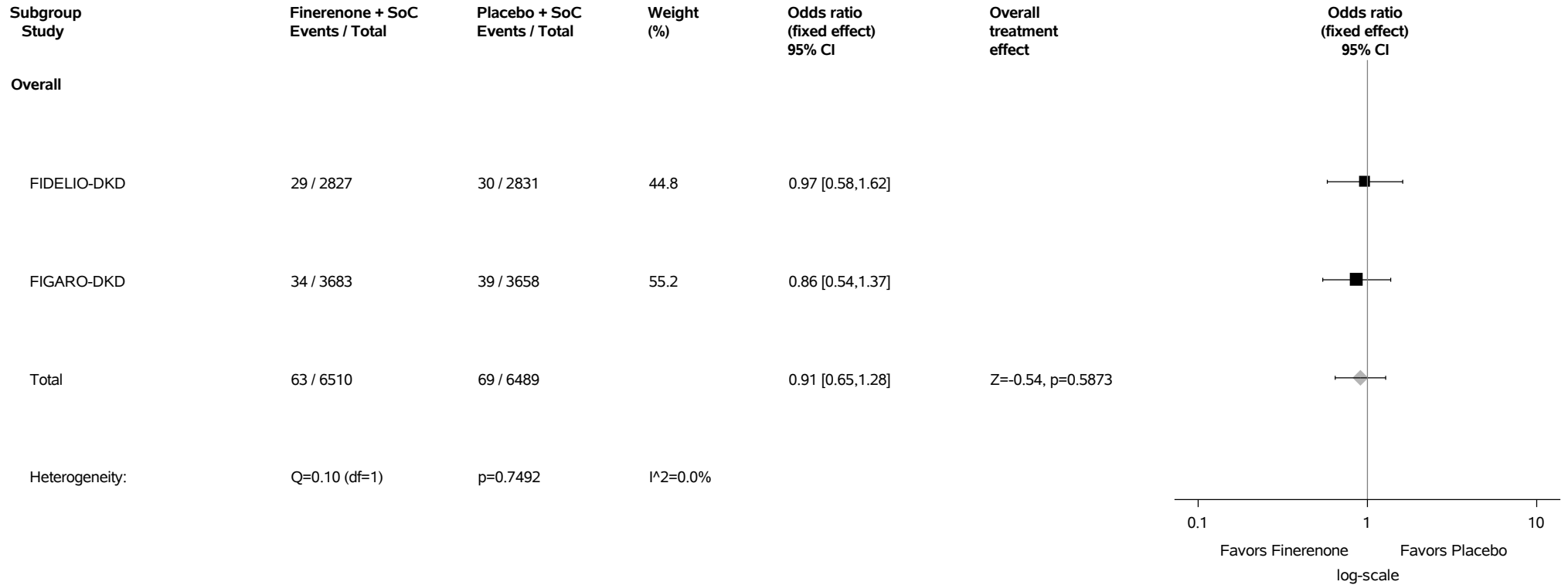
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.10: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Iron deficiency anaemia (PT with Incidence >=1%) Safety Analysis Set



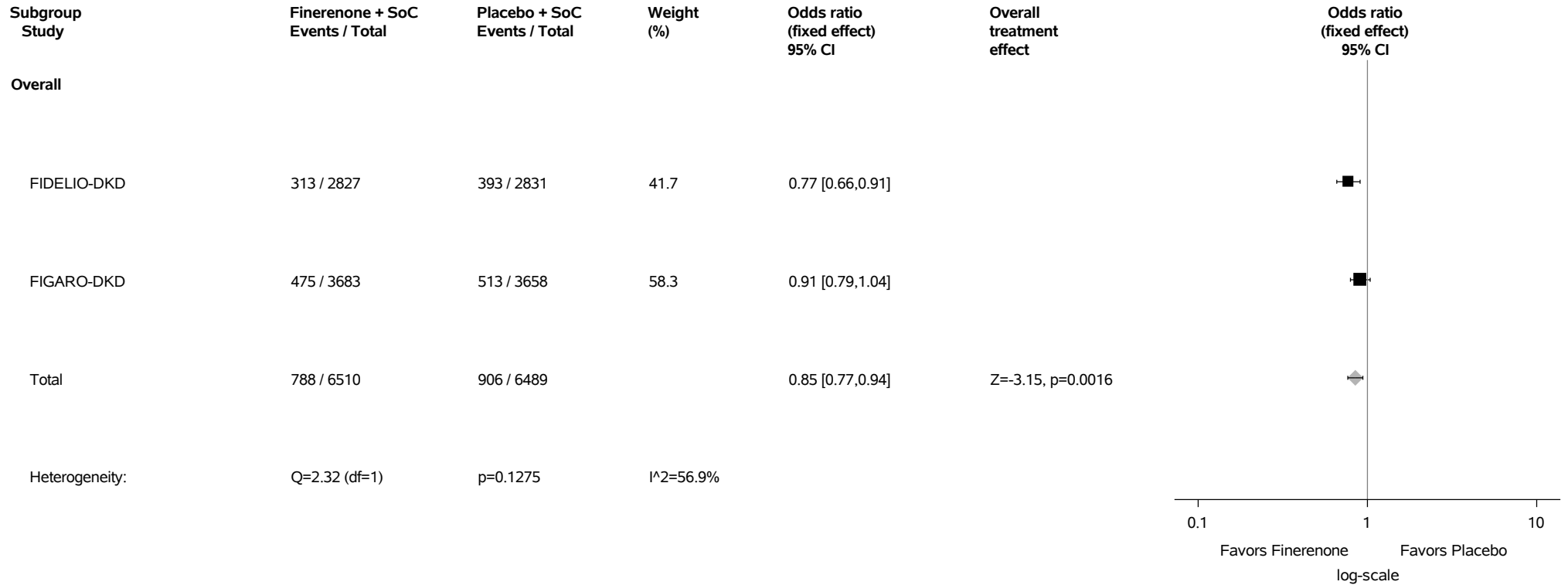
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.11: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



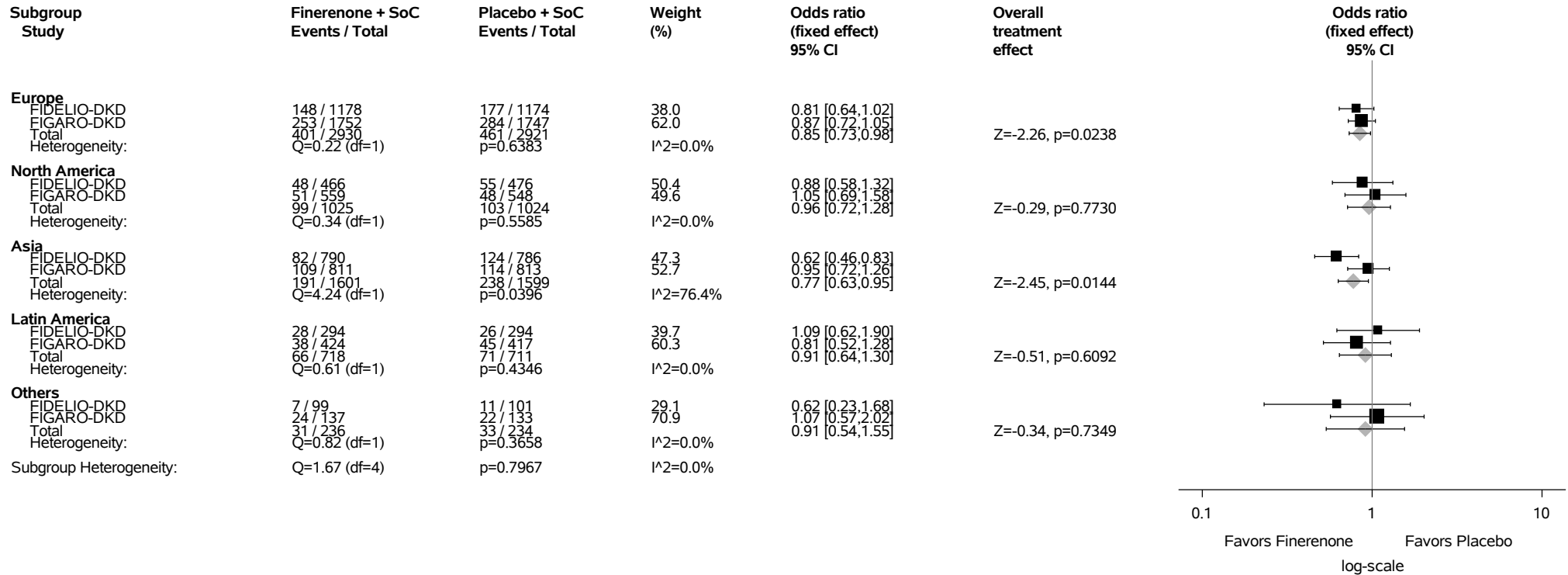
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.11.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



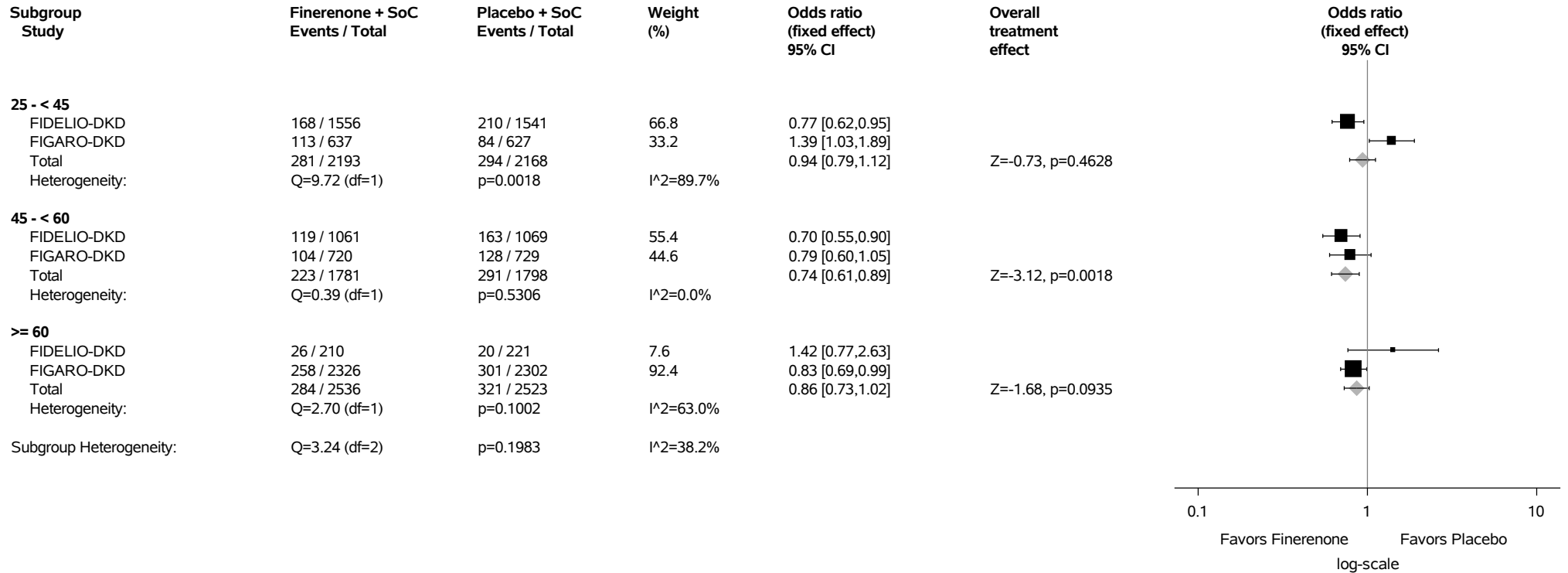
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

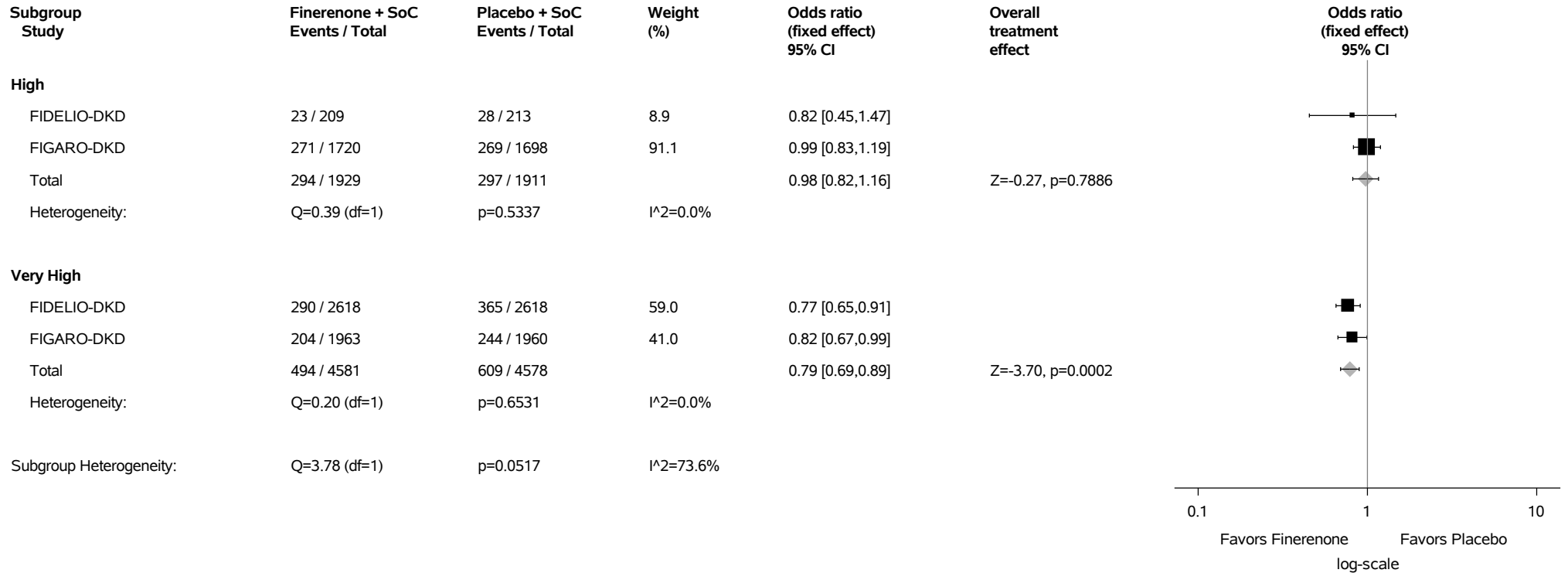
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.11.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



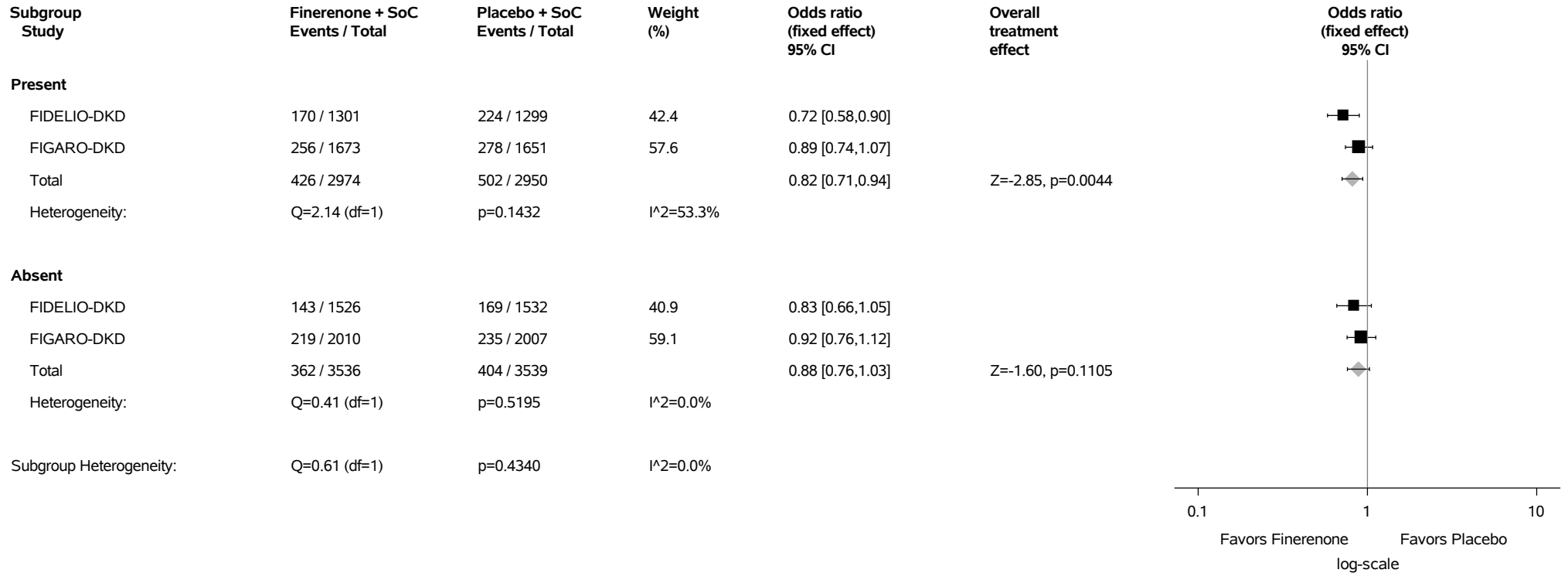
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.11.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.11.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



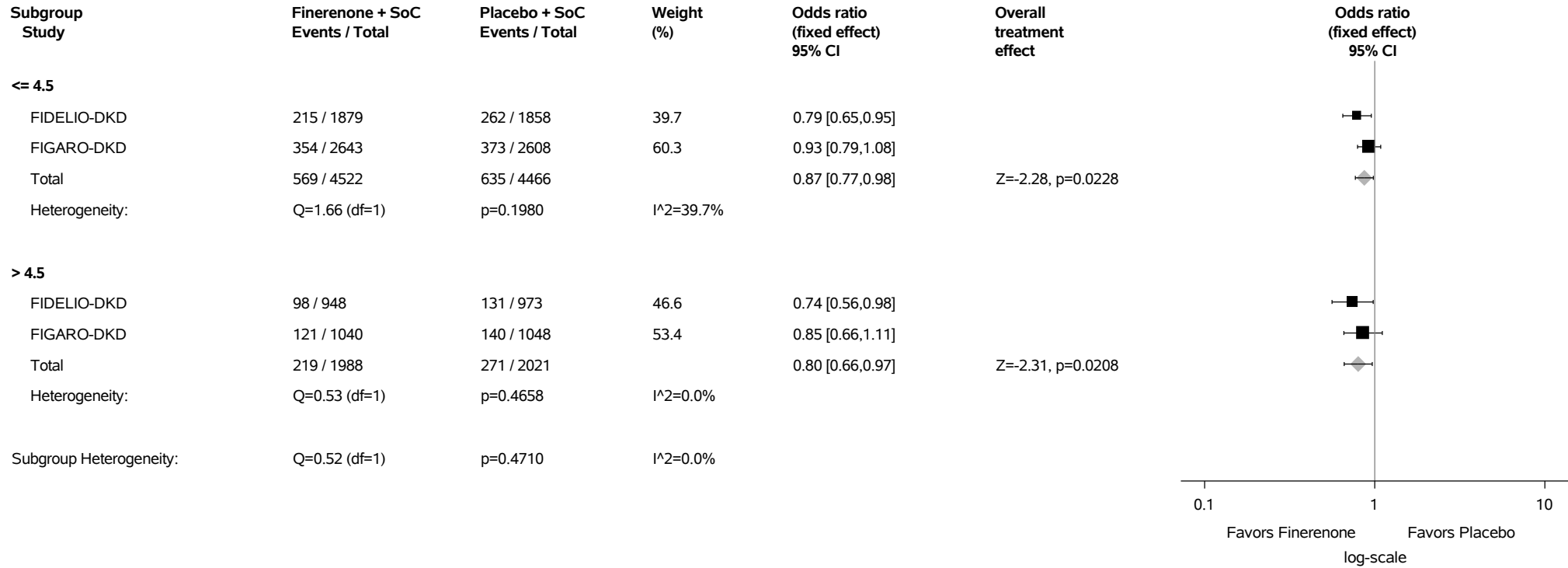
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.11.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

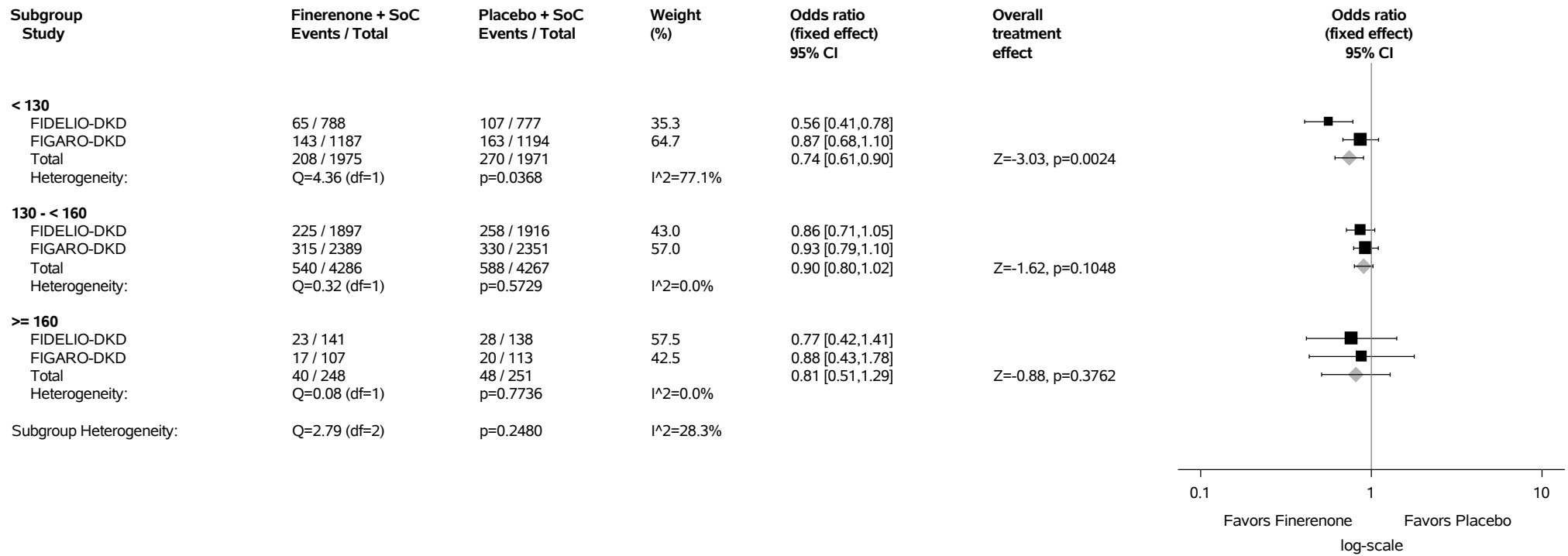
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.11.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac Disorders (SOC with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

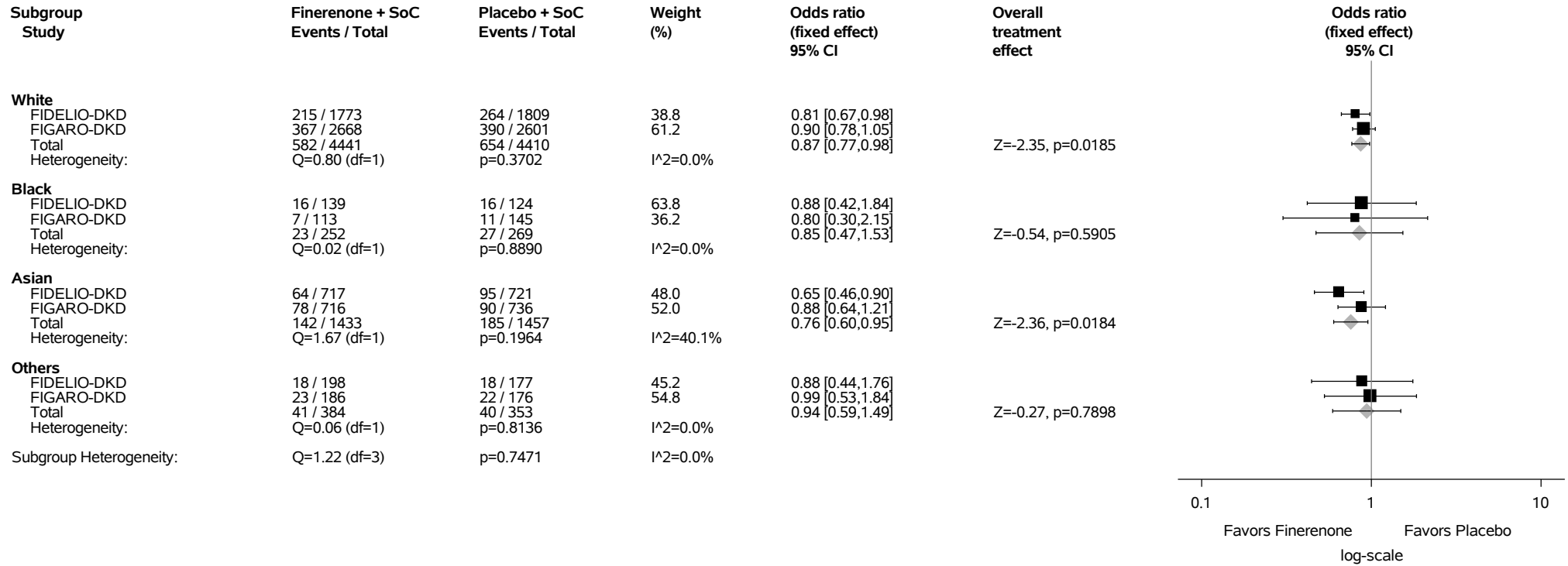
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.11.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

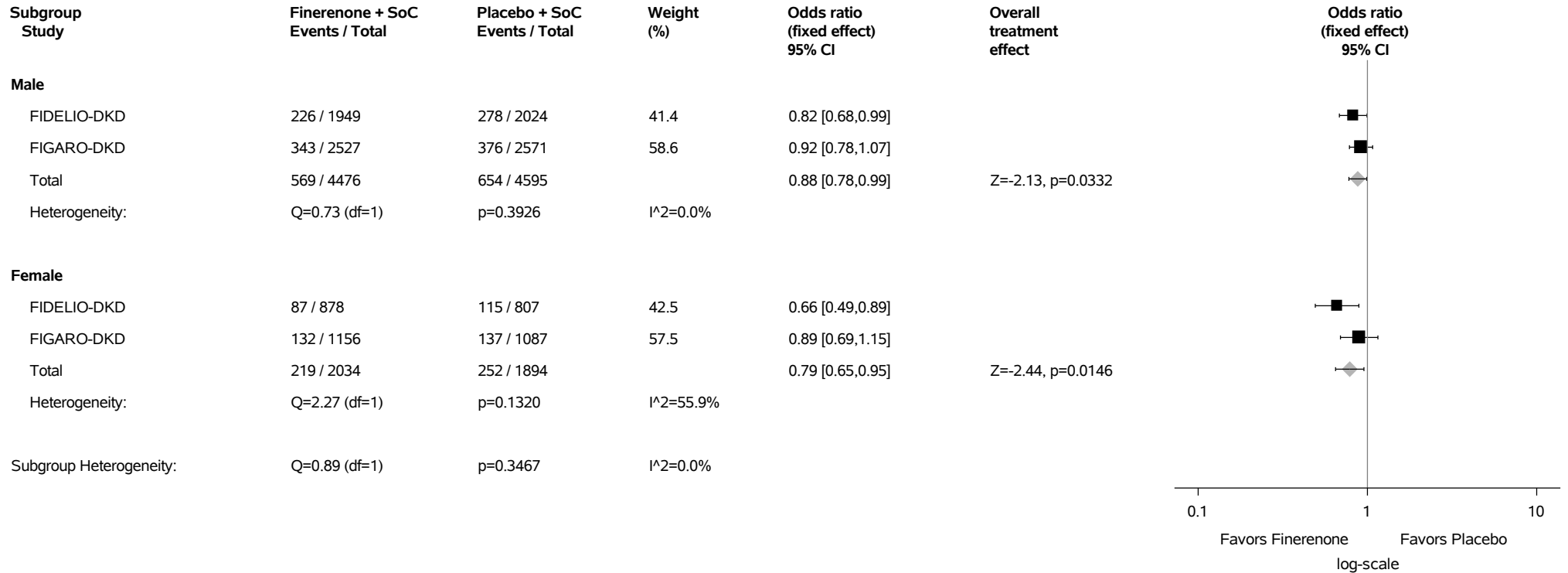
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

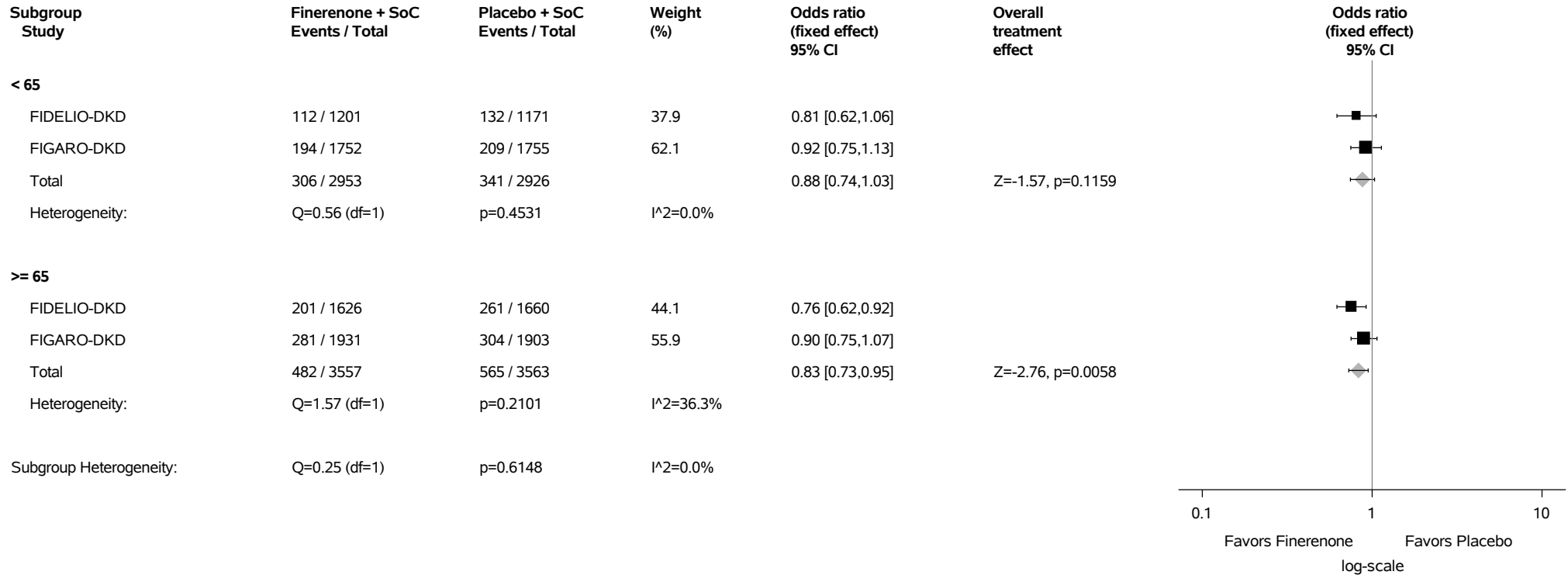
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.11.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



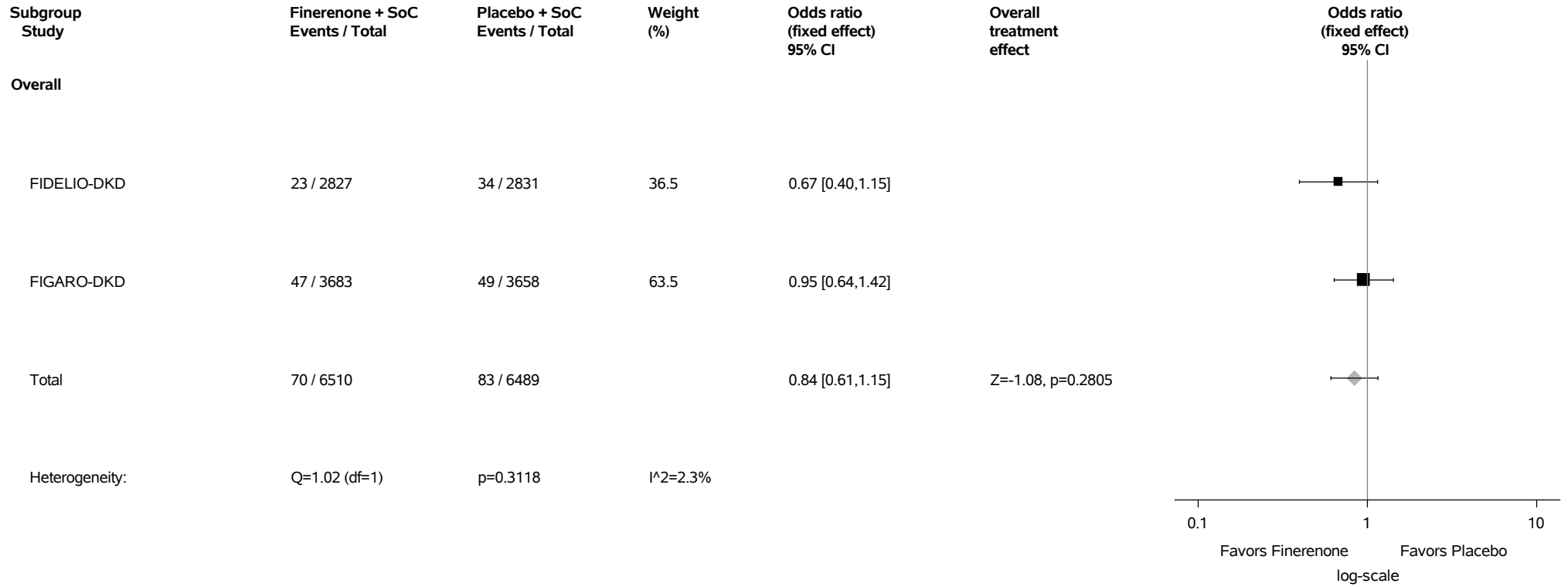
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.11.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.12: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Angina pectoris (PT with Incidence >=1%) Safety Analysis Set



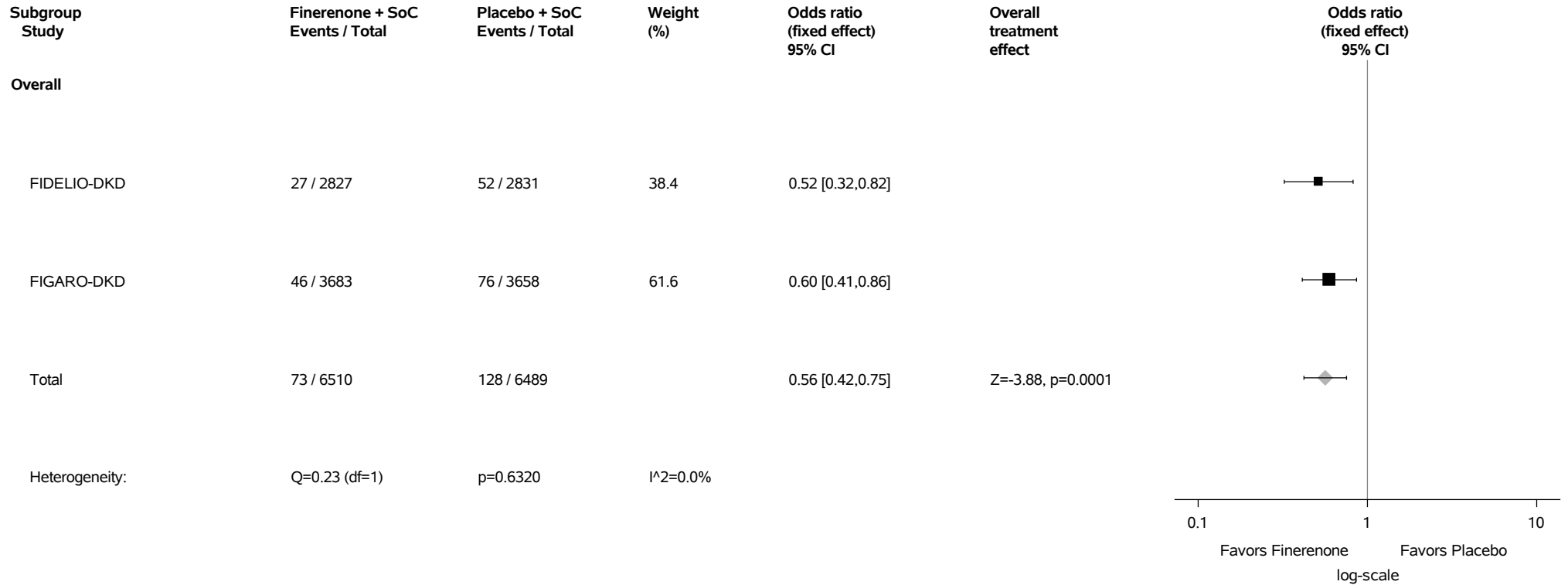
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.13: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



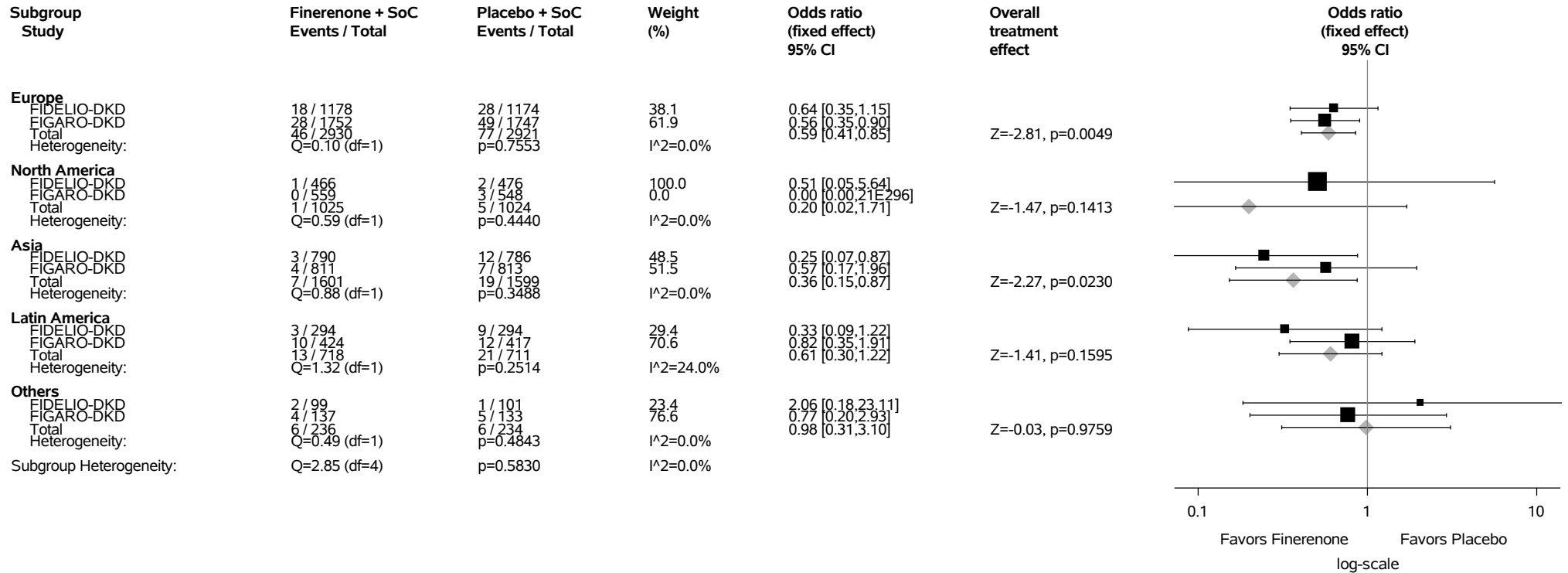
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.13.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



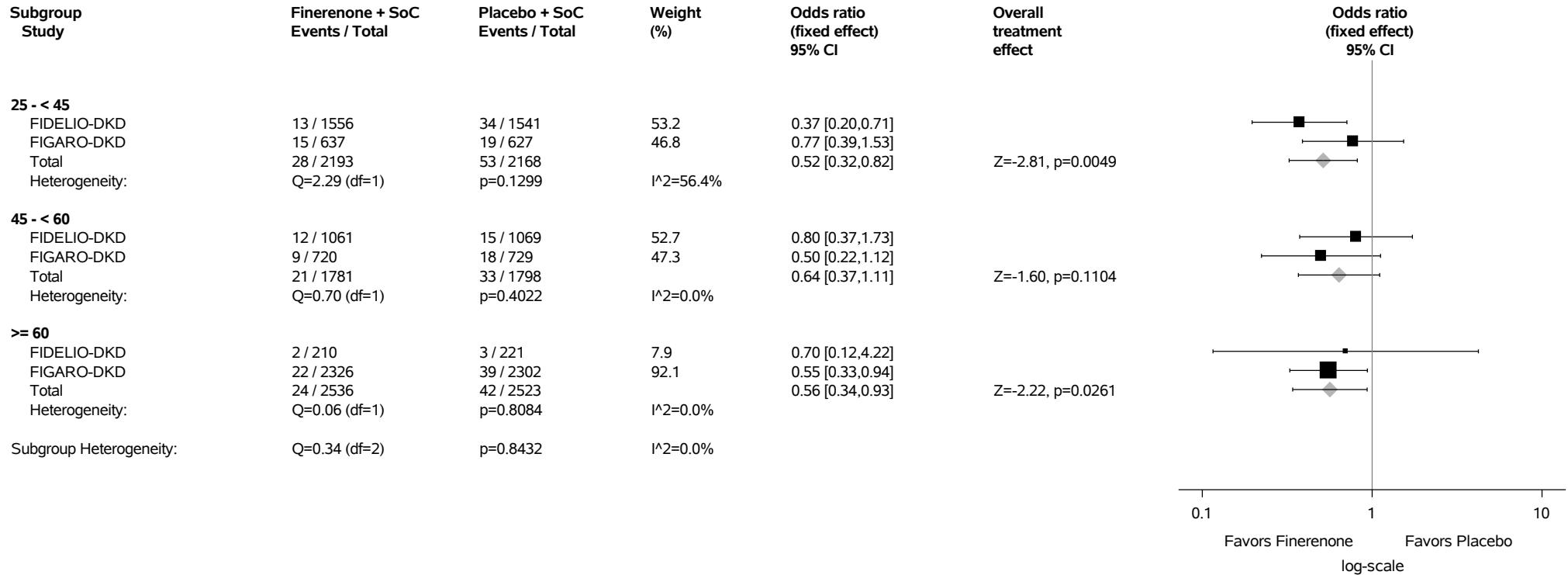
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

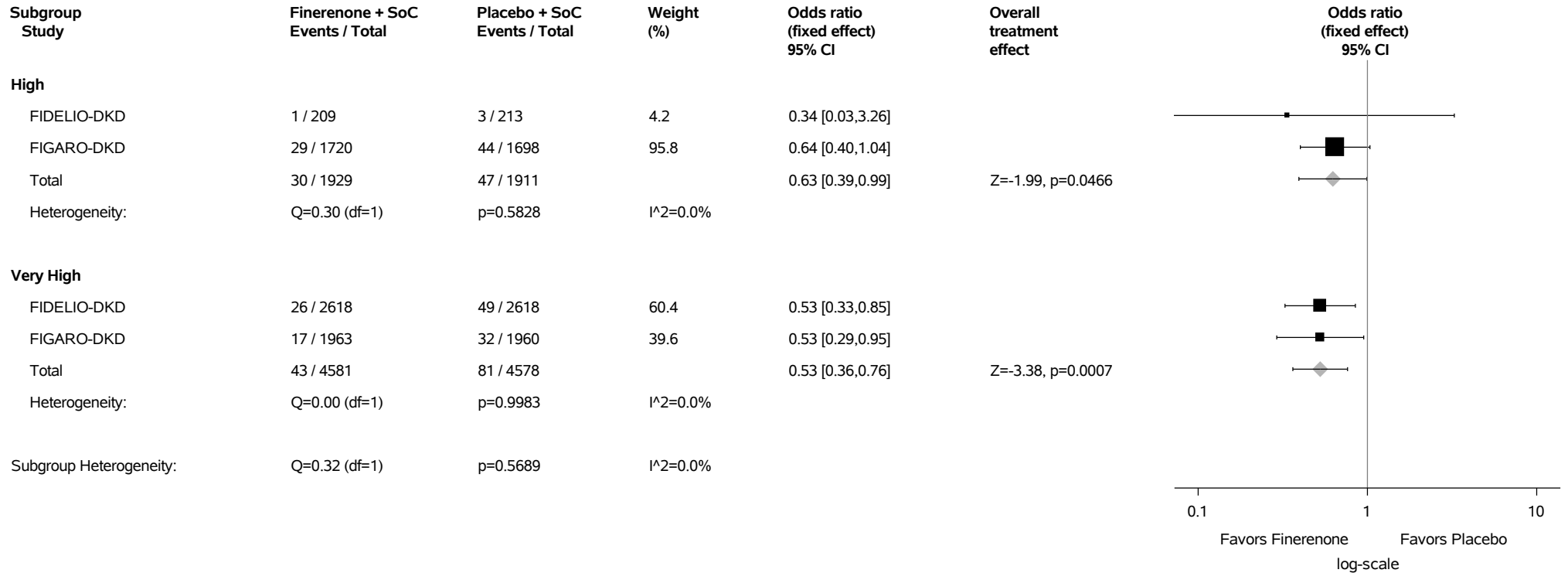
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.13.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



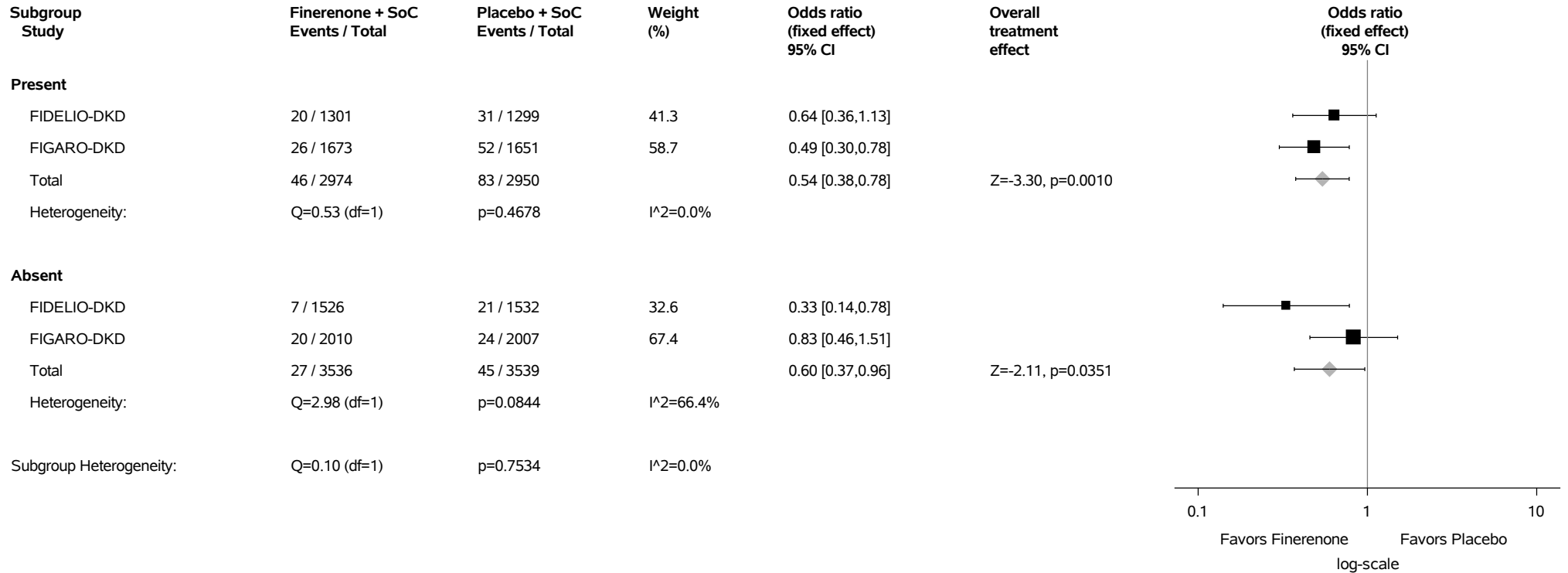
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.13.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



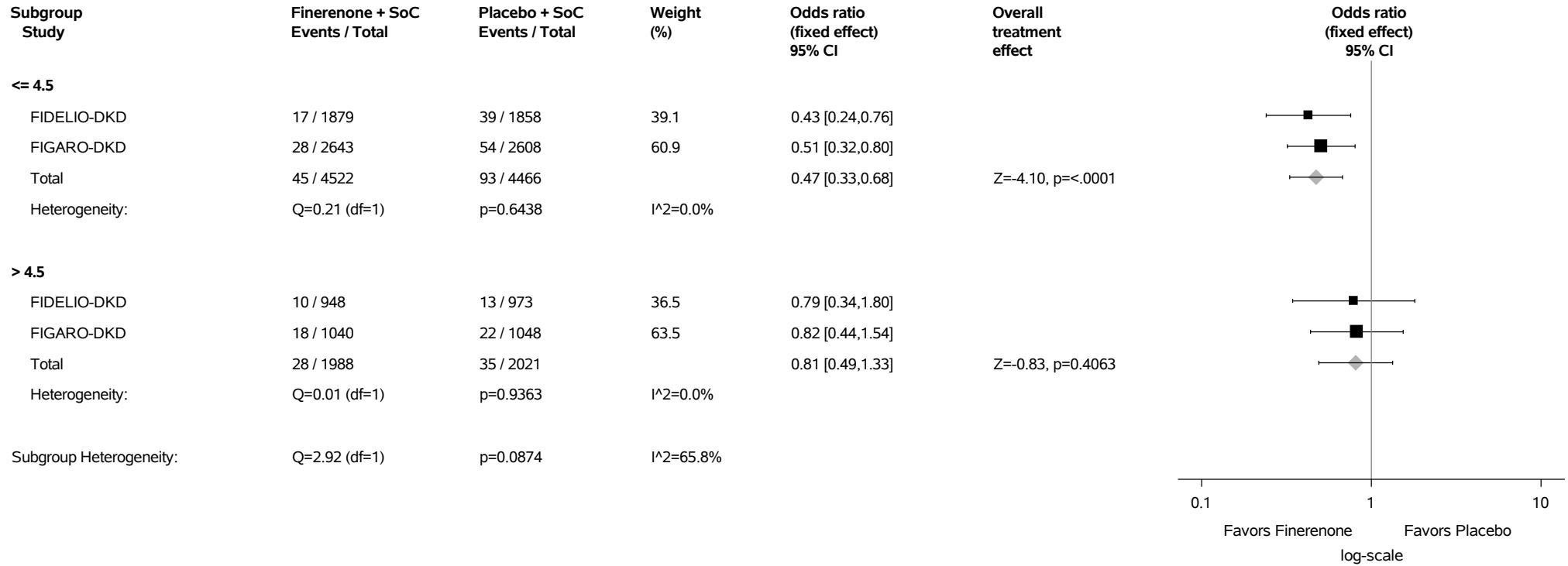
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.13.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



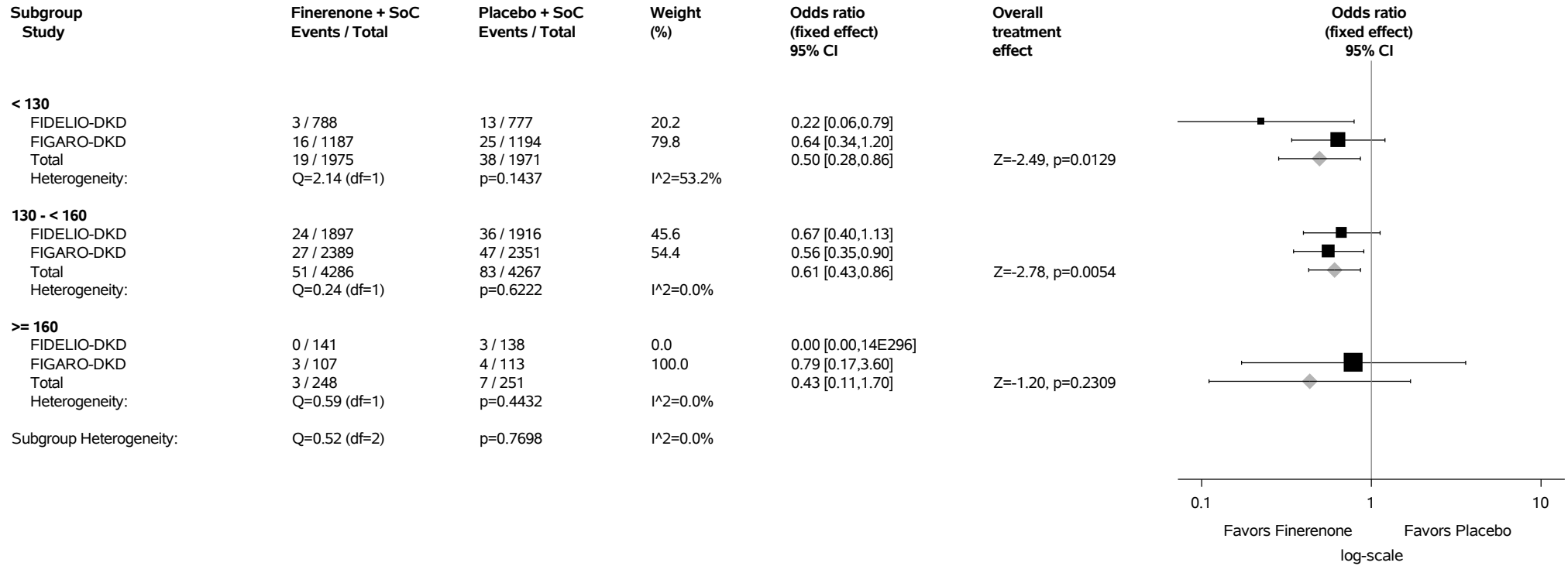
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.13.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups. Category 'Missing' was excluded from meta-analysis.

Figure 2.2.13.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

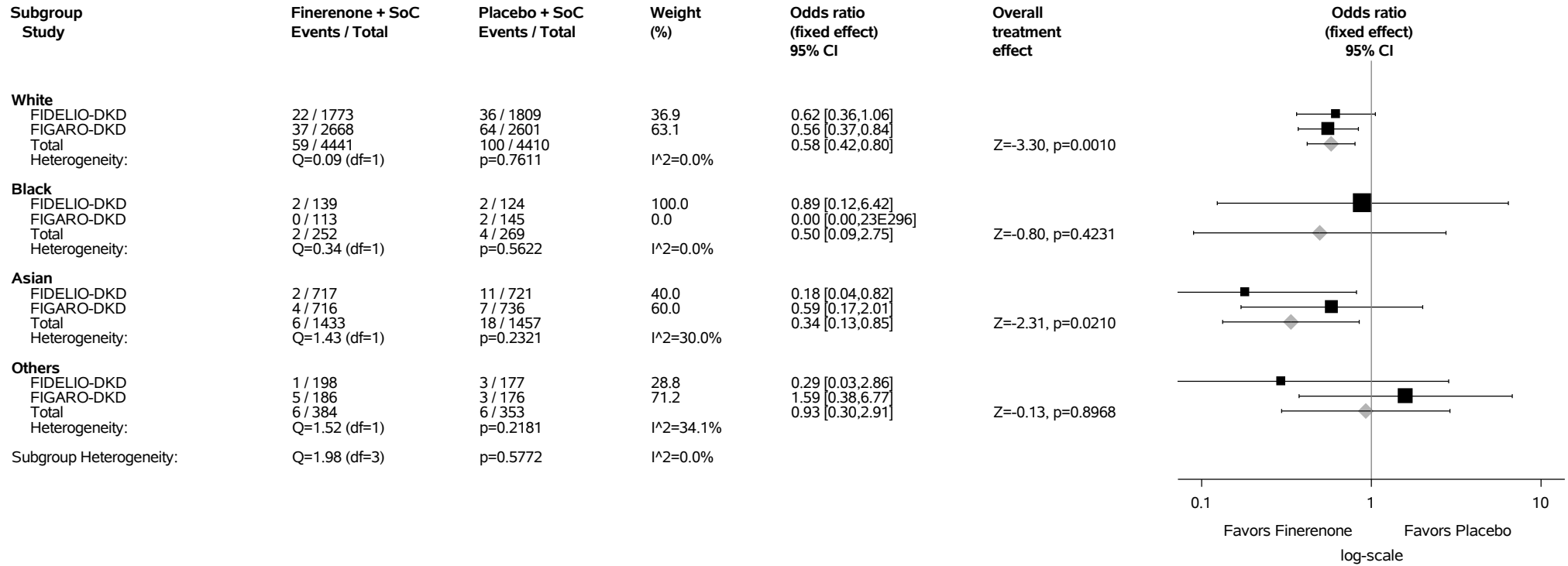
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.13.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

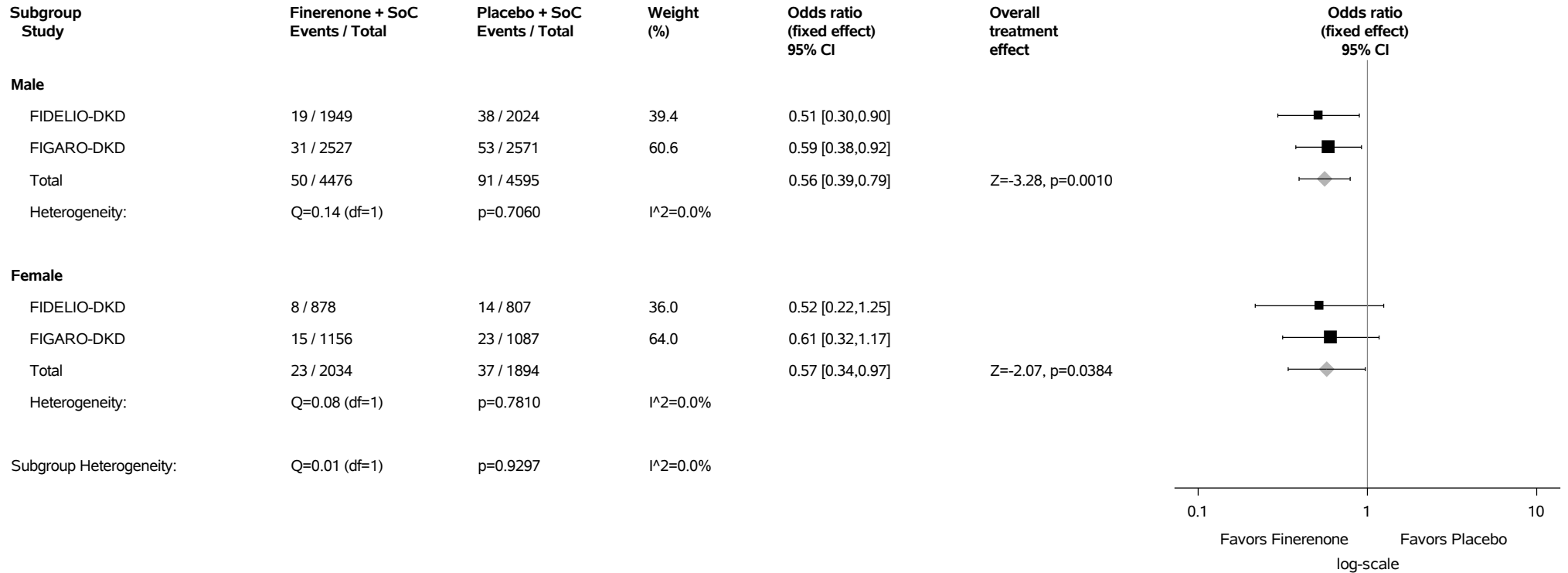
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

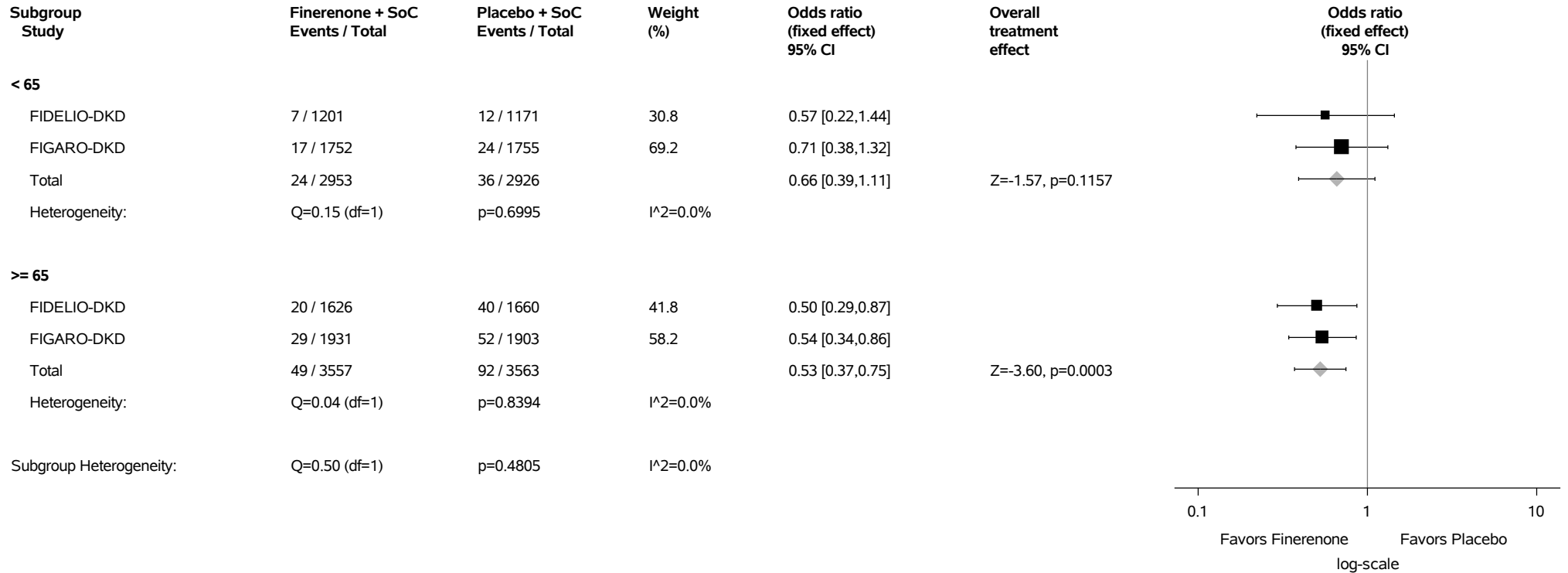
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.13.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



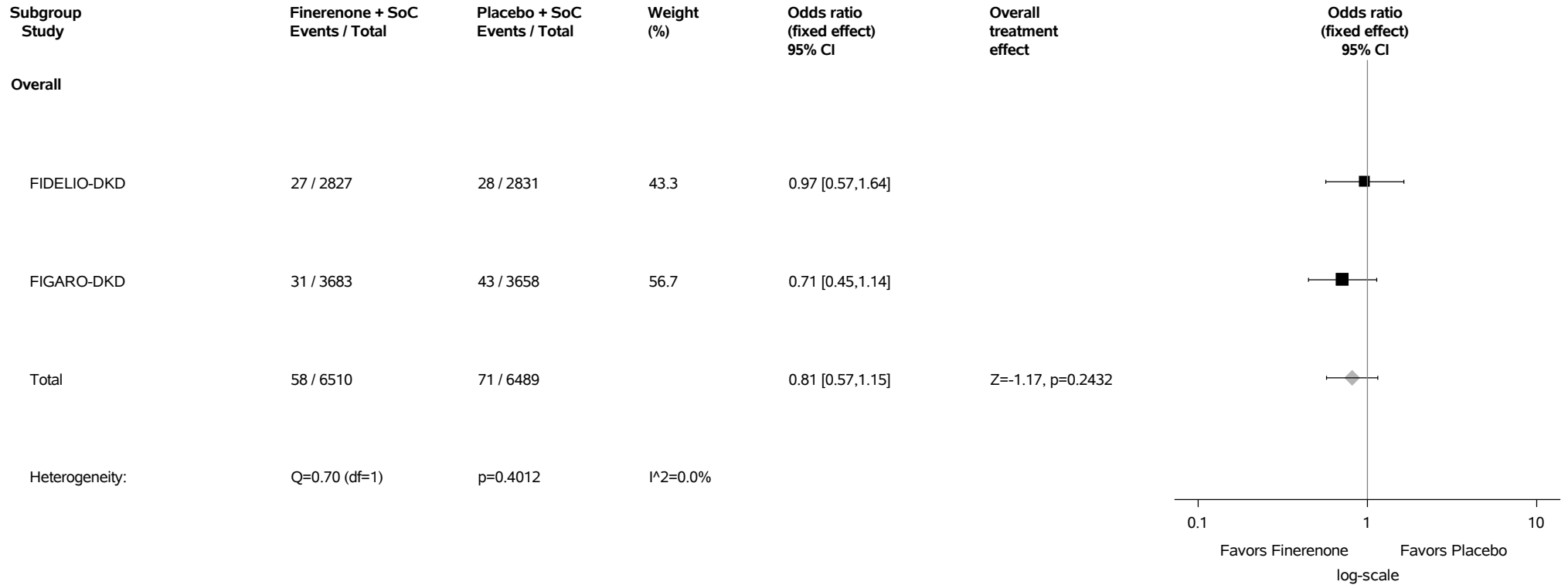
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.13.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Cardiac failure (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.14: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Coronary artery disease (PT with Incidence >=1%) Safety Analysis Set



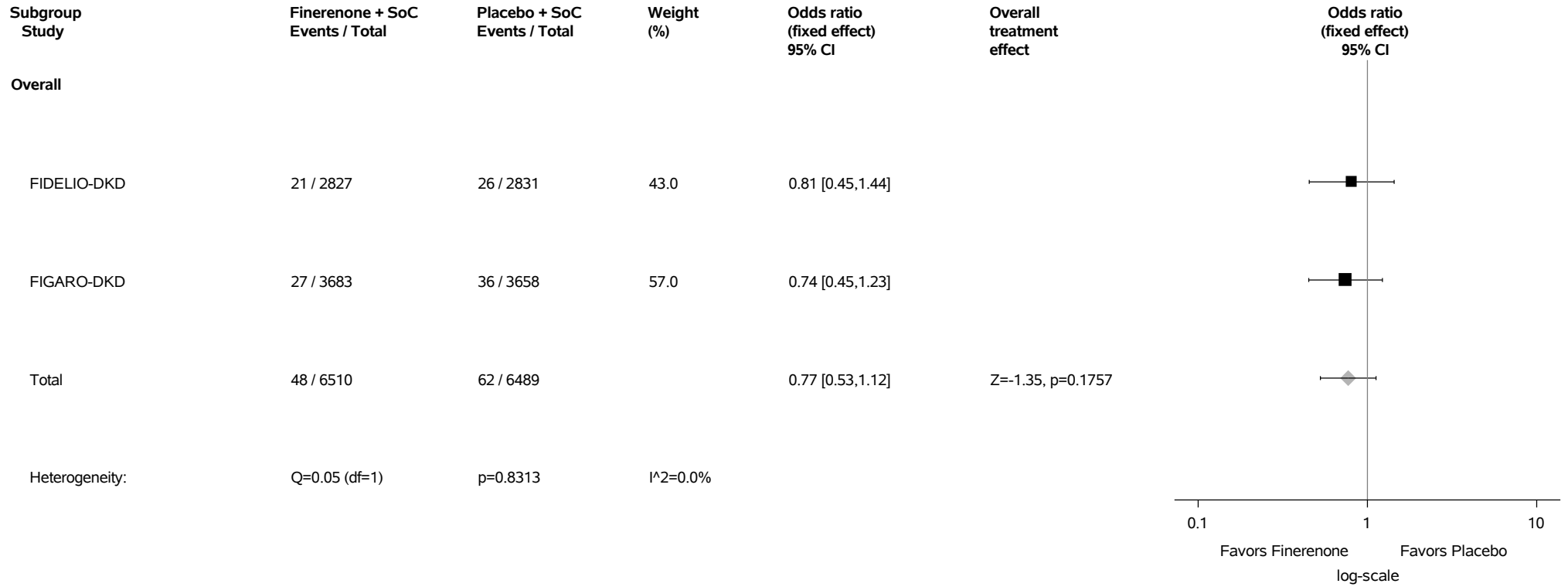
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.15: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myocardial ischaemia (PT with Incidence >=1%) Safety Analysis Set



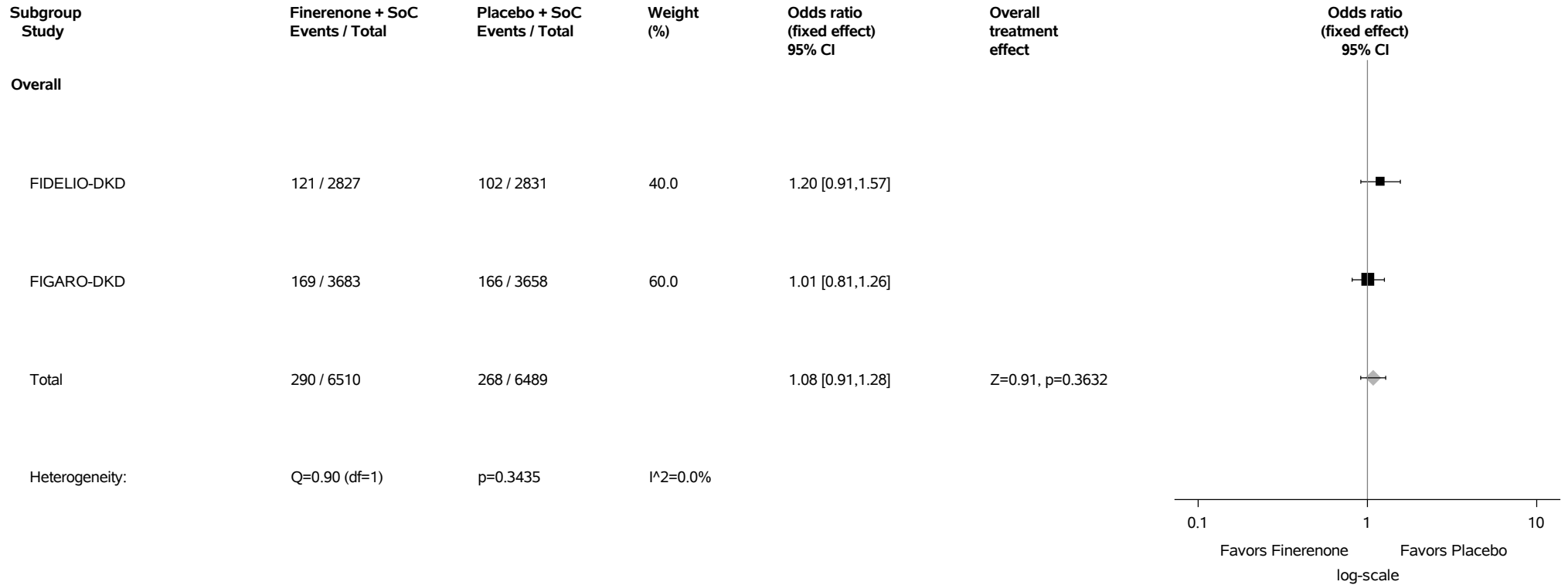
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.16: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ear And Labyrinth Disorders (SOC with Incidence >=1%) Safety Analysis Set



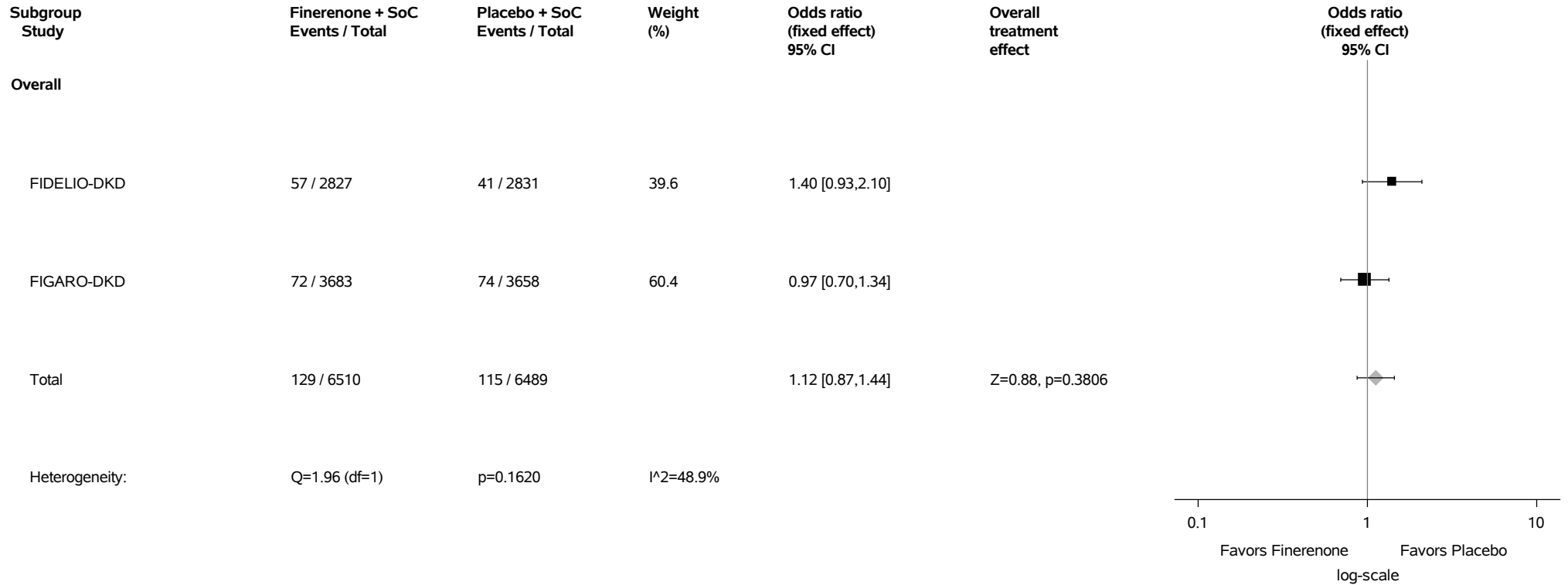
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.17: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vertigo (PT with Incidence >=1%) Safety Analysis Set



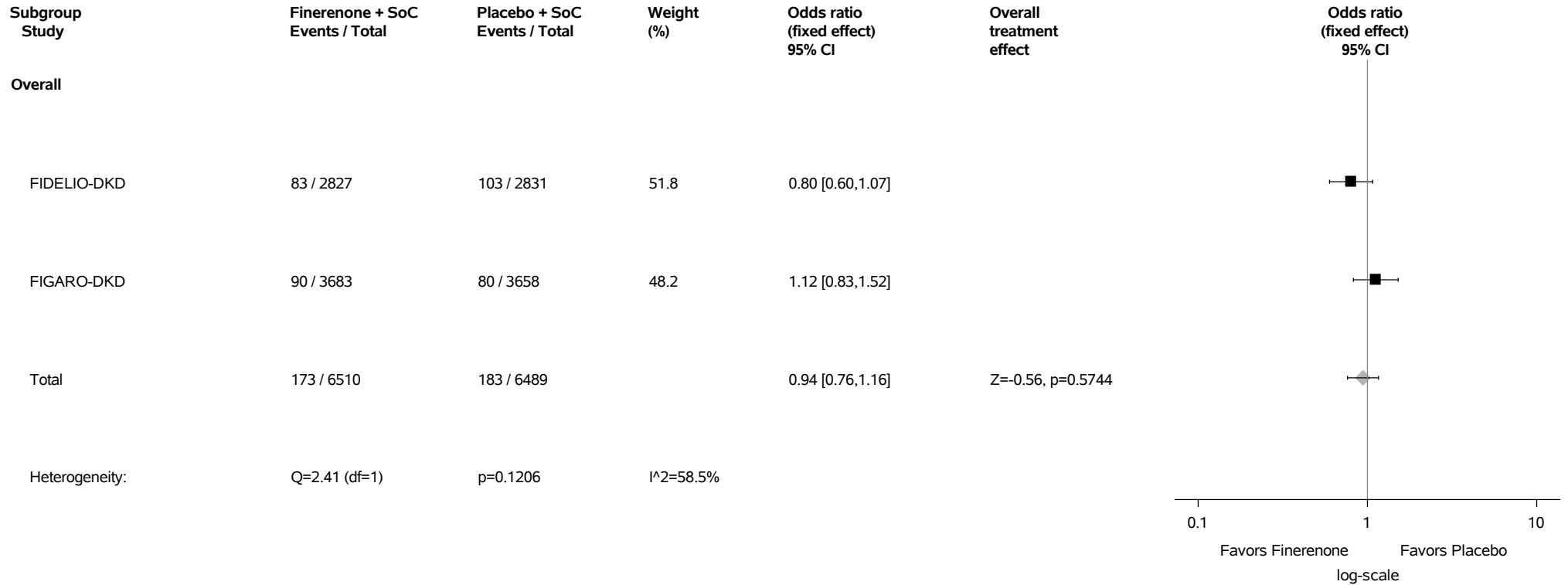
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.18: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Endocrine Disorders (SOC with Incidence >=1%) Safety Analysis Set



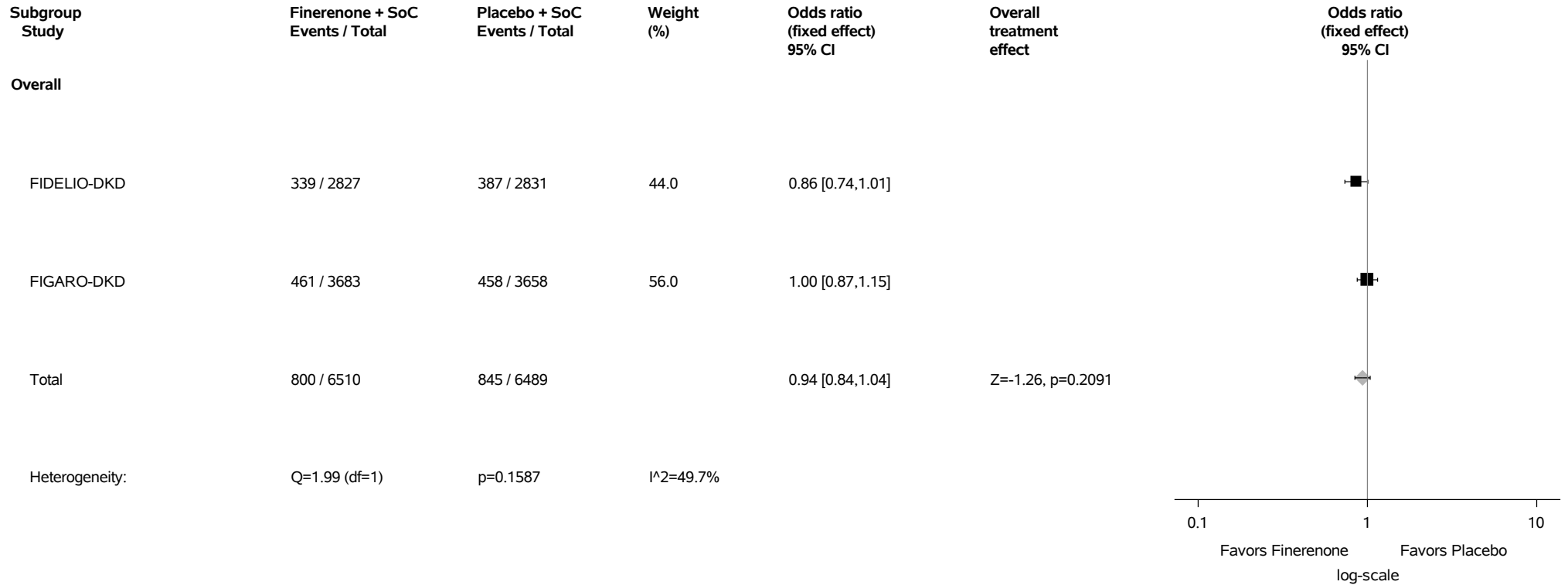
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.19: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set



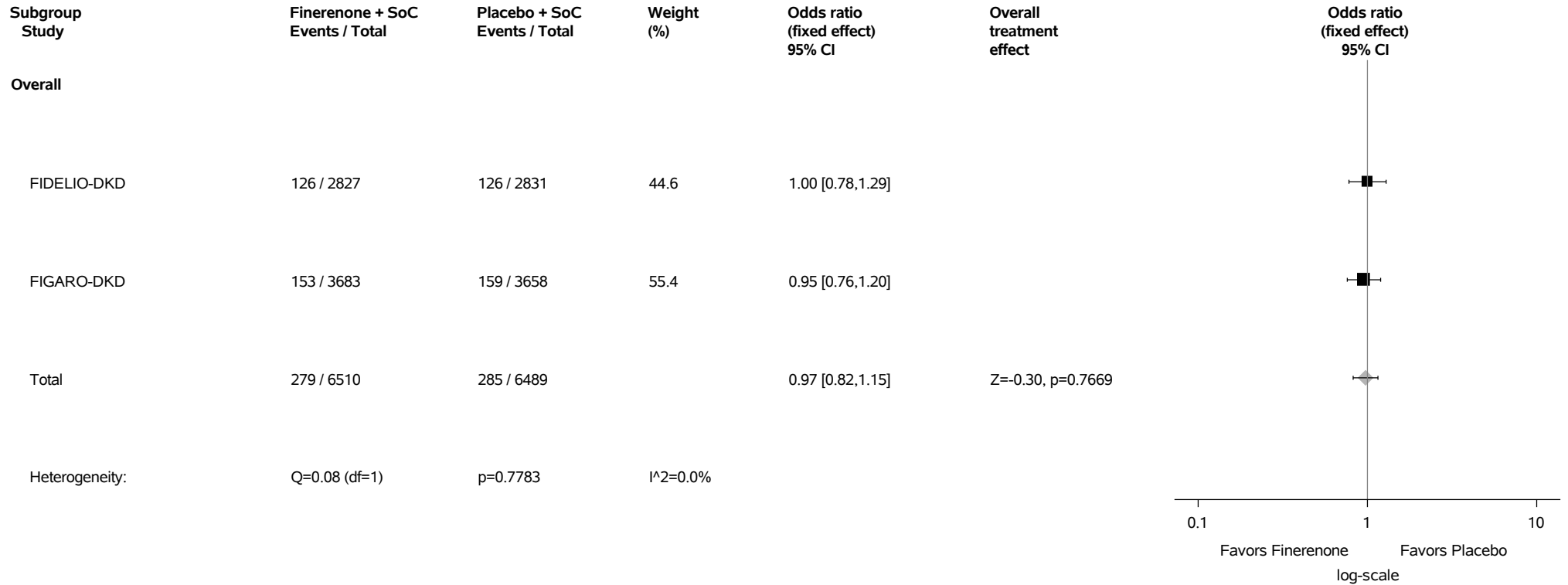
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.20: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract (PT with Incidence >=1%) Safety Analysis Set



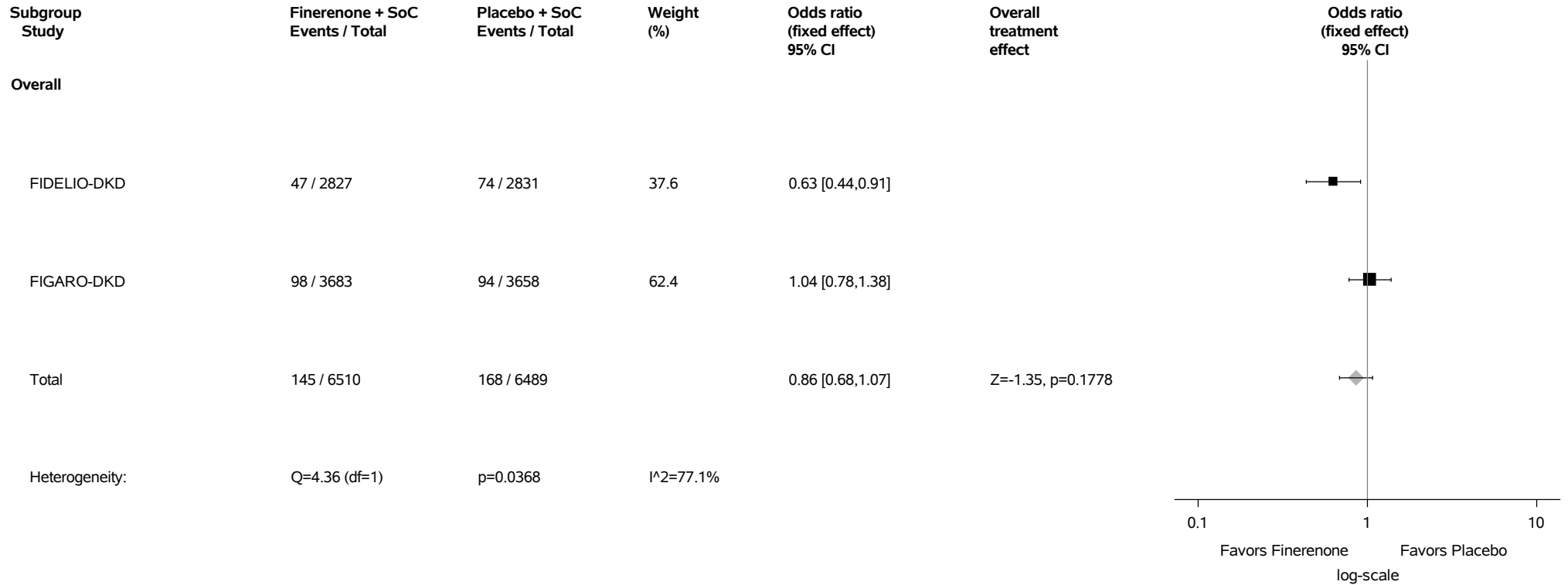
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.21: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic retinopathy (PT with Incidence >=1%) Safety Analysis Set



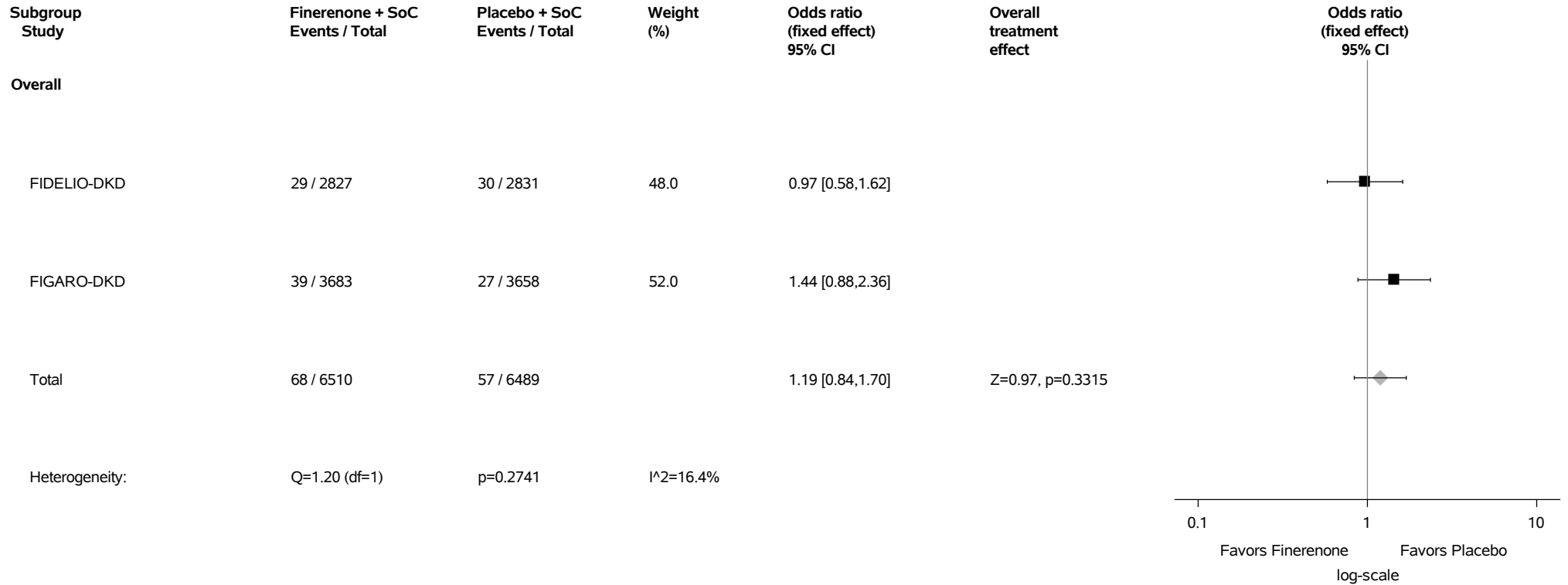
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.22: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitreous haemorrhage (PT with Incidence >=1%) Safety Analysis Set



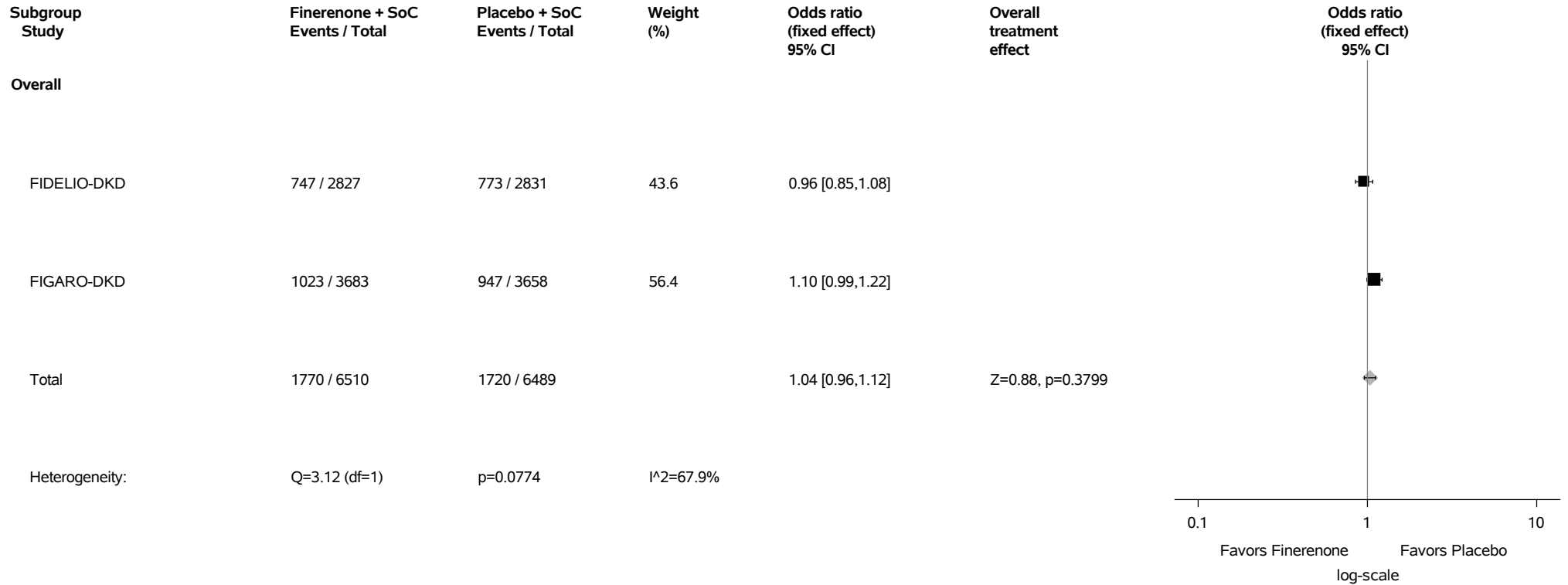
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.23: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



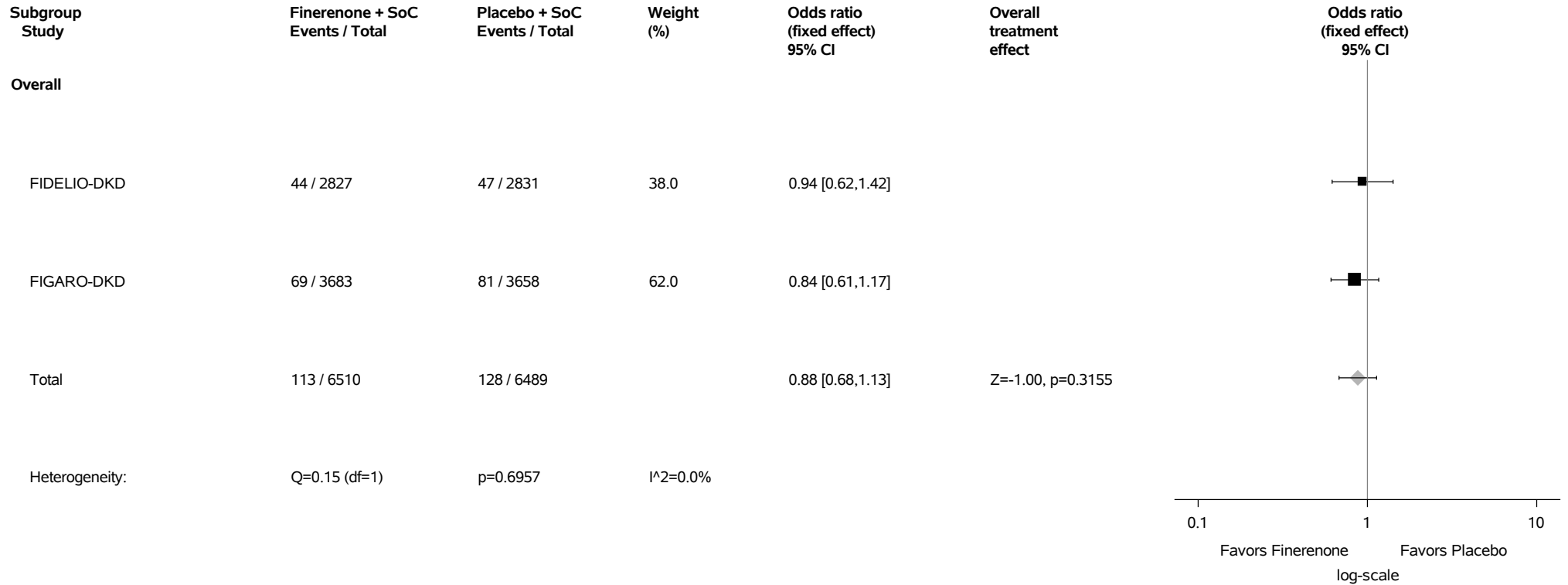
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.24: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain (PT with Incidence >=1%) Safety Analysis Set



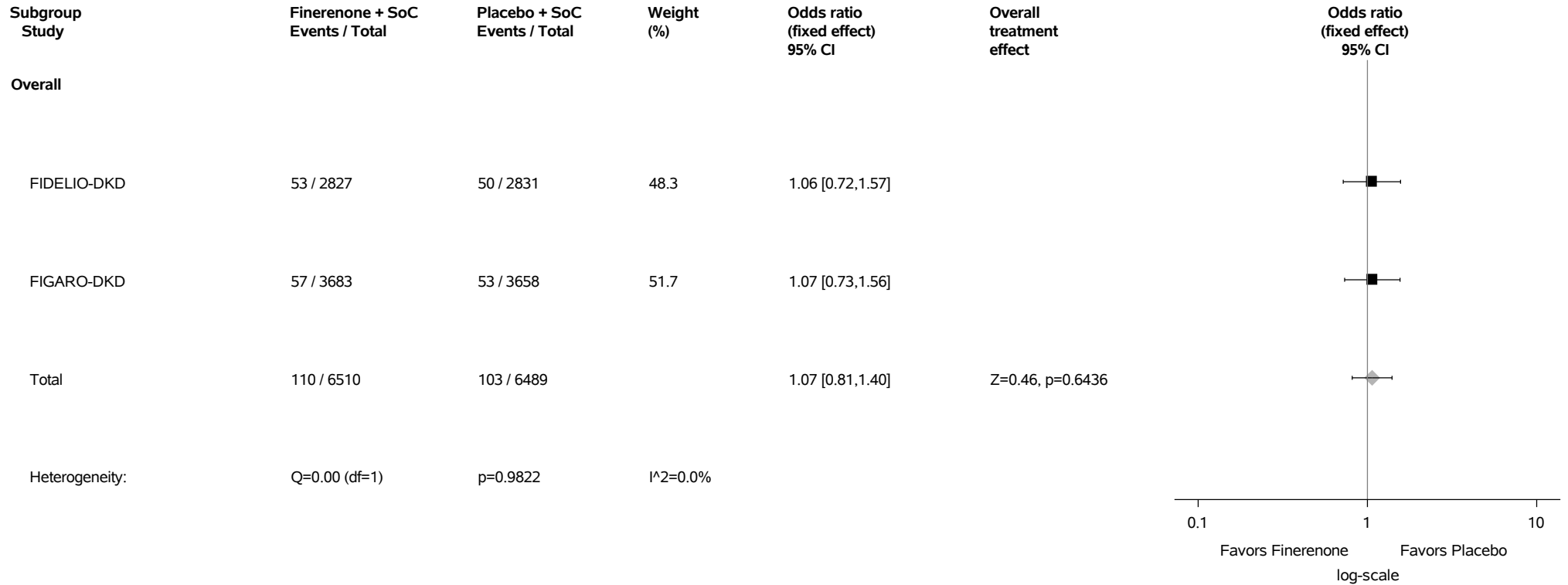
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.25: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Abdominal pain upper (PT with Incidence >=1%) Safety Analysis Set



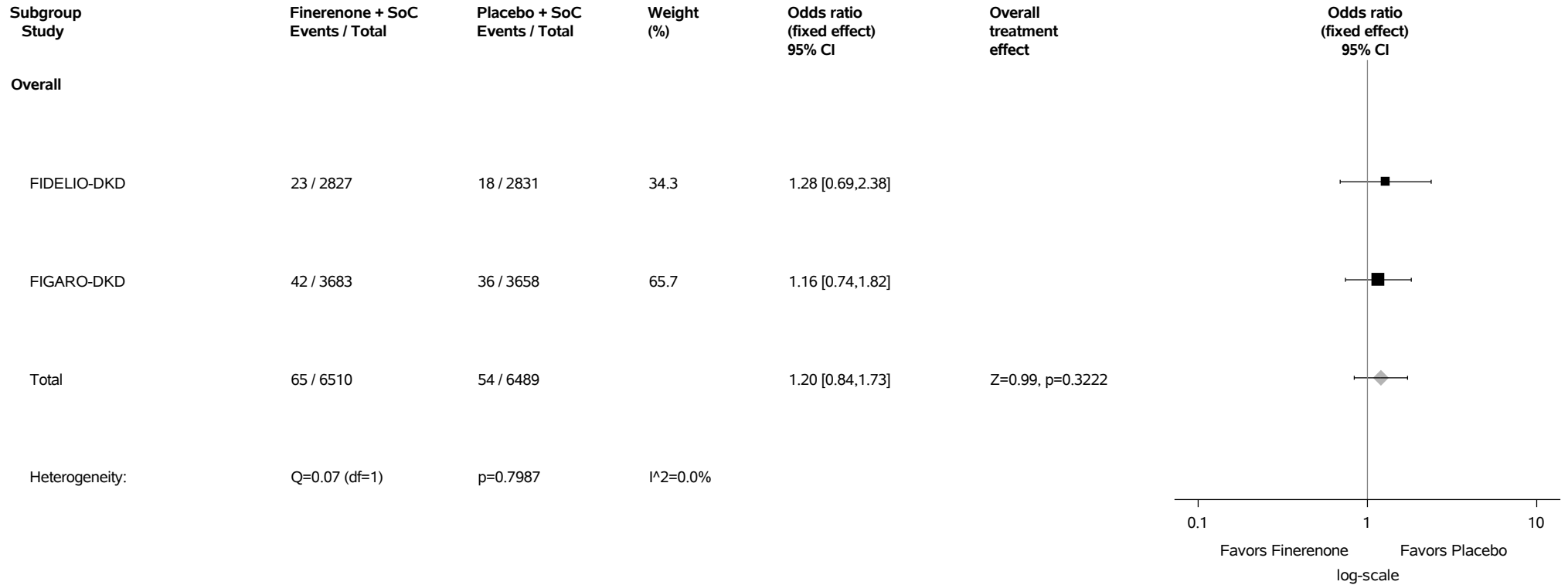
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.26: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic gastritis (PT with Incidence >=1%) Safety Analysis Set



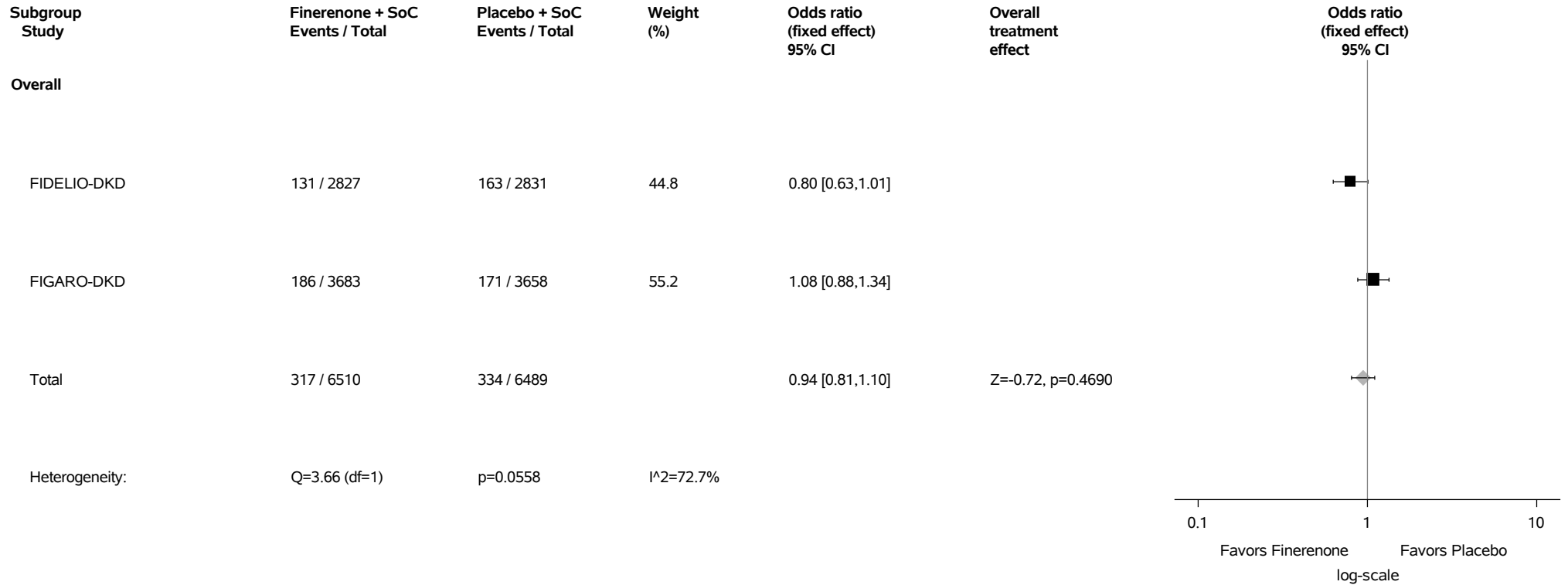
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.27: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Constipation (PT with Incidence >=1%) Safety Analysis Set



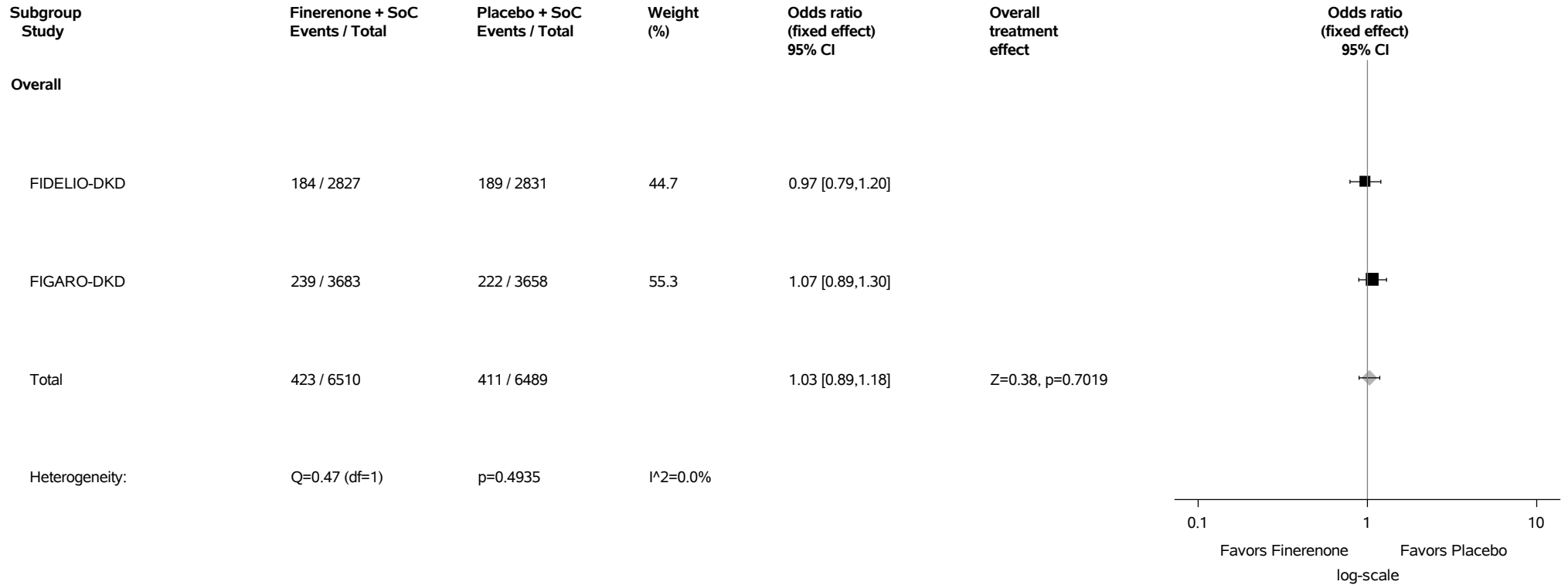
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.28: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diarrhoea (PT with Incidence >=1%) Safety Analysis Set



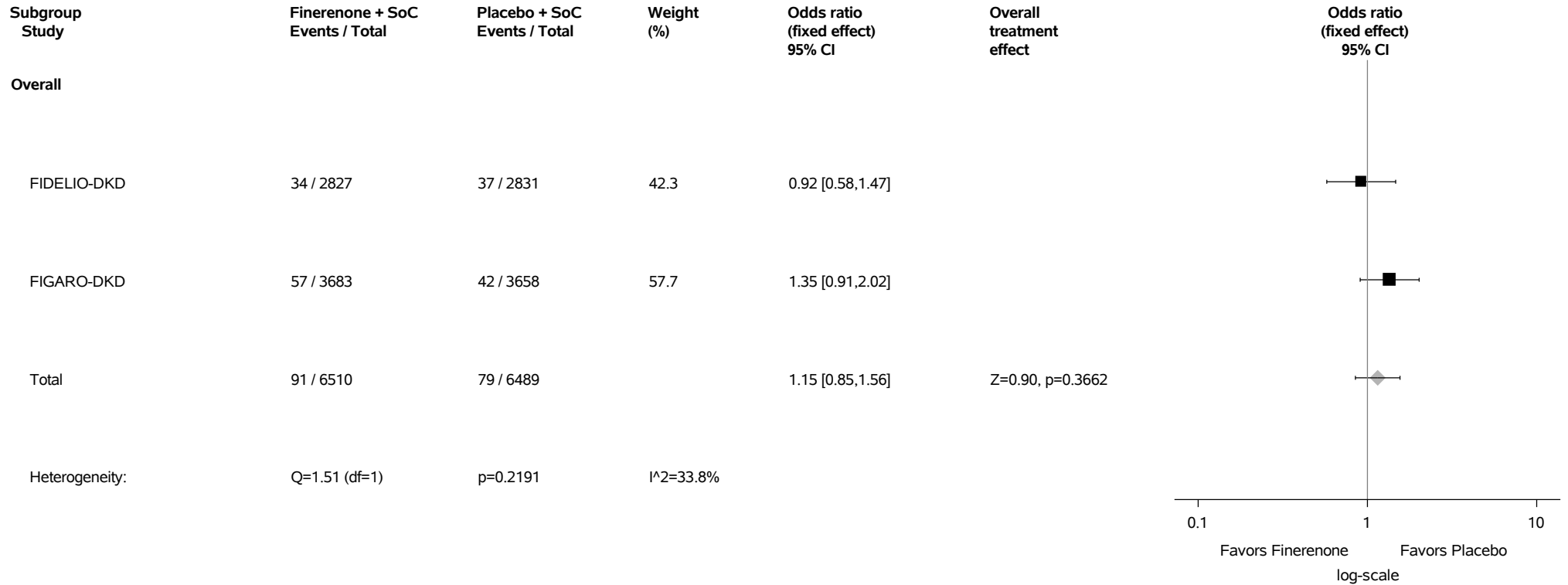
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.29: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspepsia (PT with Incidence >=1%) Safety Analysis Set



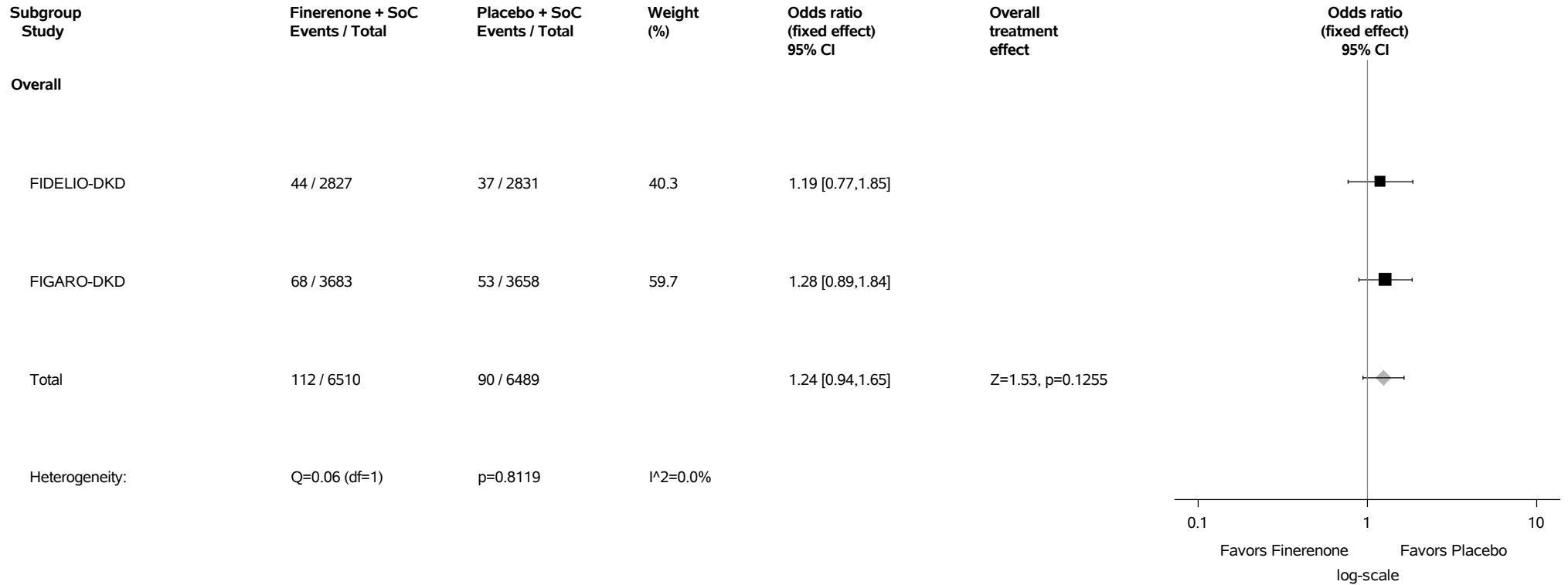
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.30: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastritis (PT with Incidence >=1%) Safety Analysis Set



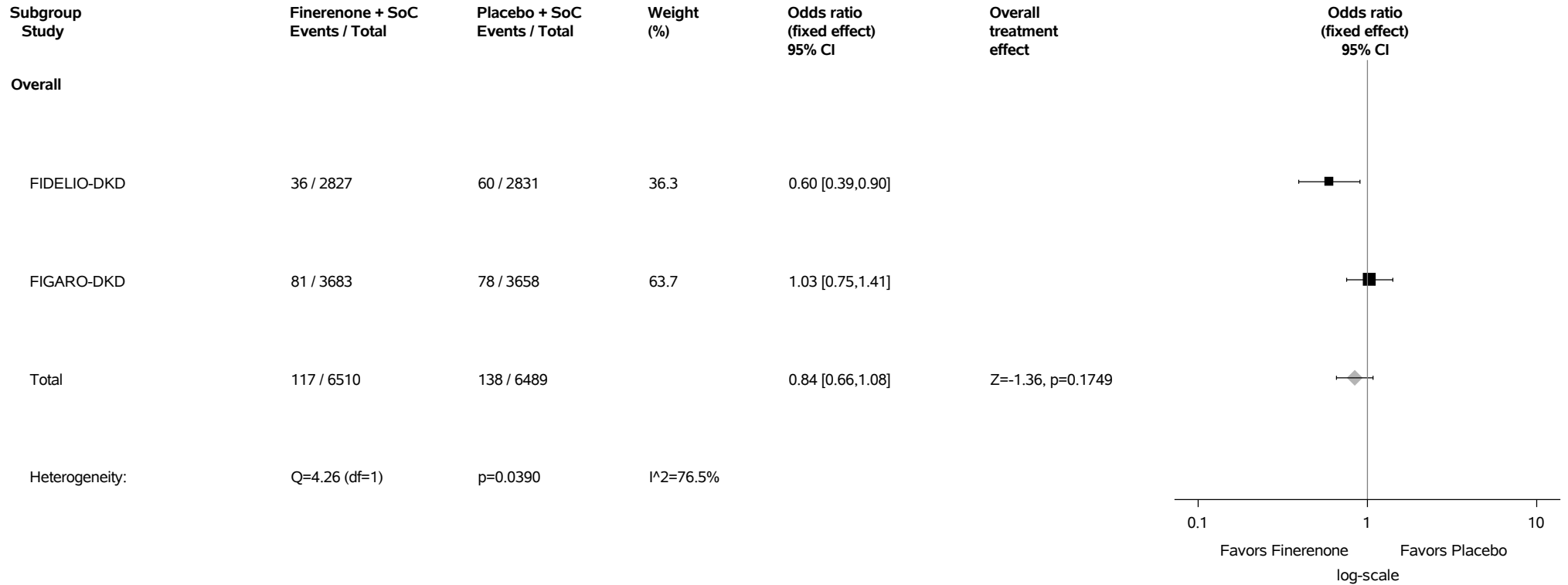
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.31: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroesophageal reflux disease (PT with Incidence >=1%) Safety Analysis Set



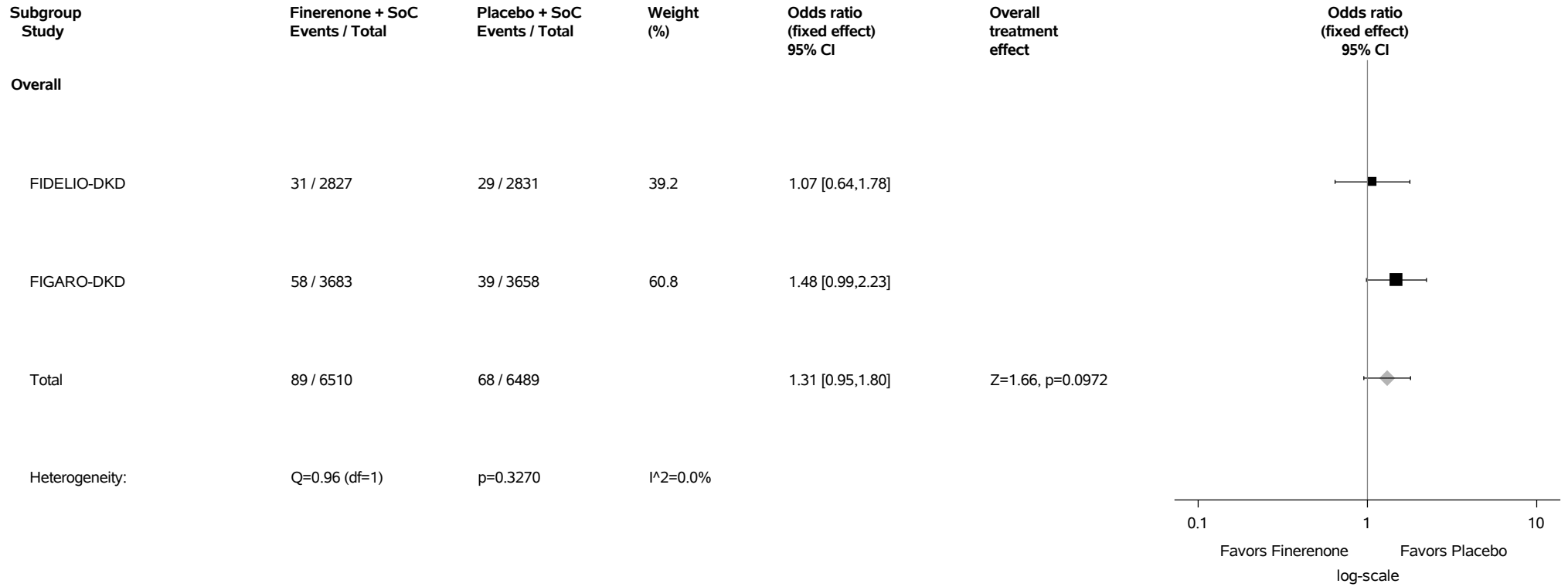
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.32: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haemorrhoids (PT with Incidence >=1%) Safety Analysis Set



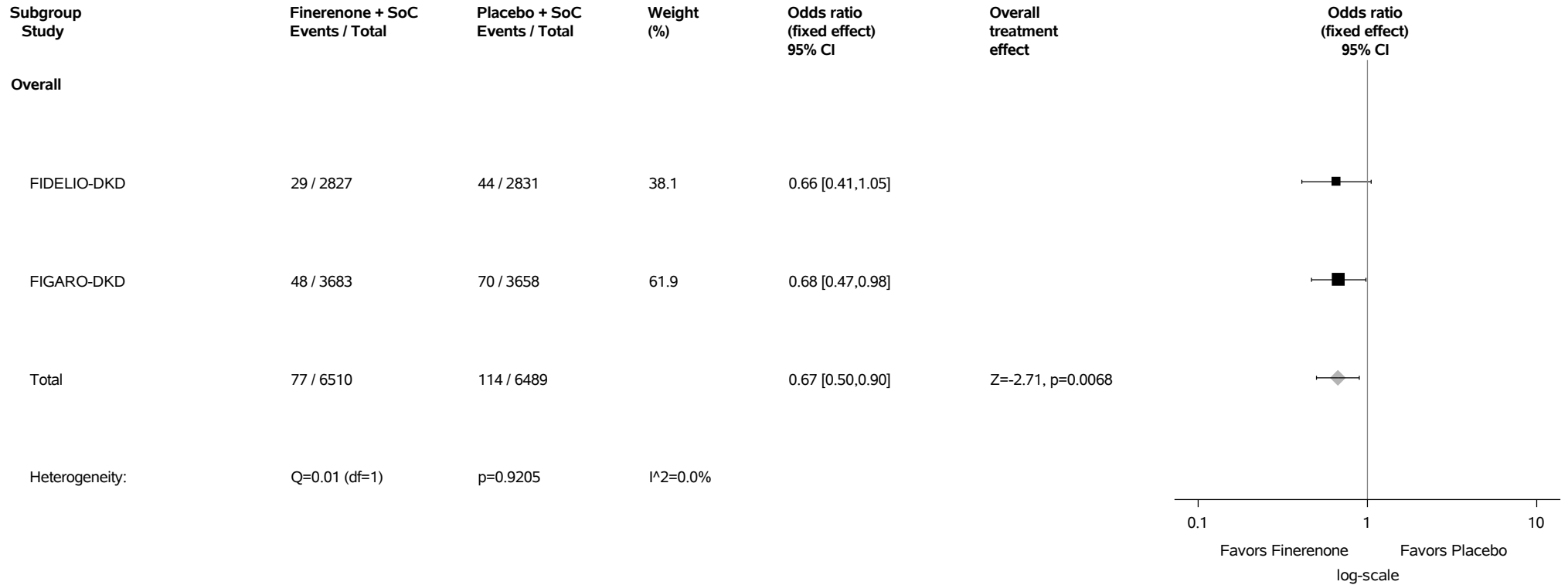
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.33: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



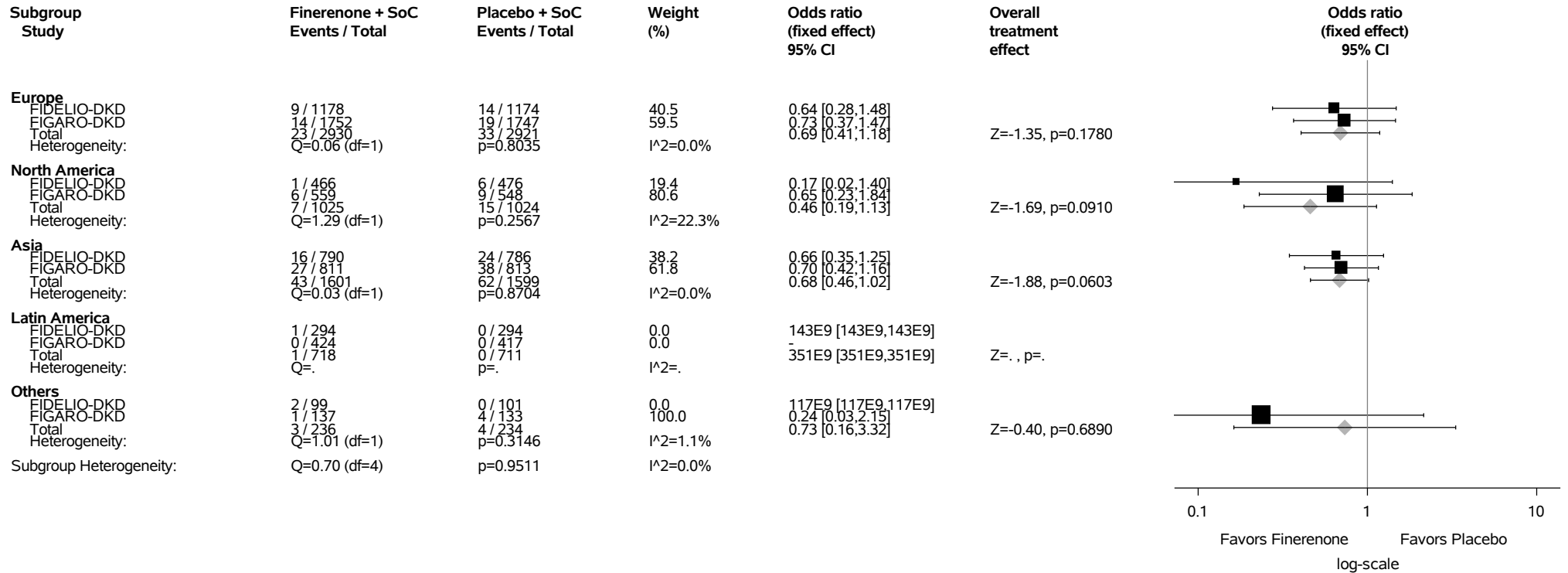
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.33.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



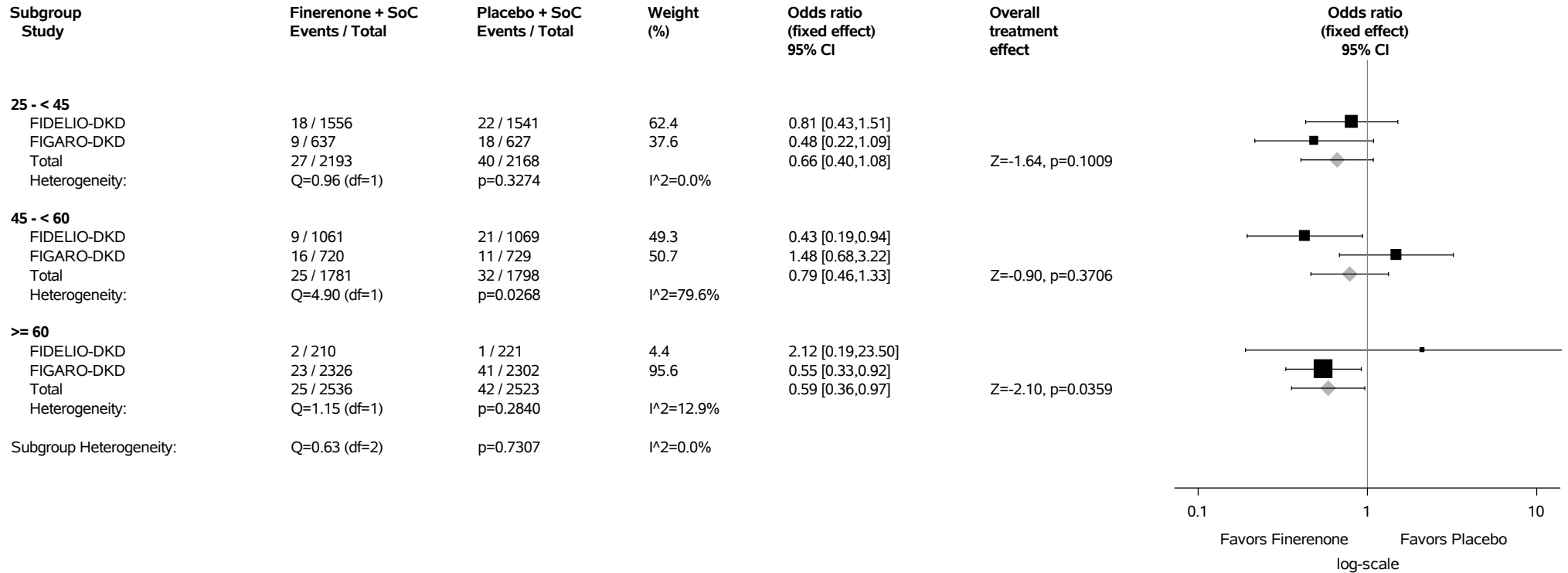
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.33.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



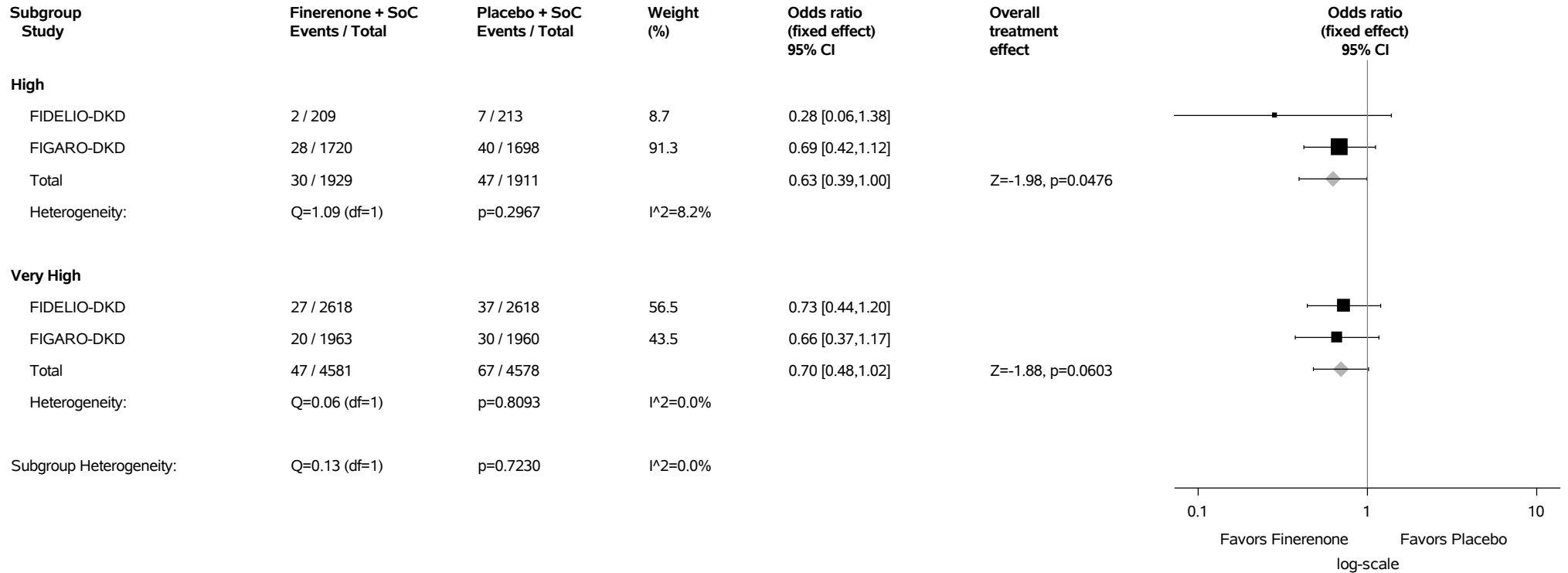
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

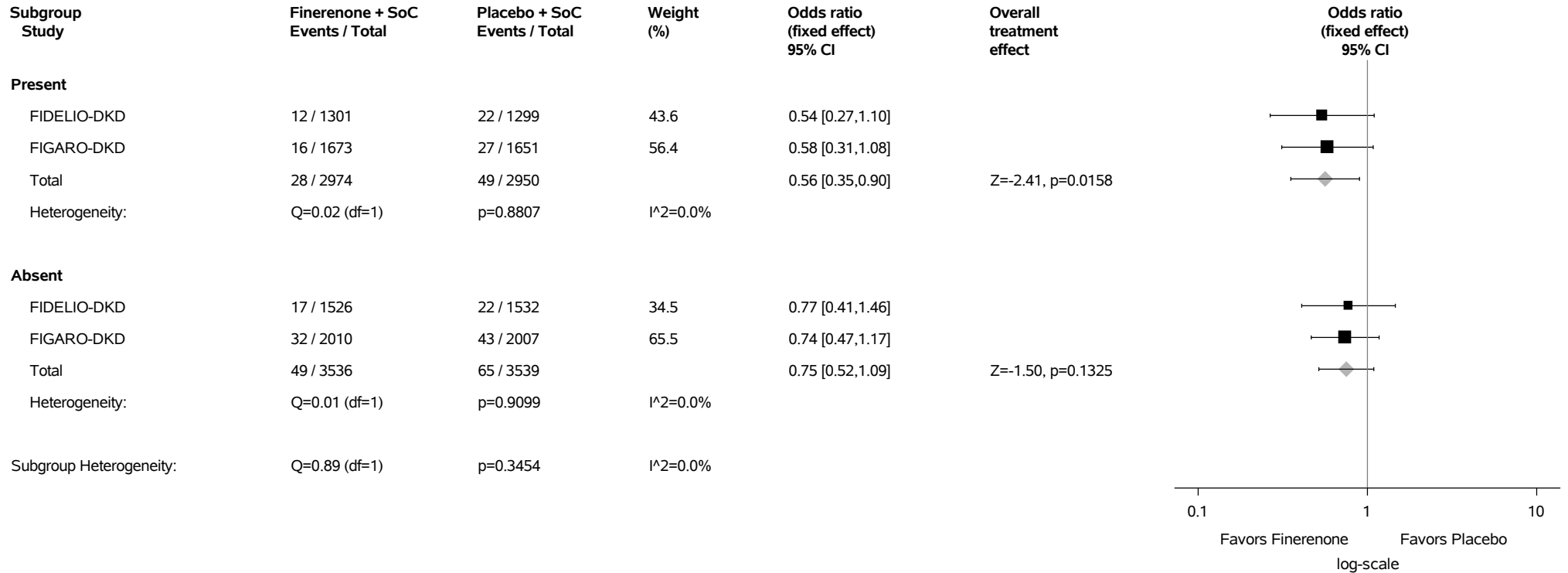
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.33.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



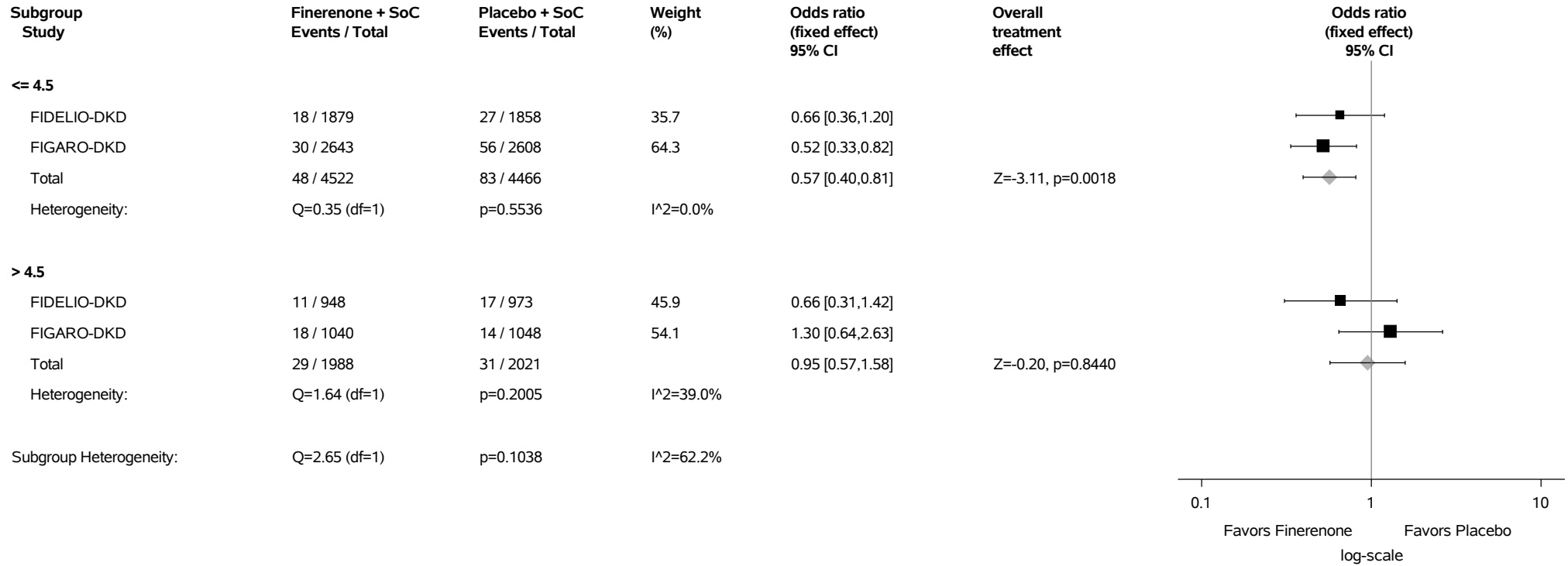
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.33.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.33.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

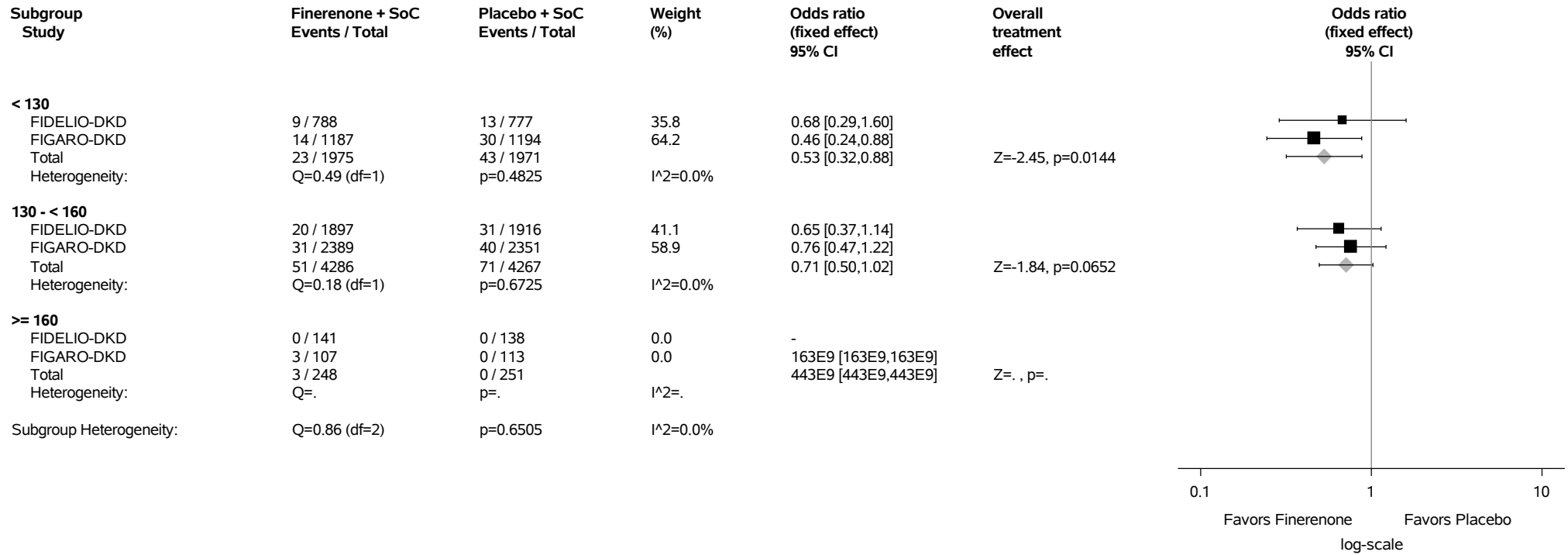
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.33.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Large intestine polyp (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

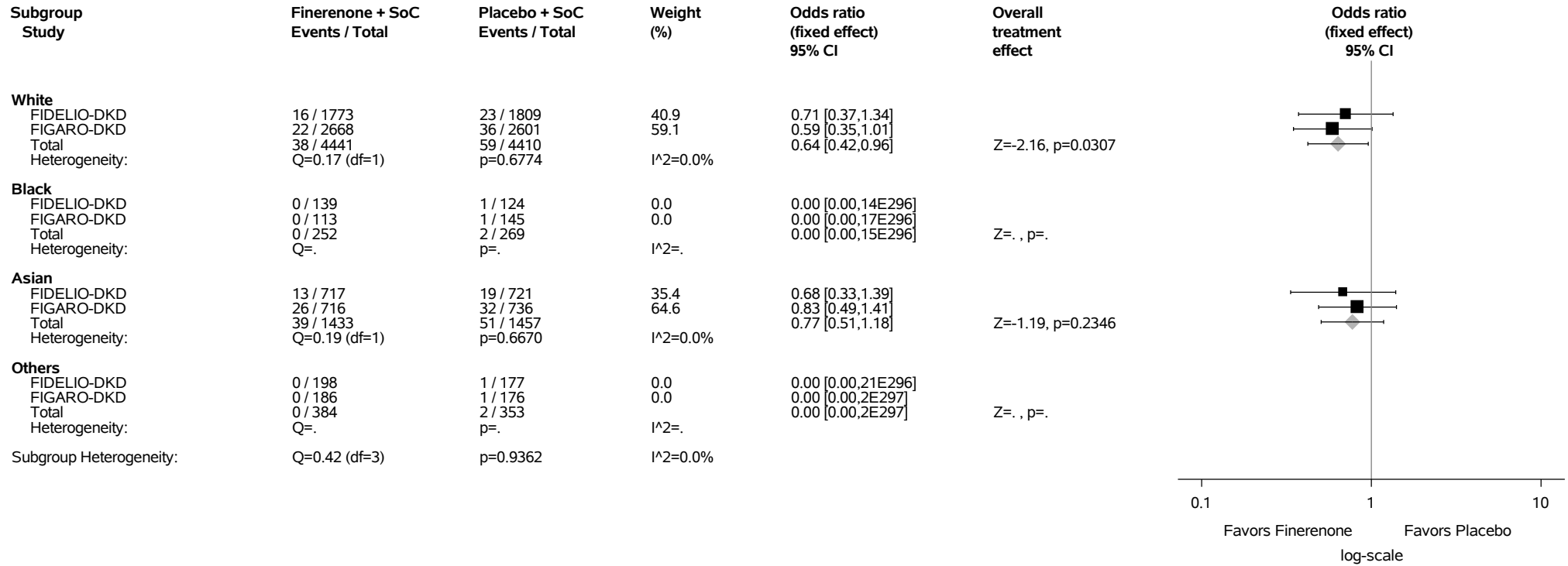
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.33.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

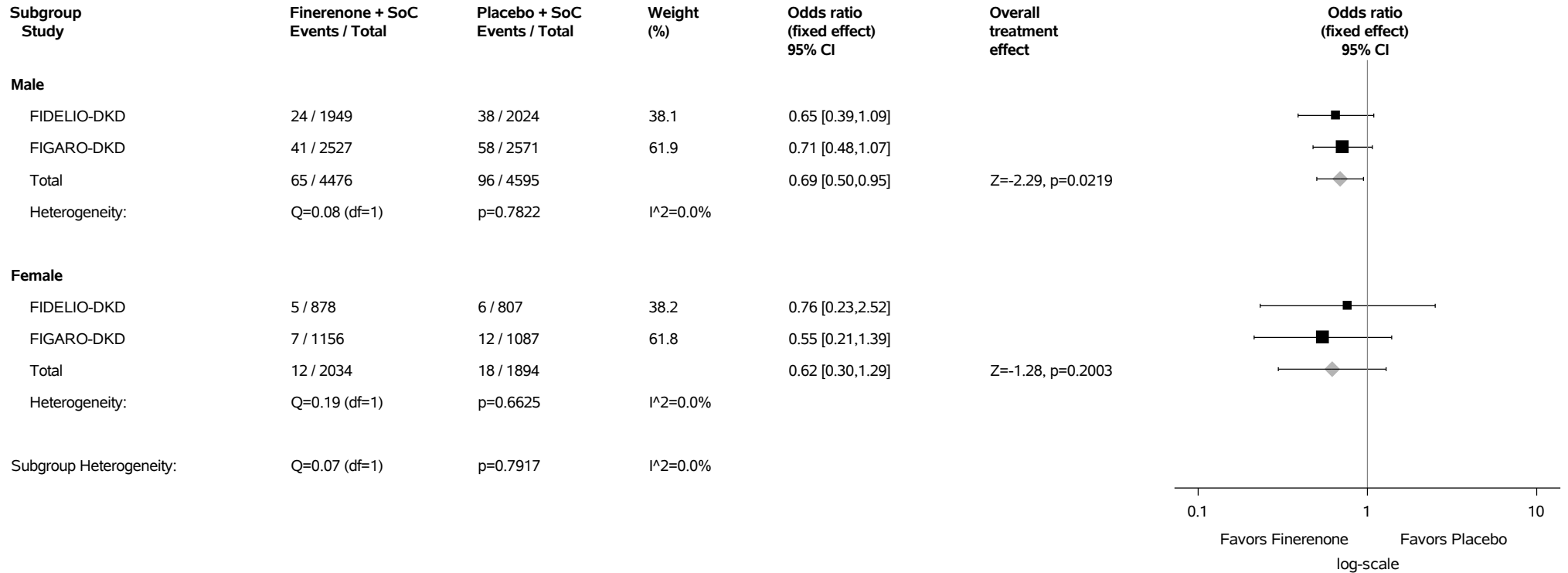
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

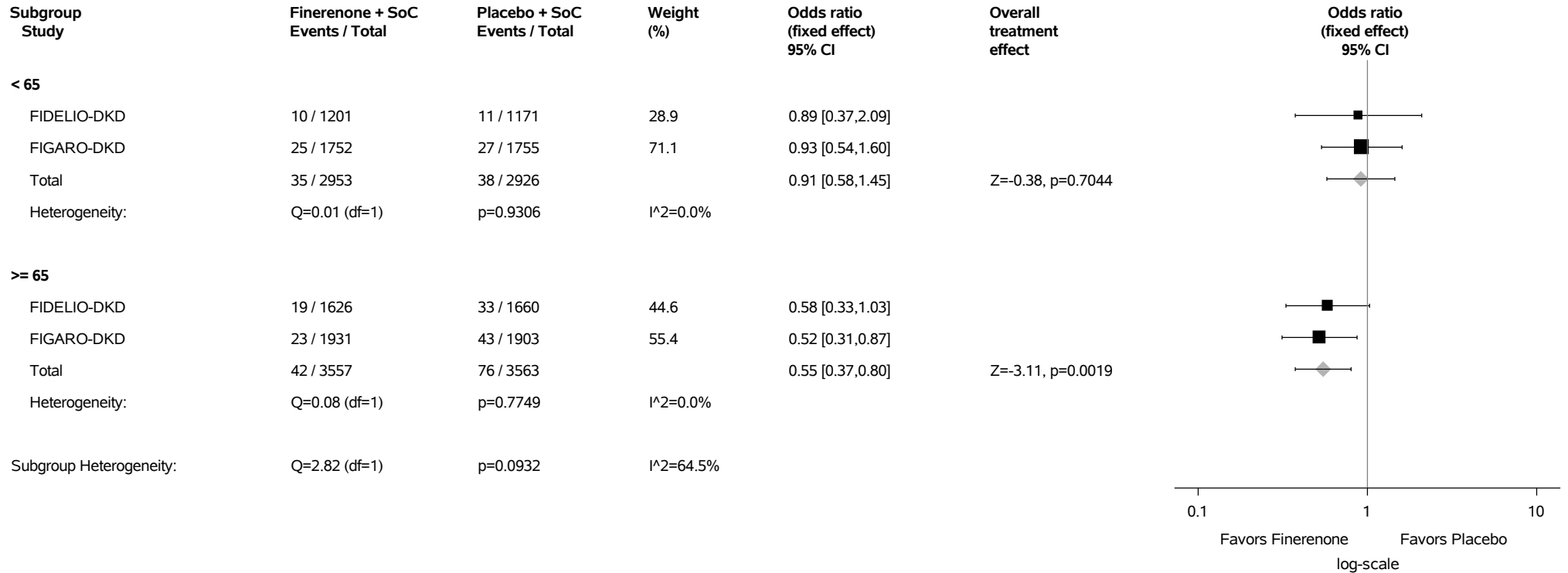
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.33.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



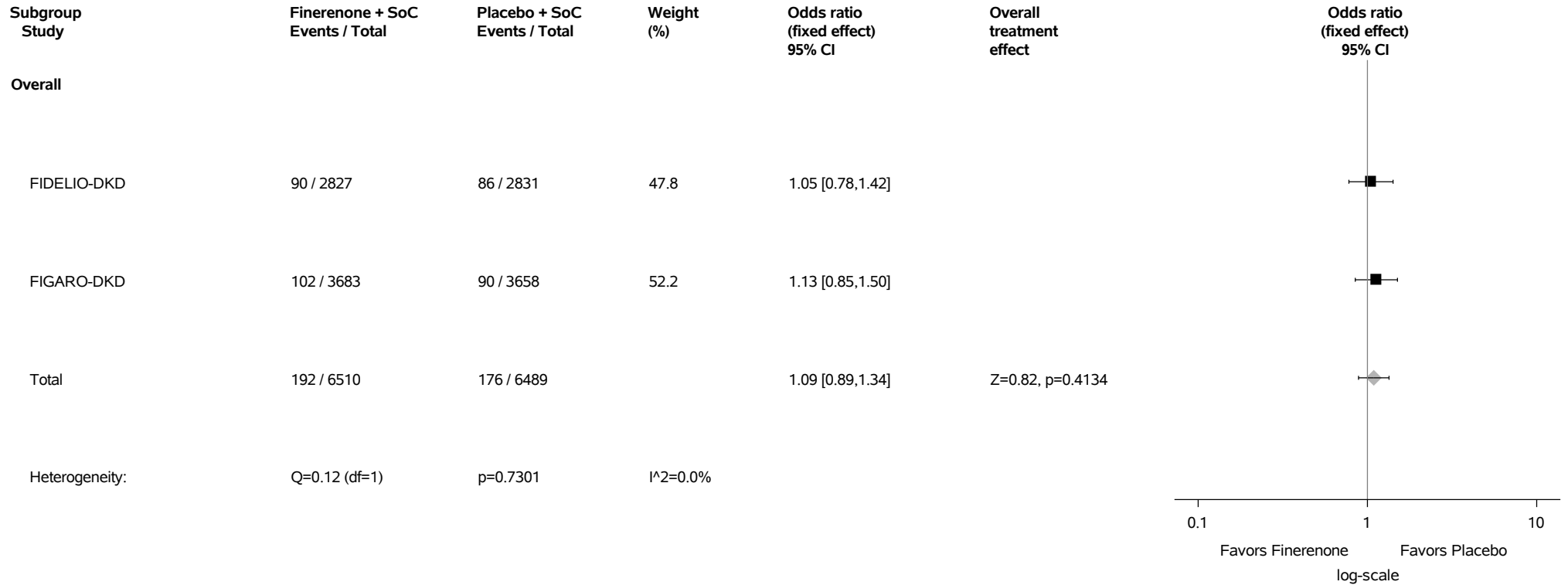
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.33.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Large intestine polyp (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.34: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nausea (PT with Incidence >=1%) Safety Analysis Set



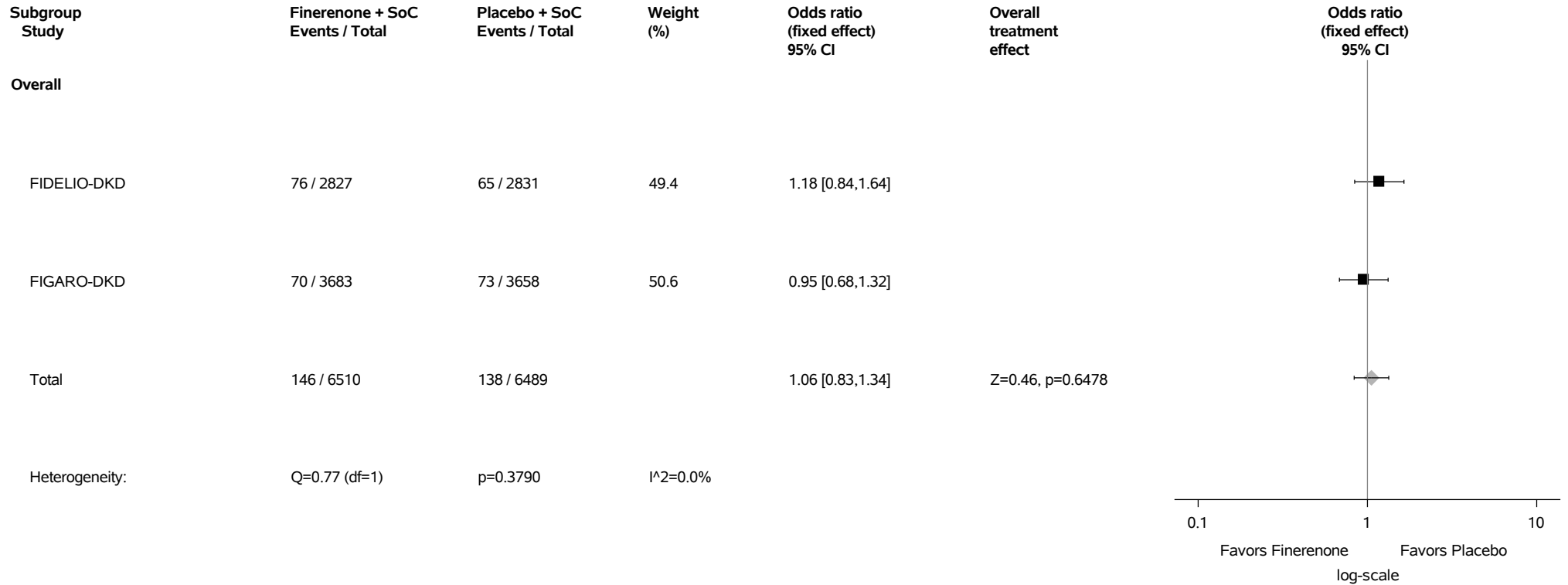
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.35: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vomiting (PT with Incidence >=1%) Safety Analysis Set



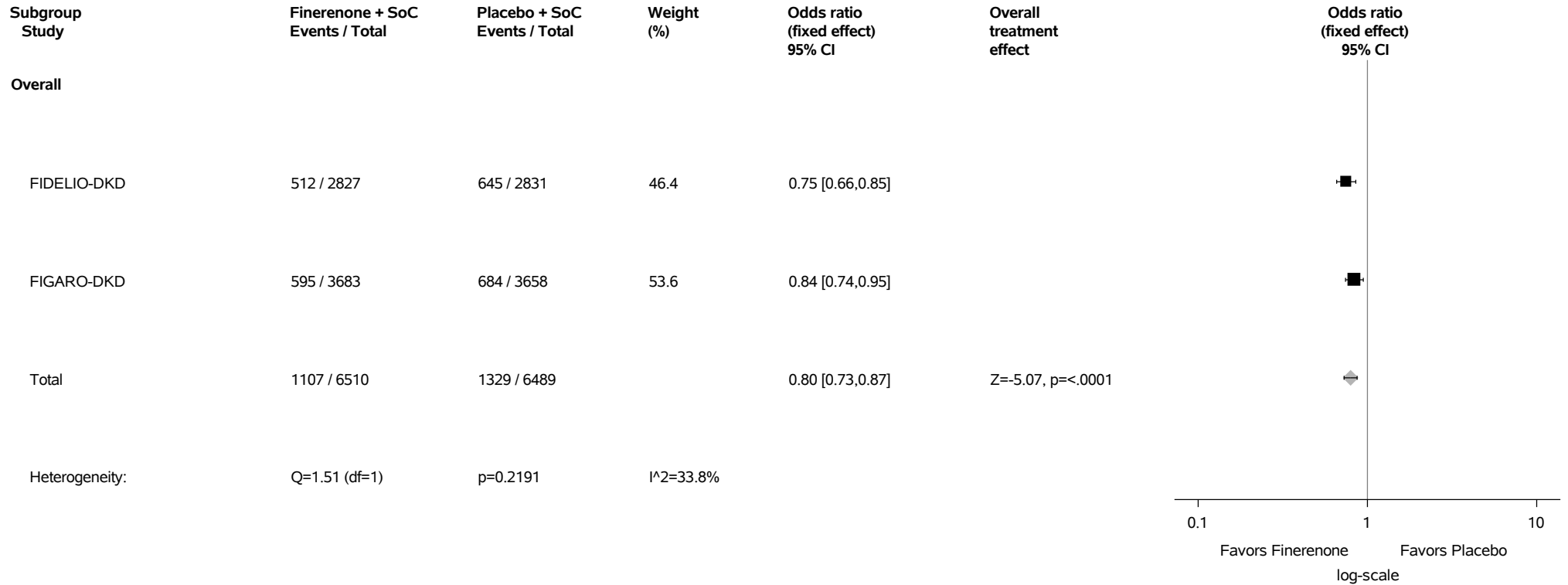
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.36: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



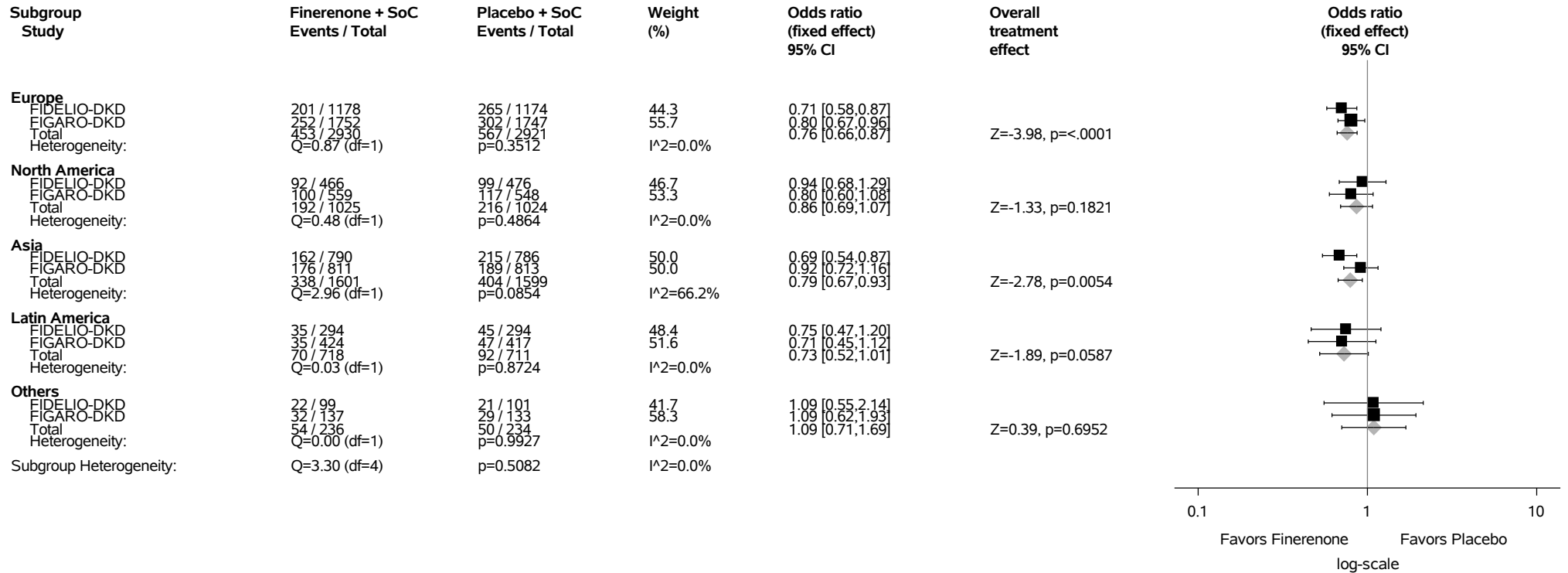
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.36.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



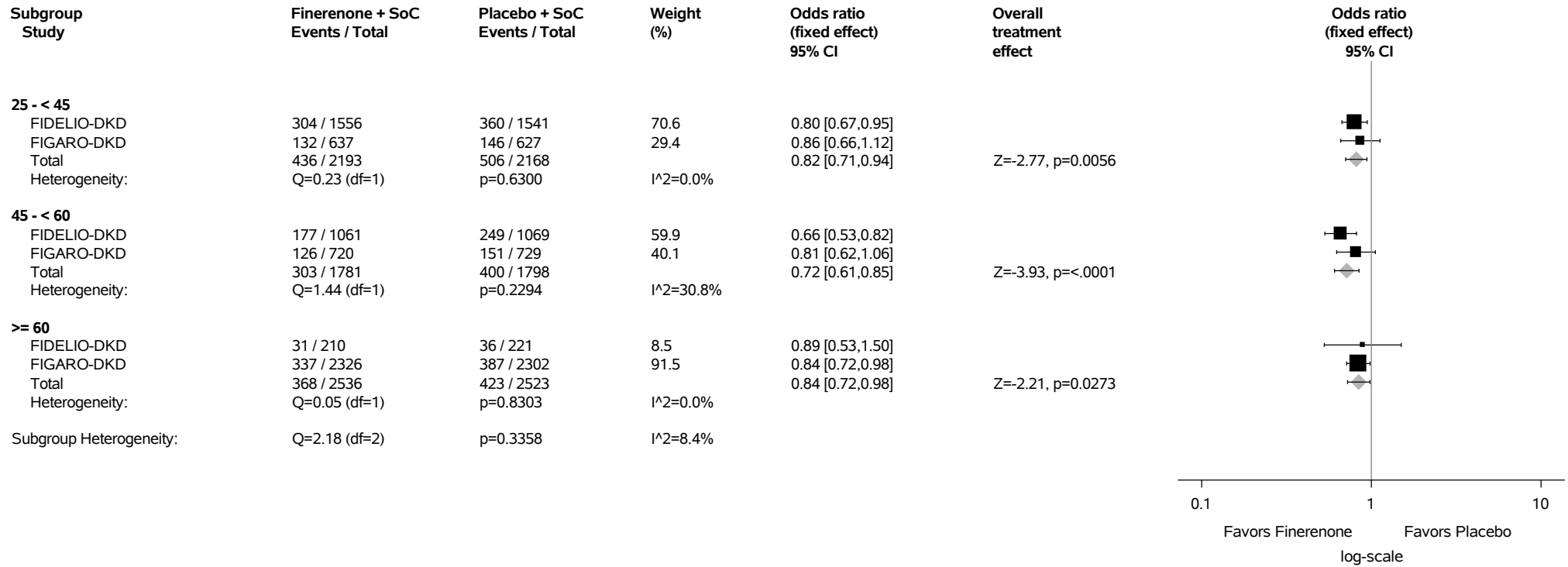
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

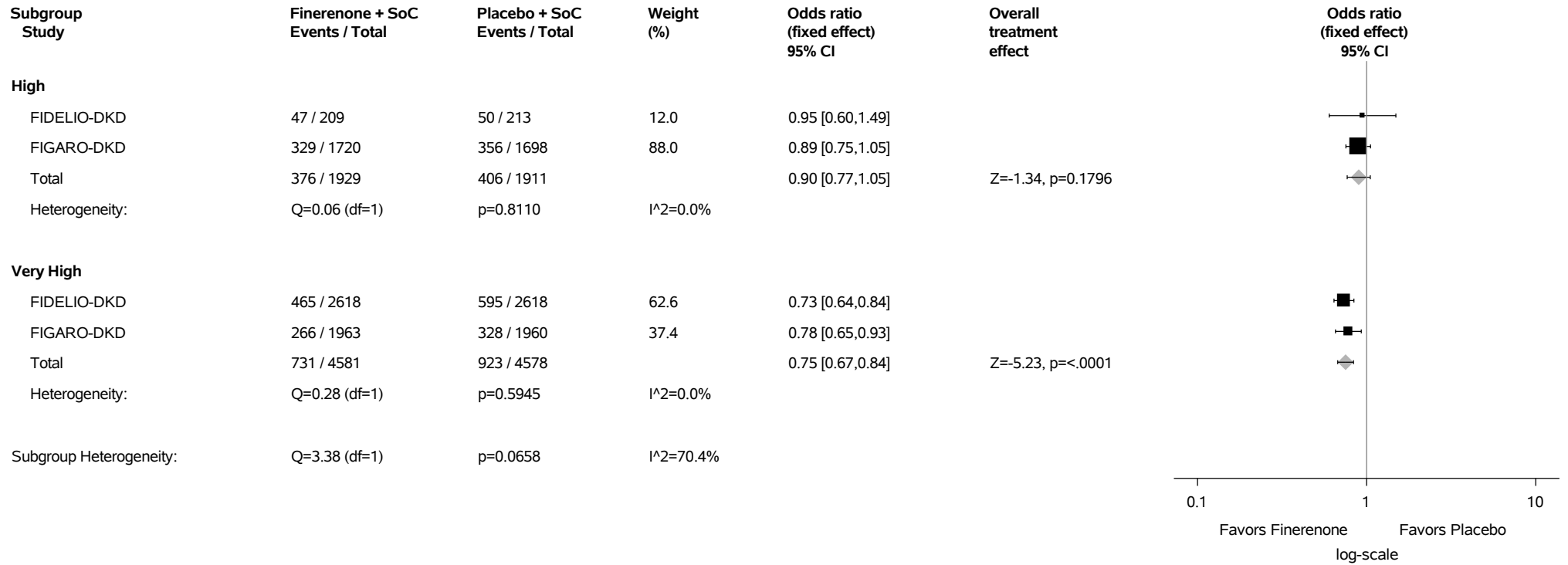
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.36.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

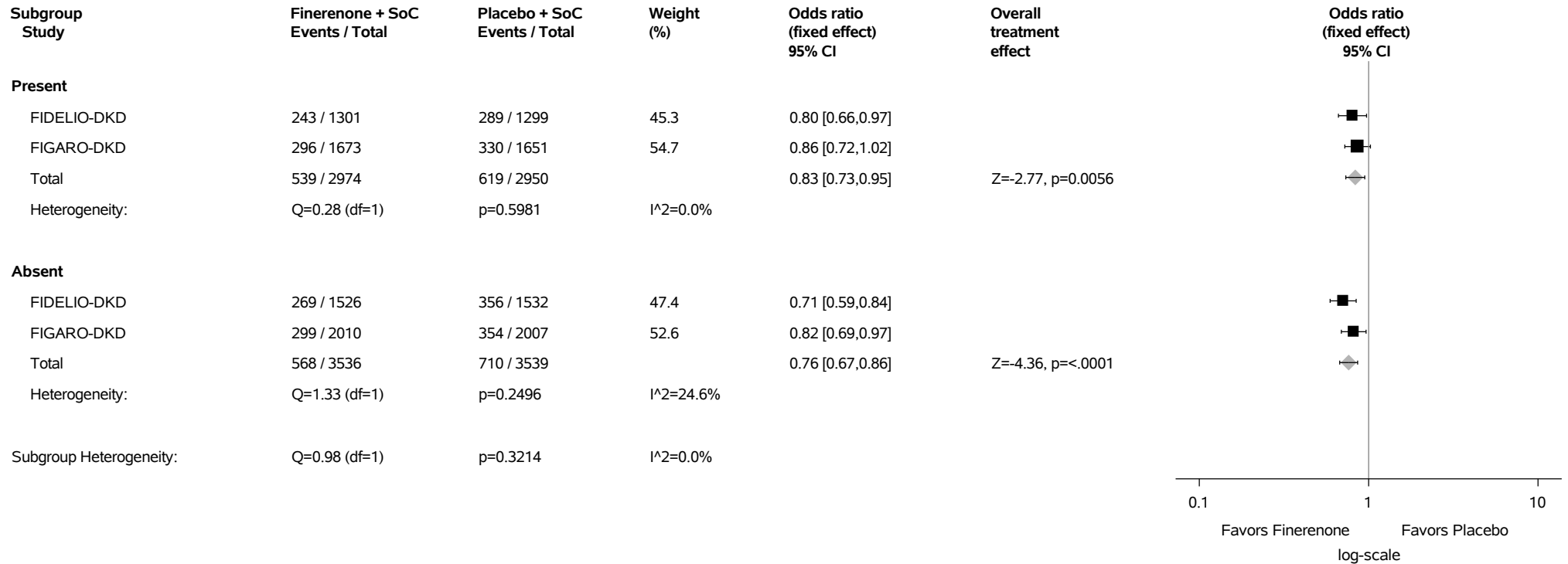
Figure 2.2.36.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.36.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set



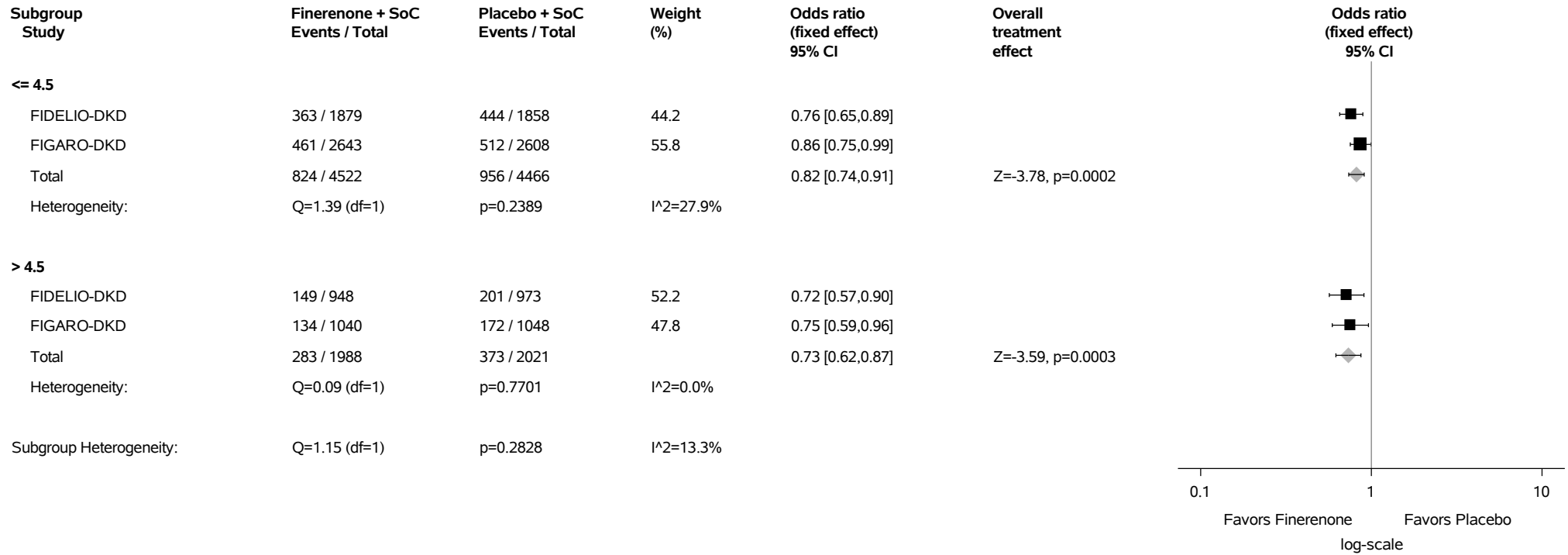
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.36.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

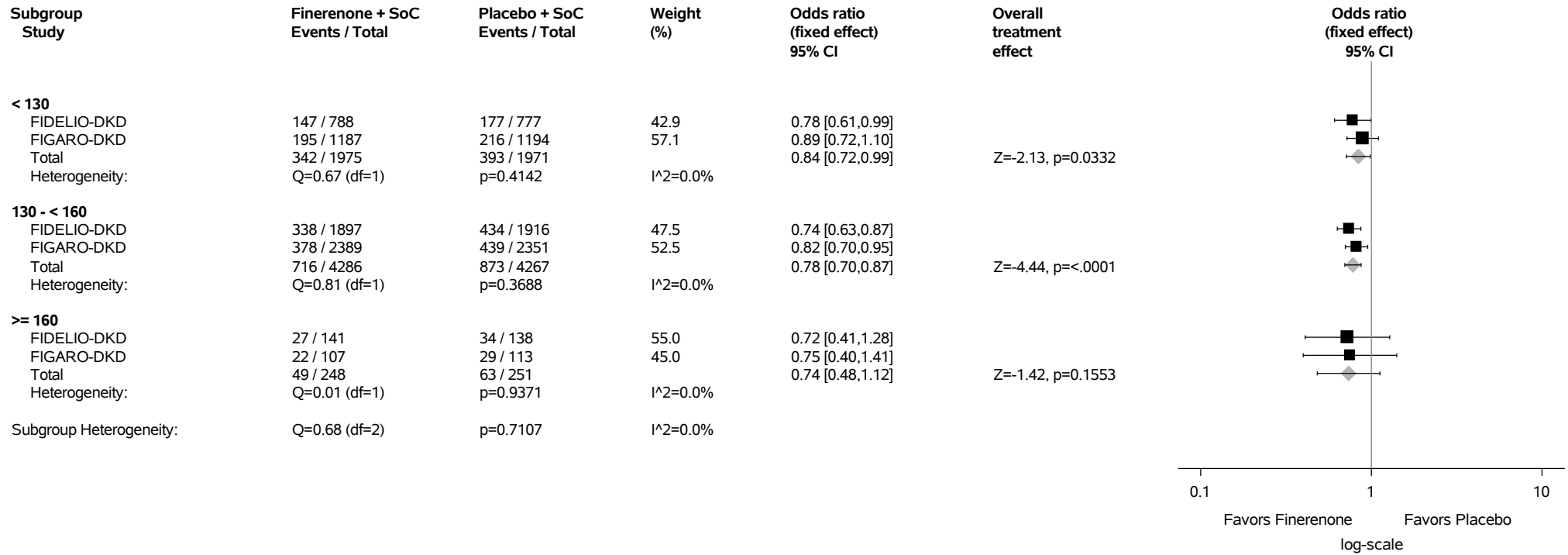
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.36.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



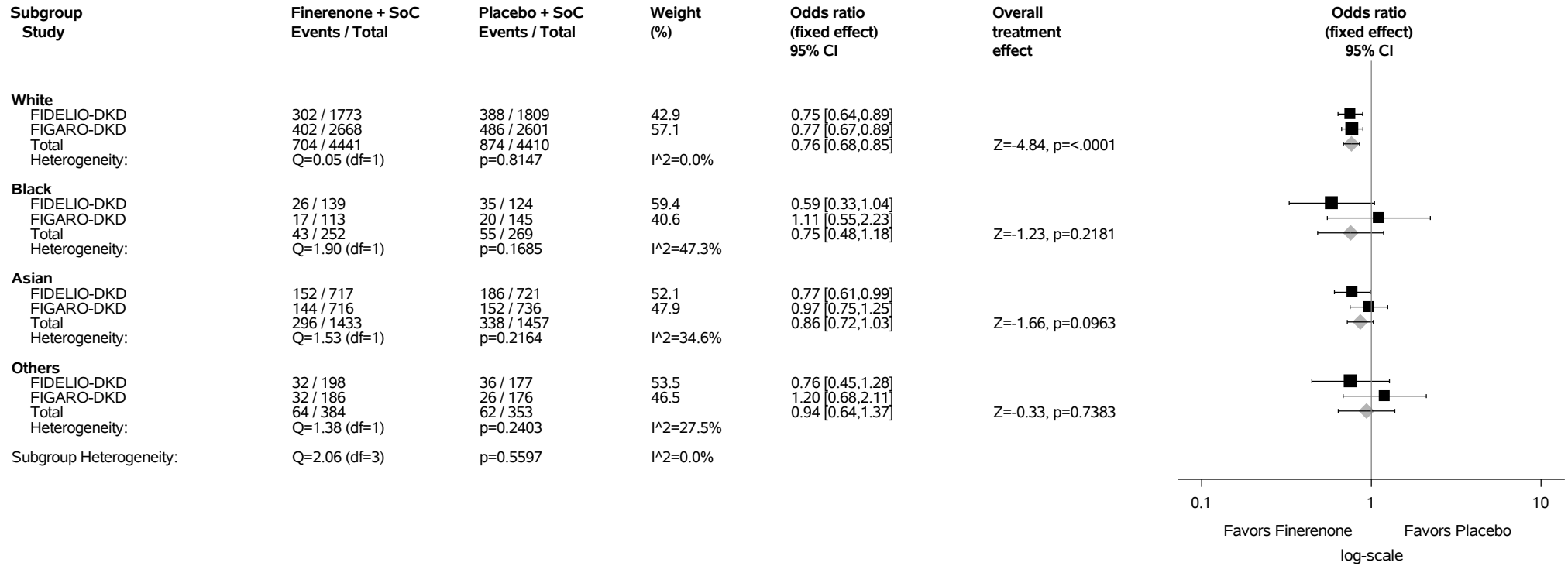
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.36.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

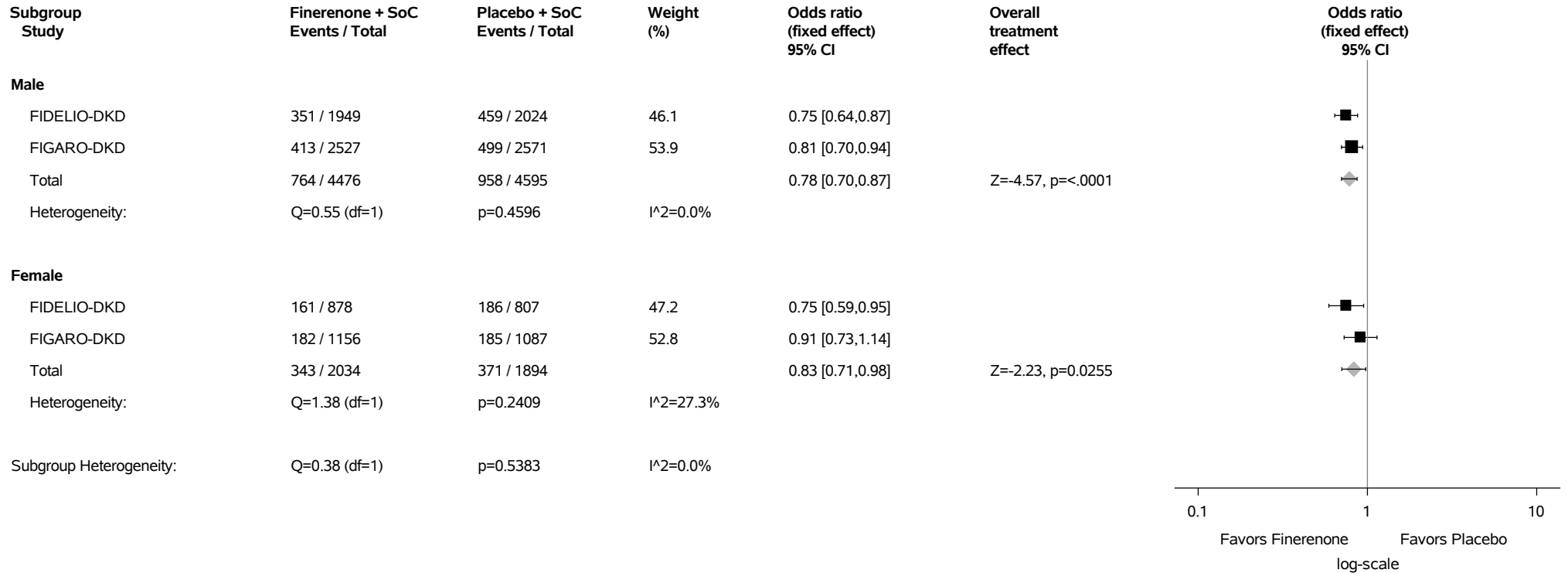
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

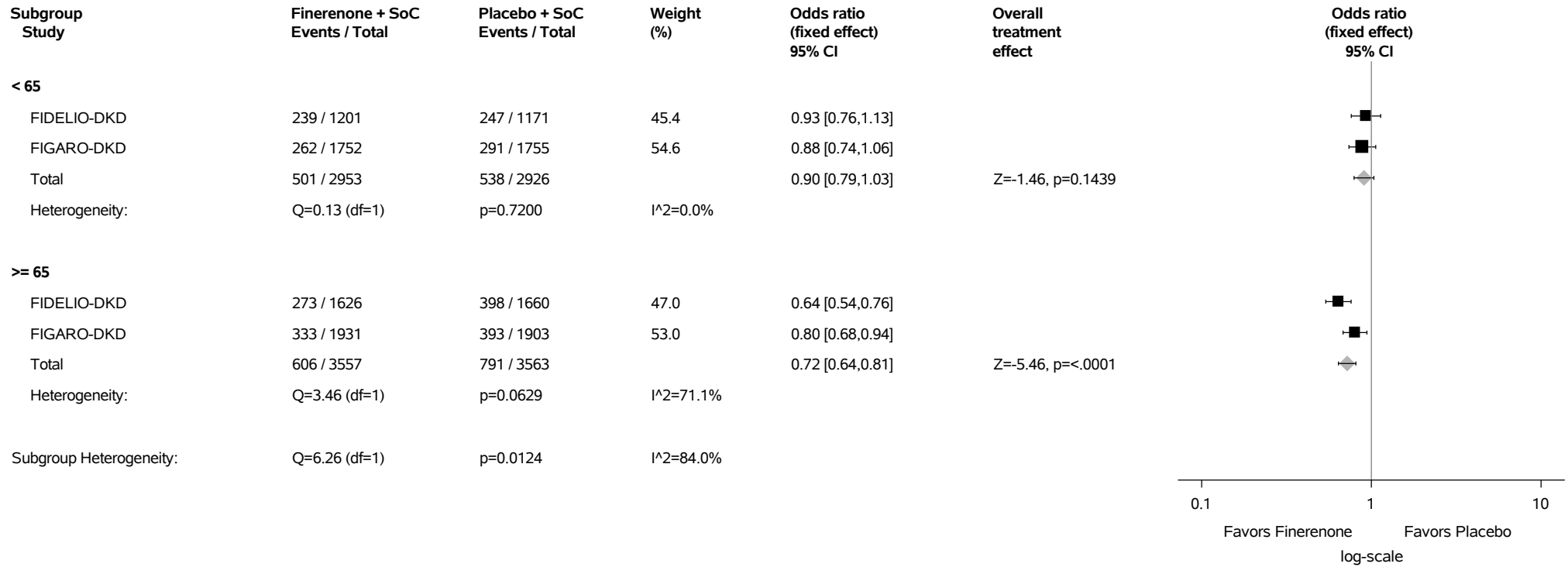
Figure 2.2.36.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.36.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set



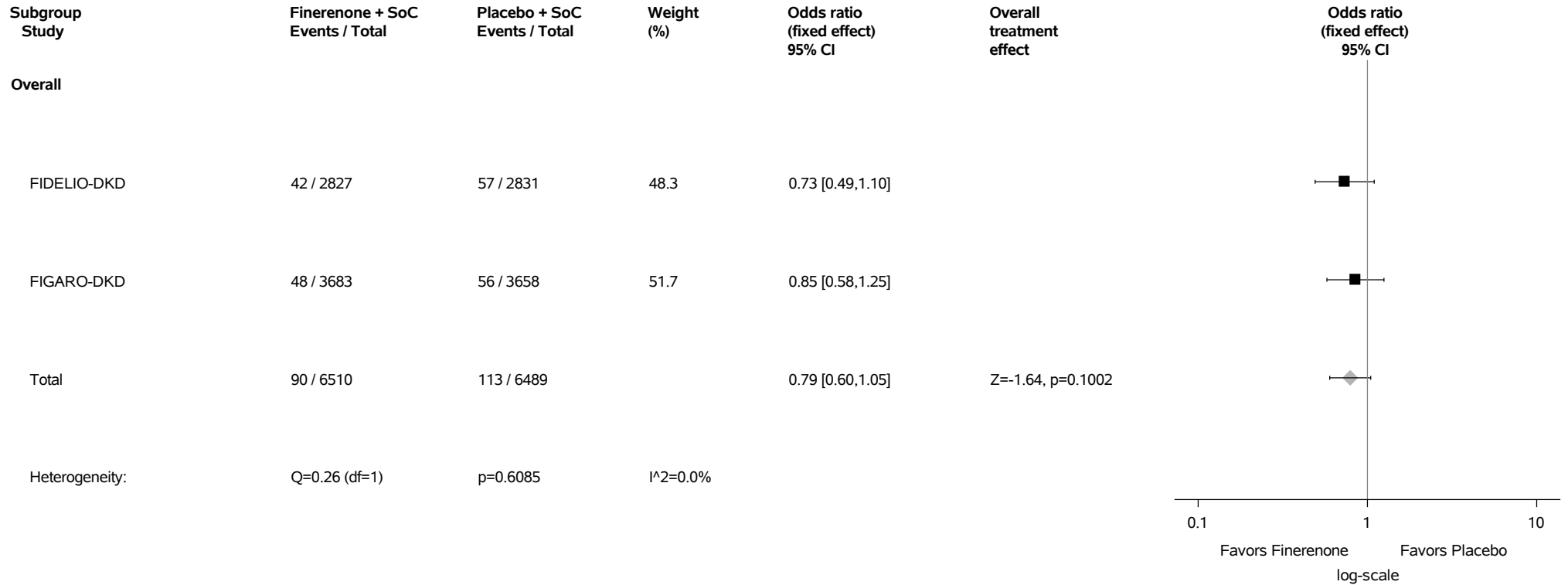
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.37: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Asthenia (PT with Incidence >=1%) Safety Analysis Set



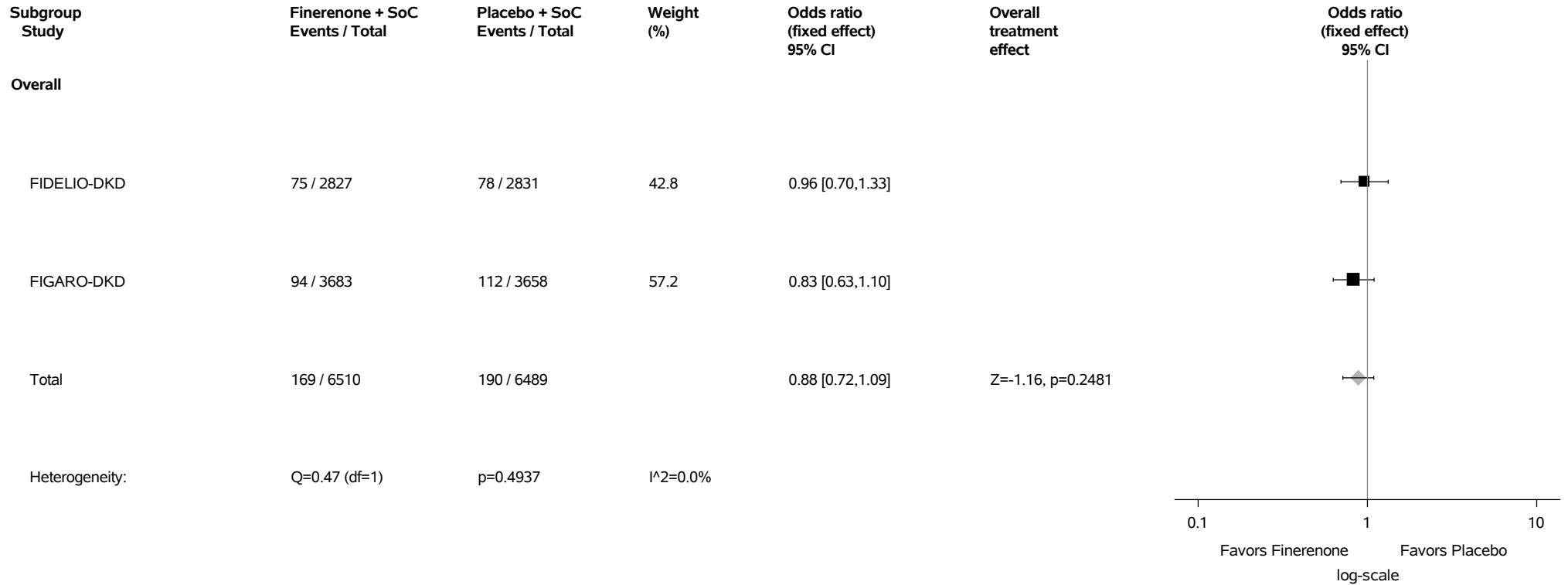
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.38: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chest pain (PT with Incidence >=1%) Safety Analysis Set



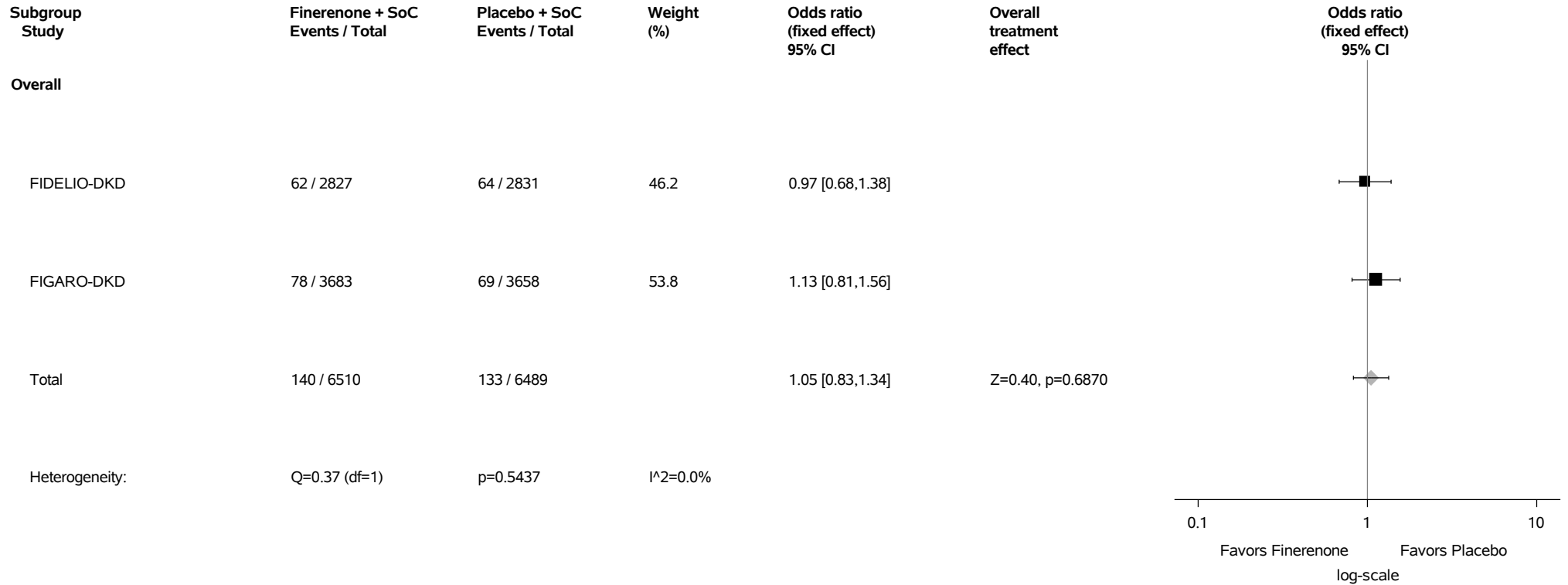
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.39: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fatigue (PT with Incidence >=1%) Safety Analysis Set



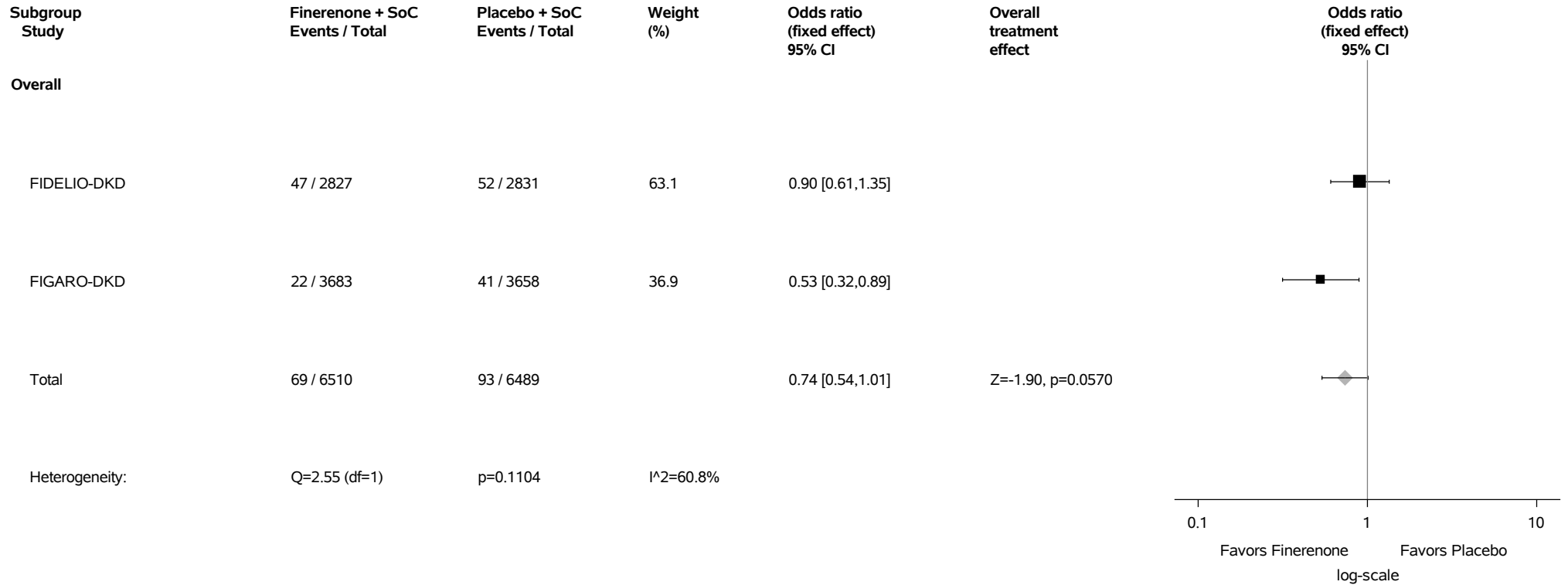
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.40: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema (PT with Incidence >=1%) Safety Analysis Set



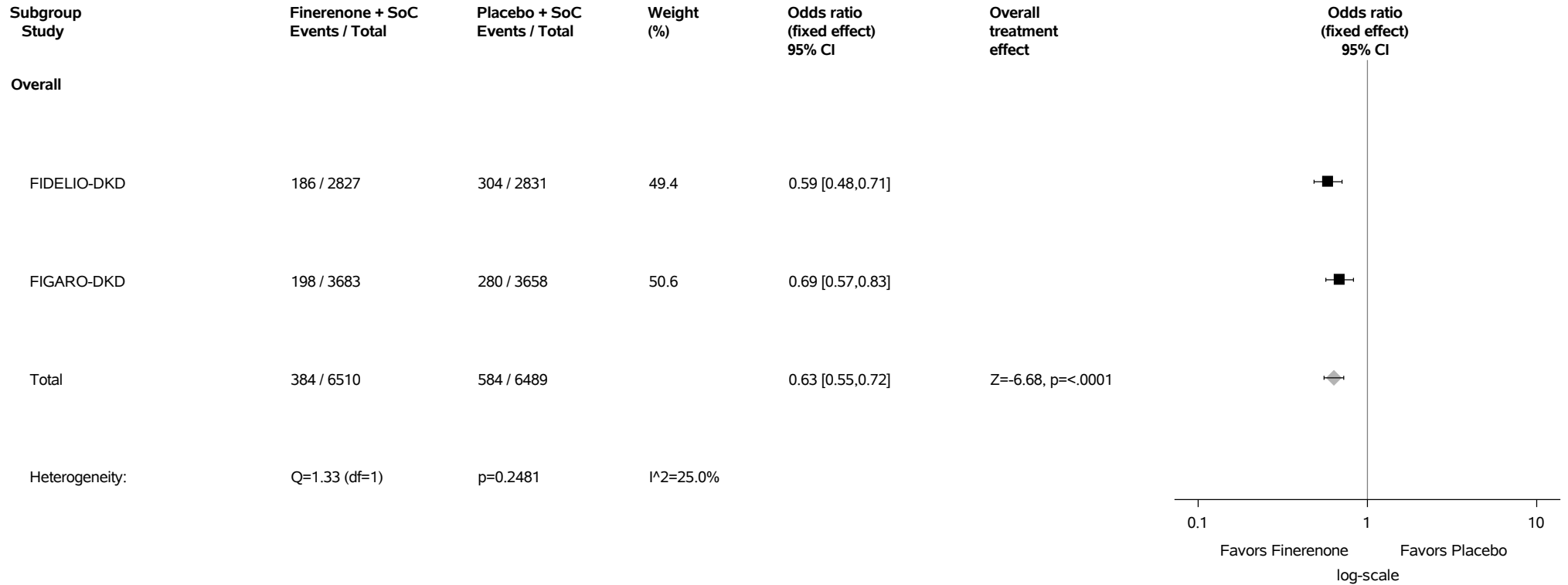
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.41: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



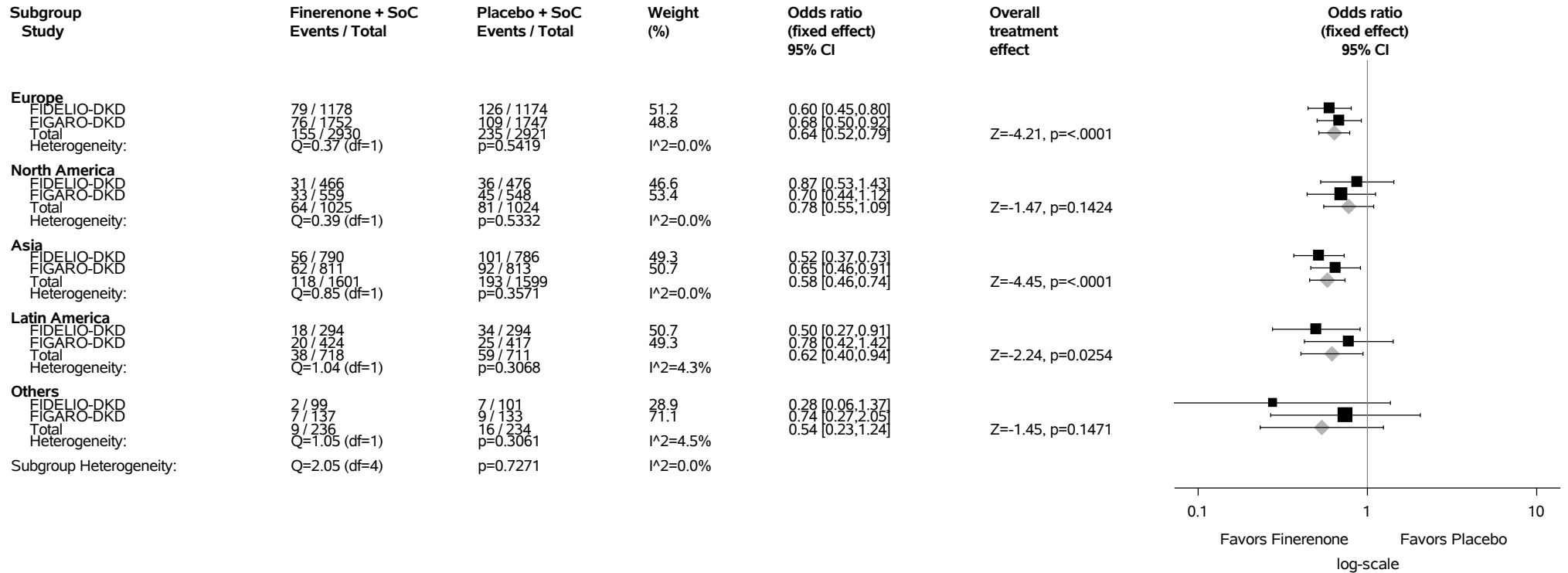
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.41.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



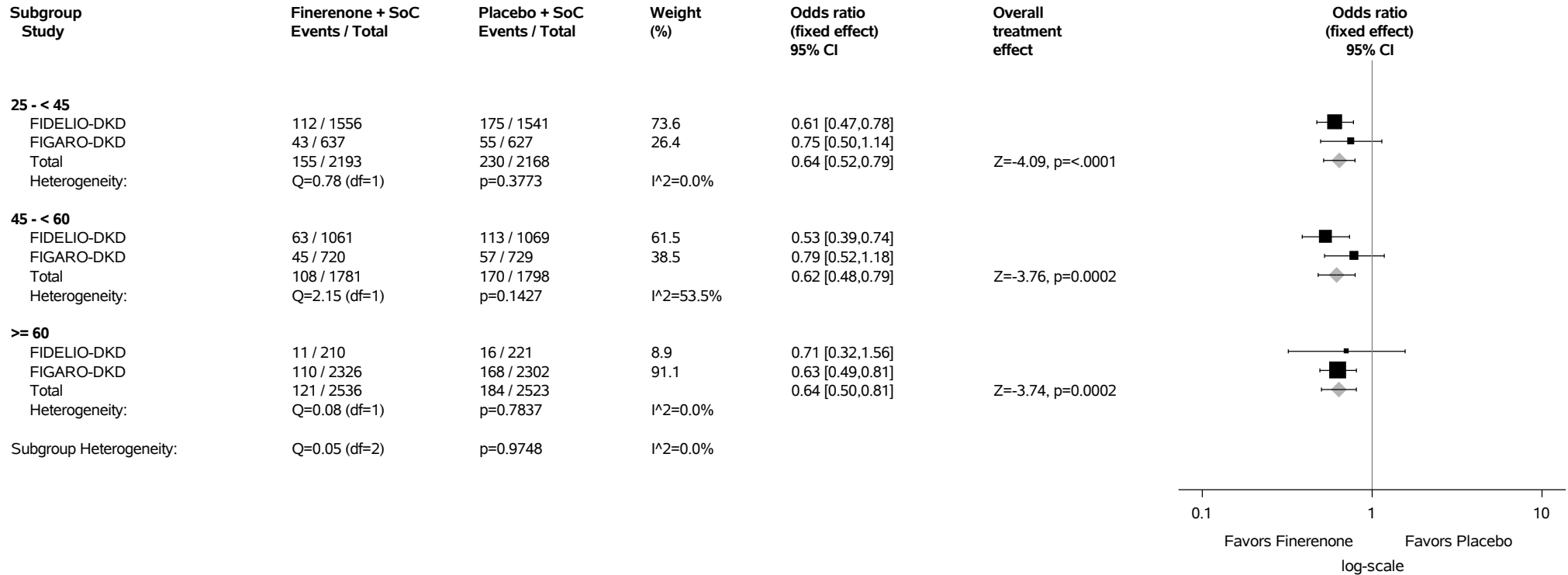
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.41.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



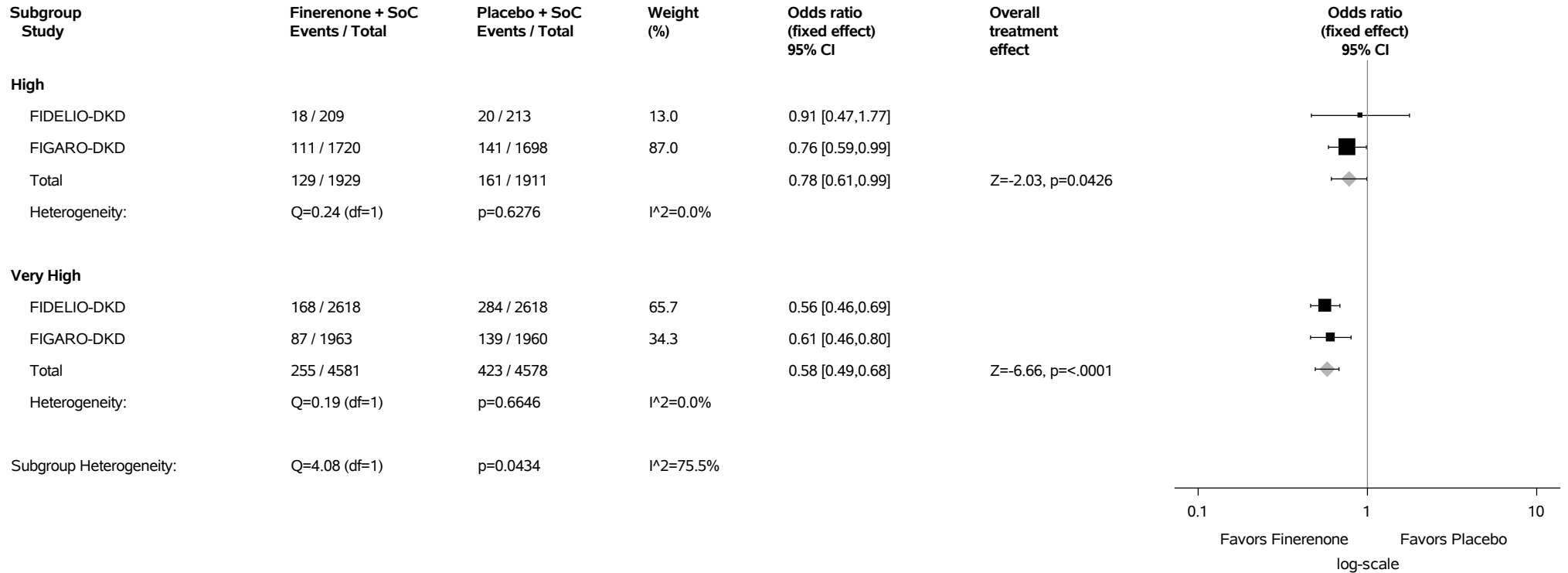
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

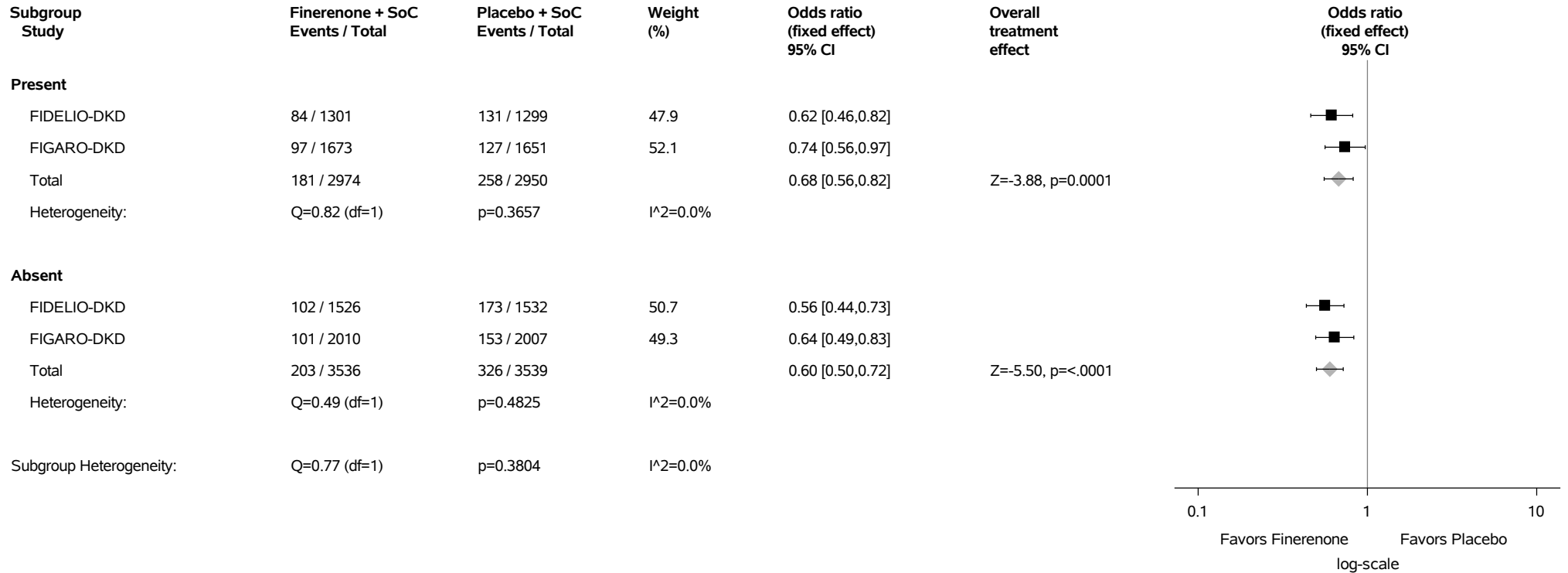
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.41.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.41.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



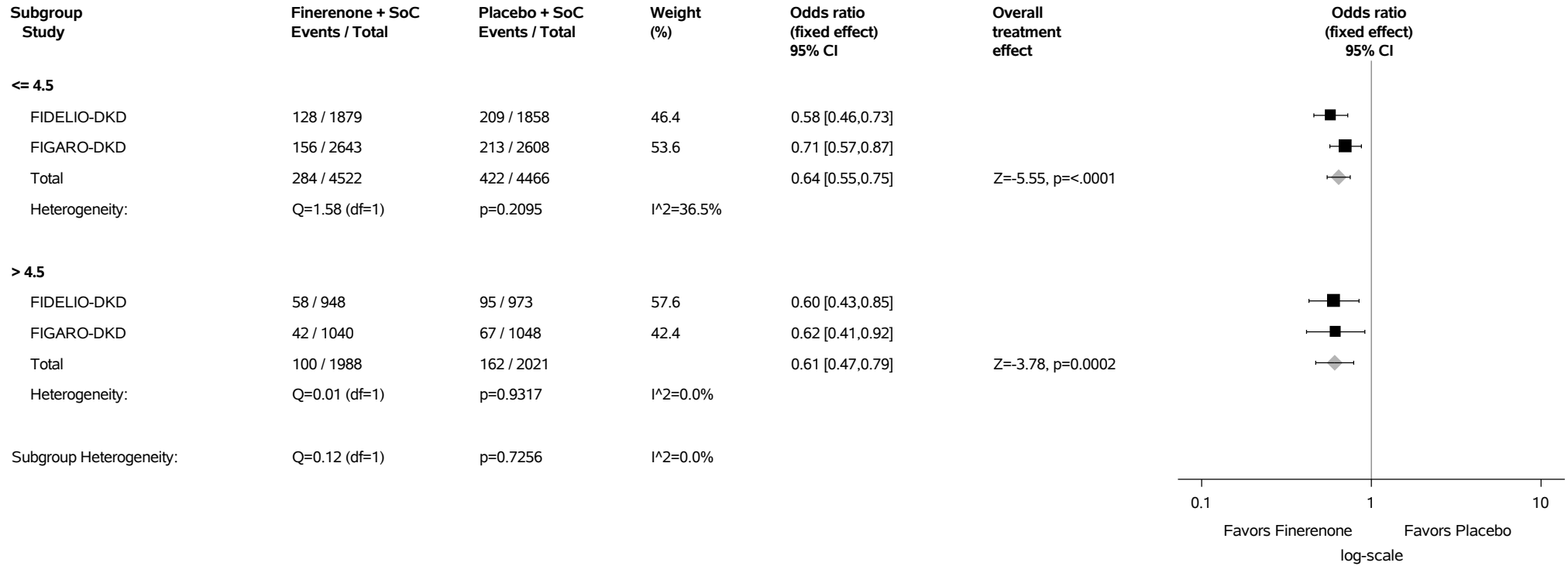
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.41.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

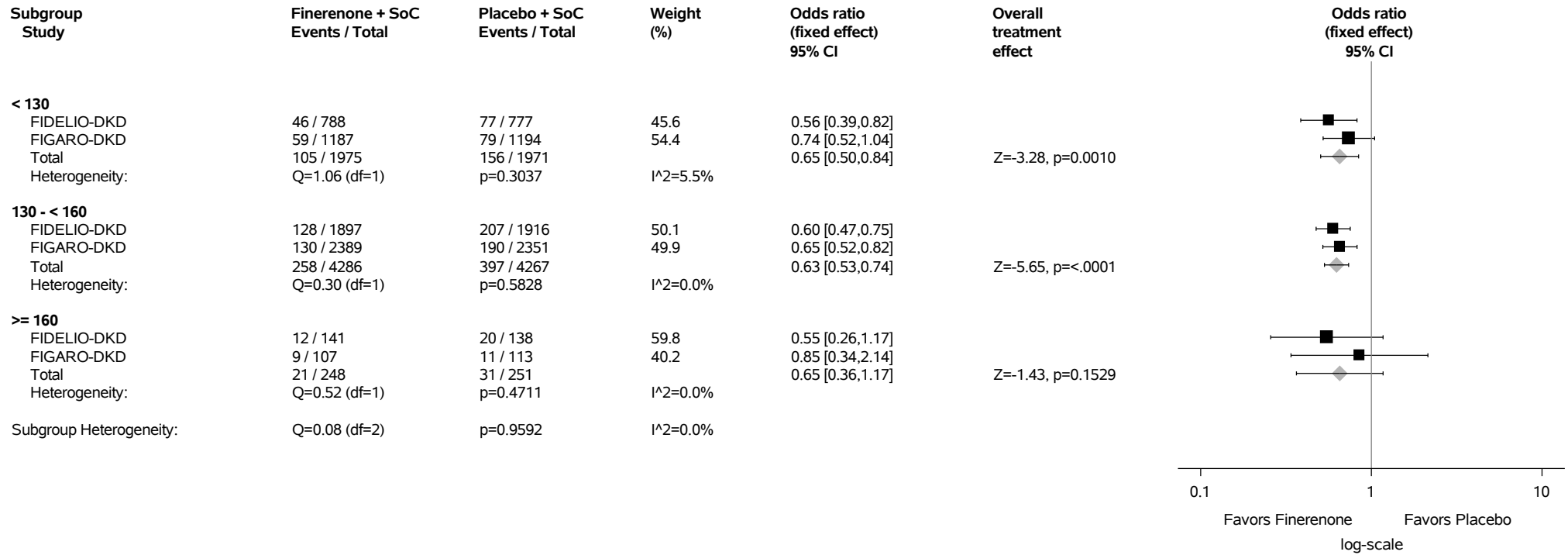
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.41.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Oedema peripheral (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

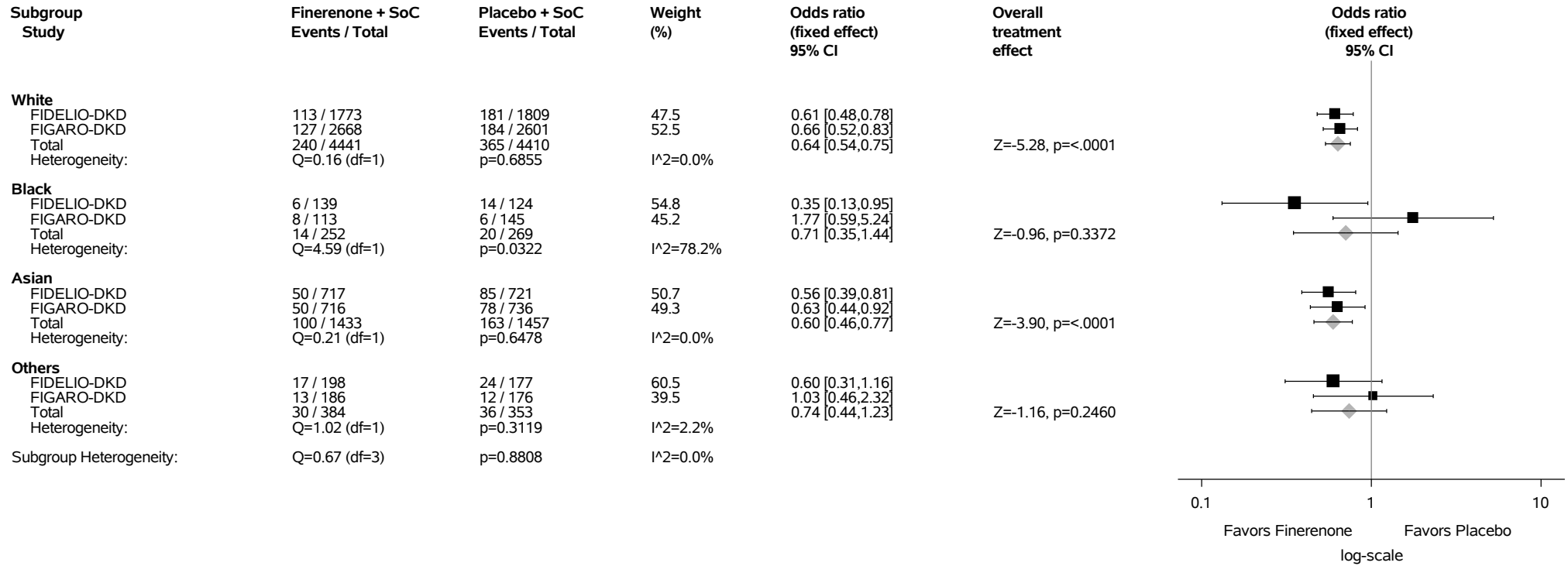
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.41.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

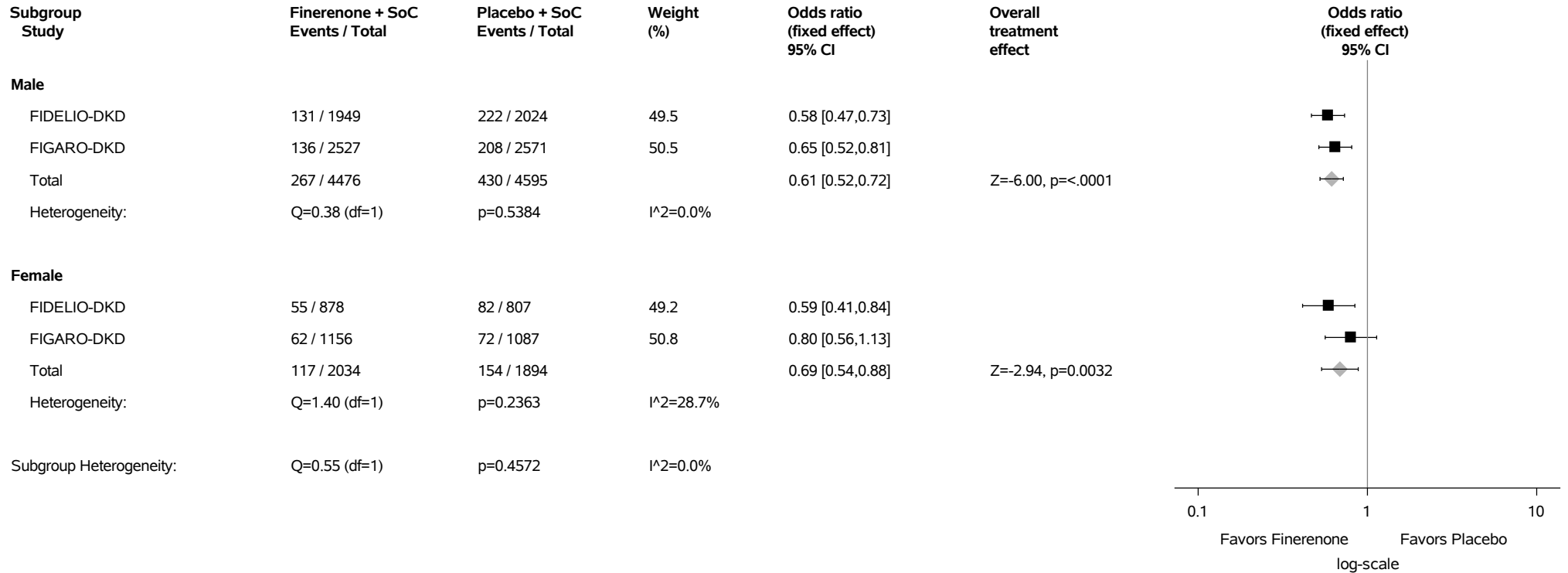
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

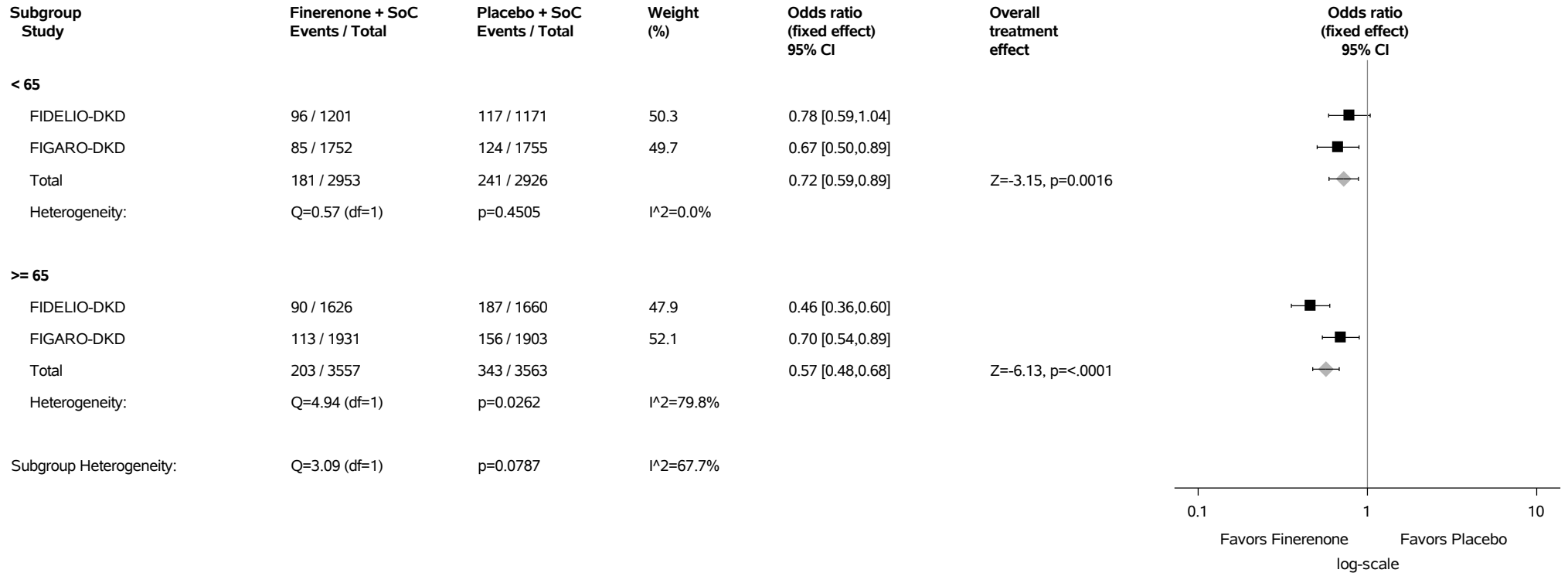
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.41.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



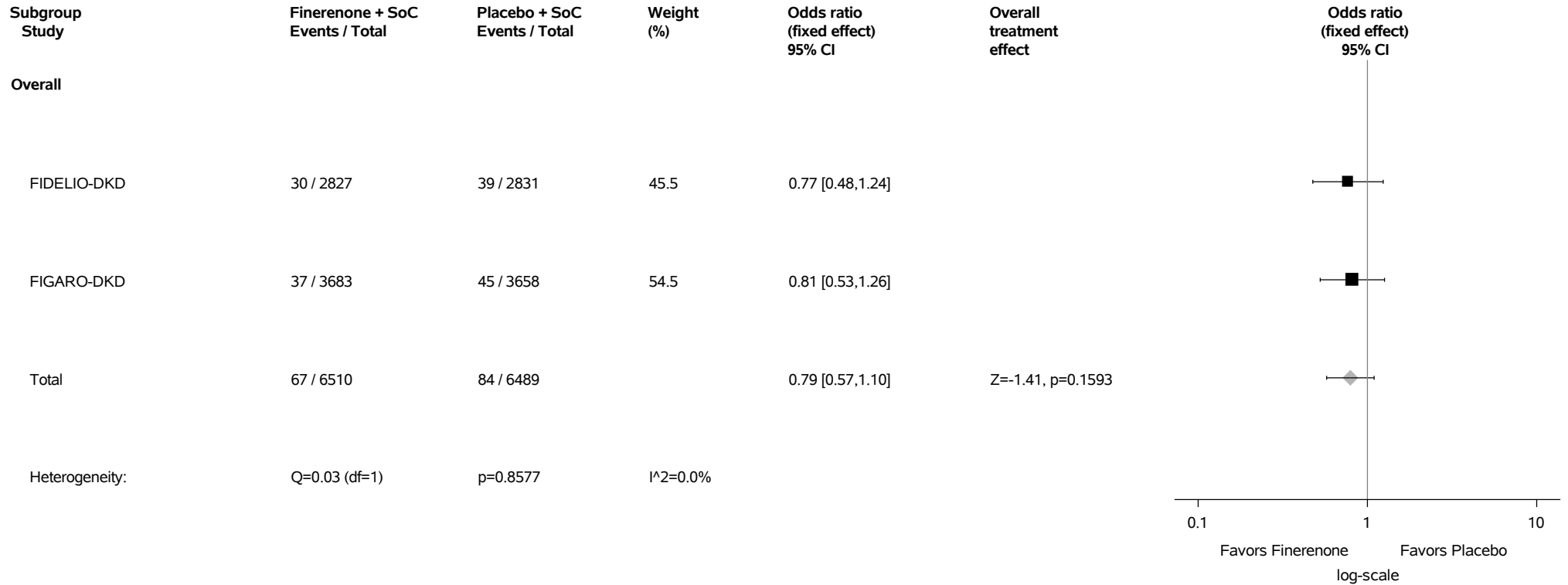
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.41.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Oedema peripheral (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.42: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral swelling (PT with Incidence >=1%) Safety Analysis Set



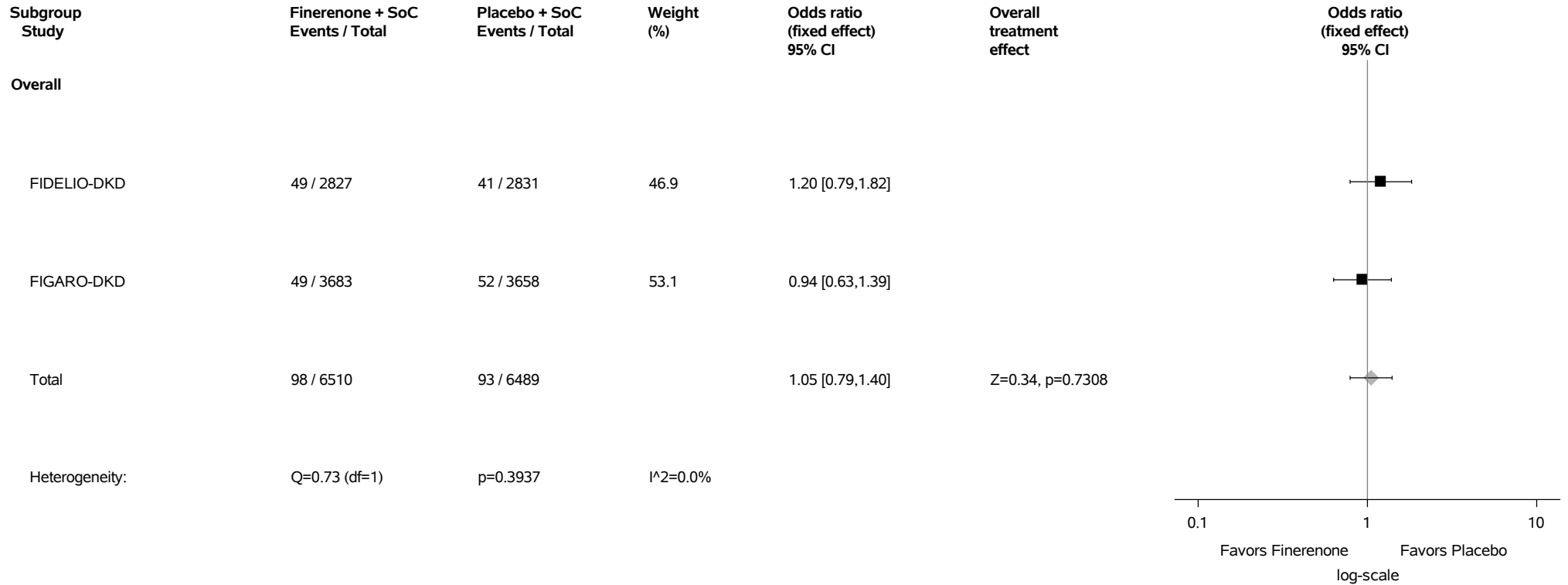
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.43: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pyrexia (PT with Incidence >=1%) Safety Analysis Set



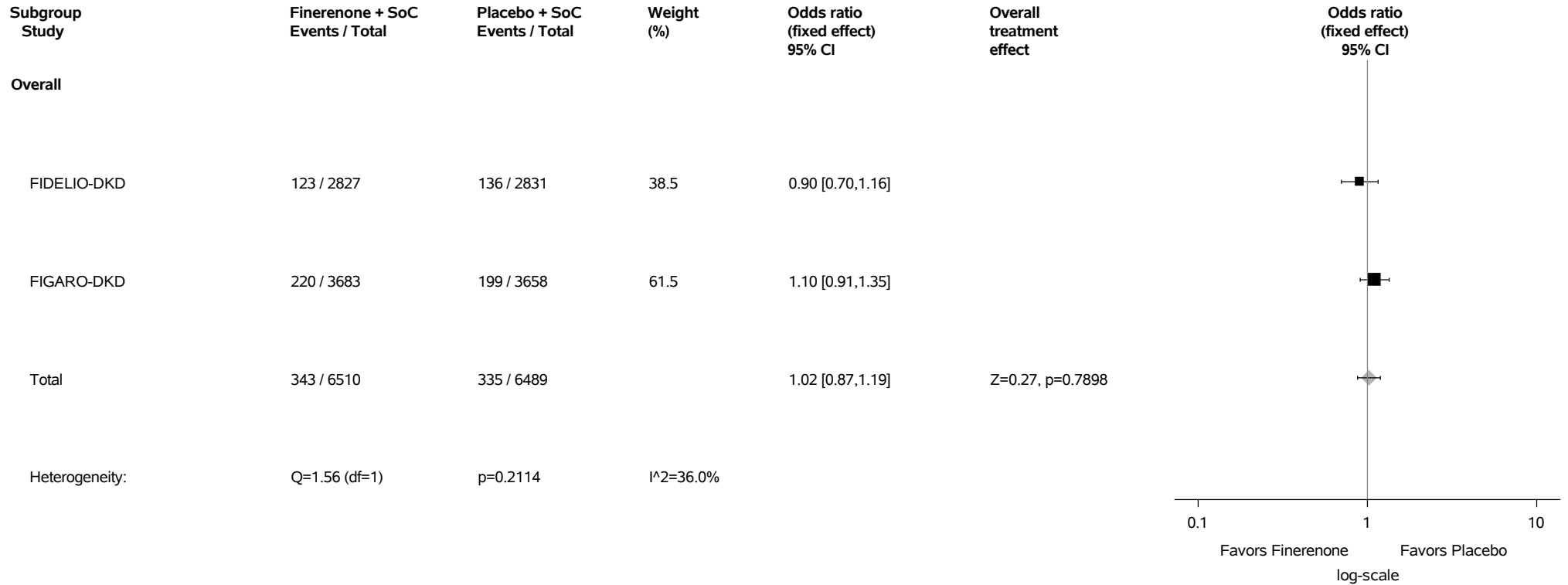
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.44: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set



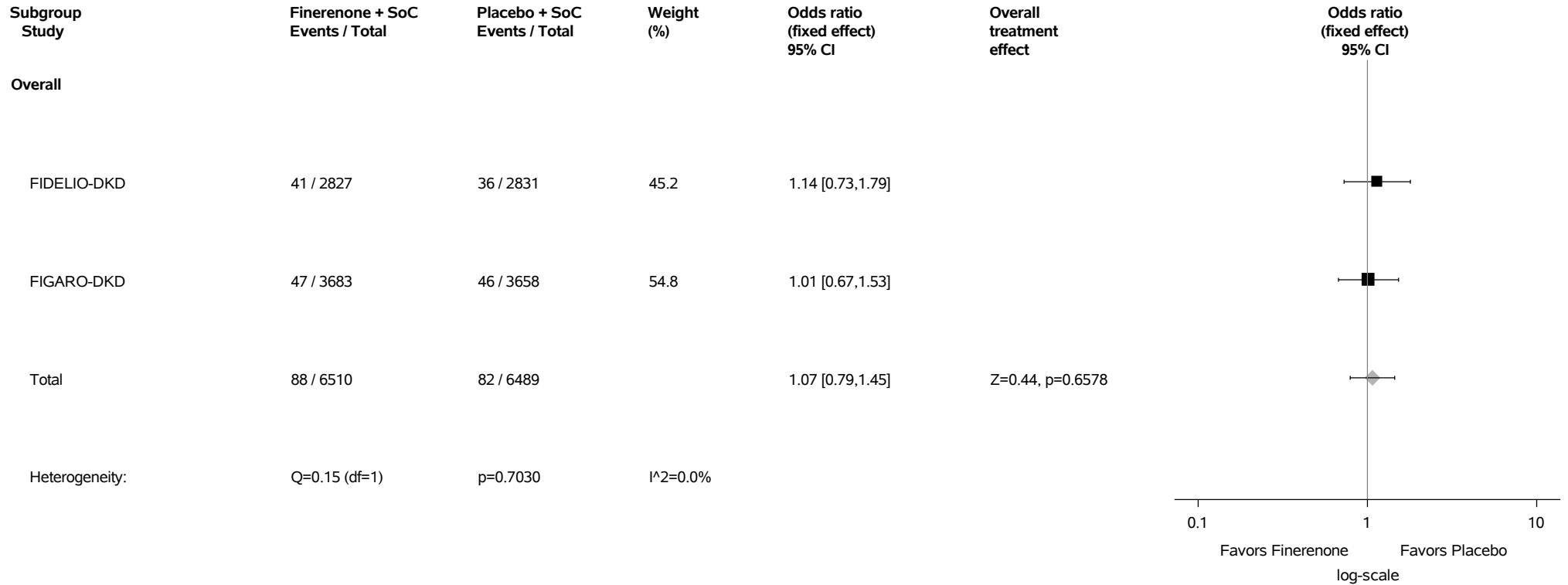
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.45: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cholelithiasis (PT with Incidence >=1%) Safety Analysis Set



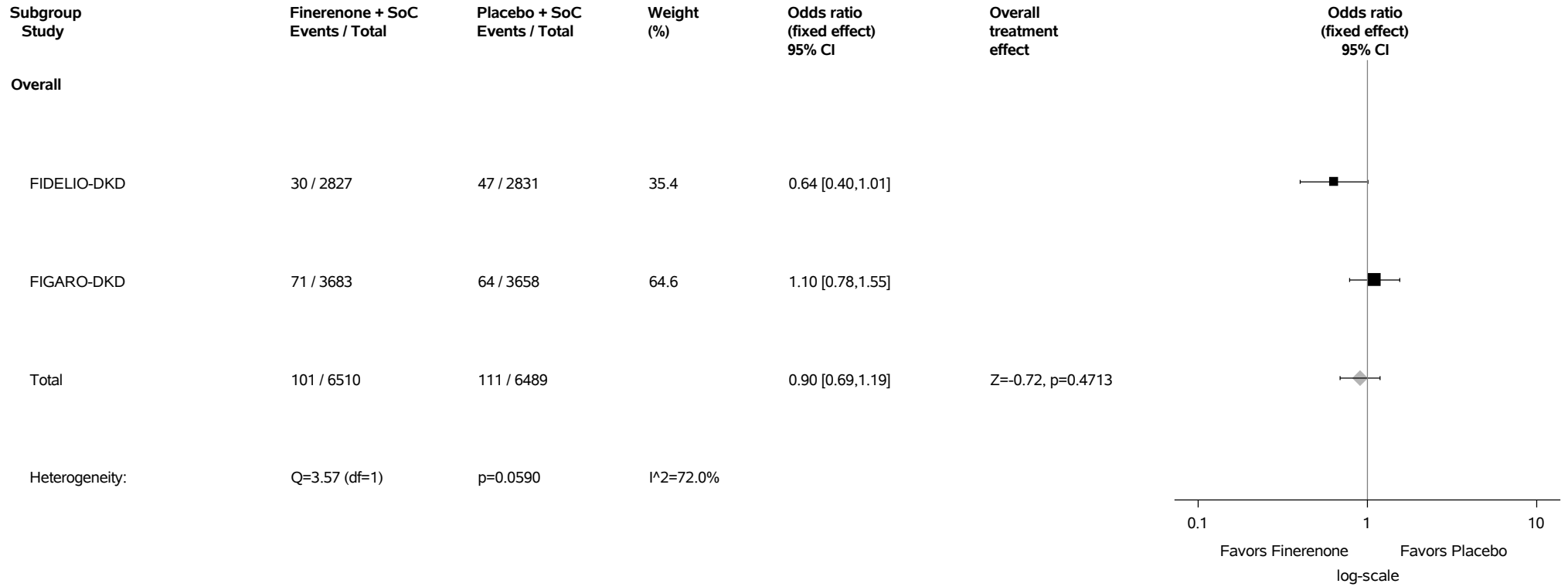
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.46: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hepatic steatosis (PT with Incidence >=1%) Safety Analysis Set



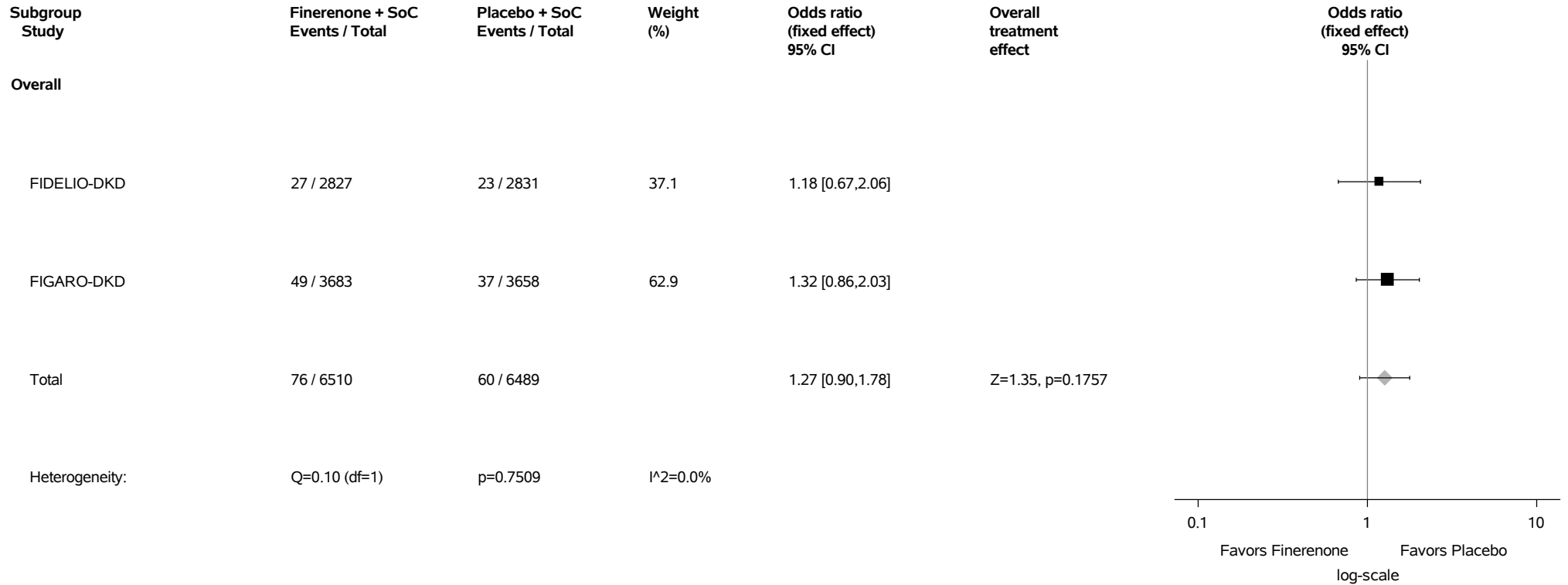
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.47: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Immune System Disorders (SOC with Incidence >=1%) Safety Analysis Set



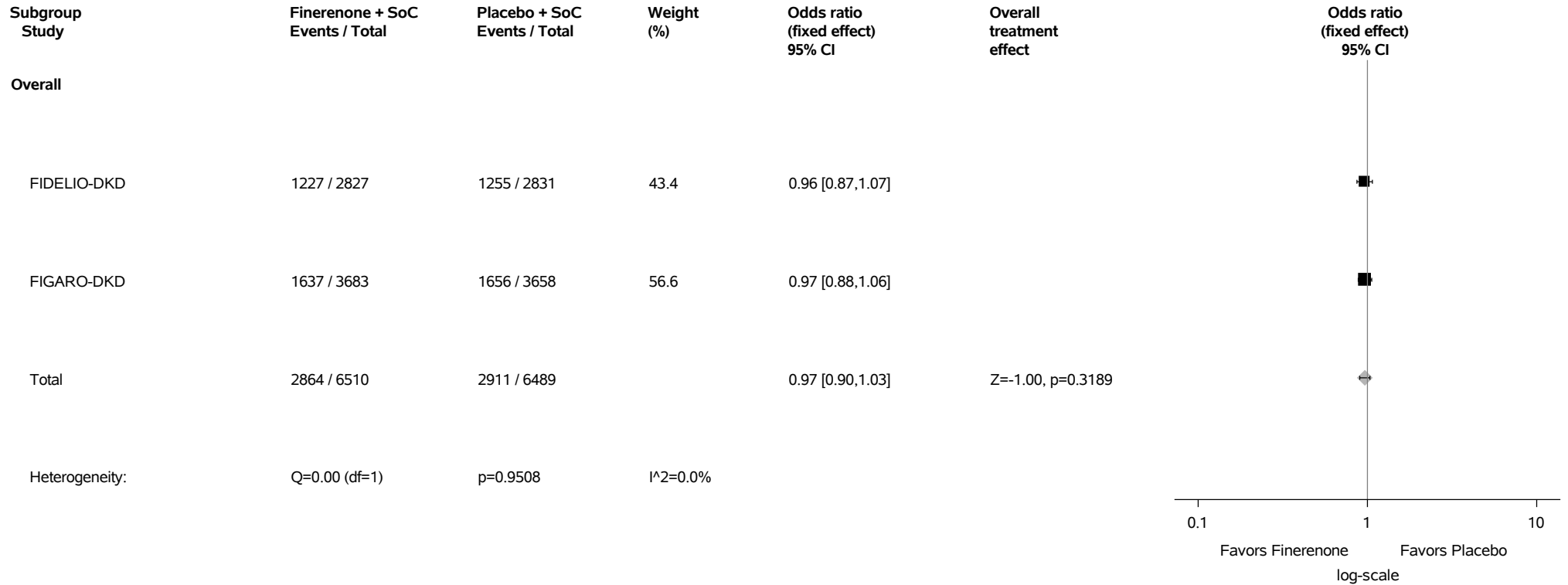
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.48: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set



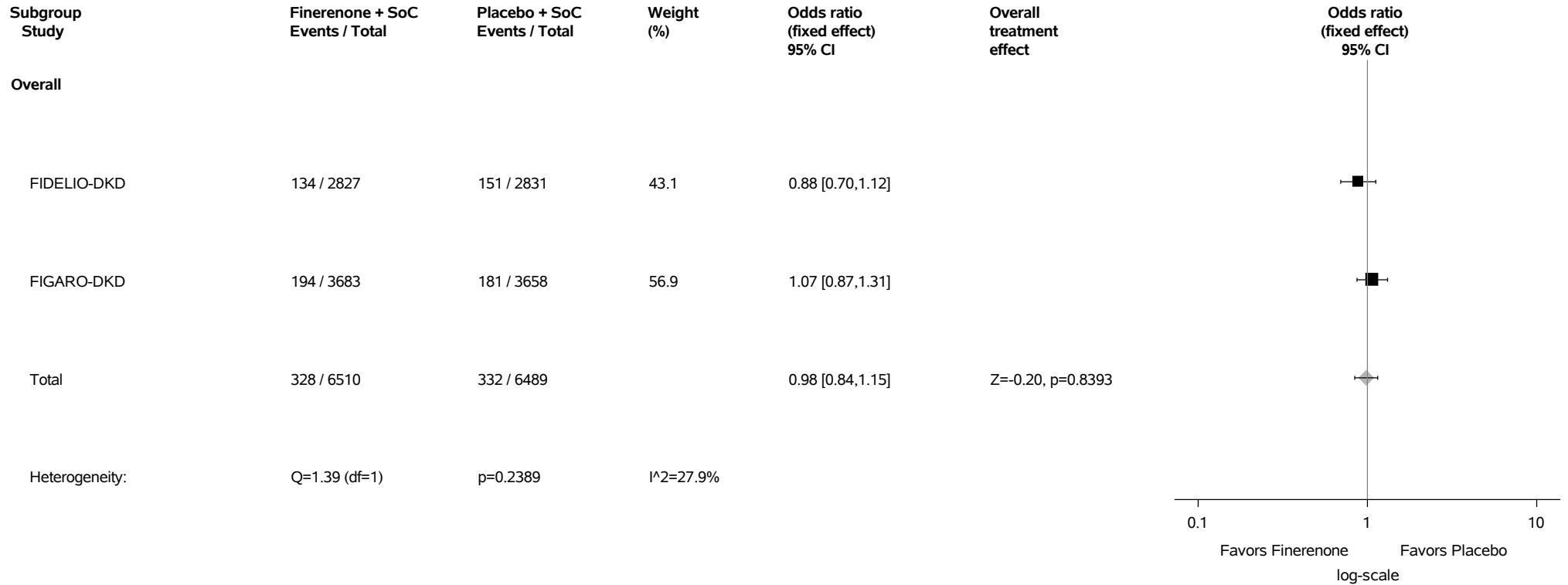
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.49: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Bronchitis (PT with Incidence >=1%) Safety Analysis Set



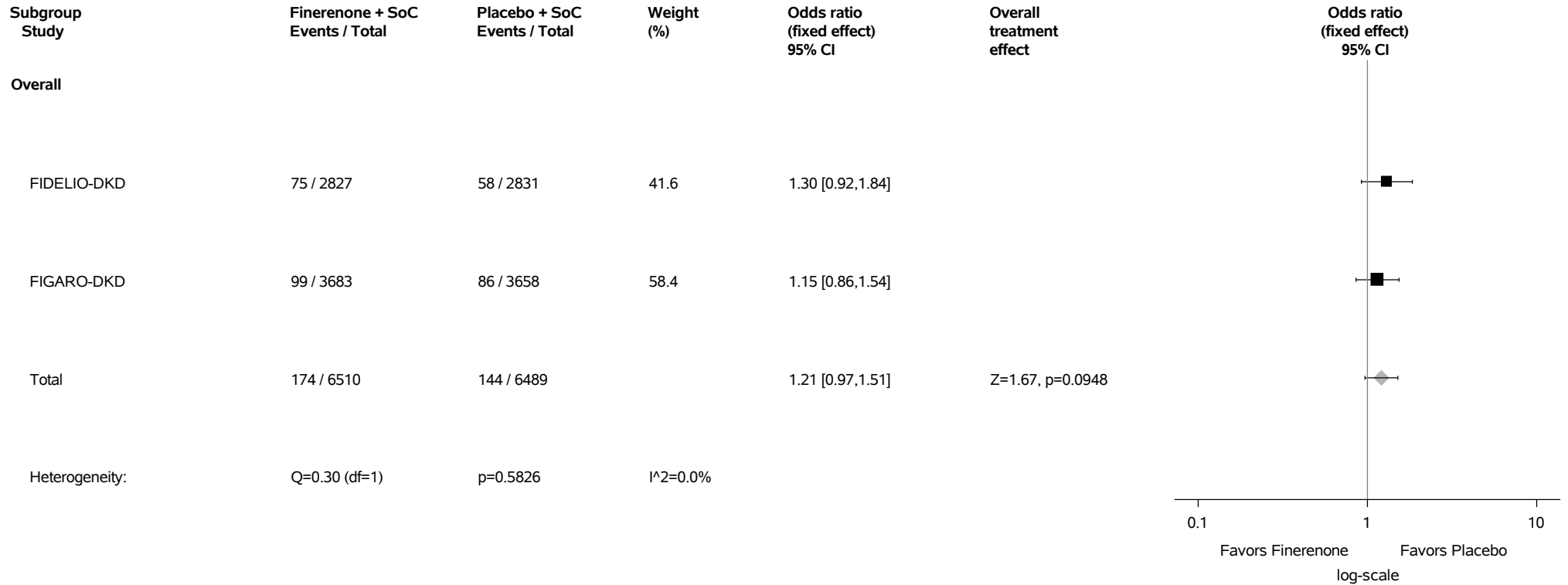
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.50: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cellulitis (PT with Incidence >=1%) Safety Analysis Set



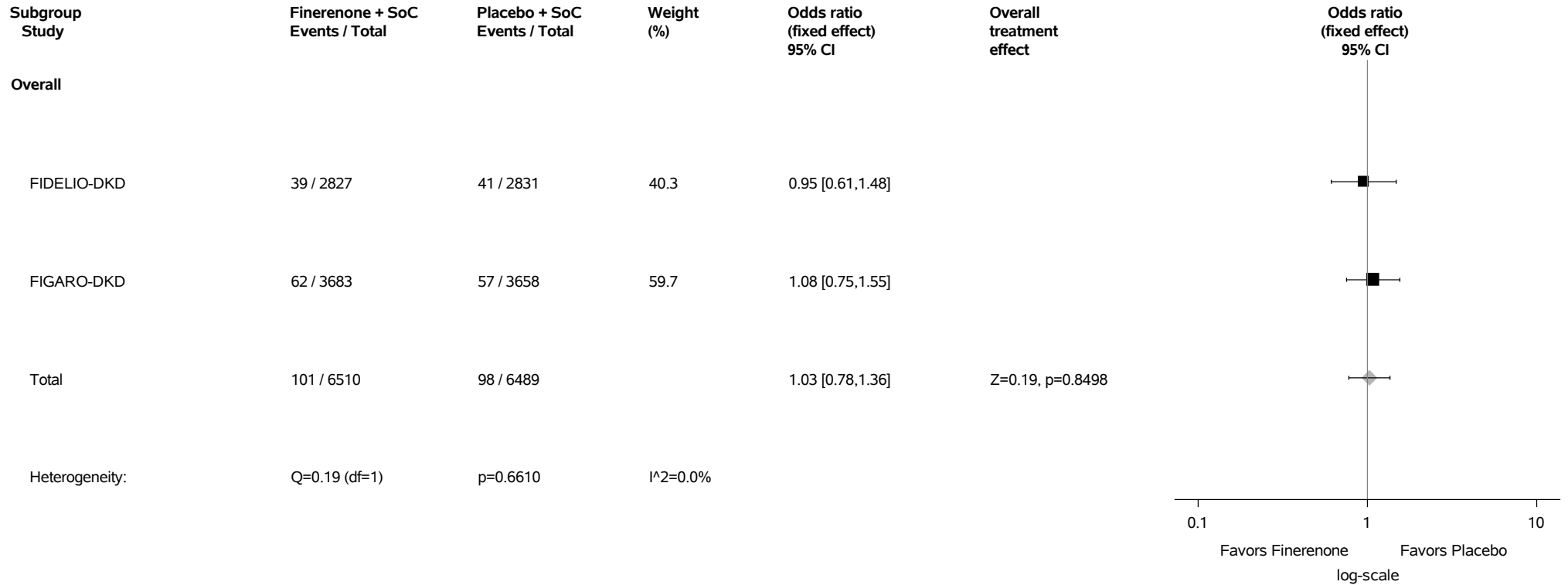
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.51: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Conjunctivitis (PT with Incidence >=1%) Safety Analysis Set



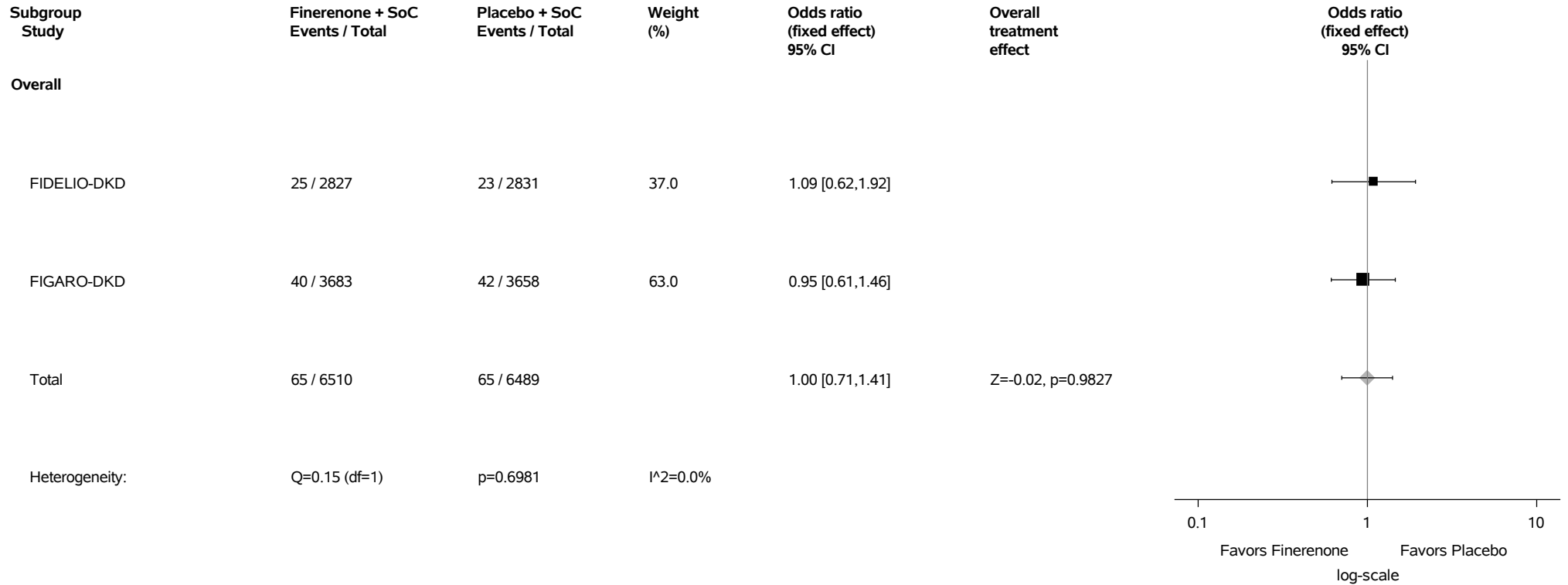
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.52: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cystitis (PT with Incidence >=1%) Safety Analysis Set



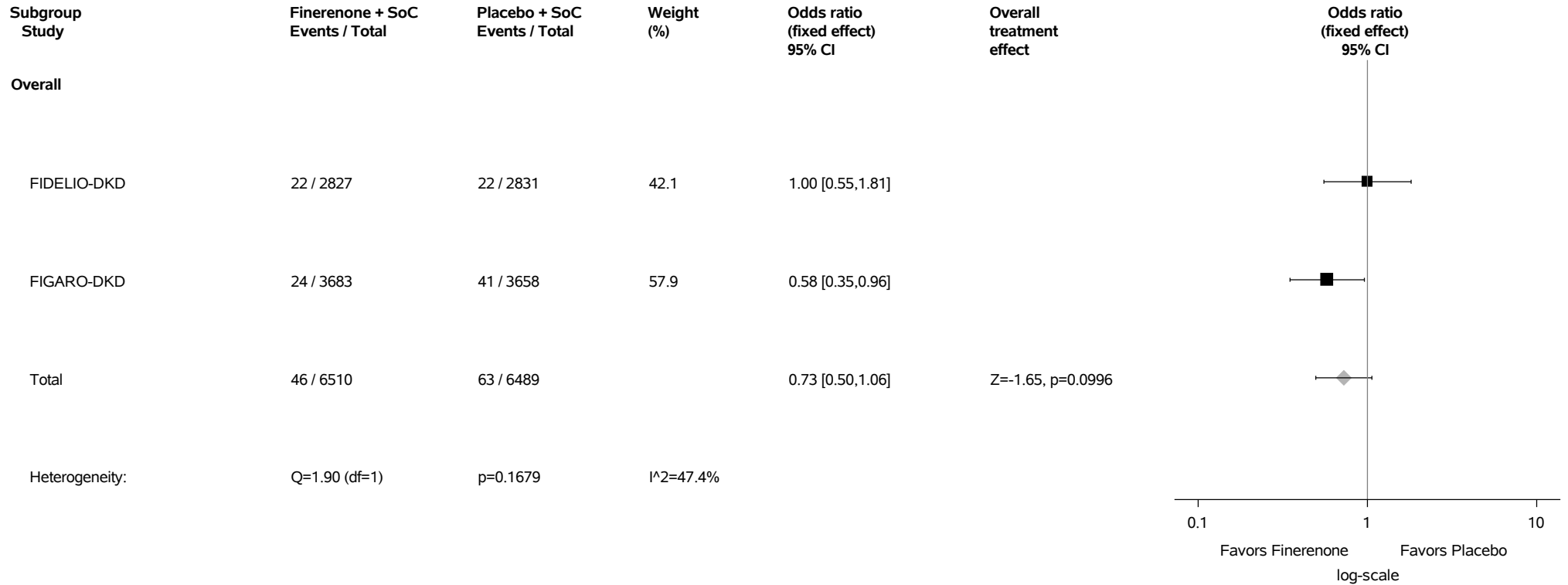
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.53: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Erysipelas (PT with Incidence >=1%) Safety Analysis Set



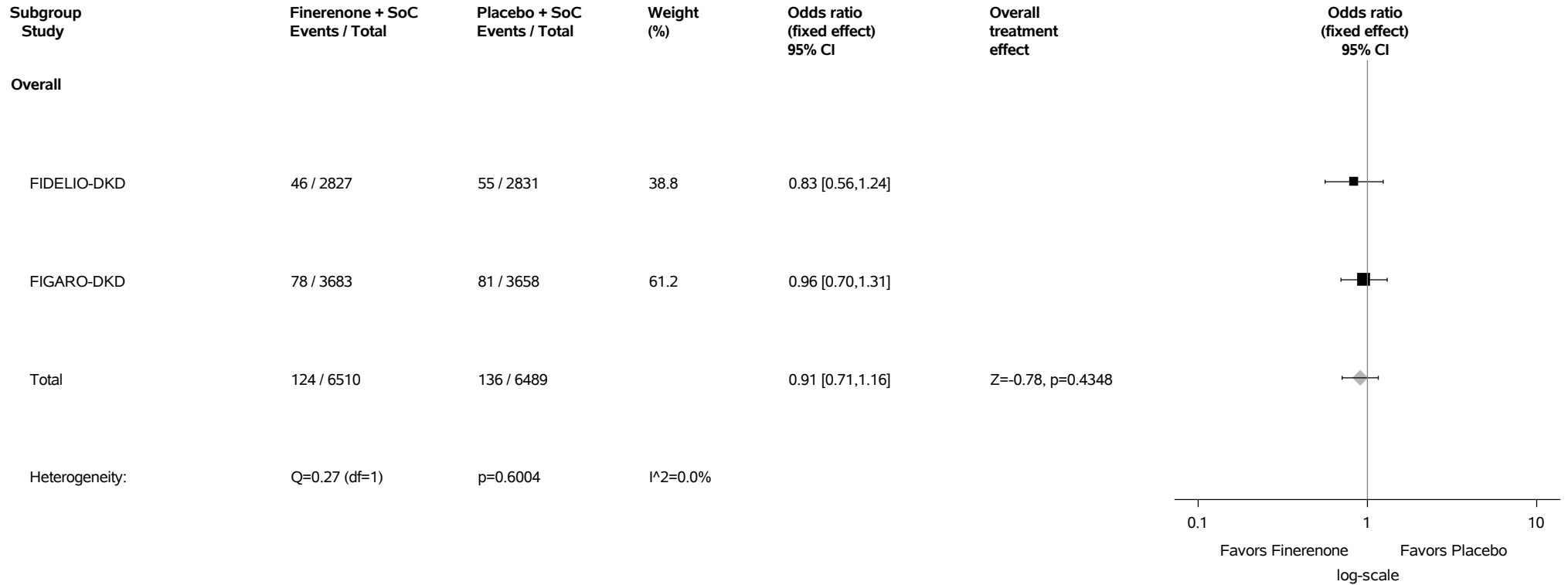
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.54: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gastroenteritis (PT with Incidence >=1%) Safety Analysis Set



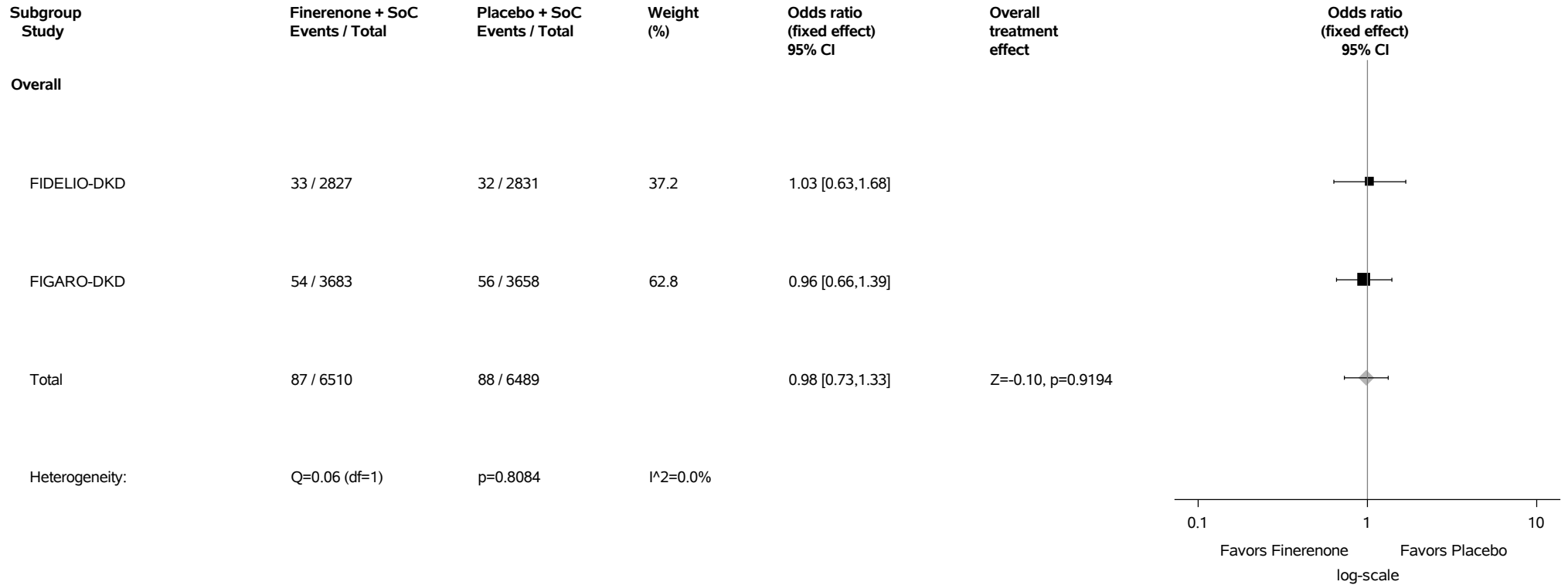
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.55: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Herpes zoster (PT with Incidence >=1%) Safety Analysis Set



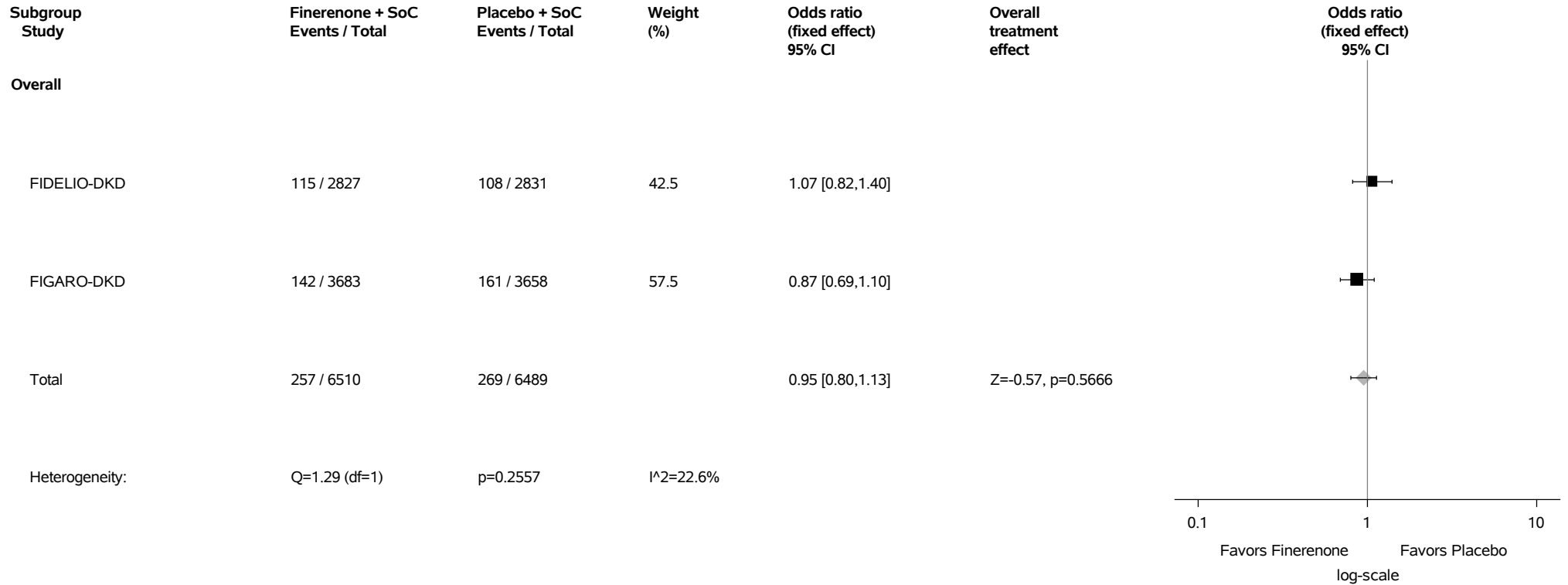
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.56: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Influenza (PT with Incidence >=1%) Safety Analysis Set



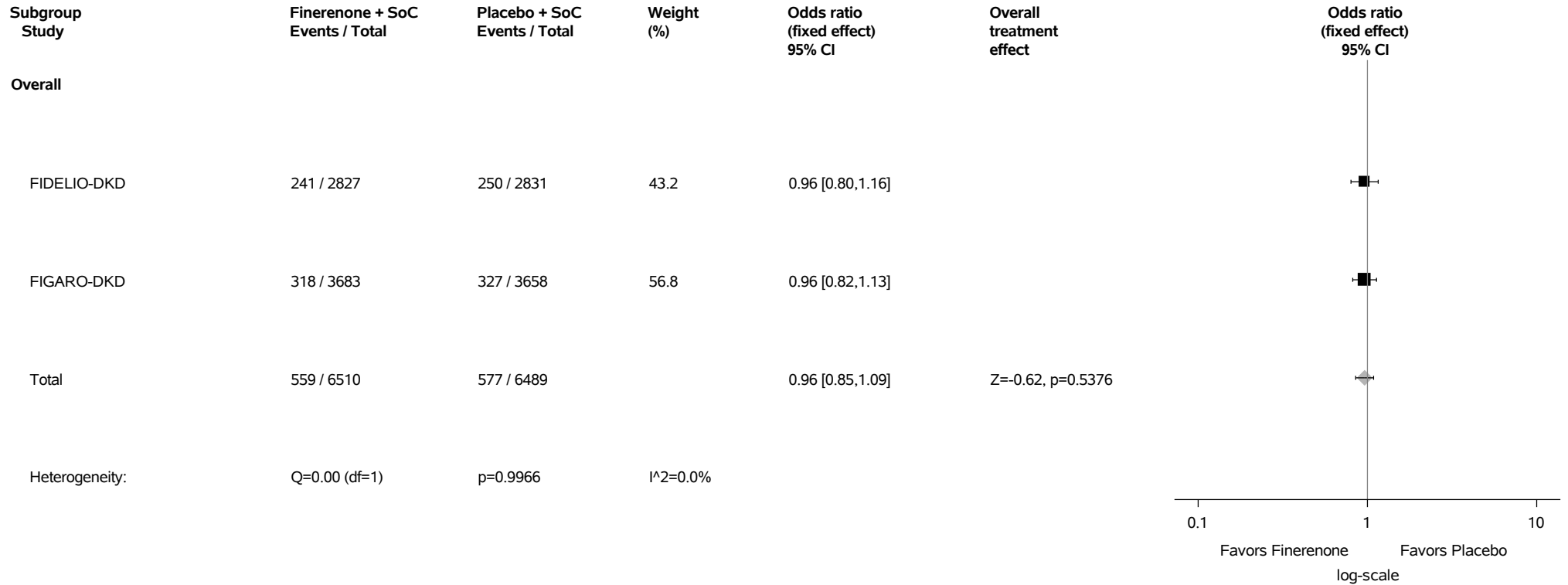
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.57: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nasopharyngitis (PT with Incidence >=1%) Safety Analysis Set



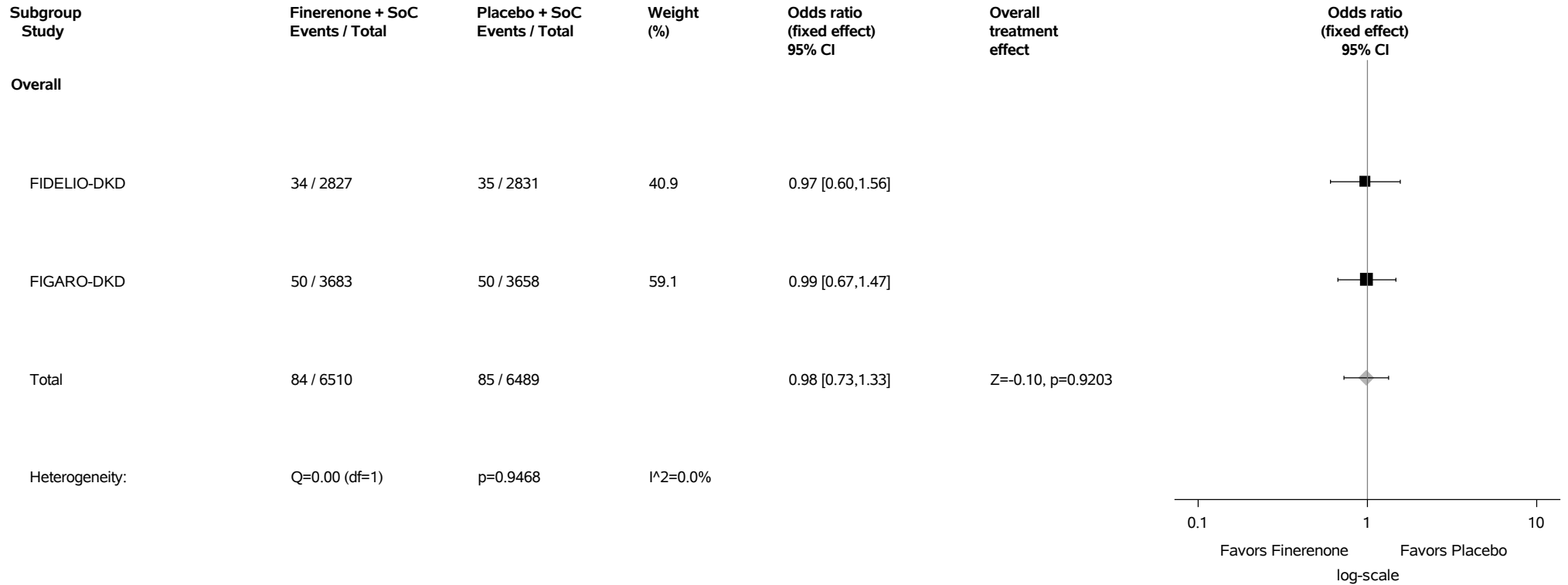
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.58: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pharyngitis (PT with Incidence >=1%) Safety Analysis Set



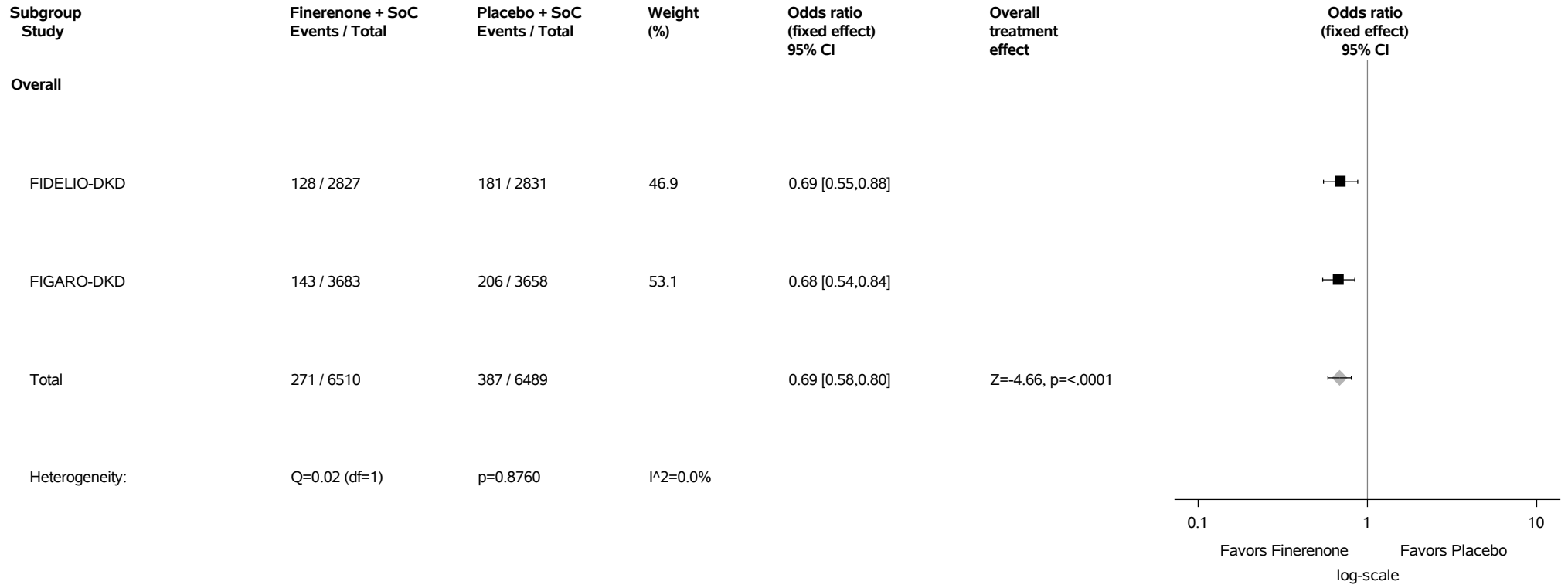
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.59: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



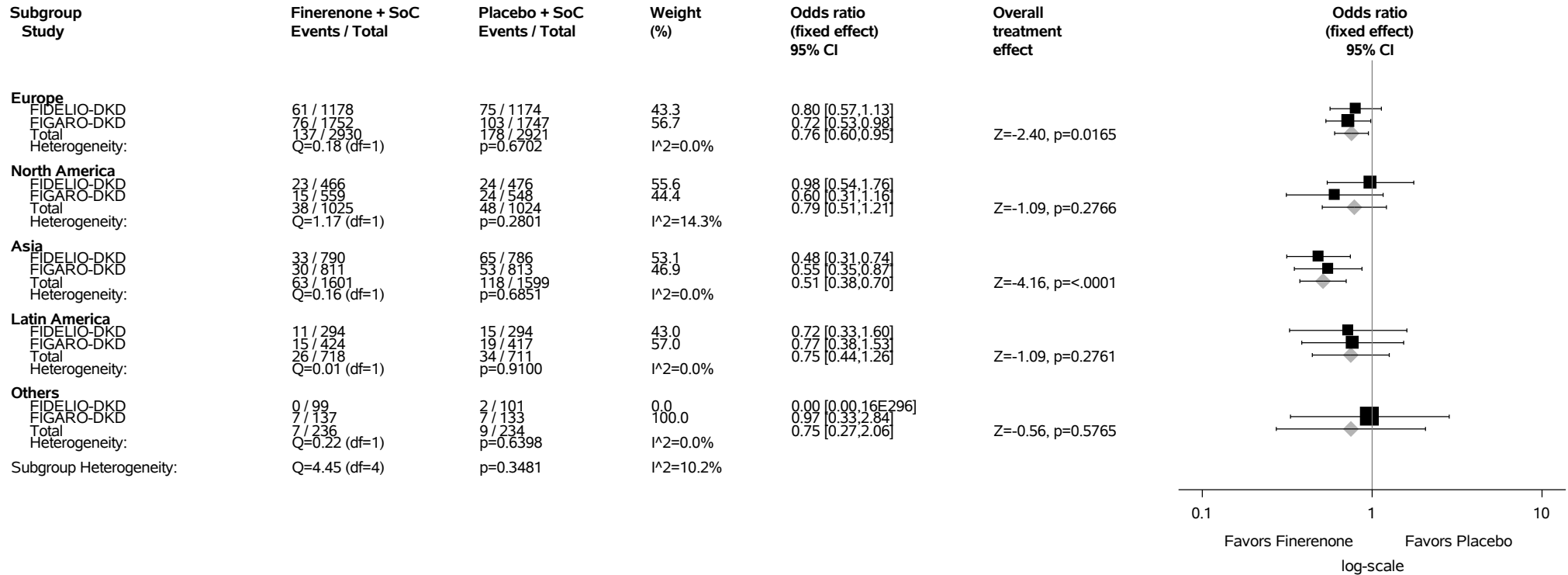
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.59.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



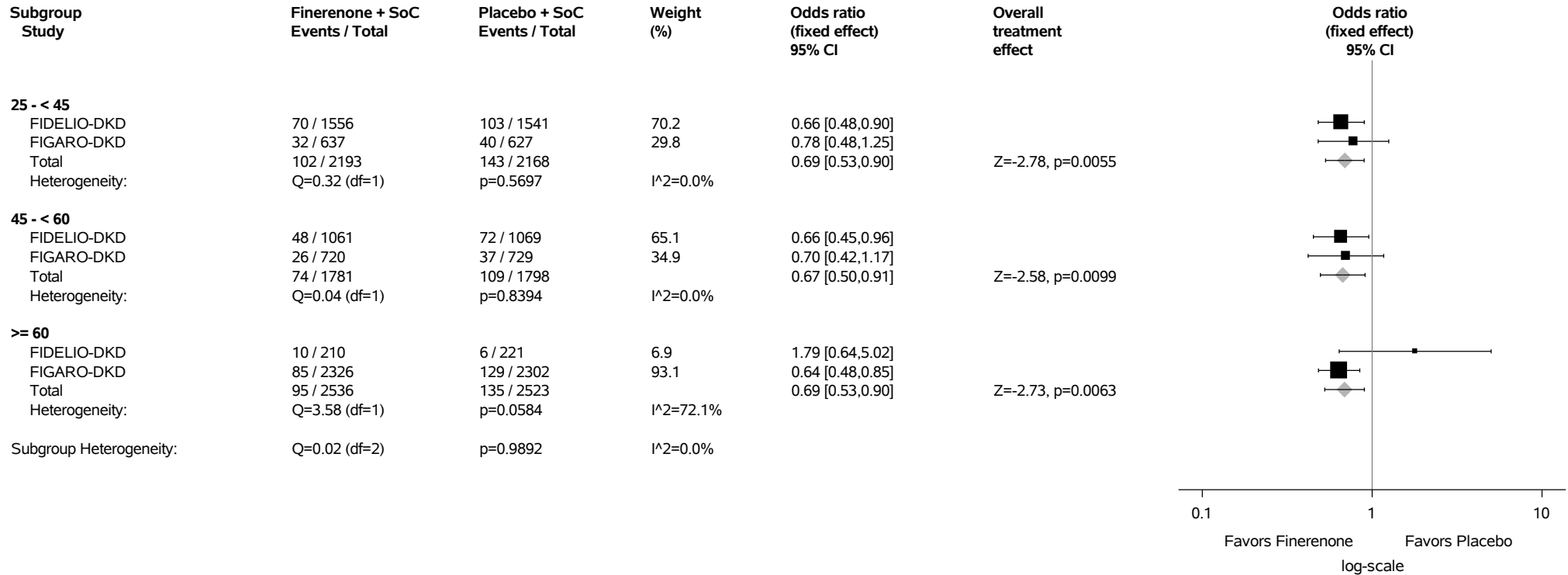
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

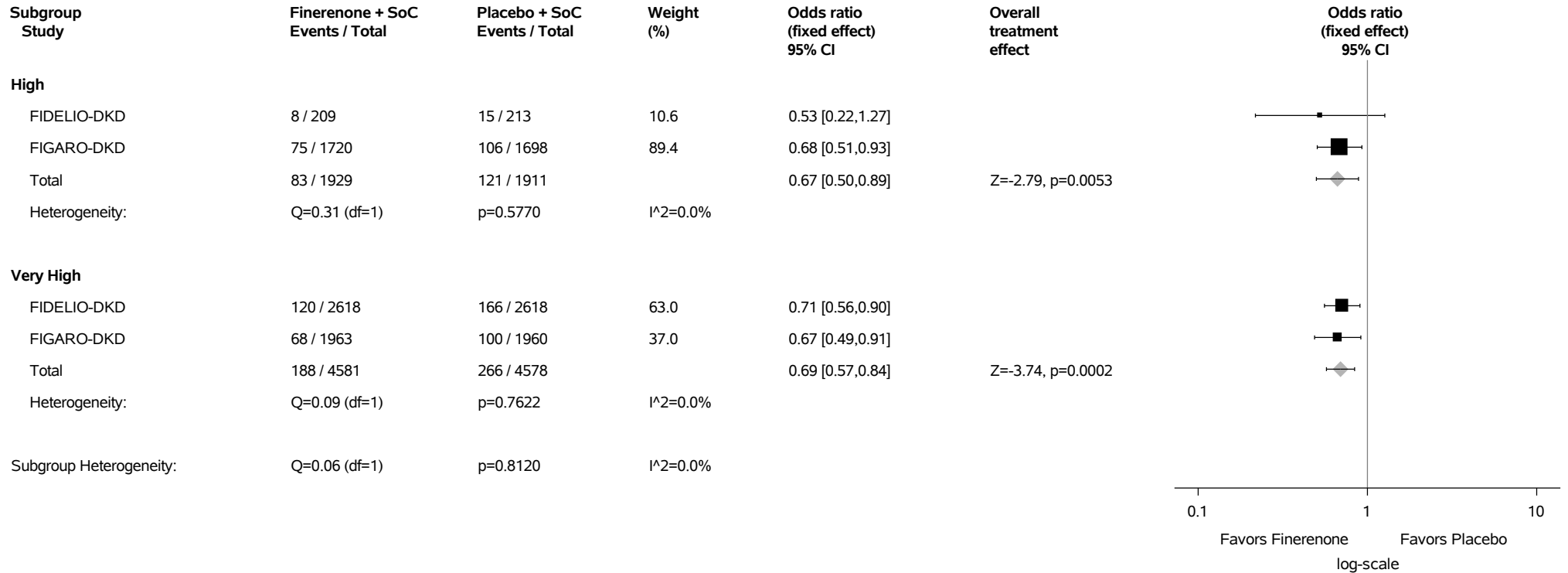
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.59.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.59.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



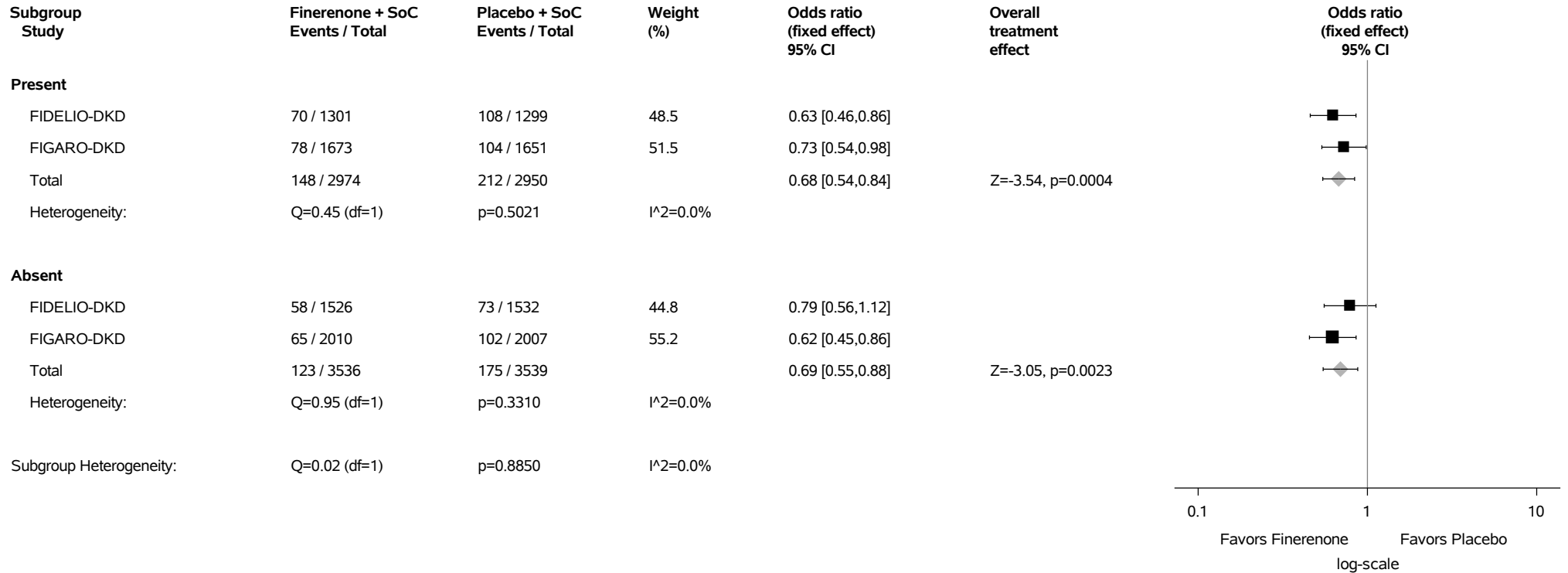
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

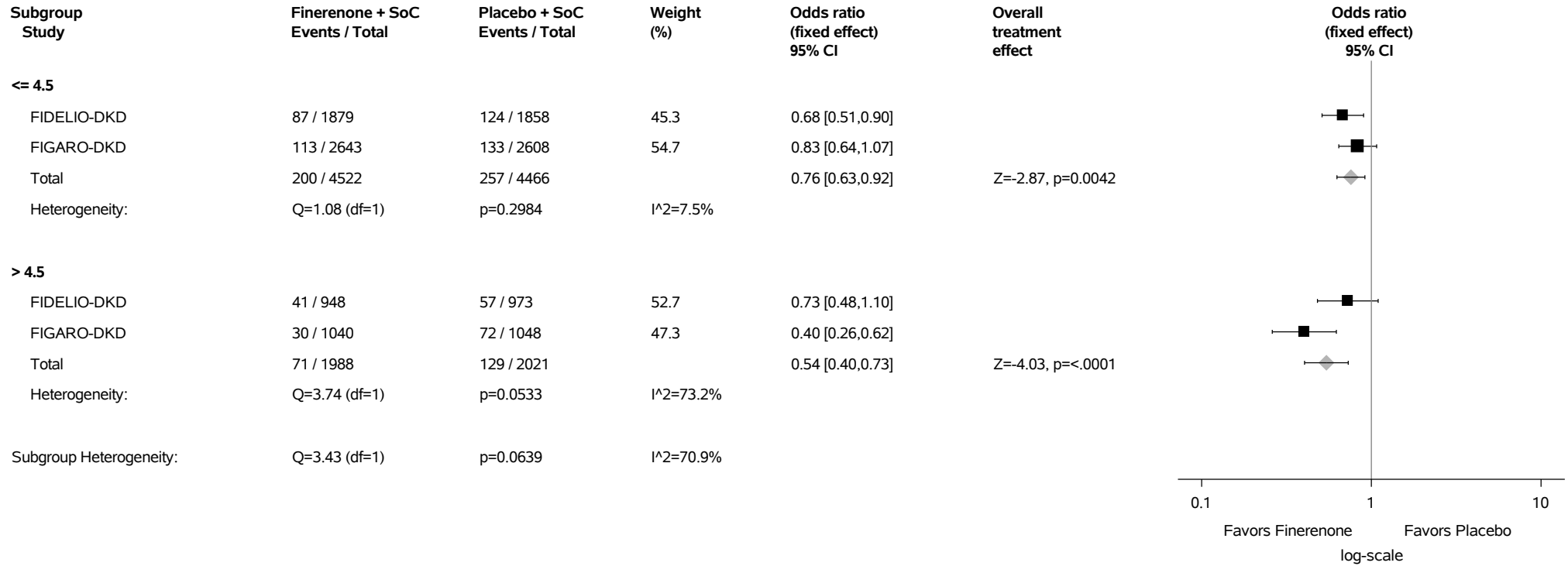
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.59.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.59.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

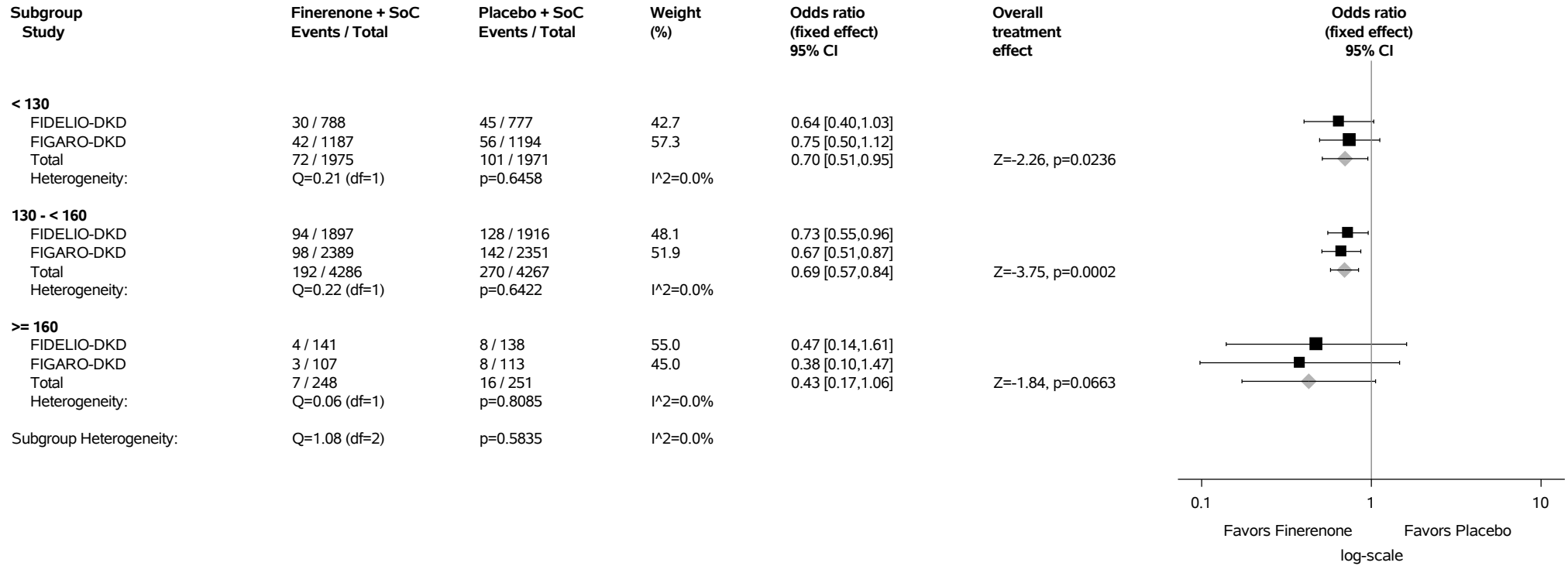
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.59.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

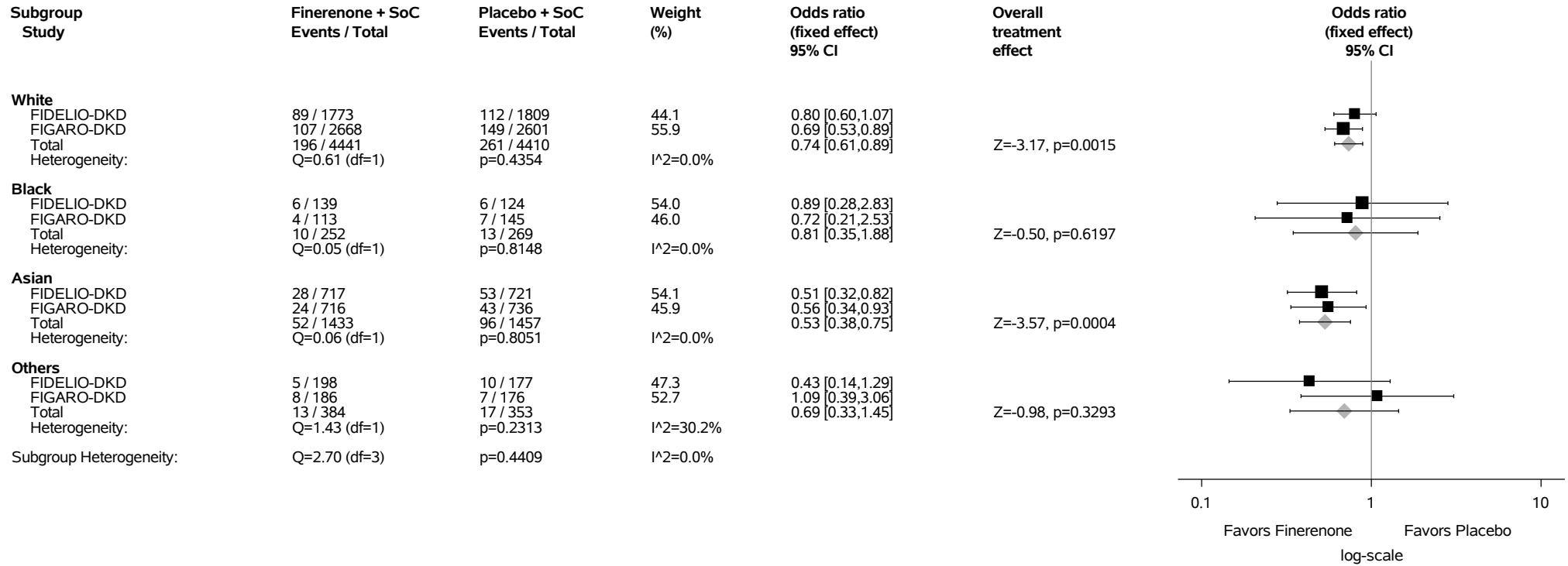
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.59.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

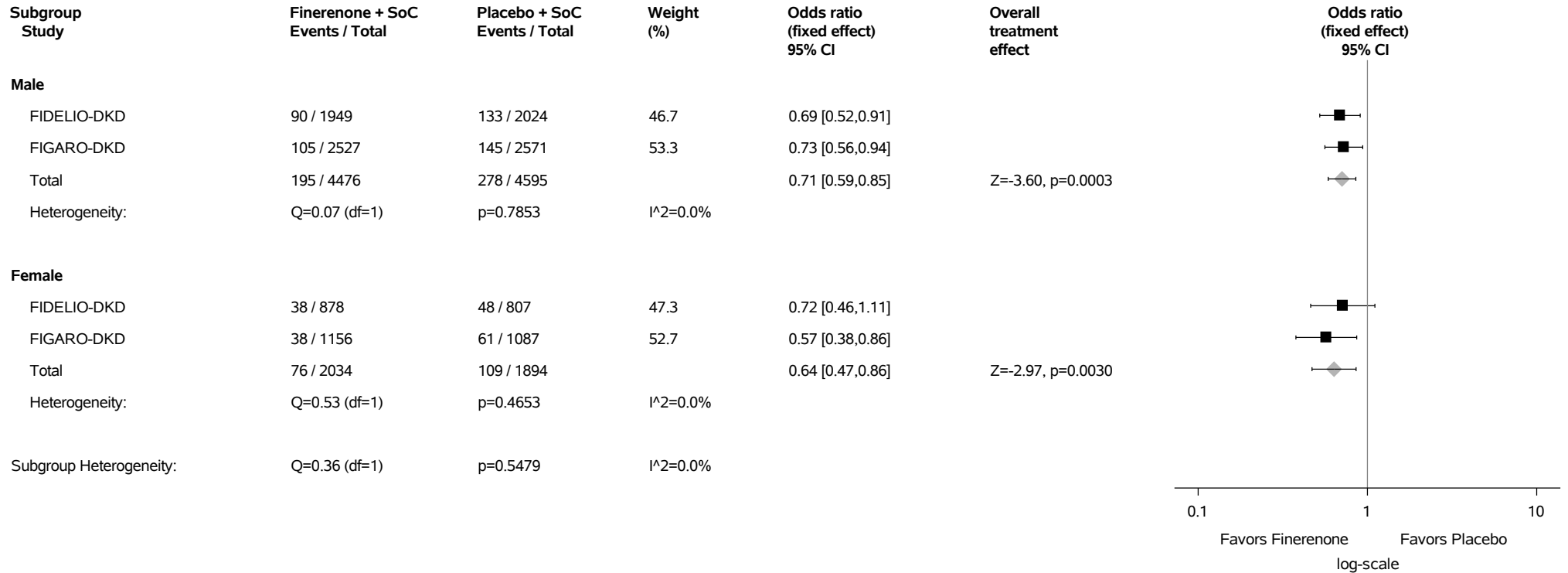
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

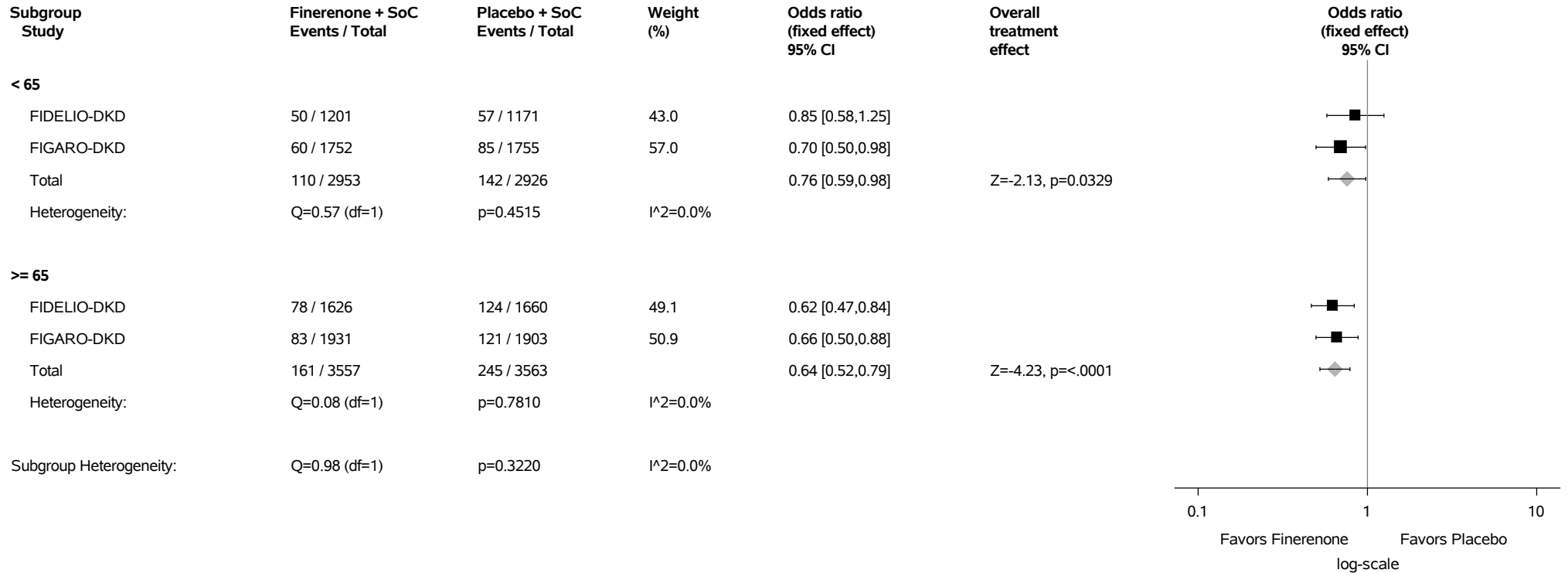
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.59.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



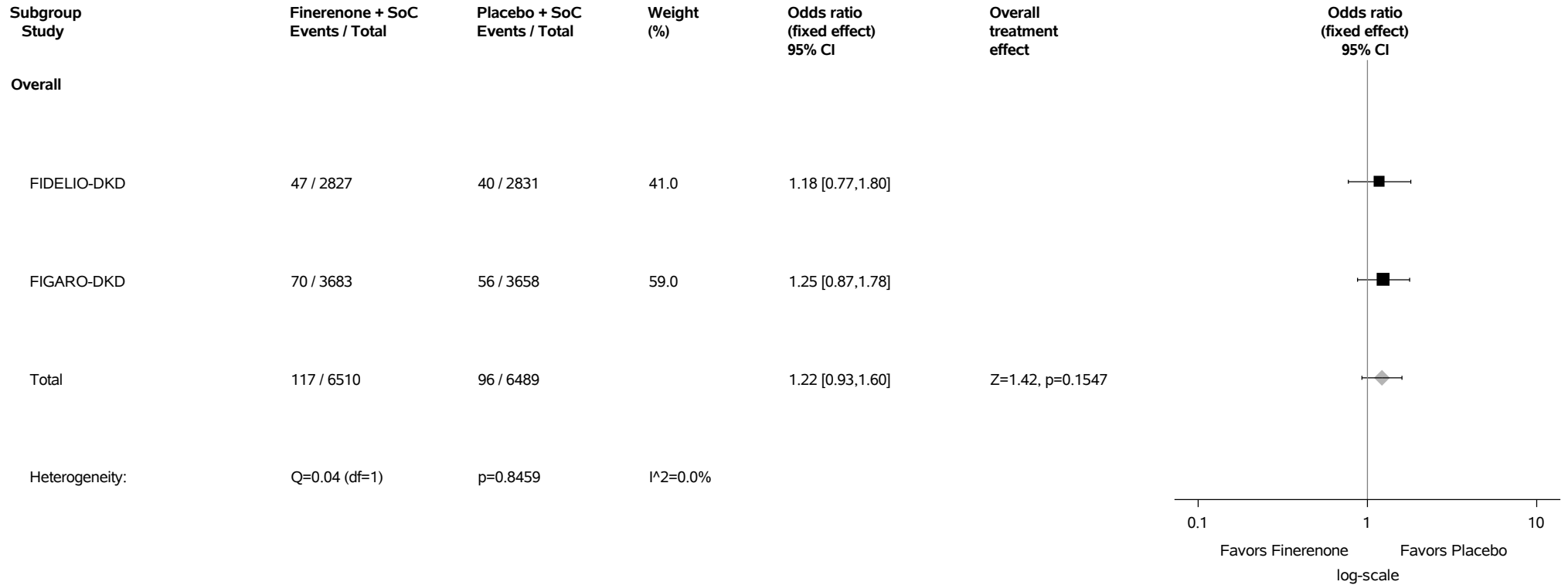
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.59.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.60: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set



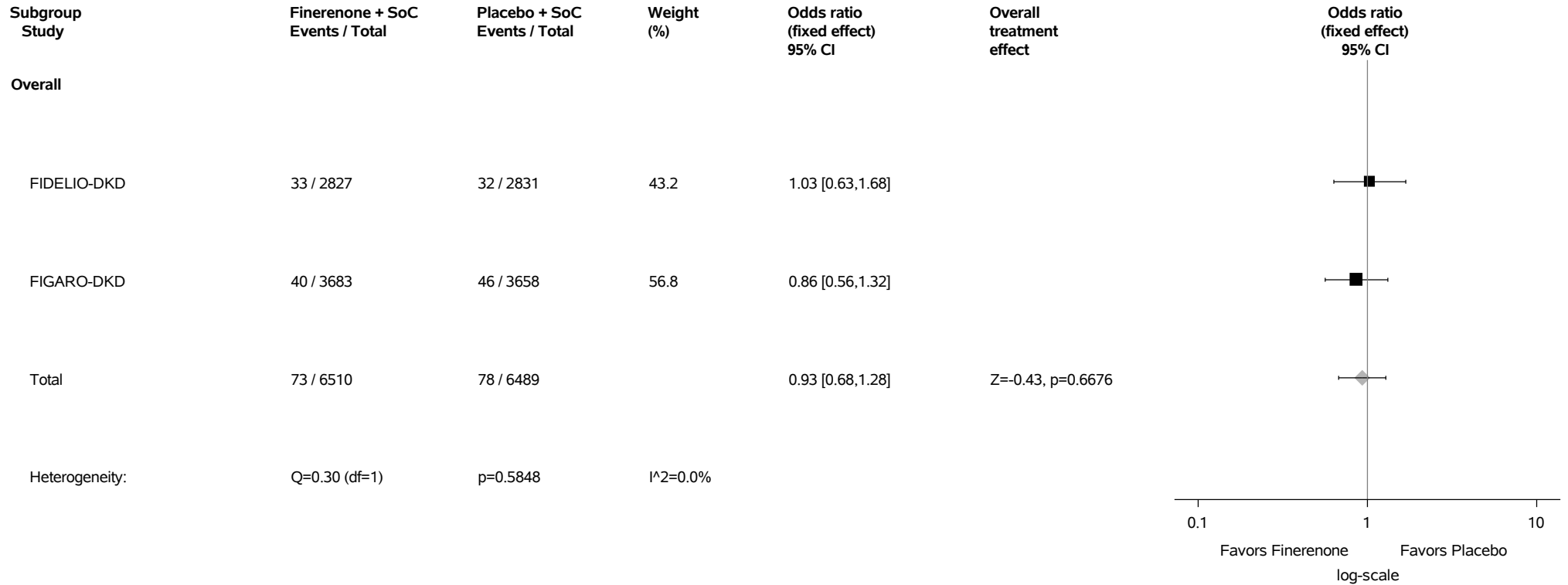
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.61: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sinusitis (PT with Incidence >=1%) Safety Analysis Set



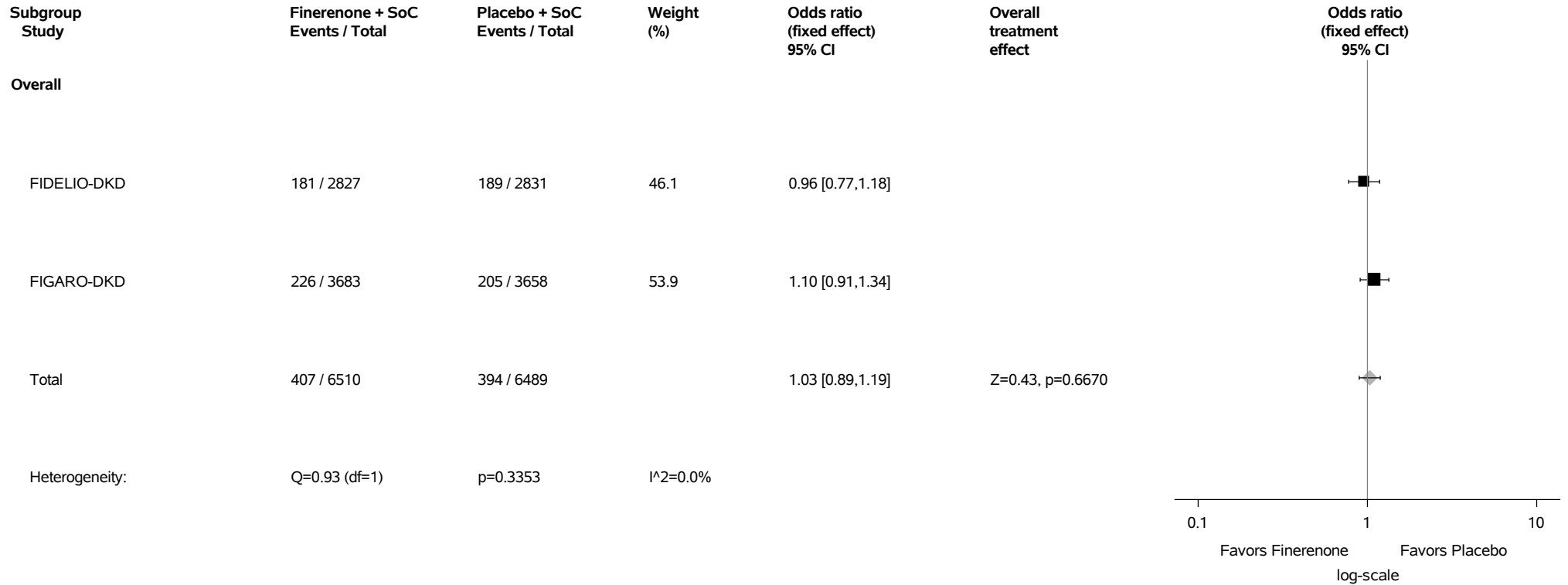
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.62: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Upper respiratory tract infection (PT with Incidence >=1%) Safety Analysis Set



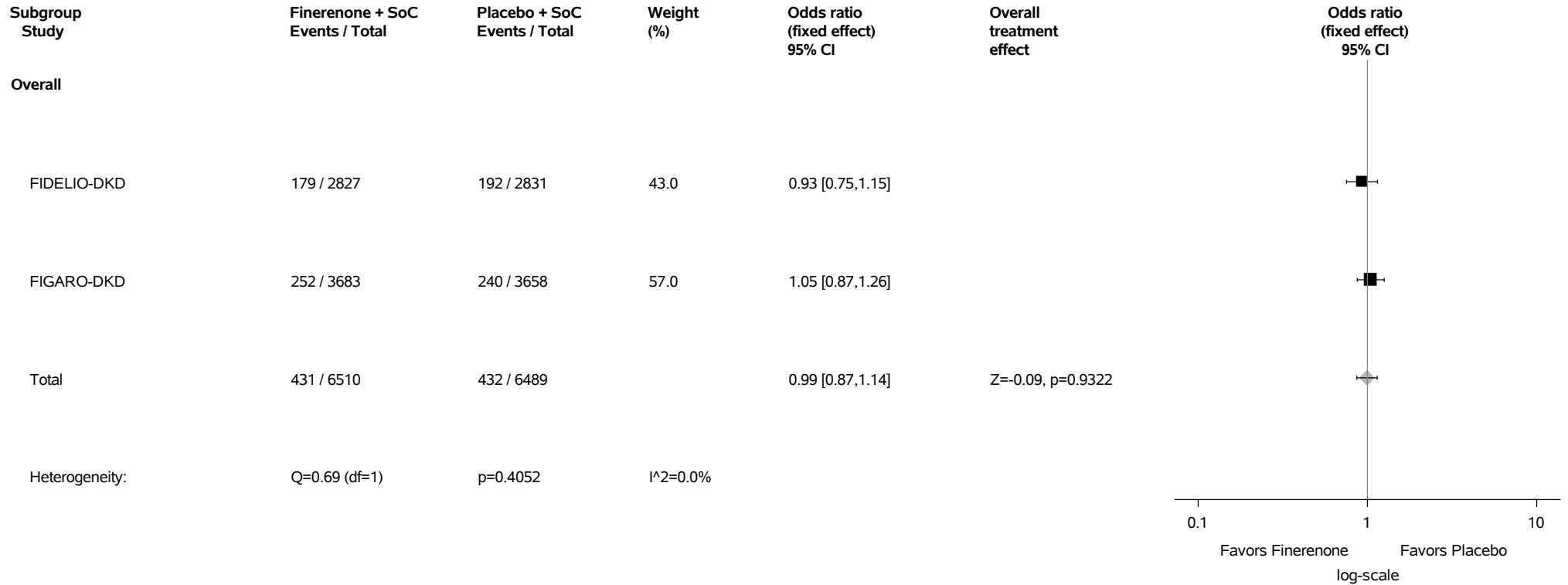
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.63: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Urinary tract infection (PT with Incidence >=1%) Safety Analysis Set



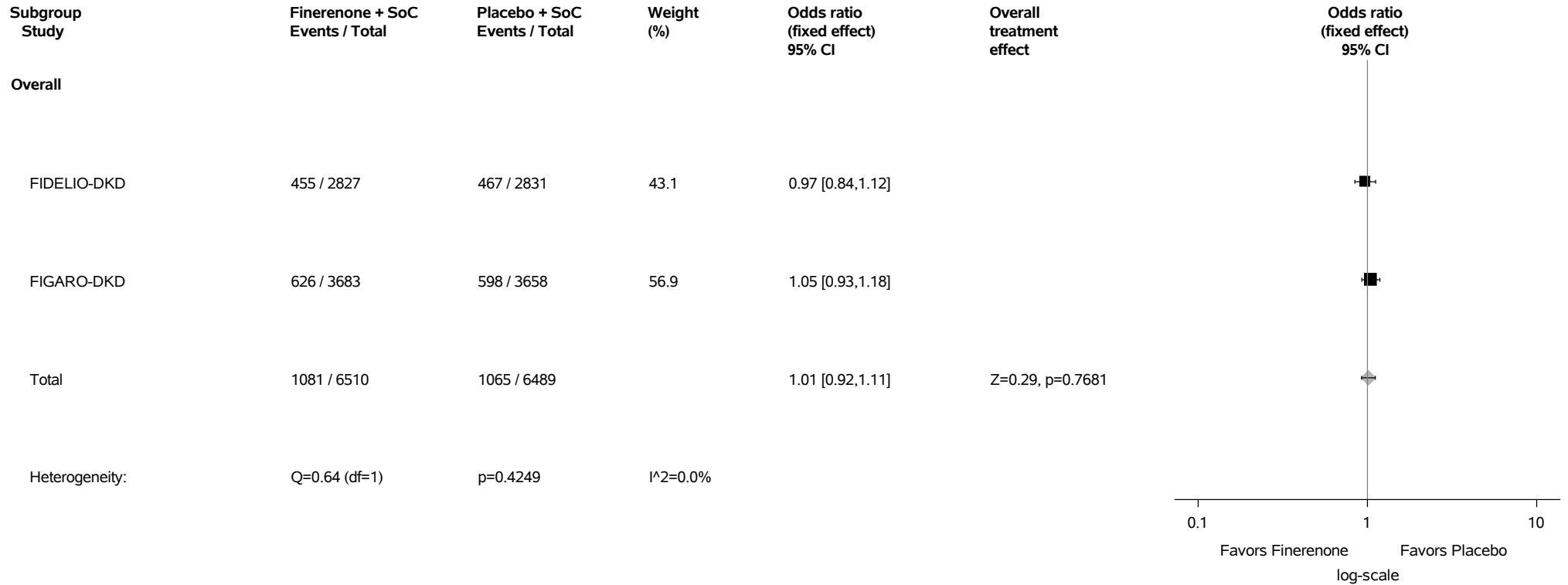
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.64: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set



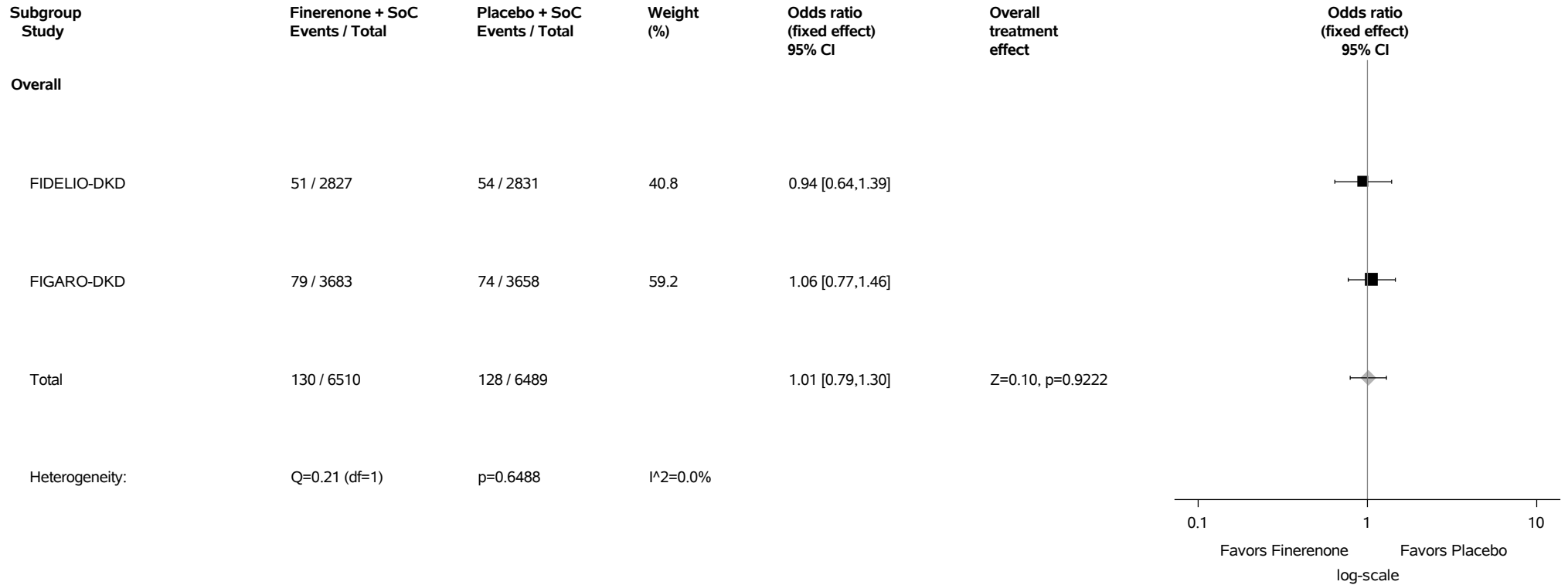
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.65: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Contusion (PT with Incidence >=1%) Safety Analysis Set



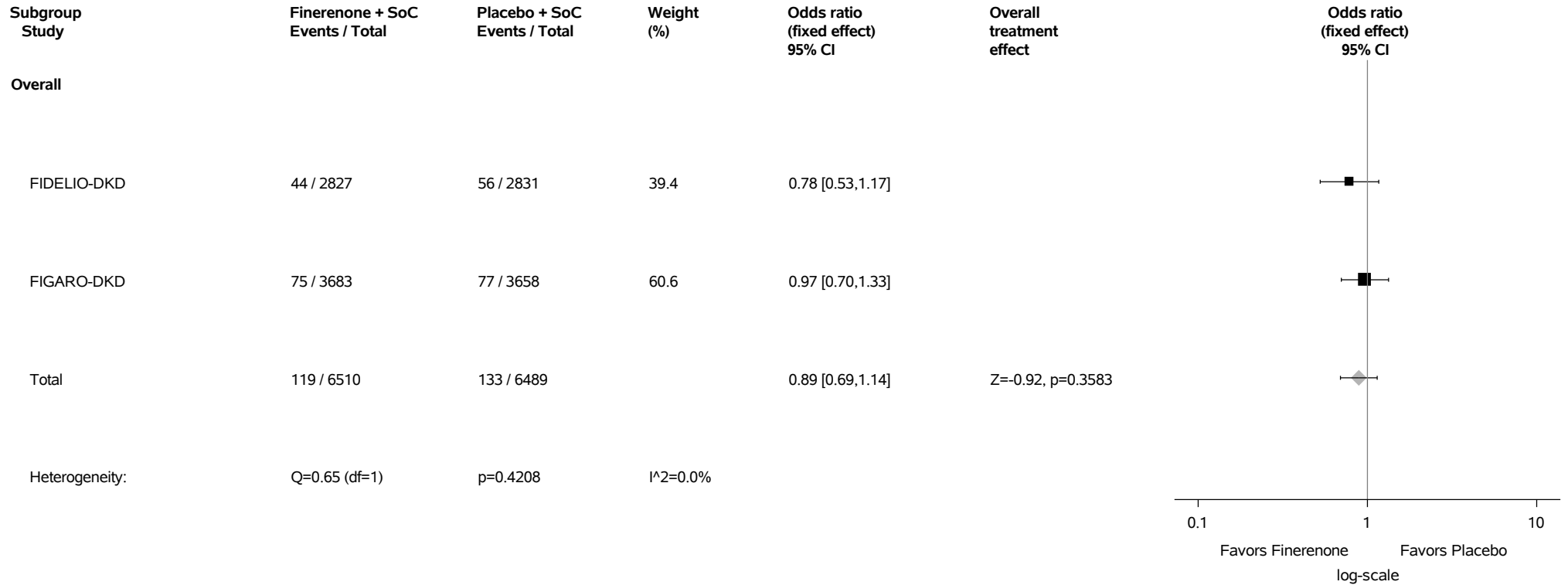
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.66: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Fall (PT with Incidence >=1%) Safety Analysis Set



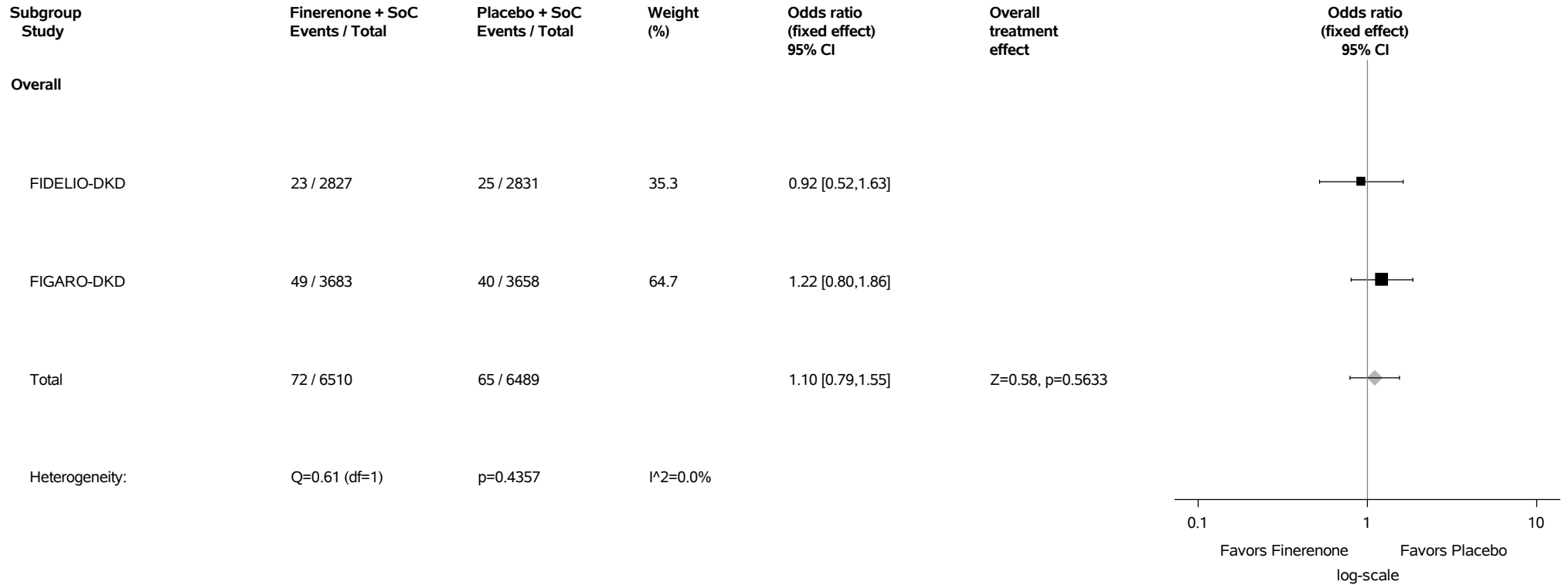
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.67: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Ligament sprain (PT with Incidence >=1%) Safety Analysis Set



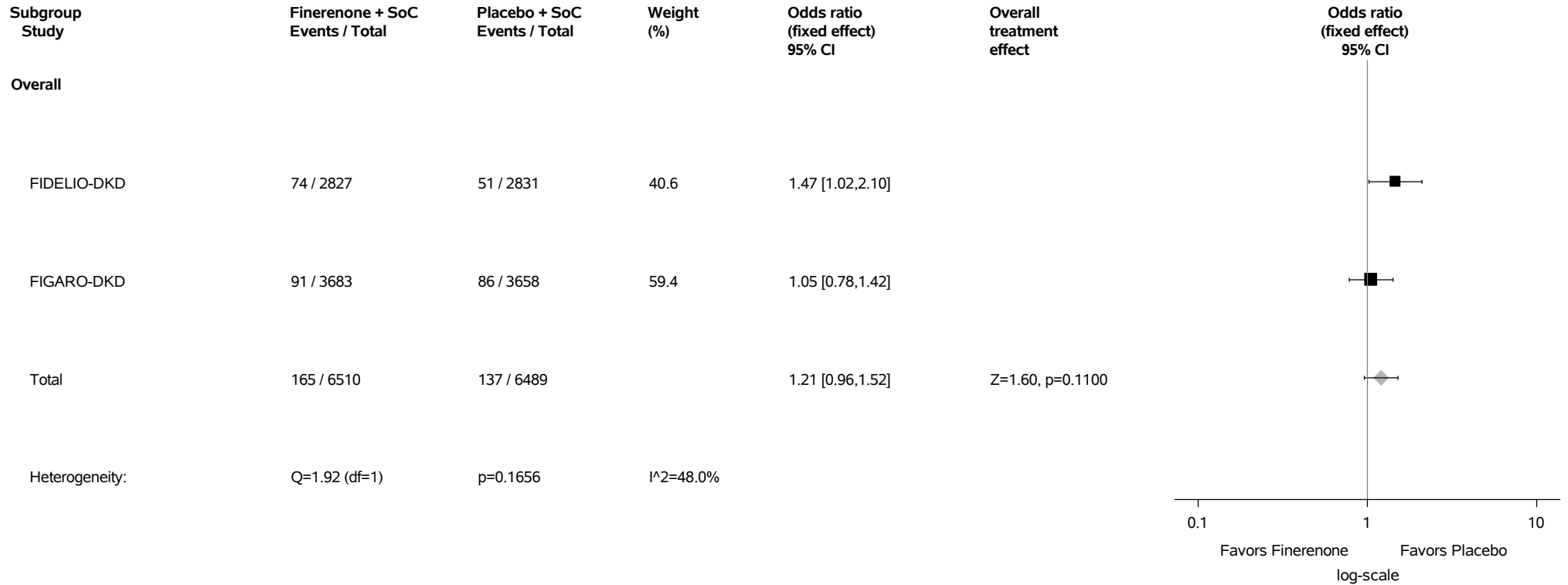
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.68: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Limb injury (PT with Incidence >=1%) Safety Analysis Set



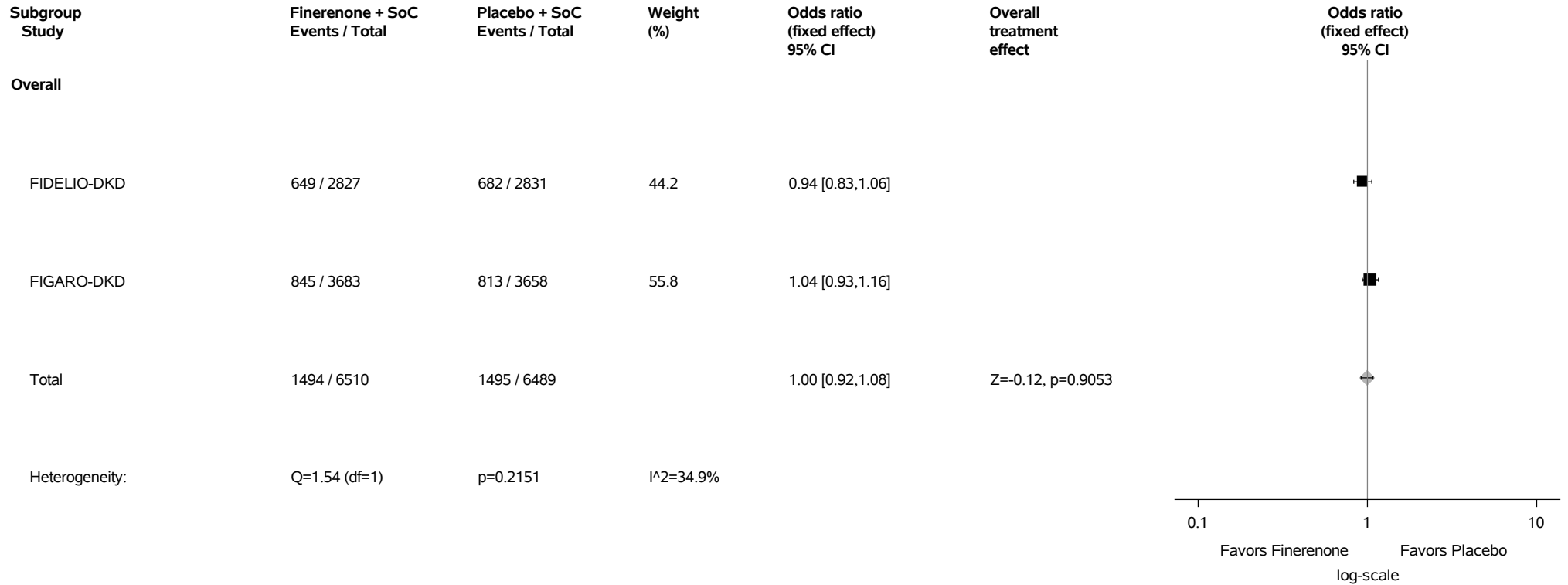
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.69: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set



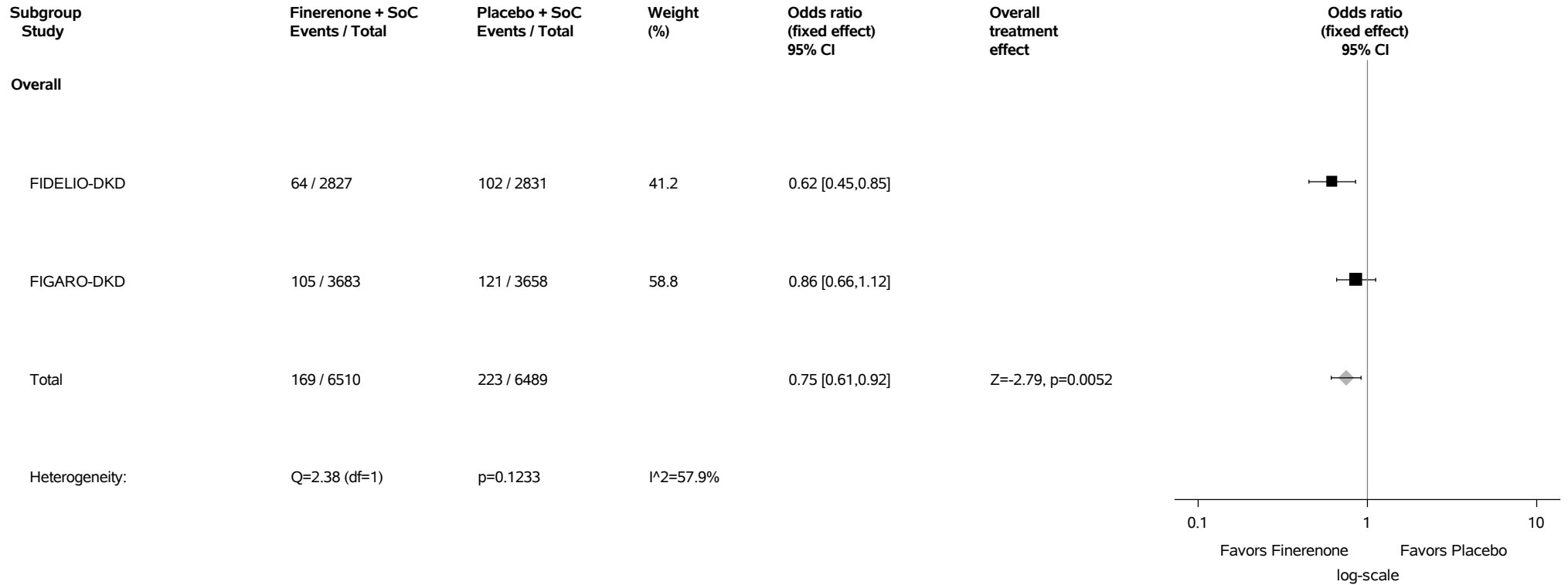
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.70: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



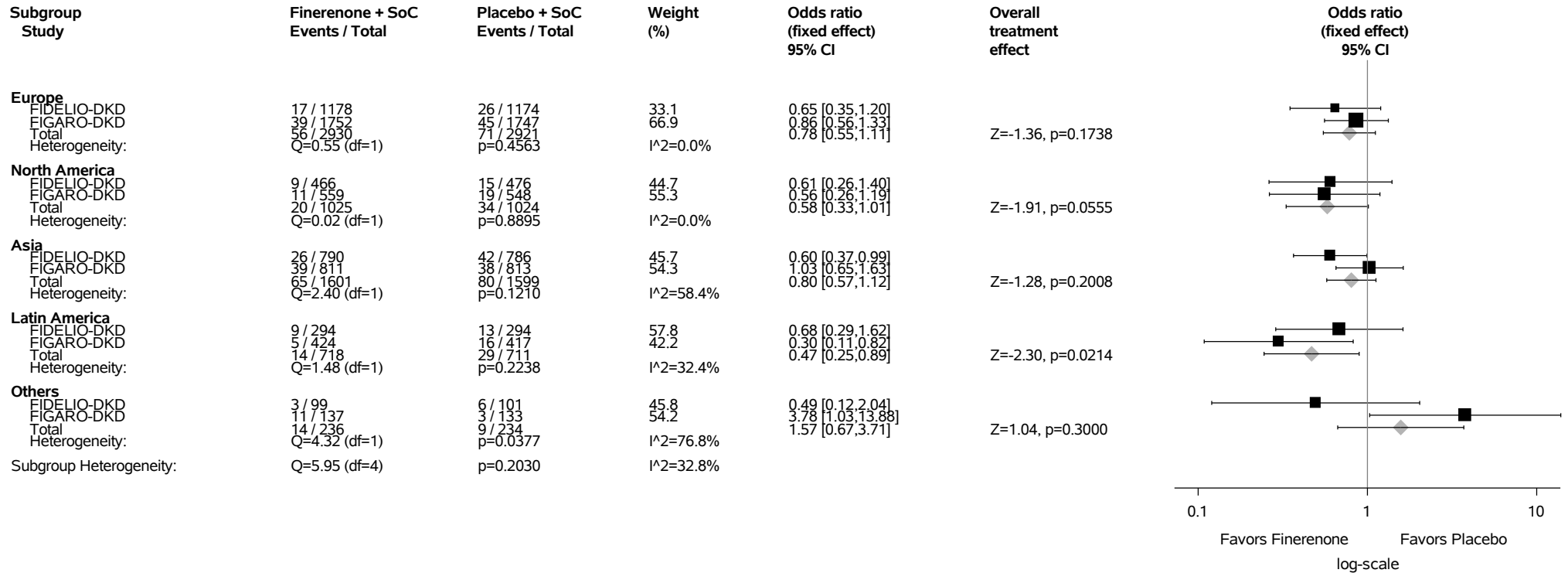
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.70.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



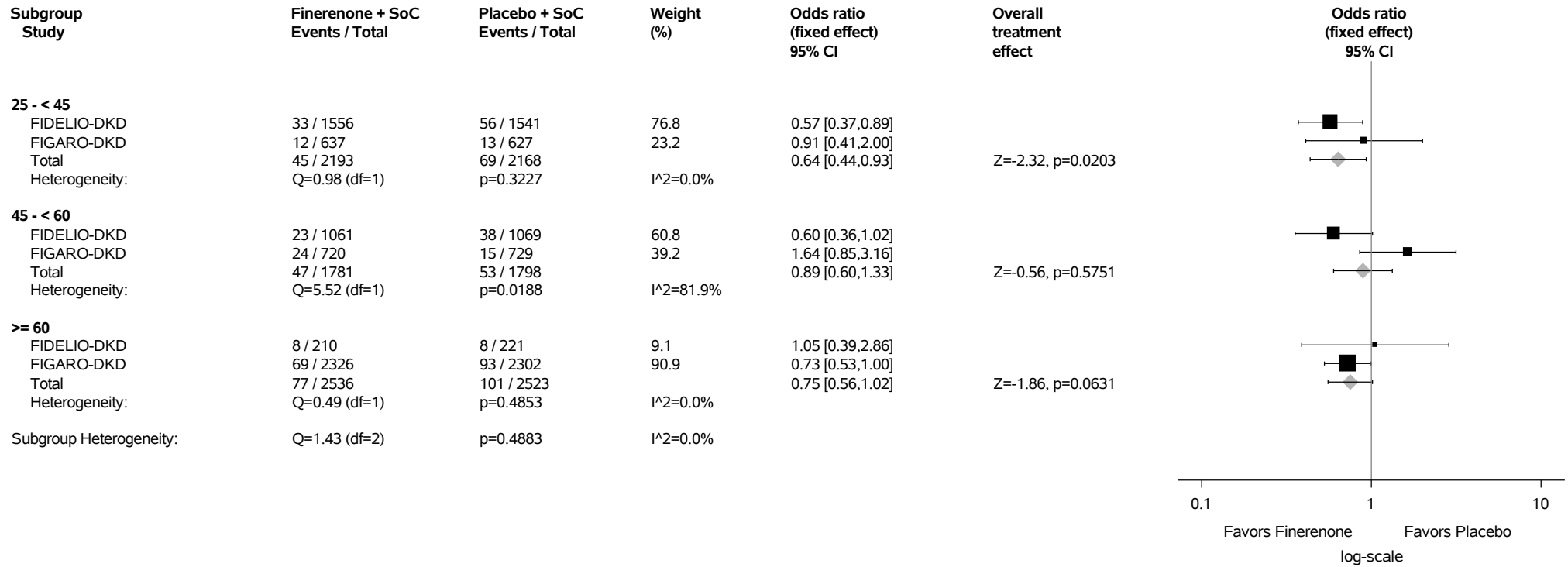
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

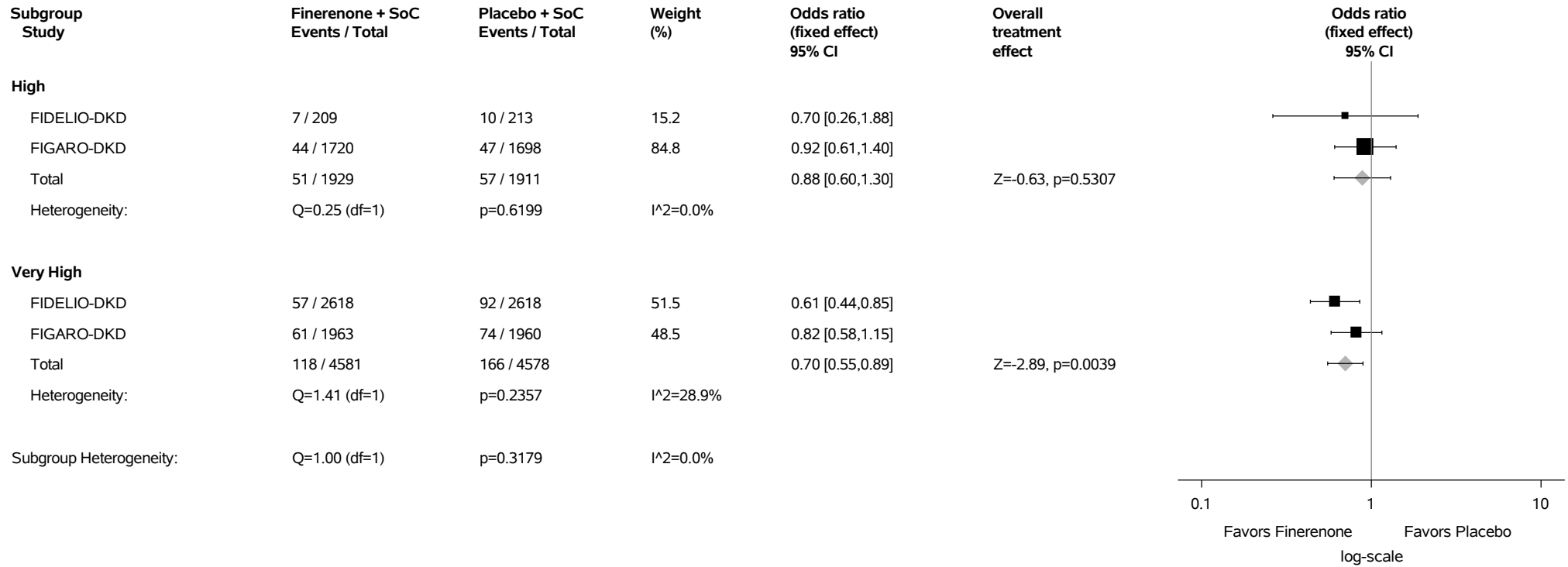
Figure 2.2.70.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.70.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood creatine phosphokinase increased (PT with Incidence >=1%)

Safety Analysis Set



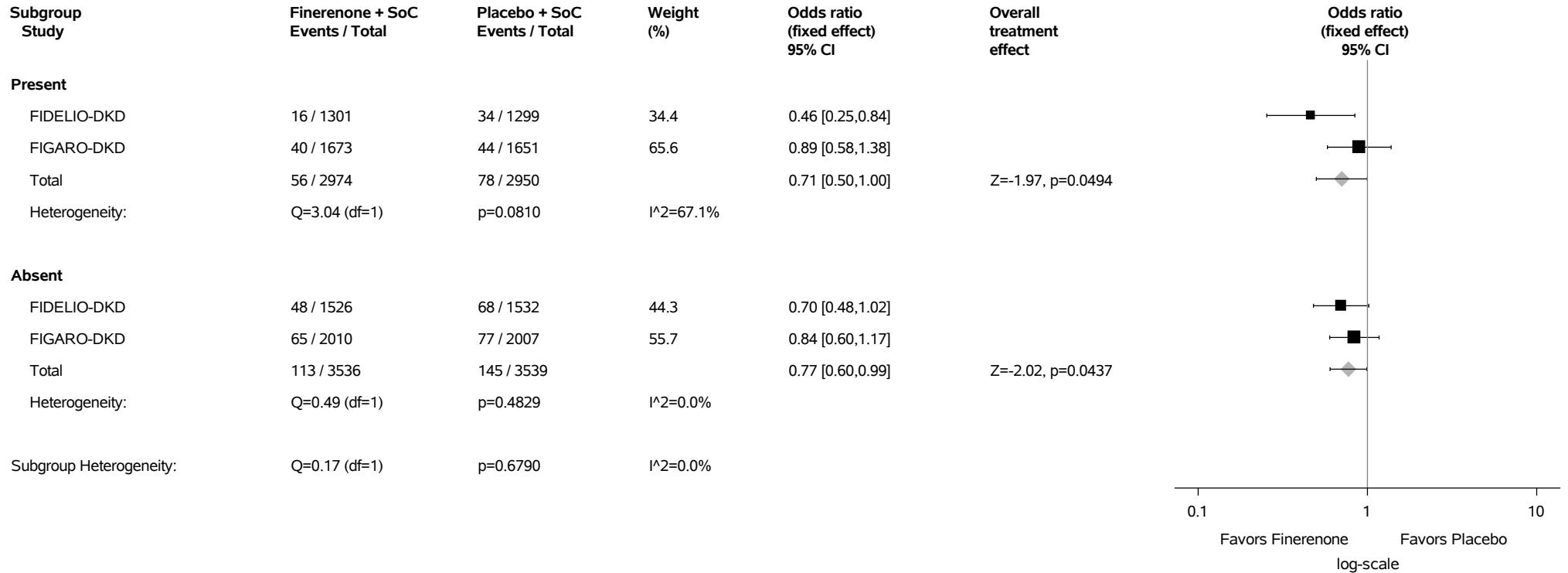
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.70.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



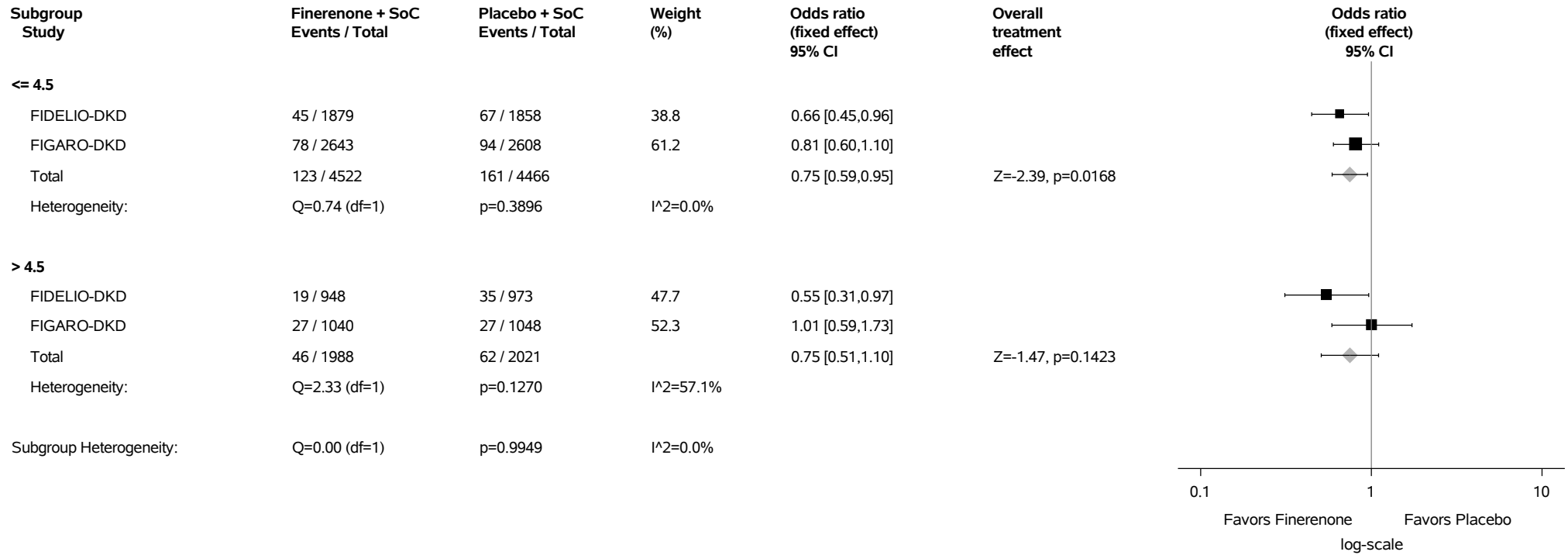
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

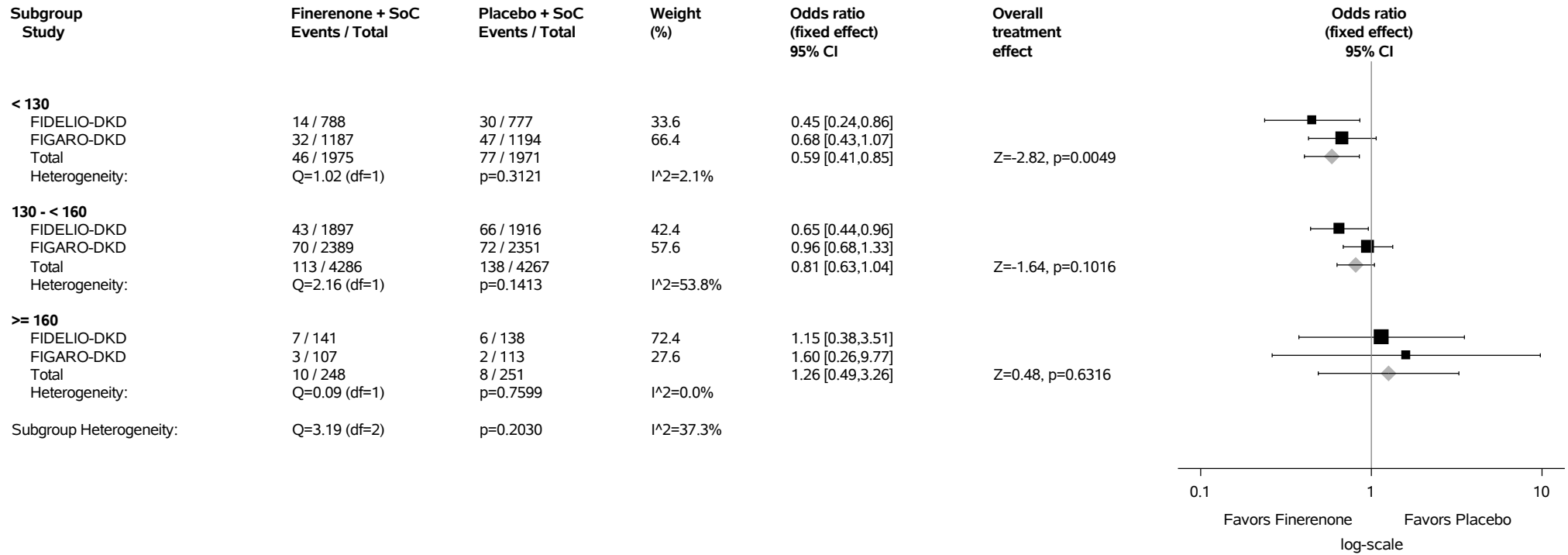
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.70.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.70.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood creatine phosphokinase increased (PT with Incidence >=1%)
Safety Analysis Set



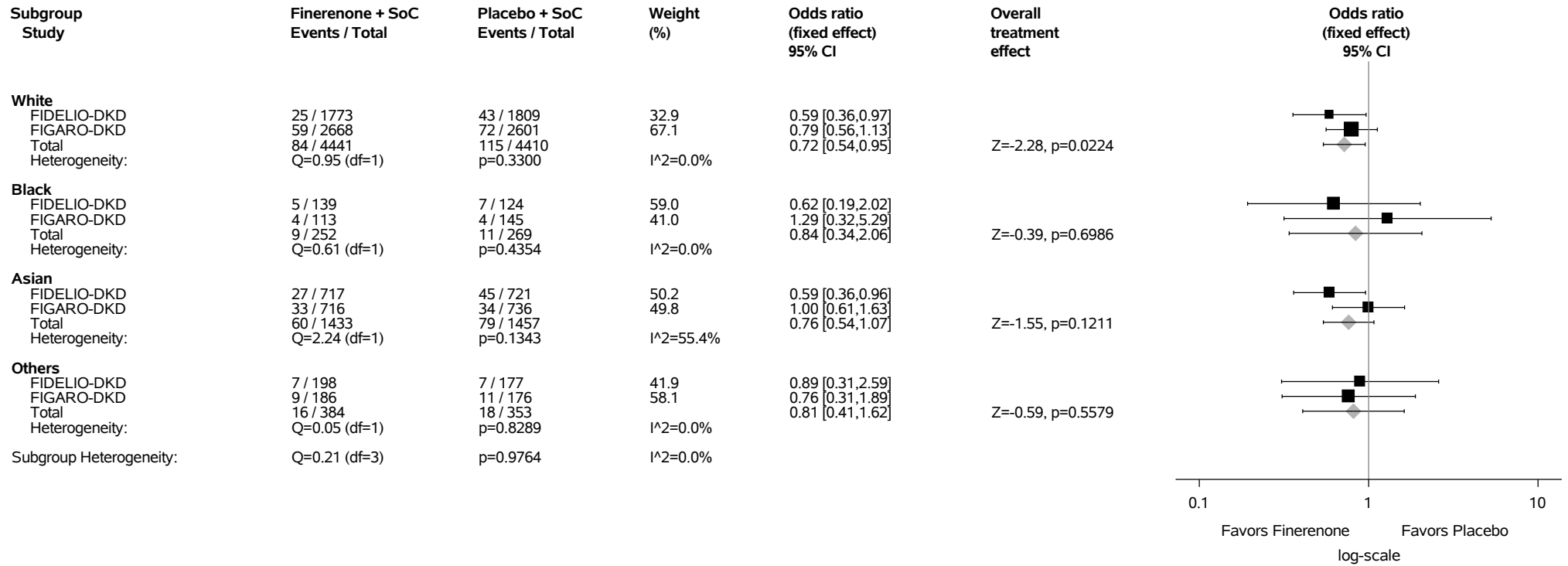
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.70.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

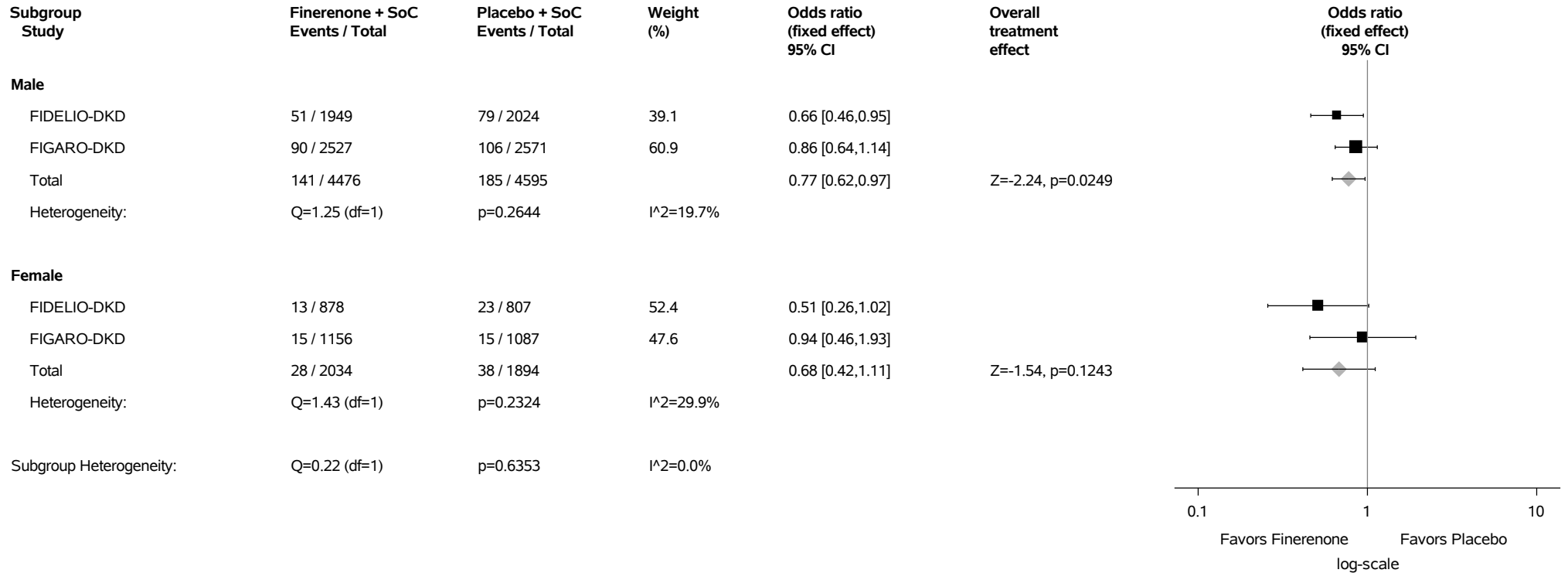
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

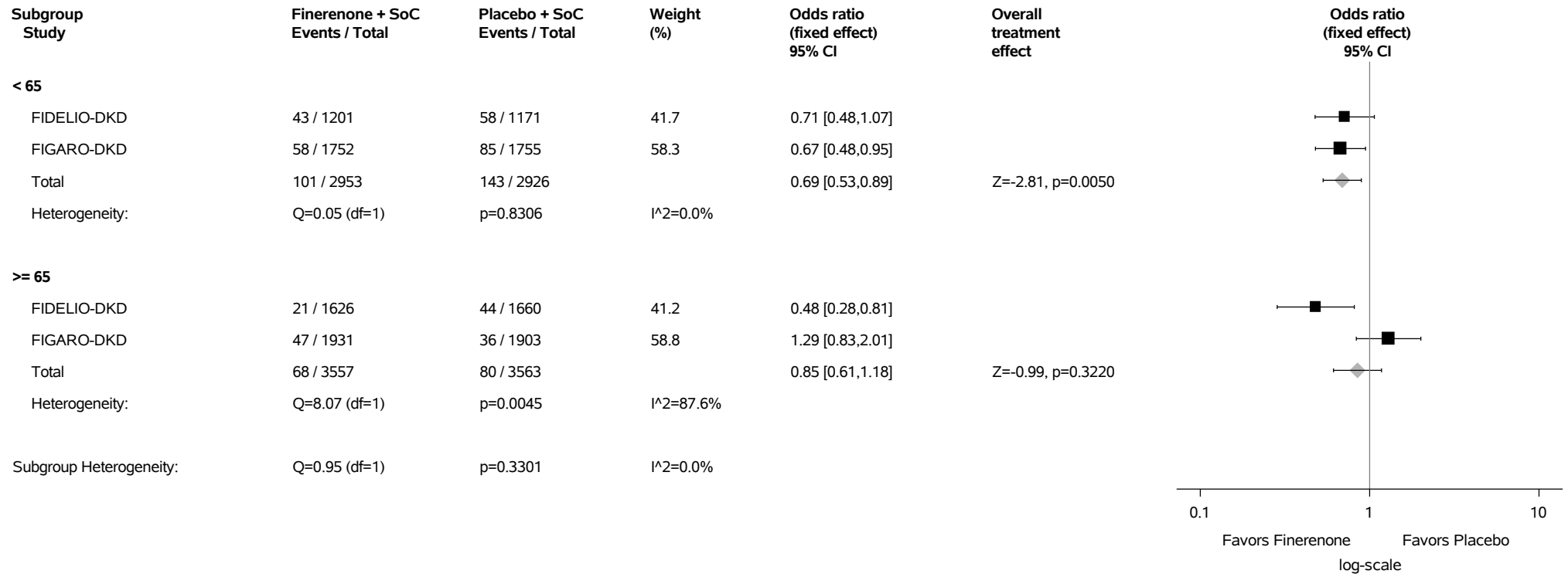
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.70.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



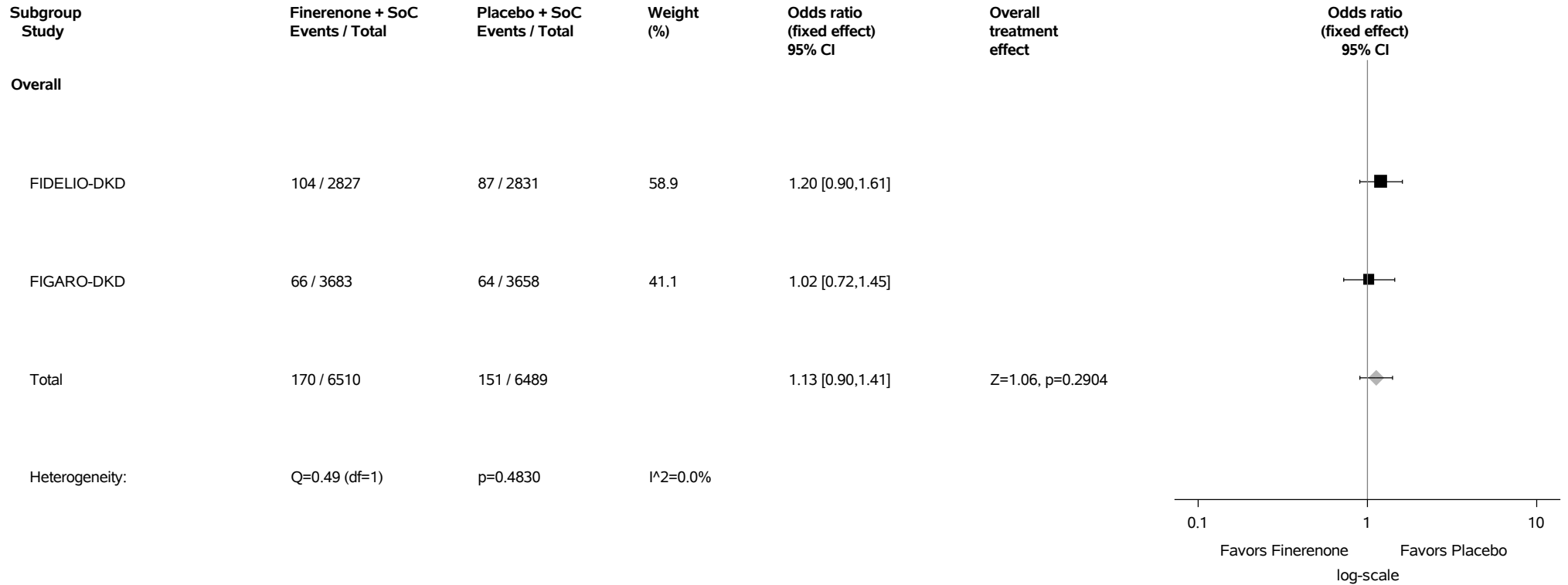
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.70.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Blood creatine phosphokinase increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.71: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood creatinine increased (PT with Incidence >=1%) Safety Analysis Set



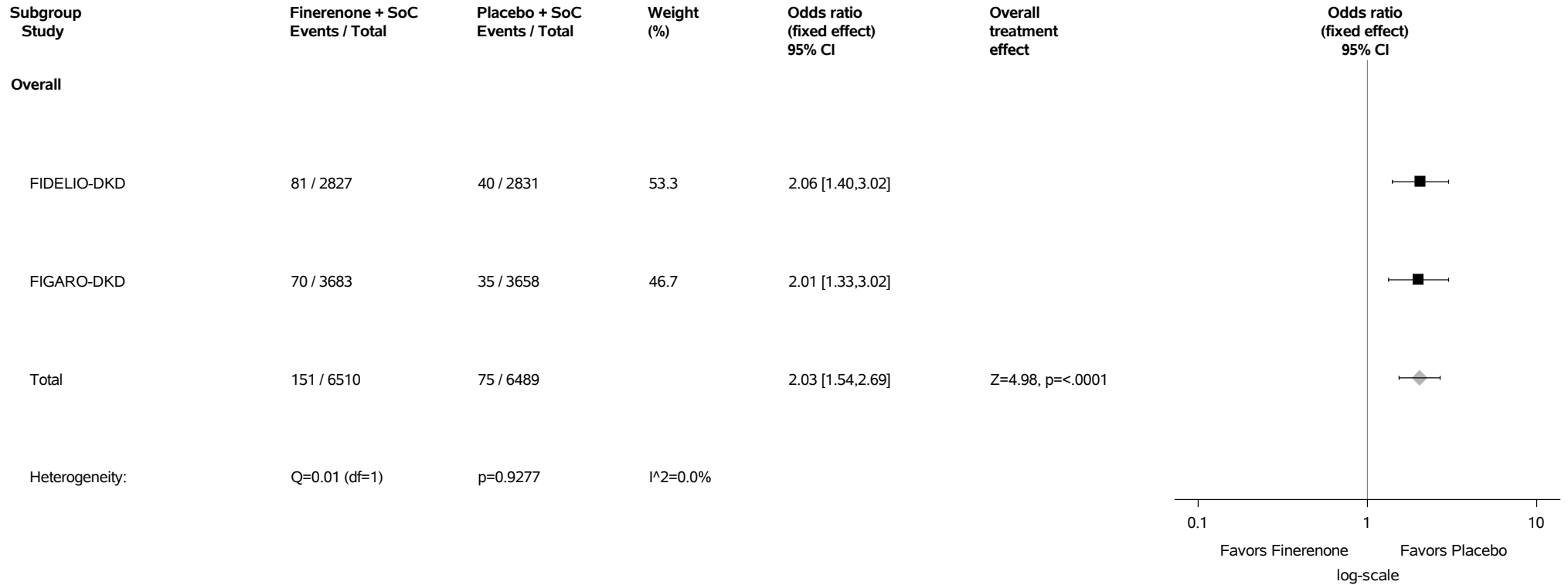
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.72: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



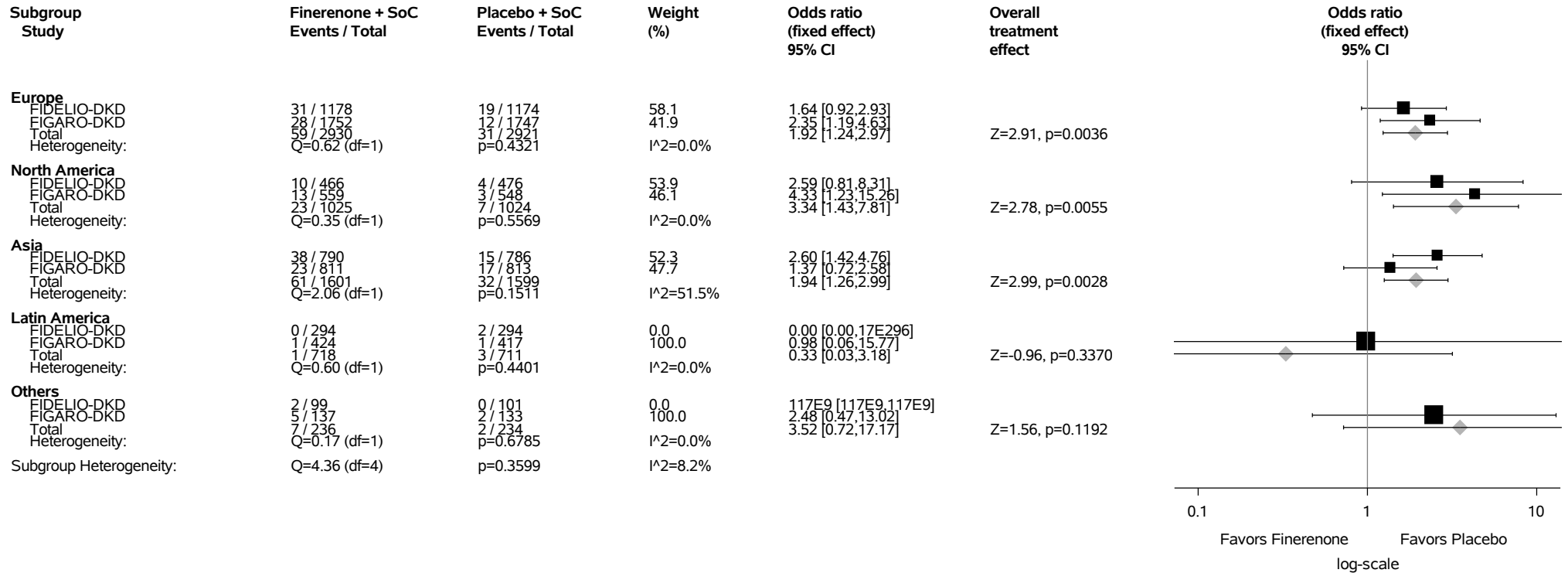
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.72.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

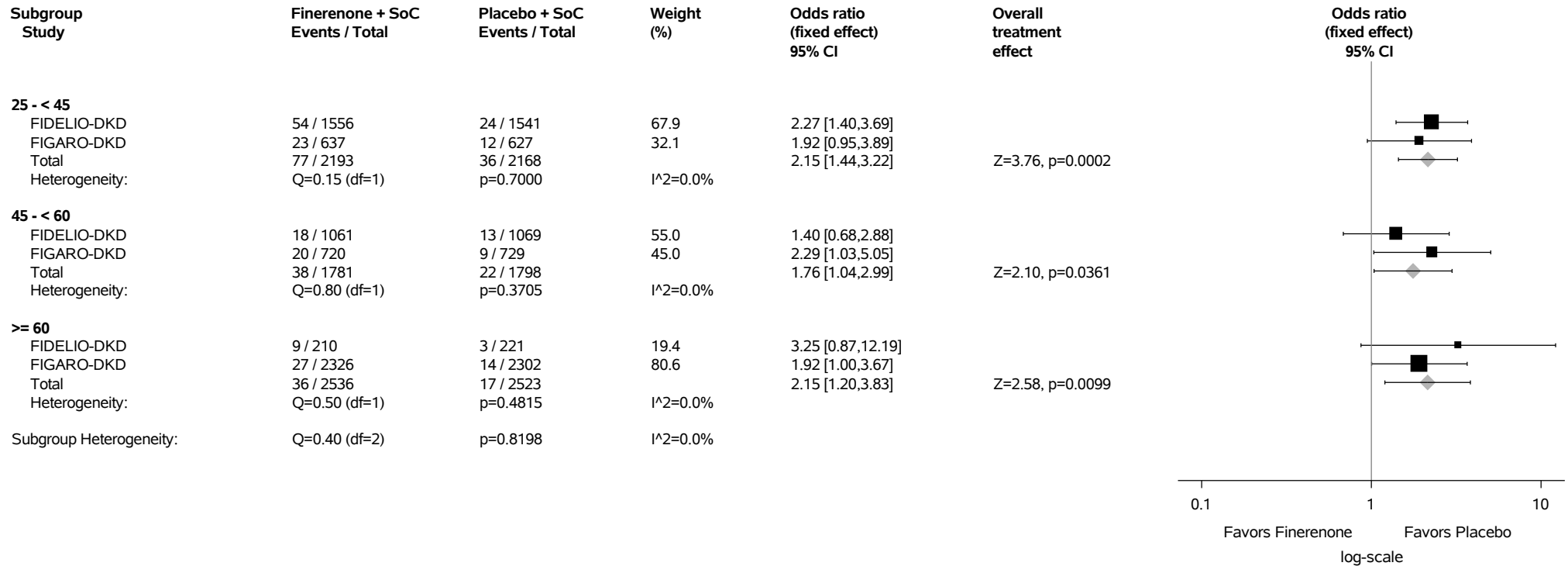
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.72.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Blood potassium increased (PT with Incidence >=1%)

Safety Analysis Set



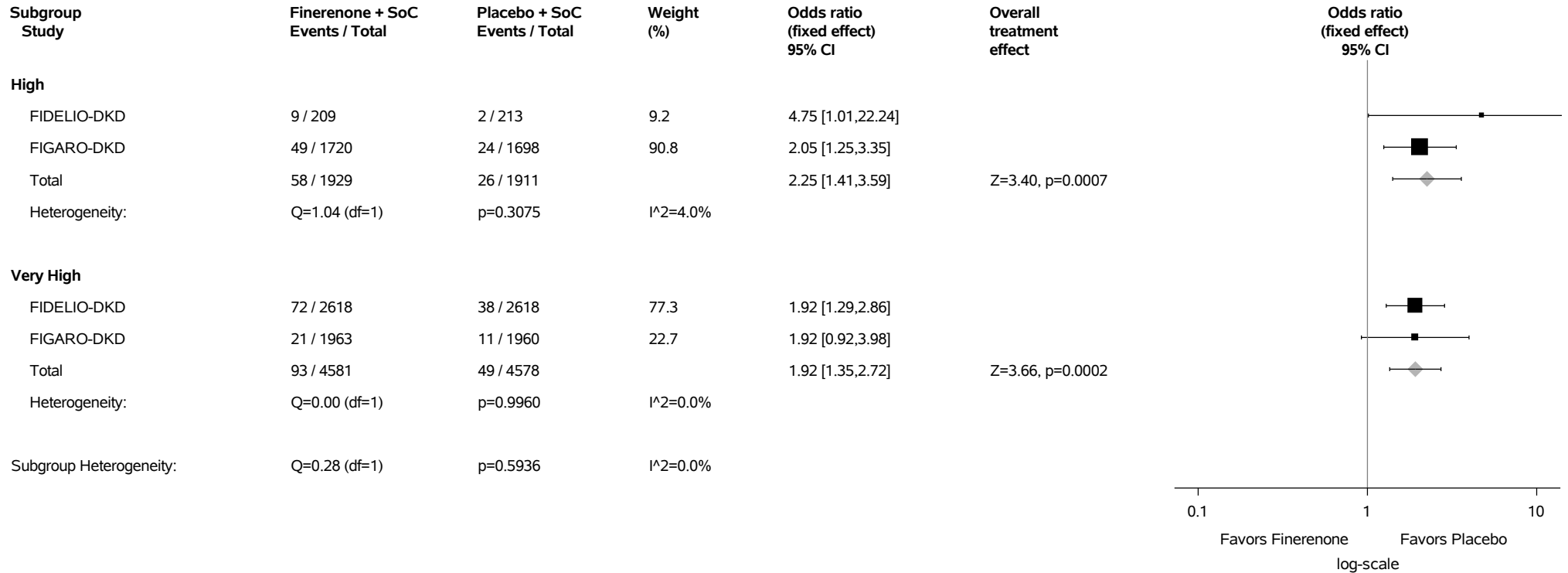
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.72.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



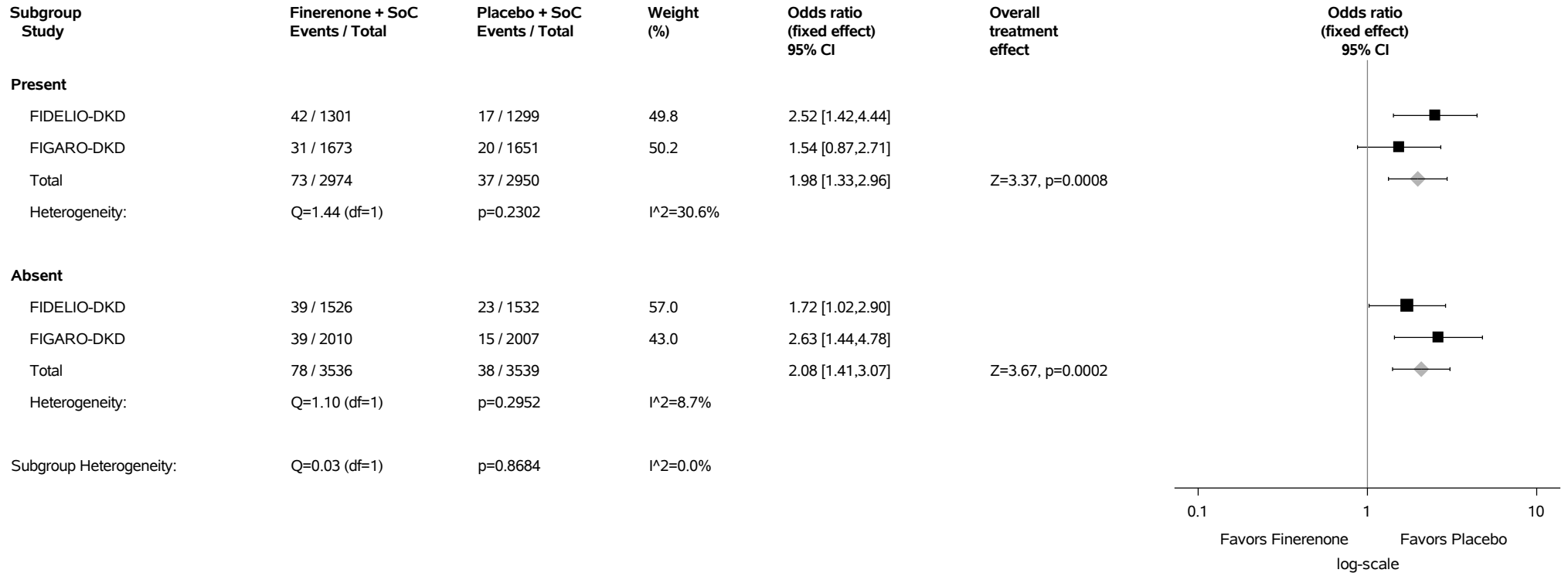
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

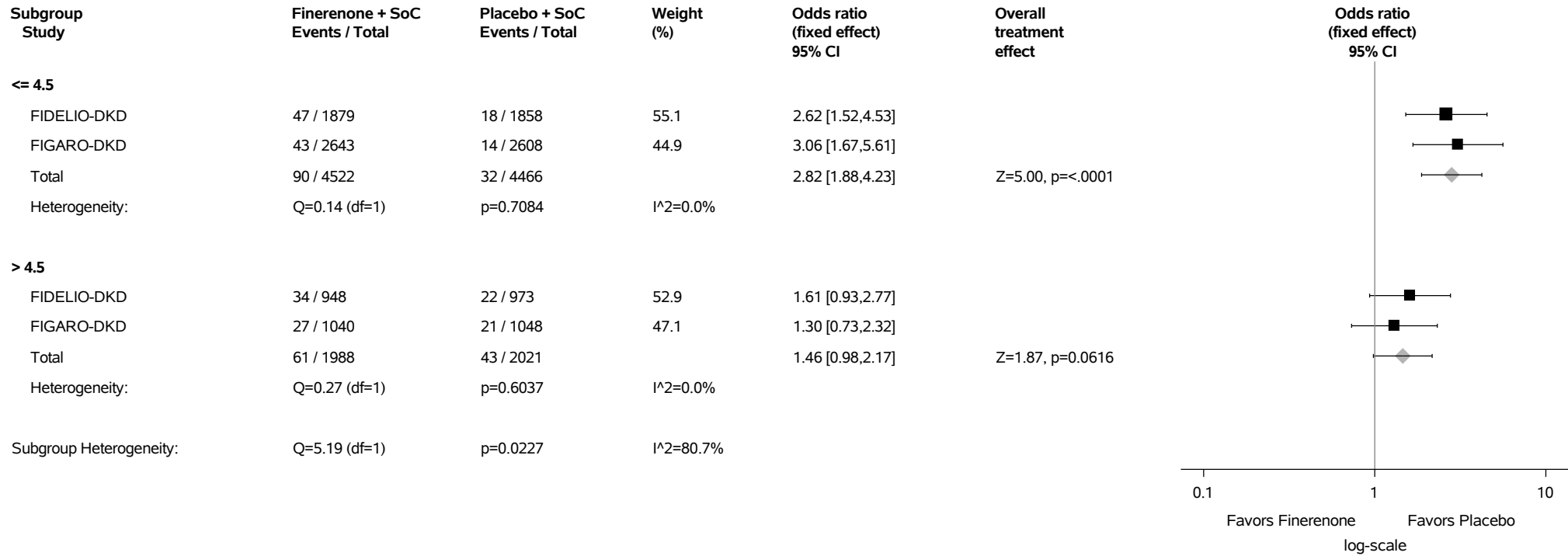
Figure 2.2.72.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.72.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

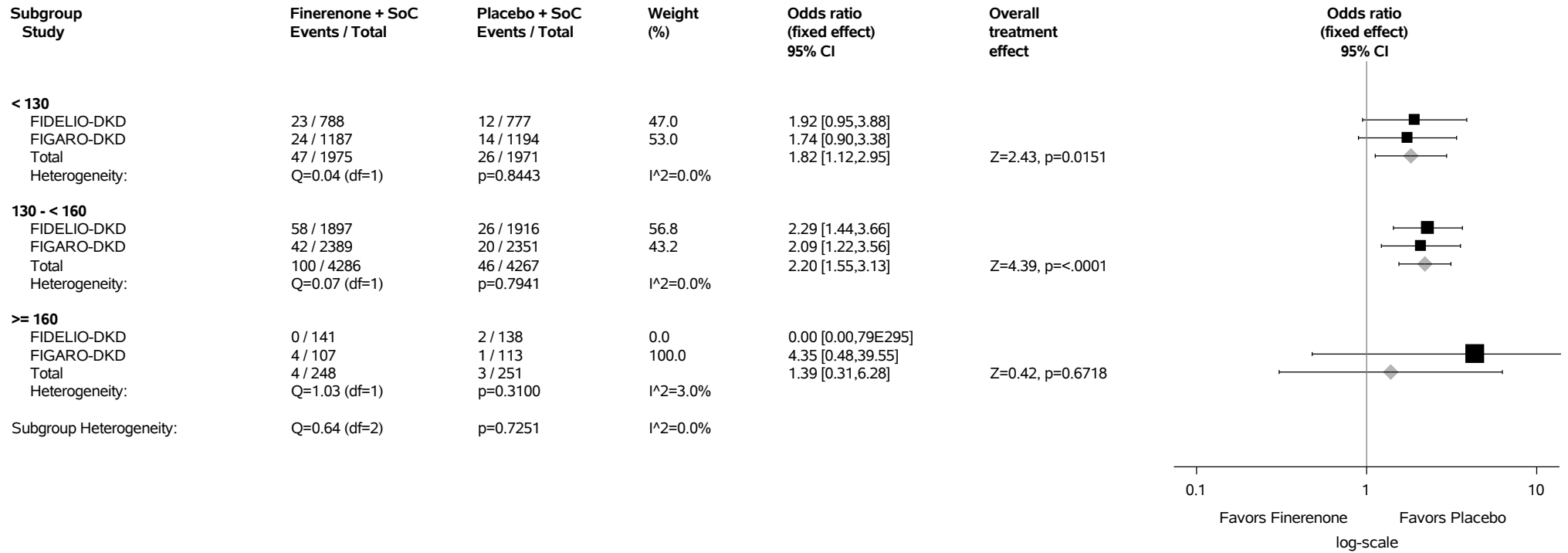
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.72.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Blood potassium increased (PT with Incidence >=1%)
Safety Analysis Set



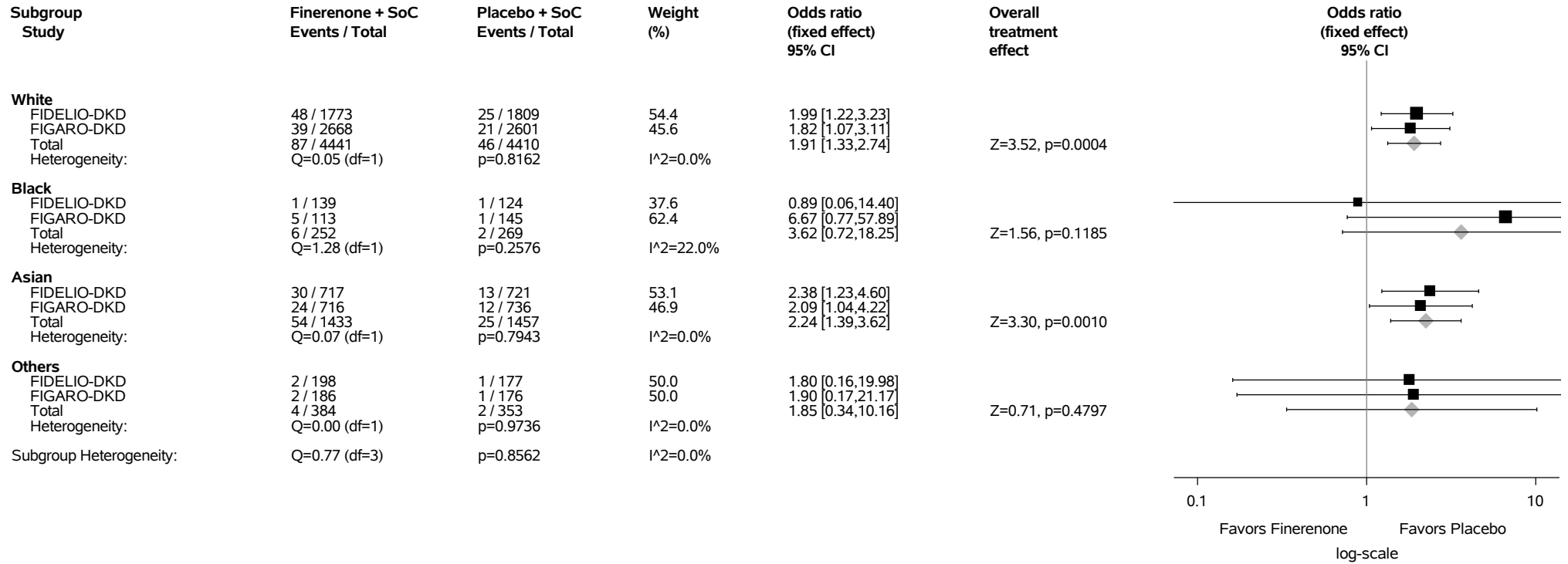
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.72.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

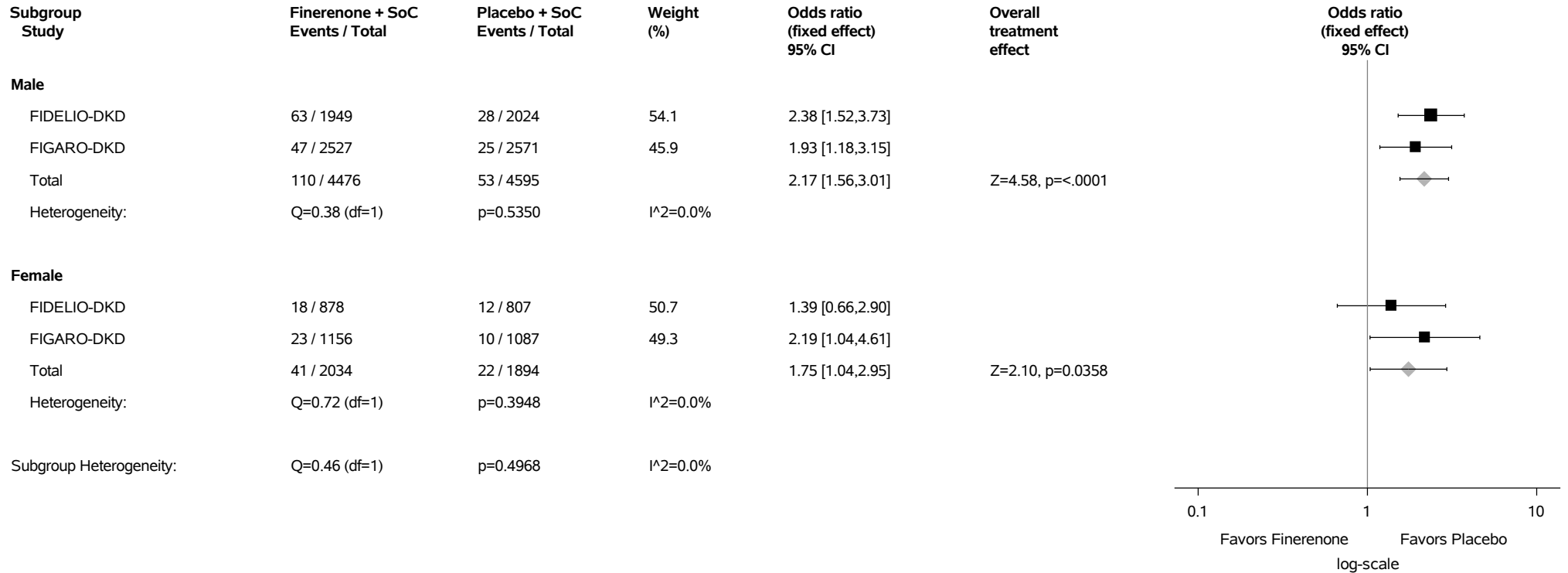
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

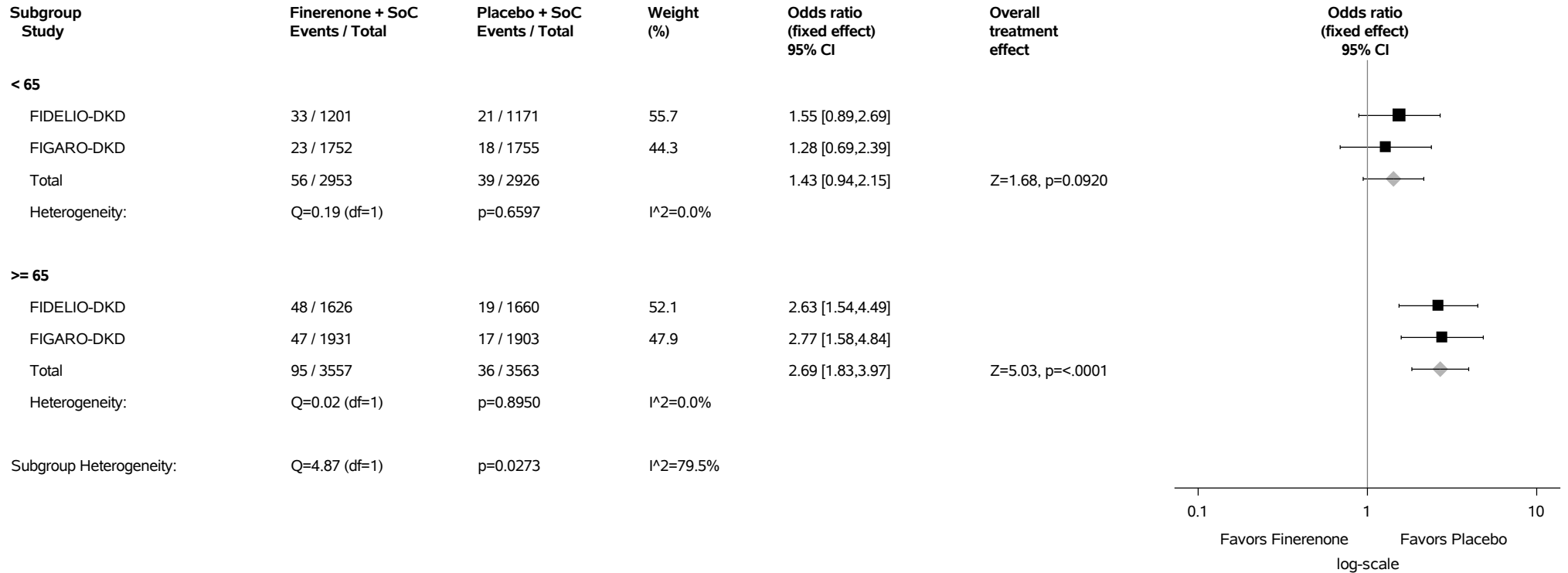
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.72.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



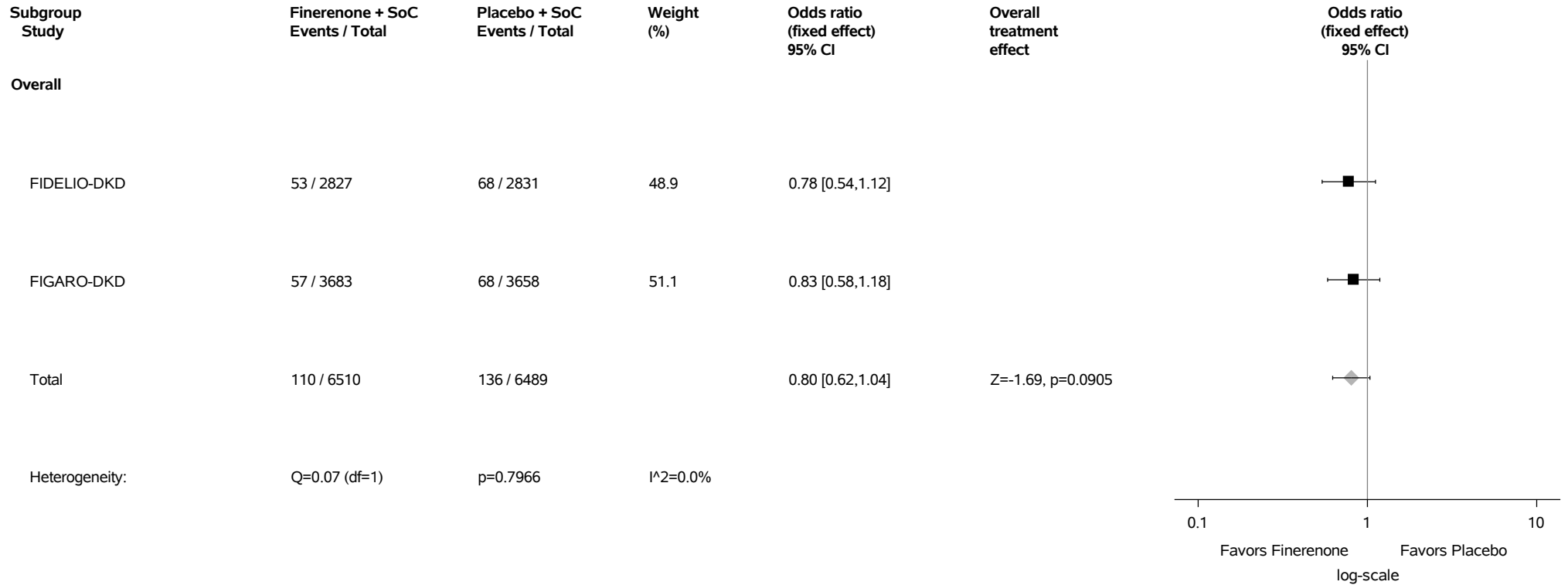
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.72.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Blood potassium increased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.73: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Blood pressure increased (PT with Incidence >=1%) Safety Analysis Set



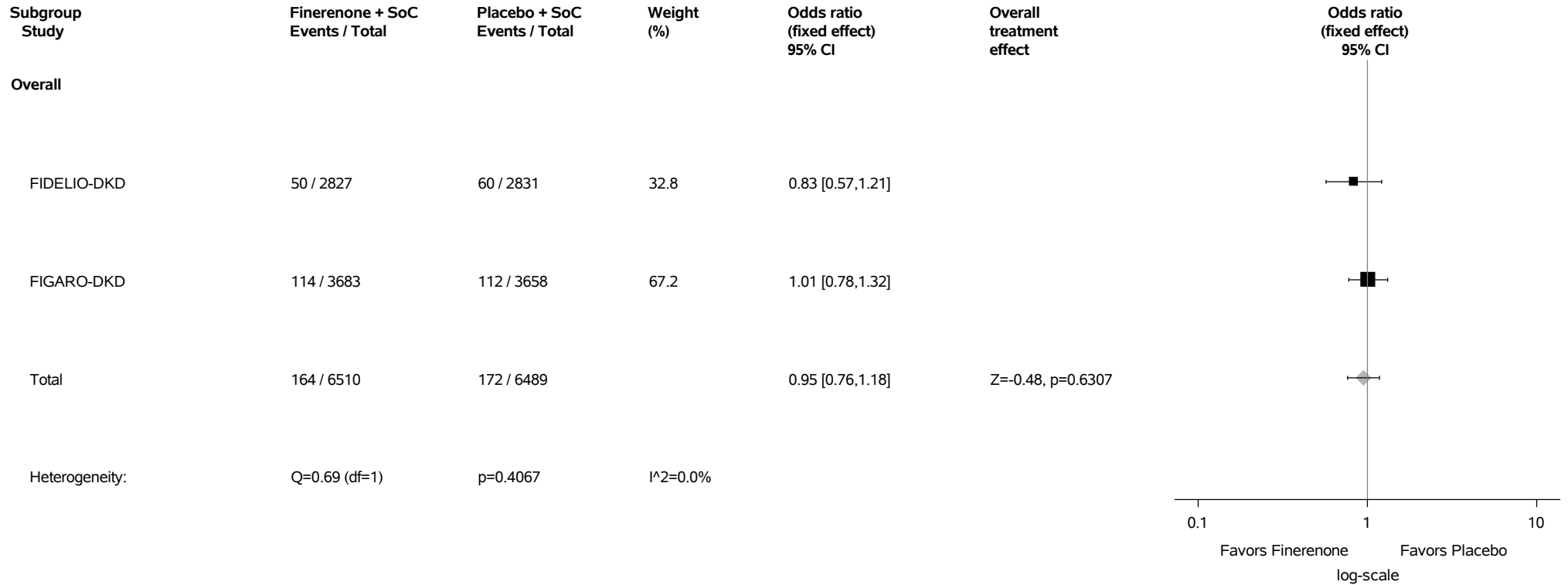
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.74: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - C-reactive protein increased (PT with Incidence >=1%) Safety Analysis Set



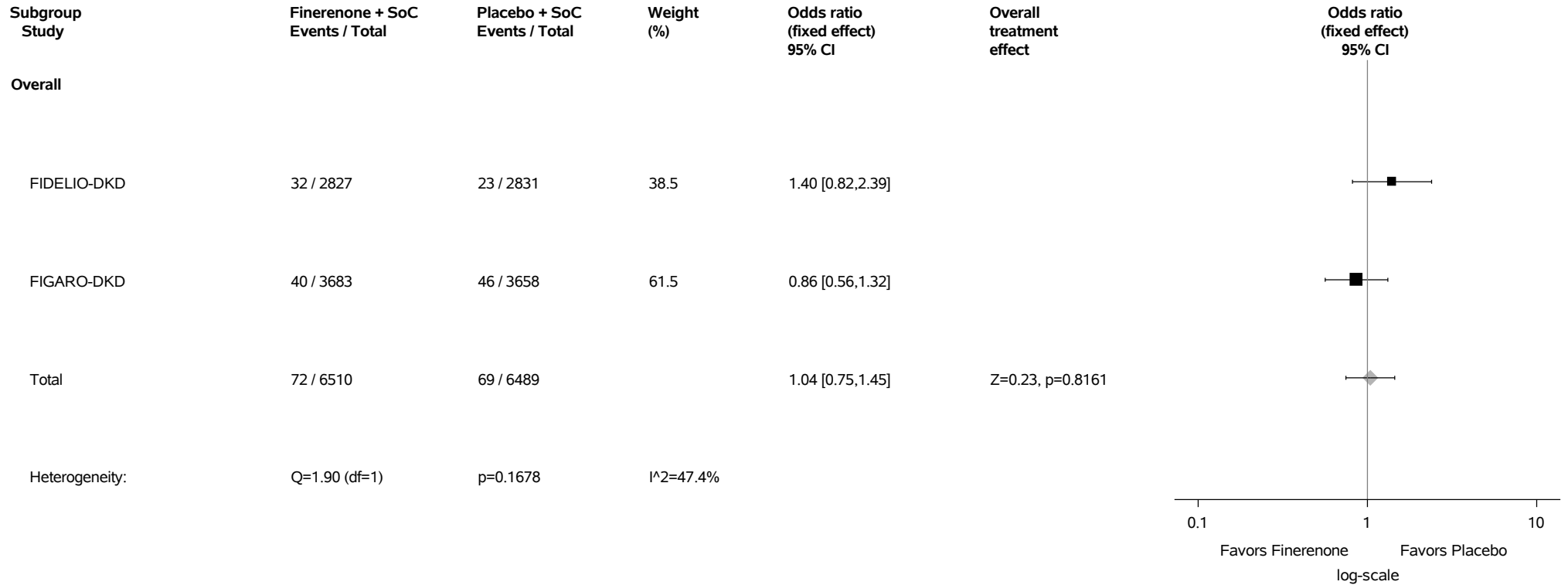
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.75: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gamma-glutamyltransferase increased (PT with Incidence >=1%) Safety Analysis Set



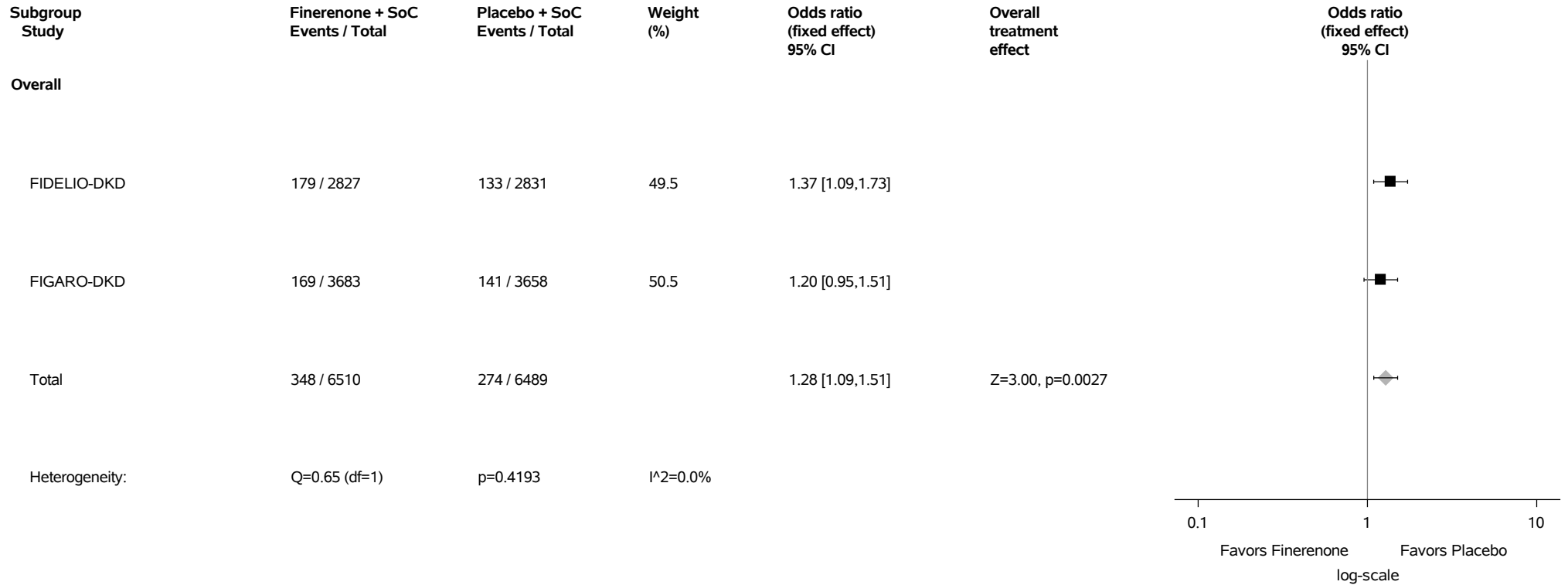
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.76: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



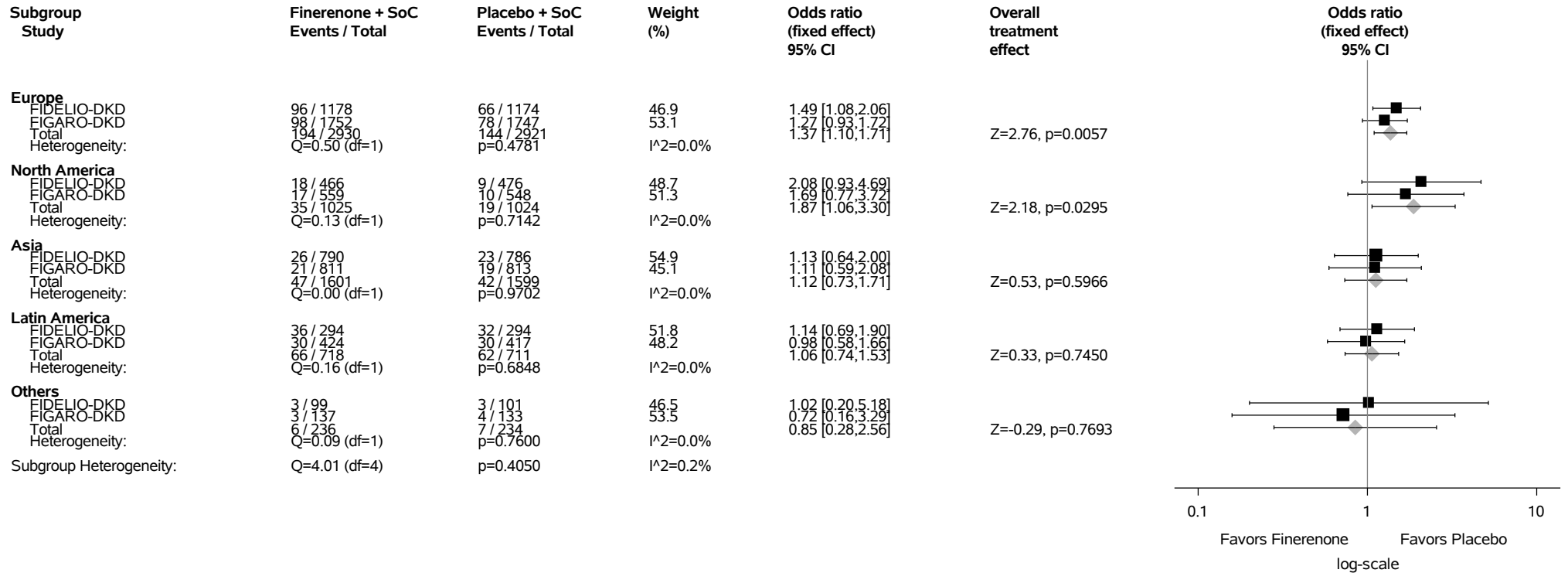
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.76.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



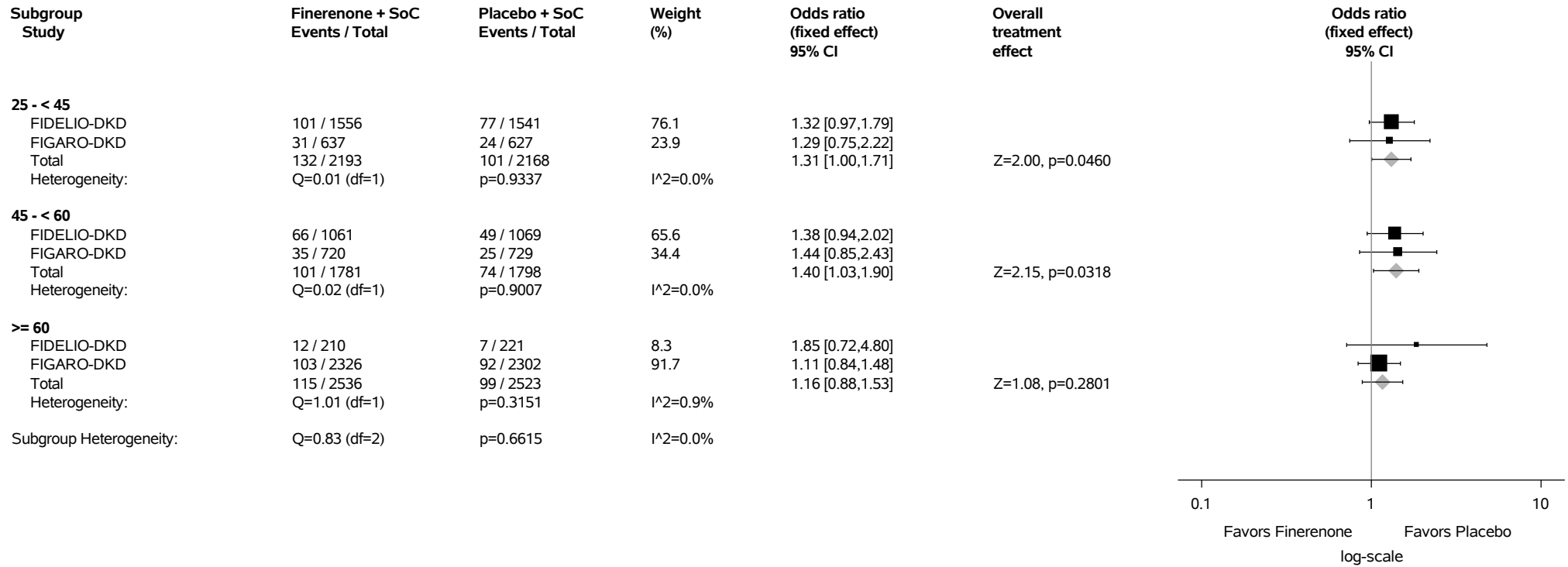
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

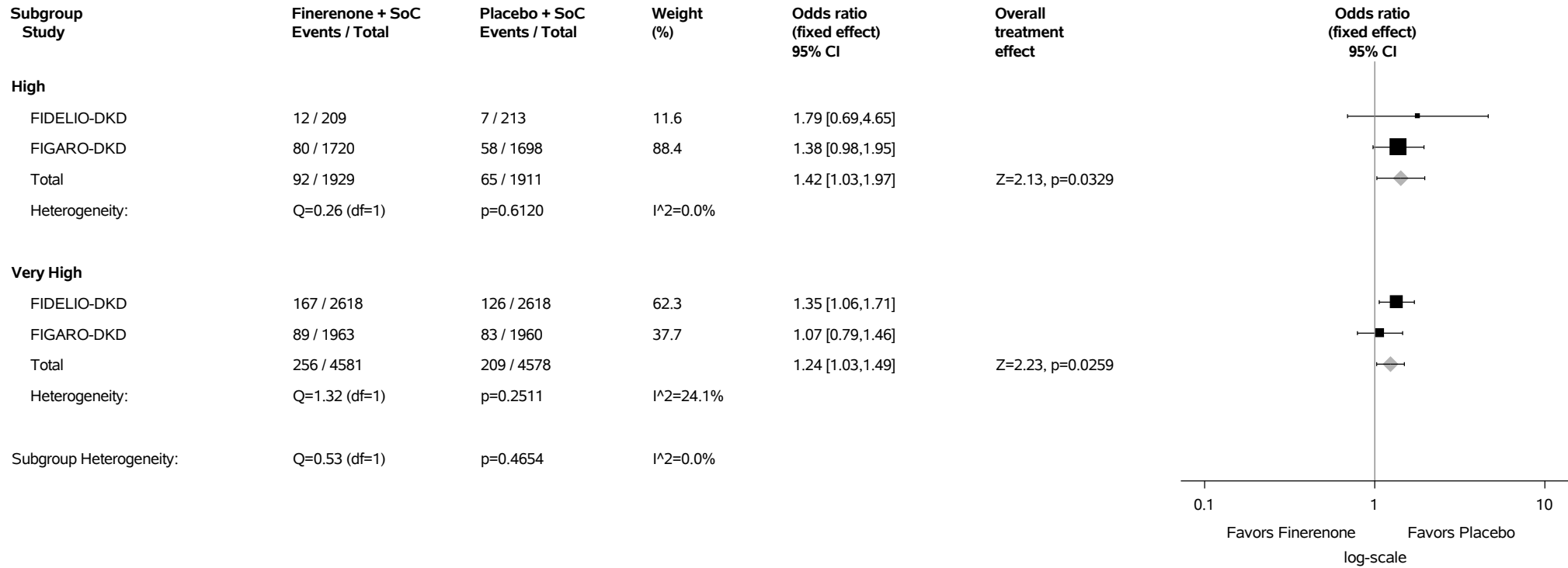
Figure 2.2.76.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.76.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Glomerular filtration rate decreased (PT with Incidence >=1%)

Safety Analysis Set



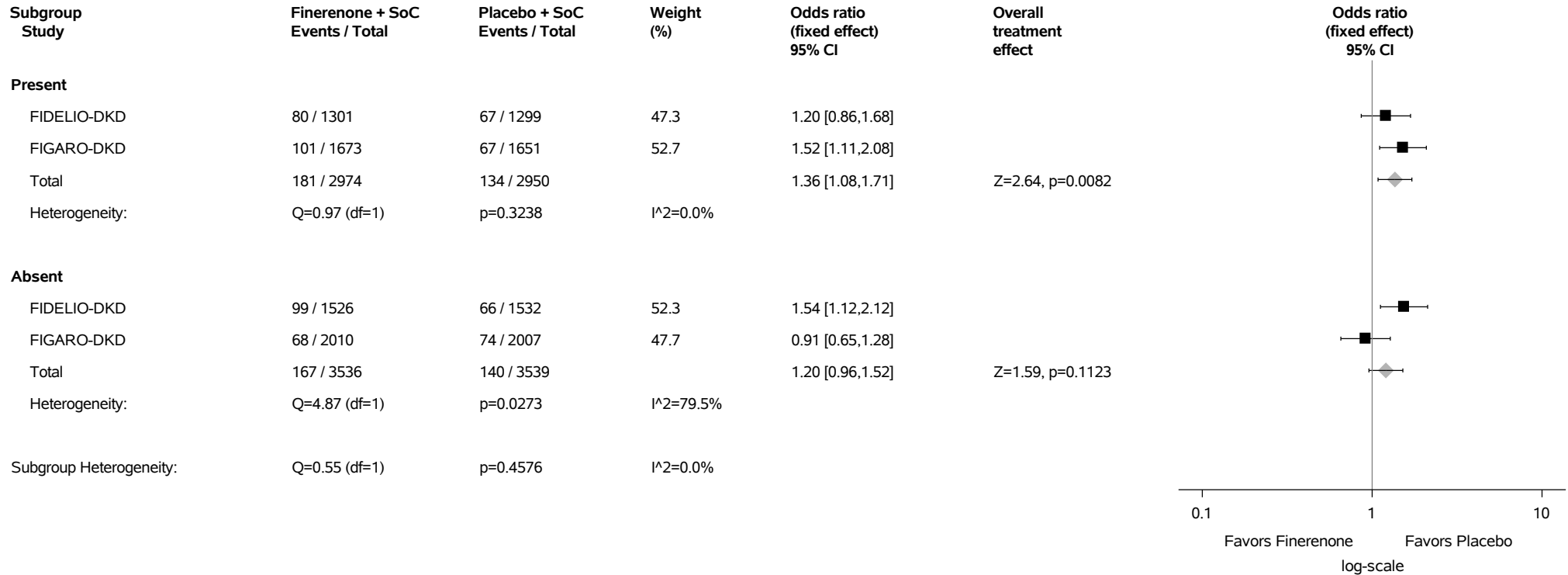
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.76.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



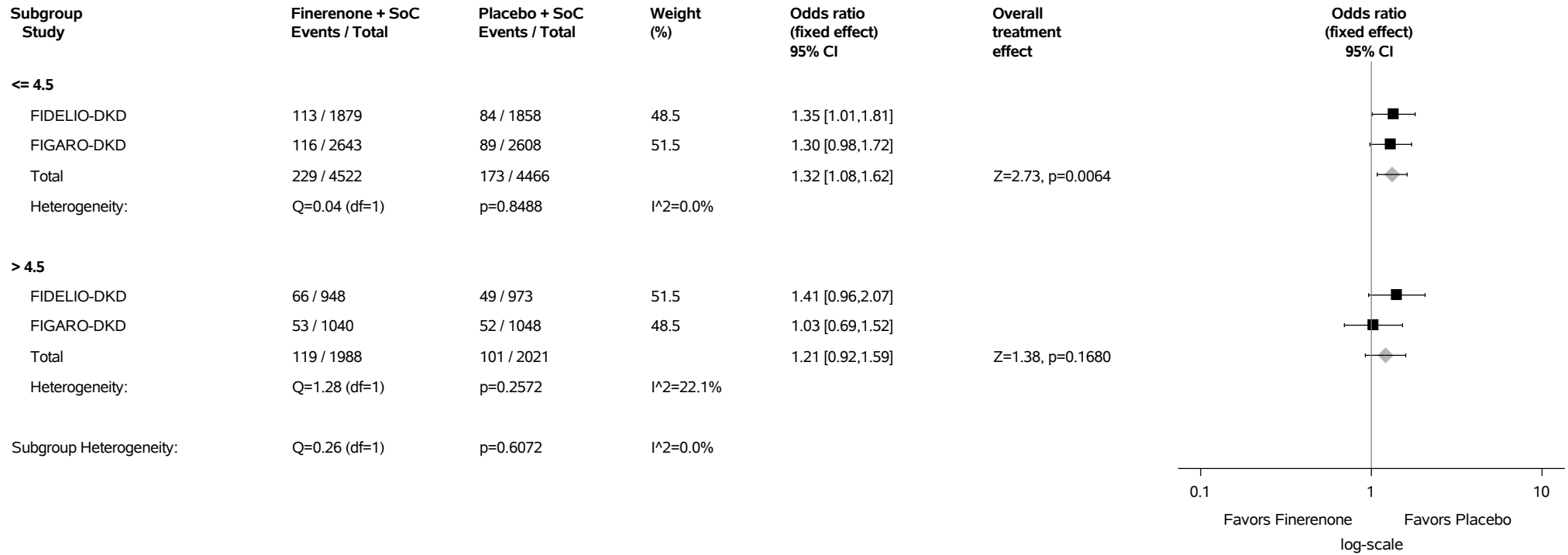
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.76.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

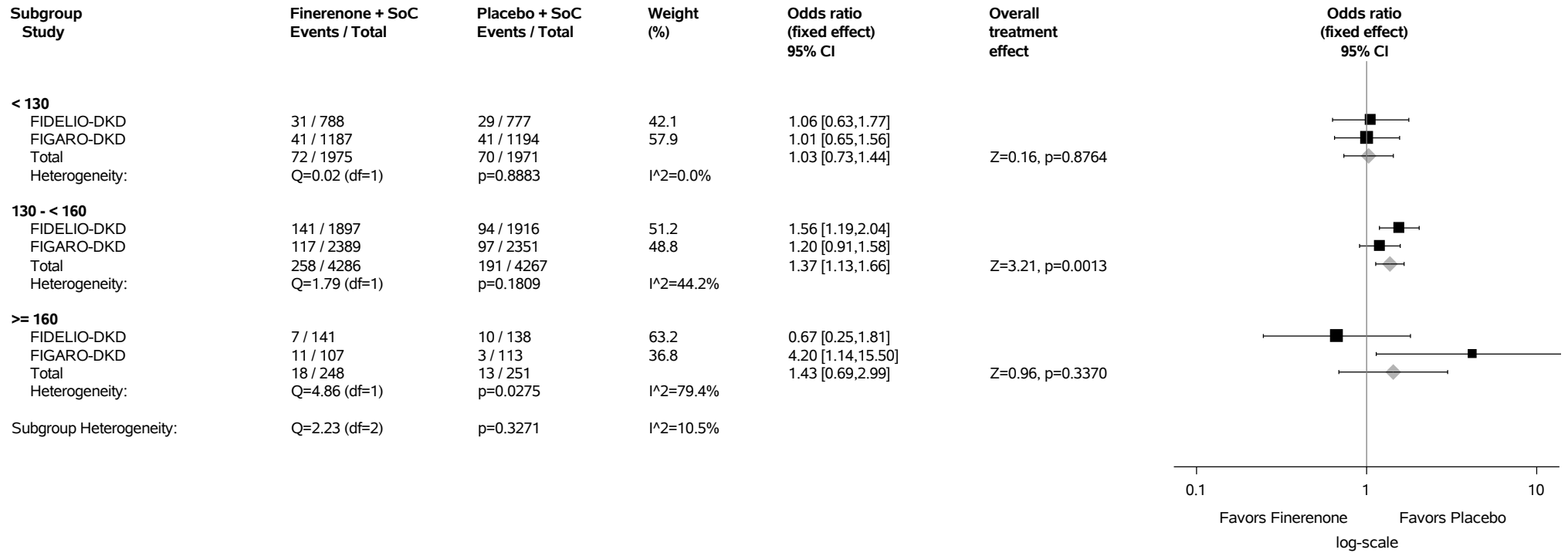
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.76.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



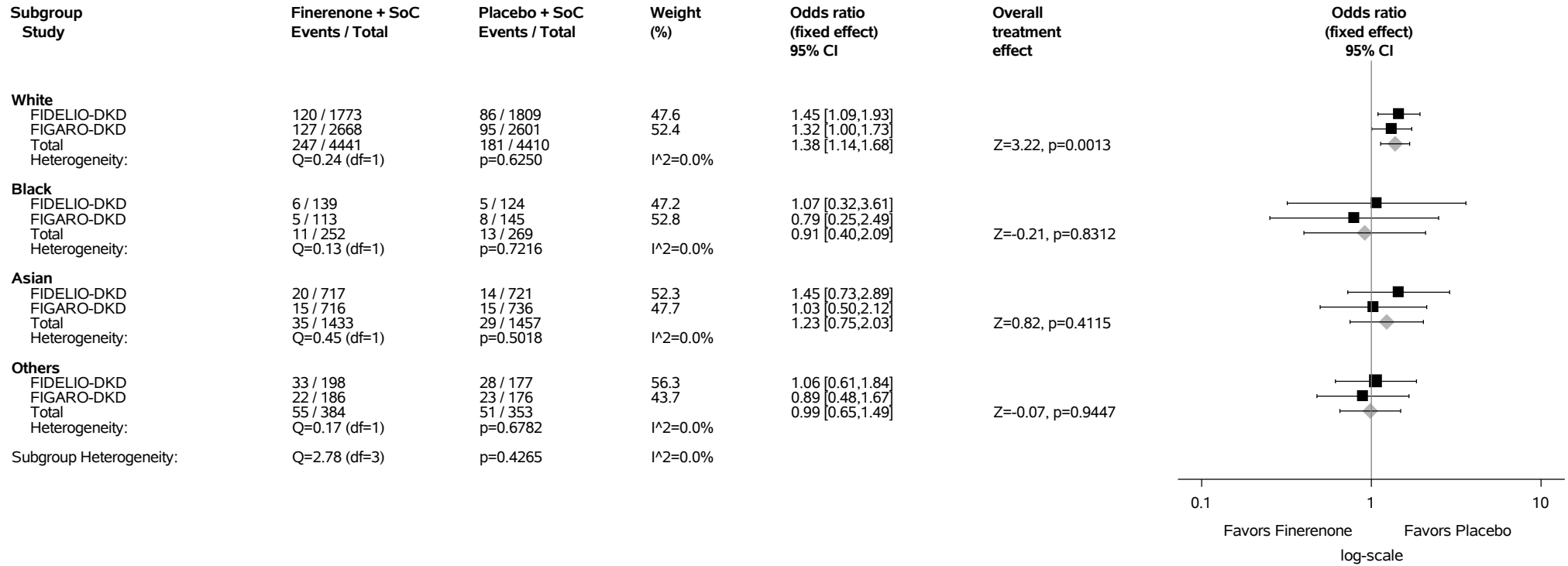
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.76.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

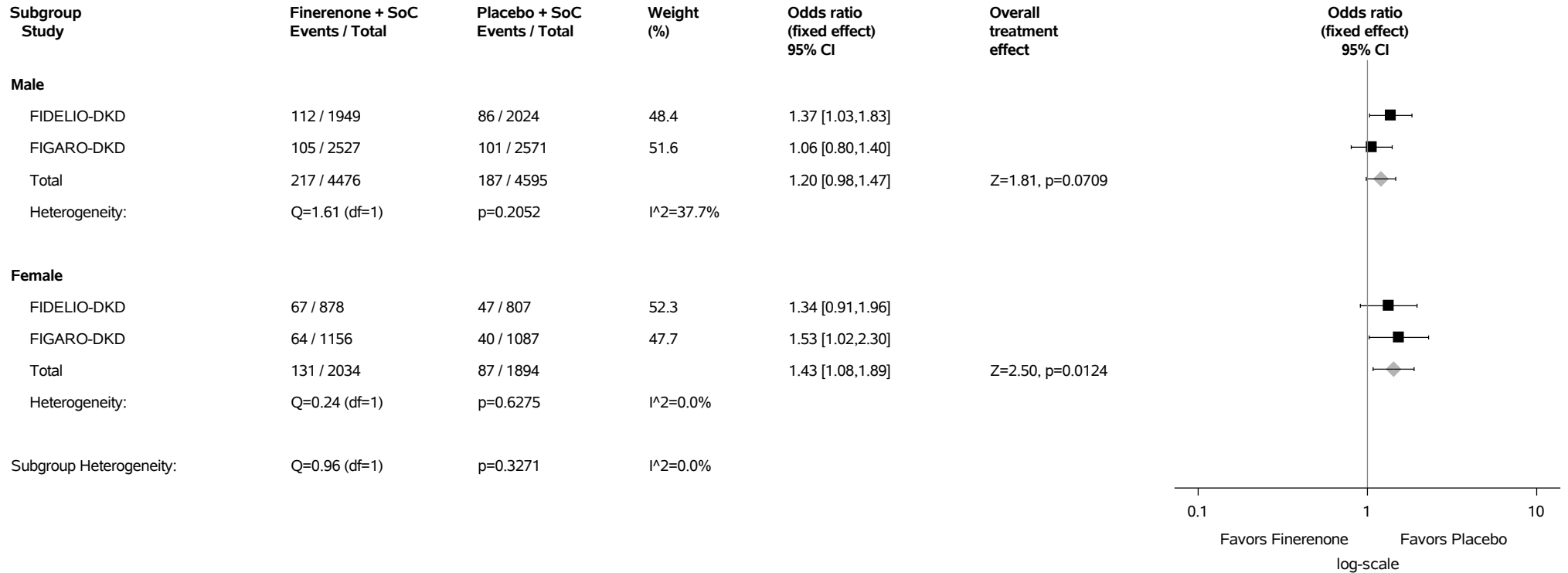
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.76.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



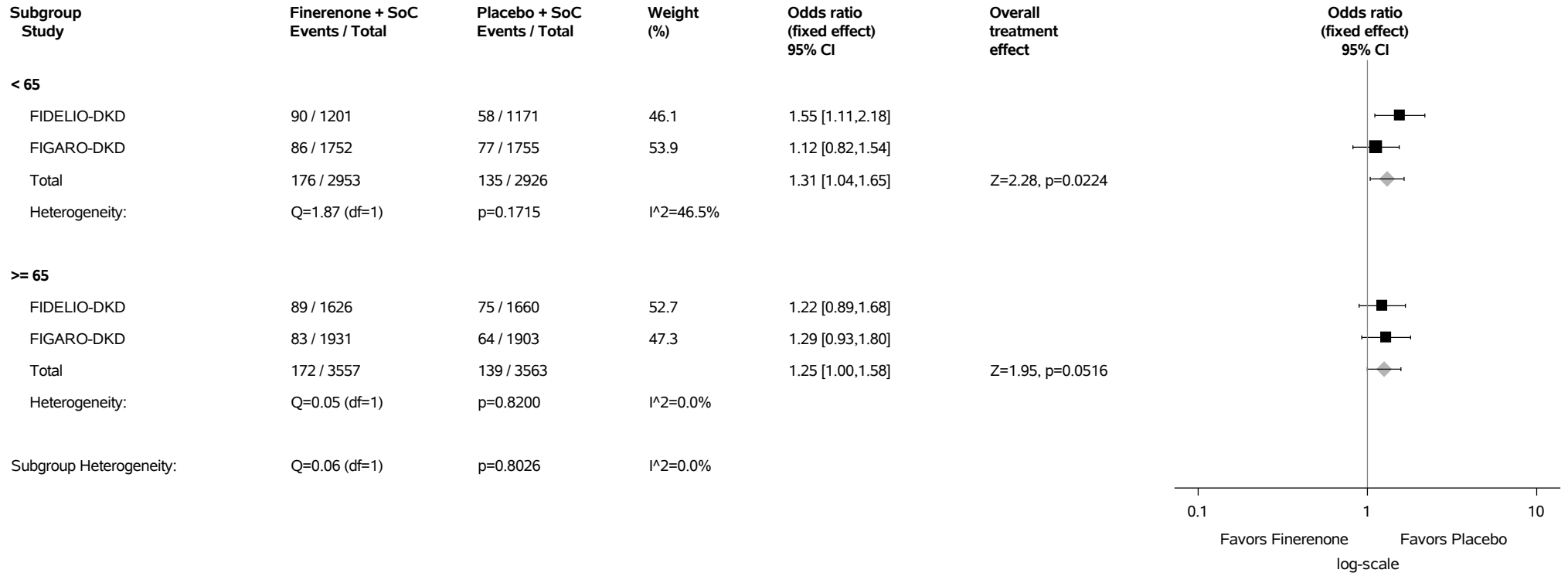
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

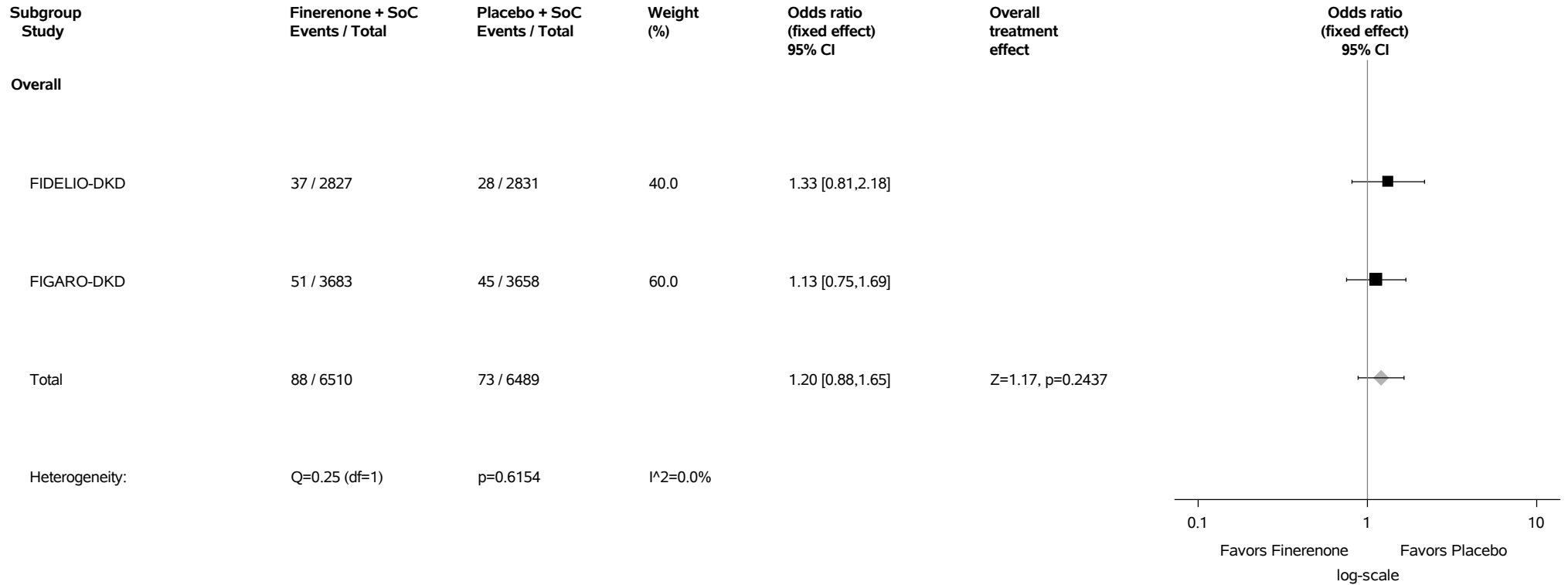
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.76.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Glomerular filtration rate decreased (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.77: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Glycosylated haemoglobin increased (PT with Incidence >=1%) Safety Analysis Set



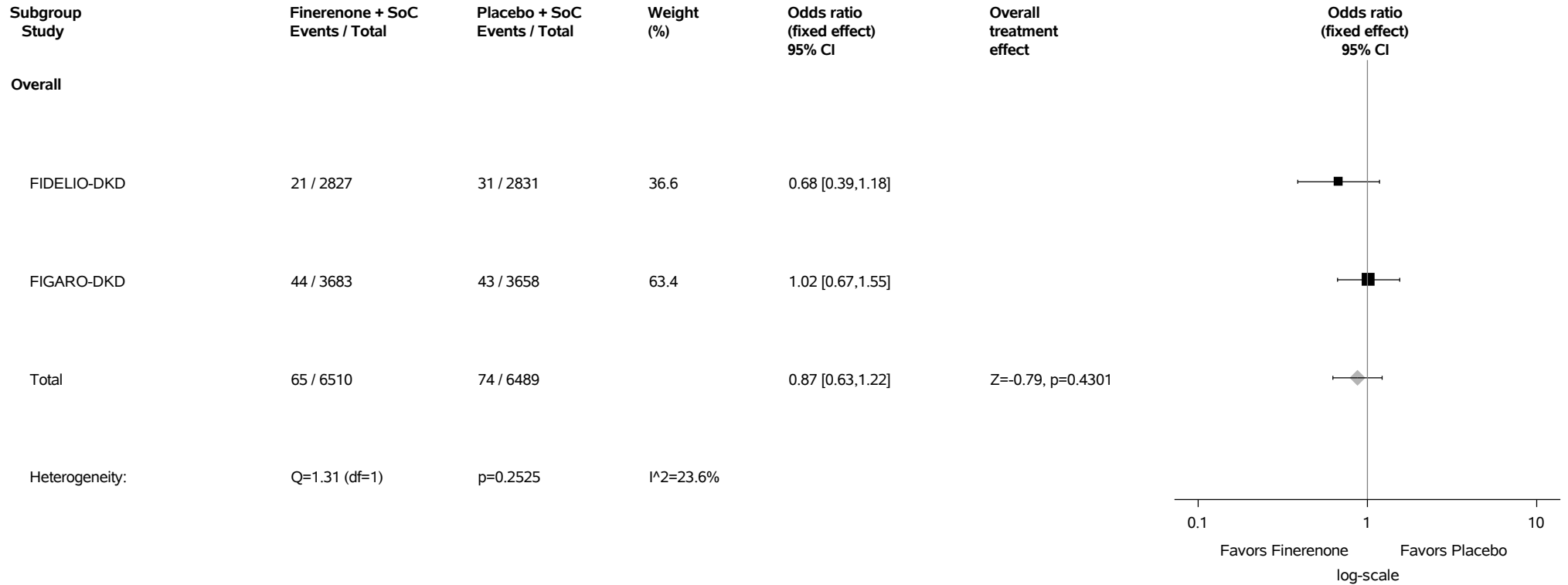
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.78: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Weight decreased (PT with Incidence >=1%) Safety Analysis Set



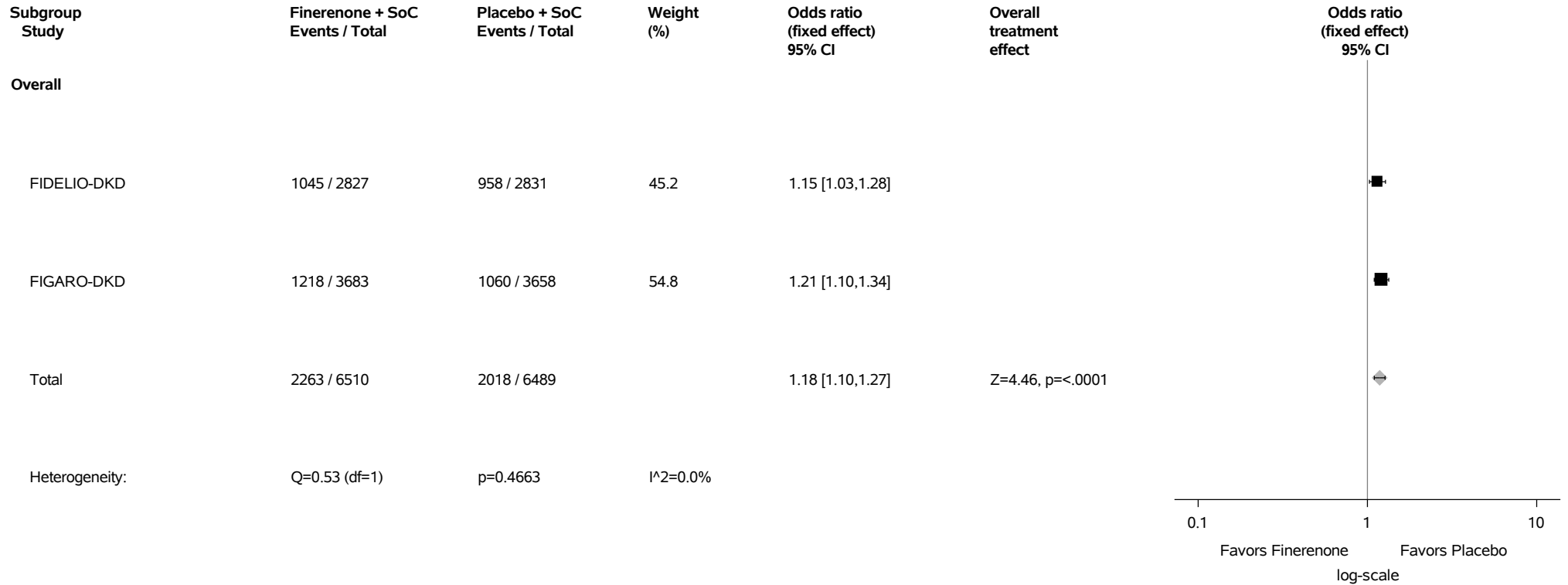
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.79: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



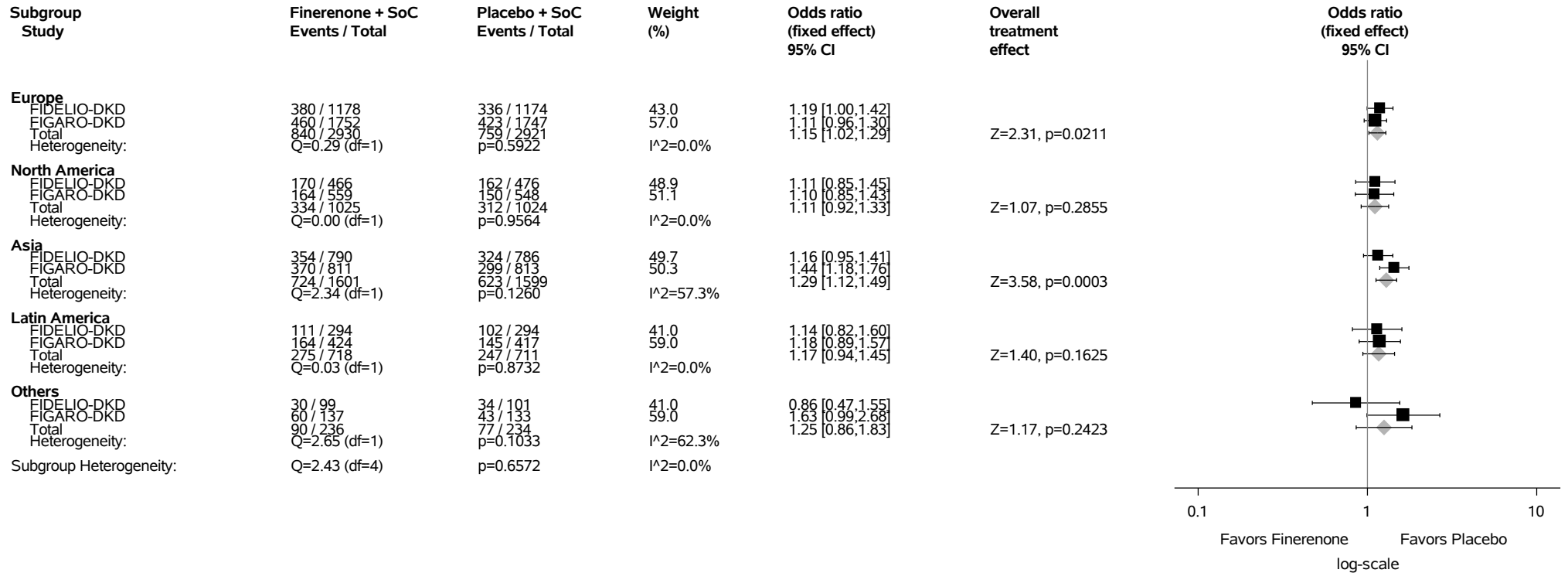
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.79.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



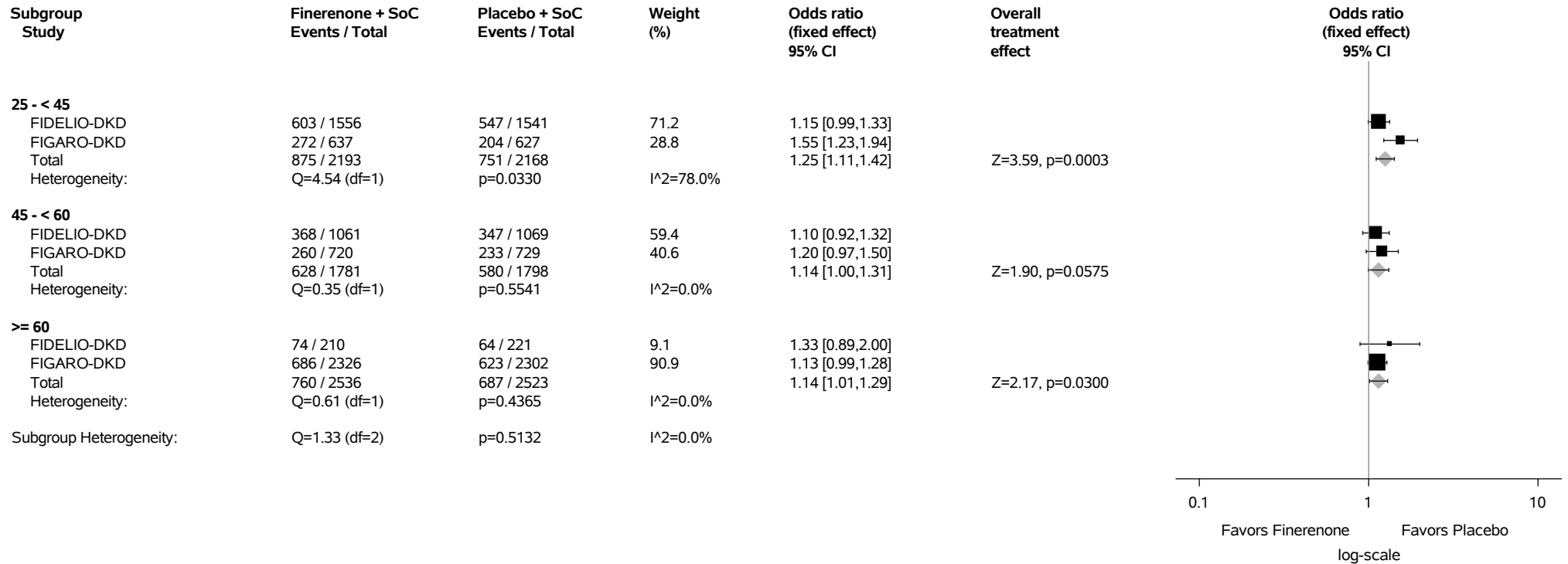
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

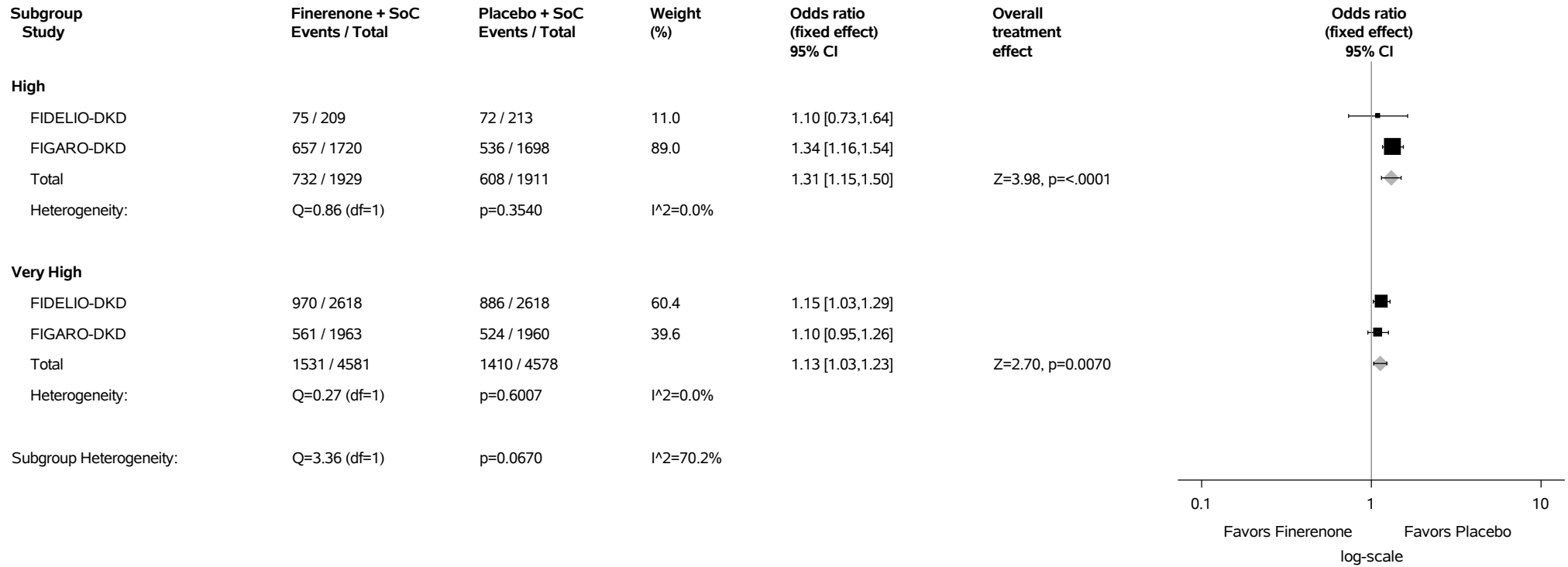
Figure 2.2.79.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.79.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)

Safety Analysis Set



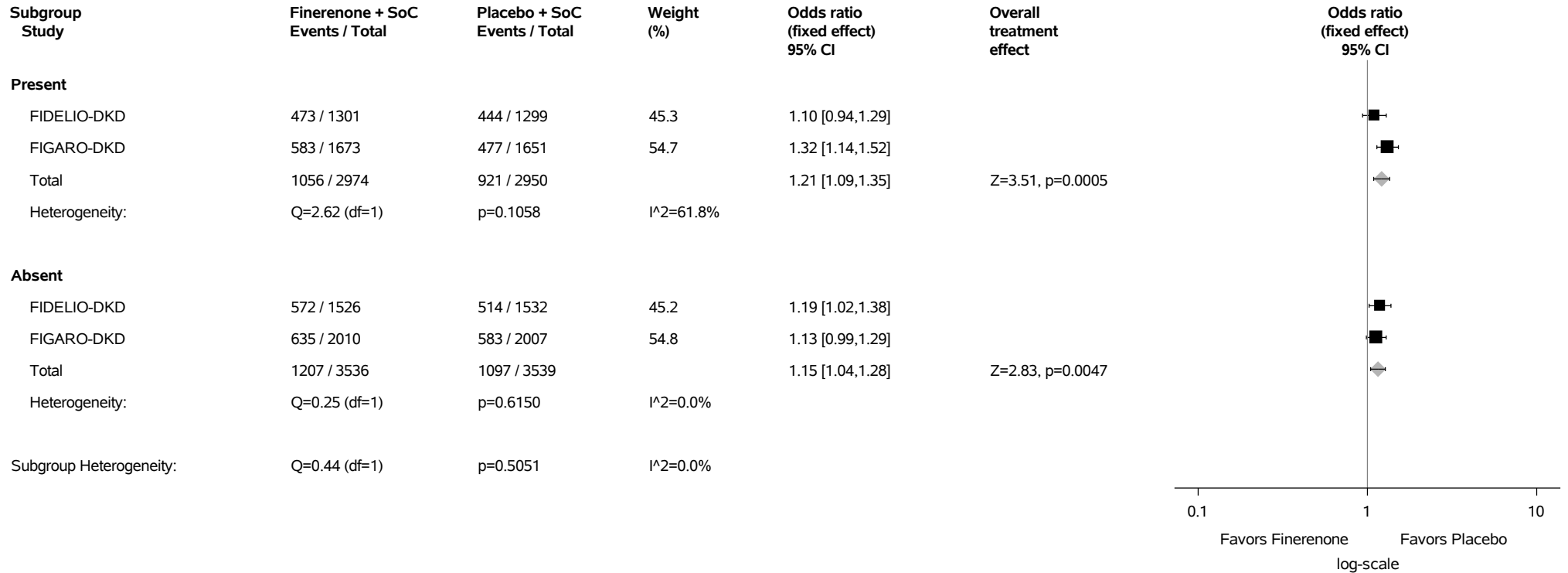
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.79.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



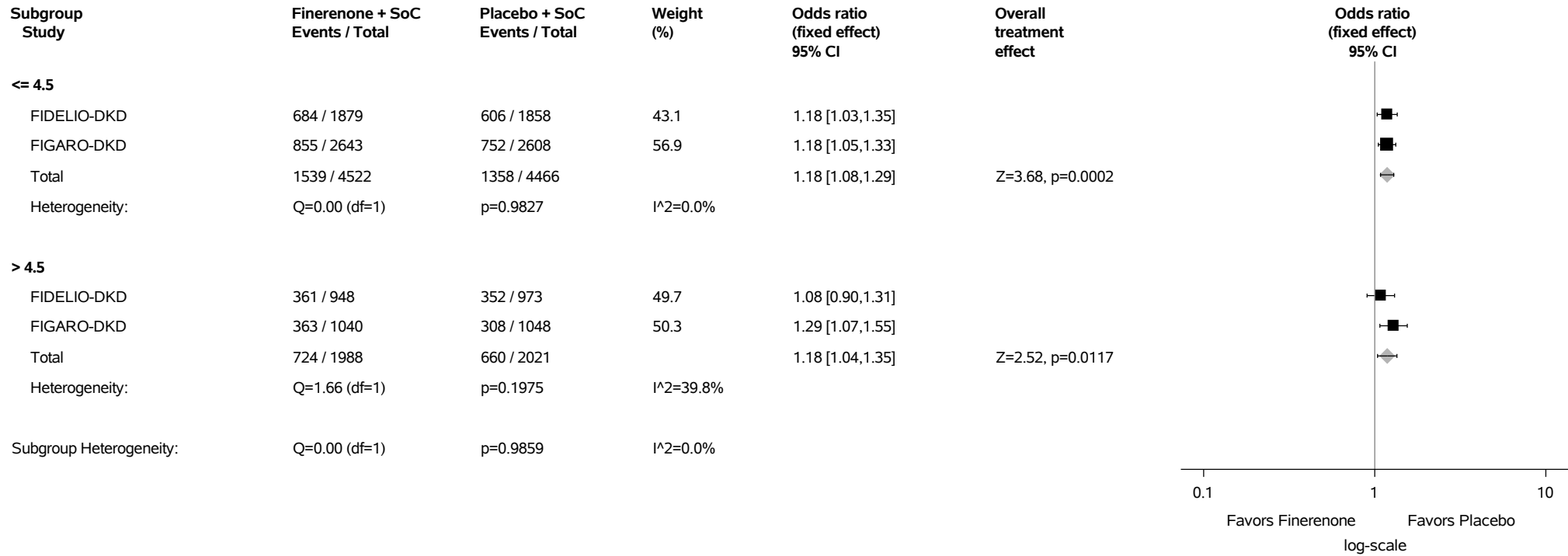
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

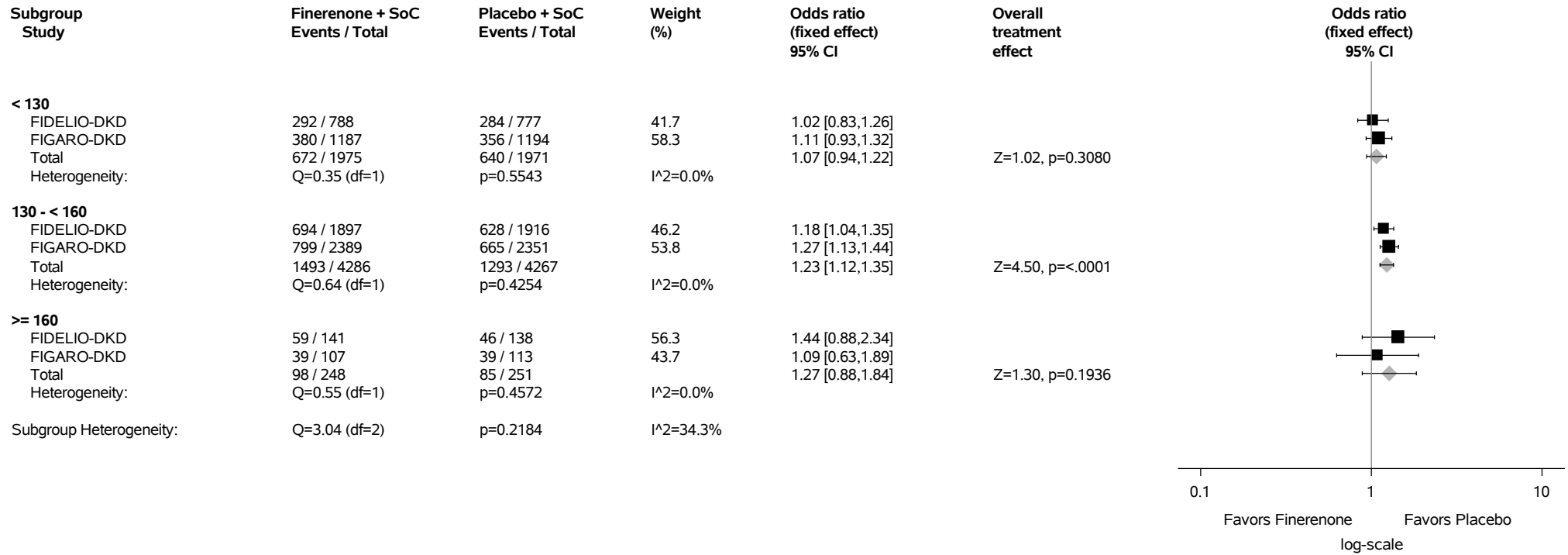
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.79.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%)
Safety Analysis Set



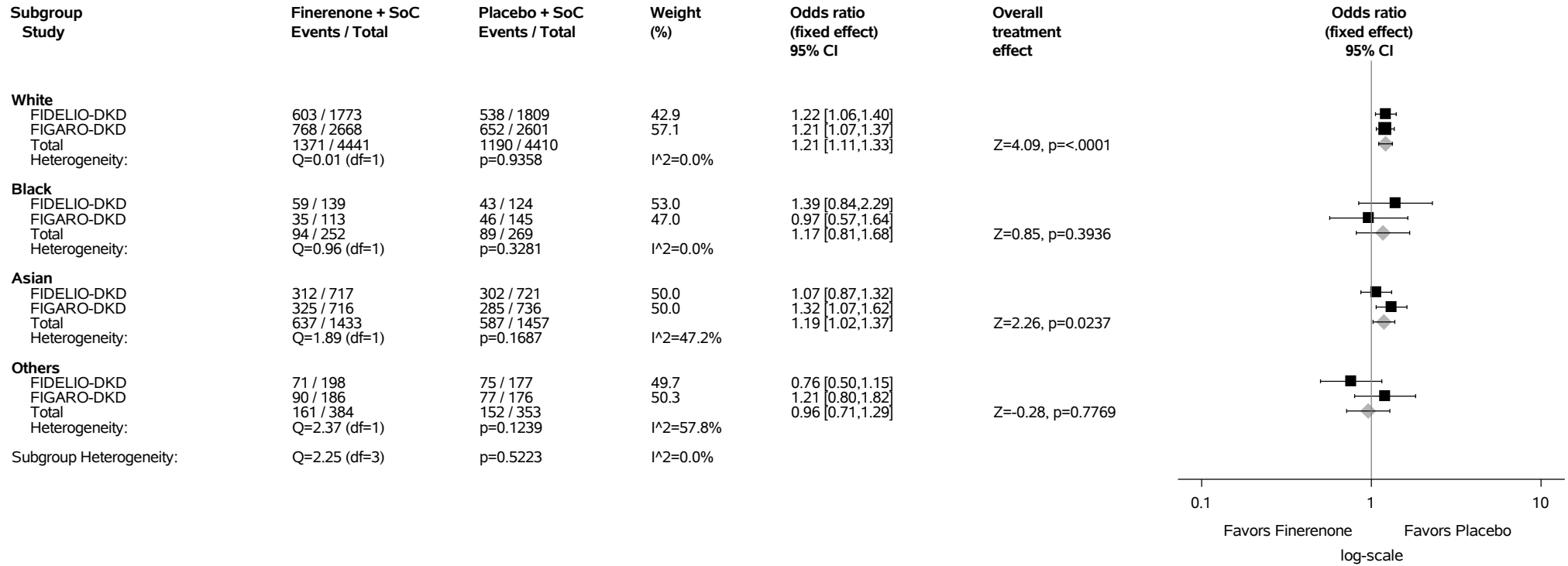
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.79.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups. Category 'Missing' was excluded from meta-analysis.

Figure 2.2.79.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

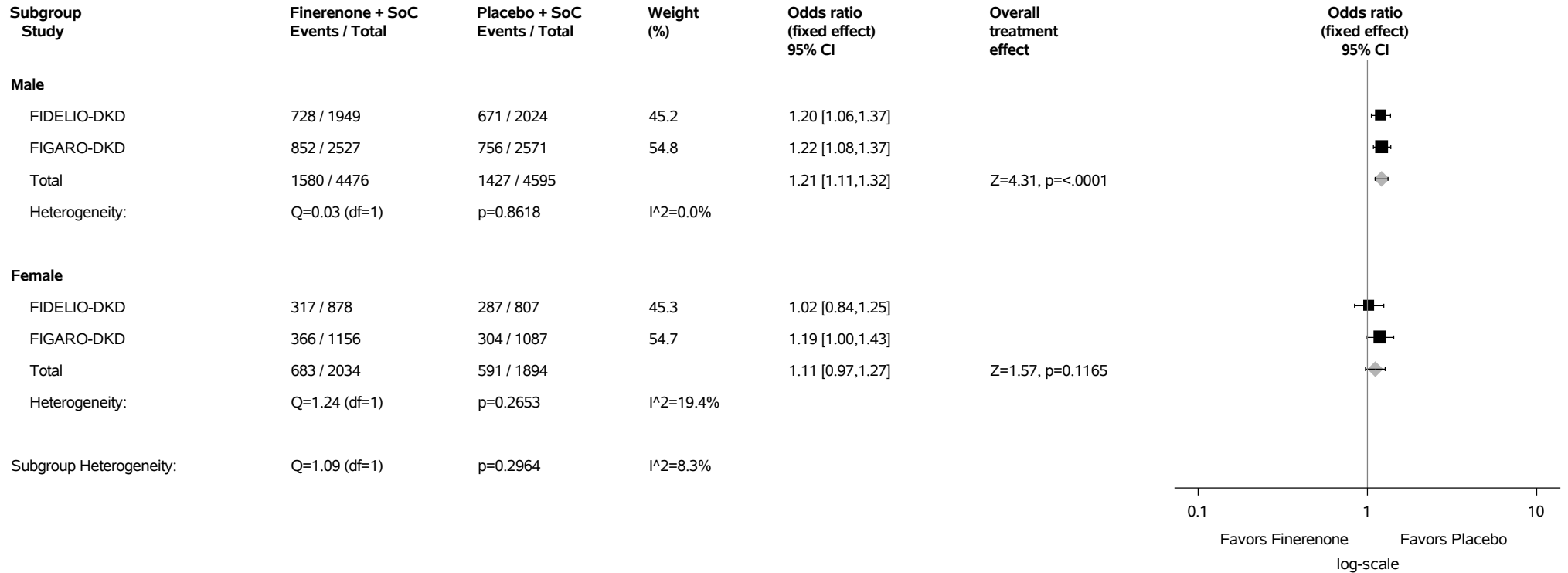
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

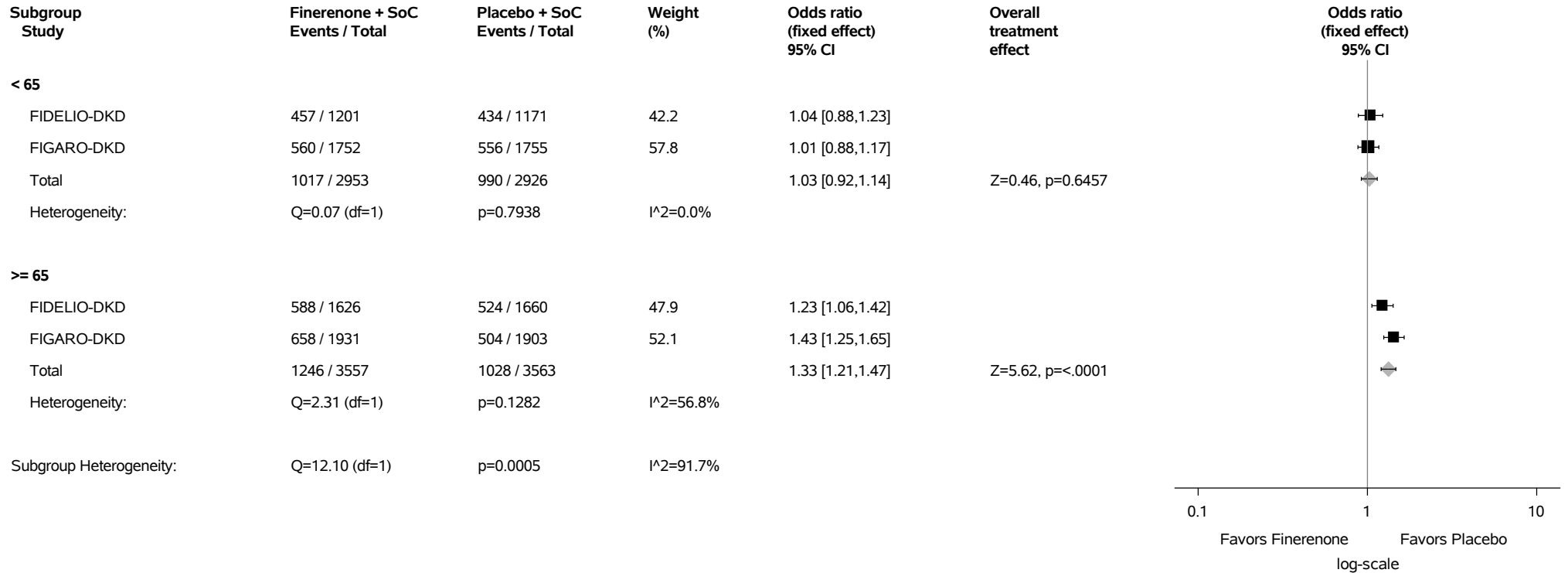
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.79.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



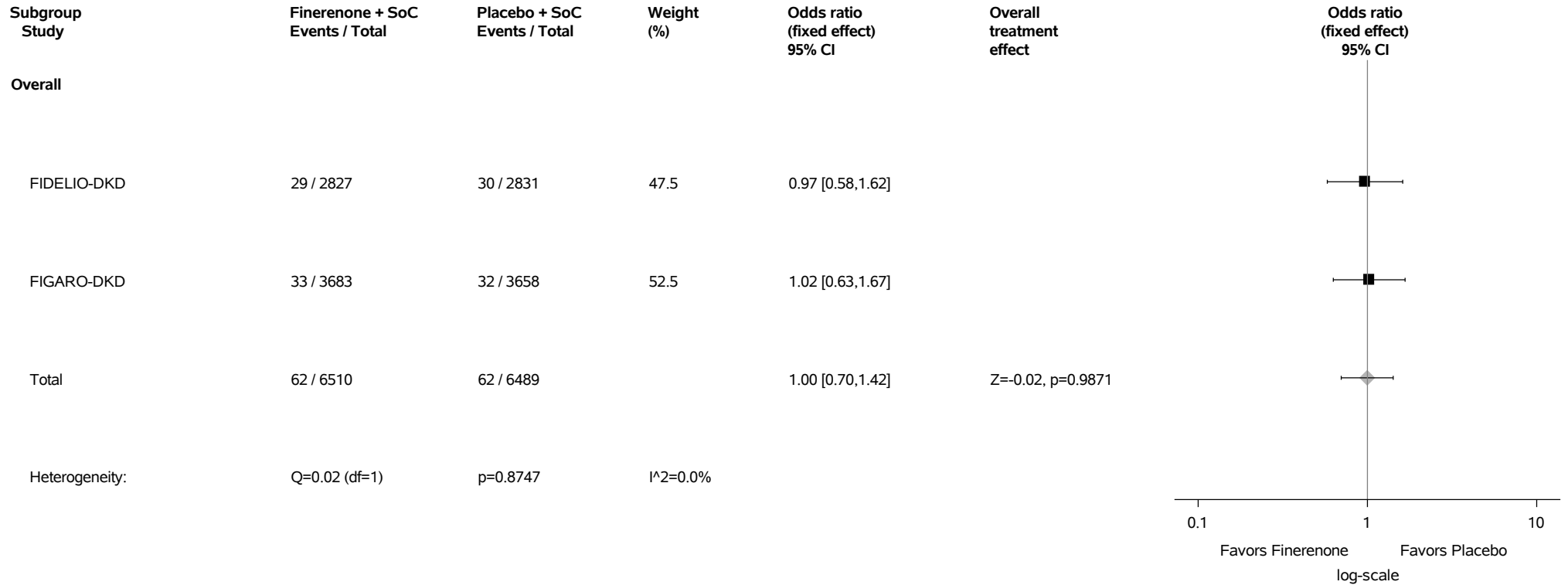
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.79.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.80: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Decreased appetite (PT with Incidence >=1%) Safety Analysis Set



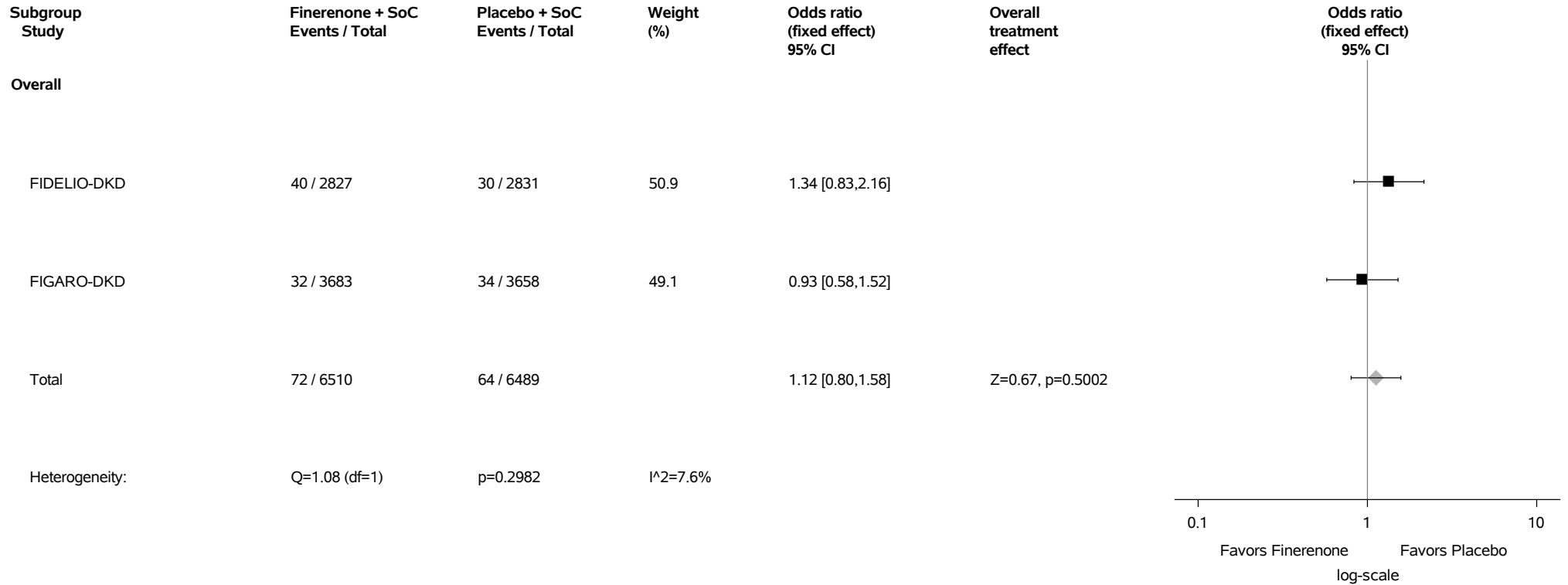
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.81: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dehydration (PT with Incidence >=1%) Safety Analysis Set



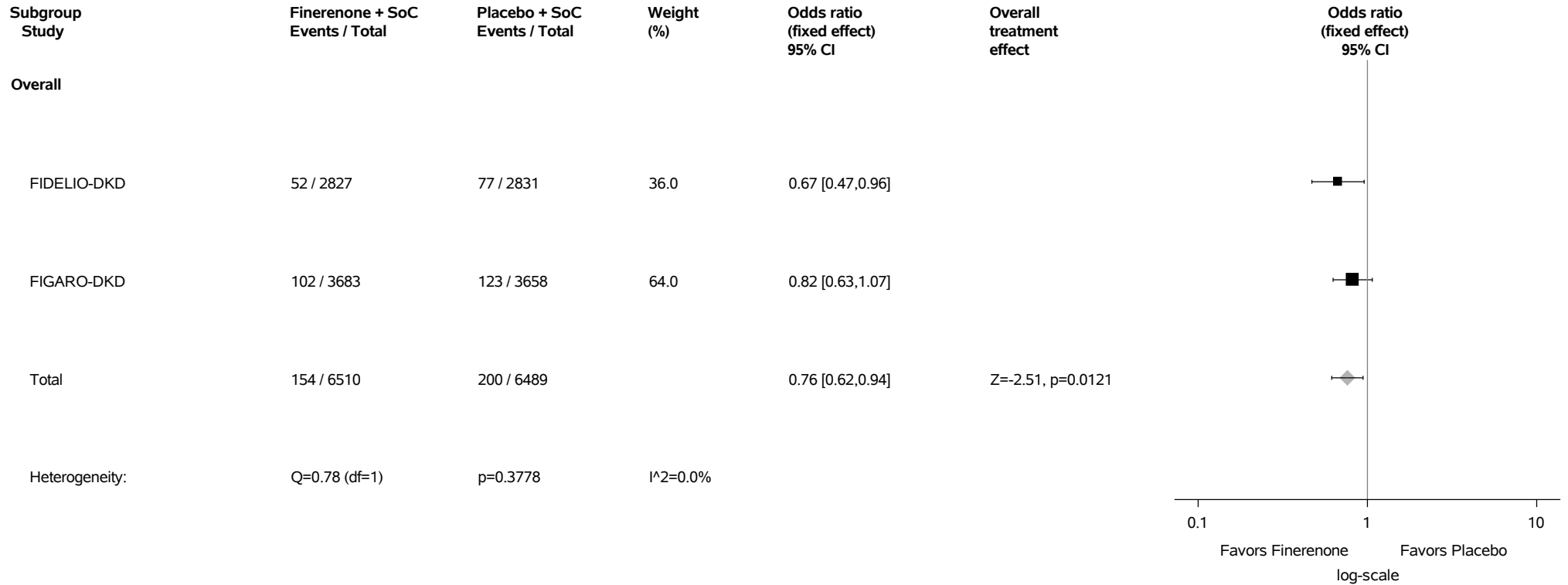
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.82: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



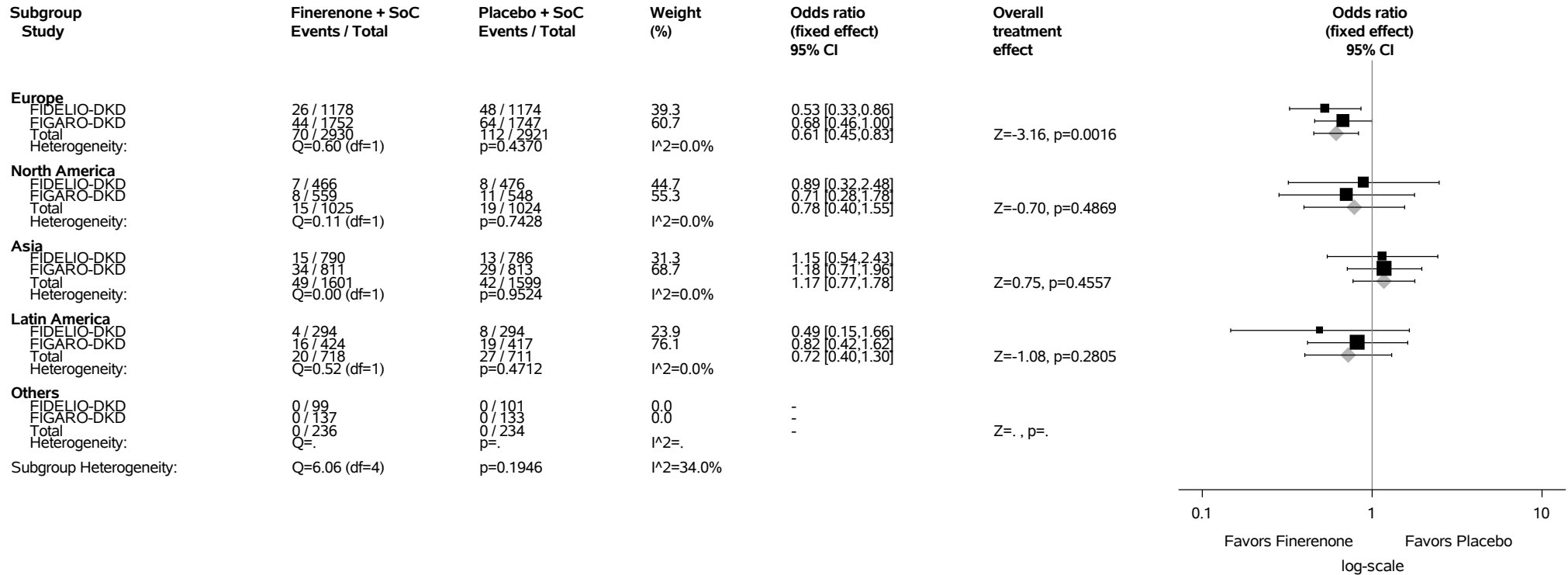
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.82.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



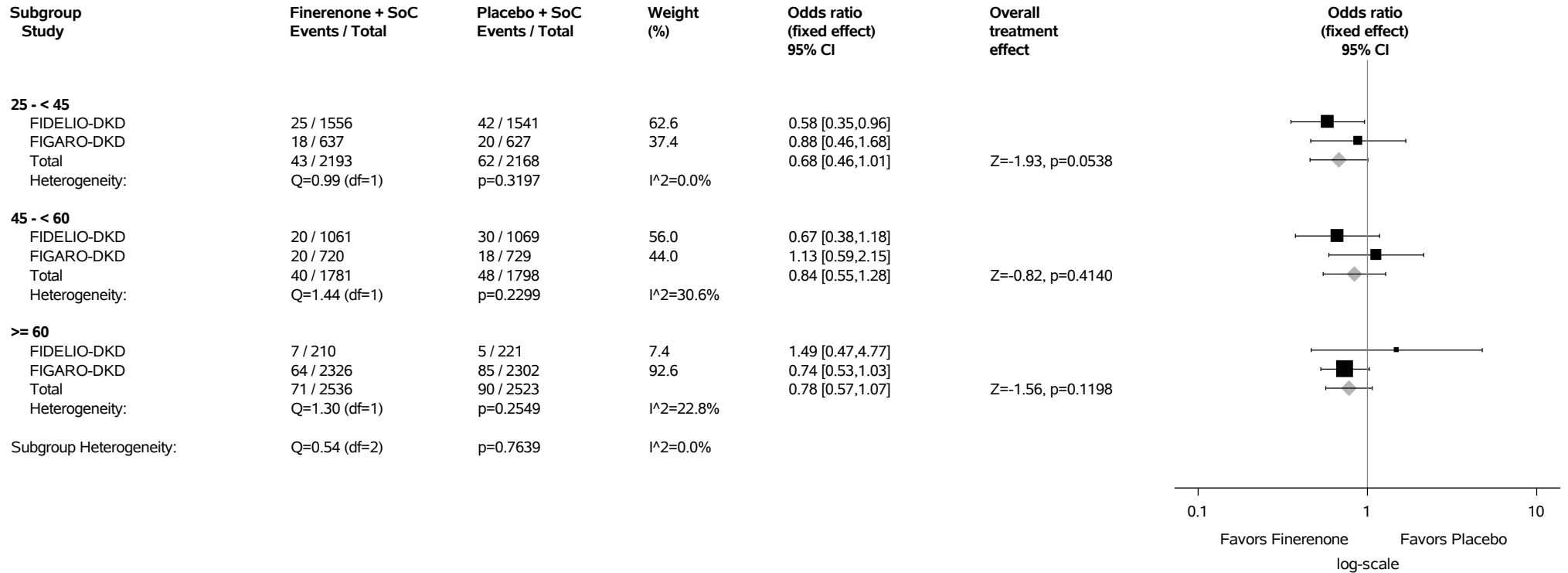
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

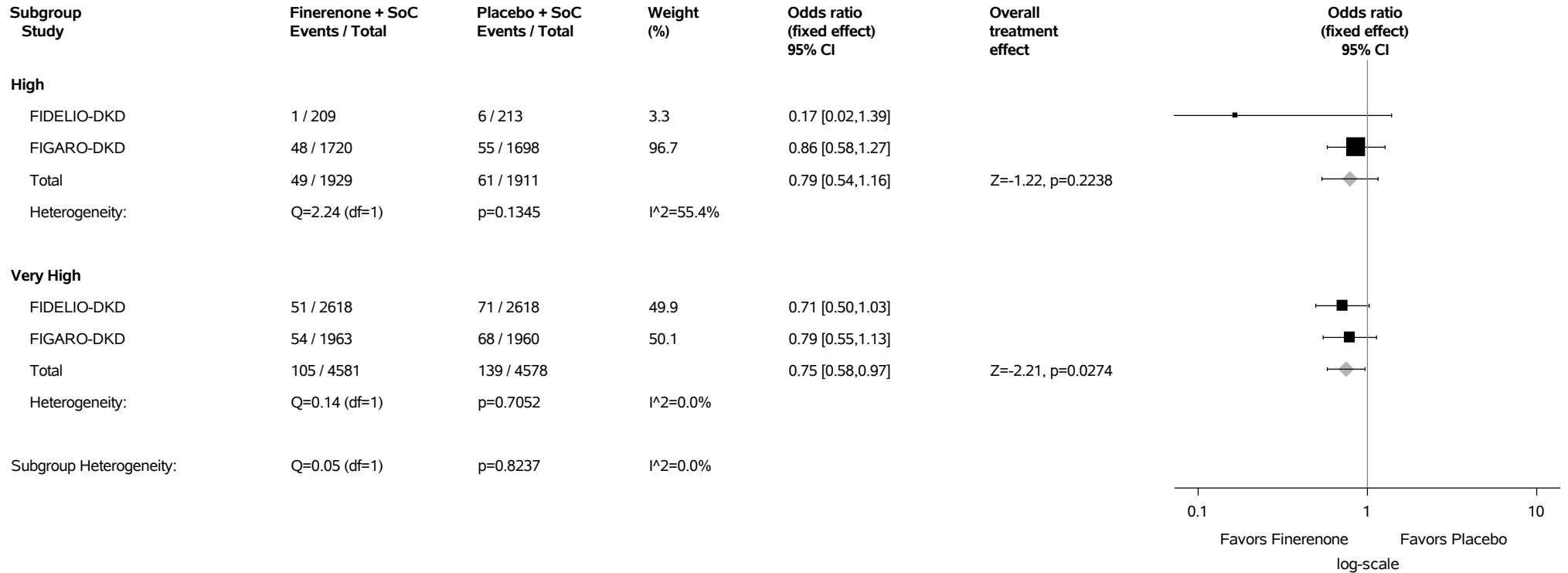
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.82.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.82.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



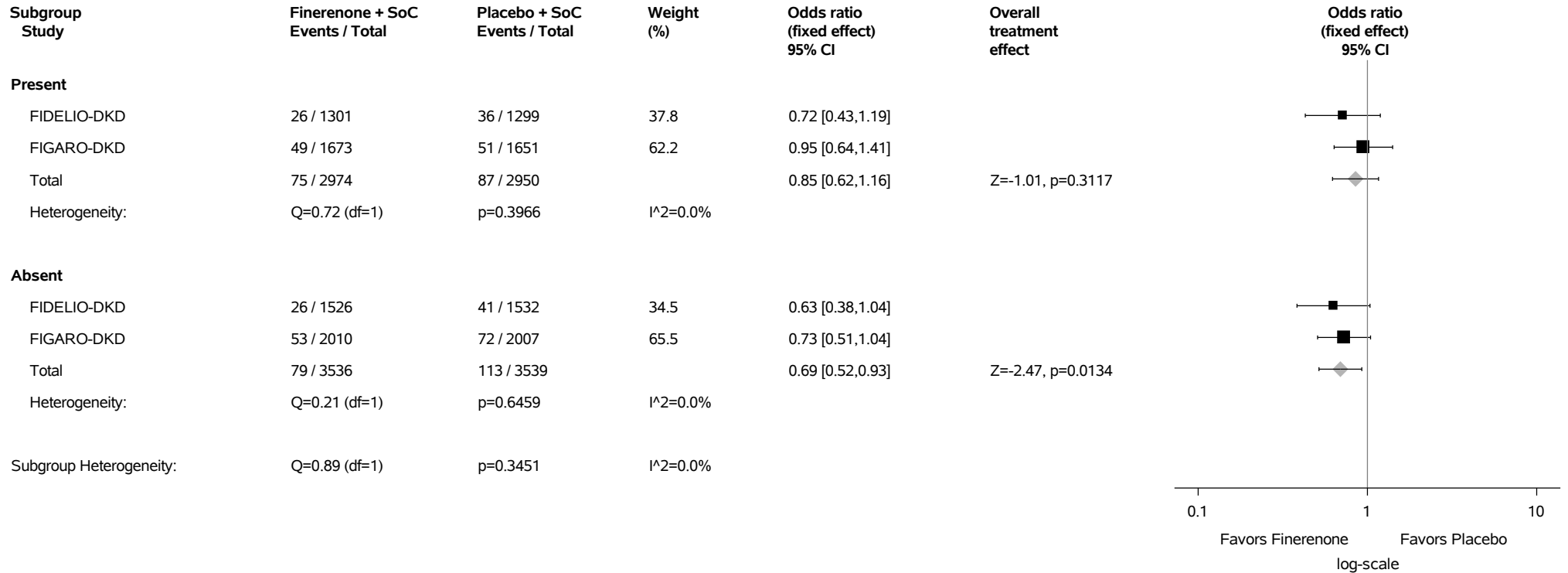
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.82.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



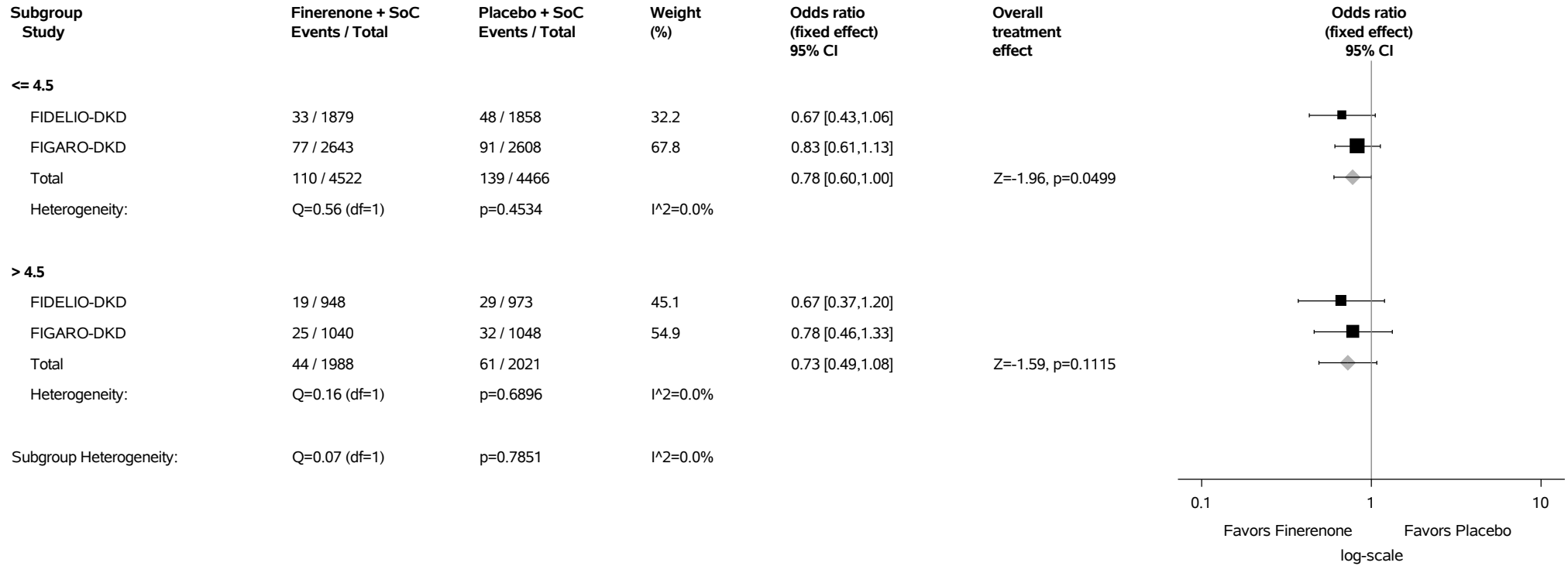
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.82.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

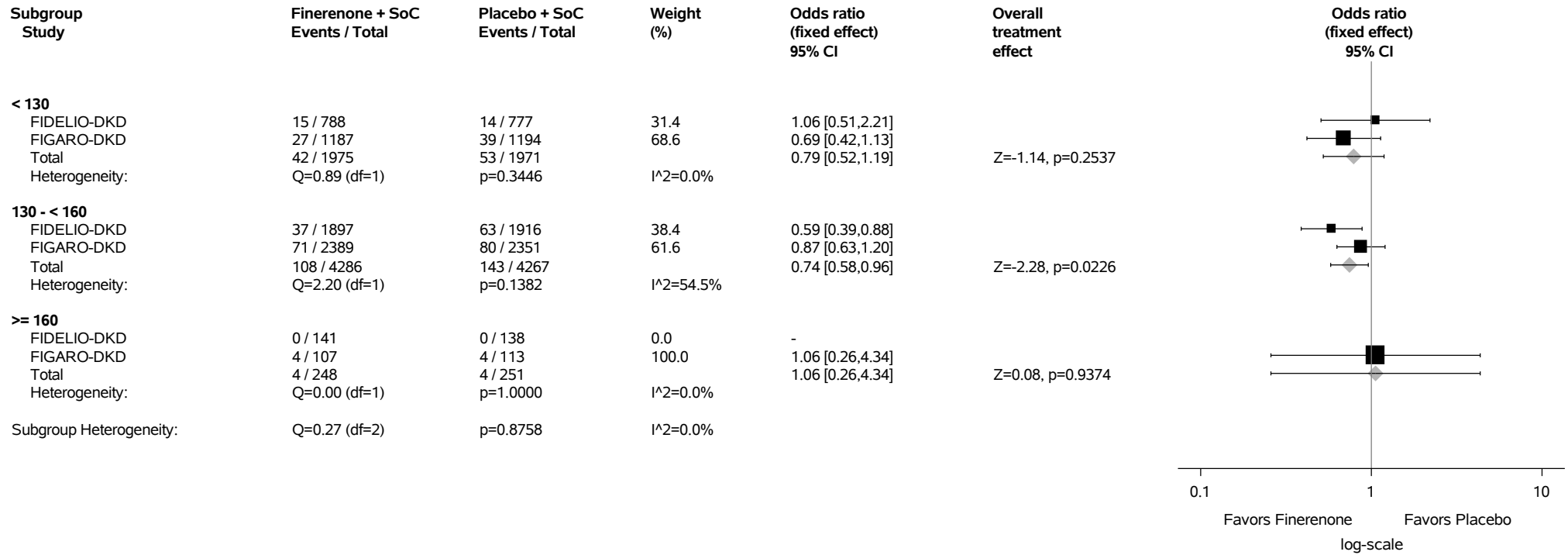
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.82.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Diabetes mellitus (PT with Incidence >=1%)

Safety Analysis Set



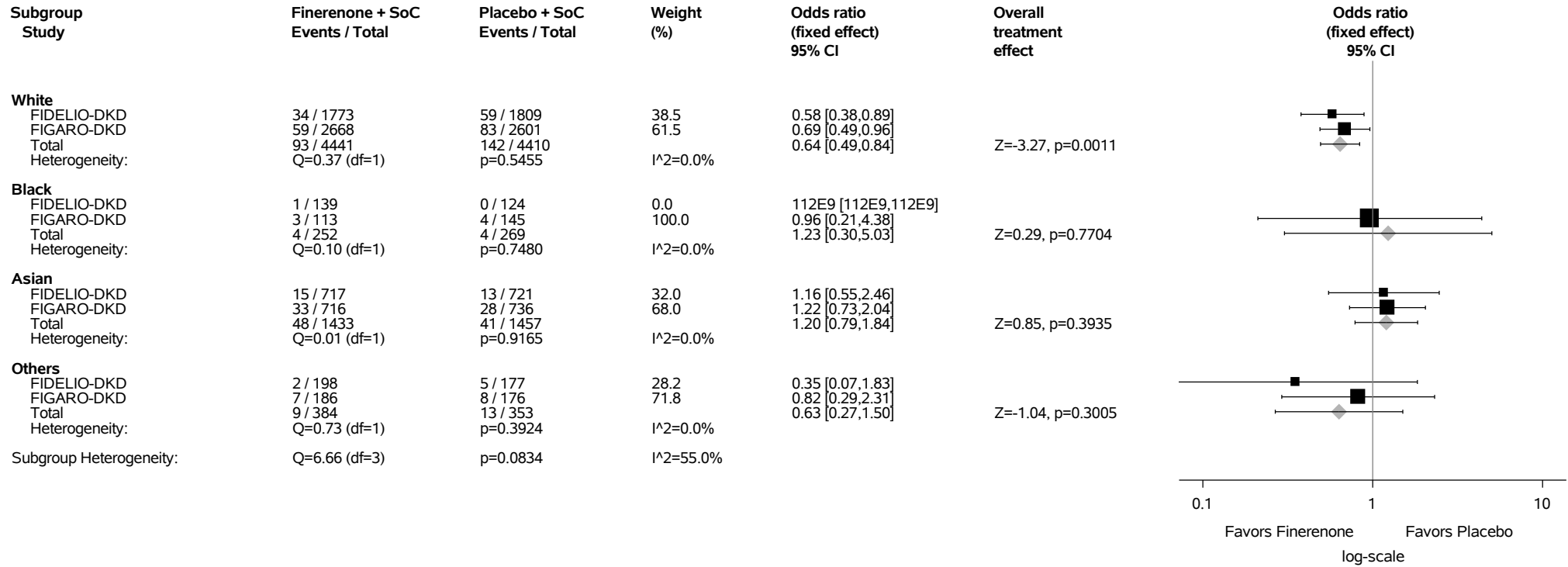
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.82.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

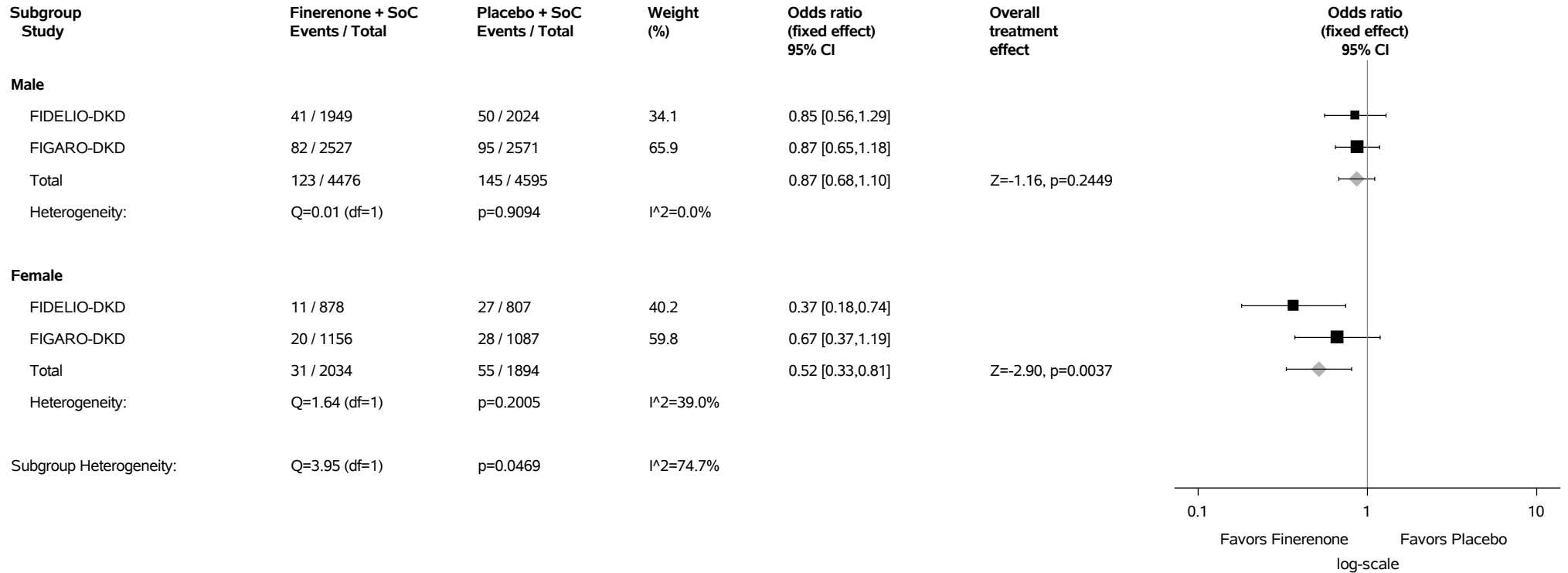
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.82.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



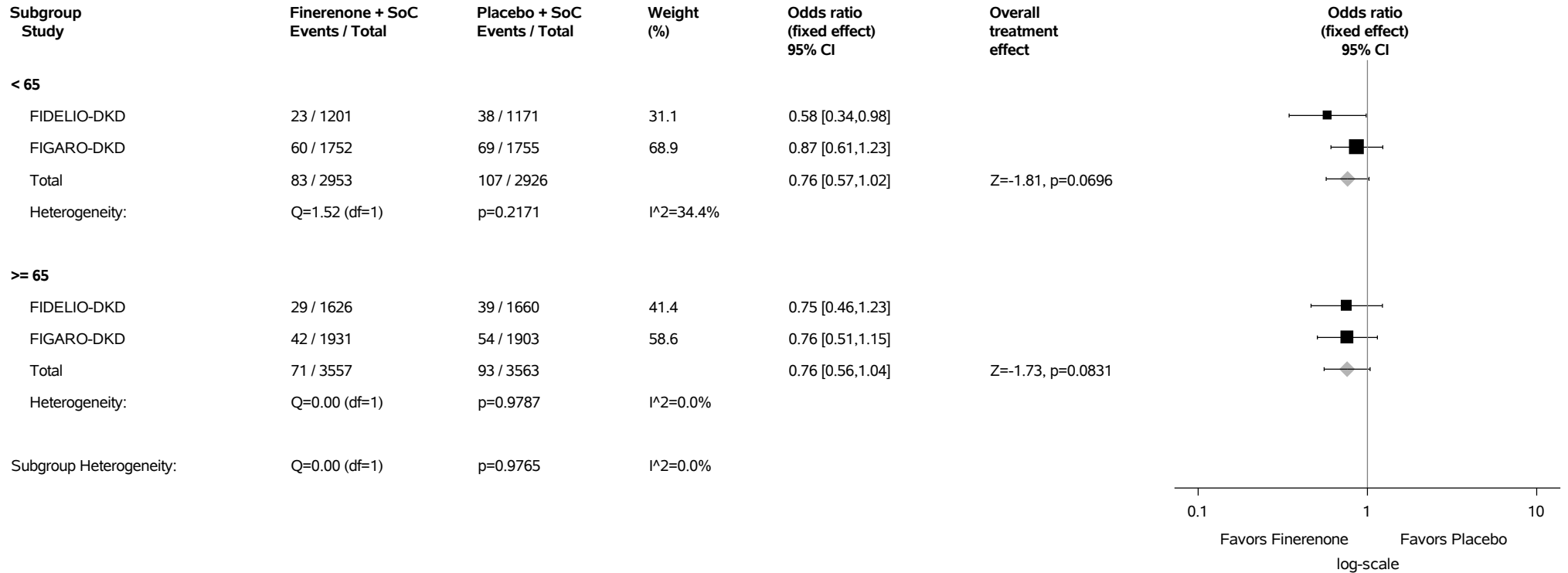
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

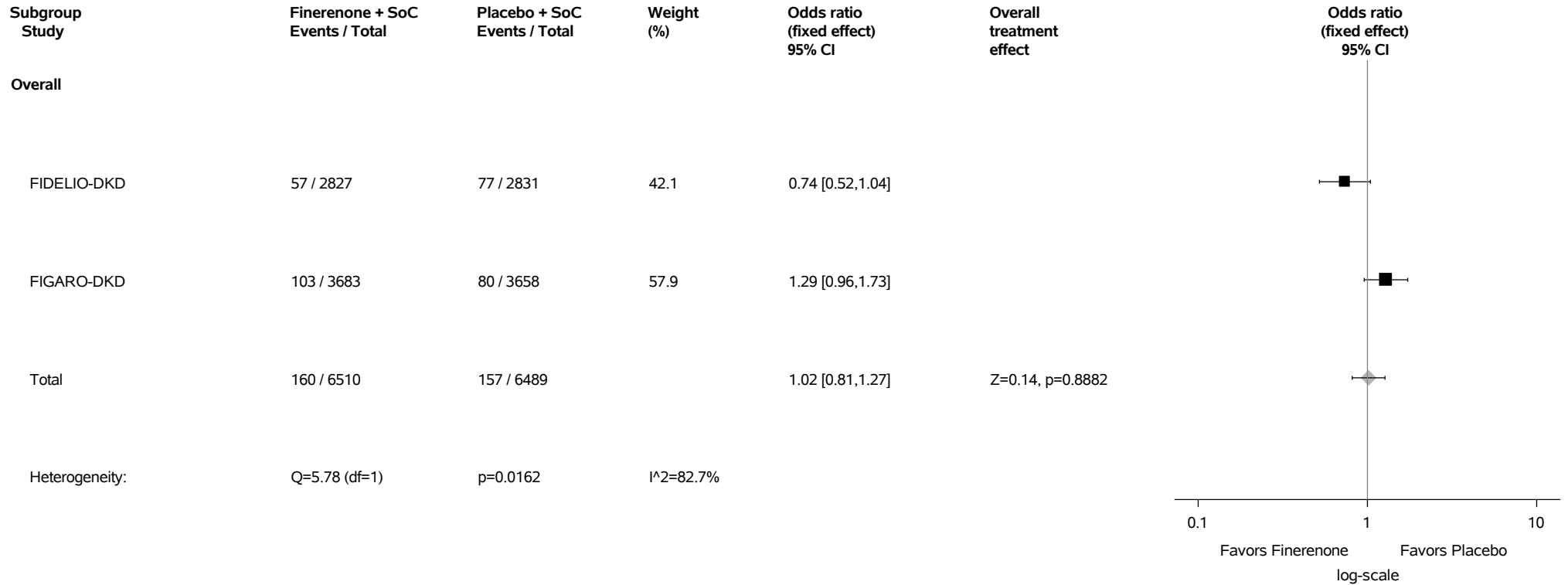
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.82.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.83: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetes mellitus inadequate control (PT with Incidence >=1%) Safety Analysis Set



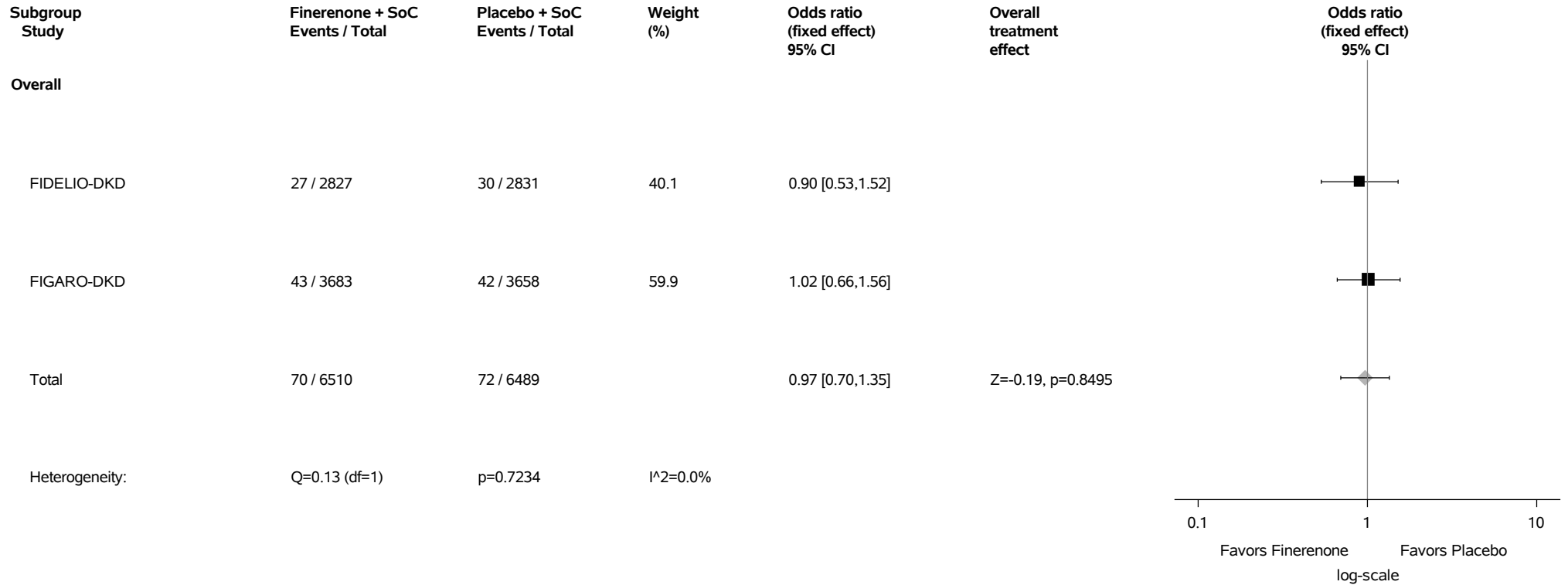
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.84: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyslipidaemia (PT with Incidence >=1%) Safety Analysis Set



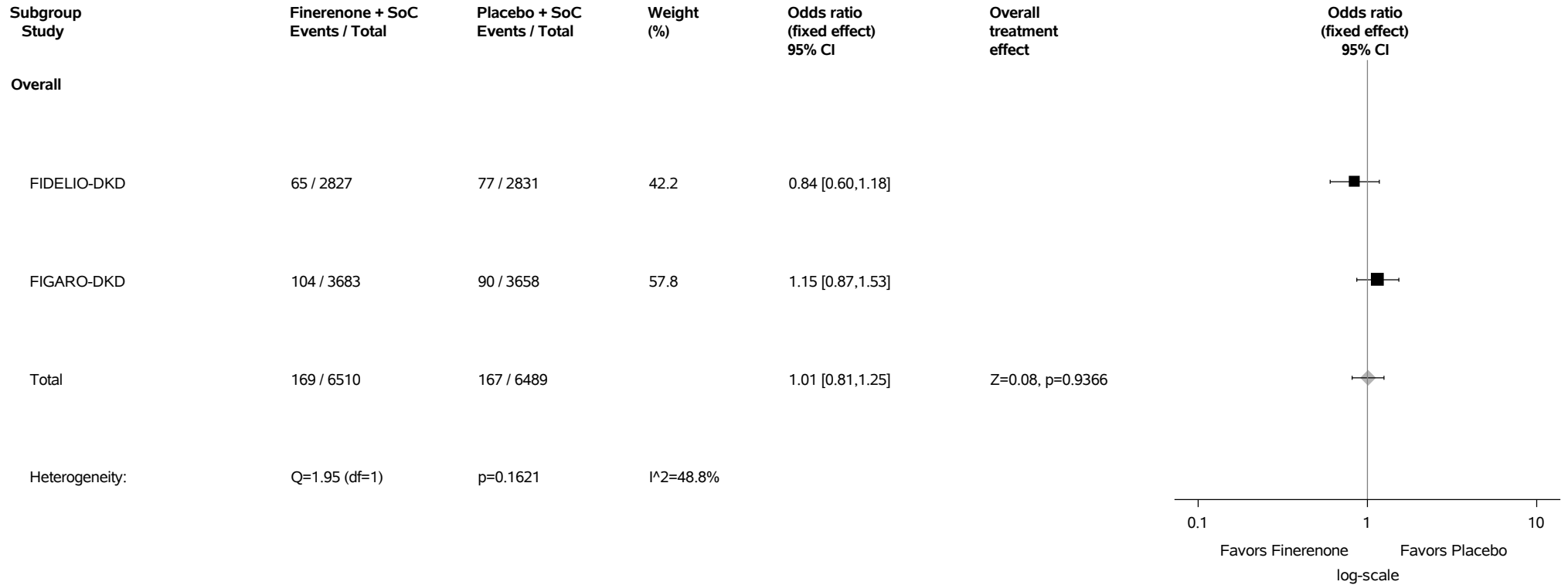
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.85: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Gout (PT with Incidence >=1%) Safety Analysis Set



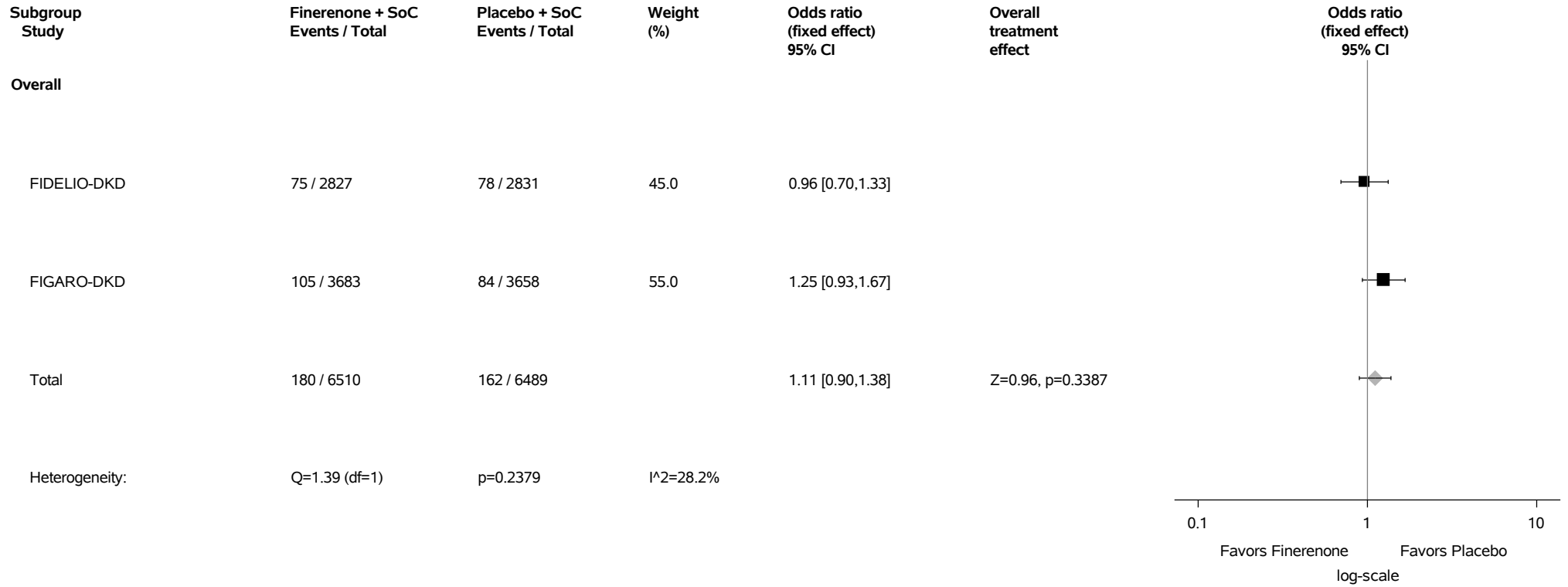
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.86: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperglycaemia (PT with Incidence >=1%) Safety Analysis Set



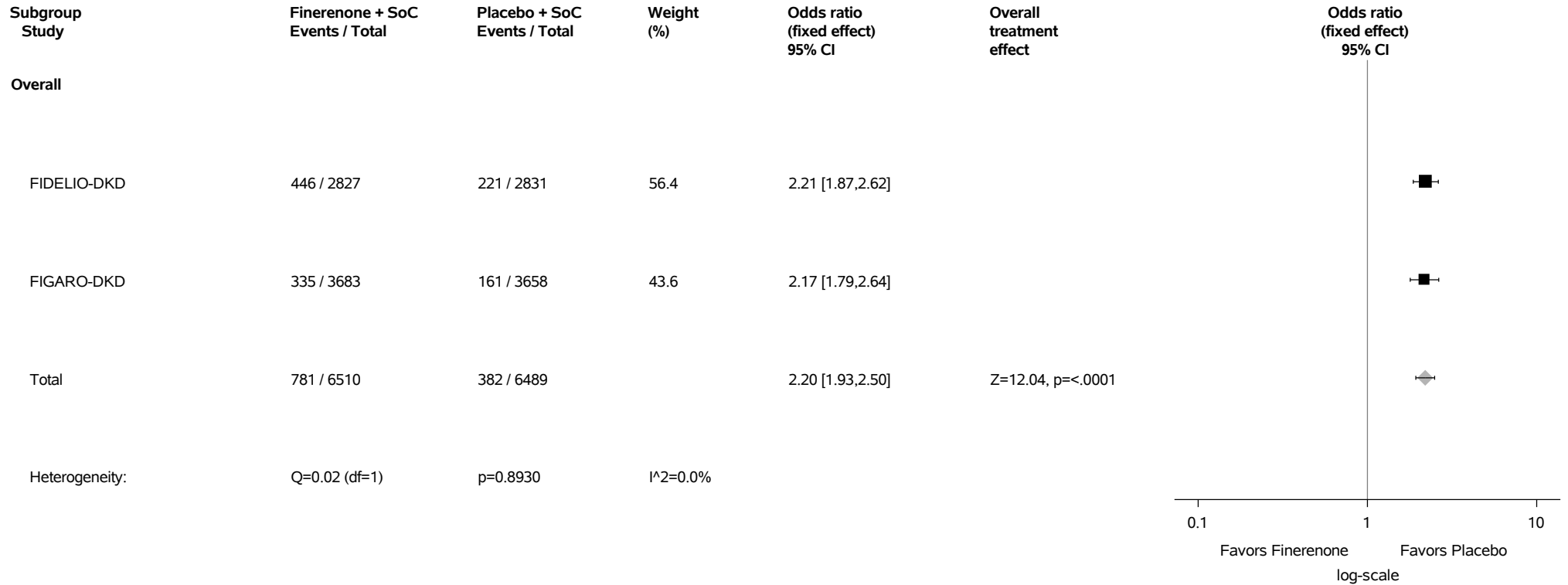
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.87: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



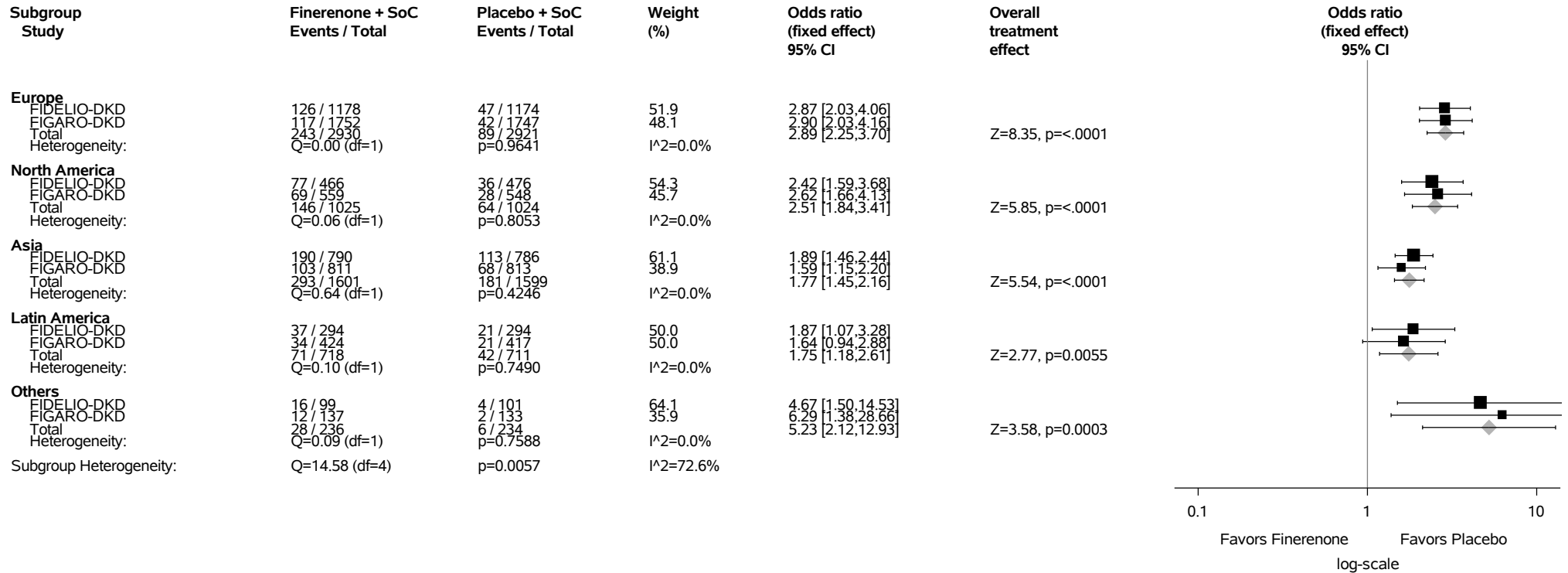
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.87.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



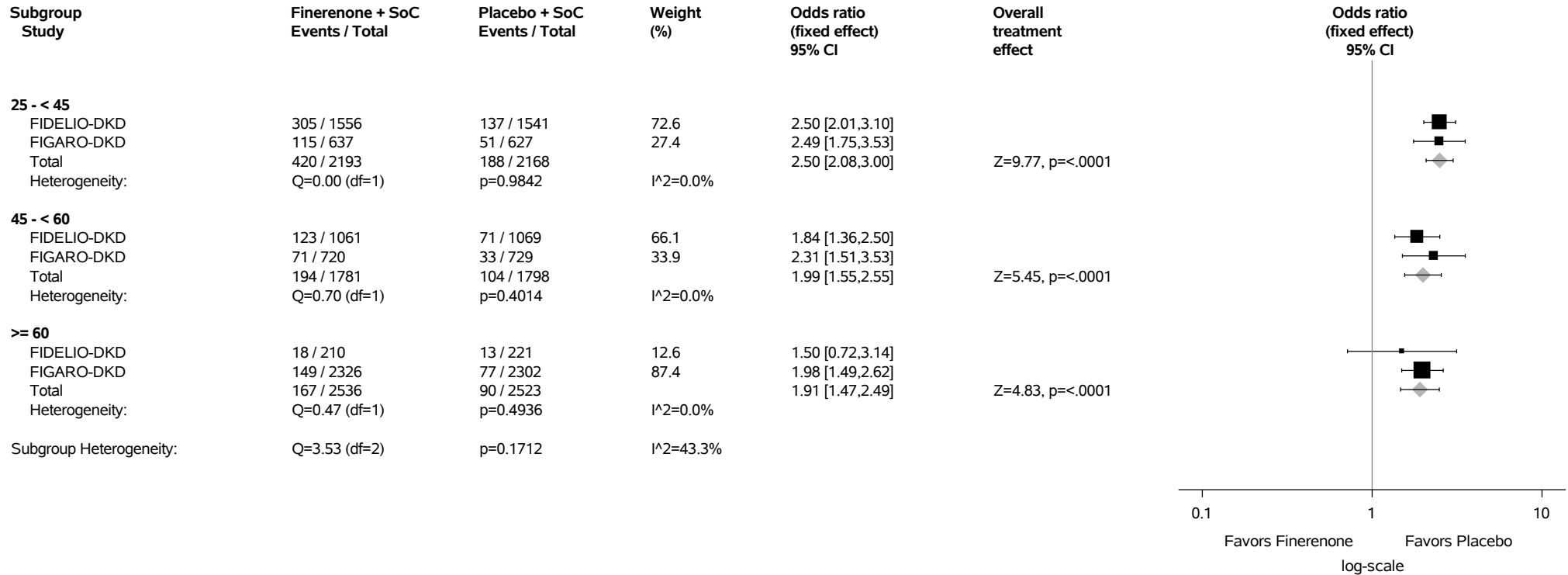
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.87.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



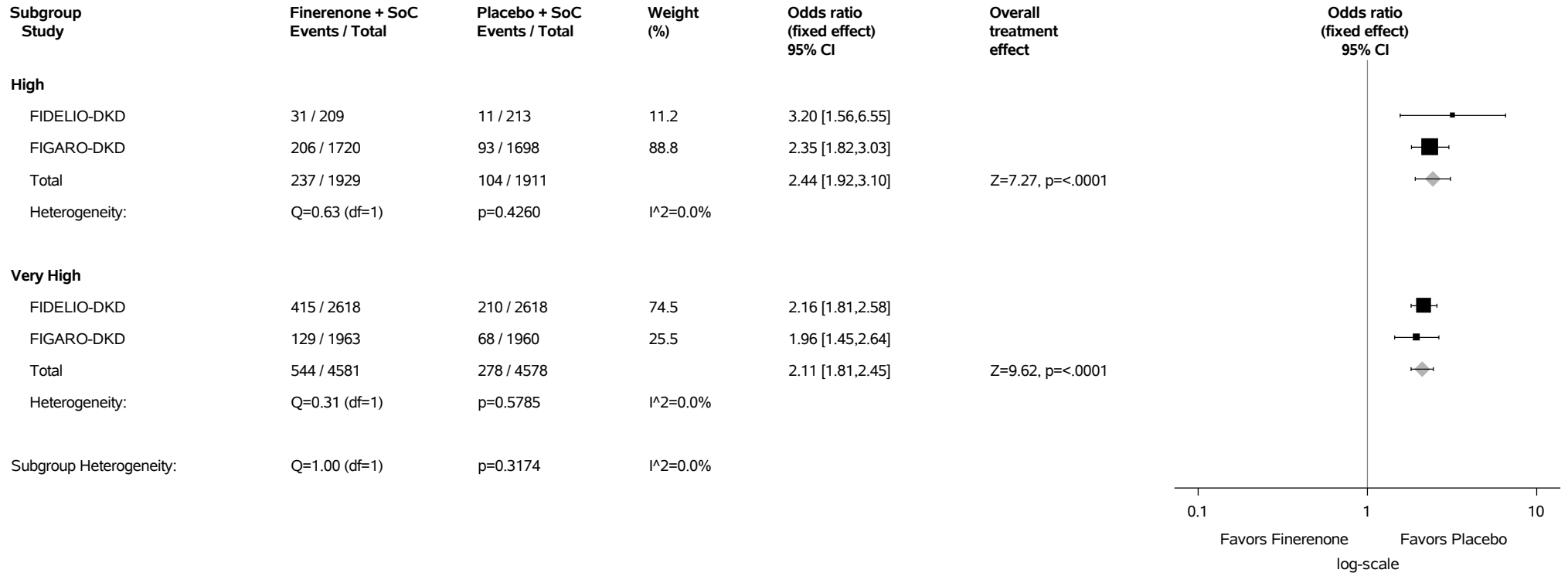
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

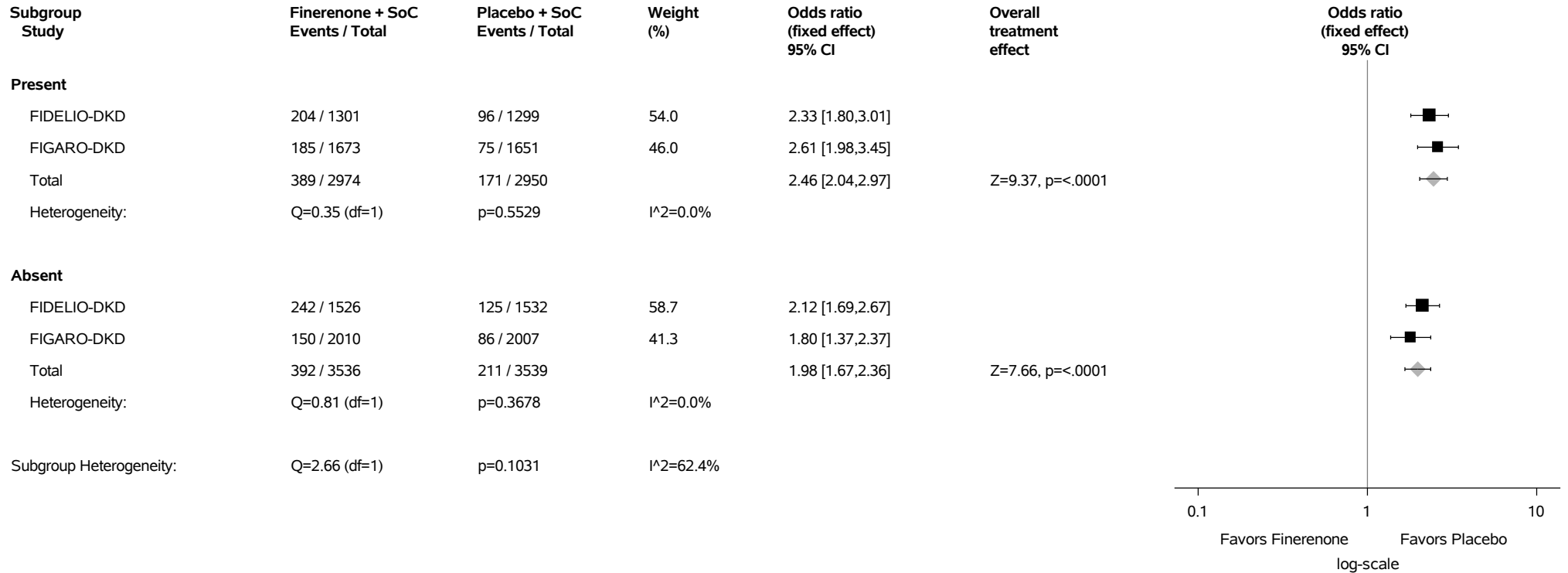
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.87.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.87.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



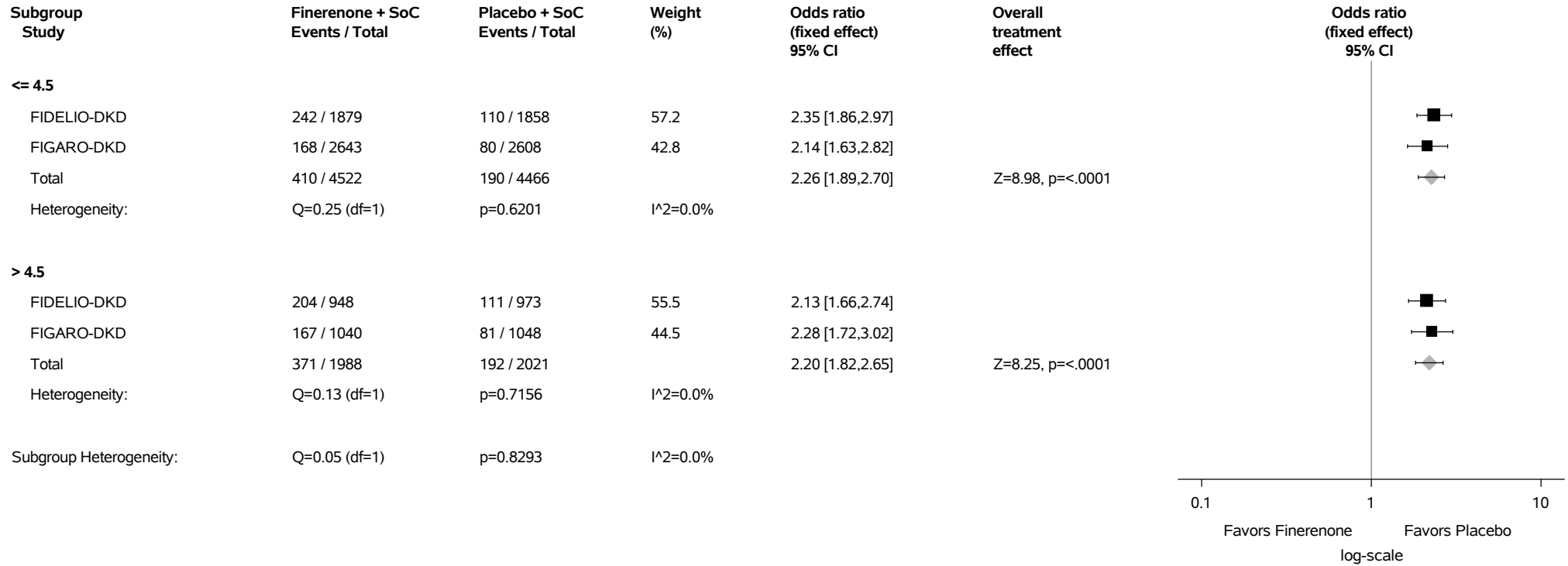
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.87.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

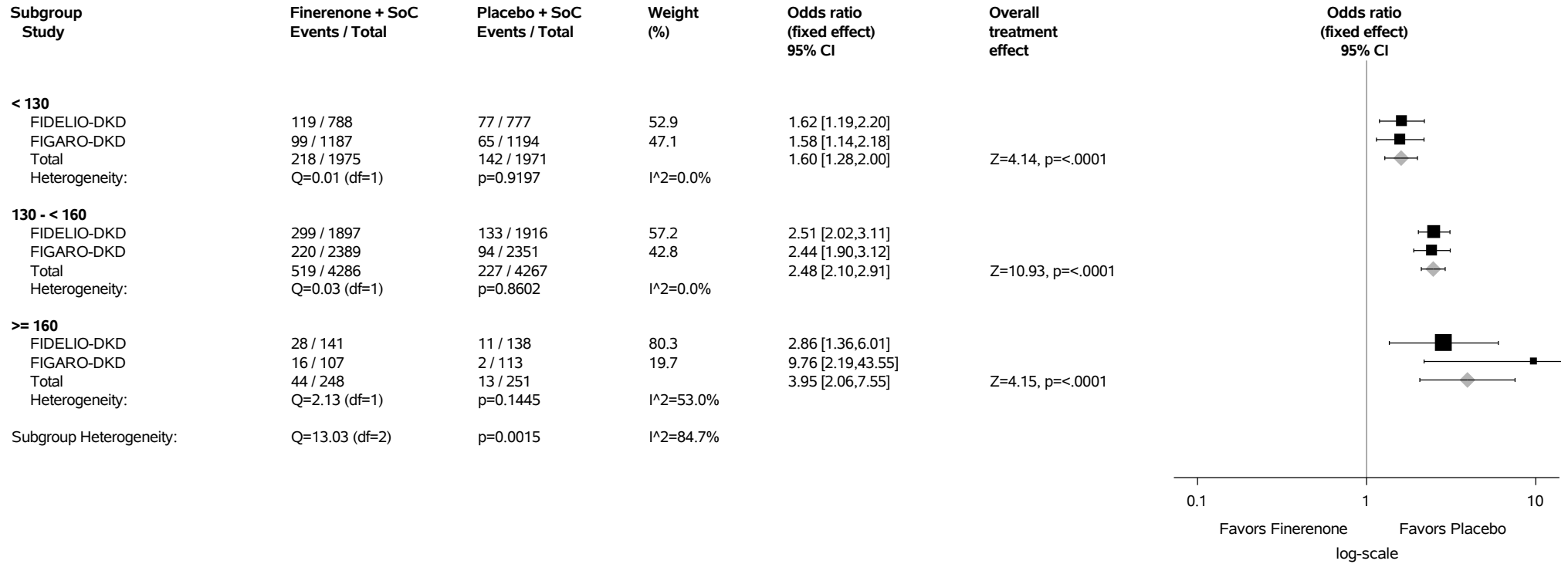
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.87.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

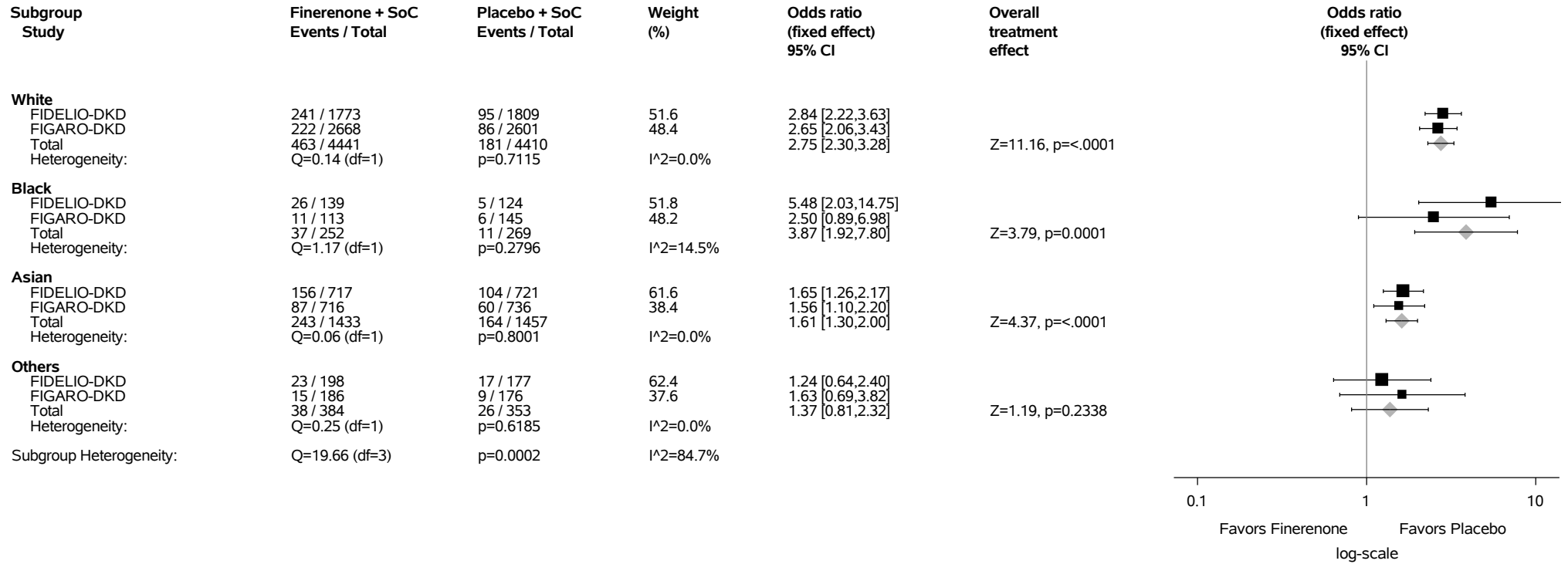
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.87.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

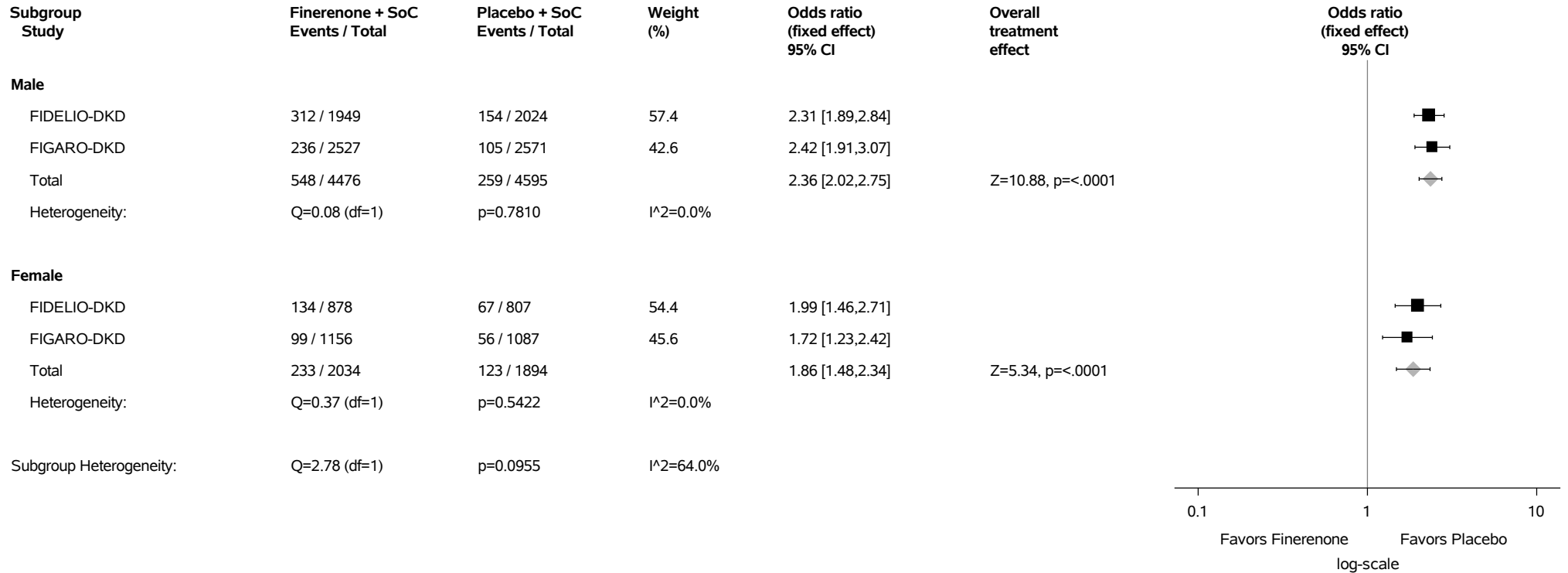
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.87.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



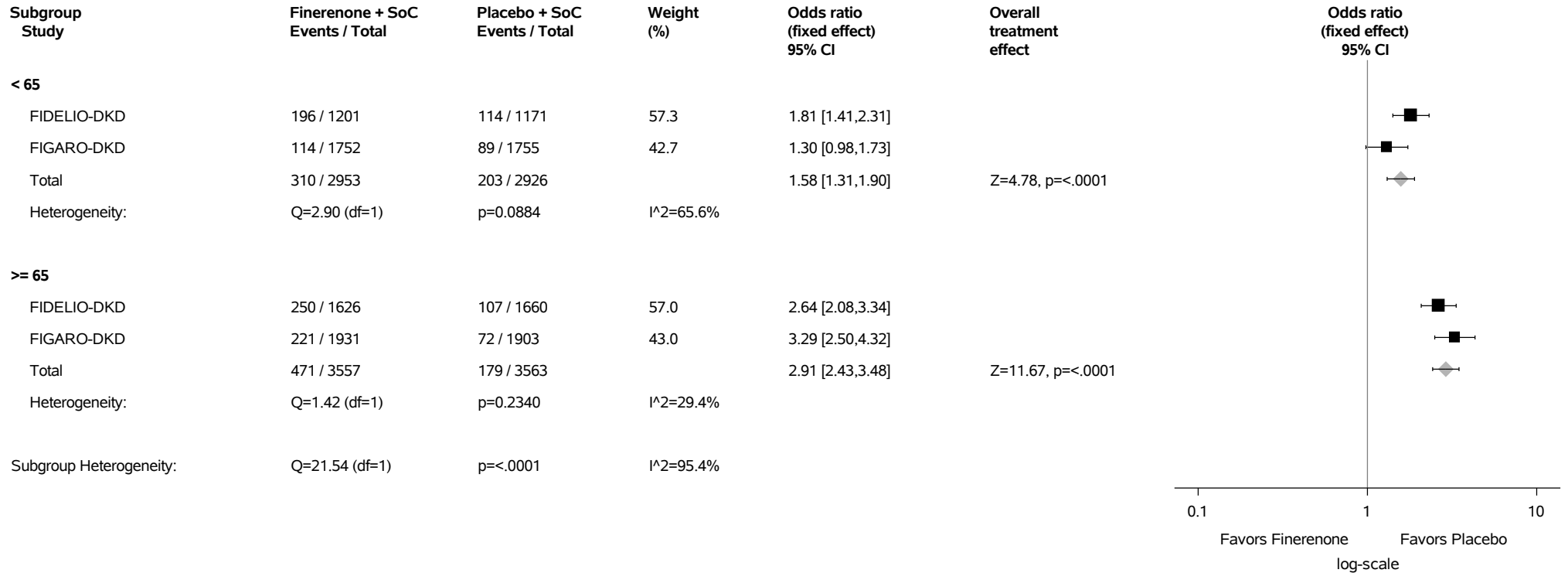
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

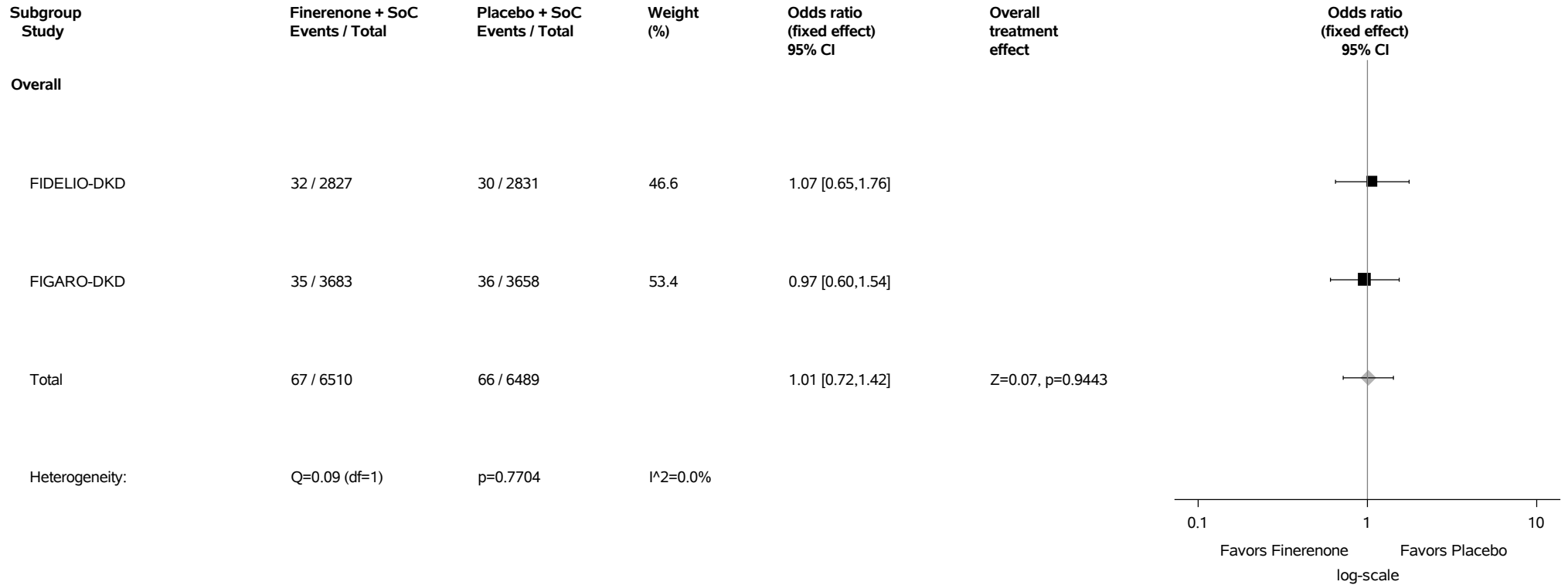
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.87.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.88: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperlipidaemia (PT with Incidence >=1%) Safety Analysis Set



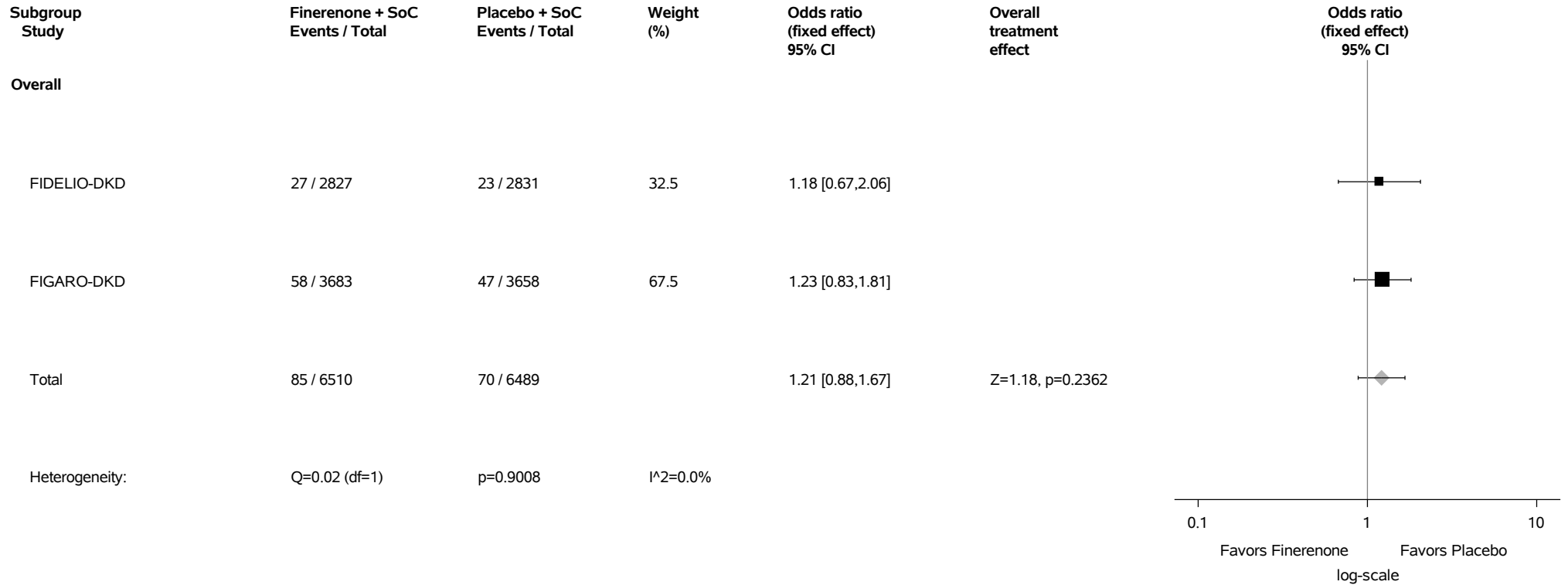
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.89: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertriglyceridaemia (PT with Incidence >=1%) Safety Analysis Set



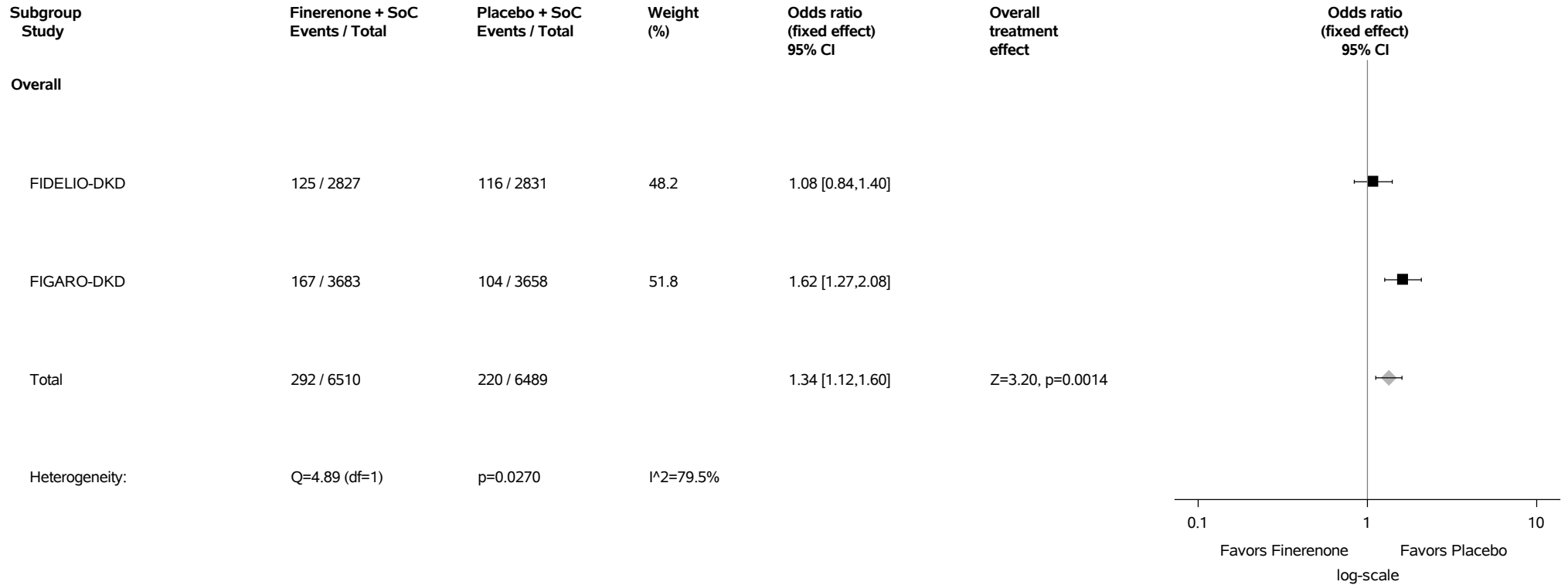
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.90: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



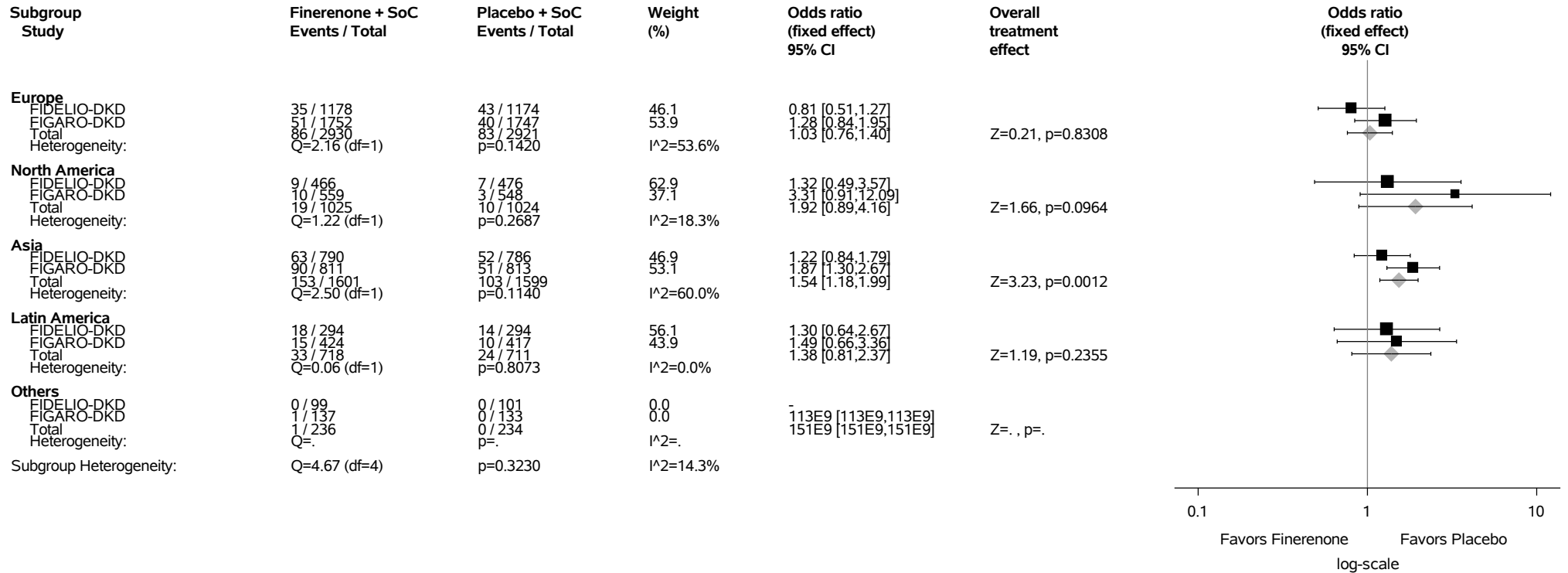
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.90.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



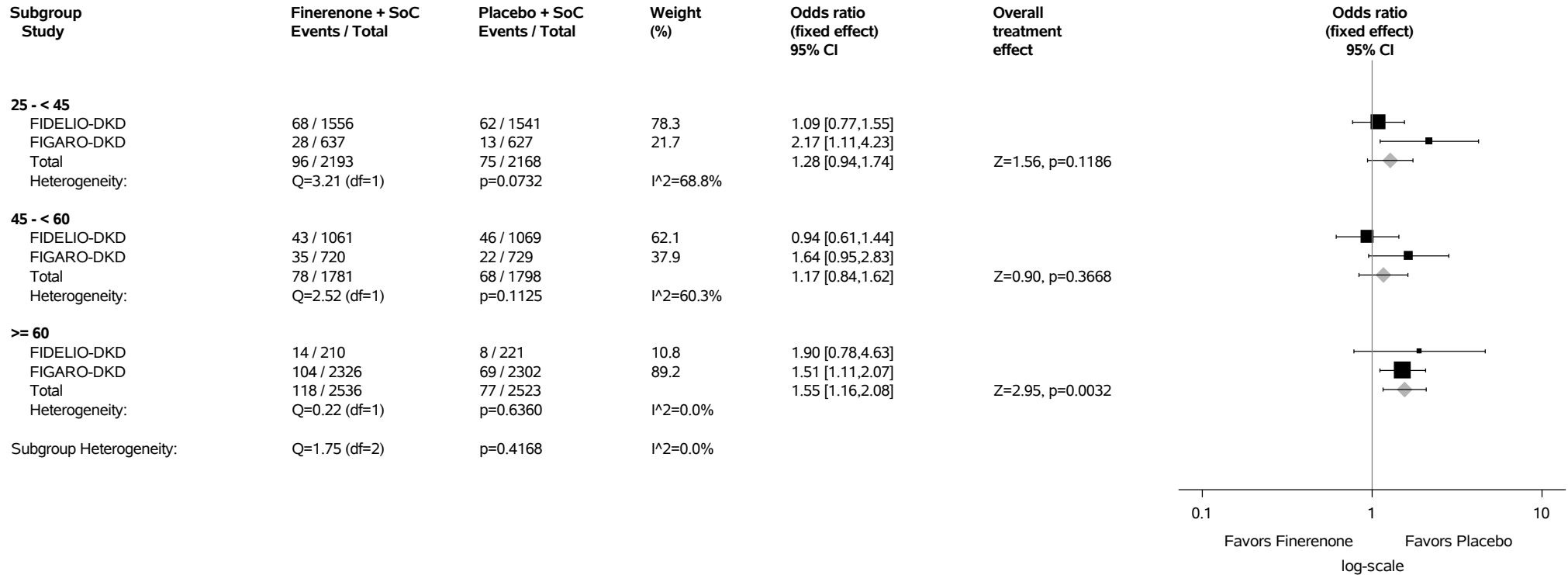
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.90.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



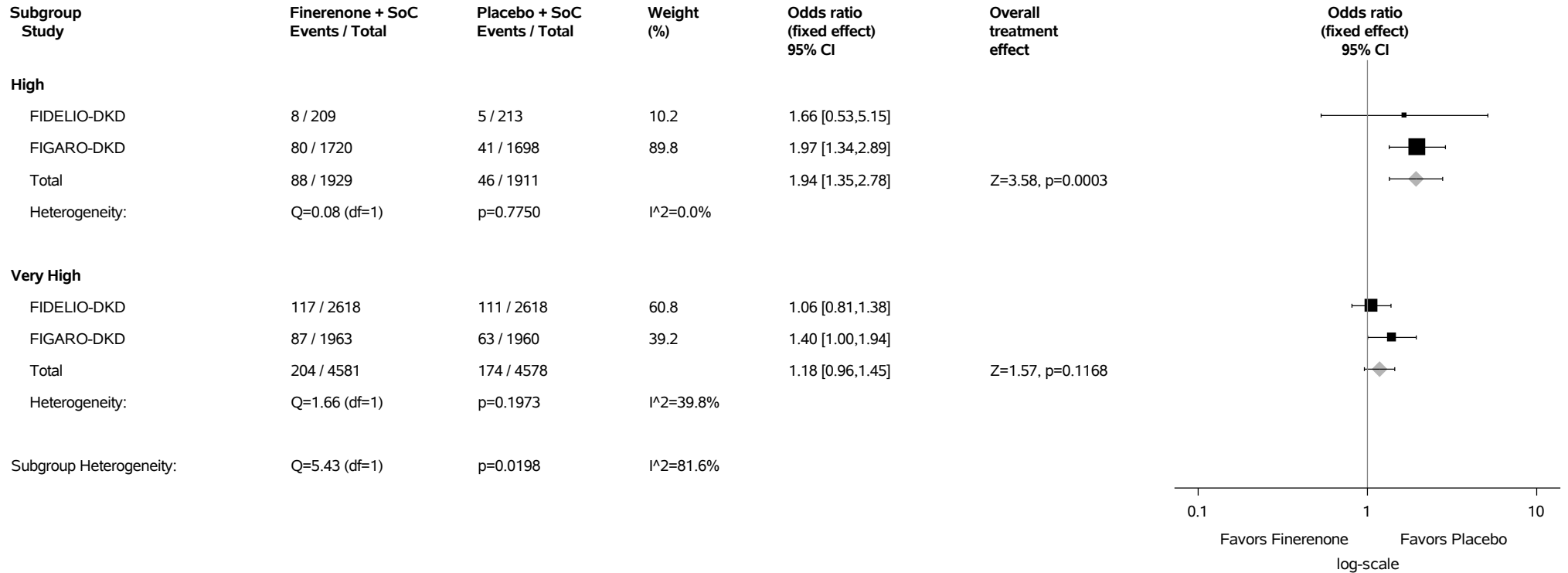
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.90.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



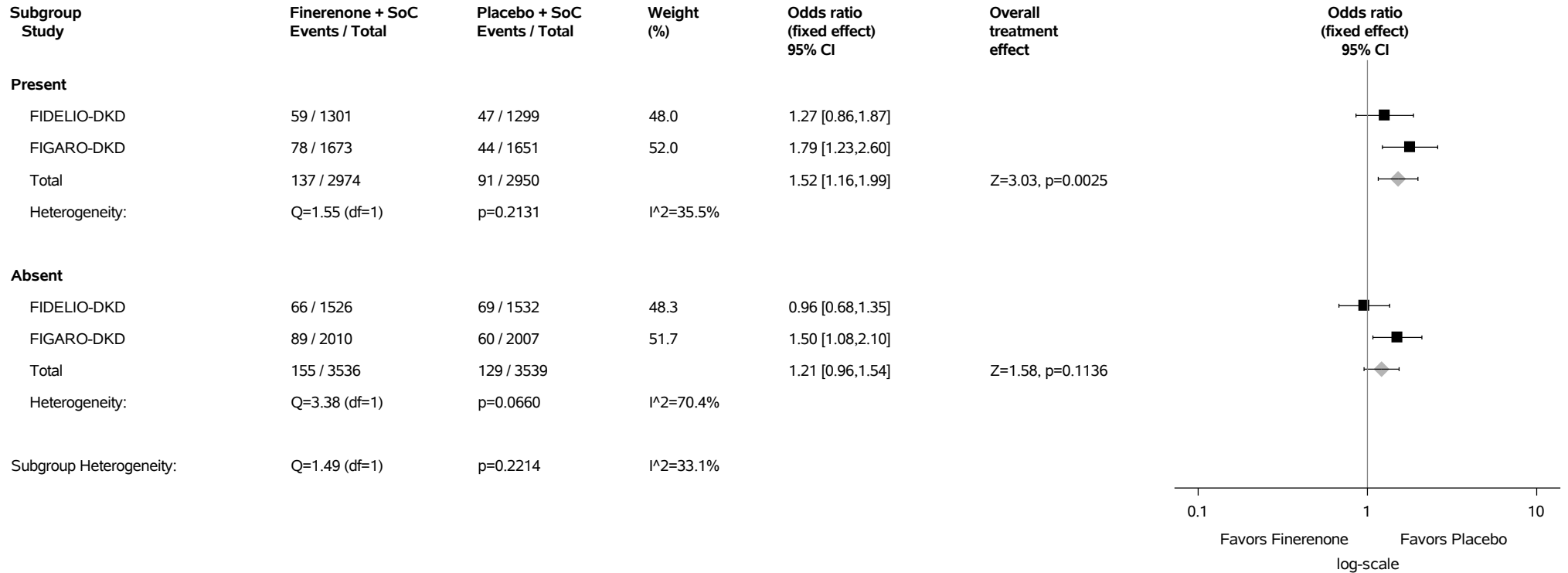
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

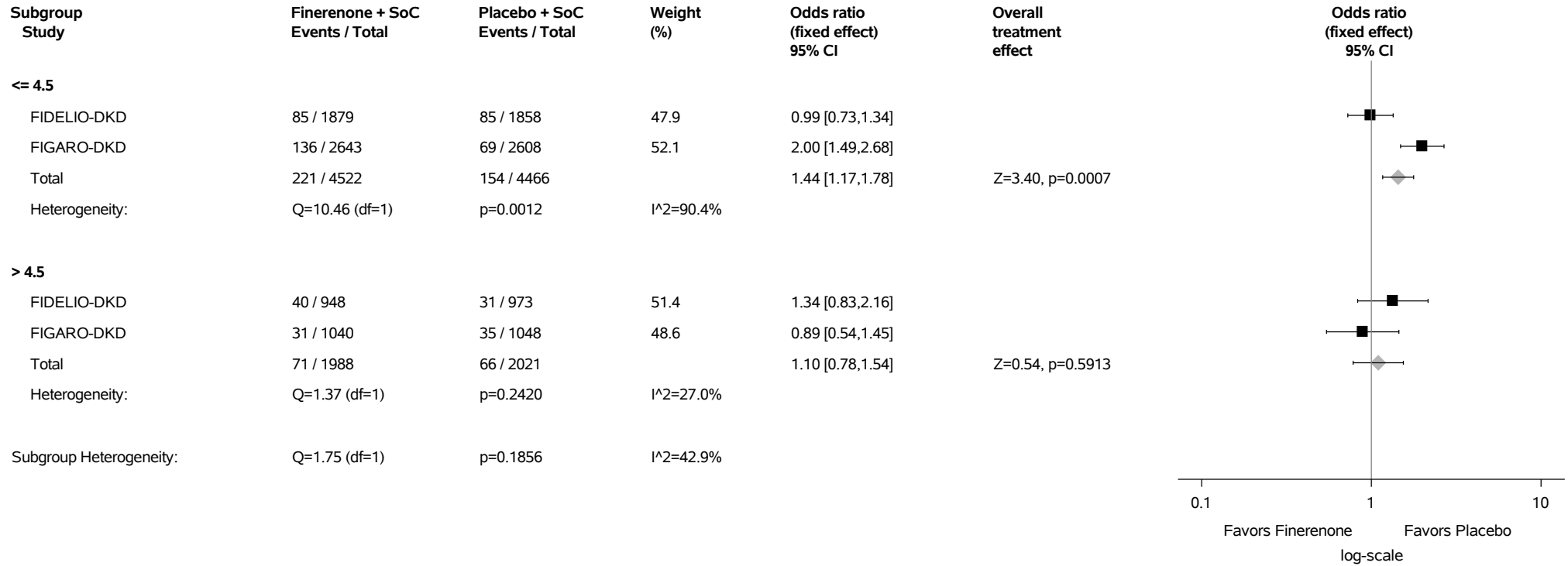
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.90.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.90.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

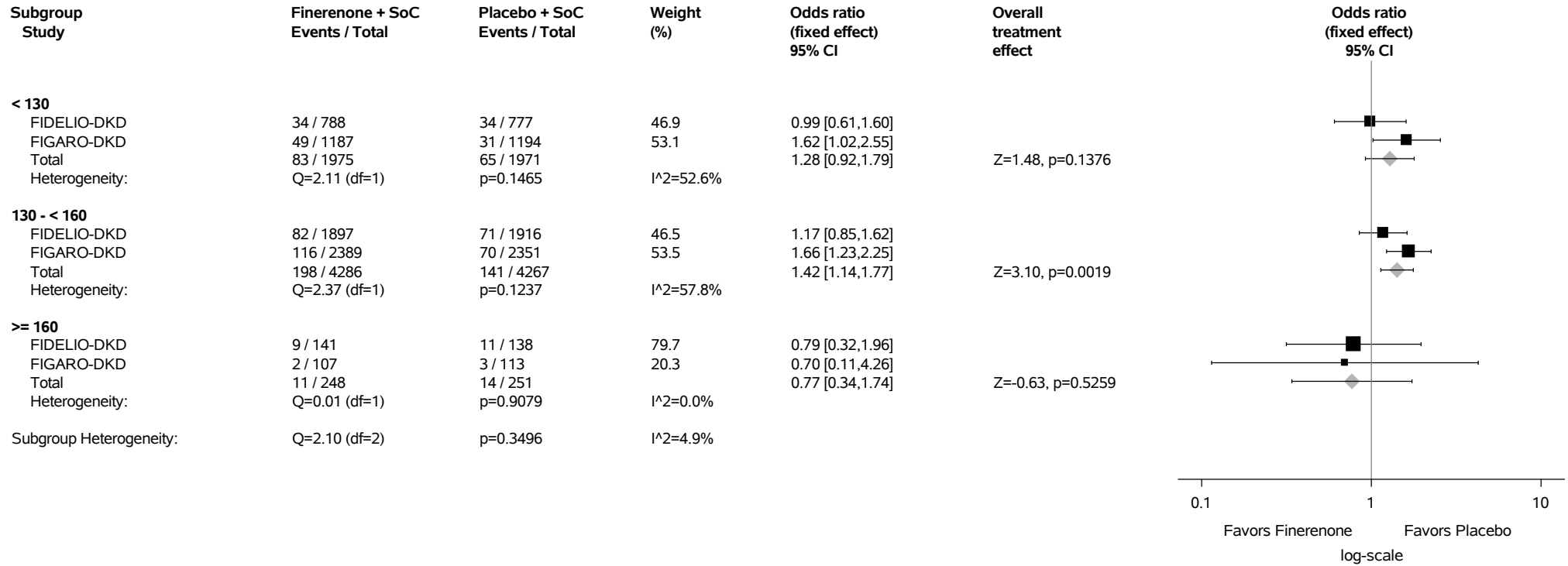
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.90.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

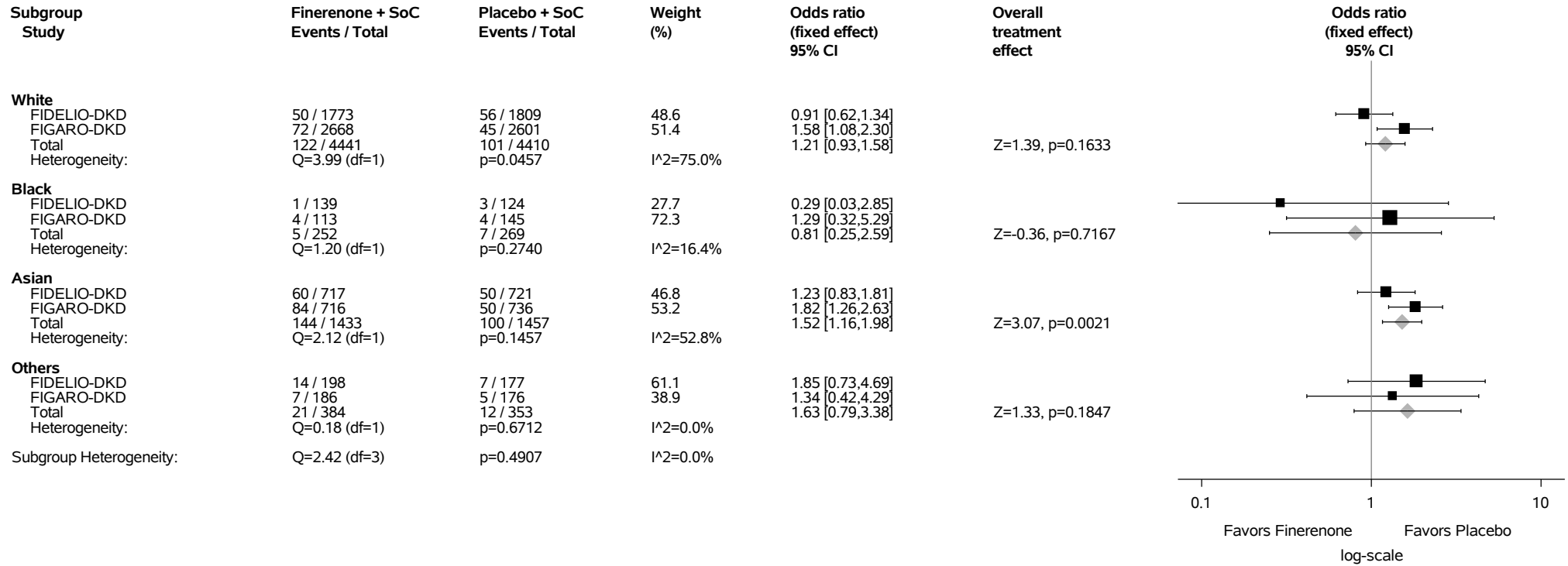
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.90.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

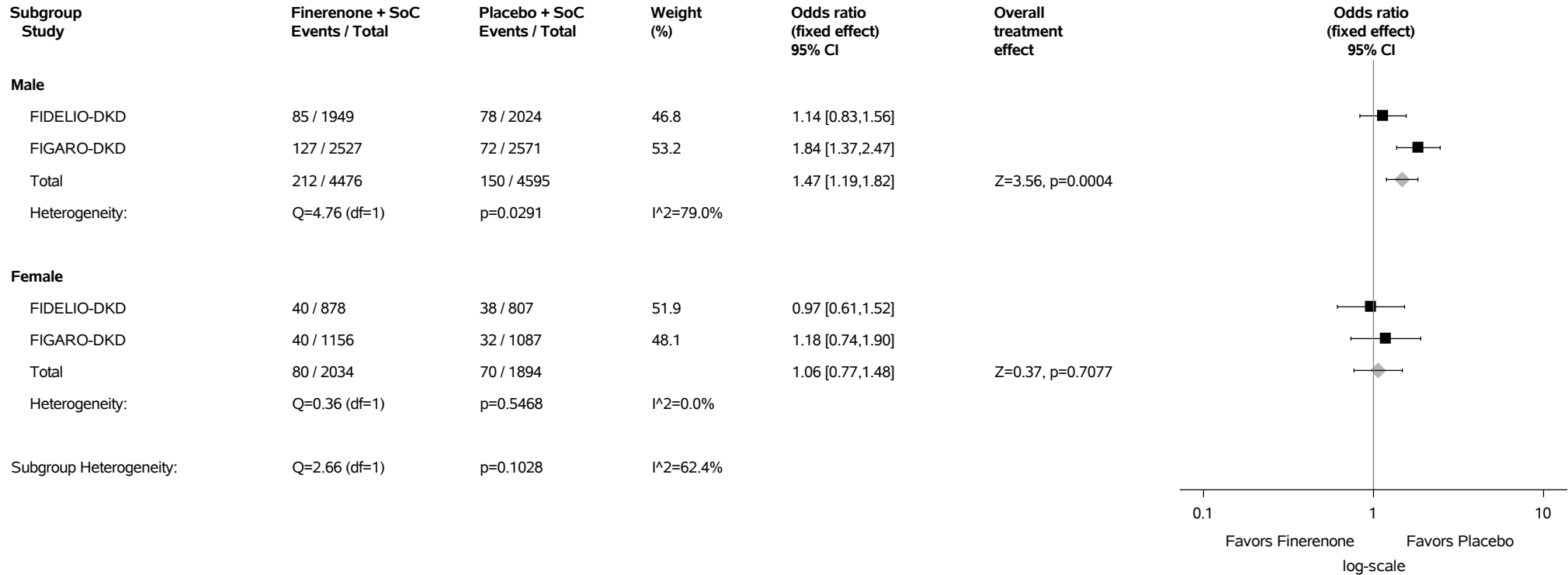
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

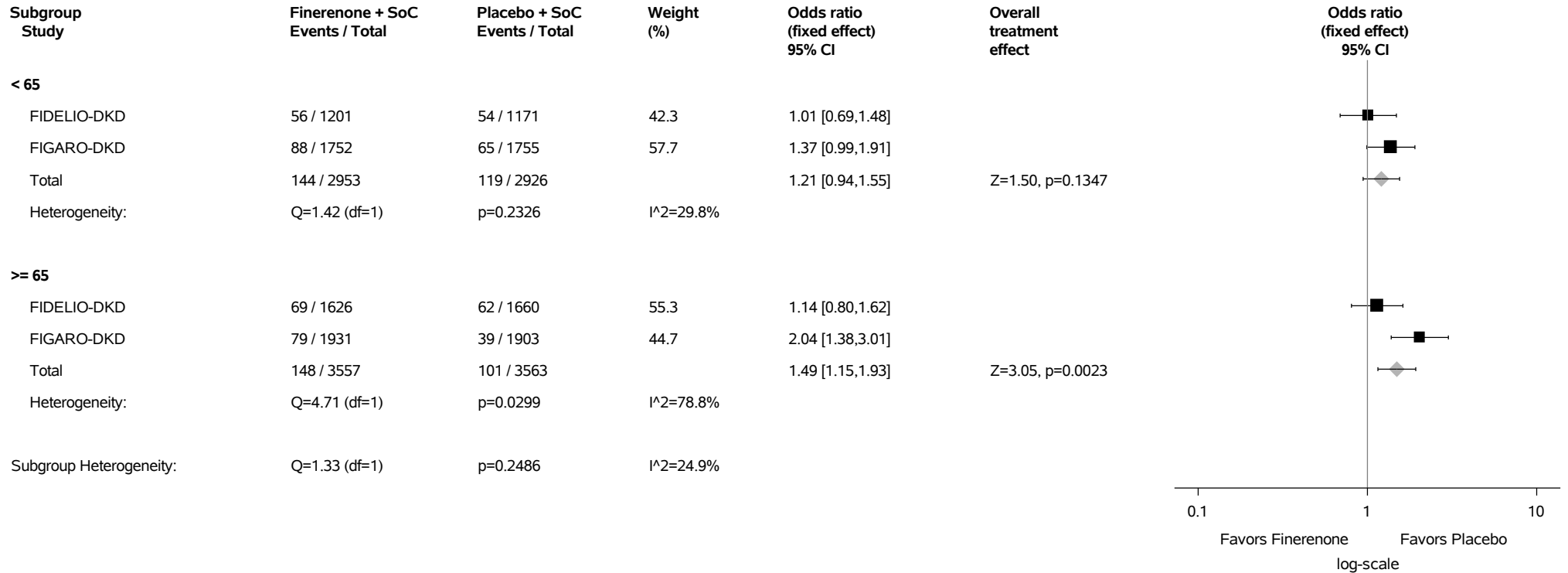
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.90.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



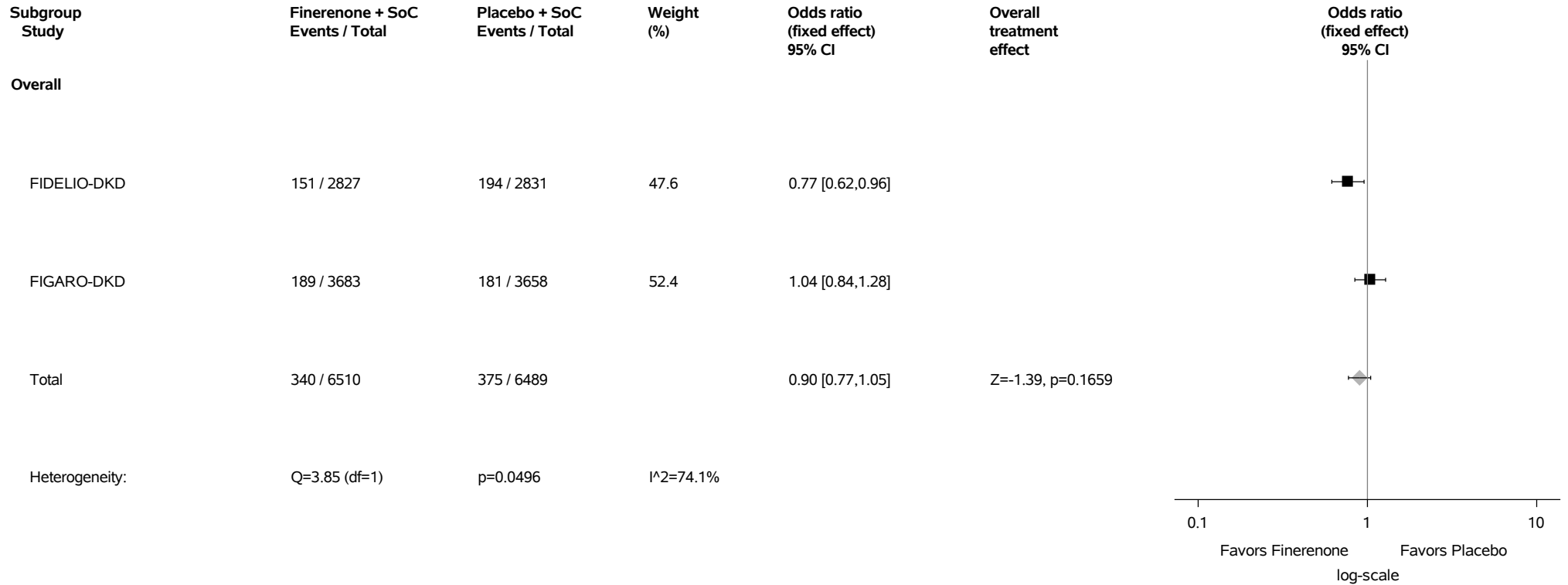
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.90.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyperuricaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.91: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoglycaemia (PT with Incidence >=1%) Safety Analysis Set



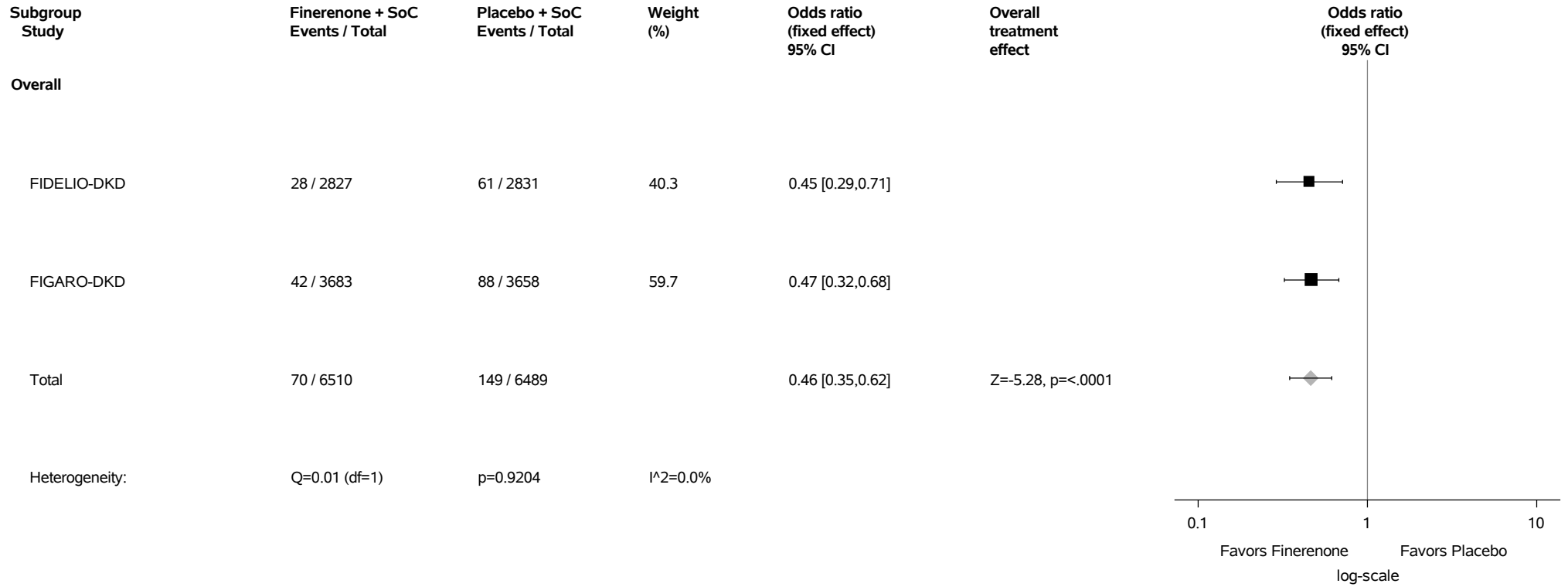
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.92: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



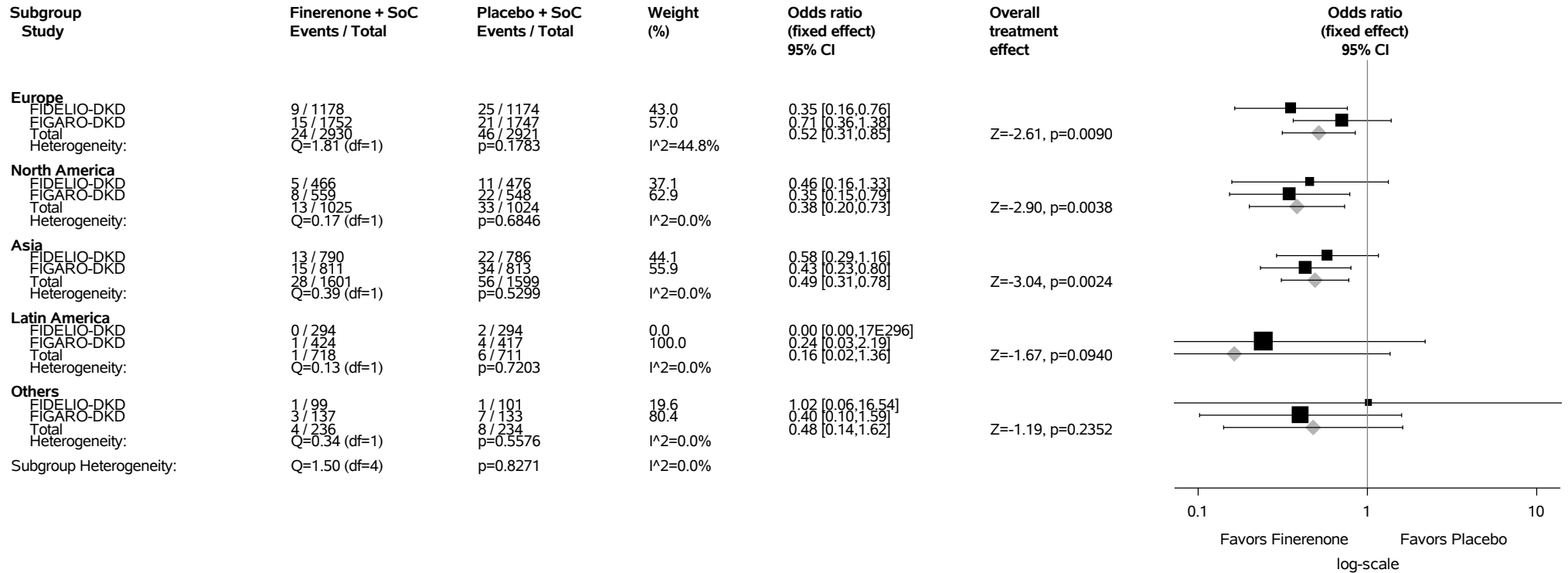
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.92.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



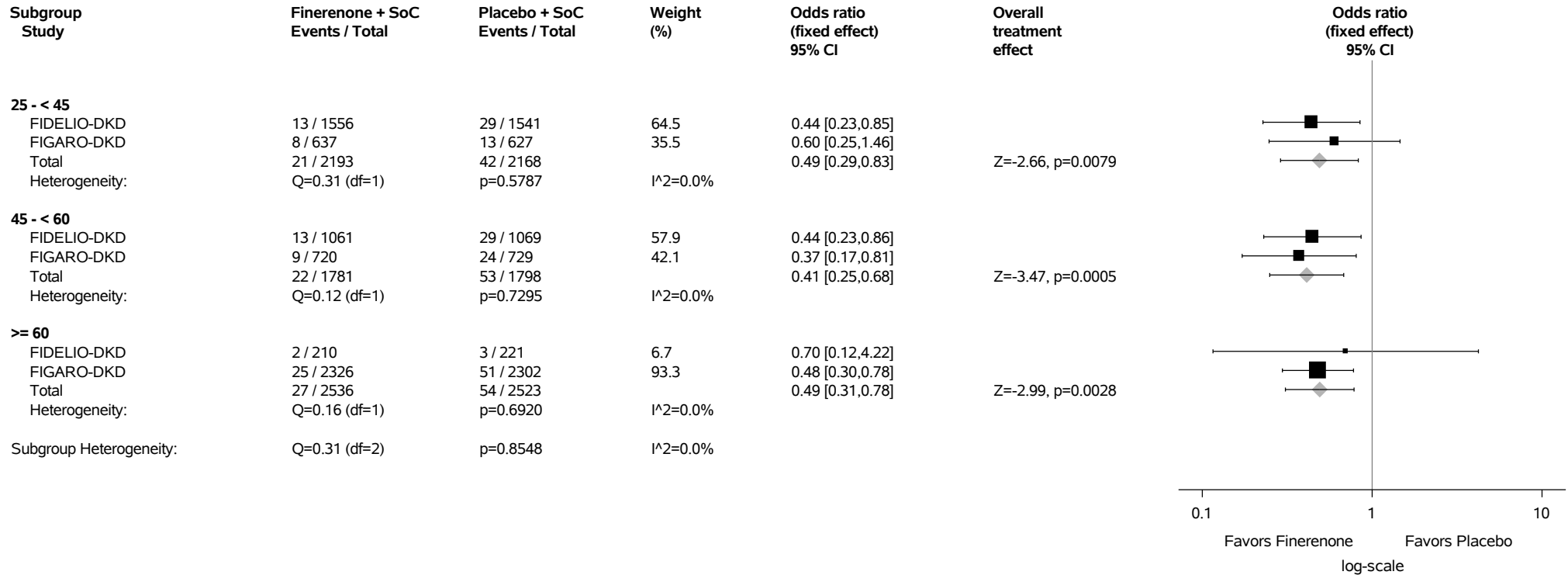
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

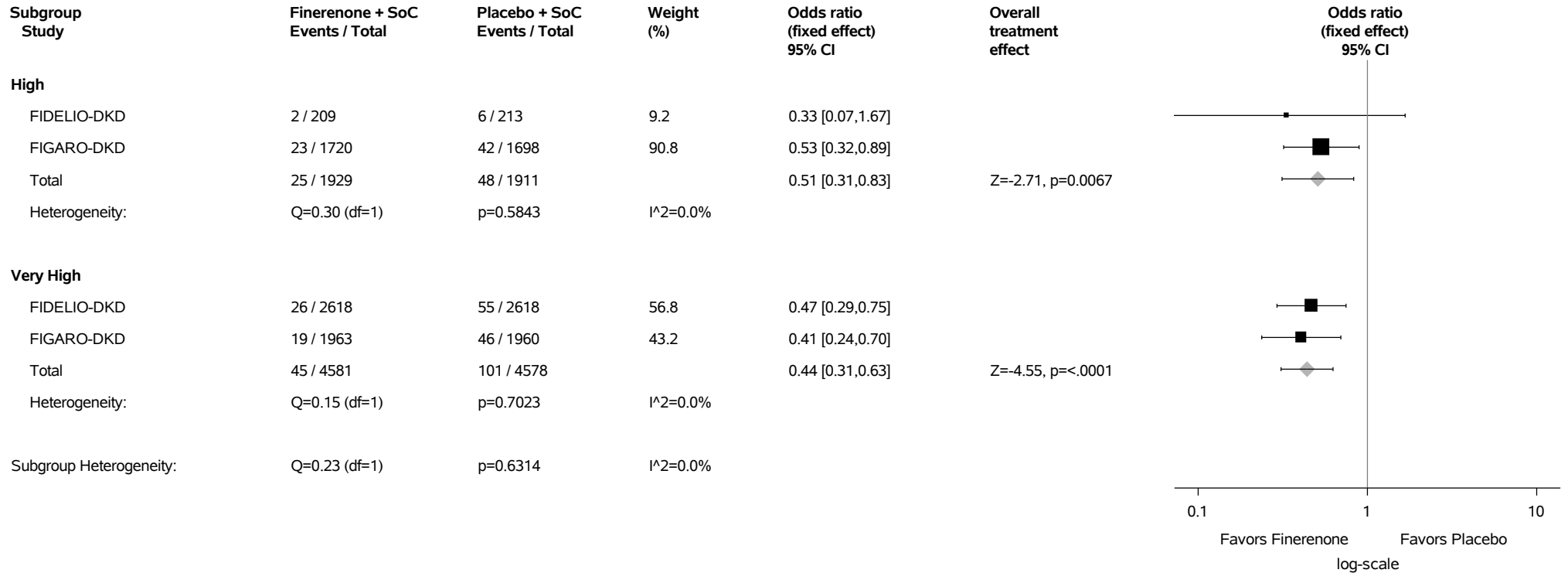
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.92.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.92.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



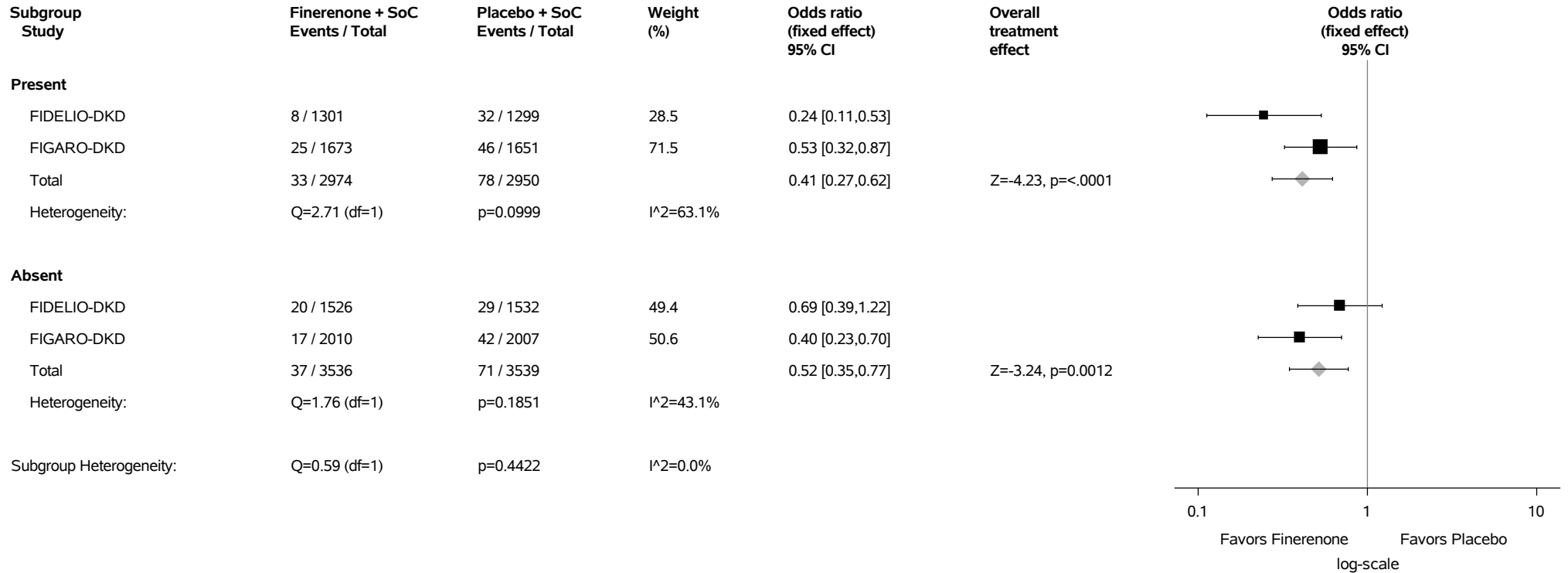
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

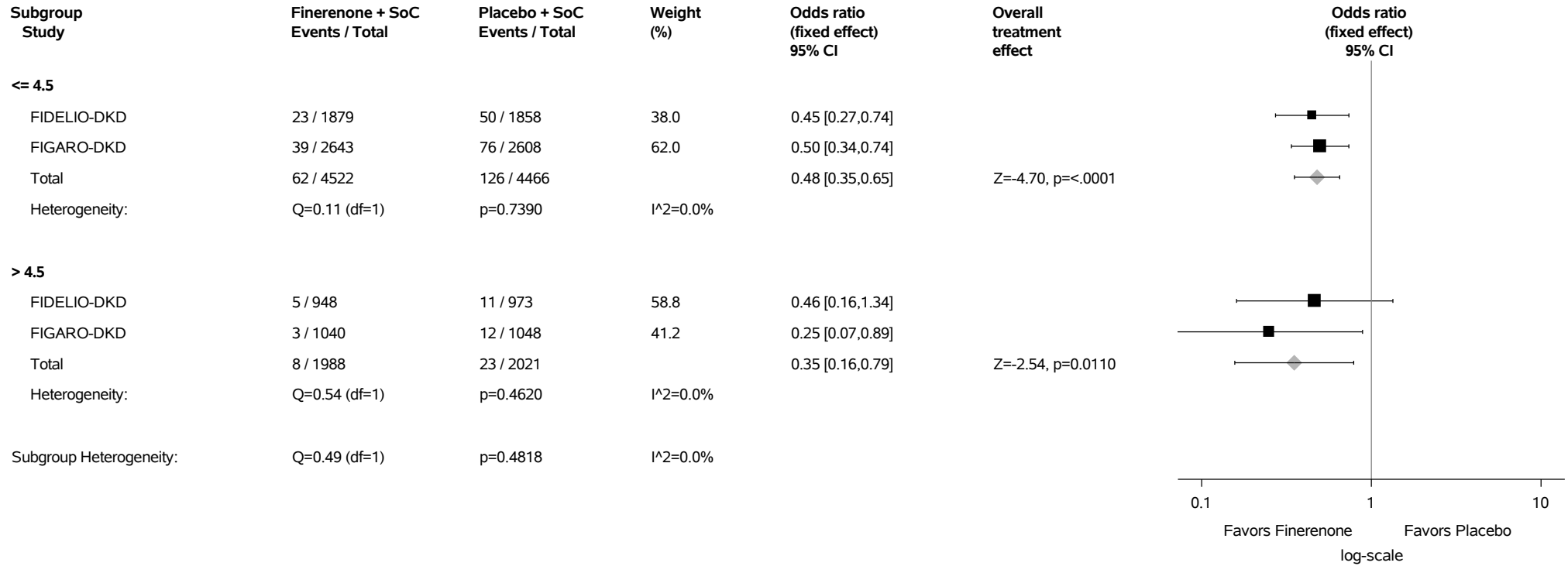
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.92.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.92.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

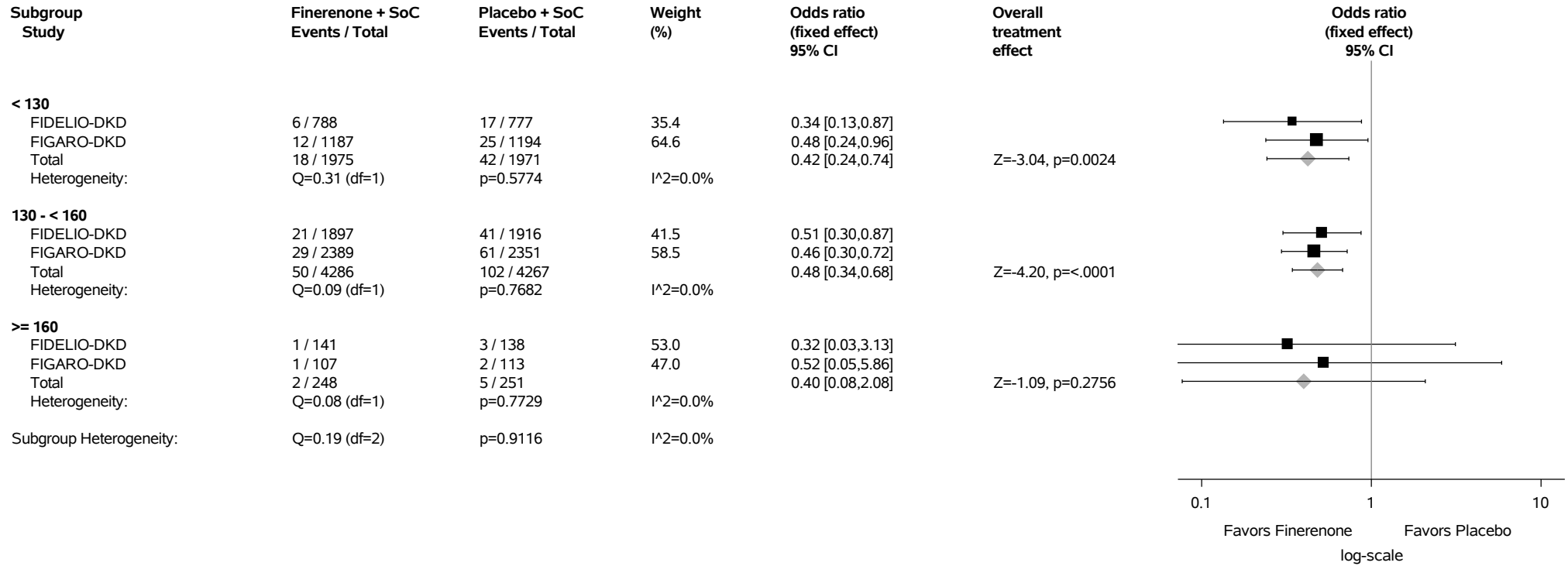
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.92.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

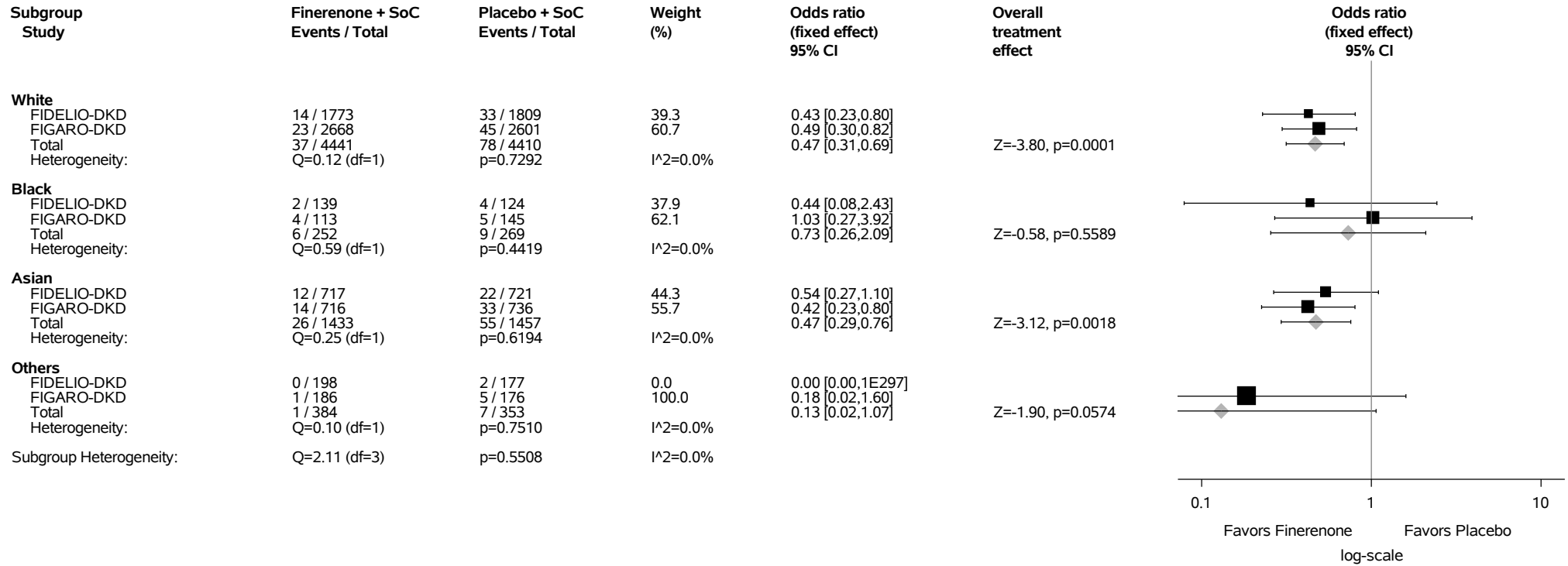
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.92.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

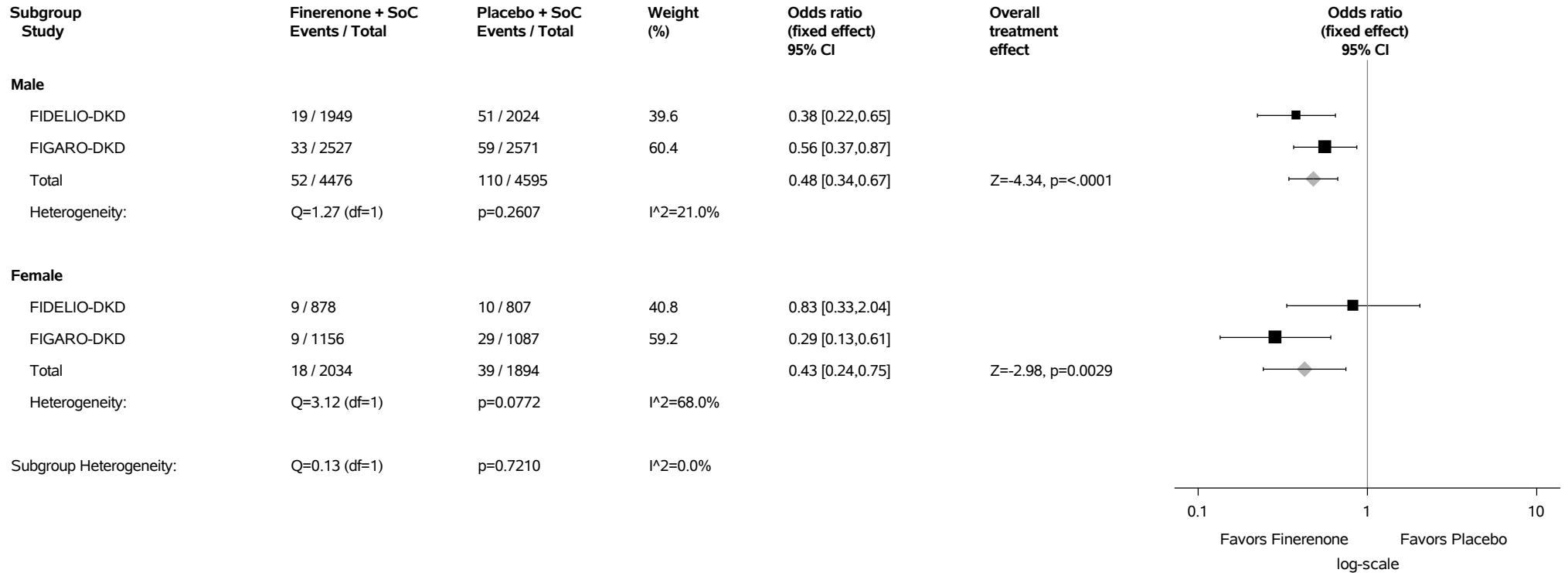
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

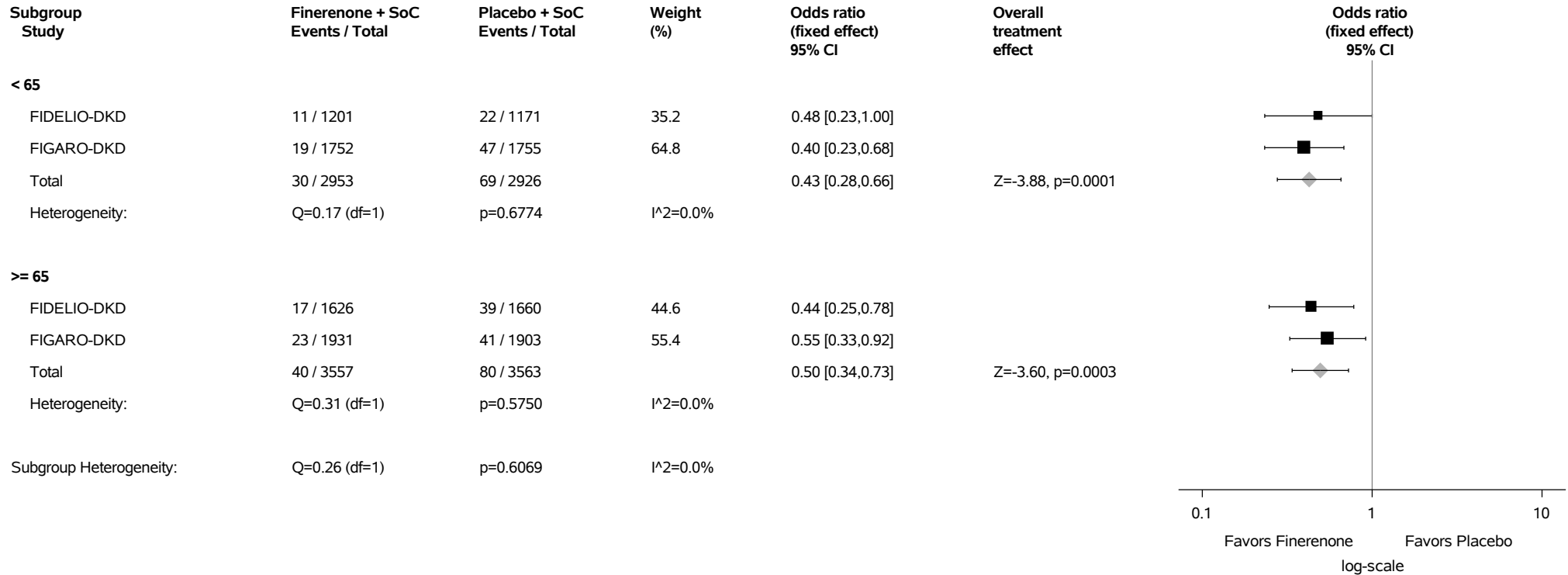
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.92.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.92.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypokalaemia (PT with Incidence >=1%) Safety Analysis Set



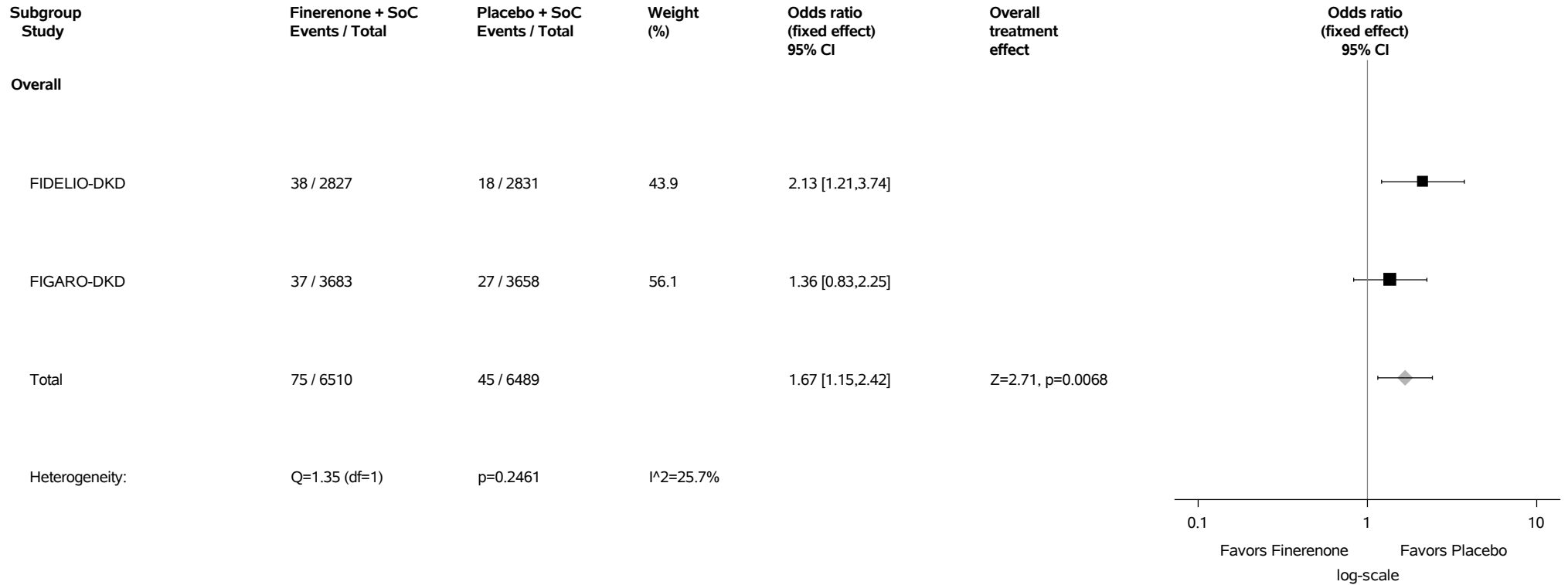
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.93: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



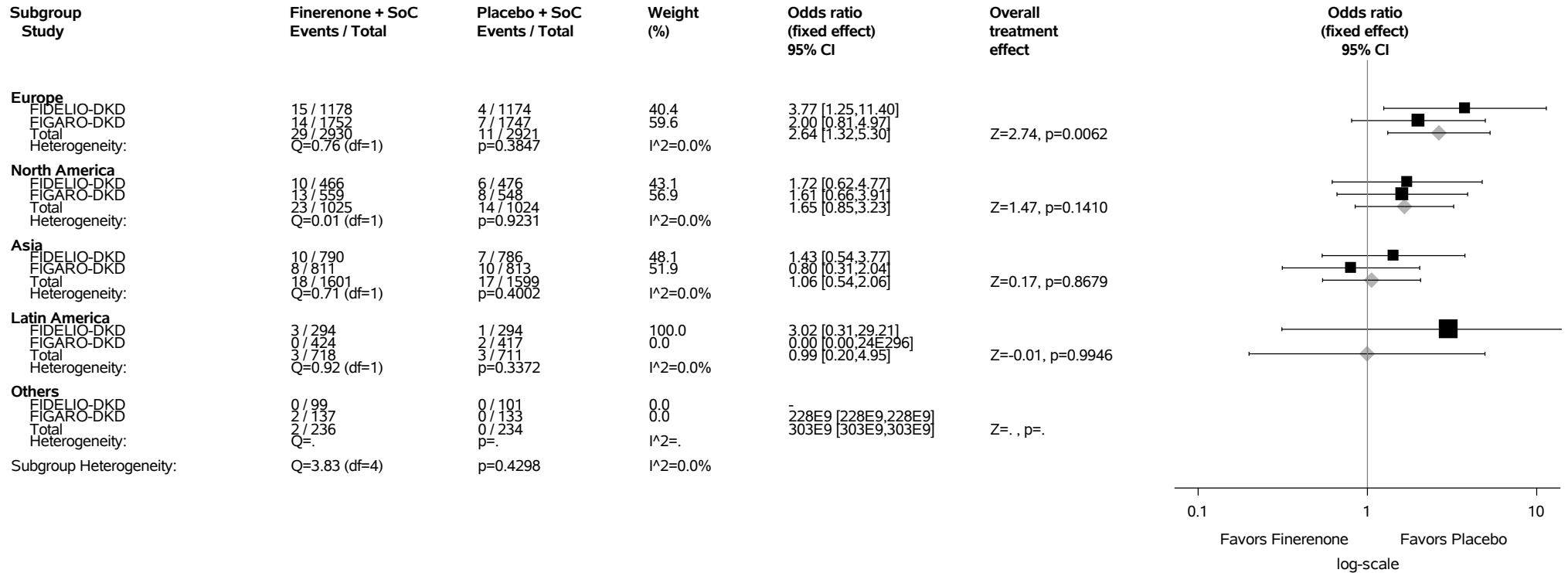
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.93.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



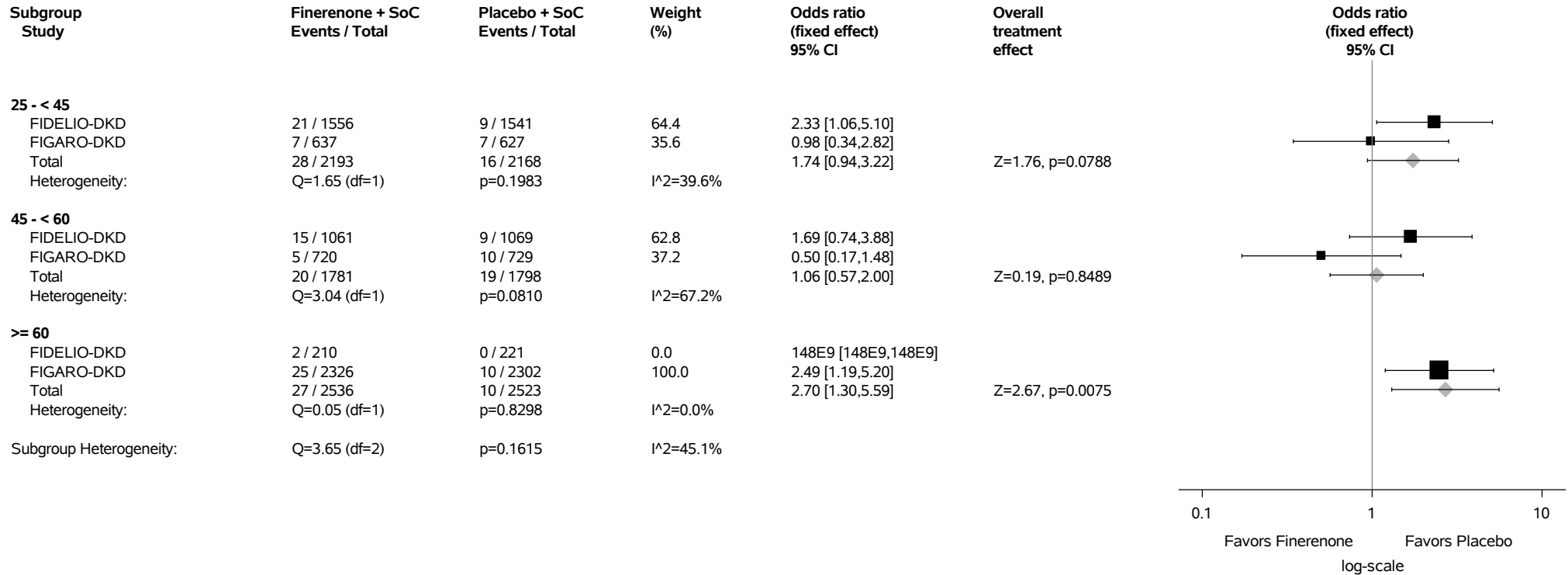
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.93.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



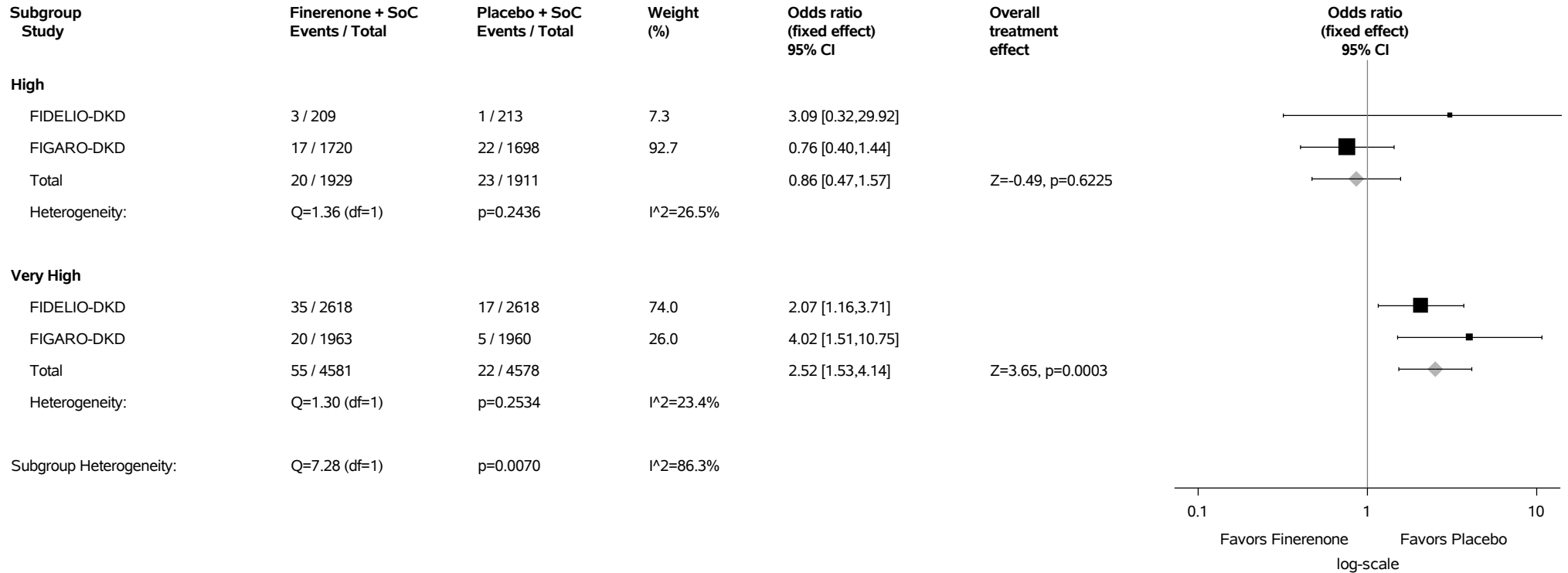
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.93.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



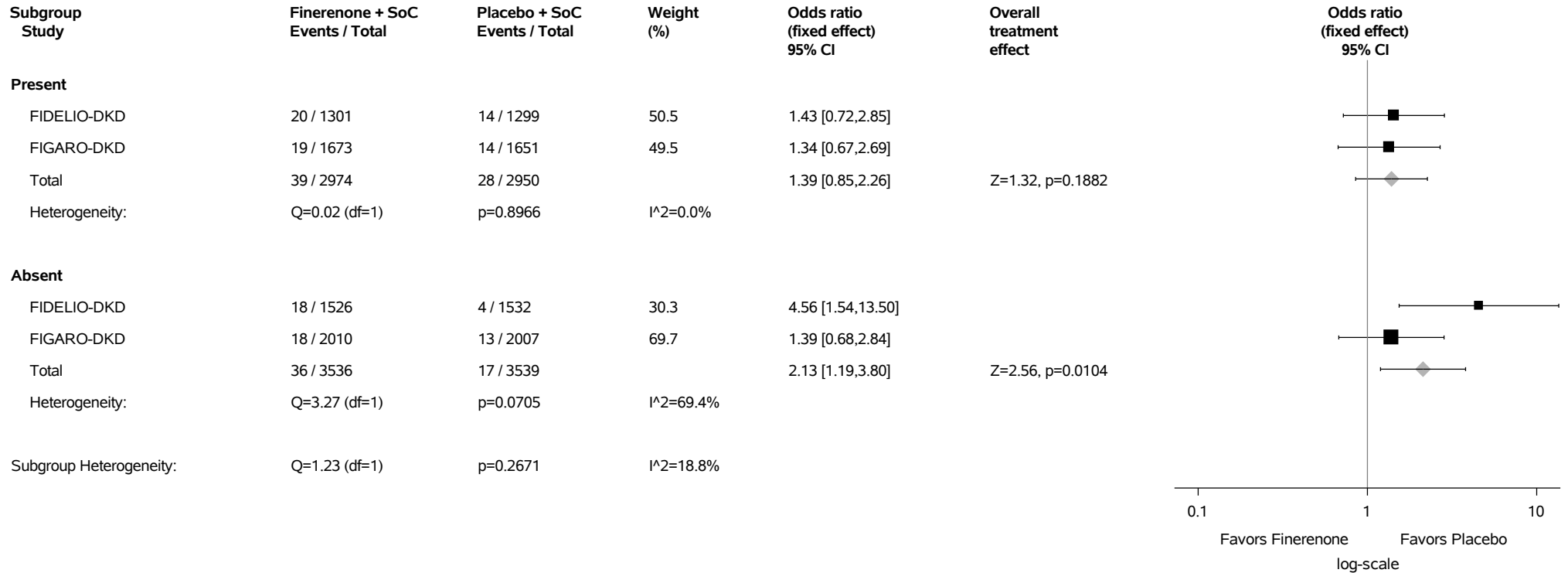
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

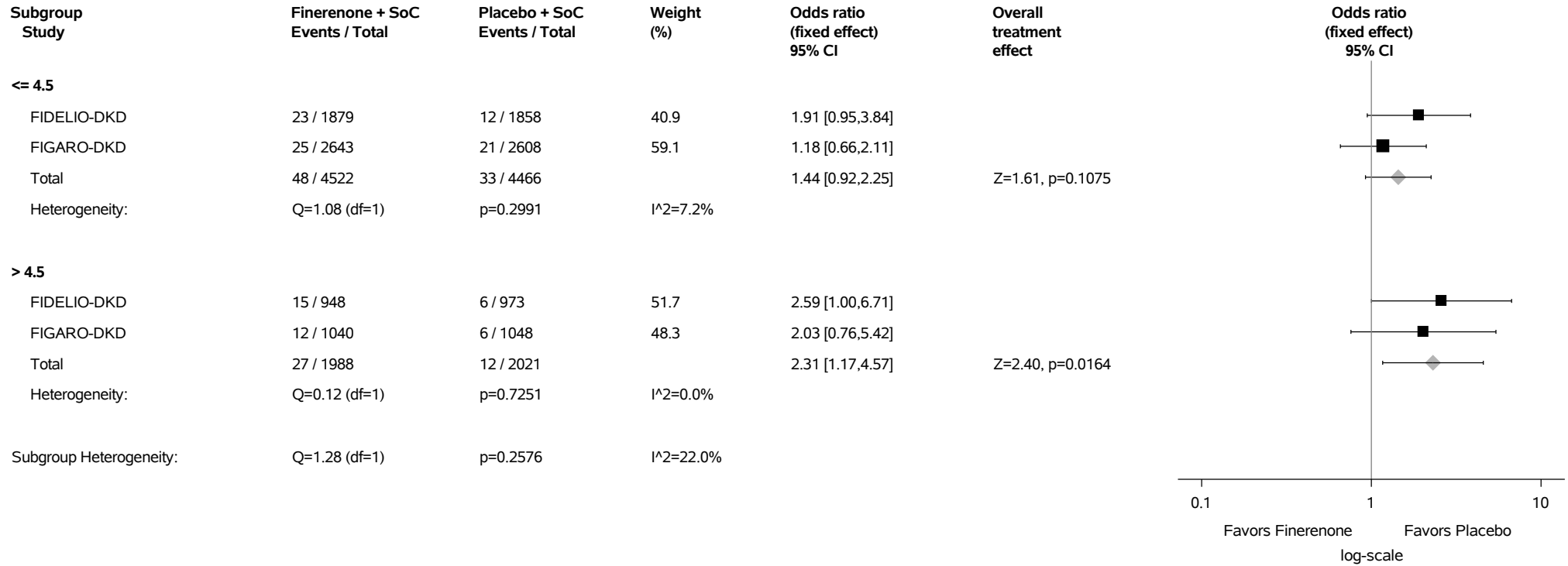
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.93.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.93.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

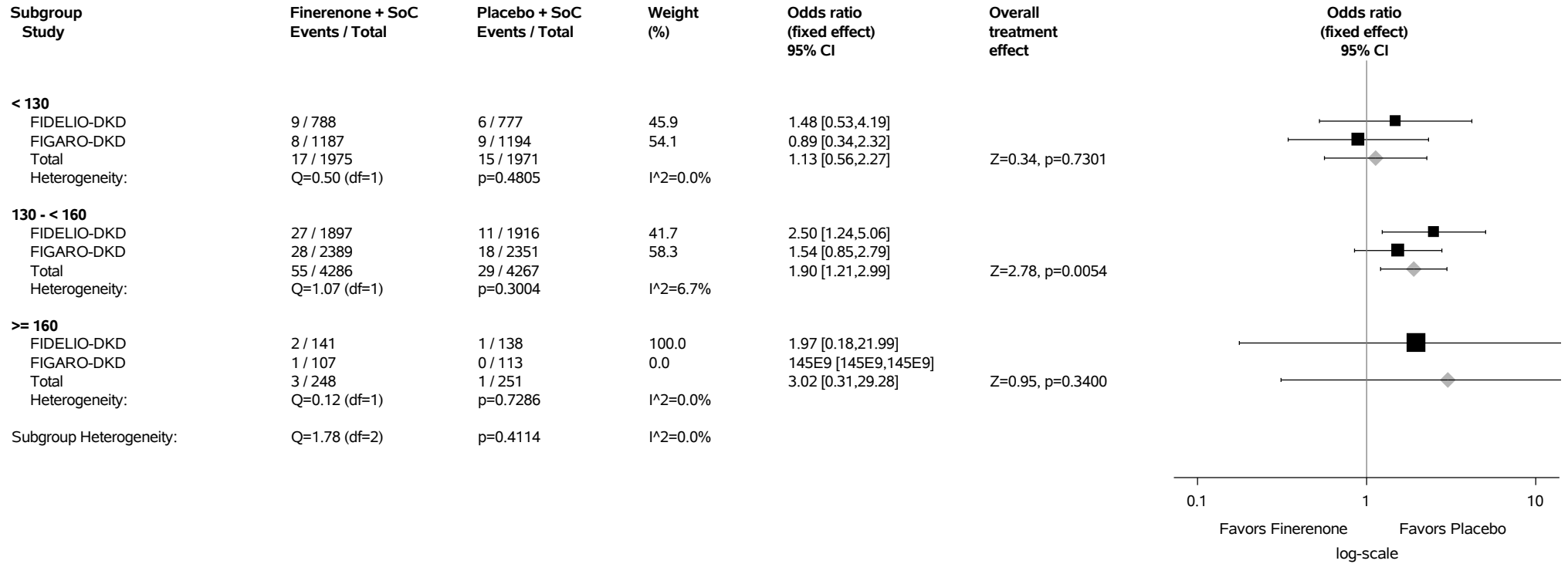
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.93.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

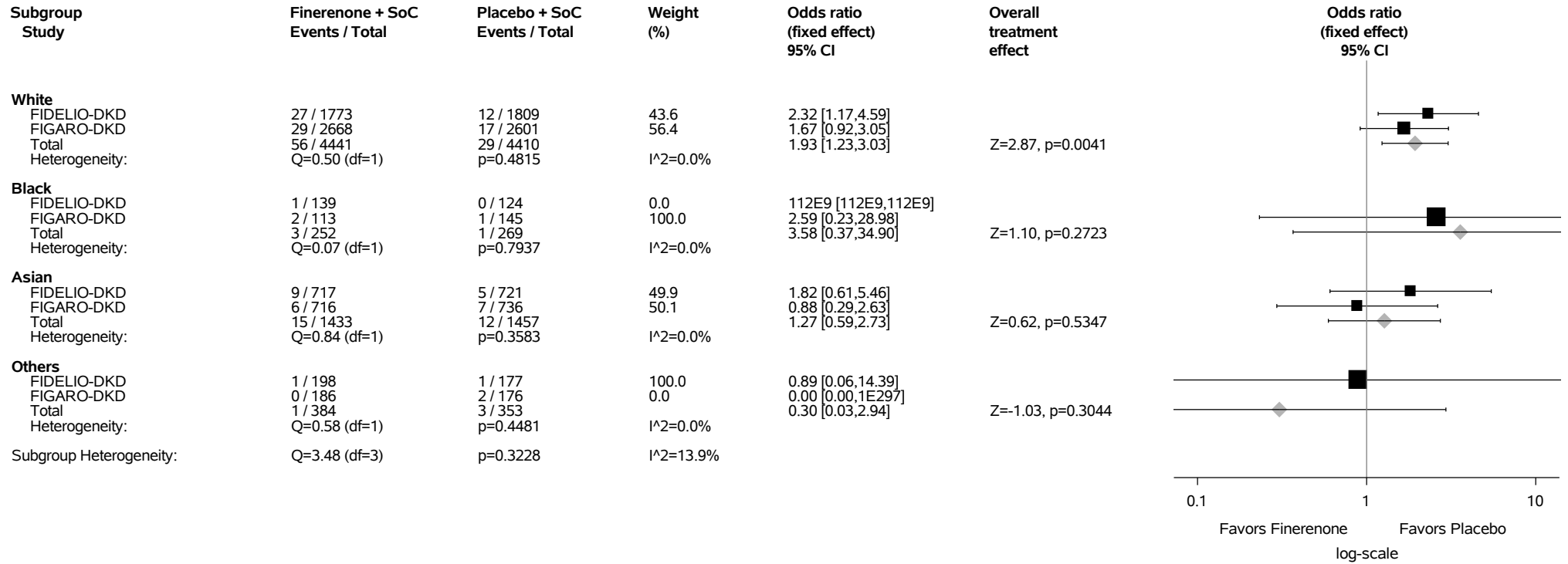
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.93.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

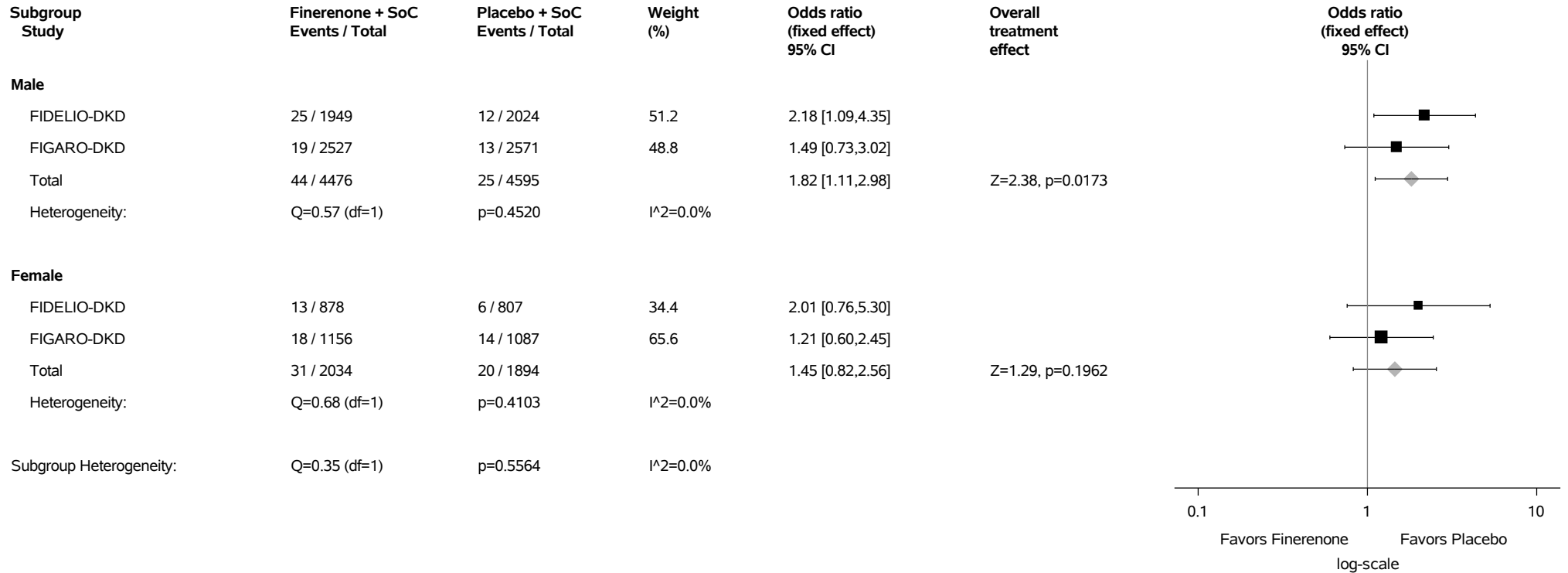
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

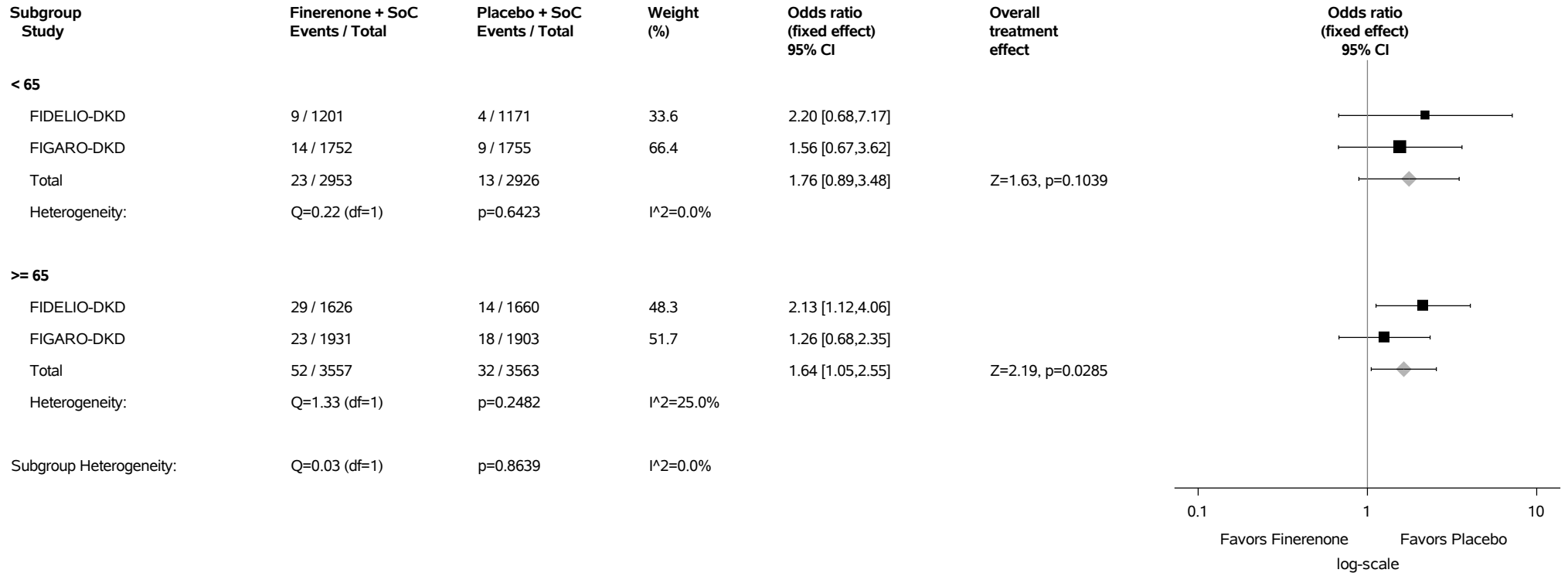
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.93.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



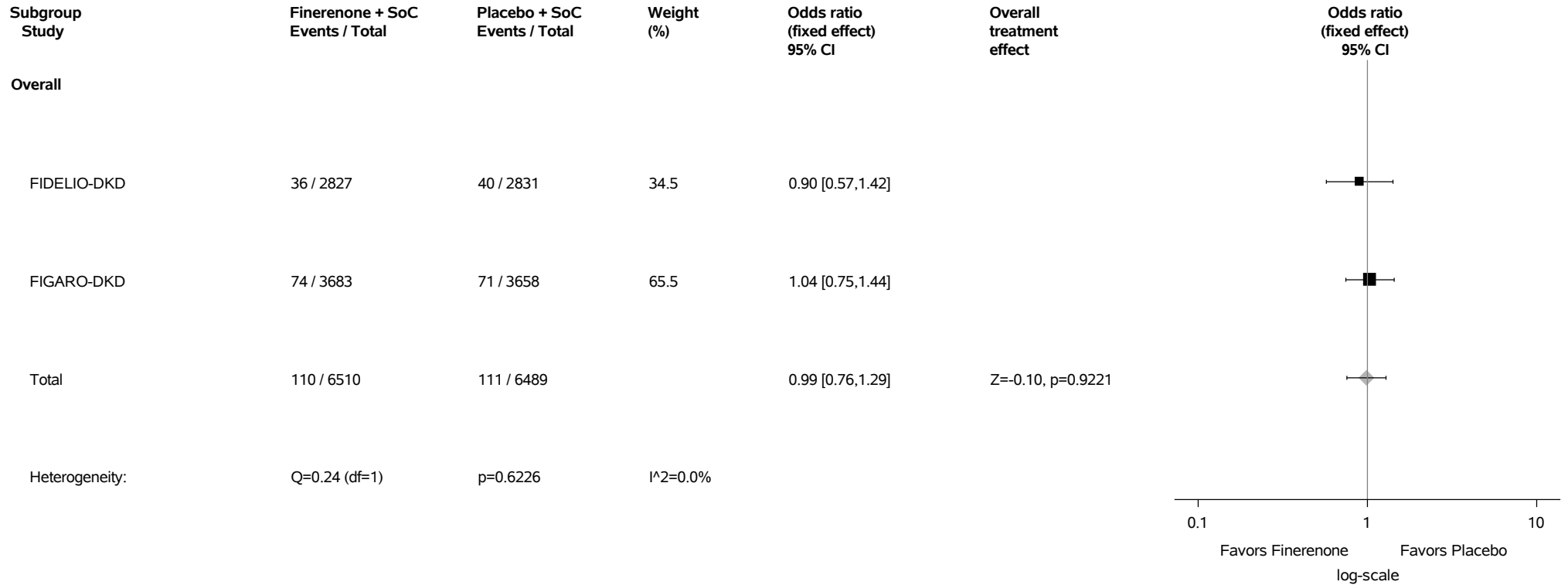
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.93.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hyponatraemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.94: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Type 2 diabetes mellitus (PT with Incidence >=1%) Safety Analysis Set



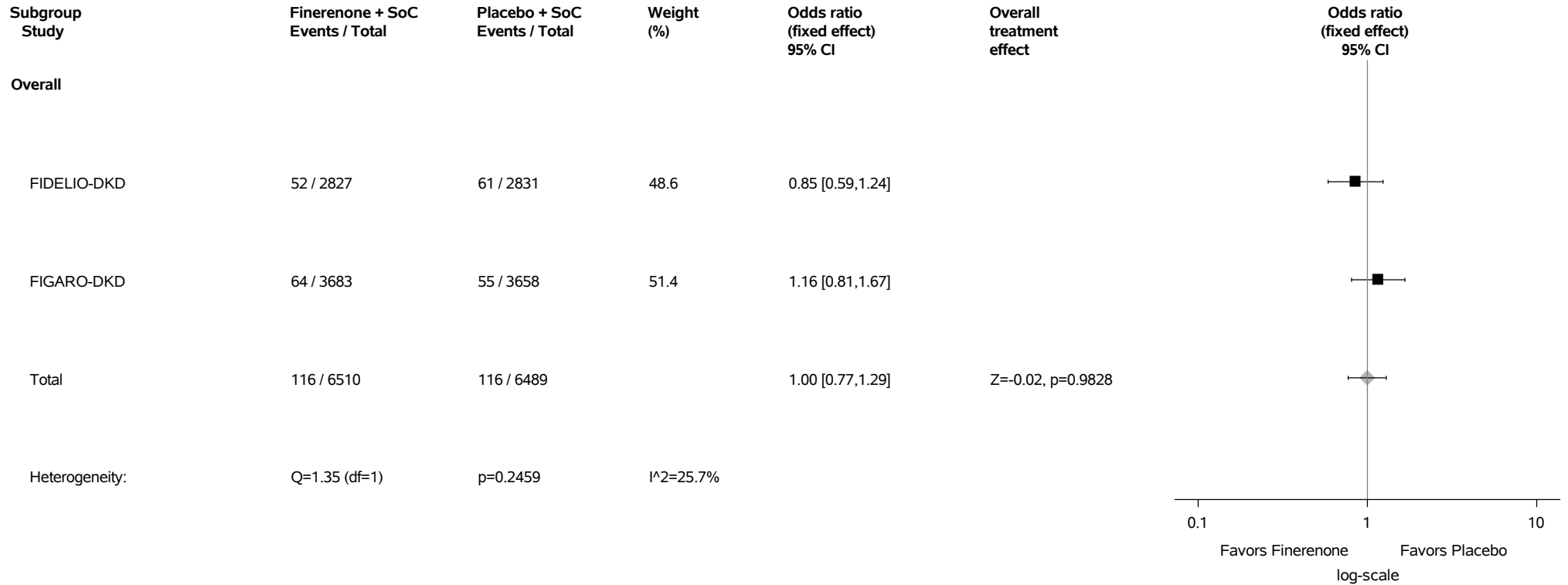
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.95: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vitamin D deficiency (PT with Incidence >=1%) Safety Analysis Set



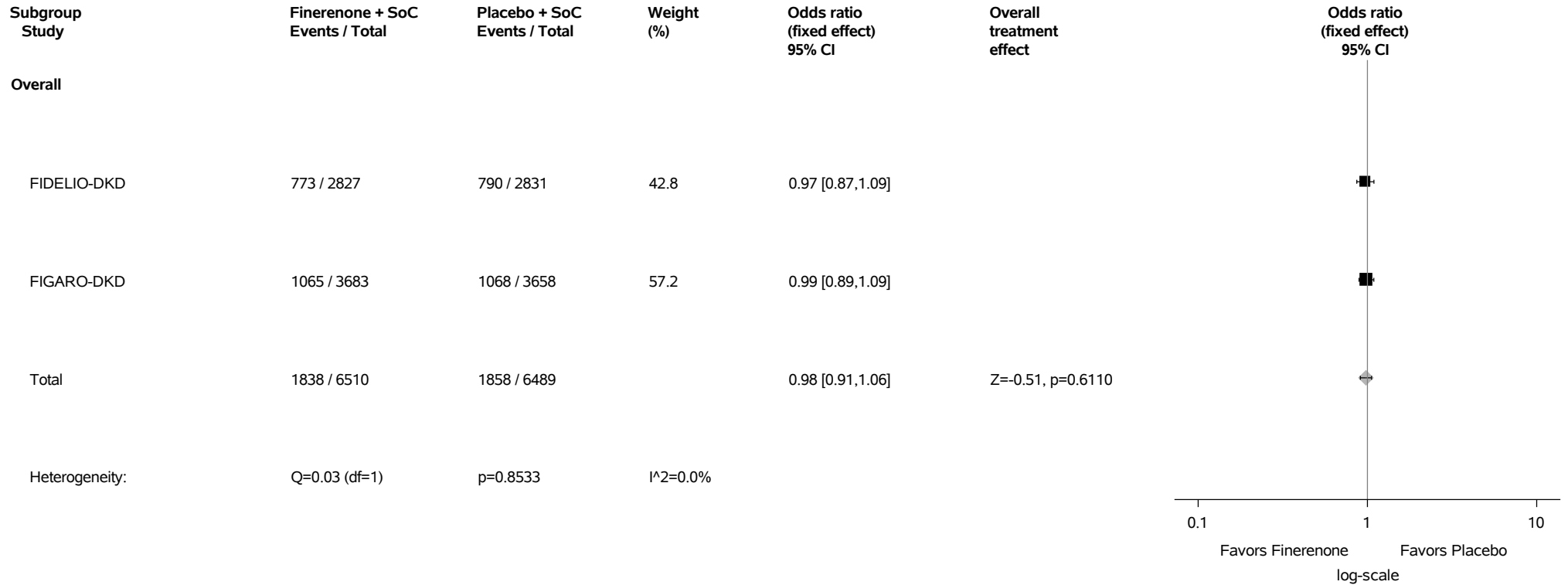
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.96: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



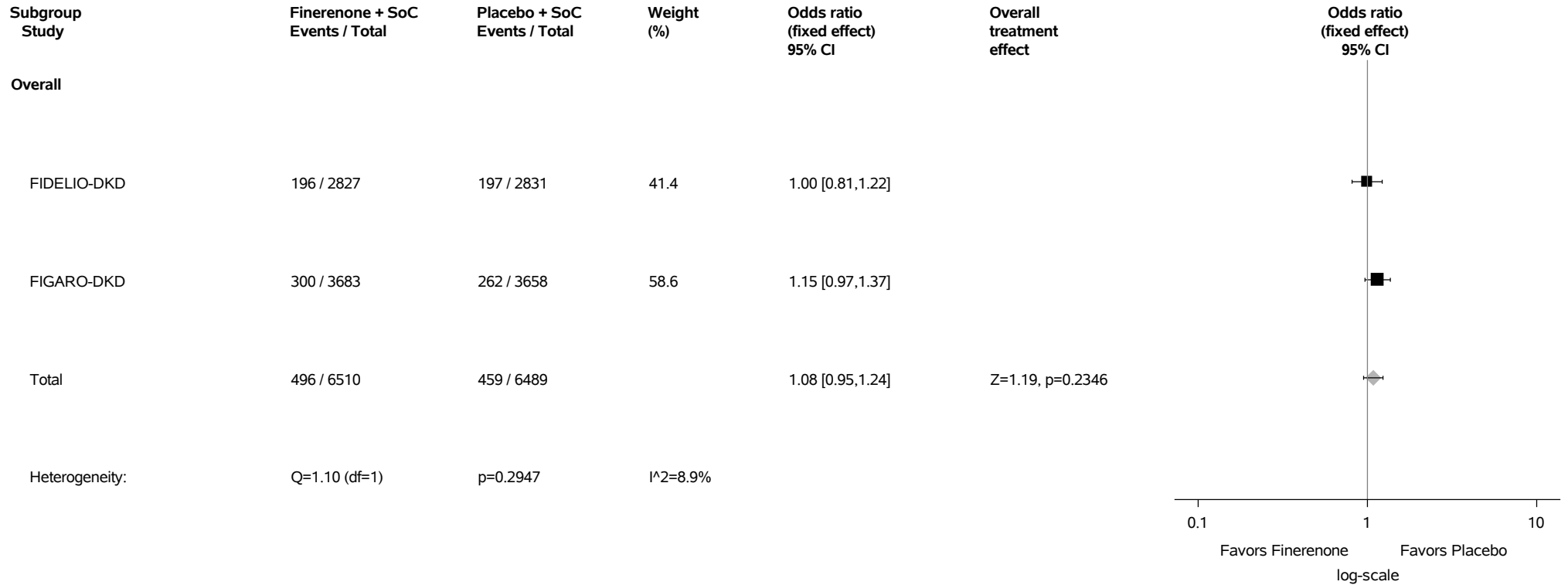
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.97: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Arthralgia (PT with Incidence >=1%) Safety Analysis Set



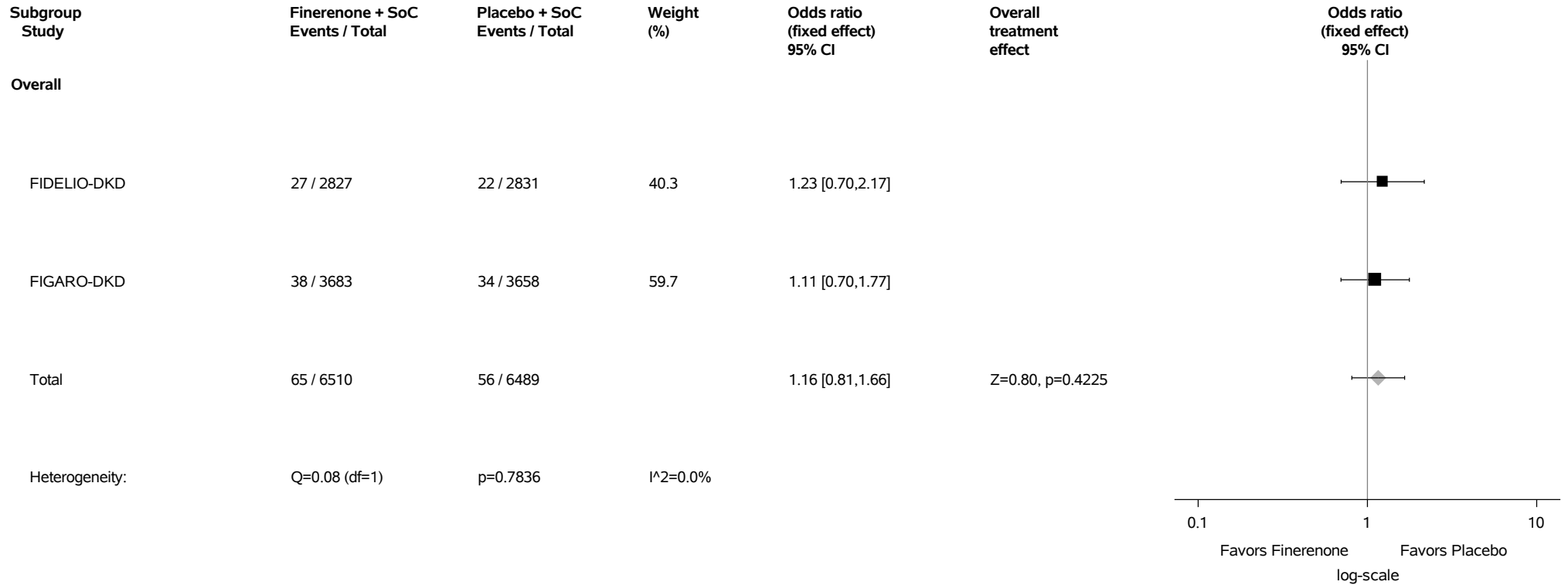
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.98: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Arthritis (PT with Incidence >=1%) Safety Analysis Set



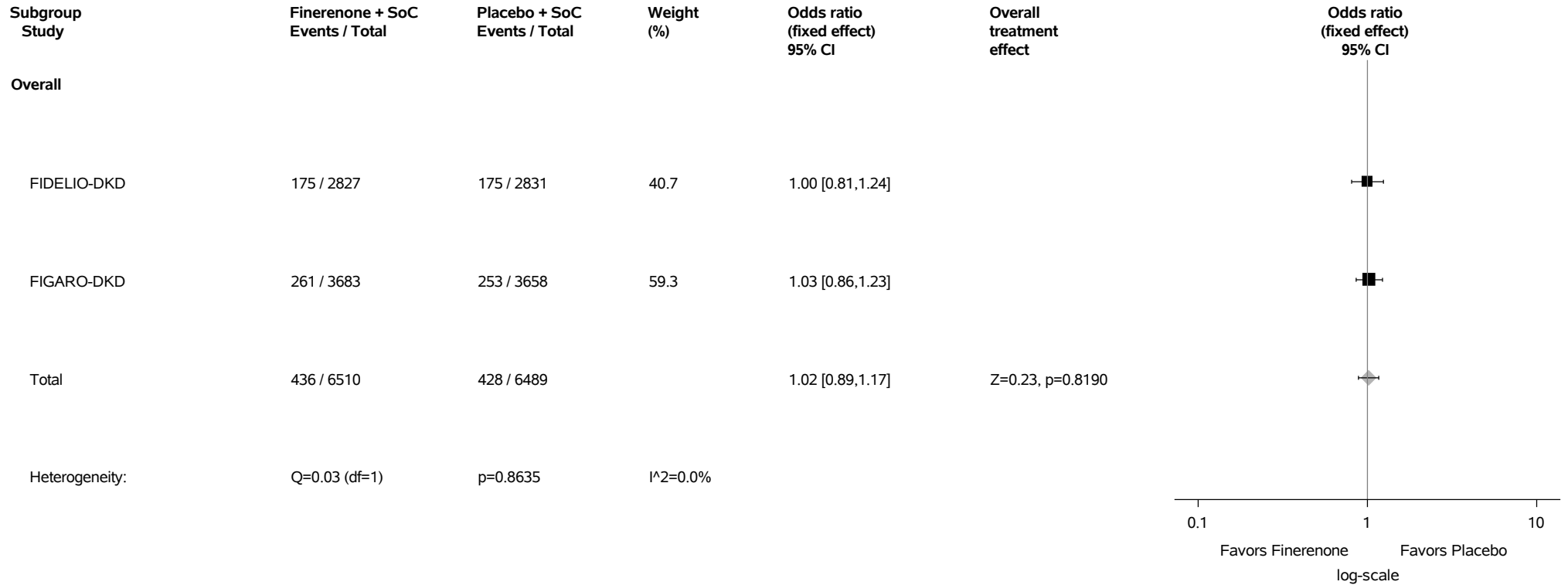
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.99: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Back pain (PT with Incidence >=1%) Safety Analysis Set



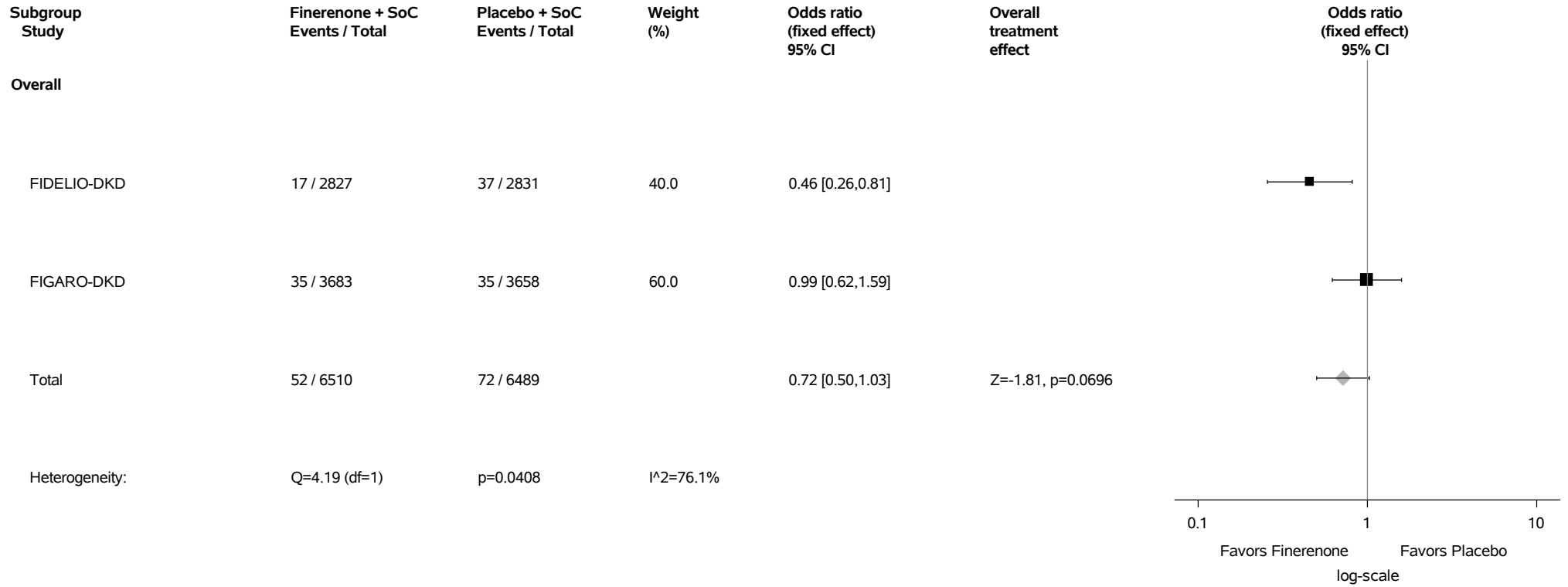
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.100: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Intervertebral disc protrusion (PT with Incidence >=1%) Safety Analysis Set



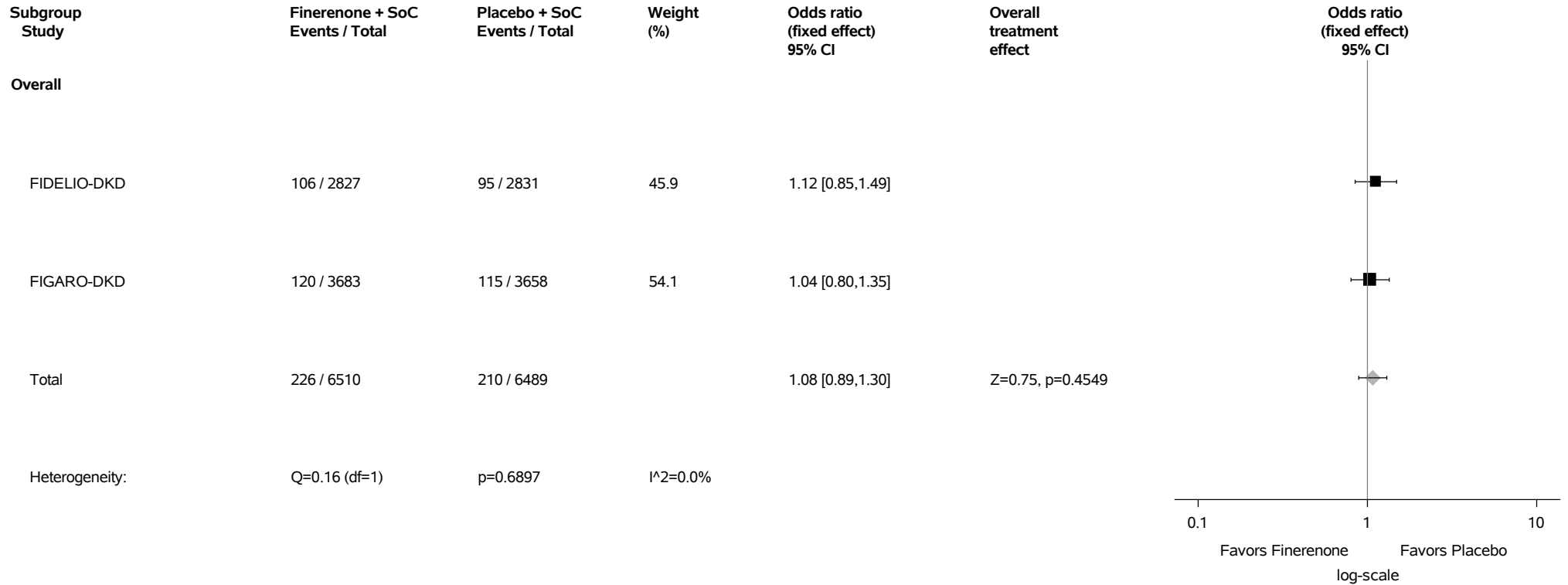
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.101: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Muscle spasms (PT with Incidence >=1%) Safety Analysis Set



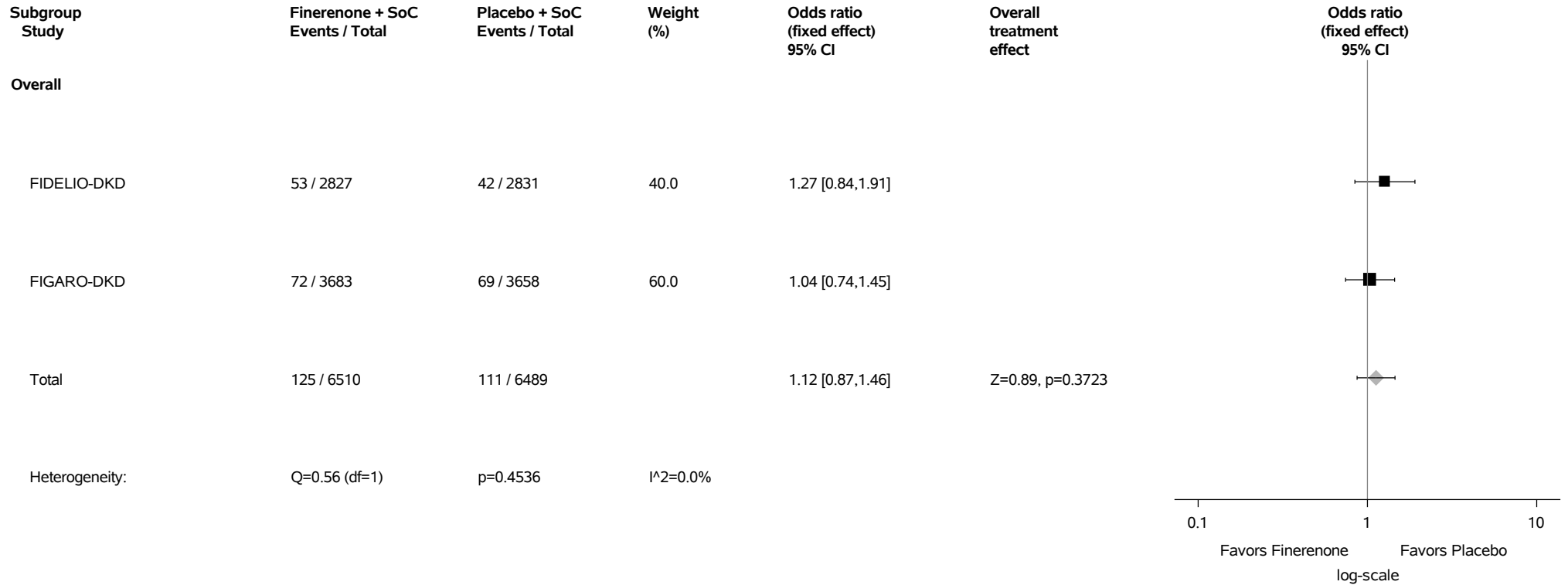
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.102: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Myalgia (PT with Incidence >=1%) Safety Analysis Set



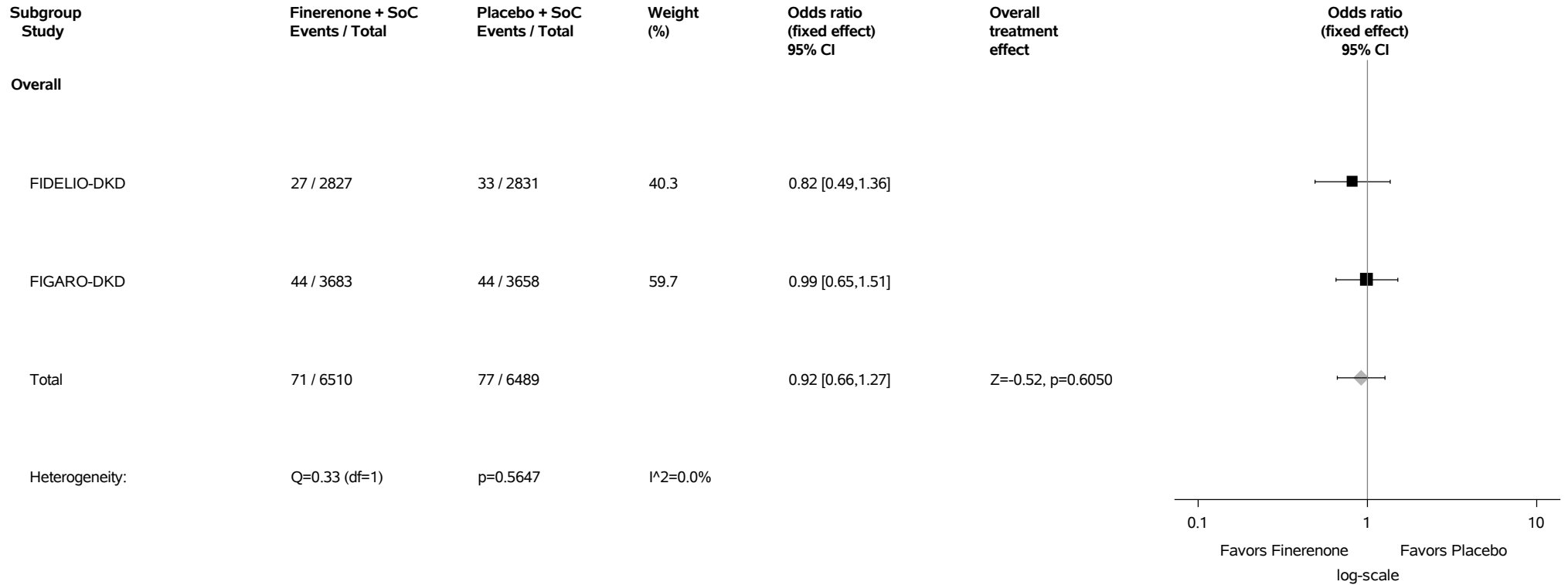
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.103: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neck pain (PT with Incidence >=1%) Safety Analysis Set



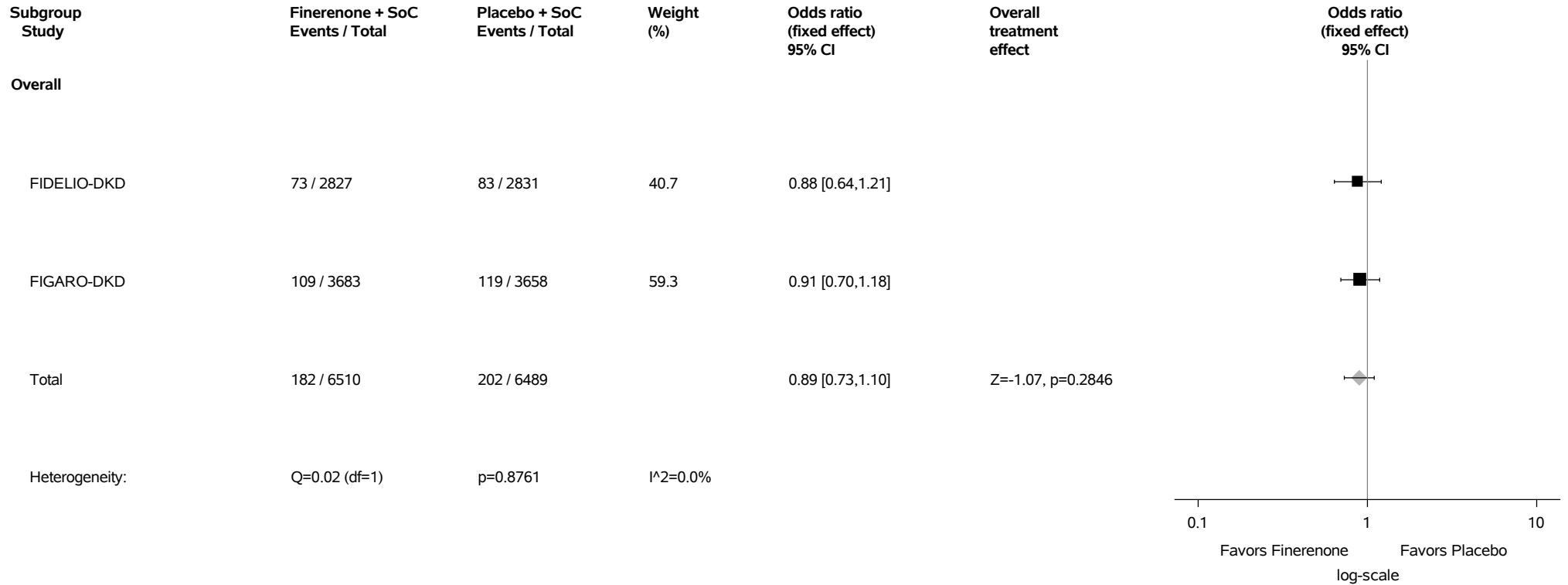
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.104: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Osteoarthritis (PT with Incidence >=1%) Safety Analysis Set



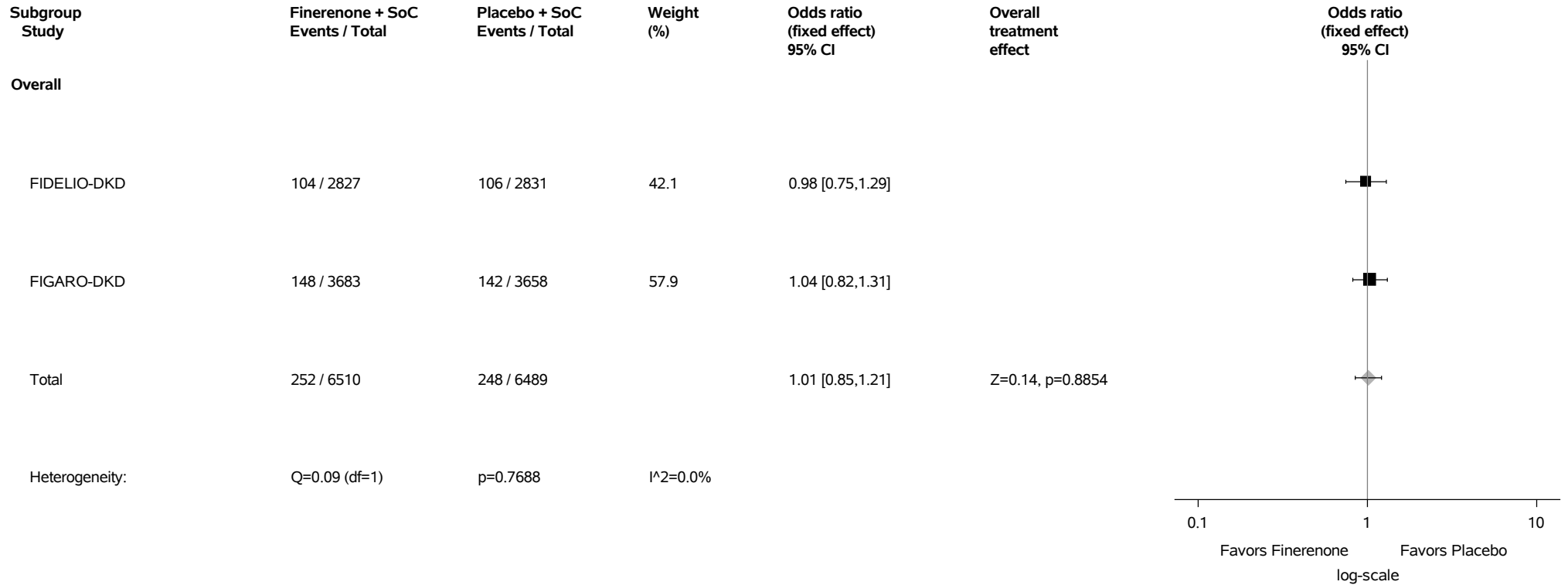
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.105: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pain in extremity (PT with Incidence >=1%) Safety Analysis Set



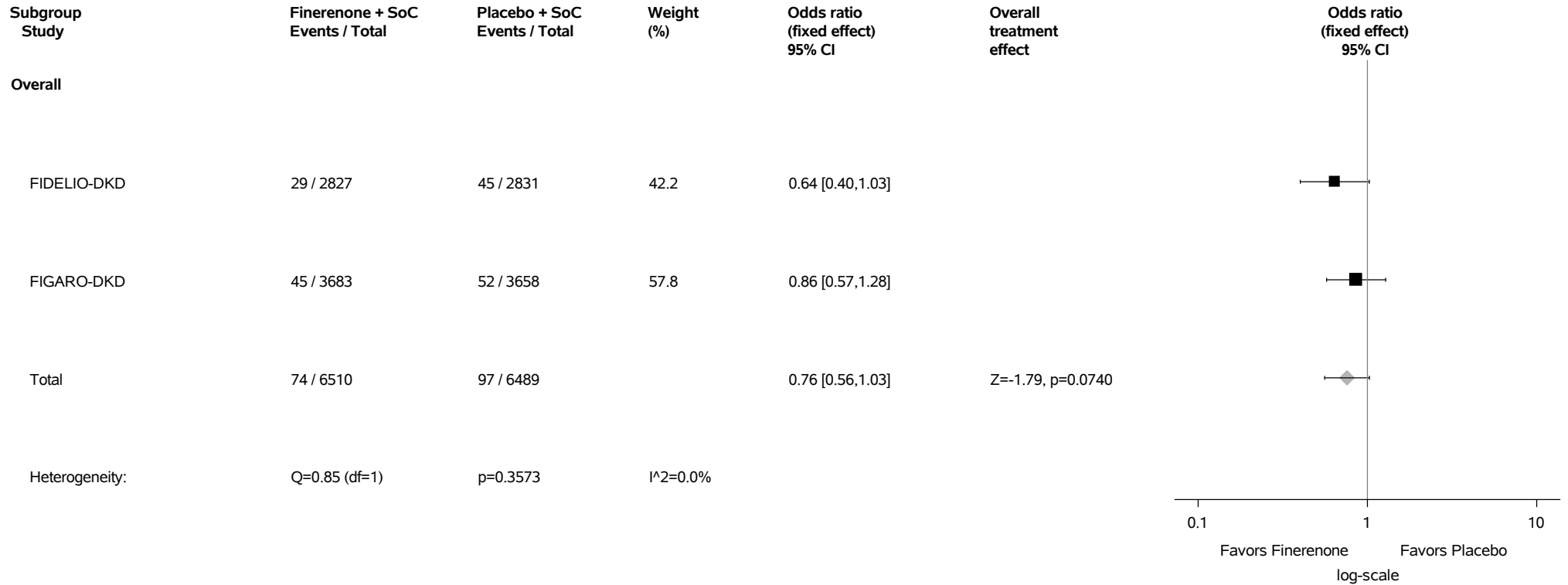
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.106: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Spinal osteoarthritis (PT with Incidence >=1%) Safety Analysis Set



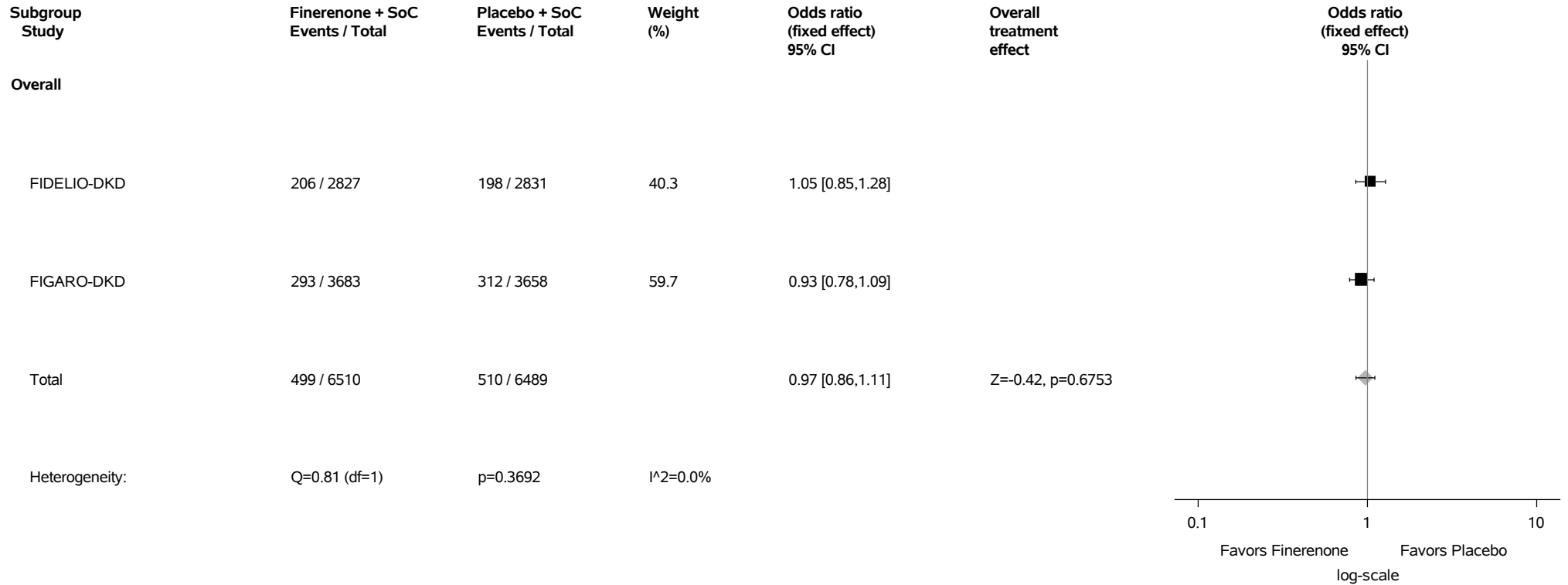
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.107: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) Safety Analysis Set



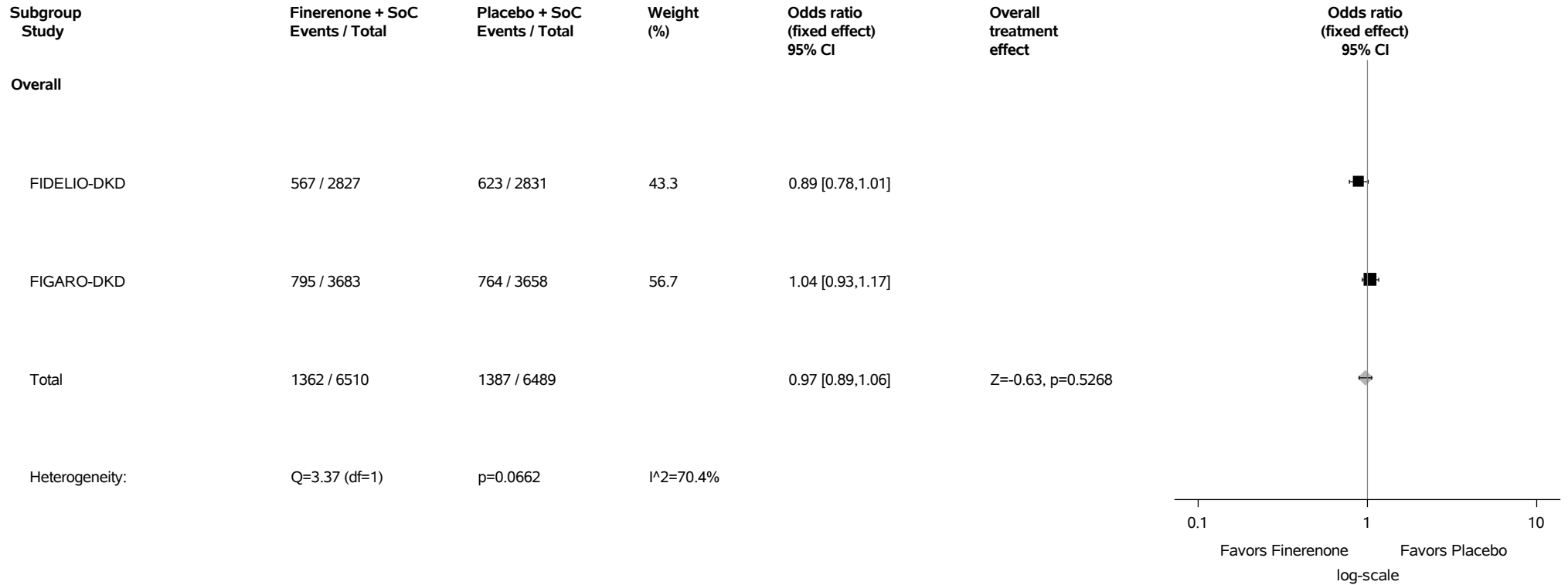
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.108: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set



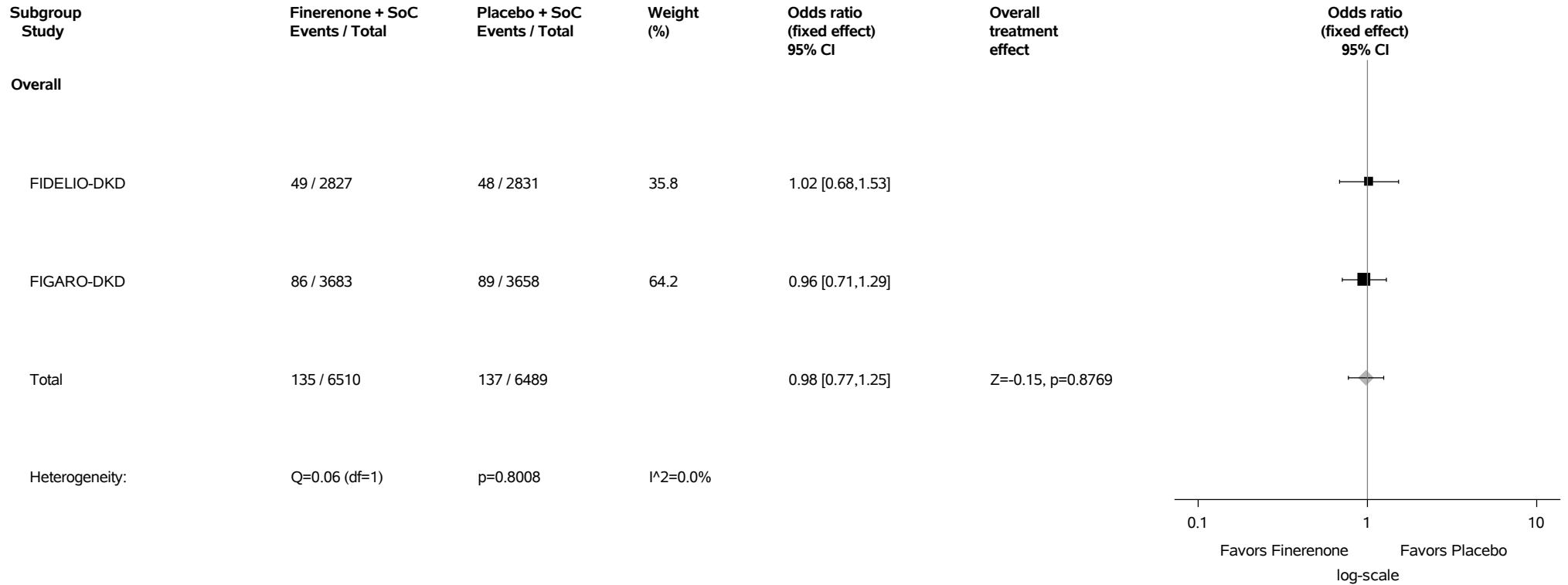
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.109: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic neuropathy (PT with Incidence >=1%) Safety Analysis Set



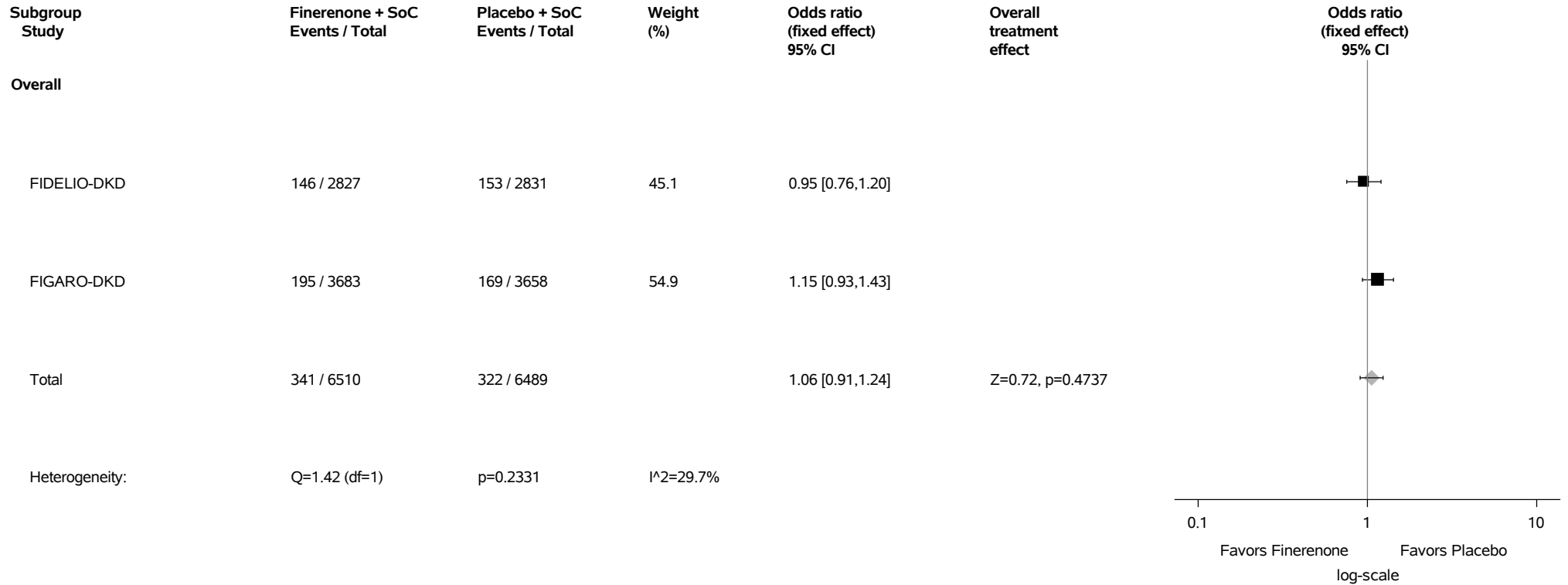
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.110: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dizziness (PT with Incidence >=1%) Safety Analysis Set



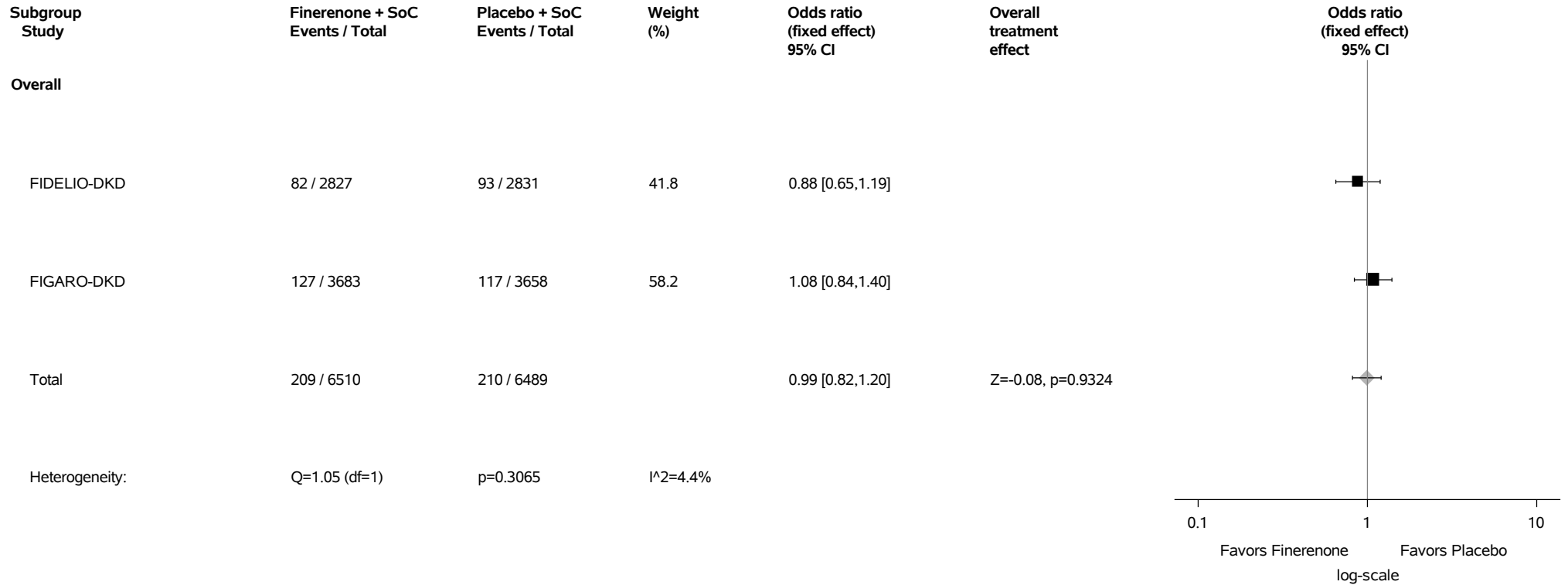
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.111: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Headache (PT with Incidence >=1%) Safety Analysis Set



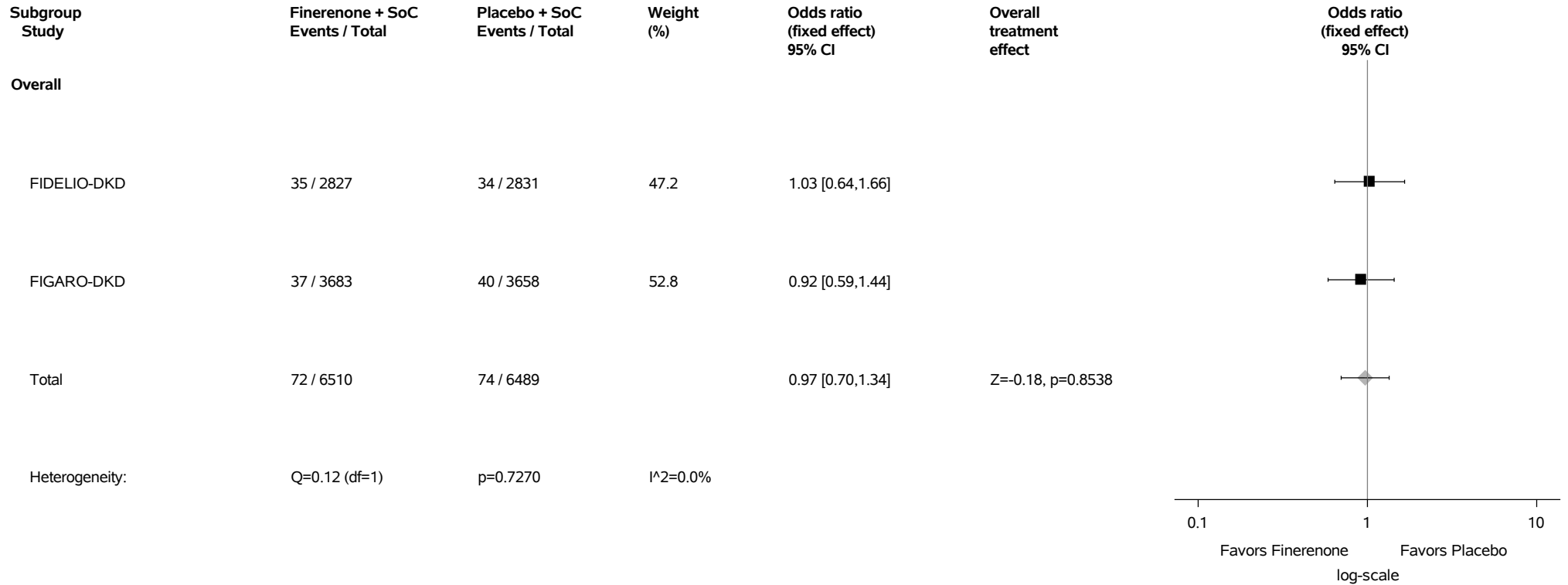
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.112: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypoaesthesia (PT with Incidence >=1%) Safety Analysis Set



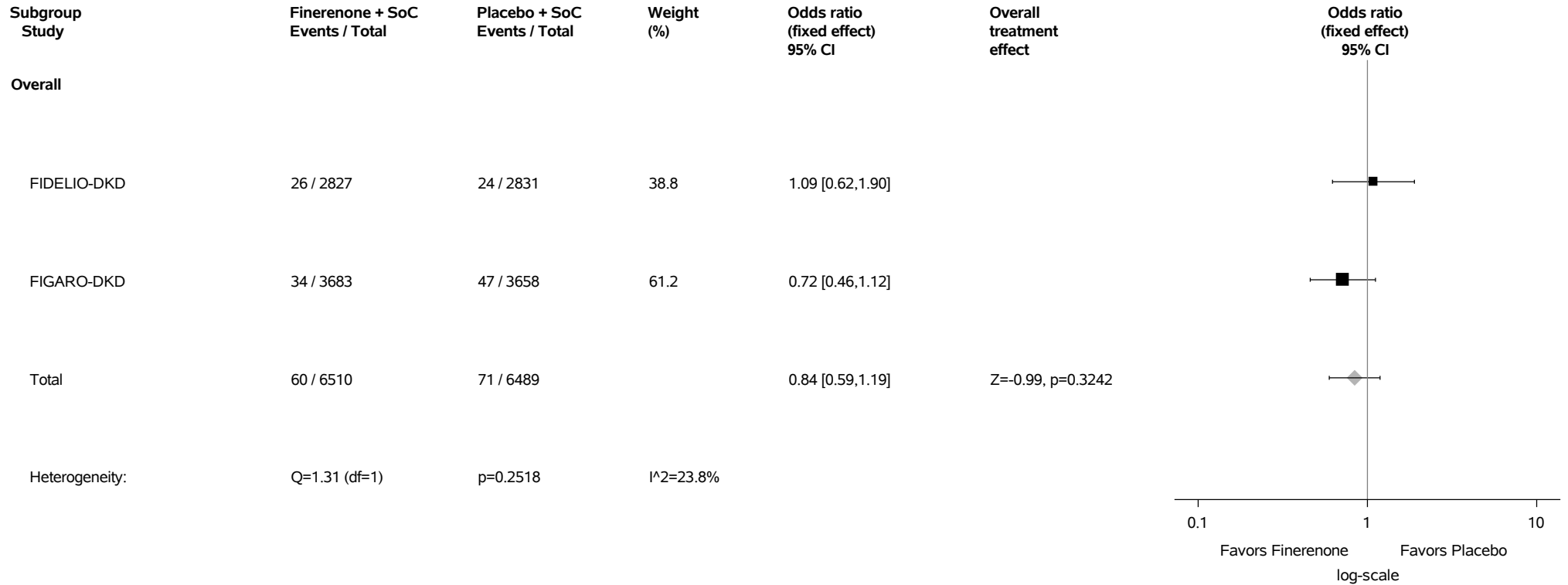
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.113: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sciatica (PT with Incidence >=1%) Safety Analysis Set



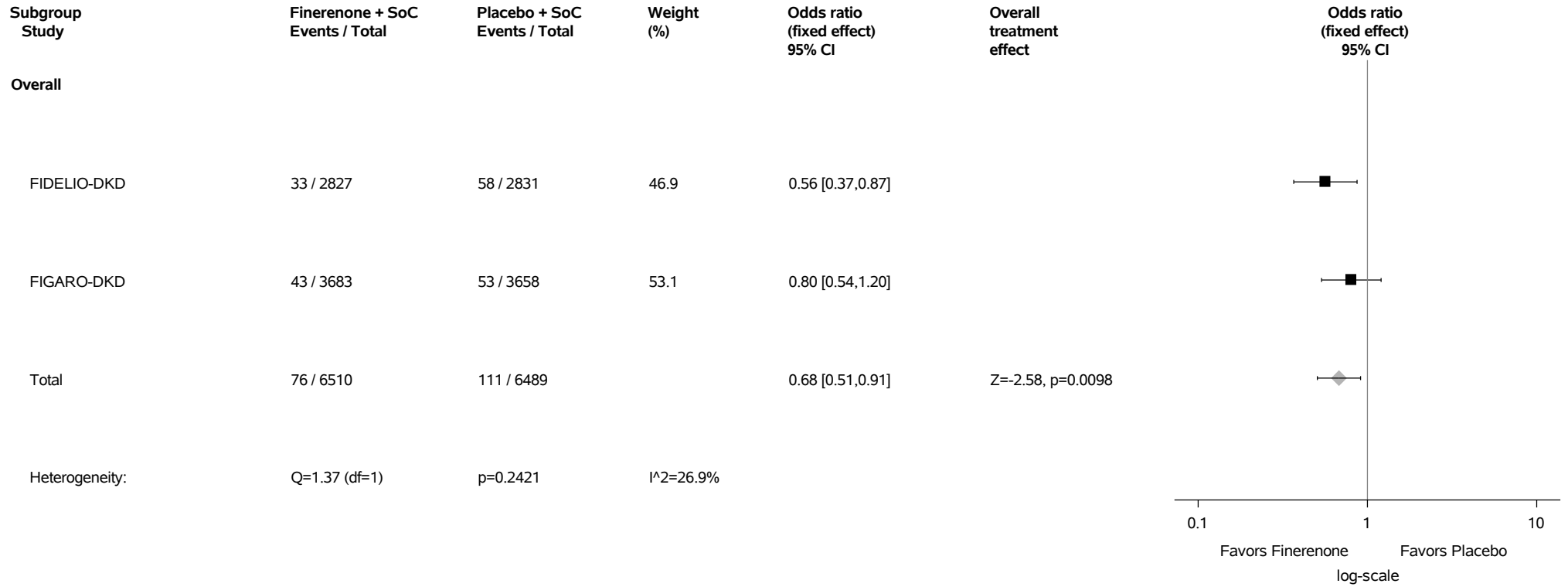
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.114: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Syncope (PT with Incidence >=1%) Safety Analysis Set



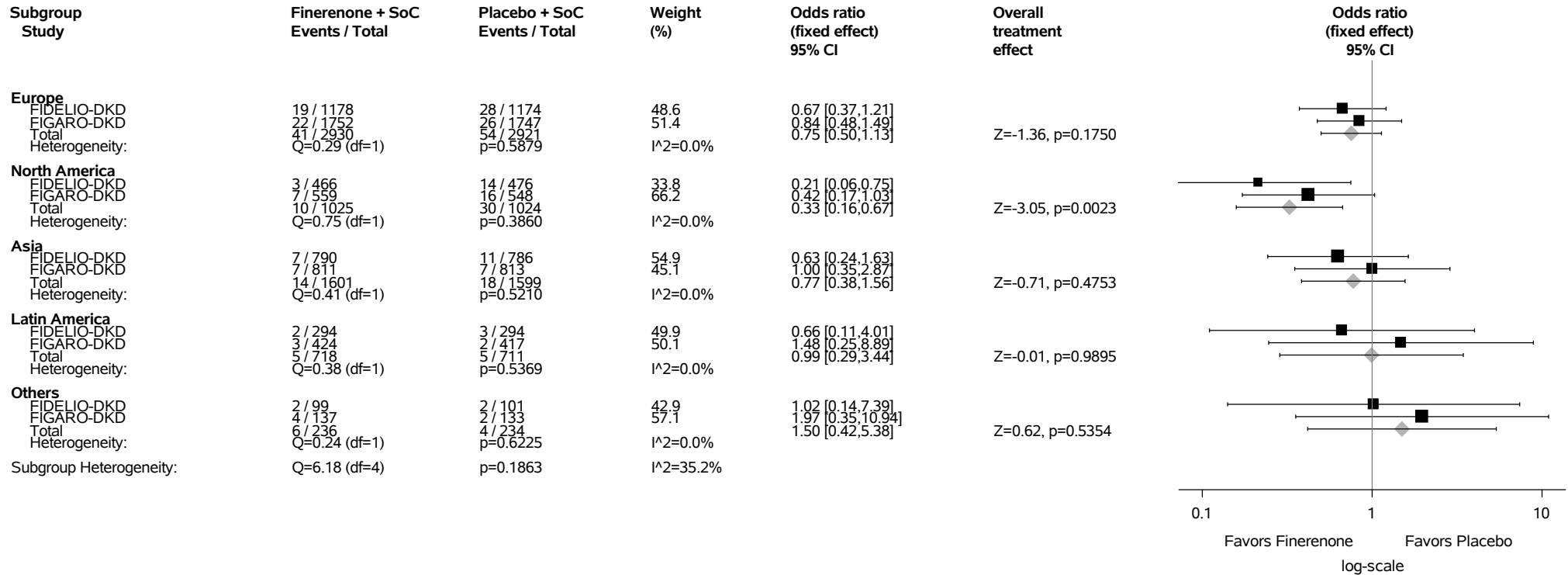
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.114.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Syncope (PT with Incidence >=1%) Safety Analysis Set



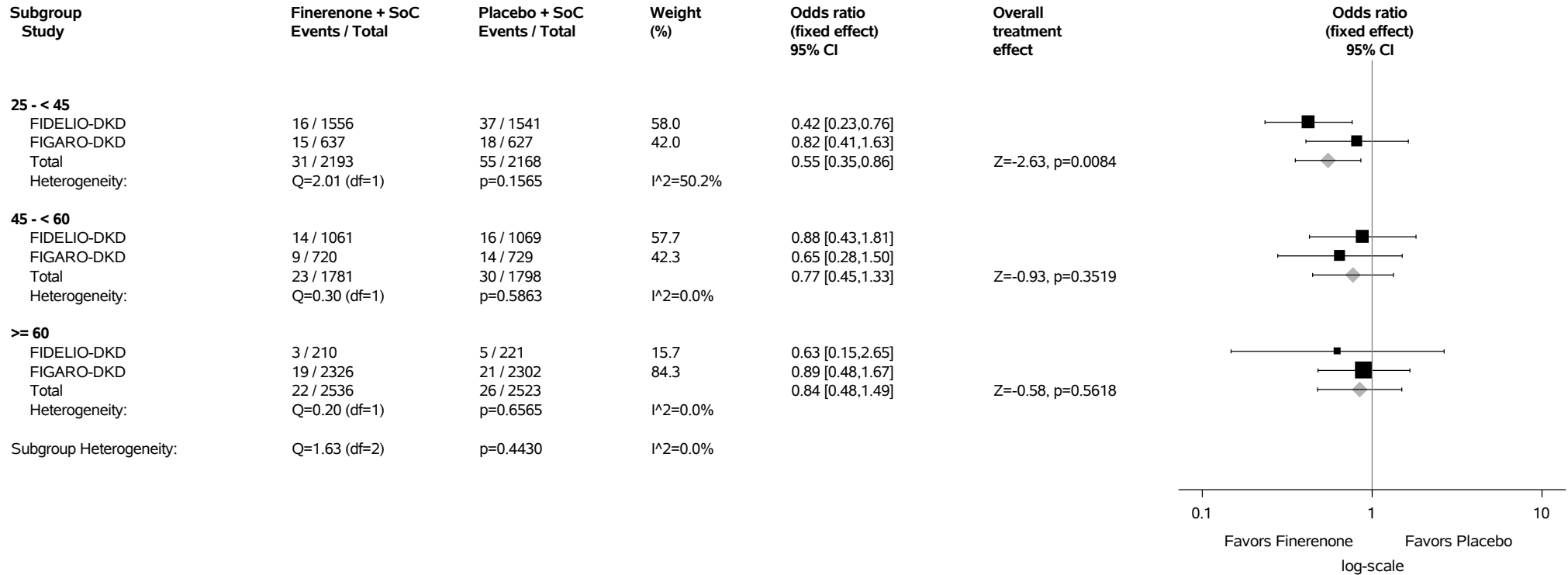
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.114.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m²) Category at Screening - Syncope (PT with Incidence >=1%) Safety Analysis Set



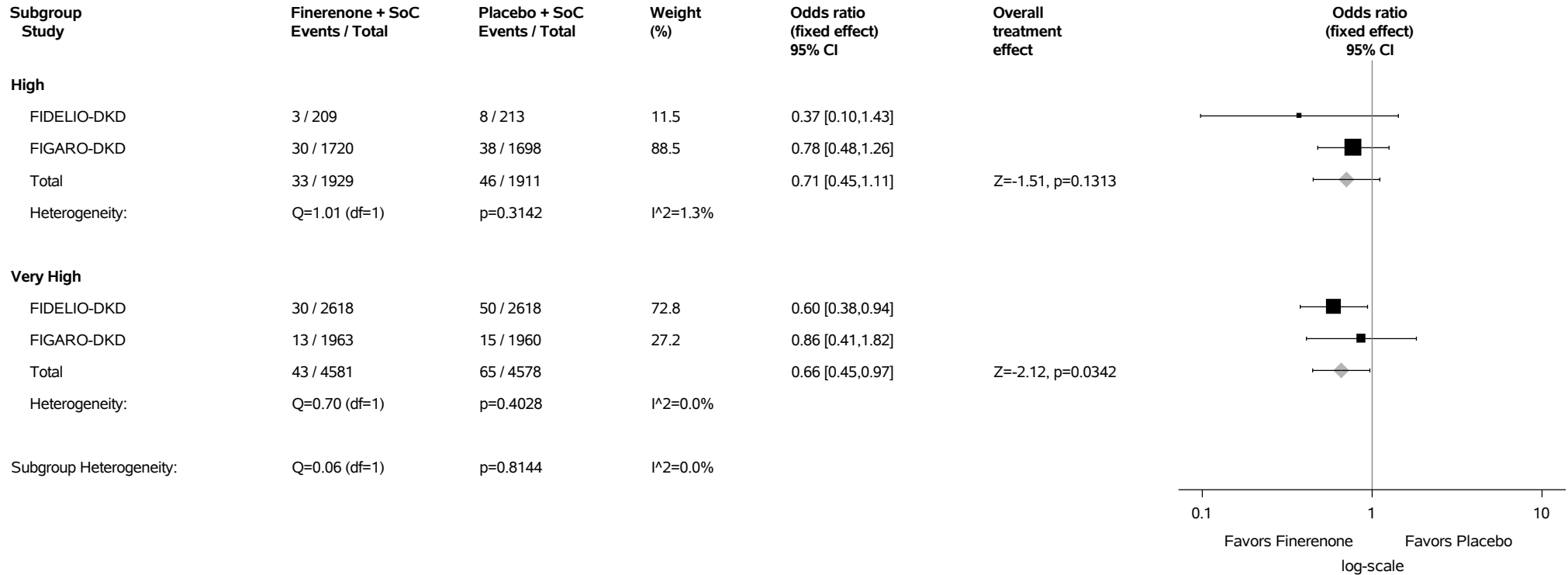
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.114.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Syncope (PT with Incidence >=1%) Safety Analysis Set



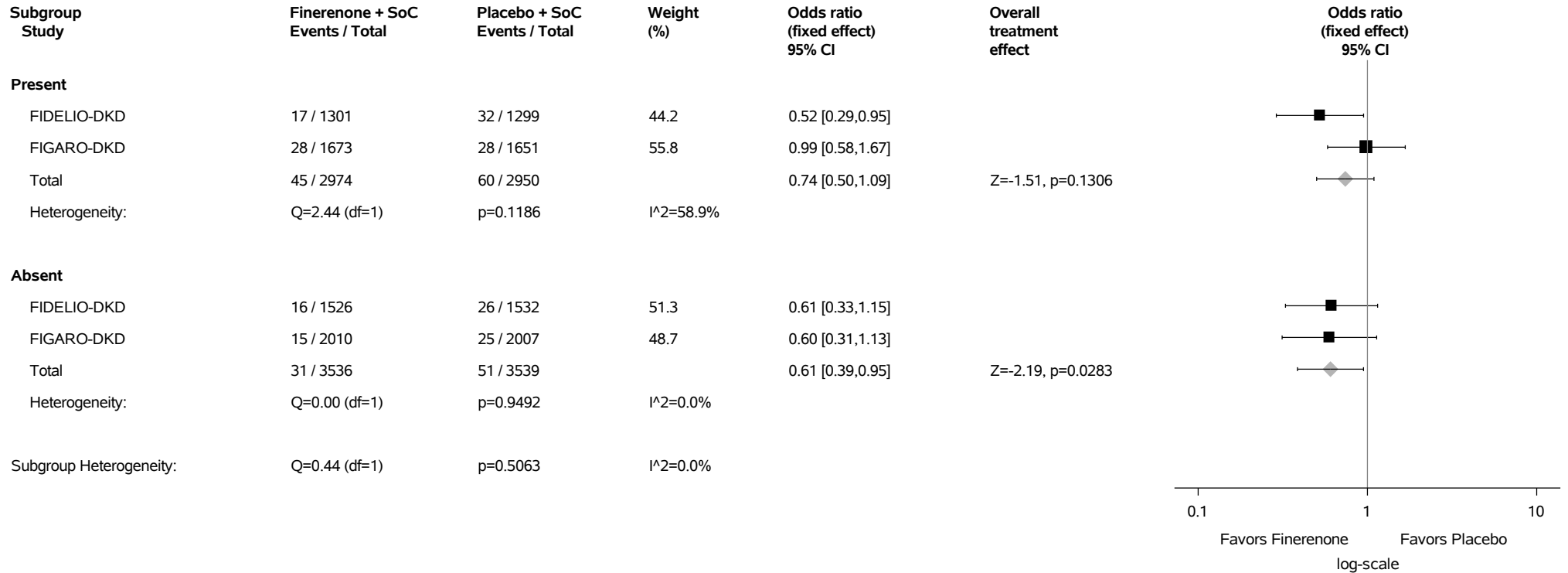
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

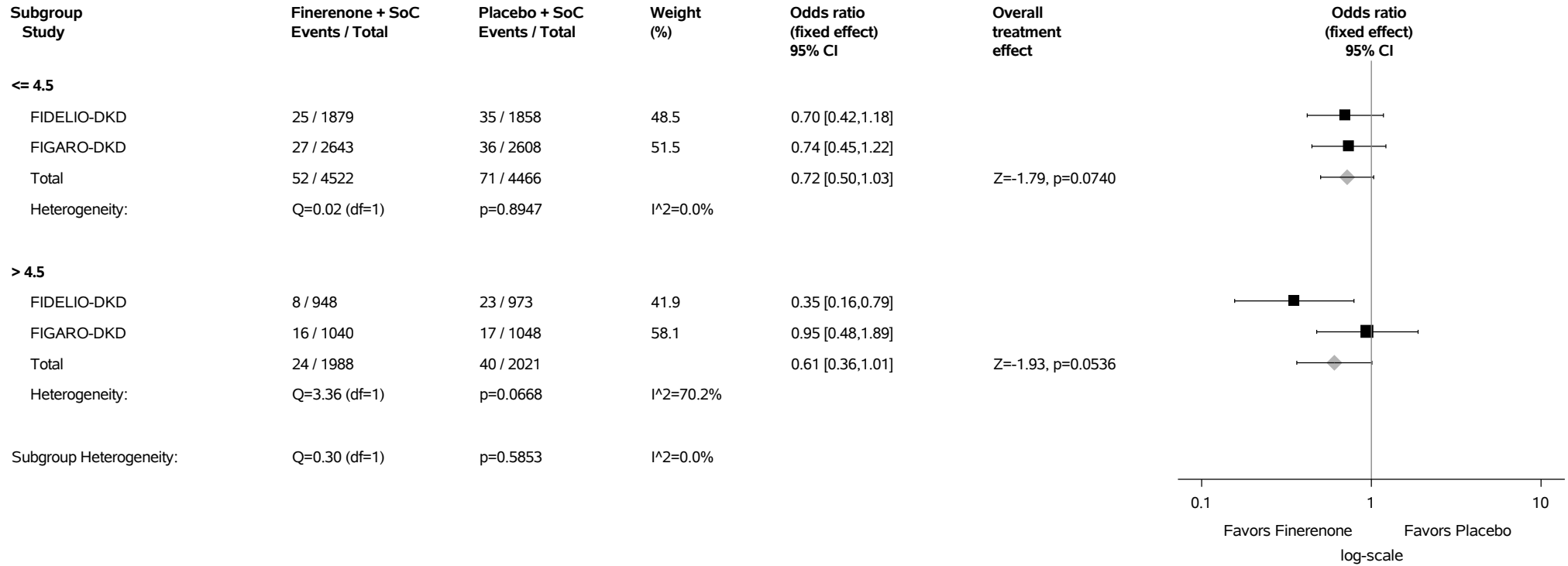
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.114.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.114.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

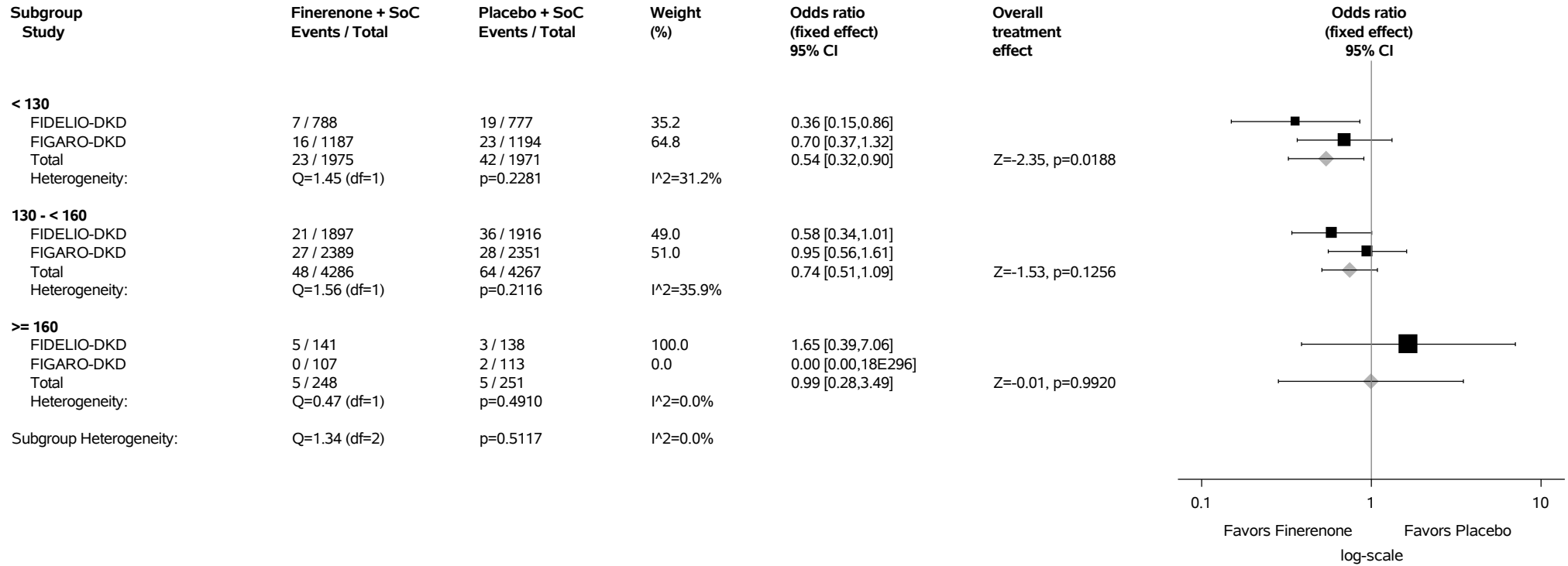
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.114.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

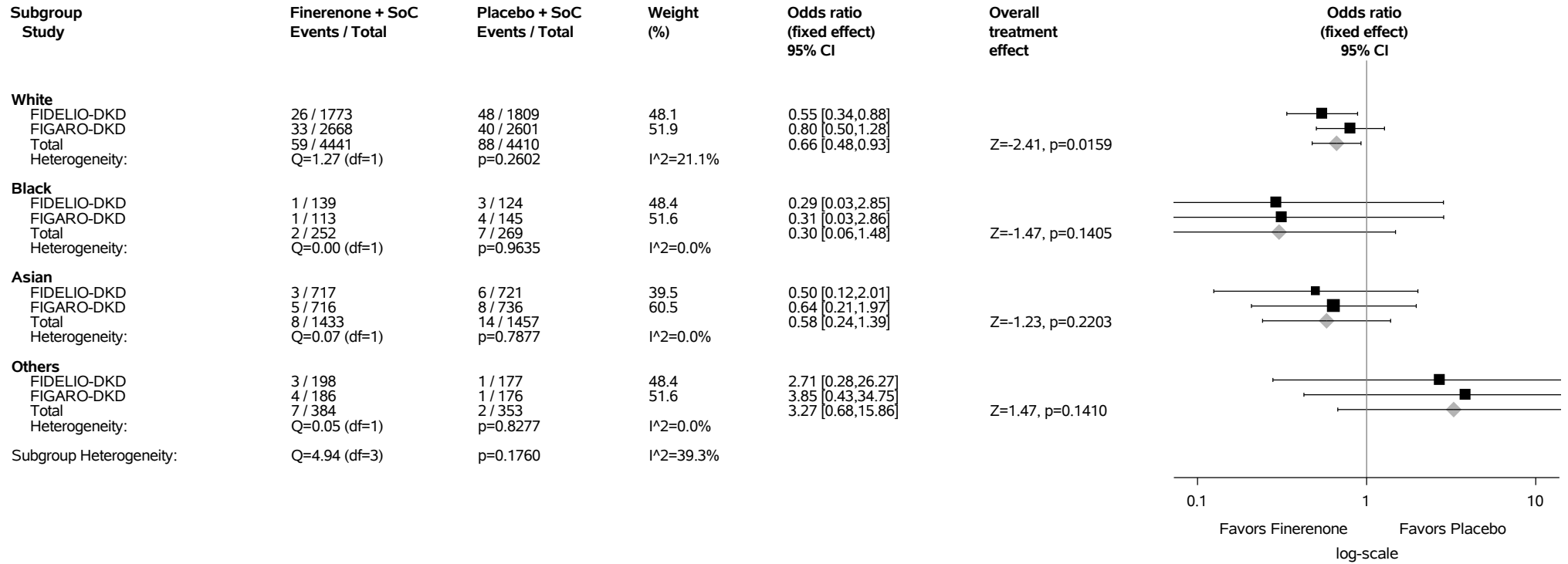
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.114.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

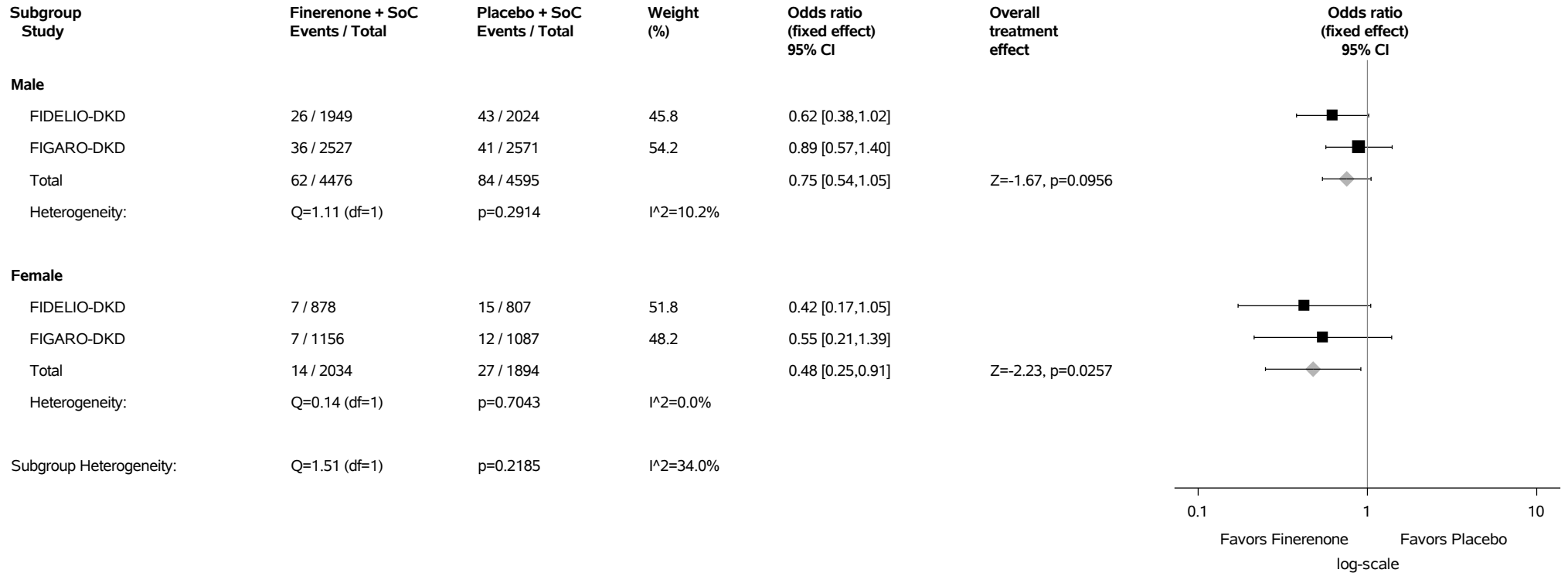
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

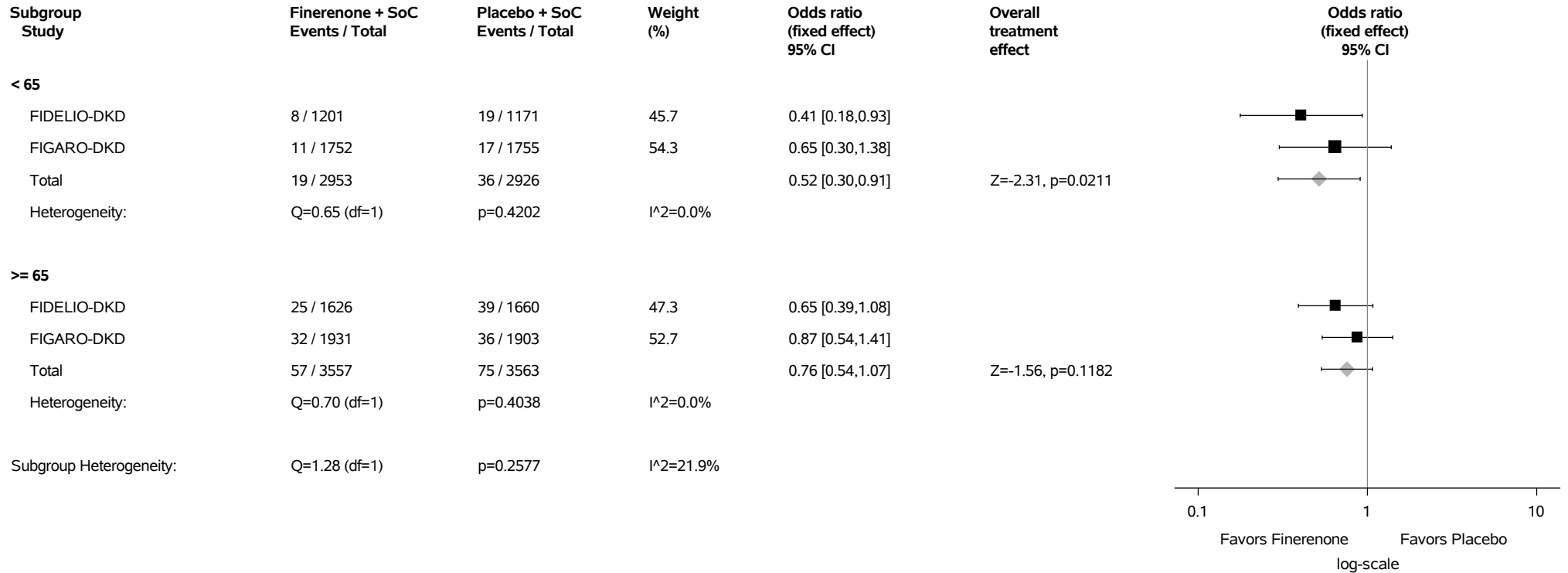
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.114.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Syncope (PT with Incidence >=1%) Safety Analysis Set



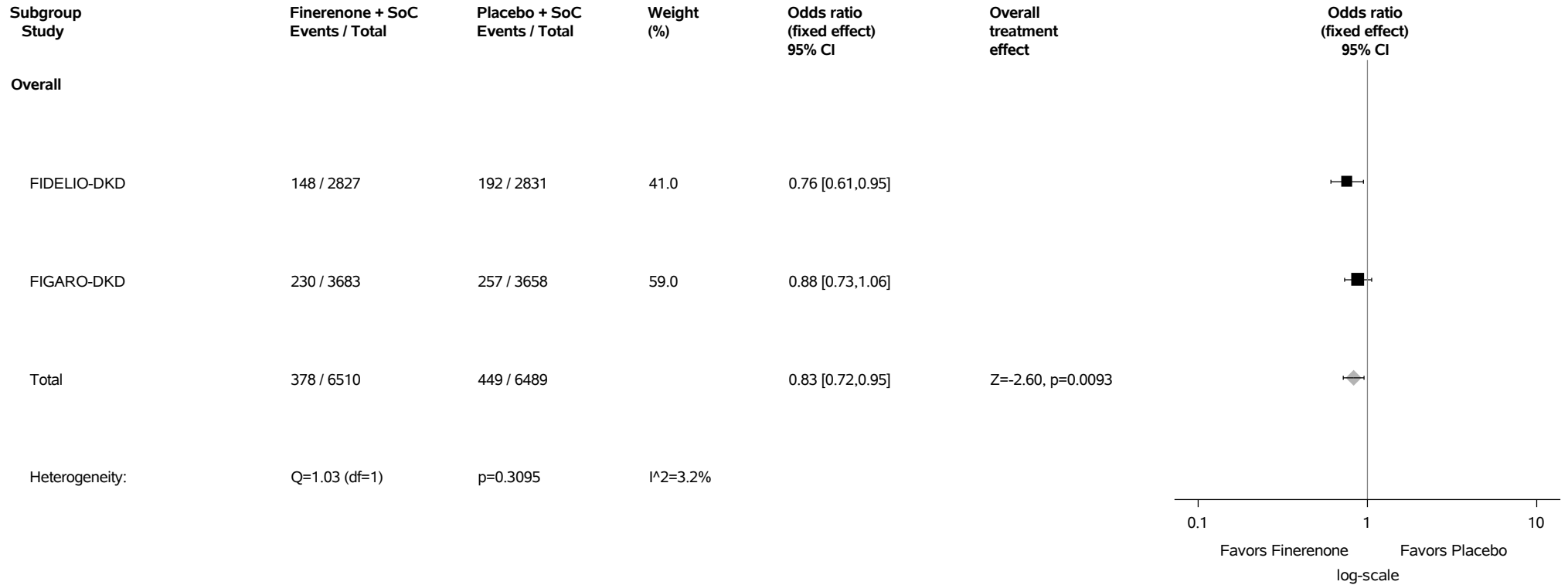
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.114.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Syncope (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.115: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



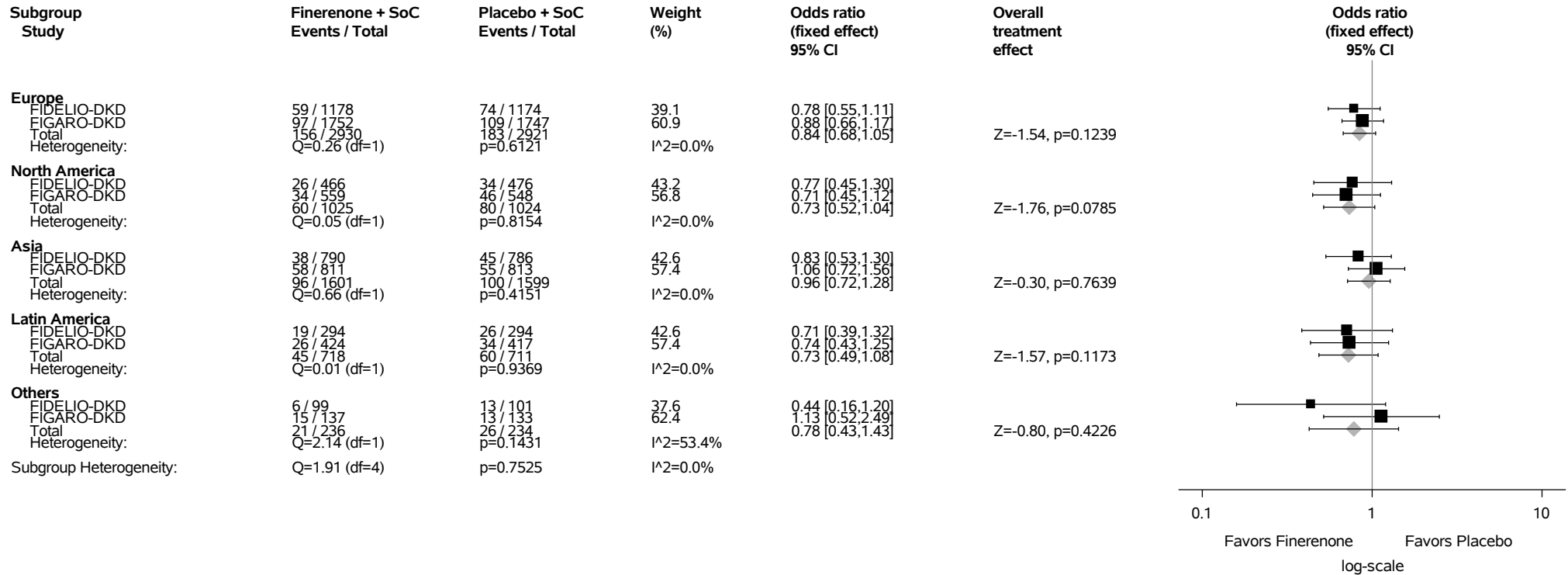
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.115.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



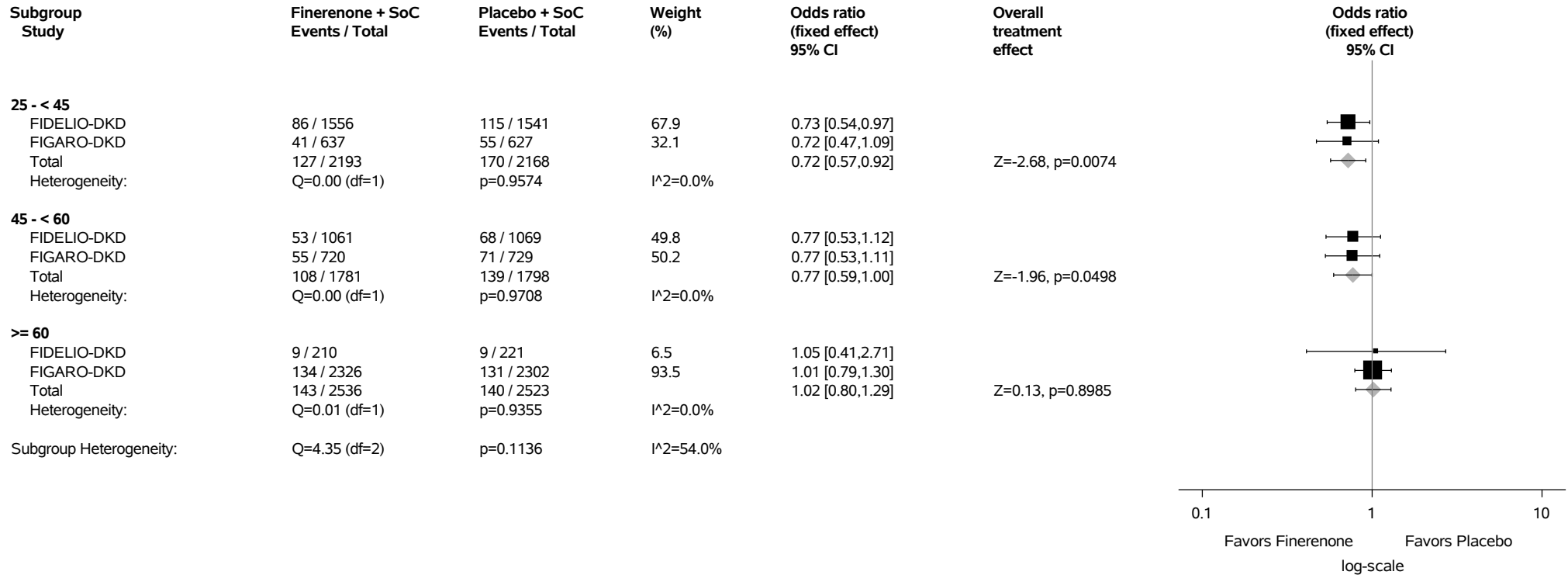
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

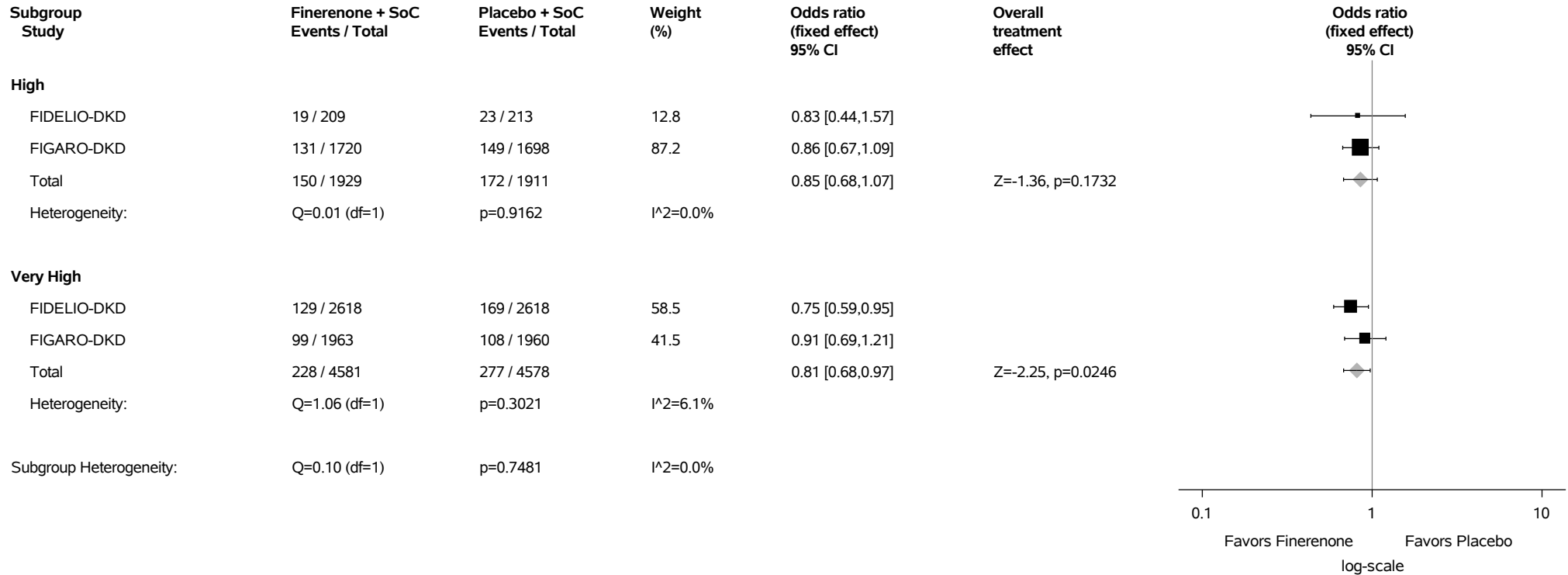
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.115.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.115.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



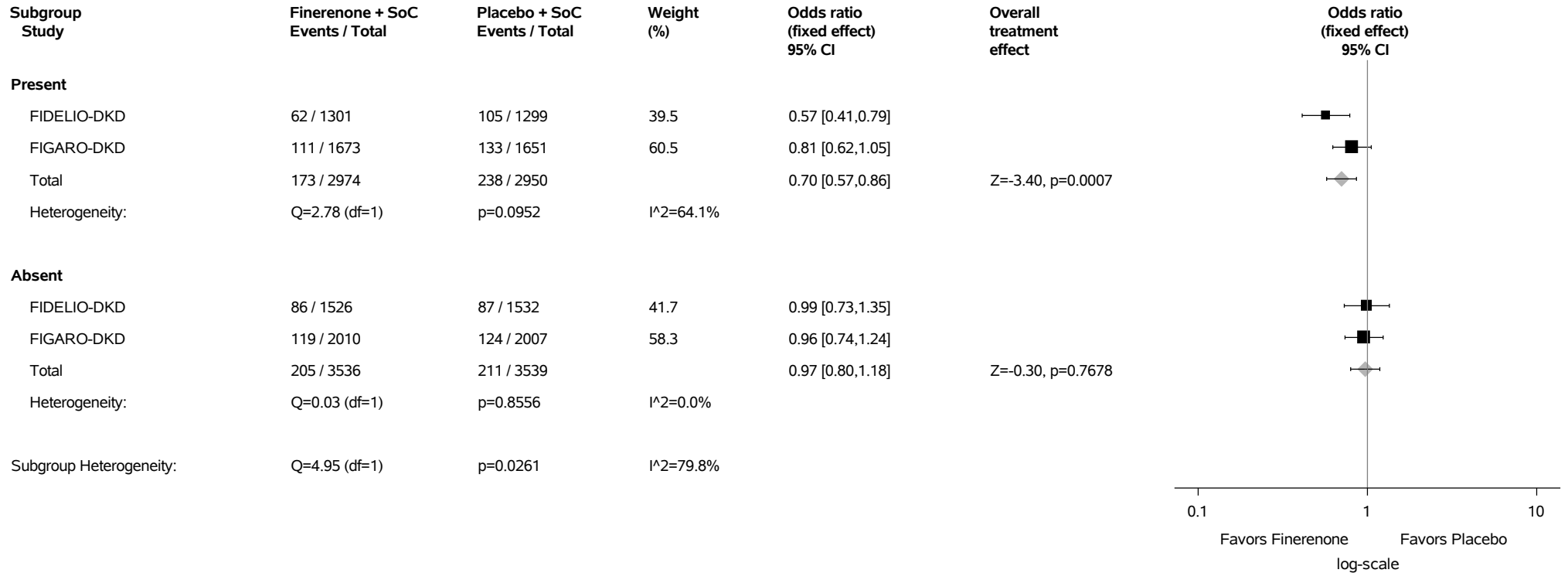
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

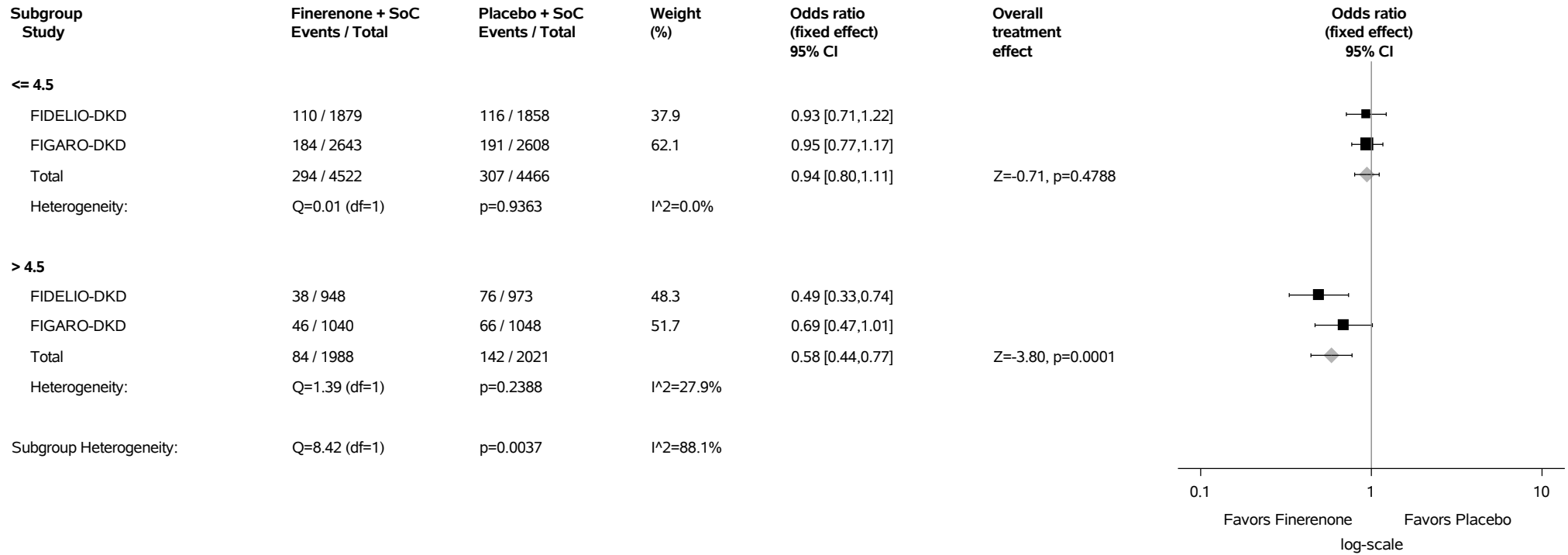
Figure 2.2.115.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.115.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

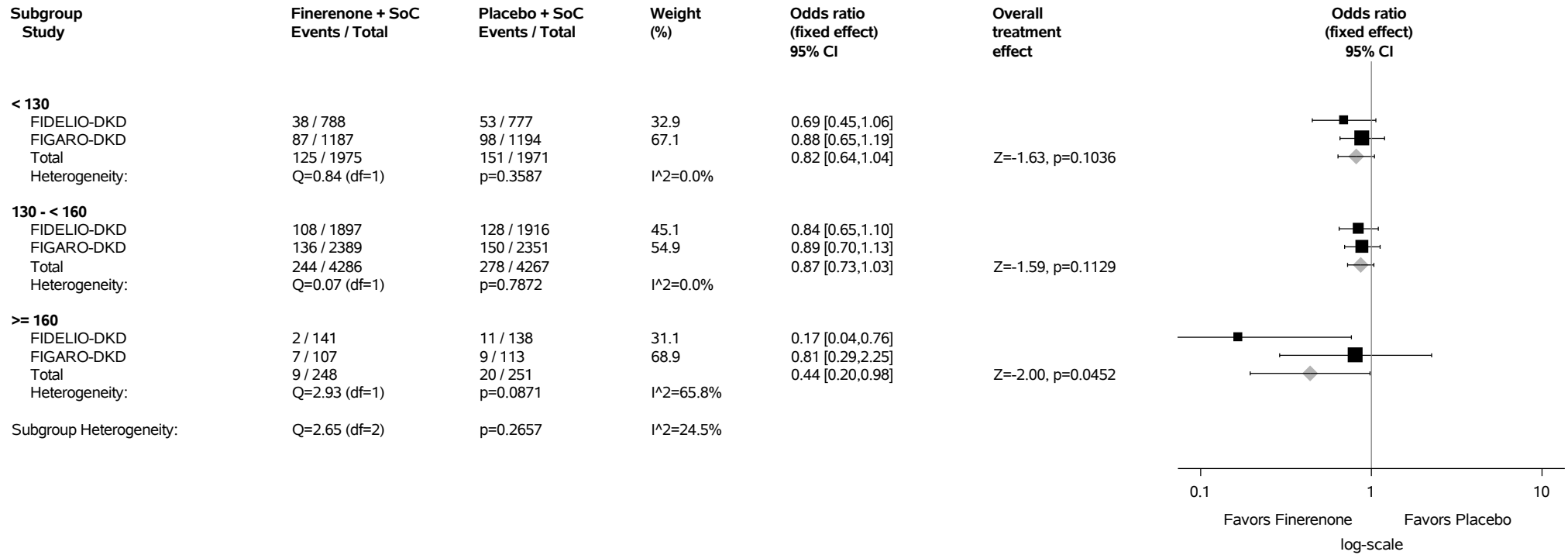
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.115.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Psychiatric Disorders (SOC with Incidence >=1%)
Safety Analysis Set



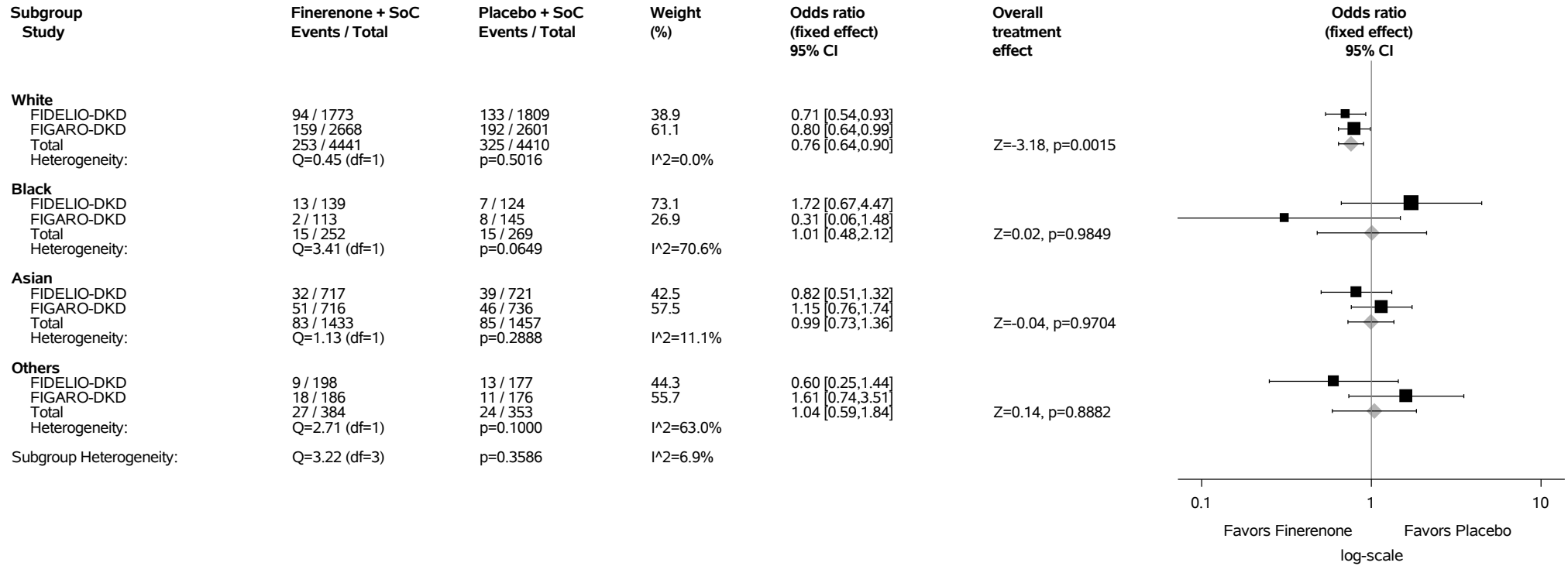
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.115.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

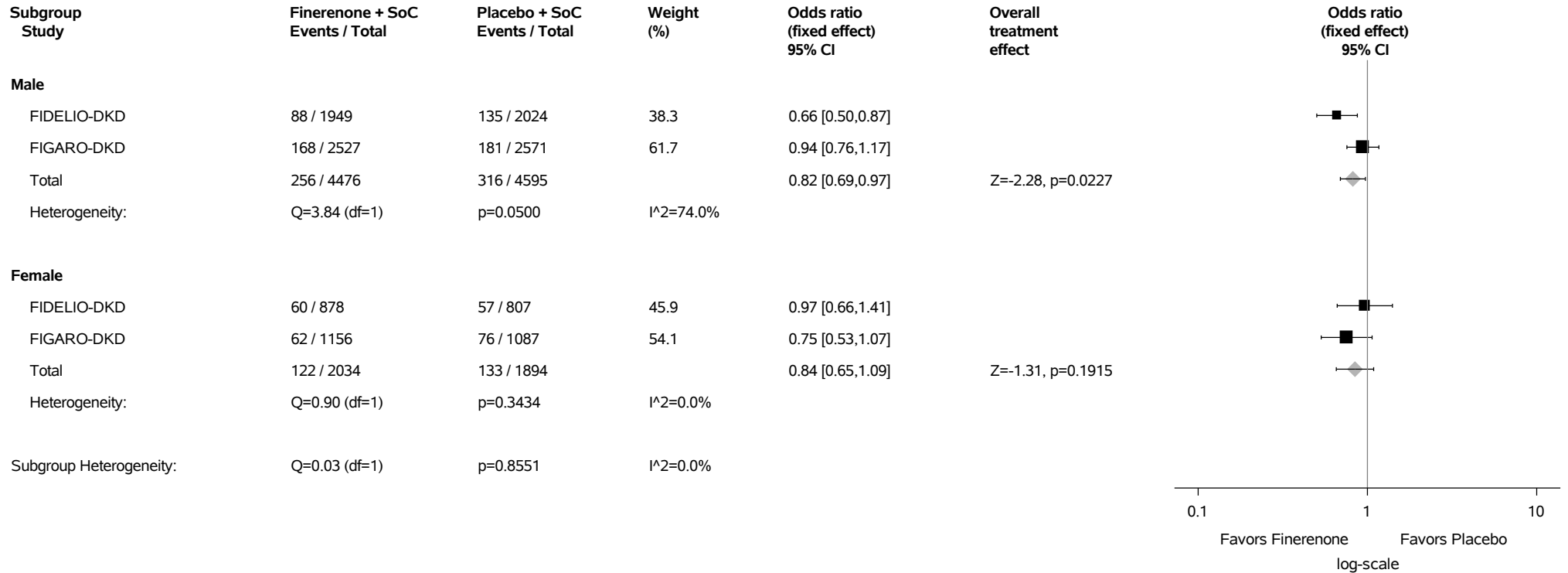
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

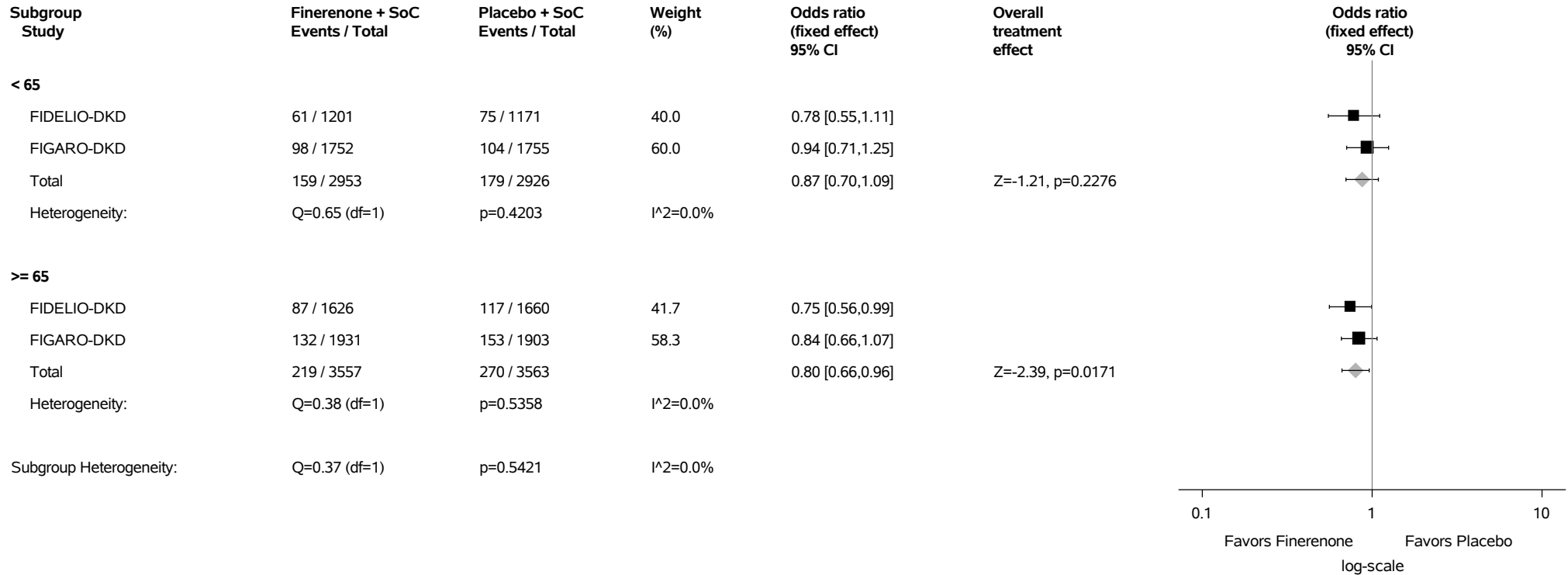
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.115.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.115.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Psychiatric Disorders (SOC with Incidence >=1%) Safety Analysis Set



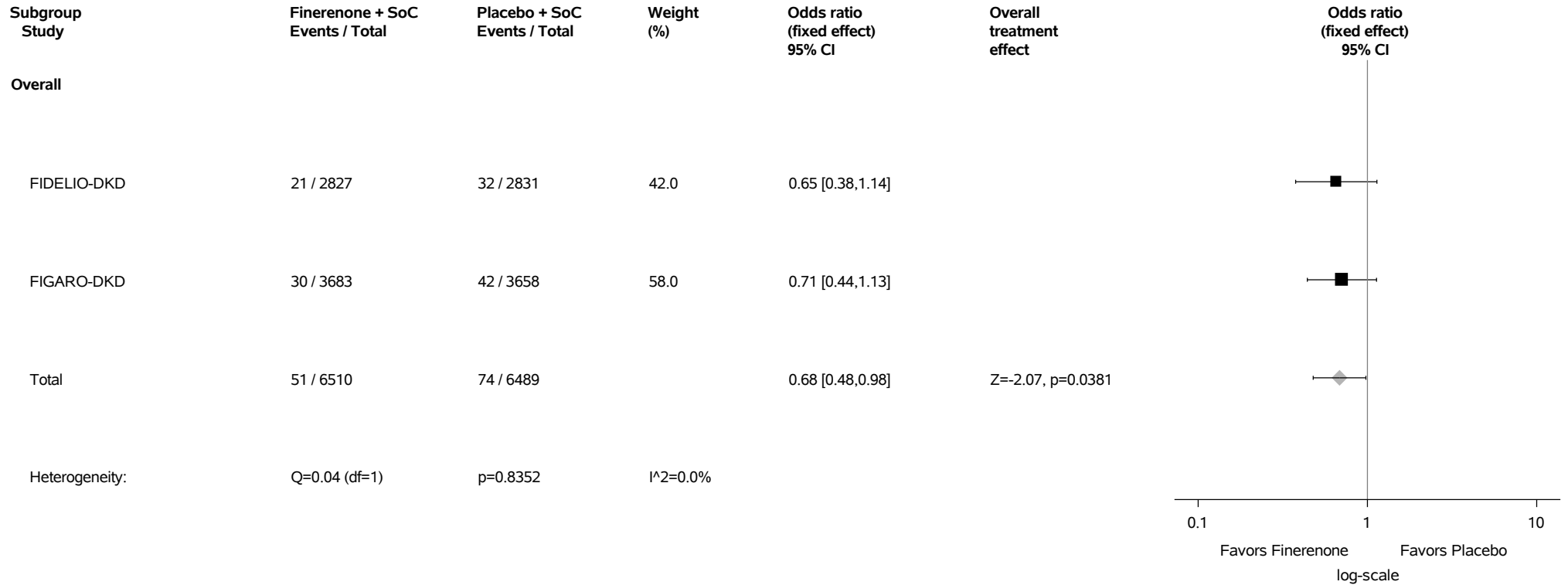
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.116: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Anxiety (PT with Incidence >=1%) Safety Analysis Set



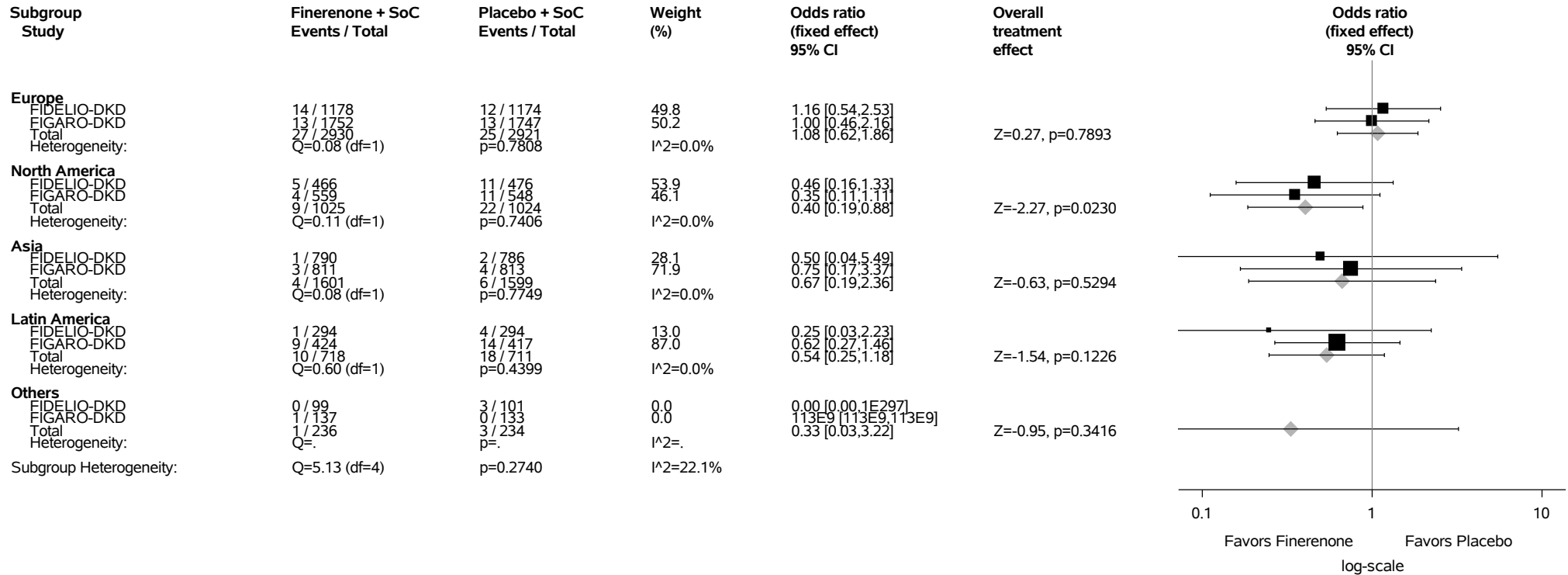
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.116.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Anxiety (PT with Incidence >=1%) Safety Analysis Set



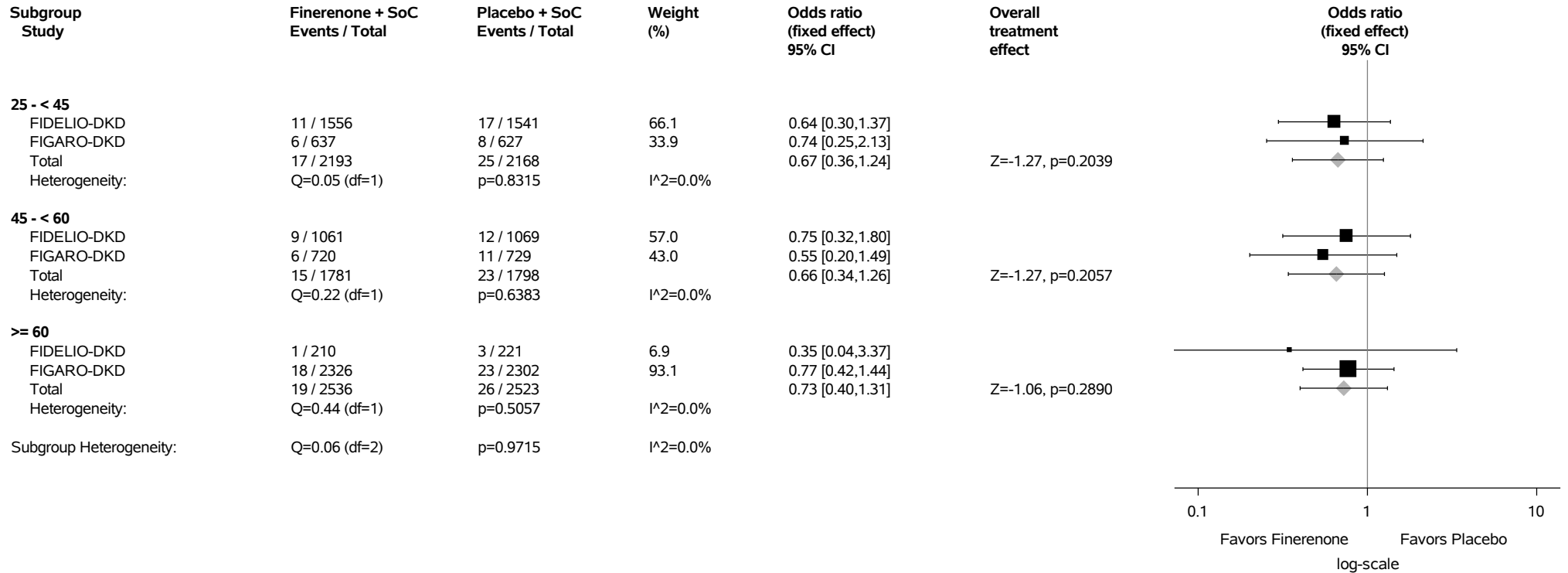
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.116.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Anxiety (PT with Incidence >=1%) Safety Analysis Set



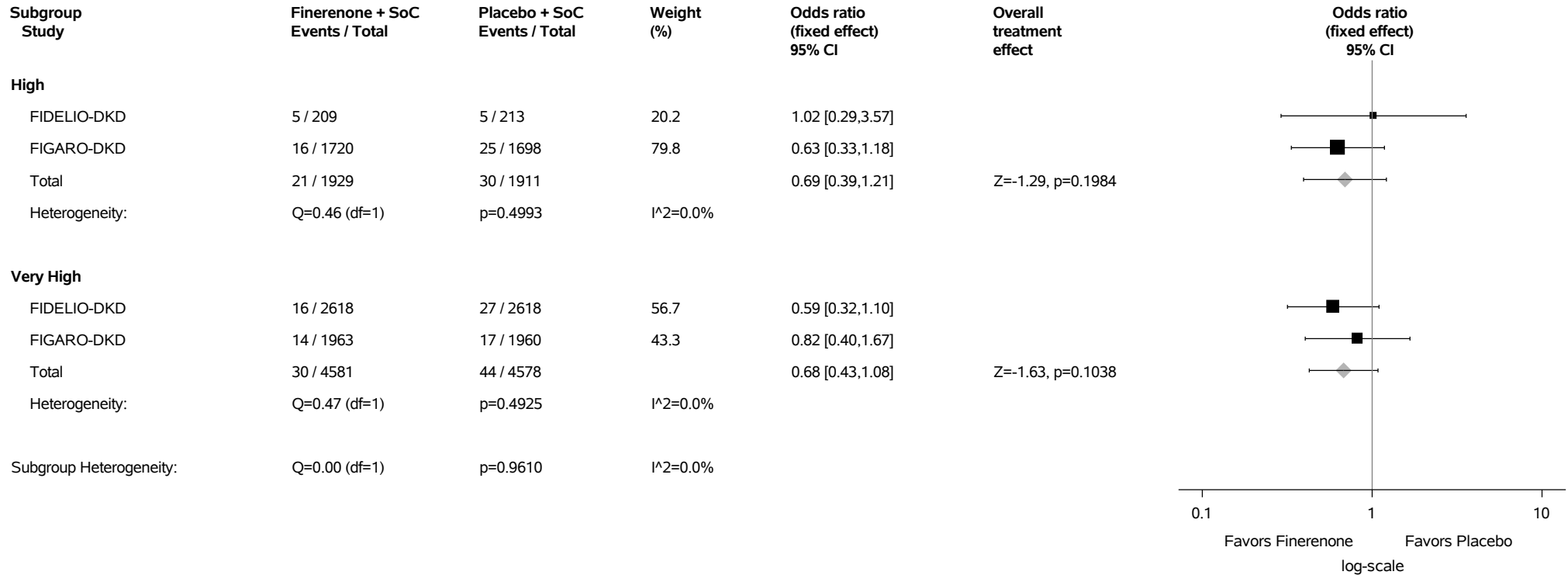
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

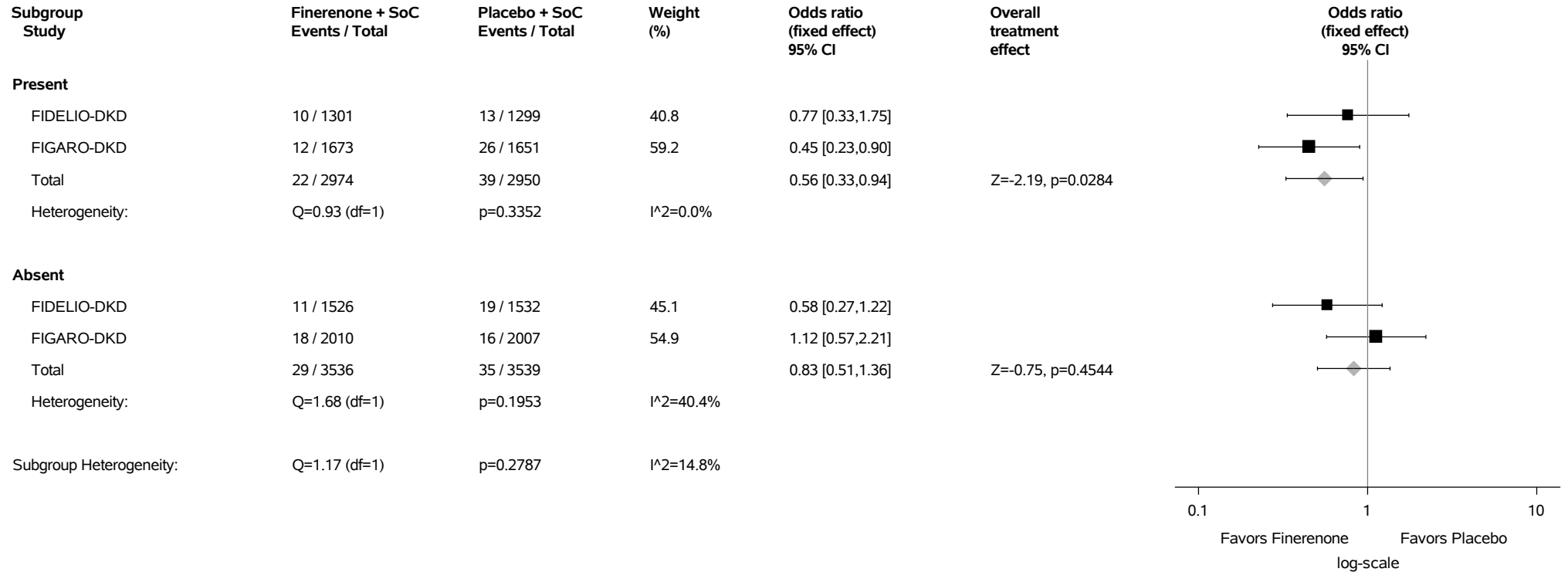
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.116.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.116.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Anxiety (PT with Incidence >=1%) Safety Analysis Set



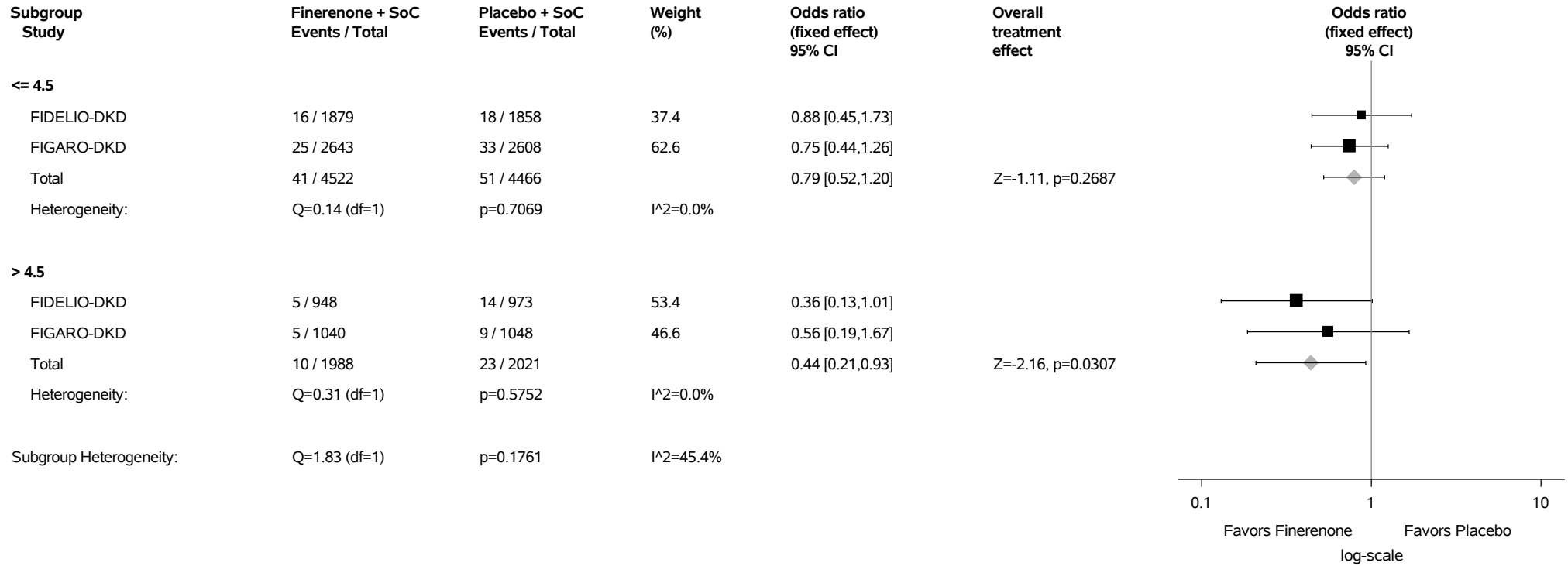
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.116.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

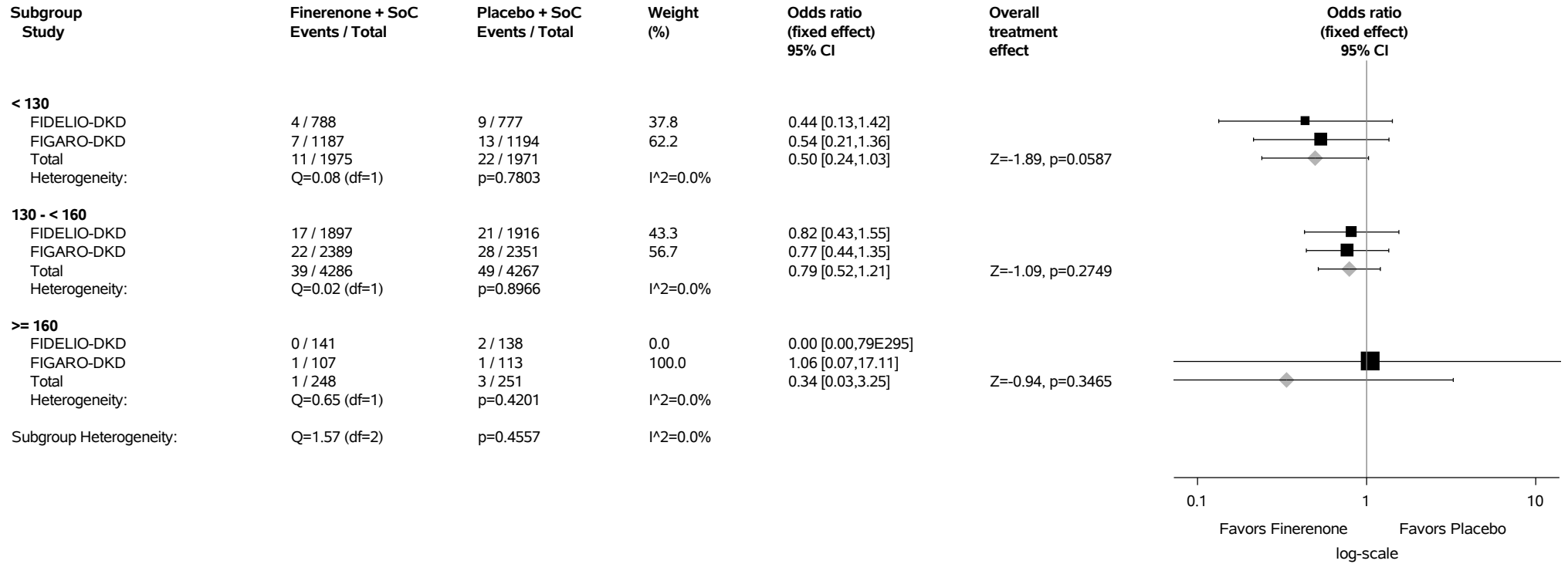
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.116.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

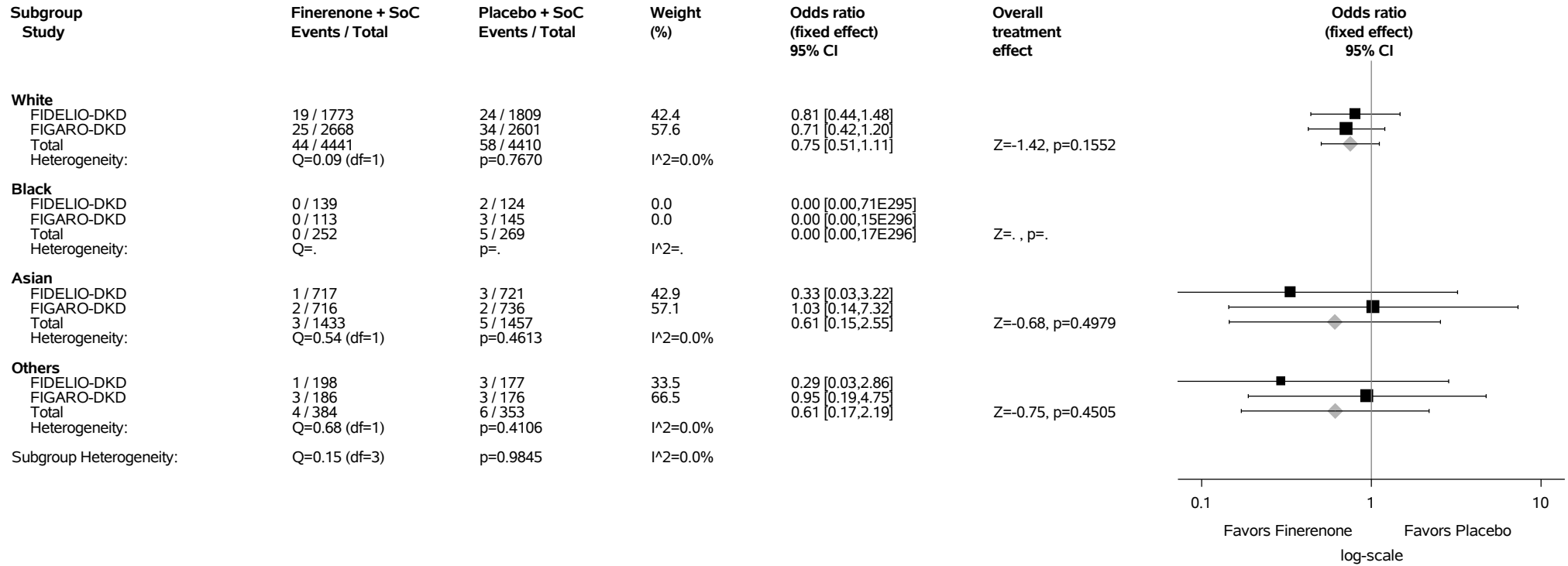
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.116.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

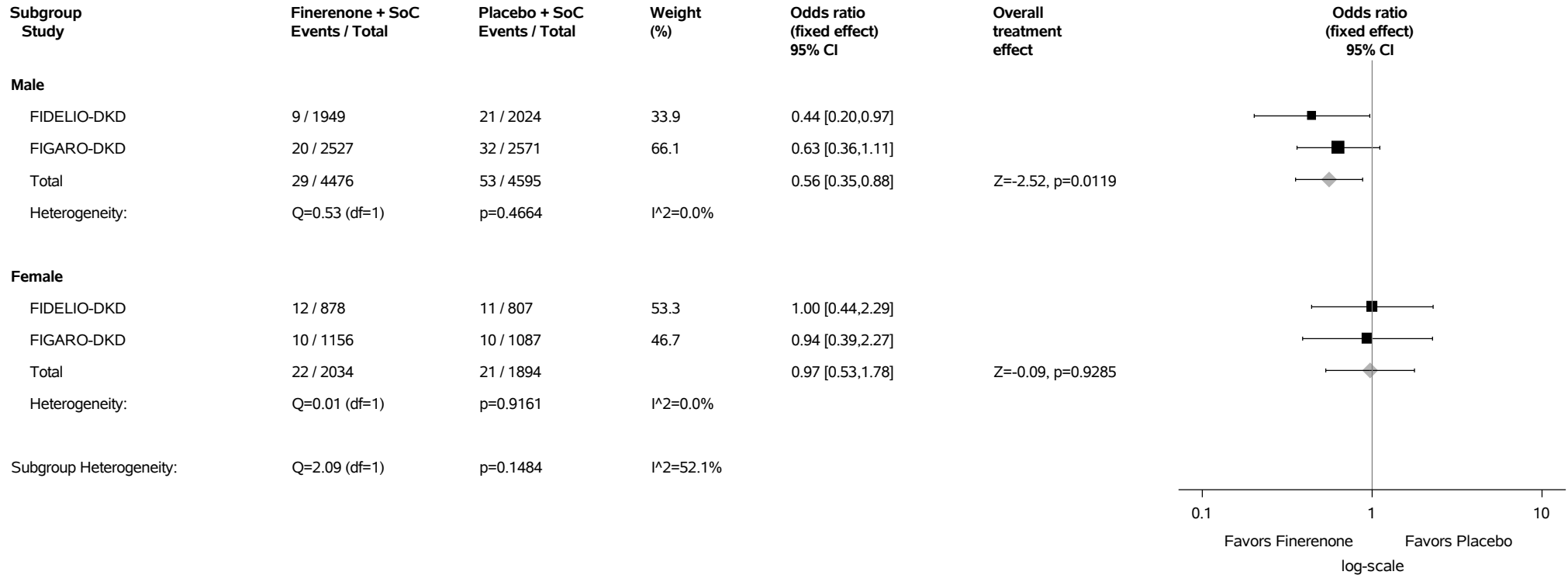
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

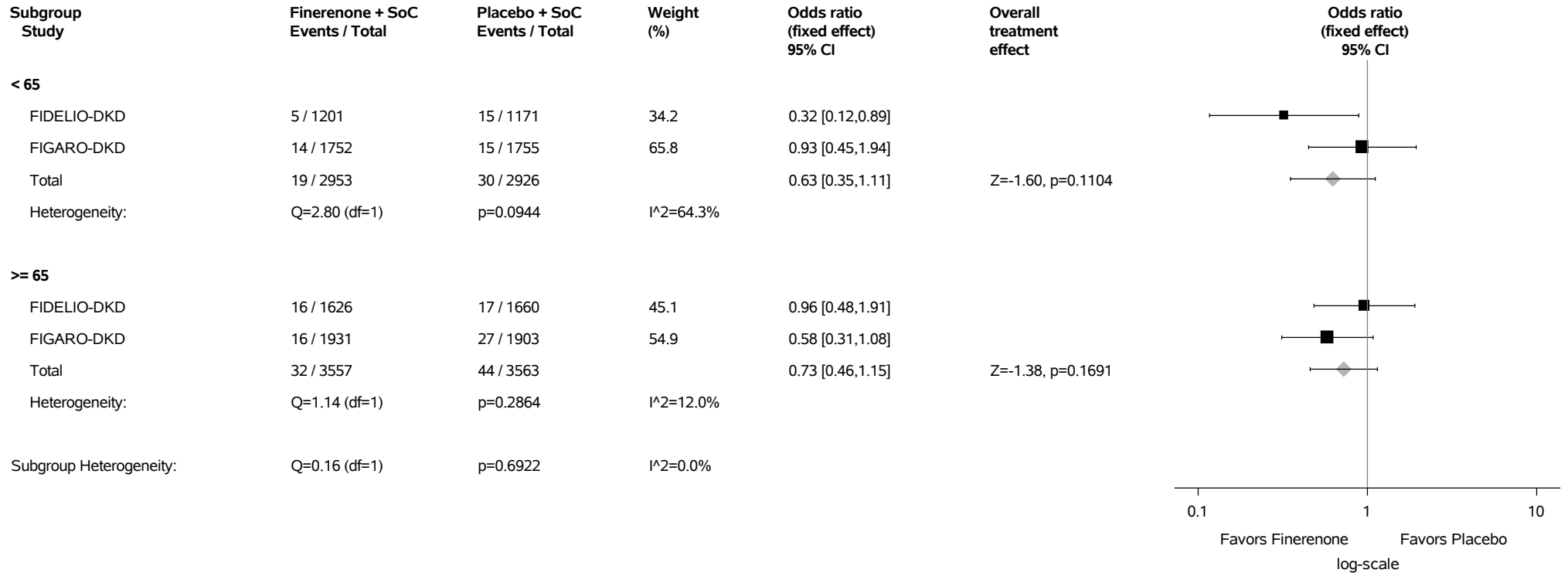
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.116.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Anxiety (PT with Incidence >=1%) Safety Analysis Set



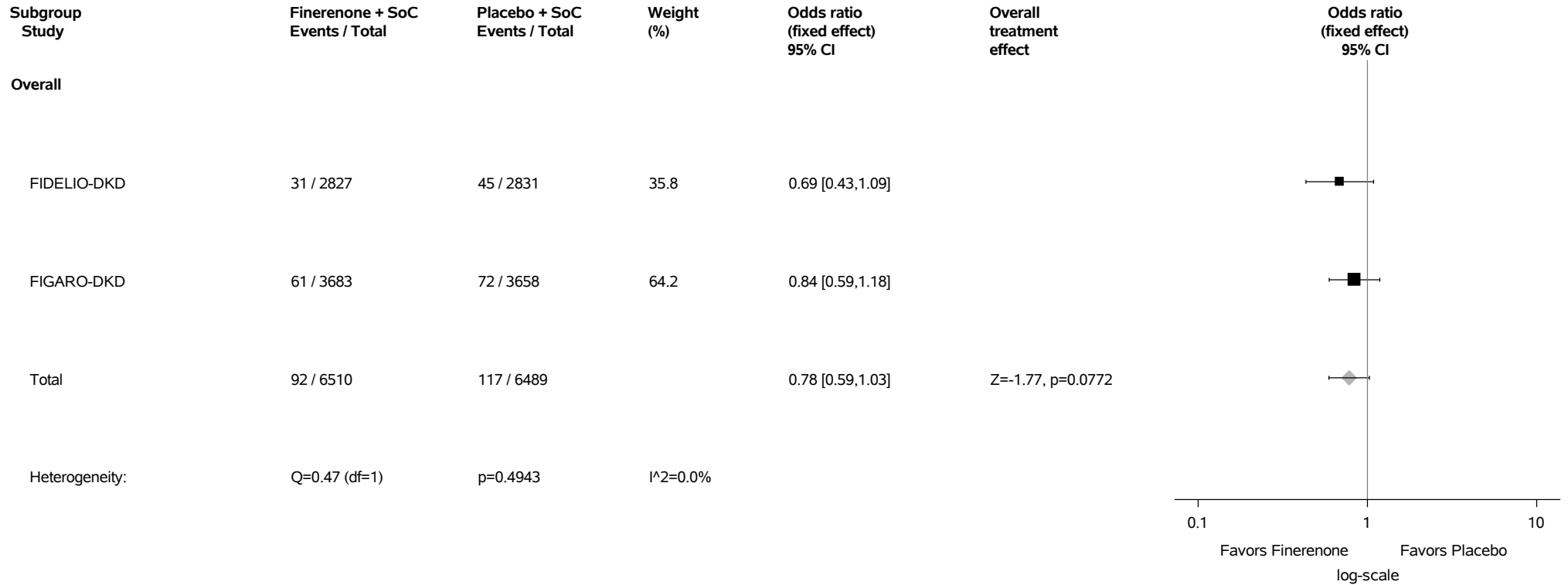
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.116.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Anxiety (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.117: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Depression (PT with Incidence >=1%) Safety Analysis Set



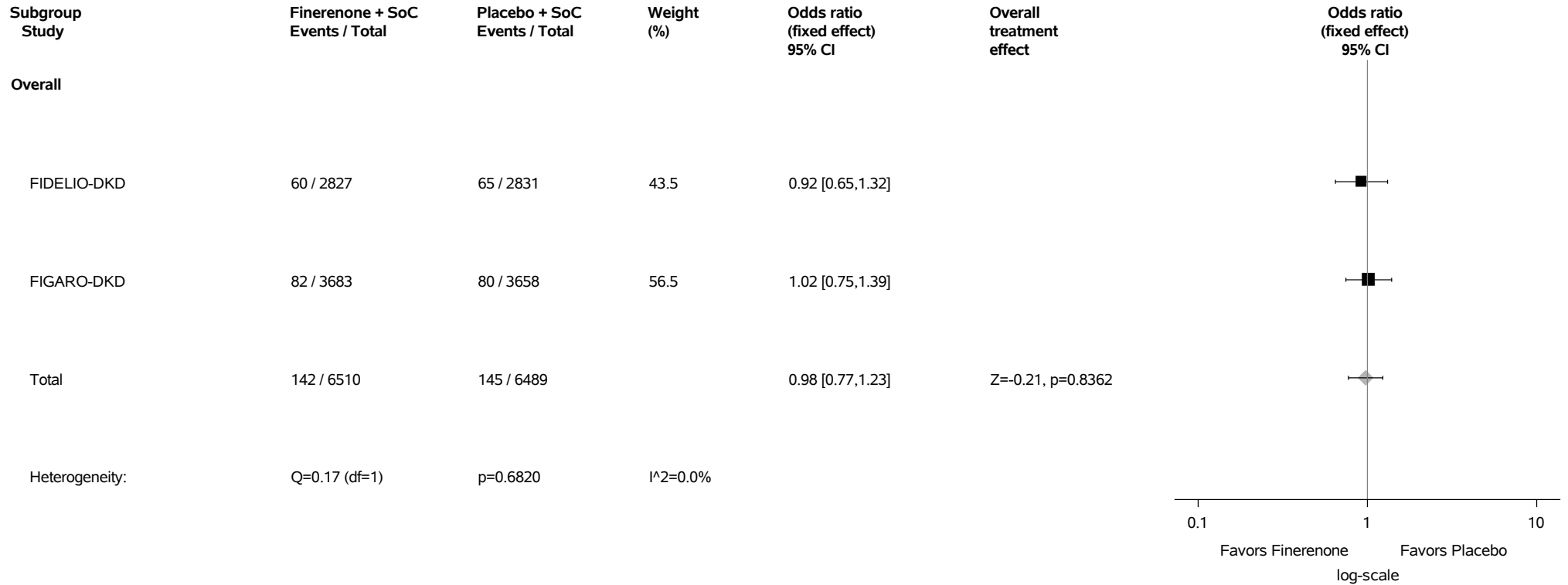
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.118: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Insomnia (PT with Incidence >=1%) Safety Analysis Set



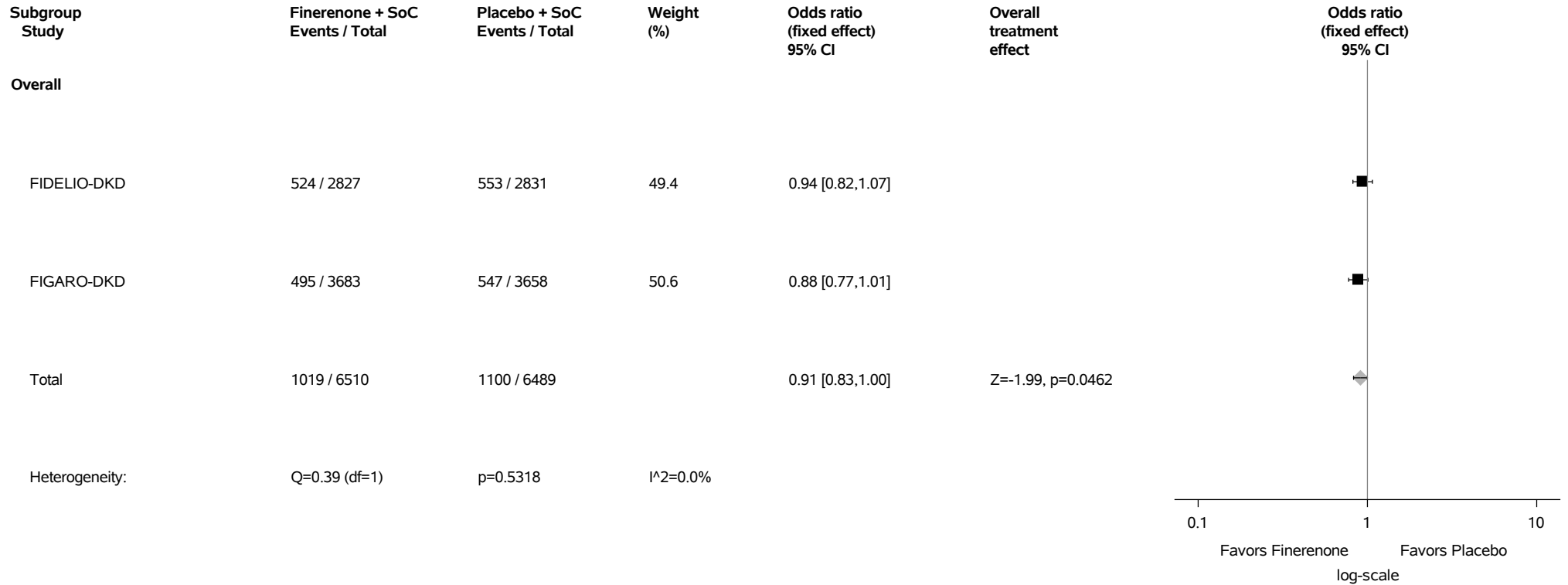
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.119: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



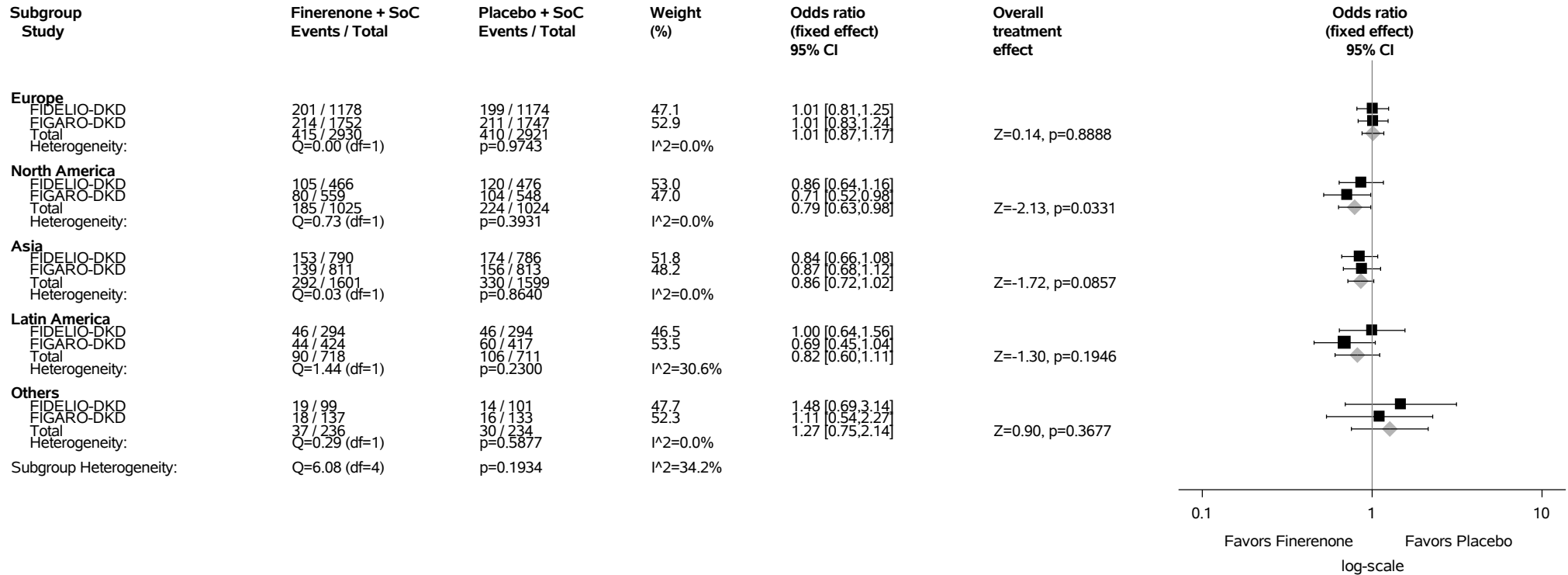
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.119.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

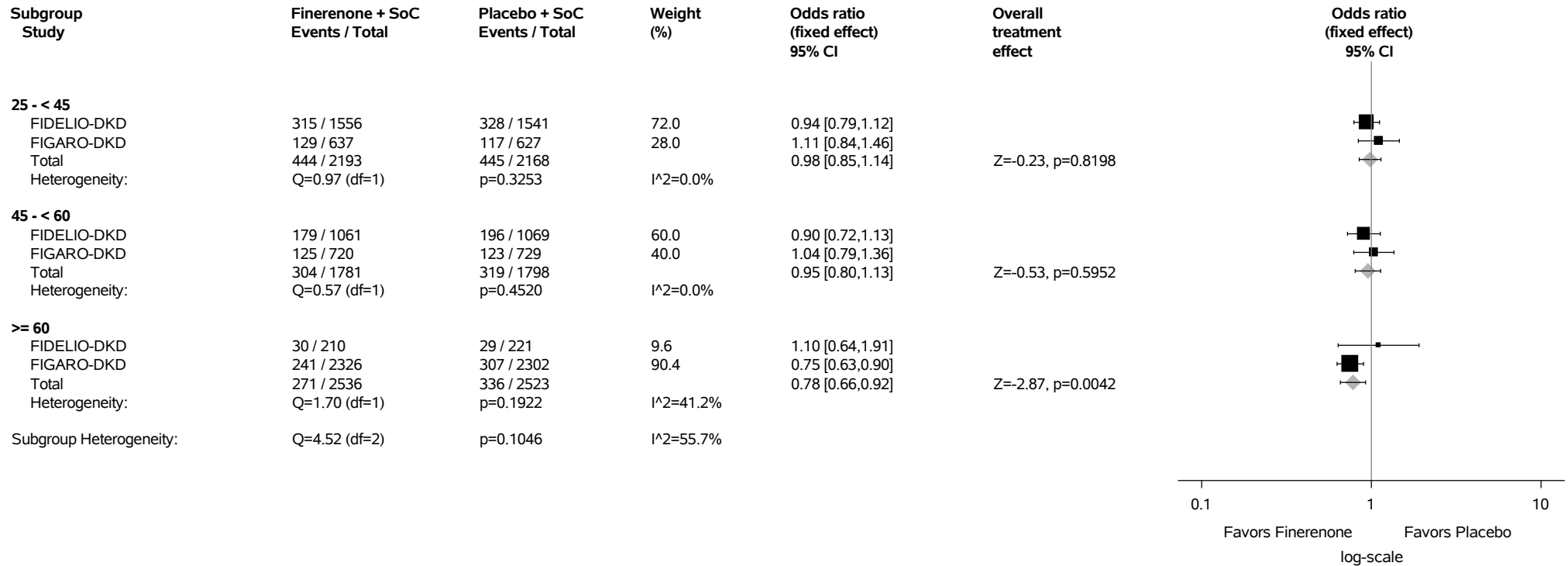
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.119.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%)

Safety Analysis Set



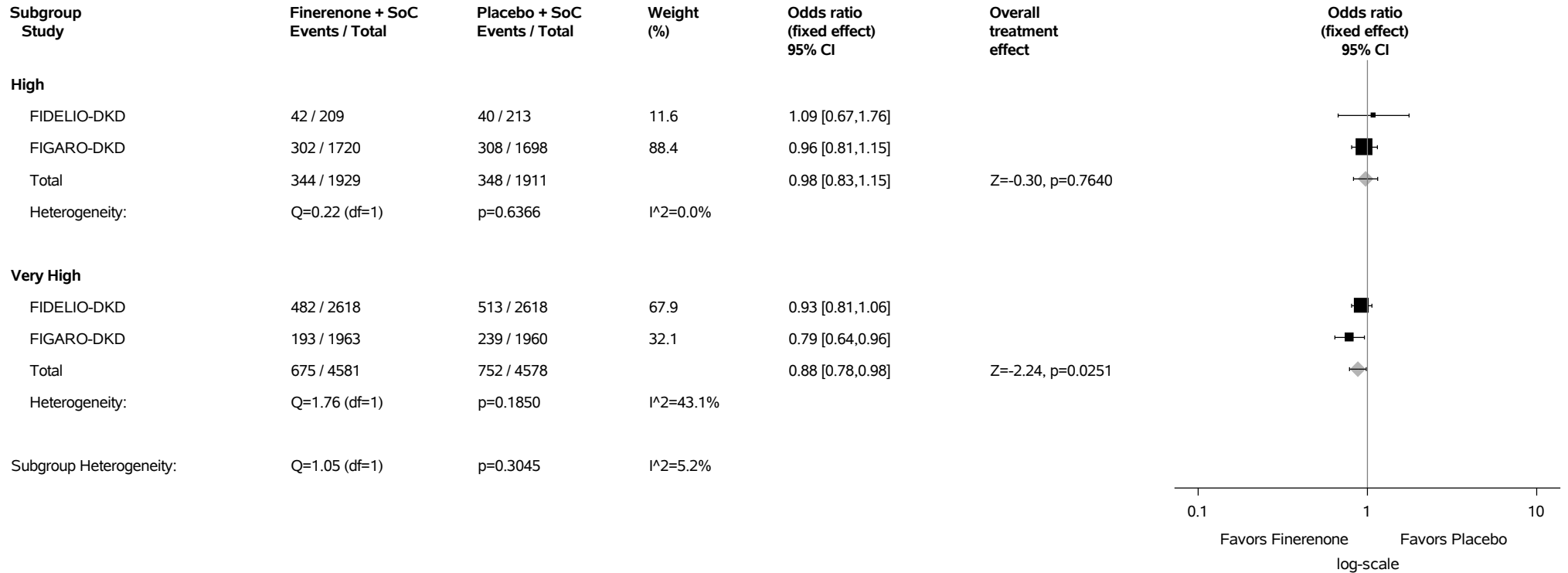
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.119.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



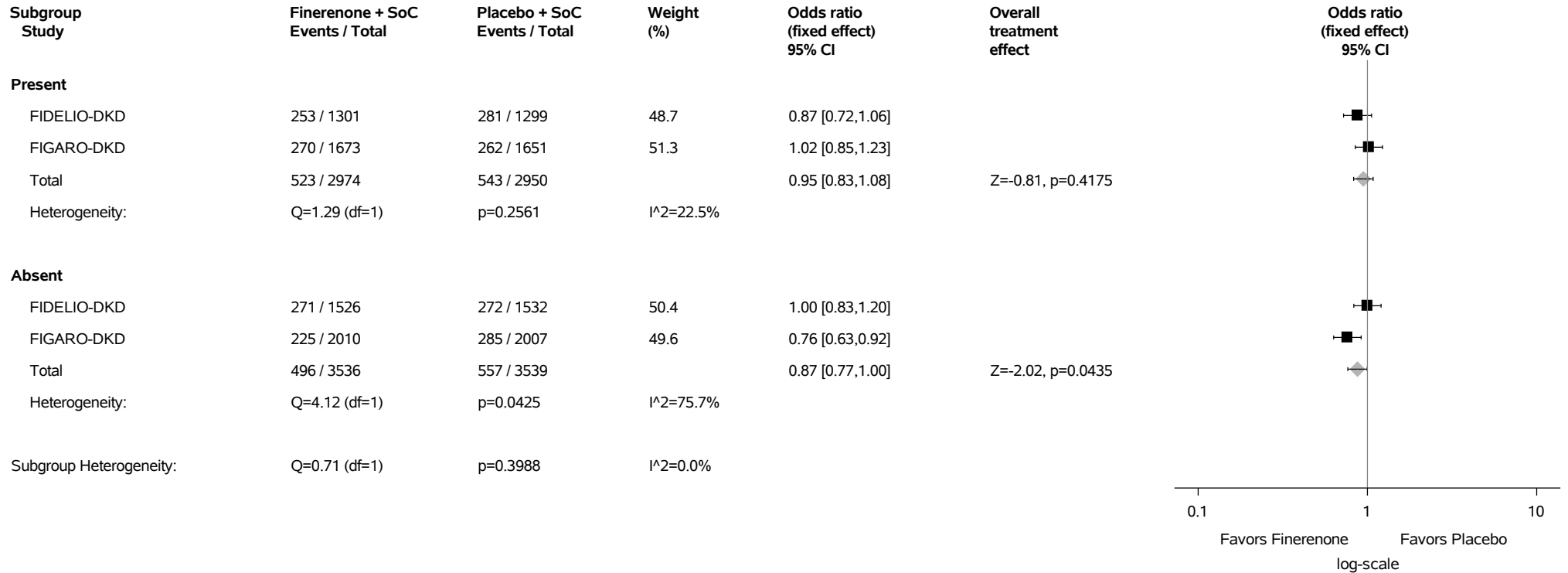
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

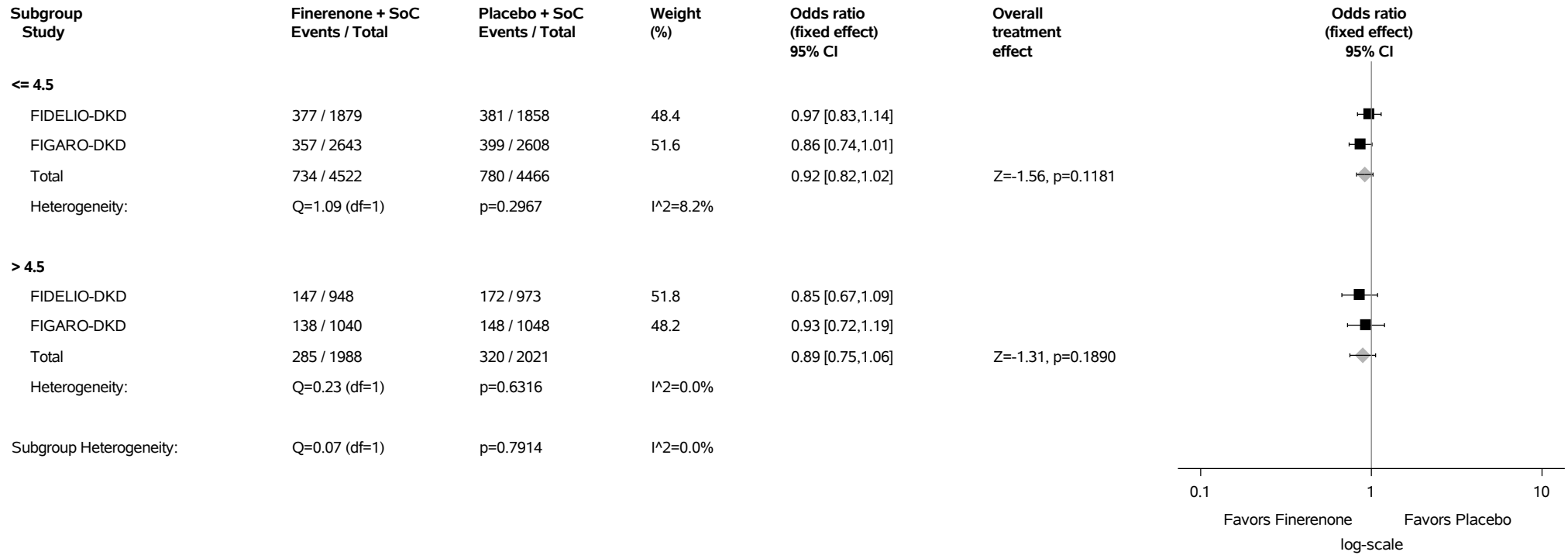
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.119.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.119.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

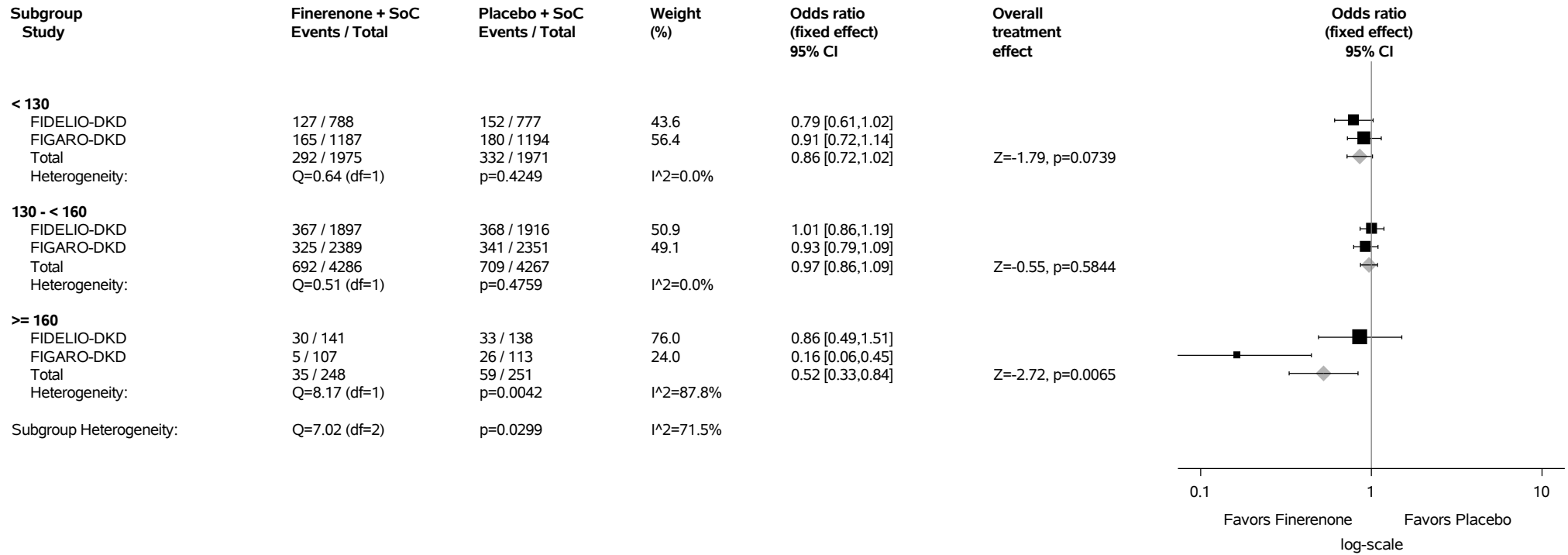
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.119.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Renal And Urinary Disorders (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

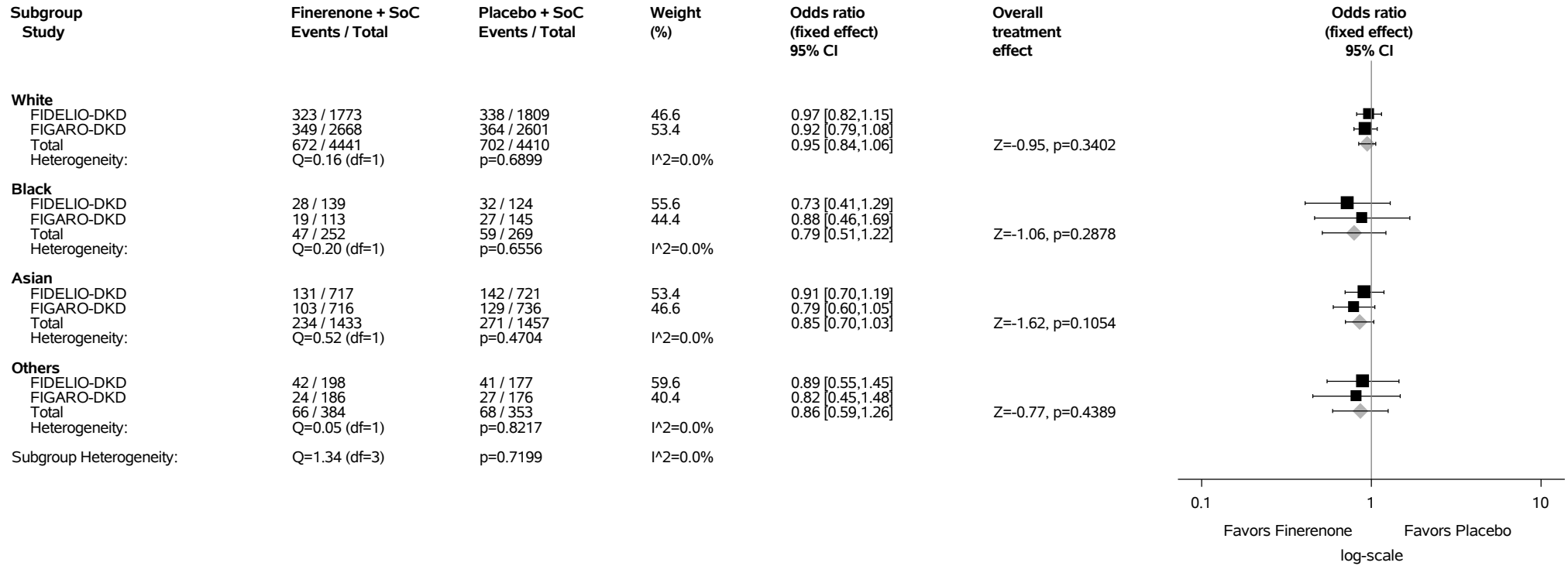
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.119.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

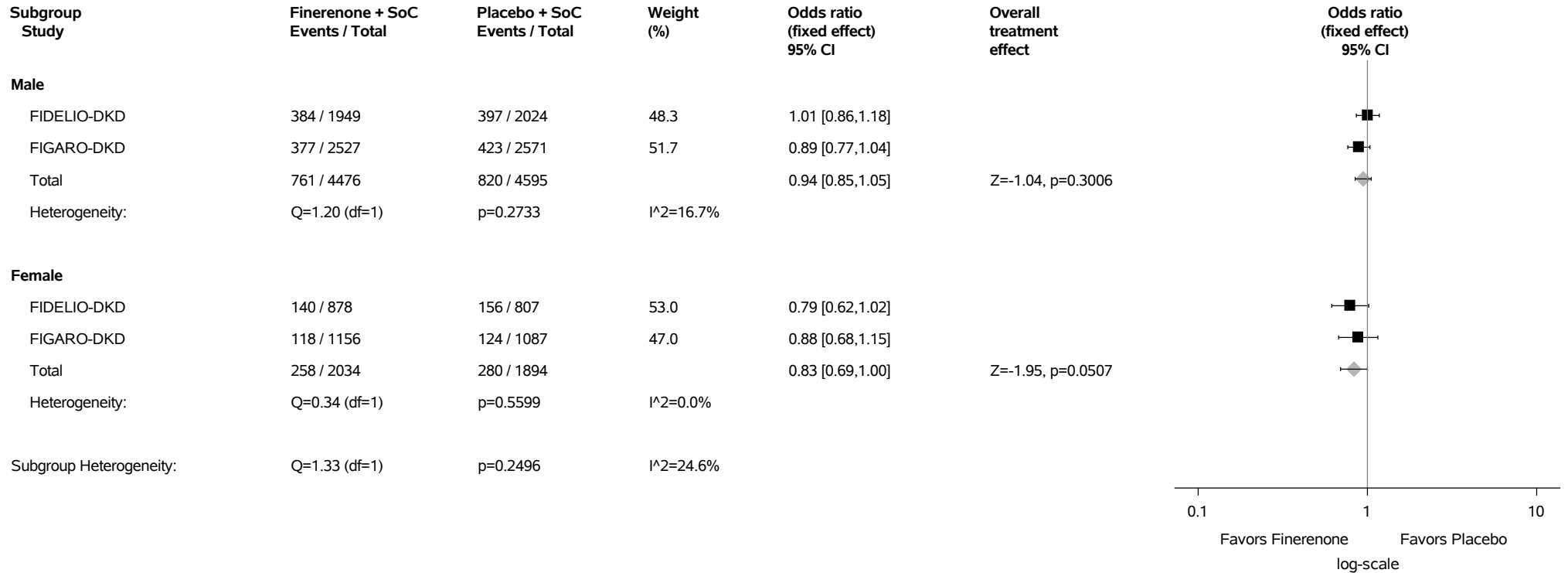
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.119.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



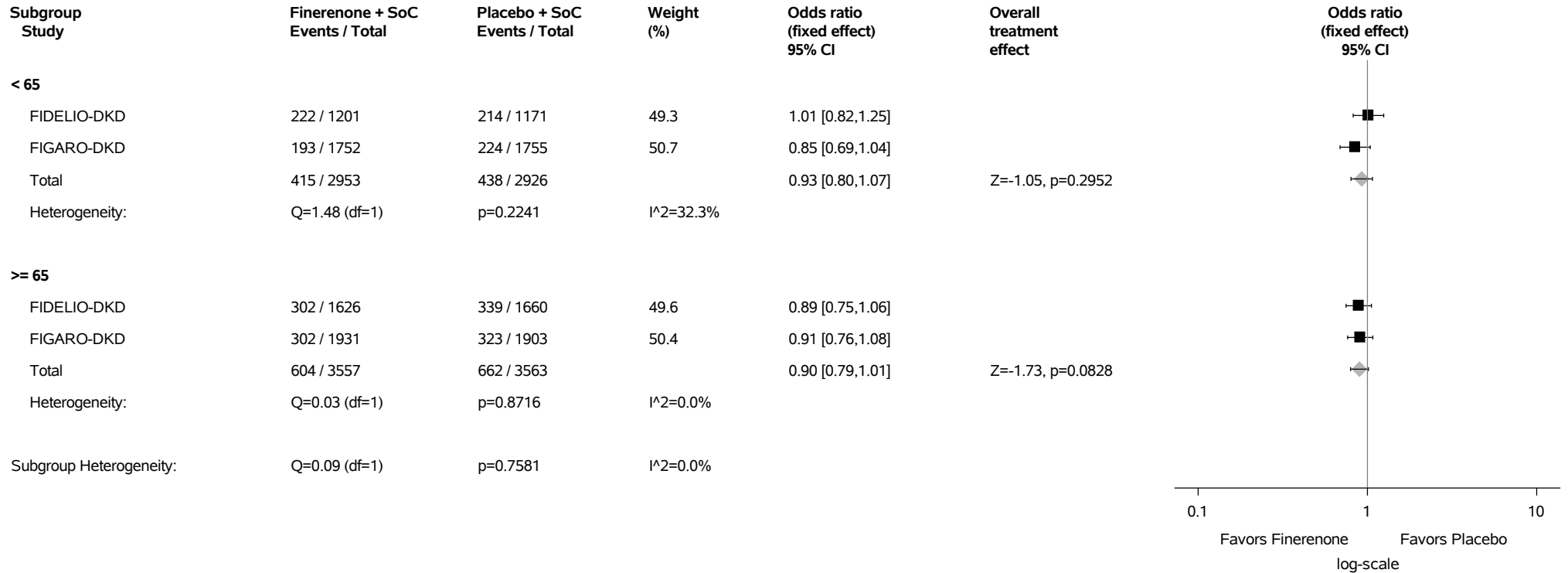
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

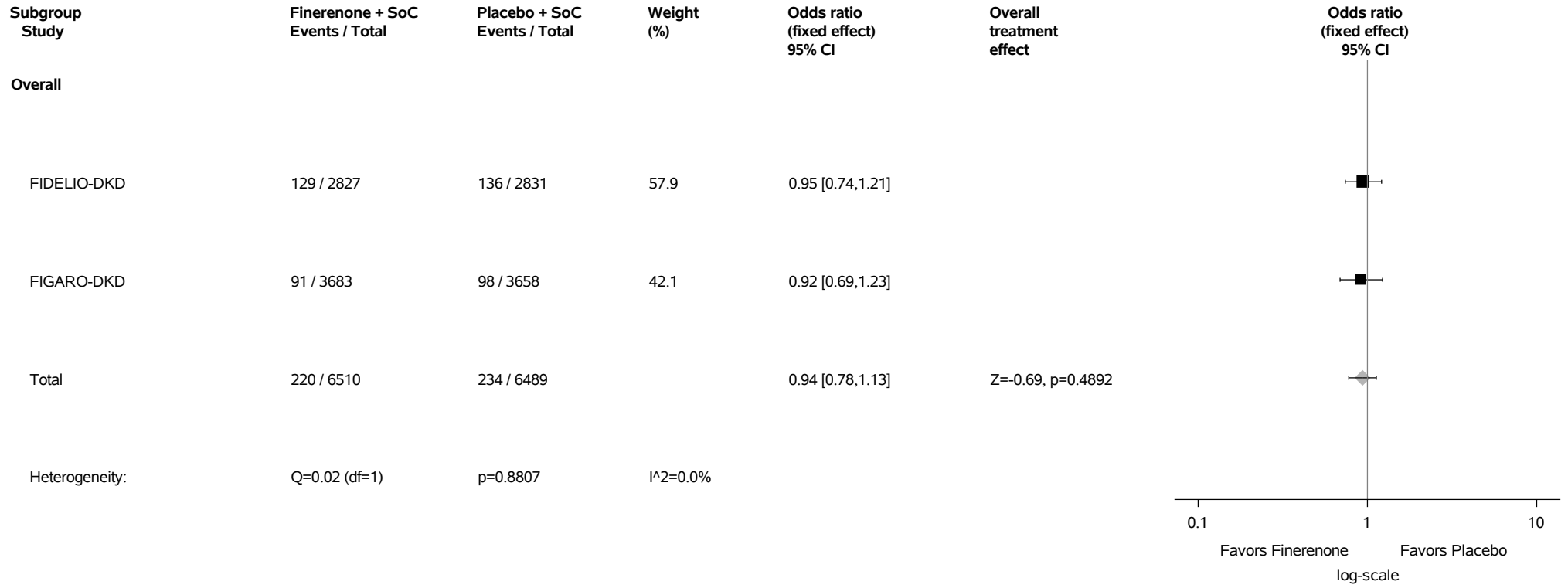
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.119.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.120: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Acute kidney injury (PT with Incidence >=1%) Safety Analysis Set



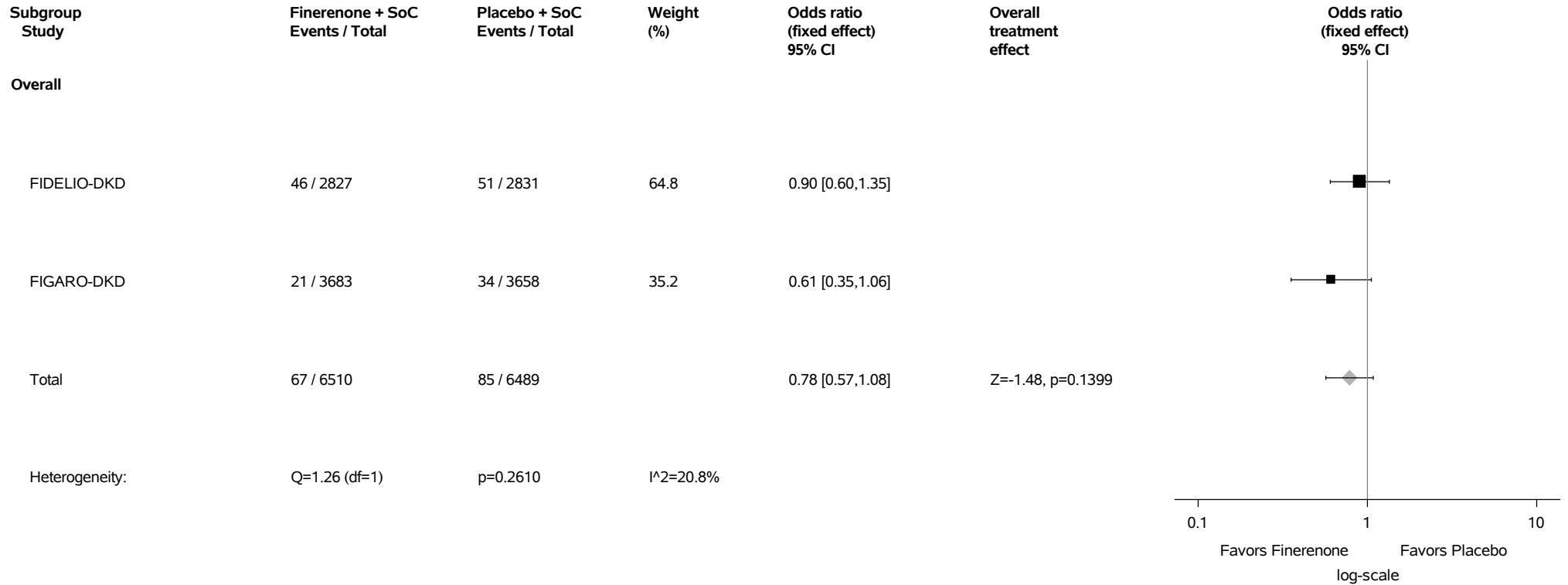
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.121: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic kidney disease (PT with Incidence >=1%) Safety Analysis Set



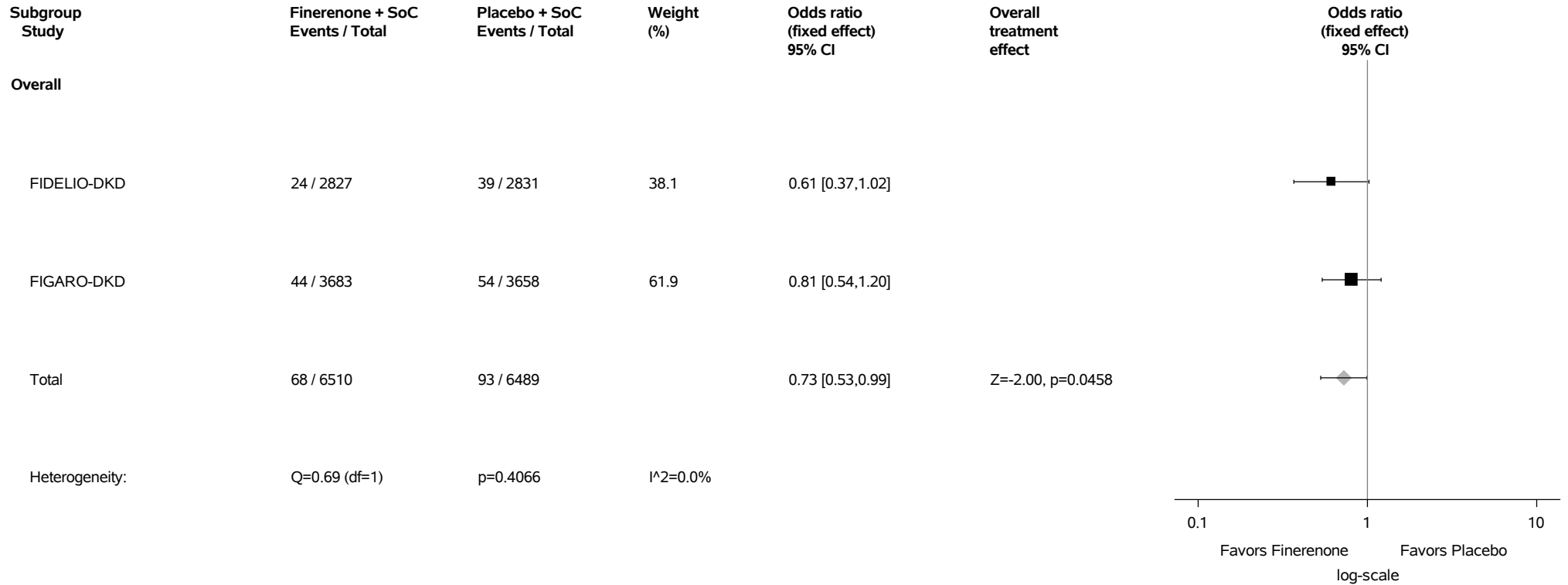
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.122: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Haematuria (PT with Incidence >=1%) Safety Analysis Set



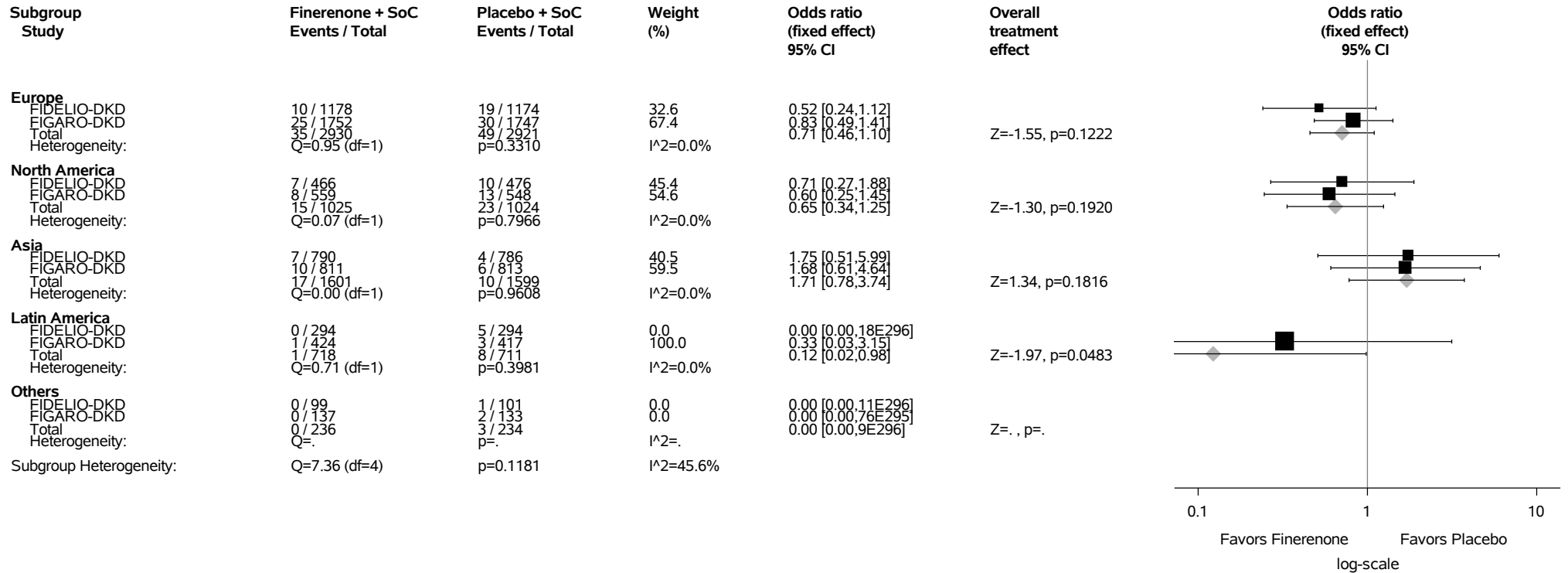
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.122.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Haematuria (PT with Incidence >=1%) Safety Analysis Set



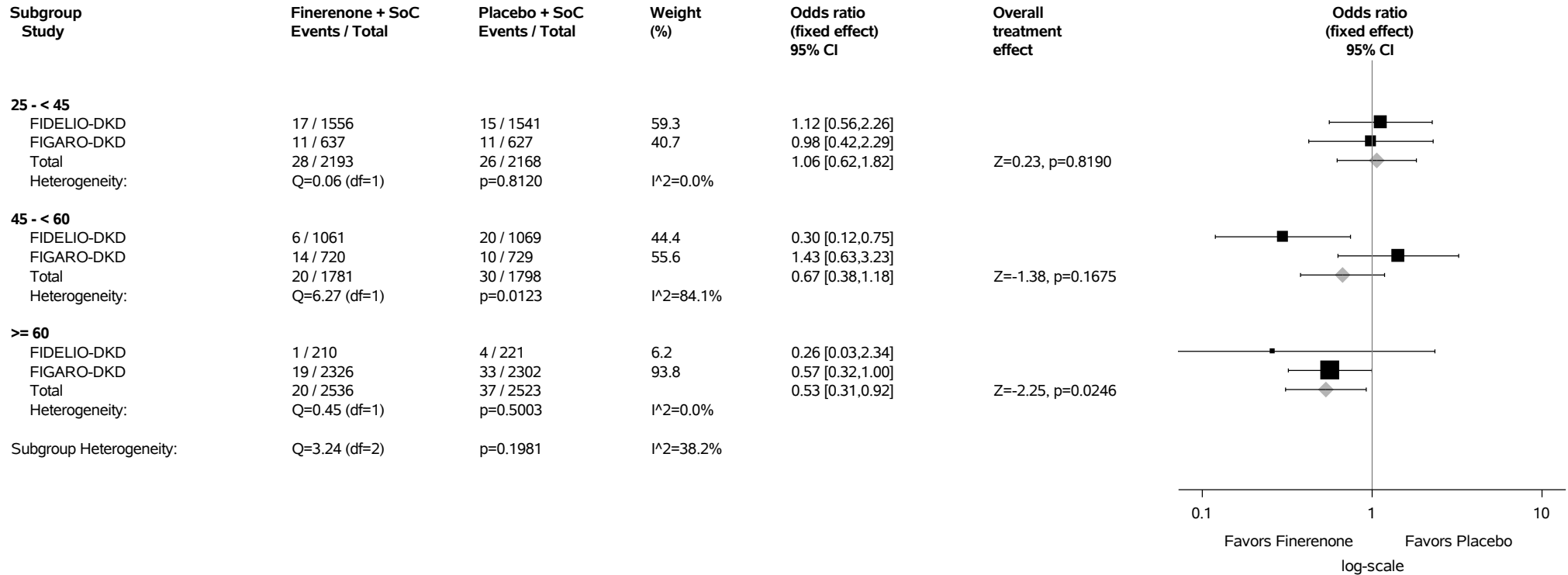
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

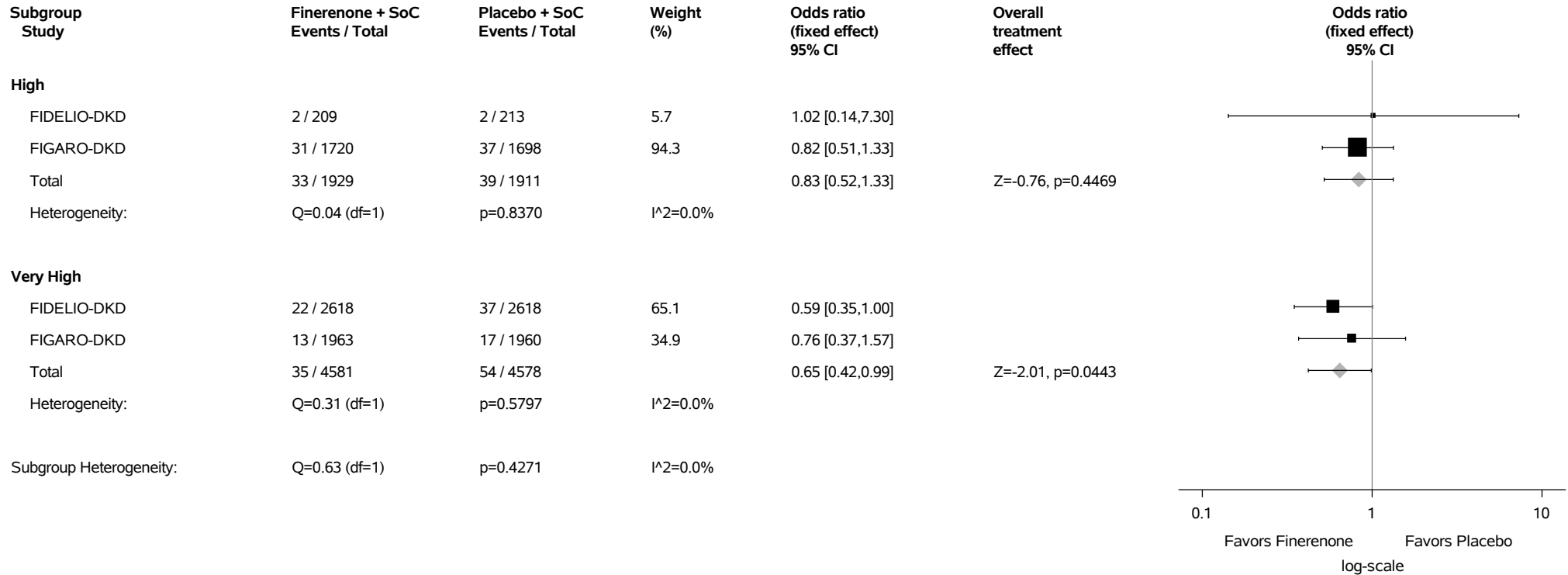
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.122.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Haematuria (PT with Incidence >=1%) Safety Analysis Set



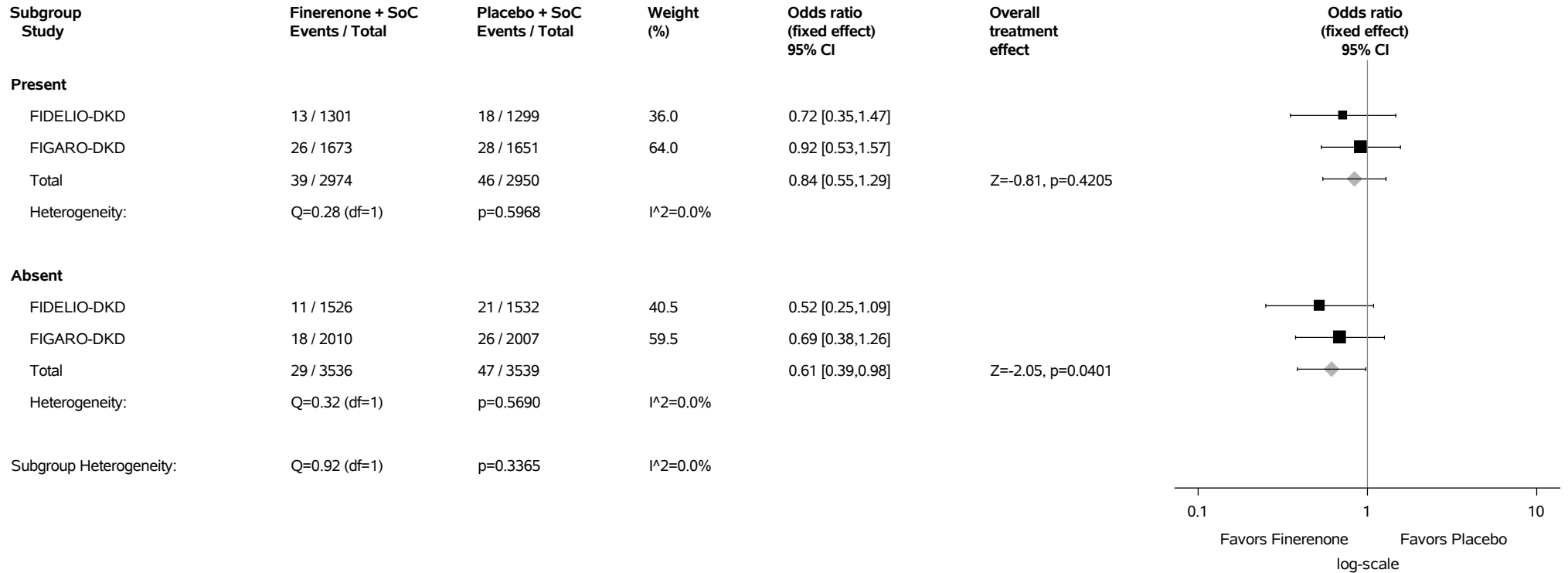
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.122.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Haematuria (PT with Incidence >=1%) Safety Analysis Set



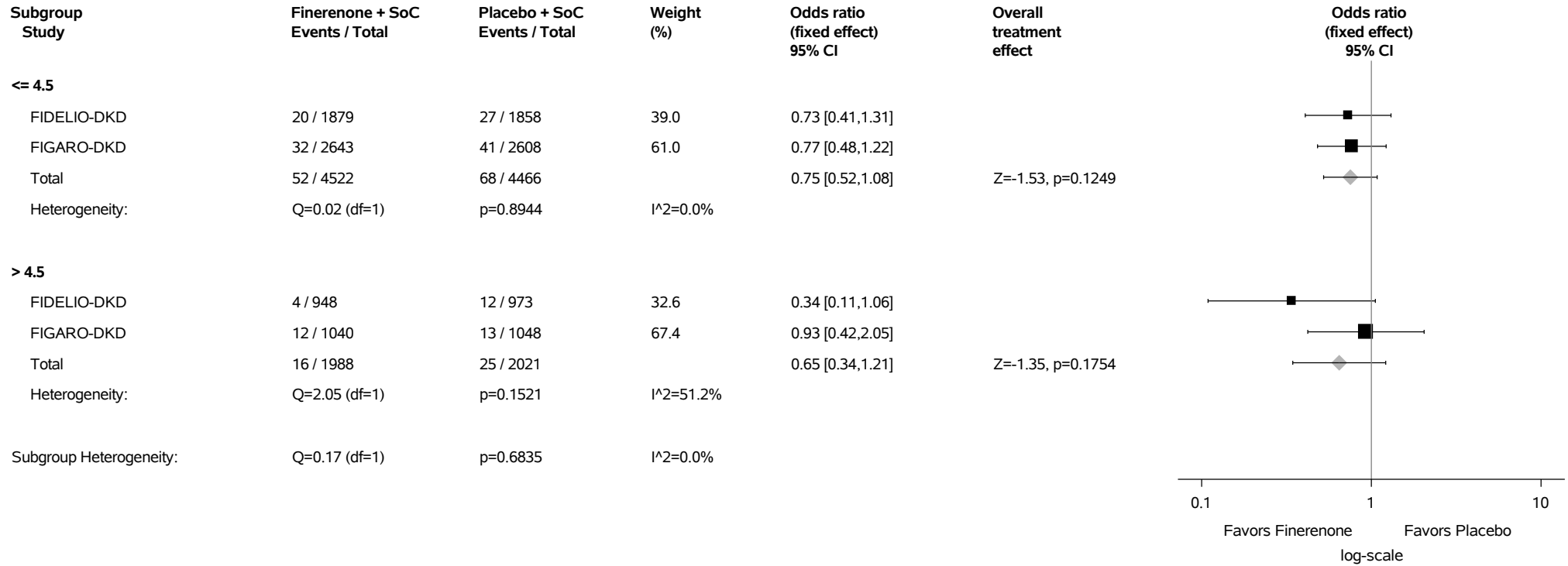
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.122.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.122.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

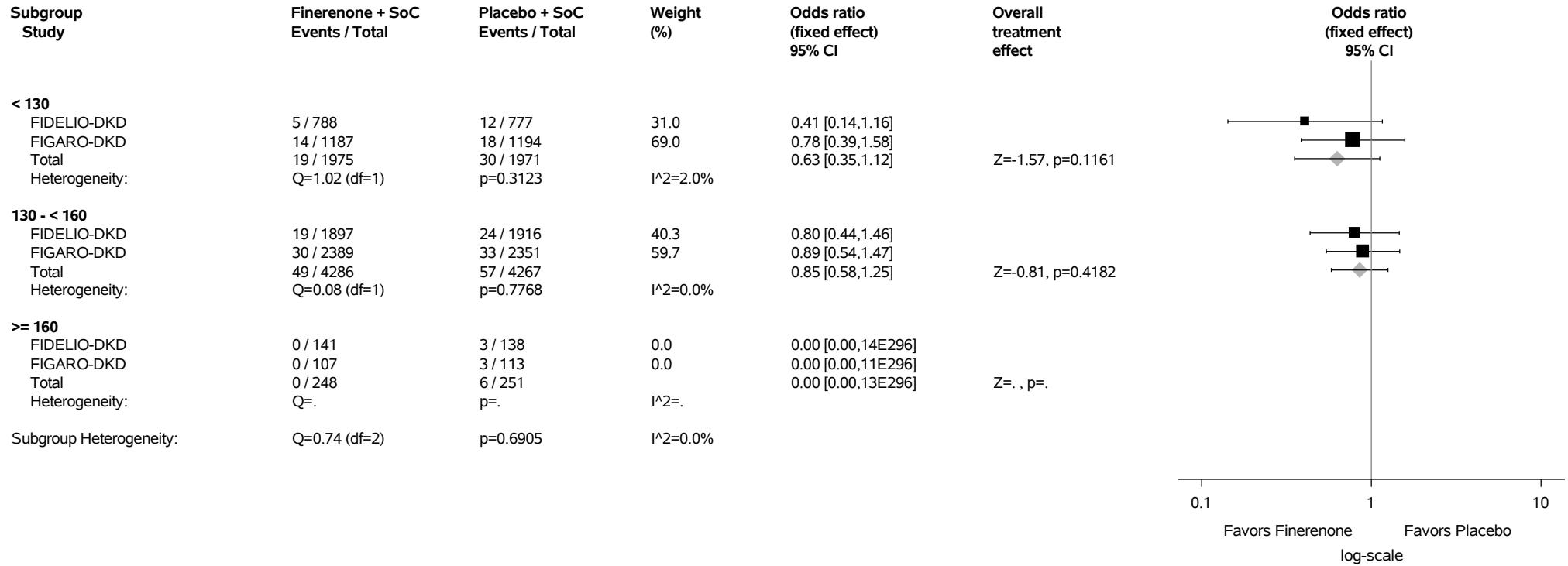
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.122.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

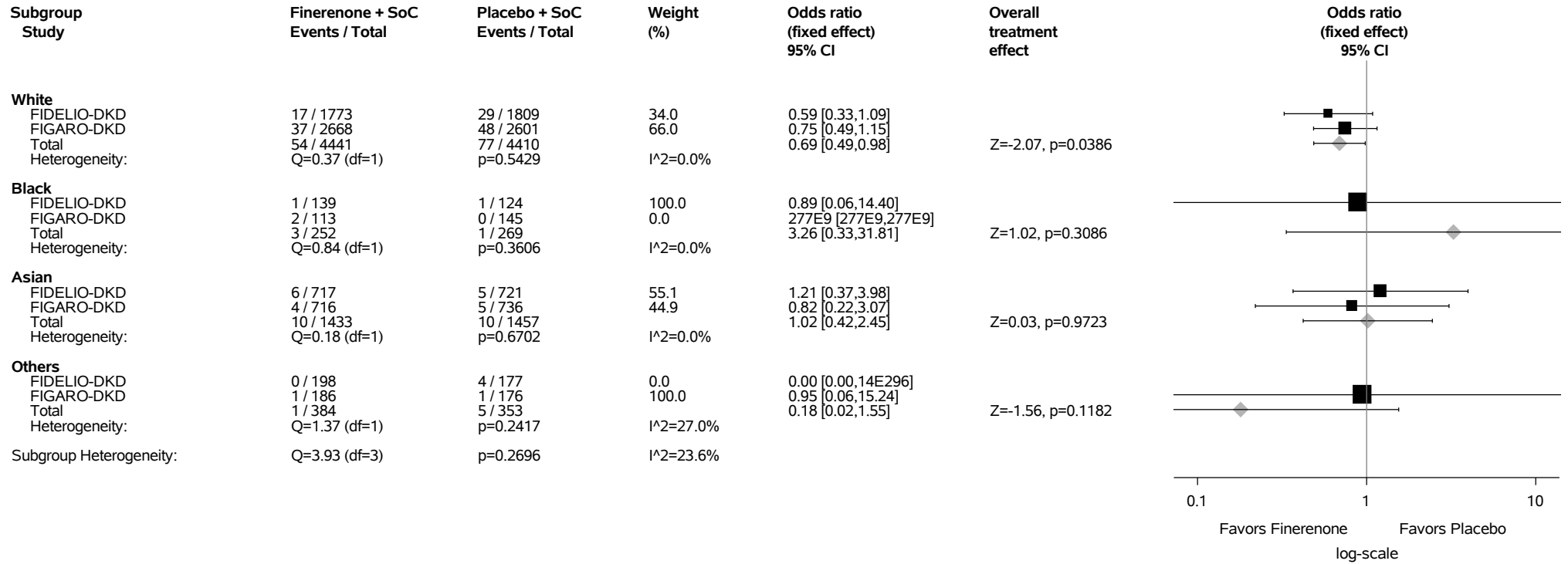
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.122.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

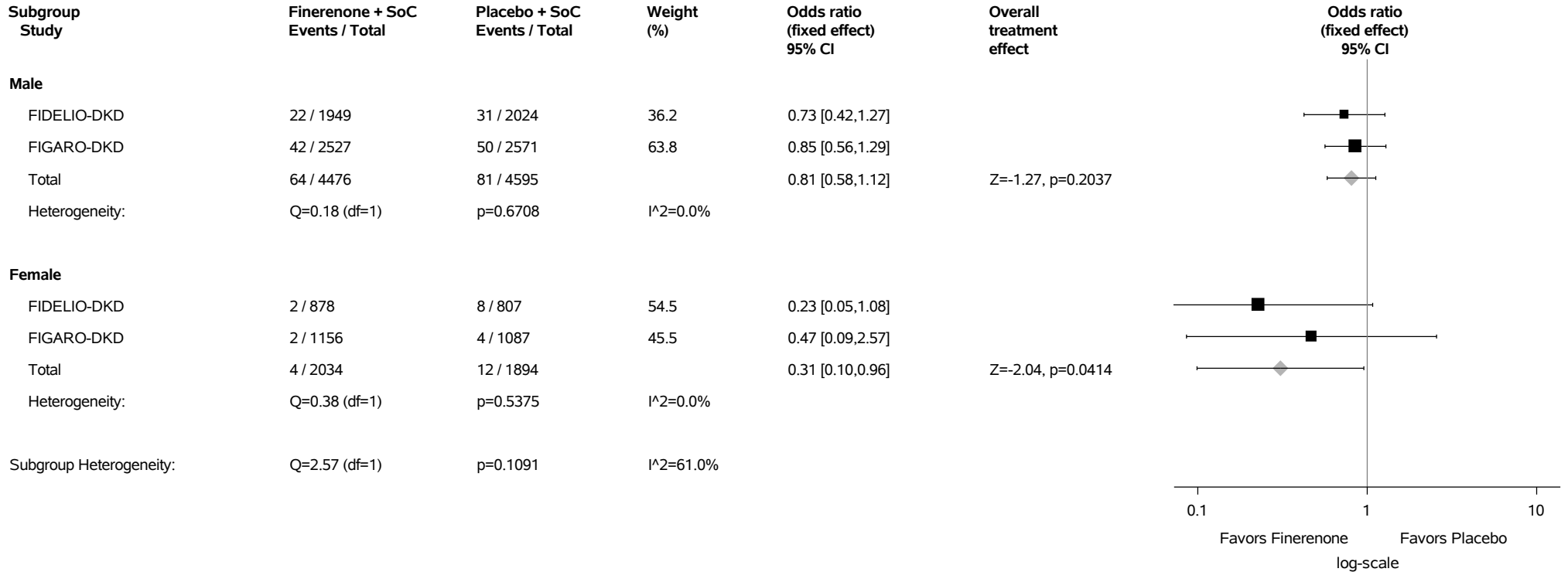
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

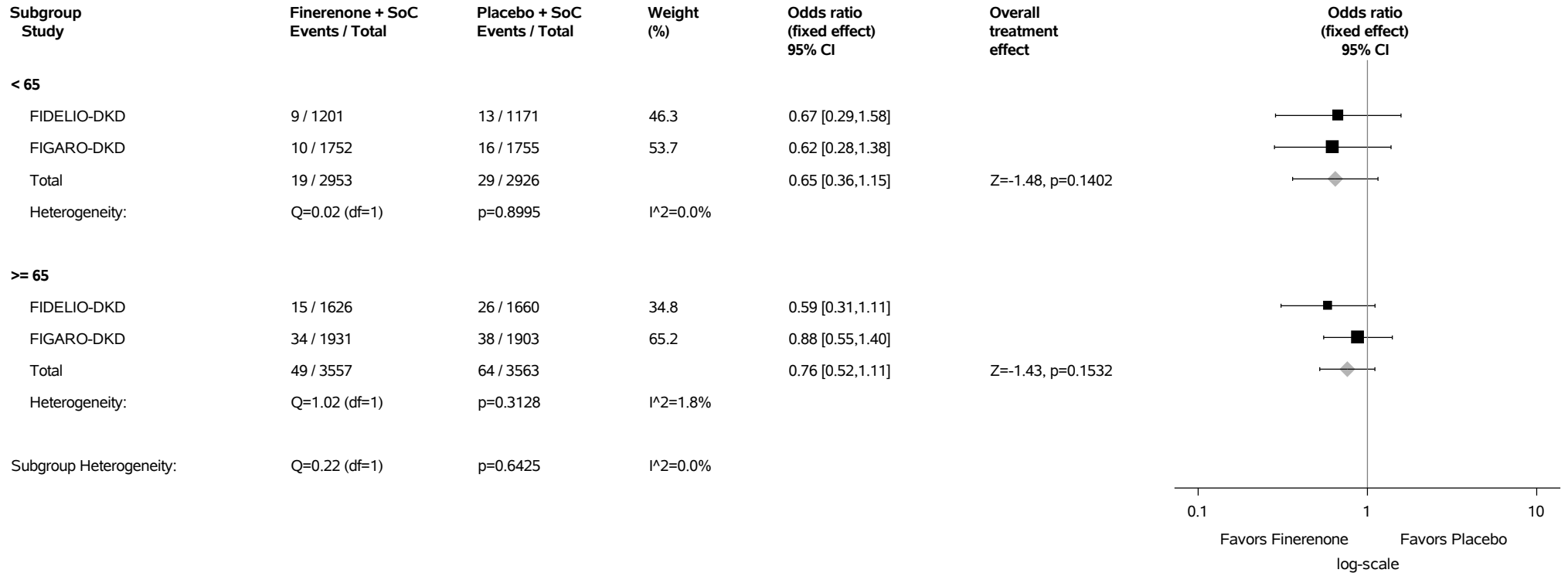
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.122.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Haematuria (PT with Incidence >=1%) Safety Analysis Set



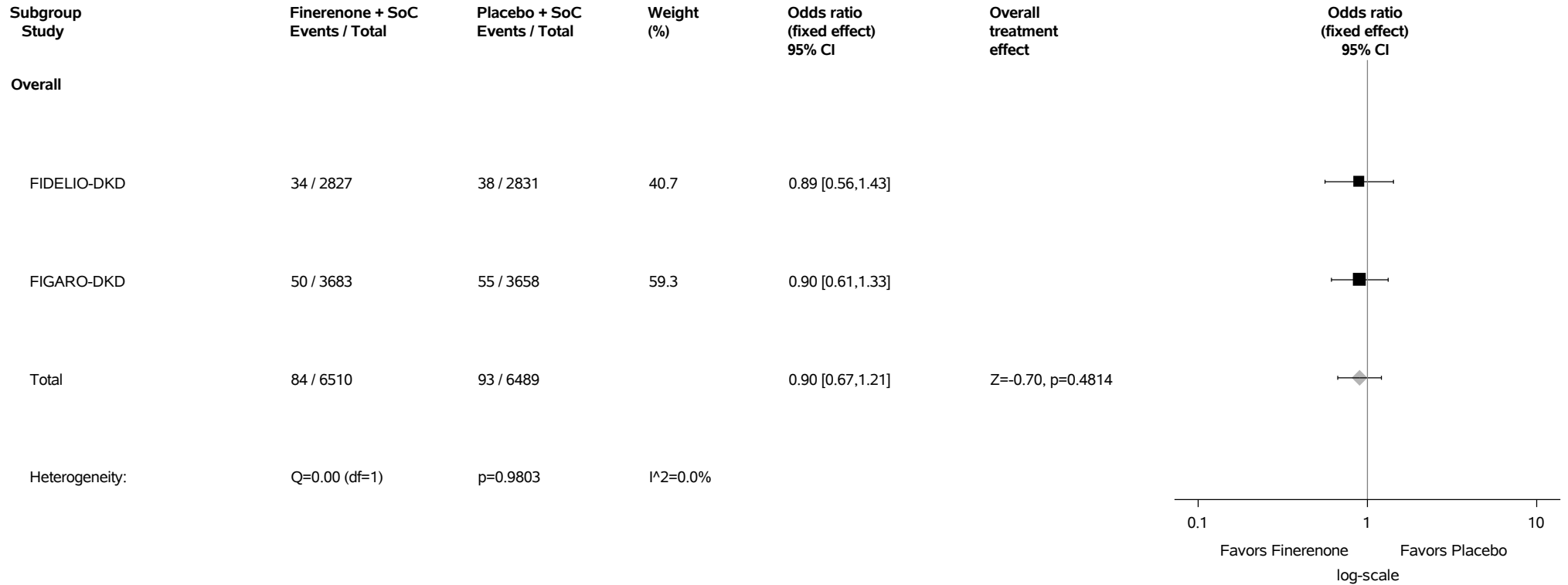
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
 Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
 For 'Total' the same model as for single studies including study as additional factor was applied.
 The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.122.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Haematuria (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.123: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Nephrolithiasis (PT with Incidence >=1%) Safety Analysis Set



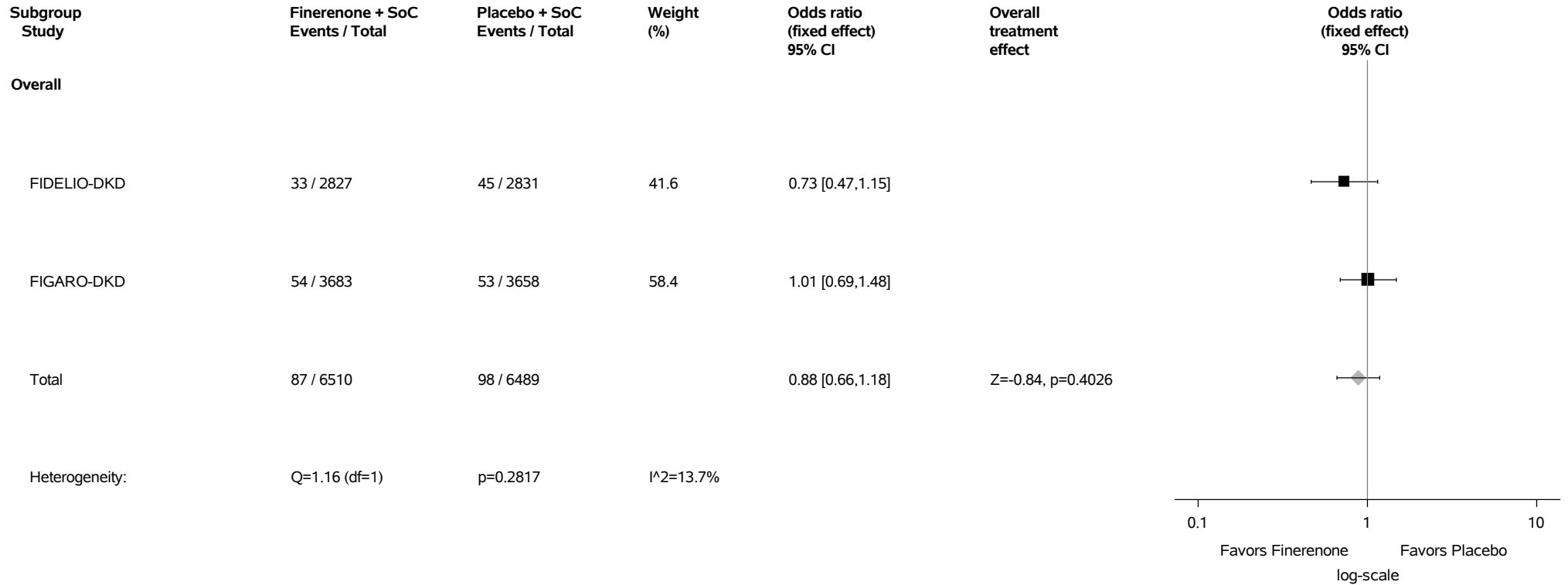
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.124: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal cyst (PT with Incidence >=1%) Safety Analysis Set



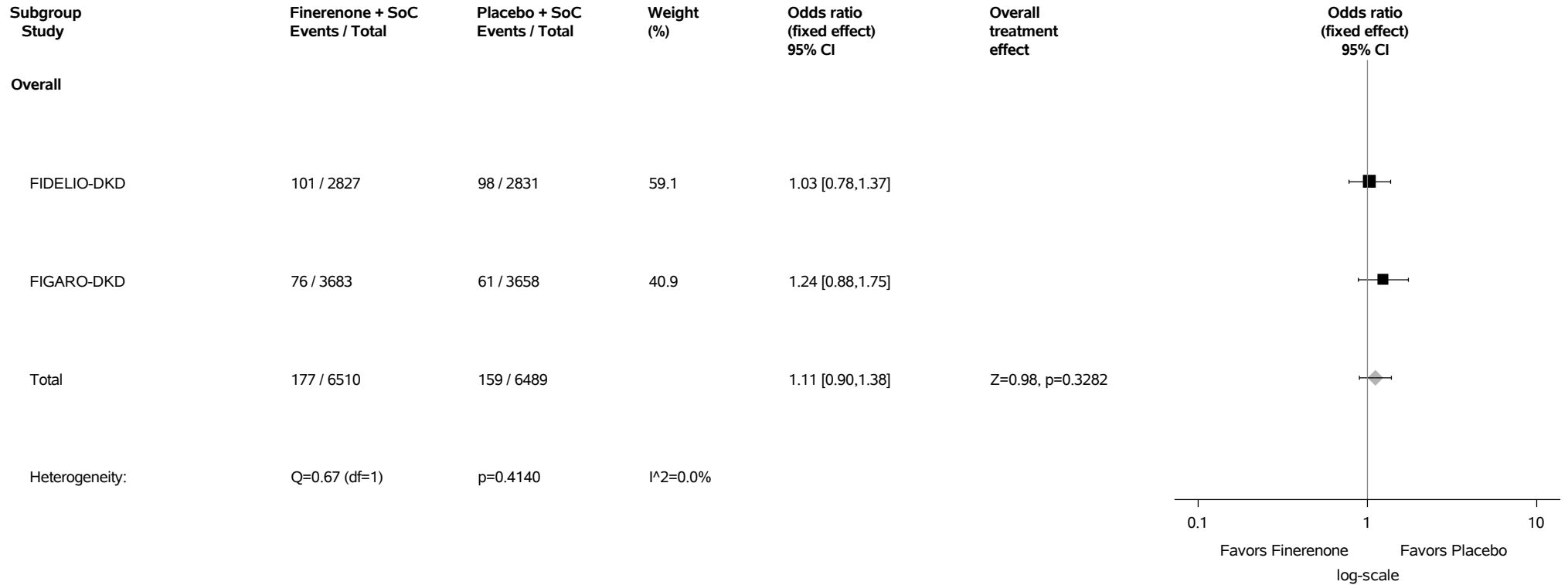
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.125: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Renal impairment (PT with Incidence >=1%) Safety Analysis Set



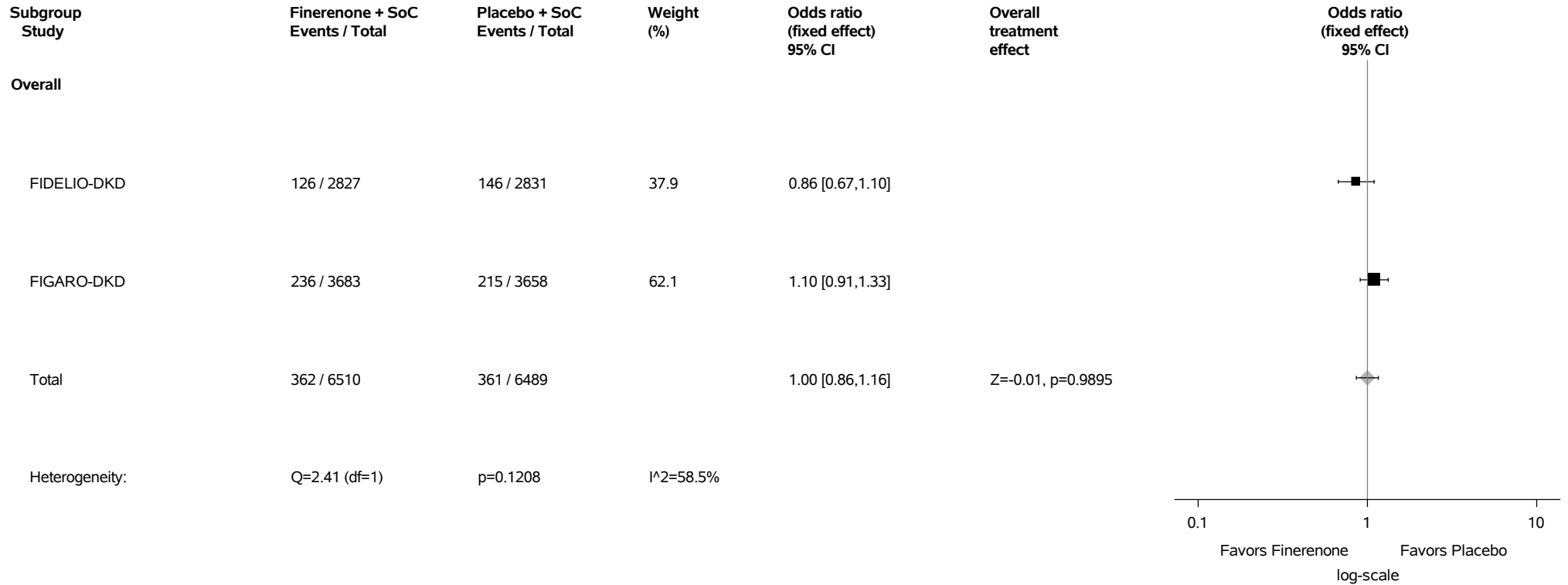
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.126: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Reproductive System And Breast Disorders (SOC with Incidence >=1%) Safety Analysis Set



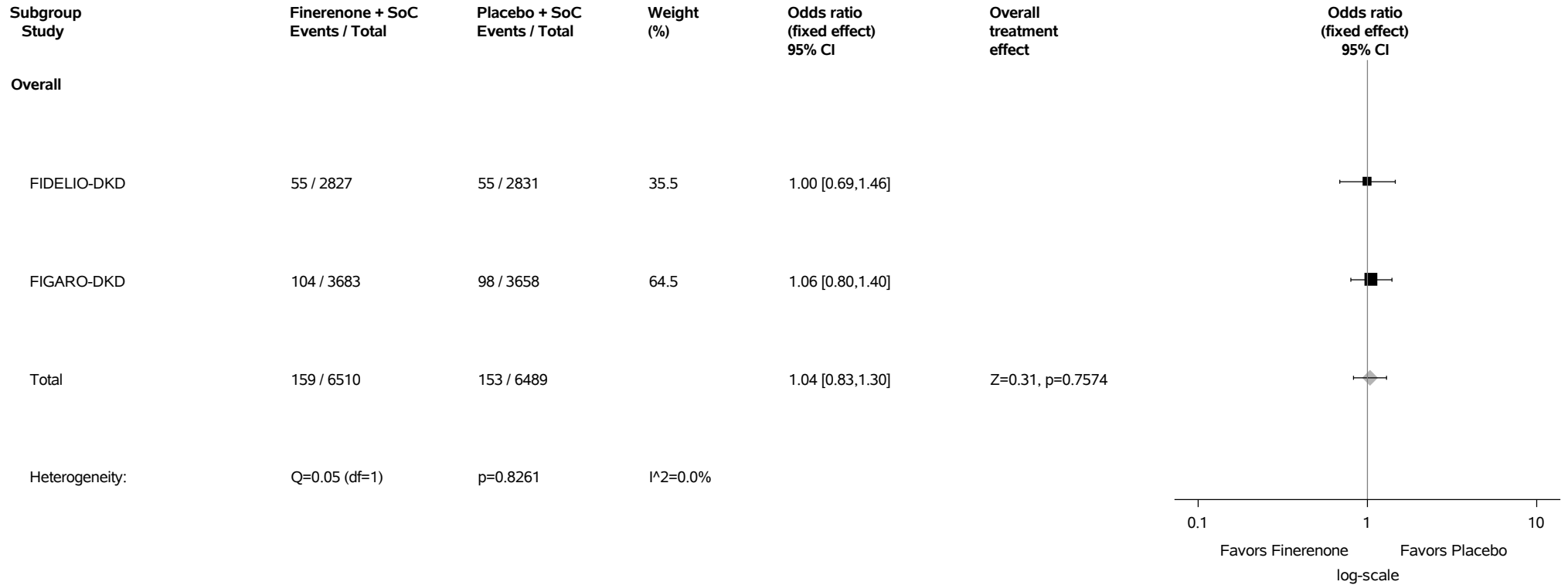
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.127: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Benign prostatic hyperplasia (PT with Incidence >=1%) Safety Analysis Set



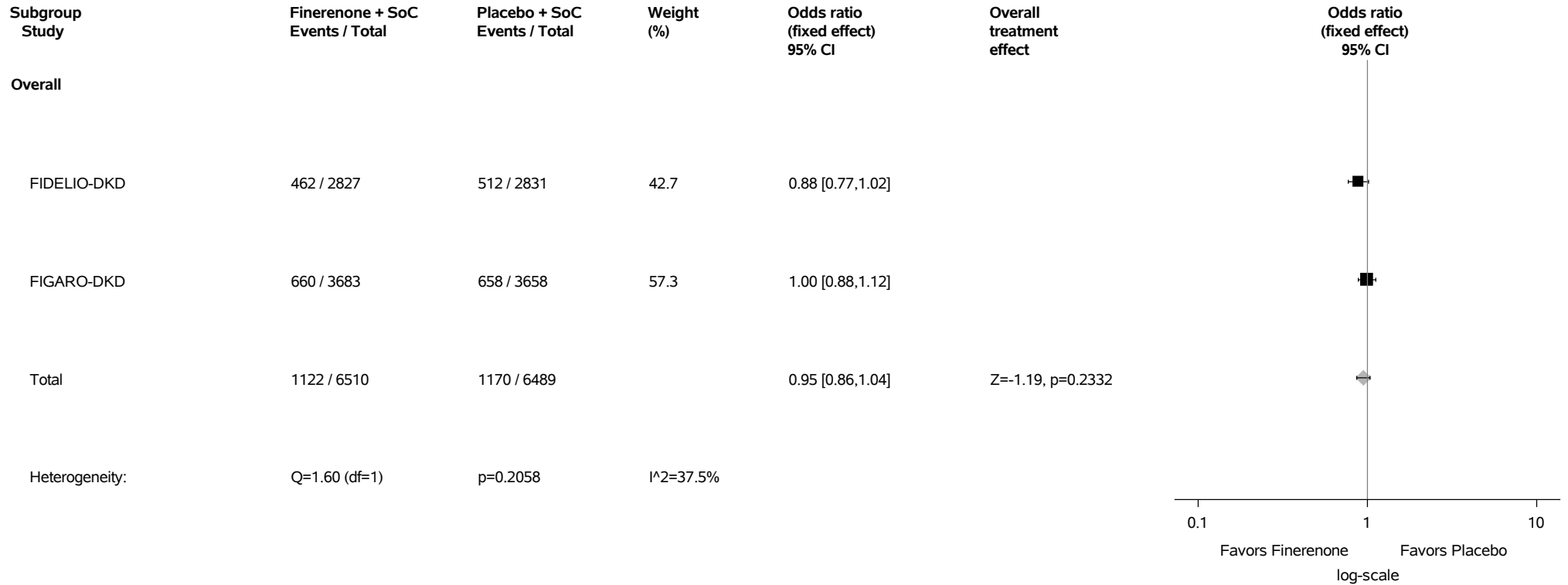
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.128: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



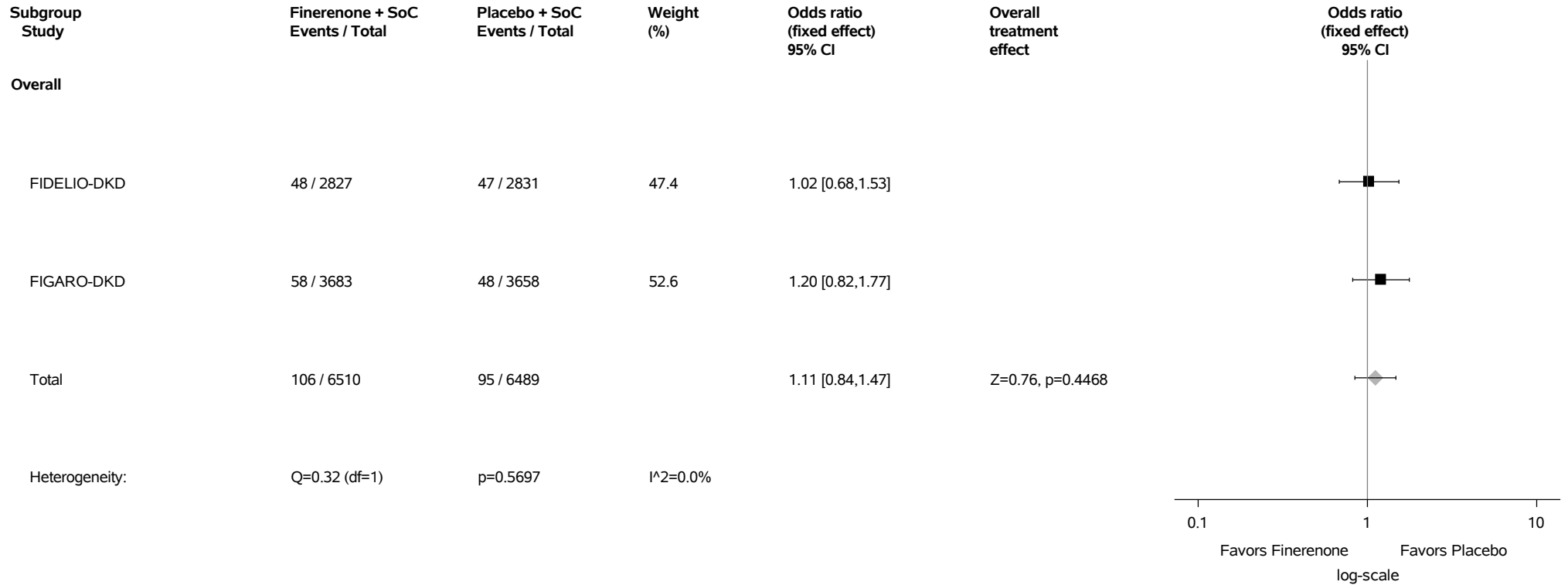
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.129: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Chronic obstructive pulmonary disease (PT with Incidence >=1%) Safety Analysis Set



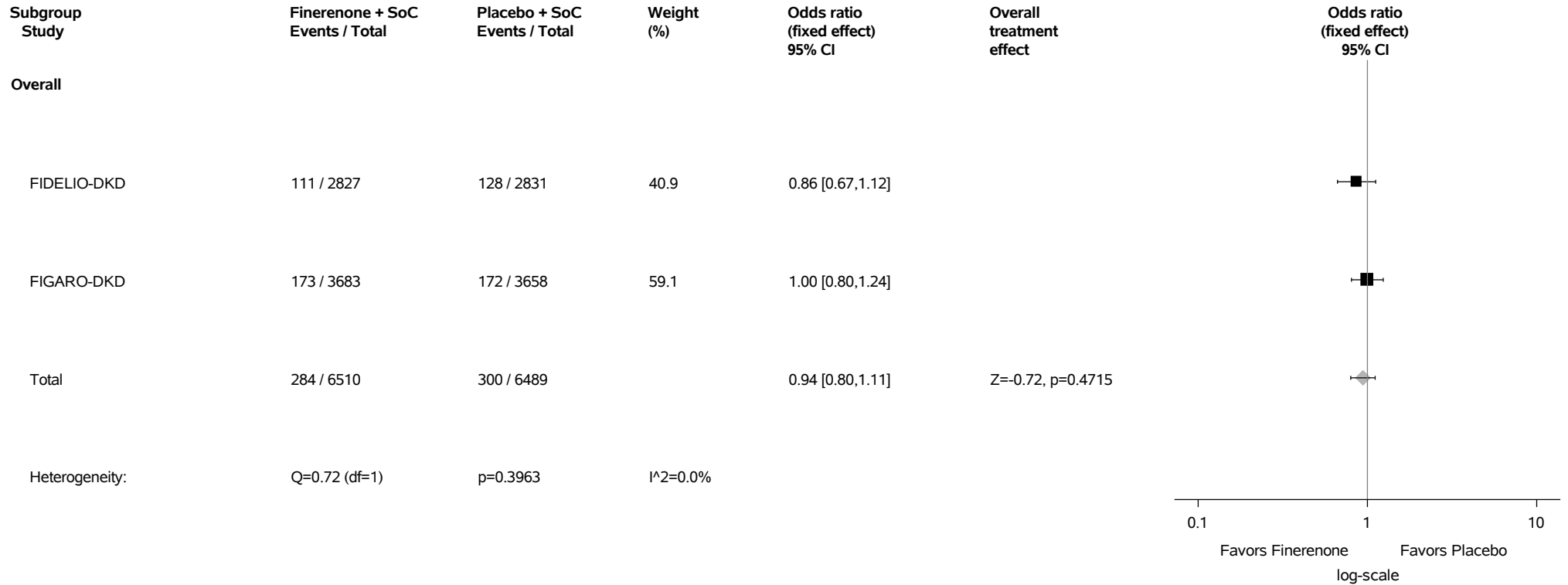
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.130: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cough (PT with Incidence >=1%) Safety Analysis Set



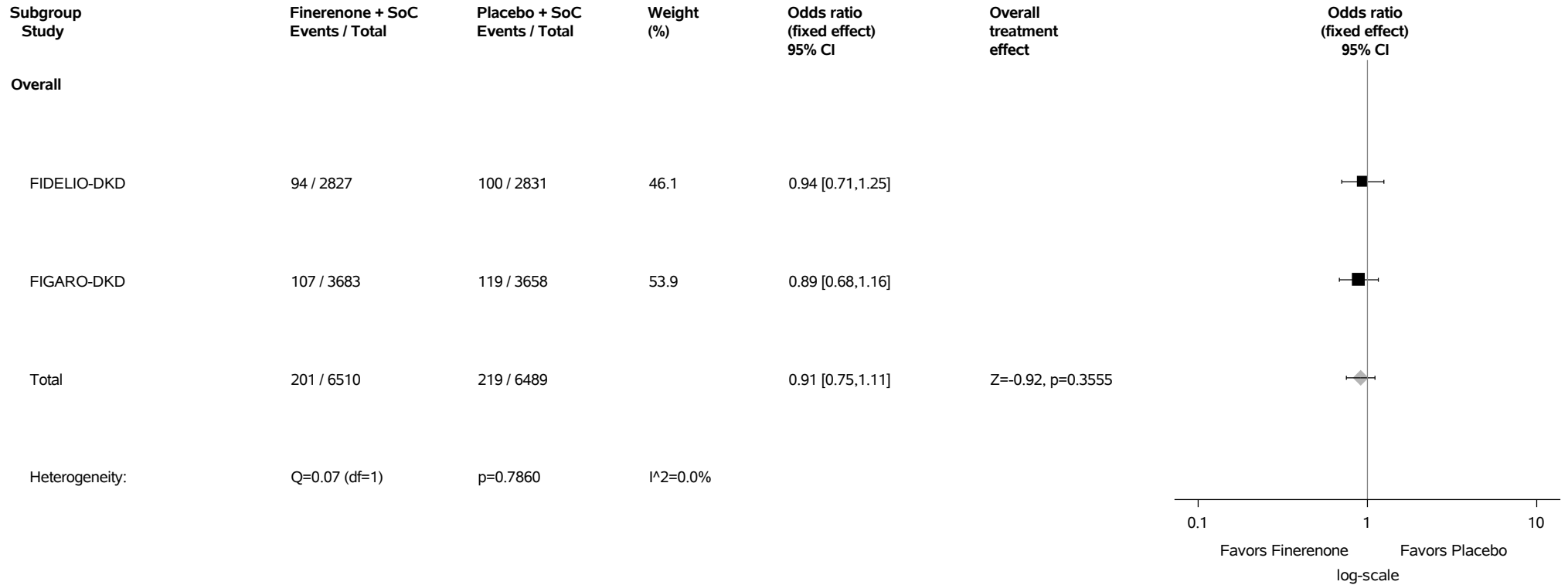
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.131: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Dyspnoea (PT with Incidence >=1%) Safety Analysis Set



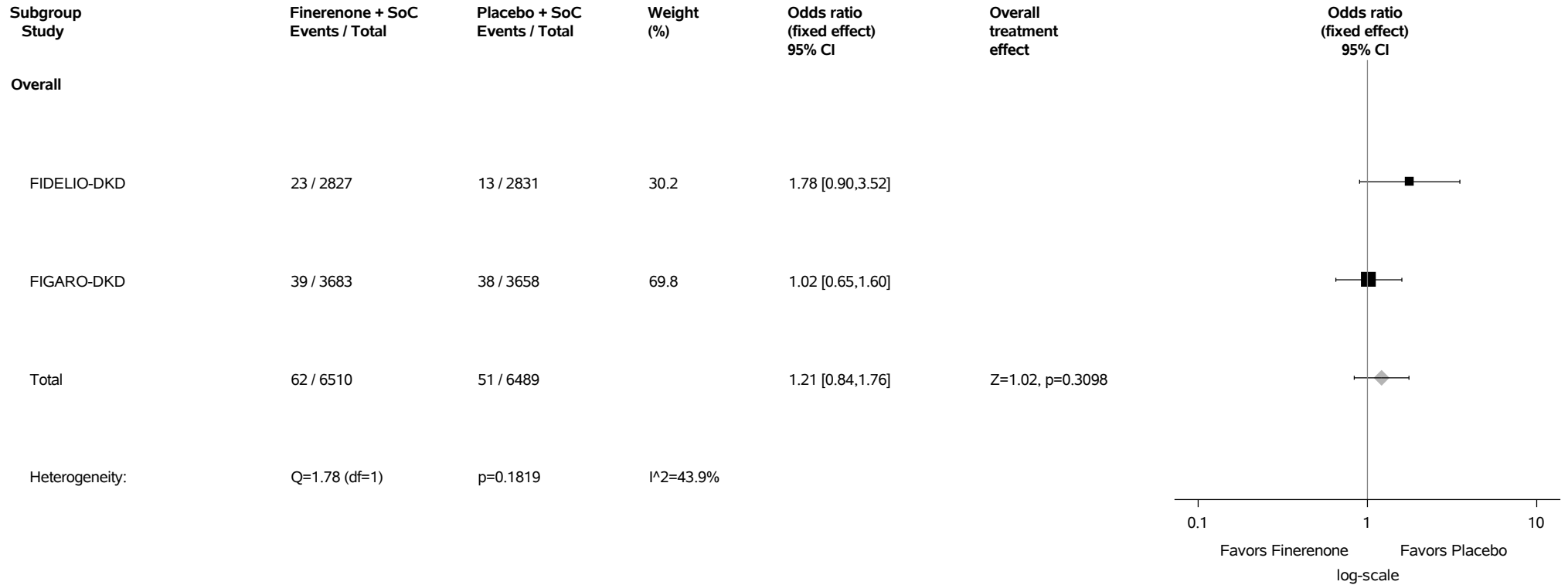
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.132: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Oropharyngeal pain (PT with Incidence >=1%) Safety Analysis Set



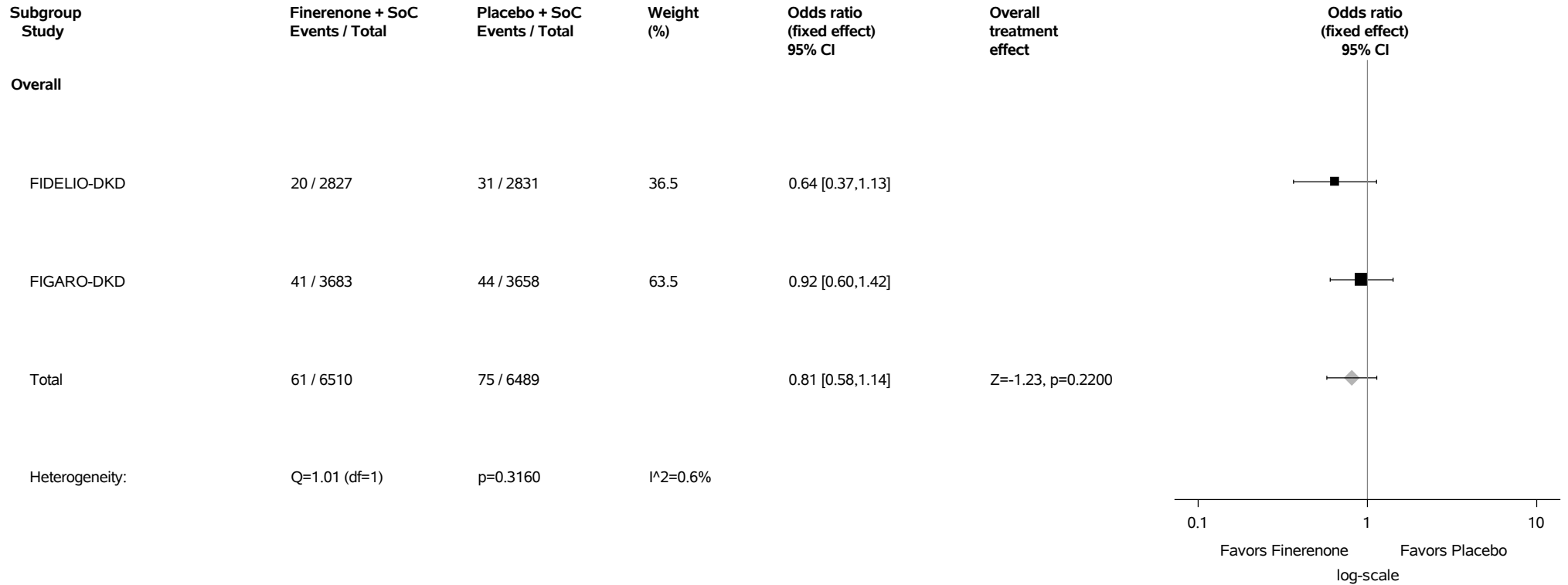
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.133: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Sleep apnoea syndrome (PT with Incidence >=1%) Safety Analysis Set



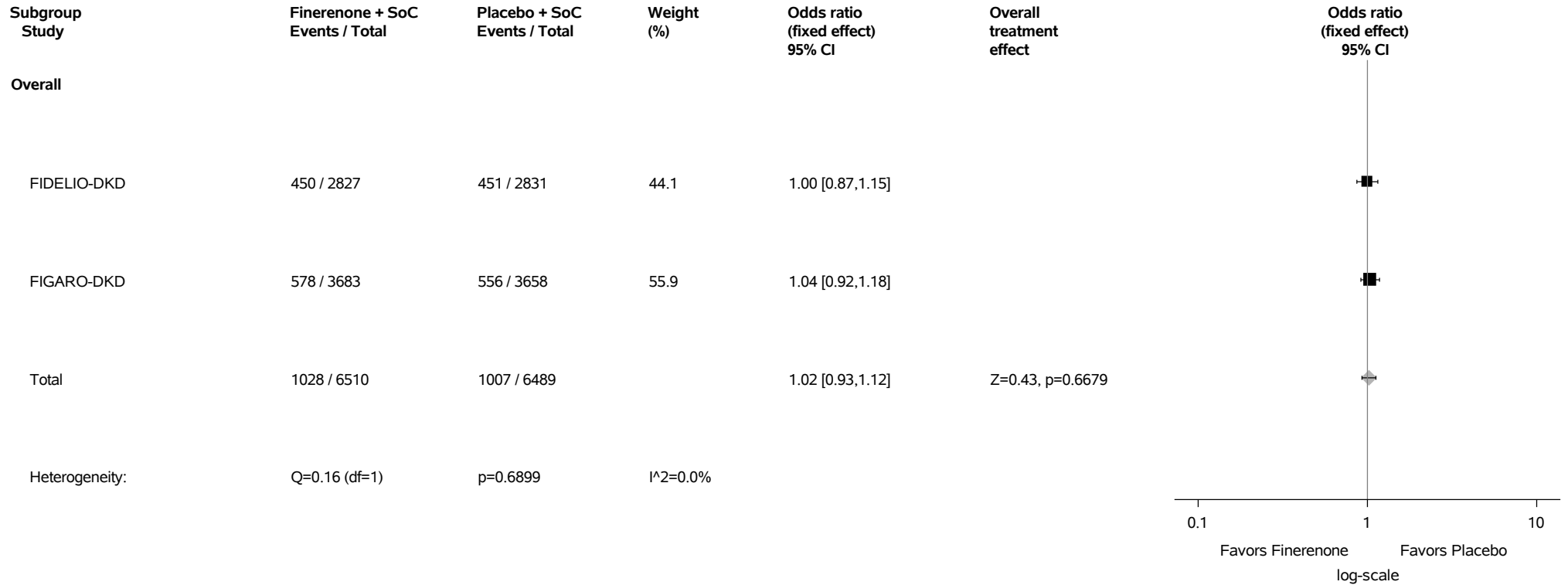
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.134: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



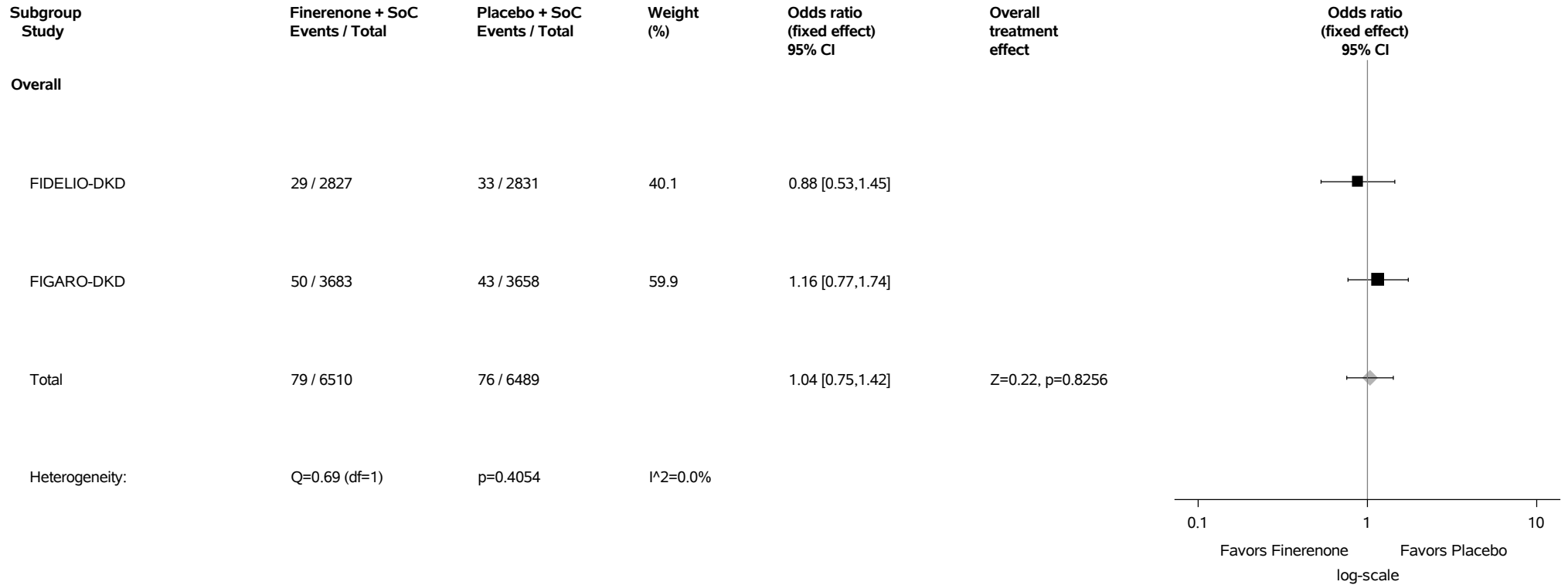
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.135: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Diabetic foot (PT with Incidence >=1%) Safety Analysis Set



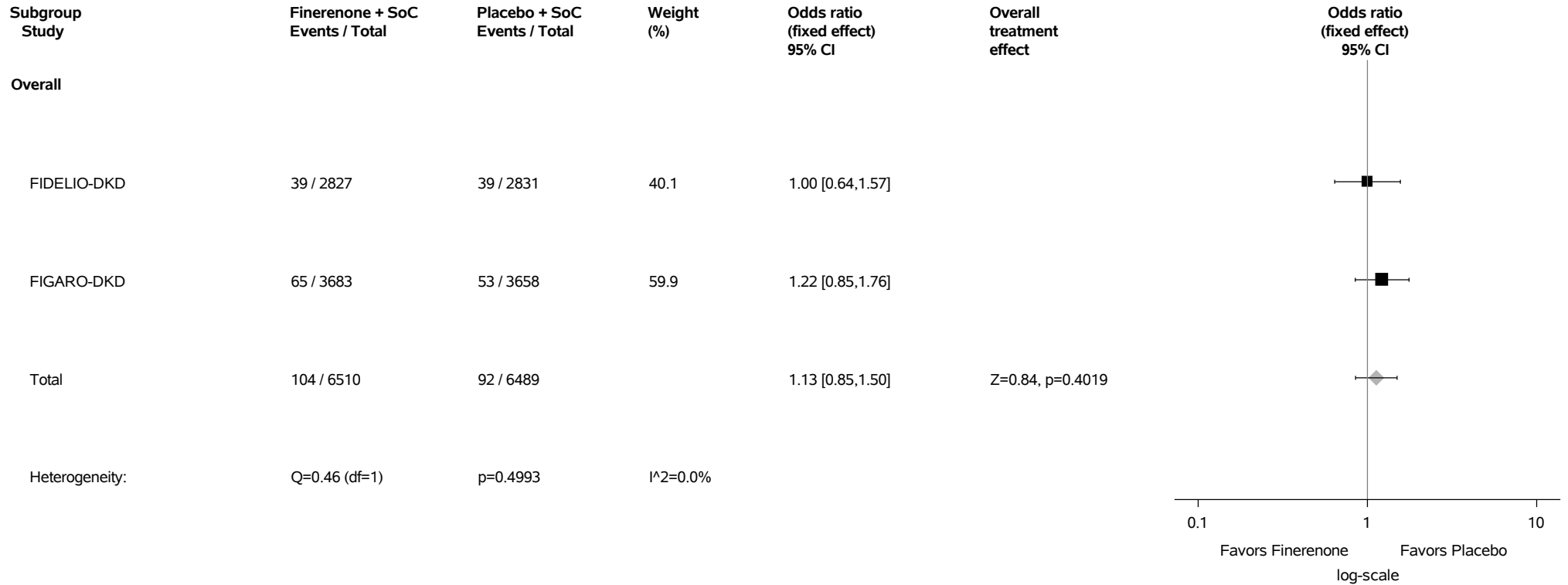
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.136: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Eczema (PT with Incidence >=1%) Safety Analysis Set



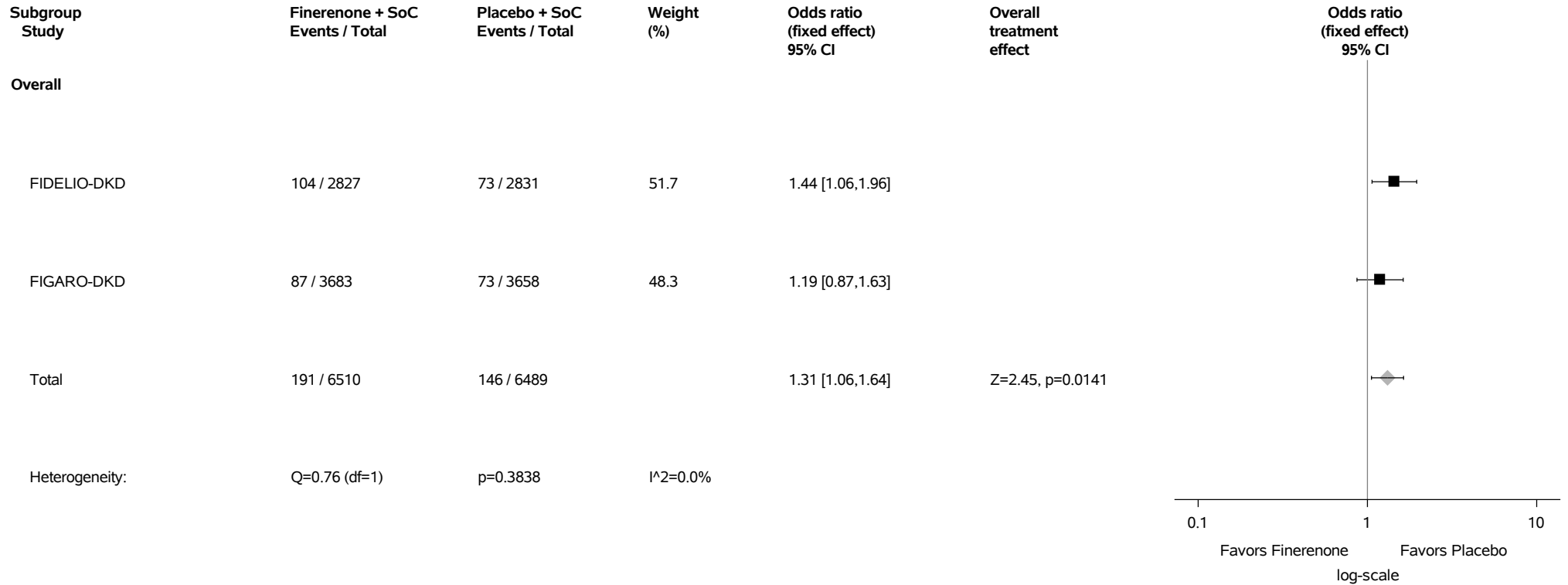
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.137: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Pruritus (PT with Incidence >=1%) Safety Analysis Set



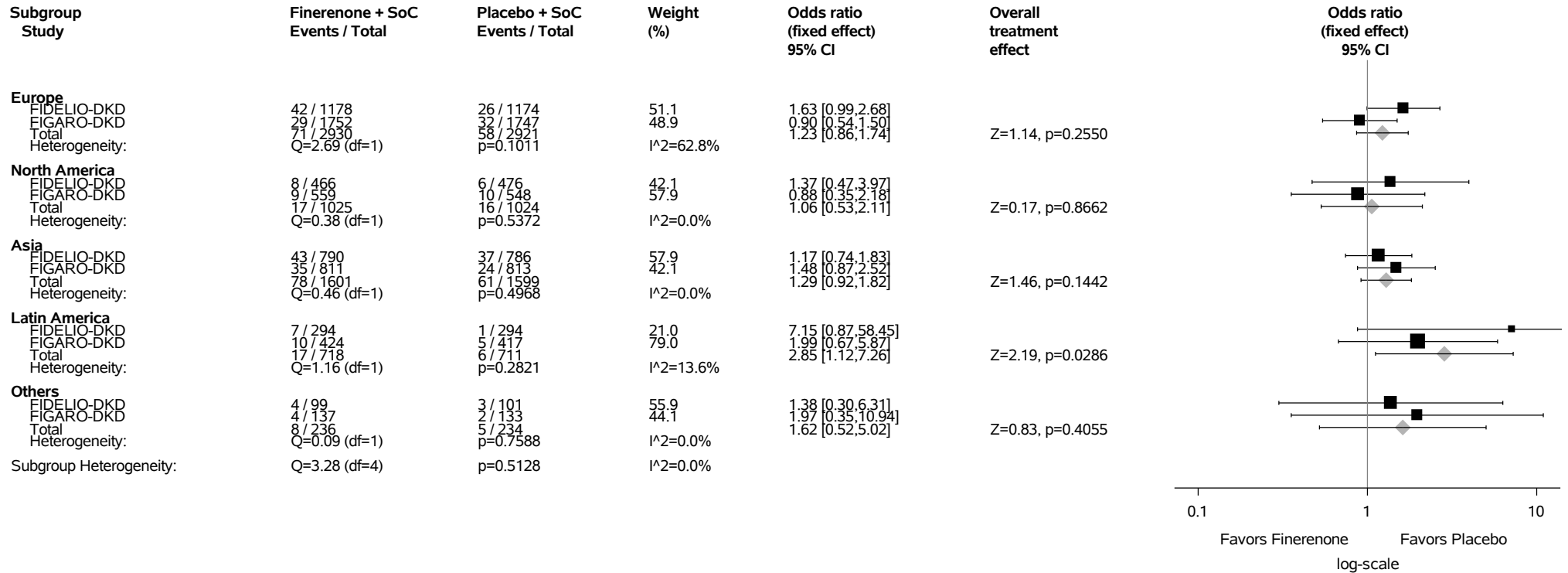
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.137.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Pruritus (PT with Incidence >=1%) Safety Analysis Set



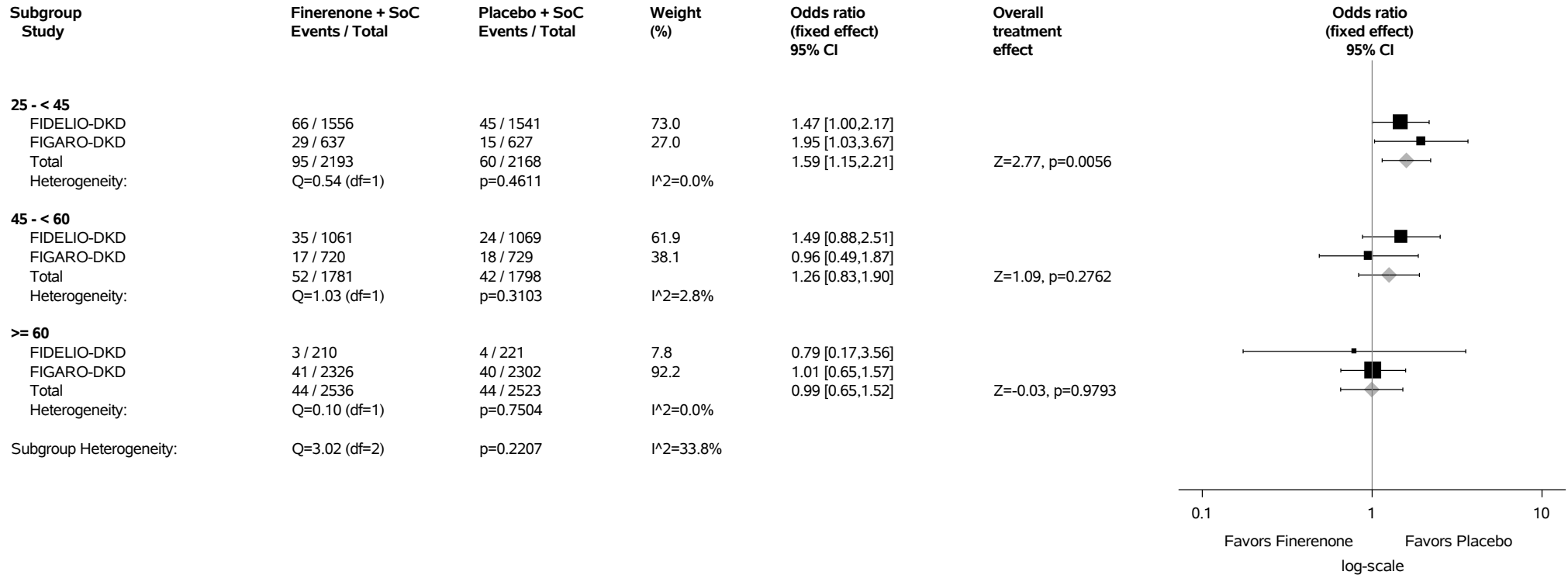
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

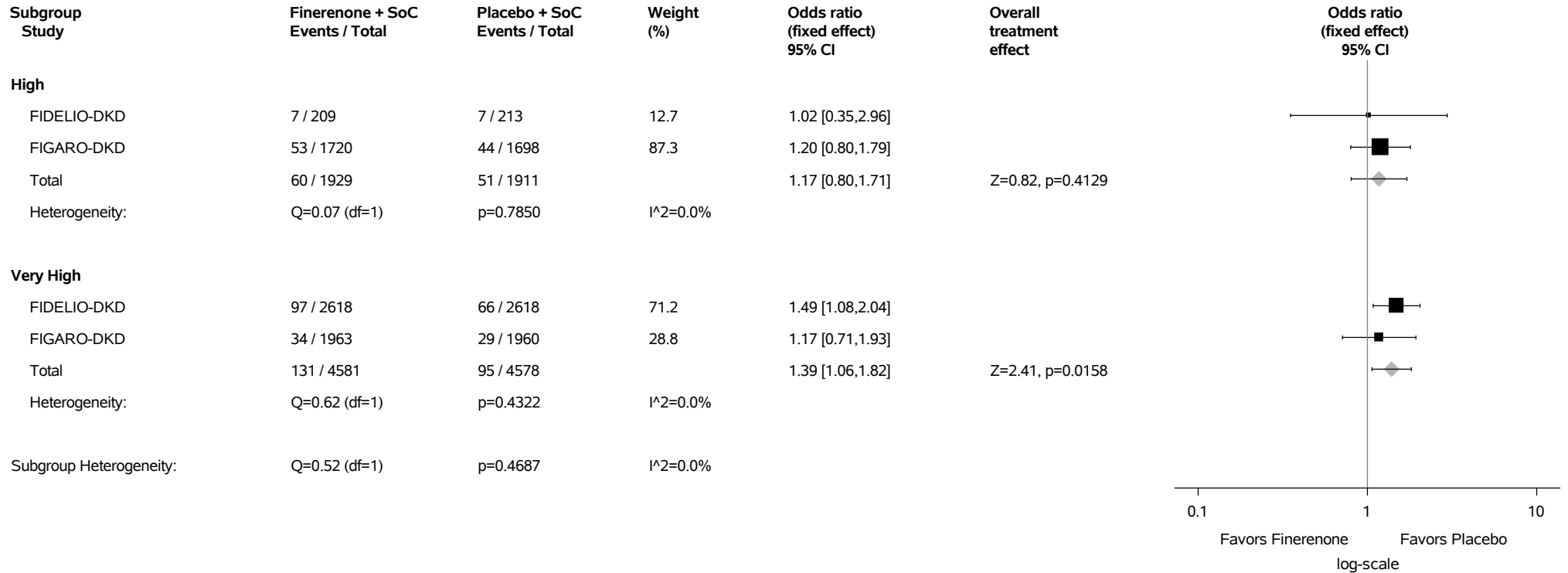
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.137.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pruritus (PT with Incidence >=1%) Safety Analysis Set



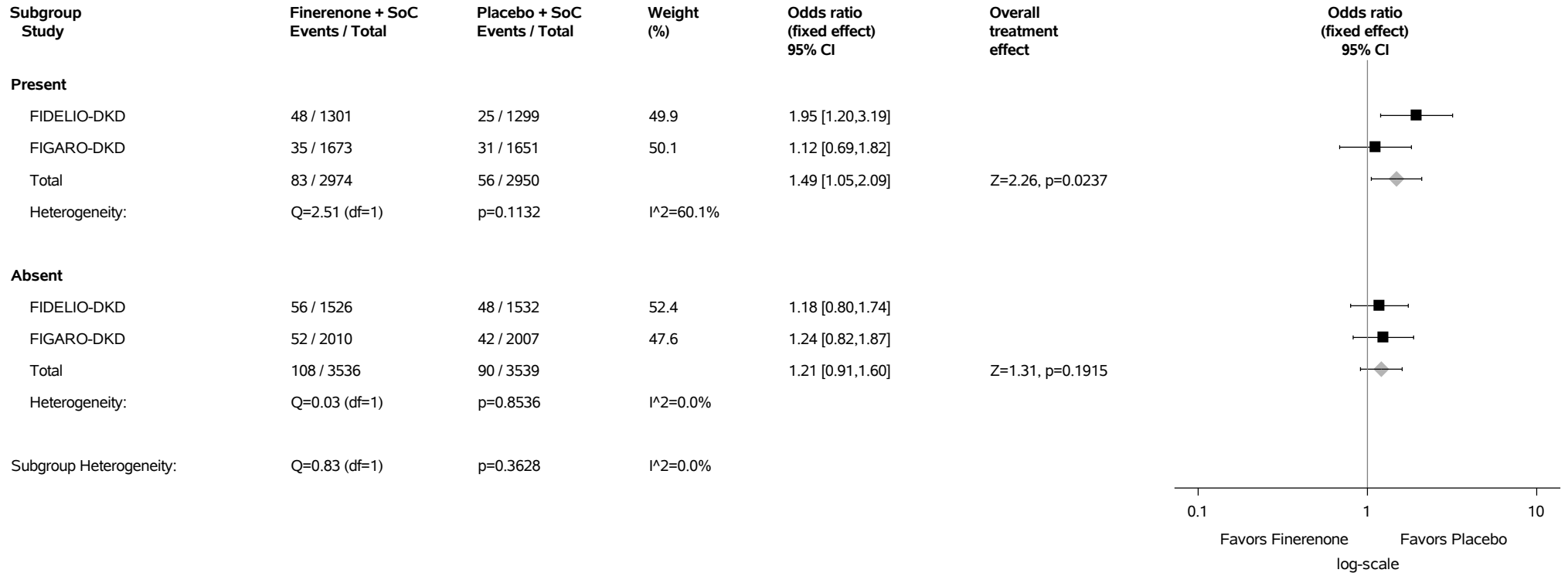
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.137.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.137.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Pruritus (PT with Incidence >=1%) Safety Analysis Set



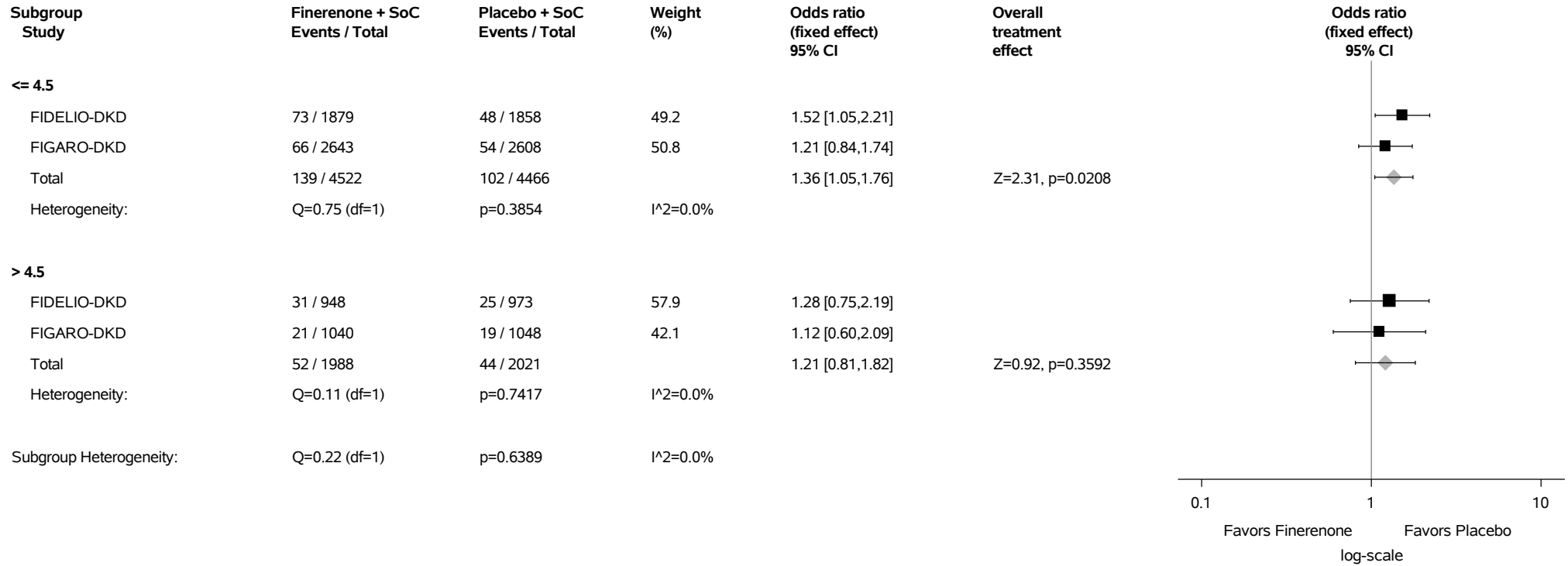
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.137.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

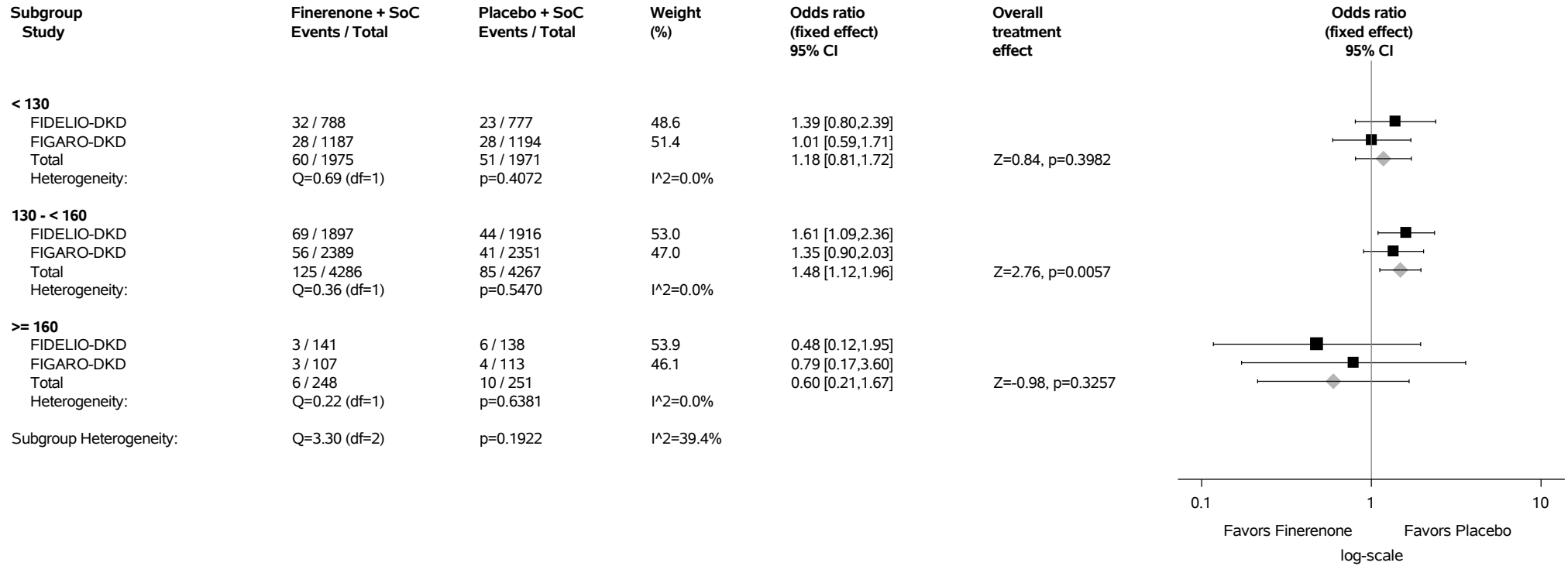
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

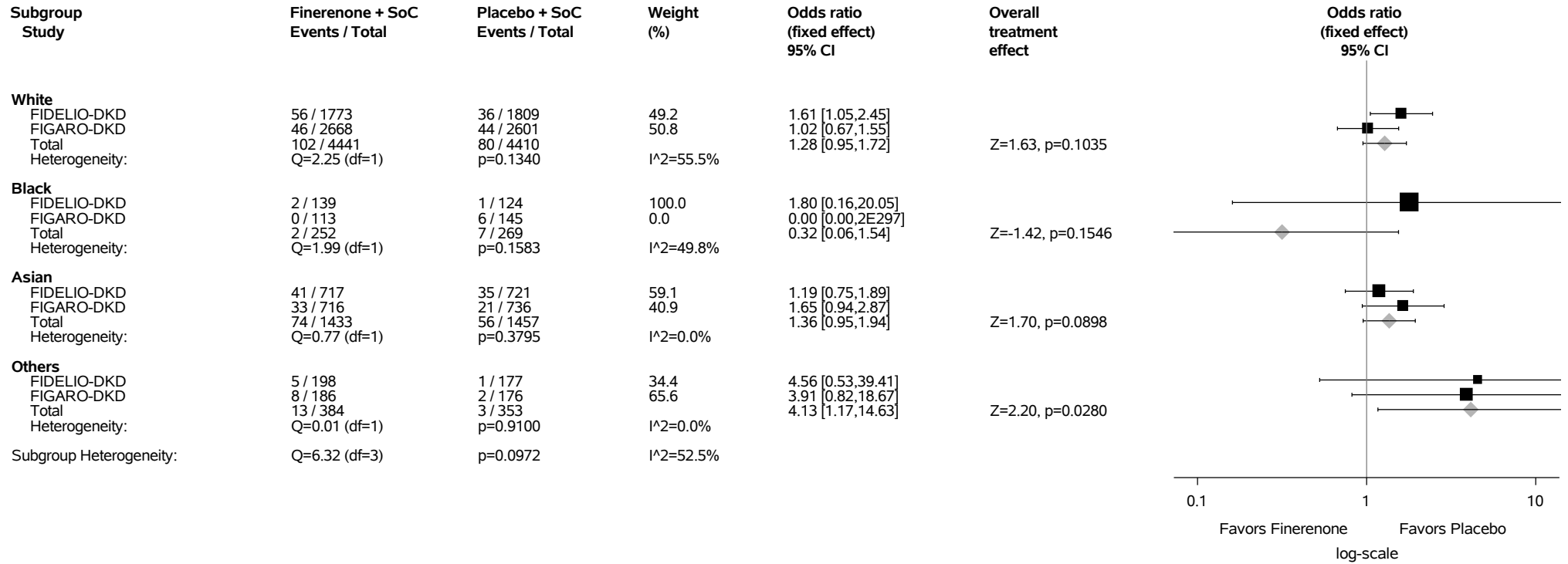
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.137.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups. Category 'Missing' was excluded from meta-analysis.

Figure 2.2.137.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

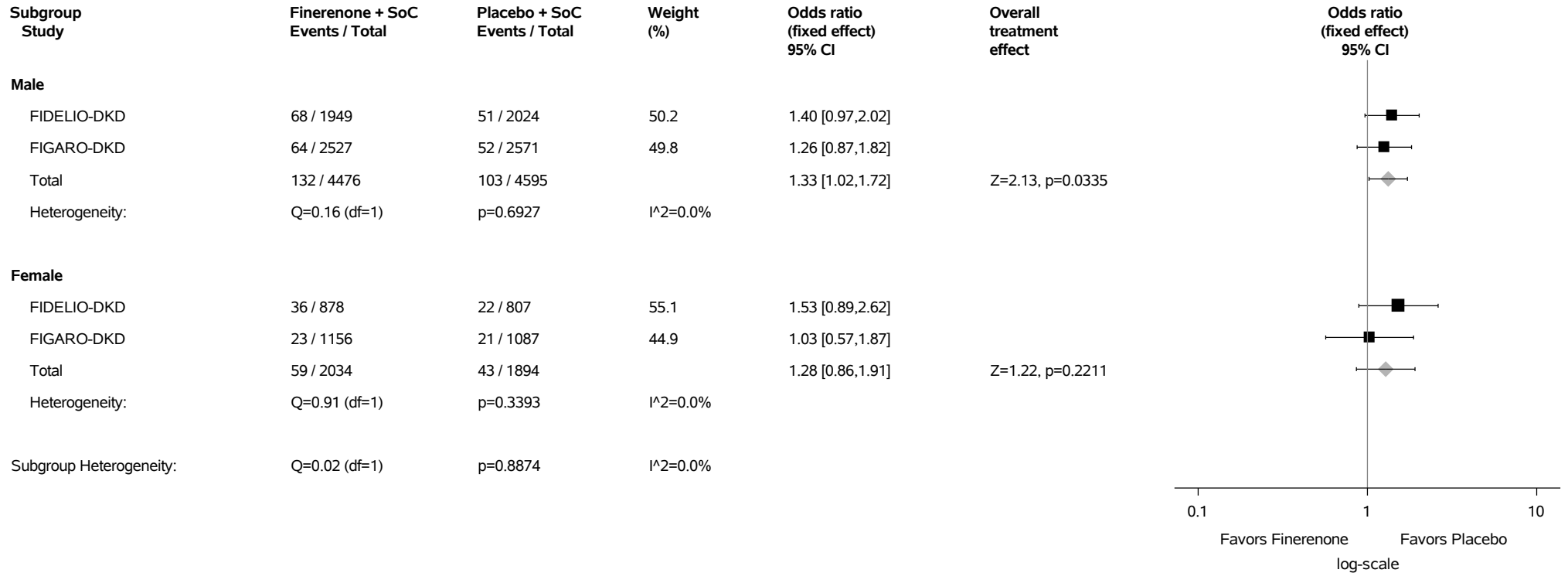
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.137.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Pruritus (PT with Incidence >=1%) Safety Analysis Set



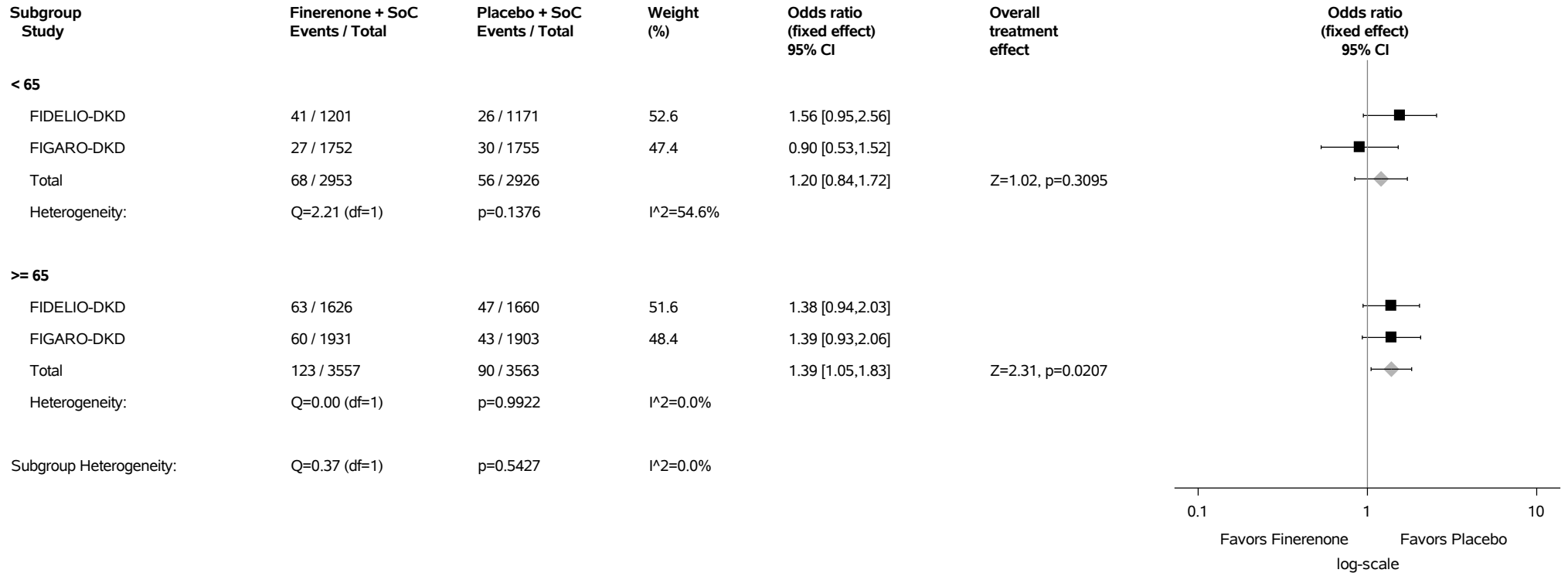
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

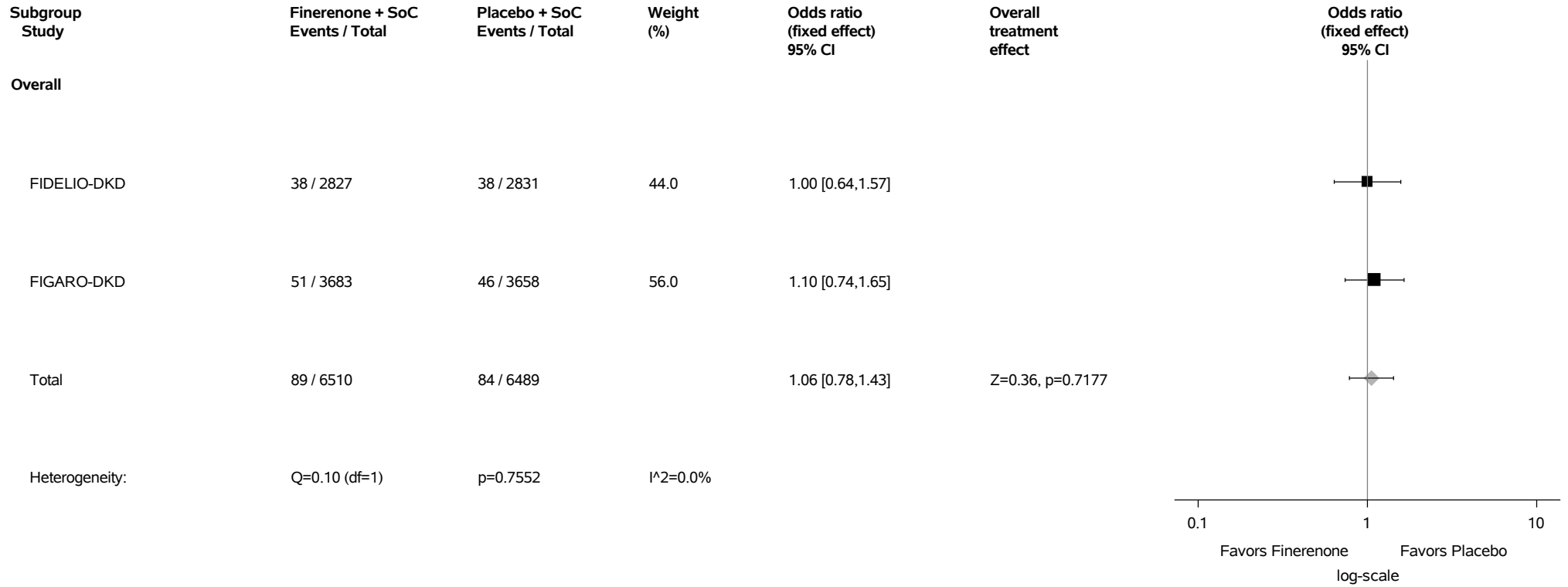
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.137.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Pruritus (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.138: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Rash (PT with Incidence >=1%) Safety Analysis Set



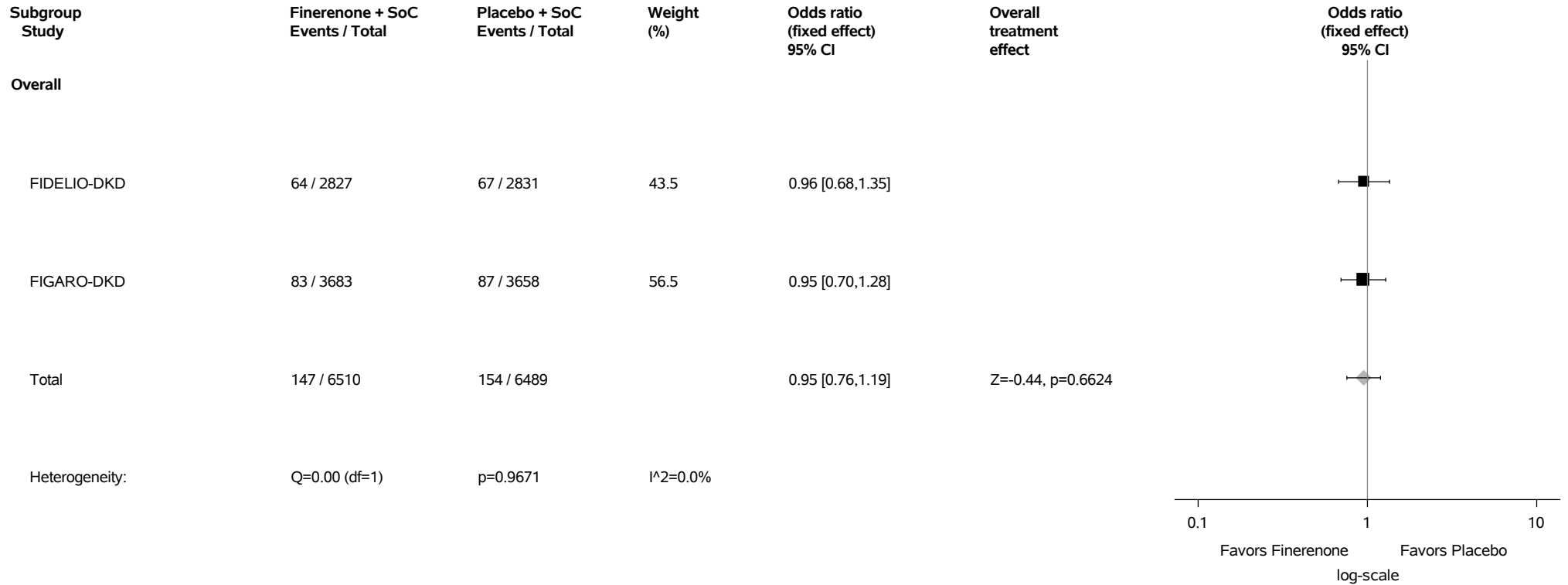
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.139: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Skin ulcer (PT with Incidence >=1%) Safety Analysis Set



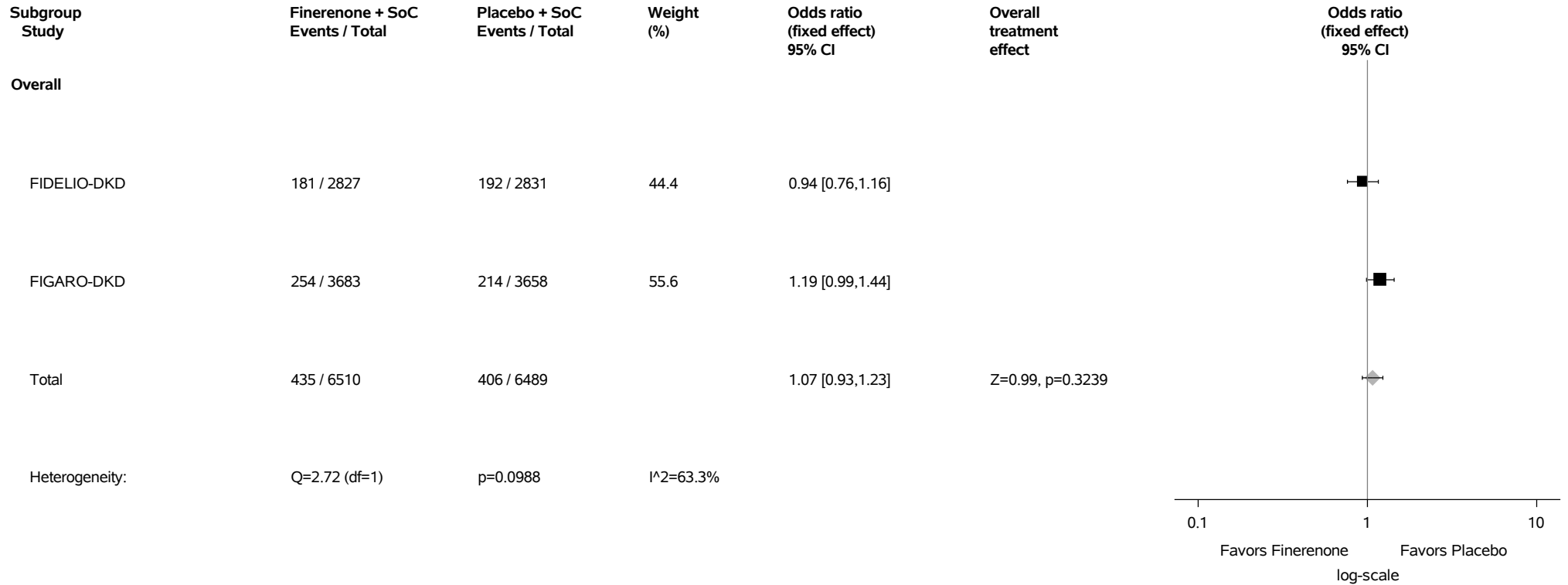
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.140: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set



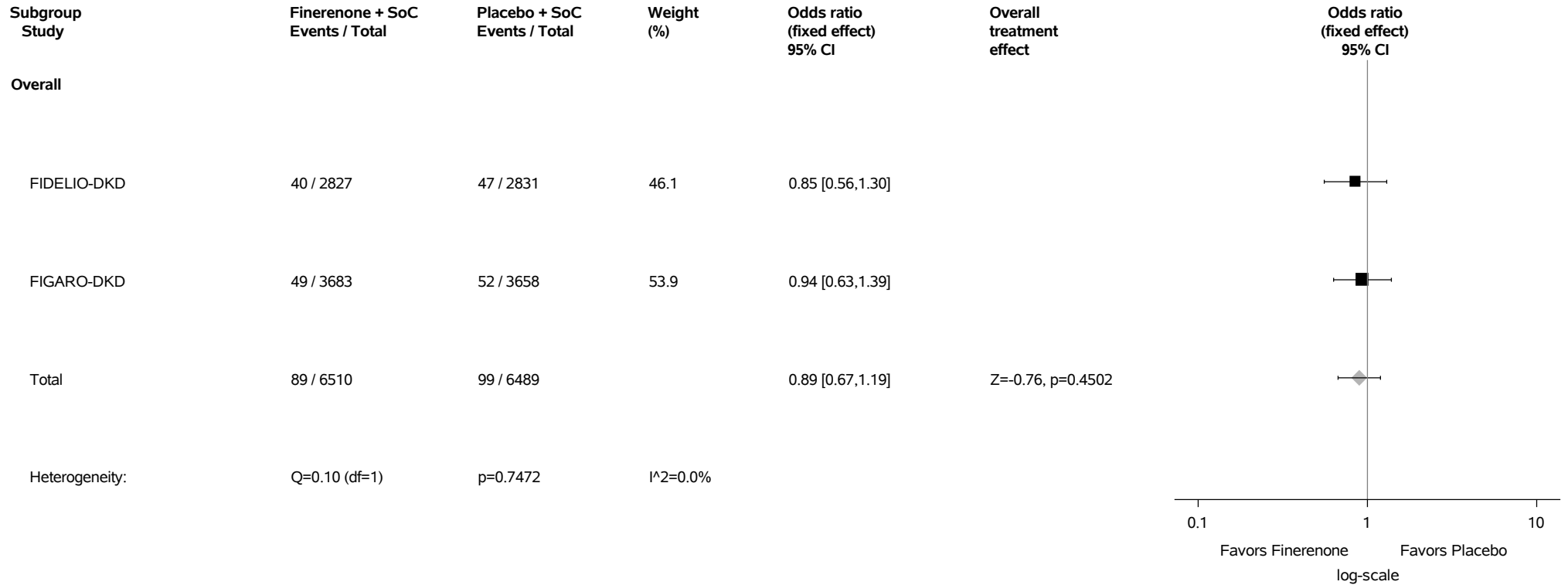
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.141: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Cataract operation (PT with Incidence >=1%) Safety Analysis Set



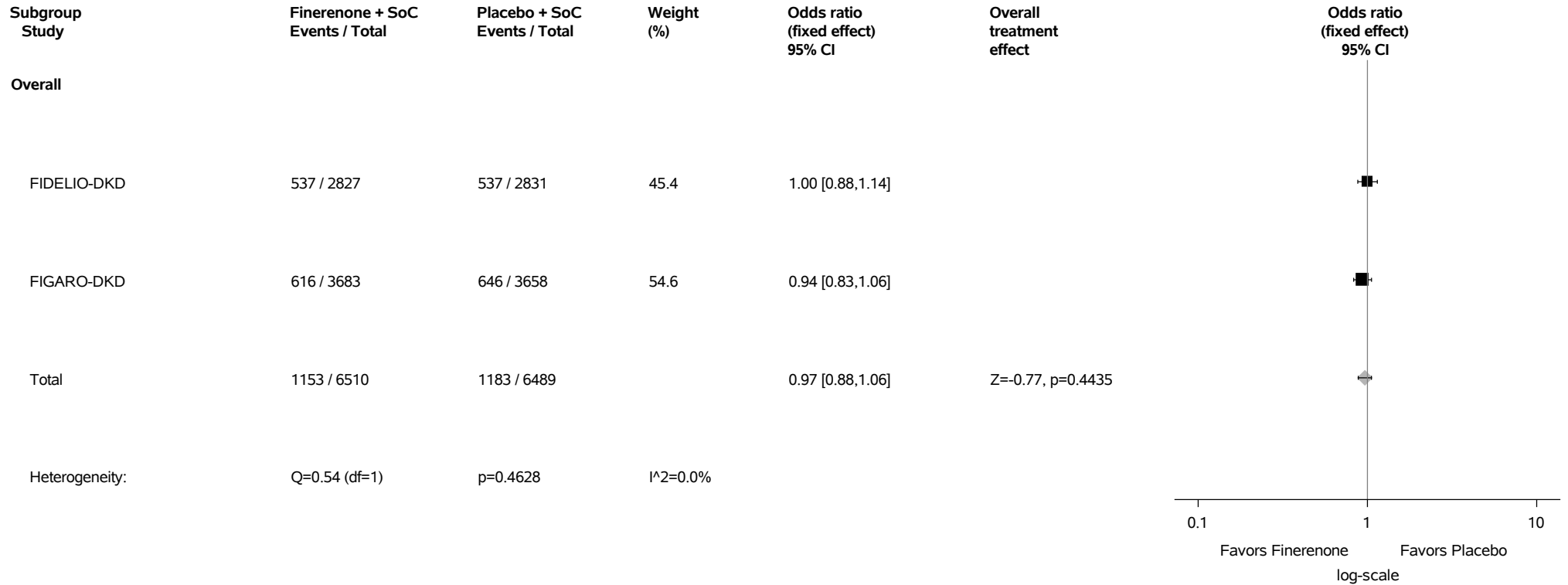
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.142: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set



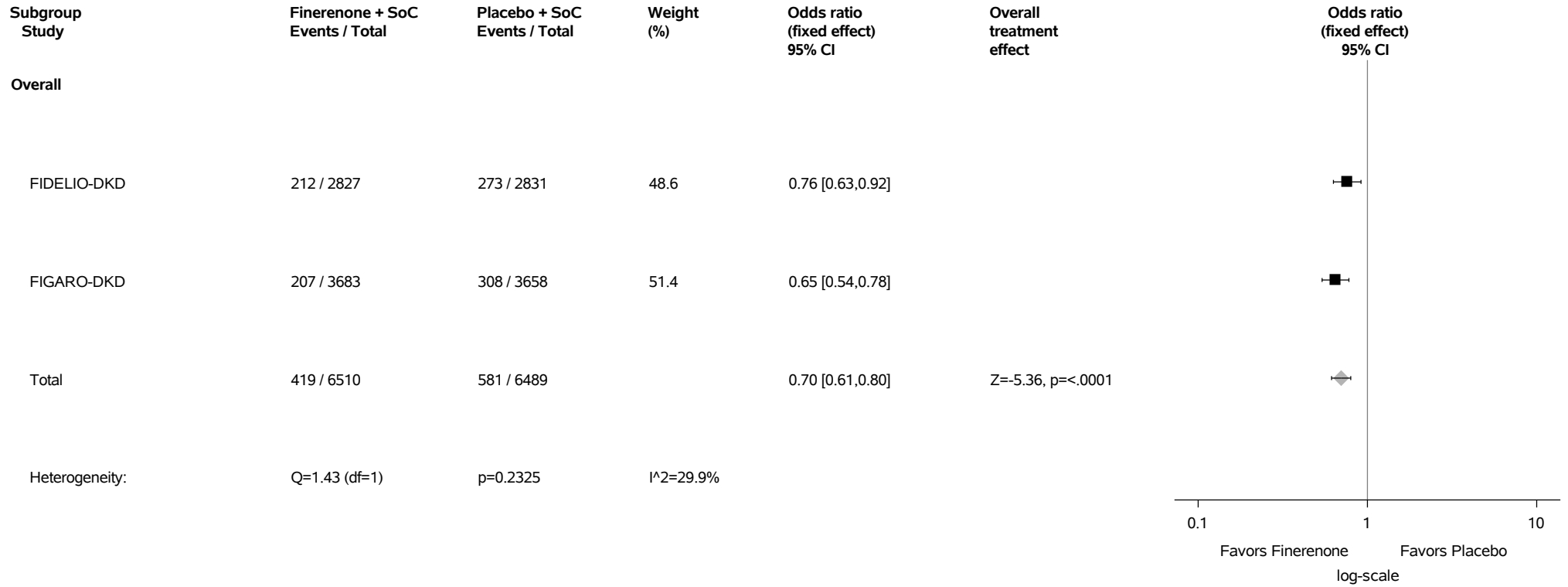
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.143: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypertension (PT with Incidence >=1%) Safety Analysis Set



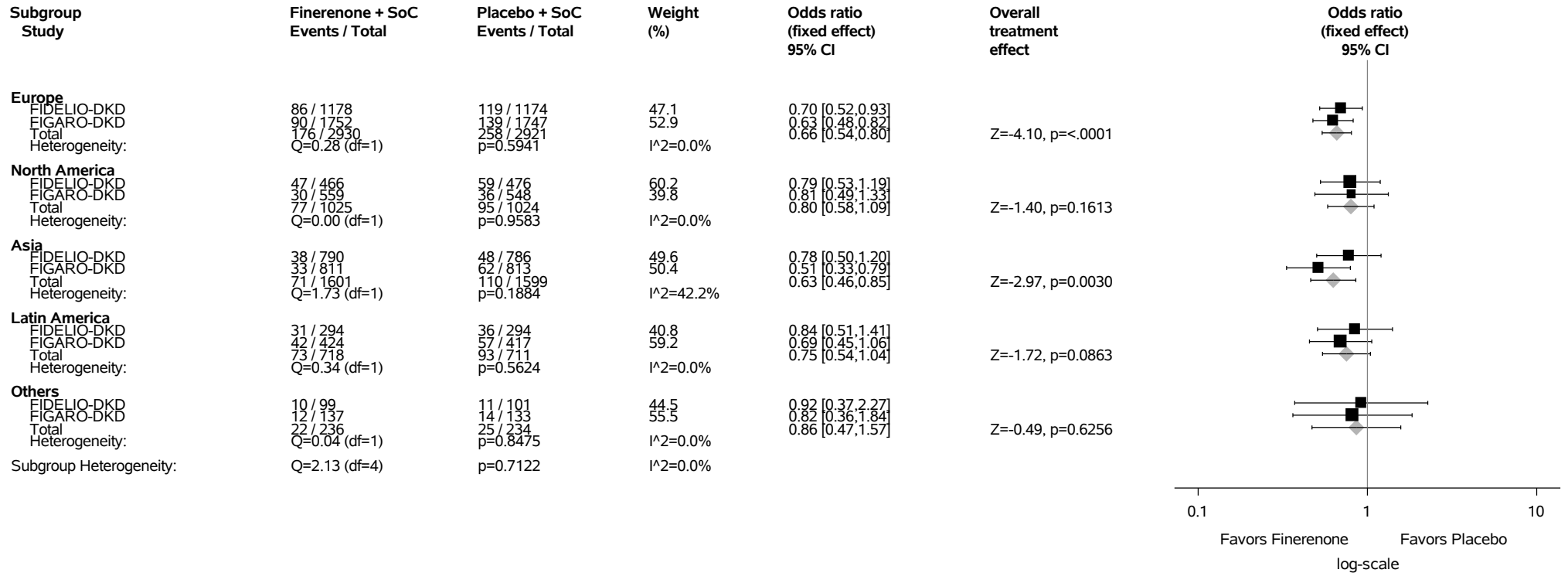
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.143.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypertension (PT with Incidence >=1%) Safety Analysis Set



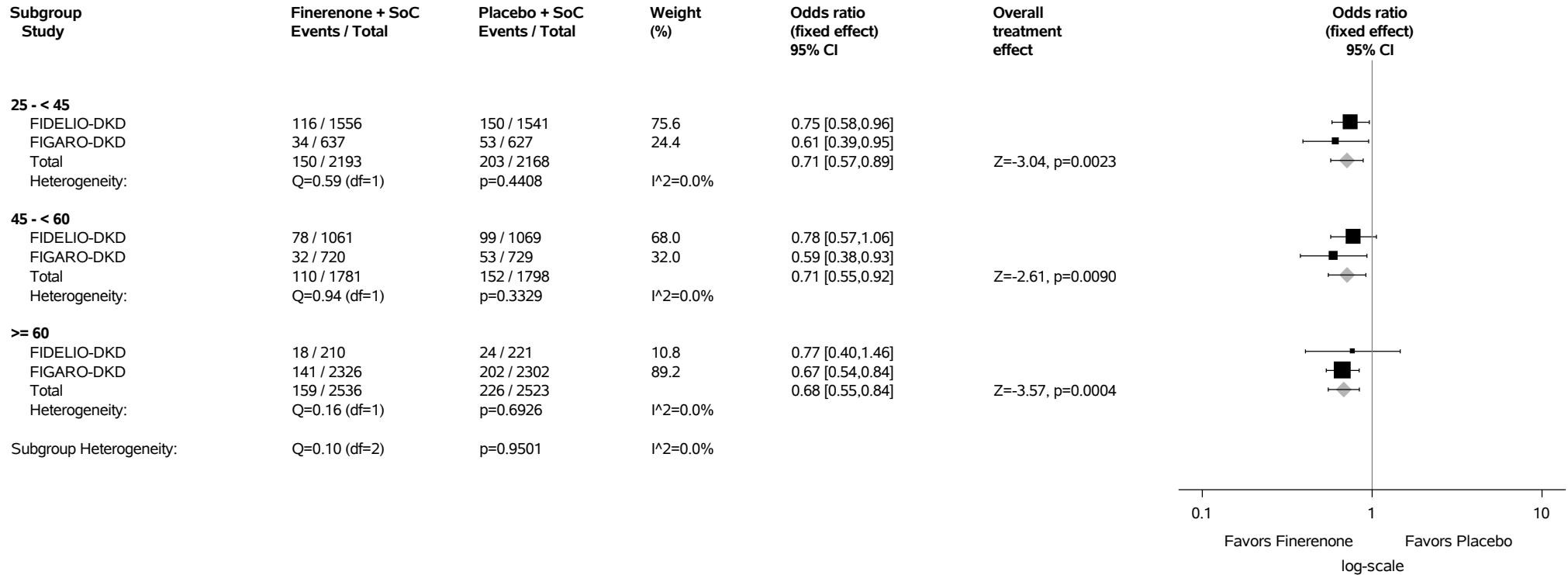
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

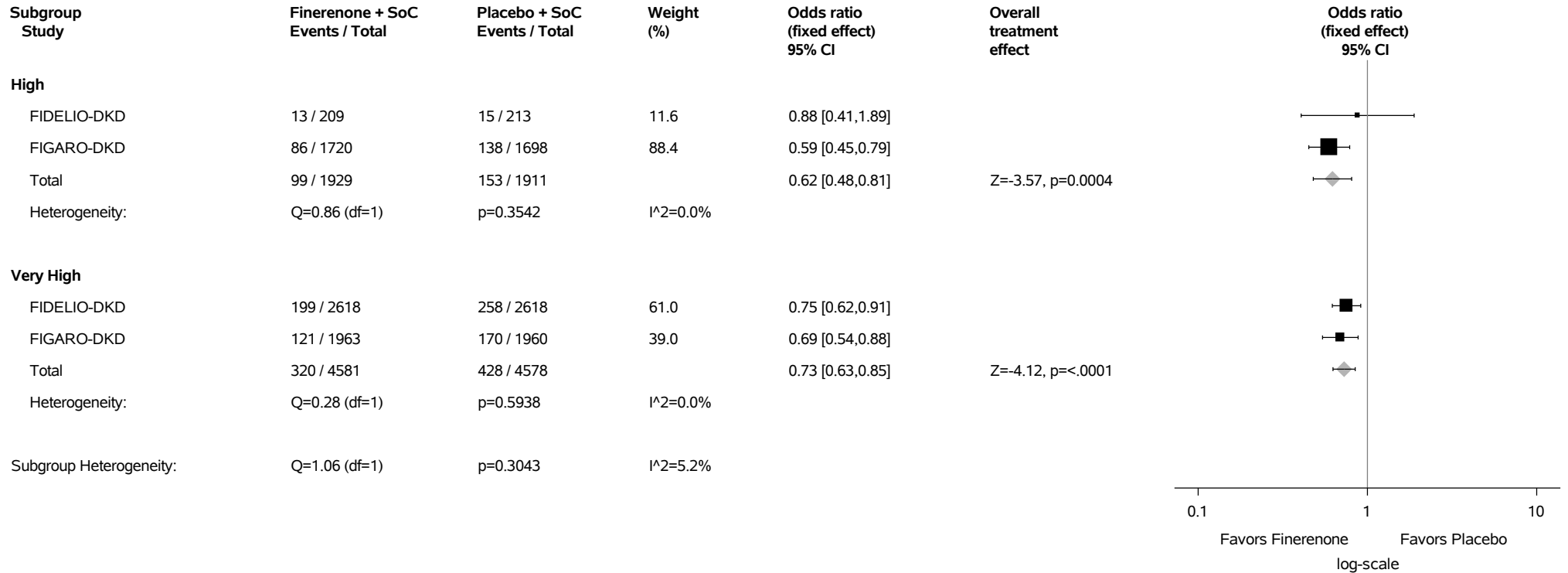
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.143.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypertension (PT with Incidence >=1%) Safety Analysis Set



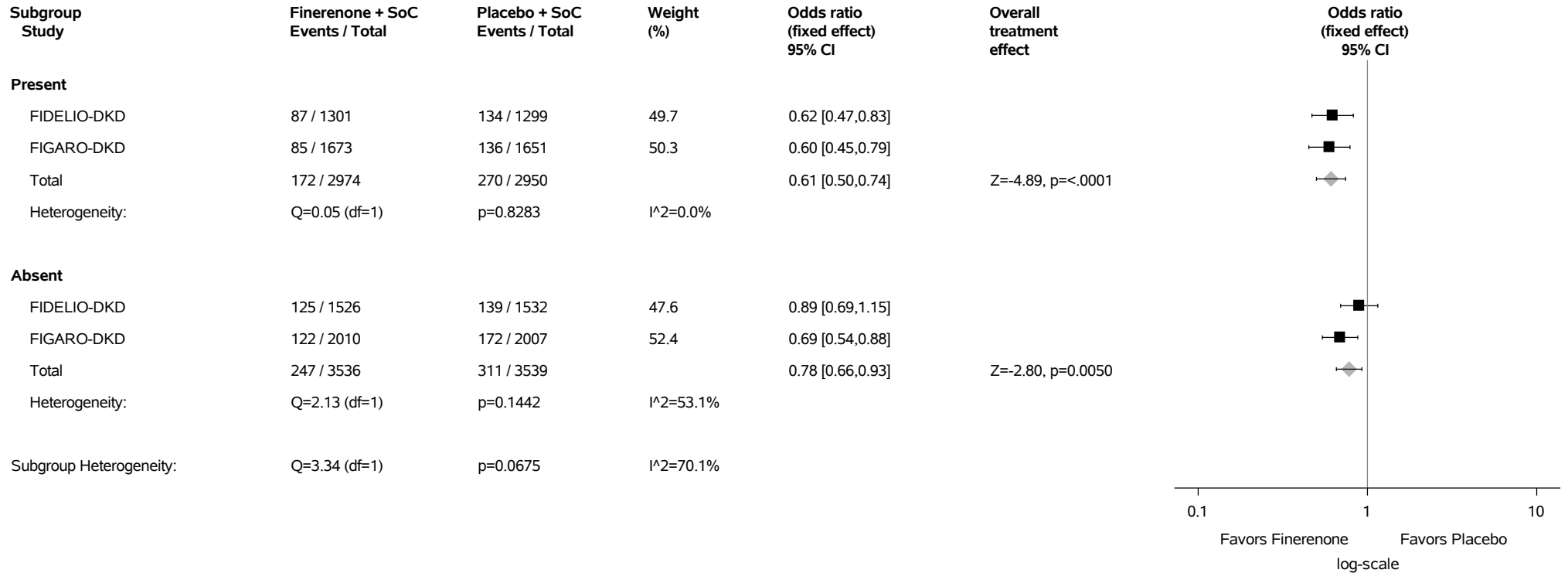
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.143.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypertension (PT with Incidence >=1%) Safety Analysis Set



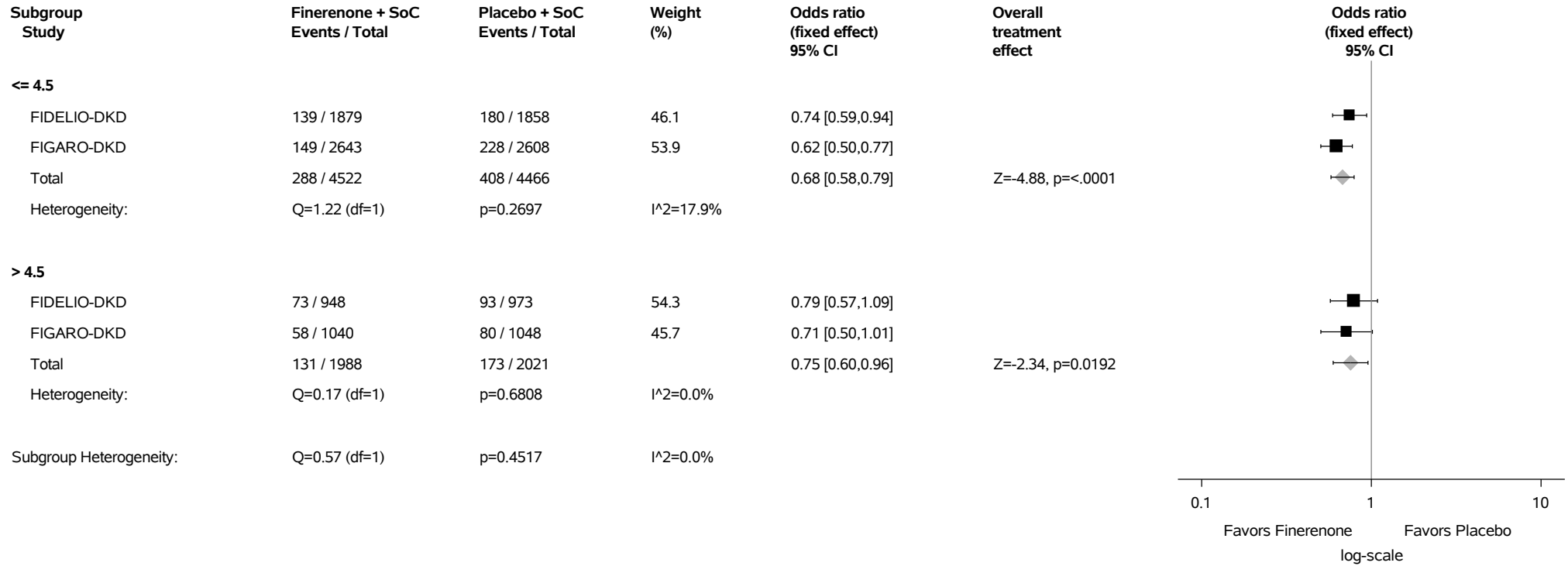
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.143.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypertension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.143.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypertension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

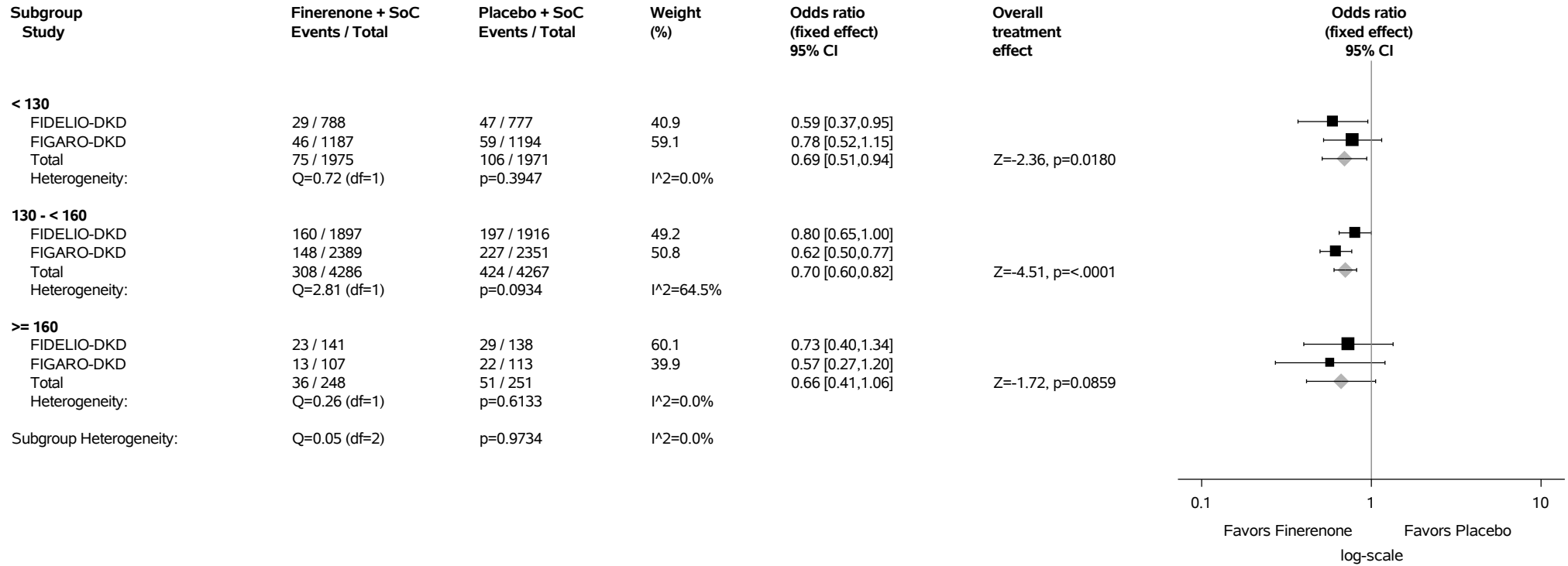
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.143.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypertension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

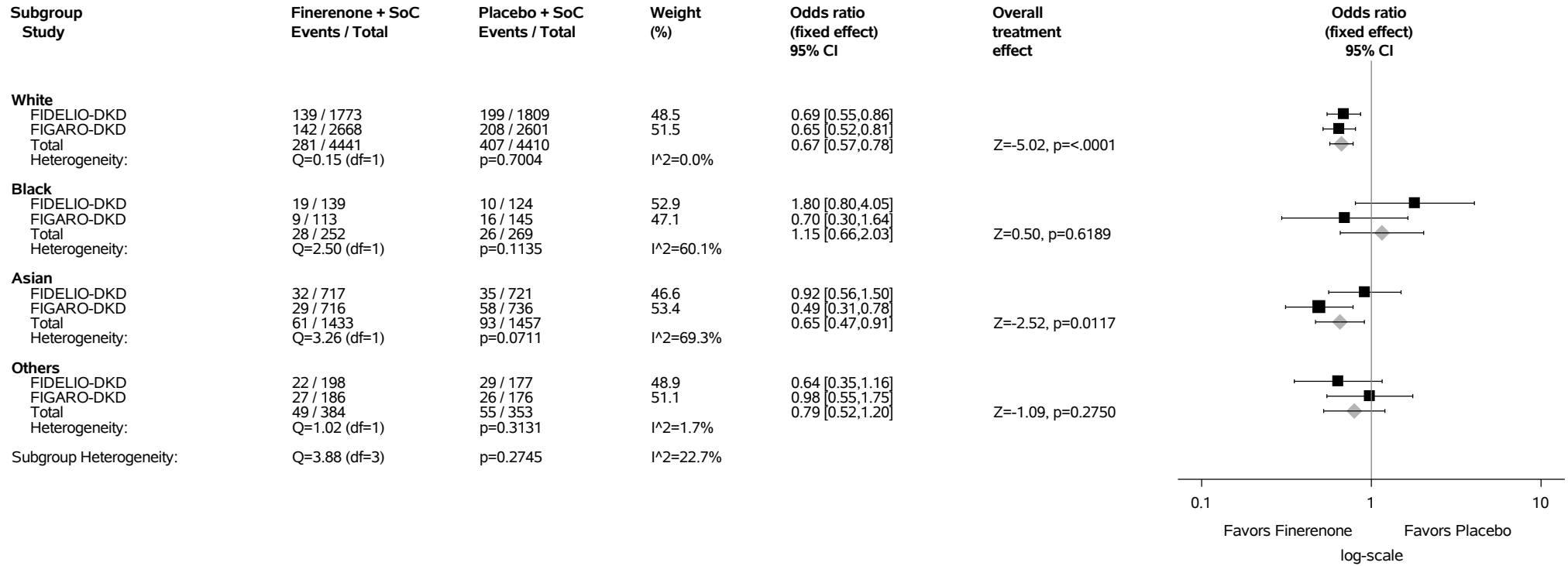
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.143.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypertension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

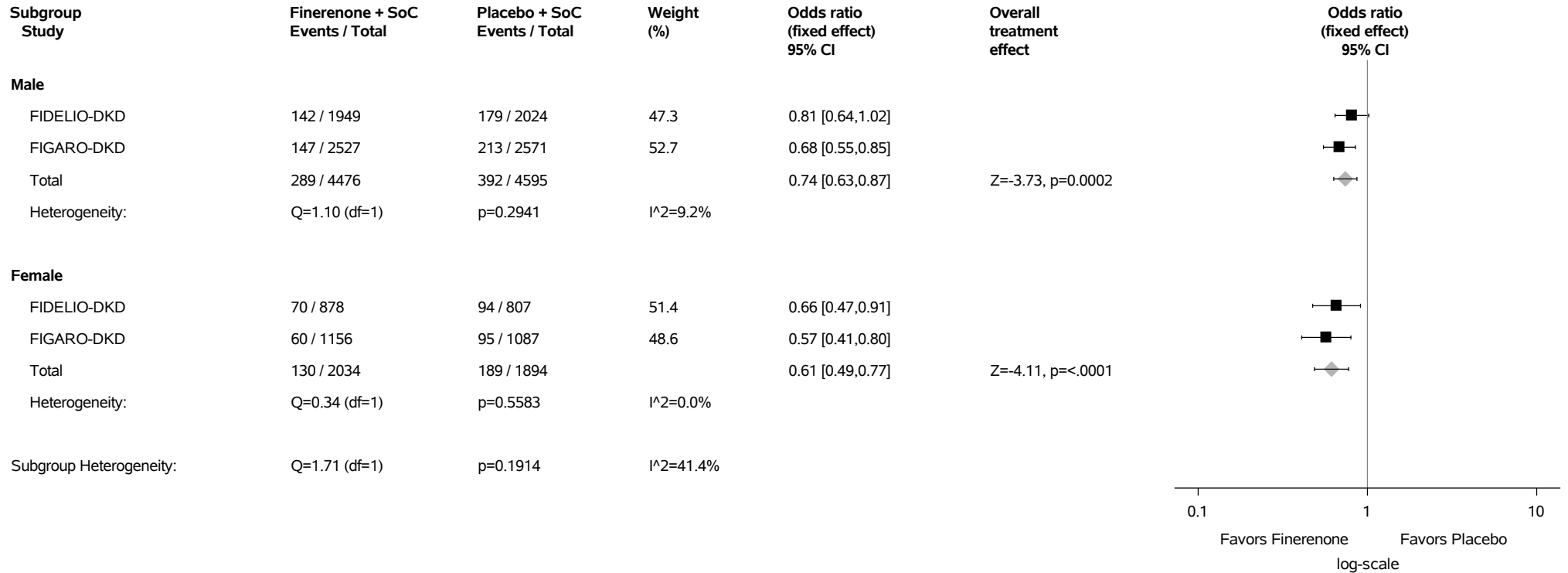
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

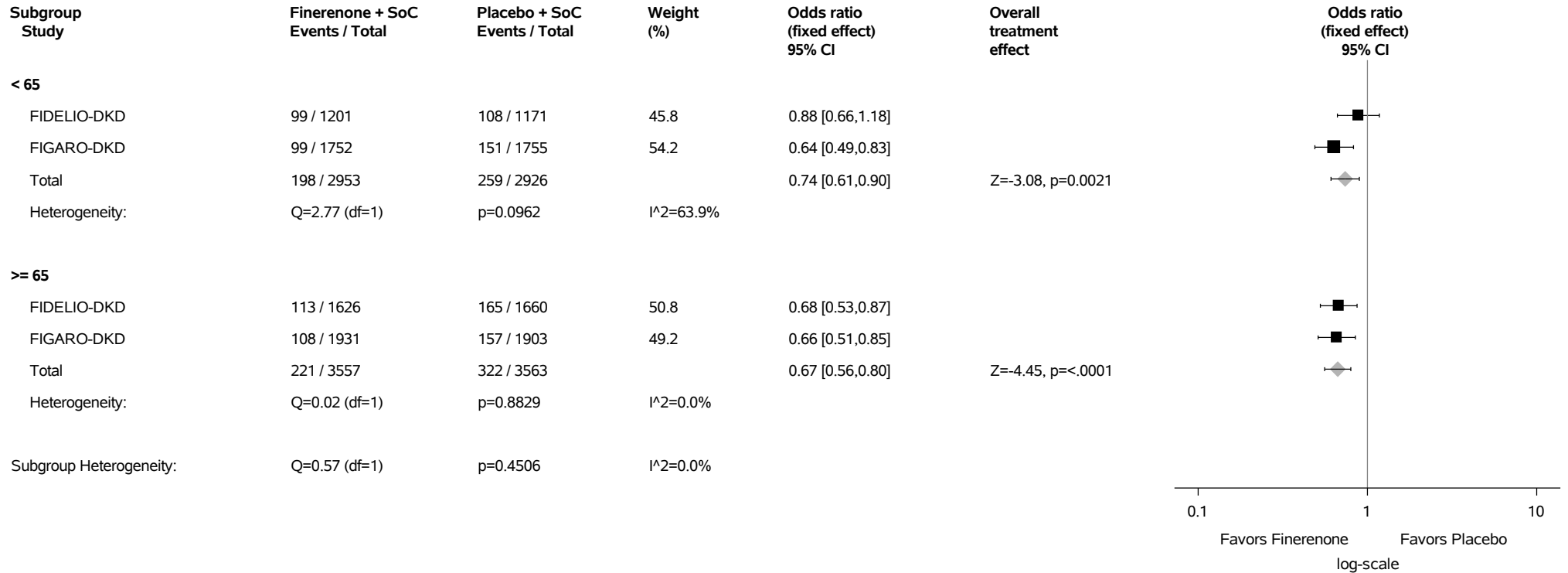
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.143.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypertension (PT with Incidence >=1%) Safety Analysis Set



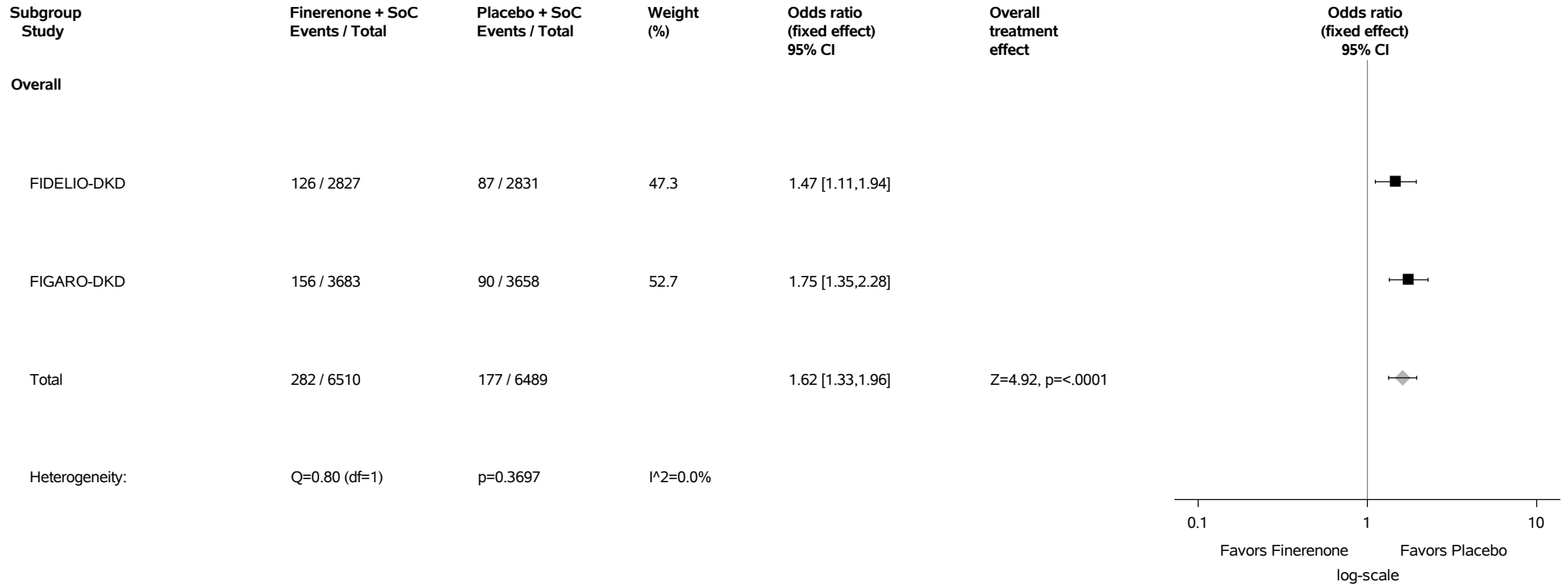
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.143.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypertension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.144: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Hypotension (PT with Incidence >=1%) Safety Analysis Set



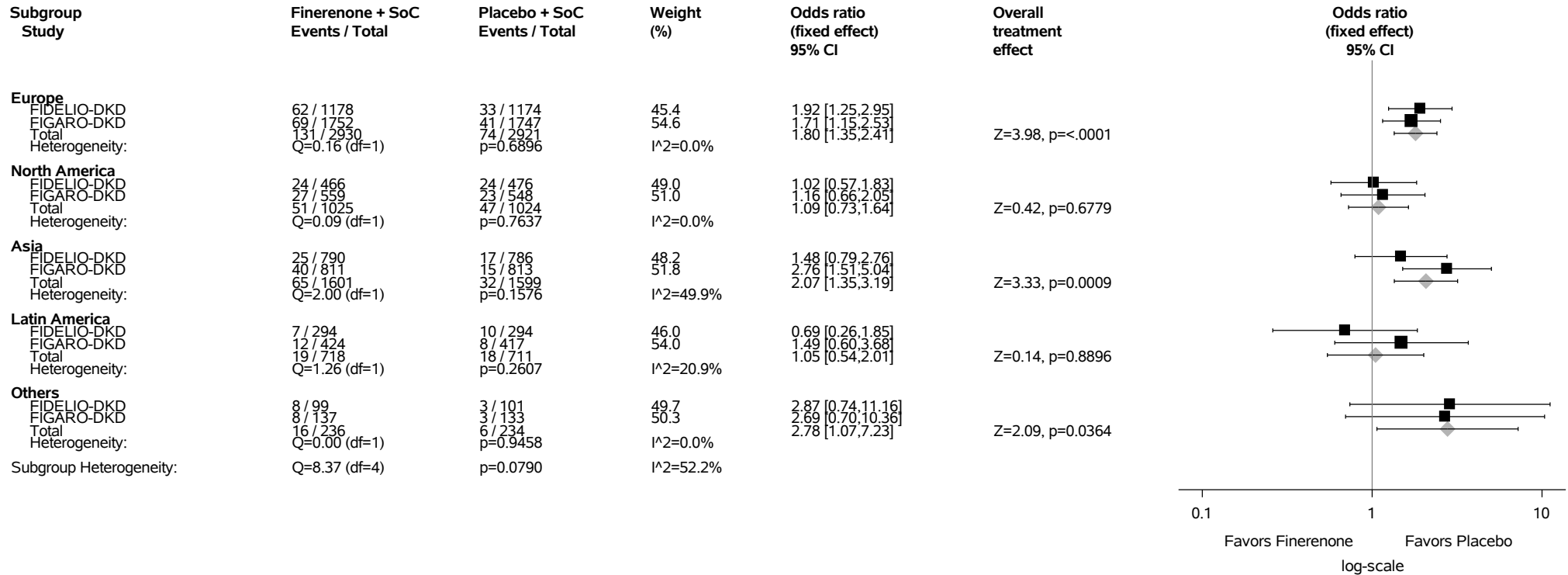
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.144.1: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Region - Hypotension (PT with Incidence >=1%) Safety Analysis Set



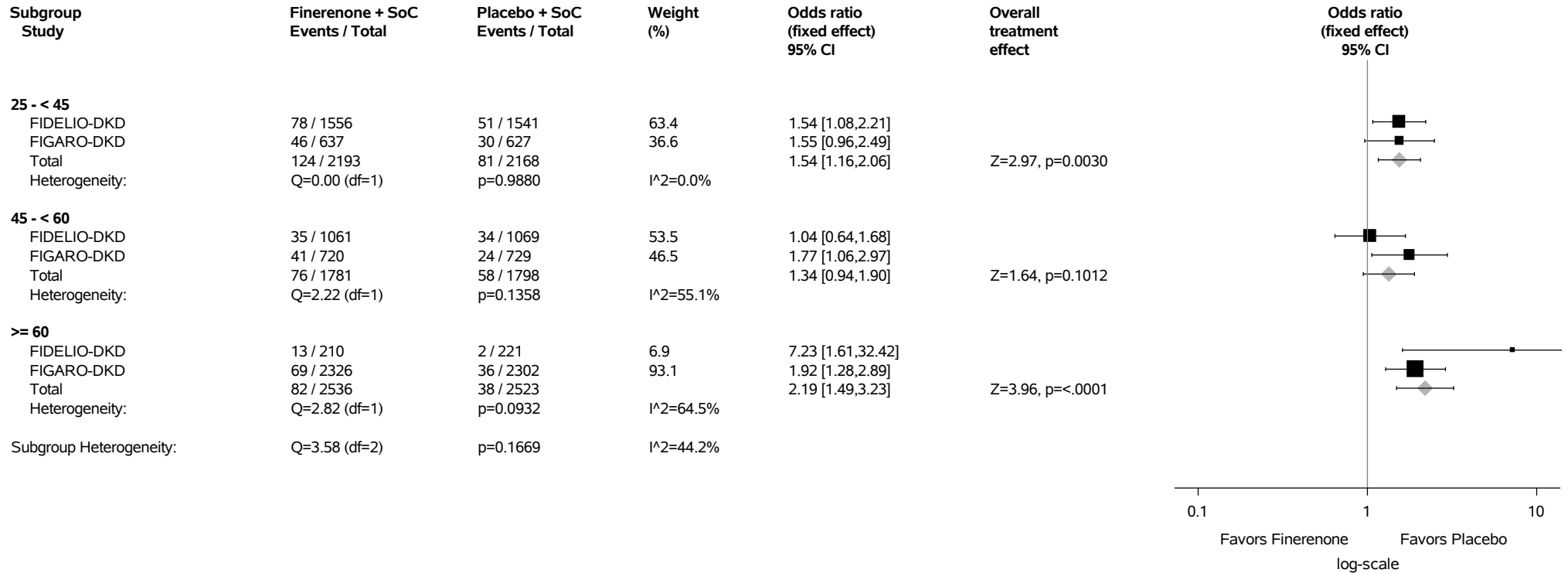
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

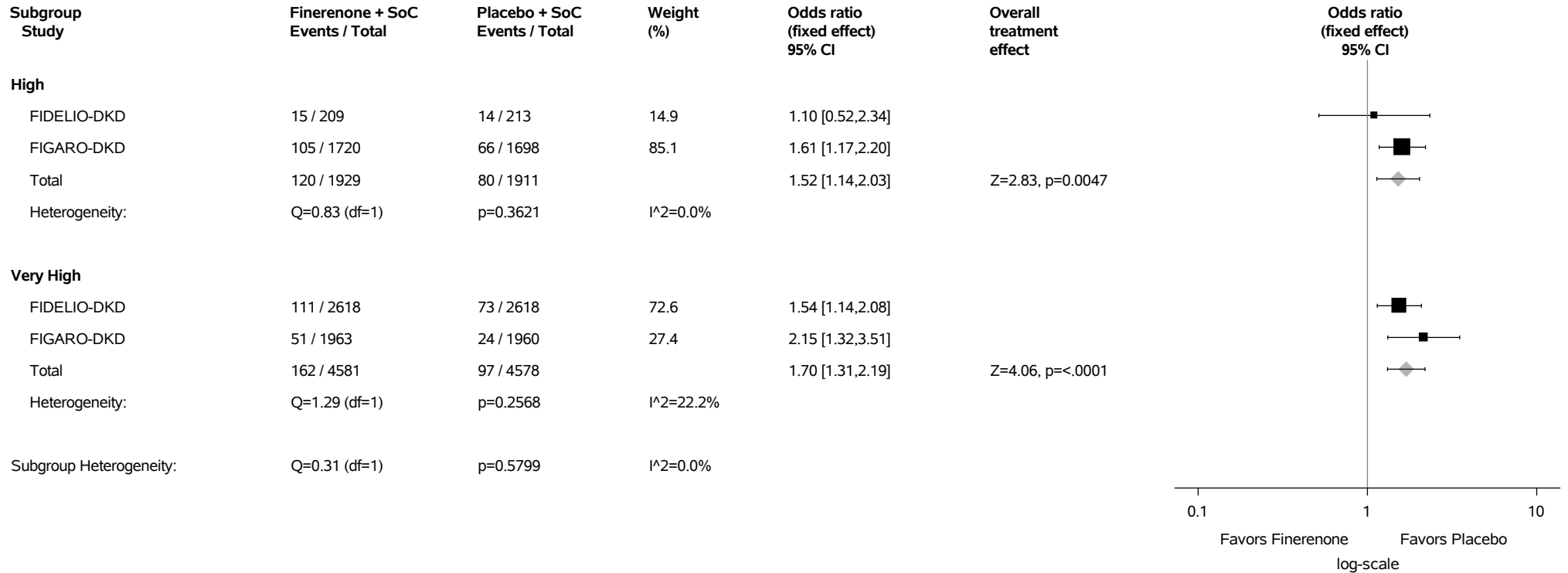
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.144.2: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.144.3: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Type of Albuminuria at Screening - Hypotension (PT with Incidence >=1%) Safety Analysis Set



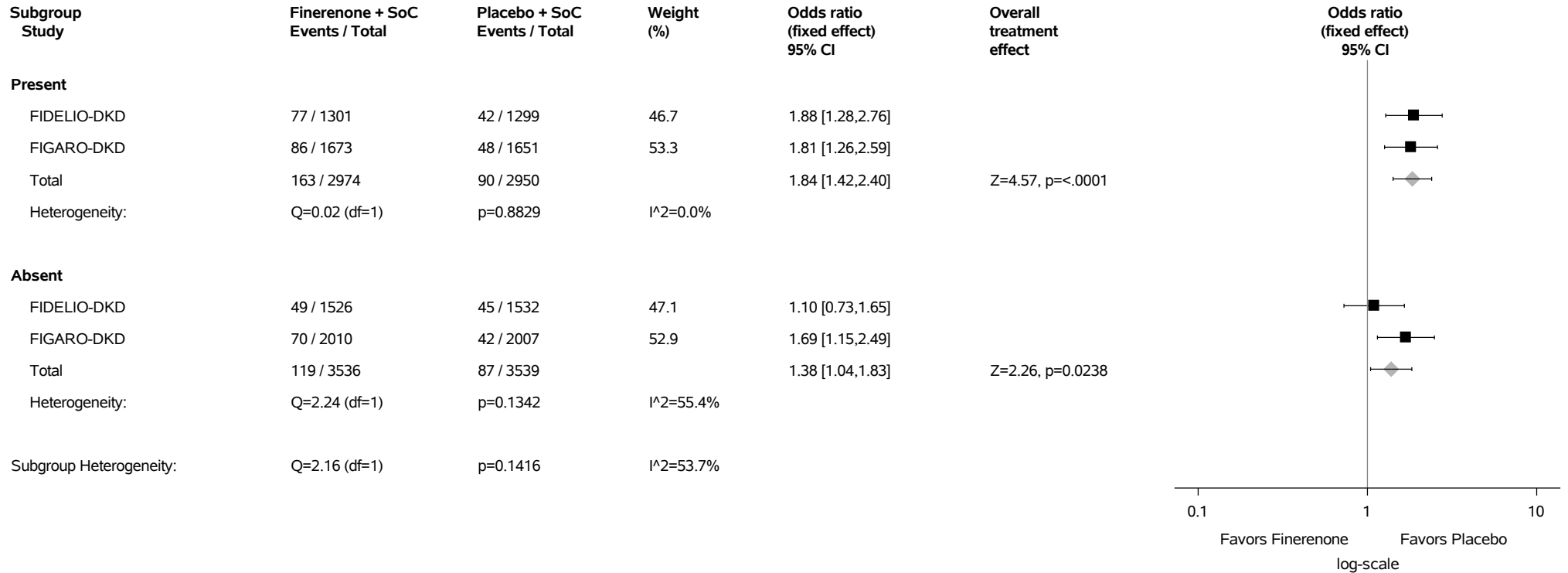
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

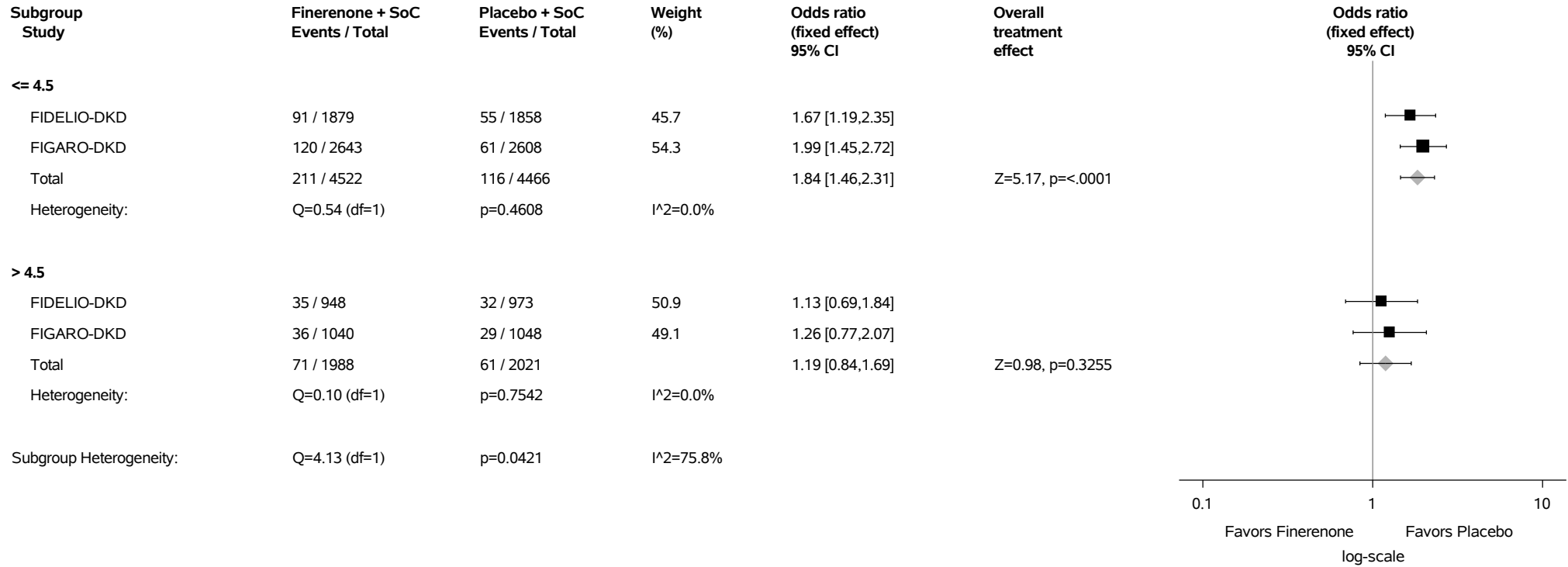
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.144.4: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by History of CVD - Hypotension (PT with Incidence >=1%) Safety Analysis Set



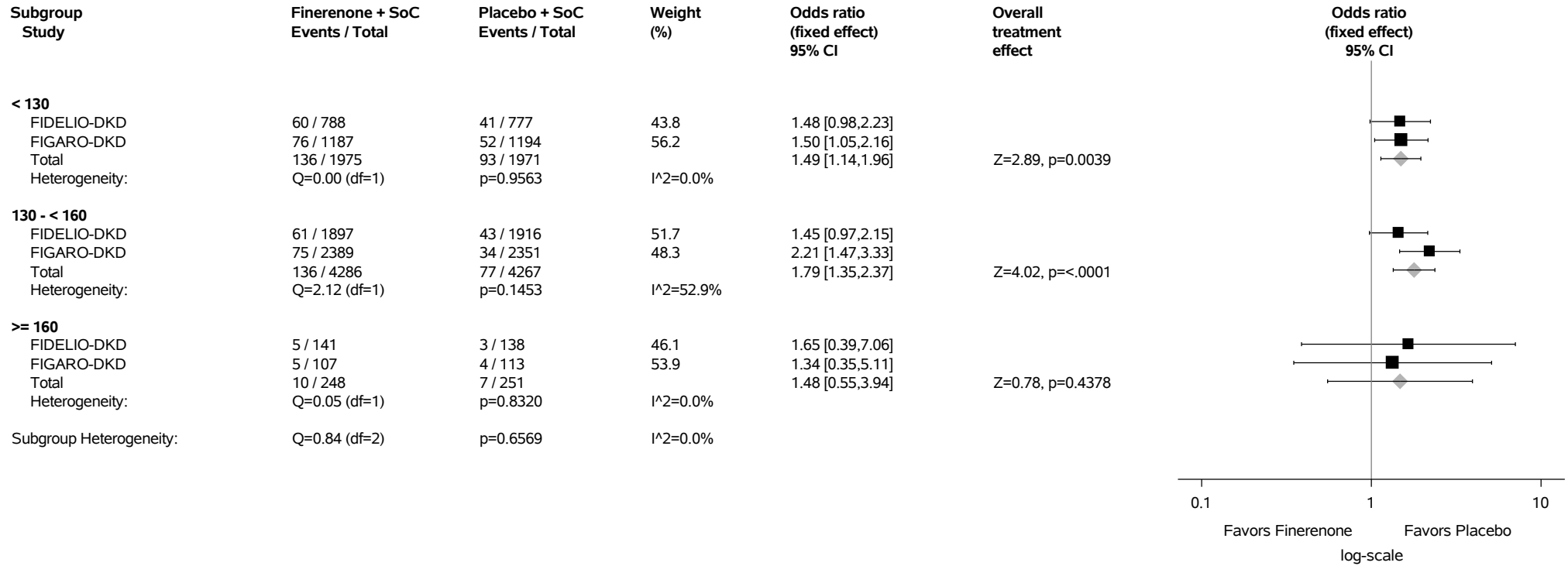
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.144.5: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Serum Potassium (mmol/L) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups. Category 'Missing' was excluded from meta-analysis.

Figure 2.2.144.6: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

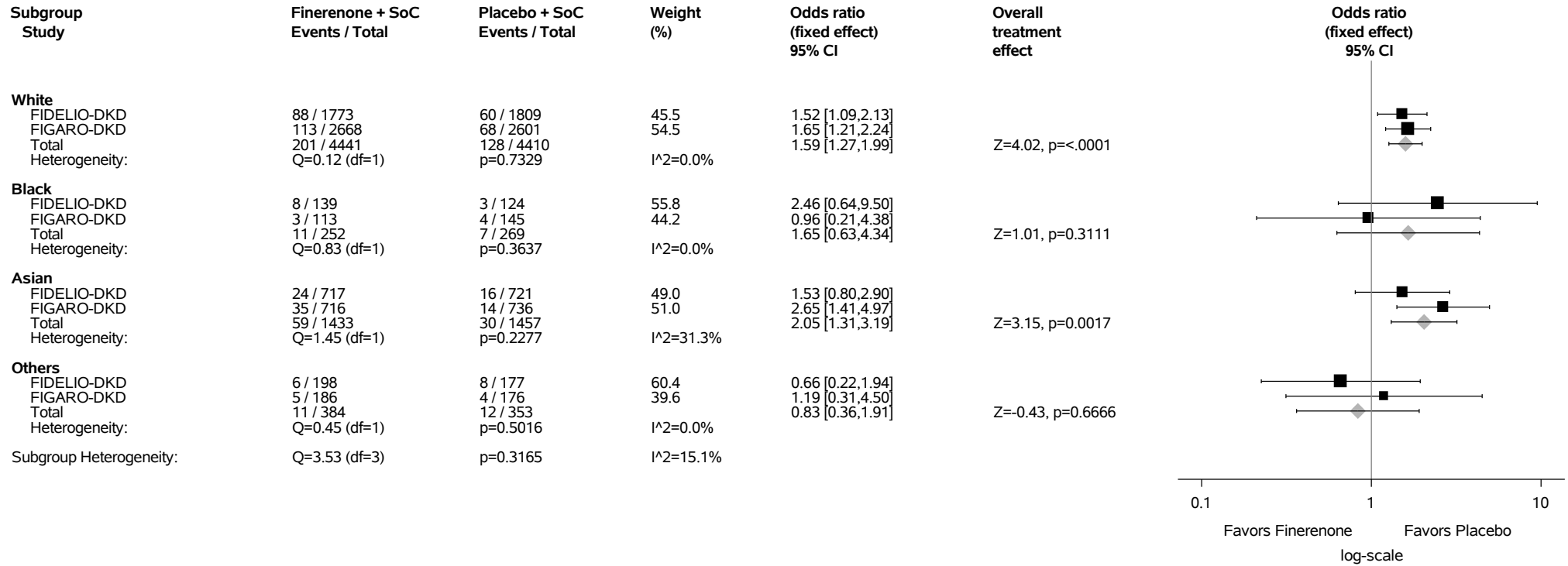
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.144.7: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Race - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

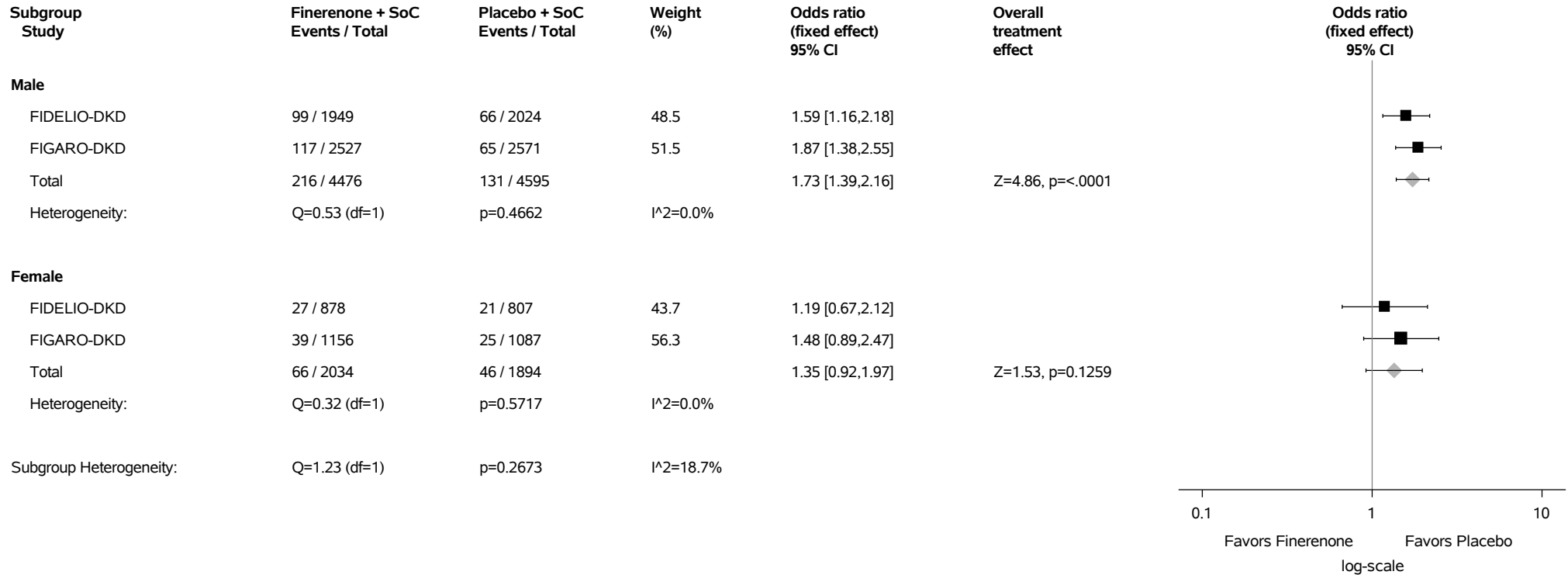
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

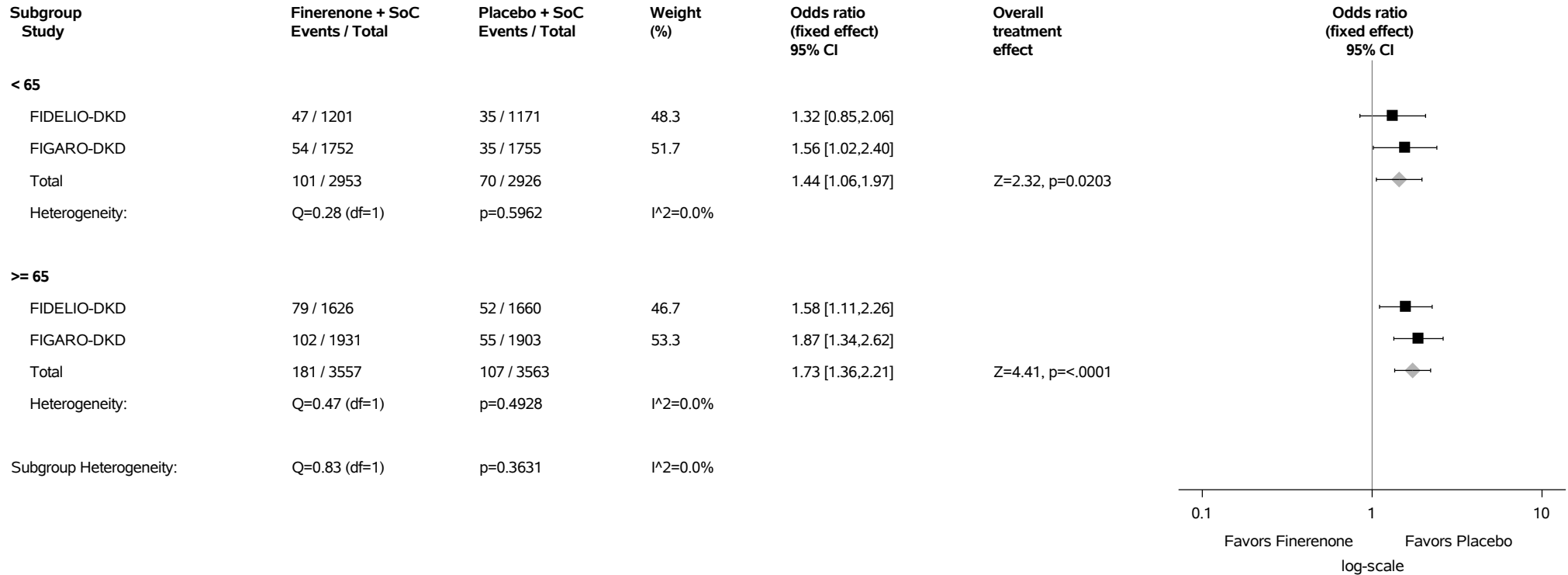
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.144.8: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Sex - Hypotension (PT with Incidence >=1%) Safety Analysis Set



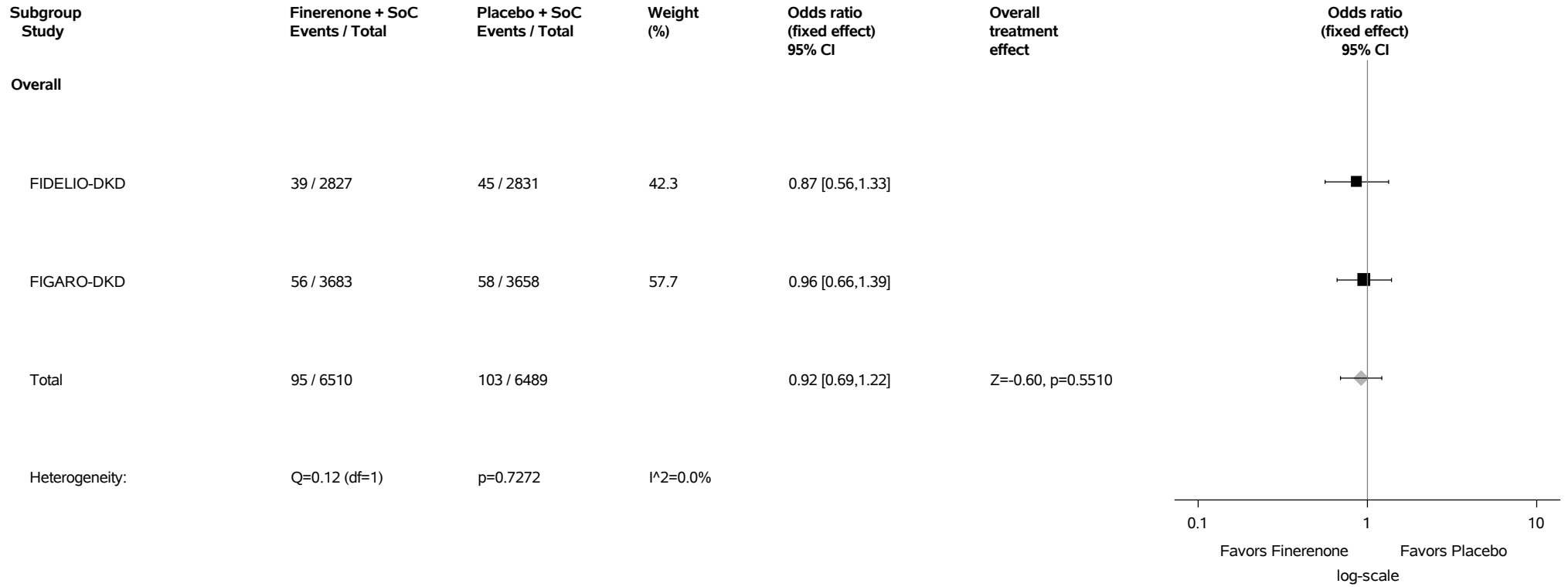
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.144.9: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs by Age Group (years) - Hypotension (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.145: Forest Plot for Odds Ratio of Proportion of Subjects with TEAEs - Peripheral arterial occlusive disease (PT with Incidence >=1%) Safety Analysis Set



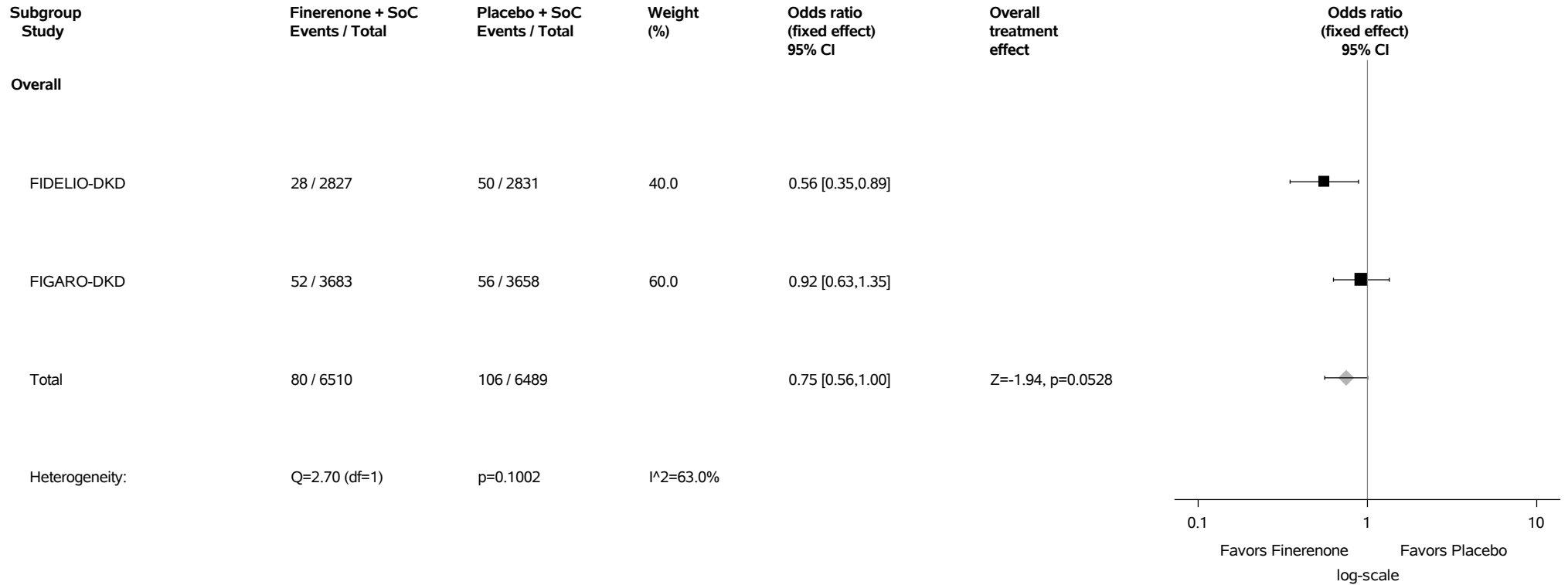
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.146: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



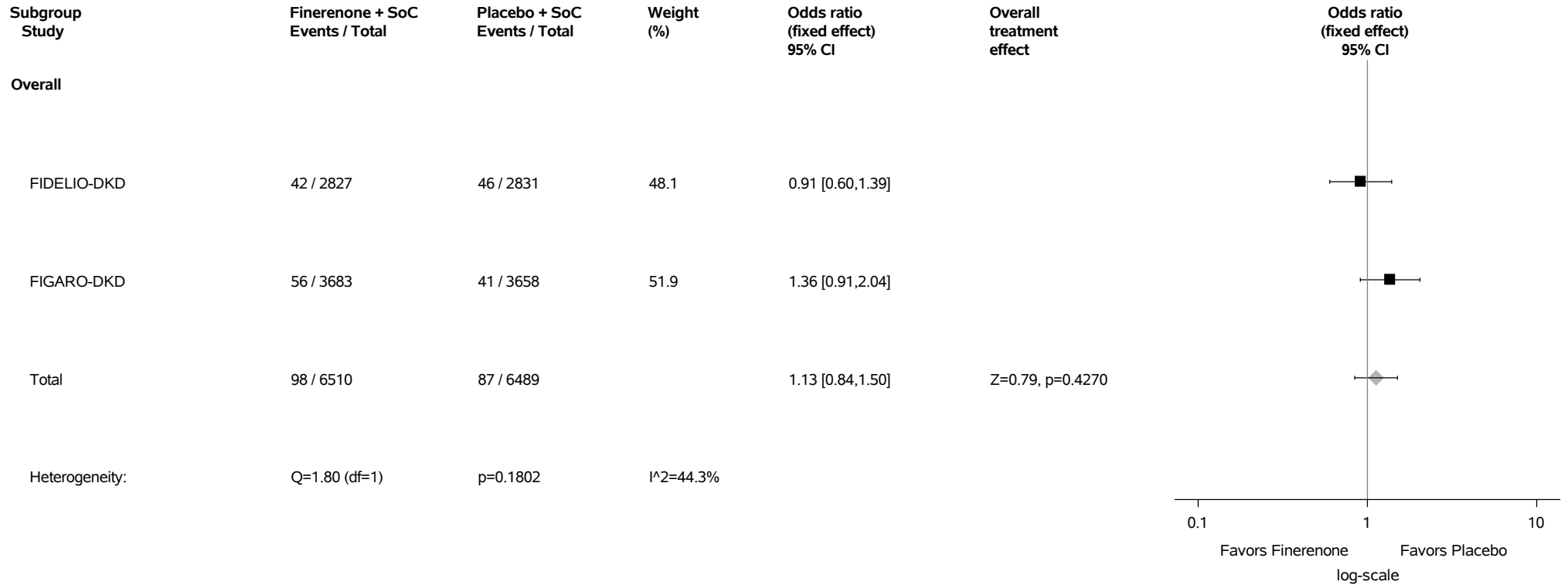
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.147: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Eye Disorders (SOC with Incidence >=1%) Safety Analysis Set



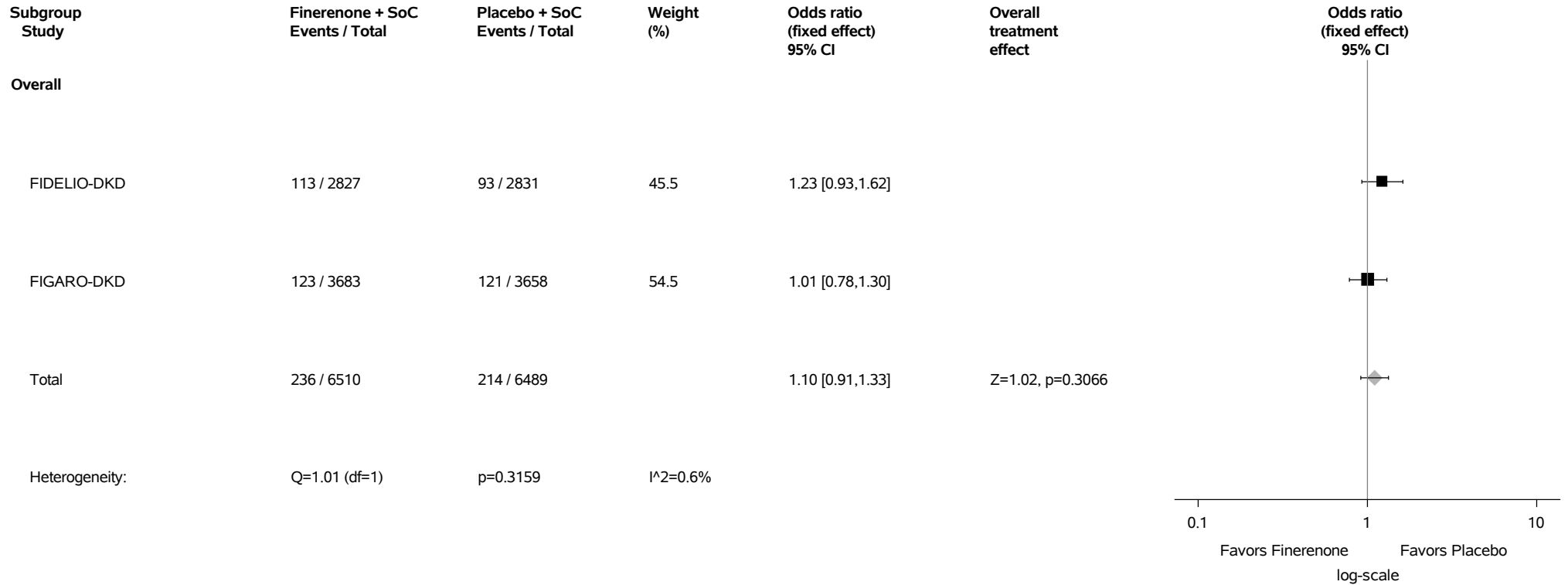
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.148: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



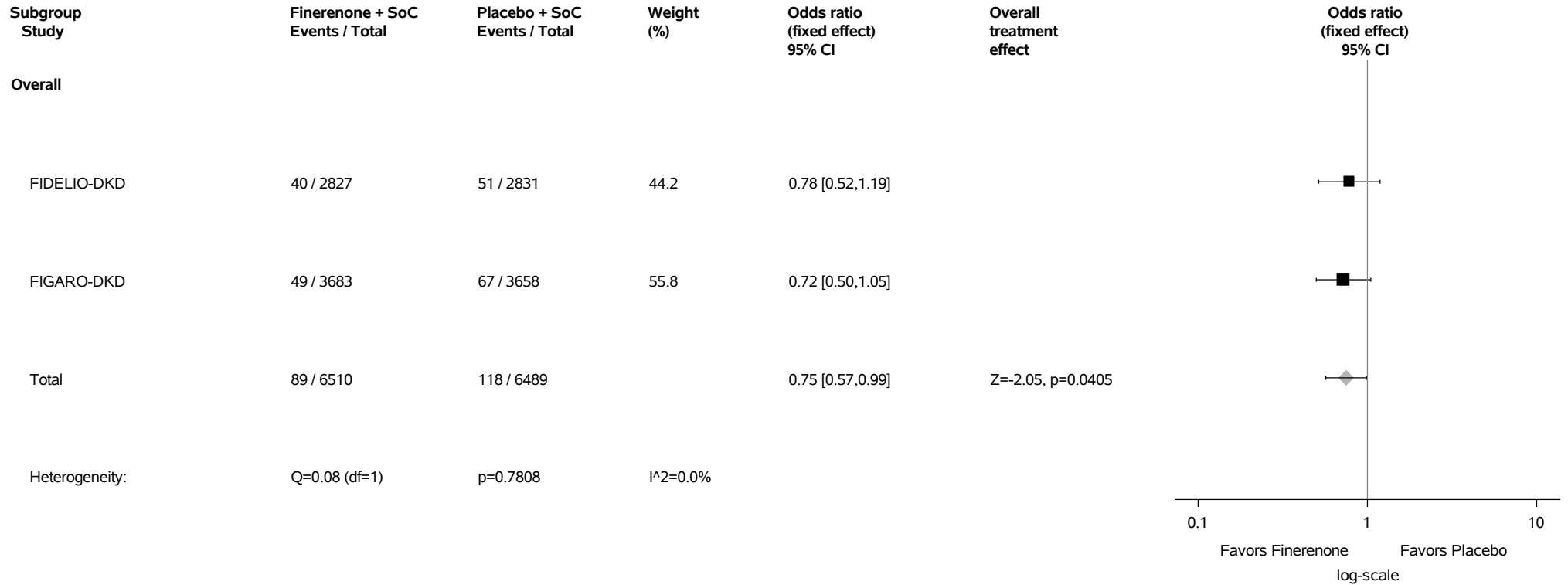
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.149: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



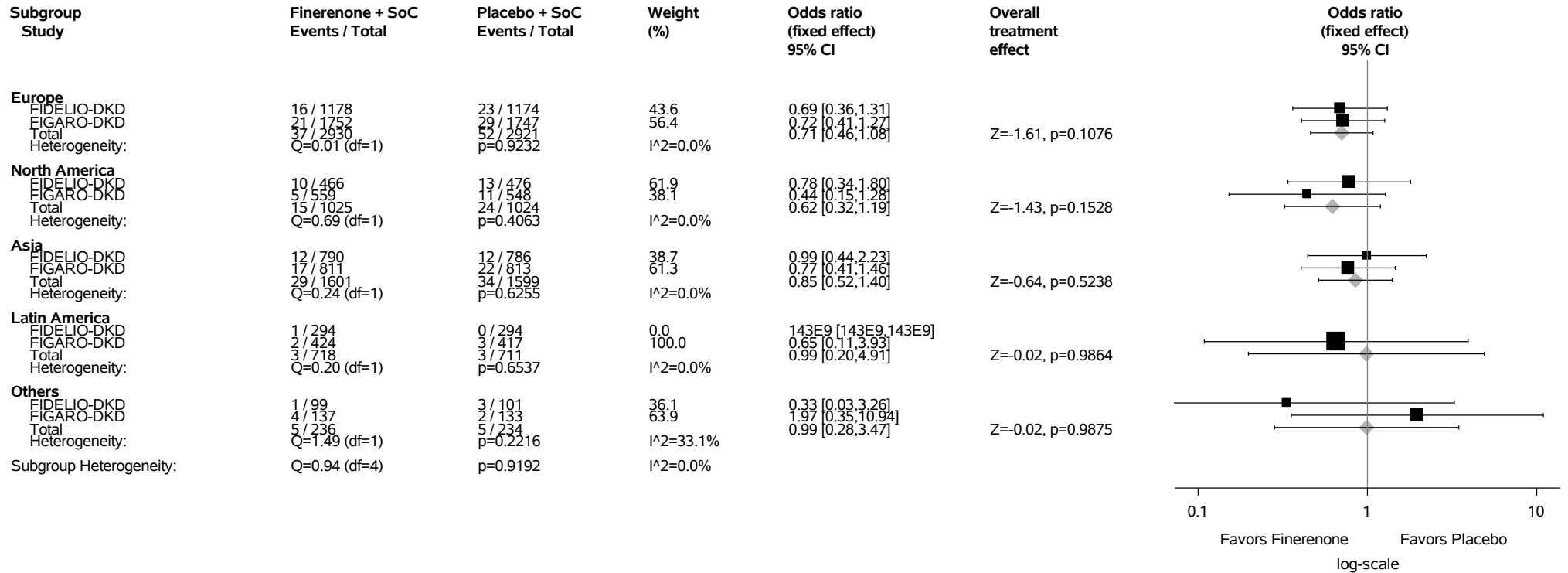
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.149.1: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



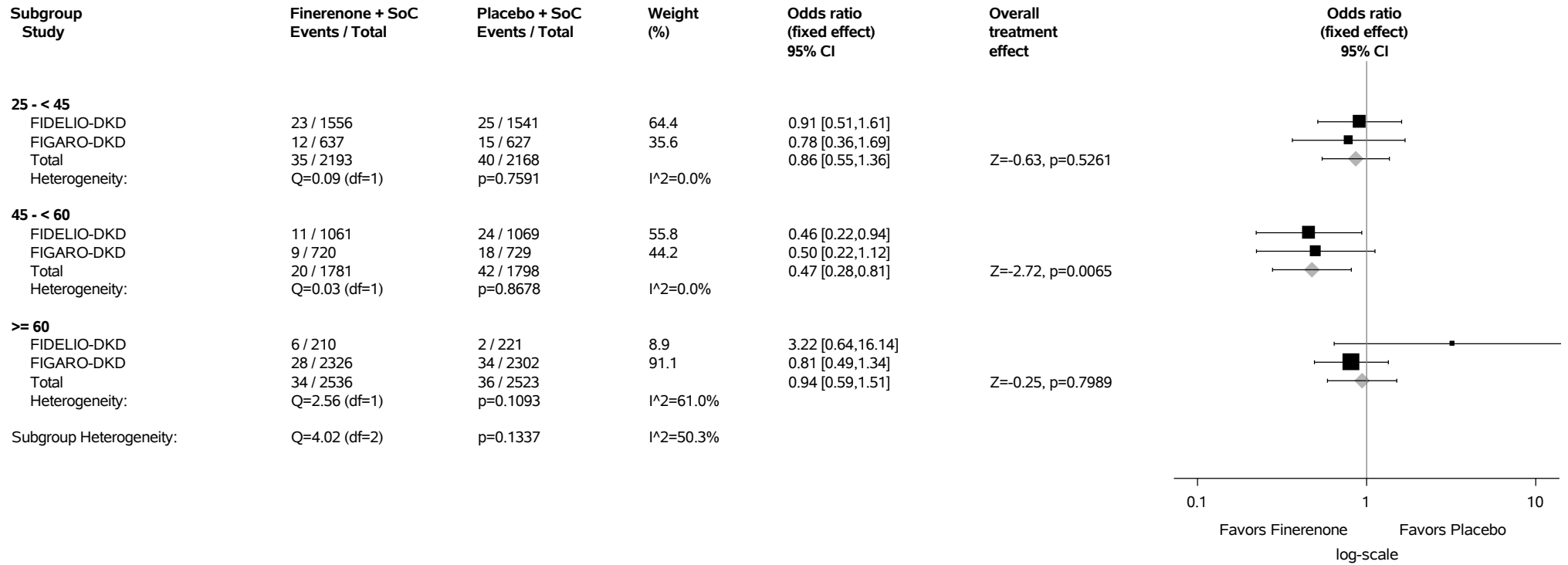
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

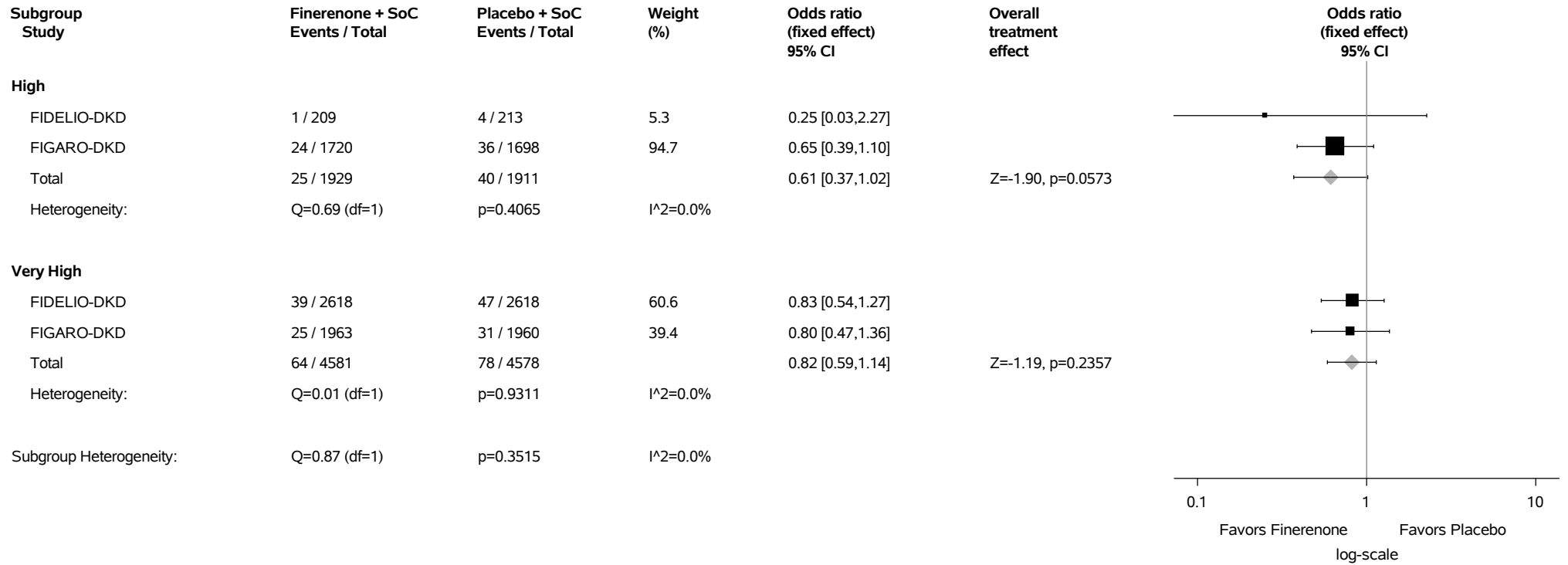
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.149.2: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

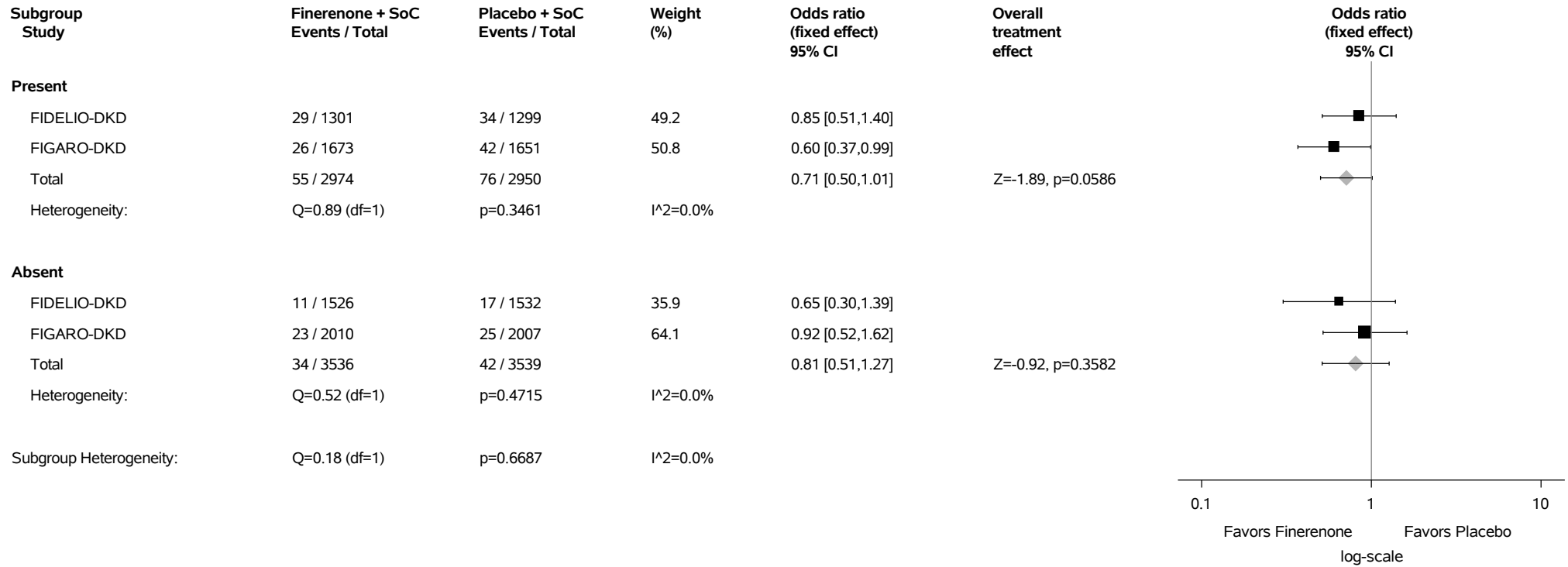
Figure 2.2.149.3: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)
Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.
For 'Total' the same model as for single studies including study as additional factor was applied.
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.149.4: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set



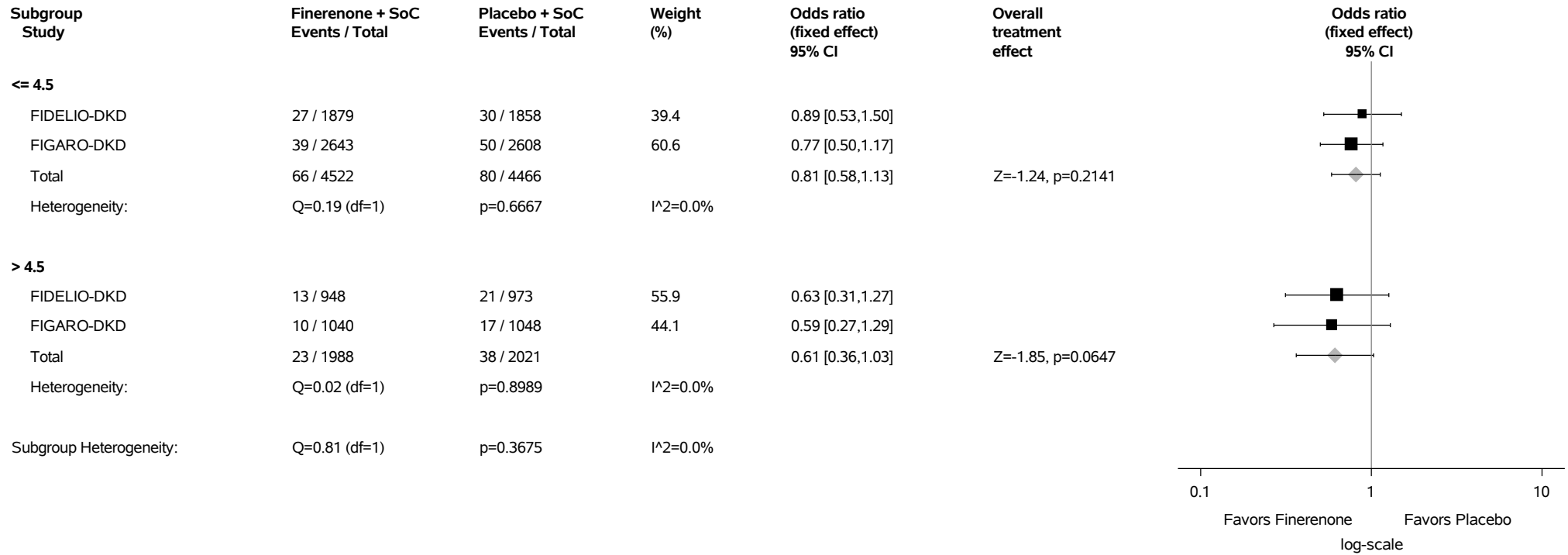
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.149.5: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

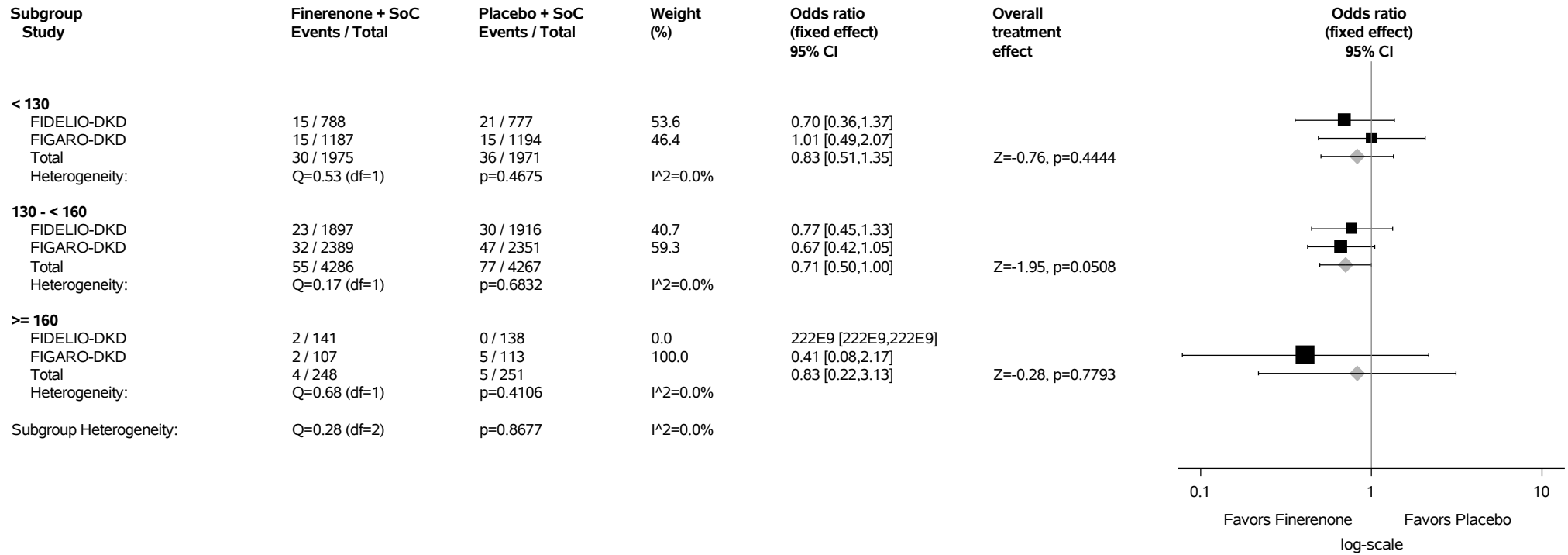
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.149.6: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



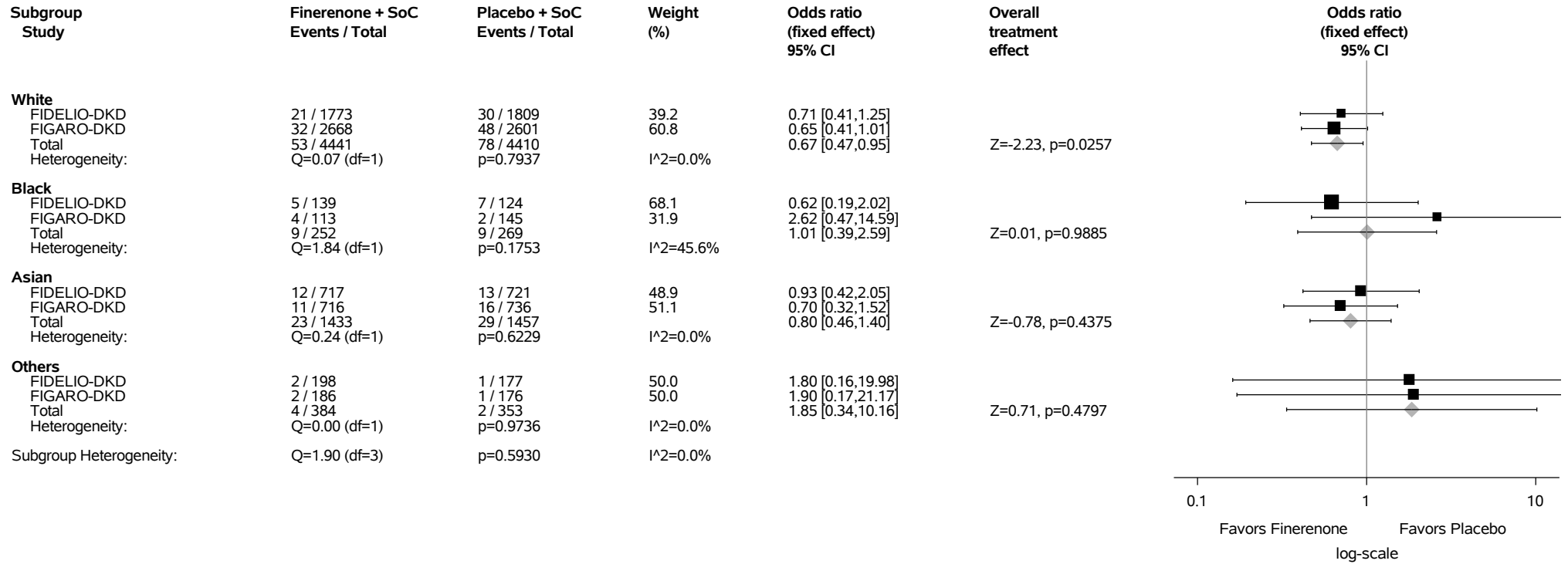
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.149.7: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

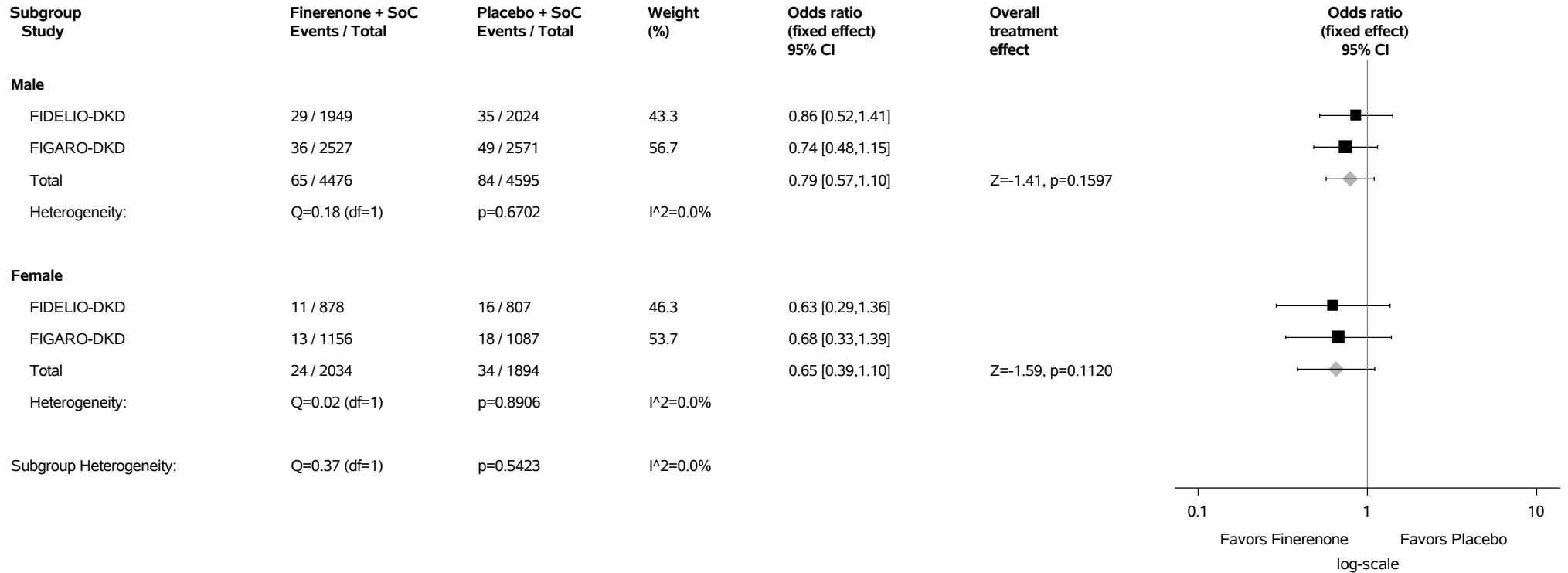
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

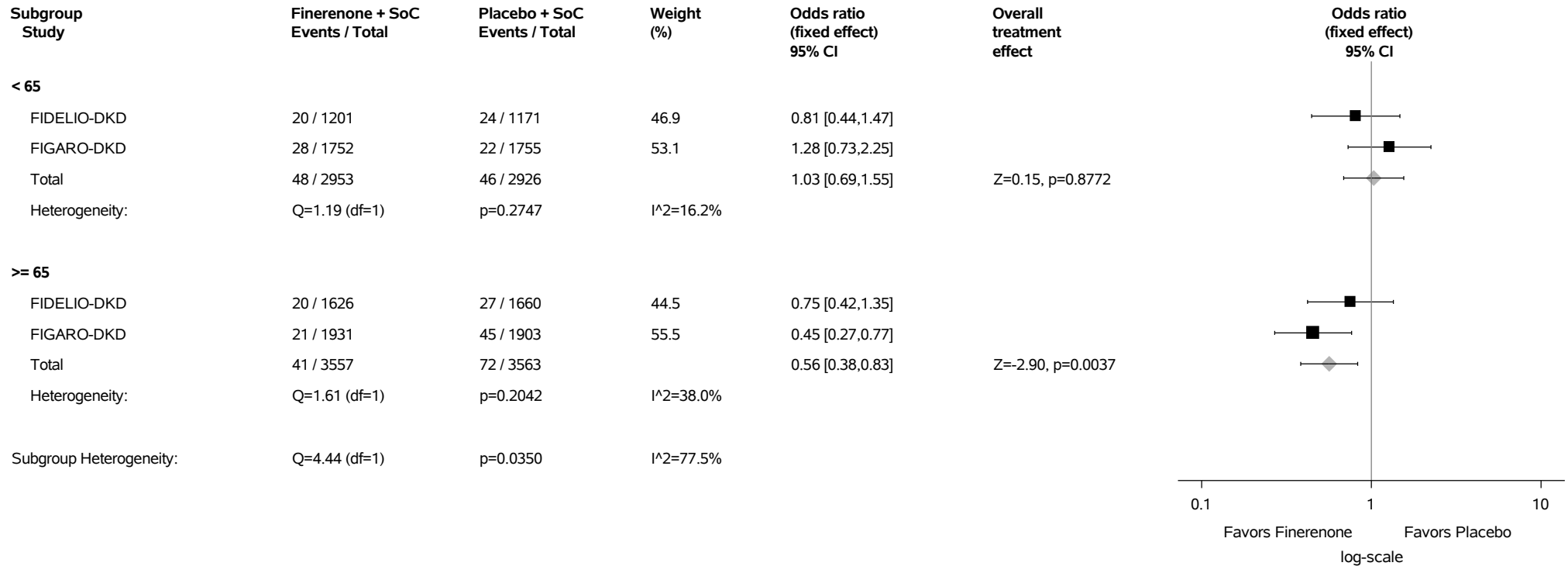
Figure 2.2.149.8: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.149.9: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - General Disorders And Administration Site Conditions (SOC with Incidence >=1%)

Safety Analysis Set



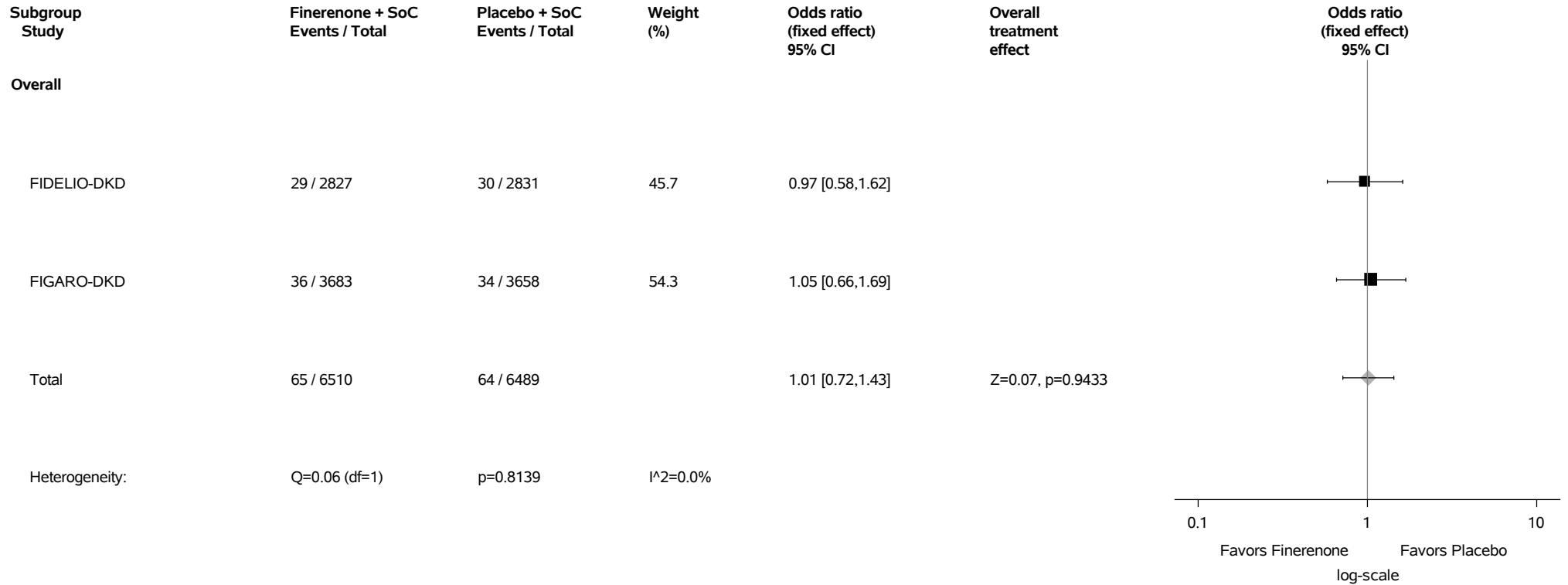
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.150: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Hepatobiliary Disorders (SOC with Incidence >=1%) Safety Analysis Set



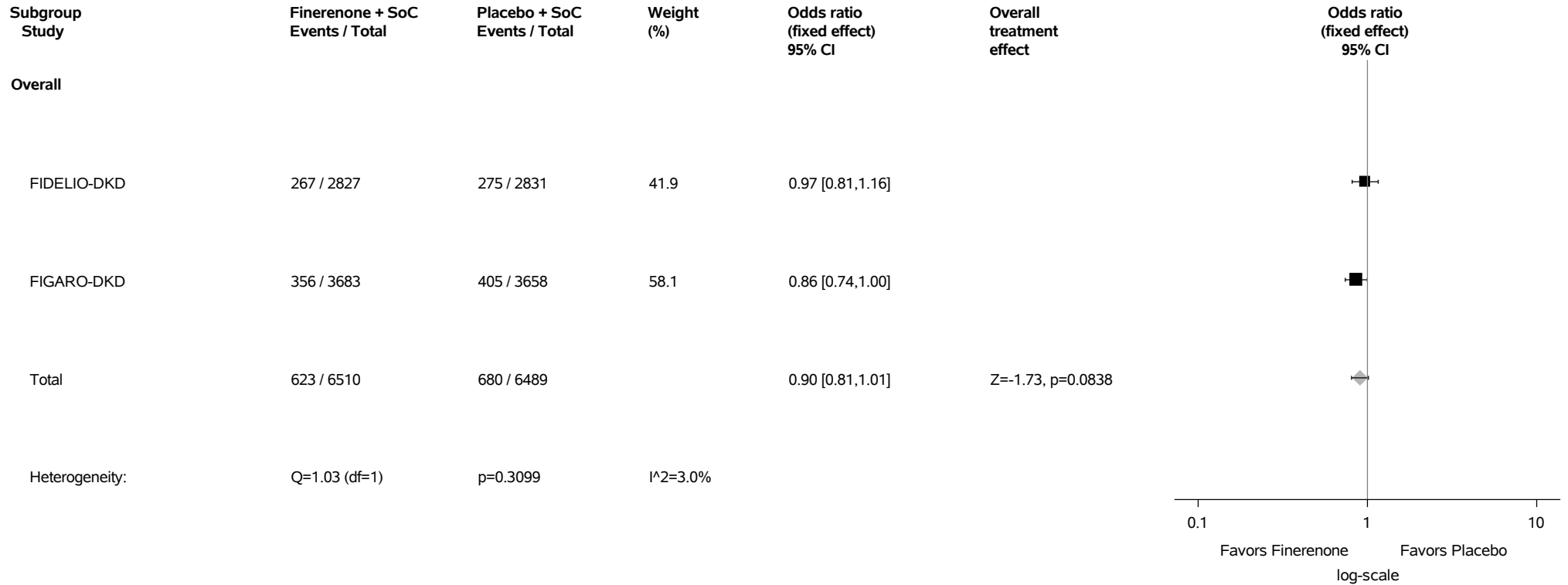
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.151: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set



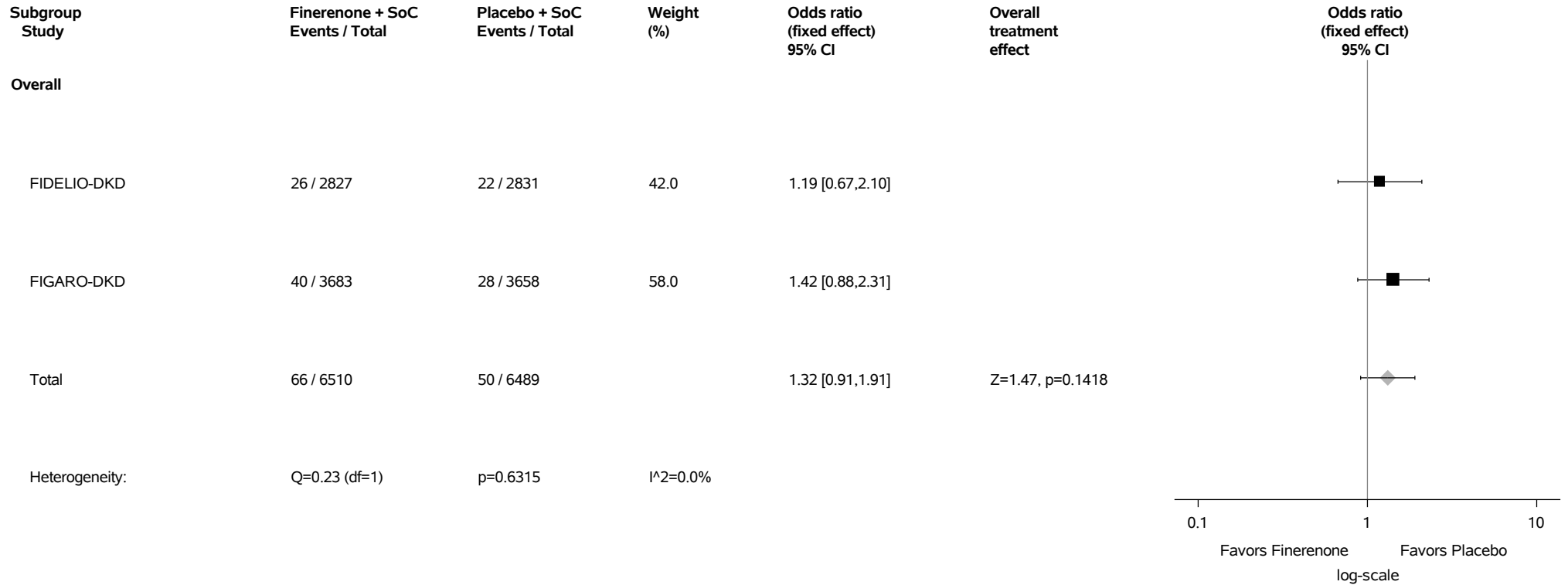
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.152: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Cellulitis (PT with Incidence >=1%) Safety Analysis Set



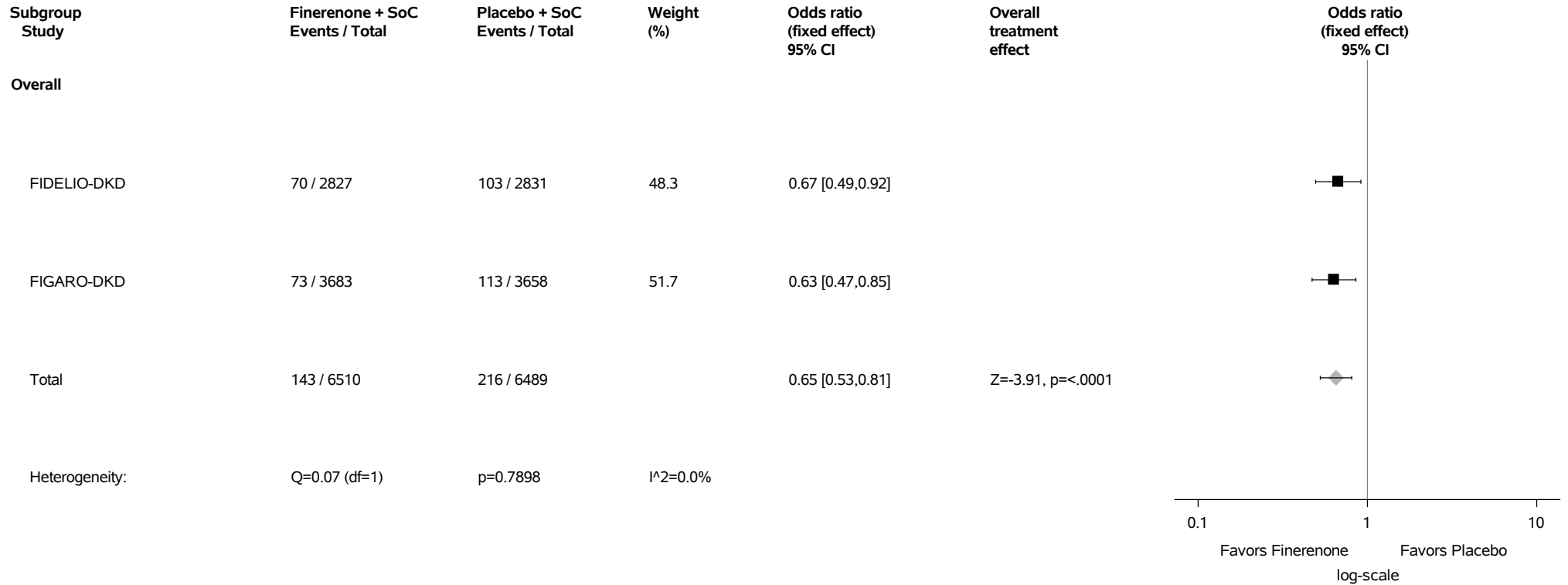
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.153: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



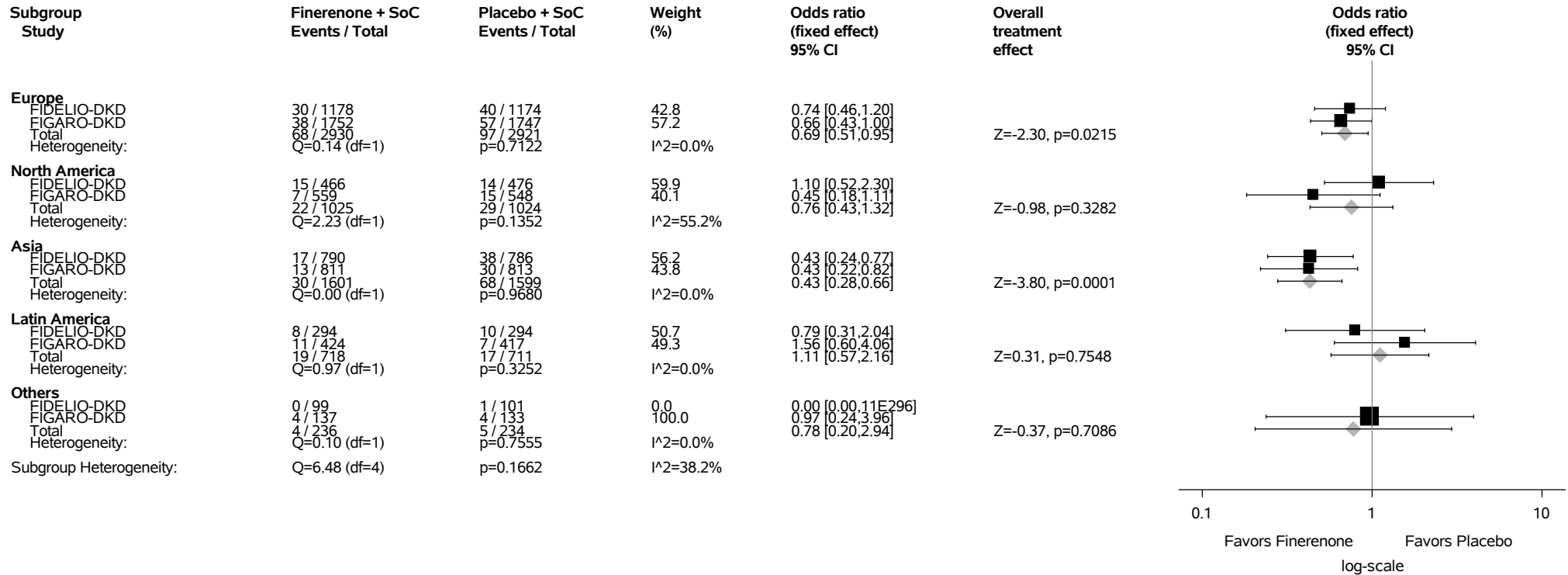
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.153.1: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



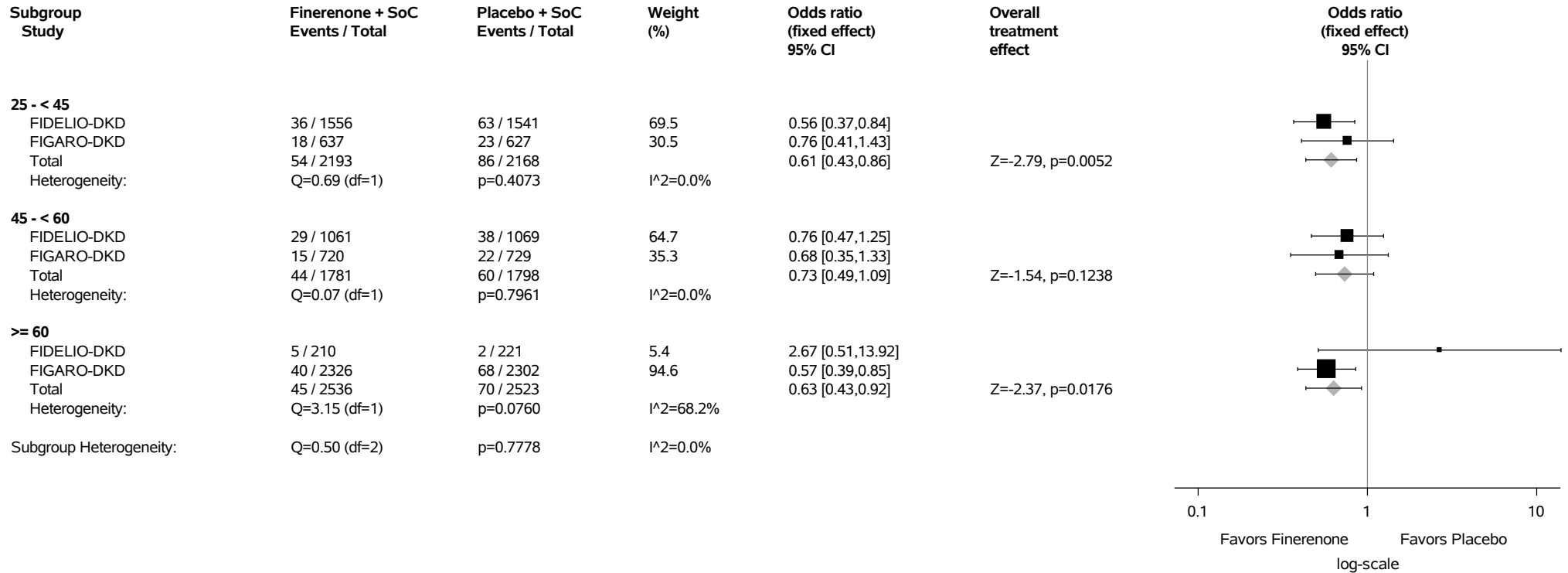
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

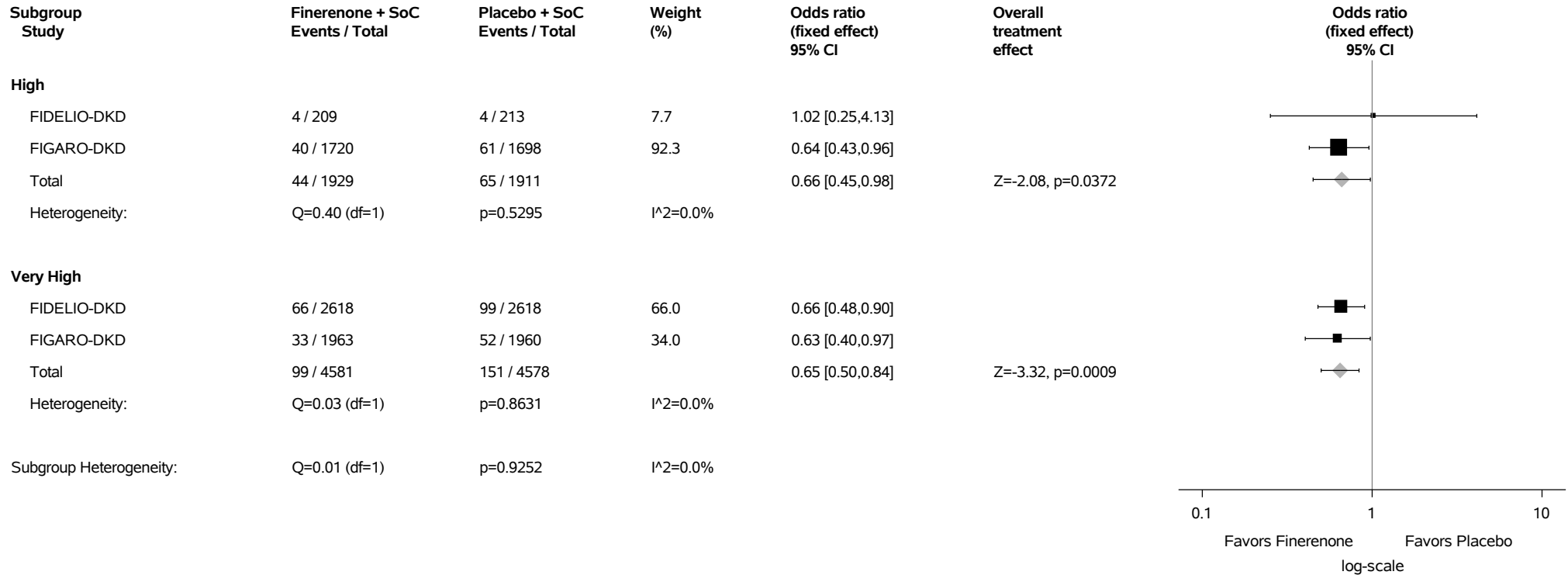
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.153.2: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



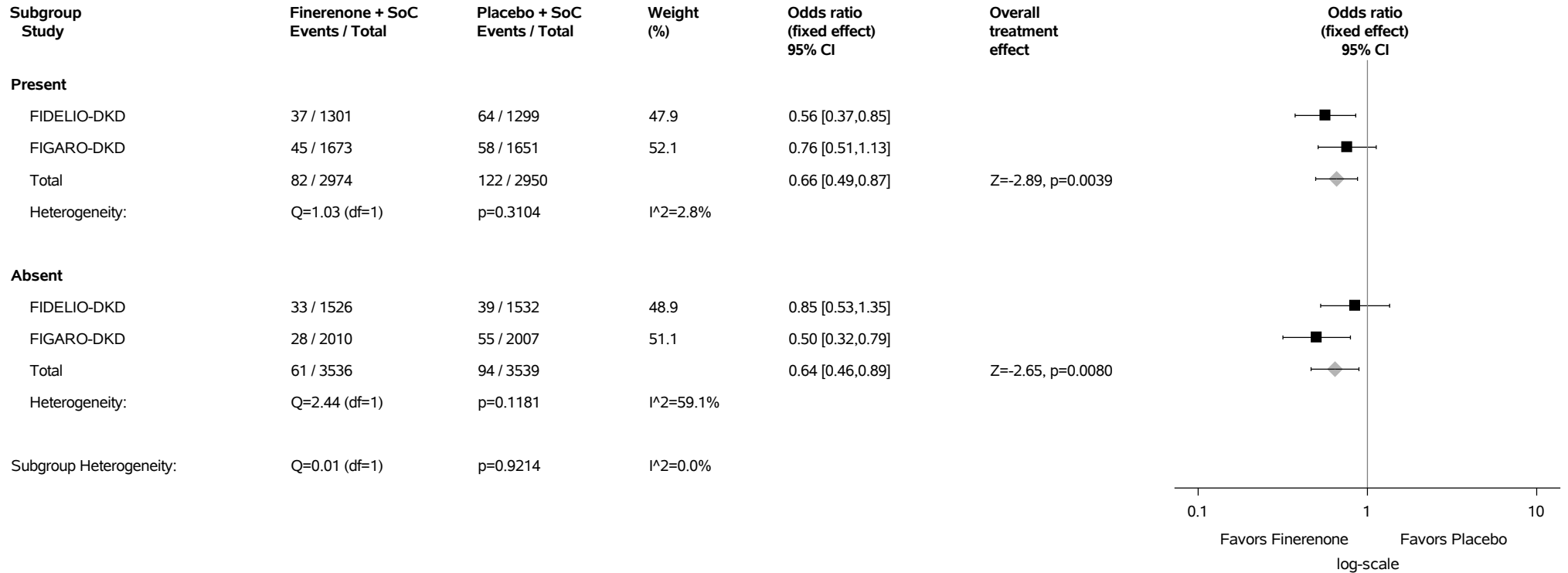
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.153.3: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



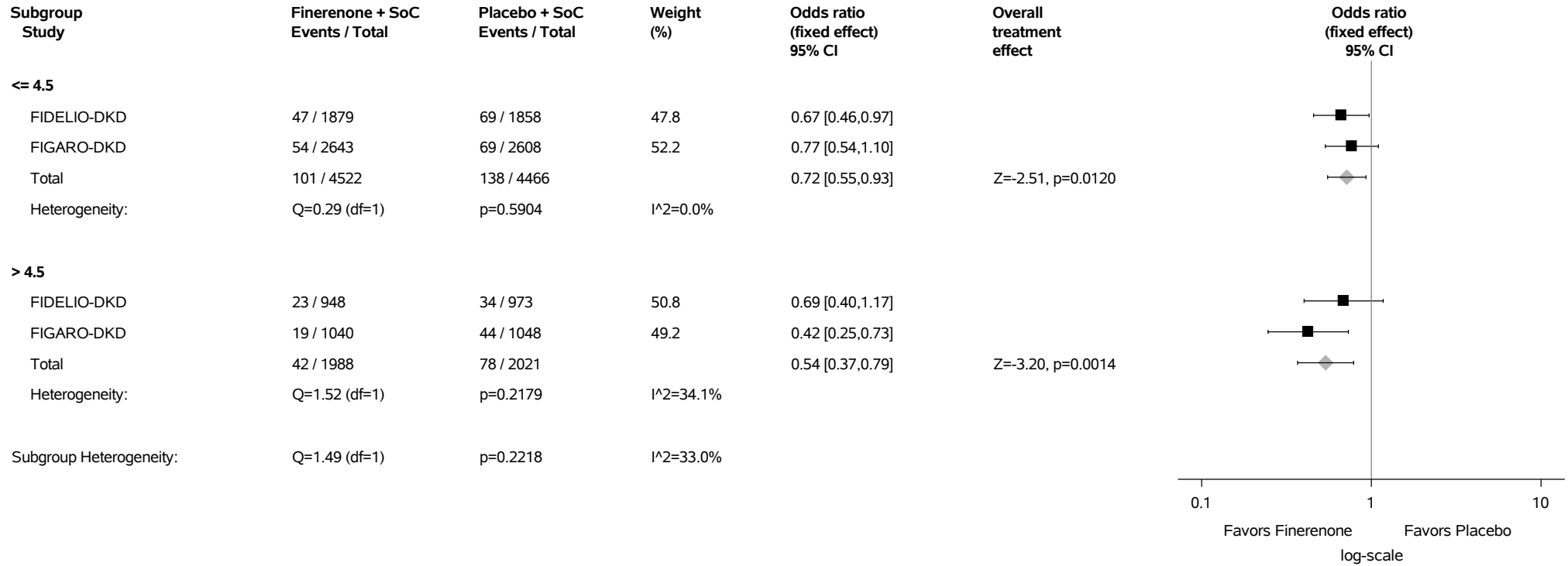
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.153.4: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.153.5: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

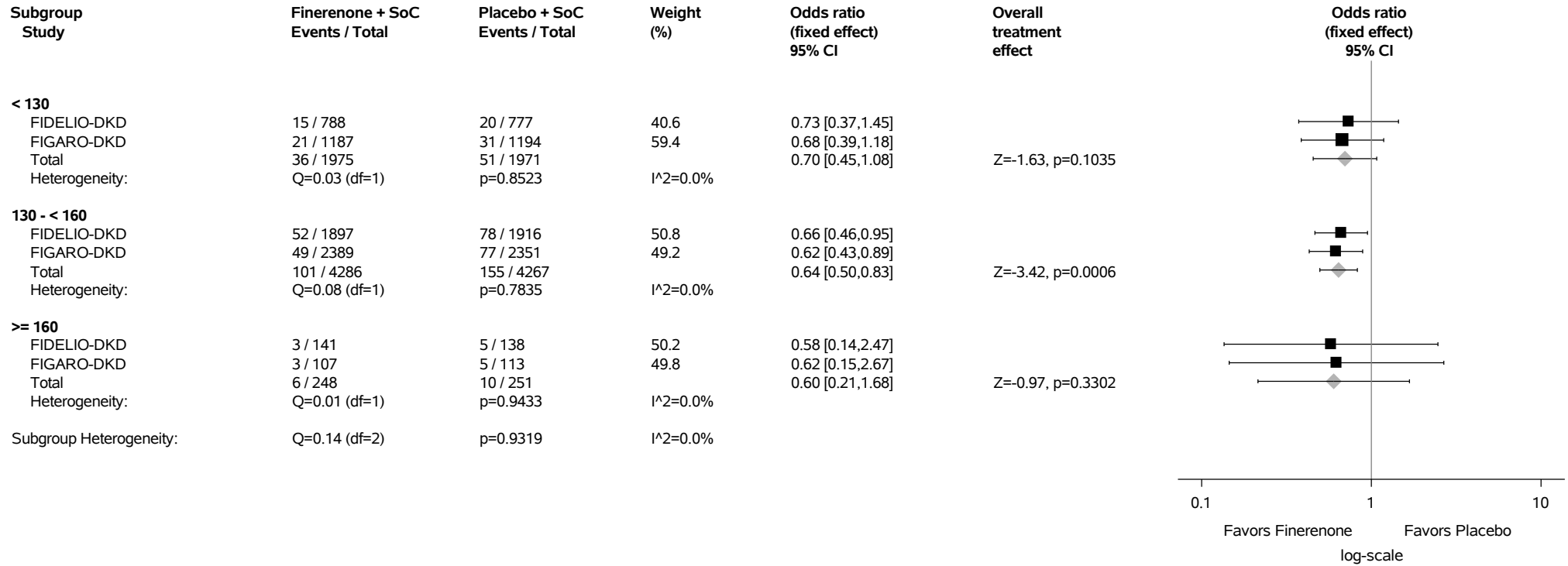
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.153.6: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

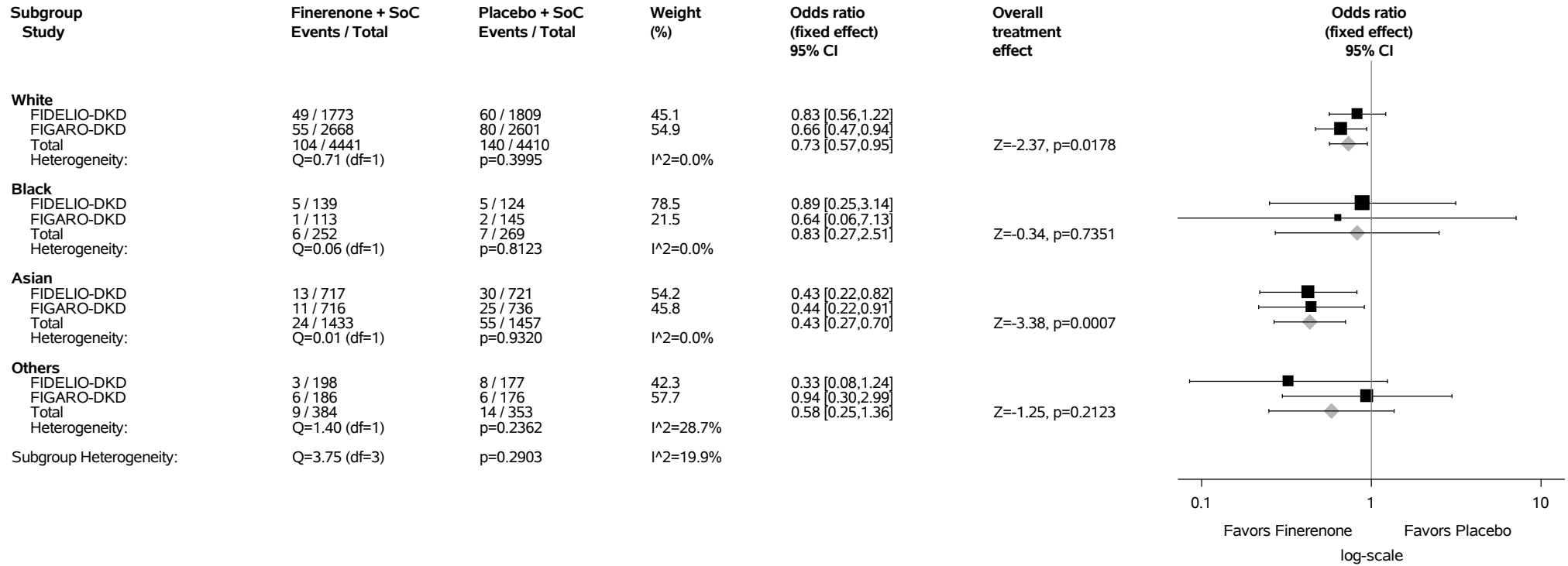
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.153.7: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

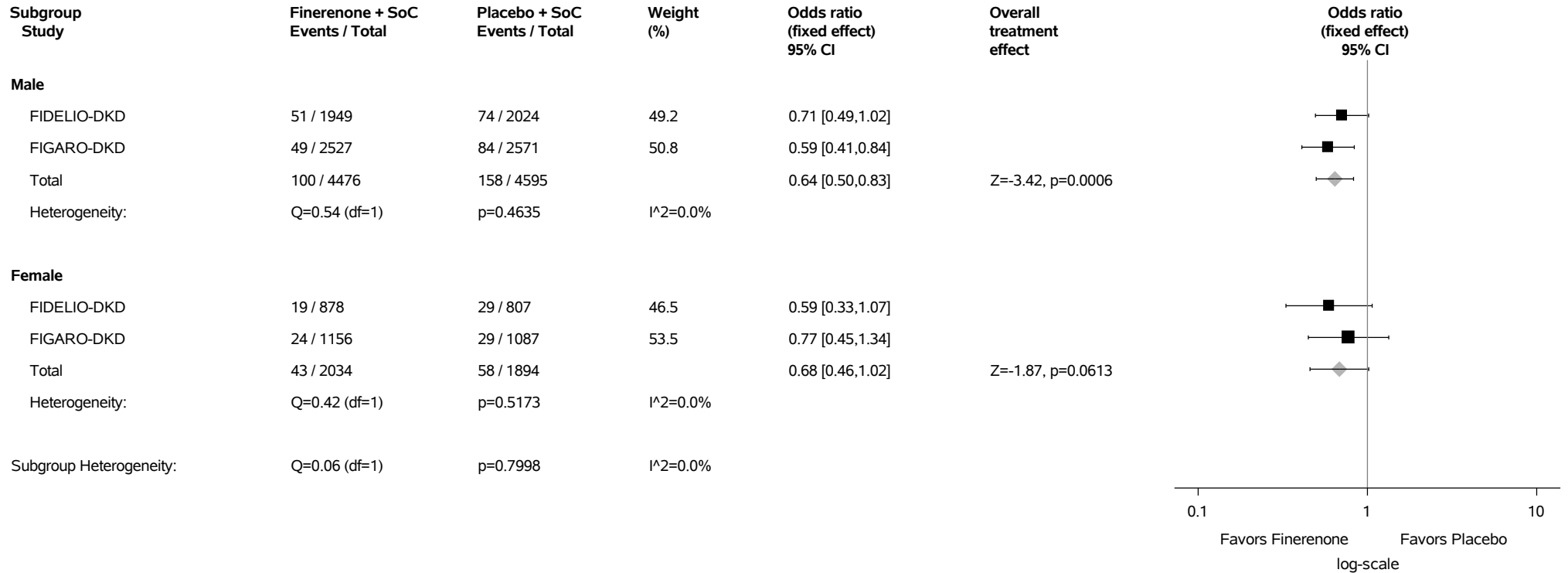
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

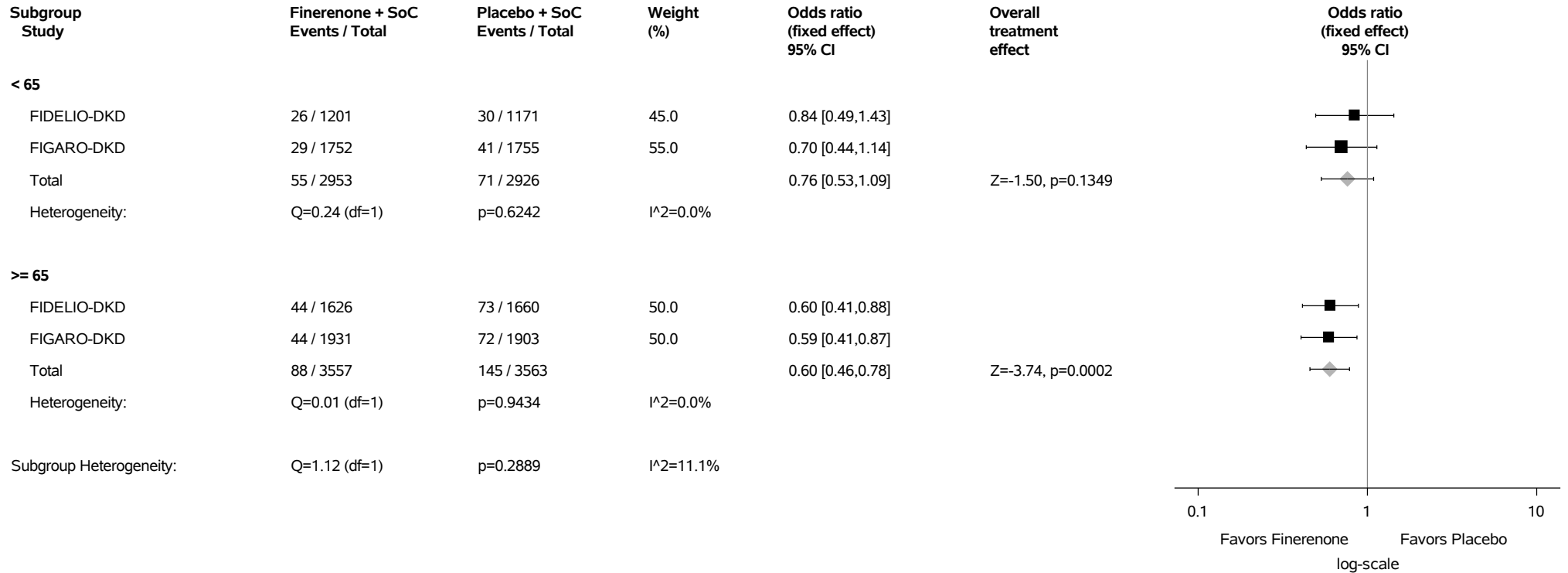
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.153.8: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



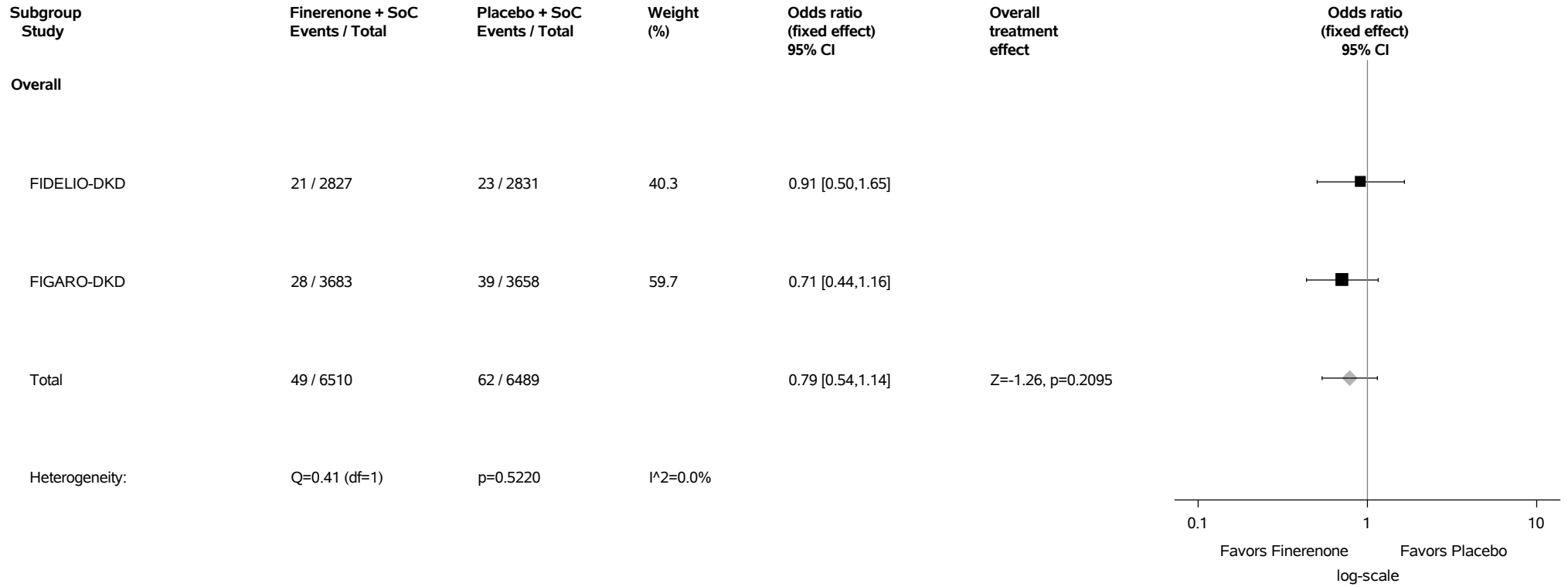
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.153.9: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.154: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Urinary tract infection (PT with Incidence >=1%) Safety Analysis Set



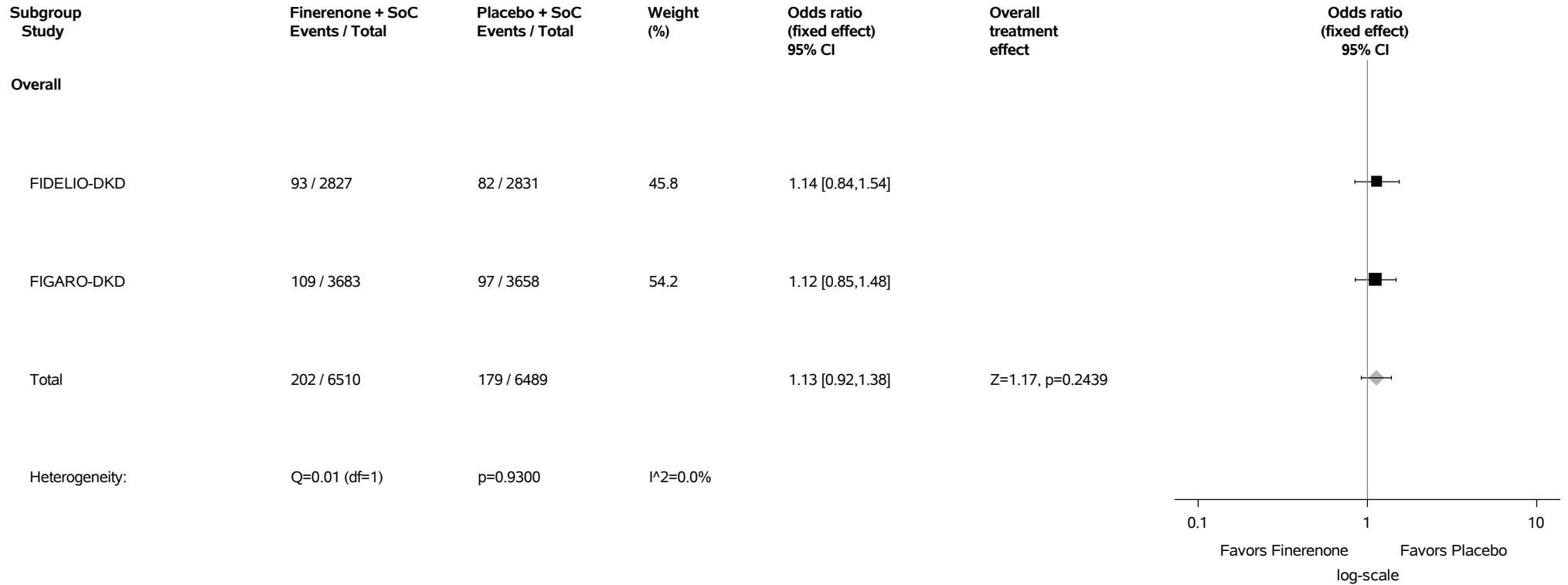
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.155: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set



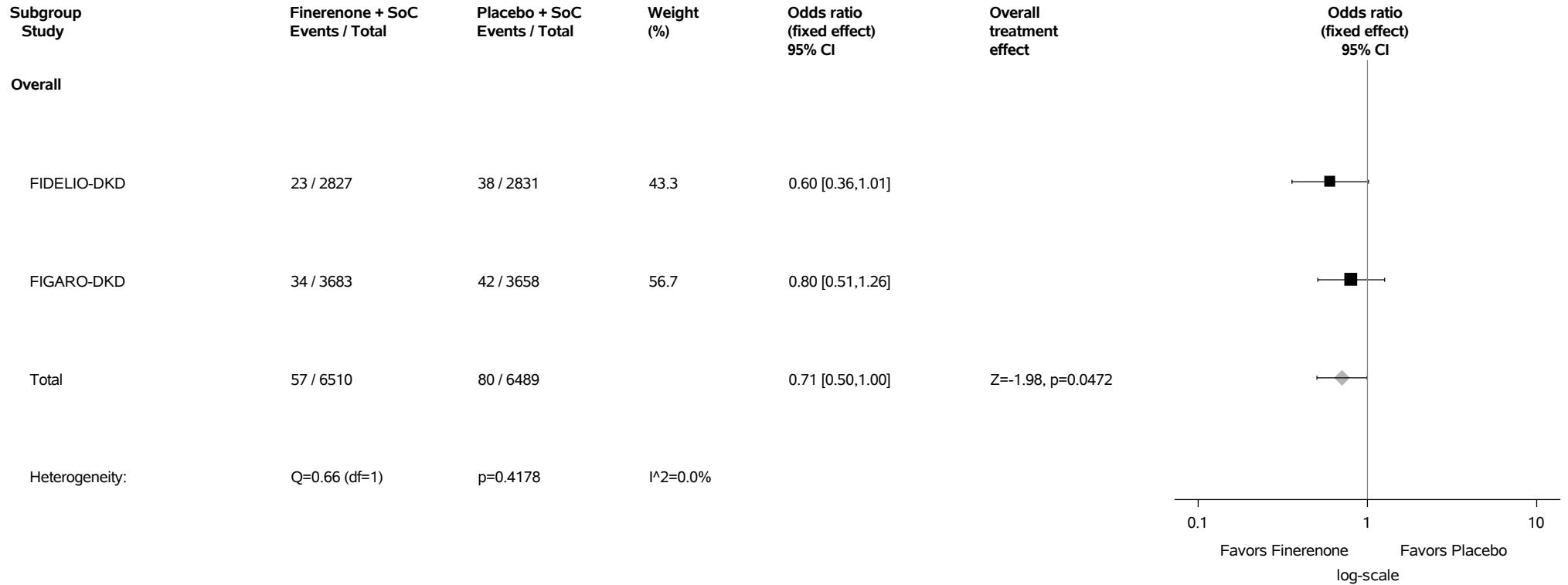
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.156: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Investigations (SOC with Incidence >=1%) Safety Analysis Set



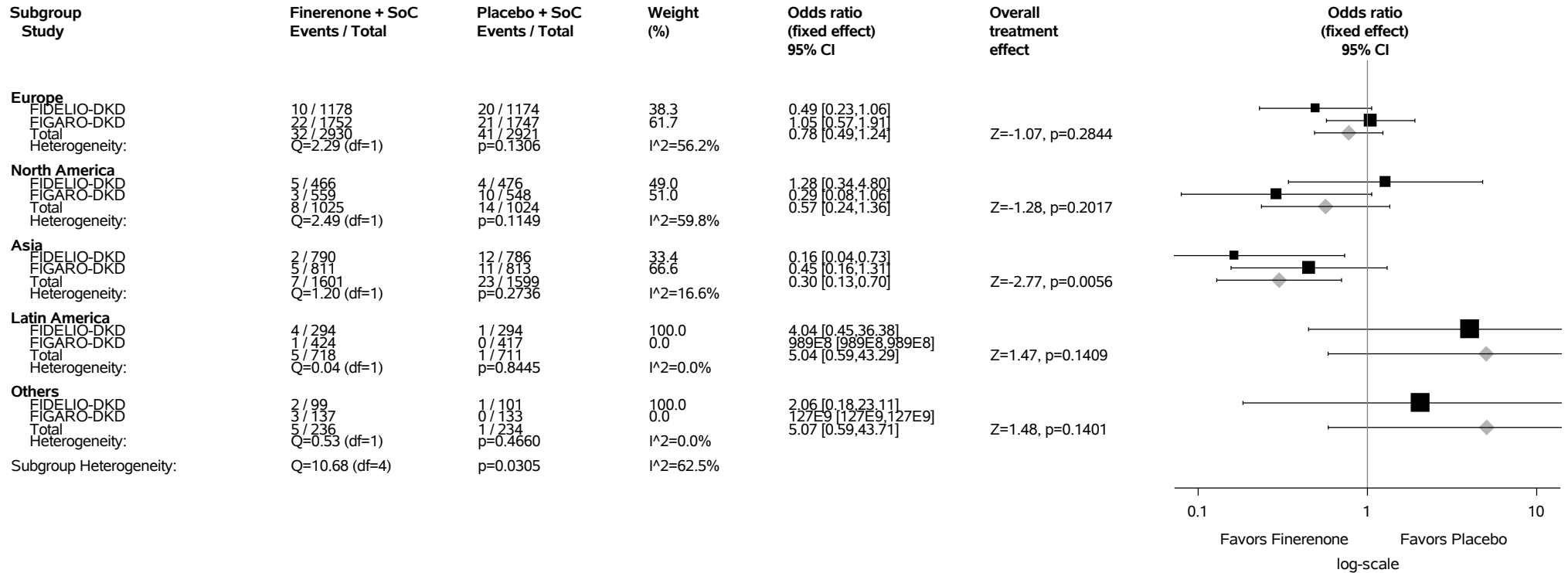
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.156.1: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Investigations (SOC with Incidence >=1%) Safety Analysis Set



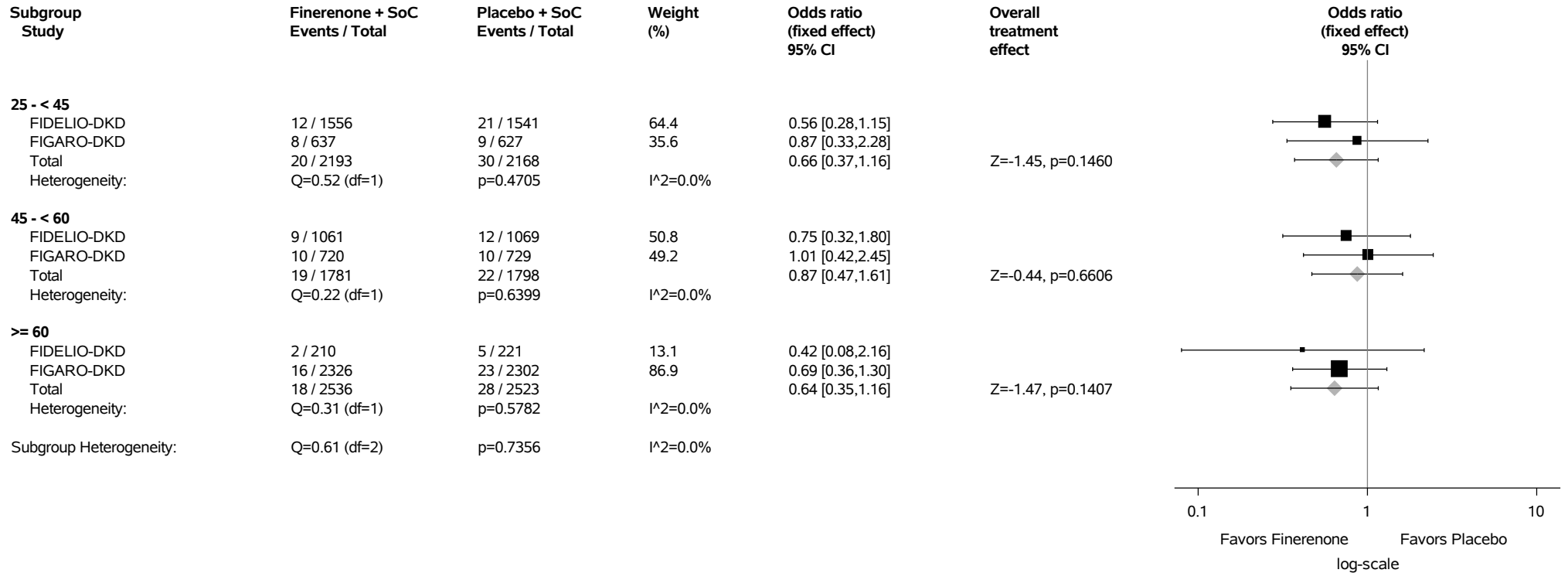
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.156.2: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Investigations (SoC with Incidence >=1%) Safety Analysis Set



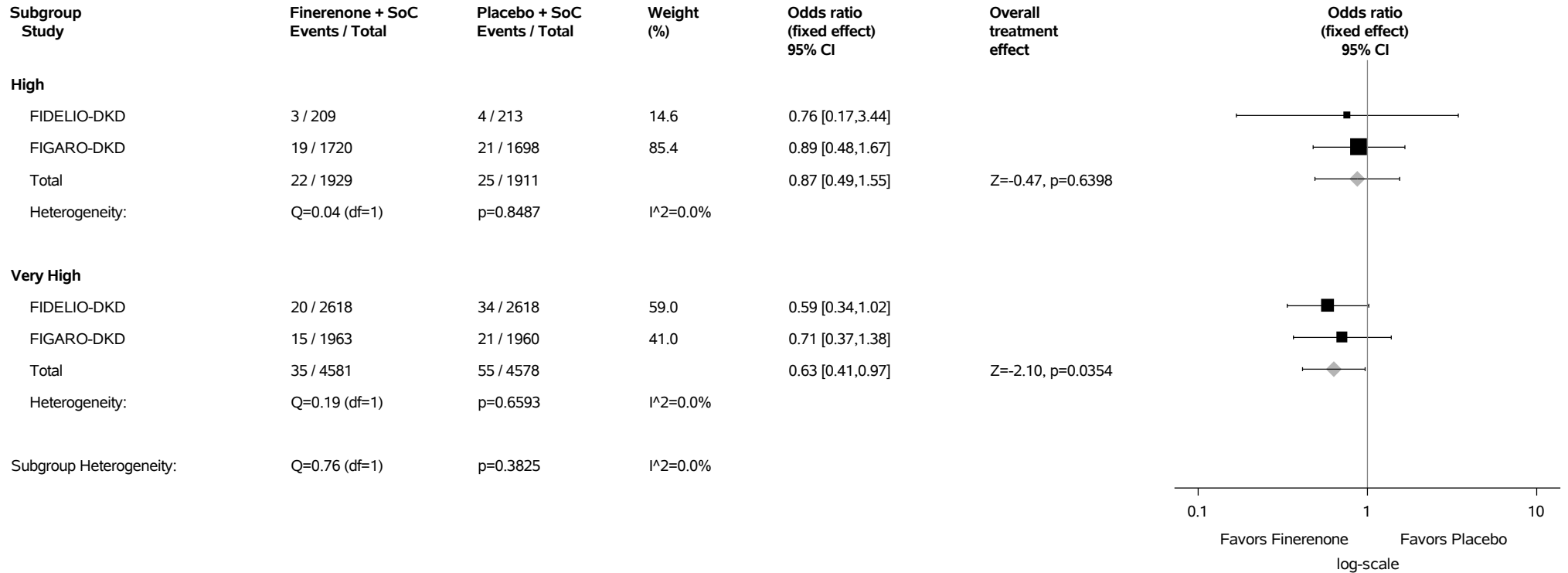
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

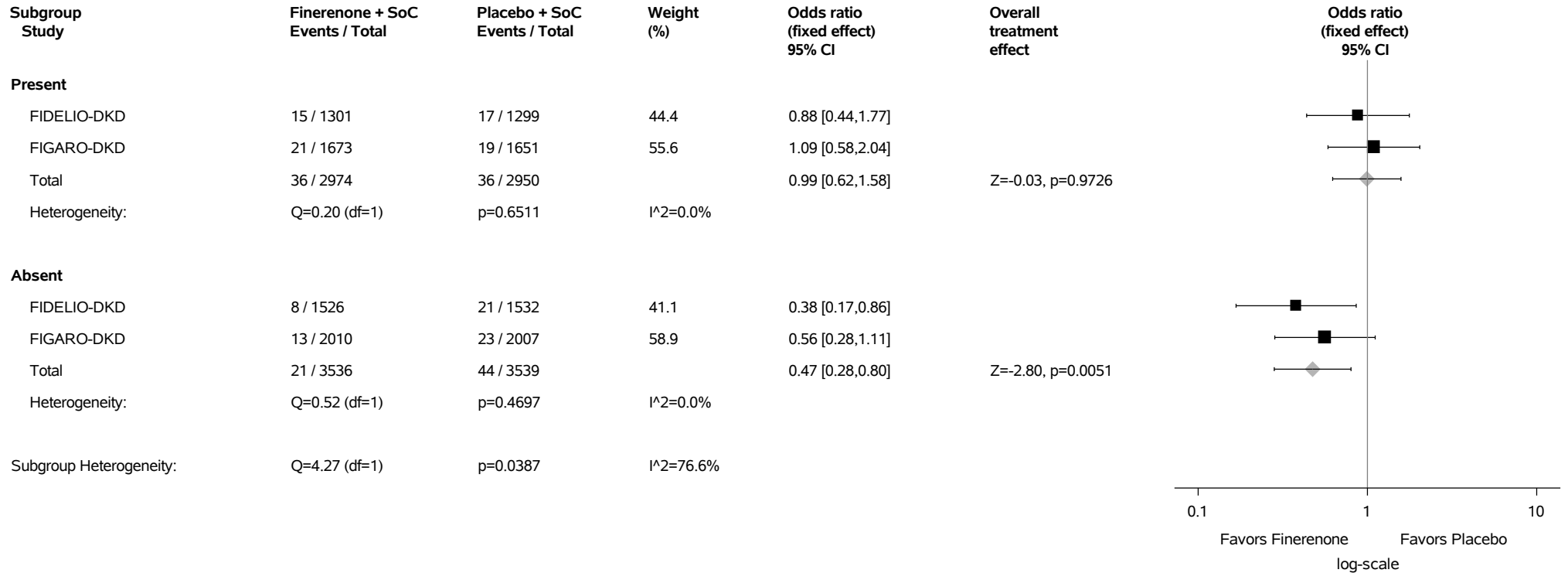
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.156.3: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Investigations (SOC with Incidence >=1%) Safety Analysis Set



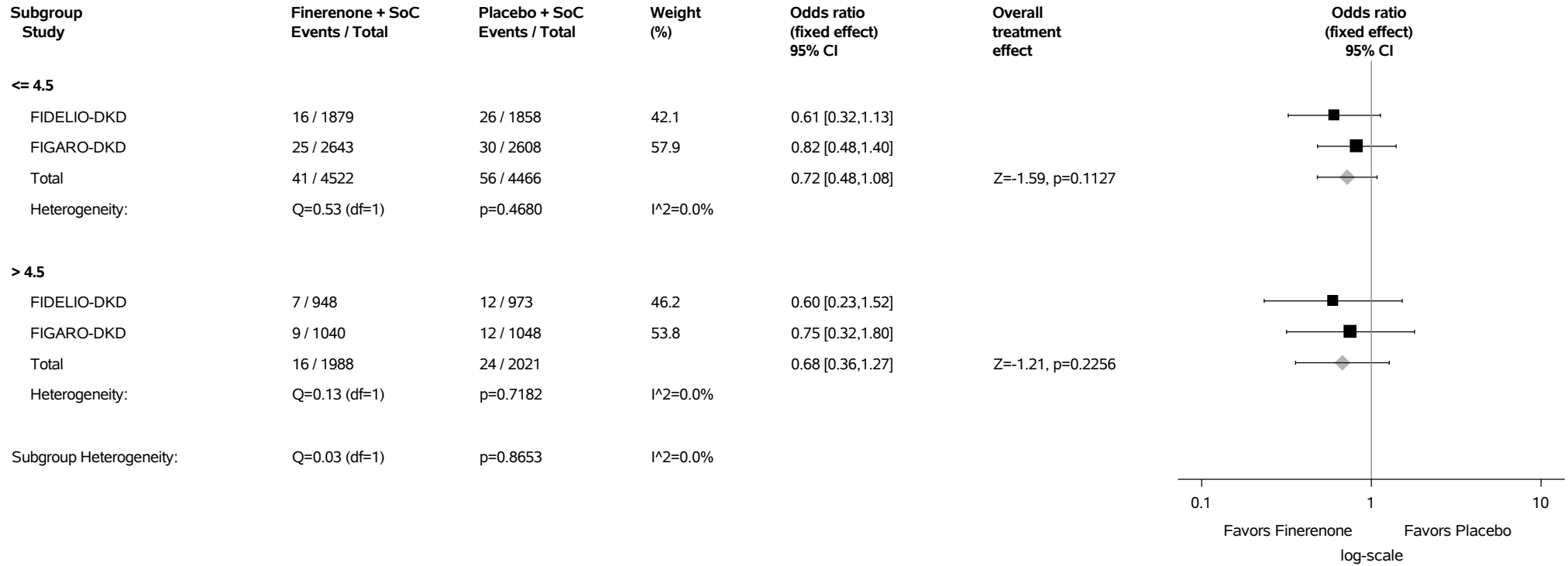
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.156.4: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

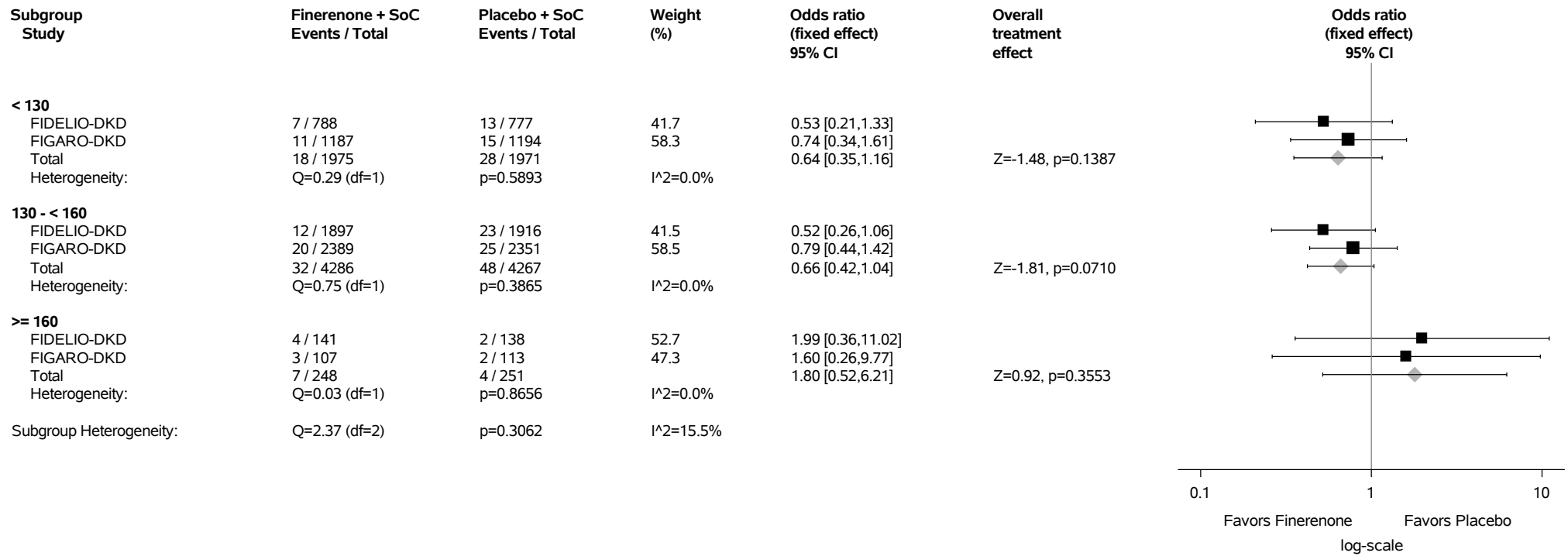
Figure 2.2.156.5: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups. Category 'Missing' was excluded from meta-analysis.

Figure 2.2.156.6: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Investigations (SOC with Incidence >=1%)

Safety Analysis Set



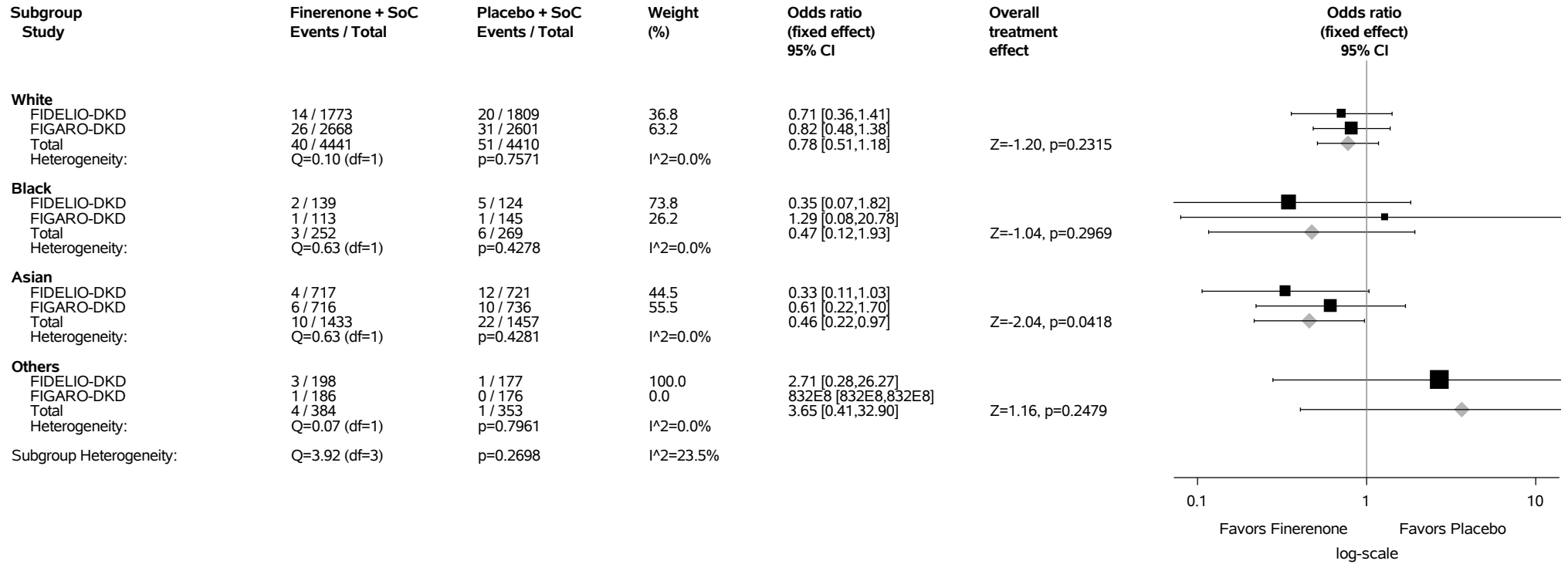
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.156.7: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

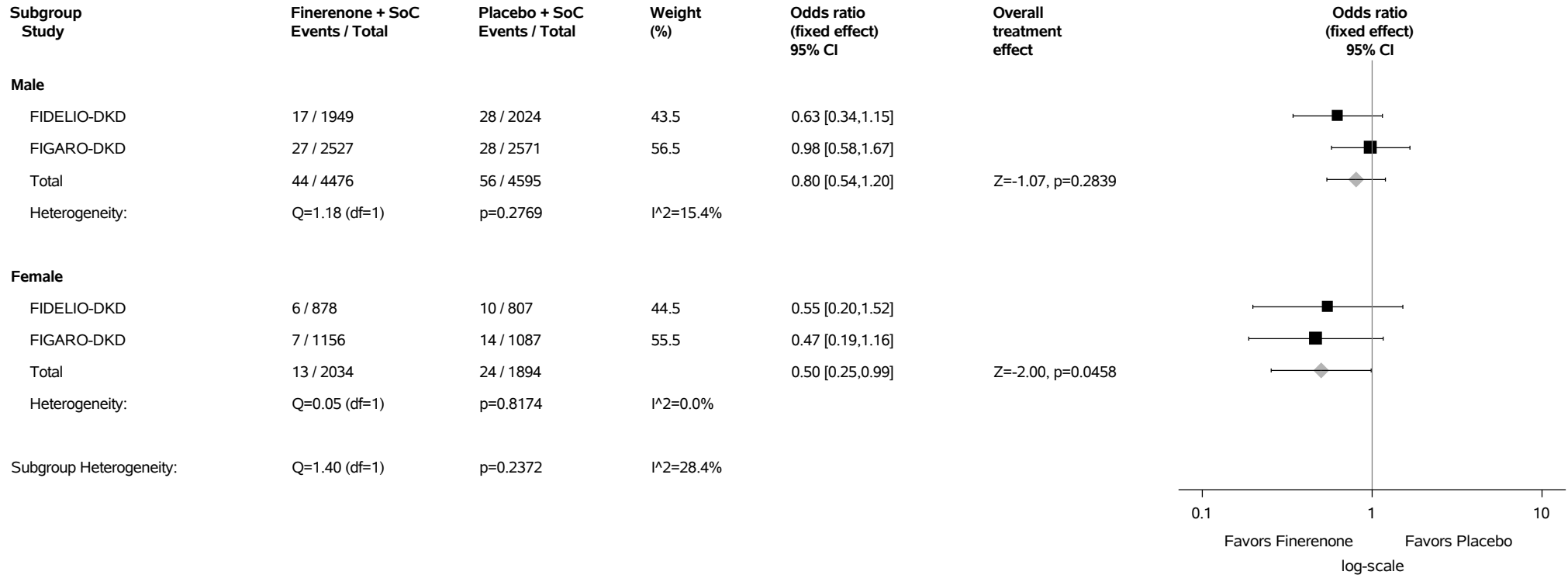
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

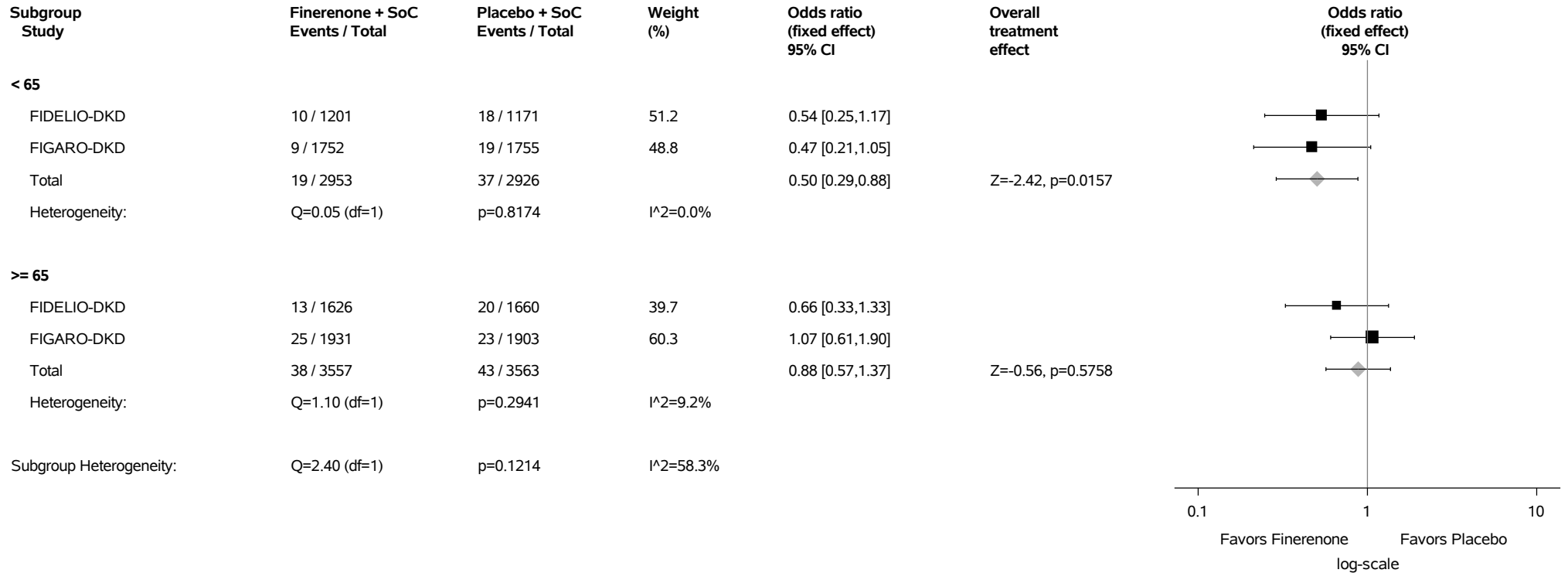
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.156.8: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Investigations (SOC with Incidence >=1%) Safety Analysis Set



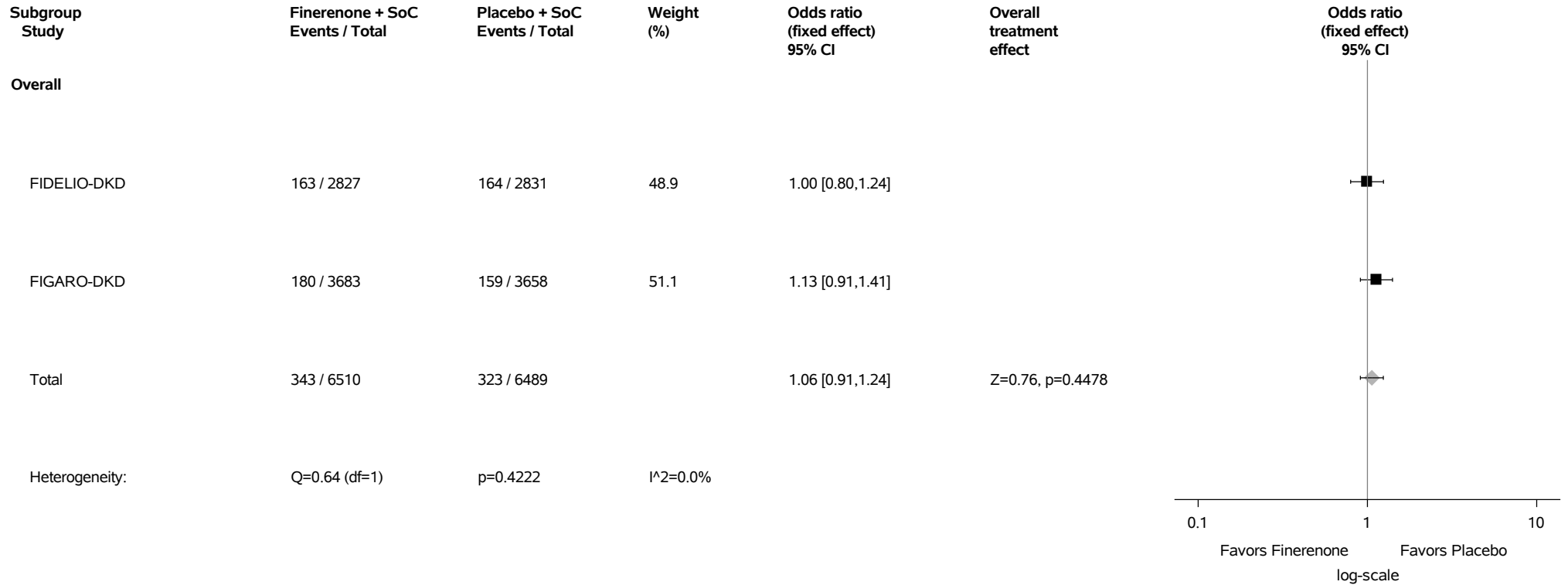
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.156.9: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Investigations (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.157: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



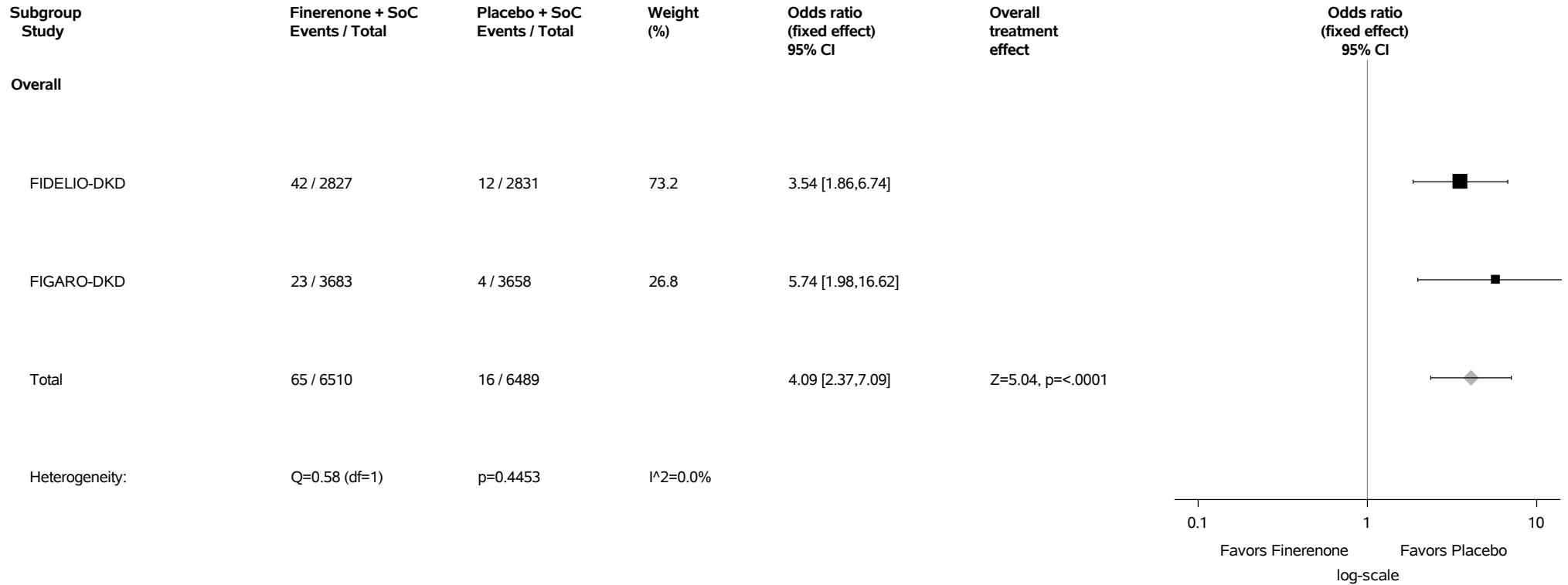
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.158: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



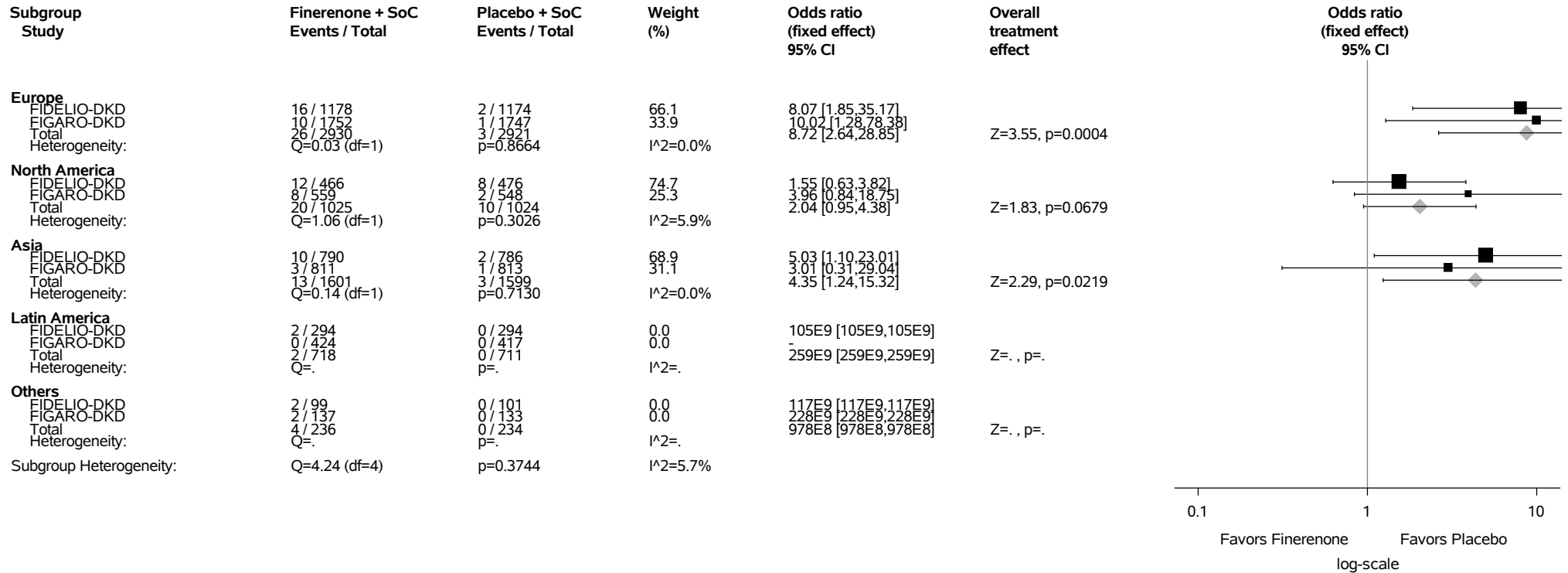
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

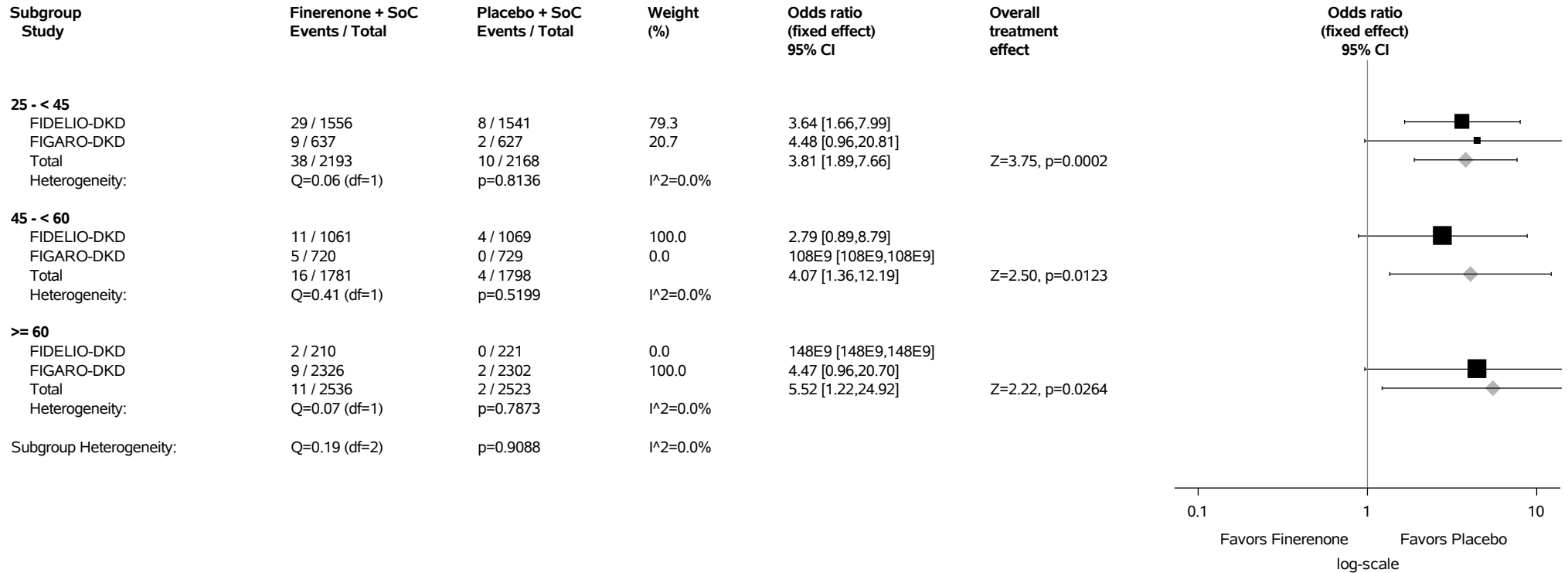
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.158.1: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Region - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.158.2: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by eGFR (mL/min/1.73m2) Category at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



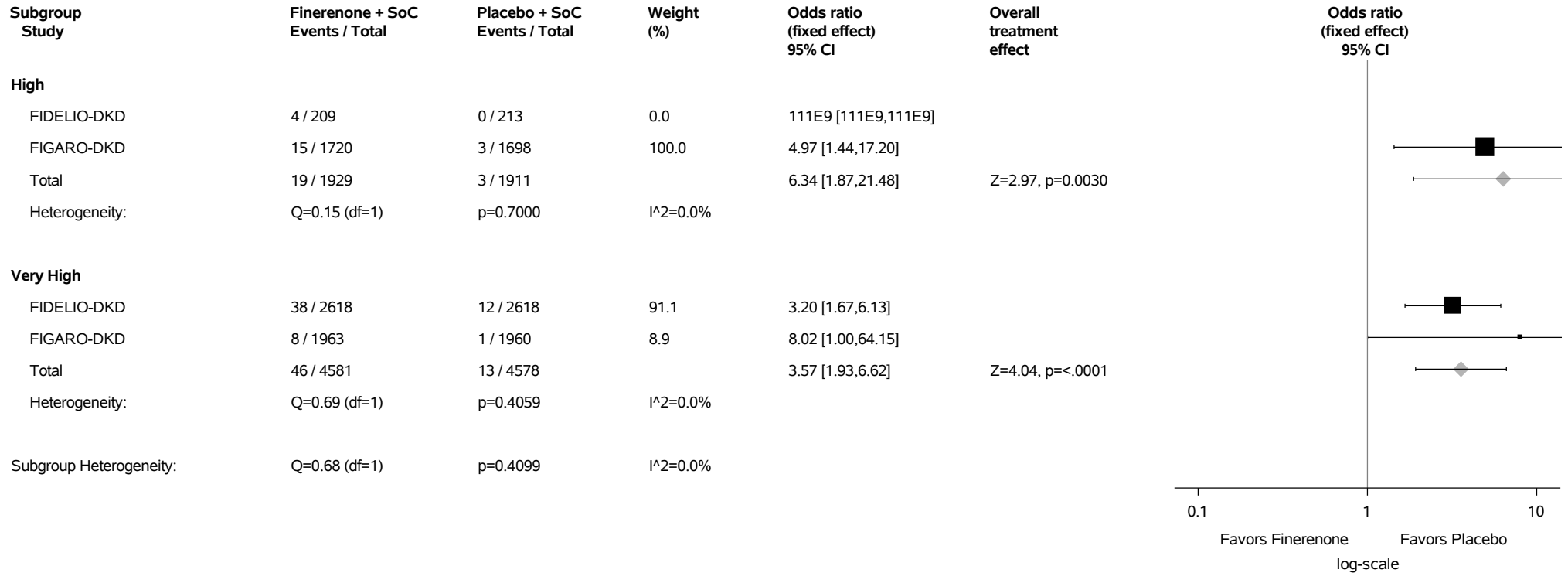
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.158.3: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Type of Albuminuria at Screening - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



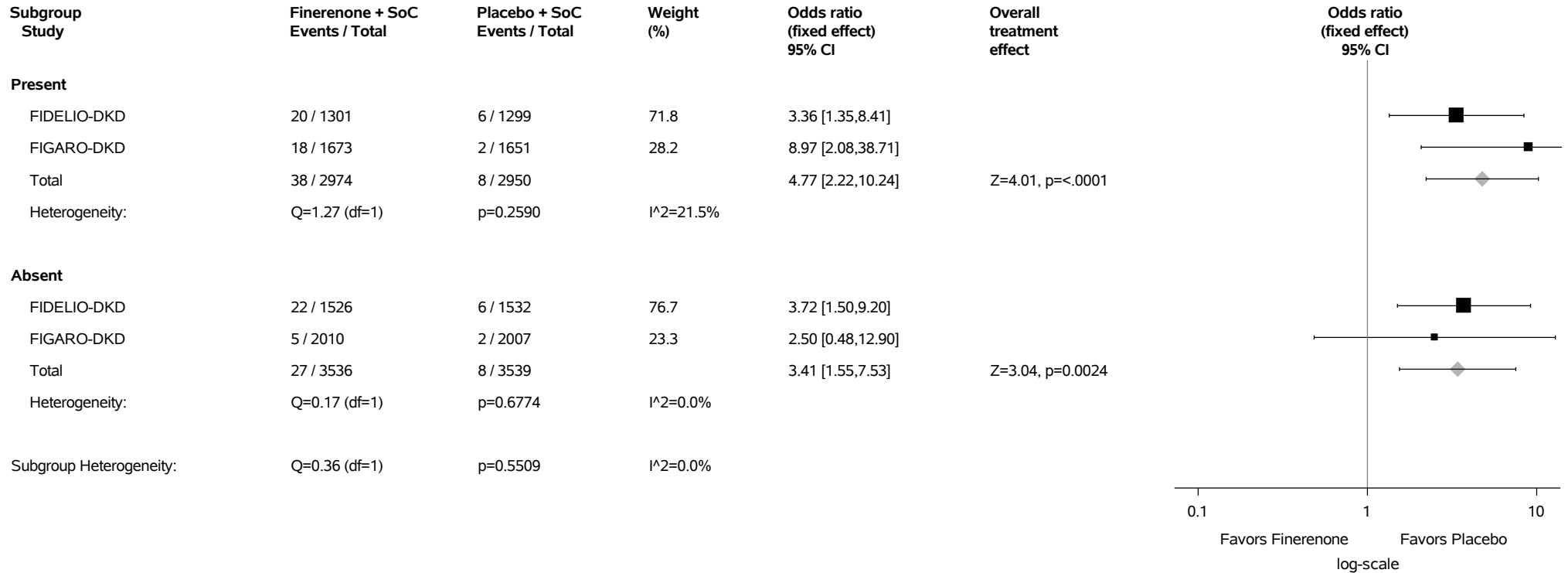
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

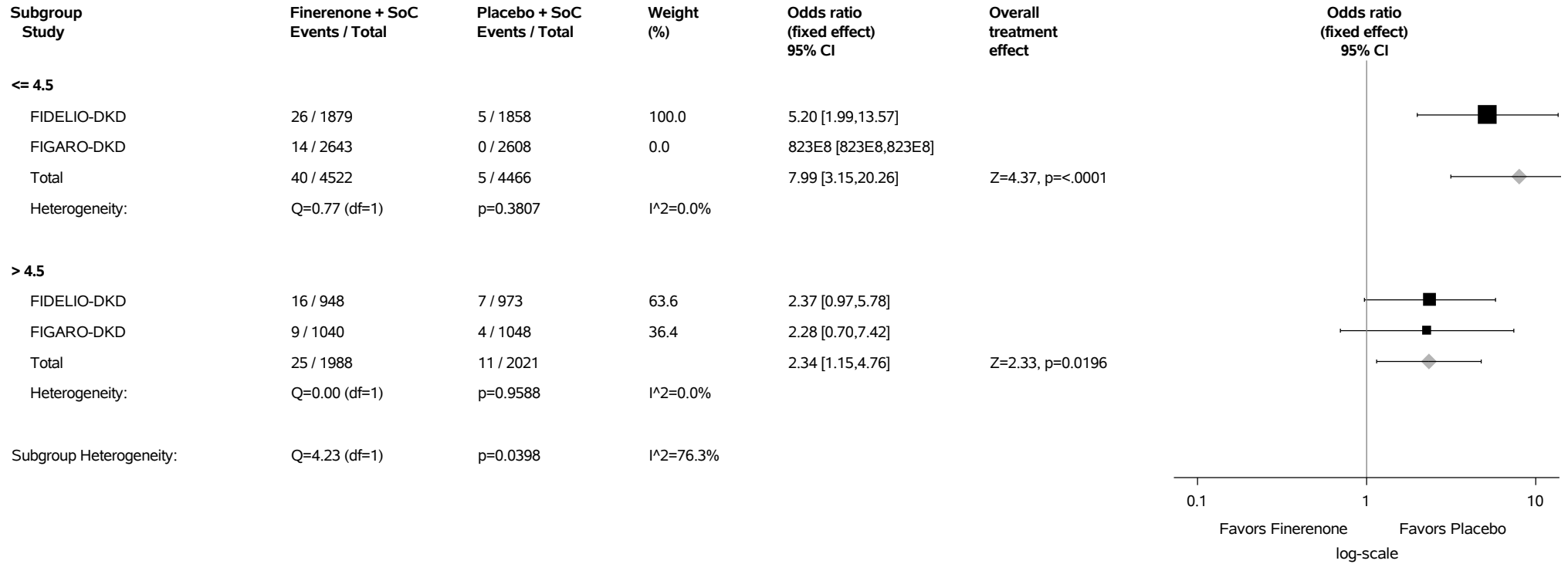
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.158.4: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by History of CVD - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.158.5: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Serum Potassium (mmol/L) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

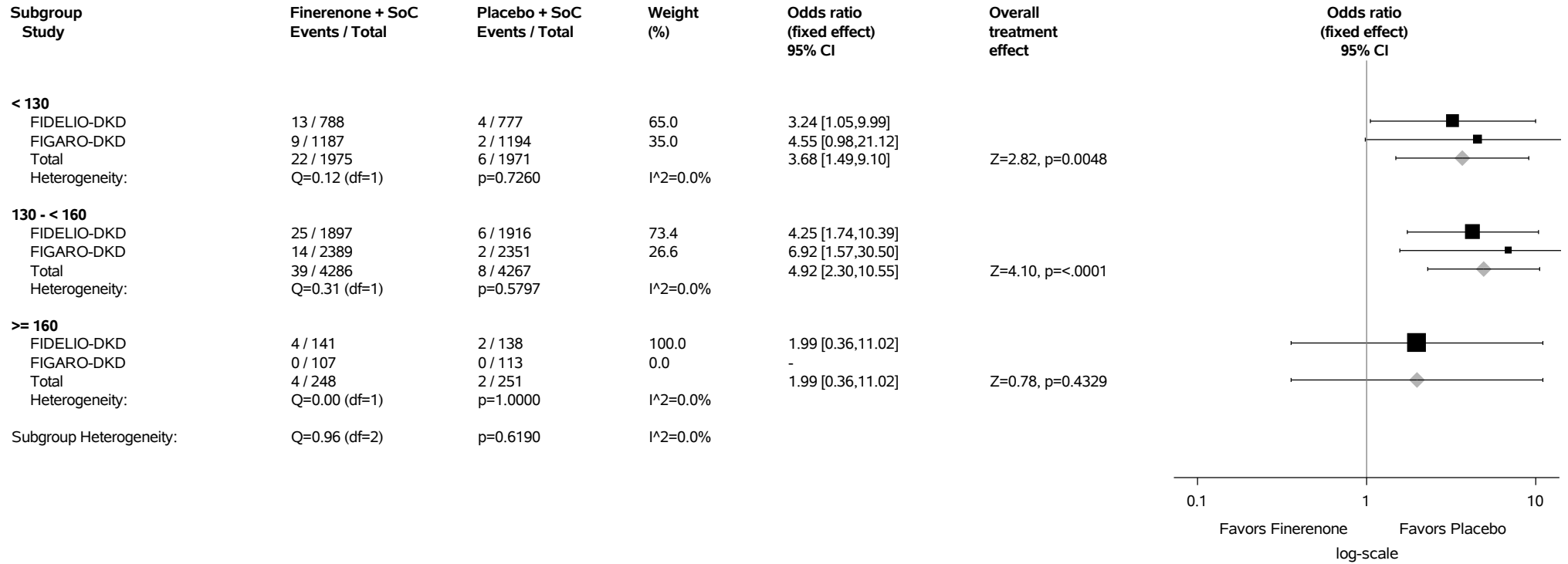
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.158.6: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

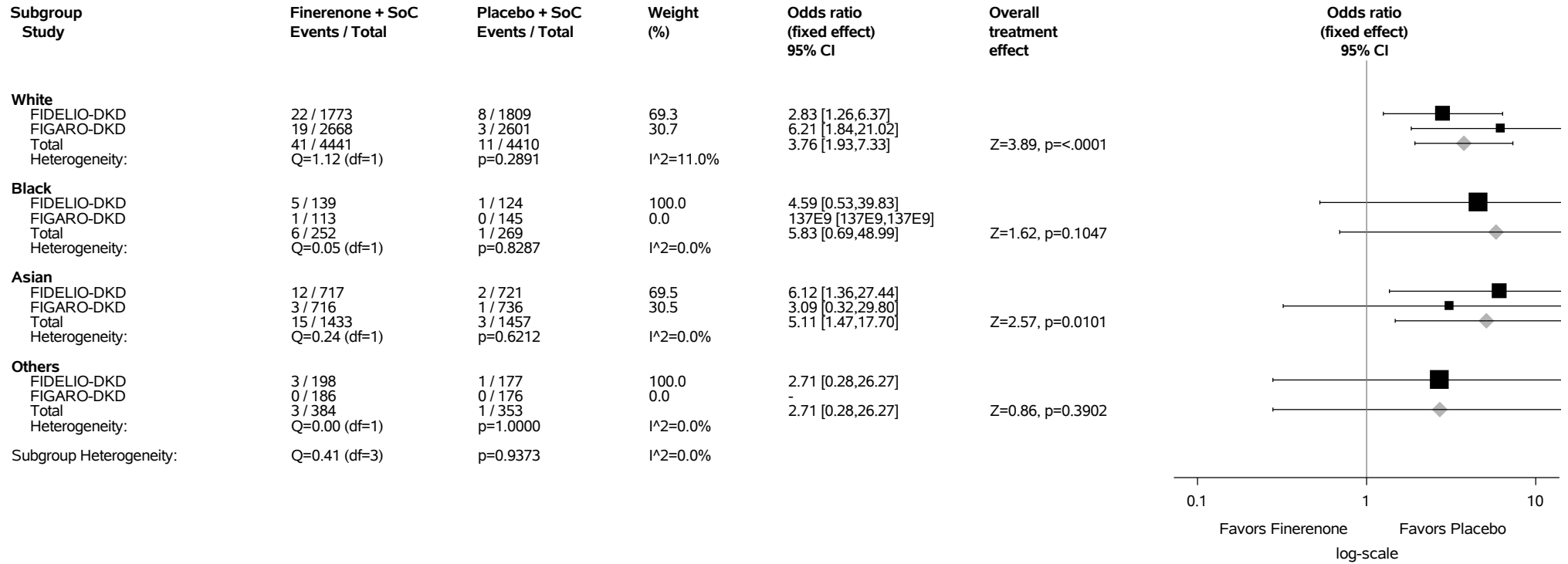
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.158.7: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Race - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

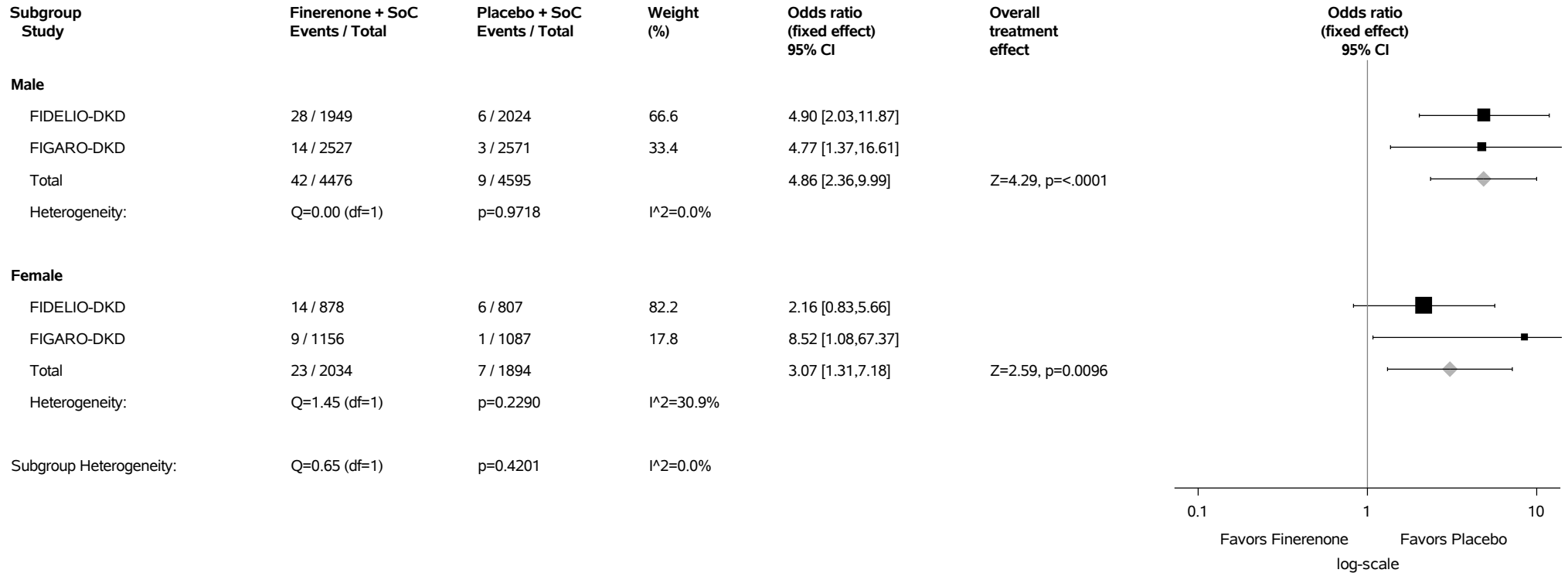
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

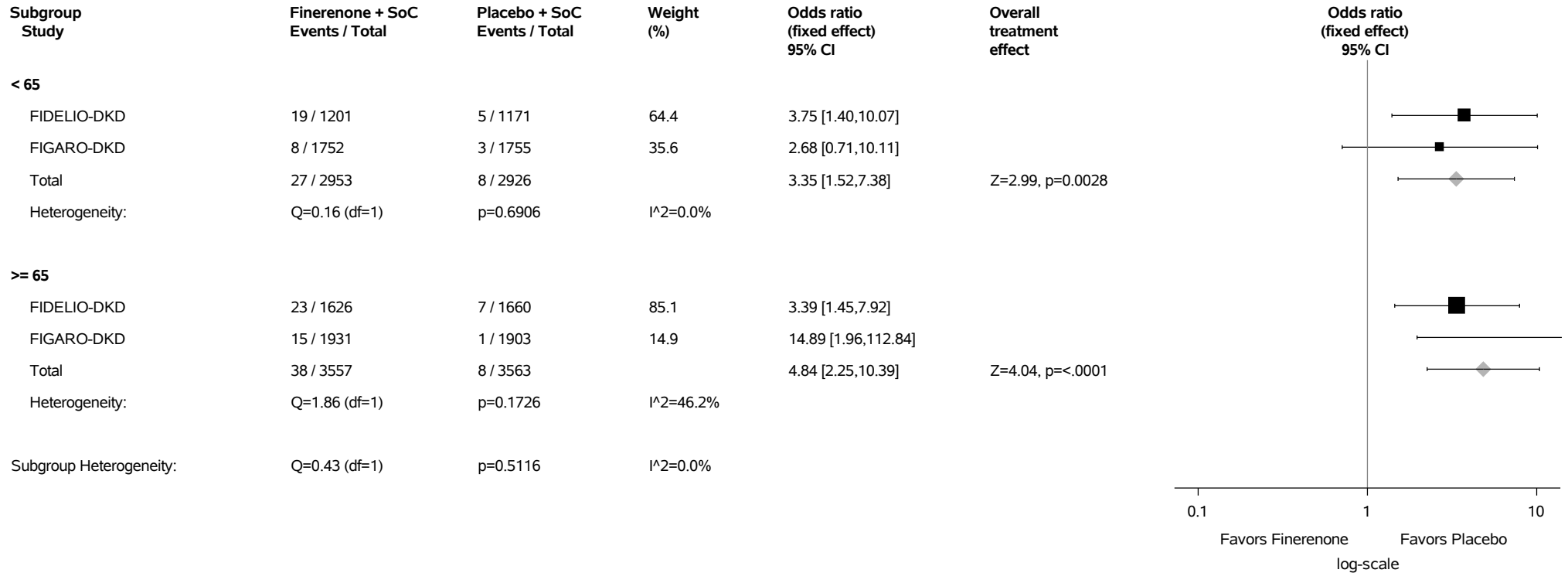
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.158.8: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Sex - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



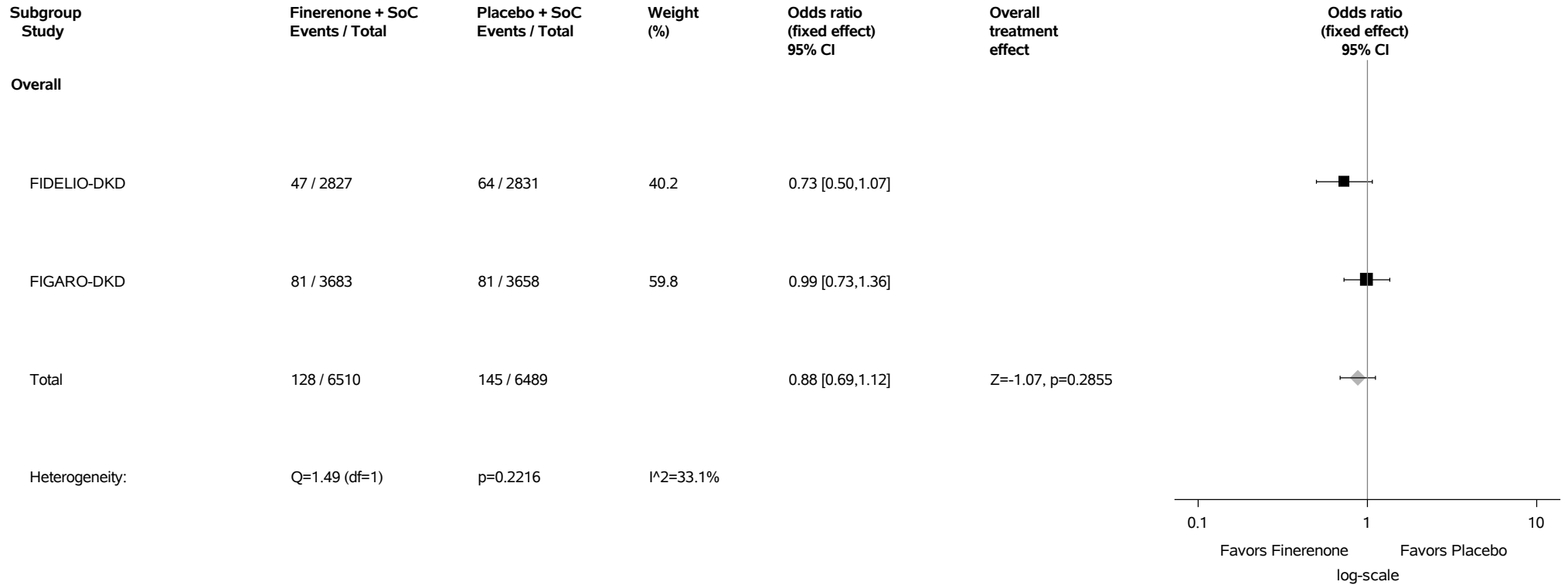
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.158.9: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs by Age Group (years) - Hyperkalaemia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.159: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



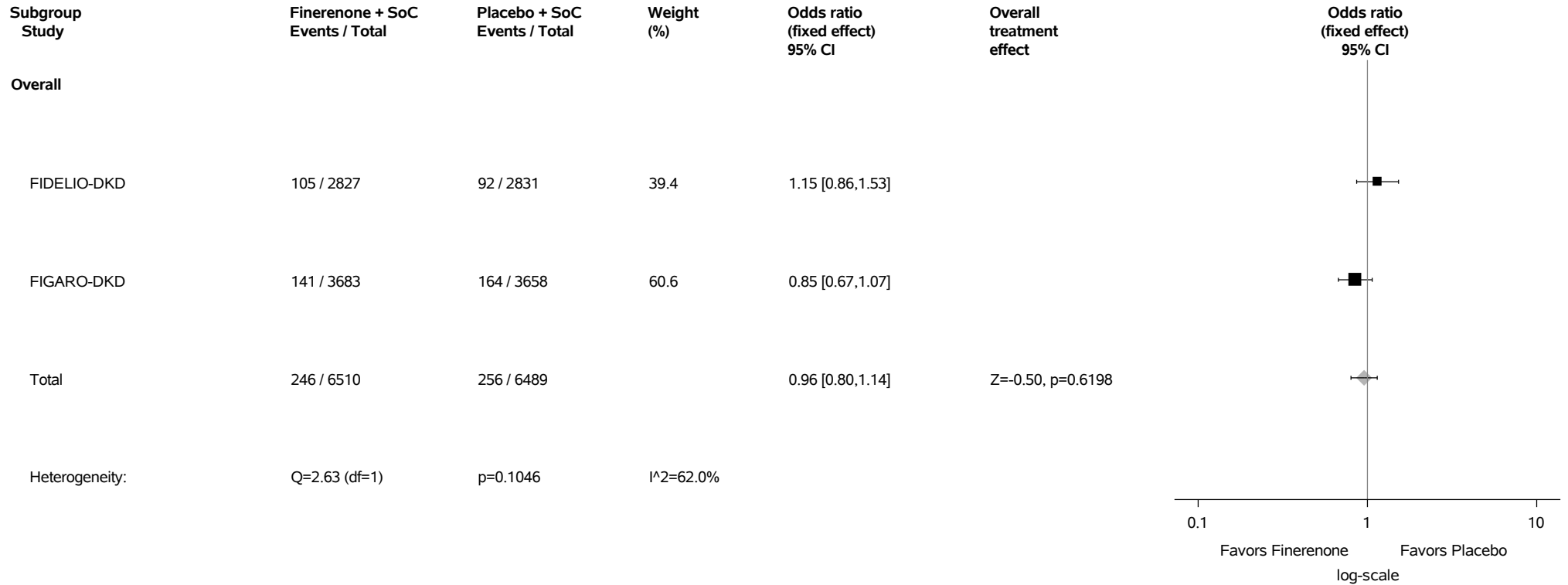
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.160: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%) Safety Analysis Set



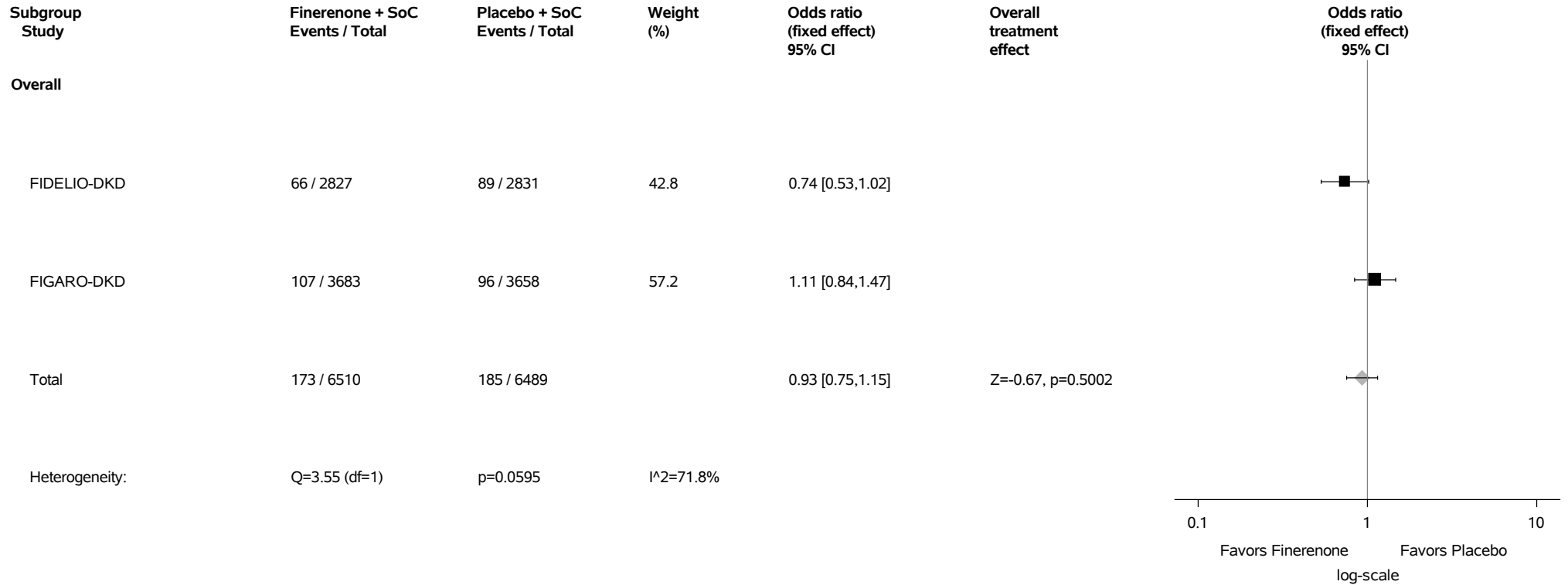
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.161: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set



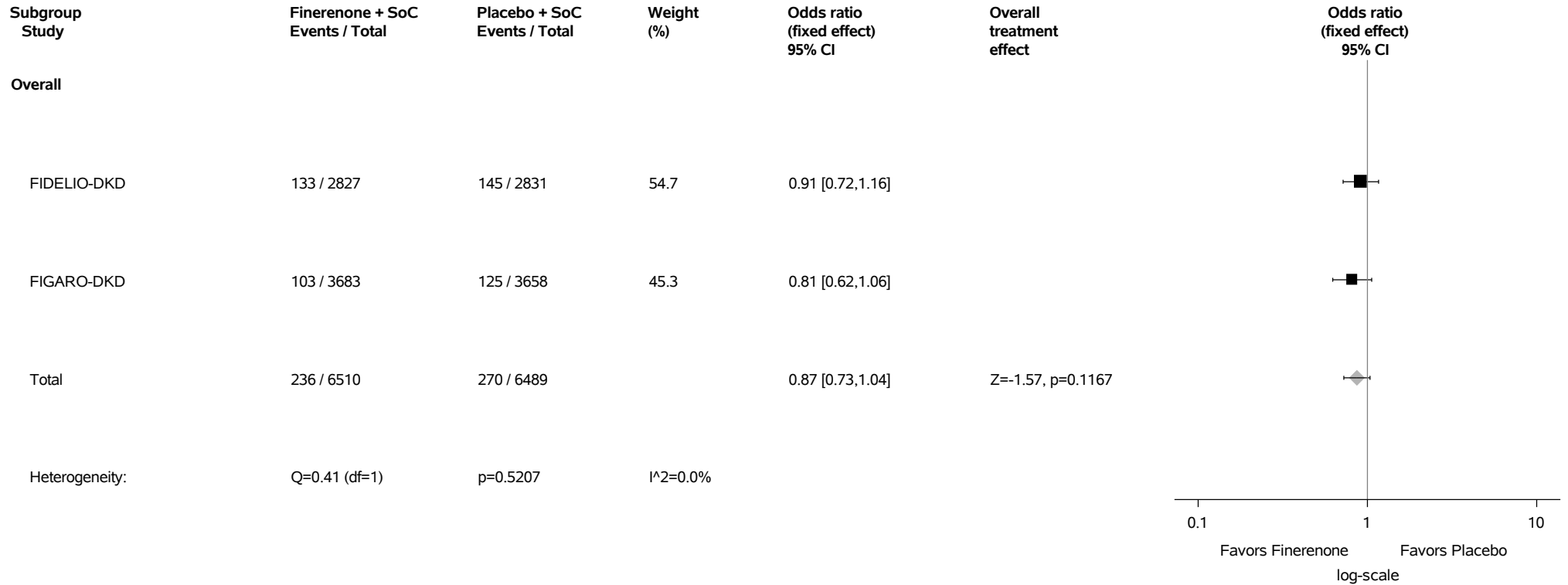
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.162: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



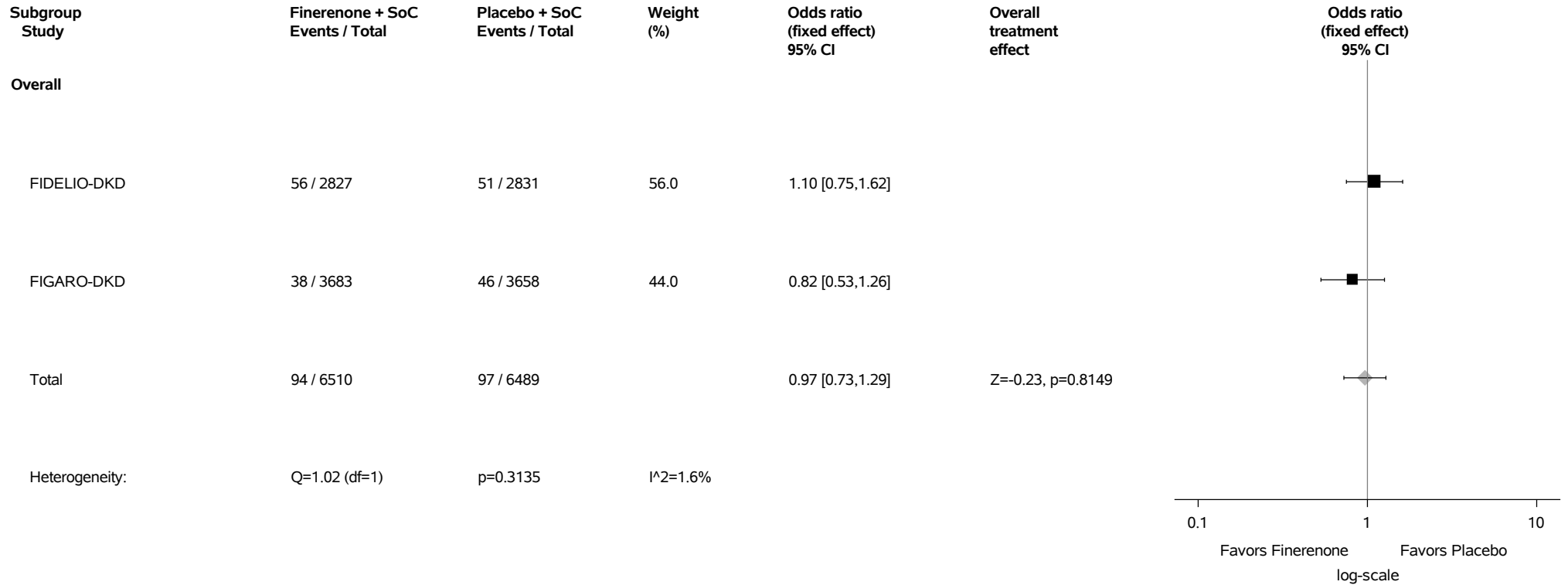
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.163: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Acute kidney injury (PT with Incidence >=1%) Safety Analysis Set



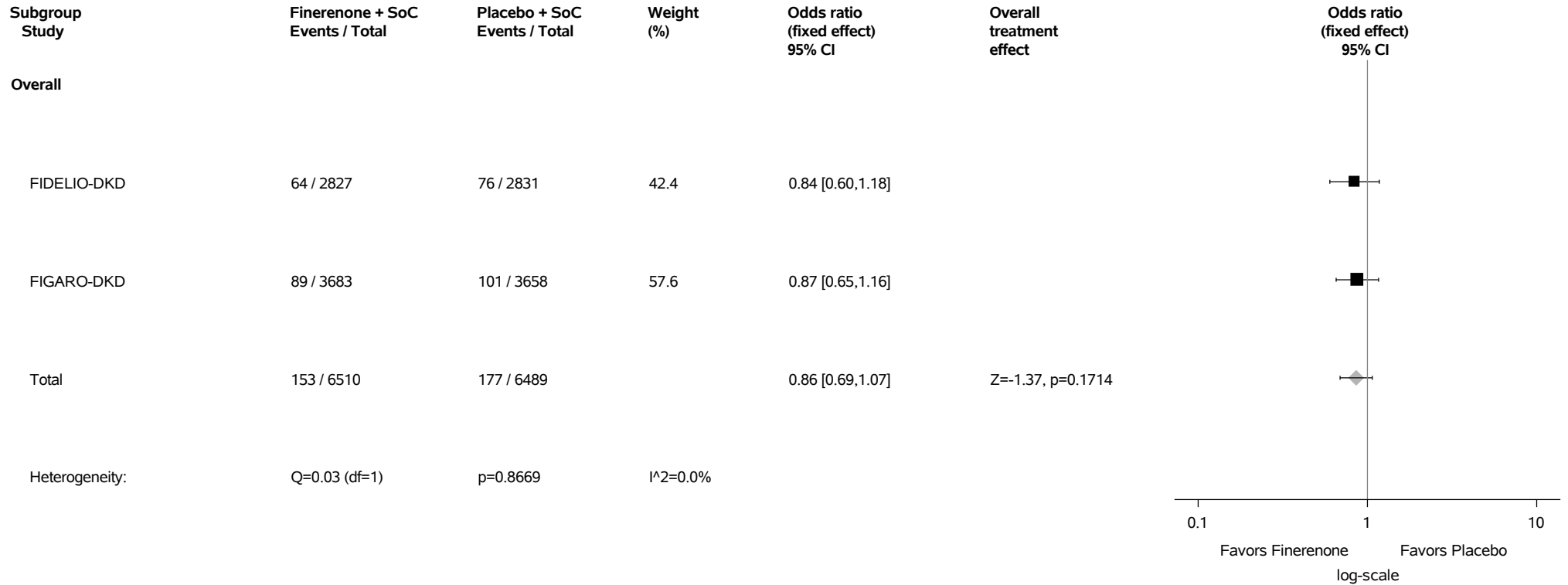
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.164: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



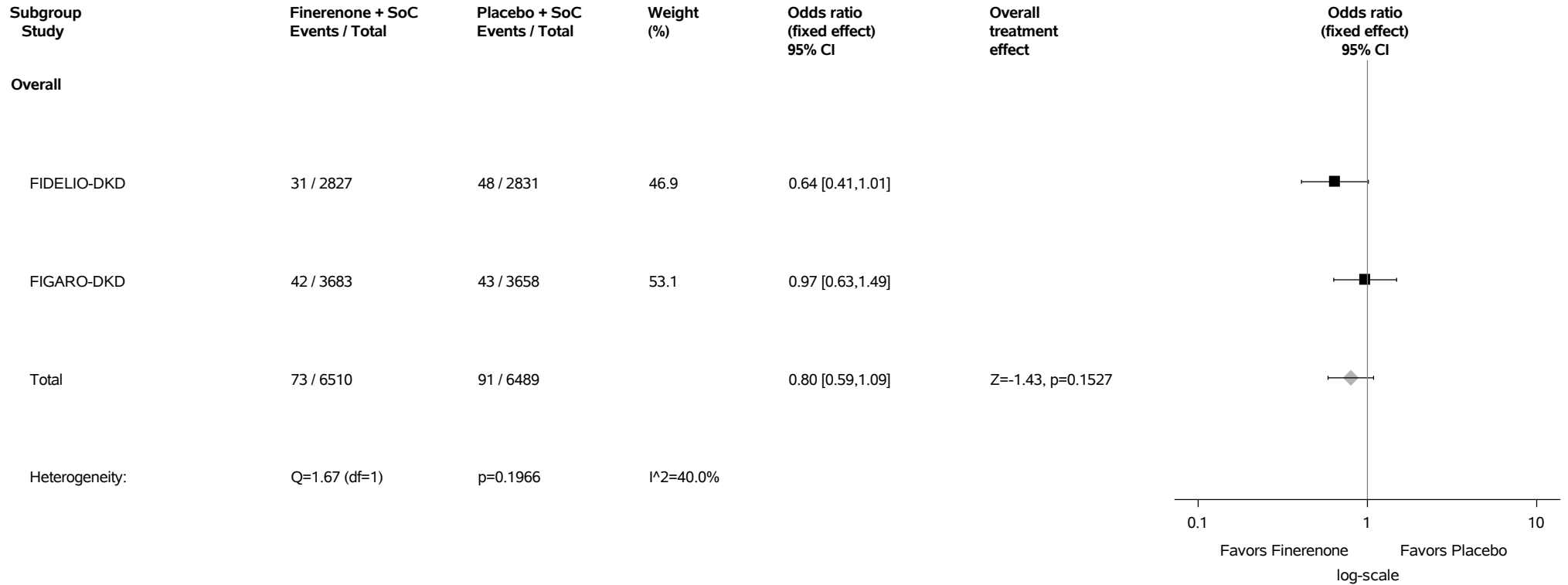
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.165: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Skin And Subcutaneous Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



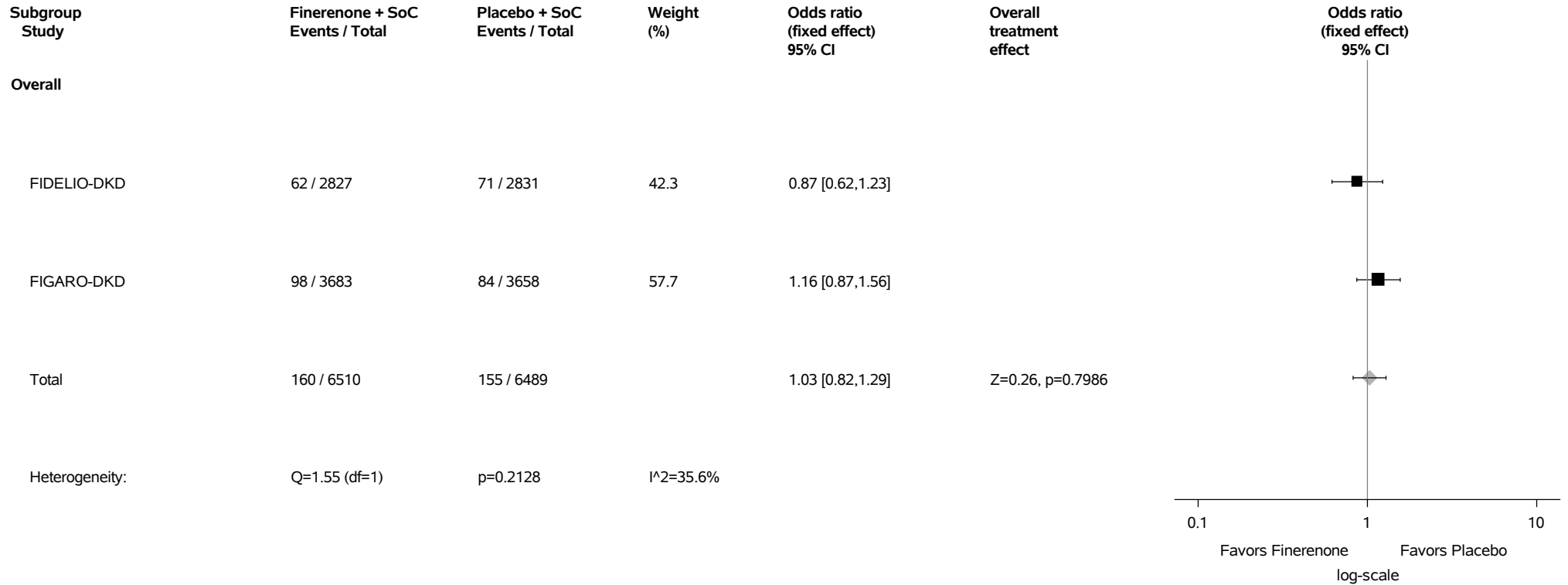
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.166: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Surgical And Medical Procedures (SOC with Incidence >=1%) Safety Analysis Set



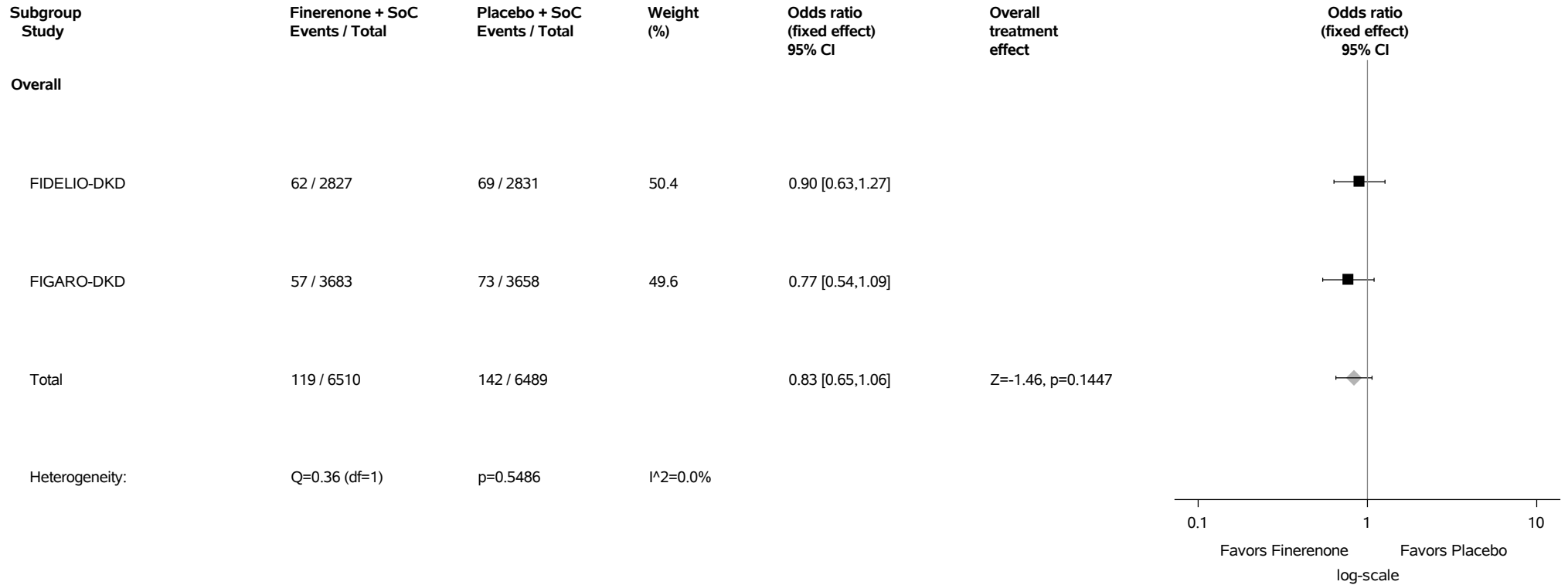
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.167: Forest Plot for Odds Ratio of Proportion of Subjects with TESAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set



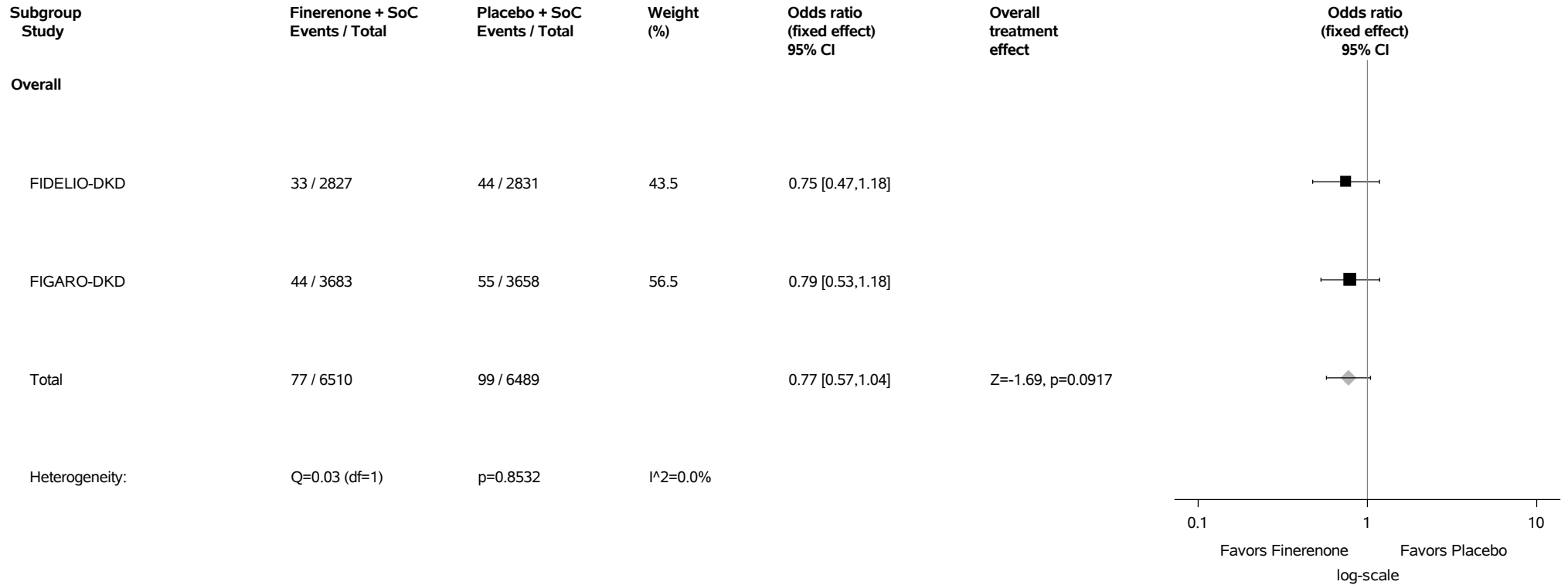
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.168: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Cardiac Disorders (SOC with Incidence >=1%) Safety Analysis Set



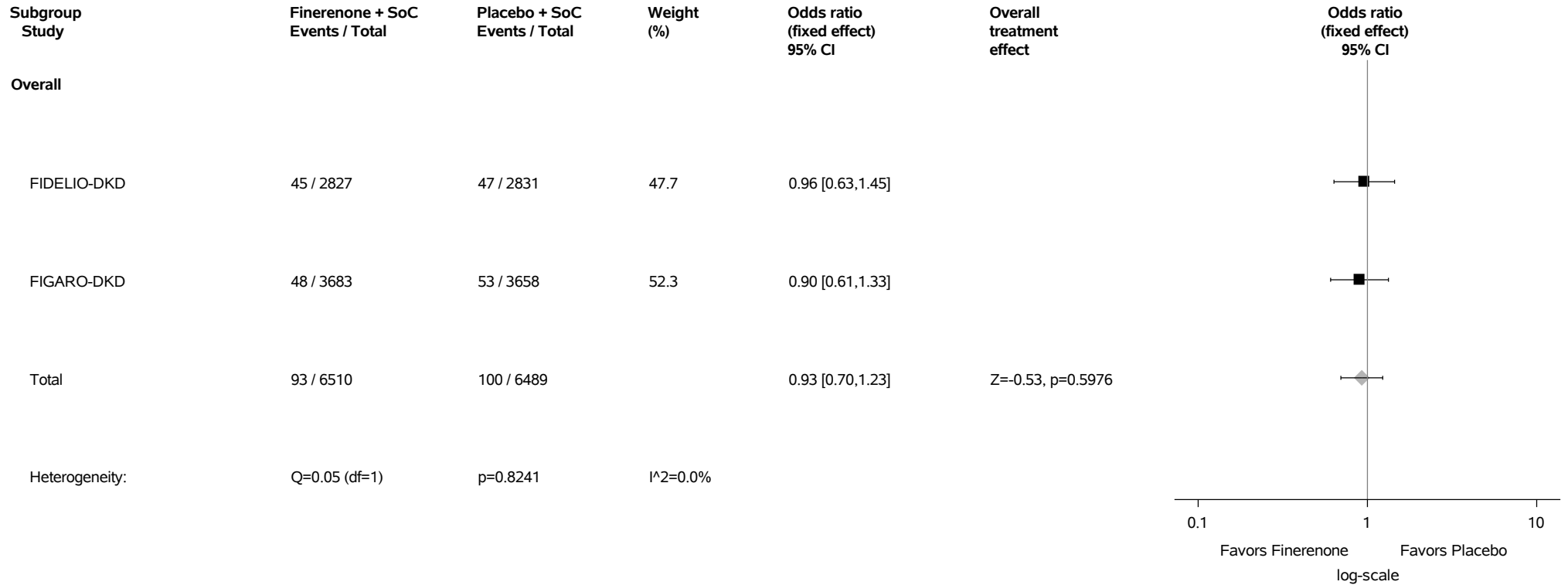
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.169: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Gastrointestinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



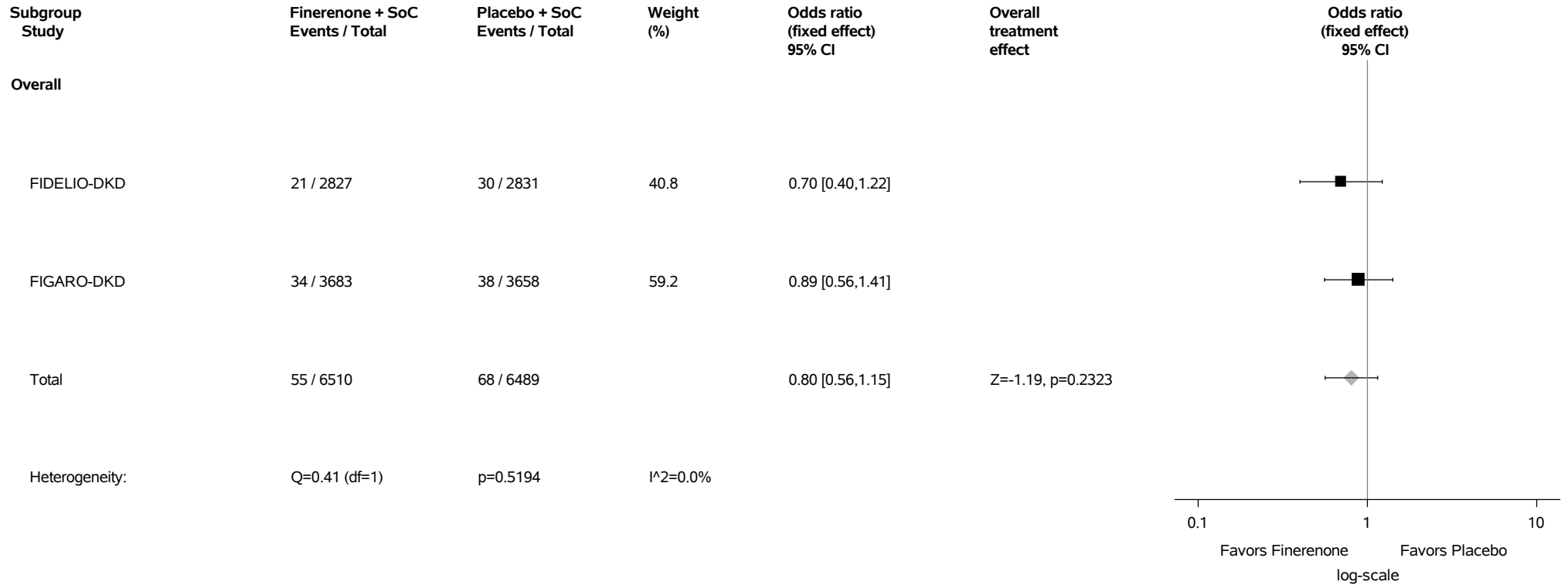
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.170: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - General Disorders And Administration Site Conditions (SOC with Incidence >=1%) Safety Analysis Set



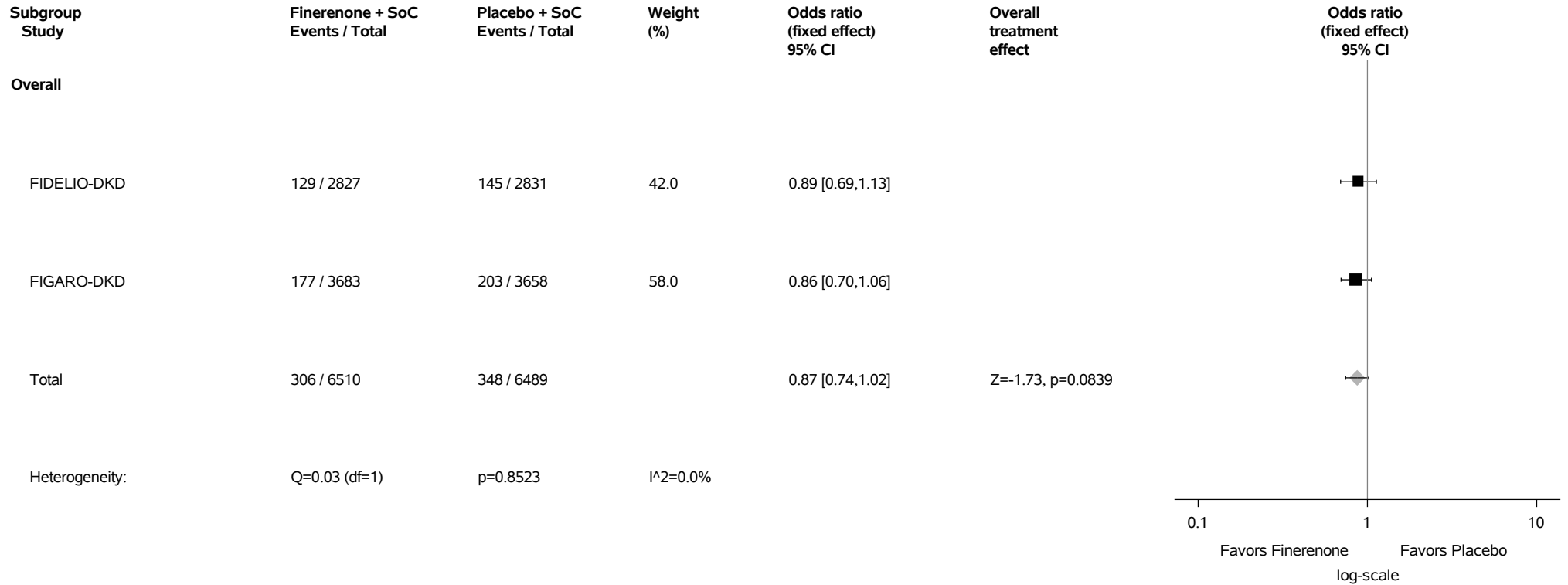
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.171: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Infections And Infestations (SOC with Incidence >=1%) Safety Analysis Set



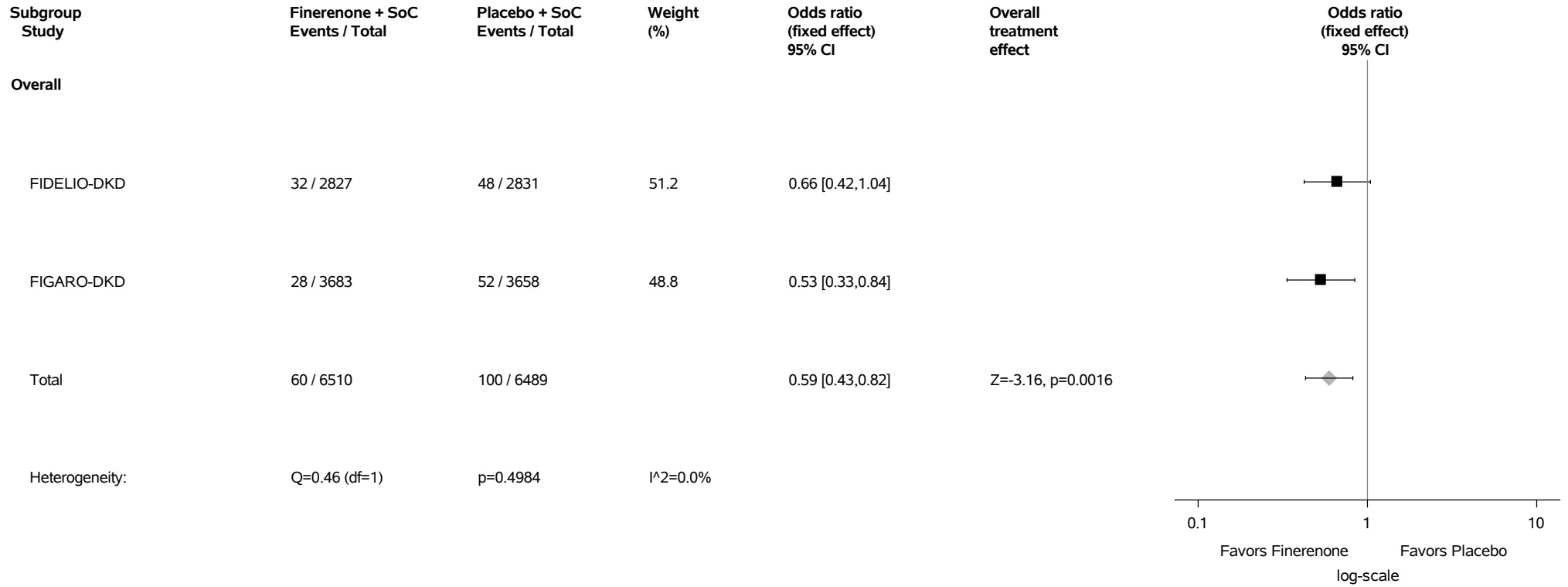
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.172: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



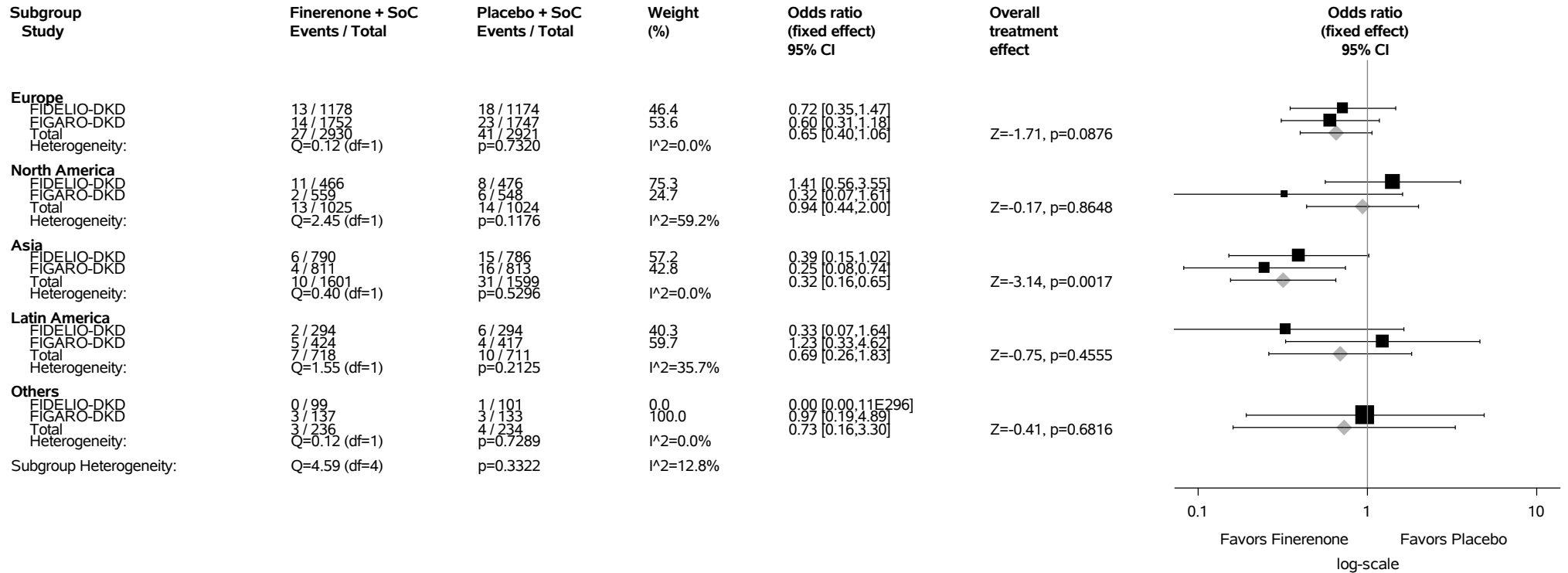
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.172.1: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Region - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



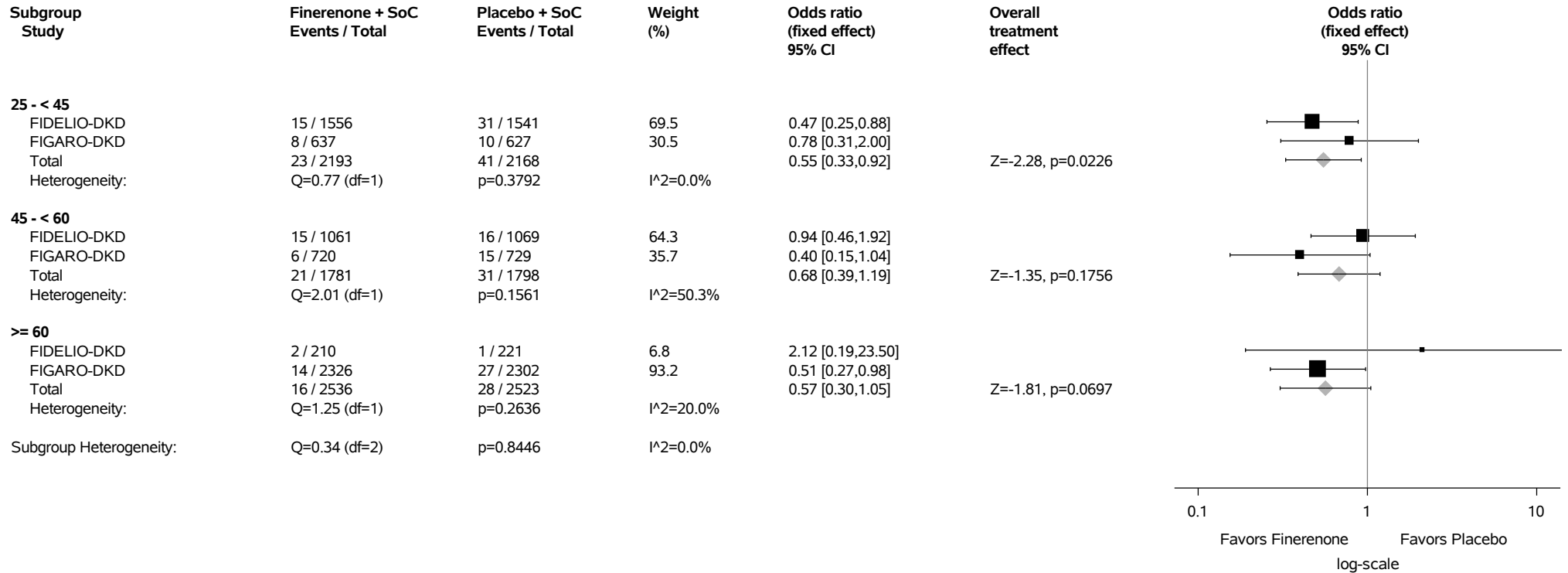
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

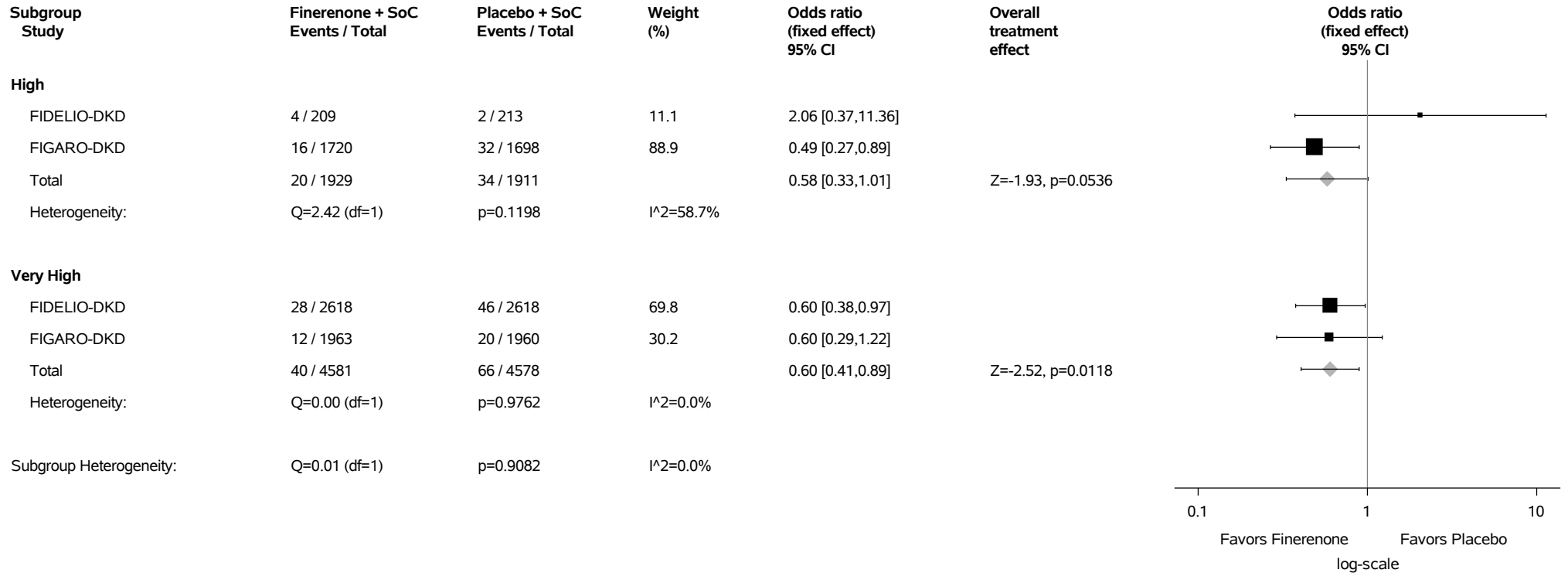
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.172.2: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by eGFR (mL/min/1.73m2) Category at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.172.3: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Type of Albuminuria at Screening - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



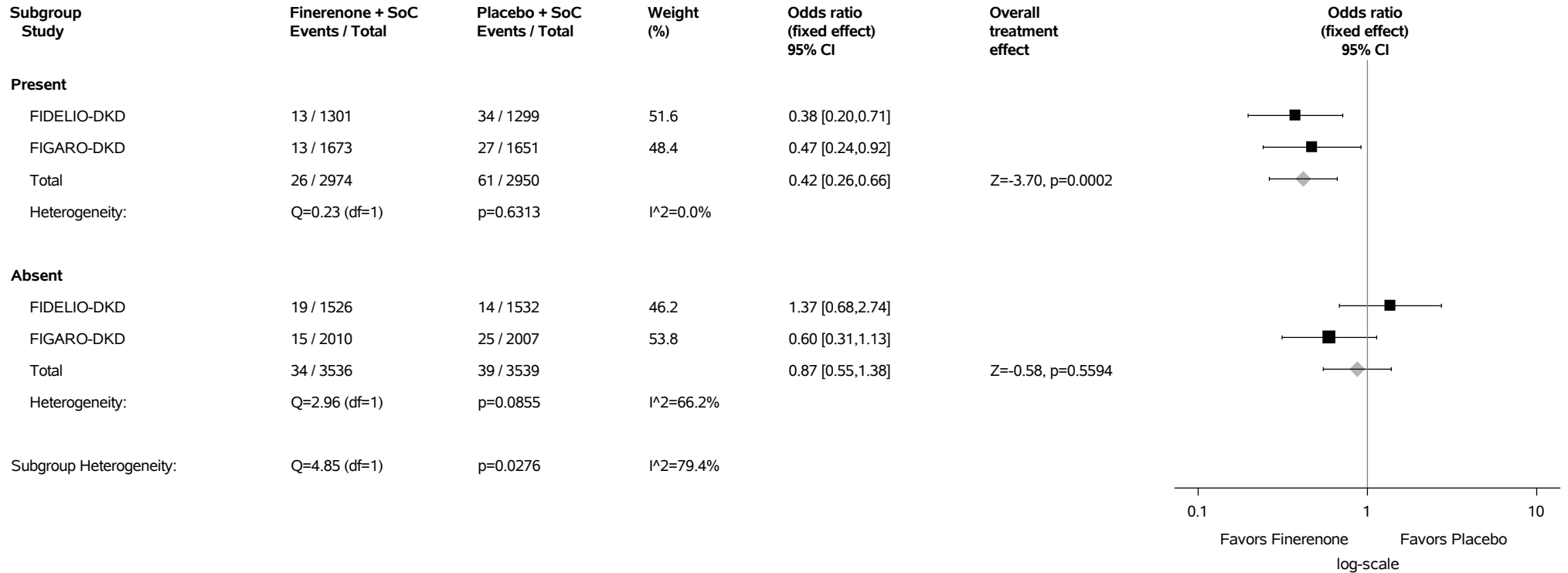
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

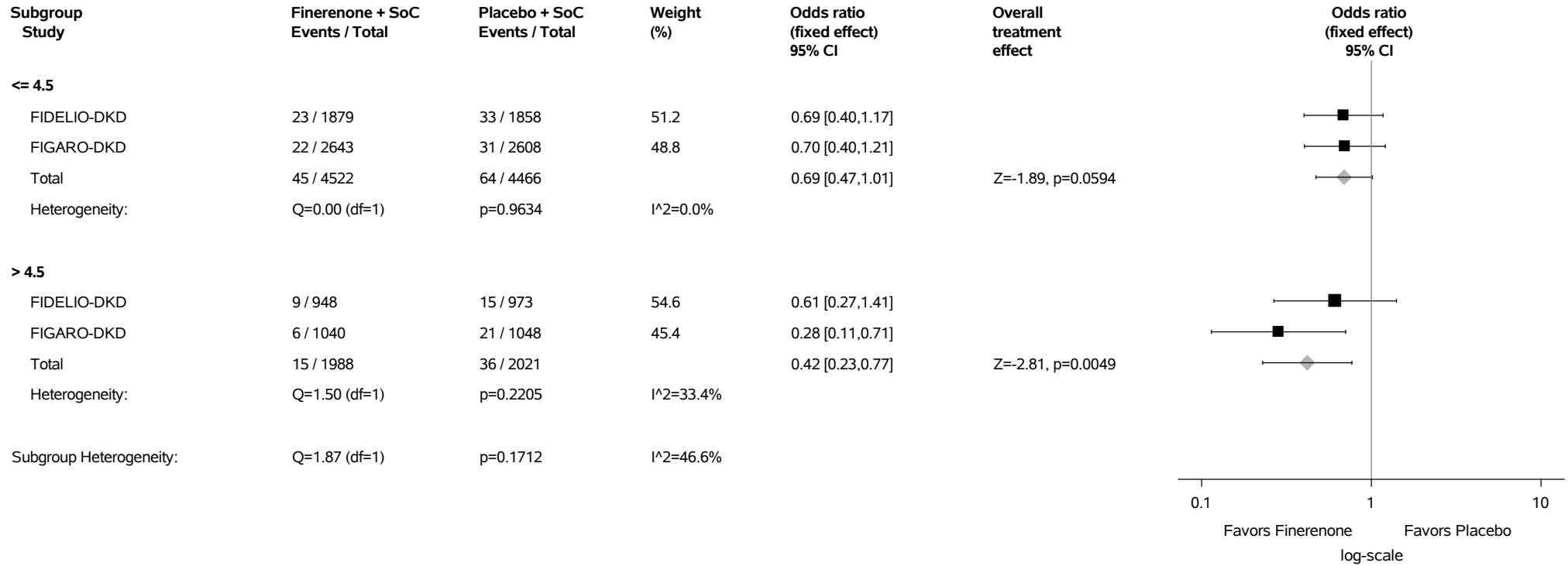
The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.172.4: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by History of CVD - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.172.5: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Serum Potassium (mmol/L) Category at Baseline - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

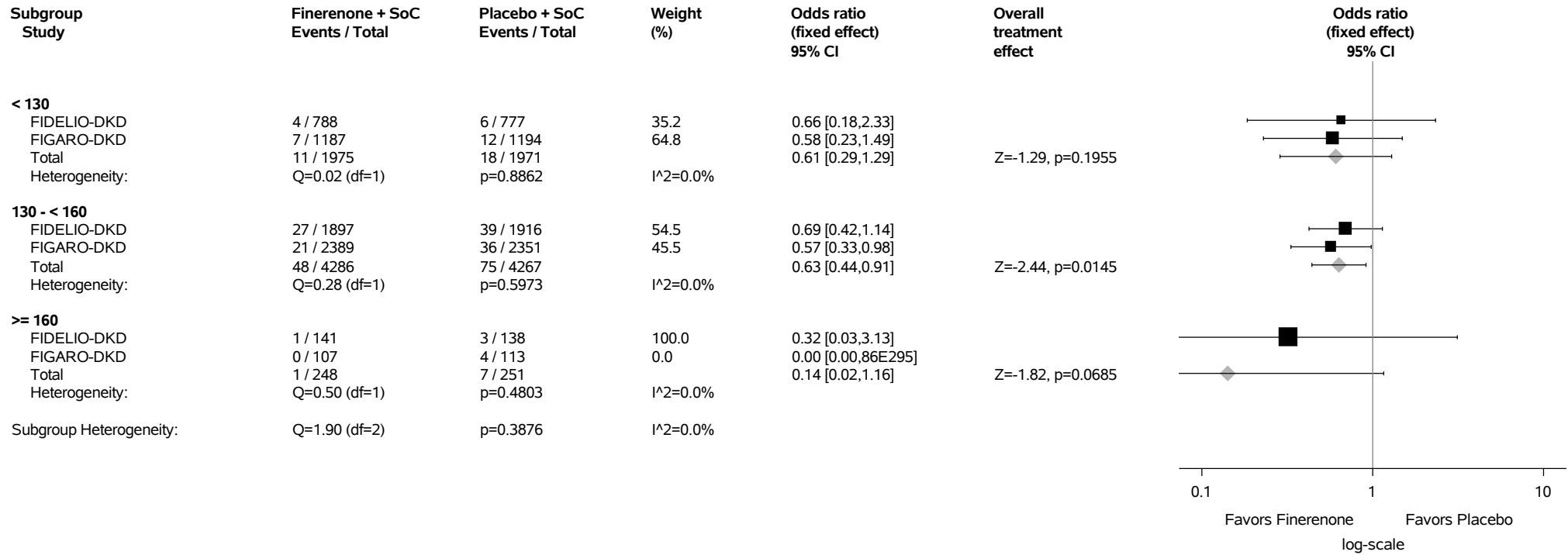
For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.172.6: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Systolic Blood Pressure (mmHg) Category at Baseline - Pneumonia (PT with Incidence >=1%)

Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

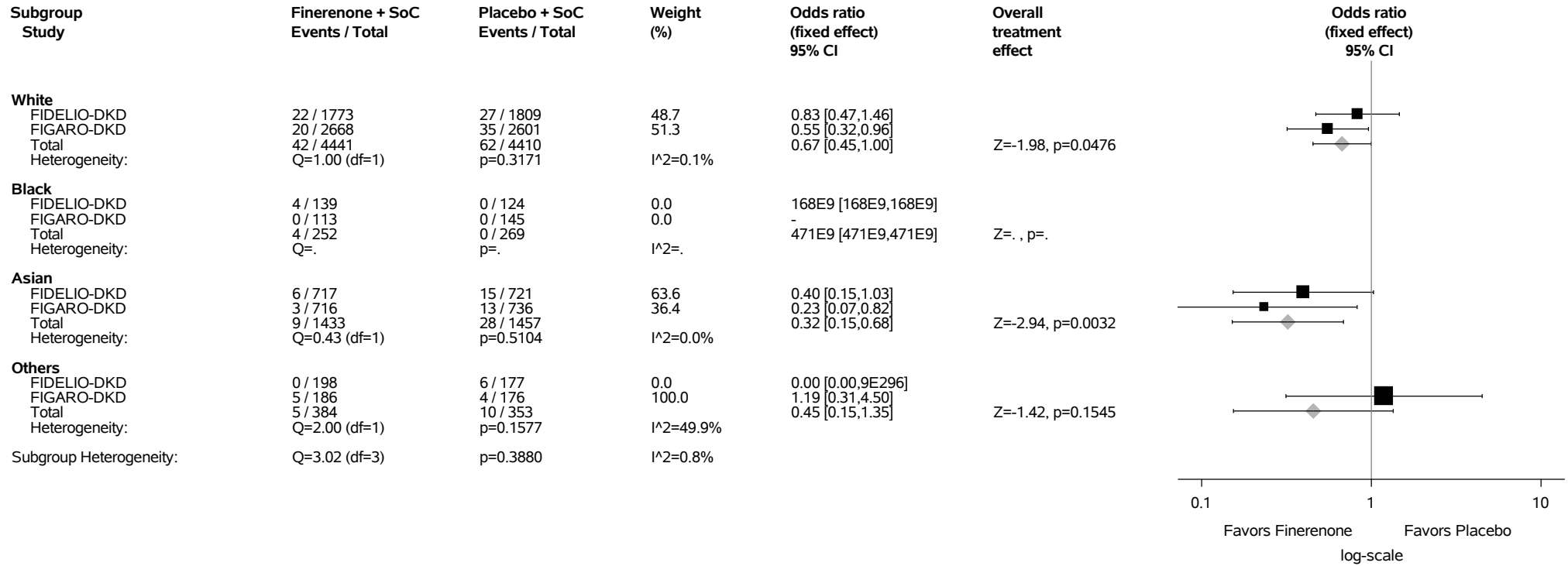
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Category 'Missing' was excluded from meta-analysis.

Figure 2.2.172.7: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Race - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

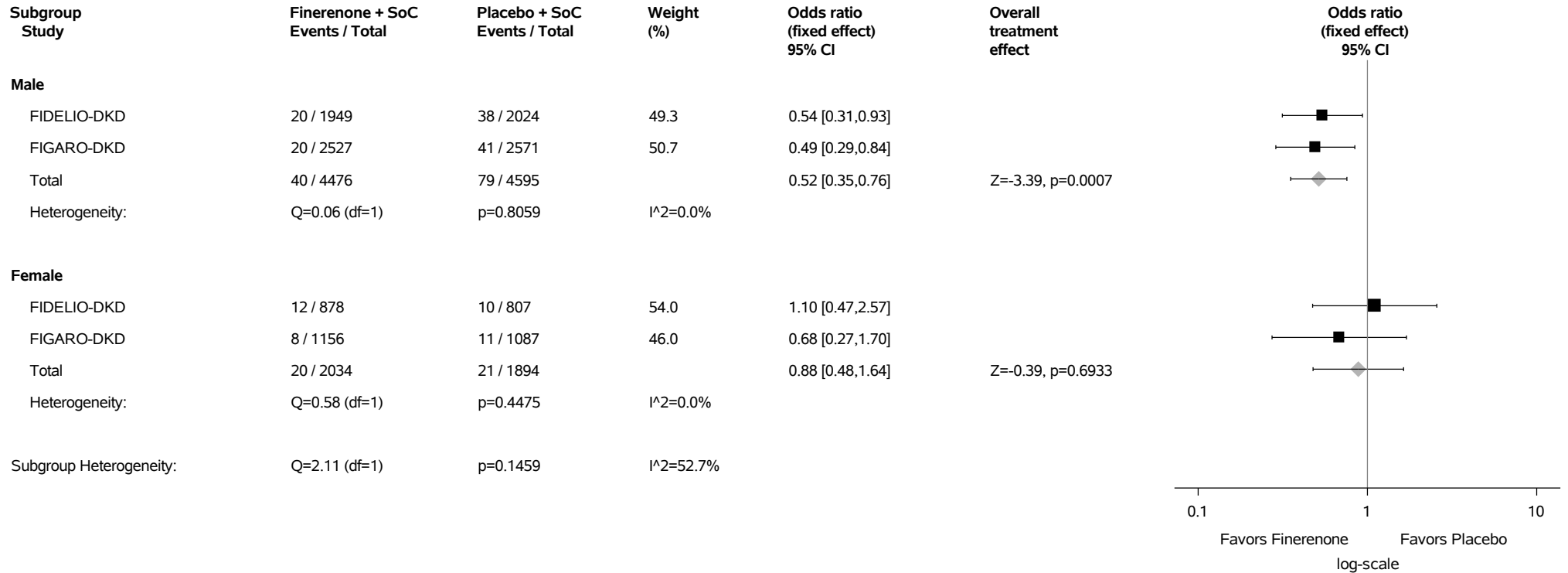
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

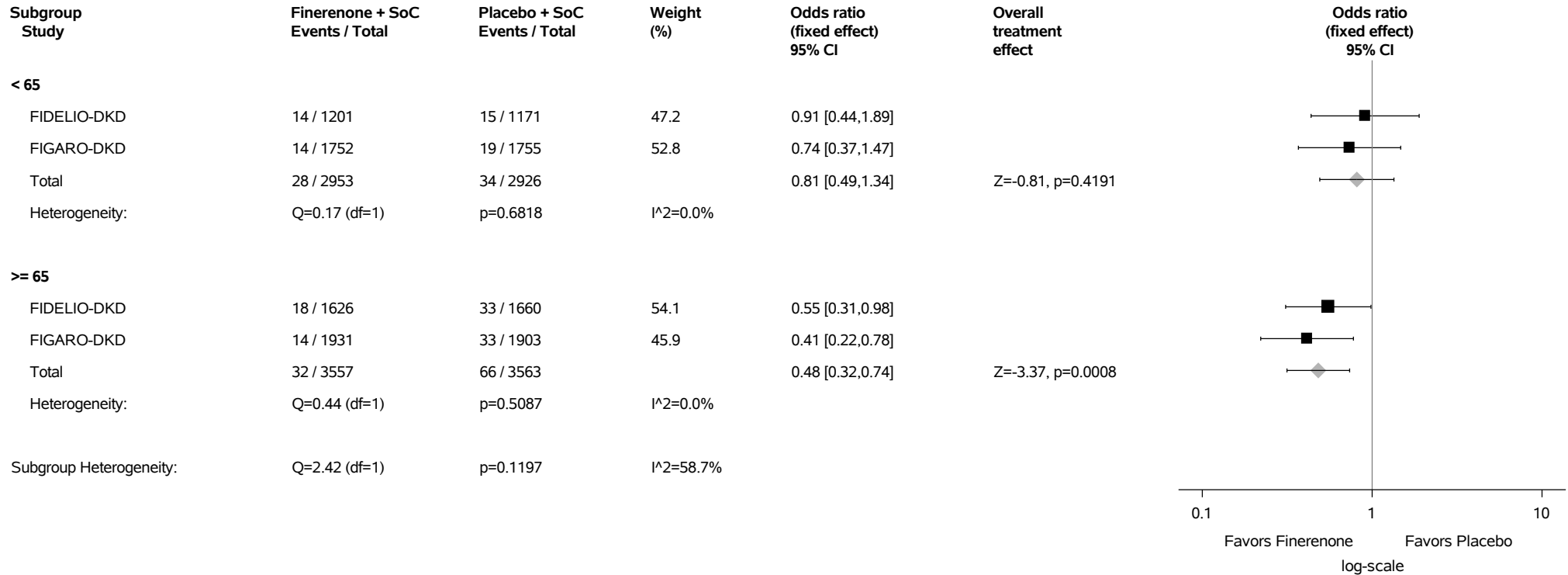
Category 'Missing' was excluded from meta-analysis.

Figure 2.2.172.8: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Sex - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



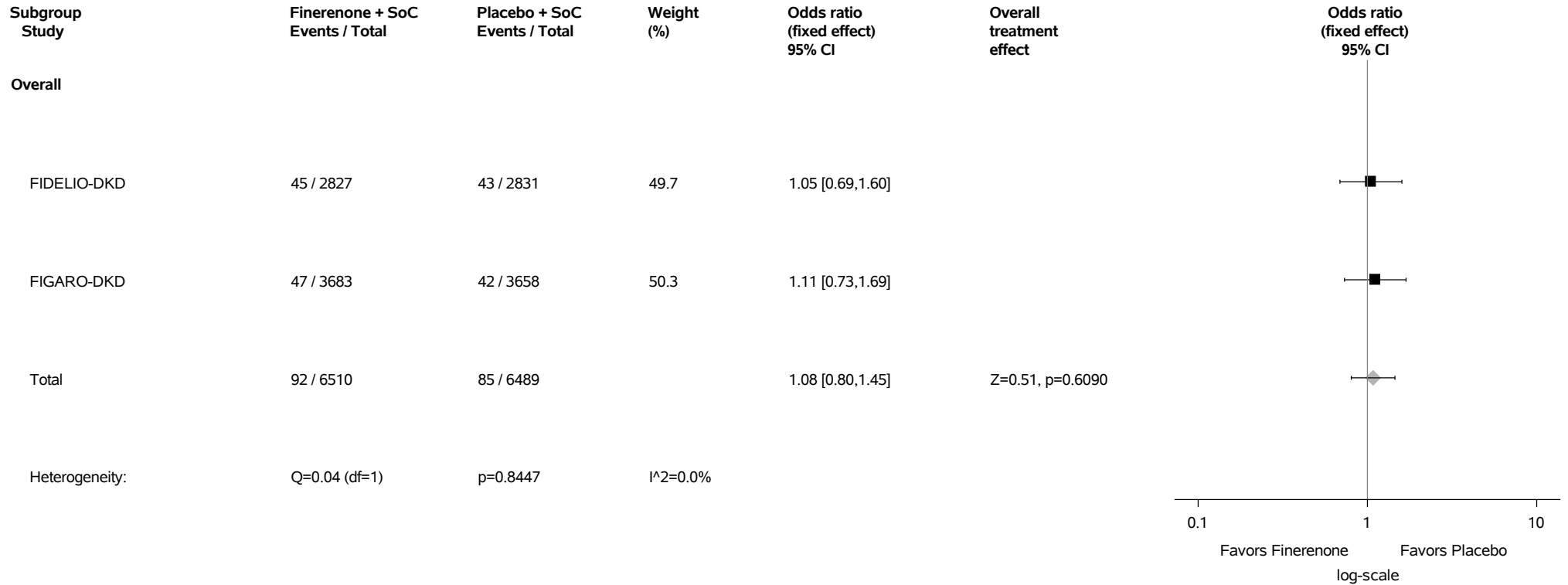
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.172.9: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs by Age Group (years) - Pneumonia (PT with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event. Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function. For 'Total' the same model as for single studies including study as additional factor was applied. The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights. The same method was applied to assess the heterogeneity between subgroups.

Figure 2.2.173: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Injury, Poisoning And Procedural Complications (SOC with Incidence >=1%) Safety Analysis Set



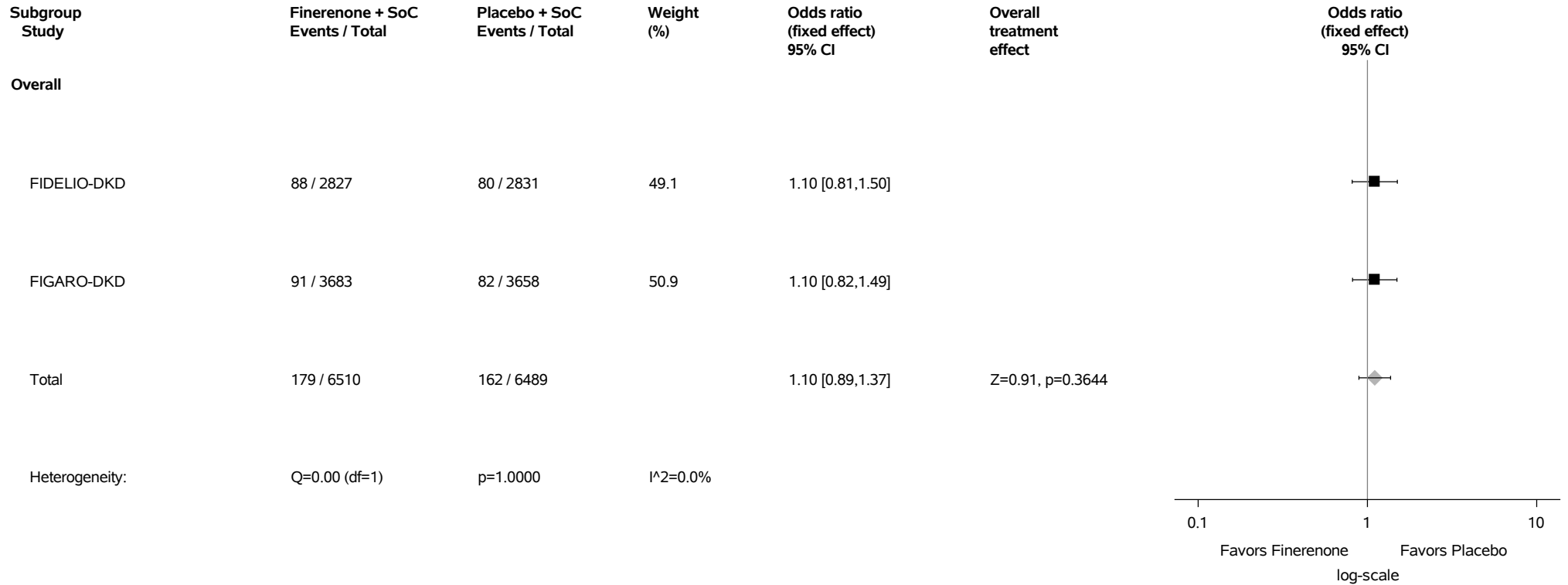
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.174: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Metabolism And Nutrition Disorders (SOC with Incidence >=1%) Safety Analysis Set



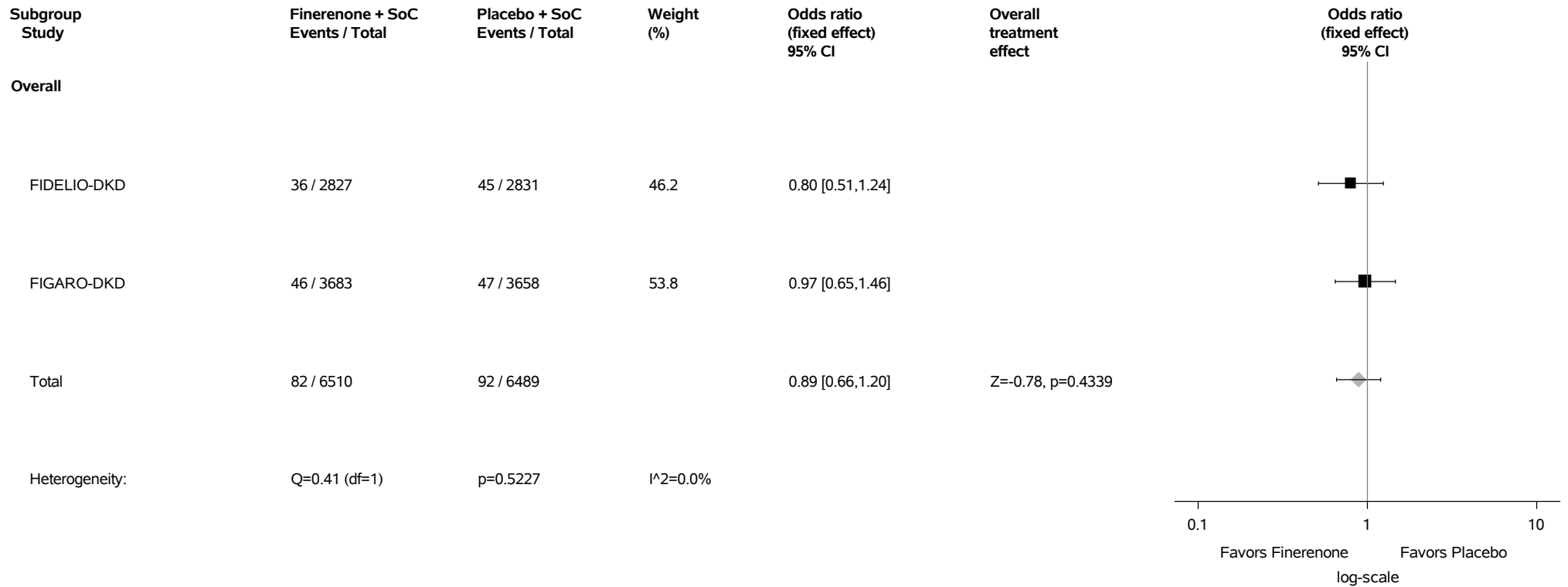
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.175: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Musculoskeletal And Connective Tissue Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

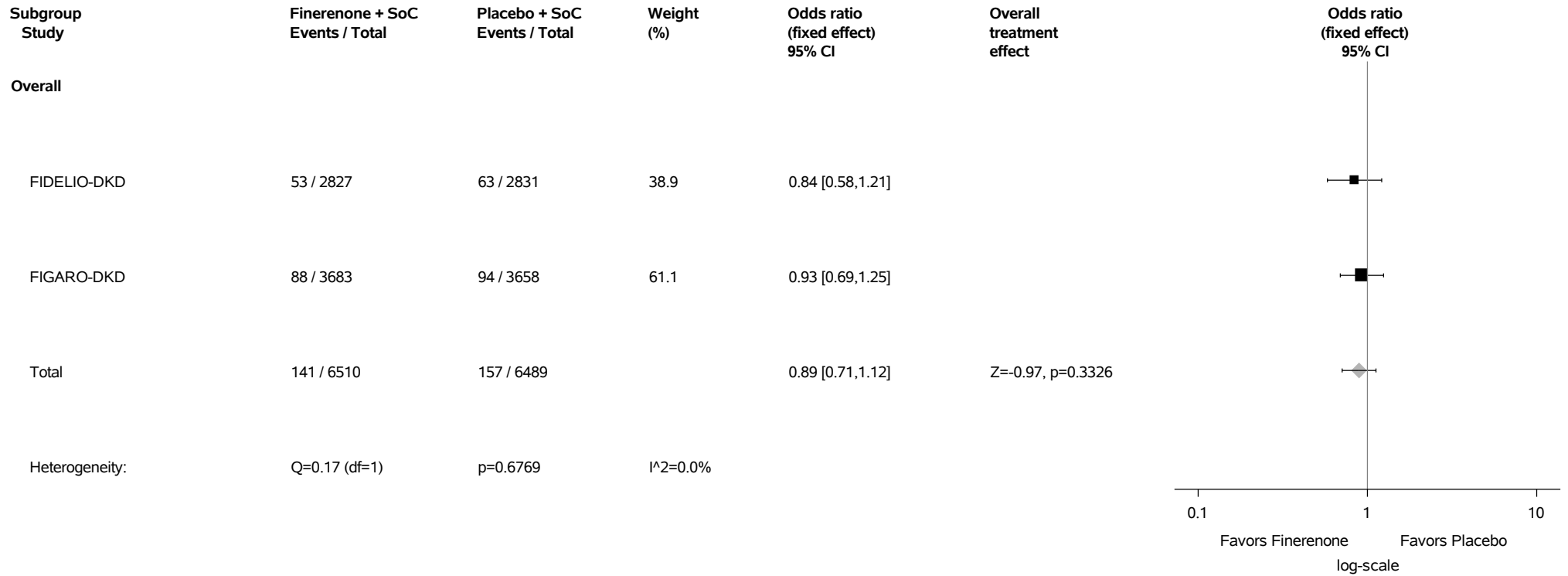
Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.176: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps) (SOC with Incidence >=1%)

Safety Analysis Set



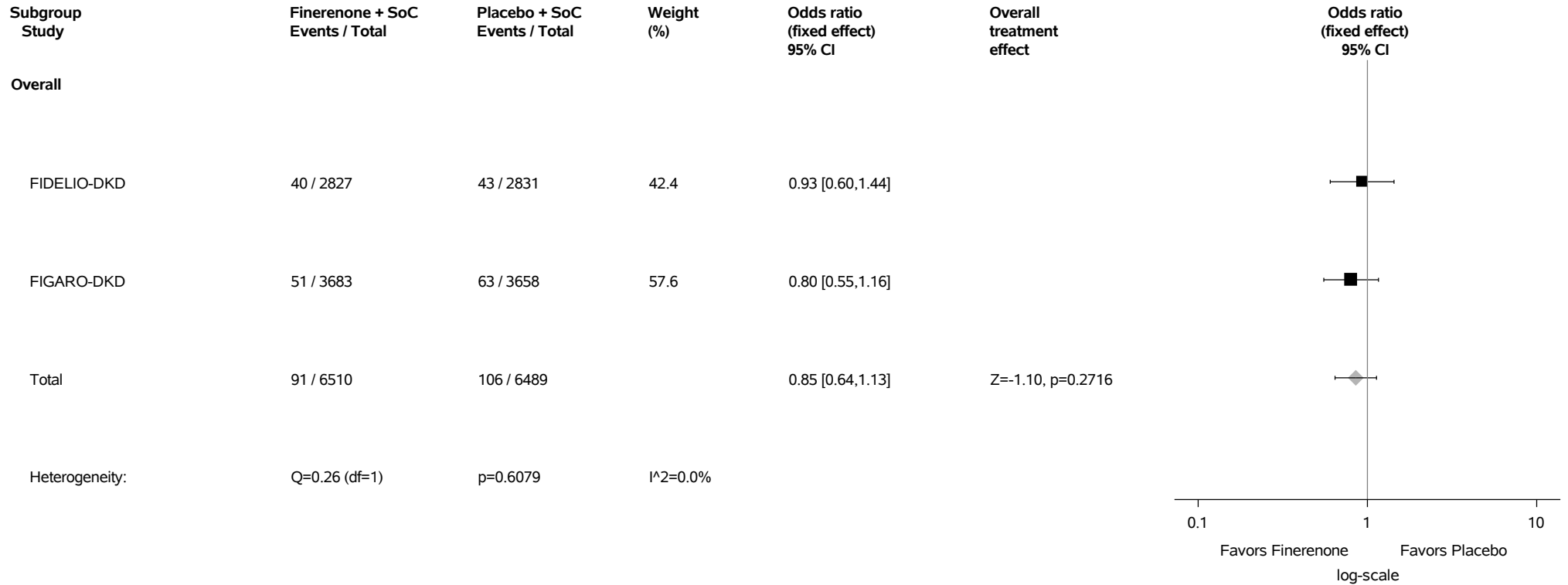
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.177: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Nervous System Disorders (SOC with Incidence >=1%) Safety Analysis Set



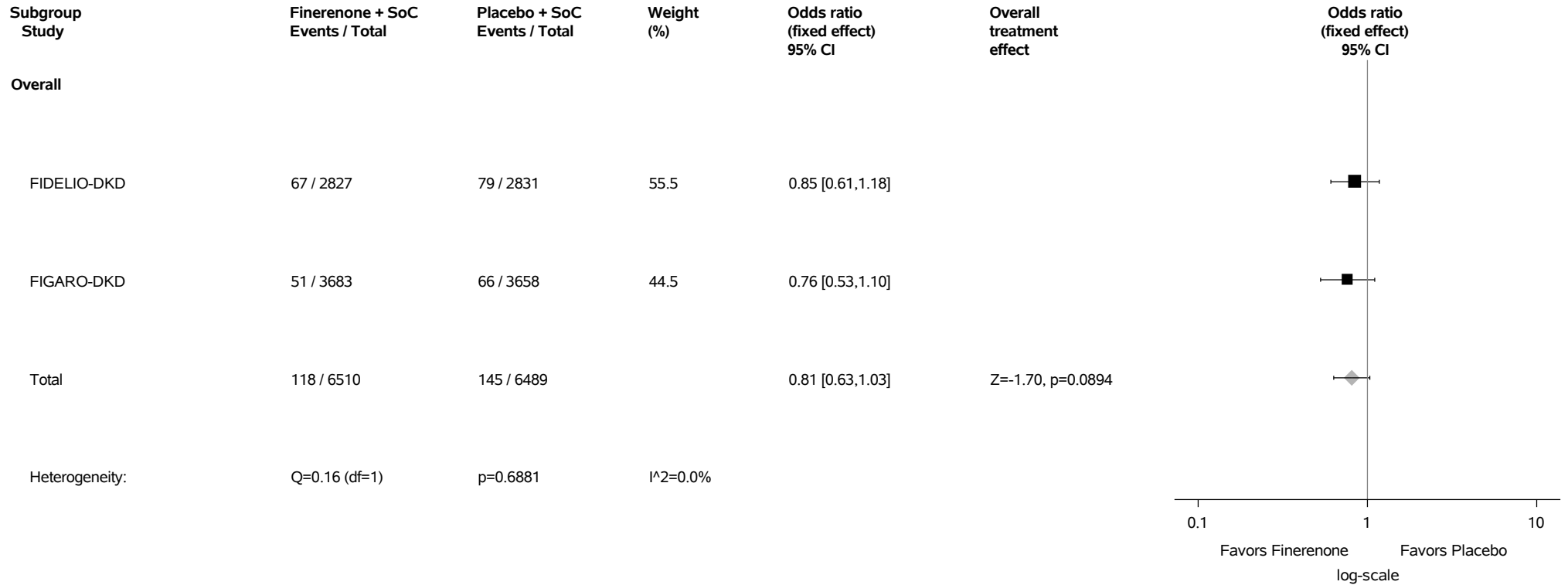
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.178: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Renal And Urinary Disorders (SOC with Incidence >=1%) Safety Analysis Set



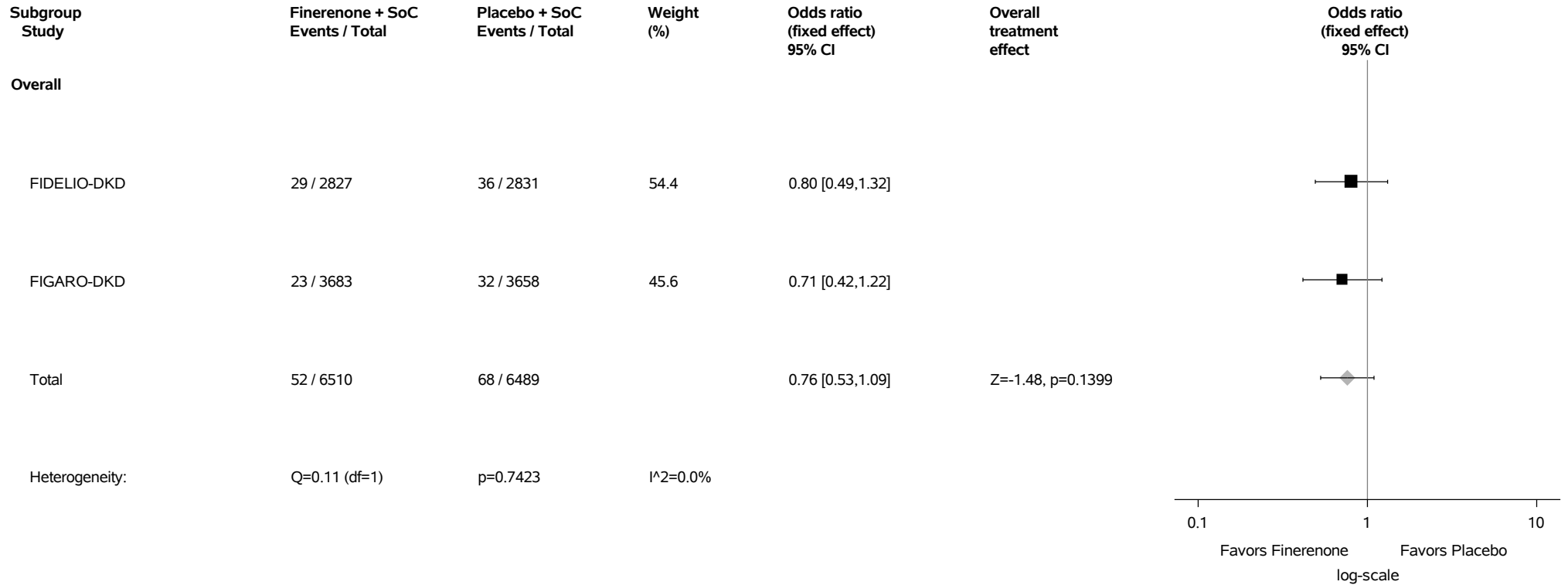
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.179: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Acute kidney injury (PT with Incidence >=1%) Safety Analysis Set



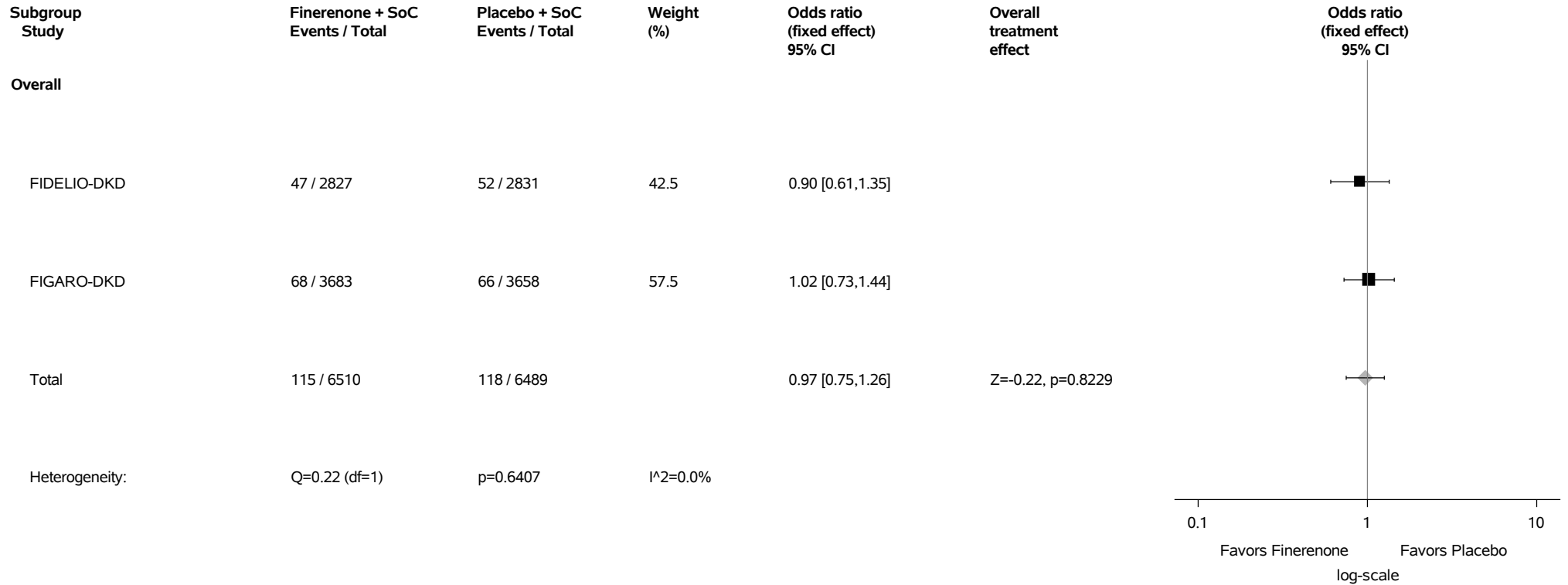
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochran's Q statistic with inverse variance weights.

Figure 2.2.180: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Respiratory, Thoracic And Mediastinal Disorders (SOC with Incidence >=1%) Safety Analysis Set



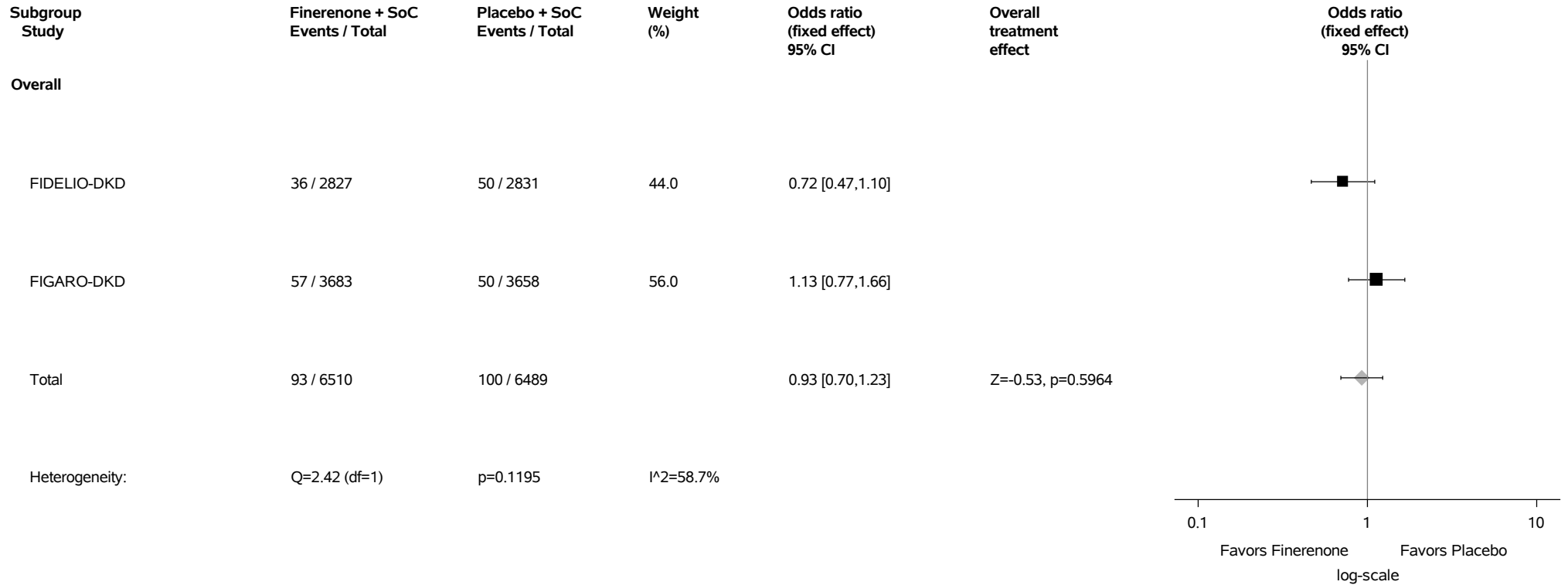
Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.

Figure 2.2.181: Forest Plot for Odds Ratio of Proportion of Subjects with Severe TEAEs - Vascular Disorders (SOC with Incidence >=1%) Safety Analysis Set



Abbreviations: CI=confidence interval, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, GLM=generalized linear model, KDIGO=Kidney Disease: Improving Global Outcomes, N=number of subjects, PT=preferred term, OR=odds ratio, SOC=system organ class, SoC=standard of care, TE(S)AE=treatment-emergent (serious) adverse event.

Note: For single studies the OR is estimated by a GLM with classification term for treatment using a binomial distribution and logit as link function.

For 'Total' the same model as for single studies including study as additional factor was applied.

The heterogeneity between studies was analyzed using Cochrane's Q statistic with inverse variance weights.